

Integrated Medium Term Plan 2022/25



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

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

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

The majority of our focus for 2022/23 is upon

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

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

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

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

Section 1: The health of our communities in North Wales

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

BETSI CADWALADR UNIVERSITY HEALTH BOARD

POPULATION
703,360
PERSONS

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



INEQUALITIES

BCUHB has some of the most deprived areas in Wales.

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

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

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



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

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

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

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

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

This is underpinned with the Population Needs Assessment

(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.

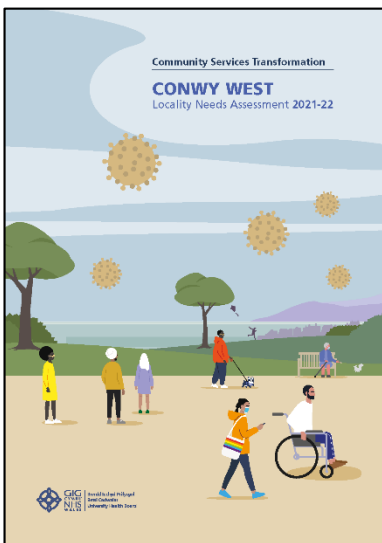
BCUHB has a mental wellbeing score of 52.4, which is higher than Wales (51.4), a higher score suggests stronger mental wellbeing.

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.

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

Impact of COVID-19 on BETSI CADWALADR UNIVERSITY HEALTH BOARD

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

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

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

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



LONG COVID

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

Fatigue is the most common symptom.

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

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

IMPACT ON HEALTH & SOCIAL CARE SERVICES

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

- **Reduced capacity** in emergency departments and hospitals as a whole.
- **Disruption of clinical service** provision resulting in large backlogs in services.
- Number of **people waiting over 52 weeks** is at its highest ever.
- **People delaying contacting GP** about worrying symptoms, which could impact on treatment and outcomes.
- **Increase in demand** for mental health services; **estimated 25% increase** in demand for hospital services, translating to **around 10,000 referrals**.
- In mental health services, particular impact on **CAMHS, Eating Disorders, Memory Assessment Services** and access to **Psychological Therapies** referrals.
- The coronavirus pandemic has been an exceptionally **stressful and challenging time** for care home staff, residents and their loved ones.
- Financial impact for many social care providers due to the cost pressures of additional **infection prevention and control activity; insurance liabilities; and staffing constraints**, along with **reduced income**.
- Many unseen and unreported issues that have built up during the pandemic will emerge, placing **increased demands social care services**.



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.

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



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 priorities 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



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

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 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.

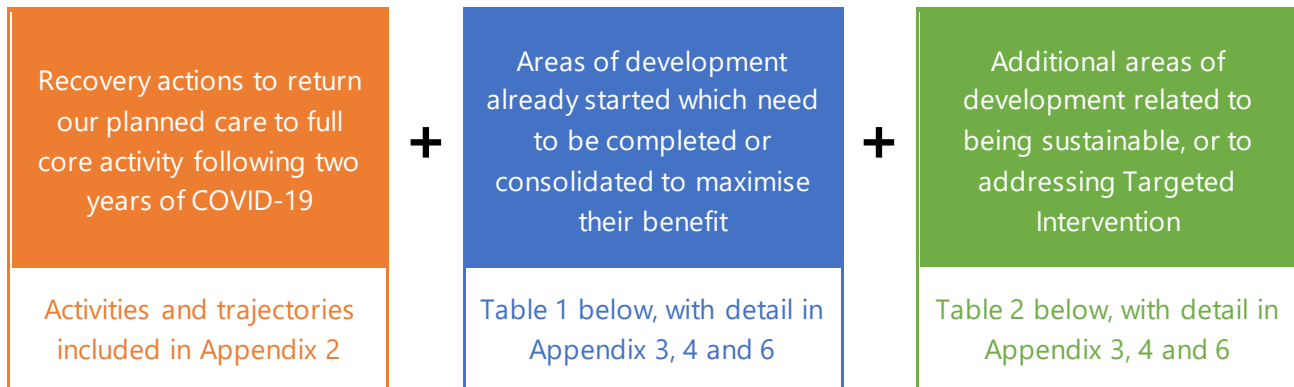
In addition, we feel that now is the time to signal our intent to move to a deeper level of integrated working. Whereas our annual plan last year differentiated activity into traditional sectors (such as 'primary care' or 'secondary care'), we do not believe that this is the right way to move forwards. 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:

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

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

Ref	Title	Workforce Testing	Financial Testing	FYE £m's	22/23 PYE £m's
a.2022.45	<p>Workforce Operating Model – (inc. recruitment etc.)</p> <p>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</p>	●	●	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 ([here³](#)) 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.	●	●	0.0	0.0
b.2022.2	Accelerated Cluster Development Implement the national Accelerated Cluster Development Programme across North Wales	●	●	0.0 ¹	0.0 ¹
b.2022.3	Atlas of Variation Establish a triangulated approach to considering (and addressing) variation in practice where an intervention would provide an opportunity to improve overall value	●	●	0.1	0.1
b.2022.4	BCUPathways Deliver the BCUPathways whole-system methodology across at least 20 priority pathways, including oncology and planned care pathways delayed due to the pandemic	●	●	0.0 ¹	0.0 ¹
b.2022.5	Building a Healthier Wales (BAHW) Strengthening the population health approach in the Health Board through targeted projects that prioritise prevention, early intervention and reducing health inequalities	●	●	0.3	0.3
b.2022.6	Commissioning unit Establishment of Commissioning Unit and a review of our Commissioning Plan built upon quality and equity. Responding to population needs assessment to develop a commissioning programme that supports key population health challenges	●	●	0.1	0.1

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

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

Workforce resourcing of these developments:

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

Indicative priorities in 2023/4 and 2024/5

Tables containing evolving content for 23/24 and indicative content for 24/25 can be found in appendix 5 of the 2022/25 IMTP ([here⁴](#)).

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.

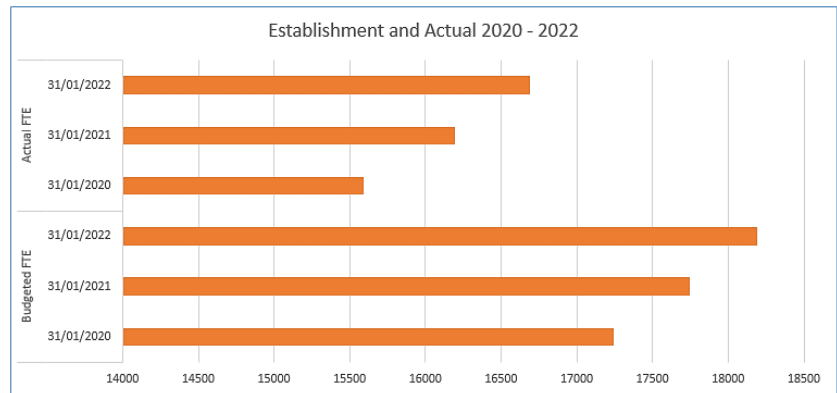
Our People Strategy & Plan is our opportunity to create a learning culture, to work together with our people and partners to address a number of long-standing challenges, prepare our organisation for future challenges and to embrace and create opportunities for us to succeed.

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.

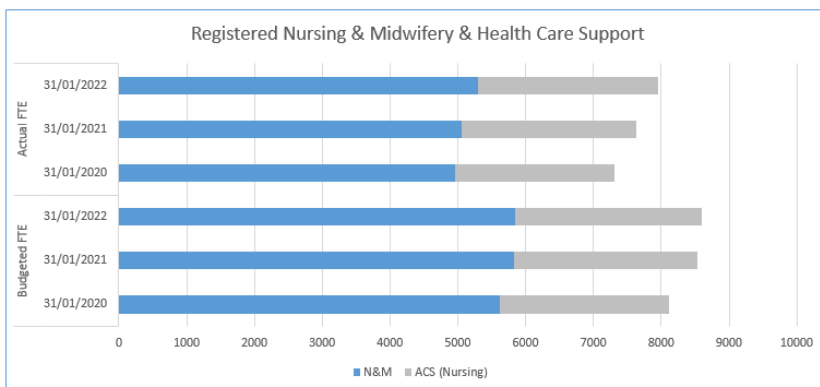
Over the course of the last 3 years, our workforce has increased both in budgeted establishment (+6%) and in actual Full Time Equivalent (FTE) in post (+7.6%). This is in the main due to the number of new service and workforce improvements undertaken through 2021/2022.



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.

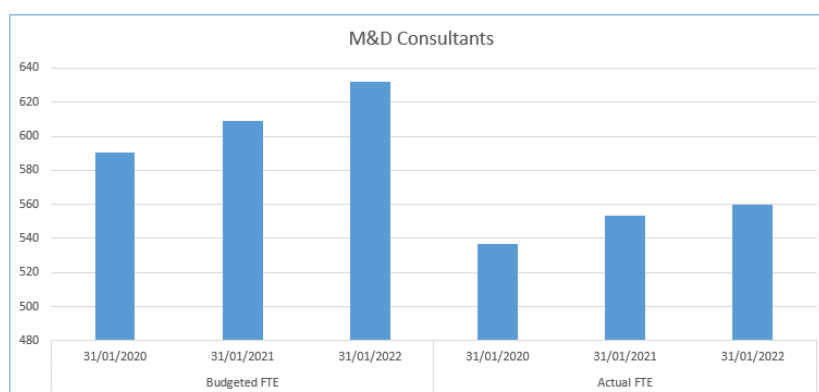
Through the Nursing & Midwifery Recruitment & Retention group, there is a range of work streams to improve retention of nurses. In particular, there are three career pathways under review and being enhanced to make a Nursing career in BCUHB more visible to our staff. The first scheme - Matron

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

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	2023/24	2024/25
	£m	£m	£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 PET programme
- Radiotherapy Programme – WG have supported the advanced purchase of a Linac machine. Work will continue to progress the full replacement programme
- Royal Alexandra Hospital development Project – the FBC has been submitted to WG
- Conwy/Llandudno Junction Integrated Primary Care Centre – we will soon be seeking approval to progress these business cases
- Ablett Redevelopment – we are seeking approval to progress to Full Business Case
- YG Compliance Programme – following submission of the Programme Business Case we will work with WG to develop an agreed programme of investment
- School of medicine and health sciences – we will determine the estate implications and then develop a capital investment strategy in support of the planned student placements

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

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

Strategic Outline Cases are being developed for:

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

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

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

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

Glossary

A&G (Advice and Guidance)	A process for GPs to seek an expert view without referring a patient to secondary care.
Atlas of Variation	An Atlas of Variation identifies unwarranted variation in practice and outcomes across a broad range of clinical conditions, and across different geographical sites/services, prompting reflection and adoption of practice from areas of best performance.
Attend Anywhere	A virtual consultation tool, allowing video consultations as an alternative to face-to-face appointments.
BCUPathways	A BCUHB Programme to develop pathways* for the Health Board. * A pathway helps guide decisions and timing for diagnosis, interventions, appropriate follow-up, escalation of treatment and onward referral. It enables practitioners to provide better health care and patient outcomes and make best use of available resources.
Business Cases <i>Strategic Outline Case (SOC)</i> <i>Outline Business Case (OBC)</i> <i>Full Business Case (FBC)</i> <i>Programme Business Case (PBC) where there are a number of inter-related projects.</i>	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