

Bundle Health Board 31 July 2023

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– *verbal*
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BETSI CADWALADR UNIVERSITY HEALTH BOARD

BOARD MEETING
MONDAY 31 JULY 2023
9.30 – 15.00
OPTIC CENTRE, ST ASAPH



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
 Betsi Cadwaladr
 University Health Board

AGENDA – HEALTH BOARD

1. PRELIMINARY MATTERS

9:30	1.1	Welcome, introductions and apologies for absence	Verbal	Chair
9:32	1.2	Declarations of interest relating to agenda	Verbal	Chair
9:34	1.3	Minutes of the previous meetings held: <ul style="list-style-type: none"> • 25 May 2023 • 22 June 2023 	Attached	Chair
9:40	1.4	Action Log	Attached	Chair
9:45	1.5	Patient Experience – Mental Health Service '111 press 2'	Presentation	Executive Director of Public Health
10:05	1.6	Chairs Report	Attached	Chair
10:20	1.7	Chief Executives Report	Attached	Chief Executive
10:35	1.8	Questions from the Public	Verbal	Chair

2. ITEMS FOR APPROVAL/RATIFICATION/DECISION

10:45	2.1	Special Measures Report	Attached	Chief Executive
11:15	2.2	Annual Plan – Delivery Plan	Attached	Executive Director of Transformation, Strategic Planning & Commissioning
11:30	2.3	Corporate Governance Report <ul style="list-style-type: none"> • Corporate Risk Register • Response to Audit Wales Report on Board Effectiveness • COVID-19 inquiry • Chair's Action and Common Seal Applications - Report of Audit Committee - Report of Remuneration Committee	Attached Verbal Attached	Interim Board Secretary Chair – Audit Chair-Remuneration

3. ITEMS FOR DISCUSSION/ASSURANCE

11:50	3.1	Financial Performance 2023/24 <ul style="list-style-type: none"> - Month 02 - Report of the Performance, Finance and Information Governance Committee 	Attached Attached	Executive Director of Finance Chair – PFIG Committee
12:10	3.2	Annual Accounts 2022-23	Verbal	Executive Director of Finance
12:25	3.3	Integrated Performance Report	Attached	Executive Director of Finance

12:35	3.4	Integrated Quality Report	Attached	Executive Medical Director, Executive Director of Nursing and Midwifery, Acting Executive Director of Therapies and Health Science
		- Report of the Quality, Safety and Experience Committee	Attached	Chair – QSE Committee
12:45	3.5	Update of Register of Approved Clinicians (All Wales) and Update of Register of Section 12(2) Approved Doctors for Wales.	Attached	Executive Medical Director
12:55	3.6	Report of Joint Committees: - Welsh Health Specialised Services Committee - Emergency Ambulance Services Committee - Shared Services Partnership	Verbal	Executive Medical Director Executive Director of Finance
13:05	3.7	Reports from Advisory Fora: - Health Professions Forum - Stakeholder Reference Group - Local partnership Forum (Trades Unions)	Attached/ Verbal	Associate Members

4. OTHER MATTERS

13:15	4.1	Any other urgent business	Verbal	Chair
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13:20	4.2	Date of Next Meeting	Verbal	Chair
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Resolution to Exclude the Press and Public - "Those representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960."

BOARD MEMBERS	INITIALS	POSITION
Dyfed Edwards	DE	Independent Member/Chair
Karen Balmer	KB	Independent Member
Jason Brannan	JB	Deputy Director of Workforce and Organisational Development
Clare Budden	CB	Independent Member
Russell Caldicott	RC	Interim Executive Director of Finance
Gareth Evans	GE	Acting Director of Therapies and Health Services
Gill Harris	GH	Executive Director of Integrated Clinical Delivery
Cllr Dyfed Jones	DJ	Independent Member
Prof Mike Larvin	ML	Independent Member
Dr Nick Lyons	NL	Executive Medical Director
Teresa Owen	TO	Executive Director of Public Health
Phil Meakin	PM	Interim Board Secretary

Jane Wild	JW	Associate Member
Fon Roberts	FR	Associate Member
Carol Shillabeer	CS	Interim Chief Executive Officer
Chris Stockport	CS	Executive Director of Transformation, Strategic Planning & Commissioning
Rhian Watcyn Jones	RWJ	Independent Member
Gareth Williams	GW	Independent Member
Angela Wood	AW	Executive Director of Nursing and Midwifery
IN ATTENDANCE		
Richard Coxon	-	Interim Head of Corporate Affairs (minutes)
Helen Stevens-Jones	HSJ	Director of Partnerships and Stakeholder Engagement
Dylan Roberts	DR	Chief Digital Information Officer

Betsi Cadwaladr University Health Board (BCUHB)
Draft minutes of the Health Board meeting held in public
on 25 May 2023 at Reichel Hall, Bangor University and via zoom live stream

Board Members Present	
Name	Title
Dyfed Edwards	Independent Member/Chair (Chair)
Clare Budden	Independent Member
Gareth Evans	Acting Director of Therapies & Health Science (ADTHS)
Prof Mike Larvin	Independent Member
Dr Nick Lyons	Executive Medical Director/Deputy Chief Executive (MD)
Phil Meakin	Interim Board Secretary (BS)
Teresa Owen	Executive Director of Public Health (DPH)
Fon Roberts	Associate Member
Carol Shillabeer	Interim Chief Executive Officer (CEO)
Lesley Singleton	Independent Member
Chris Stockport	Executive Director of Transformation and Planning (DTP)
Rhian Watcyn Jones	Independent Member
Steve Webster	Interim Executive Director of Finance (DF)
Gareth Williams	Independent Member
Jane Wild	Associate Member
Angela Wood	Executive Director of Nursing and Midwifery (DNM)

In Attendance	
Richard Coxon	Interim Head of Corporate Affairs (minutes)
Dr Tom Davies	Integrated Health Community Medical Director
Nick Graham	Associate Director of Workforce Planning and Performance
Jeremy Griffith	Welsh Government Advisor
Lowri Gwyn	For Translation
Ffion Johnstone	Integrated Health Community Director (West)
Matthew Joyes	Associate Director of Quality, Patient Safety and Experience
Billy Nicholls	Secretary Trade Union Partners
Dylan Roberts	Chief Digital Information Officer
Olivia Sharrocks	Welsh Government Advisor
Helen Stevens-Jones	Director of Partnerships and Stakeholder Engagement
Observing (via live link)	
David Jenkins	Independent Adviser
Marty McAuley	Interim Deputy Director of Governance and Deputy Board Secretary

Agenda Item	Action
HB23.91 OPENING BUSINESS	
<p>HB23/92 Welcome, introductions and apologies for absence</p> <p>HB23/92.1 The Chair welcomed to everyone to the Board meeting of Betsi Cadwaladr University Health Board (BCUHB) at Reichel Hall in Bangor University. The Chair reminded the Board that they were welcome to make their contributions in either Welsh or English. He explained that the meeting was being live streamed via zoom with translation.</p> <p>HB23/92.2 The Chair welcomed Carol Shillabeer, Interim Chief Executive Officer, Lesley Singleton, Independent Member and Professor Mike Larvin, Independent Member for Bangor University to their first board meeting since been appointed.</p> <p>HB23/92.3 The Chair reminded everyone that the reports that were to be discussed had been published on the website and most had been reviewed by the boards sub-committees.</p> <p>HB23/92.4 Apologies were received from: Karen Balmer, Independent Member Jason Brennan, Deputy Director of Workforce & OD Gill Harris, Executive Director of Integrated Clinical Delivery</p>	
HB23/93 Declarations of Interest on current agenda	
<p>HB23/93.1 There were no declarations of interest made.</p>	
HB23/94 Draft Minutes of the Health Board Meeting held in public on 30 March 2023 for accuracy	
<p>HB23/94.01 The draft minutes of the Board held on 30 March 2023 were received and one amendment was requested. Mandy Jones had been recorded in attendance twice and in paragraph HB23/72, thanks to be recorded for North Wales police. Subject to that amendment the minutes were agreed as a true and accurate record of business.</p> <p>HB23/94.02 The questions pre-submitted by members of the public prior to the last board meeting were annexed along with the responses for information.</p>	



HB23/95 Matters Arising and Summary Action Log

HB23/95.01 The Board reviewed the action log.

HB23/95.02 It was noted that there was one action that the Associate Director of Workforce Planning and Performance explained would be taken forward and reported back under Special Measures work so would be closed.

HB23/96 Patient Story

HB23/96.01 The Associate Director of Quality introduced the patient story which illustrated the importance of the Welsh language in caring for patients. The patient, Mrs Morris had shared her story via an audio-visual recording which was played at the board meeting.

HB23/96.2 Mrs Morris shared her experience of her care in Ysbyty Gwynedd and in particular Conwy Ward. Mrs Morris had lived away from North Wales for 50 years and returning for Christmas, had become unwell on Christmas Eve, unable to catch her breath and needing help. Following triage and treatment in the Emergency Department, Mrs Morris had been admitted to hospital for treatment and spent Christmas on Conwy Ward.

HB23/96.3 Mrs Morris had shared her experience with the aim of highlighting the importance of the opportunity to speak her first language Welsh with nursing staff and other patients and how this made her feel 'more comfortable and reassured' and safe. She highlighted the exemplary nursing care that she received and her positive experience of patient nutrition and hydration.

HB23/96.4 The Deputy Ward Manager for Conwy Ward described the importance of offering every patient on the ward the ability to communicate in their first language of choice to ensure patients understand every aspect of their treatment and feel empowered to make choices and decisions regarding their care. Staff who were Welsh speakers wore a badge to identify them and posters around the hospital illustrated that Welsh speaking staff were available.

HB23/96.4 The Associate Director of Quality summarised that this story showed the importance of patient interaction in their chosen first language and also the importance of how food could bring comfort as well as nutrition to patients. The Welsh Language Team also supported staff who wanted to learn Welsh and provided support when required.

HB23/96.5 In discussion, it was noted that North Wales had the highest number of Welsh speakers in Wales and patients who were Welsh speakers were

<p>identified on the boards behind their beds. It was agreed that it would be useful for the Board to have the percentage of staff who were Welsh speakers as well as those who were actively learning Welsh.</p> <p>HB23/96.6 The Board received the report and thanked everyone concerned for their contribution.</p>	DWOD
<p>HB23/97 Report of the Chair</p> <p>HB23/97.1 The Chair introduced his update report the Board which was taken as read. The report highlighted where he had visited in the organisation since the last meeting, as he had made the decision to spend much of his time getting out and about meeting people during his first months in this role. He had done this not only to connect with people, but also to learn of people's hopes and concerns. He had met up with staff and others right across the region and acknowledged the commitment and dedication of our workforce. He had also been sharing his thoughts and information with staff via a weekly video message available on Betsinet.</p> <p>HB23/97.2 He had met with Senedd Members in the region, mostly in person, as he recognised that relationships with elected representatives was also key as they were in daily contact with their constituents and their concerns. It was noted that the dialogue we have with them and their staff is very important and can help inform us of issues that need to be addressed so we can continually improve. Equally, we can inform elected representatives of developments and ensure they are aware of the progress we are making.</p> <p>HB23/97.3 The Chair highlighted that he had spent half a shift with the porters at Glan Clwyd Hospital which he had found very interesting. Their role was vital for patients in reassuring them and making them comfortable as well as delivering food and cleaning and they covered 10-15km a shift! He had felt privileged to have had the opportunity to spend time with them.</p> <p>HB23/97.4 In discussion it was agreed that it was important for board members to be visible to staff and get the opportunity to share their experiences and thoughts directly. It was noted that additional Independent Members would be joining the board in coming months.</p> <p>HB23/97.5 The Board received the report.</p>	
<p>HB23/98 Report of the Interim Chief Executive Officer</p>	

HB23/98.1 The Interim Chief Executive Officer (CEO) introduced herself and thanked everyone for the warm welcome she had received. She explained that she was the substantive CEO of Powys Health Board and had been seconded into this role until a permanent CEO was recruited and appointed.

HB23/98.2 She stated that this was a particularly difficult and challenging time for the organisation and that it had been good to meet so many extremely keen and committed staff on her site visits.

HB23/98.3 She felt confident and optimistic that improvements can be made. She felt there were plenty of examples of good practice in the organisation and wanted those to be shared. The work around deep vein thrombosis is a great example and we have Staff Awards coming up.

HB23/98.4 In response to a question raised on the Elective Surgical Hub in Llandudno, it was reported there were two productive workshops held last week on surgery and orthopaedic waiting lists. It is now much clearer what is needed and an approach agreed for the business case which will be brought back for the board's approval.

HB23/98.5 The Director of Partnerships and Stakeholder Engagement reported that there was ongoing consultation work with local partners and the public in North Wales on waiting list times. We will be having full conversations with partners and patients how these can be influenced going forwards.

HB23/98.6 The report was received by the Board.

HB23.99 STRATEGY

HB23/100 Special Measures Report

HB23/100.1 The Interim Chief Executive Officer introduced the report and apologised for the late publication and explained that this had been due to timings with Welsh Government who were thanked for their support. She was pleased with the clear direction and co-operation and support from staff and acknowledged there was a lot to do to make firm improvements and sustainable steps in the journey.

HB23/100.2 The organisation was working in a way to respond to issues and lay foundations for future based on an outcomes approach, with work identified for the next 90 days. This will be a major issue for committees and the board to review going forward.

HB23/100.3 It was noted that there were eight areas of concern identified and ten independent reviews that have either started or about to start which will impact on

the first 90-day phase. A number of independent advisers will be supporting us which is really helpful.

HB23/100.4 This has been quick turnaround on the organisational response which is structured and systematic in approach. A Special Measures Group is meeting weekly to review and provided useful support. Special Measures will also be reflected in the Annual Plan as they are so closely linked.

HB23/100.4 It was noted that the Interim Chief Executive Officer was the responsible officer for the implementation of this plan and the Executive Director of Transformation and Planning would support. The Executive Team will be reviewing the risks regularly.

HB23/100.5 Olivia Sharrocks, Welsh Government Adviser was introduced and explained that her role was to help, support and advise the Board on how to run the organisation. It was noted that the work should not be rushed and agreed that the first 90 days was a discovery phase with second 90 days as a stabilisation phase.

HB23/100.6 Everyone she has met has been very open and helpful. It was noted that there were examples of some good work and this should be celebrated. The Health Minister for Wales had visited Ysbyty Gwynedd last week and was complimentary about services and work being undertaken. However, it was noted that there were serious issues in several areas and a lot of intense scrutiny on the organisation.

HB23/100.7 It was noted that a Governance Review was underway which the organisation was being supported with. This would give a better understanding of what committees the organisation required going forward. It was noted that assurance and outcomes would be assessed by Audit Wales, improvements would be monitored internally through the performance report. Culture was a large piece of work especially 'sub-cultures' within the organisation and working with staff and in partnership working with the trade union representatives. The Secretary, Trade Union Partners, asked about the Social Partnership working and the Interim Chief Executive Officer agreed that she was keen to develop and meet with Trade Union representatives as soon as possible.

HB23/100.8 The report and response to Welsh Government was agreed by the Board.

Claire Budden, Independent Member joined the meeting at 10:20, delayed due to transport issues.

HB23.101 Finance Report M1

HB23.101.1 The Interim Executive Director of Finance introduced the report which was taken as read. It was noted that the report covered month 12 for last year and month one for the current financial year. The draft unaudited year end position for 2022-23 achieved a surplus of £0.4m. The initial financial plan for 2023-24 is to deliver a deficit position of £134.1m.

HB23.101.2 The April position is reporting an in-month deficit of £12.2m, which is £1.0m higher than the £11.2m profiled financial plan for Month 1, due essentially to outsourcing costs. Outsourcing costs are £1.0m over the profiled £27.1m resource for planned care sustainability. This results from patients being transferred to private providers before the decision was made to pause certain aspects of outsourcing to keep costs within the £27.1m available.

HB23.101.3 Gareth Williams, Independent Member and Chair of the Performance, Finance and Information Governance Committee agreed with the report and supported the actions being undertaken as well as the summary sheets. It was agreed that it would be a difficult financial year for all Health Boards in Wales this year.

HB23.101.4 In discussion it was noted that agency staff spend was high due to challenges in recruiting staff to substantive roles and the following key points were made:

- Initiatives to grow our own qualified staff
- Partnership working with Bangor University over courses and training support
- Welcoming international nurses and student nurses
- Creating different roles and opportunities
- Better use of Bank staff

HB23.101.5 The Board agreed the report.

HB23.102 Community Complex Conditions Service Business Case

HB23.102.1 The Acting Executive Director Therapies & Health Science presented the Community Complex Conditions Service Business Case which was taken as read.

HB23.102.2 The Board was asked to approve Option four in the business case. This option would establish a Community Complex Conditions Service in BCUHB, integrating Long COVID, Chronic Fatigue Syndrome/Myalgic Encephalomyelitis, Breathing Pattern Disorders, Persistent Physical Symptoms, and Frequent

Attendees. The service would improve patient outcomes, provide sustainability and address current and future demand for services and gaps in service provision

HB23.102.3 It was agreed that this was a fantastic piece of work which provided patients with support and care they needed. It was noted that the service was funded by the Welsh Government and there is still a lot unknown about the effects of long covid and long-term impact on healthcare.

HB23.102.4 The Board agreed the business case.

HB23.103 QUALITY & SAFETY

HB23.104 Anglesey and Gwynedd Wellbeing Plan

HB23.104.1 The Executive Director of Transformation and Planning presented the Anglesey and Gwynedd Public Services Board (PSB) Wellbeing Plan report which was taken as read. The Plan had been developed to respond to the updated Well-being Assessments for the Anglesey and Gwynedd area produced in 2022. It sought to address the key areas which pose the greatest need or challenge for communities and where the PSB can make the greatest contribution towards social, environmental, cultural and economic well-being, adding value to existing partnerships and core services.

HB23.104.2 It was noted that the production and implementation of the Well-being Plan is a key task of the PSB and part of the Health Board's statutory duty under the Well-being of Future Generations (Wales) Act 2015. The Plan supported:

- our strategic well-being goal of improving health and well-being.
- delivery against the relevant priority areas described within the NHS Planning Framework and ministerial priorities.
- provided a joined-up, partnership approach to maximise our contribution to the wider well-being agenda.

HB23.104.3 The Board:

- Received the Well-being Plan for 2023 – 2028.
- Approved the Plan as part of the partner scrutiny and approval process, prior to formal sign off by the PSB and publication by the 31 May 2023.

HB23.105 Integrated Performance Report

HB23.105.1 The Interim Executive Director of Finance presented the Integrated Performance which related to the Month 12, 2022-23 and provided the Board with an update of performance against the Board's Key Performance metrics, the key measures contained within the 2022-23 National Performance Framework and Welsh Government Ministerial Priority Measures under the Quadruple Aims set out in "A Healthier Wales". It was noted that the report had been reviewed by PFIG Committee.

HB23.105.2 He highlighted the following from the report:

- Performance delivery in March 2023 against the four-hour AE/MIU target was 65.6%, at BCU level - a deterioration from the position in February 2023 of 70.3%.
- There was also significant deterioration in performance in relation to ambulance handover waits. The number of over 1 hour handover delays increased to 2192 in the month, an increase of 813 on February 2023. This was the highest monthly volume of such delays in the whole of 2022-23.

HB23.105.3 In discussion it was agreed that a Board workshop on waiting lists and increasing capacity should be arranged.

HB23.105.4 The report was received by the Board.

BS/MD

HB23.106 Quality & Patient Safety Report

HB23.106.1 The Executive Director of Nursing and Midwifery presented the Quality & Patient Safety Report which provided the Board with information and analysis on significant quality issues arising during the prior two-month period, alongside longer-term trend data, and information on the improvements underway. It was noted that the report had been received by the Quality, Safety and Experience Committee.

HB23.106.2 She highlighted the following points from the report:

- One overdue Safety Alert remains.
- The number of overdue complaints remains unacceptably high, with an impact on the closure target compliance. As with incidents, services report pressures as being the cause. Support is being provided to all divisions from the corporate teams and a recovery plan has been developed. It is likely to take several months to address the backlog position and the risk of ongoing or greater pressure on services is a risk to success.

- The overall rate of Nationally Reportable Incidents (NRIs) remains constant – the main themes remain falls, healthcare acquired pressure ulcers, and the recognition and action on deteriorating patients. Improvement work for all these areas is progressing under the leadership of senior clinical staff.
- The rate of surgical safety NRIs (specifically Never Events) has reduced.

HB23.106.3 In discussion it was agreed that prevention and reducing harm was paramount. Complaints were important to identify themes with some things that can be changed immediately and working with all services for shared learning to improve the organisation.

HB23.106.4 The Board received the report.

HB23.107 Vascular Quality Panel Report

HB23.107.1 The Executive Medical asked the Integrated Health Community Medical Director to present the Vascular Quality Panel Report. It was noted that going forward the vascular reporting to the Board will come under the Special Measures report.

HB23.107.2 It was noted that vascular services were centralised in April 2019 with arterial and endovascular surgical services provided from a newly built hybrid theatre at Ysbyty Glan Clwyd and a “hub and spoke” model of care ensuring vascular presence in Ysbyty Gwynedd and Ysbyty Wrecsam Maelor. Patients are now getting a more positive experience.

HB23.107.3 He highlighted three areas of significant improvement:

- Consultant appointment made
- Fully staffed middle grade support out of hours care
- Multi-disciplinary team working improvements with regular meetings

HB23.107.4 He also highlighted three areas of focus:

- Vascular improvement group for delivery
- Working with Welsh Government on Key Performance Indicators on delivering targets and efficiencies in the service
- Developments on pathways which need to embed and monitor impact on patients

HB23.107.5 The report was received by the Board.

HB23.108 Staff Survey and actions

HB23.108.1 The Associate Director of Workforce Planning and Performance introduced the report on the Staff Survey and actions which was taken as read.

HB23.108.2 He reported that the next staff survey will take place in September 2023 as part of a national survey with an option to localise questions. These localised surveys could report quarterly to support Special Measures work which will be offered in non-digital format for those staff who are not in front of a computer. Professor Michael West has been part of this work and is supporting Health Education Improvement Wales with the development of the new NHS Wales Staff Survey. It was noted that engagement with staff was key.

HB23.108.3 In discussion it was noted that provider would be able to give granular detail which be an improvement on what had been provided in previous years.

HB23.108.4 The Board received the report.

HB23.109 Update of Register of Approved Clinicians and of Section 12(2) Doctors

HB23.109.1 The Executive Medical Director introduced the Update of Register of Approved Clinicians and of Section 12(2) Doctors report which was taken as read. It was agreed that this was a good and efficient use of governance.

HB23.109.2 The Board was received.

HB23.110 Nurse Staffing Levels Annual Assurance Report for Spring 2023

HB23.110.1 The Executive Director of Nursing and Midwifery introduced the Nurse Staffing Levels Annual Assurance Report for Spring 2023 which had already been reviewed by the QSE Committee.

HB23.110.2 In line with the Nurse Staffing Levels (Wales) Act 2016, Health Boards are required to calculate and take all reasonable steps to maintain the nurse staffing levels in acute adult medical & surgical inpatient wards and paediatric inpatient wards using the processes prescribed within the Act. The report covered the period from 6 April 2022 - 5 April 2023.

HB23.110.3 It was noted that data was not available to do a comparison with other Health Boards and better to compare year on year for improvements. Staffing levels are reviewed regularly and can be challenged by herself.

<p>HB23.110.4 The Board received the report.</p>	
<p>HB23.111 GOVERNANCE & RISK</p>	
<p>HB23.112 Reports of Board Committees: Performance, Finance and Information Governance Committee (PFIG), Audit Committee (AC), Quality Safety & Experience Committee (QSE) and Remuneration and Terms of Service Committee</p> <p>HB23.112.1 The Interim Board Secretary introduced the reports from the revitalised Board sub-committees and handed over to Gareth Williams, Independent Member and Chair of PFIG. GW reported that all reports had been covered in Board discussion today and could also confirm the Audit Committee report. He noted that he was pleased that the Scheme of Delegation was being reviewed as the level of reporting was too detailed for assurance. It was noted that there was follow up on the outstanding actions for Audit Committee.</p> <p>HB23.112.2 Rhian Watcyn Jones, Independent Member and Chair of the QSE Committee, reported that QSE met last Friday so was unable to provide a written report in time for today's meeting. The meeting had been short with a second meeting to be held next month but many of the reports had been reviewed by the Board today. She agreed that short concise reports were most welcome.</p> <p>HB23.112.3 The Chair reported that the Remuneration Committee had met at the end of last month and approved the interim appointment of Phil Meakin as Interim Board Secretary and Carol Shillabeer as Interim Chief Executive Officer.</p> <p>HB23.112.4 The Board received the reports.</p>	
<p>HB23.113 Remuneration Committee Terms of Reference</p> <p>HB23.113.1 The Interim Board Secretary introduced the updated the Remuneration Committee Terms of Reference. It was noted that new guidance had been received from the Welsh Government concerning interim members of staff and would need to be updated and taken through the Audit Committee and back to Board for approval.</p> <p>HB23.113.2 The Board noted the report.</p>	
<p>HB23.114 Corporate Risk Register</p> <p>HB23.114.1 The Interim Chief Executive Officer introduced the Corporate Risk Register report which provided an oversight of the Corporate Risks that have been</p>	

assessed through the Risk Management Group (RMG) which met on the 5 May 2023. The report includes the Corporate Risks that currently have a risk score of over 15.

HB23.114.2 The RMG had agreed a proposed Terms of Reference which reflected a desire to provide a more effective oversight of Corporate Risks in the organisation. A review of Risk Management arrangements is highly likely to be an integral part of the Special Measures Programme stabilisation plans including review of risk appetite and targets. This will be discussed further with board members at a planned development workshop next month.

HB23.114.3 In discussion it was agreed that 48 strategic risks are too many for the board to review. A formal Risk Management Policy will be agreed and brought back to board for approval.

HB23.114.4 The Board received the report and approved the Terms of Reference.

HB23.115 Welsh Health Specialised Services Committee (WHSSC) Governance and Accountability Framework

HB23.115.1 The Interim Board Secretary introduced the WHSSC Governance and Accountability Framework which all HBs in Wales had been asked to formally approve. All Health Boards in Wales are part of the framework for specialised services.

HB23.115.2 The Board:

- Noted the report,
- Approved the proposed changes to the Standing Orders and include as schedule 4.1 within the respective Health Boards Standing Orders,
- Approved the proposed changes of the Memorandum of Agreement and Hosting Agreement in place with Cwm Taf Morgannwg University Health Board and include as schedule 4.1 within the respective Health Boards Standing Orders; and
- Approved the proposed changes to the financial scheme of delegation and financial authorisation matrix updating the Standing Financial Instructions.

HB23.116 CLOSING BUSINESS

HB23.117 Items to Refer to Committees

HB23.117.1 No items to be referred to Committees. This may change when work programme is reviewed.



<p>HB23.118 Review of Risks Highlighted within the Meeting</p> <p>HB23.118.1 The Risk Register was reviewed; nurse staffing levels, vascular services, financial risks; big item savings; unplanned care and direction of travel including planned care and winter care planning.</p> <p>HB23.118.1 In discussion, it was agreed that what are risks and what are issues were important definitions and will be explored at board development session.</p>	
<p>HB23.119 Any other business/Questions from public</p> <p>HB23.119.1 The Chair reported that three questions had been pre-submitted from members of the public which had been responded to and both questions and answers had been published on the website. One of the questions had been submitted by the Tywyn Hospital Action Group which had multiple parts and asked the Integrated Health Community Director (West) to respond.</p> <p>HB23.119.2 She explained that comprehensive responses to each of the questions raised were available on the website. It was noted that a positive and honest meeting with the Local Authority to explain where we currently are, took place last week. The Board were keen to understand the health needs of the local population in and around Tywyn and how we can support the delivery of services in a new service model which best meets these requirements and will be holding workshops. This will be done in partnership with our Local Authority colleagues and other partners including neighbouring Health Boards and these relationships are already in place with service discussions well embedded.</p> <p>HB23.119.3 It was noted that the full questions and comprehensive answers could be found on the website. Anyone can send in questions to the Chair or Board at any time and do not have to wait for a board meeting.</p>	
<p>HB23.120 Summary of Private Board business to be reported in public</p> <p>HB23.120.1 A summary report of Private Board business from meeting on the 30 March 2023 to be reported in public was received.</p>	
<p>HB23.121 Date of Next Meeting – 27 July 2023</p> <p>HB23.121.1 The Chair thanked everyone for attending and their contributions. It was noted that the Board was getting a lot of attention currently and we will work to provide the best possible health services for the people in North Wales. The organisation had nearly 20,000 staff with families who we want to support. We</p>	



recognise that many go the extra mile and we thank them for their continued dedication.	
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<i>Exclusion of Press and Public for Private Board meeting</i>	
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DRAFT

Betsi Cadwaladr University Health Board (BCUHB)
Draft minutes of the Extraordinary Health Board meeting held in public
on 22 June 2023 at Conference Room, Optic Centre, St Asaph and
via zoom recording

Board Members Present	
Name	Title
Dyfed Edwards	Independent Member/Chair
Jason Brannan	Deputy Director of Workforce & Organisational Development
Clare Budden	Independent Member
Gareth Evans	Acting Director of Therapies & Health Science
Andrea Hughes	Interim Director of Finance
Prof Mike Larvin	Independent Member
Dr Nick Lyons	Executive Medical Director/Deputy Chief Executive
Phil Meakin	Interim Board Secretary
Teresa Owen	Executive Director of Public Health
Fon Roberts	Associate Member
Carol Shillabeer	Interim Chief Executive Officer
Chris Stockport	Executive Director of Transformation and Planning
Rhian Watcyn Jones	Independent Member
Gareth Williams	Independent Member
Jane Wild	Associate Member
Angela Wood	Executive Director of Nursing and Midwifery

In Attendance	
Richard Coxon	Interim Head of Corporate Affairs (minutes)
Lowri Gwyn	For Translation

Agenda Item	Action
OPENING BUSINESS	
<p>HB23.131 Welcome, introductions and apologies for absence</p> <p>HB23/131.1 The Chair welcomed everyone to the Board meeting of Betsi Cadwaladr University Health Board (BCUHB) at the Optic Technology Centre, Wrexham Glyndwr University in St Asaph, Denbighshire. Andrea Hughes, Interim Director of Finance, on secondment from Welsh Government was welcomed to her first Health Board meeting.</p> <p>HB23/131.2 Apologies were received from: Karen Balmer, Independent Member</p>	

<p>Gill Harris, Executive Director of Integrated Clinical Delivery Dylan Roberts, Chief Digital Information Officer Helen Stevens-Jones, Director of Partnerships and Stakeholder Engagement</p>	
<p>HB23.132 Declarations of Interest on current agenda</p> <p>HB23132.1 There were no declarations of interest made.</p>	
<p>HB23.133 A review of the Declarations of Interest Register and of the Register of Gifts and Hospitality</p> <p>HB23.133.1 The Interim Board Secretary introduced the Declarations of Interest Register which had been circulated to Health Board members. The register included all declarations made by Health Board members for the current financial year. Members were asked to check if they were still correct and to advise of any changes. The register is available to view on the Health Board website.</p> <p>HB23.133.2 The Executive Director of Nursing and Midwifery stated that she was a member of the Royal College of Nursing and Fon Roberts, Associate Member stated he was a member of the Association of Director of Social Services Wales. The Interim Chief Executive Officer (CEO) restated that her substantive employment was with Powys Teaching Health Board.</p> <p>HB23.133.3 The Interim Head of Corporate Affairs to update register.</p> <p>HB23.133.4 It was noted that the Register for Gifts and Hospitality would be sent to the Health Board members and published by the next meeting in July 2023</p> <p>HB23.133.5 The Health Board approved the report.</p>	<p>RC</p>
<p>HB23.134 VOICE OF THE PATIENT AND THE PUBLIC</p>	
<p>HB23.135 Questions from the Public</p> <p>HB23.135.1 The Interim Board Secretary reported that no questions from the public had been pre-submitted and there were no members of the public in attendance who wished to raise any questions.</p>	

HB23.136 STRATEGIC

HB23.137 Annual Plan 2023-24

HB23.137.1 The Interim Chief Executive Officer set the context of the plan explaining that it was a requirement for all Health Boards to develop an Annual Plan. BCUHB been had been given an extension by the Welsh Government to submit its Annual Plan due to the additional considerations of being in Special Measures and the significant financial challenges. The final Annual Plan would be completed over the next week and would be submitted to the Welsh Government on June 30 2023. This was an opportunity for Health Board members to discuss and give feedback on plan. As part of being in Special Measures the Health Board will be receiving an independent review of Planning approach with the objective of further improving the Health Boards capabilities to plan

HB23.137.2 The Executive Director of Transformation, Strategic Planning and Commissioning began the presentation by explaining the statutory requirements on BCUHB. The Health Board is required to agree a three year Integrated Medium Term Plan which is a statutory duty under NHS (Wales) Act 2006, amended by NHS Finance (Wales) Act 2014. The plans must include:

- How we will improve the health of the population
- How we will improve the provision of health care
- Balance over a three-year period
- Address the “Ministerial Priorities” for the coming year, which are set out in annual “Planning Framework” letters

HB23.137.3 BCUHB is unable to meet these requirements for an “approvable Integrated Medium-Term Plan” which means failing on our statutory duty. Welsh Government were informed of this situation in February 2023 and an Annual Plan was requested instead, to be submitted in June 2023.

HB23.137.4 It was noted that the Annual Plan aligned with our partnership planning commitments, including, the Regional Partnership Board Plan and the three north Wales Public Service Board Plans.

HB23.137.5 The population needs assessment takes into account factors such as demographic changes (age); long term conditions profile (diabetes); prevalence of risk factors such as smoking and obesity as well as poverty and deprivation. There is a higher prevalence of these in North Wales compared to the rest of the Wales.

HB23.137.6 There are wider system challenges with social care market fragility. There have also been BCUHB capacity challenges over the last year which are

expected to continue. The extension of three months had given BCUHB the opportunity to incorporate the Special Measures work that is being undertaken.

HB23.137.7 It was noted that other plans and strategies which had informed the Annual Plan included:

- Living Healthier Staying Well Plan
- Quality Strategy
- Clinical Services Strategy
- People Strategy

HB23.137.8 There were eight Strategic Priorities in the plan, Prevention; Primary Care; Planned Care; Urgent and Emergency Care; Cancer; Mental Health, including Learning Disability and Substance Misuse; Women's Services and Children.

HB23.137.9 Mike Larvin Independent Member, joined the meeting at 9:50 due to travel issues and restated he was an employee of Bangor University for Declarations of Interest.

HB23.137.10 It was noted that there is a financial deficit target of £134 million by the end of the financial year. There are risks in the plan but these are mitigated, there are a lot of competing priorities, including the ability to deliver against deficit targets; recruitment challenges and reputational challenges. It was noted that whilst the challenge was ambitious it was also reasonable,

HB23.137.11 Whilst ambitious, the plan alone would not see waiting lists and deficit tackled, but the Board position is one that this is reasonable at this point in time. Further work is underway on trajectories. Further opportunities are being explored with operational teams on efficiencies. A rapid turnaround of feedback is expected from Welsh Government. On approval, the plan will be monitored and reported on a quarterly basis. Planning for next year will start much earlier and a report will be presented to the September Health Board meeting.

CS

HB23.137.12 In response to a question from Fon Roberts on Children Services, the Executive Director of Transformation, Strategic Planning and Commissioning confirmed there is a large amount of work underway to tackle the backlog of neuro-divergent development waitlist. Further detail on this work and the learning disability work could be found in the main document.

HB23.137.13 Gareth Williams acknowledged the amount of work that has gone into the presentation but was disappointed at not being able to review the full

narrative. He referenced ambulance handover times and accommodation provision for staff.

HB23.137.14 The Interim Chief Executive outlined areas where further improvement work was needed and this included ambulance handovers. The Board understood how important it was to agree a plan in September with partners, staff and stakeholders.

HB23.137.15 Rhian Watcyn Jones thought the report needed clear milestones to understand progress in the plan. The Interim Chief Executive Officer agreed that this would be included in the plan to give delivery confidence. She was confident that executives would know when they could deliver and if needed to move an item to a later quarter. It was noted that cycle one and two of Special Measures outcomes will be reported in the Health Board of September or November

HB23.137.16 Clare Budden agreed that it would be good to see trajectories in the report along with planned progress. Although there had been a lot of focus on prevention there was only one page on finance. She felt uncomfortable approving without seeing the final draft of the plan.

HB23.137.17 The Interim Chief Executive agreed that a further final version of the Annual Plan would be circulated by email to Board Members before submission to Welsh Government providing further opportunity for Board Members to respond with any material issues. She noted that it was highly likely that the Welsh Government will ask us to do further work on the financial deficit figure. The Executive Director of Transformation, Strategic Planning and Commissioning would add trajectories to the report and a final version circulated to Board Members before submission. It was recognised that the trajectories produced are a snapshot in time but they reflect that the Health Board is on an improvement journey

CS

HB23.137.18 Prof Mike Larvin stated that the Irish Government had mandated clinicians' national curriculum to include how to deal with patients challenging behaviours. This enabled them to be confident with patients and discussing behaviours. He thought Wrexham Glyndwr and Bangor University could work together on this (Aberystwyth University too) as Health Advocates which the Board supported. He also reported that Bangor University was increasing the number of students for dental practitioners and nurses as part of Dental Plan and All Wales Strategy. The Executive Director of Public Health agreed that working with Bangor University on this would be very useful and could discuss further outside the meeting. The Executive Director of Public Health would discuss with Bangor University and report back to the Board.

TO

HB23.138 Special Measures Change Control Report

HB23.138.1 The Executive Director of Transformation, Strategic Planning and Commissioning introduced the Special Measures Change Control Report which was a minor modification from the last Health Board meeting.

HB23.138.2 He reported that following the Health Board on 25 May 2023, further discussions had taken place between the Interim Executive Director of Finance, the Independent Advisors assigned to Finance, and Welsh Government. This had led to the addition of a fifth deliverable action, with 41 in total, and a re-wording of the existing four deliverable actions. These changes are not considered to be materially different in terms of focus and intent, however they more clearly lay out the specific work required to be undertaken.

HB23.138.3 The Health Board noted that the Special Measures Review Group had approved the change in principle .

HB23.139 Smoke Free Policy

HB23.139.1 The Deputy Director of Workforce and OD introduced the Smoke Free Policy which had been reviewed by the Quality, Safety and Experience Committee on the 20 June 2023. It was noted that the implementation of the policy and the statutory obligations on BCUHB were clearly set out to staff and provided clear direction on their role and responsibilities.

HB23.139.2 The Executive Director of Public Health noted that vaping was a complex area and we are still learning about its effects on population health. It is understood that its use is on the increase among young people and children as young as nine years old. However, it was acknowledged that vaping could help adults give up smoking and prevention of people vaping was more challenging as there were less restrictions. (The BCUHB Stop Smoking Teams were situated at the entrances to all three hospitals and offered different forms of support in supporting people to stop smoking. Staff were also supported by Occupational Health team in quitting smoking.

HB23.139.3 In discussion, the Health Board agreed it was good to offer support to staff and also to ensure that they do not come into contact with secondary smoke. It was agreed that challenging smokers on BCUHB sites was an issue for staff and leaders have to lead by example. However it was noted that many people do not appreciate being challenged .

HB23.139.4 The Health Board approved the policy.

<p>HB23.140 Quality, Safety and Experience Committee Report from meeting on 19 May 2023</p> <p>HB23.140.1 Rhian Watcyn Jones, Independent Member, introduced the report. . <i>The Committee had met on June 20 2023 with a suggestion to meet monthly going forward together with a revised work plan.</i> It was noted that Clare Budden, Independent Member had now also joined the Committee.</p> <p>HB23.140.2 In discussion, the scope of the Committee was revised with a focus on high level information and reporting and less operational detail. The importance of being assured was key. It was noted that guidance received from the Welsh Government Independent Advisors had been beneficial and supportive.</p> <p>HB23.140.3 The Health Board received the report.</p>	
<p>HB23.141 CLOSING BUSINESS</p>	
<p>HB23.142 Items to Refer to Committees</p> <p>HB23.142.1 The Chair noted that there were no items to refer to Committees.</p>	
<p>HB23.143 Identification of new risks</p> <p>HB23.143.1 The Chair noted that there were no new risks.</p>	
<p>HB23.144 Summary of Private Board Business</p> <p>HB23.144.1 The Interim Board Secretary stated that the Health Board discussed at its last meeting on the 25 May 2023:</p> <ul style="list-style-type: none"> • Radiology System Procurement • Report on work with Health and Safety Executive • High value claims for two individual cases 	
<p>HB23.145 Date of Next Meeting – in discussions to move date from 27 July 2023 but will be confirmed in the next few days.</p>	
<p><i>Exclusion of Press and Public for Private Board meeting</i></p>	

Health Board meeting (Public) Action Log – after 22 June 2023 meeting

Ref	Lead Executive / Member	Minute reference and agreed action	Original Timescale	Update (date)	Action status	RAG status		
						<table border="1" style="font-size: small;"> <tr><td>P</td><td>Complete</td></tr> <tr><td>G</td><td>On track</td></tr> <tr><td>A</td><td>Slippage on d</td></tr> <tr><td>R</td><td>Delivery not d</td></tr> </table>	P	Complete
P	Complete							
G	On track							
A	Slippage on d							
R	Delivery not d							
7	Executive Medical Director	Scheduled Care Review the risk relating to the waiting list	February 2023	<p>Update 20/3/23 – Risks associated with waiting lists are being reviewed collectively. They will be reviewed by the Risk Management Group in April with any recommendations for change presented to the Board in May.</p> <p>Update 18/5/23 – this work is reflected in the updated risk register contained in the papers for 25/5/23</p>	Closed			
10	Deputy Executive Director of Workforce and OD	Cabinet Report Discuss requirements for further agenda item on People Strategy at March meeting	February 2023	<p>Update 9/3/23 -: Future Committee meetings under review in light of Special Measures</p> <p>Update 18/5/23 - further update to be provided to the Board at its Sept meeting</p>	Ongoing			
HB23/96.5	Deputy Executive Director of Workforce and OD	Staff Welsh Speakers/Learners in the Health Board	July 2023	<p>Total number of BCUHB staff currently registered on a course and actively learning Welsh is 366.</p> <p>There are 5,557 (27.6%) of staff who are Welsh speakers with intermediate to high proficiency.</p>	Proposed for Closure			

Ref	Lead Executive / Member	Minute reference and agreed action	Original Timescale	Update (date)	Action status	RAG status
						<p>P Complete</p> <p>G On track</p> <p>A Slippage on c</p> <p>R Delivery not c</p>
HB23.133.3	Interim Head of Corporate Affairs	Update Board Members register of interest.	June 2023	Update - The Board Members Register of Interests was updated immediately following the meeting and uploaded to website.	Proposed for Closure	
HB23.137.10	Executive Director of Transformation, Strategic Planning and Commissioning	Annual Plan 2024-25 Planning for next year will start much earlier and a report will be brought back to the September Health Board meeting.	Sept 2023	Update – a proposal will be brought to the Board meeting on the 28 September 2023.	Ongoing	
HB23.137.14	Executive Director of Transformation, Strategic Planning and Commissioning	Annual Plan - the report needed clear milestones to understand progress in the plan. It was noted that in the Health Board in September or November, the cycle one and two of Special Measures outcomes will be reported.	Sept/Nov 2023	Update – the action can be closed after report to board in September.	Ongoing	
HB23.137.15	The Interim Chief Executive	The final version for the Annual Plan would be circulated by email to Board Members before submission to the Welsh Government.	June 2023	Final version of Annual Plan was circulated to Board Members before submission to Welsh Government on the 30 June 2023. Proposed for Closure.	Closed	

Ref	Lead Executive / Member	Minute reference and agreed action	Original Timescale	Update (date)	Action status	RAG status		
						<table border="1"> <tr> <td>P</td> <td>Complete</td> </tr> <tr> <td>G</td> <td>On track</td> </tr> <tr> <td>A</td> <td>Slippage on c</td> </tr> <tr> <td>R</td> <td>Delivery not c</td> </tr> </table>	P	Complete
P	Complete							
G	On track							
A	Slippage on c							
R	Delivery not c							
HB23.137.16	Executive Director of Public Health	The Executive Director of Public Health to discuss with Bangor University (and other university's) and report back to the Board on the use/training of Health Advocates.	Sept 2023		Ongoing			



Teitl adroddiad: <i>Report title:</i>	NHS 111 Press 2 Service			
Adrodd i: <i>Report to:</i>	Health Board			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	Monday, 31 July 2023			
Crynodeb Gweithredol: <i>Executive Summary:</i>	A patient story is presented to Board to bring the voice of the people we serve directly into the meeting. The digital story will be played at the meeting. A short summary is included in the attached paper.			
Argymhellion: <i>Recommendations:</i>	Board is asked to note this report.			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Angela Wood, Executive Director of Nursing and Midwifery			
Awdur yr Adroddiad: <i>Report Author:</i>	Mandy Jones, Deputy Executive Director of Nursing Leon Marsh, Head of Patient Experience Rachel Wright, Patient and Carer Experience Lead Manager			
Pwrpas yr adroddiad: <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>	
Lefel sicrwydd: <i>Assurance level:</i>	Arwyddocaol <i>Significant</i> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol <i>Acceptable</i> <input checked="" type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol <i>Partial</i> <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn: <i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i>				
In line with best practice, a patient or carer story is presented to Board to bring the voice of the people we serve directly into the meeting, but it is not presented as an assurance item. However, the accompanying paper describes some of the learning and actions undertaken in response to the story.				
Cyswllt ag Amcan/Amcanion Strategol: <i>Link to Strategic Objective(s):</i>	Quality			
Goblygiadau rheoleiddio a lleol: <i>Regulatory and legal implications:</i>	N/A			
Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i>	N/A			
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?	N/A			



<i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i>	
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) <i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i>	BAF21-10 - Listening and Learning
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith <i>Financial implications as a result of implementing the recommendations</i>	N/A
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith <i>Workforce implications as a result of implementing the recommendations</i>	N/A
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori <i>Feedback, response, and follow up summary following consultation</i>	N/A
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) <i>Links to BAF risks:</i> (<i>or links to the Corporate Risk Register</i>)	BAF21-10 - Listening and Learning
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) <i>Reason for submission of report to confidential board (where relevant)</i>	N/A
Camau Nesaf: Gweithredu argymhellion <i>Next Steps: Implementation of recommendations</i> N/A	
Rhestr o Atodiadau: NHS111+2 Story.mov <i>List of Appendices:</i> Appendix A- Patient Story Summary	

Betsi Cadwaladr University Health Board Patient Story: The 111 Press 2 Service

A digital story told by staff from BCUHB 111 Press 2 Service and Gareth who is a patient will be played at the meeting.

Overview of Patient Story

On the 17th January 2023 the NHS 111 Press 2 Service was launched across North Wales for people who have urgent mental health concerns themselves or about someone they know. The service operates 24 hours a day, 7 days per week via telephone.

The key aims of the service are to:

- Provide local care through a national number.
- Improve the callers experience and outcomes.
- Provide early intervention for mental health issues and information and options for self-care and support.
- Provide navigation to local appropriate services/ non statutory support.
- Reduce the demand, and provide advice for ED/GP/Police and WAST.
- Make seamless referrals to specialist Mental Health Services if necessary.

The NHS 111 Press 2 Service is based in the East of the Region within the Heddfan Unit, although the service covers the North Wales area. The service has been utilised extremely well by citizens across North Wales and positive feedback has been received from partner agencies both internally and externally including feedback from GP Clusters, WAST and North Wales Police.

Gareth shares his journey of accessing the service when his wife was terminally ill and subsequently receiving ongoing support from NHS 111 Press 2 Service following his wife passing away.

Gareth praises the high level of 'caring' call handling staff who have always made him feel listened to and not judged. Gareth would like to share his story to express his deepest gratitude to all of the Call Handling staff who have supported him. Gareth describes NHS 111 Press 2 Service as a "life saver".

Key Messages

- Access to Mental Health Services out of hours.
- Access to self-care support such as coping mechanisms to support patient's anxiety.
- Praise for NHS 111 Press 2 Service.

Summary of Learning and Improvement

This Patient Story has been shared with staff from NHS 111 Press 2 Service and Single Point of Contact (SPOC) Team Manager's.

To support service improvement BCUHB is considering the role of NHS 111 Press 2 Service within the development of crisis transformation for MH&LD. BCUHB is the only Health Board in Wales that does not have access to a Crisis Hub or Crisis Team outside office hours, which has increased our use of Emergency Services. Many of these calls could be reduced with adequate crisis response services such as crisis café, crisis hotel, sanctuary approach or embedded within SPOC (with further investment and development).

SPOC are now auditing Category "A" calls to identify where Emergency Service response could have been avoided if Home Treatment Team or Crisis Response Service had been available. Early outcomes indicate that up to 40% might have been diverted, however an emergency response was indicated in the absence of such services.

To support staff learning and development of the service, the following activities are being undertaken:

- Monthly training sessions have been implemented to ensure that staff have the opportunity to continue to develop their skills.
- SPOC Specific Induction Training has been implemented and includes the following additional training: FACT, Colgate, Suicide Awareness, WARRN, Cultural Awareness, Safeguarding Children Level 3 and Adastra training.
- Weekly group formulation has been running for around eight weeks. This enables Wellbeing Practitioners, to identify a complex case or frequent caller, present their case and formulate using the 5P model. A plan is then developed which practitioners can follow when the service user calls to maintain continuity and support staff.
- SPOC Managers are currently in the process of liaising with Psychology to establish whether there might be scope in future to access clinical supervision.
- SPOC Managers have been attending events in order to promote the service e.g. Glyndwr University Wellbeing Event, approved premises, GP Cluster training events, LGBTQ+ Wellbeing Event, BCUHB Wellbeing Day, advanced brighter futures. BCUHB have also launched social media campaigns to promote the service.
- SPOC Seniors and Wellbeing Practitioners have the opportunity to attend Peer Support Group which is a national initiative to share knowledge and developments, and to ensure standardised care is both practiced and delivered across the Division.

The Patient and Carer Experience Team will continue to support the Mental Health Service in capturing patient and carer experience to support service improvement. The team extend their gratitude and appreciation to Gareth for sharing his experience.



Teitl yr adroddiad: <i>Report title:</i>	Chairs Report			
Adrodd i: <i>Report to:</i>	Health Board			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	31 July 2023			
Crynodeb Gweithredol: <i>Executive Summary:</i>	<p>This report provides an update for Board Members on key issues within the organisation, external work with partners and services recognised through nominations and awards. Topics include:</p> <ul style="list-style-type: none"> • Meetings with Elected Representatives • Governance arrangements • Connecting with people <p>Update on visits and meetings</p>			
Argymhellion: <i>Recommendations:</i>	That the Board notes the content of the report.			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Chair			
Awdur yr Adroddiad: <i>Report Author:</i>	Chair			
Pwrpas yr adroddiad: <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input checked="" type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Ar gyfer sicrwydd <i>For Assurance</i> <input type="checkbox"/>	
Lefel sicrwydd: <i>Assurance level:</i>	Arwyddocaol Significant <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol Acceptable <input type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol Partial <input checked="" type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim Sicrwydd No Assurance <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
<p>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</p> <p><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></p>				
Cyswllt ag Amcan/Amcanion Strategol:	Meetings cover a range of strategic priorities.			

Link to Strategic Objective(s):	
Goblygiadau rheoleiddio a lleol: Regulatory and legal implications:	There are no specific implications arising from this report.
Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal? In accordance with WP7 has an EqlA been identified as necessary and undertaken?	Not applicable at this stage.
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? In accordance with WP68, has an SEIA identified as necessary been undertaken?	Not applicable at this stage.
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)	The issues raised impact across a range of risks.
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith Financial implications as a result of implementing the recommendations	There are no specific implications arising from this report.
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith Workforce implications as a result of implementing the recommendations	There are no specific implications arising from this report.
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori Feedback, response, and follow up summary following consultation	Not applicable.
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risgiau Corfforaethol) Links to BAF risks: (or links to the Corporate Risk Register)	The issues raised impact across a range of risks.
Rheswm dros gyflwyno adroddiad i bwyllgor cyfrinachol (lle bo'n berthnasol) Reason for submission of report to confidential Committee (where relevant)	Not applicable.
Next Steps: Implementation of recommendations Not applicable to this report.	

Report of Chair to Betsi Cadwaladr University Health Board July 31 2023

Since my report to the May Board I have continued to work in a number of areas, with particular attention to 3 aspects:-

Meetings with Elected Representatives

This remains an important part of my work as Chair and I welcome the opportunity to hold detailed discussions with MSs in their constituencies. Carol and I also recently met with the Leaders and Chief Executive Officers of the region's Local Authorities. We have emphasised the need for us to develop strong relationships with local councils and the meeting gave us a further opportunity for open discussions. We have cooperated with the Public Accounts and Public Administration Committee (PAPAC) of the Senedd and have appeared before the committee in closed session to discuss aspects of previous financial reporting. Carol and I also had the opportunity to attend the NHS 75 celebration at the Senedd and give a presentation on our Special Measures programme to the MSs of the region in the evening. It was a well-attended event and provided a good opportunity for us to provide details of what we wish to achieve over the next period. We were particularly pleased to meet the First Minister at Wrexham Maelor Hospital recently and were able to give him an insight into the current progress of the health Board.

I continue to have regular meetings with Eluned Morgan MS, Minister for Health and Social Services. Some of the meetings around Special Measures give all Board Members an opportunity to contribute and hear the views of the Minister. Our latest meeting was very positive with the Minister noting the progress we were making. Lynne Neagle MS, the Deputy Minister for Mental Health and Wellbeing, was also in attendance and we look forward to her visit to the Health Board in August.

Governance

I am very pleased to confirm that Carol has agreed to extend her period as our Interim Chief Executive Officer until March 31, 2024. Carol has made an impact during her first few weeks and this extended period will create the stability and continuity required for us to make good progress on our improvement journey. I am very grateful to Carol and to the Chair and Board of Powys Teaching Health Board for their cooperation.

I am glad that we are gradually increasing numbers of Independent Members with Dyfed Jones joining us as Local Authority representative following an open competition. He has already become an active Board member and is making a positive contribution to various committees. We are awaiting news of the Trade Union representative due to join the Board and Welsh Government have moved to the public appointments process to advertise further vacancies for two additional Independent Members and Vice Chair. Progression of these roles will allow us to strengthen our committee structures further.

Connecting with People

I continue to spend time meeting people across the Health Board region and enjoy learning about various services and discussing issues with staff and patients. I am gradually discovering the considerable variety of services we support and the geographical

reach of Betsi Cadwaladr University Health Board region. It is these visits and discussions that inspire and enthuse me and I am very grateful to staff for giving of their time and making appropriate arrangements.

Below is a summary of some of my meetings and visits for the period up to July14, 2023

Date	Meeting / Visit
May 22	Meeting with Eluned Morgan MS, Minister for Health and Social Services
May 23	Welsh Government National Induction for Independent Members
May 24	Meeting with Joanne Wilson Hywel Dda Health Board, re Office of Board Secretary review Welsh Government National Induction for Independent Members 2
May 25	Health Board in Bangor Meeting with Judith Paget, Director General/NHS Wales Chief Executive
May 26	Interview for BBC Cymru/Wales Politics Show and Newyddion
June 1	Ysbyty Eryri and Stroke Unit
June 2	Health Board Volunteer Event, Menai Bridge
June 5	Engagement Event NHS Wales Exec and HEIW re Primary Care, Venue Cymru Meeting with Mike Usher re Interim Appointments review
June 6	NHS Wales Peer Group Meeting Meeting with Audit Wales
June 7	Visit to Central Team at Llandudno Hospital followed by visit to the Porters and School and Health Visiting Teams Meeting with North Wales Mind Chairs
June 8	Meeting with Internal Audit team Meeting with Audit Wales Meeting with Eluned Morgan MS, Minister for Health and Social Services
June 9	North Wales Regional Partnership Board, Colwyn Bay
June 12	Ysbyty Alltwen Ty Doctor Nefyn Ysbyty Bryn Beryl
June 13	Transition to Senior Clinical Practice Celebration Event Kinmel Manor Remuneration and Terms of Service Committee
June 14	CEO Leaders Special Measures Meeting Meeting with Leader, Flintshire County Council Meeting with Unison and RCN representatives
June 15	Meeting re Annual Plan IMs/CEO/Executives Meeting with Leader of Denbighshire County Council, Rhyl Meeting with Lord Barry Jones, President Awyr Las
June 16	Meeting with Lesley Griffiths MS, Wrexham Meeting with Jack Sargeant MS and Mark Tami MP, Shotton
June 19	'Climb' Summit, Bangor University

	Meeting with Eluned Morgan MS, Minister for Health and Social Services
June 20	QSE Committee (observer) NHS Wales Chairs meeting Ministerial meeting with NHS Wales Chairs Meeting with David Jenkins, Independent Adviser
June 21	Welsh NHS Confederation Management Committee Meeting with Helen Stevens-Jones Meeting with NHS Wales Confederation
June 22	Extraordinary Board Meeting and Board Development
June 23	Webinar with Older People's Committee
June 26	Meeting with Edmund Burke VC Bangor University and Marian Wyn Jones, Chair of Council Meeting with Carl Cooper, Chair Powys Teaching Health Board Strategic Health-Social Care meeting with Flintshire County Council
June 27	Visit to Colwyn Bay Hospital Wards and Bryn Hesketh Judging panel Achievement Awards Meeting with Olivia Shorrocks, Welsh Government
June 29	Attendance at a welcome for visiting Lesotho Colleagues at Ysbyty Gwynedd Annual Plan Review Meeting with David Jenkins, Independent Adviser
July 3	Cyber Awareness Webinar Meeting with Audit Wales
July 5	PAPAC Wales NHS 75 Years celebration, Senedd Meeting with Hannah Blythyn MS Presentation to all regional MSs, Senedd
July 6	Meeting with First Minister, Wrexham Maelor Hospital
July 7	Meeting with North Wales Local Authorities CEOs and Leaders GMC Medical School Visit at Bangor University
July 10	Meeting with Darren Miller MS Meeting with Jan Tomlinson, Unison Interviews, Chief of Staff and Executive director of Operations
July 11	Meeting with David Jenkins, Independent Adviser
July 12	Meeting with Eluned Morgan MS, Minister for Health and Social Services
July 14	Webinar with Welsh Language Commissioner



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Teitl yr adroddiad: <i>Report title:</i>	Chief Executive Officer Report			
Adrodd i: <i>Report to:</i>	Health Board			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	31 July 2023			
Crynodeb Gweithredol: <i>Executive Summary:</i>	This report has been developed to provide an overview of key activity, progress and issues by the Chief Executive. It covers the period end of May to 12 July 2023. Some of the content is further expanded in other reports on the Board agenda.			
Argymhellion: <i>Recommendations:</i>	That the Board notes and is assured by the content of the report.			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Chief Executive Officer			
Awdur yr Adroddiad: <i>Report Author:</i>	Chief Executive Officer			
Pwrpas yr adroddiad: <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input checked="" type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Ar gyfer sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>	
Lefel sicrwydd: <i>Assurance level:</i>	Arwyddocaol <i>Significant</i> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol <i>Acceptable</i> <input type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol <i>Partial</i> <input checked="" type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn: <i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i>				



<p>Cyswllt ag Amcan/Amcanion Strategol:</p> <p><i>Link to Strategic Objective(s):</i></p>	<p>Meetings cover a range of strategic priorities.</p>
<p>Goblygiadau rheoleiddio a lleol:</p> <p><i>Regulatory and legal implications:</i></p>	<p>There are no specific implications arising from this report.</p>
<p>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i></p>	<p>Not applicable at this stage.</p>
<p>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></p>	<p>Not applicable at this stage.</p>
<p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</p> <p><i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i></p>	<p>The issues raised impact across a range of risks.</p>
<p>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Financial implications as a result of implementing the recommendations</i></p>	<p>There are no specific implications arising from this report.</p>
<p>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Workforce implications as a result of implementing the recommendations</i></p>	<p>There are no specific implications arising from this report.</p>
<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</p> <p><i>Feedback, response, and follow up summary following consultation</i></p>	<p>Not applicable.</p>
<p>Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risgiau Corfforaethol)</p> <p><i>Links to BAF risks:</i> (or links to the Corporate Risk Register)</p>	<p>The issues raised impact across a range of risks.</p>
<p>Rheswm dros gyflwyno adroddiad i bwyllgor cyfrinachol (lle bo'n berthnasol)</p> <p><i>Reason for submission of report to confidential Committee (where relevant)</i></p>	<p>Not applicable.</p>



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Camau Nesaf:

Gweithredu argymhellion

Next Steps:

Implementation of recommendations

Not applicable to this report.

Introduction

This report has been developed to provide an overview of key activity, progress and issues by the Chief Executive. It covers the period end of May to 12 July 2023. Some of the content is further expanded in other reports on the Board agenda.

Service Visits

A number of visits have taken place, in particular as part of a wider programme of induction and orientation and to hear first-hand the work being undertaken across the organisation. Following this first round, further scheduled visits will take place in the coming weeks and months.

- **Ysbyty Glan Clwyd:** A wide range of services were visited with staff sharing their challenges and the areas of pride in their work. A visit and discussion on the **Neonatal Unit** indicated the very high standard of care being achieved with the team sharing the Units outcomes and benchmark to the national standards. The Team also shared the work underway on PERIPREM, seeking to further improve the outcomes for those babies at risk as a result of premature birth. This work is included in the organisation's Annual Plan and will therefore be subject of further update in due course.
- The **Paediatric Service** was visited from the outpatient service, where it was good to see fresh fruit on offer for the children who visit the department, through to the inpatient ward. A new garden area is under development and some challenges of internet access for children and parents was shared, as was clearly shown in the feedback board 'High 5; Low 5". It was clear to see the pride held by the Team in the service provided and good to see strong interaction with colleagues supporting children's emotional and mental health.
- The **Discharge Lounge** was visited and utilisation was noted to be high. This has been the result of a concerted and collective effort to enable patients to vacate their inpatient bed on the day of discharge in order that people requiring admission experience as minimum a delay as possible. Patients fed-back an overall positive experience of the hospital care and experience.
- The **Vascular Ward** was visited, including sitting in for part of the Multidisciplinary Team Meeting. Good progress was shared in relation to staffing with several vacancies now filled and a new Ward Manager in place. Practice development is a key feature of the teams' efforts and it was good to hear of the emphasis on staff

development. Challenges exist in enabling patient to leave the hospital at the right time and further work is needed on developing whole system pathways.

- A visit to the **Emergency Department** took place. It was clearly another busy day for the Unit and the waiting room was largely full. Plans were shared as to the 8 step action plan being implemented by the Integrated Health Community and this will continue to be closely supported and monitored. A Visit to the canteen enabled plenty of conversations to take place including with medical students, domestics, a very cheerful Podiatry team, paediatric staff and others. These 'Canteen Chats' are now a regular feature of each service visit.
- **Ysbyty Gwynedd**: The visit included some time in the **orthopaedics ward** chatting with staff and patients. The feedback from the ward staff and the multidisciplinary team indicated a greater sense of job satisfaction now that the ward was being fully utilised for orthopaedics care. It is clear that this service must be maintained even through the challenging winter, when urgent and emergency care services are under the greatest pressure. Further conversations took place during the visit including on the previously **COVID ward** which had before the pandemic being a mixed surgical ward. The team reflected on the challenges and successes that they had through the pandemic and that they had come out all the stronger as a result of it. A meeting with the Head of **Psychology** for the organisation also took place understanding the contribution of psychology not just in mental health services but across the spectrum of health provision and as an organisation is key moving forward. The 'Canteen Chat' also took place in a Ysbyty Gwynedd and conversations took place with volunteers, students, and ambulance colleagues, as well as the hospital radio lead and chaplain.
- **Wrexham Maelor Hospital**: The visit to this hospital took place approximately 2 weeks into a new development named the 'Perfect Month'. The **orthopaedics** team drew together a plan to improve the clinical effectiveness and efficiency of their service recognising the significant backlog of surgery currently being experienced. It was impressive to see the team working and focus on enabling as many patients as possible to have high quality effective and efficient care. Although the perfect month had not concluded, a significant increase in the numbers of patients being seen and having their operation had been achieved, and significant staff satisfaction and confidence in the improvements was evident.
- The related **Trauma Service** was able to demonstrate a responsive approach to patients who attend the Emergency Department and it is clear that the trauma service is both extremely busy and has been modified to meet the needs of patients. It will be important to track the progress of orthopaedics across the organisation given this is one of the most significantly challenged specialties in the health board and a key priority area in the annual plan. A visit to the surgical SDEC (**Same Day Emergency Care**) was undertaken and plans were shared for changing the layout of the unit in order to support more surgical patients who attend the ED department. It was a positive sign of the wider hospital focusing on unscheduled care including within the specialty of surgery. Finally the visit was rounded off at the **Emergency Department**. It was particularly good to see

streaming in place from the moment a person enters the ED department. This means that patients presenting with minor injuries or minor illness are directed to services immediately next door to the emergency department, in the Urgent Primary Care Centre and the Urgent Treatment Centre. This has resulted in people being seen sooner and being directed first time to the expertise that best meets their needs.

Working with Partners

A meeting with the local authority leaders and chief executives across North Wales has taken place. A warm welcome and consistent offer of support was received and a commitment to work together for the people of North Wales shared. An update on special measures was provided and a focus on the areas where collective working will bring benefit was discussed. A separate meeting with Flintshire County Council had been held several weeks earlier and important developments were discussed such as Marleyfield House.

A meeting was held with the Chief Executive of Llais, the body that succeeds the Community Health Council with a wider remit of health and social care. Llais is a key partner for the health board and discussions with the Chief Executive brought a commitment of working together moving forward.

Discussions have been held with the trade union partnership forum chair and vice chair. It is essential that strong partnership working across the organisation exists with staff and partners. The social partnership act further underlines the commitment of the Welsh Government in this regard. Positive discussions about future working arrangements took place with the potential of a social partnership work shop in the autumn playing a key role for the renewal of partnership working in the organisation.

The Lesotho and Betsi Cadwaladr University Health Board partnership was admirably demonstrated by the visit of colleagues from Lesotho in Africa to Ysbyty Gwynedd. Colleagues presented the work they had undertaken as a result of sponsorship from the Partnership and it was remarkable to see the commitment motivation and innovation demonstrated by those colleagues in an under-resourced healthcare system. There was certainly learning for health board in this regard.

The North Wales Regional Partnership Board met to discuss a range of matters and the considerable challenges that face the health and care sector. Important investments under the Regional Investment Fund (RIF) have been made to support this area of work. This work will be the subject of further detailed board reporting in due course.

The Stakeholder Reference Group met recently and it was pleasing to be able to join the meeting for part of their discussions. A key priority in the Special Measures Response Plan relates to engagement and it is therefore essential that the support to the Stakeholder Reference Group forms a critical part of the organisation development.



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Working closely with Bangor University is key. The development of the medical school in North Wales is a fundamental enabler both for the organisation and the future of its workforce, as well as the prosperity and development of the region as a whole. It was a pleasure to be able to join the General Medical Councils visit that took place recently as part of the accreditation process for the medical school. A huge amount of work has been undertaken already in developing a highly effective and well regarded medical education provision in North Wales and securing a full medical school would enable that to prosper further. Further work is now underway on the next steps of the journey for a fully accredited medical school at Bangor University.

Special Measures

There is a separate item on the Board agenda relating to the implementation of the Special Measures Response Plan. A series of key briefings and discussions however, have taken place that are key to enabling a stronger approach to leadership and engagement moving forward. Over 500 leaders in the organisation joined the CEO for a Leaders Brief session, which focused on the approach to Special Measures. This was an ideal opportunity for wider and more direct engagement and in enabling an understanding of the far reaching nature of the 5 key outcomes under the Special Measures Response Plan. Furthermore a session, led by the Chair, was held with Members of the Senedd prior to the Parliaments summer recess to brief them on the Special measures issues and response plan. Regular briefings will be timetabled to enable wide ranging discussion on matters that are key to the public and elected members.

Leadership Development

It was positive to see the CLIMB Programme for Wales have its final event here in North Wales, based at Bangor University. The CLIMB programme is a highly regarded leadership programme in Wales led by Cardiff and Vale UHB. The second cohort presented their work and it was a pleasure to be afforded an opportunity to address the event. Building on the successful cohort 2, a commitment was made and work is underway to establish a Leadership Aluminium across the organisation to take forward the positive leadership development work already underway.

SOS Guardian Scheme

A productive discussion has been held with the SOS Guardian Scheme which aims to provide a safe route for staff to raise concerns. Further work is underway in terms of the role and function of this scheme moving forward in preparation for the next cycle of Special Measures Response.

NHS 75

A range of events took place to celebrate the anniversary of the founding of the NHS. Over 40 Big Tea Party's took place as well as Charity Zip Wire event. The organisation was represented at the National ceremony for the NHS at 75, held at the Church of

the Resurrection in Ely, Cardiff where the George Cross, awarded to the NHS for its efforts during the COVID pandemic, was on display.

Engage to Change

Finally, in this report, it is a pleasure to share news of success in relation to the Engage to Change development.

The Engage to Change project works across Wales to support young people aged 16-25 who have a learning difficulty, learning disability and/or autism to achieve their full potential. Betsi Cadwaladr University Health Board (BCUHB) has worked closely with Engage to Change, and other partners, over the last few years through Project SEARCH, supported internships and adult volunteer placements through the Step into Work scheme.

The project aims to:

Overcome barriers to employment by:

- developing transferable skills
- offer unpaid work experience
- provide paid supported employment
- find volunteering opportunities
- providing access to supported internships.

BCUHB has been recognised for its work in this field, and has been awarded 3 Engage to Change Awards.

Apprenticeship award – awarded to the pharmacy department in Ysbyty Gwynedd

Supported Internship – awarded to the communications team

Most employment opportunities – awarded to BCUHB

The support that BCUHB is able to offer these young adults is transformational and really does change lives.



Teitl adroddiad: <i>Report title:</i>	Special Measures update			
Adrodd i: <i>Report to:</i>	Health Board			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	31 July 2023			
Crynodeb Gweithredol: <i>Executive Summary:</i>	The purpose of this paper is to provide an update on Special Measures, highlighting progress to date, some initial “green shoots” of outcomes, our approach to assurance and a forward look at what is coming next.			
Argymhellion: <i>Recommendations:</i>	For the Board to RECEIVE ASSURANCE on the deliverables, and current/future arrangements for Special Measures provided in the update report			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Carol Shillabeer, Chief Executive (Accountable Officer) Dr Chris Stockport, Executive Director of Transformation & Strategic Planning (Lead Executive)			
Awdur yr Adroddiad: <i>Report Author:</i>	Paolo Tardivel, Director of Transformation and Improvement & Special Measures Programme Director			
Pwrpas yr adroddiad: <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input checked="" type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>	
Lefel sicrwydd: <i>Assurance level:</i>	Arwyddocaol <i>Significant</i> <input type="checkbox"/> <small>Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</small> <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol <i>Acceptable</i> <input checked="" type="checkbox"/> <small>Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</small> <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol <i>Partial</i> <input type="checkbox"/> <small>Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</small> <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> <small>Dim hyder/tystiolaeth o ran y ddarpariaeth</small> <i>No confidence / evidence in delivery</i>
Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn: <i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i>				
Cyswllt ag Amcan/Amcanion Strategol: <i>Link to Strategic Objective(s):</i>	To support Special Measures			
Goblygiadau rheoleiddio a lleol: <i>Regulatory and legal implications:</i>	Amherthnasol			
Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?	Not applicable			
	Amherthnasol			
	Not applicable			

<i>In accordance with WP7 has an EqlA been identified as necessary and undertaken?</i>	
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?	Amherthnasol
<i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i>	Not applicable
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)	Amherthnasol
<i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i>	Not applicable
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith	Amherthnasol
<i>Financial implications as a result of implementing the recommendations</i>	Not applicable
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith	Amherthnasol
<i>Workforce implications as a result of implementing the recommendations</i>	Not applicable
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori	Amherthnasol
<i>Feedback, response, and follow up summary following consultation</i>	Not applicable
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)	Amherthnasol
<i>Links to BAF risks: (or links to the Corporate Risk Register)</i>	Not applicable
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)	Amherthnasol
<i>Reason for submission of report to confidential board (where relevant)</i>	Not applicable
Camau Nesaf: Gweithredu argymhellion	
<i>Next Steps: Implementation of recommendations</i>	
Rhestr o Atodiadau:	
<i>List of Appendices:</i> Appendix A – Slides covering main update	

Special Measures Update

1) Overview

This report introduces a set of slides in Appendix A that seek to provide the Board with a Special Measures update. The material provides a progress update from the mid point of the first 90 days cycle within the initial “Stabilisation Phase” of Special Measures set out by Welsh Government.

It covers:

- 1) **Key engagements** since the last update
- 2) **Progress to date** – highlights (with a more detailed update in the Appendix of the slides)
- 3) **Outcomes** – initial “green shoots”
- 4) **Assurance approach**
- 5) **Forward look**

As the slides cover the necessary detail and in the interest of brevity, this paper seeks to act as a cover sheet only and introduction to the slides.

2) Recommendations

For the Board to RECEIVE ASSURANCE on the deliverables, and current/ future arrangements for Special Measures provided in the update report.

3) Appendix A - Slides covering full update

The slides covering the full Special Measures update will accompany this report.

Diweddariad Mesurau Arbennig y Bwrdd Iechyd

31 Gorffennaf 2023

Health Board Special Measures Update

31st July 2023



GIG
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NHS
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Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Trosolwg

1 Ymgysylltu allweddol ers y diweddariad diwethaf

2 Cynnydd hyd yma

3 Canlyniadau – “egin gwyrdd”

4 Dull sicrwydd

5 Edrych ymlaen

Overview

1 Key engagements since last update

2 Progress to date

3 Outcomes – “green shoots”

4 Assurance approach

5 Forward look



Ymgysylltu allweddol ers y diweddariad diwethaf

I'ch atgoffa o'r 5 Canlyniad Allweddol

1. Bwrdd sy'n gweithredu'n dda
2. Cynllun clir y gellir ei gyflawni ar gyfer 2023/24
3. Arweinyddiaeth ac ymgysylltiad cryfach
4. Gwell mynediad, canlyniadau a phrofiad i ddinasyddion
5. Sefydliad sy'n dysgu ac yn gwella ei hun



Ymgysylltu allweddol – i gyd yn bositif

- Adolygu cerrig milltir gydag Olivia o Lywodraeth Cymru
- Adolygu'r elfennau i'w cyflawni, cerrig milltir a chanlyniadau gyda'r Cadeirydd
- Cyflwyno cynllun ymateb i Aelodau'r Senedd a'r Senedd
- Fforwm Gwelliannau Mesurau Arbennig gyda'r Gweinidog

Key engagements since last update

Reminder of 5 Key Outcomes

1. A well-functioning Board
2. A clear, deliverable plan for 2023/24
3. Stronger leadership and engagement
4. Improved access, outcomes and experience for citizens
5. A learning and self-improving organisation



Key engagements – all positive

- Milestone review with Olivia from Welsh Government
- Review of deliverables, milestones and outcomes with the Chair
- Presentation of response plan to MSs and the Senedd
- Special Measures Improvement Forum with the Minister



Cynnydd hyd yma



Cynnydd hyd yma - uchafbwyntiau

- 42 diwrnod i mewn i'r cylch 90 diwrnod
- 35 o gerrig milltir wedi'u cwblhau
- **Bwrdd Dros Dro** ar waith ac yn magu momentwm
- **9/10** o adolygiadau annibynnol ar y trywydd iawn i ddechrau yn y cylch 90 diwrnod hwn
- **Cynllun blynyddol** wedi'i gyflwyno
- Apwyntiadau cyntaf wedi'u trefnu ar gyfer y rhai sydd **wedi bod yn aros 156 wythnos** am ofal a gynlluniwyd – ar y trywydd iawn (ac eithrio Orthodonteg)
- Dechrau positif i “**Fis Perffaith**” Orthopaedeg yn IHC y Dwyrain
- Arweinyddiaeth glinigol / gweithredol **Ysbyty Abergele** ar waith, yn ogystal â gwaith i wella'r defnydd o theatrau
- Gwasanaethau **fasgwlar** wedi'u his-gyfeirio'n ffurfiol gan AaGIC
- Adolygu effaith y gwasanaeth **111 pwyso 2** a lanswyd yn ddiweddar ar gyfer iechyd meddwl ac anabledau dysgu
- Nifer o **benodiadau allweddol** wedi'u gwneud ar draws y sefydliad gan gynnwys Cyllid, y Gweithlu a gwasanaethau clinigol sy'n peri pryder

NODER:

- 1) Ceir trosolwg manylach o'r cynnydd hyd yma yn yr atodiad
- 2) Rhifau yn gywir adeg ysgrifennu 12/07/2023
- 3) Mae'r Arolwg Llywodraethu Clinigol yn aros am argymhellion yr Adolygiad Diogelwch Cleifion

Progress to date



Progress to date - highlights

- 42 days in to the 90 days cycle
- 35 milestones complete
- **Interim Board** mobilised and gaining traction
- **9/10** independent reviews on track to commence in this 90 day cycle
- **Annual plan** submitted
- Planned care **156 week waiters** 1st appointment booked – well on track (excluding Orthodontics)
- Positive start to Orthopaedics “**Perfect Month**” in East IHC
- **Abergele Hospital** clinical / operational leadership in place and theatre utilisation improvement work mobilised
- **Vascular** services formally de-escalated by HIW
- Reviewing impact of recently launched **111 press 2** MHL service
- A number of **key appointments** have been made across the organisation including Finance, Workforce and clinical services of concern

TO NOTE:

- 1) A more detailed overview of progress to date can be found in the appendix
- 2) Numbers correct at time of writing 12/07/2023
- 3) Clinical Governance Review is pending the recommendations from the Patient Safety Review



Canlyniadau – “egin gwyrdd”

Y rheini sydd wedi bod yn aros 156 wythnos i drefnu apwyntiadau cyntaf ar gyfer gofal wedi'i gynllunio wedi gostwng 21% yn y mis diwethaf

Dangosyddion positif cynnar o “Fis Perffaith” Orthopaedeg y Dwyrain – gwelliant o 23% yn y gyfradd brosesu a gostyngiad yn hyd yr arhosiad o 4.1 i 2.3 diwrnod

Perfformiad rhan 1 y Mesur Iechyd Meddwl ac Anableddau Dysgu i Oedolion (Ymyrraeth) yn 82.7% yn erbyn y targed o 80% – y 4ydd mis yn olynol uwchlaw'r targed

Gostyngiad o 26% mewn ymchwiliadau hwyr i gwynion o ddechrau 2023 ymlaen

Dim Digwyddiadau “Byth” yn 23/24, o’i gymharu â 5 yn 22/23 a 10 yn 21/22

Gostyngiad o 25% yn yr ôl-groniad o >104 diwrnod ym maes Cancer, ers diwedd mis Mai

Outcomes – “green shoots”

Planned care 156 week waiters 1st appointment booked reduced by 21% in last month

Positive early indicators from East Orthopaedics “Perfect Month” – 23% improvement in throughput and reduction in length of stay from 4.1 to 2.3 days

Adult MHLD Mental Health Measure part 1b (Intervention) performance at 82.7% vs 80% target – the 4th consecutive month above target

26% reduction in overdue investigations in complaints from start of 2023

Zero Never Events in 23/24, compared to 5 in 22/23 and 10 in 21/22

25% reduction in > 104 day backlog in Cancer, since end of May



Dull sicrwydd

✓ Sicrhau darpariaeth gynaliadwy

- Mae dull sicrwydd cadarn yn hanfodol i sicrhau bod y canlyniadau allweddol sy'n ymwneud â Mesurau Arbennig yn cael eu cyflawni'n gynaliadwy
- Mae'r "Tair llinell amddiffyn" a gymeradwywyd gan y Sefydliad Llywodraethu Da wrth wraidd ein dull sicrwydd:
 - 1) Gwaith tîm y Rhaglen Mesurau Arbennig gyda'r rheini sy'n gyfrifol am yr elfennau i'w cyflawni i **ddangos tystiolaeth o gyflawni** a **monitro canlyniadau** dros amser
 - 2) Adolygiad arbenigol o dystiolaeth gan gymheiriaid ochr yn ochr â darparu a chyflawni canlyniadau
 - 3) Sicrwydd **allanol annibynnol** a gwrthrychol o ran cywirdeb ac effeithiolrwydd y gwaith a wneir
- Gweithredu ar sail "**dim pethau annisgwyl**" ym mhob llinell amddiffyn
- Defnyddio Grwpiau Cyflawni a arweinir gan y Weithrediaeth, Pwyllgorau'r Bwrdd, a'r Bwrdd yn y pen draw, fel trosolwg o'r dull sicrwydd

Assurance approach

✓ Assuring sustainable delivery

- A robust assurance approach is critical to ensure that the key outcomes related to Special Measures are delivered sustainably
- The Good Governance Institute endorsed "**Three lines of defence**" is at the core of our assurance approach:
 - 1) The Special Measures Programme team work with the deliverable owners to **evidence delivery** and **monitor outcomes** over time
 - 2) Subject matter expert **peer review** of evidence against delivery and achievement of outcomes
 - 3) **External independent** and objective assurance regarding the integrity and effectiveness of work undertaken
- Operating on a basis of "**no surprises**" at each line of defence
- Using Executive led Delivery Groups, Board Committees and ultimately Board as oversight on assurance approach



Edrych ymlaen



Cyflawni'r cylch hwn a rhoi'r cylch nesaf ar waith

- Cwblhau'r holl **adolygiadau annibynnol** a datblygu **cynlluniau gwella** cadarn
- Defnyddio dull sicrwydd **tair llinell amddiffyn** i sicrhau darpariaeth barhaus
- **Rheoli rhanddeiliaid** yn rhagweithiol drwy'r cyfnod o ddod â'r cylch 90 diwrnod cyntaf hwn i ben, tra'n pontio at y nesaf
- Dechrau cynllunio'r **ail gylch 90 diwrnod yn gynnar**, gan sicrhau bod yr hyn a ddysgwyd o'r cyntaf yn cael ei wreiddio
- Canolbwyntio ar ysgogi **gwelliannau** diriaethol i **gleifion**, ee Gwella **amseroedd trosglwyddo 4 awr ar gyfer ambiwlansys**
- **Lledaenu ac ehangu** "egin gwyrdd" o'r cylch cyntaf, ee "Mis Perffaith"
- Cwblhau'r broses o bwysu a mesur strwythur y **model gweithredu**
- Adeiladu'r sylfeini cywir i ddod yn **sefydliad sy'n dysgu**

Forward look



Delivering this cycle and mobilising the next

- Complete all **independent reviews** and develop robust **improvement plans**
- Utilise **three lines of defence** assurance approach to ensure sustained delivery
- Proactively **manage stakeholders** through the close down of this first 90 day cycle, during transition to the next
- Start to plan the **second 90 day cycle early**, ensuring learning from the first is embedded
- Focus on driving tangible **improvements for patients** e.g. Improvement in **4 hour ambulance handover times**
- **Spread and scale** "green shoots" from first cycle e.g. "Perfect Month"
- Complete **operating model** structure stock take
- Build the right foundations for becoming a **learning organisation**



Atodiad

Trosolwg manylach o'r cynnydd –
wedi'i gyflwyno i Aelodau o'r
Senedd 5 Gorffennaf 2023

Appendix

A more detailed overview of
progress – presented to MSs at
Senedd 5th July 2023



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Cynllun Ymateb – y cylchred 90 diwrnod 1af

Canlyniad 1: Bwrdd sy'n gweithredu'n dda		Diweddariad ar gynydd
1.1	Cryfhau llywodraethiant ac effeithiolrwydd y Bwrdd: <ul style="list-style-type: none"> Cefnogi a hwyluso adolygiad o Swyddfa Ysgrifennydd y Bwrdd (Llywodraethiant) Adnewyddu cylch gorchwyl y pwyllgorau Gwreiddio mesurau arbennig ym mhob pwyllgor 	<ul style="list-style-type: none"> Darparwyd gwybodaeth a mewnwelediad i gefnogi adolygiad Diwygiwyd cylch gorchwyl y prif bwyllgor (i'w adolygu) Cynigwyd dull arfaethedig er mwyn ymgorffori mesurau arbennig ym mhob pwyllgor
1.2	Recriwtio Aelodau Annibynnol: Cwblhau recriwtio i rolau Aelodau Annibynnol (dros dro)	<ul style="list-style-type: none"> Penodwyd 7 Aelod Annibynnol gan gynnwys Cadeirydd
1.3	Sesiynau cynefino'r Bwrdd: Cyflwyno Cyfnod Cynefino Cam 1 i holl aelodau'r Bwrdd	<ul style="list-style-type: none"> Diweddarwyd y pecyn cynefino a dechreuodd yr Aelodau Annibynnol ar eu cyfnod cynefino
1.4	Datblygu'r Bwrdd: Datblygu rhaglen ddatblygu Cam 1 y Bwrdd	<ul style="list-style-type: none"> Trafodwyd y dull gweithredu yng nghyfarfod y Bwrdd ar 22 Mehefin – datblygir y rhaglen ym mis Gorffennaf
1.5	Pwyllgorau'r Bwrdd: Sefydlu pwyllgorau'r Bwrdd, cwblhau cyfnod cynefino'r pwyllgorau a datblygu cynlluniau gwaith	<ul style="list-style-type: none"> Paratowyd blaengynllun drafft ar gyfer pob pwyllgor
1.6	Risg: Dechrau adolygu a diwygio agweddau at risg a dulliau gweithredu	<ul style="list-style-type: none"> Trafodwyd y dull gweithredu yng nghyfarfod y Bwrdd ar 22 Mehefin – bydd y fframwaith yn cael ei datblygu gyda'r Pwyllgor Archwilio a Risg ym mis Gorffennaf
1.7	Recriwtio Bwrdd parhaol: Dechrau cynllunio ar gyfer recriwtio Bwrdd parhaol – gan gynnwys bwrw ymlaen â recriwtio Prif Weithredwr parhaol	<ul style="list-style-type: none"> Dechreuwyd ar y broses o benodiadau cyhoeddus Ysgrifennydd y Bwrdd yn gwneud cynnydd gyda'r arweinydd recriwtio

Response Plan – 1st 90 day cycle

Outcome 1: A well-functioning Board		Progress update
1.1	Strengthen Board governance and effectiveness: <ul style="list-style-type: none"> Support and enable review of Office of Board Secretary (Governance), refresh committee terms of reference and embed special measures in all committees 	<ul style="list-style-type: none"> Information and insight provided to support review Main committee terms of reference amended (pending review) Proposed approach to embed special measures in all committees put forward
1.2	IM recruitment: Complete recruitment to IM roles (temp)	<ul style="list-style-type: none"> 7 Independent Members including the Chair appointed
1.3	Board inductions: Implement phase 1 induction for all Board members	<ul style="list-style-type: none"> Induction pack updated and new Independent Members started induction
1.4	Board development: Develop phase 1 Board development programme	<ul style="list-style-type: none"> Approach discussed at Board 22nd June – programme being developed in July
1.5	Board committees: Establish Board committees, complete committee induction and development of work plans	<ul style="list-style-type: none"> Forward plan for all committees drafted
1.6	Risk: Commence review and revision of risk appetite and approach	<ul style="list-style-type: none"> Approach discussed at Board 22nd June – framework being developed with Audit and Risk Committee in July
1.7	Permanent Board recruitment: Commence plans for the recruitment of a permanent Board - including progressing the recruitment of the permanent Chief Executive	<ul style="list-style-type: none"> Public appointments process commenced Board Secretary progressing with recruitment lead

Cynllun Ymateb – y cylchred 90 diwrnod 1af

Canlyniad 2: Cynllun clir y gellir ei gyflawni ar gyfer 2023/24		Diweddariad ar gynydd
2.1	Cynllun Blynyddol: Lluo Cynllun Blynyddol clir y gellir ei gyflawni ar gyfer y sefydliad ar gyfer gweddill 2023/24, sy'n sicrhau gwelliannau ym meysydd blaenoriaeth y Gweinidogion	<ul style="list-style-type: none"> Cwblhawyd y drafft terfynol a chafodd ei adolygu gan y Bwrdd ar 22 Mehefin – disgwylir ei gymeradwyo ddiwedd mis Mehefin
2.2	Arbedion Ariannol: Dechrau cyflawni cynllun arbedion effeithlonrwydd y cytunwyd arno, sy'n lleihau'r diffyg ariannol	<ul style="list-style-type: none"> Mae'r cynlluniau arbed yn parhau i aeddfedu, gan gynyddu'r arbedion a gyflawnir bob mis
2.3	Cyfloedd Ariannol a Gwerth yn y Dyfodol: Dechrau asesu'r cyfloedd ariannol posibl ar gyfer 2024/2025 a 2025/2026 a datblygu cyfraniad gofal iechyd sy'n seiliedig ar werth	<ul style="list-style-type: none"> Cafwyd trafodaeth gychwynnol ynglŷn â'r dull o ymdrin â 'Gwerth' ar draws y sefydliad yn y dyfodol
2.4	Cynlluniau lleol: Datblygu a dechrau defnyddio cynlluniau integredig yr uwch Adrannau/Cymunedau Iechyd Integredig sy'n rhoi blaenoriaethau'r Cynllun Blynyddol ar waith	<ul style="list-style-type: none"> Cwblhawyd y gwaith o wirio a herio'r cynlluniau lleol, gan gynnwys edrych ar y berthynas â'r Cynllun Blynyddol
2.5	Adolygu Cynllunio: Cefnogi a hwyluso Adolygiad Cynllunio	<ul style="list-style-type: none"> Cynghorydd Annibynnol i gynnal yr adolygiad a nodwyd, gan gwblhau'r cylch gorchwyl cyn dechrau ym mis Gorffennaf
2.6	Adolygu caffael a rheoli contractau : Bwrw ymlaen â gweithredu blaenoriaethau sy'n gysylltiedig â'r amgylchedd rheoli ariannol e.e. rheoli contractau	<ul style="list-style-type: none"> Cydweithio'n agos gyda Llywodraeth Cymru ar gwmpas terfynol yr adolygiad
2.7	Tîm Cyllid a Chapasiti: Datblygu camau gweithredu i sefydlogi'r tîm cyllid a datblygu capasiti	<ul style="list-style-type: none"> Penodwyd 2 x Cyfarwyddwr Cyllid – 1) Partneriaethau busnes, 2) Cynllunio a gwelliannau ariannol
2.8	Cynllun Gweithredu Amgylchedd Rheoli Ariannol: Bwrw ymlaen â'r cynllun gweithredu amgylchedd rheoli ariannol	<ul style="list-style-type: none"> Cytunwyd ar ffrâm ariannol y cynllun ar gyfer gofal a gynlluniwyd Paratowyd y Grŵp Cyflawni Cyllid a Pherfformio

Response Plan – 1st 90 day cycle

Outcome 2: A clear, deliverable plan for 2023/24		Progress update
2.1	Annual Plan: Produce a clear and deliverable Annual Plan for the organisation for the rest of 23/24, that delivers improvements in Ministerial priority areas	<ul style="list-style-type: none"> Final draft complete and reviewed by the Board 22nd June – on track for sign off end June
2.2	Financial Savings: Commence delivery of an agreed efficiency savings plan that minimises the financial deficit	<ul style="list-style-type: none"> Savings plans continue to mature, ramping up delivery of savings each month
2.3	Future Financial and Value Opportunities: Commence an assessment of the potential financial opportunities for 2024/2025 and 2025/2026 and develop the contribution of value based healthcare	<ul style="list-style-type: none"> Initial discussion held on the approach to 'Value' across the organisation going forward
2.4	Local plans: Develop and commence deployment of Divisional/Integrated Health Community integrated plans that operationalise the priorities of the Annual Plan	<ul style="list-style-type: none"> Check and challenge of local plans completed, including read across to Annual Plan
2.5	Planning Review: Support and enable a Review of planning	<ul style="list-style-type: none"> Independent Advisor to conduct the review identified, finalising terms of reference prior to commencing in July
2.6	Contract procurement and management Review: Progress implementing priorities associated with the financial control environment e.g. contract management	<ul style="list-style-type: none"> Working closely with Welsh Government on the final scope of the review
2.7	Finance Team & Capacity: Progress actions to stabilise the finance team and develop capacity	<ul style="list-style-type: none"> 2x Finance Directors appointed – 1) Business partnering, 2) Planning and financial improvement
2.8	Financial Control Environment Action Plan: Progress the action of the financial control environment action plan	<ul style="list-style-type: none"> Agreed the financial framing of the plan for planned care Mobilised Finance & Performance Delivery Group

Cynllun Ymateb – y cylchred 90 diwrnod 1af

Canlyniad 3: Arweinyddiaeth ac ymgysylltu cryfach		Diweddariad ar gynnydd
3.1	Adolygu Portffolio'r Gweithredwyr: Cefnogi a hwyluso Adolygu Portffolio'r Gweithredwyr (dyddiad cychwyn ac unigolyn i'w gadarnhau)	<ul style="list-style-type: none"> Cwblhau'r cylch gorchwyl gyda Llywodraeth Cymru, adolygiad i ddechrau ym mis Gorffennaf
3.2	Cloriannu'r Model Gweithredu: Cynnal archwiliad o broses ailstrwythuro'r Model Gweithredu Cryfach Gyda'n Gilydd, gan nodi meysydd i'w gwella a'u cydgrynhoi	<ul style="list-style-type: none"> Datblygwyd y fethodoleg ar gyfer cloriannu
3.3	Recriwtio Cyfarwyddwr Cyllid dros dro: Bwrw ymlaen gyda recriwtio Cyfarwyddwr Cyllid dros dro	<ul style="list-style-type: none"> Dechreuodd y Cyfarwyddwr Cyllid dros dro ei waith ar 3 Gorffennaf
3.4	Achosion Adnoddau Dynol: Datrys prosesau sy'n weddill sy'n ymwneud ag uwch arweinyddiaeth	<ul style="list-style-type: none"> Y Prif Weithredwr dros dro yn gwneud cynnydd
3.5	Rhaglen datblygu'r Tîm Gweithredol: Gan gydweithio ag Addysg a Gwella Iechyd Cymru, ystyried yr opsiynau ar gyfer Rhaglen Datblygu'r Tîm Gweithredol, cytuno arno a'i ddechrau	<ul style="list-style-type: none"> Cynhaliwyd cyfarfodydd cychwynnol ag AaGIC a Chynghorwyr Annibynnol – nawr yn adolygu opsiynau
3.6	Rhaglen ddatblygu'r Uwch Arweinyddiaeth: Gan gydweithio ag AaGIC, ystyried, cytuno a dechrau ar raglen ar gyfer y sefydliad cyfan	<ul style="list-style-type: none"> Cynhaliwyd cyfarfodydd cychwynnol ag AaGIC a Chynghorwyr Annibynnol – nawr yn adolygu opsiynau
3.7	Adolygiadau Interim: Cefnogi a hwyluso Adolygiadau Interim (disgwyllir yr adroddiad ganol mis Mehefin)	<ul style="list-style-type: none"> Cwblhawyd yr Adolygiadau – argymhellion yn cael eu hadolygu
3.8	Ymgysylltu Clinigol: Adolygu mecanweithiau ar gyfer ymgysylltu clinigol, gan lunio argymhellion ar gyfer gwella	<ul style="list-style-type: none"> Cwmpaswyd y fethodoleg ddrafft gyda'r 3 Gweithredwr Clinigol ac Ymgynghorwyr Annibynnol
3.9	Ymgysylltu â grwpiau cymunedol â blaenoriaeth: Datblygu dull strwythuredig o adnewyddu ymgysylltiad â grwpiau cymunedol â blaenoriaeth benodol	<ul style="list-style-type: none"> Gweithio'n agos gyda Chynghorydd Annibynnol ar nifer o eitemau gan gynnwys fforwm Cleifion a'r Cyhoedd
3.10	Mynd i'r afael â phryderon ynglŷn â chofnodion gofal: Datblygu cynlluniau ar gyfer cofnodion electronig integredig i gleifion i fynd i'r afael â materion yn ymwneud â niwed, aneffeithlonrwydd ac ansawdd gofal.	<ul style="list-style-type: none"> Derbyniwyd y cynigion terfynol gan gyflenwyr. Cadarnhaodd y tîm prosiect mewrol gwmpas y gwaith ac fe'i ategwyd gan gyflenwyr.

Response Plan – 1st 90 day cycle

Outcome 3: Stronger leadership and engagement		Progress update
3.1	Exec Portfolios Review: Support and enable a Review of Executive Portfolios (commencement date and person not yet confirmed)	<ul style="list-style-type: none"> Finalising terms of reference with Welsh Government, review to commence in July
3.2	Operating Model stocktake: Undertake a 'stocktake' of the implementation of the Stronger Together Operating Model restructure, identifying areas to strengthen and consolidate	<ul style="list-style-type: none"> Methodology for the stock take developed
3.3	Interim Finance Director recruitment: Progress recruitment of interim Finance Director	<ul style="list-style-type: none"> Interim Executive Director of Finance commenced on 3rd July
3.4	Senior HR Cases: Resolve outstanding processes related to senior leadership	<ul style="list-style-type: none"> Progress being made by Interim Chief Executive
3.5	Exec Team development programme: Working with Health Education and Improvement Wales, consider options, agree and commence a Programme for Executive Team development	<ul style="list-style-type: none"> Initial meetings with HEIW and Independent Advisors held – now reviewing options
3.6	Senior Leadership development programme: Working with HEIW, consider, agree and commence an organisation wide programme	<ul style="list-style-type: none"> Initial meetings with HEIW and Independent Advisors held – now reviewing options
3.7	Interims Review: Support and enable the Review of Interims (report expected mid-June)	<ul style="list-style-type: none"> Review completed – recommendations under review
3.8	Clinical Engagement: Review mechanisms for clinical engagement, drawing up recommendations for improvement.	<ul style="list-style-type: none"> Draft methodology scoped with all 3 Clinical Executives and Independent Advisors
3.9	Priority community groups engagement: Develop a structured approach to renewing engagement with specific priority community groups	<ul style="list-style-type: none"> Working closely with Independent Advisor on a number of items including a Public & Patient forum
3.10	Address the fragmented care record concerns: Develop plans for an integrated electronic patient record to address issues of harms, inefficiency and quality of care.	<ul style="list-style-type: none"> Final proposals received from suppliers. Scope of works ratified by internal project team and confirmed with suppliers

Cynllun Ymateb – y cylchred 90 diwrnod 1af

Canlyniad 4: Gwell mynediad, canlyniadau a phrofiadau i ddinasyddion	Diweddariad ar gynnydd
4.1 Adolygu Diogelwch Cleifion: Cefnogi a hwyluso Adolygiad Gofal Diogelwch Cleifion	<ul style="list-style-type: none"> Cwblhawyd yr adolygiad – yr argymhellion yn cael eu hadolygu
4.2 Gofal a Gynlluniwyd: Sefydlu rhaglen Gofal a Gynlluniwyd sy'n sicrhau cynnydd o ran mynediad, canlyniadau a phrofiad, tra'n gosod sylfeini ar gyfer cynaliadwyedd tymor hwy	<ul style="list-style-type: none"> Datblygwyd cynllun i glirio amseroedd aros 156 wythnos ar gyfer apwyntiadau cyntaf, gwnaed dilysiad clericyddol ac anfonwyd llythyrau i'r rhai nad ydynt wedi ymateb
4.3 Orthopedeg: Mireinio'r rhaglen waith gofal Orthopedeg fel rhan o'r Rhaglen Gofal a Gynlluniwyd, i gynnwys cwblhau'r achos busnes ehangu Orthopedeg i'w gyflwyno i Lywodraeth Cymru	<ul style="list-style-type: none"> Cwblhawyd drafft cyntaf 3 dogfen allweddol ar gyfer yr achos busnes: <ol style="list-style-type: none"> 1) Modelu Capasiti a Galw 2) Modelu Ariannol 3) Papur Rhagdybiaethau Gweithlu
4.4 Adolygiad Fasgwlaidd: Cefnogi a hwyluso'r adolygiad Fasgwlaidd	<ul style="list-style-type: none"> Gwybodaeth ategol a gasglwyd ac ymweliadau i'w hadolygu
4.5 Gwella Gwasanaethau: Adolygu, diwygio a gweithredu cynlluniau gwella eglur ar gyfer gwasanaethau Fasgwlaidd, Wroleg, Offthalmoleg, Oncoleg a Dermatoleg a Phlastig	<ul style="list-style-type: none"> Gwnaed cynnydd ym mhob maes e.e. Mynd i'r afael â bylchau yn y gweithlu, dilysu rhestrau aros, lleihau Digwyddiadau Adroddadwy Cenedlaethol
4.6 Adolygu Cloriannu Iechyd Meddwl: Paratoi ar gyfer archwiliad allanol o gynnydd yn erbyn Adolygiadau Iechyd Meddwl blaenorol, a'i ddechrau	<ul style="list-style-type: none"> Cafwyd trafodaethau gyda Choleg Brenhinol Seiciatreg ynglŷn ag amserlen adolygiad bwrdd gwaith
4.7 Adolygiad Diogelwch Cleifion Mewnol: Derbyn yr adroddiad yr Adolygiad Ansawdd a Diogelwch Iechyd Meddwl Cleifion Mewnol a dechrau ar gynllun gwella	<ul style="list-style-type: none"> Derbyniwyd adroddiad drafft – rhoddwyd ymateb ynglŷn â chamau gweithredu ar unwaith a chywirdeb ffeithiol
4.8 Cynlluniau gweithredu CAMHS a Niwroddatblygiadol: Cytuno ar gynlluniau gweithredu er mwyn gwella perfformiad a'u dechrau	<ul style="list-style-type: none"> Cytunwyd ar drywydd a dulliau gweithredu rhanbarthol ar draws 3 ardal Niwroamrywiaeth – cyflwynwyd ceisiadau am gyllid ar gyfer gwella
4.9 Gofal Brys a Gofal mewn Argyfwng a chynllun y gaeaf: Gweithredu cynlluniau gofal wedi eu diwygio (6 nod) a dechrau paratoi ar gyfer y gaeaf	<ul style="list-style-type: none"> Cwblhaodd y Prif Weithreddwr adolygiad o gynllunio gofal brys a gofal mewn argyfwng

Response Plan – 1st 90 day cycle

Outcome 4: Improved access, outcomes and experience for citizens	Progress update
4.1 Patient Safety Review: Support and enable the Review of Patient Safety Care	<ul style="list-style-type: none"> Review completed – recommendations under review
4.2 Planned Care: Establish a revised Planned Care Programme that delivers early progress on access, outcomes and experience, whilst laying the foundations for longer term sustainability	<ul style="list-style-type: none"> Plan developed to clear out 156 week waits for 1st appointment, clerical validation done and non responder letters issued
4.3 Orthopaedics: As part of the Planned care Programme, refine the work programme for Orthopaedic care, to include the finalisation of the Orthopaedic expansion business case for submission to Welsh government.	<ul style="list-style-type: none"> Completed first draft of three key documents for the business case: <ol style="list-style-type: none"> 1) Capacity & Demand Modelling, 2) Financial Modelling, 3) Workforce Assumptions Paper
4.4 Vascular Review: Support and enable the Vascular review	<ul style="list-style-type: none"> Supporting information gathering and visits for review
4.5 Service improvements: Review, revise and implement clear improvement plans for Vascular, Urology, Ophthalmology, Oncology and Dermatology & Plastics	<ul style="list-style-type: none"> Progress made across all areas e.g addressing workforce gaps, waiting lists validation, reduction in National Reportable Incidents
4.6 Mental Health Stocktake Review: Prepare for and support commencement of an external stocktake of progress against previous MH Reviews	<ul style="list-style-type: none"> Discussions held with Royal College of Psychiatry re desktop review schedule
4.7 Inpatients Safety Review: Receive the Mental Health Inpatient Quality and Safety Inspection report and commence improvement plan	<ul style="list-style-type: none"> Draft review received – response re Immediate actions and factual accuracy provided
4.8 CAMHS and Neurodiversity action plans: Agree and commence implementation of CAMHS and ND action plans to improve performance	<ul style="list-style-type: none"> CAMHS – Trajectories and regional approach agreed across 3 areas Neurodiversity – Bids for improvement funding submitted
4.9 Urgent and Emergency Care and winter planning: Implement revised urgent & emergency care plans (6 goals) and commence winter preparedness	<ul style="list-style-type: none"> CEO review of urgent and emergency care planning completed

Cynllun Ymateb – y cylchred 90 diwrnod 1af

Canlyniad 5: Sefydliad sy'n dysgu ac yn hunanwella		Diweddariad ar gynydd
5.1	Datblygu Fframwaith 'Sefydliad sy'n Dysgu': Adeiladu ar y gwaith a ddechreuwyd eisoes sy'n nodi'r diwylliant, y systemau a'r prosesau i alluogi dysgu	<ul style="list-style-type: none"> Gweithio gydag AaGIC a Chynghorwyr Annibynnol ar Fframwaith Dysgu Sefydliadol
5.2	Dysgu o ddigwyddiadau: Sicrhau bod gweithdrefn effeithiol ar gyfer dysgu o ddigwyddiadau a bod paratodau ar gyfer cwestau a'r Awdurdod Iechyd a Diogelwch yn glir ac yn effeithiol. (Cysylltiedig â 5.1)	<ul style="list-style-type: none"> Trafodwyd y cynnig fframwaith dysgu yn y Grŵp Sicrhau Ansawdd a arweinwyd gan y Tîm Gweithredol
5.3	Adolygu Llywodraethu Clinigol: Hwyluso a chefnogi Gweithrediaeth y GIG i ymgymryd ag adolygiad o lywodraethu clinigol	<ul style="list-style-type: none"> Aros am gadarnhad a oes ei angen yn dilyn yr Adolygiad Diogelwch Cleifion
5.4	Cymorth Trawsnewid a Gwella: Ail-alinio cymorth trawsnewid a gwella i alluogi mwy o ffocws ar feysydd gwella â blaenoriaeth	<ul style="list-style-type: none"> Trafodwyd a chefnogwyd cynnig lefel uchel gan randdeiliaid allweddol. Bydd Papur yn cael ei gyflwyno i Dîm Arweinyddiaeth y Bwrdd Iechyd ym mis Gorffennaf
5.5	Rhaglen Gofal Iechyd, Iechyd Cyhoeddus: Cwmpasu rhaglen well o Ofal Iechyd Cyhoeddus gan weithio gydag Iechyd Cyhoeddus Cymru er mwyn nodi'r meysydd ffocws ar gyfer gwella ansawdd yn systematig	<ul style="list-style-type: none"> Cynhelir trafodaeth fewnol ar sut i wella rhaglen waith gyfredol Gofal Iechyd Cyhoeddus ar 6 Gorffennaf
5.6	Dull sicrwydd Mesurau Arbennig: Datblygu a dechrau gweithredu Dull Sicrwydd ar gyfer yr ymateb i fesurau arbennig, gan gynnwys gweithredu Matrics Aeddfedrwydd sefydliadol.	<ul style="list-style-type: none"> Datblygwyd papur drafft ar y Dull Sicrwydd ac fe'i trafodwyd yn y Grŵp Adolygu Mesurau Arbennig. Mae gwaith ar y gweill i'w brofi a'i gwblhau er mwyn ei weithredu'n llawn ym mis Gorffennaf
5.7	Sefydliad a arweinir gan wybodaeth: Datblygu cynnig i godi aeddfedrwydd y sefydliad o ran defnyddio data a gwybodaeth i wella cynllunio gwasanaethau a nodi materion gwasanaeth sy'n dod i'r amlwg	<ul style="list-style-type: none"> Derbyniwyd yr adroddiadau GIRFT a dechreuwyd adolygu'r argymhellion sy'n ymwneud â data a chodio clinigol

Response Plan – 1st 90 day cycle

Outcome 5: A learning and self-improving organisation		Progress update
5.1	Develop a 'Learning Organisation' Framework: building on work already started, that identifies the culture, systems and processes to enable learning.	<ul style="list-style-type: none"> Working with HEIW and Independent Advisors on a Organisational Learning Framework
5.2	Learning from incidents: Ensure there is an effective procedure for learning from incidents and preparations for inquests and HSE are clear and effective. (Linked to 5.1)	<ul style="list-style-type: none"> Learning framework proposal received and discussed at Executive led Quality Delivery Group
5.3	Clinical Governance Review: Enable and support the NHS Executive to undertake a review of clinical governance	<ul style="list-style-type: none"> Awaiting confirmation if required following Patient Safety Review
5.4	Transformation & Improvement support: Realign transformation and improvement support to enable greater focus on priority improvement areas	<ul style="list-style-type: none"> High level proposal discussed and supported by key stakeholders. Paper being brought to Health Board Leadership Team in July
5.5	Healthcare Public Health programme: Scope an enhanced programme of Healthcare Public Health that seeks to systematically identify areas of focus for quality improvement, working with Public Health Wales.	<ul style="list-style-type: none"> Internal discussion on how to enhance the current work programme on Healthcare Public Health being held on 6th July
5.6	Special Measures assurance approach: Develop and commence implementation of an Assurance Approach for the Special measures response. Including the implementation of an organisational Maturity Matrix.	<ul style="list-style-type: none"> Draft Assurance approach paper developed and discussed at Special Measures Review Group. Work in place to test, finalise and fully mobilise in July
5.7	Intelligence led organisation: Develop proposal to raise the organisation's maturity in using data and intelligence to improve service planning and identification of emerging service issues	<ul style="list-style-type: none"> GIRFT Reports received and review of recommendations in relation to data and clinical coding commenced



Teitl adroddiad: <i>Report title:</i>	Annual Plan 2023-2024			
Adrodd i: <i>Report to:</i>	Health Board			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	Monday, 31 July 2023			
Crynodeb Gweithredol: <i>Executive Summary:</i>	<p>The purpose of this paper is to:</p> <ul style="list-style-type: none"> • present to the Board the updated Annual Plan 2023-24 together with summary of organisational delivery objectives • confirm the approval of these documents in accordance with the agreement at the Board meeting held on 22 June 2023 • confirm that the documents were submitted to Welsh Government on 30 June 2023 in accordance with the timeline agreed by Welsh Government. <p>At the meeting held on 22 June 2023 it was noted that the Health Board had already confirmed it is not in a position to submit a balanced and approvable IMTP, given that we are unable to meet all the requirements of the NHS Planning Framework. An extension to the end of June 2023 was granted by Welsh Government for submission of the plan, in view of the need to respond to the requirements of Special Measures, and allow the newly appointed Board to steer the direction of the Plan.</p>			
Argymhellion: <i>Recommendations:</i>	<p>The Board is asked to:</p> <ul style="list-style-type: none"> • Receive the updated Annual Plan and delivery objectives • Note that approval was given by Board members in accordance with the process agreed at that meeting • Note that the final annual plan and supporting documents were submitted to Welsh Government by 30 June in accordance with agreed timescales • Note the Board will respond to feedback on the Plan from Welsh Government when this is received 			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Dr Chris Stockport, Executive Director of Transformation and Strategic Planning			
Awdur yr Adroddiad: <i>Report Author:</i>	Sally Baxter, Assistant Director – Health Strategy			
Pwrpas yr adroddiad: <i>Purpose of report:</i>	<p>I'w Nodi <i>For Noting</i></p> <p><input checked="" type="checkbox"/></p>	<p>I Benderfynu arno <i>For Decision</i></p> <p><input type="checkbox"/></p>	<p>Am sicrwydd <i>For Assurance</i></p> <p><input checked="" type="checkbox"/></p>	
Lefel sicrwydd: <i>Assurance level:</i>	<p>Arwyddocaol <i>Significant</i></p> <p><input type="checkbox"/></p>	<p>Derbyniol <i>Acceptable</i></p> <p><input checked="" type="checkbox"/></p>	<p>Rhannol <i>Partial</i></p> <p><input type="checkbox"/></p>	<p>Dim Sicrwydd <i>No Assurance</i></p> <p><input type="checkbox"/></p>

	Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
<p>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</p> <p><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></p>				
<p>Cyswllt ag Amcan/Amcanion Strategol:</p> <p><i>Link to Strategic Objective(s):</i></p>	<p>The Plan sets out the Health Board response to national strategic objectives, including A Healthier Wales and the updated Ministerial priorities, as well as addressing local priorities and strategic objectives as described within the HB's long term strategy, Living Healthier, Staying Well and the Clinical Services Strategy. The Plan is also required to respond to requirements following the escalation into Special Measures in March 2023.</p> <p>The Plan also reflects shared priorities within the strategic partnerships in North Wales and nationally.</p>			
<p>Goblygiadau rheoleiddio a lleol:</p> <p><i>Regulatory and legal implications:</i></p>	<p>There is a statutory duty to develop an IMTP under the NHS (Wales) Act 2006, as amended by the NHS Finance (Wales) Act 2014. The HB must prepare a plan which sets out its strategy for securing financial balance whilst improving the health of the population and providing healthcare to meet needs.</p> <p>As the Board is unable to submit an approvable IMTP, this statutory duty has therefore been breached.</p>			
<p>Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP7 has an EqlA been identified as necessary and undertaken?</i></p>	<p>An Integrated Impact Assessment Template was included within the papers presented to the Board meeting on 22 June 2023 and summarises key issues.</p>			
<p>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></p>	<p>An Integrated Impact Assessment Template was included within the papers presented to the Board meeting on 22 June 2023 and summarises key issues.</p>			
<p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</p>	<p>Failure to fulfil the statutory duties as described above. This links to BAF risk 2.4 (see below.)</p>			

<p>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</p>	<p>Risks in relation to the financial position are noted within the Plan.</p> <p>Individual service areas are accountable for ensuring any risks within service delivery areas are identified and recorded, and mitigations set in place as far as is feasible.</p>
<p>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</p> <p>Financial implications as a result of implementing the recommendations</p>	<p>The financial implications are set out in the Finance section of the Annual Plan and reflect the organisation's agreed Financial Plan.</p>
<p>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</p> <p>Workforce implications as a result of implementing the recommendations</p>	<p>The workforce projections for 2023-24 are set out within the Plan.</p>
<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</p> <p>Feedback, response, and follow up summary following consultation</p>	<p>The approach to the development of the IMTP has been presented and discussed previously at PFIG Committee, PPPH Committee, and Board workshops in December and January, all of which have shaped the approach.</p> <p>The initial outline priorities were shared with the Healthcare Professional Forum and the Clinical Senedd.</p> <p>A draft plan was submitted to Welsh Government planning leads in March 2023.</p>
<p>Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p>Links to BAF risks: (or links to the Corporate Risk Register)</p>	<p>BAF risk 2.4 – Failure to deliver an approved integrated medium term plan incorporating service, workforce, financial balance and delivery of key performance targets to Welsh Government (to ensure statutory duties are met) resulting in a regulatory audit opinion.</p>
<p>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</p> <p>Reason for submission of report to confidential board (where relevant)</p>	<p>N/A</p>
<p>Next Steps:</p> <ul style="list-style-type: none"> - Respond to any feedback from Welsh Government in relation to the Plan - Confirmation of accountability conditions will be communicated by WG following review of the final submission - Note the commitment to ongoing work to seek to improve the financial and delivery projections within the Annual Plan. 	
<p>Rhestr o Atodiadau:</p> <p>List of Appendices:</p> <p>Appendix 1 - Annual Plan 2023-24 Appendix 2 –Annual Delivery Plan</p>	

**BETSI CADWALADR UNIVERSITY HEALTH BOARD
MEETING IN PUBLIC
31 JULY 2023**

ANNUAL PLAN 2023-24

1. Introduction/Background

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

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

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

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

In light of the financial position and projected performance against Ministerial targets, Accountable Officer letters were sent to Welsh Government confirming that the Health Board is unable to submit a balanced IMTP and would instead be submitting an Annual Plan, with an extension granted to 30 June 2023 for submission. The Health Board is not alone amongst Health Boards in Wales in failing to achieve production of a balanced IMTP, reflective of the unprecedented financial context for the NHS.

2. Body of report

During 2023-24 we will be seeking to stabilise and recover our delivery and performance. This is extremely challenging given the current financial environment, the whole system pressures and the improvement plans that will need to progress at pace. Specific challenges within the Plan are outlined as follows:

- The Plan is set against the financial deficit of £134M, as set out in the budget approved by Board on 30 March 2023. It is recognised that wherever possible the expressed deficit position must be reduced. An escalated process to review and test our financial recovery plans is underway and will continue to consider further choices and to secure further opportunities both in-year and recurrently.
- The Performance Trajectories included at Appendix 1 of the Annual Plan represent the projected position as a snapshot, as submitted on 30 June. There are further improvements to be made in terms of consistent delivery, efficiency and productivity levels, and regular formal review of the trajectories will take place through the year. Many of these areas form the Special Measures Response Plan.
- Delivery objectives derived from the Strategic Priorities will be sharpened through the process of deployment through Directorates across the organisation. This will be supported by the development of the Integrated Performance Framework that is currently underway.

- The current 90-day cycle under the Special Measures framework is reflected in the Plan, and hence the work on the second and third cycle of stabilisation will mean that elements of the Plan will be modified to reflect the various reviews and further work underway.

The deliverables within the Plan will be monitored, and any remedial action required will be noted in update reports.

3. Budgetary / Financial Implications

The Finance section within the Annual Plan reflects the Financial Plan for the year which was approved by the Board in March 2023. The Plan leads to the deficit position of £134M. Further work is underway to seek to improve this position as outlined above.

4. Risk Management

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

5. Equality and Diversity Implications

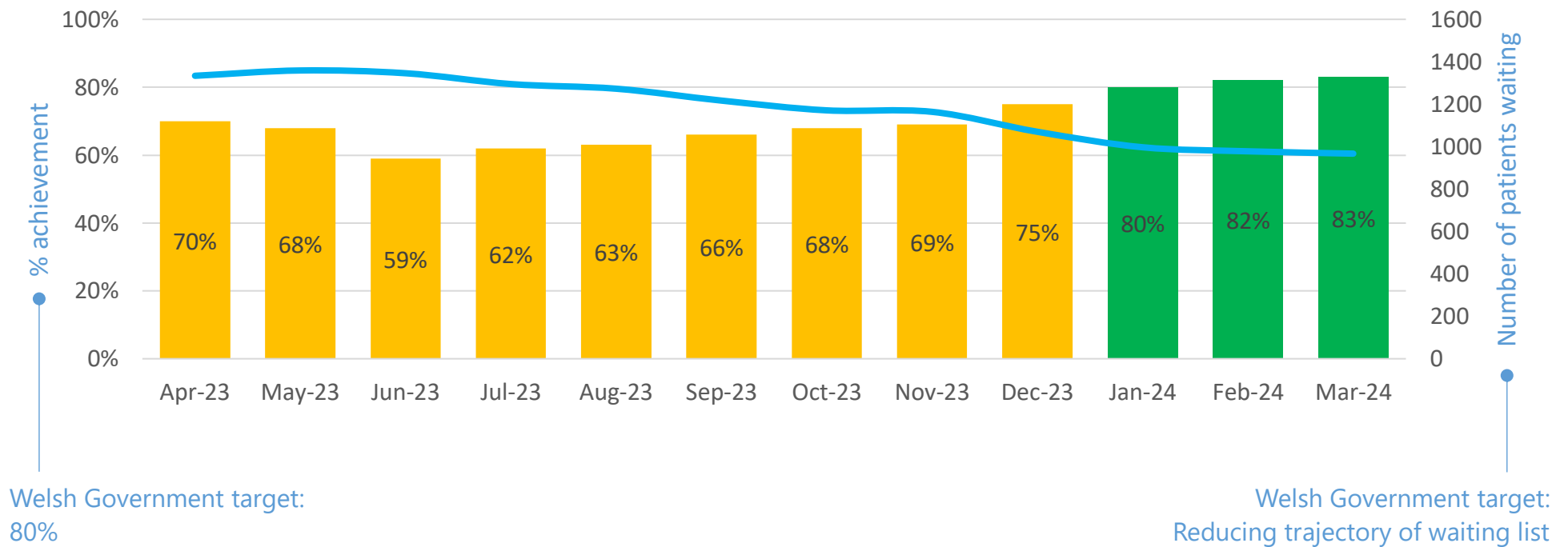
Full Equality Impact Assessment and SocioEconomic Impact Assessment were undertaken to support the 2022–2025 three year plan (the first year of which was subsequently adopted as the Annual Plan for 2022-23) . These assessments are being updated alongside the development of the 2023-24 Annual Plan. An Integrated Impact Assessment Template has been completed which summarises key issues and was presented to the Board on 22 June 2023. The financial plan which was approved in March 2023 clearly causes constraints in terms of delivery. The requirement to stabilise and recover our performance means that patients will be waiting longer for treatment than would otherwise be expected. Care will need to be taken to assess the impact of any individual developments on groups who share equality protected characteristics, to ensure that any barriers to health and health care are not further exacerbated and disproportionately experienced, and that specific community and individual needs are considered and addressed.

Appendix 1: Trajectories

Adult Mental Health

Mental Health Measure Part 1a

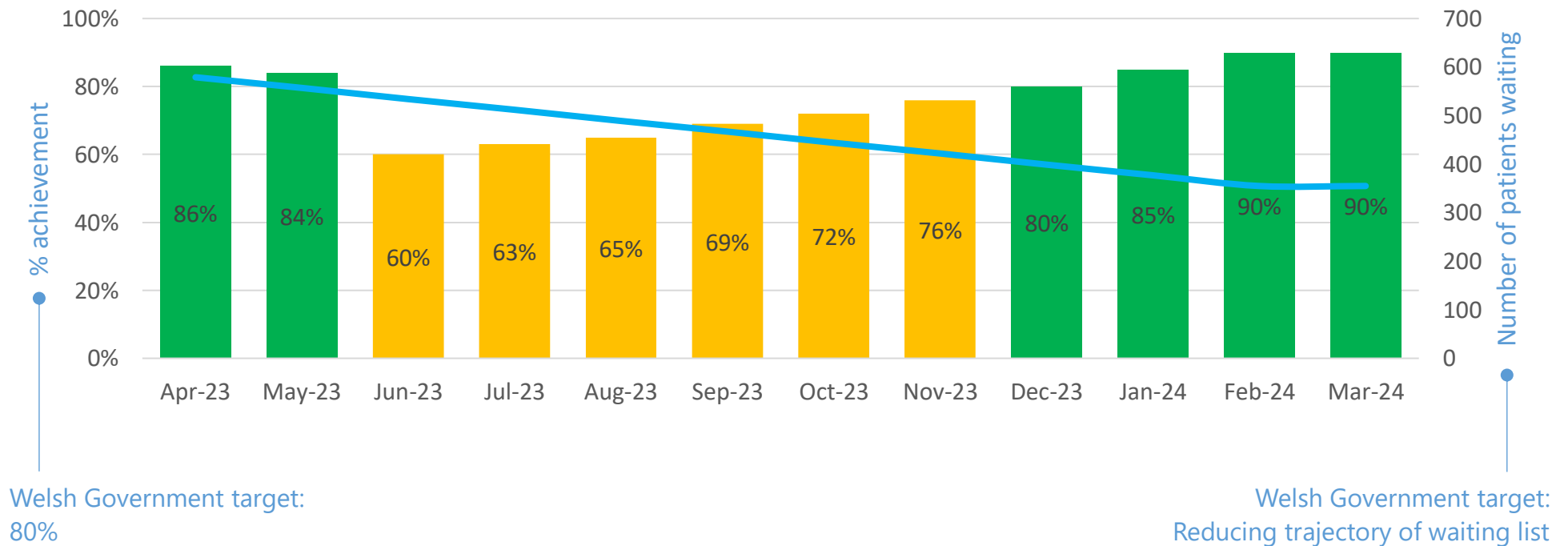
- % of mental health assessments undertaken within 28 days from the date of receipt of referral
- Number of patients waiting for a mental health assessment



Adult Mental Health

Mental Health Measure Part 1b

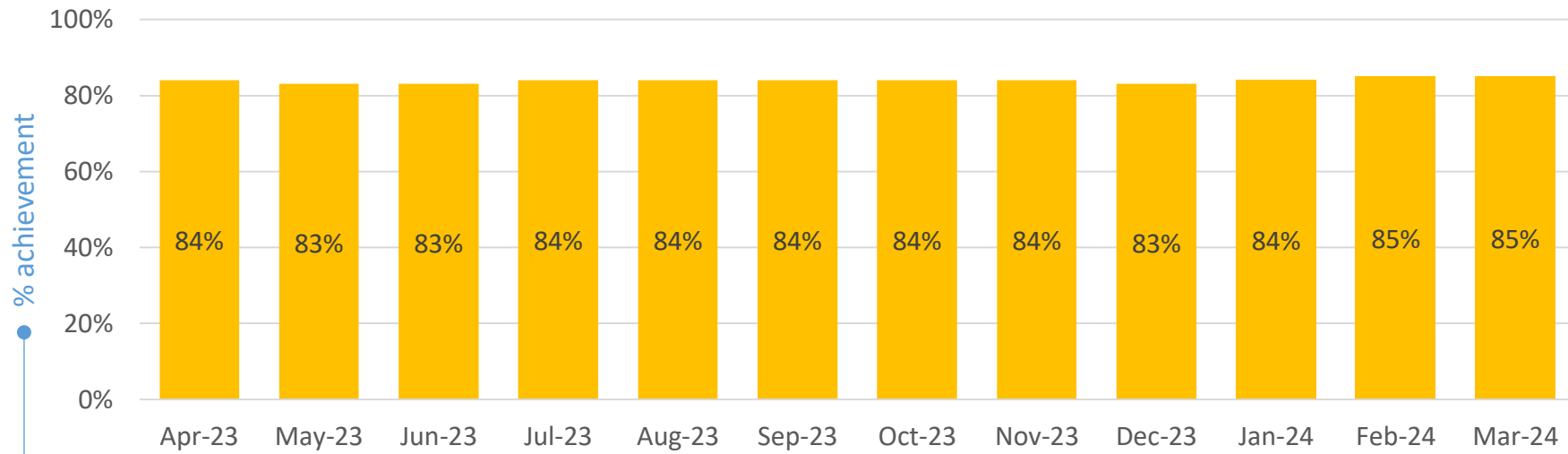
- % of therapeutic interventions started within 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS)
- Number of patients waiting for a mental health assessment



Adult Mental Health

Mental Health Measure Part 2

- % of patients in receipt of secondary mental health services who have a valid treatment plan

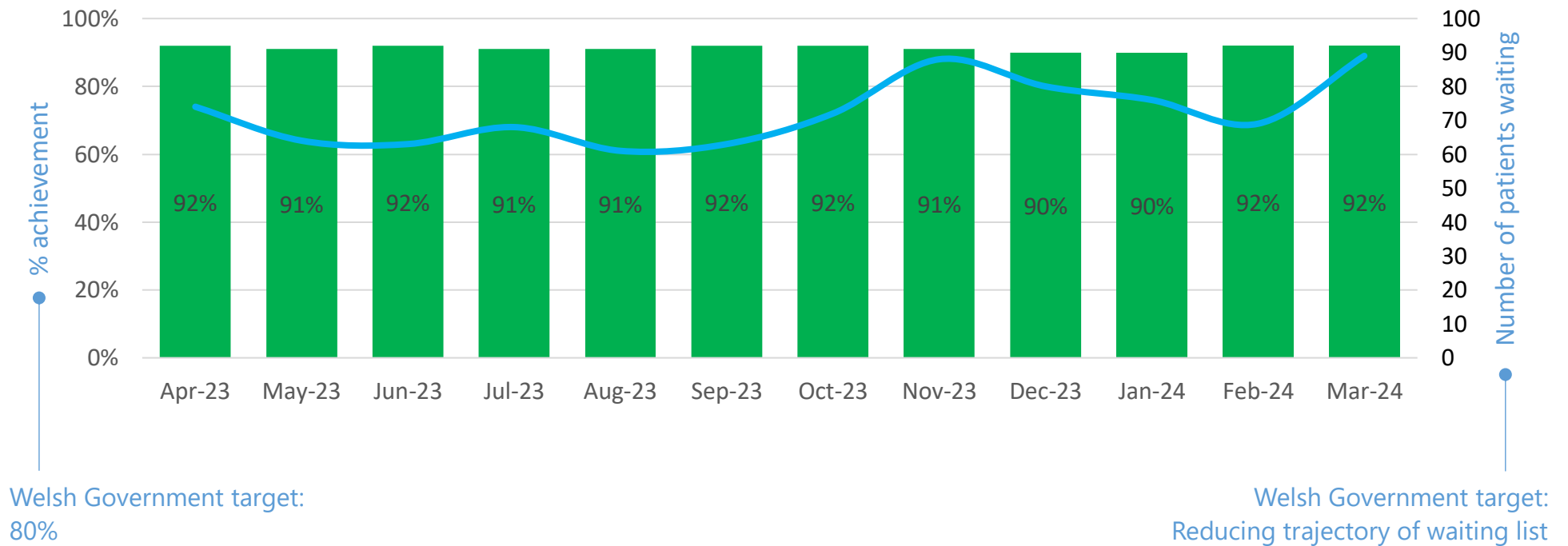


Welsh Government target:
90%

Adult Mental Health

Adult Psychological Therapies

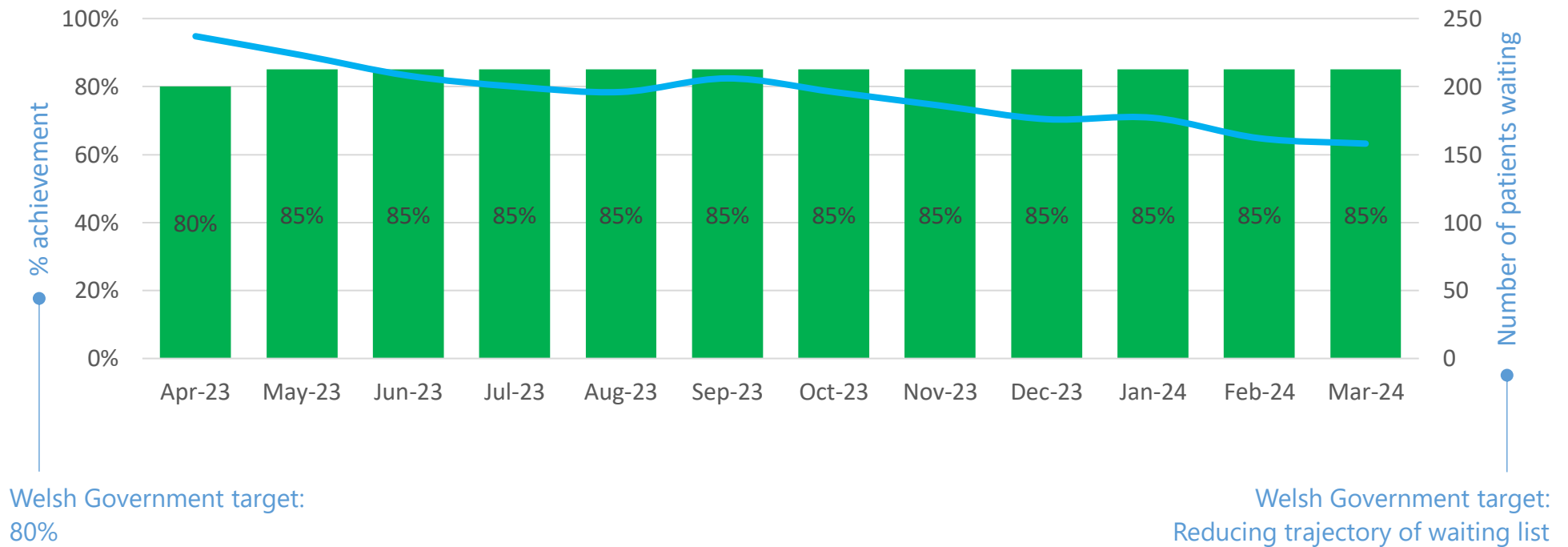
- % of patients waiting less than 26 weeks to start a high intensity or specialist Psychological Therapy/Intervention
- Number of patients waiting to start a high intensity or specialist Psychological Therapy/Intervention



Children and Young People under 18 yrs

Mental Health Measure Part 1a

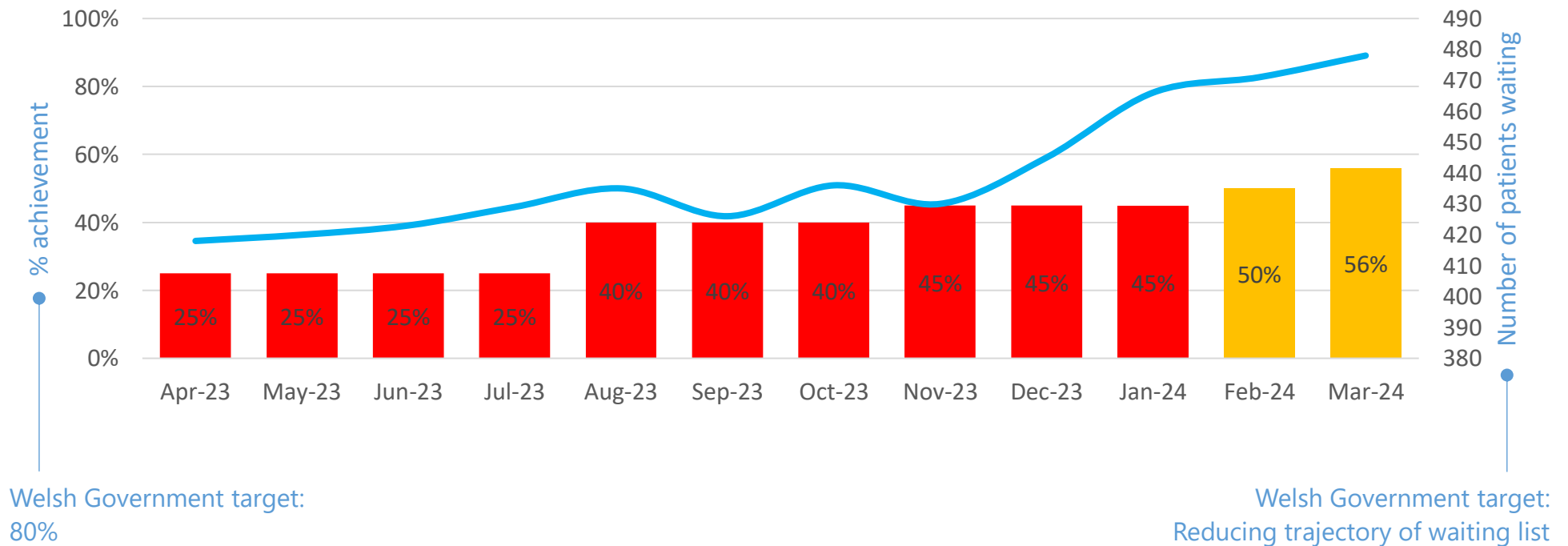
- % of mental health assessments undertaken within 28 days from the date of receipt of referral
- Number of patients waiting for a mental health assessment



Children and Young People under 18 yrs

Mental Health Measure Part 1b

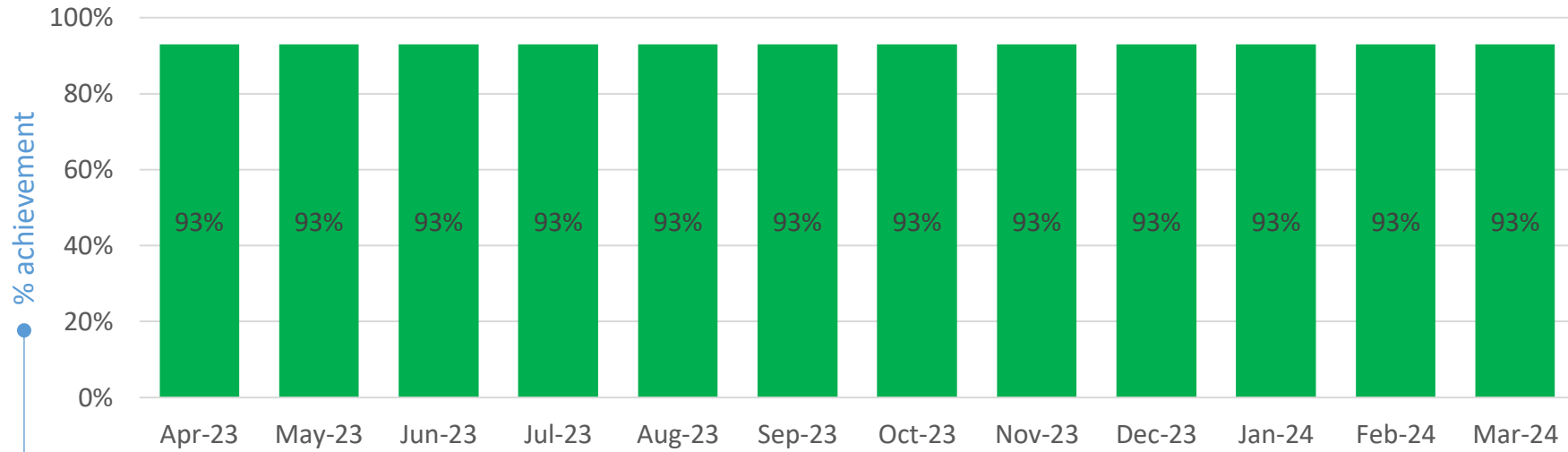
- % of therapeutic interventions started within 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS)
- Number of patients waiting for a mental health assessment



Children and Young People under 18 yrs

Mental Health Measure Part 2

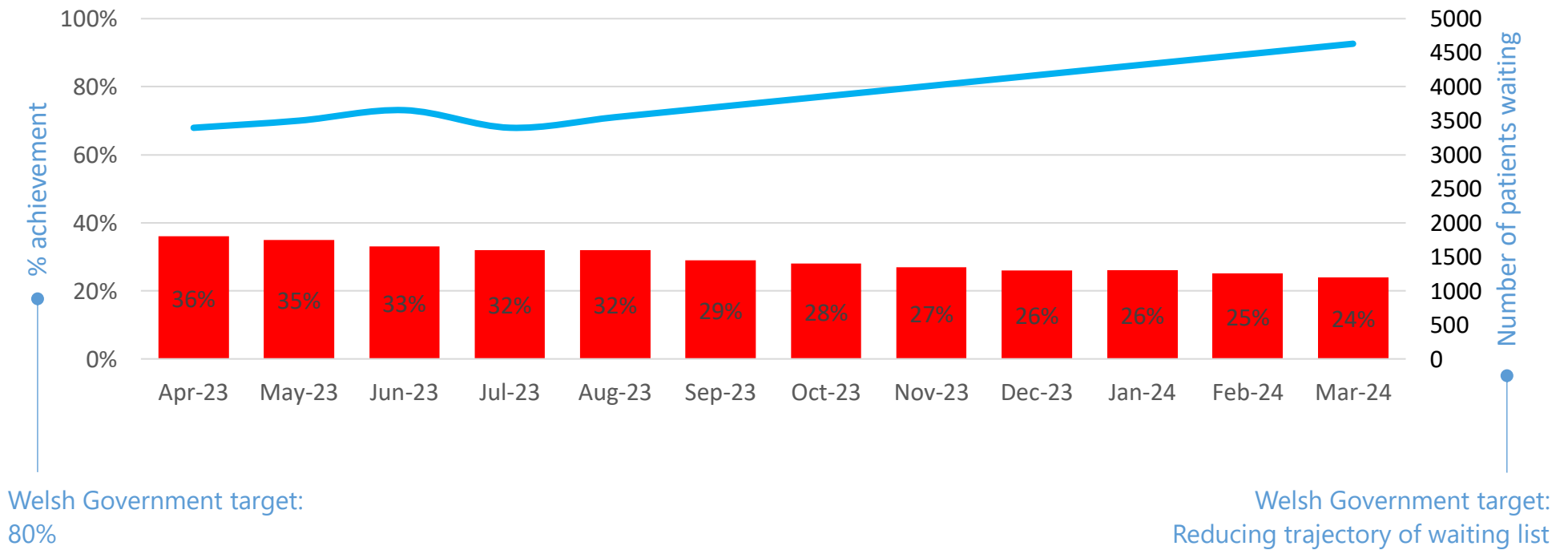
- % of patients in receipt of secondary mental health services who have a valid treatment plan



Welsh Government target:
90%

Neurodevelopment (ND) Assessments

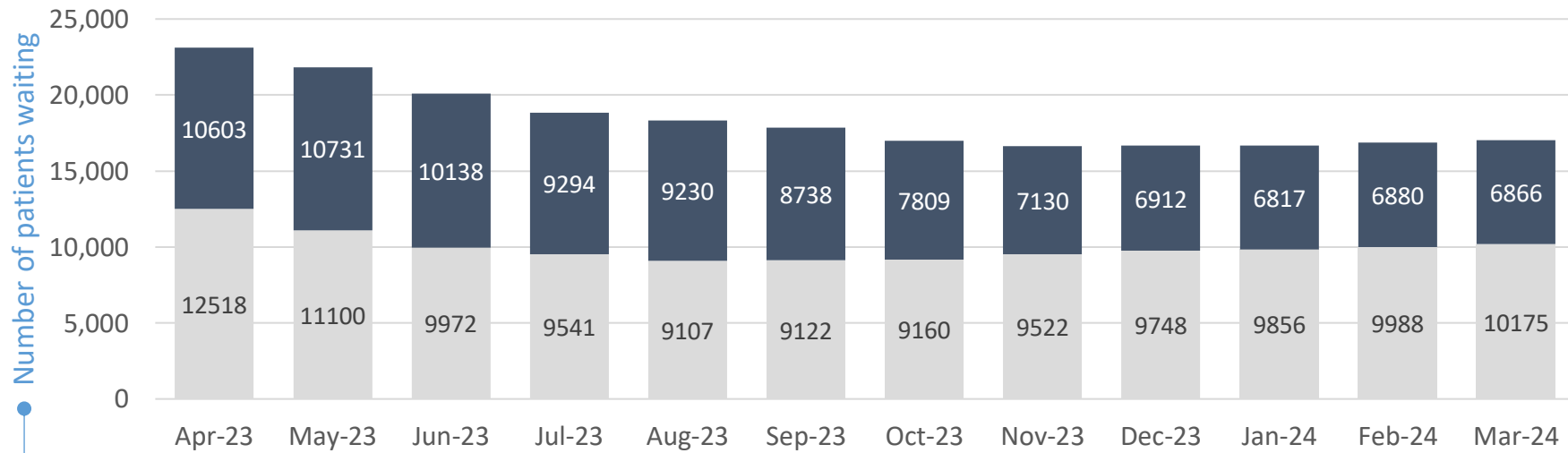
- % of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopmental assessment
- Number of children and young people waiting for an ADHD or ASD neurodevelopmental assessment to start



Note that the figures above do not include activity arising from a contract procurement that is currently underway.

New Outpatient Appointment waits

- Number of patients waiting more than 52 weeks for a new outpatient appointment
- Number of patients waiting more than 36 weeks for a new outpatient appointment



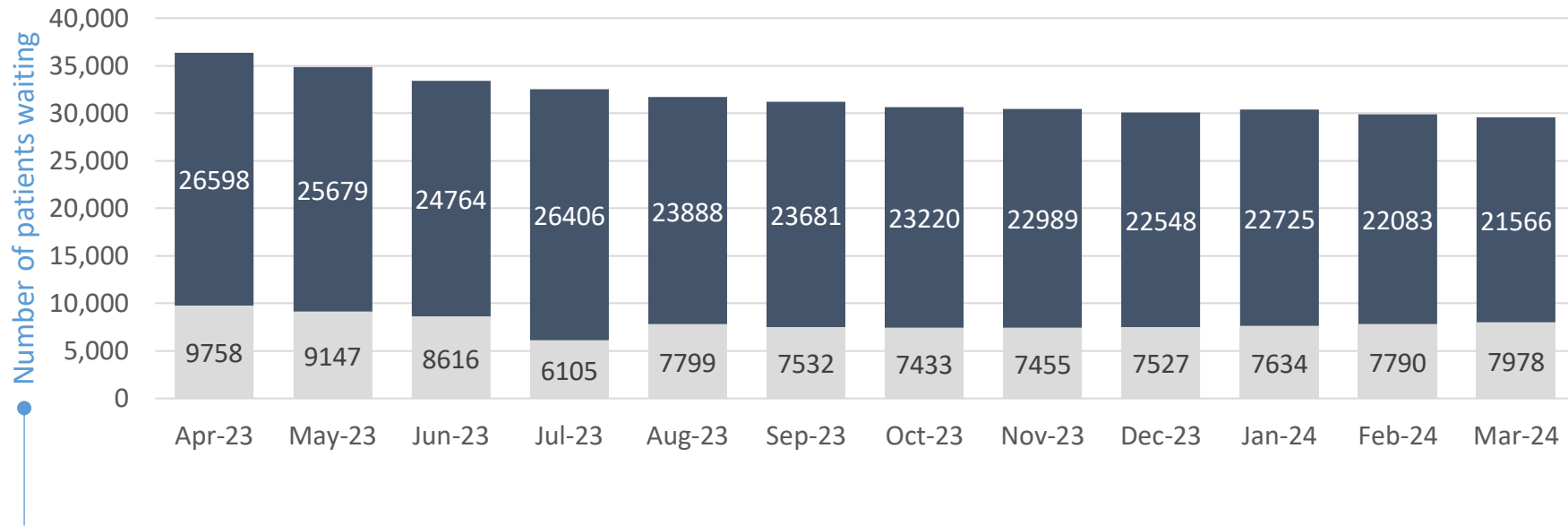
Welsh Government target:

Over 52 wks: Improvement, towards a target of zero by June 2023
 Over 36 wks: Improvement, towards a target of zero by March 2024

■ Between 36-52 weeks
 ■ Over 52 weeks

Treatment waits

- Number of patients waiting more than 104 weeks from referral to treatment
- Number of patients waiting more than 52 weeks from referral to treatment



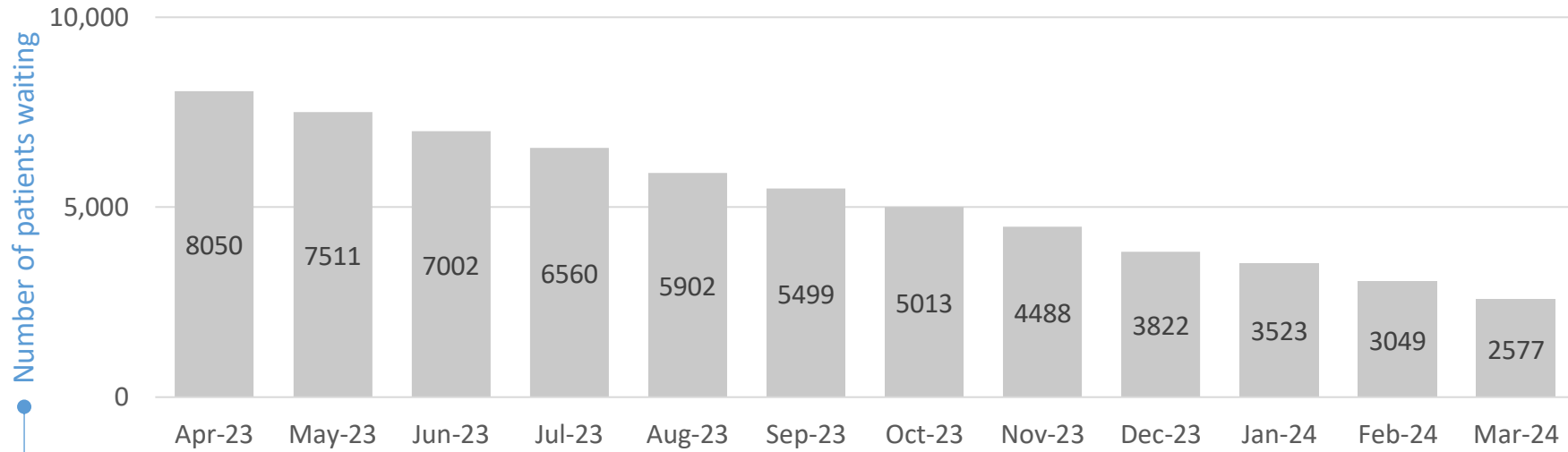
Welsh Government target:

Over 104 wks: Improvement, towards a target of zero by June 2023
 Over 52 wks: Improvement, towards a target of zero by March 2025

■ Between 52-104 weeks
 ■ Over 104 weeks

Diagnostic waits

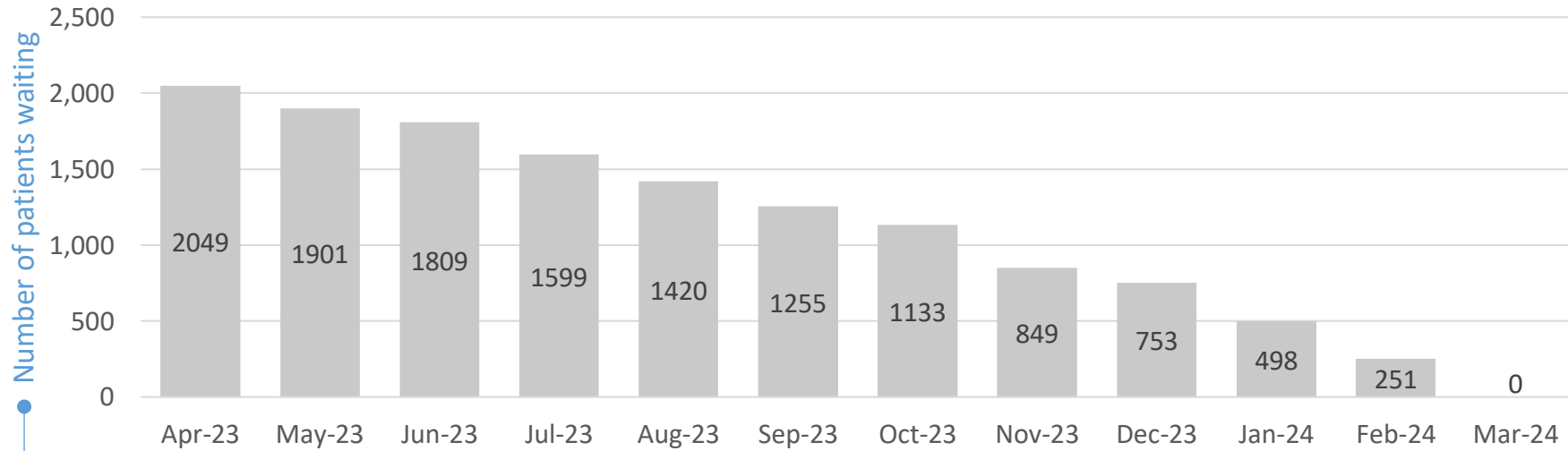
- Number of patients waiting over 8 weeks for a specified diagnostic test



Welsh Government target:
Improvement, towards a target of zero by March 2024

Therapy waits

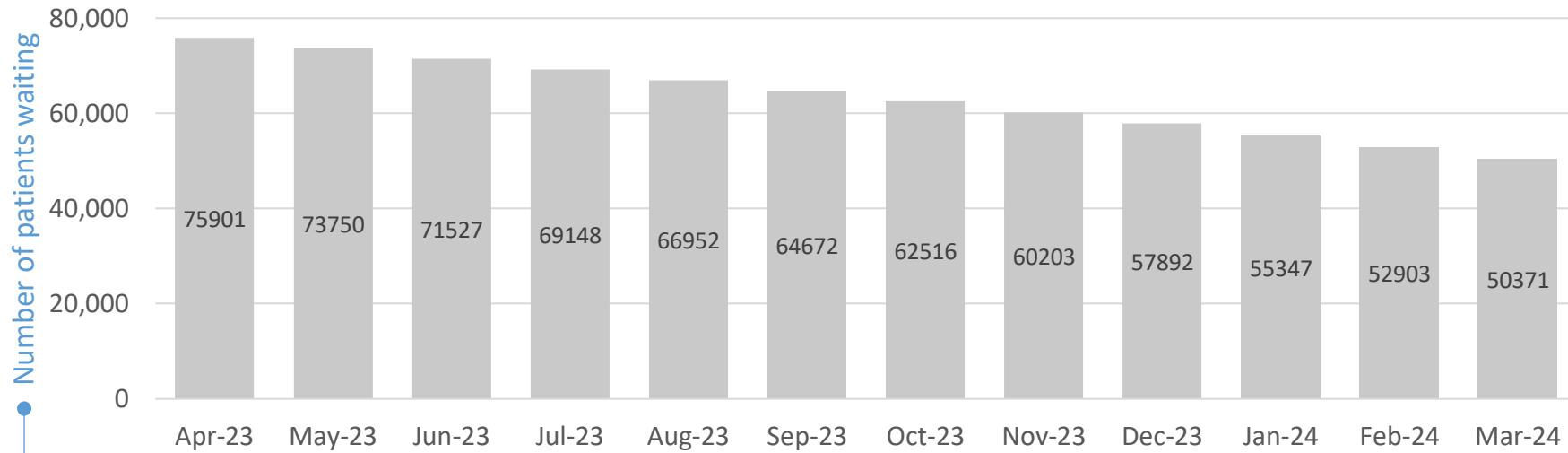
- Number of patients waiting over 14 weeks for a specified therapy



Welsh Government target:
Improvement, towards a target of zero by March 2024

Follow-up outpatient delays

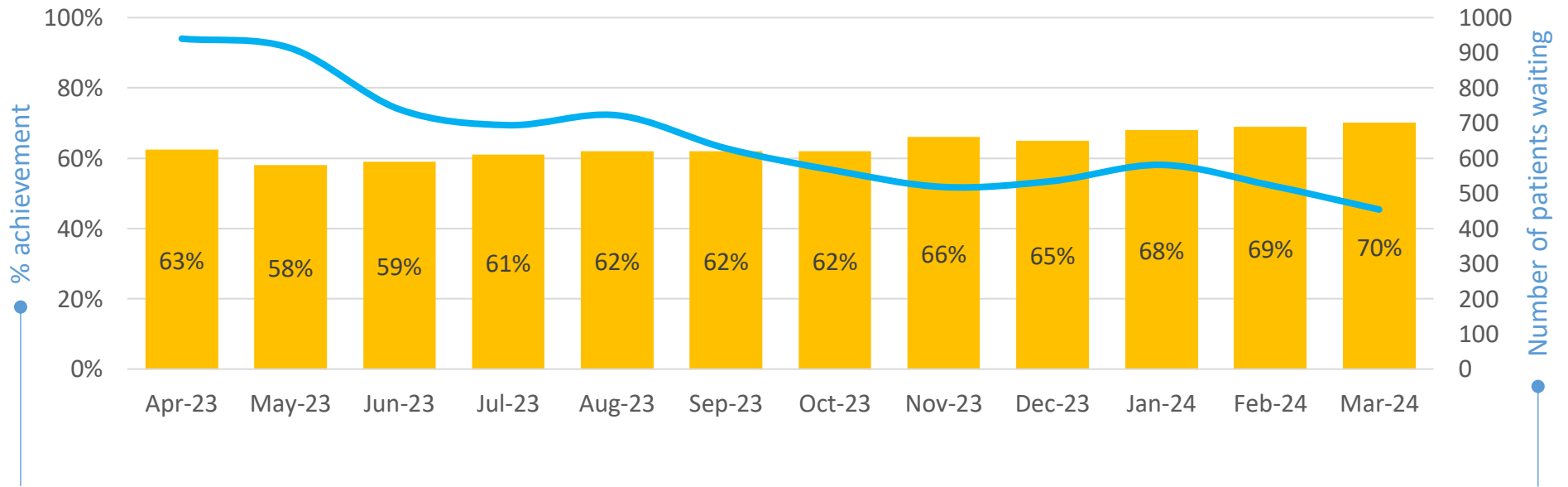
- Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%



Welsh Government target:
Reducing trajectory by March 2024

Cancer

- % of patients waiting more than 62 days for the start of their first definitive cancer treatment from the point of suspicion
- Number of patients waiting more than 62 days for the start of their first definitive cancer treatment from the point of suspicion

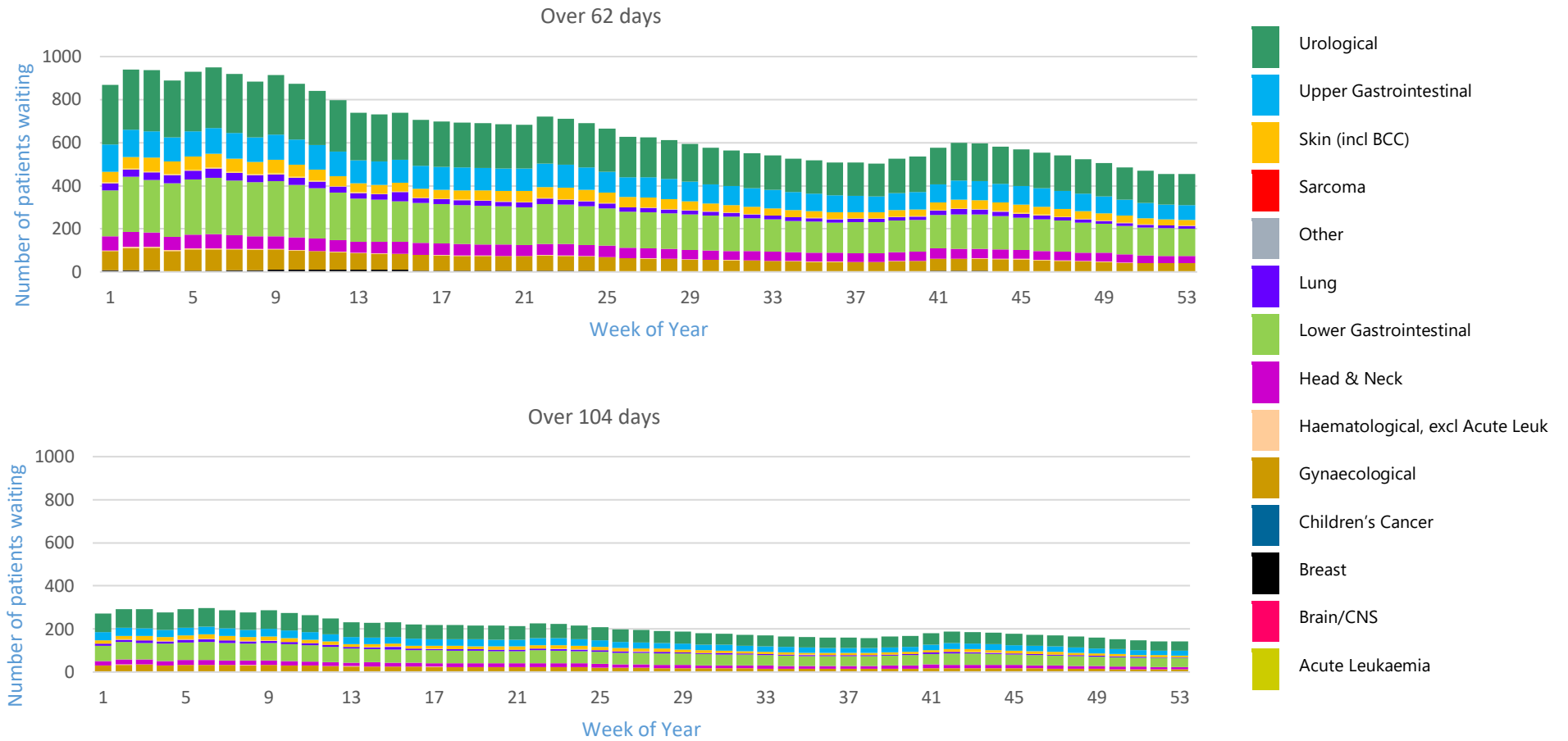


Welsh Government target:
Improvement towards target of 80% by March 2026

Welsh Government target:
Reducing trajectory of waiting list

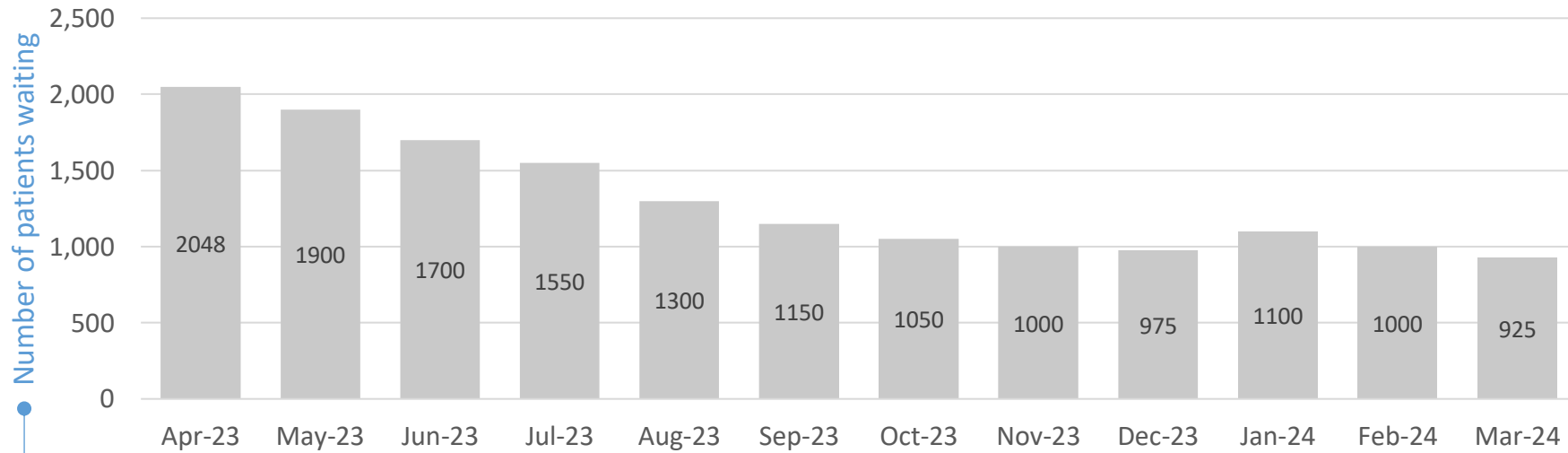
Cancer

- Number of patients actively waiting over 62 days on a Suspected Cancer Pathway
- Number of patients actively waiting over 104 days on a Suspected Cancer Pathway



Ambulance patient handovers

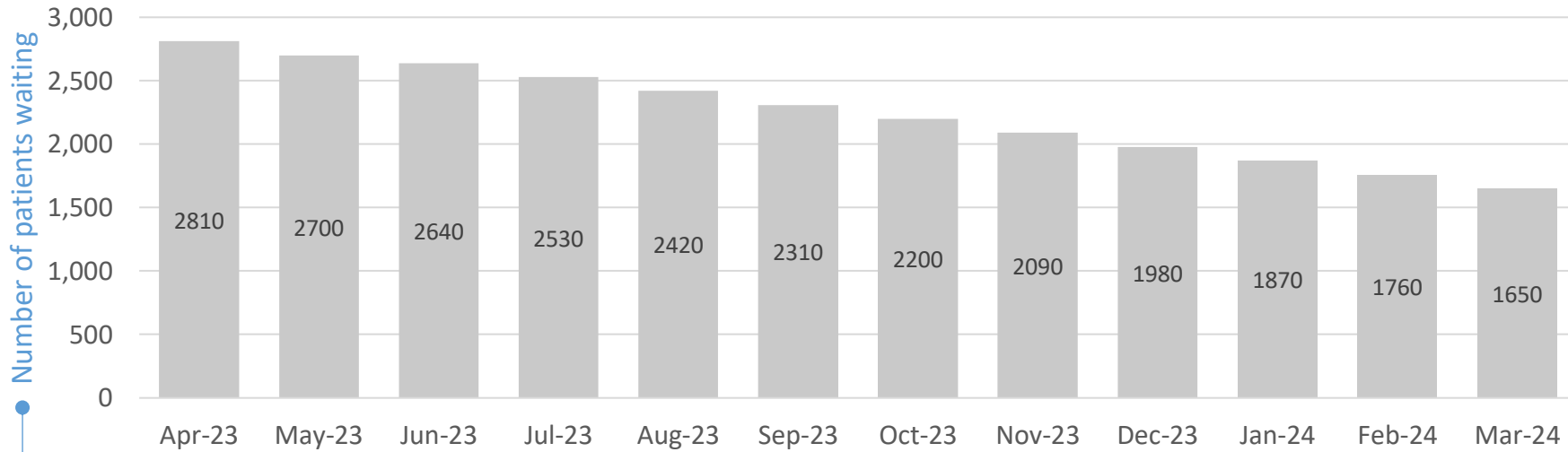
- Number of ambulance patient handovers over 1 hour after arrival at hospital



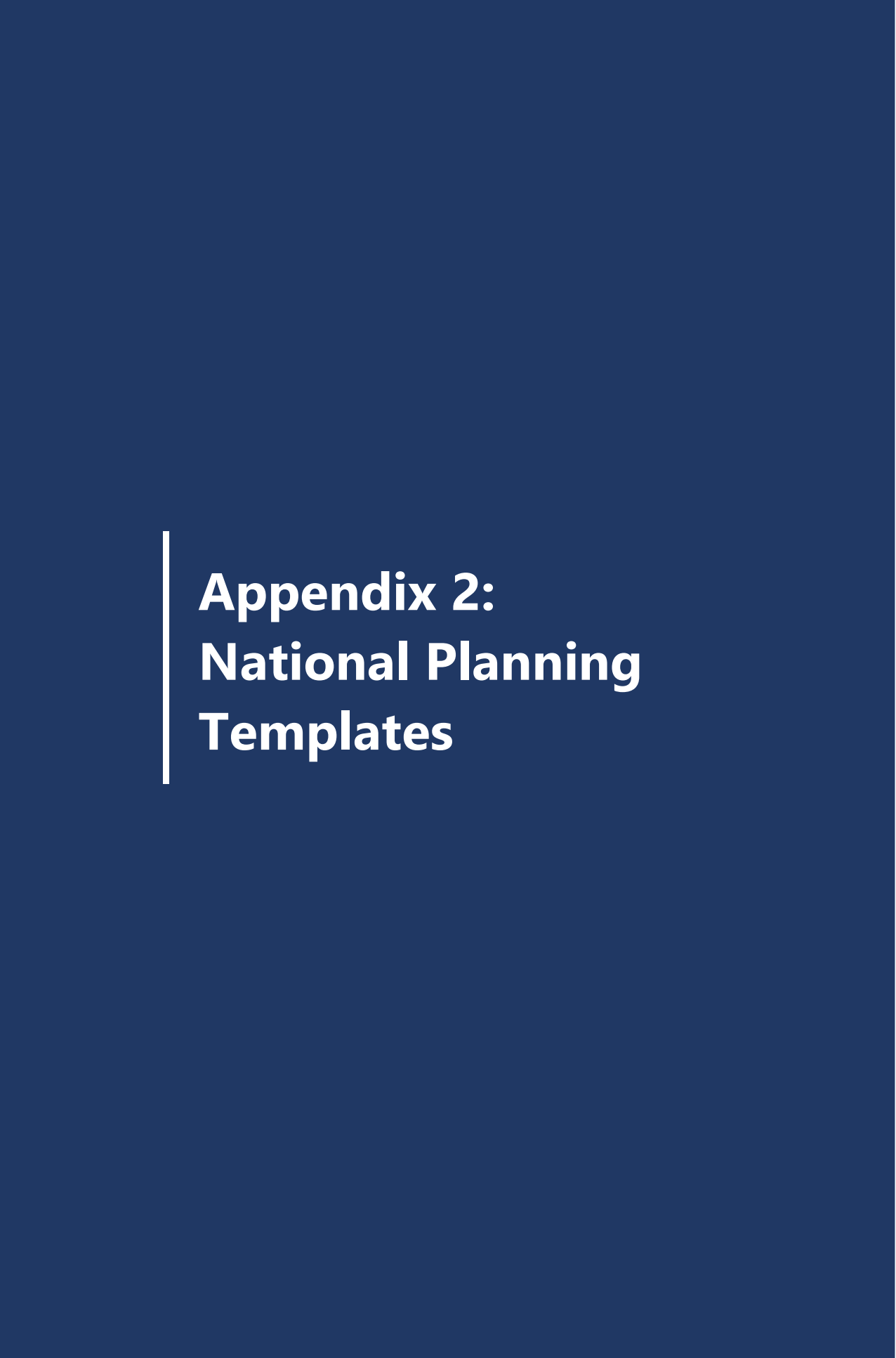
Welsh Government target:
Reducing trajectory towards a target of zero by March 2024

Emergency care stay of over 12 hours

- Number of patients who spend 12 hours or more in emergency care facilities from arrival until admission, transfer or discharge



Welsh Government target:
Reducing trajectory towards a target of zero by March 2024



**Appendix 2:
National Planning
Templates**

Delayed Transfer of Care (DTC)	Template 1
Primary Care Access to Services – General Medical Services	Template 2a
Primary Care Access to Services – Community Pharmacy	Template 2b
Primary Care Access to Services – Optometry	Template 2c
Primary Care Access to Services – Dental	Template 2d
Urgent & Emergency Care – 24/7 Urgent Care Services	Template 3a
Urgent & Emergency Care – Same Day Emergency Care (SDEC)	Template 3b
Urgent & Emergency Care – Handover waits	Template 3c
Planned Care Recovery, Diagnostics & Pathways of Care	Template 4
Cancer – Over 62 day backlog reduction	Template 5a
Cancer – National Cancer Pathways	Template 5b
Mental Health & CAMHS – Adult Mental Health, including Local Primary Mental Health Service	Template 6a
Mental Health & CAMHS – ‘111 Press 2’	Template 6b
Mental Health & CAMHS – Children and Adolescent Mental Health Services (CAMHS)	Template 6c


Template 1 Delayed Transfers of Care – DTOC

Regular monthly reporting of 'Pathways of Care' (DTOC) to be introduced for 2023-24 and reduction in backlog of delayed transfers through early joint discharge planning and coordination.

	Priority area(s)
Key focus should be on delivering	As part of the Regional Partnership Board, we will continue developing a closer relationship with local government and wider partners in order to sustainably tackle the issue of delayed transfer of care (Pathway of Care Delays), improving outcomes for our population.
	Implement and embed Pathways of Care Reporting framework for delayed transfers of care (DTOCs) in 2023 and to monitor the progress of safe and timely discharge in real time. Learning from the work undertaken on increasing community capacity to inform future planning.
	Under Goal 6 of Unscheduled and Urgent care – implement and embed the revised D2RA Pathways (July 2023), Discharge Policy and reluctant discharge guidance (due for publication Spring 2023), and implementation of the Trusted Assessor Guidance (by September in line with WG requirements). As part of Goal 5 – implement and embed the Optimal Flow Framework which includes the principles of SAFER, Red to Green days, with the aim of preventing deconditioning.
	We will work together to strengthen community capacity by developing an integrated community care system in line with 'Further, Faster'.
	<p>Priority Areas have been identified as:-</p> <ol style="list-style-type: none"> 1. Assessment including Trusted Assessor (across all partner agencies) 2. Care Home related delays (across all partner agencies) 3. Packages of care (across all partner agencies) <p>In addition there will be a focus on lengths of stay, consistency of applying the new guidance and identifying good practice of where we have got it right. Identifying and prioritising service gaps for each of the 4 D2RA pathways.</p>
Baseline	Phase 2 (3 month pilot) of implementing the revised Delay Pathway of Care Codes and reinstating Census day has now concluded. April baseline:-

		April	
		No. Pts Delayed	No. of Days delayed
Anglesey		40	1001
Gwynedd		60	1519
Conwy		50	929
Denbighshire		44	956
Flintshire		53	2072
Wrexham		74	4142
Out of Area		5	157
Total		326	10845

Top 3 account for more than 80% of all delays
 Top 3 account for more than 75% of bed days lost



PoCDs - Action Plan
 - April 2023.xlsx

Quarter 1:

<ul style="list-style-type: none"> ▪ Milestones 	<p>Full compliance with updating the National Delayed Data-base weekly (validation of Pathway of Care Delays by LA will remain monthly).</p> <p>Commence the implementation of the revised D2RA Pathways in preparation of the HB launch on July 31st 2023.</p>
<ul style="list-style-type: none"> ▪ Actions 	<ol style="list-style-type: none"> 1. Strengthen IHC governance arrangements for reporting to 6 Goals Programme Board.
	<ol style="list-style-type: none"> 2. Undertaken 'After the Event' review of the closure of 2 care homes (loss of 145 beds since January 1st 2023), develop action plan for implementation. Follow up held on 19th May 2023. Briefing Paper to be developed and shared with partners.
	<ol style="list-style-type: none"> 3. Further develop the Regional Pathway of Care Delays Action Plan. Develop Action Plans for the 3 IHCs and Mental Health. This will include targeted work on managing avoidable delays, with a focus on length of delays and three target areas: <ol style="list-style-type: none"> 1. Assessment – Health, Social Care, Joint 2. Care home related delays – availability, funding, choice 3. Packages of Care.
	<ol style="list-style-type: none"> 4. Care Home Workshop held on 24th April. Questionnaire to all care home providers on challenges, gaps and opportunities. Aim will be on improving outcomes, appropriate admission avoidance, reduction in ED attendances, and optimising timely transfer back to care homes. Detailed action plan will be developed with partners and stakeholders. 3 Task and Finish Groups will be established (End of Life Care, Multiagency Hub, Sharing information).

	5. Review of winter planning / increasing community capacity initiatives and commence plan for winter 2023 / 24 e.g. block purchasing of additional care home beds (surge capacity), Extra Care Housing – what has worked well, and what could we have done differently.
	6. Establish robust reporting and monitoring systems and share information across the HB and partners to inform priorities.
	7. Undertake scoping work for the introduction of Trusted Assessor and submit to Regional Partnership Board.
	8. Undertake scoping work on what services are available and gaps aligned to the 4 D2RA Pathways.
Quarter 2:	
▪ Milestones	D2RA implementation on 31st July 2023 (Detailed Action Plan with key project milestones available). Implementation of Trusted Assessor Roles by end of September 2023.
▪ Actions	1. Agree with each IHC what reduction in the number and length of time people are delayed. (This will be variable across North Wales, and % of reduction will be confirmed in Q1).
	2. Identify any additional initiative to manage delays for implementation in Q3 and Q4 as part of winter planning.
	3. Care home Task and Finish Groups to present their recommendations to the Care Home Steering Group by end of quarter.
	4. Scope and agree priority areas and opportunities across IHCs, Mental Health, LA's, Housing e.g. Trusted Assessor, Supported Living and specialist EMI care home beds.
	5. Full implementation of the New Discharge Guidance (subject to publication by WG in July 2023) with a focus on reluctant discharge.
	6. Report Monthly on progress of increasing number of Trusted Assessor Roles (Trajectory to be agreed).
Quarter 3:	
▪ Milestones	Achieve and maintain agreed reduction of in-patient DTOCs.
▪ Actions	1. Implement Regional Pathway Delays Action Plan.
	2. Implement any initiatives identified in Q2 to prevent increase in delays due to any sessional pressures.
	3. Implement recommendations from Care Home Task and Finish Groups.
Quarter4:	
▪ Milestones	Maintain the reductions achieved in Q's 1, 2 and 3.
▪ Actions	1. Implement Regional Pathway Delays Action Plan.
	2. Review / Audit D2RA implantation.
Risks	<ul style="list-style-type: none"> ▪ Inconsistent / robust data collection on type of delays (Feb, March and April data variable – difficult to agree an accurate baseline). <ul style="list-style-type: none"> ○ Share national and local data with partners.

- Deep dive into specific areas where there is significant variation across North Wales e.g. choice.

- Continued fragility of the independent sector to support timely discharge and maintain optimum flow, resulting in people remaining in hospital longer than clinical required and increasing the potential for harm.

Mitigation:

- Care home workshop arranged for April (follow up September)
- Establish care home steering group (3 Priority T&F Groups)
- local and national discussions on fee setting
- Development of Commissioning Strategy for Care Homes.

- Continued recruitment and retention issues of health and social care workforce to deliver safe and sustainable discharge and community services.

Mitigation:

- Regional Workshop Board under review
- Local initiatives in place to consider joint posts
- Robust training programme in place as part of the Care Provider Quality Assurance Framework

- Lack of capacity to release staff to ensure robust and consistent discharge education programme.

Mitigation:

- Range of training / awareness / education packages being developed e.g. ESR access, face to face, easy to read booklets etc.

- Failure to embed the new D2RA Pathways due to lack of integrated IT systems for recording and reporting, gaps in service provision to ensure people are assessed in the most appropriate setting i.e. not in a hospital setting.

Mitigation:

- scoping what services are available and gaps aligned to each of the 4 D2RA Pathways
- Work with IT to agree the longer term recording system and identify 'workarounds' in the interim.

- Inability of the Health Board to respond in a timely way to unscheduled and urgent care and planned care.

Mitigation:

- Improved Governance and support to the 6 Goal Programme Board
- Improved Governance at IHC level
- Clarity on requirements to meet the HBs objectives at each level

- Health is providing social care when it is not registered with CIW to do so. This activity is not picked up in the Pathways of Care Delayed reporting as people are not in a hospital bed.

	<p>Mitigation:</p> <ul style="list-style-type: none"> ○ Priority in each of the IHC action plans ○ Activity will be collected across North Wales as part of the monthly census and reported to HB and partners ○ HB registered with CIW to provide Domiciliary Care.
Outcomes	In-patients are safeguarded against deconditioning, ensuring better outcomes and experiences for people in hospital. People are assessed for care in the most appropriate place. Achieving Home First Principles for all discharges. Improved flow for both emergency and planned care.
Alignment with workforce plans	This will be linked to the Primary care, IHC and Mental Health workforce plans. Link with work of the Regional Partnership Board.
Alignment with Financial plans	<p>Care provider fee setting for 2023 /24, interim rates for FNC and CHC have been agreed.</p> <p>Funding for schemes to support reducing delays is within IHCs, MH and RIF, Further Faster.</p>
OPTIONAL	
Digital / Technology Opportunities	The need to ensure that Health Board and National systems are compatible i.e. need for improved interface between Health Board and National platforms is being taken forward. Requirements for recording D2RA pathways within 24 hours of admission and on discharge are still being worked through (STREAM) and request for support has been submitted. Access to training tools for D2RA, Trusted Assessor, information packages have been developed nationally but not yet available.

Template 2a

Primary Care Access to Services: GP & Community Services

	Priority area(s)
Key focus should be on delivering	Improved access to GP and Community Services
Baseline	<p>Access to Primary Care services is of significant priority to citizens, and plays an important bearing on levels of satisfaction amongst people using primary care services. As we move towards a period of recovery the need to refocus on access is therefore crucial. What is required is a primary care recovery plan for access that details the immediate tangible actions to those issues that are causing the greatest noise within the system, and that will, once in resolved, better enable primary care practitioners to deliver high quality care. In seeking to improve access to GP and community services, we need to consider a number of separate but interconnected elements:</p> <ol style="list-style-type: none"> 1. GMS Access Standards (Phases 1 and 2) 2. Escalation levels 3. Referrals for ambulatory sensitive conditions 4. Workforce initiatives – including the shift towards an MDT primary care workforce 5. Service initiatives – including the development of urgent primary care services <p>1. GMS Access Standards:</p> <p>A great deal of effort has been made during 2022/23 to improve access to GP and community services by opening up practices, and returning to offering face-to-face appointments alongside video-consultations. As a consequence, compliance with Phase 1 of the GMS Access Standards across north Wales, is high.</p> <p>The 2022/23 GMS Contract negotiations agreed that Phase 1 standards will now become part of the core contract from 1st April 2023. This means that they are no longer optional and will be mandatory for all practices. The contractual assurance framework to support this new measure has not yet been released, however, given that there were 2 practices within BCUHB that chose not to achieve previously, and 10 in total not achieving, then they will need to be supported to move into the new arrangement.</p> <p>At the end of Q4, all practices who submitted their achievement on the Primary care Information Portal (PCIP) at end of year achieved Phase 1. At Q2, 9 practices did not achieve Phase 1 and therefore were unable to progress onto Phase 2 to achieve financial achievement. 7 of these practices did achieve Phase 1 at Q4. There are currently only two practices in the East who are not achieving Phase 1.</p> <p>Phase 2 is described as the “Reflective Phase” and allows practices time to reflect, listen to patient experience and make improvements to access. Practices</p>

will be required to report quarterly and be prepared to supply evidence (which could include but is not limited to the practice's appointment system, patient experience survey outcomes and up to date infographics) via the PCIP Access Reporting Tool. WG has provided a template for practices to use for the reflective report and they are also expected to discuss the report at collaborative level.

89.5% of practices have achieved Phase 2 of the Access Standards. 90.6% of practices submitted a reflective report and EQIA.

2. Practice escalation levels:

Whilst achievement against the GMS Access Standards is a useful indicator for understanding whether access to GP services is improving, it is also useful to look at practice escalation levels.

Despite the ongoing pressures and backlog of work that has resulted from the pandemic, GP practices have remained available to those who need support. Whilst there had been some early signs of recovery, it should be noted that the current financial crisis is placing increased pressure on independent contractors and is adding significant strain to an already exhausted and somewhat depleted workforce. Despite these pressures, the number of GP practices at escalation level 4 has fallen between April (9) and June (2), although the number of practices at Level 3 remains fairly consistent (9 in April – 10 in June). However, it is likely that as the cost-of-living crisis and other pressures continue to take their toll, the number of GP practices at risk is likely to increase at least in the short-term.

3. Admission rates for ambulatory sensitive conditions:

Admission rates for ambulatory sensitive conditions and long-term conditions are each an indicator of a healthy and resilient primary care system.

There has been an overall increase in the number of GP referrals for ambulatory sensitive conditions being referred to secondary care from a low of 1,200 in July through to September, rising to 1,500 in November. Furthermore, the number of admissions where the primary diagnostic reason for admission is exacerbation of COPD or asthma has risen from 170 in July to 225 in November. Whilst a slight increase may be indicative of changes in weather, the increase may be explained in part by the challenges practices have faced in effectively reducing the planned care backlog for chronic disease reviews (see urgent primary care template for examples of how improvements will be delivered).

4. Workforce initiatives:

Central to the Health Board's vision for primary care is the widening of the primary care workforce to include a range of practitioners, and the ongoing development of an MDT workforce. Clusters have worked hard over the last 5-10 years with the help of the Primary Care Academy, to grow this workforce, which now includes:

- ANPs
- First Contact Physiotherapists
- Advanced Occupational Therapists
- Chronic Disease Nurses
- Dieticians

	<ul style="list-style-type: none"> ▪ Family Well-being practitioners <p>Each delivering care and support to people within the Cluster in order to ensure individuals are seen by the most appropriate professional for the presenting need, and freeing up GP time for more individuals with multiple and more complex needs.</p> <p>5. Service initiatives: The Health Board has introduced a number of initiatives to help improve access to GP services, including:</p> <ul style="list-style-type: none"> ▪ Urgent Primary Care Centres (see separate Ministerial template) for how the development of urgent same day care services will support the achievement of this objective) ▪ Tier 0/1 mental health services ▪ Social prescribing <p>Moreover, the accelerated development of Clusters, and the population health management approach that underpins it will, with time, help to ensure a greater focus on prevention and early intervention, as well as the promotion of self-care; all of which will have a demonstrable impact on demand and capacity within primary care.</p> <p>Our routine and transformational work will continue throughout 2023/24, and will be enhanced through the implementation of a strategy that sets the Health Board’s strategic direction of travel for primary and community care over the next 3-5 years. In delivering our strategy we transform the delivery of primary care in north Wales, through realising improvements in:</p> <ul style="list-style-type: none"> ▪ Sustainability and access ▪ Urgent same day care ▪ Estates ▪ IT and digital technology ▪ Population health management, incl. management of ‘high risk’ cohorts ▪ Health Board practices <p>The strategy places primary care front and centre of the management of urgent and same-day/ unscheduled care, including strategic and clinical leadership and oversight of the 6 Goals programme. This template should therefore be read alongside the template outlining our approach for the delivery of an urgent same day service.</p>
Quarter 1:	
<ul style="list-style-type: none"> ▪ Milestones 	<p>Primary Care Strategy (2023-28) together with ‘Sustainability Action Plan’ and ‘Primary Care Recovery Plan for Access’ signed-off by Executive Team and Health Board.</p>
<ul style="list-style-type: none"> ▪ Actions 	<ul style="list-style-type: none"> ▪ Engage with individuals/ Groups to understand issues and experiences re: access ▪ Primary Care Recovery Plan for Access – action plan developed based on survey findings.

	<ul style="list-style-type: none"> Sustainability action plan developed and process for driving forward agreed Analyse Urgent Care Services review and develop proposed model to inform development of urgent same-day service.
Quarter 2:	
<ul style="list-style-type: none"> Milestones 	<p>Robust primary care data in place to support identification and analysis of challenges/ issues across GMS and Health Board (managed) practices, in relation to access and other key domains</p> <ul style="list-style-type: none"> 100% (n=12) Health Board (managed) practices signed-up to Analyse-RX GMS practices provided with opportunity to sign-up to Analyse-RX Baseline data for number of people awaiting a chronic disease review, collated
<ul style="list-style-type: none"> Actions 	<ul style="list-style-type: none"> Agree plan to introduce Analyse-RX into Health Board (managed) practices Engage with GMS practices to determine wider interest in using Analyse-RX Evaluation of Cluster initiatives aimed at improving GMS access Evaluation of Cluster initiatives aimed at reducing planned care backlog Further development of Primary Care Dashboard to reflect breadth of data requirements Data collected via Analyse-RX to help map demand and capacity as well as identify pressure areas
Quarter 3:	
<ul style="list-style-type: none"> Milestones 	<p>Improvement plan for Health Board (managed) practices to commence implementation:</p> <ul style="list-style-type: none"> Improved access amongst Health Board (managed) practices Health Board (managed) practices to achieve 100% compliance with Access Standards, Clear route for practices to come in and out of Health Board management articulated and in place.
<ul style="list-style-type: none"> Actions 	<ul style="list-style-type: none"> Implementation of Health Board (managed) practice programme, including development of centralised support function for Health Board (managed) and GMS practices.
Quarter4:	
<ul style="list-style-type: none"> Milestones 	<p>Improvement plan for third sector partnerships in place</p> <ul style="list-style-type: none"> Third sector cluster commissioned services mapped Reduction in duplication across commissioned services and strengthened commission approach.
<ul style="list-style-type: none"> Actions 	<ul style="list-style-type: none"> Third sector cluster commissioned services mapped and aligned against corporate contracts register, Working with mental health, review Tier 0/1 cluster commissioned services, and other funded initiatives and develop forward (re)commissioning plan, Working with Public Health, review social prescribing commissioned services, and other funded initiatives and develop forward (re)commissioning plan.
Risks	<ul style="list-style-type: none"> There is a risk that the intended outcomes of the strategy will not be realised due to the significant pressures facing primary and GPs in particular

	<ul style="list-style-type: none"> There is a risk of further practice closures as a result of the increasing financial pressures on primary care. Work is being undertaken to build a primary care sustainability plan, which once in place will help to mitigate against this risk and its impact on the initiatives described within this plan.
<p>Outcomes</p>	<p>For the people of north Wales:</p> <ul style="list-style-type: none"> Improved access to primary care services Improved experience of primary care <p>For the workforce:</p> <ul style="list-style-type: none"> Greater job satisfaction Greater integration with secondary care <p>For the organisation:</p> <ul style="list-style-type: none"> Improvements in recruitment and retention of primary care workforce Improved resilience Increased capacity within primary and community care services A reduction in emergency admissions
<p>Alignment with workforce plans</p>	<p>Resources to deliver this plan have been identified within the corporate primary care team. However, it is important to note that the current fragility of the wider primary care workforce presents a risk to clusters and individual practices being able to move forward at pace, and implement the required changes.</p> <p>Health Board (managed) practices are currently holding 28.1fte vacancies. These posts have historically been difficult to recruit to and are filled by locums in the short-term, which represents a significant cost pressure to the Health Board.</p>
<p>Alignment with Financial plans</p>	<p>The annual GMS budget for 2022/ 23 is £144,132,000, with a forecast overspend of £0,616m. In addition, spend relating to Health Board (managed) practices is anticipated to yield a cost pressure for the Health Board, largely due to high locum costs.</p> <p>Financial pressures are increasingly being cited by GP practices as a significant sustainability concern – the Health Board will therefore need to consider the support available to practices at risk of hand-back as a result of financial pressures.</p> <p>The costs associated with the ongoing management of Health Board (managed) practices is higher than the GMS financial envelope. Work is being undertaken to confirm the exact costs, benchmarked against standards of practice. As the number of practices at risk increases, so too does the chance that they will come under health board management (at least temporarily).</p>
<p>OPTIONAL</p>	
<p>Digital / Technology Opportunities</p>	<p>We will continue to work with practices to support the use of video-consultations and digital technology as a way of supporting improved access to GP and community services. We will endeavour to work with community groups and local partners to support digital inclusion so as to increase uptake amongst all patient cohorts</p>

Template 2b

Primary Care Access to Services: Community Pharmacy

	Priority area(s)
Key focus should be on delivering	Improved use of Community Pharmacy
Baseline	<p>1. Supply of medicines</p> <p>The 147 pharmacies in BCUHB are dispensing approximately 1.3 million prescription items per month. A number of GP practices have taken steps to increase the periods of treatment issued on prescription, but despite this, there has been a growth of around 2% in the total number of items dispensing in the 12 months to November 2022, compared to the preceding 12 months.</p> <p>The End of Life Care Medicines Hubs Service is established in 11 pharmacies to give assurance on key end of life care (EoLC) medicines in the community. Since commissioning, the list of medicines held has been extended to include key treatments for clostridium difficile and influenza. A new service specification for an Urgent Medicines Service has recently been agreed and it is planned to use this in place of the EoLC Medicines Hub service, along with a review of the stock to be held by the hubs.</p> <p>2. Urgent Primary Care</p> <p>Of the 147 community pharmacies in BCUHB, 145 (99%) are commissioned to provide the Clinical Community Pharmacy Service (CCPS). The remaining two pharmacies are not anticipated to be able to meet the requirements for a consultation area by that point. In addition to this, around 60% of pharmacies are expected to be commissioned for the Sore Throat Test and Treat enhancement to the CCPS. In the 12 months of 2022, around 55,000 consultations were carried out under this service, almost double the level of consultations undertaken in 2021.</p> <p>The Pharmacist Independent Prescribing Service (PIPS) is currently available in 18% of the pharmacies in BCUHB. These pharmacies are typically offering 1,000 consultations per month, but in December 2022, around 1,800 consultations were completed under this service. All of these pharmacies manage a range of acute conditions, but one of them currently offers consultations for provision of contraception.</p> <p>3. Medicines Optimisation</p> <p>The Discharge Medicines Review Service is commissioned in 145 of the pharmacies in the Health Board. In the 12 months to end September 2022, 2,681 DMR consultations were provided, to reconcile medication on discharge and support patients to use these safely and effectively.</p> <p>The Inhaler Review Service is available in around 60% of community pharmacies, providing review and support with inhalers for patients with COPD and Asthma. From February 2022 to December 2022, 1,814 level 1, and 240 level 2, reviews have been carried out.</p>

	<p>The service specification for the Care Home Support Service has recently been revised, following a suspension in provision since the start of the COVID-19 pandemic. The service has recently been commissioned from 24 pharmacies (16%).</p> <p>The Adherence Support Service has been developed over 2022/23 and is currently commissioned in five pharmacies. This service is being rolled out using an agile methodology to allow ongoing review and refinement of the service specification and supporting materials, building on the learning from early site setup. Where commissioned, pharmacists or pharmacy technicians are reviewing the support provided to patients to ensure they can use their medicines safely and effectively, as well as providing advice, support, and tools to aid them in this.</p> <p>A Multidisciplinary Structured Medication Reviews in Care Homes Service has been developed and successfully piloted during 2022. This service supports general practice teams to ensure that patients in care homes are taking the most appropriate medicines to minimise the risk of harm and maximise the therapeutic benefits gained from the medication. This service is not currently offered in any pharmacies.</p> <p>4. Population Health</p> <p>The Help Me Quit @ Pharmacy Service is commissioned in 117 pharmacies. Over 2021 and 2022, around 100 clients have been supported through this service each month, with quit rates of around 24%.</p> <p>The Supervised Consumption of Oral Substitution Therapy Service is currently commissioned in 131 pharmacies and over 66,500 doses of methadone and 3,500 doses of buprenorphine were supervised under this service in 2022.</p> <p>The Needle and Syringe Programme Service is commissioned in 75 pharmacies. A new service specification has been developed to provide a multi-tiered service including Naloxone and it is being rolled out, along with a review of the providing pharmacies, during 2023/24.</p> <p>The Patient Sharps Service is commissioned in 143 pharmacies and provides the opportunity for patients to dispose of sharps and obtain sharps waste bins in their community pharmacy.</p>
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Quarter 1:

<p>▪ Milestones</p>	<ul style="list-style-type: none"> ▪ Expand the number of pharmacies offering the Pharmacist Independent Prescribing Service ▪ Expand the number of pharmacies offering contraception through the Pharmacist Independent Prescribing Service ▪ Expand the number of pharmacies offering the Inhaler Review Service ▪ Full coverage of the Care Home Support Service to provide access to expert support with medicines management for all care homes in North Wales ▪ Transfer all Needle and Syringe Programme to new service model and expand sites where needed, including specialist services
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<ul style="list-style-type: none"> ▪ Actions 	<ul style="list-style-type: none"> ▪ Work with GP practices and other stakeholders to progress increased Periods of Treatment work to release capacity within community pharmacy for other services ▪ Support community pharmacists to access training for independent prescribing, including facilitating access to Designated Prescribing Practitioners, to enable further expansion of the Pharmacist Independent Prescribing Service in future years ▪ Support pharmacists who are annotated as prescribers to establish the Pharmacist Independent Prescribing Service in their pharmacy ▪ Work with pharmacy teams to support staff to complete training and sign up for the Inhaler Review Service ▪ Work with community pharmacy and care home providers to link every care home that wishes to access medicines management support with a names pharmacy commissioned to provide the Care Home Support Service ▪ Continue agile roll-out of Adherence Support Service within the initial cluster, including engagement with local stakeholders to ensure appropriate patient referral ▪ Refresh commissioning of Needle and Syringe Programme and begin to commission specialist services (Level 2 provision and naloxone provision and training), where needed.
<p>Quarter 2:</p>	
<ul style="list-style-type: none"> ▪ Milestones 	<ul style="list-style-type: none"> ▪ Live public-facing data on availability of community pharmacy services relevant to urgent primary care (Pharmacist Independent Prescribing Service and Clinical Community Pharmacy Service) ▪ Expand the number of patients appropriately accessing the Pharmacist Independent Prescribing Service
<ul style="list-style-type: none"> ▪ Actions 	<ul style="list-style-type: none"> ▪ Work with community pharmacy contractors and their staff to ensure that live data on service availability is routinely being shared through the new national tool ▪ Continue to work with community pharmacy owners to ensure that all eligible staff are able to access training for the Sore Throat Test and Treat (STTT) service ▪ Work with contractors and their teams to establish the Sore Throat Test and Treat Service in pharmacies that are not yet providing this service ▪ Develop integration mechanisms to link UPCC and General Practice with Community Pharmacy for efficient care pathways that incorporate the Pharmacist Independent Prescribing Service and Clinical Community Pharmacy Service ▪ Work with community pharmacy teams to promote the Inhaler Review Service to patients who may benefit from a consultation ▪ Recruitment of a Medicines Optimisation Lead for Community Pharmacy to support the existing team on delivering this plan ▪ Scope out potential to use automation to provide access to medicines in the South Meirionnydd Cluster, particularly in the evening/at weekends ▪ Scope out sites for Blood Borne Virus Screening Service to support work around elimination of Hepatitis C in Wales
<p>Quarter 3:</p>	
<ul style="list-style-type: none"> ▪ Milestones 	<ul style="list-style-type: none"> ▪ 100% of community pharmacies commissioned to provide the Clinical Community Pharmacy Service

	<ul style="list-style-type: none"> ▪ Implement the Urgent Medicines Service with updated stock list of medicines ▪ 80% of pharmacies providing the Sore Throat Test and Treat Service ▪ Expand the number of patients appropriately accessing the Clinical Community Pharmacy Service ▪ Medicines Optimisation Lead for Community Pharmacy begins in role ▪ Begin pilot of automated solution for access to medicines in South Meirionnydd Cluster ▪ Commission 10 pharmacies to undertake testing under the Blood Borne Virus Screening Service
<ul style="list-style-type: none"> ▪ Actions 	<ul style="list-style-type: none"> ▪ Review the End of Life Care Medicines Hubs stock list and update alongside transitioning to the Urgent Medicines Service ▪ Engagement with other healthcare providers and the public to promote CCPS and PIPS and when pharmacies are the most appropriate location to access care ▪ Continue agile roll-out of Adherence Support Service by cluster, including engagement with local stakeholders to ensure appropriate patient referral ▪ Support pilots of Electronic Prescription Service across the network ▪ Scope roll out of the national Medicines Administration Record Chart Service, including engagement with stakeholders
<p>Quarter 4:</p>	
<ul style="list-style-type: none"> ▪ Milestones 	<ul style="list-style-type: none"> ▪ Adherence Review Service established in 3 Clusters
<ul style="list-style-type: none"> ▪ Actions 	<ul style="list-style-type: none"> ▪ Begin commissioning and associated stakeholder work for the Medicines Administration Record Chart Service ▪ Continue agile roll-out of Adherence Support Service by cluster, including engagement with local stakeholders to ensure appropriate patient referral ▪ Scope the rollout of <i>Multidisciplinary Structured Medication Reviews in Care Homes Service</i> ▪ Support pilots of Electronic Prescription Service across the network
<p>Risks</p>	<ul style="list-style-type: none"> ▪ Workforce shortages within community pharmacy – including pharmacists, pharmacy technicians, and support staff are making recruitment challenging and resulting in over-reliance on locum workforce. ▪ Continued high demand for dispensing of prescriptions, support with self-care, and clinical services ▪ Burnout of staff – high pressure since the beginning of the COVID-19 pandemic is leading to pharmacists, pharmacy technicians, and support staff to leave Community Pharmacy for other sectors, or to leave Pharmacy altogether, further depleting the workforce available ▪ Challenges in accessing Designated Prescribing Practitioners is limited the opportunities for community pharmacists to access training as an independent prescriber and this will limit the rate of progress that is possible for rollout of the PIPS. ▪ Capacity within the health board’s community pharmacy team to support pharmacies to overcome barriers to rollout of new services, and increasing use of commissioned services <p>The risks identified above, particularly in relation to workforce/ recruitment, are national as well as local issues. The Community Pharmacy and Primary Care team proactively monitor and provide support to contractors, including</p>

	<p>monitoring of closures and pressures, and work closely with contractors to support mitigating actions to minimise impact of patients.</p>
Outcomes	<p>For the Citizen:</p> <ul style="list-style-type: none"> ▪ Increase in number of people with minor illnesses and contraception needs supported in the right place at the right time by the right person, ▪ Improve the safe and effective use of inhaled medicines in COPD and asthma, ▪ Provide access closer to home for patients who need urgent medicines ▪ Reduction in medicines related harm for residents of care homes, and those who live in their own home and have difficulties in using their medicines. ▪ Access closer to home to screening services for blood borne viruses to reduce harm <p>For the Organisation:</p> <ul style="list-style-type: none"> ▪ Increased use of community pharmacies for management of acute conditions (including through self-care) and to obtain contraception, ▪ Reduce demand on community pharmacies to dispense medicines by appropriately increasing the periods of treatment for prescribed medicines, ▪ Reduction in admissions to hospitals and improving speed of discharge through reduced demand for support with medicines taking, or ensuring that these needs can be easily met in the community, ▪ Improved management of medicines within care homes, including ordering, storage, use, and disposal
Alignment with workforce plans	<p>Workforce pressures within community pharmacy continue to be a challenge to delivery. Therefore, in order to continue to deliver this ambitious programme of work, on top of 'business as usual' demands there is a need to increase staffing within the Health Board's Community Pharmacy Team. Recruitment to a Medicines Optimisation Lead for Community Pharmacy is underway, with an aim to have a member of staff in post by Q3.</p> <p>Ongoing work with HEIW is improving access to training placements for community pharmacists to train as independent prescribers, staff to train as accuracy checking pharmacy technicians, and upskill staff at all grade to provide services and improve quality.</p>
Alignment with Financial plans	<p>Funding of existing and new services will fall within the ring fenced Community Pharmacy Clinical Services allocation.</p> <p>1.0wte Band 8b Medicines Optimisation for Community Pharmacy role is being recruited to and will be funded from the wider Community Pharmacy allocation</p>
OPTIONAL	
Digital / Technology Opportunities	<p>Use of robotics will enable access to medicines in remote locations, or at times where normal services are not available, to support care closer to home and improve access.</p>

Template 2c

Primary Care Access to Services: Optometry

	Primary Care
Key focus should be on delivering	Improved use of Optometry Services
Baseline	<p>The new Optometry contract, currently going through implementation, focusses on increased use of Optometry services. The contract obliges Optometrists to be a minimum of EHEW accredited, which will result in an increased access and range of acute emergency care and non-acute care in Optician practices, providing "Care Closer to Home". The contract also requires changes to be made to domiciliary provision to include EHEW care at home. This is currently practice-based only.</p> <p>Cluster working is new within Optometry, however, the implementation of the new contract and the requirement to work at this new local level will encourage local solutions to population need.</p> <p>Outside of contract reform, there are established Integrated pathways providing "Data Gathering" for Glaucoma and Diabetic patients in five Optometry practices across North Wales. Clinically-Led Integrated Eye Care Networks continually review current eye care effectiveness and identify new pathways. Optometrists are key members of the Networks and equal partners in reviewing, planning and monitoring eye care delivery.</p> <p>There has been some recent work on fixed-term pathways to support the increased use of Optometry services across BCUHB, including:</p> <ul style="list-style-type: none"> ▪ Intraocular measurement pathway ▪ Diabetic retinopathy pathway expansion ▪ Ocular hypertension/ glaucoma suspect SOS pathway <p>Discussions re: a paediatric pathways are in exploration phase with Primary and Secondary care (within clinically-led Networks)</p> <p>The higher level work of the new Optometry contract (WGOS 3/4/5) which enables better integrated working with secondary care and the transfer of a number of patients to primary care, requires the Optometrists to hold higher qualifications (independent prescribing, higher glaucoma, medical retina qualifications). We are reasonably prepared for independent prescribing and medical retina, but there is a notable shortage of higher glaucoma qualified Optometrists across BCUHB (only 1 currently). The higher qualifications required as a result of contract reform require clinical placements in Ophthalmology. It can be challenging to meet the need for placements for all these qualifications locally.</p>
Quarter 1:	
<ul style="list-style-type: none"> ▪ Milestones 	<p>Optometry Professional Collaboratives in place, with agreed ToR</p> <ul style="list-style-type: none"> ▪ 6x Optometry Professional Collaboratives in place (County footprint)

<ul style="list-style-type: none"> ▪ Actions 	<ul style="list-style-type: none"> ▪ Engagement with Optometry practices ▪ Professional Collaborative leads undertake specialist induction training to support role development. ▪ Seek nominations for 6x Collaborative Leads and develop process for appointing (work with NWROC to support nominations) ▪ Inaugural meetings held and Professional Collaborative Leads invited to attend appropriate multi-profession Cluster meetings ▪ Alignment with BCUHB Digital programme: implementing National Digital Programme with Primary and Secondary care partners.
<p>Quarter 2:</p>	
<ul style="list-style-type: none"> ▪ Milestones 	<p>Opportunities for inter and intra-collaborative working to meet patient needs and outcomes at a local population level, explored and proposals submitted as part of Health Board’s Plan priorities.</p>
<ul style="list-style-type: none"> ▪ Actions 	<ul style="list-style-type: none"> ▪ Review service provision and undertake gap analysis in order to understand the readiness of contractors to meet the requirements of the new contract, ▪ Make informed decisions around locally commissioned eye care services in cluster areas (this would require alignment with Eye Care Programme. Strategic alignment/governance for Eye care is within remit of Eye Care Collaborative.
<p>Quarter 3:</p>	
<ul style="list-style-type: none"> ▪ Milestones 	<p>Teach and Treat Clinic for North Wales Project, underway Placements begin to be offered in Independent Prescribing, Higher Glaucoma and Medical Retina.</p> <ul style="list-style-type: none"> ▪ When fully operational, the initiative has the potential to treat c. 3000 people per year.
<ul style="list-style-type: none"> ▪ Actions 	<ul style="list-style-type: none"> ▪ Ongoing development of proposal ▪ Development of Business Case for additional investment to support scale-up in 2024/25
<p>Quarter 4:</p>	
<ul style="list-style-type: none"> ▪ Milestones 	<p>Plan for improving access to optometry services amongst harder to reach communities.</p>
<ul style="list-style-type: none"> ▪ Actions 	<ul style="list-style-type: none"> ▪ Develop stakeholder mapping exercise, align this to your communication and engagement plan, ▪ Link with other initiatives already working with harder to reach communities e.g., Inverse Care Law, ▪ Work with public health to raise awareness of eye health and eye disease amongst harder-to-reach groups in order to improve access and encourage a proactive rather than symptom-led approach.
<p style="background-color: black; color: black;"> </p>	
<p>Risks</p>	<p>The ongoing uncertainty and timescales regarding the digitalisation programme (electronic patient record and electronic referral) presents a risk to the service. This is because many of the proposed pathways are hindered without a digital solution for the transfer of patient information. Risks will be managed via the Optometry Advisor, and Primary Care Contracting Team, with escalation up through to the primary Care Programme Board, where necessary.</p>

<p>Outcomes</p>	<p>For the people of north Wales:</p> <ul style="list-style-type: none"> ▪ Improved access to Optometry services (measured via new contract) ▪ Improved citizen confidence in accessing care (measured through complaints and compliments in short-term). <p>For the workforce:</p> <ul style="list-style-type: none"> ▪ Greater job satisfaction ▪ Greater integration with secondary care <p>For the organisation:</p> <ul style="list-style-type: none"> ▪ Improvements in recruitment and retention of Optometry workforce ▪ Improved resilience ▪ Increased capacity within Optometry services
<p>Alignment with workforce plans</p>	<p>The higher level work of the new Optometry contract (WGOS 3/4/5) which enables better integrated working with secondary care and the transfer of a number of patients to primary care, requires the Optometrists to hold higher qualifications (independent prescribing, higher glaucoma, medical retina qualifications). We are reasonably prepared for independent prescribing and medical retina, but there is a notable shortage of higher glaucoma qualified Optometrists across BCUHB (only 1 currently). Work will be undertaken during the course of this year to address this shortfall.</p>
<p>Alignment with Financial plans</p>	<p>The higher qualification described above required clinical placements in Ophthalmology. It can be challenging to meet the need for placements for all these qualifications locally. We are currently at advanced stages of discussion with the Health Board and WG re: a potential Teach and Treat Clinic for North Wales. This will be able to offer clinical placements in Independent Prescribing, Higher Glaucoma and Medical Retina. Furthermore, at capacity it could potentially offer appointments for c.3000 patients per year that may otherwise have been seen in Ophthalmology, this freeing up secondary care capacity. If the Teach and Treat Clinic for North Wales project is approved and successful, we are likely to have 2 years of revenue funding to run from September 2023. A business case for additional investment to support scale-up will be developed in Q3.</p>
<p>OPTIONAL</p>	
<p>Digital / Technology Opportunities</p>	<p>Q4 Milestone:</p> <ul style="list-style-type: none"> ▪ Business case for technologies and innovation to improve access to care and improve capacity for face-to-face consultants, developed. <p>Actions:</p> <ul style="list-style-type: none"> ▪ Scope range of opportunities for innovation and transformation of optometry services ▪ Explore opportunities for remote prescribing rather than visit a person’s GP.

Template 2d

Primary Care Access to Services: Dental Services

	Priority area(s)
Key focus should be on delivering	Increased access to dental services.
Baseline	The number of patients accessing a completed course of dental treatment in BCU HB during Q4 2022/23 and March 2023 will be used as a baseline for increased access. Figures for comparative all Wales data will be referenced.
Quarter 1:	<ul style="list-style-type: none"> ▪ Commence commissioning exercise for additional activity to replace lost activity from handed back/terminated contracts. The funding from these contracts remains in the GDS ring fenced budget and will be used for the recommissioning. <p>The commissioning will target underserved areas identified from the Oral Health Needs assessment, areas where contracts have been handed back and those traditionally under resourced areas. Looking for additional activity on current contracts or establishment of new practices.</p> <ul style="list-style-type: none"> ▪ Commence commissioning of Oral Surgery (OS) enhanced service and Tier 2 to commence Q4 2022/23 (dependent on HEIW rollout of T2 accreditation process). ▪ Support contract holders and review current contracted positions and activity levels.
▪ Milestones	<ul style="list-style-type: none"> ✓ Commence GDS commissioning exercise. ✓ Scope Oral Surgery commissioning exercise and commence governance process. ✓ Monthly and quarterly performance and activity reviews.
▪ Actions	<ol style="list-style-type: none"> 1. Oversee commissioning exercise, score and commence governance for contract award. 2. Paper through governance for award of OS contracts. 3. Engagement sessions with contract holders (group sessions and individual meetings).
Quarter 2:	<ul style="list-style-type: none"> ▪ Work with HEIW to discuss issues and blockers to overseas recruitment of dental staff. ▪ Complete scoring of commissioning exercise for additional GDS services. ▪ Finalise scope and funding for commissioning of Oral Surgery (OS) enhanced service and Tier 2 to commence Q4 2022/23 (dependent on HEIW rollout of T2 accreditation process). ▪ Review Urgent and non-urgent access sessions and commission additional sessions as required.

<ul style="list-style-type: none"> ▪ Milestones 	<ul style="list-style-type: none"> ✓ Complete discussion with HEIW on current challenges with overseas recruitment to add to the Dental Recruitment workstream and Train, Work, Live work. ✓ Write paper recommending variation and award of GDS contracts following scoring. ✓ Submit paper to governance process for award of GDS contracts. ✓ Complete paperwork for the OS commissioning exercise ✓ Hold engagement sessions with contract holders (group sessions and individual meetings).
<ul style="list-style-type: none"> ▪ Actions 	<ol style="list-style-type: none"> 1. Paper into governance for award of GDS contracts. 2. Complete paperwork for the OS commissioning exercise and submit to governance for HB and WG approval 3. Engagement sessions with contract holders (group sessions and individual meetings).
<p>Quarter 3:</p>	<ul style="list-style-type: none"> ▪ Explore options for supportive model of contracting for salaried model of delivery.
<ul style="list-style-type: none"> ▪ Milestones 	<ul style="list-style-type: none"> ✓ Paper through HB governance outlining different methods of working with and supporting contractors to develop different models for managed, supported and salaried practices. ✓ Engagement sessions with contract holders (group sessions and individual meetings). ✓ Commence and score OS commissioning exercise
<ul style="list-style-type: none"> ▪ Actions 	<ol style="list-style-type: none"> 1. Write paper on different methods of working/contract fulfilment. 2. Paper through governance for different methods of working. 3. Mid-Year Reviews with contract holders. 4. Commence and score OS commissioning exercise 5. Submit paper to governance process for award of OS contracts. 6. Engagement sessions with contract holders (group sessions and individual meetings).
<p>Quarter 4:</p>	<ul style="list-style-type: none"> ▪ Review current spend against budget and delivered activity levels. ▪ Review needs analysis across general and specialist services. ▪ Draw conclusions make plans and take action to rectify where funding within GDS budget allows. ▪ Review commissioning priorities and strategy against current delivery and issues.
<ul style="list-style-type: none"> ▪ Milestones 	<ul style="list-style-type: none"> ✓ Engagement sessions with contract holders (group sessions and individual meetings). ✓ Write paper recommending award of OS contracts. ✓ End of year position paper written and submitted to BCU Exec.
<ul style="list-style-type: none"> ▪ Actions 	<ol style="list-style-type: none"> 1. Engagement sessions with contract holders (group sessions and individual meetings).

<p>Risks</p>	<ul style="list-style-type: none"> ▪ Commissioning exercise will take time to show benefits to population. If additional activity in an existing contract is awarded then this will require ramp up and recruitment time. If a new practice is commissioned it will need mobilisation time and support. Firmer risks around mobilisation timeframes arising from the commissioning exercise would be raised following award of contract. <p>Mitigation: Monitor access situation and use of urgent appointments in the under served areas. Where possible commission non recurrent flexible provision with local providers to the area.</p> <ul style="list-style-type: none"> ▪ There is the risk of handback of contracts with NHS provision ending and practices moving to private provision. This has been a long standing risk on the local risk register but its likelihood has increased due to the current uncertainty around contract reform and the future revised contract position. <p>Mitigation: Monitor the risk and work closely with contract holders to support and understand current issues within practices. Flexible and innovative commissioning of non-recurrent and recurrent services, as well as non-recurrent reduction of contract values.</p> <ul style="list-style-type: none"> ▪ There are issues around availability of dental workforce and attracting practitioners to the area can take time, limiting the ability to increase provision and improve access. This is a national issue and there is a generic risk on the HB risk register around primary care workforce. <p>Mitigation: We continue to review all roles and work in a whole system way to be able to offer blended Primary and Secondary care roles, as well as research and education opportunities. We are continuing to develop the offering of the North Wales Dental Academy as well as increasing links to Cardiff Dental School and the Welsh Oral and Dental Research Interest Network.</p> <ul style="list-style-type: none"> ▪ There is a risk to the wider dental services and pathways that an increase in access into GDS practices will bring an increase in referrals along pathways for Tier 2 and secondary care services. Concerns around Orthodontics, MaxFac and Restorative specialities that are already holding long waits and similar workforce issues. <p>Mitigation: Working in a coordinated way across the system to ensure that we are supporting delivery across all elements of the service in line with the system reform goals. This includes looking at Tier 2/Intermediate Tier and DWSI models.</p>
<p>Outcomes</p>	<ul style="list-style-type: none"> ▪ Increased access (measured against close of 2022/23 baseline as at December 2022 24 month rolling access around 40%). Historically we have provided approx. 49% 24 month rolling access in North Wales during the pandemic this fell to around 16%. We are aiming to increase to around 45% in 2023/24. ▪ Additional services commissioned (measured against close of 2022/23 baseline. As at 1/2/24 78 GDS contracts (19 UDA, 59 DCR at approx. £34m

	<p>committed spend). We have had 1 termination and 4 handbacks in 2022/23 (total value £1.26m) and we are expecting more requests for handbacks and some contract size reductions before the year end (potentially 4 known planned handbacks of up to £2m total).</p> <ul style="list-style-type: none"> ▪ New supportive models of working explored, documented and plans in place to roll out. ▪ Additional tier 2 services commissioned (measured against close of 2022/23 baseline number of contracts (currently 0))
<p>Alignment with workforce plans</p>	<p>Workforce issues around recruitment and retention are being looked at through a number of workstreams within dental. There is national work led by HEIW about dental workforce transformation and the recruitment of overseas staff.</p> <p>We are working with stakeholders through the North Wales Dental Academy to work on upskilling and training delivery in North Wales to retain staff in area.</p> <p>Courses for Dental Nurses and hygienists are running in North Wales, with plans for therapy training, further placement for under and post grad into North Wales from Cardiff Dental School.</p> <p>Investigating ways that we can support CDS and GDS practices in recruitment and attracting new staff, rather than churn of staff across practices within the area.</p>
<p>Alignment with Financial plans</p>	<p>All activity can be carried out within current funding, additional resourcing may be required in two forms in later stages of the plan:</p> <ol style="list-style-type: none"> 1. Additional funding to provide Primary Care dental activity to the population in GDS, PDS or Tier 2 contracts, to increase capacity above what the current funding allows (historically never given over 50% access in North Wales. Funds already set aside in the 2023/24 GDS budget plan for this activity. Additional funds will be added if additional contracts are handed back in year, or utilise underspend/clawback in year from ring fence budget. If additional funding is required this will be identified when reviewing outcomes against spend at quarterly Dental Contract Management meetings, or following discussion at dental contracting team meetings. 2. Access to capital funding to allow the HB Dental Team to explore the options around delivery of salaried services, to support the set-up of new practices on different models to attract practitioners to explore becoming practice owners in a supportive environment, to allow Health Board to purchase practices where current owners wish to retire and have tried and failed to sell to allow for managed/salaried practice options rather than loss of service in underserved areas.
<p>OPTIONAL</p>	
<p>Digital / Technology Opportunities</p>	<p>A replacement IT Patient Management Solution for CDS is required as our current system is a burning platform with a March 24 date for end of support by supplier. We will liaise with other Health Boards around CDS system</p>

	<p>provision, and work with Welsh Government Dental Directorate around the IHSC report into Dentistry recommendation that the feasibility of a single Patient Management System (PMS) be investigated for all Primary Care dental services.</p> <p>A system to deliver email/text confirmation and reminder of appointments for CDS is required and will be linked to the PMS scoping.</p> <p>An online repository for dual language (or multi language) Oral Health resources and information for patients that can be accessed by all patients and practices would be useful. We have asked Welsh Government Dental Directorate and Public Health Wales around a once for Wales repository but will investigate options for a local solution in the interim.</p>
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Template 3a

Urgent and Emergency Care: Implementation of a 24/7 urgent care service

	Priority area(s)																				
Key focus should be on delivering	Implementation of a 24/7 urgent care service, accessible via NHS 111 Wales to support improved access and GMS sustainability																				
Baseline	<p>The impact of Covid, together with challenges with GMS recruitment and retention means that people increasingly struggle to access same day GP appointments for urgent care needs. Consequently, individuals often choose to attend ED in order to have their urgent need met.</p> <p>Urgent Primary Care Centres (UPCCs) have been established in each of the IHCs in order to target on-the-day urgent primary care presentations, in order to create capacity within primary care and reduce unnecessary ED attendances. There have been over 15,000 referrals into the UPCCs since they commenced. Whilst it is difficult at this stage to measure impact on ED performance, engagement with individuals from across each of the IHCs suggests that had the UPCC not been available, they would have sought help from ED (12% in East; 20% in Centre, and; 21% in West).</p> <p>The models of delivery vary across each IHC area in terms of design, referral and access criteria, workforce and funding, thereby creating inequity in the system. A recent Peer Review exercise identified a number of crucial improvement actions needed in order to strengthen the provision of urgent primary care across the Health Board’s footprint, including governance and leadership; estates; workforce; criteria and model. A series of actions are in place to deliver against these actions in the short-term. As well as there being variation in the models of delivery across each of the IHCs, there are a wide range of urgent same day initiatives operating in addition to the UPCCs (i.e., OOH, MIUs, UTCs, GP Streaming, Clinical Assessment, SICAT), which again all operate to a different set of criteria. The result is fragmentation and siloed working both within and across IHCs, limited capacity within each of the individual service elements and stretched resources, leading to poor patient experience and outcomes.</p> <p>The table below highlights some of the differences between the models for same day urgent care in operation across the IHCs:</p> <table border="1"> <thead> <tr> <th></th> <th>East IHC</th> <th>West IHC</th> <th>Centre IHC</th> </tr> </thead> <tbody> <tr> <td>Model</td> <td>Health Board Model – covering 39 GP practices</td> <td>Health Board Model – covering 28 GP practices</td> <td>Cluster Model – covering 6 GP practices</td> </tr> <tr> <td>Referrals</td> <td>GP practices, ED, SICAT, OOH, MIU</td> <td>GP practices, ED, SICAT, OOH, MIU</td> <td>GP practices</td> </tr> <tr> <td>Services covered</td> <td>Telephone consultation, F2F, video consultation</td> <td>Telephone consultation, F2F, video consultation</td> <td>Telephone consultation, F2F</td> </tr> <tr> <td>Operating times</td> <td>9am – 6pm Monday to Friday</td> <td>9am – 6pm Monday to Friday</td> <td>9am – 6pm Monday to Friday</td> </tr> </tbody> </table>		East IHC	West IHC	Centre IHC	Model	Health Board Model – covering 39 GP practices	Health Board Model – covering 28 GP practices	Cluster Model – covering 6 GP practices	Referrals	GP practices, ED, SICAT, OOH, MIU	GP practices, ED, SICAT, OOH, MIU	GP practices	Services covered	Telephone consultation, F2F, video consultation	Telephone consultation, F2F, video consultation	Telephone consultation, F2F	Operating times	9am – 6pm Monday to Friday	9am – 6pm Monday to Friday	9am – 6pm Monday to Friday
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Operating times	9am – 6pm Monday to Friday	9am – 6pm Monday to Friday	9am – 6pm Monday to Friday																		

	Planned monthly capacity	2688	1120	600
	Workforce	Therapist(B7) 2.54wte GP/ ANP 3.0wte ACP/APP 2.4wte NP (b7) 1.0wte	Therapist (B7) 2.0wte GP 1.0wte ANP (b8a) 3.5wte	AP/APP (b8a) 0.8wte NP (b7) 0.8wte GP 0.2wte Trainee ACP 1.0wte
<p>As a consequence of the above, we have identified the need to transform our approach to and delivery of urgent same day services across north Wales, and to develop an approach that is consistent, fully integrated within the wider system, has a clear identity, purpose and function, and that is seamless and accessible to the public. Limited funding and challenges with recruitment and workforce capacity means that in order to deliver transformational change at the level that is required, we need to look at how we use our existing resources differently in order to maximise our assets and reduce duplication and waste in the system. This model will need to be fully aligned to the 6 Goals Programme for Urgent and Emergency Care (and in particular Goal 2), and consistent with the Strategic Programme for Primary Care’s Framework for Urgent Primary Care.</p> <p>Work to consider what our model and approach to urgent same day care services needs to look like has already started, and a high-level plan on a page containing a series of principles has been shared with, and approved by IHC Directors, and will help underpin our approach to service development moving forward. Central to our approach is a need to consolidate a number of same-day urgent care within each IHC. We have identified the need to map each of the different services in terms of their SOP, interrogate the activity data, and agree which service elements to consolidate. In addition, we have identified the need to map the workforce available within each of the services in order to understand whether, once combined, we have a sufficiently sized workforce to support delivery of a single 24/7 same day urgent care service in each of the IHCs, and if not, what additional resources are required.</p> <p>Further work is therefore required over the course of this next year, to build a robust model for 24/7 same day urgent care that delivers positive outcomes for patients, supports GMS, and helps reduce inappropriate demand on ED.</p>				
Quarter 1:				
Milestones		Full system review of urgent same day services operating across the Health Board finalised, with clear recommendations for future delivery and approach		
Actions		<ul style="list-style-type: none"> ▪ Primary care team to undertake whole systems service review and map existing resources and assets, processes, systems, criteria, etc., across each site ▪ Instigate regular check points to ensure actioning of urgent issues is undertaken and not delayed by review process. 		
Quarter 2:				
Milestones		Pan-BCUHB model for same day urgent care co-designed, based on findings of review		
Actions		<ul style="list-style-type: none"> ▪ Model co-designed with IHCs and wider system partners, including SOP, access criteria and standardised pathways, 		

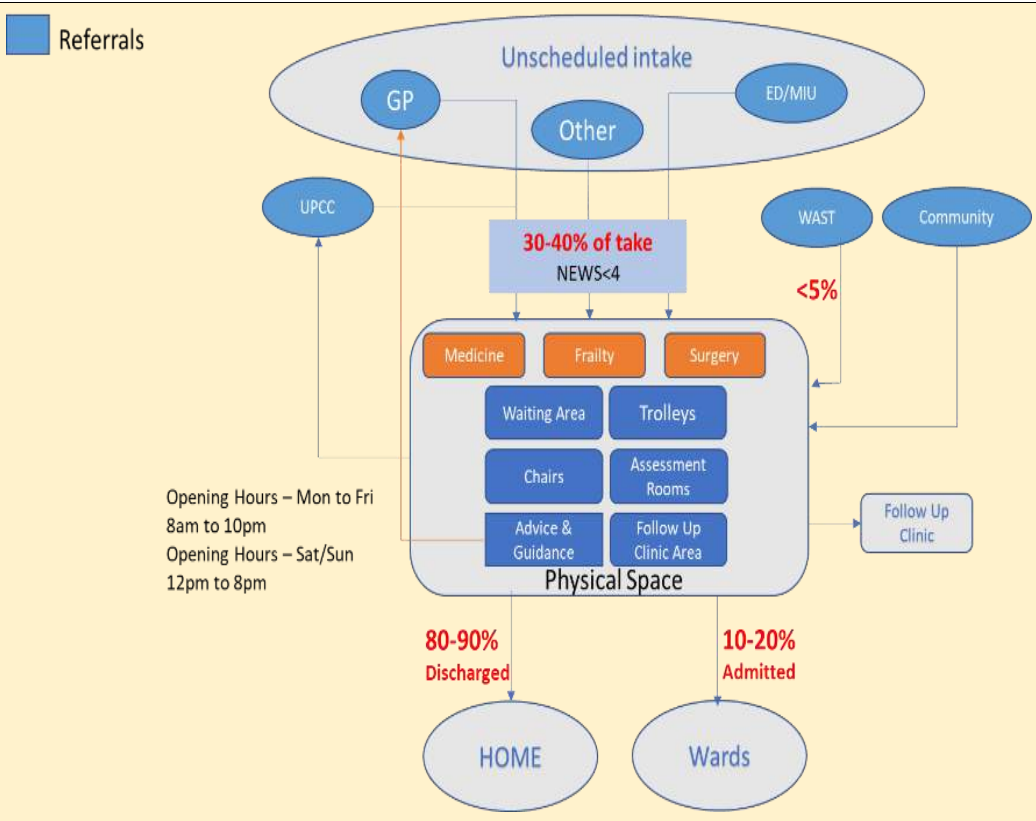
	<ul style="list-style-type: none"> ▪ Agree which urgent same day services to consolidate as part of new model, ▪ Map available workforce against proposed model to understand whether new approach can be delivered within existing resources, or whether additional investment is required, ▪ Options appraisal for new model drafted and shared with IHCs and HBLT, ▪ Final pan-BCUHB model and approach signed-off, ▪ Engage with WOD and Trade Unions to discuss approach and likely workforce implications, ▪ Commence staff consultation over proposed model and approach ▪ Commence consultation and engagement over proposed model with citizens and stakeholders. ▪ Implementation of 'quick wins' identified as part of the review work undertaken in Q1.
Quarter 3:	
▪ Milestones	Local IHC delivery plans developed, outlining how they will operationalise agreed model and approach for same-day urgent care
▪ Actions	<ul style="list-style-type: none"> ▪ IHCs to develop local delivery plans outlining how they will implement agree pan-BCU model, locally, and based on feedback received as part of workforce and public consultation, ▪ Develop performance framework to measure activity, success, impact and benefits, ▪ Determine Estates needs and scope opportunities for Capital investment, ▪ Implementation of 'quick wins' identified as part of the review work undertaken in Q1.
Quarter4:	
▪ Milestones	<p>Consistent SOP and access criteria for same day urgent care operating across each IHC</p> <ul style="list-style-type: none"> ▪ <i>Evidence of a shift towards re-balance between routine, urgent and emergency care</i>
▪ Actions	<ul style="list-style-type: none"> ▪ IHCs commence implementation of new model and approach.
Risks	<p>The proposed model represents a significant workforce change programme – there is a risk that issues with consolidating the workforce from across the range of services might create delays. In terms of mitigation, we will engage early with WOD teams and Trade Unions with regards our proposed plans and work collaboratively to identify a detailed workforce consultation and engagement plan. Risks will be monitored through the 6 Goals Programme Board and/ or Primary Care Programme Board, with escalation up to the BAF / Corporate Risk Register where required.</p>
Outcomes	<p>OUTPUTS & IMMEDIATE OUTCOMES;</p> <ul style="list-style-type: none"> ▪ Comprehensive understanding of services and resources available across the system ▪ Solid evidence-base upon which to make commissioning and/ or service development decisions ▪ Single approach/ set of principles for urgent same day care in place across the 3x IHCs ▪ Improved integrated working across primary, community and secondary care

	<ul style="list-style-type: none"> ▪ Reduction in siloed working and duplication of effort ▪ Maximisation of Health Board resources ▪ Standard set of performance indicators in place to measure activity, success and impact <p>LONGER-TERM OUTCOMES:</p> <p>For citizens:</p> <ul style="list-style-type: none"> ▪ Improved experienced for same day urgent care services ▪ Seamless integrated pathways ▪ Reduced duplication <p>For the workforce:</p> <ul style="list-style-type: none"> ▪ Development of opportunities for staff, making the best use of skills in our workforce to support sustainability ▪ Development of clear sense of identity ▪ Improved morale <p>For the organisation:</p> <ul style="list-style-type: none"> ▪ Increased capacity in primary care ▪ Improved GMS sustainability ▪ Improved recruitment and retention ▪ Reduction system waste/ more effective use of resources ▪ Greater system integration
<p>Alignment with workforce plans</p>	<p>As outlined in the milestones listed above, work will be undertaken in order to map the available workforce and skills mix etc. against the requirements of our new model. The expectation is that we already have sufficient staff within the system to support the delivery of this new way of working, albeit with some re-alignment. However, mapping work will enable us to confirm this, and / or plan for any additionality required</p>
<p>Alignment with Financial plans</p>	<p>The improvements will be achieved by consolidating the existing range of urgent same day initiatives into one consolidated service/ approach within each IHC. This will enable existing resource commitments to be maximised. Where the mapping work described above indicates a need for additional workforce to deliver the model, a Business Case will be developed to support further investment.</p>
<p>OPTIONAL</p>	
<p>Digital / Technology Opportunities</p>	<p>Develop proposals to support digital innovation and transformation within urgent same day care provision:</p> <ul style="list-style-type: none"> ▪ We have identified the value of front door screening to ensure people are appropriately signposted away from ED and to the correct community service (where appropriate). Whilst in some areas this front door screening may be undertaken by a GP, there is scope for the function to be undertaken digitally. We will work with our Digital Team, SBRI and industry leads to identify digital streaming options. ▪ The lack of interoperability between health board systems represents a significant challenge to integrated working. As part of this programme we will scope the development of a 'digital/ IT bridge' to enable inter-operability of range of primary care, community, and secondary care electronic systems Business cases will be developed in order to support digital innovation.

Template 3b

Urgent and Emergency Care: Same Day Emergency Care (SDEC)

	Priority area(s)
Key focus should be on delivering	<p>Implementation of Same Day Emergency Care service that complies with the following:</p> <ul style="list-style-type: none"> ▪ Open 5 days a week moving to 7 days a week 12 hours a day by end of Q2. ▪ Accessible at key times by emergency departments in line with the demand profile of each hospital site for the ambulatory patients that are managed in the waiting rooms or corridors. ▪ Direct access and bypasses Emergency departments for ambulatory patients. ▪ Delivers a service at minimal with medical and surgical specialities within same day care. ▪ Accessible to by WAST paramedics/nurses as set out in their clinician referral policy to support reduction in handover as set out in the six goals handbook. <p>Demonstrate utilisation of allocated resources by WG and measures impact as set out by the national programme</p> <p>The current SDEC provision varies across the 3 acute sites in BCU, with respect to capacity, space and opening times.</p> <p>Funding was received by Welsh Government in 2021 to enhance the SDEC services and each acute site has recruited resources into their respective services in line with allocated funding.</p> <p>Bedding into trolley spaces remains a key challenge when sites face extreme pressure at the front door and especially when infectious conditions are at high levels. The following diagram illustrates the optimum SDEC model that BCU would wish to adopt.</p>



Each BCU site will deliver a planned programme to deliver a 7 day SDEC over the next 2 years. During 2023/24 the 3 DGH sites will focus on the following key enabling and improvement programmes:

1. Focus on implementation of a data standard for all three units in line with the guidance from GIRFT and accurate performance reporting
2. Focus on local initiatives on all 3 sites to look at SDEC trolley protection and avoid bedding in key SDEC areas and develop process to capture 'bedding' in SDEC
3. Develop plan in conjunction with WAST to support WAST Paramedics/Nurses direct referrals to SDEC
4. Develop plans to review direct ED pathways to SDEC's
5. Develop evidence based pilots for extended opening hours in SDEC across North Wales.
6. Develop options appraisal on delivering SDEC services during weekends on all 3 sites and specialties
7. Develop plan to strengthen clinical leadership on all 3 sites by a monthly SDEC clinical/operational meeting that will allow clinicians to exchange information and ideas.

Baseline	<p>The baseline from April 2023 will use current SDEC dashboards with plan to include bedding days and an emphasis on follow up data. There will be an increased focus on correcting reporting and use of either a modified WPAS or Symphony based solution to support standards based approach across the 3 SDEC sites.</p> <p>There will be national benchmarking KPI's to support SDEC once modelling has been agreed by Q2 2023/204 that are likely to be inclusive of:</p> <ol style="list-style-type: none"> 1) 95% KPI for Triage within 15 minutes of arrival 2) 95% KPI time to clinician assessment < 60minutes. 3) 80% Discharge rate profile. 4) 75% of patients with a News score <4 accepted directly to SDEC (Pending clinical presentation. 5) 10% of ambulances arrivals direct to SDEC.
Quarter 1:	
<ul style="list-style-type: none"> ▪ Milestones 	Improve SDEC performance reporting and strengthen leadership
<ul style="list-style-type: none"> ▪ Actions 	<ol style="list-style-type: none"> 1. Develop robust process for accurately recording 'bedding' within SDEC facilities on all sites. 2. Work with Command and Control to develop process for SDEC protection, with full support for Hospital Full Capacity protocols. This will require all sites to raise an incident when trolley spaces are used for beds and will require development of DATIX dashboard. 3. Set up SDEC pan BCU workshop with clinicians and operations to discuss SDEC leadership development and actions plans to support 7 day SDEC. 4. Develop an SDEC leadership group inclusive of Clinical/Nursing/Operational and AHP staff. 5. Plans for each site to ensure data inputting and coding reflects referrals, discharges and follow-ups for all specialities on an electronic system.
Quarter 2:	
<ul style="list-style-type: none"> ▪ Milestones 	<p>Pilot extended working in SDEC with full tracking on performance to create evidence for ongoing business case development. Review workforce models to support SDEC sustainability.</p> <p>(KPI's to be agreed via Benchmarking and Goal 2 July 2023)</p>
<ul style="list-style-type: none"> ▪ Actions 	<ol style="list-style-type: none"> 1. Monitor operating hours for SDEC for Monday to Friday for a pilot period and capture all evidence re impact and outcome measures. 2. Implement a pilot of using Symphony EPR solution on one site – progress IT mandate. 3. Review WAST based referrals and develop in-conjunction with WAST a plan to introduce direct WAST/Paramedic referrals. Work with SDEC leads and WAST leads to create high level plan per site. This will require trolley space protection.

	<ol style="list-style-type: none"> 4. Review of job planning with speciality consultant and junior doctor workforce to evaluate potential of covering additional. 5. Visit other effective SDECs to review processes and workforce models.
Quarter 3:	
▪ Milestones	Evidence based tracking for weekend working in SDEC
▪ Actions	<ol style="list-style-type: none"> 1. Pilot of Saturday working with clear performance information on specialties. 2. Pilot of Sunday working with clear performance information on specialties. 3. Develop plans for direct ED based referrals to SDEC on all sites. 4. Develop plans for direct GPOOH referrals to SDEC.
Quarter4:	
▪ Milestones	Review of 7 Day SDEC business case and plan for 2024/25
▪ Actions	<ol style="list-style-type: none"> 1. Review all evidence from pilots for extended working in week. 2. Review all evidence from pilots for extended working on weekends. 3. Review and agree workforce models.
Risks	<p>A review of budgets will be required to support a 7-day service.</p> <p>Mitigation: review pilot of extended working hours in week and weekend and review impact on performance. Evidence to be used to support a further business case if required. Review of Job planning to ensure accurate planning for demand.</p> <p>Trolleys are 'bedded' in cases of extreme pressure and high infection rates resulting in reduced impact of SDEC and resulting drop in performance and potential admissions</p> <p>Mitigation: develop a planned reduction in SDEC space but with enough capacity to maintain SDEC services. Hospital full protocols to be amended to remove/reduce the usage in periods of extremis.</p> <p>A shortage of Acute Medical consultants and Junior Doctors nationally.</p> <p>Mitigation: review workforce models in line with using Advanced Nurse Practitioners, Advanced Care Practitioners and Physician Associates with senior consultant oversight</p>
Outcomes	<p>Evidence relating to attendance increases and discharge increases through extended opening hours in SDEC.</p> <p>Less admissions as a result of securing SDEC spaces when sites in extreme pressures Initial focus on 10% reduction increasing to 15% by Q4</p> <p>Ambulance handover delays reduced due to direct WAST referrals to SDEC – 5%</p> <p>SDEC follow up's accurately recorded and reported correctly.</p> <p>Improved patient experience.</p>

Alignment with workforce plans	Irrespective of funding there are challenges with regards to consultant availability and current additional costs aligned with Nursing.
Alignment with Financial plans	<p>Funding of £1.6M was provided to BCU in 2021 to support SDEC development.</p> <p>The original request was for £3.108M for 7 day SDEC, this leaving a £1.5M gap for a seven day service.</p> <p>To deliver the optimal model the level of funding will exceed £1.5M based on current assessments.</p>
OPTIONAL	
Digital Technology Opportunities	<p>/ Symphony to be used as a single EPR system with ED which will provide improved reporting and efficiencies between SDEC and ED</p> <p>Consultant Connect could be used to support Advice and Guidance for referrals into SDEC – GP’s, Paramedics, WAST.</p>

Template 3c Urgent and Emergency Care: Handover Waits

<p>Key focus should be on delivering</p>	<p>Priority area(s) Health boards must honour commitments that have been made to reduce handover waits</p>																																																																																												
<p>Baseline</p>	<p>The baseline reduction from 2023 onwards is 20% reduction in lost hours per quarter, with Zero tolerance to delays >4hrs by March 2024.</p> <div style="text-align: center;"> <p>Lost Ambulance Hours</p> <table border="1"> <caption>Estimated data for Lost Ambulance Hours</caption> <thead> <tr> <th>Month</th> <th>YG</th> <th>YGC</th> <th>WMH</th> </tr> </thead> <tbody> <tr><td>April</td><td>1500</td><td>2800</td><td>1500</td></tr> <tr><td>May</td><td>1500</td><td>2500</td><td>1800</td></tr> <tr><td>June</td><td>2000</td><td>2800</td><td>2000</td></tr> <tr><td>July</td><td>2200</td><td>3000</td><td>2000</td></tr> <tr><td>August</td><td>2000</td><td>3200</td><td>1500</td></tr> <tr><td>September</td><td>2200</td><td>3500</td><td>1500</td></tr> <tr><td>October</td><td>2500</td><td>3000</td><td>2200</td></tr> <tr><td>November</td><td>2000</td><td>3200</td><td>1200</td></tr> <tr><td>December</td><td>3500</td><td>3500</td><td>2500</td></tr> <tr><td>January</td><td>1200</td><td>2500</td><td>2000</td></tr> <tr><td>February</td><td>1000</td><td>2500</td><td>1800</td></tr> <tr><td>March</td><td>2200</td><td>4500</td><td>3000</td></tr> </tbody> </table> </div> <div style="text-align: center; margin-top: 20px;"> <p>4 hour handover delays</p> <table border="1"> <caption>Estimated data for 4 hour handover delays</caption> <thead> <tr> <th>Month</th> <th>YG</th> <th>YGC</th> <th>WMH</th> </tr> </thead> <tbody> <tr><td>Aug 2022</td><td>200</td><td>500</td><td>650</td></tr> <tr><td>Sept 2022</td><td>220</td><td>600</td><td>750</td></tr> <tr><td>Oct 2022</td><td>300</td><td>600</td><td>800</td></tr> <tr><td>Nov 2022</td><td>200</td><td>550</td><td>650</td></tr> <tr><td>Dec 2022</td><td>400</td><td>800</td><td>1050</td></tr> <tr><td>Jan 2023</td><td>100</td><td>350</td><td>550</td></tr> <tr><td>Feb 2023</td><td>100</td><td>300</td><td>500</td></tr> <tr><td>Mar 2023</td><td>250</td><td>750</td><td>1050</td></tr> <tr><td>Apr 2023</td><td>150</td><td>500</td><td>800</td></tr> </tbody> </table> </div>	Month	YG	YGC	WMH	April	1500	2800	1500	May	1500	2500	1800	June	2000	2800	2000	July	2200	3000	2000	August	2000	3200	1500	September	2200	3500	1500	October	2500	3000	2200	November	2000	3200	1200	December	3500	3500	2500	January	1200	2500	2000	February	1000	2500	1800	March	2200	4500	3000	Month	YG	YGC	WMH	Aug 2022	200	500	650	Sept 2022	220	600	750	Oct 2022	300	600	800	Nov 2022	200	550	650	Dec 2022	400	800	1050	Jan 2023	100	350	550	Feb 2023	100	300	500	Mar 2023	250	750	1050	Apr 2023	150	500	800
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<p>Quarter 1:</p> <ul style="list-style-type: none"> ▪ Milestones ▪ Actions 	<p>Embedding of the Integrated Commissioning action plan (ICAP) plan in conjunction with National Collaborative Commissioning Unit (NCCU)</p> <ul style="list-style-type: none"> ▪ Developing an electronic dashboard to support key actions in line with ongoing national developments led by the Delivery Unit (DU). ▪ Ensuring all Emergency Departments are completing agreed actions for escalation in a timely fashion. (ED Full protocols) 																																																																																												

	<ul style="list-style-type: none"> ▪ 20% reduction in lost hours for Quarter 3 by utilising agreed actions that account for over 30% of total lost hours via the motion time study completed in 2021 ie: forecasting of arrivals and developing flow with a minimal of 2 moves/hr (minimal) ▪ Ensuring all IHC's are sighted on the special measures journey as agreed in IQPD for Urgent and Emergency care for local planning consideration.
Quarter 2:	
▪ Milestones	Zero tolerance to delays >4hrs to offload.
▪ Actions	<ul style="list-style-type: none"> ▪ ED Full protocols go live across all three Emergency departments. ▪ Hospital full protocols go live across all three acute sites that have clear actions for the integrated health communities and social care providers to support de-escalation in a timely fashion. ▪ Direct access to Same Day Emergency Care (SDEC) Acute Medical units for Welsh Ambulance Emergency service staff at point of referral for ambulatory patients. ▪ Further 20% reduction in lost hours by the end of Quarter 2.Utilising alternative pathways i.e. SDEC for ambulatory arrivals. ▪ Embedding Fit to Sit criteria for those low acuity patients post review by ED staff.
Quarter 3:	
▪ Milestones	Physician Triage and Assessment System (PTAS) utilisation in all 3 Health economies by Single Integrated Clinician Assessment Team (SICAT)
▪ Actions	<ul style="list-style-type: none"> ▪ Reduction in Care home / Nursing Home conveyances for chronic complaints. ▪ 10% Reduction in ambulance attendances to Care Home / Nursing homes approximately 300 / Month across BCUHB ▪ Reduction in conveyances owing to social concerns. ▪ 5% reduction in Ambulance conveyances and attendances to home address owing to the ability to screen the calls prior to an ambulance being sent. ▪ Roll out of Immedicare across North Wales to support the care home demand during OOH and Weekends for clinical support
▪ Milestones	Development of a 24/7 call hub with SICAT to support Six goals for urgent and emergency care by Quarter 3
▪ Actions	<ul style="list-style-type: none"> ▪ Business case development to support a 24/7 hub that has access to all pathways and IHC services to reduce ambulance conveyances as part of the system wide review of additional services to support unscheduled care with managing care closer to home. ▪ Service model to have access to senior Clinician along with Specialist nursing in reach for advice.

	<ul style="list-style-type: none"> Service provision would reduce a further 10% of arrivals to the Emergency department by Quarter 4.
Risks	<p>As part of the special measures review it has been agreed for BCUHB to focus on Zero tolerance to ambulance delays >4hr by March 2024. This is being monitored via the special measures framework that is shared with executives and national external stakeholders.</p> <p><u>BAF 1.2</u> Risk of the provision of poor standards of care to the patients and population of North Wales, falling below the expected standards of quality and safety, resulting in a deterioration of care and harm to patients and service users.</p> <p>Current mitigation is being developed through the six goals programme for urgent and emergency care to support "Right patient, Right place approach.</p> <p><u>BAF 1.3</u> Failure to effectively manage unscheduled care demand and capacity infrastructure, adversely impacting on quality of care and patient experience</p> <p>Current mitigation is being managed with support from the national delivery unit as part of the performance accountability reviews to ensure respective Integrated health communities are sighted on the their red flag with demand and ensuring clear ability to support de-escalation as an example – Hospital full protocols that demonstrate a rising tide approach but would actively support de-escalation.</p> <p><u>Risk 4613</u> - Extended corridor nursing due to demand of arrivals and lack of flow through the Emergency department.</p> <p>Current mitigation, additional funding has been received to support increasing staffing within the emergency departments to ensure safe staffing.</p> <p><u>Risk 3873</u> – Timely care, due to ongoing delays there will be periods where relevant investigations/assessments may be delayed.</p> <p>Current mitigation is that in line with Royal College of Emergency Medicine (RCEM) statement that senior clinicians can assess and commence interventions whilst awaiting capacity within the Emergency departments to reduce the risk of delays.</p> <p><u>Risk 2968</u> – Gridlocked Emergency departments due to lack of flow.</p> <p>Current mitigation through the Six goals for urgent and emergency care goal 3 is the development of an ED full protocols alongside hospital full protocols to ensure on going flow out of the ED's to support demand.</p>
Outcomes	<p>20% reduction in lost hours per Quarter aligned with ICAP planning for BCUHB.</p> <p>Improved red response to support vehicle utilisation links with WAST as part of the ICAP.</p>

	<p>75% Reduction in delays for intra hospital transfers for live saving/ life changing emergencies.</p> <p>10% reduction in conveyances that could be managed closer to home or utilizing alternative pathways in the community.</p> <p>Outcomes are monitored via IQPD/ICAP and NHS Executive meetings along with internal access meetings.</p>
<p>Alignment with workforce plans</p>	<p>Irrespective of funding there are challenges with regards to staffing availability post COVID pandemic and during the current social care crisis which is resulting in vacancies across North Wales.</p> <p>Additional funding has been allocated to Unscheduled care across North Wales to increase Emergency department staffing (Clinical/Nursing/AHP' and Admin) for which majority of posts have been recruited into with current gaps due to service leavers.</p> <p>National funding to support Same day emergency care capacity is non-reoccurring therefore; the ability to recruit into a sustainable workforce is difficult unless the IHC's are prepared to go at risk in the current financial climate.</p>
<p>Alignment with Financial plans</p>	<p>Emergency department business case funding has been released to ensure ability to provide a nurse to support ambulance off loading and triage for all three Emergency departments and assurances from all IHC's that positions have been recruited to.</p> <p>The ability to signpost patients to the correct area does not carry any financial gain in the first instance but over a period of time will reduce the cost aligned to Bed days lost, care packages being ceased and recommenced.</p> <p>There will be a financial improvement to support WAST with the reduction in delays shift over runs/missed meal breaks costs will reduce.</p>
<p>OPTIONAL</p>	
<p>Digital / Technology Opportunities</p>	<p>Utilization of national ODU dashboard to support identifying demand prior to arrival with ETA's to support flow.</p> <p>Electronic Patient Report Form (EPRF) access to allow case review prior to arrival to support alternative pathways as per Goal 2.</p> <p>Consultant connect is already instigated for direct access for ambulance crews and being increased with new pathways.</p> <p>Symphony utilisation as means of communication with Site managers and ED nurse in charge to allow reduction in time lost for notifying of bed availability.</p>

Template 4a

Planned Care, Recovery, Diagnostics and Pathways of Care

Priority 1: Delivery of Milestones for Outpatient Assessment and Planned Care Waits

Planned Care Priority 1	Priority area(s)
Key focus should be on delivering	52 weeks Outpatient Assessment and 104 weeks treatment recovery milestones to be achieved by 30 June 2023 and maintained throughout 2023/24 moving to 36 weeks RTT standards by March 2024 for New Outpatient Appointments
Baseline	<i>Forecasts will be populated against the volume of patients waiting over 52 weeks for Stage 1 and number of patients waiting over 104 weeks for any stage of their pathway.</i>
Quarter 1:	
<ul style="list-style-type: none"> Milestones 	<p><i>Target - No patients waiting over 52 weeks for Stage 1 and no patients waiting over 104 weeks for any stage of their pathway.</i></p> <p>We forecast that at Q1 we will have 9,972 people waiting over 52 weeks and 8,616 waiting over 104 weeks</p>
<ul style="list-style-type: none"> Actions 	<ol style="list-style-type: none"> We will monitor by specialty and target actions at those specialties with the highest numbers of patients overdue for stage 1. We will undertake routine administrative and clinical validation so that the only people on a waiting list are the people who need to be on one
Quarter 2:	
<ul style="list-style-type: none"> Milestones 	<p><i>Internal target - No patients waiting over 46 weeks for Stage 1 and no patients waiting over 94 weeks for any stage of their pathway.</i></p> <p>We forecast that we will have removed 2,000 patients from this cohort by the end of Q2 with 9,122 patients still waiting.</p>
<ul style="list-style-type: none"> Actions 	<ol style="list-style-type: none"> We will continue to monitor performance against these priorities via the Planned Care Business Intelligence (BI) dashboard at weekly Health Board 'Access' meetings. Continued clinical prioritisation of those waiting longest and/or at greatest risk from deterioration. We will be making significant headway implementing 'Getting it Right First Time' (GiRFT) recommendations, which will in turn, assist with delivery that is more efficient.
Quarter 3:	
<ul style="list-style-type: none"> Milestones 	<p><i>Internal target- No patients waiting over 41 weeks for Stage 1 and no patients waiting over 84 weeks for any stage of their pathway.</i></p>

Planned Care Priority 1	Priority area(s)
	<p>We know that every year, winter pressures cause us major delivery issues with access to beds for inpatient procedures. Because of this, and recognising that not every patient is suitable for day case procedure, we will still have not met the target and we have revised our forecast accordingly to take account of seasonal variation.</p> <p>However, we will be making progress in the right direction, although not as fast as we would like. To that end, by Q3, we forecast that we will have:</p> <ul style="list-style-type: none"> ▪ Removed over 15,858 follow ups from the waiting list, ▪ Seen 3,700 waiters for diagnostic tests, ▪ 1,620 fewer people waiting more than 2 years for treatment, ▪ 5,000 fewer people waiting more than 36 weeks for a new outpatient appointment.
<ul style="list-style-type: none"> ▪ Actions 	<ol style="list-style-type: none"> 1. Performance against these 2 priorities continue to be monitored via a BI dashboard at a weekly performance meeting. 2. Seek to increase rates of day case surgery to mitigate the known pressure on beds. 3. Ensure GiRFT recommendations are being implemented.
Quarter 4:	
<ul style="list-style-type: none"> ▪ Milestones 	<p><i>Target - No patients waiting over 36 weeks for Stage 1 and no patients waiting over 75 weeks for any stage of their pathway.</i></p> <p>We forecast that we will have removed approximately 5,000 people from this cohort, but will still have 17,000 patients waiting more than 36 weeks for a first appointment and a further 10,000 who will have been waiting more than 52 weeks.</p>
<ul style="list-style-type: none"> ▪ Actions 	<ol style="list-style-type: none"> 1. Performance against these priorities are monitored via a BI dashboard at weekly performance meeting. 2. Patients prioritised on the basis of clinical risk. 3. Ongoing validation activity.
Risks	<p>Staffing – Being able to recruit to vacancies* * <i>see workforce section</i></p> <p>Reduced Funding – Limited funding available to deliver additional capacity above core i.e. limitations on the extent to which the service can utilise additional capacity via outsourcing/insourcing.</p> <p>Capacity – Core capacity is not protected from seasonal variation but we will develop robust winter plans over the summer to increase and protect activity levels (conversion to day case, provision of more community follow up activity)</p> <p>We are seeking to implement a system for electronic referral, booking and scheduling. This will ensure that we can:</p> <ul style="list-style-type: none"> - Better manage referrals and only have people on lists who need to be on there.

Planned Care Priority 1	Priority area(s)
	<ul style="list-style-type: none"> - Ensure that our booking and scheduling is to available capacity (i.e. not based on historic activity levels, which do not reflect our true capacity).
Outcomes	<p>Waiting list and waiting times will decrease but we will not achieve any Ministerial targets in this year. What remains of key importance is reduction year on year, and that the reduction is sustainable.</p> <p>However:</p> <p>Our cancer performance will continue to improve and we expect that by the end of this financial year, we will be seeing 70% of cancer referrals starting their first definitive treatment within 62 days of referral (regardless of the referral route).</p> <p><i>See also Ministerial Template for Cancer priority 1.</i></p>
Alignment with workforce plans	<p>Our demand and capacity plans align with current vacancies.</p> <p>We continue to develop alternative roles to backfill specialist vacancies (e.g. clinical endoscopists instead of consultant gastroenterologists) and the use of more advanced practitioner roles in therapies to reduce the burden of follow up activity and remove this from consultant surgeons (e.g. using specialist practitioners in physiotherapy to look after orthopaedic follow up activity).</p>
Alignment with Financial plans	<p>Our demand and capacity plans align with financial plans and the cost to deliver these plans.</p>

Template 4b

Planned Care, Recovery, Diagnostics and Pathways of Care

Priority 2: Address Capacity Gaps in Specific Specialties

Planned Care Priority 2	Priority area(s)
Key focus should be on delivering	Address the capacity gaps within specific specialities to prevent further growth in waiting list volumes and set foundation for delivery of targets by March 2025 (This must include transforming outpatients follow up care, reducing follow up by 25% against 2019/20 levels by October 2023 and repurposing that capacity
Baseline	<i>We have identified the capacity required to prevent further growth in waiting list volumes within each speciality and by point of delivery.</i>
Quarter 1:	
▪ Milestones	Demand and capacity modelling completed for 2023/24.
▪ Actions	<ul style="list-style-type: none"> ▪ Phase 1 completed before April 1st 2023 (Demand and capacity modelling by site, speciality and at Health Board Level). ▪ Phase 2 completed before April 1st 2023 (Forecasts to meet Priority 1 populated and uploaded into the BI dashboard for performance management throughout the year). ▪ Action plans agreed with solutions to mitigate gaps including reports/recommendations i.e. GiRFT, Royal College of Surgeon (RCS), the Pyott review, Audit Commission inter alia. ▪ Action plans monitored against to deliver key deliverables.
Quarter 2:	
▪ Milestones	Planned Care BI Dashboard to reflect all Key Performance Indicators (KPI's) linked with the Performance Team to facilitate management against KPI's.
▪ Actions	<ul style="list-style-type: none"> ▪ Planned Care Access meeting to be revised to reflect delivery of KPI's. ▪ KPI's agreed, to include priority 1, reduction of long waiting patients across all stages and reduction of follow up waiting list with increase in the number of patients being discharged, or placed on an SOS/PIFU pathway ▪ Upload forecasts into BI dashboard of See on Symptoms (SOS)/Patient Initiated Follow Up (PIFU).
Quarter 3:	
▪ Milestones	<p><i>Target - reduce follow up by 25% against 2019/20 levels by October 2023 and repurpose that capacity</i></p> <p>We will not reduce follow up levels by 25% across all specialties but are working towards achievement for dermatology, gynaecology and orthopaedics with follow up activity being converted to treatment capacity for stage 4 waits.</p>
▪ Actions	<ul style="list-style-type: none"> ▪ Monitor reduction of follow up waiting list with increase in the number of patients being discharged, or placed on an SOS/PIFU pathway and track quarterly count of patients being discharged to SOS/PIFU. ▪ Use Q3 position to facilitate demand and capacity modelling for 2024/25.

Planned Care Priority 2	Priority area(s)
Quarter 4:	
<ul style="list-style-type: none"> ▪ Milestones 	Continue actions identified to reduce gaps identified and increase the number of patients placed on an SOS/PIFU pathway.
<ul style="list-style-type: none"> ▪ Actions 	<ul style="list-style-type: none"> ▪ Include the outstanding gaps within the 2024/25 demand and capacity planning. ▪ Use the % of patients placed on an SOS/PIFU pathway as a starting point for 2024/25 to increase this further.
OPTIONAL	
Risks	See comments for Priority 1, additionally: Staffing – Being able to recruit to vacancies, Funding – To deliver capacity above core capacity, Capacity – Core capacity is not protected from the impact of operational pressures (e.g. strike action), Referral rate – Increased number of referrals.
Outcomes	Number of patients placed on an SOS/PIFU pathway will increase. Reduced outpatient follow up will release time for procedures and first appointment activity.
Alignment with workforce plans	See comments for Priority 1, additionally: Our demand and capacity plans align with current vacancies, long-term absence. We have identified areas of national staffing shortage.
Alignment with Financial plans	See comments for Priority 1, additionally: Our demand and capacity plans align with financial plans and the cost to deliver these plans.
OPTIONAL	
Digital / Technology Opportunities	See comments for Priority 1, additionally: Business Intelligence dashboards created to facilitate waiting list management and performance monitoring. Demand and capacity planning models linked to PTL management opportunities. AI opportunities to facilitate validation, waiting list and PTL management, automated booking and text correspondence. AI automation of follow up waiting list linked to SOS/PIFU.

Template 4c

Planned Care, Recovery, Diagnostics and Pathways of Care

Priority 3: Implementation of Regional Diagnostic Hubs

Planned Care Priority 3	Priority area(s)
Key focus should be on delivering	<p>Implement regional diagnostic hubs, to reduce secondary care waiting times and meet waiting time ambition in spring 2024</p> <p>Our vision for diagnostic services includes providing ambulatory diagnostics off acute hospital sites that are organised and delivered on a regional footprint.</p> <p>The focus on delivering this key ambition is to ensure that services that can be organised in this way, on a regional footprint, are being planned in that way. Achieving sustainability for diagnostics will also reduce secondary care waiting times and meet waiting time ambition over the medium term.</p>
Baseline	<i>Forecasts will be populated against the volume of patients waiting over 8 weeks for a diagnostic procedure.</i>
Quarter 1:	
▪ Milestones	Develop a plan for which diagnostic services can be organised regionally and delivered away from acute hospital sites.
▪ Actions	1. Performance and development against this priority is monitored via the planned care programme
Quarter 2:	
▪ Milestones	Prioritisation of the tests and pathways that we could redesign within the existing resources will be undertaken by end Q2.
▪ Actions	Clinical engagement exercises to be undertaken to determine consensus on the type of tests in a prioritised order (e.g. biggest waits vs most fragile pathways).
Quarter 3:	
▪ Milestones	Costed plans to change service model.
▪ Actions	1. Completion of business case supporting change.
Quarter 4:	
▪ Milestones	Commence implementation of revised model.
▪ Actions	1. Engagement completed and implementation plan signed off.
Risks	<p>Diagnostic capacity - Additional demand created from various sources, inclusive of core, WLI's and Insourcing. Gap to meet demand is unfunded on a recurrent basis.</p> <p>Physical capacity – Scanners, age and capital expense, this relates mainly to MRI, CT and ultrasound (in that order).</p>

Planned Care Priority 3	Priority area(s)
	<p>Staffing – Ability to recruit to vacancies/recruit in a timely manner.</p> <p>Funding – Gap to meet demand unfunded recurrently. To deliver capacity above core capacity.</p> <p>Referral rate – Increased number of referrals are seen due to protracted waiting times and complexity of the request. Vetting of most complex referrals will be undertaken to ensure optimal use of resources.</p>
Outcomes	Waiting list and waiting times will decrease. We will provide forecast trajectories for best, worst and most likely end of year position, updated monthly.
Alignment with workforce plans	<p>Our demand and capacity plans align with current vacancies and take account of long-term absence.</p> <p>We have identified areas of national staffing shortage. Work will continue to develop new posts to mitigate long-standing recruitment challenges.</p>
Alignment with Financial plans	We have submitted a bid to the NHSE for continued support with clinical leadership to enable this work to go forwards.
OPTIONAL	
Digital / Technology Opportunities	<p>BI dashboards created to facilitate waiting list management and performance monitoring.</p> <p>Demand and capacity planning models linked to waiting list management opportunities</p>

Template 4d

Planned Care, Recovery, Diagnostics and Pathways of Care

Priority 4: Implement Pathway Redesign

Planned Care Priority 4	Priority area(s)
Key focus should be on delivering	Implement Pathway Redesign – adopting ‘straight to test (STT) model’ and onward referral as necessary.
Baseline	<i>A review of services against straight to test model undertaken using demand and capacity modelling 2023/24.</i>
Quarter 1:	
▪ Milestones	Prepare services for Straight to test (prostate) and model for Teledermoscopy.
▪ Actions	▪ Develop and submit business cases to the NHSE Cancer Network.
Quarter 2:	
▪ Milestones	Initiate new Straight to Test Pathways.
▪ Actions	▪ Robust implementation plans that continue through the year into business as usual.
Quarter 3:	
▪ Milestones	Reporting delivery against plan.
▪ Actions	▪ Routine monthly monitoring reports
Quarter 4:	
▪ Milestones	Produce evaluation report and ongoing plans for service to be incorporated / business as usual.
▪ Actions	▪ Production of evaluation draft report to go for consideration through planned care programme and executive team.
Risks	<p>Staffing resource to be able to engage and implement actions</p> <p>Clinical engagement – ability to engage and implement actions will need to work across primary and secondary care</p> <p>Staffing – Being able to recruit to any vacancies identified</p> <p>Funding – identify gaps in funding or ability to deliver service model within existing envelope.</p>
Outcomes	Successful proof of concept of more efficient service model, using technology to improve diagnostic waiting times.

Planned Care Priority 4	Priority area(s)
Alignment with workforce plans	Plans will need to identify any gaps within workforce (linked to the demand and capacity plans 2023/24) and 'new'/innovative ways of working and be included within action plans.
Alignment with Financial plans	We will undertake a value based analysis of the implemented pathways to ensure alignment with our financial plans.
OPTIONAL	
Digital / Technology Opportunities	<p>BI dashboards created to facilitate monitoring of data identified to demonstrate benefits of implementing straight to test models.</p> <p>AI opportunities to support delivery of straight to test models</p>

Template 5a

Cancer Services: Reduction in backlog over 62 days

	Priority area(s)
Key focus should be on delivering	Reduction in backlog of patients waiting over 62 days to enable delivery of 75% of patients starting their first definitive cancer treatment 62 days from point of suspicion.
Baseline	Actual backlog at end of March 2023 was 869 patients waiting over 62 days.
Quarter 1:	
▪ Milestones	15% reduction in backlog
▪ Actions	<ul style="list-style-type: none"> ▪ Adjust clinic templates to ensure 1st outpatient appointment capacity meets 80th/95th percentile demand, in line with Health Board capacity and demand work ▪ Appoint to Breast Services Network Manager post to oversee maximum utilisation of rapid access breast clinic capacity across the region (if funded). ▪ Increase tracking resource to ensure accurate data reporting and reduce backlog through timely escalation (if funded). ▪ Maximise opportunities within endoscopy to increase capacity including 3 session days as per endoscopy business case.
Quarter 2:	
▪ Milestones	Further 15% reduction in backlog
▪ Actions	<ul style="list-style-type: none"> ▪ Ensure sufficient prostate biopsy capacity in place across Health Board to provide an average of 7 procedures per week per site ▪ Commence new prostate pathway to facilitate straight to test and pre-booking of biopsies (pathway agreed as part of NOP work and funding secured for co-ordinators for 12 months) ▪ Restore full clinical oncology capacity (9wte) through recruitment and retention initiatives.
Quarter 3:	
▪ Milestones	Further 15% reduction in backlog
▪ Actions	<ul style="list-style-type: none"> ▪ Continue to rebalance capacity to ensure sufficient capacity for patients with suspected cancer.
Quarter4:	
▪ Milestones	Further 15% reduction in backlog
▪ Actions	<ul style="list-style-type: none"> ▪ Continue to rebalance capacity to ensure sufficient capacity for patients with suspected cancer.
Risks	Continued increase in GP urgent suspected cancer referrals Initiatives above not funded – ongoing discussion through Annual Plan development process.

	<p>Workforce gaps in particular in specialties where there are national shortages e.g. clinical oncology and dermatology. Cross-site working and locum recruitment used to bridge gap</p> <p>Capacity rebalanced leading to delays for non-urgent suspected cancer patients – inability to meet other targets.</p>
Outcomes	<p>Improve SCP performance to achieve 70% of patients treated within 62 days of suspicion of cancer (local projection of delivery against 75% target)</p>
Alignment with workforce plans	<p>Link to Oncology Task and Finish Group and Planned Care Recovery (dermatology recruitment)</p>
Alignment with Financial plans	<p>Above includes plans submitted for funding as part of Annual Planning process.</p>
OPTIONAL	
Digital / Technology Opportunities	<p>Remote monitoring software systems provide significant opportunities to ensure cancer patients are followed up in a safe and effective way whilst reducing the need for outpatient appointments and so releasing capacity to see new patients.</p>

Template 5b

Cancer Services: National cancer pathways

	Priority area(s)
Key focus should be on delivering	Implement the agreed national cancer pathways within the national target – demonstrating annual improvement toward achieving target by March 2026
Baseline	Actual performance at end of March 2023 was 63.1% patients treated within 62 days of suspicion of cancer
Quarter 1:	
▪ Milestones	Cancer pathway work programme signed off by Cancer Partnership Board (CPB).
▪ Actions	<ul style="list-style-type: none"> ▪ Secure ongoing funding for Cancer Partnership Board, including key pathway clinical leads (submitted as part of Annual Plan planning round). Seek short term slippage funding if Annual Plan submission not funded ▪ Complete colorectal and prostate cancer pathways.
Quarter 2:	
▪ Milestones	Sign off 1 st two cancer pathways
▪ Actions	<ul style="list-style-type: none"> ▪ Sign off colorectal and prostate cancer pathways and commence implementation dependent upon financial and workforce resources (see below); this will include new referral guidance and straight to test pathways. ▪ Develop business case for GI triage referral hub and self-directed aftercare on colorectal pathway ▪ Commence work on next pathways – breast and gynaecology.
Quarter 3:	
▪ Milestones	Sign off 3 rd cancer pathway
▪ Actions	<ul style="list-style-type: none"> ▪ Complete internal consultation and sign off third cancer pathway ▪ Progress work on 4th cancer pathway ▪ Submit business cases for GI triage referral hub and self-directed aftercare on colorectal pathway
Quarter4:	
▪ Milestones	Sign off 4 th cancer pathway
▪ Actions	<ul style="list-style-type: none"> ▪ Complete internal consultation and sign off fourth cancer pathway
Risks	<p>Funding for Cancer Partnership Board. Seek short term slippage funding if Annual Plan submission not funded – discussions ongoing linked to financial plan.</p> <p>Long term funding for prostate co-ordinators – short term funding secured from Wales Cancer Network</p>
Outcomes	Improve SCP performance to achieve 70% of patients treated within 62 days of suspicion of cancer.

Alignment with workforce plans	Recruit to new pathway co-ordinator roles for prostate pathway – role agreed and out to recruitment.
Alignment with Financial plans	Above includes plan submitted for funding as part of Annual Plan bids re Cancer Partnership Board and ongoing funding for prostate co-ordinator roles (currently funded short term via Wales Cancer Network funding)
OPTIONAL	
Digital / Technology Opportunities	Remote monitoring software systems provide significant opportunities to ensure cancer patients are followed up in a safe and effective way whilst reducing the need for outpatient appointments and so releasing capacity to see new patients. This is already incorporated in the prostate pathway and will be considered for other cancer pathways

Template 6a

Mental health and CAMHS

CAMHS - Recover waiting time performance to performance framework standards for all age LPMHSS assessment and intervention and Specialist CAMHS

	Priority area(s)
Key focus should be on delivering	CAMHS recovery of waiting times for access for Assessment and intervention under Part 1a and Part 1b of the MHM.
Baseline	Reduction in number of patients who had waited for assessment and therapy by CAMHS (LPMHSS) to achieve compliance against the 80% target of patients waiting under 28 calendar days for MHM Part 1a and 1b.
Quarter 1:	
<ul style="list-style-type: none"> Milestones 	<p>Recovery plan with trajectories for all areas across BCUHB to achieve full compliance with MHM Part 1a assessment target by the end of Qtr 4 2022/23 and sustain compliance throughout 2023/24.</p> <p>Sustain MHM Part 1b performance delivery at 25%</p>
<ul style="list-style-type: none"> Actions 	<ul style="list-style-type: none"> Qtr 4 delivery forecast reliant on successful recruitment into vacancies and external provider capacity. Currently Regional 20% vacancy factor across all CAMHS services. 30% vacancy factor in East Area – targeted recruitment campaign in place. Rebasing of 23/24 Qtr 1 performance projections and sustainability based on year end performance delivery in Qtr 4 2022/23 and recruitment Refresh of CAMHS Recovery Plan specifically to relation to MHM Part 1b <p>Additional supporting actions:</p> <ul style="list-style-type: none"> Ongoing focused attraction strategies to support recruitment in place across Region <ul style="list-style-type: none"> Validation – regular monitoring and oversight of waiting lists and demand and capacity, MDT caseload reviews Additional support and scrutiny – fortnightly meetings arranged with the Delivery Unit Compliance with waiting list management standard operating procedure across teams
Quarter 2:	
<ul style="list-style-type: none"> Milestones 	<p>Sustain MHM Part 1a compliance if trajectory achieved or rebase recovery plan trajectories if not achieved.</p> <p>Improvement in compliance with MHM Part 1b intervention target to 40%</p>
<ul style="list-style-type: none"> Actions 	<ul style="list-style-type: none"> If submission of 2023/24 WG MH SIF funding approved to sustain service delivery if further backlog reduction required for external provision or internal staffing to meet any increase in demand plan will be put in place for additional recruitment or commissioning required on release of funding in Q3

	<ul style="list-style-type: none"> ▪ If SIF funding not approved process to extend the private provider provision will be considered. ▪ Rebasing of 23/24 Qtr 2 performance projections and sustainability based on year end performance delivery in Qtr 1 and vacancy factor/ recruitment issues ▪ Continue supporting actions as in Qtr 1 ▪ Implementation of refreshed Recovery Plan
Quarter 3:	
<ul style="list-style-type: none"> ▪ Milestones 	<p>Sustain MHM Part 1a compliance if trajectory achieved or rebase recovery plan trajectories if not achieved.</p> <p>Further improvement in compliance with MHM Part 1b target to 45%</p>
<ul style="list-style-type: none"> ▪ Actions 	<ul style="list-style-type: none"> ▪ Robust monitoring of demand and capacity in line with CAPA modelling if trajectory on track for full and improved compliance of MHM Part 1a and MHM Part 1b ▪ Rebasing of 23/24 Qtr 3 performance projections and sustainability based performance delivery Qtr 2 report on vacancy factor/ recruitment issues ▪ Continue supporting actions as in Qtr 1
Quarter 4:	
<ul style="list-style-type: none"> ▪ Milestones 	<p>Sustain MHM Part 1a compliance if achieved into 2024/25 or rebase recovery plan trajectory if not achieved.</p> <p>Delivery of 56% compliance in relation to MHM Part 1b target or further improvement as per refreshed Recovery Plan actions.</p>
<ul style="list-style-type: none"> ▪ Actions 	<ul style="list-style-type: none"> ▪ Review 2023/24 performance - analysis of capacity and demand and factors that support either further improvement if required or sustainability of service delivery for continued compliance with MHM ▪ Plan for forecast 2024/25 CAMHS performance against MHM ▪ Continue supporting actions as in Qtr 1
Risks	<p>Recruitment remains the most significant risk. This is both in terms of delivering the service and in the capacity needed to support improvement and transformational change.</p> <p>Further increased demand for mental health assessments 8% increase during 2022/23 when compared to pre-pandemic levels with just over 50% of assessments requiring ongoing therapy/intervention. In addition, teams are experiencing a change in the presentation of referrals with acuity and complexity levels have increased due to systemic complications.</p> <p>Further Industrial Action reducing capacity – Nursing</p> <p>This has resulted in a significant increase in the length of time that children and young people are open to CAMHS services with the average number of therapy sessions required increasing from 7 to 10. Rebasing capacity to adjust to the higher acuity levels could potentially impact on sustaining level of achieved compliance with MHM</p>

Outcomes	<p>Compliance with MHM measure Improved access routes for C&YP to MH services Reduced waiting times Improved quality of care for service users Improved pathways</p>
Alignment with workforce plans	<p>CAMHS workforce mapping/ profiling currently underway, including skills and training needs analysis. Development of a Strategic CAMHS Workforce plan by mid-year 2023/24 to support sustainable CAMHS provision recognising National shortages of mental health professionals.</p> <p>Introducing more development roles, student streamlining opportunities, associate CAMHS practitioners. Potential joint LA commissioning opportunities and third sector roles to support early intervention and prevention.</p> <p>Recruitment and in particular retention of staff for the current and future workforce, and the potential supply combined with the capacity and capability</p>
Alignment with Financial plans	<p>Aim is to reduce reliance on bank, agency staff and private provision outsourcing for MHM assessments and interventions, reduce vacancy factor and maximise service improvement funding to grow and develop a sustainable workforce for the future.</p>
Digital / Technology Opportunities	<p>Services have had to adopt digital mental health provision in a piecemeal way to best meet the needs of services with the systems available to us, our IT systems are heavily reliant on SharePoint and WPAS neither of which allow for sharing of information across agencies and between services. There is a need for better developed integrated care IT system that address gaps in provision. WCCIS may provide this opportunity in the future but this has been at project planning/initiation stage for many years.</p> <p>In addition the challenges faced across the system include the number of digital health offers currently available and the absence of a commonly understood system for identifying the safest and most efficacious digital treatments for mental health services.</p> <p>CAMHS are using Attend Anywhere along with AMH possibility of joint clinician working for services transitioning from CAMHS to adult services.</p>

Template 6b

Mental health and CAMHS

Implement 111 press 2 on a 24/7 basis for urgent mental health issues

	Priority area(s)
Key focus should be on delivering	Implementation of a 24/7 urgent care service, accessible via NHS 111 Wales to support improved access and GMS sustainability
Baseline	<p>Our intention is for the 111 press 2 service to cover all 6 Local Authority areas 24 hours a day, 7 days a week. This will be a phased introduction with Phase 1, operational from 17th January 2023, operating across North Wales from 08:30 am – 11:00 pm 7 days a week moving to a 24/7 service from 20th March 2023.</p> <p>Baseline for service initiation is based on established services in Wales. Hywel Dda Health Board has a call rate of 1500 calls per month, using population figures we have a call rate of 1.9 compared to 1 for Hywel Dda. Activity will be monitored for call volumes, call type and any times of day where there are peaks in calls. It will take a number of months of active service delivery for definitive demand patterns to be evident in the available data. In addition to evaluating the data of the service we will also be looking at any wider impact on other Mental Health services, such as referrals into LPMHSS Services. We will also look to other health boards for comparison in data and service delivery performance.</p> <ul style="list-style-type: none"> • BCU has 22% of the population of Wales • BCU will have 1.9 callers to a rate of 1 for Hywel Da Health Board (1500 calls a month estimated)
Quarter 1:	
<ul style="list-style-type: none"> ▪ Milestones 	3-month evaluation to ensure service is operating effectively. This will be to understand any emerging trends or issues and to begin building a baseline position. We do not envisage taking any significant actions to change the service model at this early stage.
<ul style="list-style-type: none"> ▪ Actions 	<p>Review call volumes into 111/2 service including review for evidence of patterns of peak call times against the baseline estimations. No definitive service changes to be made at this point as this is initial monitoring phase</p> <p>Review of calls in terms of clinical nature. Outputs of review to be discussed as part of ongoing staff support and training.</p> <p>Obtain and review feedback from staff on effectiveness of telephony and IT systems. Any general technical issues to be resolved as they occur. General issues to be fed back to project group for consideration of changes to system where possible and appropriate and where benefit can be achieved.</p> <p>Obtain and review feedback from staff on effectiveness of SOPs. Outputs to be fed back to project group for consideration as part of ongoing staff support and training.</p> <p>Review of demand impact on MHM referrals and waiting times for MHM assessments. No definitive service changes to be made at this point as this is initial monitoring phase</p>
Quarter 2:	

<ul style="list-style-type: none"> ▪ Milestones 	<p>6-month evaluation of service to ensure service is operating effectively</p>
<ul style="list-style-type: none"> ▪ Actions 	<p>Review call volumes into 111/2 including review for evidence of patterns of peak call times. At Qtr. 2 milestone consideration will be given to any emerging concerns that may require changes to staffing levels in order to address demand and timescales.</p> <p>Review of calls in terms of clinical nature with focus on frequent callers to support building a baseline of call types.</p> <p>Obtain and review feedback from staff on effectiveness of telephony and IT systems. At Qtr. 2 milestone, consideration will be given to any changes / improvements that need to be considered to ensure staff are enabled in their role. These will be discussed within the project group.</p> <p>Review of demand impact on MHM referrals and waiting list times for MHM assessments. At Qtr. 2 milestone consideration to be given to any emerging data patterns/themes that may need further analysis to establish cause and/or correlation with implementation of 111/2 services. This will be discussed at project group and with service leads to understand whether there is enough evidence to demonstrate causation.</p> <p>Review of any changes in demand to CALL / DAN and Dementia helplines to support establishment of knowledge base for effectiveness of service implementation.</p> <p>Undertake a service user satisfaction survey</p> <p>Analysis of Subjective User Distress Scale (SUD's) to establish a benchmark for future analysis and comparison.</p>
<p>Quarter 3:</p>	
<ul style="list-style-type: none"> ▪ Milestones 	<p>9-month evaluation to ensure service is operating effectively.</p>
<ul style="list-style-type: none"> ▪ Actions 	<p>Continuation of monitoring of Qtr. 2 actions building on evidence to understand impact.</p>
<p>Quarter4:</p>	
<ul style="list-style-type: none"> ▪ Milestones 	<p>Annual review</p>
<ul style="list-style-type: none"> ▪ Actions 	<p>Analysis of outcomes to ensure callers have better Subjective User Distress Scale (SUD's) at the end of the call.</p> <p>Complete service user and staff satisfaction surveys.</p> <p>Assess impact on LPMHSS and GP practices.</p> <p>Review SOP and clinical pathways where necessary to ensure they remain current and effective and where appropriate respond to feedback established through surveys and review</p> <p>Consider actions for LMPHSS services that the evaluation of demand and waiting times has had due to implementation of 111/2 services.</p>
<p>Risks</p>	<p>Demand is based on established services in South Wales, however, these are very newly established services and therefore demand projected may be vary. Staff modelling is based on this demand. Demand and staffing requirements</p>

will be better determined as the service embeds and matures across North Wales. Recruitment to date has been completed but there have been challenges, with some changes to the original workforce plan due national shortage of Band 6 staff. Job descriptions and bandings have been reviewed and alternate solutions recruited to including offer of additional hours/overtime to existing staff and bank staff utilisation.

- We will review demand as part of our routine monitoring to establish a baseline, but take into consideration demand is likely to increase as awareness of the service increase. Routine monitoring of the service will take into consideration any immediate or emerging staffing shortfalls or surplus.

Staff retention will be risk for the service given the recruitment issues across the organisation and any variance in demand noted above may factor into staff retention

- We will encourage feedback and review of staffing in terms of both capacity and capability in providing service. All 111/2 staff will as with other MHLD staff have access to support from Wellness, work and Us team.

Availability of Welsh speaking staff is a risk for this frontline service.

- We are using the language line as a support at present.
- Remote working is being considered for staff and this may be a positive factor in recruiting to Welsh Speakers based on geographical working possibilities.

Our service is heavily reliant on IT and telephony systems.

- We have completed contingency plans mitigate disruption to service either due to system issues or environment issues. This includes provision for remote log in via laptop to allow for continuation of service from alternative location. All actions and risks are closely monitored through comprehensive project monitoring documentation with dedicated project group that feeds into our improvement governance process.

The decommissioning of the current software Adatastra is in process and the commissioning of a new system, will place risks on the service in terms of training, service continuity and revision of documentation.

- We remain in contact with the national teams as part of our service development and monitoring to ensure we are informed on the rollout of the new system and its, operational and training implications.

<p>Outcomes</p>	<ul style="list-style-type: none"> • Universal approach to urgent calls i.e., we deal with all urgent calls regardless of age and mental health service area • Improve the caller’s experience • Improve the callers’ outcomes • Provide early intervention for well-being and mental ill health issues • Provide information and options for self-care and support • Provide navigation to appropriate services/non statutory support for welfare issues • Reduce the demand on A&E/GP/Police/WAST/MH crisis services • Make seamless referrals to MH teams across the Directorate service areas (when required) • Provide advice for other agencies such as WAST/Police/GP’s/Local Authorities through a dedicated Professional Line • Ensure a preventative approach to meeting the well-being and mental health needs of individuals of all ages • Ensure that service provision is in line with local and national strategy and best practice <p>We will achieve the outcomes above by:</p> <ul style="list-style-type: none"> • Using UK standard mental health triage tool to assess urgent mental health requests for help • Liaising with mental health teams for those who require an urgent mental health assessment or intervention • Arranging connections to a range of mental health services depending on assessed need • Support professional partners to manage and assess well-being and mental health needs of individuals of all ages more effectively • Referring to a range of services which can support an individual’s needs such as Third Sectors, debt advice, housing services, drug, and alcohol services etc • Having a positive impact on the caller’s resilience to assist them to manage more effectively and develop problem solving skills through a range of brief interventions • Promote health and well-being to those who access the Service • Considering all aspects of diversity, culture, spirituality, gender identity and sexual preference, which is important to the individual <p>A minimum established data set has been agreed nationally for 111/2 services. At present this is to establish a baseline for the services in Wales. We anticipate that targets and trajectories will be identified once the services across Wales are established.</p> <p>A national peer review for all 111/2 services in Wales is being undertaken and at present expectation is that BCUHB will take part in this in July 2023</p>
<p>Alignment with workforce plans</p>	<p>The agreed workforce model will be reviewed in line with the milestone reviews of service demand as noted in the risks above.</p>

<p>Alignment with Financial plans</p>	<p>The current service model is fully funded recurrently. Any changes to the service model may have financial impact and this will be monitored as outline in the milestones above.</p>
<p>Digital / Technology Opportunities</p>	<p>We are engaged with the DDaT WCCIS Project team and are taking part in the Pilot starting in March. The hope for the division is that WCCIS is fit for purpose and that DDaT will enable us to rollout WCCIS across all our services. This will enable 111P2 calls to be answered and with patient consent, their current record to be viewed and added to, enabling the Practitioner to give more informed advice and accessing up to date information.</p> <p>This would also enable us to identify if the caller is known to us as an existing patient. Currently many data sources such as SharePoint are reviewed to confirm this, a potentially inaccurate and time-consuming process. With CAMHS also engaging in this pilot, the same process can be followed for callers of all ages.</p> <p>111/2s Current system (Adastra) is due for decommissioning in 2023. This risk is broader than MHL D as Adastra supports GP out of hour's service across BCUHB. Risks and opportunities around replacement system as yet unknown but information is being pursued. The hope is that this system will be developed on a platform that allows for integration into in-house systems but this will be dependent on roll out of WCCIS.</p> <p>Investigating opportunity for offering video consultation to better facilitate effective consultations.</p>

Template 6c

Mental health and CAMHS

Recover waiting time performance to performance framework standards for all age LPMHSS assessment and intervention and Specialist CAMHS.

Priority area(s)	
Baseline	<p>We currently deliver LPMHSS across North Wales but acknowledge that at present we are not compliant with all parts of the Mental Health Measure. We have regional variation in terms of delivery and practice and experience challenge in meeting the demand. We know from recent engagement events both local and regional that access to services can be perceived as prohibitive to timely care. We know that varying IHC primary care and third sector Mental Health provision both commissioned and non-commissioned are a factor on the demand that LPMHSS services face. We intend to strengthen our delivery by utilising our internal and external resources to create “no wrong door” approach to accessing Tier 0/1 services. This is a significant change to the way services are currently delivered and will take considerable resource to scope, agree model and implement.</p> <p>Stakeholder engagement will be key to the success as will a robust change management process. Therefore, this will be a phased approach with some interim measures introduced to support existing LPMHSS as longer-term solutions are developed. Interim arrangements will include shared and realigned utilisation of existing resources to support levelling of regional variation across all areas and implementation of new assessment documentation.</p> <p>Any early impact on LPMHSS due to implementation of 111/2 service will be considered as part of the improvement work and we will closely align the project work to key areas such as Crisis Care to ensure a whole system approach.</p> <p>2022/23 Waiting list @ March 31st = 1483 under part 1a of the measure and 360 under Part 1b. Focus will be on the reduction of the waiting list to ensure timely and equitable access to expert Mental Health care.</p>
Quarter 1:	
<ul style="list-style-type: none"> ▪ Milestones 	<p>Review of Quarter 1 position against targets and initial assessment of 111/2 impact.</p> <p>Reduction of assessment waiting list and delivery of 62% against Part 1a of the Mental Health Measure.</p> <p>Reduction in therapeutic intervention waiting list and delivery of 60% against Part 1 b of the measure.</p> <p>Establishment of the Adult Community Pathway Transformation Project Group.</p>
<ul style="list-style-type: none"> ▪ Actions 	<ol style="list-style-type: none"> 1. Review of the Qtr. 1 impact of the interdependent 111/2 service. This will be an early review to understand if there is any impact on LPMHSS services that can be evidenced as defined cause rather than coincidence.

	<ol style="list-style-type: none"> 2. Establishment of a project group with defined clinical lead and project support staff. 3. Monitoring of Mental Health Measure including its contributory factors against the trajectories outlined in the Planning Minimum Data Set to establish if interim arrangements are having any impact and to monitor all improving or worsening trends. Performance monitoring will be part of project group as well as existing governance arrangements. 4. Review of recruitment or issues with recruitment for existing and interim roles. Any long-term vacancies or newly created vacancies to be reviewed for alternative approach and / or highlighted through recruitment campaign. 5. Commencement of EqIA to support transformation project with a view to maximising engagement with key stakeholders and full integration with cluster work. Work to be underpinned by support from BCU Equalities team. 6. Completion of application for Welsh Government SIF monies to support development of the project. 7. Rebasng of 23/24 performance projections based on performance in Qtr1
<p>Quarter 2:</p>	
<ul style="list-style-type: none"> ▪ Milestones 	<p>Review of Quarter 2 position against targets alongside evaluation and impact of 111/2.</p> <p>Reduction of assessment waiting list and delivery of 66% against Part 1a of the Mental Health Measure.</p> <p>Reduction in therapeutic intervention waiting list and delivery of 69% against Part1 b of the measure.</p>
<ul style="list-style-type: none"> ▪ Actions 	<ol style="list-style-type: none"> 1. Review of the Qtr. 1 impact of the interdependent 111/2 service. This will be an early review to understand if there is any impact on LPMHSS services that can be evidenced as defined cause rather than coincidence. 2. Review of recruitment or issues with recruitment for existing and interim roles. Any long-term vacancies or newly created vacancies to be reviewed for alternative approach and / or highlighted through recruitment campaign. 3. Review of effectiveness of revised documentation implementation and make changes where appropriate based on feedback. 4. If SIF funding approved, transformation project document to be finalised to ensure key project areas can commence on release of funding in Qtr. 3 with appropriate resource allocated. Project areas will be supported by evidence from EqIA, Stakeholder engagement and existing and emerging performance data.

	<p>5. If SIF funding not approved or not to the level required, phased implementation of transformational areas within existing financial envelope to be agreed. Project areas will be supported by evidence from EqIA, Stakeholder engagement and existing and emerging performance data.</p> <p>6. Rebasing of 23/24 performance projections based on performance in Qtr2</p>
Quarter 3:	
<ul style="list-style-type: none"> ▪ Milestones 	<p>Implementation of defined actions in line with approved programme of works. Reduction of assessment waiting list and delivery of 75% against Part 1a of the Mental Health Measure.</p> <p>Reduction in therapeutic intervention waiting list and delivery of 80% against Part1 b of the measure</p>
<ul style="list-style-type: none"> ▪ Actions 	<ol style="list-style-type: none"> 1. Commencement of transformation project in line with identified funding/phasing with appropriate project support in place. 2. Inclusion of project delivery within internal governance framework to ensure accountability is evident for delivery of project actions. 3. Continued monitoring of performance within LPMHSS services and the ongoing monitoring of impact of delivery of 111/2 service. 4. Rebasing of 23/24 performance projections based on performance in Qtr3
Quarter4:	
<ul style="list-style-type: none"> ▪ Milestones 	<p>Full year review of position against targets</p> <p>6-month review of progress against transformational plans</p> <p>Reduction of assessment waiting list and delivery of 83% against Part 1a of the Mental Health Measure.</p> <p>Reduction in therapeutic intervention waiting list and delivery of 90% against Part1 b of the measure</p>
<ul style="list-style-type: none"> ▪ Actions 	<ol style="list-style-type: none"> 1. Rebasing of transformational project in line with identified benefits, risks and lessons learned from in first months if appropriate. 2. Definition of projections for 24/25 performance
Risks	<p>Recruitment and retention remains the most significant risk. Within the current budget establishment we have had our resource reduced due to a vacancy rate of 23% as at year end 2022/23. This rate varies across the teams. Vacancies and recruitment to this workforce co-hort is an issue nationally. Work being undertaken to address this includes:</p> <ul style="list-style-type: none"> • Interim arrangements are being explored with additional hours, new posts and sharing workforce resource to mitigate risks.

	<ul style="list-style-type: none"> • The Just R recruitment project is working across the division to support recruitment marketing across varied platforms, streamline recruitment processes and maximise opportunities with newly qualified people. • We are considering as part of the transformation project the risk to the division when staff move between our services rather than new staff coming into the existing workforce. • We are exploring revision of contracted and third sector provision to support and enhance delivery of assessments and interventions and maximise potential within this valuable resource <p>Workforce modelling will form part of the transformation work being undertaken by The Adult Community Pathway Transformation group Any newly identified workforce requirements established as part of the transformation work may bring pressure on existing budgets.</p> <p>A lack of digital enablement across the division is a risk to our ability to comprehensive record patient data, manage services effectively, respond to mandated and ad hoc performance reports, undertake in-depth analysis to support routine and transformational working, respond to FOIs and support staff in their daily working. Lack of digital provision also impacts our ability to attract and retain staffing. There has been a lack of investment in digital solutions for Mental Health and Learning disabilities, which means we are largely reliant on paper based or ageing stand-alone electronic systems. In order to address some of the issues we will:</p> <ul style="list-style-type: none"> • Work with Welsh Government and the NHS Executive as part of the national Mental Health Outcomes and Measure – Technical Data Group, to establish a baseline data set and understand barriers and variation in system provision across LHBS • Pilot WCCIS in year, but note will be a small-scale development and not a full digitisation of the division. The pilot itself will pose risks as this will mean significant input from staff who will need to run the service and manage dual systems (existing and WCCIS) whilst the pilot is in process. • Review MHLDD digital scoping exercise to explore options to agree priority areas for improvement. • Progress roll out of Wi-Fi across Mental Health and Learning Disabilities sites. Lack of Wi-Fi provision for our division has been highlighted as a priority in the capital plan.
<p>Outcomes</p>	<p>Improved access routes to services for service users demonstrated by reduced waiting times</p> <ul style="list-style-type: none"> • Part 1a reduction from 1483 to 1000 • Part 1b reduction from 610 to 360 <p>Compliance with MHM measure achieving 80% Target for Parts 1a and 1b.</p>

	<p>Better integration between services and improved working methods and job satisfaction for staff - to be monitored through the project group.</p> <p>Further outcome measures will be defined by the project group.</p>
Alignment with workforce plans	<p>Initial capacity modelling for existing staff is done and resulted in the identified need in the short term for bank staff and sharing of resource across the CMHTs. Workforce planning is part of the transformational development work for Tier 0/1 looking at Banding, alignment of services, utilisation of third sector partners and job descriptions. Work will be undertaken to consider recruitment difficulties to date, recruitment successes via the Just R campaign and the intelligence that this work has given us in terms of availability of workforce and the alternative solutions that have proved successful in other services.</p>
Alignment with Financial plans	<p>Aim is to reduce reliance on bank and agency staff, reduce sickness rates and maximise service improvement funding and commissioning potential. As noted within risks, any delays in the interim funding may impact on delivery. Longer-term work may result in workforce redesign and changes to commissioned services. Short term solutions will need to retain some reliance on temporary staffing, to support waiting list reduction and stabilise services whilst recruitment to established posts is progressed.</p>
Digital / Technology Opportunities	<p>We hold significant risk, as the service is supported by SharePoint, which is neither a clinical nor patient administration system. WCCIS (Welsh Community Care Information System) commissioned in 2015 is the proposed solution but has not been ready for us in BCU to date. Pilots in community health in BCU are ongoing and the most recent health board to go live with WCCIS is Aneurin Bevan. WCCIS implementation is key for MHM data capture in BCU, enabling us to move away from SharePoint.</p> <p>The MHM team are involved in the WCCIS pilot being undertaken in BCU via the Digital, Data and Technology (DDaT) WCCIS Project team, this is planned for commencement in March 2023. As most of our patient activity falls under the MHM, it is essential that the MHM data can be collected and monitored correctly, for MHLD to move forward with WCCIS implementation across all services.</p> <p>CITO is a document archive system, implemented for health record archival by BCU DDaT - We have engaged with the CITO project team to support management of our 300,000 health records. Costings are being sought and engagement with the CITO project team is ongoing, with a site visit planned.</p> <p>We are exploring the expansion of the national Video Consultation program, Attend Anywhere, working with Business Support Managers to facilitate administrative resource needed. The division holds a strong desire to offer this to support care closer to home and alignment with clinical strategy. We are exploring potential for dual diagnosis appointments supporting effective care and maximizing resource. Possibility of joint clinician working for services transitioning from CAMHS to adult services.</p> <p>Fundamental to the above will be the modernisation of existing and implementation of new digital hardware & infrastructure with improved and expanded Wi-Fi availability across all MHLD sites. Several MHLD sites are</p>

	<p>without Wi-Fi, to resolve this a capital business case has been submitted and in addition, a priority list of sites, citing clinical justification has been sent to the BCU DDaT team.</p> <p>Early discussions to consider utilisation of WIFI spark to enable patients to have access to defined online sites and services. We have put together a senior staff group together to engage with DDaT on this, to help shape the plans to suit our patient groups.</p> <p>We hold a significant risk as the service is supported by SharePoint, which is neither a clinical nor patient administration system. WCCIS commissioned in 2015 is the proposed solution but not ready for use in BCU. Pilots in community health in BCU and mental health in Aneurin Bevan will be key to the success of future implementation for MHM data capture in BCU.</p> <p>We are engaged in discussions with CITO project team to support management of 300,000 health records.</p> <p>We are exploring the expansion of the use of attend anywhere, working with Business Support Managers to facilitate administrative resource needed. Strong desire to offer this to support care closer to home and alignment with clinical strategy. We are exploring potential for dual diagnosis appointments supporting effective care and maximizing resource. Possibility of joint clinician working for services transitioning from CAMHS to adult services.</p> <p>Fundamental to the above will be the resourcing of digital infrastructure with improved and expanded Wi-Fi availability across all MHL D sites.</p> <p>Early discussions to consider utilisation of WIFI spark to enable patients to have access to defined online sites and services.</p>
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Annual Plan 2023-24

**Summary of Organisational
Delivery Objectives**

Key to Quadruple Aim measures:

QA1	People in Wales have improved health and well-being with better prevention and self-management
QA2	People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement
QA3	The health and social care workforce in Wales is motivated and sustainable
QA4	Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation, enabled by data and focused on outcomes

Key to Leads:

CDIO	Chief Digital & Information Officer
DPC	Director of Primary Care
EDIC	Executive Director of Integrated Clinical services
EDOF	Executive Director of Finance
EDOW	Executive Director of Workforce & Organisational Development
EDPH	Executive Director of Public Health
EDTSP	Executive Director of Transformation and Strategic Planning
EMD	Executive Medical Director

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Strategic Priority P1

Prevention and Health Protection: key actions for 23/24

Ref	Organisational Delivery Objective	Lead	Specific Ministerial or Special Measures Priority	WG Quad. Aim	Completion Timescales (quarters)
P1.1	Launch and implement milestones of the Healthy Weight Strategic Delivery Plan	EDPH		QA1	
	<ul style="list-style-type: none"> Formal launch of the Healthy Weight plan, and tracking of milestones within it 				1 2 3 4
P1.2	Implement the priority actions to reduce use and impact of smoking:	EDPH		QA1	
	<ul style="list-style-type: none"> Strengthened Health Board response to the smoke free regulations agreed 				1 2 3 4
	<ul style="list-style-type: none"> Implementation of the BCUHB Smoke Free Policy 				1 2 3 4
	<ul style="list-style-type: none"> Further develop and deliver the HMQ (Help M Quit) Services - HMQ in Hospital and HMQ in Primary Care 				1 2 3 4
	<ul style="list-style-type: none"> Progress the implementation of actions to make smoke-free the accepted position (as per the All Wales Tobacco Control Delivery Plan) 				1 2 3 4
	<ul style="list-style-type: none"> Work with partners to achieve an increase in smoke free environments 				1 2 3 4
	<ul style="list-style-type: none"> Improve the information available for educational professionals to support conversations around tobacco smoking and e-cigarettes/vaping with children and young people, subject to national guidance 				1 2 3 4
P1.3	Further develop and implement the strategic plan for Early Years, including:	EDPH		QA1	
	<ul style="list-style-type: none"> Further develop the preconception strategy and implementation plan, supported by a "preconception pregnancy, early years and family" website. 				1 2 3 4
	<ul style="list-style-type: none"> Offer incentivised smoking cessation schemes for pregnant women and deliver schemes which promote healthy eating and alcohol reduction 				1 2 3 4

	<ul style="list-style-type: none"> Implement key milestones in the infant feeding strategic plan, including establishing breastfeeding welcome villages in the three areas of North Wales. 				1 2 3 4
	<ul style="list-style-type: none"> Progress the healthy schools activity plan. 				1 2 3 4
P1.4	Implement priority actions related to Vulnerable Groups including:	EDPH		QA1	
	<ul style="list-style-type: none"> Together with partners and as part of the work of the Area Planning Board, implement the Alcohol Strategy for North Wales 				1 2 3 4
	<ul style="list-style-type: none"> Implement communication, data collection and monitoring mechanisms that increase access to services for the Gypsy and Traveller communities. 				1 2 3 4
	<ul style="list-style-type: none"> Implement, in partnership, support activity to improve health and wellbeing for homeless people. 				1 2 3 4
	<ul style="list-style-type: none"> Working in partnership, develop proposals to support increased refugee and asylum seeker population (lead - DPC) 				1 2 3 4
	<ul style="list-style-type: none"> Support development of an insight report for dementia to understand better the depth and extent of problems faced by this population and the impact on our services, which will in turn support delivery of the Dementia Action Plan for Wales and the All Wales Care Pathway 				1 2 3 4
P1.5	Implement Well North Wales strategic actions including:	EDPH		QA1	
	<ul style="list-style-type: none"> Development of a North Wales Arts in Health and Wellbeing Strategic Plan 				1 2 3 4
	<ul style="list-style-type: none"> Implementation of two Arts Council Wales supported projects (Medium Secure Unit project and Child and Adolescent Mental Health service) 				1 2 3 4
	<ul style="list-style-type: none"> Progress the Inverse Care Law project 				1 2 3 4
P1.6	Implement actions to further develop a Social Model of Care, including:	EDPH		QA1	
	<ul style="list-style-type: none"> Review the range of social prescribing initiatives against the National Social Prescribing Framework 				1 2 3 4
P1.7	Implement the Immunisation Programme, including:	EDPH		QA1	
	<ul style="list-style-type: none"> Implementation of the Spring and Autumn COVID-19 vaccination campaigns 				1 2 3 4
	<ul style="list-style-type: none"> Development of proposals to implement the National Immunisation Framework 				1 2 3 4

P1.8	Reshape and deliver a new Health Protection Service	EDPH		QA1	
	<ul style="list-style-type: none">Redeploy TTP staff and develop new service model in line with WG guidance				1 2 3 4

Strategic Priority P2

Primary Care: key actions for 23/24

Ref	Organisational Delivery Objective	Lead	Specific Ministerial or Special Measures Priority	WG Quad. Aim	Completion Timescales (quarters)
P2.1	Implement actions to improve access to GP and community services including:	DPC	✓ MP	QA2	
	<ul style="list-style-type: none"> Finalise the evaluation of the current Urgent Primary Care Centre Model, and revise approach to integrate and improve service effectiveness where necessary. 				1 2 3 4
	<ul style="list-style-type: none"> Undertake a baseline review of the current models and approaches to utilising community hospitals, including role/function and effectiveness. Develop proposals for strengthening the sustainability and effectiveness of community hospitals as part of the whole system. 				1 2 3 4
	<ul style="list-style-type: none"> Develop a plan for Managed Practices including an oversight approach that includes quality, finance, workforce and access as a minimum. 				1 2 3 4
	<ul style="list-style-type: none"> Review and strengthen where necessary the approach to Practice Escalation and Sustainability. 				1 2 3 4
	<ul style="list-style-type: none"> Review 3rd sector primary care commissioning, linking with the review of social prescribing approaches. 				1 2 3 4
	<ul style="list-style-type: none"> Review and develop a forward plan for the further development of palliative care and bereavement services. 				1 2 3 4
P2.2	Implement the next stage of Accelerated Cluster Development	DPC		QA2 & QA3	
	<ul style="list-style-type: none"> Review, revise and commence implementing the next stage of Accelerated Cluster Development including professional collaboratives 				1 2 3 4
P2.3	Review progress of the Primary Care Academy	DPC		QA3	
	<ul style="list-style-type: none"> Undertake a stocktake of progress in developing the Primary Care Academy, with particular focus on the development and implementation of new workforce models, education, training and professional support 				1 2 3 4
P2.4	Implement actions to improve access to dental services, including:	DPC		QA2	

	<ul style="list-style-type: none"> Commission additional community dental activity using the Oral Needs Assessment to identify areas of highest need 				1 2 3 4
	<ul style="list-style-type: none"> Commence work with HEIW to address barriers to recruitment of international dental staff 				1 2 3 4
	<ul style="list-style-type: none"> Explore options for supportive model of contracting for salaried model of delivery 				1 2 3 4
P2.5	Implement actions that improve the use of community pharmacy, including:	DPC	✓ MP	QA2	
	<ul style="list-style-type: none"> Expansion of the 'Sore Throat See and Treat' service 				1 2 3 4
	<ul style="list-style-type: none"> Expansion of the Pharmacist Independent Prescribing Service 				1 2 3 4
	<ul style="list-style-type: none"> Expansion of the Care Home Pharmacy Support Service 				1 2 3 4
	<ul style="list-style-type: none"> Review and revise the urgent medication service in all localities 				1 2 3 4
	<ul style="list-style-type: none"> Implement the pilot project for robotic dispensing of urgent medicines 				1 2 3 4
P2.6	Implement actions that improve the use of optometry services, including:	DPC	✓ MP	QA2	
	<ul style="list-style-type: none"> Implement the Teach and Treat Service in partnership with Cardiff University 				1 2 3 4
	<ul style="list-style-type: none"> Implement plans to enhance independent prescribing to enable additional capacity for advanced glaucoma management and management of 'medical retina'. 				1 2 3 4
P2.7	Development of an integrated Primary Care function within the Health Board	DPC		QA2	
	<ul style="list-style-type: none"> Develop proposals for an integrated Primary Care function within the Health Board that supports and enables effective and joined up primary care commissioning and development 				1 2 3 4

Strategic Priority P3

Planned Care: key actions for 23/24

Ref	Organisational Delivery Objective	Lead	Specific Ministerial or Special Measures Priority	WG Quad. Aim	Completion Timescales (quarters)
P3.1	Establish a revised Planned Care Programme that develops and delivers a Planned Care Strategic Plan for the short, medium and longer term	EDIC		QA2	
	<ul style="list-style-type: none"> Revise and refocus the planned care programme to deliver early progress on access, outcomes and experience, and to lay the foundations for longer term sustainability including GIRFT and other efficiency opportunities 				1 2 3 4
P3.2	Implement core immediate priorities and actions to improve systems and processes for planned care including:	EDIC	✓ MP ✓ SM	QA2	
	<ul style="list-style-type: none"> Standardise approaches to booking, capacity planning and pathway administration 				1 2 3 4
	<ul style="list-style-type: none"> Streamline, standardise and make visible business intelligence to enable more effective approaches to utilisation of current resources 				1 2 3 4
	<ul style="list-style-type: none"> Commence implementing improvements in theatre utilisation, supported by the GIRFT Team 				1 2 3 4
	<ul style="list-style-type: none"> Commence implementing Outpatient Modernisation plan 				1 2 3 4
	<ul style="list-style-type: none"> Enable speciality improvement and development plans for each area that has participated in the Getting It Right First Time work: <ul style="list-style-type: none"> - Orthopaedics - Urology - Gynaecology - General Surgery 				1 2 3 4
P3.3	Further develop and implement a specific Speciality Plan for Orthopaedics, including:	EDTSP	✓ SM	QA2	
	<ul style="list-style-type: none"> Implement the GIRFT improvements and developments 				1 2 3 4

	<ul style="list-style-type: none"> Finalise the Business Case for Orthopaedic Hub(s) in line with the National Orthopaedic Clinical Strategy 				1 2 3 4
P3.4	Undertake a stocktake of diagnostics	EDIC	✓ MP	QA2	
	<ul style="list-style-type: none"> Establish a stocktake of diagnostics and develop a short, medium and long term plan for improving access, particularly focused on community and regional diagnostics 				1 2 3 4
P3.5	Implement pathways redesign actions to improve access by adopting 'straight to test' approach	EDIC	✓ MP	QA2	
	<ul style="list-style-type: none"> Prepare services for straight to test prostate and model for teledermoscopy 				1 2 3 4
	<ul style="list-style-type: none"> Implement new straight to test pathways 				1 2 3 4
P3.6	Over 156 week waits for treatment	EDIC	✓ MP	QA2	
	<ul style="list-style-type: none"> Achieve a standard 99% of all over 156 week waits booked into appointments by end of Q2 				1 2 3 4

Strategic Priority P4

Urgent and Emergency Care key actions for 23/24

Ref	Organisational Delivery Objective	Lead	Specific Ministerial or Special Measures Priority	WG Quad. Aim	Completion Timescales (quarters)
P4.1	Revised 'Whole-system' Urgent and Emergency Care Programme	EDIC	✓ MP	QA2	
	<ul style="list-style-type: none"> Establish a revised 'Whole-system' Urgent and Emergency Care Programme that develops and delivers an Urgent and Emergency care Strategic Plan, for short, medium and longer term, working with all component parts aligned to the 6 Goals Approach 				1 2 3 4
P4.2	Implement core, immediate priorities and actions to improve access, quality and outcomes of urgent and emergency care, including:	EDIC	✓ MP ✓ SM	QA2	
	<ul style="list-style-type: none"> Implement agreed actions resulting from the evaluation of Urgent Primary Care Centres 				1 2 3 4
	<ul style="list-style-type: none"> Rapid review of current operating of Same Day Emergency Care with identification of effectiveness opportunities 				1 2 3 4
	<ul style="list-style-type: none"> Develop use of business intelligence to inform better utilisation of resources to respond to risks and performance needs 				1 2 3 4
	<ul style="list-style-type: none"> Review effectiveness of the community 'intermediate care' approach and consider whether the model needs modifying (align to community hospitals and care home baseline review) 				1 2 3 4
	<ul style="list-style-type: none"> Develop and implement a plan for systematic use of SAFER in practice, thus reducing pathways of care delays 				1 2 3 4
	<ul style="list-style-type: none"> Implement Care Home fees agreement, seeking to maintain capacity in the sector 				1 2 3 4
	<ul style="list-style-type: none"> Support the longer term development of Care home establishment in Gwynedd 				1 2 3 4
<ul style="list-style-type: none"> Learning from others, adapt and adopt practice that consistently reduces handover delays below 4 hours, including embedding of the Integrated Commissioning Action Plan 				1 2 3 4	

- Implement the next elements of the YGC Delivery Framework including implementation of the 8 Steps Project to improve the patient journey through ED, improve waiting times and patient experience

Strategic Priority P5

Cancer: key actions for 23/24

Ref	Organisational Delivery Objective	Lead	Specific Ministerial or Special Measures Priority	WG Quad. Aim	Completion Timescales (quarters)
P5.1	Maintain access standards in those areas meeting cancer access standards, and to continue improving those areas that do not, aiming to achieve 70% of cancer referrals starting their first definitive treatment within 62 days by the end of the year	EDIC	✓ MP	QA2	
	<ul style="list-style-type: none"> Maximise use of clinic and endoscopy resources in line with capacity and demand modelling 				1 2 3 4
	<ul style="list-style-type: none"> Commence new prostate pathway to facilitate straight to test and pre-booking of biopsies 				1 2 3 4
P5.2	Further develop and implement the Cancer Strategic Plan for North Wales, aligned to the all Wales Cancer Plan (Cancer network)	EDIC		QA2	
	<ul style="list-style-type: none"> Refresh and finalise the cancer plan and commence action to implement 				1 2 3 4
P5.3	Implement immediate targeted actions to improve access in diagnostics and key specialities, including:	EDIC	✓ MP	QA2	
	<ul style="list-style-type: none"> Aim for first appointment within 10 days 				1 2 3 4
	<ul style="list-style-type: none"> Redesign of pathways that enable a 'straight to test' approach 				1 2 3 4
P5.4	Implement actions to support local delivery:	EDIC		QA2	
	<ul style="list-style-type: none"> Finalise four local cancer pathways this year – prostate, colorectal, breast and gynaecology 				1 2 3 4
	<ul style="list-style-type: none"> Continue to work towards filling all Consultant Clinical Oncologist vacancies by the end of the year, recognising the challenge presented by the national shortage of cancer doctors 				1 2 3 4

	<ul style="list-style-type: none"> Continue to support the development and use of new NICE approved cancer treatment regimens 	1 2 3 4
	<ul style="list-style-type: none"> Develop a capital estates plan for the Shooting Star Unit, which will provide additional capacity for treatments and outpatient clinics 	1 2 3 4
	<ul style="list-style-type: none"> Our Haematology service will maintain Referral to Treatment (RTT) time at 26 weeks throughout the year and aims to undertake substantive recruitment of consultants and reduce the number of NHS locums working within the speciality by the end of 2023/24 	1 2 3 4

Strategic Priority P6

Mental Health: key actions for 23/24

Ref	Organisational Delivery Objective	Lead	Specific Ministerial or Special Measures Priority	WG Quad. Aim	Completion Timescales (quarters)
P6.1	Progress the development and implementation of a revised North Wales Mental Health Strategy, following the Together for MH national strategy review	EDPH		QA2	
	<ul style="list-style-type: none"> Approval of strategy in Q2 for implementation to commence 				1 2 3 4
P6.2	'111 press 2' mental and emotional health support service	EDPH	✓ MP	QA2	
	<ul style="list-style-type: none"> Evaluate the '111 press 2' mental and emotional health support service, taking improvement actions forward as necessary 				1 2 3 4
P6.3	Mental Health Measure	EDPH	✓ MP	QA2	
	<ul style="list-style-type: none"> Implement continued improvement in access to assessment and intervention in line with the standards set by Welsh Government Mental Health Measure, achieving Part 1a and Part 1b by January 2024 				1 2 3 4
P6.4	Embed quality and safety improvement actions in line with the organisations Learning Framework (under development)	EDPH	✓ SM	QA2	
	<ul style="list-style-type: none"> Specific actions to be confirmed 				1 2 3 4
P6.5	Support the MH Reviews 'Phase 1 Stocktake'	EDPH	✓ SM	QA2	
	<ul style="list-style-type: none"> Phase 1 of the stocktake to be undertaken as part of the Special Measures framework for improvement 				1 2 3 4

Strategic Priority P7

Substance Misuse: key actions for 23/24

Ref	Organisational Delivery Objective	Lead	Specific Ministerial or Special Measures Priority	WG Quad. Aim	Completion Timescales (quarters)
P7.1	Welsh Government Substance Misuse Delivery Plan		EDPH		QA1
	<ul style="list-style-type: none"> Continue implementation of the Welsh Government Substance Misuse Delivery Plan 				
P7.2	Support the implementation of initiatives to reduce Blood Borne Viruses, Hepatitis B and Hepatitis C		EDPH		QA1
	<ul style="list-style-type: none"> Implementation of plan to reduce blood borne viruses undertaken 				
P7.3	Support for people with co-occurring mental health and substance misuse needs		EDPH		QA1
	<ul style="list-style-type: none"> Framework implemented to support people with co-occurring mental health and substance misuse needs 				
P7.4	Refurbishment of Roslyn to develop a multiagency community substance misuse hub		EDPH		QA1
	<ul style="list-style-type: none"> Commence refurbishment 				

Strategic Priority P8

Learning Disability: key actions for 23/24

Ref	Organisational Delivery Objective	Lead	Specific Ministerial or Special Measures Priority	WG Quad. Aim	Completion Timescales (quarters)
P8.1	Learning Disability strategy	EDPH		QA2	
	<ul style="list-style-type: none"> Commenced implementation of an agreed strategy 				1 2 3 4
P8.2	Inpatient care units	EDPH		QA2	
	<ul style="list-style-type: none"> Continue work to develop fully fit for purpose inpatient care units with a focus on treatment and assessment 				1 2 3 4
P8.3	Community LD services and the Enhanced Community Residential Service	EDPH		QA2	
	<ul style="list-style-type: none"> Improvement workstreams progressing for community services and the Enhanced Community Residential Service 				1 2 3 4

Strategic Priority P9

Women's Services: key actions for 23/24

Ref	Organisational Delivery Objective	Lead	Specific Ministerial or Special Measures Priority	WG Quad. Aim	Completion Timescales (quarters)
P9.1	Implement the organisation's Maternity and Neonatal Strategic Plan, aligned to the National Strategy for Wales	EDIC		QA2	
	<ul style="list-style-type: none"> Implementation undertaken 				1 2 3 4
P9.2	Implement the Maternity and Neonatal Safety Support Programme (Priorities for Improvements and the PERIPrem Programme in Wales) –	EDIC		QA2	
	<ul style="list-style-type: none"> Complete and monitor delivery of initial recommendations for year 1 				1 2 3 4
P9.3	Consider and implement the Digital Maternity Cymru Strategic Plan	EDIC		QA2	
	<ul style="list-style-type: none"> Work to implement the Plan, including local rollout of national MiS 				1 2 3 4
P9.4	Implement next stages of the Welsh Government Quality Statement for Women and Girls' Health	EDIC		QA2	
	<ul style="list-style-type: none"> To include completion of work to develop plans for the endometriosis centre 				1 2 3 4
P9.5	Consider the Women's Health Plan for Wales and develop a deliverable Plan for North Wales	EDIC		QA2	
	<ul style="list-style-type: none"> Work with the third sector and with women's representative groups to develop proposals 				1 2 3 4
P9.6	Implement the planned care Gynaecology Specialty Plan, aligning the GIRFT recommendations	EDIC		QA2	
	<ul style="list-style-type: none"> Work with improvement team to develop and implement GIRFT recommendations 				1 2 3 4
P9.7	Support the implementation of the Early Years and Best Start Programme	EDIC		QA2	

- Deliver Best Start communication plan to improve uptake of initiatives under the Best Start and Early Years programmes

Strategic Priority P10

Children: key actions for 23/24

Ref	Organisational Delivery Objective	Lead	Specific Ministerial or Special Measures Priority	WG Quad. Aim	Completion Timescales (quarters)
P10.1	Review and revise the approach to Neurodiversity, including implementing the plan to improve access times for assessment	EDIC	✓ MP	QA2	
	<ul style="list-style-type: none"> Review and confirm proposals for increasing capacity 				1 2 3 4
P10.2	Implement improvements that enable timely access to Child and Adolescent Mental Health services, in line with the WG MH access requirements	EDIC	✓ MP	QA2	
	<ul style="list-style-type: none"> Refresh and implement CAMHS recovery plan 				1 2 3 4

Strategic Priority P11

Wider Delivery: key actions for 23/24

Ref	Organisational Delivery Objective	Lead	Specific Ministerial or Special Measures Priority	WG Quad. Aim	Completion Timescales (quarters)
P11.1	Implement the agreed Special Measures Response Plan priorities within the 90-day cycle approach, including:	EDTSP	✓ SM	QA2	
	<ul style="list-style-type: none"> Vascular: implement the Vascular Improvement Plan, take stock of progress following the Review and set a strategic intent for the service for the medium term 				1 2 3 4
	<ul style="list-style-type: none"> Urology: Review, revise and implement an improvement plan for urology services 				1 2 3 4
	<ul style="list-style-type: none"> Oncology: Develop a sustainable workforce approach for this service 				1 2 3 4
	<ul style="list-style-type: none"> Dermatology and Plastics: implement the improvement plan for these services 				1 2 3 4
P11.2	Implement mechanisms to identify and respond to early warning signs of fragile services of concern	EMD		QA2	
	<ul style="list-style-type: none"> Develop proposals for quality surveillance mechanisms including performance data, workforce, quality 		1 2 3 4		
P11.3	Stroke Services	EMD		QA2	
	<ul style="list-style-type: none"> Implement key improvements in Stroke services in order to achieve level B score in the Stroke Sentinel national Audit Programme 		1 2 3 4		
P11.4	Working with Welsh Health Specialised Services, implement the Integrated Commissioning Plan for Specialised Services	EDTSP		QA2	
	<ul style="list-style-type: none"> Implementation the Integrated Commissioning Plan for Specialised Services 		1 2 3 4		

Strategic Priority P12

Workforce: key actions for 23/24

Ref	Organisational Delivery Objective	Lead	Specific Ministerial or Special Measures Priority	WG Quad. Aim	Completion Timescales (quarters)
P12.1	Address priority issues for workforce including:	EDOW		QA3	
	<ul style="list-style-type: none"> ▪ Supporting further international recruitment 				1 2 3 4
	<ul style="list-style-type: none"> ▪ Further development of the Apprenticeship/Grow our Own Models 				1 2 3 4
	<ul style="list-style-type: none"> ▪ Work with the local universities and HEIW on undergraduate health and care education 				1 2 3 4
	<ul style="list-style-type: none"> ▪ Continue to develop and implement support for Staff wellbeing 				1 2 3 4

Strategic Priority P13

Digital, Data & Technology: key actions for 23/24

Ref	Organisational Delivery Objective	Lead	Specific Ministerial or Special Measures Priority	WG Quad. Aim	Completion Timescales (quarters)
P13.1	Implement the actions within the Special Measures Response Plan 90 day cycle that support improvement including:	CDIO	✓ SM	QA2	
	<ul style="list-style-type: none"> Development of Strategic and tactical plans to improve access to a more integrated care record 				1 2 3 4
	<ul style="list-style-type: none"> Develop a proposal to raise the organisations maturity in using data and intelligence for improving service planning and identification of emerging service issues 				1 2 3 4
P13.2	Progress the implementation of current Digital Programmes including:	CDIO		QA2	
	<ul style="list-style-type: none"> Welsh Patient Administration System 		1 2 3 4		
	<ul style="list-style-type: none"> Laboratory Information Network System (LINC) 		1 2 3 4		
	<ul style="list-style-type: none"> Medicines Transcribing and E discharge (MTED) 		1 2 3 4		
	<ul style="list-style-type: none"> Stream 		1 2 3 4		
	<ul style="list-style-type: none"> Welsh Nursing Care Record 		1 2 3 4		
	<ul style="list-style-type: none"> Eye care digitisation programme 		1 2 3 4		
	<ul style="list-style-type: none"> Welsh Community Care Information System 		1 2 3 4		
	<ul style="list-style-type: none"> Cito – Electronic Health Record 		1 2 3 4		
P13.3	Commence Major Digital, Data and Technology Programmes, including:	CDIO		QA2	

▪ Welsh Patient Referral Service Phase 2	1 2 3 4
▪ Electronic Prescribing and Medicines Administration (ePMA)	1 2 3 4
▪ Radiology Information System (RISP)	1 2 3 4
▪ Welsh Intensive care Information System (WICIS)	1 2 3 4

Strategic Priority P14

Estates & Capital: key actions for 23/24

Ref	Organisational Delivery Objective	Lead	Specific Ministerial or Special Measures Priority	WG Quad. Aim	Completion Timescales (quarters)
P14.1	Implement the key national and local discretionary capital programmes including:	EDOF		QA2 & 4	Q1 – Q4
	▪ Health and safety, risk and statutory compliance				1 2 3 4
	▪ Fire compliance				1 2 3 4
	▪ Planned and unscheduled care and patient experience				1 2 3 4
	▪ Mental health				1 2 3 4
	▪ Sustainability including decarbonisation				1 2 3 4
	▪ Medical Devices replacement programme				1 2 3 4
▪ Informatics				1 2 3 4	
P14.2	Progress the major Capital programme Schemes, including:	EDOF		QA2	Q1 – Q4
	▪ Wrexham Maelor Continuity Programme				1 2 3 4
	▪ Ysbyty Gwynedd Compliance Programme				1 2 3 4
	▪ Nuclear Medicine/PET CT				1 2 3 4
	▪ Radiotherapy programme				1 2 3 4
▪ Royal Alexandra Development Project				1 2 3 4	

- Integrated Primary Care Resource Centre

1 2 3 4

- Ablett Unit redevelopment FBC

1 2 3 4

Strategic Priority P15

Partnerships: key actions for 23/24

Ref	Organisational Delivery Objective	Lead	Specific Ministerial or Special Measures Priority	WG Quad. Aim	Completion Timescales (quarters)
P15.1					
	<ul style="list-style-type: none"> Work with partners in the Regional Partnership Board to implement agreed priorities within the North Wales Area Plan 				1 2 3 4
	<ul style="list-style-type: none"> Implement agreed actions under the Regional Integration Fund programme and the Integrated Regional Capital Fund 				1 2 3 4
	<ul style="list-style-type: none"> Respond to the Further, Faster strategic action plans being developed by WG to enhance further our partnership working in North Wales 				1 2 3 4
	<ul style="list-style-type: none"> Collaborate with the North Wales Public Services Boards in delivery of the Well-being Plans 				1 2 3 4
	<ul style="list-style-type: none"> Continue to develop and collaborate with other strategic partnerships across Wales and cross-border 				1 2 3 4

Strategic Priority P16

Board leadership & governance: key actions for 23/24

Ref	Organisational Delivery Objective	Lead	Specific Ministerial or Special Measures Priority	WG Quad. Aim	Completion Timescales (quarters)
P16.1	Implement the actions in the Special Measures Response Plan 90 day cycles, including:	EDTSP	✓ SM	QA4	
	<ul style="list-style-type: none"> Strengthening Board Effectiveness and invest in Board Development 				1 2 3 4
	<ul style="list-style-type: none"> Supporting Independent member recruitment 				1 2 3 4
	<ul style="list-style-type: none"> Executive Team Development 				1 2 3 4
	<ul style="list-style-type: none"> Risk Management Framework 				1 2 3 4
	<ul style="list-style-type: none"> Board Committee 				1 2 3 4
	<ul style="list-style-type: none"> Special Measures Assurance Approach 				1 2 3 4
P16.2	Develop and implement an organisational Performance Framework	EDOF		QA2	
	<ul style="list-style-type: none"> Revised performance and accountability arrangements to be in place 		1 2 3 4		
P16.3	Develop a Health Board Planning Framework, taking into account the findings of the Planning Review as part of the Special Measures response	EDTSP	✓ SM	QA2	
	<ul style="list-style-type: none"> Planning review to be undertaken from July 2023 with report anticipated in September 2023 				1 2 3 4

Strategic Priority P17

Organisational Development: key actions for 23/24

Ref	Organisational Delivery Objective	Lead	Specific Ministerial or Special Measures Priority	WG Quad. Aim	Completion Timescales (quarters)
P17.1	Implement the priorities within the Special measures Response Plan 90 day cycles, including:	EDOW	✓ SM	QA4	
	<ul style="list-style-type: none"> Stocktake of the Stronger Together Operating Model, identifying areas to strengthen and consolidate 				1 2 3 4
	<ul style="list-style-type: none"> Resolve Senior HR cases 				1 2 3 4
	<ul style="list-style-type: none"> Implement a Senior Leadership Development approach 				1 2 3 4
	<ul style="list-style-type: none"> Implement findings of the Interims Review 				1 2 3 4
	<ul style="list-style-type: none"> Consider and implement the findings of the Executive Portfolio Review 	1 2 3 4			
P17.2	Consider the development of a short, medium and longer term Organisational Development Framework to support the organisation move from 'stabilisation to sustainability'	EDOW	✓ SM	QA4	
	<ul style="list-style-type: none"> Implement actions within first 90 days of Special Measures framework relating to stronger leadership and engagement 				1 2 3 4

Strategic Priority P18

Quality, Innovation & Improvement: key actions for 23/24

Ref	Organisational Delivery Objective	Lead	Specific Ministerial or Special Measures Priority	WG Quad. Aim	Completion Timescales (quarters)
P18.1	Implement the priorities within the Special Measures Response Plan 90 day cycles, including:	EMD	✓ SM	QA4	
	<ul style="list-style-type: none"> Consider the findings and recommendations of the Patient Safety Review 				1 2 3 4
	<ul style="list-style-type: none"> Processes and procedures for learning from incidents 				1 2 3 4
	<ul style="list-style-type: none"> Support the Clinical Governance Review 				1 2 3 4
	<ul style="list-style-type: none"> Scope an enhanced programme of Healthcare Public Health 				1 2 3 4
P18.2	Embed the Betsi Way improvement methodology across the organisation	EDTSP		QA	
	<ul style="list-style-type: none"> Develop a sustainable model of service improvement support for IHC/Divisional level and pan-BCUHB programmes of work 				1 2 3 4
	<ul style="list-style-type: none"> Ensure service improvement resource is allocated to organisational strategic priorities through a designated forum 				1 2 3 4
	<ul style="list-style-type: none"> Develop a Centre of Excellence of Improvement to coordinate the consistent delivery of improvement methodology, and drive forward staff training in improvement methodology, tools and techniques. 				1 2 3 4

Strategic Priority P19

Social & Civic leadership and responsibility: key actions for 23/24

Ref	Organisational Delivery Objective	Lead	Specific Ministerial or Special Measures Priority	WG Quad. Aim	Completion Timescales (quarters)
P19.1	Develop a strategic plan for improving organisational impact to the Foundational Economy	EDOF		QA1 & 4	
	<ul style="list-style-type: none"> Review current initiatives, refresh leadership and develop an strategic plan 				1 2 3 4
P19.2	Equality, Diversity and Inclusion	EDOW		QA1	
	<ul style="list-style-type: none"> Co-design of the Health Board’s Strategic Equality Objectives and Action plan for 2024 – 2028, including working in partnership with North Wales Public Sector organisations 				1 2 3 4
	<ul style="list-style-type: none"> Implementation of equality related Welsh Government plans and strategies including <ul style="list-style-type: none"> - implementing our response to the Welsh Government Anti-Racist Action plan, strengthening our understanding of culturally competent services and working with partner organisations such as Diverse Cymru and their Cultural Competence Certification Scheme - co-producing our action plan in response to the WG LGBTQ+ Action Plan published in February 2023, working with stakeholders and developing the response to the identified needs of LGBTQ+ people in North Wales 				1 2 3 4
	<ul style="list-style-type: none"> Developing culturally competent services, through training and linking with community stakeholders, sharing lived experiences to improve practice and address health inequalities 				1 2 3 4
	<ul style="list-style-type: none"> Improving our approach to Equality Impact Assessments and Socio-Economic Impact Assessments - we are leading a project with other Health Boards to introduce an All-Wales Digital Equality Impact Assessment process to ensure consistency of governance, accountability and quality assurance 				1 2 3 4
	<ul style="list-style-type: none"> Developing our Staff Networks, providing support and training to empower network leadership, and developing Staff Well-being Support 				1 2 3 4
	<ul style="list-style-type: none"> Building on the work of the Menopause Matters Group to support all staff affected by menopause, including introducing Menopause Cafés 				1 2 3 4
P19.3	Welsh language and culture	EDPH		QA1	

	<ul style="list-style-type: none"> Ensuring organisation-wide consistency in delivering the Welsh Language Standards 	<p>1 2 3 4</p>
	<ul style="list-style-type: none"> Supporting the workforce to develop and improve Welsh language skills through the implementation of the Bilingual Skills Policy and Procedure 	<p>1 2 3 4</p>
	<ul style="list-style-type: none"> Building on the “Active Offer” approach to ensure timely access to language appropriate care (aligned to actions set within the “More Than Just Words” Five Year Plan) 	<p>1 2 3 4</p>
	<ul style="list-style-type: none"> During the year we will also be supporting the Llŷn and Eifionydd National Eisteddfod, hosted by Gwynedd 	<p>1 2 3 4</p>

Annual Plan 2023



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University Health Board



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Foreword

2022-23 has been a challenging year for the NHS as a whole as we continue to recover from the Covid-19 pandemic and deal with cost of living challenges. For Betsi Cadwaladr University (BCU) Health Board the challenges have been exceptional, affecting our ability to plan and deliver our services in the way that we would want to do, and consequently to meet the needs of our population.

The escalation of the Health Board into Special Measures in February 2023 and the significant change of leadership at Board level has presented further challenge. This has delayed the production of our annual plan. However, we are now rebuilding and have had the opportunity as a new Board to engage with and develop this Plan. We recognise there are many areas where - whilst we are making progress - the pace of improvement needs to increase significantly, and we are committed to continuing to improve our position.

Our Plan sets out our key objectives in respect of both Ministerial and local priority areas, and reflect our response to Special Measures concerns. The Plan should be read alongside the supporting strategies referenced, noting that there is further work to be done to complete other supporting plans such as our Quality Strategy, which will be delivered this year.

This Plan is a deficit reduction plan where our overall deficit position would improve albeit that it would still result in a significant deficit position at year end. Clearly there is a difficult financial climate for the whole of the NHS and public sector and we will continue to strive to improve this position during the year and will update our planning and financial objectives as we progress, involving our staff, partners and population. The Plan is a working, "living plan" and we will continue to review and update our position in respect of the Plan throughout the rest of the year.

We are committed as a Board to consistently deliver in line with our organisational values and to recognise our role as a significant employer in North Wales and a key player in many areas of partnership working. We will build on our working plan during the year openly and in partnership, and look forward to working with all stakeholders as we continue on our journey to improvement.



Dyfed Edwards
Chair
Betsi Cadwaladr University Health Board



Carol Shillabeer
Interim Chief Executive
Betsi Cadwaladr University Health Board

Executive Summary

This is our annual plan for 2023-24, set in the context of our longer-term direction of travel for health and healthcare in North Wales. In 2023-24 we are unable to fulfil our statutory duty as a Health Board to produce a three year Integrated Medium Term Plan, being unable to deliver financial balance over a three-year period. In addition, whilst we are addressing the Ministerial Priorities set out in the NHS Wales Planning Framework, we are unable to achieve all the required performance targets. We are therefore focusing on a one-year delivery plan which will support our objectives of stabilisation and recovery during 2023-24.

Our Plan summarises the population health needs of North Wales, building from detailed Population Needs Assessments undertaken with partners. The region is anticipating an increase in the number of older people and has higher than average numbers of people living with long-term conditions, and consequently requiring care and support. Poverty and deprivation are also increasing, exacerbating inequalities in health.

In February 2023 the Health Board was escalated into Special Measures due to a number of concerns relating to delivery, organisational performance and governance. We have established a framework for delivery against the areas of concern and areas that are particularly relevant to Special Measures are highlighted throughout the Plan. The first 90-day cycle of improvement under the Special Measures framework will be complete by the end of August. Two further 90-day cycles of improvement will follow this within the first phase of addressing Special Measures – ‘stabilisation’.

The Plan details our response across a range of strategic priority areas, including prevention and health protection, primary care, and a wide range of services for different groups. In respect of planned care, we are projecting that we will be unable to meet the Ministerial targets for reducing the waiting times across some specialties. However, our plan includes focused attention to make the biggest impact upon reducing these waiting times, especially in those areas facing some of the longest waits. Trajectories for some of these areas are included as an appendix to the plan. Although the plan is published now, it is a “living plan” and it will evolve throughout the year. This is particularly relevant when considering these trajectories because we are confident that there are further opportunities to find to improve our performance.

Our performance in urgent and emergency care is also not what we would wish, and our plan includes a number of actions to improve waiting times in our emergency departments and in ambulance handovers. Again, we will continue to develop our approach in line with a “living plan” ethos to find additional opportunities to improve these trajectories as the year progresses.

We recognise that the breadth of the challenges we face requires focus and structure, and that difficult decisions will need to be made to prioritise the use of our resources for the coming year. Notwithstanding the rigorous approach being taken to improve performance and address special measure concerns, our Plan this year is a deficit reduction plan projected to take us to a £134m deficit at the end of 2023-24.

To support the delivery of the Plan in moving forward, we will be focusing on value-based care, benefits realisation, improving leadership, governance and quality, modernising and developing digital, data and technology and our estate. Key in achieving all of this will be supporting and enabling our people to deliver the standard of services that they wish to provide, and to which our population entitled.

Introduction

▪ The purpose of our Plan

This is our annual plan for 2023 - 2024, set in the context of our longer term direction of travel for health and healthcare in North Wales. During 2023 - 2024 we will be seeking to stabilise and recover our delivery and performance. It is important however that we understand the longer term trends and ensure that actions that we take will move us toward rather than away from the longer term aims.

▪ Legislative and Ministerial requirements

All Health Boards are required to develop an integrated, medium-term plan (an IMTP). The Plan should set out the strategy for securing financial balance over three years whilst improving the health of the population and providing healthcare to meet needs. For 23-24, in common with other Health Boards across Wales, BCU HB has been unable to produce a plan that meets all requirements. This reflects the current financial and system pressures, as well as the recent escalation of the Board into Special Measures. We have formally advised Welsh Government of the position and confirmed our intention to submit this annual plan.

Although we are not able to fulfil all requirements, our Plan must still address the priorities set out in the NHS Wales Planning Framework 2023 – 2026 as well as continue to respond to local priorities. The Planning Framework recognises the challenging environment and includes a streamlined set of priorities for delivery, whilst referencing the need to continue to make progress on wider areas for improvement.

The Planning Framework identifies a number of key areas to be addressed:

- Ongoing response to pandemic and system demand
- Recovery and sustainability
- Collaboration and regional approaches with partners
- Quality of care including addressing the new Duty of Quality and Duty of Candour
- Prevention and reducing health inequalities and improving health outcomes
- Climate change and decarbonisation

- Specific clinical service areas requiring improvement and links with the National Clinical Framework

The Planning framework includes a number of core Ministerial priorities for which we have completed the delivery templates included with this Plan.

Delayed transfers of care	Primary Care Access	Urgent & Emergency Care	Planned Care Recovery, Diagnostics & Pathways	Cancer Recovery	Mental Health & CAMHS
Improvement in the backlog of delayed transfers of care 1	Improved access to GP and Community Services 2	Implementation of a 24/7 urgent care service accessible via NHS 111 Wales 6	Delivery of milestones for outpatient assessment and planned care waits 9	Reduction in backlog of patients waiting over 62 days 13	Recover waiting time performance for all age LPMHSS 15
	Increased access of dental services 3	Implementation of a Same Day Emergency Care (SDEC) service 7	Address capacity gaps in specific specialties 10	Implementation of the agreed national cancer pathways 14	Recover waiting time performance for CAMHS 16
	Improved use of community pharmacy 4	Reduction of ambulance handover waits 8	Implementation of regional diagnostic hubs 11		Implement '111 press 2' 17
	Improved use of optometry services 5		Implement pathway redesign 12		

1	Pages 57, 58 & Ministerial Template 1
2	Page 47 & Ministerial Template 2a
3	Page 47 & Ministerial Template 2b
4	Page 47 & Ministerial Template 2c
5	Page 47 & Ministerial Template 2d
6	Pages 57, 58, 62 & Ministerial Template 3a

7	Page 58 & Ministerial Template 3b
8	Page 58 & Ministerial Template 3c
9	Page 54, 55 & Ministerial Template 4
10	Page 54, 55 & Ministerial Template 4
11	Page 55 & Ministerial Template 4
12	Page 55, 67 & Ministerial Template 4

13	Page 59 & Ministerial Template 5a
14	Page 60 & Ministerial Template 5b
15	Page 62 & Ministerial Template 6a
16	Page 68 & Ministerial Template 6c
17	Page 62 & Ministerial Template 6b

The Health Board also has a wider role to play in terms of social and corporate responsibility. Our contribution as an anchor institution within communities is recognised and we are developing our response to the Foundational Economy approach, Equality Diversity and Inclusion, and promoting Welsh Language and Culture within North Wales

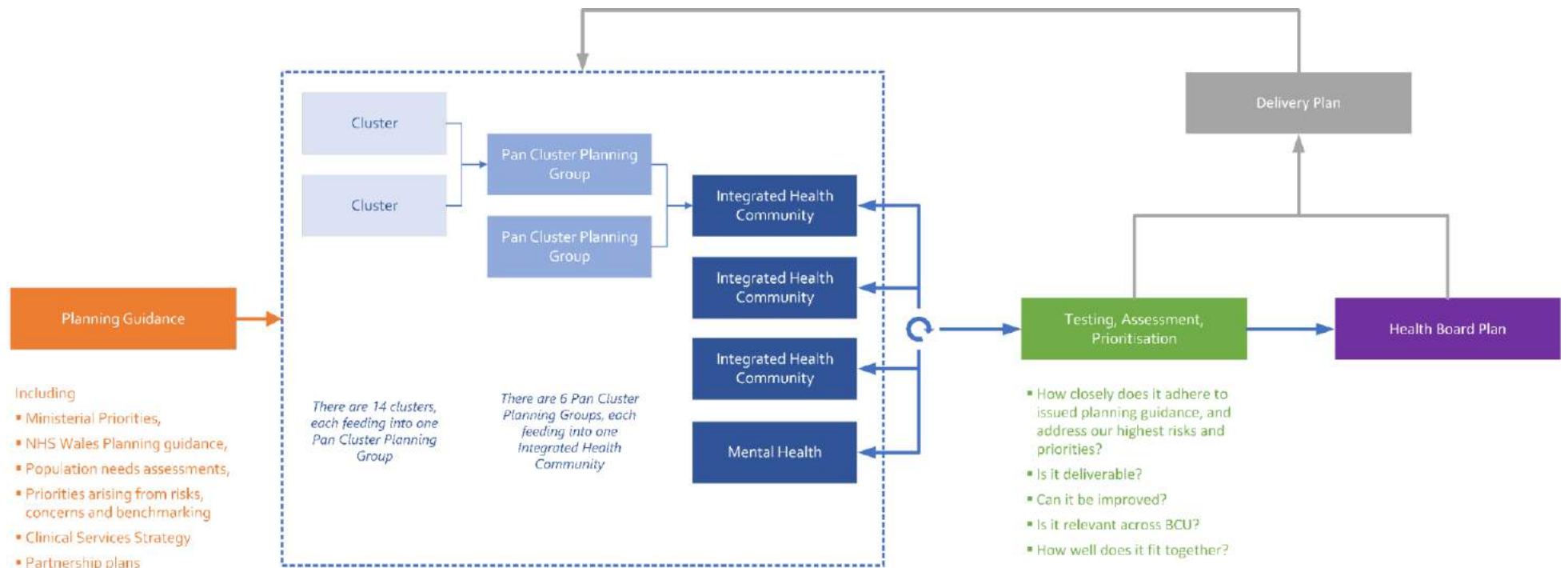
Specific areas will need to be addressed in our response to the Special Measures framework and our plan also describes how we will respond to these during the initial period of stabilisation.

Our Planning Approach

The breadth of challenges we face requires a focused and structured approach involving difficult decisions. We will neither have the resource nor the capability to address everything that we would ideally wish to do in the coming year. We will take an approach that makes best use of the resources available (such as financial resource and staffing availability) to make the biggest impacts in our most pressing areas.

The Clinical Services Strategy (CSS), approved in August 2022, provides a framework which will help shape the future direction, strategic clinical intentions and priorities of the Board by setting out a 'blueprint' for large-scale service redesign of our clinical services.

Our priorities for the coming year must bring together our current challenges and our assessment of population need into a small group of attainable and sustainable activities that fit comfortably within the Clinical Services Strategy blueprint.



Outline of the planning approach

Cluster and Pan-Cluster plans

There are 14 clusters across North Wales which have been working to respond to local needs and priorities. Clusters have developed plans responding to the needs identified in the Population Needs Assessment (referenced above) and to incorporate local insights which include the findings of the Inverse Care Law programme and local public health data.

Cluster Plans feed into Pan Cluster Planning Groups which bring the 14 Clusters together into county level planning groups. This allows us to ensure as much as possible can be progressed with our partners who are working on a county basis. These plans are further built upon

at the level of our three Integrated Health Communities (West, Central and East) and our pan-BCU Mental Health Division, to ensure that the whole range of services that we should be providing are available to the whole population, and to a high quality.

During 2023/24 we will continue to develop the influence of clusters in our planning by continuing to implement the national Accelerated Cluster Development Programme.

A summary of cluster plans can be found here:

<https://bcuhb.nhs.wales/Annual-plan-Cluster23>

Partnership planning

In addition we co-create plans with our partners, such as Public Service Board plans, and the Regional Partnership Board plan. All of these plans are reflected within the Health Board annual plan.

During 2022, partner organisations, including the Health Board, worked together through the Public Services Boards to produce updated well-being assessments for their local populations. The well-being assessments will support development of refreshed joint plans to address environmental, cultural, societal and economic well-being.

A summary of the well-being assessments can be found here:

<https://bcuhb.nhs.wales/Annual-plan-wellbeing23>

How we test and prioritise our plans

There is great potential to redesign or supplement existing services to respond to new opportunities, which will always outstrip capacity available for this, meaning that when change is required we need to prioritise and coordinate those changes to make the biggest impact possible with the resource available at the time.

We recognise that to make progress in the coming few years we will need to be focused around the areas of greatest need. It will be impossible to progress everything we might otherwise wish to progress in this next period; we have adverse economic conditions that will limit the availability of NHS funding, workforce constraints across the NHS will continue to challenge us, and demand and capacity is currently mismatched in many areas.

This requires us to take a structured approach.



How?
By following a structured and evidence-based approach

- Value Based Care principles
- Strong Emphasis upon Benefits Realisation
- Adoption of a Prioritisation Framework
- Clear Workforce Plan
- Robust Programme Management

▪ **Value Based Care**

The Health Board has made considerable steps forward in recent years to build decision making upon the principles of Value Based Care since this leads to better utilisation of our limited resources and ensures we get the highest possible impact for our population. We will continue this journey by ensuring we take a value based lens to addressing our priority areas.

What is value?

Value is about the **usefulness** or **benefit** of something to the person receiving it.

It isn't, primarily, about financial cost. Somethings can be high cost but of low benefit, whilst other things can be low cost but of high benefit. Other interventions sit between the two extremes.

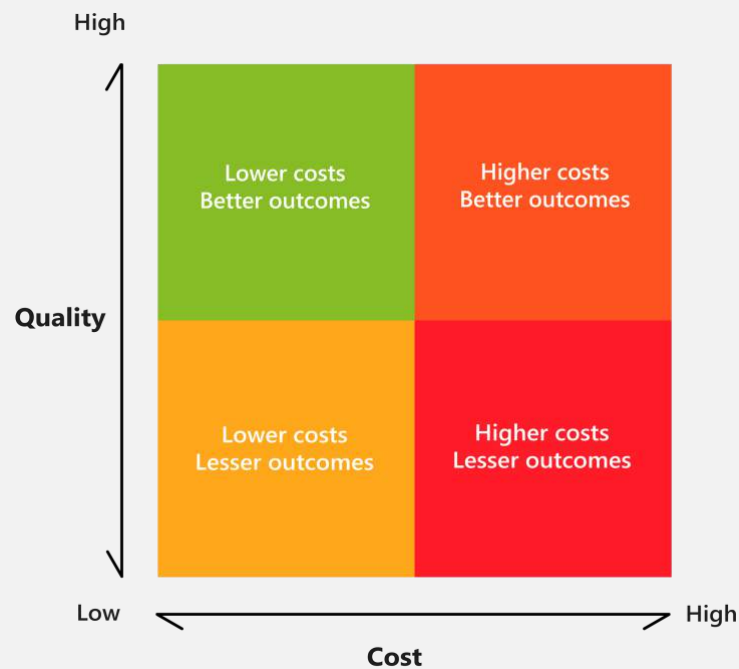


Illustration adapted from Anant Jani & Sir Muir Gray, BMJ Outcomes (2015)

- ***Strong emphasis upon Benefits Realisation***

We cannot commit our limited resources to pursuing an improvement activity unless the benefits and the risks within the solution are adequately understood and profiled. Although this can sometimes be difficult to do this within complex healthcare systems it would be wrong to commit public resources and precious time if we cannot then demonstrate a benefit. In this way, we can judge whether the activity is having the right outcomes, and intervene if not; it also means we can make more informed decisions about moving resource within the healthcare systems.

Like many healthcare systems, we have not always seen the benefits from programmes of work at the end when compared with what had been promised at initiation and we know that we have work to do to improve this. As we move through 2023 we have adopted a number of changes to address this. We will not commit limited resource to changes that have promised improvements against our priority areas until we have rigorously tested those anticipated benefits. We will then make decisions against the tested benefits profile, deemed realistic, and if we progress will robustly monitor and manage the delivery of benefit by using evidence-based project management techniques more consistently across the organisation.

- ***Adoption of a prioritisation framework***

We know that we will need to prioritise our plans in order to successfully deliver against them in the coming year and beyond. This will require a careful assessment process to ensure we are focusing upon areas that will have the greatest impact for the population of North Wales. We will do this by using a structured framework.

Bringing together the Ministerial Priorities and priority areas for BCU, our focus upon Value and Benefits Realisation, and our existing Planning Principles, we have adapted a prioritisation framework in order to ensure we adopt the most important, relevant, and evidence-based approaches to address our current challenges.

During 2023 we will continue to explore ways in which this approach can be used to identify areas of low value and benefit where resource (financial, staffing, estates) may be better used if reprioritised.

- **Workforce Plan**

Associated with benefits realisation is a workforce plan that is deliverable and that maximises workforce transformation opportunity, since any development of services within the Health Board must be able to be safely and consistently delivered.

- **Robust Programme Management**

A review of our past approaches to Programme Management has identified opportunities to improve our likelihood of success when implementing changes. As a result we have established an approach to Programme Management that is built firmly upon best practice and overseen by a structured Portfolio Management Office. A commitment to consistently follow this approach will be a requisite since this maximises the likelihood of full benefits realisation.

In summary, our priority development activities in 2023 will deliver against all of the following:

✓	There will be clear evidence of Value (as defined above) by progressing the activity
✓	The benefits and risks, including financial, will be clearly profiled against time
✓	The activity will have tested positively against the Ministerial Priorities, BCU priority areas, and Planning Principles
✓	There will be a deliverable workforce plan
✓	The teams delivering the activity will have committed to adhere to the robust programme management and monitoring processes in place, which include steps to correct delays or sub-optimal benefits

Strategic and Operational Context

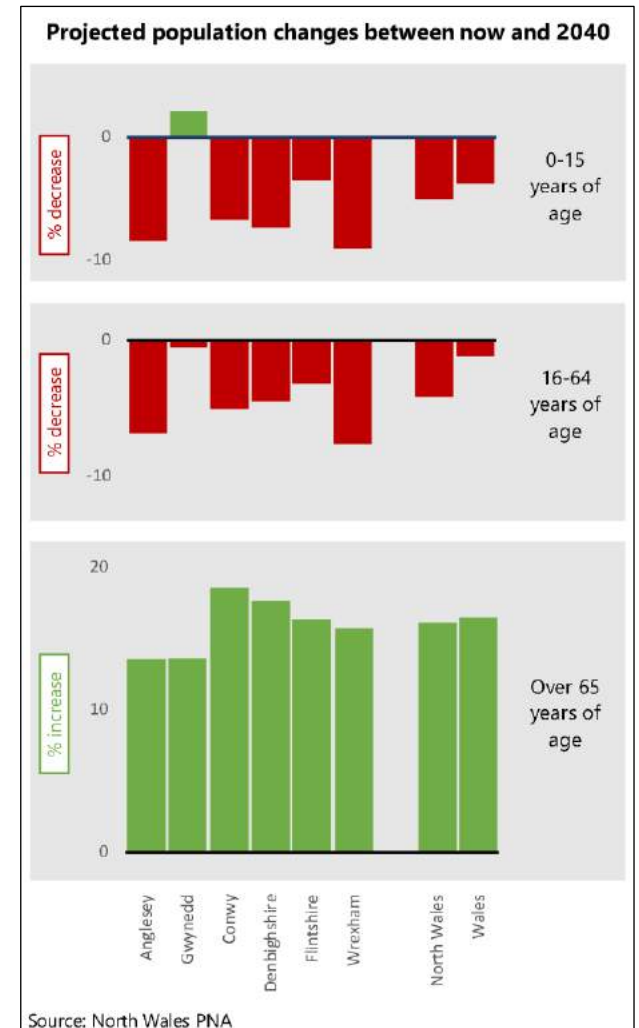
Our Population Profile

Demographic changes

Addressing the needs of our population in order to improve health and well-being and tackle health inequalities is the overarching aim of the Health Board.

At the beginning of the year 22-23, North Wales Local Authorities together with the Health Board produced the revised Population Needs Assessment (PNA), under the leadership of the Regional Partnership Board. The PNA provides a picture of the needs of our population in order to inform future provision of care and support services.

The PNA flags that the region is expected to experience a decrease in the both the number of children in the population and also adults under the age of 65. In contrast, the number of adults aged over 65 is expected to rise significantly.



¹ Populations Needs Assessment. The full PNA can be found at <https://www.northwalescollaborative.wales/north-wales-population-assessment/>

Long-term conditions

While many of us are staying healthy later into life, for many there will be increasing levels of long-term conditions and a consequent need for care and support.

This has an impact not only on individuals experiencing increased levels of need but on those family members or relatives who may be providing unpaid care.

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

This means it has never been more important to ensure that we focus upon interventions to prevent future ill-health alongside addressing current ill-health.

Long-term conditions			
	Wales %	BCU %	
High blood pressure	15.8%	16.9%	Higher than Wales average
Obesity (aged 16+)	10.1%	9.5%	Lower than Wales average
Asthma	7.1%	7.6%	Higher than Wales average
Diabetes (aged 17+)	6.1%	7.8%	Higher than Wales average
Heart disease	3.6%	3.8%	Higher than Wales average
Cancer	3.1%	3.7%	Higher than Wales average
Chronic Obstructive Pulmonary Disease	2.4%	2.7%	Higher than Wales average
Stroke	2.1%	2.2%	Higher than Wales average
Heart Failure	1.1%	1.1%	Equal to Wales average

In 2020 there were **155,000** people aged 65 and over in North Wales.

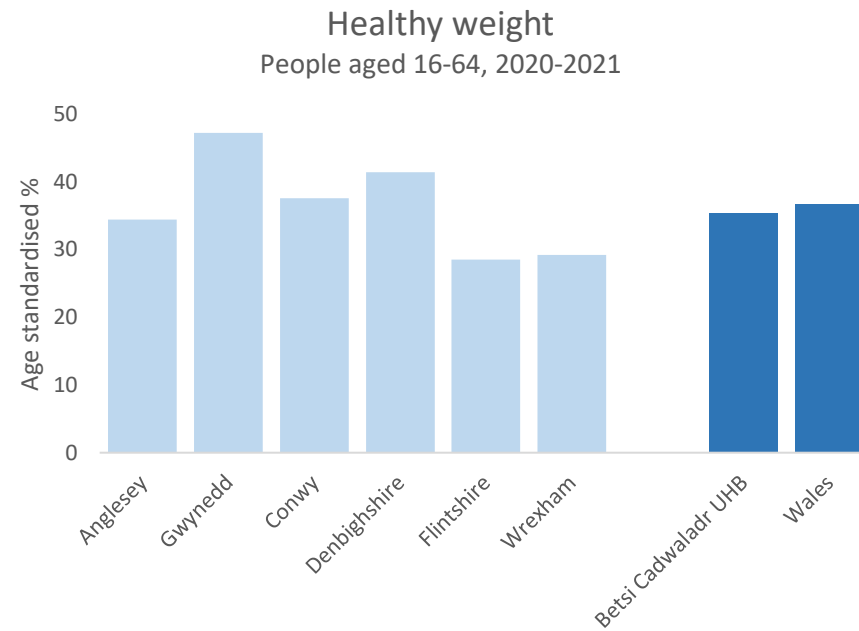
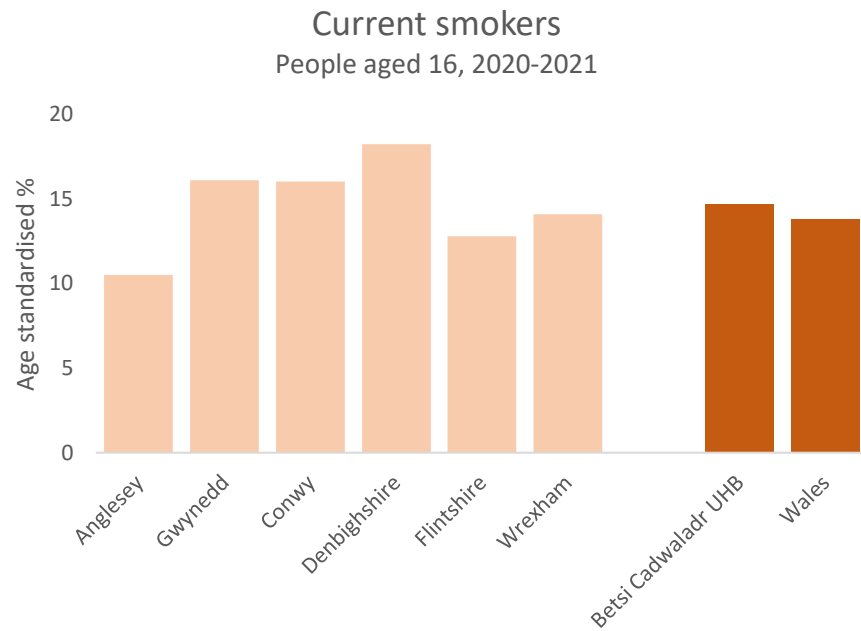
Of these, **46,000** people struggle with activities of daily living, and this number is expected to rise to **61,000** by 2040.

There are over **10,000** people living with dementia in North Wales, the majority of whom will be in older age groups. This number is expected to increase significantly as people live longer.

Over **78,000** people are providing unpaid care.

Smoking and obesity

Smoking and obesity remain the biggest causes of preventable ill health and whilst we have made progress in North Wales, we know that we need to continue with targeted work across our region.



Data provided by Public Health Wales Observatory, WG

Poverty and Deprivation

During the last year we have seen a number of external factors having a greater impact on our population and consequently on demand for health and care.

The increasing cost of fuel has led to more people experiencing fuel poverty – when the cost of heating is greater than 10% of household income – with estimates that up to 45% of households in Wales may have experienced fuel poverty in 2022, with older people likely to be disproportionately affected².

Overall poverty and deprivation rates across Wales have been increasing. Socio-economic disadvantage is linked with poorer overall well-being outcomes including health, education and employment. It has been found that inequalities and barriers to support and services have been exacerbated further during the pandemic and post-pandemic period.

The Welsh Index of Multiple Deprivation has highlighted that North Wales has some of the most deprived areas in Wales. Three of these areas are within the ten most deprived communities in Wales – these are Rhyl West 2 and Rhyl West 1 which are the first and second most deprived respectively, and also Queensway 1 in Wrexham which is the 9th most deprived ward in Wales. These three areas are also amongst the 26 areas described as being in deep-rooted deprivation (StatsWales)³ – remaining in the most deprived areas since 2005 - where there are significantly worse indicators associated with deprivation and inequality, compared to areas which have not appeared in the most deprived areas or have moved in and out of that position. This includes long-term conditions, low birth weight babies, and childhood obesity.

Over recent years there has been a slowing in improvements in life expectancy across Wales, including in North Wales. Although higher mortality rates in 2020 due to the Covid-19 pandemic may account for some of this, the stalling of life expectancy improved had started

² Welsh Government (2022) Fuel poverty modelled estimates for Wales: as at October 2021

³ <https://statswales.gov.wales/Catalogue/Community-Safety-and-Social-Inclusion/Welsh-Index-of-Multiple-Deprivation/WIMD-Indicator-data-2019/Indicatordata-by-DeepRootedDeprivationcategory>

before the pandemic. Causes include low wage growth, fuel poverty, food insecurity and austerity, as highlighted in reporting by Sir Michael Marmot. This reinforces the need for action to address inequalities in our community.

During 2022 there has also been an increase in the number of refugee and asylum seekers needing support. Across the region there have been increasing numbers of people from Afghanistan, Ukraine, and other countries requiring health support, such as screening, mental health advice, vaccination, and direct healthcare needs. We anticipate further increases in numbers of people joining our North Wales communities during the coming years.

Welsh language

Our region includes communities which have the highest percentage of Welsh speakers in Wales.

In 2020 North Wales had 279,300 residents who can speak Welsh (Stats Wales Annual Population Survey 2021), which equates to 41% of the overall population across the 6 local authorities. Recent release of Census data has however pointed to a decrease across Wales in the number of people stating they are proficient in the Welsh language. As a Health Board, in addition to our statutory duties to ensure provision of Welsh language services, we recognise the importance of promoting the Welsh language for our staff and in our role as a large employer with significant contribution to make in sustaining the language in our communities.

Our present challenges

For us to determine our priorities for the coming year, the assessment of the evolving needs of our population that is outlined in the previous section also needs to be placed within the context of our present challenges and capabilities.

The challenges that the Health Board is presently addressing are creating an exceptionally complex, difficult environment:

- Concerns regarding a number of our services, leadership and governance mean that the Health Board has been placed in 'Special Measures' and undertaking additional focused improvement activities in these areas;
- The impact of Covid-19 continues to affect us. Waiting times for a number of operations such as replacement joints or eye surgery have significantly increased during the pandemic and whilst we have begun to reduce some of the longest waits, there is much more to do and this will require changes to how we deliver services; our planned care productivity is less than before the covid-19 pandemic. In addition we are still seeing admissions due to covid-19, availability of ward space decreased due to infection control measures, and staffing numbers impacted due to covid-19 infection;
- In addition recent months have seen the need to respond quickly to a number of other infective disease risks including 'M-pox', 'Strep A' and rising influenza rates;
- Primary care services have been under exceptional demand, and have had to adapt rapidly to address growing community need at a time of increasing recruitment difficulties;
- Social care services have experienced similar difficulties in being able to sustainably provide the staffing required to care for individuals in their own homes or care home settings, with demand outstripping capacity;
- The above factors have impacted upon our ability to move patients through our hospitals. This has resulted in too many people waiting long periods to be admitted from ambulances, or awaiting assessment in our Emergency Departments, or awaiting for inpatient care once assessed. This is despite maximising our bed occupancy levels to above recommended rates;

- 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;
- 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;
- 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;
- The economic position and rising cost of living has had an adverse impact on the population, our staff, and the cost of supplies and energy used by the Health Board. The financial resource available to the Health Board in the coming years will be extremely challenging due to this;

Responding to all of these challenges concurrently will be difficult and so it is particularly important, in the coming year, that our ambitions are appropriate in scale and focus as it will not be possible to do everything we might otherwise wish to do.

Challenges in the Social Care market in North Wales

The North Wales Market Stability Report⁴ was published in November 2022 and includes information about the availability of care and support across the region. This includes care homes, home care, children's homes, fostering, adoption, advocacy and support for unpaid carers. The report assesses how well current provision meets people's needs and recommends ways to make sure enough support is available in future. The report identified increasing demand for support, and gaps in provision across a number of areas.

Amongst the challenges are:

⁴ <https://www.northwalescollaborative.wales/commissioning/msr2022/>

- recruitment – across all sectors. Low pay, long hours, lack of respect for the work were all identified as contributing to the difficulties, and following Covid some have decided to leave the care sector
- the cost of living crisis is negatively affecting the care sector, increasing costs to providers
- lack of options for direct payments, which offer people more control over care and support
- community support, provided through businesses, community groups and charities – professionals need to know what’s available and be able to connect people with support.

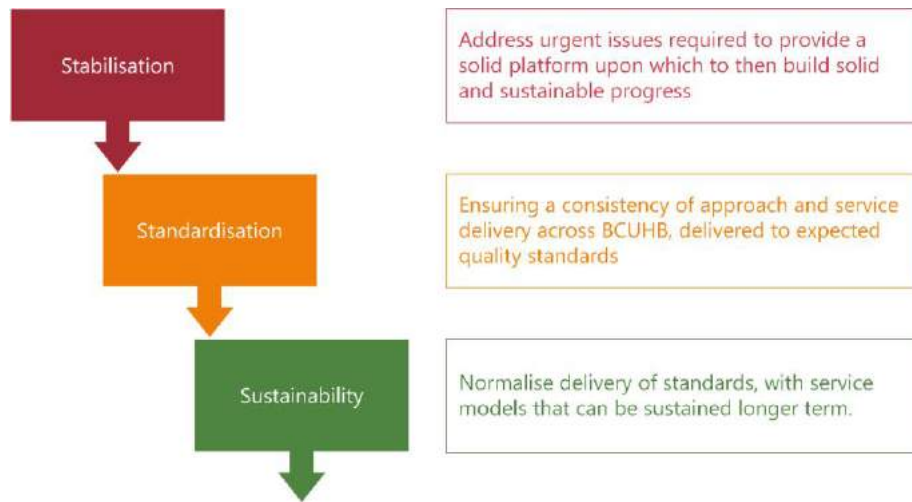
▪ **Special Measures**

In February 2023 the Welsh Government returned the Health Board into Special Measures. Special measures is the highest escalation level, identified when arrangements need significant change. This decision followed discussion by officials within Healthcare Inspectorate Wales, Audit Wales and Welsh Government, reflecting serious concerns about board effectiveness, service quality, governance, safety, operational delivery and leadership.

Following this, the Independent Board members stepped down and a new team was put in place, commencing with the appointment of the Chairman and three Independent Members.

June 2015	Placing of BCU into <i>special measures</i>
November 2020	De-escalation of BCU from <i>special measures</i> to <i>targeted intervention</i>
February 2023	Escalation of BCU back to <i>special measures</i>

Addressing the areas of concern highlighted by Welsh Government is of paramount importance to the Board. As would be hoped, there is already considerable overlap between the areas of concern raised within Special Measures and the areas that the organisation has identified for development in the coming year (laid out in our key priorities 2, 3 and 4). Nevertheless, identifying the delivery of the special measures framework as a priority in itself encourages a coordinated and structured focus to delivery against these areas of greatest concern and recognises the importance that the Health Board places upon addressing them.



The Betsi Cadwaladr Framework for Special Measures is being progressed by Welsh Government, with the 'Stabilisation' phase commencing in June 2023. It is structured in a way that supports and objectively demonstrates continual improvement within the areas of concern, starting with **stabilisation** before moving on to **standardisation** and then **sustainability** of service delivery.

▪ Summary of our strategic priorities

Living Healthier, Staying Well

Our long term strategy for health and well-being, **Living Healthier, Staying Well**, provides the foundation for our planning.



The strategy was first produced in 2018 and in 2021/22 we tested with our staff, partners and public whether the principles and objectives were still relevant. The response indicated that they are still relevant, but that greater progress needs to be made in delivering against these objectives:

- To improve physical, emotional and mental health and well-being for all
- To target our resources to those with the greatest needs and reduce inequalities
- To support children to have the best start in life
- To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being
- To improve the safety and quality of all services
- To respect people and their dignity
- To listen to people and learn from their experiences

These objectives are threaded throughout our plans.

Quality Strategy

We are developing our new Quality Strategy and this will set out our aims, aspirations and commitments for improving and assuring the quality of our services. This will be used to inform our prioritisation and implementation approach.

Clinical Services Strategy

The Clinical Services Strategy (CSS), approved in August 2022, provides a framework which will help shape the future direction, strategic clinical intentions and priorities of the Board by setting out a 'blue print' for large-scale service redesign. The CSS sets out the guiding principles and design features, developed and refined through a process of engagement and co-design, to deliver our vision and values. The guiding principles, in summary, are:

- Person centred and outcome based
- Co-designed and owned
- Population health need and reduction of health inequalities
- Keeping people well, prevention and early intervention
- Clinically led, digitally enabled and information driven
- Transformation and innovation
- Right care, right place
- Excellent high quality care wherever it takes place
- Effective collaboration and partnerships

Both our Clinical Services Strategy and Quality Strategy have fundamental roles to play in steering how we address those services that are vulnerable or unsustainable in their current formats.

- 1 **Person centred**
Put the person at the centre of everything we do
- 2 **A standard Betsi approach**
Familiar approach and appearance
- 3 **De-medicalised by design**
Avoid over-use of medical interventions
- 4 **Multi-disciplinary authorship**
Representation from everyone involved in the pathway
- 5 **A whole pathway approach**
Redesign should take into account the end-to-end pathway
- 6 **Purposeful metrics down to team level**
Metrics selected for their value not ease of collection
- 7 **Added value presentation**
Pathways which are engaging, with added support material
- 8 **Focused creation / review cycles**
Use of a 90-day rapid improvement model
- 9 **A public resource**
Our pathways must be accessible to the public, not just professionals

Whole system, integrated pathways

In support of the principles, we will work to support integrated pathway design that encompasses holistic, end-to-end support and care. The components of the person centred pathway approach will utilise existing pathway approaches, linking the clinically focused pathway within the National Clinical Framework with the broader person focused pathway approach such as that of the Single Integrated Pathway for People. Where they exist we will use existing best-practice pathways, such as GIRFT (Get it Right First Time) as our starting point.

A Clinical Services Plan for North Wales is currently in development and will describe how the Board intends to operationalise and implement the CSS. Development of the Plan is in the context of an extremely challenging financial position, which is likely to limit the scale and pace of progress and will necessitate delivery of an ambitious efficiency and productivity improvement programme, in addition to targeted disinvestment, in order to achieve financial balance.

Given these difficult circumstances, the Plan needs to be agile and will evolve over time. The first iteration will map out the development of clinical services for the next 3 years and will seek to address the immediate challenges facing the north Wales health care system as well as creating the conditions that will enable long-term service sustainability.

Whole system pathway change spanning health and care services is required and this will take time. The plans implemented over the next three years will be crucial in laying the foundations that will enable the Board to achieve its vision for clinical services. The Plan will reflect the new service models needed to optimise value from the resources available, to include consolidation of services in regional 'Centres of Excellence', extending pan BCU networking of service delivery and increased levels of integrated partnership working.

The Plan will triangulate workforce, finance, performance and quality data to ensure the constituent elements are deliverable and optimise value. It will take into account and aim to address existing resource constraints particularly in relation to workforce, estates and finance.

The three priority areas that will influence the development of the Plan, which are taken from Living Healthier, Staying Well and the CSS, can be categorised as follows:

- Service user support, empowerment and enablement.
- Right place, right care – providing alternatives to acute hospital care where clinically appropriate and ensuring that care in an acute hospital setting is for the shortest possible duration.
- High quality, safe and sustainable services – facilitated by the physical decoupling of planned and unscheduled care wherever feasible alongside the development of new regional service models for complex care.

Strategic Priorities

▪ **Prevention and Health Protection**

Reducing avoidable ill-health and health inequalities requires not only a 'whole Health Board' approach but also commitment from our partners across the North Wales region.

Whilst prevention and early intervention remain integral to the delivery of the BCUHB long-term strategy 'Living Healthier, Staying Well', it is through collaboration with our partners and the local third sector organisations that we can tackle the wider determinants of health and positively change the future landscape of health and well-being. During 22/23 we have successfully developed our approach and demonstrated positive outputs using systems approaches working alongside our partners across several significant areas of work.

During the year ahead, our Population Health Executive Delivery Group will provide strategic leadership for the delivery of evidence informed interventions which improve health and wellbeing, and seek to reduce health inequalities. We will continue to focus on the things we know work and which will have a significant impact both on the prevention of ill health and the improvement of our citizens health and wellbeing.

Healthy Weight

The whole system approach is guided by the 'Nine Step Approach to Whole System Working in Wales'. By following this process, we have successfully worked with North Wales partners to map the causes of obesity in North Wales, develop a shared understanding of what influences unhealthy behaviours, prioritise sub-systems for action and produce a Strategic Delivery Plan for 2023/24.

We will launch the strategic delivery plan 23/24 during quarter one, and further strengthen our system level action plans together with partners and stakeholders.

Whilst we have faced difficulties recruiting to some key posts, we also continue to strengthen our weight services for children, young people and adults at all stages of the weight management pathway to help support achieving and maintaining a healthy weight.

During 23/24 we will continue to develop our whole system approach to tackling obesity, recognising that responding to this complex problem:

- Requires multiple stakeholders and sectors to be involved.
- Is subject to a myriad of factors interacting with each other that contribute to issues occurring.
- Requires disruption in the current system to facilitate changes in behaviours and barriers to healthy lifestyles.

Smoking

Reducing the harms associated with smoking remains a significant priority for the Health Board. Our hospital sites are smoke free which we look to maintain, offering a healthy environment for our staff and visitors. During 22/23 we made significant progress in increasing the opportunities for our staff to quit smoking by introducing free NRT.

During 23/24 we will focus on the following actions:

- Strengthening the Health Board's response to the smoke free regulations.
- Implementation of the BCUHB Smoke Free Policy.
- Further development and delivery of HMQ Services - HMQ in Hospital and HMQ in Primary Care.
- The implementation of de-normalisation of smoking actions (as per the All Wales Tobacco Control Delivery Plan).
- Assisting our partners to achieve smoke free environments.
- We will also improve the information available for educational professionals to support conversations around tobacco smoking and e-cigarettes/vaping with children and young people.

In recognition of the uptake in vaping/e-cigarettes, during 23/24 we will also improve information available for educational professionals to support conversations around tobacco smoking and e-cigarette/vaping use with children and young people.

Early Years

The Health Board remains committed to ensuring the best start in life for our children and we will continue to work with our partners across the region to progress this work. During 22/23 we undertook local insight work and research to support our actions going forward.

During 23/24 we will:

- Further develop our preconceptions strategy and implementation plan, supported by a “preconception pregnancy, early years and family” website.
- We will offer incentivised smoking cessation schemes and programmes which promote healthy eating and reduce alcohol intake for pregnant women. We will continue to expand our infant feeding programme which has been successfully running in Ysbyty Wrexham Maelor.
- We aim to increase breastfeeding rates.
- Continue the work arising from the infant feeding strategy and our focus is on establishing breastfeeding welcome villages in the three areas of North Wales.
- Progress the healthy schools activity in North Wales.

Protecting vulnerable groups

During 22/23 we have supported the development of several important insight reports to better inform decision making and service provision, helping those who are vulnerable.

The Strategic Violence Needs Assessment approved in 22/23, has already led to a data sharing agreement across key partners in North Wales. This will help us to target preventative and supportive activity within our population with the aim of reducing violence and protecting those who are most at risk.

The gypsy and traveller needs assessment, completed during 22/23 has provided us with an important partnership document to guide future action.

The Health Board continues to work in partnership to provide better access to healthy food and reducing waste. During 22/23 the social supermarket in Denbighshire joined our established schemes across North Wales.

We recognise the increasing impact that living with dementia has on the lives of individuals, their carers and families. It is important that we do not lose sight of the complex needs of this growing population whose voice may be seldom heard. We are working in partnership with other statutory organisations and third sector to provide support, and will continue to address health care needs.

Looking forwards to 23/24 we will:

- Refresh the North Wales alcohol strategy alongside our Area Planning Board (ABP) colleagues.
- Strengthen data collection, monitoring and improve our communication with the gypsy and traveller communities to enable better access to services and support (wider than just health).
- Work with partnerships across North Wales to support and guide activity in relation to health and wellbeing for the homeless community.
- Support development of an insight report for dementia to understand better the depth and extent of problems faced by this population and the impact on our services, which will in turn support delivery of the Dementia Action Plan for Wales and the All Wales Care Pathway

Well North Wales

The Public Health Team continue to provide expertise as the wide ranging plans on healthier communities develop across the region. During 22/23 active support has been provided to developing the Public Service Board wellbeing plans, the Active North Wales strategic plan and numerous Local Authority planning applications. The Arts in Health and wellbeing programme of work has now transferred to the Public Health team and the collaborative discussions across the region have once again been re-energised. Given the Health Board’s focus on tackling inequalities, and the health gap increase between the most and least deprived in our communities we are progressing the Inverse Care Law (ICL) programme activity which was established in 22/23. This approach ensures the close working between Public Health and Primary Care clusters, and a range of partners to take a systematic approach to tackling health inequalities in a place based approach.

The ICL programme of work is captured in the diagram below:



The focus for 23/24 will be:

- The production of a North Wales arts in health and wellbeing strategy.
- The delivery of two Arts Council Wales funded projects (the first of these projects will be aimed at patients at a medium secure unit with a focus on enhanced wellbeing through creative rap music. The second links to the child and adolescent mental health service with an aim to enhancing wellbeing through community based spontaneous live music to support communication between children with neuro divergent needs and their parents/carers).
- We will continue to work with the North Wales social prescribing community of practice and together with Wrexham Glyndŵr University will review the national social prescribing framework.
- We are jointly agreeing effective measures and data collection elements to support the network of valued social prescribing services in North Wales. The aim is to inform a better understanding of the impact on the health and wellbeing of those referred.
- Identify innovator sites for the ICL programme and we aim to have the best practice principal model in place by the end of 23/24.

The impact of our Prevention and Health inequalities programmes

The Health Board is committed to the population health approach as it will contribute to achieving many outcomes – short, medium and long term.

The Health Board team is focused on the following outputs and outcomes:

- Prevention of long-term health conditions linked to inactivity and unhealthy weight
- Increases in the number of people achieving the CMO's physical activity guidelines (150 minutes of physical activity per week)
- Improved mental health and wellbeing outcomes reported by individuals

- Increase in breastfeeding at discharge rates across the three hospitals
- Reduction in prevalence of overweight and obesity in children before they start reception year in school.
- Increase in percentage of children who eat fruit at least daily / who eat vegetables at least daily
- Increased evidence of implementation of public health recommendations within local authority planning applications
- A reduction in alcohol related violence/abuse, offences and anti-social behaviour
- Prevention of long-term health conditions linked to smoking
- Achieving the vision of a smoking prevalence of 5% or less in Wales by 2030
- Improved wellbeing for individuals in identified socio-economically deprived areas
- Improved management of clinical risk factors (raised blood pressure, overweight/obesity, hyperglycaemia, and hyperlipidaemia) in identified socio-economically deprived areas
- Reduced incidence of non-communicable diseases (cardiovascular disease, diabetes, chronic respiratory disease, mental health) in identified socio-economically deprived areas

Social models of health and well-being

Central to the strategic vision for primary care is the proliferation of a social model of medicine, which seeks to empower citizens and draw upon the assets available within communities to improve population health and well-being. Clusters have, for some time now continued to prioritise this agenda, with initiatives including:

- Community development nurse
- Support to carers

- Strengthening COTE services by using third sector and community groups
- Family well-being practitioners
- Health promotion co-ordinators

Work will continue within Clusters to deliver a social model of care. However, and working closely with colleagues in Public Health, Clusters will seek to review the range of social prescribing initiatives against a north Wales framework for delivery, and recommission accordingly. This work will feed directly into the work of Pan-Cluster Planning Groups, as it will include discussion around the appropriate use of wider partnership funding, including the Integrated Care Fund (ICF) monies.

Vaccination Programme

Our mass vaccination programme has delivered the ongoing programme for the population, responding to updated guidance for booster programmes and the “evergreen” offer which ensures anyone who has not previously engaged with the programme can receive vaccinations at any time. In response to the national Covid-19 vaccination programme planning assumptions, our services are planning to deliver the Spring 2023 booster programme for priority groups including people aged 75+ and those who are Clinically Extremely Vulnerable. A further booster programme for these groups plus adults aged 50+ will be delivered in the autumn of 2023. The programme will also maintain contingency plans to allow the capacity to surge to deliver up to 10,000 vaccinations a day in the event of a further significant wave or variant of concern.

Support to further centres for refugees and asylum seekers will be developed, the service model and financial implications to be determined.

During 23-24 we will develop proposals to respond to the National Immunisation Framework.

Health Protection Service

During 23-24 we will be re-shaping and delivering a new Health Protection Service, utilising financial support from WG, to ensure a strong, sustainable health protection response for the population of North Wales.

The service model will include an integrated, partnership based approach, making use of the skills, experience and learning developed during our response to Covid-19. The service will also need to be agile to respond to future waves of Covid-19 infection and other health protection measures that may be required. We have redeployed core roles from the previous Test, Trace and Protect (TTP) programme and build on these through recruitment to consultant roles in infectious diseases to maintain a broadened approach to support wider public health needs, including M-pox, and screening for vulnerable groups.

Cost of Living 'crisis'

The Health Board recognises its role in supporting the community as a significant employer and anchor institution in North Wales. We are providing support to access employment opportunities for specific disadvantaged groups including the Step Into Work programme. In 23-24 we will develop further our approach to support the foundational economy, working with partners on a range of areas including procurement and employment.

Strategic Priority P1					
Prevention and Health Protection: key actions for 23/24					
Ref	Organisational Delivery Objective	Lead	Specific Ministerial or Special Measures Priority	WG Quad. Aim	Completion Timescales (quarters)
P1.1	Launch and implement milestones of the Healthy Weight Strategic Delivery Plan	EDPH		QA1	
	<ul style="list-style-type: none"> Formal launch of the Healthy Weight plan, and tracking of milestones within it 				1 2 3 4
P1.2	Implement the priority actions to reduce use and impact of smoking:	EDPH		QA1	
	<ul style="list-style-type: none"> Strengthened Health Board response to the smoke free regulations agreed 				1 2 3 4

	<ul style="list-style-type: none"> Implementation of the BCUHB Smoke Free Policy 				1 2 3 4
	<ul style="list-style-type: none"> Further develop and deliver the HMQ (Help M Quit) Services - HMQ in Hospital and HMQ in Primary Care 				1 2 3 4
	<ul style="list-style-type: none"> Progress the implementation of actions to make smoke-free the accepted position (as per the All Wales Tobacco Control Delivery Plan) 				1 2 3 4
	<ul style="list-style-type: none"> Work with partners to achieve an increase in smoke free environments 				1 2 3 4
	<ul style="list-style-type: none"> Improve the information available for educational professionals to support conversations around tobacco smoking and e-cigarettes/vaping with children and young people, subject to national guidance 				1 2 3 4
P1.3	Further develop and implement the strategic plan for Early Years, including:	EDPH		QA1	
	<ul style="list-style-type: none"> Further develop the preconception strategy and implementation plan, supported by a "preconception pregnancy, early years and family" website. 				1 2 3 4
	<ul style="list-style-type: none"> Offer incentivised smoking cessation schemes for pregnant women and deliver schemes which promote healthy eating and alcohol reduction 				1 2 3 4
	<ul style="list-style-type: none"> Implement key milestones in the infant feeding strategic plan, including establishing breastfeeding welcome villages in the three areas of North Wales. 				1 2 3 4
	<ul style="list-style-type: none"> Progress the healthy schools activity plan. 				1 2 3 4
P1.4	Implement priority actions related to Vulnerable Groups including:	EDPH		QA1	
	<ul style="list-style-type: none"> Together with partners and as part of the work of the Area Planning Board, implement the Alcohol Strategy for North Wales 				1 2 3 4
	<ul style="list-style-type: none"> Implement communication, data collection and monitoring mechanisms that increase access to services for the Gypsy and Traveller communities. 				1 2 3 4
	<ul style="list-style-type: none"> Implement, in partnership, support activity to improve health and wellbeing for homeless people. 				1 2 3 4
	<ul style="list-style-type: none"> Working in partnership, develop proposals to support increased refugee and asylum seeker population (lead - DPC) 				1 2 3 4
	<ul style="list-style-type: none"> Support development of an insight report for dementia to understand better the depth and extent of problems faced by this population and the impact on our services, which will in turn support delivery of the Dementia Action Plan for Wales and the All Wales Care Pathway 				1 2 3 4

P1.5	Implement Well North Wales strategic actions including:	EDPH		QA1	
	▪ Development of a North Wales Arts in Health and Wellbeing Strategic Plan				1 2 3 4
	▪ Implementation of two Arts Council Wales supported projects (Medium Secure Unit project and Child and Adolescent Mental Health service)				1 2 3 4
	▪ Progress the Inverse Care Law project				1 2 3 4
P1.6	Implement actions to further develop a Social Model of Care, including:	EDPH		QA1	
	▪ Review the range of social prescribing initiatives against the National Social Prescribing Framework (when published)				1 2 3 4
P1.7	Implement the Immunisation Programme, including:	EDPH/EDIC		QA1	
	▪ Implementation of the Spring and Autumn COVID-19 vaccination campaigns				1 2 3 4
	▪ Development of proposals to implement the National Immunisation Framework				1 2 3 4
P1.8	Reshape and deliver a new Health Protection Service	EDPH		QA1	
	▪ Redeploy TTP staff and develop new service model in line with WG guidance				1 2 3 4

▪ Primary Care

Primary care is the first point of contact for people in need of healthcare, and includes General Medical Practice, General Dental Services, Optometry Services, and Community Pharmacy. Doctors, nurses, dentists, optometrists and pharmacists are increasingly supported by a range of highly skilled multi-disciplinary team members including Advanced Nurse Practitioners, First Contact Physiotherapists and Occupational Therapists, Physician Associates, Pharmacy Technicians, and Care Co-ordinators.

As well as being the first point of contact, primary care is also the busiest part of the NHS service, with approximately 80% of all health care being delivered in primary care. Ensuring a high-quality, sustainable and outcomes-focused primary care service that delivers what matters to the people of north Wales is a key priority for the Health Board. Our aim for primary care is to support and care for people close to the place they call home. Our primary care plans are structured around three strategic impact objectives.

Prevention

We will reduce the use of emergency care, and the acuity of illness at point of presentation, through a community approach to diagnosing disease. For example cardiovascular disease and diabetes

We will work with, value and resource our voluntary sector and third sector to develop healthier communities

We will create a legacy of a healthier population through a focus of children and young people

Keeping well, and planned care

We will create an environment in which primary care providers can use the full range of their skills to care for people close to home, safely and well

We will proactively meet the health and wellbeing needs of people through multi-disciplinary teams

Primary care services will work with communities in an asset based approach to healthcare

Urgent primary care

Our urgent primary care services will be easy to identify and access for people who may be scared, in pain, confused, anxious and isolated

Our urgent primary care services will work effectively with emergency and acute services

Our urgent care services will transfer people into routine care when appropriate and support the person in that process

Accelerated Cluster Development Programme

The Accelerated Cluster Development Programme (ACDP) supports improvements in population health by integrating services at a local level to provide better, more joined-up care for citizens, delivered through the clusters of primary care professionals working collaboratively.

During 2022 development of the cluster planning support teams and the professional collaborative arrangements were progressed. The structures and forums are maturing and we will support these to develop further in 2023/24. Governance models will be developed which are agreed by clusters and Regional Partnership Board (RPB) partners. We will use the Betsi Way improvement methodology to support the development of pathways and service models.

Through the local cluster model we will respond to the requirements of the Welsh Government Further, Faster programme to develop and enhance community care to reduce pressures on hospitals.

Primary Care chronic disease backlog

Whilst considerable efforts were made in 2022/23 to begin to reduce the backlog of chronic disease reviews created in large part as a result of Covid-19, workforce pressures, and the challenge a balancing 'recovery' with ongoing Covid presentations, meant that the level of progress made fell below what had been anticipated at the start of the year.

Consequently, Clusters have continued to identify ways to reduce the backlog of chronic disease reviews as an ongoing priority for 2023/24. Initiatives being taken forward by Clusters include:

- Central hub to undertake spirometry assessments
- All-Wales diabetes prevention programme
- Recruitment of chronic disease nurses
- Doppler assessment services
- My Life Diabetes project
- Roll-out of Long-term Conditions Hub

Some of the initiatives being taken forward in 2023/24 represent a continuation of successful projects started in 2022/23. However, the introduction of new initiatives, which do not simply rely on increasing capacity/ offering additional sessions, demonstrates that Clusters have learnt from what did not work last year and are willing to adapt their approach.

The Health Board will continue to monitor the impact of these initiatives on reducing the backlog of chronic disease reviews in order to ascertain their success, or otherwise.

Enhancing community therapy capacity – allied health professionals

Allied health professionals (AHPs) play a valuable role in supporting and maintain people in primary care as part of the multi-disciplinary team, and provide increasing support. The Health Board has received an additional financial allocation to use to increase capacity amongst AHPs - therapists and other staff. Proposals have been developed and discussed with partners and include the following:

- enhanced capacity for the multidisciplinary team
- development of equitable multidisciplinary diabetes support services
- senior clinical support for complex discharge
- additional capacity in Community Resource Teams to support patients in line with pathway 1 of Discharge to Recover and Assess
- joint work with WAST to support people in the community who have a fall to remain at home
- Community Resource Team leadership and capacity
- Enhanced nursing home services using digital technology to support swallowing, nutrition and medication management

Proposals have been finalised and recruitment and implementation will commence imminently.

Strategic Priority P2

Primary Care: key actions for 23/24

Ref	Organisational Delivery Objective	Lead	Specific Ministerial or Special Measures Priority	WG Quad. Aim	Completion Timescales (quarters)
P2.1	Implement actions to improve access to GP and community services including:	DPC	✓ MP	QA2	
	<ul style="list-style-type: none"> Finalise the evaluation of the current Urgent Primary Care Centre Model, and revise approach to integrate and improve service effectiveness where necessary. 				1 2 3 4
	<ul style="list-style-type: none"> Undertake a baseline review of the current models and approaches to utilising community hospitals, including role/function and effectiveness. Develop proposals for strengthening the sustainability and effectiveness of community hospitals as part of the whole system. 				1 2 3 4
	<ul style="list-style-type: none"> Develop a plan for Managed Practices including an oversight approach that includes quality, finance, workforce and access as a minimum. 				1 2 3 4
	<ul style="list-style-type: none"> Review and strengthen where necessary the approach to Practice Escalation and Sustainability. 				1 2 3 4
	<ul style="list-style-type: none"> Review 3rd sector primary care commissioning, linking with the review of social prescribing approaches. 				1 2 3 4
	<ul style="list-style-type: none"> Review and develop a forward plan for the further development of palliative care and bereavement services. 				1 2 3 4
P2.2	Implement the next stage of Accelerated Cluster Development	DPC		QA2 & QA3	
	<ul style="list-style-type: none"> Review, revise and commence implementing the next stage of Accelerated Cluster Development including professional collaboratives 				1 2 3 4
P2.3	Review progress of the Primary Care Academy	DPC		QA3	
	<ul style="list-style-type: none"> Undertake a stocktake of progress in developing the Primary Care Academy, with particular focus on the development and implementation of new workforce models, education, training and professional support 				1 2 3 4
P2.4	Implement actions to improve access to dental services, including:	DPC		QA2	

	<ul style="list-style-type: none"> Commission additional community dental activity using the Oral Needs Assessment to identify areas of highest need 				1 2 3 4
	<ul style="list-style-type: none"> Commence work with HEIW to address barriers to recruitment of international dental staff 				1 2 3 4
	<ul style="list-style-type: none"> Explore options for supportive model of contracting for salaried model of delivery 				1 2 3 4
P2.5	Implement actions that improve the use of community pharmacy, including:	DPC	✓ MP	QA2	
	<ul style="list-style-type: none"> Expansion of the 'Sore Throat See and Treat' service 				1 2 3 4
	<ul style="list-style-type: none"> Expansion of the Pharmacist Independent Prescribing Service 				1 2 3 4
	<ul style="list-style-type: none"> Expansion of the Care Home Pharmacy Support Service 				1 2 3 4
	<ul style="list-style-type: none"> Review and revise the urgent medication service in all localities 				1 2 3 4
	<ul style="list-style-type: none"> Implement the pilot project for robotic dispensing of urgent medicines 				1 2 3 4
P2.6	Implement actions that improve the use of optometry services, including:	DPC	✓ MP	QA2	
	<ul style="list-style-type: none"> Implement the Teach and Treat Service in partnership with Cardiff University 				1 2 3 4
	<ul style="list-style-type: none"> Implement plans to enhance independent prescribing to enable additional capacity for advanced glaucoma management and management of 'medical retina'. 				1 2 3 4
P2.7	Development of an integrated Primary Care function within the Health Board	DPC		QA2	
	<ul style="list-style-type: none"> Develop proposals for an integrated Primary Care function within the Health Board that supports and enables effective and joined up primary care commissioning and development 				1 2 3 4

▪ **Planned care**

Our planned care services are not where we would wish them to be and ongoing recovery of our position is an important component of our 2023-24 annual plan.

Before the pandemic there were a number of planned care services that already had a gap between demand and the 'core' capacity those services were able to provide, increasing the risk of backlogs. Postponement of areas of planned care activity during the pandemic has further compounded this position, coupled with increasing workforce challenges as we move out of the pandemic. The consequence has been a significant deterioration in planned care performance with large numbers of patients waiting outside the nationally agreed 26-week target referral to treatment.

Requirements of our planned care recovery plan include

- Ensuring timely access and treatment of cancer and urgent patients.
- Eliminating the backlog of long waiting patients over the shortest possible period (recognising this will be over years for some specialties).
- Creating the conditions for service sustainability by combining increased capacity, effective demand management and greater efficiencies and transformation.

For those service areas where pre-pandemic capacity was already insufficient to meet normal demand the transformation of service models is a particularly important priority for the Health Board. These service areas are highlighted within the wider delivery section of this plan and are reflected in our response to Special Measures.

Overall, the scale of the challenge to recover planned care performance and maintain the delivery of high quality, safe and sustainable services is a significant risk to the organisation and is consequently reflected in the Health Board's Corporate Risk Register.

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

Cohort	Number of patients as of 31 st March 2023
Patients waiting over 52 weeks for a first outpatient appointment <i>(The NHS Wales target is that no patients should be waiting over 52 weeks by 30th June 2023)</i>	13,480
Patients waiting over 104 weeks referral to treatment <i>(The NHS Wales target is that no patients should be waiting over 104 weeks by 30th June 2023)</i>	10,379
Patients waiting over 36 weeks first outpatient appointment <i>(The NHS Wales target is that no patients should be waiting over 36 weeks by 31st March 2024)</i>	62,186
Patients waiting over 8 weeks for a diagnostic test <i>(The NHS Wales target is that no patients should be waiting over 8 weeks)</i>	7,684
Patients waiting over 14 weeks for a therapy appointment <i>(The NHS Wales target is that no patients should be waiting over 14 weeks)</i>	2,306

Over 2022/23 we brought many of our planned care services back to pre-pandemic activity levels. However, those levels of activity will only keep pace with the new referrals coming into the system. We need to continue to innovate and work differently to ensure that we are maximising all of our capacity.

Workforce is a significant constraint. As is the case across the UK, we also face severe staffing shortages, especially in some of our more specialist areas of service. Whilst this presents us with an opportunity to develop other roles, increase skills and capabilities and be more innovative about how we plug the gaps we have, these solutions are not immediate. We will continue to develop our workforce to maximise expertise and to free up specialist time. For example, by continuing to participate in the national endoscopy programme to train more clinical endoscopists to free up our endoscopy doctors to concentrate on the most complex cases. Similarly, we make greater use of advanced physiotherapists in our orthopaedic clinics so that orthopaedic consultants have more time to operate.

We recognise that to effectively address this challenge we cannot continue as we are and will need to increase the pace of change. We are not yet in a position to be able to deliver the Ministerial targets set for NHS Wales and we have some pressing sustainability issues to address in our more fragile services where we do not have enough of the right roles to be able to meet demand.

To do this, we will establish a formal programme of work around planned care that will enable us to bring together the collective efforts across the organisation in a coherent way that avoids duplication, ensures we minimise and drive out variance and ensure that we can target the right expertise to the right place to deliver our desired objectives.

Our planned care recovery plan will prioritise:

- Ensuring timely access and treatment of cancer and urgent patients
- Eliminating the backlog of long waiting patients over the shortest possible period (recognising this will be over years for some specialties)
- Creating the conditions for service sustainability by combining increased capacity, effective demand management and greater efficiencies and transformation.

Our recovery plan will comprise a combination of approaches, as described below.

Maximising our capacity	<p>Increasing our outpatient, diagnostic and treatment capacity means that we will eliminate the activity backlog more quickly.</p> <p>Where possible, we will make use of external providers to support the increase in capacity that is required to remove people waiting for appointments.</p>
Prioritising diagnostics & outpatients	<p>We will continue to prioritise those people waiting for treatment have received a confirmed diagnosis as quickly as possible, prioritising those who have been triaged as being at greatest clinical risk first.</p> <p>This will help to manage patients more safely who are waiting for delayed treatment, especially those who have or are at high risk of serious conditions.</p>

Optimising and improving services

We will work to embed national best practice and standards to ensure that all our services are either achieving these, or working towards achievement of them. We will do this by working closely with colleagues in the NHS Executive, using expertise and support from National Strategic Clinical Networks to help us shape and design what we need to do.

We will also implement recommendations from the UK national GiRFT (Getting it Right First Time) team so that we can provide assurance that our services reflect the most up to date, evidence based pathways for our population to access.

Partnership Working

We will work in partnership with all our stakeholders, most importantly patients, their families, and our staff who work hard across the Health Board.

We will reach out to national partners and agencies to strengthen and expand our network of critical friends who can work with us to ensure we are continually stretching ourselves to deliver the best services possible

Specific areas of focus already initiated

Outsourcing:

We have, where affordable, contracted activity from additional external providers to support additional capacity wherever we can. These providers will undertake NHS procedures on our behalf for suitable patients. These procedures involve the patient travelling to locations not managed by the Health Board for treatment.

Insourcing:

We also contract with external providers and locum agencies to attend Health Board premises to deliver assessments and interventions across our existing hospital and community footprint. Financial challenges will constrain the extent to which we are able to continue to bring external resources in to support delivery in 2023/24.

Orthopaedic hub development:

We are making significant progress in developing our plans to develop an elective orthopaedic surgical hub in north Wales. This development will not only better protect throughput during the winter (because it will remove activity currently delivered on acute hospital sites) but it will also free up additional theatre space on the existing acute sites for other specialties. We are involving patients and our

wider communities in this programme of work which, when implemented become a catalyst for much wider improvements and use of resources in other service areas.

GiRFT (Get it Right First Time):

We are engaged in the national GiRFT initiative, with a local programme for deployment drafted in 2022/23. We will use the Planned Care Programme as the vehicle to support clinical services to implement the recommendations for the following areas, detailed overleaf:

- Orthopaedics
- Urology
- Gynaecology
- General Surgery

We also participate in the national theatre utilisation working-group and we are working directly with the national GiRFT team to support us as we take forward implementation.

Developing Regional Services:

Many services are better provided when they are organised on a regional footprint, rather than trying to replicate three or more versions of the same service across our hospital sites. Moving diagnostic procedures into the community means that patient experience improves, access is better and we do not have to have as many people visiting busy hospital sites for routine diagnostic tests. We are now actively taking forward work to determine the diagnostic elements of our pathways that might lend themselves to this sort of model (e.g. ultrasound and other imaging procedures).

Technological innovation:

We are also working with colleagues in the NHS Executive's National Planned Care Team and Cancer Network to be able to access funding to support the use of Teledermoscopy and are implementing a straight to test model for suspected prostate cancer. We are advanced in our plans to enable electronic referral and booking system for the whole health board and are pioneering the use of 'chatbot' technology

to help monitor people who are on waiting lists. We will report our findings of the first two phases of that pilot and publish the results over the summer. If the findings are as anticipated we envisage developing a phased roll out programme across all clinical specialties to be able to help patients that have to wait.

Strategic Priority P3					
Planned Care: key actions for 23/24					
Ref	Organisational Delivery Objective	Lead	Specific Ministerial or Special Measures Priority	WG Quad. Aim	Completion Timescales (quarters)
P3.1	Establish a revised Planned Care Programme that develops and delivers a Planned Care Strategic Plan for the short, medium and longer term	EDIC		QA2	
	<ul style="list-style-type: none"> Revise and refocus the planned care programme to deliver early progress on access, outcomes and experience, and to lay the foundations for longer term sustainability including GIRFT and other efficiency opportunities 				1 2 3 4
P3.2	Implement core immediate priorities and actions to improve systems and processes for planned care including:	EDIC	✓ MP ✓ SM	QA2	
	<ul style="list-style-type: none"> Standardise approaches to booking, capacity planning and pathway administration 				1 2 3 4
	<ul style="list-style-type: none"> Streamline, standardise and make visible business intelligence to enable more effective approaches to utilisation of current resources 				1 2 3 4
	<ul style="list-style-type: none"> Commence implementing improvements in theatre utilisation, supported by the GIRFT Team 				1 2 3 4
	<ul style="list-style-type: none"> Commence implementing Outpatient Modernisation plan 				1 2 3 4

	<ul style="list-style-type: none"> Enable speciality improvement and development plans for each area that has participated in the Getting It Right First Time work: <ul style="list-style-type: none"> - Orthopaedics - Urology - Gynaecology - General Surgery 				1 2 3 4
P3.3	Further develop and implement a specific Speciality Plan for Orthopaedics, including:	EDTSP	✓ SM	QA2	
	<ul style="list-style-type: none"> Implement the GIRFT improvements and developments 				1 2 3 4
	<ul style="list-style-type: none"> Finalise the Business Case for Orthopaedic Hub(s) in line with the National Orthopaedic Clinical Strategy 				1 2 3 4
P3.4	Undertake a stocktake of diagnostics	EDIC	✓ MP	QA2	
	<ul style="list-style-type: none"> Establish a stocktake of diagnostics and develop a short, medium and long term plan for improving access, particularly focused on community and regional diagnostics 				1 2 3 4
P3.5	Implement pathways redesign actions to improve access by adopting 'straight to test' approach	EDIC	✓ MP	QA2	
	<ul style="list-style-type: none"> Prepare services for straight to test prostate and model for teledermoscopy 				1 2 3 4
	<ul style="list-style-type: none"> Implement new straight to test pathways 				1 2 3 4
P3.6	Over 156 week waits for treatment	EDIC	✓ MP	QA2	
	<ul style="list-style-type: none"> Achieve a standard 99% of all over 156 week waits booked into appointments by end of Q2 				1 2 3 4

Urgent and Emergency Care (6 Goals)

We are currently experiencing significant demand on our Urgent and Emergency Care (UEC) services and in particular, our Emergency Departments. The reasons for this are multiple and include stretched capacity across the whole system, the very high number of patients who are medically fit but cannot be discharged safely and delays that can sometimes occur in our hospital and community settings. This can result in our Emergency Departments being unable to see patients and plan for their care within 4 hours; and can limit the ability for ambulances to off-load patients in a timely way.

The Six Goals for Urgent and Emergency Care Policy Handbook, published by Welsh Government, will continue to be the approach around which we will focus our urgent and emergency care improvement.

During 2022 we have made inroads into improving the performance of our urgent and emergency care services but there is much more progress required.

In 2023-24 we are committed to redoubling efforts to improve the experience of North Wales residents requiring urgent care.

Although there are significant improvements required within our hospital settings related to urgent care, for example ambulance and Emergency Department waits, it is important to recognise that finding successful solutions will require us to take a 'whole system' approach to strengthen primary care, support the Wales Ambulance Service Trust, and to minimise delayed transfers of care. The Six Goals approach supports this.



During 2022 we have implemented Urgent Primary Care Centres (UPCCs) in Wrexham, Rhyl and Bangor, and in the coming year we will strengthen this provision. We will also expand the operating hours of our Same Day Emergency Care units, sited within our hospital Emergency Departments, to best match demand.

We will continue to work closely with and through the Emergency Ambulance Services Committee (EASC), which is responsible for planning and securing ambulance services for our population. The EASC plan for the year will focus on quality and safety, performance improvement, performance enablers and financial sustainability and efficiency.

Strategic Priority P4					
Urgent and Emergency Care key actions for 23/24					
Ref	Organisational Delivery Objective	Lead	Specific Ministerial or Special Measures Priority	WG Quad. Aim	Completion Timescales (quarters)
P4.1	Revised 'Whole-system' Urgent and Emergency Care Programme	EDIC	✓ MP	QA2	
	<ul style="list-style-type: none"> Establish a revised 'Whole-system' Urgent and Emergency Care Programme that develops and delivers an Urgent and Emergency care Strategic Plan, for short, medium and longer term, working with all component parts aligned to the 6 Goals Approach 				① ② ③ ④
P4.2	Implement core, immediate priorities and actions to improve access, quality and outcomes of urgent and emergency care, including:	EDIC	✓ MP ✓ SM	QA2	
	<ul style="list-style-type: none"> Implement agreed actions resulting from the evaluation of Urgent Primary Care Centres 				① ② ③ ④
	<ul style="list-style-type: none"> Rapid review of current operating of Same Day Emergency Care with identification of effectiveness opportunities 				① ② ③ ④
	<ul style="list-style-type: none"> Develop use of business intelligence to inform better utilisation of resources to respond to risks and performance needs 				① ② ③ ④

	<ul style="list-style-type: none"> Review effectiveness of the community 'intermediate care' approach and consider whether the model needs modifying (align to community hospitals and care home baseline review) 	<p>1 2 3 4</p>
	<ul style="list-style-type: none"> Develop and implement a plan for systematic use of SAFER in practice, thus reducing pathways of care delays 	<p>1 2 3 4</p>
	<ul style="list-style-type: none"> Implement Care Home fees agreement, seeking to maintain capacity in the sector 	<p>1 2 3 4</p>
	<ul style="list-style-type: none"> Support the longer term development of Care home establishment in Gwynedd 	<p>1 2 3 4</p>
	<ul style="list-style-type: none"> Learning from others, adapt and adopt practice that consistently reduces handover delays below 4 hours, including embedding of the Integrated Commissioning Action Plan 	<p>1 2 3 4</p>
	<ul style="list-style-type: none"> Implement the next elements of the YGC Delivery Framework including implementation of the 8 Steps Project to improve the patient journey through ED, improve waiting times and patient experience 	<p>1 2 3 4</p>

▪ **Cancer**

Cancer causes more than one in four of all deaths in the UK (Cancer Research UK mortality statistics 2019). Reducing cancer incidence and ensuring early diagnosis and treatment are therefore key priorities in improving health outcomes in North Wales.

Whilst we have had a number of notable achievements in 2022/23 including favourable peer reviews and are leading the way in the use of Artificial Intelligence (AI) in Wales, a number of our cancer services (in both primary and secondary care) are fragile and lack resilience. This is predominantly due to challenges we have experienced in the recruitment and retention of key staff. In some specialties, this means we do not have the necessary specialist staff in post and have to refer patients to providers outside North Wales for treatment, for example some major urology cancer surgery. This year we will continue to build on the work undertaken in 2022/23 to address these workforce constraints and will complete a clinical workforce review of our oncology services with the aim of securing long-term service sustainability.

Strategic Priority P5

Cancer: key actions for 23/24

Ref	Organisational Delivery Objective	Lead	Specific Ministerial or Special Measures Priority	WG Quad. Aim	Completion Timescales (quarters)
P5.1	Maintain access standards in those areas meeting cancer access standards, and to continue improving those areas that do not, aiming to achieve 70% of cancer referrals starting their first definitive treatment within 62 days by the end of the year	EDIC	✓ MP	QA2	
	▪ Maximise use of clinic and endoscopy resources in line with capacity and demand modelling				1 2 3 4
	▪ Commence new prostate pathway to facilitate straight to test and pre-booking of biopsies				1 2 3 4
P5.2	Further develop and implement the Cancer Strategic Plan for North Wales, aligned to the all Wales Cancer Plan (Cancer network)	EDIC		QA2	

	<ul style="list-style-type: none"> Refresh and finalise the cancer plan and commence action to implement 				1 2 3 4
P5.3	Implement immediate targeted actions to improve access in diagnostics and key specialities, including:	EDIC	✓ MP	QA2	
	<ul style="list-style-type: none"> Aim for first appointment within 10 days 				1 2 3 4
	<ul style="list-style-type: none"> Redesign of pathways that enable a 'straight to test' approach 				1 2 3 4
P5.4	Implement actions to support local delivery:	EDIC		QA2	
	<ul style="list-style-type: none"> Finalise four local cancer pathways this year – prostate, colorectal, breast and gynaecology 				1 2 3 4
	<ul style="list-style-type: none"> Continue to work towards filling all Consultant Clinical Oncologist vacancies by the end of the year, recognising the challenge presented by the national shortage of cancer doctors 				1 2 3 4
	<ul style="list-style-type: none"> Continue to support the development and use of new NICE approved cancer treatment regimens 				1 2 3 4
	<ul style="list-style-type: none"> Develop a capital estates plan for the Shooting Star Unit, which will provide additional capacity for treatments and outpatient clinics 				1 2 3 4
	<ul style="list-style-type: none"> Our Haematology service will maintain Referral to Treatment (RTT) time at 26 weeks throughout the year and aims to undertake substantive recruitment of consultants and reduce the number of NHS locums working within the speciality by the end of 2023/24 				1 2 3 4

▪ Mental Health

There are improvement plans in place to improve quality and outcomes across a range of areas in our Mental Health services which are being progressed. Whilst there have been good areas of improvement, for example in recruitment (as a result of the Just R recruitment campaign), and sustained improvement in psychological therapy waiting times and other performance measures, there are other areas where improvement has been less sustained and where there is further work to do. This will form the basis of refreshed improvement plans and refresh of the Together for Mental Health (T4MH) Strategy during 2022/23.

Essential to the recovery of position is the prioritisation and implementation of Phase 1 of our 111 press 2 service. The 111 press 2 service phase 1, launched on the 17th January 2023 providing a service between the hours of 8.30am – 11pm daily. In the first 2 weeks of operation, the services responded to more than 350 calls from patients and we anticipate with increased awareness of the service from services users, GP Practices and other statutory services that the number of calls will increase. Early feedback from operational staff suggests that the nature and type of calls coming in through the 111 press 2 service will reduce the pressures on GPs.

This key element of our Crisis Care work along with the learning from work streams for Psychiatric Liaison, Adult and Older Persons Crisis care have enabled us to strengthen and integrate our work streams wrapping a governance framework around it, that brings together the shared purpose and knowledge across the services. A key priority for Mental Health has been to move to phase 2 of the development of the 111 press 2 service to provide a service across all six North Wales Local Authority areas responding to patients 24 hours a day, seven days a week.

The learning from the implementation of 111 press 2 service and the work done through our Crisis Care Strategy group will support and enhance the work for our planned care services. Our “no wrong door” ethos supports the link through from crisis and unscheduled care routes into ongoing assessment and care within our primary and secondary care mental health teams. The Tier 0/1 work intends to respond to service user feedback in improving access to Mental Health care, reducing or in some cases eliminating waiting times, ensuring you are receiving the right level of care from the right source and improving the efficiency of assessment processes by working with partners to breakdown institutional barriers, perceived or otherwise. This a fundamental change to the way our Mental Health services operate and respond to service user needs. The operational and cultural change cannot be done by Mental Health services alone, and in line with both

BCUHB values and our developing T4MH strategy, we consider this work an opportunity to build and strengthen our relationships with BCUHB Integrated Health Communities, Local Authorities and third sector partners.

Strategic Priority P6					
Mental Health: key actions for 23/24					
Ref	Organisational Delivery Objective	Lead	Specific Ministerial or Special Measures Priority	WG Quad. Aim	Completion Timescales (quarters)
P6.1	Progress the development and implementation of a revised North Wales Mental Health Strategy, following the Together for MH national strategy review	EDPH		QA2	
	<ul style="list-style-type: none"> Approval of strategy in Q2 for implementation to commence 				1 2 3 4
P6.2	'111 press 2' mental and emotional health support service	EDPH	✓ MP	QA2	
	<ul style="list-style-type: none"> Evaluate the '111 press 2' mental and emotional health support service, taking improvement actions forward as necessary 				1 2 3 4
P6.3	Mental Health Measure	EDPH	✓ MP	QA2	
	<ul style="list-style-type: none"> Implement continued improvement in access to assessment and intervention in line with the standards set by Welsh Government Mental Health Measure, achieving Part 1a and Part 1b by January 2024 				1 2 3 4
P6.4	Embed quality and safety improvement actions in line with the organisations Learning Framework (under development)	EDPH	✓ SM	QA2	
	<ul style="list-style-type: none"> Specific actions to be confirmed 				1 2 3 4
P6.5	Support the MH Reviews 'Phase 1 Stocktake'	EDPH	✓ SM	QA2	
	<ul style="list-style-type: none"> Phase 1 of the stocktake to be undertaken as part of the Special Measures framework for improvement 				1 2 3 4

Substance Misuse

We work closely with partners through the Area Planning Board for Substance Misuse to provide support for people from prevention through community services and residential and inpatient services.

The vision of the partnership is that:

Working together we will seek to make North Wales a safer and healthier place to live, work and visit by preventing and reducing the impact that substance misuse has in our communities by promoting recovery and providing the best service possible to help those in need.

There has been progress made in a number of areas in substance misuse services, including medicines management, Buprenorphine prescribing, Ketamine pathway and other areas. The service will support work on the alcohol strategy working with population health leads.

Strategic Priority P7

Substance Misuse: key actions for 23/24

Ref	Organisational Delivery Objective	Lead	Specific Ministerial or Special Measures Priority	WG Quad. Aim	Completion Timescales (quarters)
P7.1	Welsh Government Substance Misuse Delivery Plan		EDPH		QA1
	<ul style="list-style-type: none"> Continue implementation of the Welsh Government Substance Misuse Delivery Plan 				1 2 3 4
P7.2	Support the implementation of initiatives to reduce Blood Borne Viruses, Hepatitis B and Hepatitis C		EDPH/EDIC		QA1
	<ul style="list-style-type: none"> Implementation of plan to reduce blood borne viruses undertaken 				1 2 3 4
P7.3	Support for people with co-occurring mental health and substance misuse needs		EDPH		QA1
	<ul style="list-style-type: none"> Framework implemented to support people with co-occurring mental health and substance misuse needs 				1 2 3 4

P7.4	Refurbishment of Roslyn to develop a multiagency community substance misuse hub	EDPH		QA1	
	<ul style="list-style-type: none"> Commence refurbishment 				1 2 3 4

People with a learning disability

The number of people with learning disabilities needing support is increasing and people are living longer due to improvements in care. A wide range of support is provided for people with a learning disability, working in partnership through the North Wales Together Programme. This programme focuses on communities and cultural change, accommodation, assistive technology, employment and children and young people. The work programme is underpinned by co-production, voice and control for people, their families and carers. In addition to the partnership programme, there are improvement plans being progressed by the Health Board focusing on health care needs.

Strategic Priority P8 Learning Disability: key actions for 23/24

Ref	Organisational Delivery Objective	Lead	Specific Ministerial or Special Measures Priority	WG Quad. Aim	Completion Timescales (quarters)
P8.1	Learning Disability strategy	EDPH		QA2	
	<ul style="list-style-type: none"> Commenced implementation of an agreed strategy 				1 2 3 4
P8.2	Inpatient care units	EDPH		QA2	
	<ul style="list-style-type: none"> Continue work to develop fully fit for purpose inpatient care units with a focus on treatment and assessment 				1 2 3 4

P8.3	Community LD services and the Enhanced Community Residential Service	EDPH		QA2	
▪ Improvement workstreams progressing for community services and the Enhanced Community Residential Service					1 2 3 4

▪ Women’s Services

In 2023 – 2024 we will continue to provide Maternity, Midwifery and Gynaecology services across all three Integrated Health Communities for residents of North Wales and for some women from Powys and the Shropshire borders. The service is committed to improving quality, access, safety and user experience, working in partnership with all stakeholders including through our “Voices” groups which facilitate co-production.

Our priorities for 23 – 24 include actions to support the implementation of the Maternity Services Strategy; Transforming Gynaecology & Specialist Services; and the Best Start in Partnership.

Strategic Priority P9

Women’s Services: key actions for 23/24

Ref	Organisational Delivery Objective	Lead	Specific Ministerial or Special Measures Priority	WG Quad. Aim	Completion Timescales (quarters)
P9.1	Implement the organisation’s Maternity and Neonatal Strategic Plan, aligned to the National Strategy for Wales	EDIC		QA2	
	▪ Implementation undertaken				1 2 3 4
P9.2	Implement the Maternity and Neonatal Safety Support Programme (Priorities for Improvements and the PERIPrem Programme in Wales) –	EDIC		QA2	
	▪ Complete and monitor delivery of initial recommendations for year 1				1 2 3 4
P9.3	Consider and implement the Digital Maternity Cymru Strategic Plan	EDIC		QA2	
	▪ Work to implement the Plan, including local rollout of national MiS				1 2 3 4

P9.4	Implement next stages of the Welsh Government Quality Statement for Women and Girls' Health	EDIC		QA2	
	<ul style="list-style-type: none"> To include completion of work to develop plans for the endometriosis centre 				1 2 3 4
P9.5	Consider the Women's Health Plan for Wales and develop a deliverable Plan for North Wales	EDIC		QA2	
	<ul style="list-style-type: none"> Work with the third sector and with women's representative groups to develop proposals 				1 2 3 4
P9.6	Implement the planned care Gynaecology Specialty Plan, aligning the GIRFT recommendations	EDIC		QA2	
	<ul style="list-style-type: none"> Work with improvement team to develop and implement GIRFT recommendations 				1 2 3 4
P9.7	Support the implementation of the Early Years and Best Start Programme	EDIC		QA2	
	<ul style="list-style-type: none"> Deliver Best Start communication plan to improve uptake of initiatives under the Best Start and Early Years programmes 				1 2 3 4

▪ **Children**

One of the Health Board’s strategic priorities is to ensure that children and young people have the best start in life. The delivery of this priority requires the contribution of a wide range of services across the Health Board, from pre-conception support, through early years and childhood towards transition to adulthood.

The Health Board will continue to work with Local Authority partners through the Regional Partnership Board to address and mainstream the model of integrated care for childrens service that is being supported by the Regional Integration Fund programme. Initiatives include multiagency early intervention for additional needs and secondary prevention, support for Looked After Children and acute services liaison.

In 2023-24 we will also focus on recovery of waiting times for CAMHS – assessment and intervention – to reduce the number of people waiting for assessment and improve levels of compliance with Ministerial targets.

Strategic Priority P10					
Children: key actions for 23/24					
Ref	Organisational Delivery Objective	Lead	Specific Ministerial or Special Measures Priority	WG Quad. Aim	Completion Timescales (quarters)
P10.1	Review and revise the approach to Neurodiversity, including implementing the plan to improve access times for assessment	EDIC	✓ MP	QA2	
	<ul style="list-style-type: none"> Review and confirm proposals for increasing capacity 				1 2 3 4
P10.2	Implement improvements that enable timely access to Child and Adolescent Mental Health services, in line with the WG MH access requirements	EDIC	✓ MP	QA2	
	<ul style="list-style-type: none"> Refresh and implement CAMHS recovery plan 				1 2 3 4

▪ Wider delivery

There are significant challenges associated with the delivery of high quality, safe and sustainable services within the Health Board, consistent with experience in other areas.

Unscheduled care requires cross sector transformation underpinned by the development of integrated infrastructure and systems with sufficient capacity to support timely patient access and flow.

Pre pandemic there were several planned care services with an underlying gap between demand and 'core' capacity resulting in a persistent ongoing backlog of long waiting patients. The position has significantly deteriorated over the last few years and there is a need to focus efforts on clearing the backlog whilst simultaneously creating the conditions for service sustainability through a combination of increased core capacity and demand management. Simply, in many of these areas existing service models require transformational change to make them sustainable.

For example increasing medical subspecialisation and growing opportunities for ambulatory care will require a different approach to the delivery of 'complex' care across north Wales. This approach is likely to necessitate consolidation of certain services onto less sites with better use of hub and spoke and networking arrangements.

Large scale change, and transformational change to clinical services is complex. Last year the Board approved our first Clinical Services Strategy and this provides a central point around which to coordinate our planning and development of the most vulnerable services. Consequently the clinical services strategy will further evolve this year supported by a clinical services plan to implement the most pressing elements. Sitting alongside this will be a revised Quality Strategy for the Health Board that ensures these areas of change occur with quality and patient experience as our first consideration.

In addition, there are increasing examples of good practice that have been implemented elsewhere that we can learn from.

Strategic Priority P11

Wider Delivery: key actions for 23/24

Ref	Organisational Delivery Objective	Lead	Specific Ministerial or Special Measures Priority	WG Quad. Aim	Completion Timescales (quarters)
P11.1	Implement the agreed Special Measures Response Plan priorities within the 90-day cycle approach, including:	EDTSP	✓ SM	QA2	
	<ul style="list-style-type: none"> Vascular: implement the Vascular Improvement Plan, take stock of progress following the Review and set a strategic intent for the service for the medium term 				1 2 3 4
	<ul style="list-style-type: none"> Urology: Review, revise and implement an improvement plan for urology services 				1 2 3 4
	<ul style="list-style-type: none"> Oncology: Develop a sustainable workforce approach for this service 				1 2 3 4
	<ul style="list-style-type: none"> Dermatology and Plastics: implement the improvement plan for these services 				1 2 3 4
P11.2	Implement mechanisms to identify and respond to early warning signs of fragile services of concern	EMD		QA2	
	<ul style="list-style-type: none"> Develop proposals for quality surveillance mechanisms including performance data, workforce, quality 		1 2 3 4		
P11.3	Stroke Services	EMD		QA2	
	<ul style="list-style-type: none"> Implement key improvements in Stroke services in order to achieve level B score in the Stroke Sentinel national Audit Programme 		1 2 3 4		
P11.4	Working with Welsh Health Specialised Services, implement the Integrated Commissioning Plan for Specialised Services	EDTSP		QA2	
	<ul style="list-style-type: none"> Implementation the Integrated Commissioning Plan for Specialised Services 		1 2 3 4		

Enabling effective delivery

▪ Workforce: Our People

The organisation has an ambition for healthcare across North Wales that is built around having a health care workforce with the capacity, competence and confidence to meet the needs of our residents.

Our three year People Strategy & Plan was published in 2022 and has provided the underpinning for the work completed to date and the platform for the work that will commence in 2023/24. It has enabled us to work together with our people and partners to start to address a number of current and long-standing challenges, prepare our organisation for future challenges and to embrace and create opportunities for us to succeed. As an organisation we need to change the way we see and engage with our workforce – and our Plan supports us to continue this work in developing a culture where all staff have a voice and can contribute to the success of the organisation, and to transform traditional roles and ways of working to support new models of care through our local and the national improvement and transformation programmes.

During year 1 of the People Plan we delivered co-designed implementation plans in partnership with our people and partners. The focus of year 2 of the Plan is on developing key programmes of work to ensure a holistic approach is taken to support key service areas across the health board to firstly stabilise services and then secondly ensure staff are working to their key skills to ensure effective and efficient patient care. This will take the form of key enabling interventions across medical, nursing and other clinical workforce groups. Recruitment, and importantly retention, of staff will continue to be of significant focus across the Health Board. This work is delivered through collaboration between operational and clinical teams, clinical corporate teams and workforce teams. We will ensure that we have the support in place to make it easier for managers to plan, recruit and on board staff in an efficient way, reducing barriers and realising benefits.

Specific recruitment work is already underway with a number of international recruitment drives in place and planned for medical and nursing professionals. This will supplement the ongoing work we have been undertaking regarding UK recruitment using a more streamlined process and targeted social media campaigns.

As well as registrant workers we have been actively working to support local access to roles across the health board for the local people of North Wales and have run a number of successful recruitment open days across the areas for Healthcare Support Workers and Administrative staff. More of these are planned across 2023/24.

Alongside this, work has been continuing to ensure accommodation is available for our international recruits and for staff who are relocating to North Wales. We have revisited and reviewed our current estate and short and medium term plans are in place to bring this estate up to a higher standard. Allied to this, the health board has worked with a number of social housing providers to set up memorandums of understanding to provide access to social housing access for our staff and we are working to widen this partnership working further in 2023/24.

We will continue to build upon achievements to date in both employing the right people with the right skills to provide services in the right place, and in 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. We will continue to support staff wellbeing which will also contribute to reduction in sickness absence and staff turnover.

Workforce Profiles

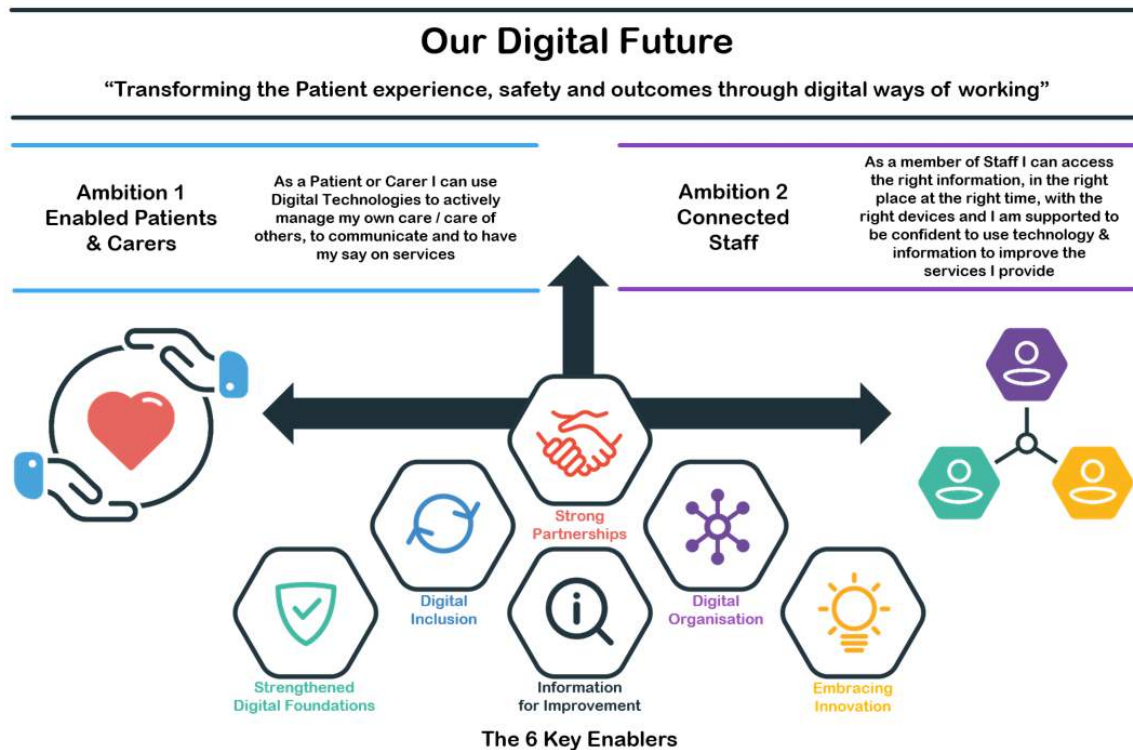
Core Workforce – Whole Time Equivalents (WTE)							
	WTE on 31/3/23	End of Q1 forecast	End of Q2 forecast	End of Q3 forecast	Plan end 2023/24	Plan end 2024/25	Plan end 2025/26
Medical & Dental	1,566	1,572	1,588	1,608	1,614	1,637	1,660
Registered Nursing & Midwifery	5,305	5,388	5,508	5,473	5,517	5,671	5,720
Additional Professional, Scientific and Technical	739	755	772	789	791	791	791
Healthcare Scientists	275	279	282	286	290	306	311
Allied Health Professionals	1,172	1,188	1,204	1,219	1,219	1,219	1,219
Additional Clinical Services	3,877	3,911	3,911	3,911	3,911	3,911	3,911
Administrative and Clerical (incl. Senior Managers)	3,582	3,568	3,568	3,568	3,568	3,568	3,568
Apprentices	24	28	28	28	28	28	28
Estates and Ancillary	1,353	1,374	1,394	1,414	1,433	1,433	1,433
Total core workforce	17,893	18,062	18,254	18,296	18,371	18,564	18,641

Strategic Priority P12

Workforce: key actions for 23/24

Ref	Organisational Delivery Objective	Lead	Specific Ministerial or Special Measures Priority	WG Quad. Aim	Completion Timescales (quarters)
P12.1	Address priority issues for workforce including:	EDOW		QA3	
	<ul style="list-style-type: none"> ▪ Supporting further international recruitment 				1 2 3 4
	<ul style="list-style-type: none"> ▪ Further development of the Apprenticeship/Grow our Own Models 				1 2 3 4
	<ul style="list-style-type: none"> ▪ Work with the local universities and HEIW on undergraduate health and care education 				1 2 3 4
	<ul style="list-style-type: none"> ▪ Continue to develop and implement support for Staff wellbeing 				1 2 3 4

Digital, Data and Technology (DDaT)



The effective delivery and exploitation of Digital, Data and Technology (DDaT) is a critical enabler to the delivery of this plan, transformation to new models of care and future sustainability.

Our Digital Strategy to guide this was approved by the Board in 2022. It will be reviewed this year and amended based on changes in priorities and environmental factors.

Achieving its ambitions involves ensuring we get the digital basics right. We have recruited a Board Level Chief Digital and Information Officer (CDIO) to provide executive leadership and expertise to this area. The CDIO and team have completed a discovery exercise to ascertain the current state of the DDaT environment and operating model against good practice, with identified risks having been added to the Board risk registers.

Costed proposals have been to Board to address these risks and to provide the necessary foundation for the future across the following areas:

- To transform the current Informatics operating model into an industry good practice DDaT model and way of working. This requires the procurement of critical skills and capabilities that currently do not exist within BCUHB at a recurrent cost of £1.7m

- A three-year Essential Services Programme to address the infrastructure backlog maintenance and cyber security risks at an average cost of £7.1m capital per annum
- To address the concerns with our fragmented care records we will develop tactical and strategic proposals for the development of an **integrated electronic care record** to address issues of harms, inefficiency and quality of care starting with a focus on unscheduled care
- Develop proposal to raise the organisation's maturity in using **data and intelligence** to improve service planning and identification of emerging service issues
- The establishment of a joint **North Wales DDaT Transformation** group and programme with local authorities, academia, third and independent sector focused on integrated approaches to deliver better health and wellbeing outcomes
- These proposals and associated plans have been externally assessed and validated by third parties including industry expertise, DHCW and through peer review with Digital Directors.

We recognise the current financial deficit means that funding has not been secured for these areas for 2023/24. These priority areas will be ready for implementation at such time as specific funding is identified. In the meantime we will progress those areas which do not require additional resource in-year.

Despite this we remain strongly committed to progressing this agenda and have committed to delivering on the following major National Programmes. This will require difficult choices regarding phasing and priorities due to our resource constraints.

In parallel with the necessary transformation of DDaT there is still a need to deliver some significant high risk programmes of work, with existing capacity, to replace old systems supporting some of the most critical areas of healthcare delivery, notably Laboratory Information Network Cymru and Radiology Information System and on top of this deliver Nationally mandated programmes of work, some of which are included below:

Major DDaT programmes 2023/24 – live projects	
Welsh Patient Administration System	WPAS holds patient identification details, and records details of patients' hospital visits and management
Laboratory Information Network Cymru	Transformational programme to support delivery of a modern, sustainable and safe pathology service
Medicines Transcribing and E Discharge (MTED)	Enables efficient and accurate sharing of pharmacy discharge information between Secondary and Primary Care
Stream	Clinical discharge planning tool that supports patient flow in an acute setting
Welsh Nursing Care Record (WNCR)	Digital nursing system to replace paper nursing documentation
Eye care Digitisation programme (Open eyes)	A clinical digital system, to allow patient information to be shared between primary care and secondary care
Welsh Community Care Information System	Shared system between Health and Social Care to support people receiving care in the community
Cito - Electronic Health Record (EHR)	To digitise paper record process and make them visible across the Health Board

Major DDaT programmes 2023/24 – implementation commencing in 23-24	
Welsh Patient Referral Service Phase 2 (WPRS)	WPRS enables electronic referrals to go directly from GPs to consultants
Electronic Prescribing and Medicines Administration (ePMA)	ePMA will replace the current paper based system for almost all prescribing and medicines administration
Radiology Information System Procurement (RISP)	RISP is the National system that will support all services within the "footprint" of the current imaging service
Welsh Intensive Care Information System (WICIS)	Fully-managed digital solution for critical care including collection of real-time information from the monitoring devices, pumps and respiratory equipment used for each patient's care, providing easy access to vital data and insights

Strategic Priority P13

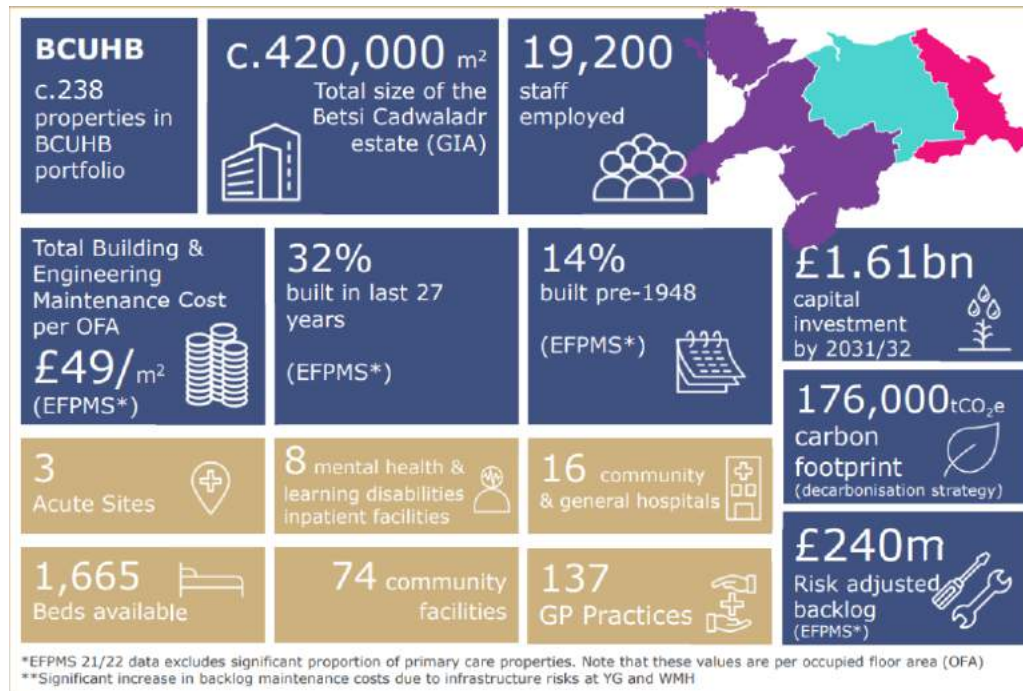
Digital, Data & Technology: key actions for 23/24

Ref	Organisational Delivery Objective	Lead	Specific Ministerial or Special Measures Priority	WG Quad. Aim	Completion Timescales (quarters)
P13.1	Implement the actions within the Special Measures Response Plan 90 day cycle that support improvement including:	CDIO	✓ SM	QA2	
	<ul style="list-style-type: none"> Development of Strategic and tactical plans to improve access to a more integrated care record 				1 2 3 4
	<ul style="list-style-type: none"> Develop a proposal to raise the organisations maturity in using data and intelligence for improving service planning and identification of emerging service issues 				1 2 3 4
P13.2	Progress the implementation of current Digital Programmes including:	CDIO		QA2	
	<ul style="list-style-type: none"> Welsh Patient Administration System 		1 2 3 4		
	<ul style="list-style-type: none"> Laboratory Information Network System (LINC) 		1 2 3 4		
	<ul style="list-style-type: none"> Medicines Transcribing and E discharge (MTED) 		1 2 3 4		
	<ul style="list-style-type: none"> Stream 		1 2 3 4		
	<ul style="list-style-type: none"> Welsh Nursing Care Record 		1 2 3 4		
	<ul style="list-style-type: none"> Eye care digitisation programme 		1 2 3 4		
	<ul style="list-style-type: none"> Welsh Community Care Information System 		1 2 3 4		
	<ul style="list-style-type: none"> Cito – Electronic Health Record 		1 2 3 4		
P13.3	Commence Major Digital, Data and Technology Programmes, including:	CDIO		QA2	

▪ Welsh Patient Referral Service Phase 2	1 2 3 4
▪ Electronic Prescribing and Medicines Administration (ePMA)	1 2 3 4
▪ Radiology Information System (RISP)	1 2 3 4
▪ Welsh Intensive care Information System (WICIS)	1 2 3 4

Estates strategy and Capital Programme

The Health Board has one of the largest property portfolios in Wales; services are delivered from c.238 properties (a total of c.420,000 m²) with a value of £569m and an annual running cost of £73m in 21/22.



During 2022/23 the BCU HB Estates Strategy has been refreshed and updated following engagement with a wide range of stakeholders to reflect the current position and future direction. The Strategy was approved in January 2023.

At aggregated level for all estate, the HB estate falls short of both national targets and NHS Wales average values for all estate condition and performance indicators, except space utilisation. A significant proportion of the estate (c45%) is more than 40 years old. The total backlog maintenance cost of c£348M has increased since the previous strategy was developed (with c£240M of backlog being assessed as higher risk.)

These figures do not include the Primary Care Estate, where there are similarly backlog maintenance requirements, modifications needed to comply fully with access requirements and high levels of space utilisation, with a high level of overcrowding reported.

Survey work is currently in progress to provide an updated primary care estate data set across Wales to inform the roadmap to improvement for primary care estate in Wales (Case for Change: Future for Primary Care Premises in Wales, WG, August 2021.)

The draft estate strategy will set out summary priorities to be addressed, and opportunities for more efficient use of our resources, recognising the need to balance immediate pressures with longer term strategic development, in the context of constrained capital resource.

You can find the Estates Strategy here: <https://bcuhb.nhs.wales/estates-strategy-2023>

The overall summary capital programme, combining discretionary and national capital programmes is as set out below.

Discretionary and national programmes in 2022/23	£million
Health & safety, risk and statutory compliance	4.805
Fire compliance	1.816
Planned and unscheduled care and patient experience	4.493
Mental Health	0.684
Sustainability including Decarbonisation	0.640
Medical Devices replacement programme	3.075
Informatics	3.016
	18.259

Major Capital programme schemes anticipated to be live in 2023/24
Wrexham Maelor Continuity Programme
Ysbyty Gwynedd Compliance Programme
Nuclear Medicine / PET CT
Radiotherapy programme
Royal Alexandra Hospital Development Project
Integrated PCRC for three Conwy practices
Ablett Unit Redevelopment

Climate change and decarbonisation

One of the greatest challenges to global health is the climate change crisis. The Welsh Government declared a Climate Change and Nature Emergency in 2019 and the Health Board, as one of the largest organisations in North Wales, must take action on climate change and decarbonisation.

The scale and nature of the services we deliver as a Health Board have significant financial, environmental and social impacts on the local population. To help to reduce the environmental impacts, comply with legislation, reduce the carbon footprint and ensure healthcare adopts more sustainable practices, three Green Groups have been set up in East, Central and the West area. The Green Groups are focusing on supporting and improving the Health Board's performance in a range of areas including biodiversity, energy, food, transport, waste and clinical projects. Our Public Health team are contributing to planning applications in relation to green and blue spaces, walking and cycling routes.

We are working to launch the Healthy Travel Charter across North Wales in partnership with key stakeholders and networks including Actif North Wales. We will strengthen our relationships with local stakeholder including the Local Authority Active Travel Officers and Decarbonisation Officers, in order to promote and enhance the impact of the Healthy Travel Charter.

In addition, working with our partners in the Public Services Boards, a range of shared priorities have been identified.

In Gwynedd and Anglesey PSB there are three overarching well-being objectives, one of which is focused on sustainability and supporting communities to move towards zero net carbon. In 2022 a joint Climate Change Group was established to work together to respond to local climate change challenges.

In Conwy and Denbighshire progress has been made in reviewing procurement policies and procedures with the aim of supporting decarbonisation of the supply chain, and future action will focus on tackling different aspects of the climate and nature emergencies

In Wrexham and Flintshire a series of actions are being taken to improve accessibility to 'green spaces' and reduce carbon missions.

▪ **Our decarbonisation action plan**

In 22 - 23 the Health Board approved the first decarbonisation action plan in response to the NHS Wales Strategic Decarbonisation Delivery Plan. Our Plan was developed with the Carbon Trust and sets the strategic direction for travel for the next five years. In keeping with the NHS Wales Plan, initiatives are identified around six main activity streams:

- Carbon Management
- Buildings
- Transport
- Procurement
- Estate Planning and Land Use
- Approaches to health care delivery

The Action Plan addresses carbon emissions across all areas but has a specific focus on the emissions associated with construction and estate refurbishment. We have identified resource within the capital programme for sustainability including decarbonisation. The first year actions within the Plan will be taken forward during 23-24.

Strategic Priority P14					
Estates & Capital: key actions for 23/24					
Ref	Organisational Delivery Objective	Lead	Specific Ministerial or Special Measures Priority	WG Quad. Aim	Completion Timescales (quarters)
P14.1	Implement the key national and local discretionary capital programmes including:	EDOF		QA2 & 4	Q1 – Q4
	▪ Health and safety, risk and statutory compliance				1 2 3 4
	▪ Fire compliance				1 2 3 4

	<ul style="list-style-type: none"> Planned and unscheduled care and patient experience 				1 2 3 4
	<ul style="list-style-type: none"> Mental health 				1 2 3 4
	<ul style="list-style-type: none"> Sustainability including decarbonisation 				1 2 3 4
	<ul style="list-style-type: none"> Medical Devices replacement programme 				1 2 3 4
	<ul style="list-style-type: none"> Informatics 				1 2 3 4
P14.2	Progress the major Capital programme Schemes, including:	EDOF		QA2	Q1 – Q4
	<ul style="list-style-type: none"> Wrexham Maelor Continuity Programme 				1 2 3 4
	<ul style="list-style-type: none"> Ysbyty Gwynedd Compliance Programme 				1 2 3 4
	<ul style="list-style-type: none"> Nuclear Medicine/PET CT 				1 2 3 4
	<ul style="list-style-type: none"> Radiotherapy programme 				1 2 3 4
	<ul style="list-style-type: none"> Royal Alexandra Development Project 				1 2 3 4
	<ul style="list-style-type: none"> Integrated Primary Care Resource Centre 				1 2 3 4
	<ul style="list-style-type: none"> Ablett Unit redevelopment FBC 				1 2 3 4

▪ Partnerships

We will continue to work with partner organisations nationally and across the border into England, where some of our residents receive more specialised treatment. These arrangements include the following.

NHS Wales Executive

We welcome the opportunity to work with the new NHS Wales Executive which will come into existence from 1 April 2023 and will work closely with colleagues in relation to the Special Measures Framework described earlier.

National Networks

There are a number of National Strategic Networks set up to deliver across a range of areas in support of the National Clinical Framework. These will be supported by implementation networks to ensure new pathways and service models are taken forward. We will ensure that there is consistency with the service sustainability work being taken forward under the Special Measures Framework, and the development of service plans to support our Clinical Services Strategy.

Welsh Ambulances Services Trust and Emergency Ambulance Services Committee

We recognise that the continuing pressures of demand faced by BCU HB are mirrored by pressures on the ambulance services across Wales and it is important that we engage fully as we develop our improvement plans, including in relation to emergency departments but also any potential changes to service models. The Health Boards have collectively endorsed EASC commissioning intentions for the year and we will continue to work to support these. Shared priorities include implementing new 111 pathways, alternatives to ambulance conveyances including falls and SDEC, UPCC and improving hospital discharges.

Health Education and Improvement Wales

HEIW is the national strategic body for the NHS Wales workforce and supports the delivery of the national Health & Social Care Workforce Strategy. We are directly involved in the work programme and groups to support delivery of the strategy and will continue to work to ensure the needs of North Wales in relation to shape and supply of the future workforce are addressed locally and supported nationally.

Digital Health and Care Wales

The transformation and delivery of high quality and cost effective digital services is essential to the modernisation and improvement of health and healthcare in North Wales and we collaborate closely with DHCW, the national organisation leading improvement and delivery for digital services. Our own Digital Strategy is progressing together with the transformation of Digital, Data and Technology services is a key part of our delivery plans, as reference earlier in the plan.

Welsh Health Specialised Services Committee

Welsh Health Specialised Services Committee is responsible for commission the more specialised treatment for Welsh residents. The Integrated Commissioning Plan for WHSC for 23/24 has been signed off and includes the delivery of paediatric and mental health strategies; strategic service review of cardiac services, delivering the specialised haematology review and developing a specialised rehabilitation services strategy. In collaboration with Health Boards, and building on value based health care, work will be taken forward in 23/24 to drive towards greater efficiency and effectiveness of commissioned services. We will ensure that the work in relation to specific services links with our Special Measures programme, including the improvement of plastics services in North Wales.

Mid Wales Joint Committee

The Mid Wales Joint Committee is focused on improving services and collaboration across borders for the rural Mid Wales population. For 2023/24 the priority areas for joint working across Mid Wales will continue to focus on a whole pathway approach with regional links between primary, secondary, community and social care to support the Welsh Government's expectation for Health Boards to work together to plan and deliver regional solutions across organisational boundaries. Priority areas will include urology; ophthalmology; cancer; dental services; and the delivery of the clinical strategy for hospital based care and treatment through Bronllys General Hospital.

Wider commissioning partnerships

Some residents of North Wales access services across borders because of geographical proximity, and we also commission a range of more specialised services that cannot be provided locally within the area. During recent years we have developed partnerships with providers in NHS England, particularly in relation to services which require further support to ensure sustainability. During 2023/24 we will build on these relationships in support of the programme of improvement under Special Measures.

University designation

University designation status was introduced across NHS Wales in 2013. University designation requires NHS organisations to provide evidence against specific criteria within three pillars; research and development; training and education; and innovation.

In 2021 the university designation criteria was updated and the review process became integrated as part of the integrated medium term plan (IMTP) process. The IMTP Framework for 2022-25 incorporated 'university' activity as part of the regular planning and performance management cycle. University organisations are also be required to provide a brief 'mid year update' on university activity, by the end of September in each year.

The embedding of the university designation criteria in our Plan supports the Health Board's continued valuable relationship with our university partners, and also ensures learning and innovation are consistently captured and shared.

Strategic Priority P15

Partnerships: key actions for 23/24

Ref	Organisational Delivery Objective	Lead	Specific Ministerial or Special Measures Priority	WG Quad. Aim	Completion Timescales (quarters)
P15.1		Executive TeamT			
	<ul style="list-style-type: none"> Work with partners in the Regional Partnership Board to implement agreed priorities within the North Wales Area Plan 				1 2 3 4
	<ul style="list-style-type: none"> Implement agreed actions under the Regional Integration Fund programme and the Integrated Regional Capital Fund 				1 2 3 4
	<ul style="list-style-type: none"> Respond to the Further, Faster strategic action plans being developed by WG to enhance further our partnership working in North Wales 				1 2 3 4
	<ul style="list-style-type: none"> Collaborate with the North Wales Public Services Boards in delivery of the Well-being Plans 				1 2 3 4
	<ul style="list-style-type: none"> Continue to develop and collaborate with other strategic partnerships across Wales and cross-border 				1 2 3 4

▪ Board leadership and governance

Board effectiveness

The Health Board has experienced an extremely challenging period leading up to the escalation into Special Measures and the change in leadership. Since that time the Welsh Government and BCU HB Senior Leaders have worked closely together to develop an agreed approach to Special Measures which will support the necessary actions to deliver improvement. The approach was approved at the Health Board meeting in May 2023.

The Auditor General had also produced a Review of Board Effectiveness which identified a number of priority areas for action. It has been agreed that these areas will be triangulated with the areas of focus for Special Measures. In relation to Board effectiveness, there are three main areas requiring immediate action in 23-24.

- Responding to independent reviews and investigations – responding quickly to the series of independent reviews in relation to board effectiveness, working relationships and leadership
- Rebuilding and strengthening senior leadership capacity – recruiting to vacant leadership roles, reviewing the use of interim staff and strengthening the finance team capacity
- Building a more cohesive and effective board and Executive Team - taking urgent action to create a more collegiate and unified approach to leadership of the organisation, by addressing working relationships, ensuring better understanding, working environment and alignment between the Executive team and Independent Members

These actions are being aligned to the first 90 day cycle within the Stabilisation to Sustainability approach for the response to Special Measures. A focus for 2023/24 will be delivery of these actions and simultaneously developing the actions for subsequent 90 day cycles resulting in an effective Board better equipped to meet the Health leads of the people of North Wales.

Risk Management

The Health Board Risk Management Strategy provides a framework for the robust identification, assessment and management of risks to the delivery of strategy, plans and of high quality healthcare by enabling staff to:

- Identify actual or potential risks;
- Determine how best to treat them;
- Apply the treatment and monitor the effectiveness of that treatment while supporting the safe development of clinical care and maintaining continuity of service delivery.

The Corporate risk register (CRR) provides a framework for monitoring risks deemed significant to the delivery of corporate objectives set out within the Annual Plan whilst the Board Assurance Framework provides the Board with a mechanism for identifying and assessing risks significant to the delivery of Health Board strategy and plans, whilst evaluating the effectiveness of controls, and the monitoring of action plans.

Strategic Priority P16					
Board leadership & governance: key actions for 23/24					
Ref	Organisational Delivery Objective	Lead	Specific Ministerial or Special Measures Priority	WG Quad. Aim	Completion Timescales (quarters)
P16.1	Implement the actions in the Special Measures Response Plan 90 day cycles, including:	EDTSP	✓ SM	QA4	
	▪ Strengthening Board Effectiveness and invest in Board Development				1 2 3 4
	▪ Supporting Independent member recruitment				1 2 3 4
	▪ Executive Team Development				1 2 3 4
	▪ Risk Management Framework				1 2 3 4
	▪ Board Committee				1 2 3 4

	<ul style="list-style-type: none"> Special Measures Assurance Approach 				1 2 3 4
P16.2	Develop and implement an organisational Performance Framework	EDOF		QA2	
	<ul style="list-style-type: none"> Revised performance and accountability arrangements to be in place 				1 2 3 4
P16.3	Develop a Health Board Planning Framework, taking into account the findings of the Planning Review as part of the Special Measures response	EDTSP	✓ SM	QA2	
	<ul style="list-style-type: none"> Planning review to be undertaken from July 2023 with report anticipated in September 2023 				1 2 3 4

▪ Organisational development

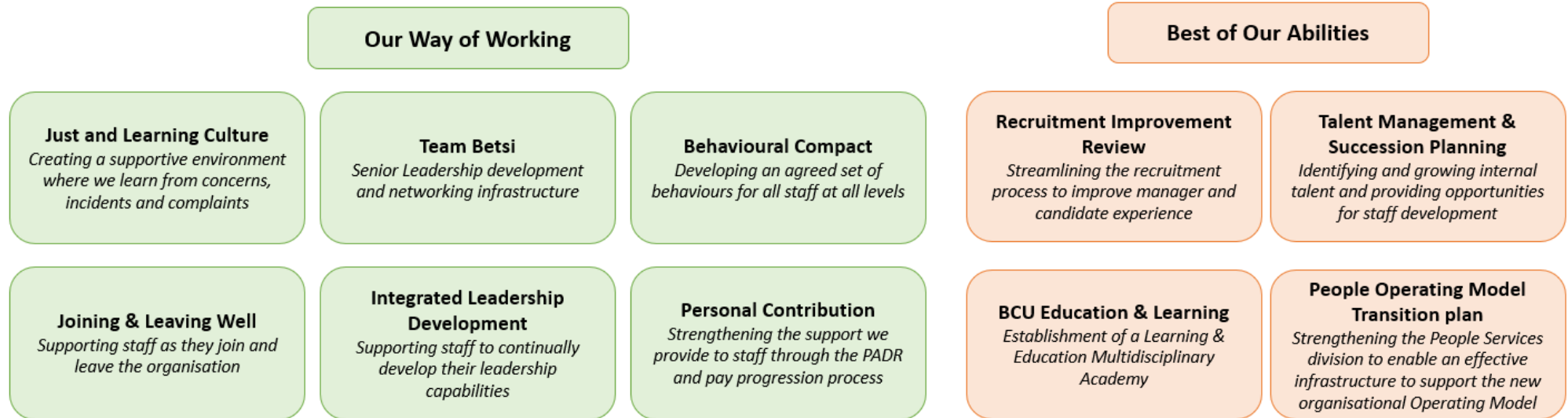
In 2021/22 the Health Board embarked on a programme of work that aimed to align each and every member of the organisation behind the goal of “One NHS organisation”, working with our partners and citizens to deliver co-ordinated seamless care or service for individuals. Our approach to this ambitious work programme, titled ‘Mewn Undod Mae Nerth’ (Stronger Together), is framed by evidence-based research, which allows us to join the threads across the organisation and the system that facilitate the conditions for and are associated with high performance through an engaged and motivated workforce, committed to delivering the healthcare goals for North Wales.

This work is consistent with and aligned to the seven themes within ‘A Healthier Wales: Our Workforce Strategy for Health and Social Care’ and is an integral part of the health board’s new People Strategy and Plan, published in March 2022.

A new Operating Model was implemented throughout 2022, as part of the ‘How we Organise Ourselves’ programme of work to include the formation of Integrated Health Communities (IHC’s) bringing together services from across secondary, primary and community care.

Following the first year, there has been a refresh of the portfolio and a reduction in the number of programmes to focus on fewer priority areas. These programmes of work within Stronger Together will be merged with the wider culture change programme to ensure integration and consistency of approach.

The programmes of work are below:



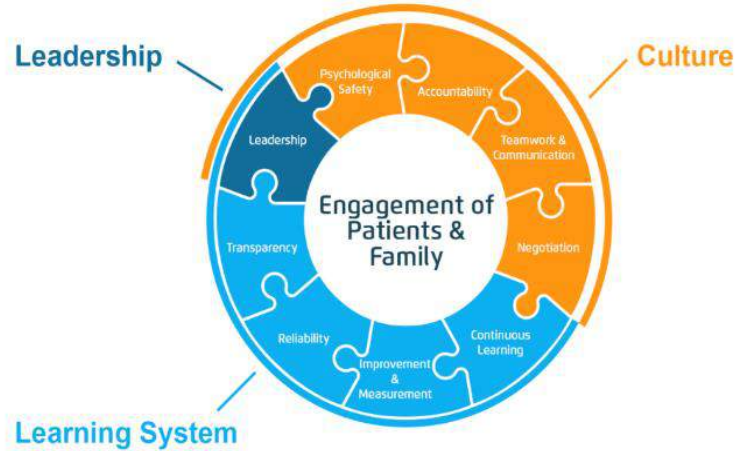
Culture Change Programme

As part of the above work programmes and recognising the priorities under the Special Measures framework, we will establish a Culture Change Programme that embodies, at its core, the principles of compassionate and collective leadership, ensuring that our leaders are developed to enable them to consistently reinforce our values and behaviours by acting as role models across the organisation.

Compassionate leadership involves a focus on relationships through careful listening to, understanding, empathising with and supporting other people, enabling those we lead to feel valued, respected and cared for so they can reach their potential and do their best work. There is clear evidence that compassionate leadership results in more engaged and motivated staff with high levels of well-being, which in turn results in high quality care.

We will build a framework for safe and reliable care as part of this programme, based on the principles below:

Framework for Safe & Reliable Care



This will include a focus on the following key priorities:

- Build a culture of improvement, increasing resilience, and reducing burnout
- develop a mindset of quality and safety in our leaders
- enabling accountability and decision-making at IHC and divisional levels
- develop clarity of purpose with accountability for localised decision making

Strategic Priority P17

Organisational Development: key actions for 23/24

Ref	Organisational Delivery Objective	Lead	Specific Ministerial or Special Measures Priority	WG Quad. Aim	Completion Timescales (quarters)
P17.1	Implement the priorities within the Special measures Response Plan 90 day cycles, including:	EDOW	✓ SM	QA4	
	▪ Stocktake of the Stronger Together Operating Model, identifying areas to strengthen and consolidate				1 2 3 4
	▪ Resolve Senior HR cases				1 2 3 4

	<ul style="list-style-type: none"> Implement a Senior Leadership Development approach 				1 2 3 4
	<ul style="list-style-type: none"> Implement findings of the Interims Review 				1 2 3 4
	<ul style="list-style-type: none"> Consider and implement the findings of the Executive Portfolio Review 				1 2 3 4
P17.2	Consider the development of a short, medium and longer term Organisational Development Framework to support the organisation move from 'stabilisation to sustainability'	EDOW	✓ SM	QA4	
	<ul style="list-style-type: none"> Implement actions within first 90 days of Special Measures framework relating to stronger leadership and engagement 				1 2 3 4

▪ **Quality, Innovation and Improvement**

Quality

The Welsh Government publication of A Healthier Wales in 2016 set out the long term future of health and social care, with quality and safety being highlighted as a priority above all else. This has informed our Living Healthier Staying Well, and our evolving Clinical Services Strategy here in North Wales with a key long-term objective to improve the safety and quality of all services.

To strengthen the approach to having a quality-led healthcare system, the Health and Social Care (Quality and Engagement) Act 2020 was passed by the Senedd and places both an enhanced duty of quality and an organisational duty of candour which together, will strengthen the approach to high quality, safe care.

In order to become a quality-led health service, it is key for the Health Board to operate within an effective Quality Management System. To provide direction, Welsh Government introduced the Quality and Safety, Learning and Improving Framework in 2021.

The framework sets out the importance of a whole system approach to quality using the key elements of quality; planning, improvement and control, which together, ensure continuous improvement and provide overall assurance that the systems we have in place, are working effectively to deliver the outcomes we need for the people of North Wales. As such, the framework has led the scoping and development of the Health Board's Quality Strategy 2023-2026.

Driven by A Healthier Wales, Our Quality Strategy is informed by the Health Board's vision from our own strategy, Living Healthier Staying Well, and Clinical Services Strategy, which is to create a healthier North Wales, with a key goal to improve the safety and quality of all services.

Our Quality Strategy and the plans which underpin it will mark an important step forward for our Health Board and the Targeted Intervention work. We will develop this strategy during 2023-24, engaging and involving people during the development process, and completing the strategy for Board approval by December 2023.

Innovation and Improvement

The Health Board is a signatory to the implementation of the National Innovation Strategy for Wales and has consequently nominated an Executive Lead for Innovation. The Health Board's commitment to innovation continues to grow and, building on the recent appointment of a dedicated Head of Innovation, further roles are being recruited to support this important effort. Work by the Innovations Leads across all Health Boards led to the development of three national innovation priorities for delivery this year (2023/24):

- Creating coherency across the innovation ecosystem
- Focusing innovation activity on organizational priorities
- Supporting adoption-ready innovation at scale

To implement these priorities, a series of innovation workshops and action plans have been taking place and will continue throughout the year. In support of the national strategy, the Health Board's Head of Innovation is leading a workstream to develop a national occupational competency framework, an important first step in professionalising the national workforce.

The Health Board's prioritisation framework for managing change has evolved to include and integrate innovation as a key category. Work continues to gather pace at local, regional and national levels to explore how Research, Development, DDaT and Innovation can collectively adapt and align. The Health Board's Innovation offer works in close collaboration with R&D and DDaT, operating at the heart of the organisational response to its strategic priorities and Special Measures.

Innovation Mechanisms

The Health Board is making good progress in developing the processes and mechanisms necessary to implement delivery of the National Innovation Strategy. These include preparatory work with the Portfolio Management Office, R&D Lead and colleagues in DDaT to deliver within 2023/24:

- Innovation assessment model – that supports early feasibility assessments of innovation and new technologies, to understand their relevance locally. This would compile existing expertise from a number of different Welsh innovation platforms such as Health Technology Wales, Accelerate, AgorIP, Tri-Tech etc. all of which consider innovation slightly differently.
- Innovation adoption tool – to assess ease of adoption versus its potential value, including relevant evidence on a 'Boston Matrix' model. This will enable NHS Wales organisations to understand what adoption ready innovation is relevant to current programmes or the Further Faster initiative. This will support identification of 3-5 innovations to be scaled nationally through the IMTP framework.
- Innovation adoption mechanism – this will set out what key requirements that need to be in place to adopt innovation locally. This will include Board level leadership through to clinical engagement and support, citizen's voice and would require input from relevant teams such as procurement, planning and transformation.

Regional Partnerships

The Health Board's Innovation effort operates at a national, regional and local scale and has recently established a Regional Innovation Network making best opportunity of partnership hubs such as M-Sparc and Optic. The group includes a growing representation from across North Wales's public services, industry, academia and innovation partners from NHS England. Plans are well developed to co-locate Innovation Health Board staff at the regional innovations hubs, with sites identified to date including M-Sparc, Optic and Bangor University.

Our partnership based Regional Innovation Coordination Hub has identified the following areas as priorities for 23-24:

- Build on our successful **focus on children and young people** pilot by supporting action plans on the completed topics and identifying further priorities that can benefit from this approach. The next one planned will look at early years.

- Support the **North Wales Digital, Data and Technology Board** including identifying challenges, mapping digital, data and technology projects across the region and identifying projects that can be scaled and spread.
- Share the findings from **evaluations** we've completed and use the approach we've developed to rapidly assess more projects so that we can promote successful models. Explore ways to use story collection to learn from and share what works to improve health and social care.
- Continue to **enable innovation and promote what works** including involvement in the North Wales Innovation Network and adding to our online collection of good ideas.
- Provide **data, insight and intelligence** for the Regional Partnership Board and RPB Children's sub-group including improving systems, Census 2021 analysis and regular topic reports.
- **Improve access to evidence** by promoting the support available from the Specialist Librarian to access evidence about what works in health and social care and working closely with Social Care Wales and Developing Evidence Enriched Practice (DEEP) programmes to support the use of evidence within social care.

Closely linked are our systematic approaches to Service and Continuous Improvement, improving the quality of service we deliver to the population served by the Health Board. They are a way of utilising improvement methodology beyond organisational and functional boundaries, so that benefits are realised across the whole patient pathway.

As the potential benefit is even greater if improvement techniques are applied consistently and systematically across services and systems, the Transformation and Improvement Directorate (T&I) developed 'The Betsi Way' improvement methodology and toolkit to drive forward and promote the use of simple but effective improvement methodology. The Betsi Way was built on best known practice with a focus on jargon free language and ease of accessibility, such that 'everyone can have a go at improvement'.

With service improvement resource support, and through rigorous application, within major programmes of work and improvement initiatives at team and service level, the organisation will be supported to move from pockets of innovation and isolated examples of good practice to system-wide improvement.

As well as providing discipline to strategic programmes and local improvement projects, BCUHB aims to embed improvement at all levels of the organisation, and seeks to cultivate and implement a culture of continuous improvement. The Improvement Team are a finite resource so this will be done through a blended approach of training, coaching and supported application. Our philosophy is to 'do with' not 'do to' so that we work in partnership with staff until they reach a point of independence in their improvement journey.

Strategic Priority P18

Quality, Innovation & Improvement: key actions for 23/24

Ref	Organisational Delivery Objective	Lead	Specific Ministerial or Special Measures Priority	WG Quad. Aim	Completion Timescales (quarters)
P18.1	Implement the priorities within the Special Measures Response Plan 90 day cycles, including:	EMD	✓ SM	QA4	
	<ul style="list-style-type: none"> Consider the findings and recommendations of the Patient Safety Review 				1 2 3 4
	<ul style="list-style-type: none"> Processes and procedures for learning from incidents 				1 2 3 4
	<ul style="list-style-type: none"> Support the Clinical Governance Review 				1 2 3 4
	<ul style="list-style-type: none"> Scope an enhanced programme of Healthcare Public Health (lead - EDPH) 				1 2 3 4
P18.2	Embed the Betsi Way improvement methodology across the organisation	EDTSP		QA	
	<ul style="list-style-type: none"> Develop a sustainable model of service improvement support for IHC/Divisional level and pan-BCUHB programmes of work 		1 2 3 4		
	<ul style="list-style-type: none"> Ensure service improvement resource is allocated to organisational strategic priorities through a designated forum 		1 2 3 4		
	<ul style="list-style-type: none"> Develop a Centre of Excellence of Improvement to coordinate the consistent delivery of improvement methodology, and drive forward staff training in improvement methodology, tools and techniques. 		1 2 3 4		

▪ Finance and Value

Overview of the financial plan

Under the Health Board's Standing Orders, the Board before the start of the financial year must approve a budget. This report sets out an initial budget for 2023/24 which represents a significant deficit against the resources which WG has allocated to the Health Board. As such, it will not be acceptable to the Welsh Government (WG), and there is a requirement for ongoing work through the financial year to improve the financial position. Nevertheless, this deficit position does represent an assessment at the current time of the 2023/24 financial position which is considered to be deliverable by the Health Board.

The three key components making up the 2023/24 financial position are as follows:

The underlying deficit brought forward from 2022/23

PLUS demand growth and inflation in 2023/24 only partially offset by relatively low funding growth (before funding for pay awards)

LESS financial improvement from savings and disinvestment

The table below provides a high level summary of the overall financial position for 2023/24. The overall position is a £134.2m deficit.

	Recurrent £m	Non- recurrent £m	Total £m
Recurrent deficit brought forward from 2022/23	196.2	0.0	196.2
Demand growth & inflation - income (including strategic support)	-26.2	-128.0	-154.2
Demand growth & inflation – expenditure	71.5	59.4	130.9
Total demand growth & inflation	45.3	-68.6	-23.3
Financial improvement	-38.7	0.0	-38.7
Net 2023/24 position before major decisions	202.8	-68.6	134.2
Note: demand growth & inflation excluding impact of strategic support	45.2	13.4	58.6

The underlying deficit brought forward from 2022/23

The underlying deficit has been assessed at £196.2m. This is larger in value than the initial assessment in early January, but it does give us a much clearer view of where the deficit is and what the drivers for it are.

	Recurrent £m
Recurrent deficit b/f from 22/23	
Brought forward from 21/22	40.0
Performance and transformation commitments	42.0
Undelivered recurrent savings in 22/23	22.7
Costs pressures in 2022/23 over recurrent budgets	100.5
Underspends & slippage which could potentially continue	-22.3
Sub-total	182.9
Cost pressures - Covid BAU	13.3
Total opening recurrent deficit	196.2

Demand growth and inflation in 2023/24 offset by funding growth

The Welsh Government allocation growth for 2023/24 was 1.5%, which equates to £22.3m for BCU. The Health Board receives its income from Welsh Government in the form of an allocation. The additional resources available next year including the allocation growth are shown in the table below:

	Recurrent £m	Non- recurrent £m	Total £m
Income			
Allocation growth	-22.3		-22.3
Strategic support		-82.0	-82.0
Pay awards - excluded from plan as per WG	0.0		0.0
Real Living Wage Care Home impact	-3.0		-3.0
Provider Income uplift	-0.9		-0.9
Covid programme costs (TTP, mass vacc, Long Covid & PPE)		-15.8	-15.8
Planned care recovery		-27.1	-27.1
Value Based Healthcare		-3.1	-3.1
Total income changes	-26.2	-128.0	-154.2

Demand growth and inflation estimates have been assessed using a range of information sources. The total estimated inflation is £34.4m and total estimated growth is £11.7m.

In addition to the assessment of cost increases from growth and inflation in 2023/24, an assessment has also been made of the value of energy costs in 2023/24 over 2022/23 recurrent budgets. This forecast in respect of BCU, based on 2022/23 usage, is £8.9m (as at 1 June 2023).

These are unavoidable and new known cost pressures for 2023/24 that BCU cannot avoid. Many of these relate to all-Wales schemes and business cases for which commitments have already been made or are currently being assessed.

	Recurrent £m	Non- recurrent £m	Total £m
Expenditure			
Inflation:			
Energy inflation not funded externally		8.9	8.9
Other inflation	34.4		34.4
Pay awards - excluded from plan as per WG	0.0		0.0
Real Living Wage Care Home impact	3.0		3.0
Growth in demand	11.7		11.7
Unavoidable new cost pressures	5.9	4.5	10.4
New cost pressures - Nurse Staffing Act	3.0		3.0
New cost pressures - Planned Care	12.0		12.0
Service developments - TBC	1.5		1.5
Covid programme costs (TTP, mass vacc, Long Covid & PPE)		15.8	15.8
Planned care recovery		27.1	27.1
Value Based Healthcare		3.1	3.1
Total expenditure changes	71.5	59.4	130.9

Financial Improvement

This section describes the plans for financial improvement totalling £38.7m. The current position and aim for these plans is summarised in the table below.

Current status (estimated)	Recurrent £m	Non- recurrent £m	Total £m	Status
Savings and cost pressure reduction	-18.2		-18.2	Put forward by divisions - not yet fully validated
Disinvestment identified	-13.5		-13.5	Identified subject to potential QIA
Non-recurring under-spends managed to continue		-22.3	-22.3	Assessed as realistic
Stretch target for further financial improvement	-7.0		-7.0	Not identified
Total	-38.7	-22.3	-61.0	4.1% of controllable expenditure

It should be noted that the £22.3m non-recurring underspends in 2022/23 which will be managed to continue in 2023/24, are already netted off (i.e. deducted) in calculating the recurrent deficit of £196.2m taken as the starting point for 2023/24 planning.

In assessing the level of expectation within the budget of further savings beyond those already identified, a balance needs to be struck between ambition and deliverability. In the context of the relatively low level of recurrent savings delivered in recent years, and the other financial improvement plans outside savings plans, a stretch target for a further £7m of savings and/or dis-investment is included within the budget.

Financial Risks

There are significant risks contained within the Financial Plan, which will need to be monitored and managed throughout the year. In particular, these include the assumptions around anticipated Welsh Government funding noted above (only include this if we have a table of anticipated resources). There is also a risk to the Strategic Support funding of £82m going forward because Welsh Government have not confirmed it will continue in 2024/25 and 2025/26.

In addition to these funding risks, the following are the significant quantifiable and non-quantifiable risks relating to the Financial Plan:

Risks	£m	Likelihood
Quantifiable risks		
Failure to deliver savings not yet identified	7.0	Medium
Disinvestments - QIA reviews result in some planned limitations of developments not being confirmed	2.0	Medium
WG funding for RTC development is not agreed and BCU funds some level of work internally	2.0	Low
Costs of addressing special measures status are incurred and not funded by WG	1.0	Medium
Shortfall on Patient Charge Revenue dental income	3.3	Low
Failure to mitigate recurrent run rate above the plan	4.0	Medium
Total quantifiable risks	19.3	
Other non-quantified risks		
Further critical planned care improvement cannot be delivered within the £27m funding		Medium
Limited ability to deliver the clinical strategy and revised patient pathways within available resources		Medium
Inability to effectively manage cost and volume growth due to greater than anticipated inflationary pressures		Medium
New legislative requirements around hospital waste – this cannot be quantified at present		High

Opportunities / mitigations for the identified risks		
Review/reduce current investments	TBC	Low
Achievement of greater savings through the plans and approach outlined in this report – capitalising on the undoubted opportunities for improvement and savings/efficiency		Low
Seek to deliver a greater level of non-recurring underspends	-4.0	Medium
Potential for excess energy costs to be lower than the £8.9m included in the plan	TBC	Medium

In addition to the risks to the financial plan, there is a cash risk that Welsh Government cash support for an initial deficit plan is not available.

▪ Social & Civic Leadership & Responsibility

Foundational Economy

The foundational economy refers to those goods and services on which every citizen relies and includes health and care services. The all Wales **Foundational Economy in Health and Care Strategy** was developed in 2021 and outlines how organisations can contribute. In North Wales the Health Board accounts for a significant proportion of jobs and makes a major contribution to the foundational economy.

The Health Board has begun to develop a more consistent approach to supporting the foundational economy through better targeting of resources and working in collaboration with other organisations. Our activity has focused on

- Procurement – working with North Wales Shared Services Partnership to improve the number of contracts let where there are sustainability benefits for the local population
- People – supporting employment initiatives that increase training and employment opportunities for local people and in particular those who face barriers to employment; this includes targeted recruitment initiatives, open days, support with applications, and the Step Into Work Programme for people furthest from the job market
- Place – beginning to develop planning and delivery at place, recognising the benefits to local communities, businesses and the third sector, including examples of shared use of premises for example through the health and well-being centres being developed

In 23/24 we intend to build on the early steps and seek to develop a more consistent strategic approach to the foundational economy, greater visibility in decision-making and links with other programmes such as sustainability and decarbonisation.

Equality, Diversity and Inclusion

Promoting equality, inclusion and valuing diversity are all fundamental to accessing health care and addressing better health outcomes. The Health Board is committed to ensure the respect and dignity of its staff, patients and the wider community and improve health and well-being for all to reduce health inequalities.

Within the Equality Act 2010, Section 149 requires the Health Board to demonstrate compliance with the Public Sector Equality Duty (PSED); this includes the requirement to set strategic equality objectives every four years. Currently the Health Board is in the final year of the current 2020-2024 Strategic Equality Plan (SEP). The Equality Objectives in our 4-year Strategic Equality Plan set the foundation for advancing equality across the health board. The health board is focused on delivering the current ten objectives within the plan, completing the actions that have already been established and looking at the next four-year plans development.

Areas of focus for 23/24 include the following:

- Implementation of equality related Welsh Government plans and strategies
 - implementing our response to the Welsh Government Anti-Racist Action plan, strengthening our understanding of culturally competent services and working with partner organisations such as Diverse Cymru and their Cultural Competence Certification Scheme
 - co-producing our action plan in response to the WG LGBTQ+ Action Plan published in February 2023, working with stakeholders and developing the response to the identified needs of LGBTQ+ people in North Wales
- Developing culturally competent services, through training and linking with community stakeholders, sharing lived experiences to improve practice and address health inequalities
- Improving our approach to Equality Impact Assessments and Socio-Economic Impact Assessments
 - we are leading a project with other Health Boards to introduce an All-Wales Digital Equality Impact Assessment process to ensure consistency of governance, accountability and quality assurance
- Developing our Staff Networks, providing support and training to empower network leadership, and developing Staff Well-being Support
- Building on the work of the Menopause Matters Group to support all staff affected by menopause, including introducing Menopause Cafés.

Welsh Language and Culture

As a Health Board we are proud of our language and culture and continue to deliver our statutory duties which provide Welsh language services in the delivery of care to our population. We also recognise our role as a large employer in promoting the importance of Welsh in order to contribute to sustainability of the language both within the Health Board and our wider communities.

Our priority actions to support these aims have been developed to respond to the Welsh Government's updated "More Than Just Words" Five Year Plan in addition to the Welsh language (Wales) Measure and Welsh Language Standards.

During 23/24 we will be focusing on

- Ensuring organisation-wide consistency in delivering the Welsh Language Standards
- Supporting the workforce to develop and improve Welsh language skills through the implementation of the Bilingual Skills Policy and Procedure
- Building on the "Active Offer" approach to ensure timely access to language appropriate care (aligned to actions set within the "More Than Just Words" Five Year Plan)
- Ensuring provision of a timely translation service

During the year we will also be supporting the Llŷn and Eifionydd National Eisteddfod, hosted by Gwynedd.

Working with our communities

As an integrated health board, excellent communications, engagement and partnership working are critical. We want to have a deep understanding of what matters to our population, our partners, and our workforce and to have an open and ongoing dialogue with the people of North Wales. In December 2022, the Partnerships, Engagement and Communication Strategy 2022 – 2025 was approved by the Health Board, and describes how this will be supported and facilitated.

We recognise that the Health Board has experienced many challenges for many years, most recently being escalated into Special Measures, and must rebuild credibility and trust with patients, workforce, public and stakeholders. We will do this by developing continuous and meaningful engagement with people, developing new relationships where needed, to enable people to be engaged and involved in shaping their health and health care. We must cultivate relationships with seldom heard groups, including those from different backgrounds, those experiencing disadvantage and barriers to healthcare, and those with complex needs such as those living with dementia and their carers.

The BCUHB Public Engagement Team works to maintain continuous public engagement across North Wales, helping us to understand the lived experience of our communities, engaging people in service design and collaborating with community networks and forums. Three Engagement Practitioner Forums have been established across the East, Central and West Integrated Health Communities with representatives from the public, third sector and community organisations to share information and good practice, identify opportunities for collaboration and pool resources.

Bite sized health events take place with partner organisations to improve access to support and information in local communities for smoking cessation, alcohol and substance misuse and mental health and well-being etc. We also have a presence at high footfall events such as the Anglesey Show, Denbigh and Flint Show, and North Wales Pride and this year we will attend the Eisteddfod in Gwynedd to share key health improvement messages.

We will continue to develop our work with communities during 2023/24, using a range of tools and approaches including online surveys, social media and involvement through our website, as well as face to face meetings, focus groups, attendance at local networks or groups and public drop-in sessions.

Strategic Priority P19

Social & Civic leadership and responsibility: key actions for 23/24

Ref	Organisational Delivery Objective	Lead	Specific Ministerial or Special Measures Priority	WG Quad. Aim	Completion Timescales (quarters)
P19.1	Develop a strategic plan for improving organisational impact to the Foundational Economy	EDOF		QA1 & 4	
	<ul style="list-style-type: none"> ▪ Review current initiatives, refresh leadership and develop a strategic plan 				1 2 3 4
P19.2	Equality, Diversity and Inclusion	EDOW		QA1	
	<ul style="list-style-type: none"> ▪ Co-design of the Health Board’s Strategic Equality Objectives and Action plan for 2024 – 2028, including working in partnership with North Wales Public Sector organisations 				1 2 3 4
	<ul style="list-style-type: none"> ▪ Implementation of equality related Welsh Government plans and strategies including <ul style="list-style-type: none"> - implementing our response to the Welsh Government Anti-Racist Action plan, strengthening our understanding of culturally competent services and working with partner organisations such as Diverse Cymru and their Cultural Competence Certification Scheme - co-producing our action plan in response to the WG LGBTQ+ Action Plan published in February 2023, working with stakeholders and developing the response to the identified needs of LGBTQ+ people in North Wales 				1 2 3 4
	<ul style="list-style-type: none"> ▪ Developing culturally competent services, through training and linking with community stakeholders, sharing lived experiences to improve practice and address health inequalities 				1 2 3 4
	<ul style="list-style-type: none"> ▪ Improving our approach to Equality Impact Assessments and Socio-Economic Impact Assessments - we are leading a project with other Health Boards to introduce an All-Wales Digital Equality Impact Assessment process to ensure consistency of governance, accountability and quality assurance 				1 2 3 4
	<ul style="list-style-type: none"> ▪ Developing our Staff Networks, providing support and training to empower network leadership, and developing Staff Well-being Support 				1 2 3 4
	<ul style="list-style-type: none"> ▪ Building on the work of the Menopause Matters Group to support all staff affected by menopause, including introducing Menopause Cafés 				1 2 3 4

P19.3	Welsh language and culture	EDPH		QA1	
	<ul style="list-style-type: none"> Ensuring organisation-wide consistency in delivering the Welsh Language Standards 				1 2 3 4
	<ul style="list-style-type: none"> Supporting the workforce to develop and improve Welsh language skills through the implementation of the Bilingual Skills Policy and Procedure 				1 2 3 4
	<ul style="list-style-type: none"> Building on the "Active Offer" approach to ensure timely access to language appropriate care (aligned to actions set within the "More Than Just Words" Five Year Plan) 				1 2 3 4
	<ul style="list-style-type: none"> During the year we will also be supporting the Llŷn and Eifionydd National Eisteddfod, hosted by Gwynedd 				1 2 3 4

Implementing the Plan

▪ Approach to deployment

During the development of the Annual Plan for 2023/24 the new operating model for the Health Board was implemented and the leadership teams established. The overall plan has been influenced throughout its creation and finalisation by the local planning teams and planning leads within pan-North Wales services. However, it has been an evolving environment, and the wider context of escalation to Special Measures and the financial deficit has added further challenge to the process.

As we have developed the Annual Plan our Integrated Health Communities and pan-North Wales services have developed draft plans to confirm their contribution to delivery of the strategic priorities identified within the Annual Plan. The plans are being finalised and will confirm deliverability within the financial and workforce resources available. The development of the plans will ensure that:

- Leadership teams have ownership of their plans and delivery against priorities
- There is clarity regarding accountability for delivery measures and outcomes
- There is a golden thread from leadership teams to the Health Board's strategic direction and goals
- There is continual monitoring and feedback to facilitate adaptive management throughout the year.

▪ Performance Monitoring and Reporting

In 2023/24 we will be developing the monitoring and reporting of the Annual Plan by building upon the work that the Transformation & Improvement (T&I) Portfolio Office have been undertaking with strategic programmes. A live dashboard view of key information has been created and will be supported by consistent application of RAG statuses and other performance assessment, supported by succinct yet information rich Executive Summaries. The Annual Plan Monitoring Reporting (APMR) will therefore be brought together with the strategic programmes reporting, under the T&I Portfolio Office, to have a single and consistent approach to monitoring and reporting progress against the initiatives' stated outcomes. Continuing to mature the organisation's approach to benefits estimation, planning, monitoring

and realisation will be central to this approach. In doing this, the T&I Portfolio Office would be able to apply the same independent and objective assurance to the entire change portfolio.

▪ **Preparing for 2024/25 and beyond**

It is important that we identify lessons learned from the complex and changing planning environment experienced in the development of this plan and the process that was deployed.

During July 2023, as part of the initial Stabilisation phase of the Special Measures framework, there will be an independent review of strategic and operational planning. We will respond to the findings of the review to amend and strengthen our planning frameworks.

Alongside this we are refreshing the planning processes to improve the approach through co-production between strategic and operational planning leads. This will include the early development of local planning guidance and templates to facilitate greater contribution from the cluster planning process, more robust local direction and ownership, and greater co-ordination of effort to deliver against performance targets.

| Glossary

A Healthier Wales	AHW	2019 Welsh Government plan that sets out the long-term future vision of a 'whole system approach to health and social care'. 'A Healthier Wales' focusses on health, wellbeing, and preventing illness.
Accelerated Cluster Development	ACD	Working across a geographical area (typically serving a population of between 25,000 to 100,000) a group of professional people (known as a professional collaborative) comprising of GPs, dentists, pharmacists, community nurses, social services etc. use their detailed knowledge and expertise to influence and design local services.
Business Case	BC	A Business Case provides justification for undertaking a project, programme or portfolio on the basis of its expected benefit.
Building a Healthier North Wales		Working in partnership via the North Wales RPB and other supporting programmes to transform how we deliver social and healthcare across north Wales.
Child & Adolescent Mental Health Service	CAMHS	The specialist Child and Adolescent Mental Health Services (CAMHS) focuses on helping children and young people who experience emotional, behavioural and other psychological difficulties.
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	CHC	NHS continuing healthcare is a package of care for people assessed as having a 'primary health need'. It is arranged and funded by the NHS.
Clinical Services Plan	CSP	Development of a long term integrated Clinical Services Plan that reflects the Clinical Services Strategy and delivers sustainable health and well-being outcomes for the local population clinical services strategy, with evidence of strong clinical, stakeholder and public involvement engagement throughout its development.
Clinical Services Strategy	CSS	Health Board ambition to develop a long term integrated clinical services strategy, with evidence of strong clinical, stakeholder and public involvement engagement throughout its development.
Cluster Plan	CP	The Cluster Plan reflects the actions required at the most local footprint and are based on an in-depth analysis of population need, and service demand. Undertaken annually, Cluster Plans/ Cluster Integrated Medium Term Plans coordinate collaborative activities and inform Pan-Cluster Planning Group analysis, priorities and plans.
Care of the Elderly	CoTE	Our care of the elderly looks after older patients. Improving the care of older people; Ageing well and supporting people living with frailty; health ageing and caring.
Clusters		A cluster brings together all local services involved in health and care across a geographical area, typically serving a population between 25,000 and 100,000. In North Wales there are 14 clusters.
Emergency Ambulance Service Committee	EASC	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.

Delayed Transfer of Care	DTOC	
Digital Data & Technology	DDAT	Digital is about how organisations change their business models to take advantage of the technologies of the internet age in order to enable better outcomes. This takes into consideration the technologies and tools used both inside and outside the enterprise by customers/patients/citizens. DDAT combined is the common term used for the profession and the operating model, which when effectively delivered, results in the best value.
Equality Impact Assessment	EqIA	A framework for demonstrating due regard through considering evidence and analysis to help identify the likely positive and negative impacts that policy proposals may have on certain protected groups and to estimate whether such impacts disproportionately affect such groups.
Full Year Effect	FYE	The cost.
GP Streaming		A facility which provides care for patients who attend A&E and are assessed as not needing hospital treatment but need care from a general practitioner instead.
Getting it Right first Time	GiRFT	An improvement initiative that uses optimised pathways of care tested and proven elsewhere, reducing waste and unnecessary steps.
ICAN	ICAN	ICAN Together for Mental Health provides easy to access support on various issues that may worrying or affect someone's mental well-being. Support is delivered through a range of service across North Wales, which can be easily accessed without the need for a GP referral.
Integrated Care Fund	ICF	A Welsh Government funded preventative programme which aims to integrate and encourage collaborative working between social services, health, housing, and the third and independent sector to improve the lives of the most vulnerable people in Wales.
Integrated Health Community	IHC	Integrated Health Communities bring together Primary Care, Community Services, Secondary Care (Acute) and Children's services into three areas across North Wales – East, Central and West, each led by an accountable Director. IHCs are accountable for ensuring a focus on population, prevention and public health and manage all primary and community services and beds as well as Acute Hospital inpatient beds and operating theatres in their geography.
Inverse Care Law		The inverse care law was first described thirty years ago to describe a perverse relationship between the need for health care and its actual utilisation. It describes how those who most need medical care are least likely to receive it, whilst those with least need of health care tend to use health services more (and more effectively).
Insourcing		Provision of additional capacity delivered by the independent sector using BCUHB premises.
Integrated Medium term Plan	IMTP	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.
Lean Value		A methodology, widely used across industry, to minimise waste by supporting continual improvement. This has since been successfully applied, internationally, by many healthcare organisations.

Living Healthier, Staying Well	LHSW	The Health Board's 10-year Strategy that aims to improve health, well-being and health care. It is about improving well-being now, for the future.
Multi Agency Discharge Event	MADE	A multi-agency discharge event (MADE) brings together the local health system to support improved patient flow across the system, recognise and unblock delays, and challenge, improve and simplify complex discharge processes. It involves senior clinical and operational staff.
Medical and Health Sciences School	M&HSS	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.
Metrics		A quantifiable measure that is used to track and assess the status of a specific process or service.
Ministerial Priorities		The ministerial priorities have been set within the NHS Planning Framework 2023/26. Priorities need to be underpinned by a focus on quality, safety and prevention as part of the planned activity, with good medical outcomes at the heart of the NHS services.
Minimum Data Set	MDS	A quarterly reporting tool that underpins the Integrated Medium Term Plan (or Annual Operating Plan) and contains a set of activity, workforce and financial data requirements.
Minor Injuries Units	MIU	Healthcare service provision within the NHS settings that can treat injuries that are not critical or life threatening.
NHS Wales Planning Framework	NWPF	The NHS Planning Framework provides Ministerial statutory Directions to the service to produce financially balanced strategic plans. It is intended to help direct Health Board resources and capacity, while continuing to deliver the universal range of services in a proportionate way and shape the decisions that boards will need to make including workforce and finance considerations. The statutory requirement for an approvable Integrated Medium-Term Plan (IMTP).
North Wales Market Stability Report		The North Wales Market Stability Report provides an assessment of the sufficiency of care and support and of the stability of the market for regulated services within a local authority area and are a requirement of the Social Services and Well-being (Wales) Act 2014.
Out of Hours Services	OOH	A GP service offered to the public outside normal surgery hours, accessed via NHS 111 Wales. Out of Hours period is between 6:30pm to 08:00am on weekdays, and all day at weekends and on bank holidays.
Outsourcing		Provision of additional (clinic, diagnostic or surgical) capacity provided by the independent sector from their own premises.
Outcome		Change in health status, usually due to an intervention.
Pan Cluster Planning Group	PCPG	Pan Cluster Planning Groups (PCPG) are strategic partnership groups set up to deliver needs-based planning and service co-ordination for the local community. Working on a county footprint, PCPGs commission services to fill gaps in local provision.
Patient Initiated Follow Up	PIFU	Follow up clinics appointments only booked at the request of the patient.
Population Needs Assessment	PNA	The North Wales Population Needs Assessment brings together information about people's care and support needs and the support needs of carers in North Wales. It aims to show how well people's needs are being met and the services partners will need to meet them in future. The Population Needs Assessment is a requirement of the Social Services and Well-being (Wales) Act 2014.

Public Service Board	PSB	PSBs were established by the Well-being of Future Generations (Wales) Act. There are 3 PSBs in North Wales. Each board must carry out a well-being assessment and publish an annual local well-being plan.
Quality Management System	QMS	Quality Improvement is a common concept discussed in healthcare, but it needs to be part of a bigger process of a Quality Management System. Quality is at the heart of the NHS in Wales, a point reiterated by the publication of A Healthier Wales, with quality and safety being highlighted as a priority above all. The quality assurance cycle (Quality Planning, Quality Improvement & Quality Control) needs to be intact and connected at local, regional and national levels to enable and drive the greatest improvement.
Quality Strategy	QS	Quality Strategy is key to the Health Board providing the highest quality healthcare services to the population of North Wales. It is also key in meeting the aspirations set out in A Healthier Wales, for a quality-driven NHS in Wales. Our Quality Strategy and the plans which underpin it, mark an important step forward for our Health Board. The plans set out our ambitions to deliver sustainable, significant and continuous improvements to the quality and safety of the care we provide for our patients in North Wales over the next three years.
Regional Partnership Board	RPB	RPBs have been established as part of the Social Services and Well Being Act to improve the well-being of the population and to improve how health and care services are delivered. There is 1 RPB in North Wales. Members of the RPB includes Health Boards' Board members and senior officers, Local Authority Elected Members, Local Authority Social Services Directors, representatives from the Emergency Services, from housing, education, 3 rd sector and carers.
SAFER		SAFER is a practical tool used to reduce delays for patients in adult inpatient wards (excluding maternity). The SAFER bundle blends five elements of best practice.
Same Day Emergency Care	SDEC	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.
Special Measures	SM	Special measures refer to a range of actions to improve health boards or trusts and specific NHS services in exceptional circumstances. It is the highest level of escalation.
Single Integrated Clinical Assessment & Triage Service	SICAT	SICAT is a clinical assessment service that provides a safe, governed and effective platform for signposting patients to the right person at the right place at the right time. Priority is to reduce pressure on emergency hospital services.
STREAM		A triage process used by clinicians in allocation of patients to the most appropriate physical areas of a hospital, and the most appropriate clinical pathways. Patients can be referred to SDEC, ED etc.
Test, Trace and Protect	TTP	Test, Trace, Protect (TTP) is the Welsh Government Strategy for testing the general public and tracing the spread of Coronavirus in Wales.
Urgent Primary Care Centres	UPCC	Treat patients with urgent care primary care needs on the same day creating capacity to support GP surgeries and reducing unnecessary Emergency Department attendances
Urgent Treatment Centres	UTC	The UTC at Wrexham Maelor Hospital supports the management of patients with a low clinical risk. The UTC enables patients with minor illness and injury to be assessed and managed quickly. The UTC is an extension to the footprint of the Emergency Department and provides additional space for clinical review.

Value Based Care	VBC	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	WLS1	A list of all patients on an outpatient waiting lists following a referral (e.g., from their GP).
Waiting List Stage 4	WLS4	A list of all patients on a waiting list for a treatment intervention to be undertaken (usually surgery).
Welsh Community Care Information System	WCCIS	WCCIS is a nationally developed single, shared electronic record designed to work across both health and social care settings.
Welsh Index of Multiple Deprivation	WIMD	The Welsh Index of Multiple Deprivation (WIMD) is the Welsh Government's official measure of relative deprivation for small areas in Wales. WIMD ranks all small areas (typically between 1,000 and 3,000 people) in Wales from 1 (most deprived) through to 1,909 (least deprived).
Whole Time Equivalent	WTE	Whole time equivalent is the number of 'full time' equivalent staff.



Teitl adroddiad: <i>Report title:</i>	Corporate Governance Report		
Adrodd i: <i>Report to:</i>	Health Board		
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	Monday, 31 July 2023		
Crynodeb Gweithredol: <i>Executive Summary:</i>	<p>The purpose of this paper is to provide the Board with a series of updates and request approval of various decisions in relation to Board related corporate governance. There are 4 sections to the Corporate Governance Report and 2 Appendices.</p> <p><i>Section 1 – Corporate Risk Register</i></p> <p><i>Section 2 – An Update on the BCUHB Response to the Audit Wales Board Effectiveness Report</i></p> <p><i>Section 3 – An Update on the UK National Covid Inquiry</i></p> <p><i>Section 4 - Update on Chair’s Actions and Common Seal applications</i></p>		
Argymhellion: <i>Recommendations:</i>	<p><i>The Board is asked to:</i></p> <ul style="list-style-type: none">• Be assured that work is ongoing to develop the risk reporting and risk management framework and approve the recommended reporting format and approach described in this report in the light of the Health Board’s response to Special Measures.• Consider the current draft of the CRR and identify any risks or potential risks which Board members believe need to be re-examined by the Executive Risk Holders.• Approve the BCUHB response to the Audit Wales Board Effectiveness Report.• Receive Assurance from the update on the UK National Covid Inquiry.• Receive Assurance that the Chair’s Action and Common Seals enacted since the last Health Board Meeting are captured in this report.		
Arweinydd Gweithredol: <i>Executive Lead:</i>	Nick Lyons, Executive Medical Director		
Awdur yr Adroddiad: <i>Report Authors:</i>	Phil Meakin, Interim Board Secretary with support from: <ul style="list-style-type: none">• Nesta Collingridge, Head of Risk Management• Glesni Driver, Head of Covid Inquiry• Rachael Hinchliffe, Solicitor, NHS Wales Shared Services Partnership - Legal & Risk Services		
Pwrpas yr adroddiad:	I’w Nodi <i>For Noting</i>	I Benderfynu arno <i>For Decision</i>	Am sicrwydd <i>For Assurance</i>

Purpose of report:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Lefel sicrwydd: Assurance level:	Arwyddocaol Significant <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol Acceptable <input checked="" type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol Partial <input checked="" type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim Sicrwydd No Assurance <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn: Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:				
Cyswllt ag Amcan/Amcanion Strategol: Link to Strategic Objective(s):	This work links to all strategic objectives of the Health Board as corporate Governance is a key enabler for them.			
Goblygiadau rheoleiddio a lleol: Regulatory and legal implications:	The Health Board is required to act according to its Standing Orders. This report contains information to allow the Health Board to conform to this.			
Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? In accordance with WP7 has an EqIA been identified as necessary and undertaken?	No This is not applicable for this report.			
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? In accordance with WP68, has an SEIA identified as necessary been undertaken?	No This is not applicable for this report.			
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)	The nature of this paper, in particular the Section on Corporate Risk Register has an impact on the way risks are reported and managed in the Health Board.			
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith Financial implications as a result of implementing the recommendations	Not Applicable			
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith Workforce implications as a result of implementing the recommendations	Not Applicable			

<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</p> <p><i>Feedback, response, and follow up summary following consultation</i></p>	<p>Not Applicable</p>
<p>Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p><i>Links to BAF risks:</i> (or links to the Corporate Risk Register)</p>	<p>The nature of this paper, in particular the Section on Corporate Risk Register has an impact on the way the Board Assurance Framework will be reported and managed in the Health Board after the Development of a Risk Management Framework.</p>
<p>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</p> <p><i>Reason for submission of report to confidential board (where relevant)</i></p>	<p>Not applicable</p>
<p><i>Next Steps:</i></p> <p><i>Section 1 – Implement the approach to reporting Corporate Risks with Committees and Exec Leads. Develop a new risk framework with Board</i></p> <p><i>Section 2 – Formally submit and monitor our response to the Audit Wales report.</i></p>	
<p><i>List of Appendices:</i></p> <p><i>Appendix 1 – Overview of Corporate Risk Register</i></p>	

Corporate Governance Report - Section 1 Report

Corporate Risk Register

1. Introduction/Background

- 1.1 The paper provides the Board with key information on improving the Health Board's risk management arrangements which is an integral part of the Special Measures Programme stabilisation plans.
- 1.2 The purpose of this paper is to provide the Board with an oversight of the Corporate Risks (CRs) that have been assessed through the Health Board's Risk Management Group (RMG) in June 2023. They are held in a Corporate Risk Register. (CRR)
- 1.3 The report describes improvements that have been made to the way the Health Board reports risk. It also recognises there is further improvement needed and sets out the work needed to further develop the quality of risk reporting and the development of an effective risk framework that reflects the views and experience of the Board.

2. Corporate Risk Register Update

- 2.1 Appendix 1 reports a "heat map" of all Corporate Risks with a score of over 15 and the Executive Director that is responsible for them. (A scoring matrix is also attached at the end of the appendix)
- 2.2 Those corporate risks that have a "likelihood score of 5" are also highlighted in Appendix 1. This supports the board in a targeted consideration of significant corporate risks and reflects feedback received from Board Members to have a more targeted approach to the review of corporate risks in the Health Board.
- 2.3 The full CRR which includes the details of gaps, mitigations and progress plans is available, and can be requested from the Interim Board Secretary Phil.Meakin@wales.nhs.uk
- 2.4 The heat map of the Corporate Risk Register (CRR) provides the Board with a bird's eye view of the risk scoring for all corporate risks over a score of 15. No risks currently reside in the 'catastrophic/almost certain' category. However, 4 fall in the 'catastrophic/ likely' category; 7 'catastrophic/ possible'; 5 'major/almost certain' and 20 fall under the 'major/likely' category.
- 2.5 Each risk has an owner and a responsible Executive. The Executive portfolio breakdown in Appendix 1 identifies the number of Corporate Risks that Executives are accountable for;
 - Executive Director of Finance - 9
 - Executive Director of Nursing & Midwifery - 9
 - Chief Digital and Information Officer - 5
 - Chief Operating Officer - 4
 - Executive Director of Public Health - 4
 - Executive Medical Director - 2
 - Executive Director of Workforce & Organisational Development - 2
 - Director of Mental Health - 2

- Executive Director Transformation, Strategic Planning & Commissioning - 2
- Deputy Chief Executive - 2
- Executive Director of Therapies & Healthcare Sciences accountable - 1

2.6 An action was taken following feedback from Board and committees to streamline the current CRR format. A new CRR executive summary format has been proposed in Appendix 1. This aims to provide the required information for Board, as well as an analysis on the governance of the risk; how well it is progressing to being treated (managed), what blocks may be preventing the risk from being better controlled, if there has been any movement in the risk scoring, details of the scoring and to shed light on whether the risk is reviewed consistently.

2.7 The Corporate Risk Management Team are proactively following up with risk owners where Risk Management Group suggested that updates could be provided and where there is an opportunity for a change in risk status to be reviewed. Before any changes to the status of a risk are made this work needs to be reported and considered by the individual responsible Executive lead and the interim Chief Executive Officer. The Executive Team Meeting will receive an initial report on 26 July 2023.

2.8 The output from this Executive Team Meeting will then be further considered with Board Members via Board Committees and in the Board Development sessions that are focussing on developing a Risk Management framework. This reflects the importance that the Chief Executive, Executive Team and Chair place on the engagement of Independent Members in Risk Management.

2.9 The BCUHB Audit Committee in September (subject to confirmation from the Audit Committee Chair) will seek assurance that the Health Board's governance and risk management systems are fit for purpose, adequately resourced and effectively deployed. Independent members of the Audit Committee will play a key role in the internal control assurance processes, by scrutinising the effectiveness of management actions in mitigating risks through regular reviews of the Health Board risk register.

3. Risk Management Improvement Plan

3.1 Following the appointment of a *substantive* Head of Risk Management, actions from the: Special measures 90 day action plan; the June Internal Audit Report of the Risk Management & Board Assurance Framework and RMG are now to be progressed through a dedicated lead under the leadership of the Interim Board Secretary.

3.2 Action from the Special measures 90-day action plan are:

- *“Review key organisational risks and consider if appropriate mitigations are in place.*
- *“Review risk management processes and procedures”*

3.3 An internal audit was also conducted in June of the Risk Management & Board Assurance Framework (BAF) which provided recommendations around more robust risk management and better governance architecture of risk management. Plans to review the risk management practices has been noted below.

- 3.4 The process has started of a review of a new Risk Management Framework. Executives, Committees of the Board, Risk Management Group and Health Board will be consulted and updated with progressions of this review.
- 3.5 An initial Board Development session was held on 22nd June 2023 that focussed partly on the improvement required in a Risk Management framework for 2023/24
- 3.6 A Board Workshop will take place for members of the Board in August 2023 to review and determine the risk appetite which will be outlined in the revised risk framework, as well as better definitions and clarity over roles and responsibilities. Recommendations from the internal audit will be incorporated into the revised framework to ensure the framework is more robust.
- 3.7 The BCUHB Audit Committee on 12 September 2023 will receive a Draft of the Risk Management Framework. The Committee will seek assurance that the Health Board's proposed Risk Management Framework is fit for purpose and adequately resourced
- 3.8 From this work, a Risk Framework will be received at the Health Board in September 2023 for approval.
- 3.9 In the shorter term the recommendations from the Committee and Board members to remove detailed procedural narrative from a Risk Framework document has been noted and will be transferred into supporting procedural documents to inform the development of the framework. Horizon scanning has taken place of a number of other Health Board risks management strategies to ensure that a revised framework is reflective of good practice in Wales.
- 3.10 The Interim Board Secretary, supported by the Head of Risk Management continue to make tactical improvements on an ongoing basis. Independent Members have fully engaged with this process and some initial feedback as already been reflected in Section 2 above. As stated before in the report there are more tactical improvements to be made to risk reporting. We will be focussing on a reporting improvement before the next Board meeting to show a clear date when corporate risk register target scores are due to be achieved.
- 3.11 This review aims to strengthen our risk management capabilities to ensure alignment with best practices, and provide the necessary assurances to the Board and external bodies. This comprehensive approach will reinforce BCUHB's commitment to effective risk management and provide the necessary assurances to the Board and committees.

4. Recommendation

4.1 The Board is asked to;

- **Be assured** that work is ongoing to develop the risk reporting and risk management framework and **approve the** recommended reporting format and approach described in this report in the light of the Health Board's response to Special Measures.
- **Consider** the current draft of the CRR and identify any risks or potential risks which Board members believe need to be re-examined by the Executive Risk Holders.

Corporate Governance Report - Section 2 Report
Response to Audit Wales Report on Board Effectiveness

1. Introduction and Background

- 1.1. The purpose of this section of this section of the report is to provide the Board with the response to the Audit Wales Report on Board Effectiveness that was published in February 2023. The link to the report is [here](#). (*Please control and click the link to view*)
- 1.2. This report provides a Draft Interim response to the report that has been provided to Audit Wales and been received and considered by the BCUHB Executive Team . This report is now seeking to gain formal Board Approval of the response to Audit Wales so that the response to Audit Wales can now be formalised.
- 1.3. The Auditor General's report in the public interest found that the breakdown in working relationships within the board at Betsi Cadwaladr University Health Board is fundamentally compromising its ability to tackle the numerous challenges the organisation faces.
- 1.4. The report also found that without some form of intervention to establish a more unified Executive Team and wider board, the current situation is unlikely to be resolved. The report also identifies immediate actions needed to address the concerns raised in the review.
- 1.5. On 27th February the Minister for Health and Social Care announced that the Health Board would be escalated into Special Measures, the highest level of intervention in the escalation framework. [View the full release from Welsh Government here](#).
- 1.6. During February 2023 the Independent Members of the Health Board (including the Chair and Vice Chair) left the Health Board. Since then, a number of direct independent appointments to the Board have been made by the Minister to the Health Board.
- 1.7. Since then, the Welsh Government and BCUHB Senior Leaders have worked very closely together to develop an agreed approach to Special Measures that will allow delivery of actions that will lead to improvement. This approach was formally approved at the BCUHB Board on the 25 May 2023. This affords greater clarity on how the Health Board will deliver improvements outlined in the Audit Wales report. The areas of focus in Special Measures should be clearly related and reflected in the areas for immediate action in the Audit Wales Review of Board Effectiveness.

2. The Response to the Report – Outline of Approach

- 2.1. A number of areas for immediate action were identified in the *Review of Board Effectiveness* and this report provides the initial response to those immediate actions. It should be noted that there are a number of Independent Reviews commissioned by Welsh Government that will influence the medium and longer-term response to the Audit Wales Report. Progress on these reports will be made available through the regular Special Measures Report in both the Committees of the Board and the Board itself.
- 2.2. The 3 key areas in the Audit Wales Review that require a response are:
 - Responding to independent reviews and investigations
 - Rebuilding and strengthening senior leadership capacity
 - Building a more cohesive and effective board and Executive Team

2.3. The response to Audit Wales report has specifically drawn out the “areas for immediate action” in Exhibit 1 (Exhibit means an appendix of the Audit Wales report that requires a response from the Health Board) and this has been shared as an interim draft with Audit Wales prior to Board approval of the response. The information in Table 1 of the report refers the reader to the relevant part of the “Organisational Response to Special Measures Escalation’ paper that is provided in Table 2 of this report (and approved by the Board in May 2023).

2.4. In addition, the Health Board has also provided information from outside of the “Organisational Response to Special Measures Escalation paper” where that provides relevant information.

3. Recommendation

3.1 The Board is asked to;

- **Note and Approve** the BCUHB response to the Audit Wales Board Effectiveness Report.

Table 1 - The Draft BCUHB Response to the Audit Wales Board Effectiveness Report

Overview Response – relating to All 3 Immediate Areas of Action

The organisation has undertaken a structured process in developing a response to Special Measures escalation. Discussion has taken place with Welsh Government officials on several occasions particularly given their role in deploying an Intervention and Support Team, with a workshop held during May with the majority of the Independent Advisers, Welsh Government officials and Board members. Further input is being deployed by Welsh Government in the form of the reviews listed in the paper that is referenced that will assist in identifying further areas for improvement.

Welsh Government recognises that the organisation will need to undergo a period of stabilisation. This is particularly important given there are further reviews being undertaken with the potential for further issues to be addressed. The response to Special Measures therefore takes a ‘Stabilisation to Sustainability’ approach with ‘Stabilisation’ outlined as 3x90 day cycles.

This enables the Response Plan to develop further as a result of additional insights provided by the commissions described above. It is essential that the key actions implemented during the stabilisation phase lead through and combine with actions needed for sustainability. During the implementation of the first 90-day cycle, planning for the second and where possible the third 90-day cycle will take place. It is key that building the longer-term effectiveness of the organisation must start during the stabilisation phase.

The approach presented is ‘outcomes-focused’ built upon key, well-evidenced elements of organisational effectiveness. This requires evidence of impact and tangible outcome rather than merely a list of actions being implemented. An outcomes-focused approach is key in order to properly engage the organisation in building for sustainability.

The Outcomes include:

1. A well-functioning Board
2. A clear, deliverable plan for 2023/24
3. Stronger leadership and engagement
4. Improved access, outcomes and experience for citizens
5. A learning and self-improving organisation

Governance arrangements to oversee this work and ensure that it is connected to the Committee structure of the Board, to provide assurance on improvements delivered have been developed, although may modify over time and as further reviews are undertaken. Details of actions progressed to date and the priorities established for each outcome are included in the report attached (Organisational Response to Special Measures Escalation – In the BCUHB Board papers on the 25 May 2023)

1 Responding To Independent Reviews and Investigations

1.1 Take the necessary action in response to the findings from the investigations into whistleblowing disclosures that relate to Executive Directors and senior management (noting that any actions in respect of concerns about Independent Members would be matters for the Minister).

In relation to this matter the following parts of the Special Measures plan that can be used as the response are referenced:

Drawn from Table 2 below

SM Outcome		Specific actions
Outcome 1	A well-functioning Board	All actions from outcome 1
Outcome 2	A clear, deliverable plan for 2023/24	Actions 2.1 and 2.7
Outcome 3	Stronger leadership and engagement	All actions from Outcome 3
Outcome 5	A learning & self-improving organisation	All of the actions from Outcome 5

Additional Narrative

The actions highlighted above are important but in the very short term some key actions have already been taken.

During May 2022 the Health Board has appointed an Interim Chief Executive Officer (Carol Shillabeer) and the previous Acting Chief Executive (Gill Harris) is currently on long term sickness absence. As the report also highlights there is a recently appointed Executive Director of Finance (Russell Caldicott replaced Steve Webster in July 2023).

This is in addition to the appointment of a new Chair (Dyfed Edwards) and at the time of writing there are now 6 new Independent Members and 2 Associate Members of the Board. A key focus for the Health Board is in the delivery of an effective unitary Board that addresses the findings from the investigations.

Clearly, the actions that have been approved by the Board highlight the critical importance of Governance and Culture to address the issues that are highlighted in this section.

1.2 Resolve quickly any issues arising from the Ernst Young review.

The Health Board will ensure that it effectively responds to the issues arising in our Audit of Accounts report for 2021-22 as part of preparation of the 2022-23 accounts, the findings from the Ernst Young review, and findings from any potential related counter fraud reporting.

The Health Board has updated and is meeting with key colleagues who have been involved and impacted by the findings of the report.

The Chair and Interim Chief Executive Officer of the Health Board also attended the Public Accounts and Public Administration Committee to discuss financial accounting matters at Betsi Cadwaladr University Health Board in relation to issues arising from the Ernst Young review.

The Health Board will consider the commissioning of further work to undertake additional lines of enquiry related to the report and the findings from their work will provide focus for our ongoing detailed action plans. The findings of which can be reported as appropriate

1.3 Fully support any investigations the National Counter Fraud Service need to undertake in response to the Auditor General’s audit of the 2021-22 accounts and the subsequent Ernst Young review.

The Ernst Young (EY) Report has been shared in its entirety with NHS National Counter Fraud Services Wales and North Wales Police. The Health Board will continue to co-operate and respond to any requests from them.

2. Rebuilding and strengthening senior leadership capacity

2.1 Expedite plans to recruit a substantive Chief Executive Officer as a matter of urgency

In relation to this matter the following parts of the plan that can be used as the response are referenced:

Drawn from Table 2 below

SM Outcome		Specific actions
Outcome 1	A well-functioning Board	Action 1.7
Outcome 3	Stronger leadership and engagement	All actions from Outcome 3

Additional Narrative

The actions highlighted above are important but in the very short term some key actions have already been taken.

The Health Board has already taken steps to appoint a substantive Chief Executive Officer and at the time of writing this report the Chair is going to provide an update to the Board at a Remuneration and Terms of Service Committee on the 12 June and 17 July 2023. Since this initial update detailed plans have been agreed and will be mobilised to re-advertise the role of substantive Chief Executive Officer during Autumn 2023. The Deputy Director of Workforce and Organisational Development can demonstrate and evidence close working with Welsh Government on this matter. An approach was agreed on the process and mitigations against the risk of not being able to secure a substantive appointment to Chief Executive Officer. The July 2023 Remuneration Committee have received and agreed those plans.

During May 2022 the Health Board has appointed an Interim Chief Executive Officer (Carol Shillabeer) and the previous Acting Chief Executive (Gill Harris) is currently on long term sickness absence.

As noted above the Health Board has taken appropriate measures to ensure that the Accountable Officer role for the Health Board is in place while recruitment to a substantive role is secured. This has been agreed at the July 2023 Remuneration Committee to cover the period of the re-advertising described above.

2.2 Critically review the use of interim senior appointments and management consultants with a view to reducing reliance on such appointments within the senior leadership structures.

In relation to this matter the following parts of the plan that can be used as the response are referenced:

Drawn from Table 2 below

SM Outcome		Specific actions
Outcome 3	Stronger leadership and engagement	<p>Actions 3.7</p> <p>This action seeks to support and enable the review of Interims and a report expected in mid-June 2023 which the Health Board will respond to.</p> <p>As at 14 July 2023 this report has now been produced and will be received, considered and acted upon by the Health Board.</p>

2.3 Act urgently to bolster senior staff capacity in the Finance Team to mitigate the impact on business continuity.

In relation to this matter the following parts of the plan that can be used as the response are referenced:

Drawn from Table 2 below

SM Outcome		Specific actions
Outcome 1	A well-functioning Board	<p>Action 1.5</p> <p>Board committees: Establish Board committees, complete committee induction and development of work plans</p>
Outcome 2	A clear, deliverable plan for 2023/24	<p>Action 2.7</p> <p>Finance function maturity: Undertake benchmarking to inform future Finance structure and practices</p>
Outcome 3	Stronger leadership and engagement	<p>Actions 3.1, 3.2, 3.3, and 3.5</p>

Additional Narrative

The high-profile nature of the EY Report leads to an impact on staff. The previous and current Interim Executive Director of Finance have and are working closely with the Finance Team to provide as much support as possible during a challenging period and the Health Board has taken legal advice in relation to the leaking of the EY Report.

This has included one to one support package on a case-by-case basis offered to members of staff who are potentially named in the EY report. Enhanced team communication to the BCUHB Finance Teams has also been implemented.

The securing of additional senior finance resource has also been secured to enable the business of the Health Board to be transacted. This has included the appointment of 2 x Interim Directors of Finance. This will enable a continued focus on the financial accounts and controls. One of the Directors of Finance appointed has been seconded from Welsh Government for a twelve month period. The other Director of Finance will be retained for a period of time to ensure that the Finance team is supported for as long as is deemed necessary.

In July 2023 Russell Caldicott has been appointed as the Interim Executive Director of Finance who will oversee the continuity of these arrangements and the effectiveness of this support.

3. Building a more cohesive and effective board and Executive Team
Take urgent action to create a more collegiate and unified approach to leadership of the organisation, which involves:

Drawn from Table 2 below

SM Outcome		Specific actions
Outcome 1	A well-functioning Board	All actions related to this outcome
Outcome 3	Stronger leadership and engagement	Actions 3.1, 3.2, 3.3, and 3.5

Additional Narrative

The actions highlighted above are important but in the very short term some key actions have already been taken.

During May 2022 the Health Board has appointed an Interim Chief Executive Officer (Carol Shillabeer) and the previous Acting Chief Executive (Gill Harris) is currently on long term sickness absence. As the report also highlights there is a recently appointed Executive Director of Finance (Steve Webster was replaced by Russell Caldicott in July 2023). This is in addition to the appointment of a new Chair (Dyfed Edwards) and at the time of writing there are now 6 new Independent Members and 2 Associate Members of the Board. A key focus for the Health Board is in the delivery of effective unitary Board that addresses the findings from the investigations.

Clearly, the actions that have been approved by the Board highlight the critical importance of Governance and Culture to address the issues that are highlighted in this section.

It is useful to draw out the important work that has progressed to address working relationships within the Executive Team. Work has commenced and completed on an Independent Executive Portfolio Review Terms of Reference and the milestone plans for Special Measures have committed the Health Board will receive and discuss findings and recommendations from the Executive Portfolio review by the end of August 2023. This work is on track. In addition, a draft Executive Team development programme is being developed by 3 August 2023. This is under development. Executive Team member relationships and development will also benefit from the wider work that is in the Special Measures programme deliverables. This includes delivery of a “Board Development Programme” and the “Senior Leadership Development Programme.” This reflect the pivotal role those Executive members have. Discussions with Health Education and Inspectorate Wales are in progress to identify resources and support this work.

The Board Development Programme Phase 1 schedule and outline content will be shared with Board Members by the 1 August. An initial facilitated Board Development session was held in June 2023 and it covered two key areas. 1. The role and function of a Unitary Board and 2. The development of a Risk Management Framework. This work will help inform the Phase 1 Board Development Programme. Specifically, the Board Development sessions will continue its focus on the Risk Management Framework during July and August with the Risk Management Framework being received the Health Board Meeting in September 2023. This will include proposals for the Board approach to “risk tolerance”.

3.1 Repairing /addressing the working relationships within the Executive Team

In relation to this matter the following parts of the plan that can be used as the response are referenced:

Drawn from Table 2 below

SM Outcome		Specific actions
Outcome 1	A well-functioning Board	Action 1.7
Outcome 2	A clear, deliverable plan for 2023/24	Actions 2.1 and 2.4
Outcome 3	Stronger leadership and engagement	Actions 3.1, 3.2, 3.4 and 3.5

Outcome 5	A Learning and Self-Improving Organisation	Actions 5.1 and 5.6												
3.2 Ensuring the Executive Team understand the concerns held by Independent Members over performance and assurances received, including issues relating to the quality of papers presented to the board and its committees. • Ensuring that Independent Members understand Executive team concerns about the impact of overly robust challenge, with the aim of moving to a ‘high support and high challenge’ leadership approach														
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Outcome 1	A well-functioning Board	All actions												
Outcome 3	Stronger leadership and engagement	Actions 3.1, 3.5 and 3.6												
Outcome 5	A Learning and Self-Improving Organisation	All actions												
3.3 Establishing a working environment and culture at board and its committees that promotes transparency and maintains the correct balance between scrutiny Review of Board Effectiveness challenge and support, reflecting the organisation’s expected values and behaviours														
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Outcome 1	A well-functioning Board	All actions												
Outcome 5	A Learning and Self-Improving Organisation	All actions												
3.4 Establishing an agreed level of risk appetite and tolerance between Executives and Independent Members														
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Outcome 1	A well-functioning Board	Action 1.6												
3.5 Using appropriate external facilitators and mediators to work through the above issues as part of a wider board development programme which is informed by the King’s Fund’s reflections on the previous board development programme.														
<p>In relation to this matter the following parts of the plan that can be used as the response are referenced:</p> <p>Drawn from Table 2 below</p> <table border="1"> <thead> <tr> <th>SM Outcome</th> <th></th> <th>Specific actions</th> </tr> </thead> <tbody> <tr> <td>Outcome 3</td> <td>Stronger Leadership and Engagement</td> <td>Action 3.1, 3.5, 3.6</td> </tr> <tr> <td>Outcome 5</td> <td>A Learning and Self-Improving Organisation</td> <td>Actions 5.1 and 5.6</td> </tr> </tbody> </table>			SM Outcome		Specific actions	Outcome 3	Stronger Leadership and Engagement	Action 3.1, 3.5, 3.6	Outcome 5	A Learning and Self-Improving Organisation	Actions 5.1 and 5.6			
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Outcome 3	Stronger Leadership and Engagement	Action 3.1, 3.5, 3.6												
Outcome 5	A Learning and Self-Improving Organisation	Actions 5.1 and 5.6												
3.6 Aligning Independent Member portfolios to Executive Director portfolios to support information and knowledge sharing.														
<p>In relation to this matter the following parts of the plan that can be used as the response are referenced:</p> <p>Drawn from Table 2 below</p> <table border="1"> <thead> <tr> <th>SM Outcome</th> <th></th> <th>Specific actions</th> </tr> </thead> <tbody> </tbody> </table>			SM Outcome		Specific actions									
SM Outcome		Specific actions												

Outcome 1	A well-functioning Board	Action1.2	
Outcome 3	Stronger Leadership and Engagement	Action 3.1, 3.5, 3.6	
Outcome 5	A Learning and Self-Improving Organisation	All actions	

Table 2

WG and BCUHB proposed actions for the 1st 90-day cycle approved at the Board on 25 May 2023:

Outcome 1: A well-functioning Board		Area of concern	Lead Executive
1.1	Strengthen Board governance and effectiveness: <ul style="list-style-type: none"> Support and enable review of Office of Board Secretary (Governance), refresh committee terms of reference and embed special measures in all committees 	Governance, board effectiveness and audit	Board Secretary
1.2	IM recruitment: Complete recruitment to IM roles (temp)	Governance, board effectiveness and audit	Board Secretary
1.3	Board inductions: Implement phase 1 induction for all Board members	Governance, board effectiveness and audit	Board Secretary
1.4	Board development: Develop phase 1 Board development programme	Governance, board effectiveness and audit	Board Secretary
1.5	Board committees: Establish Board committees, complete committee induction and development of work plans	Governance, board effectiveness and audit	Board Secretary
1.6	Risk: Commence review and revision of risk appetite and approach	Governance, board effectiveness and audit	Board Secretary
1.7	Permanent Board recruitment: Commence plans for the recruitment of a permanent Board - including progressing the recruitment of the permanent Chief Executive	Governance, board effectiveness and audit	Board Secretary

Outcome 2: A clear, deliverable plan for 2023/24		Area of concern	Lead Executive
2.1	Annual Plan: Produce a clear and deliverable Annual Plan for the organisation for the rest of 23/24, that delivers improvements in Ministerial priority areas	Planning and service transformation	Planning & Transformation
2.2	Financial Savings: Commence delivery of an agreed efficiency savings plan that minimises the financial deficit	Financial governance and management	Finance

2.3	Future Financial and Value Opportunities: Commence an assessment of the potential financial opportunities for 2024/2025 and 2025/2026	Financial governance and management	Finance
2.4	Local plans: Develop and commence deployment of Divisional/Integrated Health Community integrated plans that operationalise the priorities of the Annual Plan	Planning and service transformation	Planning & Transformation
2.5	Planning Review: Support and enable a Review of planning	Planning and service transformation	Planning & Transformation
2.6	Contract procurement and management Review: Support and enable the Review of Procurement	Financial governance and management	Finance
2.7	Finance function maturity: Undertake benchmarking to inform future Finance structure and practices	Financial governance and management	Finance

Outcome 3: Stronger leadership and engagement		Area of concern	Lead Executive
3.1	Exec Portfolios Review: Support and enable a Review of Executive Portfolios (commencement date and person not yet confirmed)	Workforce and OD	Workforce & OD
3.2	Operating Model stocktake: Undertake a 'stocktake' of the implementation of the Stronger Together Operating Model restructure, identifying areas to strengthen and consolidate	Workforce and OD	Workforce & OD
3.3	Interim Finance Director recruitment: Progress recruitment of interim Finance Director	Workforce and OD	Chief Executive
3.4	Senior HR Cases: Resolve outstanding Respect and Resolution and similar processes related to senior leadership	Workforce and OD	Chief Executive
3.5	Exec Team development programme: Working with Health Education and Improvement Wales, consider options, agree and commence a Programme for Executive Team development	Compassionate leadership and culture	Workforce & OD
3.6	Senior Leadership development programme: Working with HEIW, consider, agree and commence a Programme for organisation wide senior leadership development	Compassionate leadership and culture	Workforce & OD
3.7	Interims Review: Support and enable the Review of Interims (report expected mid-June)	Workforce and OD	Workforce & OD

3.8	Clinical Engagement: Review mechanisms for clinical engagement, drawing up recommendations for improvement.	Clinical Governance, patient experience and safety	Therapies and Health Science
3.9	Priority community groups engagement: Working with the Independent Adviser (Cath Broderick), develop a structured approach to renewing engagement with specific priority community groups	Clinical Governance, patient experience and safety	Partnership, Engagement & Comms
3.10	Address the fragmented care record concerns: Develop tactical and strategic plans for the development of an integrated electronic patient record to address issues of harms, inefficiency and quality of care.	Planning and service transformation	Chief Digital & Information Officer

Outcome 4: Improved access, outcomes and experience for citizens		Area of concern	Lead Executive
4.1	Patient Safety Review: Support and enable the Review of Patient Safety Care	Clinical Governance, patient experience and safety	Nursing and Midwifery
4.2	Planned Care: Establish a revised Planned Care Programme that delivers early progress on access, outcomes and experience, whilst laying the foundations for longer term sustainability including GIRFT and other efficiency opportunities. Achieve a standard 99% of all over 156 week waits by end Q2 (booked not necessarily seen)	Operational Delivery	Integrated Clinical Services
4.3	Orthopaedics: As part of the Planned care Programme, refine the work programme for Orthopaedic care, to include the finalisation of the Orthopaedic expansion business case for submission to Welsh government.	Operational Delivery	Planning & Transformation
4.4	Vascular Review: Support and enable the Vascular review	Clinical Governance, patient experience and safety	Medical Director
4.5	Service improvements: Review, revise and implement clear improvement plans for Vascular, Urology, Ophthalmology, Oncology and Dermatology & Plastics	Clinical Governance, patient experience and safety	Medical Director
4.6	MH Stocktake Review: Prepare for and support commencement of an external stocktake of progress against previous MH Reviews	Mental Health	Public Health
4.7	Inpatients Safety Review: Receive the report of the Mental Health Inpatient Quality and Safety Inspection and commence implementation of improvement actions.	Mental Health	Public Health

4.8	CAMHS and Neurodiversity action plan: Agree and commence implementation of a CAMHS and ND action plan to improve performance in the following areas: <ul style="list-style-type: none"> ▪ CAMHS Mental Health Measure ▪ ND assessment waiting times 	Mental Health	Integrated Clinical Services
4.9	Urgent and Emergency Care 6 goals and winter planning: Revise and implement urgent and emergency care plans (6 goals) and commence planning for winter preparedness for urgent and emergency care with partners	Operational Delivery	Integrated Clinical Services

Outcome 5: A learning and self-improving organisation		Area of concern	Lead Executive
5.1	Develop a 'Learning Organisation' Framework: building on work already started, that identifies the culture, systems and processes to enable learning.	Workforce and OD	Workforce & OD
5.2	Learning from incidents: Ensure there is an effective procedure for learning from incidents and preparations for inquests and HSE are clear and effective. (Linked to 5.4)	Clinical Governance, patient experience and safety	Nursing and Midwifery
5.3	Clinical Governance Review: Enable and support the NHS Executive to undertake a review of clinical governance	Clinical Governance, patient experience and safety	Nursing and Midwifery
5.4	Transformation & Improvement support: Realign transformation and improvement support to enable greater focus on priority improvement areas	Planning and service transformation	Planning & Transformation
5.5	Healthcare Public Health programme: Scope an enhanced programme of Healthcare Public Health that seeks to systematically identify areas of focus for quality improvement, working with Public Health Wales.	Planning and service transformation	Public Health
5.6	Special Measures assurance approach: Develop and commence implementation of an Assurance Approach for the Special measures response. Including the implementation of an organisational Maturity Matrix.	Governance, board effectiveness and audit	Board Secretary
5.7	Intelligence led organisation: Develop proposal to raise the organisation's maturity in using data and intelligence to improve service planning and identification of emerging service issues	Planning and service transformation	Chief Digital & Information Officer

Corporate Governance Report - Section 3 Report

Covid Inquiry Update

1. Introduction and Background

- 1.1 The UK Covid-19 Inquiry was set up to examine the UK's preparedness and response to the Covid-19 pandemic, and to learn lessons for the future. The Inquiry, has been established under the Inquiries Act 2005, and therefore the Inquiry Chair, the Rt Hon Baroness Heather Hallett DBE, who was announced as Chair on 15th December 2021, has the power to compel the production of documents and call witnesses to give evidence on oath.
- 1.2 In order to allow a full and focused examination of all of the different aspects of the pandemic that are covered in the Terms of Reference, Baroness Hallett has decided to divide the Inquiry's investigation into Modules.
- 1.3 The Inquiry began hearing evidence for Module 1 in public hearings on 13th June 2023. Public hearings will begin for Module 2 (decision-making across the UK) in October 2023. This will be followed by public hearings for Module 2A (decision-making in Scotland) in January 2024, Module 2B (decision-making in Wales) in February 2024 and Module 2C (decision-making in Northern Ireland) in April 2024. It is expected that Module 3 hearings will begin in autumn 2024. Module 4 opened on 5th June 2023 to examine vaccines, therapeutics and anti-viral treatment across the UK. The Inquiry plans to hear evidence for this investigation in the summer of 2024. Module 5 will examine Government Procurement across the UK, opening this investigation in October 2023, with evidence hearings scheduled for early 2025. Module 6, examining the care sector across the UK, will open in December 2025.
- 1.4 The Health Board is a core participant¹ within the Group of Welsh NHS bodies for Module 3, together with Aneurin Bevan University Health Board; Cwm Taf Morgannwg University Health Board; Hywel Dda University Local Health Board; Swansea Bay University Health Board; and Velindre University NHS Trust (excluding NHS Wales Shared Services Partnership). However, the Health Board have and will be called upon to provide evidence for other modules within the Inquiry.

2. Current Position

- 2.1 The Health Board has a statutory obligation to provide evidence to the Inquiry, whether directly or through other avenues such as the Welsh Government.
- 2.2 In late June, the Head of Covid-19 Inquiry, Glesni Driver was appointed, and is currently supporting the NHS Wales Shared Services Partnership (NWSSP) Legal Team and three witnesses to prepare statements/evidence submissions in response to Rule 9² requests for Module 2B (Welsh Government).
- 2.3 It is anticipated that Module 3 Rule 9 requests will be received by the Health Board some time in Autumn 2023, and this is likely to involve a wider group of people, therefore will have resource implications. However, it is likely that these requests will be more targeted than the current requests made under Module 2B, as they will look at one issue rather than a long, chronological account of events.

¹ A Core Participant is a person, an organisation or other entity with a significant interest in the Inquiry and designated a Core Participant in the Inquiry pursuant to Rule 5 of the Inquiry Rules 2006.

² A Rule 9 Request is a request submitted in accordance with Rule 9 of the Inquiry Rules 2006. Rule 9 sets out what the inquiry must do in order to require a party to provide either disclosure of documents or a written statement.

2.4 In order to be able to share evidence with the NWSSP Legal Team and Barristers, a document sharing repository has been put in place using a Microsoft Teams Channel and Sharepoint. The sharing of information has been approved by the Information Governance Team.

3. Key Issues To Note in Supporting the Inquiry

3.1 The evidence required as part of the Rule 9 requests is not always readily available, and sourcing the information can be time-consuming, especially as two of the current witnesses have since left the Health Board.

3.2 An issue has also been identified by Digital Health and Care Wales (DHCW) affecting inactive account mailboxes - as a result of retention policies not correctly applied, a number of mailboxes for staff who no longer work in NHS Wales, or who moved organisations, have been deleted, which means that their information cannot be retrieved as evidence. To prevent further deletions, a work around was put in place by DHCW on 20th February 2023 and a permanent fix implemented at the end of March 2023. This therefore does affect some of evidence we (and all Health Boards) would have been able to provide to the Inquiry.

3.3 The work to provide evidence required for the Inquiry is an important responsibility for the Health Board and therefore more work is required in order to engage and communicate with staff members on the requirements of the Inquiry and understand the resources required to support it.

3.4 There is no external funding available to the Health Board for the Covid-19 Inquiry work.

4. Current Action To Support The Inquiry

4.1 The Head of Covid-19 Inquiry, under the leadership of the Interim Board Secretary is currently undertaking a review of the Inquiry's requirements in discussions with the NHS Wales Shared Services Partnership (NWSSP) Legal and Risk team, and preparing a plan of action to progress the many different elements of work at pace to comply with the Inquiry's requests – this will include the immediate requirements resulting from the Rule 9 requests, and the more proactive work required to meet the requirements of future requests.

5. Recommendations

5.1 The Board is asked to;

- **Receive Assurance** from the update on the UK National Covid Inquiry.

Corporate Governance Report - Section 4

Reporting of Common Seal Applications and Chair's Actions Since the Last Board.

1. Introduction and Background

- 1.1 This section of the Corporate Governance Report advises of agreements that have required the affixing of the BCUHB seal and identified any Chair's Actions that have been taken by the Chair of the Board since the previous meeting of the Board. This is an improvement in the way that we manage the Governance of the Health Board. It is proposed that this be a regular report from this meeting.
- 1.2 Our common seal is primarily used to seal legal documents such as transfers of land, lease agreements and other important/key contracts. We maintain a Register of Sealings that records the sealing of every document. Log No 176 and 177 are highlighted below.

2. Matters to Report

2.1 The Board is asked to note:

- That there were nil Chair's Actions taken by the Chair of the Board since the last Board Meeting.
- That there has been 2 uses of the Common Seal since the last Board Meeting to report to the Board.

Log No	Contract Name and Address	Approval Route	Date Signed and Sealed	Seal Required Yes/No	Seal No	Collected by	Saved on System	Date Collected
176	Adult & Older Person Mental Health Unit (AOPMHU) - BAM Construction x 2	F&P Committee 22/8/19	11-Jul-23	Yes	662, 663	June Affleck	Y	13/07/2023
177	Adult & Older Person Mental Health Unit (AOPMHU) - Gleeds Advisory Limited x 2	F&P Committee 22/8/19	11-Jul-23	Yes	664, 665	June Affleck	Y	13/07/2023

3. Recommendation

3.1 The Board is asked to;

- **Approve** the proposal to bring Chair's Actions and the use of the Common Seal to each Board meeting.
- **Be assured** that the Chair's Actions and the use of the BCUHB Seal are highlighted above.

Appendix 1 – The Corporate Risk Register

In Powerpoint presentation attached to agenda

Corporate Risk Register

Appendix 1

1. Corporate Risk Register Heat Map p.2
2. Accountability Portfolio Breakdown p.3
3. Corporate Risk Summaries p4-10
4. Risk Matrix p11



Corporate Risk Heat Map							
Impact	Catastrophic	5			Asbestos – CRR20-01 Contractor Management – CRR20-02 Infection Prevention & Control – CRR22-18 Duplicate Hospital Numbers – CRR23-46 Safety of MHLD Inpatients – CRR23-47 Ligature risks in MHLD units– CRR23-48 Financial outturn for 2022/23 – CRR23-50	Extreme Cyber Attacks – CRR21-11 Pathology Information Management System – CRR23-44 Industrial Action – CRR23-45 WG cash funding for 2023/24 – CRR23-52	**Extreme**
	Major	4				Legionella – CRR20-03 Fire – CRR20-04 Patient Records – CRR20-06 Nurse Staffing – CRR21-13 Safeguarding Legislation – CRR21-15 Manual Handling – CRR21-16 Medical Devices – CRR22-19 Lack of Specialist Weight Management Services – CRR22-21 Retention & Storage of Patient Records – CRR22-32 Lack of access to clinical data – CRR23-33 Electrical and Mechanical Infrastructure WMH – CRR23-35 Continuing Health Care Funding – CRR23-40 Admission Avoidance – CRR23-41 Macular Degeneration – CRR23-42 Irreversible Sight-Loss - CRR23-43 Initial Financial Plan 2023/24 – CRR23-51 Loss of beds – CRR23-53 Flow out from Emergency Units – CRR23-54 Ambulance Demand – CRR23-55 Safe timely care – CRR23-56 Women’s Services Manual Handling – CRR23-57 Home Birth Service – CRR23-58	Extreme Unlawful Detention of Patients – CRR21-14 – Wider determinants of overweight patients – CRR22-20 Resuscitation – CRR22-22 Wrexham ED – CRR22-23 Cost of Planned Care Recovery – CRR23-49
	Moderate	3					Operating Model – CRR22-24 Vascular Services – CRR22-27 Smoking Cessation – CRR23-34
	Minor	2					
	Negligible	1					
				1	2	3	4
			Rare	Unlikely	Possible	Likely	Almost Certain <small>2</small>
			Possibility				

Accountability

Portfolio Breakdown

Executive Director of Finance

Asbestos – CRR20-01

Contractor Management – CRR20-02

Financial outturn for 2022/23 – CRR23-50

WG cash funding for 2023/24 – CRR23-52

Legionella – CRR20-03

Fire – CRR20-04

Electrical and Mechanical Infrastructure WMH – CRR23-35

Cost of Planned Care Recovery – CRR23-49

Initial Financial Plan 2023/24 – CRR23-51

Chief Digital and Information Officer

Duplicate Hospital Numbers – CRR23-46

Cyber Attacks – CRR21-11

Patient Records – CRR20-06

Retention & Storage of Patient Records – CRR22-32

Lack of access to clinical data – CRR23-33

Executive Director of Nursing & Midwifery

Infection Prevention & Control – CRR22-18

Industrial Action – CRR23-45

Nurse Staffing – CRR21-13

Medical Devices – CRR22-19

Women's Services Manual Handling – CRR23-57

Unlawful Detention of Patients – CRR21-14

Home Birth Service – CRR23-58

Wrexham ED – CRR22-23

Safeguarding Legislation – CRR21-15

Chief Operating Officer

Safe timely care – CRR23-56

Loss of beds – CRR23-53

Flow out from Emergency Units – CRR23-54

Ambulance Demand – CRR23-55

Executive Director of Public Health

Smoking Cessation – CRR23-34

Wider determinants of overweight patients – CRR22-20

Lack of Specialist Weight Management Services - CRR22-21

Executive Medical Director

Vascular Services – CRR22-27

Resuscitation – CRR22-22

Executive Director of Workforce & Organisational Development

Operating Model – CRR22-24

Manual Handling – CRR21-16

Director of Mental Health

Safety of MHLI Inpatients – CRR23-47 –

Ligature risks in MHLI units – CRR23-48

Executive Director Transformation, Strategic Planning & Commissioning

Continuing Health Care Funding – CRR23-40

Admission Avoidance – CRR23-41

Deputy Chief Executive

Macular Degeneration – CRR23-42

Irreversible Sight-Loss - CRR23-43

Executive Director of Therapies & Healthcare Sciences

Pathology Information Management System – CRR23-44



Risks on the Corporate Risk Register With A Likelihood Score of 5




Risk: Unlawful Detention of Patients		REF: CRR21-14	
Director Lead: Executive Director of Nursing & Midwifery	Governance of the Risk		
Committee: Mental Health and Capacity Compliance	Action Plan Progressing:	Delay due to blocks	
<p>Description: There is a risk of unlawful detention of patients due to the increased level of Deprivation of Liberty Safeguards (DoLS) activity.</p> <p>This may be caused by the increased number of patients who are refusing admission or who have a mind altering diagnosis which reduces their capacity and cannot consent to their continued admission in an NHS hospital setting (meets the legal framework).</p> <p>This is due to the new Case Law of Cheshire West, which widens the parameters of activity resulting in more patients requiring assessment for Deprivation of Liberty and the Supreme High Court Judgement in September 2019, which removed the consent of parents when detaining a young person [16/17 yrs old] for care and treatment within NHS settings.</p> <p>The amendments to the Mental Capacity Act, resulting in new legislation and the required preparation by the Welsh Government for the implementation of the Liberty Protection Safeguards (LPS) requires engagement at a National, Regional and Local level which has resulted in the diversion of resources.</p> <p>This could lead to harm to patients from unlawful detention, increase in Court of Protection Activity (COP), which may result in greater operational pressures, and an increase in financial cost, poor patient experience and reputational damage for BCUHB.</p>	Action Plan Blocks:	Lack of Funding	
	Reviewed Regularly:	Yes	
	Committee Decision		
	Treating		
Tolerating			
	Movement in Current Risk Rating: ↔		
	None, since last presented to the Board in May 2023		
	Impact	Likelihood	Score
Current Risk Rating	4	5	20
Target Risk Score	4	2	8
Risk Appetite	low level		1-8



Risk: Operating Model		REF: CRR22-24		
Director Lead: Executive Director of Workforce & Organisational Development	Governance of the Risk			
Committee: Partnership, People and Population Health	Action Plan Progressing:	Most actions completed & Target Date was March 2023		
<p>Description: There is a risk of senior leadership capacity & capability gaps during the transition to the new Operating Model as people depart the organisation through the VERS process and the challenges recruiting people to new posts (internally and externally) during the transition phase when all key posts have been filled.</p> <p>This has been caused by the delay to the organisational change process resulting in a divergence of parallel actions relating to those individuals leaving the organisation via VERS, the subsequent vacant posts and the recruitment to the new posts. The default position is to use the mechanism of internal backfill. Where a suitable individual cannot be identified then the posts will need to fill by external subject matter experts on an interim basis.</p> <p>This may lead to a slowdown in the decision making processes as decision and action delivery defaults up to the next level in the responsibility and accountability framework.</p>	Action Plan Blocks:	Update required		
	Reviewed Regularly:	↔	Needs to be reviewed	
	Committee Decision			
	Treating			
	Tolerating			
	Movement in Current Risk Rating:	None, since last presented to the Board in May 2023		
	Impact	Likelihood	Score	
Current Risk Rating	3	5	15	
Target Risk Score	4	2	8	
Risk Appetite	low level		1-8	




Risk: Wider determinants of overweight patients		REF: CRR22-20	
Director Lead: Executive Director of Public Health	Governance of the Risk		
Committee: Partnership, People and Population Health	Action Plan Progressing:	All on track & Target Date Dec 2025	
<p>Description: There is a risk that residents in North Wales may be unable to achieve a healthy weight and may become overweight and obese.</p> <p>This may be caused by behaviours involving food intake, current circumstances, lack of physical activities, the living environment, food production and consumption, socio-economic factors and a lack of engagement with health professionals.</p> <p>This may have an impact on or lead to unhealthy weight and obesity and place them at increased risk of Type 2 Diabetes, Cardiovascular disease, Cancer, Musculoskeletal conditions and low self-esteem and depression. Potentially leading to avoidable deaths.</p>	Action Plan Blocks:	Funding submitted, awaiting National team steer	
	Reviewed Regularly:	Yes	
	Committee Decision		
	Treating	x	
	Tolerating		
	Movement in Current Risk Rating: 		
	None, since last presented to the Board in May 2023		
	Impact	Likelihood	Score
Current Risk Rating	4	5	20
Target Risk Score	4	3	12
Risk Appetite	low level		1-8




Risk: Smoking Cessation		REF: CRR23-34	
Director Lead: Executive Director of Public Health	Governance of the Risk		
Committee: Partnership, People and Population Health	Action Plan Progressing:	Progressing & Target Date March 2024	
<p>Description: There is a risk that residents in North Wales may be unable to quit smoking.</p> <p>This may be caused by their current smoking behaviours including use of vapes and illicit tobacco, income levels, living in socio-economically deprived areas, have a mental health condition or disability, or are from ethnic backgrounds and/or from the LGBTQ+ community.</p> <p>This may result in lack of confidence and/or capacity to engage with Help Me Quit Services.</p> <p>This may result in premature mortality and disease including cancers, respiratory diseases and cardio vascular disease, including strokes, heart attacks and dementia.</p> <p>This may impact on the Board's ability to achieve its national performance target.</p> <p>This will impact on the Board's ability to comply with the Smoke Free Regulations 2020.</p>	Action Plan Blocks:	Funding submitted	
	Reviewed Regularly:	Yes	
	Committee Decision		
	Treating	x	
	Tolerating		
	Movement in Current Risk Rating:		
	None, since last presented to the Board in May 2023	↔	
	Impact	Likelihood	Score
Current Risk Rating	3	5	15
Target Risk Score	3	4	12
Risk Appetite	low level		1-8

Risk: Resuscitation		REF: CRR22-22	
Director Lead: Executive Medical Director	Governance of the Risk		
Committee: Quality, Safety & Experience	Action Plan Progressing:	Progressing well, if plans for the training room are sought, scoring likely to be reduced.	
<p>Description: There is a risk that BCUHB staff cannot access their mandatory resuscitation training.</p> <p>This is due to several factors including:</p> <p>A lack of 'fit for purpose' training accommodation and equipment across the sites; Insufficient numbers of Resuscitation Officers/Trainers.</p> <p>This could lead to failure to deliver effective patient care resulting in preventable harm or death from impaired or unsuccessful resuscitation. Additional risk of financial claims against BCUHB resulting from preventable harm/deaths.</p>	Action Plan Blocks:	Awaiting final agreement of funding for training staff and plans on the training room	
	Reviewed Regularly:	Yes	
	Committee Decision		
	Treating	x	
	Tolerating		
	Movement in Current Risk Rating:		
	None, since last presented to the Board in May 2023		
	Impact	Likelihood	Score
Current Risk Rating	4	5	20
Target Risk Score	4	2	8
Risk Appetite	low level		1-8



Risk: Wrexham ED		REF: CRR22-23	
Director Lead: Executive Director of Nursing & Midwifery	Governance of the Risk		
Committee: Quality, Safety & Experience	Action Plan Progressing:	Progressing and being treated, but some blocks & Target Date Jan 2024	
Description: There is a risk that patients attending Emergency Department (ED) would not be able to receive timely, safe and effective care. This is caused by overcrowding and reduced physical capacity due to delays to transfer of patients awaiting specialty beds. This could lead to: <ul style="list-style-type: none"> • Delay/inability to triage new attendants within 15 minutes of arrival as per national key performance indicators in line with Emergency Department Quality and Delivery Framework/Welsh Government Targets, deterioration in health/condition and increase level of harm including increased length of stay, level of intervention required and potential increase in mortality, breach of infection prevention measures and standards, which would increase spread of infection and/or potential outbreak. • Inability to bring patients into the department from ambulances, detrimental impact to the community in terms of redeployment/response of ambulances, inability to meet privacy and dignity needs of patients, breach of performance measures as set out and monitored by Welsh Government, and pressure on the workforce, i.e. increase in workload due absences, difficulty in recruitment and retention of staff. • Negative feedback / patient experience that is reflected via Health Inspectorate Wales and Community Health Council national reviews. • On going risk of patients leaving without being seen further impacting on Welsh Ambulance Service Trust demand and patients deteriorating in the community after leaving without being seen. 	Action Plan Blocks:	Staffing, footprint/space, business cases to be developed	
	Reviewed Regularly:	Yes	
	Committee Decision		
	Treating	x	
	Tolerating		
	Movement in Current Risk Rating: 	None, since last presented to the Board in May 2023	
	Impact	Likelihood	Score
Current Risk Rating	4	5	20
Target Risk Score	4	2	8
Risk Appetite	low level		1-8



Risk: Vascular Services		REF: CRR22-27	
Director Lead: Executive Medical Director	Governance of the Risk		
Committee: Quality, Safety & Experience	Action Plan Progressing:	Actions delayed & Target date was June 23	
Description: There is a risk that the Vascular medical workforce documentation is non-compliant with regulatory standards for recording keeping. This could impact on patient outcomes, patient safety, reputation of the service, poor patient experience and clinical staff fitness to practice.	Action Plan Blocks:	Pilot on going, delays noted	
	Reviewed Regularly:	Yes	
	Committee Decision		
	Treating	x	
	Tolerating		
	Movement in Current Risk Rating: 		
	None, since last presented to the Board in May 2023		
	Impact	Likelihood	Score
Current Risk Rating	4	5	15
Target Risk Score	3	2	6
Risk Appetite	low level		1-8

Risk: Cost of Planned Care Recovery		REF: CRR23-49	
Director Lead: Executive Director of Finance	Governance of the Risk		
Committee: Performance, Finance and Information Governance	Action Plan Progressing:	On track	
Description: The need to reduce the size of waiting lists to meet WG expectations and avoid harm to patients waiting, whilst the Health Board is still not able to achieve and improve on it's pre-Covid core 2019-20 activity levels, could require a level of investment in insourced and outsourced activity which would cost in excess of the £27.1m funding available.	Action Plan Blocks:	Funding & Resource	
	Reviewed Regularly:	Update required	
	Committee Decision		
	Treating	x	
	Tolerating		
	Movement in Current Risk Rating:		
	None, since last presented to the Board in May 2023		
	Impact	Likelihood	Score
Current Risk Rating	4	5	20
Target Risk Score	3	3	9
Risk Appetite	low level		1-8



	1 Negligible	2 Minor	3 Moderate	4 Major	5 Catastrophic
Risk Tolerance Scoring Matrix	Minimal injury requiring no/minimal intervention or treatment. No time off work. Physical injury to self/others that requires no treatment or first aid. Minimum psychological impact requiring no support. Low vulnerability to abuse or exploitation - needs no intervention. Category 1 pressure ulcer.	Minor injury or illness, requiring minor intervention. Requires time off work for >3 days Increased hospital stay 1-3 days. Slight physical injury to self/others that may require first aid. Emotional distress requiring minimal intervention. Increased vulnerability to abuse or exploitation, low level intervention. Category 2 pressure ulcer.	Moderate injury/professional intervention. Requires time off work 4-14 days. Increased hospital stay 4-15 days. RIDDOR/Agency reportable incident. Impacts on a small number of patients. Physical injury to self/others requiring medical treatment. Psychological distress requiring formal intervention by MH professionals. Vulnerability to abuse or exploitation requiring increased intervention. Category 3 pressure ulcer.	Major injury leading to long-term disability. Requires time off work >14 days. Increased hospital stay >15 days. RIDDOR Reportable. Regulation 4 Specified Injuries to Workers. Patient mismanagement, long-term effects. Significant physical harm to self or others. Significant psychological distress needing specialist intervention. Vulnerability to abuse or exploitation requiring high levels of intervention. Category 4 pressure ulcer.	Incident leading to death. RIDDOR Reportable. Multiple permanent injuries or irreversible health effects. An event which impacts on a large number of patients.
Consequence Descriptors:					
Safety & Well-being - Patients/ Staff/Public					
Quality/ Complaints/ Assurance/ Patient Outcomes	Peripheral element of treatment or service suboptimal. Informal complaint/inquiry.	Overall treatment/service suboptimal. Formal complaint (Stage 1). Local resolution. Single failure of internal standards. Minor implications for patient safety. Reduced performance.	Treatment/service has significantly reduced effectiveness. Formal complaint (Stage 2). Escalation. Local resolution (poss. independent review). Repeated failure of internal standards. Major patient safety implications.	Non-compliance with national standards with significant risk to patients. Multiple complaints/independent review. Low achievement of performance/delivery requirements. Critical report.	Totally unacceptable level or quality of treatment/service. Gross failure of patient safety. Inquest/ombudsman/inquiry. Gross failure to meet national standards/requirements.
Workforce/ Organisational Development/ Staffing/ Competence	Short-term low staffing level that temporarily reduces service quality (< 1 day).	Low staffing level that reduces the service quality.	Late delivery of key objective/service due to lack of staff. Unsafe staffing level (>1 day)/competence. Low staff morale. Poor staff attendance for mandatory/key professional training.	Uncertain delivery of key objective/ service due to lack/loss of staff. Unsafe staffing level (>5 days)/competence. Very low staff morale. Significant numbers of staff not attending mandatory/key professional training.	Non-delivery of key objective/service due to loss of several key staff. Ongoing unsafe staffing levels or competence/skill mix. No staff attending mandatory/professional training.
Statutory Duty, Regulation, Mandatory Requirements	No or minimal impact or breach of guidance/statutory duty.	Breach of statutory legislation. Reduced performance levels if unresolved.	Single breach in statutory duty. Challenging external recommendations/improvement notice.	Enforcement action. Multiple breaches in statutory duty. Improvement notices. Low achievement of performance/ delivery requirements. Critical report.	Multiple breaches in statutory duty. Zero performance rating. Prosecution. Severely critical report. Total system change needed.
Adverse Publicity or Reputation	Rumours. Low level negative social media. Potential for public concern.	Local media coverage - short-term reduction in public confidence/trust. Short-term negative social media. Public expectations not met.	Local media coverage - long-term reduction in public confidence & trust. Prolonged negative social media. Reported in local media.	National media coverage <3 days, service well below reasonable public expectation. Prolonged negative social media, reported in national media, long-term reduction in public confidence & trust. Increased scrutiny: inspectorates, regulatory bodies and WG.	National/social media coverage >3 days, service well below reasonable public expectation. Extensive, prolonged social media. MP/MS questions in House/Senedd. Total loss of public confidence/trust. Escalation of scrutiny status by WG.
Business Objectives or Projects	Insignificant cost increase/ schedule slippage.	<5 per cent over project budget. Schedule slippage.	5–10 per cent over project budget. Schedule slippage.	Non-compliance with national targets. 10-25 per cent over project budget. Schedule slippage. Key objectives not met.	>25 per cent over project budget. Schedule slippage. Key objectives not met.
Financial Stability & Impact of Litigation	Small loss. Risk of claim remote.	Loss of 0.1–0.25% of budget Claim less than £10,000.	Loss of 0.25–0.5% of budget. Claim(s) between £10,000 and £100,000.	Uncertain delivery of key objective. Loss of 0.5-1.0% of budget. Claim(s) between £100,000 and £1 million. Purchasers failing to pay on time.	Non-delivery of key objective. Loss of >1 per cent of budget. Failure to meet specification. Claim(s) >£1 million. Loss of contract/payment by results.
Service/ Business Interruption	Loss/interruption of >1 hour. Minor disruption.	Loss/interruption of >8 hours. Some disruption manageable by altered operational routine.	Loss/interruption of >1 day. Disruption to a number of operational areas in a location, possible flow to other locations.	Loss/interruption of >1 week. All operational areas of a location compromised, other locations may be affected.	Permanent loss of service or facility. Total shutdown of operations.
Environment/Estate/ Infrastructure	Minimal or no impact on environment/service/property.	Minor impact on environment/ service/property.	Moderate impact on environment/ service/property.	Major impact on environment/ service/property.	Catastrophic impact on environment/service/property.
Health Inequalities/ Equity	Minimal or no impact on attempts to reduce health inequalities/improve health equity.	Minor impact on attempts to reduce health inequalities or lack of clarity on the impact on health equity.	Lack of sufficient information to demonstrate reducing equity gap, no positive impact on health improvement or health equity.	Validated data suggests no improvement in the health of the most disadvantaged, whilst supporting the least disadvantaged, no impact on health improvement and/or equity.	Validated data demonstrates a disproportionate widening of health inequalities, or negative impact on health improvement and/or equity.

Risk Tolerance Scoring Matrix (Likelihood x Consequence = Risk Score)			Consequence:				
Likelihood:		Frequency:	1 Negligible	2 Minor	3 Moderate	4 Major	5 Catastrophic
1 Rare - Will probably never happen/recur		Not for years	1	2	3	4	5

Reporting Committee:	Remuneration Committee
Committee Chair:	Dyfed Edwards, Chair
Date of last meeting:	17 July 2023
Paper prepared by:	Interim Head of Corporate Governance
KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE	
<p>The last meeting of the Remuneration Committee took place on 17 July 2023.</p> <p>The Board is asked to note that the following matters were discussed at the private Remuneration Committee on 17 July 2023:</p> <ul style="list-style-type: none"> It was agreed to extend the Interim Chief Executive Officers (CEO) contract until the end of March 2024. This will give stability to the organisation and to allow more time to recruit a suitable permanent CEO. <p>The Committee received reports on:</p> <ul style="list-style-type: none"> Employer Pension Contributions – Alternative Payment Policy update and proposal. An update report on Chief Executive, Executive and Senior Manager appointments. A new quarterly report on the engagement of senior interim staff in the organisation. <p>It was agreed that the report on GP Practices Pay Uplift (linked to TUPE) at the next meeting.</p>	
ITEMS TO BE ESCALATED TO THE BOARD	
There were no items to be escalated to the Board.	
NEXT MEETING	
The next meeting of the Remuneration Committee will be held on 15 August 2023.	



Teitl adroddiad:	2023–24 Month 2 Health Board Finance Report
Report title:	
Adrodd i:	Health Board
Report to:	
Dyddiad y Cyfarfod:	Monday, 31 July 2023
Date of Meeting:	
Crynodeb Gweithredol:	The purpose of this report is to provide a briefing on the financial performance of the Health Board for the year to date as at end of May, 2023/24.
Executive Summary:	<p><u>In Year and Forecast Outturn position</u></p> <p>The Health Board's initial financial plan for 2023/24 is to deliver a deficit position of £134.1m.</p> <p>The May position is reporting an in-month deficit of £14.1m, which is £2.9m higher than the profiled Financial Plan for Month 2 and an increase of £1.9m from April's position.</p> <p>The year to date position as at the end of May is reporting a deficit of £26.3m, this represents a £3.9m adverse variance compared to 2/12th of the £134.1m core plan deficit. This essentially results from a shortfall in savings against plan of c£3.5m, although with an improvement in reported savings schemes on Month 1. Therefore, a range of other cost pressures including CHC, out of area mental health placements, faster than planned shift fill towards assessed requirements under the Nurse Staffing Act, and YGC Targeted Intervention costs continue without a source of mitigating factors.</p> <p>At this early stage, the year-end forecast position is to deliver a deficit of £134.1m, which is in line with the initial financial plan for the year. However, WG and Board expectation is to move towards assurance on £134.1m being a worst case, and to incrementally reduce it.</p> <p><u>Savings</u></p> <p>To meet the Health Board's Financial Plan for 2023/24, savings of £25.2m must be delivered. The total full year savings target is £30.9m, which includes an additional stretch target of £5.7m. Key action required is to significantly develop savings plans, to both move the total plans to the minimum expectation of £25.2m and to increase the green/amber element to at least 50% of more by the end of June. This can be through efficiency savings or dis-investments or reductions to cost pressures funded in the devolved budgets.</p> <p>Whilst progress in month has been made in month in terms of submitting plans, the total plan value falls significantly short of the required £25.2m. At Month 2, the full year plan value of green schemes totals £5.8m, of which £5.1m relates to recurrent savings. The full year plan value of red schemes totals £6.9m, of which £5.4m is recurring, however these require further work before assurance of delivery can be provided.</p>

	<p>The value of pipeline schemes is £5.4m and this is the total value of green/amber, red and pipeline scheme is £18.1m.</p> <p><u>Capital Programme</u></p> <p>Appendix C provides details of the approved capital programme to enable appropriate monitoring and scrutiny. The report provides an update, by exception, on the status and progress of the major capital projects and the agreed capital programmes. The report also provides a summary of expenditure against the capital resources allocated to the Heath Board by the Welsh Government through the Capital Resource Limit (CRL). Work is needed over the next month to assess the value of cost pressures against the programme, relate to the level of uncommitted resources and make any necessary recommendations around reallocation of resources.</p>			
<p>Argymhellion:</p> <p>Recommendations:</p>	<p>The committee are asked to receive and scrutinise this report and to support the proposed adjustments to the capital programme.</p>			
<p>Arweinydd Gweithredol:</p> <p>Executive Lead:</p>	<p>Russell Caldicott, Interim Executive Director of Finance.</p>			
<p>Awdur yr Adroddiad:</p> <p>Report Author:</p>	<p>Michelle Jones, Head of Financial Reporting Paula Dixon, Head of Financial Improvement Daniel Eyre, Head of Capital Development</p>			
<p>Pwrpas yr adroddiad:</p> <p>Purpose of report:</p>	<p>I'w Nodi <i>For Noting</i></p> <p><input checked="" type="checkbox"/></p>	<p>I Benderfynu arno <i>For Decision</i></p> <p><input type="checkbox"/></p>	<p>Am sicrwydd <i>For Assurance</i></p> <p><input checked="" type="checkbox"/></p>	
<p>Lefel sicrwydd:</p> <p>Assurance level:</p>	<p>Arwyddocaol <i>Significant</i></p> <p><input checked="" type="checkbox"/></p> <p>Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i></p>	<p>Derbyniol <i>Acceptable</i></p> <p><input type="checkbox"/></p> <p>Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>General confidence / evidence in delivery of existing mechanisms / objectives</i></p>	<p>Rhannol <i>Partial</i></p> <p><input type="checkbox"/></p> <p>Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>Some confidence / evidence in delivery of existing mechanisms / objectives</i></p>	<p>Dim Sicrwydd <i>No Assurance</i></p> <p><input type="checkbox"/></p> <p>Dim hyder/tystiolaeth o ran y ddarpariaeth</p> <p><i>No confidence / evidence in delivery</i></p>
<p>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</p> <p><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></p>				
<p>Cyswllt ag Amcan/Amcanion Strategol:</p> <p>Link to Strategic Objective(s):</p>		<p>This paper aligns to the strategic goal of attaining financial balance and is linked to the well-being objective of targeting our resources to those with the greatest need as per the financial plan.</p>		

<p>Goblygiadau rheoleiddio a lleol:</p> <p><i>Regulatory and legal implications:</i></p>	<p>The financial plan and reporting, capital projects and discretionary programme assist the Health Board in meeting its' statutory and mandatory requirements.</p>
<p>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i></p>	<p>Naddo N</p> <p>Equality Impact (EqIA) and a socio-economic (SED) impact assessments not applicable.</p> <p>The health board continues to assess the requirement for carrying out Equality Impact Assessments on a capital project by project basis.</p>
<p>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></p>	<p>Naddo N</p> <p>Equality Impact (EqIA) and a socio-economic (SED) impact assessments not applicable.</p>
<p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</p> <p><i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i></p>	<p>There is a risk that the Health Board does not meet its statutory financial duty for 2023-24. BAF 2.3.</p> <p>Current risks and mitigations are shown in Appendix A, Slide 12.</p> <p>From a capital prospective, the Health Board continues to experience occasions where tenders are exceeding budget estimates due to the volatility within the construction market and general inflationary pressures. The programme is monitored monthly to ensure that financial commitments align to available funding.</p>
<p>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Financial implications as a result of implementing the recommendations</i></p>	<p>Not applicable.</p>
<p>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Workforce implications as a result of implementing the recommendations</i></p>	<p>Not applicable</p>
<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</p> <p><i>Feedback, response, and follow up summary following consultation</i></p>	<p>Not applicable</p>
<p>Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p><i>Links to BAF risks:</i></p>	<p>Appendix A & B BAF risks BAF 2.3 Risk of the Health Board's failure to meet the break-even duty.</p>

<p><i>(or links to the Corporate Risk Register)</i></p>	<p>Corporate Risk Register: CRR23-49, Risk of the cost of planned care recovery exceeding the £27.1m funded from WG which is included in the budget CRR23-51, Risk of failure to achieve the initial financial plan for 2023/24 (£134.2m deficit), because of failure to achieve the level of financial improvement included in the plan CRR23-52, WG cash funding for 2023/24</p> <p>Appendix C BAF risks BAF 21-14 Pandemic exposure BAF 21-09, Infection prevention control BAF 21-12, Security services BAF 21-13, Health and safety BAF 21-03, Primary Care BAF 21-04, Timely access to planned care BAF 21-01, Safe and effective management of unscheduled care BAF 21-06, Safe and effective mental health service delivery 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</p> <p>Corporate Risk Register: 20-01, Asbestos management and control 20-03, Legionella management and control 20-04, Noncompliance of fire safety systems 20-06, Informatics – patient records pan BCU 20-07, Informatics – capacity, resource and demand 20-11, Informatics – cyber security</p>
<p>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</p> <p>Reason for submission of report to confidential board (where relevant)</p>	<p>Amherthnasol</p> <p>Not applicable</p>
<p>Camau Nesaf: Gweithredu argymhellion</p> <p>Next Steps: Implementation of recommendations</p>	
<p>Rhestr o Atodiadau:</p> <p>List of Appendices: Ai - 2023/24 PFIG Finance Report - Month 2 Aii - 2023/24 WG Monitoring Return Report – Month 2 B - 2023/24 Savings Report - Month 2 C - 2023/24 Capital Report - Month 1-</p>	

Finance Report May 2023 – M02

Steve Webster

Interim Executive Finance Director



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board



Executive Summary

Objective

To provide assurance on financial performance and delivery against Health Board financial plans and objectives and give early warning on potential performance issues. To make recommendations for action to continuously improve the financial position of the organisation, focusing on specific issues where financial performance is showing deterioration or there are areas of concern.

Positives & Key Assurances

- Forecast position is to deliver a deficit of £134.1m, which is in line with the draft financial plan for the year.
- Key financial target for Cash is being met with a Closing Balance of £8.3m as at 31st May 2023.
- Approved Capital Resource Limit (CRL) for 2023/24 is £18.782m.

Issues & Actions

- Current month position is reporting a deficit of £14.1m, which is £2.9m higher than the profiled Financial Plan for Month 2 and an increase of £1.9m from April's position.
- Year to date position as at the end of May is reporting a deficit of £26.3m, this represents a £3.9m adverse variance compared to 2/12th of the £134.1m core plan deficit.
- To meet the Health Board's Financial Plan for 2023/24, savings of £25.2m must be delivered. The total full year savings target is £30.9m, which includes an additional stretch target of £5.7m.
- Key action required is to significantly develop savings plans, to both move the total plans to the minimum expectation of £25.2m and increase the green/amber element to be 50% of more by the end of June. This can be through efficiency savings or dis-investments or reductions to cost pressures funded in the devolved budgets

Key Messages

- The May position is reporting an in-month deficit of £14.1m, which is £2.9m higher than the profiled Financial Plan for Month 2 and an increase of £1.9m from April's position. The year to date position as at the end of May is reporting a deficit of £26.3m, this represents a £3.9m adverse variance compared to 2/12th of the £134.1m core plan deficit. This essentially results from a shortfall in savings against plan of c£3.5m, although an improvement on Month 1. Therefore, a range of other cost pressures including CHC, out of area mental health placements, faster than planned shift fill towards assessed requirements under the Nurse Staffing Act, and YGC Targeted intervention costs continue without a source of mitigating factors.
- WG and Board expectation is to move towards assurance on £134.1m being a worst case, and to incrementally reduce it.
- Whilst progress has been made in month in terms of submitting plans, the total plan value falls significantly short of the required £25.2m. At Month 2, the full year plan value of green schemes totals £5.8m, of which £5.1m relates to recurrent savings. The full year plan value of red schemes totals £6.9m, of which £5.4m is recurring, however, these require further work before assurance of delivery can be provided.

Summary of Key Numbers

<p align="center">Month 2 Position</p> <p>In Month £173.9m against plan of £171.0m. £2.9m adverse position, actual deficit £14.1m versus planned deficit of £11.2m</p> <p>YTD: £334.8m against plan of £330.9m £3.9m adverse position, actual deficit £26.3m versus planned deficit of £22.4m</p>	<p align="center">Forecast</p> <p>Projection held at planned deficit, but this is subject to significant risk around savings without significant improvement</p> <p align="center">£134.1m deficit</p>	<p align="center">Divisional Performance Month 2</p> <table border="1"> <tr><td>West IHC</td><td>£2.1m adverse</td></tr> <tr><td>Central IHC</td><td>£2.8m adverse</td></tr> <tr><td>East IHC</td><td>£1.4m adverse</td></tr> <tr><td>Womens</td><td>£0.2m favourable</td></tr> <tr><td>MH & LD</td><td>£1m adverse</td></tr> <tr><td>Commissioning Contracts</td><td>£0.1m adverse</td></tr> <tr><td>ICD Primary Care</td><td>£0.2m adverse</td></tr> <tr><td>ICD Regional Services</td><td>£0.3m adverse</td></tr> <tr><td>Support Functions</td><td>£1.3m favourable</td></tr> <tr><td>Other Budgets</td><td>£2.4m favourable</td></tr> </table>	West IHC	£2.1m adverse	Central IHC	£2.8m adverse	East IHC	£1.4m adverse	Womens	£0.2m favourable	MH & LD	£1m adverse	Commissioning Contracts	£0.1m adverse	ICD Primary Care	£0.2m adverse	ICD Regional Services	£0.3m adverse	Support Functions	£1.3m favourable	Other Budgets	£2.4m favourable
West IHC	£2.1m adverse																					
Central IHC	£2.8m adverse																					
East IHC	£1.4m adverse																					
Womens	£0.2m favourable																					
MH & LD	£1m adverse																					
Commissioning Contracts	£0.1m adverse																					
ICD Primary Care	£0.2m adverse																					
ICD Regional Services	£0.3m adverse																					
Support Functions	£1.3m favourable																					
Other Budgets	£2.4m favourable																					
<p align="center">Savings</p> <p>In-month: £0.7m against target of £2.1m £1.4m adverse</p> <p>YTD: £0.7m against target of £4.2m £3.5m adverse</p>	<p align="center">Savings Forecast</p> <p>£5.8m against target of £25.2m</p> <p align="center">£19.4m adverse worst case if no further savings delivered beyond current green schemes</p>	<p align="center">COVID-19 Impact</p> <p>£1.9m cost YTD</p> <p>£16.6m forecast cost. Funded by Welsh Government</p> <p align="center">£NIL impact</p>																				
<p align="center">Income</p> <p>£24.1m against budget of £23.1m</p> <p align="center">£1.0m Favourable</p>	<p align="center">Pay</p> <p>£166.4m against budget of £155.8m</p> <p align="center">£10.6m Adverse</p>	<p align="center">Non-Pay</p> <p>£192.5m against budget of £198.2m</p> <p align="center">£5.7m Favourable</p>																				

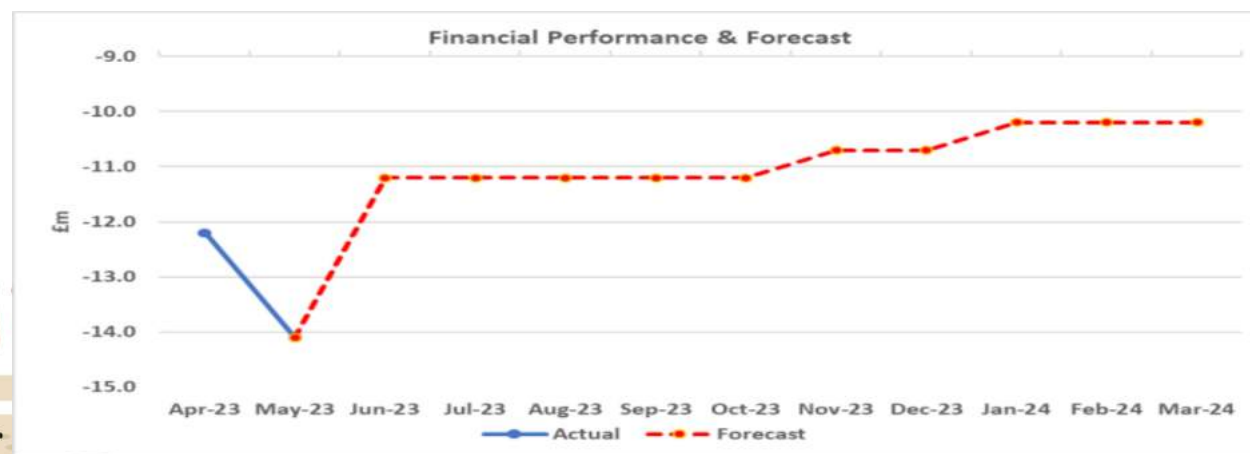


Revenue Position

- The Health Board's initial financial plan for 2023/24 is to deliver a deficit position of £134.1m. This presents a very challenging financial situation in 2023/24 for the Health Board.
- The three key components making up the 2023/24 initial financial plan are as follows:
 - The £196.2m underlying deficit brought forward from 2022/23 which is a consequence of our cost pressures, decision-making processes, and delivery inefficiencies.
 - Plus, demand growth and inflation in 2023/24 only partially offset by relatively low funding growth (before funding for pay awards).
 - Less financial improvement from savings and dis-investments.
- To deliver and improve on the £134.1m initial plan requires a number of actions to be taken, which were agreed in the budget, which are not yet fully implemented. Key actions are included below:
 - Actions to develop cross-cutting theme plans, prioritisation of other improvement projects, review of development/investment expenditure, and review of COVID related expenditure formerly funded by WG but now unfunded.
 - Report on available benchmarking to the organisation and the Board and develop active use of benchmarking to support improvement.
 - Develop a considered list of potential further cost reduction options, which would require WG support or could only be taken on a cross-Wales basis.
 - Develop local divisional integrated plans, and develop and implement an updated performance and accountability framework.

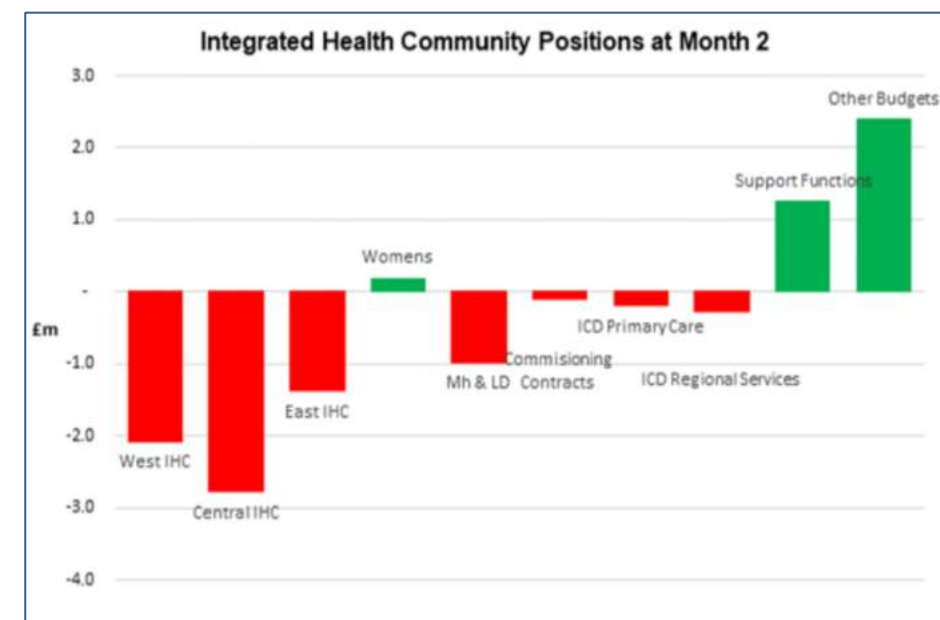
	Actual	Actual	Budget	2023/24 Cumulative			Forecast
	M1	M2		Actual	Variance	Variance	Actual
	£m	£m		£m	£m	£m	%
Revenue Resource Limit	(148.7)	(159.8)	(308.5)	(308.5)	0.0	0.0%	(1,888.7)
Miscellaneous Income	(12.2)	(11.9)	(23.1)	(24.1)	-1.0	4.3%	(146.0)
Health Board Pay Expenditure	81.1	85.3	155.8	166.4	10.6	6.8%	1,011.6
Non-Pay Expenditure	92.0	100.5	198.2	192.5	-5.7	(2.9)%	1,157.2
Total Deficit / (Surplus)	12.2	14.1	22.4	26.3	3.9		134.1

- May position is reporting an in-month deficit of £14.1m, which is £2.9m higher than the profiled Financial Plan for Month 2 and an increase of £1.9m from April's position. Year to date position as at the end of May is reporting a deficit of £26.3m, this represents a £3.9m adverse variance compared to 2/12th of the £134.1m core plan deficit.
- This essentially results from a shortfall in savings against plan of c£3.5m, although an improvement on Month 1. Therefore, a range of other cost pressures including CHC, out of area mental health placements, faster than planned shift fill towards assessed requirements under the Nurse Staffing Act, and YGC Targeted intervention costs continue without a source of mitigating factors.



Divisional Positions

	In Month				Cumulative				Forecast Year End Variance against the Plan £000
	Budget	Actual	Variance	%	Budget	Actual	Variance	%	
	£000	£000	to Plan £000	Variance to Plan £000	£000	£000	to Plan £000	Variance to Plan £000	
WG RESOURCE ALLOCATION	(159,794)	(159,794)	0	0%	(148,705)	(148,705)	0	0%	0
WEST INTEGRATED HEALTH COMMUNITY									
Management	(479)	93	(572)	-119%	(985)	185	(1,170)	-119%	(3,504)
West Area	15,537	15,604	(67)	0%	30,607	30,479	128	0%	(1,750)
Ysbytu Gwynedd	10,458	11,087	(629)	-6%	20,598	21,524	(927)	-4%	(6,305)
Facilities	1,140	1,162	(22)	-2%	2,133	2,238	(106)	-5%	(634)
Total West	26,656	27,946	(1,289)	-5%	52,353	54,427	(2,074)	-4%	(12,193)
CENTRAL INTEGRATED HEALTH COMMUNITY									
Management	(608)	95	(703)	-116%	(1,216)	188	(1,404)	-115%	(8,984)
Central Area	20,107	20,245	(138)	-1%	39,350	39,183	167	0%	188
Ysbytu Glan Clwyd	13,181	14,126	(945)	-7%	26,003	27,534	(1,531)	-6%	(7,071)
Facilities	1,371	1,335	36	3%	2,593	2,602	(9)	0%	(52)
Total Central	34,051	35,801	(1,749)	-5%	66,731	69,508	(2,777)	-4%	(15,919)
EAST INTEGRATED HEALTH COMMUNITY									
Management	553	87	466	-84%	(122)	191	(312)	-257%	(1,750)
East Area	22,375	23,038	(663)	-3%	44,544	44,803	(259)	-1%	0
Ysbytu Wrexham Maelor	10,763	11,318	(555)	-5%	21,440	22,062	(621)	-3%	(5,052)
Facilities	1,187	1,268	(81)	-7%	2,267	2,450	(182)	-8%	(1,091)
Total East	34,878	35,711	(834)	-2%	68,130	69,504	(1,375)	-2%	(7,893)
Total Midwifery and Women's Services	3,926	3,753	174	4%	7,530	7,341	189	3%	18
Total Mental Health and LDS	13,343	14,141	(798)	-6%	26,181	27,154	(974)	-4%	(1,771)
Total Commissioning Contracts	23,273	23,260	13	0%	44,942	45,052	(110)	0%	(0)
INTEGRATED CLINICAL DELIVERY PRIMARY CARE									
Covid Programmes	844	746	98	12%	1,639	1,542	97	6%	392
Dental North Wales	2,608	2,656	(48)	-2%	5,216	5,331	(115)	-2%	(0)
Community Dental Services	416	499	(83)	-20%	815	968	(153)	-19%	(918)
Other Primary Care	1,433	1,450	(17)	-1%	3,053	3,070	(17)	-1%	0
Total Integrated Clinical Delivery Primary care	5,301	5,350	(50)	-1%	10,723	10,912	(189)	-2%	(526)
INTEGRATED CLINICAL DELIVERY REGIONAL SERVICES									
Provider Income	(1,897)	(1,893)	(3)	0%	(3,704)	(3,701)	(3)	0%	(0)
Diagnostic and Specialist Clinical Support	6,427	6,672	(245)	-4%	12,638	13,193	(555)	-4%	(3,814)
Cancer Services	5,218	5,106	112	2%	9,839	9,556	283	3%	(221)
Total Integrated Clinical Delivery	9,748	9,885	(137)	-1%	18,773	19,048	(275)	-1%	(4,035)
Total Service Support Functions	12,617	12,776	(158)	-1%	26,052	24,795	1,257	5%	745
Total Other Budgets	7,177	5,281	1,896	26%	9,441	7,038	2,403	25%	41,574
Total	11,178	14,110	(2,932)	-26%	22,355	26,280	(3,924)	-18%	(0)



- May position is reporting an in-month deficit of £2.9m higher than the profiled financial plan deficit of £11.2m for Month 2.
- Key impacts affecting divisional positions include additional pay costs which are due to variable pay costs, particularly Agency costs.
- Non Pay pressures continue within CHC and Out of Area placements due to more complex packages driving an increase in costs, prescribing costs and a number of general non pay inflationary costs.
- Non delivery of CRES is also having an impact.

Description	£m
Allocations Received	1,835.2
Total Allocations Received	1,835.2
Description	£m
Allocations anticipated	
Capital Depreciation - Impairment	1.6
COVID-19	15.8
Real Living Wage (Care Homes)	3.0
Substance Misuse	6.0
IM&T Refresh Programme	1.9
Urgent Primary Care Centres	1.0
SDEC	1.6
MSK Orthopaedic funding	1.2
Dispensing Fees increasing	1.5
Service Transfer of LPHT to Health Boards	1.8
WRP Contribution	5.2
CAMHs In-Reach	1.8
22/23 payawards not in 23/24 Alloc Paper (to be made re	12.1
Prevention and Early Years Funding	1.3
English contracts additional uplift 1.9 %	1.5
WHSSC recurrent wage award (to be queried)	1.3
EASC recurrent wage award (to be queried)	2.7
WHSSC English/ Cross border cost uplift 1.9%	0.6
Other	2.0
Total Allocations Anticipated	53.5
	£m
Total Allocations Received	1,835.2
Total Allocations Anticipated	53.5
Total Welsh Government Income	1,888.7

- The Health Board is funded in the main from the Welsh Government allocation via the Revenue Resource Limit (RRL). The Revenue Resource Limit (RRL) for the year is £1,888.7m. £308.5m of the RRL has been profiled into the cumulative position, which is £6.3m less than an equal twelfth.
- Confirmed allocations to date is £1,835.2m, with further anticipated allocations in year of £53.5m. This includes anticipated allocation of £16.6m for COVID-19, with £2.8m of COVID-19 income profiled into the cumulative position.
- Also, within the WG allocation received includes Performance Fund (£30m) Transformation Fund (£12m), Sustainability Fund (£27.1m), Planned Care Core Funding (£12.0m), Values Based Healthcare (£3.1m) and Six Goals (£2.96m)

COVID -19 Funding	£m
Total 23/24 COVID-19 Forecast Expenditure	16.6
Received	0.9
Anticipated	15.7

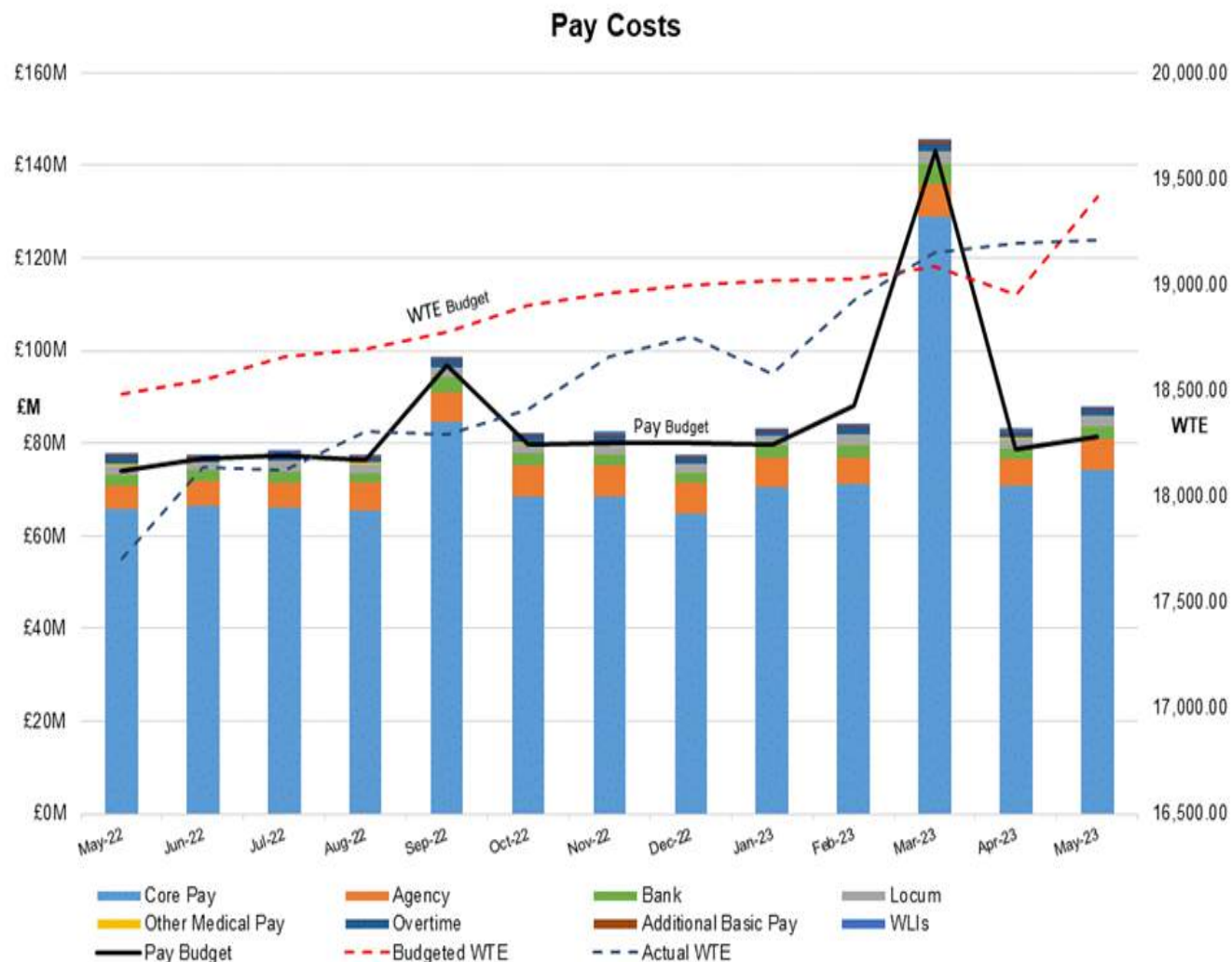
Expenditure – Pay & Non-Pay

Pay Costs	2022-23				2023-24		Cumulative			Full Year Forecast Expenditure
	M9	M10	M11	M12	Actual M01	Actual M02	YTD Budget	YTD Actual	YTD Variance	
	£m	£m	£m	£m	£m	£m	£m	£m	£m	
Administrative & Clerical	11.7	12.0	11.9	21.4	11.7	12.2	21.7	23.9	(2.2)	147.2
Medical & Dental	16.7	18.6	18.6	31.1	18.8	19.5	35.4	38.3	(2.8)	236.9
Nursing & Midwifery Registered	22.9	24.5	24.9	43.1	24.6	26.3	49.0	50.9	(1.8)	306.4
Additional Clinical Services	10.8	11.8	12.2	22.0	12.0	12.9	22.2	24.9	(2.7)	40.1
Add Prof Scientific & Technical	3.0	3.1	3.1	6.1	3.2	3.3	6.8	6.5	0.3	148.1
Allied Health Professionals	5.2	5.4	5.4	10.0	5.6	5.6	10.1	11.3	(1.2)	68.6
Healthcare Scientists	1.1	1.3	1.3	2.2	1.3	1.4	2.8	2.8	0.0	16.3
Estates & Ancillary	3.7	3.8	3.9	6.7	3.8	4.0	7.7	7.8	(0.1)	47.1
Students	0.0	0.1	0.1	0.1	0.1	0.1	0.2	0.1	0.0	0.8
Health Board Total	75.1	80.8	81.5	142.6	81.1	85.3	155.8	166.4	(10.6)	1,011.6
Other Services (Incl. Primary Care)	2.6	2.6	2.9	3.1	2.1	2.8	4.1	4.9	(0.8)	29.4
Total Pay	77.7	83.4	84.4	145.7	83.2	88.1	159.9	171.3	(11.4)	1,041.0

Non-Pay Costs	2022-23				2023-24		Cumulative			Full Year Forecast Expenditure
	M9	M10	M11	M12	Actual M1	Actual M2	YTD Budget	YTD Actual	YTD Variance	
	£m	£m	£m	£m	£m	£m	£m	£m	£m	
Primary Care Contractors	18.9	19.7	19.0	17.6	18.6	18.3	37.3	36.9	0.3	222.5
Primary Care Drugs	10.2	10.4	10.3	11.8	9.3	10.4	20.6	19.7	0.9	126.4
Secondary Care Drugs	7.1	7.4	7.5	5.7	6.5	7.6	14.7	14.1	0.5	89.6
Clinical Supplies	6.7	6.0	6.0	7.3	6.4	7.1	13.1	13.5	(0.4)	78.6
General Supplies	6.1	2.9	4.8	6.8	3.6	3.6	7.4	7.2	0.1	42.3
HC Services Provided by Other NHS	27.9	27.2	31.1	26.1	26.2	28.1	53.8	54.3	(0.5)	325.0
Continuing Care and FNC	8.9	7.0	6.9	10.3	10.1	10.2	19.1	20.3	(1.1)	117.5
Other	9.0	10.2	9.8	10.2	8.7	10.7	25.2	19.4	5.9	113.1
Non-pay costs	94.7	90.7	95.4	95.8	89.5	96.0	191.2	185.5	5.7	1,115.1
Cost of Capital	3.1	3.1	3.1	8.4	2.5	4.5	7.0	7.0	0.0	42.2
Total non-pay	97.8	93.8	98.5	104.2	92.0	100.5	198.2	192.5	5.7	1,157.2

- **Provided Services Pay:** Health Board Provided Services Pay Expenditure has increased by £4.2m (4.9%), of which £1.2m is increase in Pay enhancements and £2.0m due to the 22/23 1.5% recurrent pay award backdated to April paid in May.
- Pay expenditure excludes the additional cost of 2023/24 Pay Award impact, which is expected to be fully funded by WG. However, there is a risk that this will not be the case, as the actual cost of the 2022/23 is greater than the funding provided.
- Variable Pay has increased by £1.4m from April and is £0.5m higher than the 2022/23 monthly average. (Further detail on Variable Pay is included in Slide 8)
- **Non-Pay Expenditure (excluding Capital Charges):** May expenditure is £96.0m, an increase of £6.5m from April (Further detail on Non-Pay costs included on Slide 10)

Expenditure – Variable Pay



- Variable Pay has increased by £1.4m from April and is £0.5m higher than the 2022/23 monthly average. Variable Pay in month increases includes Agency (£1.0m), Bank (£0.4m) and Overtime is in line with previous month.
- All three sites are reporting an increase in Nursing staffing costs due to vacancies, and an increase in Agency Nursing to maintain NSA staffing levels on Wards. PAAR payments are also contributing towards pay pressures.

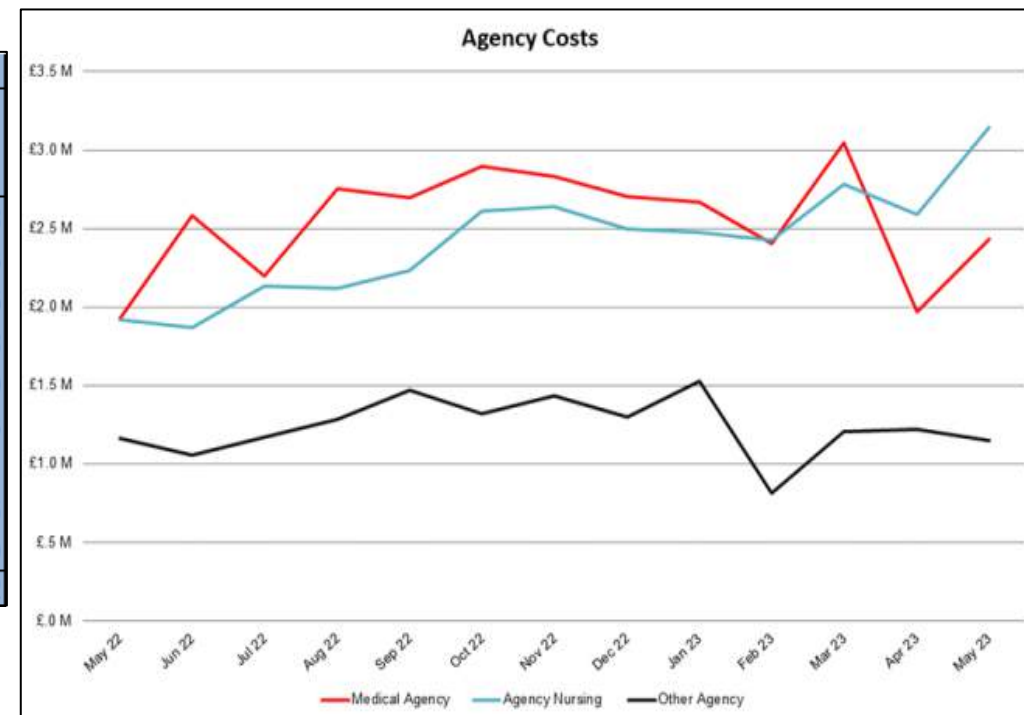
Variable Pay	2022-23					2022-23 Monthly Average Spend £m	2023-34		Total £m
	M8	M9	M10	M11	M12		M1	M2	
	£m	£m	£m	£m	£m		£m	£m	
Agency	6.9	6.5	6.7	5.6	7.0	6.1	5.8	6.7	12.5
Overtime	1.3	1.2	0.9	1.5	1.7	1.4	1.1	1.2	2.3
Locum	2.5	2.2	2.1	2.3	2.6	2.2	2.2	2.4	4.5
WLI's	0.6	0.5	0.4	0.5	0.5	0.4	0.4	0.4	0.9
Bank	2.4	2.0	2.5	2.8	4.4	2.6	2.3	2.7	5.0
Other Non Core	0.1	0.1	0.1	0.1	0.0	0.1	0.1	0.1	0.2
Additional Hours	0.4	0.4	0.3	0.1	0.4	0.3	0.4	0.4	0.8
Total	14.1	12.8	13.0	13.1	16.7	13.1	12.4	13.8	26.2



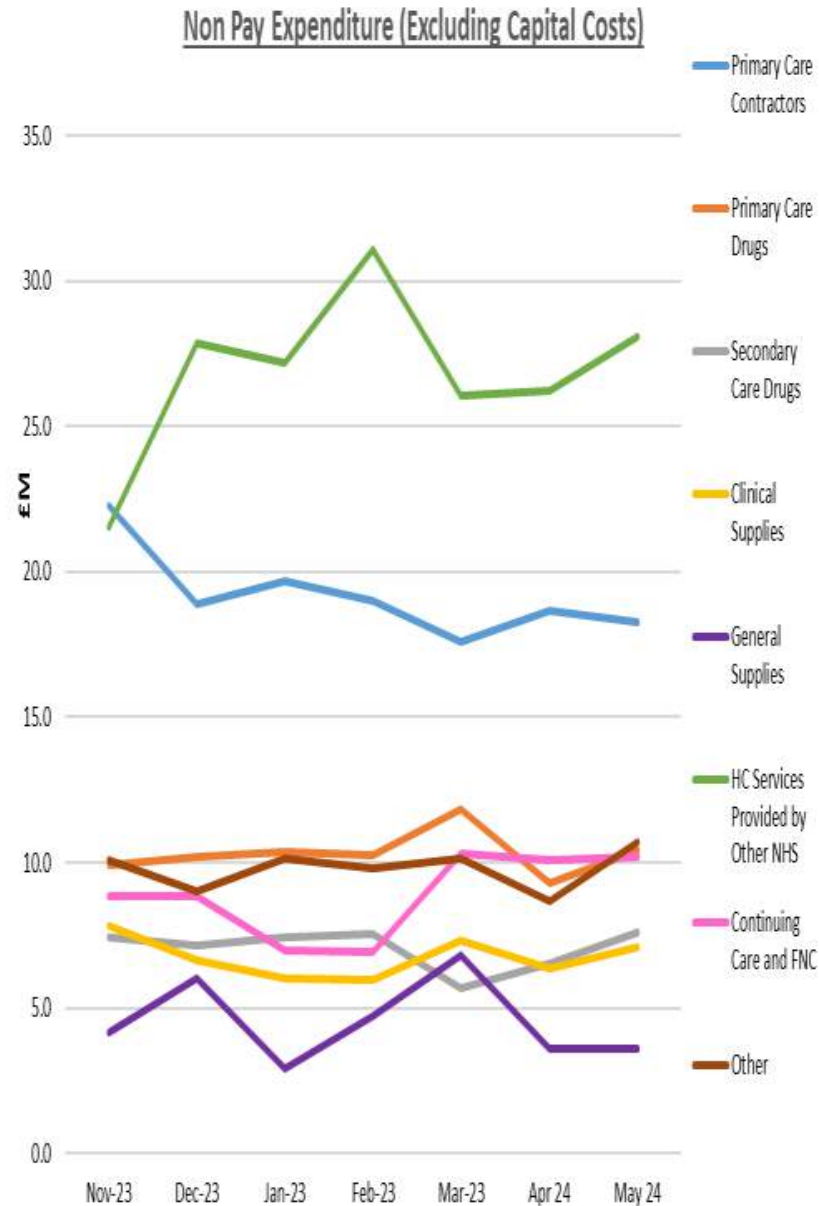
Pay Costs – Agency

- Agency expenditure for May is £6.7m, representing 7.6% of total pay. May Agency expenditure is reporting an increase of £0.9m from April and is £0.6m higher than the average monthly cost for 2022/23 mainly due to the increase in Nurse Agency costs. Of the £6.7m, the 3 hospital sites accounted for £3.7m of the costs.
- Medical Agency costs have increased by £0.4m to an in-month spend of £2.4m. The average monthly medical agency expenditure for 2022/23 was £2.5m.
- Nurse agency costs totalled £3.1m for the month, £0.5m higher than costs in April and £1.0m higher than the monthly average of £2.1m for 2022/23. The increase in Nurse Agency costs is due to vacancies, maintaining Nurse Staffing Act Ward staffing levels and the need to source off-contract agency.
- Other agency costs totalled £1.2m in May, which is in line with the previous month.

	22-23 Actual					23-24 Actual		
	Dec-22	Jan-23	Feb-23	Mar-23	Total Full Year Actual	Apr-23	May-23	Total Year to Date
West Area	127	112	211	155	2,136	148	281	428
Central Area	508	561	154	638	5,092	416	527	943
East Area	879	814	893	733	9,425	676	879	1,555
Ysbyty Gwynedd	776	809	844	1023	8,644	884	1024	1,908
Ysbyty Glan Clwyd	1,365	1552	1066	1807	16,648	1323	1757	3,080
Ysbyty Maelor Wrexham	1,000	1105	1029	1041	11,700	851	922	1,773
Mental Health & LDS	774	740	665	827	7,593	629	602	1,231
Womens	336	245	265	314	2,704	226	130	356
Other	731	731	515	1021	8,797	619	600	1,219
Total Agency	6,495	6,669	5,642	7,559	72,740	5,771	6,721	12,492



Expenditure - Non Pay



- Primary Care Contractor:** Expenditure is £0.4m (2.2%) less than April, however pressures remain within General Medical Services (GMS) arising from dispensing cost of drugs and fees. Additional funding of £1.7m was received in 2022/23 for the increased costs of GMS Dispensing Fees, but no additional funding has yet been received for 2023/24. The Health Board is significantly impacted due to the high number of Dispensing Practices within rural areas. General Dental Services (GDS) is reporting an adverse variance against the £7.6m patient charge target due to activity levels remaining below pre-COVID levels. The £3.3m shortfall on PCR (Patient Charge Revenue) is offset by a £2.3m benefit in contract handbacks, thus resulting in a net risk of £1.0m.
- Primary Care Drugs:** Expenditure has increased by £1.1m (10.2%) from April. The in-month movement is predominantly due to additional prescribing days, 21.5 prescribing days in May compared to 19 in April. Also, significant pressures remain due to a high number of common products such as antibiotics included on the No Cheaper Stock Obtainable (NCSO) List.
- Provider Services Non Pay:** May expenditure is £2.4m (13.0%) higher than previous month, and is £1.5m less than the 22/23 monthly average. Activity has increased across the three acute sites, in particular increased Theatre activity leading to an increase of £0.7m in Clinical Services & Supplies M&SE consumables and implants expenditure.
- Secondary Care Drugs:** Expenditure is £7.6m, an increase of £1.1m (14.2%) from previous month and £0.7m increase from 2022/23 monthly average spend. There is a general increase in drugs expenditure across several specialities due to increased activity and specifically in Oncology and Haematology Drugs spend has shown an in month increase of £0.5m. Cancer drugs costs are also volatile due to changing protocols, case mix start dates and NICE guidelines.
- Healthcare Services provided by Other NHS Bodies:** Expenditure is £1.8m (6.6%) higher than previous month and £2.1m (7.8%) higher than the monthly average for 2022/23. Of the in-month increase £1.3m is WHSCC recurrent pay award and £0.6m WHSCC cross border cost 23/24 uplift, for which income has been anticipated.
- Continuing Health Care (CHC) and Funded Nursing Care (FNC):** Expenditure in May is £0.2m (1.7%) higher than April. There's an overall increase of 35 Packages of Care in the Integrated Health Communities (IHC's). Despite no overall change in MHLD Packages of Care numbers, Mental Health Out of Area Placements continues to be an area of high concern due to increase in Delayed Transfers of Care and increase in complexity of packages is also leading to higher costs. MHLD is reporting a £0.5m adverse variance on Out of Area placements at Month 2.

- Total year to date COVID expenditure for WG funded programmes is £1.9m and full year forecast spend is £16.8m. This includes the transition of the Test, Trace and Protect Service to a new Health Protection Service, together with Mass Vaccination, PPE, Long Covid and Nosocomial. This is funded by £16.6m of Welsh Government (WG) funding for the WG funded programmes and subject to firming up forecasts, internal movements of £0.123m will be actioned to cover cost of payawards within the COVID-19 Vaccination programme.
- All WG COVID programmes are forecast to spend the maximum funding. Expenditure plans are still to be finalised and work is ongoing to firm up all COVID forecast costs, but currently suggests that COVID will have a shortfall of £0.1m. Any underspends on WG COVID funding will need to be returned, unless there is prior agreement with WG Policy Leads.
- As per the Financial Plan, additional funding of £13.348m has been allocated for COVID costs outside of Welsh Government COVID funding. The year-to-date expenditure against this is £1.0m. However, these figures are being challenged to ensure that all divisions are capturing the full costs.

	Year to Date Expenditure £m	Forecast at Month 2 £m
Health Protection (incl Testing, Tracing and Surveillance)	0.2	3.4
COVID-19 Vaccination (Immunisation) Programme	1.4	9.6
Nosocomial, PPE, Long COVID & Other	0.3	3.8
Total COVID-19 Expenditure	1.9	16.8
Welsh Gov COVID-19 Income	1.9	16.6
Internal Virement - Payaward	0	0.1
Impact of COVID-19 on Position	0.0	(0.1)



Risks and Opportunities (not included in position)

	RISKS	£m	Level
1	Failure to deliver additional savings not yet identified	£7.0m	Medium
2	Assumed Disinvestment - QIA reviews result in some limitations to planned disinvestments	£2.0m	Medium
3	Costs of addressing special measures status are incurred and not funded by WG	£1.0m	Medium
4	Dental - Net shortfall of £3.3m PCR receipts offset by benefits from Contract Handbacks	£1.0m	High
5	Failure to mitigate the run rate above plan (operational pressures)	£4.0m	Medium
	Total Quantifiable Risks	£15.0m	
	Other non-quantified risks		
	Further critical planned care improvement cannot be delivered within the £27m funding	TBC	Medium
	Limited ability to deliver the clinical strategy and revised patient pathways within available resources	TBC	Medium
	Inability to effectively manage cost and volume growth due to greater than anticipated inflationary pressures	TBC	Medium
	New legislation requirements around hospital waste	TBC	High
	Risk of Pressures on the New Treatment Fund	TBC	Medium
	OPPORTUNITIES	£m	Level
1	Reduce / Review current investments	TBC	Low
2	Achievement of greater savings through the plan and approach outlined in the financial plan	TBC	Low
3	Seek to deliver a greater level of non-recurring underspends	£4.0m	Medium
4	Potential for excess energy costs to be lower than the £8.9m included in the plan	TBC	Medium
	Total Opportunities	£4.0m	
	NET RISK	£11.0m	

- There is a need to review the risk scoring of the Planned Care Recovery Cost exceeding the £27.1m funded from Welsh Government (Ref CRR23-49) and the risk of failure to remain within the £134.1m overspend (Ref CRR23-51).
- The Health Board is anticipating the receipt of strategic cash support from the WG for the resource deficit of £134m; until this is confirmed, along with the timing of this being available to drawn down, it remains a material risk (Ref CRR23-52).



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Betsi Cadwaladr
University Health Board

MONITORING RETURN

Month 2 2023/24

Steve Webster
Interim Executive Director of Finance

Betsi Cadwaladr University Health Board



1. FINANCIAL POSITION



1.1 Financial plan

- The Health Board's initial financial plan for 2023/24 is to deliver a deficit position of £134.1m. This presents a very challenging financial situation in 2023/24 for the Health Board.
- The three key components making up the 2023/24 initial financial plan are as follows:
 - The £196.2m underlying deficit brought forward from 2022/23
 - Plus, demand growth and inflation in 2023/24 only partially offset by relatively low funding growth (before funding for pay awards)
 - Less financial improvement from savings and dis-investment
- The £196.2m recurrent deficit represents the £82m non recurrent WG funding committed recurrently, plus further £114.2m resulting from shortfalls in recurrent savings and from recurrent cost pressures and service developments over budget.
- Table 1 below provides a high-level summary of the overall financial position for 2023/24.

Table 1: High-level summary financial position 2023/24

	Recurrent £m	Non- recurrent £m	Total £m
Recurrent deficit brought forward from 2022/23	196.2	0.0	196.2
Demand growth & inflation - income (including strategic support)	-26.2	-128.0	-154.2
Demand growth & inflation – expenditure	71.4	59.4	130.8
Total demand growth & inflation	45.2	-68.6	-23.4
Financial improvement	-38.7	0.0	-38.7
Net 2023/24 position before major decisions	202.7	-68.6	134.1

1.2 Actual Year to Date Position

- The in-month position is reporting a deficit of £14.1m, which is £2.9m higher than the profiled Financial Plan for Month 2 and an increase of £1.9m from April's position. The year to date position as at the end of May is reporting a deficit of £26.3m, this represents a £3.9m adverse variance compared to 2/12th of the £134.1m core plan deficit.

1. FINANCIAL POSITION



- This essentially results from:
 - A shortfall in savings against plan of c£3.5m, although an improvement on Month 1. Therefore, a range of other cost pressures including CHC, out of area mental health placements, faster than planned shift fill towards assessed requirements under the Nurse Staffing Act, and YGC Targeted intervention costs continue without a source of mitigating factors.

1.3 Forecast Position

- The forecast position is to deliver a deficit of £134.1m, which is in line with the financial plan for the year.

1.4 Income (Table B)

- Income totals £171.7m for May, an increase of £10.8m (6.3%) from April. The Revenue Resource Limit (RRL) is £159.8m, an increase of £11.1m (6.9%) from April. Further details are included in Section 7 (Table E).

1.5 Actual Year to Date and Forecast Expenditure (Table B)

- Expenditure totals £185.8m for May, an increase of £12.7m (6.9%) from April. This compares to a monthly average of £178.6m in 2022/23.
- The areas of significant increase in spend are Primary Care-Drugs & Appliances (£1.1m), Provided Services Pay (£4.2m), Provider Services Non-Pay (£2.4m), Secondary Care Drugs (£1.1m), Healthcare Services provided by Other NHS Bodies (£1.8m) and DEL Depreciation (£2.0m). Further detail on key movements in spend is provided in the below table.
- Expenditure of £1.4m is directly related to COVID-19 in May, an increase of £0.1m from April.

Primary care Contractor

- May expenditure is £0.4m (2.2%) less than April, however pressures remain within General Medical Services (GMS) arising from dispensing cost of drugs and fees. Additional funding of £1.7m was received in 2022/23 for the increased costs of GMS Dispensing Fees, but no additional funding has yet been received for 2023/24. The Health Board is significantly impacted by the increase in this cost due to the high number of Dispensing Practices within rural areas.

1. FINANCIAL POSITION



	<ul style="list-style-type: none"> • General Dental Services (GDS) is reporting an adverse variance against the £7.6m patient charge target due to activity levels remaining below pre-COVID levels. As per Section 3.1, a £3.3m shortfall on PCR (Patient Charge Revenue) is offset by a £2.3m in contract handbacks benefits resulting in a net risk of £1.0m.
Primary care – Drugs & Appliances	<ul style="list-style-type: none"> • Month 2 expenditure is £1.1m (10.2%) higher than the previous month, with a £2.3m (1.8%) increase in annual forecast from Month 1. The in-month movement is predominantly due to additional prescribing days, 21.5 prescribing days in May compared to 19 in April. Also, significant pressures remain due to a high number of common products such as antibiotics included on the No Cheaper Stock Obtainable (NCSO) List. • Following receipt of March prescribing data, the Average Cost per Prescribing Day has marginally reduced by 0.6%, March was £0.520m compared to £0.523m for February, however the Average Cost per Item prescribed increased in March to £7.52 per item compared to £7.48 per item for February. • The 3-month Average Cost per Item also increased from £7.50 to £7.54 (+0.6%).
Provided Services – Pay	<ul style="list-style-type: none"> • Provided Services Pay expenditure has increased by £4.2m (4.9%), of which £1.2m is increase in Pay enhancements and £2.0m due to the 22/23 1.5% recurrent pay award backdated to April paid in May. • Provided Services Pay expenditure excludes the additional cost of 2023/24 Pay Award impact, which is expected to be fully funded by WG. However, there is a risk that this will not be the case, as the actual cost of the 2022/23 is greater than the funding provided. • Variable Pay has increased by £1.4m from April and is £0.5m higher than the 2022/23 monthly average. Variable Pay in month increases includes Agency (£1.0m), Bank (£0.4m) and Overtime is in line with previous month. All three sites are reporting an increase in Nursing staffing costs due to vacancies, and an increase in Agency Nursing to maintain NSA staffing levels on Wards. PAAR payments are also contributing towards pay pressures. • Further detail on Agency spend is included in Section 5.1.
Provider Services Non- Pay	<ul style="list-style-type: none"> • May expenditure is £18.4m, which is £2.4m (13.0%) higher than previous month and £0.5m higher than the MDS forecast for May. However, April expenditure was £1.5m less than the monthly average for 2022/23. • Activity has increased across the three acute sites, in particular increased Theatre activity leading to an increase of £0.7m in Clinical Services & Supplies M&SE consumables and implants expenditure.

1. FINANCIAL POSITION



Secondary care Drugs	<ul style="list-style-type: none">• Month 2 expenditure is £7.6m, an increase of £1.1m (14.2%) from previous month and £0.7m increase from 2022/23 monthly average spend.• There is a general increase in drugs expenditure across several specialities due to increased activity and specifically in Oncology and Haematology Drugs spend has shown an in month increase of £0.5m. Cancer drugs costs are also volatile due to changing protocols, case mix start dates and NICE guidelines.
Healthcare Services provided by other NHS Bodies	<ul style="list-style-type: none">• Month 2 expenditure is £1.8m (6.6%) higher than previous month and £2.1m (7.8%) higher than the monthly average for 2022/23. Of the in-month increase £1.3m is WHSCC recurrent pay award and £0.6m WHSSC cross border cost 23/24 uplift, for which income has been anticipated. WHSCC funding may change when the English value is agreed, as the income is based upon a commissioner allocation rather than a provider allocation.• Contracts have not yet been agreed, which are subject to risk around growth assumptions.
Continuing Health care (CHC) and Funded Nursing care (FNC)	<ul style="list-style-type: none">• Expenditure in May is £0.2m (1.7%) higher than April.• There's an overall increase of 35 Packages of Care in the Integrated Health Communities (IHC's). Despite no overall change in MHLD Packages of Care numbers, Mental Health Out of Area Placements continues to be an area of high concern due to increase in Delayed Transfers of Care and increase in complexity of packages is also leading to higher costs. MHLD is reporting a £0.5m adverse variance on Out of Area placements at Month 2.
Other Private and Voluntary Sector	<ul style="list-style-type: none">• Expenditure relates to a variety of providers, including hospices, Mental Health organisations and planned care activity providers.• May expenditure is in line with previous month and last year's monthly average.
Joint Financing	<ul style="list-style-type: none">• Includes the pay and non-pay for the Community Equipment Stores, which are jointly operated via a pooled budget.• Expenditure is £0.1m less than April expenditure.
Losses, Special Payments and Irrecoverable Debts	<ul style="list-style-type: none">• Includes Redress, Clinical Negligence, Personal Injury and loss of property.• Expenditure is £0.4m higher than April. This is due to the Month 1 return Welsh Risk Pool (WRP) top slice was shown in Month 2 as per the MDS, which has now been correctly adjusted through anticipated income, rather than expenditure.

1. FINANCIAL POSITION



	<ul style="list-style-type: none">• Also, in Month 2, 2/12ths of the H&SE fine has been accrued for (£0.6m), this has been mitigated via the benefit from the revised energy forecast received 1st of June. The value of the fine is currently the estimated value based upon the information as at M12. Further information will be known after the hearing takes place in August.• Due to timing, we will anticipate the full return of the AME funding from 22/23 at Month 3.
Capital	<ul style="list-style-type: none">• Includes depreciation and impairment costs. The £2.0m increase from Month 1 has been fully funded.

- The forecast expenditure excludes the additional 2023/24 Pay Award impact. WG has committed to fully fund pay rises during the year. The value of these is not known, but this should not have a material impact on the overall forecast outturn position, although there is a risk that the actual cost increases are greater or less than the funding.
- An assessment has been made on the value of energy costs in 2023/24 over 2022/23 recurrent budgets. The increases in 2022/23 were funded on a non-recurring basis by WG, but this funding has not been provided in 2023/24. At the time budget was approved, the energy forecast for 2023/24 was estimated at £24.9m (based on NWSSP forecasts); however, a revised forecast provided by NWSSP on the 1 June 23 has reduced the pressure by £4.8m, to £20.1m and this has been reflected in the revised Opening Plan. The resulting benefit has mitigated additional cost pressures that have also been reflected in the revised Opening Plan (predominately the reflection of the DEL charge relating to H&SE).
- Primary Care Prescribing Annual Forecast has increased by £2.3m due to the continued trend of high climb in costs, mainly driven by NCSO tariffs and the current Category M price with costs being £9.2 million higher than the same period last year. This trend is consistent with other Health Boards across Wales. Items prescribed on a rolling average showed the general upward trend over time, 18,287 million items. This is just under 1.6% growth over the period and again, just about average when compared across Wales. Further to a comparison of the actual February & March prescribing, dispensing and community pharmacy contract out-turn costs for 22/23 to the estimates in the 2022/23 accounts, there will be a net under accrued cost pressure of £0.26m to pick up in 23/24. GP Dispensing activity levels (and costs) were far higher than modelled and significantly above previous trend levels leading into Feb and March.
- The Health Board has significantly revised the SOCNE data at Month 2 compared to the initial draft plan. Going forward we will describe the movements compared to the new month 2 baseline (table B1).

1. FINANCIAL POSITION



1.6 Performance and Transformation Strategic Support and Other Ring-fenced Funds

- As per the financial plan it is forecast that the Performance Fund (£30m) Transformation Fund (£12m), Sustainability Fund (£27.1m), Planned Care Core Funding (£12.0m), Values Based Healthcare (£3.1m) and Six Goals (£2.96m) will be spent in full. Actual performance against plans will be monitored monthly and used to inform future forecasts.
- Plans still need to be refined for a small number of schemes and a full update and profile will be provided in Month 3.

1.7 Accountancy Gains (Table B)

- The Health Board is not reporting any Accountancy Gains in May.

1.8 COVID-19 (Table B3)

- Total year to date COVID expenditure for WG funded programmes is £1.9m and full year forecast spend is £16.8m. This includes the translation of the Test, Trace and Protect Service to a new Health Protection Service, together with Mass Vaccination, PPE and Long Covid. This is funded by £16.6m of Welsh Government (WG) funding for the WG funded programmes and internal movements of £0.123m have been actioned to cover cost of payawards within the COVID-19 Vaccination programme.
- In Month 1, the tables included a value of £0.4m relating to COVID costs not funded by WG, these have been removed and the below table only shows the WG funded programmes.
- All COVID programmes are forecast to spend the maximum funding. Expenditure plans are still to be finalised and work is ongoing to firm up all COVID forecast costs, but currently suggests that COVID will have a shortfall of £0.1m. Any residual Covid-19 costs outside of the confirmed 23/24 funding areas is now reported as part of the Health Board's Operational pressures position on Table B. Further internal challenge next month, on the future profile of spend, may result in being able to contain spend within the confirmed WG Allocation.
- A summary of COVID-19 year to date expenditure and forecast as per Table B3 is provided below:

1. FINANCIAL POSITION



	Year to Date Expenditure £'m	Forecast at Month 2 £m
Health Protection (incl Testing, Tracing and Surveillance)	0.2	3.4
COVID-19 Vaccination (Immunisation) Programme	1.4	9.6
Nosocomial, PPE, Long COVID & Other	0.3	3.8
Total COVID-19 Expenditure	1.9	16.8
Welsh Gov COVID-19 Income	1.9	16.6
Internal Virement - Payaward	0.0	0.1
Impact of COVID-19 on Position	0.0	(0.1)

2. UNDERLYING POSITION



2.1 Underlying Position (Table A & A1)

- The Health Board has faced a significant underlying deficit position, which is a consequence of our cost pressures, decision-making processes, and delivery inefficiencies. The underlying position brought forward from 2022/23 is a deficit of £196.2m.
- To deliver and improve on the £134.1m initial plan requires a number of actions to be taken, which were agreed in the budget, which are not yet fully implemented. Key actions are included below:
 - Actions to develop cross-cutting theme plans, prioritisation of other improvement projects, review of development/investment expenditure, and review of COVID related expenditure formerly funded by WG but now unfunded.
 - Report on available benchmarking to the organisation and the Board and develop active use of benchmarking to support improvement.
 - Develop a considered list of potential further cost reduction options, which would require WG support or could only be taken on a cross-Wales basis.
 - Develop local divisional integrated plans and develop and implement an updated performance and accountability framework.
- Further detail and the timescales for these actions is set out in the section of the special measures plan relating to improving the current year deficit. These actions have been further escalated at Executive Team and Health Board Leadership Team meetings on 7 June.
- Table A has been updated to reflect the latest Energy forecast, which has resulted in a non-recurrent reduction of cost pressures of £4.8m compared to the Month 1 forecast. Additional costs relating to the DEL charge for H&SE (non-recurrent) plus a number of other pressures (£0.8m recurrent) have also been included. Following this amendment, the Health Board's revised underlying position has been revised to reflect a carried forward underlying deficit of £202.7m.

3. RISK MANAGEMENT



3.1 Risk Management (Table A2)

- There are significant risks contained within the Financial Plan, which will need to be monitored and managed throughout the year. The below are risks to the Health Board's financial position for 2023/24. Where we are clear of specific costs for both risks and opportunities, these are incorporated into the forecasts.

	£m	Level
Risks		
Failure to deliver planned savings not yet identified	£7.0m	Medium
Assumed Disinvestment - QIA reviews result in some limitations to planned dis-investments	£2.0m	Medium
Costs of addressing special measures status are incurred and not funded by WG	£1.0m	Medium
Dental – Net shortfall of £3.3m PCR receipts offset by benefits from Contract Handbacks	£1.0m	High
Failure to mitigate the run rate above plan (operational pressures)	£4.0m	Medium
Total Quantifiable Risks	£15.0m	
Other non-quantified risks		
Further critical planned care improvement cannot be delivered within the £27m funding	TBC	Medium
Limited ability to deliver the clinical strategy and revised patient pathways within available resources	TBC	Medium
Inability to effectively manage cost and volume growth due to greater than anticipated inflationary pressures	TBC	Medium
New legislative requirements around hospital waste,	TBC	High
Risk of Pressures on the New Treatment Fund	TBC	Medium

- The below are opportunities to the Health Board's financial position for 2023/24.

	£m	Level
Opportunities / mitigations for the identified risks		
Reduce / Review current investments	TBC	Low



3. RISK MANAGEMENT

Achievement of greater savings through the plan and approach outlined in the financial plan	TBC	Low
Seek to deliver a greater level of non-recurring underspends	£4.0m	Medium
Potential for excess energy costs to be lower than the £8.9m included in the plan	TBC	Medium
Total Opportunities	£4.0m	

4. RING FENCED ALLOCATIONS



4.1 Ringfenced Allocations (GMS - Table N)

- Table N (GMS) completion is required from Month 6.

4.2 Ringfenced Allocations - (GDS - Table O)

- Table O (GDS) completion is required from Month 6.

5. AGENCY/LOCUM EXPENDITURE



5.1 Agency/Locum Expenditure (Table B2 – Sections B & C)

- Agency expenditure for Month 2 is £6.7m, representing 7.6% of total pay. May Agency expenditure is reporting an increase of £0.9m from April and is £0.6m higher than the average monthly cost for 2022/23 mainly due to the increase in Nurse Agency costs.
- Medical Agency costs have increased by £0.4m to an in-month spend of £2.4m. The average monthly medical agency expenditure for 2022/23 was £2.5m.
- Nurse agency costs totalled £3.1m for the month, £0.5m higher than costs in April and £1.0m higher than the monthly average of £2.1m for 2022/23. The increase in Nurse Agency costs is due to vacancies, maintaining Nurse Staffing Act Ward staffing levels and the need to source off-contract agency.
- Other agency costs totalled £1.2m in May, which is in line with the previous month.

6. SAVINGS



6.1 Savings (including Accountancy Gains and Income Generation) (Tables C, C1, C2, C3 and C4)

- To meet the Health Board's Financial Plan for 2023/24, savings of £25.2m must be delivered. The total full year savings target is £30.9m, which includes an additional stretch target of £5.7m. The requirement is for savings to be cash releasing and recurring.
- The Savings Target has been profiled on a flat 1/12 basis, therefore the Target for the month totalled £2.1m. This excludes stretch targets.
- At Month 2, the full year plan value of green schemes totals £5.8m, of which £5.1m relates to recurrent savings. There are currently no Amber schemes. These values relate to 13 Green schemes, an increase on the 3 Green schemes with a FY Plan of £0.6m reported at Month 1.
- Whilst progress has been made in month in terms of submitting plans, the total plan value falls significantly short of the required £25.2m.
- Being 2 months into the financial year, this, and the lack of developed schemes to address the shortfall, is a concern. Detailed actions have been assigned and are being tracked. Executive support is needed to ensure that progress is made in an accelerated timescale.
- The Year to Date (YTD) Plan totals £0.9m. YTD achieved savings total £0.7m. The adverse variance against Plan totals £0.2m. Of this, £0.1m (Procurement) will be reported in Month 3 and £65k (MHL) will be recovered over the year. West and Womens have reduced their Full Year Forecasts.
- The Plan for Month 2 (in month) also totalled £0.9m and actual savings delivered in month totalled £0.7m, of which £0.6m was recurring. Some Integrated Healthcare Communities (IHC's) and Services reported verbally that savings are being achieved and reflected in their position, but not reported as a saving as schemes have not yet been submitted or converted to Amber or Green. The value of such savings has not been provided.
- The full year plan value of red schemes totals £6.9m, of which £5.4m is recurring. The full year plan for green and red schemes is therefore £12.7m, of which £10.5m is recurring.
- The estimated full year plan value of further pipeline opportunities totals £5.4m, of which £5.1m is recurring. Including these opportunities, the total full year plan stands at £18.1m of which £15.6m is recurring. Including these schemes, the shortfall compared to the £25.2m is £9.6m. However, assurance cannot be provided on Red and Pipeline schemes. Summary next steps are outlined below.

6. SAVINGS



- Key to success will be the Health Board's ability to effectively mobilise and deliver large and cross-cutting programmes. The programmes identified last year need further action to enable them to progress.
- Recovery actions:-
 - 'Check and Challenge' sessions are commencing w/c 12/6 with the Divisions, to reiterate expectations for all schemes to be identified by end of June, with a minimum of 50% meeting the G/A status.
 - A new Performance and Finance Delivery Group is being established which will receive and challenge local expenditure, savings, workforce and performance plans and delivery. With escalation, if mitigation actions do not materialise within the financial position. First Meeting end June/early July.
 - A 'Star Chamber' approach to reviewing cost pressures and investments that are already in the run rate; agree disinvestment schemes, work up exit strategies and identify a pipeline of savings for 24/25. Three sessions to be held by end of July.

7. INCOME ASSUMPTIONS



7.1 Income/Expenditure Assumptions (Table D)

- All figures included in Table D are based on 2022/23 outturn.

7.2 Resource Limits (Table E & E1)

- The Revenue Resource Limit (RRL) for the year is £1,888.7m. £308.5m of the RRL has been profiled into the cumulative position, which is £6.3m less than an equal twelfth.
- Confirmed allocations to date is £1,835.2m, with further anticipated allocations in year of £53.5m. This includes anticipated allocation of £16.6m for COVID-19, with £2.8m of COVID-19 income profiled into the cumulative position.
- Anticipated income of £1.276m has been included for WHSCC recurrent pay award, £2.676m for WAST/EASC pay award and £0.6m for cross border 23/24 uplift. The anticipated income is based upon a commissioner allocation rather than a provider allocation and may need to be revised when the English value is agreed.
- In relation to AME & DEL non cash (including IFRS 16), the latest forecasts and funding requirements will be provided in the M3 submission and will link to the WG Non Cash Submission due at the end of June 23. In addition, the Forecast IFRS 16 Revenue Recovery value and associated Capital Working Balances Cash request, will also be reflected in the M3 submission.

8. HEALTH CARE AGREEMENTS & MAJOR CONTRACTS



8.1 Welsh NHS Contracts

- Work is progressing with signing off all Welsh agreements and it is not anticipated that there will be an issue with meeting the deadline for completion of 30th June 2023.

9. STATEMENT OF FINANCIAL POSITION & AGED WELSH NHS DEBTORS



9.1 Statement of Financial Position (Table F)

- Table not required in Month 2.

9.2 Welsh NHS Debtors (Table M)

Aged Debtors (Table M)

- At the end of Month 2 2023-24 the Health Board held two outstanding NHS Wales invoice for £8,069.20 that were over eleven weeks old and had been escalated in accordance with WHC/2019/014 Dispute Arbitration Process – Guidance for Disputed Debts within NHS Wales. Both of these invoices were agreed at the 2021-22 year-end and the Health Board is continuing to pursue for payment as we are not aware of any change in circumstances or reason why they should not be paid.

10. CASH



10.1 Monthly Cash Flow Forecast (Table G)

- The closing cash balance as at 31st May 2023 was £8.314m, which included £6.423m cash held for revenue expenditure and £1.891m for capital projects.
- The Health Board is currently forecasting a closing cash balance for 2023-24 of £2.913m made up of £1.513m revenue cash and £1.400m capital cash.
- This forecast balance assumes cash support for the Health Board's forecast deficit position as well as working balance supports relating resource not drawn in 2022-23 and allocations funded on a resource only basis in 2022-23. This additional cash funding has been included on Table E – Resource Limits
- Table G does not include the cash impact of pay awards being made in June and July 2023 as these have not yet been reported on either Tables B or E of the Monitoring Tables. Additional cash resource has been drawn to meet these cash requirement against the currently approved revenue cash drawing limit.

Revenue cash forecast 2023-24	£m
Opening revenue balance	1.513
Forecast deficit position (Table B)	(134.133)
Working balances movement – cash available but not drawn in 2022-23	(1.770)
Working balances movement – resource only allocations in 2022-23	(16.895)
Forecast cash support for the 2023-24 deficit position	134.133
Forecast revenue working balances support	18.665
Forecast closing revenue cash balance	1.513
Capital cash forecast 2023-24	£m
Opening capital cash balance	1.400
Confirmed Capital Resource Limit funding	18.782
Forecast movement in opening capital payables	0

10. CASH



Forecast capital cash spend	(18.782)
Forecast closing capital cash balance	1.400
Total cash forecast 2023-24	£m
Opening cash balance	2.913
Forecast reductions in revenue payables and outturn position	(152.798)
Forecast support for revenue payables and outturn position (Table E)	152.798
Forecast CRL cash spend	(18.782)
Forecast CRL funding	18.782
Total forecast closing balance	2.913



11.1 . Public Sector Payment Policy PSPP (Table H)

- Table not required in Month 2.

12. CAPITAL SCHEMES & OTHER DEVELOPMENTS



12.1 Capital Resource Limit (Table I)

- The approved Capital Resource Limit (CRL) for 2023/24 is £18.782m.
- Conwy West H&WBC is currently showing a £0.32m forecast underspend, spend is likely to be £0.60m as opposed to £0.92m therefore a potential reduction in 23/24 CRL is being discussed with WG Capital Team (also moving some Capital funding to April 24/25). All Wales forecast underspend is currently being offset with discretionary capital.

12.2 Capital Programme (Table J & K)

- The Capital Programme update is reported in Table J. Actual expenditure up to May was £0.973m.
- The spend profiles will be reviewed in future months to assure that they reflect a robust forecast.
- Disposals (Table K) contains no Capital Disposals in May.

13. OTHER ISSUES



13.1 Summary

- The figures contained within this report are consistent with the financial ledgers and internal reports of the Health Board.
- The Month 2 Monitoring Return will be received by the Health Board's Performance, Finance and Information Governance Committee members at the July meeting.
- The nominated deputies who have authority to approve the monthly Monitoring Return submission, in the absence of the Chief Executive and/or Executive Director of Finance are:
 - For the Chief Executive Officer: Nick Lyons, Interim Deputy Chief Executive Officer / Executive Medical Director.
 - For the Executive Director of Finance: Andrea Hughes, Interim Operational Finance Director.

Carol Shillabeer
Interim Chief Executive Officer

Steve Webster
Interim Executive Director of Finance



Underlying Position (Table A) - Action Point 1.1.

The narrative states that the reported YTD deficit of £12.1m is £1.0m higher than planned with outsourcing costs (investments since paused) being a key factor. Table A reports that the YTD deficit is c.£2.0m higher than planned and is predominantly due to planning assumptions yet to be finalised. Please ensure the YTD position is consistently explained in the narrative and Tables. **(Action Point 1.1)**

Response

Noted.

Underlying Position (Table A) - Action Point 1.2.

A contributing factor for the above inconsistency could be months 1- 3 of the financial plan not being equally phased in Table A (Line 14). Please consider the phasing of the plan in future returns (M2 may require adjustment to compensate for Month 1) – the WHC states that an explanation must be provided if the straight-line approach is not adopted by the HB. **(Action Point 1.2)**

Response

Noted. Due to timing the phasing for Month 2 has not been amended, but it is acknowledged that the remaining months are equally phased.

Underlying Position & COVID-19 (Table A/B3) - Action Point 1.3.

As summarised in the Table below, you are currently reporting a Covid-19 annual pressure of £2.827m:

	Anticipated Annual Funding	Annual Forecast Spend	+Over/-under spend
	£000	£000	£000
Health Protection (including Testing, Tracing and Surveillance)	3,400	2,196	-1,204
COVID-19 Vaccination (Immunisation) Programme	9,400	9,575	175
PPE	1,058	430	-628
Long Covid (assume spend matches funding)	1,893	1,893	0
Nosocomial (assume spend matches funding)	879	879	0
Other	0	4,484	4,484
Total	16,630	19,457	2,827

Please note the following comments and take corrective action for Month 2:

1. Health Protection costs will be funded based on actuals up to the maximum indicative funding amount of £3.400m. If you are not forecasting to spend to this level, then please lower the anticipated income value accordingly. **(Action Point 1.3a)**



2. Covid-19 Vaccination costs will be funded based on actuals up to the confirmed maximum indicative funding amount of £9.400m. Therefore, if the rest of your Table B3 submission was completed as per the guidance, the pressure of £0.175m would feed through to Table A. To maintain the current Forecast Outturn Position, mitigating actions would have to be described on Table A as part of the Operational position.
(Action Point 1.3b)
3. Covid-19 related PPE costs will be funded based on actual spend. Therefore, the PPE funding value should be revised to match the current annual forecast spend.
(Action Point 1.3c)
4. Only Covid-19 costs that relate to the 23/24 Covid-19 funding areas should be reported within Table B3. Any residual Covid-19 costs outside of the confirmed 23/24 funding areas, should now be reported as part of your Operational pressures position on Table A (which is where you are reporting the proposed mitigating actions to recover the spend). Please therefore remove these costs from the B3 Table at M2.
(Action Point 1.3d)

Response

The above have been actioned.

Underlying Position (Table A & A1) - Action Point 1.4.

Following separate correspondence with your colleagues, please ensure that the latest forecast c/f underlying position is reported in Tables A/A1 and aligns to position reported in the narrative. **(Action Point 1.4).**

Response

This relates to the amendment on the underlying position re Covid expenditure as per e-mails and has been corrected and updated for month 2.

Underlying Position (Table A1) - Action Point 1.5.

Please review the completion of this Table for M2; I kindly suggest the net deterioration in the underlying position is fully shown in the end column (G). **(Action Point 1.5)**

Response

This has been amended for month 2.

Risk Management (Table A2) – Action Point 1.6.

Please ensure opportunities are reported in Table A2 using the '£000s' format. **(Action Point 1.6)**



Response

Figures in Table A2 have been amended to reflect the correct £'000 format.

Actual Year to Date and Forecast Expenditure (Table B) - Action Point 1.7.

The SoCNE reports a non-recurring (c. £4.6m) step up in Losses and Special payments (Line 18) expenditure in May. Please clarify if this relates to the forecast unwind of the AME provision relating to the HSE, which would also impact entries on Table E. **(Action Point 1.7)**

Response

The step up in May in the month 1 return related to the WRP top slice, as this is where it was in the MDS. The top slice has been adjusted correctly in month 2, however costs for the H & SE fine are now being included on this row. Please see narrative above.

Actual Year to Date and Forecast Expenditure (Table B) - Action Point 1.8.

The uncommitted reserves and contingencies line (24) has a negative spend profile in future months, which suggests that this line has been used to reflect an element of the unidentified savings/spend reductions which are reported in Table A. Please ensure the narrative clarifies what the items on this line relate to (to enable easy correlation to Table A). **(Action Point 1.8)**

Response

This related to the MDS forecast, which has now been replaced with a more robust forecast and this line has now been removed.

Actual Year to Date and Forecast Expenditure (Table B) - Action Point 1.9.

The narrative confirms that the Healthcare Services provided by other NHS bodies annual forecast spend, is £3.3m higher than the MDS forecast. Acknowledging contracts have yet to be agreed (deadline 30th June), please confirm your current assumptions on how this additional pressure will be managed. **(Action Point 1.9)**

Response

This relates to additional outsourcing activity contracts which have been paused, but activity had already been passed over to the provider in 22/23, and was completed in early 23/24. There are movements within insourcing activity that have mitigated this expenditure.

Savings (including Accountancy Gains and Income Generation) (Table C) - Action Point 1.10.

I note the HB has finalised (green/amber) only a modest savings plan to date totalling £0.631m, with £0.019m delivered in April. I trust that there will be a significant step up in the value of finalised savings at Month 2. **(Action Point 1.10)**

MONITORING RETURN ACTION POINTS RESPONSES



Response

See narrative above.

Resource Limits (Table E) - Action Point 1.11.

Please ensure that the anticipated RRL reduction relating to the latest WRP risk sharing agreement is reported in Table E from Month 2. **(Action Point 1.11)**

Response

This has been adjusted for in month 2.

Resource Limits (Table E) - Action Point 1.12.

Please include the latest annual forecast IFRS16 Revenue Recovery (negative) value on Line 14 and a best estimate for the IFRS 16 WBC request (Line 62). **(Action Point 1.12)**

Response

This will be reviewed for month 3.

Resource Limits (Table E) - Action Point 1.13.

Please also ensure that Line 1 of Table E reflects the latest allocation reference numbers. **(Action Point 1.13)**

Response

On Table E the allocation values had been included in Line 1 rather than the letter reference numbers. This will be corrected to include the letter reference numbers within Table E in Month 2.



Teitl adroddiad: <i>Report title:</i>	Capital Programme Report - Month 1&2 2024 and 2023/24 Programme Update			
Adrodd i: <i>Report to:</i>	Capital Investment Group			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	Thursday, 15 June 2023			
Crynodeb Gweithredol: <i>Executive Summary:</i>	The purpose of this report is to brief the committee on the delivery of the approved capital programme to enable appropriate monitoring and scrutiny. The report provides an update, by exception, on the status and progress of the major capital projects and the agreed capital programmes. The report also provides a summary on the progress of expenditure against the capital resources allocated to the Heath Board by the Welsh Government through the Capital Resource Limit (CRL).			
Argymhellion: <i>Recommendations:</i>	The committee are asked to receive and scrutinise this report and support the proposed adjustments to the capital programme.			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Steve Webster, Interim Executive Director of Finance			
Awdur yr Adroddiad: <i>Report Author:</i>	Daniel Eyre – Head of Capital Development			
Pwrpas yr adroddiad: <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input checked="" type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>	
Lefel sicrwydd: <i>Assurance level:</i>	Arwyddocaol <i>Significant</i> <input type="checkbox"/> <small>Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</small> <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol <i>Acceptable</i> <input checked="" type="checkbox"/> <small>Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</small> <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol <i>Partial</i> <input type="checkbox"/> <small>Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</small> <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> <small>Dim hyder/tystiolaeth o ran y ddarpariaeth</small> <i>No confidence / evidence in delivery</i>
Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:				
<i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i>				
The programme has been reviewed to ensure that we meet our CRL and deliver the prioritised projects				
Cyswllt ag Amcan/Amcanion Strategol: <i>Link to Strategic Objective(s):</i>	The capital programme is in accordance with the Integrated Medium Term Plan (IMTP).			

<p>Regulatory and legal implications:</p>	<p>The planned projects and discretionary programme assist the Health Board in meeting its' statutory and mandatory requirements.</p>
<p>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</p>	<p>The Health Board continues to assess the requirement for carrying out Equality Impact Assessments on a project by project basis</p>
<p>In accordance with WP68, has an SEIA identified as necessary been undertaken?</p>	<p>The Health Board continues to assess the requirement for carrying out Social-economic and Impact Assessments on a project by project basis.</p>
<p>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</p>	<p>The Health Board continues to experience occasions where tenders are exceeding budget estimates due to the volatility within the construction market and general inflationary pressures. The programme is monitored monthly to ensure that financial commitments align to available funding.</p>
<p>Financial implications as a result of implementing the recommendations</p>	<p>The report sets out the capital investment required to deliver the agreed projects together with the progress, variances and mitigating actions to deliver the agreed discretionary programme and to meet the identified cost pressures and risks.</p>
<p>Workforce implications as a result of implementing the recommendations</p>	
<p>Feedback, response, and follow up summary following consultation</p>	
<p>Links to BAF risks: (or links to the Corporate Risk Register)</p>	<p>Board Assurance Framework</p> <p>BAF 21-14 Pandemic exposure BAF 21-09, Infection prevention control BAF 21-12, Security services BAF 21-13, Health and safety BAF 21-03, Primary Care BAF 21-04, Timely access to planned care BAF 21-01, Safe and effective management of unscheduled care BAF 21-06, Safe and effective mental health service delivery 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</p>

	<p>Corporate Risk Register:</p> <p>20-01, Asbestos management and control 20-03, Legionella management and control 20-04, Noncompliance of fire safety systems 20-06, Informatics – patient records pan BCU 20-07, Informatics – capacity, resource and demand 20-11, Informatics – cyber security</p>
<p><i>Reason for submission of report to confidential board (where relevant)</i></p>	<p>Not applicable</p>
<p><i>Next Steps: Implementation of recommendations</i></p>	
<p><i>1. List of Appendices:</i></p>	

Capital Investment Group

Capital Programme Report Month 1&2 for 2023/24 Capital Programme

1. Introduction/Background

The purpose of this report is to brief the committee on the delivery of the approved capital programme to enable appropriate monitoring and scrutiny. The report provides an update, by exception, on the status and progress of the major capital projects and the agreed capital programmes. The report also provides a summary on the progress of expenditure against the capital resources allocated to the Heath Board by the Welsh Government through the Capital Resource Limit (CRL).

2. Approved funding 2023/24

The agreed capital funding from all sources may be summarised as follows:

Capital Programme	£ '000
All Wales Capital Programme	7.383
Discretionary Capital	11.399
Total Welsh Government CRL	18.782
Capital Receipts	
Donated Funding	0.00
TOTAL	18.782

Adjustments since last Capital Review Meeting

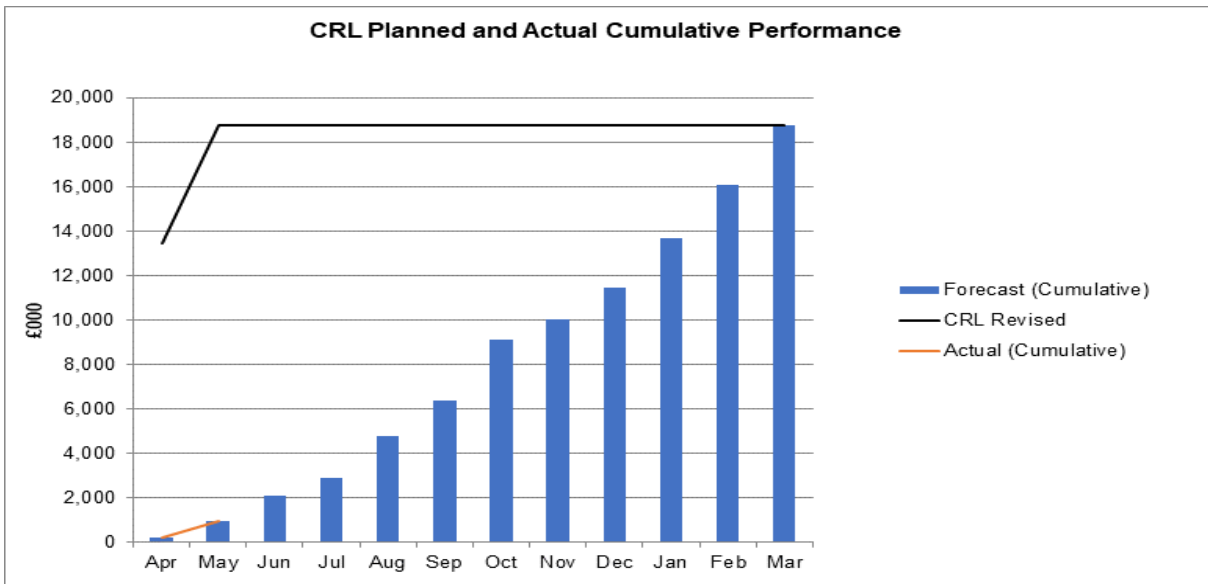
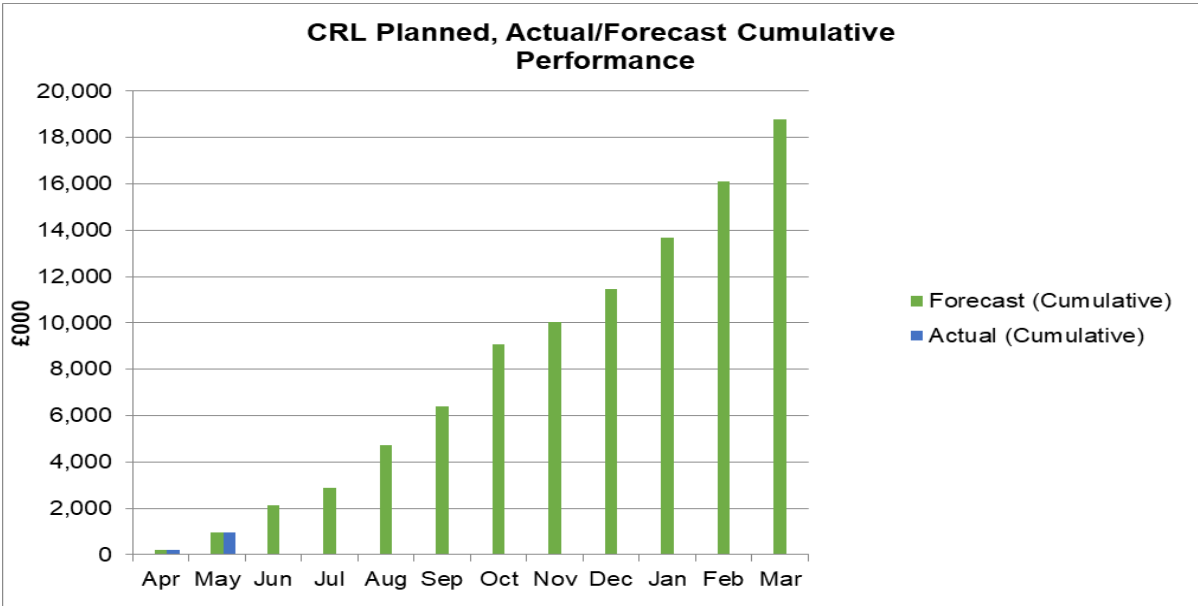
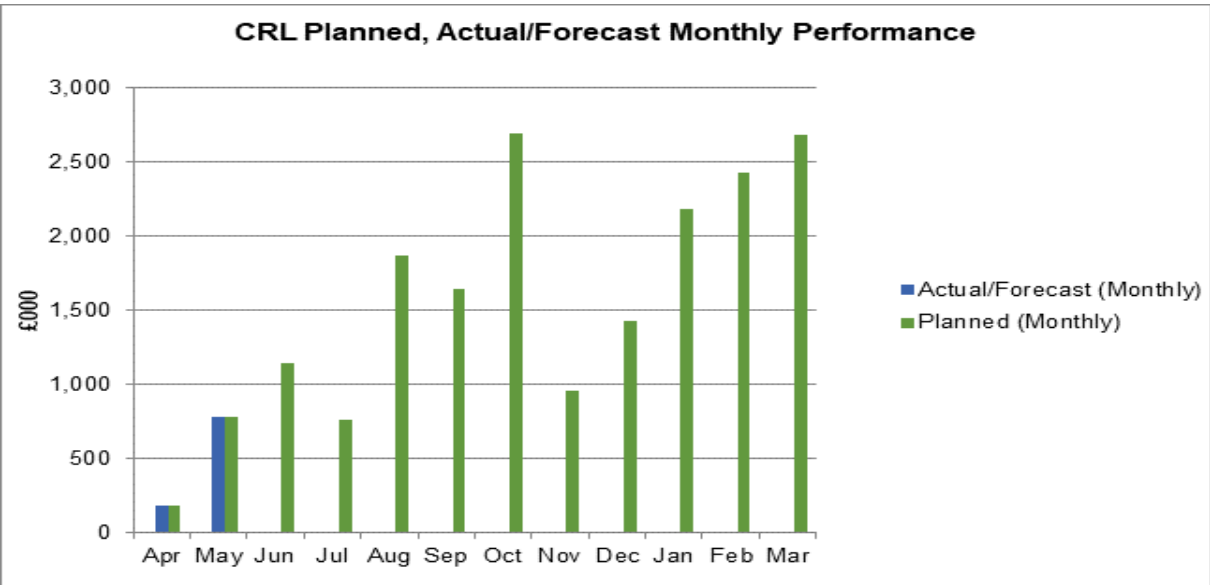
+ £0.071m Ambulance Shorelines

£0.920m for Llandudno **** reduced to £0.6m

+ £0.839m Orthopaedic Plan

3. Expenditure Planned/Actual 2023/24

	CRL Revised	Planned (Monthly)	Forecast (Cumulative)	Actual/Forecast (Monthly)	Actual (Cumulative)
Apr	13,467	188	188	188	188
May	18,782	785	973	785	973
Jun	18,782	1,144	2,117	1,144	2,117
Jul	18,782	758	2,875	769	2,886
Aug	18,782	1,870	4,745	1,870	4,756
Sep	18,782	1,648	6,393	1,648	6,404
Oct	18,782	2,693	9,086	2,693	9,097
Nov	18,782	963	10,049	963	10,060
Dec	18,782	1,431	11,480	1,431	11,491
Jan	18,782	2,186	13,666	2,186	13,677
Feb	18,782	2,428	16,094	2,428	16,105
Mar	18,782	2,688	18,782	2,677	18,782



4. Major Capital Schemes >£1m

Scheme	Stage	Value (£m)	Comment
Royal Alexandra Hospital Redevelopment	FBC	67 + inflation	FBC with Welsh Government,
Adult and Older Persons Mental Health Unit	OBC	84	Work has commenced to develop the Full Business Case (FBC).
Wrexham Continuity Phase 1	PBC	54	FBC approved at March 2023 Board, and has been submitted to Welsh Government
Ysbyty Gwynedd Compliance Programme	PBC	250+	Restarting project board to respond to Gateway review request.
Nuclear Medicine	SOC	13	Work is ongoing to develop the Outline Business Case and the option appraisal to determine the preferred location.
Conwy/Llandudno Junction Primary Care Development	SOC	17	Welsh Government approved and funded development of OBC
Orthopaedic Plan, Llandudno Hospital	BC	27	Work is ongoing on Business Case preparation

5. Discretionary Capital 2023/24

The Capital Programme Management Team (CPMT) have been notified of the approval for the draft capital programme, and progression based on the following CIG controls.

- Capital programme leads (Capital Development, Operational Estates, Medical Devices and Informatics) are to work up all schemes to procurement.
- They may commit 75% of their programme holding 25% in reserve.
- Additional funding and slippage is normally confirmed in month 7. Programme leads are therefore required to review their programmes and select those schemes/purchases that can be delivered within the final 4 months of the year as their reserve (subject only to schemes identified as urgent). In reality for all programmes with the exception of Medical Devices the expenditure profiles are phased across the year and this will have limited, if any, impact.
- The capital finance report will show each of the programmes aligned to the Capital Monitoring Tool. Each programme will be shown as over committed by 25%.
- Expenditure will be monitored monthly by the Capital Programme Management Team with variances escalated to the CIG and PFIG as necessary.

Since the last report there have been cost pressures to the following Capital Schemes.

- Plas Gororau Phase 1, cost pressure variations due to ventilation strategy, fire protection works, and works to ceilings totalling £300,000
- The new Dental Unit at Bryn Beryl has been impacted by site delays and additional cost due to variations. The latest estimated final account indicates an overspend of £70,000.
- The outturn cost for Enlli Ward Phase 2 has increased by £130,000 to cover under spend during 22/23 and project variations.

It's proposed that this over commitment is managed by a value engineering and scope reduction exercise on the Plas Gororau scheme, and by not entering into any further contracts until further funding is confirmed. The mental health projects are still on hold awaiting prioritisation direction from the division.

In addition to the pressures on the approved programme, below lists in year pressures:

- Cost pressure on the existing schemes, WMH Endoscopy unit (increase in washer cost)
- Facilities priorities, list to be provided.
- Replacement of HSDU Electrical van for YGC, procurement to be refreshed and lead-in confirmed.
- Abergele CAMS Unit – Kingfisher ward challenges around differing service users may require financial support.
- Elms SMS Building requires urgent works to address a dry rot outbreak, indicative cost 50k. CPMT agreed this pressure would be managed within the Capital Estates programme.
- Medical Physics YGC urgent upgrade works following HIW report, estimated cost 20k. CPMT agreed this pressure would be managed within the Capital Estates programme
- Resus Training in YGC – 30k for minimal works.

Reporting Committee:	Performance, Finance and Information Governance Committee
Committee Chair:	Gareth Williams, Independent Member
Date of last meeting:	30 June 2023
Paper prepared by:	Corporate Governance Manager

KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE

The last meeting of the Performance, Finance and Information Governance Committee (PFIG) took place on 30 June 2023.

The Board is asked to note that the following matters were discussed at the Performance, Finance and Information Governance Committee on 30 June 2023:

approved

- updates to the Interim Financial plan 2023/24
- updated Information Governance Strategy

noted

- Month 2 Finance report including savings and capital programme updates
- Finance special measures action plan
- Plans to introduce Divisional Finance and Performance deep dives
- Performance report month 2
- Shared Service Partnership performance assurance report
- Special Measures update
- Transformation and Improvement report
- Information Governance Quarter 4 Key Performance Indicator report and Information Governance Group's chair assurance report
- Corporate Risk Register

Resolved to agree the following recommendations

- extend the lease of Caledfryn Site Offices, Smithfield Road, Denbigh, LL16 3RJ for a further 3 years until June 2026 and note, this will include a 6 month – 1 year break clause
- approve to hold the lease for accommodation for the Eating Disorder Service which is expanding in the east region. • Agree submission of the requirement to WG for the Capital funding required through the IFRS16 process
- approve Phase 1 of the Re-Fit programme which supports the Health Board's Decarbonisation Action Plan and progress with a Mini-competition to choose a Service Partner which offers the best overall value for money to the health Board

The Committee discussed the following in private session:

- Disposal of some surplus Health Board assets

- External Contracts : Governance and scrutiny arrangements
- Regional Treatment Centre update

The papers from this meeting can be accessed at:

[Performance, Finance and Information Governance Committee - Betsi Cadwaladr University Health Board \(nhs.wales\)](#)

Financial reporting

The Committee received the Finance reports which included appendices on savings and capital programme update.

- It was reported that the Health Board's initial financial plan for 2023/24 was to deliver a deficit position of £134.1m. However, the May position reported an in-month deficit of £14.1m, which was £2.9m higher than the profiled Financial Plan for Month 2 and an increase of £1.9m from April's position.
- The year to date position as at the end of May was reporting a deficit of £26.3m, representing a £3.9m adverse variance compared to 2/12th of the £134.1m core plan deficit.
- There was a shortfall in savings against plan of c£3.5m, although with an improvement in reported savings schemes on Month 1. Therefore, a range of other cost pressures including CHC, out of area mental health placements, faster than planned shift fill towards assessed requirements under the Nurse Staffing Act, and YGC Targeted Intervention costs continue without a source of mitigating factors.
- The year-end forecast position is to deliver a deficit of £134.1m, which is in line with the initial financial plan for the year. However, WG and Board expectation is to move towards assurance on £134.1m being a worst case, and to incrementally reduce it.
- Savings of £25.2m must be delivered. The total full year savings target is £30.9m, which includes an additional stretch target of £5.7m. Key action required is to significantly develop savings plans, to both move the total plans to the minimum expectation of £25.2m and to increase the green/amber element to at least 50% of more by the end of June. This can be through efficiency savings or dis-investments or reductions to cost pressures funded in the devolved budgets. Whilst developing savings plans had progressed in month, the total plan value falls significantly short of the required £25.2m.
 - The Committee raised significant concern with the development and level of recurrent savings plans, requesting further detail on those which were at greatest risk of non-delivery.
 - The Committee emphasised their concern that the Health Board's initial financial plan for 2023/24 to deliver a deficit position of £134.1m was unacceptable.
 - The Committee was pleased to understand the Star Chamber approach being undertaken to address the special measures finance action plan

Performance reporting

The Committee received the performance report and raised concern with a number of adverse performance levels. These also included particular concern with

- the number of over 12 hour trolley waits in May was 3,022 and increase of 210 on the number reported in April (2,812) the highest number and largest proportion of the all Wales total.
- total Medically fit for Discharge numbers across BCU hospitals continues to remain in excessive at 300, which reflected the full occupancy of a DGH, alongside the discharge profile still occurring at peak during 1700-1800hrs each day, as opposed to earlier in the day.
- increasing waiting times within Children and Adolescent Mental Health Services (CAMHS) and Neuro Development.
- concerning rate of staff absence attributed to mental health and the level of long term sickness absence
- The Committee sought further detail on these areas, and requested that comparative data with other Health Boards in Wales be included within future reports to understand if BCU was an outlier or whether there were similar levels of performance elsewhere.
- The Committee was pleased to note positive reporting in regard to diagnostics and encouraged by cancer service performance.
- The Committee sought a Board Briefing session to be arranged on NW Shared Services' functions and Key Performance Indicators agreed with BCU and that a representative be nominated to present its report on a twice annual basis to PFIGC.

Future Divisional Finance and Performance deep dives

The Committee was pleased to be advised a schedule of Divisional reports would be incorporated to the Committee's workplan, particularly in order to have greater understanding of the Integrated Health Communities' challenges.

Information Governance reporting

The Assistant Director Compliance and Business Management – Digital, Data and Technology submitted the quarterly key performance indicator report in which the following was highlighted

- the latest quarter Freedom of Information (FOI) compliance had decreased by 9% however,
- IG Mandatory Training Compliance had remained above the national target at 87%, being a continuing improvement.
- Access to Health records (THR) compliance remained an area of concern with a continued low compliance rate.
- The Committee members suggested IG training be considered within a future workshop session

Transformation and Improvement report

The Committee received the report from the Executive Director of Transformation and Planning. It was highlighted that since escalation into Special Measures, the scope of the organisation's change portfolio had changed and an increasing number of the Transformation and Improvement resource (across the Portfolio Office, Innovation and

Analytics and Value Based Care teams) had been re-focussed on supporting the overarching coordination, tracking and reporting of the Special Measures programme. A proposal on the deployment of the remaining elements of the team, most notably the Improvement and Pathways Teams, was being developed before being presented to the Health Board Leadership Team (HBLT). The milestones associated to this were being tracked under the Special Measures deliverable under Outcome 5 “A learning and self-improving organisation”.

- The Committee requested further detail of the scale of personnel and activity involved.

Special Measures Update

The Committee was advised that the update was as provided to the recent Quality, Safety and Experience Committee and that future reports would be provided with appropriate deliverables per Committee. The timelines for optimal presentation to the Board’s Committees were currently being worked through.

ITEMS TO BE ESCALATED TO THE BOARD

There were no items to be escalated to the Board.

NEXT MEETING

The next meeting of the Performance, Finance and Information Governance Committee will be held on 1 September 2023

v.01 for Committee Chair review



Teitl adroddiad: <i>Report title:</i>	Performance Report – Month 3, 2023/24			
Adrodd i: <i>Report to:</i>	Health Board			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	Monday, 31 July 2023			
Crynodeb Gweithredol: <i>Executive Summary:</i>	<p>This Report relates to the Month 3, 2023/24</p> <p>This paper provides Committee members with an update of performance against the Board’s Key Performance metrics, the key measures contained within the 2023/24 National Performance Framework and Welsh Government Ministerial Priority Measures under the Quadruple Aims set out in “A Healthier Wales”.</p> <p>Performance against BCU level NHS Performance Trajectories have been included and additionally elective activity levels v plan (IHC level) have also been included.</p> <p>Key areas of improvement are identified with actions and mitigations being taken by operational teams detailed in the ‘Exception Reports’ contained within Appendix 1 (IQPR Report) of this paper. This includes an assessment of BCU performance comparative to Welsh average and other Wales Health Boards.</p>			
Argymhellion: <i>Recommendations:</i>	<p>The Committee is asked to:</p> <p>Review the contents of the report and confirm agreement to any actions proposed, or identify any additional assurance work or actions it would recommend Executive colleagues to undertake.</p>			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Russell Caldicott, Interim Executive Director of Finance and Performance			
Awdur yr Adroddiad: <i>Report Author:</i>	Barbara Cummings, Interim Director of Performance			
Pwrpas adroddiad: <i>Purpose of report:</i>	I’w Nodi <i>For Noting</i> <input type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>	
Lefel sicrwydd: <i>Assurance level:</i>	Arwyddocaol <i>Significant</i> <input type="checkbox"/>	Derbyniol <i>Acceptable</i> <input type="checkbox"/>	Rhannol <i>Partial</i> <input checked="" type="checkbox"/>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/>

	Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
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Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:

Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:

Cyswllt ag Amcan/Amcanion Strategol:	The performance measures included in this report are from the NHS Wales Performance Framework 2023-24.
Link to Strategic Objective(s):	
Goblygiadau rheoleiddio a lleol:	This report will be available to the public once published for Performance, Finance and Information Governance Committee
Regulatory and legal implications:	
Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal?	N
<i>In accordance with WP7 has an EqlA been identified as necessary and undertaken?</i>	The Report has not been Equality Impact Assessed as it is reporting on actual performance.
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?	N
<i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i>	The Report has not been assessed for its Socio-economic Impact as it is reporting on actual performance
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)	
<i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i>	The pandemic has produced a number of risks to the delivery of care across the healthcare system
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith	The delivery of the performance indicators contained within the annual plan will have direct and indirect impact

Financial implications as a result of implementing the recommendations	on the financial recovery plan of the Board.
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith Workforce implications as a result of implementing the recommendations	The delivery of the performance indicators contained within our annual plan will have direct and indirect impact on our current and future workforce.
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori Feedback, response, and follow up summary following consultation	This report has been reviewed in parts (narratives) by senior leads across the Health Board and relevant Directors. And the full report has been reviewed by the report author.
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) Links to BAF risks: (or links to the Corporate Risk Register)	This QP report provides an opportunity for areas of under-performance to be identified and subsequent actions developed to make sustained improvement.
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) Reason for submission of report to confidential board (where relevant)	Amherthnasol Not applicable
Camau Nesaf: Gweithredu argymhellion Next Steps: Implementation of recommendations: Continued focus on any areas of under-performance where assurance isn't of sufficient quality to believe performance is or will improve as described.	
Rhestr o Atodiadau: List of Appendices: <i>Quality and Performance Report</i>	

HEALTH BOARD

31 JULY 2023

INTEGRATED QUALITY AND PERFORMANCE REPORT, MONTH 3 – 2023/24

1 Introduction/Background

This paper provides members with a summary of the Board's Performance against the key measures contained within the 2023/24 National Performance Framework and Welsh Government Ministerial Priority Measures under the Quadruple Aims set out in "A Healthier Wales".

Issues to be reported upon in this report:

- Summary of key changes to the metrics included in this Report to reflect the changes to and new metrics introduced in the 2023/24 National Performance Framework.
- Board Performance against each 2023/24 National Performance Framework target (including latest comparative position v other Welsh Health Board's)
- BCU achievement against the NHS Wales Performance Trajectories requested and submitted alongside the Annual Plan in June 2023 at the end of Quarter 1, 2023/24
- Key adverse performance framework metrics, supplemented by Exception Reports provided by operational management teams and included in the respective sections of the Integrated Quality and Performance Report. (Appendix 1).

Members are asked to note the contents of this report, confirm agreement to any actions proposed, or identify any additional assurance work or actions it would request Executive colleagues to take.

2. 2023/24 National Performance Framework and Welsh Government Ministerial Priority Measures

The performance measures in the NHS Wales Performance Framework for 2023-2024 reflect the Ministerial priority areas of focus and core support functions as outlined in the NHS Wales Planning Framework 2023-2026. These are:

1. Access to Primary Care Services
2. Cancer Recovery
3. Delayed Transfers of Care
4. Mental Health & CAMHS
5. Planned Care Recovery, Diagnostics and Pathways of Care
6. Urgent and Emergency Care

The measures also remains mapped to Welsh Government's 4 Quadruple Aims – in summary the changes:

- Measures retired circa 46 including sub metrics
- 21 new measures
- These changes result in 53 quantitative measures.

- Qualitative measures (submission templates) increased to 11 (ongoing development by WG policy leads with estimated 14 in total before year end and listed in last month's report for information)

3 Organisation Performance Report Published July 2023 by NHS Wales

Monthly NHS Wales Board publish organisational performance scorecards against the metrics contained within their Performance Framework. The IQPR Performance Report (Appendix 1) provides the full dashboard for review and performance YTD for each metric contained within the 2023/24 Framework. Below at summary level is BCU performance status against these metrics as published (July 23).

	No. measures where target has been achieved or the actions required are back on track	No. measures where the majority of actions required are on track but there is scope to improve	No. measures where the target has not been achieved or the actions required are not back on track and improvements are required	Target/ Compliance not currently available
Quadruple Aim 1: People in Wales have improved health and well being with better prevention and self management	1	0	6	3
Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement	10	0	15	0
Quadruple Aim 3: The health and social care workforce in Wales is motivated and sustainable	3	0	1	0
Quadruple Aim 4: Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation, enabled by data and focused on outcomes	5	0	8	1
Summary	19	0	30	4

4 Monitoring Performance

- 4.1 In line with the governance structure of the Board, monitoring performance against NHS Performance Framework metrics is undertaken at BCU Performance, Finance and Intergrated Governance Committee and the Quality, Satety & Experience Committee. Following confirmation of this years metrics – the scorecards tracking performance in Appendix 1 identify the respective Board sub-committee via which performance is monitored.
- 4.2 Exception Reports are requested monthly via the Performance team from respective operational leads for metrics which align to PFIG and are included in Appendix 1.
- 4.3 Delivery against NHS Performance Trajectories have been incorporated – where applicable – into the Performance Framework monthly scorecard published by Welsh Government – NHS Performance. The first time this approach has been adopted. In those instances performance metric achievement for the month will be 'green' when respective month 'profile' is achieved.

A summary of BCU performance against trajectories submitted with the Annual Plan are included at p 8 of Appendix 1.

4.4 Adverse Performance Concerns

a) **Unscheduled Care**

BCUHB representatives meet monthly (individual A&E site separate meetings) with NHS Wales colleagues in performance recovery meetings. NHS performance trajectories tracking reduction to zero of 12 hour waits and 1 hour handover delays by March 2024 are tracked at BCU and local site basis.

- Performance delivery against the 4 hour target in June 23 improved to 70.4% the 4th month in succession incremental performance improvement against this target has been made.
- Similar incremental improvements were also reported against the following metrics:
 - Median time from arrival to triage is 24 mins in June (25 in May)
 - Median time from arrival to assessment in department by senior clinical decision maker is 134 mins in June (137 in May)
- There was a reduction in the number over 12 hours waits for admission reporting 2,691 (May 23, 2,994) against a reduction trajectory of 2,640.
- The number of over 12 hour trolley waits in June continues to remain high at BCU level comparatively to performance v other Health Boards in Wales and also below the same time the previous year. Performance at the YG site is the main contributory factor, with over 12 hour waits, although reducing for the last 3 months, are still above the same period in 2022/23.

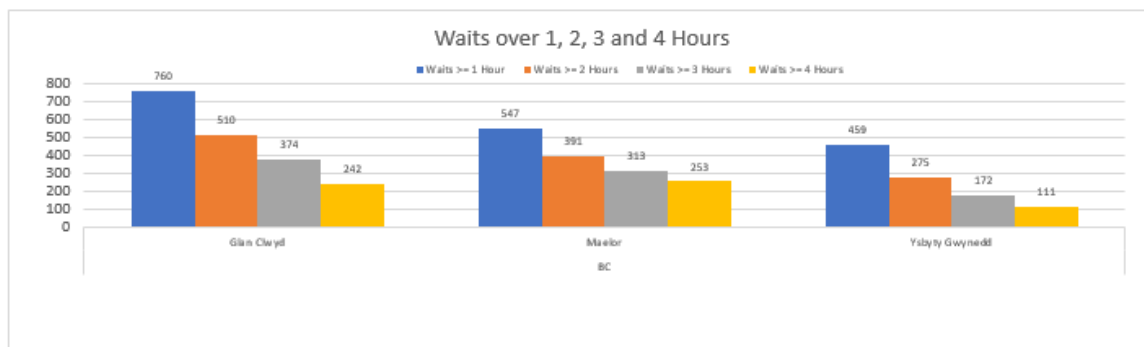
**BCU wide
Performance
comparison 2022 v 23**



**Site
Performance
comparison 2022 v 23**



- The number of over 1 hour ambulance handover delays in June 2023 was 1,883 (May 23, 2,033) but +183 adrift of the June trajectory of 1,700.
- Comparative performance across Wales¹ indicates BCU as worst performer in terms of overall volume of 1 hour handover delays.



Data from IRIS local USC Monitoring System (June 23)

Actions being taken:

- Hospital full reviews are taking place in August in preparation for winter resilience but also test service provision.
- Direct access pathways – SDEC/NOF and Stroke are being developed, to be implemented by September 2023.
- Development of an educational package for on call operational teams to ensure all escalation planning/surge planning are shared to support effective decision making.
- Review of WG Discharge policy to be reflected in BCUHB discharge policy in line with WG position.
- Recovery trajectories for reducing 12 hour waits and 4 hour ambulance handover delays agreed at IHC level and are monitored weekly.
- Time to clinician – Noticeable variance in local reporting v national reporting for mean average which continues to be escalated via appropriate channels and reviewed at each planned system wide check-point during the day.
- Ambulance performance – On going work with WG support to utilise alternative routes with a focus on Amber 1 calls.

In June 23, the percentage of diagnosed stroke patients who had direct admissions to an acute stroke unit in 4 hours fell to 26% from a May position of 27.3%.

No patient received thrombectomy in the month, with travel times to Walton Hospital from Centre and West remaining challenging.

Actions being taken include:

- Aiming to implement “e stroke” software in Quarter 2 which enables improved images from CT Head and CT Angiography scans which in turn improves decision making on referral for Thrombolysis and Thrombectomy
- Direct to CT Pathway being implemented in all acute sites by Q3

¹ Calculated from Organisation Performance Report published by NHS Wales

In June 2023, over 300 clinically optimised patients were reported as delayed in hospital beds, impacting on patient flow across the whole USC system. Top delay reason for assessments include internal health as well as joint & social care / providers. The table below provides the top 7 (in terms of volume) reasons for delay:

Reasons for delay & patient volumes	
Awaiting completion of assessment Nursing/AHP/Medical/Pharmacy	52
Awaiting joint assessment	52
Awaiting start of new home care package	29
Awaiting NH availability	27
Awaiting completion of arrangements prior to placement	16
Awaiting RH availability	15
Awaiting Social worker allocation	12

Latest WG published data (IQPD)

Actions being taken to improve / reduce the number of such patients include:

- a. D2RA implementation plans across each IHC to support roll out across acute and community hospital wards by 31st July including software system for recording pathways
- b. Work ongoing led by NWRPB to identify and implement Trusted Assessor by 30th Sept
- c. BCUHB high level action plan for Pathways of Care Delays developed as well as local delivery plans within each IHC aligned to delays data and top reasons for delay.

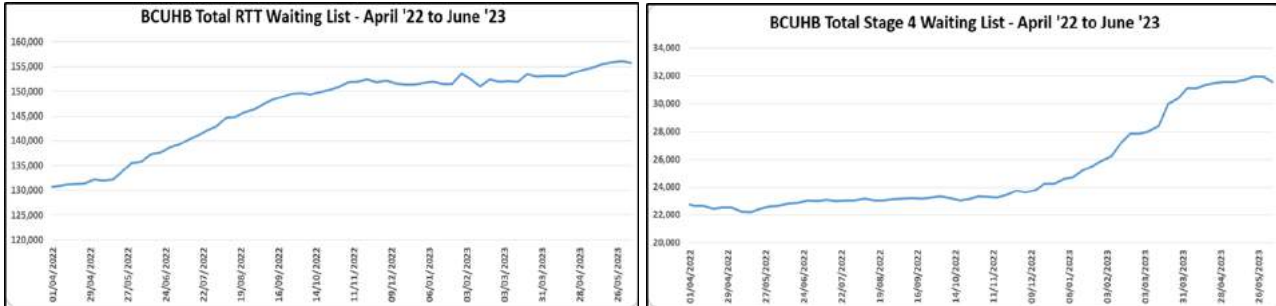
b) Planned Care

Elective Care / Waiting List Reduction

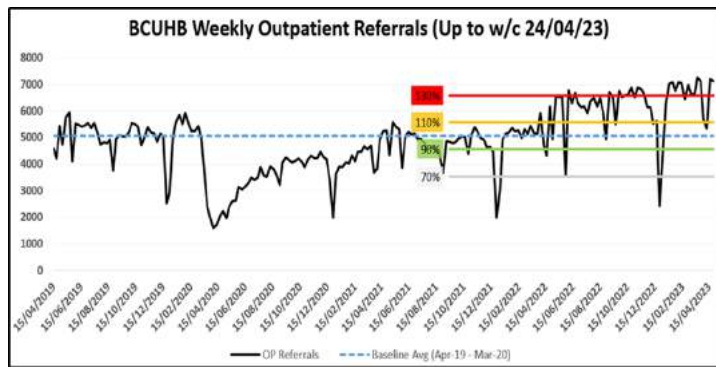
BCUHB undertakes Planned Care Improvement and Recovery Meetings monthly with NHS Wales' Executive colleagues. There is also a weekly call with Planned Care Programme Lead and NHS Wales senior leaders to monitor progress on 156 week and 104 week waiting time to track delivery of the improvements to the planned care waiting time position across Wales as identified in correspondence from the Deputy Chief Executive of Wales dated 6 June 2023. The latest BCU position against these milestones is provided below:

- In June 2023 the number of patients waiting in excess of 156 weeks for their first OP appointment reduced to 143 The latest weekly reported position (w/e 10/7/23) is 125 without a date for an appointment. Of these 113 are orthodontic patients (systemic capacity constraints over a long period). The remaining 12 patients will be dated before the end of August 2023.
- Across all Referral to Treatment (RTT) stages the total number of patients waiting in excess of 156 weeks is 2,417 (w/e 10/7/23) a reduction of 443 (15%) from the number of 2,860 reported at the beginning of June 2023.
- The latest weekly reported position against the milestone of 97% of all open pathways being less than 104 weeks by December 2023, shows that this percentage currently is 94.1% (circa 4,579 above target).

At BCU wide level the planned care (Referral to Treatment) waiting list continues to grow. At the end of June 2023, there were 157,910 on an open pathway (as reported on weekly PTL). The pathway stage with the largest growth is stage 4 (treatment) with a total volume of patients waiting in excess of 33,000. This is as a result of the high levels of stage 1 activity (OP) in the last quarter of 2022/23 (insourcing/outsourcing activities).



Referral demand is just under 7,000 weekly an increase from an average of circa 5,000 pre-COVID. If referral demand is looked at across medicine and surgical specialties only, the uplift from 2019/20 is circa 10%.



Activity volumes to the end of Quarter 1, 2022/23 for DC / IP activity were below the same period last year. The graphics below compare 2022/23 activity to 2019/20 and 2021/22 at BCU and site level.



Other issues to note:

- The number of patients waiting in excess of 52 weeks for their 1st OP appointment was 11,772 and improvement of 229 from the position reported

in May (12,001). This is a deterioration of 15 on the number reported in May (10,120). However, this is 1,800 adrift of June trajectory of 9,972.

- The number of patients waiting more than 104 weeks for referral to treatment continues to reduce to 8,808, the lowest number year to date, a reduction of (-374) on the number reported in May (9,182), but +192 adrift of the reduction trajectory of 8,616.
- The number of patients who are 100% passed their follow-up OP due date has decreased in June to 81,426 (-5,160 below May 23) but 1,104 above the March 2023 year end (80,322) and 9,899 adrift of the trajectory of 71,527.
- The number of ophthalmology R1 appointment which were within their clinical target date or within 25% of their clinical target date was 56.1% an improvement in performance of 3.9% on that reported in May (59.6%)

Activity plans and waiting time reduction trajectories are in place at BCU Level and IHC level and weekly monitoring takes place with IHC Operations Directors.

Key programmes of work already underway include:

- a. Implementation of improved referral, booking and scheduling system (improved utilisation)
- b. 180 additional glaucoma treatment appointments per month commencing July
- c. Perfect month (east) – improved throughput & reduced length of stay
- d. Administrative validation (predicted 7-10% reduction on total numbers)
- e. Job planning reviews
- f. Theatre utilisation group established
- g. Planned Care programme to mobilise July to co-ordinate & drive action

c) Diagnostic Waits

At the end of June 2023:

- The total number of patients in excess of the 8 week target waiting for their specified diagnostic is 9,097 an improvement of 2 on the position reported in May 23 (9,099*). This is 2,095* (1,091 of increase related to Neurophysiology waiting list) above trajectory for the month (7,002).
- Performance against the 8 week target by diagnostic service type is provided below:
 - Endoscopy is not currently meeting the 8 week target. However, the overall over 8 week diagnostic endoscopy position continues to improve and now stands at just over 2,471, a reduction of 109 on the position reported in May (2,580). Competing challenges continue, with surveillance patient demand and an increase in urgent suspected cancer (USC) demand continuing. Actions being taken to address these challenges include:
 - a. Insourcing will continue on each site to support the backlog reduction with a phased approach to reduce as we appoint staff to support a 7 day working model.

- b. The new Endoscopy management system (Medilogik) is now live in two of our endoscopy units, this will support the overall performance reporting and create the ability to manage patients across BCU.
 - c. Expansion of other roles – example Clinical endoscopist
- Radiology: At 30.06.2023, the number of patients waiting over 8 weeks for radiology diagnostics has reduced by 361 to 4192 (since the May report), and in the three main modalities as follows: CT 140 (-38); MRI 842 (-171); Ultrasound 3112 (-250).

Actual Q1 demand compared to that forecast was: CT (+1824 / +9.35%); MRI (+254 / +8.68%) and ultrasound (+736 / 2.33%). Q1 activity compared to that forecast was CT (+1440 / +7.5%); MRI (+274 +3.89%) and ultrasound (+946 / +3.17%). DNA rates have also increased compared with the same Q1 period last year: CT 6.2% (4.6%); MRI 8.2% (7.1%); US 8.5% (7.1%).

Actions being taken include:

- a. Investigating further ultrasound insourcing capacity opportunities.
 - b. Given the sharp increase in demand, there is an urgent need for a more detailed assessment of referrals to radiology, including clinical audit to ensure truly urgent cases are prioritised.
 - c. The increase in DNA rates also requires deeper investigation, together with initiatives to reduce these as far as possible.
- Neurophysiology* waiting times numbers reported have increased from 64 reported in May 2023 to 1,155 in June 2023. During June 2023, it was identified that the waiting list data query run by Informatics to report waiting times had some procedure codes omitted from this count. Staff within the local Neurophysiology departments were working with an accurate waiting list position. Informatics colleagues are reviewing the circumstances of this error.

Actions being taken include:

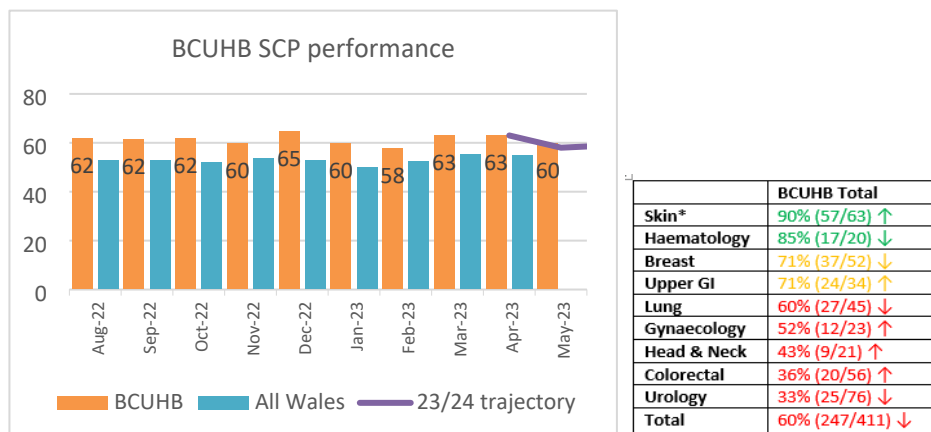
- a. Recruitment to the two vacant physiologist posts is progressing, with an estimated starting date of November for an overseas appointee.
 - b. The vacant service manager post is currently being advertised
 - c. A tender for insourced staffing support is progressing, likely to be a direct framework award. Coupled with locum and likely new appointments, these actions will create additional capacity to clear the backlog towards the end of 2023-24 and meet likely pent up demand
- Cardiology: Waits for cardiac diagnostic tests are significant. The longest waits are for echocardiograms, and we have 1,252 patients breaching, with the longest wait being 36 weeks (improved position).

- a. Actions being taken include expansion of the physiologist led pathways in both community and secondary care.
- b. Short-term utilisation of locum staff and additional waiting lists are ongoing across BCU. Trajectories developed by each department.
- c. Additional waiting lists planned.
- d. Ongoing validation of waiting lists

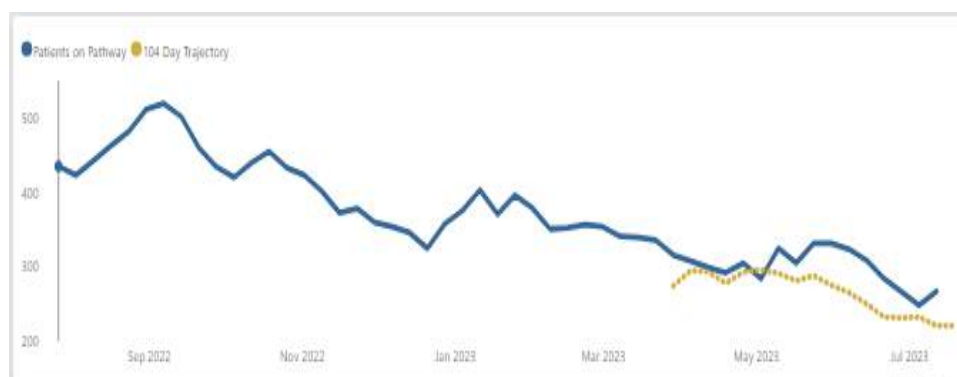
d) Cancer

Performance has been consistent at between 58% and 65% of patients treated within 62 days of suspicion of cancer over the last 6 months but has dropped from 63 to 60% in the last 3 months. However, performance for May is above trajectory.

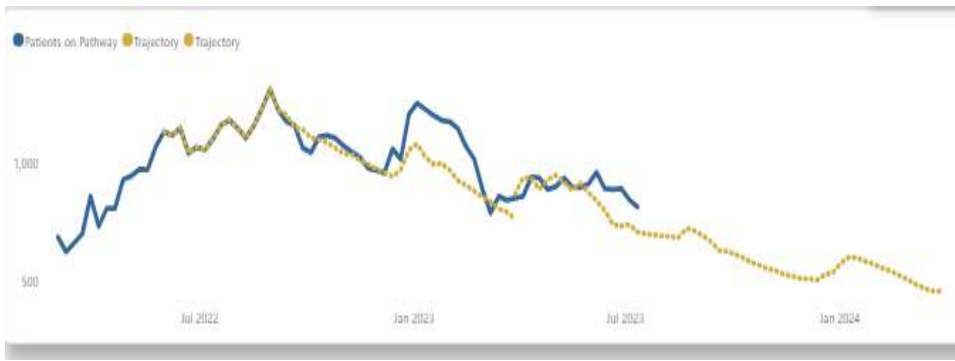
BCUHB remains one of the highest performing Health Boards in Wales against this performance measure, but performance is still below the 75% target.



And the number of these patients waiting in excess of 104 days on an open pathway is 266 v trajectory of 219 (reported weekly to NHS Wales via cancer PTL)



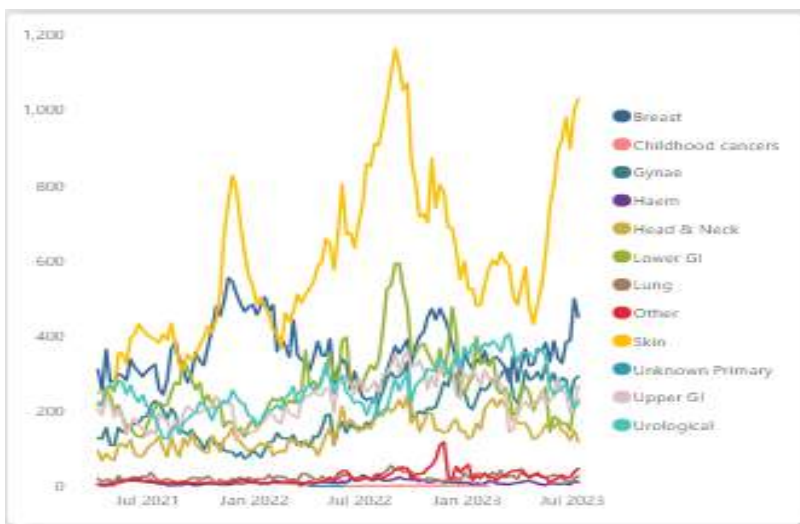
The number of patients on an open pathway who are waiting in excess of 62 days is 813 v trajectory of 707 (reported weekly to NHS Wales via cancer PTL)



The main challenges remain:

- A consistent increase in suspected cancer referrals meaning patients are not seen within the local 10 day target for 1st appointment
- Continuing pressures in diagnostic capacity in particular in endoscopy and urology services
- Reduced dermatology capacity in particular in the West
- The need to outsource some specialist treatments due to a lack of a local capacity (urology surgery, rectal oncology)

In terms of waits for first OP the size of this waiting list continues to grow with the skin tumour site being by far the largest proportion of this list – number waiting for 1st OP 2,697, number of skin tumour on waiting list 1,030 (16/7/23). This is particularly concerning with regard to future 62 day cancer performance as performance is assessed by calculating the percentage of treatments undertaken in the month who have treatment below 62 days. The second largest monthly treatment volume is skin.



Graph: Trend volume by Tumour site of waits for 1st OP

Actions being taken:

- a. Outpatient capacity reviewed to increase the percentage of USC patients seen within 10 days of referral – with the exception of gynaecology and dermatology, specialties have amended clinic templates in line with latest 80th or 95th percentile demand. Additional capacity is still required to reduce the existing backlog.

- b. Increased diagnostic capacity through implementation of the endoscopy business case (see separate endoscopy report) and increased prostate biopsy capacity in West and East.
- c. New clinical oncologists appointed which will allow repatriation of rectal oncology work by the autumn.
- d. Improvement work to streamline cancer pathways continues including:
 - o Straight to scan pathway for suspected prostate cancer patients commenced in West in May 2023 reducing time to diagnosis by 3 weeks for first patients; to commence in East this month
 - o Nurse led triage pilot for suspected colorectal cancer patients commenced in Central in May 2023 with the aim of increasing straight to test uptake and shortening pathways
 - o Tele-dermoscopy business case to be submitted to Welsh Government by end of July 2023
 - o Pathway review programmes commenced in gynaecology, breast and lung, with support from Improvement Cymru

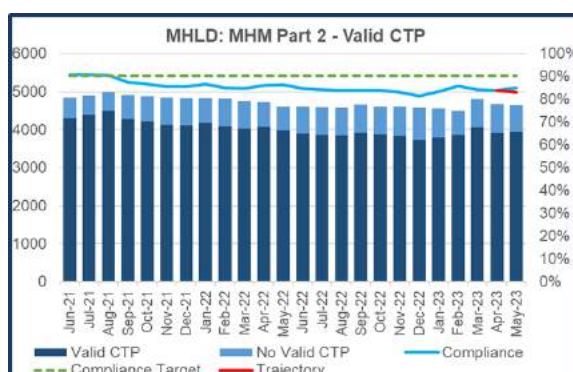
e) Mental Health & Learning Disability (Adult) Services

Mental Health performance is reported one month in arrears. Performance is largely improving across all areas with focus on the reduction of waiting lists to ensure we are providing timely access to services. Our demand into the Mental Health Measure (MHM) part 1a, although relatively static in terms of overall numbers, is subject to a number of peaks in year (Quarter 1 and Quarter 3) and is based on the acuity of need.

May 2023 position demonstrates a compliance rate of 77.6% for part 1a of the Mental Health Measure (MHM) which is below the 80% target but exceeds trajectory.

Focusing on targeting waiting lists reduction, is the right thing to do for our patients but may cause a slight downturn in our performance against the measure.

Part 2 is 85.0%, under the 90% target, and marks an improved position and slightly exceeds the expected trajectory.



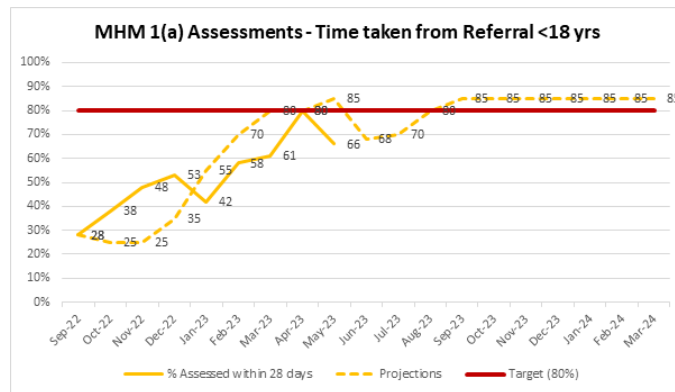
Actions being taken:

- a. Adult Community Pathway Transformation Group continues its work to improve how we respond to the demand for Local Primary Mental Health Support Services (LPMHSS) .

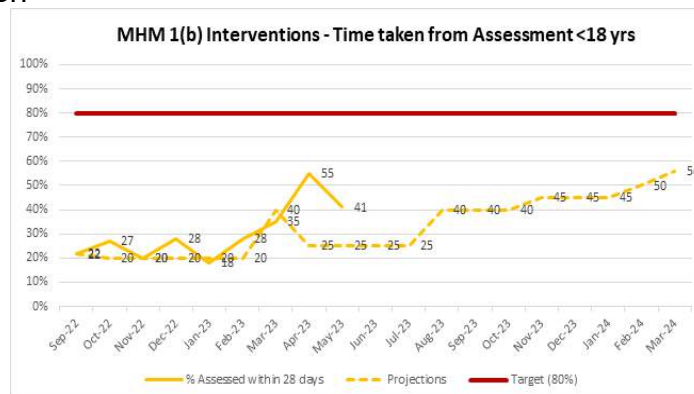
- b. Data analysis is being undertaken on the existing processes and the nature of the demand to support evidence based actions. Immediate focus is on ensuring we maximise what we can improve within our own core services.
- c. Documentation and recording processes are also being reviewed to address our reporting on part 2 of the MHM. The impact of the implementation of our 111/2 service is currently being analysed, including improved outcomes to patients.

- **CAMHS Waiting Times**

May 2023 position against part 1a trajectory not met in all IHC Areas with regional delivery at 66% in May, slight reduction in activity undertaken however remains higher than average



Part 1b – trajectory met at 41% in May, continued increased trend in activity undertaken



Actions being taken include:

- a. Recovery Plan – refresh of CAMHS recovery plan across the region to seek to improve trajectories to deliver MHM
- b. Production of Forecasting SOP to ensure robust, consistent forecasting to be implemented which will allow for corrective actions to be implemented where possible
- c. Commissioning – market to be tested re provision of specialist therapies due to lack of capacity in local teams
- d. Workforce - Development of stabilisation recruitment action plan to include targeted recruitment.
- e. Weekly monitoring meetings ongoing in each IHC

- f. Service model – roll out of see on symptom pilot to increase flow to release capacity

- **Neurodevelopment Waiting Times**

The overall waiting list stands at 3,306, with 2,207 waiting over 26 weeks. The service has had a 23% Year to date increase in total referrals, receiving an average of 161 accepted per month. Demand significantly outweighs capacity. The core capacity gap within the ND Service is between 16-1800 assessments per annum (c 150 per month). Key issues:

- Unable to appoint supplier for additional provision for assessments through current tender process
- Successful bidders will not meet required capacity to support full demand & backlog, any new tender will only address a small number of the longest waiters.

Actions being taken include:

- a. Working with the DU and WG to undertake a Demand & Capacity Review in line with WG Improvement Programme for ND services
- b. Commissioning – tender process for external providers to undertake assessments for the longest waiters is underway
- c. WG have identified funding for RPBs and bids for 23/24 have been submitted to aid sustaining waiting times and trialling new ways of working
- d. Sustainability and Delivery Plan - Programme Board set up to develop programme of improvement works working with WG and PRBs to pilot new ways of working/share best practice.
- e. Workforce –standardise job plans being developed to support demand and capacity modelling, ND teams remain small in line with historical staffing levels, requires significant investment
- f. Service Model – urgent need to redesign services, to ensure needs led, this programme of work requires appointment of key posts and significant funding to enable change

- **Workforce**

Absence: Although still above target the monthly absence has continued to show an improving trend. The monthly levels have improved from 6.38% in June 2022 to 5.13% in June 2023. This equates to a rolling 12 month average of 6.05% down from 6.56% for the year to June 2022. Sickness levels remain highest for HCSW at 8.03% and band 2 staff in general at 7.18%. As at 30th June 1133 staff were off work due to sickness, of which 548 had been off work for more than 28 days.

Stress depression and anxiety remains the main cause of absence with 7387 FTE days lost and contributing to 27% of all sickness absence reasons. Return to work interviews are often not completed missing the opportunity to explore the underlying reasons for absence and the opportunity to make adjustments.

Actions being taken include:

- a. The people services department continues to support staff and managers in the management of staff who are off work due to long term sickness.
- b. Focus on adjusted duties and early intervention to concentrate on the employees wellbeing and minimise the length of absence.

PADR: Organisational PADR Compliance has seen an increase to over 75% during June 2023, compliance has not been over 75% since February 2020. Some large divisions such as Integrated Health Communities (IHC) East, Central and West have seen an increase since last month.

As an integral part of the Stronger Together work streams, work has commenced on Personal Contribution to look at co-designing improvements, ensuring the best experience for staff across the organization.

Mandatory Training: Within BCUHB for level 1 training has risen again in June 2023, currently reporting an increase of 0.6% to 88.3%. Level 2 training has increased by 1% and is currently 82.5%, just 2.5% below the national target of 85%. Level 2 training has increased by 0.3%-0.6% across Violence & Aggression (83%), Infection prevention (70%) & Safeguarding training (79-81%) with an almost 2% increase across Patient Handling training which currently illustrates a compliance figure of 55.6%

- **Primary care**

The new Performance Framework identifies a significant increase in the number of metrics reported upon in 2023/23. Discussions with the Director of Primary Care are underway to introduce a monthly narrative on exception reporting to the Board.

3 Recommendation

Review the contents of the report and confirm agreement to any actions proposed, or identify any additional assurance work or actions it would recommend Executive colleagues to undertake.

Barbara Cummings
Interim Director of Performance

Quality and Performance Report



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Performance to June 30th 2023

(Where published)

Presented on 31st July 2023

Health Board



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Section 1

BCU Performance

Delivery Framework KPI Summary

(published early June 2023 by WG)



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BCU Delivery Framework KPI Summary

(published position June 2023)

No. measures where target has been achieved or the actions required are back on track	No. measures where the majority of actions required are on track but there is scope to improve	No. measures where the target has not been achieved or the actions required are not back on track and improvements are required	Target/ Compliance not currently available
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Quadruple Aim 1: People in Wales have improved health and well being with better prevention and self management	1	0	6	3
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Section 2

NHS Wales Performance Framework Metrics

Quadruple Aims 1-4



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NHS Wales Performance Framework Metrics

(Latest data published June 2023)

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

Percentage uptake of the influenza vaccination amongst adults aged 65 years and over	Committee	Target							Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Compliance		Rank	
	QSE	Actual																	
		Trajectory																	

Note: Data reflects the last week of each month. Applicable during: 01.09.2023 - 31.03.2024. Age range to be confirmed.

Percentage uptake of the COVID-19 vaccination for those eligible - spring booster	Committee	Target											Apr-23	May-23	Jun-23	Compliance		Rank	
	QSE	Actual												14.3%	50.5%	68.9%	●		3rd out of 7 health boards
		Trajectory																	

Note: Data reflects the last week of each month. Applicable during: 01.04.2023 - 30.06.2023. Includes: aged 75 years & over; residents in care home for older adults and; immunosuppressed aged 5 years & over.

Percentage uptake of the COVID-19 vaccination for those eligible - autumn booster	Committee	Target							Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Compliance		Rank	
	QSE	Actual																	
		Trajectory																	

Note: Data reflects the last week of each month. Applicable during: 01.09.2023 - 31.03.2024. Age range to be confirmed.

Percentage of patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment	Committee	Target		Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	Compliance	12 month trend	Rank	
	QSE	Actual			11.6%	1.3%	9.2%	7.1%	5.2%	4.6%	15.9%	23.5%	12.2%	20.6%	20.7%	19.4%	22.8%	●	↑	1st out of 7 health boards
		Trajectory																		

Percentage of well babies entering the new-born hearing screening programme who complete screening within 4 weeks	Committee	Target		Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	Compliance	12 month trend	Rank	
	QSE	Actual			94.4%	95.3%	97.4%	97.5%	95.5%	97.8%	98.6%	98.4%	91.8%	96.0%	98.1%	97.1%	96.8%	●	↑	5th out of 7 health boards
		Trajectory																		

Percentage of eligible new-born babies who have a conclusive bloodspot screening result by day 17 of life	Committee	Target		May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Compliance	12 month trend	Rank	
	QSE	Actual			96.3%	95.1%	95.1%	97.5%	94.8%	96.9%	96.6%	93.6%	95.9%	93.8%	96.2%	97.2%	94.2%	●	↓	3rd out of 7 health boards
		Trajectory																		

Percentage of adult smokers who make a quit attempt via smoking cessation services	Committee	Target	5%	Q4 21/22	Q4 22/23	Q1 23/24	Q2 23/24	Q3 23/24	Compliance	12mth Trend - Comparison with Same Period Previous Year	Rank	
	QSE	Actual			4.43%	4.29%				●	↓	4th out of 7 health boards
		Trajectory										

Percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs or alcohol)	Committee	Target		Q4 21/22	Q1 22/23	Q2 22/23	Q3 22/23	Q4 22/23	Compliance	12mth Trend	Rank	
	QSE	Actual			68.2%	64.9%	65.6%	67.4%	61.2%	●	↓	5th out of 7 health boards
		Trajectory										








Percentage of children who are up to date with the scheduled vaccinations by age 5 (4 in 1 preschool booster, the Hib/MenC booster and the second MMR dose)	Committee	Target	95%	Q4 21/22	Q1 22/23	Q2 22/23	Q3 22/23	Q4 22/23	Compliance	12mth Trend	Rank	
	QSE	Actual			92.2%	92.0%	90.7%	91.2%	90.9%	●	↓	1st out of 7 health boards
		Trajectory										

Percentage of girls receiving the Human Papillomavirus (HPV) vaccination by the age of 15	Committee	Target	95%	Q4 22/23	Q1 23/24	Q2 23/24	Q3 23/24	Q4 23/24	Compliance	Rank	
	QSE	Actual									
		Trajectory									

NHS Wales Performance Framework Metrics

(Latest data published June 2023)

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

Percentage of the primary care dental services (GDS) contract value delivered (for courses of treatment for new, new urgent and historic patients)	Committee	Target	TBA														Compliance	12 month trend	Rank	
	PFIG		Actual																	
			Trajectory																	
Note: New measure - data will be included in the next few months.																				
Number of patients referred from primary care (optometry and General Medical Practitioners) into secondary care Ophthalmology services	Committee	Target	TBA	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Compliance	12 month trend	Rank	
	PFIG		Actual	1,513	1,355	1,449	1,496	1,513	1,580	1,666	1,272	1,507	1,553	1,875	1,498	1,802	●	↓		7th out of 7 health boards
				Trajectory																
Number of consultations delivered through the Pharmacist Independent Prescribing Service (PIPS)	Committee	Target	Increase	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	Compliance	12 month trend	Rank	
	PFIG		Actual	681	702	709	926	1,000	746	783	863	1,801	1,222	1,095	1,212	1,104	●	↑		1st out of 7 health boards
				Trajectory																
Percentage of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral for people age under 18 years	Committee	Target	80%	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Compliance	12 month trend	Rank	
	PFIG		Actual	37.2%	35.1%	44.2%	38.0%	40.3%	41.2%	47.2%	55.0%	44.1%	57.8%	61.6%	80.2%	67.0%	●	↑		5th out of 7 health boards
				Trajectory																
Note: AB unable to submit since Aug-22, therefore Jul-22 data rolled over																				
Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS for people age under 18 years	Committee	Target	80%	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Compliance	12 month trend	Rank	
	PFIG		Actual	31.5%	21.8%	22.7%	26.6%	20.8%	24.7%	22.2%	28.6%	22.1%	26.8%	35.1%	54.4%	42.3%	●	↑		4th out of 7 health boards
				Trajectory																
Note: AB unable to submit since Aug-22, therefore Jul-22 data rolled over. C&V are currently experiencing data quality issues with their MHM Part 1b data for under 18s. It is hoped that this will be resolved from Sep-23 data onwards.																				
Percentage of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral for adults age 18 years and over	Committee	Target	80%	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Compliance	12 month trend	Rank	
	PFIG		Actual	63.2%	70.0%	75.6%	76.9%	67.1%	71.9%	70.9%	72.5%	65.8%	73.8%	74.9%	70.2%	77.5%	●	↑		5th out of 7 health boards
				Trajectory																
Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS for adults age 18 years and over	Committee	Target	80%	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Compliance	12 month trend	Rank	
	PFIG		Actual	77.6%	81.2%	79.7%	71.5%	70.3%	70.6%	76.1%	80.8%	72.2%	84.6%	85.3%	86.3%	82.6%	●	↑		5th out of 7 health boards
				Trajectory																
Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes	Committee	Target	65%	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Compliance	12 month trend	Rank	
	PFIG		Actual	45.6%	42.9%	46.2%	45.5%	45.0%	44.8%	37.7%	53.2%	51.3%	44.3%	54.9%	56.5%	51.6%	●	↑		4th out of 7 health boards
				Trajectory																

NHS Wales Performance Framework Metrics

(Latest data published June 2023)

Quadruple Aim 2:

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

Metric	Committee	Target	Reduce	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Compliance	12 month trend	Rank	
	Median emergency response time to amber calls	PFIG		Actual	00:15:42	00:31:43	00:50:03	00:17:22	00:40:12	00:32:22	00:28:06	00:31:34	00:38:12	00:46:38	00:52:41	00:07:11	00:52:42	●		7th out of 7 health boards
			Trajectory																	
Median time from arrival at an emergency department to triage by a clinician	Committee	Target	Reduce	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Compliance	12 month trend	Rank	
	PFIG		Actual	37	34	34	27	28	27	26	32	22	24	30	26	25	●		4th out of 6 health boards	
			Trajectory																	
Note: Data relates to major A&Es only																				
Median time from arrival at an emergency department to assessment by a senior clinical decision maker	Committee	Target	Reduce	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Compliance	12 month trend	Rank	
	PFIG		Actual	177	154	175	166	142	142	135	155	93	109	137	140	136	●		5th out of 6 health boards	
			Trajectory																	
Percentage of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge	Committee	Target	Improve	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Compliance	12 month trend	Rank	
	PFIG		Actual	60.7%	62.7%	61.5%	62.0%	64.1%	62.9%	65.2%	60.0%	69.6%	71.4%	66.9%	66.0%	68.7%	●		6th out of 7 health boards	
			Trajectory																	
Number of patients who spend 12 hours or more in all major and minor emergency care facilities from arrival until admission, transfer or discharge	Committee	Target	Reduce	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Compliance	12 month trend	Rank	
	PFIG		Actual	3,249	3,138	3,471	3,510	3,112	3,181	2,806	3,389	2,302	2,066	2,871	2,825	3,012	●		7th out of 7 health boards	
			Trajectory																	
Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	Committee	Target	75%	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Compliance	12 month trend	Rank	
	PFIG		Actual	63.8%	65.2%	67.3%	62.8%	62.9%	63.0%	63.8%	66.2%	59.8%	58.0%	63.1%	62.5%	60.1%	●		3rd out of 6 health boards	
			Trajectory																	
Note: all Wales target compliance is based on the 12 month trend																				
Number of patients waiting more than 8 weeks for a specified diagnostic	Committee	Target	0	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Compliance	12 month trend	Rank	
	PFIG		Actual	8,761	8,827	9,078	9,776	9,464	8,068	8,034	9,377	9,330	8,057	8,119	8,686	9,099	●		6th out of 7 health boards	
			Trajectory																	
Note: Currently still awaiting a diagnostic profile from AB, therefore target compliance will show as red until received.																				
Percentage of children (aged under 18 years) waiting 14 weeks or less for a specified Allied Health Professional	Committee	Target	95%	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Compliance	12 month trend	Rank	
	PFIG		Actual	79.1%	83.7%	82.1%	79.6%	80.1%	79.7%	84.6%	88.2%	91.3%	92.2%	92.7%	94.4%	92.7%	●		1st out of 6 health boards	
			Trajectory																	
Note: Includes: Art therapy, podiatry, dietetics, occupational therapy, physio therapy and, speech and language therapy.																				
Number of patients waiting more than 14 weeks for a specified therapy (including audiology)	Committee	Target	0	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Compliance	12 month trend	Rank	
	PFIG		Actual	6,921	6,802	6,151	5,837	5,450	5,087	4,271	3,651	2,965	2,663	2,192	1,791	1,704	●		6th out of 7 health boards	
			Trajectory																	

NHS Wales Performance Framework Metrics

(Latest data published June 2023)

Quadruple Aim 2:

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

Metric	Committee	Target	0	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Compliance	12 month trend	Rank	
	PFIG	Actual			24,405	24,641	25,379	26,515	26,475	25,413	23,704	21,606	18,327	15,423	12,090	11,503	11,772	●		6th out of 7 health boards
Trajectory																				
Metric	Committee	Target	0	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Compliance	12 month trend	Rank	
	PFIG	Actual			36,457	37,056	38,057	39,237	38,283	37,215	35,543	33,647	31,162	26,727	22,635	22,638	23,210	●		7th out of 7 health boards
Trajectory																				
Metric	Committee	Target	0	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Compliance	12 month trend	Rank	
	PFIG	Actual			57,593	58,884	61,177	64,002	63,286	64,350	65,834	69,346	75,069	76,905	80,322	77,319	80,792	●		7th out of 7 health boards
Trajectory																				
Metric	Committee	Target	0	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Compliance	12 month trend	Rank	
	PFIG	Actual			16,511	15,647	15,015	15,075	14,363	13,617	12,643	12,351	11,692	10,724	9,515	9,188	8,953	●		7th out of 7 health boards
Trajectory																				
Metric	Committee	Target	0	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Compliance	12 month trend	Rank	
	PFIG	Actual			42,777	42,687	43,765	45,393	45,452	44,525	43,357	42,512	40,775	38,418	35,394	34,871	35,289	●		7th out of 7 health boards
Trajectory																				
Metric	Committee	Target	80%	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Compliance	12 month trend	Rank	
	PFIG	Actual			50.0%	66.7%	100.0%		100.0%	50.0%	80.0%		50.0%	100.0%	87.5%	33.3%	50.0%	●		6th out of 6 health boards
Trajectory																				
Metric	Committee	Target	80%	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Compliance	12 month trend	Rank	
	PFIG	Actual			45.8%	46.3%	44.2%	41.2%	40.1%	39.6%	36.7%	33.5%	30.8%	34.3%	38.2%	37.0%	38.2%	●		2nd out of 7 health boards
Trajectory																				
Metric	Committee	Target	80%	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Compliance	12 month trend	Rank	
	PFIG	Actual			64.4%	74.6%	79.4%	88.5%	93.7%	94.4%	89.8%	93.8%	80.3%	89.9%	92.1%	91.9%	93.8%	●		1st out of 7 health boards
Trajectory																				
Metric	Committee	Target		2019/20	2020/21	2021/22	2022/23	2023/24	Compliance	12mth Trend	4 Period Trend	Rank								
	PFIG	Actual			41.2%	59.8%	77.1%			●			7th out of 7 health boards							
Trajectory																				

Note: CTM provides sCAMHS services for the residents of SB up until March 2023. AB unable to submit since Aug-22, therefore Jul-22 data rolled over. BCU submitted a nil return for Aug-22 and Dec-22. SB operate a single point of access and as a result all of their sCAMHS referrals are assessed under Part 1 of the Mental Health Measure.

NHS Wales Performance Framework Metrics

(Latest data published June 2023)

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




Metric	Committee	Target	5%	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	Compliance	12mth Trend	Rank	
	Percentage of sickness absence rate of staff	PFG																		
Actual			6.46%	6.50%	6.57%	6.55%	6.70%	6.57%	6.57%	6.52%	6.55%	6.47%	6.41%	6.33%	6.24%	●		6th out of 12 organisations		
Trajectory																				
Note: Data is for a rolling 12 months.																				
Turnover rate for nurse and midwifery registered staff leaving NHS Wales	PFG		7.18%	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Compliance	12mth Trend	Rank	
		Actual	7.72%	7.64%	7.68%	7.30%	7.42%	7.44%	7.29%	7.07%	7.07%	7.19%	7.34%	7.20%	7.02%	●		3rd out of 11 organisations		
		Trajectory																		
Note: Data is for a rolling 12 months and excludes employees who retire and return to NHS Wales and organisational 'churn'. A full methodology is available on request. In a number of cases, large turnover figures are due to a small workforce where any leavers will inflate the rate significantly. This data is experimental - there are some organisation specific anomalies which require context and explanation from organisations directly. These will be investigated and in future months the figures may differ to accommodate for these anomalies. DHCW was not formed until April 2021 hence does not have a 2019/20 baseline figure and so target compliance will be measure against a 12 month reduction																				
Agency spend as a percentage of total pay bill	PFG		TBA	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	Compliance	12mth Trend	Rank	
		Actual	6.3%	6.6%	7.3%	7.3%	8.3%	6.9%	8.6%	8.6%	8.1%	5.8%	6.9%	7.7%	7.1%	●		9th out of 12 organisations		
		Trajectory																		
Percentage of headcount who have had a Personal Appraisal and Development Review (PADR) / medical appraisal in the previous 12 months (excluding doctors and dentists in training)	PFG		85%	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	Compliance	12mth Trend	Rank	
		Actual	68.3%	68.4%	69.5%	68.7%	69.6%	71.5%	73.4%	74.0%	74.2%	74.7%	75.3%	76.4%	76.7%	●		1st out of 12 organisations		
		Trajectory																		

NHS Wales Performance Framework Metrics

(Latest data published June 2023)




Quadruple Aim 4:

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




Percentage of episodes clinically coded within one reporting month post episode discharge end date	Committee	Target	95%	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	Compliance	12 month trend	Rank		
	PFIG		Actual	95.6%	95.2%	94.9%	87.9%	94.3%	93.7%	94.8%	86.8%	92.8%	88.3%	79.8%	70.5%	63.4%					7th out of 8 organisations
			Trajectory																		




Percentage of all classifications' coding errors corrected by the next monthly reporting submission following identification	Committee	Target	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	Apr-23	Compliance	12 month trend	Rank	
	PFIG		Actual																	
			Trajectory																	

Note: New measure - data will be included in the next few months.

Percentage of calls ended following WAST telephone assessment (Hear and Treat)	Committee	Target	17%	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Compliance	12 month trend	Rank		
	PFIG		Actual	12.6%	11.3%	12.2%	11.0%	11.6%	12.0%	11.5%	13.4%	12.6%	12.3%	13.3%	13.5%	12.3%					5th out of 7 health boards
			Trajectory																		




Number of Pathways of Care delayed discharges	Committee	Target	Reduce	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	Compliance	12 month trend	Rank		
	PFIG		Actual	326	290																8th out of 8 organisations
			Trajectory																		

Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for people aged under 18 years	Committee	Target	90%	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Compliance	12 month trend	Rank		
	PFIG		Actual	94.5%	89.2%	94.1%	93.0%	95.0%	93.3%	94.6%	91.8%	92.4%	97.9%	93.2%	93.6%	88.7%					5th out of 7 health boards
			Trajectory																		

Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for adults 18 years and over	Committee	Target	90%	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Compliance	12 month trend	Rank		
	PFIG		Actual	86.7%	85.1%	84.1%	84.3%	84.2%	84.7%	83.8%	82.0%	83.9%	86.3%	85.1%	83.8%	85.0%					4th out of 7 health boards
			Trajectory																		

Number of patient experience surveys completed and recorded on CIVICA	Committee	Target	Improve	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	Compliance	12 month trend	Rank		
	QSE		Actual																		
			Trajectory																		

Note: Number of surveys completed and recorded varies between organisations due to the number of different surveys undertaken by each and the different survey methods e.g. SMS, QR code etc. New measure - data will be included in the next few months.

Cumulative number of laboratory confirmed bacteraemia cases - Klebsiella sp	Committee	Target	103	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	Compliance	12 month trend	Rank		
	QSE		Actual	6	16																1st out of 6 health boards
			Trajectory																		


Note: 12 month trend is based on the monthly number of cases. Data is provisional. Target is for achievement for Mar-24. Measure not applicable to Powys as HB has no acute hospitals.

NHS Wales Performance Framework Metrics


(Latest data published June 2023)

Quadruple Aim 4:


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

Cumulative number of laboratory confirmed bacteraemia cases - Aeruginosa	Committee	Target	27	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	Compliance	12 month trend	Rank
	QSE	Actual	3	8														●	
		Trajectory																	


Note: 12 month trend is based on the monthly number of cases. Data is provisional. Target is for achievement for Mar-24. Measure not applicable to Powys as HB has no acute hospitals.

Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population - E-coli	Committee	Target	67	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	Compliance	12 month trend	Rank
	QSE	Actual	60.71	65.68														●	
		Trajectory																	


Note: 12 month trend is based on the monthly cases per 100,000 of the population. Data is provisional. Target is for achievement for Mar-24. Measure not applicable to Powys as HB has no acute hospitals.

Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population - S. aureus bacteraemia	Committee	Target	20	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	Compliance	12 month trend	Rank
	QSE	Actual	26.02	22.18												26.02	22.18	●	
		Trajectory																	


Note: 12 month trend is based on the monthly cases per 100,000 of the population. Data is provisional. Target is for achievement for Mar-24. Measure not applicable to Powys as HB has no acute hospitals.


Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population - C. difficile	Committee	Target	25	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	Compliance	12 month trend	Rank
	QSE	Actual	41.63	41.80												41.63	41.80	●	
		Trajectory																	


Note: 12 month trend is based on the monthly cases per 100,000 of the population. Data is provisional. Target is for achievement for Mar-24. Measure not applicable to Powys as HB has no acute hospitals.

Percentage of confirmed COVID-19 cases within hospital which had a definite hospital onset (>14 days after admission)	Committee	Target	Reduce	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	Compliance	12 month trend	Rank
	QSE	Actual	41.2%	28.6%	46.0%	34.4%	36.0%	47.2%	42.9%	33.7%	44.7%	41.5%	56.0%	36.6%	38.0%			●	
		Trajectory																	

Note: Measure not applicable to Powys as HB has no acute hospitals.

Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	Committee	Target	95%	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Compliance	12 month trend	Rank
	PFIG	Actual	58.5%	58.9%	57.7%	58.7%	56.2%	57.1%	55.9%	59.3%	54.4%	55.6%	56.2%	59.6%	56.1%			●	
		Trajectory																	

Number of ambulance patient handovers over 1 hour	Committee	Target	Reduce	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Compliance	12 month trend	Rank
	PFIG	Actual	1,927	2,031	1,898	1,905	2,019	1,870	2,113	1,642	1,466	2,192	2,048	2,025	1,883			●	
		Trajectory																	

Number of National Reportable incidents that remain open 90 days or more	Committee	Target	Reduce	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Compliance	12 month trend	Rank
	QSE	Actual	31	45	46	49	55	46	50	52	44	47	48	44	41			●	
		Trajectory																	

Note: If an organisation has a blank it means that there was no reportable incidents for that period due to be closed within the 90 day period. The number achieving target is currently out of 10 as HEW has no reportable incidents for the reporting period and DHCW only had a reportable incident from Feb-23 so can not currently assess target compliance.

PERFORMANCE TRAJECTORIES SUBMISSION FOR 2023-24

MEASURE	TARGET	Trajectory Actual	FORECAST												
			Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Number of patients referred from primary care (optometry and General Medical Practitioners) into secondary care Ophthalmology services	Improvement trajectory towards a national target of reduction by March 2024	Trajectory	N/A	1,114	1,175	1,204	1,307	1,291	1,232	1,370	1,260	1,126	1,144	1,273	1,337
		Actual	1,875	1,498	1,802										
Number of patients waiting more than 52 weeks for a new outpatient appointment	Improvement trajectory towards a national target of zero by June 2023	Trajectory	12,340	12,518	11,100	9,972	9,541	9,107	9,122	9,160	9,522	9,748	9,856	9,988	10,175
		Actual	12,090	11,503	12,001	11,772									
Number of patients waiting more than 36 weeks for a new outpatient appointment	Improvement trajectory towards a national target of zero by March 2024	Trajectory	23,083	23,121	21,831	20,110	18,835	18,337	17,860	16,969	16,652	16,660	16,673	16,868	17,041
		Actual	22,635	22,638	23,210										
Number of patients waiting more than 104 weeks for referral to treatment	Improvement trajectory towards a national target of zero by June 2023	Trajectory	9,772	9,758	9,147	8,616	8,105	7,799	7,532	7,433	7,455	7,527	7,634	7,790	7,978
		Actual	9,769	9,425	9,182	8,808									
Number of patients waiting more than 52 weeks for referral to treatment	Improvement trajectory towards a national target of zero by March 2025	Trajectory	36,095	36,356	34,826	33,380	32,511	31,687	31,213	30,653	30,444	30,075	30,359	29,873	29,544
		Actual	35,394	34,781	35,289										
Number of patients waiting over 8 weeks for a specified diagnostic	Improvement trajectory towards a national target of zero by March 2024	Trajectory	8,119	8,050	7,511	7,002	6,560	5,902	5,499	5,013	4,488	3,822	3,523	3,049	2,577
		Actual	8,119	8,686	9,099	9,097									
Number of patients waiting over 14 weeks for a specified therapy	Improvement trajectory towards a national target of zero by March 2024	Trajectory	2,192	2,049	1,901	1,809	1,599	1,420	1,255	1,133	849	753	498	251	0
		Actual	2,192	1,791	1,704	1,551									
Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100% ¹	Improvement trajectory towards a national target of reduction by March 2024	Trajectory	80,322	75,901	73,750	71,527	69,148	66,952	64,672	62,516	60,203	57,892	55,347	52,903	50,371
		Actual	80,322	82,887	86,586	81,426									
Number of patients waiting more than 62 days for their first definitive cancer treatment from point of suspicion (regardless of the referral route)	Improvement trajectory towards a national target of reduction by March 2024	Trajectory	850	940	913	739	694	722	628	565	518	535	581	523	454
		Actual	888	911	892										
Percentage of patients starting their first definitive treatment within 62 days from point of suspicion (regardless of the referral route)	Improvement trajectory towards a national target of 80% by March 2026	Trajectory	63.1%	62.5%	58.0%	59.0%	61.0%	62.0%	62.0%	62.0%	66.0%	65.0%	68.0%	69.0%	70.0%
		Actual	62.9%	62.2%	50.1%										
Number of ambulance patient handovers over 1 hour	Improvement trajectory towards a national target of zero by March 2024	Trajectory	2,192	2,048	1,900	1,700	1,550	1,300	1,150	1,050	1,000	975	1,100	1,000	925
		Actual	2,192	2,054	2,033	1,883									
Number of patients who spend 12 hours or more in all major and minor emergency care facilities from arrival until admission, transfer or discharge	Improvement trajectory towards a national target of zero by March 2024	Trajectory	2,870	2,810	2,700	2,640	2,530	2,420	2,310	2,200	2,090	1,980	1,870	1,760	1,650
		Actual	2,865	2,812	2,994	2,691									

Section 3

Exception Reports



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board



Urgent and Emergency Care



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board



What the data tell us

- Marginal improvement on 4hr performance in comparison to June 2022, 12hr delays continue to be excessive.
- On going reduction in ambulance lost hours across BCUHB, with a maintained focus on zero 4 hour ambulance delays by year end.
- Median time to clinician continues to fluctuate with an average Median time of 140minutes (>50% of the 4hr target time) but demonstrates continued gridlock on the acute sites.
- BCUHB remains gridlocked with Medically fit patient that impacts on flow for elective and unscheduled care for BCUHB.

Issues

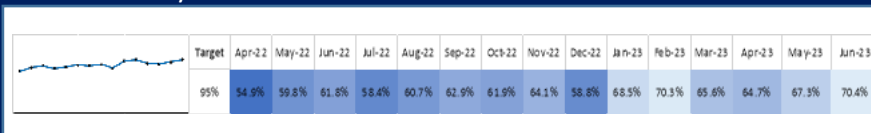
- Over 300 clinically optimised patients currently delayed in hospital beds, impacting on patient flow across the whole USC system. Top delay reason for assessments including internal health as well as joint & social care / providers.
- Other top reasons include awaiting RH and domiciliary care – a number of patients awaiting POC are being supported by health home first teams whom would otherwise have remained in hospital.
- Lack of direct access pathways for pre-hospital providers for ambulatory patients.
- Front door access for non type 1 attendances.

Actions

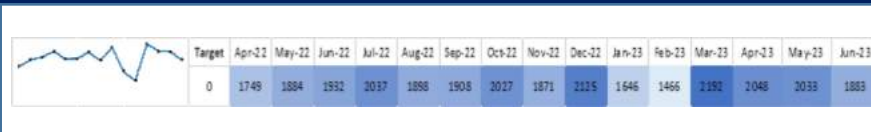
- D2RA implementation plans across each IHC to support roll out across acute and community hospital wards by 31st July including software system for recording pathways
- Work ongoing led by NWRPB to identify and implement Trusted Assessor by 30th Sept
- BCUHB high level action plan for Pathways of Care Delays developed as well as local delivery plans within each IHC aligned to delays data and top reasons for delay.
- Hospital full reviews are taking place in August in preparation for winter resilience but also test service provision.
- Direct access pathways – SDEC/NOF and Stroke are being developed, to be implemented by September 2023.

Supporting very high-level Data

Measure: ED/MIU 4 Hour Waits



Measure: Patient ambulance handovers over 1 hour



Mitigations

- Development of an educational package for on call operational teams to ensure all escalation planning/ Surge planning are shared to support effective decision making.
- T&F group set with Site managers to support Goal 5 of the UEC programme regarding surge and continuous flow from the front door and mitigate risk across site positions.
- Review of WG Discharge policy to be reflected in BCUHB discharge policy in line with WG position.

What the data tells us

- Slight improvement continues for admission to stroke unit within 4 hours. Improvement gains across all 3 sites as pathways are embedded, demand however remains higher than planned, each site protecting admission beds, various breach causes
- Thrombectomy remains good in the East (2.8% twice the Wales Average) and challenging in Centre and West
- Thrombolysis rates improving, specifically in Wrexham as part of pathway improvements
- Improvements in Median Clock Start to CT Scans at Wrexham and Bangor with a slight increase at YGC

Issues

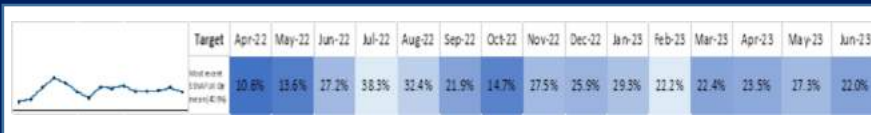
- Stroke admissions within 4 hrs remains challenging, in sufficient capacity is the largest breach reason
- Thrombectomy transport remains one of the main issues and time to Walton indicating patients miss the window
- EDs capacity with long ambulance off load delays impacting on the stroke pathway, all sites are pushing the direct to CT pathway
- WI stroke patients not being picked up

Actions

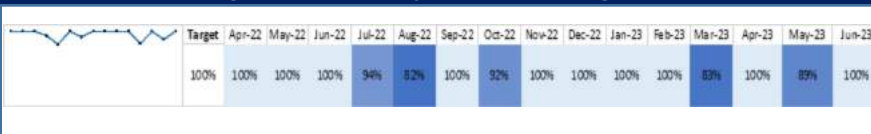
- Recruitment continues across Therapy services, to improve the response at all parts of the Pathway and ring fencing if staff employed via the BC to support each part of the pathway
- Direct to CT Pathway being implemented in all acute sites by Q3
- Review of all Walk In Stroke patients and the pathway will start shortly
- Aiming to implement “e stroke” software from Brainomix in Quarter 2 which enables improved images from CT Head and CT Angiography scans which in turn improves decision making on referral for Thrombolysis and Thrombectomy. This is almost ready for implementation pending agreement of clinical safety standards, testing and some funding implications beyond 2023/24.
- Review of 2023/24 action plans under way across Each IHC to address improvements against the outcome of the Business Case, performance reporting via IHC with overview from the Stroke programme

Supporting very high-level Data

Measure: Stroke unit 4 hour direct admissions



Measure: Percentage of Thrombolysis Rates for Eligible Patients



Mitigations

- Staffing levels remain challenging against the original phase 1 BC— ongoing recruitment activities in progress
- Overall pressure on EDs continue will have adverse impact on timely decision-making on Thrombectomy – mitigations in place to support, ongoing ring fencing of stroke beds, direct to CT Pathway in ED, and awareness of staff in ED for stroke “walk-ins”
- New national stroke guidelines include relaxation of the 6 hour window for mechanical Thrombectomy. This may enable more referrals, confirmation on assurance compliance with this guidance during May across all sites.
- Site pressures and DTOCs across the full pathway delay patients moving through the system, some patients are moving into

Elective and Planned Care



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What the data tells us

- Whilst some reduction in overall numbers has been observed, activity is effectively flat-lining at 36 week waits
- Numbers waiting over 52 weeks for a first appointment have halved over the last year as have 104 week waits for treatment
- In part these reductions have been driven by additional capacity via insourcing and outsourcing which in turn has driven an increase in follow up activity. We are also seeing some positive (albeit marginal) movement on less than 26 week waits

Issues

Need to address primary car referral rates (23% increase)

Challenged specialties with cohorts of longest waiters:

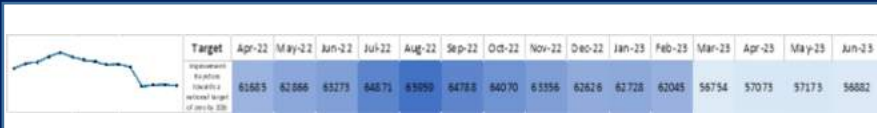
- Orthopaedics
- Ophthalmology
- ENT
- General Surgery

Actions

- Implementation of improved referral, booking and scheduling system (improved utilisation)
- 180 additional glaucoma reductions per month commenced July
- Perfect month (east) – improved throughput & reduced length of stay
- Administrative validation (predicted 7-10% reduction on total numbers)
- Job planning reviews
- Theatre utilisation group established
- Planned Care programme to mobilise July to co-ordinate & drive action

Supporting very high-level Data

Measure: No. of patients waiting more than 36 wks for referral to treatment



Mitigations

- IHCs requested to develop plans urgently to address longest waiting cohorts.
- Will take a Health Board wide view of capacity, offering patients slots at any other available locations.
- Rapid review of diagnostics to initiate as many straight to test pathways as possible.

What the data tells us

52 week waits have halved

Significant growth in follow up activity (partially generated by extra treatment activity through private sector as well as additional internal activity, via waiting list initiatives)

Issues

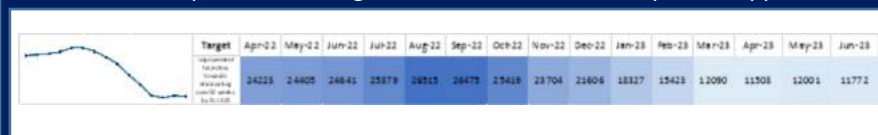
- Unsustainable levels of follow up activity
- Variance in approach to follow up management
- Inefficient application of qualification against task (need to develop further advanced and hybrid clinical roles)

Actions

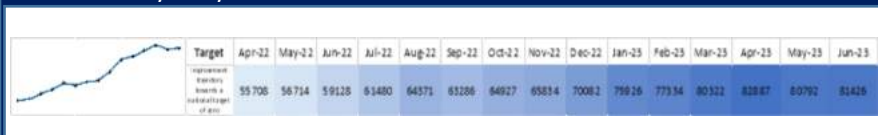
- HB wide follow up reduction programme will commence in July – dashboard and tracker tools are being finalised.
- Discharge onto Patient Initiated Follow Up (PIFU) or See on Symptoms (SOS) pathways to reduce follow up appointment load.
- Bringing on 2 Extended Scope Physiotherapists will achieve zero overdue orthopaedic follow up by January 2024 and created capacity to see more than 2,000 additional patients by May 2024.

Supporting very high-level Data

Measure: No. of patients waiting over 52 wks for a new outpatient appointment



Measure: No. of patients waiting for a follow-up outpatient appointment who are delayed by over 100%



Mitigations

- Extended validation activity (administrative) will reduce 7-10%
- Requesting clinical validation of longest follow up waiters
- Use of all available follow up slots to get patients discharged from their pathways

What the data tells us

Performance has been consistent at between 58% and 65% of patients treated within 62 days of suspicion of cancer over the last 6 months but has dropped from 63 to 60% in the last 3 months. BCUHB remains one of the highest performing Health Boards in Wales against this performance measure, but performance is still below the 75% target.

Issues

The main challenges remain:

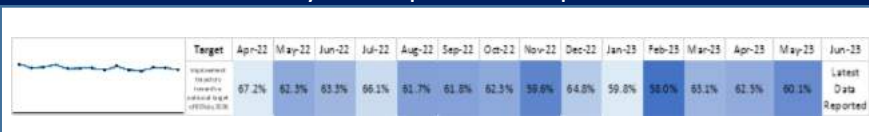
- A consistent increase in suspected cancer referrals meaning patients are not seen within the local 10 day target for 1st appointment
- Continuing pressures in diagnostic capacity in particular in endoscopy and urology services
- Reduced dermatology capacity in particular in the West
- The need to outsource some specialist treatments due to a lack of a local capacity (urology surgery, rectal oncology)

Actions

- Outpatient capacity reviewed to increase the percentage of USC patients seen within 10 days of referral – with the exception of gynaecology and dermatology, specialties have amended clinic templates in line with latest 80th or 95th percentile demand. Additional capacity is still required to reduce the existing backlog.
 - Increased diagnostic capacity through implementation of the endoscopy business case (see separate endoscopy report) and increased prostate biopsy capacity in West and East.
 - New clinical oncologists appointed which will allow repatriation of rectal oncology work by the autumn.
- Improvement work to streamline cancer pathways continues including:
- Straight to scan pathway for suspected prostate cancer patients commenced in West in May 2023 reducing time to diagnosis by 3 weeks for first patients; to commence in East this month
 - Nurse led triage pilot for suspected colorectal cancer patients commenced in Central in May 2023 with the aim of increasing straight to test uptake and shortening pathways
 - Teledermoscopy business case to be submitted to Welsh Government by end of July 2023
 - Pathway review programmes commenced in gynaecology, breast and lung, with support from Improvement Cymru

Supporting very high-level Data

Measure: % of patients starting their first definitive cancer treatment within 62 days from point of suspicion



Mitigations

- Outsourced capacity for specialist urology surgery and rectal oncology in place

What the data tells us

Radiology: At 30.06.2023, the number of patients waiting over 8 weeks for radiology diagnostics has reduced by 361 to 4192 (since the May report), and in the three main modalities as follows: CT 140 (-38); MRI 842 (-171); Ultrasound 3112 (-250). Actual Q1 demand compared to that forecast was: CT (+1824 / +9.35%); MRI (+254 / +8.68%) and ultrasound (+736 / 2.33%). Q1 activity compared to that forecast was CT (+1440 / +7.5%); MRI (+274 +3.89%) and ultrasound (+946 / +3.17%). DNA rates have also increased compared with the same Q1 period last year: CT 6.2% (4.6%); MRI 8.2% (7.1%); US 8.5% (7.1%).

The performance trend for Neurophysiology waiting times has deteriorated in line with expectations for Q1. The number of patients waiting over 8 weeks is 1029, an increase of 27 from the end of May 2023 position. There are 753 consultant-led EMG breaches (+12) and 276 physiologist-led NCS breaches (+15).

Issues

For radiology, increased demand above that forecast has limited the overall backlog waiting time reduction in the period. However, increased (but unfunded) activity has significantly mitigated the demand impact. By modality, CT activity continues to match above forecast demand; and the sustained reduction in the MRI waiting list continues in spite of above forecast demand. Increases over the 2019-20 baseline core demand are 39% / 26% respectively. Hence, there is concern as to the sustainability of this level of increase in cross-sectional imaging. Ultrasound waits continue to fluctuate as in previous months, with the above forecast increase in demand also a concern (10% over core 2019-2020 levels).

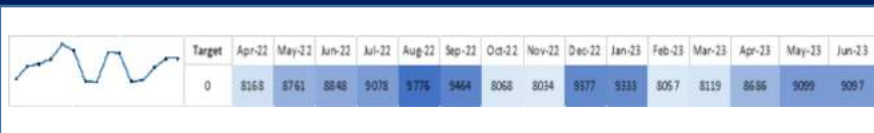
Actions

Radiology senior management team are investigating further ultrasound insourcing capacity opportunities. Given the sharp increase in demand, there is an urgent need for a more detailed assessment of referrals to radiology, including clinical audit to ensure truly urgent cases are prioritised. The increase in DNA rates also requires deeper investigation, together with initiatives to reduce these as far as possible.

Neurophysiology: Recruitment to the two vacant physiologist posts is progressing, with an estimated starting date of November for an overseas appointee. The vacant service manager post is currently being advertised. A tender for insourced staffing support is progressing, likely to be a direct framework award. Coupled with locum and likely new appointments, these actions will create additional capacity to clear the backlog towards the end of 2023-24 and meet likely pent up demand

Supporting very high-level Data

Measure: No. of patients waiting over 8 weeks for a diagnostic



Mitigations

Radiology: As expected, In spite of sustained record activity, increasing demand means there is a risk that overall capacity will be insufficient to meet demand in 2023-24, particularly in ultrasound. All current solutions will be maintained throughout 2023-24 as a minimum with identification of additional capacity a priority for the team.

Neurophysiology: Recruitment to vacant posts remains the main risk, with other actions set to completed by end Q2 2023-24.

What the data tells us

Endoscopy are not currently meeting the 8 week diagnostic target. Trajectories have been completed, the endoscopy over 8 week breach position at the end of March is forecasted at approximately 1,000 patients across the health board.

Issues

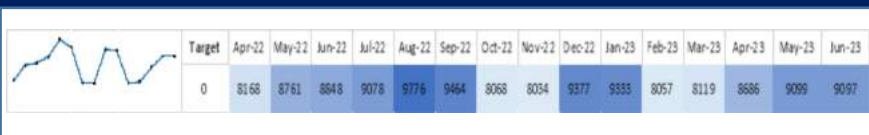
- Fragile Gastroenterologist position.
- Competing patient cohorts/targets – Urgent suspected cancer (USC), Surveillance and Bowel Screening.
- Capacity and demand mismatch.

Actions

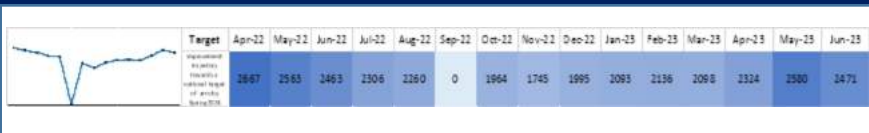
- Ongoing recruitment / locum-agency adverts
- Expansion of other roles – example Clinical endoscopist
- Maximise efficiency and utilisation of lists.
- Temporary insourcing to support additional capacity.

Supporting very high-level Data

Measure: No. of patients waiting over 8 weeks for a diagnostic



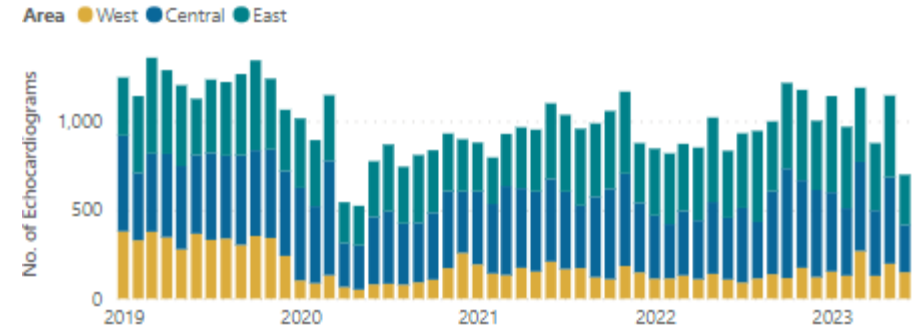
Measure: No. of patients waiting over 8 weeks for a diagnostic endoscopy



What the data tells us

The data shows an improved position for outpatients echocardiograms, and other cardiac physiology diagnostics are following a similar trend. Providing the additional activity continues this will address our long waiting patients.

Monthly Number of Echocardiograms



Issues

- Increased referrals for cardiac diagnostics.
- Planned care additional activity.
- A recognised capacity mismatch pre-pandemic with national shortages of recruitment.
- Lack of funding to recruit newly qualified physiologists.

Actions

- Trajectories developed by each department.
- Locum staff agreed.
- Additional waiting lists planned.
- Ongoing validation to resolve data issues.

Mitigations

- Ongoing pathway work with NT-proBNP blood test to ensure appropriate ordering of echocardiograms.
- The departments are booking guided by clinical need.
- Operational teams monitor the waiting list closely and work with clinicians to manage patient risk.
- Additional waiting lists arranged at evenings and weekends.

What the data tells us

Performance has deteriorated in month across BCU Eye Care from 50.4% in May to 49.8% in June 2023.

Issues

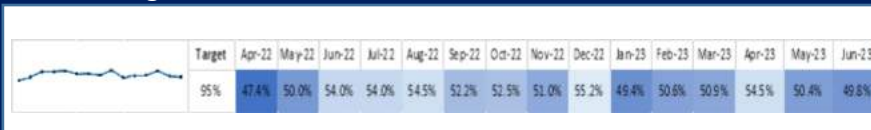
- A.** Integrated pathway capacity gaps continue (Primary care partners, Hospital Medic Virtual review & Admin capacity).
- B.** Data Completeness & quality negative impact on modelling/forecasting/planning/delivery and performance review.
- C.** ↓ Resources (staffing and estates) impact on capacity to deliver performance.
- D.** National Digital “Go Live” delay and cybersecurity challenges. (Key enabler of performance improvement and Integrated Pathway expansion).
- E.** Clinical Leadership vacancy and conflicting demand impacts on leadership for change planning and delivery of All Wales and transformational pathways that deliver performance improvement

Actions

- A.** Expanded Integrated Team Partners (+10) to mitigate Primary Care Capacity Gaps. Pump-Primed*/Eye Care funding 4 additional Medic Virtual review sessions by site (+12 sessions Pan BCU) and 1.0wte Admin Coordinator per site (+3.0 WTE Pan BCU)
*Fixed term for 6 months to inform future planning.
- B.** Ophthalmology Teams to redress Clinical Condition data gaps to tolerance of ≤300 null entries by close of November 2022. Target reset to April 23. Further reset to July 2023: due to Administration capacity gaps. (Report attached)
- C.** Cataract “complex” patient theatre utilisation “staged” improvement: IHCs to deliver ≥5 complex patients/theatre
- D.** BCU Digital Team progressing expanded option appraisal following testing concept “interim” Local Digital Solution.
- E.** BCU Medical Directors Office progressing Clinical Lead Expressions of Interest (closing date 27/7/23).

Supporting very high-level Data

Measure: % of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date



Mitigations

Organisational and Service User Risks from delayed access to care from:-

- A.** Admin gaps continue to impact on West and East priority data redress and Pathway delivery. Mitigation: Central recruited 0.5 of 1.0 WTE. West and East readvertising (third cycle). Eye Care progressing 2.0 wte Regional (permanent)
- B.** Estates impact (clinics & surgery). Mitigation: Hospital Twilight sessions and Integrated “Care Closer to Home Retinopathy pathway expanded. (10 additional Optometry partners providing greater patient choice/capacity)
- C.** Delayed National Digital System (key enabler of Integrated Pathway delivery). Mitigation: Interim local Digital solutions appraisal
- D.** Reduced engagement and delivery. Mitigation: Interim clinical leadership support from Office of Medical Director

Adult Mental Health Services



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What the data tells us

Our performance is largely improving across all areas. Divisional focus is on the reduction of waiting lists to ensure we are providing timely access to services. Our demand into the Mental Health Measure (MHM) part 1a, although relatively static in terms of overall numbers, is subject to a number of peaks in year (Quarter 1 and Quarter 3) and is based on the acuity of need.

Revised trajectories have been developed to focus on the waiting list reduction, although this does demonstrate a downward turn in our Mental Health Measure compliance, bringing our waiting list down to target levels will enable us to achieve and sustain delivery to ensure optimum care is provided to our patients. However, we are pleased to report that expected trajectories have been exceeded for this period. We are also seeing a reduction in our waiting lists in line with our recovery plan.

Issues

- May 2023 position demonstrates a compliance rate of 77.6% for part 1a of the Mental Health Measure (MHM) which is below the 80% target but exceeds the expected trajectory.
- Focusing on targeting waiting lists reduction, is the right thing to do for our patients but may cause a slight downturn in our performance against the measure.
- Part 2 is 85.0%, under the 90% target, and marks an improved position and slightly exceeds the expected trajectory.

Actions

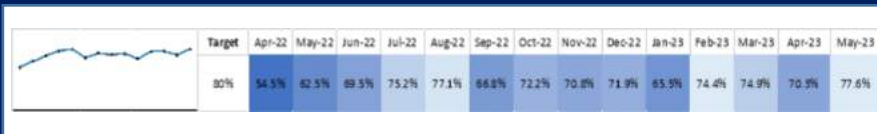
- Adult Community Pathway Transformation Group continues its work to improve how we respond to the demand for Local Primary Mental Health Support Services (LPMHSS).
- Data analysis is being undertaken on the existing processes and the nature of the demand to support evidence based actions. Immediate focus is on ensuring we maximise what we can improve within our own core services.
- Documentation and recording processes are also being reviewed to address our reporting on part 2 of the MHM. The impact of the implementation of our 111/2 service is currently being analysed, including improved outcomes to patients.

Mitigations

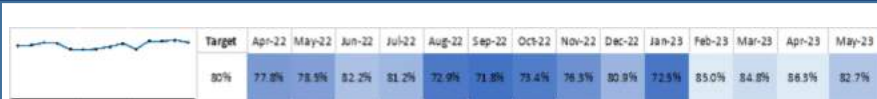
- The work through the Adult Community Pathway Transformation Group is key and in addition to the above; intermediate and longer term actions will look to how we maximise the benefit and potential of our partners, specifically those we commission, as a whole system approach to providing the right service at the right time.
- Vacancies have impacted some service delivery but we are pleased to report a number of appointments of new staff made in the last 2 months.
- Most of our service users under part 2 of the measure have complex multiple needs and we are considering appropriate stepped care for those patients who are stable patients to ensure they are getting the right level of care at the right time, this will ensure capacity under part 2 of the measure is more appropriately utilised. Similarly to Part 1, the approach to stepped care will look to using partners both internally and externally to ensure service users are properly supported with therapeutic and pharmacological in a stepped care model.

Supporting very high-level Data

Measure: % of MH assessments undertaken within (up to & including) 28 days from the date of receipt of referral for adults aged 18 and over



Measure: % of therapeutic interventions started (up to & including) 28 days following an assessment by LPMHSS for adults aged 18 years and over



Child and Adolescent Mental Health Services (CAMHS)



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What the data tells us

May 2023 reported position:

- **SCAMHS Performance under MHM** - data relating to 4 patients in total impacting 50% rate. Awaiting allocation of Care Co-Ordinator.
- **Part 1a MHM** - Regional Improvement Trajectory for 80% compliance was not met in May 2023.
- **Part 1b MHM** - Regional Improvement Trajectory met at 41.1% in May 2023.
- **Part 2 MHM** – Continued compliance with Part 2 achieved

Issues

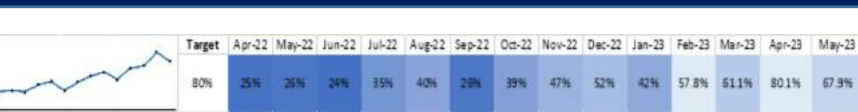
- MHM Part 1 regional delivery at 66% reported May, below anticipated trajectory of 80% compliance this was due to reduction in activity undertaken impacted by vacancy factor, reliance on Agency staffing
- Risk to commissioning additional specialist therapies to support improved Part 1b recovery
- Activity rates to be monitored against agreed capacity trajectories - Robust capacity forecasting to support corrective actions in month if necessary
- Workforce remains unstable across all teams - Vacancy factor 30% in East and Central

Actions

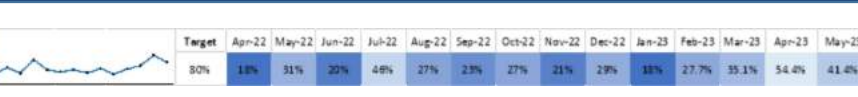
- Refresh of CAMHS recovery plan to seek to improve trajectories to deliver Part 1b MHM
- Regional Standard Operating Procedure (SOP) to be developed to support improved forecasting of monthly capacity and close robust monitoring of planned activity within month.
- Explore additional private provider capacity to increase capacity to reduce backlog on Therapy waiting list.

Supporting very high-level Data

Measure: % of MH assessments undertaken within (up to and including) 28 days from the date of receipt of referral for people aged under 18 years



Measure: % of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS for people aged under 18 years



Mitigations

- Weekly monitoring ongoing within IHCs.
- Development of stabilisation recruitment action plan
- Monitoring of milestones through Special Measures programme ongoing. Pan BCU Senior Childrens Leads Meeting to update milestones against the 90-day plan.

What the data tells us

May 2023 reported Position

- Further decrease in 26 week waiting list position in line with anticipated Regional Trajectory
- Current Capacity gap is over 1800 assessments per annum
- The forecast position is anticipated to decline further throughout the year
- The service is now under special measures 90 day milestones agreed, weekly monitoring and reporting is in place

Issues

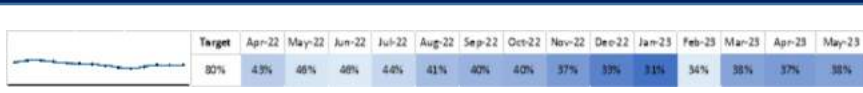
- Unable to appoint supplier for additional provision for assessments through current tender process
- Successful bidders will not meet required capacity to support full demand & backlog, any new tender will only address a small number of the longest waiters.
- ND Funding – if not released/approved there is a significant risk that the special measures & improvement work will not be taken forward, (key staff will not be appointed) and any new tender will not have sufficient administrative support
- Increasing demand on services
- Current ND Service model is not fit for purpose

Actions

- Working with the DU and WG to undertake a Demand & Capacity Review in line with WG Improvement Programme for ND services
- Commissioning – tender process for external providers to undertake assessments for the longest waiters is underway
- WG have identified funding for RPBs and bids for 23/24 have been submitted to aid sustaining waiting times and trialling new ways of working
- Sustainability and Delivery Plan - Programme Board set up to develop programme of improvement works working with WG and PRBs to pilot new ways of working/share best practice.
- Workforce –standardise job plans being developed to support demand and capacity modelling, ND teams remain small in line with historical staffing levels, requires significant investment
- Service Model – urgent need to redesign services, to ensure needs led, this programme of work requires appointment of key posts and significant funding to enable change

Supporting very high-level Data

Measure: % of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment



Mitigations

- Monitoring – Local and Monthly Meetings
- Programme Board has developed Risk & Action Log – escalation process identified.
- Special Measure milestones/improvement framework is being developed, ensuring national work is incorporated

Workforce



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What the data tells us

Although still above target the monthly absence has continued to show an improving trend. The monthly levels have improved from 6.38% in June 2022 to 5.13% in June 2023. This equates to a rolling 12 month average of 6.05% down from 6.56% for the year to June 2022. Sickness levels remain highest for HCSW at 8.03% and band 2 staff in general at 7.18%. As at 30th June 1133 staff were off work due to sickness, of which 548 had been off work for more than 28 days.

Issues

Stress depression and anxiety remains the main cause of absence with 7387 FTE days lost and contributing to 27% of all sickness absence reasons.

Return to work interviews are often not completed missing the opportunity to explore the underlying reasons for absence and the opportunity to make adjustments.

Actions

The people services department continues to support staff and managers in the management of staff who are off work due to long term sickness.

Focus on adjusted duties and early intervention to concentrate on the employees wellbeing and minimise the length of absence.

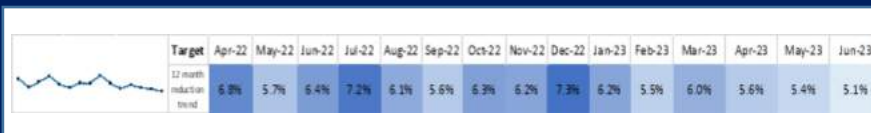
Mitigations

Temporary staffing department continue to recruit staff to the nurse bank to provide resources to ward and departments to limit the use of agency staff.

Coaching and education of managers to ensure that early intervention occurs when staff report ill to minimise the risk of the absence becoming long term.

Supporting very high-level Data

Measure: % sickness absence rate of staff



What the data tells us

Organisational PADR Compliance has seen an increase to over 75% during June 2023, compliance has not been over 75% since February 2020. Some large divisions such as Integrated Health Communities (IHC) East, Central and West have seen an increase since last month.

Issues

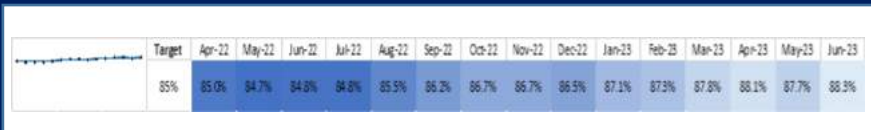
Operational pressures may continue to impact negatively on the capacity to carry out PADRs

Actions

As an integral part of the Stronger Together work streams, work has commenced on Personal Contribution to look at co-designing improvements, ensuring the best experience for staff across the organization.

Supporting very high-level Data

Measure: % headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (including Doctors and dentist in training)



Mitigations

On-going conversations continue to take place through Integrated Health Communities Governance structures to monitor PADR compliance.

Engagement during the co-design of Personal Contribution will continue to raise the awareness of the importance of PADR conversations.

What the data tells us

Mandatory Training within BCUHB for level 1 training has risen again in June 2023, currently reporting an increase of 0.6% to 88.3% . Level 2 training has increased by 1% and is currently 82.5%, just 2.5% below the national target of 85%. Level 2 training has increased by 0.3%-0.6% across Violence & Aggression (83%), Infection prevention (70%) & Safeguarding training (79-81%) with an almost 2% increase across Patient Handling training which currently illustrates a compliance figure of 55.6%

Issues

Manual Handling continue to report a significant percentage of 'Did Not Attends' on their patient handling courses.

Actions

Monitoring and reporting of 'Did not attend'(DNA) continues.

Manual handling department have increased their class cohort figures to reflect the DNA figures.

Supporting very high-level Data

Measure: % compliance for all completed L1 competencies of the Core skills and Training Framework by Organisation



Mitigations

An SBAR has been submitted for executive approval to approve further subjects as Mandatory within BCUHB.

One particular change will be to include 'Preventing Radicalisation' as a 'stand alone' course which previously was part of the current Safeguarding training. This may affect compliance figures for Level 1 training.

Further Information




















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NHS Welsh Government Delivery Framework Metrics (Latest data published June 2023)

Quadruple Aim 1

Quadruple Aim 1: People in Wales have improved health and well-being with better prevention and self-management							
Measure	Target	Current Data		Measure	Target	Current Data	
		Period	Value			Period	Value
% of adult smokers who make a quit attempt via smoking cessation services	5% annual target	2022/23	4.29%  	% uptake of the COVID-19 vaccination for those eligible - Spring Booster (Mar-23 to Jun-23)	75%	Jun-23	68.9%  
% people referred to HB services who have completed treatment for substance misuse (drugs or alcohol)	4 quarter improvement trend	Q4 22/23	61.2%  	% uptake of the COVID-19 vaccination for those eligible - Autumn Booster (Sep-23 to Mar-24)	75%	Sep-23	
% children up to date with vaccinations by age 5 ('4 in 1' preschool booster, Hib/MenC booster, 2nd MMR)	95%	Q4 22/23	90.9%  	% patients offered index colonoscopy within 4 wks of booking Specialist Screening Practitioner appt	90%	Apr-23	22.8%  
% of girls receiving the Human Papillomavirus (HPV) vaccination by the age of 15 (Q1 & Q4 23/24)	90%	Q1 23/24		% well babies entering new-born hearing screening programme who complete screening within 4 wks	90%	Apr-23	96.8%  
% uptake of the influenza vaccination amongst adults aged 65 years and over (Sep-23 to Mar-24)	75%	Sep-23		% of eligible new-born babies who have a conclusive bloodspot screening result by day 17 of life	95%	May-23	94.2%  

Quadruple Aim 2

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

Measure	Target	Current Data		Measure	Target	Current Data		
		Period	Value			Period	Value	
% of GP practices that have achieved all standards set out in the National Access Standards for In-hours GMS	100%	2021/22	77.1% ● ↑	Number patients spent 12 hrs or more in emergency care from arrival to admit, transfer or discharge	Imp trajectory towards 0 by Mar-24	May-23	3,012 ● ↑	
% primary care dental services (GDS) contract value delivered (new, new urgent and historic patients)	Month on month inc 30% Sep-23, 100% Mar-24	new measure - data will be inc. in the next few months		% of patients starting first definitive cancer treatment within 62 days from point of suspicion	Imp trajectory towards 80% by Mar-26	May-23	60.1% ● ↓	
num of patients referred from primary care (optometry & GP) into secondary care Ophthalmology services	Imp trajectory towards reduction by Mar-24	May-23	1,802 ● ↓	Number of patients waiting more than 8 weeks for a specified diagnostic	Imp trajectory towards 0 by Mar-24	May-23	9,099 ● ↑	
Number of consultations delivered through the Pharmacist Independent Prescribing Service (PIPS)	Increase compared to same month prev year	Apr-23	1,104 ● ↑	% of children (aged under 18 years) waiting 14 weeks or less for a specified Allied Health Professional	12 month improvement trend		92.7% ● ↑	
% LPMHSS assessments within 28 days from referral	Under 18 years	80%	May-23	67.0% ● ↑	Number of patients waiting more than 14 weeks for a specified therapy (inc. audiology)	Imp trajectory towards 0 by Mar-24	1,704 ● ↑	
	18 years and over			42.3% ● ↑	Number of patients waiting over 52 weeks for a new outpatient appointment	Imp trajectory towards 0	May-23	11,772 ● ↑
% therapeutic interventions started within 28 days following LPMHSS assessment	Under 18 years			77.5% ● ↑	Number of patients waiting more than 36 weeks for a new outpatient appointment	Imp trajectory towards 0	May-23	23,210 ● ↑
	18 years and over			82.6% ● ↑	Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	Imp trajectory towards 0	May-23	80,792 ● ↓
% of emergency responses to red calls arriving within (up to and including) 8 minutes	65%	Jun-23	51.6% ● ↑	Number of patients waiting more than 104 weeks for referral to treatment	Imp trajectory towards 0	May-23	8,953 ● ↑	
Median emergency response time to amber calls	12 month improvement trend	May-23	00:52:42 ● ↓	Number of patients waiting more than 52 weeks for referral to treatment	Imp trajectory towards 0		35,289 ● ↑	
Median time from arrival at an emergency department to triage by a clinician	12 month reduction trend	May-23	25 ● ↑	% of patients waiting less than 28 days for a first appointment for sCAMHS	80%	May-23	50.0% ● ●	
Median time from arrival at an emergency department to assessment by a senior clinical decision maker			136 ● ↑	% of children/young people waiting <26 weeks to start an ADHD/ASD neurodevelopment assessment		May-23	38.2% ● ↓	
% of patients spend less than 4 hrs in emergency care from arrival until admit, transfer or discharge	Imp compared to same month prev year or 95%	May-23	68.7% ● ↑	% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health		May-23	93.8% ● ↑	

Quadruple Aim(s) 3 and 4

Quadruple Aim 3: The health and social care workforce in Wales is motivated and sustainable								
Measure	Target	Current Data		Measure	Target	Current Data		
		Period	Value			Period	Value	
% of sickness absence rate of staff	12 month reduction trend	Apr-23	6.24% ● ↑	Agency spend as a percentage of the total pay bill	12 month reduction trend	Apr-23	7.1% ● ↑	
Turnover rate for nurse and midwifery registered staff leaving NHS Wales	Roll 12 mth reduction against 19/20 baseline	Mar-23	7.02% ● ↑	% headcount by organisation who have had a PADR/medical appraisal in the previous 12 months	85%	Apr-23	76.7% ● ↑	
Quadruple Aim 4: Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation, enabled by data and focused on outcomes								
Measure	Target	Current Data		Measure	Target	Current Data		
		Period	Value			Period	Value	
% of episodes clinically coded within one reporting month post episode discharge end date	Maintain 95% or 12 month imp trend	Apr-23	63.4% ● ↓	Cumulative number of laboratory confirmed bacteraemia cases:	Klebsiella sp	103	Apr-23 to May-23	16 ● ↑
% of all classifications' coding errors corrected by the next monthly reporting submission following	90%	new measure - data will be inc. in the next few months			Aeruginosa	27		8 ● ↓
% of calls ended following WAST telephone assessment (Hear and Treat)	17%	May-23	12.3% ● ↑	Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population:	E-coli	67.00	Apr-23 to May-23	65.68 ● ↑
Number of Pathways of Care delayed discharges	12 month reduction trend	May-23	290 ● ●		S.aureus bacteraemias (MRSA and MSSA)	20.00		22.18 ● ↑
% HB residents who have a valid care & treatment plan	Under 18 years	May-23	88.7% ● ↑		C.difficile	25.00		41.80 ● ↑
	18 years and over		85.0% ● ↑	% RT optinology appointments attended within target date or within 25% beyond of clinical target date	95%	May-23	56.1% ● ↓	
Number of patient experience surveys completed and recorded on CIVICA	Month on month improvement	new measure - data will be inc. in the next few months		Number of ambulance handovers over 1 hour	Imp trajectory towards 0 by Mar-24	Jun-23	1,883 ● ↑	
% of confirmed COVID cases within hospital which had a definite hospital onset of COVID	Reduction compared to same month 22/23	Apr-23	38.0% ● ↓	Number of National Reportable incidents that remain open 90 days or more	12 month reduction trend	Jun-23	41 ● ↑	

Report as at: 11 Jul 23

Target delivered: ●
Blank cell: no data currently available

Target not delivered: ●
Trend / target compliance not currently available: ●

Performance has improved over the last 12 mths: ↑
Performance has deteriorated over the last 12 mths: ↓
Performance has remained static over last 12 mths: →

Quality & Performance Report Betsi Cadwaladr University Health Board

Further information is available from the office of the Director of Performance for further details regarding this report. And further information on our performance can be found online at:

- Our website www.bcu.wales.nhs.uk
- Stats Wales <https://statswales.gov.wales/Catalogue/Health-and-Social-Care>

We also post regular updates on what we are doing to improve healthcare services for patients on social media:



follow @bcuhb



<http://www.facebook.com/bcuhealthboard>



Teitl adroddiad: <i>Report title:</i>	Quality Report			
Adrodd i: <i>Report to:</i>	Health Board			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	31 July 2023			
Crynodeb Gweithredol: <i>Executive Summary:</i>	This report provides the Health Board with information and analysis on significant quality issues arising during the prior two month period, alongside longer-term trend data, and information on the improvements underway.			
Argymhellion: <i>Recommendations:</i>	The Board is asked to note this report.			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Angela Wood, Executive Director of Nursing and Midwifery			
Awdur yr Adroddiad: <i>Report Author:</i>	Matthew Joyes, Deputy Director of Quality			
Pwrpas yr adroddiad: <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>	
Lefel sicrwydd: <i>Assurance level:</i>	Arwyddocaol <i>Significant</i> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol <i>Acceptable</i> <input type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol <i>Partial</i> <input checked="" type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn: <i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i>				
<p>There is confidence in the data provided in the report however, the strength of learning and improvement remains an area of concern and is a key focus of work. This is being addressed through a range of measures including the actions aligned to the BAF risk for quality (1.2), the Patient Safety Improvement Programme and the Quality Strategy currently being developed.</p>				
Cyswllt ag Amcan/Amcanion Strategol: <i>Link to Strategic Objective(s):</i>	Quality			
Goblygiadau rheoleiddio a lleol: <i>Regulatory and legal implications:</i>	<p>The statutory duty of quality requires the decision-making processes by the Health Board take into account the improvement of health services and outcomes for the people of Wales – the duty also includes new Health and Care Quality Standards.</p> <p>Instances of harm to patients may indicate failures to comply with the NHS Wales standards or safety legislation.</p>			

Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i>	N/A
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i>	N/A
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) <i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i>	BAF21-10 - Listening and Learning
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith <i>Financial implications as a result of implementing the recommendations</i>	N/A
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith <i>Workforce implications as a result of implementing the recommendations</i>	N/A
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori <i>Feedback, response, and follow up summary following consultation</i>	N/A
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) <i>Links to BAF risks: (or links to the Corporate Risk Register)</i>	BAF21-10 - Listening and Learning
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) <i>Reason for submission of report to confidential board (where relevant)</i>	N/A
Camau Nesaf: Gweithredu argymhellion <i>Next Steps: Implementation of recommendations</i> N/A	
Rhestr o Atodiadau: <i>List of Appendices:</i> 1. Board Quality Report	



Board Quality Report – July 2023

INTRODUCTION

For the NHS in Wales, quality is considered to be defined as continuously, reliably, and sustainably meeting the needs of the population that we serve. In achieving this, under the statutory duty of quality, Welsh Ministers and NHS bodies will need to ensure that health services are **safe, timely, effective, efficient, equitable** and **person-centred**. Underpinning these domains are six enablers, which are **leadership, workforce, culture, information, learning and research** and **whole-systems approach**. These domains and enablers form the Health and Care Quality Standards for Wales introduced in April 2023 through statutory guidance.

This report provides the Health Board with a summary of key quality related information. The aim of this report is to provide the Health Board with key quality highlights at each meeting. Detailed information relating to trends, themes, learning and improvement is provided to the Quality, Safety and Experience (QSE) Committee.

The accompanying Quality Report has been fully reformatted and is presented to the Board as an initial draft of an emerging new dashboard format. Feedback from the Board is welcomed.

NATIONALLY REPORTABLE INCIDENTS (NRI)

A nationally reportable incident is: *A patient safety incident which caused or contributed to the unexpected or avoidable death, or severe harm, of one or more patients, staff or members of the public, during NHS funded healthcare.*

During April and May 2023, 32 nationally reportable incidents occurred.

Over the year, the reporting rate has remained largely consistent.

At the time of writing, the total number of nationally reportable incident investigations overdue is 31 (down from 38 at the time of writing the last report). The Deputy Director of Nursing for patient safety continues to lead weekly support and scrutiny meetings with divisions to reduce this number.

The NRIs occurring during this period can be themed as follows:

- Grade 3 or above Health Acquired Pressure Ulcer
- Falls
- Assessing and recognising patient/service user deterioration

All NRIs are subject to a Make it Safe Rapid Review, and potentially a Rapid Learning Panel and further investigation and review. The learning and actions from each are recorded on the Datix Cymru incident management system. Learning forms are drafted for each investigation and are submitted nationally to the NHS Wales Executive to provide assurance of learning and actions.

Details of the improvement work underway against the themes have been presented to the QSE Committee.

The Health Board has implemented the Statutory Duty of Candour in April 2023. Virtual and e-learning training has been made available to staff and a resource library has been developed on the intranet site. The Datix system has been enhanced to capture compliance with the duty. An audit is planned during July to assess compliance after the first quarter.

The Health Board has worked to implement the latest revisions to the National Policy on Patient Safety Incident Reporting and Management issued in May 2023.

NEVER EVENTS

Zero Never Events occurred during April and May 2023.

In the previous financial year, 5 never events have been reported, compared to 10 in the same timescale in the prior year (when taking into account incidents later downgraded). The primary theme remained surgical safety however the nature of incidents has shifted from within theatre to out of theatre. It is positive to note a reduction in the last financial year of Never Events (from 10 to 5), and the reduction in theatre related incidents which suggests the extensive improvement work in theatre safety has had an impact.

PATIENT SAFETY ALERTS AND NOTICES

The Health Board has zero overdue alerts.

INFECTION PREVENTION AND CONTROL

The C.difficile rate for 2022/23 was 42.79 per 100,000 population (age standardised rate 39.38). This is above the all-Wales rate.

The Executive Medical Director has written to senior clinical managers in each IHC in June 2023 highlighting the key issues related to C.difficile and requested the need for:

- strong and visible clinical leadership;
- proactive and reactive deep clean programmes; patient flow should not take priority over cleaning for C.difficile without Executive/Gold approval, progress to be reported at accountability reviews with Executives;
- ensuring staff are given enough time between patients to clean the patients environment and equipment (including the bed) thoroughly between patients;
- infection prevention and control precautions to be adhered to with regular audit and spot checks;
- Prompt isolation, specimen collection and stool monitoring for patients with suspected infectious diarrhoea;
- Optimising antibiotic prescribing in line with the Antibiotic Microguide, ensuring review within 72 hours, promote IV to oral switch and to regularly check and act on laboratory results.

There have been no MRSA bacteraemia infections year to date. The Health Board has had less MSSA, E.coli and Klebsiella bacteraemias than for the same period last year. Patient incident reviews are carried out on all these infections to determine cause and identify any lessons learned to prevent further infections. The majority of P.aeruginosa cases were community onset and deemed as unavoidable.

A 'Spring Clean' campaign was launched in May highlighting the importance of cleanliness within our wards and departments through fun initiatives, exploring the use of ATP cleaning monitoring technology further and promoting the new 'Which Clean Do I Mean?' protocol.

The Health Board are working closely with PHW and a working group has been established to review and take action in relation to the recently published reports from PHW on antimicrobial resistance; significant resistance rates are being seen in the Health Board especially in Wrexham.

A range of other improvement work is underway, which was detailed in a report to the last QSE Committee meeting.

HEALTHCARE LAW

There are no claims issues to highlight to the Board.

The Health Board has continued to receive a higher number of Prevention of Future Death (PFD) (Regulation 28) Notices. Since the last report, PFD Notices have been received relating to:

- Timeliness of the patient safety investigation process/delayed actions
- Policy/criteria for referral to the Home Treatment Team
- Referral process in mental health and access to electronic notes and the timeliness of the patient safety investigation process/delayed actions
- Two separate Notices covering ambulance handover delays/flow/capacity in ED.

The two Notices in relation to ambulance delays were issued jointly to the Health Board, Welsh Ambulance Service Trust and the six local authorities.

At the time of writing, responses are being drafted.

Two clear themes emerge from PFD Notices – delays to investigations and actions, and ambulance handover delays. The work underway to address overdue investigations has been mentioned earlier in the report led by the Deputy Director of Nursing, who has also met with one of the local Senior Coroners to understand the concerns in detail. Work around ambulance delays is reported to the Board through the Unscheduled and Emergency Care Programme.

The Health Board continues to meet with local Coroners to ensure good working practices.

Discussions have taken place between the Mortality Review Team, the Healthcare Law Team and Patient Safety Team to strengthen the process for Medical Examiner concerns to be reviewed and to inform the patient safety incident and investigation process.

HEALTHCARE REGULATION

Healthcare Inspectorate Wales (HIW) published their Review into the Health Board's Vascular Services in June 2023. HIW confirmed, following the review, that the service would be deescalated as a Service Requiring Significant Improvement (SRSI).

The Emergency Department at Ysbyty Glan Clwyd remains an SRSI. The IHC have completed the action plans following the three inspections and the evidence of completion is now being scrutinised, with a "mock inspection" planned for July 2023.

The Health Board will attend court on 03 August 2023 to respond to the Health and Safety Executive prosecution under the Health and Safety at Work etc Act 1974 following an investigation arising from the tragic death of a patient at the Hergest Unit in 2021.

The Health Board's new Regulatory Assurance Group is maturing having been recently established. The group is providing central oversight and coordination of healthcare regulatory matters to strengthen our approach to quality governance. The group, and the work of the Quality Governance Department, has focused significantly on the action plans in relation to the Emergency Department at Ysbyty Glan Clwyd.

NOSOCOMIAL COVID REVIEW

The Health Board continues to review healthcare acquired COVID from the earlier waves of the pandemic in line with the national programme. A Learning Plan has been implemented in line with the national programme with mechanisms to capture learning from investigations.

The emerging themes from clinical investigations are:

- Poor/Incomplete Record Keeping
- Inadequate Social Distancing
- C19 Testing and Patient Status
- Coordination and Timely Care
- Movement of Patients
- Communication with Service Users and Between Services
- Effective use of PPE

The emerging themes from ongoing contact with families are:

- Communication
- Compassion care and Dignity (attitude)
- Patient Care (delays/failure to diagnose, delay in treatment)

Over the autumn, a digital story will be presented by a relative who sadly lost her mother during COVID to share her experience.

MEDICAL DEVICES

The UK is introducing new UK Medical Device Regulations (UK-MDR) to improve patient safety, and strengthen governance arrangements around medical devices. The Health Board has a legal duty to comply with the new requirements.

This is an issue of patient safety and service governance and the Health Board needs a clear management plan to meet its emergent legal obligations and achieve and maintain the compliance required.

The Medical Devices Group is undertaking work to develop a preparedness plan and this will be reported in more detail to the Quality, Safety and Experience Committee.

COMPLAINTS

During the months of February and March 2023, 300 complaints were managed under the Putting Things Right Regulations (PTR) and 70 complains were managed as Early Resolutions. The PALS Team had 1,082 contacts.

The majority of the complaints relate to Secondary Care Services. The themes relate to clinical treatment and appointments, assessments, poor communication, staff attitude and behaviour. Other recurring themes include issues relating to patient discharge from hospitals, prescribing and treatments not providing the expected outcomes, which is consistent with previous reports.

Overdue investigations remain a challenge – at the time of writing 266 investigations are overdue and the improvement trajectory has begun to plateau. The Deputy Director of Nursing for patient and carer experience continues to lead weekly support and scrutiny meetings with divisions to reduce this number, and their team have worked with IHCs to develop renewed trajectories and improvement plans.

The reduction in Early Resolutions has been reported as due to the PALS Team intervening earlier to avoid complaints. A deeper dive of patient experience data will take place in the coming months.

PUBLIC SERVICES OMBUDSMAN FOR WALES (PSOW)

There are no Ombudsman issues to highlight to the Board.

The Health Board continues to meet with the Ombudsman's Complaints Standards Authority to ensure good working practices.

MATERNITY AND NEONATAL SAFETY PROGRAMME

PeriPrem (Perinatal Excellence to Reduce Injury in Premature Birth) was initially launched across the South West of England and South West Academic Health Science Network Regions in 2020. It is a unique perinatal care pathway of 10 evidence-based interventions to reduce preterm mortality and brain injury. It uses a co-design and co-production approach rooted in Quality Improvement methodology. PeriPrem resources have since been used to inform the British Association of Perinatal Medicine (BAPM) perinatal optimisation pathway toolkits. PeriPrem Cymru Team comprises of a Quad National team and local quad Champion team embedded within each Health Board. The teams comprise of a Neonatologist, Obstetrician, Midwife and Neonatal Nurse. Baseline data from 2022 was collected by the local champions and inputted into a unique database. Since January 2023 the data is collected and inputted on a monthly basis by the champions to ensure that areas of excellence and improvements are highlighted.

The Maternity and Neonatal Safety Support Programme's (MatNeo SSP) Discovery phase report has been published on 11 July 2023. It outlines the path to improve the quality of care for mothers, babies and their families throughout the journey of new life in Wales. The key priorities and suggested actions are intended to promote collaborative working and support a creation of an improvement culture across NHS Wales. The key priorities for improvement are designed for actioning by Health Boards, other by individual agencies and some are system wide priorities with suggested time frames for completion. Some of the work is already underway which includes the work by Digital Maternity Cymru and HEIW workforce planning.

Welsh Government are currently deciding on the next steps for the programme and no formal announcement has been made yet. The MatNeo SSP team appreciate everyone's support and contributions during the Discovery phase.

CONCLUSION

This report provides the Health Board with information and analysis on quality matters including Nationally Reportable Incidents, Never Events and HIW activity occurring in the last two months.

The key points of note are:

- The overall rate of Nationally Reportable Incidents (NRIs) remains constant – the main themes remain falls, healthcare acquired pressure ulcers, and the recognition and action on deteriorating patients. Improvement work for all these areas is progressing under the leadership of senior clinical staff.

- The number of overdue incident investigations, and consequently closure within the target timeframe, remains a challenge.
- The number of overdue complaints remains unacceptably high, with an impact on the closure target compliance. Support is being provided to all divisions from the corporate teams and recovery plans are in place.

The Health Board will continue to submit more detailed information to the QSE Committee.

The Health Board is asked to note the report.



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University Health Board



Board Quality Report

July 2023

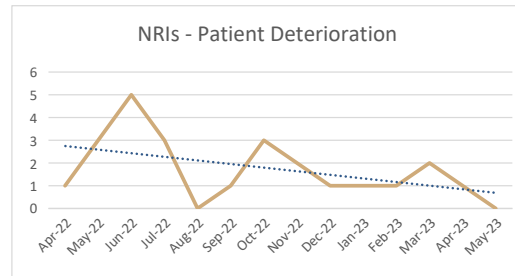
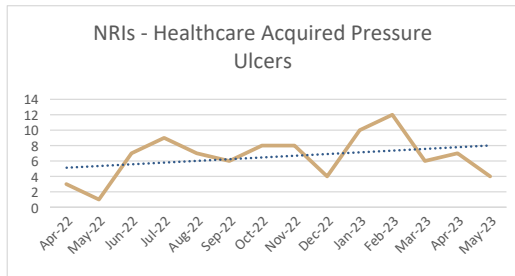
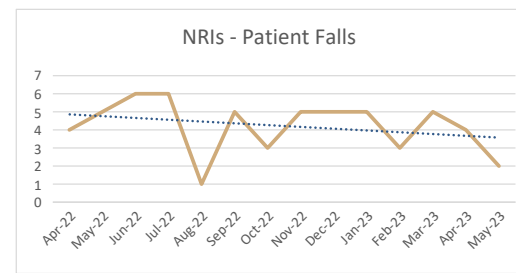
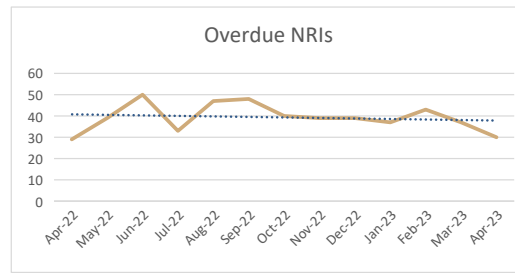
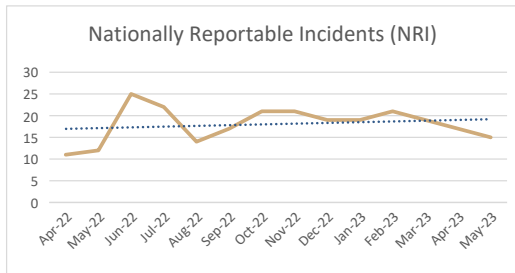
This report is produced by the Health Board's Quality Directorate. This is a new and developing report to provide the Board, public and stakeholders with key quality indicators.

Board Quality Report - Patient Safety


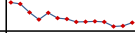
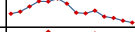
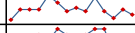

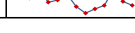
Indicator	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Total	Average	Sparkline
Patient safety incidents with harm	1,351	1,366	1,433	1,605	1,673	1,557	1,631	1,555	1,742	1,727	1,549	2,098	2,096	2,216	23,599	1,686	
Nationally Reportable Incidents (NRI)	11	12	25	22	14	17	21	21	19	19	21	19	17	15	253	18	
Overdue NRIs	24	29	39	50	33	47	48	40	39	39	37	43	37	30	N/A	38	
NRIs - Patient Falls	4	5	6	6	1	5	3	5	5	5	3	5	4	2	59	4	
NRIs - Healthcare Acquired Pressure Ulcers	3	1	7	9	7	6	8	8	4	10	12	6	7	4	92	7	
NRIs - Patient Deterioration	1	3	5	3	0	1	3	2	1	1	1	2	1	0	24	2	
NRIs - Never Events	0	0	1	0	1	2	0	1	0	0	0	0	0	0	5	0	

Supporting notes: Data is provided from the Health Board's Datix system and is accurate at the time of reporting (03/07/2023). Incident data shows the date of the incident (which is different from the date reported).

Key areas of focus:

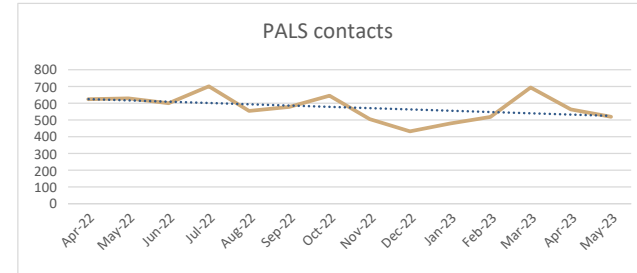
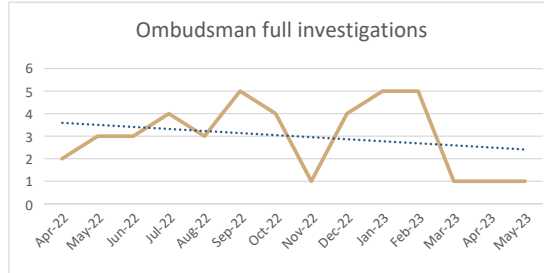
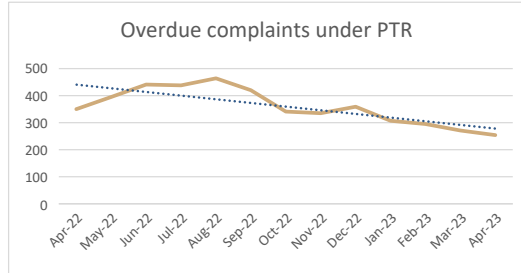
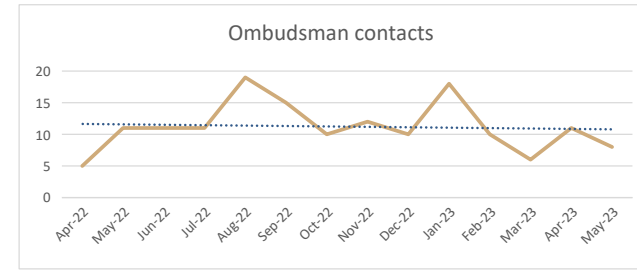
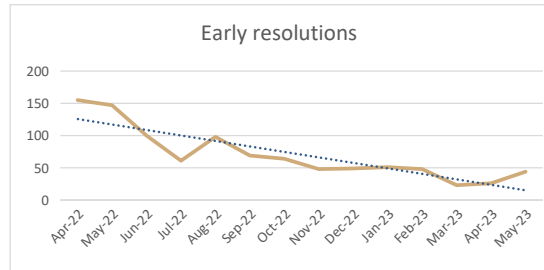
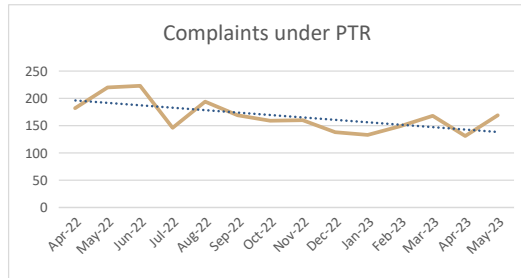


Board Quality Report - Patient and Carer Experience

Indicator	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Total	Average	Sparkline
Complaints under PTR	182	220	223	146	194	169	159	160	138	133	149	168	131	169	2,341	167	
Early resolutions	155	147	100	61	98	69	64	48	49	51	48	23	26	44	983	70	
Overdue complaints under PTR	332	350	395	441	438	464	420	341	335	359	307	295	271	254	N/A	357	
Ombudsman contacts	5	11	11	11	19	15	10	12	10	18	10	6	11	8	157	11	
Ombudsman full investigations	2	3	3	4	3	5	4	1	4	5	5	1	1	1	42	3	
PALS contacts	624	629	600	701	554	578	645	505	432	479	518	694	563	519	8,041	574	

Supporting notes: Data is provided from the Health Board's Datix system and is accurate at the time of reporting (03/07/2023). Experience data shows the date of the complaint or contact.

Key areas of focus:



Reporting Committee:	Quality, Safety and Experience Committee
Committee Chair:	Rhian Watcyn Jones, Independent Member
Date of last meetings:	20 June 2023* *There was also a meeting on the 25 July 2023 which will be reported at the September Board meeting.
Paper prepared by:	Interim Head of Corporate Governance

KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE

The last meeting of the Patient Experience, Quality and Safety Committee (QSE) took place on 20 June 2023.

The Board is asked to note that the following matters were discussed at the Quality, Safety and Experience Committee on 20 June 2023:

- Explanation of Quality Governance - Process and Ownership
- NICE Guidance Report
- Infection Control Report
- Safeguarding Report
- Risk Report
- Special Measures Report

The papers from this meeting can be accessed at:

[Quality, Safety and Experience Committee, 20 June 2023](#)

EXPLANATION OF QUALITY GOVERNANCE – PROCESS AND OWNERSHIP

The Committee received the report particularly noting the following areas raised by the Associate Director of Quality:

- There are six groups report into QSE, Quality Delivery Group; Safeguarding Group; Infection Prevention and Control Group; Health and Safety Group; Clinical Effectiveness Group and Patient and Carer Experience Group;
- The six groups all report upwards to QSE and are primarily there to provide the health board with coordination, oversight and direction when it comes to that particular domain. This provides quality assurance for each domain for the organisation.

NICE GUIDANCE REPORT

The Committee received the report particularly noting the following areas raised by the Executive Medical Director:

- the organisation has a statutory responsibility to disseminate, implement and monitor its compliance with NICE guidance. It was noted that some NICE guidance does not apply to the Welsh NHS system only to NHS England.
- the report gave an oversight of where information is received and disseminated and a tool is being trialled in the organisation on monitoring implementation.
- the report did not give assurance that the organisation had implemented all NICE Guidance Report that applied to the organisation.

INFECTION CONTROL REPORT

The Committee received the report from the Executive Director of Nursing and Midwifery who highlighted:

- There had been more C.difficile outbreaks than expected which was disappointing but that there had been no cases of hospital acquired MRSA.
- The organisation was working with Public Health Wales to compare across the whole of Wales more effectively and share good practice.
- It was noted that following on from infection outbreaks more deep cleaning training for relevant staff was being provided to ensure compliance and the nursing team was working on air purification system with estates team.

SAFEGUARDING REPORT

The Committee received the report from the Director of Safeguarding & Public Protection. The Committee discussed staff mandatory safeguarding training and it was noted that training is delivered in numerous ways to make it more accessible to staff. Some staff do mandatory training in their own time through e-learning and are compensated for that and this had increased compliance. The organisation is improving in this respect and areas of non-compliance can be targeted. However there were ongoing challenges for staff to complete mandatory training which are being addressed.

RISK REPORT

The Committee noted that work was underway to manage risk and refashion the Risk Register. The Health Board Development facilitated Workshop on the 22 June 2023 would be discussing and reviewing Risk Appetite for the organisation. The Risk Management Strategy would be circulated so that a Risk Appetite Statement could be agreed as part of Special Measures work.

The Interim Board Secretary highlighted that:

- there were two risks from the previous QSE Committee (pre-April 2023) regarding a deep dive of Vascular risks and this had been completed.
- There was also an action regarding the development of a template which had been agreed at the Risk Management Group. The template ensures that all processes were followed and completed which has been added to DATIX for monitoring purposes.

SPECIAL MEASURES REPORT

The Committee received the report from the Executive Director of Transformation, Strategic Planning & Commissioning, who highlighted:

- the organisation was in the first 90-day cycle approach of Special Measures and there were 41 deliverables. A proposal for 11 of the 41 to come to QSE for review to try not to duplicate across other committees.
- this was the first Committee to review the report and proposals and it was agreed that it was useful and comfortable with the approach. It was agreed that it was important that the Committee meeting dates aligned as much as possible with the most up to date information.

ITEMS TO BE ESCALATED TO THE BOARD

There were no items to be escalated to the Board.

NEXT MEETING

*The next meeting of the Quality, Safety and Experience Committee will be held on 22 August 2023.



Cyfarfod a dyddiad: Meeting and date:	Board Meeting 31 July 2023					
Cyhoeddus neu Breifat: Public or Private:	Public					
Teitl yr Adroddiad Report Title:	Mental Health Act 1983 as amended by the Mental Health Act 2007. Mental Health Act 1983 Approved Clinician (Wales) Directions 2018. Update of Register of Approved Clinicians (All Wales) and Update of Register of Section 12(2) Approved Doctors for Wales.					
Cyfarwyddwr Cyfrifol: Responsible Director:	Dr Nick Lyons, Executive Medical Director.					
Awdur yr Adroddiad Report Author:	Meryl Roberts, All Wales Approval Manager for Approved Clinicians and Section 12(2) Doctors.					
Craffu blaenorol: Prior Scrutiny:	Not applicable					
Atodiadau Appendices:	<p>Appendix 1: Mental Health Act 1983 as amended by the Mental Health Act 2007:- Approved Clinician (Wales) Directions 2018. - <u>Update of Register of Approved Clinicians for Wales.</u></p> <p>Appendix 2: Mental Health Act 1983 as amended by the Mental Health Act 2007:- - Update of Register of Section 12(2) Approved Doctors for Wales.</p>					
Argymhelliad/Recommendation:						
<p>The details presented to the Board in this Report is a summary of the approvals which have already received ratification for Approved Clinicians and Section 12(2) Doctor approvals across the Principality.</p> <p>This report provides a governance record of compliance with legislative requirements under the Mental Health Act 1983 (as amended 2007) of the approvals and ratification process.</p> <p>The Board is asked to note the report and ratify the approvals in line with the Welsh Government Guidance Mental Health Act 1983 Approval of Approved Clinicians (Wales) July 2018 for Approved Clinicians and the Section 12(2) Process and Criteria Document for S12(2) Approved Doctor approvals.</p>						
Ticiwch fel bo'n briodol / Please tick as appropriate						
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval		Ar gyfer Trafodaeth For Discussion		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						N



Sefyllfa/Situation:

The Approval Process is part of the legislative process relating to the Mental Health Act 1983 (as amended 2007). The detail presented to the Board in this Report is a summary of the approvals which have already received ratification for Approved Clinicians and Section 12(2) Doctor approvals across the Principality.

Betsi Cadwaladr University Health Board (BCUHB) undertakes the delegated function of the Welsh Ministers for the approval of Approved Clinicians and Section 12(2) Doctors on behalf of all the Health Boards in Wales.

The Health Board ensures an effective approval, re-approval, suspension and termination of approval processes for Approved Clinicians and Section 12(2) Doctors in Wales.

Cefndir/Background:

About the Approval Process

This report provides a governance record of compliance with legislative requirements under the Mental Health Act 1983 (as amended 2007) of the approvals and ratification process.

The Welsh Government Mental Health Act 1983 (Approved Clinicians) (Wales) Directions 2018, Approved Clinician Procedural Arrangements (July 2018) and All Wales Section 12(2) Process and Criteria Document (September 2021) set out the eligibility criteria for approval and reapproval for Doctors and non-medical Clinicians who wish to become approved under the Mental Health Act 1983. These documents are used by the Approvals Team and All Wales AC and S12 Panel who scrutinise applications for approval which have been received from Clinicians across the Principality. Applications are received either for Approved Clinician or Section 12(2) applications from Psychiatrists, General Practitioners and other registered professionals who are eligible to apply for approval status under the Mental Health Act (1983) (as amended 2007).

Applications are scrutinised by the Approval Team for completeness and compliance and then submitted to Panel members for their scrutiny, assessment and recommendation. Following Panel assessment, any recommendation for approval must receive formal ratification from the Approving Board, for the process of approval to be lawful and to ensure compliance with legislative requirements.

Following approval by the Board Chairman reached at the 30th March 2023 Board meeting, ratification via urgent Chair's Action Letters was delegated to the Executive Medical Director. Approval is sought via a written Chair's Action letter and submitted to the Office of the Medical Director for consideration. Approval is then received in writing from the Executive Medical Director and returned to the Approvals Team. The Clinician is then informed that they have received approval and this is confirmed in writing in a signed Chief Executive Officer approval letter. The Health Board then formally ratifies decisions through this paper which is submitted on a bi-monthly basis – as detailed in Appendix 1.

Asesu a Dadansoddi/Assessment & Analysis



The Board continues to exercise this function effectively and to work with Welsh Government to further develop the Directions that underpin this important function.

Opsiynau a ystyriwyd/Options considered

This is a factual report for assurance purposes.

Goblygiadau Ariannol/Financial Implications

None

Dadansoddiad Risk/Risk Analysis

To ensure that all Clinicians are approved and reapproved within the agreed timescales, the All Wales Approval Panel assesses applications according to the Procedural Arrangements agreed with Welsh Government. If Clinicians do not apply for re-approval according to the agreed timescales, their approval could expire and this could have an adverse impact on the availability of Approved Clinicians, Responsible Clinicians and Section 12(2) Approved Doctors across the workforce in the Principality.

Under The Mental Health (Mutual Recognition) Regulations 2008, a Section 12(2) approved Doctor in England is also approved in Wales and vice versa. Due to a current lack of Section 12 Directions for Wales, there is a risk that a Section 12(2) approved Doctor in Wales may not be lawful in England.

Cyfreithiol a Chydymffurfiaeth/Legal and Compliance

The Approval Process meets the legislative requirements of the Mental Health Act 1983 (as amended 2007) and the Mental Health Act 1983 (Approved Clinicians) (Wales) Directions 2018.

The Board is asked to note that Wales does not currently have Section 12 Directions for the approval, re-approval and ending of Section 12(2) Doctor approval. Welsh Government met with the Approvals Team on 20th October 2021 and it was agreed that Section 12 Directions will be made. Welsh Government Legal Team reviewed draft Section 12 Directions for compliance and further meetings between the Approvals Team and Welsh Government took place on 8th December 2021, 4th and 11th February 2022, 11th March 2022 and 20th May 2022 to review and agree the contents. Further meetings are expected to be scheduled to ensure the draft Section 12 Directions are reviewed, agreed and enacted by the Welsh Ministers.

Asesiad Effaith/Impact Assessment

None.

Update of Register of Approved Clinicians and Section 12 (2) Approved Doctors for Wales

4th May 2023 – 30th June 2023



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Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

	AC	S12 (2)
Approvals and Re-approvals	18	1
Approvals suspended	0	0
Approvals re-instated/ returned to work in Wales		1
Removed		0
Retired		0
Registered without a licence to practise and retired	1	0
Transferred from AC register (to S12 Register)	1	1
Transferred/Removed from S12 – Became AC approved	0	4
No longer working in Wales and Approval Expired	0	0
No longer working in Wales	3	1
Approval Ended	0	2
Death in Service	0	0

APPENDIX 1

Mental Health Act 1983 (as amended by the Mental Health Act 2007)

Mental Health Act 1983 Approved Clinician (Wales) Directions 2018

Update of Register of Approved Clinicians for Wales

4th May 2023 – 30th June 2023

Approvals and Re-approvals: 18

Surname	First Name	Workplace	Date Approval Expires	Chair's Action Letter
Sehgal	Chandan	Priory Healthcare Group, Llanarth Court Hospital, Usk, Raglan Abergavenny, Monmouthshire, NP15 2YD.	3 rd May 2028	Yes
Chan	Timothy Tin Bo	Cwm Taf Morgannwg University Health Board, Princess of Wales Hospital, Mental Health & Wellbeing, Coity Road, Bridgend, CF31 1RQ.	3 rd May 2028	Yes
Hamilton	Susan Elizabeth	Betsi Cadwaladr University Health Board, Talarfon, Bangor CAMHS, Holyhead Road, Bangor, Gwynedd, LL57 2EE.	9 th May 2028	Yes
Sharaf	Adnan	Powys Teaching Health Board, Bryntirion Resource Centre, Salop Road, Welshpool, Powys, SY21 7EA.	25 th May 2028	Yes
Fergus	Katie	Cardiff and Vale University Health Board, Park Lodge, Whitchurch Hospital, Park Road, Whitchurch, Cardiff, CF14 7XB.	4 th June 2028	Yes
Gangineni	Krishna Mohan	Swansea Bay University Health Board, Community Drug and Alcohol Team (CDAT), Tonna Hospital, Tonna Uchaf, Tonna, Neath, SA11 3LX.	4 th June 2028	Yes
Edge	Janet Mary	Hywel Dda University Health Board, Brynmair Clinic, 11 Goring Road, Llanelli, SA15 3HF.	4 th June 2028	Yes



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University Health Board

Surname	First Name	Workplace	Date Approval Expires	Chair's Action Letter
Vidgen	Andrew Mays	Cardiff and Vale University Health Board, Directorate Office, Hafan-Y-Coed, Llandough Hospital, Penlan Road, Llandough, Penarth, CF64 2XX.	4 th June 2028	Yes
Murphy	Eleri	Hywel Dda University Health Board, Elizabeth Williams Clinic, Mill Lane, Llanelli, SA15 3SE.	4 th June 2028	Yes
Susairaj	Mary Jacintha Joyce	Aneurin Bevan University Health Board, Ty Siriol Unit, County Hospital, Griffithstown, Pontypool, NP4 5YA.	6 th June 2028	Yes
Tahir	Tayyeb Ahmed	Cardiff and Vale University Health Board, Dept. of Liaison Psychiatry University Hospital of Wales, Cardiff, CF14 4XN.	12 th June 2028	Yes
Afzal	Maryam	Aneurin Bevan University Health Board, 6 Goldtops, Newport, NP20 4PG.	13 th June 2028	Yes
Henley	Siobhan	Aneurin Bevan University Health Board, Ty Bryn Adolescent Unit, St Cadoc's Hospital, Lodge Road, Caerleon, Newport, NP18 3XQ.	19 th June 2028	Yes
Goel	Anna Rachel	Cardiff & Vale University Health Board, St David's Hospital, Cowbridge Road East, Cardiff, CF11 9XB.	20 th June 2028	Yes
Barrattshaw	Stephen Marc	Cwm Taf Morgannwg University Health Board, Assertive Outreach Team North, Kier Hardie Health Park, Merthyr Tydfil, CF48 1BZ.	4 th August 2025	Yes
Sood	Ruchit	Betsi Cadwaladr University Health Board, Heddfan Unit, Wrexham Maelor Hospital, Croesnewydd Road, Wrexham, LL13 7TD.	25 th June 2028	Yes
Emmerson	Paul	Cwm Taf Morgannwg UHB, Princess of Wales Hospital, Coity Road, Bridgend, CF31 1RQ.	26 th June 2028	Yes
Lappas	Andreas	Aneurin Bevan University Health Board, Royal Gwent Hospital, Clytha House, 13 Clytha Square, Newport, NP20 2EF.	27 th June 2028	Yes

Approvals Suspended: 0

Surname	First Name	Workplace	Date Approval Expires

Approvals re-instated: 0

Surname	First Name	Workplace	Date Approval Expires

Removed (Left Wales) and Approval Expired: 0

Surname	First Name	Workplace	Date Approval Expired

Retired: 0

Surname	First Name	Workplace	Date Approval Expired

No longer Registered & Retired: 1

Surname	First Name	Workplace	Date Approval Expired
Watts	Darryl Russell Ballantyne	Aneurin Bevan University Health Board, Gwent Forensic Psychiatry Service, St Cadoc's Hospital, Lodge Road, Caerleon, Newport NP18 3XQ	15 th May 2023

Transferred from AC Register to S12 Register: 1

Surname	First Name	Workplace	Date Approval Expires
Jilani	Muzafar Mukhtar Zeff	Ludlow Street Healthcare Limited, St Peter's Hospital, Chepstow Road, Newport, NP18 2AA.	15 th May 2023

No longer working in Wales: 3

Surname	First Name	Workplace	Date Approval Expires
Roberts	Sion Robert Cynfab	Powys Teaching Health Board, CAMHS Team, Brecon War Memorial Hospital, Cerrigochion Road, Brecon, LD3 7NS.	3 rd March 2024
Choudry	Abid Hussain	Cygnnet Healthcare Limited, Cygnnet Delfryn House Argoed Hall Lane, Mold, Flintshire, CH7 6FQ.	12 th July 2023
Gamble	Damian St John	Priory Healthcare Group, Llanarth Court Hospital, Usk, NP15 2YF.	23 rd January 2025

Approval Ended: 0

Surname	First Name	Workplace	Date Approval Expired

Death in Service: 0

Surname	First Name	Workplace	Date Approval Expired

APPENDIX 2

Mental Health Act 1983

Update of Register of Section 12(2) Approved Doctors for Wales

4th May 2023 – 30th June 2023

S12 Approvals and Re-approvals: 1

Surname	First Name	Workplace	Date Approval Expires	Previous Board Action
Abayomi	Olukayode	Swansea Bay University Health Board, Ty Einon CMHT Centre, Princess Street, Gorseinon, SA4 4US.	17 th May 2028	Yes

S12 suspended: 0

Surname	First Name	Workplace	Date Approval Expires

S12 Approvals reinstated or Returned to Wales: 1

Surname	First Name	Workplace	Date Approval Expires
Clark	Marina	Hywel Dda University Health Board, Cwm Seren Low Secure Unit, Hafan Derwen, St David's Park, Jobs Well Road, Carmarthen, SA31 3BB.	1 st January 2024

S12 Removed – Approval Expired: 0

Surname	First Name	Workplace	Date Approval Expired
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Registered Without a Licence and Retired: 0

Surname	First Name	Workplace	Date Approval Expired
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Transferred from AC Register & Became S12 approved: 1

Surname	First Name	Workplace	Date S12(2) Approval Expires
Jilani	Muzafar Mukhtar Zeff	c/o Private Address	12 th December 2024

Transferred from S12 Register & Became AC approved: 4

Surname	First Name	Workplace	Date Approval Expired
Mohan	Deni	Cardiff and Vale University Health Board, University Hospital Llandough, Penlan Road, Llandough, Penarth, CF64 2XX.	15 th May 2023
Mohamed	Lily Azlinda	Cardiff and Vale University Health Board, University Hospital Llandough, Penlan Road, Llandough, Penarth, CF64 2XX.	15 th May 2023
Annear	Delia	Aneurin Bevan University Health Board, Park Road Wellbeing Centre, Park Road, Pontypool, Torfaen NP4 6NZ	16 th May 2023
Raja	Jawad Sultan	Betsi Cadwaladr University Health Board, Heddfan Unit, Wrexham Maelor Hospital, Croesnewydd Road, Wrexham, LL13 7TD.	5 th June 2023

S12 No longer working in Wales: 1

Surname	First Name	Workplace	Date Approval Expires
Shrestha	Rashmina	Cwm Taf Morgannwg University Health Board, Admission Unit, Mental Health Unit, Royal Glamorgan Hospital, Llantrisant, CF72 8XR.	5 th August 2023

S12 Approval Ended: 2

Surname	First Name	Workplace	Date Approval Expired
Ramegowda	Adarsh	c/o Private Address	24 th May 2023
Srinivasan	Janaki	c/o Private Address	

Death in Service: 0



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University Health Board

Surname	First Name	Workplace	Date Approval Expires

Reporting Committee:	Healthcare Professionals Forum (HPF)
Committee Chair:	Jane Wild, Scientific Advisory
Date of last meetings:	2 June 2023
Paper prepared by:	Secretariat HPF

KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE

The Board is asked to note that the following matters were discussed at the Healthcare Professionals Forum on 2 June 2023:

- Special Measures
- Quality Strategy 2023-2026

- **Special measures (SM)**

HPF were supportive of the approach being taken within the special measures plan. They particularly supported the phased approach being taken and the focus on outcomes over process.

It was noted that there was limited reference to Primary Care (PC) within the special measures plan and, although it is recognised that PC isn't a particular focus of SM, it was felt that it should be referenced.

HPF were pleased that there were no plans to further change the operating model as part of SM. There was a strong consensus that the workforce needed a sustained period of stability and familiarity within the organisation's teams and structures.

Members were supportive of the suggestion to raise awareness of the Special Measures plan with staff and the public and HPF offered their support in the implementation of the SM plan in line with their previous support of Targeted Intervention.

- **Quality Strategy 2023-2026**

The forum were pleased to be invited to contribute to a discussion about the approach to stakeholder engagement for the Quality strategy 2023-2026.

Members provided a range of suggestions, highlighting the need to ensure engagement was representative and included hard to reach groups.

ITEMS TO BE ESCALATED TO THE BOARD
There were no items to be escalated to the Board.
NEXT MEETING
The next meeting of the Healthcare Professionals Forum will be held on 1 September 2023.

Reporting Committee:	Stakeholder Reference Group
Committee Chair	Mike Parry (Vice Chair)
Date of last meetings:	12 June 2023
Paper prepared by:	Director of Partnerships, Engagement and Communications

KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE

The last meeting of the Stakeholder Reference Group (SRG) took place on 12 June 2023.

The Board is asked to note that the following matters were discussed at the meeting:

- Emergency Ambulance Service Committee (EASC) Air Ambulance update
- Special Measures update
- SRG work programme
- Election of a new Chair

GROUP ACTION LOG

The Group received and discussed the Committee Action Log.

EMERGENCY AMBULANCE SERVICE COMMITTEE (EASC) AIR AMBULANCE UPDATE

The Group received a presentation from the Chief Ambulance Service Commissioner for NHS Wales on the Emergency Medical Retrieval and Transfer Service (EMRTS Cymru) and the Wales Air Ambulance Charity (WAAC) Service Review.

The presentation provided an overview of EMRTS and the status of the current review.

Members raised the following issues:

- There are some areas in North Wales which are isolated and the Air Ambulance is essential
- Confirmation of the composition of the medical team in the air ambulances
- Comparison of activity across the bases
- The impact of centralisation and response times
- Confirmation that a mapping exercise had been undertaken and a commitment to publishing it

The Chief Ambulance Service Commissioner gave assurances to members that:

- The exercise was to improve and not reduce services
- The right resources were deployed to the right call
- Activity varied across bases and South Wales was busier but that this was expected as it was open 24 hours
- Weather conditions would be considered as part of the review
- Information regarding the exercise, which included rapid response vehicle times and when helicopters were deployed, would be publicly available

The Group heard from the Welsh Ambulance Services Trust representative who gave their support and expressed a level of reassurance to the Group to confirm they work really well with the EMRTS.

SPECIAL MEASURES UPDATE

The Group received a presentation on Special Measures which included an overview of the work underway in collaboration with Welsh Government.

The Group asked for assurance around a measurement framework and communications and engagement plan and noted that both were in development.

SRG ANNUAL REPORT, REVIEW OF TERMS OF REFERENCE AND ANNUAL WORK PROGRAMME

The Group received the Annual Report, annual review of terms of reference and the forward work programme.

ELECTION OF SRG CHAIR

The appointment of the former Chair of the SRG as an Independent Member of the Board has created a vacancy in the role.

Members were appraised of the process for electing a new Chair and nominations invited.

ITEMS TO BE ESCALATED TO THE BOARD

No items were escalated to the Board.

NEXT MEETING

The next meeting of the Stakeholder Reference Group will be held on 4 September 2023.