

Annual Plan 2023



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Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board



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Foreword

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

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

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

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

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



Dyfed Edwards

Chair

Betsi Cadwaladr University Health Board



Carol Shillabeer

Interim Chief Executive

Betsi Cadwaladr University Health Board

Executive Summary

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

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

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

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

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

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

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

| Introduction

▪ The purpose of our Plan

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

▪ Legislative and Ministerial requirements

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

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

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

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

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

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



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

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

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

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

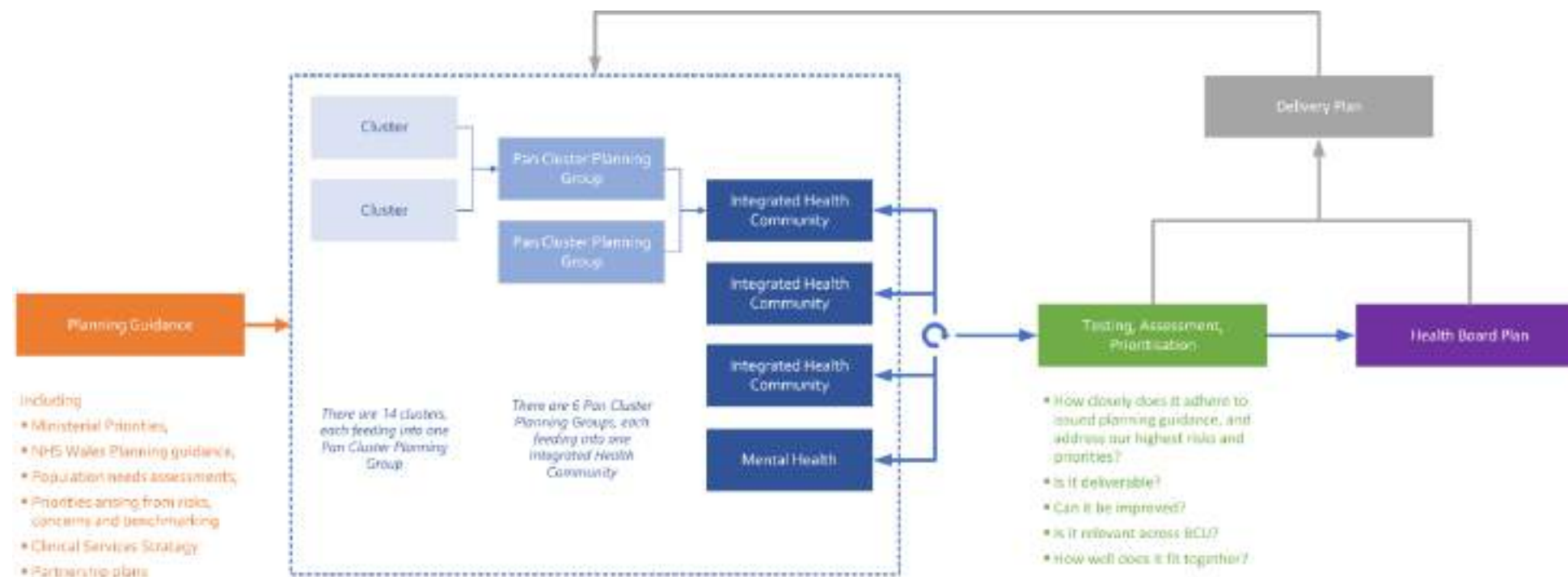
Specific areas will need to be addressed in our response to the Special Measures framework and our plan also describes how we will respond to these during the initial period of stabilisation.

Our Planning Approach

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

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

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



Outline of the planning approach

Cluster and Pan-Cluster plans

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

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

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

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

A summary of cluster plans can be found here:

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

Partnership planning

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

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

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

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

How we test and prioritise our plans

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

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

This requires us to take a structured approach.



How?

By following a structured and evidence-based approach

Value Based Care principles

Strong Emphasis upon Benefits Realisation

Adoption of a Prioritisation Framework

Clear Workforce Plan

Robust Programme Management

▪ Value Based Care

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

What is value?

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

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

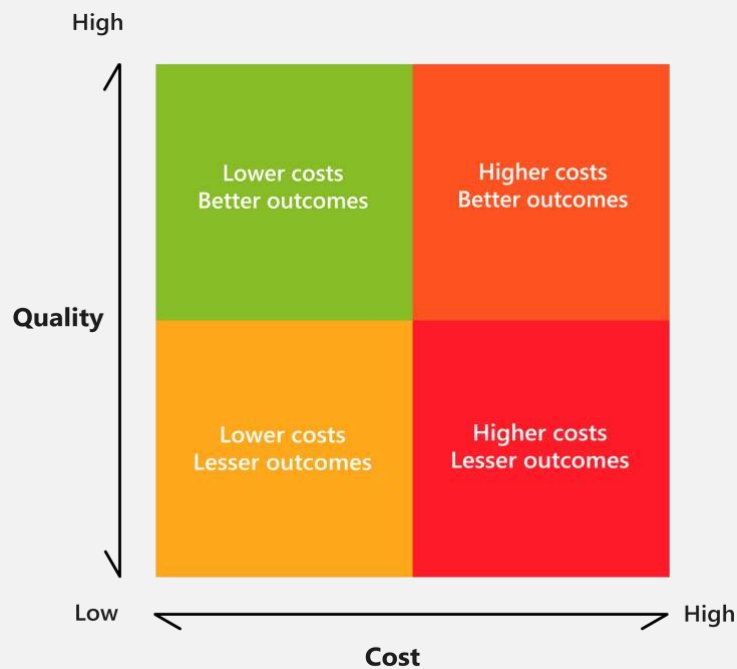


Illustration adapted from Anant Jani & Sir Muir Gray, BMJ Outcomes (2015)

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

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

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

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

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

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

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

▪ **Workforce Plan**

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

▪ **Robust Programme Management**

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

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

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

Strategic and Operational Context

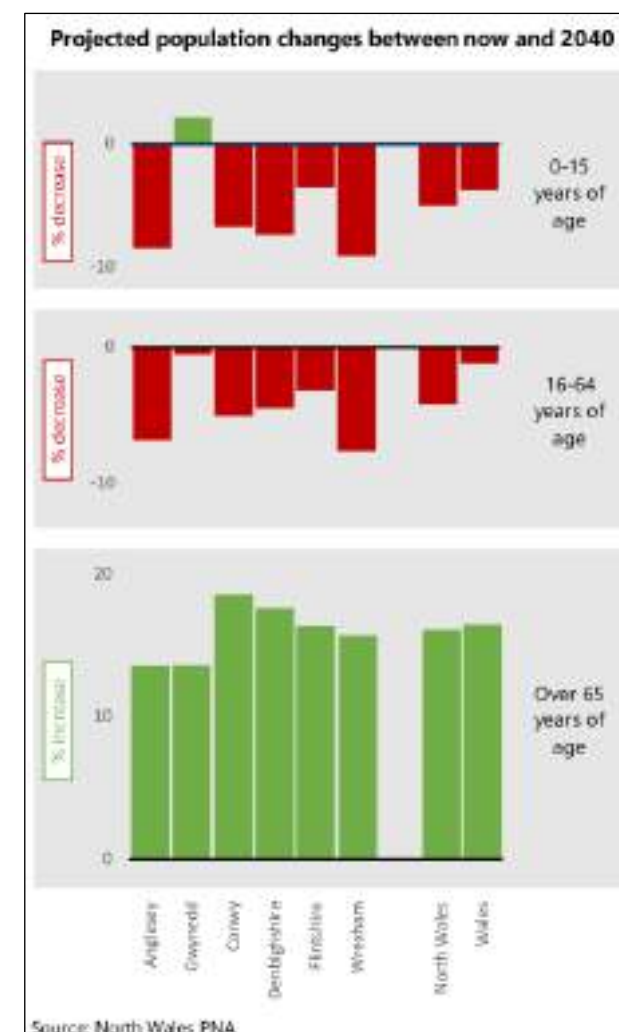
Our Population Profile

Demographic changes

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

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

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



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

Long-term conditions

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

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

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

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

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

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

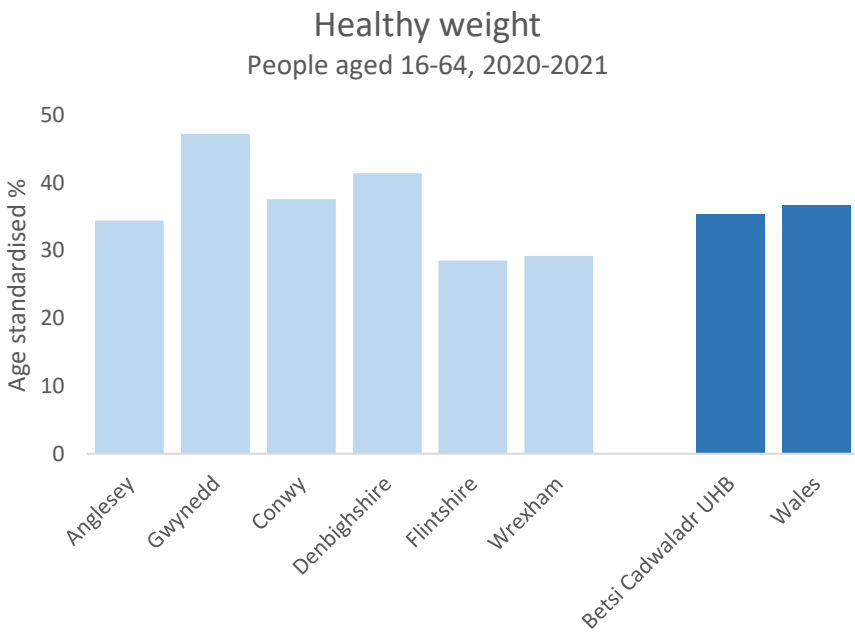
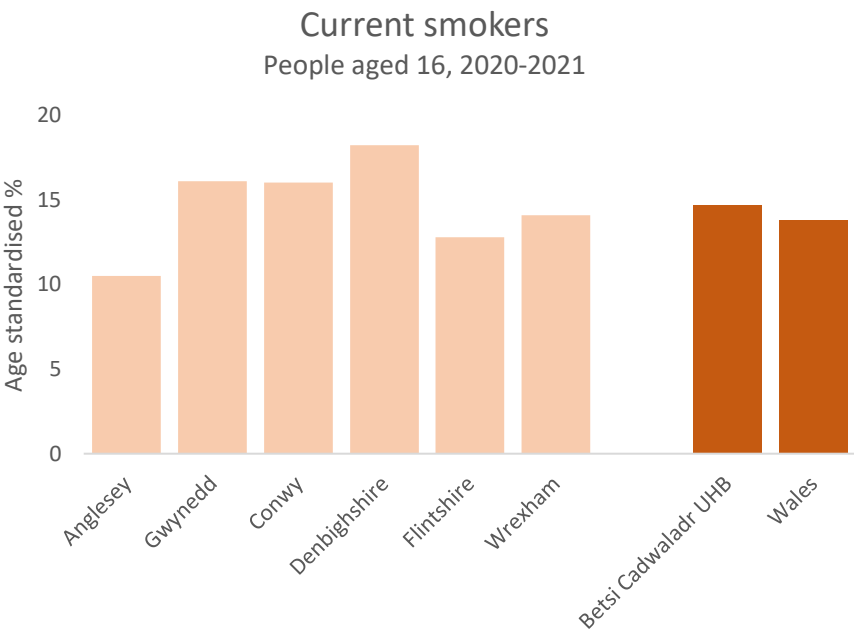
Of these, **46,000** people struggle with activities of daily living, and this number is expected to rise to **61,000** by 2040.

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

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

Smoking and obesity

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



Data provided by Public Health Wales Observatory, WG

Poverty and Deprivation

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

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

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

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

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

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

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

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

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

Welsh language

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

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

Our present challenges

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

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

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

- Our directly employed workforce is also changing and like many NHS organisations we face challenges in recruiting and retaining staff in a number of specialties and staff groups, including our ambition to increase bilingual skills;
- The current size and condition of our buildings is not sustainable in the long term, will not support our strategic ambition and will require significant investment;
- Our digital information systems infrastructure and the delivery of core national programmes which are essential to service provision and transformation are not yet fully implemented;
- The economic position and rising cost of living has had an adverse impact on the population, our staff, and the cost of supplies and energy used by the Health Board. The financial resource available to the Health Board in the coming years will be extremely challenging due to this;

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

Challenges in the Social Care market in North Wales

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

Amongst the challenges are:

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

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

▪ **Special Measures**

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

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

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

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



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

▪ Summary of our strategic priorities

Living Healthier, Staying Well

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



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

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

These objectives are threaded throughout our plans.

Quality Strategy

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

Clinical Services Strategy

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

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

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



Whole system, integrated pathways

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

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

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

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

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

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

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

| Strategic Priorities

■ Prevention and Health Protection

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

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

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

Healthy Weight

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

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

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

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

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

Smoking

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

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

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

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

Early Years

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

During 23/24 we will:

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

Protecting vulnerable groups

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

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

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

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

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

Looking forwards to 23/24 we will:

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

Well North Wales

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

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



The focus for 23/24 will be:

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

The impact of our Prevention and Health inequalities programmes

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

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

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

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

Social models of health and well-being

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

- Community development nurse
- Support to carers

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

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

Vaccination Programme

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

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

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

Health Protection Service

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

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

Cost of Living 'crisis'

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

Strategic Priority P1

Prevention and Health Protection: key actions for 23/24

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

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

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

■ Primary Care

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

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

Prevention

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

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

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

Keeping well, and planned care

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

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

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

Urgent primary care

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

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

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

Accelerated Cluster Development Programme

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

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

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

Primary Care chronic disease backlog

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

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

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

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

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

Enhancing community therapy capacity – allied health professionals

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

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

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

Strategic Priority P2

Primary Care: key actions for 23/24

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

	▪ Commission additional community dental activity using the Oral Needs Assessment to identify areas of highest need				1 2 3 4
	▪ Commence work with HEIW to address barriers to recruitment of international dental staff				1 2 3 4
	▪ Explore options for supportive model of contracting for salaried model of delivery				1 2 3 4
P2.5	Implement actions that improve the use of community pharmacy, including:	DPC	✓ MP	QA2	
	▪ Expansion of the 'Sore Throat See and Treat' service				1 2 3 4
	▪ Expansion of the Pharmacist Independent Prescribing Service				1 2 3 4
	▪ Expansion of the Care Home Pharmacy Support Service				1 2 3 4
	▪ Review and revise the urgent medication service in all localities				1 2 3 4
	▪ Implement the pilot project for robotic dispensing of urgent medicines				1 2 3 4
P2.6	Implement actions that improve the use of optometry services, including:	DPC	✓ MP	QA2	
	▪ Implement the Teach and Treat Service in partnership with Cardiff University				1 2 3 4
	▪ Implement plans to enhance independent prescribing to enable additional capacity for advanced glaucoma management and management of 'medical retina'.				1 2 3 4
P2.7	Development of an integrated Primary Care function within the Health Board	DPC		QA2	
	▪ Develop proposals for an integrated Primary Care function within the Health Board that supports and enables effective and joined up primary care commissioning and development				1 2 3 4

▪ **Planned care**

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

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

Requirements of our planned care recovery plan include

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

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

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

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

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

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

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

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

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

Our planned care recovery plan will prioritise:

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

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

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

Optimising and improving services

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

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

Partnership Working

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

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

Specific areas of focus already initiated

Outsourcing:

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

Insourcing:

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

Orthopaedic hub development:

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

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

GiRFT (Get it Right First Time):

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

- Orthopaedics
- Urology
- Gynaecology
- General Surgery

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

Developing Regional Services:

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

Technological innovation:

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

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

Strategic Priority P3

Planned Care: key actions for 23/24

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

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

▪ Urgent and Emergency Care (6 Goals)

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

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

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

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

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



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

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

Strategic Priority P4

Urgent and Emergency Care key actions for 23/24

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

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

■ Cancer

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

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

Strategic Priority P5

Cancer: key actions for 23/24

Ref	Organisational Delivery Objective	Lead	Specific Ministerial or Special Measures Priority	WG Quad. Aim	Completion Timescales (quarters)
P5.1	Maintain access standards in those areas meeting cancer access standards, and to continue improving those areas that do not, aiming to achieve 70% of cancer referrals starting their first definitive treatment within 62 days by the end of the year	EDIC	✓ MP	QA2	
	<ul style="list-style-type: none"> Maximise use of clinic and endoscopy resources in line with capacity and demand modelling 				1 2 3 4
	<ul style="list-style-type: none"> Commence new prostate pathway to facilitate straight to test and pre-booking of biopsies 				1 2 3 4
P5.2	Further develop and implement the Cancer Strategic Plan for North Wales, aligned to the all Wales Cancer Plan (Cancer network)	EDIC		QA2	

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

▪ Mental Health

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

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

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

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

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

Strategic Priority P6

Mental Health: key actions for 23/24

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

▪ Substance Misuse

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

The vision of the partnership is that:

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

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

Strategic Priority P7

Substance Misuse: key actions for 23/24

Ref	Organisational Delivery Objective	Lead	Specific Ministerial or Special Measures Priority	WG Quad. Aim	Completion Timescales (quarters)
P7.1	Welsh Government Substance Misuse Delivery Plan		EDPH		QA1
	▪ Continue implementation of the Welsh Government Substance Misuse Delivery Plan				1 2 3 4
P7.2	Support the implementation of initiatives to reduce Blood Borne Viruses, Hepatitis B and Hepatitis C		EDPH/EDIC		QA1
	▪ Implementation of plan to reduce blood borne viruses undertaken				1 2 3 4
P7.3	Support for people with co-occurring mental health and substance misuse needs		EDPH		QA1
	▪ Framework implemented to support people with co-occurring mental health and substance misuse needs				1 2 3 4

P7.4	Refurbishment of Roslyn to develop a multiagency community substance misuse hub	EDPH		QA1	
	▪ Commence refurbishment				1 2 3 4

▪ People with a learning disability

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

Strategic Priority P8

Learning Disability: key actions for 23/24

Ref	Organisational Delivery Objective	Lead	Specific Ministerial or Special Measures Priority	WG Quad. Aim	Completion Timescales (quarters)
P8.1	Learning Disability strategy	EDPH		QA2	
	▪ Commenced implementation of an agreed strategy				1 2 3 4
P8.2	Inpatient care units	EDPH		QA2	
	▪ Continue work to develop fully fit for purpose inpatient care units with a focus on treatment and assessment				1 2 3 4

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

▪ Women's Services

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

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

Strategic Priority P9

Women's Services: key actions for 23/24

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

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

▪ Children

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

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

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

Strategic Priority P10

Children: key actions for 23/24

Ref	Organisational Delivery Objective	Lead	Specific Ministerial or Special Measures Priority	WG Quad. Aim	Completion Timescales (quarters)
P10.1	Review and revise the approach to Neurodiversity, including implementing the plan to improve access times for assessment	EDIC	✓ MP	QA2	
	▪ Review and confirm proposals for increasing capacity				1 2 3 4
P10.2	Implement improvements that enable timely access to Child and Adolescent Mental Health services, in line with the WG MH access requirements	EDIC	✓ MP	QA2	
	▪ Refresh and implement CAMHS recovery plan				1 2 3 4

▪ Wider delivery

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

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

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

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

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

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

Strategic Priority P11

Wider Delivery: key actions for 23/24

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

| Enabling effective delivery

▪ **Workforce: Our People**

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

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

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

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

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

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

We will continue to build upon achievements to date in both employing the right people with the right skills to provide services in the right place, and in developing opportunities, together with partners across health, social care and education, for members of our communities to gain and maintain employment and to achieve their ambitions. We will continue to support staff wellbeing which will also contribute to reduction in sickness absence and staff turnover.

Workforce Profiles

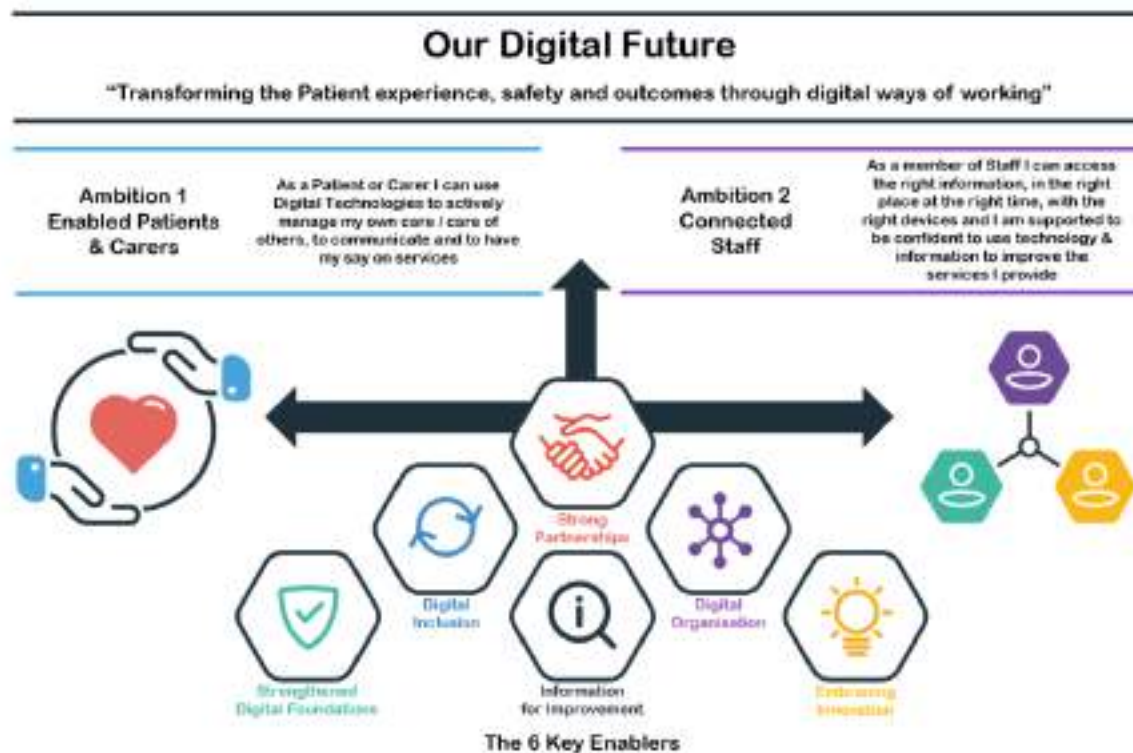
Core Workforce – Whole Time Equivalents (WTE)							
	WTE on 31/3/23	End of Q1 forecast	End of Q2 forecast	End of Q3 forecast	Plan end 2023/24	Plan end 2024/25	Plan end 2025/26
Medical & Dental	1,566	1,572	1,588	1,608	1,614	1,637	1,660
Registered Nursing & Midwifery	5,305	5,388	5,508	5,473	5,517	5,671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

Strategic Priority P12

Workforce: key actions for 23/24

Ref	Organisational Delivery Objective	Lead	Specific Ministerial or Special Measures Priority	WG Quad. Aim	Completion Timescales (quarters)
P12.1	Address priority issues for workforce including:	EDOW		QA3	
	▪ Supporting further international recruitment				1 2 3 4
	▪ Further development of the Apprenticeship/Grow our Own Models				1 2 3 4
	▪ Work with the local universities and HEIW on undergraduate health and care education				1 2 3 4
	▪ Continue to develop and implement support for Staff wellbeing				1 2 3 4

▪ Digital, Data and Technology (DDaT)



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

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

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

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

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

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

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

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

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

Major DDaT programmes 2023/24 – live projects

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

Major DDaT programmes 2023/24 – implementation commencing in 23-24

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

Strategic Priority P13

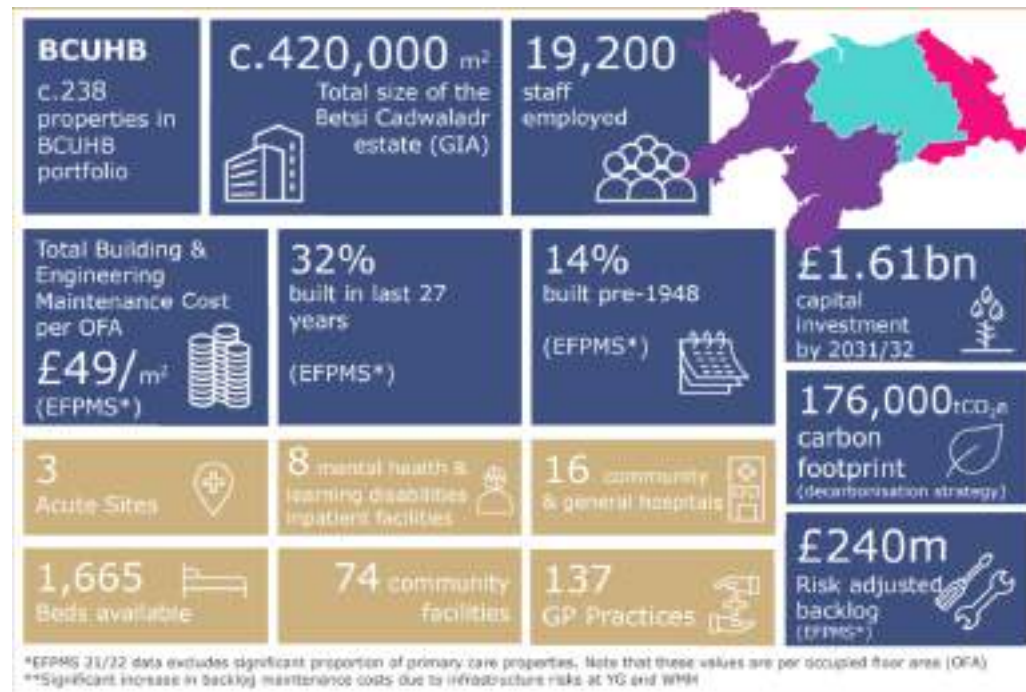
Digital, Data & Technology: key actions for 23/24

Ref	Organisational Delivery Objective	Lead	Specific Ministerial or Special Measures Priority	WG Quad. Aim	Completion Timescales (quarters)
P13.1	Implement the actions within the Special Measures Response Plan 90 day cycle that support improvement including:	CDIO	✓ SM	QA2	
	▪ Development of Strategic and tactical plans to improve access to a more integrated care record				1 2 3 4
	▪ Develop a proposal to raise the organisations maturity in using data and intelligence for improving service planning and identification of emerging service issues				1 2 3 4
P13.2	Progress the implementation of current Digital Programmes including:	CDIO		QA2	
	▪ Welsh Patient Administration System				1 2 3 4
	▪ Laboratory Information Network System (LINC)				1 2 3 4
	▪ Medicines Transcribing and E discharge (MTED)				1 2 3 4
	▪ Stream				1 2 3 4
	▪ Welsh Nursing Care Record				1 2 3 4
	▪ Eye care digitisation programme				1 2 3 4
	▪ Welsh Community Care Information System				1 2 3 4
P13.3	Commence Major Digital, Data and Technology Programmes, including:	CDIO		QA2	

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

▪ Estates strategy and Capital Programme

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



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

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

These figures do not include the Primary Care Estate, where there are similarly backlog maintenance requirements, modifications needed to comply fully with access

requirements and high levels of space utilisation, with a high level of overcrowding reported.

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

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

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

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

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

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

Climate change and decarbonisation

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

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

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

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

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

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

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

■ Our decarbonisation action plan

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

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

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

Strategic Priority P14

Estates & Capital: key actions for 23/24

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

	▪ Planned and unscheduled care and patient experience				1 2 3 4
	▪ Mental health				1 2 3 4
	▪ Sustainability including decarbonisation				1 2 3 4
	▪ Medical Devices replacement programme				1 2 3 4
	▪ Informatics				1 2 3 4
P14.2	Progress the major Capital programme Schemes, including:	EDOF		QA2	Q1 – Q4
	▪ Wrexham Maelor Continuity Programme				1 2 3 4
	▪ Ysbyty Gwynedd Compliance Programme				1 2 3 4
	▪ Nuclear Medicine/PET CT				1 2 3 4
	▪ Radiotherapy programme				1 2 3 4
	▪ Royal Alexandra Development Project				1 2 3 4
	▪ Integrated Primary Care Resource Centre				1 2 3 4
	▪ Ablett Unit redevelopment FBC				1 2 3 4

▪ Partnerships

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

NHS Wales Executive

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

National Networks

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

Welsh Ambulances Services Trust and Emergency Ambulance Services Committee

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

Health Education and Improvement Wales

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

Digital Health and Care Wales

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

Welsh Heath Specialised Services Committee

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

Mid Wales Joint Committee

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

Wider commissioning partnerships

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

University designation

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

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

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

Strategic Priority P15

Partnerships: key actions for 23/24

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

▪ Board leadership and governance

Board effectiveness

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

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

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

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

Risk Management

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

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

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

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

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

▪ Organisational development

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

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

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

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

The programmes of work are below:

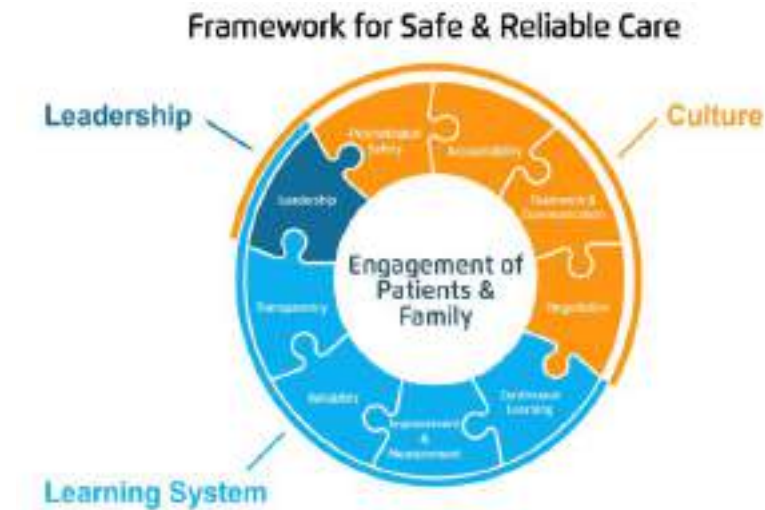


Culture Change Programme

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

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

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



This will include a focus on the following key priorities:

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

Strategic Priority P17

Organisational Development: key actions for 23/24

Ref	Organisational Delivery Objective	Lead	Specific Ministerial or Special Measures Priority	WG Quad. Aim	Completion Timescales (quarters)
P17.1	Implement the priorities within the Special measures Response Plan 90 day cycles, including:	EDOW	✓ SM	QA4	
	<ul style="list-style-type: none"> ▪ Stocktake of the Stronger Together Operating Model, identifying areas to strengthen and consolidate 				1 2 3 4
	<ul style="list-style-type: none"> ▪ Resolve Senior HR cases 				1 2 3 4

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

▪ **Quality, Innovation and Improvement**

Quality

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

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

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

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

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

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

Innovation and Improvement

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

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

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

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

Innovation Mechanisms

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

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

Regional Partnerships

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

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

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

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

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

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

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

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

Strategic Priority P18

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

Ref	Organisational Delivery Objective	Lead	Specific Ministerial or Special Measures Priority	WG Quad. Aim	Completion Timescales (quarters)
P18.1	Implement the priorities within the Special Measures Response Plan 90 day cycles, including:	EMD	✓ SM	QA4	
	▪ Consider the findings and recommendations of the Patient Safety Review				1 2 3 4
	▪ Processes and procedures for learning from incidents				1 2 3 4
	▪ Support the Clinical Governance Review				1 2 3 4
	▪ Scope an enhanced programme of Healthcare Public Health (lead - EDPH)				1 2 3 4
P18.2	Embed the Betsi Way improvement methodology across the organisation	EDTSP		QA	
	▪ Develop a sustainable model of service improvement support for IHC/Divisional level and pan-BCUHB programmes of work				1 2 3 4
	▪ Ensure service improvement resource is allocated to organisational strategic priorities through a designated forum				1 2 3 4
	▪ Develop a Centre of Excellence of Improvement to coordinate the consistent delivery of improvement methodology, and drive forward staff training in improvement methodology, tools and techniques.				1 2 3 4

■ Finance and Value

Overview of the financial plan

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

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

The underlying deficit brought forward from 2022/23

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

LESS financial improvement from savings and disinvestment

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

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

The underlying deficit brought forward from 2022/23

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

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

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

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

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

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

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

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

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

Financial Improvement

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

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

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

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

Financial Risks

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

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

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

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

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

▪ Social & Civic Leadership & Responsibility

Foundational Economy

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

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

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

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

Equality, Diversity and Inclusion

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

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

Areas of focus for 23/24 include the following:

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

Welsh Language and Culture

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

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

During 23/24 we will be focusing on

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

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

Working with our communities

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

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

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

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

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

Strategic Priority P19

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

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

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

| Implementing the Plan

▪ Approach to deployment

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

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

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

▪ Performance Monitoring and Reporting

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

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

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

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

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

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



| Glossary

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

Delayed Transfer of Care	DTOC	
Digital Data & Technology	DDAT	Digital is about how organisations change their business models to take advantage of the technologies of the internet age in order to enable better outcomes. This takes into consideration the technologies and tools used both inside and outside the enterprise by customers/patients/citizens. DDAT combined is the common term used for the profession and the operating model, which when effectively delivered, results in the best value.
Equality Impact Assessment	EqlA	A framework for demonstrating due regard through considering evidence and analysis to help identify the likely positive and negative impacts that policy proposals may have on certain protected groups and to estimate whether such impacts disproportionately affect such groups.
Full Year Effect	FYE	The cost.
GP Streaming		A facility which provides care for patients who attend A&E and are assessed as not needing hospital treatment but need care from a general practitioner instead.
Getting it Right first Time	GiRFT	An improvement initiative that uses optimised pathways of care tested and proven elsewhere, reducing waste and unnecessary steps.
ICAN	ICAN	ICAN Together for Mental Health provides easy to access support on various issues that may worrying or affect someone's mental well-being. Support is delivered through a range of service across North Wales, which can be easily accessed without the need for a GP referral.
Integrated Care Fund	ICF	A Welsh Government funded preventative programme which aims to integrate and encourage collaborative working between social services, health, housing, and the third and independent sector to improve the lives of the most vulnerable people in Wales.
Integrated Health Community	IHC	Integrated Health Communities bring together Primary Care, Community Services, Secondary Care (Acute) and Children's services into three areas across North Wales – East, Central and West, each led by an accountable Director. IHCs are accountable for ensuring a focus on population, prevention and public health and manage all primary and community services and beds as well as Acute Hospital inpatient beds and operating theatres in their geography.
Inverse Care Law		The inverse care law was first described thirty years ago to describe a perverse relationship between the need for health care and its actual utilisation. It describes how those who most need medical care are least likely to receive it, whilst those with least need of health care tend to use health services more (and more effectively).
Insourcing		Provision of additional capacity delivered by the independent sector using BCUHB premises.
Integrated Medium term Plan	IMTP	The IMTP is the key planning document for the Health Board setting out the milestones and actions we are taking in the next 1 to 3 years in order to progress our ten-year strategy.
Lean Value		A methodology, widely used across industry, to minimise waste by supporting continual improvement. This has since been successfully applied, internationally, by many healthcare organisations.

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

Public Service Board	PSB	PSBs were established by the Well-being of Future Generations (Wales) Act. There are 3 PSBs in North Wales. Each board must carry out a well-being assessment and publish an annual local well-being plan.
Quality Management System	QMS	Quality Improvement is a common concept discussed in healthcare, but it needs to be part of a bigger process of a Quality Management System. Quality is at the heart of the NHS in Wales, a point reiterated by the publication of A Healthier Wales, with quality and safety being highlighted as a priority above all. The quality assurance cycle (Quality Planning, Quality Improvement & Quality Control) needs to be intact and connected at local, regional and national levels to enable and drive the greatest improvement.
Quality Strategy	QS	Quality Strategy is key to the Health Board providing the highest quality healthcare services to the population of North Wales. It is also key in meeting the aspirations set out in A Healthier Wales, for a quality-driven NHS in Wales. Our Quality Strategy and the plans which underpin it, mark an important step forward for our Health Board. The plans set out our ambitions to deliver sustainable, significant and continuous improvements to the quality and safety of the care we provide for our patients in North Wales over the next three years.
Regional Partnership Board	RPB	RPBs have been established as part of the Social Services and Well Being Act to improve the well-being of the population and to improve how health and care services are delivered. There is 1 RPB in North Wales. Members of the RPB includes Health Boards' Board members and senior officers, Local Authority Elected Members, Local Authority Social Services Directors, representatives from the Emergency Services, from housing, education, 3 rd sector and carers.
SAFER		SAFER is a practical tool used to reduce delays for patients in adult inpatient wards (excluding maternity). The SAFER bundle blends five elements of best practice.
Same Day Emergency Care	SDEC	Services designed for patients referred as an emergency who are suitable for safe and effective same day treatment without the need for a hospital admission.
Special Measures	SM	Special measures refer to a range of actions to improve health boards or trusts and specific NHS services in exceptional circumstances. It is the highest level of escalation.
Single Integrated Clinical Assessment & Triage Service	SICAT	SICAT is a clinical assessment service that provides a safe, governed and effective platform for signposting patients to the right person at the right place at the right time. Priority is to reduce pressure on emergency hospital services.
STREAM		A triage process used by clinicians in allocation of patients to the most appropriate physical areas of a hospital, and the most appropriate clinical pathways. Patients can be referred to SDEC, ED etc.
Test, Trace and Protect	TTP	Test, Trace, Protect (TTP) is the Welsh Government Strategy for testing the general public and tracing the spread of Coronavirus in Wales.
Urgent Primary Care Centres	UPCC	Treat patients with urgent care primary care needs on the same day creating capacity to support GP surgeries and reducing unnecessary Emergency Department attendances
Urgent Treatment Centres	UTC	The UTC at Wrexham Maelor Hospital supports the management of patients with a low clinical risk. The UTC enables patients with minor illness and injury to be assessed and managed quickly. The UTC is an extension to the footprint of the Emergency Department and provides additional space for clinical review.

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