



APPENDIX B

Delivery area	Role	Cost	Impact
Financial Recovery	Recovery Director	£350k	Following discussions with the FDU regarding a strengthening of turnaround approach and a recommendation from PWC the Health Board taken steps to improve its turnaround capability by securing consultancy services from a Recovery Director. This will be for a maximum of 9 months to the end of march 2020 and is aimed at enabling us to achieve greater levels of improvement in our financial delivery and support the development of a longer term efficiency plan
Secondary Care/Locality System	Secondary Care/Hospital Directors x 3	£230k	The current structure across each of the localities (i.e. East/West/Centre) has Area Directors (ESP band 12) and Hospital Directors (A4C Band 9). In order to recognize the level of responsibility, but also importantly the level of capability and experience required to lead each of the district general hospital sites and to work across the system to ensure seamless pathways of care, we believe that there is a need to augment the structure on each of the sites by introducing an additional senior leadership post, on a par with the Area Directors. The 3 posts would be in addition to the existing Band 9 post. This links to the changes made in our accountability mechanisms and is supported by a number of recommendations in the PWC report re locality improvement and locality control totals for performance and finance. As well as working with Primary care and Community Services through the Area Directors; these roles will form part of the leadership team for secondary care with the Secondary care Medical and Nursing Directors, ensuring clinical engagement is integral to delivery of improved quality and performance. Strengthening site



			leadership would give greater performance focus and faster progress on key improvement areas including 4 hour waits, 12 hour waits, ambulance delays and RTT. It would also step up our capacity to deliver our financial plan, both in terms of controlling expenditure within existing budgets but also in driving CIPs. The cost above is net of the WG investment supported in 2018.
Primary Care & Community Services	Associate Director Primary Care & Community Services	£98k	Whilst the Director of Primary Care and Community Services has the area team infrastructure, the role does not have a corporate support structure to enable pan BCU improvement delivery. This role will enable greater traction of delivery of the Care closer to home agenda, providing Chris Stockport with essential senior level resource and ensuring that good practice is spread, operating procedures and processes are standardised and a stronger, more coherent approach is taken across BCU to implement Living Healthier, Staying Well. Improving the resilience and effectiveness of our community and primary care services is a key enabling to deliver our population health ambitions but also, through stringer pathway management to drive improvements in key metrics such as ED waits, RTT and finances within the acute sector.
Service Improvement; Delivery Management Office	Additional senior improvement practitioners and Senior Programme Management and Data Scientist/analyst capability	£250k £210k	A revised structure has been developed in line with previous discussions re the need to increase the focus on delivery of quality, pathway/service improvement rather than the traditional focus on pure cost reduction. The structure accords with the recommendations made by PWC as part of the financial review and our ambition to develop an integrated quality and service improvement system for the Health Board. The non-recurrent funding provided in 19/20 has and continues to be invaluable in supporting specific pieces of work.



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			<p>However, in order to build a longer term programme of improvement whilst delivering the in year requirements, the structure has been augmented with a gap in recurrent funding of £250k. We believe this will allow us to make the significant shift in focus and culture required to deliver our plans for the future.</p> <p>The use of data to support delivery of improvement is key and whilst the Health Board has data, it does not have sufficient capacity and capability to analyse and translate this data into information to support delivery of change and improvement. This resource may only be needed in the medium term as we improve the integration of our data systems.</p>
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