Bundle Health Board 30 March 2022

Cyfarfod a dyddiad: Meeting and date:	Extraordinary Health Board 30 March 2022
Cyhoeddus neu Breifat: Public or Private:	Public
Teitl yr Adroddiad Report Title:	CHC Interim Fees Recommendation 2022/23
Cyfarwyddwr Cyfrifol: Responsible Director:	Sue Hill, Executive Director of Finance
Awdur yr Adroddiad Report Author:	Tracy Pope, Head of Healthcare Contracts Kathryn Titchen, Head of CHC Commissioning William Jones, CHC Senior Financial Advisor
Craffu blaenorol: Prior Scrutiny:	Rob Nolan, Finance Director – Commissioning and Strategic Financial Planning Paul Carter, Chief Finance Officer – East Area
Atodiadau Appendices:	2021-22 Care Fees Paper Real Living Wage Implementation Guidance - Draft Care Home Rates Calculations

Argymhelliad / Recommendation:

The recommendation is to approve the following, on an interim basis, which will allow BCUHB to support care providers from April 2022 with a view to completing the full formal fee-setting process, which is likely to be completed in quarter 2 of 2022/23.

1. **Care Home rates (See recommendation 1 in Assessment + Analysis)** – 75% of the proposed uplift linked to Local Authority (LA) recommendations which includes the impact of the real living wage
2. **Domiciliary Care rates (See recommendation 2 in Assessment + Analysis)** – 50% of the proposed uplift linked to LA recommendations which includes the impact of the real living wage
3. **Joint funded packages of care (See recommendation 3 in Assessment + Analysis)** – Where the Local Authority is the Lead Commissioner, the Health Board would apply the Local Authority determined increase.
4. **Bespoke Packages of Care (See recommendation 4 in Assessment + Analysis)** – 75% of the value of the uplift linked to care home rates

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:						

BCUHB completes the Continuing Healthcare (CHC) care packages fee setting process (including joint funded, domiciliary and residential placements) on an annual basis. The Health Board (HB) Care Home Fee Rates are linked to the Regional Fees Setting methodology to ensure consistency and fairness for the market within North Wales.

As the Health Board fees are reliant on LA confirmation of fees, the BCUHB fee setting process usually follows a timeline (best case scenario) similar to:

Date	Fee process Event
March 22	Declaration of LA fees
April 22	HB fee modelling with context of LA fees in each area
May 22	HB authorisation 1st stage
July 22	HB authorisation 2nd stage and declaration of fees rates to providers

However, the HB also has to take into account the uplift nationally agreed for Funded Nursing Care (FNC) in its fee setting methodology, this fee is linked to the NHS pay award, which is not likely to be announced until July at the earliest. As a result, the fee-setting process within the HB is unlikely to be completed until September 2022 at the earliest, therefore, an interim settlement for Providers is proposed.

In addition, the well-publicised cost of care crisis, work by the Regional Fees group and the commitment from Welsh Government for care workers to receive the real living wage is also a driving force behind the proposed interim settlement.

Due to the Health Boards links with the regional fees methodology, which has been subject to delays in agreement and publication across all Local Authorities, the Health Board have been unable to follow usual approval routes through the Performance, Finance and Information Governance Committee (PFIG). Information was not published to meet the February meeting of the committee and as identified in the risk analysis section of this report delay to the next meeting in April carries reputational and market stability risks in an already challenging market.

Cefndir / Background:

The HB commissions CHC related services with a range of providers, which supports the care of around 3,000 patients, to a value of approximately £95 million per annum.

These recommendations aim to mitigate, at least in part, the historical risks to the HB of a very late declaration of the annual uplift, whilst awaiting LA confirmations. These recommendations also are in-line with Regional Fees Group work through 2021-22, which should limit the risks to BCUHB once the full fees paper process is completed over the coming months.

Within the draft financial planning assumptions (October 2021) there is £3.4 million for CHC and FNC 2022/23 Inflationary uplifts. HBs across Wales have been allocated funding to support the Real Living Wage commitment by Welsh Government and the indicative sum for BCU is circa £1.5m.

The current planning assumptions for the cost pressures associated with the annual inflationary uplift including the implementation of the Real Living Wage are as follows:

Area / Division		2022/23 Inflation
Area Teams	CHC	£1.20m
MH&LD Division	CHC	£0.90m
Area Teams	FNC	£0.15m
MH&LD Division	FNC	£0.05m
Premium Uplift	CHC	£0.90m
WG Real Living Wage Allocation	CHC / FNC	£1.50m
Total		**£4.70m**

Based on initial indications on the fee setting process, this proposal was deemed to be sufficient to cover the expected cost pressure. However, recent data provided has indicated that as we move towards the 100% full settlement, this is likely to exceed £4.7m.

The full settlement is likely to exceed the amount in the draft financial planning assumptions due to changing circumstances in areas such as higher consumer price index, pay inflation, for example in the initial planning assumption was 3% and the Local Authority have awarded 6.6% including the increase in the National Living Wage, in addition to inflation in market specific areas such as insurance. The current assessment is a cost pressure needed to ensure market sustainability of £0.9m.

Asesiad / Assessment & Analysis

Options considered
Following early indications from LA Social Services Commissioning colleagues, these are the recommended uplifts for approval.

Recommendation 1 – Care Home rates
The proposal is to have only two rates for all 6 LA regions across North Wales to ensure that BCU NHS funding is equitably applied across the region. Using the early indications from LAs and applying previous years methodology (including the real living wage uplift in 2022/23) there would be two rates across North Wales for General Nursing and EMI Nursing. The interim proposal is to uplift the rates to around 75% of the projected uplift based on early information from LAs:

Rate	BCU HB Estimated Rate 2022/23 (100% of uplift)	Average % Increase across 6 LAs	BCU HB Estimated Rate 2022/23 (est. 75%)	Average % Increase across 6 LAs	BCU HB Rate 2021/22 (See appendix 3 for detail per LA)	
Nursing Rate - General	1,008.00	8.27%	987.00	6.21%	927.50	938.00
Nursing Rate - EMI	1,064.00	9.55%	1,043.00	7.16%	966.00	976.50

The 100% uplift includes Real Living Wage, estimated FNC uplift and CHC premium that recognises the acuity of CHC packages of care.

Recommendation 2 – Domiciliary Care rates
The average domiciliary care increase across the 6 LAs, with the information received, in North Wales is 8.06%. 50% of this uplift would be 4.03%. 50% only based on the fact that BCUHB have only received indicative uplifts from two LAs at this stage.

Recommendation 3 – Joint Funded Packages of Care
The Health Board has around 400 joint care packages which are LA led and the proposal is to fully fund the LA uplifts as in previous years.

Recommendation 4 – Bespoke Packages of Care
The Health Board would maintain the existing core CHC rate, but recognises that additional 'nursing' needs on an individual patient basis following a nursing assessment will be funded rather than accepting a blanket increase.

Rate	2022/23 Average value of uplift (100%)	Average % Increase across 6 LAs	**Average value of uplift (100%) (est. 75%)**	**Average % Increase across 6 LAs**	2021/22 Average value of uplift (See appendix 1)
Nursing Rate - General	83.40	8.27%	**61.25**	**6.21%**	**64.41**
Nursing Rate - EMI	101.64	9.55%	**74.73**	**7.16%**	**65.02**

Financial Implications

These interim recommendations projected costs for the full 2022/23 financial year are:

Recommendation	2022/23 Projected Cost
Care Home rates	£2.48m
Domiciliary Care rates	£0.27m
Joint Funded Packages of Care	£0.73m
Bespoke Packages of Care	£0.07m
Total Projected Cost	**£3.55m**

The draft financial plan (£3.4m – CHC + FNC) and the additional funding to support the real living wage commitment (£1.5m), do support these recommendations.

However, as stated earlier in this paper, there is a financial risk as the full care fees setting process is likely to exceed the £4.9m currently in the draft financial plan due to initial planning assumptions, this will need to be managed through efficiencies.

Risk Analysis

The rates presented above in the recommendations are linked to regional fees modelling and rates that are in the process of being agreed by LAs through relevant governance processes of each LA. Using a % of the projected uplift mitigates the financial risk to the HB that there will be any need to claw-back any sums from providers following the full fee-setting process.

If these recommendations are not approved, a later than usual announcement by the HB on fees, likely to be the Autumn, given the current pressures in the market would be unacceptable and would leave the HB subject to significant reputational damage, market stability and failing to meet WG real living wage commitment.

Legal and Compliance

None

Impact Assessment

None

Next Steps

If these recommendations are approved, BCUHB will action uplifts and communicate with all providers immediately. Recommendations that are likely to be included in the full fee-setting process include:

- Aim for Care Home average uplift from LA plus FNC rate of £100 (£20 average as 3rd year of rebasing plus previous 2 years £80 average)
- Domiciliary Care CHC for enhanced packages of care to include potential £1hr uplift
- Include sleep-in uplift
- 1:1s – explore capped rates at 2 levels (RN and carer rates) as well as potential lower rates threshold to align rates for providers across North Wales

Appendix 1 – 2022/23 Proposed Care Home rate calculations

Betsi Cadwalad2 University Health Board - Continuing Healthcare General Rates 2022/23							
Locality	BCU HB General Nursing Rate 2021/22	FNC Inflation Estimate 2022/23 (£184.32 x 3%)	Local Authority General uplift 2022/23 (Incl. RLW contribution)	BCU HB General Premium Payment 2022/23	BCU HB General Nursing Rate 2022/23	Increase in General Rate Per Week	% Increase
General Nursing Rate							
Anglesey	**927.50**	5.53	39.33	**35.64**	**1,008.00**	80.50	8.68%
Gwynedd	**938.00**	5.53	51.10	**13.37**	**1,008.00**	70.00	7.46%
Conwy	**938.00**	5.53	52.00	**12.47**	**1,008.00**	70.00	7.46%
Denbighshire	**927.50**	5.53	46.75	**28.22**	**1,008.00**	80.50	8.68%
Flintshire	**927.50**	5.53	45.24	**29.73**	**1,008.00**	80.50	8.68%
Wrexham	**927.50**	5.53	47.57	**27.40**	**1,008.00**	80.50	8.68%

Betsi Cadwaladr University Health Board - Continuing Healthcare General Rates 2022/23							
Locality	BCU HB EMI Nursing Rate 2021/22	FNC Inflation Estimate 2022/23 (£184.32 x 3%)	Local Authority General uplift 2022/23 (Incl. RLW contribution)	BCU HB General Premium Payment 2022/23	BCU HB EMI Nursing Rate 2022/23	Increase in General Rate Per Week	% Increase
EMI Nursing Rate							
Anglesey	**976.50**	5.53	78.54	**3.43**	**1,064.00**	87.50	8.96%
Gwynedd	**976.50**	5.53	78.55	**3.42**	**1,064.00**	87.50	8.96%
Conwy	**976.50**	5.53	57.00	**24.97**	**1,064.00**	87.50	8.96%
Denbighshire	**966.00**	5.53	71.80	**20.67**	**1,064.00**	98.00	10.14%
Flintshire	**966.00**	5.53	49.53	**42.94**	**1,064.00**	98.00	10.14%
Wrexham	**966.00**	5.53	52.12	**40.35**	**1,064.00**	98.00	10.15%

Cyfarfod a dyddiad: Meeting and date:	Extraordinary Health Board 30 March 2022
Cyhoeddus neu Breifat: Public or Private:	Public
Teitl yr Adroddiad Report Title:	Integrated Medium term Plan (IMTP) 2022/25
Cyfarwyddwr Cyfrifol: Responsible Director:	Dr Chris Stockport Executive Director, Transformation, Strategic Planning and Commissioning Mrs Sue Hill, Executive Director of Finance
Awdur yr Adroddiad Report Author:	Mr John Darlington, Assistant Director - Corporate Planning Mr Rob Nolan, Finance Director – Commissioning and Strategic Financial Planning
Craffu blaenorol: Prior Scrutiny:	The plan has been discussed by Executive Team, Executive Management Group (EMG), Stakeholder Reference Group (SRG), Local Partnership Forum (LPF), Healthcare Professionals Forum (HPF) and Partnerships, People and Population Health Committee (PPPH) and Performance, Finance and Information Governance Committee (PFIG)

Argymhelliad / Recommendation:

It is recommended that the Board:

- Receive and approve the 2022/25 IMTP which has been shaped by our Living Healthier, Staying Well strategy and the NHS Wales Planning Framework
- Endorse submission of the plan to Welsh Government in line with NHS Wales Planning Framework requirements

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						Y	

Equality Impact (EqIA) and socio-economic duty (SED) impact assessments have been completed.

Sefyllfa / Situation:

The purpose of this report is to present the Integrated Medium term Plan (IMTP) 2022/25 for approval.

Cefndir / Background:

Integrated Medium Term Plan (IMTP) planning arrangements have been re-established across NHS Wales for 2022/25 following a pause due to the pandemic. Subsequently, the NHS Wales Planning Framework was received on 9th November 2021 and re-affirms Ministerial priorities outlined in July 2021:

- A Healthier Wales - as the overarching policy context
- Population health
- Covid - response
- NHS recovery
- Mental Health and emotional wellbeing
- Supporting the health and care workforce
- NHS Finance and managing within resources
- Working alongside Social Care

The planning framework emphasises the importance of the Primary Care Model for Wales which sets out how primary care will work within the whole system to deliver a place based approach (primary care is defined as primary and community health care services).

Cluster working is at the core of this as it brings together local health and care services to ensure care is better co-ordinated to promote the wellbeing of individuals and communities.

Asesu a Dadansoddi / Assessment & Analysis

Our plan has been developed in the context of the unique challenges and health needs of our population arising from the pandemic, which face all public services and society at large. It reflects the challenges the Health Board has to address in delivering health services, whilst supporting and protecting staff.

The plan is supported by more detailed outcomes, and SMART outputs within the appendices of our plan.

On relationships and existing partnership structures, we will be fully engaging and involving the public, staff, trade unions and partners in the transformation and reshaping of services.

The plan contains key schemes/main priorities for 2022/23 which have been fully tested and refined to ensure service, financial and workforce plans are realistic and robust.

The plan responds to updated planning guidance from Welsh government which was received on the 7th of February outlining planned care recovery requirements.

In line with correspondence received from Welsh Government (WG) on 21st December the plan is to be submitted to WG by 31st March 2022.

Moving forwards, we are working with WG and NHS Wales colleagues to supplement our approach to planned care recovery planning in order to development the sophistication of our planning process, which in turn support will help us evidence the expectations within the Targeted Intervention Framework.

Opsiynau a ystyriwyd / Options considered

The plan is underpinned by robust business cases and priority schemes are identified which in turn consider potential options for delivery.

Goblygiadau Ariannol / Financial Implications

The plan integrates service, activity, financial and workforce implications within resources available.

Dadansoddiad Risk / Risk Analysis

All schemes will be required to identify key risks and a risk analysis undertaken to demonstrate how these will be managed.

Cyfreithiol a Chydymffurfiaeth / Legal and Compliance

The development of an approvable Integrated Medium Term Plan is a critical organisational aim going forwards as this forms a key component of our targeted improvement work and a statutory requirement under the NHS Finance Act. Further improvements are being introduced against targeted intervention areas, using a maturity matrix approach to assess progress and leading to de-escalation.

Asesiad Effaith / Impact Assessment

Underpinning schemes and business cases will take into account any potential equality/Welsh Language/quality/data governance/digital/children's rights implications which may require an impact assessment to be carried out.

Integrated Medium Term Plan 2022/25

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

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

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

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

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

Mark Polin
Chairman

Jo Whitehead
Chief Executive

Introduction

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

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

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

- Supporting individuals in North Wales with COVID-19 or symptoms of COVID-19

- The impact upon those without COVID-19 who have experienced delays in treatment because of the need to deal with the pandemic

- The impact upon our staff, who have delivered a magnificent response over 2 years of continual pandemic conditions

- It has limited our ability to deliver some of our previously stated development priorities, d need to reprioritise

- It has reminded us all that we will need to respond differently to the challenges of delivering healthcare in a sustainable way going forwards.

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

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

The majority of our focus for 2022/23 is upon
- returning to full core business, including addressing the pandemic-related backlog of work, and
- consolidating developmental work that has already been begun but not yet finished, including work to deliver against the WG Targeted Intervention framework.

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

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

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

Section 1: The health of our communities in North Wales

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

BETSI CADWALADR UNIVERSITY HEALTH BOARD

POPULATION 703,360 PERSONS

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

INEQUALITIES

BCUHB has some of the most deprived areas in Wales.

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

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

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

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

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

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

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

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

This is underpinned with the Population Needs Assessment

OLDER PEOPLE

North Wales has an ageing population. The percentage of the population aged 85 years and over is expected to increase by 66% between 2021 and 2043.

Around 10% of people aged over 65 live with frailty, rising to between 25% and 50% for those aged over 85. Frailty is characterised by issues such as reduced muscle strength and fatigue and describes an individual's overall resilience,

Falling is a key concern for older people and a major contributing factor to their social isolation. There were 1,009 hip fracture admissions in BCUHB in 2020.

Flu immunisation uptake in 65 year olds and over is 78% in BCUHB and 77% across Wales.

Older people are vulnerable to experiencing mental health problems. Depression and dementia are the most common problems. Around 11,600 people aged 65 and over in BCUHB with dementia, this number is predicted to increase to around 18,700 by 2040.

2043

aged 85 years+
Increase by 66%

2021

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

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

For example,
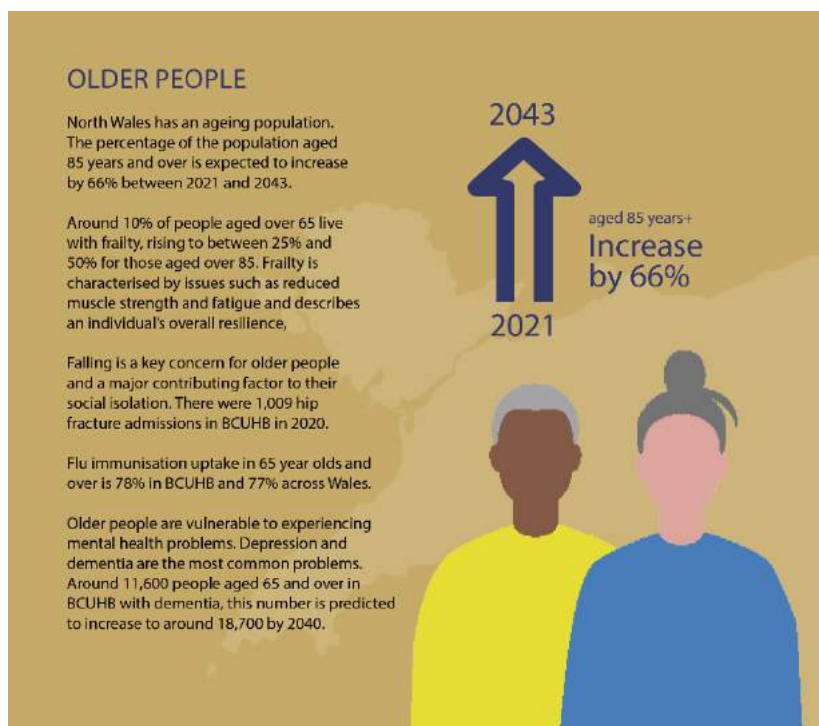
CHRONIC CONDITIONS

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

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

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

▪ The COVID-19 pandemic. We will continue to find ways of delivering our services in ways that are safe and that address the long-term impacts of the pandemic.

▪ More people are living with one or more complex health issue such as diabetes or heart disease and we will support people to manage these conditions better so that they can live their life to the full.

- We know that more people are experiencing mental health issues with one in four of us affected at some point in our lives.

- There are more people living with dementia. We will work with people with experience of mental ill-health and with our partners to design and deliver modern services. We will do more to support people with long-term mental health problems in their first language where possible.

MENTAL HEALTH & WELLBEING

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

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

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

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

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

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

94,200 BY 2040

93,800 IN 2020

The needs of North Wales communities are different across our 14 integrated Health and Social Care Localities.
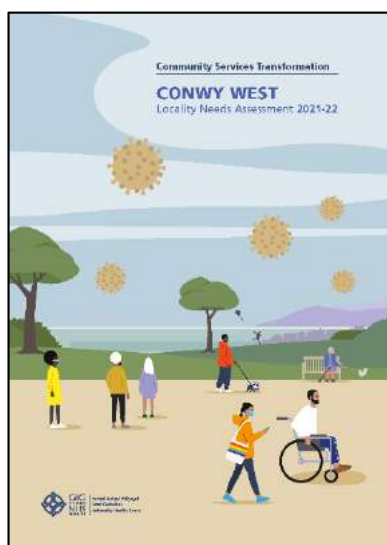
We have undertaken Locality Needs Assessments (LNA) for each Locality, and these can be found online [here][1]

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

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

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[1] https://bcuhb.nhs.wales/about-us/governance-and-assurance/locality-pen-profiles/

Section 2: Challenges and opportunities

- ## The challenges we face

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

- There are difficult demands on our primary care and community services, with shortages of traditional primary care health professionals, for example GPs, across the UK;

- Our directly employed workforce is also changing and like many NHS organisations we face challenges in recruiting and retaining staff in a number of specialties and staff groups, including our ambition to increase bilingual skills;

- There are increasing demands on our hospital services, for example, in our Emergency Departments, meaning that often we cannot see patients as quickly as we should;

- Waiting times for a number of operations such as replacement joints or eye surgery have significantly increased during the pandemic and we need to see patients sooner;

- Bed occupancy in our hospitals is currently above the recommended levels;

- The current size and condition of our buildings is not sustainable in the long term, will not support our strategic ambition and will require significant investment, particularly across our acute and community hospital estate;

- Our digital information systems infrastructure and the delivery of core national programmes which are essential to service provision and transformation are not yet fully implemented;

- We must continue to understand and acknowledge that our services need to evolve if we are to be able to staff them in a safe and sustainable way as our population continues to change. A significant amount of work has been undertaken to stabilise and improve our financial position and we need to live within the limits of these resources as well as non-financial resources, particularly our staffing. This means that wherever we deploy our resources we must make sure we deliver highest value and better outcomes for our population;

- Our partners are also facing significant capacity, workforce and financial constraints. It is more important than ever for us to work together as a whole system to ensure we make best use of our collective resources to support our local communities, by applying foundational economy principles to our decision making.

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

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

- ## COVID-19

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

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

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

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

Impact of COVID-19 on BETSI CADWALADR UNIVERSITY HEALTH BOARD

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

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

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

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

LONG COVID

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

Fatigue is the most common symptom.

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

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

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

IMPACT ON HEALTH & SOCIAL CARE SERVICES

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

- **Reduced capacity** in emergency departments and hospitals as a whole.

- **Disruption of clinical service** provision resulting in large backlogs in services.

- Number of **people waiting over 52 weeks** is at its highest ever.

- **People delaying contacting GP** about worrying symptoms, which could impact on treatment and outcomes.

- **Increase in demand** for mental health services; **estimated 25% increase** in demand for hospital services, translating to **around 10,000 referrals.**

- In mental health services, particular impact on **CAMHS, Eating Disorders, Memory Assessment Services** and access to **Psychological Therapies** referrals.

- The coronavirus pandemic has been an exceptionally **stressful and challenging time** for care home staff, residents and their loved ones.

- **Financial impact** for many social care providers due to the cost pressures of additional **infection prevention and control activity; insurance liabilities;** and **staffing constraints**, along with reduced income.

- Many unseen and unreported issues that have built up during the pandemic will emerge, placing **increased demands social care services.**

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

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Whilst there remains uncertainty around the ongoing impact of 'Long Covid', indications are that around 15% of people who have tested positive for COVID-19 will have symptoms for 12 weeks or more. We are continuing to work with people with lived experience of Long Covid to co-design patient pathways.

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

▪ Recognising and maximising opportunities

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

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

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

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

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

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

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

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

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

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

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

Section 3: Our priorities for delivery in 2022/25

▪ Living Healthier, Staying Well

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

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

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

Our IMTP priories are built firmly upon, and align to, the published Ministerial Priorities and NHS Planning Framework. A Healthier Wales sits at the core. We are confident that by understanding, and using these BCU Planning Principles we will consistently focus to deliver against the Ministerial Priorities and the NHS Planning Framework, in turn moving closer to fully delivering our objectives. Greater detail regarding our 5 Planning Principles, and why we have introduced them, can be found [here][2].
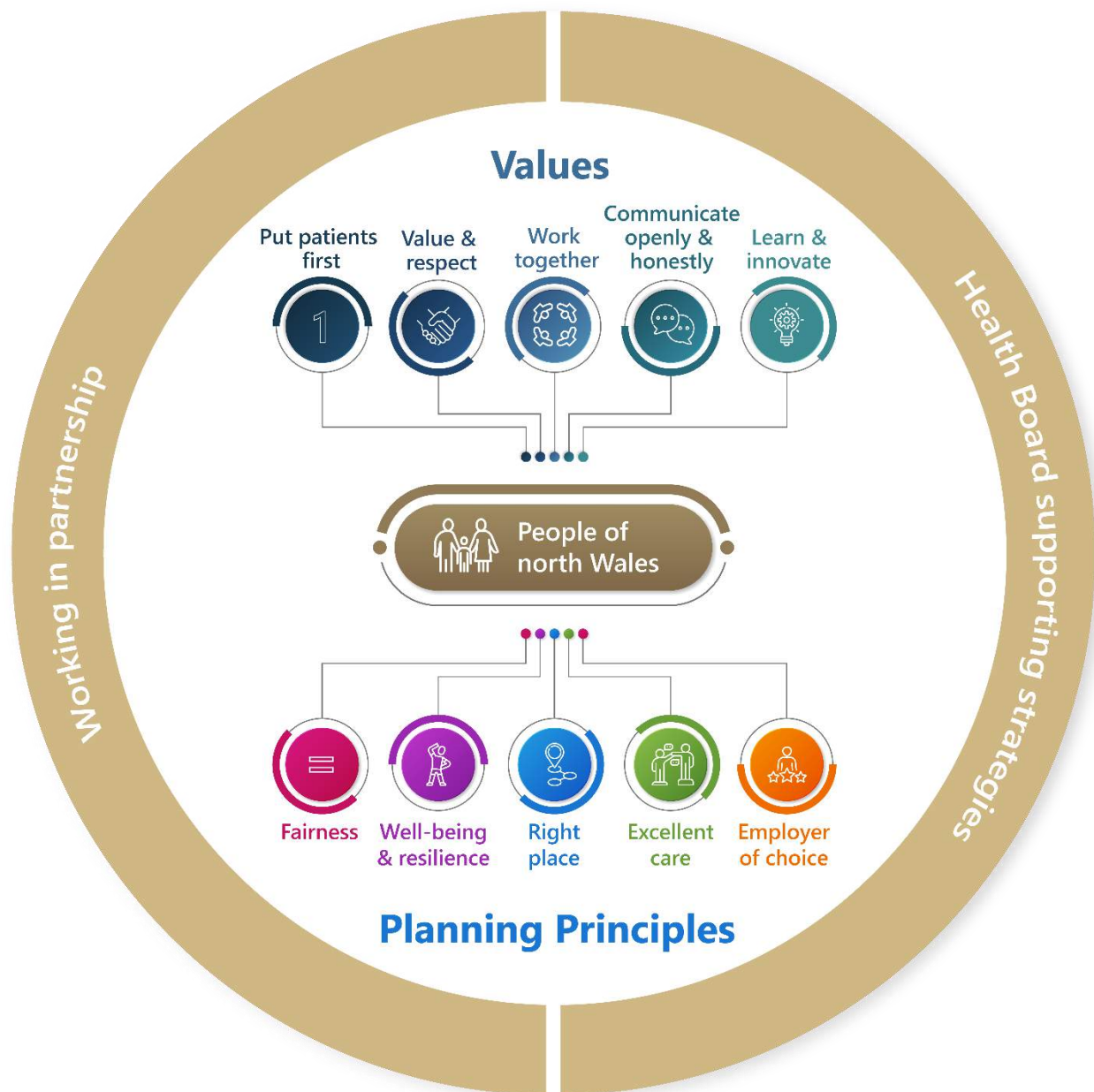
The contents of this IMTP have been tested against these Priorities, the Framework, and Principles. Importantly, as part of an integrated planning process, all proposed developments/schemes have been 'stress tested' to ensure that they fit within the finance and workforce resource available to us.

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

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

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[2] https://bcuhb.nhs.wales/about-us/governance-and-assurance/imtp/five-principles-pdf/

Values

Put patients first · Value & respect · Work together · Communicate openly & honestly · Learn & innovate

People of north Wales

Working in partnership

Health Board supporting strategies

Fairness · Well-being & resilience · Right place · Excellent care · Employer of choice

Planning Principles

Fairness — we will reduce avoidable and unfair differences in health

Well-being & resilience — we will maximise prevention, self-care, well-being, and strong community networks

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

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

Employer of choice — we will work, and organise, improve and transform ourselves, to support our teams to flourish

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

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Ministerial Priorities and the NHS Wales Planning Framework

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

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

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

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

The actions we will undertake to deliver the Ministerial Priorities do not, generally, align with a single Priority but more typically relate to multiple Priorities together.
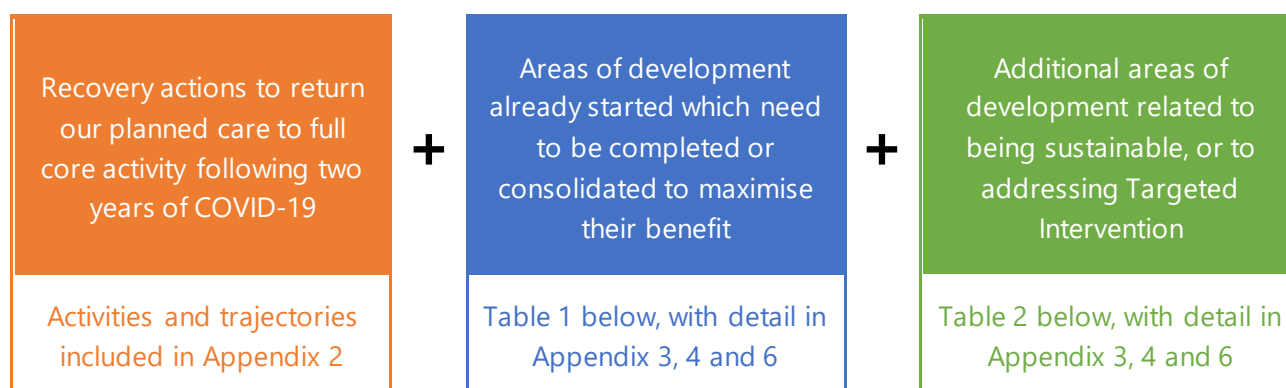
In addition, we feel that now is the time to signal our intent to move to a deeper level of integrated working. Whereas our annual plan last year differentiated activity into traditional sectors (such as 'primary care' or 'secondary care'), we do not believe that this is the right way to move forwards. Our opportunities for success will come from working as a whole system, including planning as a whole system, and that starts by describing our activity as a whole system. This is fundamentally important to us.

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

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

■   **Tables of main activity priorities for 2022/23**

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

Recovery actions to return our planned care to full core activity following two years of COVID-19	+	Areas of development already started which need to be completed or consolidated to maximise their benefit	+	Additional areas of development related to being sustainable, or to addressing Targeted Intervention
Activities and trajectories included in Appendix 2		Table 1 below, with detail in Appendix 3, 4 and 6		Table 2 below, with detail in Appendix 3, 4 and 6

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

Notes:

1. These tables contains summary descriptors only. More detailed descriptors together with SMART milestones can be found in Appendix 3 of the 2022/25 IMTP.
   https://bcuhb.nhs.wales/about-us/governance-and-assurance/imtp/imtp-appx-3-pdf/

2. These tables contains summary descriptors for our priority deliverables for 2022/23. Tables containing indicative content for 2024/2025 can be found in Appendix 5 of the 2022/25 IMTP.
   https://bcuhb.nhs.wales/about-us/governance-and-assurance/imtp/imtp-appx-5-pdf/

3. Testing has been done against the financial and workforce resource that we expect to be available to us, and is displayed below using a RAG format. Where the outcome is anything other than green, the reason why is included within the detail contained in Appendix 3.

Table 1: Schemes being consolidated during 2022/23

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

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

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

Ref	Title	Workforce Testing	Financial Testing	FYE £m's	22/23 PYE £m's
a.2022.31	**Regional Treatment Centres** Improve the hospital element of the planned care pathway with a focus on diagnostics, assessment and treatment	🟢	🟢	1.5	1.5
a.2022.32	**Speak Out Safely** To build on the rollout of Speak out Safely as part of creating an environment of psychological safety, learning and improvement	🟢	🟢	0.1	0.1
a.2022.33	**Staff Support and Wellbeing** Sustain and embed the improvements made to the Staff Support & Wellbeing Service (SSWS) during 2021/22 – funded through short term monies – and further develop SSWS in a sustainable manner in 2022/23 and beyond to meet current and growing demand	🟢	🟢	0.6	0.6
a.2022.34	**Strengthening Emergency Department (ED) & SDEC workforce to improve patient flow.** Revise the current workforce establishment and skill mix across our 3 EDs and Same Day Emergency Care (SDEC) services in order to ensure high quality, safe care is achieved in line with local and national targets, as well as expand and enhance ambulatory care across the region	🟠	🟠	7.8	9.0
a.2022.35	**Stroke services** Improve stroke outcomes across North Wales, addressing the breadth of stroke care and prevention, and by applying a consistent 'whole-pathway' approach	🟢	🟠	3.9	2.9
a.2022.36	**Suspected cancer pathway improvement** Implementation of a range of suspected cancer pathways to reduce waiting time and variation across North Wales	🟢	🟢	2.0	2.0
a.2022.37	**Urgent Primary Care Centres** Complete the establishment of Urgent Primary Care Centres in strategic locations to release capacity within Emergency Departments and GP practices	🟢	🟢	1.9	1.9
a.2022.38	**Urology – Robot Assisted Surgery** Commencement of robot-assisted surgery (RAS) in urology	🟢	🟢	0.9	0.3
a.2022.39	**Vascular** Continued development of a safe and effective vascular service across BCU	🟠	🟠	3.3	2.6
a.2022.40	**Video consultations** Optimising the use of consultation video technology with Pathway redesigns	🟢	🟢	0.4	0.4
a.2022.41	**Welsh Community Care Information System (WCCIS)** Implement a once for Wales solution to allow better-integrated working across health and social care over the next 3 years	🟢	🟢	1.1	1.1
a.2022.42	**Welsh Language** Achieving compliance with statutory requirements, and providing the conditions where people are assured that Welsh language needs and choices actively influence our planning of health care services.	🟢	🟢	0.3	0.2
a.2022.43	**Welsh Patient Administration System** Continue the phased implementation of the Welsh Patient Administration System across the Health Board	🟢	🟢	0.8	0.8
a.2022.44	**Widening of Primary Care workforce** As identified within respective cluster plans	🟠	🟢	0.0	0.0

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

Workforce resourcing of these developments:

The overall WTE requirement aligned to the developments in table 1 :	Already recruited against these schemes	Recruitment for 22/23
Medical		58.7
Nursing		185.7
Other Clinical		188.2
Non-clinical		204.3
Total	144.8	636.5

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

▪ **Recruitment of additional posts**

A number of the developments in this group were formulated in 2020/21 for approval and implementation in 2021/22 and as such have clear delivery plans in place and either recruitment has been completed or is in progress. This is reflected in the workforce schedules in appendix 2 of the 2022/25 IMTP (here[3]) which show 'whole time equivalents' (WTE) in place and spend to date, and remaining WTE and spend profiled through 2022/23. Where recruitment has not been completed, in the main, this has been linked to either organisational change required prior to recruitment e.g. Stroke, and Operating Model. The impact of COVID-19 has also influenced the capacity of both clinical/operational teams as well as the corporate teams to progress these plans as well as its impact on the recruitment market (i.e. lower levels of applications due to local loyalty and sense of responsibility to existing employer).

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

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[3] https://bcuhb.nhs.wales/about-us/governance-and-assurance/imtp/imtp-appx-2-pdf/

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

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

  The related WTE due to commence in 2022/2023 is 910.

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

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

Table 2: Schemes being commenced during 2022/23

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

Ref	Title	Workforce Testing	Financial Testing	FYE £m's	22/23 PYE £m's
b.2022.7	**Community Pharmacy Enhanced Services - Alcohol and Blood Borne Viruses** The Enhanced Service will be commissioned with BCU Community Pharmacies. This delivers an evidence-based, proactive approach to increase access to screening, advice and guidance for these under-served groups	🟢	🟢	0.0	0.0
b.2022.8	**Diabetic Foot pathway** Improve diabetic foot management and outcomes across BCUHB	🟠	🟠	2.5	1.7
b.2022.9	**Foundational Economy Strategy/Policy** Implementation of BCU strategy and policy that maximises our contribution to the Foundational Economy	🟢	🟢	0.0[1]	0.0[1]
b.2022.10	**Golden Value Metrics** Create a Golden Value Metric Set, built upon patient reported experience and outcomes, with roll-out programme agreed	🟢	🟢	0.1	0.0
b.2022.11	**Implementing the Quality Act** The Health and Social Care (Quality and Engagement) (Wales) Act 2020	🟢	🟢	0.0[1]	0.0[1]
b.2022.12	**Inverse Care Law work** This programme will design the supporting infrastructure and frameworks through which Primary Care, in partnership with community, voluntary and local services can address the health inequality challenges facing their local populations	🟢	🟢	0.5	0.5
b.2022.13	**LEAN Healthcare system** Implementation of a coordinated continuous improvement approach across BCU built upon the LEAN Healthcare methodology	🟢	🟢	0.0	0.0
b.2022.14	**Recovery of Primary Care chronic disease monitoring** Covered within respective cluster plans	🟢	🟢		
b.2022.15	**Results management** Improve the assurance for the management of results across BCUHB by fully delivering a fit for purpose solution that will improve patient safety	🟢	🟢	0.2	0.2
b.2022.16	**Valuing Carers** Working with partners across North Wales to develop and commission a range of support options, which ensure that the needs of informal carers are taken into account across Primary and Secondary care, and which recognise the valuable informal carers play in enabling care closer to home.	🟢	🟢	0.0	0.0

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

Workforce resourcing of these developments:

The overall WTE requirement aligned to the developments in table 2 :	Recruitment for 22/23
Medical	14.7
Nursing	4.6
Other Clinical	9.2
Non Clinical	21.9
Total	50.4

Indicative priorities in 2023/4 and 2024/5

Tables containing evolving content for 23/24 and indicative content for 24/25 can be found in appendix 5 of the 2022/25 IMTP (here[4]).

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[4] https://bcuhb.nhs.wales/about-us/governance-and-assurance/imtp/imtp-appx-5-pdf/

Section 4: Enablers & Resources

▪ Our People

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

- Our people will have the right values, behaviours, knowledge, skills and confidence to deliver evidence based care, and support peoples wellbeing as close to their home as possible;

- We will have sufficient numbers of the right people to be able to deliver proactive and responsive health care that meets the needs of the people of North Wales;

- Our people will reflect the diversity, linguistic, cultural & community identity of the population we serve;

- Our people will feel and be valued.

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

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

We will continue to build upon achievements to date to embrace the role that we play in both employing the right people with the right skills to provide services in the right place, and developing opportunities, together with partners across health, social care and education, for members of our communities to gain and maintain employment and to achieve their ambitions.
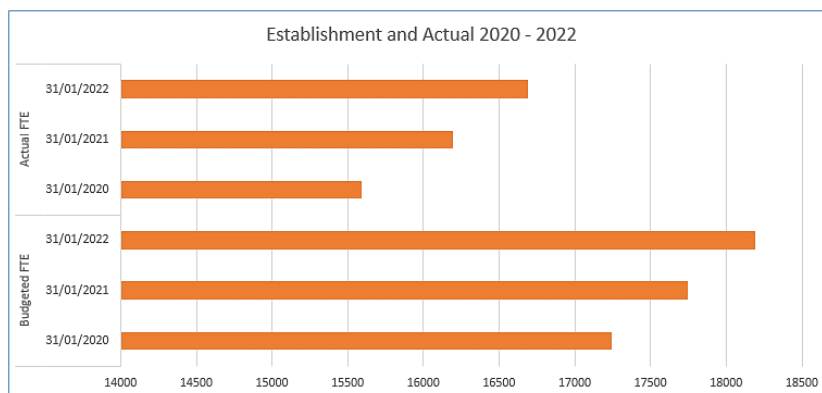
Our People Strategy & Plan is our opportunity to create a learning culture, to work together with our people and partners to address a number of long-standing challenges, prepare our organisation for future challenges and to embrace and create opportunities for us to succeed.

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

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

Resourcing the Delivery of the Integrated Medium Term Plan – Building on the work undertaken through the pandemic our goal is to focus on improving the connectivity between service design and delivery, workforce shape and supply and our ambition to be an Employer of Choice. This includes the clinically led reviews of existing delivery models that have informed the IMTP and the wider workforce plan to ensure the skills mix is correct for service delivery, sustainability, and triangulation of proactive workforce commissioning and placement opportunities across primary, community and secondary care settings. This allows us to continue to assess the longer-term impact of agile and flexible working on services from a workforce perspective.
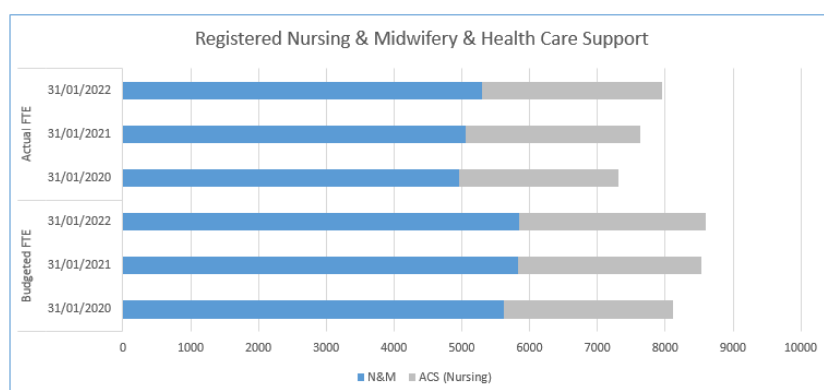
Over the course of the last 3 years, our workforce has increased both in budgeted establishment (+6%) and in actual Full Time Equivalent (FTE) in post (+7.6%). This is in the main due to the number of new service and workforce improvements undertaken through 2021/2022.

Establishment and Actual 2020 - 2022

Across the year, we have seen an increase in new service provision across Test, Trace & Protect (TTP) and the COVID-19 Vaccination programme, whilst seeing new service investment across areas such as Emergency Medicine and Stroke. Recruitment activity has significantly increased across the year as a result with number of FTE adverts placed in January '21 being 460 compared to 846 in January 22.

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

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

Registered Nursing & Midwifery & Health Care Support

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

When set together with Health Care Support Worker increases of 10% budgeted establishment and 11% actual FTE in post this provides a positive picture, albeit one that recognises there remains a significant gap of just under 600 FTE registered nurses and that retention remains a real challenge.
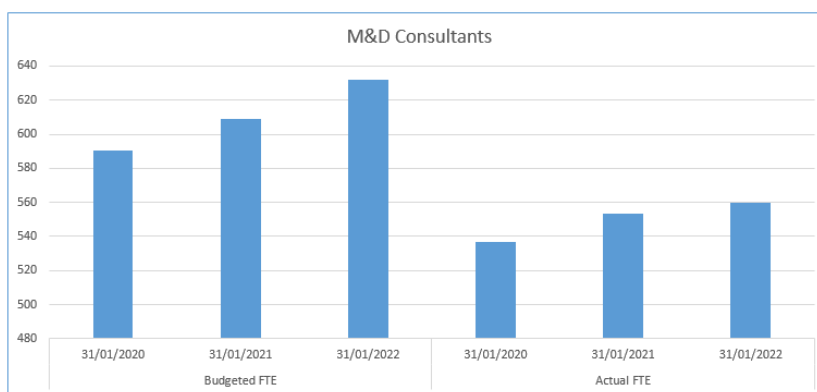
Through the Nursing & Midwifery Recruitment & Retention group, there is a range of work streams to improve retention of nurses. In particular, there are three career pathways under review and being enhanced to make a Nursing career in BCUHB more visible to our staff. The first scheme - Matron

Development program, initiated earlier in 2021 received positive feedback. The next two schemes to be taken forward are the Ward Manager development program and Head of Nursing development programme.

There has been work undertaken to improve the exit questionnaire uptake to provide a better understanding why people leave BCUHB. From the 1 February 2022 all agenda for change staff terminations will be completed via the ESR Self Service system, this process automatically triggers the Exit Questionnaire process. Using the process within ESR will allow us to monitor and review the leaver process more efficiently.

This methodology has been used to develop a medical pipeline, enabling the development of a proactive system for forward planning on medical recruitment, particularly at Consultant Level and as it progresses, plans are to roll this out across medical grades and specialities.

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

We have adopted new streams into our pipeline for medical staff and have been working to bring Junior Doctors who qualified abroad, but are English residents into the Health Board at a rate of 10-20 a year. We have recruited four as of January 2022.

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

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

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

There has been a specific focus recently on the Primary Care workforce, with the development of detailed current staffing positions and plans to attract staffing and to build sustainability across the workforce in this area.

As of September 2021, there were over 95 GP practices across north Wales with 11 of those being directly managed by the Health Board through its managed practice model (where the Health Board directly employs staff). The Health Board has achieved some level of success over the past 12 months in terms of recruitment across Primary Care.

From January 2021 to September 2021, 390 staff joined the Health Board against 270 who left. This is a net gain of 120. Across GPs specifically we saw a net increase of 73 but this was mainly across the more junior grades whilst across salaried and partner GPs we saw a net loss of 6. This is a specific area of focus and we are working closely with the Primary care teams to build a sustainable GP workforce across north Wales going forward.

▪ Working together – partnerships

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

This means we aim to:

- Develop services which are clinically led and 'co-designed' with the active involvement of patients, carers and residents, working closely with local partners across the three areas of North Wales.

- Work closely with local authorities and other public bodies to design services together and deliver in partnership so our services and theirs join up around the care and support needs of our patients including the provision of bilingual services.

- Recognise the vital role of the third sector and local networks in sustaining communities and supporting well-being and health.

- Continue to work closely with the Welsh Ambulance Service Trust (WAST) to address the challenges of delivering timely emergency care collaboratively.

- Continue to develop our relationships with Digital Health and Care Wales, Health Education and Improvement Wales, and WHSSC, in support of making the best use of our limited resources.

- Keep a sharp focus on the needs of those experiencing health inequality, including people sharing 'protected characteristics' recognised in the Equality Act, and address the more recent Welsh Government duty to support those in deprived communities.

- Engage fully with Welsh Government, Community Health Council and Regional partners, especially when we need to make major changes to services as well as ensuring patients, carers and community

representatives are involved from the early stages. We will involve people in co-designing service models learning from their experience and follow the Welsh Government guidelines for engagement and consultation.

- Engage with NHS Wales partner organisations to support the development of their IMTPs, prior to acceptance (where required) by our Health Board.

Our formal partnerships

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

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

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

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

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

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

Involving people and communities

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

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

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

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

Building our partnership working

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

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

▪ Service improvement and transformation

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

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

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

Overview of the Financial Plan

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

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

Our plan reflects the letter dated 14 March 2022 from the Chief Executive of NHS Wales on the Annual Plan / IMTP Financial Assumptions. This detailed the additional anticipated assumptions for exceptional cost pressures and COVID-19 Surge to be included.

The Health Board is starting the discussion with Welsh Government on the next stage in the Strategic Support and the 3 year Financial Plan assumes that additional funding will continue into 2024/25.

Our Resources

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

	2022/23 £m	2023/24 £m	2024/25 £m
Opening allocation	1,516.49	1,554.45	1,573.45
Uplift	37.96	19.00	10.00
Specific Allocations	198.74	198.74	198.74
Resource allocation	1,753.19	1,772.19	1,782.19
Anticipated allocations	121.66	98.59	125.19
Total allocation	1,874.85	1,870.78	1,907.38

Service Transformation and Financial Improvement

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

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

Financial Year	2022/23 £m	2023/24 £m	2024/25 £m
Transactional Savings	18	12	6
Transformational Savings	17	23	29
Saving Target	**35**	**35**	**35**

The integration of the savings plan with the transformation programme will ensure that our actions are primarily focussed on patient experience, quality and value. This is critical to securing engagement from our clinical teams to drive the substantial change and improvement that will be required in our services.

The specific details of the transformational programme are in development. However, we have identified a number of areas where opportunities exist to improve services and deliver financial benefits. Benchmark data reviews completed 2 years ago indicated an opportunity to deliver improvements that could secure financial benefits ranging between £70m and £114m, over a 3 year period - see summary table below. We are now in the process of refreshing the most relevant benchmarking data and seeking independent validation of opportunities, taking into account the COVID-19 recovery environment we are operating in.

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

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

The Health Board is developing a 3 year rolling savings programme which will incorporate a robust check and challenge process (Star Chamber) to refresh and validate the approach to savings identification and delivery.

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

Financial Plan

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

	2022/23 £m	2023/24 £m	2024/25 £m
Total allocation incl. Anticipated Funding	**1,874.86**	**1,870.78**	**1,907.38**
Baseline expenditure	1,753.03	1,838.09	1,875.67
Pay Award	24.93	25.67	26.45
Pay & Non Pay growth and inflation	38.61	10.49	8.74
Other cost pressures	28.70	21.63	21.63
New Developments	8.91	5.00	5.00
COVID-19 costs	55.68	4.90	4.90
Recurrent savings	-35.01	-35.01	-35.01
Total expenditure	**1,874.86**	**1,870.78**	**1,907.38**
Planned surplus / (deficit)	**0.00**	**0.00**	**0.00**

Financial Risks

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

	2022/23 £m
Impact of a COVID-19 wave on our core planning assumptions	23.99
New agreements on the licence for Microsoft products	1.88
Full year impact of new drugs approved by NICE in 2021/22	3.20
Further increase in energy costs	23.30
Total Risk	**52.37**

The Health Board is starting the discussion with Welsh Government on the continuation of the Strategic Support and the 3 year Financial Plan assumes that funding will continue into 2024/25.

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

Capital Programme

The capital programme seeks to be a balance of investment to address compliance, mitigate risks to service delivery and support service transformation/development priorities as set out within this plan.

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

- Wrexham Maelor Hospital Redevelopment Programme – the Board agreed to pursue urgent continuity work in advance of wider redevelopment. The business case is being submitted imminently to commence Phase 1 infrastructure risks

- Nuclear Medicine / PET CT – following approval of the SOC we will progress the outline and full business cases linked to national PET programme

- Radiotherapy Programme – WG have supported the advanced purchase of a Linac machine. Work will continue to progress the full replacement programme

- Royal Alexandra Hospital development Project – the FBC has been submitted to WG

- Conwy/Llandudno Junction Integrated Primary Care Centre – we will soon be seeking approval to progress these business cases

- Ablett Redevelopment – we are seeking approval to progress to Full Business Case

- YG Compliance Programme – following submission of the Programme Business Case we will work with WG to develop an agreed programme of investment

- School of medicine and health sciences – we will determine the estate implications and then develop a capital investment strategy in support of the planned student placements

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

- Regional Treatment Centres
- Colwyn Bay Integrated Health & Social Care Facility
- Denbigh Integrated re-ablement
- Hospital Residences
- Penygroes Primary Care Centre
- Bangor Wellbeing Centre
- Penrhos Pwllheli Centre

Strategic Outline Cases are being developed for:

- Cefn Mawr Primary Care Centre
- Brymbo Primary Care Centre
- Hanmer Primary Care Centre
- Llay Primary Care Centre
- Kimnel Bay Primary Care Centre
- Porthmadog Primary Care Centre
- Holyhead Primary Care Centre
- Neuro-rehabilitation

With respect to the first year of this plan the proposed annual capital programme for 2022/23 may be summarised as follows:

Discretionary and national programmes	£m
Estates	
▪ Health & safety, risk and compliance	4.087
▪ Service recovery including COVID-19 response, planned and unscheduled care and patient experience	5.130
▪ Mental Health	0.829
▪ Sustainability including Decarbonisation	1.230
Medical Devices replacement programme	1.379
Imaging and radiotherapy national Programmes	4.250
Informatics	2.213
Total	19.128

The programme seeks to mitigate/reduce the top risks as identified within the Board's assurance framework and corporate risk register together with investment to increase capacity and reduce risks with respect to safe sustainable services, timely access to planned care and mental health & learning disabilities services.

Glossary

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

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

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

Integrated Medium Term Plan 2022/25

Appendix 1
Alignment matrices

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Appendix 1: Alignment Matrices

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

1. With the Ministerial priorities and NHS Wales Planning Framework

2. With our Targeted Improvement Framework

3. With the Well-being of Future Generations

4. With our Plan on a Page and the '5 Planning Principles'

5. With our Transformation delivery programmes

Mapping of our Plan against Ministerial priorities and the NHS Wales Planning Framework

- ▪ *Ministerial Priorities*

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

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

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

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

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

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

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

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

NHS Recovery

Ref	Title	A Healthier Wales	Population Health	Covid-19 response	NHS recovery	MH and emotional WB	Supporting H&SC workforce	NHS Finance / Resources	Working alongside social care	Cluster planning
	Planned Care recovery programme	🔵		🟠	🟣				🟢	🔴

Consolidating work

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

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

New priority work

Ref	Title	A Healthier Wales	Population Health	Covid-19 response	NHS recovery	MH and emotional WB	Supporting H&SC workforce	NHS Finance / Resources	Working alongside social care	Cluster planning
b.2022.1	3rd sector strategy	●	●				●	●	●	●
b.2022.2	Accelerated Cluster Development	●	●						●	●
b.2022.3	Atlas of Variation	●						●		●
b.2022.4	BCUPathways	●	●		●	●	●	●	●	●
b.2022.5	Building a Healthier Wales (BAHW)	●	●			●			●	●
b.2022.6	Commissioning unit	●	●					●	●	●
b.2022.7	Community Pharmacy Enhanced Services - Alcohol and Blood Borne Viruses	●	●			●			●	●
b.2022.8	Diabetic Foot pathway									●
b.2022.9	Foundational Economy Strategy/Policy	●					●	●	●	●
b.2022.10	Golden Value Metrics	●						●	●	●
b.2022.11	Implementing the Quality Act	●						●		
b.2022.12	Inverse Care Law work	●	●			●		●	●	●
b.2022.13	LEAN Healthcare system							●	●	●
b.2022.14	Recovery of Primary Care chronic disease monitoring		●	●	●					●
b.2022.15	Results management									
b.2022.16	Valuing carers		●			●	●		●	●

Mapping of our Plan against Targeted intervention.

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

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

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

Targeted Intervention Domain:	Activity references that strongly contribute to address the domain:		
Mental Health - Children & Young People - Transition - Adults	▪ Planned Care Recovery Programme		
	▪ a.2022.14	▪ a.2022.15	▪ a.2022.16
	▪ a.2022.17	▪ a.2022.18	▪ a.2022.19
	▪ a.2022.20	▪ a.2022.21	▪ a.2022.22
	▪ a.2022.23	▪ a.2022.24	▪ a.2022.25
	▪ b..2022.16		
Strategy, Planning, Performance - Strategy development - Strategy alignment and development of a 3 year Integrated Medium Term Plan (IMTP) - Dynamic and engaged planning - Best Practice approach to improvement - Realistic and deliverable - Systems and processes for performance, accountability, and improvement - Measurable and improving performance - Assurance	▪ Planned Care Recovery Programme		
	▪ This IMTP & Appendices		
	▪ a.2022.28	▪ a.2022.29	▪ a.2022.31
	▪ a.2022.34	▪ a.2022.35	▪ a.2022.36
	▪ a.2022.37	▪ a.2022.39	▪ b.2022.2
	▪ b.2022.3	▪ b.2022.6	▪ b.2022.8
	▪ b.2022.10	▪ b.2022.13	
Leadership (Governance, Transformation & Culture) - Board Leadership - Clarity of Purpose, Vision, Strategy and Delivery - Cultural Development	▪ Board IMTP approval		
	▪ LHSW within IMTP		
	▪ Plan on a Page within IMTP		
	▪ a.2022.28	▪ a.2022.29	▪ a.2022.32
	▪ b.2022.1	▪ b.2022.2	▪ b.2022.5
	▪ b.2022.6	▪ b.2022.9	▪ b.2022.10
	▪ b.2022.12		
Engagement - Engagement Management - Patient Engagement and Involvement - Public Engagement and Involvement - Staff Engagement and Involvement - Partnership Engagement and Involvement - Partnership and stakeholder relationship management - Promoting the Work of the Organisation	▪ Extensive co-creation [and then socialisation] of IMTP across BCU		
	▪ a.2022.7	▪ a.2022.27	▪ a.2022.32
	▪ a.2022.33	▪ b.2022.4	▪ b.2022.10
	▪ b.2022.11	▪ b.2022.16	

Mapping of our Plan against the Well-being of Future Generations Act.

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

Mapping of our Plan against the 5 Planning Principles within our Plan on a Page.
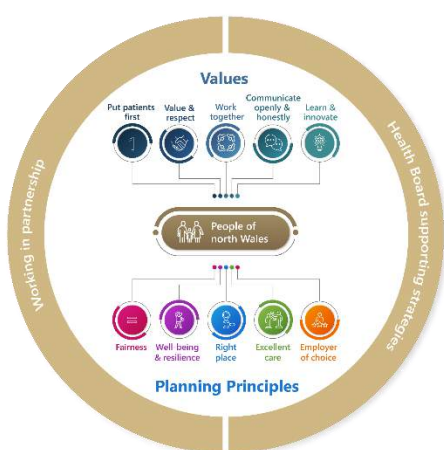
Plan on a Page – the 5 Planning Principles

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

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

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

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

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

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

- Optimises progress in delivering our vision

- Embeds the Wellbeing and Future Generations goals into all of our developments

- Delivers the philosophy within A Healthier Wales of high quality care, delivered as close to peoples homes and communities as possible

- Ensures that we shift focus away from complex, reactive, medical interventions to proactive prevention, and the social model of healthcare

- Allows us to offer the best possible care within the resources available to us

A: Schemes being consolidated during 2022/23

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

Legend:

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

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

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

Legend:
- ●● Strong positive
- ● Minor positive
- ●! Minor adverse
- ●●! Strong adverse

Mapping of our Plan against our Transformation Programmes

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

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

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

Each programme is supported to maximise focus and success:

1. Centrally coordinated programme management is provided, adhering to best evidence and improvement science

2. Progress is tracked against metrics that are SMART and aligned to clinical outcomes

3. Sustainability, quality and efficiency are key components, with IHI principles, value based care and Lean methodology all utilised

4. Our 5 Planning Principles have been created to test our proposals against A Healthier Wales

Unscheduled Care

Note that unscheduled care is the subject of one of our specific transformation programmes. This programme serves to

- bring together the various pieces of unscheduled care schemes outlined in the main IMTP and in the following graphic, which span across the whole integrated health board

- is focused around delivering the NHS Wales 6 Goals for Urgent and Emergency Care

- is being delivered cognisant of the pressures upon the whole system, for example the Welsh Ambulance Services NHS Trust (WAST). We recognise the implications of short-term and reactive service change on partners, and WAST, and commit to engaging as early as possible on any unplanned service changes which might be necessary in light of the volatility and significant pressures across the health system. The focus will be on partnership and collaboration to deliver the required innovation and improvements ensuring longer term sustainability and improved population health.

IMTP Programme Alignment

UNSCHEDULED CARE

- a.2022.34 Strengthening & ED & SDEC
- a.2022.9 Home First Bureaus
- a.2022.37 Urgent Primary Care Centres
- a.2022.35 Stroke services
- b.2022.8 Diabetic Foot pathway
- b.2022.15 Results management

PLANNED CARE

- a.2022.31 Regional Treatment Centres
- a.2022.39 Vascular
- a.2022.36 Suspected cancer improvement
- a.2022.6 Eye Care
- a.2022.30 Radiology sustainable plan
- a.2022.13 Lymphoedema
- a.2022.12 Long Covid
- a.2022.38 Urology - Robot Assisted Surgery
- b.2022.14 Recover Primary Care monitoring
- a.2022.11 Minimal access gynaecology
- a.2022.10 Audiology pathway
- b.2022.7 Pharmacy ES- Alcohol & Viruses

MENTAL HEALTH

- a.2022.15 CAMHS Training & Recruitment
- a.2022.16 CAMHS Transition
- a.2022.14 AISB Joint Commissioning
- a.2022.19 ICAN Primary Care
- a.2022.25 Psychiatric Liaison Services
- a.2022.23 Older Persons Crisis Care
- a.2022.21 Neurodevelopment recovery
- a.2022.18 Eating Disorders Service
- a.2022.24 Perinatal Mental Health Services
- a.2022.17 Early Intervention in Psychosis
- a.2022.20 MH Medicines Management

DIGITAL

- a.2022.5 Welsh Nursing Care Record
- a.2022.43 Welsh PAS
- a.2022.40 Video consultations
- a.2022.41 WCCIS

WHOLE SYSTEM T'FORMATION & OD

- a.2022.28 Operating Model
- b.2022.13 VBC & LEAN Healthcare system
- a.2022.42 Welsh Language
- b.2022.3 Atlas of Variation
- b.2022.4 BCUPathways
- a.2022.32 Speak Out Safely
- b.2022.2 Accelerated Cluster Dev't
- a.2022.44 Wider Primary Care workforce
- a.2022.29 People & OD - Stronger Together
- b.2022.6 Commissioning unit
- a.2022.27 NWales Medical & HS School
- b.2022.10 Golden Value Metrics
- a.2022.8 Health & Safety Compliance
- a.2022.8 Health & Safety Compliance
- a.2022.7 Development of the Academy
- a.2022.34 Strengthening & ED & SDEC
- b.2022.12 Inverse Care Law work
- a.2022.45 Workforce Operating Model
- b.2022.9 Foundational Economy
- b.2022.1 3rd sector strategy
- b.2022.11 Implementing the Quality Act

Integrated Medium Term Plan 2022/25

Appendix 2
Planned Care Recovery

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Appendix 2: Planned Care Recovery

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

We are strongly committed to a full restoration of pre-COVID-19 core activity alongside additional activity to recover episodes of care delayed due to the pandemic.

Our recovery plan is comprised of a combination of approaches:

Increase of capacity	*Increasing our outpatient, diagnostic and treatment capacity means that we will eliminate the activity backlog more quickly.*
	We will supplement the core activity that we usually have available, with additional externally provided activity to do this.
Prioritising diagnostics & outpatients	*We will prioritise ensuring that 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.*
	This will give us greatest confidence that there are no patients waiting for delayed treatment who have serious, deteriorating, conditions not picked up through the triage of referral letters.
Transformation of pathway	*Like most healthcare organisations, we know that we could transform a number of our pathways and make them more efficient. We had already commenced that journey and will increase our focus upon this in those areas where early transformation would have a particularly positive impact upon the waiting list backlog.*
Information & communication	*We will continue to develop the information that we communicate to patients, and partners, to ensure that likely waiting times are known, that procedures to follow in the event of clinical deterioration are understood, and to ensure that opportunities to utilise transformed or alternative consultation modalities are known about.*

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

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

▪ Opportunities and Challenges

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

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

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

Planning assumption 2:
In line with other Health Boards, we have used our 2019/20 core levels of activity (this was the last year before the pandemic) as a baseline for 2022/23.

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

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

This multi-stage approach is required to ensure that we

- reduce our waiting times by managing those at greatest clinical risk first

- reduce our waiting times by ensuring specialties particularly affected have tailored and prioritised approaches

- maximise any opportunities to introduce immediate efficiencies through a combination of transactional and early transformational changes

- undertake the necessary transformation work that might not deliver immediate impact upon the waiting list but which will support medium and longer-term impact, which is a key to sustainable services going forwards.

Restart

Apr 2022

Stabilisation — *Stop any further deterioration in the waiting list*

Improvement — *Through change of practice and outsourcing, focused upon reducing longest waiting times*

Oct 2022

Increased capacity — *Bringing insourcing and modular wards online*

Recovery — *Recovery in many specialties, though waiting lists in a small number of areas will not been fully eradicated for some time (see chart on page 14)*

Sustainability — *Continued change in practice (e.g. GIRFT, BCUPathways)*

Establishment of RTCs

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

Theme	Initiative	Outline
Capacity – core and additional	Outsourcing	Extending current arrangements in orthopaedics and ophthalmology for the full year
	Insourcing	Continue existing arrangements (endoscopy). Implement mixed Surgical specialities contract by Q2
	Partnership and Modular ward(s)	Potentially extend current arrangement at Abergele and open modular ward to increase capacity from Q4
Lean, value-focused support infrastucture - clinical	Radiology sustainability Oncology capacity Pathology	Removal of bottlenecks in diagnostics. We will apply 'Lean' methodology to eliminate steps that do not add any value to the patient yet contribute to delay.
Lean, value-focused support infrastucture - administrative	Validation programme	Complete existing programme of validation work, progressing to a robust and continuous process
Pathway redesign	BetsiPathways e.g. Audiology	Use of different staff group to deliver service, medicalising only when justified
	GIRFT / National Programme in 5 specialities	Range of intitiatives from Feb 22, starting in orthopaedics
	Patient Initiated Follow-up (PIFU) See on Symptoms (SOS) Advice & Guidance (A&G)	OP efficiency, resulting in less no-value or low-value consultations
	Pre-habilitation	Better preparation for treatment to reduce LOS
	'Attend Anywhere'	Embedding virtual clinics as the way forward
Modernisation	Urology Robot	Use of technology to reduce LoS
Building for the future	RTC project	Business Case development
Communication	Launch a Communication Strategy	Full engagement process with Primary and Secondary Clinicians, as well as patients

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

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

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

Modular theatre and ward at Abergele:
As part of the work to address our Trauma and Orthopaedics backlog, we are exploring the potential of deploying a modular theatre and ward at Abergele Hospital. Feasibility studies are currently underway, alongside analysis of the capacity required if transformational opportunities are maximised.

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

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

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

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

Monitoring of our recovery plan

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

Current Position

Our current waiting list at the end of each of the last three years, and in January 2022, at aggregated level, expressed in time from referral, is as follows:
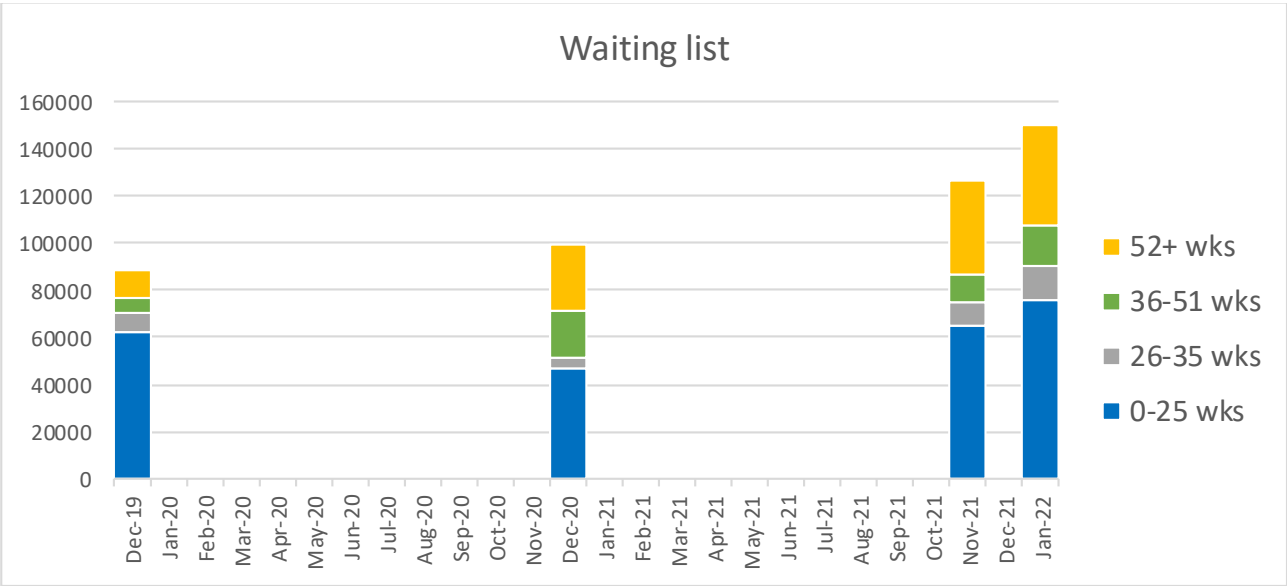
Note that the perpetuation of large numbers of longer-waits is a consequence of people moving through from lower waiting groups, and not because of managing waiters out-of-turn.
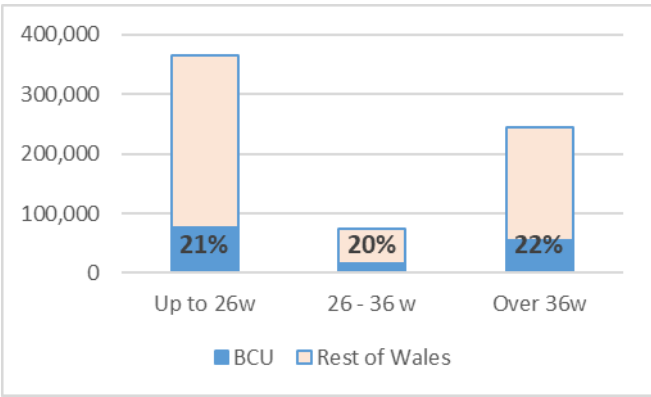
Proportion of waiting lists by length of wait, in BCUHB
December 2021, Source: StatsWales

▪ Phases of recovery

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

Restart

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

Stabilisation

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

Note:
Insourcing is where we bring extra capacity into the Health Board to increase the number of episodes of care we can provide, usually through contracting with 3rd party providers and agency to assist.

Outsourcing is where we contract with 3rd party providers (either other NHS providers, or the independent sector), to provide activity for us from their sites.

Improvement & Transformation

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

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

Trauma and orthopaedics is an immediate priority for us, and is covered later. We have commenced transformation in this area, and are now moving to rapidly increase transformational capacity here.

Sustainability

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

GMS Primary Care

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

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

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

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

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

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

We will regularly monitor the progress made.

GDS Primary [Dental] Care

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

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

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

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

Additional activity is currently being commissioned in Dwyfor Meirionnydd.

▪ 2022-23 Secondary Care recovery profiling

Aggregated capacity and profiling figures are shown below for Stage 1 and Stage 4 waiting lists. Note that this is aggregated data and that not all specialties have the same profile; an explanation of actions in hard-pressed specialties can be found later in this plan.

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

Pandemic activity for 2022-2.
As noted on page 4, we have assumed that we remain at 'level 1' throughout 2022-23.

Core capacity for 2022-23, as noted on page 4,
As noted on page 4, and in line with other Health Boards, we have used our 2019/20 core levels of activity (this was the last year before the pandemic) as a baseline estimate of our capacity for 2022/23.

Stage 1 Table (aggregated)

Estimated March 22 Stage 1 waiting list (total) [1]	88123
2022/23 anticipated demand (total) [2]	110772

	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23
Anticipated in-month new demand [3]	9231	9231	9231	9231	9231	9231	9231	9231	9231	9231	9231	9231
Core capacity [4]	9475	9475	9475	9475	9475	9475	9475	9475	9475	9475	9475	
Reduction: validation [5]	923	923	923	923	923	923	923	923	923	923	923	923
Transformation: PIFU & SOS [6]	3487	3487	3487	3487	3487	3487	3487	3487	3487	3487	3487	3487
Transformation: misc [7]	24	24	24	71	76	76	76	76	76	76	76	76
Reduction: additional internal solutions [8]	1176	1593	1671	1649	1629	1657	1846	1809	1801	1831	1839	1831
Reduction: outsourcing [9]	382	382	382	735	735	735	735	735	735	735	735	735
Profile Total Waiting list	81887	83761	85974	87887	90193	92456	94558	96886	99185	101446	103729	106028
Profile 104 week breaches	5626	2569	1050	206	52	0	0	0	0	0	0	0
Profile 52 week breaches	24885	21870	18321	15533	12073	10199	8155	4066	1730	1000	601	290

[1] Total current waiting list	Anticipated aggregated Stage 1 waiting list, on 1/4/22, based upon current referral and capacity rate
[2] Anticipated demand	Estimated new referrals during 2022/23, including suppressed referrals due to late presentations because of Covid-19
[3] Anticipated in-month new demand	Anticipated demand ([2] above), distributed on a linear monthly basis
[4] Core capacity	100% Capacity available from within core resources, (maximum core capacity)
[5] Validation	Anticipated reduction of the Stage 1 waiting list, through waiting list validation.
[6] Transformation: PIFU & SOS	This figure currently includes an average 20% reduction in outpatient appointments from the application of PIFU and SOS across all specialities with the reallocation of those slots to Stage 1 patients. We believe some specialties have a greater PIFU and SOS potential than this (for example orthopaedics). Work is ongoing to build this into our plans, which will further reduce waits in those areas.
[7] Transformation: misc	This figure includes some quantified areas of transformation but is an overall underestimate, as there are a number of areas still being scoped and quantified and these have not been declared within these tables presently.
[8] Reduction: additional internal solutions	
[9] Outsourcing	Based on the FYE of the contracts for Orthopaedics and Ophthalmology
[10] PIFU and SOS	This figure currently includes an average 20% reduction in outpatient appointments from the application of PIFU and SOS across all specialities with the reallocation of those slots to Stage 1 patients. We believe some specialties have a greater PIFU and SOS potential than this (for example orthopaedics). Work is ongoing to build this into our plans, which will further reduce waits in those areas.

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

Legend: G = Achieved (green), NA = Not achieved (pink), WG = Not achieved and beyond the WG target (dark red), blank = no data.

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

Key

Achieved	green
Not achieved	pink
Not achieved and beyond the WG target (page 3)	dark red

Stage 4 Table (aggregated)

	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23
Anticipated in-month new demand [1]	2994	2994	2994	2994	2994	2994	2994	2994	2994	2994	2994	2994
Core 22/23 capacity [2]	2335	2335	2335	2335	2335	2335	2335	2335	2335	2335	2335	2335
Reduction: validation [3]	17	10	13	19	27	30	38	42	49	50	35	52
Reduction: additional internal solutions [4]	232	232	232	232	232	232	232	232	232	232	232	232
Reduction: outsourcing [5]	500	500	500	566	646	646	646	646	646	646	646	646
Reduction: T&O insourcing [6]												
Profile 104 week waits	10797	9671	8591	7583	7050	6555	6184	5879	5699	5494	5085	4928
Profile 104 week waits, excl T&O	6639	5736	4866	4038	3841	3654	3515	3415	3421	3404	3260	3327

[1] Anticipated in-month new demand	Anticipated demand, distributed on a linear monthly basis
[2] Core 22/23 capacity	100% Capacity available from within core resources, (maximum core capacity)
[3] Validation	Anticipated reduction of the Stage 4 waiting list, through waiting list validation.
[4] Additional internal solutions	Including planned waiting list initiatives, locum appointments.
[5] Outsourcing	Based on the full year effect of the contracts for Orthopaedics and Ophthalmology
[6] T&O insourcing	We are currently exploring the scale of T&O insourcing that can be achieved.

▪ Profiling - individual specialties

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

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

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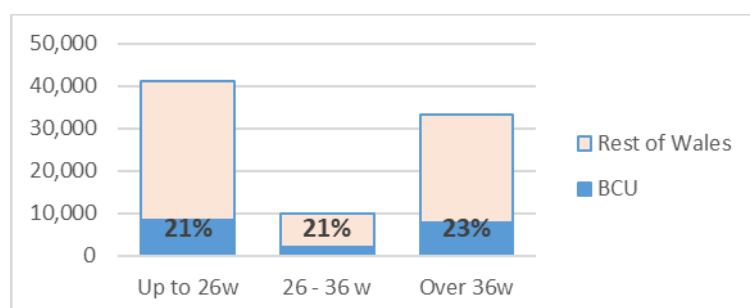
Proportion of waiting lists by length of wait, in BCUHB: General Surgery
December 2021, Source: StatsWales

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

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

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

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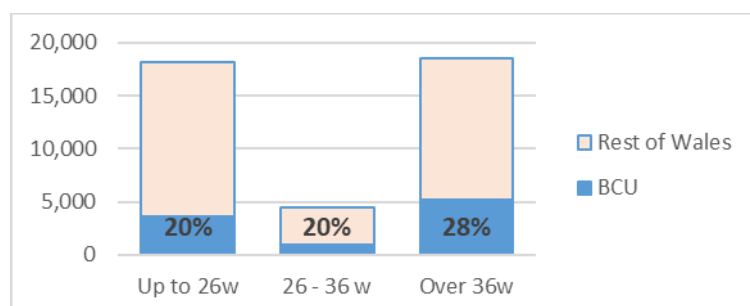
Proportion of waiting lists by length of wait, in BCUHB: Urology
December 2021, Source: StatsWales

A multi-disciplinary Improvement Group has been established with Executive Leadership to focus on the challenges and opportunities facing this service across North Wales. The level of clinical engagement is

high and the commitment to make changes strong. This work will encompass the operationalisation of the robot in Bangor, and will provide leadership to the developments, which will emerge from the GIRFT Programme, due to commence in this service in Quarter One of 2022/23. A key focus will be the consideration of the use of non-medical staff to mitigate the effect of a UK-wide shortage of Urology Consultants. From a capacity perspective, the service will be a beneficiary of the proposed Mixed Speciality Insourcing Contract.

- **Trauma and Orthopaedics (T&O)**
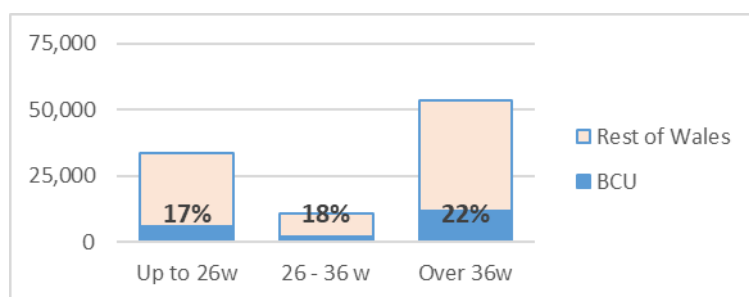
Proportion of waiting lists by length of wait, in BCUHB: Trauma & Orthopaedics
December 2021, Source: StatsWales

We are currently remodelling our orthopaedic plan, informed by GIRFT and other transformational opportunities. Because of the extent of transformational potential within orthopaedics, and the impact it will have upon our planned care backlog, we are re-establishing our planned care transformation programme to focus upon orthopaedics only.

Opportunities to significantly increase efficiency have been identified and are consistent when triangulated. The impact is now being modelled, in order to inform the size of outsourcing and insourcing capacity required.

This work is being progressed urgently and we will utilise support offered by Welsh Government to expedite this. Outsourcing contracts with Spire and The Robert Jones & Agnes Hunt Orthopaedic Hospital remain in place.

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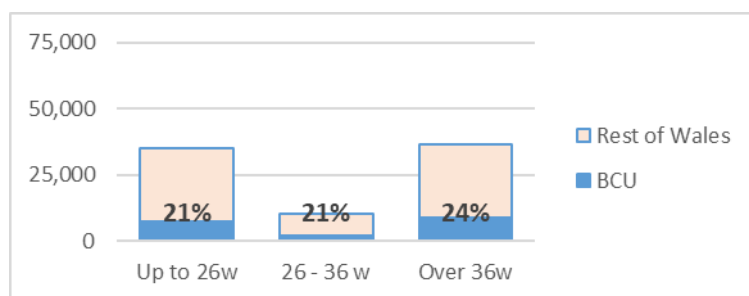
Proportion of waiting lists by length of wait, in BCUHB: Ophthalmology
December 2021, Source: StatsWales

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

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

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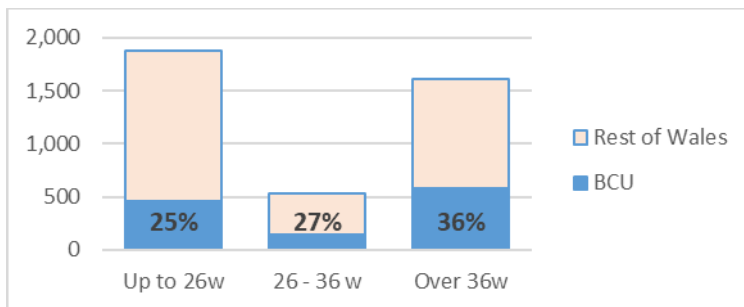
Proportion of waiting lists by length of wait, in BCUHB: Orthodontics
December 2021, Source: StatsWales

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

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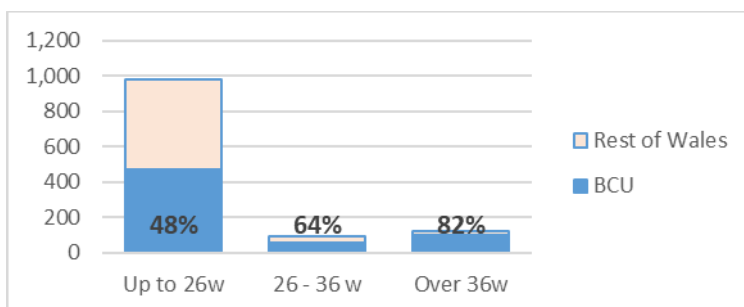
Proportion of waiting lists by length of wait, in BCUHB: Endocrine
December 2021, Source: StatsWales

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

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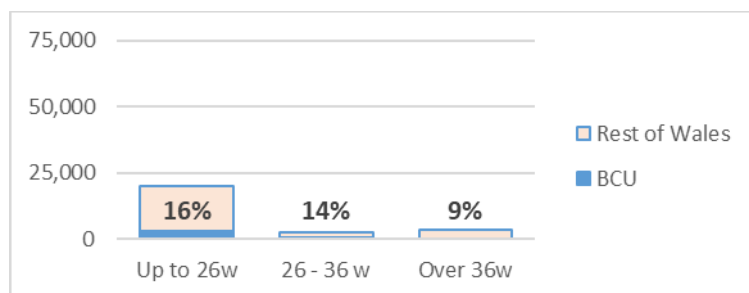
Proportion of waiting lists by length of wait, in BCUHB: Cardiology
December 2021, Source: StatsWales

A number of significant transformational efficiencies are being prioritised. Internal and national benchmarking has commenced throughout the service, through our Atlas of Variation programme, with the aim to replicate and embed good practice throughout the service. Pathway work has commenced, focusing on referral management and diagnostics. Lean methodology is being applied to reduce waste.. Cardiac diagnostics remain a challenge for the service, and options are currently being explored.

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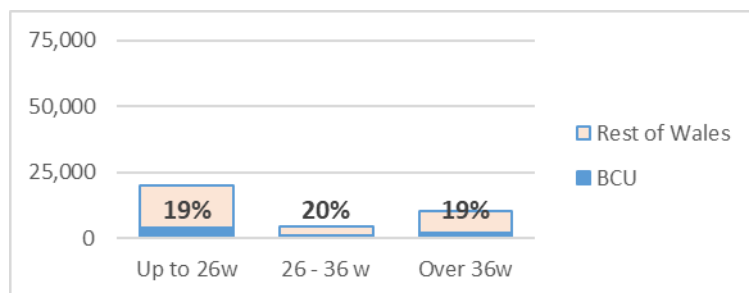
Proportion of waiting lists by length of wait, in BCUHB: Dermatology
December 2021, Source: StatsWales

Outsourcing of routine long waits commences in April 2022.

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

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

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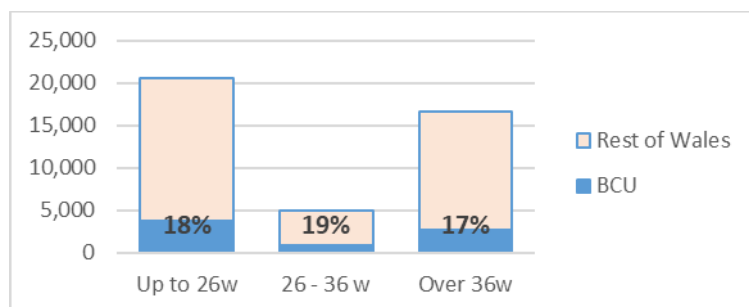
Proportion of waiting lists by length of wait, in BCUHB: Gynaecology
December 2021, Source: StatsWales

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

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

Integrated Medium Term Plan 2022/25

Appendix 3
2022/23 Development Priorities – detail

Ref No	Title
a.2022.1	**Care Home support**

Short description

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

Longer description

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

Measure 1	Timeline 22/23
Finalisation of a Quality Assurance Framework meeting the needs of BCU and our 6 LA partners (already commenced in partnership)	A M J J A S O N D J F M

Measure 2	Timeline 22/23
Team to have introduced tool into 25% of homes	A M J J A S O N D J F M

Measure 3	Timeline 22/23
Team to have introduced tool into 50% of homes	A M J J A S O N D J F M

Measure 4	Timeline 22/23
Team to have introduced tool into 75% of homes	A M J J A S O N D J F M

Ref No	Title
a.2022.2	**Colwyn Bay Integrated services facility**

Short description

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

Longer description

A multi-year partnership between Conwy County Borough Council (CCBC), Betsi Cadwaladr University Board (BCUHB) and Grwp Llandrillo Menai (GLLM) to establish an integrated Health & Social care facility in Conwy which includes
- Extra Care Housing Apartments
- Multi Agency Office/Clinic Space
- Training and development suite
- Intermediate care facility
- Bespoke local provision to meet the additional learning needs of young adults with complex needs.

Measure 1

Stakeholder Engagement on service model commenced

Timeline 22/23

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

Measure 2

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

Timeline 22/23

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

Measure 3

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

Timeline 22/23

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

Ref No	Title
a.2022.3	**Continuing Healthcare infrastructure**

Short description

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

Longer description

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

Measure 1

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

Timeline 22/23

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

Measure 2

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

Timeline 22/23

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

Measure 3

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

Timeline 22/23

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

Measure 4

End of year review of compliance with service specification complete

Timeline 22/23

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

● Resource Testing

The resource testing RAG for this scheme is currently AMBER.

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

a.2022.4	**Covid vaccination and Test, Trace and Protect (TTP)**

Short description

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

Longer description

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

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

Measure 1

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

Timeline 22/23

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

● Resource Testing
The resource testing RAG for this scheme is currently AMBER.
This is because the scheme is iterative given the evolving Pandemic environment,
combined with a potentially significant workforce ask to deliver vaccination and TTP.

Ref No   Title

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

Short description

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

Longer description

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

Measure 1   Timeline 22/23

| Mobile devices set up and system live in East | A M J J A S O N D J F M |

Measure 2   Timeline 22/23

| Mobile devices set up and system live in Centre | A M J J A S O N D J F M |

Ref No	Title
a.2022.6	**Eye Care**

Short description

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

Longer description

This will be delivered in line with the national Eye Care pathways.
1. Optimisation of current Integrated pathways, and expansion to deliver Diabetic Retinopathy closer to home;
2. Use of prudent Intravitreal Treatment and Age Related Macular Degeneration pathways;

Measure 1

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

Timeline 22/23

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

Measure 2

Implement rolling delivery of Open Eyes All Wales Digital system

Timeline 22/23

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

Measure 3

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

Timeline 22/23

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

Ref No	Title
a.2022.7	**Further development of The Academy**

Short description

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

Longer description

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

Measure 1	Timeline 22/23
Expand offer to 12 training / student placements in Academy Training Hubs	A M J **J A S** O N D J F M

Measure 2	Timeline 22/23
Appoint 8 x supernumerary trainee posts in General Practice	A M J J A S **O N D** J F M

Measure 3	Timeline 22/23
Increase the uptake of apprenticeships in primary care with up to 6 apprentices	A M J J A S O N D **J F M**

Measure 4	Timeline 22/23
Provide opportunities for reflective practice for at least 16 new Advanced Clinical Practitioners in primary care & community settings	A M J J A S O N D **J F M**

Measure 5	Timeline 22/23
Build upon the exposure the Academy is receiving nationally, and the positive impact this will have upon recruitment, by ensuring at least 4 Academic posters are accepted in national conferences	A M J J A S O N D **J F M**

Ref No | Title

a.2022.8 | **Health & Safety Statutory Compliance**

Short description

Improve levels of the Health Boards health and safety and statutory compliance

Longer description

Improve levels of the Health Boards health and safety and statutory compliance requirements. Reduce the organisations exposure to future potential prosecution / litigation by external regulators for failure to comply with current health and safety legislation. This will be achieved through the production of a 3 year OHS Compliance Strategy and Security Review, including:
- Fit Testing Programme
- Occupational Health, Wellbeing, Health & Safety
- Security, and
- Manual Handling training for staff

Measure 1 | Timeline 22/23

Trial of e-learning training package for IOSH managing safely competed | A M J J A S O N D J F M

Measure 2 | Timeline 22/23

70% of staff at Band 8d and above to be trained | A M J J A S O N D J F M

Measure 3 | Timeline 22/23

Develop the Fit Testing Programme to achieve Fit2Fit accredited status | A M J J A S O N D J F M

Ref No	Title
a.2022.9	**Home First Bureaus**

Short description

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

Longer description

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

Measure 1	Timeline 22/23
Identify benefits across all care systems including savings made using key performance indicators across the service	A M J J A S O N D J F M

Measure 2	Timeline 22/23
Competion of an appropriate business case for extending the service, incorporating clear 'return on investment' detail	A M J J A S O N D J F M

● Resource Testing
The resource testing RAG for this scheme is currently AMBER.
Recruitment may be a challenge and could potentially impact upon other nurses services, based on volume of nurses posts being recruited to.

Ref No | Title

a.2022.10 | **Implementation of Audiology pathway**

Short description

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

Longer description

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

Measure 1 | Timeline 22/23

Access to advanced practice audiology as first point of contact in primary care - increased to 50% of BCU area | A M J **J A S** O N D J F M

Measure 2 | Timeline 22/23

Access to advanced practice audiology as first point of contact in primary care - increased to 75% of BCU area | A M J J A S O N D **J F M**

● Resource Testing
The resource testing RAG for this scheme is currently AMBER.
Staff types trying to recruit to means that this deliverability is rated as amber.

Ref No	Title
a.2022.11	**Improving minimal access surgery in gynaecology and north Wales specialist endometriosis care**

Short description

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

Longer description

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

Measure 1 — Timeline 22/23

Align service with the proposal for the development of Regional Treatment Centres	A M J J A S O N D J F M

Measure 2 — Timeline 22/23

Designate local clinical leads for Endometriosis	A M J J A S O N D J F M

Measure 3 — Timeline 22/23

Endometriosis leads and additional designated Gynaecologists to commence ATSM training in Endometriosis	A M J J A S O N D J F M

Ref No	Title
a.2022.12	**Long Covid**

Short description

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

Longer description

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

Measure 1	Timeline 22/23
Successful roll out delivery of interim service model to Central Area (completed in West and East during 2021/22)	A M J J A S O N D J F M

Measure 2	Timeline 22/23
Agreement of a 'multi-morbidity model' for the service, built upon learning from the interim model and with the support of the Lived Experience Reference Group	A M J J A S O N D J F M

Measure 3	Timeline 22/23
Phased introduction of multi-morbidity model commenced	A M J J A S O N D J F M

● Resource Testing
The resource testing RAG for this scheme is currently AMBER.
Short-term staff currently providing the service may not stay as permanent staff. The number of staff required means this is rated as amber.

Ref No	Title
a.2022.13	**Lymphoedema**

Short description

Adoption of lymphoedema education programme, using VBHC principles.

Longer description

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

Measure 1	Timeline 22/23
Permanently recruit to seconded posts	A M J J A S O N D J F M

Measure 2	Timeline 22/23
90% of relevant staff in an identified community area will complete training programme	A M J J A S O N D J F M

Measure 3	Timeline 22/23
90% of those patients with chronic oedema / lower leg ulceration and wet legs will be assessed using OGEP	A M J J A S O N D J F M

Ref No	Title
a.2022.14	**Mental Health Improvement scheme - AISB Joint Commissioning**

Short description

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

Longer description

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

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

Measure 1	Timeline 22/23
Commence agreed initiatives that deliver improved availability and access to tier 0 support services across North Wales	A M J J A S O N D J F M

Ref No	Title
a.2022.15	**Mental Health Improvement scheme - CAMHS Training and Recruitment**

Short description

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

Longer description

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

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

Measure 1	Timeline 22/23
Recruitment of Nurse Prescriber posts	A M J J A S O N D J F M

Measure 2	Timeline 22/23
Induction and local training for Nurse Prescriber posts and production of job plans aligned with service need	A M J J A S O N D J F M

Measure 3	Timeline 22/23
Recruitment of two Higher Specialist trainee posts to start in August (one post started in August 2021) in line with allocation of NTNs from HEIW	A M J J A S O N D J F M

Ref No	Title
a.2022.16	**Mental Health Improvement scheme - CAMHS Transition and Joint work**

Short description

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

Longer description

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

Measure 1 | Timeline 22/23

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

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

Measure 2 | Timeline 22/23

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

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

Measure 3 | Timeline 22/23

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

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

Ref No	Title
a.2022.17	**Mental Health Improvement scheme - Early Intervention in Psychosis**

Short description

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

Longer description

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

Measure 1   Timeline 22/23

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

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

Measure 2   Timeline 22/23

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

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

Measure 3   Timeline 22/23

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

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

● Resource Testing
The resource testing RAG for this scheme is currently AMBER.
Current Service Challenges may be a barrier to recruitment in mental health services.

Ref No	Title
a.2022.18	**Mental Health Improvement scheme - Eating Disorders Service developr**

Short description

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

Longer description

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

Measure 1	Timeline 22/23
Recruitment of MARSIPAN team to improve service provision for early intervention and treatment at Tier 2 and to facilitate local medical and psychiatric admissions	A M J **J A S** O N D J F M

Measure 2	Timeline 22/23
Completion of in house and NICE Guidelines Compliant training and supervision for Eating Disorders	A M J J A S **O N D** J F M

Measure 3	Timeline 22/23
Measure the outcomes of the service that sees all clients with suspected eating disorders in BCUHB having specialist assessment and treatment plan in place within 4 weeks or 1 week if urgent (as per NICE 2017 guidance)	A M J J A S O N D **J F M**

● Resource Testing
The resource testing RAG for this scheme is currently AMBER.
Current Service Challenges may be a barrier to recruitment in mental health services.

Ref No	Title
a.2022.19	**Mental Health Improvement scheme - ICAN Primary Care**

Short description

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

Longer description

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

Measure 1	Timeline 22/23
Completed recruitment of Band 7 Mental Health Practitioners into each Primary Care Clusters	A M J **J A S** O N D J F M

Measure 2	Timeline 22/23
Training plan in place and being following for 'trauma informed care' and 'psychologically minded interventions' for recruited practitioners	A M J J A S **O N D** J F M

Measure 3	Timeline 22/23
Routine collection of PROM ReQol10 and PREM data to demonstrate effectiveness of service change	A M J J A S O N D **J F M**

● Resource Testing
The resource testing RAG for this scheme is currently AMBER.
Current Service Challenges may be a barrier to recruitment in mental health services.

Ref No	Title
a.2022.20	**Mental Health Improvement scheme - Medicines Management support**

Short description

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

Longer description

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

Measure 1	Timeline 22/23
Completed recruitment of MH medicines management team	A M J **J A S** O N D J F M

Measure 2	Timeline 22/23
Training plan in place and being followed to non-pharmacy staff across Mental Health team, delivered by strengthened medicines management team	A M J J A S **O N D** J F M

Measure 3	Timeline 22/23
Undertake evaluation of early impact upon medication prescribing and dispensing across the division	A M J J A S O N D **J F M**

● Resource Testing
The resource testing RAG for this scheme is currently AMBER.
Current Service Challenges may be a barrier to recruitment in mental health services.

Ref No	Title
a.2022.21	**Mental Health Improvement scheme - Neurodevelopment recovery**

Short description

Recovering access to neurodevelopmental (ND) services.

Longer description

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

Measure 1   Timeline 22/23

Identifying /scoping workforce requirements, developing business cases and plan recruitment	A M J J A S O N D J F M

Measure 2   Timeline 22/23

To develop a new tender for interventions, to further support families post diagnosis	A M J J A S O N D J F M

Ref No	Title
a.2022.23	**Mental Health Improvement scheme - Older Persons Crisis Care**

Short description

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

Longer description

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

Measure 1	Timeline 22/23
Complete recruitment to posts identified to deliver OPMH/Dementa proposed model of care	A M J **J A S** O N D J F M

Measure 2	Timeline 22/23
Evaluate overall impact on avoidable hospital admissions due to crisis against 2019/20 baseline	A M J J A S O N D **J F M**

● Resource Testing
The resource testing RAG for this scheme is currently AMBER.
Current Service Challenges may be a barrier to recruitment in mental health services.

Ref No	Title
a.2022.24	**Mental Health Improvement scheme - Perinatal Mental Health Services**

Short description

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

Longer description

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

Measure 1	Timeline 22/23
Complete recruitment of specialist roles to team	A M J J A S O N D J F M

Measure 2	Timeline 22/23
Completion of necessary training for all disciplines including Cognitive behavioural treatment and Compassion focus therapy training	A M J J A S O N D J F M

Measure 3	Timeline 22/23
Benchmarking the Perinatal Service against the Royal College Standards and agree priority areas for improvement in years 2 and 3	A M J J A S O N D J F M

● Resource Testing
The resource testing RAG for this scheme is currently AMBER.
Current Service Challenges may be a barrier to recruitment in mental health services.

Ref No | Title

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

Short description

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

Longer description

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

Measure 1	Timeline 22/23
Successful recruitment of PLS nurses	A M J J A S O N D J F M

Measure 2	Timeline 22/23
Complete, and have implemented, working process review to focus upon delivering shorter waits in ED	A M J J A S O N D J F M

Measure 3	Timeline 22/23
Review Q4 delivery against Psychiatric Liaison Accreditation standards	A M J J A S O N D J F M

● Resource Testing
The resource testing RAG for this scheme is currently AMBER.
Current Service Challenges may be a barrier to recruitment in mental health services.

Ref No	Title
a.2022.27	**North Wales Medical School**

Short description

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

Longer description

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

Measure 1	Timeline 22/23
Board support of a co-designed ambitious proposal for the development of a school which is fully aligned to our other strategies and plans	A M J J A S O N D J F M

Measure 2	Timeline 22/23
Successful admissions to increased student numbers announced by the Minister for Health & Social Care in September 2021	A M J J A S O N D J F M

Measure 3	Timeline 22/23
Stage 2 of the GMC Accreditation Process completed	A M J J A S O N D J F M

Ref No	Title
a.2022.28	**Operating Model**

Short description

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

Longer description

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

Measure 1	Timeline 22/23
Appointment to key leadership roles	A M J J A S O N D J F M

Measure 2	Timeline 22/23
Implementation of full operating Model	A M J J A S O N D J F M

Measure 3	Timeline 22/23
Post implementation gateways	A M J J A S O N D J F M

Ref No	Title
a.2022.28	**Operating Model**

Ref No	Title
a.2022.29	**People & OD Strategy – Stronger Together**

Short description

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

Longer description

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

Measure 1

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

Timeline 22/23

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

Measure 2

Migrate information oversight and assurance mechanism to central PMO function

Timeline 22/23

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

Measure 3

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

Timeline 22/23

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

Ref No	Title
a.2022.30	**Radiology sustainable plan**

Short description

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

Longer description

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

Measure 1 — Timeline 22/23

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

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

Measure 2 — Timeline 22/23

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

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

Measure 3 — Timeline 22/23

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

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

Measure 4 — Timeline 22/23

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

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

Ref No	Title
a.2022.31	**Regional Treatment Centres**

Short description

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

Longer description

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

Measure 1   Timeline 22/23

Award contact to supplier to design, fund, build, equip and maintain RTCs and Final design of facilities	A M J J A S O N D J F M

Measure 2   Timeline 22/23

Signed off pathways (using BCUPathways methodology) for priority pathways relating to RTCs	A M J J A S O N D J F M

Measure 3   Timeline 22/23

Initial RTC commissioned (facilities, equip, workforce)	A M J J A S O N D J F M

Ref No	Title
a.2022.32	**Speak Out Safely**

Short description

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

Longer description

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

Measure 1	Timeline 22/23
Expand network of Speak Out Safely Champions across the Health Board	A M J J A S O N D J F M

Measure 2	Timeline 22/23
Undertake a review of the Speak out Safely Guardian role to confirm next steps, including increasing the time available the Guardian role	A M J J A S O N D J F M

Measure 3	Timeline 22/23
Complete a benefits realisation/evaluation of Speak Out Safely	A M J J A S O N D J F M

Ref No	Title
a.2022.33	**Staff Support and Wellbeing**

Short description

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

Longer description

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

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

Measure 1	Timeline 22/23
Recruit substantively to the short term 12 month posts created in 2021/22 to ensure service continuity	A M J J A S O N D J F M

Measure 2	Timeline 22/23
Recruit to new posts to enable next phase of SWSS development	A M J J A S O N D J F M

Measure 3	Timeline 22/23
Complete a benefits realisation/evaluation of SWSS	A M J J A S O N D J F M

Ref No	Title
a.2022.34	**Strengthening emergency department (ED) & SDEC workforce to improve patient flow.**

Short description

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

Longer description

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

Measure 1 | Timeline 22/23
Commenced phased implementation of new ED and SDEC model across all 3 sites (phased so as to permit the continuation of service provision) | A M J J A S O N D J F M

Measure 2 | Timeline 22/23
New ED and SDEC model sustained across all 3 sites with following metrics expected:
▪Up to 40% of USC intake managed with a '0' day LOS
▪85-90% of people going through SDEC do not get admitted
▪Average Length of Stay (ALoS) in unit minimised to under 6 hours
▪Improvement in ED standard by 10%
▪Improvement in Ambulance Handover standard by 50% | A M J J A S O N D J F M

Measure 3 | Timeline 22/23
Gateway review undertaken to confirm compliance with model, and delivery of expected outcomes, identifying any areas requiring remedial action | A M J J A S O N D J F M

● Resource Testing
The resource testing RAG for this scheme is currently AMBER.
This scheme has been well testing but is dependent upon significant recruitment, which may be challenging. A gateway review step has been introduced to allow assessment of the model, informed by the actual recruitment achieved, in order to review and remediate the model if necessary.

Ref No	Title
a.2022.35	**Stroke services**

Short description

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

Longer description

This will be achieved by:

▪Providing a 'Once for North Wales' network approach to ensure consistency of clinical outcomes for early supported discharge and specialist integrated community in-patient rehabilitation services;

▪Further developing stroke prevention services in North Wales with an emphasis on primary and community care;

▪Strengthening acute stroke services across each of the District General Hospital sites to improve out of hours care and compliance with clinical guidelines and performance targets;

▪Preparing the case for investment in a Hyper Acute Stroke service for North Wales.

Measure 1	Timeline 22/23
Successful recruitment of 3 Stroke Specialist Nurses and Sentinel Stroke National Audit Programme (SSNAP) Clerks, to improve pathway and performance in acute settings	A M J J A S O N D J F M

Measure 2	Timeline 22/23
Provision of an inpatient environment for active rehabilitation working with Early Supported Discharge team to allow for optimal patient outcomes (one per Health Community)	A M J J A S O N D J F M

Measure 3	Timeline 22/23
Successful recruitment of Consultant Therapists, Therapy and support team, and seven psychology posts to allow the delivery of early supportive discharge and rehabilitation services in community settings, and to underpin the delivery of a whole system end-to-end pathway, including prevention	A M J J A S O N D J F M

Measure 4	Timeline 22/23
Submission of a developed case for investment in a Hyper-acute Stroke Service (Phase 2 of the BCU Stroke Programme)	A M J J A S O N D J F M

Ref No	Title
a.2022.36	**Suspected cancer pathway improvement**

Short description

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

Longer description

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

Measure 1	Timeline 22/23
Provide four rapid access breast clinic streams per week, in each of the East, Centre and West health communities	A M J J A S O N D J F M

Measure 2	Timeline 22/23
Provide at least one 'one stop' neck lump clinic per week in north Wales	A M J J A S O N D J F M

Measure 3	Timeline 22/23
Provide at least one 'one stop' clinic per week for vague but concerning symptoms, in each of the East, Centre and West health communities	A M J J A S O N D J F M

Measure 4	Timeline 22/23
Provide all cancer patients with an identified keyworker to support them from the point of diagnosis onwards	A M J J A S O N D J F M

Ref No	Title
a.2022.37	**Urgent Primary Care Centres**

Short description

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

Longer description

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

Measure 1	Timeline 22/23
Deliver a sustainable urgent primary care model for north Wales with supporting business case	A M J **J A S** O N D J F M

Measure 2	Timeline 22/23
Demonstrate an increase in referrals to UPC centres from EDs and GP practices	A M J J A S O N D **J F M**

Measure 3	Timeline 22/23
Evaluate the UPC service, including a cost benefit analysis as members of the all Wales UPC	A M J J A S O N D **J F M**

Ref No	Title
a.2022.38	**Urology - Robot Assisted Surgery**

Short description

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

Longer description

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

Measure 1	Timeline 22/23
Commence robot-assisted urology surgery in Ysbyty Gwynedd	A M J J A S O N D J F M

Measure 2	Timeline 22/23
Reporting mechanism in place detailing performance against agreed activity baseline and outcome related KPIs	A M J J A S O N D J F M

Measure 3	Timeline 22/23
Reduce/cease RAS outsourcing for urology and replace with activity delivered at YG as per levels specified in the Implementation Plan	A M J J A S O N D J F M

Measure 4	Timeline 22/23
Agreed implementation plan in place for expansion of RAS to other surgical specialties	A M J J A S O N D J F M

Ref No	Title
a.2022.39	**Vascular**

Short description

Continued development of a safe and effective vascular service across BCU.

Longer description

Following the Royal College of Surgeons (RCS) reports, an action plan has been completed and review of the service has taken place. This has led to design and calculation of resource gap for the vascular specialty and all supporting services. Additionally there is a putting it right (PIR) initiative following the 2nd stage of the RCS report to review the notes in more detail and outline thematic learning from the cases.

Measure 1

Scrutinise and sense-check business case, against deliverability, sustainability and value based healthcare principles

Timeline 22/23

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

Measure 2

Successful recruitment against final, agreed, business case

Timeline 22/23

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

Ref No | Title

a.2022.40 | **Video consultations**

Short description

Optimising the use of consultation video technology with Pathway redesigns.

Longer description

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

Measure 1	Timeline 22/23
Training of at least 90% of BCUPathway coordinators in the optimal role of video consultations, advantages and disadvantages, when redesigning pathways	A M J J A S O N D J F M

Measure 2	Timeline 22/23
System in place to monitor the number of patients consulted using video technology, rather than hospital outpatient follow-up, and the number needing to abandon and revert to a traditional face to face consultation	A M J J A S O N D J F M

Measure 3	Timeline 22/23
Either BCUPathway agreed patient experience questionnaire (PREM) where available, or interim Video Consultation PREM (where BCUPathway PREM not available) sent to at least 500 patients who have been consulted by video during Q3 and Q4, with analysis of responses completed	A M J J A S O N D J F M

Ref No	Title
a.2022.41	**Welsh Community Care Information System (WCCIS)**

Short description

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

Longer description

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

Measure 1 | Timeline 22/23

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

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

Measure 2 | Timeline 22/23

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

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

Ref No	Title
a.2022.42	**Welsh Language**

Short description

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

Longer description

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

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

Measure 1	Timeline 22/23
Demonstrate an increase in achieving translation turnaround that meets the demand on the service. Q1 investment with Q2 trajectory for meeting demand	A M J J A S O N D J F M

Measure 2	Timeline 22/23
Strengthen compliance framework, developing a baseline for current compliance and highlight areas of concern across the system	A M J J A S O N D J F M

Measure 3	Timeline 22/23
Demonstrate an appreciation of the workforce's drive to provide an improved level of service greater level of Welsh language by implementing a dedicated focused-approach training framework	A M J J A S O N D J F M

Measure 4	Timeline 22/23
Roll out community-based support by aligning with acute and corporate compliance requirements	A M J J A S O N D J F M

Ref No	Title
a.2022.43	**Welsh Patient Administration System**

Short description

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

Longer description

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

Measure 1	Timeline 22/23
Go live of West WPAS merger into Central WPAS	A M J J A S O N D J F M

Measure 2	Timeline 22/23
Programme plan for single instance phase to have commenced	A M J J A S O N D J F M

Ref No	Title
a.2022.44	**Widening of Primary Care workforce**

Short description

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

Longer description

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

▪ Practice Nurses

▪ Advanced Nurse Practitioners (ANPs) within Practice and Care Home environments

▪ Allied Health Professionals (AHPs), including

    Advanced Physiotherapists

    Occupational Therapists

    Paramedics

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

Measure 1

Recruit to ANP and AHP roles, thereby enabling individuals to be directed to the most appropriate support for their particular needs	Timeline 22/23 A M J J A S **O N D** J F M

Measure 2

Delivery of Practice Nurse Education programme to support sustainability within primary care. Staff to have undertaken long-term conditions training	Timeline 22/23 A M J J A S **O N D** J F M

Measure 3

Care Home ANP role fully integrated into CRTs	Timeline 22/23 A M J J A S O N D **J F M**
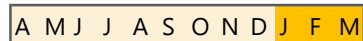
Ref No	Title
a.2022.45	**Workforce Operating Model**

Short description

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

Longer description

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

Measure 1	Timeline 22/23
Report evidencing improvement in people service delivery	A M J **J A S** O N D J F M

Measure 2	Timeline 22/23
Evidence of improvement in case management, including a reduction in claims expenditure and legal costs	A M J J A S **O N D** J F M

Measure 3	Timeline 22/23
Evidence of improvement in ease of contacting people service – for employees and managers	A M J J A S **O N D** J F M

Ref No | Title
b.2022.1 | **3rd sector Partnerships**

Short description

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

Longer description

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

Measure 1 | Timeline 22/23

Engagement with sector on relationships and proposed commissioning approach | A M J J A S O N D J F M

Measure 2 | Timeline 22/23

Draft commissioning arrangements agreed, maintaining an overall strategic fit with BCU commissioning unit development | A M J J A S O N D J F M

Measure 3 | Timeline 22/23

Implementation of revised arrangements | A M J J A S O N D J F M

Ref No	Title
b.2022.2	**Accelerated Cluster Development**

Short description

Implement the national Accelerated Cluster Development Programme across north

Longer description

In line with the all-Wales Strategic Programme for Primary Care, strengthen and develop the roles and responsibilities of clusters in the planning and delivery of integrated services to best meet the needs of the population at a locality level.

Measure 1

Establish six county level pan cluster planning groups (PC | Timeline 22/23 — A M J **J A S** O N D J F M

Measure 2

Sustainable system agreed and in place for generating and analysing Local Needs Assessment date | Timeline 22/23 — A M J **J A S O N D J** F M

Measure 3

PCPGs hardwired into revised BCU Planning processes | Timeline 22/23 — A M J J **A S O N D J** F M

Measure 4

Governance framework for PCPGs agreed with partners | Timeline 22/23 — A M J J A S O N D **J F M**

Measure 5

Community small-grant scheme piloted in one county | Timeline 22/23 — A M J J A S O N D **J F M**

Ref No	Title
b.2022.3	**Atlas of Variation**

Short description

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

Longer description

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

Measure 1 — Timeline 22/23

Review success AoV approaches elsewhere, culminating in a recommended approach for BCU: Summary report published outlining review findings and recommendations, received jointly by Transformation, Strategic Planning and Commissioning teams

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

Measure 2 — Timeline 22/23
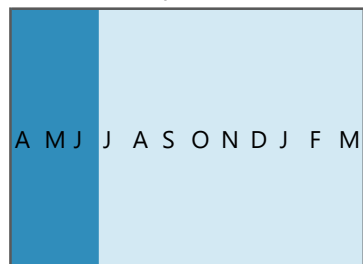
Implement an AoV function in BCU: Agreement reached between Transformation, Strategic Planning and Commissioning teams regarding the BCU approach to creating and maintaining an AoV, with specific detail on which team will provide lead oversight, and how the AoV will be used to influence the priorities of the respective teams

A M J | J A S O N D | J F M
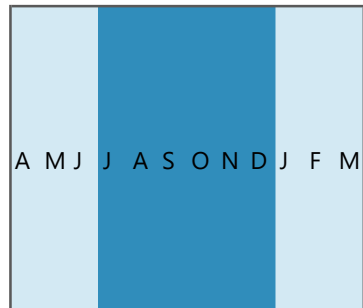
Measure 3 — Timeline 22/23

Identify 2 clinical areas for intervention in 2023/24: AoV work plan created which includes 2 clinical areas for focus in 23/24

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

Ref No | Title

b.2022.4 | **BCUPathways, incorporating oncology and delayed planned care pathw**

Short description

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

Longer description

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

Measure 1 | Timeline 22/23

Identification at least 20 priority pathways, cognisant of regional treatment development | A M J J A S O N D J F M

Measure 2 | Timeline 22/23

Consistent, continuous publication of BCUPathways in place, on webportal accessible by professionals and public, and supported by public and professional | A M J J A S O N D J F M

Measure 3 | Timeline 22/23

Collaborative review undertaken of version 1 of the BCUPathways methodology, to refine based upon initial pathways completed, in line with 'PDSA' improvement principles | A M J J A S O N D J F M

Measure 4 | Timeline 22/23

Rolling programme of pathways for creation/review in place, using BCUPathway methodology (as revised in previous measure) | A M J J A S O N D J F M

Ref No	Title
b.2022.5	**Building a Healthier Wales (BAHW)**

Short description

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

Longer description

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

Measure 1

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

Timeline 22/23

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

Measure 2

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

Timeline 22/23

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

Measure 3

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

Timeline 22/23

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

Ref No	Title
b.2022.6	**Commissioning unit**

Short description

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

Longer description

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

Measure 1	Timeline 22/23
Scope and structure of commissioning unit agreed by Executive Team	A M J J A S O N D J F M

Measure 2	Timeline 22/23
Appointment to commssioning unit senior team	A M J J A S O N D J F M

Measure 3	Timeline 22/23
Written plan for timescale of full transfer of functions, and programme of work for year one and anticipated work in year two agreed with Executive team	A M J J A S O N D J F M

Ref No   Title

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

Short description

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

Longer description

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

Measure 1	Timeline 22/23
Completed design of media and resources required to support the service	A M J J A S O N D J F M

Measure 2	Timeline 22/23
At least one Community Pharmacy site offering ES in each of East, Centre, West health communities	A M J J A S O N D J F M

Measure 3	Timeline 22/23
Evaluation completed of test sites (identified in measure 2)	A M J J A S O N D J F M

Ref No	Title
b.2022.8	**Diabetic Foot pathway**

Short description

Improve diabetic foot management and outcomes across BCUHB.

Longer description

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

Measure 1	Timeline 22/23

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

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

Measure 2	Timeline 22/23

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

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

Measure 3	Timeline 22/23

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

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

Ref No	Title
b.2022.9	**Foundational Economy Strategy/Policy**

Short description

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

Longer description

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

Measure 1 | Timeline 22/23

Completion of Strategy and submission to Board | A M J **J A S** O N D J F M

Measure 2 | Timeline 22/23

Implementation of policy and operating processes to deliver agreed strategy | A M J J A S **O N D J F M**

Ref No | Title

b.2022.10 | **Golden Value Metrics**

Short description

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

Longer description

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

Measure 1 | Timeline 22/23

Agreed micro-set of metrics that provide a temperature check of the wider system, agreed by working group | A M J J A S O N D J F M

Measure 2 | Timeline 22/23

Implementation of metric set, published at front of performance reports | A M J J A S O N D J F M

Ref No	Title
b.2022.11	**Implementing the Quality Act**

Short description

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

Longer description

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

Measure 1	Timeline 22/23
Consider the full requirements of the Act, and develop a plan to ensure full compliance when it comes into force in 2023	A M J **J A S** O N D J F M

Measure 2	Timeline 22/23
Amendment/development of internal systems, if so required, to ensure compliance	A M J J A S **O N D J F M**

Ref No	Title
b.2022.12	**Inverse Care Law work**

Short description

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

Longer description

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

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

Measure 1

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

Timeline 22/23

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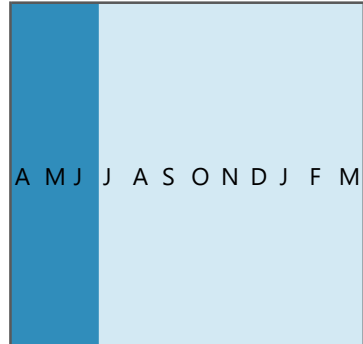
Measure 2

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

Timeline 22/23

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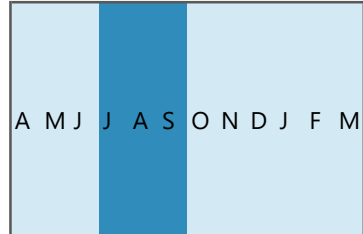
Measure 3

Timeline 22/23

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

A M J J A S O N D J F M
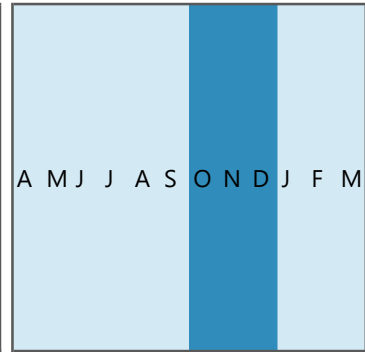
Measure 4

Timeline 22/23

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

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

Ref No	Title
b.2022.13	**LEAN Healthcare system**

Short description

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

Longer description

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

Measure 1

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

Timeline 22/23

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

Measure 2

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

Timeline 22/23

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

Measure 3

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

Timeline 22/23

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

Measure 4

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

Timeline 22/23

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

Ref No | Title

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

Short description

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

Longer description

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

Measure 1 | Timeline 22/23

Recruitment of additional staff / increase in hours available to undertake chronic disease management reviews, and thereby reduce backlog | A M J J A S O N D J F M

Measure 2 | Timeline 22/23

Provide a collaborative Cluster-based long-term Conditions Hub: leading to a reduction in referrals to secondary care Q3 | A M J J A S O N D J F M

Measure 3 | Timeline 22/23

Backlog of chronic disease reviews reduced | A M J J A S O N D J F M

Measure 4 | Timeline 22/23

Individuals provided with education to support with self-management of their chronic condition | A M J J A S O N D J F M

Ref No	Title
b.2022.15	**Results management**

Short description

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

Longer description

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

Measure 1   Timeline 22/23

Full implementation of pre-go live tasks within phase 2 of project plan	A M J J A S O N D J F M

Measure 2   Timeline 22/23

Go live with WCP results notification and action recording	A M J J A S O N D J F M

Ref No	Title
b.2022.16	**Valuing carers**

Short description

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

Longer description

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

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

Timeline 22/23

Outcomes Framework:	
- Joint outcomes framework for carers services across north Wales co-designed with local authority partners and third sector providers - Current commissioned carers services mapped against outcomes framework, and gaps identified	A M J **J A S** O N D J F M
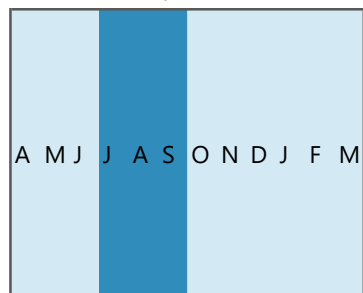
Measure 2   Timeline 22/23

Review of current carers contracts:	
- Quality performance review of existing carers contracts completed - Recommendations for future commissioning made to Executive Board	A M J J A S **O N D** J F M
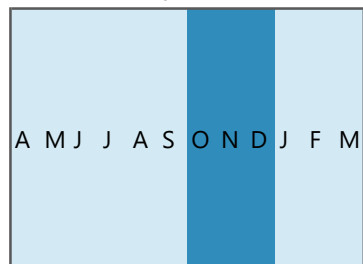
Measure 3

Timeline 22/23

Therapeutic alliance: - With Welsh Government, explore the development of a 'therapeutic alliance' to support quality care and support for carers and the person cared for	A M J J A S O N D J F M

Measure 3

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

Integrated Medium Term Plan 2022/25

Appendix 4
2022/23 Workforce Profiles

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People (Workforce) Plan – 2022-2023

People (Workforce) Planning 2022 – 2025

As described earlier in the People Strategy and Plan, considerable work has been undertaken to develop a robust mechanism and infrastructure to enable effective and predictive workforce modelling and planning both at a local and national level. This work aligns with national programmes e.g. strategic workforce planning frameworks for primary care, mental health and the emerging planned care recovery framework.

The progress made to date has enabled the further integration of people capacity, capability assessments into the prioritisation stages of our strategic and operational planning processes. In the lifecycle of this Strategy, we will develop our workforce analysis and scenario planning and projection systems and capability to the level that it can provide:

- an intelligent, adaptable and accessible platform to test input, output and outcome scenarios;
- inform service development prioritisation and commissioning decision making
- drive resource allocation and development decisions across the Health Board, the wider Health and Social Care system; and
- Influence local and national policy.

At this stage, this People (Workforce) Plan focusses upon delivery of the first year of the Integrated Medium Term Plan (IMTP). However, supporting the IMTP is a full workforce profile for the 3 years 2022 -2025 and this can be found here.

This profile is set out into the following areas:

Core Workforce – Permanent and Fixed Term - This element covers all substantive staff who are on a permanent of fixed term contract within the organisation. It allows the organisation to compare like for like year on year (March 2021 to March 2022) and then project forward across the next financial year 22/23 taking into account new initiatives, education commissioning figures and areas such as apprentices. The use of apprenticeships is an area where the Health Board is looking to increase numbers from 16 currently to over 300 across the next 2 years.

Variable Workforce - The variable workforce element captures internal temporary staffing utilised across the Health Board excluding agency workers. It covers areas such as bank staff shifts and overtime hours carried out by our substantive staff. This allows the workforce teams to understand the Health Boards reliance on temporary workforce to ensure the optimum balance between core and variable workforce is maintained. It is our intention to significantly reduce our usage of variable workforce over the next 2 years, whilst recognising the ongoing pressures across the NHS workforce as a whole.

Agency/Locum - The Health Board has traditionally relied on external temporary staffing to bolster specific areas of the workforce where long-term gaps and shortages have existed. Going forward over the next 2 years it is our intention to reduce our reliance on this area of workforce resource.

Covid 19 Breakdown: Test, Trace & Protect Service (TTP), Mass Vaccination Programme and Planned and Unscheduled Care Sustainability - The final element of the workforce profile covers the impact of Covid 19 on our workforce across three major areas. These are the current TTP and Mass Vaccination services we have been and are currently providing in response to the pandemic, and in addition to this the additional workforce we have utilised across planned and unscheduled care to sustain these services in light of the Covid 19 impact on patient admissions and procedures.

⊕ Workforce Plan 2022 - 2023

The People (Workforce) Plan outlines the detailed recruitment (and retention) activity that will be carried out across the first year of the Strategy with the aim of delivering a more stable position across the existing workforce and to deliver the additional workforce required to deliver year 1 of the IMTP.

The plan is broken down into the following elements with a consolidated summary below

⊕ Combined Workforce Plan – 2022/2023

The overarching position in terms of additional recruitment (and retention) required across the health board in 22/23 net core national and local commissioning impact.

⊕ Bridging the Gap – 2022/2023

Additional recruitment (and retention) activity required to close the vacancy gap across the existing workforce. Including projection based on performance to date and stretch target for improvement of the position.
Actual and projected output from national and local education commissioning

⊕ IMTP Priorities – Workforce Impact

Additional recruitment required to support the delivery of the IMTP
- ⊕ Consolidated Schemes for 22/23
- ⊕ Schemes Commencing in 22/23
- ⊕ Planned Care Recovery Initiatives - 22/23 (*Additional recruitment required to support and sustain planned care services)*

⊕ Primary Care Resilience

Additional recruitment (and retention) activity set to support workforce resilience in year 1 of the People Strategy & Plan whilst GP Workforce Recruitment and Retention Strategy finalised.

Combined Workforce Plan

The overarching position in terms of additional recruitment (and retention) required across the health board in 22/23 once commissioning activity is factored in is 660 WTE or 928 WTE (Stretch) across all staff groups.

The deliverability assessment has been based on a combination of factors including:
* volume of recruitment and timescales
* identified staff groups against national and regional context and intelligence
* service specifics i.e. model, reputation and historic recruitment activity and success

Workforce Plan Recruitment Activity Summary 22/23 (WTE)					
	Medical	Nursing	Other Clinical Registrants	Non-Registrants & Non-Clinical	Totals
Bridging the Gap	89	398	124	353	**964**
IMTP Consolidated Schemes	59	185	188	204	**637**
IMTP Commencing Schemes	15	5	9	22	**50**
IMTP Planned Care Recovery Initiatives	6	10	43	39	**98**
Totals	**168**	**598**	**365**	**618**	**1749**
Primary Care Resilience Plan	15	13	15	34	**78**
National & Local Commissioning 22/23	65	306	206	245	**822**
Recruitment Net Commisioning Activity Position	**103**	**292**	**159**	**373**	**927**
Deliverability	🟡	🟡	🟡	🟢	🟡

Bridging the Gap – 22/23

To ensure the Health Board can deliver and sustain existing services throughout the 2022/23 and beyond detailed work has been carried out to quantify and project the recruitment activity across the different staff groups needed to achieve this. This is to ensure appropriate measures and resources are put in place to support the delivery of the recruitment of this workforce.

With this in mind and building on work commenced in 22/23 a number of initiatives are in place and being further developed to facilitate and support the ongoing recruitment of staff across and into the Health Board.

These include aggregated recruitment campaigns across staff groups and services to ensure maximum impact and exposure across all media to attract candidates to the Health Board.

Other initiatives such as centralised talent pools for high volume applications, such as Health Care Support Workers (HCSWs) and Estates and Facilities, will be in place to streamline and maximise recruitment in these areas.

Over the next year, the stratified risk recruitment target has been set against each staff group based on assessment of the impact of improvements in recruitment and or retention together with impact of not reducing the gaps further on delivery of services.

The table below shows the current position in terms of existing gaps across staff groups and the targets that have been set to support a sustainable workforce going forward across the Health Board.

Bridging the Gap – Projections and Stretch Targets

Staff Group			Febuary 2022 FTE Budgeted	Febuary 2022 FTE Actual	Febuary 2022 FTE Variance	22/23 Recruitment Trajectory Profile	March 23 FTE Variance	22/23 Risk Stratified Recruitment Target	March 23 Risk Stratified Variance
Add Prof Scientific and Technic			703.4	672.7	30.7	22.1	**8.6**	23.2	**7.5**
Additional Clinical Services			3673.1	3534.5	138.7	124.8	**13.8**	131.1	**7.6**
Administrative and Clerical			3486.5	3342.7	143.8	129.4	**14.4**	135.9	**7.9**
Allied Health Professionals			1185.4	1109.4	76.0	68.4	**7.6**	71.8	**4.2**
Estates and Ancillary			1381.8	1265.3	116.5	-57.2	**173.7**	85.8	**30.7**
Healthcare Scientists			288.4	253.0	35.4	24.5	**10.9**	29.4	**6.0**
Medical and Dental			1626.1	1218.0	408.1	63.6	**344.5**	89.0	**319.1**
Nursing and Midwifery Registered			5860.6	5268.1	592.5	284.2	**308.3**	397.9	**194.6**
			18205.3	**16663.6**	**1541.7**	**659.9**	**881.9**	**964.1**	**577.6**

Profile by month:

Staff Group	Monthly Workforce Profile												Monthly Workforce Profile
	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	
Add Prof Scientific and Technic	3	5	7	9	10	12	14	15	17	19	20	23	
Additional Clinical Services	43	64	85	107	128	131	131	131	131	131	131	131	
Administrative and Clerical	28	43	57	71	85	99	114	128	136	136	136	136	
Allied Health Professionals	35	55	72	72	72	72	72	72	72	72	72	72	
Estates and Ancillary	12	24	36	48	60	72	84	96	108	120	132	144	
Healthcare Scientists	4	6	8	9	11	15	17	19	21	23	24	29	
Medical and Dental	4	8	12	16	60	64	68	72	76	80	84	89	
Nursing and Midwifery Registered	96	104	111	119	127	154	162	170	177	185	193	398	

National and Local Commissioning profile for 2022 -2023

Worforce Areas	Headcount of New Commissioned Output 22/23
Allied Health Professionals	110.0
Healthcare Science	15.0
Nursing and Midwifery	306.0
Physicians Associates	12.0
Pharmacy	37.0
Medical	65.0
Primary Care	32.0
Apprenticeships	245.0
	822.0

Profile by month:

Worforce Areas	Monthly Workforce Profile												Monthly Workforce Profile
	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	
Allied Health Professionals	35	70	110	110	110	110	110	110	110	110	110	110	
Healthcare Science	15	15	15	15	15	15	15	15	15	15	15	15	
Nursing and Midwifery	88	88	88	88	88	108	108	108	108	108	108	306	
Physicians Associates	0	0	0	0	0	0	0	12	12	12	12	12	
Pharmacy	37	37	37	37	37	37	37	37	37	37	37	37	
Medical	0	0	0	0	0	65	65	65	65	65	65	65	
Primary Care	32	32	32	32	32	32	32	32	32	32	32	32	
Apprenticeships	20	40	60	80	100	120	140	160	180	200	220	245	

IMTP Priorities – Workforce Impact

This section of the plan profiles what is required across three of the main areas of the IMTP in terms of recruitment activity to support and enable delivery of the Health Boards transformation plans across the next 3 years.

Each scheme has been assessed in terms of workforce delivery based on a RAG rated matrix. The factors that have been taken into consideration include volume of recruitment, identified staff groups, service specifics, historic recruitment activity and success.

This has provided a robust and consistent approach to ensure the recruitment profiles are realistic and deliverable to ensure schemes can be implemented and deliver the identified improvements outlined in the IMTP.

Key

'no workforce implications'	The human resource required to deliver this scheme is already factored in to existing team workplans.
RAG rating of AMBER 🟢	The workforce requirements of this scheme have been carefully scrutinised and are considered to be appropriate in nature. There is a high likelihood of being able to recruit the necessary individuals, including specialist roles.
RAG rating of AMBER 🟡	The workforce requirements of this scheme have been carefully scrutinised and are considered to be appropriate in nature. There are some concerns about being able to recruit the necessary individuals but mitigation is in place in case of incomplete recruitment, and the scheme is of sufficient importance that we consider it important to maximise efforts and seek to fully recruit.
RAG rating of AMBER 🔴	The workforce requirements of this scheme have been carefully scrutinised and are considered to be appropriate in nature. There are significant concerns about being able to recruit the necessary individuals. Red RAG schemes would not normally be progressed. Red RAG schemes will only been included in limited circumstances: - The scheme is multi-year, already underway, and is progressing well in all other respects. The adverse workforce RAG score has arisen since commencing the scheme and on balance it is considered appropriate to continue. Mitigation has been considered should preferred recruitment levels be unsuccessful. - The scheme is new. Although there are recruitment concerns, the workforce requirements have been heavily scrutinised to increase the prospect of suitable recruitment (e.g. by reviewing skill mix). The scheme is of such importance that it is considered important to try to recruit. Mitigation is in place should preferred recruitment levels be unsuccessful.
Monthly workforce profile	Total cumulative workforce numbers for the scheme, by month, rounded to nearest full person.

Schemes being consolidated during 2022/23

Ref	Title		Medical (WTE)	Nursing (WTE)	Other Clinical Registrants (WTE)	Non-Registrants & Non-Clinical	Total (WTE)
a.2022.1	Care Home support	🟢	0.0	3.0	0.0	0.0	**3.0**
a.2022.2	Colwyn Bay Integrated services facility	🟢	No Workforce Implications				
a.2022.3	Continuing Healthcare infrastructure	🟡	0.0	32.0	0.0	0.0	**32.0**
a.2022.4	COVID-19 vaccination and Test, Trace and Protect (TTP)	🟡	No increase in Workforce expectations				
a.2022.5	Digitisation of Welsh Nursing Care Record	🟢	0.0	0.0	0.0	5.0	**5.0**
a.2022.6	Eye Care	🟢	1.3	0.0	3.0	5.4	**9.7**
a.2022.7	Further development of the Academy	🟢	3.0	10.2	8.6	5.0	**26.8**
a.2022.8	Health & Safety Statutory Compliance	🟢	0.0	0.0	0.0	24.0	**24.0**
a.2022.9	Home First Bureaus	🟡		25.6			**25.6**
a.2022.10	Implementation of Audiology pathway	🟡	0.0	0.0	14.8	0.0	**14.8**
a.2022.11	Improving minimal access surgery in gynaecology and north Wales specialist endometriosis care	🟡	1.6	1.2	0.0	1.8	**4.6**
a.2022.12	Long Covid	🟡	0.2	2.0	25.7	4.5	**32.4**
a.2022.13	Lymphoedema	🟢	No Workforce Implications				
a.2022.14	Mental Health Improvement scheme - AISB Joint Commissioning	🟢	No Workforce Implications				
a.2022.15	Mental Health Improvement scheme - CAMHS Training and Recruitment	🟢	0.0	3.0	0.0	0.0	**3.0**
a.2022.16	Mental Health Improvement scheme - CAMHS Transition and Joint working	🟢	0.0	0.0	0.0	5.0	**5.0**
a.2022.17	Mental Health Improvement scheme - Early Intervention in Psychosis	🟡	1.0	0.0	2.0	9.0	**12.0**
a.2022.18	Mental Health Improvement scheme - Eating Disorders Service development	🟡	0.0	1.0	7.2	1.0	**9.2**
a.2022.19	Mental Health Improvement scheme - ICAN Primary Care	🟡	0.0	0.0	19.0	14.0	**33.0**
a.2022.20	Mental Health Improvement scheme - Medicines Management support	🟡	0.0	0.0	9.0	0.0	**9.0**
a.2022.21	Mental Health Improvement scheme - Neurodevelopment recovery	🟢	No Workforce Implications				
a.2022.22	Mental Health Improvement scheme - Occupational Therapy	🟡	0.0	0.0	9.0	0.0	**9.0**
a.2022.23	Mental Health Improvement scheme - Older Persons Crisis Care	🟡	0.0	6.0	24.0	0.0	**30.0**
a.2022.24	Mental Health Improvement scheme - Perinatal Mental Health Services	🟡	0.0	0.0	3.5	2.0	**5.5**
a.2022.25	Mental Health Improvement scheme - Psychiatric Liaison Services	🟡	0.0	3.0	1.5	6.0	**10.5**
a.2022.27	North Wales Medical & Health Sciences School	🟢	No Workforce Implications				
a.2022.28	Operating Model	🟢	1.0	3.0	3.0	2.0	**9.0**
a.2022.29	People & OD Strategy – Stronger Together	🟢	0.0	0.0	0.0	8.0	**8.0**

Ref	Title		Medical (WTE)	Nursing (WTE)	Other Clinical Registrants (WTE)	Non-Registrants & Non-Clinical	Total (WTE)
a.2022.30	Radiology sustainable plan	🟢	No Workforce Implications				
a.2022.31	Regional Treatment Centres	🟢			1.0	8.0	**9.0**
a.2022.32	Speak Out Safely	🟢	0.0	0.0	0.0	1.6	**1.6**
a.2022.33	Staff Support and Wellbeing	🟢	0.0	0.0	5.0	2.0	**7.0**
a.2022.34	Strengthening emergency department (ED) & SDEC workforce to improve patient flow.	🟡	38.8	54.7	0.0	24.3	**117.8**
a.2022.35	Stroke services	🟢	0.0	6.0	20.1	3.0	**29.1**
a.2022.36	Suspected cancer pathway improvement	🟢	2.5	0.7	0.9	2.9	**6.9**
a.2022.37	Urgent Primary Care Centres	🟢	1.0	0.0	8.5	3.0	**12.5**
a.2022.38	Urology - Robot Assisted Surgery	🟢	No Workforce Implications				
a.2022.39	Vascular	🟡	8.4	17.0	12.4	15.5	**53.2**
a.2022.40	Video consultations	🟢	No Workforce Implications				
a.2022.41	Welsh Community Care Information System (WCCIS)	🟢	0.0	0.0	0.0	28.9	**28.9**
a.2022.42	Welsh Language	🟢	0.0	0.0	0.0	3.5	**3.5**
a.2022.43	Welsh Patient Administration System	🟢	0.0	0.0	0.0	9.0	**9.0**
a.2022.44	Widening of Primary Care workforce	🟢	0.0	17.0	10.0	0.0	**27.0**
a.2022.45	Workforce Operating Model – (inc. recruitment etc.)	🟢	0.0	0.0	0.0	10.0	**10.0**
			58.7	**185.3**	**188.2**	**204.3**	**636.5**

Profile by month:

Ref	Title	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	Monthly Workforce Profile
a.2022.1	Care Home support	3	3	3	3	3	3	3	3	3	3	3	3	
a.2022.2	Colwyn Bay Integrated services facility	No Workforce Implications												
a.2022.3	Continuing Healthcare infrastructure							32	32	32	32	32	32	
a.2022.4	COVID-19 vaccination and Test, Trace and Protect (TTP)	No increase in Workforce expectations												
a.2022.5	Digitisation of Welsh Nursing Care Record	5	5	5	5	5	5	5	5	5	5	5	5	
a.2022.6	Eye Care	5	8	10	10	10	10	10	10	10	10	10	10	
a.2022.7	Further development of the Academy				12	12	12	22	22	22	27	27	27	
a.2022.8	Health & Safety Statutory Compliance	15	15	24	24	24	24	24	24	24	24	24	24	
a.2022.9	Home First Bureaus	9	9	9	26	26	26	26	26	26	26	26	26	
a.2022.10	Implementation of Audiology pathway			15	15	15	15	15	15	15	15	15	15	

Ref	Title	Monthly Workforce Profile												Monthly Workforce Profile
		M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	
a.2022.11	Improving minimal access surgery in gynaecology and north Wales specialist endometriosis care				5	5	5	5	5	5	5	5	5	
a.2022.12	Long Covid	32	32	32	32	32	32	32	32	32	32	32	32	
a.2022.13	Lymphoedema	No Workforce Implications												
a.2022.14	Mental Health Improvement scheme - AISB Joint Commissioning	No Workforce Implications												
a.2022.15	Mental Health Improvement scheme - CAMHS Training and Recruitment				3	3	3	3	3	3	3	3	3	
a.2022.16	Mental Health Improvement scheme - CAMHS Transition and Joint working			5	5	5	5	5	5	5	5	5	5	
a.2022.17	Mental Health Improvement scheme - Early Intervention in Psychosis							12	12	12	12	12	12	
a.2022.18	Mental Health Improvement scheme - Eating Disorders Service development				9	9	9	9	9	9	9	9	9	
a.2022.19	Mental Health Improvement scheme - ICAN Primary Care				33	33	33	33	33	33	33	33	33	
a.2022.20	Mental Health Improvement scheme - Medicines Management support				9	9	9	9	9	9	9	9	9	
a.2022.21	Mental Health Improvement scheme - Neurodevelopment recovery	No Workforce Implications												
a.2022.22	Mental Health Improvement scheme - Occupational Therapy							9	9	9	9	9	9	
a.2022.23	Mental Health Improvement scheme - Older Persons Crisis Care				30	30	30	30	30	30	30	30	30	
a.2022.24	Mental Health Improvement scheme - Perinatal Mental Health Services							6	6	6	6	6	6	
a.2022.25	Mental Health Improvement scheme - Psychiatric Liaison Services				11	11	11	11	11	11	11	11	11	
a.2022.27	North Wales Medical & Health Sciences School	No Workforce Implications												
a.2022.28	Operating Model	1	3	9	9	9	9	9	9	9	9	9	9	
a.2022.29	People & OD Strategy – Stronger Together			8	8	8	8	8	8	8	8	8	8	
a.2022.30	Radiology sustainable plan	No Workforce Implications												
a.2022.31	Regional Treatment Centres	4	4	4	9	9	9	9	9	9	9	9	9	
a.2022.32	Speak Out Safely	2	2	2	2	2	2	2	2	2	2	2	2	
a.2022.33	Staff Support and Wellbeing	7	7	7	7	7	7	7	7	7	7	7	7	
a.2022.34	Strengthening emergency department (ED) & SDEC workforce to improve patient flow.	12	17	22	27	32	47	52	57	62	67	67	67	
a.2022.35	Stroke services	29	29	29	29	29	29	29	29	29	29	29	29	
a.2022.36	Suspected cancer pathway improvement	2	3	5	5	5	7	7	7	7	7	7	7	
a.2022.37	Urgent Primary Care Centres	13	13	13	13	13	13	13	13	13	13	13	13	
a.2022.38	Urology - Robot Assisted Surgery	No Workforce Implications												
a.2022.39	Vascular	0	11	20	21	22	23	50	51	52	52	52	53	
a.2022.40	Video consultations	No Workforce Implications												
a.2022.41	Welsh Community Care Information System (WCCIS)	11	11	11	25	25	25	29	29	29	29	29	29	
a.2022.42	Welsh Language		2	3	4	4	4	4	4	4	4	4	4	
a.2022.43	Welsh Patient Administration System	9	9	9	9	9	9	9	9	9	9	9	9	
a.2022.44	Widening of Primary Care workforce	0	0	0	0	0	0	9	18	27	27	27	27	
a.2022.45	Workforce Operating Model – (inc. recruitment etc.)			10	10	10	10	10	10	10	10	10	10	

To support the schemes across both areas whether consolidating or commencing the team will work closely with the scheme leads to ensure any perceived barriers to recruitment are navigated and detailed plans are in place to provide projected recruitment timelines and visibility against key milestones. This will enable scheme leads to flag any potential risks to deliver and for the teams working collaboratively to mitigate these to ensure successful delivery of the recruitment element of the schemes.

Schemes being commenced *during 22/23*

Ref	Title		Medical (WTE)	Nursing (WTE)	Other Clinical Registrants (WTE)	Non-Registrants & Non-Clinical	Total (WTE)
b.2022.1	3rd sector strategy	🟢	No Workforce Implications				
b.2022.2	Accelerated Cluster Development	🟢	No Workforce Implications				
b.2022.3	Atlas of Variation	🟢	0.0	0.0	0.0	1.0	**1.0**
b.2022.4	BCUPathways	🟢	No Workforce Implications				
b.2022.5	Building a Healthier Wales (BAHW)	🟢	No Workforce Implications				
b.2022.6	Commissioning unit	🟢	0.0	0.0	0.0	1.0	**1.0**
b.2022.7	Community Pharmacy Enhanced Services - Alcohol and Blood Borne Viruses	🟢	No Workforce Implications				
b.2022.8	Diabetic Foot pathway	🟠	14.7	4.6	9.2	13.9	**42.4**
b.2022.9	Foundational Economy Strategy/Policy	🟢	No Workforce Implications				
b.2022.10	Golden Value Metrics	🟢	No Workforce Implications				
b.2022.11	Implementing the Quality Act	🟢	No Workforce Implications				
b.2022.12	Inverse Care Law work	🟢	0.0	0.0	0.0	1.0	**1.0**
b.2022.13	LEAN Healthcare system	🟢	No Workforce Implications				
b.2022.14	Recovery of Primary Care chronic disease monitoring	🟢	No Workforce Implications				
b.2022.15	Results management	🟢	0.0	0.0	0.0	5.0	**5.0**
			14.7	**4.6**	**9.2**	**21.9**	**50.4**

Profile by month:

| Ref | Title | Monthly Workforce Profile | | | | | | | | | | | | Monthly Workforce Profile |
		M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	
b.2022.1	3rd sector strategy	No Workforce Implications												
b.2022.2	Accelerated Cluster Development	No Workforce Implications												
b.2022.3	Atlas of Variation			1	1	1	1	1	1	1	1	1		
b.2022.4	BCUPathways	No Workforce Implications												
b.2022.5	Building a Healthier Wales (BAHW)	No Workforce Implications												
b.2022.6	Commissioning unit			1	1	1	1	1	1	1	1	1		
b.2022.7	Community Pharmacy Enhanced Services - Alcohol and Blood Borne Viruses	No Workforce Implications												
b.2022.8	Diabetic Foot pathway	0	0	10	28	28	38	42	42	42	42	42	42	
b.2022.9	Foundational Economy Strategy/Policy	No Workforce Implications												
b.2022.10	Golden Value Metrics	No Workforce Implications												
b.2022.11	Implementing the Quality Act	No Workforce Implications												
b.2022.12	Inverse Care Law work	1	1	1	1	1	1	1	1	1	1	1	1	
b.2022.13	LEAN Healthcare system	No Workforce Implications												
b.2022.14	Recovery of Primary Care chronic disease monitoring	No Workforce Implications												
b.2022.15	Results management			5	5	5	5	5	5	5	5	5		

Planned Care Recovery Initiatives

This section of the workforce plan outlines the work undertaken to assess and validate the initiatives put in place to support planned care recovery across the Health Board with specific focus on initiatives commencing in 22/23.

Similar to IMTP schemes outlined previously in the plan the schemes were assessed initially to determine whether there was any workforce impact and then if there were then to again RAG rate the initiatives and profile the associated recruitment activity linked with said initiatives.

By taking this co-ordinated approach both the Planned Care Lead and the associated operational and clinical and recruitment teams are all aware of the timelines involved allowing clear milestones to be set and monitored to make sure any issues are resolved enabling recruitment targets to be delivered.

Planned care recovery recruitment activity during 22/23

Ref	Title		Medical (WTE)	Nursing (WTE)	Other Clinical Registrants (WTE)	Non-Registrants & Non-Clinical	Total (WTE)
Capacity – core and additional	Outsourcing	🟢	No Workforce Implications				
	Insourcing	🟡	No direct Workforce Implications				0.0
	Partnerships	🟡	2.4	4.0	12.0	16.0	34.4
Lean, value-focused support infrastucture - clinical	Radiology sustainability - scheme a.2022.30 in Consolidated schemes plan	🟢	No Workforce Implications				0.0
	Oncology capacity	🟡	3.0	6.0	3.0	13.1	25.1
	Pathology	🟢			6.0	10.0	16.0
Lean, value-focused support infrastucture - administrative	Validation programme	🟢	No direct Workforce Implications				
Pathway redesign	BetsiPathways e.g. Audiology - scheme a.2022.10 referenced in Consolidated schemes plan	🟡	0.0	0.0	0.0	0.0	0.0
	GIRFT / National Programme in 5 specialities	🟢	No direct Workforce Implications				
	Patient Initiated Follow-up (PIFU) , See on Symptoms (SOS) , Advice & Guidance (A&G)	🟢	No direct Workforce Implications				
	Pre-habilitation	🟡	0.3		22.0	0.3	22.6
	'Attend Anywhere'	🟢	No Workforce Implications				0.0
Modernisation	Urology Robot	🟢	No Workforce Implications				0.0
Building for the future	RTC project - a.2022.31 referenced in Consolidated schemes plan	🟢	0.0	0.0	0.0	0.0	0.0
Communication	Launch a Communication Strategy	🟢	No Workforce Implications				0.0
			5.7	**10.0**	**43.0**	**39.4**	**98.1**

Explanation of RAG:

Initiative		Workforce Impact
Outsourcing	🟢	Outsourcing initiatives will have no impact on BCUHB workforce resources
Insourcing	🟡	Insourcing initiatives based on not utilising BCUHB staff will have no impact on workforce resources but will be difficult to procure due to current/ongoing NHS workforce shortages across the UK Insourcing initiatives based utilising BCUHB staff will have an impact on workforce resources as it will be difficult to rely on consistent usuage due to the historical/ongoing Covid 19 pressures on staff
Partnership & Modular Wards	🟡	Partnership initiative will have moderate impact on workforce resources due the volumes of recruitment required to deliver the initative. Mitigating factors will be that the staff groups identified should be able to be recruited to in the timescales identified.
Radiology sustainability Oncology capacity Pathology	🟢 🟡 🟢	Radiology initiatives will have a minimal impact on workforce resources in 22/23 but the overall challange will require a sustainable staffing solution going forward Oncology initiatives will have a moderate impact on workforce resources due to numbers being recruited but this is mitigated as recruitment has already commenced with some roles already in post Pathology initiatives will have a minimal impact on workforce resources as recruitment has already commenced with some roles already in post
Validation programme	🟢	These initiatives will have a minimal impact on workforce resources as they mainly process focused improvment
BetsiPathways e.g. Audiology	🟡	Audology initiative will have a minimal impact on workforce resources due to numbers being recruited but recruitment needs to commence as part of 22/23 IMTP
GIRFT / National Programme in 5 specialities	🟢	These initiatives will have a minimal impact on workforce resources as their focus in 22/23 will be on existing pathway improvements
Patient Initiated Follow-up & See on Symptoms	🟢	These initiatives will have a minimal impact on workforce resources as their focus in 22/23 will be on pathway efficiency improvements
Pre-habilitation	🟡	Pre-habilitation initiative will have a minimal impact on workforce resources due to numbers being recruited but staff groups being recruited to may prove challenging
'Attend Anywhere'	🟢	This initiative will have a no impact on workforce resources as they are process focused improvments
Urology Robot	🟢	This initiative will have a no impact on workforce resources as they are process focused improvments
RTC project	🟢	These initiatives will have a minimal impact on workforce resources as their focus in 22/23 will be on programme setup and procurment process
Communication Strategy	🟢	This initiative will have no impact on BCUHB workforce resources

Profile by month:

Ref	Title	Monthly Workforce Profile												Monthly Workforce Profile
		M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	
Capacity – core and additional	Outsourcing	No Workforce Implications												
	Insourcing	No direct Workforce Implications												
	Partnerships			32	32	32	32	34	34	34	34	34	34	
Lean, value-focused support infrastucture - clinical	Radiology sustainability - scheme a.2022.30 in Consolidated schemes plan	No Workforce Implications												
	Oncology capacity	13	19	22	23	24	25	25	25	25	25	25	25	
	Pathology		8	10	13	16	16	16	16	16	16	16	16	
Lean, value-focused support infrastucture - administrative	Validation programme	No direct Workforce Implications												
Pathway redesign	BetsiPathways e.g. Audiology - scheme a.2022.10 referenced in Consolidated schemes plan													
	GIRFT / National Programme in 5 specialities	No direct Workforce Implications												
	Patient Initiated Follow-up (PIFU) , See on Symptoms (SOS) , Advice & Guidance (A&G)	No direct Workforce Implications												
	Pre-habilitation	0	7	7	7	7	14	14	14	14	14	14	23	
	'Attend Anywhere'	No Workforce Implications												
Modernisation	Urology Robot	No Workforce Implications												
Building for the future	RTC project - a.2022.31 referenced in Consolidated schemes plan													
Communication	Launch a Communication Strategy	No Workforce Implications												

Clearly, the requirement to scale the level of activity to the degree required to deliver the significant progress required to see and treat people waiting for treatment and in doing so reducing further harm and improve quality of life is not going to achieved by relying solely on our current resources and people. Whilst there are plans in place to transform the way in which we provide and deliver these services for example the development of a Regional Treatment Model/Centre, this will take time. As such, we are building on the hybrid model of delivery of care across a range of specialties. This includes continuing and scaling our outsourced and insourced services.

Primary Care Resilience

The Health Board has a significant role in the recruitment and retention of the GP workforce Delivering services across North Wales.

Whilst not directly delivering the recruitment across primary care other than through its managed practices we have a significant role to play in attracting Doctors to work in North Wales, to ensure the sustainability of Independent GP Practices.
One of the priorities of the IMTP supported by this Strategy and plan is to finalise a GP Workforce Recruitment and Retention Strategy together with our key partners.

The Strategy spans the lifetime of the GP career, starting with promoting General Practice from the outset of the Medical Students education pathway, through the Foundation Programme, GP Registrar Rotation and into General Practice, throughout their career and into later years, pre and post retirement.

It will set out how the Health Board working in partnership with independent practices will ensure that all recruitment campaigns will be inclusive of independent practices, promoting the role of Partner, Single Partner, Salaried GP, or Locum equally. Promote national initiatives to keep GPs who are training in Wales in Wales once they have completed their training and will make best use of the national recruitment and retention schemes.

As part of this work our teams are working closely on the finalisation of and rollout of this GP Workforce Recruitment and Retention Strategy and supporting the further enhancement of the Primary Care Academy. The Academy has expanded training places from 22/23 to 32 with 14 for GP trainees, and 18 across other staff groups to ensure provision is in place to sustain and grow the primary care workforce over the next three years and beyond.

The plan sets out the indicative targets being set to support workforce resilience in year 1 of the People Strategy & Plan.

The table below outlines the indicative additional recruitment activity across the sector over the next twelve months.

Primary care recruitment activity during 22/23

Staff Group	20/21 Position (WTE)	21/22 Postion (WTE)	22/23 Recruitment Trajectory Profile	22/23 Risk Stratified Recruitment Target
GPs	374.5	416.0	15.0	15.0
Nurses	270.3	258.7	6.0	13.2
Direct Patient Care	231.1	234.7	7.0	15.4
Adminisrtation/Non-Clerical	837.2	876.4	34.0	34.0
	1713.1	1785.8	62.0	77.6

Profile by month:

Staff Group	Monthly Workforce Profile												Monthly Workforce Profile
	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	
GPs	4	6	7	9	11	12	14	15	15	15	15	15	
Nurses	2	2	4	4	4	6	6	8	8	10	12	13	
Direct Patient Care	2	3	5	5	8	8	12	12	14	14	15	15	
Adminisrtation/Non-Clerical	4	7	12	16	21	21	24	27	30	33	34	34	

✦ Conclusion

This Plan has been developed in collaboration with between corporate enabling services and clinical and operational teams. This has been and continues to be a learning and improvement process, with each iteration highlighting additional learning and areas for inclusion and or further development.

The model uses for assessment and prioritisation will continue to be refined and adapted to ensure it meets the needs of the organisation and is responsive to emerging risks and opportunities.

It sets out the fundamental building blocks needed to address the opportunities and challenges facing the workforce and to align efforts across the health board. It is not intended to give specific details in relation to single professions or roles, but a clear set of themes and succinct actions that will inform the Improvement Delivery Programme and plans.
As we move through 2022/2023, the transformation underway at both national and local level in terms of workforce modelling, analysis and planning will only serve to further enhance the credibility and accessibility of workforce intelligence to support and inform decision-making.

The detail within the Plan will be refreshed on an annual basis aligned with the refresh of the Integrated Medium Term Plan.

This refresh will ensure:

- ✦ The programmes are work are delivering what is required and there is evidence of tangible outcome improvement
- ✦ Any critical developments (risks and opportunities) at national and/or local level are considered and addressed for the year ahead
- ✦ Feedback (both internal and external) through the year is triangulated to ensure the priorities within the programmes of work and plan are relevant
- ✦ The workforce plan is effectively aligned to the delivery of the priorities and is affordable and achievable

Central to the delivery of this Plan is the requirement for true collaboration and partnership at all levels. Everyone will have a role in shaping and delivering improvement plans that take us closer towards the ambitions of People Strategy & this Plan, meeting the known and unknown challenges. This includes better alignment and integration across organisational and professional boundaries that often get in the way of doing the right thing for the people at the centre of our services

Integrated Medium Term Plan 2022/25

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

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

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

- A full return of pre-Pandemic core activity

- A continued drive on Recovery, catching up activity delayed as a consequence of COVID-19

- Consolidation of good developmental work already commenced but needing to be progressed and embedded

- Implementing a smaller number of initiatives that are required to be sustainable longer term, supporting us to exit from Targeted Intervention.

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

Level	Description	Situation	Planning Assumption
0	COVID-19 eliminated	COVID-19 exists but rarely seen	Unlikely to be reached over next three years
1	Low COVID-19	COVID-19 circulating in the community, perhaps at levels of last summer, but lower severity (equivalent to Omicron variant)	Following WG guidance assume this level is reached from April 2022
2	Stable COVID-19	Approximates to levels of COVID-19 seen over Autumn/Winter 2021	Robust plans required to implement enhanced Covid measures if required
3	Urgent COVID-19	Rapidly spreading and/or extremely high levels of COVID-19, with high levels of hospitalisation (e.g. emergence of new variant)	Plans for Emergency response

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

Restoration of full capacity
We are quickly getting back to full capacity and will seek to maintain that over the coming years

Planned care backlog
Our focus upon addressing our planned care backlog will continue beyond 2022-23 and only decrease when the backlog is eliminated

Sustainability & Targeted Intervention
Changes that address our 'targeted intervention' status, and move us towards sustainability. We will continue to increase this activity over the coming 3 years

Consolidating work already started
Some developments will take several years to develop and embed, and have already commenced. We will continue until they have been completed.

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

2023/2024

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

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

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

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

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

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

- Further increased focus upon recognising the social determinants of health and further work to address the overt and hidden variations (inverse care law) that lead to inequity of provision.

- Expansion of prehabilitation services to all cohorts of the population waiting for surgical or medical interventions.

- Expansion of an approach to the commissioning of our services based upon value, outcomes and experience.

- Evolving development of the 'Accelerated Cluster Programme' building incrementally upon the maturity achieved, with increased leadership for local needs-based planning and commissioning

- Progressing of partnership approaches to develop the next generation of 'extra care' and 'intermediate care' housing, supported by an integrated workforce

- Exploration of opportunities to operate pooled revenue budgets with key partners where this would support person-centred care

- Delivery of a primary care estates strategy for North Wales that is fit for the coming decades

- Progression of our Regional Treatment Centre model

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

- Progression against the Targeted Improvement framework

- Ongoing delivery and evolution of key clinical areas such as vascular, mental health and our unscheduled care transformation programme, using the principles of continuous improvement

- Consolidation of our 'home first' model of care, with shared learning from across North Wales

- Building upon the changes in Operating Model implemented in 2021/22 to make sure the model delivers as expected

- Making further inroads into a systematic approach to the delivery of whole system care pathways by introducing further tranches of pathways

- Further growth of our quality improvement and transformation system, working with Improvement Cymru, Institute of Healthcare Improvement, and other continuous improvement specialists such as Toyota and Airbus.

- Continued work on the Wrexham Maelor site to address infrastructure limitations.

- Ensure we are fully prepared for a North Wales Medical and Health Sciences school.

2024/2025

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

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

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

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

Integrated Medium Term Plan 2022/25

Appendix 6
Logic models

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Appendix 6: Logic models

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

Output:		Clinical Outcome:
Something we are doing or plan to do	➡	What change do we expect as a result of those outputs/activities?
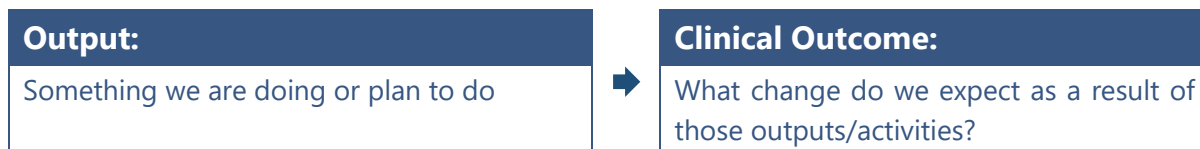
The IMTP refers, broadly, to pieces of work that create activity output. The reason for this is because it is much easier to quickly evaluate progress against outputs of work in healthcare settings. We can chart out timescales for when pieces of work will be complete, programme manage the process and then report progress very easily.

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

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

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

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

Outputs:	Number of smoking cessation appointments available Number of smoking cessation professionals fully trained with the latest techniques Number of smoking cessation service users who report they have still quit at 12 weeks

Outcomes:	Reduction in deaths from lung cancer Reduction in life limiting heart disease,

a.2022.1 - Care Home support			
Activity Inputs & outputs	**Initial outcomes**	**Medium-term outcomes**	**Long-term outcomes**
Finalised a Quality Assurance Framework meeting the needs of BCU and our 6 LA partners (already commenced in partnership).	Improved care, assured against an evidence based quality framework, in those care homes in which the QAF has been deployed to.	Improved care, assured against an evidence based quality framework, in all north Wales care homes. Reduction in BCU care home interventions as a result of concerns or complaints. Reduction in inappropriate hospital conveyances.	Reduction in came home failures/closures as a result of quality. Reduction in CHC costs, as a result of efficient delivery of person-centred packages of care.

a.2022.2 - Conwy Integrated Health & Social Care facility			
Activity **Inputs & outputs**	**Initial outcomes**	**Medium-term outcomes**	**Long-term outcomes**
Multi-year partnership between Conwy County Borough Council (CCBC), Betsi Cadwaladr University Board (BCUHB) and Grwp Llandrillo Menai (GLLM) to create • Extra Care Housing Apartments • Multi Agency Office/Clinic Space • Training and development suite • Intermediate care facility	Bespoke local provision to meet the needs of a range of adults in alternative settings to long-term care home placements. Improved learning experiences for community care workers.	An integrated Health & Social care facility in Conwy. Greater opportunity for staff from all partner organisations to learn from each other through integrated working, leading to more flexible and responsive care to local service users.	Increased quality of life and independence, resulting from high quality reablement provided at the time of need. Reduction in avoidable long-term care packages.

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

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

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

a.2022.6 - Eye Care			
Activity Inputs & outputs	**Initial outcomes**	**Medium-term outcomes**	**Long-term outcomes**
Implement National Intravitreal Treatment (IVT)/Age Related Macular Degeneration (AMD) Pathway.

Implement rolling delivery of Open Eyes All Wales Digital system.

Local planning group in place to support Integrated Eye Pathways arising from National Optometric Contractual reform. | People receive appropriate access to on-going care and management of their eye condition. | People are seen within the primary and community setting, where it is clinically appropriate.

Local eye care, hospital eye care and support services are all joined up.

More optometry practices providing the full range of extended eye care services in the community. | People are satisfied with the care they receive at their local optometry practice.

People are satisfied with the care they receive when they visit the hospital eye service.

Reduced inequalities in access to optometry services. |

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

a.2022.8 - Health & Safety Statutory Compliance

Activity Inputs & outputs	Initial outcomes	Medium-term outcomes	Long-term outcomes
Trial of e-learning training package for IOSH managing safely competed.

70% of staff at Band 8d and above to be trained.

Develop the Fit Testing Programme to achieve Fit2Fit accredited status. | Staff awareness of health and safety in the workforce is improved.

Staff can easily apply health and safety training in their daily working practice.

Systems are implemented across the Health Board to ensure staff are safe at work. | Improved levels of compliance against statutory Health and Safety requirements.

A pro-security culture is adopted across the Health Board.

Improved organisational management of risks relating to water safety, medical gas pipeline systems, and electrical safety. | Reduced BCUHB exposure to potential prosecution/ litigation by external regulators.

BCUHB staff feel safer at work.

Assurance Audits report positive improvement in health and safety statutory compliance in operational estates. |

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

a.2022.10 - Implementation of Audiology pathway

Activity Inputs & outputs	Initial outcomes	Medium-term outcomes	Long-term outcomes
Access to advanced practice audiology as first point of contact in primary care - increased to 50% of BCU area. Access to advanced practice audiology as first point of contact in primary care - increased to 75% of BCU area.	Greater and quicker access to audiology led care for hearing loss, resulting in • increase in positive interventions to manage hearing loss • quicker intervention to manage hearing loss • less unwarranted use of antibiotics Greater and quicker access to audiology led care for ear wax management, resulting in • quicker management of avoidable hearing loss • less ear perforation, scarring	Reduction in unnecessary hospital clinic referrals. Less untreated hearing loss in the community, and the associated social isolation that results. Greater confidence in consulting non-medical advanced practitioners more generally, allowing greater breadth and speed of consultation opportunity.	Reduction in falls arising from ear-related balance issues/hearing loss.

a.2022.11 - Improving minimal access surgery in gynaecology and north Wales specialist endometriosis care

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

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

a.2022.13 – Lymphoedema

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

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

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

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

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

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

a.2022.18 - Mental Health Improvement scheme - Eating Disorders Service development			
Activity Inputs & outputs	**Initial outcomes**	**Medium-term outcomes**	**Long-term outcomes**
New eating disorder teams to facilitate medical and psychiatric admissions for eating disorder patients, ensuring all cases presenting are reviewed within set timescales by the specialised team.	Improved access to early intervention and treatment for patients with eating disorders.	People have access to services that are focussed on recovery and an asset-based approach. People experience less stigma and can talk more openly about mental health.	People have access to high quality early intervention and prevention treatment in order to recover from Mental Health illnesses. Evidence of improved outcomes for people with Eating Disorders.

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

a.2022. 20 - Mental Health Improvement scheme - Medicines Management support

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

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

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

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

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

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

a.2022.29 - People & OD Strategy – Stronger Together			
Activity **Inputs & outputs**	**Initial outcomes**	**Medium-term outcomes**	**Long-term outcomes**
Individual projects to develop detailed benefits realisation measures. Migrate information oversight and assurance mechanism to central PMO function. External specialist resource – complete tendering exercise.	Delivery of the 5 programmes of work following Discovery to improve our way of working, strategic deployment, how we organise ourselves, the best of abilities and how we improve and transform.	Shared organisational purpose. Improved skills to deliver distributed leadership. Motivated and fully mobilised teams.	Transformed outcomes, behaviours, capabilities, and competencies supporting our stronger together goals. Contribution from across the organisation to continuous improvement activity.

a.2022.30 - Radiology sustainable plan

Activity Inputs & outputs	Initial outcomes	Medium-term outcomes	Long-term outcomes
Each modality will have a documented service delivery model (including training and equipment needs) for the current year to reach a 6 week target. Implement insourcing to address ultrasound capacity gap, as part of the saving babies lives programme. Implement agreed opportunities for insourcing across all imaging modalities where necessary to progress towards a 6 week waiting list, whilst recruitment and training is progressed. Implement revised staffing model/skill mix and training, supplemented where necessary by recruitment, to progress towards delivery of a sustainable 6 week waiting list.	Waits for routine examinations to reduce. Equitable access to radiology services across north Wales. Greater access to perinatal ultrasound. Improved access to urgent imaging for unscheduled care.	Compliance with NICE guidance for referring specialties, achieved. 6-week waiting time for examinations to be performed is sustained. Reduction in infant mortality rate. Sustainable radiology workforce.	More sustainable radiology service in north Wales, with opportunities to provide high-quality and timely interventions. This will lead to overall improvements and a reduction in awaiting times/ improved flow across the whole system.

a.2022.31 - Regional Treatment Centres

Activity Inputs & outputs	Initial outcomes	Medium-term outcomes	Long-term outcomes
Award contact to supplier to design, fund, build, equip and maintain RTCs and Final design of facilities. Signed off pathways (using BCUPathways methodology) for priority pathways relating to RTCs. Initial RTC commissioned (facilities, equip, workforce) end Q3.	Delivery of facilities from which a fit-for-purpose RTC model of care can be delivered.	Delivery of lean, planned care pathways, focused upon an efficient and effective patient experience. Improvements in timely access to planned care.	Improved patient experience. Reduced hospital admissions. Increased resilience and sustainability of planned care services.

a.2022.32 - Speak Out Safely			
Activity Inputs & outputs	**Initial outcomes**	**Medium-term outcomes**	**Long-term outcomes**
Expand network of Speak Out Safely Champions across the Health Board.

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

Complete a benefits realisation/evaluation of Speak Out Safely. | All staff supported to 'Speak out Safely'. | Consistent environment of strong staff engagement and psychological safety, where staff feel able to raise concerns, have these acknowledged and acted upon without fear of recrimination. | Organisational culture of openness and transparency where all staff feel assured, they will be listened to when raising concerns.

An inclusive learning organisational culture with concerns raised by staff providing a rich source of feedback as the Health Board continuously improves patient and staff safety. |

a.2022.33 - Staff Support and Wellbeing

Activity Inputs & outputs	Initial outcomes	Medium-term outcomes	Long-term outcomes
Recruit substantively to the short term 12 month posts created in 2021/22 to ensure service continuity. Recruit to new posts to enable next phase of SWSS development. Complete a benefits realisation/evaluation of SWSS.	Consistent availability of a service to staff looking for support.	Reduced levels of staff sickness, as a result of improved psychological well-being.	BCU known as an employer of choice where compassionate and fair organisational culture, psychological safety and wellbeing of staff is paramount.

a.2022.34 - Strengthening emergency department (ED) & SDEC workforce to improve patient flow

Activity Inputs & outputs	Initial outcomes	Medium-term outcomes	Long-term outcomes
Phased implementation of new ED and SDEC model across all 3 sites. New ED and SDEC model sustained across all 3 sites with following metrics expected. Implementation of Gateway review to ensure system effectiveness.	Increasing USC intake managed with a '0' day LOS. Reducing admissions in people going through SDEC. Improvements in Ambulance handover delays.	Reduction in locum and agency spend due to reduced reliance on agency doctors and nurses. Increase in consultant-led care and enhanced clinical decision-making. Improved outcomes for citizens because of a reduction in the number avoidable hospital admissions.	Increased public confidence in the efficacy of the Health Board's approach to emergency/ unscheduled care. Sustainable and effective management of unscheduled care in north Wales.

a.2022.35 - Stroke services

Activity Inputs & outputs	Initial outcomes	Medium-term outcomes	Long-term outcomes
Successful recruitment of 3 Stroke Specialist Nurses and SSNAP Clerks. Provision of an inpatient environment for active rehabilitation working with Early Supported Discharge team. Successful recruitment of Consultant Therapists, Therapy and support team, and seven psychology posts. Submission of a developed case for investment in a Hyper-acute Stroke Service (Phase 2 of the BCU Stroke Programme). Gateway review of the implementation of Phase 1 of the BCU Stroke Programme.	Improvements in the pathway and performance in acute settings, improving patient experience and outcome. Increase in delivery of early supportive discharge and rehabilitation services in community settings. Reduced hospital LOS.	Improved recognition, prevention and treatment of atrial fibrillation. Dedicated neuropsychology team integrated with rehabilitation and early supported discharge, proving more holistic patient experience.	Improved SSNAP scores, national Quality Improvement Measures, and compliance with NICE Stroke Guidelines. Improved pathway and performance at each of the three DGH sites. Rapid access to evidence-based interventions and treatments. Patients, their families, and carers receive the right amount of therapy, from the right therapists, in the right environment – acute hospital, community hospital or home.

a.2022.36 - Suspected cancer pathway improvement

Activity Inputs & outputs	Initial outcomes	Medium-term outcomes	Long-term outcomes
Provide four rapid access breast clinic streams per week, in each of the East, Centre and West health communities. Provide at least one 'one stop' neck lump clinic per week in north Wales. Provide at least one 'one stop' clinic per week for vague but concerning symptoms, in each of the East, Centre and West health communities. Provide all cancer patients with an identified keyworker to support them from the point of diagnosis onwards.	Improved efficiency through the patient journey leading to improved patient experience. Improved cancer waiting times. Cancer pathways revised and aligned to achieve the national standard.	Standardised working across the 3 hospital sites – applying a whole pathway approach. Fewer patients diagnosed with cancer via a non-USC pathway or following an emergency admission. An increase in the number of cancers diagnosed at earlier stages (I & II), and reduction in the number diagnosed at later stages (III & IV) An increased number of late-stage patients (III & IV) receiving active treatment, rather than best supportive or palliative care All patients, from the point at which cancer is first suspected, will receive diagnostic tests and start their first definitive treatment within 62 days.	Improved patient outcomes. Improved cancer survival rates. Reduced mortality ensuring rapid assessment of patients with suspected cancer.

a.2022.37 - Urgent Primary Care Centres

Activity Inputs & outputs	Initial outcomes	Medium-term outcomes	Long-term outcomes
Deliver a sustainable urgent primary care model for north Wales with supporting business case.

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

Evaluate the UPC service, including a cost benefit analysis as members of the all Wales UPC implementation board. | Increase in referrals to UPC centres from EDs and GP practices.

More timely care for patients with urgent (non- life threatening) conditions. | Reduction in unnecessary attendances at the Emergency Department increasing patient experience of those using UPCC and those within ED. | Supporting primary care sustainability and capacity by releasing capacity within GP practices and ED to provide more care for other complex urgent needs. |

a.2022.38 - Urology - Robot Assisted Surgery			
Activity **Inputs & outputs**	**Initial outcomes**	**Medium-term outcomes**	**Long-term outcomes**
Commence robot-assisted urology surgery in Ysbyty Gwynedd. Reporting mechanism in place detailing performance against agreed activity baseline and outcome related KPIs. Reduce/cease RAS outsourcing for urology and replace with activity delivered at YG as per levels specified in the Implementation Plan. Agreed implementation plan in place for expansion of RAS to other surgical specialties.	More patients will be able to receive care in North Wales.	Improved recruitment and retention of specialist clinicians. Reduced length of stay. Reduce likelihood of complications to enable quicker recovery. Better patient experience.	Opportunity to develop the service to include other specialities, for example, colorectal surgery and gynaecology. Development of a specialist Pelvic Cancer Surgery Centre in North Wales to provide a comprehensive local service, which makes best use of skilled staff and promotes research and innovation.

a.2022.39 – Vascular			
Activity Inputs & outputs	**Initial outcomes**	**Medium-term outcomes**	**Long-term outcomes**
Action plan to address the Royal College of Surgeons (RCS) recommendations and drive the required improvement.	Effective Network arrangements in place to oversee implementation of improvement plan.	Safe, effective delivery of vascular care across BCU. Improved recruitment and retention of specialist clinical staff. A positive patient experience for individuals accessing BCUHB Vascular services.	A safe and sustainable vascular surgery service for North Wales with patient outcomes comparable to the best in the UK.

a.2022.40 - Video consultations

Activity Inputs & outputs	Initial outcomes	Medium-term outcomes	Long-term outcomes
Training of BCUPathway coordinators in the optimal role of video consultations, advantages and disadvantages, when redesigning pathways. System in place to monitor the number of patients consulted using video technology. Patient experience questionnaire (PREM) where available sent to at least 500 patients who have been consulted by video during Q3 and Q4, with analysis of responses completed.	Reduction in patient time spent travelling, when video consultation provides an acceptable alternative to a face to face consultation.	Increased number of pathways that have video consultation appropriately included, resulting in less inappropriate episodes.	Sustained use of video consultation where-ever possible, maximised through learning, triangulated and reinforced by patient experience feedback mechanisms.

a.2022.41 - Welsh Community Care Information System (WCCIS)			
Activity Inputs & outputs	**Initial outcomes**	**Medium-term outcomes**	**Long-term outcomes**
To implement WCCIS via a phased approach over the next 3 years for community services (including children's), mental health and therapies. Resource Teams (CRT) in Ynys Mon and a Team within Gwynedd.	Better-integrated working across health and social care over the next 3 years. More effective care delivery through the safe sharing of key information between health and social care in the community.	Improved multidisciplinary knowledge as staff work more in multi-disciplinary environments, facilitated by WCCIS. Reduction in unnecessary hospital admissions. Reduction in do-not attends at appointments.	Patients experience more efficient, quality, and seamless care. BCU is positively recognised as a collaborative organisation.

a.2022.42 - Welsh Language			
Activity Inputs & outputs	**Initial outcomes**	**Medium-term outcomes**	**Long-term outcomes**
Welsh Language Team capacity strengthened to enable BCUHB to deliver its obligations under the Welsh Language (Wales) Measure 2021.	Increased capacity to sustain an organisation-wide timely information translation service. Increased simultaneous translation capacity enabling language preference in clinical and corporate settings. Ability to respond to the increase in demand and senior level commitment in relation to training and organisational development. Staff are supported to develop their Welsh language skills. The development of initiatives that support the function of enabling an 'active offer' approach to service delivery.	A visible commitment at leadership level to provide and develop Welsh language services according to choice and need. Effective and efficient support provided for services in line with the 'More than just words' strategic framework. Organisational development in place in accordance with the Bilingual Skills Strategy and the wider Welsh language agenda.	Improved patient experience. BCUHB is fully compliant with the Welsh Language Standards under the Welsh Language (Wales) Measure 2011.

a.2022.43 - Welsh Patient Administration System

Activity Inputs & outputs	Initial outcomes	Medium-term outcomes	Long-term outcomes
To complete the complex, multi-year phased implementation of the Welsh Patient Administration System across the Health Board. Completion of the rollout of Welsh Patient Administration System in West Region and to as to complete the merger of individual Welsh Patient Administration System instances in the remaining regions into a single BCUHB wide Welsh Patient Administration System in 2023. (Phase 4 – Single instance).	Increased speed and relevance of diagnosis, care, treatment plan and onward referral. Improved workflow. Greater mobility for patients to choose preferred site of care.	Single cohesive view of a patient's digital health record.	Improve quality of patient experience. Improved patient safety.

a.2022.44 - Widening of Primary Care workforce

Activity Inputs & outputs	Initial outcomes	Medium-term outcomes	Long-term outcomes
Recruit to ANP and AHP roles, thereby enabling individuals to be directed to the most appropriate support for their particular needs. Delivery of Practice Nurse Education programme to support sustainability within primary care. Staff to have undertaken long-term conditions training. Care Home ANP role fully integrated into CRTs.	Improved use of GP capacity and time to focus on people with complex health needs. Timely and accessible support to people living in long-term residential care. Individuals are referred to the most appropriate health professional to meet their needs. Root causes of multiple and regular consultations with GPs are identified. Enhanced skills and knowledge of junior primary care staff. Holistic co-ordinated packages of care are delivered to the most vulnerable. Increasing number of people supported at home rather than hospital.	Reduction in demand on GPs. Increase in numbers of people receiving end of life care in their place of choice. Reduction in waiting times for people with complex needs. Reduction in the number of repeat/ regular consultations with GPs for the same condition. Skills and knowledge held by staff currently reaching retirement age is retained within Clusters. Care is delivered closer to home. Reduction in unplanned admissions to secondary care. Fewer Delayed Discharges.	Primary care is more sustainable. Increased de-medicalisation. Improved outcomes for citizens. Shift in locus of care from hospital to community.

a.2022.45 - Workforce Operating Model			
Activity **Inputs & outputs**	**Initial outcomes**	**Medium-term outcomes**	**Long-term outcomes**
To build on the learning from the pandemic and the feedback from discovery in ensuring the organisation has a highly effective & efficient People & OD service delivered in a way that is aligned with the operating model of the organisation. Establishment of dedicated HR Business partners capability to drive strategic workforce planning UHB wide.	Full alignment of the People service to the revised Operating Model. Resources placed closer to the bedside. Improvement in ease of contacting people service – for employees and managers.	Significant improvement in people service delivery across all metrics. Significant improvement in case management including reduction in claims expenditure and legal costs combined with a more compassionate employee experience.	Sustainable workforce aligned to new service models which optimally meet population needs.

b.2022.1 - 3rd sector strategy

Activity Inputs & outputs	Initial outcomes	Medium-term outcomes	Long-term outcomes
Position statement to reaffirm our commitment to the vital role of the third sector. Engagement with the sector on relationships and proposed commissioning approach. Draft commissioning arrangements. Including overall strategic fit with BCU commissioning.	Third sector networks are engaged in the co-design of an outcomes focused approach to collaborative working. A commissioning framework for the procurement, monitoring and evaluation of 3rd sector contracts and that supports the delivery of shared priorities.	Collaboration with the sector to build on community assets and develop resilient support networks. Greater connection with local community networks. Improved trust and confidence in mutual relationships between the sector and the Health Board. Smarter, more joined-up commissioning with local authority partners.	A more robust and sustainable 3rd sector. Improved delivery of outcomes for people, focusing on what matters most. Increased community resilience.

b.2022.2 - Accelerated Cluster Development

Activity Inputs & outputs	Initial outcomes	Medium-term outcomes	Long-term outcomes
Establish six county level pan cluster planning groups (PCPGs).	Pan Cluster Planning groups are hardwired into the Health Board's revised Planning Process.	Improved inter-agency relationships, partnership working and decision-making at 'place'.	Health and social care commissioning and planning integrated 'at place'.
Sustainable system agreed and in place for generating and analysing Local Needs Assessment date.	Greater alignment of vision and purpose across primary care, the Health Board, and local authorities.	Integrated planning between clusters, Health Boards and Regional Partnership Board.	Health and social care delivery integrated 'at place' and delivering what matters to local people and communities.
PCPGs hardwired into revised BCU Planning processes.	Commissioning decisions are better informed by population need and community assets, as well as what matters to local people and communities.	Improved access to primary care multi-disciplinary, multi-agency services.	A more sustainable future for health and social care.
Governance framework for PCPGs agreed with partners.		Clusters empowered with increased autonomy to make speedy decisions.	Citizens of north Wales are confident in their local health and social care 'system'.
Additional funding provided to release capacity of independent primary care contractors to enable them to actively engage in the work.	Roles and responsibilities of clusters in the planning and delivery of integrated services is strengthened.	Range of local services delivered in primary and community care to meet cluster population priorities and need.	Reduction in use of statutory services, including acute hospitals, domiciliary care, and residential care.
	Cluster priorities drive Health Board strategic planning.	Range of local services delivered closer to home.	Greater accountability to people and communities.
		Improved population health and well-being.	

b.2022.3 - Atlas of Variation			
Activity **Inputs & outputs**	**Initial outcomes**	**Medium-term outcomes**	**Long-term outcomes**
Review of successful AoV approaches elsewhere, culminating in a recommended approach for BCU. Implementation of agreed AoV function. Identification of initial priority areas for focus under the AoV approach.	Access to data and intelligence to support the development of the AoV approach. Methodology is agreed to support the review and improvement of service areas identified.	Data and intelligence inform the redesign and delivery of care, support, and clinical services. Evidence based interventions are implemented to address variation in performance and outcome.	Greater consistency of delivery and performance across the BCU region. Improved outcomes for individuals and specific groups. Staff are informed and empowered to deliver the right care at the right time.

b.2022.4 - BCU Pathways, incorporating oncology and delayed planned care pathways

Activity Inputs & outputs	Initial outcomes	Medium-term outcomes	Long-term outcomes
Identification at least 20 priority pathways, cognisant of regional treatment development. Consistent, continuous publication of BCUPathways in place, on webportal accessible by professionals and public, and supported by public and professional feedback tools. Collaborative review undertaken of version 1 of the BCUPathways methodology, to refine based upon initial pathways completed, in line with 'PDSA' improvement principles. Rolling programme of pathways for creation/review in place, using BCUPathway methodology (as revised in previous measure).	Address adverse variation in practice. Make best use of available resources.	Developing a rolling programme of pathway review, redesign, and evaluation. Integrated pathways that include promotion of health and prevention of illness as well as the treatment of disease, resulting in a 'left shift' of care. A greater use of digital technology to support the delivery of healthcare.	A change in culture, removing silo working and introducing a whole-system approach to service delivery. A reduction in services delivered in hospital setting with a corresponding increase in primary and community services.

b.2022.5 - Building a Healthier Wales (BAHW)

Activity Inputs & outputs	Initial outcomes	Medium-term outcomes	Long-term outcomes
Approved work-plan for each BAHNW scheme to have commenced, and partner network informed. Interdependencies framework is developed which supports organisational planning via Health Improvement & Reducing Inequalities Group (ToR Reviewed). Evidence-based benefits (quantitative and qualitative) identified for the whole programme, in order to support organisational planning.	Increase in immunisation/ vaccine uptake across clusters. People can access a range of quality and nutritious food, at affordable prices. People are provided with the skills and knowledge to cook notorious low-cost meals. People can access a greater range of support and activities within their own communities. Increased awareness amongst health and social care professionals of Childhood ACES, how to identify them and how to deal with their impact. Health Board's approach to population health is strengthened.	Fewer people become ill or die because of contracting a communicable disease. Improved population health and well-being. Reduction in rates of alcohol and substance misuse. Increase in the numbers of people eating 5 or more fruit and vegetables a day. Reduction in levels of loneliness and social isolation. Improved population health and well-being, especially for those citizens who are traditionally hard to reach. Reduction in the numbers of children experiencing an Adverse Childhood Experience (ACEs).	Reduction in health inequalities. Communities are stronger and more resilient. Reduction in use of statutory services, including acute hospitals, domiciliary care, and residential care. Reduction in the number of children on the Child Protection Register. Reduction in the number of people who are unintentionally homeless. Reduction in the numbers of homeless people in north Wales.

b.2022.6 - Commissioning unit			
Activity **Inputs & outputs**	**Initial outcomes**	**Medium-term outcomes**	**Long-term outcomes**
Scope and structure of commissioning unit agreed by Executive Team. Appointment to commssioning unit senior team. Written plan for timescale of full transfer of functions, and programme of work for year one and anticipated work in year two agreed with Executive team.	Alignment of commissioning arrangements including collaborative and specialist commissioning. Mechanisms are in place to enable clusters to build commissioning plans to meet local needs.	Commissioning processes are focused on population needs, the delivery of pathways and outcome measures.	Commissioning supports the transformation of care, support and clinical services. Improved outcomes for individuals and demonstrable impact on health and well-being of specific groups, contributing to population health.

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

Activity Inputs & outputs	Initial outcomes	Medium-term outcomes	Long-term outcomes
Completed design of media and resources required to support the service. At least one Community Pharmacy site offering ES in each of East, Centre, West health communities. Evaluation completed of test sites (identified in measure 2).	To help the public recognise the risks associated with their personal alcohol consumption behaviours and de-normalise risky alcohol consumption and the inevitable burden on primary care workload, hospital admissions and subsequent expenditure.	Reduce risks associated with alcohol consumption through screening, education, brief advice, and referral to specialist services. Increased awareness of support available within target groups. Increased knowledge and awareness of new treatments for Hepatitis C (and which may provide a cure).	Reduce the personal and public health risk of infection. This model demonstrates the Board's commitment to achieving WHO targets as outlined by Welsh Health Circular (WHC/2017/048) and as committed to by Welsh Government, which sets out to eliminate HBV and HCV as significant public health threats by 2030.

b.2022.8 - Diabetic Foot pathway			
Activity **Inputs & outputs**	**Initial outcomes**	**Medium-term outcomes**	**Long-term outcomes**
Increased podiatric capacity in place to support relaunched primary care component of diabetic foot pathway. Review emergency admission data for diabetic foot presentations, which should be expected to fall as whole system pathway embeds. Review inter-hospital transfer data for diabetic foot presentations, with transfers to YGC expected to fall as whole system pathway embeds.	A better understanding of patients who access Health Board diabetic foot services - identification and promotion of good practice as well as areas for improvement.	Reduced hospital admissions and length of stay. An integrated approach to care resulting in a better patient experience.	Individuals remain well and out of hospital and are given the appropriate support to manage their condition.

b.2022.9 - Foundational Economy Strategy/Policy			
Activity Inputs & outputs	**Initial outcomes**	**Medium-term outcomes**	**Long-term outcomes**
Implementation of a BCU strategy to maximise our contribution to the Foundational Economy.	Increased job opportunity in north Wales. Improved 'green' footprint.	Reduction in inequality by maximising the opportunity for local investment. Greater co-design of local NHS services with local communities and organisations. Improved provision of bilingual services.	Sustainability of service, recruitment. Pipeline of ambition for specialist posts, supporting clinical sustainability.

b.2022.10 - Golden Value Metrics			
Activity Inputs & outputs	**Initial outcomes**	**Medium-term outcomes**	**Long-term outcomes**
Creation of a streamlined set of high value metrics that provide an overall barometer of performance.	Increased recognition of the importance of patient experience and outcomes in our improvement journey. Increase in person-centred "experience" conversations.	Redesign of services built upon robust experience data. Less complaints, higher satisfaction. Better clinical outcome data.	Improved patient journeys across the breadth of the organisation. More efficient targeting of improvement resource.

b.2022.11 - Implementing the Quality Act

Activity Inputs & outputs	Initial outcomes	Medium-term outcomes	Long-term outcomes
Consider the full requirements of the Act, to ensure full compliance when it comes into force in 2023. Amendment/development of internal systems, if so required, to ensure compliance.	BCUHB nominees included in the various work streams and the Acting Director of Quality sits on the National Steering Group.	The existing duty of quality on NHS bodies to be strengthened An organisational duty of candour on providers of NHS services to be established requiring an open and honest approach with patients and service users when things go wrong The voice of citizens to be strengthened by replacing Community Health Councils with a new all-Wales Citizen Voice Body that will represent the interests of people across health and social care	A health and social care system in Wales that is fit for the future and that ensure the voices of citizens are engaged, listened to, and clearly heard

b.2022.12 - Inverse Care Law work			
Activity Inputs & outputs	**Initial outcomes**	**Medium-term outcomes**	**Long-term outcomes**
Establishment of Community of Practice for addressing health inequalities in partnership with primary care

Rapid Actionable Insight Packs to identify health inequalities at cluster / locality level

Health Inequalities Intervention & Innovation Plan identifying 6 innovator clusters and setting out interventions to drive down health inequalities | Cluster teams are skilled and informed to identify health inequality challenges, in particular those associated with the wider determinants of health

Clinical and health behaviour risk factors are identified early

Asset-based interventions are developed to reduce risk factors | People at greatest risk living in socio-economic deprived areas of North Wales receive timely and effective support to reduce their risk of developing non-communicable disease

Local communities are more engaged and empowered to exercise personal choice to control risk factors and adopt healthy behaviours | Reduction in risk factors leading to health inequalities reduces the risk of non-communicable disease

Increased chance of reducing the gap in healthy life expectancy |

b.2022.13 – Lean & VBC Healthcare system			
Activity **Inputs & outputs**	**Initial outcomes**	**Medium-term outcomes**	**Long-term outcomes**
Rollout of a constant evidence based improvement methodology built upon Lean and VBC principles.	Reduction in low value steps within pathways of care, leading to better patient experience and resource utilisation. Greater ease of access to support for continuous improvement activity.	Less unwarranted variation in clinical service delivery. Greater engagement in continuous improvement activity.	Stronger partnerships with high-functioning organisations. High quality systems that make best use of our limited resources, allowing us to provide more (appropriate) episodes of care.

b.2022.14 - Recovery of Primary Care chronic disease monitoring

Activity Inputs & outputs	Initial outcomes	Medium-term outcomes	Long-term outcomes
Recruitment of additional staff / increase in hours available to undertake chronic disease management reviews, and thereby reduce backlog. Provide a collaborative Cluster-based long-term Conditions Hub: leading to a reduction in referrals to secondary care Q3. Backlog of chronic disease reviews reduced. Individuals provided with education to support with self-management of their chronic condition.	Backlog of chronic disease reviews because of COVID-19 is reduced Long-term conditions hub established in the North Denbighshire Cluster Chronic Conditions nurses support individuals and provide them with information to enable improved self-management of their chronic condition People with a chronic condition are signposted to a range of support and training	Recovery of Primary Care Improved chronic disease monitoring in the community Reduction in presentations to secondary care from people experiencing an exacerbation in their chronic condition Individuals feel more confident in managing their chronic condition themselves	Improved community services for people with a chronic condition Improved rates of self-care for people with a chronic condition

b.2022.15 - Results management

Activity Inputs & outputs	Initial outcomes	Medium-term outcomes	Long-term outcomes
Improve the assurance for the management of results across BCUHB by fully delivering a fit for purpose solution that will improve patient safety. Deliver a fit for purpose solution that will improve patient safety and stop printed results	Providing the availability and good management of results is critical to inform the care a patient receives, constituting a fundamental part of the overall patient's care record that will have a direct impact on patient outcomes. Project – Welsh Clinical Portal (WCP) Results Notification & Assurance Dashboard - focusses on resolving the gaps in notification and action recording that retains the need for paper results. This will provide the assurance to enable us to safely (i) rely on notifications, and (ii) record the action digitally.	Increased patient safety. Environmental benefits of the reduction of the use of paper. Improved audit trail of how results are being managed. Improved patient experience as trends in results can be identified.	Prevents patient harm. Improve quality of patient experience.

Integrated Medium Term Plan 2022/25

Appendix 7
Links to supporting strategies and plans

Appendix 6: Links to supporting strategies and plans

- LHSW strategy refresh 2021/22
  https://bcuhb.nhs.wales/about-us/governance-and-assurance/imtp/living-healthier-staying-well/

- Cluster plans
  https://bcuhb.nhs.wales/about-us/governance-and-assurance/locality-pen-profiles/

- Quality and Safety strategy
  https://bcuhb.nhs.wales/about-us/governance-and-assurance/imtp/quality-and-safety-priorities/

- Digital strategy
- https://bcuhb.nhs.wales/about-us/governance-and-assurance/imtp/our-digital-future-branded-eng/

- Mewn undod mae Nerth/Stronger Together
  https://bcuhb.nhs.wales/about-us/governance-and-assurance/imtp/

- Workforce strategy
  https://bcuhb.nhs.wales/about-us/governance-and-assurance/imtp/

- Estates strategy
  https://bcuhb.nhs.wales/about-us/governance-and-assurance/imtp/

- Together for mental health
  https://bcuhb.nhs.wales/about-us/governance-and-assurance/imtp/bcuhb-mh-strategy-final/

- WHSSC Specialist services plan
  https://bcuhb.nhs.wales/about-us/governance-and-assurance/imtp/whssc-integrated-commissioning-plan-2022-2025/

- Mid Wales Healthcare Collaborative Plan
  https://bcuhb.nhs.wales/about-us/governance-and-assurance/imtp/mwjc-plan-summary-202223-february-2022/

- Defnyddia dy Gymraeg / Use your Welsh
  https://bcuhb.nhs.wales/about-us/governance-and-assurance/imtp/welsh-language-standards/

- Promoting equality and human rights
  https://bcuhb.nhs.wales/about-us/governance-and-assurance/imtp/strategic-equality-plan-2020-2024-oct-20-v1/

- Environment and sustainable strategy/Decarbonisation
  https://bcuhb.nhs.wales/about-us/governance-and-assurance/imtp/

- Research, development and innovation
  https://bcuhb.nhs.wales/about-us/governance-and-assurance/imtp/bcuhb-r-i-strategy-november-2019-v1-0/

1. Financial Headlines

- **The IMTP will deliver a balanced plan in 2022/23 and will also meet the duty to break even over the 3 year period 2022/23 – 2024/25**
    - ➤ the Health Board will have delivered a break even position in the three year period 2020/21 - 2022/23 and the historic cash support will be formally written off by Welsh Government
- The IMTP includes the impact of the Welsh Government notification issued on 14 March 2022 which confirmed additional funding for:
    - ➤ **Exceptional costs for energy, National Insurance and the Real Living Wage**
    - ➤ **Transitional Covid-19 costs:**
        - ❖ Capacity & facilities costs relating to the ongoing COVID-19 response e.g. cleaning standards
        - ❖ Prescribing changes directly related to COVID-19 symptoms
        - ❖ Increased workforce costs as a direct result of the COVID-19 response and IP&C guidance
        - ❖ Services that support the ongoing COVID-19 response such as discharge support, Long
        - ❖ Covid, extended flu programme, and support for national programmes through shared
        - ❖ services
        - ❖ Lost dental income as a result of changes in the provision of dental services
    - ➤ **The IMTP commits additional funding for Vascular Services and the Diabetic Foot Pathway**

2. Resource Allocation

	2022/23	2023/24	2024/25
	£m	£m	£m
Opening allocation	1,516.49	1,554.45	1,573.45
Uplift	37.96	19.00	10.00
Specific allocations	198.74	198.74	198.74
Resource allocation	1,753.19	1,772.19	1,782.19
Anticipated Allocations	121.66	98.59	125.19
Total allocation	1,874.85	1,870.78	1,907.38

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The Financial plan

	Exceptional Items	COVID	Core	Total
	Energy, NI, RLW			
	£m	£m	£m	£m
Underlying Deficit risk			68	68
Core Allocation	(21)	(56)	(1,640)	(1,716)
Strategic Support			(80)	(80)
Strategic Funding			(40)	(40)
Core Uplift			(38)	(38)
Total allocation	**(21)**	**(56)**	**(1,798)**	**(1,875)**
Core Spend	21		1,609	1,630
COVID-19 Programme Spend		39		39
COVID-19 Surge		17		17
Strategic Support			80	80
Savings			(35)	(35)
Increase in Cost Base			67	67
Business Cases			9	9
Total spend	**21**	**56**	**1,730**	**1,807**
Financial Balance	**0**	**0**	**0**	**0**

4. Savings: Opportunities identified - £39.6m

TRANSACTION

Division	Cost Reduction (£'m)
Area - Centre	2.4
Area - East	2.4
Area - West	1.5
Contracts	0.1
Corporate	1.3
MHLD	1.0
Provider - NW	0.9
Provider - YG	0.4
Provider - YGC	0.9
Provider - YMW	1.1
Womens	0.5
	12.5

TRANSFORMATION

Programme	Total Opportunity (£'m)	Cost Reduction (£'m)	Efficiency Gain (£'m)
CHC	1.0	1.0	0.0
Lymphoedema	1.0	0.5	0.5
Workforce	4.4	1.1	3.3
Theatres	3.1	0.2	3.0
Facilities Management	0.2	0.1	0.1
Medicines Management	3.7	3.7	0.0
Outpatients	5.4	0.3	5.1
AvLOS	7.9	0.4	7.5
Care Closer to Home	0.4	0.0	0.4
	27.1	7.2	19.9

5. Risks to the Financial plan

	2022/23
	£m
Impact of a COVID-19 wave on our core planning assumptions	23.99
New agreements on the licence for Microsoft products	1.88
Full year impact of new drugs approved by NICE in 2021/22	3.20
Further increase in Energy costs	23.30
Revised Risk	**52.37**

Mitigations include:

- Review levels of investment
- Identify potential non-recurrent savings
- Review recruitment assumptions with workforce
- Digital Health & Care Wales negotiations on Microsoft licence

Other non-quantified risks are:

Failure to deliver savings plans and manage cost pressures brought forward from 2020/21

Limited ability to deliver the clinical strategy and revised patient pathways within available resources;

Inability to effectively manage cost and volume growth, including any increase to the Welsh Risk Pool

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Appendix: Savings

Savings: Background and Purpose

The savings target for 2022/23 is £35m, which represents 3% of the Health Board's discretionary expenditure. The requirement is for these savings to be cash releasing and recurring and the same annual target will apply to 2023/24 and 2024/25.

It is recognised that significant transformational opportunities exist [1]. A Transformation and Improvement function was established, with WG funding to deliver large scale, sustainable improvement across a range of quality, patient and staff experience and financial outcomes.

The expectation has therefore been set that, in 2022/23, 50% of target savings will be delivered through transactional improvements and 50% through transformational change. It is further expected that by 2024/25, the Transformation will deliver c.80% of total financial savings

Financial Year	22/23 £m	23/24 £m	24/25 £m
Transactional Savings	18	12	6
Transformational Savings	17	23	29
Savings Target	35	35	35

The Health Board has sought to identify opportunities totalling £35m before the end of the current financial year.

(1) This view has been validated by reviews, which include the engagement completed by PWC in 2019 and by the results of benchmarking exercises conducted by BCU Finance. The results of the PWC review and a recent benchmarking exercise are summarised at Appendix 5 and 3 respectively

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Savings: High Level Approach

Whilst the transformation programme develops, a multi-disciplinary working group has conducted a review of transactional and potential large scale, transformational opportunities, via a desktop review and dialogue with programmes leads.

The improvement opportunities and associated estimated benefits cover the following areas:

1. Improvement initiatives proposed by the current divisions in response to the savings target. These are largely transactional

2. Transformational financial savings as identified through:

   i. An assessment of the initiatives included in the IMTP;

   ii. A BCU Finance review, which has identified a number of transformation opportunities and estimated potential financial gains;

   iii. A PWC review conducted in 2019, which identified a number of potential opportunities. Delivery was subsequently delayed by the onset of COVID-19. PWC have been re-engaged to review and refresh the recommendations and are working with the Finance Savings working group to co-develop an integrated view of savings opportunities and the potential benefits

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Savings: Summary of identified opportunities

Transaction - Cash Releasing Savings £12.5m

Currently, cash releasing savings identified by Divisions for 2022/23 total **£12.5m.** These are transactional in nature and have been identified as part of the annual financial planning process. The ability to deliver these savings is based on a number of assumptions, including provision of adequate and appropriately skilled resource.

Transformation - Cash Releasing Savings £7.2m

Identified as part of a financial desktop review, opportunities across Transformation Programmes suggest potential improvement gains of **£27.1m** (full year estimate)**,** of which the cash releasing element is estimated as **£7.2m.** The Transformation and Improvement (T&I) team have commenced discussions with a number of existing improvement groups and programme leads and initial responses were consistent: potential efficiency opportunities exist. However, all areas report that current assumptions are that productivity gains will be reinvested to deliver quality and service improvements and reducing the backlog. A further, important message was clear: all areas require project delivery resource to quantify the anticipated potential efficiency gain and progress potential opportunities across Transformation programmes.

Transformation - Efficiency Improvements £25.7m Full Year Effect (FYE)

Work conducted by PWC in 2019 identified a number of potential efficiency an cash releasing gains. PWC were engaged in March 2022 and asked to provide an update view on the viability of the original schemes initially identified, on the light of a COVID-19 recovery period. Eliminating schemes already included in the divisional submissions and the BCU Finance Review, a potential incremental productivity gain of **£5.8m** has been estimated**.** If these additional schemes were viable, again the working assumption is that this would also be reinvested in addressing the backlog; the estimated cash release was therefore reported by PWC as nil.

Cyfarfod a dyddiad: Meeting and date:	Extraordinary Health Board 30 March 2022
Cyhoeddus neu Breifat: Public or Private:	Public
Teitl yr Adroddiad Report Title:	**People Strategy and Plan – Stronger Together**
Cyfarwyddwr Cyfrifol: Responsible Director:	Sue Green, Executive Director Workforce & OD
Awdur yr Adroddiad Report Author:	Sue Green, Executive Director Workforce & OD
Craffu blaenorol: Prior Scrutiny:	Health Board - 10 March 2022 Executive Team 02.03.2022 Partnerships, People and Population Health Committee 14.10.21, 9.12.2021, 12.1.2022 and 10.2.2022 Board Workshop – 07.10.21
Atodiadau Appendices:	Appendix 1- People Strategy & Plan Appendix 2 - EQIA Appendix 3 - SEIA

Argymhelliad / Recommendation:
The Board is asked to: i.   **APPROVE** the People Strategy and Plan 2022 – 2025

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	Y

An Equality Impact Assessment has been undertaken and is attached at Appendix 2. In addition, A Socio Economic Impact Assessment has been undertaken and is attached at Appendix 3. These assessments are dynamic documents and as such has and will continue to be updated as we move through the delivery plan.

Sefyllfa / Situation:

This paper provides an overview of the development of the proposed People Strategy and Plan 2022-2025, informed by the discovery undertaken as part of Mewn Undod mae Nerth/Stronger Together

and with the purpose of enabling the delivery of the Health Board's Integrated Medium Term Plan (IMTP).

Cefndir / Background:

In 2019, the Health Board approved the organisation's first 3 year Workforce Strategy. The purpose set out within the strategy was:

"To enable the delivery of the long term strategy for the Health Board through aligning the workforce using the key ingredients of organisational health and performance"

The central tenet of the strategy recognised that a talented and aligned workforce is crucial in bringing our strategic priorities set out within Living Healthier Staying Well to life and ensuring we deliver on our objectives.

Whilst progress has been made against the deliverables within the strategy, it became clear as the organisation moved through 2019/20 and into 2020/21 that, real and sustainable progress would only be made, if the organisation committed to a strategic organisational reset. Building upon the learning from previous years and particularly through the Covid19 pandemic, working with our people to create the environment for improvement, transformation and ultimately delivering better services, experience and outcomes for our patients and the citizens of North Wales.

In addition, this reset, and the opportunity to co design and develop the next 3-year strategy, has the benefit of being informed by and aligned to 2 pivotal national documents published since the Workforce Strategy was approved in 2019."A Healthier Wales: our Plan for Health and Social Care" published late 2019 and 'A Healthier Wales: Our Workforce Strategy for Health and Social Care' – published late 2020, together with the outputs of the refresh of Living Healthier Staying Well and the emerging Clinical Service Strategy/Plan and Integrated Medium Term Plan (IMTP).

The premise for the Strategy is to ensure that where it makes sense for the people of North Wales, there will be absolute alignment with the national strategies/solutions and, where additional or different solutions would be more impactful for our communities in accordance with our purpose, these will be pursued.

Finally, during this period, the organisation has also developed its Maturity Matrices, aimed at focussing upon key areas of improvement (under the Targeted Intervention and Improvement Framework). The organisation recognises that the 4 domains within the Framework i.e. Strategy Planning; All Ages Mental Health; Leadership and Engagement will only be delivered in a sustainable way through our people being aligned to the purpose, priorities and plans of the organisation.

As a result, the Board has agreed that one of our 5 Planning Principles is to develop the organisation to become an Employer of Choice. This principle or ambition aligns to the ambition for healthcare across Wales in that we will have a motivated, engaged and valued, health care workforce, with the capacity, competence and confidence to meet the needs of the people of north Wales.

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

Asesiad / Assessment & Analysis

The central tenet of the current strategy versus the future strategy is not fundamentally changed. However, the foundations upon which the future strategy is built and importantly the methodology for its production is fundamentally different. This is a continuation of our strategic organisational development route map Mewn Undod mae Nerth/Stronger Together, in partnership with our people.

The strategy "the how" to "the what" of the Integrated Medium Term Plan (IMTP) and Clinical Services Plan, also responds to the mandate from discovery and the call to action to:
- Modify
- Simplify
- Unify

The aim of the People Strategy & Plan is to underpin and enable the values driven delivery of all of the ambitions described in our IMTP, supported by 4 fundamental principles as a thread running through all actions:

- Strategic Alignment of National programmes for Local Delivery
- Wellbeing
- Welsh Language
- Inclusion

With Delivery through the following Programmes of work:

Design to Delivery – 5 programmes of work

Our Way of Working
What we value and how we should treat each other – including how colleagues are listened to and supported.

Strategic Deployment
The need for us all to understand how we are doing in our role and how the things we do connects to the Health Board's purpose and goals. Learning from the decisions we take.

How we organise ourselves: (Operating model)
Make it easier to get things done, improve how we organise and run the organisation

The Best of our Abilities
Make it easier to get the skills and capacity we need from both within and from outside to support your work.

How we Improve & Transform
Collaboration and working together more effectively to address our most challenging issues and take advantage of improvement opportunities

The work to bring this together is directed and overseen by the newly formed Executive Delivery Group – People & Culture. This group, whilst chaired by the Executive Director of Workforce & Organisational Development, with the Executive Director of Primary Care & Community Services (Executive lead for transformation) as Vice Chair involves both clinical and non-clinical leaders from across the organisation.

The detailed delivery plans, including investment required to support this as well as expected outcomes and benefits realisation will also be overseen by the Executive Delivery Group with assurance reporting through the Partnerships, People & Population Health Committee. The areas for investment are included in the Schedule of Investment Priorities in the IMTP and are aligned with the sustainability-funding plan previously considered by the Board.

The People Strategy is attached at Appendix 1, together with the associated Equality Impact Assessment.

The People (workforce) Plan has been developed to support the delivery of the IMTP, with detailed plans, target outcomes for 2022-23, and outline plans for 2023/24 and 2024 /25 contained within the Minimum Data Set required by the IMTP.

The People (Workforce) Plan will be updated to ensure clear and consistent alignment and integration between the "what" (plan and outcomes), the "how" (people resources) and the "how much" (finance required).

The People Plan includes:

a) Bridging the Gap – reducing vacancy rates to deliver the core;
b) Resourcing delivery of the priorities in the Plan
c) Growing our Own – current and new trajectories through education and vocational commissioning

The People Strategy will be adapted into an easy read, people focussed summary document and will be available bilingually.

Dadansoddiad Risk / Risk Analysis

The Strategy and Plan has been developed informed by the key strategic risks set out within the Health Boards current Board Assurance Framework and Corporate Risk Register.

The programme structure in place to manage delivery against the Plan includes robust risk assessment aligned to the Risk Management Strategy.

Asesiad Effaith / Impact Assessment

The Strategy and associated plans have all been informed by and assessed against both the equality impact and socio economic impact to identify ways in which the organisation can better promote equality and address and/or ameliorate inequality.
The Strategy aligns with our Strategic Equality Plan.

Strategaeth a Chynllun Pobl

Mewn Undod mae Nerth

People Strategy & Plan

Stronger Together

Introduction

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

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

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

• Supporting individuals in north Wales with Covid-19 and/or symptoms of Covid-19.

• The impact upon those without Covid-19 who have experienced delays in treatment because of the need to deal with the Pandemic.

• The impact upon our staff, who have delivered a magnificent response over 2 years of continual Pandemic conditions.

• It has limited our ability to deliver some of our previously stated development priorities, through the need to reprioritise.

• It has reminded us all, if a reminder was necessary, that we will need to respond differently to the challenges of delivering healthcare in a sustainable way going forward.

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

The Integrated Medium Term Plan (IMTP), and associated appendices, of which this People Strategy & Plan is one, lays out how we will do this by prioritising key areas of development that we will deliver with the resources available to us. The detail surrounding the actions we will undertake in the coming year with the IMTP also sets out, in indicative form, how we will build upon our actions in 2022/23 during 2023/24 and into 2024/25.

The majority of our focus for 2022/23 is upon
- returning to full core business, including addressing the pandemic-related backlog of work, and
- consolidating developmental work that has already been begun but not yet finished, including work to deliver against the WG Targeted Intervention framework

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

Plan on a Page – our 5 Planning Principles
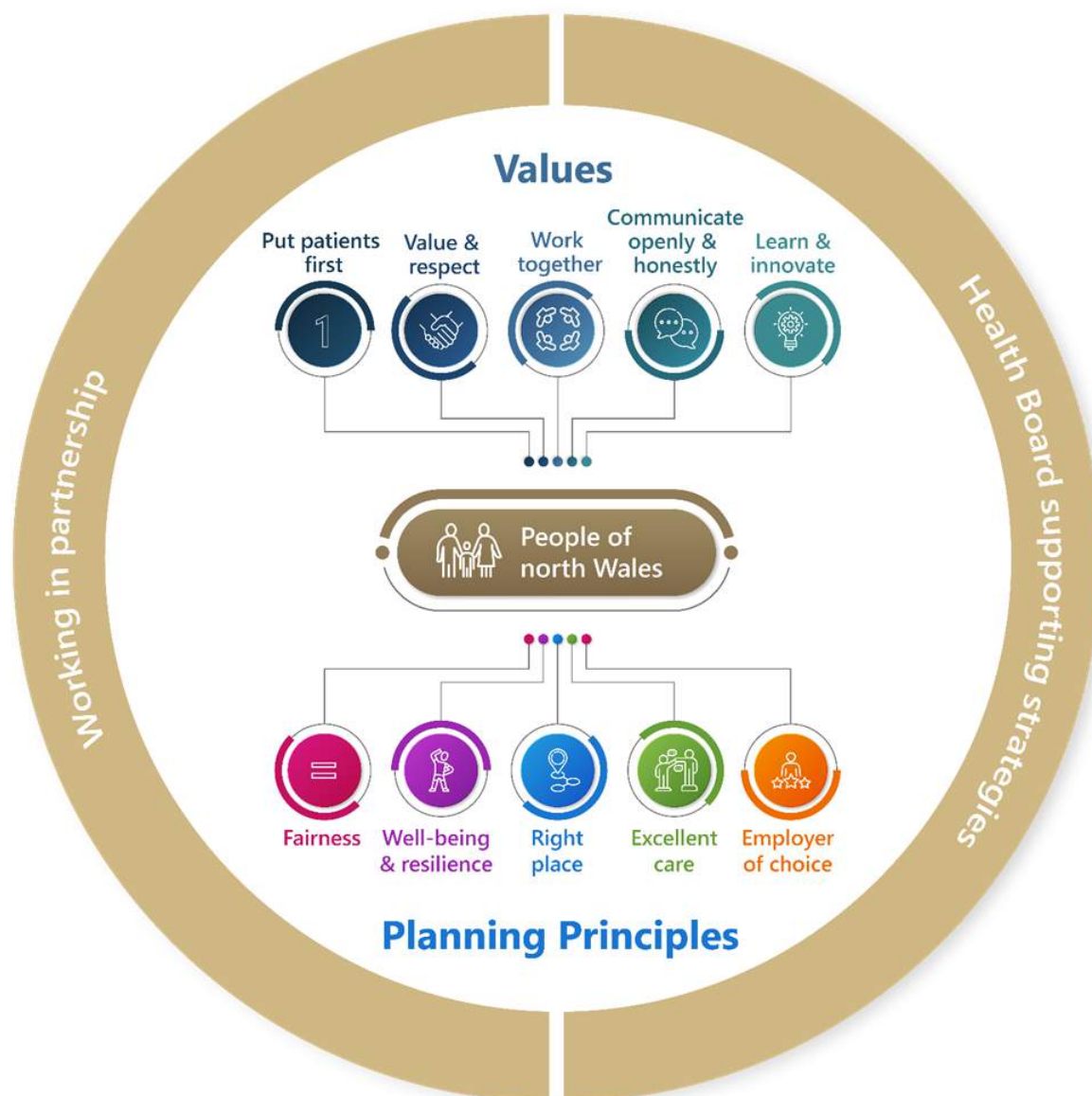
Values

Put patients first
Value & respect
Work together
Communicate openly & honestly
Learn & innovate

People of north Wales

Planning Principles

Fairness
Well-being & resilience
Right place
Excellent care
Employer of choice

Working in partnership

Health Board supporting strategies

Fairness — we will reduce avoidable and unfair differences in health

Well-being & resilience — we will maximise prevention, self-care, well-being, and strong community networks

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

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

Employer of choice — we will work, and organise, improve and transform ourselves, to support our teams to flourish

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University Health Board

Section 1: Our People Ambition

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

- Our people will have the right values, behaviours, knowledge, skills and confidence to deliver evidence based care, and support peoples wellbeing as close to their home as possible;

- We will have sufficient numbers of the right people to be able to deliver proactive and responsive health care that meets the needs of the people of north Wales;

- Our people will reflect the diversity, welsh language and cultural & community identity of the population we serve;

- Our people will feel and be valued.

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

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

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

What Success will look like?

- A compassionate culture, role modelled by excellent leaders and managers.

- Better and quicker recruitment and retention of staff through attractive and flexible working arrangements and career opportunities

- Flexible education opportunities and career development

- Very high levels of staff engagement, motivation, wellbeing and satisfaction

- Intelligence led workforce planning enabling us to change our workforce to meet our population need

- Increased levels of Welsh language skills in health and care workforce

What will be different?

- Our workforce feels valued, is treated fairly and their wellbeing is supported

- Recruitment challenges are known earlier and targeted effectively

- Common competences are identified and underpin new and different ways of working

- Widespread digital capability underpins care delivery

- Workforce language, culture and diversity reflects our population

- Widespread values based and inclusive recruitment used more consistently ensures we have the right people

- Learning is delivered through flexible and accessible routes

- Application of Improvement skills is a natural way of working

Our People Strategy & Plan

This is our opportunity to create a learning culture, to work together with our people and partners to address a number of long-standing challenges, prepare our organisation for the future, and to embrace and create opportunities for us to succeed.

Many of our future workforce are here today in various forms, and retaining, nurturing and developing them is as important as recruitment of more and new.

The actions under the five programmes of work set out within the strategy will work together to improve retention of our current workforce, as well as attracting new people into the workforce.

This cannot and will not be "more of the same"; we need to continue to transform traditional roles and ways of working to support new models of care through our local and the national transformation programmes.

A detailed annual delivery plan with objectives for delivery that are specific, measurable, attainable, and relevant and time based will support delivery of the programmes of improvement, ensuring clarity of accountability and responsibility through the organisation. This will be aligned with the Operational Governance and Assurance Framework for the organisation.

The Strategy will be refreshed on an Annual basis aligned with the refresh of the Integrated Medium Term Plan. This refresh will ensure:

- The programmes are work are delivering what is required and there is **evidence** of **tangible outcome improvement**
- Any critical **developments** (risks and opportunities) at **national and/or local level** are considered and addressed for the year ahead
- **Feedback** (both internal and external) through the year is **triangulated** to ensure the priorities within the programmes of work and plan are **relevant**
- The **workforce plan** is effectively aligned to the delivery of the priorities and is **affordable and achievable**

Strategic Alignment of National programmes for local delivery

Under our Clinical Services Plan – the local delivery of the Strategic Programme for Primary Care and Accelerated cluster development is aligned to the principles within the National Clinical Framework.

Bringing together the principles of the national **Strategic Workforce Planning Frameworks for Primary Care, Community Service and Mental Health** together for delivery at local level enabled by integrated and multi professional workforce planning and commissioning.

Future workforce skills

We will require an agile, flexible, multidisciplinary workforce for an increasingly digital workplace, able to develop the skills needed to adopt and exploit new technology.

We will need greater capacity and capability in digital and social media skills and cyber security. As data analysis becomes automated, we need to be better at framing the right questions and interpreting the information through a health and social care lens.

Role boundaries are changing and skill sets will alter e.g. roles in near patient testing in the community will be more about quality assurance and oversight of delivery than lab based skills. We must make better use of our medical and non-medical consultants enabling them to focus on their expertise. Multi-disciplinary teams and greater use of advanced practice will create opportunities for progression across all career pathways.

Our roles in advocacy, leadership and partnership working require direct contact and building personal relationships with stakeholders. There will be an increased need for 'human' skills such as influencing, relationship building, emotional intelligence and the ability to engage communities.

There is also a requirement for subject specialists with high-level Welsh language skills in frontline roles. As the demand for services increase, we will require a greater capability and capacity to deliver services through the medium of Welsh.

Managers and leaders will be key to creating the culture and empowering a diverse workforce. Our leaders will be working across a range of current 'traditional boundaries' in public sector organisation and we need to be growing these leaders now through opportunities for placements and secondments.

With regard to technical skills, we will have the right balance of people with breadth of expertise and those with more depth or specialist skills. A range of skillsets will enable flexibility in the workforce but there will always be a need for access to specialist expertise, particularly to deal with emergencies.

Education and Learning

Building on the fantastic work of the Primary Care Academy and further developing our ambition to educate and train the very best professional and practitioners through the establishment of BCU Education & Learning Academy. Using this infrastructure to provide the foundations for enhanced and innovative experiential learning and placement programmes in order to optimise the benefits of the Inter professional Medical & Health Sciences School and wider strategic education partnerships. Bringing together the programmes already in place to increase and widen access across the communities of north Wales to education, learning and employment working in partnership with education providers and Health Improvement Wales.

✦ Fundamental Principles

This People Strategy & Plan is built upon the foundations of fairness and equity and as such, we expect to see the fundamental principles of wellbeing, welsh language and inclusion through all of our implementation plans.

Wellbeing - There is a significant body of evidence linking wellbeing, capability and engagement of a health care workforce to improved outcomes for the people we serve. We will ensure our people are treated fairly and recognised for the contribution they make.

Welsh Language - Evidence of better clinical outcomes for people accessing care and support as well as employment highlights the vital importance we must place on delivery of health care in the first language of our country.

Supporting our people to enable the delivery of bilingual health care wherever possible is a fundamental principle as well as a statutory responsibility, which must underpin every area of this strategy.

Inclusion - Creating and nurturing a culture of true inclusion, fairness and equity across our organisation is at the heart of this strategy and reflective of the aims within our Strategic Equality Plans. This will be a theme running through the five work programmes under this strategy, with strong focus on values based, compassionate and inclusive leadership.

Section 2: Context & Case for Change

✧ National Programmes for Local Delivery

In October 2020, **A Healthier Wales: Our Workforce Strategy for Health & Social Care** set out a compelling case for change in emphasising that the current pattern of health and social care was not fit for the future. The Kings Fund identified key areas affecting future service delivery, highlighting the impact of growing and changing need, more working age people living with complex conditions, increasing public expectations, advances in digital and medical technologies including genomics, and the challenges of securing our future workforce.

The Strategy also recognises the potential and desire in Wales to improve health and wellbeing through a high quality health and social care system. Key to the **Parliamentary Review** and **A Healthier Wales** was the **Quadruple Aim** that set out four interdependent goals:

• Improve population health and wellbeing through a focus on prevention

• Improve the experience and quality of care for individuals and families

• Enrich the **wellbeing, capability and engagement of the health and social care workforce**

• Increase the value achieved from funding of health and care through improvement, innovation, use of best practice, and eliminating waste.

A clear focus on **improving the wellbeing, inclusion, capability and engagement of the health and social care workforce** is at the forefront of national strategy and our **People Strategy & Plan**.

Evidence has shown that better staff experience contributes to a culture of compassionate care, and results in better care for the people we serve. This Strategy will therefore provide an important foundation for improvements in quality and safety and delivery against both the **National Clinical Framework** and **Quality and Safety Framework: Learning and Improving**.

A Healthier Wales clearly maps out the journey for the next 10 years in terms of system transformation to meet the growing demand and to meet the needs of the people of Wales.

It describes the ambition to bring health and social care services together, to deliver a seamlessly co-ordinated approach from different providers.

It reinforces the need to strengthen and expand services in primary and community settings, and commits to the development of a **National Clinical Plan**.

It is clear that A Healthier Wales: Our Workforce Strategy for Health and Social Care and social care services will be changing dramatically over the next 10 years and consequently our People Strategy and Plan needs to be flexible and agile so that we can respond.

We need to transform the way we attract, train, continually develop and support our workforce through a culture of compassionate and inclusive leadership with a focus on wellbeing at the core.

This means we need to better understand the shape and supply of our workforce, including the ability to deliver bilingual healthcare where possible. We will need to transform the way we work by:

- expanding existing roles,
- developing new roles,
- building skills and capability in areas we have not done so previously, and
- embracing new technology in delivering our services.

Differences in terms and conditions, particularly in the lower paid areas are a significant issue, not just between health and social care, but also between professional groups in healthcare. We know we have identified significant deficits in key areas and the need for new workforce models, more training and digital solutions to improve the way we work.

We know from our IMTP that a key priority for us is to ensure that our planning for future services starts with Local Needs Analysis (LNA).

Using these LNAs to identify priority areas for improvement as well as our strengths upon which to build further, requiring us to reallocate resources to support transformation.

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

Our People Strategy & Plan, informed and supported by the **Strategic Programme for Primary Care**, an All Wales Health Board led programme that works in collaboration with Welsh Government and responds to A Healthier Wales.

The Programme aims to bring together and develop all previous primary care strategies and reviews at an accelerated pace and scale, whilst addressing emerging priorities highlighted within A Healthier Wales.

To achieve success, the Programme looks to all health, social and wellbeing providers, Health Boards and other stakeholders to work collaboratively in sharing local initiatives, products and solutions that could add value to the delivery of primary care services on a 'once for Wales basis'.

The Workforce & OD Stream of this Programme sets out to address four key overarching themes within workforce and organisational development:

- Workforce
- Resources
- Efficiency; and Leadership

Activities to support these themes include:

- Workforce data and planning
- Addressing issues around employment and retention
- Role development (where identified) as required to support multi-disciplinary teams
- Education that increases exposure to primary care
- Fit-for-purpose training
- Means of sharing best practice that is evidenced based

Finally, in line with our commitment to secure sustainable improvement in provision of all mental health and learning disability services, this Strategy is aligned to the work underway at national level to develop a workforce plan for all the mental health provision across health and social care. The **Mental Health Workforce Plan for Health and Social Care** is in consultation stage until end of March 2022.

It will be a vehicle for driving radical change and comprehensive improvements in how we develop, value and support our specialist mental health workforce, in recognition of the critical role they play in supporting people with a range of mental health needs in a variety of settings. It also recognises that mental health, wellbeing is everyone's business, and so this plan is an opportunity to develop the skills and knowledge of our generalist health and social care workforce to better equip them to deal holistically with the mental health needs of the people needing their care.

The demands for mental health services will only increase as the pandemic continues to unfold and as such the scope of this work is wide ranging, encompassing multiple

professions, services and settings, and underpinned with a person and family centred approach.

⬥ Our Current Workforce and Work Underway

Our key characteristics:

Our health and social care workforce makes up the largest Health Board in Wales, and one of the largest employers in North Wales. With over 19,000 people, and over 167 locations, the majority of whom are female, are employed in more than 350 different types of roles across health and social care, and together with volunteers and carers, our workforce hugely impacts on the social, cultural and economic prosperity of Wales.
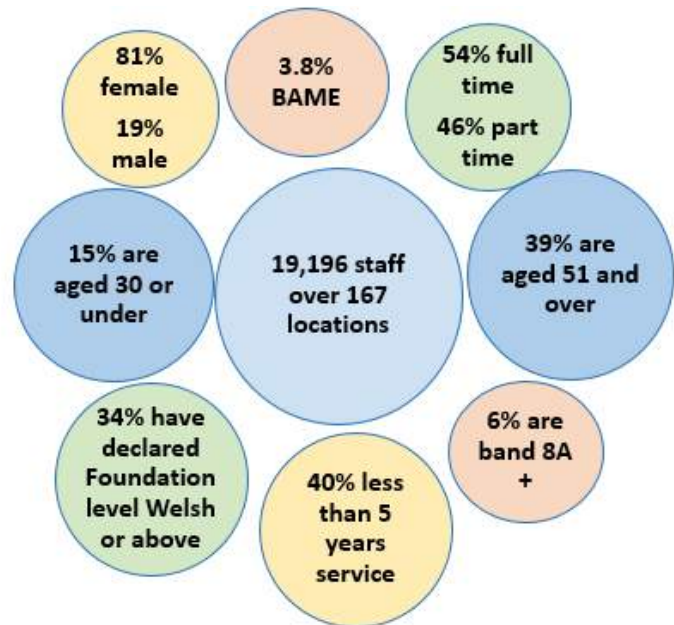
Approximately 46% of our people work part time, and of these 91% are female. Information on the wider prevalence of flexible working patterns will require a step change following our experience during the pandemic and building on the development of an agile working organisation is a key priority.

Greater transparency would help create a culture and mind-set where this the norm, is encouraged and not resisted. We also need to better understand how people want to work and manage their responsibilities and lifestyle.

Our ambition is to being an inclusive and fair employer of choice. Our diversity networks **(BCUnity staff network, RespectAbility Network and Celtic Pride)** continue to grow and are playing an active and important role in shaping our thinking and we have seen positive improvements in how some groups feel able to speak up. In March 2022, we launch our new **Gender Equality network**.

Our newly established **Race Equality Action Group (REAG**), although paused in November 2021 will commence again in February 2022. The pending publication of the Welsh Government Race Equality Action plan will support the development of our internal REAG action plan.

Gender equality is important and we are working to address the gender pay gap which is currently **33%** despite the fact **81%** of the workforce is female.

We have set ourselves the challenge to half pay gaps for gender, ethnicity and disability within four years as part of our **Strategic Equality Plan.** Actions include ensuring all adverts have

inclusive language, welcoming applications from part time workers and job shares, and enabling increased flexible working patterns from different locations.

We also have a way to go in terms of our ability to actively offer and provide comprehensive bilingual services. Currently **34%** of our workforce is able to speak Welsh at Foundation level or above, however many are not in front line roles. We will prioritise identification of skills gaps, recruitment and learning of Welsh to ensure that we have sufficient Welsh speakers in frontline roles.

We have an aging workforce. **39%** of staff are aged 50+ and this is likely to increase as people expect to work longer. **5%** of the workforce is under 25 years of age, and **15%** is 30 years of age or younger.

Our over 50s are forecast to be to be the fastest growing group within the workforce. Flexible employment processes and ways of working that support their needs are important to them.

Those who have been in the same job for a long time would like opportunities to do something different, be this short-term involvement in projects or secondments or support for a permanent move or portfolio career. This can be a particular issue for those in senior roles who may feel 'stuck' in the current structure. Creating a more fluid approach to jobs and work across our generational workforce span is important to us.

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

Over the course of the last 3 years, our workforce has increased both in budgeted establishment (+6%) and in actual Full Time Equivalent (FTE) in post (+7.6%). This is in the main due to the number of new service and workforce improvements undertaken through 2021/2022.

Across the year, we have seen an increase in new service provision across Test, Trace & Protect (TTP) and the Covid 19 Vaccination programme, whilst seeing new service investment across areas such as Emergency Medicine and Stroke.

Recruitment activity has significantly increased across the year as a result with number of FTE adverts placed in January '21 being 460 compared to 846 in January 22.

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

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

Registered Nursing & Midwifery has increased by 4% in budgeted establishment and 6.5% Actual FTE in post. When set together with Health Care Support Worker increases of 10% budgeted establishment and 11% actual FTE in post this provides a positive picture, albeit one that recognises there remains a significant gap of just under 600 FTE registered nurses and that retention remains a real challenge.

Through the Nursing & Midwifery Recruitment & Retention group, there is a range of work streams to improve retention of nurses. In particular, there are three career pathways under review and being enhanced to make a Nursing career in BCUHB more visible to our staff. The first scheme - Matron Development program, initiated earlier in 2021 received positive feedback. The next two schemes to be taken forward are the Ward Manager development program and Head of Nursing development programme.

There has been work undertaken to improve the exit questionnaire uptake to provide a better understanding why people leave BCUHB. From the 1 February 2022 all agenda for change staff terminations will be completed via the ESR Self Service system, this process automatically triggers the Exit Questionnaire process. Using the process within ESR will allow us to monitor and review the leaver process more efficiently.

This methodology has been used to develop a medical pipeline, enabling the development of a proactive system for forward planning on medical recruitment, particularly at Consultant Level and as it progresses, plans are to roll this out across medical grades and specialities.

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

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Budgeted FTE: 31/01/2020 ≈ 591, 31/01/2021 ≈ 609, 31/01/2022 ≈ 632
Actual FTE: 31/01/2020 ≈ 537, 31/01/2021 ≈ 553, 31/01/2022 ≈ 560

We have adopted new streams into our pipeline for medical staff and have been working to bring Junior Doctors who qualified abroad, but are English residents into the Health Board at a rate of 10-20 a year. We have recruited four as of January 2022.

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

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

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

There has been a specific focus recently on the Primary Care workforce, with the development of detailed current staffing positions and plans to attract staffing and to build sustainability across the workforce in this area.

As of September 2021, there were over 95 GP practices across north Wales with 11 of those being directly managed by the Health Board through its managed practice model (where the

Health Board directly employs staff). The Health Board has achieved some level of success over the past 12 months in terms of recruitment across Primary Care.

From January 2021 to September 2021, 390 staff joined the Health Board against 270 who left. This is a net gain of 120. Across GPs specifically we saw a net increase of 73 but this was mainly across the more junior grades whilst across salaried and partner GPs we saw a net loss of 6. This is a specific area of focus and we are working closely with the Primary care teams to build a sustainable GP workforce across north Wales going forward.

Clinical Workforce Service Review programme -

As part of the evolving Workforce Planning approach the Health Board has commissioned a series of clinically led workforce reviews to look at what the workforce is now and what it needs to be in the future. These reviews provide a systematic way of evaluating current practice, to identify best practice, review compliance with existing policy, making quality improvements required. This in turn will improve outcomes for patients and ensure we measure the impact of the changes made. An example of this approach across Emergency Medicine and Stroke, allows the Health Board to understand the current state of practice and what needs to be actioned to deliver 21st Century care. Thus informing our workforce planning, commissioning and recruitment, both now and going forward, with direct links to initiatives such as the north Wales Medical School and the integrated Health & Social Care Workforce Strategy development.

This has involved looking at current patient activity levels, current and future clinical pathway options, and current and new workforce delivery models and working with the clinical service teams producing a multi-year plan to support the service now and sustain it going forward. This has been quite complex across the Health Board given the multi-faceted nature of the geography and the differing needs of the patient cohorts across north Wales.

Reviews are currently taking place in Colorectal, Emergency Medicine & SDEC, Women's Services, Mental Health, General Surgery, Pharmacy and Stroke Services. There are plans to extend further with Anaesthetics and Critical Care in 22/23. Many of these schemes are longer-term developments and it is expected that for the majority of the services outside of Emergency Medicine and Stroke recruitment activity would only commence in year 2 of the plan.

Workforce Planning & Commissioning -

We are taking major steps forward to utilise the data available to the Health Board to inform planning now and in the future.
The development and roll out of the Recruitment Pipeline dashboard, which is just one example, has allowed both workforce and operational teams to see at a glance a snapshot of recruitment activity across the Health Board. This includes having the ability with Power BI technology to drill into this data to look at a specific area/ward within the Health Board to understand the current position and predict the necessary recruitment activity required to close any gaps. This triangulated with over-arching trend data in age profiles, turnover rates etc. and known service pressures allows workforce information to be utilised in the short to medium term planning cycle which has previously has not been accessible.

To support the development of and prioritisation within the IMTP for 2022-2025 we have aligned the educational commissioning process in order to be able to triangulate the three elements of the workforce-planning triangle. This has allowed us to start to develop our plans to not only support in year 1 but also be able to identify any potential gaps across years 2 and 3 and also plan for year 4 and beyond. Below is the current position of the graduates across a 6-year profile.

Workforce Areas	Headcount of New Graduates & Year of output						
	2022	2023	2024	2025	2026	2027	Total
Allied Health Professionals	132	119	133	108	144	6	642
Healthcare Science	15	16	27	22	25	2	107
Nursing and Midwifery	757	768	773	838	686	81	3903
Other Professions	12	12	12	12	0	0	48
Pharmacy	37	34	15	23	4	0	113
Total	953	949	960	1003	859	89	4813

Occupational Health and Safety - Good Occupational Health, Safety (OHS) is good for all. A workplace that promotes staff wellbeing and the development of a strong safety culture is vital in achieving our vision of providing the best care we can for the people of North Wales.

Over the next three years, we plan to reduce avoidable harm to our staff and patients. We will do this by providing a safe and healthy environment free from violence and secure for all our staff and patients. We will as a minimum comply with relevant Health and Safety legislation and go beyond this were practicable to help our people achieve a healthy work life balance and improve their wellbeing through work.

Our safety objectives support the building of a positive safety culture through effective leadership behaviour. We want all of our people to feel supported empowered, resilient and safe. **The OHS and Security Improvement Plan** aligns to this strategy to enable the organisation to continue to develop and build on its people who are the organisations greatest asset.

Staff Wellbeing Support Service (SWSS) - It is acknowledged that the COVID-19 pandemic has had an impact on the emotional and psychological health and wellbeing of health care staff, over and above the day-to-day pressures of working in healthcare. This includes the potential for a post-pandemic increase in feelings of stress, anxiety and burnout amongst staff as they reflect on their experiences of working through a pandemic whilst also working to 'catch up' with backlogs of work generated during the pandemic, including those in planned care and cancer.

We know that supporting staff to stay emotionally and psychologically well in work is essential to creating the right conditions for staff to flourish and enable them to deliver high quality

care. We also know that the provision of emotional and psychological support for staff is central to creating a compassionate and psychologically safe organisational culture and crucially supports the recruitment and retention of staff as the Health Board continues with its ambition of becoming an employer of choice.

During 2021/22, we built upon and enhanced the emotional and psychological support available to our staff, bringing services together into a cohesive and integrated staff wellbeing support service model (SWSS). This included appointing a new Strategic Lead for Staff Wellbeing to oversee the development and delivery of the SWSS.

Our wellbeing service is founded on a 'pyramid' model of support that encompasses five interconnected levels of support for staff's emotional health and psychological wellbeing providing a range of support to meet the differing needs of staff. SWSS provides support to all staff, (including locums), volunteers, students and trainees on placement.
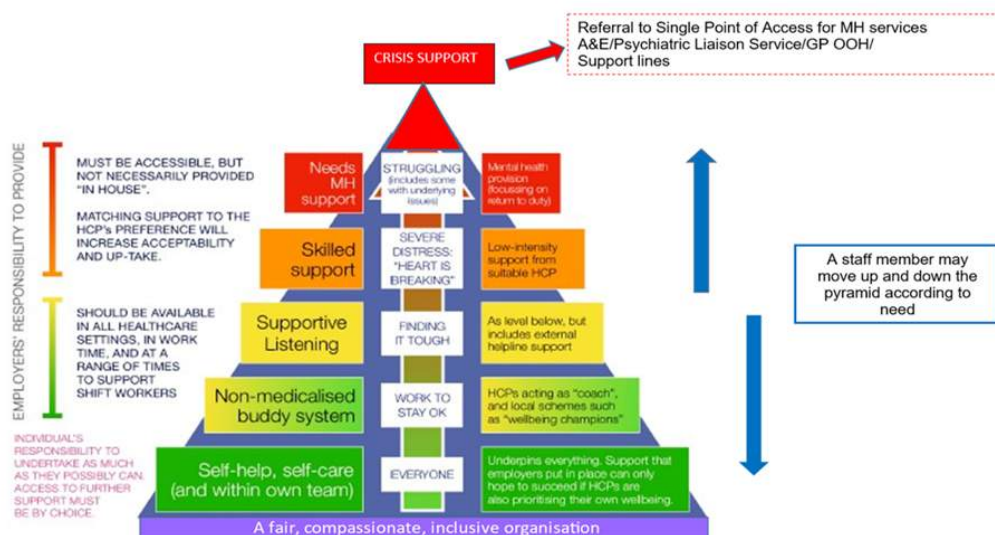
Our wellbeing service provides staff with access to five levels of care:

- **Levels 1 and 2** support staff to self-care and to 'stay okay' and psychologically well at work with the support of wellbeing champions, coaches from the BCU Internal coaching network, emotional resilience training, and wellbeing workshops provided through our Occupational Health and Wellbeing service.
- **Level 3** support provides counselling support for when staff are starting to 'find things tough' through our Occupational Health and Wellbeing service and though RCS, an external not for profit organisation with whom the Health Board has a contract to provide support for staff who prefer to access support in this way.
- **Level 4** is more bespoke support provided by a Clinical Psychologist (through our internal SWSS staffing with some provision also available from our external provider)

for staff experiencing distress and who may have a degree of complexity that may not be appropriately seen by practitioners in Level 3.

- **Level 5** support is provided for staff who may be experiencing an acute crisis or are at risk of self-harm with the support of staff within our Mental Health and Learning Disabilities Division.

Importantly, our SWSS is underpinned by a 'no wrong door' policy with services working together to ensure staff are supported to access the level of support they need from the first point of contact without the member of staff needing to contact more than one service. Pathways into and between services within SWSS have been developed to ensure the delivery of a co-ordinated and cohesive service which is easier for our staff to access and navigate.

To develop our SWSS, we have recruited additional posts to better support and expand our network of Wellbeing Champions and to provide additional counselling and Clinical Psychology capacity. We have also secured supervision for internal coaches and undertaken pilots of other supporting initiatives including Wellbeing Blitz and Taking Care Giving Care, as well as continuing to provide emotional resilience training. We will soon be introducing our first phase of Schwartz rounds.

The evaluation of our SWSS is on going, which includes seeking anonymised feedback from staff who access support, including asking staff about additional ways, we can continue to develop our wellbeing service further.

We know that our staff with protected characteristics – including those who are from ethnic minority, black or asian background, staff with a disability or at socio-economic disadvantage – can face additional challenges in remaining emotionally healthy and psychologically well in work and may find it more difficult to ask for support when they need it.

We will continue to work with our staff networks to promote the availability of our SWSS and to identify ways we can make SWSS more accessible and tailored to their needs.

A further area of focus for development of our SWSS is to provide support for teams/groups of staff and their line managers whilst continuing to provide support for individual staff.

Our aim will be to replicate the five tier integrated 'pyramid' model of support (as above) to provide support to teams and line managers:

- for their emotional self-care and to remain psychologically well (Levels 1 and 2),
- early intervention support for when teams and line managers may be starting to find things tough emotionally (Level 3)
- as well as providing more intense support for teams and line managers who are experiencing difficulties (Levels 4 and 5).

Section 3: Our Priorities for Delivery 2022 – 2025

Considering our future work and the people requirements to deliver our strategic priorities, it is clear that to deliver this we need to:

Focus on our culture & employee experience striving to create an inclusive, healthy & empowering environment that actively recognises what matters most to our diverse and multi-generational workforce and reflects the communities we serve.

Understand and plan for the numbers and types of skills that we will require, developing clear build, buy, borrow and bot (automation approaches), alongside a more sustainable way of funding multi-year investments.

Embed succession planning & talent management to identify & grow internal talent for critical roles.

Develop innovative ways to attract and develop our talented people, addressing scarce skills & critical roles. Include a greater focus upon widening access to new and different labour markets, re-profiling roles & re-skilling people and contributing to a competitive & successful economy.

Organise ourselves to maximise agility & personal contribution by reducing silos & increasing collaboration across boundaries, recognising this requires better people data, processes & a shift in mind-set within the organisation and in partnership with our Trade Union colleagues & our staff.

Recognise the key enablers to our people strategy, optimising the use of data, technology & relationships. Support staff to exploit these opportunities, including building access to the skills and expertise we may not have, through an external commissioning approach.

Clarify educational requirements & their equivalence as well as agreeing the balance of breadth or generalist skills versus depth or specialism needed.

Influence the design, commissioning and sustainability of relevant education provision &embrace new & immersive ways of delivering education, training and development.

Shape work to fit the lives of our people through greater use of flexible working in its widest sense, & rethinking how we manage careers to respond to the changing needs and expectations of the next & future generations of staff.

Continue to invest in our managers and leaders who are critical to creating the climate in which their teams & colleagues can thrive.

Building greater understanding & alignment of our workforce planning processes & ensuring that all of our attraction, recruitment & appointment processes are value based & value adding, efficient, safe, & effective. Making it easier for people to do the right thing for their services

Align our People Services to the Operating model providing excellent customer focussed & outcome based services that are easy to access, consistent & reliable, forward thinking & innovative.

⬧ Discovery to Design to Delivery – 5 Programmes of Work

In 2021/2022 the Health Board embarked on an ambitious three year people and organisational development journey (Mewn undod mae Nerth/Stronger Together). This was and is aimed at enabling the organisation to move forward and deliver its Long term Strategy – Living Healthier Staying Well and IMTP (the What) through delivery of its People Strategy and Plan – Stronger Together (the How).

This Route Map recognises that at the heart of the transformation will be our staff, partners and patients in short, 'Our People'.
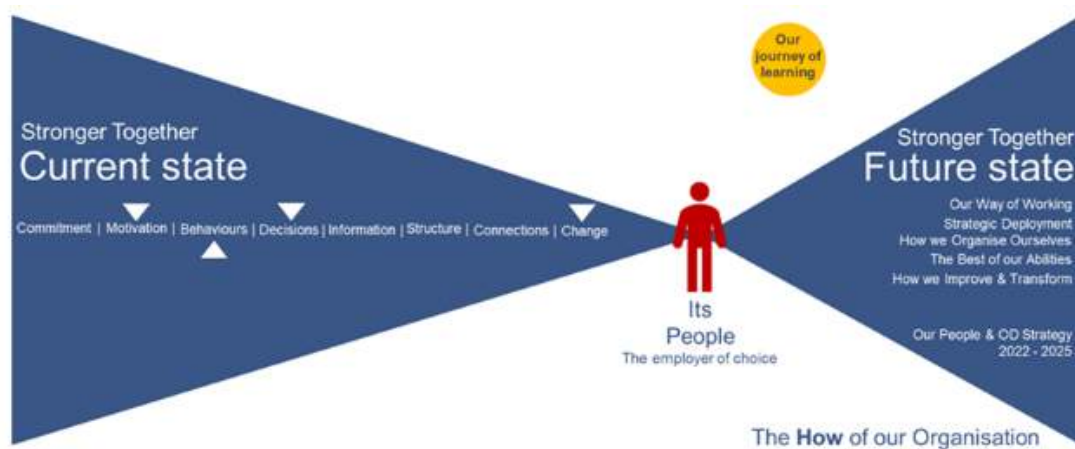
Our methodology - Having received feedback from 2,000 staff as well as triangulating with internal and external reviews to inform our learning we have a mandate for change.
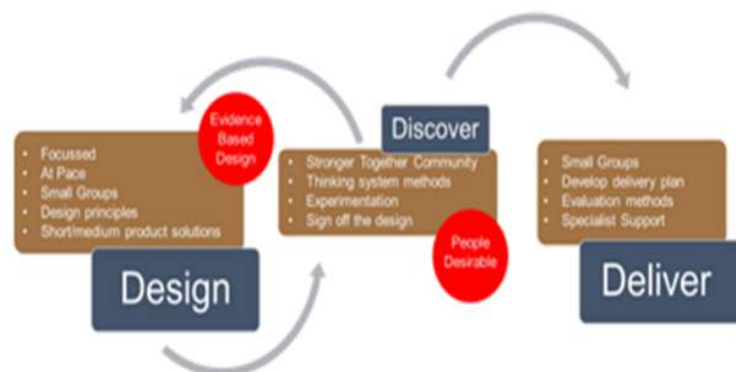
The overwhelming response supported the shared commitment to grasp the opportunity to:

Purpose & Goals
Reset & connect

Behaviours
Develop our shared standards

Engagement & Communication
Learn from Discovery

Role & Responsibility
Establish clarity

Multi Divisional Team working
Create conditions to encourage & enable

Decision making
Establish clear framework to empower

Leadership Development
Develop framework & increase opportunity

Structure
Aligned to our purpose

Change
Develop skills and capacity

Personal Contribution
Clear & recognised

Using the key determinants for organisational health and success, we have and are committed to the principles of co design against a framework for improvement.

This framework has been aligned to five programmes of work

Our Way of Working
What we value and how we should treat each other – including how colleagues are listened to and supported

Strategic Deployment
The need for us all to understand how we are doing in our role and how the things we do connects to the Health Board's purpose and goals. Learning from the decisions, we take

How we organise ourselves (Operating model)
Make it easier to get things done, improve how we organise and run the organisation.

The Best of our Abilities
Make it easier to get the skills and capacity we need from both within and from outside to support your work.

How we Improve & Transform
Collaboration and working together more effectively to address our most challenging issues and take advantage of improvement opportunities.

Our Way of Working

What we value and how we should treat each other – including how colleagues are listened to and supported

To deliver this, we will:

Values & Behaviours – Develop a behavioural compact for all professional groups. The behavioural compact will be embedded in every aspect of the employee journey from on-boarding, active employment and exit. Individuals and teams will be able to demonstrate how their behaviours are having a positive impact on individual and team performance in the provision of patient care.

Individuals will be able to describe being engaged in the organisation's health and performance. Customer focussed – ensuring patients, partners, contractors, and colleagues always receive the best service and are treated with respect and inclusivity.

Learning Culture – Building on the progress made with the introduction of Speak out Safely and learning from the feedback from discovery we will co design our "learning from" processes as part of the development of our transformation and improvement system.

Staff Support & Wellbeing - Building on the learning from our interim Staff Support and Wellbeing Services we will establish this comprehensive service focussed upon supporting staff when they most need it, developing strategies for self-management and prevention and supporting leaders and managers to identify and address early warning signs as well as creating the environment for colleagues to thrive.

Engagement & Communication - Building on the existing structures and incorporating new mechanisms to support individuals through their employee journey, strengthen existing and developing new two-way communication networks (Including leadership visibility) and linkage mechanisms, which break through internal boundaries to enable active engagement. Staff will be involved in service improvement through continuous improvement methods and connectivity to the innovation mechanisms, clinical & corporate networks, and the organisation's transformation & improvement function.

Strategic Deployment

The need for us all to understand how we are doing in our role and how the things we do connects to the Health Board's purpose and goals. Learning from our decisions

To deliver this, we will:

Goals – develop and deploy a clear set of organisational priorities and goals with outcome & process metrics aligned to the purpose based on the refreshed Strategy-Living Healthier, Staying Well & Clinical Services Plan.
Individual and team-based goals and supporting actions will be clearly aligned back to the purpose.
Improved system, team & personal performance contribution mechanisms will be rolled-out - designed to link purpose, goals, measures & actions.
Process & outcomes measures will be integrated into the internal operating framework and form part of the integrated performance reporting mechanism.

Business Planning Mechanism – develop and implement a revised Business Planning Mechanism to enable the organisation to deploy the discovery, co-design methodology and track delivery of short-term operational & improvement and long-term transformation plans. Plans based on population need and an evolving capacity across interdependent pathways of care to prevent, manage or meet that demand. Pathway improvement and transformation blueprints will be in continuous development as will service development plans for corporate services.

Information & Performance - Develop and deploy the digital infrastructure and information architecture alongside a capability development plan for operational leads and key users across the organisation. This will support the evolution towards predictive management of unplanned and planned demand, work in progress, processing capacity, activity & backlog across pathways of care at a service and whole system level.

A portfolio of bottom-up vertical outcome and horizontal process metrics which demonstrates achievement of organisational quality, performance & productivity goals at an individual, team, function and service level are developed, providing a single version of the truth in terms performance impact and evidence informed course correction interventions.
A measures framework, which mirrors the design of the organisation, forms a critical element of the performance-operating framework.

Course Correction - Escalation protocols (issue & risks), feedback & learning mechanisms - Performance feedback, risk management, clinical audit systems, complaints, serious incident reporting & management systems will be improved and integrated into the design of the organisations future model of operating.

Feedback loops will be improved to provide information & insight feeds into pathway and service design development activities, strategy development and business planning cycles. Complaints, risk's identification, mitigation development and risk management will be used as a critical aspect of the decision-making mechanisms through the organisation from board to ward.

Team & Personal Contribution - performance monitoring, measurement & learning - Team and individual goal-based performance feedback mechanisms will be integrated into the design of the organisations future model of operating.
Team based daily performance and continuous improvement events, linked to the organisations continuous improvement intervention proposal will be developed, as will enhanced appraisal mechanisms.
Evaluation of the impact has identified the benefits associated with the adoption of these combined approaches and are built into a regular weekly, monthly annual cycle of review and learning.

How we organise ourselves (Operating model)
Make it easier to get things done, improve how we organise and run the organisation.

To deliver this, we will:

Design principles - Deploy the design principles agreed in collaboration across the organisation to inform development and implementation of a revised operating model including structure, governance, performance and accountability.

- ✛ **Person Centred –** The person is at the centre of all that we do, with an equal focus on keeping people well and providing high quality care and treatment when needed.
- ✛ **Clinically led, evidence based, empowered** organisation - Listening to and empowering colleagues, with quality and equity at the heart of decision-making.
- ✛ **Community focus with regional networks –** Organised around the needs of our communities, with a local focus balanced with regional delivery for the best patient outcomes. Skills and resources organised and supported to provide seamless services and better outcomes.
- ✛ **Consistent standards with equal access** to care and support for all communities across North Wales, following value based healthcare principles.
- ✛ **Effective partnership working**, listening to our colleagues, partners and communities to develop and deliver services that support people to live healthily and stay well.
- ✛ **Compassionate, learning** organisation - Continually improving, using technology and data to simplify systems and innovate.
- ✛ **Processes and ways of working** that make doing the right thing easy.

Clinical, Operational & Corporate Service Design Standards - Implement a detailed and managed rollout that will see the organisation transition to the new design (structure) for operational delivery & large-scale change delivery. The principles of horizontal pathway/processes supported by vertical functions, managed interdependences, job role re-design (Board to ward); decision making architecture, performance monitoring & management, two-way feedback loops, local escalation protocols, service level agreements and risk management mechanisms are integrated into the design.

Decision Making Architecture (Design, Deliver & Assure) – Revise and improve the Board Assurance Framework (BAF)/Scheme of delegation to align with the operating model.
Develop a clear operational governance and assurance framework to ensure that the acts of service design (standards setting), operational delivery and assurance are transparent - with separation of responsibility set within the framework of collective ownership.
Develop and deploy clear guidance to ensure Staff understand who does what & why - across the organisation's leadership functions, with clarity of accountability and responsibility at all levels. Issues/risks/decisions are dealt with at the most immediate and

appropriate level that is consistent with their resolution, role, statutory governance, and boundaries.

Roles & Responsibilities- Deliver plans to ensure clarity of role (autonomy, scope, connectedness, and competency) within the organisations structure is clear for all (Levels 1+ & beyond).
Ensure pathway/process delivery is optimised as job design has aligned activities to the organisations purpose and goals.
Include within role descriptions and accountability agreements the requirement for Leaders to actively consider and promote effective job design within their teams and across the organisation as the benefits associated with this activity are visible through key organisational performance metrics; including e.g. staff surveys

The Best of our Abilities

Make it easier to get the skills and capacity we need from both within and from outside to support your work.

To deliver this, we will:

Education and learning – Using the size, breadth and depth of the organisation to establish the organisation as a key strategic leader in Inter/multi and uni professional learning and education.

Develop a BCU Education and Learning Academy. In the first phase, this will be enhancing the infrastructure in the Primary Care Academy and as we progress through to increase in students numbers across professional groups scaling this to cover the wider organisation.

Working across our clinical and operational networks, with our strategic education partners and with our community partners, build on existing and establish new programmes of education from specialist and postgraduate training to vocational and work skills development and on to life and health skills opportunities.

Leadership & Management – Develop an integrated Leadership & Management Development Framework for all professional groups based on the principles of transformation and improvement, compassion, experiential practical learning, network development, distributed leadership, team communication, staff safety & wellbeing, systems and how they work, social movement and human factors practice, collaborative & shared decision making and peer to peer coaching.

Talent and Career Development Framework – Develop the structures, processes supported by digital systems support leaders in the active management of talent from recruitment, talent pool building, succession planning, skills & competency development, leadership development, interim role deployment opportunities, welfare management, appraisal, and performance management.

Workforce Planning & Commissioning – Building on the progress made and learning from the pandemic as well as deploying new national frameworks and toolkits, establish a comprehensive workforce planning methodology and framework for deployment of scenario planning linked to demand and capacity and pathway/service transformation.
Using this - develop forward look commissioning plans for education and training to enable the organisation to not only develop the workforce of the future but also, to influence national strategy and planning.
In the first phase this will be focussed upon meeting the challenges of recovery and supporting the development of new models of care and delivery e.g. Accelerated Cluster Development, enhancing prevention and primary care services and delivery of planned care through Regional Treatment services.

High quality, reliable enabling services – recognising the need for efficient and effective, outcome focussed enabling services. Deploying improvement methodology and applying the design principles outlined above to roll out operating model reviews across "corporate" support services to ensure our clinical and operational services are able to focus on what they need to do and the Board to be assured that the organisation is meeting its statutory and regulatory responsibilities.

Safe environment – Building on the significant progress made in meeting core requirements under Health & safety legislation we will further embed safe systems of work across the organisation. Recognising the levels of harm to patients and staff as a result of violence and aggression across the NHS and in our own organisation, we will develop a new model for prevention of harm. Using evidence based measures to address the root causes of harm from violence and the support we provide for patients and staff who harm or are harmed in our care or employment.

How we Improve & Transform

Collaboration and working together more effectively to address our most challenging issues and take advantage of improvement opportunities.

To deliver this, we will:

Building Strong Foundations in Transformation & Improvement System and Structure – Using the experiences of the people within the Health Board, together with exemplars locally, nationally and internationally we will establish a transformation, continuous improvement and portfolio management system. Optimising the synergies and expertise across key enabling functions e.g. education & learning, finance, planning, public health, research & Development and organisational development to create the environment for transformation and innovation to thrive and for systematic prioritisation and benefits realisation.

Improving the way we manage Large Scale Change – learning from the process of discovery, leveraging the benefits of a standardised approach to the discovery, design, sustainable delivery, and management of change.
Develop and deploy mechanisms to ensure and enable Clinical, operational, and corporate teams to be actively participating in evidence-based discovery and co-design of large-scale care pathway and service change.

Continuous Improvement & Coaching skills – Develop a Continuous Improvement development programme to enable the organisation to demonstrate measurable improvements in quality, performance, and productivity across both clinical and corporate services.
Ensure all induction, education, learning and contribution frameworks include Individual and team based continuous improvement knowledge, techniques at all levels of the organisation.

Section 4 Conclusion

This People Strategy & Plan sets the future direction for our workforce over the next 3 years aligned to, informed by and importantly positioning the organisation to influence the national context and policy and to deliver our Local Living Healthier Staying Well Strategy through our Integrated Medium Term Plan.

It sets out the fundamental building blocks needed to consolidate progress to date, address the opportunities and challenges facing the workforce and to align efforts across the Health Board and partners.

Much of what is set out in this Strategy is already underway, with issues being recognised and positive action taken. This Strategy endeavours to bring everything together so we do not lose this good work and progress, but build on it by deploying a prioritised approach using our Transformation and Improvement System.

It sets out the fundamental building blocks needed to address the opportunities and challenges facing the workforce and to align efforts across the Health Board.

Central to the delivery of this Strategy is the requirement for true collaboration and partnership at all levels internally and externally with our partners. Everyone will have a role in shaping and delivering improvement plans that take us closer towards achieving the ambitions of this Strategy, meeting the known and unknown challenges. This includes better alignment and integration across organisational and professional boundaries that too often get in the way of doing the right thing for the people at the centre of our services.

The themes within this Strategy have been developed in collaboration with between corporate enabling services and clinical and operational teams in response to the feedback from Mewn Undod mae Nerth/Stronger Together Discovery and to enable delivery of the IMTP. This has been and continues to be a learning and improvement process, with each iteration highlighting additional learning and areas for inclusion and or further development.

The models used for assessment and prioritisation will continue to be refined and adapted to ensure it meets the needs of the organisation and is responsive to emerging risks and opportunities.

Annual Review

A detailed annual delivery plan with objectives for delivery that are specific, measurable, attainable, and relevant and time based will support delivery of the programmes of improvement, ensuring clarity of accountability and responsibility through the organisation. This will be aligned with the Operational Governance and Assurance Framework for the organisation.

The detail within the Strategy and Plan will be refreshed on an annual basis aligned with the refresh of the Integrated Medium Term Plan.

This refresh will ensure:

- The programmes are work are delivering what is required and there is evidence of tangible outcome improvement
- Any critical developments (risks and opportunities) at national and/or local level are considered and addressed for the year ahead
- Feedback (both internal and external) through the year is triangulated to ensure the priorities within the programmes of work and plan are relevant
- The workforce plan is effectively aligned to the delivery of the priorities and is affordable and achievable

As we move through 2022/2023, the transformation underway at both national and local level in terms of workforce modelling, analysis and planning will only serve to further enhance the credibility and accessibility of workforce intelligence to support and inform decision-making and improvement.

Section 5 References and links

All of the documents below can be accessed here

- A Healthier Wales
- Living Healthier, Staying Well
- Strategic Workforce Planning Framework for Primary Care, Community Service
- Mental Health Workforce Plan for Health and Social Care
- A Healthier Wales: Our Workforce Strategy for Health & Social Care
- Parliamentary Review
- National Clinical Framework
- Quality and Safety Framework: Learning and Improving
- Local Needs Analysis (LNA)
- Accelerated Cluster Development Programme
- Strategic Programme for Primary Care
- Strategic Equality Plan
- The OHS and Security Improvement Plan

- People Strategy & Plan Delivery Plan

People (Workforce) Plan – 2022-2023

People (Workforce) Planning 2022 – 2025

As described earlier in the People Strategy and Plan, considerable work has been undertaken to develop a robust mechanism and infrastructure to enable effective and predictive workforce modelling and planning both at a local and national level. This work aligns with national programmes e.g. strategic workforce planning frameworks for primary care, mental health and the emerging planned care recovery framework.

The progress made to date has enabled the further integration of people capacity, capability assessments into the prioritisation stages of our strategic and operational planning processes. In the lifecycle of this Strategy, we will develop our workforce analysis and scenario planning and projection systems and capability to the level that it can provide:

- an intelligent, adaptable and accessible platform to test input, output and outcome scenarios;
- inform service development prioritisation and commissioning decision making
- drive resource allocation and development decisions across the Health Board, the wider Health and Social Care system; and
- Influence local and national policy.

At this stage, this People (Workforce) Plan focusses upon delivery of the first year of the Integrated Medium Term Plan (IMTP). However, supporting the IMTP is a full workforce profile for the 3 years 2022 -2025 and this can be found here.

This profile is set out into the following areas:

Core Workforce – Permanent and Fixed Term - This element covers all substantive staff who are on a permanent of fixed term contract within the organisation. It allows the organisation to compare like for like year on year (March 2021 to March 2022) and then project forward across the next financial year 22/23 taking into account new initiatives, education commissioning figures and areas such as apprentices. The use of apprenticeships is an area where the Health Board is looking to increase numbers from 16 currently to over 300 across the next 2 years.

Variable Workforce - The variable workforce element captures internal temporary staffing utilised across the Health Board excluding agency workers. It covers areas such as bank staff shifts and overtime hours carried out by our substantive staff. This allows the workforce teams to understand the Health Boards reliance on temporary workforce to ensure the optimum balance between core and variable workforce is maintained. It is our intention to significantly reduce our usage of variable workforce over the next 2 years, whilst recognising the ongoing pressures across the NHS workforce as a whole.

Agency/Locum - The Health Board has traditionally relied on external temporary staffing to bolster specific areas of the workforce where long-term gaps and shortages have existed. Going forward over the next 2 years it is our intention to reduce our reliance on this area of workforce resource.

Covid 19 Breakdown: Test, Trace & Protect Service (TTP), Mass Vaccination Programme and Planned and Unscheduled Care Sustainability - The final element of the workforce profile covers the impact of Covid 19 on our workforce across three major areas. These are the current TTP and Mass Vaccination services we have been and are currently providing in response to the pandemic, and in addition to this the additional workforce we have utilised across planned and unscheduled care to sustain these services in light of the Covid 19 impact on patient admissions and procedures.

⊕ Workforce Plan 2022 - 2023

The People (Workforce) Plan outlines the detailed recruitment (and retention) activity that will be carried out across the first year of the Strategy with the aim of delivering a more stable position across the existing workforce and to deliver the additional workforce required to deliver year 1 of the IMTP.

The plan is broken down into the following elements with a consolidated summary below

⊕ Combined Workforce Plan – 2022/2023

The overarching position in terms of additional recruitment (and retention) required across the health board in 22/23 net core national and local commissioning impact.

⊕ Bridging the Gap – 2022/2023

Additional recruitment (and retention) activity required to close the vacancy gap across the existing workforce. Including projection based on performance to date and stretch target for improvement of the position.
Actual and projected output from national and local education commissioning

⊕ IMTP Priorities – Workforce Impact

Additional recruitment required to support the delivery of the IMTP
- ⊕ Consolidated Schemes for 22/23
- ⊕ Schemes Commencing in 22/23
- ⊕ Planned Care Recovery Initiatives - 22/23 (*Additional recruitment required to support and sustain planned care services)*

⊕ Primary Care Resilience

Additional recruitment (and retention) activity set to support workforce resilience in year 1 of the People Strategy & Plan whilst GP Workforce Recruitment and Retention Strategy finalised.

⊕ Combined Workforce Plan

The overarching position in terms of additional recruitment (and retention) required across the health board in 22/23 once commissioning activity is factored in is 660 WTE or 928 WTE (Stretch) across all staff groups.

The deliverability assessment has been based on a combination of factors including:
* volume of recruitment and timescales
* identified staff groups against national and regional context and intelligence
* service specifics i.e. model, reputation and historic recruitment activity and success

Workforce Plan Recruitment Activity Summary 22/23 (WTE)					
	Medical	Nursing	Other Clinical Registrants	Non-Registrants & Non-Clinical	Totals
Bridging the Gap	89	398	124	353	964
IMTP Consolidated Schemes	59	185	188	204	637
IMTP Commencing Schemes	15	5	9	22	50
IMTP Planned Care Recovery Initiatives	6	10	43	39	98
Totals	168	598	365	618	1749
Primary Care Resilience Plan	15	13	15	34	78
National & Local Commissioning 22/23	65	306	206	245	822
Recruitment Net Commisioning Activity Position	103	292	159	373	927
Deliverability	🟡	🟡	🟡	🟢	🟡

⊕ Bridging the Gap – 22/23

To ensure the Health Board can deliver and sustain existing services throughout the 2022/23 and beyond detailed work has been carried out to quantify and project the recruitment activity across the different staff groups needed to achieve this. This is to ensure appropriate measures and resources are put in place to support the delivery of the recruitment of this workforce.

With this in mind and building on work commenced in 22/23 a number of initiatives are in place and being further developed to facilitate and support the ongoing recruitment of staff across and into the Health Board.

These include aggregated recruitment campaigns across staff groups and services to ensure maximum impact and exposure across all media to attract candidates to the Health Board.

Other initiatives such as centralised talent pools for high volume applications, such as Health Care Support Workers (HCSWs) and Estates and Facilities, will be in place to streamline and maximise recruitment in these areas.

Over the next year, the stratified risk recruitment target has been set against each staff group based on assessment of the impact of improvements in recruitment and or retention together with impact of not reducing the gaps further on delivery of services.

The table below shows the current position in terms of existing gaps across staff groups and the targets that have been set to support a sustainable workforce going forward across the Health Board.

Bridging the Gap – Projections and Stretch Targets

Staff Group			Febuary 2022 FTE Budgeted	Febuary 2022 FTE Actual	Febuary 2022 FTE Variance	22/23 Recruitment Trajectory Profile	March 23 FTE Variance	22/23 Risk Stratified Recruitment Target	March 23 Risk Stratified Variance
Add Prof Scientific and Technic			703.4	672.7	30.7	22.1	**8.6**	23.2	**7.5**
Additional Clinical Services			3673.1	3534.5	138.7	124.8	**13.8**	131.1	**7.6**
Administrative and Clerical			3486.5	3342.7	143.8	129.4	**14.4**	135.9	**7.9**
Allied Health Professionals			1185.4	1109.4	76.0	68.4	**7.6**	71.8	**4.2**
Estates and Ancillary			1381.8	1265.3	116.5	-57.2	**173.7**	85.8	**30.7**
Healthcare Scientists			288.4	253.0	35.4	24.5	**10.9**	29.4	**6.0**
Medical and Dental			1626.1	1218.0	408.1	63.6	**344.5**	89.0	**319.1**
Nursing and Midwifery Registered			5860.6	5268.1	592.5	284.2	**308.3**	397.9	**194.6**
			18205.3	**16663.6**	**1541.7**	**659.9**	**881.9**	**964.1**	**577.6**

Profile by month:

Staff Group	Monthly Workforce Profile												Monthly Workforce Profile
	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	
Add Prof Scientific and Technic	3	5	7	9	10	12	14	15	17	19	20	23	
Additional Clinical Services	43	64	85	107	128	131	131	131	131	131	131	131	
Administrative and Clerical	28	43	57	71	85	99	114	128	136	136	136	136	
Allied Health Professionals	35	55	72	72	72	72	72	72	72	72	72	72	
Estates and Ancillary	12	24	36	48	60	72	84	96	108	120	132	144	
Healthcare Scientists	4	6	8	9	11	15	17	19	21	23	24	29	
Medical and Dental	4	8	12	16	60	64	68	72	76	80	84	89	
Nursing and Midwifery Registered	96	104	111	119	127	154	162	170	177	185	193	398	

National and Local Commissioning profile for 2022 -2023

Worforce Areas	Headcount of New Commissioned Output 22/23
Allied Health Professionals	110.0
Healthcare Science	15.0
Nursing and Midwifery	306.0
Physicians Associates	12.0
Pharmacy	37.0
Medical	65.0
Primary Care	32.0
Apprenticeships	245.0
	822.0

Profile by month:

Worforce Areas	Monthly Workforce Profile												Monthly Workforce Profile
	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	
Allied Health Professionals	35	70	110	110	110	110	110	110	110	110	110	110	
Healthcare Science	15	15	15	15	15	15	15	15	15	15	15	15	
Nursing and Midwifery	88	88	88	88	88	108	108	108	108	108	108	306	
Physicians Associates	0	0	0	0	0	0	0	12	12	12	12	12	
Pharmacy	37	37	37	37	37	37	37	37	37	37	37	37	
Medical	0	0	0	0	0	65	65	65	65	65	65	65	
Primary Care	32	32	32	32	32	32	32	32	32	32	32	32	
Apprenticeships	20	40	60	80	100	120	140	160	180	200	220	245	

❖ IMTP Priorities – Workforce Impact

This section of the plan profiles what is required across three of the main areas of the IMTP in terms of recruitment activity to support and enable delivery of the Health Boards transformation plans across the next 3 years.

Each scheme has been assessed in terms of workforce delivery based on a RAG rated matrix. The factors that have been taken into consideration include volume of recruitment, identified staff groups, service specifics, historic recruitment activity and success.

This has provided a robust and consistent approach to ensure the recruitment profiles are realistic and deliverable to ensure schemes can be implemented and deliver the identified improvements outlined in the IMTP.

Key

'no workforce implications'	The human resource required to deliver this scheme is already factored in to existing team workplans.
RAG rating of AMBER 🟢	The workforce requirements of this scheme have been carefully scrutinised and are considered to be appropriate in nature. There is a high likelihood of being able to recruit the necessary individuals, including specialist roles.
RAG rating of AMBER 🟡	The workforce requirements of this scheme have been carefully scrutinised and are considered to be appropriate in nature. There are some concerns about being able to recruit the necessary individuals but mitigation is in place in case of incomplete recruitment, and the scheme is of sufficient importance that we consider it important to maximise efforts and seek to fully recruit.
RAG rating of AMBER 🔴	The workforce requirements of this scheme have been carefully scrutinised and are considered to be appropriate in nature. There are significant concerns about being able to recruit the necessary individuals. Red RAG schemes would not normally be progressed. Red RAG schemes will only been included in limited circumstances: - The scheme is multi-year, already underway, and is progressing well in all other respects. The adverse workforce RAG score has arisen since commencing the scheme and on balance it is considered appropriate to continue. Mitigation has been considered should preferred recruitment levels be unsuccessful. - The scheme is new. Although there are recruitment concerns, the workforce requirements have been heavily scrutinised to increase the prospect of suitable recruitment (e.g. by reviewing skill mix). The scheme is of such importance that it is considered important to try to recruit. Mitigation is in place should preferred recruitment levels be unsuccessful.
Monthly workforce profile	Total cumulative workforce numbers for the scheme, by month, rounded to nearest full person.

Schemes being consolidated during 2022/23

Ref	Title		Medical (WTE)	Nursing (WTE)	Other Clinical Registrants (WTE)	Non-Registrants & Non-Clinical	Total (WTE)
a.2022.1	Care Home support	🟢	0.0	3.0	0.0	0.0	**3.0**
a.2022.2	Colwyn Bay Integrated services facility	🟢	No Workforce Implications				
a.2022.3	Continuing Healthcare infrastructure	🟡	0.0	32.0	0.0	0.0	**32.0**
a.2022.4	COVID-19 vaccination and Test, Trace and Protect (TTP)	🟡	No increase in Workforce expectations				
a.2022.5	Digitisation of Welsh Nursing Care Record	🟢	0.0	0.0	0.0	5.0	**5.0**
a.2022.6	Eye Care	🟢	1.3	0.0	3.0	5.4	**9.7**
a.2022.7	Further development of the Academy	🟢	3.0	10.2	8.6	5.0	**26.8**
a.2022.8	Health & Safety Statutory Compliance	🟢	0.0	0.0	0.0	24.0	**24.0**
a.2022.9	Home First Bureaus	🟡		25.6			**25.6**
a.2022.10	Implementation of Audiology pathway	🟡	0.0	0.0	14.8	0.0	**14.8**
a.2022.11	Improving minimal access surgery in gynaecology and north Wales specialist endometriosis care	🟡	1.6	1.2	0.0	1.8	**4.6**
a.2022.12	Long Covid	🟡	0.2	2.0	25.7	4.5	**32.4**
a.2022.13	Lymphoedema	🟢	No Workforce Implications				
a.2022.14	Mental Health Improvement scheme - AISB Joint Commissioning	🟢	No Workforce Implications				
a.2022.15	Mental Health Improvement scheme - CAMHS Training and Recruitment	🟢	0.0	3.0	0.0	0.0	**3.0**
a.2022.16	Mental Health Improvement scheme - CAMHS Transition and Joint working	🟢	0.0	0.0	0.0	5.0	**5.0**
a.2022.17	Mental Health Improvement scheme - Early Intervention in Psychosis	🟡	1.0	0.0	2.0	9.0	**12.0**
a.2022.18	Mental Health Improvement scheme - Eating Disorders Service development	🟡	0.0	1.0	7.2	1.0	**9.2**
a.2022.19	Mental Health Improvement scheme - ICAN Primary Care	🟡	0.0	0.0	19.0	14.0	**33.0**
a.2022.20	Mental Health Improvement scheme - Medicines Management support	🟡	0.0	0.0	9.0	0.0	**9.0**
a.2022.21	Mental Health Improvement scheme - Neurodevelopment recovery	🟢	No Workforce Implications				
a.2022.22	Mental Health Improvement scheme - Occupational Therapy	🟡	0.0	0.0	9.0	0.0	**9.0**
a.2022.23	Mental Health Improvement scheme - Older Persons Crisis Care	🟡	0.0	6.0	24.0	0.0	**30.0**
a.2022.24	Mental Health Improvement scheme - Perinatal Mental Health Services	🟡	0.0	0.0	3.5	2.0	**5.5**
a.2022.25	Mental Health Improvement scheme - Psychiatric Liaison Services	🟡	0.0	3.0	1.5	6.0	**10.5**
a.2022.27	North Wales Medical & Health Sciences School	🟢	No Workforce Implications				
a.2022.28	Operating Model	🟢	1.0	3.0	3.0	2.0	**9.0**
a.2022.29	People & OD Strategy – Stronger Together	🟢	0.0	0.0	0.0	8.0	**8.0**

Ref	Title		Medical (WTE)	Nursing (WTE)	Other Clinical Registrants (WTE)	Non-Registrants & Non-Clinical	Total (WTE)
a.2022.30	Radiology sustainable plan	🟢	No Workforce Implications				
a.2022.31	Regional Treatment Centres	🟢			1.0	8.0	**9.0**
a.2022.32	Speak Out Safely	🟢	0.0	0.0	0.0	1.6	**1.6**
a.2022.33	Staff Support and Wellbeing	🟢	0.0	0.0	5.0	2.0	**7.0**
a.2022.34	Strengthening emergency department (ED) & SDEC workforce to improve patient flow.	🟡	38.8	54.7	0.0	24.3	**117.8**
a.2022.35	Stroke services	🟢	0.0	6.0	20.1	3.0	**29.1**
a.2022.36	Suspected cancer pathway improvement	🟢	2.5	0.7	0.9	2.9	**6.9**
a.2022.37	Urgent Primary Care Centres	🟢	1.0	0.0	8.5	3.0	**12.5**
a.2022.38	Urology - Robot Assisted Surgery	🟢	No Workforce Implications				
a.2022.39	Vascular	🟡	8.4	17.0	12.4	15.5	**53.2**
a.2022.40	Video consultations	🟢	No Workforce Implications				
a.2022.41	Welsh Community Care Information System (WCCIS)	🟢	0.0	0.0	0.0	28.9	**28.9**
a.2022.42	Welsh Language	🟢	0.0	0.0	0.0	3.5	**3.5**
a.2022.43	Welsh Patient Administration System	🟢	0.0	0.0	0.0	9.0	**9.0**
a.2022.44	Widening of Primary Care workforce	🟢	0.0	17.0	10.0	0.0	**27.0**
a.2022.45	Workforce Operating Model – (inc. recruitment etc.)	🟢	0.0	0.0	0.0	10.0	**10.0**
			58.7	**185.3**	**188.2**	**204.3**	**636.5**

Profile by month:

Ref	Title	Monthly Workforce Profile												Monthly Workforce Profile
		M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	
a.2022.1	Care Home support	3	3	3	3	3	3	3	3	3	3	3	3	
a.2022.2	Colwyn Bay Integrated services facility	No Workforce Implications												
a.2022.3	Continuing Healthcare infrastructure							32	32	32	32	32	32	
a.2022.4	COVID-19 vaccination and Test, Trace and Protect (TTP)	No increase in Workforce expectations												
a.2022.5	Digitisation of Welsh Nursing Care Record	5	5	5	5	5	5	5	5	5	5	5	5	
a.2022.6	Eye Care	5	8	10	10	10	10	10	10	10	10	10	10	
a.2022.7	Further development of the Academy			12	12	12	22	22	22	27	27	27		
a.2022.8	Health & Safety Statutory Compliance	15	15	24	24	24	24	24	24	24	24	24	24	
a.2022.9	Home First Bureaus	9	9	9	26	26	26	26	26	26	26	26	26	
a.2022.10	Implementation of Audiology pathway			15	15	15	15	15	15	15	15	15		

Ref	Title	Monthly Workforce Profile												Monthly Workforce Profile
		M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	
a.2022.11	Improving minimal access surgery in gynaecology and north Wales specialist endometriosis care				5	5	5	5	5	5	5	5	5	
a.2022.12	Long Covid	32	32	32	32	32	32	32	32	32	32	32	32	
a.2022.13	Lymphoedema	No Workforce Implications												
a.2022.14	Mental Health Improvement scheme - AISB Joint Commissioning	No Workforce Implications												
a.2022.15	Mental Health Improvement scheme - CAMHS Training and Recruitment				3	3	3	3	3	3	3	3	3	
a.2022.16	Mental Health Improvement scheme - CAMHS Transition and Joint working			5	5	5	5	5	5	5	5	5	5	
a.2022.17	Mental Health Improvement scheme - Early Intervention in Psychosis							12	12	12	12	12	12	
a.2022.18	Mental Health Improvement scheme - Eating Disorders Service development				9	9	9	9	9	9	9	9	9	
a.2022.19	Mental Health Improvement scheme - ICAN Primary Care				33	33	33	33	33	33	33	33	33	
a.2022.20	Mental Health Improvement scheme - Medicines Management support				9	9	9	9	9	9	9	9	9	
a.2022.21	Mental Health Improvement scheme - Neurodevelopment recovery	No Workforce Implications												
a.2022.22	Mental Health Improvement scheme - Occupational Therapy							9	9	9	9	9	9	
a.2022.23	Mental Health Improvement scheme - Older Persons Crisis Care				30	30	30	30	30	30	30	30	30	
a.2022.24	Mental Health Improvement scheme - Perinatal Mental Health Services							6	6	6	6	6	6	
a.2022.25	Mental Health Improvement scheme - Psychiatric Liaison Services				11	11	11	11	11	11	11	11	11	
a.2022.27	North Wales Medical & Health Sciences School	No Workforce Implications												
a.2022.28	Operating Model	1	3	9	9	9	9	9	9	9	9	9	9	
a.2022.29	People & OD Strategy – Stronger Together			8	8	8	8	8	8	8	8	8	8	
a.2022.30	Radiology sustainable plan	No Workforce Implications												
a.2022.31	Regional Treatment Centres	4	4	4	9	9	9	9	9	9	9	9	9	
a.2022.32	Speak Out Safely	2	2	2	2	2	2	2	2	2	2	2	2	
a.2022.33	Staff Support and Wellbeing	7	7	7	7	7	7	7	7	7	7	7	7	
a.2022.34	Strengthening emergency department (ED) & SDEC workforce to improve patient flow.	12	17	22	27	32	47	52	57	62	67	67	67	
a.2022.35	Stroke services	29	29	29	29	29	29	29	29	29	29	29	29	
a.2022.36	Suspected cancer pathway improvement	2	3	5	5	5	7	7	7	7	7	7	7	
a.2022.37	Urgent Primary Care Centres	13	13	13	13	13	13	13	13	13	13	13	13	
a.2022.38	Urology - Robot Assisted Surgery	No Workforce Implications												
a.2022.39	Vascular	0	11	20	21	22	23	50	51	52	52	52	53	
a.2022.40	Video consultations	No Workforce Implications												
a.2022.41	Welsh Community Care Information System (WCCIS)	11	11	11	25	25	25	29	29	29	29	29	29	
a.2022.42	Welsh Language		2	3	4	4	4	4	4	4	4	4	4	
a.2022.43	Welsh Patient Administration System	9	9	9	9	9	9	9	9	9	9	9	9	
a.2022.44	Widening of Primary Care workforce	0	0	0	0	0	0	9	18	27	27	27	27	
a.2022.45	Workforce Operating Model – (inc. recruitment etc.)			10	10	10	10	10	10	10	10	10	10	

To support the schemes across both areas whether consolidating or commencing the team will work closely with the scheme leads to ensure any perceived barriers to recruitment are navigated and detailed plans are in place to provide projected recruitment timelines and visibility against key milestones. This will enable scheme leads to flag any potential risks to deliver and for the teams working collaboratively to mitigate these to ensure successful delivery of the recruitment element of the schemes.

Schemes being commenced during 22/23

Ref	Title		Medical (WTE)	Nursing (WTE)	Other Clinical Registrants (WTE)	Non-Registrants & Non-Clinical	Total (WTE)
b.2022.1	3rd sector strategy	🟢	No Workforce Implications				
b.2022.2	Accelerated Cluster Development	🟢	No Workforce Implications				
b.2022.3	Atlas of Variation	🟢	0.0	0.0	0.0	1.0	**1.0**
b.2022.4	BCUPathways	🟢	No Workforce Implications				
b.2022.5	Building a Healthier Wales (BAHW)	🟢	No Workforce Implications				
b.2022.6	Commissioning unit	🟢	0.0	0.0	0.0	1.0	**1.0**
b.2022.7	Community Pharmacy Enhanced Services - Alcohol and Blood Borne Viruses	🟢	No Workforce Implications				
b.2022.8	Diabetic Foot pathway	🟠	14.7	4.6	9.2	13.9	**42.4**
b.2022.9	Foundational Economy Strategy/Policy	🟢	No Workforce Implications				
b.2022.10	Golden Value Metrics	🟢	No Workforce Implications				
b.2022.11	Implementing the Quality Act	🟢	No Workforce Implications				
b.2022.12	Inverse Care Law work	🟢	0.0	0.0	0.0	1.0	**1.0**
b.2022.13	LEAN Healthcare system	🟢	No Workforce Implications				
b.2022.14	Recovery of Primary Care chronic disease monitoring	🟢	No Workforce Implications				
b.2022.15	Results management	🟢	0.0	0.0	0.0	5.0	**5.0**
			14.7	**4.6**	**9.2**	**21.9**	**50.4**

Profile by month:

Ref	Title	Monthly Workforce Profile												Monthly Workforce Profile
		M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	
b.2022.1	3rd sector strategy	No Workforce Implications												
b.2022.2	Accelerated Cluster Development	No Workforce Implications												
b.2022.3	Atlas of Variation			1	1	1	1	1	1	1	1	1		
b.2022.4	BCUPathways	No Workforce Implications												
b.2022.5	Building a Healthier Wales (BAHW)	No Workforce Implications												
b.2022.6	Commissioning unit			1	1	1	1	1	1	1	1	1		
b.2022.7	Community Pharmacy Enhanced Services - Alcohol and Blood Borne Viruses	No Workforce Implications												
b.2022.8	Diabetic Foot pathway	0	0	10	28	28	38	42	42	42	42	42	42	
b.2022.9	Foundational Economy Strategy/Policy	No Workforce Implications												
b.2022.10	Golden Value Metrics	No Workforce Implications												
b.2022.11	Implementing the Quality Act	No Workforce Implications												
b.2022.12	Inverse Care Law work	1	1	1	1	1	1	1	1	1	1	1	1	
b.2022.13	LEAN Healthcare system	No Workforce Implications												
b.2022.14	Recovery of Primary Care chronic disease monitoring	No Workforce Implications												
b.2022.15	Results management			5	5	5	5	5	5	5	5	5		

Planned Care Recovery Initiatives

This section of the workforce plan outlines the work undertaken to assess and validate the initiatives put in place to support planned care recovery across the Health Board with specific focus on initiatives commencing in 22/23.

Similar to IMTP schemes outlined previously in the plan the schemes were assessed initially to determine whether there was any workforce impact and then if there were then to again RAG rate the initiatives and profile the associated recruitment activity linked with said initiatives.

By taking this co-ordinated approach both the Planned Care Lead and the associated operational and clinical and recruitment teams are all aware of the timelines involved allowing clear milestones to be set and monitored to make sure any issues are resolved enabling recruitment targets to be delivered.

Planned care recovery recruitment activity during 22/23

Ref	Title		Medical (WTE)	Nursing (WTE)	Other Clinical Registrants (WTE)	Non-Registrants & Non-Clinical	Total (WTE)
Capacity – core and additional	Outsourcing	🟢	No Workforce Implications				
	Insourcing	🟠	No direct Workforce Implications				0.0
	Partnerships	🟠	2.4	4.0	12.0	16.0	34.4
Lean, value-focused support infrastucture - clinical	Radiology sustainability - scheme a.2022.30 in Consolidated schemes plan	🟢	No Workforce Implications				0.0
	Oncology capacity	🟠	3.0	6.0	3.0	13.1	25.1
	Pathology	🟢			6.0	10.0	16.0
Lean, value-focused support infrastucture - administrative	Validation programme	🟢	No direct Workforce Implications				
Pathway redesign	BetsiPathways e.g. Audiology - scheme a.2022.10 referenced in Consolidated schemes plan	🟠	0.0	0.0	0.0	0.0	0.0
	GIRFT / National Programme in 5 specialities	🟢	No direct Workforce Implications				
	Patient Initiated Follow-up (PIFU) , See on Symptoms (SOS) , Advice & Guidance (A&G)	🟢	No direct Workforce Implications				
	Pre-habilitation	🟠	0.3		22.0	0.3	22.6
	'Attend Anywhere'	🟢	No Workforce Implications				0.0
Modernisation	Urology Robot	🟢	No Workforce Implications				0.0
Building for the future	RTC project - a.2022.31 referenced in Consolidated schemes plan	🟢	0.0	0.0	0.0	0.0	0.0
Communication	Launch a Communication Strategy	🟢	No Workforce Implications				0.0
			5.7	10.0	43.0	39.4	98.1

Explanation of RAG:

Initiative	Workforce Impact
Outsourcing	● Outsourcing initiatives will have no impact on BCUHB workforce resources
Insourcing	● Insourcing initiatives based on not utilising BCUHB staff will have no impact on workforce resources but will be difficult to procure due to current/ongoing NHS workforce shortages across the UK Insourcing initiatives based utilising BCUHB staff will have an impact on workforce resources as it will be difficult to rely on consistent usuage due to the historical/ongoing Covid 19 pressures on staff
Partnership & Modular Wards	● Partnership initiative will have moderate impact on workforce resources due the volumes of recruitment required to deliver the initative. Mitigating factors will be that the staff groups identified should be able to be recruited to in the timescales identified.
Radiology sustainability Oncology capacity Pathology	● Radiology initiatives will have a minimal impact on workforce resources in 22/23 but the overall challange will require a sustainable staffing solution going forward ● Oncology initiatives will have a moderate impact on workforce resources due to numbers being recruited but this is mitigated as recruitment has already commenced with some roles already in post ● Pathology initiatives will have a minimal impact on workforce resources as recruitment has already commenced with some roles already in post
Validation programme	● These initiatives will have a minimal impact on workforce resources as they mainly process focused improvment
BetsiPathways e.g. Audiology	● Audology initiative will have a minimal impact on workforce resources due to numbers being recruited but recruitment needs to commence as part of 22/23 IMTP
GIRFT / National Programme in 5 specialities	● These initiatives will have a minimal impact on workforce resources as their focus in 22/23 will be on existing pathway improvements
Patient Initiated Follow-up & See on Symptoms	● These initiatives will have a minimal impact on workforce resources as their focus in 22/23 will be on pathway efficiency improvements
Pre-habilitation	● Pre-habilitation initiative will have a minimal impact on workforce resources due to numbers being recruited but staff groups being recruited to may prove challenging
'Attend Anywhere'	● This initiative will have a no impact on workforce resources as they are process focused improvments
Urology Robot	● This initiative will have a no impact on workforce resources as they are process focused improvments
RTC project	● These initiatives will have a minimal impact on workforce resources as their focus in 22/23 will be on programme setup and procurment process
Communication Strategy	● This initiative will have no impact on BCUHB workforce resources

Profile by month:

Ref	Title	Monthly Workforce Profile												Monthly Workforce Profile
		M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	
Capacity – core and additional	Outsourcing	No Workforce Implications												
	Insourcing	No direct Workforce Implications												
	Partnerships			32	32	32	32	34	34	34	34	34	34	
Lean, value-focused support infrastucture - clinical	Radiology sustainability - scheme a.2022.30 in Consolidated schemes plan	No Workforce Implications												
	Oncology capacity	13	19	22	23	24	25	25	25	25	25	25	25	
	Pathology		8	10	13	16	16	16	16	16	16	16	16	
Lean, value-focused support infrastructure - administrative	Validation programme	No direct Workforce Implications												
Pathway redesign	BetsiPathways e.g. Audiology - scheme a.2022.10 referenced in Consolidated schemes plan													
	GIRFT / National Programme in 5 specialities	No direct Workforce Implications												
	Patient Initiated Follow-up (PIFU), See on Symptoms (SOS), Advice & Guidance (A&G)	No direct Workforce Implications												
	Pre-habilitation	0	7	7	7	7	14	14	14	14	14	14	23	
	'Attend Anywhere'	No Workforce Implications												
Modernisation	Urology Robot	No Workforce Implications												
Building for the future	RTC project - a.2022.31 referenced in Consolidated schemes plan													
Communication	Launch a Communication Strategy	No Workforce Implications												

Clearly, the requirement to scale the level of activity to the degree required to deliver the significant progress required to see and treat people waiting for treatment and in doing so reducing further harm and improve quality of life is not going to achieved by relying solely on our current resources and people. Whilst there are plans in place to transform the way in which we provide and deliver these services for example the development of a Regional Treatment Model/Centre, this will take time. As such, we are building on the hybrid model of delivery of care across a range of specialties. This includes continuing and scaling our outsourced and insourced services.

Primary Care Resilience

The Health Board has a significant role in the recruitment and retention of the GP workforce Delivering services across North Wales.

Whilst not directly delivering the recruitment across primary care other than through its managed practices we have a significant role to play in attracting Doctors to work in North Wales, to ensure the sustainability of Independent GP Practices.
One of the priorities of the IMTP supported by this Strategy and plan is to finalise a GP Workforce Recruitment and Retention Strategy together with our key partners.

The Strategy spans the lifetime of the GP career, starting with promoting General Practice from the outset of the Medical Students education pathway, through the Foundation Programme, GP Registrar Rotation and into General Practice, throughout their career and into later years, pre and post retirement.

It will set out how the Health Board working in partnership with independent practices will ensure that all recruitment campaigns will be inclusive of independent practices, promoting the role of Partner, Single Partner, Salaried GP, or Locum equally. Promote national initiatives to keep GPs who are training in Wales in Wales once they have completed their training and will make best use of the national recruitment and retention schemes.

As part of this work our teams are working closely on the finalisation of and rollout of this GP Workforce Recruitment and Retention Strategy and supporting the further enhancement of the Primary Care Academy. The Academy has expanded training places from 22/23 to 32 with 14 for GP trainees, and 18 across other staff groups to ensure provision is in place to sustain and grow the primary care workforce over the next three years and beyond.

The plan sets out the indicative targets being set to support workforce resilience in year 1 of the People Strategy & Plan.

The table below outlines the indicative additional recruitment activity across the sector over the next twelve months.

Primary care recruitment activity during 22/23

Staff Group	20/21 Position (WTE)	21/22 Postion (WTE)	22/23 Recruitment Trajectory Profile	22/23 Risk Stratified Recruitment Target
GPs	374.5	416.0	15.0	15.0
Nurses	270.3	258.7	6.0	13.2
Direct Patient Care	231.1	234.7	7.0	15.4
Adminisrtation/Non-Clerical	837.2	876.4	34.0	34.0
	1713.1	1785.8	62.0	77.6

Profile by month:

Staff Group	Monthly Workforce Profile												Monthly Workforce Profile
	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	
GPs	4	6	7	9	11	12	14	15	15	15	15	15	
Nurses	2	2	4	4	4	6	6	8	8	10	12	13	
Direct Patient Care	2	3	5	5	8	8	12	12	14	14	15	15	
Adminisrtation/Non-Clerical	4	7	12	16	21	21	24	27	30	33	34	34	

✥ Conclusion

This Plan has been developed in collaboration with between corporate enabling services and clinical and operational teams. This has been and continues to be a learning and improvement process, with each iteration highlighting additional learning and areas for inclusion and or further development.

The model uses for assessment and prioritisation will continue to be refined and adapted to ensure it meets the needs of the organisation and is responsive to emerging risks and opportunities.

It sets out the fundamental building blocks needed to address the opportunities and challenges facing the workforce and to align efforts across the health board. It is not intended to give specific details in relation to single professions or roles, but a clear set of themes and succinct actions that will inform the Improvement Delivery Programme and plans.
As we move through 2022/2023, the transformation underway at both national and local level in terms of workforce modelling, analysis and planning will only serve to further enhance the credibility and accessibility of workforce intelligence to support and inform decision-making.

The detail within the Plan will be refreshed on an annual basis aligned with the refresh of the Integrated Medium Term Plan.

This refresh will ensure:

- ✥ The programmes are work are delivering what is required and there is evidence of tangible outcome improvement
- ✥ Any critical developments (risks and opportunities) at national and/or local level are considered and addressed for the year ahead
- ✥ Feedback (both internal and external) through the year is triangulated to ensure the priorities within the programmes of work and plan are relevant
- ✥ The workforce plan is effectively aligned to the delivery of the priorities and is affordable and achievable

Central to the delivery of this Plan is the requirement for true collaboration and partnership at all levels. Everyone will have a role in shaping and delivering improvement plans that take us closer towards the ambitions of People Strategy & this Plan, meeting the known and unknown challenges. This includes better alignment and integration across organisational and professional boundaries that often get in the way of doing the right thing for the people at the centre of our services

PARTS A (Screening – Forms 1-4) and

B (Key Findings and Actions – Form 5)

For:	**People Strategy and Plan 2022/25**
Date form completed:	21/02/2022

PARTS A: SCREENING and B: KEY FINDINGS AND ACTIONS

Introduction:

These forms have been designed to enable you to record, and provide evidence of how you have considered the needs of all people (including service users, their carers and our staff) who may be affected by what you are writing or proposing, whether this is:

- a policy, protocol, guideline or other written control document;
- a strategy or other planning document e.g. your annual operating plan;
- any change to the way we deliver services e.g. a service review;
- a decision that is related to any of the above e.g. commissioning a new service or decommissioning an existing service.

Remember, the term 'policy' is used in a very broad sense to include "..all the ways in which an organisation carries out its business" so can include any or all of the above.

Assessing Impact

As part of the preparation for your assessment of impact, consideration should be given to the questions below.

You should also be prepared to consider whether there are possible impacts for subsections of different protected characteristic groups. For example, when considering disability, a visually impaired person will have a completely different experience than a person with a mental health issue.

It is increasingly recognised that discrimination can occur on the basis of more than one ground. People have multiple identities; we all have an age, a gender, a sexual orientation, a belief system and an ethnicity; many people have a religion and / or an impairment as well. The experience of black women, and the barriers they face, will

be different to those a white woman faces. The elements of identity cannot be separated because they are not lived or experienced as separate. Think about:-

- ✓ How does your policy or proposal promote equality for people with protected characteristics (Please see the General Equality Duties)?
- ✓ What are the possible negative impacts on people in protected groups and those living in low-income households and how will you put things in place to reduce or remove these?
- ✓ What barriers, if any, do people who share protected characteristics face as a result of your policy or proposal? Can these barriers be reduced or removed?
- ✓ Consider sharing your EqIA wider within BCUHB (and beyond), e.g. ask colleagues to consider unintended impacts.
- ✓ How have you/will you use the information you have obtained from any research or other sources to identify potential (positive or negative) impacts?

Part A   Form 1: Preparation

Please answer all questions

1.	What are you assessing i.e. what is the title of the document you are writing or the service review you are undertaking?	This assessment is based on the People Strategy Plan 2022-25. This plan is aligned to the ambition for healthcare across Wales in that we will have a motivated, engaged and valued, health care workforce, with the capacity, competence and confidence to meet the needs of the people of North Wales. Specifically this means that: • Our people will have the right values, behaviours, knowledge, skills and confidence to deliver evidence based care, and support peoples wellbeing as close to their home as possible; • We will have sufficient numbers of the right people to be able to deliver proactive and responsive health care that meets the needs of the people of North Wales; • Our people will reflect the diversity, welsh language and cultural & community identity of the population we serve; • Our people will feel and be valued. We will achieve this ambition through implementation plans co designed and delivered in partnership with our people and partners. ***Please note that a Socio economic Impact Assessment will be undertaken for this strategy. This should be read together with this assessment as both are linked.***
2.	Provide a brief description, including the aims and objectives of what you are assessing.	**People Strategy & Plan** is our opportunity to create a learning culture, to work together with our people and partners to address a number of long-standing challenges, prepare our organisation for future challenges and to embrace and create opportunities for us to succeed. The strategy includes changes: **What will be different?**

Part A
Form 1: Preparation

Please answer all questions

<table>
<tr>
<td colspan="2"></td>
<td>

Our workforce feels valued, is treated fairly and their wellbeing is supported
Recruitment challenges are known earlier and targeted effectively
Common competences are identified and underpin new and different ways of working
Widespread digital capability underpins care delivery

</td>
<td>

Workforce language, culture and diversity reflects our population
Widespread values based and inclusive recruitment used more consistently ensures we have the right people
Learning is delivered through flexible and accessible routes
Application of Improvement skills is a natural way of working

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<tr>
<td>3.</td>
<td>Who is responsible for whatever you are assessing – i.e. who has the authority to agree or approve any changes you identify are necessary?</td>
<td colspan="2">Jo Whitehead – Chief Executive

Sue Green Executive Director Workforce & Organisational Development</td>
</tr>
<tr>
<td>4.</td>
<td>Is the Policy related to, or influenced by, other Policies or areas of work?</td>
<td colspan="2">This strategy has numerous areas of interdependency. These are:

Welsh Government plan "A Healthier Wales" - BCUHB "Living Healthier, Staying Well"
BCUHB Evolving Clinical Services Strategy, in North Wales
The Integrated Medium Term Plan (IMTP) 2022-2025
Clinical Services Plan – Local delivery of the Strategic Programme for Primary Care and Accelerated cluster development aligned to the principles within the National Clinical Framework
Promotion and legislation to promote the Welsh Language
Strategic Equality Plans
Socio economic Duty

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Part A   Form 1: Preparation

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- Internal drivers for change:
  - Mewn undod mae Nerth / Stronger Together
  - Staff Networks
  - Speak Out Safely
  - Clinical Workforce Service Review programme
  - Improving data analysis
  - Recruitment processes
  - Nursing & Midwifery Recruitment & Retention group
    - Matron Development program
    - Ward Manager development program
    - Head of Nursing development programme
  - Our way of working:
    - Values and Behaviours
    - Learning Culture
    - Staff Wellbeing Support Service (SWSS)
    - Engagement and Communication
  - Targeted Intervention Improvement Framework (TIIF)

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<tr>
<td>5.</td>
<td>Who are the key Stakeholders i.e. who will be affected by your document or proposals? Has a plan for engagement been agreed?</td>
<td>

The strategy includes key stakeholder groups:

- Health and Social Care workforce
- The strategy has been informed by wide engagement work that was carried out as part of the Mewn undod mae Nerth / Stronger Together – this included over 2000 staff taking part in the first part of the programme work
- Ongoing engagement will be integral to further review work. Principles of co-production to improve large scale pathways and transformation work and service

</td>
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		change to involve patients and members of the public, with ongoing involvement and engagement embedded throughout the Health Board • The strategy will be shared widely across all Health Board teams using different methods to ensure that all staff can access information on the strategy – regardless if they have access to digital technology. • The Heads of HR, together with the OD Managers will share this strategy in senior leadership forums, and internal cascade within all teams will be strongly encouraged.
6.	What might help or hinder the success of whatever you are doing, for example communication, training etc.?	The strategy has different parts of what success looks like which are inter linked with other programme of work across the Health Board. The implementation of the strategy will be dependent on: • Funding and multi-year investments • Recruitment review work and talent management • Ensuring we have the right work culture • Our Leaders creating the right work climate • Involving our staff in decisions that impact them and services • Addressing the issues that impact on Change • Review work being undertaken across pathways
7.	Think about and capture the positive aspects of your policy that help to promote and advance equality by reducing inequality or disadvantage.	The strategy has been developed to benefit all Health and Social Care staff working for the Health Board and wider benefits to our communities in North Wales that use our services. The strategy notes that Covid 19 has affected certain groups disproportionately and some groups experience disadvantages in relation to their protected characteristic.

Part A
Form 1: Preparation

		The strategy notes it aligns to the ambition for healthcare across Wales - that the Health Board will have a motivated, engaged and valued, health care workforce, with the capacity, competence and confidence to meet the needs of the people of north Wales.

Part A   Form 2: Record of potential Impacts - protected characteristics and other groups

Please answer all questions

Please complete the next section to show how this policy / proposal could have an impact (positive or negative) on the protected groups listed in the Equality Act 2010. It is important to note any opportunities you have identified that could advance or promote equality of opportunity. This includes identifying what we can do to remove barriers and improve participation for people who are under-represented or suffer disproportionate disadvantage.

Lack of evidence is not a reason for *not assessing equality impacts*. Please highlight any gaps in evidence that you have identified and explain how/if you intend to fill these gaps.

> **Remember to ask yourself this:** If we do what we are proposing to do, in the way we are proposing to do it, will people who belong to one or more of each of the following groups be affected differently, compared to people who don't belong to those groups? For example, will they experience different outcomes, simply by reason of belonging to that/those group(s). And if so, will any different outcome put them at a disadvantage?

The sort of information/evidence that may help you decide whether particular groups are affected, and if so whether it is likely to be a positive or negative impact, could include (but is not limited to) the following:-

- population data
- information from EqIAs completed in other organisations
- staff and service users data, as applicable
- needs assessments
- engagement and involvement findings and how stakeholders have engaged in the development stages
- research and other reports e.g. Equality & Human Rights Commission, Office for National Statistics
- concerns and incidents
- patient experience feedback
- good practice guidelines
- participant (you and your colleagues) knowledge

Part A

Form 2: Record of potential Impacts - protected characteristics and other groups

Please answer all questions

Protected characteristic or group	Will people in each of these protected characteristic groups be impacted by what is being proposed? If so is it positive or negative? (tick appropriate below) *for further direction on how to complete this section please click here training vid p13-18)*	Reasons for your decision (including evidence that has led you to decide this) A good starting point is the EHRC publication: **"Is Wales Fairer (2018)?"** **You can also visit their website here**	How will you reduce or remove any negative Impacts that you have identified?
	Guidance for Completion *In the columns to the left – and for each characteristic and each section here and below – make an assessment of how you believe people in this protected group may be affected by your policy or proposal, using information available to you and the views and expertise of those taking part in the assessment. This is your judgement based upon information available to you, including relevance and proportionality. If you answered 'Yes', you need to indicate if the potential impact will be positive or negative. **Please note it can be both e.g. a service moving to virtual clinics: disability (in the section below) re mobility issues could be positive, but for sensory issues a potential negative impact. Both would need to be considered and recorded.** The information that helps to inform the assessment should be listed in this column. **Please provide evidence for all answers.** **Hint/tip: do not say: "not applicable", "no impact" or "regardless of…". If you have identified 'no impact' please explain clearly how you came to this decision.**		

Part A

Form 2: Record of potential Impacts - protected characteristics and other groups

	NB: For all protected characteristics please ensure you consider issues around confidentiality, dignity and respect. For the definitions of each characteristic please click here					
	Yes	**No**	**(+ve)**	**(-ve)**		
Age	x		x		**Staff context:** The strategy should have positive outcomes for this protected characteristic due to a number of areas: • Flexibility of working arrangements • Staff Wellbeing Support Service • Staff development opportunities and greater opportunities to be involved in new projects • Employment schemes The strategy notes that in terms of age: • 39% of staff are aged 50+ and this is likely to increase as people expect to work longer. • 5% of the workforce is under 25 years of age. • 15% is 30 years of age or younger. • The over 50s are forecast to be to be the fastest growing group within the workforce.	Ongoing monitoring providing detailed age profile of staff working at BCUHB will be used. Ensuring that staff of all ages can work in environments free from discrimination and reporting systems of incidents / concerns are available. Ensuring support is in place for staff gaining skills for developing digital infrastructure. Strategy interdependency with

Part A

Form 2: Record of potential Impacts - protected characteristics and other groups

Please answer all questions

					Additional data collated for statutory employment records for 2020/21 indicates:	recruitment and employment schemes such as apprenticeships and long-term unemployment schemes.

Additional data collated for statutory employment records for 2020/21 indicates:

	Number	Percent
Under 25	714	3.77%
25 to 29	1593	8.42%
30 to 34	1977	10.45%
35 to 39	2065	10.91%
40 to 44	2152	11.37%
45 to 49	2453	12.96%
50 to 54	2975	15.72%
55 to 59	2760	14.59%
60 to 64	1605	8.48%
65 to 69	463	2.45%
70 and over	164	0.87%
Total	**18921**	**100.00%**

Form 2: Record of potential Impacts - protected characteristics and other groups
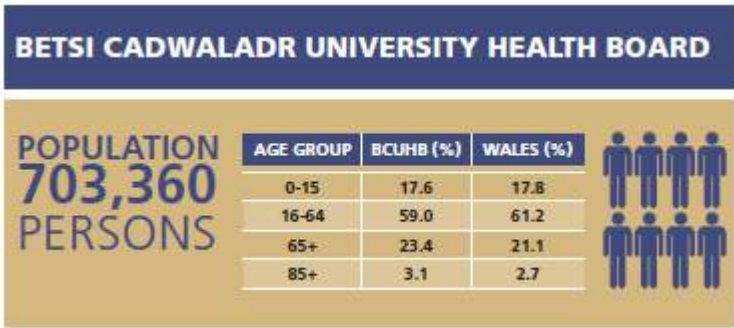
					The strategy notes that in terms of the age profile of BCU people, the needs of staff reflect need for greater flexible working and greater opportunities to be involved in new projects. The strategy should provide the backdrop for promoting age related diversity with employment programmes such as apprenticeships, employment schemes and graduate schemes making BCUHB an employer of choice. Creating a more aged balanced workforce will help ensure that as people retire that there is a wide talent and skills left in the organisation. The strategy will also underpin the organisational culture in which older staff and younger staff are valued and work in a workplace free from age related discrimination, harassment and victimisation. Some aspect of the strategy around the use of digital capacity will need to be fully supportive of staff that have lower levels of digital confidence. In 2014, Welsh Government published the Declaration on the Rights for Older People in Wales. Using the United Nations Principles for Older Persons as a starting point, the Declaration outlines the things that older people value and the rights that older people feel would support and protect them effectively. Source: Older People's Commissioner for Wales Welcomes	

Publication of the Declaration of the Rights of Older People — age discrimination

Community context:

The strategy is based on the principles published by the Welsh Government, titled A Healthier Wales: Our Workforce Strategy for Health & Social Care. Our long-term plan – Living Healthier, Staying well also outlines the need for a workforce capable and skilled to meet the health care needs of a population that are living longer and who have long term and complex conditions.

BETSI CADWALADR UNIVERSITY HEALTH BOARD		
POPULATION 703,360 PERSONS	AGE GROUP	BCUHB (%)	WALES (%)
	0-15	17.6	17.8
	16-64	59.0	61.2
	65+	23.4	21.1
	85+	3.1	2.7

North Wales has an ageing population. The percentage of the population aged 85 years and over is expected to increase by 66% between 2021 and 2043.
Around 10% of people aged over 65 live with frailty, rising to between 25% and 50% for those aged over 85. Frailty is characterised by issues such as reduced muscle strength and fatigue and describes an individual's overall resilience.

Part A

Form 2: Record of potential Impacts - protected characteristics and other groups

Please answer all questions

					Research carried out by Age UK notes that Covid 19 has impacted on the physical health of older people.[1] Age and digital exclusion: According to the Office of National Statistics, of the 4 million people in the UK who have never used the internet, 84% were over the age of 65, and 62% were over the age of 75.[2]	
Disability	x		x		**Staff context:** The strategy should have positive outcomes for this protected characteristic due to a number of areas: • Flexibility of working arrangements • Staff Wellbeing Support Service • Employment schemes • Support for volunteers / work placements • RespectAbility Staff Network There are number of interdependencies with work through the Equality Strategy to improve the monitoring, pay gap and ensuring that recruitment processes welcome disabled people to apply and that they are fair.	The strategy links with interdependent work such as the Strategic Equality Plans. Issues of self-reporting through ESR and during the recruitment phase form some of the work being addressed through the Equality Strategy and will link with the People Strategy Plan. Other interdependent work is underway with

[1] ID204712_HI_Covid report_v3.indd (ageuk.org.uk

[2] Internet users, UK - Office for National Statistics (ons.gov.uk)

Part A

Form 2: Record of potential Impacts - protected characteristics and other groups

					The strategy notes that flexible working will help groups and this is reflective of disabled people, including those living with a long-term condition and those with caring responsibilities. The strategy notes that staff networks such as RespectAbility staff network will have an important role in shaping our health board thinking and speaking up for disabled staff. The strategy notes that disabled people can face additional challenges in remaining emotionally healthy and psychologically well in work and may find it more difficult to ask for support when they need it. The strategy also sets a challenging target to half pay gaps for gender, ethnicity and disability within four years as part of our Strategic Equality Plan. (page 15) Additional data collated for statutory employment records for 2020/21 indicates:	the implementation of the Autism Code of Practice. Other interdependent work on policies and processes in place to support staff that are disabled and or have long term conditions. This includes staff who are carers or become carers. Other interdependent work on policies and processes in place to support staff undergoing development and training – especially regarding reasonable adjustments.

	Number	Percent
Disabled	856	4.52%
Not Disabled	14773	78.08%
Not Disclosed	2463	13.02%
Unknown	829	4.38%

Part A

Form 2: Record of potential Impacts - protected characteristics and other groups

Please answer all questions

					Total	18921	100.00%	
					This assessment also identifies that some staff may also have **caring responsibilities**. Flexible work approaches should have a positive impact on these staff alongside with staff wellbeing services being available.			
					In terms of staff that are neuro divergent, the strategy should have an overall positive impact due to (1) recruitment processes recognising equivalent experience as part of requirements. This links with page 9 of the strategy, (2) positive aspects of training and development – links to page 8/9.			
					Evidence within the NHS Wales Covid 19 Innovation and Transformation Study Report[3] contains information that the pandemic had resulted in Mental and emotional health and well-being challenges of staff and patients. The report notes that many of the support interventions that were put in place to reduce issues such as stress, depression, and anxiety were viewed positively. Staff experienced stress brought on by working in persistent high-pressure environments and/or stress deriving from working from home and not having a work life balance.			
					Community context:			

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[3] NHS-Wales-COVID-19-innovation-transformation-study-report-June.pdf (nhsconfed.org)

					The strategy is based on the principles published by the Welsh Government, titled A Healthier Wales: Our Workforce Strategy for Health & Social Care. Our long-term plan – Living Healthier, Staying well also outlines the need for a workforce capable and skilled to meet the health care needs of a population that are living longer and who have long term and complex conditions. The strategy is aligned to making improvements in the provision of all mental health and learning disability services; this Strategy is aligned to the work underway at national level to develop a workforce plan for all the mental health provision across health and social care. The Mental Health Workforce Plan for Health and Social Care is in consultation stage until end of March 2022. (see page 13) In July 2021 Welsh Government published 'Locked out: liberating disabled people's lives and rights in Wales beyond COVID-19 ', a report about the impact of the COVID-19 pandemic on disabled people in Wales. [4] The findings revealed that during the pandemic many disabled people encountered new barriers to travel, restricting mobility and increasing isolation. Data on disability:	

[4] Locked out: liberating disabled people's lives and rights in Wales beyond COVID-19 | GOV.WALES

Part A

Form 2: Record of potential Impacts - protected characteristics and other groups

Please answer all questions

Table showing number of People of working age with disabilities by area and disability type – for year ending March 2013. [5]

| | | Total persons | | |
		Not disabled	Total disabled	% total disabled
Wales		1401900	410000	22.5
North Wales		318600	75700	23.7
Wales	Isle of Anglesey	30700	7900	20.4
	Gwynedd	57900	12300	17.5
	Conwy	49400	12600	20.3
	Denbighshire	39400	13000	24.7
	Flintshire	74600	15600	17.3
	Wrexham	66600	14300	17.6

Data on long term conditions:

Table showing percentage of adults (age 16 and over) limited by a health problem/disability at local authority and Wales level 2018-19 and 2019-2020[6]

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[5] People of working age with disabilities by area and disability type (gov.wales)
[6] StatsWales, General health and illness by local authority and health board

Part A

Form 2: Record of potential Impacts - protected characteristics and other groups

	Health in general - good or very good	Health in general - fair, bad or very bad	Limited at all by longstanding illness	Limited a lot by longstanding illness
Conwy	76.35	23.65	29.49	13.21
Denbighshire	69.91	30.09	32.16	18.42
Flintshire	76.22	23.78	29.79	13.63
Gwynedd	75.45	24.55	31.94	17.17
Isle of Anglesey	75.90	24.10	30.44	13.79
Wrexham	73.93	26.07	30.41	14.26
Wales	71.68	28.32	34.10	18.42

Additional information on carers:
Based on the Census 2011 there were 78,512 people living in North Wales providing unpaid care (11.4% of the population). Of the total population:
• 6.9% provided unpaid care for one to 19 hours per week,
• 1.8% provided unpaid care for 20 to 49 hours per week, and
• 3.4% provided unpaid care for 50 or more hours per week.

Part A

Form 2: Record of potential Impacts - protected characteristics and other groups

Please answer all questions

					The highest proportion of unpaid carers was in Denbighshire (12.4%) and the lowest in Gwynedd (10.2%).	
Gender Reassignment *Sometimes referred to as 'Gender Identity' or transgender.*	x		x		**Staff context:** The strategy should have positive outcomes for this protected characteristic due to a number of areas: • Flexibility of working arrangements • Staff Wellbeing Support Service • Support through Celtic Pride Staff Network Links with Celtic Pride staff network which supports LGBTQ staff and allies. Support available through Staff Wellbeing Support Service of which the Speak Out Safely reporting tool enables staff to voice concerns and incidents. There is evidence from Stonewall that Transgender people experience high levels of discrimination and are more likely than non-transgender people to experience hate crime[7]. Data on our workforce within the strategy does not currently include people who are transgender. The data used for female	The strategy links with interdependent work such as the Strategic Equality Plans. This includes ongoing work around Gender Identity Pathways and terminology. The strategy links with interdependent policies and procedures for staff undergoing reassignment.

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[7] LGBT in Britain - Health (2018) (stonewall.org.uk)

Part A

Form 2: Record of potential Impacts - protected characteristics and other groups

Please answer all questions

					and male representation is based on ESR and therefore may only reflect sex assigned at birth and currently not gender identify including non-binary staff. **Community context:** ○ There is very little reliable evidence on the Trans population in the UK. ○ Stonewall [8] estimate 1% of the population might identify as Trans, including people who identify as <u>non-binary</u>. ○ That would mean about 600,000 Trans and non-binary people in Britain, out of a population of over 60 million. ○ Across North Wales, this would mean approximately 7000 people are Trans. Evidence is mounting that this community experiences significant health inequalities due to numerous factors. One such determinant, as defined by Meyer (2003) is 'minority stress' – this is the lifelong, cumulative, psychological and physical effects of having a minority identity.[9]	
Pregnancy and maternity	x		x		**Staff context:** The strategy should have positive outcomes for this protected characteristic due to a number of areas: • Flexibility of working arrangements • Staff Wellbeing Support Service • Gender staff network	The strategy links with interdependent work such as the Strategic Equality Plans. The strategy links with interdependent policies and processes for staff

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[8] [8] [Student Frequently Asked Questions (FAQs) | Stonewall](#)
[9] [Minority Stress Model - an overview | ScienceDirect Topics](#)

Part A

Form 2: Record of potential Impacts - protected characteristics and other groups

Please answer all questions

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Considerations for development programmes will need to be mindful of flexibility to ensure that pregnant people and parents are given opportunities to access opportunities.

Data from BCUHB mandatory staff employment report 2020/21:

	Number	Percent
No	18564	98.11%
Yes	357	1.89%
Total	**18921**	**100.00%**

Community context:

There are numerous evidence sources relating to maternal wellbeing.

The report: "National Maternity and Perinatal Audit Ethnic and Socio-economic Inequalities in NHS Maternity and Perinatal Care for Women and their Babies"[10] highlights disproportionately poorer health outcomes for women from South Asian and Black ethnic groups.

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that are pregnant, maternity and requesting paternity leave. This also includes adoption.

The strategy will interrelate with the BCUHB Maternity Strategy, which contains links to BCUHB People.

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[10] Ref 308 Inequalities Sprint Audit Report 2021_FINAL.pdf (maternityaudit.org.uk)

Part A

Form 2: Record of potential Impacts - protected characteristics and other groups

A report by Fair Treatment for the Women in Wales (FTWW) (November 2020)[11] titled The Impact of Covid 19 in Wales: A Women's Health Perspectives notes that during the pandemic health boards across Wales did not have a consistent approach to care and this caused confusion.

Table showing general fertility rate in North Wales and Wales, 2011-2015

	2011	2012	2013	2014	2015
Conwy	64.9	64.9	59.6	62.1	64.1
Denbighshire	68.1	65.9	64.6	71.7	69.0
Flintshire	60.5	60.9	60.1	59.5	58.7
Gwynedd	59.5	60.0	56.3	54.4	53.1
Isle of Anglesey	67.0	73.3	67.6	67.6	63.4
Wrexham	67.1	68.8	64.2	64.5	61.1
Wales	61.4	61.2	58.9	59.1	59.1

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[11] The Impact of Covid-19 in Wales: A Women's Health Perspective - FTWW

Part A

Form 2: Record of potential Impacts - protected characteristics and other groups

Please answer all questions

					The table above shows how the general fertility rate (the number of live births per 1,000 females aged 15-44 years old) at local authority level between 2011 and 2015, and how it compares to the average for Wales. The rate for North Wales is slightly higher than the average for Wales. However, there are variations at local authority level with the lowest rate in Gwynedd (53.1) and the highest in Denbighshire (69.0). With the exception of Denbighshire, all local authorities have seen a reduction in the general fertility rate between 2011 and 2015. Source StatsWales	
Race	x		x		**Staff context:** The strategy should have positive outcomes for this protected characteristic due to a number of areas: • Flexibility • Staff Wellbeing Support Service • Speak Out Safely • BCUnity Ethnic Minority and Overseas Staff Network • Links with Race Equality Action group within BCUHB	The strategy links with interdependent work such as the Strategic Equality Plans. The strategy links with interdependent work linked to supporting the recruitment and support for overseas staff.

Part A

Form 2: Record of potential Impacts - protected characteristics and other groups

					The strategy also sets a challenging target to half pay gaps for gender, ethnicity and disability within four years as part of our Strategic Equality Plan. (page 15)	The strategy links with interdependent work related to Race Equality Action Plan, which is evaluating representation of Black, Asian and minority ethnic staff at different grades – this work, will link to the proposed Welsh Government 'Workforce Race Equality Standard'.
					There have been notable impacts from Covid 19 on Black, Asian and Minority Ethnic staff. COVID-19 has had a disproportionate impact on Black, Asian and Minority Ethnic communities in Wales.[12] The report called Health, Social Care in Wales – Covid 19 Looking Forward provides some good benefits of the way Health, and Social Care staff worked during the pandemic however there is learning on race equality issues that are being incorporated in to the Wales Government Race Equality Action Plan. A key area of the plan to have an anti-racist Wales. Anti-racism is a conscious position wherein individuals, organisations and institutions commit to thinking actively and responding to the potential impacts of their existing structures, processes, policies and practices on racial and ethnic minorities. Such proactive behaviours help to keep racial discrimination in check and shift the burden of racism from the victims of such acts to everyone in society.	

Table showing number staff ethnicity:

	Number	Percent
White	17022	89.96%

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[12] health-and-social-care-in-wales--covid-19-looking-forward_0.pdf (gov.wales)

Please answer all questions

Black or Black British	144	0.76%
Asian or Asian British	583	3.08%
Mixed	114	0.60%
Chinese	29	0.15%
Any Other Ethnic Group	188	0.99%
Unknown	841	4.44%
Total	**18921**	**100.00%**

Source: Employment Report 2020/2021

Community context:

Related work across the Health Board – in particular, Living Healthier Staying Well Strategy aims to reduce inequalities of outcome and improve the health and wellbeing for all communities. There is evidence that certain ethnic minority groups experience poorer health outcomes and face disadvantages when accessing services. Examples include:

- Disproportionate impacts of Covid 19 for people from Black, Asian and ethnic minorities[13]

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[13] health-and-social-care-in-wales--covid-19-looking-forward_0.pdf (gov.wales)

Part A

Form 2: Record of potential Impacts - protected characteristics and other groups

Please answer all questions

- Inequalities faced by people from Black, Asian and ethnic minorities when accessing mental health services[14]
- Life expectancy and prevalence of chronic conditions of Gypsy, Roma and Traveller people [15]
- Prevalence of Cardio Vascular Disease (including Stroke) in Black and Asian groups.

Table showing ethnicity by local authority, health board and Wales, 31 March 2020[16]

*= not available	White	Black, Asian and minority ethnic	% of people who are Black, Asian and minority ethnic
Wales	2,949,400	172,200	5.5%
Betsi Cadwaladr University Health Board	680,400	18,200	2.6%
Conwy	111,700	3,100	2.7%

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[14] race-equality-briefing-final-oct-2020.pdf (mind.org.uk)
[15] travelling-to-better-health.pdf (gov.wales)
[16] StatsWales, ethnicity by area and ethnic group

Part A
Form 2: Record of potential Impacts - protected characteristics and other groups

Please answer all questions

					Denbighshire	92,000	3,200	3.4%	
					Flintshire	152,100	4,300	2.7%	
					Gwynedd	119,300	4,000	3.2%	
					Isle of Anglesey	69,500	*	*	
					Wrexham	135,800	3,600	2.6%	
Religion, belief and non-belief (including philosophical belief)	x		x		**Staff context:** The strategy should have positive outcomes for this protected characteristic due to a number of areas: • Flexibility • Staff Wellbeing Support Service • Speak Out Safely • BCUnity Ethnic Minority and Overseas Staff Network • Links with Race Equality Action group within BCUHB The strategy notes on page 15 of being an employer of choice and being inclusive. The inclusive aspect of our work culture will need to have good cultural awareness and cultural intelligence[17]. There are clear links with introduction of Cultural				The strategy links with interdependent work related support through the Chaplaincy and Spiritual Support Service. The strategy links with interdependent policies, processes, and guidance in relation to religion and belief. This includes flexible working around

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[17] Taken from David Livermoore: https://davidlivermore.com/2016/07/18/

Form 2: Record of potential Impacts - protected characteristics and other groups

Competency training being rolled out across the Health Board, which currently is part of the Strategic Equality Plan.

Data showing staff reporting for Religion and Belief from BCUHB Statutory Staff Employment Report 2020-21.

	Number	Percent
Atheism	2308	12.20%
Buddhism	70	0.37%
Christianity	9555	50.50%
Hinduism	169	0.89%
Islam	173	0.91%
Jainism	*	*
Judaism	9	0.05%
Sikhism	13	0.07%
Other	2085	11.02%
Not Disclosed	3706	19.59%
Unknown	830	4.39%

festivals / dress and uniform policy.

Part A

Form 2: Record of potential Impacts - protected characteristics and other groups

Please answer all questions

					Total 18921 100.00% Figures below 5 are suppressed and denoted by * **Community context:** In 2011, 60.3% of the North Wales population was made up of residents who stated that they followed one of the main six religions and 32.1% stated that they followed no religion. [18] Religion and belief plays an important part in health and social care. It impacts on how people view their care and how they access services. Belief also plays an important part of end of life care.	
Sex	x		x		The strategy should have positive outcomes for this protected characteristic due to a number of areas: • Flexibility • Staff Wellbeing Support Service • Speak Out Safely • Gender Staff Network • Gender Pay Gap	The strategy links with interdependent work such as • Gender Network, • Issues already recognised such as Menopause awareness

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[18] Nomis KS209EW - Religion

Part A

Form 2: Record of potential Impacts - protected characteristics and other groups

The large proportion of staff are female. Which accounts for 80.64%. Approximately 46% of our people work part time, and of these 91% are female.

The strategy includes

	Number	Percent
Female	15258.00	80.64%
Male	3663.00	19.36%
Total	**18921.00**	**100.00%**

addressing gender equality and improving the gender pay gap, which is currently 33% despite the fact 81% of the workforce, is female.

The strategy also sets a challenging target to half pay gaps for gender, ethnicity and disability within four years as part of our Strategic Equality Plan. (page 15)

Tables showing female / male representation across BCUHB and across grades. Adapted from the BCUHB full statutory employment report 2020/2021.

- Statutory reporting such as gender pay gap reporting and action plan and representation levels at senior levels
- Links to strategic equality plan
- Links with above section on Pregnancy and Maternity

Part A

Form 2: Record of potential Impacts - protected characteristics and other groups

Please answer all questions

Grade	Female	Male
Band 2	80.65%	19.35%
Band 3	82.09%	17.91%
Band 4	88.74%	11.26%
Band 5	86.13%	13.87%
Band 6	86.72%	13.28%
Band 7	84.51%	15.49%
Band 8a	77.66%	22.34%
Band 8b	74.36%	25.64%
Band 8c	69.23%	30.77%
Band 8d	60.66%	39.34%
Band 9	54.17%	45.83%
Non-Agenda for Change	79.55%	20.45%
Associate Specialist	52.08%	47.92%

Part A   Form 2: Record of potential Impacts - protected characteristics and other groups

Please answer all questions

					Clinical Assistant		
					Consultant	30.00%	70.00%
					Dentist	65.52%	34.48%
					Foundation Yr 1 / Yr 2	53.16%	46.84%
					Other Medical	62.96%	37.04%
					SHO / House Officer		
					Specialty Doctor / Staff Grade / Trust Grade	44.04%	55.96%
					Specialty/Specialist Registrar	44.96%	55.04%
					Totals	80.64%	19.36%

Additional related issues may be identified within the newly formed Gender Staff Network.

Sexual orientation	x	x			The strategy should have positive outcomes for this protected characteristic due to a number of areas: • Staff Wellbeing Support Service • Speak Out Safely • Celtic Pride Staff Network The strategy does not specifically mention sexual orientation but meeting the needs of this group should be through the interdependent work of Celtic Pride Staff Network and directly links to the Strategic Equality Plan.	The strategy links with interdependent work such as the Strategic Equality Plan, Speak Out Safely and work to promote people to self-report their sexual orientation on ESR.

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Part A

Form 2: Record of potential Impacts - protected characteristics and other groups

Please answer all questions

Data from BCUHB Statutory Employment Report 2020/21 shows:

	Number	Percent
Heterosexual	15106	79.84%
Gay	119	0.63%
Lesbian	113	0.60%
Bisexual	98	0.52%
Not Disclosed	2659	14.05%
Unknown	826	4.37%
Total	**18921**	**100.00%**

Community Context:

"Sexual orientation" is an umbrella term that encompasses sexual identity, attraction and behaviour. It is a subjective view of oneself and may change over time and in different contexts.

Please answer all questions

					In 2019, according to the Annual Population Survey 2019[19], 2.7% of the UK population identified as lesbian, gay or bisexual. This is an increase from 2015 (1.9%). This would mean that approximately, 18,900 are LGB. There is some variation in the data, Stonewall [20]estimate that the real figure of LGB people is between 5-7%. This would mean that approximately, 35,000 to 49,000 in North Wales are LGB. Emerging international and domestic evidence also suggests LGBTQ+ people have faced additional barriers in being unable to access healthcare services or medication as a result of the Covid-19 pandemic and are at increased risk of violence, abuse, homelessness, lower employment, social isolation and loneliness. . This means there is a broad and deepening human rights crisis for LGBTQ+ people across the world, including Wales.[21] The draft LGBTQ+ Action Plan for Wales outlines clear actions to improve health outcomes for LGBTQ+ people in Wales. This will require a workforce that is sensitive to the needs of LGBTQ+ people.	
Marriage and civil		x			No impact on this group has been currently identified.	

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[19] Sexual orientation, UK - Office for National Statistics (ons.gov.uk)
[20] Student Frequently Asked Questions (FAQs) | Stonewall
[21] LGBTQ+ Action Plan for Wales (gov.wales)

Part A
Form 2: Record of potential Impacts - protected characteristics and other groups

Please answer all questions

Partnership (Marital status)					The strategy should have positive outcomes for all staff due to areas of support available through: • Staff Wellbeing Support Service • Speak Out Safely Data from BCUHB Statutory Employment report 2021/22 shows:	

	Number	Percent
Civil Partnership	321	1.70%
Divorced	1474	7.79%
Legally Separated	141	0.75%
Married	10045	53.09%
Single	5367	28.37%
Widowed	231	1.22%
Unknown	1342	7.09%
Total	**18921**	**100.00%**

Socio Economic Disadvantage	x		x		See Socio Economic Impact Assessment for further information.	*Please explain how you intend to remove or reduce any negative impacts you have identified.* **Be specific.**

Part A

Form 2: Record of potential Impacts - protected characteristics and other groups

Please answer all questions

Part A Form 3: Record of Potential Impacts – Human Rights and Welsh Language

Please answer all questions
Human Rights:

Do you think that this policy will have a positive or negative impact on people's human rights? For more information on Human Rights, see our intranet pages at: http://howis.wales.nhs.uk/sitesplus/861/page/42166 and for additional information the Equality and Human Rights Commission (EHRC) Human Rights Treaty Tracker https://humanrightstracker.com.

The Articles (Rights) that may be particularly relevant to consider are:-

- *Article 2   Right to life*
- *Article 3   Prohibition of inhuman or degrading treatment*
- *Article 5   Right to liberty and security*
- *Article 8   Right to respect for family & private life*
- *Article 9   Freedom of thought, conscience & religion*

Please also consider these United Nations Conventions:

UN Convention on the Rights of the Child

UN Convention on the rights of people with disabilities.

UN Convention on the Elimination of All Forms of Discrimination against Women

Part A Form 3: Record of Potential Impacts – Human Rights and Welsh Language

Please answer all questions

Will people's Human Rights be impacted by what is being proposed? If so is it positive or negative? (tick as appropriate below)				Which Human Rights do you think are potentially affected	Reasons for your decision (including evidence that has led you to decide this)	How will you reduce or remove any negative Impacts that you have identified?
Yes	No	(+ve)	(-ve)			
x		x		Article 6 – Right to a fair trial. Article 8: Respect for your private and family life Article 9: Freedom of thought, belief and religion Source: The Human Rights Act | Equality and Human Rights Commission (equalityhumanrights.com)	The strategy will link with interdependent policies and processes such as disciplinary policies. This includes: • Work around the Workforce Race Equality Standard (WRES) • Data monitoring on disciplinary – linked to protected characteristics • Support for different groups within staff networks and Speak Out Safely service to ensure people can report concerns in confidence The strategy should uphold the rights of workers and part of wider work link with Staff Side (Unions).	The strategy will be monitored.

Part A Form 3: Record of Potential Impacts – Human Rights and Welsh Language

Please answer all questions

Part A Form 3: Record of Potential Impacts – Human Rights and Welsh Language

Please answer all questions

Welsh Language:

There are 2 key considerations to be made during the development of a policy, project, programme or service to ensure there are no adverse effects and / or a positive or increased positive effect on:

Welsh Language	Will people be impacted by what is being proposed? If so is it positive or negative? (tick appropriate below)				Reasons for your decision (including evidence that has led you to decide this)	How will you reduce or remove any negative Impacts that you have identified?
	Yes	No	(+ve)	(-ve)		
Opportunities for persons to use the Welsh language	x		x		Strategy includes Welsh Language provisions. This includes promoting Welsh Language learning within BCUHB and also promoting the use of welsh language-speaking staff to meet the needs of our communities. Within the Health Board, 34% of staff have foundation level Welsh language skills. The strategy includes increased levels of Welsh language skills in health and care workforce – page 7. Further information within the strategy states: 'There is also a requirement for subject specialists with high-level Welsh language skills in frontline roles. As the demand for services	Monitoring progress of increased levels of Welsh language skills in health and care workforce.

Part A Form 3: Record of Potential Impacts – Human Rights and Welsh Language

Please answer all questions

increase, we will require a greater capability and capacity to deliver services through the medium of Welsh.'

North Wales is home to more Welsh-language speakers than elsewhere in Wales. However, there is variation across the region from a low of 10.7% of adults aged 16 and over who speak Welsh in Flintshire to a high of 65.95% in Gwynedd. These figures compare to an average of 18.1% for Wales.

Table showing Ability to speak Welsh by local authority and Wales 2018-2019:

	Percentage of adults (16+) that speak Welsh	Percentage of adults (16+) that cannot speak Welsh	Percentage of adults (16+) that have some Welsh speaking ability
Conwy	37.05	49.57	13.38
Denbighshire	30.17	57.89	11.95
Flintshire	10.74	74.73	14.53
Gwynedd	65.95	21.25	12.80

Part A Form 3: Record of Potential Impacts – Human Rights and Welsh Language

Please answer all questions

					Isle of Anglesey	52.91	32.97	14.12	
					Wrexham	13.63	72.82	13.55	
					Wales	18.10	67.34	14.56	
Treating the Welsh language no less favourably than the English language	x		x		See above	Monitoring progress of increased levels of Welsh language skills in health and care workforce.

Part A Form 4: Record of Engagement and Consultation

Please answer all questions

Please record here details of any engagement and consultation you have undertaken. This may be with workplace colleagues or trade union representatives, or it may be with stakeholders and other members of the community including groups representing people with protected characteristics. They may have helped to develop your policy / proposal, or helped to identify ways of reducing or removing any negative impacts identified.

We have a legal duty to engage with people with protected characteristics under the Equality Act 2010. This is particularly important when considering proposals for changes in services that could impact upon vulnerable and/or disadvantaged people.

What steps have you taken to engage and consult with people who share protected characteristics and how have you done this? Consider engagement and participatory methods. *for further direction on how to complete this section please click here training vid p13-18)*	The strategy has been informed by wide engagement work that was carried out as part of the Mewn undod mae Nerth / Stronger Together – this included over 2000 staff taking part in the first part of the programme work • Ongoing engagement will be integral to further review work. Principles of co-production to improve large scale pathways and transformation work and service change to involve patients and members of the public, with ongoing involvement and engagement embedded throughout the Health Board • The strategy will be shared widely across all Health Board teams using different methods to ensure that all staff can access information on the strategy – regardless if they have access to digital technology.
Have any themes emerged? Describe them here.	No wide staff engagement on this strategy has been done. Related engagement for Mewn undod mae Nerth / Stronger Together engagement was carried out for the Discovery phase. This identified areas of improvement for how the Health Board organise itself. How We Organise Ourselves. Consultation was undertaken across the Health Board and included all protected characteristics.

Part A Form 4: Record of Engagement and Consultation

If yes to above, how have their views influenced your work/guided your policy/proposal, or changed your recommendations?	*The engagement work through Mewn* undod mae Nerth / Stronger Together has influenced this strategy. Claire – is this true and if so how?

Part B   Form 5: Summary of Key Findings and Actions

Please answer all questions

1. What has been assessed? (Copy from Form 1) for further direction on how to complete this section please click *here training vid p13-18)*	*See above sections*

2. Brief Aims and Objectives: (Copy from Form 1)	*See above sections*

From your assessment findings (Forms 2 and 3):

3a. Could any of the protected groups be negatively affected by your policy or proposal? **Guidance: This is as indicated on form 2 and 3**	Yes		No	x
3b. Could the impact of your policy or proposal be discriminatory under equality legislation? **Guidance: If you have completed this form correctly and reduced or mitigated any obstacles, you should be able to answer 'No' to this question.**	Yes		No	x

Part B Form 5: Summary of Key Findings and Actions

Please answer all questions

| 3c. Is your policy or proposal of high significance? **For example, does it mean changes across the whole population or Health Board, or only small numbers in one particular area?**

High significance may mean:

- The policy requires approval by the Health Board or subcommittee of
- The policy involves using additional resources or removing resources.
- Is it about a new service or closing of a service?
- Are jobs potentially affected?
- Does the decision cover the whole of North Wales
- Decisions of a strategic nature: In general, strategic decisions will be those which effect how the relevant public body fulfils its intended statutory purpose (its functions in regards to the set of powers and duties that it uses to perform its remit) over a significant period and will not include routine 'day to day' decisions.

GUIDANCE: If you have identified that your policy is of high significance and you have not fully removed all identified negative impacts, you may wish to consider sending your EqIA to the Equality Impact Assessment Scrutiny Group via the Equalities Team/ | Yes | | No but significant   x

For the Health Board workforce. |

Part B   Form 5: Summary of Key Findings and Actions

Please answer all questions

4. Did your assessment findings on Forms 2 & 3, coupled with your answers to the 3 questions above indicate that you need to proceed to a Full Impact Assessment?	Yes	No x	
5. If you answered 'no' above, are there any issues to be addressed e.g. reducing any identified minor negative impact?	Yes		
	Mitigating actions stated in assessment narrative for each protected characteristic.		
6. Are monitoring arrangements in place so that you can measure what actually happens after you implement your policy or proposal?	Yes x	No	
	How is it being monitored?	Strategy will be subject to ongoing monitoring and inter related areas of work will be reported through their work programme governance routes.	
	Who is responsible?	People and Organisational Development.	
	What information is being used?	TBC	

Part B Form 5: Summary of Key Findings and Actions

Please answer all questions

	When will the EqIA be reviewed?	Strategy review date

7. Where will your policy or proposal be forwarded for approval?	*Usually a committee / group.* **Please note it is not the role of the Equality team to approve your EqIA.**

8. Names of all parties involved in undertaking this Equality Impact Assessment – **please note EqIA should be undertaken as a group activity**	Name	Title/Role
	Jen Dowell-Mulloy	Equality and Inclusion Manager
	Claire Wilkinson	Interim Deputy Director of Workforce & OD
Senior sign off prior to committee approval:		
	Name of senior sign off prior to committee approval	
Please Note: The Action Plan below forms an integral part of this Outcome Report		

Part B Form 5: Summary of Key Findings and Actions

Please answer all questions

Action Plan

This template details any actions that are planned following the completion of EqIA including those aimed at reducing or eliminating the effects of potential or actual negative impact identified.

	Proposed Actions **Please document all actions to be taken as a result of this impact assessment here. Be specific and use SMART actions. Please ensure these are built in to the policy, strategy, project or service change.**	Who is responsible for this action?	When will this be done by?
1. If the assessment indicates significant potential negative impact such that you cannot proceed, please give reasons and any alternative action(s) agreed:	*The Strategy has a number of inter-dependencies with other programmes of work. These are various and responsibility for these sit within the relevant team.*		
2. What changes are you proposing to make to your policy or proposal as a result of the EqIA?	*The assessment has highlighted a number of changes, which refer to terminology used.*		
3a. Where negative impacts on certain groups have been identified, what actions are you taking or are proposed to reduce these impacts? Are these already in place?	*Engagement work should be undertaken with related areas of work for the implementation of this strategy.*		

Part B Form 5: Summary of Key Findings and Actions

Please answer all questions

	Proposed Actions **Please document all actions to be taken as a result of this impact assessment here. Be specific and use SMART actions. Please ensure these are built in to the policy, strategy, project or service change.**	Who is responsible for this action?	When will this be done by?
3b. Where negative impacts on certain groups have been identified, and you are proceeding without reducing them, describe here why you believe this is justified.	No current negative impacts identified however as the strategy is implemented, any emerging negative impacts will be addressed.		
4. Provide details of any actions taken or planned to advance equality of opportunity as a result of this assessment.	*Engagement and co-production work is planned within the implementation of this strategy.*		

SOCIO ECONOMIC IMPACT ASSESSMENT TEMPLATE

For a comprehensive guide to the Socio Economic Duty in Wales and supporting resource please see https://gov.wales/more-equal-wales-socio-economic-duty

Public health data is available here North Wales Population Health Directory. If you require support with interpreting public health data please contact the Betsi Cadwaladr Public Health Team.

Further support in applying this process is available from Strategy and Planning colleagues, the Equality Team and your Equality Delivery Group representative. An intranet resource page to guide you through the process has been set up here Betsi Cadwaladr University Health Board | Socio-economic Duty (wales.nhs.uk)

This SEIA procedure should be commenced at the outset and inform the development of both new strategic decisions and when reviewing previous strategic decisions. It provides a clear audit trail for all decisions made under the 2010 Act.

Policy / Strategy / Proposal/Procedure Title	**People Strategy and Plan 2022/25**
Lead Manager	Sue Green, Executive Director Workforce & OD Claire Wilkinson – Interim Deputy Director Operational Workforce
Approval Committee	Health Board
Date form completed	23/02/2022
What are the aims and objectives of the policy/strategy/proposal?	**People Strategy & Plan** is our opportunity to create a learning culture, to work together with our people and partners to address a number of long-standing challenges, prepare our organisation for future challenges and to embrace and create opportunities for us to succeed. **Please read this assessment together with the Equality Impact Assessment (EqIA) due to overlapping issues.**

The strategy includes changes:

What will be different?

- Our workforce feels valued, is treated fairly and their wellbeing is supported

- Recruitment challenges are known earlier and targeted effectively

- Common competences are identified and underpin new and different ways of working

- Widespread digital capability underpins care delivery

- Workforce language, culture and diversity reflects our population

- Widespread values based and inclusive recruitment used more consistently ensures we have the right people

- Learning is delivered through flexible and accessible routes

- Application of Improvement skills is a natural way of working

STAGE 1: PLANNING				
Is the decision a strategic decision? See definition	Yes	Please provide a brief explanation for your answer	The People Strategy and Plan provides the opportunity to create a learning culture, to work together with our people and partners to address a number of long-standing challenges, prepare our organisation for the future, and to embrace and create opportunities for us to succeed.	
Have you identified key stakeholders groups? Please detail below	Yes	**Can you identify relevant communities of interest?** See guidance Please detail below	Yes	**Can you identify relevant communities of place?** See guidance Please detail below
Health and Social Care workforce		In terms of the focus of this strategy there are staff that may relate to the following: - Communities experiencing socio-economic deprivation - People experiencing long-term health conditions including long Covid and unpaid Carers. - Students – University / Further Education placements within the Health Board - People with protected characteristics who have been disproportionately impacted by Covid – including Black, Asian and ethnic minorities, and disabled people - Staff recruited from overseas - Veterans (armed forces community)		In terms of the focus of this strategy there are staff that may live in: - Rural communities - Areas of high levels of deprivation (as identified on WIMD)

STAGE 2: EVIDENCE

| What evidence have you considered about socio-economic disadvantage and inequalities of outcome in relation to this decision? | Equality Impact Assessment (EqIA) has been completed on this strategy and will be updated as any changes / decisions are proposed. This provides additional information in relation to groups and people with protected characteristics. This assessment should be read alongside the EqIA.

Evidence includes the following reports/ strategies:

A healthier Wales: long term plan for health and social care[1]
Published in October 2021 by the Welsh Government, provides context for this strategy. This Wales wide plan states the drivers for change:
• The increasing demands and new challenges that face the NHS and social care – an ageing population, lifestyle changes, public expectations and new and emerging medical technologies
• Medical model of health, and a separate system of social care, is not fit for the future.
• New legislative powers have led to the Well-being of Future Generations (Wales) Act, the Social Services and Well-being (Wales) Act, the Regulation and Inspection of Social Care (Wales) Act,
• Prosperity for All, the national strategy for the 5-years of this National Assembly term, its commitment to "health in all policies", to make a difference to wider social and economic influences such as housing, parenting, education and employability.
• Using the idea of the Quadruple Aim, supported by practical Design Principles – The four themes of the Quadruple Aim, interpreted for our context in Wales are:

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

In terms of the Health and Social Care workforce the plan notes that to support new models of care: |

[1] A Healthier Wales (gov.wales)

	- We must strengthen the support, training, development and services available to the workforce with a focus on building skills across a whole career and supporting their health and wellbeing. This will enable them to continue to care, to maintain and improve their own physical and mental health, and to act as role models to encourage others to do the same. - Wales is a country of diverse and inspiring communities. The NHS and local authorities are the two largest employers. To make the most of these benefits, health boards and local authorities will need to work together with local providers to establish joint campaigns, make best use of resources and recruit the best people. In doing so they will need to identify shared recruitment and staffing needs and develop attractive employment packages which can help entice individuals and families to train, work and live in Welsh communities. - Recruitment and retention will also form a key theme. - For the workforce themselves, the strategy will mean they feel valued and supported at all stages of their career, supported by access to refocused education and training as well as ongoing development offers. It will open up opportunities to flexible career pathways and maximise opportunities for multi-professional learning. - Learning academies focused on the professional capability, which we will need in the future. These will act as hubs for developing the skills and expertise needed, for sharing knowledge and good practice, for translating research into outcomes, and for working with external partners - **Dynamic leadership will be needed to instigate change, empower others and lead by example, as well as to create the conditions for continuous innovation and improvement to drive up the quality and value of services** **Living Healthier, Staying Well[2]** Living Healthier, Staying Well (LHSW) is the long-term (10-year) strategy for the Health Board. The long term vision includes improving: - Health improvement & inequalities, - Care Closer to Home and - Acute Hospital Care.

LHSW goals as set out in 2018:

- Improve physical, emotional and mental health and well-being for all
- Target our resources to people who have the greatest needs and reduce inequalities
- Support children to have the best start in life
- Work in partnership to support people – individuals, families, carers, communities – to achieve their own well-being
- Improve the safety and quality of all services
- Respect people and their dignity
- Listen to people and learn from their experiences

Since 2018, when the strategy was launched, a number of external factors have impacted on the Health Board. The key factors prompting review work are:

- The COVID-19 Pandemic
- The long term impact on health due to COVID-19, including long Covid
- The growth of digital care and home-based care
- Increasing pressures on primary care services
- Increasing mental health referrals and impact on well-being
- Increased backlog in planned care

The Health Board took the decision to revisit its long-term strategic goals and priorities. This has led to the review of the LHSW long term strategy to ensure it would meet the ongoing needs of the population and if any change was needed to meet the challenges of recovery of services following the Covid pandemic and also to align to national strategy[3] - A healthier Wales: long term plan for health and social care. This review work has included engagement work with the public, stakeholders and staff across the Health Board area.

Well-being of Future Generations (Wales) Act, the Social Services and Well-being (Wales) Act, the Regulation and Inspection of Social Care (Wales) Act

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[3] A Healthier Wales (gov.wales)

The Well-being of Future Generations Act requires public bodies in Wales to think about the long-**term impact of their decisions**, to work better with people, communities and each other, and to prevent persistent problems such as poverty, health inequalities and climate change.

Socio economic Duty March 2021
The Socio-economic Duty came into force in Wales on 31 March 2021. It improves decision-making and helps those who are socio-economically disadvantaged. ... It puts tackling inequality at the heart of decision-making, and will build on the good work public bodies are already doing. There is a legal requirement for public bodies to give due regard to this duty

Race Equality Action Plan: An Anti-racist Wales[4] (draft)

This draft plan is due to be finalised and published in early 2022. The vision is for an anti-racist Wales by the year 2030. The high level goals for health include:

- Leadership & accountability: to ensure that NHS Wales is anti-racist, with zero tolerance of any form of discrimination or inequality for employees or service users
- Workforce: to ensure that the NHS Wales workforce reflects the population it serves; and staff work in safe, inclusive environments that enables them to reach their full potential
- Data & Intelligence: to ensure that health data in relation to race, ethnicity and intersectional disadvantage is actively collected, understood and used to drive and inform continued improvements in services
- Access: to ensure public health messages to improve uptake and access to health services are developed through dialogue and in partnership; individuals are supported where necessary in order to access health care
- Tackling health inequalities: To ensure disease and condition specific delivery plans and strategies include actions to address the evident health inequalities experienced by some Black, Asian and Minority Ethnic people

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[4] [41912 An Anti-Racist Wales - Race Equality Action Plan for Wales (gov.wales)](#)

Coronavirus (COVID-19) and the Black, Asian and minority ethnic population in Wales[5]

This report summarises the impact of Covid 19 on Black, Asian and minority ethnic groups[6] in Wales. The report highlights that:
- Covid19 has a disproportionate adverse impact on minority ethnic people.
- People who are Black, Asian and ethnic minority are at higher risk of ill health and have higher mortality rates compared to people of same age in the general population
- People who are Black, Asian and ethnic minority are more likely to experience socio economic disadvantage through:

  o Poorer housing and overcrowding
  o Employment – lower skilled work and job security
  o More likely to be living in relative income poverty
  o More likely to live within most deprived areas – based on Welsh Index of Multiple Deprivation

This report will have relevance for future planning of services in post Covid recovery with considerations for both communities and our workforce, in ensuring that services are culturally sensitive.

Locked out: liberating disabled people's lives and rights in Wales beyond COVID-19. Report commissioned by Disability Equality Forum of the Welsh Government[7]. This outlines the adverse impacts of Covid 19 on disabled people and carers

Wales faces unprecedented 'triple challenge' to health and wellbeing report[8]. Published 1st October 2021 by Public Health Wales

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[5] Coronavirus (COVID-19) and the Black, Asian and Minority Ethnic (BAME) population in Wales (gov.wales)
[6] This also includes Gypsy or Irish Travellers
[7] Locked out: liberating disabled people's lives and rights in Wales beyond COVID-19 [HTML] | GOV.WALES
[8] https://phw.nhs.wales/publications/publications1/rising-to-the-triple-challenge-of-brexit-covid-19-and-climate-change-for-health-well-being-and-equity-in-wales/

This report on the compounding impacts of Brexit, Covid 19 and climate change across multiple determinants of health. These will need to be viewed in synergy, cumulatively and not through a singular lens. Summary of the report highlights:

- Key determinants affected include for example, mental well-being, food insecurity, health behaviours, environmental policy and regulations, employment and working conditions
- Population groups potentially affected include for example, those in rural communities, fishers and farmers, those on low incomes and children and young people
- Climate change is a common theme in COVID-19 and Brexit literature. Both challenges present ways to tackle climate change directly and indirectly, for example improving air quality in Wales
- There is an opportunity to strengthen public health messaging around health behaviours with the increased profile of public health and environmental issues related to Brexit, COVID-19 and climate change for example, diet and nutrition; food insecurity and waste
- Brexit and the pandemic can present opportunities for the future, for example to support a 'green industrial revolution', 'green jobs' and more employment to create a fairer, more sustainable Welsh economy and 'Economy of wellbeing'

Most people affected by the triple challenge:

Babies, children and young people	Farmers, Fishers and agricultural sector workers
Older people	Critical workers, including health and social care workers, and delivery and HGV drivers
Those on low incomes / unemployed	Minority ethnic groups
Geographical areas, including those in rural or coastal areas, tourist areas or port towns	Migrants and their families
Those with existing health conditions and needs	Single parent families

	How coronavirus has affected equality and human rights report[9] by the Equality and Human Rights Commission October 2021 This report highlights that the negative impact of the pandemic has been more severe for some groups than others. In relation to 'People' the following information is relevant: • Young people have experienced significant interruption to their education, which threatens previous gains in attainment levels. Differences in support for remote learning during the pandemic threaten to widen inequalities for those who already perform less well than their peers, particularly boys, Black pupils, some Gypsy, Roma and Traveller pupils, pupils who need support in education, and those who are socio-economically disadvantaged • The increased demand for social care has threatened the financial resilience of the sector, potentially impacting its users and workers. This has led to an increased reliance on unpaid carers, who are more likely to be women • Impact on social care sector – staff faced higher risk of Covid, staff shortages and stressful work conditions • Impact of Covid 19 related to increase of domestic abuse. Increases in the prevalence of domestic abuse in this period will particularly affect people who share certain protected characteristics **BCUHB Statutory Employment Report 2020/2021** This report is published on our Health Board webpage and is a statutory requirement of the Public Sector Equality Duty 2011– section 149 of the Equality Act 2010 **Population / demographic data** – information contained within Stats Wales website
Have you engaged with those affected by the Policy / Strategy Proposal / Policy?	• The strategy has been informed by wide engagement work that was carried out as part of the Mewn undod mae Nerth / Stronger Together – this included over 2000 staff taking part in the first part of the programme work • Ongoing engagement will be integral to further review work. Principles of co-production to improve large scale pathways and transformation work and service change to involve patients and

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[9] How coronavirus has affected equality and human rights | Equality and Human Rights Commission (equalityhumanrights.com)

	members of the public, with ongoing involvement and engagement embedded throughout the Health Board
	• The strategy will be shared widely across all Health Board teams using different methods to ensure that all staff can access information on the strategy – regardless if they have access to digital technology.
What engagement with people living with socio economic disadvantage will be / has been undertaken?	The strategy has been informed by wide engagement work that was carried out as part of the Mewn undod mae Nerth / Stronger Together – this included over 2000 staff taking part in the first part of the programme work, this included work to gain feedback from all different groups and bands within the Health Board. Engagement work taking place so far on this programme includes all staff across the organisation. Engagement with lower bands (in lower paid positions – bands 2 - 4) was 18%. Specific engagement work was undertaken with different staff teams.
How has / will this influence your work/guided your policy/proposal, or changed your recommendations?	All feedback will be taken into account into areas relevant for informing this strategy.

Stage 3: ASSESSMENT AND IMPROVEMENT

What are the main socio economic impacts of the proposal?
Consider evidence from both research and any engagement already carried out.
Who is being affected? Refer to the North Wales Population Health Directory
Are some communities of interest or communities of place more affected by disadvantage than others?

The Equality and Human Rights Commission monitor progress on equality and human rights across a range of areas of life in Great Britain these areas include:

- Education

Education	In Practice	Assessment narrative:
A literature review by the Centre for Research in Early Childhood (CREC) finds that evidence they examined indicates that in the UK, especially, parents' socio-economic status continues to be the primary predictor of which children prosper in adult life. They report that the magnitude of early childhood inequality in the UK is well-documented; some estimates suggest that half the attainment gaps for pupils are already present at the start of primary school. Using Millennium Cohort study	Overall, school children in Wales attain scores in reading, science and mathematics below those in England, Scotland and most other developed countries. Since schools closed during lockdown, children from better-off families have been spending 30 per cent more time on home learning than poorer children	The People Strategy should have a positive impact on Education. This is due to priority areas of work including: • Establishment of Education and Learning Academy • Promotion and furthering workforce development and skills • Providing excellent education and learning opportunities • Building a digitally ready workforce • Flexible education opportunities and career development • Increased levels of Welsh language skills in health and care workforce • Learning is delivered through flexible and accessible routes • Application of Improvement skills is a natural way of working • developing opportunities, together with partners across health, social care and education • Influence the design, commissioning and sustainability of relevant education provision and embrace new and immersive ways of delivering education, training and development. • Bringing together the programmes already in place to increase and widen access across the communities of north Wales to education, learning and

data, this research shows large gaps exist in the UK for vocabulary tests between children aged 4 and 5 from families with middle incomes and those from families with lowest fifth of incomes.

Data for Wales also shows pupils eligible for free school meals and children in care have poorer educational outcomes in schools on average with the gap widening as pupils get older. | How does your proposal take account of the impact of education on the local population, children and adults with additional learning needs, basic literacy levels and those less likely to have or have had access to training opportunities and qualifications?

Think about how careers support at BCUHB and with partners, including apprenticeships and volunteer work placements can be promoted to support young people furthest from the job market. | employment working in partnership with education providers and Health Improvement Wales.

BCUHB is an anchor institution across North Wales and links in with schools, colleges and Universities in its area. It is also a significant employer in the area providing opportunities for employment, apprenticeships and training for different health occupations.

There are a number of employment and volunteering schemes in which the Health Board have close links with Universities, Colleges and Employment support organisations. |
| **Health**

There is a clear social gradient in terms of health | **In Practice**

How does your proposal take account | The strategy should have a positive impact to meet the future needs of our communities and help meet the challenges of Covid recovery. |

outcomes as documented by the Marmot Review (2010 and 2020 update). It makes it clear that health is closely linked to the conditions in which people are born, grow, live, work and age and inequities in power, money and resources (i.e. the social determinants of health).

Indeed, data for Wales shows that adults and children living in the poorest areas are having poorer health outcomes. Adults living in the most deprived areas of Wales have lower life expectancies than those living in the least deprived areas.

There is reasonable evidence that people in poverty or living in deprived neighbourhoods have a higher risk of addiction and mental illness and it's also known that many patients struggle financially and socially.

of the expected health outcomes of the local population? What are the current health needs and what action can be taken to increase access to healthcare for those who experience socio-economic disadvantage? Have the costs of transport and travel been taken into account? Think about the design of the built environment on the physical and mental health of patients, staff and visitors.

What are the opportunities for collaboration, have local third sector organisations been engaged and opportunities to promote access to financial wellbeing, social and other support maximised?

The Health Board is a large employer and its employees are also part of the communities within North Wales.

There are inter dependencies of this strategy with the Living Healthier, Staying Well strategy that is aiming to deliver better outcomes for the communities across North Wales and reduce inequalities of outcome.

North Wales has a resident population of 699,500 persons, living across an area of approximately 2,500 square miles. The region is defined by coastland; rural areas, particularly in the North West; and more urban areas in the North East. Many rural areas have experienced migration patterns that have resulted in ageing populations with increasing health and social care needs.

The Equality Impact Assessment details assessment work for inequalities faced by people and groups with protected characteristics.

The People Strategy and Plan includes services for staff to support their wellbeing. The Staff Wellbeing Support Service (SWSS) is a key area of supporting staff for a wide range of health and wellbeing issues. The Strategy notes the impacts of Covid 19 on staff.

The wellbeing service is founded on a 'pyramid' model of support that encompasses 5 interconnected levels of support for staff's emotional health and psychological wellbeing providing a range of support to meet the differing needs of staff. SWSS provides support to all staff, (including locums), volunteers, students and trainees on placement.

Referral to Single Point of Access for MH services A&E/Psychiatric Liaison Service/GP OOH/ Support lines

CRISIS SUPPORT

EMPLOYERS' RESPONSIBILITY TO PROVIDE

MUST BE ACCESSIBLE, BUT NOT NECESSARILY PROVIDED "IN HOUSE".

MATCHING SUPPORT TO THE HCP's PREFERENCE WILL INCREASE ACCEPTABILITY AND UP-TAKE.

SHOULD BE AVAILABLE IN ALL HEALTHCARE SETTINGS, IN WORK TIME, AND AT A RANGE OF TIMES TO SUPPORT SHIFT WORKERS

INDIVIDUAL'S RESPONSIBILITY TO UNDERTAKE AS MUCH AS THEY POSSIBLY CAN. ACCESS TO FURTHER SUPPORT MUST BE BY CHOICE

Needs MH support — STRUGGLING (includes some with underlying issues) — Mental health provision (focusing on return to duty)

Skilled support — SEVERE DISTRESS: "HEART IS BREAKING" — Low-intensity support from suitable HCP

Supportive Listening — FINDING IT TOUGH — As level below, but includes external helpline support

Non-medicalised buddy system — WORK TO STAY OK — HCPs acting as "coach", and local schemes such as "wellbeing champions"

Self-help, self-care (and within own team) — EVERYONE — Underpins everything. Support that employers put in place can only hope to succeed if HCPs are also prioritising their own wellbeing.

A fair, compassionate, inclusive organisation

A staff member may move up and down the pyramid according to need

Living standards	In Practice	
Living standards 3% of all people in Wales were living in relative income poverty between 2016-17 and 2018-19. This figure has remained relatively stable for the past 16 time periods. At 23%, the figure is slightly lower than last year's. Children were the age group most likely to be in relative	**In Practice** How does your proposal take account of the impact of poverty and deprivation? Can you identify which groups are disproportionately impacted by poverty e.g. disabled people? Think about the UK-	The strategy may have a potential indirect positive impact on the living standards for its workforce. This is linked to the work in 'Talent and Career Development Framework'. This should enable people to progress their career. The agenda for change also have incremental movement within salary. In terms of socio economic disadvantages, there is limited information on how many staff within BCUHB face socio economic disadvantage. The Health Board do provide a range of information to help people experiencing financial hardship. Staff information provides some indication of staff on lower level incomes but may not reflect personal and individual circumstances where staff are the sole income or are living with issues of debt. These individual circumstances may impact on travel to work, digital poverty (access to digital information), and food poverty and may impact on psychological / physical wellbeing.

income poverty (at 28%) and this has been true for some time.

11% of children living in Wales between 2016-17 and 2018-19 were in material deprivation and low income households.

wide reforms to social security and the impact on the poorest in society, particularly women, disabled people, ethnic minorities and lone parents in Wales. How have the needs of people with caring responsibilities been considered? What is the incidence of rough sleeping and levels of homelessness?

Twice as many people expect their financial situation to get worse as those who expect it to get better, with this rising to three times in the bottom income quintile, and more than three times for single parents.

Think about the availability and accessibility of transport, healthy food, leisure activities, road safety and the quality

Table showing number of people employed across different bands.

	Female	Male	Total
Band 1			
Band 2	3113	747	3860
Band 3	2287	499	2786
Band 4	1245	158	1403
Band 5	3105	500	3605
Band 6	2703	414	3117
Band 7	1418	260	1678
Band 8a	445	128	573
Band 8b	145	50	195
Band 8c	90	40	130
Band 8d	37	24	61
Band 9	13	11	24
Non-Agenda for Change	105	27	132
Associate Specialist	25	23	48
Clinical Assistant	*	*	*
Consultant	171	399	570
Dentist	38	20	58
Foundation Yr 1 / Yr 2	42	37	79
Other Medical	34	20	54
SHO / House Officer			
Specialty Doctor / Staff Grade / Trust Grade	133	169	302
Specialty/Specialist Registrar	107	131	238
Totals	**15258**	**3663**	**18921**

| | and safety of play areas and open spaces.

As part of your proposal what are the opportunities to reduce the impact of poverty on living standards? | Figures below 5 are suppressed and denoted by *

The strategy contains work to address pay gaps that exist with different protected characteristics. This work links in with the Strategic Equality Plans – addressing pay gaps.

Context information relating to socio economic disadvantage:

Deprivation data for Health Board area:
The Welsh Index of Multiple Deprivation (WIMD) [10]defines deprivation as the "lack of access to opportunities and resources which we might expect in our society". Deprivation is measured in relation to other areas and based on eight factors including income, health, education and housing.

Deprivation – Health Board level[11]

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Crown Copyright and database right 2019. Ordnance Survey 100017916

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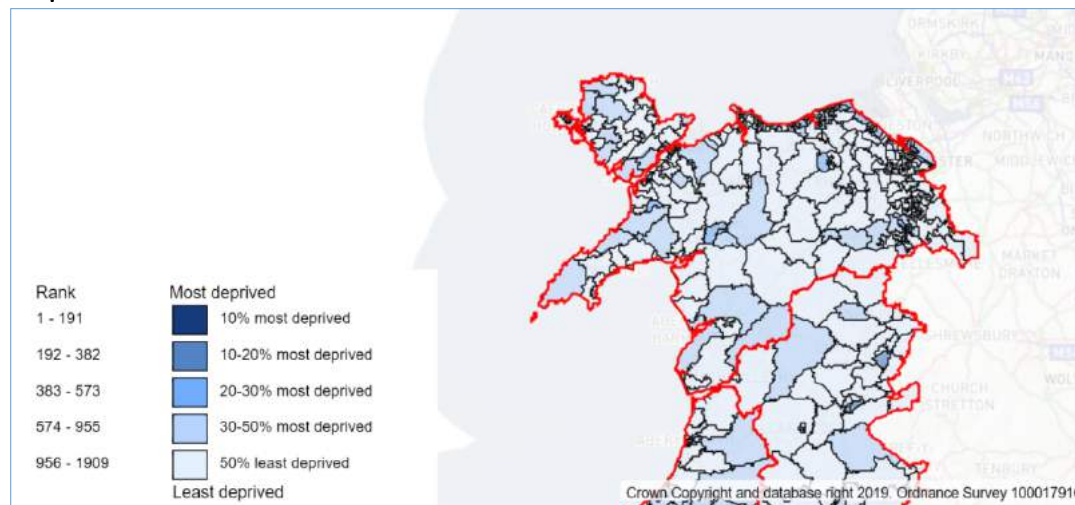
[10] Welsh Index of Multiple Deprivation | GOV.WALES
[11] Source: WIMD - Explore (gov.wales)

Deprivation data is 2019 data.

Car Ownership[12]:

- 20% of households across the Health Board area do not have a car
- Car ownership lowest in Wrexham, Conwy and Gwynedd areas
- 25,040 households across North Wales over the age of 65 do not have access to a car

Related work for Mewn Undod mae Nerth, Stronger Together work will help the Health Board to build resilience to changing demands on services and population needs due to a range of external factors such as Covid 19, Brexit, and environment challenges[13].

Page 22 notes that socio economic disadvantage can impact on staff emotionally and psychologically well in work – with support through SWSS. Does SWSS include financial hardship support? If not - is there something to add to the strategy to support staff facing financial hardship?

Work	**In Practice**	The strategy may have a positive impact on employment opportunities.
When considering all children in Wales, the likelihood of being in relative income poverty is much greater, and the gap is increasing for those living in a workless household compared to living in a working household (where	As one of the largest employers in Wales BCUHB provides numerous opportunities for people to access work, the Step into Work programme is a great example. Think about	This is linked to the work in relation to recruitment and retention and also opportunities for 'Talent and Career Development Framework'. The Health Board is one of the largest employers across North Wales, with over 19,000 people employed. Approximately 46% of our people work part time, and of these 91% are female. Plans based on population need and an evolving processing capacity across interdependent pathways of care to prevent, manage or meet that demand.

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[12] Source: 2010 census data: NOMIS - Official Labour Market Statistics - Nomis - Official Labour Market Statistics (nomisweb.co.uk)
[13] Wales faces unprecedented 'triple challenge' to health and wellbeing - Public Health Wales (nhs.wales)

at least one of the adults was in work).	how careers support including apprenticeships and volunteer work placements can be promoted to support those who are furthest from the job market, those who are in households where no one is in employment, young people who are not in employment or training and other seldom-heard groups.

Think about people in terms of their income and employment status, consider the impact on the availability and accessibility of work, paid and unpaid employment, wage levels, job security and working conditions.

What are the implications of the proposal for people on | The high rate of female part time staff may reflect other responsibilities such as child care arrangements, caring responsibilities. Carers UK[14] believe this would help to create a more competitive employment market, and support employees (particularly women and unpaid carers). The Health Board have policies and procedures for supporting Carers. This issue of a dual responsibility of having a job and caring responsibilities may become greater issue as our population become increasingly older.

There are also 330 Robin Volunteers that support services and 729 registered Volunteers supporting the Covid 19 Vaccination Programme.

The Health Board operate a number of employment schemes, which provide opportunities to gain experience, skills and confidence. These opportunities are open to a range of people, including those with barriers to employment, furthest from the job market, in work poverty, young people who are NEET (not in employment, education or training), ethnic minorities and those who are claiming unemployment benefits or universal credit. Opportunities include:

- Apprenticeships

- The Step into Work Adult Volunteer Work Placement Programme – aimed at those who are furthest from the job market
- Project SEARCH - helping young people with cognitive impairments and whom are neuro diverse to gain the skills they need to get meaningful paid jobs
- Kickstart – funded by Department of Work and Pensions, providing placements for 16 to 24 year olds on Universal Credit who are at risk of long term unemployment |

[14] carers-uk-briefing-on-flexible-working-consultation.pdf

	low income, those who are economically inactive, unemployed, workless, and people who are unable to work due to ill-health. Consider people living in work poverty. During the pandemic lower earners are three times as likely to have lost their job or been furloughed as high earners. How can procurement and commissioning arrangements be optimised to reduce inequalities of outcome caused by socio-economic disadvantage? As part of your proposal what are the opportunities to increase employment opportunities for people who experience socio-economic disadvantage?	The strategy states that opportunities for flexible work arrangements and job shares together with different locations will help in recruitment. Page 8 states 'Shape work to fit the lives of our people through greater use of flexible working in its widest sense, and rethinking how we manage careers to respond to the changing needs and expectations of our workforce'. The strategy states that: • Clinical and Service areas, Finance and Workforce teams have all worked collaboratively to develop a new campaign approach to advertise service vacancies as a whole. This has been particularly successful in the case of the Stroke service, which traditionally has been a hard to recruit to area. • The overall total of new recruitment activity planned for 2022/23 is 519 whole time equivalent (WTE) with plans being drawn up for year 2 currently standing at 125 WTE. The split across the workforce staff groupings 22/23 schemes is as follows; Medical staff 46 WTE, Nursing staff 148 WTE, Other Clinical staff 159 WTE and Non-Clinical Staff 166. • Through the Nursing & Midwifery Recruitment & Retention group, there is a range of work streams to improve retention of nurses. In particular, there are three career pathways under review and being enhanced to make a Nursing career in BCUHB more visible to our staff. The first scheme - Matron Development program, initiated earlier in 2021 received positive feedback. The next two schemes to be taken forward are the Ward Manager development program and Head of Nursing development programme.

Context information:

Employment

	Employment rate (population aged 16-64)	Unemployment rate (population aged 16 and over)	Economic inactivity rate (excl. students) (population aged 16-64)
£	**75.9%**	**3.9%**	**17.9%**
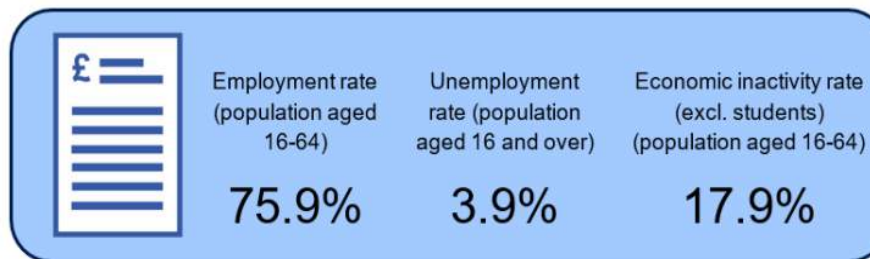
Source: Annual Population Survey, Office for National Statistics. Data relates to year ending 30 September 2019

Unemployment data sets for each area[15]:

Unemployment rate %

■ Year ending 31 Mar 2019   ■ Year ending 31 Mar 2020   ■ Year ending 31 Mar 2021
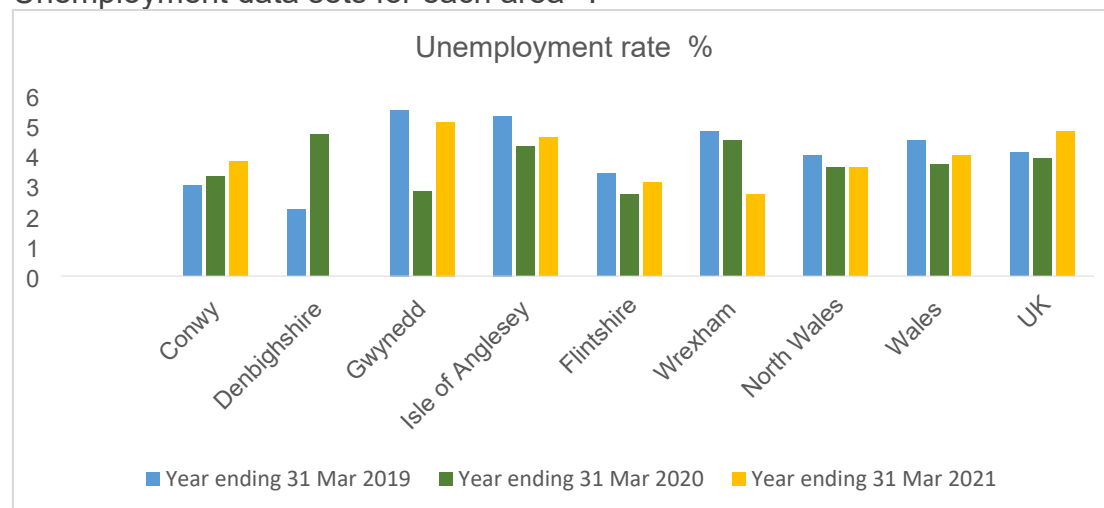
Table with unemployment data sets for each area[16]:

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[15] Source: ILO unemployment rates by Welsh local areas and year (gov.wales)
[16] Source: ILO unemployment rates by Welsh local areas and year (gov.wales)

		Year ending 31 Mar 2019	Year ending 31 Mar 2020	Year ending 31 Mar 2021
	Conwy	3	3.3	3.8
	Denbighshire	2.2	4.7	*
	Gwynedd	5.5	2.8	5.1
	Isle of Anglesey	5.3	4.3	4.6
	Flintshire	3.4	2.7	3.1
	Wrexham	4.8	4.5	2.7
	North Wales	4	3.6	3.6
	Wales	4.5	3.7	4
	UK	4.1	3.9	4.8

*(not sufficiently robust for publication)

Justice and personal security	In Practice	There are some areas of the strategy that will link to Justice and Personal security.
The National Survey for Wales (2018-19) shows that people who were not in material deprivation were found to be more likely to feel safe in their local area, compared with those who were in material deprivation.

Research by the University of Bristol shows that, notwithstanding some significant methodological limitations, existing analyses in the UK and internationally have | How does your proposal take account of local crime rates and exposure to crime? What are the hate crime statistics?

Think about people who live in less safe areas and those more likely to be victims of domestic violence and abuse. Evidence suggests that domestic violence incidents are becoming more complex and serious, with higher levels of | These include:
• Values and behaviours that center about being inclusive
• Staff being able to work in environment with zero tolerance to abuse and violence – Policies and process for dealing with incidents in place
• Reporting systems in place for staff to report concerns and incidents – Speak Out Safely enables people to report anonymously if they wish. This is supported by Speak Out Champions providing confidential support
• Support through staff networks
• Recruitment processes in place to ensure fair recruitment and disciplinary processes free from discrimination / bias
• Staff accessing support for circumstances involving domestic abuse
• Staff being able to work in an environment that aims to be inclusive and safe from discrimination, harassment and victimisation
• Recruitment processes in place to ensure safe recruitment checks: Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 and Disclosure and Barring Service Check to protect certain vulnerable groups within society, there are a number of posts within the NHS that are exempt from the provisions of the Rehabilitation of Offenders Act 1974 (as amended). As the post you have |

consistently found vulnerability to domestic violence and abuse to be associated with low income, economic strain, and benefit receipt. This association is underpinned by a complex set of relationships and interdependencies.	physical violence and coercive control. How can your proposal promote and protect people's rights and increase their access to justice and personal security?	applied for falls within this category, it will be exempt from the provisions of the Rehabilitation of Offenders Act by virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975. This requires applicants for such posts are not entitled to withhold any information about convictions or other relevant criminal record information which for other purposes are 'spent' under the provisions of the Act. There are considerations in relation to feeling safe that relate to our staff. These include: • One identified area is females most likely to feel unsafe when travelling by public transport after dark[17]. • Crime Survey for England and Wales[1] (CSEW) year ending March 2020, an estimated 5.5% of adults aged 16 to 74 years (2.3 million people) experienced domestic abuse in the last year. 69% of victims were women. • Welsh Women's Aid reported 87% (June 2020 survey) increased demand for online support with other survey reporting the pandemic rules was being used by perpetrators to control and put abuse victims at risk[1]
Participation The National Survey for Wales (NSW) shows that in 2018-19, 87% of households had access to the internet. Household internet access varies by WIMD levels of area deprivation. In 2018-19, 92% of households in the	**In Practice** How is participation enabled, how is engagement sustained with people with lived experience of socio-economic disadvantage and how has this informed your proposal?	There are some areas of the strategy that will link to Participation. These include: • Links to recruitment campaigns to reach wide range of people • Communication as part of our Planning Principles • Success will look like - very high levels of staff engagement, motivation, wellbeing and satisfaction • Engagement with our staff – the strategy states: 'Building on the existing structures and incorporating new mechanisms to support individuals through their employee journey, strengthen existing and developing new two-way communication networks (Including leadership visibility) and linkage mechanisms, which break through internal boundaries to enable massive &

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[17] Feeling safe in a local area (National Survey for Wales): April 2018 to March 2019 | GOV.WALES
What factors are linked to people feeling safe in their local area? (gov.wales)

least deprived areas had internet access, compared to 83% of households in the most deprived areas. The NSW also shows households in social housing were less likely to have internet access (75% of such households) than those in private rented (90%) or owner occupied (89%) accommodation. Those in employment were more likely to have internet access at home (96%) than those who were unemployed (84%) or economically inactive (78%).

Covid-19 has shone a spotlight on a digital divide and highlights the effects of digital exclusion on those in poverty, with some feeling isolated and forgotten about.

Think about digital exclusion and digital poverty, people living in rural areas and those unable to access services and facilities. How can your proposal increase participation for people who experience socio-economic disadvantage?

active engagement. Staff involvement with service improvement through continuous improvement methods and connectivity to the innovation mechanisms, clinical & corporate networks, and the organisation's transformation & improvement function'.

- All service changes (significant and non-significant) are co-produced with patients and members of the public, with ongoing involvement and engagement embedded throughout the Health Board
- Widespread digital capability underpins care delivery including the requirement of an agile, flexible, multidisciplinary workforce for an increasingly digital workplace, able to develop the skills needed to adopt and exploit new technology.

Close monitoring of the implementation of digital capability will be important feature of this strategy alongside considerations of digital exclusion. National Survey for Wales. They show older people, disabled people, those living in social housing and the economically inactive & unemployed as those most likely to be digitally excluded.

10% of the population of Wales are not online and 27% of those who do use the internet lack at least one of the five basic digital skills[18]:
1. Handling information and content
2. Communicating
3. Transacting
4. Problem solving
5. Being safe and legal online

Considerations of how the Health Board support staff that are currently experience digital exclusion or have low confidence in using technologies will require careful thought and flexible approaches to learning new skills.

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[18] Digital Strategy - Betsi Cadwaladr University Health Board (nhs.wales)

What actions will you undertake to minimise any adverse impacts identified during this Socio Economic Duty Impact Assessment?			
Impacts Identified	**Mitigating Action to be Taken**	**Action Owner**	**Monitoring Arrangements**
Employment	Recruitment campaigns	Recruitment	Overall levels of vacancies
Staff experiencing financial hardship	Range of support provided through the Health Board	People and Organisational Development	
Career progression and opportunities for development	Set up Learning Academy and links with Universities and Colleges	People and Organisational Development	Take up of completed courses and progression routes
Opportunities for people who are long term unemployed / face barriers to employment	Employment schemes	People and Organisational Development	Take up rate of employment schemes

STAGE 4: STRATEGIC DECISION MAKERS		
Who signed-off this SED Impact Assessment	**Signatory** As per the Health Board's Standing Orders, the Board may agree the delegation of any of their functions, except for those set out within the 'Schedule of Matters Reserved for the Board', to Committees and others. A prescribed Committee, sub-Committee or officer of the Health Board as per the Standing Orders Schedule 1, in accordance with their delegated limits, may carry out these functions. Strategic decisions <u>must</u> have appropriate sign off. If you are in any doubt as to the correct approving body for a strategic decision, please contact the Office of the Board Secretary.	
	Board or Sub Committee:	
Approval and Review	**Approval Date:**	
	Review Date:	

Appendix 3

Type of Decision Includes but is not limited to:	Equality Impact Assessment Required	Socio Economic Duty Impact Assessment Required
Strategic policy development.Strategic directive and intent, including those developed at Regional Partnership Boards and Public Service Boards which impact on a public bodies functions	x	x
Health Board Wide Plans.Medium to long term plans (for example, corporate plans, development plans, service delivery and improvement plans)	x	x
Business Case/Capital Involvement/Options Appraisal required	x	x
Setting objectives (for example, well-being objectives, equality objectives, Welsh language strategy)	x	x
Changes to and development of public services Closure of Services	x	x
Decisions affecting service users, employees or the wider community including (de)commissioning or revised services	x	x
Efficiency or saving proposals, e.g., resulting in a change in community facilities, activities, support or employment opportunities	x	x
Directorate Financial Planning	x	x
Divisional policies and procedures affecting staff	x	
New policies, procedures or practices that affect service delivery	x	
Large Scale Public Events	x	
Major procurement and commissioning decisions	x	x
Local implementation of National Strategy/Plans/Legislation (e.g. vaccination programme)	x	x

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

Cyfarfod a dyddiad: **Meeting and date:**	Extraordinary Health Board 30 March 2022
Cyhoeddus neu Breifat: **Public or Private:**	*Public*
Teitl yr Adroddiad **Report Title:**	Operating Model – Confirmation of Action & Decision Timeline
Cyfarwyddwr Cyfrifol: **Responsible Director:**	Jo Whitehead, Chief Executive Officer
Awdur yr Adroddiad **Report Author:**	Sue Green, Executive Director of Workforce and Organisation Development
Craffu blaenorol: **Prior Scrutiny:**	10 March 2022 – Health Board – Considered readiness Assessment and draft Operational Governance Framework 3 February 2022 - The Health Board approved the Opertaing Model Structure including: a. Design principles and improvement aims; b. Outline, high-level organisation structure; and c. Establishment of the senior management structure for Integrated Health Communities and System Oversight The Operating Model reviewed and agreed by the Executive Team during various phases of design. Those meetings occured on 22.09.21, 27.10.21, 1.12.21 and 12.1.21. The Change Readiness Assessment Phase 1 Transition was reviewed by the Executive Team on 2 March 2022 The Executive Management Group has been updated on progress and invited to feedback throughout the design process. Those meetings occured on 4.8.21, 1.9.21, 29.9.21, 3.11.21, 8.12.21. The Remuneration and Terms of Service Committee (RTS) has considered some specific posts associated with the model. These meetings occured on :- 22.7.21, 17.08.21, 21.10.21, 2.12.21, 18.1.22 and 03.02.22
Atodiadau **Appendices:**	Appendix A – HWOO Operating Model Team Brief

Argymhelliad / Recommendation:
The Board are asked to: i.   **NOTE** the work to be undertaken and timeline for final consideration and decision on the revised Full Operating Model.

Ticiwch fel bo'n briodol / Please tick as appropriate

Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval	x	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**						Y	

An Equality Impact Assessment has been undertaken and considered by the Health Board at its meeting on 10 March 2022. This assessment is a dynamic document and as such will continue to be updated in advance of the 2nd Readiness Assessment to be considered by Executives on 11 May 2022 and Health Board on 26 May 2022.

Sefyllfa / Situation:

Follwoing discussions and previous Health Board workshops and meetings, culminating in consideration of the final Full Operating Model at its meeting on 10 March 2022, this paper sets out the action underway and the timeline for consideration and decision making.

It confirms that no changes will be made to the Operating Model of the organisation including supporting governance systems, in advance of decision making by the Health Board on 25 May 2022, and subject to this, until 1 July 2022.

Appointments to the key senior posts will be made, as approved by the Health Board at its meeting on 3 February. However, for those appointments made in advance of 26 May 2022 will be confirmed as "Designate" until the decision on the full Operating Model is made.

Cefndir / Background:

Reasons for Change

There are a wide variety of sources that consistently and compellingly tell us the structure of the Health Board and its existing Operating Model need to improve. These sources include:-

- Improvement areas identified as part of Welsh Government's Targeted Intervention status. Specifically actions in the improvement matrices relating to Leadership, Engagement, Strategic Planning and Performance and some aspects of Mental Health and Learning Disability;
- Consistent and compelling feedback from 'Stronger Together Discovery' that included conversations with over 1000 staff and a review of over 80 documents;
- Recent reviews including Royal College and external reviews both Health Board commissioned and regulatory, as well as the continued issues with performance against key standards in unscheduled care, planned care etc.

Examples of areas that need to improve are aspects of leadership and organisational effectiveness. These include decision-making, management silos, empowerment/over 'review', accountabilities, data and evidenced based working, and listening and involvement of partners, staff and service users.

Organisational ineffectiveness can have a negative impact on how our services operate, the people we serve, the Health Board's reputation and how people feel about working for or with the Health Board.

Approach to Design and Change Implementation

The Operating Model has been co-designed. Its design has included:-

- Review of best practice of health care organisations in Wales and England, including integrated care systems and some international models;
- Horizon scanning and alignment to national and local improvement initiatives to ensure the Model is functional and future proofed. Examples of strategic alignment include Healthier Wales, Accelerated Cluster Development, Regional Treatment Centres and Living Healthier, Staying Well,
- Co-design of what the model will achieve and how it should be organised, through Stronger Together.

Design Principles, Improvement Aims and Alignment to Our Values

The co-design process identified the following design principles and improvement aims:-

- **Person-centred -** The person is at the centre of all that we do, with an equal focus on **keeping people well** and providing **high-quality care and treatment** when it is needed.
- **Clinically led, evidence-based, empowered organisation -** Listening to and empowering colleagues, with **quality** and **equity** at the heart of decision-making.
- **Community focus with regional networks -** Organised around the needs of our communities, with a local focus balanced with regional delivery for the best patient outcomes. Skills and resources are organised and supported to provide **seamless** services and better **outcomes.**
- **Consistent standards - With equal access** to care and support for all communities across north Wales, following value-based healthcare principles.
- **Effective partnership working -** Listening to our colleagues, partners and communities to develop and deliver services that support people to live healthily and stay well.
- **Compassionate, learning** organisation - Continually improving, using technology and data to simplify systems and innovate.
- **Processes and ways of working -** That make doing the right thing easy.

The design is based on what we value and how we treat each other, always checking back to the Health Board's values.

The Outline Model

The model :-

- Builds on the strength of geographically based arrangements;
- Removes the structural division between acute, primary and community services;
- Increases the collaboration and pathway approach between Health Communities (locally managed services) and Pan North Wales Services (regionally managed services);

- Focusses on specific areas of support services and leadership that directly meet the aspirations of the improvement aims including digital, partnership working and transformation.

Any empowered model needs to provide a level of consistency for emerging structures to build on.
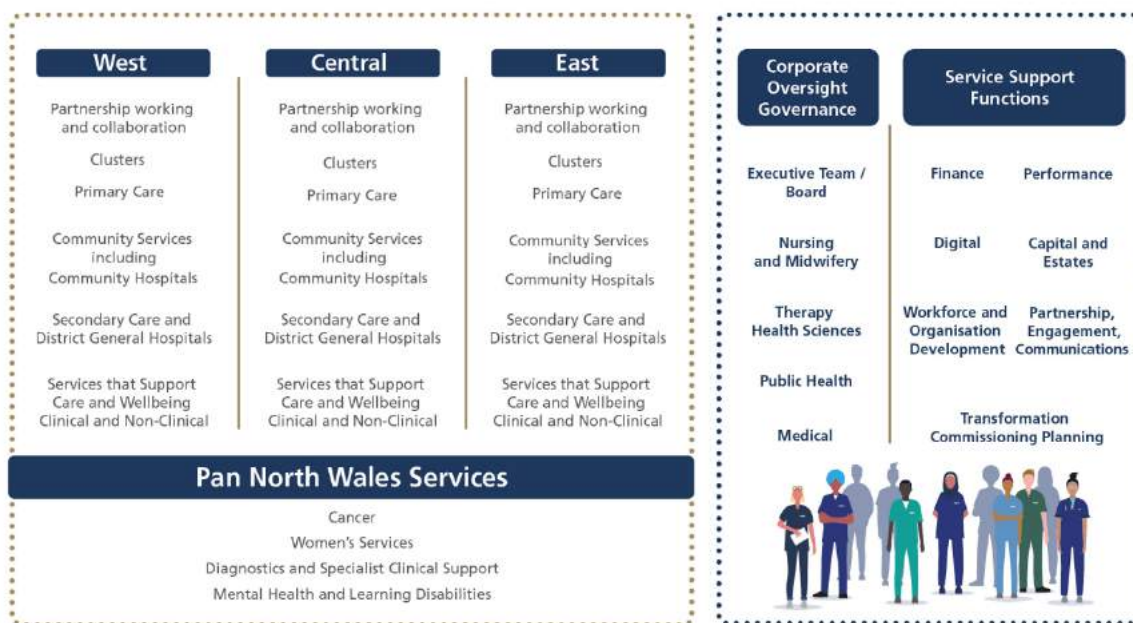
Executive and Senior Management Configurations

Executive Team

Targeted design work has been undertaken for the following functions, to directly deliver the aspirations of the design principles and improvement aims:-
- Integrated clinical delivery
- Digital leadership
- Partnership, engagement and communications
- Transformation and planning

In addition, all Executive portfolios have been reviewed to ensure clarity of accountability, to support improved matrix working and importantly to enable greater focus on strategic development, delivery and improvement.

Senior Management Configurations

The Model introduces Integrated Health Community (IHC) Directors, a Deputy Director Integrated Clinical Delivery – Regional Services and a Deputy Director Integrated Clinical Delivery – Primary Care. Each of these roles reporting to the Deputy Chief Executive/Executive Director Integrated Clinical Delivery.

The Health Community roles will be supported by a leadership team comprising Medical, Nursing, Therapies & Health Sciences, Medicines and Operations.

Within each IHC, there will be a requirement to consider the leadership roles required to ensure effective patient centred clinical service grouping across Primary, Community, Secondary and Children's. In addition, IHCs will be required to ensure that as Clusters develop further in line with the national Accelerated Cluster Development Programme, Cluster Leads are embedded within the delivery and decision making structures. Management arrangements will reflect pathways, communities and partners as much as possible bringing management arrangements together in an Integrated Health Community. This will be managed within the existing organisational budget and Integrated Medium Term Plan. Any proposals requiring additional investment will need to demonstrate robust return on investment, and subject to the organisation's business planning process and governance.

Clinical Service Operations

Arrangements are designed to serve local and regional population requirements holistically. Appendix 1 provides more detail and rationale, the appendices in the full Operating Model document include :-
- Service management mapping arrangements;
- Overview of accountabilities for senior posts within the clinical operational teams;
- Business arrangements to increase system working.

Ways of Working / Organisational Arrangements For System Working

The Operating Model describes a variety of ways of working that bring consistency and cohesion to the organisation, whilst supporting appropriate local variation and decision-making. All of the proposals align to, rather than replace, the governance and performance accountability frameworks.

More detail can be found identified in Appendix 1, the full Operating Model document, including:

- Mechanism for clinical standard setting and oversight, clinical effectiveness and clinical networks;
- System oversight function;
- Fora for people in similar roles in different parts of the organisation;
- All senior leaders will have a cross Health Board responsibility that will be clearly defined
- Operational Governance and Assurance Framework.

Organisational and Operational Governance and Assurance Framework

The proposed Operational Governance & Assurance Framework supports the Integrated Governance framework approved by the Health Board on 15th July 2021 and covers a range of structural elements aligned to the new operating model. It responds to the feedback and output of the Discovery phase of Mewn Undod mae Nerth/Stronger Together, discussions at Board and Board Committees regarding learning from significant issues and feedback from key colleagues in Welsh Audit Office and Internal Audit. It has been developed with colleagues within clinical and operational teams across health community and pan BCU services, and will continue to be refined as we move into the Transition Phase.

The Framework, attached at Appendix 2, has been developed to support continued preparation to move into the Transition Phase and to provide clarity in terms of what needs to be in place by 1 July 2022 and what will be tested to ensure effectiveness through quarter 3 as an integral part of

the planning cycle. This enables any changes to be made as a result of learning in advance of the start of the new financial year 2023/24.

Over the next month, this Framework will be tested against a number of scenarios to include:

Scenario 1 – failure of escalation system of control or application in relation to issues within a clinical service
Scenario 2 – failure of performance system of control or application in relation to significant variance in performance against plan for a clinical service
Scenario 3 – Delay in clear decision making in relation to a Case for investment/efficiency
Scenario 4 – Health Communities working in isolation or competition with each other or other services

Asesu a Dadansoddi / Assessment & Analysis

We are clear that approval of a revised full Operating Model is a matter reserved for the Health Board.

As such, and following discussions at and feedback since the Health Board meeting on 10 March a range of actions are underway to ensure that the Health Board is in a position to make a decision at its meeting on 26 May 2022.

In order to do so, all members of the Health Board will have:
- ✓ had the opportunity to properly review and contribute to the supporting documentation;
- ✓ received robust assurance that the proposals will address the concerns expressed and issues raised both internally and externally by regulators and partners; and
- ✓ contribute based on knowledge and experience to specific elements of the Model.

There are a number of significant actions and products required to be in place by 11 May to support the structured transition from the current Operating Model to the new Operating Model subject to the decision of the Health Board on 26 May 2022.

Large scale is often an emergent activity and our delivery architecture continues to adapt to meet the needs of the change. In balancing the need to focus on the design and delivery of the multiple products and the management of their complex interdependancies we have migrated down from seven to five projects (clusters of work) .

1. Roles & the people
2. Leadership development & support for emerging teams
3. Goals, Finance, Governance & Assurance, Performance & Information Deployment.
4. Outstanding Design – Clinical
5. Service Support Function to Business Partners

The projects are responsible for the delivery of a series of products in prepration for a May decision and July go-live.

The projects report into Programme Leadership Group under the People and Culture Executive Delivery Group, reporting into the Executive Team and for assurance to Partnerships, People and Population Health Committee.

Projects

1. Roles & the people

    a) New roles including Job descriptions for level 3 & 4
    b) VERS – part 1 and part 2
    c) Process & co-ordination of appointments
    d) Process & co-ordination of departures
    e) Business Continuity - Emergency Preparedness / On-call rota changes
    f) Office Accommadation

To date the project teams have been focussed upon workstreams/productcs A to C.

2. Leadership development & support for emerging teams

    a) Career coaching and help in applying for senior leadership posts
    b) On-boarding - people can find their way around Betsi and have the tools they need from day one.
    c) Tranisition managmeent and exit
    d) Communication & Network development days - bringing together our new leaders and emerging teams to begin to build team Betsi
    e) Supporting individuals with specific development needs on how we do things

A plan is now in place to provide career coaching and a series of development interventions to support senior leaders who wish to apply for the new posts. The first cycle of development work to the material on the Gwella hub/portal (onboarding platform) has been completed and 'critical friends' are in place to review the material as part of the co-design approach.

3. Goals, finance, governance & assurance, performance and information deployment

    a) Operational Governance & Assurance framework
        i. Board & Exec / Enabling / Health Econ's / Pan-service
        ii. Scheme of Reservation & Delegation (SORD)
        iii. Risk management Performance measurement framework cascade
    b) Financial Management, establishment control & risk systems/processes
    c) Information governance
    d) Performance reporting
    e) Goals cascade
    f) Business planning

To date the project have focussed upon work streams/products A to D.

The draft **Operational Governance & Assurance Framework** supports the Integrated Governance Framework approved by the Health Board on 15th July 2021 and covers a range of structural elements aligned to the new operating model. Following feedback from the Health Board on 10 March 2022, the focus of the work is on the testing of the efficacy of the framework and, where issues arise from this testing, amendments made in advance of consideration by Executives 11 May and Health Board 26 May.

Given the need to ensure that all Health Board members are suitably assured that the risks associated with a change to this Framework have been identified and mitigated and/or further mitigations in place, it will be important that colleagues from the Board are able to contribute to this work in advance of formal consideration.

The Health Board **Scheme of Reservation & Delegation (SORD)** has been amended in liaison with key Health Board members and has been reviewed by Audit Committee. This is now subject to approval by the Board under a separate item on this agenda.

The project group will shortly commence work on reviewing all of the remaining 17 SORD's in readiness for approval through Audit Committee and Health Board as part of the decision making for the Full Operating Model.

Financial Management, establishment control & risk systems/processes and reporting
The multiple system owners are developing plans to execute digital system hierarchy changes in readiness for the July go-live. Until the Health Board makes a decision on 26 May, hierarchies and existing reporting will continue to reflect the current structure.

The **Information Governance and Digital** Teams have been working in tandem to conduct a desktop review of the 117 BCUHB digital systems. To identify where managerial and structural hierarchy changes are required over and above the governance systems, financial systems, and workforce systems, of which have already been identified; Oracle, Datix, ECR, and ESR / Trac. No changes will be made to these systems until the Health Board makes a decision on 26 May.

4. **Service Support Function to Business Partners**

Service Support functions are working to complete their alignment to the Health Communities and Pan services in preparation for July.

- Finance
- Digital
- Nursing & Midwifery
- Quality & Patient Safety/Experience
- Therapy & Health science
- Partnership, Engagement & Communication
- Office of the Medical Director
- Holistic Education function
- Workforce & OD Operating Model

5. **Communication & Engagement**

A communications and engagement plan is in place to support internal and external partner engagement.

An updated Team Brief for cascade has been developed and is attached at Appendix A. This makes the timeline for approval explicit so there is clarity across the organisation.

Readiness Assessment and Decision Making

The Executive Team will review the 2ⁿᵈ Readiness Assessment on 11 May and, subject to this review will then move to submitting a recommendation to the Health Board on 26ᵗʰ May 2022.

Goblygiadau Ariannol / Financial Implications

There are no financial Implications arising from this report as it an update on timeline.

Dadansoddiad Risk / Risk Analysis

There are no risks direclty associated with this report as it an update on timeline.

Cyfreithiol a Chydymffurfiaeth / Legal and Compliance

The approval mechanism described in the body of this report are aligned to the Constitution and

Asesiad Effaith / Impact Assessment

Full equality and socio economic impact assessment and action planning has been undertaken and will be updated as per the timeline.

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How We Organise Ourselves - Our New Operating Model

Purpose of this Conversation

1. Where we came from – what our Discovery told us

2. Where we are now

3. What's happening next

4. Information & support – where can you go

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What **Discovery** told us

Opportunity to

Purpose & Goals
Reset & connect

Behaviours
Develop our shared standards

Engagement & Communication
Learn from Discovery

Role & Responsibility
Establish clarity

Multi Divisional Team working
Create conditions to encourage & enable

Decision making
Establish clear framework to empower

Leadership Development
Develop framework & increase opportunity

Structure
Aligned to our purpose

Change
Develop skills and capacity

Personal Contribution
Clear & recognised

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What **Discovery** told us

The work we need to do

Our Way of Working
What we value and how we should treat each other – including how colleagues are listened to and supported.

Strategic Deployment
The need for us all to understand how we are doing in our role and how the things we do connects to the Health Board's purpose and goals. Learning from the decisions we take.

How we Organise Ourselves
Make it easier to get things done, improve how we organise and run the organisation.

Our New Operating Model

The Best of our Abilities
Make it easier to get the skills and capacity we need from both within and from outside to support your work.

How we Improve & Transform
Collaboration and working together more effectively to address our most challenging issues and take advantage of improvement opportunities

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What our **Discovery** told us

How it all starts to come together

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How We Organise Ourselves - Our New Operating Model

What do we mean by an Operating Model?

- The Operating Model describes how we organise and manage the business of the Health Board, who is responsible for what, who leads and manages and the processes which enables this to happen.

Why are we changing it?

- The way we are organised at the moment makes it more difficult to :
    - deliver our purpose
    - provide care to consistent standards and avoid unnecessary variations in clinical practice
    - understand who reports into who for what

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How We Organise Ourselves - Our New Operating Model

What principles guided the design of our new Operating Model

- Person centred,
- Clinically led, evidence based, empowered organisation (decisions made as close to the patient as possible)
- Community focus with regional networks,
- Consistent standards with equal access for our population,
- Effective partnership working,
- Compassionate, learning organisation,
- Processes and ways of working that make doing the right thing easy.

The New Structure

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How We Organise Ourselves - Our New Operating Model

What's the new model?

What's different:

- Bringing together Primary Care, Community Services, Secondary care (Acute) and Childrens services into **3 Health Communities** - East, Central & West

- Health Communities will be led by an accountable Director

- **4 Pan North Wales Services**

- All led by a **Deputy Chief Executive/Executive Director of Integrated Clinical Delivery***

West	Central	East
Partnership working and collaboration	Partnership working and collaboration	Partnership working and collaboration
Clusters	Clusters	Clusters
Primary Care	Primary Care	Primary Care
Community Services including Community Hospitals	Community Services including Community Hospitals	Community Services including Community Hospitals
Secondary Care and District General Hospitals	Secondary Care and District General Hospitals	Secondary Care and District General Hospitals
Services that Support Care and Wellbeing Clinical and Non-Clinical	Services that Support Care and Wellbeing Clinical and Non-Clinical	Services that Support Care and Wellbeing Clinical and Non-Clinical

Pan North Wales Services

Cancer
Women's Services
Diagnostics and Specialist Clinical Support
Mental Health and Learning Disabilities

Corporate Oversight Governance	Service Support Functions	
Executive Team / Board	Finance	Performance
Nursing and Midwifery	Digital	Capital and Estates
Therapy Health Sciences	Workforce and Organisation Development	Partnership, Engagement, Communications
Public Health		
Medical	Transformation Commissioning Planning	

*The only exception to this reporting is Mental Health & Learning Difficulties Division, which continues to report to the Executive Director of Public Health.

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How We Organise Ourselves - Our New Operating Model

What's the new model?

What's different (continued):

- Health Communities will be accountable for ensuring a focus on population, prevention and public health

- Health Communities will manage inpatient beds and theatres that are physically within their geography

- Operational facilities management arrangements move to the Health Community

- Single BCUHB wide waiting access and lists for care delivery will become the norm.

- A unified, population based, commissioning function will be developed* - brining together all of the commissioning work

- A holistic education function will be developed - bringing together all education & learning work

- Corporate Functions will be re-named Service Support functions

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How We Organise Ourselves - Our New Operating Model

What's the new model?

What's stays the same:

- Children's services will remain within Health Communities

- Therapies operational management arrangements remain within Health Communities

- Existing support arrangements for services with hub/spoke or hosted arrangements remain as current where it is felt they are best designed for patient and community.

- Diagnostics and Specialist Clinical Support Services will retain a Pan North Wales management arrangement.

- Women's Services will retain a Pan North Wales management arrangement.

- Cancer Services will retain a Pan North Wales management arrangement.

- Mental Health & Learning Difficulty services will retain a Pan North Wales management arrangement.

Changes at an Executive Level

Legend:
- Executive roles aligned to the statutory requirements
- Material lead responsibilities in addition to core job description
- Directors reporting to the Chief Executive
- Role reporting to Chair & Chief Executive
- Redesigned or new roles directly linked to OM

Chief Executive

Assistant Chief Executive/Chief of Staff

Deputy Chief Executive/Executive Director Integrated Clinical Delivery

Plus Executive Lead: Operational Governance

Executive Medical Director
- Plus Executive Lead: Risk Management

Executive Director Finance & Performance
- Plus Executive Lead: Performance Estates

Executive Director Transformation & Planning

Executive Director Therapies & Health Sciences

Executive Director Workforce & OD
- Plus Executive Lead: Health, Safety & Security

Executive Director Public Health
- Plus Executive Lead: Mental Health Services

Executive Director Nursing & Midwifery

Director of Digital/Chief Digital & Information Officer

Director Partnerships, Engagement & Communication

Board Secretary

Health Community Leadership Posts

Chief Exec Officer

- Assistant CEO
- Director PEC
- CDIO Digital
- Board Secretary
- Exec Public Health
- Exec Integrated Services / Deputy CEO
- Exec Med Director
- Exec Finance & Performance
- Exec Transformation & Planning
- Exec Nursing & Midwifery
- Exec Workforce & Organisation Development
- Exec Therapy & Health Science

Health Community Director

- Health Community Doctor
- Health Community Director of Operations
- Health Community Director of Nursing
- Health Community Therapy & Health Sciences
- Health Community Medicines Management

Service Support Executives & Function

- Transformation & Strategic Planning Business Partner
- Finance Business Partner
- WOD/People Business Partner
- Digital Business Partner
- Performance Business Partner
- Partnership, Engagement & Communication Business Partner
- Quality & Experience Business Partner
- Estates Business Partner

- Public Health
- Mental Health Learning Disabilities Lead Partner
- Women's Lead Partner
- Diagnostic & Specialists Support Lead Partner
- Cancer Lead Partner

Existing Leadership and management structures will be reviewed and mapped across to optimise seamless pathways and integrated care delivery aligned to the design principles.

This will be undertaken once the Senior tier is in place.

New Roles phase 1

Executive Director of Integrated Clinical Delivery & System Oversight Function

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How We Organise Ourselves - Our New Operating Model

Phases 1 & 2

Phase 1

- Executive portfolio changes

- Integrated Health Community Director (x 3)

- Health Community Doctor (x 3)

- Health Community Director of Operations (x 3)

- Health Community Director of Nursing (x 3)

- Deputy Director of Integrated Clinical Delivery – Regional Services (x 1)

- Deputy Director of Integrated Clinical Delivery – Primary Care (x 1)

- Clinical Director Therapy (x 1)

Phase 2

- Our new leadership teams will lead the co-design of the new phase of our operating model - the design of their teams.

Work still to do

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How We Organise Ourselves - Our New Operating Model

Work to do on the Design of Clinical Services

- Primary Care

- Psychology & Therapists working with Mental Health & Learning Disability service users

- Acute Brain Injury

- Dental Services & Managed Practices

- In addition to those areas, plan in place to co-design the management arrangements for these services:
  - Mental Health & Learning Difficulties Operating Model (end April)
  - Education Function (end April)
  - Commissioning Function (end June)
  - Care System Oversight Function (end April)*
  - Clinical Effectiveness Function (end April)*

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How We Organise Ourselves - Our New Operating Model

Work to do on Service Support Functions

- Corporate Functions will be re-named Service Support functions

- Complete Health Community alignment arrangements (end March)*

Business Partnering

- A partnership approach to corporate and operational working

- Business partnering is the development of successful, long term, strategic relationships between customers and suppliers - a collaborative approach to achieving shared goals

- Development support will be available for teams to start on this journey

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How We Organise Ourselves - Our New Operating Model

Work still to do on the design of our Governance

Co-design of our Governance and Assurance Framework
- Roles with the right responsibilities, right Betsi goals, right performance targets & right measures

Change our internal systems & processes which support the new roles (examples)
- ESR
- Ledger
- Procurement
- Performance reporting
- Risk Reporting
- Data

So what next

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How We Organise Ourselves - Our New Operating Model

So when does all of this come together?

- **1st April 2022**
- Getting ready for our new Operating Model by:
  - Appointing to new posts & supporting those leaving us in handing over their current accountabilities & responsibilities to the new people
  - Providing development support for our new leaders and their emerging teams
  - Continuous co-design of our structures, processes and governance & assurance framework including our performance reports

- **11 May 2022**
  - Are we ready for July – Readiness Assessment - assurance that our new Operating Model will be operationally ready by July

- **26 May 2022**
  - Board makes the final decision for a July 'Go Live' of our new Operating Model and Governance & Assurance Framework.

- **July 2022 & beyond**
  - When key leadership roles are in place and our operational management structures are completed
  - Supported by our digital systems and processes
  - Our reports from Board to GP/Ward/Lab/Canteen will resemble our new structures
  - Fine tune & embed down through the organisation the finished designs for:
    - Clinical services
    - Governance and Assurance Framework
    - Enabling services
  - Business partnerships becomes more than just a name

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How We Organise Ourselves - Our New Operating Model

Supporting our Leadership & Emerging Teams

- We will be supporting our new leaders and emerging teams through this journey by:

  - Providing access to career coaching and help in applying for senior leadership posts

  - Ensuring that new people can find their way around Betsi and have the tools they need from day one

  - Bringing together our new leaders and emerging teams to begin to build team Betsi

  - Supporting individuals with specific learning on how we do things.

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How We Organise Ourselves - Our New Operating Model

So what does this mean for me?

- For a really small number of colleagues at this stage, a change in role & responsibilities

- For some people - maybe a change in your line manager – at some point in 2022

- Possibly meeting new people and being part of a new team

- Showing and sharing with your new line manager and/or supervisor how you contribute to Betsi's purpose

- New opportunities to broaden skills and experiences

- Opportunity to help us co-design and fine tune the design

Help & Support

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How We Organise Ourselves - Our New Operating Model

For more information or help.

Roles	People
Executive Sponsor	Sue Hill – Executive Director of Finance
	Sue Green – Executive Director of Workforce & Organisational Development
Programme Leadership	Claire Wilkinson – Deputy Director of Workforce & Organisational Development
	Michael Shaw – Directing Stronger Together
New roles & People	Lesley Hall - Associate Director HR
Governance & Assurance	Simon Evans-Evans - Director of Governance
	Bethan Jones - Area Director (central)
Money	Tim Woodhead - Finance Director - Operational, Finance
Performance	Gavin Halligan-Davis - Director Of Performance, Finance
	Edward Williams - Head Of Performance Assurance
Risk Management	Matt Joyes - Associate Director Of Quality, Patient Safety and Experience
Leadership Development	Ellen Greer - Associate Director Of Organisational Development
	Nia Thomas - Head Of Organisational Development
Programme Management	Rebecca Testa - Senior Organisational Development Manager
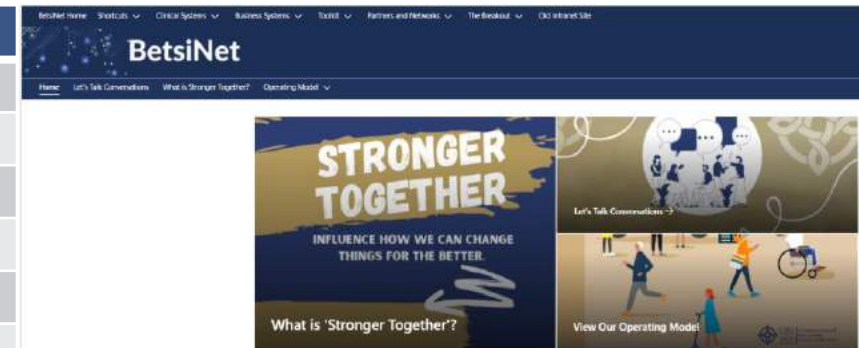
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How We Organise Ourselves - Our New Operating Model

Any Questions

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Cyfarfod a dyddiad: Meeting and date:	Extraordinary Health Board 30 March 2022
Cyhoeddus neu Breifat: Public or Private:	Public
Teitl yr Adroddiad Report Title:	Master Scheme of Reserved Delegation
Cyfarwyddwr Cyfrifol: Responsible Director:	Molly Marcu, Interim Board Secretary
Awdur yr Adroddiad Report Author:	Molly Marcu, Interim Board Secretary
Craffu blaenorol: Prior Scrutiny:	Audit Committee
Atodiadau Appendices:	Appendix 1: Master Scheme of Reserved Delegation
Argymhelliad / Recommendation:	
Following the review of the document by the Audit Committee on the 15th of March, the Board is asked to note and approve the updated Master Scheme of Reserved Delegation	

Please tick as appropriate (note the Chair of the meeting will review and may determine the document should be viewed under a different category)

Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval		Ar gyfer Trafodaeth For Discussion	✔	Ar gyfer sicrwydd For Assurance		Er gwybodaeth For Infor mation	✔	
Y/N to indicate whether the Equality/SED duty is applicable								N

Sefyllfa / Situation:

The purpose of this report is to enable the Board to review and approve the attached Master Scheme of Reserved Delegation, as part of an annual update process.

This process takes into account the need to align the document with the operating model in July 2022.

The provisions of the attached SORD remain extant in relation to the delegating limits in the run up to the implementation date of the operating model in July 2022, subject to Board approval.

At this stage there have been no changes to the authorisation limits, other than those of the Deputy Chief Executive Officer, and the Executive Director of Finance as a result of the operating model.

Cefndir / Background:

The Master SORD was reviewed at the March meeting of the Audit Committee ahead of a review by the Board at this meeting.

A further review of the document will be submitted of the July meeting of the Board (following a further submission to the Audit Committee in June 2022) in order to provide assurance that all required changes have been put in place as a result of its implementation.

Key proposed amendments to highlight are :

- The application of a similar limit for the CEO, Deputy CEO and Executive Director of Finance, in order to add resilience to the operational approval process, in case of a period of absence.
- It is also proposed that the Performance, Finance and Investment Committee is delegated an authority limit of £1,000, 000 off business cases.
- In addition, it is also proposed that the Audit Committee's authority to approve losses and special payments is formally incorporated within the Master SORD

Strategy Implications
There are no specific strategy implications within this report.

Options considered
There are no further options for consideration.

Financial Implications
There are no specific financial implications within this report.

Risk Analysis
Non-compliance with Standing Orders and Corporate Governance processes pose a number of risks to the organisation. This report seeks to provide assurance that the requirements of the Standing Orders concerning the SORD is being appropriately complied with.

Legal and Compliance
As above, non- compliance with Standing Orders poses a risk to the corporate governance standards of the organisation.

Impact Assessment
An impact assessment is not required to support this report.

SECTION 2: SCHEME OF DELEGATION TO EXECUTIVE DIRECTORS,

OTHER DIRECTORS AND OFFICERS

The Health Board (LHB) Standing Orders and Standing Financial Instructions specify certain key responsibilities of the Chief Executive, the Executive Director of Finance and other officers.
The Chief Executive's Job Description, together with their Accountable Officer Memorandum sets out their specific responsibilities, and the individual job descriptions determined for Executive Director level posts also define in detail the specific responsibilities assigned to those post holders. These documents, together with the schedule of additional delegations below and the associated financial delegations set out in the Standing Financial Instructions form the basis of the LHBHB's Scheme of Delegation to Officers.

Delegated Matter	Table Reference No.
STANDING ORDERS/STANDING FINANCIAL INSTRUCTIONS	1
MEETINGS	2
FINANCIAL PLANNING/BUDGETARY RESPONSIBILITY	3
BANK/PGO ACCOUNTS (EXCLUDING CHARITABLE FUND ACCOUNTS)	4
UNALLOCATED	5
NON PAY EXPENDITURE	6
STORES AND RECEIPT OF GOODS	7
CAPITAL INVESTMENT MANAGEMENT	8
QUOTATIONS, TENDERING & CONTRACT PROCEDURES	9
FIXED ASSETS	10
PERSONNEL & PAY	11
ENGAGEMENT OF STAFF (NOT ON THE ESTABLISHMENT)	12
CHARITABLE FUNDS HELD ON TRUST	13
PRIMARY CARE PATIENT SERVICES/HEALTHCARE AGREEMENTS	14
INCOME SYSTEMS, FEES & CHARGES	15
DISPOSAL AND CONDEMNATIONS	16
LOSSES, WRITE-OFFS & COMPENSATION AND EX-GRATIA PAYMENTS	17
REPORTING INCIDENTS TO THE POLICE	18
FINANCIAL PROCEDURES	19
AUDIT ARRANGEMENTS	20
LEGAL PROCEEDINGS	21
INSURANCE POLICIES AND RISK MANAGEMENT	22
CLINICAL AUDIT	23
PATIENTS' PROPERTY	24
PATIENTS' & RELATIVES' COMPLAINTS	25
SEAL	26
GIFTS & HOSPITALITY	27
DECLARATION OF INTERESTS	28
INFORMATICS AND THE DATA PROTECTION ACT	29
RECORDS	30
AUTHORISATION OF NEW DRUGS	31
AUTHORISATION OF RESEARCH PROJECTS	32
AUTHORISATION OF CLINICAL TRIALS	33
INFECTIOUS DISEASES & NOTIFIABLE OUTBREAKS	34

Delegated Matter	Table Reference No.
REVIEW OF FIRE PRECAUTIONS	35
HEALTH & SAFETY	36
MEDICINES INSPECTORATE REGULATIONS	37
ENVIRONMENTAL REGULATIONS	38
LEGAL & RISK PAYMENTS	39
INVESTIGATION OF FRAUD/CORRUPTION OR FINANCIAL IRREGULARITIES	40
COMMERCIAL SPONSORSHIP	41
COSTS/NOTIONAL RENT/THIRD PARTY DEVELOPER/IMPROVEMENT GRANTS	42
FREEDOM OF INFORMATION	43
COMPLIANCE LEAD ROLES: CALDICOTT GUARDIAN, DPO, SIRO	44
EMERGENCY PLANNING	45
NHS ACT 2006 (WALES) SECTION 33 AGREEMENTS	46
STATUTORY COMPLIANCE WITH RESPECTIVE LEGISLATION	47
APPOINTMENT OF MEDICAL & DENTAL CONSULTANT POSTS	48
INDIVIDUAL PATIENT FUNDING REQUESTS	49
CARBON REDUCTION COMMITMENT ORDER	50
HUMAN TISSUE ACT 2004	51
IONISING RADIATION (MEDICAL EXPOSURE) REGULATIONS 2017 [IR(ME)R]	52
NURSE STAFFING LEVELS (WALES) ACT 2016	53
WELSH LANGUAGE STANDARD REPORTING	54
CONTROLLED DRUGS ACCOUNTABLE OFFICER	55
UPHOLDING PROFESSIONAL STANDARDS IN WALES (UPSW)	56

Schedule 1

SCHEME OF RESERVATION AND DELEGATION OF POWERS

Table A – Scheme of Delegation to Officers

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY
1. Standing Orders / Standing Financial Instructions		
a) Final authority in interpretation of Standing Orders	Chair	Chair
b) Notifying Directors, employees and agents of their responsibilities within the Standing Orders and Standing Financial Instructions and ensuring that they understand the responsibilities	Executive Director of Finance/Board Secretary	Directors
c) Responsibility for the security of the ~~LHB~~HB's property, avoiding loss, exercising economy and efficiency in using resources and conforming with Standing Orders, Financial Instructions and financial procedures	Executive Director of Finance	Directors
d) Ensuring Standing Orders are compatible with Welsh Government requirements re building and engineering contracts	Chief Executive	Executive Director of Finance
2. Meetings		
a) Calling meetings of the ~~LHB~~HB	Chair	Board Secretary
b) Chair all ~~LHB~~HB Board meetings and associated responsibilities	Chair or Vice Chair in Chair's absence	Chair or Vice Chair in Chair's absence

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY
3. Financial Planning/Budgetary Responsibility		
a) Setting: Submit Three Year Plan and Annual Operating Plan to the ~~LHB~~HB Board	Chief Executive	Executive Director of Transformation and Improvement
Submit budgets to the ~~LHB~~HB Board	Chief Executive	Executive Director of Finance
Submit to Board financial estimates and forecasts	Chief Executive	Executive Director of Finance
b) Implementing financial policies, plans and procedures, providing advice and co-ordinating any corrective action necessary	Executive Director of Finance	Director: Operational Finance
c) Issuing Budgets	Executive Director of Finance	Finance Director: Operational Finance
d) Monitoring: Monitor performance against budget	Executive Director of Finance	Executive and Associate Directors
Submit monitoring returns	Chief Executive	Executive Director of Finance
Effective budgetary control and a balanced budget	Executive Director of Finance	Executive and Associate Directors
Preparation of annual accounts and returns	Executive Director of Finance	Executive Director of Finance
Identifying and implementing cost improvements and income generation initiatives	Executive Director of Finance	Executive and Associate Directors
e) Authorisation of Virement It is not possible for any officer other than the Executive Director of Finance to vire from non-recurring headings to recurring budgets or from capital to revenue/revenue to capital. Virement between different budget holders (Directors) requires the agreement of both parties and the Executive Director of Finance	Executive Director of Finance	Please refer to Table B – Delegated Limits
f) Maintaining an effective system of internal financial control	Chief Executive	Executive Director of Finance
g) Delivery of financial training to budget holders (Directors)	Executive Director of Finance	Finance Director: Operational Finance
4. Bank/PGO Accounts (Excluding Charitable Fund Accounts)		

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY
a) Operation: Managing banking arrangements and operation of bank accounts	Executive Director of Finance	Finance Director: Operational Finance
Opening bank accounts	Executive Director of Finance	Finance Director: Operational Finance
Authorisation of transfers between ~~LHB~~HB bank accounts	Executive Director of Finance	Finance Director: Operational Finance
Authorisation of: -PGO/GBS Schedules -BACS Schedules -Automated cheque schedules -Manual cheques	Executive Director of Finance	Finance Director: Operational Finance
5. Non Pay Expenditure		
For details of Delegated Limits please refer to Table B		
a) Completion of an Operational Scheme of Delegation and Authorisation by each Budget Holder ensuring maintenance of a list of officers authorised to place requisitions/orders (including emergency verbal orders) and record receipts within the E-Financials Business Suite.	Executive Director of Finance	Executive and Associate Directors
b) Obtain the best value for money when requisitioning goods/services	Executive Director of Finance	Executive and Associate Directors
c) Ensuring expenditure is within budget	Chief Executive	Executive and Associate Directors
d) Non-Pay Expenditure for which no specific budget has been set up and which is not subject to funding under delegated powers of virement	Chief Executive	Executive Director of Finance
e) Orders exceeding 12 month period	Executive Director of Finance	Finance Director: Operational Finance
f) Prompt payment of accounts	Executive Director of Finance	Finance Director: Operational Finance ~~Executive Director of Finance~~
g) Financial Limits	Executive Director of Finance	Please refer to Table B – Delegated Limits
h) Maintenance of sufficient records to explain the ~~LHB~~HB's transactions and report on the ~~LHB~~HB's financial position	Executive Director of Finance	Finance Director: Operational Finance
i)		

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY
j) Provision of electronic signatures within the E-Financials Business Suite in accordance with each Budget Holder's Operational Scheme of Delegation and Authorisation	Executive Director of Finance	Finance Director: Operational Finance
6. Stores and Receipt of Goods		
a) Responsibility for the systems of financial control over all stores including receipt of goods and returns	Executive Director of Finance	Directors
b) Responsibility for the control of stores and receipt of goods, issues and returns: All stores (excluding pharmaceutical, – see following)	Executive Director of Finance	Directors
Pharmaceutical Stores	Executive Medical Director	Chief Pharmacist
c) Stocktaking arrangements	Executive Director of Finance	Directors
7. Capital Investment Management For details of Delegated Limits for Delegated Matter 8d, please refer to Table B – Leases. In accordance with Welsh Government guidance:		
a) Programme:		
Preparation of Capital Investment Programme	Chief Executive	Executive Director of Finance
Completion and signing off of a business case for approval	Executive Director of Finance	Director of Finance; Operations
Appointment of Project Directors	Chief Executive	Executive Director of Finance with support from relevant Directors
Financial monitoring and reporting on all capital scheme expenditure including variations to contract	Executive Director of Finance	~~Executive Director of Finance/Executive Director of Planning & Performance~~ Executive Director of Finance with support from relevant Directors.
Issuing of guidance on management of capital schemes	Executive Director of Finance	Executive Director of Finance with support from relevant Directors.

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY
b) Contracting – Selection of 3rd party developers, architects, quantity surveyors, consultant engineers and other professional advisors within EC regulations and ~~LHB~~HB tender procedures	Chief Executive	Executive Director of Finance
c) Private Finance – Demonstrate that the use of private finance represents best value for money and transfers risk to the private sector	Chief Executive	Executive Director of Finance
d) Leases – Granting and termination of leases	Chief Executive	Executive Director of Finance
e) Financial control and audit- Arrangements are in place to review building and engineering contracts and property transactions comply with Welsh Government guidance.	Chief Executive	Executive Director of Finance
8. Quotations, Tendering & Contract Procedures For details of Delegated Limits, please refer to Table B – Quotations/Tenders.		
a) Services:		
Best value for money is demonstrated for all services provided under contract or in-house	Chief Executive	Directors
Nominate officers to oversee and manage the contract on behalf of the ~~LHB~~HB	Chief Executive	Directors
b) Quotations – Total value of the contract over its entire period:		
Seeking quotations up to £5,000 in value	Executive Director of Finance (per SFI 11.7.1)	Directors - For details of delegated limits, please refer to Table B
Obtaining minimum of 3 written quotations for goods/services of value between £5,000 and £25,000	Executive Director of Finance (per SFI 11.1.2)	Directors - For details of delegated limits. Please refer to Table B
c) Competitive Tenders – Total value of the contract over its entire period:		
Obtaining a minimum of 4 written competitive tenders for goods/services of value between £25,000 and the OJEU threshold (in compliance with EC Directives as appropriate)	Executive Director of Finance	Relevant Directors - For details of delegated limits, please refer to Table B

DELEGATED MATTER		DELEGATED TO	OPERATIONAL RESPONSIBILITY
	Obtaining a minimum of 5 written competitive tenders for goods/services of a value in excess of the OJEU threshold (in compliance with EC Directives as appropriate)	Executive Director of Finance	Relevant Directors - For details of delegated limits, please refer to Table B
	Receipt and custody of tenders prior to opening	Executive Director of Finance	Relevant Directors - For details of delegated limits, please refer to Table B
	Opening Tenders and Quotations	Executive Director of Finance	Relevant Directors - For details of delegated limits, please refer to Table
	Decide if late tenders should be considered	Executive Director of Finance	Relevant Directors - For details of delegated limits, please refer to Table
d)	Waiving the requirement to request quotes or tenders – subject to SFI Schedule 1 Para. 4.2 & 4.3 – Formally reported to the Audit Committee	Executive Director of Finance	Finance Director: Operational Finance (who can escalate to the Executive Director of Finance or Chief Executive if necessary) The Chief Executive and Director of Finance cannot approve their own waiver and must seek approval from.one other Executive Directors
9.	**Fixed Assets**		
a)	Maintenance of asset register	Executive Director of Finance	Finance Director (Operational Finance)
b)	Calculate and pay capital charges in accordance with Welsh Government requirements	Executive Director of Finance	Finance Director (Operational Finance)
c)	Responsibility for fixed assets – Land & Buildings	Executive Director of Finance	Director of Estates
d)	Responsibility for all other fixed assets (Plant, Machinery, Transport, IT assets including software, Furniture & Fittings)	Executive Director of Finance	Director of Estates and Director of Digital, Deputy CEO with support from relevant Directors.
e)	Responsibility for security of ~~LHB~~HB assets including notifying discrepancies to the Director of Finance and reporting losses in accordance with ~~LHB~~HB procedures	Chief Executive	Executive Director of Finance, with support from relevant Directors.
10.	**Personnel & Pay**		

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY
a) Nominate officers to enter into contracts of employment regarding staff, agency staff or consultancy service contracts in accordance with the "Policy for the Safe Recruitment and Selection Practices" together with accompanying guidance, particularly the need for pre-employment checks.	Chief Executive	Executive Director of Workforce & OD
b) Approve the commencement of employment prior to all pre-employment checks being completed.	Executive Director of Workforce & OD	Deputy Director of Workforce & OD
c) Authority to fill funded post on the establishment with permanent staff.	Executive Director of Workforce & OD	Directors
d) The granting of additional increments to staff within budget in accordance with Terms & Conditions of Service	Executive Director of Workforce & OD	Executive Directors with advice from Executive Director of Workforce & OD
e) All requests for upgrading/ regrading/ major skill mix changes shall be dealt with in accordance with ~~LHB~~HB Procedure	Executive Director of Workforce & OD	Executive Directors with advice from Executive Director of Workforce & OD
f) Authority to agree acting up salaries for staff other than Executive Directors, within budget (Approval of acting up salaries for interim Executive Directors to be retained by Remuneration & Terms of Service Committee)	Chief Executive to agree acting up arrangements of Band 9 and above (Excluding Executive Directors)	Executive Directors lead for acting up salaries up to Band 8d or equivalent.
g) Establishments:		
Locum/additional staff to the agreed establishment with specifically allocated finance	Executive Director of Finance	Directors with support from the Director of Finance (Operational)
Locum/additional staff to the agreed establishment without specifically allocated finance.	Chief Executive	Executive Director of Finance
Variation to the funded establishment	Chief Executive	Executive and Associate Directors with approval from Executive Director of Finance
h) Pay		

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY
Authority to complete standing data forms effecting pay, new starters, changes and leavers	Executive Director of Workforce & OD	Directors, and approved managers
Authority to complete and authorise timesheets and payroll returns	Executive Director of Workforce & OD	Directors, and approved managers
Authority to authorise overtime	Executive Director of Workforce & OD	Directors, and approved managers
Authority to authorise travel & subsistence expenses	Executive Director of Workforce & OD	Directors, and approved managers
Maintenance of a list of managers authorised to sign payroll and travel expense documentation.	Executive Director of Workforce & OD	Directors, and approved managers
i) Leave		
Approval of annual leave in accordance with ~~LHB~~HB policy	Executive Director of Workforce & OD	Directors, and approved managers
Carry-over of annual leave in exceptional circumstances up to a maximum of 5 days	Executive Director of Workforce & OD	Directors, and approved managers
Compassionate leave	Executive Director of Workforce & OD	Directors, and approved managers
Special leave arrangements (to be applied in accordance with All Wales Policy)	Executive Director of Workforce & OD	Directors, and approved managers
Leave without pay	Executive Director of Workforce & OD	Directors, and approved managers
Medical Staff Leave of Absence – paid and unpaid	Executive Director of Workforce & OD	Directors, and approved managers
Consultants Special Leave	Executive Medical Director	Directors, and approved managers
Time off in lieu	Executive Director of Workforce and OD	Directors, and approved managers

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY
Maternity / Paternity Leave – paid and unpaid	Executive Director of Workforce & OD	Directors, and approved managers
j) Annualised hours/flexible working hours system- maintenance of adequate records	Executive Director of Workforce & OD	Directors, and approved managers
k) Sick Leave		
Extension of sick leave on half pay up to three months	Executive Director of Workforce & OD	Directors, and approved managers , in conjunction with Executive Director of Workforce & OD/delegate
Return to work part-time on full pay to assist recovery	Executive Director of Workforce & OD	Directors, and approved managers , in conjunction with Executive Director of Workforce & OD/delegate
Extension of sick leave on full pay	Executive Director of Workforce & OD	Directors, and approved managers , in conjunction with Executive Director of Workforce & OD/delegate
l) Study Leave		
Study leave outside the UK (non-medical staff excluding clinical staff)	Executive Director of Workforce & OD	Directors, and approved managers
Medical staff study leave (UK)	Executive Medical Director/ Executive Director of Workforce & OD/ Executive Director of Integrated Clinical Delivery	Directors, and approved managers
Consultant Medical Staff Leave (UK)	Executive Medical Director	Directors
All Medical and non-Medical Clinical Staff study leave outside the UK	Executive Medical Director/ Executive Director of	Directors

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY
	Nursing & Midwifery/ Executive Director of Therapies & Health Science/ Executive Director of Integrated Clinical Delivery	
All other study leave (UK)	Executive Director of Workforce & OD	Directors, and approved managers
m) Removal Expenses		
Authorisation of payment of removal expenses incurred by officers taking up new appointments (providing consideration was promised at interview)	Executive Director of Workforce & OD	Directors, and approved managers accordance with BCU HB policy/approval from the Executive Director of Workforce & OD
n) Grievance Procedure	Executive Director of Workforce & OD	Directors, and approved managers
o) Professional Misconduct/Competence-Medical and Dental Staff	Executive Medical Director/ Executive Director of Workforce & OD	Assistant Medical Director supported by Workforce & OD
p) Suspension of Doctors employed directly by the ~~LHB~~HB	Executive Medical Director	Assistant Medical Director supported by Executive Director of Workforce & OD
q) Removal of Practitioner from the Performers List	Chief Executive	Executive Medical Director supported by Executive Director of Workforce & OD and Executive Director of Integrated Clinical Delivery

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY
r) Requests for new posts to be authorised as car users	Executive Director of Finance	Directors and Managers
s) Renewal of Fixed Term Contract	Executive Director of Workforce & OD	Directors and Managers
t) Voluntary Early Release Scheme	Remuneration and Terms of Service Committee (supported by Executive Director of Workforce & OD)	Executive Director of Workforce & OD, with Executive Director of Finance for sign off of financial viability
u) Settlement on termination of employment	~~Executive Director of Workforce & OD~~Chief Executive	Executive Director of Workforce & OD with approval from Welsh Government where the payment is Ex-gratia and exceeds the delegated limit of £50,000
v) Ill Health Retirement Decision to pursue retirement on the grounds of ill-health following advice from Workforce & OD Department	Chief Executive~~Executive Director of Workforce & OD~~	Executive Director of Workforce & OD
w) Disciplinary Procedure(excluding Executive Directors)	Executive Director of Workforce & OD	Directors and approved managers
11. Engagement of Staff Not On the Establishment		
For details of Delegated Limits, please refer to Table B		
a) Non clinical Consultancy Staff	Executive Director of Finance	Director accountable for relevant service
b) Medical Locum staff	Executive Medical Director	Director accountable for relevant service.
c) Booking of Agency Nursing Staff	Executive Director of Nursing & Midwifery	Director accountable for relevant service
d) Booking of Bank Staff:		

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY
Nursing	Executive Director of Nursing & Midwifery	Director accountable for relevant service
Other	Executive Director of Workforce & OD	Director accountable for relevant service
12. Charitable Funds Held on Trust		
For details of Delegated Limits, Please refer to Table B		
a) Management: Funds held on Trust are managed appropriately	Executive Director of Finance	Directors
b) Maintenance of authorised signatory list of Authorised Fund Holders	Executive Director of Finance	Executive Director of Finance
c) Expenditure	Executive Director of Finance	Refer to Table B – Delegated limits
d) Fundraising Appeals – Preparation/Monitoring/Reporting progress and performance	Director of Communications and Partnerships	Fundraising manager,
e) Operation of Bank Accounts:		
Managing banking arrangements and operation of bank accounts	Executive Director of Finance in conjunction with Corporate Trustees	~~Executive Director of Finance~~Director of Finance, Operational Finance
Opening bank accounts	Corporate Trustee	Executive Director of Finance
f) Investments – Policy and Arrangements	Executive Director of Finance in conjunction with Corporate Trustees	Executive Director of Finance
g) Authority to accept the discharge of a donor's estate	Executive Director of Finance	Executive Director of Finance
13. Primary Care Patient Services/ Healthcare Agreements		
For details of Delegated Limits, please refer to Table B – Healthcare Agreements		

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY
a) Contract negotiation and provision of service agreements	Executive Director of Finance / Executive Director of Integrated Clinical Delivery	Executive Director of Finance / Executive Director of Integrated Clinical Delivery
b) Reporting actual and forecast contract income	Executive Director of Finance	Finance Director: Operational Finance.~~Executive Director of Finance~~
c) Pricing of all contracts and SLAs	Executive Director of Finance	Finance Director: Operational Finance.~~Executive Director of Finance with relevant Director~~
d) Signing agreements	Chief Executive	~~Chief Executive or Executive Director of Finance in Chief Executive's absence/Executive Director of Integrated Clinical Delivery for all primary care related agreements~~Executive and Associate Directors
14. Income Systems, Fees and Charges		
a) Private Patients, Overseas Visitors, Income Generation and other patient related services	Executive Director of Finance	Director of Finance, Operational Finance ~~Executive Director of Finance~~
b) Pricing of NHS agreements	Executive Director of Finance	~~Assistant~~ Associate Directors of Finance
c) Informing the Executive Director of Finance of monies due to the ~~LHB~~HB	Executive Director of Finance	Directors, and approved managers
d) Recovery of debt	Executive Director of Finance	Finance Director: Operational Finance.
e) Security of cash and other negotiable instruments	Executive Director of Finance	Finance Director : Operational Finance., Directors and approved managers

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY
f) Designing, maintaining and ensuring compliance with systems for the proper recording, invoicing, collection and coding of all monies due	Executive Director of Finance	Director of Finance: Operational Finance
g) Non patient care income	Executive Director of Finance	Finance Director: Operational Finance.
15. Disposal and Condemnations Disposal of all property and land requires formal approval by the Minister for Health and Social Services		
a) Issuing procedure for the disposal of assets obsolete, obsolescent, redundant, irreparable or cannot be repaired cost effectively	Executive Director of Finance	Executive Director of Finance
b) Notification to Director of Finance prior to disposal	Executive Director of Finance	Directors, and approved managers
16. Losses, Write-offs & Compensation		
a) Prepare procedures for recording and accounting for losses and special payments including preparation of a fraud response plan and informing Counter Fraud Operational Services of frauds.	Executive Director of Finance	Finance Director: Operational Finance.
b) Losses of cash due to theft, fraud, overpayment of salaries, fees, allowances & other causes up to £50,000	Chief Executive	Executive Director of Finance
c) Fruitless payments (including abandoned Capital Schemes) up to £250,000	Chief Executive	Executive Director of Finance
d) Bad debts and claims abandoned: Private patients; overseas visitors & other cases up to £50,000	Chief Executive	Executive Director of Finance
e) Damage to buildings, their fittings, furniture and equipment and loss of equipment and property in stores and in use due to: Culpable causes (e.g. fraud, theft, arson) or other up to £50,000	Chief Executive	Executive Director of Finance
f) For personal and public liability claims, under the Legal & Risk scheme, authorisation from Legal & Risk is required before admissions may be made and monetary compensation offered. (Ex-gratia settlements offered by the ~~LHB~~HB are by definition not payments based	Chief Executive	Executive Director of Nursing & Midwifery supported by the relevant Director after seeking appropriate legal advice, up to a max £150,000

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY
upon legal liability and are, therefore, not reimbursable under the WRP scheme)		
g) Compensation payments made under legal obligation:	Chief Executive	Chief Executive, Executive Director of Finance or Executive Director of Nursing & Midwifery
h) Extra contractual payments to contractors – Up to £50,000 as specified within the Losses and Special Payments Manual of Guidance	Chief Executive	Executive Director of Finance with reporting to the Audit Committee
16.1 Ex-Gratia Payments:		
a) Patients and staff for loss of personal effects up to £50,000	Chief Executive	Executive Director of Finance- Refer to Finance Policy on Losses and Special Payments
b) For clinical negligence up to £250,000 (negotiated settlements)*. Report to Board > £50,000 (see also table B para.15)	Chief Executive	Executive Director of Finance/Executive Director of Nursing & Midwifery
c) For clinical negligence over £250,000 and up to £1,000,000* (negotiated settlements). Report to Board> £50,000 (see also table B para.15)	Chair Board	Chief Executive/ Executive Director of Finance/Executive Director of Nursing & Midwifery
d) For personal injury claims involving negligence where legal advice has been obtained and guidance applied up to £250,000 (including plaintiff's costs) Report to Board > £50,000	Board	Chief Executive/ Executive Director of Finance/Executive Director of Workforce & OD/ Executive Director of Nursing & Midwifery
e) For personal injury claims involving negligence where legal advice has been obtained and guidance applied up to £1,000,000 Report to Board > £50,000*	Board	Chief Executive/Executive Director of Finance/Executive Director of Nursing & Midwifery
f) Other, except cases for maladministration where there was no financial loss by claimant, up to £50,000	Chief Executive	Executive Director of Finance/Executive Director of Nursing & Midwifery
* For all clinical negligence and personal injury cases(including Court cases) the use of structured settlements should be considered involving costs to the NHS of £250,000 or more – All structured settlements require approval from the Welsh Government	Board	Chief Executive Executive Director of Finance/Executive Director of Nursing & Midwifery

DELEGATED MATTER		DELEGATED TO	OPERATIONAL RESPONSIBILITY
17. Procedure to follow after reporting of incidents to the Police			
a)	Where a criminal offence is suspected	Executive Director of Finance	Directors and approved managers
	Criminal offence of a sexual or violent nature	Executive Director of Workforce & OD	Directors and approved managers
	Arson or theft	Executive Director of Finance	Appropriate Director and approved managers
	Other	Chief Executive	Directors (dependent upon the nature of the suspected offence)
18. Financial Procedures			
a)	Maintenance & Update of ~~LHB~~HB Financial Procedures	Executive Director of Finance	Finance Director : Operational Finance
19. Audit Arrangements			
a)	Review, appraise and support in accordance with Internal Audit standards for NHS Wales and best practice	Chair of the Audit Committee	Board Secretary/Head of Internal Audit
b)	Provide an independent and objective view on internal control and probity	Board Secretary	Head of Internal Audit/ Audit Wales
c)	Ensure Cost-effective external audit	Chair of Audit Committee	Executive Director of Finance
d)	Ensure an adequate internal audit service	Chief Executive	Board Secretary
e)	Implement recommendations	Board Secretary	All relevant Directors
20. Legal Proceedings			
a)	Engagement of ~~LHB~~HB's Solicitors	Chief Executive	Board Secretary for all Board related matters/Executive Director of Workforce & OD for all employment related matters/Executive Director of Finance for all estate related matters/Executive Director of Integrated

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY
		Clinical Delivery for all Primary Care related matters.
b) Approve and sign all documents which will be necessary in legal proceedings	Chief Executive	Any Executive Director of the Board or an officer formally nominated by the Chief Executive
c) Sign on behalf of the ~~LHB~~HB any agreement or document not requested to be executed as a deed	Chief Executive	Any Executive Director of the Board or an officer formally nominated by the Chief Executive
21. Insurance Policies and Risk Management	Chief Executive	Executive Director of Finance and Executive Medical Director
22. Clinical Audit	Chief Executive	Executive Medical Director
23. Patients' Property (in conjunction with financial advice)		
For details of Delegated Limits, please refer to Table B – Petty Cash/Patients Monies		
a) Ensuring patients and guardians are informed about patients' monies and property procedures on admission	Executive Director of Nursing & Midwifery	Executive and Associate Directors and approved managers
b) Prepare detailed written instructions for the administration of patients' property	Executive Director of Nursing & Midwifery	Executive and Associate Directors and approved managers
c) Informing staff of their duties in respect of patients' property	Executive Director of Nursing & Midwifery	Executive and Associate Directors and approved managers
d) Issuing property valued >£5,000 only on production of a probate letter of administration	Executive Director of Finance	Director: Operational Finance.
24. Patients & Relatives Complaints		
a) Overall responsibility for ensuring that all complaints are dealt with effectively	Chief Executive	Executive Director of Nursing & Midwifery
b) Responsibility for ensuring complaints are investigated thoroughly	Chief Executive	Executive Director of Nursing & Midwifery

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY
c) Medical – Legal Complaints Co-ordination of their management	Chief Executive	Executive Director of Nursing & Midwifery
25. Seal		
a) The keeping of a register of seal and safekeeping of the seal	Chief Executive	Board Secretary
b) Attestation of seal in accordance with Standing Orders	Chief Executive/ Chair	Board Secretary
26. Gifts and Hospitality		
a) Keeping of gifts and hospitality register	Chief Executive	Board Secretary
27. Declaration of Interests		
a) Maintaining a register of interests	Chief Executive	Board Secretary
28. Informatics and the Data Protection Act		
a) Review of ~~LHB~~HB's compliance with the Data Protection Act	Chief Executive	Director of Digital and Data Protection Officer
b) Responsibility for Informatics policy and strategy	Executive Medical Director	Director of Digital
c) Responsibility for ensuring that adequate management (audit) trails exist in Informatics systems	Executive Medical Director	Director of Digital
29. Records		
a) Review ~~LHB~~HB's compliance with the Retention of Records Act and guidance	Chief Executive	Director of Digital / Executive Medical Director
b) Approval for the destruction of records	Chief Executive	Director of Digital / Executive Medical Director
c) Ensuring the form and adequacy of the financial records of all departments	Executive Director of Finance	Director: Operational Finance
30. Authorisation of New Drugs	Chief Executive	Executive Medical Director on the advice of the appropriate professional bodies
31. Authorisation of Research Projects	Executive Director of	Director of Research & Development

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY
	Therapies & Health Sciences	
32. Authorisation of Clinical Trials	Chief Executive	Medical Director
33. Infectious Diseases & Notifiable Outbreaks – outbreak control / public health monitoring and surveillance / provision of public health advice	Chief Executive	Executive Director of Public Health
34. Review of Fire Precautions	Chief Executive	Executive Director of Finance
35. Health & Safety		
Review of all statutory compliance legislation and Health and Safety requirements including control of Substances Hazardous to Health Regulations	Chief Executive	Executive Director of Workforce & OD
36. Medicines Inspectorate Regulations		
Review Regulations Compliance	Chief Executive	Executive Medical Director supported by Chief Pharmacist
37. Environmental Regulations		
Review of compliance with environmental regulations, for example those relating to clean air and waste disposal	Executive Director of Finance	Director of Estates and Facilities
38. Legal & Risk Payments	Chief Executive	Executive Director of Nursing & Midwifery/Executive Director of Finance
39. Investigation of Fraud/Corruption or Financial Irregularities	Executive Director of Finance	Lead Local Counter Fraud Specialist
40. Commercial Sponsorship		
Agreement to proposal in accordance with BCU HB procedures	Chief Executive	Executive Director of Finance
41. Cost/Notional Rent/Third Party Developer/Improvement Grants		

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY
Approval of all schedules of payments	Chief Executive	Executive Director of Integrated Clinical Delivery
Submission to Welsh Government for all new GP premises or major extensions in accordance with BCU HB Primary Care Estates Strategy	Chief Executive	Executive Director of Integrated Clinical Delivery
42. Freedom of Information	Chief Executive	Director of Digital
43. Compliance Lead Roles:		
a) Caldicott Guardian	Executive Medical Director	Senior Associate Medical Director
b) Data Protection Officer	Chief Executive	Assistant Director of Information Governance and Assurance
c) Senior Information Risk Owner	Chief Executive	Executive Director of Finance
44. Emergency Planning & Major Incidents – Civil Contingencies Act (Category 1 Responder)	Chief Executive	Executive Director of Transformation and Improvement
45. National Health Services (Wales) Act 2006 Section 33 Agreements: Arrangements between NHS Bodies and Local Authorities	Chief Executive	Executive Director of Finance
46. Statutory compliance with respective Legislation	Chief Executive	Board Secretary and Executive Directors
47. National Health Service (Appointment of Consultants) (Wales) (Amendment) Regulations 2005 (Statutory Instrument 2005: 3039) Appointment of all Medical and Dental Consultant posts. Consultant posts within Public Health that are open to both medically qualified and those qualified in other disciplines other than medicine should follow this process, even though they fall outside of the requirements of the Statutory Instrument.	Chief Executive	Executive Directors
48. All Wales Policy: Making Decisions on Individual Patient Funding Requests (IPFR)	Chief Executive	WHSSC IPFR Panel £300,000 to £1,000,000; Chief Executive up to £299,999; Chair and Vice Chair of Health

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY
		Board IPFR Panel together sign up to £125,000
* The IPFR Panel cannot make policy decisions for the health board. Any policy proposals arising from their considerations and decisions must be reported to the Health Board Quality, Safety & Experience Committee		
49. Carbon Reduction Commitment Order (Phase 2) Agency Registration	Chief Executive	Executive Director of Finance
50. Human Tissue Act 20014	Chief Executive	Executive Director of Therapies & Health Sciences
51. Ionising Radiation (Medical Exposure) Regulations 2017	Chief Executive	Executive Director of Therapies & Health Sciences
52. Nurse Staffing Levels Act (Wales) 2016	Chief Executive	Executive Director of Nursing & Midwifery
53. Welsh Language Standard Reporting	Chief Executive	Executive Director of Public Health
54. Controlled Drugs Accountable Officer	Chief Executive	Chief Pharmacist
55. Upholding Professional Standards in Wales (UPSW):		
Responsible Officer	Executive Medical Director (Responsible office)	Deputy Medical Director (Deputy Responsible Officer)
Appointing a Designated Board Member	Health Board Chair	Vice Chair

Table B – Scheme of Financial Delegation

Financial Limits are subject to funding available within relevant budget(s) and are inclusive of VAT irrespective of recovery arrangements.

All purchases must ensure compliance with Standing Financial Instruction Schedule 1 -
Procurement of Works, Goods and Services with regard to the required quotation or Tendering exercise.

	Budget changes	General expenditure	Healthcare agreements	Capital (Business Case and Contractual Commitment approvals)			Specialist				Charitable Funds		Procurement waivers	Staffing	
							Any expenditure approval must be within funding limits of approved budgets. Approval limits are cumulative, and therefore higher level approval limits must be supported by lower level approvals. Executive Directors and Directors, Integrated Health Care Directors, and Hospital Care Directors to determine scheme of delegation within their structures.								
	Budget transfers between Corporate Departments, Area Teams or Hospital Teams(Virements)	Individual orders / requisitions / annual order value or total contract value (unless otherwise noted)	Healthcare agreements (NHS and Private sector)(annual value) (Primary Care contracts approved by Board)	Building and engineering orders; related consultancy support(individual contractual commitment)	Medical devices; plant; machinery; related consultancy support(individual contractual commitment)	IM&T; telecoms systems; software; related consultancy support(individual contractual commitment)	Property or equipment leases(granting or termination of leases; annual value)	External consultancy support (total contract value for duration of service)	Losses / Special Payments (Terminations approved by Exec.Director of W&OD; VERS by RATS C'ttee)	New drugs (value based on annual costs)	Locally held funds(total funding bid value)	General funds(total funding bid value)	All values	New posts (additional establish't)	Agency and Waiting List Initiatives (all values)
WG (In advance of contract planning)	No requirement	£1m plus	£1m plus (Private sector)	£1m plus	£1m plus	£1m plus	No requirement	£1m plus	See Manual of Guidance for losses and SFIs, as special rules apply for certain losses and ex gratia payments.	No requirement	No requirement	No requirement	No requirement	No requirement	No requirement
Board following Chief Executive approval	£1m plus	£1m plus	Over £10m approved in advance, below £10m retrospectively reported. Over £1m for Private sector.	£1m plus	£1m plus	£1m plus	£0.5m plus or any which need signing under seal (Reservation of Power, Number 33)	£0.5m plus		£1m plus	No requirement	No requirement	No requirement	No requirement	No requirement
Audit Committee													Retrospective reporting		
Charitable Funds Committee (all Executives can authorise use of charitable funds up to £5k)											Over £5k (Up to £25k scrutinised by CF Advisory Group)	Over £5k (Up to £25k scrutinised by CF Advisory group)			
CEO through Executive Team	£0.5m to £1m	£0.5m to £1m	New or contract variation to £10.0m.	£0.5m to £1m	£0.5m to £1m	£0.5m to £1m	£250k to £0.5m	£250k to £0.5m	£0.5m to £1.0m	£0.5m to £1.0m	Up to £5k	Up to £5k	As escalated by DoF	Can approve new posts across LHBHB	No requirement
Deputy CEO	£0.5m to £1m	£0.5m to £1m	New or contract variation to £10.0m.	£0.5m to £1m	£0.5m to £1m	£0.5m to £1m	£250k to £0.5m	£250k to £0.5m	£0.5m to £1.0m	£0.5m to £1.0m	Up to £5k	Up to £5k	As escalated by DoF	Can approve new posts across LHBHB	No requirement
Any 2 of CEO, Executive Director of Integrated Clinical Delivery and DoF (must include DoF)		Up to £0.5m	New or contract variation to £5.0m (toTo £1m for Private sector).					Up to £250k		Up to £0.5m			As escalated by DoF		
Executive Director of Finance	£0.5m to £1m	£0.5m to £1m	New or contract variation to £10.0m.	£0.5m to £1m	£0.5m to £1m	£0.5m to £1m	£250k to £0.5m	£250k to £0.5m	£0.5m to £1.0m	£0.5m to £1.0m	Up to £5k	Up to £5k	As escalated by DoF	Can approve new posts across LHBHB	No requirement

	Budget changes	General expenditure	Healthcare agreements	Capital (Business Case and Contractual Commitment approvals)			Specialist				Charitable Funds		Procurement waivers	Staffing	
							Any expenditure approval must be within funding limits of approved budgets. Approval limits are cumulative, and therefore higher level approval limits must be supported by lower level approvals. Executive Directors and Directors, Integrated Health Care Directors, and Hospital Care Directors to determine scheme of delegation within their structures.								
	Budget transfers between Corporate Departments, Area Teams or Hospital Teams (Virements)	Individual orders / requisitions / annual order value or total contract value (unless otherwise noted)	Healthcare agreements (NHS and Private sector)(annual value) (Primary Care contracts approved by Board)	Building and engineering orders; related consultancy support (individual contractual commitment)	Medical devices; plant; machinery; related consultancy support (individual contractual commitment)	IM&T; telecoms systems; software; related consultancy (individual contractual commitment)	Property or equipment leases (granting or termination of leases; annual value)	External consultancy support (total contract value for duration of service)	Losses / Special Payments (Terminations approved by Exec.Director of W&OD; VERS by RATS C'ttee)	New drugs (value based on annual costs)	Locally held funds (total funding bid value)	General funds (total funding bid value)	All values	New posts (additional establishm't)	Agency and Waiting List Initiatives (all values)
Executive Directors, Board Secretary (unless noted below)		Up to £250k						Up to £100k					Waivers must be approved by FD: OF and Exec.Director of Finance or Chief Executive if escalated by FD: OF	Can approve new posts within own structure.	Must approve in advance in own structure.
Executive Director Transformation and Improvement		Up to £250k						Up to £100k						Can approve new posts within own structure.	Must approve in advance in own structure.
Executive Medical Director		Up to £250k						Up to £100k						Can approve new posts within own structure.	Must approve in advance in own structure.
Executive Director of Public Health		Up to £250k						Up to £100k							
Executive Director of W&OD		Up to £250k						Up to £100k	Terminations up to £50k (over this to WG)					Can approve new posts within own structure.	Must approve in advance in own structure.
Executive Director of Nursing & Midwifery		Up to £250k						Up to £100k	Up to £150k					Can approve new posts within own structure.	Must approve in advance in own structure.
Executive Director of Therapies & Health Sciences		Up to 250k			Up to £150k			Up to £100k	------------------						

	Budget changes	General expenditure	Healthcare agreements	Capital			Property or equipment leases	Specialist			Charitable Funds		Procurement waivers	Staffing	
Any expenditure approval must be within funding limits of approved budgets.															
Approval limits are cumulative, and therefore higher level approval limits must be supported by lower level approvals.															
Executive Directors and Directors, Integrated Health Care Directors, and Hospital Care Directors to determine scheme of delegation within their structures.															
	Budget transfers between Corporate Departments, Area Teams or Hospital Teams(Virements)	Individual orders / requisitions / annual order value or total contract value (unless otherwise noted)	Healthcare agreements (NHS and Private sector)(annual value) (Primary Care contracts approved by Board)	Building and engineering orders; related consultancy support(individual contractual commitment)	Medical devices; plant; machinery; related consultancy support(individual contractual commitment)	IM&T; telecoms systems; software; related consultancy (individual contractual commitment)	Property or equipment leases(granting or termination of leases; annual value)	External consultancy support (total contract value for duration of service)	Losses / Special Payments (Terminations only approved by Exec Director of W&OD; VERS require RATS Committee)	New drugs (value based on annual costs)	Locally held funds(total funding bid value)	General funds(total funding bid value)	All values	New posts (additional establishm't)	Agency and Waiting List Initiatives (all values)
Integrated Health Care Directors , Health Community Director of Operations, Director of Mental Health & Learning Disabilities		Up to £250k	New or contract variation to £1.5m		Up to £250k			Up to £100k		Up to £100k, following Med Mgt Group	Up to £5k			Can approve new posts within own team.	As escalated by Direct Reports*
Associate Directors		Up to £150k			Up to £150k			Up to £150k			Up to £5k				Medical staff*
Assistant Directors		Up to £75k	Up to £75k		Up to £75k			Up to £75k			Up to £5k				
Head of Investigations and Redress									Up to £20k						
Claims Managers									Up to £5k						
Authorised fund holder (Charitable Funds)											Up to £5k				
Medicines Management Group										All new drugs, unless cheaper than existing					

	Budget changes	General expenditure	Healthcare agreements	Capital			Specialist				Charitable Funds		Procurement waivers	Staffing	

Any expenditure approval must be within funding limits of approved budgets.
Approval limits are cumulative, and therefore higher level approval limits must be supported by lower level approvals.
Executive Directors and Directors, Integrated Health Care Directors, and Hospital Care Directors to determine scheme of delegation within their structures.

	Budget transfers between Corporate Departments, Area Teams or Hospital Teams(Virements)	Individual orders / requisitions / annual order value or total contract value (unless otherwise noted)	Healthcare agreements (NHS and Private sector)(annual value) (Primary Care contracts approved by Board)	Building and engineering orders; related consultancy support(individual contractual commitment)	Medical devices; plant; machinery; related consultancy support(individual contractual commitment)	IM&T; telecoms systems; software; related consultancy (individual contractual commitment)	Property or equipment leases(granting or termination of leases; annual value)	External consultancy support (total contract value for duration of service)	Losses / Special Payments (Terminations only approved by Exec Director of W&OD; VERS require RATS Committee)	New drugs (value based on annual costs)	Locally held funds(total funding bid value)	General funds(total funding bid value)	All values	New posts (additional establishm't)	Agency and Waiting List Initiatives (all values)
~~Regional Director/ Director of Partnerships, Communication & Engagement/ Director of Transformation/ Director of Governance/ Director of Performance/ Director of Midwifery & Women's Services / Director of MHLD? Other Assistant Directors/Chief Pharmacist/Deputies Board Sec Asst CEO~~															

* Agency and Waiting List Initiatives must generally be approved in advance. However, in exceptional circumstances when staff are required out of hours, they can be approved retrospectively.

This scheme only relates to matters delegated by the Board to the Chief Executive and Directors, together with certain other specific matters referred to in Standing Financial Instructions. Each Director is responsible for delegation within their department. They should produce an Operational Scheme of Delegation and Authorisation for matters within their department, which should also set out how departmental budget and procedures for approval of expenditure are delegated.

~~Updated Master SoRD ratified at January 2020 Board Meeting v22.0~~ DRAFT Master SoRD November 2021 LJ TW v0.03

Cyfarfod a dyddiad: Meeting and date:	Extraordinary Health Board 30 March 2022
Cyhoeddus neu Breifat: Public or Private:	Public
Teitl yr Adroddiad Report Title:	North Wales Vascular Network service delivery update
Cyfarwyddwr Cyfrifol: Responsible Director:	Dr Nick Lyons, Executive Medical Director
Awdur yr Adroddiad Report Author:	Neil Rogers, Acute Care Director, Ysbyty Glan Clwyd (paper updated by Dr Nick Lyons)
Craffu blaenorol: Prior Scrutiny:	This paper is an update of a paper noted at an Extraordinary Quality, Safety and Patient Experience Committee on 22nd March 2022
Atodiadau Appendices:	None

Argymhelliad / Recommendation:

The Board is asked to note the actions taken in response to recent safety concerns and to note updates in the Vascular Improvement Plan.

Ticiwch fel bo'n briodol / Please tick as appropriate

Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval		Ar gyfer Trafodaeth For Discussion	x	Ar gyfer sicrwydd For Assurance		Er gwybodaeth For Information	
Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable						N	

Sefyllfa / Situation:

Short terms changes to service model in North Wales Vascular Network

A recent Never Event in the vascular service and a Serious Incident related to the vascular service have led to consideration of any necessary enhancements to the vascular service model in the short term to mitigate potential risks to the safety, quality and effectiveness of the service.

This has led to additional "make-safes" in the service from 11th March 2022 and the introduction of an altered service model for a period of 28 days from 17th March 2022.

These changes are in addition to the wider improvement and transformation that continues to be taken forward in the Vascular Improvement Plan. This plan includes work to develop a Community of Practice within the Welsh vascular networks and closer links with vascular units in NW England.

Cefndir / Background:

The existing Vascular Improvement Plan lays out the Health Board's actions in response to the invited service review by the Royal College of Surgeons, national audits and other quality and patient experience issues within the service.

Safety concerns highlighted in week commencing March 7th 2022 have now led to changes in service delivery in order to mitigate risks highlighted in recent incidents.

The incidents are still under investigation and learning from the incidents is also under regular review. In addition to the changes outlined in this paper the role of an external radiology reporting service is being considered as well as consideration of the need for any professional regulatory actions.

Asesu a Dadansoddi / Assessment & Analysis

Goblygiadau Strategol / Strategy Implications

The hub and spoke model for delivery of vascular services, supported by external review, remains the model for delivery of vascular services in North Wales.

Opsiynau a ystyriwyd / Options considered

A number of options to mitigate risks were considered by the operational and clinical teams before approval of the plans laid out in this paper on 17th March 2022. The approval was made on the basis of patient safety and quality and included Quality Impact Assessments.

This model will remain in place for 28 days from 17th March 2022 and will be reviewed, with the support of Liverpool University Hospital NHS Foundation Trust (LUHFT), to consider whether this period should be extended. That review will be reported, and a decision made, at least 7 days before the end of the 28-day period. Additional actions are meanwhile being considered and developed.

The service model can be summarised as follows:

In hours Monday-Friday:

- **In theatre-** Dual consultant operating introduced for the following complex procedures:

1. All ruptured and symptomatic aortic aneurysms
2. All bypass procedures
3. All trauma cases resulting in major arterial and/or venous bleed
4. Aortic and limb graft occlusions requiring thrombo-embolectomy
5. Ruptured pseudo-aneurysms.

- **On call (Vascular Consultant of the week, VCOW)**

- A VCOW rota (one BCUHB consultant on call every day in normal working hours) remains in place.
- A second consultant is now additionally timetabled to be present on the hub site

- When additional consultant input is required at the hub site to support in hours dual operating, this may need to be sourced from spoke site consultant provision

This arrangement has required the standing down of a number of day case lists, outpatient clinics and necessitated temporary changes in the job plans of consultants.

This is estimated to impact upon no more than 20 routine day case procedures over the course of the 28 days and no more than 50 outpatient attendances. It is not anticipated that any additional support will be needed for these patients in primary care, as all patients are being appropriately risk-assessed.

Overnight Monday-Friday:

- One BCUHB employed consultant on-call. Any complex cases (listed below) will be discussed with LUHFT and transferred out to Liverpool as appropriate; it is anticipated that this will be no more than 4 patients per week.

- The Liverpool service, as a regional tertiary centre, is available to provide enhanced remote clinical advice 24/7.

- Emergency overnight operating will only occur in the event of risk to life and limb. Any patient where the consultant believes that a procedure is required in the overnight period will be discussed with the Liverpool team to ensure that is the appropriate way forward. Appropriate documentation will be expected in the patient medical records and compliance with this will be audited on a daily basis by the Site Medical Director at YGC.

- A reporting process is in place to ensure all transfers to Liverpool are reported and that subsequent follow up arrangements are not compromised

Weekend Friday 5pm - Monday 8am:

2 consultants will be on-call at all times

The availability of two consultants will enable better coverage of the three sites, and enable dual consultant operating for any complex procedures undertaken over the weekend. The impact on workforce availability and wellbeing is being closely monitored.

Multidisciplinary Team (MDT) Arrangements

- MDT arrangements have been strengthened to ensure that where emergency surgery is considered, there will be an MDT discussion between a minimum of 2 consultant vascular surgeons, the consultant anaesthetist and consultant intensivist / on-call physician as appropriate.

- From April 2022, the Memorandum of Understanding (MoU) with LUHFT commences (developed in response to the findings of Part 2 of the Royal College of Surgeons (RCS) invited service review and BCUHB clinicians will then be able to formally join the Liverpool MDT to discuss complex cases. This MoU was signed on 23rd March 2022.

- The Clinical Director for Vascular (LUHFT) or nominated deputy will be present for the BCUHB MDT, and will work with the team to review clinical and theatre practices and service processes as part of the MoU.

Patient Safety Improvement (WHO Checklist and Human Factors)

Additional measures are in place to improve patient safety. This includes the embedding of a member of the patient safety team (with theatre practice development experience) into the YGC site to support the review and improvement of the standard surgical safety processes, including a focus on the World Health Organisation (WHO) Checklist.

The Transformation and Improvement Team are recruiting a Clinical Quality Improvement Fellow post to focus on the sustainability of this surgical safety work, including focus on the WHO Checklist.

A safety culture survey has also been undertaken across all Surgical Directorates, and this is now being analysed to support this work.

A human factors faculty is in development, and following a procurement exercise, AQuA (the Advancing Quality Alliance, an English NHS improvement collaborative) has been appointed to support this work. The vascular service will be among the prioritised areas for this support, alongside wider surgical specialties.

A weekly strategic group is meeting to progress this work at pace. The detailed implementation plan has yet to be finalised but the work is expected to commence in early April.

A dedicated Vascular Quality Team has also been created for the coming months, by redeploying existing quality staff to focus solely on this speciality.

This team is supporting the work of the Vascular Quality Panel and providing objective facilitation of incident, serious incident and complaint investigations. The first meeting of the Vascular Quality Panel is expected to take place in the first week of April 2022.

Operational Arrangements

The repatriation policy for vascular patients has now been agreed and implemented by all 3 acute sites.

This will facilitate the rapid transfer back of patients from hub to spoke site when clinically appropriate, by ensuring better availability of beds on Ward 3 (YGC vascular ward) to be responsive to emergency patients as they present across north Wales.

The following procedures will now be consistently discussed both in and out of hours with tertiary providers.

It is anticipated that the majority of these cases will be managed on existing pathways and referrals will continue to be referred to the existing regional tertiary centres but that, during the 28 day period outlined in this paper, an additional 4 patients per week will be treated outside North Wales

1. All aortic graft infections (Liverpool Royal)
2. All redo endovascular open aortic surgery (Liverpool Royal)
3. All Supra renal and thoracic aneurysms (Liverpool Royal)
4. Explanation of aortic grafts for infection , endoleak etc. (Liverpool Royal)
5. Endovascular and open management of mesenteric ischaemia (Liverpool Royal)
6. Thoracic outlet and first Rib resection procedures (Liverpool Royal)
7. All open inflammatory aneurysms (Liverpool Royal)
8. All renal ischaemia cases (open and endovascular) (Liverpool Royal)
9. Complicated aortic dissections (Liverpool heart and chest)
10. Paediatric arterial injury (Alder hey hospital)
11. Interventional Radiology (IR) is only available in-hours; a review of all procedures out of hours that require IR should be considered for transfer to LUHFT
12. All Major Vascular trauma already goes to the University Hospital North Midlands (Royal Stoke) trauma centre.

Goblygiadau Ariannol / Financial Implications

The changes outlined will require additional payment to support enhanced out of hours cover and the provision of further outpatient capacity. The likely costs are currently being finalised.

Dadansoddiad Risk / Risk Analysis

Based on analysis of recent incidents, this package of measures has been put in place to provide further mitigation of potential harm to patients.

Cyfreithiol a Chydymffurfiaeth / Legal and Compliance

A Memorandum of Understanding between The Royal Liverpool has been agreed and will come in to place in April 2022.

Asesiad Effaith / Impact Assessment

A Quality Impact Assessment and Equality Impact Assessment have been completed

Cyfarfod a dyddiad: Meeting and date:	Health Board
Cyhoeddus neu Breifat: Public or Private:	Public
Teitl yr Adroddiad Report Title:	Quality Highlight Report
Cyfarwyddwr Cyfrifol: Responsible Director:	Gill Harris, Executive Director of Nursing and Midwifery/Deputy CEO
Awdur yr Adroddiad Report Author:	Matthew Joyes, Acting Associate Director of Quality
Craffu blaenorol: Prior Scrutiny:	Matthew Joyes, Acting Associate Director of Quality Gill Harris, Executive Director of Nursing and Midwifery/Deputy CEO Lucy Reid, Vice Chair of the Board and Chair of the QSE Committee
Atodiadau Appendices:	Quality Highlight Report

Argymhelliad / Recommendation:

The Board is asked to receive the report.

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:

This report provides the Health Board with a summary of key quality related information from the months of December 2021 and January 2022. The aim of this new 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 in the Patient Safety Report and Patient and Carer Experience Report. In addition, a detailed paper on falls and healthcare acquired pressure ulcers has been presented to the QSE Committee in March 2022.

The Chair of the QSE Committee is driving expectations and work to improve the quality of information reported to the Committee in the Patient Safety Report, especially in regards to the learning from incidents. An updated Patient Safety Report will be presented to the next QSE in May 2021.

Cefndir / Background:
Within the NHS in Wales, quality is defined in statute as having three dimensions: patient safety, clinical effectiveness and patient (care carer) experience. This report highlights key quality information for the Board with detailed information provided to the Quality, Safety and Experience Committee.

Asesu a Dadansoddi / Assessment & Analysis
Goblygiadau Strategol / Strategy Implications – Not applicable.   **Opsiynau a ystyriwyd / Options considered** – Not applicable.   **Goblygiadau Ariannol / Financial Implications** – Not applicable.   **Dadansoddiad Risk / Risk Analysis** – Contained within the paper.   **Cyfreithiol a Chydymffurfiaeth / Legal and Compliance** – Contained within the paper.   **Asesiad Effaith / Impact Assessment** – Not applicable.

		Quality Highlight Report **December 2021 – January 2022**
GIG CYMRU NHS WALES	Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board	

Within the NHS in Wales, quality is defined in statute as having three dimensions: patient safety, clinical effectiveness and patient (and carer) experience.

This report provides the Health Board with a summary of key quality related information from the months of December 2021 and January 2022. The aim of this new 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 Committee in the bi-monthly Patient Safety Report and triannual Patient and Carer Experience Report.

Nationally Reportable incidents

As of the 14 June 2021, NHS Wales organisations are required to implement Phase 1 of the National Incident Reporting Policy. The most obvious change in policy direction is a change in terminology with the removal of the word "serious" from the term serious incident. The intention in removing the word "serious" is to support a more just and learning culture where recording and investigating incidents does not feel punitive.

From 14 June 2021, the following definition of a nationally reportable patient safety incident applies:

> *"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 "*

The timescale for reporting such incidents nationally to the NHS Wales Delivery Unit has increased from 24 hours to within 7 working days.

Never Events are defined as patient safety incidents that are wholly preventable because guidance or safety recommendations are available at a national level and should have been implemented by all healthcare providers. The Welsh Government issues a list of incidents that are deemed to be Never Events. Each Never Event type has the potential to cause serious patient harm or death. However, serious harm or death does not need to have happened as a result of a specific incident for that incident to be categorised as a Never Event.

There were 34 nationally reported incidents, including 1 Never Event, in total for the two month time period being reported.

For the most serious incidents, Executive-led Rapid Learning Panels (RLPs) take place to support the rapid identification and sharing of learning and improvement. This is in addition to the Make it Safe Rapid Review and full investigation. During December 2021 and January 2022, eight RLP meetings took place into the most serious incidents. Some of the learning from these is highlighted below in the sections covering the never event and deteriorating patient theme which comprise the main subjects covered by the panels. For the others, the key learning is highlighted below:

- Following an incident in mental health, action was directed to ensure psychiatric liaison teams assess a patient in-person when an individual re-presents at emergency departments shortly after an initial assessment.
- A letter was sent to medical staff outlining their responsibilities and obligations to assess patients who may be experiencing long delays in an ambulance prior to being handed over and brought into an emergency department.

Work is underway at a national level to improve the collection of patient safety incident data as part of the Once for Wales RLDatix programme. This will help provide better quality and contextual information and should allow the Health Board to benchmark performance more effectively.

The table below shows the Health Board position in terms of nationally reportable incidents per 100,000 population in relation to the All Wales position per 100,000 population.

Period	BCUHB Incidents/100,000	All Wales Incidents/100,000
Jun/July 2021	1.0	1.8
Aug/Sept 021	1.8	2.3
Oct/Nov 2021	3.8	3.0
Dec /Jan 2022	4.3	3.2
Average	**2.7**	**2.6**

Although this suggests an increasing level of incidents, given the small numbers involved, and the particular reporting requirements for certain incidents such as pressure ulcers, the average should be considered a more useful comparison than an individual two month period in isolation. However, this data will be kept under close review for the next period as it may indicate a worsening position.

The following section provides details on never events, and themes arising from nationally reportable incidents:

Never Events

During the reporting period, there was one Never Event reported which occurred in an earlier period (October 2021):

- Women's Division – Wrong site surgery – A Make it Safe Rapid Review and Executive-led Rapid Learning Panel was held and the immediate clinical learning was the need to visualise fully before surgery, to progress to laparotomy when dealing with a haemorrhage and to drain all blood prior to visualisation. In response, a learning document has been shared across the Health Board and the case was presented at the service's clinical risk meeting for learning. A full investigation is underway which will lead to a full action plan.

In total nine Never Events have been reported so far in 2021/22 (compared to five in 2020/21 and six in 2019/20). A thematic report was presented to the QSE Committee in June 2021.

This is in the process of being updated and will be submitted to the Committee showing an updated position and learning from all never events since.

Of the 9, investigations have been completed to date in 4 cases. Two of these were wrong site surgery never events and two were retained objects post-surgery. Three of these occurred under the Ysbyty Glan Clwyd (YGC) division (two at theatres in Abergele) and one occurred in Ysbyty Maelor Wrexham.

The action plans for each incident have been tracked via Datix (as is standard practice for all investigations) and all actions are complete except two (one relates to the development of a clinical pathway and the second a surgical template). These are being followed up with the service as both are now overdue.

However, in all cases, the failure to properly follow standard surgical safety procedures (such as the WHO Surgical Safety Checklist) is the main finding. The WHO Surgical Safety Checklist is a simple tool designed to improve communication and teamwork by bringing together the clinical staff involved in care to confirm that critical safety measures are performed before, during and after an operation. In response, the Patient Safety Team have commissioned a bespoke human factors training programme which will commence in May 2022. The programme will involve the training of experts (to form a Health Board faculty) and practitioner training. Surgical directorates (and YGC in particular) will be the prime focus of this training in response to the Never Events. In anticipation of this work, a patient safety culture survey has been undertaken in surgical directorates to inform the bespoke element of this work. This is currently being analysed. A weekly, clinically led strategic group is driving this work. In addition, the Transformation and Improvement Team is actively recruiting to a Clinical Quality Improvement Fellow to undertake a period of work over six months to improve surgical safety procedures such as the WHO Checklist on the YGC site. The Patient Safety Team is supporting the site until this post is recruited.

Theme: Healthcare Acquired Pressure Ulcers (HAPU)

Within the reporting period there were a total of 3 avoidable healthcare acquired pressure ulcers.

Pressure ulcers (commonly known as pressure sores or bedsores) are injuries to the skin and underlying tissue, primarily caused by prolonged pressure on the skin. They can happen to anyone, but usually affect people confined to bed or who sit in a chair or wheelchair for long periods of time. Early symptoms of a pressure ulcer include part of the skin becoming discoloured, or a patch of skin that feels warm, spongy or hard or pain or itchiness in the affected area. The skin may not be broken at first, but if the pressure ulcer gets worse, it can form:

- an open wound or blister – a grade 2 pressure ulcer;
- a deep wound that reaches the deeper layers of the skin – a grade 3 pressure ulcer;
- a very deep wound that may reach the muscle and bone – a grade 4 pressure ulcer.

A determination is made of grade 3, 4 and ungradeable pressure ulcers to determine if they were avoidable or unavoidable, using a national tool. If they are deemed avoidable, they become a nationally reportable incident and are subject to a detailed investigation.

A detailed paper on healthcare acquired pressure ulcers (and falls) has been presented to the QSE Committee in March 2022.

Prior to the pandemic, the Health Board ran a successful HAPU Collaborative to drive and support improvement across services. These are being re-launched from February 2022 onwards. The collaborative approach to patient safety enables a co-ordinated improvement framework supported by the improvement and specialist clinical teams. The forum supports clinical teams to improve their knowledge, enhance proficiency with improvement methodology, shared learning and experiences within a learning cycle.

Theme: Falls

A fall is defined as an event which results in a person coming to rest inadvertently on the ground or floor or other lower level. Patient falls represents one of the highest occurrence patient incidents in the Health Board and a number of these are patient harms.

Within the reporting period there were a total of 14 patient falls that resulted in severe/permanent harm and therefore met the criteria for national reporting as follows:

East Acute (3), West Acute (6), West Area (1), Central Acute (3), Cancer services (1).

On review of Make it Safe Rapid Review learning from these incidents, there are several themes that can be identified that contributed to these falls.

- Staff shortages.

- Inadequate completion of falls documentation.

- Poor handover/communication between staff or with families.

- Non-use of call bells.

A number of specific actions have been implemented locally.

- New SBAR handover documentation has been instigated to ensure that there is effective communication between nursing staff and also permit the timely and accurate communication with the families of patients.

- Safety briefs and team huddles to re-inforce the importance of completion of risk assessments; compliance of which will be monitored via Matron audits and spot-checks.

- Staff are to ensure that all patients are actively encouraged to use the call bells as appropriate and 'at a glance' boards will be visible for staff to instantly recognise those patients whom are considered to be a falls risk.

Other improvement work already underway includes:

- The Falls Policy has been rewritten with multi-disciplinary involvement. The policy is clear and easy to understand in terms of roles and responsibilities with clear actions for prevention and post fall management which complements the work that operational teams have been undertaking. This document is due for approval at the QSE Committee in March 2022. An implementation plan has been developed and progress will be monitored through the strategic falls group.

- A Falls Prevention (Module 1a) E-learning has been developed and launched for all Health Board staff in January 2022.

- A Falls (Module 1b) E-learning covering risk assessment and post falls is also now live.

- The Patient Walking with Purpose Guideline has been written and shared for the management of patients who walk with purpose within the clinical setting as part of the Safe Clean Care Programme.

Prior to the pandemic, the Health Board ran a successful Falls Collaborative to drive and support improvement across services similar to the scheme for pressure ulcers. These are being re-launched from February 2022 onwards. The collaborative approach to patient safety enables a co-ordinated improvement framework supported by the improvement and specialist clinical teams. The forum supports clinical teams to improve their knowledge, enhance proficiency with improvement methodology, shared learning and experiences within a learning cycle.

The Inpatient Falls Group and Community Falls Group have re-commenced in February 2022 with agreed priorities and work plan. The Inpatient Falls Group and Community Falls Group will be merged to maximise shared learning and collaboration.

Additionally, rollout of the Welsh Nursing Care Record System will improve the timeliness and quality of record keeping. Nursing staff will now have formats available in both paper and digital for documents including risk assessments and adult inpatient assessments. The digital versions of the forms mean nurses will be able to complete assessments, including at the patient bedside, on a hand-held tablet device, giving nurses more time to spend with patients and enabling quicker access to patient health records such as falls assessments.

A detailed paper on falls (and healthcare acquired pressure ulcers) has been presented to the QSE Committee in March 2022.

Theme: Deteriorating Patient

There have been three incidents that were nationally reported during this time period that relate to patients that were escalated due to acknowledgment of a deterioration, however a delay in response and subsequent treatment that may have resulted in harm (death) of these patients. Two of the incidents occurred in Ysbyty Glan Clwyd and one in Ysbyty Gwynedd. Immediate learning for these incidents was around how nursing staff should further escalate when initial calls for medical input are not responded to. Additionally, through the MIS Rapid Review process and Rapid Learning Panels it was identified in two of the incidents that a contributory factor was a delay in cannulation of a patient to administer treatment.

The Health Board is re-forming an improvement group to look at one aspect of this area. The Sepsis Trigger, Escalation and Antibiotic Stewardship Review (STEAR) Group will convene in March 2022. This group has been formed in order to provide Health Board-wide best practice guidance to health care professionals in determine how to trigger, respond, escalate and review the response to the deteriorating patient. The key focus will be on:

- Approving triggers for SEPSIS (e.g. NEWS-2)
- Mapping observations charts to emphasise triggers
- Agreeing the escalation process
- An education program to support outcomes of the group
- Agreeing how outcomes will be benchmarked and frequency of the auditing process

The Executive Director of Nursing and Midwifery has requested an audit on the use of Medical Emergency Teams and this is underway led by one of the hospital medical directors. The audit will inform future use of the teams particularly in relation to the escalation of deteriorating patients.

A review of cannulation skills is underway to ensure this can be done by the most appropriate clinician.

Theme: Ophthalmology

In the previous version of the Patient Safety Report to the QSE Committee, the outcome of a thematic review into ophthalmology incidents was reported where patients have suffered harm (irreversible sight loss) as a result of delays in accessing treatment.

3 additional incidents have been reported during December 2021 – January 2022, and have been subject to national reporting as detailed above. The issue of service capacity is currently scoring 20 risk on the risk register and is on the corporate risk register (CRR20-08). A business case is being developed to increase capacity in the service.

Work has started to review national registry data to provide further insight into the service compared to other service providers, and to explore a buddy relationship with another tertiary service provider. An improvement project is also being scoped. The individual cases will be subject to investigation including consideration of Redress under PTR Regulations. An updated version of the thematic review has also been commissioned and will be reported to the Patient Safety and Quality Group in April 2022.

Learning from previous incidents

Incident Learning Panels (ILP) were introduced as part of the new Incident Policy and Procedure. The role of the panel is to moderate and ensure that the Health Board is constantly improving the quality of investigations and reports. All investigations into incidents that have occurred since April 2021 have been reviewed at the ILP. There has been an initial focus on the quality of reports by the panel and services have taken feedback positively, with a subsequent marked improvement noted.

Plans are in place to begin extracting and sharing learning from the Incident Learning Panel further, to include:

- Learning on a page to be produced for every investigation
- A monthly ILP Bulletin will be produced as a compendium of all the learning on a page
- A central Patient Safety Learning Library will be developed as part of the new Intranet
- Mandated Learning Events will commence following each completed investigation

During the months of December 2021 and January 2022, 61 investigation reports were presented to the ILP. 53 reports were approved by the panel, 8 were deferred and required further work for reason such as the quality of the report writing or weak action plans.

The main themes arising from the learning covers the following type of incidents:

- Falls
- Healthcare acquired pressure ulcers
- Deteriorating patient

The improvement actions underway for these main theme areas are detailed above under the respective headings.

Although not specific to the period covered in this report, a fourth key theme is the issue of surgical safety arising from reports which is a theme seen over the year. The learning and improvement is detailed earlier in this report.

The Health Board also received two independent investigations into incidents occurring in mental health services. These were presented at the QSE Committee in January 2022 and March 2022. In addition to the action plans specific to these individual findings, the Mental Health and Learning Disability Division developed an overarching plan aimed at addressing themes such as leadership, culture, the use of therapeutic observations and assessment and management of clinical risk. The Chair of the QSE Committee has requested further refinement of the plan and to be re-presented at a future meeting.

Other significant improvement actions arising from completed investigations include:

- Following an incident involving methotrexate at YGC, a Patient Safety Alert was issued across services. An updated methotrexate chart has been developed and cascaded. Methotrexate has been included in "back to basics" medication safety training. The Methotrexate Clinical Guidelines have been updated and disseminated.
- Following an incident in the emergency department at YG, the service reviewed the referral pathways for specialties to ensure patients are not delayed within the ED.
- Following an incident in the emergency department at WMH, focused training sessions were held on acute coronary syndrome presentations and a new clinical standard was introduced prioritising patients needing repeat ECGs to be placed in specific observation areas rather than the waiting room.

Collectively, the improvement work arising from recurring themes will form part of the new Patient Safety Programme being developed. This programme will be one of the major transformation and improvement programmes within the organisation, supported by the new Transformation and Improvement Directorate. It will provide the framework for patient safety improvement projects to be directed and monitored. Co-design with staff, patients and carers to take forward this programme is a key element. Clear, measureable outcomes will be defined as part of a strong programme and project management methodology. The Strategic Patient Safety Group will have close oversight of this work and the monitoring of improved outcomes, with reporting to the QSE Committee via the Patient Safety Report.

Public Services Ombudsman for Wales (PSOW)

During December 2021 and January 2022, 21 enquiries were received from the Public Services Ombudsman for Wales (PSOW). This is consistent with the same period last year. The Health Board currently has 65 Ombudsman investigations ongoing across the Health Board. There are no specific matters for exception reporting to the Board at this time.

There have been no Public Interest Reports issued by the Ombudsman during December 2021 and January 2022. The last Public Interest Report concerned urology and followed an "own initiative" investigation into 16 patients potentially affected by access delays. The report and action plan was presented to the QSE Committee in November 2021. All actions from this are completed. Of note, the Executive Director of Nursing and Midwifery has setup a urology improvement group and terms of reference for a Royal College of Surgeons Invited Review are in development.

Detailed information on key cases investigated by the Ombudsman is included in the Patient and Carer Experience Report to the QSE Committee.

The Chief Executive and Associate Director of Quality held the annual meeting with the Ombudsman and their Head of Complaints Standards on 01 February 2021. This will be reported in the Chief Executive's Report to the Health Board. The meeting noted the positive working relationship between the two organisations and no issues of concern were discussed.

The Ombudsman, Nick Bennet, completes his term of office at the end of March 2022. Michelle Morris has been confirmed by the Senedd as the next Public Services Ombudsman for Wales.

Patient Feedback

Patient feedback and listening to the voices of patients, carers and service users, is key to effective service improvement. The CIVICA patient feedback system is currently being embedded across the Health Board, with implementation started in summer of 2021, and is a mechanism to support real time patient and carer feedback. The online patient feedback system supports the development and deployment of multiple surveys across multiple channels, along with standard reporting, alerting and enhanced text analytics. It signals an important milestone in providing every patient and carer with an opportunity to have their voices heard and acted upon.

A new Patient and Carer Feedback Framework is in development to establish a strengthened approach to listening and acting upon feedback.

On average, around 500 responses are returned to the Health Board every month.

Overall satisfaction reported by patients has increased, using the all-Wales standard questionnaire, with a rating of 9.51 from 10 from the latest available data.

Detailed information is contained in the Patient and Carer Experience Report to the QSE Committee.

Inquests

During December 2021 and January 2022, 50 inquests or requests for information from the Coroner were opened. This is lower than the previous period but is in line with the overall activity. 32 inquests were concluded in the same period – there are no matters for exception reporting to the Board.

There have been no Prevention of Future Death reports issued by HM Coroner during December 2021 and January 2022.

The Health Board responded to the two previously issued Regulation 28 reports.

These responses provided reassurance to the Coroner with regard to the concerns raised:

- The implementation of the SNAP procedure – whereby N Acetylcysteine (NAC – the standard paracetamol antidote) may, from 31 January 2022, be safely given over a shorter period of time than previously. Although this has not yet been officially

sanctioned by the MHRA, approval within the Health Board has been given which is in line with TOXBASE recommendations.
- Confirmation that the new updated process for escalation of abnormal pathology results has been approved and implemented across the Health Board.
- Details on the new Incident Management Process.

Additionally, the Coroner had requested more information regarding ERCP provision for the patients of North Wales, given the difficulties in recruiting clinicians with the appropriate skills – the Medical Director for Ysbyty Glan Clwyd has responded to the Coroner informing them of the agreement with a tertiary centre in order to manage demand. A copy of the newly agreed ERCP Referral Protocol has also been forwarded to the Coroner for their assurance.

Litigation

During the relevant period, 40 claims or potential claims were received against the Health Board. Of these, 31 related to clinical negligence and 9 related to personal injury. Whilst this is slightly lower than the previous reporting period, the figures remain steady in comparison.

During the relevant period, 24 claims were closed. Of these, 22 related to clinical negligence and 2 related to personal injury. The total costs for these closed clinical negligence and personal injury claims amounted to £2,835,206.03 before reimbursement from the Welsh Risk Pool.

Information on these cases was reported to the QSE Committee in the Patient Safety Report in March 2022. Significant learning arising from these claims includes:

- Following a claim in mental health services: admissions policies for acute care and home treatment teams have now been reviewed and acute units also now have searching policies and clear guidance on restricted items. A Clinical Risk Lead has been appointed and has focused on the extension of WARNN Risk Training.
- Following a claim in secondary care for a chest injury: The Health Board has conducted training on the careful assessment and imaging of chest injuries. This has included a bespoke training course based on site in the three Emergency Departments. The Trauma Research and Audit Report has been circulated to all ED staff and there has been development of a local blunt chest trauma tool.

The Audit Committee receives a report to provide assurance the appropriate authorisation levels were given, alongside an annual internal audit (the last audit gave Substantial Assurance).

All Health Boards in Wales contribute to a liability fund and have a risk share agreement, known as the Welsh Risk Pool (WRP). To ensure that learning and improvement is commenced and implemented at the earliest possible stage the Welsh Risk Pool has strict national procedures. The WRP procedures require a Learning from Events Report (LfER) and a Case Management Report (CMR). These are used by the Health Board to report the issues that have been identified from a claim and to determine how these have been addressed in order to reduce the risk of reoccurrence and reduce the impact of a future event. The trigger for an LfER is related to the date of a decision to settle a case (even if the loss incurred is under £25,000) and the Health Board has sixty working days to submit a report from this date. A CMR is then submitted four months after the last payment on a claim is made, detailing how quantum was decided, if delegated authority was used and confirming that senior leaders have

been advised of the claims. The LfER needs to provide a sufficient explanation of the circumstances and background to the events which have led to the case, in order for the WRP Committee to scrutinise and identify the links to the findings and learning outcomes. Supporting information, such as action plans, expert reports and review findings can be appended to the LfER to evidence the learning activity.

Regulation

Healthcare Inspectorate Wales (HIW) inspects the NHS in Wales. HIW assesses compliance against the Health and Care Standards 2015. They also have a specific responsibility to ensure that vulnerable people receive good care in mental health services.

During December 2021 and January 2022 there were no inspections, however the Health Board submitted:

- An improvement plan in response to the unannounced learning disabilities inspection of Tan y Coed, Bryn y Neuadd Hospital (undertaken in October 2021). No serious concerns were raised and actions included improving cleaning schedules and improving care and treatment planning. At the time of writing all actions are being progressed within agreed deadlines. The report will be shared with the Mental Health Compliance Committee.
- An improvement plan in response to the announced IRMER inspection of the Diagnostic Imaging Department, Wrexham Maelor Hospital (undertaken in October 2021). No serious concerns were raised and actions included improving access to Welsh speaking staff, improved awareness and access to occupational health provisions, and improved procedures. At the time of writing all actions are being progressed within agreed deadlines.
- A self-assessment of the Health Board's processes for managing patient flow and for the patient's journey through the stroke pathway, in preparation of fieldwork commencing in February 2022.

The Quality Assurance Team continue to log all actions arsing from inspections in a database and collate evidence from services to ensure actions are being completed.

The Health and Safety Executive (HSE) is the enforcement body for patient safety incidents in Wales and one Improvement Notice remains open with a response due in March 2022. This covers failing to implement a management system to monitor and review patient manual handling assessments and safety handling plans. Information on the improvement activity is detailed above in the section on falls.

Conclusion

This report provides the Health Board with a summary of key quality related information from the months of December 2021 and January 2022. The aim of this new report is to provide the Health Board with key quality highlights at each meeting.

The Board is asked to receive the report.

Detailed information relating to trends, themes, learning and improvement is provided to the Quality, Safety and Experience (QSE) Committee in the Patient Safety Report and Patient and

Carer Experience Report. As such, attempts have been made to avoid duplication and to keep this report as a highlight report. .