

Betsi Cadwaladr University Health Board

Integrated Medium Term Plan 2025-28



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WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Contents

Foreword	4
Section 1: Strategic Overview	6
Welsh Government Planning and wider Legislative Framework.....	6
▪ <i>Primary statutory duties related to integrated planning</i>	6
▪ <i>The NHS (Wales) Act 2006: Engagement and consultation</i>	7
▪ <i>Local Health Boards (Constitution, Membership and Procedures) (Wales) Regulations 2009</i>	7
▪ <i>The Equality Act 2010</i>	7
▪ <i>The Social Services and Well-being (Wales) Act 2014</i>	7
▪ <i>The Social Services and Public Procurement (Wales) Act 2023</i>	8
▪ <i>The Well-being of Future Generations (Wales) Act 2015</i>	8
▪ <i>Health and Social Care (Quality and Engagement) (Wales) Act 2020</i>	9
Welsh Government 2025/26 – 2027/28 Guidance and Requirements	9
▪ <i>Delivery Expectations for 2025/26</i>	10
▪ <i>Enabling Actions</i>	11
Strategic context.....	12
▪ <i>A Healthier Wales refresh</i>	12
▪ <i>Chief Scientific Adviser for Health report</i>	13
Section 2: North Wales Region and Organisational Overview	15
North Wales Population Profile and Needs	15
▪ <i>Age</i>	15
▪ <i>Long term conditions</i>	16
▪ <i>Inverse Care Law</i>	17
▪ <i>Prevention</i>	17
▪ <i>Wider determinants of health</i>	17
Health Board Profile	18
▪ <i>Cluster and Pan-cluster working</i>	19
Partnerships – Strategic Intent	20
▪ <i>Economic regeneration partnership – North Wales Growth</i>	20
▪ <i>North Wales Regional Partnership Board</i>	20
▪ <i>Public Service Boards</i>	20
▪ <i>Health Education and Improvement Wales</i>	21
▪ <i>NHS Wales Joint Commissioning Committee (NWJCC)</i>	21
▪ <i>NHS Wales Shared Services Partnership (NWSSP)</i>	21
▪ <i>Digital Health and Care Wales (DHCW)</i>	21
DHCW works in partnership with NHS Wales and other key stakeholders to provide national digital and data services, which support the delivery of health and social care are in Wales e.g., digital records and hospital, primary and community information systems.....	21
Strategic Objectives.....	21
▪ <i>Design Principles</i>	23
▪ <i>Health Board Integrated Planning Framework</i>	24
Escalation and Intervention Level 5 (Special Measures).....	24
▪ <i>Overview of drivers of Escalation in 2023</i>	24
▪ <i>Level 5 (Special Measures) Framework and de-escalation criteria</i>	24
▪ <i>Latest Welsh Government report on Level 5 (Special Measures)</i>	25
Organisational Progress.....	26
▪ <i>Building an Effective Organisation</i>	26
▪ <i>Developing strategy and long-lasting change</i>	26

▪	<i>Creating compassionate culture, leadership and engagement</i>	27
▪	<i>Improving quality, outcomes and experience</i>	27
▪	<i>Establishing an effective environment for learning</i>	27
	Performance Overview and Assessment	28
▪	<i>Quadruple Aim</i>	28
▪	<i>GIRFT – ‘Getting It Right First Time’</i>	31
	Summary priorities.....	31
	Section 3: Strategic Objectives & Priorities	32
	Section 4: Delivering the Plan	116
	Effectively delivering change	116
	Performance and accountability.....	117
	Risk Management.....	118
	Workforce.....	118
▪	<i>Skills and Engagement</i>	119
▪	<i>Recruitment and Retention</i>	119
▪	<i>Workforce Staffing Position</i>	120
	Finance.....	121
▪	<i>Overview of the Financial Plan</i>	121
▪	<i>Underlying Deficit</i>	121
▪	<i>Our Resources</i>	122
▪	<i>Capital Programme</i>	123
▪	<i>Financial Risks</i>	125
	Section 7: Appendices	127
	Section 8: Abbreviations & Glossary	128

Foreword

This Integrated Medium-Term Plan (IMTP) sets out the Health Board's commitment to improve the health and wellbeing of the people of North Wales and to provide or secure high quality, effective and efficient healthcare services. The Plan, covering three years from 2025/26, builds on the work undertaken in recent years for the Health Board to become a highly effective organisation, committing to further build strong partnerships with other organisations and importantly with people and communities across the region.

Welsh Government Ministers have set out their expectations of the Health Board in delivering national strategy and policies, and the escalation of the health board back in February 2023 to Level 5 (Special Measures) forms a further set of expectations for improvement and delivery. It is clear that progress on both the Cabinet Secretary's Priorities and the Level 5 requirements must be made. This Plan sets out actions that will be taken, acting as the route map to improvement and delivery.

It is clear that the Health Board has been making progress with improvement noted specifically in leadership, governance, culture, quality and safety and financial governance and performance as outlined in the latest Welsh Government Report on Level 5 (Special Measures) published in March 2025. There remains, however, a long way to go before the Health Board can be considered as high performing, with particular challenges in operational service planning and delivery meaning that too many patients wait too long to access services. Although the majority of people report a good experience when they receive care the delays in accessing that care cause real concern.

The Health Board must therefore improve the way it delivers services, become more efficient, productive and effective, modernise practice and learn from others as well as share the innovation and best practice that is evident across the health board. It must improve through using public resources wisely, providing value for money to the taxpayer, particularly in financially constrained times. Further strengthening the relationships with communities and partners, and enabling and supporting staff across the organisation will enable significant improvement to be achieved through the timespan of this Plan.

The Board has set out five Strategic Objectives to guide improvement:

1. Building an Effective Organisation
2. Developing Strategy and Long-lasting Change
3. Creating Compassionate Culture, Leadership and Engagement
4. Improving Quality, Outcomes and Experience
5. Establishing an Effective Environment for Learning

The Board approved a Values and Behaviours Framework in November 2024; a Framework developed with the contribution of hundreds of staff and with external partners. The values of Openness, Compassion and Respect are those that the Board itself will continue to strive to demonstrate through its work. The progress, as well as the challenges of the health board, will continue to be presented publicly to staff, partners and more widely to the people of North Wales. We wish to be an excellent

health board, delivering the best healthcare services possible, and we understand that to achieve that goal, collective effort will need to be at its heart. We look forward to continue our improvement journey with and for the people of North Wales.



Dyfed Edwards
Chair



Carol Shillabeer
Chief Executive

Section 1: Strategic Overview

The Health Board remains focused on delivering its purpose of improving health and wellbeing and providing excellent care to the people of North Wales. In line with 'A Healthier Wales', the long-term strategy for health and social care in Wales, the organisation is committed to working closely with partners to contribute to a whole system approach to health and social care. As part of the Well-being of Future Generations (Wales) Act, the organisation ensures that it carefully considers the long-term impact of decisions in support of improving the social, economic, environmental and cultural well-being of Wales.

The Cabinet Secretary for Health and Social Care has been clear on their expectations, along with the actions that will support delivery without driving additional cost. There is a strong focus on developing services to deliver high value patient outcomes, ensuring that they are sustainable for the long term. Based on the projections within the Chief Scientific Advisor's "NHS in 10+ years" report, related to an increasingly ageing population within a higher prevalence of multiple long-term conditions, this is absolutely crucial, whilst ensuring that services continue delivering the highest possible quality.

This Plan does not sit in isolation, but forms part of a collection of plans and strategies developed by the Health Board and partners that support delivery of shared ambitions over a complex system.

Welsh Government Planning and wider Legislative Framework

▪ *Primary statutory duties related to integrated planning*

There is a statutory duty for each Health Board in Wales to prepare and submit an Integrated Medium-Term Plan (IMTP) to Welsh Government. The purpose of the IMTP is to provide a road map towards delivering improvements to population health needs, whilst also confirming plans for delivering financial break-even.

The statutory duty to plan is set out in the NHS (Wales) Act 2006, which requires each Local Health Board to prepare a plan which sets out a strategy for improving the health of people for whom the Board is responsible and improving the provision of health care for those people. The plan must be kept under review and the Health Board must have regard to the plan in exercising its functions. The Health Board must involve partners within the planning process and must respond to Ministerial Directions relating to the content of the plan.

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

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

- Meet the statutory requirements to commission and/or provide services to improve population health outcomes and to achieve financial balance
- Set out clear actions and milestones that demonstrate how planning intentions will be achieved

- Deliver the key milestones within the Delivery Framework
- Triangulate finance, activity and workforce in the plans

The Health Board has been unable to seek approval of an IMTP in recent years due to being unable to produce a Three-Year Plan that meets all the qualifying requirements. However, in recent years the Health Board has made significant steps towards delivery of an IMTP, and this year is able to put forward a balanced plan. As required of an IMTP, this is structured against a three-year horizon; however, this is done with a particular focus upon the coming year.

▪ ***The NHS (Wales) Act 2006: Engagement and consultation***

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

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

The legislative requirement is supported by recently updated guidance on engagement and consultation for service changes. During 2024-25 the Health Board has further progressed work with colleagues attending the Stakeholder Reference Group, Trade Union Forum, and Health Professionals Forum to influence and test Planning assumptions and priorities, alongside wider Partnership colleagues.

▪ ***Local Health Boards (Constitution, Membership and Procedures) (Wales) Regulations 2009***

The principal role of a Health Board is to ensure the effective planning and delivery of healthcare for people for whom it is responsible, within a robust governance framework, to achieve the highest standards of patient safety and public service delivery, improve health, reduce inequalities and achieve the best possible outcomes for its citizens, and in a manner that promotes human rights.

▪ ***The Equality Act 2010***

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

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

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

The Social Services and Well-being (Wales) Act 2014 (part 9) requires the Health Board to co-operate with Partners in the formation of a Regional Partnership Board (RPB) to prepare and publish a 5-Year Area Plan setting out the range and level of services to be provided in response to the population

needs assessment, including resources to be deployed. The current RPB plan runs from 2023 to 2028¹. Health Boards are additionally required to set out actions proposed in relation to the duty to have regard to the importance of preventative action.

▪ ***The Social Services and Public Procurement (Wales) Act 2023***

The Social Services and Public Procurement (Wales) Act (SPPP Act) provides a framework to promote the well-being of the people of Wales by enhancing sustainable development through social partnership working, promoting fair work and socially responsible procurement. The SPPP Act amended Section 4 of the Well-being of Future Generations (Wales) Act 2015 (WCFG Act) substituting 'decent work' for 'fair work', requiring the Health Board to seek consensus or compromise with their recognised trade unions in reviewing its well-being objectives, and assessing compliance with the Act. Changes to the SPPP Act also placed socially responsible procurement duties on Health Boards (and other 'certain public bodies').

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

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

Collaboration	The Act requires the Health Board to consider the long-term impact of decisions, and to achieve the seven Well-being Goals, applying the '5 Ways of Working' to do so.
Integration	
Involvement	The Health Board recognises the importance and value of doing this and has integrated the ethos of the Act into the objectives and priorities within this Plan.
Long-term	
Prevention	The Well-being of Future Generations (Wales) Act 2015 has a number of requirements under the well-being duty. As a designated public body, the Health Board is required to carry out sustainable development, using the five ways of working which support the sustainable development principle.

Above: The 5 Ways of Working

¹ <https://www.northwalescollaborative.wales/north-wales-population-assessment/regional-plan/>

The Health Board is further required to set out well-being objectives designed to maximize the contribution to achieving the national well-being goals. The Health Board will review and refresh the well-being objectives as part of the 'Health Board 10-Year Strategy' priority, outlined later in this plan. During 2024-25 the Health Board progressed implementation of 'Fair Wage' guidance into well-being goals.



The Board is also required to work in partnership through Public Services Boards to prepare and publish a local Well-Being Plan, which sets out local well-being objectives and the steps proposed to be taken to meet them. In relation to North Wales, the following Well-Being Plans have been published covering the period of 2023-28:

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

▪ ***Health and Social Care (Quality and Engagement) (Wales) Act 2020***

Duty of Quality

The Health and Social Care (Quality and Engagement) (Wales) Act 2020 sets out a duty of quality. The purpose of the duty of quality is to ensure that Welsh Ministers and NHS bodies secure improvements in the quality of services they provide. The duty represents the ambition of achieving ever-higher standards of person-centred health services in Wales.

Duty of Candour

The Duty of Candour is a legal requirement for NHS Organisations in Wales to be open and honest with service users receiving care and treatment. This is outlined in the Health and Social Care (Quality and Engagement) (Wales) Act 2020. The Duty of Candour applies if the care we provide has or may have contributed to unexpected or unintended moderate or severe harm, or death.

Welsh Government 2025/26 – 2027/28 Guidance and Requirements

The Cabinet Secretary for Health and Social Care issued their priorities for health boards on 20th December 2024. He set out their high-level ambition for the health and care system, with an emphasis on quality, safety and improvements in outcomes.

² <https://www.llesiantgwyneddaron.org/en/Cynllun-Llesiant/>

³ <https://conwyanddenbighshirelsb.org.uk/well-being-plan/>

⁴ <https://www.flintshire.gov.uk/en/PDFFiles/Policy-and-Performance/PSB/Flintshire-and-Wrexham-Public-Services-Board-Well-being-Plan-2023-2028.pdf>

There are five strategic priorities that must be delivered by all health boards and other NHS organisations over the next three years. They are in areas that have been consistently raised through ministerial conversations and engagement with the public and staff:

- 1) **Timely Access to Care**
- 2) **Population Health and Prevention**
- 3) **Building Community Capacity**
- 4) **Mental Health Access**
- 5) **Women’s Health**

The Cabinet Secretary’s Priorities, Delivery Expectations and Enabling Actions have all been incorporated into the Health’s Board plan. Section three of this plan is structured around the Health Board’s five Strategic Objectives which covers all these areas as well as the local priorities of the Health Board, its partners and the population.

▪ ***Delivery Expectations for 2025/26***

Accompanying these priorities are a set of clear delivery expectations for year one of the plans (2025/26). The delivery of these is at the centre of how the organisation plans its resources and capacity, ensuring that greater pace is delivered in these areas. Progress in some of the areas will require greater collaboration with partners in order to deliver whole system change. Whilst these targets are focused on year one of the plans, continual improvement across years two and three will be required. Trajectories associated with these Delivery Expectations can be found in Appendix 3.

Priorities for 2025-28	Delivery Expectations for 2025-26
Timely Access to Care	<ul style="list-style-type: none"> ▪ Reduce the number of ambulance patient handovers over 1 hour –national target - zero ▪ Reduce the number of patients who spend 12 hours or more in all major and minor emergency care facilities from arrival until admission, transfer or discharge compared to the same month the previous year, building towards the national target of zero ▪ No patients waiting more than 104 weeks for referral to treatment. ▪ 12-month improvement trend in the percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route), building toward a national target of 80% by 31 March 2026. ▪ Number of patients waiting more than 8 weeks for a specified diagnostic – target zero
Population Health & Prevention	<ul style="list-style-type: none"> ▪ Increase in % of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes ▪ Achievement of vaccinations targets in the performance framework
Building Community Capacity	<ul style="list-style-type: none"> ▪ Deliver a 12-month reduction trend in the number of people who are delayed in hospital as measured by the Delayed Pathways of Care dashboard ▪ 100% of GP practices achieving all National Access Standards for In-hours GMS ▪ Increase in number of people accessing Pharmacist Independent Prescribing Service for acute minor conditions and routine contraception services where the patient reports they would have otherwise visited their GP ▪ Increase in % of adult/child population accessing NHS Dental care over a 24 (adult) /12 (child) month period

	<ul style="list-style-type: none"> ▪ Increase in capacity at the weekend of community nursing and specialist palliative care nursing to at least the required levels previously set for 2024/25 and greater where possible ▪ Increase in capacity of Enhanced Community Care to at least the required levels previously set for 2024/25 and greater where possible.
Mental Health Access (Adults and Children & Adolescents)	<ul style="list-style-type: none"> ▪ 80% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral ▪ 80% of therapeutic interventions started within (up to and including) 28 days following an assessment by the Local Primary Mental Health Support Service (LPMHSS)
Women's Health	<ul style="list-style-type: none"> ▪ Establishment of one Women's Health Hub in each health board area by March 2026 (aligned to the Women's Health Plan)

From NHS Wales Planning Framework 2025-28

▪ **Enabling Actions**

To support delivery against these expectations, the Cabinet Secretary has set out a number of enabling actions. Each has an evidence base to demonstrate improved efficiency and/or outcomes, without driving additional cost. They are the product of work underway through the National Strategic Programmes, the Strategic Clinical Networks and the Value and Sustainability Board. The full list of enabling actions can be found in Appendix 2, but the table below summarises each thematic area and its associated objective.

Thematic Area	Objective
Operational Productivity & Efficiency - Urgent and Emergency Care	Improve timely access to care, reducing the length of wait in key areas of the urgent and emergency care stream through addressing variation
Operational Productivity - Planned Care	Improving timely access to care, reducing unwarranted variation in clinical productivity
Workforce Productivity	Maximise workforce productivity and efficiency, strengthening value and effective deployment of the workforce.
Maximising Value for Money	Continue to optimise value for money and contribution to overall efficiency through key non-pay areas, optimising both efficiency and effectiveness
Improving Value, Optimising Outcomes, & Minimising Variation	Support improvements in outcomes, effectiveness, and value, through optimising how resources are utilised, and focus on improving outcomes

From NHS Wales Planning Framework 2025-28

Strategic context

▪ A Healthier Wales refresh



A Healthier Wales⁵ sets out the Welsh Government plan to create a whole system approach to health and social care that focuses on health and well-being and the prevention of illness. This provides a guiding strategic direction for Health Boards in Wales.

This requires new models of care that build on local innovation through clusters of primary and community care providers working together. In this way people would only use General Hospital care when it is essential. More treatment and care, focusing upon wellness, would be delivered closer to home.

Whilst primary and community services will be more networked, so too will hospital services where specialist services delivered in major hospitals will become networked to allow centres of excellence to evolve.

In Autumn 2023, Welsh Government's Chief Scientific Adviser for Health published a report "NHS in 10+ years: An examination of the projected impact of Long-Term Conditions and Risk Factors in Wales" describing the challenges the NHS in Wales is likely to face over the next 10 to 25 years. The report is examined in more detail in the next section, but made it clear that the current demographic, economic and societal challenges facing our health and care system in Wales will continue to place unsustainable demands on our services.

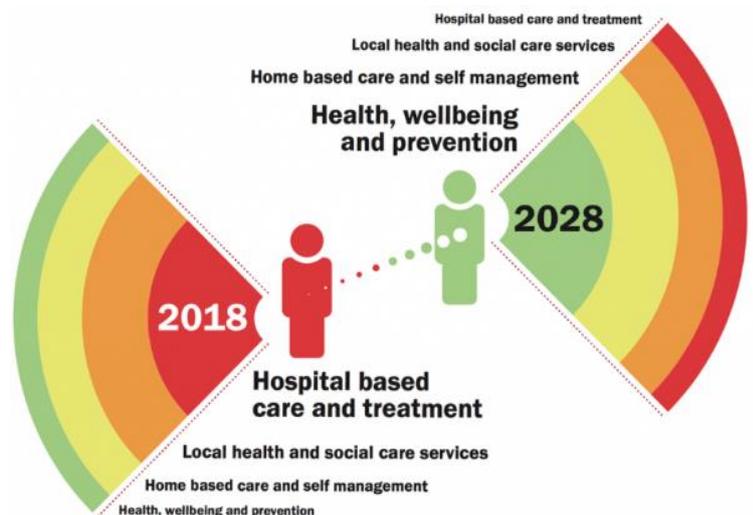


Figure 1: A Healthier Wales: Shifting from an approach focused upon Hospital based care to one focused upon Health, wellbeing & prevention

In response to the report, the former Cabinet Secretary for Health and Social Care announced a refresh of the actions in a Healthier Wales. The actions in the refresh, which are grouped into 10 key themes, summarised below and included in Appendix 1, reflect the changes needed to deliver a sustainable health and care system and will require the Health Board to continue working closely with wider sectors and partners to tackle issues including the wider determinants of health and reducing inequalities.

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

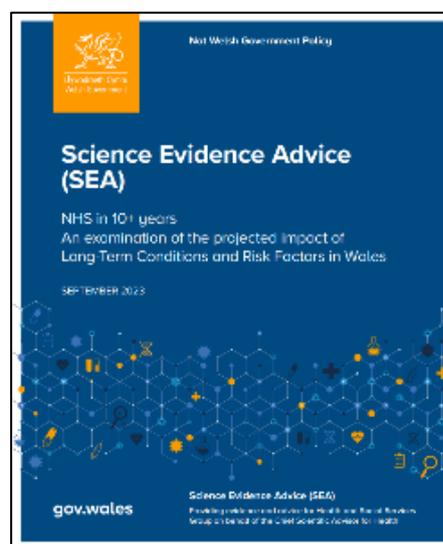
Key themes - A Healthier Wales refreshed actions (2024)

Preventative	Person Centred	Sustainable	Equitable	High Quality & Safe
Digital & Data	Workforce	Research Development & Innovation	Co-production & partnership	Integration

The Health Board has made steps towards further delivery of A Healthier Wales but recognises there is more to do. This Three-Year Plan incorporates further work in this regard.

▪ *Chief Scientific Adviser for Health report*

Published in September 2023⁶, the “NHS in 10+ years” report from the Chief Scientific Adviser for Health identifies many of the population needs documented above and articulates the need to make bold decisions around how to deliver care and allocate resources in response. The report outlines the changes in population demographics and health care needs expected over the coming ten years. Key messages include:



- The diagnoses of many long-term conditions (LTCs) will rise, in part due to an ageing population in Wales. This means that there will be a higher proportion of the population living with frailty, dementia, cancer, heart and other cardiovascular diseases, diabetes, and poor mental health, and for longer. Many of these conditions are associated with modifiable risk factors and onset could be delayed or prevented through addressing lifestyle factors holistically.
- In many conditions, rates are increasing at a greater rate than that explained by age and other demographic factors alone. These include diabetes; dementia; cardiovascular illnesses including atrial fibrillation, heart failure, high blood pressure, and peripheral vascular disease (PVD); lung illnesses including chronic obstructive pulmonary disease (COPD) and asthma, osteoporosis, inflammatory bowel disease and anxiety disorders.
- There will be increasing numbers of people in Wales living with multiple long-term conditions, with the proportion of people living with four or more diseases doubling between 2015 and 2035. People living with multiple diseases are currently required to attend significantly more outpatient appointments.
- There will be increasing numbers of people in Wales living with frailty and who require greater access to urgent and emergency hospital services and delays in discharge after hospital stays.

⁶ <https://www.gov.wales/sites/default/files/publications/2023-09/science-evidence-advice.pdf>

- Workforce remains the biggest single challenge for the NHS and social care going forwards. Technology and a change in the skill-mix composition of the NHS workforce offer the potential to reduce the rate of growth of the NHS and social care workforce but increases in capacity will be required in some areas, including general practice, community care and social care.

The Health Board has incorporated this report into its planning processes in support of long-term continual transformation.

Section 2: North Wales Region and Organisational Overview

Over the last two years the organisation has put in place the foundations for a health service which is more capable of meeting the needs of the people of North Wales. Following escalation into Level 5 (Special Measures) in February 2023, the Health Board has had to rebuild its leadership, governance, culture and processes to deliver better outcomes for citizens. Year one was largely about rebuilding and stabilising the organisation, with year two starting to make improvements to key services and addressing the key issues across the organisation. The Health Board is now much better equipped to tackle these issues and accelerate improvements to services whilst delivering high value patient outcomes and sustainable services for the long term.

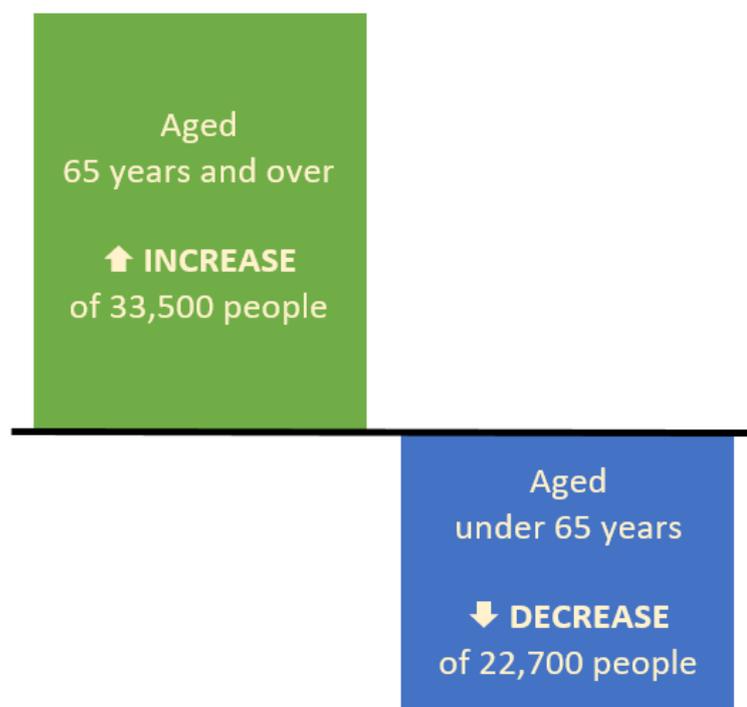
North Wales Population Profile and Needs

The starting point for healthcare planning is understanding population need (capacity to benefit), against which gaps and inequalities in service provision can be identified and then addressed.

The North Wales Regional Partnership Board Population Needs Assessment (PNA)⁵, revised in 2022, is an important assessment that the Health Board uses to understand population need, supplemented by a range of additional information sources.

What is clear is that the demography and health status of the North Wales population continues to change as it does across the rest of the UK.

Between 2025 and 2040 in North Wales....



▪ Age

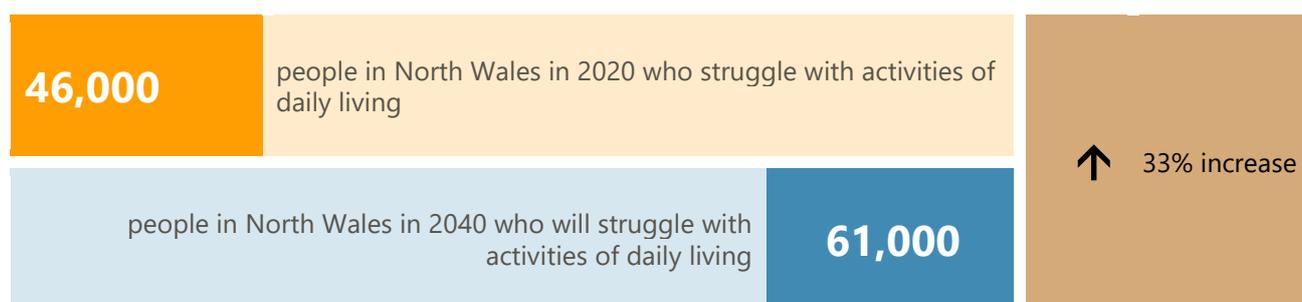
The number of residents over 65 years of age is growing much more than younger age cohorts. By 2034, the number of residents over 65 years of age will grow by 16% and the number aged 85 years and over by 41% whilst the number of residents aged under 65 years will decrease across North Wales.

Many individuals live in good health to older ages, but it is expected that the change in age profile will be associated with an increased number of individuals living with long-term conditions (and for many, with multiple long-term conditions), and living with these conditions for longer. For these

reasons, how the Health Board responds to needs arising from people living for many years with health problems and then experiencing frailty will become increasingly important.

The changing age profile also informs Health Board workforce planning in order to support and enable older individuals to remain in work and to appeal to a reducing population of younger people to consider entering into the healthcare workforce, and to return to North Wales after a university education elsewhere.

▪ **Long term conditions**



Although many people are staying healthy later into life, some will face increasing levels of long-term conditions and a consequent need for care and support. The Regional Partnership Board Population Needs Assessment estimates that the number of people struggling to complete activities of daily living (ADLs) as a consequence of long-term conditions will significantly increase. The Regional Partnership Board estimate that the number of people struggling to undertake activities of daily living (ADLs) will increase by a third by 2040.

Condition	Projected change for Wales, or from published literature
Coronary heart disease	Increasing
Stroke / TIA	Falling
Atrial Fibrillation	Increasing
Heart Failure	Increasing
Hypertension	Increasing
Cancer (all cancers)	Increasing
Bowel Cancer	Increasing
Lung Cancer	Increasing
Breast Cancer	Increasing
Prostate Cancer	Increasing
Dementia	Increasing
Type 2 Diabetes	Increasing
Depression	Increasing
Anxiety	Increasing
Multimorbidity	Increasing
Asthma	Increasing
Rheumatoid Arthritis	Falling slightly
COPD	Increasing
Epilepsy	Falling
Inflammatory Bowel Disease	Increasing
Peripheral Vascular Disease	Increasing
Chronic Kidney Disease	Increasing slightly

Information from Chief Scientific Adviser for Health in Wales report, September 2023

The report from the Chief Scientific Adviser for Health in Wales in September 2023⁷ identifies that the number of individuals living with complex multi-morbidity due to having four or more conditions will double by 2035.

The prevalence of Diabetes in particular is forecast to rise by 25% by 2035, meaning over 60,000 people in North Wales would be living with Diabetes.

▪ ***Inverse Care Law***

The Inverse Care Law was first described in 1971⁸ and suggests that many of those with the greatest need are least likely to receive the care they require.

As the most vulnerable are often at higher risk of having poor health this further exacerbates the impact of long-term conditions upon some communities. It has an impact not only on individuals experiencing increased levels of need but also upon the 78,000 family members or relatives providing unpaid care.

▪ ***Prevention***

Many of these long-term conditions can be prevented, improved, or more effectively treated by adopting good population health principles, healthy lifestyle choices and better early intervention healthcare. Many of the risk factors that increase the likelihood of developing a long-term condition, such as smoking, poor nutrition and physical inactivity, have a higher prevalence in North Wales compared to Wales as a whole.

This underlines the importance of focusing on population health and prevention, in order to maximise health and wellbeing, and to reduce health inequalities for people living in North Wales

▪ ***Wider determinants of health***

Recognising the wider determinants of health (social, economic and environmental factors) that impact on health is critical and reinforces the importance of working collaboratively with non-NHS partners.

Higher levels of disadvantage are associated with poorer health. In the Welsh Index of Multiple Deprivation (WIMD), which is the Welsh Government official measure of relative deprivation, divided in 1,909 areas, North Wales has the first, second and ninth most deprived communities in the highest ten areas. Whilst representing 3% of the population of Wales, Denbighshire has 20% of the 20 most deprived communities in Wales (ranked 1, 2, 11 and 19).

This requires the Health Board to continue working with partners in a range of ways, including to further develop clusters of community services that can address these wider determinants to holistically address prevention. The Well North Wales initiative is a good example of partner working in the prevention space with an aim that everyone in North Wales can enjoy good physical health and wellbeing.

⁷ <https://www.gov.wales/sites/default/files/publications/2023-09/science-evidence-advice.pdf>

⁸ <https://www.kingsfund.org.uk/publications/articles/inverse-care-law>

Health Board Profile

The largest health organisation in Wales



c.£2.4bn
budget.



c.20,000
staff members.



c.700,000
population.



6 counties.



83 dental and
orthodontic
practices.



3 main hospital
sites.



147 community
pharmacies.



69 optometry/optician
practices.



16 community
hospitals.



96 medical practices
("GP practices").

Betsi Cadwaladr University Health Board is the largest health organisation in Wales, with a budget of £2.4 billion and a workforce of over 20,000. The Health Board is an integrated health system that strives to provide excellent compassionate care delivered in partnership with the public and other statutory and third sector organisations.

The Health Board is responsible for the delivery of health care services to more than 700,000 people across the six counties of North Wales (Anglesey, Gwynedd, Conwy, Denbighshire, Flintshire and Wrexham). This includes the provision of primary, community and mental health, as well as general hospital services.

In primary care settings the Health Board delivers NHS care through a combination of independent contractors and directly delivered services across North Wales. This network of primary care services covers 96 medical practices ("GP practices"), 83 dental and orthodontic practices, 69 optometry/optician practices and 147 community pharmacies.

In community settings, the Health Board delivers a wide range of community NHS services including community nursing, health visiting, physiotherapy and palliative care, through a network of health centres, clinics, community team bases and 16 community hospitals, coordinated across 14 'localities.'

Community mental health services are delivered by the Health Board from bases across north Wales, supported by a number of inpatient mental health units across the region.

The Health Board also delivers primary, community and mental health services to the prison population within HMP Berwyn, Wrexham.

General Hospital services are provided by the Health Board from three main sites, Ysbyty Gwynedd in Bangor, Ysbyty Glan Clwyd in Bodelwyddan and Wrexham Maelor Hospital, with some general surgical services also being delivered in Abergele and Llandudno.

Where NHS care cannot be provided within north Wales, such as for certain rare conditions or highly specialist services, the Health Board works with other NHS providers in Wales and England, to provide those services on behalf of the Health Board.

We are also responsible, in partnership, for improving the health and well-being of local people through activities such as our successful vaccination programmes and school health services.

▪ ***Cluster and Pan-cluster working***

North Wales has 14 Primary Care Clusters and three Pan Cluster Planning Groups (PCPGs), which play a crucial role in delivering integrated, community-focused healthcare. Clusters are designed to ensure localised, preventative healthcare, supporting a shift away from hospital dependency by improving access to services closer to home.

Clusters bring together GPs, community health teams, social care, and voluntary sector partners, helping to reduce health inequalities and support vulnerable populations.

The three PCPGs coordinate these efforts at a broader level, connecting clusters with the Regional Partnership Board (RPB) to drive system-wide transformation. They play an important role in:

- Developing sustainable primary care services.
- Aligning local cluster work with regional health strategies.
- Expanding supplementary services, such as cluster-based care home support

Key priority areas are:

- Governance reforms to enhance cluster autonomy and efficiency.
- Innovative 'one-stop' clinics for managing long-term conditions like diabetes.
- Improving hospital discharge pathways to enable more community-based care.
- Rolling out the All-Wales Diabetes Prevention Programme to all Clusters.
- Expanding community-based dementia care.
- Enhancing social prescribing and early intervention programmes.

Aligned with the NHS Wales 2025-28 Planning Framework, Clusters and PCPGs have an important role to play in regional and cross-sector collaboration, reinforcing whole-system integration to improve outcomes across North Wales. This integrated approach is a key focus of the 2025-28 plan which seeks to ensure that clusters and PCPGs continue to drive primary care transformation and resilience across the region.

Partnerships – Strategic Intent

▪ *Economic regeneration partnership – North Wales Growth*

The Health Board will continue to work with partners such as 'Ambition North Wales' to support delivery of the key priority areas for the Welsh Government backed New Growth Deal, for example, though the North Wales Regional Skills Partnership and implementation of the Local Area Energy Plan.

In addition, the Health Board's plans align to the North Wales Regional Economic Framework contributing the development of the 'Wellbeing economy', for example, through involvement in the Active Transport programme, health research and the development of the North Wales Medical School.

▪ *North Wales Regional Partnership Board*

The Regional Partnership Board (RPB) was established to meet Part 9 of the Social Services and Well-being (Wales) Act 2014 and facilitates the partnership arrangements between all six of the North Wales Local Authorities and other partners in taking forward the effective delivery of integrated services in North Wales.

The NWRPB published their [Regional Area Plan](#) in April 2023. This sets out how partners will work together to deliver health and social care services and respond to the findings of the [North Wales Population Needs Assessment and Market Stability Report](#).

The Plan focuses on how the NWRPB delivers priorities for integrated working between health and social care on a regional basis for the following population groups:

- Children and young people with complex needs
- Older people including people with dementia
- People with learning disabilities and neurodevelopmental conditions
- Unpaid carers
- People with emotional and mental health well-being needs

Progress against the Plan is shared each year in the [Regional Partnership Board Annual Report](#).

Work is taking place to reset the Health Board's representation at the Regional Partnership Board, ensuring all attendees receive advance briefings before each meeting and establishing a structured reporting process to improve decision making.

▪ *Public Service Boards*

The Public Service Board's (PSB's) are a collection of public bodies working together to improve the well-being of their county. Membership consists of senior representatives from partner organisations to ensure that strategic plans are aligned with, and support achievement of, local well-being objectives and vice versa; but also to ensure that the contribution of the PSB adds value over and above statutory organisations' own plans.

The three North Wales PSB's (Gwynedd and Anglesey, Conwy and Denbighshire, and Flintshire and Wrexham) use the insight and evidence from the Well-being Assessments (produced in 2022 – 2023) to develop and publish their Well-being Plans in 2023 – 2024. The Well-being Plans are a statutory requirement of the Well-being of Future Generations Act and seek to address the key areas which pose the greatest need or challenge for communities, describing where the PSB's can make the greatest contribution and adding value to existing partnerships and core services:

- [Flintshire and Wrexham Public Services Board Well-being Plan 2023 -2028](#)
- [Gwynedd and Anglesey Public Services Board Well-being Plan 2023 - 2028](#)
- [Conwy and Denbighshire Public Services Board Well-being Plan 2023 - 2028](#)

▪ ***Health Education and Improvement Wales***

Health Education and Improvement Wales is the strategic workforce body for NHS Wales. As a Special Health Authority, they contribute to addressing strategic and specialist workforce issues. Key delivery objectives for 2025 – 26 include providing quality improvement skills training programmes for healthcare professionals, developing an infrastructure to support high quality, multi-professional practice-based learning placements and supporting the delivery of apprenticeships within NHS Wales in line with Government strategy and Health Board requirements.

▪ ***NHS Wales Joint Commissioning Committee (NWJCC)***

The NWJCC is a Joint Committee that acts collectively on behalf of the seven Health Boards to commission a specific set of services at national level, for example, Emergency Ambulance Services and Specialised Services.

▪ ***NHS Wales Shared Services Partnership (NWSSP)***

The NWSSP delivers a wide range of professional, technical, and administrative services for and on behalf of NHS Wales it also works with the wider public services, including Welsh Government.

▪ ***Digital Health and Care Wales (DHCW)***

DHCW works in partnership with NHS Wales and other key stakeholders to provide national digital and data services, which support the delivery of health and social care in Wales e.g., digital records and hospital, primary and community information systems.

Strategic Objectives

Since introduction as part of the Health Board's response to address Escalation intervention under the Welsh Government / NHS Wales Escalation Framework, the Health Board's 'Five Strategic Objectives' have been helpful in providing focus and structure. The Health Board is committed to achieving the five strategic objectives and as such, Delivery Plans have been structured around them.

In doing so, the Health Board has taken steps to ensure that the Delivery Plans encompass:

- Ministerial Priorities
- NHS Wales Planning Framework requirements
- Priorities arising from Level 5 of the WG/NHS Wales Escalation Framework
- Other Health Board and partnership strategic priorities

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



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



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



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



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



▪ **Design Principles**

Organisational Design Principles provide a common and consistent set of considerations that aid effective design, development and deployment of services and support effective and aligned decision making in line with the Health Board’s core purpose and strategy.

Principle	Overview	Considerations
1) People first	Prioritise a people centred approach to support better health and well-being outcomes.	<ul style="list-style-type: none"> Am I improving outcomes for people? Whose life am I making better? The Health Board’s Wellbeing Objectives
2) Inclusive	Bring together the right people to collaborate and co-design services.	<ul style="list-style-type: none"> Have key stakeholders’ been involved? For example, service users, carers, families, staff, other partners and those with relevant technical expertise.
3) Wise spending	Best value (outcomes, experience, cost)	<ul style="list-style-type: none"> Will this decision improve value in terms of outcomes wise spending and cost
4) Simplify, standardise and adopt best practice	Recognise complexity, streamline and reduce inappropriate variation.	<ul style="list-style-type: none"> Learn from others and apply best practice Is there a recognised standard, process or policy to benchmark against? Have the different aspects/consequences of change been considered? Keep it simple for the public
5) ‘Digital first’	Adopt and promote new ways of working, harnessing the potential of digital innovation.	<ul style="list-style-type: none"> Seek advice and guidance from the Health Board’s Digital, Data and Technology Team.
6) Equity and accessibility	Equitable and accessible services which take account of the diverse needs of the communities we serve.	<ul style="list-style-type: none"> Does this decision promote fairness and equality of access? Seek advice and guidance from the Health Board’s Equalities Team Consider the Welsh Language.
7) Consistent with the Health Board’s Values	The Health Board values, guide behaviours and decision making.	<ul style="list-style-type: none"> Does this decision align with the organisation’s values?

▪ *Health Board Integrated Planning Framework*



The Health Board Integrated Planning Framework provides support and guidance throughout the organisation, ensuring that good planning principles are followed with planning activities aligned to the broader strategic landscape of the Health Board, partners and Government. The Health Board Planning Framework interlocks with other Health Board Frameworks to provide a set of integrated Frameworks.

The Integrated Planning Framework (IPF) clarifies and confirms the Board's commitment to integrated planning within the organisation and with partners.

The Integrated Planning Framework (IPF) sets out the legislative context, the approach to integrated planning and the principles by which the organisation operates.

The organisational design principles laid out in the section above complement this framework and have been a useful tool supporting planning and decision making.

Escalation and Intervention Level 5 (Special Measures)

▪ *Overview of drivers of Escalation in 2023*

On 27 February 2023, the Health Board was escalated to Special Measures following the tripartite group of Healthcare Inspectorate Wales, Audit Wales and Welsh Government officials' meetings in November 2022 and January 2023. The escalation to Special Measures reflected serious and outstanding concerns about **board effectiveness, organisational culture, service quality and reconfiguration, governance, patient safety, operational delivery, leadership and financial management**. The Chair and Independent Members of the Board agreed to step aside, and a number of direct appointments were made.

Prior to this escalation the Health Board had been in Targeted Intervention for: **Mental Health (adult and children), strategy, planning and performance, leadership (including governance, transformation and culture), engagement (patients, public, staff and partners), Ysbyty Glan Clwyd ED, Vascular Services, and Ysbyty Glan Clwyd Hospital overall**. The escalation highlighted that there was sufficient evidence to indicate that significant and timely improvement was not happening under Targeted Intervention and further escalation was considered necessary and appropriate in these circumstances. A major consideration was concern about the unitary board's effectiveness to develop and implement change and improvement.

▪ *Level 5 (Special Measures) Framework and de-escalation criteria*

Across each of the 6 domains of the escalation and intervention framework the Health Board is tracking progress against the criteria to de-escalate from level 5 to level 4. Whilst doing so, in order to consider more medium to long term requirements a forward look against criteria from level 4 to level 3 is also undertaken.

Some key headlines are outlined below with a fuller list to be found in Appendix 4.

Finance, Strategy and Planning	<ul style="list-style-type: none"> ▪ Robust financial governance and robust financial control environment ▪ Board clarity on strategic vision and clear roadmap for clinical services plan, with sustained improvements in delivery of the plan
Performance and Outcomes	<ul style="list-style-type: none"> ▪ Delivery of key ministerial priorities around planned care 104 weeks and cancer standards ▪ Continuous reduction in ambulance handover waits
Fragile Services	<ul style="list-style-type: none"> ▪ Strong clinical leadership in place with effective integrated improvement plan ▪ Evidence of mechanisms to understand the drivers behind fragile services through triangulation of key issues
Governance	<ul style="list-style-type: none"> ▪ Effective oversight and scrutiny being consistently provided by the Board ▪ Effective risk management framework
Leadership, capability and culture	<ul style="list-style-type: none"> ▪ Strategic workforce planning with succession and development plan in place to ensure adequate capacity and capability ▪ Continued embedding of values and behaviours framework
Quality of Care	<ul style="list-style-type: none"> ▪ Integrated Quality Management System operating throughout the organisation ▪ Demonstrate progress against Duty of Candour and Duty of Quality

▪ ***Latest Welsh Government report on Level 5 (Special Measures)***

There is a recognition from external sources, including Welsh Government, that the organisation has made good strides over the course of the last two years and has now stabilised. The Health Board has started to put in place the building blocks to become an effective and sustainable organisation for the long term.

The financial context within which the organisation operates is acknowledged as being challenging, however the good progress made in relation to financial controls and management is clear. The positive developments in key corporate governance arrangements are highlighted along with advancements in the last 12 months around Quality Management processes, which has already yielded significant improvements in turnaround times for responding to concerns and begun addressing serious legacy issues.

The focus from Board members and the impact this has made on the organisation is articulated along with specific work led by Board members to actively engage with patients, carers and citizens as part of revised approach that creates a 2-way dialogue between the Health Board and the local population.

With regards to ongoing challenges and areas of focus, further urgent improvements are required around performance and outcomes and addressing areas of fragility within clinical services. There is also a need to develop a longer-term strategy and supporting clinical services plan to achieve a

sustainable organisation for the long term. In summary, foundational work has been put in place over the last 2 years which now needs to translate into improved outcomes and experience for patients.

Organisational Progress

▪ *Building an Effective Organisation*

A significant amount of work has been undertaken to put in place some of the fundamental requirements of an effective organisation. There have been improvements to the governance structures of the organisation and external assessments from Audit Wales have acknowledged the developments made. This has been supported by a Board with strong relationships between Executive and Non-Executive members, enabling more effective and transparent relationships responsive to constructive challenge.

There is now a more coherent approach to identifying, managing and mitigating key strategic risks, supported by a robust Risk Management framework, alongside integrated frameworks for both Planning and Performance.

This progress is all supported by a re-shaped Corporate Governance directorate which has also seen the risk management function and legal services transfer across into its remit to provide a more cohesive and comprehensive service to the Board and the organisation.

▪ *Developing strategy and long-lasting change*

There has been demonstrable improvement and evidence of strengthened financial governance. A revised scheme of reservation and delegation and endorsement of Standing Financial Instructions were initial foundational steps along with addressing the issues which led to an unqualified opinion on the annual accounts and represented a significant step forward for the organisation.

Enhanced controls are in place to capture any breaches in procurement requirements, all as part of a wider package of work to implement the recommendations from the Independent Review of Contract Procurement Management. This also saw training rolled out to more than 500 staff members. These improvements in financial governance were also supplemented by identification and deliver of over £48m worth of savings, exceeding the initial target.

The Health Board has also begun to mature its approach to planning, evolving from a one-year plan in 2023/24 to a three-Year approach for the first time from 2024-27, along with an agreed approach to the development of the 10-Year strategy and Clinical Services Plan. An Integrated Planning Framework was approved and implemented, informed by the Independent Review of Planning and enhanced assurance processes have also seen higher rates of achievement within the annual delivery plan.

The organisation has made significant progress towards achieving financial balance and meeting the financial duty, recognising the support from Welsh Government, along with much more robust internal financial controls.

- ***Creating compassionate culture, leadership and engagement***

Creating a compassionate culture is vital to the future success and the Board are committed to leading by example with nine commitments of strategic intent and have also endorsed a Values and Behaviours Framework and an Integrated Leadership Development Framework.

The work on values and behaviours has been co-produced with a wide range of staff across the organisation which has since been supplemented by a 100 strong cohort of culture change leaders to drive forward a new cultural approach. The Leadership Framework provides an offering for staff at all levels of the organisation, creating a clear pathway for our people to develop within North Wales, and ensuring long-term succession planning.

The Foundations for the Future programme is well underway, having completed the discovery phase, and now focusing on design and then leading through to delivery. This programme is the cornerstone of the future improvements for the organisation and importantly addresses the limitations of previous changes to the operating model in 2022 which focused solely on structures. This programme now incorporates structures, people, processes and culture to provide a more holistic approach and importantly ensuring a strong connection back to strategy.

- ***Improving quality, outcomes and experience***

The Health Board has reduced the most extreme waits of 5 to 6 years within planned care services with the focus now on the larger number of patients who are facing extended waits greater than 2 years. This is an area of significant focus on a weekly basis by the executive team in order to address productivity issues, whilst also securing additional resource through insourcing and outsourcing. This includes additional capacity to address issues with patient waiting times for cancer services and ensuring patients have more timely access to care.

Adult Mental Health services have continued to perform above the national standard, consistently providing assessment, intervention and treatment plan within 28 days for over 80% of patients. CAMHS services have also been providing initial assessment within 28 days over 75% of the time, with the focus now extending to deliver these standards for therapeutic assessments as well.

Progress has been made to address issues with a number of the organisation's challenged services, and the Health Board no longer has any services classified as requiring significant improvement by Health Inspectorate Wales (HIW). There does however remain a lot of work to do in this area to fully address the range of issues across each of the services. In addition to addressing challenges within the acute sector, future priorities will focus on realising the full potential of primary and community services and building capacity in this area.

- ***Establishing an effective environment for learning***

An Organisational Learning Forum has been implemented to oversee the approach to embedding continual learning. A learning repository has been developed, ensuring that when something goes wrong in one area of the organisation that the subsequent learning can be shared widely. This equally applies to when things have gone well and cultivating an environment where the sharing of this success is routinely undertaken. This is also supplemented by the evolution away from traditional

information services to one that focuses on intelligence and insight and ensuring we are data led in our learning and that we use a solid evidence base to our decision-making processes.

Key focuses within this approach have been in relation to quality of care and learning from incidents, all aligned to our new approach to Quality Management. Infection prevention learning reviews routinely take place, with the development of improvements plans to address issues and post infection reviews take place for all Healthcare Associated Infections. These have subsequently led to the introduction of campaigns such as HABITs (Hand Hygiene, Aseptic non-touch technique, Bare below elbows, Isolation, Treatment and Standard Precautions) which is being extended to involve patients and the public.

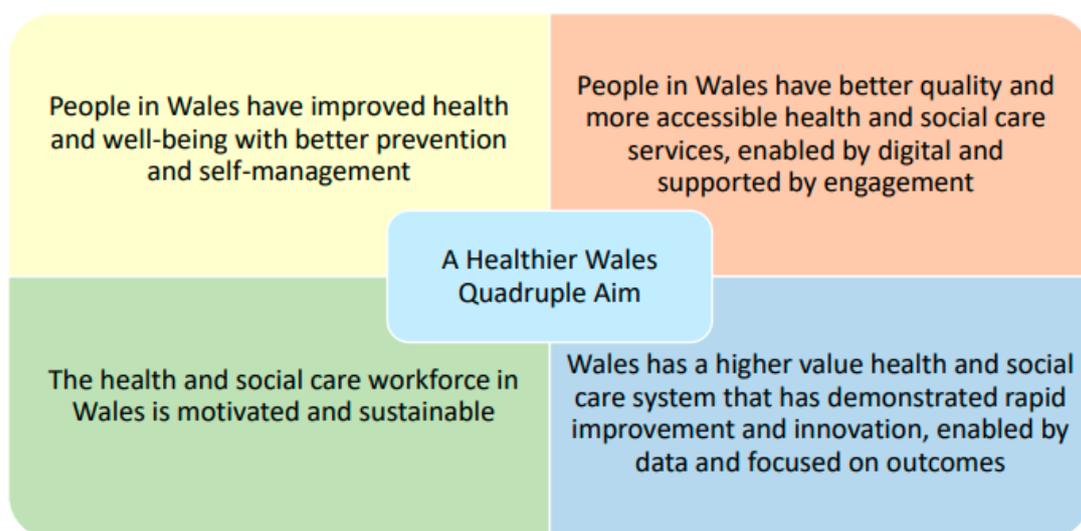


Performance Overview and Assessment

The Health Board has significant performance challenges in a number of services contributing to the overall escalation status of Special Measures. Response times for urgent and emergency care, planned care, diagnostics and cancer services in particular fall below operational access standards the NHS is required to deliver against. Access to primary care services such as Dental care are not meeting the local needs of the population. Failure to deliver against clinically derived, evidence-based access targets often leads to poorer outcomes.

The Health Board is aware of the performance shortfalls and is working to resolve them. Although improvements have been made in a number of areas including reducing extreme waits for planned care, for some urgent and emergency care measures and with additional capacity and pathway improvement work in cancer and diagnostics providing the foundations for improved performance there is still a significant distance to travel. The Health Board has plans in place to improve performance, access times and service response times which are detailed in section 3 of the plan.

- **Quadruple Aim**



A Healthier Wales⁹ reinforces the importance that the NHS in Wales places upon the internationally recognised 'Quadruple Aim' to drive forwards improving healthcare services that are fit and sustainable for the current and future generations of residents in Wales. In this regard sustainable health and social care remain a global challenge. The four themes of the Quadruple Aim, interpreted for our context in Wales are:

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

Key performance headlines, taken from the NHS Wales Performance Framework monitoring returns, published in March 2025 include:

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

- The Health Board has comparatively strong performance in vaccination rates. Target levels are set high to maximise the opportunities for 'mass immunity'. The Health Board was circa two percentage points adrift of the 75% target for influenza vaccination amongst adult over 65 years. Although five percentage points below target, the Health Board had the second highest vaccination rates for childhood vaccination within Wales.
- The Health Board continues to target Covid-19 vaccination rates, having average performance compared to the rest of Wales.
- Rates of quit attempts using evidence based smoking cessation services has continued to increase.
- Uptake of new-born screening programmes has remained high and consistently above the target of 90%
- Use of colonoscopy screening has decreased in year with further scope for improvement.

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

- Dental access has been improving with month on month increase in performance, however significant improvement is still required.
- The Number of consultations delivered through the Pharmacist Independent Prescribing Service (PIPS) has continued to increase with the Health Board ranked first in Wales at end of January 2025.
- Whilst further progress is required, the organisation has seen a consistent improvement in the percentage of patients (aged 12 year and over) with diabetes who received all eight NICE recommended care packages
- Mental health access rates for all ages remain mixed. Whilst some metrics have consistently met the target, performance on others have varied with focus on long waiters impacting on monthly

⁹ <https://www.gov.wales/sites/default/files/publications/2021-09/a-healthier-wales-our-plan-for-health-and-social-care.pdf>

performance. Achieving the target neurodiversity access rate is a challenge across Wales and the Health Board's current performance falls below requirements and expectations.

- Cancer performance has deteriorated in year and will not deliver the end of year national target of 80%.
- Whilst planned care performance has continued to be challenging, progress has been delivered in year reducing the number of patients waiting over 104 weeks for treatment in line with Health board priority to eradicate over 2-year waits.
- Whilst remaining adrift of target, significant progress has also been seen in year with a reduction of circa a third in the volume of patients waiting more than 14 weeks for a specified therapy.
- Urgent and emergency care performance has remained highly challenging. Whilst the Health Board has seen 12-month trend improvement in performance relating to triage times and time to assessment by a clinical decision maker, the time spent in Emergency Departments remains a significant challenge.

(Extracts of performance levels as reported in the NHS Wales Performance Framework 2024-25 monitoring returns)

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

- During 2024/25, focus has continued on reduction of off-contract agency spend as a percentage of total pay bill in line with Welsh Health Circular requirement for agency spend reduction and the Value and Sustainability workforce programme.
- The staff sickness rate has remained within normal variation levels.
- There has been a rolling 12-month reduction in turnover rate for nurse and midwifery registered staff leaving NHS Wales

(Extracts of performance levels as reported in the NHS Wales Performance Framework 2024-25 monitoring returns)

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

- The Health Board has improved the timeliness of investigating 'reportable incidents'
- Handover delays for ambulances arriving at Health Board Emergency Departments have remained extremely challenging reflecting the context of a highly pressurised urgent care system throughout the year
- As at the end of February 2025, the Health Board was achieving the 12-month reduction trend target for the number of pathways of care delayed discharge
- The percentage of ophthalmology R1 appointments within clinical target date has remained challenging with a deteriorating rate in year.
- In line with other Health boards, performance against Health Care Acquired Infections (HCAI) cumulative target is challenging and not currently delivering the March-25 cumulative target. The only exception to the target for the Health Board is Aeruginosa.
- Over the last 12 months, the Health Board has seen an improvement trend in number of ambulance patient handovers over 1 hour

(Extracts of performance levels as reported in the NHS Wales Performance Framework 2024-25 monitoring returns).

▪ GIRFT – ‘Getting It Right First Time’



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

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

The Health Board has received reports for reviews that have been undertaken in a number of clinical areas, including orthopaedics, urology, general surgery, gynaecology and ophthalmology. These reviews have reported opportunities to improve productivity, efficiency and better outcomes through reconfiguration and strengthened clinical leadership. Whilst a number of improvements have already been made the Health Board is committed during 2025 to delivering the necessary service change as well as embedding these initial changes into ‘business as usual’ as well as drive further using the GIRFT methodology and recommendations. Areas of GIRFT review implementation are discussed within the Plan priorities for 2025/26 described later.

Summary priorities

The Health Board has made a lot of progress over the last two years but some large-scale challenges remain:

- The organisational structure, processes, systems, culture and strategy need to be aligned and improved, which is why the Foundations for the Future programme is one of the organisation’s Major Change Programmes.
- There have been many Independent, Royal College and GIRFT reviews conducted within the organisation that point to the need to do things consistently across the organisation, both in terms of consistent application of best practice, but also levels of productivity, efficiency and utilisation.
- Access to services remains the largest impact on the population, across both Planned and Unscheduled Care and both Primary and Secondary Care settings. Elements of this, particularly access to Emergency Departments, are impacted by whole system issues outside the direct control of the Health Board, although there are still many improvements to be made within the organisation.
- Collaborate more effectively with partners to better utilise and develop Primary and Community Care services, so that citizens can access a range of physical and mental health and also well-being services closer to home. A focus on integrating prevention and early intervention into service design to support people in staying well.
- Ensure that the services offered are to the highest possible quality and equitable both geographically and across all socio-economic groups.
- Address long-term underinvestment in the estate and digital infrastructure across the organisation, exploring more innovative options in the capital resources space.

Section 3: Strategic Objectives & Priorities

This section outlines the key delivery priorities for the organisation structured around its five Strategic Objectives (detailed in Section 2). These objectives evolved out of the Health Board’s initial Special Measures response plan and are a consistent thread from last year’s three-year plan and this one.

The priority areas within each Strategic Objective have been consolidated to take into account progress made and to build upon the learning over the last year.

Objective 1: Building an effective organisation		Objective 4: Improving quality, outcomes and experience	
1A	Effective systems of governance	4A	Prevention and Early Intervention
1B	Establishing the Foundations for the Future	4B	Primary Care including Clusters
1C	Responding to Legislative Requirements	4C	Community Care
1D	Implementing the Quality Management System	4D	Planned Care, Cancer & Diagnostics
Objective 2: Developing strategy and long-lasting change		4E	Urgent and Emergency Care
2A	Developing and delivering a Health Board Strategy and Clinical Services Plan	4F	Adult Mental Health & Learning Disability
2B	Strengthening Planning and Commissioning	4G	CAMHS
2C	Improving the Environment, Estate and Facilities	4H	Neurodevelopment
2D	Enhancing digital, data and technology approaches	4I	Dementia
2E	Developing and delivering value and sustainability	4J	Currently 'Challenged Services'
2F	Improving workforce planning and development	4K	Women’s services
2G	Working with regional partners	4L	Children & Young People
Objective 3: Compassionate culture, leadership & engagement		4M	Pharmaceutical services
3A	Culture Development	4N	Palliative, End of Life and Bereavement Care
3B	Leadership Development	4O	Dental services
3C	Citizen engagement and partnership working	4P	Diabetes
3D	Welsh language and culture	Objective 5: Effective environment for learning and skills development	
		5A	University & Further Education Partnerships
		5B	Research, Development and Innovation
		5C	Academic Careers
		5D	Intelligence Led
		5E	Learning Organisation

Each of the Strategic Objectives starts with an overview of the objective and a precis of progress made in 2024/25.

Objective 1: Building an effective organisation

1A	Effective systems of governance
1B	Establishing the Foundations for the Future
1C	Responding to Legislative Requirements
1D	Implementing the Quality Management System

Overview

Progress has been made across 2024/25 to create an effective organisation. The remaining priorities listed above represent those things that take a number of years to develop and achieve. Developing effective systems of governance throughout the organisation, to replicate the improvements made in corporate governance, will be key and closely linked to the 'process' and 'system' elements of the Foundations for the Future programme of work. Ensuring that the organisation appropriately meets all of the necessary legislative requirements, as well as applying quality management to everything it does, will support long-term improvement.

Progress for this Strategic Objective during 2024/25

Note some priorities have been consolidated across different Strategic Objectives within this plan

- **Board Effectiveness:** Governance and Committee structures fully implemented; Board Development Plan published; Chairs (of committees) Advisory Group established to promote cross referencing; Executive Board Member recruitment progressing; Audit Committee overseeing compliance with the Corporate Governance Code.
- **Risk Management:** Reviews of the Board Assurance Framework (BAF) and Risk Management Frameworks have been completed and aligned to risk appetites, the 3-Year Plan and the strategic objectives of the Health Board; Risk Management dashboard created and rolled out along with Risk management training.
- **Operating Model:** now called Foundations for the Future to reflect wider model – Discovery Phase complete, Design Phase commenced. Delivery within 2025/26.
- **Performance and Accountability Framework:** Being deployed to highlight issues to the Board and Committees; review/revise as part of Foundations for the Future; Corporate Directorate Reviews and Service Accountability Reviews now fully implemented.
- **Value and Sustainability:** A programme of work (based on the five national core Value & Sustainability themes) has been designed and delivered which has made a positive impact on patient outcomes and experience and has provided the platform for the organisational delivery of the Cost Improvement Programme (CIP) for 2024/25.
- **Legislative improvements:** *Health and Safety* – approach to standards/legislative assessments underway. *Emergency Preparedness, Resilience and Response (EPRR)* - following the appointment of the Head of Emergency Preparedness, Resilience and Response (EPRR), the Civil Contingencies Advisory Group and Business Continuity Working Group are being re-established
- **Quality Management System (QMS):** Developed and approved by Board, 'early implementers' have completed baseline assessments and are working on improvements; Being integrated with Clinical Services Planning approach.
- **Workforce Planning:** Organisational Workforce Planning Approach and new function being established; focus on 'fragile services' and 'QMS' early adopters; Training programmes have been developed and rolled out to essential staff members to enhance workforce planning support for key

services. Collaboration with HEIW to deploy their new Education Commissioning platform throughout the organisation.

- **Welsh Language:** Increased Welsh Language learning opportunities for staff, including utilisation of the National Centre for Learning Welsh under the 'Work Welsh Scheme'; Standardised approach for delivery of the Welsh Language Standards (WLS) has been developed.
- **Decarbonisation:** Director of Environment and Estates appointed; Progress against delivery of the Health Board's contribution to the Welsh Government's Strategic Decarbonisation Delivery Plan.

1A: Effective systems of governance

Overview

Considerable work has been undertaken to re-establish and re-set the Board following significant changes in membership in early 2023. During 2024/25 there was a focus on governance being "established" with substantive Board member appointments. In 2025/26, the Health Board will make and embed further improvements.

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

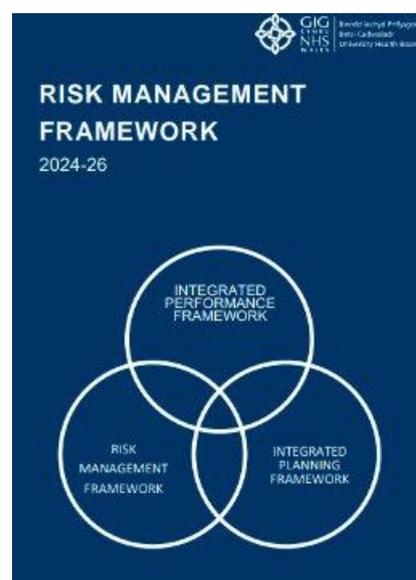
The work for 2025/26 builds upon the progress made during 2024/25 and it is anticipated that this will meet the requirements outlined in the Special Measures De-escalation Criteria for Governance, received from Welsh Government in May 2024.

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

The Accountability Agreement Framework will ensure staff comply with expenditure commitments within their delegated budgetary authority, enabling effective financial management of budgets, ensuring that adequate levels of deliverable savings are in place, and plans agreed for dis-investments or other cost reduction measures are delivered.

It is essential the Health Board has a strengthened risk management approach and governance arrangements to support all BCUHB objectives and priorities to create a safer, more resilient environment for citizens and staff.

The recently revised Risk Management Framework has laid the foundations to create a more integrated, adaptive, and effective risk management architecture that aligns with the Health Board's strategic objectives, supports



operational resilience, and enhances patient safety and quality of care. Further work is required to ensure this is fully embedded and that the Health Board moves towards maturity in risk management and the objectives support this effort.

The areas of focus are:

- Monitoring and evaluating strategic risk
- Integrated Risk Management Framework
- Enhanced risk management training
- Risk management maturity

Delivery priorities in 2025/26

- 1A.1 – Develop and progress a Governance Improvement Plan to continuously improve governance arrangements, embedding recommendations from the 2024/25 Structured Assessment. The plan will include measurable actions to improve governance arrangements, ensuring that Board and Committee effectiveness is reviewed on an ongoing basis and improved accordingly.
- 1A.2 - Undertake an annual formal board effectiveness self-assessment in accordance with good practice.
- 1A.3 - Develop a Governance Hub, Governance Toolkit and handbook, and ensure that training and support is available for managers to understand the governance arrangements across the Health Board.
- 1A.4 - Improve governance arrangements so they align to and support delivery of the organisation’s strategic objectives and enable whole system quality-based decision making.
- 1A.5 - Conduct risk maturity audits to measure and strengthen risk management and risk governance to ensure consistency in risk management practices across the Health Board.
- 1A.6 - Complete the roll out of the three levels of the agreed risk management training.
- 1A.7 - Deliver the training and support to managers in application of the SOs, SFIs and SoRD, with specific focus on procurement in securing value for money and engagement with the wider market in placement of orders for goods and services.
- 1A.8 - Enhance the Accountability Agreements Framework with all staff who have responsibility for managing expenditure within the budget issued, for the purposes for which it was provided and adherence to the Health Boards approved SOs, SFIs and SoRD, specifically in regard to recruitment and commissioning of goods and services.
- 1A.9 - Deliver a recovery plan to eliminate the backlog of overdue Learning from Events Report (LFERs, which are part of the claims and redress process with the Welsh Risk Pool), and embed a new process to ensure future timely submission and also a reduction in the number case LFERs that are “red deferred” (which necessitate significant review and resubmission)

Anticipated priorities in 2026/27 and 2027/28

The Health Board will have an established and well-functioning Corporate Governance Directorate that is able to:

- Embed best practice throughout the organisation.
- Improve the evidence of learning from legal cases.
- Develop the ability to deliver organisation efficiency and financial savings from legal costs.
- Develop a feedback mechanism to establish customer feedback to inform service improvement.
- Build on the frameworks, maturity audits and training undertaken within 2025/26, ensuring that the risk management approach is continually monitored, evaluated and improved to support achieving consistency in the quality of risk management across the organisation and improvements in risk management key performance indicators.

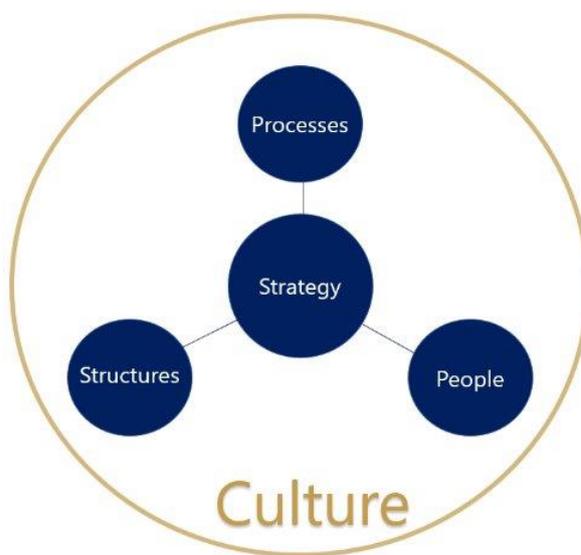
- Enhance and expand on the priorities from 2025/26, remaining agile to deliver against new challenges and developments
- Ensure that the SoRD is continually updated to reflect any changes in the organisational structure and supports the delivery of robust financial governance.
- Receive an unqualified opinion on production at the end of year financial statements from Audit Wales, alongside an improving financial outturn.

1B: Establishing the Foundations for the Future

Overview

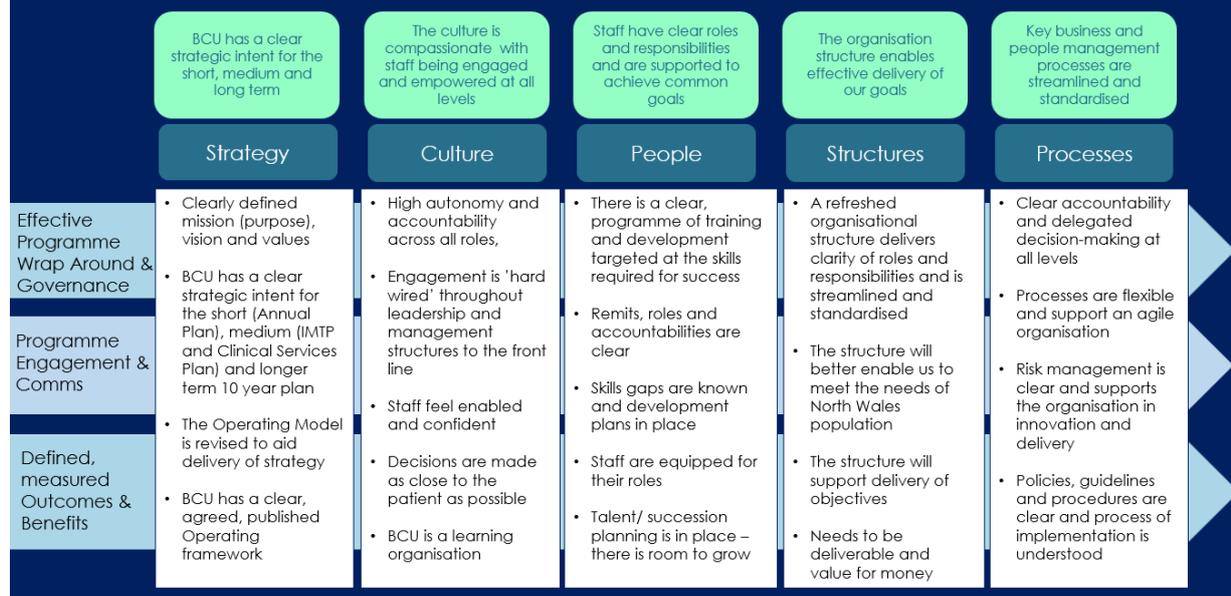
A highly effective organisation has an aligned approach to strategy, culture, people, process and structure and having an effective operating model (way of working) will improve services for the people of North Wales.

Work on evaluating the Operating Model agreed in 2022 has been undertaken (a Discovery Report has been published). There was a focus on structures, with the other elements of an operating model (strategy, culture, people and process) being overlooked. In the intervening time it has become clear that elements of this model are working less well than envisaged. In particular the current configuration is missing the ability to flex as a large organisation to deliver improved services as one Health Board. This is a challenge across the UK and one where the Health Board could make better opportunity of its size. Other challenges with the current model include decision making, governance, duplication, equity of service provision, and the ability to make timely decisions.



'Foundations for the Future' (formerly the Operating Model Review) is one of BCUHB's four Major Change Programmes and is utilising a model based on Tushman and O'Reilly 'Leading Organisational Change and Renewal.' This work will provide improved clarity on how the organisation can be more effective, enabling decision making to be more agile, with greater accountability, supporting the delivery of the Health Board's strategic objectives and ultimately achieving better quality of care and improved health outcomes.

Foundations for the Future – Scope, Approach and High Level Outcomes



This objective strongly links to Strategic Objective 3.

Delivery priorities in 2025/26

- 1B.1 - Conclude the Design Phase, having been through a process of co-design, testing and consultation, gaining formal approval to proceed to the delivery phase and implementation via the necessary governance.
- 1B.2 - Implement the first phase of the new operating model, completing the 2025/26 work plan across structures, strategy, people, processes and culture.
- 1B.3 - Develop the operating model work plan for 2026/27, including implementing the second and third phases and mechanisms to continue to monitor how it is being embedded and sustained across all aspects of structures, strategy, people, culture and processes.

Anticipated priorities in 2026/27 and 2027/28

- Put in place a process for feedback and assessment of benefits realisation e.g. how successful the implementation of the operating model is, putting in place plans to continually monitor and address any issues.
- Complete the operating model work plan for 2026/27, continuing to monitor how it is being embedded and sustained across all aspects of structures, strategy, people, processes and culture and putting in place plans to address any issues.

1C: Responding to Legislative Requirements

Overview

Legislative compliance is critically important for the Health Board to ensure it operates legally, ethically, and in a way that prioritises patient safety and well-being. There are several key areas where legislative compliance is crucial for the NHS:

- Patient Safety and Quality of Care
- Protecting Patient Rights
- Legal and Financial Accountability
- Public Trust and Reputation
- Employee Safety and Well-being
- Adapting to Change and Innovation
- Data Protection and Confidentiality

In short, legislative compliance is the foundation upon which the NHS and therefore the Health Board maintains patient trust, legal standing, and the highest standards of health care.

The Health Board recognises the importance of continuing to make improvements with regard of legislative compliance, and two areas in particular, which are Health and Safety legislation and Civil Contingencies legislation compliance.

Civil Contingencies legislation relates to Emergency Planning, Resilience and Response (EPRR). The Health Board continues to make improvements based upon learning from the Covid-19 pandemic and other major incidents to ensure that preparedness for emergencies is robust and appropriate.

This area is a priority for the organisation because:

- The Health Board was subject to HSE prosecution in 2023 regarding a failure to manage ligature risks in Mental Health units.
- The Health Board has more recently been subject to HSE prosecution in relation to a failure to manage inpatient fall risks across general hospitals, with court dates of spring 2025.
- These two cases highlight the need for statutory compliance with health and safety legislation to be improved, so that issues and risks are proactively identified and addressed before incidents and harm occurs.
- There is a statutory duty on the Health Board to respond to requests from both the UK Covid-19 Inquiry, and the Thirlwall Inquiry.
- The requirement to meet and address the Special Measures criteria for Governance.
- Increasing global risk of cyber-attacks on healthcare providers.

Delivery priorities in 2025/26

- 1C.1 - Complete a review of the current arrangements in relation to Regulatory Assurance to ensure the governance arrangements are robust and demonstrate improvements in compliance.
- 1C.2 - Re-establish the legislation library, processes to capture new legislation, the dissemination of that legislation to the relevant areas of the Health Board and the development of plans to deliver any necessary changes.

- 1C.3 – Improve processes to prepare for, respond to and embed learnings from any requests made by national Inquiries.
- 1C.4 - Implement the Health Board’s Three-Year Plan based upon the Health and Safety Executive (HSE) HSG65 Plan, Do, Check, Act process methodology.
- 1C.5 – Develop options for the introduction of an organisational wide system for monitoring audit recommendations.
- 1C.6 - As an Operator of Essential Services, implement any actions required resulting from the forthcoming Cyber Security and Resilience Bill.
- 1C.7 - Develop a Health and Safety Improvement Plan ensuring improvements are made to the Health Board’s current Health and Safety Policy, guidance and practices.
- 1C.8 - Develop a robust system of audit and action which informs the Health Board’s readiness and implementation of the latest Medical Devices and Procurement Regulations.

Anticipated priorities in 2026/27 and 2027/28

- Assess annual compliance against legislation and prepare improvement plans to strengthen key areas as necessary.
- Identify any new legislation impacting the Health Board, undertake an assessment of any necessary changes and produce a proposed implementation plan.
- The Health Board will continue to develop its work around the legislation library by implementing a digital solution.

As part of the governance and assurance improvements, it is expected that positive assurance on all legislative compliance is in place and reported through the relevant committee of the Board and through the BAF

1D: Implementing the Quality Management System

Overview

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



A culture of candour, continuous learning and improvement is crucial in pursuit of an effective Quality Management System. The Health Board recognises the considerable work still required to build this culture and for staff to be confident of support. For this reason, work to embed appropriate cultures has been prioritised within Strategic Objective 3 on culture, leadership, engagement and partnership working, and within Strategic Objective 5 ensuring learning from every opportunity.

An effective Quality Management System (QMS) is about much more than Quality Improvement. Rather, it draws together the interrelated elements of quality planning, quality improvement, quality control, and quality assurance to create a system of quality that spans everything undertaken in the organisation. To be successful these elements, supported by an ethos of continuous learning, need to work together seamlessly and be embedded into Health Board decision making and performance monitoring.

Development of the Health Board QMS occurred with the support of colleagues from the respected Institute for Healthcare Improvement (IHI) and incorporates the principles of the IHI's 'Whole System Quality' approach. As described by IHI, *"Whole System Quality shifts a health care organization from a position in which the quality department comes to the "rescue" when an event occurs, to one that is proactively identifying risk points in real time and mitigating them before an event occurs."*

Four domains are described in order to deliver whole system visibility and perspective.

- **Quality Planning** – understanding population needs, standards and best practice, the current challenges and successes, and how plans to meet those needs and standards should be shaped.
- **Quality Control** – activities at the "front line" of the service to understand quality at an operational level so that the service meets the needs and standards (as above) with day-to-day corrections where needed.
- **Quality Improvement** – systemically improving quality where existing services do not currently meet needs and standards, and also includes efforts to exceed those needs and standards to achieve excellence and continuously improve.
- **Quality Assurance** – the independent understanding of quality and consists of both the second and third lines of defence, with the aim of ensuring minimum standards are achieved or there are plans in place and good quality management structures are in place.

A functioning QMS interlinked with transformation and improvement initiatives and associated learning creates a sustainable approach to quality improvement and maintenance which will impact positively upon staff morale and staff ability to influence service improvement which will in turn have a positive impact on patient experience.

The purpose of this key priority is to embed these principles more deeply into the systems and processes of the Health Board. During 2025-28 the Health Board will continually review and monitor the impact of the QMS ensuring quality driven decision-making is embedded across the organisation.

The Health Board wishes to continue to make use of expertise and support provided by Improvement Cymru and the Institute of Healthcare Improvement in progressing this work. The Health Board will continue to work with the NHS Executive and the All-Wales Safe Care Partnership Co-design of QMS and will continue to incorporate learning from other organisations.

Delivery priorities in 2025/26

- 1D.1 - Ratify a standardised QMS Maturity Assessment for Health Board services and development of a governance framework to enable operationalisation and agree an associated rollout plan.
- 1D.2 - Complete of a series of communication exercises and briefing sessions to keep BCUHB workforce informed about QMS utilising an educational and myth busting approach designed to strengthen knowledge and understanding of QMS.
- 1D.3 - Integrate a QMS approach into the approach to Clinical Services Planning and early identification of challenged services.
- 1D.4 – Evaluate the Health Board’s design and implementation of the QMS.
- 1D.5 – Improve the quality of estates infrastructure and buildings through - (2C.5) - Maximise the potential of strategic disposals, partnership work and resultant capital receipts to reinvest in a modern and fit for purpose estate and infrastructure.

Anticipated priorities in 2026/27 and 2027/28

- Full rollout of QMS Maturity Assessment and an accompanying QMS Manual in line with defined plan.
- Assessment of services that have implemented QMS to understand how it informs real-time day-to-day decision making.

Objective 2: Developing strategy and long-lasting change

2A	Developing and delivering a Health Board Strategy and Clinical Services Plan
2B	Strengthening Planning and Commissioning
2C	Improving the Environment, Estate and Facilities
2D	Enhancing digital, data and technology approaches
2E	Developing and delivering value and sustainability
2F	Improving workforce planning and development
2G	Working with regional partners

Overview

Developing strategy and long-lasting change is critical for building sustainable services that deliver improved outcomes for the population of North Wales. Working with partners to align on 10-year, 3-year and 1-year periods across strategy, planning and commissioning will be an important underpinning element to this area. Within this, being clear on the clinical services model will enable planning for a modernised environment; digital; technology; and workforce to support more holistic and longer-term service plans.

Progress for this Strategic Objective during 2024/25

Note some priorities have been consolidated across different Strategic Objectives within this plan

- **10 Year Strategy:** Work commenced, will continue into 2025/26. Design Principles developed and engaged upon; Health Board refreshed its Well-being objectives with a particular focus on 'Fair Work'.
- **Clinical Services Plan (CSP):** Developed a roadmap for creating the CSP, to be undertaken over two phases, with the first phase focusing mainly on the most challenged services. Learning being taken from Hywel Dda's experiences of design and implementing their CSP.
- **Commissioning:** Director of Performance and Commissioning appointed and taken up post. Design of new organisational approach to commissioning underway.
- **Capital priorities – supporting change to happen:** Director of Environment and Estates appointed; 32 capital schemes were identified within the Health Board as in scope for a prioritisation exercise. Capital funding secured for the Llandudno Orthopaedic Hub and essential kit and infrastructure replacement to support the reduction of cyber risk.
- **Digital, Data and Technology:** Initial funding secured for the development of the Electronic Healthcare Record (EHR) and Mental Health EHR outline business cases; 2 of the first augmentation contracts have been awarded to support a 'developing your own' approach in transforming the DDaT operating model.
- **Prioritisation:** The Prioritisation Framework has been refreshed to incorporate new learning and has been designed to align with current practices in planning, risk, and performance.
- **Effectively Delivering Major Change:** Four Major Change Programme established across Strategy, Foundations for the Future, Planned Care and Urgent and Emergency Care; Project and programme



The Llandudno Orthopaedic Hub development is underway.

management best practice resource developed and shared; three levels of #TheBetsiWay improvement training developed and underway.

- **Strengthening Planning:** Progress made against the Planning Review action plan; Revised more targeted planning process endorsed by the Board and launched in October; Earlier and greater stakeholder engagement in development of the plan.
- **Financial Governance Environment:** Improved financial grip and control being maintained. Key elements of the Financial Governance Environment being continually monitored and refined.
- **Early identification and support of challenged services:** Governance structure in place to provide a triangulation approach supported by the Integrated Performance Report, including a section summarising areas requiring escalation to Committee.

2A: Developing and delivering a Health Board Strategy and Clinical Services Plan (CSP)

Overview

'Living Healthier, Staying Well' (LHSW – published in 2018) is the Health Board's current 10-year strategy but operationalising LHSW has proved challenging, with feedback suggesting it provides insufficient direction to enable the Health Board to plan effectively in the coming years.

Creating an effective 10-year strategy depends on ongoing open and honest discussions about the challenges, pressures, and different approaches needed to delivering services that are truly needed by the population, now and in the future.

The Health Board will have meaningful conversations and work with the public, clinical experts, and partners to develop practical solutions together. Objective 3 outlines how the Health Board will foster this ongoing dialogue and use the 'open strategy' approach to ensure all ideas and perspectives are considered.

Some services are struggling in their current form, affecting experience, outcomes and staff retention and recruitment. Without changes, these issues could worsen as population needs change or develop.

The Health Board is committed to bridging the gap between population need and how services are prioritised and delivered. A clear 10-year strategy and development of a Clinical Services Plan (CSP) will identify areas of potential change or improvement within the resources available; ensuring the Health Board can deliver services in the most effective and sustainable way, improving their quality and the outcomes for the people who access them.

Development of the CSP will be phased with the first phase of the work to address the 'currently challenged services' already in progress. In addition, there are also several other interdependencies and related pieces of work that touch upon the delivery of an effective CSP



including in this current 3-Year plan, Value & Sustainability (priority 2E) and all the Objective 4 (Improving quality, outcomes and experience) priorities.

Ministerial priorities include an expectation that healthcare organisations maximise opportunities to work regionally. In many respects the geography of North Wales means that the Health Board covers a whole regional footprint and there are considerable opportunities yet to be realised to re-configure existing services within the Health Board on a more strategic, North Wales regional basis. Improvements in quality, recruitment potential and efficiencies are required and will inform the Health Board's conversations with the people of North Wales. In addition, the Health Board will continue to prioritise work contributing to the mid-Wales collaborative.

The Health Board will spend less time reacting to clinical services that are struggling to deliver optimised care and more time proactively planning and delivering resilient services that perform well against benchmark standards and are viewed as exemplars of high-quality care.

Delivery priorities in 2025/26

- 2A.1 - Work with partners to develop a high-level Strategic Intent for North Wales that will provide an outline of the joint priorities and areas of collaboration for the next 10-Years.
- 2A.2 – Complete the diagnosis phase of the 10-Year Strategy development including agreement on the scope and development of a baseline assessment setting out a summary of the population health needs; performance; drivers for change; outcomes and quality standards.
- 2A.3 - As part of the broader engagement on strategy development, review the Health Board Well-being objectives, ensuring continued alignment with the requirements of the Well-being of Future Generations (Wales) Act 2015 and Social Partnership and Public Procurement (Wales) Act 2023.
- 2A.4 - Maintain regular dialogue with partners and stakeholders to inform strategy development via partnership boards and stakeholder groups.
- 2A.5 – Complete phase 1 of the CSP focusing on services that are currently assessed as most challenged. This will develop well rounded plans based on a Quality Management System (QMS) approach, prioritising service improvements that can be made in the short to medium term in order to stabilise these services.
- 2A.6 (2D.2) - Develop a Digital and Data Roadmap to underpin the Health Board's clinical and organisational transformation.

The priorities outlined above are dependent on the prioritisation of resources to both the 10-Year Strategy and CSP.

Anticipated priorities in 2026/27 and 2027/28

- Complete and publish the Health Board's 10-Year Strategy, ensuring that it is fully operationalised and embedded across the organisation.
- Complete the full scope of the CSP, including following the appropriate governance in relation to any service re-configurations as part of delivery.
- Ensure both short term and longer-term activities within the Health Board firmly align with the renewed 10-Year Strategy. This includes, but is not limited to, the prioritisation of major change, the CSP, and the increasing role of clusters, community and primary care services.
- Moving into Year 3 the Health Board will refine and mature the CSP to reflect the latest intelligence and insights, as well as learning from the implementation.

2B: Strengthening Planning and Commissioning

Overview

In 2023, the Welsh Government commissioned a review of the Health Board's planning processes as part of Special Measures escalation. The final recommendations, received in March 2024, focused on three key areas:

- Designing an effective planning system
- Developing an organisational roadmap
- Understanding capacity and capability

The Health Board is committed to improving its planning abilities, focusing on strategy and sustainable service design to deliver high-quality care.

The Health Board will also strengthen its internal commissioning function to improve services contracted from other organisations, including healthcare providers and third-sector partners. This will support the 'shift left' and de-medicalisation of some services in line with "A Healthier Wales."

Following the recent pandemic, many services were contracted on a block basis, limiting the ability to focus on quality and outcomes. Moving towards a commissioning approach that better considers population needs, priorities, and quality monitoring will improve the value of these services and support local and third-sector involvement.

A timely and systematic commissioning framework will also help partners plan and promote integrated care across North Wales.

The Health Board has struggled to recover and improve the efficiency of planned care post-pandemic. Strengthening operational planning and applying commissioning principles will help improve this process.

Prioritising these efforts will allow the Health Board to refocus contracts on value and quality, improving demand and capacity planning for better service procurement.

Delivery priorities in 2025/26

- 2B.1 - Develop proposals to enhance capacity and capability for organisational wide planning, building upon the action plan produced following the Independent Review of Planning in 2024/25.
- 2B.2 - Conduct a review of learning with stakeholders of the most recent planning cycle, updating the Integrated Planning Framework with any associated improvements and implementing them in the next planning cycle.
- 2B.3 - Complete the National Planning Maturity matrix assessment and incorporate the outputs into the plans to improve the organisation wide planning system and capability.
- 2B.4 - Undertake a review of current and future commissioning commitments, drawing out the capacity required. This will form a baseline from which feasibility, risk and inter-dependencies can be assessed.
- 2B.5 - Conduct a Third Sector review, undertaking a review of unit price and contract currencies within contracts and complete an exercise to ensure that the standard and consistency of commissioned documents and processes meets expected standards.

- 2B.6 - A review of insourcing/outsourcing contracting will be undertaken leading to a plan for improvement and development.

Anticipated priorities in 2026/27 and 2027/28

- Assess progress against the National Planning Maturity matrix, utilising key measures to map and monitor progress of organisational planning capability.
- Review the Health Board's Integrated Planning Framework, applying learning from stakeholder feedback relating to each iteration of the planning cycle.
- Have all contracts operable to expected standards, including the Third Sector (following the completion of the Third Sector review in 2025/26).
- From an operational planning perspective, have all contracts in place for insourcing and outsourcing before the commencement of the 2026/27 financial year. This will allow a full year of operational delivery with no lead time lost for contract mobilisation in year.
- Implement a 'whole system commissioning' review across all services provided and commissioned and where appropriate develop longer term relationships with commissioned providers to ensure sustainable provision.

2C: Improving the Environment, Estate and Facilities

Overview

Capital priorities

A number of service improvements depend on capital funding support. Capital funding continues to be over-subscribed and so the Health Board has carefully prioritised plans to ensure that those providing the highest value to the population of North Wales are put forward for additional planning and funding support, from the all-Wales NHS Capital Programme and the Health and Social Care Integration and Rebalancing Capital Fund (IRCF).

There is an opportunity to improve capital funding through the disposal of estate that is of poor quality, where services could be better provided by reconfiguration, or where services are no longer being provided. There is also further work needed to reconfigure the estate footprint in partnership with others to share space leading to additional improvements in collaborative ways of working.

Decarbonisation & Climate Resilience

In April 2021, the Welsh Government launched the NHS Wales Decarbonisation Strategic Development Plan 2021-2030, a plan to tackle the Climate Emergency declared in 2019. The Health Board has developed a five-year Decarbonisation Action Plan (DAP) 2022-2026 with support from the Carbon Trust. The plan considers buildings and energy, procurement, transport, travel, healthcare and corporate carbon management, and visibility will become clearer as this reports to the Board through the Planning, Population Health and Partnerships Committee



The Health Board needs to commit specific attention to successfully deliver the complex programmes of work that require capital funding support, in order to deliver them on time and

according to their scope. Estate improvements will significantly contribute to the ability to better deliver against Ministerial Priorities, particularly in Orthopaedics, and in delivering services to a higher quality and experience. Delivering key capital projects will allow the Health Board to utilise new clinical areas for the benefit of patient care.

Delivery priorities in 2025/26

- 2C.1 - Review the schedule of prioritised business cases in light of the outcome of the all-Wales capital prioritisation exercise.
- 2C.2 - Progress work in relation to major capital schemes including prioritisation of: Orthopaedics Hub in Llandudno, Electrical Infrastructure at Glan Clwyd Hospital, Royal Alexandra Hospital in Rhyl, Ablett Mental Health unit in Glan Clwyd Hospital, Nuclear Medicine consolidation, Health and Well-being hubs, decarbonisation and anti-ligature work.
- 2C.3 - Align ambitions relating to Health and Wellbeing Hubs to available capital funding. These play an important role in the Health Board's plans relating to primary care, the medical school, partnership working and shift left.
- 2C.4 - Develop and commence implementation of a fit for purpose estates strategy to include estate rationalisation, decarbonisation and climate resilience, as well as maximising the potential and use of existing estate and opportunities with partners. Acknowledging that the estates strategy will be led by and informed by the Health Board's 10-Year Strategy and Clinical Services Plan.
- 2C.5 - Maximise the potential of strategic disposals, partnership work and resultant capital receipts to reinvest in a modern and fit for purpose estate and infrastructure.
- 2C.6 - Support organisational business continuity through the capital process, including the Wrexham Maelor and Ysbyty Gwynedd business continuity cases.
- 2C.7 – Work with the University of Wales Bangor to support the development and growth of the North Wales Medical School.
- 2C.8 - Provide leadership in the identification, prioritisation and delivery of schemes through the Integration and Rebalancing Capital Fund (IRCF), including participation in the Regional Partnership Board (RPB).
- 2C.9 - Undertake a comprehensive assessment of facilities standards and performance, informing at improvement and development plan.
- 2C.10 - Complete the Welsh Government Adaptation Climate Change Risk Assessment, develop an action plan to address the risks identified, utilising the adaptation toolkit and liaising with PSB and other key partners.
- 2C.11 - Build strategic relationships with partners including Local Authorities and Third Sector organisations to understand the opportunities to collaborate and implementation routes.

Anticipated priorities in 2026/27 and 2027/28

- Taking a prioritised approach to capital investment funding that sees progression each year.
- To identify and deliver capital schemes including current projects.
- Implement agreed estates strategy together with cycle of continuous review to reflect emerging considerations.
- Maximise the economic benefit from redundant or obsolete estate (incl land, assets etc), involving partners where appropriate.

2D: Enhancing digital, data and technology approaches

Overview

The Digital, Data and Technology (DDaT) team are developing plans over short, medium and long-term time horizons to support the delivery of the organisations overall objectives and ensure that digital and data are at the core of our clinical and organisational transformation.

“Digital First”, which the Health Board aspires to be, means designing, delivering and experiencing health and care services that fully embrace the opportunities of DDaT. The real value of digital technology comes not from digitising existing practices, but from using it to re-engineer them completely to achieve productivity and quality gains, improving staff recruitment and retention.

The Health Board recognises that the current hybrid of fragmented digital systems with paper records causes patient harm. Our short to medium term focus is ensuring that we have core digital systems in place that means staff have access to the data that they need, when they need it and that the Health Board has a stable foundation from which to progress to more digital ways of working.

DDaT is core to the Health Board’s business and clinical strategy and transformation.

Delivery priorities in 2025/26

- 2D.1 - Secure a multimillion-pound investment from Welsh Government for the EHR Transformation Programme which will eliminate paper records and be a key enabler for service transformation.
- 2D.2 - Develop a Digital and Data Roadmap to underpin the Health Board’s clinical and organisational transformation.
- 2D.3 - Delivery of a digital maternity EHR and patient facing app, which will eliminate paper records.
- 2D.4 - Completion of the implementation of the replacement diagnostics systems, RISP and LIMS.
- 2D.5 - Procurement and delivery of Phase 1 of the Mental Health EHR programme as a informing the wider EHR transformation agenda.
- 2D.6 - Complete the Therapies Manager System developments and increase the user satisfaction rating through Floorwalking and Engagement Teams.
- 2D.7 - Complete the minimum viable recruitment of expertise to deliver basic 2020s DDaT services, appointing to all key funded posts within 25/26.
- 2D.8 - Effectively deliver, through strict prioritisation and effective resource management, the DDaT enabled portfolio of projects and programmes, with particular focus on benefits realisation. This exercise will include pausing or deferring some projects where necessary due to financial pressures.
- 2D.9 - Complete delivery of phase 5 Welsh Patient Administration System (WPAS) including treatment function codes, cancer tracker, copy correspondence and patient numbering.
- 2D.10 - Implement electronic Prescribing and Medicines Administration (ePMA) across acute sites.
- 2D.11 - Develop a Digital Academy training programme and launch a communications campaign so that staff feel empowered to use technologies.
- 2D.12 Support the implementation and roll-out of the NHS Wales App for maximum impact and benefit to include the uptake of its use for repeat prescriptions.
- 2D.13 - Eradicate unsupported systems and devices in line with available resources.
- 2D.14 - Develop a clear cyber response plan for the organisation.

Anticipated priorities in 2026/27 and 2027/28

- Subject to funding, implement the first phases of the system wide EHR programme.
- Continued rollout of the Mental Health System ensuring the intended clinical benefits are realised.
- To optimise integration between systems and retiring many that have been end of life for some time.
- To have a stable structure across DDaT, with the minimum skills in place and be more effective in using external specialist skills.
- To further develop the Digital Academy training programme to improve the digital literacy of the workforce, supplemented through the further digitisation of services such as Mental Health and Maternity.
- Introduction of innovative new solutions that will enhance patient care and provide digital alternatives or enhancements to traditional therapeutic approaches. Eg. MedTech, Digital Therapeutics (DTX), and Artificial Intelligence (AI)
- Empower patients to be active in managing their health and wellbeing through access to their information and personalised insights, patient education and apps.

2E: Developing and delivering value and sustainability

Overview

The Health Board supports the national focus on Value and Sustainability (V&S) and will implement V&S initiatives identified internally, by other Health Boards, or through the national Value and Sustainability Board.

Focusing on the value of care helps ensure resources are used in ways that improve the outcomes that matter most to individuals. By weighing the costs against these outcomes, the Health Board can make decisions that deliver the greatest impact with available resources.

Sustainability is a key part of Quality Planning. Services struggling with sustainability also often face challenges in Quality Control and the subsequent capacity to improve quality.

The Health Board has made progress in developing a formal approach to its V&S goals, including embedding Value-Based Healthcare principles across the organisation. This approach focuses on workstreams that deliver better quality outcomes, experiences, and resource use, while contributing to and benefiting from the national Value and Sustainability Board's work.

This national work covers five work-streams:

Value is not the same as cost. Rather, value can be defined as:

$$\text{Value} = \frac{\text{Quality} \times \text{Patient Experience}}{\text{Cost}}$$

In some systems the acronym *STEEP* is also used – Safe, Timely, Efficient, Equitable, Effective, and Patient-centred

Programme	1. Clinical Value		2. Workforce	3. Continuing Health Care	4. Medicines Management	5. Non-Pay & Procurement
Initial Focus for 25/26	Demand Management – Prevention, INNs, Reduced Follow Ups	HVHI Pathway Redesign (Incl Arthroplasty, Bone Health, Diabetes, Heart Failure)	Insourcing Medical Bank	Learning Disability – ECRS	Biosimilar Intervention	Utilities
	Flow & Bed Utilisation – BADs Performance, DTOCs	Health Pathways	Medical Workforce Sustainability	Repeat of OOA Low Secure	Hospital NWSSP Contract Savings	Stock Control
	Facilities Utilisation – Theatre Productivity, Outpatients	PROMs	Challenged Services Sustainability	OPMH O-B Commissioning	Medical Reviews	Standardisation
	Better Use of Estates	Ministerial Advisory Group (MAG) Specialties – T&O, Ophthalmology, Dermatology	Non-Medical Agency Spend Reduction	Complex Care Co-ordination	Medicines Optimisation	Medical
				Complex/VFM Panel	Welsh Govt V&S Programme	Provisions
				Prioritisation of Efficiencies	Stability Project - Diabetes	
Additional National V&S Focus	Estates Rationalisation	Diabetes x8 metrics	Nursing Headroom Review			Standardisation
	Virtual Wards	Bone Health x8 metrics	Corporate Benchmarking			Product Rationalisation
	Fragile Services	Optimised Cancer Pathway				
	Diagnostic Volumes					

NOTE: A sixth workstream is being developed, focused on more transactional divisional savings

Within this framework, there remains a ministerial expectation that Value and Sustainability considers the following key themes: -

- There is a reduction in the reliance of high-cost agency spend
- 'Once for Wales' arrangements for workforce enablers are strengthened,
- Regional working opportunities are maximised,
- Health Boards support the redistribution of resources towards community and primary care services
- Unwarranted variation and low value interventions are recognised and addressed and
- Improved administrative efficiency.

Delivery priorities in 2025/26

- 2E.1 - Design and deliver a refreshed value and sustainability programme for 2025/26, which has clear outcomes based on broader measures of value, to deliver qualitative, performance and financial improvement. This includes delivery of nationally aligned initiatives under the five workstreams of: Clinical Value, Workforce, Continuing Healthcare, Medicines Management and Non-Pay & Procurement.
- 2E.2 - Focus on Clinical Variation to take advantage of nationally identified opportunities to expedite reductions in waste, harm and unwarranted variation.
- 2E.3 - Build on work to embed value principles into the wider organisational frameworks: planning, commissioning, multi-professional workforce modelling, performance, leadership and quality.
- 2E.4 - Design a value training programme as part of the journey towards a Value Academy for North Wales and a longer-term commitment to building knowledge and capacity in delivering value-led improvement.

Anticipated priorities in 2026/27 and 2027/28

- The design and delivery of a refreshed value and sustainability programmes for 2026-28, which will be primarily composed of longer-term transformational change projects which align with any emerging national evidence and fits with the Health Board's 10-Year Strategy and Clinical Services Plans.
- Continue towards the development of a Value Academy and ensuring visibility of value-led improvement projects, both internally and at a national-level.
- Value as a concept will be embedded into the Health Board's culture and language. The Value Academy will be operational and therefore knowledge and capability of value-led improvement will increase as a consequence.

2F: Improving workforce planning and development

Overview

The Health Board is currently operating in a challenging workforce planning environment. A workforce planning approach has been developed across 2024/25 based on the Health Education and Improvement Wales (HEIW) 6 steps process. Work will continue over the next two years building a solid platform for workforce planning across the organisation, enabling services to deliver high quality care for the people of North Wales.

Work undertaken with priority services has supported a holistic approach to workforce planning as part of service redesign. This has shifted the focus from like-for-like recruitment to more complementary approaches such as utilising new roles and workforce models to meet the service needs now and over the next 3 -5 years.



Robust workforce planning will establish both short-term and long-term workforce solutions that address current and future patient needs. Positions such as Physicians Associates, Anaesthetics Associates, Registered Nurse Associates and multi-professional Advanced Clinical Practitioner and Consultant roles will be strategically integrated into service plans in the coming years, emphasising a skills-based approach to service delivery rather than a role-based one.

Bringing a consistency to workforce planning in terms of approach and skills will allow the organisation to have a more stable workforce where key gaps are identified in a timely manner, with the most appropriate solution for the service. This approach will better support the delivery of improved quality of care across some of our most challenged services and lead to better outcomes for the people of North Wales.

Delivery priorities in 2025/26

- 2F.1 - Fully embed the training programme for workforce planning across the organisation with easy access guides and support for teams to develop their plans.
- 2F.2 - Detailed workforce plans to be in place for all key services across the organisation.
- 2F.3 - Develop a suite of workforce planning tools to support teams and services develop and maintain their workforce plans.
- 2F.4 - Develop an organisational strategic workforce planning framework, including integration into the other relevant organisational frameworks such as Planning and Quality.
- 2F.5 - Conduct a comprehensive workforce analysis for therapy services in a prioritised manner.
- 2F.6 - Development of therapy services plan, contributing to new clinical service models to support reductions in waiting times.
- 2F.8 - Develop a Governance Framework to guide the operationalisation of the HEIW Professional Framework for Enhanced, Advanced and Consultant Clinical Practice in Wales (for HCPC registered professionals).
- 2F.9 - Fully implement Variable Pay and agency control framework and ensure a 30% reduction in agency expenditure during 2025/26. This will be supplemented by no off-contract expenditure and reductions to zero spend for specific staff groups.

- 2F.10 - Ensure effective implementation of job planning policy to include ensuring that >90% of all Consultants have an agreed job plan in place at all times.
- 2F.11 - Ensure reduction in sickness absence levels through adherence to key policies such as Attendance at Work.

Anticipated priorities in 2026/27 and 2027/28

- Full integration of workforce metrics aligned with performance metrics to ensure visibility and measurability of the impact of workforce plans across the organisation.
- Long term plans in place for all services across the organisation aligned with the Health Board's strategy.
- A review of the capacity of the central workforce planning function to ensure sufficient expert resource is available to the organisation.

2G: Working with regional partners

Overview

The Health Board works closely with partner organisations such as local authorities and the third sector to discuss and address health inequalities, promote community engagement and exploit joint working opportunities. Partners we work with include:

Mid Wales Joint Committee

For 2025/26 the priority areas for joint working across mid Wales will support the Welsh Government's expectation, as outlined in the NHS Wales Technical Planning Guidance 2025 – 2028 for health and social care organisations to work together to plan and deliver regional solutions across organisational boundaries. The focus will continue to be on a whole pathway approach with regional links between primary, secondary, community and social care.

Welsh Ambulance Services Trust (WAST)

WAST's ambition is to evolve from a traditional ambulance and transport service towards an integrated clinical service which works in collaboration with the health and social care system to best meet the needs of people who contact them through 111, 999 and the non-emergency services.

Regional Partnership Board (RPB)

The Health and Social Care Regional Integration Fund (RIF) is a five-year fund (April 2022- March 2027) to support integration and partnership working. The Regional Partnership Board leads on the development and implementation of the Regional Integration Fund (RIF).

RIF monies allocated to the RPB from Welsh Government in 2025 – 2026 (year 4 of 5) is £32,886,831. The Welsh Government priority areas for RIF include the Integrated Autism Service, Dementia, Unpaid Carers for hospital discharge and carer short breaks. RIF funding is top sliced for the regional Learning Disability Transformation programme, the Children's Transformation Programme, the regional Adult Autism Service and for ICAN. The remainder of the funding is allocated to each sub region based on county population formulas. Typically, the Local Authority and BCUHB each take 50% of each county's allocation.

The Further Faster monies allocated to the RPB from Welsh Government in 2025 – 2026 is £2,654,000. Further Faster funding is allocated on the same basis as RIF. The RPB is anticipating WG to confirm a third year of Neurodivergence Improvement Plan funding.

Public Service Boards (PSBs)

PSBs publish well-being plans every five years. The first well-being plans were published in 2018 and the latest plans were published in summer 2023. Local well-being plans set out objectives and steps intended to improve the four dimensions of well-being – social, economic, environmental and cultural, for their area.

Area Planning Board (APB)

APBs were established to support delivery of Welsh Government Substance Misuse Strategy 'Working Together to Reduce Harm'. APBs provide a regional framework, to:

- Strengthen partnership working and strategic leadership in the delivery of the substance misuse strategy; and,
- Enhance and improve the key functions of planning, commissioning and performance management.

Third Sector

Partnership working between the third sector and the NHS has become increasingly important in the delivery of health and social care services. The third sector comprises non-governmental organisations, charities, and social enterprises that provide essential services to communities. Given the increasing pressure, and rising demand for services, collaboration with the third sector offers innovative solutions to enhance healthcare provision.

The Health Board has contracted expenditure with third sector organisations currently which totals circa £9.869 million in the financial year 2024/25. There are 42 historic grant agreements which account for circa £1.648 million, with a further 62 that are formal contracts with a total spend of £8.221 million.

An extensive review of the third sector commissioning arrangements, commenced at the end of 2022/23 is underway to determine the extent to which grant funded initiatives and third sector contracts are achieving the desired outcomes and remain strategically relevant to the changing needs of the North Wales population.

Other regional partners

In addition, the Health Board has worked with the following organisations – Health Education and Improvement Wales (HEIW), the Joint Commissioning Committee (JCC), NHS Wales Shared Services Partnership (NWSSP) and Digital Health and Care Wales (DHCW) as they have developed their respective plans.

Delivery priorities in 2025/26

Mid Wales Joint Committee:

- 2G.1 - Develop a programme of renewal for urology pathways across the region which will support and link to the national pathway work.

- 2G.2 - Increase capacity and access to ophthalmology services through the development of a regional and whole system pathway approach supported by the establishment of links between Health Boards.
- 2G.3 - Identify improvements that can be made to general NHS Dental services provision across mid Wales.
- 2G.4 - Identify opportunities for increasing provision and improving access to cancer services across mid Wales.
- 2G.5 - Develop solutions to establish cross border health and social care workforce arrangements.
- 2G.6 - Identify the impact of pathway changes proposed in organisational strategic change programmes (such as Tywyn Community Hospital and the South Meirionnydd programme).

Clinical priorities include: urology, rheumatology and dermatology.

Priorities identified by social care partners include: Delayed Pathways of Care and Trusted Assessors, Residential Children's Accommodation and the Welsh Community Care Information System (WCCIS).

WAST

- 2G.7 - Make improvements to the 111 website.
- 2G.8 - More clinicians to screen 999 calls to determine the most appropriate response for individual needs.
- 2G.9 - More clinicians in 111 and 999 to help deal with needs over the phone or refer to the most appropriate service in the community.
- 2G.10 - Respond to the Health and Social Care Committee's review of the red response target.
- 2G.11 - Work collaboratively with Health Boards to ensure pathways are available to meet needs in the community where safe and appropriate to do so.
- 2G.12 - Undertake a strategic review of non-emergency transport services to ensure they are fit for the future.

Regional Partnership Board

The North Wales 2025 – 2026 RIF programme is currently being finalised. The indicative investment on the 25/26 RIF programme under the 6 national models of care are shown below:

- 2G.13 - Community Based Care: prevention and co-ordination (£9.6M).
- 2G.14 - Community Based Care: complex care closer to home (£20.9M).
- 2G.15 - Home from Hospital: (£4.1M).
- 2G.16 - Supporting families to stay together safely and therapeutic support for care experienced children: (£15.8M).
- 2G.17 - Accommodation based solutions: (£836k).
- 2G.18 - Promoting good health and well-being: (£2.1M).

The North Wales 2025 – 2026 Further Faster programme is currently being finalized. The indicative investment on the 25/26 FF programme is shown below:

- 2G.19 - East and Central: Provision of additional care home and domiciliary care capacity: (£699k).
- 2G.20 - Central: Expansion of social prescribing: (£97k).
- 2G.21 - Central (to be confirmed): Anticipatory planning, palliative care and step-up / step-down care to support patients in their own homes: (£455k).
- 2G.22 - Central: Enhanced rural domiciliary care service: (£43k).
- 2G.23 - Central: Increased carer respite services for older people: (£60k).
- 2G.24 - East (to be confirmed): Enhanced Community Care - anticipating and providing care to support patients in their own homes: (£494k).

- 2G.25 - West: Community Frailty Programme- Enhanced Community Care, Anticipatory Care Planning and Medication Training for Carers: (£754k).
- 2G.26 - Central: Independent Me Service: supporting people with a disability to remain independent: (£49k).

Public Services Boards (PSBs)

- 2G.27 - Support the climate change risk assessment process.
- 2G.28 - Support the delivery of the Healthy Travel Charter.
- 2G.29 - Actively facilitate the growing partnership between Third Sector Organisations and Statutory Services.
- 2G.30 - PSB organisations to commit to becoming trauma informed.

Area Planning Board (APB)

- 2G.31 - The integration of the Criminal Justice Substance Misuse Service (previously provided by the Third Sector) into the Health Board Substance Misuse Service (SMS).
- 2G.32 - Development of Roslin, in Llandudno, into a multi-agency Substance Misuse Hub.
- 2G.33 - Ongoing delivery of the Hepatitis B and C Elimination Plan.

Anticipated priorities in 2026/27 and 2027/28

Mid Wales Joint Committee:

- Priorities are agreed on an annual basis, however a number of the priorities for 2025/26 will extend into 2026/27.

WAST

- Implement Plan for Transfer and Discharge services including a Transfer Clinical Hub (subject to external funding)
- Continued work with Health Boards to maximise opportunities to integrate Non-Emergency Patient Transfer Services (NEPTS) and Health Boards scheduling
- Implement data analytic tools to monitor and evaluate NEPTS performance continuously
- Predictive analytics to forecast demand and allocate resources efficiently.

Objective 3: Compassionate culture, leadership & engagement

3A	Culture Development
3B	Leadership Development
3C	Citizen engagement and partnership working
3D	Welsh language and culture

Overview

Developing and fostering a compassionate culture, supported by effective leadership that engages well with colleagues across the organisation, will be the bedrock of a healthy and sustainable organisation. This strategic objective therefore makes an important contribution to the Foundations for the Future programme (1B). Listening to the views and experiences of the citizens and communities of North Wales to inform future service developments with partners is crucial in providing fit for purpose services for the population. Ensuring that the organisation takes into account the strong and proud connection to the Welsh language and culture in everything it does, both internally and externally, will mean that services operate in a way that everyone from the region can engage with.

Progress for this Strategic Objective during 2024/25

Note some priorities have been consolidated across different Strategic Objectives within this plan

Compassionate Leadership and Organisational Development:

- Integrated Leadership Development Framework established, consulted upon and being implemented. Series of leadership conferences implemented – a Clinical Leadership Conference in November 2024.
- Cultural Change Programme developed and being implemented – Culture Change Leaders; People Managers Forum established.
- Staff Story approach approved, starting at People and Culture Committee in Q4.
- People and Culture Committee fully established.
- Refresh of the Values and Behaviours Framework – Extensive engagement has taken place with staff and external partners to co-design a Values & Behaviours Framework.
- Development of a Culture Dashboard to track key metrics associated with improving the culture of an organisation.
- The Advanced Clinical Leadership Programme (ACLP) is currently in progress with 26 health board clinical leaders engaged on the programme delivered in partnership with HEIW.

Citizen Engagement:

- Progress made in engaging with communities through activity such as the Board listening events and wide-ranging programme of public engagements. Attendance at events such as Denbigh and Flint Show, Anglesey show, Mold and Llangollen Food Festivals - has been used to promote health and well-being and increased the visibility of the Health Board.
- Increased involvement and collaboration with partners, for example the creation of a BCUHB/Third sector "Wellbeing Village" at the Denbigh and Flint show, and the re-launch of the Bitesize Health in the workplace programme.
- Focused engagement has also been undertaken on issues such as planned care, such as exploring the experiences of people waiting for hip and knee procedures which in turn this has helped support the plans for the Llandudno Orthopaedic Hub.

- An Engagement Task and Finish Group has been established including key services, Llais North Wales and Special Measures Independent Advisor, Cath Broderick. The Group has developed a work programme that will help to continue this more robust and consistent approach to engagement.
- Increased learning from engagement with families as well as patients themselves, ensuring routine involvement and building an embedded approach, shown particularly in relation to Mental Health.

Being a Good Partner:

- A series of regular one-to-one meetings with politicians have continued. These have been supplemented with online meetings for groups of MSs and MPs with the Chief Executive and Chair.
- Other stakeholders, including local authority chief executives and chairs, representatives of housing associations and the Third Sector have also had meetings with the Chair and Chief Executive.
- Work on a survey was initiated in the autumn to hear how stakeholders view their relationship with the Health Board, with findings being incorporated into plans going forward.
- A review of attendance and governance arrangement for the Regional Partnership Board and Public Service Boards has been undertaken and support for colleagues attending is being put in place.
- Progress is continuing with the Stakeholder Reference Group (SRG) having earlier involvement in Health Board work e.g., values and behaviours, Major Change programmes (UEC) and strategy.

3A: Culture Development

Overview

For the "Culture" workstream under the Foundations for the Future programme (1B) the Health Board is using the evidence-based NHS Culture and Leadership programme. The programme is based on the elements and behaviours identified as necessary for a culture that supports high quality, equitable care that is consistently compassionate and high performing. The Health Board is the first in Wales to use this model on an organisational wide scale. The programme is founded on the principle of 'compassionate, diverse and inclusive leadership', which empowers staff at all levels, as individuals and in teams, to take action to improve care within and across organisations – 'leadership of all, by all and for all'.

Implementation plans are in place to ensure Objective 3 is achieved in the areas of culture, engagement and leadership.

See also 1B Establishing Foundations for the Future.

Delivery priorities in 2025/26

- 3A.1 - Fully implement and embed the Values & Behaviours Framework into our organisational policies, processes and practices so that staff live the values and behaviours in their day-to-day work.
- 3A.2 - Conclude the Discovery phase of the Culture & Leadership Programme through a Synthesis Report which will guide our future culture and leadership approaches
- 3A.3 - Co-produce draft Design phase priorities for further development in 2026/27 which shapes our compassionate, diverse and inclusive leadership approaches, identify what is going well and which areas need to be strengthened.
- 3A.4 - Complete roll out of the Culture Change Leader (CCL) programme. The CCL role has been established to support the Culture & Leadership Programme. Leaders are drawn from a cross

section of staff across the organisation who come together to make a difference by looking at the Health Board's current culture and helping to shape culture for the future.

- 3A.5 (1B.2) - Build staff engagement through implementation of the staff engagement plan (including staff survey actions, staff stories, common PADR objectives (golden thread) and engagement events/activities) hard wiring engagement throughout leadership and management structures to the front line.
- 3A.6 (1A.4 & 1B.2) - Improve governance arrangements so they align to and support delivery of the organisation's strategic objectives and enable whole system quality-based decision making. This alongside using the RACI model (Responsible, Accountable, Consulted, Informed) in role profiles to describe individuals' roles and responsibilities for activities and deliverables will support creating high autonomy and accountability across all roles.
- 3A.7 (5E.2 & 1B.2) - The Health Board will improve its systems and processes to ensure the transfer of learning as a Learning Organisation is increasing the opportunity to share learning and improve patient care.

Anticipated priorities in 2026/27 and 2027/28

- Finalise our key priority areas for delivery under each of the five cultural elements. These are: goals and performance; learning and innovation; support and compassion; equity and inclusion; and teamwork.
- Deliver key priority areas under each of the five cultural elements using a strengths-based approach, building on success and identifying areas for further improvement.

3B: Leadership Development

Overview

One of the Health Board's key long-term foundational priorities is to further develop culture and leadership capacity. Linking directly to the "People" workstream in the Foundation of the Future programme (1B) this work has commenced with the support of Professor Michael West and the King's Fund, to encompass a strong focus on 'compassionate leadership'. Compassionate leadership involves a focus on relationships through careful listening to, understanding, empathising with and supporting other people, enabling those all staff to feel valued, respected and cared for so they can reach their potential and do their best work. This is an evidence-based approach leading to strong and resilient teams that are better able to navigate the Health Board through a challenging period. Importantly, compassionate leadership is not an end in itself; there is a strong body of evidence demonstrating that a compassionate leadership culture generates better outcomes from staff across the organisation.

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



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

The implementation of a clear leadership development pathway and framework will support the workforce, providing opportunities for employees who are not in a formal leadership role, all the way through to those senior leaders and those in executive positions.

The Integrated Leadership Development Framework (ILDF) sets out the core internal offer for multi-disciplinary leadership and management development and includes information around external leadership development that employees can access. The ILDF is hosted on BCUHB’s Leadership Hub, via the Gwella Leadership Portal.

The ILDF will support career progression, talent management and above all, supports the ambition of creating a consistent approach to a compassionate, collective, engaging and an inclusive culture for the organisation. The ILDF has been co-produced following engagement with a range of stakeholders, including employees, academic partners, and with Health Education and Improvement Wales (HEIW).

Integrated Leadership and Development Framework:

EXPLORING LEADERSHIP AND MANAGEMENT

MENTRO
VENTURE

ARCHWILLIO
ARWEINYDDIAETH A
RHEOLAETH





Moel Famau
A programme for Aspiring People Managers to build foundational leadership skills.



Mynydd Mawr
A foundations of Leadership & Management programme. Designed for staff who are new to a management role or a new manager into the organisation, this programme will provide the required knowledge & skills required in leadership & management.



Cadair Idris
A mid-level Leadership & Management programme aimed at established Operational mid-level managers who are looking at leading teams through change and uncertainty.



Tryfan
A transition to Senior Leadership programme, designed for those transitioning from operational to senior management roles



Glyder Fawr
An Advanced Senior Leadership programme, developed to provide learning on how to move beyond leadership within an area of professional expertise, into executive roles that span organisational boundaries.



Yr Wyddfa
An Executive Development programme emphasising Strategic Systems Leadership and strategies of how the Executive group and Board can work as an effective team.

See also 1B Establishing Foundations for the Future.

Delivery priorities in 2025/26

- 3B.1 - Design a series of workshops to strengthen key areas of the ILDF, with a focus on developing leadership skills in specific areas for example, workshops to embed the principles of compassionate leadership to enable leaders and managers to understand the benefits of a compassionate approach and how to apply compassionate behaviours in the workplace and to support leaders and managers to have conversations with their staff through a compassionate lens, to build confidence and skills in managing difficult or challenging situations.

- 3B.2 - Develop a core programme/offering for middle managers and leaders across the organisation. To be aligned with the ongoing national strategy building a core management competency framework across NHS Wales working with HEIW and a range of academic partners.
- 3B.3 - Review and evaluate the first senior level programme – Glyder Fawr (Advanced Clinical Leadership Programme) delivered in 24/25 in readiness for the second cohort of this national HEIW led programme commencing at the end of Q1 25/26.
- 3B.4 - Undertake a review of BCUHBs Coaching and Mentoring Network which will include:
 - A review of the effectiveness of the coaching network to ensure there are sufficient coaches to meet demand, that coaches on the network are actively coaching, that appropriate resources and support /supervision is in place.
 - A toolkit will be developed to support mentors across the organisation along with a co-designed mentoring network proposal.
- 3B.5 - Evaluate the outcomes from previous cohorts of the Mynydd Mawr – Foundations of Leadership and Management programme (delivered 24/25) to identify learning outcomes and impact in the workplace.
- 3B.6 - Launch new programme 'Leadership for All – 'Moel Famau', providing an introduction to leadership for all staff across the organisation irrespective of whether they are in a formal leadership role.
- 3B.7 - Develop a set of metrics and reports from the Leadership hub to analyse: user engagement, themes, attrition rates.

Anticipated priorities in 2026/27 and 2027/28

- Ongoing implementation of ILDF to ensure Leadership Development is available and accessible to all staff. With continuing evaluation and review to ensure that the framework supports people not just with the education and learning, but with leadership in practice.
- Evaluation and review year two / three of the ILDF following further implementation in 25/26 to identify trends, analyse feedback and assess the impact in the workplace. This will inform continuous improvement and future plans for leadership development across the organisation.
- Ongoing amendment of the ILDF in line with the national NHS Wales priorities and implementation of a new management competency framework and supported curriculum.

3C: Citizen engagement and partnership working

Overview

Citizen Engagement

The Health Board is committed to engaging directly with communities. This means not just early, but continuous engagement to enable listening and learning from the experiences and expertise of others. This is a clear commitment made with awareness that the Health Board has not always managed this well in the past. It will help ensure that plans and priorities are informed by what matters to citizens, and that people have the information and support to enable them to maintain and improve their health and well-being and make good choices. The Health Board has made good progress, as highlighted during a follow up of an independent review into citizen engagement during February 2025, in both listening to communities regarding how to improve Health Board delivered services, and in deepening a conversation with communities in reviewing self-help, illness prevention, and health promotion.



Improvement in clinical standards, quality of care delivery and general experience when using Health services will all result from placing a high value upon learning from citizen experience. The new Integrated Concerns Policy is a positive step in patient-informed changes and broader citizen engagement continues to be an important priority for the Health Board to inform service improvements and better health outcomes for the population.

Being a good partner

The Health Board works in partnership across an environment that is complex and multi-faceted. Some of the partnership opportunities offer greater potential to improve the health and well-being of the people of North Wales than has been made use of historically and it is in both the Health Board and stakeholders' interests for these links to be strengthened.

There are significant challenges ahead, some of which are shared not only across Wales but the UK and Western Europe, as well as internationally. The COVID-19 pandemic has had a lasting impact on the well-being of the population and the delivery of health and care. The increases in the cost of living and a challenging economic situation add to the picture and create a complex environment for all partners. This level of complexity can only be tackled through a whole system approach; with Local Authorities, Third Sector and Charitable organisations, politicians, Housing Associations, Universities and Higher and Further Education partners, neighbouring Health Boards and the NHS in England. Furthermore, all evidence points to the solutions to these challenges being markedly better when understood across system partnerships.

Specific areas of collaboration in the coming year include developing and building on strategic relationships to maximise the potential for co-location of services to meet service and pollution demands, co-designing frameworks for partnership working, and co-production in joint forums.

An important way for the Health Board to develop greater partnership impact in North Wales is through the recognition of its role as an 'anchor institution'. The term anchor institution typically refers to large, public-sector organisations whose long-term sustainability is tied to the wellbeing of the populations they serve. As a partner to other organisations, and to the residents of North Wales as a whole, the Health Board can make a difference within the community through local procurement of goods and services, the way it uses its physical estate, the way it supports local employment, in reducing environmental impact and in collaborating to model civic responsibility. In addition, as an anchor organisation with 20,000 employees, encouraging employees and their families to lead healthy lifestyles will have a big impact upon the health of the North Wales population.

As part of being a good partner, ensuring that strategic and decision-making processes within the Health Board integrate well within the wider system environment and PSBs will make it easier for decisions to be made that maximise the opportunity of working together to deliver better outcomes for North Wales residents.

The Health Board will work in an open and transparent way with its partners and is keen to involve them to help co-produce new developments. That is why partnership working is an area that the Health Board wishes to improve upon, noting that working in true partnership has not always been prioritised in the past. The Health Board wants to develop and support new and existing

relationships so that partners are involved and are shaping solutions to the shared complex and difficult issues and recognise the importance of agile decision-making.

Delivery priorities in 2025/26

- 3C.1 - Complete implementation of the recommendations in the independent review of engagement specifically:
 - Finalise and implement the 'Betsi Way' engagement framework, ensuring it is evidence-informed, high quality, and co-developed with agreed engagement principles.
 - Implement a structured reporting system to track and publicly share at least three concrete examples of how community feedback has influenced corporate plans, services and improvements
 - Establish a community of engagement practice within the Health Board, providing at least two training sessions and developing a toolkit to support staff with best practices and evidence-based approaches.
- 3C.2 - Increase engagement reach by 30% through targeted on-line community interactions, including at least four digital campaigns and expanded use of social media platforms
- 3C.3 - Expand the engagement programme across at least five North Wales communities, collaborating with key partners to ensure added value for residents, stakeholders and the Health Board.
- 3C.4 - Review the strategic approach to engagement with communities, specifically mapping out the next two years
- 3C.5 - Conduct at least three community listening events in rural areas, ensuring participation from at least 50 local residents, to gather feedback on healthcare needs and service improvements.
- 3C.6 - Reset the Health Board's representation at the Regional Partnership Board; establishing a structured reporting process to improve decision making
- 3C.7 - Trial a surgery-style approach with local councillors in two local authorities to support issue identification, evaluating its effectiveness in improving communication and engagement, with a view to expanding the approach across all local authorities.
- 3C.8 - Further the Health Board's commitment to children and young people by developing an approach to ensure their voices influence decision making (Youth Voice approach).
- 3C.9 - Work with partners to co-develop and publish an Anchor Institution Principles and Charter with clearly defined principles ensuring alignment with community needs and organisational priorities.

Anticipated priorities in 2026/27 and 2027/28

- Build on our approach to community engagement with greater focus on co-delivery with partners, learning from our experiences in 2025 – 26 to refine and improve
- By listening to and acting on the results on the annual stakeholder survey, we will continue to improve our interactions with all existing stakeholders and improve working relationships with all partners.

Consolidate the Betsi way engagement approach with an annual event to showcase good practice and share learning.

3D: Welsh language & culture

Overview

The delivery of the Welsh Language Standards continues to be at the forefront of Health Board planning as well as a full commitment to delivering the Welsh Government's 'More than just words' Five-Year plan. Following an internal mapping exercise, it was pleasing to note that out of the 16 actions assigned to Health Boards, BCUHB is at a favourable level, with six actions achieved, and eight in progress. There are also identified actions beyond the Health Boards' remit, as these were activities that were adopted as part of a wider work programme. The Welsh Language Commissioner has commended the Health Board's work in this area, has seen the good practice first hand, and this provides an important endorsement of the way in which Welsh language is weaved into the culture of the organisation.



Additional priorities have been aligned with the main themes of 'More than just words', such as:

- Embedding Welsh language planning in guidance and policy, including strengthening EQIA and Integrated Assessment Screening Tool (IAST).
- Implementing a targeted Welsh language training and workforce strategy to support current staff by reviewing and adopting the Bilingual Skills Policy and Procedure
- Working in partnership to raise awareness of the importance and advantages of Welsh language skills when considering the health sector as a career, supporting the creation of a bilingual future Workforce. Welsh language teaching and cultural awareness are incorporated within the North Wales Medical School's Year 1 and Year 2 curriculum, with participation from the Board's Welsh Language Team.

Patients and the public will experience services that meet their Welsh language needs because those needs and choices have influenced early planning of services, and because the visibility of the Health Board's commitment at leadership level will continue to support staff in their ambitions and goals to develop their language skills.

As a public sector organisation operating under the legislative framework of the Welsh Language (Wales) Measure 2011, it is the Health Board's duty to ensure that the Welsh language is not treated less favourably than the English language when accessing health care services.

This is supported by the Welsh Government's Five-Year plan, 'More than just words', which focuses on vulnerable patient groups. To this end, this aim of the service is to acknowledge language as a need rather than a preference, especially when treating those patients in vulnerable groups.

Delivery priorities in 2025/26

- 3D.1 - Build on the planning completed within 2024/25 and transition from planning to operational delivery of the Standards and 'More than just words', focusing initially on acute settings.
- 3D.2 - Adopt the Language Choice Scheme to a specific vulnerable patient group.
- 3D.3 - Explore the potential of adopting a 'Welsh Language Champions Programme' in order to encourage and celebrate language development success within the workforce.
- 3D.4 - In collaboration with the National Centre for Learning Welsh, deliver a tailored training programme in Speech and Language Therapy Services, which have been identified as a priority workforce group.
- 3D.5 – Promote the use of Welsh language within the organisation.

Anticipated priorities in 2026/27 and 2027/28

- The Health Board will review delivery of the Standards against a compliance framework.
- The Health Board undertook an engagement exercise in the national Eisteddfod Genedlaethol Llŷn ac Eifionydd in 2023, focused upon what was important to people in accessing bilingual services in healthcare settings and their experiences. The Health Board anticipates repeating that in 2026/27 (when the Urdd Eisteddfod is in Anglesey) to assess any changes as a result of the work outlined above.
- The Health Board will continue to focus not just upon the Standards but also upon delivering an effective 'Active Offer'.

Objective 4: Improving quality, outcomes and experience

Ministerial Templates that also relate to this sub-objective:

4A	Prevention and Early Intervention	<i>Ministerial Template 2</i>
4B	Primary Care including Clusters	<i>Ministerial Templates 2 & 3</i>
4C	Community Care	<i>Ministerial Template 3</i>
4D	Planned Care, Cancer & Diagnostics	<i>Ministerial Template 1</i>
4E	Urgent and Emergency Care	<i>Ministerial Template 1</i>
4F	Adult Mental Health & Learning Disability	<i>Ministerial Template 4</i>
4G	CAMHS	<i>Ministerial Template 4</i>
4H	Neurodevelopment	
4I	Dementia services	
4J	Currently 'Challenged Services'	<i>Ministerial Template 1</i>
4K	Women's services	<i>Ministerial Template 5</i>
4L	Children & Young People	
4M	Pharmaceutical services	<i>Ministerial Template 3</i>
4N	Palliative, End of Life and Bereavement Care	<i>Ministerial Template 1</i>
4O	Dental services	<i>Ministerial Template 3</i>
4P	Diabetes	<i>Ministerial Template 2</i>

Overview

The other four strategic objectives in this plan largely focus on building an effective and sustainable organisation for the long-term. This objective is where the direct improvements to the experience and outcomes of the population of the North Wales will be materialised. Importantly, it contains a wide cross section of areas along the entire end-to-end mental and physical patient journey from: staying well and early and proactive identification; through to first presentation in a range of primary and community settings; referral into secondary care and discharge back into the community.

Progress for this Strategic Objective during 2024/25

Note some priorities have been consolidated across different Strategic Objectives within this plan

- **Patient Experience:** a range of approaches are used to expand the offer to patients including the use of fixed kiosks; The use of the Patient Advice and Liaison Service (PALS) team cited as good practice in Ysbyty Glan Clwyd Emergency Department; Citizens Report presented to Board quarterly and Quality Annual Report Presented and available on the Health Board Intranet Site.
- **Prevention:** Focus on ongoing campaigns aimed at increasing vaccine uptake; The model for the Well North Wales initiative establishes a framework for promoting community health, including the

integration of the Inverse Care Law recommendations and an approved Arts in Health Strategic Plan; Developing a case for change for new models of care for Diabetes; Developing a partnership approach to delivering equitable, effective social prescribing and social interventions; Tackling the wider determinants of health - including Actif North Wales.



- **Primary Care and Early Intervention:** Governance, Assurance and Accountability arrangements have been put in place for Health Board managed practices; Awareness session for staff took place to support the implementation of the new GMS Contract Assurance Framework; Progress being made to improve the primary care estate; Single Integrated Clinical Assessment and Treatment (SICAT) extended to 7 days (9:00 – 21:00) with GP oversight and incorporated GP out of Hours service for 24-hour support; 53 practices participating in the Urgent and Emergency Care 50-day challenge to target support for high risk cohort of patients; Collaborative approach with North Wales Medical School to expand availability of Primary Care based training environments; Developing improvement in primary care dentistry access with a significant increase in timeliness of lost activity re-procurement; Continued expansion of the Primary Care Academy offer, with evidence of this contributing to the retention and support of more advanced practice professionals working in Primary Care
- **Community Care and Clusters:** Community based support and engagement established for people living with dementia and their Carers. Implementation of the Discharge To Rapid Assess (D2RA) model progressed as planned. Data and insights gathering complete to support the implementation of enhanced community services provision.
- **Planned Care:** Weekly CEO led meetings with Planned Care have shown a measurable improvement in longest waiting patients, with plans in place to incorporate GIRFT recommendations. Demand and Capacity modelling remains a challenge but is factored to conclude in Q4. A 'Soft Launch' of Teledermoscopy has been undertaken.
- **Cancer Care:** Improvements to the patient pathways to ensure more timely access to diagnostics including introducing teledermoscopy and work to improve access to endoscopy; Oncology substantive workforce case developed; Introduction of straight to test suspected prostate cancer pathway to reduce wait times; Expansion of one stop neck lump clinic to ensure equitable access to patients across north Wales and a reduction in waiting times.
- **Urgent and Emergency Care:** 45,000 additional urgent primary care appointments provided between Aug 2024 and Jan 2025; Community wraparound service tested in Q3 through collaboration with WAST and BCU community nursing teams, to reduce ambulance conveyances for long waits; Acute Frailty Services successfully tested in Ysbyty Gwynedd in Q4 and will inform the Health Board wide work in this space in 2025/26; Some improvement in protecting Same Day Emergency Care (SDEC) capacity, acknowledging much more to do to make business as usual; The System Resilience hub was set up 5 days a week ensuring oversight for patient flows across the Health Board with close monitoring and planning for out of hours; 16% reduction in Pathway of Care Delay bed days, through integrated working with partners via daily meetings reviewing discharges and working on conveyances and discharges relating to Care Homes.
- **Diagnostics:** Progressed capital proposals to improve nuclear medicine provision in North Wales, and to deliver Positron Emission Tomography (PET) scanning within North Wales; In teledermoscopy, the Health Board is working towards the provision of a more effective service of using medical photography to support the remote triaging of dermatology conditions; The introduction of endoscopy insourcing from Q3 contributed to a reduction in cancer component waiting times; Good results from implementing a number of 'straight to test' initiatives, such as in the marked reduction in time to diagnosis in prostate cancer.
- **Adult Mental Health and Learning Disability:** Completed 99% of the actions from the NHS Wales Joint Commissioning Committee (WJCC)/NHSE Inpatient Safety Review; 100% compliance with complaint response timescales; Business Case for Digital enablement of all age Mental Health and Learning Disabilities approved by WG, securing £12million to procure an EHR; Learning Disabilities - Enhanced Care Rehabilitation Services (ECRS) business case has been agreed; Learning Disabilities –

the community Lab in a Bag initiative has now been fully launched and is embedded in practice, supporting and promoting better physical health for patients; Perinatal Mental Health service achieved 97% compliance against the Royal College of Psychiatrists (RCPsych) target of 100% for type 1 standards, 96% compliance against the 80% target for type 2 standards and 88% compliance against the 60% target for type 3 standards; Mental Health Wellbeing practitioners have been introduced across Community Mental Health Teams to support the duty officer as part of the improved crisis care provision; Pharmacy Technicians and Pharmacists are embedded into Community Mental Health Teams support staff and enhance medicine management. Delivered a number of longstanding schemes to improve our patient facilities and environment.

- **CAMHS:** Developed and consulted upon an Early Help Model to deliver early identification, intervention and preventative offers across the Region; Adopted the key principles of the NYTH/NEST framework and have undertaken a NYTH/NEST self-assessment with partners as a baseline to work on improvement; Integrated our Schools In-Reach services into IHC areas; Commenced implementing plans to deliver the new National Service Specification for Primary and Secondary CAMHS; Developed an enhanced CAMHS Crisis and Unscheduled Care Model, extending hours of operation to a 12-hour service across most Areas; A refreshed self-harm pathway has been developed with partner agencies. 111 press 2 CAMHS pathways have provided improved access to urgent mental health support 24 hours a day/ 7 days a week.
- **Neurodevelopment:** Undertook pilots including Front Door Practitioners, ADHD new ways of working and Education Link Worker, resulting in 10% reduction in accepted referrals received from previous year; Provided ND Profiling training to teams and partners; Commenced stratification of the waiting list; Held two Information sharing workshops with partners with further co-design work planning; Engaged with colleagues in Adult Mental Health to develop a business case for transition.
- **Currently Challenged Services:** Dermatology Clinical Lead appointed and Teledermoscopy implemented. Train and treat commenced in Ophthalmology. Waiting list review of Plastics was prioritised with a particular focus upon clinically overdue and at-risk patients. Recommendations from the Royal College review are being addressed via the Urology Improvement Plan. Vascular dashboards have been created and launched to inform service development.
- **Womens Services:** Implementation of the MatNeo Safety Support Programme Year 1 recommendations; Implementation of National Recommendations (e.g. MBRRACE); Progression of the Gynaecology Cancer and Planned Care Recovery plans; Promoted the Healthy Start Hub to raise awareness and reduce inequality in pregnancy; Delivery of the NHS Wales 2 Year 'Help me Quit for Baby' implementation plan; Supported the Health Weight Management in Pregnancy and Local Infant Feeding Strategy.
- **Children:** The Children's Charter, presented by two young people, received full endorsement from the Health Board. Detailed plans are underway for a Youth Voice approach; The regional Health Visiting Service and the Neonatal Service both achieved reaccreditation in the UNICEF Baby Friendly Initiative (BFI) alongside our Maternity Services; with the HV service receiving a special mention at the UNICEF BFI Annual Conference; Childhood immunisation levels have been sustained with some of the highest uptake rates in Wales, particularly with MMR vaccine.
- **Pharmaceutical Services:** Independent Review of Clinical Pharmacy Services: Agreed an outcome-focused plan across Wales for the next 1-3 years; Medicines Value Group: Delivered value opportunities via the NHS Wales Value & Sustainability Medicines Management programme, saving c.£13m via prioritisation of best value products; Transforming Access to Medicines (TrAMs): Developed Outpatient Parenteral Antibiotics Treatment (OPAT) pharmaceutical products in BCUHB to enable close to or home-based IV antibiotic treatment; Enhancing Community Pharmacy Use &



Robotic Dispensing Pilot for urgent medicines: Achieved targets on; Sore throat test and treat, Pharmacist Independent Prescribing, Urinary Tract Infection and installed robotic dispensers at one Community Hospital, evaluation through research study in progress; Progress joint ambitions in establishing a North Wales School of Pharmacy (with Bangor University): Advanced curriculum and regulatory accreditation in place, course opened for applications.

4A: Prevention and Early Intervention

Note that the Ministerial Priority 2 – Population health and prevention templates (available on request) also relate to this sub objective

Cabinet Secretary Delivery Expectations

Population Health & Prevention:

- Increase in % of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes
- Achievement of vaccinations targets in the performance framework

Overview

Improvements in life expectancy in the UK, including North Wales, have slowed and the length of time that people spend in good health has been decreasing for some communities/groups, highlighting that addressing health inequality is a key step in preventing avoidable ill-health. The Health Board intends to prioritise the shift to prevention and early intervention through system wide, sustainable approaches which release opportunities for longer term investment and recognise that this will require a similar shift towards primary and community care in order to maximise the benefits of the shift towards prevention.

Over 60% of NHS activity is linked to chronic long-term conditions which impact significantly on care services. Many of these conditions, such as type 2 diabetes, respiratory diseases, some cancers, and cardiovascular diseases, are preventable. Through collaborating with partners, the Health Board will target prevention and reduction of avoidable ill-health and the further deterioration of health and well-being in order to improve outcomes for North Wales.

Improving and maintaining population health is crucial for North Wales' socioeconomic resilience. Poor health not only affects the workforce but also the strength and resilience of our communities. With an ageing population and the increasing prevalence and proportion of health care linked to chronic conditions, the shift in focus towards prevention, early intervention and health inequalities will be enabled through greater use of intelligence of population and clinical intelligence. This will include bringing together available academic evidence, local data and evidence (e.g., patient experience feedback) and stakeholder involvement to improve services and outcomes.

Delivery priorities in 2025/26

Strategically there are **two major areas of delivery**.

- Linking clinical and population level data and developing intelligence rich resources to create greater understanding of the impact of both current and future models of prevention (population health management).
- Collaboratively producing the basis for:
 - Developing holistic models which support health and well-being
 - Reducing variation and responding to population health needs

The prevention and early intervention focus will develop through four key programmes which include Healthcare Public Health; Health Improvement; Health Inequalities; and Health Protection.

During 2025/26 Healthcare Public Health, Health Improvement and Health Inequalities programmes, via a matrix approach, will support the two strategic major areas for delivery through identifying opportunities which can increase the impact of prevention and early intervention. The work undertaken will include:

- 4A.1 - Build on our existing work to understand the needs of inclusion health groups (e.g. – those experiencing homelessness, Gypsy, Roma and Traveler communities) to target resources for our most vulnerable which will contribute to reducing inequalities in healthy life expectancy.
- 4A.2 - Creating the foundations for change, providing the Health Board with the means to demonstrate the impact of current prevention and early intervention activity across identified priority areas and determine where this could be improved.

The Health Protection programme will:

- 4A.3 - Develop proposals for Health Board capacity to prepare and respond to health protection threats, enhancing the delivery of Health Board services to protect people in North Wales against existing, new and emerging health protection threats and hazards.

Meeting the ministerial prevention priorities:

- 4A.4 - Our vaccination and immunisation service will implement the National Immunisation Framework (NIF) for Wales locally and continue to provide improved resilience and variation.
- 4A.5 - Refer to section '4P – Diabetes' for the 2025/26 delivery priorities.

Anticipated priorities in 2026/27 and 2027/28

During 26/27 the aim will be to:

- Proceed with further prevention focused projects identified as part of the 25/26 activity.
- Embed learning and population health data across clinical services
- Provide assurance of Health Board prevention focus in priority plans and in-particular, the clinical services plan and health board Strategy, continue to roll out the Integration Vaccination Service.

During 27/28 the focus will be on:

- Embedding a population health approach and the Public Health Team as a core function of the Health Board driving delivery
- Enabling the shift to prevention by establishing the baseline data; monitoring and strengthening the ability to measure impact
- Creating Health Board wide ownership of population health risks and delivery of changes, through the Clinical Services Plan, Strategy and embedding in priority programmes
- Demonstrate the impact of prevention models to support Value Based Health
- Creating greater collaboration with partners and Universities through growing research around non-clinical/integrated models, to provide a coherent and equitable health improvement offer for the population of North Wales.

4B: Primary Care including Clusters

Note that the Ministerial Priority 3 – Building Community Capacity templates (available on request) also relate to this sub objective

Cabinet Secretary Delivery Expectations

Building Community Capacity:

- 100% of GP practices achieving all National Access Standards for In-hours General Medical Services (GMS)

Overview

In the NHS most patient contacts occur in primary care. The Health Board recognise the importance of stable, resilient primary care services to ensure that the residents of North Wales have care at the right time and in the right place, medicalised only when necessary. Primary Care services are delivered through a mixed model of contractor delivered services and direct Health Board delivered services.

Primary care services include GMS, high street and community dental services (GDS and CDS), community pharmacy, including Pharmacy Independent Prescribers (PIPs), and optometry. Audiology is also becoming more integrated with primary care, with the first point of contact and ear wax services being a critical first step. The Health Board has made progress in rolling this service out and in leading concept development and testing as a proof of concept.

The Health Board currently provides directly managed primary medical care services for 106,000 patients across North Wales via 12 practices. A coherent strategy will be developed to determine how these practices will be managed in the future; scoping options including the potential of an integrated function and procurement to GMS. In a similar approach, a review of Health Board managed community dental services will be explored to understand if there are any resilience and innovation opportunities that can support the longer-term direct management of this function.

The Health Board recognises the importance of optimising front-line resource in community and primary care and to maximise the opportunities offered by key policies such as Further Faster. Workforce challenges in primary care have been significant in the post Covid-19 setting, and the Health Board more widely. The Health Board will use opportunities including Value Based Care (1E), Commissioning (2C), Prioritisation (2E), and the emerging 10-year strategy (2A) and Clinical Services Plan (2B) to progress this requirement.

Although most healthcare contacts occur in primary care, there are many hospital-based services that could be effectively delivered in the community. To do this, primary care teams must build on resilience by addressing the current capacity and sustainability challenges. Difficulties in accessing primary care services can lead to individuals using other parts of the healthcare service unnecessarily or living with unmet healthcare needs. As the majority of patient contacts occur in primary care settings, this can have significant impacts. Improving access to primary care will help to reduce avoidable hospital Emergency Department attendances and ambulance use. Continuing to prioritise chronic disease management in primary care will help to minimise hospital outpatient referrals, and when done in collaboration with partners through our locality/cluster teams this will minimise over-medicalisation.

There are 14 clusters in North Wales each with a unique profile from the very rural to some of the most populated urban areas in Wales. Each cluster has a different set of population needs and challenges. Over time clusters have evolved in line with the Primary Care Model for Wales moving beyond a primary focus on supporting General Practices to work together, to instead supporting the needs of their populations through wider collaborative working drawing in other professionals working in primary care, community NHS care and, importantly, other partners including local authority and voluntary sector colleagues. This shift in emphasis recognises the important role that others can play in community health and well-being, and reduces the risk of focusing upon medicalised approaches that could be better delivered in other ways.

Work continues to ensure that clusters are able to maximise their potential impact. In line with the rest of Wales, the Health Board oversees the administration and governance of clusters in its area and during 2024-2025, the Health Board implemented revised governance models and supported clusters to respond to the requirements of the Welsh Government's Strategic Programme for Primary Care (SPPC) to develop and enhance community care to reduce pressure on hospitals. Alongside this, each cluster has worked to strengthen their collaborative partnerships, and implemented priorities identified within each cluster for their local area.



Clusters are an important mechanism through which improved primary care and community services can be provided. They offer the potential to de-medicalise care by drawing upon the expertise of partners within their cluster collaborative, so increasing value and impact. Well embedded clusters have the potential to improve public health, reduce avoidable healthcare demand, and improve the sustainability of primary care and other health and non-health services.

Cluster priorities include a range of interventions that are identified to improve public health outcomes in particular type 2 diabetes. Supporting the work of Further Faster through clusters is intended to reduce pressure upon hospital services. Supporting primary care providers to work collaboratively within their clusters is expected to improve primary care sustainability and resilience.

Continued use of cluster-based care home support services can provide timely assessments that reduce avoidable hospital conveyances and improve outcomes for residents living in their own homes and in care home settings. Further development of 'one stop' models of care could enhance the delivery of care for people with diabetes and chronic conditions.

Delivery priorities in 2025/26

- 4B.1 - Full engagement in the implementation of the national 'Primary Care Model' for Wales and focus on delivering the national Primary Care Programme. This will include development of proposals to complete the rollout of the audiology first point of contact and earwax removal service (see also Diagnostics 4D.c.11)

- 4B.2 - Develop the Primary Care 'same day' offer to provide more equitable access to primary care as alternatives to Emergency Department attendance. This relates to in-hours primary care access and also to the provision of out-of-hours primary care, 111 and Minor Injury Units.
- 4B.3 - A pathways of care approach will be adopted to ensure that primary care professionals have access to the resources they need so that secondary care referrals only occur where they will add value to the patient.
- 4B.4 - A 'Primary Care Academy' approach will support healthcare professionals to develop advanced skills within primary care that allow skill-mix changes and increased workforce stability.
- 4B.5 - Access to primary care dentistry is a key priority and a GDS procurement process will be moved forward alongside consideration of new and innovation ideas to increase patient access.
- 4B.6 - Sustainability support will be reviewed in order to bolster support to contractors that are in difficulty. Where appropriate discussions will be held with national partners.
- 4B.7 - Progress the strategic approach to a mixed model of primary care that supports contractors to remain independent contractors and identifies ways in which directly managed practices can innovate, support independent contractor 'neighbours', test new ways of working, and increase involvement of primary care in research.
- 4B.8 - Implement the new GMS Contract Assurance Framework.
- 4B.9 - Improve Board visibility of primary care performance data.
- 4B.10 - Develop proposals that address areas of poor primary care estate impacting upon care delivery, including the proposals currently progressing in Penygroes, in Conwy West locality, in Bangor, in Denbigh and in Holyhead.
- 4B.11 - Work with Primary Care providers in North Wales to prepare and expand suitable training environments for Medical Students from the North Wales Medical School.
- 4B.12 - Scope and test a model for commissioned community pharmacy services focused on long-term condition management, starting with hypertension. (Linked to 4O.4)

Cluster specific

- 4B.13 - Develop proposals to expand the use of cluster-based Care Home support services that can provide timely assessment to minimise otherwise avoidable hospital conveyances and improve outcomes for Care Home Residents, including support to carers.
- 4B.14 - 'One stop' models of care that enhance the delivery of care for people with diabetes and related conditions will continue to be tested and if successful, expanded.
- 4B.15 - Discussions (internally and with partners) will be progressed to a conclusion as to whether the current 14 cluster footprints are optimal or whether a change of focus to pan-cluster footprints would be preferable
- 4B.16 - Generate a proposal to develop a community collaborative model as an integrated Health and Social Care provision for North Wales, ensuring 'pooled' resources for 7-day provision as a collective through utilising established practices such as Trusted Assessor.

Anticipated priorities in 2026/27 and 2027/28

- Further implement the 5-Year (national) 'Strategic Workforce Plan for Primary Care (2024 – 2029) and the 'Primary Care Model for Wales' and engage fully in the national 'Primary Care Programme.
- Further progress capital estate improvements.
- Further develop Pan Cluster Planning Groups (PCPGs), ensuring a consistent level of maturity across cluster areas in the region.
- Develop a process allowing successful cluster pilots to be considered for core funding.

4C: Community Care

Note that the Ministerial Priority 3 – Building Community Capacity templates (available on request) also relate to this sub objective

Cabinet Secretary Delivery Expectations

Building Community Capacity:

- Increase in capacity at the weekend of community nursing and specialist palliative care nursing to at least the required levels previously set for 2024/25 and greater where possible
- Increase in capacity of Enhanced Community Care to at least the required levels previously set for 2024/25 and greater where possible.

Overview

The Health Board will seek to deliver care closer to home, seeking to improve outcomes through prevention, early intervention and supported self-management. Easier access to care improves user experience and can help to reduce inequity by removing potential barriers to care. The Primary Care Model for Wales supports local delivery through the provision of care around local communities (cluster working) whilst the NHS Wales Decarbonisation Strategic Delivery Plan recognises that the provision of 'non-acute healthcare' will require greater use of technology to enable home monitoring of health conditions and increased use of community outreach by providing health and social care from hub locations closer to home. Hospital based care should be used only when required by more complex or escalating clinical need.

Integrated working with our partners and the on-going maturity of clusters are key enablers in providing more care closer to home. Scoping work has begun to review the provision of enhanced community services in order to identify those pathways that can, through re-design, shift activity into a community setting.

Delivery priorities in 2025/26

Enhanced Community Care

- 4C.1 - Generate options to increase provision of Enhanced Community Care (ECC)
- 4C.2 - Develop a business case for increased ECC outlining options, costs, benefits, risks and possible funding streams
- 4C.3 - Progress business case through Health Board governance to seek support for preferred option.
- 4C.4 - Subject to available funding, undertake any necessary staff consultation, commence recruitment for agreed staffing, implement pathway changes, commence delivery of increased provision for ECC.

Weekend Community Nursing

- 4C.5 - Review options to increase District Nursing provision at the weekend including the nature and level of weekend demand
- 4C.6 - Develop a business case for increased weekend community nursing capacity outlining the options, costs, benefits, risks and possible funding streams.
- 4C.7 - Progress business case through Health Board governance to seek support for preferred option
- 4C.8 - Subject to available funding, successful recruitment and outcome of staff consultation, work to agree implementation plans, commence recruitment and commence increased community nursing for weekends

Weekend Specialist Palliative Care

- 4C.9 - Review opportunities to increase Specialist Palliative care capacity in the East to bring cover up to the same level as other parts of BCU i.e., 2 CNS's on duty at the weekend
- 4C.10 - Seek options to identify and secure funding additional weekend Palliative Care CNS hours
- 4C.11 - Commence recruitment for agreed SPC CNS hours and undertake consultation with existing staff on changing work patterns; subject to available funding,
- 4C.12 - Develop implementation plans to commence increased SPC CNS capacity for weekends and bank holidays; dependent on staff consultation, recruitment and prioritisation of resources,

Anticipated priorities in 2026/27 and 2027/28

- Continued implementation of the service models for the delivery of Enhanced Community Care and increased capacity at the weekend for community nursing and specialist palliative care nursing.

4D: Planned Care, Cancer & Diagnostics

Note that the Ministerial Priority 1 – Timely access to care templates (available on request) also relate to this sub objective

Cabinet Secretary Delivery Expectations

Timely Access to Care:

- No patients waiting more than 104 weeks for referral to treatment.
- 12-month improvement trend in the percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route), building toward a national target of 80% by 31 March 2026.
- Number of patients waiting more than 8 weeks for a specified diagnostic – target zero

Overview

This section brings together the inter-related areas of Planned Care, Cancer and Diagnostics. Whilst they have individual sub-sections below, the work to improve each area contributes to whole list of Cabinet Secretary Delivery Expectations outlined above.

4D.a: Planned Care

Overview

Timely access to planned care and cancer pathways is a fundamental aspect of the Health Board commitment to improving services for the people of North Wales. One key theme from the wide range of feedback gained from people, communities and wider stakeholders is the length of time it takes in accessing care; with the quality of care often being remarked upon as overwhelmingly positive. A significant focus has taken place in 2024/25 and those efforts have seen a marked improvement in the numbers of patients waiting for outpatient appointments, tests and interventions (often surgery) over 2 years. There remain however, high numbers of people who are waiting or will have been waiting over 2 years if no further action for improvement is taken.

Whilst the areas of planned care and cancer pathways are a challenge to many health systems across the UK, the Health Board is a significant outlier in terms of the numbers of people experiencing long delays. In addition, the adoption of different approaches that enable improvement has been slower than required. The establishment of the Planned Care Major

Programme, one of four major change programmes, underlines the commitment the Board has to making significant and rapid improvement in this area.

The national context and the National Planned Care Programme, driving forward a range of developments including Optimisation Framework within the Clinical Implementation Networks, acts as a fundamental resource to help guide the organisations improvements. The wide range of Getting It Right First-Time reviews, particularly focused of high quality, efficient and effective care, give detailed recommendations for improvement. Some of these improvements relate to how the Health Board works, and specifically the core infrastructure and organisational approach to service development and provision, and these fundamental aspects will be developed in conjunction with the Planned Care Programme.

The approach to Planned Care improvements therefore focuses on:

- 1) Good clinical and operational leadership and management of day-to-day delivery of planned care working across the organisation, supported by expertise from a range of functions including performance.
- 2) A programme approach to the major changes, building on GIRFT and Optimisation Frameworks, Value Based Health Care, specifically clinical variation, as part of the Value and Sustainability Programme, enabling a systematic approach to improvement.
- 3) Demand and capacity planning at service level to determine the response the Health Board needs deliver to ensure sustainable and responsive access times for planned care.

Delivery priorities in 2025/26

Workstream 1 – Waiting List Management: Validation

- 4D.a.1 - Develop and implement the next stage of the Validation Approach in the Health Board; focusing on delivering high levels of data quality, updated waiting lists and application of waiting list policies.
- 4D.a.2 - Implement locally the 8 nationally agreed Interventions Not Normally Undertaken (INNU), and the pipeline of INNUs that follow.

Workstream 2 – Referral Advice and Guidance and Referral Triage/Alternative Pathways

- 4D.a.3 - Develop and implement best practice standards (GIRFT/Optimisation Framework) for referral advice and guidance (pre-referral) focusing on high volume, high opportunity specialties as a priority and rolling through other specialties thereafter.
- 4D.a.4 - Assess the opportunities for Referral Triage and Alternative Pathways in high volume specialties as a priority; drawing up and commencing the implementation of service redesign proposals, learning from other organisations
- 4D.a.5 - Implement the Health Pathways (including Pathway Alliance Programme) in priority specialties
- 4D.a.6 - Implement specific specialty 'direct listing', specifically focused on ophthalmology as a priority

Workstream 3 – Booking

- 4D.a.7 - Progress the implementation of the new Booking Service, enabling a consistent approach across the organisation.
- 4D.a.8 - Review and update outpatient clinic templates, incorporating GIRFT/Optimisation Framework standards, across high priority specialties

- 4D.a.9 - Implement a revised DNA/CNA approach, including overbooking mechanisms where DNA/CNA rates are above 5%.

Workstream 4 – Pre-operative and Operative Effectiveness (including theatre utilization)

- 4D.a.10 - Develop and implement the revised model for Pre-Operative Assessment
- 4D.a.11 - Identify specialty by specialty high utilisation opportunities to enable focused and targeted approach to achieve the 85% utilisation threshold.
- 4D.a.12 - Review each specialty to identify opportunities for increased day case, and minor-ops/procedure room (Right Patient, Right Place-type) approach. Implement priority specialty improvements.

Workstream 5 – Follow-Ups

- 4D.a.13 - Undertake a systematic approach to validating, data cleansing all Follow-up lists.
- 4D.a.14 - Implement See on Symptoms (SoS) and Patient Initiated Follow-up (PIFU) on all priority specialties (linked to Optimisation Frameworks/GIRFT)
- 4D.a.15 - Recalibrate capacity from follow-ups to new appointments in priority specialties, following assessment of opportunity

Workstream 6 - Integrated planning for planned care, cancer and diagnostics

- 4D.a.16 - Introduce an enhanced demand and capacity modelling approach that takes into account all aspects of planned care and cancer pathways.
- 4D.a.17 - Implement a programme of in-year commissioned capacity to support 2025/26 delivery
- 4D.a.18 - Develop integrated specialty plans for 2026/27 based on the progress made across specialties in 2025, to include workforce, finance, commissioning aspects.

Anticipated priorities in 2026/27 and 2027/28

- Develop services in line with the 10-Year Strategy and full Clinical Services Plan once available to contribute to the delivery of a sustainable model of care for the long-term.
- Implement a modernised workforce model as part of the solution to addressing historic recruitment challenges and as part of the delivery of the Clinical Services Plan.
- Leverage the benefits of newly available resources as a result of productivity, efficiency and utilisation improvements in 2025/26 to develop prevention, early intervention, primary and community care services closer to home.

4D.b: Cancer

Overview

Almost 5,000 people in North Wales are diagnosed with cancer each year which represents an increase of 20% over the last 20 years. Cancer incidence is expected to continue to rise due to the ageing population in the region. This is supported by the findings of the Wales Chief Scientific Adviser for Health “NHS in 10+ years” report.

Over half of cancers are diagnosed following a primary care suspected cancer referral, with over 40,000 such referrals per year. This number has increased year on year in line with guidance and best practice with the aim being to increase early diagnosis rates. The remainder arise following non-cancer referrals (~30%), as part of a screening programme (8%) or following an emergency admission (7%).

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

Cancer care is complex and requires multi-disciplinary input involving a wide range of healthcare professionals and services. New diagnostic and treatment options are improving survival rates and turning cancer into a chronic disease for many. The Roadmap for Cancer Services recognises the need to plan for the continuing introduction of new diagnostic techniques, surgical techniques and oncological regimens all of which will require an increase in workforce and support services to meet the needs of our cancer patients.

Cancer is a leading cause of morbidity and mortality worldwide and is the leading cause of premature death in North Wales. Improving cancer outcomes is therefore a key priority for the Health Board. The Health Board has prioritised improving referral to treatment times by addressing those areas of cancer care that remain challenging across primary and secondary care and in cancer diagnostics. Recruitment and retention of specialist staff has presented difficulties in recent years but there have been recent improvements which will now be embedded. There are opportunities to improve the experience of patients with certain cancers where treatment is currently being provided outside of North Wales.

The Health Board's Cancer Programme is aligned to the Welsh Government's national Planned Care and Cancer programmes. The Health Board continues work to implement the 'Roadmap for Cancer Services in North Wales', initially developed by the North Wales Cancer Partnership Board in 2023/24. The priorities for implementation detailed in the Roadmap include prevention; early detection and diagnosis; timely and effective treatment and support enable self-directed aftercare. Work to develop implementation plans by tumour site is underway e.g., the Breast Cancer Strategic Work Plan.

Delivery priorities in 2025/26

- 4D.b.1 - Recovery of the Health Boards cancer position and improved performance against the Suspected Cancer Pathway referral to treatment target, aiming to achieve 80% of cancer patients treated within 62 days of suspicion of cancer by March 2026.
- 4D.b.2 - Clearance of the over 62-day waits is a priority across all pathways. The Health Board will need to factor in the backlog clearance over the first 6 months towards delivering the 80% treated within 62 days standard by March 2026.
- 4D.b.3 - Commission of additional external resource in endoscopy and dermatology whilst seeking to develop and recruit to more sustainable models of care to meet the needs of our population across north Wales.
- 4D.b. 4 - Work to improve referral pathways with the introduction of the Community Health Pathways tool.
- 4D.b.5 - Introduction of nurse led triage model for patients with suspected colorectal cancer to increase the number of patients referred straight to test and reduce overall waiting times.
- 4D.b.6 - Optimise the agreed teledermoscopy service and develop the evidence case to expand.
- 4D.b.7 - Investigate the case for new models for the assessment of women with post-menopausal bleeding to reduce time to diagnosis of gynaecological cancers.
- 4D.b.8 - Develop a proposal for the expansion of robotic assisted cancer surgery.
- 4D.b.9 – Consider a proposal to repatriate some services from England to north Wales; e.g., some plastic surgery and specialist radiotherapy procedures.
- 4D.b.10 - Work with the charity Maggie's and the Steve Morgan Foundation to open a new Maggie's Cancer Support Centre in the grounds of Ysbyty Glan Clwyd in 2025.

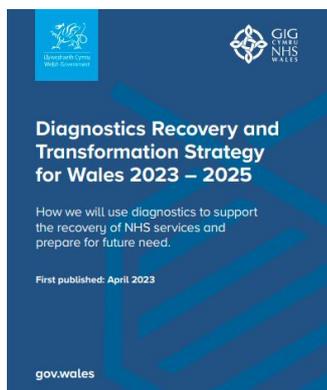
Anticipated priorities in 2026/27 and 2027/28

- Build on the improvements to cancer services planned in 2025/26 which will involve focusing on implementing sustainable models of care in dermatology and endoscopy to reduce the reliance on external support.
- Optimise patient pathways taking advantage of opportunities to increase straight to test and one stop diagnostic models where possible.
- By 2027/28 the Health Board aims to repatriate our urology cancer service to North Wales.

4D.c: Diagnostics

Overview

Effective and timely diagnostic services play a critical role in many care pathways in both Planned and Urgent and Emergency Care, including in Primary Care. Demand for diagnostic service procedures continued to grow in 2024/25, with increased waiting times despite delivering record levels of activity. This growth is expected to increase further across all diagnostic services in response to developments in cancer treatments, planned care recovery, unscheduled care and increasingly long-term conditions. Technological developments such as Artificial Intelligence (AI), and growth of genomic medicine require greater consideration within the strategic planning in diagnostics for the next 10 years. Hence increased capacity is a pre-requisite for 2025-26 to reverse the trend and meet the expectations of patients.



The Health Board will follow the Welsh Government's 'Diagnostics Recovery & Transformation Strategy 2023-2025' nine themes of focus as a guide in support of this aim.

The Health Board has a diagnostics plan, split by three main themes across the 2025-28 reference period (service delivery, service transformation, and service governance), with SMART objectives for 2025-26.

Diagnostic testing is fundamental to almost all clinical pathways, including cancer. Sufficient capacity is critical to maintain waiting times within national targets. Across radiology and endoscopy, insourcing levels in 2024-25 provided significant additional activity but were insufficient to maintain waiting times throughout the year. Further additional insourcing in capacity is required in radiology to manage the backlog and expected growth in demand, and a full year of insourcing support for endoscopy is required to make inroads into the routine waiting list backlog. Physiological measurement services e.g., cardiology, neurophysiology and urology diagnostics also require additional insourcing capacity in 2025-26 to start to address persistent 8-week waiting list backlogs.

Digital

Delivery priorities in 2025/26

- 4D.c.1 - Complete demand and capacity reviews for all diagnostic services, with implementation of identified improvement plans to deliver sustainable services and to deliver against forecast trajectory targets for reportable diagnostic services

- 4D.c.2 - Ensure service delivery is equitable and high-quality experience for patients
- 4D.c.3 - Undertake a rapid review of workforce capacity and skill mix to inform recruitment and retention strategy
- 4D.c.4 - Deliver the major national information technology projects currently underway in Radiology and Pathology; subject to available resource prioritisation.
- 4D.c.5 - Progress the development of the medical illustration service to support the teledermoscopy service.
- 4D.c.6 - Complete estates reviews for all diagnostic services, with prioritisation and progression of identified improvement projects
- 4D.c.7 - Progress the Regional Diagnostics Hub project within the Planned Care Programme
- 4D.c.8 - Progress Endoscopy, Nuclear Medicine/PET-CT and Digital Cellular Pathology business cases.
- 4D.c.9 - Maintain capacity for a workstream to focus on transformational change, including AI.
- 4D.c.10 - Integrate diagnostics quality assurance approaches with the Health Board QMS.
- 4D.c.11 - This will include development of proposals to complete the rollout of the audiology first point of contact and earwax removal service (see also Primary Care 4B.1)

Anticipated priorities in 2026/27 and 2027/28

- Completion of priorities above, many of which are multi-year projects of work, with significant evidence/examples of progress and positive key performance indicator trends confirming progress towards sustainability.

4E: Urgent & Emergency Care

Note that the Ministerial Priority 1 – Timely access to care templates (available on request) also relate to this sub objective

Cabinet Secretary Delivery Expectations

Timely Access to Care:

- Reduce the number of ambulance patient handovers over 1 hour – national target - zero
- Reduce the number of patients who spend 12 hours or more in all major and minor emergency care facilities from arrival until admission, transfer or discharge compared to the same month the previous year, building towards the national target of zero

Building Community Capacity:

- Deliver a 12-month reduction trend in the number of people who are delayed in hospital as measured by the Delayed Pathways of Care dashboard.

Overview

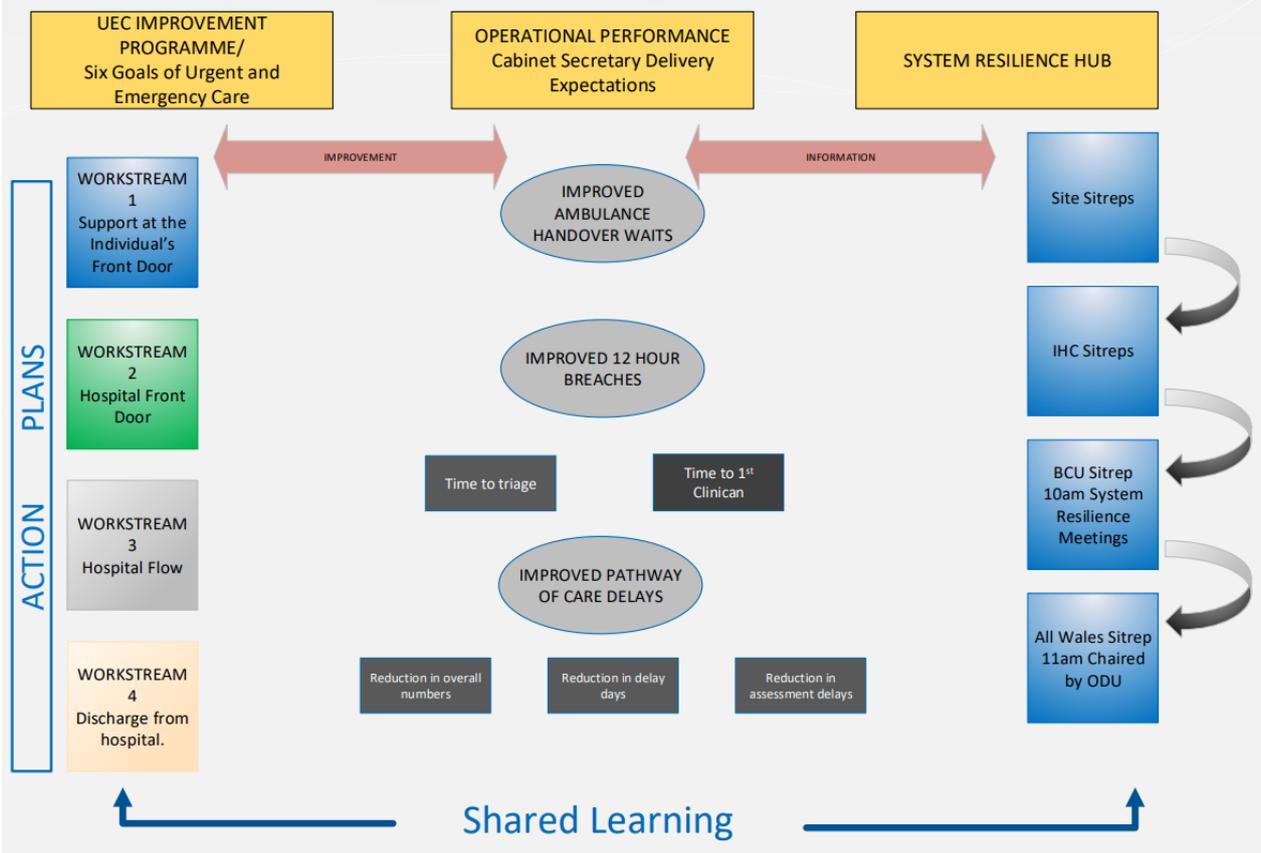
Urgent and Emergency Care (UEC) services perform a critical role in supporting the population of North Wales to remain independent and well. Mounting pressures in UEC are making it increasingly difficult to manage demand in a timely, effective and safe way, leading to poor patient experience. This can have a knock-on impact on planned care services, with elective and day case areas used to accommodate emergency care admissions especially out of hours.

There are significant and long-standing performance challenges across UEC services which are reflected in the key national targets set out above. It is clear from all the local and national analysis that the main issues are predominantly not within the Emergency Department itself but are whole system issues across the patient journey; including support in the community to stay well at home.

The whole system approach requires a strong partnership collaboration across health (including the Welsh Ambulance Service Trust – WAST), Local Authorities and the Voluntary Sector. Whilst the system needs to look at prevention focused care pathways for out of hospital provision to manage emergency demand better, the two high impact areas remain lack of hospital flow (including early identification of support that may be required on discharge) and timely discharges to the community. Whilst there is a need to gain pace with the whole system solutions, there are interventions that also need to be undertaken within the Health Board’s control, both with Health Board processes and broader service availability. This plan focuses on both elements.

The Health Board’s Urgent and Emergency Care Improvement programme is structured across four workstreams to support the delivery of the national 6 Goals Programme aims, the 50-day challenge and delivery of enhanced community care across the North Wales region to facilitate the improvement across the patient journey;

This forms one of the organisation’s Major Change Programmes, ensuring that it maximises the work’s profile and receives the necessary oversight and support. The aim of the programme is to develop an urgent and emergency care service that supports people to access the right care, in the right place, at the right time and as close to home as possible.



This plan is focused on driving whole system change, which will benefit all the metrics listed in the diagram above, both Cabinet Secretary Delivery Expectations and other supporting metrics. Given the long-standing performance issues in this area and the cross-partner nature of a number of the key solutions, it is anticipated that whilst all three of the Cabinet Secretary Delivery Expectations will see improvements in year one and targets be met over the three-year period of

this plan, it will not be realistic to forecast achieving and maintaining zero 1-hour ambulance handover times in 2025/26.

The Health Board continues to remain extremely challenged with significant pressure at the front door of the acute sites and a high number of patients in inpatient wards with pathways of care delays across the acute and community hospitals. Whilst the number of patients arriving at Emergency Departments by ambulance has been lower during 2024/25 than the previous year, the total attendances in the emergency departments remains high. 2024/25 performance measures have shown some improvement but significant challenges remain in achieving the standards that are aspired to and to mitigate against patient harm whilst waiting.

Delivery priorities in 2025/26

Workstream 1 - Support at the Individual's Front Door

- 4E.1 - Implementation of the [remote clinical assessment services framework](#) - Implement a 'Single Point of Access' (SPOA) hub for urgent and emergency care that simplifies access to services by offering clinicians advice and guidance to support onward referral, ensuring patients get the right care for their needs quickly and safely, to improve patient outcomes regardless of where they present. The work will include assessing the current pathways, their effectiveness, consistency of usage and implementing alternative pathways that both reduce attendance at ED and provide suitable alternative to admission for ED clinicians to access when patients do present in an emergency. This will include trialing appointments in areas such as Ophthalmology, SDEC, Urgent Primary Care Centre's and Dental.
- 4E.2 - Implement [Community Based Falls Response Services](#) to enhance outcomes and experience for those who fall by improving initial response times, reducing the risk of long lies and ensuring service users access community falls pathways when appropriate. This Community Service will be both a stakeholder of the SPOA hub as well as a pathway out of it. Both of these interventions will ensure that high risk patient groups (such as falls and breathlessness that make large contributions to the demand on ED) are supported in the most effective way.
- 4E.3 - Ensure implementation of [Primary Care Model](#), including delivery of national Primary Care Programme, and development of Primary Care Same Day Offer (4B.1 & 4B.2) is fully integrated into this workstream and delivers expected outcomes in terms of attendance at Secondary Care.

Workstream 2 – Hospital Front Door

- 4E.4 - Implement an [Acute Front Door Frailty Service](#) at all acute hospitals – integrated with community frailty services - that ensures that older people with frailty dependent on prioritisation of available resources are streamed to the most appropriate services within the hospital when required as quickly as possible and, where possible, discharged home on the same day. This will include an evaluation of the different approaches to acute front door frailty services in place inside and outside the Health Board.
- 4E.5 - Implement the Welsh Health Circular - [Ambulance Patient Handover Guidance](#) to ensure timely transfer of patients from ambulance crews to emergency department staff.

Workstream 3 – Hospital Flow

- 4E.6 - Implement actions described in the [Optimal Hospital Flow Framework](#) to ensure people who possess a clinical need for admission to hospital are discharged home when clinically ready, with the right support and without delay. This will support a reduction in deconditioning, and the early identification within the first 24hrs of admission and communication of any support requirements on discharge which should support a reduction in pathways of care delays once embedded across both acute and community inpatient areas. This will be supported initially by two Optimal Hospital Flow Facilitators who will create and roll out training resources – a national initiative that is being tested in BCU to assess its impact. This work on reducing pathway delays is critical to removing surge capacity from routine use.

Workstream 4 – Discharge from Hospital

- 4E.7 - Introduce actions to improve [pathways of care delays](#) and discharge planning through: a) a single North Wales approach to validation of delays to support more effective reviews with Local Authorities, b) increasing the number of assessments undertaken by 'trusted assessors' including ensuring assessment takes place the right environment, reducing the dependency on contended social care resource, and reducing assessment delays, c) exploring options in relation to right sizing of both step up and step down community capacity, subject to the prioritisation of available resources.

All of the areas above will be further supported through maintaining the actions with the 50 Day Challenge, working with partners across the region.

Anticipated priorities in 2026/27 and 2027/28

- As part of the broader Clinical Services Planning work, further develop the integrated whole system approach by moving beyond refining the existing services to creating services that are based on population need. A major element of this will be enhancing community health care provision and working with Primary Care, Local Authority and Third Sector partners to ensure wrap around services delivered as close to the individual's front door as possible.
- This will be accompanied by public engagement on the new pathways of care, as well as increasing the prominence of prevention within urgent and emergency care.

4F: Adult Mental Health & Learning Disability

Note that the Ministerial Priority 4 –Mental Health templates (available on request) also relate to this sub objective

Cabinet Secretary Delivery Expectations

Mental Health Access:

- 80% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral
- 80% of therapeutic interventions started within (up to and including) 28 days following an assessment by the Local Primary Mental Health Support Service (LPMHSS)

Overview

BCUHB's Mental Health and Learning Disabilities (MHL) Division provide and commission a broad and complex range of inpatient and community treatment, support and advice services to citizens aged 18 and over across North Wales and to some citizens of north Powys. 1 in 4 adults experience mental health problems at some point during their lifetime therefore, provision of quality Mental Health and Learning disabilities services is essential for the overall health and well-being of our Population.

MHL services have expanded to include the delivery of the NHS Wales 111 press 2 services providing all age Mental Health support 24/7, 365 days of the year. The division also hosts the national helplines for Wales; Community Advice & Listening Line (CALL), Dementia Helpline and Drug and alcohol Network (DAN).



BCU's Mental Health and Learning Disabilities services have undergone considerable scrutiny through independent reviews and Royal College inspections and the opportunity for objective review of BCU's services is welcomed. Improvements have been made to the quality, range and availability of services including the environment within which they are delivered and the knowledge and skills of the staff within them. The Health Board recognises there is more work required to further develop and sustain progress, with particular focus on community services and systems working with key partners. It has also been acknowledged that there is a need for closer engagement with families and carers which includes involvement as part of an expert advisory group. Improvements will continue, building increased opportunities for lived experience to shape the service achieving consistently high outcomes.

Delivery priorities in 2025/26

- 4F.1 - Work with the NHS Executive to deliver the emerging Mental Health strategic improvement programme including patient centred safety, crisis care and access to community services.
- 4F.2 - Continue to improve quality and safety of care, including full delivery of the Royal College of Psychiatry (RCPsych) Mental Health Invited Service Review.
- 4F.3 - Continue to improve access to and reduce waiting times for North Wales citizens needing support from Community Mental Health Service.
- 4F.4 - Develop a coherent overarching model for the delivery of care to people experiencing mental health crisis.
- 4F.5 (2D.5) - Deliver phase 1 of the Mental Health Electronic Healthcare Record (EHR) programme as a developing template for the wider transformation above.
- 4F.6 - Deliver progress across specialist service improvement projects, including Perinatal and Eating Disorder services.
- 4F.7 - Deliver, with Capital Estates colleagues the 2025/2026 programme for Anti-Ligature estates work.
- 4F.8 - (Contribute to 2B.5, with focus on iCAN, Parabl (Talking Therapies) and Community Advocacy Service) 2B.5 Conduct a 3rd Sector review, undertaking a review of unit price and contract currencies within contracts and complete an exercise to ensure that the standard and consistency of commissioned documents and processes meets expected standards.

Anticipated priorities in 2026/27 and 2027/28

- Accreditation of BCU Perinatal Mental Health service in line with Royal College of Psychiatry (RCPsych) standards.
- Agree models of care for Learning Disability Inpatient, Community and ECRS services.
- Accreditation of North Wales Eating Disorders service in line with RCPsych standards.
- Delivery of the Trauma Informed Approach Framework across Forensic and Rehabilitation Services.
- Work to increase access to Psychological Therapies.
- Development of support for the individuals impacted by Alcohol Related Brain Damage (ARBD).
- Continue implementation of EHR system across all age MHL D services
- Continue with delivery of third sector contract review and recommissioning prioritisation and ensure the services we commission effectively meet need and provide the highest level of quality care aligning to our core service offer.
- Work with Welsh Government and Health Board colleagues to review the scope and purpose of the Ablett redevelopment scheme.

4G: CAMHS

Note that the Ministerial Priority 4 – Mental Health templates (available on request) also relate to this sub objective

Cabinet Secretary Delivery Expectations

Mental Health Access:

- 80% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral
- 80% of therapeutic interventions started within (up to and including) 28 days following an assessment by the Local Primary Mental Health Support Service (LPMHSS)

Overview

Child and Adolescent Mental Health Services (CAMHS) provide essential assessment, care and treatment of children and young people and their families/carers, who are experiencing serious mental health problems and are delivered by multi-disciplinary teams, including psychiatrists, psychologists, nurses, social workers, youth workers, child and adolescent practitioners, psychological therapists, allied health professionals and others. They also have an important role in supporting the mental health capability of the wider network of children's services across partner agencies.

As part of a whole systems approach, there will be continued close working with partners via the Children's RPB to ensure that children and young people receive a multi-disciplinary response which wraps around their needs. This approach will reduce potential duplication across the wider services in health and social care, provide shared learning and ensure there is an understanding of inter-dependencies between services.

The successful delivery of CAMHS service transformation and improvement will require strong partnership working across all statutory and voluntary services, all working in collaboration and co-production with those who access services.

All CAMHS service improvement planning is aligned to the expectations of the National Strategic Mental Health Programme to deliver better and more equitable outcomes, access and experience and to design the optimum CAMHS high value pathways from community to inpatient care. Implementing these objectives will enhance safety and outcomes for children, young people, and families by uniting CAMHS professionals and multi-agency partners to collaboratively design and improve services in North Wales, guided by their voices to ensure better access, effectiveness, and quality. Our plans will enable children and young people in North Wales to have timely access to the right service, specialist or universal, and to help them develop strength and resilience and protect their mental health.

Delivery priorities in 2025/26

- 4G.1 - Develop a CAMHS Strategic Workforce Plan and refreshed Training Strategy which will be informed by the Training Needs Analysis undertaken across CAMHS.
- 4G.2 - Sustain Mental Health Measure Part 1a compliance against target for assessment and deliver the Part 1b target for intervention across all teams
- 4G.3 - Incorporate learning through sharing best practice across Wales for a sustainable service provision as the service eliminates long waits.

- 4G.4 - Develop proposals for Alternatives to Admission with our partners to ensure holistic provision of CAMHS is accessible for all children and young people including those young people who have chaotic lives with no access to safe accommodation.
- 4G.5 - Evaluate the implementation of Schools In Reach into core CAMHS offer within IHCs to provide sustainable whole school approach to emotional health and well - being at the most accessible and consistent environment in young people's lives within all schools across North Wales.

Anticipated priorities in 2026/27 and 2027/28

- We will refresh the CAMHS Transformation and Improvement plan in line with the National Strategic Mental Health Programme & Ministerial priorities and develop a forward three-year plan for 2026 - 2029.
- We will maintain delivery of the Mental Health Measure targets.
- We will continue to develop opportunities to provide early intervention and prevention through Early Help offers and Crisis and Unscheduled Care by delivering training and consultation to partners and trusted adults.
- We will seek to ensure that there is no unwarranted variation across our service delivery in North Wales.

4H: Neurodevelopment

Overview

The Neurodevelopment (ND) service provides assessments for children and young people for Autism Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD). Assessments include multiple components and are conducted both remotely and face-to-face by multi-disciplinary teams including medical staff, Psychologists, ND Practitioners and allied health professionals. There are significant waiting times for an assessment across the teams, with current waiting lists greater than 6,500. Support for children and young people whilst on the waiting list and post-diagnosis relies on a whole-system approach working closely with partners across education and social services supported by the Children's Regional Partnership Board (RPB). To address the current service pressures, a new service model is required to be developed with partners, this has been identified as the main priority for the Children's RPB to facilitate in 2025/26. The successful delivery of the new model and addressing the current service pressures will be wholly dependent on a strong partnership approach and continuation on the ND Improvement programme aligned to the national Programme.

Some children and young people are waiting more than four years for an ND assessment, the delay in receiving a diagnosis may mean they miss out on vital support affecting their education and personal development which could permanently affect their life course. The long waiting times in the service further impacts the demand for other services including CAMHS as children's mental health is harmed. Disadvantaged children are disproportionately impacted as their families do not have the option of accessing private assessments and support. The significantly long waits also impact on colleagues in the ND teams due to increased complaints and queries resulting in low morale. Support is required to develop a needs-led system of support and transition from the current diagnosis led model.

Delivery priorities in 2025/26

- 4H.1 - Complete the Waiting List stratification exercise and consider prioritisation criteria.
- 4H.2 - Launch a prudent assessment process across the teams.
- 4H.3 - Incorporate learning through sharing best practice across Wales for a sustainable service provision as the service eliminates long waits.
- 4H.4 - Gain approval for an Information Sharing Protocol with partners.
- 4H.5 - Engage fully with the Children's RPB to develop a needs-led service model.

Anticipated priorities in 2026/27 and 2027/28

- Address remaining waiting list
- Roll-out with partners of new service model

4I: Dementia Services

Overview

Care of people living with dementia is complex and requires highly skilled and knowledgeable staff working alongside a range of partners. People who may have dementia need prompt assessment so that if dementia is confirmed, care and support can be tailored to meet their needs. Whether hospitalised or not, patients with dementia use all our adult services and require person centred care to support and progress them through their care journey. The Health Board needs to make best use of resources such as bed utilisation and Emergency Department provision and excellent dementia care can support with this.

It is widely recognised that patients with dementia typically occupy a quarter of hospital beds. Whilst dementia is not the presenting condition or reason for admission, it can significantly add to the caring challenge in numerous ways. Patients with dementia respond to their condition, other long-term conditions, their presenting need such as delirium and their environment. Urgent and emergency care environments can be especially challenging to a person with dementia whilst slower paced environments e.g., community hospitals, present different challenges including orientation, navigation, risk management and meaningful occupation. One size does not fit all and if dementia care is not sufficiently good, it will significantly and negatively affect patient and family experience, length of stay and health outcomes. Furthermore, inadequate care can prompt a move to a new care setting such as a care home rather than home to the patient's previous place of residence.

Although dementia is a progressive condition that cannot be prevented, there is much that can be done to address factors that are known to increase the likelihood of dementia developing and help reduce progression of the condition. Globally there is a shared ambition to help those living with dementia to 'live as well as possible' rather than 'live well' with their dementia. It is widely recognised that family carers/unpaid carers of those living with dementia have their own needs for knowledge, support and respite and navigate a range of challenges presented by their caring role including financial impact, employment pressures and poor health.

To deliver on several all-Wales dementia policy and guidance documents, a robust NW regional partnership approach is well-established and effective at driving a significant programme of improvement. The Health Board is a key partner in this work. This programme includes services

and initiatives to improve diagnosis rates and support people through the diagnostic pathway, through to living better with the condition and end of life care.

The number of people expected to have dementia has been increasing in the UK far faster than previously predicted. Recent figures suggest there are an estimated 982,000 people living with dementia in the UK and this is projected to rise to 1.4 million in 2040.

There is a pressing need to strengthen arrangements to meet the needs of patients with dementia and their families across the Health Board. Historically dementia care standards have at times been below what they needed to be for good care. Therefore, significant attention has been given to understanding current practices and pathways of dementia care and seeking to reduce variation in practices. The situation has been compounded by dementia being traditionally viewed by many as specific to MHL, whereas dementia patients use all our services. Funding models have not always been set up to reflect that 'dementia is everyone's business', and non-MHL dementia services were less recognised in the Health Board's Operating Model.

The Health Board's Consultant Nurse for Dementia working with a small Dementia Improvement Team has identified the need for improvement and has either addressed these or agreed plans to address these. For example, the need for dementia training has been escalated as a risk and is successfully being mitigated. Focusing on the priorities of education and memory assessment in 2024-5, has helped excellent progress to be made in delivering on Welsh Government requirements including policy, national guidance and guidance from professional bodies. For example:

- Good Work Learning & Development Framework for Dementia
- All Wales Dementia Action Plan 2018-22
- Wales Dementia Standards
- NICE Dementia Guidance 2019
- Dementia Friendly Hospital Charter 2022
- Memory Services National Accreditation Programme MSNAP

Further drivers are internal BCUHB requirements including policies, targets, accreditation findings etc, melded with dementia care staff's professional judgement of the needs of the clinical workforce, plus identifying and implementing the learning from complaints, inquiries, reviews, data insights gathering etc.

Through the Dementia Improvement Team and wide representation from multi-disciplinary teams across the Health Board, BCUHB's needs are largely being met by the comprehensive improvement plans agreed in the Health Board and with regional partnership input. Continual investment is required to keep on track in meeting the needs of patients and families whilst some further investment is needed to maintain and further enhance some activity (e.g. dementia training) to ensure a workforce that is fit for purpose. This is essential in view of the much higher numbers of people expected to have dementia by 2040 and the inevitable impact on services.

In terms of value-added and return on investment, aspects of these improvement activities have also helped support wider Health Board aspirations around co-production, deconditioning

prevention, workforce (retention, CPD), engagement, patient experience, falls, pressure ulcer prevention, person-centred care/personalised care planning, embedding of learning etc.

As significant users of Urgent and Emergency care, Planned care, care home places and other services and resources, people with dementia are “super-users” and getting care right for this population will have tangible benefits on utilisation of Health Board (and community) resources.

Delivery priorities in 2025/26

ED experience:

- 4I.1 - Embed ED dementia improvement work in IHCs
- 4I.2 - Identify good practices elsewhere
- 4I.3 - Identify current BCUHB ED practices

Education & training:

- 4I.4 - Enhance range and volume of dementia education and training
- 4I.5 - Evaluate training

Dementia-appropriate Environments:

- 4I.6 - Facilitate extensive assessment of environments
- 4I.7 - Local action plan development and monitoring
- 4I.8 - Allocation of improvement resources

Prevention:

- 4I.9 - Creation/collate/share prevention resources
- 4I.10 - Identify opportunities to promote prevention
- 4I.11 - Collaborate with related specialties e.g., stroke

Anticipated priorities in 2026/27 and 2027/28

In 2026/27:

- Education and ED initiatives will need continue (as large improvement programmes) whilst environment improvements will need to be assessed to identify if they have sustained.
- Additional potential focus will be on end-of-life care and cultural competence/equality and diversity.
- Progression of dementia pathway redesign work and its launch, focused on ED/emergency care of dementia
- Assessment/reinforcement of improvements by participation in the annual National Audit for Dementia which recommences in 2026

In 2027/28:

- Maintain and further develop Education and ED practice improvements
- Focus on embedding of dementia care pathway
- Respond to 2026 National Audit for Dementia findings

4J: Challenged Services

Note that the Ministerial Priority 1 – Timely access to care templates (available on request) also relate to this sub objective

Cabinet Secretary Delivery Expectations

Timely Access to Care:

- No patients waiting more than 104 weeks for referral to treatment.
- 12-month improvement trend in the percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route), building toward a national target of 80% by 31 March 2026.
- Number of patients waiting more than 8 weeks for a specified diagnostic – target zero

Overview

The Health Board currently has a number of clinical services where maintaining a reliable and consistent service is challenging, namely: Urology, Vascular, Ophthalmology, Dermatology, Plastic Surgery, Oncology, and Orthodontics. A number of these services are struggling to resolve their backlog of planned care activity, as well as having an impact on diagnostics and cancer access performance. This section focuses on the common themes across these services – individual more detailed service plans have also been created.

These challenged services are at the centre of some of the Health Board’s key performance issues – particularly long waits in Planned Care, Diagnostics and Cancer. Whilst some of the issues can be resolved in the short term, many are dependent on more holistic clinical services planning that will inform how services can be configured longer term to ensure they are sustainable.

The sub-sections below examine each ‘challenged service’ in turn, but the common themes are:

- **Workforce:** Implement strategic and operational Workforce Planning to systematically analyse, forecast, and plan workforce capacity and demand aligned to available resources. Identify critical gaps and develop targeted recruitment, retention, and workforce development strategies, including the utilisation of alternative and emergent roles, to ensure the organisation maintains a highly skilled, flexible, and appropriately staffed workforce. This approach supports the achievement of strategic objectives and the delivery of high-quality, patient-centred care.
- **Quality / standard / practice / configuration:** Implement Getting It Right First Time (GIRFT) standards and recommendations, Royal College and National Programme best practice recommendations, Ministerial Advisory Group (MAG) recommendations, using them to inform the initial phase of clinical services planning work for these services which will also draw on QMS assessments.
- **Additional capacity:** Continue to make the best use of additional funding to address areas of greatest challenge and bring the backlogs and longest waits down. Ensuring that services have a clear line of sight to sustainability over the longer term.
- **Patient Experience:** Act based on the insights gathered, delivering patient experience improvements such as delivering care closer to home where feasible – particularly for outsourced contracts.

4J.a: Challenged Services: Urology

Overview

The Urology service is a network service within BCUHB with each Integrated Health Community (IHC) managing its own Urology team, inclusive of its on-call arrangements. Variation across BCUHB exists in workforce staffing, treatment options, and access to urological diagnostic services. Performance against the Suspected Cancer Pathway standards is below the national target, and the majority of urological cancer treatments are outsourced to tertiary centres across the UK. A single provider has now been approved for outsourcing, supporting a better patient experience.

Delivery priorities in 2025/26

Workforce:

- 4L.a.1: In-depth review to scope out non-medical workforce opportunities, ensuring their contribution to service delivery is maximized. Close remaining clinical and managerial lead role gaps where funded and supported by effective IHC leadership currently in post.

Quality / standard / practice / configuration:

- 4J.a.2: Establish a sustainable on-call model within the available resources through a review of the current on call arrangements on a regional level, providing a resilient unscheduled care service to patients.
- 4J.a.3: Develop plans to deliver specialist services at a regional aligned to the GIRFT and Royal College of Surgeons recommendations following stakeholder engagement and consultation if required
- 4J.a.4 Improve patient outcomes, deliver increased service efficiencies, and reduced waiting times.
- 4J.a.5: Deliver equitable access to Interventional Radiology across the Health Board, including out of hours services (where appropriate). This will reduce the need for staff and patient travel as well as increasing the available treatment options.
- 4J.a.6: Develop a long-term plan around robotic assisted urology surgery for the patients of North Wales, which will also benefit recruitment and retention of staff in addition to building a futureproof service model.

Additional capacity:

- 4J.a.7: Improve the pre-investigation of patients via Straight To Test (STT) pathways with a focus on suspected cancer pathways. Ensuring nurse-led approaches are optimised to create consultant capacity where able.
- 4J.a.8: Monitor Did Not Attend (DNA) and Could Not Attend (CNA) rates and implement mechanisms to mitigate reduced activity when the combined rate is greater than 5%, minimising the loss of clinical capacity.
- 4J.a.9: Maximise day case and outpatient urology procedures, converting from inpatient where appropriate, to support improved in-patient average length of stay.
- 4J.a.10: Review Multi-Disciplinary Team (MDT) utilisation: complex regional MDT and local MDT with a view to reducing duplication and recovering lost clinical capacity.

Patient Experience:

- 4J.a.11: Utilise patient experience data to inform service delivery through care closer to home, commissioning of major surgery, and timelier access to diagnostics and treatment.

Anticipated priorities in 2026/27 and 2027/28

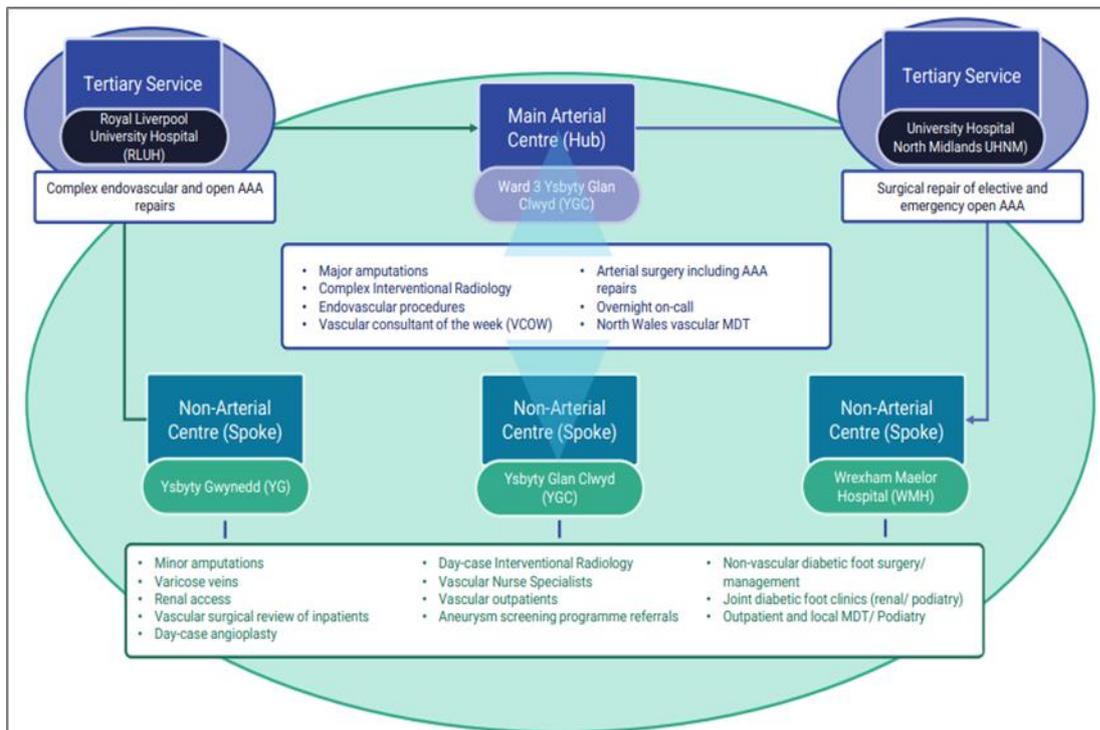
- Building upon the initial phase of clinical services planning in 2025/26 and working within the framework set within the Health Board's new 10-Year Strategy, 2026-28 will focus on clinical services planning at a regional level in addition to working through the more complex service configuration issues.
- Delivery of sustainable model for regional service delivery including on-call arrangements, as well as delivering specialist services.

4J.b: Challenged Services: Vascular

Overview

The Vascular service is a network service across BCUHB which operates a 'hub and spoke' model whereby access to the service is via the patient's local acute hospital, where they can access vascular specialists and receive outpatient care and imaging as well as undergo minor procedures (spoke). Both in-patient care requiring a vascular MDT and emergency care are delivered from the Major Arterial Centre (hub) at Ysbyty Glan Clwyd.

Vascular Society guidance indicates that units should perform 40 open elective Abdominal Aortic Aneurysm (AAA) repairs over a 2-year period. BCUHB activity has consistently fallen far below that recommendation for the last 5 years, which has meant that surgeons have not been able to maintain sufficient competencies. In order to maintain a safe service for low-volume, complex arterial procedures, the service is currently working jointly with neighbouring territory centres, the Royal Liverpool University Hospital (RLUH) and the University Hospital of the North Midlands (UHNM), for the provision of complex AAA repairs, and non-complex elective and emergency open AAA repairs, respectively.



Delivery priorities in 2025/26

Workforce:

- 4J.b.1: Agree sustainable workforce model that:
 - ensures patients are seen by the most appropriate professional for their needs, therefore increasing capacity and ensuring consultants are freed up to support the most complex cases.
 - ensure that all staff are supported to work to the top of their competencies, through active training and learning.
- Develop network-wide job plans to ensure the workforce is deployed where demand is greatest.
- 4J.b.2: Develop integrated workforce plan to address recruitment and retention challenges within the service and support implementation of a positive working culture, which fosters inclusion and respect across all staffing levels.

Quality / standard / practice / configuration:

- 4J.b.3: Establish a sustainable medium-to-long-term model for AAA services within the available resources that ensures optimal patient outcomes.
- 4J.b.4: Commence work on implementing the revised patient-centric transfer, discharge and repatriation pathways and protocols to improve patient experience, reduce re-admissions and/ or 'failed discharges; and ensure appropriate follow-up arrangements are in place once patients are back in the community.
- 4J.b.5: Progress the quality improvement plan aligned to Health Board's QMS system to ensure that quality improvement underpins all that the service does, including clearly documenting leadership structures, escalation processes, including processes for managing risk.

Additional capacity:

- 4J.b.6: Establish an improvement programme for Chronic Limb threatening Treatment Ischemia with the aim of increasing the numbers of people being re-vascularised within five days of admission.

Technology:

- 4J.b.7: Develop proposal for a patient information system that will enable tracking of vascular patients through their pathway, identify blockages and ensure patient care is expedited where necessary.

Patient Experience:

- 4J.b.8: Work with delivery partners (e.g., Care of the Elderly (COTE), stroke, palliative care, psychology, pain management, microbiology) to strengthen and build opportunities for the development of proposals for a greater, more integrated multi-disciplinary team around the patient approach, in order to ensure the holistic needs of the patient are met.

Anticipated priorities in 2026/27 and 2027/28

- Develop and agree an integrated workforce strategic plan to address recruitment and retention challenges faced by the service and undertake robust recruitment campaign to improve vacancy rates and reduce agency spend.
- Implement a range of improvement actions aimed at strengthening leadership, training and education within the service in order to support the continued professional development of the current workforce.
- Develop and implement a clear plan to enable the return of formal training grade resident doctors into the service.
- Strengthen the links between primary and secondary care to enhance management of vascular conditions in the community and improve vascular health amongst North Wales population.

4J.c: Challenged Services: Dermatology

Overview

As one of the most common reasons for seeing a GP, skin (including nail and hair) diseases can range in severity with skin cancer accounting for approximately half of all cancers in the UK. At present, Secondary Care provision is largely Urgent Suspected Cancers (USC), alongside urgent and routine activity for chronic skin conditions, often requiring complex medications to be prescribed. There has been a significant rise in skin cancer referrals noted over the last 10 years due to patient education and social awareness. A number of practices within Primary Care have the benefit of GPs with a Specialist Interest in Dermatology, enabling treatment of non-cancerous lesions in a primary care setting, overall reducing the demand in Secondary Care.

Dermatology currently faces significant workforce challenges, specifically in relation to Senior Medical Clinicians in the West Integrated Health Community (IHC). Inability to recruit to Senior Medical Workforce has contributed to long waits for patients to be seen in outpatients for urgent suspected cancer, urgent and routine skin conditions. The Health Board has recently introduced the implementation of Teledermoscopy with a targeted approach towards Urgent Suspected Cancer lesions. The aim is to improve and reduce the overall journey in the patient pathway and re-directing patients where necessary for ongoing treatment e.g., Plastics / Oral and Maxillofacial Surgery / Primary care. Dermatology provides sub specialist services in Patch Test, Phototherapy (treatment units across North Wales within the IHCs), Wig Service, Paediatric Dermatology, Skin Cancer Nurse Specialist Service.

Delivery priorities in 2025/26

Workforce:

- 4J.c.1. Implement strategic and operational Workforce Planning to systematically analyse, forecast, and plan workforce capacity and demand. Identify critical gaps and develop targeted recruitment, retention, and workforce development strategies, including the utilisation of alternative and emergent roles, to ensure the organisation maintains a highly skilled, flexible, and appropriately staffed workforce. This approach supports the achievement of strategic objectives and the delivery of high-quality, patient-centred care.
- 4J.c.2. Job planning to appropriately reflect all duties undertaken to better understand the workforce capacity and match it to patients' needs

Quality / standard / practice / configuration:

- 4J.c.3. Introduce dermatological Community Health Pathways to support effective referral management processes, reducing secondary referrals through better informed resources within Primary Care to deliver some Dermatological services.

Additional capacity:

- 4J.c.4. Ensure Minor Operative (MOPs) capacity is optimised within the available resources, to support expansion of Teledermoscopy i.e., the provision of dermatology services at a distance, using technology.
- 4J.c.5. Increase medical consultant support where resources allow for primary care to support integrated working and extended roles, opening up educational opportunities to enhance knowledge and confidence with skin conditions, which will lead to fewer referrals into secondary care reducing the demand on the service and waiting times for patients
- 4J.c.6. Open Connah's Quay facility to provide increased clinic and operating space including dressing clinics. Subject to available resources Connah's Quay will release 10 Minor Op sessions on a weekly basis, alongside opportunity to run one-stop sessions.

Technology:

- 4J.c.7. Roll out Teledermoscopy across West IHC to maximise benefits across BCUHB
- 4J.c.8. Optimise referral and triage processes to support e-referral (Welsh Admin Portal) roll out

- 4J.c.9. Develop business cases for technological solutions to reduce follow-up appointments, late cancellations and non-attenders (DNA's).

Patient Experience:

- 4J.c.10. Act based on the insights gathered from patients within the dermatology service, delivering patient experience improvements such as delivering care closer to home where feasible, through integrated working and pathway development with primary care.

Anticipated priorities in 2026/27 and 2027/28

- Building upon the initial phase of clinical services planning in 2025/26 and working within the framework set within the Health Board's new 10-Year Strategy, 2026-28 will be about clinical services planning at a regional level and working through the more complex service configuration issues:
- Delivery of sustainable model for regional service delivery.

4J.d: Challenged Services: Plastics

Overview

The Plastics service is a secondary care service currently commissioned by the Joint Commissioning Committee (JCC) and provided by Mersey and West Lancashire NHS Trust (MWL). The service receives referrals from other secondary care specialities and works in collaboration with other disciplines such as treating skin tumours, so alignment and adjacencies to other services and consultants, including Dermatology, Ear Nose and Throat, Maxillofacial and oncology is essential. Whilst a commissioned service, The Health Board provides accommodation for visiting staff to see patients and limited services are run from each IHC.

The service was identified as an area of clinical concern due to inequity of access, lack of timely appointments, local capacity issues and poor infrastructure and operational support. Commissioning arrangements are due to change in 2025 which will provide BCUHB with an opportunity to review and change, if feasible, the current service model.

Delivery priorities in 2025/26

Quality / standard / practice / configuration

- 4J.d.1: Review of commissioning arrangements when they change in 2025 (actual date to be confirmed) - it is important to note providers will continue the outreach service irrespective of the commissioning arrangements.
- 4J.d.2: Handover of waiting list management to MWL following agreed threshold as limited demand and capacity information is currently held by BCUHB (Central and West waiting lists are still held by BCUHB even though MWL are the service provider).

Additional capacity:

- 4J.d.3: Develop the proposal to open Connah's Quay as a joint facility with dermatology to provide increased clinic and operating space and capacity including dressing clinics.
- 4J.d.4: Consider options for further outreach capacity across North Wales to increase access across the region as the Connah's Quay facility will provide capacity for patients within the East and Central Integrated Health Communities only
- 4J.d.5: Review opportunities for increasing theatre throughput within existing facilities in East and West IHCs

Technology:

- 4J.d.6: Generate a business case for the expansion of 'My Medical Record' to manage skin cancer follow-up patients. My Medical Record gives access to patients own online health record containing jointly managed information between the patient and the service

Patient Experience:

- 4J.d.7: Act based on the insights gathered, delivering patient experience improvements such as delivering care closer to home where feasible, through integrated working and pathway development with primary care

Anticipated priorities in 2026/27 and 2027/28

- Building upon the initial phase of clinical services planning in 2025/26 and working within the framework set within the Health Board's new 10-Year Strategy, 2026-28 will be about clinical services planning at a regional level and working through the more complex service configuration issues such as changes to current commissioning arrangements and the opportunities presented due to this on service infrastructure and provision

4J.e: Challenged Services: Oncology

Overview

The Oncology service provides care and treatment within the 3 acute hospitals with the main hub being in the North Wales Cancer Treatment Centre (NWCTC) located in Ysbyty Glan Clwyd (YGC). Oncology is non-surgical treatment of cancer using radiotherapy and Systemic Anti-Cancer Treatment (SACT) e.g., chemotherapy, targeted therapies, novel agents and immunotherapy. The service within the Health Board manages the treatment of patients with a diagnosed solid tumour (from 11 tumour sites), referring patients with rare and/or complex cancers to the Clatterbridge Cancer Centre, The Christie or others as required. The impact of workforce shortages, especially in the medical workforce, increasing demand and complexity, and reliance on non-recurrent funding (this funding was secured recurrently on 25/02/2025) has significantly impacted the ability of the service to provide timely access to oncology services and to progress service plans going forward.

Delivery priorities in 2025/26**Workforce:**

- 4J.e.1: Increase the number of substantive oncology consultants dependent on levels of available funding; providing greater continuity of care (replacing short term locums)
- 4J.e.2: Substantive recruitment to the approved establishment of multi-professional roles across oncology (nursing, operational and pharmacy) to meet the current demands and improve service provision and patient safety following recurrent funding approval

Quality / standard / practice / configuration:

- 4J.e.3: Develop a fully integrated service strategy to support future demand and innovation
- 4J.e.4: Complete a business case for 2 linear accelerators to replace machines which are coming to the end of their safe working life. Funding is secured via Welsh Government, and replacement will ensure reduced machine downtime which impacts on treatment capacity for patients. This will also give the department the opportunity to purchase machines with the latest developments which could provide greater access and/or more capacity.

- 4J.e.5: Establish SABR (Stereotactic Ablative Radiotherapy) - a highly targeted form of radiotherapy which targets a tumour with radiation beams from different angles) service in North Wales, commencing with treatment of lung cancers. Dependent on the prioritisation of available resources this type of treatment approach would be delivered in fewer numbers of treatments (with potentially minimal side effects) than conventional radiotherapy

Technology:

- 4J.e.6: Engagement with the implementation of the Electronic Health Record (EHR); this is an essential element for Oncology as currently oncology records are stored within dedicated oncology records and are not visible to the wider services through the main patient notes, placing a risk to patient safety when patients are admitted/seen elsewhere across the Board and the clinician does not have access to up-to-date clinical records
- 4J.e.8: Collaborate with the development of a single Welsh contract for Chemocare software to standardise the system across Wales with a view to reduce contract/service costs and ensure data is comparable.

Patient Experience:

- 4J.e.9: Act based on the insights gathered, delivering patient experience improvements such as delivering care closer to home where feasible.

Anticipated priorities in 2026/27 and 2027/28

- Building upon the initial phase of clinical services planning in 2025/26 and working within the framework set within the Health Board's new 10-Year Strategy, 2026-28 will be about clinical services planning at a regional level and working through the more complex service configuration issues
- Delivery of the Oncology service strategy

4J.f: Challenged Services: Ophthalmology

Overview

The Ophthalmology service for both planned and emergency care is provided within the three Integrated Health Communities (IHCs): two located within the acute sites in East and West and the third located in Abergele Community Hospital (Central). Outreach services are provided at community hospitals in both East and Central IHCs. Tertiary and Specialist care is commissioned from the North-West of England. Across the region 70 privately owned, accredited Eye Health Examination Wales Opticians provide eye tests, appropriate acute condition eye care and referral services to hospital eye care where needed. Locally agreed pathways are delivered in partnership with a number of practices, and in addition Optometrists provide an extended range of services that would previously have been managed by hospital eye services.

There is significant current and future projected (based on an ageing population of North Wales and those eye conditions linked to older age) demand for ophthalmic services and its subspecialties (particularly for high volume sub specialities cataract and glaucoma), which eye care services are struggling to meet: finite financial resources, workforce gaps and ageing facilities further strained by a post pandemic surge in waiting times resulting in a significant backlog. Delays in follow-up care and treatment place patients at risk of harm through deteriorating eyesight and loss which is why this is a key priority for the Health Board to improve.

Delivery priorities in 2025/26

Workforce:

- 4J.f.1: Recruit to funded regional clinical (medical and Optometry) and operational business support leadership roles to drive forward service delivery and improvements
- 4J.f.2: Implement strategic and operational Workforce Planning to systematically analyse, forecast, and plan workforce capacity and demand. Identify critical gaps and develop targeted recruitment, retention, and workforce development strategies, including the utilisation of alternative and emergent roles, to ensure the organisation maintains a highly skilled, flexible, and appropriately staffed workforce. This approach supports the achievement of strategic objectives and the delivery of high-quality, patient-centred care.

Quality / standard / practice / configuration:

- 4J.f.3: Optimise to NICE/GIRFT evidenced based pathways for all ophthalmology sub-specialties, delivered through pan BCUHB sub-specialty networks.
- 4J.f.4: Make best use of available resources to expand locally agreed regional integrated care pathways (glaucoma and retinopathy) with community Optometrists. Develop opportunities for the WGOS (Welsh Government Optometry Services) (extended workforce) to provide equity in care and treatment delivery and reduce demand across the region
- 4J.f.5: Deliver cataract pathway efficiencies to improve timely access through: Pre – Operative Assessment Clinic (POAC) process improvement, direct listing, increased theatre utilisation (including High Volume Low Complexity (HVLC) and Minor Operating Procedures (MOPs), and monitoring of Hospital cancelled appointments and Did Not Attend to ensure the optimal utilisation of available capacity and resources.
- 4J.f.6: Undertake an estates review to identify challenges and risks (ageing buildings, fragile infrastructure and access issues) and develop proposals for further estate and modular opportunities in community settings to prevent loss in available capacity for care and treatment and providing care closer to home.
- 4J.f.7: Ensure improvements in data quality.

Additional capacity:

- 4J.f.8: Develop a business case for a centralised cataract hub and a centralised complex services centre to support regional service delivery (predeterminant of regional delivery would be 'go-live' of the ophthalmology national EPR)
- 4J.f.9: Introduce See on Symptom (SOS) and Patient Initiated Follow Up (PIFU) by default, for effective outpatient delivery, empowering patients to take control by giving them the choice and flexibility around when they access care and treatment.
- 4J.f.10: Undertake demand and capacity modelling to establish patient volume waiting times and appointment backlog for all sub-specialties including where resources provide the recruitment of Eye Care Validators.

Technology:

- 4J.f.11: Ensure consistent use across North Wales of interim digital solutions (e-referral and Consultant Connect) to improve the referral process and reduce delays between referral and treatment, whilst awaiting national system delivery.

Patient Experience:

- 4J.f.12: Act based on the insights gathered within existing Harm Review process, delivering improvements in patient experience through direct referrals and expansion of alternative community based pathways

Anticipated priorities in 2026/27 and 2027/28

- Building upon the initial phase of clinical services planning in 2025/26 and working within the framework set within the Health Board's new 10-Year Strategy, 2026-28 will be about clinical services planning at a regional level and working through the more complex service configuration issues:
- Delivery of sustainable model for regional service delivery

4J.g: Challenged Services: Orthodontics

Overview

The Orthodontic service, alongside oral maxillo-facial surgery and restorative dentistry, provides care and treatment under the umbrella service Head and Neck. Orthodontics, as part of the Head and Neck service is the dental specialty concerned with facial growth, development of the teeth and the diagnosis and treatment of malocclusions and facial irregularities. Treatment involves appliances and treatment for complex conditions and corrective surgery. Orthodontic services are delivered by a small number of orthodontists who work across the three Integrated Health Communities (IHCs). Reflecting the national picture, there are workforce shortages and gaps across orthodontics with a lack of consultant capacity to provide an effective and timely service, and challenges with securing additional capacity. Backlog demand outstrips capacity across both secondary and primary care impacting the ability of the Health Board to provide timely access to care and treatment.

Delivery priorities in 2025/26

Workforce:

- 4J.g.1: Consolidate the Orthodontic and Oral Maxillo Facial Surgery (OFMS) services to become a networked single service with one operational manager and budget working across the three IHCs
- 4J.g.2: Support the recruitment of funded consultant vacancies and implement a strategic and operational Workforce Planning review to systematically analyse, forecast, and plan workforce capacity and demand. Identify critical gaps and develop targeted recruitment, retention, and workforce development strategies, including the utilisation of alternative and emergent roles, to ensure the organisation maintains a highly skilled, flexible, and appropriately staffed workforce. This approach supports the achievement of strategic objectives and the delivery of high-quality, patient-centred care.

Quality / standard / practice / configuration:

- 4J.g.3: Create and deliver an improvement plan, implement and monitor GIRFT recommendations as supported by the Royal College of Surgeons (Faculty of Dentistry) and the British Orthodontic Society.

Additional capacity:

- 4J.g.4: Introduce See on Symptom (SOS) and Patient Initiated Follow-Up (PIFU) by default, for effective outpatient delivery, empowering patients to take control by giving them the choice and flexibility around when they access care and treatment.
- 4J.g.5: Deliver improvements in day case surgery rates and ring-fenced beds
- 4J.g.6: Improve effective utilisation of theatre capacity, optimising the right procedure in the right place to reduce unnecessary theatre utilisation
- 4J.g.7: Review management of, and validate, waiting list to support prioritisation of new patients, longest waiters and those requiring oral surgery as part of their pathway of care. Monitor DNA/CNA rates.

Patient Experience:

- 4J.g.8: Review and act prudently on introducing improvements to patient experience based on insights gathered to date, such as access to care and the CHC review of harm to children waiting for appointments and treatments.

Anticipated priorities in 2026/27 and 2027/28

- Building upon the initial phase of clinical services planning in 2025/26 and working within the framework set within the Health Board's new 10-Year Strategy, 2026-28 will be about clinical services planning at a regional level and working through the more complex service configuration issues
- Delivery of sustainable model for regional service delivery

4J.h: Challenged Services: Trauma and Orthopaedics

Overview

The Trauma and Orthopaedic service is a network service within the Health Board which operates independently within each Integrated Health Community (IHC), each with its own range of elective and trauma services. Since 2023 all three IHCs have been collaborating to utilise Abergele Hospital as a network arthroplasty hub. This includes all IHCs assigning patient activity to Abergele to provide cold site ring-fenced capacity for hip/knee arthroplasty.

Each IHC has the same range of subspecialties with spinal surgery and some very specialist procedures being outsourced to tertiary centres. Current challenges include long waits, particularly for hip/knee arthroplasty, which is impacted by the limitations of the ageing Abergele Hospital site and unscheduled care resulting in unpredictable elective bed loss in each of the IHCs. The projected ageing population of North Wales is likely to have the biggest impact on the need for health services across the Health Board, particularly Orthopaedics. However, as a positive measure the Health Board is building a new orthopaedic unit in Llandudno hospital (inclusive of two operating theatres and ringfenced beds) which will mitigate the challenges with the Abergele site and provide a sustainable orthopaedic model for the future.

Delivery priorities in 2025/26**Workforce:**

- 4J.h.1: Work with orthopaedic clinical leadership to deliver standardised effective job planning and subspecialty focused North Wales services', to enable a reduction in unwarranted clinical variation.
- 4J.h.2: Address workforce shortages through approved recruitment and upskilling of existing non-medical workforce led by effective pan-BCUHB and IHC clinical leadership.

Quality / standard / practice / configuration:

- 4J.h.3: Reduce unwarranted clinical variation to increase productivity and improve patient outcomes through implant rationalisation, improved multi-disciplinary team working, job planning, trauma rota and demand/capacity mapping, and increased utilisation of SOS, PIFU and PROMs pathways.
- 4J.h.4: Development and adherence to BMI guidelines for surgery to increase conversation rates >70%. This will entail some patients partaking in the lifestyle management programme to reduce their BMI in order to increase their appropriateness for surgery and as such improve their post-operative outcomes.

- 4J.h.5: Improve data quality at a sub-specialty level through more effective coding practices, therefore allowing better understanding of the underlying issues and as such where improvements are required.
- 4J.h.6: Implement condition specific pathways for Carpel Tunnel Syndrome and Hip/Knee arthroplasty through collaboration with the national clinical implementation network and respective sub-specialty groups. This will reduce unwarranted variation in clinical practice and afford patients the same opportunities across the Health Board.

Additional capacity:

- 4J.h.7: Review current outsourcing and external commissioning arrangements and through demand and capacity mapping and develop a proposal to consider the viability of repatriating activity, providing patients with care closer to home.
- 4J.h.8: Generate a proposal to increase patient activity in Abergele Hospital through the expansion of current Abergele criteria and / or investment into enhanced recovery on the site. Testing the link between optimising theatre utilisation and improving treat in turn rates.
- 4J.h.9: Implement consistent application of See On Symptom and Patient Initiated Follow Up pathways across North Wales. This will reduce the need for traditional in-person follow up appointments, creating capacity for patients that need to be seen

Patient Experience:

- 4J.h.10: Utilise patient experience data to improve patient care with initiatives such as providing care closer to home and timelier access to diagnostics and treatment.

Anticipated priorities in 2026/27 and 2027/28

- Building upon the initial phase of clinical services planning in 2025/26 and working within the framework set within the Health Board's new 10-Year Strategy, 2026-28 will be about clinical services planning at a regional level and working through the more complex service configuration issues:
- Delivery of a sustainable model for regional service provision at a sub-specialty level, including the consideration of repatriation of BCUHB patients undergoing non-complex and appropriate complex procedures.

4K: Women's Services

Note that the Ministerial Priority 5 –Women's health template (available on request) also relate to this sub objective

Cabinet Secretary Delivery Expectations

Women's Health:

- Establishment of one Women's Health Hub in each health board area by March 2026 (aligned to the Women's Health Plan)

Overview

Women's Services are provided across the District General Hospitals, Community and Primary Care settings. The services are overseen regionally by the Health Board with close partnership working with Local Authorities and Third Sector. The Health Board will continue to build upon achievements and provide equitable Maternity and Gynaecology Services for the North Wales population and also to a cohort of Women from the North East of Powys and the Shropshire Borders.

The Health Board is committed to improving health outcomes for Women and their families in line with the Welsh Government's:

- Women's 10 Year Health Plan for Wales (2025-2035)

- Quality Statement for Maternity and Neonatal Services (2025)
- All Wales Perinatal Engagement Framework (2025)
- Strategic Perinatal 10 Year Workforce Plan (HEIW, 2025)

There is a commitment to listening and acting upon user experience, and a continued focus on transforming Maternity and Gynaecology & Specialist Services to reflect National Strategies and Support Best Start in Partnership.

Delivery priorities in 2025/26

- 4K.1 - Support the local establishment of a Women's Health Hub by March 2026 as a Ministerial Priority; dependent on the prioritisation of available resources. Principles of which will focus on preventative based women's health initiatives, accessibility to information and services with care as close to home as possible.
- 4K.2 - Lead on the recovery of Gynaecology Cancer and Planned Care in line with GIRFT recommendations and Ministerial Targets.
- 4K.3 - Progress business cases to secure Cancer and Planned Care Pathway Trackers and a Single Point of Access System for Gynaecology referrals to support recovery and pathway re-design.
- 4K.4 - Support the implementation of the Preconception Strategy to include preventative based women's health initiatives.
- 4K.5 - Develop a measurable plan to enable delivery of the Quality Statement for Maternity and Neonatal Services, prioritising the 7 key actions which align to the MatNeo Safety Support Programme.
- 4K.6 - Progress the business case to implement a Digital Maternity Solution for Services.
- 4K.7 - Work in partnership with the NHS Executive to develop an implementation plan to deliver the Perinatal Engagement Framework commitments.
- 4K.8 - Collaborate with HEIW to prioritise year 1 actions to ensure delivery of the Perinatal workforce plan
- 4K.9 - Develop a Perinatal Quality Surveillance Dashboard with key standard matrix with both network and national oversight in line with policy direction
- 4K.10 - Progress the business case to support the equitable implementation of a specialist infant feeding-lactation support service team in the 3 IHC areas - to improve breastfeeding outcomes in North Wales.

Anticipated priorities in 2026/27 and 2027/28

Build on the 25/26 priorities and continue to support the local delivery of Welsh Government's:

- Women's 10 Year Health Plan for Wales (2025-2035)
- Maternity and Neonatal Services - Quality Statement (2025)
- Perinatal Engagement Framework (2025)
- HEIW Perinatal 10 Year Workforce Strategy (2025)

4L: Children & Young People

Overview

Children of all ages access care and treatment from many of the services provided across the Health Board; urgent and emergency care, planned care and specialized services. Through its dedicated Children's Services, the Health Board provides Acute Paediatric and Neonatal Care; the universal public health services of Health Visiting and School Nursing; Child and Adolescent

Mental Health Services (CAMHS) and Neurodevelopment and Learning Disability Services (see 4I.b – CAMHS and Neurodevelopment). These services are provided in partnership with other services including primary care, maternity, therapies, public health and adult surgical specialities, as well as partners in the Local Authorities and Third Sector organisations. Commissioned specialised health care is provided by tertiary care partners, predominantly Alder Hey Children's Hospital. The Regional Partnership Board (RPB) hold Children as a priority, focusing on the Integration of services and children with complex needs, as well as people with Learning Disabilities and Neurodevelopmental conditions, unpaid carers and those with emotional and mental health needs.

Children have different healthcare needs to adults, presenting with different conditions, with different physiological responses to ill health, and with different psychological and social contexts. Children account for a significant part of the population of North Wales with those aged 0 to 17 years accounting for 17.2% of the population and 26.3% for those aged 0 to 24 years. The Health Board, with partners, will focus on ensuring children's rights are respected. There will be the development of a children's charter and a youth voice approach to enable our children to be consulted about and engaged in the development and planning of services, to better understand and meet their needs and to assist at the key transition points in children's lives including the move into adult focus care.

Delivery priorities in 2025/26

- 4L.1 - Work on raising awareness and implementing the Children's Charter across the Health Board.
- 4L.2 - Work towards the establishment of a Youth Voice approach in the Health Board to ensure children's rights are upheld and children are consulted and involved in the development and provision of services.
- 4L.3 - Progress the Health Board signing of the Wales Corporate Parenting Charter to support care experienced children to have the same opportunities as all children
- 4L.4 - Further improvements in children's immunisation uptake levels
- 4L.5 - Develop transition pathways
- 4L.6 - Work with partners on the Right Door approach to support children with complex needs.

Anticipated priorities in 2026/27 and 2027/28

- An established Youth Voice approach that is active in upholding children's rights, alongside the embedding of the BCU Children's Charter and the Wales Corporate Parenting Charter Promise.

4M: Pharmaceutical services

Note that the Ministerial Priority 3 – Building Community Capacity templates (available on request) also relate to this sub objective

Cabinet Secretary Delivery Expectations

Building Community Capacity:

- Increase in number of people accessing Pharmacist Independent Prescribing Service for acute minor conditions and routine contraception services where the patient reports they would have otherwise visited their GP.

Overview

The Chief Pharmacist's Office will lead on five transformation programmes focused on improving patient quality outcomes, developing the workforce, delivering value and sustainability, leveraging digital enablers, and building service resilience. This will ensure pharmacy teams and innovative practice becomes part of the solution in supporting the Health Board in delivering its strategic aims.

The Welsh Government commissioned the Royal Pharmaceutical Society (RPS) to review hospital clinical pharmacy services in Wales, publishing its response in late 2023. The review assessed how current clinical pharmacy services align with NHS Wales' priorities and evolving needs to deliver a Healthier Wales, with prioritised actions scheduled for implementation from 2025 to 2028.

Delivery priorities in 2025/26

- 4M.1 - Implement the prioritised actions from the Independent Review of Hospital Clinical Pharmacy Services across all hospital settings (including MHL, Cancer, Women's) subject to available resources.
- 4M.2 - Establish a Medicines Value prevention arm that leverages diabetes prescribing and Value-Based outcomes while optimising cost efficiencies.
- 4M.3 - Develop a business case to centralise Radiopharmacy services, aligned with the nuclear medicine programme and supported by the national TrAMs programme team.
- 4M.4 - Scope and test a model for commissioned community pharmacy services focused on long-term condition management, starting with hypertension.
- 4M.5 - Launch the first Mpharm cohort at Bangor University in 2025, working with General Pharmaceutical Council (GPhC) towards achieving Step 4 accreditation by the 2025/26 academic year.

Anticipated priorities in 2026/27 and 2027/28

- Building on the 2025/26 priorities, 2026-28 will focus on optimising the pharmacy workforce, standardising medicines supply and expanding innovative care models to enhance patient access and outcomes.

4N: Palliative, End of Life and Bereavement Care

Note that the Ministerial Priority 3 – Building Community Capacity templates (available on request) also relate to this sub objective

Cabinet Secretary Enabling Actions:

Palliative and End of Life Care:

- Ensure that evidence based seamless pathways, careful planning and close collaboration is in place between services for transition from paediatric and young persons to adult services.
- All people identified as having palliative care needs should be given opportunity and support for conversations to discuss their personal needs and preferences for end-of-life care through regularly reviewed Advance and Future Care planning.
- The vital role that hospices have in supporting health boards to deliver palliative and end of life care should be recognised and supported.

Bereavement:

- Strengthen bereavement co-ordination and improving access to all types of bereavement support in line with the NICE components of bereavement care.

Overview

Health Boards, along with Local Authorities and Regional Partnership Boards are responsible for planning services for people facing life shortening illnesses in line with professional standards, clinical guidance and the quality attributes set out in the Welsh Government Quality Statement for Palliative and End of Life Care (PEoLC) for Wales (2022). Guidance from the National PEoLC Programme for Wales on a National Service Specification is expected April 2025. This will provide Health Boards and partner organisations with information in relation to the specialist workforce and models for delivery. Health Boards are also expected to work together with Local Authorities and partners to implement bereavement pathways published as part of the National Framework for the Delivery of Bereavement Care in North Wales.

Delivery priorities in 2025/26

- 4N.1 - Develop a Strategic Delivery Plan for Palliative Care and End of Life Care.
- 4N.2 - Commence implementation of the SWAN (Signs, Words, Action and Needs) model for bereavement care, to support and guide the care of patients and their loved ones during end-of-life care and afterwards.
- 4N.3 - Develop a model and workforce plan to improve PEoLC in line with the Welsh Government Quality Statement for Palliative and End of Life Care
- 4N.4 - Finalise the Quality Improvement Strategy for End-of-Life Care Decision making. Develop an options appraisal and business case to improve PEoLC in accordance with the Quality Improvement Strategy for End-of-Life Care decision making.

Anticipated priorities in 2026/27 and 2027/28

- Continued implementation of the SWAN model for bereavement care.
- Commence implementation of the model and workforce plan to deliver the Welsh Government Quality Statement for Palliative and End of Life Care (subject to resources).
- Commence implementation of the Quality Improvement Strategy to improve End of Life Decision making (subject to resources).

40: Dental

Note that the Ministerial Priority 3 – Building Community Capacity templates (available on request) also relate to this sub objective

Cabinet Secretary Delivery Expectations

Building Community Capacity:

- Increase in % of adult/child population accessing NHS Dental care over a 24 (adult) /12 (child) month period.

Overview

Primary Care Dentistry

The North Wales Primary Care Dental Service is responsible for the primary care oral health needs of all patients across North Wales, which includes the commissioning and contract management of high street General Dental Services (GDS) and delivering Community Dental Services (CDS).

The BCUHB directly employ over two hundred staff within the North Wales Primary Care Dental Service, who have a mixture of clinical and operational roles. GDS and CDS services offer primary

care provision for a population of circa 694,000 people across all of North Wales. While most Primary Care services within the Health Board are managed by an Integrated Health Community (IHC) in the West, Central or East areas, the North Wales Primary Care Dental Service is hosted as a single pan-BCUHB service with its own infrastructure.

General Dental Services

General Dental Services (GDS) are high street Dental Practices who are commissioned to provide NHS services. There are currently 68 contractors across North Wales, and this number is expected to increase further in 2025/26 from recent procurement awards.

There has been an increasing budgetary underspend in GDS services over the last five years, with multiple contract hand backs compounding the situation. Sustainability issues in GDS are present across Wales, and a fragile system was further impacted from 2020 onwards by the Covid-19 pandemic. The Health Board's Executive team have recently approved contract awards of circa £4m to new GDS contracts across priority areas in North Wales that currently lack access to NHS dentistry.

Community Dental Services

The remit of the Community Dental Services (CDS) is to provide oral care for the most vulnerable members of society. The role of CDS is mandated by Welsh Government, via the Welsh Health Circulars issued by the Chief Dental Officer for Wales. The current guidance on activity type was issued in 2022 and includes:

- Dental care for vulnerable groups
- Shared care & care pathways
- Domiciliary services
- Dental Public Health
- Dental epidemiology
- Urgent care service

The Health Board's GDS and CDS dental services provide a first point of contact for patients in the healthcare system, with the vast majority of patient contacts occurring within these primary care services. The pace and scale of change within commissioning and service design often brings challenges to the service, and the Health Board recognise the importance of having stable and resilient dental services to improve the oral health of the patients in North Wales.

Secondary Care Dentistry

Get It Right First Time (GIRFT)

The Health Board has commissioned a 'Get it Right First Time' (GIRFT) review of oral and maxillofacial surgery (OMFS) and Orthodontic services in North Wales. GIRFT is a national NHS England programme designed to improve the treatment and care of patients through in-depth review of services, benchmarking, and presenting a data-driven evidence base to support change. The programme undertakes clinically-led reviews of specialties, combining wide-ranging data analysis with the input and professional knowledge of senior clinicians to examine how things are currently being done and how they could be improved.

The OMFS and Orthodontics services currently have long waiting lists and the Health Board is an outlier in Wales for long waits in these specialties. The GIRFT Team was asked to help the OMFS

and Orthodontics service to develop a service model to reduce the waiting lists and provide a sustainable service going forward. The review concluded in November 2024, and a draft report was received in February 2025. The report included 49 recommendations with the Team advising that 'the implementation of these recommendations is essential if the Health Board is to deliver a robust and sustainable OMFS and Orthodontics service effectively and safely for patients in the short, medium, and long term'. Formal sign off of the review is scheduled for June 2025 following which an implementation plan will be developed, agreed and commenced.

Restorative Dentistry

The absence of a dental restorative service continues to raise significant issues for the Health Board. The substantive position of Restorative Consultant has been vacant since December 2023, despite the Health Board continuously advertising for the role. Unfortunately, the latest round of recruitment has also been unsuccessful, with no applications received. The shortage of Restorative Consultants is a national issue, and the risk associated with this vacancy is significant and is recorded on the Health Board's risk register.

A number of solutions have been explored to obtain restorative specialist support including sending referrals to external NHS providers and via locum cover. Temporary Restorative Consultant locum support has been sourced in Wrexham to support the waiting list for restorative cases. The Health Board is also seeking to align restorative dentistry to a single IHC to facilitate improved operational working with the oral surgery and OFMS teams.

Delivery priorities in 2025/26

- 40.1 - Work to increase GDS service provision, this will require proposals for new and innovative solutions alongside existing methods. The Health Board will continue to liaise with partners such as the Chief Dental Officer for Wales and the Local Dental Committee, to support this in addition to working with other Health Boards where primary care dental services are performing well.
- 40.2 - Re-evaluate areas of need and go back out to procurement for GDS access in 2025, working with the procurement team to improve the framework of the tender in order to expand the pool of potential bidders.
- 40.3 - Progress dental education strategy, setting out plans for all workforce in line 'Primary Care Model for Wales'. The aim of the strategy is to make North Wales a centre of excellence for all Dental professions by providing upskilling, training and development opportunities for all members of the dental team, including working with Bangor University to build on the Dental Hygienist and Dental Therapist courses, supporting a community-based service.
- 40.4 - Use the 'Primary Care Academy' approach to support healthcare professionals to develop advanced skills within primary care that allow skill-mix changes and increased workforce stability. The aim is to expand this work in order to offer development opportunities both within CDS and GDS which will ultimately benefit patient care.
- 40.5 - Work with Public Health team in continued delivery of national programmes such as 'Designed to Smile' and 'Gwên am Byth'.
- 40.6 - Review and revise the dental budget to ensure appropriate support is given to services. This work will be revenue neutral and aims to leverage better value from the financial resources currently supporting the provision of dental services.
- 40.7 - CDS waiting lists to be addressed to ensure patients are not waiting significant lengths of time. Solutions include proposals for optimising front line clinical resource, improving the patient appointment booking centre (PABC) and creating key performance indicators (KPIs) to underpin operational management.

- 40.8 - Undertake a demand and capacity review for CDS services to understand activity patterns to be able to effectively forecast when staffing will be required and to what degree.
- 40.9 - The formation of a clear domiciliary dental pathway with a robust eligibility criterion. Agreeing the right approach will involve dental officers who are responsible for delivering the activity. As most of the domiciliary activity takes place within care homes, an inclusive approach will be taken to codesign any agreed pathways.
- 40.10 - Improve Board visibility of primary care dentistry performance data.

Anticipated priorities in 2026/27 and 2027/28

- Continue with implementation of the national 'Strategic Workforce Plan for Primary Care' and the 'Primary Care Model for Wales', and engage fully in the national 'Primary Care Programme', which is a 5-year model (2024-2029).
- New dental contract expected in 2026/7 which will be a key priority. The dental team will work alongside national colleagues to support with any preparatory work that will take place in 2025/26.

4P: Diabetes

Note that the Ministerial Priority 2 – Population health and prevention templates (available on request) also relate to this sub objective

Population Health & Prevention:

- Increase in % of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes

Overview

Diabetes is recognised as one of the major health challenges for the decade ahead. Nearly 50,000 adults in North Wales have diabetes with over 90% having Type 2 diabetes. Younger age presentations (between the ages of 18-40 years) are rapidly increasing with individuals experiencing a faster onset of associated complications.

The treatment of diabetes consumes significant resource, an estimated 11% of total NHS expenditure, with 60% of this used to treat the end stage complications of the disease: blindness, kidney failure and lower limb amputations. Cardiovascular disease and the incidence of many cancers are higher in the diabetes population.

25% of hospital beds are currently occupied by a person with diabetes, these individuals remain in hospital longer than those without diabetes. Pregnancy services in Type 2 diabetes have now exceeded pregnancies in Type 1 diabetes. Adverse maternal and neonatal outcomes for pregnancies in Type 2 diabetes have also increased.

Uptake of diabetes related education amongst all health professionals is low and patients with diabetes are subject to a higher incidence of avoidable treatment harms.

The evidence for the efficacy of Type 2 diabetes prevention and remission / regression intervention are widely accepted and the Health Board has significant opportunities to embed into service delivery.

There is a requirement for Health Boards to implement service improvement models that provide equitable and meaningful improvements for key diabetes service priorities as directed via the Diabetes Strategic Network for Wales.

During 24/25 the Health Board commenced the Diabetes Transformation Programme to produce a detailed case for change and proposed new service models.

Delivery priorities in 2025/26

Primary Care

- 4P.1 - The Health Board Diabetes Programme will contribute to increasing the % of those aged 12+ receiving the 8 Care Processes by:
 - Evaluating the limitations and sources of data being utilised to report the position
 - Understanding why variation exists in primary care and prescribing
 - Identifying improvement for data collection and instigating improved reporting from cluster
 - Evaluating the limitations and sources of data being utilised to report the position
 - Identifying appropriate resources required for patients for managing diabetes
 - Providing appropriate management plans for individuals with Type 1 diabetes across primary and secondary care which tackle duplication and variation in care
 - Implementing prudent improvement plans in relation to use of medication in line with NICE guidelines
 - Evaluating the improvement and shared peer learning
 - Utilising insight from 8 Care Processes to inform Primary Care model for 26/27

Secondary care

- 4P.2 - Implementation of the NICE Technology Appraisal to provide 'artificial pancreas' technology called Hybrid Closed Loop (HCL) systems which offer people who develop this particular auto-immune condition the opportunity to enjoy normal glucose control. There is a significant resource requirement associated with this development, which is planned for implementation over a 5-year period, subject to the agreement of funding.
- 4P.3 - The Health Board will seek to strengthen the multi-disciplinary specialist diabetes team to support transition to adult services and to respond quickly to the increasing number of new presentations.
- 4P.4 - In adult diabetes teams develop proposals for a more comprehensive service model to deliver diabetes technology to people with Type 1 diabetes in line with the national directive.

Anticipated priorities in 2026/27 and 2027/28

- 2026-2029 Year 2-5: Implementation of the National Institute for Health and Care Excellence Technology Appraisal for HCL across all appropriate groups of patients.
- Compliance with national protocols for value and sustainability are measured and reported, with full compliance by 2028/2029.
- Development of workforce plans, reducing variation and targeted activity.

Objective 5: Effective environment for learning and skills development

5A	University & Further Education Partnership
5B	Research, Development and Innovation
5C	Academic Careers
5D	Intelligence Led
5E	Learning Organisation

Overview

This strategic objective is about ensuring the Health Board continues to learn and develop, working with partners to develop into a truly continuously improving organisation. This involves a wide range of learning opportunities, from complaints and incidents to research led innovations. This area is underpinned by work with university and further education partners on both specific skills development, as well as academic careers.

Progress for this Strategic Objective during 2024/25

Note some priorities have been consolidated across different Strategic Objectives within this plan

- **University Partnership:** Establishment of the North Wales Medical School which is a critical development for the region in terms of the numbers of doctors studying locally. BCU is a key partner to the development of opportunities in proposed developments in pharmacy and dental schools; Discussions with university partners to review and refresh relationships and have commenced arrangements through Memoranda of Understanding.
- **Research, Development and Innovation:** 344 research studies open to recruitment or in follow up, which is an increase of 9% on the previous year; Opened first First in Human (FiH) trial in the North Wales Clinical Research Facility (NWCRCF) in 2024, and now have capability to open more FiH trials, alongside later phase trials; Commenced recruitment of participants in a Phase 3 norovirus vaccine trial; Have 40 research engaged primary care practices and are working with the Primary Care Academy to increase research engagement and activity in primary care; Have a range of innovation projects underway, which we have aligned to the all Wales innovation pathway; SBRI continues to aid in transforming emergency care delivery working with Welsh Ambulance. The first deployment of 50 ambulance in a box units have commenced with ten units being deployed in BCUHB Care Homes allowing remote monitoring by trained clinicians; SBRI Centre of Excellence is also project managing several circular economy in health projects; Artificial Intelligence (AI) research supporting Pathologists in the diagnosis of prostatic biopsies continuing; SBRI Centre of Excellence is also spearheading another first of its kind focused on accelerating the diagnosis, management and support of people diagnosed with cancer in Wales and Northern Ireland.
- **Academic Careers:** During 2024/25 the Health Board was at a foundational stage of work. An exercise to baseline current academic roles, honorary and joint, commenced to establish the current position for the Health Board; As planned, relationships and conversations continued to grow with academic partners including the local Universities and Health & Care Research Wales.
- **Intelligence-led:** Data Governance: 1) Data Quality and Governance forum established, 2) Reviews of data, reporting criteria and methodologies undertaken to provide the organisation with meaningful information to support demand and capacity planning; Technology and infrastructure: 1) Extension of datasets available for inclusion in information products and IRIS dashboards, including community nursing, patient experience, diagnostic imaging and waiting list removals, 2) Development of a hub

approach to reporting of planned care has provided a single source of information; Skill and capability: Programme of training on the principles of Making Data Count and the use of statistical process control (SPC) charts developed and delivered to staff; Shift from data to intelligence and insight: Worked with Public Health colleagues to consider population health and prevention as well as hospital-based views of data; Clinical coding: Successful appointment of trainee clinical coders.

- **Learning organisation:** A review was completed and findings presented to the Executive Team; Further supplementary steps were undertaken to ensure widespread sharing of the learning; Integrated Concerns Policy was approved by Board and subsequently implemented; Development of an Organisational Learning Forum linked with the cultural change programme.

5A: University & Further Education Partnership

Overview

The Health Board is proud of its University Designation status and recognises the importance of the requirements this brings in terms of its role in education and training, research and development as well as innovation. Building on work in 2024/25, the Health Board is seeking to strengthen its relationships with both universities in North Wales as well as other universities and further education providers. The Health Board's vision is to create transformational relationships which will contribute to the health and wellbeing and economic performance of the region.

Alignment across education providers also offers an opportunity to explore and enhance the pathways from education to employment thus leading to improvements in the retention of students within the region. Importantly this is as pertinent to non-clinical as well as clinical staff. It is envisaged that developing relationships will directly support the development of vibrant, exciting and stimulating learning opportunities that allow us to develop, recruit and retain a high cadre of healthcare professionals and strengthen strategic workforce planning.

Academic enrichment is an integral part of the Health Board approach to providing high quality medical, nursing and allied health professional care for North Wales residents. Maintaining high levels of research, development and innovation aid the Health Board in recruiting and retaining high calibre professionals and in providing progressive clinical services. Collaborative partnerships with further and higher education institutions improves strategic workforce planning and alignment of courses to the longer-term strategy, enhancing student experience.

Delivery priorities in 2025/26

- 5A.1 - The Health Board will seek to build the relationships with all higher and further education partners to improve the impact across research and development, education and training and innovation thus supporting our continued achievement of University Designation.
- 5A.2 - Having maintained and developed relationships, BCU will explore the value in a regional approach to partnership with all stakeholders.
- 5A.3 - Work with education providers in the development of the Health Board's Clinical Services Plan to increase their understanding and open up opportunities for transformational and innovative change to be reflected.
- 5A.4 - Building on the successful establishment of the North Wales Medical School, we will continue to work with and support all partners in achievement of strategic projects.
- 5A.5 (4M.5) - Launch the first MPharm cohort at Bangor University in 2025, with General Pharmaceutical Council (GPhC) Step 4 accreditation achieved by 2025/26.

- 5A.6 (2C.7) - Work with the University of Wales Bangor to support the development and growth of the North Wales Medical School.
- 5A.7 (4O.3) - Progress dental education strategy, setting out plans for all workforce in line 'Primary Care Model for Wales'. The aim of the strategy is to make North Wales a centre of excellence for all Dental professions by providing upskilling, training and development opportunities for all members of the dental team, including working with Bangor University to build on the Dental Hygienist and Dental Therapist courses, supporting a community-based service.

Anticipated priorities in 2026/27 and 2027/28

- During 2026/27 we will undertake an evaluation of our partnership working to establish what we have achieved and develop our further aspirations into a coherent plan agreed with partners.
- During 2027/28 we will seek to implement our plan and put in place key metrics to monitor benefit realisation. Ultimately, we will seek to establish university partnerships into our day-to-day working.

5B: Research, Development and Innovation

Overview

The value of research in transforming health and care is significant. Evidence of the benefits of a research active organisation include:

- Staff satisfaction, recruitment and retention is higher among staff who are involved in research.
- Engaging clinicians and healthcare organisations in research is associated with improvements in delivery of healthcare.
- Research active hospitals have lower mortality rates, and not just among research participants

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

The RD&I team are engaged with UK wide initiatives to increase commercial research activity.

The Small Business Research Initiative (SBRI) runs an all-Wales Service, funded by Welsh Government and hosted by the Health Board. The SBRI works with Public Sector Bodies to identify and resolve unmet needs/challenges within health and has funded a number of projects.

Delivery priorities in 2025/26

- 5B.1 - Completed development of a support infrastructure and expert panel with M-SParc, OpTIC Technology Centre, Bangor University and Wrexham University, supported by Welsh Government. Innovators will be able to access the expert panel for advice and guidance.
- 5B.2 - Continue to increase research activity, both commercial and non-commercial research.
- 5B.3 - Increase the number of joint appointments and honorary research appointments with our academic partners.

Anticipated priorities in 2026/27 and 2027/28

- Research and innovation will start to be seen as embedded within the Health Board, Research and innovation activity will continue to increase, with reinvestment of revenue to further increase capacity and capability

5C: Academic Careers

Overview

As the academic and research sectors in North Wales grow, particularly in dentistry and pharmacy, opportunities for enhancing academic career development are increasing.

As well as collaborating with university partners to utilise the combined expertise and resources of all stakeholders, the Health Board is a part of national discussions led by Health and Care Research Wales about academic careers. Whilst this work progresses, the Health Board is keen to develop links between Health Board colleagues who have academic careers and develop a network of colleagues who practice in healthcare settings with academic research and teaching.

Clinical academics improve the quality of healthcare delivery by combining clinical practice with simultaneously researching how to improve patient outcomes. Other healthcare organisations have experienced that progressing academic career pathways can assist in attracting and retaining healthcare professionals, particularly in hard to recruit clinical areas and as healthcare evolves, academic career pathways can provide valuable opportunities for new, innovative and varied skills within the workforce.

Delivery priorities in 2025/26

- 5C.1 – Whilst awaiting a national definition, hold a multidisciplinary workshop with those currently working in academic careers, and with those who aspire to this career pathway, to agree a local working definition
- 5C.2 – Explore the academic career pathway framework, utilising the outputs from the workshop to inform a paper, which will be built upon with proposals for the supporting governance framework, and supplemented by learning and best practice from other health and academic organisations.

Anticipated priorities in 2026/27 and 2027/28

- During 2026/27, the Health Board will build upon the academic career pathway framework to understand the key barriers to establishing academic careers and develop a proposal as to how these may be overcome with clear implementation timelines.
- During 2027/28, the Health Board will show an increase in academic career activity and can begin to demonstrate the improvements being made.

5D: Intelligence Led

Overview

The Health Board has an opportunity to be rich in data and to join this with other useful data across health, social care and beyond. When in a usable format, data can be used to generate evidence-based insights, improve planning, prevention to support more proactive and personalised care, the speed of diagnosis and improve decision-making.

Improved decision-making leads to better services, experiences and outcomes for patients and their families and for staff. It also supports the evidence-based development of services to meet the future needs of the North Wales population.

The work described is structured within five workstreams: data governance, technology and infrastructure, skill and capability, shift from data to intelligence and insight, and clinical coding.

Improving the quality and use of data will help the Health Board to make better decisions on how to use its resources. For example, by ensuring that accurate records of demand and waiting list pathways are maintained avoids duplication, reduces administrative burden and improves patient experience and outcomes. Linking multiple datasets allows us to better understand the whole patient journey and experience and the consequences of changes or delays within healthcare systems.

Delivery priorities in 2025/26

- 5D.1 – Build on proof-of-concept work to develop proposals for Robotic Process Automation (RPA) to reduce reliance on manual processes
- 5D.2 - Delivery of a Health Board data quality kite-mark to improve data for decision making, supported by the extension of data models written for RTT.
- 5D.3 - Continued development of forecasting capabilities and proposals for the introduction of predictive analytics that will in turn support improved planning and decision making around planned and urgent and emergency care.
- 5D.4 - Roadmap for the further development of data warehousing will be documented, incorporating the de-commissioning of the Health Board's legacy warehouse. Commence implementation of Cloud Based technology through transition to the National Data Analytics Platform for submitting data and establishing arrangements for transition from On-Premise to Cloud, all aligned to the Care Data Resource.
- 5D.5 - As part of Operational dashboard (IRIS2) rollout, implement the necessary foundations that will enable use across all types of device in an intuitive and bespoke manner.
- 5D.6 - Building on the progress made with Planned care data, the Health Board will undertake a data maturity assessment of urgent and emergency care and develop a programme of work to develop the use of intelligence and insight in this area.

Anticipated priorities in 2026/27 and 2027/28

- Embedding of clinical analyst roles, combining clinical coding and analytical expertise into hybrid roles to create a clinical insight function.
- Agreement of robust, multi-year demand and capacity models, based on population health data and forecasts
- Continued improvement of data governance and architecture to enable further triangulation of datasets and support service planning and delivery with intelligence across a broad range of services based on modern analytical services.

- Commence deployment of Artificial Intelligence (AI) for Clinical Coding to automate processes whilst simultaneously seeking further opportunities to deploy AI
- Utilising the analytics capabilities within the National Data Resource and realising benefits of National Data Analytics Platform (NDAP)

5E: Learning Organisation

Overview

The Health Board continues to proactively develop its approach to becoming a learning organisation, fostering the essential characteristics to adapt more effectively to continuously improve services.

Many of the priorities already outlined within the Plan relate to the importance that the Health Board now places upon becoming a learning organisation.

The Health Board recognises the opportunities that exist from building further upon this work and developing the organisational culture in tandem with the development of systems and processes to nurture organisational learning.

Since having a consistent and effective approach to learning as an organisation is part of the foundations of an effective Quality Management System, the organisation is responding to these opportunities to test and challenge the emerging QMS design process.

Significant events and complaints provide powerful opportunities to drive continuous improvement. Using learning as shared knowledge is an asset that everyone can draw from. The Health Board will demonstrate and evaluate how the Integrated Concerns and Complaints Policy (introduced in 2024/25) is supporting the organisation to recognise, respond, learn and improve from incidents, complaints and mortality reviews.

Delivery priorities in 2025/26

- 5E.1 - The Health Board will evaluate how the organisation learns from its investigations of serious incidents and complaints following the introduction of the Integrated Concerns and Complaints Policy.
- 5E.2 - The Health Board will improve its systems and processes to ensure the transfer of learning as a Learning Organisation is increasing the opportunity to share learning and improve patient care.
- 5E.3 – Develop a discovery report to inform an Education Strategic Plan for the Health Board.
- 5E.4 (1C.3) – Improve processes to prepare for, respond to and embed learnings from any requests made by national Inquiries.

Anticipated priorities in 2026/27 and 2027/28

- The Health Board will maximise its learning capability by developing its skills to maximise learning capacity. The Health Board will be building its supportive learning cultural values.
- The Health Board will be able to demonstrate that it has configured itself to maximise, mobilise, and retain its learning potential as a learning organisation.

Section 4: Delivering the Plan

The previous sections of the plan focus on providing the strategic and local context within which the Health Board is operating, the key challenges it faces and how we intend to address them. This section focuses on how the organisation will ensure effective delivery of the necessary change, monitor and track improvements and manage and mitigate risk associated to delivery. It then goes on to outline the workforce and finance implications of delivering the plan.

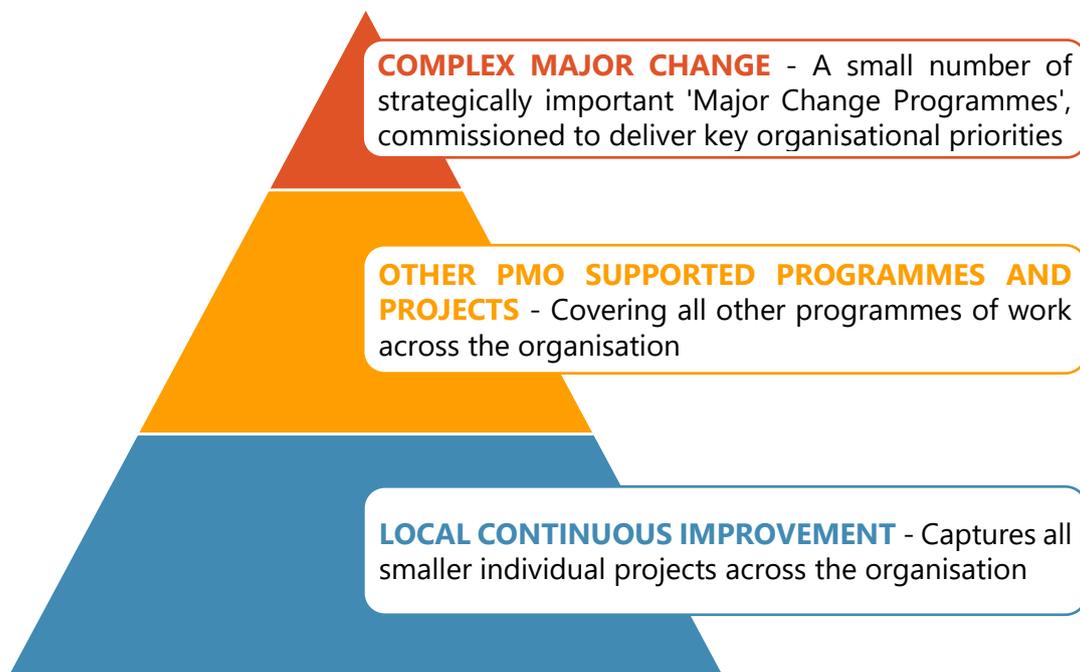
Effectively delivering change

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

During the last year, the Health Board has continued to develop experience in structured project and programme management and has established an infrastructure built upon a strong methodology, supported by an international evidence base. This has led to the creation of the Betsi Way Programme toolkit, which following some initial testing in 2023/24 was further developed during 2024/25 to change projects and programmes of different size, scale and complexity.

In keeping with this evidence base, the Health Board established a Portfolio Management Office to provide oversight, coordination and support for organisational change. The Portfolio Management Office has continued to build upon the approach taken in Special Measures reporting and assurance, applying this to the entire Annual Delivery Plan during 2024/25. This, along with taking a more structured approach to prioritisation and resource allocation, led to a higher proportion of milestones being delivered on time and to a higher quality than in previous years.

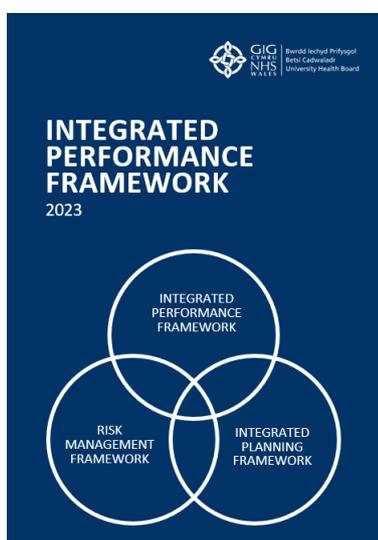
There are three categories of Change that encompass all the main pieces of transformation and improvement work across the organisation.



1)	2)	3)
Focused support, reporting and oversight to deliver, using industry standard Programme Management best practice.	Provision of skills and support as included in the first category, but on an ad-hoc basis according to the specific requirements and capacity to meet them.	Training, coaching, guidance and support available when requested, covering disciplines such as improvement, project delivery, pathways and change science.

Holding firm to evidence-based change management science will lead to greater tangible improvements from respective programmes, delivered in a more timely way. Establishing a systematic, prioritised approach to change management will take a number of years to mature, during which time it will continue to evolve. Bringing more rigor to change initiatives of all sizes will help the Health Board to bring about improvements faster.

Performance and accountability



The Health Board has approved an Integrated Performance Framework during 2023/24 to underpin the improvement of performance monitoring and performance leadership. Whilst the Health Board has made important steps forward during 2024/25 in this regard, it is recognised that further development is required in performance oversight, improving performance projections and early intervention when off-course to limit adverse impact.

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

The Health Board has significant performance issues across multiple domains. It is vital that the Health Board has the correct suite of information being reported and used within the organisation to support delivery.

The use of performance monitoring and clear performance objectives that are grounded in the Three-Year Plan will provide the basis for a more robust accountability model for the Health Board. The use of delivery confidences will be an important mechanism to track and intervene where the greatest areas of risk and therefore focus need to be.

This work will improve delivery against key national and local performance indicators, Special Measures expectations and against activity and financial metrics.

Successful delivery will lead to better quality of care, improved outcomes for citizens and staff, and ensure that all involved are clear on their roles, responsibilities, and accountabilities.

Risk Management

To ensure effective delivery of the plan, we will implement a structured approach to monitoring delivery, performance and managing risks, strategically and operationally.

- **Monitoring Delivery:** The implementation of plans will be closely tracked, with progress regularly reviewed and reported to the Board. This will provide a clear and transparent view of achievements against set objectives.
- **Risk Management:** In alignment with the Risk Management Framework, risks associated with plan delivery will be continuously monitored through the Board Assurance Framework. These risks will be formally reviewed and reported to the Board and its committees regularly, ensuring a proactive approach to risk mitigation.
- **Integrated Risk Approach:** All corporate risks have been assessed to align with an integrated risk management approach, ensuring that service plans consider future risks and prioritise mitigation strategies ensuring the safety and sustainability of services.
- **Performance Triangulation:** Performance metrics have been linked to planned objectives and delivery outcomes. This triangulation across quality, safety, outcomes and risk ensures that key performance indicators (KPIs) reflect progress and highlight areas requiring intervention.

By embedding these mechanisms and ensuring good governance the Health Board will maintain a robust risk management governance structure that drives successful delivery of the plan while ensuring service quality, sustainability and transparent reporting to the Board and its committees.

Workforce

The Health Board is developing a skilled, effective workforce to meet North Wales residents' needs. This allows greater collaboration with staff and partners to create sustainable workforce solutions, tackle future challenges, and deliver innovative, high-quality, patient-centered services.

- ***Skills and Engagement***

With the increased use of digital solutions across the Health Board, a stable and skilled, multidisciplinary workforce is required to embrace this journey with the ability to adapt in this space to exploit new technology and maximise patient outcomes. The Health Board will support staff in a way that enables effective deployment of teams with the right skills to deliver quality patient care. Building on work already started, a culture is being developed where all staff have a voice and can contribute to the success of the organisation, leading to opportunities to transform traditional ways of working, developing new skills to deliver innovative models of care through local initiatives whilst further embedding the national improvement and transformation programmes.

- ***Recruitment and Retention***

The recruitment and retention of staff with the values and behaviours required to work across services is key to deliver quality patient outcomes.

Workforce teams through the Value & Sustainability programme will support challenged areas across the Health Board to firstly stabilise workforce numbers by ensuring key gaps are filled, whilst alongside this enabling staff to deliver their key skills to ensure quality based effective patient care. Some key service areas for 25/26 in focus include Orthopaedics, Oncology, Orthodontics, Dermatology, Vascular, Urology, Ophthalmology and Plastics as outlined earlier in the plan.

This work will align with the development of detailed workforce plans across key services areas to ensure targeted recruitment and retention interventions are highlighted and implemented. This will be delivered through targeted support to enable collaboration across teams to deliver sustainable solutions to enable quality patient outcomes. Workforce teams will continue to work with services to ensure they have the support required to hire staff in an efficient way by reducing barriers to seamless recruitment.

Specific recruitment work is already underway with several initiatives in place and planned for medical and nursing professionals. This will supplement the existing work being undertaken regarding UK recruitment with a more streamlined and innovative approach to attract staff to come to work and stay in North Wales.

As well as registrant workers, the Health Board will build on work already carried out to support local access routes to roles across the organisation for the local people of North Wales. This will involve further strengthening of the existing links with our Further and Higher Education partners to build new pathways and opportunity pipelines across the Health Board.

A specific focus on staff wellbeing is being adopted across the Health Board to identify the root causes of sickness absence and ensure targeted support is in place to allow staff to return to work in an efficient and timely manner where possible. Staff turnover is also a focus of work ongoing within the Health Board to understand why staff leave and to deliver interventions at key points within staff's career journey to maximise opportunities for development and progression.

▪ Workforce Staffing Position

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

The focus in 2025-2026 will be to ensure the workforce productivity and efficiency is maximised to ensure we only grow only where it is necessary to grow. More efficient ways of working include more effective and consistent job planning, standardisation of approaches to rostering, the enablement of effective workforce planning, and the use of alternative roles-diversification and skill-mix redesign. The strategic priorities outlined within this plan, include these principles, and redesign or reconfiguration of services will always require safe and deliverable workforce plans at their core before being agreed. Beyond 2025-2026 the Health Board will need to reshape its workforce to meet the changing demands of service provision. This will mean a shift towards integrating new roles such as Physician Associates and Anaesthetics Associates into service level workforce models.

The tables below outline the current workforce establishments for the Health Board alongside the actual staff currently in post. Forecast projections for 2026-27 and beyond are coloured grey at this time to reflect the need for change in the current structure of our workforce. Completion of the Foundations for the Future design work alongside the development of Clinical Service plans will be pivotal to this reshaping of current workforce profiles. Broadly, over the coming years it is expected that lower admin and clerical staffing numbers will be seen with a move towards more digitally enabled clinical services. Alongside this the development of more advanced clinical practitioner roles being embedded into service delivery will lead to more integrated skills based clinical service delivery changing the role profiles across traditional staffing groups.

WORKFORCE ESTABLISHMENT WTE	Actual 31/3/24	Forecast 31/03/25	25/26 Forecast			Plan End 2025/26	Plan End 2026/27	Plan End 2027/28
			End Q1	End Q2	End Q3			
Admin, Clerical & Board Members	4,002	4,021	4,021	4,021	4,021	4,021	4,021	4,021
Medical & Dental	1,752	1,808	1,808	1,808	1,808	1,808	1,808	1,808
Nursing & Midwifery Registered	6,323	6,278	6,278	6,278	6,278	6,278	6,278	6,278
Prof Scientific & Technical	861	867	867	867	867	867	867	867
Additional Clinical Services	4,265	4,207	4,207	4,207	4,207	4,207	4,207	4,207
Allied Health Professionals	1,280	1,316	1,316	1,316	1,316	1,316	1,316	1,316
Healthcare Scientists	346	348	348	348	348	348	348	348
Estates & Ancillary	1,522	1,498	1,498	1,498	1,498	1,498	1,498	1,498
Students	22.5	22.5	23	23	23	23	23	23
TOTAL	20,374	20,366	20,366	20,366	20,366	20,366	20,366	20,366

Substantive Deployed WTE	Actual 31/3/24	Forecast 31/03/25	25/26 Forecast			Plan End 2025/26	Plan End 2026/27	Plan End 2027/28
			End Q1	End Q2	End Q3			
Admin, Clerical & Board Members	3,647	3,616	3,627	3,638	3,649	3,657	3,689	3,721
Medical & Dental	1,166	1,163	1,172	1,181	1,189	1,198	1,214	1,230
Registrant Nurse & Midwifery	5,653	5,812	5,839	5,865	5,892	5,918	5,978	6,038
Prof Scientific & Technical	758	774	779	783	787	791	807	823
Additional Clinical Services	4,011	3,928	3,937	3,946	3,955	3,963	3,995	4,027
Allied Health Professionals	1,211	1,237	1,241	1,244	1,248	1,252	1,256	1,260
Healthcare Scientists	329	324	325	326	326	327	329	331
Estates & Ancillary	1,329	1,326	1,331	1,337	1,343	1,348	1,368	1,388
Students	23.5	18.9	22.5	22.5	22.5	22.5	22.5	22.5
Medical & Dental (Central Shared Service)	460	488	488	488	488	488	488	488
TOTAL	18,588	18,687	18,760	18,830	18,900	18,964	19,146	19,328

Finance

▪ *Overview of the Financial Plan*

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

The 2024/25 financial year reflects the financial challenges from 2023/24 continuing; with the ability to achieve financial balance and the key financial duty remaining a challenge in the current climate, despite the receipt of an uplift in funding. The initial plans set a £19.7m deficit plan. This position was improved following an additional allocation of £11.15m to recognise the consistent pressures being experienced by all Health Boards, which was supported in part by non-recurrent funding in 2023/24. Specifically, this was to support continued demand and inflationary pressures in relation to prescribing, secondary care medicines, and packages of care (CHC/FNC). The result is for the Health Board to have an improved initial plan of a £8.6m deficit for the 2024/25 financial year.

The 2025/26 financial plan aligns with the strategic ambition of the Health Board in attaining the key financial duty to break-even, laying the foundations that will enable attainment of a productive, efficient and employed workforce offering high quality patient care that is financially sustainable. Expenditure commitments will need to be prioritised to enable the key financial duty and the performance ask to be attained.

▪ *Underlying Deficit*

The Health Board has faced a significant underlying deficit position, which is an accumulation of drivers that include cost pressures, historic investment decisions and non-delivery of savings programmes.

The Health Board is forecasting a deficit of £8.6m for 2024/25, following the issue of additional recurrent Welsh Government financial resources totalling £11.15m (which improved the original planned deficit of £19.7m). In addition to the in-year allocation, the Health Board was also in receipt of £82m allocated by Welsh Government for each of the last four financial years supporting service improvements and transformation, and £74.6m received for the last two financial years to support the underlying deficit and inflationary increases.

The Health Board continues to experience pressures from use of additional capacity to service unplanned care demand, Continuing Healthcare, Prescribing and Secondary Care Drugs. An assessment of the cost pressures and underspends contributing to the 2024/25 position has been undertaken that identified a net recurrent overspend of £23.3m that will continue into 2024/25.

This opening deficit of £8.6m combined with high levels of non-recurrent income and cost pressures experienced in 2024/25 is expected to continue into 2025/26, and gives an opening underlying deficit of £188.5m, this being the starting point for the 2025/26 Financial Plan.

Underlying Deficit	£m
Forecast deficit outturn for 2024/25	8.6
Non-recurrent Welsh Government Strategic Support for deficit 2021/22	40.0
Non-recurrent Welsh Government Performance and Transformation Fund	42.0
Conditionally recurrent Welsh Government support – underlying deficit & inflation	74.6
Recurrent overspends and reversal of balance sheet mitigation from 2024/25	23.3
Opening underlying deficit 2025/26	188.5

It is of note that the underlying deficit improves significantly upon the Health Board satisfying the conditions associated with retention of the conditionally recurrent funding (£74.6m) and Welsh Government Strategic and Transformation resource allocations (£82m).

▪ ***Our Resources***

The Welsh Government draft budget announcement for 2025/26 confirmed a planned increase in the Health and Social Care budget of £435m revenue and £175m capital funding. This has been allocated to largely support the assessed cost of inescapable demand growth and unavoidable inflationary pressures, and to deliver progress on capital requirements. It is essential that organisations continue to deliver actions to mitigate expenditure growth, achieve savings and efficiency, alongside an increase in productivity.

The Welsh Government Strategic Support funding that was to conclude in 2024/25 (totalling £82m per year) has been continued on a conditional basis, subject to delivering the target control total of a £8.6m deficit for 2024/25 and achieving a balanced IMTP. Welsh Government have also confirmed that the £74.6m conditionally recurrent funding that the Health Board received in 2023/24 and 2024/25 has been included in the allocation for 2025/26 and remains conditionally recurrent. This allocation has been classed as recurrent in principle; conditional on progress in delivering the target control total that has been issued to the organisation.

The Welsh Government allocation growth for 2025/26 represents a 1.77% uplift in funding, which equates to £31.9m for BCU (pay award not required to be serviced by this uplift and thus is excluded from the plans at this time). This core funding increase therefore supports NHS organisations with the unavoidable inflationary and demand pressures that are forecast for 2025/26. Funding for NHS pay awards in 2025/26 is being held centrally and will be allocated to employers once awards are made.

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

	Recurrent £m	Non- recurrent £m	Total £m
Allocation Income			
Non-recurrent Welsh Government Strategic Support for deficit 2021/22		-40.0	-40.0
Non-recurrent Welsh Government Performance and Transformation Fund		-42.0	-42.0
Conditionally recurrent Welsh Government support - underlying deficit & inflation		-74.6	-74.6
Allocation uplift (incl. Mental Health)	-31.9		-31.9
Covid Programme Funding	-0.7		-0.7
Allocations for specific priorities (Planned Care, VBHC, FF & Six Goals)	-43.1		-43.1
Allocations for specific schemes (MH SIF, Optoms, Genomics, Palliative Care less Flu Vaccines)	-6.3		-6.3
Total Additional Allocation	-82.0	-156.6	-238.6
Other Income			
Provider Income uplift	-0.4		-0.4
Total Other Income	-0.4		-0.4
Total Additional Income	-82.4	-156.6	-239.0

It is of note that a large element of the additional income relates to conditionally recurrent resources; inflationary uplift and retention for a further year of the transformation and performance fund.

▪ **Capital Programme**

The capital programme seeks to be a balance of investment in assets to address compliance, mitigate risks to service delivery and support the Health Board and Welsh Government priorities within the current plan. The programme contains capital projects that have followed a robust process of being evaluated and prioritised within the limited resources to fund it.

The Health Boards capital programme comprises a number of potential funding sources, namely the All Wales Capital Programme, project specific grant support, discretionary capital, property sale receipts and charitable funding.

The annual capital programme for 2025/26 may be summarised as follows:

Capital Allocation 2025/26	£m	Total £m
All Wales		24.928
Substance Misuse Building, Llandudno	2.556	
Regional Orthopaedic Hub, Llandudno Hospital	14.173	
Funding for Digital Radiography Rooms and Backlog Maintenance	0.490	
IRCF - Conwy & Llandudno Junction Health & Social Care Centre	0.625	
DPIF - All Ages Mental Health Digital Solution	0.575	
Targeted Estates Funding	6.509	
Discretionary		17.000
Divisions	3.370	
Ant ligature	1.000	
Medical Devices	3.550	
Informatics	3.040	
Building's Infrastructure works (Estates)	3.450	
Facilities	0.550	
Capital expenditure brokerage from 2024/25	1.500	
Contingency	0.540	
Total Additional Income		41.928

The Health Board received additional Targeted Estates Funding through the national programme of capital schemes based on priorities. In accepting the funding, the health board has agreed to contribute 30% from their discretionary funding. The table outlines the 2025/26 funding allocations.

Targeted Estates Funding	WG Funding £m	HB 30% Contribution £m
Estates Infrastructure	2.169	0.930
Fire Safety	1.663	0.713
Decarbonisation	0.162	0.070
Infection Prevention Control	0.554	0.238
Decontamination	0.543	0.233
Mental Health	1.418	0.608
Total	6.509	2.792

The Health Board continue to work with Welsh Government on a number of major capital schemes:

Regional Orthopedic Hub – this project is progressing on site with continued engagement to secure the earliest completion date.

Nuclear Medicine/PET CT – progressing with OBC to be considered by Welsh Government early in quarter 1, with expectation to proceed to FBC. A scrutiny matrix has been submitted with the Health Board working through responses.

Royal Alexandra Hospital Development – FBC previously submitted to WG, however being reviewed with discussions taking place on progressing the project.

Adult and Old People Mental Health Unit (Ablett) – FBC is being reviewed with potential submission for approval in 2025/26.

School of Medicine – Joint working with Bangor University, the Health Board has approved the business case with submission to Welsh Government in quarter 1.

IRCF – there are a number of IRCF projects being developed that will include Caledfryn, Conwy/Llandudno Junction Integrated Primary Care Centre, Waunfawr Primary Care Centre and Holyhead Primary Care Centre. All these are subject to a review of the prioritisation to achieve the IRCF fund objectives and acceptable cash flow.

Diagnostic Programme including LINACs – a diagnostic replacement programme is managed nationally with the Health Board prioritising the replacement of two Linear Accelerators.

Digital programme – A number of electronic health records system are being developed which includes the All Ages Mental Health Digital Solution, Electronic Prescribing and an Electronic Health Record.

▪ **Financial Risks**

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

There are also significant risks in relation to cost overruns from additional bed use, with mitigation centring on discharge and reablement wards. Inflationary pressures remain and risks are focused on inflationary funding requests exceeding the base funding awards of 1.77% within the modelling, particularly in areas such as CHC and Prescribing.

Risks to the financial plan are shown in the table below:

Risks	£m	Likelihood
Quantifiable risks		
Failure to deliver savings not yet identified	20.0	Medium
Cost overruns from additional bed use	12.0	High
Inflationary impacts	10.0	High
Total quantifiable risks	42.0	
Other non-quantified risks		
Investments within services - additional allocations and re-prioritisation of funds		

Opportunities / mitigations for the identified risks
Further development of transformation savings through a programme for delivery of Value and Sustainability – whilst this programme develops, continuation of control measures deployed in 2024/25
Medically fit for discharge wards (reablement)

The targeting of improvements through implementation of a Value & Sustainability approach to enhance delivery for the local population, securing gains in productivity and efficiency through

service reviews aligned to benchmarking with improvements to financial standing is a key strategic focus.

The financial plans aligning to the strategic ambition of the Health Board in attaining the key financial duty to break-even. This lays the foundations to enable attainment of a productive, efficient and employed workforce offering high quality patient care that is financially sustainable.

Section 7: Appendices

The following appendices are supplied as separate documents:

- Appendix 1: A Healthier Wales refreshed actions
- Appendix 2: Cabinet Secretary Enabling Actions baseline assessment
- Appendix 3: Cabinet Secretary Delivery Expectations trajectories
- Appendix 4: Special Measures De-escalation Criteria

Section 8: Abbreviations & Glossary

A Healthier Wales refresh		A set of refreshed actions that have been agreed to support the delivery of A Healthier Wales.
Adopt and Adapt	A&A	Health Board are expected to learn from each other, so that those with further to go in delivering a particular service adopt and adapt good practice from those who have made better practice.
Activities of Daily Living	ADLs	Activities of daily living are the essential tasks that individuals perform as part of their daily routines, for example eating, drinking, bathing and dressing. These activities are fundamental for maintaining a good quality of life and form the basis of the assessments that health and social care professionals undertake to determine an individual's functional abilities and needs.
Annual Delivery Plan	ADP	A structured framework that outlines the key priorities, targets, and actions for healthcare services over a financial year.
Anchor institution		Anchor institutions are public sector organisations whose long-term sustainability is intrinsically tied to the wellbeing of the populations they serve. Anchor institutions have a significant opportunity to make large impacts upon their local communities depending upon how they approach procurement, the use of their buildings and estate, their workforce policies, how they work together, and environmental impact.
Atrial Fibrillation	AF	Atrial fibrillation is a heart condition where the heartbeat is irregular. It is important because the irregularity can affect blood flow leading to clots and strokes unless effectively treated.
Attention Deficit Hyperactivity Disorder	ADHD	ADHD is a condition, most usually diagnosed in childhood that is characterised by hyperactivity and impulsiveness.
Audit Wales		Audit Wales in the organisation that provides independent scrutiny and audit of public service providers in Wales.
Autistic Spectrum Disorders	ASD	Autistic Spectrum Disorder is term used to describe a closely related range of developmental condition, previously commonly referred to as 'autism'.
Board		The Board governs the organisation. Membership of the Board comprises of the Chairman, the Vice Chair, Independent Members (who are appointed by the Minister for Health and Social Services), and Executive Members. Together, they form a unitary Board.
Board Assurance Framework	BAF	The BAF brings together information related to risks of not delivering the board's strategic objectives, including how those risks are being managed and mitigated.
Board Committee		The Health Board has a number of Board Committees that each have specific areas of responsibility, for example Audit Committee and Performance, Finance and Information Governance Committee. Board Committees provide scrutiny and report assurance to the Board.

Building Community Capacity	BCC	This is one of the Ministerial Priorities which covers a number of areas.
Business Case	BC	Business Case provides justification for undertaking a project, programme or portfolio on the basis of its expected benefit.
Business continuity		Business Continuity arrangements are the plans put in place by organisations to ensure that they can respond and continue to deliver essential services when incidents occur that threaten this, for example losses of power, IT failures and major incidents affecting staffing availability.
Business partnering		Business partnering is an approach that aligns functional expertise in areas such as finance, workforce, and improvement science, with the operational teams throughout the organisation.
Care of the Elderly	COTE	Our care of the elderly looks after older patients. Improving the care of older people; Ageing well and supporting people living with frailty; health ageing and caring.
Child and Adolescent Mental Health Services	CAMHS	The overarching term for mental health services for those aged under 18. This comprises of a range of in-reach services, community services, inpatient and high intensity services, and specialist services.
Chronic Obstructive Pulmonary Disease	COPD	COPD is a long-term condition, including emphysema and chronic bronchitis, which affects breathing. Most cases of COPD are associated with a history of smoking, making COPD a preventable condition for many.
Civil contingencies		The Civil Contingencies Act 2004 places obligations on Health Board and other public services to prepare for emergencies.
Clinical Services Plan	CSP	A plan for how to configure the delivery of clinical services in order to deliver the strategic intent of the Health Board.
Cluster		A collaboration, covering populations of around 25,000 to 50,000, that brings together Health Board service colleagues, Local Authority, independent contractor health care services, third sector, and others, to identify improved ways of meeting the community health and social care needs to local residents.
Colonoscopy		An examination of the bowel using a fine, flexible tube with a camera attached.
Community Health Pathways		Community Health Pathways, or Health Pathways, is a portal for healthcare professionals providing guidance aimed at reducing unnecessary referrals to secondary care hospital services.
Community pharmacy		Sometimes termed 'high street pharmacy', community pharmacy providers dispense prescriptions, sell over the counter products, but also do much more, including providing consultations on a range of healthcare problems and prescribing of certain medications.
Compassionate leadership		Compassionate leadership is an approach to leadership that involves actively listening to, understanding, and supporting colleagues. It is well researched to lead to more engaged and motivated staff, higher levels of well-being and the delivery of higher quality care.

Computerised Tomography	CT	Computerised tomography is a type of scan that uses x-rays inside a large tube in which the patient lies.
Continuing healthcare funding	CHC	Continuing healthcare funding, also known as CHC funding, is an NHS framework that assesses individuals who have significant ongoing healthcare needs outside of hospital. If the CHC threshold is met, then ongoing care needs are fully funded by the NHS.
Control total		A financial control totals represents financial targets that must be achieved and defines the maximum amount of spending allowed.
Decarbonisation Action Plan	DAP	The Health Board plan to reduce greenhouse emissions.
Delivery plan 2024-25		The Health Board annual delivery plan for 2024-25 provides a detailed mapping of how and when the priorities for 2024-25 in the plan will be delivered and who the senior accountable officer overseeing delivery is for each element.
Demand and Capacity	D&C	This is the overarching term used to describe the methodologies of identifying how much planned care capacity there is compared to what the expected demand will be from referrals.
Discharge to Recover then Assess	D2RA	This approach supports people to remain at home or to be discharged as soon as possible to recover at home before being assessed for any ongoing need.
District General Hospital	DGH	A district general hospital is a traditional term given to a hospital delivering secondary care services within a particular area, or district. In North Wales we have three hospitals that would be considered to be DGH's, Ysbyty Gwynedd in Bangor, Ysbyty Glan Clwyd in Bodelwyddan, and Wrexham Maelor Hospital in Wrexham.
Digital Data & Technology	DDaT	Digital is about how organisations change their business models to take advantage of the technologies of the internet age in order to enable better outcomes. This takes into consideration the technologies and tools used both inside and outside the enterprise by customers/patients/citizens. DDAT combined is the common term used for the profession and the operating model, which when effectively delivered, results in the best value.
Duty of Quality		The Health and Social Care (Quality and Engagement) (Wales) Act 2020 includes the Duty of Quality with the goal of continually enhancing the quality of services provided. The Duty of Quality applies to all aspects of NHS Wales, whether clinical or non-clinical.
Electronic Health Record	EHR	A computerised medical record that fully replaces the use of handwritten paper records.
Emergency Preparedness, Resilience, and Response	EPRR	EPRR is the term given to the continual planning and preparation undertaken by NHS organizations in order to be able to swiftly and effectively respond to a range of incidents and emergencies that could impact health or patient care, such as infectious disease outbreaks, extreme weather, and major accidents.
Endoscopy		Endoscopy is a diagnostic test that uses a long, thin tube with a small camera inside, called an endoscope.
Executive Member		Executive Directors are responsible for the operational running of the organisation. Within Health Board arrangements in Wales,

		Executive Directors work alongside Independent Members as equal members of the unitary Board.
Executive Team		The Executive members of the unitary Board, led by the Chief Executive Officer. They are the most senior officers of the organisation, responsible for the operational leadership of the Health Board.
Equality Impact Assessment	EqIA	A framework for demonstrating due regard through considering evidence and analysis to help identify the likely positive and negative impacts that policy proposals may have on certain protected groups and to estimate whether such impacts disproportionately affect such groups.
Full Business Case	FBC	The Full Business Case (FBC) is the final stage in the 'Five Case Model' often used in government and large organisation to justify investments.
Funded Nursing Care	FNC	FNC is closely related to continuing healthcare funding. Individuals not eligible for CHC funding may be eligible for FNC if they are living in a care home setting and require care from a registered nurse. If eligible FNC covers the nursing care component of costs.
Foundation for the Future	FFF	'Foundations for the Future' (<i>formerly the Operating Model Review</i>) is one of BCUHB's Four Major Change Programmes and is utilising a model based on Tushman and O'Reilly 'Leading Organisational Change and Renewal. For the organisation to be effective, it needs an Operating Model that enables both the day-to-day leadership and management of services and improvement to take place systematically. This means giving equal weight to strategy, people, culture, processes, and structures.
Further, Faster		Further Faster is a workstream of the A Healthier Wales long term plan to increase momentum in community care to reduce pressures on hospitals.
General Medical Service contract	GMS	The way in which independent GP/Primary Care practitioners work with the Health Board to run their practices.
Genomic Medicine	GM	Genomics is the study of individual patient's genes to make more accurate or earlier diagnoses. It is anticipated that this will make it possible for genetic information to be matched to the most effective medications and interventions.
Getting It Right First Time	GIRFT	GIRFT is a national NHS programme designed to improve the treatment and care of patients by reducing unwarranted variations using benchmarking data and applying the best practice from high performing providers to others.
GP with a special interest	GPwSI	Also referred to as a General Practitioner with Extended Roles (GPwER), a GPwSI is a GP who takes on a role that extends beyond the normal scope of general practice in a particular specialist area. GPwSI often take relevant referrals from other GPs as an alternative to referring patients to hospital specialists.
Health and Safety Executive	HSE	The Health and Safety Executive is the UK national regulator for workplace health and safety.
Health Education and Improvement Wales	HEIW	Health Education and Improvement Wales (HEIW) is the strategic workforce body for NHS Wales and provide strategic and specialist workforce support and advice across Wales.

Hybrid Closed Loop	HCL	A hybrid closed-loop system is a type of technology used to manage diabetes, particularly for people with type 1 diabetes. It combines an insulin pump with a continuous glucose monitor (CGM) to automate insulin delivery. Here's how it works.
High Volume, Low Complexity	HVLC	High Volume Low Complexity procedures are routine surgical procedures, such as cataract removal, and straight forward joint replacements, that can be delivered more efficiently by agreeing standardised pathways, pooling capacity and resources, and improving theatre use and day case rates.
Human Papilloma Virus	HPV	Human papillomavirus is the term given to a group of viruses, a small number of which can cause genital warts or cancer.
Improvement Cymru		Improvement Cymru is the improvement service for NHS Wales, hosted by Public Health Wales.
Insourcing		Provision of additional capacity delivered by the independent sector using BCUHB premises.
Independent Member	IM	Within Health Board arrangements in Wales, Independent Members work alongside Executive Directors as equal members of the unitary Board.
Independent Prescribing	IP	The prescribing of prescription only medication by healthcare professionals who are not doctors, after being given additional training.
Institute of Healthcare Improvement	IHI	The Institute for Healthcare Improvement is an independent not-for-profit organisation, international recognised, that provides advice and support in the field of healthcare improvement science.
Institution Of Occupational Safety and Health	IOSH	The IOSH is an international organisation that sets standards for, and provides guidance to, professionals working in the fields of workplace health and safety.
Integrated Health Community	IHC	IHC is the term given to the three geographical divisions within the Health Board - East, Centre and West. Each IHC is responsible for organising and delivering the general healthcare services within the District General Hospital within the respective area alongside the community services in the area.
Integrated Medium-Term Plan	IMTP	An IMTP is a plan, set within a three-year context that sets out the how the Health Board intends to deliver the long-term vision for NHS services in Wales. IMTPs must reflect the strategic and legislative landscape within Wales, including Ministerial priorities.
Integrated Planning Framework		The Framework in the Health Board that draws together the various aspects across the organisation where planning skills are required.
Integration and Rebalancing Capital Fund	IRCF	A Wales-wide funding initiative aimed at enhancing health and social care services.
Internal Audit		Internal Audit is a function, independent of the Health Board that audits services and governance systems within the Health Board. Internal Audit services are hosted by NHS Wales Shared Services Partnership.
Inverse Care Law	ICL	The Inverse Care law describes the phenomenon where people who most need health care are least likely to receive it, leading to

		disparities in access. This often occurs when those who are less well-off face barriers.
NHS Wales Planning Framework	NWPF	The NHS Planning Framework provides Ministerial statutory Directions to the service to produce financially balanced strategic plans. It is intended to help direct Health Board resources and capacity, while continuing to deliver the universal range of services in a proportionate way and shape the decisions that boards will need to make including workforce and finance considerations. The statutory requirement for an approvable Integrated Medium-Term Plan (IMTP).
NHS Wales Joint Commissioning Committee	NWJCC	The NHS Wales Joint Commissioning Committee (NWJCC) is a Joint Committee of the seven Health Boards acting collectively on their behalf. Established in April 2024, the NWJCC replaces EASC and WHSSC and will assume responsibility for the services previously commissioned by these committees and the NCCU, together with the commissioning of NHS 111 Wales services, and the Sexual Assault Referral Centres for Wales.
Joint Advisory Group (JAG) on GI Endoscopy Accreditation		JAG accreditation is a nationally recognised accreditation system used to quality assure gastrointestinal endoscopy services.
Klebsiella		Klebsiella is a bacterium that can cause serious infections, especially in hospital settings, and that can sometimes be resistant to common antibiotics.
Lay Carer Administration (CARIAD)		The CARIAD package is about lay carer-administration of subcutaneous (SC) as-needed medication for five common symptoms in the last days of life. This will allow the carer(s) to treat breakthrough symptoms without having to rely on repeated home visits by health care professionals.
Length of Stay	LoS	The number of days that an inpatient stay in hospital.
Living Healthier, Staying Well'		The Health Board strategy consulted upon in 2017 and published 2018 is the current Health Board's 10 year strategy.
Llais		Llais is the national, independent body set up by the Welsh Government to give the people of Wales a stronger voice in their health and social care services.
Long Term Condition	LTC	Long-term conditions are illnesses that cannot be cured although they may be controlled with medicines or other treatments, for example asthma and diabetes.
Magnetic Resonance Imaging	MRI	Magnetic resonance imaging is a type of scan that uses magnetic fields and radio waves inside a large tube in which the patient lies.
Mass immunity		Sometimes referred to as 'herd immunity' mass immunity describes the need to vaccinate a certain percentage of the population in order to prevent the ongoing spread of an infectious illness in those not fully vaccinated. Once mass immunity has been reached, disease gradually disappears from the population.
Medically Fit for Discharge	MFD	This is the point from which an individual remains in hospital for reasons other than because they require inpatient medical oversight.

Methicillin Resistant Staphylococcus Aureus	MRSA	MRSA is a type of bacterial infection that can cause serious infection if it gets into the body. It can be associated with the overuse of antibiotics.
Methicillin-Susceptible Staphylococcus Aureus	MSSA	MSSA is a type of bacterial infection similar to MRSA but more likely to be treatable with antibiotics.
Mid-Wales Collaborative		The Mid Wales Healthcare Collaborative, now the Mid Wales Joint Committee for Health and Care, was established in response to the Mid Wales Healthcare Study with the aim of ensuring that healthcare services in Mid Wales are effective for its population.
Minor Injury Unit	MIU	MIUs are a walk-in service able to deal with minor injuries without needing to visit an Emergency Department. The Health Board has 9 MIUs.
Ministerial Priorities		The ministerial priorities have been set within the NHS Planning Framework 2025/28. Priorities need to be underpinned by a focus on quality, safety and prevention as part of the planned activity, with good medical outcomes at the heart of the NHS services.
Minimum Data Set	MDS	A quarterly reporting tool that underpins the Integrated Medium-Term Plan (or Annual Operating Plan) and contains a set of activity, workforce, and financial data requirements.
More Than Just Words'		More Than Just Words 'Five Year Plan' is the Welsh Government's framework for promoting the use of the Welsh language in health and social care.
National Framework for Social Prescribing	NffSP	The NffSP sets out to describe the preferred model of social prescribing in Wales, help develop a shared understanding of the language used to describe social prescribing and seeks to ensure consistency of delivery regardless of the setting.
Neurodevelopmental services	ND	The branch of healthcare services that manages neurodevelopmental conditions. The most common conditions are Autistic Spectrum Disorders and Attention Deficit Hyperactivity Disorder.
Nuclear Medicine		Nuclear medicine uses radioactive material to diagnose disease. Due to the use of radioactivity, nuclear medicine is subject to tight legislative regulation and inspection.
Outline Business Case	OBC	Outline Business (OBC) is a preliminary project framework that sets out the preliminary thoughts regarding proposed project. It identifies the spending option which optimises value for money.
Out of Hours	OOH	A GP service offered to the public outside normal surgery hours, accessed via NHS 111 Wales. Out of Hours period is between 6:30pm to 08:00am on weekdays, and all day at weekends and on bank holidays.
Outsourcing		Provision of additional (clinic, diagnostic or surgical) capacity provided by the independent sector from their own premises.
Operating model		A financial control totals represents financial targets that must be achieved and defines the maximum amount of spending allowed.
Organisational Development	OD	Organisational development is the approach taken to systematically support those working within an organisation to be their best and

		most satisfied. This involves promoting a positive organisational culture, developing workforce and leadership skills and enhancing communication.
Pan Cluster Planning Groups	PCPGs	Pan Cluster Planning Groups (PCPG) are strategic partnership groups set up to deliver needs-based planning and service co-ordination for the local community. Working on a county footprint, PCPGs commission services to fill gaps in local provision.
Palliative and End of Life Care, and Bereavement	PEoLC	The National Palliative and End of Life care Programme provides national leadership and support and acts as a forum to drive forward change and oversee health boards' efforts to deliver the Welsh Government's vision for improving end of life care in Wales.
Patient Initiated Follow Up	PIFU	Follow up clinics appointments only booked at the request of the patient.
Patient Reported Experience Measure	PREM	PREMS are tools where individuals can report the experience of receiving health care from their perspective. They are often used following treatments or interventions to assess how receiving interventions feel for individuals in order to improve services.
Patient Reported Outcome Measure	PROM	PROMS are tools where individuals can report health outcomes from their perspective. They are often used following treatments or interventions to assess the impact that those interventions have had.
Pharmaceutical Needs Assessment	PNA	The PNA is an assessment of the current and future pharmaceutical service requirements within individual areas. The Health Board uses the PNA to inform planning to improve pharmacy services.
Planning template		The mandatory templates issued to Health Boards by NHS Wales used to provide structured additional detail for plan priorities.
Prevention and Population Health	P&PH	This is about preventing poor health in NHS Wales and tackling inequalities.
Population Needs Assessment	PNA	The population needs assessment is an assessment of the care and support needs in North Wales, identifying the services available to meet those needs and any gaps and actions required. It has been created by North Wales Regional Partnership Board, in line with the requirements of the Social Services and Well-being (Wales) Act 2014. The most recent PNA was completed in 2022, though kept under continual review.
Portfolio & Programme Management Office	PMO	A support structure within the Health Board that ensures improvement and change management science is best utilised when managing business change. This is sometimes referred to as making sure we are "doing the right work and doing it in the right way" when delivering major change.
Positron Emission Tomography	PET	A positron emission tomography (PET) scan is a modern type of nuclear medicine imaging test that provides detailed 3-dimensional images of the inside of the body.
Primary Care Model for Wales		The national model for Primary Care in the future in Wales. It makes better use of the skills of everyone working in the local area, and

		that empowers individuals to take control of their own health and choices.
Prioritisation		The process by which healthcare service improvements that offer the highest value to individuals and communities are progressed when allocating the use of limited resources.
Public Service Board	PSB	PSBs were established by the Well-being of Future Generations (Wales) Act. There are 3 PSBs in North Wales. Each board must carry out a well-being assessment and publish an annual local well-being plan.
Quadruple Aim		The Quadruple Aim is an internationally recognised approach to driving improvements in healthcare. The four themes of the Quadruple Aim, interpreted for Wales are improved population health and wellbeing; better quality and more accessible health and social care services; higher value health and social care; and a motivated and sustainable health and social care workforce.
Quality Management System	QMS	An effective Quality Management System (QMS) is about much more than Quality Improvement. Rather, it draws together the interrelated elements of quality planning, quality improvement, quality control, and quality assurance to create a system of quality that spans everything undertaken in the organisation.
Referral to Treatment	RTT	In n NHS Wales , the referral to treatment (RTT) process involves the time from when a patient is referred by a GP to when they receive treatment.
Regional Partnership Board	RPB	RPBs have been established as part of the Social Services and Well Being Act to improve the well-being of the population and to improve how health and care services are delivered. There is 1 RPB in North Wales. Members of the RPB includes Health Boards' Board members and senior officers, Local Authority Elected Members, Local Authority Social Services Directors, representatives from the Emergency Services, from housing, education, 3rd sector and carers.
Risk Register		A risk register provides a structured record of any significant risks being managed by the Health Board that might impact upon the work of the Health Board. Risk registers are regularly reviewed and include response plans to how the risks are being reduced or controlled.
Same Day Emergency Care	SDEC	Same day emergency care (SDEC) is a service providing urgent care to patients without the need for an overnight admission to hospital.
See on Symptom (SOS) and Patient Initiated Follow-up (PIFU)	SOS & PIFU	See on Symptom (SOS) and Patient Initiated Follow-Up (PIFU) are two ways we deliver care to outpatients. These services empower patients to take control by giving them the choice and flexibility around when they access our care.
Sentinel stroke national audit programme	SSNAP	The Sentinel Stroke National Audit Programme (SSNAP) is a quality improvement initiative. SSNAP measures the quality and organisation of stroke care.
Service Level Agreement	SLA	A documented agreement between a service provider and a commissioner of that service that clearly lays out the level of service expected and the monitoring arrangements that will be used.

Six goals for Urgent and Emergency Care Programme	6 Goals	The 6 Goals Programme is a national programme of initiatives to help transform access to urgent and emergency care.
Single Integrated Clinical Assessment and Treatment	SICAT	Ensures patients are seen by the right person at the right place and time will prevent lengthy delays at the front door of ED, allow vehicles to remain in the local area available to respond to red calls, reduce your overall cycle time and may even allow you to finish on time.
Single Point of Access	APOA	The Single Point of Access (SPOA) is the entry point for referrals to specialist Emotional Wellbeing & Mental Health services.
Social Prescribing	SP	Social prescribing is defined in Wales as an umbrella term that describes a person-centred approach to connecting people to local community assets. It can help empower individuals to recognise their own needs, strengths, and personal assets and to connect with their own communities for support with their personal health and wellbeing (WSSPR & PHW, 2023).
Social Partnership and Procurement (Wales) Act	SPPP	A statutory framework that aims to improve population wellbeing by enhancing public services through social partnership working, promoting fair work and socially responsible public procurement.
Small Business Research Initiative Centre of Excellence	SBRI	The Small Business Research Initiative Centre of Excellence in Wales is hosted by the Health Board and collaborates with public sector bodies in Wales. By running competitions and inviting industry participation, the SBRI Centre of Excellence aims to develop innovative solutions that enhance the health and well-being of those living in Wales. It is funded by the Welsh Government.
Special Measures		Special measures', now referred to as level 5 escalation, is highest level of escalation within the NHS Wales escalation and intervention framework arrangements.
Standard Operating Procedure	SOP	A Standard Operating Procedure is a set of step-by-step instructions to guide those carrying out particular tasks, with the intention of improving efficiency, quality, and consistency.
Stereotactic Ablative Radiotherapy	SAbR	Stereotactic Ablative Radiotherapy is a highly specialised type of precision focused radiation treatment.
Straight to Test	STT	The approach of requesting diagnostic tests, such as scans, before a patient is seen in outpatients, so that a treatment decision can be made when they are seen.
System		Sometimes referred to as 'whole system', the term is usually used to describe the collaborative approach involving multiple partners that is required to best deliver health and care services. The Health Board cannot deliver its best if it works in isolation without drawing in the support of others.
Systemic anti-cancer therapy	SACT	Systemic anti-cancer therapy is a description given to a range of treatments used to target cancer, such as chemotherapy.
SWAN Model		The SWAN is an enabling model which supports staff in clinical areas to give personalised end of life and bereavement care. Its ethos is about empowering staff and giving them permission to go the extra mile in order to meet patient and family needs.

Timely Access to Care	TAtC	These are five strategic priorities that must be delivered by all health boards and other NHS organisations over the next three years.
Third sector		The 'third sector' is an umbrella term covering a range of organisations with different structures and purposes, belonging neither to the public sector nor to the private sector. This includes charities, housing associations, voluntary and community organisations and social enterprises and cooperatives.
Unscheduled care		Now usually referred to as 'urgent and emergency care', this relates to the unplanned care requirements of patients that are either urgent or emergencies in nature. This includes services delivered in Emergency Departments but also includes many other services, for example the use of 111, minor injury units, out of hours primary care services, community pharmacy minor illness services.
Value and Sustainability Board		A national collaborative healthcare approach in Wales to identify and benchmark opportunities to increase value within the NHS, and to make services more sustainable. Individual Health Boards are expected to apply the findings to the services they deliver.
Value based care		Value-based care is an established approach to healthcare in Wales that aims to improve patient outcomes by making the best use of the resources available. It is about achieving meaningful results that matter most to patients.
Well-being goals		The seven well-being goals established by the Well-being of Future Generations Act
Well-being of Future Generations		The Well-being of Future Generations Act in Wales requires public bodies such as the Health Board to work better with others and take a joined up, long-term approach, thinking about the long-term impact of decisions, working better with people, communities and each other. The act is about improving the social, economic, environmental, and cultural well-being of Wales.
Welsh Index of Multiple Deprivation	WIMD	This is the Welsh Government's official measure of relative deprivation for small areas in Wales, made up of 1,909 areas ranked from 1 (most deprived) to 1,909 (least deprived).
Wider Determinants of Health		The wider determinants of health describe a wide range of social, economic, and environmental factors that significantly influence people's mental and physical well-being. For example, poverty, poor housing, a lack of employment, and access to green spaces.
Women's Health Hub	WHH	The Women's Health Hub in Wales is part of a broader initiative to improve healthcare services for women across the country. The hubs will be set up in every part of Wales by 2026 to help close the gender health gap.