

# Three Year Plan 2024-27





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## Foreword

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We are pleased to introduce the Integrated Three Year Plan for Betsi Cadwaladr University Health Board for the period 2024 to 2027.

This Integrated Plan marks an important point for the Health Board. It is the first plan developed by the Health Board under the leadership of a new Chair and Chief Executive Officer, supported by a substantial change in Board membership and in it we signal a clear ambition to move beyond the challenges that have led to Special Measures escalation by Welsh Government to a position where the Health Board can operate sustainably to deliver high quality services. This plan outlines many of the actions needed to do this and in particular highlights that permanent success requires us to address current challenges with a strong understanding of the needs of the future.

As such, we are signalling the need to establish a clear strategic vision for the Health Board over the next ten year period. This will guide us to build further upon the services that work well whilst supporting services that need reconfiguring to meet current and future demand.

To do this will require us to reshape our relationship with the public of North Wales and our partners and our intent to do this is clearly identified within this Plan. This will lead to the best solutions for North Wales and recognises that those solutions involve deep and meaningful relationships built upon trust and an understanding that working together as a 'whole system' will support the Health Board and our partners, and lead to better outcomes.

The Health Board is the biggest employer in North Wales, with an annual budget of around £2 billion. This Plan and our future actions reflect this to maximise the opportunities that this provides. This includes how we can create opportunities for our current and future workforce working carefully with partners whilst doing so. It also includes opportunities to improve how we spend our budget to get the best health outcomes for the population of North Wales and to maximise our role as an 'anchor organisation' in Wales.

Finally we would like to thank our public and partners for their support and willingness to share advice and ideas. We look forward to building upon this as we strengthen these relationships and together explore ways of improving health care services in North Wales now and in the future.



Carol Shillabeer  
Chief Executive



Dyfed Edwards  
Chair



# Introduction

The Betsi Cadwaladr Three Year Plan for 2024-27 builds upon previous Annual Plan submissions and the current Special Measures escalation plan for the Health Board, to produce a coordinated response to development and improvement.

The Plan includes a range of priority areas selected to combine actions that will deliver in-year (2024-25) improvement whilst also ensuring that a more long-term view is considered. The Health Board considers that this twin-track approach of planning ahead as well as continuing to improve 'here and now' is particularly important to ensure that progress made is consistently applied and that it is sustainable.

Key actions within the Plan are collated under the five priority objectives that the Health Board uses for Special Measures. In this way the Health Board is increasing the alignment of planning and special measures response to allow focus upon the areas that are most likely to lead to greatest improvement.

Objective 1: Building an effective organisation		Objective 4: Improving quality, outcomes and experience	
1A	Board Effectiveness	4A	Patient Experience
1B	Risk Management	4B	Prevention
1C	Operating Model	4C	Primary Care and Early Intervention
1D	Performance and Accountability Framework	4D	Community Care and Clusters
1E	Value and Sustainability	4E	Planned Care
1F	Legislative Improvements	4F	Cancer Care
1G	Workforce Planning	4G	Urgent and Emergency Care
1H	Quality Management System	4H	Diagnostics
1I	Welsh Language	4I	Adult Mental Health, Learning Disability, CAMHS & ND
1J	Decarbonisation	4J	Currently 'Challenged Services'
Objective 2: Developing strategy and long-lasting change		4K	Women's Services
2A	10 year Strategy	4L	Children
2B	Clinical Services Plan	4M	Pharmaceutical services
2C	Commissioning	Objective 5: Effective environment for Learning	
2D	Capital Priorities: supporting change to happen	5A	University Partnership
2E	Digital, Data and Technology (DDaT)	5B	Research, Development and Innovation
2F	Prioritisation	5C	Academic Careers
2G	Effectively delivering Major Change	5D	Intelligence Led
2H	Strengthening Planning	5E	Learning Organisation
2I	Finance Governance Environment		
2J	Early identification and support of Challenged Services		
Objective 3: Compassionate culture, leadership & engagement			
3A	Compassionate Leadership & Organisational Development		
3B	Citizen Engagement		
3C	Being a Good Partner		

Table 1: Key Priority Areas for the 2024-27 Plan

### **Key Priorities that will improve performance during 2024-25**

Most, if not all, of the priorities within the plan will positively impact upon performance during 2024-25. Some, for example commencing work to create a renewed ten year plan for the Health Board, focus upon future demand and sustainability and will have the greatest impact in the future. To achieve this impact the work must commence in 2024-25.

Priorities within outcome four, are particularly important to improve performance delivery within 2024-25 and have been structured to achieve this.

### **Key Strategic Priorities**

As outlined above, the Health Board has looked beyond the coming year to identify the work required to address the root causes that have resulted in Welsh Government Special Measures escalated monitoring, and to ensure that actions and solutions are fit for both the present and the future population needs within North Wales. These priorities include a range of actions to improve how the Health Board is organised to work most effectively, and the development of strategic thinking, with improved involvement of the public and partners, to better inform our decision making and priorities over the coming years.

### **Planning Templates**

The change activities highlighted within this plan are provided at high level. Sitting behind the plan are national planning templates and performance trajectory estimates which provide greater detail of expected impact.

### **Annual Delivery Plan**

The Health Board will deliver the 2024-25 year of this plan and our associated Cluster Plans through the use of an *Annual Delivery Plan*. This will be launched in early 2024-25, and will include detailed actions which are smart, measurable, achievable, relevant and time-bound (SMART) covering the breadth of priorities in this Plan. Delivery of these will cascade through the Health Board using agreed delivery and performance frameworks and personal and team objective setting discussions.

# Strategic context

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## Legislative Framework

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It is a statutory duty that all Health Boards in Wales prepare and submit an Integrated Medium-Term Plan (IMTP) to Welsh Government. The IMTP should provide a road map towards delivering improvements to population health needs, whilst also confirming plans for delivering financial break-even. For 2024/25, and in common with other Health Boards, the BCUHB has been unable to produce a Three Year Plan that meets all of the requirements required by Welsh Government. We have formally advised the Welsh Government of the position, and confirmed our intention to submit this 3 Year Plan, with a specific focus on the 2024/25 year.

### Primary statutory duties in relation to integrated planning

The statutory duty to plan is set out in the NHS (Wales) Act 2006, which requires each Local Health Board to prepare a plan which sets out a strategy for

- Improving the health of people for whom the Board is responsible, and
- Improving the provision of health care for those people

The plan must be kept under review; involve Local Authority partners in preparation; seek participation of, or consult, people as directed by Ministers; and respond to directions relating to the content of the plan. The Health Board must have regard to the plan in exercising its functions.

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

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

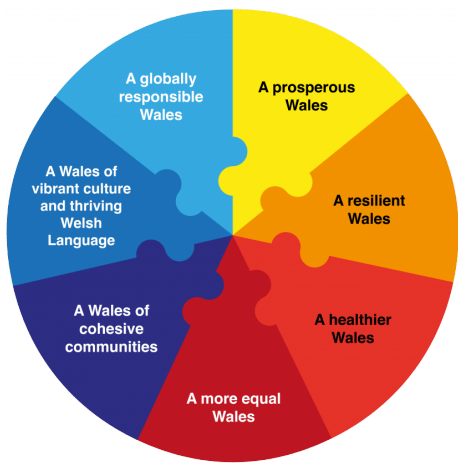
- Meet the statutory requirements to commission and/or provide services to improve population health outcomes and to achieve financial balance
- Set out clear actions and milestones that demonstrate how planning intentions will be achieved
- Deliver the key milestones within the Delivery Framework
- Triangulate finance, activity and workforce in the plans

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

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

assessment, including resources to be deployed <sup>1</sup>. Health Boards are additionally required to set out actions proposed in relation to the duty to have regard to the importance of preventative action.

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



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

The Act requires the Health Board to consider the long-term impact of decisions, and to achieve the seven Well-being Goals, applying the ‘5 Ways of Working’ to do so.

The Health Board recognises the importance and value of doing this and

has integrated the ethos of the Act into the objectives and priorities within this Plan.

Collaboration
Integration
Involvement
Long-term
Prevention

Table 2: The 5 Ways of Working

The Well-being of Future Generations (Wales) Act 2015 has a number of requirements under the well-being duty. As a designated public body, the Health Board is required to carry out sustainable development, using the five ways of working which support the sustainable development principle.

The Health Board is further required to set out well-being objectives designed to maximize the contribution to achieving the national well-being goals. The Health Board will review and refresh the well-being objectives as part of the ‘Health Board 10 year Strategy’ priority, outlined later in the plan.

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

- Gwynedd and Anglesey PSB <sup>2</sup>.
- Conwy and Denbighshire PSB <sup>3</sup>.
- Flintshire and Wrexham PSB <sup>4</sup>.

<sup>1</sup> <https://www.northwalescollaborative.wales/north-wales-population-assessment/regional-plan/>  
<sup>2</sup> <https://www.llesiantgwyneddmon.org/en/Cynllun-Llesiant/>  
<sup>3</sup> <https://conwyanddenbighshiresb.org.uk/well-being-plan/>  
<sup>4</sup> <https://www.flintshire.gov.uk/en/PDFFiles/Policy-and-Performance/PSB/Flintshire-and-Wrexham-Public-Services-Board-Well-being-Plan-2023-2028.pdf>



## **NHS (Wales) Act 2006: Engagement and consultation**

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

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

The legislative requirement is supported by recently updated guidance on engagement and consultation for service changes. During 2023-24 the Health Board has worked with colleagues attending Stakeholder Reference Group, Trade Union Forum, and Health Professions Forum to develop this Plan, alongside wider Partnership colleagues. Priorities outlined later within the Plan will be progressed to embed this progress and to mature engagement and consultation further.

## **Equality Act (2010)**

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

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

## **The NHS Wales Planning Framework**

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Each year the NHS Wales Planning Framework sets out the statutory planning directions for NHS organisations in Wales.

The Framework for 2024-2027 includes direction in the following areas:

- To prepare a plan that is integrated in nature
- To prepare a plan that sets out improvements to be made to services and their future sustainability, reduce inequalities and improve health outcomes within the resources available
- To take a long-term strategic view in line with the Well-being of Future Generations Act
- To prepare a plan that aligns with the vision of A Healthier Wales
- To deliver the 5 'National Programmes': Enhanced Care in the Community, Primary and Community Care, Urgent and Emergency Care, Planned Care and Cancer, and Mental Health including CAMHS.
- To incorporate guidance and support from the national Value and Sustainability Board

Efforts to recover access to healthcare will be central in addressing the priorities which the Minister for Health and Social Care has set out in the NHS Wales Planning Framework.

Additionally, there is a gap between the growth in demand on healthcare and the ability for healthcare systems to respond. The drivers for this are set out in more detail on the pages that follow and include:

- Demographic changes, with an increase in older populations
- Healthcare demand trends including those associated with the pandemic
- Evidence of increasing health inequalities
- Socioeconomic challenges including cost of living increases – which also impact on healthcare need, demand and utilisation

## Ministerial Priorities

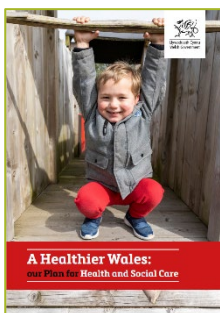
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In addition to the NHS Wales Planning Framework the Minister has identified a number of areas of particular priority, against which National Programmes support the delivery of relevant services. These five areas are

- **Enhanced Care in the Community**, with focus on reducing delayed pathways of care
- **Primary and Community Care**, with focus on improving access and shifting resources into primary and community care
- **Urgent and Emergency Care**, with focus on delivery of the '6 goals' programme
- **Planned Care and Cancer**, with focus on reducing the longest waits
- **Mental Health, including CAMHS**, with focus on delivery of the national programme

## A Healthier Wales

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A Healthier Wales<sup>1</sup> sets out the Welsh Government plan to create a whole system approach to health and social care that focuses on health and well-being and the prevention of illness.

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

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

The recent Covid-19 Pandemic has inevitably impacted upon progress in rolling out A Healthier Wales. The Health Board plans to now reinvigorate progress towards delivery in North Wales; this will involve working with colleagues in NHS Wales to review actions laid out within A Healthier Wales, and in ensuring the themes and enablers within A Healthier Wales underpin our 10 year strategy work (referenced later).



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

## The Quadruple Aim of NHS Wales

A Healthier Wales<sup>5</sup> reinforces the importance that the NHS in Wales places upon the internationally recognised 'Quadruple Aim' to drive forwards improving healthcare services that are fit and sustainable for the current and future generations of residents in Wales. In this regard sustainable health and social care remain a global challenge. The four themes of the Quadruple Aim, interpreted for our context in Wales are:

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

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

## Quality Management

The Duty of Quality came into effect in April 2023, supported by the 12 Health and Care Quality Standards 2023: Safe, Timely, Effective, Efficient, Equitable and Person-centred (STEEP) care delivered through: Leadership, Workforce, Culture and Valuing People, Information, Learning, Improvement and Research, Whole systems approach.



Figure 2: The 12 Health and Care Quality Standards

They are a way to apply the Duty of Quality in practice across all services and functions, whether clinical or non-clinical. Quality-driven decision making should improve the quality of health services and maintain focus on improving outcomes for people.

The Health Board is making progress on the implementation of an effective Quality Management System, benefitting from the help and advice of the Institute of Healthcare Improvement. Further progress is required and is included within this Plan.

The Standards provide a framework that enables health services to look across the range of their services in an integrated way to ensure that all that they do is of the highest quality and that they are doing the right thing, in the right way, in the right place at the right time and with the right staff.



Figure 3: the quality management cycle

# Population Health & Inequity

## Population Needs Assessment

Addressing the needs of the North Wales population in order to improve health and well-being and tackle health inequalities is a key aim of the Health Board.

The North Wales Regional Partnership Board *Population Needs Assessment* (PNA)<sup>6</sup>, revised in 2022, outlines the changing demography against which the Health Board must plan.

Between 2025 and 2040 the number of residents aged over 65 years of age will continue to grow (by 19%), whilst the number of residents aged under 65 years of age will decrease across North Wales.

This means that between 2025 and 2040 there will be a net increase in population in North Wales, with an increased proportion of residents over 65 years of age.

Population Projections – Aged 65 years and over			
	2025	2040	Change
Anglesey	19,400	22,500	3,100 (16.0%) ↑
Gwynedd	29,600	34,300	4,700 (15.9%) ↑
Conwy	35,400	43,500	8,100 (22.9%) ↑
Denbighshire	25,100	30,400	5,300 (21.1%) ↑
Flintshire	35,500	42,400	6,900 (19.4%) ↑
Wrexham	29,100	34,500	5,400 (18.6%) ↑
<b>NORTH WALES</b>	<b>174,100</b>	<b>207,600</b>	<b>33,500 (19.2%) ↑</b>

Population Projections – Aged under 65 years of age			
	2025	2040	Change
Anglesey	50,300	47,000	3,300 (6.6%) ↓
Gwynedd	96,700	97,000	300 (0.3%) ↑
Conwy	83,800	79,500	4,300 (5.2%) ↓
Denbighshire	71,500	67,900	3,600 (5.0%) ↓
Flintshire	122,800	118,800	4,000 (3.3%) ↓
Wrexham	105,800	98,000	7,800 (7.4%) ↓
<b>NORTH WALES</b>	<b>530,900</b>	<b>508,200</b>	<b>22,700 (4.3%) ↓</b>

Figure 4: Population profiles, North Wales RPB

### ▪ Long term conditions

Although many people are staying healthy later into life, some will face increasing levels of long-term conditions and a consequent need for care and support. The Regional Partnership Board Population Needs Assessment estimates that the number of people struggling to complete activities

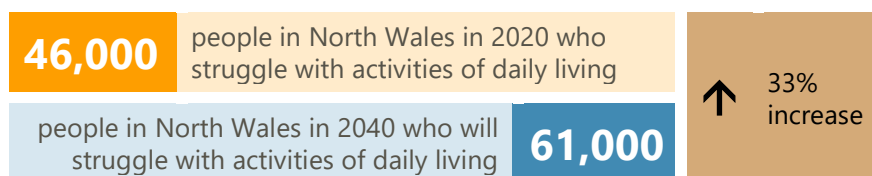


Figure 5: Long term conditions

of daily living (ADLs) as a consequence of long-term conditions will significantly increase. This is coupled with increasing age-related frailty and continued prevalence of the phenomenon of the

Inverse Care Law. The Inverse Care Law was first described in 1971<sup>7</sup>, and means that many of those with the greatest need are least likely to receive the care they require.

<sup>6</sup> Populations Needs Assessment. The full PNA can be found at <https://www.northwalescollaborative.wales/north-wales-population-assessment/>

<sup>7</sup> <https://www.kingsfund.org.uk/publications/articles/inverse-care-law>



This has an impact not only on individuals experiencing increased levels of need but also upon the 78,000 family members or relatives providing unpaid care.

### ■ **Prevention**

	BCU	Wales
High blood pressure	16.9%	15.8%
Diabetes in adults	7.8%	6.1%
Heart disease	3.8%	3.6%
Cancer	3.7%	3.1%
COPD	2.7%	2.4%
Stroke	2.2%	2.1%

Figure 6: Prevalence of long-term conditions

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

Many of these have a higher prevalence in North Wales than across Wales as a whole, including those in figure 5 opposite.

This underlines the importance of ensuring a focus on interventions to prevent future ill-health alongside addressing current ill-health.

### ■ **Wider determinants of health**

Recognising the wider determinants that affect health is critically important and reinforces the importance of working collaboratively with non-NHS partners.

In the Welsh Index of Multiple Deprivation (WIMD), which is the Welsh Government official measure of relative deprivation, divided in 1,909 areas, North Wales has the first, second and ninth most deprived communities in the highest ten areas. Elsewhere in North Wales, communities are disproportionately affected by the challenges of rurality and fuel poverty.

This will require the Health Board to continue to work with partners in a range of ways, including to further develop clusters of community services that can address these wider determinants.



Figure 7: Wider determinants of health

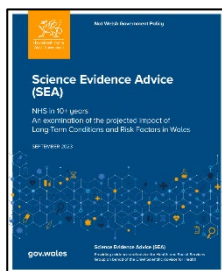
### ■ **Pharmaceutical needs**

In accordance with the National Health Service (Pharmaceutical Services) (Wales) Regulations 2013 the Health Board has a comprehensive Pharmaceutical Needs Assessment (PNA) in place. The current PNA runs to 2026 and gives regard to the provision of pharmaceutical services across North Wales<sup>8</sup>.

The PNA assists the Health Board in determining applications by pharmacies, dispensing appliance contractors and dispensing doctors for new, additional or relocated premises, changes to opening hours or the provision of more pharmaceutical services.

<sup>8</sup> <https://bcuhb.nhs.wales/about-us/governance-and-assurance/pharmaceutical-needs-assessment-pna/>

## Chief Scientific Adviser for Health report: “NHS in 10+ years”



Published in September 2023<sup>9</sup>, the report from the Chief Scientific Adviser for Health identifies the need to make bold decisions around how to deliver care and allocate resources in response to an ageing population at risk of chronic conditions that are mostly preventable. This will require both a shift in focus to prevention, and improvements in how we support patients with complex and multi-morbidity.

The report outlines the changes in population demographics and health care needs expected over the coming ten years. Key messages include

- The diagnoses of many long-term conditions (LTCs) will rise, in part due to an ageing population in Wales. This means that there will be a higher proportion of the population living with frailty, dementia, cancer, heart and other cardiovascular diseases, diabetes, and poor mental health.
- In many conditions, rates are increasing at a greater rate than that explained by age and other demographic factors alone. These include diabetes; dementia; cardiovascular illnesses including atrial fibrillation, heart failure, high blood pressure, and peripheral vascular disease (PVD); lung illnesses including chronic obstructive pulmonary disease (COPD) and asthma; osteoporosis; inflammatory bowel disease; and anxiety disorders.
- There will be increasing numbers of people in Wales living with multiple long-term conditions, with the proportion of people living with four or more diseases doubling between 2015 and 2035. People living with multiple diseases are currently required to attend significantly more outpatient appointments.
- There will be increasing numbers of people in Wales living with frailty and who require greater access to urgent and emergency hospital services and delays in discharge after hospital stays.
- Workforce challenges are the biggest single challenge for the NHS and social care going forwards. Changes in technology and the skill-mix composition of the NHS workforce offer the potential to reduce the rate of growth of the NHS and social care workforce but increases in capacity will be required in some areas, including general practice, community care and social care.

The Health Board has considered this report in identifying priorities and approaches for 2024-27 within this plan, recognising continuing transformation will be required beyond this. Priorities within the plan focused around longer term planning, such as developing a new ten year strategy, reflects this need.

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<sup>9</sup> <https://www.gov.wales/sites/default/files/publications/2023-09/science-evidence-advice.pdf>

## Value based health and care

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Considering the *value* of the care the Health Board delivers is an important way of ensuring that the greatest focus is placed upon those outcomes that most matter to individuals. When the outcomes that most matter are considered in relation to the costs of achieving them, the Health Board is able to make decisions that offer the greatest impact from the resources available to it.

The Health Board has already made good progress in considering value within decision making. For example the ongoing programme of redesigning key pathways of care incorporates asking value questions at each step, builds in the increased use of Patient Reported Outcome Measure (PROM) tools and benchmarks outcomes and costs with other providers.

The Health Board has received support from the national Value Based Healthcare team and intends to further progress this work into 2024-25, and beyond. This includes a specific programme of work that will focus upon translating the work of the National Value and Sustainability Board into Health Board practice as well as developing Health Board identified and driven opportunities to increase the value of health and care.

# Health Board Performance

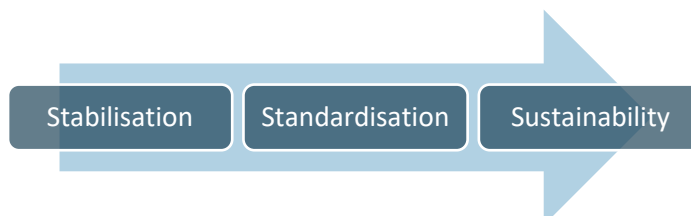
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## Escalation and Intervention

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The Health Board was placed into Level 5 Escalation ('Special Measures') arrangements on 27 February 2023<sup>10, 11</sup>. Since then, progress has been made within all required areas, recognising that further progress is essential; delivering this is an important and necessary requirement of this Plan.

Since February 2023 the Health Board has focused upon '**stabilisation**' of the organisation and services delivered, making the most significant and immediate changes necessary after the intervention to continue to provide services to the residents of North Wales.



During 2024-2027 the Health Board will build upon these foundations to ensure a more '**standardised**' approach, making the changes needed to place the Health Board and services delivered onto a '**sustainable**' footing for the future.

## Post-Pandemic Recovery

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The Health Board continues to experience challenges in improving access to care to the required standard timeframes following the changes that were required because of the Covid-19 pandemic. Waiting lists for planned care have not reduced as quickly as desired, and delays in accessing hospital care when requiring urgent treatment are particular challenges to address within this plan.

## Demand and Capacity

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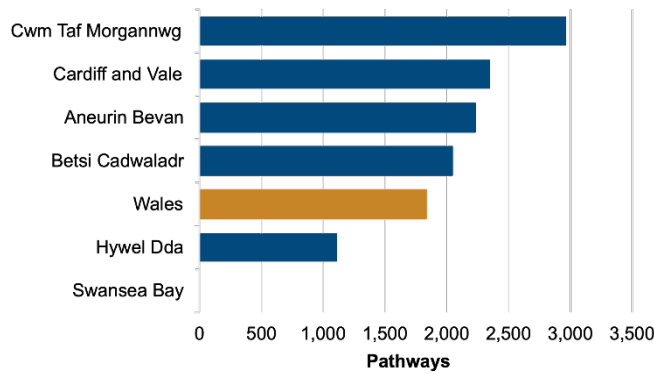
The Health Board continues to experience high demand across Mental Health, Primary Care, Community, Secondary care planned services and Urgent and Emergency services. Attendances to Emergency Departments have continued to increase and further work is required to improve ambulance handover times. Work is required with partner organisations to improve the timeliness of discharge for people awaiting community care services and who no longer require medical care in hospital.

Although the Health Board made good improvements in 2023-24 in many planned care areas, waiting times continue to exceed Ministerial expectations in a number of clinical areas. These areas are prioritised throughout this plan.

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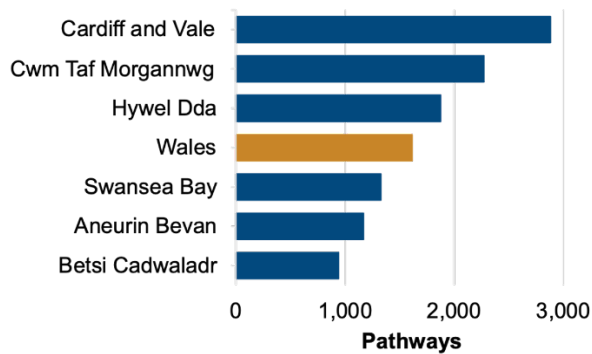
<sup>10</sup> <https://www.gov.wales/nhs-wales-escalation-and-intervention-arrangements>

<sup>11</sup> <https://www.gov.wales/betsi-cadwaladr-university-health-board-put-special-measures-board-stepping-aside>



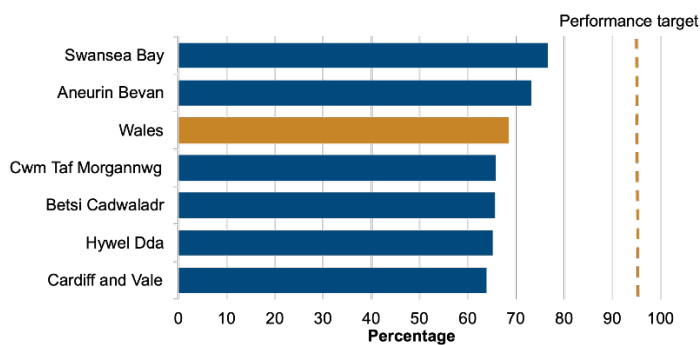
Planned care pathways waiting more than a year for their first appointment per 100,000 population, by Local Health Board, December 2023

Source: NHS Activity and performance summary, Welsh Government, Feb 2024 <sup>12</sup>



Patient pathways waiting over the target time for diagnostic tests and therapy services per 100,000 population, by Local Health Board, December 2023

Source: NHS Activity and performance summary, Welsh Government, Feb 2024 <sup>12</sup>



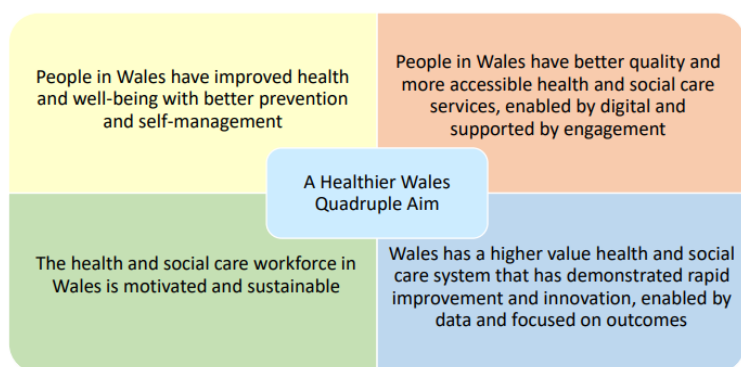
Percentage of patients admitted, transferred or discharged within 4 hours at Emergency Departments, by Local Health Board, January 2024

Source: NHS Activity and performance summary, Welsh Government, Feb 2024 <sup>12</sup>

<sup>12</sup> <https://www.gov.wales/nhs-activity-and-performance-summary-december-2023-and-january-2024.html>



## Delivery against the Quadruple Aim



Performance of the Health Board against the 'A Healthier Wales Quadruple Aim' is measured against the national NHS Wales Performance Framework and the Health Board reports against these during public Board sessions throughout the year.

Figure 8: Welsh Government. Quadruple Aim.

Key headlines of performance, taken from NHS Wales Performance Framework monitoring returns, at the end of quarter 3 (31 December 2023) include:

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

- The organisation had comparatively strong performance in vaccination rates. Target levels are set high to maximise the opportunities of 'mass immunity' and the Health Board was within five percentage points of target for Human Papillomavirus (HPV) vaccination and influenza vaccination in those aged over 65 years. Although eight percentage points below target, the Health Board had the highest vaccination rates for childhood vaccination within Wales. The Health Board continues to strengthen efforts to improve this further given the increasing risks of measles outbreaks.
- The organisation continues to target Covid-19 vaccination rates, having average performance compared to the rest of Wales.
- Rates of quit attempts using evidence based smoking cessation services has continued to increase.
- Uptake of newborn baby screening programmes has remained high.
- Use of colonoscopy screening has improved steadily, with the Health Board having one of the highest rates, but with further scope for improvement.

*(Extracts of performance levels as reported in the NHS Wales Performance Framework 2023-24 monitoring returns)*

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

- Dental access has been improving though with significant improvement still required.
- More opportunity is being made of the Independent Prescribing service in Community Pharmacy settings with over 12,000 eligible consultations in the first three quarters of the year, and growing.
- Mental health access rates for all ages and neurodiversity access rates for children, remain mixed in comparison across Wales, and below requirements and expectations.
- The organisation has maintained its comparatively strong performance within Wales in time to start cancer treatment from the point of referral/suspicion, with work within this Plan to further improve this.
- In most other regards, access to planned care has continued to be a challenging position through the year. Although waits of over 104 weeks from referral to treatment have reduced in the first three quarters of the year by 2,000 patients (20%), too many patients still have to wait for long periods in some specialties.
- Urgent and emergency care performance has remained highly challenging. Whilst the Health Board has maintained improved performance in triage times when presenting to an Emergency Department, delays in time from arriving at an Emergency Department to being seen by a senior decision making clinician and time spent in Emergency Departments remained some of the most challenging in Wales.

*(Extracts of performance levels as reported in the NHS Wales Performance Framework 2023-24 monitoring returns)*

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

- During 2023-24 the Health Board has been able to consistently reduce the proportion of our wage costs spent on agency staff rather than substantively appointed staff. This is in keeping with a Ministerial Priority area for the coming year.
- There has also been a reduction in leaving rates for nurse and midwifery staff.
- Sickness rates of staff have remained static.

*(Extracts of performance levels as reported in the NHS Wales Performance Framework 2023-24 monitoring returns)*

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

- Handover delays for ambulances arriving at Health Board Emergency Departments have remained extremely challenging with a further worsening reflecting the context of a highly pressurised urgent care system throughout the year.
- The organisation has improved the timeliness of investigating 'reportable incidents' though with further progress required.
- Comparatively good rates of MRSA and MSSA have been maintained, but further work is required to improve Klebsiella and Pseudomonas Aeruginosa infection rates that although similar to those of 2022-23 in the Health Board, are comparatively poor compared to other parts of Wales.

*(Extracts of performance levels as reported in the NHS Wales Performance Framework 2023-24 monitoring returns)*

## **GIRFT – ‘Getting It Right First Time’**

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

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

During 2023 reviews have been undertaken in a number of clinical areas, including orthopaedics, urology, general surgery, gynaecology and ophthalmology. These reviews have reported opportunities to improve productivity, efficiency and better outcomes. Whilst a number of improvements have already been made the Health Board is committed during 2024 to embed these initial changes into ‘business as usual’ as well as drive further using the GIRFT methodology and recommendations. Areas of GIRFT review implementation are discussed within our Plan priorities for 2024-25 described later.

## **The Financial Context**

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The Health Board has a duty to effectively manage its responsibilities within the resources provided by the Welsh Government. The organisation, since its formation in 2009, has struggled to achieve financial breakeven and it currently spends more than it is allocated from Government. It is essential that the organisation improves its financial performance.

During 2023-24 the Health Board set a deficit budget of £134m and a savings target of £25m. Given the significant inflationary pressures as well as increased demand for services, the Health Board recognised the level of risk in containing the deficit to the £134m, despite seeking to reduce this level of deficit in moving toward a more financially sustainable position. The Welsh Government in-year allocation of £101m has recognised these significant pressures, alongside a further requirement for Health Board financial performance to improve to a £20m control total. Whilst the financial year for 2023/24 is not complete, it is expected that the out-turn position will reflect significant improvement and although the control total is unlikely to be met, there will be evidence of progress toward it.

# The Health Board approach to 24-27:

## 5 Strategic Objectives

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During 2023-24 the Health Board has continued to progress through its objectives against the Special Measures Framework. As the year has progressed this has coalesced around five main areas where improvement was most necessary. Recognising the need to prioritise improvements in the areas that led to Special Measures, the core of the Health Board 2024-27 Plan builds further upon those five objective areas:

### 1: Building an effective organisation

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

### 2: Developing strategy and long-lasting change

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

### 3: Creating compassionate culture, leadership and engagement

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

### 4: Improving quality, outcomes and experience

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

### 5: Establishing an effective environment for Learning

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

## ▪ *Design Principles*

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Organisational Design Principles will be used to inform the designing and aligning of the strategic vision, goals, capabilities, processes of the organisation. The use of design principles will provide simple clarity to improve effectiveness, efficiency, quality, and innovation. This approach will also incrementally move the Health Board towards a common direction, as well as provide assurance in terms of best use of public finances.

The Health Board has commenced the drafting of Design Principles but there is further work to do to engage, discuss and refine those before finalising them. The Principles will contribute as a route map to help focus and inform improvement activity.





# **Building an effective organisation**

## 1: Building an effective organisation

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Objective area 1 recognises the importance of governance and effective procedures and decision making in high functioning Healthcare organisations.

Immediately prior to the Health Board being escalated into Special Measures, Audit Wales published a Board Effectiveness review outlining changes required to better understand risk and to ensure better governance. Since then subsequent reviews commissioned to explore this in greater detail have identified recommendations that the Health Board is implementing. This will better ensure that decisions are made in a timely way, using appropriate information, and that the right people have been involved to ensure the right decisions are made first time.

The organisation has some way to go before it can be deemed to be highly effective. It is essential to put in place, embed and evaluate the foundations that underpin organisational effectiveness. These include the way on which the Board leads, oversees performance and creates a compassionate culture. Ten key elements form this Strategic Objective, and significant emphasis will be placed on enabling a clear approach and expectation to be set in relation to each element; intensive work to embed high standards of practice and evaluation and assurance mechanisms put into place to monitor progress.

### Summary

Objective 1: Building an effective organisation		National Planning Framework	Special Measures Framework
1A	Board Effectiveness		✓
1B	Risk Management	✓	✓
1C	Operating Model		✓
1D	Performance and Accountability Framework	✓	✓
1E	Value and Sustainability	✓	✓
1F	Legislative Improvements		✓
1G	Workforce Planning	✓	✓
1H	Quality Management System	✓	✓
1I	Welsh Language	✓	
1J	Decarbonisation	✓	

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## 1A: Board Effectiveness

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Considerable work has been undertaken to re-establish and re-set the Board following significant changes in membership in early 2023. Whilst a great deal of progress has been made there is further work required in pursuit of an established, stable and highly effective Board and that work is underway. Several Independent Members of the Board have recently joined and a number of Executive Board Member roles are presently being recruited to. The full recruitment of Independent Members of the Board allows the remaining Board Committees to be re-established and these will continue to evolve during 2024-25.

The Audit Wales Follow-up of Board Effectiveness was reported in February 2024, identifying significant progress during 2023 whilst noting there is more to do. The Audit Report provided further recommendations that have informed the further work planned here.

### Why this has been prioritised in the 2024-27 plan?

Building upon the work undertaken during 2023 continues to be an area of priority within the BCUHB Special Measures Framework.

### Priorities

In 2024-25 the Health Board will

- Complete substantive recruitment of Executive members of the Board.
- Progress a Board Development Programme, supporting a substantively appointed Board.
- Complete the re-establishment of a full complement of Board Committees.
- Review the approach to the Board Assurance Framework and Risk Management Framework, under the leadership of the recently appointed Director of Governance

### What difference to outcomes will this make?

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

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## 1B: Risk Management

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The Health Board's corporate Risk Register provides an oversight to ensure that any risk to the strategic objectives of the Health Board is effectively managed. A revised 'Board Assurance Framework' (BAF) is now established, providing the Board with assurance related to the controls and action plans for high risks that relate to any possibilities of not delivering on key objectives. It is recognised that further work is required to simplify the BAF and fully embed it.

### Why this has been prioritised in the 2024-27 plan?

Over the next 3 years the Health Board wishes to progress the work done so far to develop and then fully embed an Integrated Risk Management Framework that enhances patient safety, quality of care, and operational resilience across all levels of the organisation. This will allow the Health Board to align risk areas with the internal oversight mechanisms that are already established.

Doing this will allow clearer governance line of sight connecting Health Board risk appetite and assurance mechanisms with operational delivery teams across the organisation.

### Priorities

- Alignment of the Board Assurance Framework with risks appetite, this Three Year Plan, and the emerging strategic objectives of the Health Board.
- Development of a risk management dashboard to improve triangulation with planning and performance as well as other directorates.

During years 2 and 3 the Health Board will

- Further embed risk management triangulation with planning and performance as well as other directorates.
- Manage risks to a tolerable level.
- Reviewing and updating of risk management business continuity plans.
- Consistent ongoing testing of risk management maturity against established benchmarks.

### What difference to outcomes will this make?

An effective Risk Management process will reduce the number of overdue and draft risks to a tolerable level. As a contributor to the Health Board quality assurance process this has direct links to improved patient care and experience.

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## 1C: Operating Model

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The Operating Model agreed in 2022 has only been partially implemented. In the intervening time it has become clear that elements of this model are working less well than envisaged. In particular the current configuration is missing the ability to flex as a large organisation to deliver improved services for those conditions where the volume of activity is low, and where delivering a 'once for North Wales' approach would be safer and lead to better outcomes. This is a challenge across the UK and one where the Health Board could make better opportunity of its size. Other challenges with the current model include decision making governance and duplication of leadership, that together impede making timely decisions.

There is strong cross-connection between this key priority and additional organisational development work outlined in 3A: *Compassionate Leadership and Organisational Development*.

### Why this has been prioritised in the 2024-27 plan?

For the organisation to be effective, it needs an Operating Model (Structures) that enables both the day to day leadership and management of services and improvement to take place systematically, including service delivery approaches that support and enable sustainability into the longer term.

Furthermore, international evidence consistently reports the importance of having an operating model that is constructed to effectively deliver the Strategy of the Health Board and that organisations without that clarity often fail in their delivery of improvements.

Improving the effectiveness of the Health Board operating model will better align operational delivery with strategic requirements. It will also improve administrative efficiency which is a Ministerial Priority for 2024-25.

### Priorities

During 2024-25 the Health Board will:

- Complete the wider stock-take of the Operating Model, utilising the work of Internal Audit, feedback from external colleagues/stakeholders and feedback from colleagues internally to understand benefits and issues.
- Assess the Business Partnering model across the organisation, drawing together proposals for revision where necessary.
- Develop proposals for any revision to the current Operating Model, considering a careful approach to supportive change.
- Review and revise where necessary the clinical leadership model in the organisation, drawing in the learning from the Rapid Review of (Clinical) Engagement, to build a stronger clinical leadership and engagement approach.
- Identify opportunities for greater efficiency through using digital tools e.g. Microsoft Office 365.



### What difference to outcomes will this make?

Decision making in the Health Board will be more agile, with greater accountability, and in pursuit of the strategic goals of the Health Board (which are built upon better health outcomes). Clarity of Operating Model principles will therefore contribute to the Health Board achieving better health outcomes.

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## 1D: Performance and Accountability Framework

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

The use of performance monitoring and clear performance objectives that are grounded in the 2024-27 Plan will provide the basis for a more robust accountability model for the Health Board.

### Why this has been prioritised in the 2024-27 plan?

The Health Board wishes to tighten the accountability model in use within the organisation to provide a clearer line of sight of Board agreed priorities into team and individual objectives. This will focus performance in those areas where greatest improvement is required and will help ensure that decision making aligns with agreed governance.

### Priorities

During 2024-25,

- The Health Board will continue to fully implement the Integrated Performance Framework, enhancing the capability of the organisation, and individuals, to manage performance.
- Senior leadership, and Directorate/Service Team objectives will align with the Health Board priorities for 2024-25 as laid out within the 2024-27 Health Board Plan.
- The Health Board will review and redesign the approach of reporting through Executive Team, to Board Committees and to Board to further enable openness, transparency, accessibility, analysis, and a focus upon improvement.

During 2025-27,

- The Health Board will further mature the alignment of objectives with Health Board priorities to other staff within the organisation through effective use of appraisal, and full embedding of the Integrated Performance Framework.

- The Health Board will monitor the effectiveness of the Integrated Performance Framework, making revisions where necessary to reflect learning and to ensure it remains aligned to the Health Board's corporate governance structure and Operating Model changes.

### What difference to outcomes will this make?

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

Delivery against key national and local performance indicators, special measure expectations and against activity and financial metrics will be improved.

Successful delivery will lead to better outcomes for patients and Health Board staff, and ensure that all involved understand their roles, responsibilities, and accountabilities.

## 1E: Value and Sustainability

Although the Health Board has made good progress in adopting 'Value Based Care' principles in recent years there is local recognition and ambition to take this further.

Alongside this local ambition, there is a requirement within the National Planning Framework guidance to ensure a full contribution to, and benefit from, work undertaken by the national Value and Sustainability Board.

Continuing Healthcare (CHC) and Funded Nursing Care (FNC)
Clinical variation and service configuration
Medicines management
Workforce
Procurement

This national work covers five work-streams: continuing healthcare and funded nursing care, clinical variation and service configuration, medicines management, workforce, and procurement.

The Health Board recognises the opportunity that tightly aligning with this offers and will mirror this within the organisations approach to Value and Sustainability in order to support maximum impact.

Within this, there is a Ministerial expectation that Value and Sustainability considerations ensure that

- there is a reduction in the reliance upon high-cost agency,
- 'Once for Wales' arrangements for workforce enablers are strengthened,
- regional working opportunities are maximised,
- Health Boards support the redistribution of resources towards community and primary care,

- unwarranted variation and low value interventions are recognised and addressed, and
- administrative efficiency is improved.

These expectations will be included in our oversight of this Value and Sustainability priority and are also reflected in cross-linkages throughout this Plan.

### Why this has been prioritised in the 2024-27 plan?

The Health Board recognises that applying 'value' principles to decision making contributes both to increased sustainability and better clinical outcomes. In addition, adopting the recommendations of the national Value and Sustainability Board is a key national planning requirement in 2024/25 and one the Health Board wishes to fully benefit from.

### Priorities

- Agree a programmed approach within the Health Board to oversee Value Based Care during 2024/25, ensuring this is configured to fully encapsulate the learning from the national Value and Sustainability Board.
- Continue to embed the principles of *Value Based Care* into all decision making throughout the Health Board.
- Identify a clear and forward looking programme of work for Value Based Care within the Health Board.

### What difference to outcomes will this make?

Improving value and the sustainability of services means that the limited resources available to the Health Board will go further to allow delivery of more care to the residents of North Wales.

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## 1F: Legislative Improvements

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The Health Board recognises the importance of continuing to make improvements in regard of Health and Safety legislation and Civil Contingencies legislation compliance.

Having high regard for Health and Safety best practice is a key way to reduce as far as possible workplace injuries, ill health, and unsafe working practices. This relates to staff, patients, visitors, volunteers, and contractors. The Health Board is two years into a Three Year Plan based upon the Health and Safety Executive (HSE) HSG65 Plan, Do, Check, Act process methodology but further work is required, including assessing risks and in ensuring rapid learning where problems do occur.

Civil Contingencies legislation relates to Emergency Planning and Preparedness. The Health Board wishes to make improvements based upon learning from the Covid-19 pandemic to ensure that preparedness for emergencies going forwards are robust and appropriate.

### Why this has been prioritised in the 2024-27 plan?

The Health Board was subject to HSE prosecution in 2023 regarding a failure to control ligature anchor points.

Learning from Covid-19 provides opportunities for the Health Board to refresh Civil Contingencies preparation and oversight. Furthermore, the challenging post Covid-19 environment has seen the Health Board need to briefly enter Business Continuity Arrangements in recent months. It is important to maximise Civil Contingencies arrangements as a priority.

### Priorities

- Undertake a comprehensive gap analysis that informs a clear Health and Safety Improvement Plan approach.
- Review the programme of Health and Safety training across the Health Board, and engaging with managers to enable the right level of support to improve health and safety practice, including the Managing Safely course and the Leading Safely course for Executives and senior managers.
- Review the effectiveness of rotational support visits from Health and Safety Advisors to individual areas across the Health Board, revising approaches where necessary.
- Develop systems that identify, record and provide focused and escalated support to areas that require the greatest improvement.
- Appoint to a substantive Head of Civil Contingencies, and develop a team approach across the organisation to take forward civil contingencies priorities.
- Review Business Continuity Plans and arrangements across the Health Board.
- Review Emergency Plans across the Health Board.
- Consider any emerging findings from the UK Covid-19 inquiry evidence hearings that might improve our Civil Contingencies preparation by addressing in advance of formal recommendations.

### What difference to outcomes will this make?

Robust adherence to both HSE and Civil Contingencies Act legislation will reduce the risk of avoidable harm and improve the overall effectiveness and confidence of the organisation.

## 1G: Workforce Planning

Like other NHS organisations, the Health Board is grappling with difficult workforce planning conditions. This means that although the Health Board has made considerable in-roads into workforce planning in recent years ongoing development is necessary and a priority.

The underpinning principles are to create Workforce Plans that enable the services to recruit the 'right people' with the 'right skills' to provide services in the 'right place'.

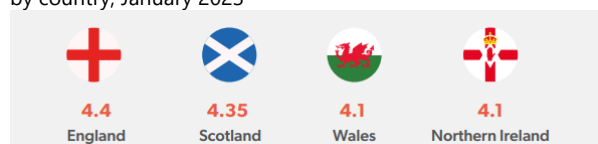
Work undertaken by Audit Wales in 2023 illustrates the current workforce challenges that exist<sup>13</sup>:

Across the whole of Wales, there are around 6,800 full-time equivalent vacancies, of which around 2,500 are for registered nursing and midwifery posts, and around 1,500 are for medical and dental vacancies.



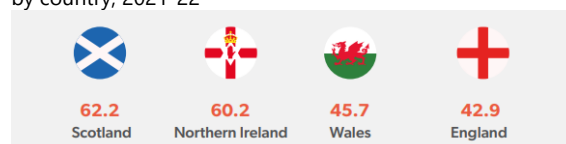
Source: Audit Wales, 2023

Number of Doctors (headcount) per 1,000 population, by country, January 2023



Source: Audit Wales, 2023

Number of dentists registered to practice (per 100,000 population), by country, 2021-22



Placing the focus upon seeking to recruit like-for-like professionals to fill vacancies will not be successful and a range of complementary approaches are required to reach a satisfactory workforce equilibrium. This includes

- The need to review our structures to ensure they are as efficient as possible across the Health Board.
- Ensuring that the Health Board does everything reasonably possible to retain staff and to grow skills from within.
- Ensure that the Health Board makes the most efficient use of its workforce, recognising that, in recent years, productivity has not always improved with increasing staffing.
- Ensure that we prioritise workforce planning and a shift of workforce capacity focused around the areas of greatest need and service value.

<sup>13</sup> [https://www.audit.wales/sites/default/files/publications/NHS\\_Workforce\\_data\\_briefing\\_English\\_Webvrs.pdf](https://www.audit.wales/sites/default/files/publications/NHS_Workforce_data_briefing_English_Webvrs.pdf)

### Why this has been prioritised in the 2024-27 plan?

The Health Board has a range of workforce challenges, particularly (but not only) in clinical environments. Further developing our workforce planning approaches at pace will reduce the number of critical vacancies the Health Board faces, and importantly start building a more sustainable workforce for the future. There are opportunities to develop new roles and new ways of working, taking advantage of local and the national transformation programmes.

Many services require complex changes to skill-mix that take a number of years to plan, with clinical training sometimes requiring several years to complete. It is therefore important to prioritise this work in order to address current challenges and to minimize any delays in making changes for the future.

In addition to recruiting new staff, the focus remains on supporting our valued workforce, and enabling opportunities for them to meet their fullest potential.

### Priorities

The Health Board will

- Undertake a review of current workforce establishment numbers, and supported by principles against which workforce planning will occur going forwards. This will provide the basis upon which all other priorities outlined below will build.
- Design an organisational 'Approach to Workforce Planning', building on the already established 6-step approach of HEIW. The Health Board will systematically assess services against the workforce planning approach, starting with 'challenged' services. Each 'challenged' service will have an agreed workforce plan.
- Strengthen partnership work with Health Education and Improvement Wales (HEIW) and focus on key 'challenged' services to identify and build strategic approaches.
- Continue to identify opportunities for innovative skill-mix redesign in addressing hard to recruit vacancies.
- Continue to develop local training opportunities through the Primary Care Academy and Dental Academy approaches adopted in North Wales.
- Support Bangor University to ensure that the experiences of students in the North Wales Medical School are high, thus encouraging graduates to remain in North Wales once qualified.
- Support all academic partners to ensure that the experiences of students across all professional groups are high, encouraging graduates from across healthcare sectors to remain in North Wales once qualified.
- Support ongoing and new initiatives to streamline national and international recruitment.

- Continue to work with local education providers in Higher and Further Education to support 'Grow our Models' initiatives that ensure development opportunities are available for staff progression, and for others across North Wales, supporting a local Health Board workforce supply.
- Continue to support flexible working and the redesign of services in order to stabilise the current workforce by optimising the way in which we work across services and localities.
- Continue to reduce agency usage, reviewing fixed term and locum arrangements to provide a more sustainable workforce. Remain focused upon maintaining the improvements in nursing and midwifery staff turnover seen in 2023-24.
- Ensure that enablers, such as digital, continue to be considered in respect to the improvements they offer for workforce skill-mix, recruitment and retention, as well as the improvements offered to service quality.

### What difference to outcomes will this make?

Developing further skills in workforce planning will reduce the number of significant gaps in the Health Board workforce by allowing a prioritised approach to current vacancies, develop future models of care, and minimise the dependency upon expensive agency staff often available on an inconsistent basis.

These changes will improve patient experience in-year, and will ensure that changes the Health Board makes are more likely to succeed and deliver the best outcomes.

## 1H: Quality Management System

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



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



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

The purpose of this key priority is to undertake work to build these principles more deeply into the systems and processes of the Health Board.

#### Why this has been prioritised in the 2024-27 plan?

The Health Board is making progress, working with staff to explore the best way of implementing a robust QMS with which to support and assure quality-focused decision making.

The Health Board wishes to continue to make use of expertise and support provided by Improvement Cymru and the Institute of Healthcare Improvement in progressing this work.

#### Priorities

- The Health Board will continue to work with the Institute of Healthcare Improvement to inform the QMS design and to incorporate learning from other organisations.
- During 2024-25 the Health Board will complete the redesign of an appropriate Quality Management System (QMS) for deployment across the organisation.
- During this time, the Health Board will apply the emerging QMS to arising quality improvement initiatives, so that they follow a whole system QMS ethos, and to also learn so that the overall QMS deployment is successful.

During 2025-27 the Health Board will continually review and monitor the impact of the QMS iterating it as appropriate to ensure it meets the objectives laid out within the Duty of Quality.

#### What difference to outcomes will this make?

Revising the Health Board approach to quality in such a systematic and robust way will lead to improved reliability, improvements in sustainability, better experience and improvement in clinical outcomes.

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## 11: Welsh Language

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The Health Board operates within a legislative framework for Welsh language, in the form of compliance with Welsh Language Standards under the Welsh Language (Wales) Measure 2011. The Health Board also operates in line with the Welsh Government's Strategic Framework for Welsh Language Services in the Health and Care sector, 'More than just words'.

In addition to the statutory duties to ensure provision of Welsh language services for patients, the Health Board recognises the importance of promoting the Welsh language for staff. As a large employer the Health Board can make a significant contribution to sustaining the language both within the organisation and across North Wales and in emphasising the importance of culture around Welsh language.

### Why this has been prioritised in the 2024-27 plan?

Delivering services to patients and service users in their preferred language is a key factor in providing high quality care, and is particularly important for our more vulnerable patients and their families.

### Priorities

During 24/25 the Health Board will focus on:

- Encouraging staff to make the most of the opportunities that improving Welsh language skills can provide within work and within their local communities.
- Establishing a consistent approach to the delivery of the Welsh Language Standards, by adopting Standard Operating Procedures for specific compliance areas.
- Aligning short and medium-term targets established within 'More than just words' with the Welsh Language Standards work programme, to enable the Health Board to focus delivery for specific areas and groups.
- Incorporating an additional Service Level Agreement into the in-house translation demand, which will see the Health Board maximising its potential and expertise, providing a translation service to two health sector organisations in Wales.

### What difference to outcomes will this make?

Focusing on these priorities will ensure that the Welsh language needs of patients, public and staff are met and that the Health Board workforce can develop their language skills within the workplace.

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## 1J: Decarbonisation

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In April 2021, the Welsh Government launched the *NHS Wales Decarbonisation Strategic Development Plan 2021-2030*, a plan to tackle the Climate Emergency that it declared in 2019<sup>14</sup>. The Health Board has developed a five year Decarbonisation Action Plan (DAP) 2022-2026 with support from the Carbon Trust. The plan considers buildings and energy, procurement, transport, travel, healthcare and corporate carbon management, and visibility will become clearer as this reports to the Board through the newly established Planning, Population Health and Partnerships Committee.

### Why this has been prioritised in the 2024-27 plan?

The Health Board DAP is a response to the Welsh Governments ambition for the public sector to be net zero in carbon emissions by 2030. NHS Wales' contribution to the net zero carbon target is to reduce carbon by 16% by 2025 and 34% by 2030.

Welsh Government resource has been allocated for decarbonisation. However additional capital investment funding is expected to be challenging in the coming years, and so it is important to take a prioritised approach to decarbonisation that sees progression each year.

### Priorities

Over the coming three years the Health Board will

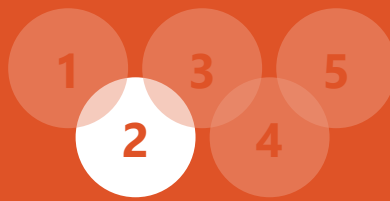
- Appoint to the post of Director of Environment.
- Continue to support our workforce to identify other decarbonisation opportunities for wider adoption.
- Install onsite renewable energy generation facilities where viable to do so.
- Prepare to be able to progress low carbon heat generation for non-acute sites larger than 1,000m<sup>2</sup> by 2030.
- Ensure that all new medium and large freight vehicles procured after April 2025 meet the future modern standard of ultra-low emission vehicles in their class.
- Progress the procurement of 100% REGO-backed electricity.
- Continue the programme of replacing all existing lighting with LED lighting.
- Consider carbon impact when procuring services, sourcing locally where possible.
- Continue to make the case for digital solutions that offer the potential of using less paper, in addition to the patient safety opportunities that digital solutions can provide.

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<sup>14</sup> <https://www.gov.wales/nhs-wales-decarbonisation-strategic-delivery-plan>

What difference to outcomes will this make?

Consistent improvements in Health Board carbon emissions across 2024-27.



# Developing strategy and long-lasting change

The Health Board is clear that through the development of clear strategy, rooted in addressing clear objectives built upon population needs, long-lasting change can be prioritised and then delivered leading to services that best meet the requirements of our public and that are sustainable and of high quality.

Objective area 2 draws upon the intention of the Health Board to be clearer about this and to progress the development of strategy and long-lasting change in a structured, evidence-based and inclusive way.

## Summary

Objective 2: Developing strategy and long-lasting change		National Planning Framework	Special Measures Framework
2A	10 year Strategy	✓	✓
2B	Clinical Services Plan	✓	✓
2C	Commissioning	✓	✓
2D	Capital Priorities: supporting change to happen	✓	✓
2E	Digital, Data and Technology (DDaT)	✓	✓
2F	Prioritisation	✓	✓
2G	Effectively delivering Major Change	✓	✓
2H	Strengthening Planning	✓	✓
2I	Finance Governance Environment	✓	✓
2J	Early identification and support of Challenged Services	✓	✓

## 2A: 10 year Strategy

The Health Board has a strategy 'Living Healthier, Staying Well' but observations are that it doesn't provide sufficient direction around which the Health Board can plan in the coming years. It is important that the Health Board addresses this in order to shape direction and prioritise service delivery that is fit for both current and future needs of the population of North Wales.

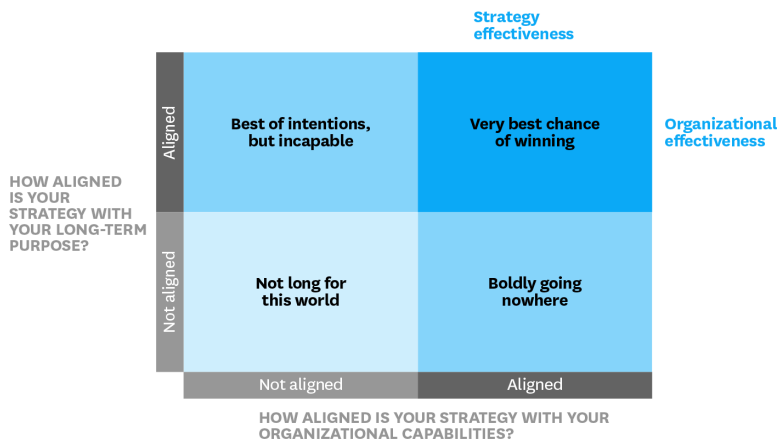


Figure 9: The need for Strategic Alignment. Trevor & Varcoe, reproduced from Harvard Business Review

The success in creating a 10 year strategy that is able to provide this direction lies in being able to have honest conversations about the competing challenges and pressures being faced, and the advantages and disadvantages of the different ways of best addressing those challenges. These conversations will require time to ensure that the solutions identified have been identified and co-produced with the full input of the public of North Wales, our partners, and clinician experts. As such, this activity

will be supported by the work laid out in Objective 3 later. This work will underpin our approach to continual conversations that are meaningful and how we incorporate the evidence-based concept of 'open strategy' that draws in all ideas and views, into this work<sup>15</sup>.

### Why this has been prioritised in the 2024-27 plan?

The Health Board is currently unable to operate within budget to the expected standards. Whilst our staffing establishment has increased, output and throughput has not increased to the same extent and the Health Board is spending attention and increasing resource to maintain services that in some instances are not viable in their current configuration. Whilst this is impacting upon productivity presently, the impact will increase in the coming years if reconfiguration does not occur, because of changing population demographics, advances in healthcare and the impact this has upon how we train, recruit and retain healthcare professionals of the future.

The Health Board wishes to firmly address this and bridge the gap between population need and how our services are prioritised and delivered. The first part of this journey involves reestablishing clarity of purpose, agreed through honest and meaningful conversations with the population of North Wales. A clear ten year strategy will in turn inform the creation of a clinical services plan for the coming years, and will identify the areas where prioritization of change will be necessary. These inter-related activities are discussed later in this Objective 2 section.

<sup>15</sup> Open Strategy (2021); Stadler, Hautz, Matzler, Friedrich von den Eichen. Massachusetts Institute of Technology Press.



## Priorities

The Health Board will

- Collaboratively refresh Health Board well-being objectives in line with the requirements of the Well-being of Future Generations (Wales) Act 2015 and Social Partnership and Public Procurement (Wales) Act 2023.
- Establish a systematic approach, commencing with identified health needs, collation of evidence, design principles, and clinical and citizen reference groups.
- Collaboratively agree Health Board strategic 'Design Principles'
- Agree a schedule of 'what matters' conversations focused upon what has been identified above, and an understanding of successful service developments undertaken elsewhere that have helped to address similar issues.
- Undertake conversations as scheduled, continually evolving the conversations based upon what has been heard in earlier events.
- Collation of a high level summary of findings, and commence identifying the key strategic opportunities to test with stakeholders.

During years 2 and 3 the Health Board will

- Agree a ten year strategy for BCUHB that reflects the contributions received during 2024/25 and that aligns with the resources that are likely to be available.

Whilst completing the ten year strategy, the Health Board will use the emerging findings from this work to fully inform the 2025-28 plan, 2026-29 plan, and evolving Clinical Services Plan.

## What difference to outcomes will this make?

A refreshed strategy for the Health Board will provide a roadmap around which to prioritise improvements and clinical service configurations that best meet the needs of the North Wales population. In turn this reduces the risk of challenged services providing sub-optimal services. Taking a structured planning approach will allow the Health Board to develop services in an efficient way, getting the best outcomes from the resources available.

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## 2B: Clinical Services Plan

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Clinical Service Planning is necessary to ensure that the Health Board is prioritizing the right clinical services, in the right way, in the right places to best meet population need. But to do this, the Health Board requires a clear strategic roadmap for the ten years ahead, meaning this Clinical Services Plan (CSP) work must follow progress being made in the ten year strategy. Prioritisation (and where appropriate, deprioritisation) will be required to ensure the Health Board CSP is deliverable using the resources available.

This means that successful creation of an effective, complete CSP requires our work upon the Health Boards ten year Strategy, above, and how the Health Board approaches Prioritisation (priority 2D below) to also be progressed. In addition there are also a number of other interdependencies and related pieces of work that touch upon the delivery of an effective CSP including in this current 3 year plan, including Value & Sustainability (priority 3C) and all of the Objective 4 (Improving quality, outcomes and experience) priorities.

Thus, the different elements of the Three Year Plan that have been prioritised complement each other. The CSP will draw these elements together to create a clear and deliverable clinical plan for how to enact the Strategy over a rolling three year horizon.

### Why this has been prioritised in the 2024-27 plan?

Whilst the CSP will draw upon the 10 year Health Board strategy the Health Board cannot wait until the refreshed strategy is agreed before working on how this could be delivered clinically. To do so risks addressing clinical changes in an order that does not reflect our greatest areas of clinical risk, or in ways that do not consider clinical inter-dependencies and nuances.

The Health Board wishes to agree a draft CSP approach, with the draft updated as the 10 year strategy conversations progress to maturity.

### Priorities

- During 2024/25 the Health Board will develop a draft CSP that adequately incorporates the *known* clinical requirements of the next 3 years.
- Moving into years 2 & 3 the Health Board will refine and mature the CSP to reflect the emerging Health Board 10 year strategy and the expected changing demographic requirements.
- The CSP will be deliverable within the resources anticipated to be available to the Health Board.

### What difference to outcomes will this make?

The Health Board will be better able to make decisions about Clinical Service provision that are better tested for sustainability, leading to less instances of having to urgently resolve service delivery difficulties and leading to better patient experience.

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## 2C: Commissioning

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The Health Board recognises that there is an opportunity to further improve the services that are contracted from other organisations. The pandemic saw a shift to contracting services on a block basis across the UK in order to focus priorities upon delivering covid-19 care; however in many instances block contracting has continued and reduces the opportunity to ensure commissioning for quality and outcomes is foremost. Moving from a contracting approach to one built upon commissioning principles that systematically consider population needs, priorities, well governed procurement and the monitoring of quality would lead to higher value from the services that other organisations provide on behalf of the Health Board.

Adopting a commissioning framework approach, delivered with a timely approach, also contributes to the sustainability of partners, helping them to plan well.

Whilst the Health Board will prioritise the largest areas of opportunities first, commissioning principles will be extended to reach across all areas of contracted clinical care as this will help to embed a 'once for North Wales' approach, promoting partnership working, integrated care, and co-ordination across the Region and with partners in NHS Wales and NHS England.

Ministerial priorities for 2024-25 include an expectation that organisations maximise opportunities to work regionally. In many respects the geography of North Wales means that the Health Board covers a whole regional footprint. However there are considerable opportunities yet to be realised to re-configure existing services within the Health Board on a more strategic, North Wales regional basis and the needs to do this, including improved quality, recruitment potential, and efficiencies will inform the Health Board's conversations with the people of North Wales as the Health Board progresses its 10 year strategy and clinical service priorities covered in previous pages. Furthermore, the Health Board will continue to prioritise work contributing to the mid-Wales collaborative.

In addition, this commissioning approach will help the Health Board to address the significant challenges that it experiences in the 'operational planning' and delivery of services delivered within the Health Board. It is recognised that the Health Board has struggled to recover and then improve the efficiency of planned care (both outpatient assessment and subsequent treatments) following the pandemic. Operational planning capability and capacity within the organisation requires ongoing support and applying commissioning principles to this will be beneficial.

### Why this has been prioritised in the 2024-27 plan?

Implementing a more systematic commissioning approach has previously been postponed due to the Pandemic and capacity to approach this during the previous 12 months. Prioritising this activity now will enable the Health Board to reset contracts for areas of commissioned activity that would lead to a greater focus upon value and quality.

## Priorities

The Health Board will

- Appoint a Director of Performance and Commissioning, with specific experience of whole system NHS commissioning.
- Design and commence implementation of a new organisational framework approach to commissioning and contract management, built upon learning from best practice across the UK.
- Review current block purchase NHS contracts, applying our commissioning framework.
- Monitor NHS contracts against the agreed Health Board commissioning framework.
- Support operational teams within the organisation to apply commissioning principles to services provided directly by the Health Board, using best practice 'demand and capacity' modelling and prioritising additional support to areas of highest clinical need.

## What difference to outcomes will this make?

Prioritising this activity now will enable the Health Board to reset contracts for areas of commissioned activity that would lead to a greater focus upon value and quality.

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## 2D: Capital Priorities – supporting change to happen

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In a number of areas of service improvements that the Health Board wishes to progress, capital funding support is required. Capital funding resource is over-subscribed and so the Health Board has carefully prioritised plans to ensure that those providing the highest value to the population of North Wales are put forward for additional planning and funding support from the all-Wales NHS Capital Programme, and the Health and Social Care Integration and Rebalancing Capital Fund (IRCF).

The Health Board has been fortunate to secure funding support during 2024-25 to improve clinical facilities at Llandundo Hospital, creating an Orthopaedic hub that will significantly help to address the backlog delays that currently exists for joint replacement surgery.

Amongst other programmes of work, the Health Board is also working to secure funding for much needed new mental health inpatient facilities on the Glan Clwyd site, and for expanded facilities at the Royal Alexandra Hospital in Rhyl. The Health Board is also progressing the completion of anti-ligature work across the Health Board.

These projects reach across multiple teams within the Health Board, partners, and 3<sup>rd</sup> party contractors and require dedicated management to deliver on time and within scope.

The Health Board also recognises the opportunity to improve capital funding opportunities by the disposal of estate that is of poor quality, where services could be better provided by reconfiguration, or where services are no longer being provided. Alongside, there is further work to do to reconfigure our estate footprint in partnership with others to share space leading to additional improvements in collaborative ways of working.

Alongside this Three Year Plan the Health Board will submit a Capital Prioritisation Submission document to NHS Wales, structured in accordance with the requirements of NHS Wales Capital colleagues. Thirty two schemes were identified within the Health Board as in scope for this exercise, based on a review of the Health Board's Estates Strategy (2023), the Three Year Plan, the 10-year Infrastructure Programme (2022), bids for discretionary capital for 2024-25, the Business Case Tracker and the list of Digital priorities. The schemes were been ranked using the same scoring methodology as the one that will be used by Welsh Government plus two other factors, *deliverability*, and *immediacy*.

### Why this has been prioritised in the 2024-27 plan?

It is imperative that the Health Board is able to commit specific attention to successfully deliver the complex programmes of work that require capital funding support in order to deliver them on time and according to their scope.

Estate improvements will significantly contribute to our ability to better deliver against Ministerial Priorities, particularly in orthopaedics, and in delivering services to a higher quality and experience.

### Priorities

**Llandudno Orthopaedic Centre.** In 2024-25 the Health Board will deliver the Llandudno Orthopaedic surgical hub, with surgery commenced on site, delivering 1,900 orthopaedic procedures per year when fully operational.

**Ablett replacement programme.** In 2024-25 the Health Board will complete the business case for the construction of the Adult and Older Persons Mental Health facility on the Glan Clwyd Hospital site, aiming to commence construction within 2024-25, and continuing into 2025-27.

**Royal Alexandra Hospital.** In 2024-25 the Health Board will continue to work with partners, including Denbighshire County Council, to complete a review of the proposed redevelopment of the Royal Alexandra Hospital in order to resubmit the proposal for capital funding support. Work in subsequent years will be scoped in line with the proposal outcome.

**Estate disposals.** In 2024-25 the Health Board will identify an approach that enables the Board to consider disposal of estate that is no longer fit for purpose or required.

### What difference to outcomes will this make?

Delivering these capital projects to scope, within resources, and without undue delay will allow the Health Board to utilize new clinical areas for the benefit of patient care. Improved estate is necessary to allow service development and transformation.

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## 2E: Digital, Data and Technology

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Currently, despite some good progress, Digital and Intelligence systems in the Health Board are still not as good as in many other Health Care organisations across the world. The Health Board will continue to improve the use of technology to provide better health care services.

### Why this has been prioritised in the 2024-27 plan?

Good technology is essential for providing better healthcare and improving people's health outcomes. The Health Board will work to get the basics right including how we deliver Digital, Data and Technology to enable us to catch up with the rest of the World.

### Priorities

- Electronic Healthcare Record (EHR). The Health Board will work with stakeholders across BCU and Wales to develop and secure agreement for investment in an Electronic Health Care Record (EHR) transformation. Due to the safety concerns in Mental Health the Health Board will commence the accelerated procurement and implementation of a tactical Mental Health specific EHR starting in 2024.

As well as standardising the delivery of care and associated operational arrangements across the Health Board the EHR will replace a number of currently unsupported applications, developing and agreeing a wider digital plan for North Wales with the EHR at its core.

- Optimisation of current capabilities. The Health Board will work to optimise the use of current systems and capabilities to deliver the most value for patients and clinicians, mitigating the risks associated with duplication of systems and processes.
- Transformation of the DDaT Operating Model. The organisation will continue to modernise the running and delivery of Digital, Data and Technology. This will bring in the minimum capabilities and skills necessary to improve DDaT maturity against industry benchmarks.
- Essential Services Programme. The Health Board will upgrade infrastructure technology to prevent major IT failures and protect against cyber-attack.
- The DDaT team will be active contributors to the activity outlined in other priorities within the plan including *5D Intelligence Led* and *5E Learning Organisation*.

- Major Projects. The Health Board will work on the following priority projects which for which the Health Board is dependent on to continue operating:

LIMS 2.0: To provide a modern, sustainable pathology service. Improving clinical safety via improved standardisation.

RISP: RISP is a paperless radiology solution incorporating Radiology Information System (RIS), Patient Dose Management System (PDMS) & Picture Archiving & Communication System (PACS) into BCUHB.

Patient Numbering/WPAS : Providing clinical staff with a patient-centric view of information to support high quality care to support patient flow and clinical decision making.

Optimisation of Existing Systems: Optimising the functionality of our existing systems, making sure that the system meets user expectations and provides maximum value

Essential Services Programme: A series of protected ICT Projects and Programmes to ensure that the core infrastructure is robust, demand responsive and kept up to date

Therapy Manager Replacement: Replacement of our at risk Therapy Manager system

Mental Health System: Provide MH with a suitable system for their needs and to enable patient information to be captured effectively and shared with partners appropriately.

Joint Medical School: Improve WiFi and network connectivity providing blanket coverage and high-speed reliable connectivity into Medical School locations within the BCU Estate.

WPRS: WPRS E-referral system is to enable efficient and quality referrals to be submitted between Primary and Secondary Care electronically.

Electronic Prescribing Management System (ePMA): Paper medicines charts and prescriptions will be replaced by a digital prescribing and medicines administration system Pan BCU

Teledermoscopy: Implement a specialist digital image storage and viewer to enable dermatologists to assess suspected skin cancer without the need for a face-to-face

Attend Anywhere/Virtual Consultations: Increase in the number of pathways where appointments and reviews are carried out virtually

Dental Replacement System: Replacement of the community dental services EPR that's been issued with an end-of-life notice for March 2024 (including data migration).

Single Sign on: Further roll-out beyond the ED's (Phase 1) to clinical areas such as wards/clinics etc.

Cancer Network Information System Cymru (CANISC): To recreate MDT forms, and cancer dataset forms, for clinical management. As well as specific forms for palliative care and screening.

### What difference to outcomes will this make?

These changes will help the Health Board to provide better and safer care. The Health Board will be more efficient and effective, and will use data and intelligence to make better decisions and therefore use public funds wisely. The Health Board will take a user led approach to service design with clinicians and other users to ensure the service and business change happens and benefits are realised.



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## 2F: Prioritisation

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The Health Board has an outline 'Prioritisation' framework against which new developments are tested.

Applying the principles of Prioritisation is an essential step towards improving quality of care, access to care, and equality of provision. When committing public resource, the Health Board must ensure that interventions are supported that provide the highest value to the public of North Wales.

The Prioritisation framework has Value Based Care as the cornerstone, supported by impact assessments that provide assurance that improved quality and equity of access drives decision making. Further work is required to refine this, to adequately test it in real-time use and to then embed it within strategic decision making across the Health Board.

This framework will also serve the Health Board in identifying activity that is of low-value. Providing interventions with low value significantly contributes to patient harm since the opportunity of healthcare related adverse events is higher than the likelihood of clinical improvement from the intervention. Continuing to invest in low or no value interventions also means limited resources are used up in ways that limit the capacity to provide more interventions likely to have better outcomes. Addressing this will provide an important mechanism by which the Health Board can redistribute resources to prevention, community and primary care services in line with A Healthier Wales and Ministerial direction.

### Why this has been prioritised in the 2024-27 plan?

Further work is required to develop the Prioritisation framework in order to embed it within all resource allocation decisions. The Health Board operates within a resource-limited environment, meaning that the deprioritisation of ineffective or less-effective interventions allows additional resources to be directed towards the highest value interventions. Having a broader framework will support the Health Board to make better decisions regarding resource allocation. This will lead to a more effective strategic plan, and a quicker journey towards being resource sustainable.

### Priorities

- Refresh current Prioritisation Framework approach used within the Health Board, to incorporate local learning gained during 2023-24 and the learning and approaches in place in other NHS organisations.
- Formalise the refresh into an approvable Prioritisation Policy for the Health Board.

Moving into years 2 & 3 the Health Board will

- Review impact of Prioritisation and Deprioritisation approach within the Health Board to ensure consistency of use within resource allocation decision making.

## What difference to outcomes will this make?

Expanding the current Prioritisation framework to include an approach to Deprioritisation will ensure we make the best possible use of the resources available to us, for the residents of North Wales.

## 2G: Effectively delivering Major Change

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

During the last year the Health Board has developed greater experience and established an infrastructure built upon a strong methodology, supported by an international evidence base. This has led to the creation of the Betsi Way Programme toolkit. This was successfully deployed within the Health Board as a test of concept during 2023-24 in creating the Orthopaedic Business Case for Llandudno; this has directly led to the ability to secure capital funding for the Llandudno site within a much shorter time period than the Health Board would have taken previously, and with strong feedback regarding the high quality of submission. The toolkit was then further expanded deployed to provide Programme and Portfolio Management Office (PPMO) Assurance to our Special Measures reporting, leading to a higher proportion of on time delivery of milestones than historically would have been seen, and greater assurance in the quality of delivery leading to tangible service improvement.

### Emerging areas where the application of consistent, evidence-based methodology will improve the effective delivery of change with the Health Board

Progressing an accelerated approach to implementing an **Electronic Health Record (EHR)**. This activity is covered in more detail in 2E: Digital, Data and Technology (DDaT)

Local delivery of the priorities identified by the national **Value and Sustainability** Board as being those most likely to have the greatest positive impact.

Improving the delivery of improved clinical outcomes in **Unscheduled Care** within the Health Board

Resetting the **Planned Care** programme to identify opportunities for improving demand, capacity and value planning and performance in planned care

The Health Board recognises the need to extend to a full deployment model that covers the delivery of the whole portfolio of the most complex 'major change'. In 2024/25 this will include (but is not limited to) our digital delivery priorities, including progressing an Electronic Health Record (EHR) in Mental Health services and our Emergency Departments, our local approach to implementing and aligning to the national Value and Sustainability Board, and the delivery of our Planned Care, and Urgent and Emergency Care improvement programmes.

Holding firm to evidence-based change management science will lead to greater tangible improvements from respective programmes, delivered in a more timely way.

### Why this has been prioritised in the 2024-27 plan?

The existing approach is ready to be rolled out further and will bring more rigor to current major programmes, helping the Health Board to bring about improvements faster.

### Priorities

- Establish the highest priority major change initiatives within the Health Board and transfer them into PMO oversight, with full adoption of evidence based delivery governance and scrutiny through Board Committees. The table above outlines those areas *currently* thought to be of greatest priority for inclusion in the major change portfolio.
- Finalise and agree the process of regular review of the major change portfolio to ensure it continues to be focused upon the areas when this approach offers greatest value, and with regular reporting of impact.

Moving into years 2 & 3 the Health Board will

- Review the deployment changes enacted in 2024/25 have had appropriate impact, modifying the approach if necessary.
- In 2025/26, introduce post implementation gateway reviews of projects and programmes previously completed to confirm that the early impacts seen have become embedded.
- In 2026/27, review the gateway review process (enacted in 2025/26) to establish that it is having the appropriate impact, modifying the approach if necessary.

### What difference to outcomes will this make?

Applying robust programme and portfolio management skills to our major programmes of change will better support successful delivery according to scope, and avoiding unnecessary delays. This will lead to improvements being seen more quickly.

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## 2H: Strengthening Planning

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A review of Health Board planning processes was commissioned by Welsh Government in 2023, with final recommendations received in the Health Board in March 2024. The review and its recommendations will be considered by Board in April 2024, and will provide a nucleus around which the Health Board can consider additional opportunities to further develop strategic planning functionality within the organisation.

Several of the recommendations received are being addressed by other key priorities that are included in the plan; these include the recommendations to work on an overarching strategy and

Clinical Services Plan (Priorities 2A and 2B), operating model improvements (Priority 1C), improvements in delivering change (Priority 2F) and in being intelligence-led (Priority 5D).

### Why this has been prioritised in the 2024-27 plan?

The Health Board wishes to utilize the Planning Review recommendations to continue to strengthen planning capacity in time to support a renewed focus upon strategy.

### Priorities

In addition to the priorities laid out within the key priorities listed above, the Health Board will

- Implement the agreed action plan produced in response to the Planning Review to enhance capacity and capability for planning.
- Undertake further work with staff and stakeholder to refresh the design of the planning system in the Health Board. This will build upon the Integrated Planning Framework. This will specifically include building operational planning capacity.
- Undertake a review of current and future commitments, drawing out the planning capacity needed to plan and implement it. This will form a baseline from which feasibility, risk and inter-dependencies can be assessed.

### What difference to outcomes will this make?

Implementing the recommendations will lead to improvements in planning performance within the Health Board, leading to stronger and more-timely decision making supporting a necessary increased focus upon strategy and sustainable service design. In turn, this will contribute to the delivery of high quality services that are robust.

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## 2I: Finance Governance Environment

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

### Why this has been prioritised in the 2024-27 plan?

The Health Board is required to provide assurance on the current arrangements and controls in place, taking corrective action where improvement is required. This enables the continual assessment of compliance with the Health Board's contract and procurement control framework (for both revenue and capital expenditure) and ensures oversight and control through appropriate delegation for decisions to be enacted.

The Health Board is also required to monitor the contracting cycle and related policies, procedures and processes across the cycle, undertaken by operational and finance staff and by the NHS Wales Shared Services Partnership and the local procurement team.

A sound system of financial control is essential in securing value for money in placement of contracts for goods and services in a legally compliant manner, also to be assured all financial transactions are reported accurately.

The end of year financial statements on performance are audited by Audit Wales. The Health Board is seeking receipt of an unqualified opinion on production of the end of year financial statements, for recommendation of adoption by the Audit Committee and endorsement by the Health Board for filing with NHS Wales and Welsh Government.

### Priorities

- Enhance and monitor the Financial Governance Environment, key elements being continual refinement of the recently endorsed Standing Orders, Scheme of Reservation & Delegation and Standing Financial Instructions.
- In accordance with Audit Wales and Internal Audit support the enhancement of the control environment through active participation in the setting of the Internal Audit Plan, in conjunction with the Audit Committee of the Health Board.
- To ensure recommendations from review of the financial governance control environment by internal audit are implemented, supporting the end of year Head of Internal Audit Opinion offering assurance over the Health Board having a sound, strong system of internal control.
- To develop further the training and support offered to managers in application of the Standing Orders, Standing Financial Instructions and Scheme of Reservation and Delegation, with specific focus on training in relation to procurement in securing value for money and engagement with the wider market in placement of orders for goods and services.
- A key component of the Procurement of goods and services centres upon the review of single tender waiver and contract approval process controls, including Welsh Government approval where required, and compliance with those controls to include approval of contracts and appropriate segregation of duties.

### What difference to outcomes will this make?

The Health Board will ensure delivery of a robust control environment that complies with best practice in provision of oversight, our control mechanisms both locally and regionally aligned to the required national standards, securing a positive rating following review by Internal Audit with oversight through the Health Boards Audit Committee.

The implementation will ensure decisions taken are compliant with and aligned to that directed by the Health Board and offer value for money for the local population of North Wales, engaging with the market in a manner compliant with all relevant legislation and best practice. Further, through receipt of an unqualified audit opinion an assurance financial performance is reported accurately to the local population, NHS Wales and Welsh Government.

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## 2J: Early identification and support of Challenged Services

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*Note that 'priority 4J: Currently Challenged Services' is closely related to this priority. Priority 4J outlines the response and improvements being made in currently services. This priority here focuses upon how the Health Board will establish a mechanism to better identify challenged services at an earlier point so that improvements can be implemented before quality outcomes are impacted.*

The Health Board currently has a number of clinical services where maintaining a reliable and consistent service is difficult. A number of these services are struggling to resolve their backlog of planned care activity as quickly as is required.

Whilst some of these difficulties have arisen due to difficulties recruiting into a service which is otherwise optimally configured, many services that become challenged require considerable reconfiguration in order to become stable and able to deliver the efficient and high-quality service required. Being able to recognize early those services where reconfiguration is required provides the potential to intervene and resolve issues before they become deep-seated and impact upon service delivery.

### Why this has been prioritised in the 2024-27 plan?

Within the first nine months of special measures the Health Board has commenced action plans to address the configuration and performance of a number of these challenged areas. The Health Board wishes to take the learning from this process to inform a more proactive programme of activity that can identify services on the cusp of becoming 'challenged' in order that support and intervention can be implemented before service performance deteriorates significantly.

## Priorities

In 2024/25:

- Reflection exercise to identify the common themes and flags identified from addressing the first tranche of challenged services.
- Learn from Hywel Dda Health Board, who have already undertaken similar design work.
- Taking the activities above, commence a clear triangulation approach in the Health Board that is designed to identify challenged services at an earlier point.
- Engage with the national work looking at 'fragile' or 'challenged' services that forms part of the work programme of the clinical variation and service configuration workstream within the Value and Sustainability Board work.

In 2025/26 and 2026/27:

- Review the impact of the triangulation approach, and refine accordingly.
- Refine the Health Board approach to maintain alignment with the emergent national work from the national Value and Sustainability Board.

## What difference to outcomes will this make?

The Health Board expects that by identifying services that are experiencing challenge at an earlier point, the activity required to resolve those challenges will be simpler and result in less patient pathways being adversely affected.





**Creating compassionate  
culture, leadership and  
engagement**

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### 3: Creating compassionate culture, leadership and engagement

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Objective area 3 uses the huge body of evidence that demonstrates how culture, leadership and engagement with residents, staff, communities and partners, significantly impacts upon the quality of services and patient experience provided. The Health Board has identified opportunities to make improvements in these areas and prioritising these will lead to better outcomes.

#### Summary

Objective 3: Creating compassionate culture, leadership and engagement		National Planning Framework	Special Measures Framework
3A	Compassionate Leadership and Organisational Development		✓
3B	Citizen Engagement	✓	✓
3C	Being a Good Partner	✓	✓

### 3A: Compassionate Leadership and Organisational Development

The Health Board response to Special Measure improvement included an aim to further develop culture and leadership capacity. This work has commenced with the support of Professor Michael West from King's Fund, to encompass a strong focus upon 'compassionate leadership'. 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. This is an evidence-based approach leading to strong and resilient teams that are better able to navigate the Health Board through a challenging period.

Importantly, compassionate leadership is not an end in itself; there is a strong body of evidence demonstrating that a compassionate leadership culture generates better outcomes from staff across the organisation.

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



Figure 10: Compassionate Leadership, from Prof Michael West / Health Education and Improvement Wales

#### Why this has been prioritised in the 2024-27 plan?

Foundational work has commenced in 2023-24 and the Health Board wishes to build upon this without losing traction. Creating a culture that is consistently compassionate and high performing is a continual journey that will continue to grow throughout the period of this three year plan.

This activity is foundational activity that underpins and interlinks with all other activities, both within Objective 3 and beyond.

## Priorities

Organisational Development is a continual process that will therefore not be completed within 2024/25. During 2024/25 the Health Board will:

- Develop and commence the implementation of the Cultural Change Programme.
- Approve and implement the organisations Leadership Development Framework.
- Introduce approaches to enable a Board and Committee focus on staff experience, including staff experience stories.
- Support the establishment and effective working of the new People and Culture committee.

## What difference to outcomes will this make?

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

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## 3B: Citizen Engagement

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The Health Board is committed to engaging directly with communities. This means not just early, but continuous engagement to enable listening and learning from the experiences and expertise of others.

This helps to ensure that plans and priorities are informed by what matters to citizens, and that people have the information and support to enable them to maintain and improve their health and wellbeing. This is a clear commitment made with awareness that the Health Board has not always managed this well in the past.

## Why this has been prioritised in the 2024-27 plan?

There is a real opportunity to reframe relationships with the people of North Wales, to rebuild credibility and trust. A refreshed approach to engagement is endorsed by the Health Board and its leaders are committed to increasing visibility and strengthening engagement with communities.

## Priorities

- The Health Board will build a wide-ranging engagement programme with communities across North Wales, providing opportunities to ask questions and find out more about the plans for the future.
- A Citizens Experience Report, produced every other Board meeting, will inform Board members about the key themes of interest and concern to the public.
- An Engagement Working Group will act as a catalyst for stronger cooperative working across the organisation and with independent colleagues and citizens (eg Llais, Forum Chairs). It will build genuine coproduction in engagement and patient experience and bring together expertise and knowledge. The Group will develop the *Betsi Way: Engagement* and embed this across the organisation.
- The Health Board will learn from engagement with families as well as patients themselves, listening to family stories during reviews, understand what families continue to need and how they can be routinely involved and build an approach which becomes embedded.

## What difference to outcomes will this make?

Meaningful engagement, strong relationships, partnerships and communication are at the heart of building trust and confidence in the quality of care and services, and intrinsic to the Health Board's journey of improvement and developing care to meet the needs of its population.

Capturing, analysing and triangulating the valuable feedback from citizens and working with them to shape improvements will demonstrate that they are fundamental to the development and improvement of care and services. This way of working will embed listening and engaging into the strategic approach of the Health Board. Strong citizen engagement will lead to the successful creation of our 10 year strategy (Priority 2A above) as a strategy that is recognised and supported by the population of North Wales.

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## 3C: Being a Good Partner

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The Health Board contributes to partnership working across a partnership environment that is complex and multi-faceted. Some of these partnership opportunities offer greater potential than has been made use of historically.

There are significant challenges ahead, some of which are shared not only across Wales but the UK and Western Europe, as well as internationally. The Covid-19 pandemic has had a lasting impact on the wellbeing of the population and the delivery of health and care. The increases in the cost of living and a challenging economic situation add to the picture and create a complex environment for all partners.

This level of complexity can only be tackled through a whole system approach; with Local Authorities, Third Sector and Charitable organisations, Housing Associations, Universities and Higher and Further Education partners, neighbouring Health Boards and the NHS in England. Furthermore, all evidence points to the solutions to these challenges being markedly better when understood as across our system partnerships.

### ***Anchor institution***

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An important way for the Health Board to develop greater partnership impact in North Wales is through the recognition of its role as an 'anchor institution'. The term anchor institution typically refers to large, public sector organisations whose long-term sustainability is tied to the wellbeing of the populations they serve<sup>16</sup>. As a partner to other organisations, and to the residents of North Wales as a whole, the Health Board can make a difference within the community through local procurement of goods and services, the way it uses its physical estate, the way it supports local employment, in reducing environmental impact and in collaborating to model civic responsibility. In addition, as an anchor organisation with 20,000 employees, encouraging employees and their families to lead healthy lifestyles will have a big impact upon the health of the North Wales population.

#### **Why this has been prioritised in the 2024-27 plan?**

Partnership working is an area that the Health Board wishes to improve upon, noting that working in true partnership has not always been prioritised in the past. The Health Board wants to develop and support new and existing relationships so that partners are involved and are shaping solutions to the shared complex and difficult issues. The Health Board recognises the importance of agile decision-making.

#### **Priorities**

- The Health Board will review attendance at Regional Partnership Board (RPB) and Public Service Boards (PSBs) to ensure that attendees have the required delegated authority to allow consistent attendance and prioritisation of, and effective contribution and decision making in, those fora.
- The Health Board will review internal governance processes to ensure that, where possible, they dovetail and complement RPB and PSB governance processes to allow timely decision making, whilst still maintaining appropriate internal scrutiny.
- The Health Board will seek to achieve greater integration of services, shared approaches to improving the wellbeing of the population and innovative and transformative ways of working that tackles much wider social, economic and environmental factors. Working in this way will enable a shared values approach, where community is at the heart of decision-making.
- The Health Board has already adopted a refreshed approach to using the Stakeholder Reference Group for advice and guidance as early as possible, with discussions including the contents of

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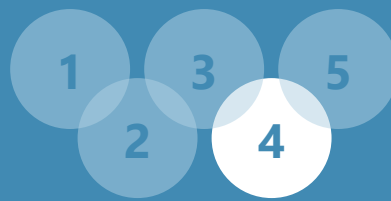
<sup>16</sup> <https://www.health.org.uk/news-and-comment/charts-and-infographics/the-nhs-as-an-anchor-institution>

this three year plan, and on the next phases of special measures. The Health Board will continue to grow this approach with the Stakeholder Reference Group during 2024-25.

- The Health Board will continue to make improvements in involving Local Authority colleagues in the creation of our operational and strategic plans, including our Annual or 3 year plans.
- The Health Board will establish regular stakeholder briefings and listen to partners through an annual survey. This will be in addition to the routine update mechanisms already in place. The feedback will shape and improve how the Health Board works with its partners.
- The Health Board will explore opportunities to prioritise collaborative activities that offer the potential to address mutual challenges in ways that have greater impacts for North Wales residents. These include (but are not limited to) opportunities to procure more locally and to co-locate or position services in locations that best meet population needs whilst simultaneously improving value and efficiency for the partners involved.
- The Health Board will fully commit with the expectations of the Social Partnership and Public Procurement (Wales) Act, recognising it to be an opportunity to further deepen its commitment as an anchor institution.

#### What difference to outcomes will this make?

Ensuring that strategic and decision making processes within the Health Board integrate well within the wider system environment of RPB and PSBs will make it easier for decisions to be made that maximize the opportunity of working together to deliver better outcomes for North Wales residents.



**Improving quality,  
outcomes and experience**



Objective area 4 covers a large thematic area encompassing the operational delivery of clinical services where improvements are required to improve performance across a number of key areas.

Good work, taking a pathway focused approach, has commenced in a number of areas. However the Health Board recognises the need to build further upon this at pace.

The experiences for many patients using urgent and emergency care services are that there are still long delays in receiving treatment in the right place. Work is being prioritised to expand urgent treatment opportunities outside of District General Hospital settings where it is safe to do so, including in primary care settings (including but not limited to GP services), and in minor injury service settings. Where urgent District General Hospital treatment is required the Health Board is continuing to develop service settings that result in less time being spent in Emergency Departments, or being able to avoid the Emergency Department altogether. And when Emergency Department treatment is required, and requiring ambulance conveyance, the Health Board is committed to improvements that mean patients spend less time awaiting handover from ambulance to the hospital.

In planned care services the Health Board still has further work to undertake to deliver improvements in long waits in some specialties. Some of these specialities require changes in configuration to effectively address backlogs in care and to make them more reliable and equipped for future demand. Work is contained within this plan to support the Health Board to continue to address these challenges and to better identify and address demand and capacity mismatch.

Cancer care services are comparatively well performing, achieving 62-day referral to treatment compliance in most areas with work underway to address non-compliance in Dermatology.

Adult Mental Health and Learning Disabilities services have been subject to considerable scrutiny over a number of years in relation to a number of enquiries and action plans and progressive improvements have been seen across the service. The Health Board recognises there is further progress required to place the service on a sustainable foundation able to achieve consistently high outcomes. During 2023-24 the Health Board was subject to prosecution by the Health and Safety Executive because of failings in anti-ligature assessments and as a result the Health Board is continuing to reinforce and embed risk assessment training and Estate modifications.

In CAMHS and Neurodevelopment services, the Health Board is continuing to respond to challenges being felt across the UK related to demand outstripping capacity. The approaches being pursued include a combination of efficiency and upscaling of capacity changes alongside the need to make transformational changes to deliver a service that is sustainable longer term.

More widely in children's services the Health Board has developed a particularly mature relationship with statutory partners across North Wales through work undertaken with RPB support, including in children's safeguarding. This work will be progressed further. Pathways of care

have also continued to mature between general paediatric services and CAMHS, and between general paediatric services and adult services.

The Health Board recognises the need to maintain significant focus on making urgent improvements in operational performance but is also aware that at the same time continued focus is required in parallel to redesign services to place a greater emphasis upon prevention and primary care.

#### ▪ **Structure of this section**

The Health Board considers that a key requirement for successful clinical service delivery requires the adoption of an *integrated* approach, with pathways of care that move across different services doing so in a seamless way. For this reason, when designing improved pathways of care, the Health Board now does so using an end-to-end methodology that pays particular attention to avoiding disordered transitions to and from different services.

For the purposes of clarity within this plan this section has been divided into traditional service areas. Whilst some areas are comparatively discrete, others such as prevention and primary care span and include many of the other sections. However structuring in this way allows easier navigation across the specific challenges being addressed in different areas.

## Summary

Objective 4: Improving quality, outcomes and experience		National Planning Framework	Special Measures Framework
4A	Patient Experience	✓	✓
4B	Prevention	✓	✓
4C	Primary Care and Early Intervention	✓	✓
4D	Community Care and Clusters	✓	✓
4E	Planned Care	✓	✓
4F	Cancer Care	✓	✓
4G	Urgent and Emergency Care	✓	✓
4H	Diagnostics	✓	✓
4I	Adult Mental Health, Learning Disability, CAMHS & ND	✓	✓
4J	Current 'Challenged Services' Vascular, Urology, Ophthalmology, Oncology, Dermatology, Plastic Surgery, Orthodontics	✓	✓
4K	Women's Services	✓	✓
4L	Children	✓	✓
4M	Pharmaceutical services	✓	✓

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## 4A: Patient Experience

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The Health Board has a Patient Experience feedback portal, using a nationally procured system, and has made good progress using this in outpatient areas where the volume of feedback is high compared to other Health Boards. However use is less consistent in other areas including inpatient settings and in Emergency Departments.

There is also more opportunity to use the learning from Patient Experience responses to rapidly improve services.

Moving forwards the Health Board wishes to build upon the experience of collecting feedback in outpatient areas to inform further development, firstly into Emergency Departments, and additionally to demonstrate that the information returned impacts upon service improvement.

### Why this has been prioritised in the 2024-27 plan?

Collecting, and then using, patient experience feedback is something the Health Board wants to place at the centre of decision making. It has potential to contribute strongly to the Quality Management System and triangulation work that the Health Board is progressing but to do so the feedback needs to be used to full potential. This requires further activity to ensure learning based upon feedback.

To be of greatest use feedback collection must also be more expansive and consistent. The Health Board faces particular pressures in Emergency Departments and the greater collection of, and change build upon, patient experience feedback in these areas offers particular opportunity that the Health Board wants to progress urgently.

### Priorities

During 2024/25, the Health Board will

- Expand the offer to patients to complete Patient Experience questionnaires during, or immediately after Emergency Department visits. This will include the use of SMS text invites building upon the learning from outpatients.
- Test the use of feedback mechanisms in more “real time” ways for acute hospital inpatients, using a few wards to test different approaches.
- Embed a system of feedback analysis that allows the recognition of good practice (to be disseminated) and early warning opportunities where additional intervention and support may be required, and demonstrate it is being used.
- Embed feedback reporting for public, Board and partner assurance.

During 2025/26 and 2026/27 the Health Board will then

- Expand the further roll-out into other settings building upon the learning from ED and pilot wards during 2024/25.

- Continuously assess response rates, striving to have high volume feedback that can reliably inform assurance processes.

### What difference to outcomes will this make?

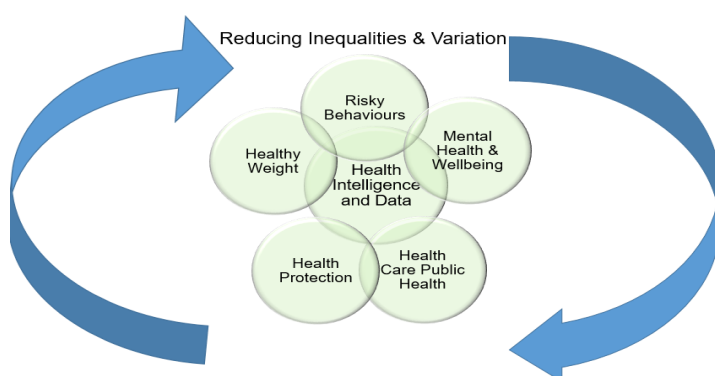
If collected robustly and consistently, Patient Experience feedback provides an opportunity to identify areas of practice that are good (and can be emulated across the Health Board) as well as areas that require improvement, in close to real time. This means the Health Board can learn from trends before they result in significant harm, but it also means that the patient voice can more greatly influence the development of our services. In summary, the experience and satisfaction of patients using our services would improve.

## 4B: Prevention

Prevention and reduction of avoidable ill-health are key priority areas and the Health Board will continue to engage with partners across the North Wales region to meet these challenges. Many of the chronic illnesses that contribute significantly to both unscheduled care and planned care attendances in Primary and Secondary care are largely preventable. These include type 2 diabetes, respiratory diseases, some cancers, and many cardiovascular diseases including stroke.

### Why this has been prioritised in the 2024-27 plan?

Over recent years improvements in life expectancy rates across Wales, including in North Wales have slowed down. Higher mortality rates in 2020 due to the Covid-19 pandemic may account for some of this, however the stalling of life expectancy improvements commenced prior to this. Contributable causes include low wage growth, fuel poverty, food insecurity and austerity which disproportionately affect those in our poorest and most vulnerable communities, as well documented by Sir Michael Marmot.



The need to address health inequality is the key step in preventing avoidable ill-health. This plan considers public and population health data, intelligence and evidence of the population, communities and their needs. This is demonstrated through programmes of work which seek to tackle variation and inequity in services and protect the most vulnerable. Working with

partners, the Well North Wales programme will focus on a regional approach through collaborative

working and the development of sustainable models for services which target prevention and early intervention.

The programme brings together already established aspects of work, some of which contribute to more immediate outcomes such as smoking cessation and benefits associated with Social Prescribing along with programmes such as the Inverse Care Law (ICL) which influence behaviours and environmental factors. The phenomenon of the Inverse Care Law, first described by the Welsh GP Julian Tudor Hart, in 1971<sup>17</sup>, describes how those that most need care are least likely to receive it.

## Priorities

- Diabetes. The intelligence and evidence suggests three main areas where BCUHB could improve health outcomes for people with diabetes and deliver more effective and sustainable services. These are: Preventing people developing diabetes, developing effective primary and community models of care for diabetes and improving the intelligence to plan and manage diabetes care. The Public Health Team will continue to lead and support colleagues across the Health Board to create an improved Diabetes care pathway in North Wales (see also Priority 4D).
- Immunisation. The Health Board will continue to reduce variation and improve uptake of immunisations across the life-course, encouraging local teams to signpost patients, staff, families and carers to trusted sources of information on immunization. Currently, cases of Measles are on the increase and the Health Board is delivering targeted campaigns for increased delivery of MMR vaccination levels.
- Well North Wales and associated programmes. The Health Board will continue to develop the framework that makes the case for keeping people healthy utilising outcomes from the ICL workshops to work with partners to develop system approaches to delivery of wellbeing solutions in our communities.
- Smoking remains the biggest cause of preventable ill health and whilst progress has been made in North Wales, continued work to increase referrals of smokers to the Help Me Quit (HMQ) Smoking Cessation Services will support a reduction in those smoking and the delivery of a smoke free Wales by 2030. The Health Board will continue to deliver to the Smoke Free Regulations (2020) and the Board's No Smoking Policy.
- Healthy Weight. The Health Board will continue to implement a Whole System Approach to the Healthy Weight Delivery plan with key priorities of influencing the spatial planning system through local delivery plans and planning applications, influencing the food environment in workplaces and educational establishments and through maintaining the delivery within the All Wales Weight Management Pathway.
- Physical activity. The Health Board will continue to work with partners to support and encourage communities, including the Health Board's workforce, to think about physical activity as being a normal part of their daily lives.

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<sup>17</sup> <https://www.kingsfund.org.uk/publications/articles/inverse-care-law>

- Alcohol – The Health Board together with partners will continue to deliver the North Wales Alcohol Strategy 2020-24 and contribute to the refresh.
- Respond to the Gypsy, Roma and Travellers Needs Assessment and identify the opportunities to improve health for those in vulnerable communities including Asylum Seekers and Refugees; those in contact with the Criminal Justice System; and those with Learning disabilities.
- Corporate Parenting. The Health Board will commit to the Welsh Government Corporate Parenting Charter and consider ways in which it can support care experienced children and young people to have the same opportunities in life as all children and young people in Wales.
- Mental well-being. Through supporting delivery against the North Wales Together for Mental Health Strategy the Health Board will aim to improve mental health and well-being across all ages, and to promote the 5 Ways to Wellbeing for service users and staff.
- Continue to develop the work of the Health Board pathways of care team to maximise prevention and a public health approach within them.
- The Health Board will continue to implement plans which support elimination agendas including Hepatitis B & C, and Tuberculosis.
- As an anchor organisation with 20,000 employees the Health Board will encourage employees and their families to lead healthy lifestyles since doing so will have a big impact upon the health of the North Wales population.

### What difference to outcomes will this make?

As set out in 2023-24 Executive Director of Public Health Annual report<sup>18</sup>, BCUHB are committed to working with partners (internal and external) to develop and implement evidence informed system approaches to improving the health and wellbeing of the North Wales population.

These priorities contribute to delivering two major strands to our population health plans for 2024-25 through to 2026/27 which are focussed on tackling and reducing the inequalities, leading to differential outcomes for different groups in North Wales:

1. Well North Wales Programme which will focus on keeping people healthy, so that we maximise their ability to live healthy and fulfilling lives and contribute fully to their communities.
2. Healthcare Public Health and population health approaches to support BCUHB to shift towards a focus on prevention and early intervention to prevent conditions arising or where they do, to reduce the serious consequences of those conditions.

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<sup>18</sup> <https://bcuhb.nhs.wales/about-us/governance-and-assurance/>

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## 4C: Primary Care and Early Intervention

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*Note that this is a Plan summary. Further detail can be found in the National planning templates for GMS, Community Dental Services, Optometry Services and Community Pharmacy, which accompany this overarching Plan as appendices.*

The vast majority of patient contacts in the NHS occur in Primary Care. The Health Board recognises the importance of stable, resilient Primary Care services in ensuring that the residents of North Wales have care at the right time and in the right place, medicalised only when necessary.

Primary Care services are delivered through a mixed model of contractor delivered services and direct Health Board delivered services, spanning primary medical care, primary dental care, optometry and community pharmacy.

The Health Board currently provides directly managed primary medical care services for 106,386 patients across North Wales. There are opportunities to consolidate the Health Board approach in managing these services recognising that the future model for primary medical care services in North Wales will require a combination of directly managed and independent contractor-delivered practices. Acknowledging this means that the Health Board can now focus attention to draw out the resilience and innovation opportunities that longer-term direct management offers for these practices *and* for independent contractors.

The Health Board recognises the imperative to redistribute resources to community and primary care and to maximise the opportunities offered by key policies such as Further Faster. This is a significant challenge in a post Covid-19 setting and faced with significant resource and performance challenges across the Health Board more widely. In pursuit of this the Health Board will use opportunities including Value Based Care (priority 1E) , Commissioning (priority 2C), Prioritisation (priority 2E), and the emerging 10 year strategy (priority 2A) and clinical services plan (priority 2B) to anchor and then progress this requirement.

### Why this has been prioritised in the 2024-27 plan?

The majority of healthcare contacts occur in Primary Care and there are services that could be better delivered by moving them more into Primary Care. To do this Primary Care must be supported to be resilient and helped to address the current capacity and sustainability challenges that exist.

Difficulties in accessing Primary Care services due to these capacity and sustainability challenges inevitably lead to individuals having to access other parts of the healthcare service unnecessarily, or live with unmet health need. As the majority of patient contacts occur in Primary Care settings this can have significant impacts.

Supporting same day primary care will help to reduce avoidable hospital Emergency Department attendances and ambulance use.

Supporting chronic disease management in primary care will help to minimise hospital outpatient referrals, and when done in collaboration with partners through our Locality/cluster teams this will minimise over-medicalisation.

Supporting managed practices to re-stabilise and then innovate and train a new cadre of Primary Care professionals, able to work in any part of Primary Care including in those practices that remain independent, will help all of Primary Care in North Wales to succeed.

## Priorities

In 2024/25 (and extending into 2025-27 where required) the Health Board will

- Continue to implement the national 'Primary Care Model' for Wales, and engage fully in the national Primary Care Programme.
- Develop the Primary Care 'same day' offer, to provide more equitable access to primary care as alternatives to Emergency Department attendance. This relates to in-hours primary care access and also to the provision of out-of-hours primary care, 111 and Minor Injury Units.
- Continue to develop a pathways of care approach, working with primary care professionals to ensure they have access to the resources they need so that secondary care referrals only occur where they will add value to the patient.
- Continue to take a 'Primary Care Academy' approach to support healthcare professionals to develop advanced skills within primary care that allow skill-mix changes and increased workforce stability.
- Continue work to improve access to primary care dentistry.
- Continue to provide sustainability support to contractors that are in difficulty.
- Progress our strategic approach to a mixed model of primary care that supports contractors to remain independent contractors, and identifies ways in which directly managed practices can innovate, support independent contractor 'neighbours', test new ways of working, and increase involvement of primary care in research.
- Implement the new GMS Contract Assurance Framework.
- Improve Board visibility of primary care performance data.
- Continue to develop proposals that address areas of poor primary care estate impacting upon care delivery, including the proposals currently progressing in Penygroes (Canolfan Lleu), in Conwy West locality, in Bangor, and in Holyhead.
- Continue to work with Primary Care providers in North Wales to prepare suitable training environments for Medical Students from the North Wales Medical School.



## What difference to outcomes will this make?

Increased resilience to primary care will lead to more timely access to healthcare, delivered closer to home and with less inequalities. Reducing avoidable secondary care use will lead to improved patient experiences in secondary care environments as well as primary care.

## 4D: Community Care and Clusters

*Note that this is a Plan summary. Further detail can be found in the National planning templates for GMS, Community Dental Services, Optometry Services and Community Pharmacy, and in the North Wales Cluster Plans which accompany this overarching Plan as appendices.*

Clusters or 'Localities' were introduced in North Wales in support of the 2010 'Setting the Direction' Welsh Government framework for Primary and Community Services. There are 14 clusters in North Wales spanning from some of the most rural parts of Wales, to some of the most urban areas. Each cluster has a unique set of population needs and challenges.

Over time clusters have evolved in line with the Primary Care Model for Wales, beyond being primarily focused upon supporting General Practices to work together to being about supporting the needs of their populations through wider collaborative working drawing in other professionals working in primary care, community NHS care and, importantly, other partners including local authority colleagues and voluntary sector colleagues. This shift in emphasis recognises the important role that others can play in community health and well-being, and reduces the risk of focusing upon medicalised approaches that could be better delivered in other ways. This includes work being done in exploring the potential of 'one stop' clinics in clusters that brings together prioritised work on type 2 diabetes (see priority 4B), the cross-support and innovation between directly managed and independent contractor primary care (see priority 4C) and the wish to improve the experience for patients with multiple long-term conditions (see priority 4E).

In this way, clusters support improvements in population health by integrating services at a local level to provide better, more joined up care for communities.

There remains much work to do to ensure that clusters are able to maximise their potential impact. In line with the rest of Wales the Health Board oversees the administration and governance of clusters in its area and during 2023/24 the Health Board implemented revised governance models and supported clusters to respond to the requirements of the Welsh Governments Further, Faster programme to develop and enhance community care to reduce pressure on hospitals. Alongside this

North Wales Clusters
Anglesey
Arfon
Dwyfor
Meirionnydd
Conwy West
Conwy East
North Denbighshire
Central & South Denbighshire
North West Flintshire
North East Flintshire
South Flintshire
North West Wrexham
Central Wrexham
South Wrexham

Figure 11: North Wales Clusters

each cluster has worked to strengthen their collaborative partnerships, and implemented priorities identified within each cluster for their local area.

### Why this has been prioritised in the 2024-27 plan?

Clusters are an important construct through which improved primary care and community services can be provided. They offer the potential to de-medicalise care by drawing upon the expertise of partners within their cluster collaborative, so increasing value and impact.

Clusters have populations of up to around 50,000 people allowing more localised solutions to reflect localised need.

Supporting clusters to develop has the potential to improve public health, reduce avoidable healthcare demand, and improve the sustainability of primary care and other health and non-health services.

### Priorities

*Note that individual cluster plans also contain more localised cluster priorities*

- Implement the community resilience, social prescribing and early intervention programmes of care plans outlined within individual cluster plans.
- Roll out of the All Wales Diabetes Prevention programme, targeting the avoidance of developing type 2 diabetes.
- Continue developing community-based support and engagement approaches for people living with dementia and their carers.
- Increasing implementation of the Discharge to Recover then Assess (D2RA) model<sup>19</sup>, focusing upon what matters most to the individual, maximising recovery and independence and reducing the over-prescription of statutory services.
- Continue and expand the use of cluster-based Care Home support services that can provide timely assessment in order to minimise otherwise avoidable hospital conveyances.
- Further development of 'one stop' models of care to enhance the delivery of care for people with diabetes and related conditions.

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<sup>19</sup> <https://www.gov.wales/sites/default/files/publications/2021-08/hospital-to-home-community-of-practice-key-learning-and-practice-examples.pdf>

## What difference to outcomes will this make?

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

### 4E: Planned Care

*Note that this is a Plan summary. Further detail can be found in the National planning templates for Planned Care which accompany this overarching Plan as appendices. The delivery of our improvement plans in planned care during 2024-25 also tightly interweave with other parts of this plan, and in particular our response to challenged services (4J), diagnostics (4H), community care and clusters (4D), prioritisation (2E), addressing major change (2F) and value and sustainability (1E).*

From the 1<sup>st</sup> April 2023 to the 29<sup>th</sup> February 2024, the Health Board undertook 277,105 new and 482,160 follow up secondary care outpatient appointments. A total of 32,466 elective inpatient and 113,628 day case procedures and operations were also undertaken. However planned care services are not where the Health Board would wish them to be and further work is required to fully return to, and then improve upon, pre-pandemic capacity.

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

Cohort	Number of patients as of 31 <sup>st</sup> March 2023	Number of patients as of 31 <sup>st</sup> December 2023
Patients waiting over 52 weeks for a first outpatient appointment (Performance measure 30 in 2024 national performance framework)	13,480	14,166
Patients waiting over 156 weeks referral to treatment	3,813	1,405
Patients waiting over 104 weeks referral to treatment (Performance measure 32 in 2024 national performance framework)	10,379	8,317
Patients waiting over 52 weeks referral to treatment (Performance measure 33 in 2024 national performance framework)	36,095	36,935

As can be seen, the Health Board has managed to reduce the number of patients waiting for over 104 weeks from referral to treatment by around 2,000 patients, which equates to 20%, during the first 9 months of 2023-24, and in patients waiting for over 156 weeks for treatment, the numbers waiting has reduced by over 60%. The Health Board recognises that there is still a lot more progress required and understands how important it is to continue to reduce the number of patients waiting long periods for planned care. Many of the long waits relate to clinical services that are particularly challenged because of how they are configured and a summary of additional improvements in these

areas is included in the priority of 'Currently Challenged Services' (priority 4J later). There are further opportunities to improve our long waits position by flexing capacity across the whole geography of the Health Board.

Whilst some services require particular reconfiguration support to reach full productivity, there also remains significant opportunity for improvements in general productivity across planned care services that do not relate to configuration. Work with GIRFT, referenced in the earlier parts of the plan, has been particularly helpful in drawing out the areas of greatest increased productivity opportunity. Alongside this, the Health Board will make full use of benchmarking data that will soon be received as part of the national Value and Sustainability Board work (priority 1E) to explore further opportunities to learn and improve planned care productivity.

The Health Board is aware that whilst data supports that referral rates have significantly increased in North Wales during the past year, data from other Health Boards suggests that their referral rates may have increased to a lower extent. The Health Board is currently exploring the reasons behind this, including reviewing Health Board data quality, and interventions made by other Health Boards that might have contributed to their lower referral growth for example by implementing the Community Health Pathways model. Where there is appropriate evidence to support interventions the Health Board will look to implement them at pace.

Unlike other organisations, the Health Board does not have dedicated 'cold surgery' sites at present. These are sites where surgical activity can be protected from the impact of urgent and emergency care pressures. Later in 2024-25 this will be partially addressed when the Llandudno additional theatres, ward space and radiology refresh becomes available for clinical use, creating dedicated, fit for purpose, cold-site orthopaedic facilities. The Health Board will continue to explore the potential of cold-site surgical and diagnostics capacity, in order to more clearly state how this can be addressed. This will include, but is not limited, to building a case for further extending the work of the Llandudno project into a phase 2.

The Health Board currently has access to additional Welsh Government funding to support the reduction of long-wait backlog pressures, and to support those planned care areas under particular stress. Assumptions within these plans include the provisional allocation of this funding according to areas of greatest need and impact. Access to additional resource support within the organisation will first require agreement to, and then subsequent adoption of, reasonable GIRFT productivity principles. In doing this the Health Board will also have due regard to reducing variation of access across the geographical spread of North Wales.

Whilst the Health Board is focused upon addressing current waits and performance, priority work will also be progressed to better prepare for the future planned care requirements that the Wales Chief Scientific Adviser for Health "NHS in 10+ years" report lays out. Key messages from this are summarized in earlier parts of this plan, and will be used to inform creation of our ten year strategy laid out in Priority 2A. However, pertinent messages include

- A rise in both primary and secondary care planned care impact arising from a greater number of people living with long-term conditions. Work in these areas spans prevention (since many of these conditions are preventable), primary care and secondary care. The Health Board will need to continue to increase the development of whole 'end to end' pathways of care for key

long-term conditions that maximise the contribution of, and capacity requirements of, these different components. During 2023 work has been completed in a number of these areas with benefits realisation assessments to support the rebalancing of resources and expected improved outcomes. During 2024 this will be expanded to include other areas, most notably diabetes.

- There will be increasing numbers of people in Wales living with multiple long-term conditions, with the proportion of people living with four or more diseases doubling between 2015 and 2035, with people living with multiple diseases currently required to attend significantly more outpatient appointments. The Health Board will explore options for supporting individuals with multiple long-term conditions, aiming to find ways of reducing the burden of multiple appointments that can significantly impact upon the individual and carers.

### Why this has been prioritised in the 2024-27 plan?

The Health Board firmly recognises the need to improve planned care performance, with greater productivity and efficiency required and a focus upon a continual reduction in the longest waits. Progress has been made in particular for those with the very longest waits, but there are still too many patients waiting long periods for planned care interventions.

The Health Board also needs to change the approach in some areas of planned care to be better prepared for current and future demand.

### Priorities

In 2024-25 the Health Board will

- Focus upon delivery of the ministerial priority to reduce long waits for Planned Care by focusing additional WG support in those areas with the longest waits, by identifying variation across the Health Board and variation with GIRFT best practice.
- Make improvements in the way that appointments and procedures are booked, to make this more efficient and more convenient and accessible for patients.
- Do further work to validate waiting lists in order to have a more accurate position of current demand, recognising that patient requirements can change whilst on waiting lists.
- Maintain, and in places increase, momentum in applying Getting It Right First Time (GiRFT) recommendations. Planned care areas where GIRFT recommendations are being progressed include general surgery, ophthalmology, urology, gynaecology and orthopaedics, where there are too many patients waiting long periods for treatment. This will include the roll out of High Volume Low Complexity (HLVC) theatre lists.
- Conclude the new build areas and refurbishment of Llandudno Hospital to create an elective orthopaedic centre, with the first patients scheduled to receive treatment during 2024-25. Alongside the Health Board is progress work to design a phase 2 expansion of the Llandudno elective surgical hub development.

- Continue work to address 'challenged' planned care services, including in orthodontics and dermatology. Improvement plans in these areas are covered in more detail under Priority 4J.
- Undertake further work to understand the increase in referral rates in North Wales in comparison to benchmarking information from other Health Boards. In doing so the Health Board will specifically seek to understand the impact of implementing the Community Health Pathways platform in other Health Board. As an organisation seeking to apply the best evidence to all decision making the Health Board will agree an implementation plan for Community Health Pathways if the evidence of impact supports this including incorporating the learning of Health Boards that have already deployed it.
- Continue to embed use of the redesigned pathways referred to above, which have been focused upon long-term conditions, and which take an end to end approach covering from prevention through to tertiary care where applicable. In addition during 2024-25 the Health Board will continue the implementation of those pathways currently in development, including diabetes, and will review the impact of this approach.
- Undertake work to identify the potential for different service configurations and the impact they would have for those living with multiple long-term conditions, seeking to deliver more coordinated care resulting in less hospital visits. This will inform the work covered elsewhere on our 10 year strategy (priority 2A), and upon value and sustainability (priority 1E) in particular. Depending upon the findings and recommendations of this work, the Health Board will seek to implement a different offer for those with multiple LTCs during the 2025-26 year.
- The Health Board has made progress in modelling 'Demand' against 'Capacity' (D&C modelling) in planned care, and in factoring in productivity opportunities arising from GIRFT best practice and other benchmarking but recognises that it would be beneficial to further mature our approach to this. During 2024-25 the Health Board will take the opportunity of support from colleagues in NHS Wales to further develop these skills and capacity. This will include local use of the benchmarking data that will be provided to us as part of the work being undertaken by the national Value and Sustainability Board.
- Actively monitor the impact of additional planned care and sustainability funding support to ensure it makes maximum impact in delivering against planned care ministerial priorities. This includes ensuring that applying principles such as those laid out by GIRFT have been maximised in service areas before committing additional resource.
- Commit to the use of 'Teledermoscopy' technology to improve efficiency within dermatology waiting times and to reduce avoidable travel for patients. Current infrastructure issues are limiting the rate at which the Health Board would like to deploy this. During the coming months the Health Board will re-assess this situation to identify any opportunity to expedite deployment.
- The Health Board has made significant improvements in waiting times in some areas, for example in prostate cancer referrals, by using approaches that offer patients direct access to secondary care diagnostic tests before being seen by specialist clinicians. Whilst considering this is a key component of Health Board pathway re-design, during 2024-25 the Health Board will explore further opportunities to implement 'straight to test' in areas where wider pathway redesign is not currently scheduled.

## What difference to outcomes will this make?

Progressing the activities above will lead to reductions in overall waiting list sizes and lengths of wait, with particular focus upon the longest waiting patients.

These activities will result in improved patient experience and less unnecessary travel. Health Board resources will be better used, allowing more care to be delivered.

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## 4F: Cancer Care

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*Note that this is a Plan summary. Further detail can be found in the National planning templates for Cancer which accompany this overarching Plan as appendices.*

The Health Board's Cancer Care programme is aligned to Welsh Government's national Planned Care and Cancer programme.

During 2023-24 the Health Board has worked to lay out a cancer care road map for the coming five years, recognising this structured approach to be crucial to improving cancer outcomes in the region. The North Wales Cancer Partnership Board, established in 2022 to improve cancer care in the region brings together healthcare professionals, patients, and carers to coordinate and improve cancer services and has overseen the development of this road map.

Over 4,500 people in north Wales are diagnosed with cancer each year which represents an increase of 18% over the last 20 years. Within this overall increase there are a number of cancers that have increased significantly (opposite).

Cancer site	Change in cancer diagnoses (2002-19)	% increase
<b>Urology</b>	+269	50%
<b>Colorectal</b>	+95	15%
<b>Breast</b>	+91	15%
<b>Melanoma (skin)</b>	+79	64%
<b>Head and neck</b>	+59	50%

Figure 12: Changes in cancer diagnoses

Cancer Research UK published figures in January 2023 indicate that cancer incidence will rise by 30% by 2040, with particular increases in kidney, prostate, skin and pancreatic cancers, driven primarily due to an ageing population and lifestyle factors, particularly smoking and obesity.

This is supported by the findings of the Wales Chief Scientific Adviser for Health "NHS in 10+ years" report that identifies published literature projecting an increased prevalence in overall cancer rates, and of bowel and breast cancer in addition to those above.

53% of cancers are diagnosed following a primary care suspected cancer referral, with almost 40,000 such referrals per year, which has increased year on year in line with guidance and best practice with the aim being to increase early diagnosis rates as currently, 7% of primary care suspected cancer referrals result in a cancer diagnosis, above the national guidance level of 3%. The remainder arise

following non-cancer referrals (32%), as part of a screening programme (8%) or following an emergency admission (7%).

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

Health Board referral to diagnosis times for cancer pathway are comparatively strong although the Health Board is not yet fully compliant with the 62 day suspected cancer pathway in Dermatology.

### Why this has been prioritised in the 2024-27 plan?

The Health Board wishes to continue building upon comparatively good historic cancer referral to diagnosis waits, and improving outcomes, by addressing those areas of cancer care that remain challenging across primary and secondary care and in cancer diagnostics.

Recruitment and retention of specialist staff has presented difficulties in recent years but there have been recent improvements. It is a key priority to now embed this.

There are opportunities to improve the experience of patients with certain cancers where treatment is currently being provided outside of North Wales.

### Priorities

Within this plan the Health Board will focus cancer care improvements around the following areas:

- Maintain access standards for treatment within 62 days by the end of 2025
- Implement our clinically led 'Cancer services road map' for the Health Board, and in so doing contribute to the overall shaping of the Health Board 10 year strategy.
- Eliminate the backlog of suspected cancer referrals in dermatology, including implementing the use of Teledermoscopy.
- In Urology, build on the success of the Health Board mpMRI biopsy pathway redesign where diagnostic times have been significantly shortened, using this impetus to revise our overall future model of urology cancer care and additional pathways.
- In colorectal cancer, sustain improvement in endoscopy waiting times made during 2023-24, and review Health Board colorectal pathways including undertaking work to more closely align workforce requirements to support future demand. This will include building on the successes of nurse led triage models of care within the Health Board.
- Progress with implementing Postmenopausal Bleeding (PMB) clinics in gynaecology on each acute hospital site.
- In oncology the Health Board will further develop the sustainable services plan for oncology, focusing upon workforce strategy.



## What difference to outcomes will this make?

The activities above will result in a more resilient service for residents of North Wales, enabling the Health Board to maintain referral to diagnosis waiting times. The activities will also lead to more care being delivered in North Wales, resulting in less long journeys for individuals with cancer.

## 4G: Urgent & Emergency Care

*Note that this is a Plan summary. Further detail can be found in the National planning templates for Urgent & Emergency Care which accompany this overarching Plan as appendices.*

Urgent care is provided to patients whose illness or injury is not a life-threatening emergency. Analysis demonstrates that a significant number of patients who access Health Board Emergency Departments could have been treated within other health care settings such as minor injury unit settings, by primary care out-of-hours services (including 111) or in many cases by planned care services in less urgent settings. Signposting, alongside ensuring adequate timely access within planned care services, continue to be important in reducing avoidable demand upon Urgent and Emergency care services.

In 2024-25 the Health Board will place continued and refreshed emphasis on improving quality of care, patient experience and consistency of outcomes within urgent and emergency care services, recognising that significant improvements continue to be required to consistently deliver the performance standards expected within Ministerial priorities.

Whilst triage times when arriving at an Emergency Department have maintained a positive, reducing trend during the last 12 months, waiting times to then see a senior clinical decision maker remain unacceptable to the Health Board with median waits being significantly longer than in most other Health Boards.



In response to this the Health Board continues to work to adopt the national Six Goals for Urgent and Emergency Care Programme. The six goals programme recognises that the pressures seen and felt in Emergency Departments, and by our colleagues in the Welsh Ambulance Services NHS Trust (WAST), require solutions that do not only reside within Emergency Departments but that also require work done collaboratively within community settings to both reduce unnecessary attendances and to reduce delays in discharging those well enough to leave

hospital, and also work to improve flow through the wider areas of our hospitals. In all of these areas the Health Board recognises that there are opportunities to improve performance.

During 2024-25 a renewed approach will be required to ensure that the local deployment of this programme is having impact. This will include drawing further upon the support of colleagues in NHS Wales, and in bringing greater rigor and evidence-based management of the programme of change so that traction against agreed metrics can be demonstrated and rapidly addressed where this is not the case. To improve this the Health Board will bring the current local six goals programme under the auspices of the PMO Major Change Portfolio referred to in priority 2F. This priority was introduced to address the wide historical approach to delivering effective change within the Health Board that has not always been as effective as it would have been with greater adherence to evidence based change management methodology and greater consistency across a single Health Board organisation.

In pursuit of this, the Health Board recognises the need for great delivery of improvement across the breadth of the Six Goals programme. This will include the improvements outlined within the Welsh Government 'Quality statement for care in emergency departments', published in March 2024 <sup>20</sup>.

There will be increasing numbers of people in Wales living with frailty. Evidence shows that they require greater access to urgent and emergency hospital services because of this and also experience delays in discharge after hospital stays; whilst already included within the Six Goals programme the Health Board also recognises the need to increase its response to frailty during 2024-25.

#### Why this has been prioritised in the 2024-27 plan?

The Six Goals for Urgent and Emergency Care Programme Plan is the national, evidence-based programme to improve urgent and emergency care. The Health Board continues to experience significant delays in assessment and treatment across Urgent and Emergency settings that are not acceptable. These have impact upon our partners, including Welsh Ambulance Services NHS Trust (WAST), and include episodes of care that could be better delivered in other ways across the health and social care system.

The Six Goals programme requires Health Boards to maintain a focus on the 'frail' cohort of patients. There is evidence that shows our most frail patients require urgent and emergency services more often, but that avoidable use of those services also has particularly marked impact on them and their families. Health Board plans need to further target the improvement of services for our frail populations with a focus on reducing lengths of stay, and the flow of patients through the health and social care system.

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<sup>20</sup> <https://www.gov.wales/sites/default/files/publications/2024-03/care-in-emergency-departments-quality-statement.pdf>

## Priorities

Within the 2024-25 year the Health Board will progress the following areas:

- Alignment of the local Six Goals Programme into the Health Board major change programme in order to improve change management and programme capacity and approach and to reflect the Health Board as a single organisation. In doing so, an analysis will be undertaken to identify areas where a change of approach or focus would be expected to have fresh impact.
- Improvements in Same Day Emergency Care Services (SDEC), including improved consistency across the whole Health Board, increased activity in SDEC, and an increase in ambulance attendances directed straight to SDEC.
- Improvements in ambulance and non-ambulance use of Minor Injury Units (MIU's).
- A continued focus upon reducing inpatient length of stay (LOS) through Pathway of Care Delay initiatives, including reducing delays in assessment.
- Expansion of community pharmacy services as an alternative to the use of urgent care GP and hospital services.
- Conclude a review of the feasibility of consolidating patients that are medically fit for discharge in support wards optimised for reablement rather than medically-focused care.
- Aligned to bringing the local Six Goals programme into a firmer change control environment, under the PMO Major Change Portfolio, the Health Board will draw in the expertise of NHS Wales colleagues to develop a refreshed five year improvement plan for Urgent and Emergency care in the Health Board.
- Improvements in ambulance handover times, operating within agreed system tolerances and in alignment with Full Hospital Protocols in North Wales.

## What difference to outcomes will this make?

Improvements in Health Board delays within Urgent and Emergency settings will lead to better patient experience.

Better availability and use of alternative appropriate services will lead to better experience and outcome for those using those services. By reducing pressure it will also lead to better experience and outcome for others still requiring Urgent and Emergency services.

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## 4H: Diagnostics

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*Note that this is a Plan summary. Further detail can be found in the National planning templates for Diagnostics which accompany this overarching Plan as appendices.*

Demand for diagnostic service procedures, particularly imaging (ultrasound, MRI/CT scan or other radiography) continued to grow in 2023/24. This growth is expected to increase across all diagnostics in response to growing long-term conditions, and changes in technology such as in medical physics, the growth of genomics and Artificial Intelligence (AI), requiring greater consideration within the strategic planning for the next 10 years outlined earlier in this plan.

However, alongside these exciting if complex and challenging developments ahead, the Health Board experiences challenges in meeting current diagnostic capacity requirements, with diagnostic delays contributing to overall planned care treatment delays. Effective and timely diagnostic services play a critical role in many care pathways in both planned and urgent and emergency care, for example in investigating and monitoring cancer, heart disease, and stroke.

Within these contexts, there is a need to progress in year productivity and efficiency changes alongside reconfiguration to meet future needs in ways that are sustainable and patient-focused.

In radiology and imaging services, the Health Board could make significant impact upon 'stage 1' planned care waits by making greater use of 'straight to test' opportunities. The Health Board has already demonstrated good results from doing so, such as in the marked reduction in time to diagnosis in prostate cancer during 2023-24. Broadening this approach into other clinical areas is incorporated within the end-to-end pathway redesign work occurring within the Health Board but there is further opportunity to expedite this approach in areas that are still awaiting wider pathway redesign.

In endoscopy services the Health Board needs to progress large scale redesign in order to be able to match capacity with demand in a sustainable way. Consequently the Health Board remains dependent upon contracting in large amounts of additional endoscopy services, which offers lower overall value, and our adherence to Bowel Screening Wales standards requires improvement. The Health Board will increase the priority of addressing this during 2024-25 to identify what is needed within endoscopy services in North Wales to meet current demands and to be able to flex to the increasing demands that projections identify for the coming decade.

In medical physics, the Health Board is currently progressing capital proposals to improve nuclear medicine provision in North Wales, and to deliver Positron Emission Tomography (PET) scanning within North Wales. Our current provision of nuclear medicine is distributed across the three District General Hospital sites. However this is a highly complex, specialist and regulated field that requires configuration both to meet the standards expected by the Inspectorate, and in order to attract the necessary radiologist staff with the requisite licenses to undertake nuclear diagnostics. In addition specialist equipment requiring replacement and updating cannot be maintained with sufficient resilience on multiple sites.

The planning currently underway to deliver permanent PET scanning in North Wales would replace part-time mobile facilities that visit North Wales. These mobile facilities do not currently allow us to meet demand, and cannot be used with patients who might otherwise be able to enter research trials.

Together this means that Health Board patients requiring PET scanning have to travel to Warrington, Liverpool, Manchester and as far as Cardiff for scanning.

In teledermoscopy, the Health Board is working towards the provision of a more effective service of using medical photography to support the remote triaging of dermatology conditions. This offers the potential to speed up diagnostic delays and to remove the need for patients to travel to the location of the diagnosing clinician. Teledermoscopy is covered in sections 4E and 4J.

Laboratory diagnostic services, including Cellular Pathology, Blood Sciences and Microbiology saw demand increases of more than 10% in 2023-2024, with increasing pressure on meeting cancer diagnostic targets and non-pay costs presenting particular challenges. Focus for 2024-2025 will require that pathways and capacity are aligned, prioritising care and adopting digital solutions.

### Why this has been prioritised in the 2024-27 plan?

There are performance and sustainability challenges in a number of diagnostic areas that adversely impact upon waiting times and patient experience. These require a mixed approach to address current demand alongside resolving sustainability issues for the longer term.

### Priorities

- The Health Board will continue to implement recruitment and retention plans in radiology, ultrasound, cardiology diagnostics and neurophysiology.
- The Health Board will identify additional 'straight to test' opportunities and implement them within 2024-25.
- The Health Board will work regionally and nationally to progress critical digital infrastructure solutions in Pathology and Radiology.
- For 2024-25 the Health Board will procure additional insourced endoscopy provision to bridge the gap between internal Health Board capacity and endoscopy demand.
- The Health Board will, within quarter one of 2024-25, finalise a detailed plan to address internal Health Board endoscopy provision in order to reduce reliance upon additional insourced endoscopy provision. That plan will include a robust workforce plan that maximises non-medical skill-mix, trajectories for internal increases in capacity to inform the need for ongoing additional insourced contracted activity, and attainment of JAG (Joint Advisory Group on GI Endoscopy) accreditation.
- The Health Board will maintain progress on delivering business cases for Nuclear Medicine enhancements and PET scanning in North Wales.
- The Health Board will continue to maximise laboratory diagnostic capacity, optimize diagnostic pathways and explore increasing the use of digital solutions to best meet demand on services.

- In medical physics, the Health Board is currently progressing capital proposals to improve nuclear medicine provision in North Wales, including the delivery of Positron Emission Tomography (PET) scanning within North Wales.

#### What difference to outcomes will this make?

Addressing the priorities above will allow us to better balance demand and capacity in diagnostics which in turn will result in shorter planned care waits, and faster diagnoses.

Nuclear scanning improvements will allow us to meet regulatory inspections and continue to deliver nuclear medicine in North Wales, reducing patient inconvenience arising from travel outside of North Wales.

Securing capital business case support for a permanent PET scanner facility will improve timeliness of diagnosis and treatment for those patients requiring PET scanning, will increase the opportunity for eligible patients to be offered research trails, and will reduce travel for patients.

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## 4I: Adult Mental Health, Learning Disability, CAMHS & Neurodevelopment

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*Note that this is a Plan summary. Further detail can be found in the National planning templates for Mental Health which accompany this overarching Plan as appendices.*

The Health Board's Adult Mental Health, Learning Disabilities & CAMHS programme is aligned to Welsh Government's national Mental Health programme.

The Health Board adult mental health division provide and commission Mental Health and Learning Disability treatment, support and advice services to citizens aged 18 and over across North Wales and to some citizens of north Powys. The division also provides substance misuse services and also host the national helplines for Wales: Community Advice & Listening Line (CALL), Dementia Helpline and Drug and Alcohol Network (DAN).

This priority includes all Children and Young Persons (CYP) services in the Health Board, including Child and Adolescent Mental Health Services (CAMHS) and Neurodevelopmental (ND) services. Most of these services are provided directly by the Health Board, though with some commissioning outside of North Wales for complex CAMHS inpatient care and some neurodevelopmental services.

As with Mental Health, our Learning Disabilities priorities are cross cutting, recognising that people with learning disabilities face issues across a broad range of public service areas. The Health Board is cognisant of the national improvement group (LD-NIG) which has been established to support and oversee delivery of the national plan, provide a communications channel between the local and national level, share learning from local actions and develop key indicators to measure quality which will be embedded in the Health and Social Care Outcomes Framework.

## Why this has been prioritised in the 2024-27 plan?

The Mental Health and Learning Disabilities services have been subject to considerable scrutiny over a number of years in relation to a number of enquiries and action plans. Progressive improvements have been seen across the service but the Health Board recognises there is further progress required to place the service on a sustainable foundation achieving consistently high outcomes.

External reviews in 2023-24, undertaken as part of Special Measures provide advice on areas for focus in 2024-25 and beyond. In addition to these, prioritised work needs to continue in response to a Health and Safety Executive prosecution related to ligature points.

Within CAMHS the Health Board recognises the need to continue to develop community based services that maintain timely support of individuals and that minimize the use of clinically avoidable inpatient care. With regard to inpatient care, the Health Board will progress work to understand the optimum configuration and location for inpatient CAMHS care.

The Health Board wishes to make significant progress in 2024-25 to reduce the number of long-wait assessments in Neurodevelopmental services with particular focus on children. This will entail a change in approach to ensure sustainability alongside increased capacity.

## Priorities

Aligned to the National Mental Health Programme and the external reviews referenced above, the Health Board will progress the following areas within this plan:

### Adult Mental Health:

- An improved approach to Crisis Resolution for Community Mental Health Teams.
- Development of an Eating Disorders Service providing Tier 2 and emergency provision, in line with Royal College of Psychiatry standards.
- Development of perinatal services to support compliance with the Royal college of Psychiatry perinatal community standards.
- Introduction of a trauma informed approach to the inpatient and community aspects of the North Wales Forensic Service and Specialist Rehabilitation Services.
- Development of the Early Intervention in Psychosis Service.
- Completion of anti-ligature work.
- Local Primary Mental Health Support Services Pathways development work.

### CAMHS:

- Progress plans to expand our crisis service to include periods of out-of-hours provision.

- Continue to reshape our delivery model to provide more in-reach into primary care settings and school settings, seeing children closer to home.
- Expand the CAMHS specialist community intensive support service to support young people and their families in their homes as an alternative to hospital admissions.
- Develop transition pathways for long-term conditions within childhood.
- Continue to develop, with partners, the 'Right Door Approach'.
- Reinforce and embed work undertaken with Adult Mental Health services to improve transition between services.

#### Neurodevelopment (ND):

- Progress the development of a ND model for North Wales that better balances demand and capacity.
- Reduce long waits within the service by implementing the agreed ND model.
- Explore less medicalised approaches to triage assessment and for addressing lower acuity presentations in order to help balance demand and capacity, leading to shorter waits.

#### Learning Disability:

- The Health Board will progress delivery of the national action plan including
  - early intervention and crisis response providing access to prudent specialist learning disability healthcare close to home
  - increasing access to specialist care that is reflective of current best practice
  - improving timely transition from specialist hospital care to community settings
- The Health Board will focus upon increasing service provision to reduce avoidable and premature deaths and reduce health inequalities in those learning with learning disabilities.

### What difference to outcomes will this make?

Implementing these actions will lead to more consistent mental health service delivery in North Wales, with greater alignment with national best practice and guidelines. This will improve access to services and user experience.



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## 4J: Currently Challenged Services

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*Note that priority 2J: Identifying Challenged Services is related to this priority. Priority 2J focuses upon how the Health Board will identify services that are becoming challenged at an earlier stage in order to **prevent** deterioration by addressing reconfiguration earlier. The priority here is focused upon how the Health Board will address those services presently identified as challenged.*

The Health Board currently has a number of clinical services where maintaining a reliable and consistent service is difficult. A number of these services are struggling to resolve their backlog of planned care activity as quickly as is required. The reasons for why some services are challenged are multiple but a common finding is that the service is unsustainable due to the way it is configured, and that reconfiguration is an essential step to becoming stable and able to deliver the efficient and high quality service required. Whilst many challenged services also face workforce difficulties these often stem from structural issues that mean the workforce requirements would remain impossible to address without reconfiguration.

In dermatology, service provision has been impacted because of key medical vacancies that have particularly impacted upon service delivery in the West of North Wales. In turn this has impacted upon waiting times and, in some cases, patients have had to travel further than expected for assessment and treatment. Work will continue during 2024-25 to stabilize the service and identify the optimum configuration for the service.

The stability of Oncology services have improved significantly during 2023-24 as a result of successful recruitment to the medical workforce. This has allowed the Health Board to move forwards with the next stage of improvements needed to sustain this improvement.

Patients in North Wales are waiting for longer periods than expected for Ophthalmology treatment. Challenges include poor estate infrastructure and gaps in medical staffing. There are opportunities to improve sustainability and shorten waiting times by working more closely with optometrists and other primary care colleagues.

Capacity to see patients awaiting orthodontic treatment has been affected by vacancies in specialist orthodontic surgery. Difficulties in recruitment are also experienced outside of the Health Board which is limiting the ability to refer patients outside of North Wales. The Health Board is working with colleagues in NHS Wales to identify alternative options.

Plastic surgery services in North Wales are delivered in partnership with specialist providers in North West England. The Health Board improvement plan responds to opportunities to improve the interface between the Health Board and provider partners in order to make it possible to treat more patients in North Wales (where possible), more quickly, and within more suitable facilities, with better administrative support.

Urology services in the Health Board are challenged in a number of ways. Delivering full urology service provision from each of the three main acute hospital sites is difficult, in part due to sub-specialisation within urology. As a result, it is likely that in order to obtain the best results, complex cancer surgery will need to be delivered on less sites. At present patients requiring robotic assisted urological surgery require referral outside of North Wales for treatment. Consequently the Health

Board is exploring opportunities to develop a robotic-assisted prostate surgery programme for North Wales in the coming years.

Progress has been made during 2023-24 to improve our vascular surgery service, resulting in de-escalation from being 'a service requiring significant improvement' by Healthcare Inspectorate Wales in June 2023. Ongoing work is now underway to embed the progress made.

In Stroke care, the Health Board has not been able to consistently deliver SSNAP target times for treatment. Work to improve 'door to needle' times in stroke thrombolysis is underway alongside direct admission to stroke admission unit facilities. Progress was made during 2023-2024 in the recruitment of Stroke Specialist Nurses and in the expansion of 'Early Supported Discharge' teams. Following this work to embed the 'home first' ethos is continuing.

### Why this has been prioritised in the 2024-27 plan?

Within the first nine months of special measures the Health Board has commenced action plans to address the configuration and performance of a number of these challenged areas. For the reasons outlined above this work is often complex and in many areas will take longer to complete and then embed. The Health Board wishes to maintain a focus on this by completing the action plans in respective services.

## Priorities

### ***Dermatology***

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- The Health Board will maintain support for the Clinical Lead in Dermatology as part of a single Dermatology service for North Wales.
- The Health Board is committed to the use of 'Teledermoscopy' technology to improve efficiency within dermatology waiting times and to reduce avoidable travel for patients. Current infrastructure issues are limiting the rate at which the Health Board would like to deploy this. During the coming months the Health Board will re-assess this situation to identify any opportunity to expedite deployment.
- Establish the viability of an expanded GPWSI (GP with special interest) model for referrals to secondary care that could be managed differently, for triage of referrals, and for the provision of minor operations.

### ***Oncology***

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- Continue to expand SACT (Systemic Anti-Cancer Therapy) training within oncology division nursing staff, and extend the operating hours of the day unit, providing further capacity. This will include staff group ideas to further improve efficiencies and standardisation.
- Implement nursing staff rotational opportunities to improve cover arrangements and skill mix.

- Implement further offers of non-medical prescriber training.
- During the first half of 2024-25, complete the review of all current cancer regimes to ensure all of those that are suitable for home delivery are being offered in that way.
- Progress plan to deliver more anti-cancer therapies from Ysbyty Gwynedd for residents living in the West of North Wales.
- Complete planning to repatriate the delivery of Stereotactic Ablative Radiotherapy (SABR) into the Health Board, reducing travel requirements as patients currently receive this treatment in England.
- Continue to expand the use of 'Attend Anywhere' software, delivering greater convenience for appropriate patients and improving clinic capacity.
- Build on successful recruitment to the first Consultant Radiotherapist post to ensure post holder is supported to achieve training goals within 18 months of appointment.

### ***Ophthalmology***

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- Collaboratively agree a service model for ophthalmology in North Wales that delivers a sustainable service footprint.
- Continue to monitor service performance against GIRFT standards in Ophthalmology, challenging areas of variance before then proceeding to identify and then implement improvements in response.
- Progress to implement fully the Optometrist Train and Treat higher certification training programme, in order to then maximise non-secondary care pathway opportunities.
- Expand the utilization of patient feedback questionnaires to support the redesigned clinical pathways in Cataract care, Glaucoma care, and Macular Degeneration care. This relates to both Patient Reported Outcome Measures (PROMs) and Patient Reported Experience Measures (PREMS).

### ***Orthodontics***

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- Continue with our recruitment to key clinical roles, implementing revised workforce models that increase opportunities for recruitment and retention.
- Consider alternative treatment pathways and packages to maximise the combination of both local and regional provision.

### ***Plastic Surgery***

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- Complete access protocols for visiting clinicians to ensure access to appropriate Health Board systems, confirming with those clinicians that functional access is available.
- Agree and sign the updated Service Level Agreement (SLA) between the Health Board and partner organisations, with ongoing monitoring in accordance with the SLA.

- Confirm the effectiveness of revisions in waiting list management for visiting clinicians, including initial triage by Health Board clinicians. This includes identifying those waiting longer than clinically appropriate and making necessary expedite arrangements.
- Implement additional dressings clinics to address current variation in provision across North Wales.
- Once assured that above priorities are fully implemented and resilient, commence work to agree the future longer-term model for plastics provision for residents in North Wales.

## ***Urology***

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- Progress implementing GIRFT recommendations, monitoring impact.
- Increase the delivery of diagnostic and day case urology on all three sites, aligned to providing care closer to home principles.
- Monitor revised administration processes to ensure they deliver their intended outcomes of better supporting referral, pathology and radiology result management.
- Implement delivery of a complex stone surgery, female urology and andrology service in Wrexham.
- Stabilise the delivery of the pelvic oncology service in Bangor.
- Continually review the delivery of prostatectomy services that cannot currently be delivered in North Wales, and use the learning from this to inform a viable plan and timescales for robotic-assisted urology provision in North Wales.

## ***Vascular***

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The Health Board will

- Continue to strengthen the recording of outcomes and learning points at Morbidity and Mortality meetings.
- Review hub and spoke vascular sites in order to identify areas of good practice as well as areas for improvement.
- Develop a Memorandum of Understanding (MOU) to support increased regional working.
- Create and launch a vascular dashboard reporting performance activity and outcomes, and use this to better inform service planning.
- Increase the collection of patient reported experience data in vascular services, and publish this.
- Develop a refreshed vascular plan covering the next three years to enable structured clinical services planning.
- Build integrated performance, activity and outcomes dashboard for vascular, to better inform service planning

- Implement improvement plans that enable each of our health communities to achieve a level B for Sentinel Stroke national Audit Programme standards.
- In line with the national stroke programme, implement digital solutions to aid the evaluation of imaging and decisions for reperfusion therapies including thrombolysis and thrombectomy for patients with symptoms of stroke.
- Continued recruitment and retention of key clinical posts for medical and nursing.

### What difference to outcomes will this make?

Addressing the challenges that these services are experiencing will lead to more consistent, reliable services, able to better meet the needs of the population of North Wales.

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## 4K: Women's services

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Women's services are provided across our District General Hospital, community and primary care settings. The services are overseen regionally by the Health Board with close partnership working with Local Authorities and Third Sector. The Health Board will continue to build upon achievements and provide Maternity and Gynaecology Services for the North Wales population and also to a cohort of women from North East Powys and the Shropshire borders.

### Why this has been prioritised in the 2024-27 plan?

The Health Board is committed to reducing health inequalities for women, and we will continue to improve access, quality and safety. We are committed to listening and acting upon user experience, and in alignment with the Women's Quality Statement published in July 2022, we will continue to focus on delivering the Maternity Services Strategy; Transforming our Gynaecology and Specialist Services and Supporting Best Start in Partnership.

### Priorities

Our priorities include

- Supporting Local Delivery of the Women's Health Plan for Wales.
- Implementation of the Maternity and Neonatal Safety Support Programme recommendations.
- Progression and implementation of national recommendations including Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries (MBRRACE).
- Preparing for the introduction of the Digital Maternity Cymru Solution.

- Implementing the North Wales Women's Planned Care and Cancer Recovery Plan in line with GIRFT recommendations.
- Supporting the implementation of the Preconception Strategy and population health work streams.
- Supporting Health Start by raising awareness and reducing inequality.
- Raising awareness of, and supporting the effects of, menopause on women's physical, emotional, mental and social well-being.
- Reviewing the best configuration for endometriosis services in North Wales

#### What difference to outcomes will this make?

The Health Board awaits the National 'Women's Health Plan for Wales' and remains committed to transforming and improving quality services for women. We will continue to engage with both Gynaecology, Maternity and Neonatal Voices and local Public Health Colleagues to understand our population needs, to inform and co-produce service development plans.

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## 4L: Children

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*CAMHS and Neurodevelopment are covered in Priority 4I – Mental Health, Learning Disability, CAMHS and Neurodevelopment.*

Children of all ages access care and treatment from many of the services provided across the Health Board; accessing emergency and urgent care, planned care and specialized services. Through its dedicated Children's Services, the Health Board provides Acute Paediatric and Neonatal Care; the universal public health services of Health Visiting and School Nursing; Child and Adolescent Mental Health Services (CAMHS) and Neurodevelopment and Learning Disability Services. These services are provided in partnership with other Health Board services that include primary care, maternity, therapies, public health and adult surgical specialities, as well as partners in the Local Authorities and Third Sector organisations.

Commissioned specialised health care is provided by tertiary care partners, usually but not exclusively, by Alder Hey Children's Hospital.

Core dedicated children's services are managed and operationally delivered through the three Integrated Health Communities (IHCs) within the Health Board. While requiring regional oversight to ensure equity of access across the Health Board, the services provided in each IHC are focused on the identified local needs in collaboration with partners.

The Regional Partnership Board (RPB) hold Children as a priority, particularly focusing on the Integration of Services and Children with complex needs, as well as people with Learning Disabilities

and Neurodevelopmental conditions, unpaid carers and those with emotional and mental health needs.

### Why this has been prioritised in the 2024-27 plan?

Children account for a significant part of the population of North Wales with those aged 0 to 17 years accounting for 17.2% of the population and 26.3% for those aged 0 to 24 years. All are entitled to and deserve the best start in life and to receive universal and specific services to support their health and well-being needs, enabling them to achieve their ambitions and full potential.

The Health Board, with partners, will focus on ensuring children's rights are respected. There will be the development of a children's charter and a youth leadership board to enable our children to be consulted about and engaged in the development and planning of our services, to better understand and meet their needs and to assist at the key transition points in children's lives including the move into adult focus care.

Corporate Parenting - the Health Board will commit to the Welsh Government Corporate Parenting Charter and consider ways in which it can support care experienced children and young people to have the same opportunities in life as all children and young people in Wales.

### Priorities

The Health Board will progress the following priorities for children and young people

- Maintain ways to provide safe, needs focused care as close to home as possible.
- Continue to progress the strong work in children's safeguarding services that the Health Board and partners have already prioritised retaining strong adherence to the principles of the All-Wales Safeguarding Multi Agency Procedures.
- Establish the Health Board Charter for Children and youth leadership board with a remit to listen to, consult and engage with children across North Wales to better understand their needs.
- Focus further work on the integration of services for Children with Complex Needs, improving access and timeliness of provision.
- Maintain engagement with the national programmes to improve and develop services for children with health and well-being concerns and the needs of children and families related to growing awareness of neurodiversity.
- Progress the UNICEF's Baby Friendly Initiative (BFI); the Healthy Weight, Healthy Wales Initiative; The Right Door Approach, and the National Immunisation Framework, as well as the Health and Social Care Ministerial Priorities.
- Signing of Corporate Parenting Charter and consider ways of implementing the charter commitments.

### What difference to outcomes will this make?

More consistent availability of children's services close to home, increased child safety arising from high quality decision making in children safeguarding cases, better longer term outcomes through consistent focus upon the first 1000 days of life.

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## 4M: Pharmaceutical services

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The Chief Pharmacist's Office will lead on three strategic transformation programmes aligned to improving quality and safety driven outcomes for patients, value and sustainability and building service resilience where pharmacy teams and innovative practice becomes part of the solution in supporting the Health Board in delivering its strategic aims.

### Why this has been prioritised in the 2024-27 plan?

The Welsh Government commissioned the pharmacy professional leadership body the Royal Pharmaceutical Society (RPS), to undertake an independent review of the *provision of hospital clinical pharmacy services* in Wales and published its response in late 2023. The purpose of the review was to consider the current provision of clinical pharmacy services in hospitals and how they aligned to the full system priorities and changing needs of NHS Wales to support delivering a *Healthier Wales*. Implementation of the recommended *immediate* and *short* strategic actions will be pursued in 2024/25.

In addition the Health Board has identified opportunities to provide greater strategic oversight to maximise the value obtained from medicines, and secondly to transform access to innovative medicines. Progressing both of these will be priorities for 2024-25.

### Priorities

The Health Board will

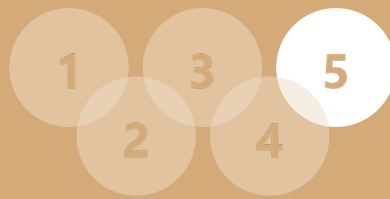
- Consider the RPS review of the provision of hospital clinical pharmacy services within the context of the Health Board to identify those opportunities identified that would make the biggest differences to patient experience and outcomes.
- Establish a strategic '*Medicines Value Group*' to provide over-sight and direction to implementation and system cascade for full system medicines value programmes. This will include consideration of the evidence base that can be drawn into current and projected financial opportunities and patient outcome impact assessments.
- Transform how some of the most innovative and life-saving medicines including cancer therapies, intravenous antibiotics, radiopharmaceuticals and parenteral nutrition are prepared by commencing a five-year '*Transforming Access to Medicines (TRAMS)*' programme. This will



not only focus on the technical pharmacy services itself, but will also be an investment in people, providing the opportunity for professional leadership and innovation in pharmaceutical treatments.

#### What difference to outcomes will this make?

Improved patient outcomes by providing innovative and specialist medicine in a faster way, adhering to clinical evidence when doing so, and ensuring that the administration of every medicine used adds value to the patient receiving it.



# **Establishing an effective environment for Learning**

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## 5: Establishing an effective environment for Learning

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

The Health Board is in escalated monitoring and the ability to increase delivery within this objective will deliver impact across the whole organisation by allowing systematic learning to occur such that addressing a difficulty in one part of the Health Board allows learning across all other parts.

Many other priorities within the Plan also have cross-linkages into this objective but are shown elsewhere within the Plan, most notably the Health Board priorities to implement an effective Quality Management System (priority 1H).

Whilst retaining a focus upon the opportunity that an effective learning environment has upon addressing Health Board challenges is vitally important, it is not the only focus that this objective requires. Enabling a rich and fertile learning environment in the Health Board is crucial in moving us towards our ambitions of being able to develop and celebrate areas where we are (or can be) exemplars of excellent practice, and it significantly contributes to the ability to recruit and retain the best people and support them to remain inquisitive, curious and academically fulfilled.

### Summary

Objective 5: Establishing an effective environment for Learning		National Planning Framework	Special Measures Framework
5A	University Partnership		✓
5B	Research, Development and Innovation	✓	✓
5C	Academic Careers		✓
5D	Intelligence Led	✓	✓
5E	Learning Organisation	✓	✓

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## 5A: University Partnership

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On an annual basis, Betsi Cadwaladr University Health Board (BCU) is required by the Welsh Government to provide evidence of purposeful university partnership activity, with examples of how this is improving services and benefitting our population and to set out our plans for the next 12 months aligning to the UHB's planning cycle with regard to Research and Development (R&D), Training and Education, and Innovation.

However University Partnership means much more to the Health Board than having University designation and our partnerships with both Universities in North Wales (Bangor and Wrexham) and with other Universities and academic institutions such as Further Education providers are key to delivering vibrant, exciting and stimulating learning opportunities that allow us to develop, recruit and retain high cadre healthcare professionals.

In addition to maintaining and developing these longstanding partnerships, the Health Board has been proud to contribute the development of the North Wales Medical School. Based within Bangor University, the North Wales Medical School commences with its first intake in 2024. Not only will this significantly increase the number of future doctors training in North Wales, many of whom will remain in the area, but it will stimulate further academic interest and thirst offering more opportunity to move through our current escalation conditions and be recognised for exemplary and innovative practice. Since a large part of the curriculum in the North Wales Medical School will be delivered within community and primary care settings, the Health Board will have particular opportunity in future years to confidently refocus care, delivering more care closer to home in line with A Healthier Wales.

### Why this has been prioritised in the 2024-27 plan?

Academic enrichment is an integral part of the Health Board approach to providing high quality medical, nursing and allied health professional care for North Wales residents. Maintaining high levels of research, development and innovation aid the Health Board in recruiting high caliber professionals and in providing progressive clinical services.

### Priorities

The Health Board will

- Continue to work closely with colleagues at Bangor University to ensure that the first intake of students to the North Wales Medical School progresses smoothly.
- Develop joint academic posts that underpin the teaching and research agendas (see Priority 4C).
- Continue to work with Bangor University to support training of Physician Associates, and subsequent placement within the Health Board.
- Work with Bangor and Wrexham Universities to identify advanced learning opportunities for other healthcare professionals, and non-clinical staff, to progress academic knowledge.

- ## What difference to outcomes will this make?

## 5B: Research, Development and Innovation

Significant activities are underway, working with academic, commercial and third sector partners to lead and deliver high quality research including the North Wales Clinical Research Facility (CRF), providing a space where early phase clinical trials can be conducted in a safe and regulated way that to date with over 700 citations in high impact journals.

The Health Board has 316 research studies open to recruitment; or in follow up. Of these, 208 are portfolio studies, and 108 are non-portfolio studies. Each study has a named Principal Investigator (PI) from the Health Board; with the Health Board's Chief Investigator (CI) leading 41 of these.

**SBRI Centre of Excellence**

The SBRI (Small Business Research Initiative) Centre of Excellence is hosted by Betsi Cadwaladr University Health Board and funded by Welsh Government.

The SBRI runs an all-Wales Service, working with Public Sector Bodies to identify and resolve unmet needs/challenges within health. The Centre is funded by Welsh Government and hosted by Betsi Cadwaladr University Health Board.

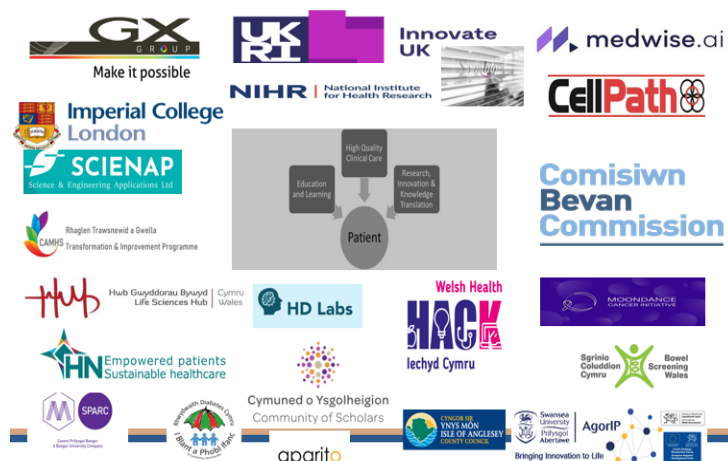


Figure 13: A range of Health Board R&D Partners

SBRI is spearheading a transformation in emergency care delivery working with the Welsh Ambulance Service NHS Trust (WAST). The first deployment of 50 "ambulance in a box" units will commence with ten units in BCUHB Care Homes, showcasing the potential for digital health interventions in emergency scenarios.

The Gases Project, focuses on the safe and ethical disposal of medical gases, is in its critical testing phase. The project is poised to take a significant step forward with live Ward testing scheduled to commence during May 2024 at Ysbyty Gwynedd, demonstrating tangible progress toward safer healthcare practices.

The Patient Communication project is enhancing communication channels between hospitals and patients' relatives. Two different solutions are being piloted one at Ysbyty Glan Clwyd and Ysbyty Gwynedd, providing essential information and regular updates to patients' relatives, including ward visiting times and discharge updates.

The IBEX Galen artificial intelligence application which supports Pathologists in the diagnosis of prostatic biopsies, as well as enhancing the ongoing roll out of digital Pathology across Wales, remains actively engaged with six Health Boards throughout the ongoing 12-month procurement phase.

Other developments include the deployment of the latest Artificial Intelligence (AI) advancements in supporting doctors with real time interpretation of brain scans.

"Early detection saves lives; it was an amazing deployment journey to show how AI expedites and improves quality of prostatic pathology diagnoses in Wales."

**Muhammad Aslam,  
Consultant Pathologist and Clinical Director, BCUHB.**

Working with Brainomix, this development delivers swifter, safer care for stroke patients.

### **Primary Care Research**

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The Health Board have been working with a team from Imperial College who were awarded a substantial NIHR i4i Challenge Award to fund TRICORDER – a 3-year primary care project. The Eko DUO device is a 'smart' stethoscope that records an electrocardiogram as well as heart sounds and is used like a standard stethoscope. It can provide an immediate diagnosis of heart failure using an AI algorithm. Currently seven primary care practices are part of a real-world evaluation of the device.

#### **Why this has been prioritised in the 2024-27 plan?**

The Health Board benefits from being a research active organisation, whilst rapidly exploiting the latest innovations and wishes to retain and grow these benefits.

## Priorities

The Health Board will

- Continue to increase commercial research and innovation activity.
- Sustain and increase clinical research facility activity in early phase trials.
- Develop and deploy an Innovation Pathway aligned to our strategy and strengthening of planning priorities already outlined earlier in the Plan.
- Increase honorary research appointments and clinical academic posts (see priority 5C).
- Generate additional RD&I commercial opportunities in device and technology development, learning from successful models elsewhere.
- Build further upon a number of already research-rich primary care practices to expand the opportunity that directly managed primary care can provide in research and innovation delivery.

## What difference to outcomes will this make?

The increase in Research, Development and Innovation activity showcases the Health Board's dedication to advancing knowledge; and highlights its significant contribution to health research in Wales by actively recruiting 4,984 participants to a diverse portfolio of non-commercial and commercial studies. This provides the people of North Wales with increased access to research and innovative treatments, and greater opportunities to train, recruit and retain, high cadre professionals.

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## 5C: Academic Careers

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The existing academic and research base in North Wales, described above, provides an important opportunity upon which to build further.

One of the further opportunities that the Health Board now wishes to explore is the potential of creating an Academic Career pathway for healthcare professionals in North Wales. Specifically, this will not be limited to medical academic careers but will reflect the wide-skill mix that is required, and that improves the value and diversity of, healthcare provision in a modern society, includes non-clinical professionals.

Further, this approach will not be limited to directly employed professionals recognising that contractor service professionals in primary care, community and partnership settings contribute to the delivery and resilience of healthcare services. Previously, the Health Board has had good experience in recruiting salaried GP's into portfolio programmes that protect and resource time to develop advanced skills within clinical research or in other clinical specialisms.

Developing these programmes will be led by the Health Board and our University partners but within a collaboration that draws upon the expertise, skills and infrastructure of all partners.

### Why this has been prioritised in the 2024-27 plan?

Other healthcare organisations have experienced that academic career pathways can assist in attracting and retaining healthcare professionals, particularly in hard to recruit clinical areas.

As healthcare changes, with rapid expansion and diversification of skill-mix, academic career pathways also provide an opportunity to upskill and validate innovative skill-mix redesign.

### Priorities

In 2024-25 the Health Board will

- Continue conversations with academic partners to create a proposal for how Academic career pathways might bring opportunities for all partners to grow academic practice and innovation in North Wales. In doing so the Health Board will take a broad view to offering opportunities that extend across all professional crafts (including non-clinical professionals), and with a particular attention to professional areas that are hard to recruit, retain, or where significant service change is anticipated.
- The Health Board will then explore how to resource the created proposal in order to proceed to implementation.

### What difference to outcomes will this make?

Offering career pathways that span academic and operational practice has the potential to help the Health Board to recruit and retain staff in difficult to staff areas, and also to help maintain an innovative approach to service redesign.

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## 5D: Intelligence Led

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The Health Board is rich in data but is not always able to translate that into rich information and intelligence. Being better at this would provide a large pool of useful information to inform tactical and strategic decision making across the organisation. This includes the better use, linking and triangulation of NHS Wales data, public health data, patient experience and outcome data, partner derived data, and expert external recommendations to create North Wales focused information and intelligence to support decision making.



Currently too often our data exists and is viewed in silos, leading to duplication, confusion, and lack of trust in it and its quality. This work will seek to transform the way we use data, which includes greater triangulation across service disciplines and boundaries to ensure the Health Board is making better evidence-based decisions.

Data governance, the ways in which we collect, manage, and use our data, will be strengthened. The scope of our work will include the whole health journey, shifting the focus from in-hospital care and throughput to population need and outcomes. Key to this work is standardisation and consistency, removing unwarranted variation.

### Why this has been prioritised in the 2024-27 plan?

Numerous external reviews have identified the need for the Health Board to be making evidence-based decisions based on good data.

Becoming an intelligence led organisation will result in proactive decision making, risk mitigation, optimal use of resources and improve quality and performance which means better health and well-being outcomes across North Wales.

### Priorities

The Health Board will build upon the work commenced in 2023/24 to

- Establish a Health Board data quality and governance forum.
- Introduce a data kite mark system.
- Further develop BCU's data warehouse, broadening the range of datasets available.
- Undertake a skills / training needs analysis to inform a data literacy workplan.
- Develop organisational capability around demand and capacity analysis and planning.
- Identify priority areas and improve clinical engagement with data using CHKS as the chosen clinical benchmarking tool.
- Implement dashboard standards, applying design principles and embedding data stewardship.

### What difference to outcomes will this make?

This work will enable the organisation to improve its decision making and be more efficient and effective in the delivery of care. It will make available intelligence to underpin the planning and management of the Health Board's resources, enabling evidence-based prioritisation and allocation.

Improved use of clinical, and quality and safety data will enable early warnings or triggers to be actioned, reducing harm to patients.

## 5E: Learning Organisation

The Health Board has made important strides forwards in the approach to learning as an organisation, and will continue this progress; many of the priorities already outlined within the Plan relate directly or indirectly to the importance that the Health Board now places upon learning. The table opposite shows those that directly relate.

The Health Board recognises the opportunities that exist from building further upon this work.

Despite this progress the Health Board has not always fully grasped important opportunities to maximise the learning from significant events and complaints. Addressing this is a specific focus for the organisation during 2024-25.

Since having consistently effective approaches to learning as an organisation is part of the foundations of an effective Quality Management System the organisation is responding to these opportunities to test and challenge the emerging QMS redesign process.

### *Priorities directly related to being a Learning Organisation*

1A	Board Effectiveness
1E	Value and Sustainability
1F	Legislative Improvements
1G	Workforce Planning
1H	Quality Management System
2A	10 year Strategy
2E	Digital, Data and Technology (DDaT)
2F	PMO Major Change Portfolio
2G	Strengthening Planning
2J	Early identification and support of Challenged Services
3A	Compassionate Leadership & Organisational Development
3B	Citizen Engagement
3C	Being a Good Partner
4A	Patient Experience
4J	Current 'Challenged Services'
5A	University Partnership
5B	Research & Development and Innovation
5C	Academic Careers

### Why this has been prioritised in the 2024-27 plan?

The Health Board wishes to improve the consistency of approach in learning from significant events and from complaints.

### Priorities

- The Health Board will complete its review of how the organisation investigates and then learns from, serious incidents.
- The Health Board will then implement change to address the potential improvements identified through the review. In doing so, the Health Board will apply the principles of the emerging Quality Management System redesign, further increasing the opportunity to implement learning.

### What difference to outcomes will this make?

Robustly investigating significant events, and then ensuring widespread learning will reduce the number of future significant events that arise.

# Financial Resources

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## *Overview of the Financial Plan*

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

The 2023/24 financial year has seen an unprecedented level of financial challenge within NHS Wales, with the initial plans set at a £648m deficit and BCUHB having a £134m deficit plan. This position was improved following an additional allocation from Welsh Government (received by all Health Boards) of £101m to support provision of healthcare for the local and wider population.

The result is for the Health Board to have an improved initial plan of a £33m deficit for the 2023/24 financial year. However, Welsh Government have issued a control total of a £20m deficit for the 2023/24 financial year (seeking essentially a £13m improvement over the original plan).

The 2024/25 financial plan reflects the financial challenges from 2023/24 continuing into the new financial year, with the ability to achieve financial balance and the key financial duty challenging in the current climate (despite the receipt of an uplift in funding) evidencing the need for transformational plans for healthcare as we look to the future.

## *Underlying Deficit*

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The Health Board is forecasting a deficit of £33.0m for 2023/24, following the issue of additional non-recurrent Welsh Government financial resources totalling £101.1m (which improved the original planned deficit of £134.1m). In addition to the in-year allocation, the Health Board was also in receipt of £82m allocated by Welsh Government for each of the last three financial years, supporting service improvements and transformation. This brings the total non-recurrent strategic funding received in 2023/24 to £183.0m.

The Health Board continues to experience pressures from use of additional capacity to service unplanned care demand, Continuing Healthcare, Prescribing and Secondary Care Drugs. An assessment of the cost pressures and underspends contributing to the 2023/24 position has been undertaken that identified a net recurrent overspend of £36.6m that will continue into 2024/25.

This opening deficit of £33m combined with high levels of non-recurrent income and costs pressures experienced in 2023/24 expected to continue into 2024/25, gives an opening underlying deficit of £252.7m and is the starting point for the 2024/25 Financial Plan.

<b>Underlying Deficit</b>	<b>£m</b>
Forecast deficit outturn for 2023/24	(33.0)
Non-recurrent Welsh Government Strategic Support for deficit 2021/22	(40.0)
Non-recurrent Welsh Government Performance and Transformation Fund	(42.0)
Non-recurrent Welsh Government Additional Support for 2023/24	(101.1)
Recurrent overspends and reversal of balance sheet mitigation from 2023/24	(36.6)
<b>Opening underlying deficit 2024/25</b>	<b>(252.7)</b>

## ***Our Resources***

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The Welsh Government allocation for 2024/25 reflects the outcome of what has been a very challenging financial year in 2023/24. It also reflects a challenging budget process for Welsh Government. Organisations are expected to operate within the funding set out in the allocation and are expected to develop robust plans to deliver against the priorities for 2024/25, as set out in the NHS Planning Framework from within this allocation.

The Welsh Government Strategic Support funding that was to conclude in 2023/24 (totalling £82m per year) has been allocated for an additional year in 2024/25 on a non-recurrent basis. Welsh Government have also confirmed that £74.6m of the non-recurrent additional support issued in 2023/24 is recurrent in principle, but conditional on progress made in delivering the target control total of a £20m deficit for 2023/24. This allocation will only become recurrent on the delivery of the required progress being made and is therefore a significant risk within the Financial Plan.

The Welsh Government allocation growth for 2024/25 represents a 3.67% uplift in funding, which equates to £60.6m for BCU (pay award not required to be serviced by this uplift and thus is excluded from the plans at this time). This core funding increase therefore supports NHS organisations with the unavoidable inflationary and demand pressures that are forecast for 2024/25. Funding for NHS pay awards in 2024/25 is being held centrally and will be allocated to employers once awards are made.

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

	Recurrent £m	Non- recurrent £m	Total £m
<b>Allocation Income</b>			
Non-recurrent Welsh Government Strategic Support for deficit 2021/22		40.0	40.0
Non-recurrent Welsh Government Performance and Transformation Fund		42.0	42.0
Welsh Government Conditionally recurrent funding issued in 2023/24	74.6		74.6
Allocation uplift (incl. Mental Health)	60.6		60.6
Energy inflation funding	10.3		10.3
Sustainability (Planned Care) Funding	34.5		34.5
Covid-19 Programme Funding	12.2		12.2
Ring fenced funding: Value Based Healthcare & Further Faster	5.7		5.7
Welsh Government top slice funding reduction	(0.3)		(0.3)
<b>Total Additional Allocation</b>	<b>197.6</b>	<b>82.0</b>	<b>279.6</b>
<b>Other Income</b>			
Provider Income uplift	1.2		1.2
<b>Total Other Income</b>	<b>1.2</b>		<b>1.2</b>
<b>Total Additional Income</b>	<b>198.8</b>	<b>82.0</b>	<b>280.8</b>

It is of note that a large element of the additional income relates to conditionally recurrent resources allocated in 2023/24, inflationary uplift and retention for a further year of the transformation and performance fund. The Health Board is reviewing the use of the Performance and Transformation funds to ensure alignment to the strategic priorities of the Health Board.

### ***Demand Growth, Inflation and Cost Pressures***

The Financial Plan has considered and estimated the underlying costs, historical commitments, inflationary impacts and cost pressures that are likely to affect the Health Board over the next year. Service and workforce plans have been included in the assessment, alongside identification of potential transformational schemes, financial efficiencies and savings plans required to achieve financial balance. The Health Board will increase focus upon workforce planning, recognising that there are further opportunities to improve efficiency and productivity that do not require continued growth in workforce numbers.

Demand growth and inflation estimates have been assessed using a range of information sources. The total estimated inflation is £29.8m and total estimated growth is £5.4m.

In addition, there are unavoidable and new known cost pressures for 2024/25 that BCU cannot avoid. Many of these relate to all-Wales schemes and business cases for which commitments have already been made. These total £2.8m. Furthermore an assessment has been made of the value of energy costs in 2024/25 over recurrent budgets. The forecast in respect of BCU is a cost of £15.3m, offset by new Welsh Government funding of £10.3m, giving a financial pressure of £5.0m.

The costs related to the additional funding for Sustainability, Covid-19 Programmes, Valued Based Healthcare and Further Faster have been included. Additional resources for enhanced care are modelled at current planned expenditure levels.

### ***Financial Improvement***

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It is recognised by Welsh Government that there is no discretionary investment reflected within the core funding uplift, with organisations needing to make significant savings in order to deliver and implement financially sustainable plans for 2024/25.

Whilst also recognising that the funding associated with provision of NWSSP & WHSSC services (and other NHS Wales providers) total a maximum of 3.67% and this (excluding the 2% efficiency ask of Welsh Government) represents the funding available to offset non pay related inflation, growth and developments in this area of the Health Boards activities (pay award inflation resourced by Welsh Government directly).

Organisations need to ensure that actions to deliver financial improvement in 2023/24 are maintained, and are required to have a minimum savings delivery in 2024/25 of at least 2% of total baseline expenditure. The Minister for Health and Social Services is expecting savings in non-core areas and overheads to prioritise front-line services, with reductions in premium cost working and a move to in-house capacity utilisation.

To attain the Health Boards key financial duty and deliver a break-even outturn (income matching expenditure plans for the financial year) the savings ask would total a 3.5% requirement. However, the considered position as to the level of savings that represent a challenging but achievable target for BCU has been set at 2.8%, which equates to £48.0m (this above the minimum set for Health Boards of 2% by Welsh Government).

The Health Board is seeking to enhance the traditional savings approach through implementation of a Value & Sustainability transformation vehicle, this will seek to deliver patient benefits within five core domains of (a) Workforce (b) Clinical Variation (c) Non-pay (d) Continuing Healthcare and (e) Medicines Management.

### Summary Financial Plan

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The table below provides a high level summary of the overall financial position for 2024/25. The overall position is a £19.7m deficit.

Revenue financial plan	2024/25 £m	2024/25 £m
<b>Opening underlying deficit 2024/25</b>		<b>(252.7)</b>
Additional allocation income	279.6	
Additional other income	1.2	
<b>Total additional income</b>		<b>280.8</b>
Inflation	(29.8)	
Growth	(5.4)	
Unavoidable cost pressures	(2.8)	
Energy costs	(15.3)	
Review and re-prioritisation of investments	10.0	
Sustainability (Planned Care) spend	(34.5)	
Covid-19 Programme spend	(12.2)	
Ring fenced funding: Value Based Healthcare & Further Faster	(5.8)	
<b>Total additional costs</b>		<b>(95.8)</b>
<b>Savings target</b>		<b>48.0</b>
<b>Net 2024/25 planned deficit</b>		<b>(19.7)</b>



## Capital Program

The Health Board receives discretionary capital allocations in year from Welsh Government, with the resource utilised in maintenance and improvements for the Health Boards Estate Infrastructure, Medical Equipment replacement and Information, Management & Technology refresh.

The below table lists the schemes to be approved as part of the Annual Plan by Health Board for the financial year 2024/25, with further schemes listed within the 2025/26 financial year that with approval as part of the plan can then be brought forward into 2024/25 should funds be made available in year.

Scheme / Programme	2024/25 £m's	2025/26 £m's
Critical Care Unit - Enlli Ward YG	1.00	1.00
Out Patient Department YG	0.05	0.50
Abergele CAMHS Unit	0.47	0.00
Plas Gororau – Phase 2, Wrexham	0.10	1.00
Roof upgrade Women and Children's, YGC	0.47	0.00
Immunology Laboratory, Pathology	0.73	0.73
North Wales Cancer Treatment Centre - Replace call bell	0.11	0.00
Modernise Dental Unit, Llanfair	0.09	0.50
Mental Health & Learning Disabilities	1.16	0.75
Medical Devices	1.90	2.30
Informatics	2.30	2.40
Building's infrastructure works	1.35	1.55
Facilities - residential accommodation	0.44	0.40
Ward improvement works	0.10	1.00
EFAB Contribution (infrastructure works)	1.15	0.00
Capital expenditure brokerage from 2023/24	1.00	1.40
Anti-ligature further works	0.50	0.00
Therapies Management System	0.70	0.00
Electronic Prescribing & Medication Administration (ePMA) System	0.40	0.40
Contingency	0.55	1.00
<b>TOTAL</b>	<b>14.57</b>	<b>14.93</b>

In addition, the Health board receives further in year capital allocations from Welsh Government, and in 2024/25 allocations are expected to be available for Substance Misuse (Roslin Llandudno), Orthopaedic Hub at Llandudno and Conway West's Health & Well-being hub. With these allocations the total capital programme is expected to total £41.875m for 2024/25.

## Financial Risks

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

The Health Board continues to progress savings achievement through traditional means, though in acceptance that this will not give future benefits in healthcare and be insufficient to deliver a sustainable financial position (as highlighted previously under Improvement) has commenced implementation of a framework to mirror Welsh Governments Value & Sustainability Programme.

The table below highlights the significant risks owing to the infancy of implementation of this approach;

Risks	£m	Likelihood
<b>Quantifiable risks</b>		
Failure to deliver savings not yet identified	15.0	High
Failure to deliver savings not yet identified	8.0	Medium
Servicing additional capacity	18.0	High
Medicines Management (prescribing & secondary care drugs, including NICE)	9.0	High
Continuing Healthcare	8.0	High
Out of Area Mental Health placements	6.0	High
WG estimates of spend if Optometry practices take up the new elements of the contract quickly	1.0	Medium
Non-achievement of required progress towards control total in 2022/23, leading to a withdrawal of the Welsh Government Conditionally recurrent funding issued in 2023/24	74.6	Low
<b>Total quantifiable risks</b>	<b>139.6</b>	
<b>Total quantifiable risks (excluding WG conditionally recurrent income)</b>	<b>65.0</b>	
<b>Other non-quantified risks</b>		
Clinical waste legislation changes		
Contract performance and oversight		
<b>Opportunities / mitigations for the identified risks</b>		
Development of transformation savings through a programme for delivery of Value and Sustainability – whilst this programme develops, continuation of control measures deployed in 2023/24		
Mitigation of increased energy costs (£5.0m included in the plan)		
Medically fit for discharge wards (reablement or green wards)		

The financial plans align to the strategic ambition of the Health Board, and whilst not in 2024/25 attaining the key financial duty to break-even, it is envisaged the foundations will be laid that will enable attainment of a productive, efficient and employed workforce offering high quality patient care that is financially sustainable.

### ***2025/26 and moving forwards***

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The financial climate and demands placed upon the Health Board are forecast to continue, with the Health Board facing pressures associated with;

- The increasing demands placed upon emergency services and elective care models
- The risks associated with material allocations received in the 2024/25 financial year not being made available in 2025/26 and beyond
- The financial climate continuing to be challenging, as evidenced by a requirement for a minimum planning ask for a 2% savings delivery during 2024/25

The Health Board is committed to attaining the key financial duty for break-even in year, and further to develop a compliant Medium Term Plan (IMTP) that utilises a Value and Sustainability approach to ensuring services are productive and efficient, delivered through a predominantly substantive workforce and within a financially sustainable model of care. This will be a key element of the work undertaken throughout the 2024/25 financial year to ensure a compliant in year balanced plan and endorsed IMPT can be submitted as part of future planning cycles.

## Workforce Resources

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The Health Board has an ambition for healthcare that is built around having a health care workforce with the capacity, competence and confidence to meet the needs of the residents of North Wales. This approach enables work with those working within the Health Board and with partners to start to address a number of current and long-standing challenges, prepare the Health Board for future challenges and to embrace and create opportunities to succeed.

### *Skills and Engagement*

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The Health Board will require an agile, flexible, multidisciplinary workforce for an increasingly digital workplace, able to develop the skills needed to adopt and exploit new technology. The Health Board will change the way it sees and engages with its workforce, continuing work to develop 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 local and the national improvement and transformation programmes.

### *Recruitment and Retention*

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Recruitment of staff will still be challenging across the NHS during 2024-2025. Workforce teams will support key areas across the Health Board to firstly stabilise services and secondly ensure staff are working to their key skills to ensure quality based effective patient care. Key service areas include Oncology, Orthodontics, Dermatology, Vascular, Community Dental, Mental Health & Learning Disabilities and Neuro-Development, as outlined earlier in the plan.

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, delivered through collaboration between operational and clinical teams, clinical corporate teams and workforce teams. The Health Board 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 initiatives in place and planned for medical and nursing professionals. This will supplement the existing work being undertaken regarding UK recruitment by targeting staff support and being more streamlined.

The Health Board 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 to develop opportunities for members of our communities to gain and maintain employment and to achieve their ambitions. As well as registrant workers the Health Board has been actively working to support local access to roles across the Health Board for the local people of North Wales. This has led to a number of successful recruitment open days including for Healthcare Support Workers and Administrative staff. Building up this, more of these are planned across 2024-25.

Support staff wellbeing is an important way to reduce sickness absence and staff turnover and the Health Board will continue to expand this offer, outlined with the Compassionate Leadership and OD priority within the plan.

## Workforce Staffing Position

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

The focus in 2024-2025 will be to ensure the workforce continues to grow only where it necessary to grow, whilst first maximising more efficient ways of working. More efficient ways of working include approaches to rostering, the use of technology, and the use of role-substitution and skill-mix redesign. The strategic priorities outlined within this plan, include these principles, and redesign or reconfiguration of services will always require safe and deliverable staffing plans at their core before being agreed.

The tables below outline the current workforce establishments for the Health Board alongside the actual staff currently in post. Forecast projections for 2024-25 and beyond are included.

Workforce Establishment WTE	31/3/23 Actual	31/3/24 Forecast	2024-25 Forecast				2025-26 End Forecast	2025-26 End Forecast
			End Q1	End Q2	End Q3	End Q4		
Admin, Clerical & Board Members	3,595	3,991	3,993	3,995	3,997	3,999	3,999	3,999
Medical & Dental	1,693	1,753	1,754	1,755	1,756	1,756	1,756	1,756
Registrant Nurse & Midwifery	6,055	6,335	6,338	6,341	6,344	6,347	6,347	6,347
Prof Scientific & Technical	784	866	867	867	868	868	868	868
Additional Clinical Services	3,931	4,307	4,309	4,311	4,313	4,315	4,315	4,315
Allied Health Professionals	1,249	1,279	1,280	1,281	1,281	1,282	1,282	1,282
Healthcare Scientists	311	312	312	313	313	313	313	313
Estates & Ancillary	1,436	1,523	1,524	1,524	1,525	1,526	1,526	1,526
Students	23	23	23	23	23	23	23	23
<b>TOTAL</b>	<b>19,078</b>	<b>20,389</b>	<b>20,399</b>	<b>20,409</b>	<b>20,419</b>	<b>20,428</b>	<b>20,428</b>	<b>20,428</b>

Substantive Deployed WTE	31/3/23 Actual	31/3/24 Forecast	2024-25 Forecast				2025-26 End Forecast	2025-26 End Forecast
			End Q1	End Q2	End Q3	End Q4		
Admin, Clerical & Board Members	3,631	3,655	3,679	3,702	3,725	3,749	3,834	3,920
Medical & Dental	1,145	1,166	1,173	1,181	1,189	1,196	1,224	1,251
Registrant Nurse & Midwifery	5,318	5,639	5,702	5,766	5,829	5,892	6,049	6,242
Prof Scientific & Technical	731	761	764	767	771	774	786	798
Additional Clinical Services	3,893	4,028	4,058	4,087	4,117	4,147	4,234	4,303
Allied Health Professionals	1,188	1,212	1,213	1,215	1,217	1,218	1,222	1,226
Healthcare Scientists	277	297	297	297	297	297	296	296
Estates & Ancillary	1,371	1,338	1,342	1,345	1,349	1,353	1,364	1,376
Students	20	24	23	23	23	23	23	23
Medical & Dental (Central Shared Service)	425	458	458	458	458	458	458	458
<b>TOTAL</b>	<b>17,999</b>	<b>18,577</b>	<b>18,710</b>	<b>18,842</b>	<b>18,975</b>	<b>19,108</b>	<b>19,491</b>	<b>19,893</b>

# Delivery plan for 2024-25

This 2024-27 Three Year Plan provides an overview of the key areas of work that the Health Board wishes to prioritise to make the greatest progress possible towards improving the Health and Wellbeing of the population of North Wales.

Many of the priorities will be delivered substantially or in full during year one, whilst other priorities will take longer to implement over the three year period building upon the priorities implemented earlier. This sequencing is important to successfully deliver the necessary change in a coordinated way that recognises the co-dependencies of priorities.

## A SMART delivery plan for year one

In support of this the Health Board has produced a more detailed delivery plan for year one of the plan. This 'Delivery Plan' contains SMART objectives with timescales that will enable the Health Board to track progress against delivery, and take corrective action when objectives are at risk of not being met.

<b>S</b>	Smart
<b>M</b>	Measurable
<b>A</b>	Achievable
<b>R</b>	Relevant
<b>T</b>	Time-bound

Figure 14: The SMART acronym

## Integrated Performance Framework



Figure 15: Alignment of objectives

In September 2023 the Board also agreed the Integrated Performance Framework. The approach laid out within this will be applied to the 2024-25 annual delivery plan, and in particular alignment from the Three Year Plan through to local plans and personal objectives.

Regular monitoring of the SMART objectives allows early corrective action to be implemented. If this is insufficient the Escalation Arrangements detailed within the Integrated Performance Framework will be followed.

Delivery progress will be monitored and reported quarterly to Board.

### ***Risk Management Framework***

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In September 2023 the Board agreed the Health Board Risk Management Framework (RMF). This lays out the organisations approach to managing risks in a proactive, integrated way. Delivery of the Health Board three year plan is aligned to the RMF.

In keeping with this, the Health Board Assurance Framework (BAF) will be updated to reflect the strategic risks that could prevent the Health Board's from fulfilling the Three Year Plan objectives.

## Appendix: The Planning Templates

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This 2024-27 Three Year Plan provides an overview of the key areas of work that the Health Board wishes to prioritise to make the greatest progress possible towards improving the Health and Wellbeing of the population of North Wales.

To support this overview, the Health Board has completed national templates outlining the detail of actions being undertaken in specialty areas and the impact upon performance.

Those national planning templates are available as appendices to this document upon request and cover:

Enhanced Care in the Community (Delayed Pathways of Care)

Primary Care: GMS

Primary Care: Community Pharmacy

Primary Care: Dental

Primary Care: Optometry

Mental Health: Adult Mental Health

Mental Health: CAMHS

Planned Care and Cancer

Urgent and Emergency Care

## Appendix: Capital Prioritisation Plan

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Provided as a separate document.



## Abbreviations & Glossary

A Healthier Wales		A Healthier Wales' is a Plan set out by Welsh Government in 2018 setting out a long term vision of how health and social care services in Wales will ensure people in Wales stay well and independent for as long as possible.
Activities of Daily Living	ADL	Activities of daily living are the essential tasks that individuals perform as part of their daily routines, for example eating, drinking, bathing and dressing. These activities are fundamental for maintaining a good quality of life and form the basis of the assessments that health and social care professionals undertake to determine an individual's functional abilities and needs.
Anchor institution		Anchor institutions are public sector organisations whose long-term sustainability is intrinsically tied to the wellbeing of the populations they serve. Anchor institutions have a significant opportunity to make large impacts upon their local communities depending upon how they approach procurement, the use of their buildings and estate, their workforce policies, how they work together, and environmental impact.
Atrial Fibrillation	AF	Atrial fibrillation is a heart condition where the heart beat is irregular. It is important because the irregularity can affect blood flow leading to clots and strokes unless effectively treated.
Attention Deficit Hyperactivity Disorder	ADHD	ADHD is a condition, most usually diagnosed in childhood that is characterised by hyperactivity and impulsiveness.
Audit Wales		Audit Wales is the organisation that provides independent scrutiny and audit of public service providers in Wales.
Autistic Spectrum Disorders	ASD	Autistic Spectrum Disorder is term used to describe a closely related range of developmental condition, previously commonly referred to as 'autism'.
Board		The Board governs the organisation. Membership of the Board comprises of the Chairman, the Vice Chair, Independent Members (who are appointed by the Minister for Health and Social Services), and Executive Members. Together, they form a unitary Board.
Board Assurance Framework	BAF	The BAF brings together information related to risks of not delivering the board's strategic objectives, including how those risks are being managed and mitigated.
Board Committee		The Health Board has a number of Board Committees that each have specific areas of responsibility, for example Audit Committee and Performance, Finance and Information Governance Committee. Board Committees provide scrutiny and report assurance to the Board.
Business continuity		Business Continuity arrangements are the plans put in to place by organisations to ensure that they are able to respond and continue to deliver essential services when incidents occur that threaten this, for example losses of power, IT failures and major incidents affecting staffing availability.

Business partnering		Business partnering is an approach that aligns functional expertise in areas such as finance, workforce, and improvement science, with the operational teams throughout the organisation.
Child and Adolescent Mental Health Services	CAMHS	The overarching term for mental health services for those aged under 18. This comprises of a range of in-reach services, community services, inpatient and high intensity services, and specialist services.
CHKS	CHKS	CHKS is a provider of healthcare intelligence and quality improvement services, including hospital benchmarking data. This is used to compare hospital performance against the performance of other similar hospitals to identify opportunities to improve.
Chronic Obstructive Pulmonary Disease	COPD	COPD is a long-term condition, including emphysema and chronic bronchitis, which affects breathing. Most cases of COPD are associated with a history of smoking, making COPD a preventable condition for many.
Civil contingencies		The Civil Contingencies Act 2004 places obligations on Health Board and other public services to prepare for emergencies.
Clinical Services Plan	CSP	A plan for how to configure the delivery of clinical services in order to deliver the strategic intent of the Health Board.
Cluster		A collaboration, covering populations of around 25,000 to 50,000, that brings together Health Board service colleagues, Local Authority, independent contractor health care services, third sector, and others, to identify improved ways of meeting the community health and social care needs to local residents.
Colonoscopy		An examination of the bowel using a fine, flexible tube with a camera attached.
Community Health Pathways		Community Health Pathways, or HealthPathways, is a portal for healthcare professionals providing guidance aimed at reducing unnecessary referrals to secondary care hospital services.
Community pharmacy		Sometimes termed 'high street pharmacy', community pharmacy providers dispense prescriptions, sell over the counter products, but also do much more, including providing consultations on a range of healthcare problems and prescribing of certain medications.
Compassionate leadership		Compassionate leadership is an approach to leadership that involves actively listening to, understanding and supporting colleagues. It is well researched to lead to more engaged and motivated staff, higher levels of well-being and the delivery of higher quality care.
Computerised Tomography	CT	Computerised tomography is a type of scan that uses x-rays inside a large tube in which the patient lies.
Continuing healthcare funding	CHC	Continuing healthcare funding, also known as CHC funding, is an NHS framework that assesses individuals who have significant ongoing healthcare needs outside of hospital. If the CHC threshold is met, then ongoing care needs are fully funded by the NHS.

Control total		A financial control totals represents a financial targets that must be achieved and defines the maximum amount of spending allowed.
Decarbonisation Action Plan	DAP	The Health Board plan to reduce greenhouse emissions.
Delivery plan 2024-25		The Health Board annual delivery plan for 2024-25 provides a detailed mapping of how and when the priorities for 2024-25 in the plan will be delivered and who the senior accountable officer overseeing delivery is for each element.
Demand and Capacity	D&C	This is the overarching term used to describe the methodologies of identifying how much planned care capacity there is compared to what the expected demand will be from referrals.
Discharge to Recover then Assess	D2RA	This approach supports people to remain at home or to be discharged as soon as possible to recover at home before being assessed for any ongoing need.
District General Hospital	DGH	A district general hospital is a traditional term given to a hospital delivering secondary care services within a particular area, or district. In North Wales we have three hospitals that would be considered to be DGH's, Ysbyty Gwynedd in Bangor, Ysbyty Glan Clwyd in Bodelwyddan, and Wrexham Maelor Hospital in Wrexham.
Duty of Quality		The Health and Social Care (Quality and Engagement) (Wales) Act 2020 includes the Duty of Quality with the goal of continually enhancing the quality of services provided. The Duty of Quality applies to all aspects of NHS Wales, whether clinical or non-clinical.
Electronic Health Record	EHR	A computerised medical record that fully replaces the use of handwritten paper records.
Emergency Preparedness, Resilience, and Response	EPRR	EPRR is the term given to the continual planning and preparation undertaken by NHS organizations in order to be able to swiftly and effectively respond to a range of incidents and emergencies that could impact health or patient care, such as infectious disease outbreaks, extreme weather, and major accidents.
Endoscopy		Endoscopy is a diagnostic test that uses a long, thin tube with a small camera inside, called an endoscope.
Executive Member		Executive Directors are responsible for the operational running of the organisation. Within Health Board arrangements in Wales, Executive Directors work alongside Independent Members as equal members of the unitary Board.
Executive Team		The Executive members of the unitary Board, led by the Chief Executive Officer. They are the most senior officers of the organisation, responsible for the operational leadership of the Health Board.
Funded nursing care	FNC	FNC is closely related to continuing healthcare funding. Individuals not eligible for CHC funding may be eligible for FNC if they are living in a care home setting and require care from a registered nurse. If eligible FNC covers the nursing care component of costs.

Further, Faster		Further Faster is a workstream of the A Healthier Wales long term plan to increase momentum in community care to reduce pressures on hospitals.
General Medical Service contract	GMS	The way in which independent GP/Primary Care practitioners work with the Health Board to run their practices.
Genomic Medicine		Genomics is the study of individual patient's genes to make more accurate or earlier diagnoses. It is anticipated that this will make it possible for genetic information to be matched to the most effective medications and interventions.
Getting It Right First Time	GIRFT	GIRFT is a national NHS programme designed to improve the treatment and care of patients by reducing unwarranted variations using benchmarking data and applying the best practice from high performing providers to others.
GP with a special interest	GPwSI	Also referred to as a General Practitioner with Extended Roles (GPwER), a GPwSI is a GP who takes on a role that extends beyond the normal scope of general practice in a particular specialist area. GPwSI often take relevant referrals from other GPs as an alternative to referring patients to hospital specialists.
Health and Safety Executive	HSE	The Health and Safety Executive is the UK national regulator for workplace health and safety.
Health Education and Improvement Wales	HEIW	Health Education and Improvement Wales (HEIW) is the strategic workforce body for NHS Wales and provide strategic and specialist workforce support and advice across Wales.
High Volume, Low Complexity	HVLC	High Volume Low Complexity procedures are routine surgical procedures, such as cataract removal, and straight forward joint replacements, that can be delivered more efficiently by agreeing standardised pathways, pooling capacity and resources, and improving theatre use and day case rates.
Human Papilloma Virus	HPV	Human papillomavirus is the term given to a group of viruses a small number of which can cause genital warts or cancer.
Improvement Cymru		Improvement Cymru is the improvement service for NHS Wales, hosted by Public Health Wales.
Independent Member	IM	Within Health Board arrangements in Wales, Independent Members work alongside Executive Directors as equal members of the unitary Board.
Independent Prescribing	IP	The prescribing of prescription only medication by healthcare professionals who are not doctors, after being given additional training.
Institute of Healthcare Improvement	IHI	The Institute for Healthcare Improvement is an independent not-for-profit organisation, international recognised, that provides advice and support in the field of healthcare improvement science.
Institution Of Occupational Safety And Health	IOSH	The IOSH is an international organisation that sets standards for, and provides guidance to, professionals working in the fields of workplace health and safety.
Integrated Health Community	IHC	IHC is the term given to the three geographical divisions within the Health Board - East, Centre and West. Each IHC is responsible for organising and delivering the general healthcare services

		within the District General Hospital within the respective area alongside the community services in the area.
Integrated Medium-Term Plan	IMTP	An IMTP is a plan, set within a three year context that sets out the how the Health Board intends to deliver the long-term vision for NHS services in Wales. IMTPs must reflect the strategic and legislative landscape within Wales, including Ministerial priorities.
Integrated Planning Framework		The Framework in the Health Board that draws together the various different aspects across the organisation where planning skills are required.
Integration and Rebalancing Capital Fund	IRCF	A Wales-wide funding initiative aimed at enhancing health and social care services.
Internal Audit		Internal Audit is a function, independent of the Health Board that audits services and governance systems within the Health Board. Internal Audit services are hosted by NHS Wales Shared Services Partnership.
Inverse Care Law	ICL	The Inverse Care law describes the phenomenon where people who most need health care are least likely to receive it, leading to disparities in access. This often occurs when those who are less well-off face barriers.
Joint Advisory Group (JAG) on GI Endoscopy Accreditation		JAG accreditation is a nationally recognised accreditation system used to quality assure gastrointestinal endoscopy services.
Klebsiella		Klebsiella is a bacteria that can cause serious infections, especially in hospital settings, and that can sometimes be resistant to common antibiotics.
Length of Stay	LoS	The number of days that an inpatient stays in hospital.
Living Healthier, Staying Well'		The Health Board strategy consulted upon in 2017.
Llais		Llais is the national, independent body set up by the Welsh Government to give the people of Wales a stronger voice in their health and social care services.
Long Term Condition	LTC	Long-term conditions are illnesses that cannot be cured although they may be controlled with medicines or other treatments, for example asthma and diabetes.
Magnetic Resonance Imaging	MRI	Magnetic resonance imaging is a type of scan that uses magnetic fields and radio waves inside a large tube in which the patient lies.
Mass immunity		Sometimes referred to as 'herd immunity' mass immunity describes the need to vaccinate a certain percentage of the population in order to prevent the ongoing spread of an infectious illness in those not fully vaccinated. Once mass immunity has been reached, disease gradually disappears from the population.
Medically Fit for Discharge	MFD	This is the point from which an individual remains in hospital for reasons other than because they require inpatient medical oversight.

Methicillin Resistant Staphylococcus Aureus	MRSA	MRSA is a type of bacterial infection that can cause serious infection if it gets into the body. It can be associated with the overuse of antibiotics.
Methicillin-Susceptible Staphylococcus Aureus	MSSA	MSSA is a type of bacterial infection similar to MRSA but more likely to be treatable with antibiotics.
Mid-Wales Collaborative		The Mid Wales Healthcare Collaborative, now the Mid Wales Joint Committee for Health and Care, was established in response to the Mid Wales Healthcare Study with the aim of ensuring that healthcare services in Mid Wales are effective for its population.
Minor Injury Unit	MIU	MIU's are a walk-in service able to deal with minor injuries without needing to visit an Emergency Department. The Health Board has 9 MIUs.
More Than Just Words'		More Than Just Words is the Welsh Government's framework for promoting the use of the Welsh language in health and social care.
Multi-parametric Magnetic Resonance Imaging	mpMRI	A type of prostate scan that creates more detailed images than a standard MRI scan.
National Institute for Health Research	NIHR	The National Institute for Health Research supports and enables health and social care research in the UK.
Neurodevelopmental services	ND	The branch of healthcare services that manages neurodevelopmental conditions. The most common conditions are Autistic Spectrum Disorders and Attention Deficit Hyperactivity Disorder.
Nuclear Medicine		Nuclear medicine uses radioactive material to diagnose disease. Due to the use of radioactivity, nuclear medicine is subject to tight legislative regulation and inspection.
Operating model		A financial control totals represents a financial targets that must be achieved and defines the maximum amount of spending allowed.
Organisational Development	OD	Organisational development is the approach taken to systematically support those working within an organisation to be their best and most satisfied. This involves promoting a positive organisational culture, developing workforce and leadership skills and enhancing communication.
Patient Reported Experience Measure	PREM	PREMS are tools where individuals can report the experience of receiving health care from their perspective. They are often used following treatments or interventions to assess how receiving interventions feel for individuals in order to improve services.
Patient Reported Outcome Measure	PROM	PROMS are tools where individuals can report health outcomes from their perspective. They are often used following treatments or interventions to assess the impact that those interventions have had.
Pharmaceutical Needs Assessment	PNA	The PNA is an assessment of the current and future pharmaceutical service requirements within individual areas. The Health Board uses the PNA to inform planning to improve pharmacy services.

Planning template		The mandatory templates issued to Health Boards by NHS Wales used to provide structured additional detail for plan priorities.
Population Needs Assessment	PNA	The population needs assessment is an assessment of the care and support needs in North Wales, identifying the services available to meet those needs and any gaps and actions required. It has been created by North Wales Regional Partnership Board, in line with the requirements of the Social Services and Well-being (Wales) Act 2014. The most recent PNA was completed in 2022, though kept under continual review.
Portfolio & Programme Management Office	PMO	A support structure within the Health Board that ensures improvement and change management science is best utilised when managing business change. This is sometimes referred to as making sure we are "doing the right work and doing it in the right way" when delivering major change.
Positron Emission Tomography	PET	A positron emission tomography (PET) scan is a modern type of nuclear medicine imaging test that provides detailed 3-dimensional images of the inside of the body.
Primary Care Model for Wales		The national model for Primary Care in the future in Wales. It makes better use of the skills of everyone working in the local area, and that empowers individuals to take control of their own health and choices.
Prioritisation		The process by which healthcare service improvements that offer the highest value to individuals and communities are progressed when allocating the use of limited resources.
Pseudomonas Aeruginosa		Pseudomonas is a bacteria that can cause serious infections, especially in hospital settings, and that can sometimes be resistant to common antibiotics.
Public Service Board	PSB	Public Services Boards (PSBs) are a requirement of the Well-being of Future Generations (Wales) Act to improve joint working across public services. There are three PSBs in North Wales - Anglesey & Gwynedd PSB, Conwy & Denbighshire PSB and Flintshire & Wrexham PSB.
Quadruple Aim		The Quadruple Aim is an internationally recognised approach to driving improvements in Healthcare. The four themes of the Quadruple Aim, interpreted for Wales are improved population health and wellbeing; better quality and more accessible health and social care services; higher value health and social care; and a motivated and sustainable health and social care workforce.
REGO	REGO	Renewable Energy Guarantees Origin
Regional Partnership Board	RPB	RPBs are a requirement of the Social Services and Well Being Act to improve the well-being of the population and improve how health and care services are delivered. There is a single RPB in North Wales.
Risk register		A risk register provides a structured record of any significant risks being managed by the Health Board that might impact upon the work of the Health Board. Risk registers are regularly reviewed and include response plans to how the risks are being reduced or controlled.



Same Day Emergency Care	SDEC	Same day emergency care (SDEC) is a service providing urgent care to patients without the need for an overnight admission to hospital.
Sentinel stroke national audit programme	SSNAP	The Sentinel Stroke National Audit Programme (SSNAP) is a quality improvement initiative. SSNAP measures the quality and organization of stroke care.
Service Level Agreement	SLA	A documented agreement between a service provider and a commissioner of that service that clearly lays out the level of service expected and the monitoring arrangements that will be used.
Six goals for Urgent and Emergency Care Programme	6 Goals	The 6 Goals Programme is a national programme of initiatives to help transform access to urgent and emergency care.
Small Business Research Initiative Centre of Excellence	SBRI	The Small Business Research Initiative Centre of Excellence in Wales is hosted by the Health Board and collaborates with public sector bodies in Wales. By running competitions and inviting industry participation, the SBRI Centre of Excellence aims to develop innovative solutions that enhance the health and well-being of those living in Wales. It is funded by the Welsh Government.
Special Measures		Special measures', now referred to as level 5 escalation, is highest level of escalation within the NHS Wales escalation and intervention framework arrangements.
Standard Operating Procedure	SOP	A Standard Operating Procedure is a set of step-by-step instructions to guide those carrying out particular tasks, with the intention of improving efficiency, quality and consistency.
Stereotactic Ablative Radiotherapy	SAbR	Stereotactic Ablative Radiotherapy is a highly specialised type of precision focused radiation treatment.
Straight to Test		The approach of requesting diagnostic tests, such as scans, before a patient is seen in outpatients, so that a treatment decision can be made when they are seen.
System		Sometimes referred to as 'whole system', the term is usually used to describe the collaborative approach involving multiple partners that is required to best deliver health and care services. The Health Board cannot deliver its best if it works in isolation without drawing in the support of others.
Systemic anti-cancer therapy	SACT	Systemic anti-cancer therapy is a description given to a range of treatments used to target cancer, such as chemotherapy.
Third sector		The 'third sector' is an umbrella term covering a range of organisations with different structures and purposes, belonging neither to the public sector nor to the private sector. This includes charities, housing associations, voluntary and community organisations and social enterprises and cooperatives.
Unscheduled care		Now usually referred to as 'urgent and emergency care', this relates to the unplanned care requirements of patients that are either urgent or emergencies in nature. This includes services delivered in Emergency Departments but also includes many other services, for example the use of 111, minor injury units, out of



		hours primary care services, community pharmacy minor illness services.
Value and Sustainability Board		A national collaborative healthcare approach in Wales to identify and benchmark opportunities to increase value within the NHS, and to make services more sustainable. Individual Health Boards are expected to apply the findings to the services they deliver.
Value based care		Value-based care is an established approach to healthcare in Wales that aims to improve patient outcomes by making the best use of the resources available. It is about achieving meaningful results that matter most to patients.
Well-being goals		The seven well-being goals established by the Well-being of Future Generations Act
Well-being of Future Generations		The Well-being of Future Generations Act in Wales requires public bodies such as the Health Board to work better with others and take a joined up, long-term approach, thinking about the long-term impact of decisions, working better with people, communities and each other. The act is about improving the social, economic, environmental and cultural well-being of Wales.
Welsh Index of Multiple Deprivation	WIMD	This is the Welsh Government's official measure of relative deprivation for small areas in Wales, made up of 1,909 areas ranked from 1 (most deprived) to 1,909 (least deprived).
Wider Determinants of Health		The wider determinants of health describe a wide range of social, economic, and environmental factors that significantly influence people's mental and physical well-being. For example poverty, poor housing, a lack of employment, and access to green spaces.