Agenda - Public Accounts and Public Administration Committee

Meeting Venue:	For further information contact:
Committee Room 5 and Video Conference via Zoom	**Fay Bowen**
Meeting date: 25 May 2022	Committee Clerk
Meeting time: 09.00	0300 200 6565
	SeneddPAPA@senedd.wales

This meeting will be broadcast live on www.senedd.tv

(Private pre-meeting)

(09:00 - 09:40)

1 Introductions, apologies and substitutions

(09:40)

2 Papers to note

(09:40 - 09:50)

2.1 Governance issues at Betsi Cadwaladr University Health Board

(Pages 60 - 295)

3 Care Home Commissioning for Older People: Evidence session with the Welsh Government

(09:50 - 10:50) (Pages 296 - 333)

Albert Heaney - Chief Social Care Officer for Wales

Matt Jenkins - Deputy Director, Partnership and Cooperation

(Break)

(10:50 - 11:00)

4 Care Home Commissioning for Older People: Evidence session with the Welsh Government part 2

(11:00 - 11:45)

5 Motion under Standing Order 17.42 to resolve to exclude the public from the meeting for the following business:

(11:45)

Item 6

6 Care Home Commissioning for Older People: Consideration of the evidence received

(11:45 - 12:30)

By virtue of paragraph(s) vi of Standing Order 17.42

Agenda Annex

Document is Restricted

Direct Payments for Adult Social Care

Report of the Auditor General for Wales

April 2022

This report has been prepared for presentation to the Senedd under the Public Audit (Wales) Act 2004.

The Auditor General is independent of the National Assembly and government. He examines and certifies the accounts of the Welsh Government and its sponsored and related public bodies, including NHS bodies. He also has the power to report to the National Assembly on the economy, efficiency and effectiveness with which those organisations have used, and may improve the use of, their resources in discharging their functions.

The Auditor General also audits local government bodies in Wales, conducts local government value for money studies and inspects for compliance with the requirements of the Local Government (Wales) Measure 2009.

The Auditor General undertakes his work using staff and other resources provided by the Wales Audit Office, which is a statutory board established for that purpose and to monitor and advise the Auditor General.

© Auditor General for Wales 2022

Audit Wales is the umbrella brand of the Auditor General for Wales and the Wales Audit Office, which are each separate legal entities with their own legal functions. Audit Wales is not itself a legal entity. While the Auditor General has the auditing and reporting functions described above, the Wales Audit Office's main functions are to providing staff and other resources for the exercise of the Auditor General's functions, and to monitoring and advise the Auditor General.

You may re-use this publication (not including logos) free of charge in any format or medium. If you re-use it, your re-use must be accurate and must not be in a misleading context. The material must be acknowledged as Auditor General for Wales copyright and you must give the title of this publication. Where we have identified any third party copyright material you will need to obtain permission from the copyright holders concerned before re-use.

For further information, or if you require any of our publications in an alternative format and/or language, please contact us by telephone on 029 2032 0500, or email info@audit.wales. We welcome telephone calls in Welsh and English. You can also write to us in either Welsh or English and we will respond in the language you have used. Corresponding in Welsh will not lead to a delay.

Mae'r ddogfen hon hefyd ar gael yn Gymraeg.

Contents

Summary report

Background 4

Key messages 7

Key facts 9

Recommendations 10

Detailed report

1 People are not consistently supported to take up Direct Payments 13

2 Managing and supporting people to use Direct Payments varies widely with service users and carers receiving different standards of service 21

3 Direct Payments are helping people live independently and improving their wellbeing, but it is difficult to assess overall value for money because of limitations in data and evaluation 35

Appendices

1 Audit methods and approach 42

2 Determining eligibility for social care and support 44

3 Adults receiving social care services organised by local authority in 2018-19 45

4 Personal Assistant hourly pay rates by local authority 46

Summary report

Background

The Social Services and Well-Being (Wales) Act 2014

1 The Senedd passed the Social Services and Well-being (Wales) Act in 2014 and it came into force in April 2016. The Act seeks to shift away from the traditional ways of providing social care, which were considered unsustainable, to approaches focused on:

a placing the wellbeing of people at the heart of services;

b giving people a strong voice and real control over the decisions that affect them;

c encouraging new models of service by mobilising community resources and promoting social enterprises and co-operatives;

d prioritising preventative services to avoid or delay the need for care;

e making systems easier and more accessible by reducing complexity and streamlining assessment and care planning arrangements;

f integrated working across professional and organisational boundaries to make the best use of resources and deliver the best outcomes; and

g strengthening safeguarding arrangements.

Direct Payments can improve people's choice, control and independence

2 Direct Payments can help meet an individual's eligible need for care and support, or a carer's need for support. They are an alternative to local-authority-arranged care or support. The aim of Direct Payments is to give people more choice, greater flexibility and more control over the support they get. Direct Payments can be provided to people of all ages if they have been assessed as needing social care services to support them with daily living, consent to receiving a Direct Payment and they (or their representative) can manage the payment.

3 Many people use their Direct Payments to fund a Personal Assistant to help them with various tasks. In these instances, Direct Payment recipients become employers and must meet the associated legal obligations. Some choose to use a care agency instead. Local authorities are required to provide support and assistance to people to manage their Direct Payment and employment responsibilities. This is often done through a local-authority-commissioned support service.

4 Direct Payments can be used to purchase a wide variety of services or equipment if these contribute to meeting an individual's agreed wellbeing outcomes. Payments can be made for day-to-day things such as dressing, cooking, driving and support to facilitate discharge from hospital. They can also be used for social activities – visiting friends, evening classes and gardening – as well as for assistance to access training and employment. The main benefit of Direct Payments is their adaptability. Service users can use them to organise their care in a whole range of new and more effective ways and local authorities are encouraged to explore innovative and creative options for meeting people's needs.

5 This report looks at how local authorities provide Direct Payment services to adults, examining their impact and value for money. **Appendix 1** provides more detail about our audit approach and methods. **Exhibit 1** sets out our characteristics of a good approach to Direct Payments.

Exhibit 1: the characteristics of a local authority that effectively encourages, manages and supports people to use Direct Payments

Local authorities who are good at promoting Direct Payments

Have simple and concise public information that is made available in a wide range of mediums and has been tested to ensure it is effective and tells people what they need to know

Offers and encourages people to use independent advocacy to help people make informed choices

Uses the 'What Matters' conversation in the assessment process to explain Direct Payments

Direct Payments are promoted as an option at least equally with other choices

Local authorities who are managing Direct Payments effectively

Help people to access and use Personal Assistants

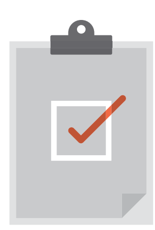
'Demystify' what Direct Payments are and provide sufficient support to assure people on employment requirements, liabilities and fallback processes. Bureaucracy is kept to a minimum

Clearly set out what Direct Payments can be used for giving examples of the type of support that is available and, wherever possible, encourage innovation

Have regular and ongoing contact and provide support and information to adults using Direct Payments to clarify responsibilities and ensure people remain safe

Work to shape the 'market' and by improving access to Personal Assistants, encouraging more providers, managing costs and encouraging the pooling of budgets

Jointly agree with NHS bodies on how best to address the needs of clients who use Direct Payments and Continuing Healthcare so they are not disadvantaged



Local authorities who are delivering positive outcomes for people using Direct Payments

Evidencing that people's wellbeing is maintained or improving as a result of Direct Payments

Have a comprehensive system for monitoring and evaluating all aspects of Direct Payments

Involve and value input from all stakeholders/partners in evaluating the impact of services

Compare and benchmark individual and collective performance with others and use the findings of evaluation to shape current plans and future approaches

Know what works and whether the approach of the authority is delivering the aspirations of the Act

Source: Audit Wales

Key messages

6 Our overall conclusion is that **Direct Payments support people's independence and are highly valued by service users and carers, but inconsistencies in the way they are promoted and managed by local authorities mean services are not always equitable and it is difficult to assess overall value for money**.

7 People are not consistently encouraged to take up Direct Payments. A responsive person-centred approach is essential in helping people take up Direct Payments, but current engagement and involvement by local authorities is inconsistent. While the value of Direct Payments is recognised by senior managers, social care staff do not always display confidence in promoting their use with service users and carers. Direct Payments are valued by service users and carers, but this is not always translating into broadening their use.

8 Manging and supporting people to use Direct Payments varies widely and service users and carers are receiving different standards of service. Personal Assistants are essential to people making the most of Direct Payments, but service users often struggle to recruit them. People have mixed views on the support they receive from their local authority after they have taken up Direct Payments. The interface between use of NHS continuing healthcare and social care on access to Direct Payments also remains a problem.

9 Despite some significant challenges, local authorities ensured service users and carers were mostly supported during the pandemic, but a significant number of service users and carers we surveyed experienced difficulties. While the numbers using Direct Payments slightly grew before the pandemic, local authorities continue to use them differently across Wales. There is a need to address this 'post-code lottery' to ensure people are being treated fairly and equally.

10 Direct Payments are seen by recipients and care providers alike as making an important contribution to people's wellbeing and independence. However, it is difficult to assess the overall value for money of Direct Payments in their own right, or in comparison with other forms of social care, because systems for managing and evaluating performance are inadequate.

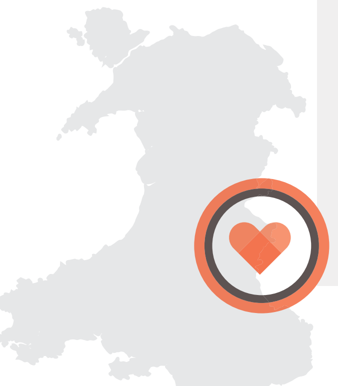
Direct Payments can make an important contribution to meeting an individual's care and support needs and they are highly valued by service users and carers. The Welsh Government and local authorities need to work together to address weakness in the management and evaluation of performance, which currently means it is not possible to judge how well local authorities are performing and whether Direct Payments represent value for money compared with other forms of social care. There is also a need to address the 'post-code lottery' where local authorities are using them differently across Wales, to ensure people are treated fairly and equally.

Adrian Crompton
Auditor General for Wales

Key facts

11 The infographic below summarises key facts from our report about Direct Payments. Following the Welsh Government's decision to suspend data collection in response to the pandemic in 2020, no data on services other than expenditure has been reported nationally since 2018-19.

In 2018-19, social services supported **125,415 adults**. Of whom, **6,262** (5%) received Direct Payments.



Just over a third of adults receiving direct payments, **36.1%**, were older people (aged 65 or more), with **63.9%** aged 18-64. This is despite older people making up over **75%** of adults receiving social services.

Between 2016-17 and 2018-19, **14** of the 22 local authorities increased take up of Direct Payments.

The biggest percentage increase was in the Isle of Anglesey (**90.4%**). The biggest fall was in Newport (**-28.8%**).

Of this figure, **£79.5 million** (3.5%) was spent on Direct Payments for adults.

The average Direct Payment for adults in 2018-19 in real terms was **£12,344**, ranging from **£6,033** in Ceredigion to **£21,836** in Wrexham.

In 2018-19, the proportion of adults receiving social care services via Direct Payments ranged from **1.6%** in Gwynedd to **12.9%** in Ceredigion.

Local authority spending on Direct Payments rose by 117% in real terms from **£36.6 million** in 2010-11 to **£79.5 million** in 2020-21.

In 2020-21, social service authorities spent **£2.29** billion on all social services.

12 Figures relating to the numbers of people receiving social services support and Direct Payments for 2018-19, including the average value of Direct Payments, do not include Caerphilly due to technical issues with their ICT systems.

Source: Audit Wales analysis of StatsWales data

Recommendations

13 Our recommendations are set out below. We expect each local authority to consider the findings of this review and our recommendations, and that its governance and audit committee receives this report and monitors its response to our recommendations in a timely way.

Exhibit 2: recommendations

Recommendations

In **Part 1** we set out the how local authorities promote and raise awareness of Direct Payments (**paragraphs 1.2 to 1.7**). To ensure people know about Direct Payments, how to access these services and are encouraged to take them up, we recommend that local authorities:

R1 Review public information in discussion with service users and carers to ensure it is clear, concise and fully explains what they need to know about Direct Payments.

R2 Undertake additional promotional work to encourage take up of Direct Payments.

R3 Ensure advocacy services are considered at the first point of contact to provide independent advice on Direct Payments to service users and carers.

In **Part 1** we set out the importance of the 'What Matters' conversation and the importance of social workers in helping people make informed choices on Direct Payments (**paragraphs 1.8 to 1.13**). To ensure Direct Payments are consistently offered we recommend that local authorities:

R4 Ensure information about Direct Payments is available at the front door to social care and are included in the initial discussion on the available care options for service users and carers.

R5 Provide training to social workers on Direct Payments to ensure they fully understand their potential and feel confident promoting it to service users and carers.

Recommendations

In **Part 2** we highlight the central role of Personal Assistants in helping service users and carers to get the best positive outcomes from their use of Direct Payments (**paragraphs 2.2 to 2.7**). To ensure there is sufficient Personal Assistant capacity, we recommend that local authorities through the All-Wales local authority Direct Payments Forum and with Social Care Wales:

R6 Work together to develop a joint Recruitment and Retention Plan for Personal Assistants.

In **Part 2** we highlight that while local authorities recognise the value of Direct Payments in supporting independence and improving wellbeing, the differences in approach, standards and the amount paid out means that people with similar needs receive different levels of service (**paragraphs 2.9 to 2.18 and 2.23 to 2.27**). To ensure services are provided equitably and fairly we recommend that local authorities and the Welsh Government:

R7 Clarify policy expectations in plain accessible language and set out:

- what Direct Payments can pay for;
- how application and assessment processes, timescales and review processes work;
- how monitoring individual payments and the paperwork required to verify payments will work;
- how unused monies are to be treated and whether they can be banked; and
- how to administer and manage pooled budgets.

Public information should be reviewed regularly (at least every two years) to ensure they are working effectively and remain relevant.

Recommendations

In **Part 2** we highlight difficulties in the interface between NHS continuing healthcare and Direct Payments and note that current practices do not support service users and carers to exercise voice, choice and control (**paragraphs 2.28 to 2.31**). We recommend that the Welsh Government:

R8 Ensure that people who receive both NHS continuing healthcare and Direct Payments have greater voice, choice and control in decision making.

In **Part 3** we note that having the right performance indicators and regularly reporting performance against these are important for local authorities to manage operational performance, identify areas of improvement and evaluate the positive impact of services (**paragraphs 3.8 to 3.10**). To effectively manage performance and be able to judge the impact and value for money of Direct Payments, we recommend that local authorities and the Welsh Government:

R9 Work together to establish a system to fully evaluate Direct Payments that captures all elements of the process – information, promotion, assessing, managing and evaluating impact on wellbeing and independence.

R10 Annually publish performance information for all elements of Direct Payments to enable a whole system view of delivery and impact to support improvement.

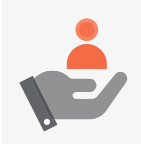
People are not consistently supported to take up Direct Payments

01

1.1 In this part of the report, we consider how local authorities encourage people to use Direct Payments. We review local authorities' public information, how they promote take up of Direct Payments and the importance of the 'What Matters' conversation.

Local authorities who are good at promoting Direct Payments

Have simple and concise public information that is made available in wide range of mediums and has been tested to ensure it is effective and tells people what they need to know



Offers and encourages people to use independent advocacy to help people make informed choices

Uses the 'What Matters' conversation in the assessment process to explain Direct Payments

Direct Payments are promoted as an option at least equally with other choices

A responsive person-centred approach is essential in helping people choose Direct Payments, but current engagement and involvement by local authorities are inconsistent

Good quality and accessible information, support people to take greater control of their care and support and make well-informed choices

1.2 Information and advice help to promote people's wellbeing and are vital components of preventing or delaying people's need for care and support. Our focus group and survey work with the All-Wales Direct Payments Forum[1] found that all local authorities undertake some form of activity to promote public awareness and understanding of Direct Payments, but the options used vary. Local authorities focus on mediums such as their website, providing bilingual leaflets and promotional activity with established service user, carer groups and partnership forums. Less priority is given to using social media (for example, Facebook or Twitter) and proactive campaigns using press articles, adverts and local authority newsletters. Overall, only 3% of recipients responding to our survey[2] first found out about Direct Payments through published information (for example, online or a leaflet).

1.3 Overwhelmingly, service users report relying on a conversation with a local authority officer to find out about Direct Payments. Almost all (96%) of service users who responded to our survey said that they first found out about Direct Payments following a discussion with a local authority officer – most frequently a social work professional. Around half of carers we surveyed said that they first found out about Direct Payments following a discussion with a local authority officer. Carers are more likely than service users to find out about Direct Payments in discussion with other bodies (ie not their local authority), a care and support agency, NHS or third sector body for instance. These findings highlight that local authorities need to do more to ensure carers are better supported to fully access and use services, an issue flagged in recent research by Carers Wales[3].

1 The All-Wales Direct Payments Forum is made up of officers from all Welsh local authorities with responsibility for Direct Payments within their respective organisations.

2 Our survey covers both service users and carers who receive Direct Payments. We report information at three levels. Where we say Direct Payment recipients, we mean both carers and service users; and where we specifically reference either 'service users' or 'carers' the findings of the survey are specific to these distinct groups of people who receive Direct Payments. In **Appendix 1** we set out our survey methodology in more detail.

3 Carers Wales is part of Carers UK and campaigns on behalf of carers. They recently reported that 40% of carers in Wales say they are unaware of services and sources of support for carers in their local community – State of Caring 2021: Wales Briefing, Carers Wales, December 2021.

1.4 Direct Payments Forum members acknowledge that local authorities need to do more promotional work with some partners, in particular health and independent providers, to ensure Direct Payments are adequately promoted in all routes into social care. Roughly a quarter of local authority officers with responsibility for Direct Payments believe they have sufficient capacity to effectively promote Direct Payments and are investing resources to encourage take up. Less than a quarter of local authority officers consider themselves good at promoting awareness and encouraging take up of Direct Payments among hard-to-reach groups such as minority ethnic groups, Gypsies, Roma and Travellers and LGBTQ people.

1.5 The best local authorities are innovatively and actively promoting Direct Payments. For example, Isle of Anglesey Council uses a wide range of promotional materials to improve awareness for service users but also local authority staff and care providers. This includes YouTube videos of recipients talking about the positive experience and benefits of Direct Payments and roadshows to promote the benefits of Direct Payments. By proactively encouraging people to choose Direct Payments, the local authority saw the numbers in receipt of Direct Payments rise by 90.4% between 2016-17 and 2018-19.

1.6 Regarding the quality of the information and advice provided, three quarters of Direct Payments service users told us this was good but only half of carers in receipt of Direct Payments agreed this was the case. Only half of local authorities have tested or sought feedback on the quality of Direct Payments public information to ensure it is easy to understand, and only around a third of those have involved service users and carers in testing the quality of the information. Several service users who responded to our survey noted that they did not always find the public information they had been provided helpful and too often it reads as if it is written for the 'professional' not the 'client'. Notwithstanding, the overwhelming majority of people (98%) were able to access information about Direct Payments in their preferred language, and 4% chose to use Welsh.

1.7 Paragraph 37 of the Social Services and Well-being (Wales) Act 2014 Part 10 Code of Practice (Advocacy) notes that 'Advocacy services are fundamental to supporting people to engage actively and participate in development of their own well-being outcomes.' Paragraph 41 of the Code of Practice also says that independent professional advocacy must be made available from 'the moment of first contact'. We found that just over half of All-Wales Direct Payments Forum members believe that their local authority has adequate advocacy services in place to provide independent advice to service users and carers at this time.

The ‘What Matters’ conversation

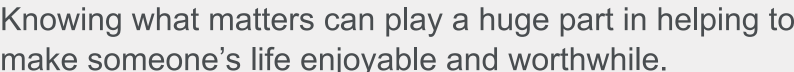
1.8 Unlike many community-based, preventative services[4] that people are often signposted to when seeking social care help, service users must be assessed as having ‘eligible[5]‘ needs to receive Direct Payments. When a local authority considers if someone has eligible needs, it looks at what causes that need for care and support; whether their needs affect their ability to do certain things; whether someone has a carer or access to community support that can meet their needs; and whether they are able to achieve a personal outcome without help from the local authority.

1.9 Local authorities are required to assess and determine whether someone is eligible for social care following an established process of which the ‘What Matters’ conversation is a critical element. **Appendix 2** sets this process out in more detail.

The ‘What Matters’ conversation

A ‘What Matters’ conversation is a targeted discussion to establish a person’s situation, their current wellbeing, what can be done to support them and what can be done to promote their wellbeing and resilience for the better. It is not an assessment in itself: it is a way of carrying out the assessment by having the right type of conversation to identify with the individual:

- how they want to live their life;
- what might be preventing that; and
- what support might be required to overcome those barriers.



Knowing what matters can play a huge part in helping to make someone’s life enjoyable and worthwhile.

4 There is no agreed definition of what constitutes a preventative service. They can range from relatively formal intermediate care services provided by health and social-care professionals to interventions that could include befriending schemes, the fitting of a handrail or help with shopping, to non-health or social-care services.

5 The Welsh Government is working with ADSS Cymru to produce a national assessment and eligibility tool.

1.10 Importantly, those seeking help and those assessing what is needed must work as equal partners in identifying issues and solutions in their 'What Matters' discussion. Ultimately, it requires social work professionals to let go of some control when assessing what is best for people. Direct Payments takes this ethos a step further – not only do individuals have an equal voice in shaping their care and support outcomes during the assessment, but they can also go on to take full control over their own care and support. The extent to which professionals feel able to let go shapes people's experience of their assessment, and in many cases the likelihood of them being offered and encouraged to use Direct Payments.

1.11 Overall, recipients of Direct Payments that we surveyed are positive about local authority assessment processes; the time spent by local authority staff clarifying employer responsibilities; and the 'What Matters' conversation. For instance:

a 83% felt that what was agreed during the assessment was right for them;

b of the 83% that felt their assessment was right for them, the vast majority (88%) agreed that the subsequent care and support plan accurately set out what was agreed during their assessment;

c 76% felt encouraged to tell their local authority about the things that mattered to them, and felt listened to during their needs assessment;

d 75% discussed their ability to manage Direct Payments before taking them up; and

e 74% felt that they had a clear understanding of their legal obligation as an employer when taking up a Direct Payment.

1.12 Despite this, many local authority officers we spoke to acknowledge that they do not always have the capacity to work co-productively and identify creative solutions using Direct Payments. People are often in crisis when they contact social services and in practical terms, delivering early intervention, prevention and co-produced approaches requires time. Effective early intervention works to prevent problems occurring, or to tackle them head on when they do, and before problems get worse. It is important therefore for local authorities to consider the potential impact and value of Direct Payments as early as possible in the information, advice and assistance process to enable meaningful co-production and ensure all possible solutions that can help improve someone's wellbeing are considered.

1.13 We conclude that there is more for local authorities to do to promote awareness and understanding of Direct Payments amongst service users. Addressing this requires local authorities to promote opportunities for early intervention by raising awareness of the front door to adult social care, and ensuring adequate consideration of the potential for Direct Payments at the Informa tion, Advice and Assistance (IAA services) stage. Local authorities are yet to strike this balance, something that echoes our recent review of IAA services[6].

While the value of Direct Payments is recognised by senior managers, social care staff do not always display confidence in promoting their use with service users and carers

1.14 Strong leadership on Direct Payments is key to making progress and it is important that senior managers set the tone from the top. Through our engagement with local authority staff and representative bodies we found this to be key to creating the right conditions and culture for social workers to feel empowered to promote and encourage take up of Direct Payments.

1.15 We found that roughly three-quarters of Direct Payment managers with responsibility for Direct Payments believe their authority has an open and encouraging culture that promotes making best use of Direct Payments. In addition, a similar number believe that their local authority Corporate Management Team members understand the benefits of Direct Payments, and two-thirds that senior leaders actively encourage increasing take up. However, only a quarter of Direct Payment managers believe that councillors understand the benefits of Direct Payments. Half did not know.

1.16 Most local authorities have information and workflow management systems in place (for example the Welsh Community Care Information System[7]) which include prompts for social workers to offer Direct Payments as part of what matters assessments, or to confirm that they have offered this. However, officers we interviewed highlight the limitations in the assurance that this data provides because the likelihood of service users opting to use Direct Payments is mostly dependent on the tone, sincerity and genuineness of the offer and discussion with their social worker. To do this, social workers need to feel both confident in being able to promote the benefits of Direct Payments and empowered to make this offer. To make this work requires effective leadership and a whole-system approach.

6 Auditor General for Wales, The front door to adult social care, September 2019.

7 We reported on the rollout of the Welsh Community Care Information System in October 2020, including commentary on the performance of the system.

1.17 The overwhelming majority of All-Wales Direct Payments Forum members told us that they continue to promote and provide training and information to social workers, care managers and frontline staff to support take up and roll out. Most also believed that social workers understand what Direct Payments can be used for, although officers we interviewed nevertheless identified some concerns.

1.18 Only half of Direct Payments Forum members think that their local authority encourages people to take up Direct Payments. Direct Payment managers expressed concerns that, from their experience, too often social workers lack confidence in discussing Direct Payments as an option, partly because of their inherent flexibility and potentially wider use compared to other forms of social care. They also noted that, increasingly, Direct Payments are seen as potentially placing other traditional care services at risk if their take up increases and demand for other services falls off. Just over half of Direct Payment managers believe that their local authority treats Direct Payments as favourably as other social care services and options when developing care plans.

Managing and supporting people to use Direct Payments varies widely with service users and carers receiving different standards of service

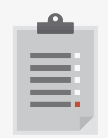
02

2.1 In this section of the report, we look at opportunities to streamline the management and administration of Direct Payments. We look at the change in take up of Direct Payments in Wales and comparison with England. We consider how local authorities support people to make the best use of Direct Payments.

Local authorities who are managing Direct Payments effectively

Help people to access and use Personal Assistants

'Demystify' what Direct Payments are and provide sufficient support to assure people on employment requirements, liabilities and fallback processes. Bureaucracy is kept to a minimum



Clearly set out what Direct Payments can be used for giving examples of the type of support that is available and, wherever possible, encourage innovation

Have regular and ongoing contact and provide support and information to adults using Direct Payments to clarify responsibilities and ensure people remain safe

Work to shape the 'market' and by improving access to Personal Assistants, encouraging more providers, managing costs and encouraging the pooling of budgets

Jointly agree with NHS bodies on how best to address the needs of clients who use Direct Payments and Continuing Healthcare so they are not disadvantaged

Personal Assistants are essential to people making the most of Direct Payments, but service users struggle to recruit them

2.2 While some people will need additional support to manage Direct Payments, this should not be a barrier to encouraging people to use them. Local authorities must maintain a support service and make it available to those who need it – for example, help with employment responsibilities, payroll and reporting processes. Often this support is provided via a Personal Assistant.

Personal Assistants

Personal Assistants work directly with one or more individuals to help them with various aspects of their daily life and to help them live as independently as possible.

They are employed directly by an individual who is managing and paying for their own care through a Direct Payment or personal budget.

Personal Assistants usually support individuals in their own home.

People can be employed directly by one employer or work for a number of different people.

The role can include:

- organising and supporting individuals with their social and physical activities;
- booking and going with individuals to appointments;
- helping individuals to get to work, college or university;
- helping with personal care such as showering and dressing (although not all Personal Assistant roles involve personal care);
- supporting with tasks around the house such as shopping, cleaning and cooking;
- monitoring their health, for example, measuring body temperatures or administering medication; and/or
- managing a team of Personal Assistants if you are in a senior Personal Assistant role.

2.3 Employing a Personal Assistant cannot be entered into lightly and people pursuing this option need to be fully aware of their responsibilities. For instance, an employer must provide staff they employ with written information, including start date, hours of work, remuneration (which must meet the National Minimum Wage), place of work and a job title, or brief description of the job. Employers also need to set out whether employment is fixed term or permanent, the employee's statutory entitlement to sick pay, annual leave, pension scheme provision and notice requirements. Although local authorities expect people to take out employer's liability insurance and often provide advice about this, it is down to the individual to ensure they have fully considered the contractual arrangements with the care staff they employ.

2.4 People we surveyed noted differences between local authorities regarding their eligibility criteria for Direct Payments, the number of hours of personal assistance that individuals are assessed as needing, and the hourly rates paid. Our research shows that there is variation between hourly rates of pay for Personal Assistants across local authorities, with rates ranging from £8.72 to £12.94 per hour being reported in early 2021 – see **Appendix 4** for more detail.

2.5 The importance of Personal Assistants in supporting people to make the best use of Direct Payments cannot be overestimated. One person responding to our survey stated that: 'Direct Payments have given me the opportunity to employ my personal assistant who has been with me for 10 years now. This continuity with my personal assistant has empowered me, improved my self-confidence and given me the freedom to make my own decisions and choice with my personal assistant's support.' While another noted that: 'I think the whole system works around Direct Payments, you get to pick the personal assistants yourself rather than getting strangers thrust upon you.' Comments such as these highlight the value placed on Personal Assistants and the important role they play.

2.6 Notwithstanding, several people responding to our survey noted difficulties in both attracting and retaining Personal Assistants. For instance, one respondent stated that: 'there have been periods when we have been unable to find a suitable personal assistant, so I have been unable to use the Direct Payments. At one point this lasted over a year.' Another noted a 'major problem is being able to recruit Personal Assistants' and another 'issues with a Personal Assistant meant I've had to readvertise the job so as a result I haven't yet used my Direct Payment'.

2.7 Direct Payment managers we spoke to also highlighted the ongoing challenge of attracting and retaining Personal Assistants. Ongoing workforce pressures have meant that adult social care employers and providers have needed to adopt a range of strategies to help retain and support their workforce and these approaches need to be extended to Personal Assistants. The Care Provider Alliance, Association of Directors of Adult Social Services and Local Government Association in England have brought together approaches taken by organisations to reduce staff turnover and help retain people in the care and health workforce, which are of use for local authorities to consider in encouraging more Personal Assistants[8].

People have mixed views on the support they receive from their local authority after they have taken up Direct Payments

2.8 Direct Payments must be embraced as a core component of delivering support – not as an exceptional option – so that the positive impact can be realised. There will be initial costs associated with setting up or commissioning an effective Direct Payment Support Service and training staff in Direct Payment processes. But once fully operational, Direct Payments should at least be cost neutral and should realise savings from, for instance, reduced administration, review and management of providers. It is important for local authorities to therefore focus on setting up the right support service to both encourage take up and to realise the potential for cost savings. Ultimately, the Direct Payment must be enough to cover the reasonable cost of buying services that the local authority has a duty to provide.

Some people find the administration of Direct Payments challenging

2.9 It is important that local authorities provide adequate support and have regular contact with service users and carers. Local authorities should be proactive in organising these discussions to make sure the care and support plan remains right, is legal, affordable and effective in meeting wellbeing outcomes.

8 https://www.local.gov.uk/top-tips-retention-briefing-adult-social-care-providers

2.10 Overall, 78% of people we surveyed said they receive good quality support to help them manage their Direct Payment. However, while 55% say that they can cope with the administration side of Direct Payments, finding the level of paperwork reasonable and manageable, 13% feel it is overwhelming. The other third of respondents stated that they are not required to keep any paperwork (23%) or their local authority rarely asks for paperwork (10%). Carers are generally more dissatisfied than service users with the quality of the Direct Payments services their local authority provides to help meet their needs. Our focus group work with All-Wales Direct Payments Forum members found that just over half of local authorities have sought to streamline their systems for administering Direct Payments to reduce the burden on clients, Personal Assistants and care providers.

2.11 Just over a third of care and support providers we surveyed felt that from their experience local authorities did not provide good support to help people manage their Direct Payments. There is also some concern from providers that people who may struggle to manage a Direct Payment are being directed to select this option simply because of pressures on domiciliary care services and reductions in the availability of other care services. Only half of Direct Payment managers stated that their local authority has an up-to-date directory of approved service providers to help people purchase support.

People in areas where support services to help manage Direct Payments are directly provided by local authorities have a more positive overall experience than those using a 'commissioned' service

2.12 Many local authorities commission others to provide support services for Direct Payments, but according to feedback from members of the Direct Payments Forum, a growing number of councils are in the process of reviewing or considering bringing these services back in house, primarily to improve service quality, to be able to better respond to service user and carer needs, and reduce administration costs. As of January 2021, seven[9] of the 22 local authorities had in-house services.

9 The seven councils with in-house provision at the time of our review were: Blaenau Gwent County Borough Council, Caerphilly County Borough Council, Flintshire County Council, Monmouthshire County Council, Neath Port Talbot Council, Powys County Council and Torfaen County Borough Council.

2.13 Our survey of people using Direct Payments sought their views regarding a number of factors which we consider to be indicators of service accessibility and quality. To establish how different service configurations impact on accessibility, quality and user satisfaction, we analysed our survey data by comparing the responses from Direct Payments recipients in areas where the local authority delivers its support function in-house, with those where the service is commissioned externally and provided by third parties. **Exhibit 3** shows that survey responses from those in local authority areas with in-house services have higher levels of positive responses against a number of key metrics.

I'm grateful for the support and payments. I don't have to deal with the money. Going out with someone other than family gives me independence that I've longed for

Source: Audit Wales, Survey of people receiving Direct Payments, September 2021.

Exhibit 3: Direct Payment recipients' views about services, by type of administrative support service (in-house or commissioned)

Overall, people living in areas where support services are provided directly by local authorities are more positive about the service they receive than those provided by a third party.

Source: Audit Wales, Survey of people receiving Direct Payments, September 2021

2.14 Our focus group work with the All-Wales Direct Payments Forum highlighted that, in addition to supporting external clients, in-house Direct Payment teams have greater ability to work flexibly and focus on providing training and expert support to front line social workers who offer and administer Direct Payments. Given the key barriers we highlight in accessing Direct Payments (see **paragraph 1.16)** and coupled with our survey findings, this support is clearly important and is making an impact, leading to greater satisfaction with information about Direct Payments, a greater perception of social workers' understanding, and service users feeling encouraged to take up a Direct Payment.

Local authorities mostly ensured people were supported during the pandemic, but a significant number of service users and carers we surveyed had no contact during the initial lockdown and restrictions

2.15 The pandemic created many challenges for social care services and local authorities were forced to respond creatively to ensure vulnerable people were safe and supported. As with other frontline staff working in NHS or care settings, the pandemic has also had a huge impact on people providing care services organised under Direct Payments, especially Personal Assistants.

2.16 We found that where a service was interrupted or could not continue to be provided due to COVID-19, most local authorities arranged alternative provision. Local authorities also made contact to check on individuals' welfare and to ensure services continued to be provided. Direct Payment managers we spoke to however, also noted some difficulties in maintaining services. In particular, the lack of availability of Personal Assistants and/or care staff when people were self-isolating and unable to visit and support service users.

2.17 Officers we spoke to also highlighted their local authority's positive work to ensure social care staff were supported and equipped to work from home. They described how senior leaders acted proactively, keeping staff informed and up to date with changes in services and work priorities, and responded to challenges as they arose quickly and efficiently. For example, relocating staff to fill gaps in services and flexing information gathering systems to reduce the burden of administration on Personal Assistants and care providers.

2.18 57% of people receiving Direct Payments we surveyed said that their local authority did not help source Personal Protective Equipment (PPE) for their care or support provider. Service users and carers we spoke to noted that some local authorities provided PPE free of charge, some reimbursed individuals who purchased their own, but others expected service users and/or their personal assistant to purchase PPE themselves and meet the cost from their Direct Payment. In April 2021, we reported that some frontline health and social care staff experienced shortages of PPE during the pandemic[10]. Some people using Direct Payments experienced similar if not greater difficulties trying to source PPE on an individual level. Some service users and carers we spoke to noted that on occasion the lack of PPE and inability to source this directly resulted in services being suspended. In addition, 40% of the Direct Payments recipients we surveyed said they had received no contact from their local authority specifically to check if they had any problems resulting from the lockdown and restrictions.

While the number of people receiving Direct Payments has grown slightly in recent years, local authorities continue to use them differently across Wales

Just under two-thirds of local authorities increased take up of Direct Payments between 2016-17 and 2018-19, but only 5% of all adults in receipt of social care services were receiving them

2.19 The most recent data on Direct Payments use published in 2018-19 shows that 125,415 adults were in receipt of social care services in Wales[11]. Of these, 6,262 (5%) received Direct Payments. The proportion of social care services provided via Direct Payments ranged from 1.6% of clients in Gwynedd to 12.9% in Ceredigion. **Appendix 3** provides more information. This data for 2018-19 does not include Caerphilly.

2.20 Just over a third of those receiving Direct Payments (36.1%) are older people (aged 65 or more). This is despite this particular age group making up over 75% of the overall number of adults receiving social services. The bulk of those receiving Direct Payments, 63.9%, are aged between 18 and 64.

10 Procuring and Supplying PPE for the COVID-19 Pandemic, Report of the Auditor General for Wales, April 2021

11 In response to the pandemic, the Welsh Government suspended collection and reporting of social services performance data in 2019-20 and the most up-to-date data is 2018-19.

2.21 Between 2016-17 and 2018-19, there had been a 5.2% increase in the numbers receiving Direct Payments with 14 of the 22 local authorities seeing a growth in take up – **Exhibit 4**. The biggest percentage rise, of 90.4%, was in the Isle of Anglesey, although the proportion of adults receiving social care services via Direct Payments in 2018-19 was still below the Wales average. The biggest fall was in Newport, -28.8%.

Exhibit 4: the number of adults receiving Direct Payments by local authority in 2016-17 and 2018-19 and change in take up over the period

Local authority	2016-17	2018-19	% Change
Isle of Anglesey	73	139	90.4%
Gwynedd	158	137	-13.3%
Conwy	221	239	8.1%
Denbighshire	106	177	66.9%
Flintshire	403	437	8.4%
Wrexham	196	272	38.7%
Powys	551	504	-8.5%
Ceredigion	199	336	68.8%
Pembrokeshire	293	331	12.9%
Carmarthenshire	448	538	20.0%
Swansea	521	517	-0.8%
Neath Port Talbot	341	433	26.9%
Bridgend	177	232	31.1%
Vale of Glamorgan	378	271	-28.3%
Rhondda Cynon Taf	372	306	-17.7%
Merthyr Tydfil	95	102	7.4%
Caerphilly	114	-	-
Blaenau Gwent	145	149	2.3%
Torfaen	131	130	-0.8%
Monmouthshire	154	131	-14.9%
Newport	132	94	-28.8%
Cardiff	746	787	5.5%
TOTAL	**5,954**	**6,262**	**5.2%**

Note: Caerphilly was unable to provide data for 2018-19, due to technical issues with their ICT systems.

Source: StatsWales, CARE0118: Adults receiving services by local authority

2.22 The use of Direct Payments in Wales still lags behind England. Data published by NHS Digital Services[12] shows that in 2020-21, 26.6% of people who receive social care services including 75.3% of carers in England receive Direct Payments. Performance ranges from 19.8% of all service users in the north-east of England to 38.3% in the East Midlands.

Direct Payments are used differently across Wales and local authorities have different approaches in how they deal with unused funds

2.23 How Direct Payments are used and what they pay for varies. Through our discussion with Direct Payment Forum members we found that some authorities have few, if any, restrictions and encourage people to use the money flexibly; paying for holiday accommodation, leisure activities, trips abroad and mobile phones. In comparison, other local authorities only allow Direct Payments to pay for practical help directly associated with an individual's personal care and define what Direct Payments can and cannot pay for.

2.24 Direct Payment service users and carers we surveyed raised concerns with this situation. One user of Direct Payments noted that: 'It would be very helpful to have a written list of what Direct Payments can actually be used for.' Another survey respondent summed up their experience as follows: 'The council does not make it clear how to spend the money. You still have to continually ask questions and the people in the council don't know the answers. The system is very slow and 'drawn out'. They are not flexible.'

2.25 Those who have similar support needs can also pool their Direct Payments to organise joint activities or services by taking some or all of their Direct Payment and adding these funds together to jointly purchase services[13]. This enables people to share the cost of activities, have the opportunity to spend more time with other people and get better value through increasing their spending power. However, we found that pooling budgets is very limited. And past approaches in some local authorities ended relatively quickly, despite the best endeavours of staff we interviewed.

2.26 Welsh Government guidance[14] requires local authorities to work flexibly, allowing Direct Payments recipients to be able to 'bank' any unused payment to use as and when they need to. However, in reality the approach taken by local authorities varies and some local authorities seek to recover unspent money. The findings from our survey of recipients (**Exhibit 5)** are echoed in the feedback we received from local authority staff where we found wide differences in approach.

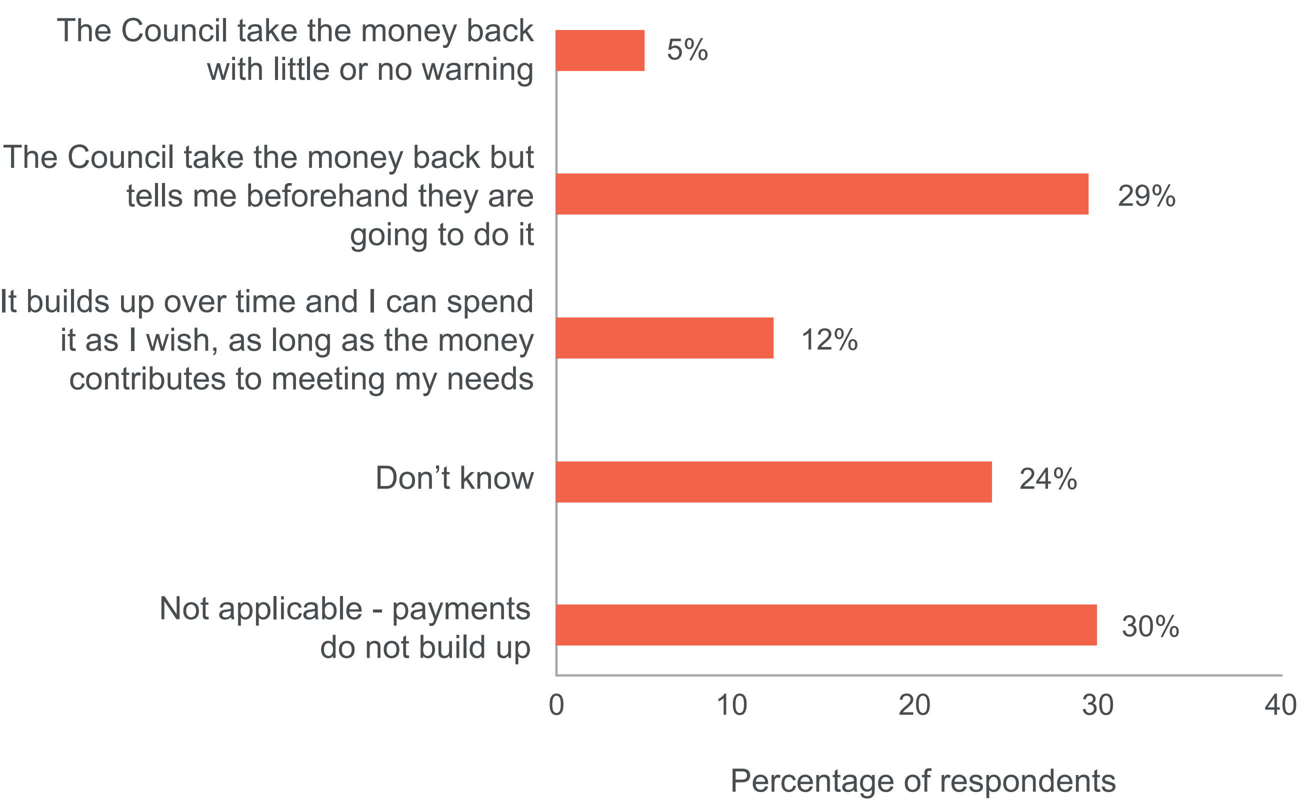
12 NHS Digital Services, Adult Social Care Outcomes Framework, October 2021.

13 The Wales Co-operative Centre has published a guide setting out how people can pool budgets for Direct Payments, Direct Payments: make them work for you

14 Social Services and Well-being (Wales) Act 2014: Part 4 Code of Practice (Meeting Needs), 2015. Paragraph 159 notes that 'The flexibility inherent in direct payments means that recipients, or their representatives, must be able to adjust the amount of the direct payment they use from week to week. They must be able to 'bank' any unused payment to use as and when extra needs arise (this might particularly be relevant for those whose needs fluctuate)'.

Exhibit 5: Direct Payment recipients' experiences of what happens to payments which build up

Roughly one in eight recipients of Direct Payments build up 'unused' money to be used to meet future needs.



Source: Audit Wales, Survey of people receiving Direct Payments, September 2021

2.27 Taken together, our evidence highlights that further clarification, support and guidance are required to ensure that people are able to fully benefit from Direct Payments and receive a consistent standard of service.

The interface between use of NHS continuing healthcare and social care on access to Direct Payments remains a problem

2.28 The Welsh Government's Programme for Government 2021 to 2026 includes a commitment to 'Improve the interface between NHS continuing healthcare and Direct Payments'. In August 2021, the Welsh Government strengthened the wording in the NHS Continuing Healthcare National Framework 2021 and Decision Support Tool.

2.29 Importantly, the new guidance reinforces the central ethos of individuals' right to exercise voice and control to decide how, when and who supports them to meet their eligible care and support needs, especially when transitioning from Direct Payments to NHS continuing healthcare. This includes providing specific examples of actions Local Health Boards can take to support this but also recognising that assessments needed to avoid putting up barriers and pushing service users from one service to the other. Theoretically therefore it should be possible for someone to receive a needs-led assessment that supports someone's independence, voice and control.

2.30 Some people we surveyed in receipt of Direct Payments noted a reluctance to access NHS continuing healthcare because they fear losing their Personal Assistants and the ability to determine who provides their services. They also raised concerns that the flexibility of Direct Payments – that enables them to access a wide range of non-traditional health and/or social care services that help improve their wellbeing – will be lost.

2.31 Direct Payment managers also noted instances where individuals with deteriorating health needs are refusing to access NHS continuing healthcare because of fear of losing the flexibility of Direct Payments and the wellbeing improvements it brings. Direct Payment managers and some providers also raised concerns that NHS colleagues are still not fully on board with service users 'driving' decision making and maximising the opportunity to promote independence, voice and control.

Direct Payments are helping people live independently and improving their wellbeing, but it is difficult to assess overall value for money because of limitations in data and evaluation

03

3.1 In this final part of the report, we consider the impact of Direct Payments. We summarise spending on Direct Payments in Wales and highlight the variations between local authorities. Finally, we consider whether the current approaches to monitor and evaluate Direct Payments to ensure they provide value for money are effective.

Local authorities who are delivering positive outcomes for people using Direct Payments

Evidencing that people's wellbeing is maintained or improving as a result of Direct Payments

Have a comprehensive system for monitoring and evaluating all aspects of Direct Payments

Involve and value input from all stakeholders/partners in evaluating the impact of services

Compare and benchmark individual and collective performance with others and use the findings of evaluation to shape current plans and future approaches

Know what works and whether the approach of the authority is delivering the aspirations of the Act

Direct Payments are seen as making an important contribution to recipients' wellbeing and independence

3.2 Overall, the people we surveyed who receive Direct Payments provided positive feedback on the impact of Direct Payments. 91% of respondents to our survey stated that Direct Payments have had a positive impact on their independence and wellbeing. In addition, 85% stated that Direct Payments were definitely the right option for them. The majority of care and support providers who responded to our survey (87%) also agreed that Direct Payments are helping to support people's independence and maintain their wellbeing.

3.3 Some people we surveyed identified the critical role of Direct Payments in helping them remain independent. One Direct Payment recipient noted that: 'I get support to do everything I want to do and achieve' whilst another stated that: 'It's allowed me to do lots of new things and go out and enjoy and meet new people.' Another noted that: 'It (Direct Payments) gives choices and independence which have been very positive' and another that: 'the Direct Payments have enabled me to remain living in my own home'. Finally, one recipient stated that: 'I really like Direct Payments and how it lets me live as independently as I can.' And another person we surveyed noted that: 'Direct Payments allows me to have control and more importantly to have the care I need to be able to get the most out of life.' These comments were echoed by many others who responded to our survey.

It is difficult to assess the overall value for money of Direct Payments because systems for managing and evaluating performance are inadequate

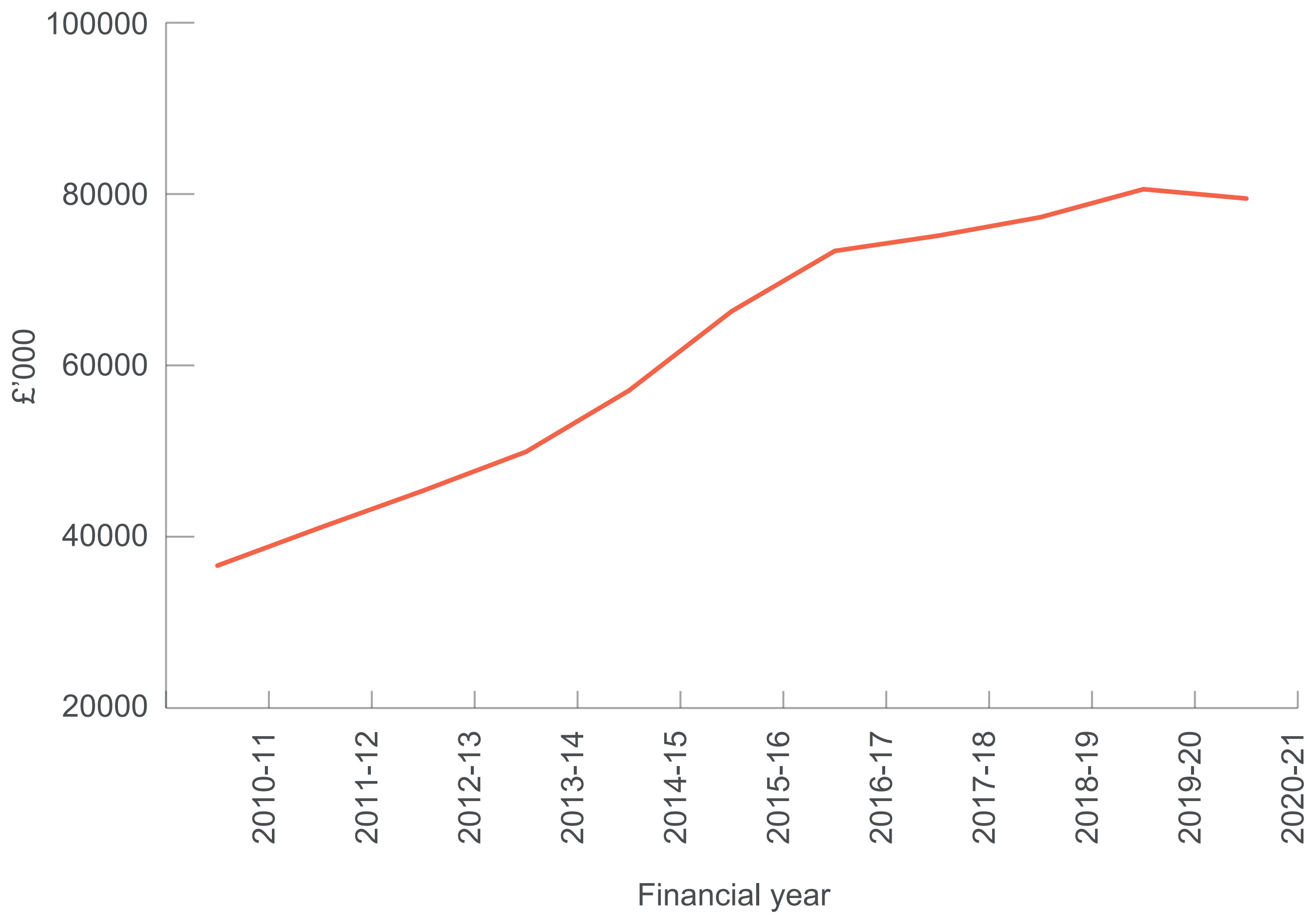
3.4 Despite the high value placed on Direct Payments by service users and carers, there is only a small range of national publicly reported indicators to judge performance. These simply cover the numbers receiving Direct Payments by need group (physical disabilities, learning disabilities, mental health and older people) and the amount spent on Direct Payments by local authority. The performance measures were revised following the implementation of the Social Services and Well-being (Wales) Act in 2014, and information has only been collated for three financial years: 2016-17, 2017-18 and 2018-19. Following the Welsh Government's decision to suspend data collection in response to the pandemic in 2020, no data on services other than expenditure has been collected and reported nationally.

Spending on Direct Payments has more than doubled in the last decade, but marginally fell in 2020-21. The average amount paid out per recipient varies widely

3.5 The amount of money spent on Direct Payments is growing and in real terms, considering inflation, has increased from £36.6 million in 2010-11 to £79.5 million in 2020-21 – **Exhibit 6**.

Exhibit 6: total spending on Direct Payments for adults by local authorities in real terms between 2010-11 and 2020-21

Local authorities' spending on Direct Payments increased by 117% in the period but marginally fell in 2020-21.

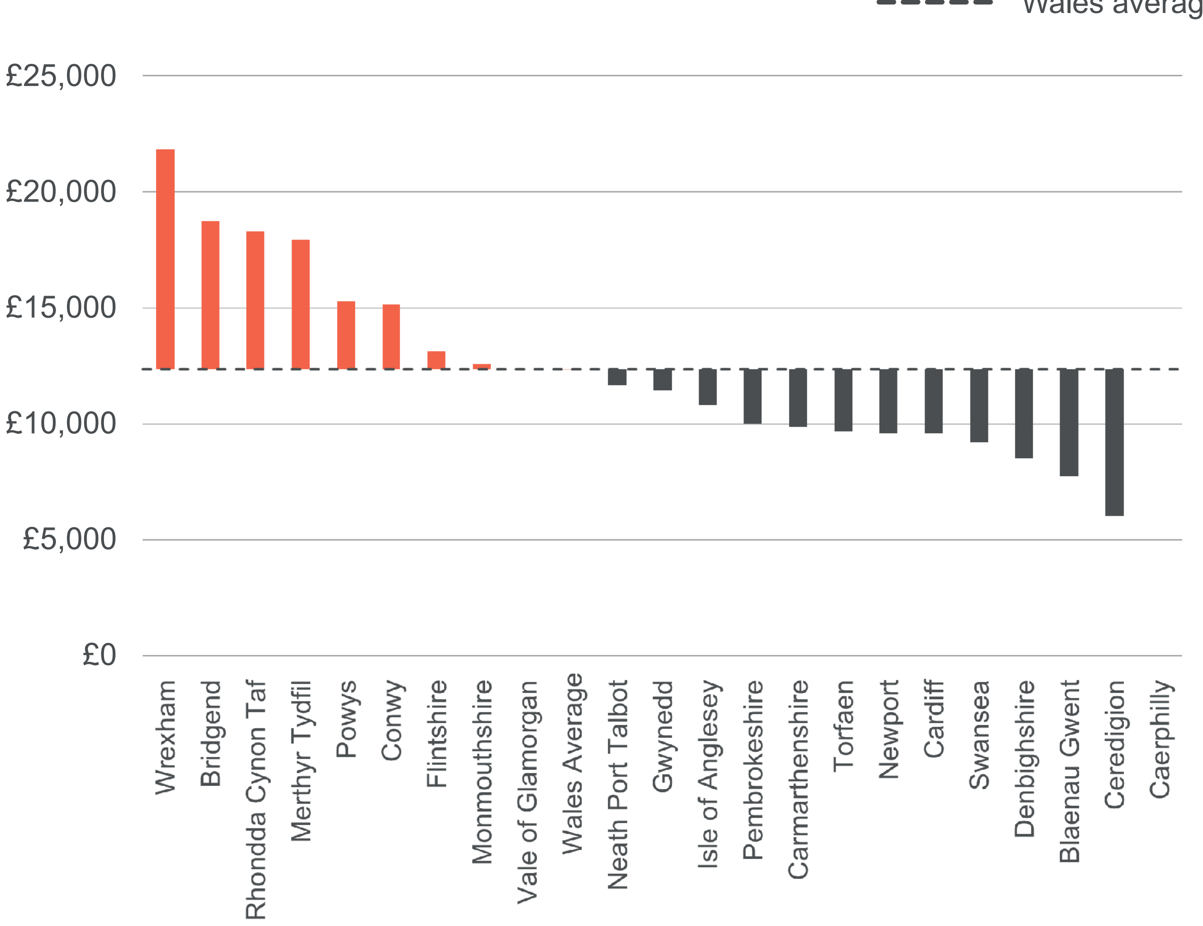


Source: StatsWales, LGFS0015: Social services revenue outturn expenditure subjective analysis by authority. Analysis by Audit Wales

3.6 While each local authority is responsible for the format of care and support plans, they are required to be consistent across the country using the national eligibility criteria[15]. Our analysis in **Exhibit 7** shows that local authorities are paying out widely varying average amounts. Excluding Caerphilly, the average Direct Payment across Wales in 2018-19 in real terms was £12,344. This ranged from £6,033 per person in Ceredigion to £21,836, 3.6 times more, in Wrexham.

Exhibit 7: average Direct Payment per recipient by local authority in 2018-19 in real terms

The average amount people receive in Direct Payments varies widely across Wales.



Note: Caerphilly was unable to provide data on the number of recipients for 2018-19, due to technical issues with their ICT systems.

Source: StatsWales, LGFS0015: Social services revenue outturn expenditure subjective analysis by authority and CARE0118: Adults receiving services by local authority and age group. Analysis by Audit Wales

15 The eligibility criteria are set out in the Care and Support (Eligibility) (Wales) Regulations 2015 and the Welsh Government's Social Services and Well-being (Wales) Act 2014: Part 4 Code of Practice (Meeting Needs), 2015. Paragraph 39 of the Code of Practice notes that while people have a right to care and support from a local authority where that care and support are not otherwise available to them, the 'pattern of service delivery will vary from authority to authority'.

3.7 Taking this information with the findings set out in **Part 2** of this report, we conclude that the policy choices and decisions of local authorities are resulting in people with similar needs receiving very different standards of service. Given the significant variation in approaches, the Welsh Government needs to set clear standards to ensure consistency for service users.

Systems for managing and evaluating performance are inadequate

3.8 Local authorities are mostly focussing their performance management and evaluation on the numbers receiving services and the amount of money spent and not enough on impact, wellbeing and the wider benefits of investment. We found that only a fifth of Direct Payment managers believe that their local authority has robust measures in place and are able to judge quality, cost and outcomes of Direct Payments on individuals and for the local authority.

3.9 Through our engagement with Direct Payments lead officers across Wales, we found that most local authorities have some measures in place and evaluate some aspects of Direct Payments, but acknowledge it is not comprehensive and there are gaps. For instance, only:

- a a third capture information that helps to identify what is not working and what needs to change;
- b a quarter capture and use information in real time;
- c less than a fifth monitor how Direct Payments contribute to delivery of Corporate Priorities – for example, wellbeing goals, improvement objectives and service priorities; and
- d less than a fifth capture positive and negative experiences from people who receive Direct Payments and know what it is like to receive them.

3.10 These weaknesses mean that it is not possible to fully evaluate and understand the performance or effectiveness of individual local authorities, or the efficiency and impact of Direct Payments. This makes it difficult to judge how well local authorities are performing and whether Direct Payments represent value for money in their own right or in comparison with other forms of social care.

Appendices

1. Audit methods and approach
2. Determining eligibility for social care and support
3. Adults receiving social care services organised by local authority in 2018-19
4. Personal Assistant hourly pay rates by local authority

1 Audit methods and approach

Approach

We focused on local authorities' management and delivery of Direct Payments. The work follows on from our September 2019 report on The 'Front Door' to Adult Social Care, which focussed on the impact of the Social Services and Well-being (Wales) Act 2014 and the prioritisation of preventative services to help reduce demand for social care services.

Our review assessed how Direct Payments are helping people to live independently and enable them to have more voice, choice and control. We looked at how Direct Payments help sustain their wellbeing and whether they are improving people's quality of life. We looked at how local authorities manage and encourage take up of Direct Payments and judge whether these services present value for money.

We established a study reference group and held project meetings with Care Inspectorate Wales, Carers Wales, the Older People's Commissioner, Age Cymru, the Welsh Government, and a small number of service users. The reference group helped to shape the focus of this review and provided challenge at our evidence review stage.

We managed delivery of the review to take account of the challenges facing social services in Wales in dealing with the pandemic. We ensured the scope and coverage of our fieldwork did not detract from local authority responsibilities towards service users and flexed our approach in discussion with individual local authorities when agreeing and delivering fieldwork.

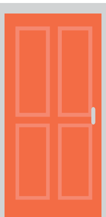
Methods

We completed our work between September 2020 and February 2022 and used a range of methods to inform our overall findings, conclusions and recommendations:

- **document review** – we reviewed Welsh Government, Association of Directors of Social Services Cymru and Social Care Wales documentation, guidance and announcements; local authority policy documentation and cabinet and committee papers; a range of materials on approaches for management of Direct Payments in England; and reports and information published by research bodies including the Joseph Rowntree Foundation, the Kings Fund and Think Local Act Personal.

- **focus groups** – we held:
  - three on-line focus groups with members of the All-Wales Direct Payments Forum made up of officers from each of the 22 Welsh local authorities with management responsibility for Direct Payments. In each of the focus groups, attendees completed a survey and we held facilitated discussions.
  - Carers Wales focus groups with Direct Payments service users and their carers.
- **local authority interviews** – we interviewed staff from Bridgend, Caerphilly, Cardiff, Flintshire, Gwynedd, Newport, Powys, Torfaen and Wrexham councils with responsibility for direct payments.
- **interviews with national bodies** – ADSS Cymru, the Welsh Local Government Association, British Association of Social Workers Cymru, Social Care Wales, Disability Wales, UK Home Care Association, Care Forum Wales, Wales Co-op Centre, the Equalities and Human Rights Commission Cymru, Wales School of Social Care Research, the Welsh Government, British Deaf Association and Think Local Act Personal.
- **surveys** – we undertook two surveys:
  - a commissioned telephone survey of service users and carers receiving Direct Payments. A total of 1,028 people from a database of 4,650 valid contacts were surveyed, with 71% completed via telephone and the remainder submitting online survey forms. Of this figure 5% surveyed are carers. All contacts were provided by local authorities using secure data transfer. The survey was conducted between 4 August and 24 September 2021, with 5% of responses completed in Welsh. Given our survey covers both service users and carers who receive Direct Payments, we report information at three levels. Where we say Direct Payment recipients, we mean both service users and carers; and where we specifically reference either 'service users' or 'carers' means the findings of the survey are specific to these distinct groups of people; and
  - a survey of individuals and agencies paid via Direct Payments to provide care and support to adults in need. The online open survey was completed between 11 June 2021 and 18 August 2021. We received a total of 166 responses, and these came from all 22 local authority areas, with 3% of responses completed in Welsh.
- **data analysis** – we analysed data published by StatsWales on Direct Payments expenditure, the number of adults receiving services and their needs. We also analysed data published by NHS Digital Services in England.

2 Determining eligibility for social care and support



Widely known as **the Information, Advice and Assistance service**, this is the front door to adult social care and is the first point of contact for most individuals looking for help.

At the first point of contact, individuals will be offered information, advice and assistance to help them make informed decisions about their wellbeing.

From here, local authorities will often signpost individuals to preventative or community-based services. If a person's needs cannot be met in that way, they will be directed to a professional social worker to discuss their needs in more detail.

Often referred to as the 'What Matters conversation', the assessment of needs undertaken with a social worker is a targeted conversation to gather more information about a person's strengths and needs, to identify the best solutions for them.

If a person's needs cannot be met without local authority support, a care and support plan is co-produced to set out how those needs will be met through the provision of services. This is often referred to as having 'eligible needs'.

These services can be arranged directly by the local authority or, alternatively, funded through Direct Payments – a monetary amount that can be used to purchase and arrange a person's own care and support.

Source: Audit Wales

3 Adults receiving social care services organised by local authority in 2018-19

Exhibit 8: adults receiving social care services organised by local authority in 2018-19

Local authority	Total number of adults receiving social services	Number of adults in receipt of Direct Payments	Direct Payments as % of adults receiving services
Blaenau Gwent	3,826	149	3.9%
Bridgend	7,059	232	3.3%
Caerphilly	No data submitted due to technical issues with ICT systems		
Cardiff	15,331	787	5.1%
Carmarthenshire	7,658	538	7.0%
Ceredigion	2,595	336	12.9%
Conwy	7,060	239	3.4%
Denbighshire	2,872	177	6.2%
Flintshire	8,041	437	5.4%
Gwynedd	8,774	137	1.6%
Isle of Anglesey	3,382	139	4.1%
Merthyr Tydfil	2,696	102	3.8%
Monmouthshire	4,449	131	2.9%
Neath Port Talbot	3,371	433	12.8%
Newport	4,462	94	2.1%
Pembrokeshire	4,398	331	7.5%
Powys	5,827	504	8.6%
Rhondda Cynon Taf	7,094	306	4.3%
Swansea	8,932	517	5.8%
Torfaen	3,241	130	4.0%
Vale of Glamorgan	5,533	271	4.9%
Wrexham	8,814	272	3.1%
Wales	**125,415**	**6,262**	**5.0%**

Source: StatsWales, CARE0118: Adults receiving services by local authority and age group

Following the Welsh Government's decision to suspend data collection in response to the pandemic in 2020, no data on services other than expenditure has been reported nationally since 2018-19.

4 Personal Assistant hourly pay rates by local authority

The rates in the Vale of Glamorgan, Torfaen and Blaenau Gwent local authorities vary to take account of weekend, evening and unsocial hours working.

Exhibit 9: personal assistant hourly pay rates by local authority

Local authority	Personal Assistants rate (per hour)
Merthyr	£12.94
Wrexham	£12.67
Swansea	£12.66
Flintshire	£12.63
Gwynedd	£12.62
Pembrokeshire	£12.40
Denbighshire	£12.33
Carmarthenshire	£12.20
Vale of Glamorgan	£11.24 - £12.18
Rhondda Cynon Taf	£12.15
Bridgend	£12.00
Torfaen	£8.72 - £11.85
Conwy	£11.75
Ynys Môn	£11.65
Powys	£11.41
Cardiff	£11.36
Monmouthshire	£11.04
Ceredigion	£11.00
Neath Port Talbot	£10.50
Blaenau Gwent	£8.72 - £10.00
Newport	£9.50
Caerphilly	£9.47

Source: Swansea Council, Corporate Management Team report, January 2021

Audit Wales

24 Cathedral Road

Cardiff

CF11 9LJ

Tel: 029 2032 0500

Fax: 029 2032 0600

Textphone: 029 2032 0660

We welcome telephone calls in Welsh and English.

E-mail: info@audit.wales

Website: www.audit.wales

Cyfarwyddwr Cyffredinol Iechyd a Gwasanaethau Cymdeithasol/
Prif Weithredwr GIG Cymru
Grŵp **Iechyd a Gwasanaethau Cymdeithasol**

Director General Health and Social Services/
NHS Wales Chief Executive
Health and Social Services Group

Mr Adrian Crompton
Auditor General for Wales
Audit Wales
24 Cathedral Road
Cardiff
CF11 9LJ

Our Ref: JP/DC

27 April 2022

Dear Mr Crompton

Welsh Government Response to the Report of the Auditor General for Wales "*Direct Payments for Adult Social Care*"

I am writing on behalf of the Welsh Government to thank you for your recent report "*Direct Payments for Adult Social Care*"[1]. I would also like to thank you and your team again for the engagement you have undertaken throughout the period of this work.

The Welsh Government welcomes the findings of the Report of the Auditor General for Wales and offer the following response to the four recommendations contained within it.

Recommendation *7 - To ensure services are provided equitably and fairly we recommend that local authorities and the Welsh Government:*

Clarify policy expectations in plain accessible language and set out:

- *what Direct Payments can pay for;*
- *how application and assessment processes, timescales and review processes work;*
- *how monitoring individual payments and the paperwork required to verify payments will work;*
- *how unused monies are to be treated and whether they can be banked; and*
- *how to administer and manage pooled budgets.*

Public information should be reviewed regularly (at least every two years) to ensure they are working effectively and remain relevant.

[1] https://www.audit.wales/sites/default/files/2022-04/Direct-payments-Eng.pdf

Accept – The Welsh Government accepts this recommendation and will work with local authorities to improve clarity and understanding.

Through the Part 4 Code of Practice (Meeting Needs), we have set out a clear statutory framework of rights and responsibilities to enable people to receive and manage their direct payments.

Direct payments can be provided to meet any assessed, eligible need for care and support a local authority is required to meet. Direct payments must be made available in all cases where they enable personal outcomes to be achieved.

It is important to emphasise that a local authority must be satisfied that the person's requirements and their personal outcomes can and will be met through this provision. That is because as with any other arrangements to meet assessed, eligible needs the local authority are still required to meet with people to formally review people are achieving the outcomes they have identified as personal to them.

Through the Code of Practice, we provided clear protections specifying that local authorities must ensure the value of a direct payment made is equivalent to its estimate of the reasonable cost of securing the care and support required. The value must be sufficient to enable the people to secure the care and support required to a standard the local authority considers reasonable.

The Code reinforces that a person's needs can fluctuate and that arrangements for payment and repayment, where relevant, reflect those needs and the importance of ensuring all parties have a clear understanding of how this will be managed.

Direct payments specifically support people to establish arrangements that are bespoke to them. Direct payments by their very nature promote and enable variation in how outcomes can be achieved and the resources required to achieve those outcomes. Direct payments empower person-centred and person-directed care and support which recognises that different people have different needs and require different levels of care and support as do those receiving care and support commissioned or managed by their local authority

Exhibit 1 of the Auditor General's Report provides a very useful illustration of the characteristics of a local authority that effectively encourages, manages and supports people to use direct payments. The Report also includes a number of recommendations for local authorities to improve the provision of the information to people as well as through the workforce. Taken together, we intend to explore how we can collectively reinforce rights and entitlements to improve the consistency of approach and offer around direct payments that ensures equity without diluting individual voice and control.

Recommendation 8 - *Ensure that people who receive both NHS continuing healthcare and Direct Payments have greater voice, choice and control in decision making.*

Accept – The Welsh Government accepts this recommendation. We have committed through our Programme for Government to improve the interface between Continuing NHS Healthcare (CHC) and direct payments.

We continue to work with stakeholders, including disabled people and people with lived experience, to co-produce additional guidance to support voice and control for people receiving CHC.

To support and enable improved experiences and outcomes, we have published the revised *Continuing NHS Healthcare (CHC) Framework 2021*[2] together with a revised *Decision Support Tool (DST) 2021*[3], which supports CHC assessment. These became operational from 1 April 2022 and include interim measures to improve the interface between CHC and direct payments through the use of Independent User Trusts (IUTs) and adopting existing personnel previously employed via direct payments are examples of interim options, other options may well also be considered.

Alongside this we have committed to develop additional guidance to support such interim measures, to publish a public information booklet and to work with stakeholders to review the performance framework for CHC. For the longer-term, we are exploring potential legislative options with stakeholders that could enable direct payments under CHC.

Recommendations 9 and 10 *- To effectively manage performance and be able to judge the impact and value for money of Direct Payments, we recommend that local authorities and the Welsh Government:*

R9 - Work together to establish a system to fully evaluate Direct Payments that captures all elements of the process – information, promotion, assessing, managing and evaluating impact on wellbeing and independence.

R10 - Annually publish performance information for all elements of Direct Payments to enable a whole system view of delivery and impact to support improvement

Accept. The Welsh Government accepts this Recommendation.

The use and impact of direct payments form part of the formal impact evaluation we have commissioned of the Social Services and Well-being (Wales) Act 2014[4].

The findings from the "*Expectations and Experiences, Service User and Carer Perspectives on the Social Services and Well-being (Wales) Act 2014*" report published in March 2022[5] stated that:-

> "*there were a range of contrasting, and somewhat contradictory views expressed, providing little consensus on the role and impact of Direct Payments*".

The final report from the Evaluation is due in the Autumn of 2022 and will include further evaluation and recommendations in relation to direct payments.

---

[2] https://gov.wales/national-framework-continuing-nhs-healthcare

https://llyw.cymru/fframwaith-cenedlaethol-ar-gyfer-gofal-iechyd-parhaus-y-gig

[3] https://gov.wales/continuing-nhs-healthcare-decision-support-tool-dst-practitioners

https://llyw.cymru/gofal-iechyd-parhaus-y-gig-adnodd-cymorth-penderfynu-acp-ddefnydd-ymarferwyr

[4] https://gov.wales/evaluation-social-services-and-well-being-wales-act-2014

[5] https://gov.wales/sites/default/files/statistics-and-research/2022-03/expectations-and-experiences-service-user-and-carer-perspectives-on-the-social-services-and-well-being-wales-act.pdf

Welsh Government is conscious of the opportunities to improve data about direct payments, but also data relating to adult social services. We will continue to lead and direct work with our partners across social care and health including Local Government, Social Care Wales and Digital Health and Care Wales to develop and use a range of evidence to enable and inform improvements and outcomes.

The Performance and Improvement Framework activity and performance data is a new data collection, with the first output published in December 2021[6]. This data includes items for the number of people receiving direct payments and the number and timeliness of reviews for those on direct payments. This data will be collected annually and can be broken down by local authority area.

The evidence from the Auditor General's work will inform the development of our up-coming Adult Receiving Care and Support Census which will sit alongside the similar Census about children already in place. This will provide detailed data on the individuals known to local authority social services, including the services they are providing and if the individual is in receipt of direct payments. The first output from this annual collection is expected to be published in 2024/25.

Alongside this, the National Outcomes Framework shows the range of population indicators for those receiving care and support from local authorities. As the data for adult social care develops, we intend to refine and improve the reporting for the National Outcomes Framework, with the intention of providing more detailed and granular outputs.

I hope that you find this helpful and look forward to continuing to work with you and your teams.

Copies of this letter have been sent to the Chair of the Senedd Public Affairs and Public Administration Committee, the President of the Association of Directors of Social Services Cymru, the Chair of the All-Wales Direct Payments Forum and the Cabinet mailbox.

Yours sincerely

Judith Paget

Judith Paget CBE

---

[6] https://statswales.gov.wales/Catalogue/Health-and-Social-Care/Social-Services/social-services-performance-and-improvement-framework

Bloc 5, Llys Carlton, Parc Busnes Llanelwy, Llanelwy, LL17 0JG

Block 5, Carlton Court, St Asaph Business Park, St Asaph, LL17 0JG

Mr Mark Isherwood MS
Committee Chair
Public Accounts and Public Administration Committee

Sent via email to
SeneddPAPA@senedd.wales

Ein cyf / Our ref: JW/GL/DL/CE21-2876/3086
Eich cyf / Your ref:
☎: 01745 448788 ext 6364
Gofynnwch am / Ask for: Dawn Lees
E-bost / Email: Dawn.Lees@wales.nhs.uk
Dyddiad / Date: 29th April 2022

Dear Mark

RE: Betsi Cadwaladr University Health Board

Thank you for your letter of 31st March 2022, seeking clarity regarding some of the responses given during the evidence session on 9th March.

Your letter makes a number of general observations as well asking for more specific responses and detail. We will respond to the general observations first and then move to the more specific topics.

Under the heading of service transformation and change you make a number of observations regarding the Committee's perception of a lack of a clear plan, sense of urgency and ownership of the problems facing the Health Board. In both our written evidence submission and the session on 9th March we stressed the commitment of the Board to deliver the improvements in services that the population of North Wales rightly expect and deserve. We re-iterate that commitment now.

In the period since our evidence session, the Board has approved its IMTP which sets out priorities for the coming three years, with detailed plans laid out for 2022/23. This is a significant step in our development and the IMTP will guide the Board's actions over the coming year, with clear actions identified and associated timescales for delivery. Supported by our programme of improvement and transformation, which is adopting an international evidence based methodology, this will form the basis of our approach to delivering continuous improvement across a wide range of services. Early priorities include aspects of planned care, where models such as Getting it Right First Time (GIRFT) are being utilised to transform pathways in particular specialties e.g. orthopaedics, urology and ophthalmology. In unscheduled care the immediate focus is on improving discharge pathways which will reduce delays. We have engaged support from outside of the Health Board through Improvement Cymru and the Delivery Unit of Welsh Government to assist us in optimising the impact of this work.

Addressing the challenges faced by the Health Board is a significant endeavour and one which we are progressing through the Targeted Intervention Framework agreed with Welsh Government. This demands a thorough and structured approach to organisational development and change across the four domains. This is, by design, a development journey which would not adequately be supported by the development of a single action plan. Previous experience has taught us that high level plans will not address the underlying issues sufficiently to secure demonstrable, sustainable change. Within the various aspects of the Targeted Intervention Framework we have clear programmes of work to achieve and these are tracked using the methodology we outlined in our written evidence. This tracked evidence is made public as part of the self-assessment process and we shall publish the latest position on this in our May Board papers, as part of the next milestone assessment.

With regard to your observations in relation to executive leadership, we can assure you that there is no lack of ownership of the challenges faced and the improvements required. Executive Directors are personally leading the response to each aspect of Targeted Intervention and are accountable to the Board for progress. We have also identified Independent Members to work alongside Executive Directors, bringing their particular experience and insight to this work. The Executive Director lead and link Independent Member for each of the domains are:

Domain	Executive Lead	Independent Member
Mental Health	Teresa Owen	Cllr Cheryl Carlisle
Strategy, Planning and Performance	Chris Stockport	Prof. Nicky Callow
Leadership	Sue Green	Linda Tomos
Engagement	Helen Stevens-Jones	Jacqui Hughes

Accountability for demonstrating improvement is real and is evident in the Board's challenging appraisal of progress and the requirement for clear evidence to support the assessment of progress. The multiple references made in our evidence session to the achievements and actions of staff throughout the organisation were intended to emphasise that this is not just an activity at Board level. Strong executive leadership is required, but real change at service level will only be delivered by teams across the organisation embracing our commitment to continuous growth and improvement.

The Targeted Intervention Framework is, by design, a self-assessment process. This focus on self-assessment reflects the need for the Board to develop the capacity and capability to oversee its own improvement journey and evidence its impact. We have engaged external support to give an impartial view of our evidence gathering and progress assessment. This will provide helpful feedback to the Board in May. Whilst the initial work is self-assessment, we should not lose sight of the overview from Welsh Government and the tri-partite meeting. This forum seeks to triangulate the Board's assessment and to satisfy itself that the progress reported is a fair reflection of what other indicators in the system are signalling. To date, there has been no feedback to the Board

to suggest that its self-assessment is not a reasonable and fair reflection of progress made.

In your letter you raise the issue of the geographic spread of the Health Board and whether we consider this to have contributed to "failures" identified in the Health Board. We believe this question has been posed previously and responses have been given on a number of occasions. From the Health Board's perspective there are both challenges and opportunities which arise from its size. Maintaining services in wide geographic areas can be a challenge, however we have clear examples of success in North Wales and are seeking to learn from other health systems to adopt new ways of working which can further enhance our delivery. More positively, having a large organisation makes the delivery of some services easier, such as specialised cancer, cardiac and neonatal services, with the scale of the organisation offering the opportunity to deliver more specialist work in an effective manner. The current configuration of the Health Board therefore offers the opportunity to lever the benefits of scale whilst also working locally with our statutory and third sector partners to shape services to fit with the diverse communities of North Wales. We have no specific evidence to support the proposition that the challenges we face are driven by the size of the Health Board and our view remains that effective service transformation and delivery can be achieved within the current structure.

Our new Operating Model is designed to support the transformation of health and care across North Wales. It is one part of a larger comprehensive organisational development programme driven and informed by our extensive engagement programme, Mewn Undod Mewn Nerth/Stronger Together. This commenced in summer 2021 and we heard from almost 2,000 staff members throughout the organisation through a series of one to one, small and larger group conversations, surveys and interactive sessions. This feedback was supplemented and triangulated with a full review of both external and internal reports such as HASCAS/Ockenden, Holden, Health Inspectorate Wales Reviews, Welsh Audit Office reviews etc. The aim of the Operating Model is to create an organisational context which supports improvement and addresses the barriers and challenges identified in previous reports.

The Operating Model specifically has been through 4 rounds of engagement, with the first setting out a range of options as well as providing an opportunity for alternative options to be put forward. This engagement involved leaders from across the organisation, with specific involvement of clinical leaders and staff at all levels across the organisation. The final proposed Operating Model was based on feedback received across three of the four cycles of engagement from September 2021 to December 2021, with many amendments made to reflect the valuable suggestions made by colleagues. This was then finally tested in January 2022 as an overarching structure.

Re-alignment of executive portfolios and the creation of the new roles of Integrated Health Community Directors, which are key in the new structure, were approved by the Health Board in February 2022. In the meeting you referred to in March 2022, the Board received a proposal regarding the transition from the current structure to the new Operating Model.

This was quite rightly challenged by the Board, exercising appropriate governance and due diligence to ensure that the Model could be implemented with minimal risk. Issues such as governance, communication and risk management were rightly explored, with further work agreed which will strengthen the proposals and aid successful delivery.

Development work continues to support effective implementation and we are working towards a go live date of July 1st for the Operating Model. We will present our assessment of readiness to the Board at its public meeting in May. The work we have done collectively as a Board is enhancing the robustness of our plans and will lead to a smooth transition. We are clear on the actions needed between now and the Health Board meeting in May, at which we anticipate approving the full implementation of the Operating Model with effect from July 2022.

Responses to your specific service observations are set out below:

Mental health services

Service Priorities – our IMTP sets out our priorities for 2022/23 in some detail. For mental health services there are a range of improvements to be delivered, including in the following areas:

- CAMHS transition to adult services
- Early intervention in psychosis
- Eating disorders
- Older persons crisis care
- Perinatal mental health
- Psychiatric liaison services
- ICAN services in primary care
- Neurodevelopmental services

Our plan sets out the detail of the expected improvements in these areas and the timeframe for their implementation (see Appendix 2 of the IMTP).

In support of this we have a number of ongoing workstream priorities across mental health services. These form part of our continuing programme of improvement which will underpin progress against the Targeted Intervention Framework. This includes work on governance, engagement, embedding learning, structural change and organisational development.

We are particularly conscious of the potential impact of the very public and challenging agenda we face in mental health services upon our staff. We have implemented a Wellness, Work and Us programme, which was informed by feedback from staff. This includes actions such as raising awareness of wellbeing opportunities, supporting a healthier work / life balance, supporting staff when incidents occur, access to counselling

and emotional support, supporting personal development reviews and enhancing the quality of leadership.
Viewed alongside the commitments set out in the IMTP this provides a comprehensive programme of improvement work over the coming year.

Lower Level Ligatures – in response to the risks identified regarding low level ligatures we put in place a detailed action plan to address the risks associated with low level ligatures. This had 28 specific actions, all of which have been completed. These included areas such as:

- Learning events for staff on topics such as the Therapeutic Engagement and Observation Policy
- Training in risk assessment in specific areas, such as profiling beds
- Ligature risk reduction audits in each ward and building
- Monthly risk register review meetings to track progress
- Replacement of furniture and equipment to meet the lower ligature risk specification.

As part of our quality assurance process there will be a comprehensive re-audit of all facilities to ensure that improvements are maintained. This will be completed by the end of June 2022.

Our work identified a specific risk associated with the design of windows in both the Ablett and Heddfan Units. This has required a programme of capital works to replace the windows. The programme will be completed by the end of September.

Mixed cohorting – in our verbal evidence the Director of Public Health referred to a potential 4 phase programme to achieve both the phasing out of mixed cohorting in the Hergest Unit and the move to provision in a purpose designed facility.

For clarity, the first phase of this programme delivered the cessation of mixed cohorting as part of our core service provision at Hergest. This was achieved on 21st February 2022 and that position is being maintained, however exceptional circumstances may on occasion dictate limited use of this approach on a risk assessed basis. As a consequence of this change a small number of patients from the West are having to access inpatient care in Bodelwyddan or Wrexham. Phase 2 involves estates work at Ysbyty Cefni to allow this care to once again be delivered in the West. We expect this work to be commence in July 2022 and take approximately 3 months to complete. This will re-establish the provision of services in the West, with no reliance on mixed cohorting.

Phase 3 offers the potential to adapt accommodation in the existing Hergest Unit, with Phase 4 referring to the redevelopment of the Unit.

Ward Accreditation – the ward accreditation programme runs across all wards in the Health Board, including mental health and learning disabilities. It is managed by a central

team, under the leadership of the Executive Director of Nursing, to ensure consistency of professional standards across the Health Board.

The accreditation framework assesses wards in the following domains:

- Ward leadership
- Communication with the multi-disciplinary team
- Patient communication
- Healing environment
- Nursing care and processes
- Nursing record keeping

Assessments are undertaken by the central team and are unannounced. The achievement of a particular level e.g. bronze, silver or gold requires the ward to achieve that assessment across all domains. If any element is below that standard then a lower award is allocated. The two wards which were assessed as white each had one domain where they did not meet the bronze standard, with the other 5 domains assessed as bronze. A support package is in place to drive improvement with an associated action plan for each ward. Re-assessment is expected in quarter 1 2022/23 and the wards are expected to achieve the bronze level at that time.

Hergest Unit

As noted in the evidence session there are considerable concerns regarding the fitness for purpose of the Hergest Unit, which indicate a need to consider options to deliver a re-provision of this facility. These issues are being considered within the Health Board to identify potential strategic options which can then be discussed with colleagues in Welsh Government. This engagement with Government is a key part of the capital planning process and the Health Board cannot pursue this matter without support.

As previously indicated, the pressures on NHS capital are considerable. Across the NHS in Wales alternative sources of capital funding are being explored, in partnership with Welsh Government. The potential for alternative funding depends upon the nature of the scheme being considered and therefore any potential alternative financing routes will be the subject of discussion with Government as scheme proposals are developed.

It is worth noting that the Health Board is currently seeking approval for funding to redevelop the Ablett Unit in Bodelwyddan, with an estimated cost of £67m. We have signalled the need for consideration of capital investment for the Hergest Unit as part of our 10 year capital investment outlook submission to Welsh Government, with an indicative value of £75m.

Vascular Services

The Health Board has developed an extensive plan to address the deficiencies identified within the Royal College of Surgeons report. This was presented to the Board in public session on 15th February 2022. The Minister has set a clear expectation of improvement within a 3 month period and has sought monthly updates on progress from the Chairman of the Board. Two such updates have been submitted to date, on 7th March and 6th April. Copies of those updates are enclosed for the Committee's information along with the action plan for improvement. Further updates will be shared as they are submitted to the Minister.

These updates highlight the key actions which have been taken to enhance safety and quality, including additional "make safe" measures which were put in place on 11th March and will now remain until 23rd May. Significant external support has been secured and recruitment to key clinical leadership roles continues. The delivery of actions within this plan is being led by the Executive Medical Director with close oversight from the Chairman and Vice Chair of the Board.

Financial Management

In June 2019 the Health Board's underlying deficit was subject to external review by PWC who quantified this as £56m. This was recognised by Welsh Government and is currently supported by £40m of strategic assistance funding, agreed over 4 years and ending in 2023/24. The Health Board recognises the magnitude of the challenge in eliminating this deficit and has prioritised within its IMTP stabilising the financial position, whilst improving the services we provide to the population of North Wales.

There is no quick fix for such a significant financial deficit but the Board fully understands the size of the challenge. This can only be addressed by a longer term financial package which will reduce in value as the key programmes described in the IMTP start to deliver a more sustainable provision of clinical services in North Wales. This will be delivered through the impact of a number of integrated strategies, which will be enabled by an ambitious transformation programme:

1. Quality strategy
2. Clinical strategy
3. Workforce strategy
4. Digital strategy
5. Financial strategy

Improved resource effectiveness and outcomes will be driven through the transformation programme, with the key workstreams being:

1. Planned care
2. Unscheduled care
3. MHLD

4. Covid recovery
5. Patient experience

The Health Board has reviewed the existing opportunities to deliver care more effectively and efficiently, as identified by both Deloittes (2014 – 2017) and PWC (2019), recognising the revised healthcare practices now evident as a result of the learning from COVID-19. A challenging savings programme of £35m per annum has been set over the life of the IMTP (£105m in total). This will be targeted to begin to reduce the underlying deficit, however due to the unpredictability of the current economic situation there will understandably be significant risk around both pay and non-pay inflation which could offset the planned gains.

In the written evidence previously submitted to the Committee we highlighted the areas where we believed opportunities to make savings exist. These opportunities were drawn from benchmarking and other comparative data which show a range from £70m to £114m:

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

During the last year we have brought together, and enhanced, a number of functions related to service improvement and redesign to create a single transformation and improvement unit. This will enable us to place greater priority upon transformation, delivering continuous improvement across the whole organisation in a consistent, evidence-based way. Key priorities that the team will lead and support during the coming year include developing the BCU Pathway resource, Golden Metrics based upon PROMS and PREMS, the atlas of variation approach, and the embedding of 'Lean' principles into our delivery of continuous improvement.. This will drive improved outcomes for patients whilst also enhancing the effective use of resources and delivery of savings.

We are currently working across the Health Board and with Welsh Government colleagues to further define those key opportunities (particularly around planned care recovery after COVID-19) which will enable the Board to deliver better quality care, closer to home for our population.

Discussions are ongoing with Welsh Government regarding the next stage in the plan towards financial sustainability and we believe that financial support will continue to be required for a further multi year period to deliver a balanced, sustainable financial position

Regional Treatment Centres (RTCs)

Work to develop the proposal for Regional treatment Centres in North Wales continues at pace, with support from the Welsh Government. We have just reached a critical milestone in identifying the architects and professional advisers who will work with our clinical teams to finalise the design of the facilities and model their impact upon services. Recommendations are currently subject to Board and Ministerial approval.
Once approval is received work will commence on Phase 1, which is the detailed design. This Phase will then enable the full tendering for the provision of the RTCs. Our current estimate of the delivery timeline is as follows:

- Phase 1 – develop the conceptual design with costs to RIBA 2 stage; to be completed by Q3 2022/23
- Phase 2 – with a preferred supplier appointed, develop the final design with costs; to be completed by Q4 2023/24
- Phase 3 – fully operational; to be completed by July 2025

It is envisaged that the RTCs will incorporate a range of services as set out below:

- Diagnostic and clinical support services including Radiology, Pharmacy, Phlebotomy, Pathology and Therapies.
- Outpatient facilities, including procedure rooms
- Operating theatres for day case and inpatient procedures
- Inpatient beds for orthopaedic services

We trust that the information contained in this letter and the documents submitted in support respond fully to the points raised in your letter. In concluding we would repeat our assurance, on behalf of the Board, that there is a clear and unwavering focus upon the need to secure demonstrable improvements in the services we provide to the population of North Wales.

Yours sincerely

Jo Whitehead, PSM
Prif Weithredwr
Chief Executive

Mark Polin, OBE, QPM
Cadeirydd
Chairman

Encs

Integrated Medium Term Plan 2022/25

Page intentionally blank

	Foreword by the Chairman and Chief Executive Introduction	p2 p3
Section 1	**The health of our communities in North Wales**	p4
Section 2	**Challenges & opportunities** The challenges we face COVID-19 Recognising and maximising opportunities	 p7 p8 p9
Section 3	**Our priorities for delivery in 2022/25** Strategic vision Plan on a Page - our 5 Planning Principles Ministerial Priorities and the NHS Wales Planning Framework Tables of main priorities for 2022/25	 p11 p12 p13 p14
Section 4	**Enablers & Resources** Our People Working together - partnerships Service improvement and transformation Finance and value	 p22 p25 p27 p28
	Glossary	p33
Appendices	**Appendix 1** Alignment matrices - Ministerial Priorities & Targeted Intervention Framework - Health Board Plan on a Page - Our Transformation Programmes **Appendix 2** Planned Care Recovery **Appendix 3** 2022/23 Development Priorities – detail, containing SMART outputs **Appendix 4** Workforce tables **Appendix 5** 2023/24 and 2024/25 Developments - indicative **Appendix 6** Logic Models **Appendix 7** Links to supporting strategies and plans	

Foreword by the Chairman and Chief Executive

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

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

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

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

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

Mark Polin
Chairman

Jo Whitehead
Chief Executive

Introduction

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

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

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

- Supporting individuals in North Wales with COVID-19 or symptoms of COVID-19
- The impact upon those without COVID-19 who have experienced delays in treatment because of the need to deal with the pandemic
- The impact upon our staff, who have delivered a magnificent response over 2 years of continual pandemic conditions
- It has limited our ability to deliver some of our previously stated development priorities, d need to reprioritise
- It has reminded us all that we will need to respond differently to the challenges of delivering healthcare in a sustainable way going forwards.

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

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

The majority of our focus for 2022/23 is upon

- returning to full core business, including addressing the pandemic-related backlog of work, and
- consolidating developmental work that has already been begun but not yet finished, including work to deliver against the WG Targeted Intervention framework.

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

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

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

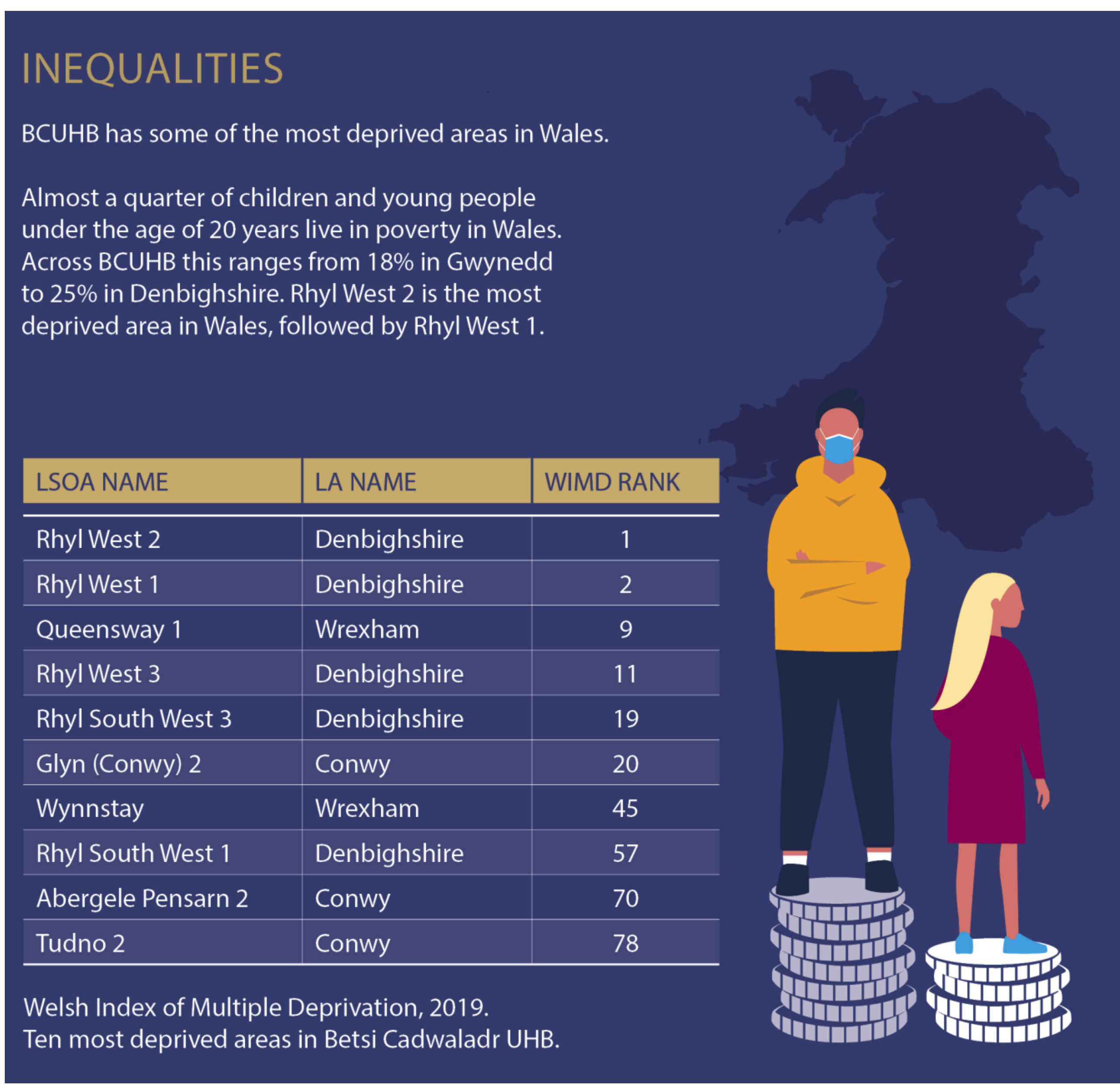
Section 1: The health of our communities in North Wales

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

BETSI CADWALADR UNIVERSITY HEALTH BOARD

POPULATION
703,360
PERSONS

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



INEQUALITIES

BCUHB has some of the most deprived areas in Wales.

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

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

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

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

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

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

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

OLDER PEOPLE

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

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

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

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

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

2043

2021

aged 85 years+

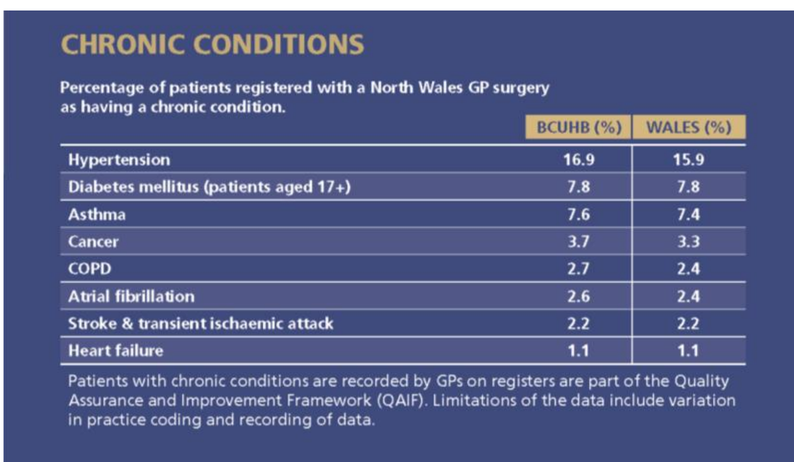
Increase by 66%

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

This is underpinned with the Population Needs Assessment (PNA) process, undertaken in partnership through the Regional Partnership Board. The PNA in turn will be used to inform our commissioning processes.

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

For example,



CHRONIC CONDITIONS

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

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

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

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

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

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

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

MENTAL HEALTH & WELLBEING

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

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

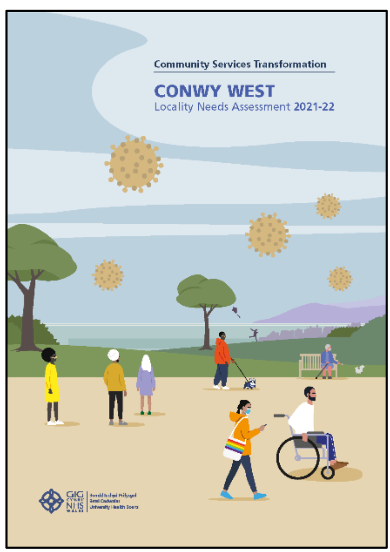
Poor mental health is also associated with increased risk-taking behaviour and unhealthy life-style behaviours.

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

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

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

The needs of North Wales communities are different across our 14 integrated Health and Social Care Localities.



We have undertaken Locality Needs Assessments (LNA) for each Locality, and these can be found online here[1]

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

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

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

Section 2: Challenges and opportunities

The challenges we face

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

- There are difficult demands on our primary care and community services, with shortages of traditional primary care health professionals, for example GPs, across the UK;
- Our directly employed workforce is also changing and like many NHS organisations we face challenges in recruiting and retaining staff in a number of specialties and staff groups, including our ambition to increase bilingual skills;
- There are increasing demands on our hospital services, for example, in our Emergency Departments, meaning that often we cannot see patients as quickly as we should;
- Waiting times for a number of operations such as replacement joints or eye surgery have significantly increased during the pandemic and we need to see patients sooner;
- Bed occupancy in our hospitals is currently above the recommended levels;
- The current size and condition of our buildings is not sustainable in the long term, will not support our strategic ambition and will require significant investment, particularly across our acute and community hospital estate;
- Our digital information systems infrastructure and the delivery of core national programmes which are essential to service provision and transformation are not yet fully implemented;
- We must continue to understand and acknowledge that our services need to evolve if we are to be able to staff them in a safe and sustainable way as our population continues to change. A significant amount of work has been undertaken to stabilise and improve our financial position and we need to live within the limits of these resources as well as non-financial resources, particularly our staffing. This means that wherever we deploy our resources we must make sure we deliver highest value and better outcomes for our population;
- Our partners are also facing significant capacity, workforce and financial constraints. It is more important than ever for us to work together as a whole system to ensure we make best use of our collective resources to support our local communities, by applying foundational economy principles to our decision making.

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

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

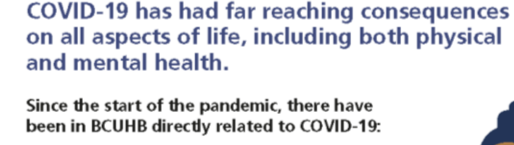
▪ COVID-19

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

Our planning assumptions will continue to address COVID-19 programmes alongside re-establishing services. We will capture and utilise new ways of working and maintain good practice from lessons learnt throughout the first and second waves of the pandemic.
The Test, Trace and Protect programme continues to play a pivotal role in protecting our population and we plan to continue this.

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

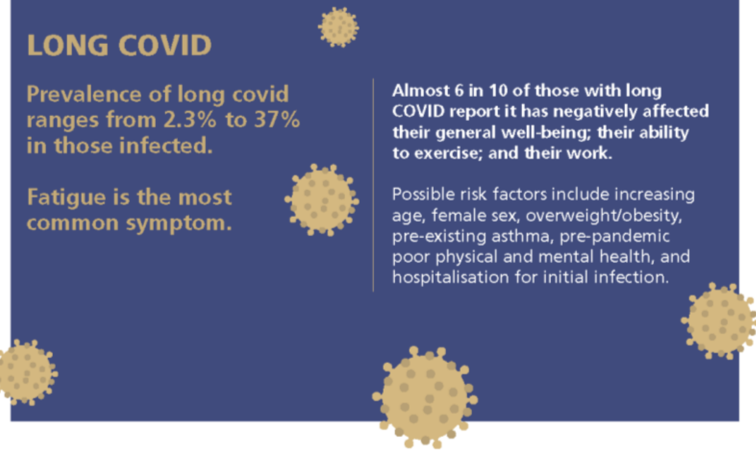
Impact of COVID-19 on
BETSI CADWALADR UNIVERSITY HEALTH BOARD



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

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

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



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

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

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

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

▪ Recognising and maximising opportunities

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

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

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

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

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

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

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

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

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

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

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

Section 3: Our priorities for delivery in 2022/25

▪ Living Healthier, Staying Well

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

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

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

Our IMTP priories are built firmly upon, and align to, the published Ministerial Priorities and NHS Planning Framework. A Healthier Wales sits at the core. We are confident that by understanding, and using these BCU Planning Principles we will consistently focus to deliver against the Ministerial Priorities and the NHS Planning Framework, in turn moving closer to fully delivering our objectives. Greater detail regarding our 5 Planning Principles, and why we have introduced them, can be found here[2].

The contents of this IMTP have been tested against these Priorities, the Framework, and Principles. Importantly, as part of an integrated planning process, all proposed developments/schemes have been 'stress tested' to ensure that they fit within the finance and workforce resource available to us.

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

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

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

Plan on a Page - our 5 Planning Principles

Working in partnership

Health Board supporting strategies

Values

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

People of north Wales

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

Planning Principles

Fairness — we will reduce avoidable and unfair differences in health

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

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

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

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

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

▪ Ministerial Priorities and the NHS Wales Planning Framework

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

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

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

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

The actions we will undertake to deliver the Ministerial Priorities do not, generally, align with a single Priority but more typically relate to multiple Priorities together.

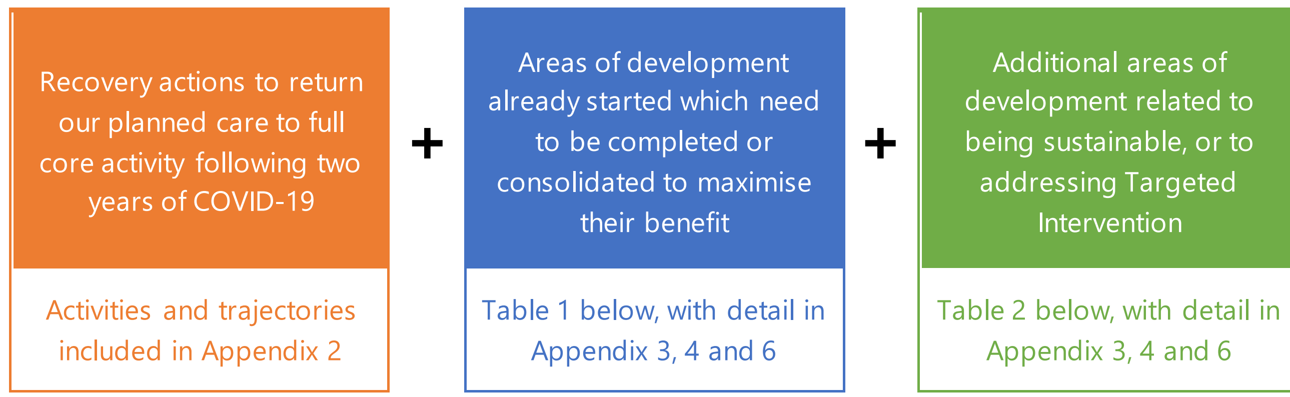
In addition, we feel that now is the time to signal our intent to move to a deeper level of integrated working. Whereas our annual plan last year differentiated activity into traditional sectors (such as 'primary care' or 'secondary care'), we do not believe that this is the right way to move forwards. Our opportunities for success will come from working as a whole system, including planning as a whole system, and that starts by describing our activity as a whole system. This is fundamentally important to us.

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

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

▪ Tables of main activity priorities for 2022/23

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



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

Notes:

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

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

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

Table 1: Schemes being consolidated during 2022/23

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

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

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

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

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

Workforce resourcing of these developments:

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

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

- **Recruitment of additional posts**

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

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

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

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

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

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

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

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

Table 2: Schemes being commenced during 2022/23

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

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

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

Workforce resourcing of these developments:

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

Indicative priorities in 2023/4 and 2024/5

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

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

Section 4: Enablers & Resources

▪ Our People

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

- Our people will have the right values, behaviours, knowledge, skills and confidence to deliver evidence based care, and support peoples wellbeing as close to their home as possible;
- We will have sufficient numbers of the right people to be able to deliver proactive and responsive health care that meets the needs of the people of North Wales;
- Our people will reflect the diversity, linguistic, cultural & community identity of the population we serve;
- Our people will feel and be valued.

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

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

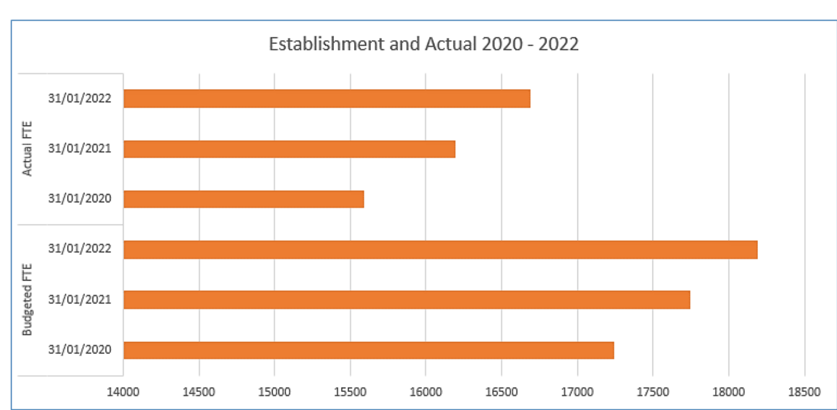
We will continue to build upon achievements to date to embrace the role that we play in both employing the right people with the right skills to provide services in the right place, and developing opportunities, together with partners across health, social care and education, for members of our communities to gain and maintain employment and to achieve their ambitions.

Our People Strategy & Plan is our opportunity to create a learning culture, to work together with our people and partners to address a number of long-standing challenges, prepare our organisation for future challenges and to embrace and create opportunities for us to succeed.

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

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

Resourcing the Delivery of the Integrated Medium Term Plan – Building on the work undertaken through the pandemic our goal is to focus on improving the connectivity between service design and delivery, workforce shape and supply and our ambition to be an Employer of Choice. This includes the clinically led reviews of existing delivery models that have informed the IMTP and the wider workforce plan to ensure the skills mix is correct for service delivery, sustainability, and triangulation of proactive workforce commissioning and placement opportunities across primary, community and secondary care settings. This allows us to continue to assess the longer-term impact of agile and flexible working on services from a workforce perspective.

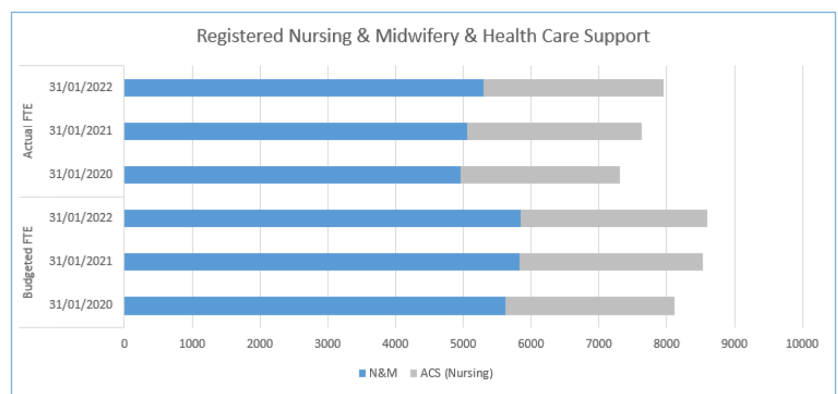


Over the course of the last 3 years, our workforce has increased both in budgeted establishment (+6%) and in actual Full Time Equivalent (FTE) in post (+7.6%). This is in the main due to the number of new service and workforce improvements undertaken through 2021/2022.

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

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

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



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

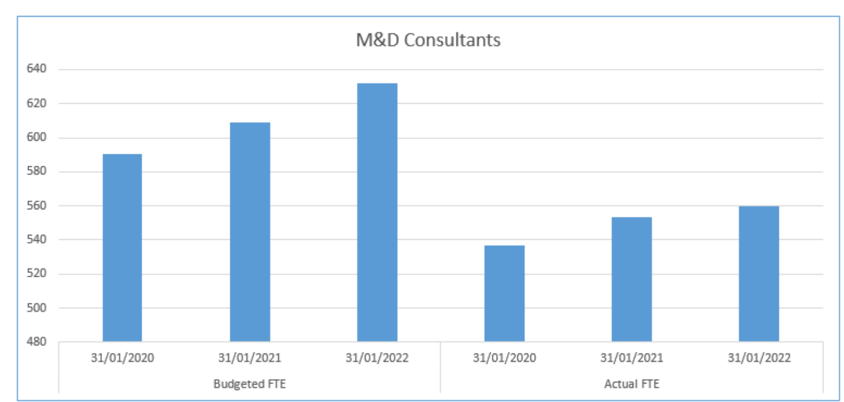
When set together with Health Care Support Worker increases of 10% budgeted establishment and 11% actual FTE in post this provides a positive picture, albeit one that recognises there remains a significant gap of just under 600 FTE registered nurses and that retention remains a real challenge.

Through the Nursing & Midwifery Recruitment & Retention group, there is a range of work streams to improve retention of nurses. In particular, there are three career pathways under review and being enhanced to make a Nursing career in BCUHB more visible to our staff. The first scheme - Matron

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

There has been work undertaken to improve the exit questionnaire uptake to provide a better understanding why people leave BCUHB. From the 1 February 2022 all agenda for change staff terminations will be completed via the ESR Self Service system, this process automatically triggers the Exit Questionnaire process. Using the process within ESR will allow us to monitor and review the leaver process more efficiently.
This methodology has been used to develop a medical pipeline, enabling the development of a proactive system for forward planning on medical recruitment, particularly at Consultant Level and as it progresses, plans are to roll this out across medical grades and specialities.

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



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

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

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

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

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

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

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

Working together – partnerships

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

This means we aim to:

- Develop services which are clinically led and 'co-designed' with the active involvement of patients, carers and residents, working closely with local partners across the three areas of North Wales.
- Work closely with local authorities and other public bodies to design services together and deliver in partnership so our services and theirs join up around the care and support needs of our patients including the provision of bilingual services.
- Recognise the vital role of the third sector and local networks in sustaining communities and supporting well-being and health.
- Continue to work closely with the Welsh Ambulance Service Trust (WAST) to address the challenges of delivering timely emergency care collaboratively.
- Continue to develop our relationships with Digital Health and Care Wales, Health Education and Improvement Wales, and WHSSC, in support of making the best use of our limited resources.
- Keep a sharp focus on the needs of those experiencing health inequality, including people sharing 'protected characteristics' recognised in the Equality Act, and address the more recent Welsh Government duty to support those in deprived communities.
- Engage fully with Welsh Government, Community Health Council and Regional partners, especially when we need to make major changes to services as well as ensuring patients, carers and community

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

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

Our formal partnerships

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

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

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

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

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

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

Involving people and communities

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

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

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

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

Building our partnership working

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

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

▪ Service improvement and transformation

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

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

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

▪ Finance and value

Overview of the Financial Plan

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

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

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

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

Our Resources

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

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

Service Transformation and Financial Improvement

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

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

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

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

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

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

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

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

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

Financial Plan

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

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

Financial Risks

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

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

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

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

Capital Programme

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

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

- Wrexham Maelor Hospital Redevelopment Programme – the Board agreed to pursue urgent continuity work in advance of wider redevelopment. The business case is being submitted imminently to commence Phase 1 infrastructure risks
- Nuclear Medicine / PET CT – following approval of the SOC we will progress the outline and full business cases linked to national PETprogramme
- Radiotherapy Programme – WG have supported the advanced purchase of a Linac machine. Work will continue to progress the full replacement programme
- Royal Alexandra Hospital development Project – the FBC has been submitted to WG
- Conwy/Llandudno Junction Integrated Primary Care Centre – we will soon be seeking approval to progress these business cases
- Ablett Redevelopment – we are seeking approval to progress to Full Business Case
- YG Compliance Programme – following submission of the Programme Business Case we will work with WG to develop an agreed programme of investment
- School of medicine and health sciences – we will determine the estate implications and then develop a capital investment strategy in support of the planned student placements

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

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

Strategic Outline Cases are being developed for:

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

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

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

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

Glossary

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

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

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

Integrated Medium Term Plan 2022/25

Appendix 1
Alignment matrices

Page intentionally blank

Appendix 1: Alignment Matrices

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

1. With the Ministerial priorities and NHS Wales Planning Framework
2. With our Targeted Improvement Framework
3. With the Well-being of Future Generations
4. With our Plan on a Page and the '5 Planning Principles'
5. With our Transformation delivery programmes

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

▪ *Ministerial Priorities*

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

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

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

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

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

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

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

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

NHS Recovery

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

Consolidating work

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

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

New priority work

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

Mapping of our Plan against Targeted intervention.

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

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

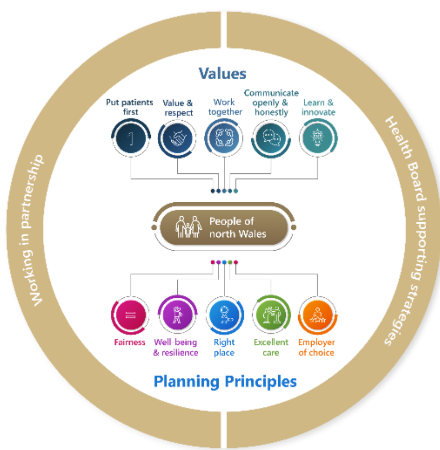
Particularly relevant activities (using references from the main IMTP document) that map against targeted intervention requirements are shown in the following table:

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

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

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

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



Plan on a Page
– the 5 Planning Principles

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

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

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

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

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

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

- Optimises progress in delivering our vision
- Embeds the Wellbeing and Future Generations goals into all of our developments
- Delivers the philosophy within A Healthier Wales of high quality care, delivered as close to peoples homes and communities as possible
- Ensures that we shift focus away from complex, reactive, medical interventions to proactive prevention, and the social model of healthcare
- Allows us to offer the best possible care within the resources available to us

A: Schemes being consolidated during 2022/23

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

Key	
●●	Strong positive
●	Minor positive
●!	Minor adverse
●●!	Strong adverse

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

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

Symbol	Meaning
●●	Strong positive
●	Minor positive
●!	Minor adverse
●●!	Strong adverse

Mapping of our Plan against our Transformation Programmes

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

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

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

Each programme is supported to maximise focus and success:

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

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

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

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

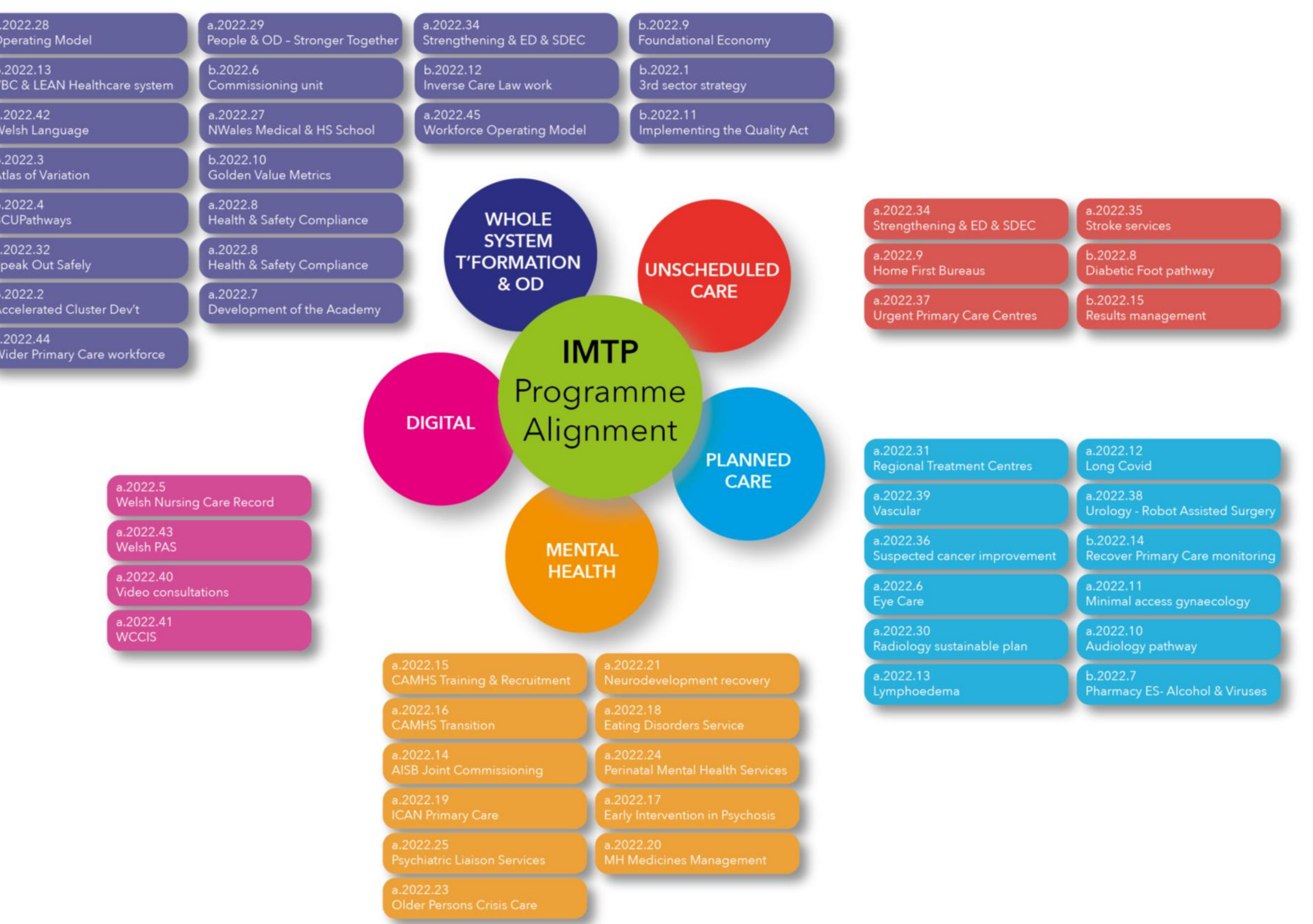
Unscheduled Care

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

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

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

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


a.2022.28 Operating Model
b.2022.13 VBC & LEAN Healthcare system
a.2022.42 Welsh Language
b.2022.3 Atlas of Variation
b.2022.4 BCUPathways
a.2022.32 Speak Out Safely
b.2022.2 Accelerated Cluster Dev't
a.2022.44 Wider Primary Care workforce
a.2022.29 People & OD – Stronger Together
b.2022.6 Commissioning unit
a.2022.27 NWales Medical & HS School
b.2022.10 Golden Value Metrics
a.2022.8 Health & Safety Compliance
a.2022.8 Health & Safety Compliance
a.2022.7 Development of the Academy
a.2022.34 Strengthening & ED & SDEC
b.2022.12 Inverse Care Law work
a.2022.45 Workforce Operating Model
b.2022.9 Foundational Economy
b.2022.1 3rd sector strategy
b.2022.11 Implementing the Quality Act
WHOLE SYSTEM T'FORMATION & OD
UNSCHEDULED CARE
IMTP
Programme
Alignment
DIGITAL
PLANNED CARE
MENTAL HEALTH
a.2022.34 Strengthening & ED & SDEC
a.2022.9 Home First Bureaus
a.2022.37 Urgent Primary Care Centres
a.2022.35 Stroke services
b.2022.8 Diabetic Foot pathway
b.2022.15 Results management
a.2022.31 Regional Treatment Centres
a.2022.39 Vascular
a.2022.36 Suspected cancer improvement
a.2022.6 Eye Care
a.2022.30 Radiology sustainable plan
a.2022.13 Lymphoedema
a.2022.12 Long Covid
a.2022.38 Urology - Robot Assisted Surgery
b.2022.14 Recover Primary Care monitoring
a.2022.11 Minimal access gynaecology
a.2022.10 Audiology pathway
b.2022.7 Pharmacy ES- Alcohol & Viruses
a.2022.5 Welsh Nursing Care Record
a.2022.43 Welsh PAS
a.2022.40 Video consultations
a.2022.41 WCCIS
a.2022.15 CAMHS Training & Recruitment
a.2022.16 CAMHS Transition
a.2022.14 AISB Joint Commissioning
a.2022.19 ICAN Primary Care
a.2022.25 Psychiatric Liaison Services
a.2022.23 Older Persons Crisis Care
a.2022.21 Neurodevelopment recovery
a.2022.18 Eating Disorders Service
a.2022.24 Perinatal Mental Health Services
a.2022.17 Early Intervention in Psychosis
a.2022.20 MH Medicines Management

Integrated Medium Term Plan 2022/25

Appendix 2
Planned Care Recovery

Page intentionally blank

Appendix 2: Planned Care Recovery

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

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

Our recovery plan is comprised of a combination of approaches:

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

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

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

Opportunities and Challenges

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

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

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

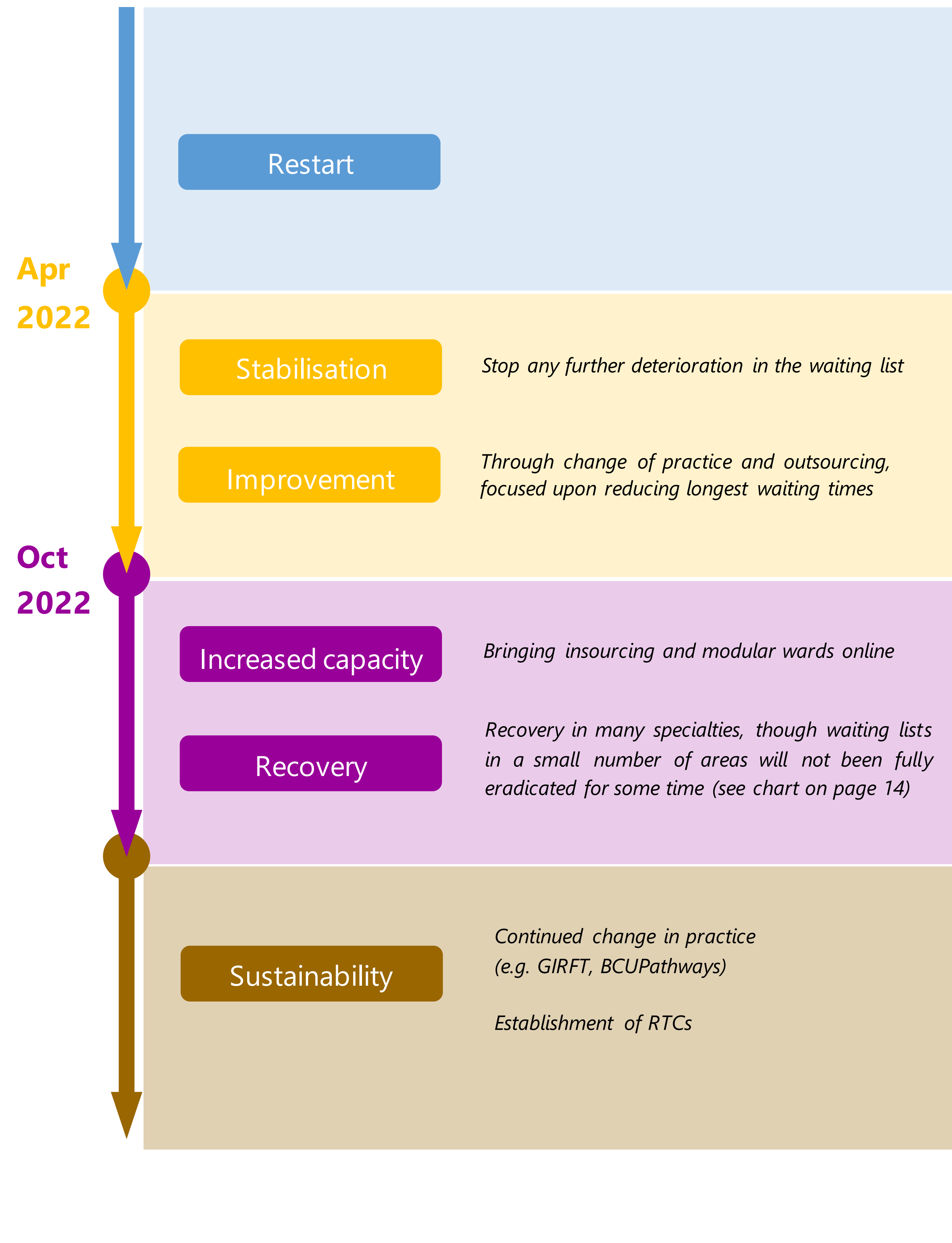
Planning assumption 2:
In line with other Health Boards, we have used our 2019/20 core levels of activity (this was the last year before the pandemic) as a baseline for 2022/23.

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

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

This multi-stage approach is required to ensure that we

- reduce our waiting times by managing those at greatest clinical risk first
- reduce our waiting times by ensuring specialties particularly affected have tailored and prioritised approaches
- maximise any opportunities to introduce immediate efficiencies through a combination of transactional and early transformational changes
- undertake the necessary transformation work that might not deliver immediate impact upon the waiting list but which will support medium and longer-term impact, which is a key to sustainable services going forwards.


Restart
Apr
2022
Stabilisation
Stop any further deterioration in the waiting list
Improvement
Through change of practice and outsourcing, focused upon reducing longest waiting times
Oct
2022
Increased capacity
Bringing insourcing and modular wards online
Recovery
Recovery in many specialties, though waiting lists in a small number of areas will not been fully eradicated for some time (see chart on page 14)
Sustainability
Continued change in practice
(e.g. GIRFT, BCUPathways)
Establishment of RTCs

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

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

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

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

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

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

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

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

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

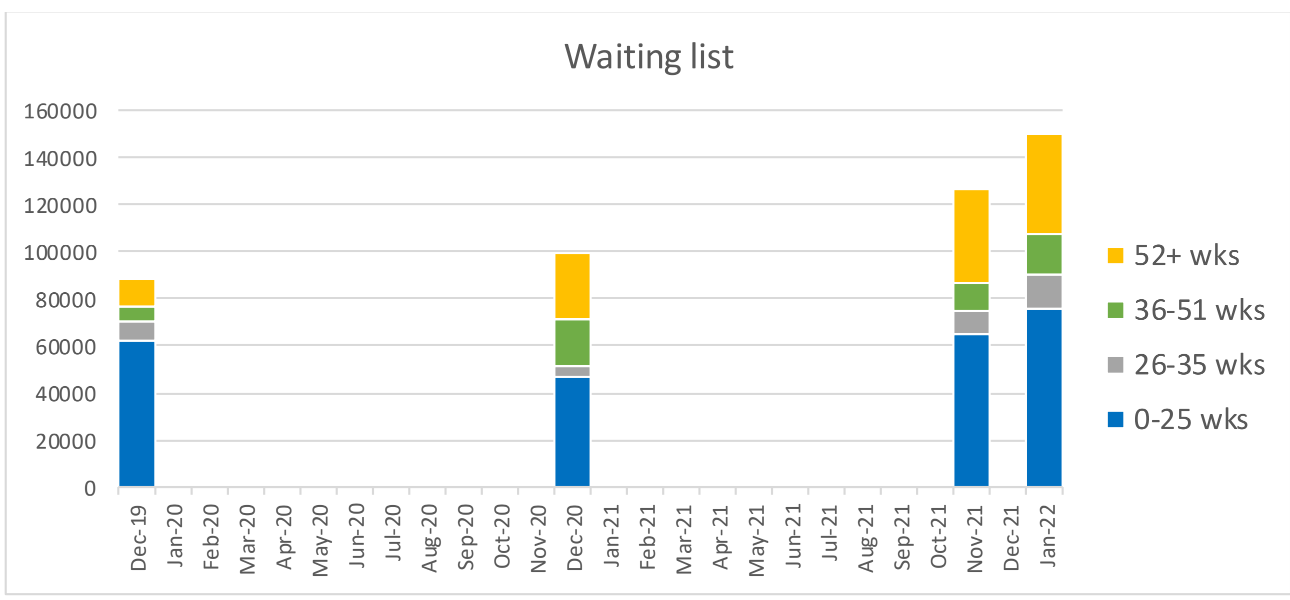
Regional Treatment Centres:
The regional centres are being planned to deliver a new model of Ambulatory planned care, including diagnostics, for the population of north Wales. Clinical pathways are being developed as above, to support a 'Lean', high quality, service designed to maximise the opportunities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

Monitoring of our recovery plan

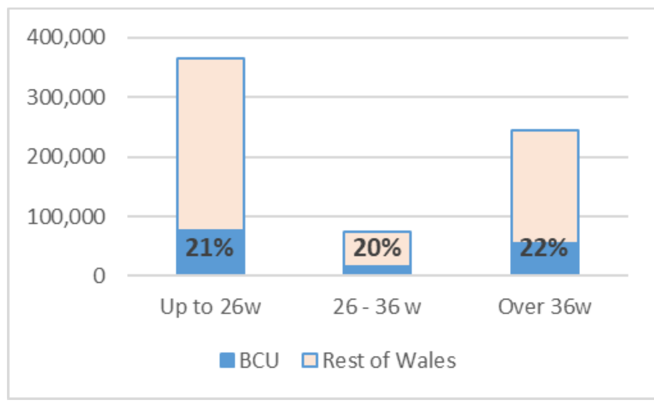
We will actively monitor progress against our recovery plan. If necessary we will take remedial actions in year to seek to maintain our planned trajectories. We will formulate our plans for 2023/24 and 2024/25 based upon this real-time experience.

Current Position

Our current waiting list at the end of each of the last three years, and in January 2022, at aggregated level, expressed in time from referral, is as follows:



Note that the perpetuation of large numbers of longer-waits is a consequence of people moving through from lower waiting groups, and not because of managing waiters out-of-turn.



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

Phases of recovery

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

Restart

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

Stabilisation

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

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

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

Improvement & Transformation

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

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

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

Sustainability

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

GMS Primary Care

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

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

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

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

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

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

We will regularly monitor the progress made.

GDS Primary [Dental] Care

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

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

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

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

Additional activity is currently being commissioned in Dwyfor Meirionnydd.

▪ 2022-23 Secondary Care recovery profiling

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

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

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

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

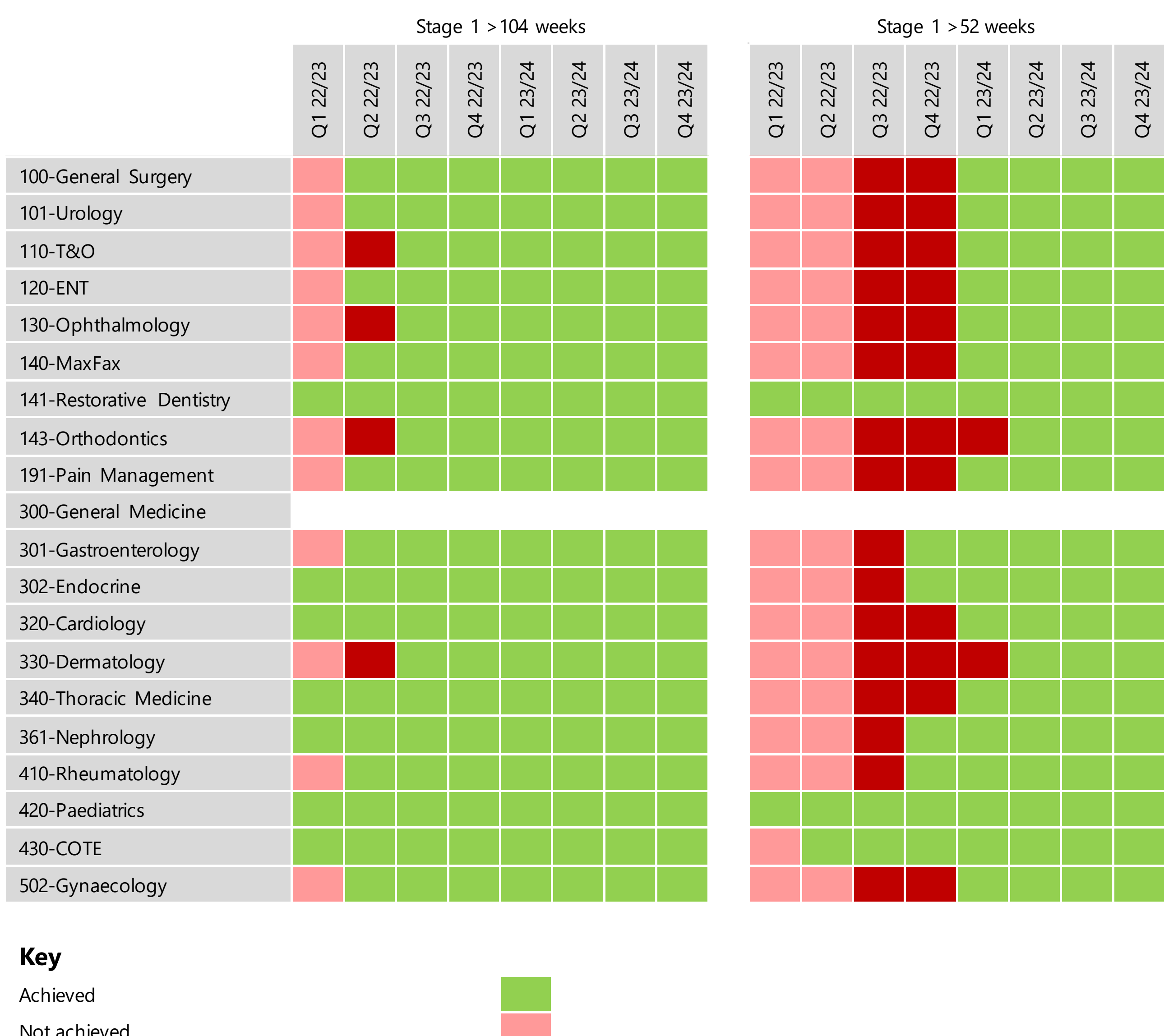
Stage 1 Table (aggregated)

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

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

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

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



Key

Achieved

Not achieved

Not achieved and beyond the WG target (page 3)

Stage 4 Table (aggregated)

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

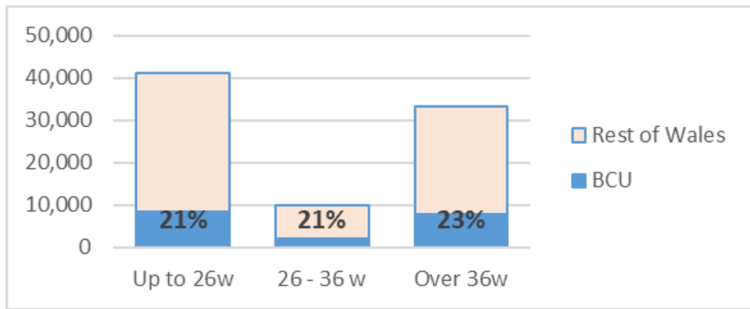
[1] Anticipated in-month new demand	Anticipated demand, distributed on a linear monthly basis
[2] Core 22/23 capacity	100% Capacity available from within core resources, (maximum core capacity)
[3] Validation	Anticipated reduction of the Stage 4 waiting list, through waiting list validation.
[4] Additional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

Profiling - individual specialties

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

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

- **General Surgery**



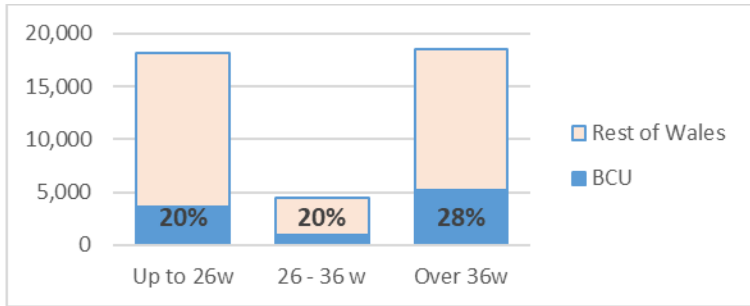
Proportion of waiting lists by length of wait, in BCUHB: General Surgery December 2021, Source: StatsWales

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

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

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

- **Urology**

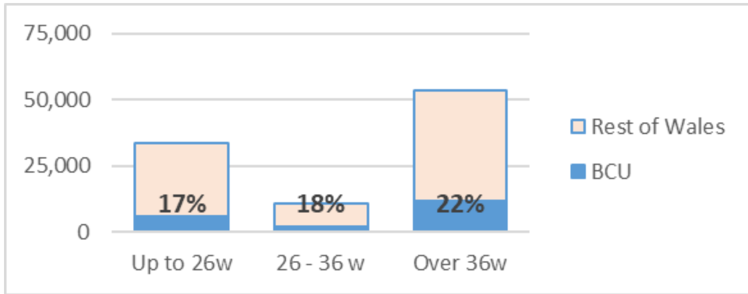


Proportion of waiting lists by length of wait, in BCUHB: Urology December 2021, Source: StatsWales

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

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

- **Trauma and Orthopaedics (T&O)**



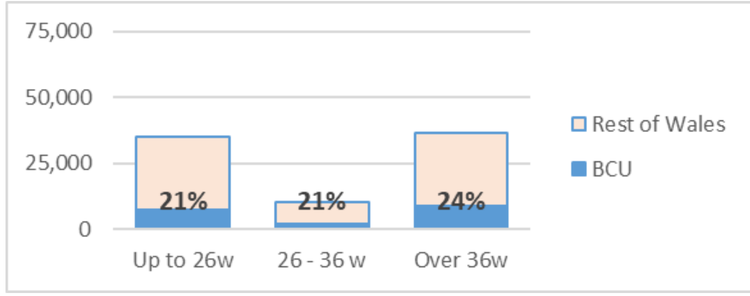
Proportion of waiting lists by length of wait, in BCUHB: Trauma & Orthopaedics December 2021, Source: StatsWales

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

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

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

- **Ophthalmology**

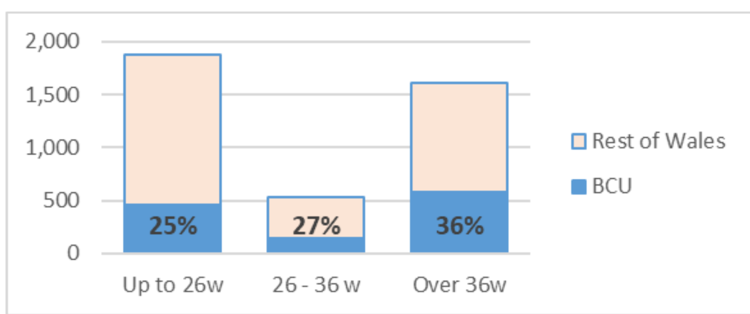


Proportion of waiting lists by length of wait, in BCUHB: Ophthalmology December 2021, Source: StatsWales

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

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

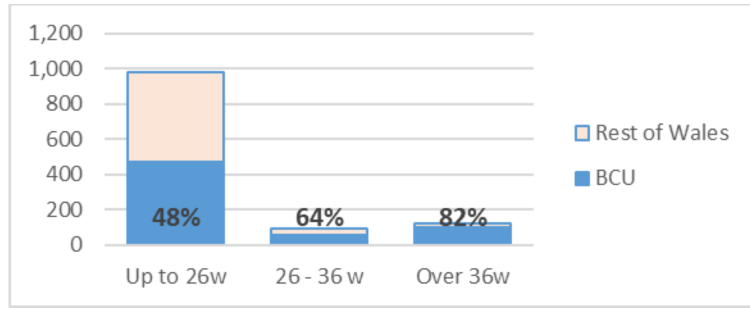
- **Orthodontics**



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

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

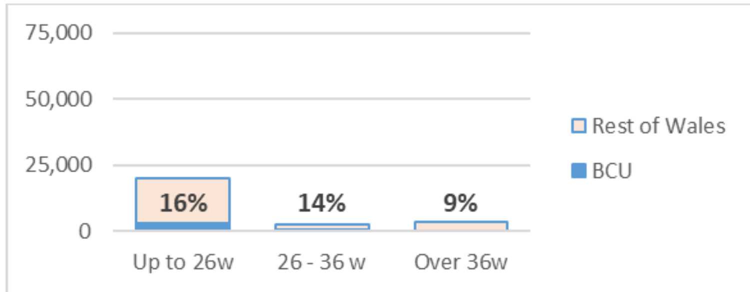
- **Endocrine**



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

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

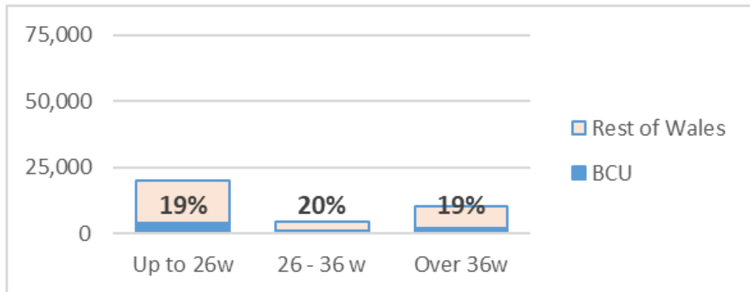
- **Cardiology**



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

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

- **Dermatology**



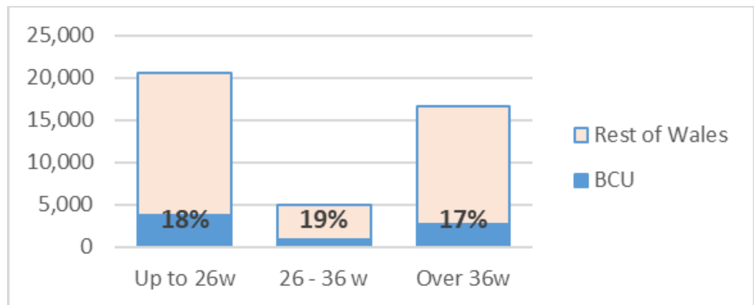
Proportion of waiting lists by length of wait, in BCUHB: Dermatology December 2021, Source: StatsWales

Outsourcing of routine long waits commences in April 2022.

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

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

▪ **Gynaecology**



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

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

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

Integrated Medium Term Plan 2022/25

Appendix 3
2022/23 Development Priorities – detail

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

Short description

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

Longer description

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

Measure	Description	Timeline 22/23 (highlighted months)
Measure 1	Finalisation of a Quality Assurance Framework meeting the needs of BCU and our 6 LA partners (already commenced in partnership)	A M J J A S O N D J F M (highlighted: A M J)
Measure 2	Team to have introduced tool into 25% of homes	A M J J A S O N D J F M (highlighted: J A S)
Measure 3	Team to have introduced tool into 50% of homes	A M J J A S O N D J F M (highlighted: O N D)
Measure 4	Team to have introduced tool into 75% of homes	A M J J A S O N D J F M (highlighted: J F M)

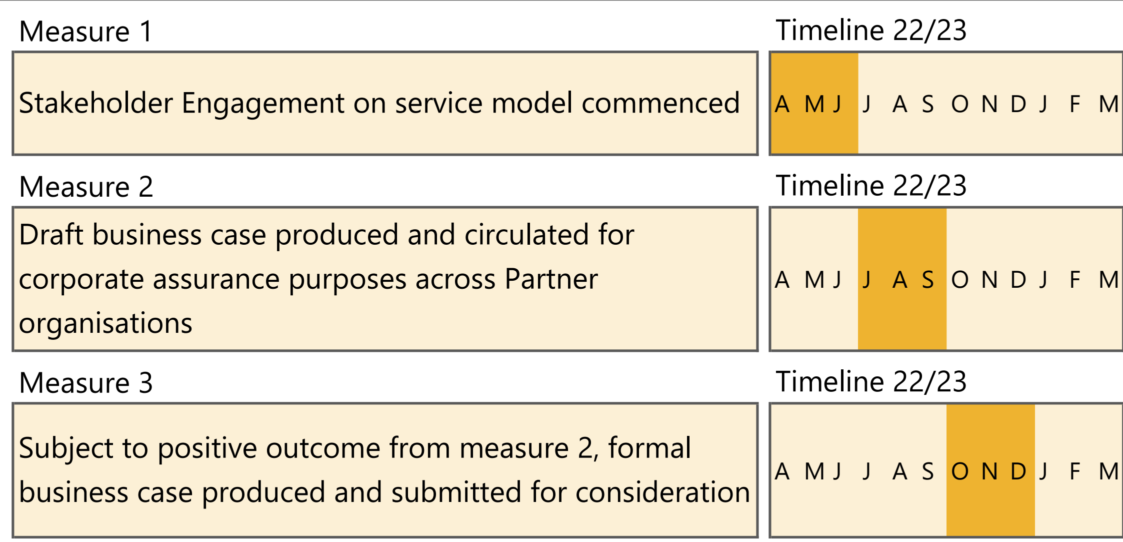
Ref No	Title
a.2022.2	**Colwyn Bay Integrated services facility**

Short description

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

Longer description

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



Measure	Timeline 22/23	Shaded months
Measure 1: Stakeholder Engagement on service model commenced	A M J J A S O N D J F M	A M J
Measure 2: Draft business case produced and circulated for corporate assurance purposes across Partner organisations	A M J J A S O N D J F M	J A S
Measure 3: Subject to positive outcome from measure 2, formal business case produced and submitted for consideration	A M J J A S O N D J F M	O N D

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

Short description

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

Longer description

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

Measure 1

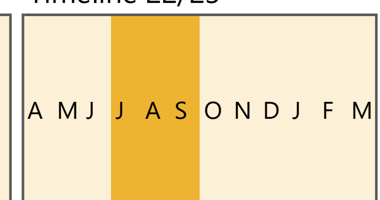
Implement year 3 of the care homes fee rebasing programme, along with any actions required as a result of the ongoing market stability report

Timeline 22/23

Measure 2

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

Timeline 22/23



Measure 3

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

Timeline 22/23

Measure 4

End of year review of compliance with service specification complete

Timeline 22/23

● Resource Testing

The resource testing RAG for this scheme is currently AMBER.

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

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

Short description

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

Longer description

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

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

Measure 1	Timeline 22/23
Due to the fast evolving position with this priority, we have not set SMART outputs as part of the IMTP	A M J J A S O N D J F M

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

Ref No	Title
a.2022.5	**Digitisation of Welsh Nursing Care Record**

Short description

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

Longer description

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

Measure 1	Timeline 22/23
Mobile devices set up and system live in East	A M J J A S O N D J F M

Measure 2	Timeline 22/23
Mobile devices set up and system live in Centre	A M J J A S O N D J F M

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

Short description

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

Longer description

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

Measure	Description	Timeline 22/23
Measure 1	Implement National Intravitreal Treatment (IVT)/Age Related Macular Degeneration (AMD) Pathway	A M J J A S O N D J F M
Measure 2	Implement rolling delivery of Open Eyes All Wales Digital system	A M J J A S O N D J F M
Measure 3	Local planning group in place to support implementation of Integrated Eye Pathways arising from National Optometric Contractual reform	A M J J A S O N D J F M

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

Short description

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

Longer description

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

Measure	Description	Timeline 22/23 (highlighted months)
Measure 1	Expand offer to 12 training / student placements in Academy Training Hubs	A M J **J A S** O N D J F M
Measure 2	Appoint 8 x supernumerary trainee posts in General Practice	A M J J A S **O N D** J F M
Measure 3	Increase the uptake of apprenticeships in primary care with up to 6 apprentices	A M J J A S O N D **J F M**
Measure 4	Provide opportunities for reflective practice for at least 16 new Advanced Clinical Practitioners in primary care & community settings	A M J J A S O N D **J F M**
Measure 5	Build upon the exposure the Academy is receiving nationally, and the positive impact this will have upon recruitment, by ensuring at least 4 Academic posters are accepted in national conferences	A M J J A S O N D **J F M**

Ref No	Title
a.2022.8	**Health & Safety Statutory Compliance**

Short description

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

Longer description

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

Measure	Description	Timeline 22/23 (highlighted months)
Measure 1	Trial of e-learning training package for IOSH managing safely competed	A M J
Measure 2	70% of staff at Band 8d and above to be trained	J F M
Measure 3	Develop the Fit Testing Programme to achieve Fit2Fit accredited status	O N D

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

Short description

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

Longer description

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

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

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

- Resource Testing

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

Ref No	Title
a.2022.10	**Implementation of Audiology pathway**

Short description

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

Longer description

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

Measure	Description	Timeline 22/23
Measure 1	Access to advanced practice audiology as first point of contact in primary care - increased to 50% of BCU area	A M J **J A S** O N D J F M
Measure 2	Access to advanced practice audiology as first point of contact in primary care - increased to 75% of BCU area	A M J J A S O N D **J F M**

● Resource Testing

The resource testing RAG for this scheme is currently AMBER.

Staff types trying to recruit to means that this deliverability is rated as amber.

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

Short description

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

Longer description

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

Measure 1	Timeline 22/23
Align service with the proposal for the development of Regional Treatment Centres	A M J J A S O N D J F M

Measure 2	Timeline 22/23
Designate local clinical leads for Endometriosis	A M J J A S O N D J F M

Measure 3	Timeline 22/23
Endometriosis leads and additional designated Gynaecologists to commence ATSM training in Endometriosis	A M J J A S O N D J F M

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

Short description

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

Longer description

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

Measure	Description	Timeline 22/23 (A M J J A S O N D J F M)
Measure 1	Successful roll out delivery of interim service model to Central Area (completed in West and East during 2021/22)	A M J (highlighted)
Measure 2	Agreement of a 'multi-morbidity model' for the service, built upon learning from the interim model and with the support of the Lived Experience Reference Group	J A S O N D (highlighted)
Measure 3	Phased introduction of multi-morbidity model commenced	J F M (highlighted)

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

Ref No	Title
a.2022.13	**Lymphoedema**

Short description

Adoption of lymphoedema education programme, using VBHC principles.

Longer description

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

Measure	Description	Timeline 22/23 (highlighted months)
Measure 1	Permanently recruit to seconded posts	A M J (of A M J J A S O N D J F M)
Measure 2	90% of relevant staff in an identified community area will complete training programme	O N D (of A M J J A S O N D J F M)
Measure 3	90% of those patients with chronic oedema / lower leg ulceration and wet legs will be assessed using OGEP	J F M (of A M J J A S O N D J F M)

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

Short description

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

Longer description

Driven through the respective AISBs with a focus on addressing the physical health and mental health of the local population, clearly looking to address prevention and crisis management, and to support care homes.
As a divisional objective, this funding will create an opportunity for effective joint planning for the provision of services & joint approach to commissioning health and wellbeing services for local population via community localities, and will also align to closer working with Community Mental Health Teams.

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

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

Short description

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

Longer description

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

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

Measure	Description	Timeline 22/23 (highlighted months)
Measure 1	Recruitment of Nurse Prescriber posts	A M J (of A M J J A S O N D J F M)
Measure 2	Induction and local training for Nurse Prescriber posts and production of job plans aligned with service need	J A S (of A M J J A S O N D J F M)
Measure 3	Recruitment of two Higher Specialist trainee posts to start in August (one post started in August 2021) in line with allocation of NTNs from HEIW	J A S (of A M J J A S O N D J F M)

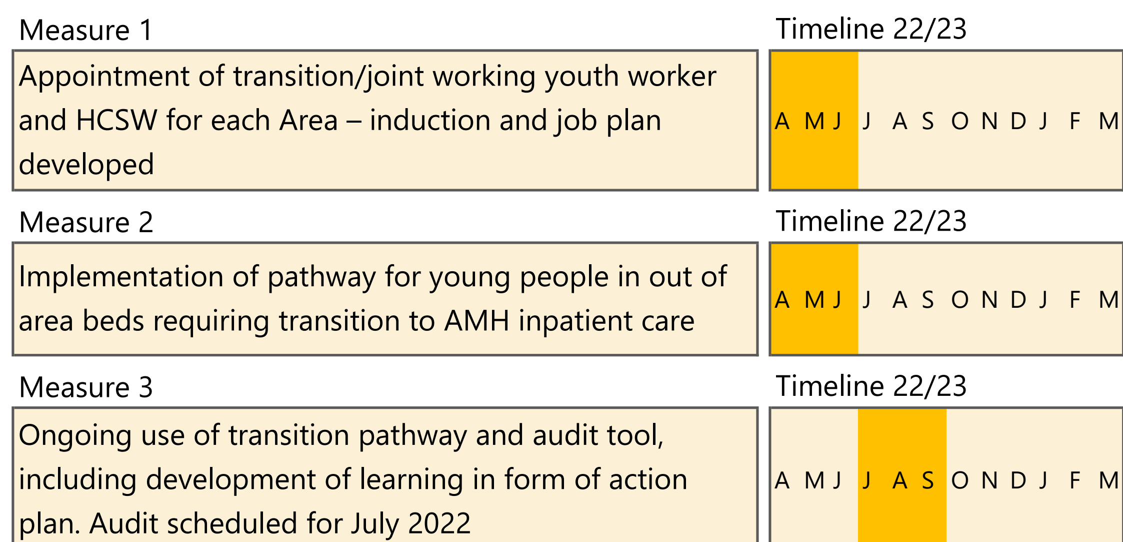
Ref No	Title
a.2022.16	**Mental Health Improvement scheme - CAMHS Transition and Joint work**

Short description

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

Longer description

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



Measure	Description	Timeline 22/23
Measure 1	Appointment of transition/joint working youth worker and HCSW for each Area – induction and job plan developed	A M J J A S O N D J F M
Measure 2	Implementation of pathway for young people in out of area beds requiring transition to AMH inpatient care	A M J J A S O N D J F M
Measure 3	Ongoing use of transition pathway and audit tool, including development of learning in form of action plan. Audit scheduled for July 2022	A M J J A S O N D J F M

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

Short description

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

Longer description

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

Measure	Description	Timeline 22/23
Measure 1	Recruitment of team to achieve attainment against National Standards and WG compliance with the requirement for an EIP service, providing a full range of mental health support to people 16+	A M J **J A S** O N D J F M
Measure 2	Programme of training commenced for all disciplines including, Family interventions, CBT, Physical Health Monitoring and Intervention, Assessment : CAARMS; DIALOG; QPR; PANSS	A M J **J A S** O N D J F M
Measure 3	Business Case developed for further roll out of the service model (Phase 2 West)	A M J J A S O N D **J F M**

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

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

Short description

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

Longer description

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

Measure 1

Recruitment of MARSIPAN team to improve service provision for early intervention and treatment at Tier 2 and to facilitate local medical and psychiatric admissions

Timeline 22/23

Measure 2

Completion of in house and NICE Guidelines Compliant training and supervision for Eating Disorders

Timeline 22/23

Measure 3

Measure the outcomes of the service that sees all clients with suspected eating disorders in BCUHB having specialist assessment and treatment plan in place within 4 weeks or 1 week if urgent (as per NICE 2017 guidance)

Timeline 22/23

- Resource Testing

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

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

Short description

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

Longer description

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

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

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

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

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

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

Short description

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

Longer description

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

Measure	Description	Timeline 22/23
Measure 1	Completed recruitment of MH medicines management team	A M J **J A S** O N D J F M
Measure 2	Training plan in place and being followed to non-pharmacy staff across Mental Health team, delivered by strengthened medicines management team	A M J J A S **O N D** J F M
Measure 3	Undertake evaluation of early impact upon medication prescribing and dispensing across the division	A M J J A S O N D **J F M**

- Resource Testing

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

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

Short description

Recovering access to neurodevelopmental (ND) services.

Longer description

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

Measure 1	Timeline 22/23
Identifying /scoping workforce requirements, developing business cases and plan recruitment	A M J J A S O N D J F M

Measure 2	Timeline 22/23
To develop a new tender for interventions, to further support families post diagnosis	A M J J A S O N D J F M

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

Short description

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

Longer description

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

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

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

- Resource Testing

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

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

Short description

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

Longer description

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

Measure	Description	Timeline 22/23 (A M J J A S O N D J F M)
Measure 1	Complete recruitment of specialist roles to team	A M J
Measure 2	Completion of necessary training for all disciplines including Cognitive behavioural treatment and Compassion focus therapy training	O N D
Measure 3	Benchmarking the Perinatal Service against the Royal College Standards and agree priority areas for improvement in years 2 and 3	J F M

- Resource Testing

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

Ref No	Title
a.2022.25	**Mental Health Improvement scheme - Psychiatric Liaison Services**

Short description

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

Longer description

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

Measure	Description	Timeline 22/23
Measure 1	Successful recruitment of PLS nurses	A M J J A S O N D J F M (highlighted: A M J)
Measure 2	Complete, and have implemented, working process review to focus upon delivering shorter waits in ED	A M J J A S O N D J F M (highlighted: O N D)
Measure 3	Review Q4 delivery against Psychiatric Liaison Accreditation standards	A M J J A S O N D J F M (highlighted: J F M)

- Resource Testing

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

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

Short description

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

Longer description

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

Measure	Description	Timeline 22/23 (highlighted months)
Measure 1	Board support of a co-designed ambitious proposal for the development of a school which is fully aligned to our other strategies and plans	A M J
Measure 2	Successful admissions to increased student numbers announced by the Minister for Health & Social Care in September 2021	O N D
Measure 3	Stage 2 of the GMC Accreditation Process completed	O N D

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

Short description

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

Longer description

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

Measure	Description	Timeline 22/23 (highlighted months)
Measure 1	Appointment to key leadership roles	A M J
Measure 2	Implementation of full operating Model	J A S
Measure 3	Post implementation gateways	O N D J F M

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

Short description

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

Longer description

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

Measure	Description	Timeline 22/23 (highlighted months)
Measure 1	Individual projects to develop benefits detailed benefits realisation measures (outcome/process/primary & latent)	A M J J A S
Measure 2	Migrate information oversight and assurance mechanism to central PMO function	A M J J A S
Measure 3	External specialist resource - complete tendering exercise for external providers (if required) and award tender to ensure delivery of products solutions	O N D

Timeline months: A M J J A S O N D J F M

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

Short description

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

Longer description

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

Measure	Description	Timeline 22/23 (highlighted months)
Measure 1	Each modality will have a documented service delivery model (including training and equipment needs) for the current year to reach a 6 week target	A M J (of A M J J A S O N D J F M)
Measure 2	Implement insourcing to address ultrasound capacity gap, as part of the saving babies lives programme	J A S (of A M J J A S O N D J F M)
Measure 3	Implement agreed opportunities for insourcing across all imaging modalities where necessary to progress towards a 6 week waiting list, whilst recruitment and training is progressed	J A S (of A M J J A S O N D J F M)
Measure 4	Implement revised staffing model/skill mix and training, supplemented where necessary by recruitment, to progress towards delivery of a sustainable 6 week waiting list	O N D J F M (of A M J J A S O N D J F M)

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

Short description

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

Longer description

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

Measure	Description	Timeline 22/23 (highlighted months)
Measure 1	Award contact to supplier to design, fund, build, equip and maintain RTCs and Final design of facilities	A M J (of A M J J A S O N D J F M)
Measure 2	Signed off pathways (using BCUPathways methodology) for priority pathways relating to RTCs	J A S (of A M J J A S O N D J F M)
Measure 3	Initial RTC commissioned (facilities, equip, workforce)	O N D (of A M J J A S O N D J F M)

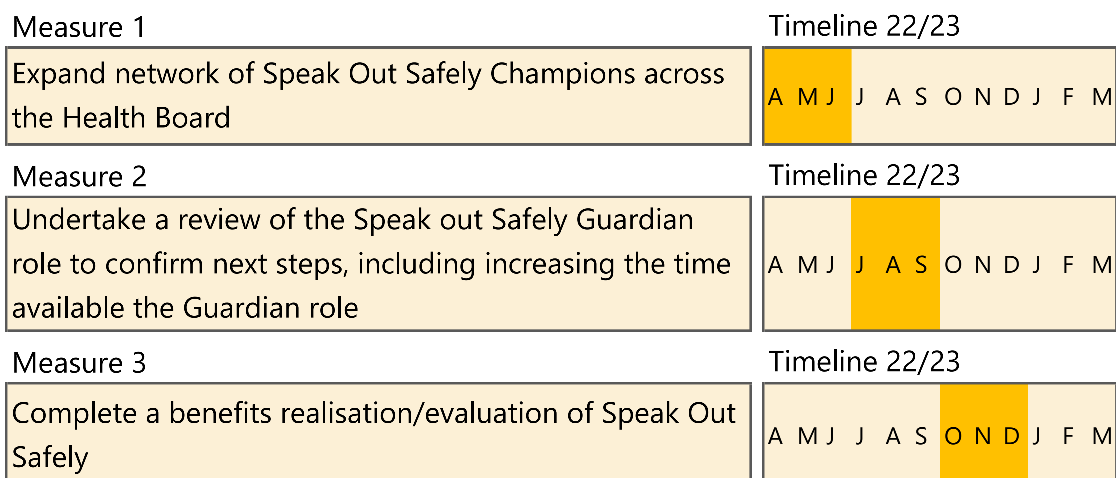
Ref No	Title
a.2022.32	**Speak Out Safely**

Short description

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

Longer description

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



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

Short description

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

Longer description

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

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

Measure	Description	Timeline 22/23
Measure 1	Recruit substantively to the short term 12 month posts created in 2021/22 to ensure service continuity	**A M J** J A S O N D J F M
Measure 2	Recruit to new posts to enable next phase of SWSS development	A M J **J A S** O N D J F M
Measure 3	Complete a benefits realisation/evaluation of SWSS	A M J J A S **O N D** J F M

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

Short description

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

Longer description

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

Measure 1

Commenced phased implementation of new ED and SDEC model across all 3 sites (phased so as to permit the continuation of service provision)

Timeline 22/23

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

Measure 2

New ED and SDEC model sustained across all 3 sites with following metrics expected:

- Up to 40% of USC intake managed with a '0' day LOS
- 85-90% of people going through SDEC do not get admitted
- Average Length of Stay (ALoS) in unit minimised to under 6 hours
- Improvement in ED standard by 10%
- Improvement in Ambulance Handover standard by 50%

Timeline 22/23

Measure 3

Gateway review undertaken to confirm compliance with model, and delivery of expected outcomes, identifying any areas requiring remedial action

Timeline 22/23

- Resource Testing

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

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

Short description

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

Longer description

This will be achieved by:
▪Providing a 'Once for North Wales' network approach to ensure consistency of clinical outcomes for early supported discharge and specialist integrated community in-patient rehabilitation services;
▪Further developing stroke prevention services in North Wales with an emphasis on primary and community care;
▪Strengthening acute stroke services across each of the District General Hospital sites to improve out of hours care and compliance with clinical guidelines and performance targets;
▪Preparing the case for investment in a Hyper Acute Stroke service for North Wales.

Measure 1

Successful recruitment of 3 Stroke Specialist Nurses and Sentinel Stroke National Audit Programme (SSNAP) Clerks, to improve pathway and performance in acute settings

Timeline 22/23

Measure 2

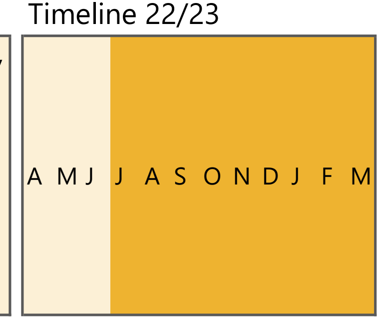
Provision of an inpatient environment for active rehabilitation working with Early Supported Discharge team to allow for optimal patient outcomes (one per Health Community)

Timeline 22/23

Measure 3

Successful recruitment of Consultant Therapists, Therapy and support team, and seven psychology posts to allow the delivery of early supportive discharge and rehabilitation services in community settings, and to underpin the delivery of a whole system end-to-end pathway, including prevention

Timeline 22/23



Measure 4

Submission of a developed case for investment in a Hyper-acute Stroke Service (Phase 2 of the BCU Stroke Programme)

Timeline 22/23

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

Short description

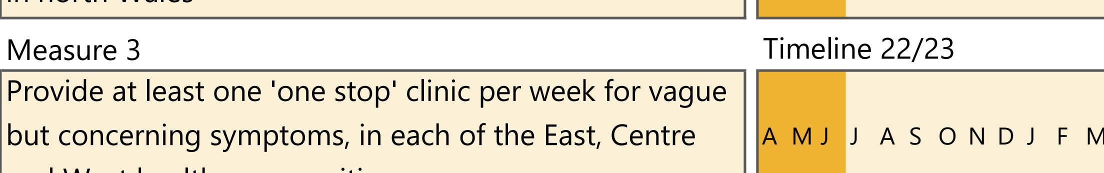
Implementation of a range of suspected cancer pathways to reduce waiting time and variation across north Wales.

Longer description

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

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

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



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

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

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

Short description

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

Longer description

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

Measure	Description	Timeline 22/23 (highlighted months)
Measure 1	Deliver a sustainable urgent primary care model for north Wales with supporting business case	A M J **J A S** O N D J F M
Measure 2	Demonstrate an increase in referrals to UPC centres from EDs and GP practices	A M J J A S O N D **J F M**
Measure 3	Evaluate the UPC service, including a cost benefit analysis as members of the all Wales UPC	A M J J A S O N D **J F M**

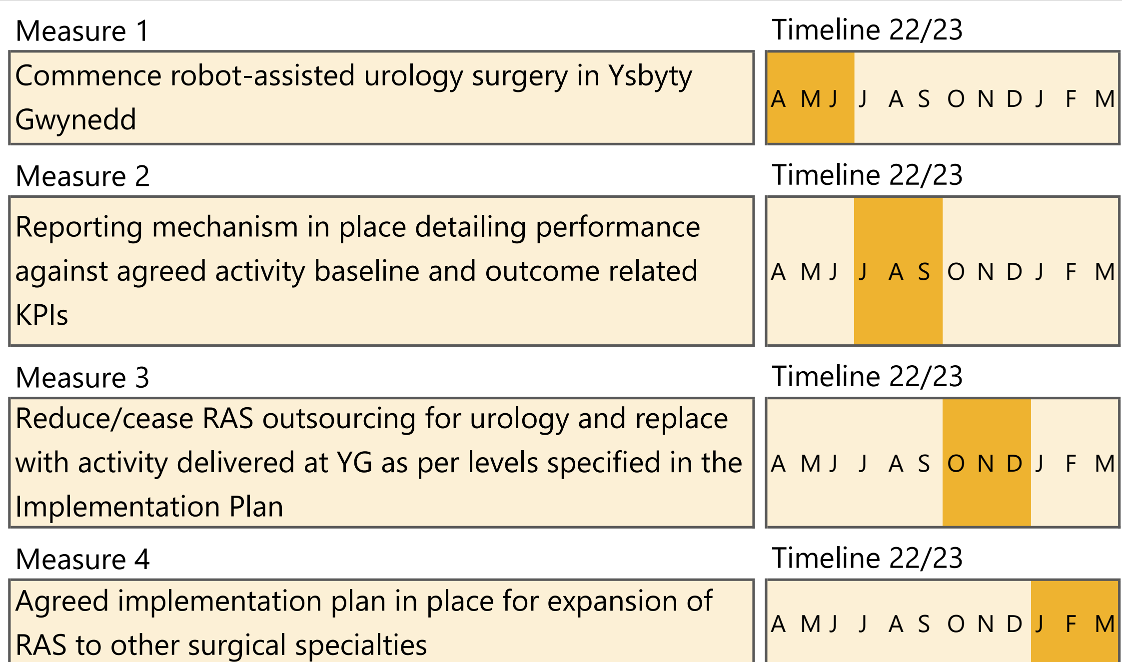
Ref No	Title
a.2022.38	**Urology - Robot Assisted Surgery**

Short description

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

Longer description

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



Measure	Description	Timeline 22/23 (highlighted months)
Measure 1	Commence robot-assisted urology surgery in Ysbyty Gwynedd	A M J (of A M J J A S O N D J F M)
Measure 2	Reporting mechanism in place detailing performance against agreed activity baseline and outcome related KPIs	J A S (of A M J J A S O N D J F M)
Measure 3	Reduce/cease RAS outsourcing for urology and replace with activity delivered at YG as per levels specified in the Implementation Plan	O N D (of A M J J A S O N D J F M)
Measure 4	Agreed implementation plan in place for expansion of RAS to other surgical specialties	J F M (of A M J J A S O N D J F M)

Ref No	Title
a.2022.39	**Vascular**

Short description

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

Longer description

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

Measure 1	Timeline 22/23
Scrutinise and sense-check business case, against deliverability, sustainability and value based healthcare principles	A M J J A S O N D J F M

Measure 2	Timeline 22/23
Successful recruitment against final, agreed, business case	A M J J A S O N D J F M

Ref No	Title
a.2022.40	**Video consultations**

Short description

Optimising the use of consultation video technology with Pathway redesigns.

Longer description

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

Measure 1

Training of at least 90% of BCUPathway coordinators in the optimal role of video consultations, advantages and disadvantages, when redesigning pathways

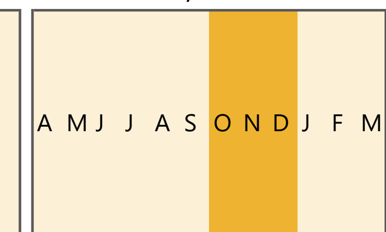
Timeline 22/23

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

Measure 2

System in place to monitor the number of patients consulted using video technology, rather than hospital outpatient follow-up, and the number needing to abandon and revert to a traditional face to face consultation

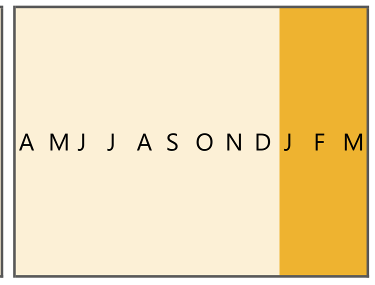
Timeline 22/23



Measure 3

Either BCUPathway agreed patient experience questionnaire (PREM) where available, or interim Video Consultation PREM (where BCUPathway PREM not available) sent to at least 500 patients who have been consulted by video during Q3 and Q4, with analysis of responses completed

Timeline 22/23



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

Short description

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

Longer description

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

Measure 1	Timeline 22/23
Gateway review to be undertaken 3 months post-implementation of the Community Resource Team (CRT) prototype	A M J **J A S** O N D J F M

Measure 2	Timeline 22/23
Continue implementation of CRT teams throughout BCUHB, IF supported by outcomes of gateway review	A M J J A S **O N D J F M**

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

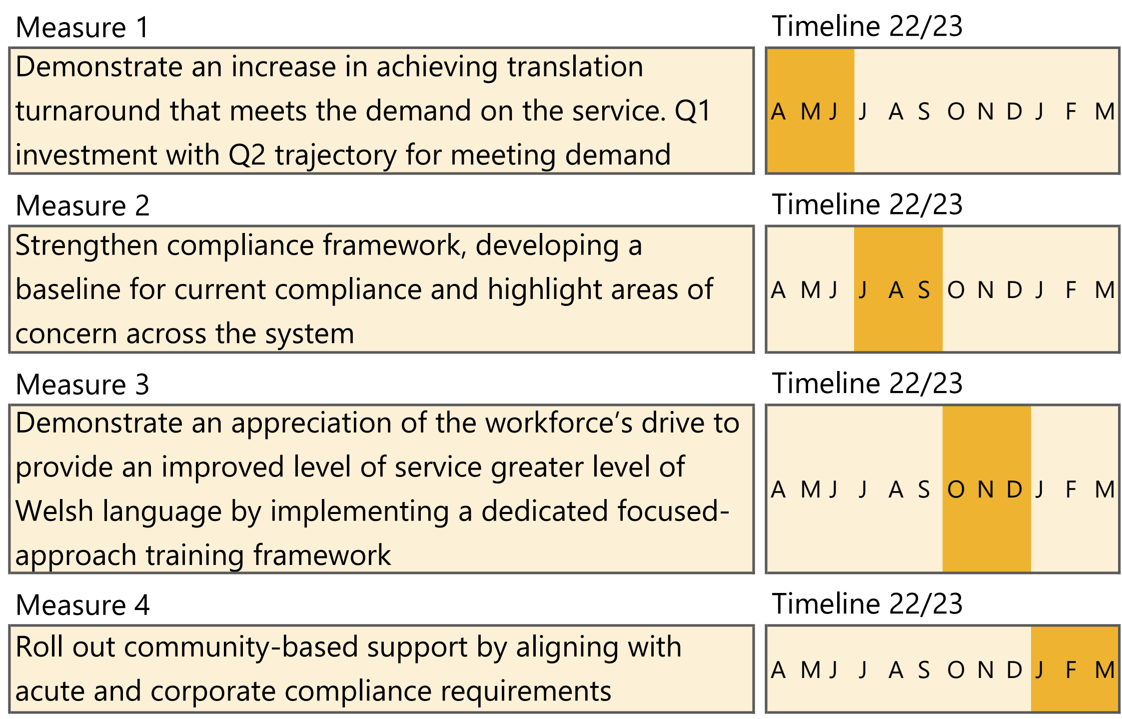
Short description

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

Longer description

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

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



Measure	Timeline 22/23
Measure 1: Demonstrate an increase in achieving translation turnaround that meets the demand on the service. Q1 investment with Q2 trajectory for meeting demand	A M J J A S O N D J F M
Measure 2: Strengthen compliance framework, developing a baseline for current compliance and highlight areas of concern across the system	A M J J A S O N D J F M
Measure 3: Demonstrate an appreciation of the workforce's drive to provide an improved level of service greater level of Welsh language by implementing a dedicated focused-approach training framework	A M J J A S O N D J F M
Measure 4: Roll out community-based support by aligning with acute and corporate compliance requirements	A M J J A S O N D J F M

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

Short description

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

Longer description

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

Measure	Description	Timeline 22/23
Measure 1	Go live of West WPAS merger into Central WPAS	A M J J A S O N D J F M (highlighted: A M J)
Measure 2	Programme plan for single instance phase to have commenced	A M J J A S O N D J F M (highlighted: J A S)

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

Short description

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

Longer description

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

- Practice Nurses
- Advanced Nurse Practitioners (ANPs) within Practice and Care Home environments
- Allied Health Professionals (AHPs), including
  - Advanced Physiotherapists
  - Occupational Therapists
  - Paramedics

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

Measure	Description	Timeline 22/23 (A M J J A S O N D J F M)
Measure 1	Recruit to ANP and AHP roles, thereby enabling individuals to be directed to the most appropriate support for their particular needs	O N D (highlighted)
Measure 2	Delivery of Practice Nurse Education programme to support sustainability within primary care. Staff to have undertaken long-term conditions training	O N D (highlighted)
Measure 3	Care Home ANP role fully integrated into CRTs	J F M (highlighted)

Ref No	Title
a.2022.45	**Workforce Operating Model**

Short description

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

Longer description

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

Measure	Description	Timeline 22/23
Measure 1	Report evidencing improvement in people service delivery	A M J **J A S** O N D J F M
Measure 2	Evidence of improvement in case management, including a reduction in claims expenditure and legal costs	A M J J A S **O N D** J F M
Measure 3	Evidence of improvement in ease of contacting people service – for employees and managers	A M J J A S **O N D** J F M

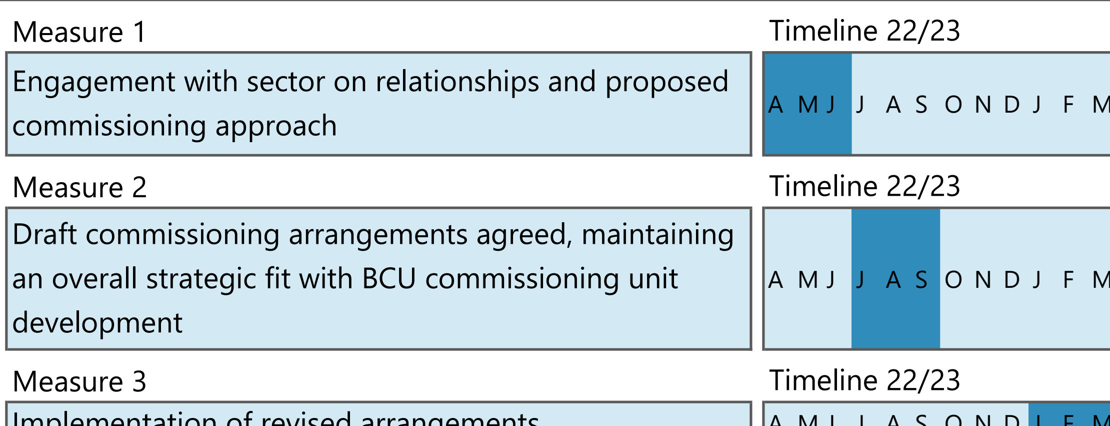
Ref No	Title
b.2022.1	**3rd sector Partnerships**

Short description

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

Longer description

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



Measure	Description	Timeline 22/23
Measure 1	Engagement with sector on relationships and proposed commissioning approach	A M J J A S O N D J F M
Measure 2	Draft commissioning arrangements agreed, maintaining an overall strategic fit with BCU commissioning unit development	A M J J A S O N D J F M
Measure 3	Implementation of revised arrangements	A M J J A S O N D J F M

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

Short description

Implement the national Accelerated Cluster Development Programme across north

Longer description

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

Measure	Description	Timeline 22/23 (highlighted months)
Measure 1	Establish six county level pan cluster planning groups (PC	J A S
Measure 2	Sustainable system agreed and in place for generating and analysing Local Needs Assessment date	A S O N D
Measure 3	PCPGs hardwired into revised BCU Planning processes	A S O N D
Measure 4	Governance framework for PCPGs agreed with partners	J F M
Measure 5	Community small-grant scheme piloted in one county	J F M

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

Short description

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

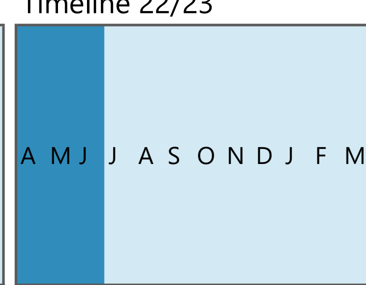
Longer description

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

Measure 1

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

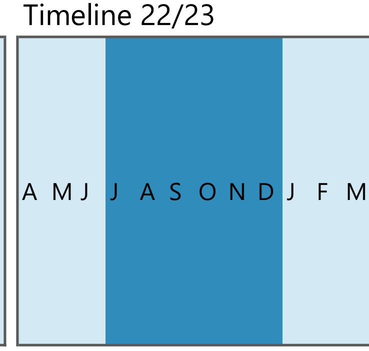
Timeline 22/23



Measure 2

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

Timeline 22/23



Measure 3

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

Timeline 22/23

Ref No	Title
b.2022.4	**BCUPathways, incorporating oncology and delayed planned care pathwa**

Short description

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

Longer description

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

Measure 1

Identification at least 20 priority pathways, cognisant of regional treatment development

Timeline 22/23

Measure 2

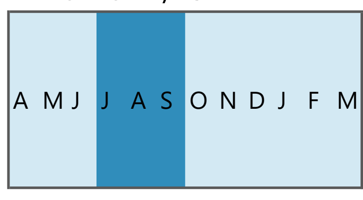
Consistent, continuous publication of BCUPathways in place, on webportal accessible by professionals and public, and supported by public and professional

Timeline 22/23

Measure 3

Collaborative review undertaken of version 1 of the BCUPathways methodology, to refine based upon initial pathways completed, in line with 'PDSA' improvement principles

Timeline 22/23



Measure 4

Rolling programme of pathways for creation/review in place, using BCUPathway methodology (as revised in previous measure)

Timeline 22/23

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

Short description

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

Longer description

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

Measure	Description	Timeline 22/23
Measure 1	Approved work-plan for each BAHNW scheme to have commenced, and partner network informed	A M J J A S O N D J F M (A M J highlighted)
Measure 2	Interdependencies framework is developed which supports organisational planning via Health Improvement & Reducing Inequalities Group (ToR Reviewed)	A M J J A S O N D J F M (J A S highlighted)
Measure 3	Evidence-based benefits (quantitative and qualitative) identified for the whole programme, in order to support organisational planning	A M J J A S O N D J F M (O N D highlighted)

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

Short description

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

Longer description

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

Measure	Description	Timeline 22/23 (highlighted months)
Measure 1	Scope and structure of commissioning unit agreed by Executive Team	A M J
Measure 2	Appointment to commssioning unit senior team	J A S
Measure 3	Written plan for timescale of full transfer of functions, and programme of work for year one and anticipated work in year two agreed with Executive team	J A S

Ref No	Title
b.2022.7	**Community Pharmacy Enhanced Services - Alcohol and Blood Borne Viru**

Short description

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

Longer description

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

Measure	Description	Timeline 22/23
Measure 1	Completed design of media and resources required to support the service	A M J J A S O N D J F M (highlighted: A M J)
Measure 2	At least one Community Pharmacy site offering ES in each of East, Centre, West health communities	A M J J A S O N D J F M (highlighted: J A S)
Measure 3	Evaluation completed of test sites (identified in measure 2)	A M J J A S O N D J F M (highlighted: J F M)

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

Short description

Improve diabetic foot management and outcomes across BCUHB.

Longer description

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

Measure	Description	Timeline 22/23 (highlighted months)
Measure 1	Increased podiatric capacity in place to support relaunched primary care component of diabetic foot pathway	A M J (of A M J J A S O N D J F M)
Measure 2	Review emergency admission data for diabetic foot presentations, which should be expected to fall as whole system pathway embeds	O N D (of A M J J A S O N D J F M)
Measure 3	Review inter-hospital transfer data for diabetic foot presentations, with transfers to YGC expected to fall as whole system pathway embeds	O N D (of A M J J A S O N D J F M)

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

Short description

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

Longer description

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

Measure	Description	Timeline 22/23
Measure 1	Completion of Strategy and submission to Board	A M J **J A S** O N D J F M
Measure 2	Implementation of policy and operating processes to deliver agreed strategy	A M J J A S **O N D J F M**

Ref No	Title
b.2022.10	**Golden Value Metrics**

Short description

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

Longer description

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

Measure	Description	Timeline 22/23
Measure 1	Agreed micro-set of metrics that provide a temperature check of the wider system, agreed by working group	A M J J A S O N D J F M (highlighted: A M J)
Measure 2	Implementation of metric set, published at front of performance reports	A M J J A S O N D J F M (highlighted: O N D)

Ref No	Title
b.2022.11	**Implementing the Quality Act**

Short description

The Health and Social Care (Quality and Engagement) (Wales) Act 2020.

Longer description

We will fully comply with the requirements of the Quality Act when it is implemented nationally in April 2023. This includes the Duty of Quality, the Duty of Candour and full engagement with the new Citizens Voice Body.

Measure	Description	Timeline 22/23 (A M J J A S O N D J F M)	Highlighted months
Measure 1	Consider the full requirements of the Act, and develop a plan to ensure full compliance when it comes into force in 2023	A M J J A S O N D J F M	J A S
Measure 2	Amendment/development of internal systems, if so required, to ensure compliance	A M J J A S O N D J F M	O N D J F M

Ref No	Title
b.2022.12	**Inverse Care Law work**

Short description

The Inverse Care Law states that those who most need healthcare are least likely to receive it, and in contrast, those with least need of healthcare tend to access healthcare more effectively. This challenge is reflected in the gap in life expectancy and healthy life expectancy between the most and least deprived. This programme will design the supporting infrastructure and frameworks through which Primary Care, in partnership with community, voluntary and local services can address the health inequality challenges facing their local populations.

Longer description

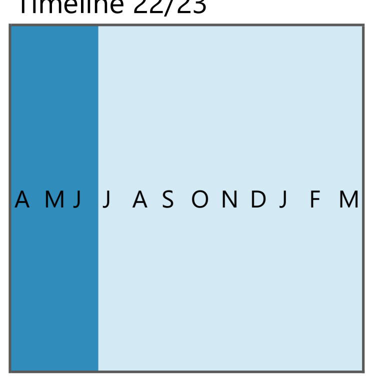
The programme will practically deliver solutions that are able to demonstrate impact in reducing health inequalities, thereby increasing our chances to reduce the gap in healthy life expectancy and improve the health and wellbeing of those who are most in need.

Acknowledging that social determinants have a significantly greater impact on health than can be managed by our NHS alone, we will enable local teams to take a partnership approach to addressing health inequalities that exist within their communities.

Measure 1

By June '22 we will have established our Community of Practice (CoP) as the vehicle for change in tackling health inequalities in North Wales. The CoP will have defined its aims, objectives and purpose. We will have created a local networking platform for hosting case studies and we will have developed a knowledge & skills framework to support the work of the group and its members

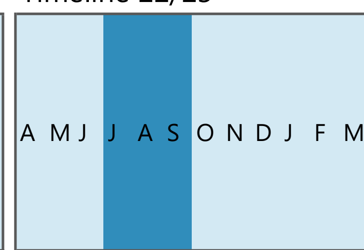
Timeline 22/23



Measure 2

By September '22 we will have developed Rapid Actionable Insight (RAI) packs to support identification of health inequalities at cluster/locality level. We will have commenced our engagement process in seeking out our innovator clusters

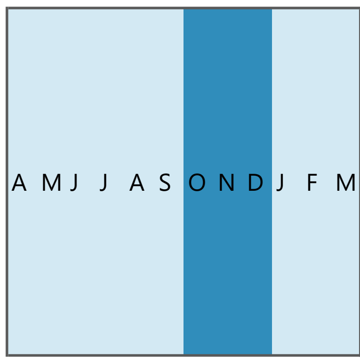
Timeline 22/23



Measure 3

By December '22 we will have developed our Health Inequalities Intervention & Innovation Plan (HIIP) for inclusion within our 23/24 IMTP. We will have identified a minimum of 6 innovator clusters aligned to our Local Authority footprints. The HIIP clusters will work on a set of interventions, which they wish to test to drive down health inequalities in their chosen population group

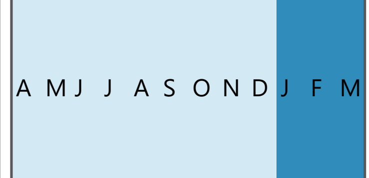
Timeline 22/23



Measure 4

By March '23 we will have put in place the required supporting mechanisms for the innovator clusters/ localities to commence their implementation. We will have held 6 kick-starter events

Timeline 22/23



Ref No	Title
b.2022.13	**LEAN Healthcare system**

Short description

Implementation of a coordinated continuous improvement approach across BCU built upon the LEAN Healthcare methodology.

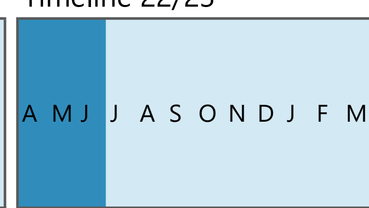
Longer description

This scheme will roll-out a consistent, evidence based improvement methodology (LEAN Healthcare based) across BCU, by the recently enhanced Transformation and Improvement team, supported by Improvement Cymru.

Measure 1

Establishment of a buddying arrangement with a respected and established LEAN Healthcare organisation, in line with current plan created with the support of Improvement Cymru

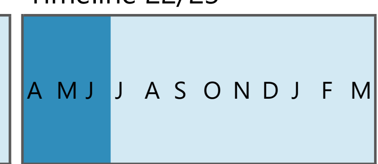
Timeline 22/23



Measure 2

Successful launch of a standard BCU improvement toolkit, building upon LEAN, enabling consistency of approach and support

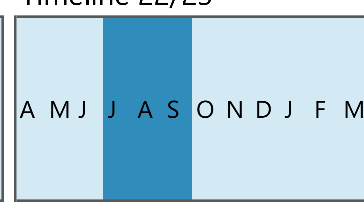
Timeline 22/23



Measure 3

Progression to full implementation of BCU improvement portal, including webchat facilities with continuous improvement practitioners and best practice case-study library

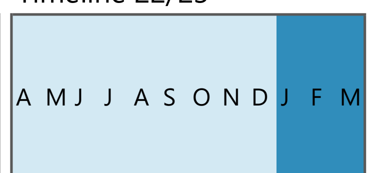
Timeline 22/23



Measure 4

First annual report outlining breadth of continuous improvement activity that has been supported, and clinical impact

Timeline 22/23



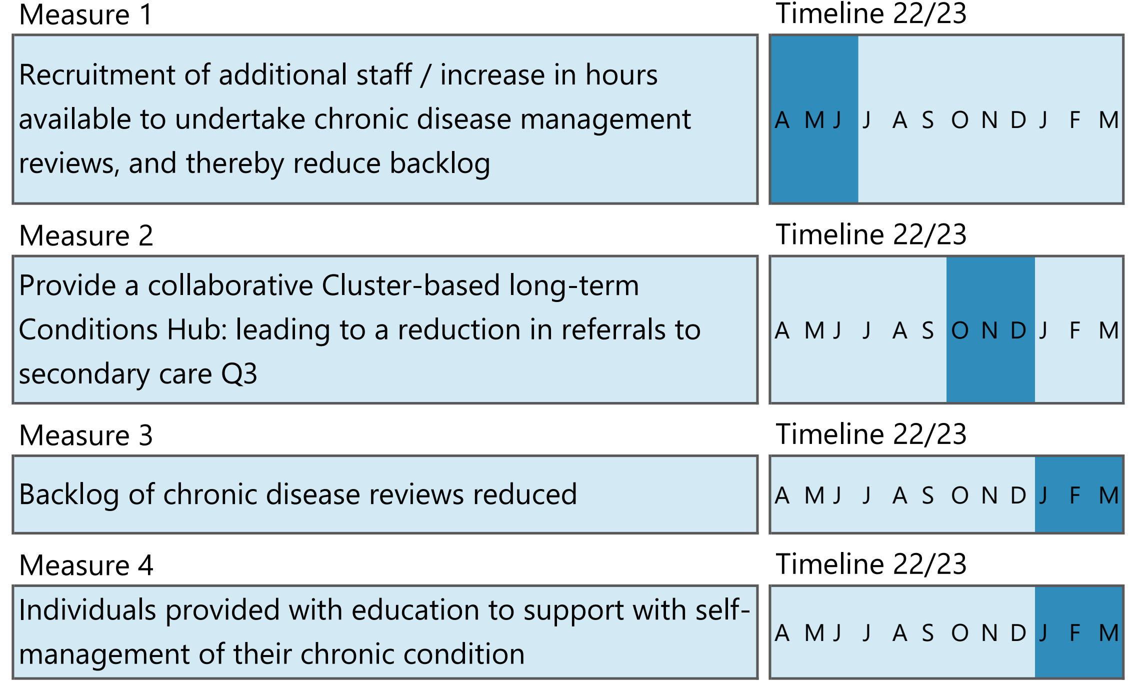
Ref No	Title
b.2022.14	**Recovery of Primary Care chronic disease monitoring**

Short description

Planned care in Primary Care has been negatively impacted over the last 15 months due to the need to respond to the pandemic and vaccination programme, causing a backlog of chronic disease reviews, leading to increased waits for people living with a chronic condition(s). As part of primary care recovery, Cluster funding will work to reduce this backlog. In addition, in a number if Clusters, work will also be undertaken in order to improve and enhance services to people with a chronic disease, with a focus primarily upon diabetes care.

Longer description

Priority will be given across all primary care clusters, to reducing the backlog of chronic disease reviews. The approach taken to achieve this reduction is determined by individual clusters, and includes the recruitment of additional Chronic Conditions nurses, or by increasing the number of sessions currently available across the practices in order to meet with more individuals.



Measure	Timeline 22/23
Measure 1: Recruitment of additional staff / increase in hours available to undertake chronic disease management reviews, and thereby reduce backlog	A M J J A S O N D J F M
Measure 2: Provide a collaborative Cluster-based long-term Conditions Hub: leading to a reduction in referrals to secondary care Q3	A M J J A S O N D J F M
Measure 3: Backlog of chronic disease reviews reduced	A M J J A S O N D J F M
Measure 4: Individuals provided with education to support with self-management of their chronic condition	A M J J A S O N D J F M

Ref No	Title
b.2022.15	**Results management**

Short description

Improve the assurance for the management of results across BCUHB by fully delivering a fit for purpose solution that will improve patient safety.

Longer description

Delivery of a fit for purpose results solution that will improve patient safety and ultimately stop printed results, by utilising the Welsh Clinical Portal (WCP) Results Notification and Assurance dashboard.

Measure	Description	Timeline 22/23
Measure 1	Full implementation of pre-go live tasks within phase 2 of project plan	A M J (highlighted) J A S O N D J F M
Measure 2	Go live with WCP results notification and action recording	A M J J A S (J A S highlighted) O N D J F M

Ref No	Title
b.2022.16	**Valuing carers**

Short description

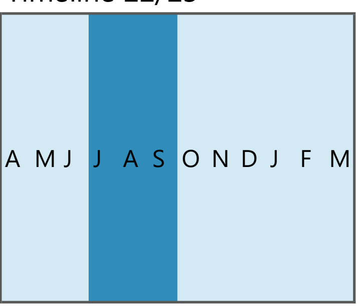
Working with partners across north Wales to develop and commission a range of support options, which ensure that the needs of informal carers are taken into account across Primary and Secondary care, and which recognise the valuable informal carers play in enabling care closer to home.

Longer description

Working in partnership with informal carers, third sector providers and local authorities, the Health Board will continue to develop and commission a range of initiatives aimed at improving informal carers' access to information, advice and assistance across primary and secondary care:
- GP Carer Facilitators support GP Practices and community pharmacies by keeping them updated on legislation, training and education. This enables them to raise awareness of carers within the surgeries and pharmacy settings. The Facilitator supports GP practices to put in place systems for identifying carers at the earliest possible stage and works with agencies that can help surgeries to support carers. Support is provided to enable carers to access flexible appointments that acknowledge their caring role.
- Hospital Carer Facilitators assist informal carers by providing information, support and facilitating the discharge process in a way that enables the carer to cope with their caring role. The facilitator works closely with the hospitals and MDTs and engages with local authorities and other stakeholders.
- Short-term Respite service allows carers to take care of their own health needs, be it to attend a hospital or other health appointment, or if they are feeling generally unwell.

Outcomes Framework:
- Joint outcomes framework for carers services across north Wales co-designed with local authority partners and third sector providers
- Current commissioned carers services mapped against outcomes framework, and gaps identified

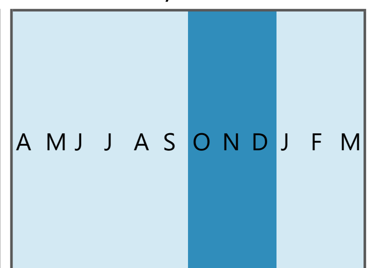
Timeline 22/23



Measure 2

Review of current carers contracts:
- Quality performance review of existing carers contracts completed
- Recommendations for future commissioning made to Executive Board

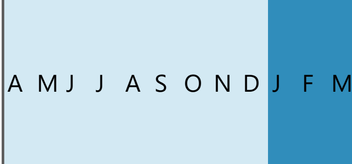
Timeline 22/23



Measure 3

Therapeutic alliance:
- With Welsh Government, explore the development of a 'therapeutic alliance' to support quality care and support for carers and the person cared for

Timeline 22/23



Integrated Medium Term Plan 2022/25

Appendix 4
2022/23 Workforce Profiles

This page is intentionally blank

People (Workforce) Plan – 2022-2023

People (Workforce) Planning 2022 – 2025

As described earlier in the People Strategy and Plan, considerable work has been undertaken to develop a robust mechanism and infrastructure to enable effective and predictive workforce modelling and planning both at a local and national level. This work aligns with national programmes e.g. strategic workforce planning frameworks for primary care, mental health and the emerging planned care recovery framework.

The progress made to date has enabled the further integration of people capacity, capability assessments into the prioritisation stages of our strategic and operational planning processes. In the lifecycle of this Strategy, we will develop our workforce analysis and scenario planning and projection systems and capability to the level that it can provide:

- an intelligent, adaptable and accessible platform to test input, output and outcome scenarios;
- inform service development prioritisation and commissioning decision making
- drive resource allocation and development decisions across the Health Board, the wider Health and Social Care system; and
- Influence local and national policy.

At this stage, this People (Workforce) Plan focusses upon delivery of the first year of the Integrated Medium Term Plan (IMTP). However, supporting the IMTP is a full workforce profile for the 3 years 2022 -2025 and this can be found here.

This profile is set out into the following areas:

Core Workforce – Permanent and Fixed Term - This element covers all substantive staff who are on a permanent of fixed term contract within the organisation. It allows the organisation to compare like for like year on year (March 2021 to March 2022) and then project forward across the next financial year 22/23 taking into account new initiatives, education commissioning figures and areas such as apprentices. The use of apprenticeships is an area where the Health Board is looking to increase numbers from 16 currently to over 300 across the next 2 years.

Variable Workforce - The variable workforce element captures internal temporary staffing utilised across the Health Board excluding agency workers. It covers areas such as bank staff shifts and overtime hours carried out by our substantive staff. This allows the workforce teams to understand the Health Boards reliance on temporary workforce to ensure the optimum balance between core and variable workforce is maintained. It is our intention to significantly reduce our usage of variable workforce over the next 2 years, whilst recognising the ongoing pressures across the NHS workforce as a whole.

Agency/Locum - The Health Board has traditionally relied on external temporary staffing to bolster specific areas of the workforce where long-term gaps and shortages have existed. Going forward over the next 2 years it is our intention to reduce our reliance on this area of workforce resource.

Covid 19 Breakdown: Test, Trace & Protect Service (TTP), Mass Vaccination Programme and Planned and Unscheduled Care Sustainability - The final element of the workforce profile covers the impact of Covid 19 on our workforce across three major areas. These are the current TTP and Mass Vaccination services we have been and are currently providing in response to the pandemic, and in addition to this the additional workforce we have utilised across planned and unscheduled care to sustain these services in light of the Covid 19 impact on patient admissions and procedures.

Workforce Plan 2022 - 2023

The People (Workforce) Plan outlines the detailed recruitment (and retention) activity that will be carried out across the first year of the Strategy with the aim of delivering a more stable position across the existing workforce and to deliver the additional workforce required to deliver year 1 of the IMTP.

The plan is broken down into the following elements with a consolidated summary below

Combined Workforce Plan – 2022/2023

The overarching position in terms of additional recruitment (and retention) required across the health board in 22/23 net core national and local commissioning impact.

Bridging the Gap – 2022/2023

Additional recruitment (and retention) activity required to close the vacancy gap across the existing workforce. Including projection based on performance to date and stretch target for improvement of the position.
Actual and projected output from national and local education commissioning

IMTP Priorities – Workforce Impact

Additional recruitment required to support the delivery of the IMTP

- Consolidated Schemes for 22/23
- Schemes Commencing in 22/23
- Planned Care Recovery Initiatives - 22/23 (*Additional recruitment required to support and sustain planned care services)*

Primary Care Resilience

Additional recruitment (and retention) activity set to support workforce resilience in year 1 of the People Strategy & Plan whilst GP Workforce Recruitment and Retention Strategy finalised.

Combined Workforce Plan

The overarching position in terms of additional recruitment (and retention) required across the health board in 22/23 once commissioning activity is factored in is 660 WTE or 928 WTE (Stretch) across all staff groups.

The deliverability assessment has been based on a combination of factors including:

* volume of recruitment and timescales
* identified staff groups against national and regional context and intelligence
* service specifics i.e. model, reputation and historic recruitment activity and success

Workforce Plan Recruitment Activity Summary 22/23 (WTE)					
	Medical	Nursing	Other Clinical Registrants	Non-Registrants & Non-Clinical	Totals
Bridging the Gap	89	398	124	353	**964**
IMTP Consolidated Schemes	59	185	188	204	**637**
IMTP Commencing Schemes	15	5	9	22	**50**
IMTP Planned Care Recovery Initiatives	6	10	43	39	**98**
Totals	**168**	**598**	**365**	**618**	**1749**
Primary Care Resilience Plan	15	13	15	34	**78**
National & Local Commissioning 22/23	65	306	206	245	**822**
Recruitment Net Commisioning Activity Position	**103**	**292**	**159**	**373**	**927**
Deliverability					

Bridging the Gap – 22/23

To ensure the Health Board can deliver and sustain existing services throughout the 2022/23 and beyond detailed work has been carried out to quantify and project the recruitment activity across the different staff groups needed to achieve this. This is to ensure appropriate measures and resources are put in place to support the delivery of the recruitment of this workforce.

With this in mind and building on work commenced in 22/23 a number of initiatives are in place and being further developed to facilitate and support the ongoing recruitment of staff across and into the Health Board.

These include aggregated recruitment campaigns across staff groups and services to ensure maximum impact and exposure across all media to attract candidates to the Health Board.

Other initiatives such as centralised talent pools for high volume applications, such as Health Care Support Workers (HCSWs) and Estates and Facilities, will be in place to streamline and maximise recruitment in these areas.

Over the next year, the stratified risk recruitment target has been set against each staff group based on assessment of the impact of improvements in recruitment and or retention together with impact of not reducing the gaps further on delivery of services.

The table below shows the current position in terms of existing gaps across staff groups and the targets that have been set to support a sustainable workforce going forward across the Health Board.

Bridging the Gap – Projections and Stretch Targets

Staff Group	Febuary 2022 FTE Budgeted	Febuary 2022 FTE Actual	Febuary 2022 FTE Variance	22/23 Recruitment Trajectory Profile	March 23 FTE Variance	22/23 Risk Stratified Recruitment Target	March 23 Risk Stratified Variance
Add Prof Scientific and Technic	703.4	672.7	30.7	22.1	**8.6**	23.2	**7.5**
Additional Clinical Services	3673.1	3534.5	138.7	124.8	**13.8**	131.1	**7.6**
Administrative and Clerical	3486.5	3342.7	143.8	129.4	**14.4**	135.9	**7.9**
Allied Health Professionals	1185.4	1109.4	76.0	68.4	**7.6**	71.8	**4.2**
Estates and Ancillary	1381.8	1265.3	116.5	-57.2	**173.7**	85.8	**30.7**
Healthcare Scientists	288.4	253.0	35.4	24.5	**10.9**	29.4	**6.0**
Medical and Dental	1626.1	1218.0	408.1	63.6	**344.5**	89.0	**319.1**
Nursing and Midwifery Registered	5860.6	5268.1	592.5	284.2	**308.3**	397.9	**194.6**
	18205.3	**16663.6**	**1541.7**	**659.9**	**881.9**	**964.1**	**577.6**

Profile by month:

Staff Group	Monthly Workforce Profile												Monthly Workforce Profile
	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	
Add Prof Scientific and Technic	3	5	7	9	10	12	14	15	17	19	20	23	
Additional Clinical Services	43	64	85	107	128	131	131	131	131	131	131	131	
Administrative and Clerical	28	43	57	71	85	99	114	128	136	136	136	136	
Allied Health Professionals	35	55	72	72	72	72	72	72	72	72	72	72	
Estates and Ancillary	12	24	36	48	60	72	84	96	108	120	132	144	
Healthcare Scientists	4	6	8	9	11	15	17	19	21	23	24	29	
Medical and Dental	4	8	12	16	60	64	68	72	76	80	84	89	
Nursing and Midwifery Registered	96	104	111	119	127	154	162	170	177	185	193	398	

National and Local Commissioning profile for 2022 -2023

Worforce Areas	Headcount of New Commissioned Output 22/23
Allied Health Professionals	110.0
Healthcare Science	15.0
Nursing and Midwifery	306.0
Physicians Associates	12.0
Pharmacy	37.0
Medical	65.0
Primary Care	32.0
Apprenticeships	245.0
	822.0

Profile by month:

Worforce Areas	Monthly Workforce Profile												Monthly Workforce Profile
	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	
Allied Health Professionals	35	70	110	110	110	110	110	110	110	110	110	110	
Healthcare Science	15	15	15	15	15	15	15	15	15	15	15	15	
Nursing and Midwifery	88	88	88	88	88	108	108	108	108	108	108	306	
Physicians Associates	0	0	0	0	0	0	0	12	12	12	12	12	
Pharmacy	37	37	37	37	37	37	37	37	37	37	37	37	
Medical	0	0	0	0	0	65	65	65	65	65	65	65	
Primary Care	32	32	32	32	32	32	32	32	32	32	32	32	
Apprenticeships	20	40	60	80	100	120	140	160	180	200	220	245	

IMTP Priorities – Workforce Impact

This section of the plan profiles what is required across three of the main areas of the IMTP in terms of recruitment activity to support and enable delivery of the Health Boards transformation plans across the next 3 years.

Each scheme has been assessed in terms of workforce delivery based on a RAG rated matrix. The factors that have been taken into consideration include volume of recruitment, identified staff groups, service specifics, historic recruitment activity and success.

This has provided a robust and consistent approach to ensure the recruitment profiles are realistic and deliverable to ensure schemes can be implemented and deliver the identified improvements outlined in the IMTP.

Key

‘no workforce implications’	The human resource required to deliver this scheme is already factored in to existing team workplans.
RAG rating of AMBER ●	The workforce requirements of this scheme have been carefully scrutinised and are considered to be appropriate in nature. There is a high likelihood of being able to recruit the necessary individuals, including specialist roles.
RAG rating of AMBER ●	The workforce requirements of this scheme have been carefully scrutinised and are considered to be appropriate in nature. There are some concerns about being able to recruit the necessary individuals but mitigation is in place in case of incomplete recruitment, and the scheme is of sufficient importance that we consider it important to maximise efforts and seek to fully recruit.
RAG rating of AMBER ●	The workforce requirements of this scheme have been carefully scrutinised and are considered to be appropriate in nature. There are significant concerns about being able to recruit the necessary individuals. Red RAG schemes would not normally be progressed. Red RAG schemes will only been included in limited circumstances: - The scheme is multi-year, already underway, and is progressing well in all other respects. The adverse workforce RAG score has arisen since commencing the scheme and on balance it is considered appropriate to continue. Mitigation has been considered should preferred recruitment levels be unsuccessful. - The scheme is new. Although there are recruitment concerns, the workforce requirements have been heavily scrutinised to increase the prospect of suitable recruitment (e.g. by reviewing skill mix). The scheme is of such importance that it is considered important to try to recruit. Mitigation is in place should preferred recruitment levels be unsuccessful.
Monthly workforce profile	Total cumulative workforce numbers for the scheme, by month, rounded to nearest full person.

Schemes being consolidated during 2022/23

Ref	Title		Medical (WTE)	Nursing (WTE)	Other Clinical Registrants (WTE)	Non-Registrants & Non-Clinical	Total (WTE)
a.2022.1	Care Home support		0.0	3.0	0.0	0.0	**3.0**
a.2022.2	Colwyn Bay Integrated services facility		No Workforce Implications				
a.2022.3	Continuing Healthcare infrastructure		0.0	32.0	0.0	0.0	**32.0**
a.2022.4	COVID-19 vaccination and Test, Trace and Protect (TTP)		No increase in Workforce expectations				
a.2022.5	Digitisation of Welsh Nursing Care Record		0.0	0.0	0.0	5.0	**5.0**
a.2022.6	Eye Care		1.3	0.0	3.0	5.4	**9.7**
a.2022.7	Further development of the Academy		3.0	10.2	8.6	5.0	**26.8**
a.2022.8	Health & Safety Statutory Compliance		0.0	0.0	0.0	24.0	**24.0**
a.2022.9	Home First Bureaus			25.6			**25.6**
a.2022.10	Implementation of Audiology pathway		0.0	0.0	14.8	0.0	**14.8**
a.2022.11	Improving minimal access surgery in gynaecology and north Wales specialist endometriosis care		1.6	1.2	0.0	1.8	**4.6**
a.2022.12	Long Covid		0.2	2.0	25.7	4.5	**32.4**
a.2022.13	Lymphoedema		No Workforce Implications				
a.2022.14	Mental Health Improvement scheme - AISB Joint Commissioning		No Workforce Implications				
a.2022.15	Mental Health Improvement scheme - CAMHS Training and Recruitment		0.0	3.0	0.0	0.0	**3.0**
a.2022.16	Mental Health Improvement scheme - CAMHS Transition and Joint working		0.0	0.0	0.0	5.0	**5.0**
a.2022.17	Mental Health Improvement scheme - Early Intervention in Psychosis		1.0	0.0	2.0	9.0	**12.0**
a.2022.18	Mental Health Improvement scheme - Eating Disorders Service development		0.0	1.0	7.2	1.0	**9.2**
a.2022.19	Mental Health Improvement scheme - ICAN Primary Care		0.0	0.0	19.0	14.0	**33.0**
a.2022.20	Mental Health Improvement scheme - Medicines Management support		0.0	0.0	9.0	0.0	**9.0**
a.2022.21	Mental Health Improvement scheme - Neurodevelopment recovery		No Workforce Implications				
a.2022.22	Mental Health Improvement scheme - Occupational Therapy		0.0	0.0	9.0	0.0	**9.0**
a.2022.23	Mental Health Improvement scheme - Older Persons Crisis Care		0.0	6.0	24.0	0.0	**30.0**
a.2022.24	Mental Health Improvement scheme - Perinatal Mental Health Services		0.0	0.0	3.5	2.0	**5.5**
a.2022.25	Mental Health Improvement scheme - Psychiatric Liaison Services		0.0	3.0	1.5	6.0	**10.5**
a.2022.27	North Wales Medical & Health Sciences School		No Workforce Implications				
a.2022.28	Operating Model		1.0	3.0	3.0	2.0	**9.0**
a.2022.29	People & OD Strategy – Stronger Together		0.0	0.0	0.0	8.0	**8.0**

Ref	Title		Medical (WTE)	Nursing (WTE)	Other Clinical Registrants (WTE)	Non-Registrants & Non-Clinical	Total (WTE)
a.2022.30	Radiology sustainable plan		No Workforce Implications				
a.2022.31	Regional Treatment Centres				1.0	8.0	**9.0**
a.2022.32	Speak Out Safely		0.0	0.0	0.0	1.6	**1.6**
a.2022.33	Staff Support and Wellbeing		0.0	0.0	5.0	2.0	**7.0**
a.2022.34	Strengthening emergency department (ED) & SDEC workforce to improve patient flow.		38.8	54.7	0.0	24.3	**117.8**
a.2022.35	Stroke services		0.0	6.0	20.1	3.0	**29.1**
a.2022.36	Suspected cancer pathway improvement		2.5	0.7	0.9	2.9	**6.9**
a.2022.37	Urgent Primary Care Centres		1.0	0.0	8.5	3.0	**12.5**
a.2022.38	Urology - Robot Assisted Surgery		No Workforce Implications				
a.2022.39	Vascular		8.4	17.0	12.4	15.5	**53.2**
a.2022.40	Video consultations		No Workforce Implications				
a.2022.41	Welsh Community Care Information System (WCCIS)		0.0	0.0	0.0	28.9	**28.9**
a.2022.42	Welsh Language		0.0	0.0	0.0	3.5	**3.5**
a.2022.43	Welsh Patient Administration System		0.0	0.0	0.0	9.0	**9.0**
a.2022.44	Widening of Primary Care workforce		0.0	17.0	10.0	0.0	**27.0**
a.2022.45	Workforce Operating Model – (inc. recruitment etc.)		0.0	0.0	0.0	10.0	**10.0**
			58.7	**185.3**	**188.2**	**204.3**	**636.5**

Profile by month:

Ref	Title	Monthly Workforce Profile												Monthly Workforce Profile
		M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	
a.2022.1	Care Home support	3	3	3	3	3	3	3	3	3	3	3	3	
a.2022.2	Colwyn Bay Integrated services facility	No Workforce Implications												
a.2022.3	Continuing Healthcare infrastructure							32	32	32	32	32	32	
a.2022.4	COVID-19 vaccination and Test, Trace and Protect (TTP)	No increase in Workforce expectations												
a.2022.5	Digitisation of Welsh Nursing Care Record	5	5	5	5	5	5	5	5	5	5	5	5	
a.2022.6	Eye Care	5	8	10	10	10	10	10	10	10	10	10	10	
a.2022.7	Further development of the Academy				12	12	12	22	22	22	27	27	27	
a.2022.8	Health & Safety Statutory Compliance	15	15	24	24	24	24	24	24	24	24	24	24	
a.2022.9	Home First Bureaus	9	9	9	26	26	26	26	26	26	26	26	26	
a.2022.10	Implementation of Audiology pathway				15	15	15	15	15	15	15	15	15	

Ref	Title	Monthly Workforce Profile												Monthly Workforce Profile
		M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	
a.2022.11	Improving minimal access surgery in gynaecology and north Wales specialist endometriosis care				5	5	5	5	5	5	5	5	5	
a.2022.12	Long Covid	32	32	32	32	32	32	32	32	32	32	32	32	
a.2022.13	Lymphoedema	No Workforce Implications												
a.2022.14	Mental Health Improvement scheme - AISB Joint Commissioning	No Workforce Implications												
a.2022.15	Mental Health Improvement scheme - CAMHS Training and Recruitment				3	3	3	3	3	3	3	3	3	
a.2022.16	Mental Health Improvement scheme - CAMHS Transition and Joint working			5	5	5	5	5	5	5	5	5	5	
a.2022.17	Mental Health Improvement scheme - Early Intervention in Psychosis							12	12	12	12	12	12	
a.2022.18	Mental Health Improvement scheme - Eating Disorders Service development				9	9	9	9	9	9	9	9	9	
a.2022.19	Mental Health Improvement scheme - ICAN Primary Care				33	33	33	33	33	33	33	33	33	
a.2022.20	Mental Health Improvement scheme - Medicines Management support				9	9	9	9	9	9	9	9	9	
a.2022.21	Mental Health Improvement scheme - Neurodevelopment recovery	No Workforce Implications												
a.2022.22	Mental Health Improvement scheme - Occupational Therapy							9	9	9	9	9	9	
a.2022.23	Mental Health Improvement scheme - Older Persons Crisis Care				30	30	30	30	30	30	30	30	30	
a.2022.24	Mental Health Improvement scheme - Perinatal Mental Health Services							6	6	6	6	6	6	
a.2022.25	Mental Health Improvement scheme - Psychiatric Liaison Services				11	11	11	11	11	11	11	11	11	
a.2022.27	North Wales Medical & Health Sciences School	No Workforce Implications												
a.2022.28	Operating Model	1	3	9	9	9	9	9	9	9	9	9	9	
a.2022.29	People & OD Strategy – Stronger Together			8	8	8	8	8	8	8	8	8	8	
a.2022.30	Radiology sustainable plan	No Workforce Implications												
a.2022.31	Regional Treatment Centres	4	4	4	9	9	9	9	9	9	9	9	9	
a.2022.32	Speak Out Safely	2	2	2	2	2	2	2	2	2	2	2	2	
a.2022.33	Staff Support and Wellbeing	7	7	7	7	7	7	7	7	7	7	7	7	
a.2022.34	Strengthening emergency department (ED) & SDEC workforce to improve patient flow.	12	17	22	27	32	47	52	57	62	67	67	67	
a.2022.35	Stroke services	29	29	29	29	29	29	29	29	29	29	29	29	
a.2022.36	Suspected cancer pathway improvement	2	3	5	5	5	7	7	7	7	7	7	7	
a.2022.37	Urgent Primary Care Centres	13	13	13	13	13	13	13	13	13	13	13	13	
a.2022.38	Urology - Robot Assisted Surgery	No Workforce Implications												
a.2022.39	Vascular	0	11	20	21	22	23	50	51	52	52	52	53	
a.2022.40	Video consultations	No Workforce Implications												
a.2022.41	Welsh Community Care Information System (WCCIS)	11	11	11	25	25	25	29	29	29	29	29	29	
a.2022.42	Welsh Language		2	3	4	4	4	4	4	4	4	4	4	
a.2022.43	Welsh Patient Administration System	9	9	9	9	9	9	9	9	9	9	9	9	
a.2022.44	Widening of Primary Care workforce	0	0	0	0	0	0	9	18	27	27	27	27	
a.2022.45	Workforce Operating Model – (inc. recruitment etc.)			10	10	10	10	10	10	10	10	10	10	

To support the schemes across both areas whether consolidating or commencing the team will work closely with the scheme leads to ensure any perceived barriers to recruitment are navigated and detailed plans are in place to provide projected recruitment timelines and visibility against key milestones. This will enable scheme leads to flag any potential risks to deliver and for the teams working collaboratively to mitigate these to ensure successful delivery of the recruitment element of the schemes.

Schemes being commenced *during 22/23*

Ref	Title		Medical (WTE)	Nursing (WTE)	Other Clinical Registrants (WTE)	Non-Registrants & Non-Clinical	Total (WTE)
b.2022.1	3rd sector strategy		No Workforce Implications				
b.2022.2	Accelerated Cluster Development		No Workforce Implications				
b.2022.3	Atlas of Variation		0.0	0.0	0.0	1.0	**1.0**
b.2022.4	BCUPathways		No Workforce Implications				
b.2022.5	Building a Healthier Wales (BAHW)		No Workforce Implications				
b.2022.6	Commissioning unit		0.0	0.0	0.0	1.0	**1.0**
b.2022.7	Community Pharmacy Enhanced Services - Alcohol and Blood Borne Viruses		No Workforce Implications				
b.2022.8	Diabetic Foot pathway		14.7	4.6	9.2	13.9	**42.4**
b.2022.9	Foundational Economy Strategy/Policy		No Workforce Implications				
b.2022.10	Golden Value Metrics		No Workforce Implications				
b.2022.11	Implementing the Quality Act		No Workforce Implications				
b.2022.12	Inverse Care Law work		0.0	0.0	0.0	1.0	**1.0**
b.2022.13	LEAN Healthcare system		No Workforce Implications				
b.2022.14	Recovery of Primary Care chronic disease monitoring		No Workforce Implications				
b.2022.15	Results management		0.0	0.0	0.0	5.0	**5.0**
			14.7	**4.6**	**9.2**	**21.9**	**50.4**

Profile by month:

Ref	Title	Monthly Workforce Profile												Monthly Workforce Profile
		M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	
b.2022.1	3rd sector strategy	No Workforce Implications												
b.2022.2	Accelerated Cluster Development	No Workforce Implications												
b.2022.3	Atlas of Variation				1	1	1	1	1	1	1	1	1	
b.2022.4	BCUPathways	No Workforce Implications												
b.2022.5	Building a Healthier Wales (BAHW)	No Workforce Implications												
b.2022.6	Commissioning unit				1	1	1	1	1	1	1	1	1	
b.2022.7	Community Pharmacy Enhanced Services - Alcohol and Blood Borne Viruses	No Workforce Implications												
b.2022.8	Diabetic Foot pathway	0	0	10	28	28	38	42	42	42	42	42	42	
b.2022.9	Foundational Economy Strategy/Policy	No Workforce Implications												
b.2022.10	Golden Value Metrics	No Workforce Implications												
b.2022.11	Implementing the Quality Act	No Workforce Implications												
b.2022.12	Inverse Care Law work	1	1	1	1	1	1	1	1	1	1	1	1	
b.2022.13	LEAN Healthcare system	No Workforce Implications												
b.2022.14	Recovery of Primary Care chronic disease monitoring	No Workforce Implications												
b.2022.15	Results management				5	5	5	5	5	5	5	5	5	

Planned Care Recovery Initiatives

This section of the workforce plan outlines the work undertaken to assess and validate the initiatives put in place to support planned care recovery across the Health Board with specific focus on initiatives commencing in 22/23.

Similar to IMTP schemes outlined previously in the plan the schemes were assessed initially to determine whether there was any workforce impact and then if there were then to again RAG rate the initiatives and profile the associated recruitment activity linked with said initiatives.

By taking this co-ordinated approach both the Planned Care Lead and the associated operational and clinical and recruitment teams are all aware of the timelines involved allowing clear milestones to be set and monitored to make sure any issues are resolved enabling recruitment targets to be delivered.

Planned care recovery recruitment activity during 22/23

Ref	Title		Medical (WTE)	Nursing (WTE)	Other Clinical Registrants (WTE)	Non-Registrants & Non-Clinical	Total (WTE)
Capacity – core and additional	Outsourcing		No Workforce Implications				
	Insourcing		No direct Workforce Implications				**0.0**
	Partnerships		2.4	4.0	12.0	16.0	**34.4**
Lean, value-focused support infrastucture - clinical	Radiology sustainability - scheme a.2022.30 in Consolidated schemes plan		No Workforce Implications				**0.0**
	Oncology capacity		3.0	6.0	3.0	13.1	**25.1**
	Pathology				6.0	10.0	**16.0**
Lean, value-focused support infrastucture - administrative	Validation programme		No direct Workforce Implications				
Pathway redesign	BetsiPathways e.g. Audiology - scheme a.2022.10 referenced in Consolidated schemes plan		0.0	0.0	0.0	0.0	**0.0**
	GIRFT / National Programme in 5 specialities		No direct Workforce Implications				
	Patient Initiated Follow-up (PIFU) , See on Symptoms (SOS) , Advice & Guidance (A&G)		No direct Workforce Implications				
	Pre-habilitation		0.3		22.0	0.3	**22.6**
	'Attend Anywhere'		No Workforce Implications				**0.0**
Modernisation	Urology Robot		No Workforce Implications				**0.0**
Building for the future	RTC project - a.2022.31 referenced in Consolidated schemes plan		0.0	0.0	0.0	0.0	**0.0**
Communication	Launch a Communication Strategy		No Workforce Implications				**0.0**
			5.7	**10.0**	**43.0**	**39.4**	**98.1**

Explanation of RAG:

Initiative	Workforce Impact
Outsourcing	Outsourcing initiatives will have no impact on BCUHB workforce resources
Insourcing	Insourcing initiatives based on not utilising BCUHB staff will have no impact on workforce resources but will be difficult to procure due to current/ongoing NHS workforce shortages across the UK Insourcing initiatives based utilising BCUHB staff will have an impact on workforce resources as it will be difficult to rely on consistent usuage due to the historical/ongoing Covid 19 pressures on staff
Partnership & Modular Wards	Partnership initiative will have moderate impact on workforce resources due the volumes of recruitment required to deliver the initative. Mitigating factors will be that the staff groups identified should be able to be recruited to in the timescales identified.
Radiology sustainability	Radiology initiatives will have a minimal impact on workforce resources in 22/23 but the overall challange will require a sustainable staffing solution going forward
Oncology capacity	Oncology initiatives will have a moderate impact on workforce resources due to numbers being recruited but this is mitigated as recruitment has already commenced with some roles already in post
Pathology	Pathology initiatives will have a minimal impact on workforce resources as recruitment has already commenced with some roles already in post
Validation programme	These initiatives will have a minimal impact on workforce resources as they mainly process focused improvment
BetsiPathways e.g. Audiology	Audology initiative will have a minimal impact on workforce resources due to numbers being recruited but recruitment needs to commence as part of 22/23 IMTP
GIRFT / National Programme in 5 specialities	These initiatives will have a minimal impact on workforce resources as their focus in 22/23 will be on existing pathway improvements
Patient Initiated Follow-up & See on Symptoms	These initiatives will have a minimal impact on workforce resources as their focus in 22/23 will be on pathway efficiency improvements
Pre-habilitation	Pre-habilitation initiative will have a minimal impact on workforce resources due to numbers being recruited but staff groups being recruited to may prove challenging
'Attend Anywhere'	This initiative will have a no impact on workforce resources as they are process focused improvments
Urology Robot	This initiative will have a no impact on workforce resources as they are process focused improvments
RTC project	These initiatives will have a minimal impact on workforce resources as their focus in 22/23 will be on programme setup and procurment process
Communication Strategy	This initiative will have no impact on BCUHB workforce resources

Profile by month:

Ref	Title	Monthly Workforce Profile												Monthly Workforce Profile
		M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	
Capacity – core and additional	Outsourcing	No Workforce Implications												
	Insourcing	No direct Workforce Implications												
	Partnerships			32	32	32	32	34	34	34	34	34	34	
Lean, value-focused support infrastucture - clinical	Radiology sustainability - scheme a.2022.30 in Consolidated schemes plan	No Workforce Implications												
	Oncology capacity	13	19	22	23	24	25	25	25	25	25	25	25	
	Pathology		8	10	13	16	16	16	16	16	16	16	16	
Lean, value-focused support infrastucture - administrative	Validation programme	No direct Workforce Implications												
Pathway redesign	BetsiPathways e.g. Audiology - scheme a.2022.10 referenced in Consolidated schemes plan													
	GIRFT / National Programme in 5 specialities	No direct Workforce Implications												
	Patient Initiated Follow-up (PIFU) , See on Symptoms (SOS) , Advice & Guidance (A&G)	No direct Workforce Implications												
	Pre-habilitation	0	7	7	7	7	14	14	14	14	14	14	23	
	'Attend Anywhere'	No Workforce Implications												
Modernisation	Urology Robot	No Workforce Implications												
Building for the future	RTC project - a.2022.31 referenced in Consolidated schemes plan													
Communication	Launch a Communication Strategy	No Workforce Implications												

Clearly, the requirement to scale the level of activity to the degree required to deliver the significant progress required to see and treat people waiting for treatment and in doing so reducing further harm and improve quality of life is not going to achieved by relying solely on our current resources and people. Whilst there are plans in place to transform the way in which we provide and deliver these services for example the development of a Regional Treatment Model/Centre, this will take time. As such, we are building on the hybrid model of delivery of care across a range of specialties. This includes continuing and scaling our outsourced and insourced services.

Primary Care Resilience

The Health Board has a significant role in the recruitment and retention of the GP workforce Delivering services across North Wales.

Whilst not directly delivering the recruitment across primary care other than through its managed practices we have a significant role to play in attracting Doctors to work in North Wales, to ensure the sustainability of Independent GP Practices.
One of the priorities of the IMTP supported by this Strategy and plan is to finalise a GP Workforce Recruitment and Retention Strategy together with our key partners.

The Strategy spans the lifetime of the GP career, starting with promoting General Practice from the outset of the Medical Students education pathway, through the Foundation Programme, GP Registrar Rotation and into General Practice, throughout their career and into later years, pre and post retirement.

It will set out how the Health Board working in partnership with independent practices will ensure that all recruitment campaigns will be inclusive of independent practices, promoting the role of Partner, Single Partner, Salaried GP, or Locum equally. Promote national initiatives to keep GPs who are training in Wales in Wales once they have completed their training and will make best use of the national recruitment and retention schemes.

As part of this work our teams are working closely on the finalisation of and rollout of this GP Workforce Recruitment and Retention Strategy and supporting the further enhancement of the Primary Care Academy. The Academy has expanded training places from 22/23 to 32 with 14 for GP trainees, and 18 across other staff groups to ensure provision is in place to sustain and grow the primary care workforce over the next three years and beyond.

The plan sets out the indicative targets being set to support workforce resilience in year 1 of the People Strategy & Plan.

The table below outlines the indicative additional recruitment activity across the sector over the next twelve months.

Primary care recruitment activity during 22/23

Staff Group	20/21 Position (WTE)	21/22 Postion (WTE)	22/23 Recruitment Trajectory Profile	22/23 Risk Stratified Recruitment Target
GPs	374.5	416.0	15.0	15.0
Nurses	270.3	258.7	6.0	13.2
Direct Patient Care	231.1	234.7	7.0	15.4
Adminisrtation/Non-Clerical	837.2	876.4	34.0	34.0
	1713.1	**1785.8**	**62.0**	**77.6**

Profile by month:

Staff Group	Monthly Workforce Profile												Monthly Workforce Profile
	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	
GPs	4	6	7	9	11	12	14	15	15	15	15	15	
Nurses	2	2	4	4	4	6	6	8	8	10	12	13	
Direct Patient Care	2	3	5	5	8	8	12	12	14	14	15	15	
Adminisrtation/Non-Clerical	4	7	12	16	21	21	24	27	30	33	34	34	

Conclusion

This Plan has been developed in collaboration with between corporate enabling services and clinical and operational teams. This has been and continues to be a learning and improvement process, with each iteration highlighting additional learning and areas for inclusion and or further development.

The model uses for assessment and prioritisation will continue to be refined and adapted to ensure it meets the needs of the organisation and is responsive to emerging risks and opportunities.

It sets out the fundamental building blocks needed to address the opportunities and challenges facing the workforce and to align efforts across the health board. It is not intended to give specific details in relation to single professions or roles, but a clear set of themes and succinct actions that will inform the Improvement Delivery Programme and plans.
As we move through 2022/2023, the transformation underway at both national and local level in terms of workforce modelling, analysis and planning will only serve to further enhance the credibility and accessibility of workforce intelligence to support and inform decision-making.

The detail within the Plan will be refreshed on an annual basis aligned with the refresh of the Integrated Medium Term Plan.

This refresh will ensure:

- The programmes are work are delivering what is required and there is evidence of tangible outcome improvement
- Any critical developments (risks and opportunities) at national and/or local level are considered and addressed for the year ahead
- Feedback (both internal and external) through the year is triangulated to ensure the priorities within the programmes of work and plan are relevant
- The workforce plan is effectively aligned to the delivery of the priorities and is affordable and achievable

Central to the delivery of this Plan is the requirement for true collaboration and partnership at all levels. Everyone will have a role in shaping and delivering improvement plans that take us closer towards the ambitions of People Strategy & this Plan, meeting the known and unknown challenges. This includes better alignment and integration across organisational and professional boundaries that often get in the way of doing the right thing for the people at the centre of our services

Integrated Medium Term Plan 2022/25

Appendix 5
2023/24 and 2024/25 Developments (indicative)

Page intentionally blank

Appendix 5: 2023/24 and 2024/25 Developments (indicative)

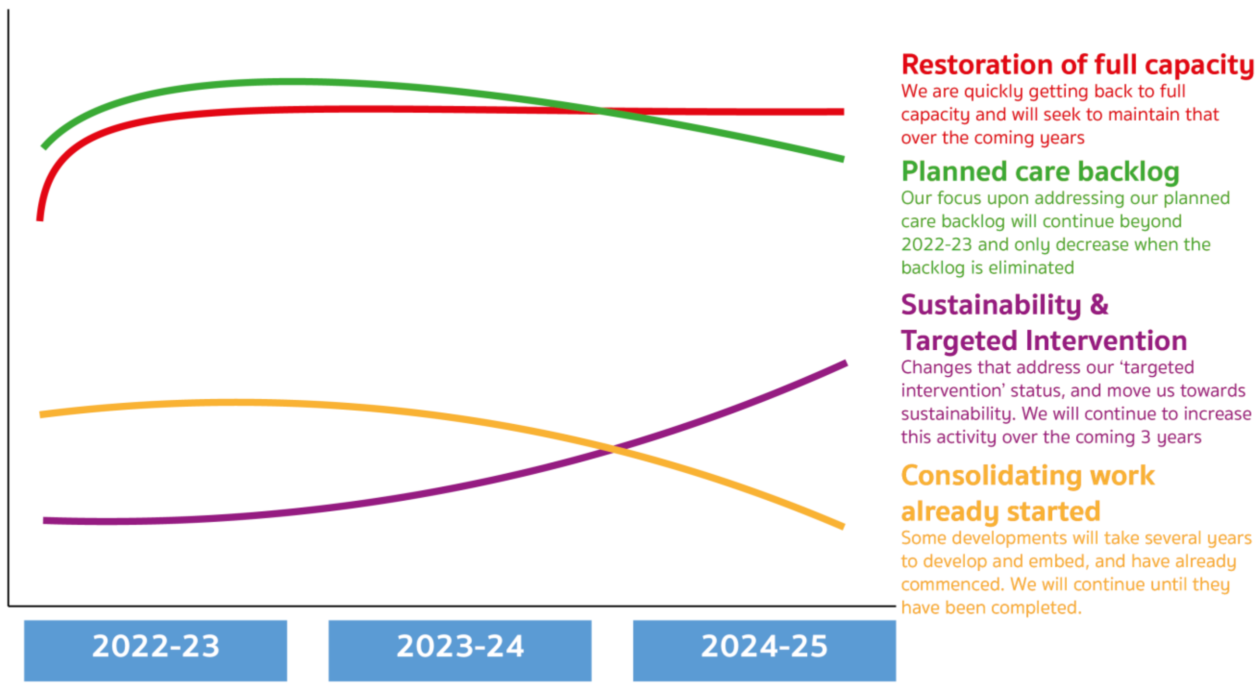
As outlined in the main IMTP document, the Board is focused in 2022/23 on

- A full return of pre-Pandemic core activity
- A continued drive on Recovery, catching up activity delayed as a consequence of COVID-19
- Consolidation of good developmental work already commenced but needing to be progressed and embedded
- Implementing a smaller number of initiatives that are required to be sustainable longer term, supporting us to exit from Targeted Intervention.

As we move into 2023/24 and then to 2024/25 we expect that the balance of these areas of focus will change. This will be contingent upon the course of COVID-19 as we move through the pandemic. In line with other Health Boards our planning assumptions build around maintaining level 1 (below).

Level	Description	Situation	Planning Assumption
0	COVID-19 eliminated	COVID-19 exists but rarely seen	Unlikely to be reached over next three years
1	Low COVID-19	COVID-19 circulating in the community, perhaps at levels of last summer, but lower severity (equivalent to Omicron variant)	Following WG guidance assume this level is reached from April 2022
2	Stable COVID-19	Approximates to levels of COVID-19 seen over Autumn/Winter 2021	Robust plans required to implement enhanced Covid measures if required
3	Urgent COVID-19	Rapidly spreading and/or extremely high levels of COVID-19, with high levels of hospitalisation (e.g. emergence of new variant)	Plans for Emergency response

As catch-up of our backlog planned care activity progresses towards completion our greater focus will move further towards building upon the bedrock changes to operate sustainably that we have already stared to lay.



Above: The expected shift of balance over the next three years

2023/2024

Our recovery of planned care backlog will continue into 2023/24 in those areas that are particularly challenged, and eliminating this backlog will remain our priority alongside delivering full core services, such that a backlog of demand does not continue to be generated.

As capacity allows, we will increase our emphasis upon embedding the developments commenced in 2022/23 that collectively support us to operate in a sustainable way within our resource allocations.

We will use our 5 Planning Principles to ensure we take every opportunity to structure our services in a sustainable way, medicalising only when necessary, and built upon local engagement and feedback. Supported by our Clinical Services plan, this will ensure we progress in a structured, needs-based way to deliver Ministerial Priorities.

We will continue work seeking to exit from 'Targeted Intervention'.

We will deliver against our savings plan, with the more of those savings being delivered through transformation (as opposed to transactional savings).

Important areas of development in 2022/23 are expected to include:

- Further increased focus upon recognising the social determinants of health and further work to address the overt and hidden variations (inverse care law) that lead to inequity of provision.
- Expansion of prehabilitation services to all cohorts of the population waiting for surgical or medical interventions.
- Expansion of an approach to the commissioning of our services based upon value, outcomes and experience.
- Evolving development of the 'Accelerated Cluster Programme' building incrementally upon the maturity achieved, with increased leadership for local needs-based planning and commissioning
- Progressing of partnership approaches to develop the next generation of 'extra care' and 'intermediate care' housing, supported by an integrated workforce
- Exploration of opportunities to operate pooled revenue budgets with key partners where this would support person-centred care
- Delivery of a primary care estates strategy for North Wales that is fit for the coming decades
- Progression of our Regional Treatment Centre model

Targeted consolidation of core activities in 2022/23 will include:

- Progression against the Targeted Improvement framework
- Ongoing delivery and evolution of key clinical areas such as vascular, mental health and our unscheduled care transformation programme, using the principles of continuous improvement
- Consolidation of our 'home first' model of care, with shared learning from across North Wales
- Building upon the changes in Operating Model implemented in 2021/22 to make sure the model delivers as expected
- Making further inroads into a systematic approach to the delivery of whole system care pathways by introducing further tranches of pathways
- Further growth of our quality improvement and transformation system, working with Improvement Cymru, Institute of Healthcare Improvement, and other continuous improvement specialists such as Toyota and Airbus.
- Continued work on the Wrexham Maelor site to address infrastructure limitations.
- Ensure we are fully prepared for a North Wales Medical and Health Sciences school.

2024/2025

We currently anticipate that the vast majority of our planned care backlog will have been eradicated through a combination of increased activity and more inefficient pathways of care. Evidence of improved experience and outcomes will be objectively demonstrated in terms of feedback, and the proportions of patients offered self-initiated follow-up and remote consultations.

We will again deliver a savings plan, which will now be mostly delivered through transformational, recurrent efficiencies.

We will continue to mature the developments started during 22/23 and 23/24, continually learning and evolving them through learned, real-time experience.

We will prepare to transition to provide a large number of our planned clinical services through a Regional Treatment centre approach, delivered using value-based pathways of care.

PAPAC(6)-07-22 PTN1 - Annex 7

Integrated Medium Term Plan 2022/25

Appendix 6
Logic models

Page intentionally blank

Appendix 6: Logic models

The use of Logic models is important to connect the **outputs** of this IMTP to the clinical **outcomes** that we expect to see as a result.

Output:		**Clinical Outcome:**
Something we are doing or plan to do	➡	What change do we expect as a result of those outputs/activities?

The IMTP refers, broadly, to pieces of work that create activity output. The reason for this is because it is much easier to quickly evaluate progress against outputs of work in healthcare settings. We can chart out timescales for when pieces of work will be complete, programme manage the process and then report progress very easily.

The problem with that approach is that doing things doesn't necessarily improve clinical outcomes, and the goal we value the most is to be able to improve those clinical outcomes. The reason that we don't just focus upon reporting these clinical outcomes is because some outcomes can be difficult to count, and also because it can take quite a long time to see improvement flow through to some affect clinical outcomes after something has been improved or changed.

Therefore, if we are to monitor our progress against the output of activities contained within our IMTP plan we must be confident that they clearly link to improvements in clinical outcomes that will follow. This is the role of logic diagrams.

As an example of the difficulty we would face if we did not monitor outputs, and only monitored clinical outcomes, is in the field of smoking cessation. The clinical evidence linking smoking with a range of serious illnesses is clear and undisputed. Reducing the amount of smoking in our communities will reduce the prevalence of those serious illnesses in our communities but for some of those clinical outcomes it can take several years before we can spot a significant improvement (for example less death from lung cancer). Instead we can monitor, how many people use NHS accredited smoking cessation services, and who report they have still quit after 12 weeks because we know this is linked to long-term non-smoking which is then linked to a reduction in smoking related disease, including lung cancer.

In this example, we would monitor the success of implementing or expanding a smoking cessation service by counting the capacity of appointments we have, the number of staff trained to deliver the most successful interventions for long-term quitting, and the number of successful contacts/quit rates, because we can see improvements quickly and intervene when they are not as good as we had planned, and knowing that in the coming years the improvement in clinical outcome would be seen.

Outputs:	Number of smoking cessation appointments available Number of smoking cessation professionals fully trained with the latest techniques Number of smoking cessation service users who report they have still quit at 12 weeks
Outcomes:	Reduction in deaths from lung cancer Reduction in life limiting heart disease,

a.2022.1 - Care Home support			
Activity Inputs & outputs	**Initial outcomes**	**Medium-term outcomes**	**Long-term outcomes**
Finalised a Quality Assurance Framework meeting the needs of BCU and our 6 LA partners (already commenced in partnership).	Improved care, assured against an evidence based quality framework, in those care homes in which the QAF has been deployed to.	Improved care, assured against an evidence based quality framework, in all north Wales care homes. Reduction in BCU care home interventions as a result of concerns or complaints. Reduction in inappropriate hospital conveyances.	Reduction in came home failures/closures as a result of quality. Reduction in CHC costs, as a result of efficient delivery of person-centred packages of care.

a.2022.2 - Conwy Integrated Health & Social Care facility			
Activity Inputs & outputs	**Initial outcomes**	**Medium-term outcomes**	**Long-term outcomes**
Multi-year partnership between Conwy County Borough Council (CCBC), Betsi Cadwaladr University Board (BCUHB) and Grwp Llandrillo Menai (GLLM) to create • Extra Care Housing Apartments • Multi Agency Office/Clinic Space • Training and development suite • Intermediate care facility	Bespoke local provision to meet the needs of a range of adults in alternative settings to long-term care home placements. Improved learning experiences for community care workers.	An integrated Health & Social care facility in Conwy. Greater opportunity for staff from all partner organisations to learn from each other through integrated working, leading to more flexible and responsive care to local service users.	Increased quality of life and independence, resulting from high quality reablement provided at the time of need. Reduction in avoidable long-term care packages.

a.2022.3 - Continuing Healthcare infrastructure			
Activity Inputs & outputs	**Initial outcomes**	**Medium-term outcomes**	**Long-term outcomes**
Implement year 3 of the care homes fee rebasing programme. At least 75% of care homes having signed pre-placement agreement, and with open book accounting in place. Full implementation of the CHC framework.	Improved stability of local care homes.	Ability to intervene more flexibly in support of care homes that are struggling financially. Increased placement flexibilities. More timely placements.	Reduction in care home failures as a result of financial instability. Increased delivery of the CHC framework, reported against nationally agreed KPIs.

a.2022.4 – COVID-19 vaccination and Test, Trace and Protect (TTP)			
Activity Inputs & outputs	**Initial outcomes**	**Medium-term outcomes**	**Long-term outcomes**
Continued delivery of third and booster vaccination programme and offer of vaccination to those who have not previously taken up the offer. Development of a sustainable model of COVID-19 vaccination delivery. Staff and locations are secured for delivery of the ongoing vaccination programme.	People know where to get vaccinated and can access the vaccination offer. Target take-up rates for vaccination for the cohort groups are achieved.	Immunity levels are sustained within the population. More individuals are protected from severe harm and hospitalisation and deaths. Reduced staff unavailability in health and social care.	Resilience to COVID-19 within the community and reduction in the wider harms caused by COVID-19.

a.2022.5 - Digitisation of Welsh Nursing Care Record			
Activity Inputs & outputs	**Initial outcomes**	**Medium-term outcomes**	**Long-term outcomes**
A digital nursing system that replaces paper nursing documentation within adult secondary care settings and community hospitals. Implementation of mobile devices using the WNCR in East. Implementation of mobile devices using the WNCR in Centre.	In East and Centre: Increased accessibility of records. More timely navigation of records due to standardisation and legibility. System learning from East to Centre, and from East/Centre to West when rollout there progresses.	Improve patient safety during admission. Contributes to a single cohesive view of a patient's digital health record, allowing efficiency and reduction in duplication across the system. Releasing time to care.	Reduction in delays or errors due to missing, illegible, or mis-filed records. Reduction in delays due to notes being available in more than one place simultaneously. Improvements in decarbonisation.

a.2022.6 - Eye Care			
Activity Inputs & outputs	**Initial outcomes**	**Medium-term outcomes**	**Long-term outcomes**
Implement National Intravitreal Treatment (IVT)/Age Related Macular Degeneration (AMD) Pathway. Implement rolling delivery of Open Eyes All Wales Digital system. Local planning group in place to support Integrated Eye Pathways arising from National Optometric Contractual reform.	People receive appropriate access to on-going care and management of their eye condition.	People are seen within the primary and community setting, where it is clinically appropriate. Local eye care, hospital eye care and support services are all joined up. More optometry practices providing the full range of extended eye care services in the community.	People are satisfied with the care they receive at their local optometry practice. People are satisfied with the care they receive when they visit the hospital eye service. Reduced inequalities in access to optometry services.

a.2022.7 - Further development of The Academy			
Activity Inputs & outputs	**Initial outcomes**	**Medium-term outcomes**	**Long-term outcomes**
Expand offer to 12 training / student placements in Academy Training Hubs. Appoint 8 x supernumerary trainee posts in General Practice. Increase the uptake of apprenticeships in primary care with up to 6 apprentices. Provide opportunities for reflective practice for at least 16 new Advanced Clinical Practitioners in primary care & community settings. Build upon the exposure the Academy is receiving nationally, and the positive impact this will have upon recruitment, by ensuring at least 4 Academic posters are accepted in national conferences.	Greater generic knowledge in workforce wherever student ultimately ends, to benefit of patients being consulted. More interest from professionals to train and stay working in Primary Care settings. Wider range of professionals able to support patients with complex primary care presentations. Greater. awareness outside of north Wales of rich training, academic and employment opportunities in Primary Care in BCU, resulting in an increase in applicants from forward thinking healthcare practitioners.	Greater working knowledge of the whole system. Greater number of patients being well cared for in primary care settings, reducing patient inconvenience, reducing pressure upon secondary settings, and reducing medical-related harm. Increased recruitment from outside of north Wales. Increased reputation and confidence in BCU for delivering high quality, innovative, care.	Less over-medicalisation of care. Greater skill set and focus upon 'social medicine', supporting a left shift of care in line with 'A Healthier Wales'. Reduction in chronic disease burden and increase in disability free life. Strong academic focus in the development of healthcare practice, with outcomes in north Wales being amongst the very best.

a.2022.8 - Health & Safety Statutory Compliance			
Activity Inputs & outputs	**Initial outcomes**	**Medium-term outcomes**	**Long-term outcomes**
Trial of e-learning training package for IOSH managing safely competed. 70% of staff at Band 8d and above to be trained. Develop the Fit Testing Programme to achieve Fit2Fit accredited status.	Staff awareness of health and safety in the workforce is improved. Staff can easily apply health and safety training in their daily working practice. Systems are implemented across the Health Board to ensure staff are safe at work.	Improved levels of compliance against statutory Health and Safety requirements. A pro-security culture is adopted across the Health Board. Improved organisational management of risks relating to water safety, medical gas pipeline systems, and electrical safety.	Reduced BCUHB exposure to potential prosecution/ litigation by external regulators. BCUHB staff feel safer at work. Assurance Audits report positive improvement in health and safety statutory compliance in operational estates.

a.2022.9 - Home First Bureaus

Activity Inputs & outputs	Initial outcomes	Medium-term outcomes	Long-term outcomes
Development of consistent and standardised model for Home First Bureaus in place, available 8am – 8pm seven days a week.	Increase in the number of people returning to their own home following a hospital admission. Increased number of assessments outside of a hospital setting, leading to a more accurate assessment of need and ability, as well as leading to shorter lengths of stay.	Increased numbers of people who receive care closer to home. Reduction in hospital re-admission rate. Improved outcomes for people, because of spending less time in an acute hospital bed. Assessments undertaken in people's own home/ homely environment will reduce the numbers of people entering long-term care. Sustainable model across north Wales in place to maintain the 'Home First' principles.	Reduction in over-prescription of statutory services "to be on the safe side". Stronger inter-professional and partnership working through health, social care, housing, community, third and independent sectors. People are enabled to live independently within their own homes and communities for longer.

a.2022.10 - Implementation of Audiology pathway			
Activity Inputs & outputs	**Initial outcomes**	**Medium-term outcomes**	**Long-term outcomes**
Access to advanced practice audiology as first point of contact in primary care - increased to 50% of BCU area. Access to advanced practice audiology as first point of contact in primary care - increased to 75% of BCU area.	Greater and quicker access to audiology led care for hearing loss, resulting in • increase in positive interventions to manage hearing loss • quicker intervention to manage hearing loss • less unwarranted use of antibiotics Greater and quicker access to audiology led care for ear wax management, resulting in • quicker management of avoidable hearing loss • less ear perforation, scarring	Reduction in unnecessary hospital clinic referrals. Less untreated hearing loss in the community, and the associated social isolation that results. Greater confidence in consulting non-medical advanced practitioners more generally, allowing greater breadth and speed of consultation opportunity.	Reduction in falls arising from ear-related balance issues/hearing loss.

a.2022.11 - Improving minimal access surgery in gynaecology and north Wales specialist endometriosis care			
Activity Inputs & outputs	**Initial outcomes**	**Medium-term outcomes**	**Long-term outcomes**
Align service with the proposal for the development of Regional Treatment Centres. Designate local clinical leads for Endometriosis. Endometriosis leads and additional designated Gynaecologists to commence ATSM training in Endometriosis.	Ability to provide more advanced gynaecology treatment – including for endometriosis – in north Wales, and to a high standard. This means less patients will have to travel for specialist treatment.	Ability to provide greater levels of minimal access surgery in north Wales, resulting in less patients enduring the complications and morbidity of open abdominal/pelvic surgery.	More sustainable gynaecology service in north Wales due to being more attractive to potential recruits, with the opportunity to provide high-throughput specialist interventions in 'centre of excellence' environments. This will support sustainable access to gynaecology care in north Wales.

a.2022.12 - Long Covid			
Activity Inputs & outputs	**Initial outcomes**	**Medium-term outcomes**	**Long-term outcomes**
Successful roll out delivery of interim service model to Central Area (completed in West and East during 2021/22). Agreement of a 'multi-morbidity model' for the service, built upon learning from the interim model and with the support of the Lived Experience Reference Group. Phased introduction of multi-morbidity model commenced.	Treatment for Long Covid available more locally, reducing the number of patients having to travel. Greater access to tailored support to meet individual needs.	Breadth of professional skill mix required to meet the highest standards achievable. Improved satisfaction arising from the greater use of 'patient experience'.	Fewer long-term complications of long-covid. More equitable access to support. Greater confidence in BCU as a listening organisation.

a.2022.13 – Lymphoedema			
Activity Inputs & outputs	**Initial outcomes**	**Medium-term outcomes**	**Long-term outcomes**
A *rolling programme* of 'on the ground' education (OGEP) using the Agored model to enable the effective and prompt management of chronic oedema, leaking 'wet legs and superficial wounds. Permanently recruit to seconded posts. 90% of relevant staff in an identified community area will complete training programme. 90% of those with chronic oedema/lower leg ulceration/wet legs will be assessed using OGEP.	Improved, transferrable knowledge amongst professionals completing OGEP. Improved well-being support for individuals, their families, and carers. Patients receive high quality healthcare from a skilled and confident community nursing workforce.		Improved treatment delivery resulting in improved mobility and quality of life. Improved patient experience of service delivery. Reduced waste, harm, and variation in prescribed treatments, including but not limited to, inappropriate antibiotic use. All community and practice nurses can competently and effectively manage people with chronic oedema and 'wet legs'.

a.2022.14 - Mental Health Improvement scheme - AISB Joint Commissioning			
Activity Inputs & outputs	**Initial outcomes**	**Medium-term outcomes**	**Long-term outcomes**
Joint approach to commissioning health and wellbeing services for local population via community localities. Driven through the respective AISBs with a focus on addressing the physical health and mental health of the local population, clearly looking to address prevention and crisis management, and to support care homes. Continuation of support in I-CAN Hubs and expansion into rural outreach I-CAN work to ensure sufficient coverage in vulnerable areas.	Effective joint planning for the provision of services & joint approach to commissioning health and wellbeing services for local population via community localities and will also align to closer working with Community Mental Health Teams. Short-term intensive support available to help individuals experiencing mental health. Delivery of prevention activities related to mental health and wellbeing and early intervention.	Increased opportunities for community-based information provision, sign posting and public awareness raising. People have access to the right staff in the right place, at the right time.	People are supported by a sustainable health and social care partnership.

a.2022.15 - Mental Health Improvement scheme - CAMHS Training and Recruitment			
Activity Inputs & outputs	**Initial outcomes**	**Medium-term outcomes**	**Long-term outcomes**
Recruitment of Nurse Prescriber posts. Induction and local training for Nurse Prescriber posts and production of job plans aligned with service need. Recruitment of two Higher Specialist trainee posts.	Increased Psychiatry and prescribing provision will improve waiting times for children, young people and their families and ensure that they have access to appropriate clinicians as required and necessary medication. Provision of timely medication will support children and young people not to escalate into crisis thus required increased input form CAMHS services.	Increased consistency in the early intervention and prevention offer. Staff in health, education, social care and third sector across North Wales are supported to develop specific skills and competencies in delivering consultation and training.	Children, young people, and their families have access to early help and emotional support when they need it the most, in ways that are appropriate to their need, to build and create resilience and self-reliance. Children and young people have effective and timely transitions into adult services.

a.2022.16 - Mental Health Improvement scheme - CAMHS Transition and Joint working			
Activity Inputs & outputs	**Initial outcomes**	**Medium-term outcomes**	**Long-term outcomes**
Appointment of transition/joint working youth worker and HCSW for each area. Implementation of pathway for young people in out of area beds requiring transition to AMH inpatient care. Ongoing us of the transition pathway and audit tool.	Consistent equity of access to services across North Wales and provide opportunity for peer support and the sharing of best practice.	Children, young people, and their families have access to early help and emotional support when they need it the most, in ways that are appropriate to their need, to build and create resilience and self-reliance.	The mental health and wellbeing of the whole population is improved. Children and young people have effective and timely transitions into adult services.

a.2022.17 - Mental Health Improvement scheme - Early Intervention in Psychosis			
Activity Inputs & outputs	**Initial outcomes**	**Medium-term outcomes**	**Long-term outcomes**
Provide an early intervention service for people with a first episode of psychosis, supporting education, employment, and life choices. The service will be set up in two phases to manage the scale of the task to be undertaken safely and measurably. Phase 1 recruitment will be the service wide roles and the East team, Phase 2 will recruit the central and West team and align to the service design.	Enhancing Multi-Disciplinary Team means experienced staff will be more available to support families experiencing first episodes of psychosis.	People have access to services that are focussed on recovery and an asset-based approach. People experience less stigma and can talk more openly about mental health.	People have access to high quality early intervention and prevention treatment to recover from Mental Health illnesses.

a.2022.18 - Mental Health Improvement scheme - Eating Disorders Service development			
Activity Inputs & outputs	**Initial outcomes**	**Medium-term outcomes**	**Long-term outcomes**
New eating disorder teams to facilitate medical and psychiatric admissions for eating disorder patients, ensuring all cases presenting are reviewed within set timescales by the specialised team.	Improved access to early intervention and treatment for patients with eating disorders.	People have access to services that are focussed on recovery and an asset-based approach. People experience less stigma and can talk more openly about mental health.	People have access to high quality early intervention and prevention treatment in order to recover from Mental Health illnesses. Evidence of improved outcomes for people with Eating Disorders.

a.2022.19 - Mental Health Improvement scheme - ICAN Primary Care			
Activity Inputs & outputs	**Initial outcomes**	**Medium-term outcomes**	**Long-term outcomes**
Roll out of cluster based ICAN Practitioners providing real alternatives to avoidable medicalisation. Develop alternative pathways for people experiencing a mental health crisis, with quicker access to support from specially trained staff.	More flexible service available for individuals in crisis, based on individual and cluster need, working with community resources. More interventions focused upon prevention. A safe, out of hours alternative to A&E offering a welcoming, non-judgmental, and non-clinical environment, without the need for a referral, through a 'Sanctuary' or 'Safe Haven' type model of support.	People have accessible help at the right time in crisis (24/7). People in crisis have access to a timely response for assessment and onward treatment.	People have access to high quality early intervention and prevention treatment in order to recover from Mental Health illnesses. The impact of mental health problems and/or mental illness on individuals of all ages, their families and carers, communities, and the economy more widely, is better recognised and reduced.

a.2022. 20 - Mental Health Improvement scheme - Medicines Management support			
Activity **Inputs & outputs**	**Initial outcomes**	**Medium-term outcomes**	**Long-term outcomes**
To provide dedicated medicines management across the division including inpatient units and CMHTs. Develop medicines management pathways and pharmacy requirements including role re-design. Provide Area mental health pharmacy teams to support patients and staff in the community.	Access to timely medication advice and medication prescribing with a fully trained pharmacy technician. Increase in medicines concordance.	Individuals understand their medications and can make informed choices.	The values, attitudes and skills of staff treating or supporting individuals of all ages with mental health problems or mental illness is improved.

a.2022.21 - Mental Health Improvement scheme - Neurodevelopment recovery			
Activity Inputs & outputs	**Initial outcomes**	**Medium-term outcomes**	**Long-term outcomes**
Identifying/scoping workforce requirements, developing business cases and plan recruitment. To develop a new tender for interventions.	A consistent approach with early intervention and post diagnostic interventions will support families and other settings in managing young people with neuro-diverse presentations. With the introduction of the Additional Learning Needs (ALN Act) there is a requirement on services to ensure there is full support for children and young people within educational settings.	Children and their families have access to early help and emotional support when they need it the most, in ways that are appropriate to their need, to build and create resilience and self-reliance.	Children and infants have access to high quality early intervention and prevention treatment in order to recover from Mental Health illnesses.

a.2022.23 - Mental Health Improvement scheme - Older Persons Crisis Care			
Activity Inputs & outputs	**Initial outcomes**	**Medium-term outcomes**	**Long-term outcomes**
Development of Crisis care support for older adults (over 70) with an acute mental illness, people of any age living with dementia and to provide on-going specialist occupational therapy support to community care settings. Implement revised OPMH / Dementia proposed model of care through project team, including development and communication of clear admission criteria to system partners that responds effectively to episodes of acute mental health needs and crisis (24/7).	Alternative pathways for people experiencing a mental health crisis that can work into the community and care home setting to proactively prevent hospital admissions. A more integrated, innovative care system and culture which prevents, but where necessary, responds effectively to episodes of acute mental health need and crisis.	People in crisis have access to a timely response for assessment and onward treatment. People have accessible help at the right time in crisis (24/7). Improve overall impact on avoidable hospital admissions due to crisis against 2019/20 baseline.	People have access to high quality early intervention and prevention treatment to recover from Mental Health illnesses. The impact of mental health problems and/or mental illness on individuals of all ages, their families and carers, communities, and the economy more widely, is better recognised and reduced.

a.2022.24 - Mental Health Improvement scheme - Perinatal Mental Health Services			
Activity Inputs & outputs	**Initial outcomes**	**Medium-term outcomes**	**Long-term outcomes**
Complete recruitment of specialist roles to the team. Complete necessary training for all disciplines including Cognitive behavioural treatment and Compassion focus therapy training. Fully Operational Perinatal Mental Health Team and Service Delivery, meeting the Royal College of Psychiatrists CCQI Perinatal standards.	Broader experience, and focus upon Perinatal Mental Health Services will improve overall understanding, and more timely intervention.	Interventions will be delivered using the most effective, skilled interventions, resulting in the best quality outcomes for mothers and babies.	Good perinatal mental health service support will give families the best start, which in turn supports infants and children to receive improved 'early year' experiences.

a.2022.25 - Mental Health Improvement scheme - Psychiatric Liaison Services			
Activity Inputs & outputs	**Initial outcomes**	**Medium-term outcomes**	**Long-term outcomes**
Appropriate and consistent psychiatric liaison response across North Wales. Further development of pathways & workforce and improve patient experience. Additional liaison workforce to target recurrent admissions (to provide the right interventions at the right time). Implement revised pathway of care to assertively target recurrent Mental Health admissions within A&E.	Stabilised current team providing consistent psychiatric liaison response across A&E departments in North Wales. Improved interventions and improved outcomes of the service that sees a reduction in Liaison Psychiatry Emergency Department Assessment breaches over 4 hours and reduction in avoidable hospital admissions through A&E.	People have access to services that are focussed on recovery and an asset-based approach. People experience less stigma and can talk more openly about mental health.	People have access to high quality early intervention and prevention treatment in order to recover from Mental Health illnesses.

a.2022.27 - North Wales Medical & Health Sciences School			
Activity Inputs & outputs	**Initial outcomes**	**Medium-term outcomes**	**Long-term outcomes**
Board support of a co-designed ambitious proposal for a school which is fully aligned to our other strategies and plans. Successful admissions to increased student numbers. Stage 2 of GMC Accreditation.	Greater number of students studying medicine in north Wales, contributing to a rich learning environment across the healthcare system.	Increased numbers of students remaining in north Wales as young medical graduates.	Increased numbers of doctors remaining, or returning, to north Wales to settle into senior (permanent) positions. Increased number of doctors able to speak Welsh.

a.2022.29 - People & OD Strategy – Stronger Together			
Activity Inputs & outputs	**Initial outcomes**	**Medium-term outcomes**	**Long-term outcomes**
Individual projects to develop detailed benefits realisation measures. Migrate information oversight and assurance mechanism to central PMO function. External specialist resource – complete tendering exercise.	Delivery of the 5 programmes of work following Discovery to improve our way of working, strategic deployment, how we organise ourselves, the best of abilities and how we improve and transform.	Shared organisational purpose. Improved skills to deliver distributed leadership. Motivated and fully mobilised teams.	Transformed outcomes, behaviours, capabilities, and competencies supporting our stronger together goals. Contribution from across the organisation to continuous improvement activity.

a.2022.30 - Radiology sustainable plan

Activity Inputs & outputs	Initial outcomes	Medium-term outcomes	Long-term outcomes
Each modality will have a documented service delivery model (including training and equipment needs) for the current year to reach a 6 week target. Implement insourcing to address ultrasound capacity gap, as part of the saving babies lives programme. Implement agreed opportunities for insourcing across all imaging modalities where necessary to progress towards a 6 week waiting list, whilst recruitment and training is progressed. Implement revised staffing model/skill mix and training, supplemented where necessary by recruitment, to progress towards delivery of a sustainable 6 week waiting list.	Waits for routine examinations to reduce. Equitable access to radiology services across north Wales. Greater access to perinatal ultrasound. Improved access to urgent imaging for unscheduled care.	Compliance with NICE guidance for referring specialties, achieved. 6-week waiting time for examinations to be performed is sustained. Reduction in infant mortality rate. Sustainable radiology workforce.	More sustainable radiology service in north Wales, with opportunities to provide high-quality and timely interventions. This will lead to overall improvements and a reduction in awaiting times/ improved flow across the whole system.

a.2022.31 - Regional Treatment Centres			
Activity Inputs & outputs	**Initial outcomes**	**Medium-term outcomes**	**Long-term outcomes**
Award contact to supplier to design, fund, build, equip and maintain RTCs and Final design of facilities. Signed off pathways (using BCUPathways methodology) for priority pathways relating to RTCs. Initial RTC commissioned (facilities, equip, workforce) end Q3.	Delivery of facilities from which a fit-for-purpose RTC model of care can be delivered.	Delivery of lean, planned care pathways, focused upon an efficient and effective patient experience. Improvements in timely access to planned care.	Improved patient experience. Reduced hospital admissions. Increased resilience and sustainability of planned care services.

a.2022.32 - Speak Out Safely			
Activity Inputs & outputs	**Initial outcomes**	**Medium-term outcomes**	**Long-term outcomes**
Expand network of Speak Out Safely Champions across the Health Board. Undertake a review of the Speak out Safely Guardian role to confirm next steps, including increasing the time available the Guardian role. Complete a benefits realisation/evaluation of Speak Out Safely.	All staff supported to 'Speak out Safely'.	Consistent environment of strong staff engagement and psychological safety, where staff feel able to raise concerns, have these acknowledged and acted upon without fear of recrimination.	Organisational culture of openness and transparency where all staff feel assured, they will be listened to when raising concerns. An inclusive learning organisational culture with concerns raised by staff providing a rich source of feedback as the Health Board continuously improves patient and staff safety.

a.2022.33 - Staff Support and Wellbeing			
Activity Inputs & outputs	**Initial outcomes**	**Medium-term outcomes**	**Long-term outcomes**
Recruit substantively to the short term 12 month posts created in 2021/22 to ensure service continuity. Recruit to new posts to enable next phase of SWSS development. Complete a benefits realisation/evaluation of SWSS.	Consistent availability of a service to staff looking for support.	Reduced levels of staff sickness, as a result of improved psychological well-being.	BCU known as an employer of choice where compassionate and fair organisational culture, psychological safety and wellbeing of staff is paramount.

a.2022.34 - Strengthening emergency department (ED) & SDEC workforce to improve patient flow			
Activity Inputs & outputs	**Initial outcomes**	**Medium-term outcomes**	**Long-term outcomes**
Phased implementation of new ED and SDEC model across all 3 sites. New ED and SDEC model sustained across all 3 sites with following metrics expected. Implementation of Gateway review to ensure system effectiveness.	Increasing USC intake managed with a '0' day LOS. Reducing admissions in people going through SDEC. Improvements in Ambulance handover delays.	Reduction in locum and agency spend due to reduced reliance on agency doctors and nurses. Increase in consultant-led care and enhanced clinical decision-making. Improved outcomes for citizens because of a reduction in the number avoidable hospital admissions.	Increased public confidence in the efficacy of the Health Board's approach to emergency/ unscheduled care. Sustainable and effective management of unscheduled care in north Wales.

a.2022.35 - Stroke services			
Activity Inputs & outputs	**Initial outcomes**	**Medium-term outcomes**	**Long-term outcomes**
Successful recruitment of 3 Stroke Specialist Nurses and SSNAP Clerks. Provision of an inpatient environment for active rehabilitation working with Early Supported Discharge team. Successful recruitment of Consultant Therapists, Therapy and support team, and seven psychology posts. Submission of a developed case for investment in a Hyper-acute Stroke Service (Phase 2 of the BCU Stroke Programme). Gateway review of the implementation of Phase 1 of the BCU Stroke Programme.	Improvements in the pathway and performance in acute settings, improving patient experience and outcome. Increase in delivery of early supportive discharge and rehabilitation services in community settings. Reduced hospital LOS.	Improved recognition, prevention and treatment of atrial fibrillation. Dedicated neuropsychology team integrated with rehabilitation and early supported discharge, proving more holistic patient experience.	Improved SSNAP scores, national Quality Improvement Measures, and compliance with NICE Stroke Guidelines. Improved pathway and performance at each of the three DGH sites. Rapid access to evidence-based interventions and treatments. Patients, their families, and carers receive the right amount of therapy, from the right therapists, in the right environment – acute hospital, community hospital or home.

a.2022.36 - Suspected cancer pathway improvement			
Activity Inputs & outputs	**Initial outcomes**	**Medium-term outcomes**	**Long-term outcomes**
Provide four rapid access breast clinic streams per week, in each of the East, Centre and West health communities. Provide at least one 'one stop' neck lump clinic per week in north Wales. Provide at least one 'one stop' clinic per week for vague but concerning symptoms, in each of the East, Centre and West health communities. Provide all cancer patients with an identified keyworker to support them from the point of diagnosis onwards.	Improved efficiency through the patient journey leading to improved patient experience. Improved cancer waiting times. Cancer pathways revised and aligned to achieve the national standard.	Standardised working across the 3 hospital sites – applying a whole pathway approach. Fewer patients diagnosed with cancer via a non-USC pathway or following an emergency admission. An increase in the number of cancers diagnosed at earlier stages (I & II), and reduction in the number diagnosed at later stages (III & IV) An increased number of late-stage patients (III & IV) receiving active treatment, rather than best supportive or palliative care All patients, from the point at which cancer is first suspected, will receive diagnostic tests and start their first definitive treatment within 62 days.	Improved patient outcomes. Improved cancer survival rates. Reduced mortality ensuring rapid assessment of patients with suspected cancer.

a.2022.37 - Urgent Primary Care Centres			
Activity Inputs & outputs	**Initial outcomes**	**Medium-term outcomes**	**Long-term outcomes**
Deliver a sustainable urgent primary care model for north Wales with supporting business case. Demonstrate an increase in referrals to UPC centres from EDs and GP practices. Evaluate the UPC service, including a cost benefit analysis as members of the all Wales UPC implementation board.	Increase in referrals to UPC centres from EDs and GP practices. More timely care for patients with urgent (non- life threatening) conditions.	Reduction in unnecessary attendances at the Emergency Department increasing patient experience of those using UPCC and those within ED.	Supporting primary care sustainability and capacity by releasing capacity within GP practices and ED to provide more care for other complex urgent needs.

a.2022.38 - Urology - Robot Assisted Surgery			
Activity Inputs & outputs	**Initial outcomes**	**Medium-term outcomes**	**Long-term outcomes**
Commence robot-assisted urology surgery in Ysbyty Gwynedd. Reporting mechanism in place detailing performance against agreed activity baseline and outcome related KPIs. Reduce/cease RAS outsourcing for urology and replace with activity delivered at YG as per levels specified in the Implementation Plan. Agreed implementation plan in place for expansion of RAS to other surgical specialties.	More patients will be able to receive care in North Wales.	Improved recruitment and retention of specialist clinicians. Reduced length of stay. Reduce likelihood of complications to enable quicker recovery. Better patient experience.	Opportunity to develop the service to include other specialities, for example, colorectal surgery and gynaecology. Development of a specialist Pelvic Cancer Surgery Centre in North Wales to provide a comprehensive local service, which makes best use of skilled staff and promotes research and innovation.

a.2022.39 – Vascular			
Activity Inputs & outputs	**Initial outcomes**	**Medium-term outcomes**	**Long-term outcomes**
Action plan to address the Royal College of Surgeons (RCS) recommendations and drive the required improvement.	Effective Network arrangements in place to oversee implementation of improvement plan.	Safe, effective delivery of vascular care across BCU. Improved recruitment and retention of specialist clinical staff. A positive patient experience for individuals accessing BCUHB Vascular services.	A safe and sustainable vascular surgery service for North Wales with patient outcomes comparable to the best in the UK.

a.2022.40 - Video consultations			
Activity Inputs & outputs	**Initial outcomes**	**Medium-term outcomes**	**Long-term outcomes**
Training of BCUPathway coordinators in the optimal role of video consultations, advantages and disadvantages, when redesigning pathways. System in place to monitor the number of patients consulted using video technology. Patient experience questionnaire (PREM) where available sent to at least 500 patients who have been consulted by video during Q3 and Q4, with analysis of responses completed.	Reduction in patient time spent travelling, when video consultation provides an acceptable alternative to a face to face consultation.	Increased number of pathways that have video consultation appropriately included, resulting in less inappropriate episodes.	Sustained use of video consultation where-ever possible, maximised through learning, triangulated and reinforced by patient experience feedback mechanisms.

a.2022.41 - Welsh Community Care Information System (WCCIS)			
Activity Inputs & outputs	**Initial outcomes**	**Medium-term outcomes**	**Long-term outcomes**
To implement WCCIS via a phased approach over the next 3 years for community services (including children's), mental health and therapies. Resource Teams (CRT) in Ynys Mon and a Team within Gwynedd.	Better-integrated working across health and social care over the next 3 years. More effective care delivery through the safe sharing of key information between health and social care in the community.	Improved multidisciplinary knowledge as staff work more in multi-disciplinary environments, facilitated by WCCIS. Reduction in unnecessary hospital admissions. Reduction in do-not attends at appointments.	Patients experience more efficient, quality, and seamless care. BCU is positively recognised as a collaborative organisation.

a.2022.42 - Welsh Language			
Activity Inputs & outputs	**Initial outcomes**	**Medium-term outcomes**	**Long-term outcomes**
Welsh Language Team capacity strengthened to enable BCUHB to deliver its obligations under the Welsh Language (Wales) Measure 2021.	Increased capacity to sustain an organisation-wide timely information translation service. Increased simultaneous translation capacity enabling language preference in clinical and corporate settings. Ability to respond to the increase in demand and senior level commitment in relation to training and organisational development. Staff are supported to develop their Welsh language skills. The development of initiatives that support the function of enabling an 'active offer' approach to service delivery.	A visible commitment at leadership level to provide and develop Welsh language services according to choice and need. Effective and efficient support provided for services in line with the 'More than just words' strategic framework. Organisational development in place in accordance with the Bilingual Skills Strategy and the wider Welsh language agenda.	Improved patient experience. BCUHB is fully compliant with the Welsh Language Standards under the Welsh Language (Wales) Measure 2011.

a.2022.43 - Welsh Patient Administration System			
Activity Inputs & outputs	**Initial outcomes**	**Medium-term outcomes**	**Long-term outcomes**
To complete the complex, multi-year phased implementation of the Welsh Patient Administration System across the Health Board. Completion of the rollout of Welsh Patient Administration System in West Region and to as to complete the merger of individual Welsh Patient Administration System instances in the remaining regions into a single BCUHB wide Welsh Patient Administration System in 2023. (Phase 4 – Single instance).	Increased speed and relevance of diagnosis, care, treatment plan and onward referral. Improved workflow. Greater mobility for patients to choose preferred site of care.	Single cohesive view of a patient's digital health record.	Improve quality of patient experience. Improved patient safety.

a.2022.44 - Widening of Primary Care workforce			
Activity Inputs & outputs	**Initial outcomes**	**Medium-term outcomes**	**Long-term outcomes**
Recruit to ANP and AHP roles, thereby enabling individuals to be directed to the most appropriate support for their particular needs. Delivery of Practice Nurse Education programme to support sustainability within primary care. Staff to have undertaken long-term conditions training. Care Home ANP role fully integrated into CRTs.	Improved use of GP capacity and time to focus on people with complex health needs. Timely and accessible support to people living in long-term residential care. Individuals are referred to the most appropriate health professional to meet their needs. Root causes of multiple and regular consultations with GPs are identified. Enhanced skills and knowledge of junior primary care staff. Holistic co-ordinated packages of care are delivered to the most vulnerable. Increasing number of people supported at home rather than hospital.	Reduction in demand on GPs. Increase in numbers of people receiving end of life care in their place of choice. Reduction in waiting times for people with complex needs. Reduction in the number of repeat/ regular consultations with GPs for the same condition. Skills and knowledge held by staff currently reaching retirement age is retained within Clusters. Care is delivered closer to home. Reduction in unplanned admissions to secondary care. Fewer Delayed Discharges.	Primary care is more sustainable. Increased de-medicalisation. Improved outcomes for citizens. Shift in locus of care from hospital to community.

a.2022.45 - Workforce Operating Model			
Activity Inputs & outputs	**Initial outcomes**	**Medium-term outcomes**	**Long-term outcomes**
To build on the learning from the pandemic and the feedback from discovery in ensuring the organisation has a highly effective & efficient People & OD service delivered in a way that is aligned with the operating model of the organisation. Establishment of dedicated HR Business partners capability to drive strategic workforce planning UHB wide.	Full alignment of the People service to the revised Operating Model. Resources placed closer to the bedside. Improvement in ease of contacting people service – for employees and managers.	Significant improvement in people service delivery across all metrics. Significant improvement in case management including reduction in claims expenditure and legal costs combined with a more compassionate employee experience.	Sustainable workforce aligned to new service models which optimally meet population needs.

b.2022.1 - 3rd sector strategy			
Activity Inputs & outputs	**Initial outcomes**	**Medium-term outcomes**	**Long-term outcomes**
Position statement to reaffirm our commitment to the vital role of the third sector. Engagement with the sector on relationships and proposed commissioning approach. Draft commissioning arrangements. Including overall strategic fit with BCU commissioning.	Third sector networks are engaged in the co-design of an outcomes focused approach to collaborative working. A commissioning framework for the procurement, monitoring and evaluation of 3rd sector contracts and that supports the delivery of shared priorities.	Collaboration with the sector to build on community assets and develop resilient support networks. Greater connection with local community networks. Improved trust and confidence in mutual relationships between the sector and the Health Board. Smarter, more joined-up commissioning with local authority partners.	A more robust and sustainable 3rd sector. Improved delivery of outcomes for people, focusing on what matters most. Increased community resilience.

b.2022.2 - Accelerated Cluster Development			
Activity Inputs & outputs	**Initial outcomes**	**Medium-term outcomes**	**Long-term outcomes**
Establish six county level pan cluster planning groups (PCPGs). Sustainable system agreed and in place for generating and analysing Local Needs Assessment date. PCPGs hardwired into revised BCU Planning processes. Governance framework for PCPGs agreed with partners. Additional funding provided to release capacity of independent primary care contractors to enable them to actively engage in the work.	Pan Cluster Planning groups are hardwired into the Health Board's revised Planning Process. Greater alignment of vision and purpose across primary care, the Health Board, and local authorities. Commissioning decisions are better informed by population need and community assets, as well as what matters to local people and communities. Roles and responsibilities of clusters in the planning and delivery of integrated services is strengthened. Cluster priorities drive Health Board strategic planning.	Improved inter-agency relationships, partnership working and decision-making at 'place'. Integrated planning between clusters, Health Boards and Regional Partnership Board. Improved access to primary care multi-disciplinary, multi-agency services. Clusters empowered with increased autonomy to make speedy decisions. Range of local services delivered in primary and community care to meet cluster population priorities and need. Range of local services delivered closer to home. Improved population health and well-being.	Health and social care commissioning and planning integrated 'at place'. Health and social care delivery integrated 'at place' and delivering what matters to local people and communities. A more sustainable future for health and social care. Citizens of north Wales are confident in their local health and social care 'system'. Reduction in use of statutory services, including acute hospitals, domiciliary care, and residential care. Greater accountability to people and communities.

b.2022.3 - Atlas of Variation			
Activity Inputs & outputs	**Initial outcomes**	**Medium-term outcomes**	**Long-term outcomes**
Review of successful AoV approaches elsewhere, culminating in a recommended approach for BCU. Implementation of agreed AoV function. Identification of initial priority areas for focus under the AoV approach.	Access to data and intelligence to support the development of the AoV approach. Methodology is agreed to support the review and improvement of service areas identified.	Data and intelligence inform the redesign and delivery of care, support, and clinical services. Evidence based interventions are implemented to address variation in performance and outcome.	Greater consistency of delivery and performance across the BCU region. Improved outcomes for individuals and specific groups. Staff are informed and empowered to deliver the right care at the right time.

b.2022.4 - BCU Pathways, incorporating oncology and delayed planned care pathways			
Activity **Inputs & outputs**	**Initial outcomes**	**Medium-term outcomes**	**Long-term outcomes**
Identification at least 20 priority pathways, cognisant of regional treatment development. Consistent, continuous publication of BCUPathways in place, on webportal accessible by professionals and public, and supported by public and professional feedback tools. Collaborative review undertaken of version 1 of the BCUPathways methodology, to refine based upon initial pathways completed, in line with 'PDSA' improvement principles. Rolling programme of pathways for creation/review in place, using BCUPathway methodology (as revised in previous measure).	Address adverse variation in practice. Make best use of available resources.	Developing a rolling programme of pathway review, redesign, and evaluation. Integrated pathways that include promotion of health and prevention of illness as well as the treatment of disease, resulting in a 'left shift' of care. A greater use of digital technology to support the delivery of healthcare.	A change in culture, removing silo working and introducing a whole-system approach to service delivery. A reduction in services delivered in hospital setting with a corresponding increase in primary and community services.

b.2022.5 - Building a Healthier Wales (BAHW)			
Activity Inputs & outputs	**Initial outcomes**	**Medium-term outcomes**	**Long-term outcomes**
Approved work-plan for each BAHNW scheme to have commenced, and partner network informed. Interdependencies framework is developed which supports organisational planning via Health Improvement & Reducing Inequalities Group (ToR Reviewed). Evidence-based benefits (quantitative and qualitative) identified for the whole programme, in order to support organisational planning.	Increase in immunisation/ vaccine uptake across clusters. People can access a range of quality and nutritious food, at affordable prices. People are provided with the skills and knowledge to cook notorious low-cost meals. People can access a greater range of support and activities within their own communities. Increased awareness amongst health and social care professionals of Childhood ACES, how to identify them and how to deal with their impact. Health Board's approach to population health is strengthened.	Fewer people become ill or die because of contracting a communicable disease. Improved population health and well-being. Reduction in rates of alcohol and substance misuse. Increase in the numbers of people eating 5 or more fruit and vegetables a day. Reduction in levels of loneliness and social isolation. Improved population health and well-being, especially for those citizens who are traditionally hard to reach. Reduction in the numbers of children experiencing an Adverse Childhood Experience (ACEs).	Reduction in health inequalities. Communities are stronger and more resilient. Reduction in use of statutory services, including acute hospitals, domiciliary care, and residential care. Reduction in the number of children on the Child Protection Register. Reduction in the number of people who are unintentionally homeless. Reduction in the numbers of homeless people in north Wales.

b.2022.6 - Commissioning unit			
Activity Inputs & outputs	**Initial outcomes**	**Medium-term outcomes**	**Long-term outcomes**
Scope and structure of commissioning unit agreed by Executive Team. Appointment to commssioning unit senior team. Written plan for timescale of full transfer of functions, and programme of work for year one and anticipated work in year two agreed with Executive team.	Alignment of commissioning arrangements including collaborative and specialist commissioning. Mechanisms are in place to enable clusters to build commissioning plans to meet local needs.	Commissioning processes are focused on population needs, the delivery of pathways and outcome measures.	Commissioning supports the transformation of care, support and clinical services. Improved outcomes for individuals and demonstrable impact on health and well-being of specific groups, contributing to population health.

b.2022.7 - Community Pharmacy Enhanced Services - Alcohol and Blood Borne Viruses			
Activity Inputs & outputs	**Initial outcomes**	**Medium-term outcomes**	**Long-term outcomes**
Completed design of media and resources required to support the service. At least one Community Pharmacy site offering ES in each of East, Centre, West health communities. Evaluation completed of test sites (identified in measure 2).	To help the public recognise the risks associated with their personal alcohol consumption behaviours and de-normalise risky alcohol consumption and the inevitable burden on primary care workload, hospital admissions and subsequent expenditure.	Reduce risks associated with alcohol consumption through screening, education, brief advice, and referral to specialist services. Increased awareness of support available within target groups. Increased knowledge and awareness of new treatments for Hepatitis C (and which may provide a cure).	Reduce the personal and public health risk of infection. This model demonstrates the Board's commitment to achieving WHO targets as outlined by Welsh Health Circular (WHC/2017/048) and as committed to by Welsh Government, which sets out to eliminate HBV and HCV as significant public health threats by 2030.

b.2022.8 - Diabetic Foot pathway			
Activity Inputs & outputs	**Initial outcomes**	**Medium-term outcomes**	**Long-term outcomes**
Increased podiatric capacity in place to support relaunched primary care component of diabetic foot pathway. Review emergency admission data for diabetic foot presentations, which should be expected to fall as whole system pathway embeds. Review inter-hospital transfer data for diabetic foot presentations, with transfers to YGC expected to fall as whole system pathway embeds.	A better understanding of patients who access Health Board diabetic foot services - identification and promotion of good practice as well as areas for improvement.	Reduced hospital admissions and length of stay. An integrated approach to care resulting in a better patient experience.	Individuals remain well and out of hospital and are given the appropriate support to manage their condition.

b.2022.9 - Foundational Economy Strategy/Policy			
Activity **Inputs & outputs**	**Initial outcomes**	**Medium-term outcomes**	**Long-term outcomes**
Implementation of a BCU strategy to maximise our contribution to the Foundational Economy.	Increased job opportunity in north Wales. Improved 'green' footprint.	Reduction in inequality by maximising the opportunity for local investment. Greater co-design of local NHS services with local communities and organisations. Improved provision of bilingual services.	Sustainability of service, recruitment. Pipeline of ambition for specialist posts, supporting clinical sustainability.

b.2022.10 - Golden Value Metrics			
Activity Inputs & outputs	**Initial outcomes**	**Medium-term outcomes**	**Long-term outcomes**
Creation of a streamlined set of high value metrics that provide an overall barometer of performance.	Increased recognition of the importance of patient experience and outcomes in our improvement journey. Increase in person-centred "experience" conversations.	Redesign of services built upon robust experience data. Less complaints, higher satisfaction. Better clinical outcome data.	Improved patient journeys across the breadth of the organisation. More efficient targeting of improvement resource.

b.2022.11 - Implementing the Quality Act			
Activity Inputs & outputs	**Initial outcomes**	**Medium-term outcomes**	**Long-term outcomes**
Consider the full requirements of the Act, to ensure full compliance when it comes into force in 2023. Amendment/development of internal systems, if so required, to ensure compliance.	BCUHB nominees included in the various work streams and the Acting Director of Quality sits on the National Steering Group.	The existing duty of quality on NHS bodies to be strengthened An organisational duty of candour on providers of NHS services to be established requiring an open and honest approach with patients and service users when things go wrong The voice of citizens to be strengthened by replacing Community Health Councils with a new all-Wales Citizen Voice Body that will represent the interests of people across health and social care	A health and social care system in Wales that is fit for the future and that ensure the voices of citizens are engaged, listened to, and clearly heard

b.2022.12 - Inverse Care Law work			
Activity Inputs & outputs	**Initial outcomes**	**Medium-term outcomes**	**Long-term outcomes**
Establishment of Community of Practice for addressing health inequalities in partnership with primary care Rapid Actionable Insight Packs to identify health inequalities at cluster / locality level Health Inequalities Intervention & Innovation Plan identifying 6 innovator clusters and setting out interventions to drive down health inequalities	Cluster teams are skilled and informed to identify health inequality challenges, in particular those associated with the wider determinants of health Clinical and health behaviour risk factors are identified early Asset-based interventions are developed to reduce risk factors	People at greatest risk living in socio-economic deprived areas of North Wales receive timely and effective support to reduce their risk of developing non-communicable disease Local communities are more engaged and empowered to exercise personal choice to control risk factors and adopt healthy behaviours	Reduction in risk factors leading to health inequalities reduces the risk of non-communicable disease Increased chance of reducing the gap in healthy life expectancy

b.2022.13 – Lean & VBC Healthcare system			
Activity Inputs & outputs	**Initial outcomes**	**Medium-term outcomes**	**Long-term outcomes**
Rollout of a constant evidence based improvement methodology built upon Lean and VBC principles.	Reduction in low value steps within pathways of care, leading to better patient experience and resource utilisation. Greater ease of access to support for continuous improvement activity.	Less unwarranted variation in clinical service delivery. Greater engagement in continuous improvement activity.	Stronger partnerships with high-functioning organisations. High quality systems that make best use of our limited resources, allowing us to provide more (appropriate) episodes of care.

b.2022.14 - Recovery of Primary Care chronic disease monitoring			
Activity Inputs & outputs	**Initial outcomes**	**Medium-term outcomes**	**Long-term outcomes**
Recruitment of additional staff / increase in hours available to undertake chronic disease management reviews, and thereby reduce backlog. Provide a collaborative Cluster-based long-term Conditions Hub: leading to a reduction in referrals to secondary care Q3. Backlog of chronic disease reviews reduced. Individuals provided with education to support with self-management of their chronic condition.	Backlog of chronic disease reviews because of COVID-19 is reduced Long-term conditions hub established in the North Denbighshire Cluster Chronic Conditions nurses support individuals and provide them with information to enable improved self-management of their chronic condition People with a chronic condition are signposted to a range of support and training	Recovery of Primary Care Improved chronic disease monitoring in the community Reduction in presentations to secondary care from people experiencing an exacerbation in their chronic condition Individuals feel more confident in managing their chronic condition themselves	Improved community services for people with a chronic condition Improved rates of self-care for people with a chronic condition

b.2022.15 - Results management			
Activity Inputs & outputs	**Initial outcomes**	**Medium-term outcomes**	**Long-term outcomes**
Improve the assurance for the management of results across BCUHB by fully delivering a fit for purpose solution that will improve patient safety. Deliver a fit for purpose solution that will improve patient safety and stop printed results	Providing the availability and good management of results is critical to inform the care a patient receives, constituting a fundamental part of the overall patient's care record that will have a direct impact on patient outcomes. Project – Welsh Clinical Portal (WCP) Results Notification & Assurance Dashboard - focusses on resolving the gaps in notification and action recording that retains the need for paper results. This will provide the assurance to enable us to safely (i) rely on notifications, and (ii) record the action digitally.	Increased patient safety. Environmental benefits of the reduction of the use of paper. Improved audit trail of how results are being managed. Improved patient experience as trends in results can be identified.	Prevents patient harm. Improve quality of patient experience.

Integrated Medium Term Plan 2022/25

Appendix 7
Links to supporting strategies and plans

Appendix 6: Links to supporting strategies and plans

- LHSW strategy refresh 2021/22
  https://bcuhb.nhs.wales/about-us/governance-and-assurance/imtp/living-healthier-staying-well/
- Cluster plans
  https://bcuhb.nhs.wales/about-us/governance-and-assurance/locality-pen-profiles/
- Quality and Safety strategy
  https://bcuhb.nhs.wales/about-us/governance-and-assurance/imtp/quality-and-safety-priorities/
- Digital strategy
- https://bcuhb.nhs.wales/about-us/governance-and-assurance/imtp/our-digital-future-branded-eng/
- Mewn undod mae Nerth/Stronger Together
  https://bcuhb.nhs.wales/about-us/governance-and-assurance/imtp/
- Workforce strategy
  https://bcuhb.nhs.wales/about-us/governance-and-assurance/imtp/
- Estates strategy
  https://bcuhb.nhs.wales/about-us/governance-and-assurance/imtp/
- Together for mental health
  https://bcuhb.nhs.wales/about-us/governance-and-assurance/imtp/bcuhb-mh-strategy-final/
- WHSSC Specialist services plan
  https://bcuhb.nhs.wales/about-us/governance-and-assurance/imtp/whssc-integrated-commissioning-plan-2022-2025/
- Mid Wales Healthcare Collaborative Plan
  https://bcuhb.nhs.wales/about-us/governance-and-assurance/imtp/mwjc-plan-summary-202223-february-2022/
- Defnyddia dy Gymraeg / Use your Welsh
  https://bcuhb.nhs.wales/about-us/governance-and-assurance/imtp/welsh-language-standards/
- Promoting equality and human rights
  https://bcuhb.nhs.wales/about-us/governance-and-assurance/imtp/strategic-equality-plan-2020-2024-oct-20-v1/
- Environment and sustainable strategy/Decarbonisation
  https://bcuhb.nhs.wales/about-us/governance-and-assurance/imtp/
- Research, development and innovation
  https://bcuhb.nhs.wales/about-us/governance-and-assurance/imtp/bcuhb-r-i-strategy-november-2019-v1-0/

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

Eluned Morgan, AS/MS
Minister for Health and Social Services
Welsh Government
Cardiff Bay
CARDIFF
CF99 1SN

Ein cyf / Our ref: MP/LMR
Eich cyf / Your ref:
☎:
Gofynnwch am / Ask for: Llinos Roberts
E-bost / Email:
llinos.roberts3@wales.nhs.uk
Dyddiad / Date: 7 March 2022

Dear Minister

Update on Actions to Improve Vascular Services at Betsi Cadwaladr University Health Board

I write to update you with an overview of the main actions that have taken place, further to my letter to you of 8th February 2022, to improve vascular services in North Wales.

In 2020, the Health Board invited the Royal College of Surgeons (RCS) to review the provision of vascular surgery in North Wales. The College, in response to this request, issued two reports: the first in March 2021 and the more recent report in January 2022.

May I reiterate the Health Board's commitment to provide safe and sustainable vascular services to the people of North Wales. The Vascular Improvement Plan (enclosed), which is closely overseen by the Quality, Safety, Experience Committee and the Board, reflects, and responds to, the findings of both College reports as well as findings from other sources, such as national audits, the learning from local incidents and the patient engagement work carried out by the Community Health Council.

The Executive Team, my Vice-Chair and I are working closely with your officials and you will be aware of regular meetings, including one with Health Improvement Wales (HIW) on 7th March 2022, further emphasising the commitment to making timely and effective actions.

I would like to summarise a few of the key areas that have been progressed in the last month in order to address the main risks identified in the review.

1. Appointment of an Independent Chair for the Vascular Quality Panel
Susan Aitkenhead has been appointed to Chair the Vascular Quality Panel. This panel, convened in response to the Urgent Recommendations of the RCS report, will consider the outcomes for patients in that report as part of our commitment to ensure that our duty of candour is exercised with both patients and their families. Susan brings a great deal of national experience in this area.

The panel has commenced a review of the notes of the 44 patients in the RCS report (covering care dating back as far as 2013), including detailed vascular summaries that were not shared with the College as part of their review. It will also consider the cases of other patients that have come forward as well as those identified through internal incident reviews. As part of the review process, patients and their families will be involved and this approach will be used to inform future service reviews.

Cyfeiriad Gohebiaeth ar gyfer y Cadeirydd a'r Prif Weithredwr / Correspondence address for Chairman and Chief Executive:
Swyddfa'r Gweithredwyr / Executives' Office
Ysbyty Gwynedd, Penrhosgarnedd
Bangor, Gwynedd LL57 2PW
Gwefan: www.pbc.cymru.nhs.uk **/ Web:** www.bcu.wales.nhs.uk

2. Closer Working with Liverpool University Hospitals NHS Foundation Trust
A Memorandum of Understanding (MoU) has been agreed in principle with Liverpool and the clinical teams have already commenced closer working on established pathways. The MoU, as recommended by the RCS, will enable development of shared Multidisciplinary Team meetings to improve the quality of decision making and recording of those decisions. Additionally, it will see Liverpool and North Wales's surgeons operating alongside each other in Ysbyty Glan Clwyd to further improve quality of care and team working. Subject to agreement by Liverpool, it is expected that this work will commence before the end of this month. In addition, work between BCUHB and Liverpool is developing to consider joint appointments and other work to ensure sustainability of services in North Wales.

3. Workforce and Clinical Leadership
A review of the clinical and operational workforce is underway and advertisements for consultant vascular surgeons and nurse specialists will be in place by 14th March 2022.

Agreement in principle has been reached for a nationally respected vascular surgeon to join the team to develop professional standards on a part-time basis and this role is expected to commence before 21st March 2022.

An Associate Medical Director has taken on temporary responsibility as clinical lead pending the appointment of a lead externally. The Health Board has received two expressions of interest for this role and is currently following due process with current employers to facilitate a strong appointment at pace.

The Executive Medical Director is working closely with regulators, including the General Medical Council (GMC), in terms of any future regulatory involvement that may be required.

The GMC is also working with the Health Board to provide professional standards training for the vascular team but also more widely across the clinical workforce. Two of these training sessions have already taken place and four more are planned before the end of March 2022.

4. Quality of Note Keeping and Consent
A rapid improvement cycle exercise has been introduced in all three acute sites, initially focussed on vascular note keeping and consent. The quality and completeness of clinical notes has already improved.

This weekly notes review commenced in February and will continue until the end of March when a wider audit of clinical notes, consent and Do Not Resuscitate (DNAR) orders will be adopted across the Health Board as part of the Clinical Audit Plan for 22/23. The learning from these audits, as well as from external reviews such as HIW's recent positive findings of clinical notes in our Emergency Departments, will contribute to ongoing improvements in clinical record keeping as well as development of the Electronic Patient Record (EPR).

Consent training has been identified and the first session took place on 4th March 2022 with a further workshop planned for 29th March 2022.

The Digital Health Record (DHR) commenced as a pilot in vascular on 25th February 2022, a key step in ensuring high quality clinical records in the longer term.

5. Vascular Quality Dashboard
A beta Vascular Quality Dashboard went live on 24th February 2022, reflecting provision of service recommendations from the Vascular Society. This will evolve to include Patient Recorded Experience Measures (PREMS) as well as quality metrics. BCUHB has commenced discussions with South Wales' vascular networks to develop closer working on reporting of quality standards and an effective community of practice.

6. Clinical Pathways
Since the College review, vascular pathways have been adopted across the Health Board with the final pathways being agreed in February 2022, for the management of diabetic feet.

These pathways, reflecting national guidance have been adapted to the geography and composition of the clinical teams feeding into the three acute sites. They will now be monitored closely to ensure that both patient and professional experiences further develop the quality of those pathways.

7. Management of Clinical Networks Across North Wales for WAST and the Health Board
The Health Board is working closely with WAST to develop enhanced pathways to ensure timely transfer of patients for the more specialised services in North Wales and any concerns or exceptions are now highlighted and solutions identified between the two organisations.

8. Patient Helpline
A telephone helpline for patients concerned about their experience in vascular services, past or present, went live on 18th February 2022. In addition, the extensive media coverage has led to two patients now feeling able to bring issues to the Board's attention which are being investigated and the patients and families supported, for which the Board is hugely grateful. The extensive work with the media and with partners, including the Community Health Council who sit on the internal monthly Vascular Steering Group, is key to re-establishing trust in this important service by the people of North Wales.

I trust this brief summary appropriately highlights some of the key actions the Health Board is taking within the wider vascular improvement work.

I will, of course, provide a further update next month and would be happy to discuss any aspects of this letter when we meet later this week at Ysbyty Gwynedd.

Yours sincerely

Mark Polin OBE QPM
Cadeirydd / Chairman

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

Eluned Morgan, AS/MS
Minister for Health and Social Services
Welsh Government
Cardiff Bay
CARDIFF
CF99 1SN

Ein cyf / Our ref: MP/LMR
Eich cyf / Your ref:
☎:
Gofynnwch am / Ask for: Llinos Roberts
E-bost / Email: llinos.roberts3@wales.nhs.uk
Dyddiad / Date: 6 April 2022

Dear Minister

Update on Actions to Improve Vascular Services at Betsi Cadwaladr University Health Board

I write to report on the progress, in what you will be aware has been a challenging month in vascular services in BCUHB.

The Health Board's focus has been, and will remain, on ensuring the quality and safety of services.

You will be aware of incidents in early March that led the Executive Team to put in immediate make safes in the service, including enhanced consultant cover and closer decision-making support from the regional vascular service in Liverpool.

The immediate make safes were put into place on 11th March 2022 and formally agreed from 17th March 2022 for a period of 28 days.

Close scrutiny of the service, and incidents associated with the service, led to the agreement on 30th March 2022 of an extension of these extra support measures to 23rd May 2022 (with the inclusion of further multi-disciplinary team (MDT) discussions for patients being transferred within the Health Board from the spoke sites to the hub at Ysbyty Glan Clwyd). These further considerations and measures have been overseen by my Vice Chair and me.

I attach with this letter the latest version of the Vascular Improvement Plan.

Particular areas I would like to highlight include:

- The appointment of a Professional Standards Vascular Lead for the Health Board, a widely respected vascular surgeon who has recently retired to the area
- Improvement work and the support of Improvement Cymru in this and the adoption of an Institute for Healthcare Improvement (IHI) methodology
- The involvement of the Health Board in the Vascular Community of Practice in Wales being led by Dr Allan Wardaugh

- The receipt of an application for the key role of Clinical Director of vascular services with a selection panel being arranged as soon as possible
- An application for a Consultant Vascular Surgeon position being taken forward in response to the recent advert for the post, with an interview panel to take place on May 20th 2022

In addition, in line with the framework agreed with your officials, I provide updates as follows:

Closer working with the regional tertiary centre in Liverpool

The need for working with the regional tertiary centre was a central part of the Royal College of Surgeons' recommendations in January 2022.

- The Memorandum of Understanding with Liverpool University Hospital Foundation Trust (LUHFT) was signed on 23rd March 2022
- The closer working outlined in the MoU has already commenced, but will be further taken forward to include all of the relevant Royal College of Surgeons recommendations this month
- Shared MDT working for out of hours work has already been adopted and, from this month, Liverpool will support the Friday "planned care" MDT
- Additionally, the support goes beyond the College recommendations in supporting surgeons from both centres to be working alongside each other
- Liverpool will support in ensuring clear Standard Operating Procedures (SOPs) are in place and are used as part of the MDT process

Improved Record Keeping and Consent

The poor quality of record keeping and evidence of decision making is a key concern and has led both to the actions below but also the appointment of the Professional Standards Vascular Lead who is now working closely with the clinical teams.

- The adoption of the Digital Health Record in vascular services has taken place, a first step in moving records from paper to an electronic patient record
- The ongoing weekly audit of clinical notes and consent continues on all 3 acute sites which is highlighting some significant improvements
- A formal audit of clinical notes, using the methodology set out in our 2022/23 clinical audit plan, will take place in May 2022
- Consent training and an audit of the quality of consent taking took place on 4th March 2022 and this work will now be extended to other surgical specialities
- The initial work on clinical note keeping is now being developed to inform a Health Board wide audit for 2022/23, ensuring that any issues identified in the vascular service that are present more widely across the Health Board are identified and addressed

- The quality of Duty of Candour discussions and recording is now being reviewed and this learning will be shared more widely across the Health Board.

Strong Governance in Vascular Services

The quality governance is a key part of the Board's assurance framework in ensuring transformation and learning are taken forward and change the outcomes and experience for patients using the service.

- The first Vascular Quality Panel meeting is to be held on the 7th April 2022 in line with the recommendations within the Royal College of Surgeons report. Letters have been issued to the first 47 patients (and/or their families as appropriate) whose notes are to be reviewed
- The current governance and oversight arrangements are being reviewed to consider whether they should be strengthened and a Clinical Lead for Quality and Effectiveness is being recruited, initially on an interim basis
- There remains close Executive oversight of the vascular work with meetings chaired and led by the Executive Medical Director
- Vascular services have been subject of scrutiny and discussion at both regular and extraordinary meetings of the Quality, Safety and Experience (QSE) Committee and the Board
- Community Health Council (CHC) and patient representation continues on the monthly Vascular Steering Group
- Professional standards discussions have taken place on a 1:1 basis with all consultant vascular staff (a process completed on 1st April 2022)
- A workshop with the General Medical Council (GMC) will take place on 5th May 2022. This work is supported by the Professional Standards Lead referred to earlier in this letter
- Recruitment of medical staff continues but further work is now under development to review the role of specialist nurses and allied health professionals and their potential to support the care of patients in this service
- A focus on support for staff is in place and the Hospital Management Team now meet the vascular team on a weekly basis

Patient Feedback

- A survey of patient experience has taken place (this included 10 telephone interviews and 10 face-to-face interviews). This demonstrated that more work is needed to ensure that patients feel listened to and their treatment is fully explained. The results have been shared with the clinical teams and the survey will be repeated later this month

- Work is progressing to develop Patient Reported Experience Measures (PREMS) to be included in the recently developed Vascular Quality Dashboard

In addition:

- A Patient Safety Culture Survey will take place in April 2022
- Mentoring and coaching arrangements for members of the senior management team have commenced but will be developed more formally with the team over the coming month
- The Board has Commissioned AQuA (Advancing Quality Alliance) to support with a Human Factors Programme, which focuses on the science and integration of human factors. This approach encompasses the safety culture and human errors, and will provide mentoring and coaching to enable sustainable capabilities with the vascular service. The work commences in this month too

The Health Board recognises that these actions are focussed primarily on the vascular service, however I recognise that some of the issues that have contributed to concerns in this service are likely to be present in other services in the Health Board. The Executive Team are alive of this.

I have highlighted that audits and training are now being rolled out more widely across the Health Board and are to be formalised through the Clinical Audit Plan for 2022/23.

The Executive Team are also working very closely with the Hospital Management Team in Ysbyty Glan Clwyd following the recent HIW report on the Emergency Department on that site and are also prioritising the existing Urology Improvement Group work to ensure that any patient safety and experience issues are prioritised.

I am very happy to provide any further information or updates but will formally again write to update on progress in the first week of May.

Yours sincerely

Mark Polin OBE QPM
Cadeirydd / Chairman

Enc Vascular Improvement Plan (dated 5th April 2022)

Agenda Item 3

By virtue of paragraph(s) vi of Standing Order 17.42

Document is Restricted

Written Evidence Paper

Public Accounts and Public Administration Committee – Inquiry into Care Home Commissioning for Older People

Purpose

This paper provides an update on the Welsh Government's response to the recommendations in the Auditor General's report 'Care Home Commissioning for Older People' (December 2021), and on the progress being made with actions flowing from the Rebalancing Care and Support White Paper published for consultation in January 2021.

1. Welsh Government response to the Audit Wales recommendations

Recommendation R1

1.1. R1 recommended that the Welsh Government considers what the findings from the Audit Wales work in North Wales means for planned policy reform, and whether these reforms will go far enough to tackle the root causes of the issues raised.

1.2. The Welsh Government welcomes the Auditor General's reports on care home commissioning in North Wales and on the national implications of that work. We recognise the value this work has for informing our planned policy reforms, and in particular the delivery of our national and regional work programmes under the Rebalancing Care and Support Programme. We will ensure that the findings and recommendations from these reports are fed into the Technical and Task and Finish Groups which have been set up in support of this programme. For example the Terms of Reference for the Integrated Services Task Group within the Rebalancing Care and Support programme include a specific reference to the Audit Wales report and recommendations in its key objectives.

1.3. The aim of the programme is to bring about real system change, addressing the issues set out in our Rebalancing Care and Support White Paper (January 2021), and in particular ensuring that the Social Services and Well-being (Wales) Act 2014 is fully implemented. Consultation feedback on the White Paper showed strong support for the principles and framework set out in the 2014 Act, but there was a clear perception of an 'implementation gap' which the programme is seeking to address. We believe that successful delivery of the rebalancing programme will tackle the root causes of the issues raised in the Audit Wales reports.

Recommendation R2

1.4. R2 listed particular areas that our programme of policy reform should address.

Reducing complexity of funding responsibilities across partners

1.5. The Welsh Government recognises that the long standing arrangements for funding health and social care can be complex.

1.6. We have recently reviewed the national Framework for Continuing NHS Healthcare (CHC), which went live on 1 April 2022. It includes a focus on partnership working to provide a seamless, person centred health and social care service for individuals, their families and carers. It also stresses the importance of joint commissioning and pooled budgets to support an integrated approach. In terms of Funded Nursing Care (FNC), we are developing an interim policy statement. This will provide an update on legislative changes and court judgements subsequent to the 2004 FNC Guidance, in advance of a longer-term review of FNC policy. This also sets out the importance of partnership working, joint commissioning and pooled budgets. Furthermore, we are intending to include commissioning of care services under CHC and FNC under the national commissioning framework as part of the Rebalancing Care and Support agenda.

1.7. Under the Rebalancing Care and Support Programme, the Welsh Government is committed to bringing together both parts of the health and social care system to try and reduce complexity and make better use of key joint commissioning tools such as joint commissioning strategies, standard fee methodologies and pooled budgets.

1.8. It is clear that a defined, shared fund agreed at a local level, based on regionally agreed standards and principles could negate the need to debate and obtain budgetary agreement for individual cases. This would in turn streamline the process for both organisations and the people they provide care and support for.

1.9. Ministers will shortly be asked to agree whether additional specialist capacity should be appointed in 2022/23 to work with officials and key stakeholders to review and reduce the current complexity of funding for older peoples care homes. The conclusions of this work will inform the Codes of Practice in relation to the National Framework being established under the Rebalancing Care and Support programme and amendments to the Part 9 statutory guidance.

Clearly describing and communicating how pooled funds are expected to operate across health and social care partners

1.10. Our expectations about pooled funding arrangements were set out in the regulations and statutory guidance on partnership arrangements under Part 9 of the 2014 Act. Although the current regulations focus on the development of regional pooled funds for older people's residential care, the statutory codes of practice were amended in 2019 to encourage RPBs to consider pooling of funds and joint commissioning in other service areas. We have always been clear that pooled funding is one part of effective joint commissioning and the delivery of services, rather than being an end in itself, and we acknowledge that the current arrangements needs strengthening.

1.11. In response to initial requests for further clarity and technical support around pooled funds, the Welsh Government funded and co-produced the Pooled Funding Toolkit, working with stakeholders through the Association of Directors of Social Services Wales to coproduce the content.

1.12. Further to this the Welsh Government undertook a review of pooled fund arrangements across Wales. Our research partners KMPG found some notable progress, but concluded that further work was needed to strengthen governance arrangements, undertake benefits analysis and realisation, and sharing of risk in relation to pooled funds.

1.13. Learning to date has indicated that despite the challenges with establishing regional pooled funds for older peoples care homes, pooled funds can and are being used in a variety of different service areas and at a range of different levels including national, regional, sub-regional local, cluster and even individual levels. Strengthening the use of pooled funds, allowing greater flexibility between regional and local arrangements, and widening their scope into service areas where they can have the greatest impact, will form part of the integrated service delivery work stream under our Rebalancing Care and Support Programme.

Measures to strengthen scrutiny arrangements and accountability of the Regional Partnership Boards

1.14. The Governance and Scrutiny Task and Finish Group under the Rebalancing Care and Support Programme has been established to strengthen regional partnership arrangements by reviewing and addressing:

- the role, responsibility, function and membership of RPBs
- ensuring RPB business units are sufficiently resourced and fit for purpose
- RPBs having own bank account or agreed host

- addressing the imbalance in accountability between statutory partners of the RPB
- formalising reporting arrangements to/from RPB to statutory partners
- establishing scrutiny arrangements for RPBs by statutory partners
- considering whether creating a social care corporate joint committee would aid RPB governance.

1.15. During 2022-23 key stakeholders will work with officials through the Task and Finish Group to consider the above areas and inform the necessary changes to the Part 9 guidance.

Developing a framework for outcome-based performance reporting, which links to policy ambition and the seven wellbeing goals for Wales

1.16. Joint work across health and social care policy has been undertaken to develop a draft national Outcome Framework for Health and Social Care. This framework is an action within A Healthier Wales supporting and embracing the commitment to improved integrated working. The Framework has currently developed 15 draft population indicators jointly agreed between health and social care policy. Improvement against the proposed population indicators will demonstrate the overall aim of improved health and wellbeing for the people of Wales.

1.17. Over summer these indicators and the reasons why they have been selected will be discussed and shared wider with stakeholders. The aim of the wider stakeholder engagement is to gain greater ownership by all partners and to identify the key actions to improve each indicator.

1.18. To complement the work being undertaken in developing a National Health and Social Care Outcomes Framework, the newly launched Regional Integration Fund is co-producing with partners an outcomes framework and supplementary guidance to support the development and monitoring of the six national models of care promoted through the fund.

1.19. An Outcomes Framework and draft supplementary guidance for the Health and Social Care Regional Integration (RIF) are currently being finalised with RPBs and will be introduced to support monitoring and outcome-focused impact reporting from the outset. The guidance is based on the established Results Based Accountability methodology and includes a range of qualitative indicators and quantitative measures for each of the six new national Models of Care, and information sources to ensure RPBs and the Welsh Government will be able to measure progress to meet the outcomes of the RIF.

2. Progress update on the Rebalancing Care and Support Programme

2.1. The Rebalancing Programme was set up following consultation on the Rebalancing Care and Support White Paper (January 2021), which set out proposals to improve social care through strengthening partnership working and integration of services in line with the Social Services and Well-being (Wales) Act 2014. The consultation responses were published in June 2021. The Programme has also been shaped by the new Programme for Government 2021-2026. On 29 October 2021, the Deputy Minister for Social Services published a written statement, 'Rebalancing Care and Support White Paper – Next Steps'.

2.2. The programme is now in its delivery phase, and is focused on the following three key areas:

- developing a strategic National Framework for commissioned care and support, to set standards for commissioning practice, reduce complexity and to focus on quality and outcomes
- the creation of a National Office to oversee the implementation of this framework
- strengthening regional partnership arrangements so joint working delivers integrated services for local populations.

Developing a National Framework

2.3. Work on developing a strategic National Framework has already commenced. A Technical Group was convened in January to advise the Welsh Government on the technical aspects of policy development in relation to the framework. This group will address the scope of services to be included in the framework, the commissioning cycle, standards for commissioning and service design, fee methodologies, contract / performance management, procurement frameworks, impact assessment, and implementation of the framework.

2.4. The Technical Group will be meeting for half a day, approximately every 4 weeks. The first meeting, on 26 January, was a scene-setting meeting. The second, on 30 March, focused on commissioning. It is expected to conclude its work in the autumn.

2.5. A final report of recommendations for policy development will be produced by the Technical Group and presented to the Deputy Minister for Social Services and the Minister for Health and Social Services. This report will inform the development of a new Code of Practice. The National Framework will be published for consultation in 2023, set out in the Code of Practice.

Strengthening regional partnership arrangements

2.6. The strengthening of regional partnership arrangements is being addressed through five areas: Rebalancing the Social Care Market, Integrated Service Delivery, Engagement and Voice, Planning and Performance, Governance and Scrutiny. This regional programme was launched in February by the Chief Social Care Officer for Wales, with an online event engaging a wide range of stakeholders. Task and Finish Groups are being set up to oversee delivery of each of these workstreams. Most will begin work in May.

Rebalancing the Social Care Market

2.7. The Rebalancing the Social Care Market Group aims to strengthen the social care sector by creating a more stable and sustainable market for regulated services providing care and support in Wales. The main objectives of market rebalancing are:

- to rebalance the provision of social care by increasing local authority and third sector provision and reducing an over-reliance on the private sector in certain aspects of social care provision
- to develop an approach to market stability and market oversight which promotes sustainability and responds to the changing needs of local populations
- to build commissioning capacity and capability at national, regional and local levels.

2.8. In particular, this group will be expected to review RPBs' market stability reports (due on 1 June) and identify key messages for a national overview report, oversee progress with developing the regional Social Value Forums, contribute to the development of a new market oversight framework, oversee work to build regional commissioning capacity and delivery, and advise and make recommendations about rebalancing regulated services at regional and local level. It will meet for the first time on 26 April.

Integrated Service Delivery

2.9. The purpose of the Integrated Service Delivery Group is to continue the progress made in realising the Welsh Government's ambition for delivering preventative, integrated health and social care in Wales. This will ensure seamless services are available for the people who need care and support, and for their unpaid carers. This will involve:

- the development of a seamless, integrated health and social care system blueprint and route map for Wales
- a review and strengthening of RPBs within an integrated system
- clarifying and strengthening arrangements for pooled funds and joint commissioning of integrated services, taking on board the recommendations from the 2021 Audit Wales report.

Engagement and Voice

2.10. The work of the Engagement and Voice Group has already begun, and will be delivered in two phases. Phase 1, which is about to complete its work, has focused on the role of service user, unpaid carer, third sector and provider representatives on RPB boards. This follows concerns, raised particularly by service user and carer representatives, that these roles were not clearly defined, and that these board members were not properly supported or enabled to play a full part in board discussions. The group has produced a draft Charter, guidance for RPB Chairs, and common role descriptions, which we expect all RPBs will adopt. The Group will be reconstituted for Phase 2, which will begin in May and will develop and oversee delivery of a wider programme of work to strengthen engagement and voice mechanisms within RPBs. This includes strengthening engagement with citizens (service users and unpaid carers), the third sector and community groups, and (where appropriate) care and support providers. The Group will also consider how best to embed co-productive practice across all aspects of the work of RPBs, and the relationship between RPBs and the new Citizen Voice Body.

Planning and Performance

2.11. The objectives of the Planning and Performance Group are to strengthen regional partnership arrangements in relation to performance and planning. This group will address specific accountabilities, functions, and strategic programmes, including population needs assessments, the RPB self-assessment tool, performance reporting arrangements, and work towards developing one integrated RPB planning framework for services that is aligned to broader health and social care planning arrangements.

Governance and Scrutiny

2.12. To deliver strengthened regional partnership arrangements, the Governance and Scrutiny Group will address the role, responsibility, function, and membership of RPBs (including the structure of RPB business units and bank account arrangements), as well as the accountability and reporting arrangements between statutory partners and the RPBs.

2.13. The work of these five Task and Finish Groups will contribute to a revision of the Part 9 Statutory Guidance on Partnership Arrangements, which will be consulted upon at the same time as the new Code of Practice on the National Framework for Care and Support.

2.14. We remain committed to engagement and co-production with the sector and citizens. Key partners will be members of the Technical and Task and Finish

Groups, and in addition we intend to engage more broadly through programme communications to inform about key delivery updates.