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Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

INTEGRATED PLAN

2023/24 – 2025/26



Foreword

We are pleased to introduce the Integrated Plan for Powys Teaching Health Board for the period 2023 to 2026. This Integrated Plan marks an important point in the progression of the pandemic and a look to the future. We submit this Integrated Plan as a Working Plan, recognising that further work will be required, to achieve a fully compliant Integrated Medium Term Plan in relation to the financial breakeven duty.

We recognise that further work will continue, both locally and nationally, on options to improve the financial plan position. The central feature of the working Plan is that it is integrated. It combines the whole range of responsibility the Health Board has in terms of the planning and provision of services for its resident population.

There is a strong connection between 'A Healthy, Caring Powys', the health and care strategy in Powys, and the ambition for 'A Healthier Wales' set out by Welsh Government. This alignment is ever more necessary as a result of the pandemic, as the NHS in Wales, with partners, remaining in a period of recovery and transformation. The Health Board is both a provider and a commissioner of healthcare for the Powys population who access services in both Wales and England, and the health board has demonstrated a strong track record in taking a 'whole system approach' to planning care, with partners. It is also the mid way point of our Health and Care Strategy and the 75th anniversary of the birth of the NHS.

Catching up on care that has been delayed because of the pandemic is a top priority; whilst redesigning approaches that enable more care closer to home through high quality, sustainable services. Strong partnership and collaborative working will be essential for success particularly in developing our Accelerated Sustainability Models that help build sustainable services for the long term.

We would like to take this opportunity to thank Third Sector, Clusters, the Independent sector, Welsh Ambulance Services Trust, Neighbouring health Boards and Trusts and our Local Authority colleagues for working in partnership with us as a Health Board and we look forward to keeping you updated on progress.



Carol Shillabeer
(Chief Executive)



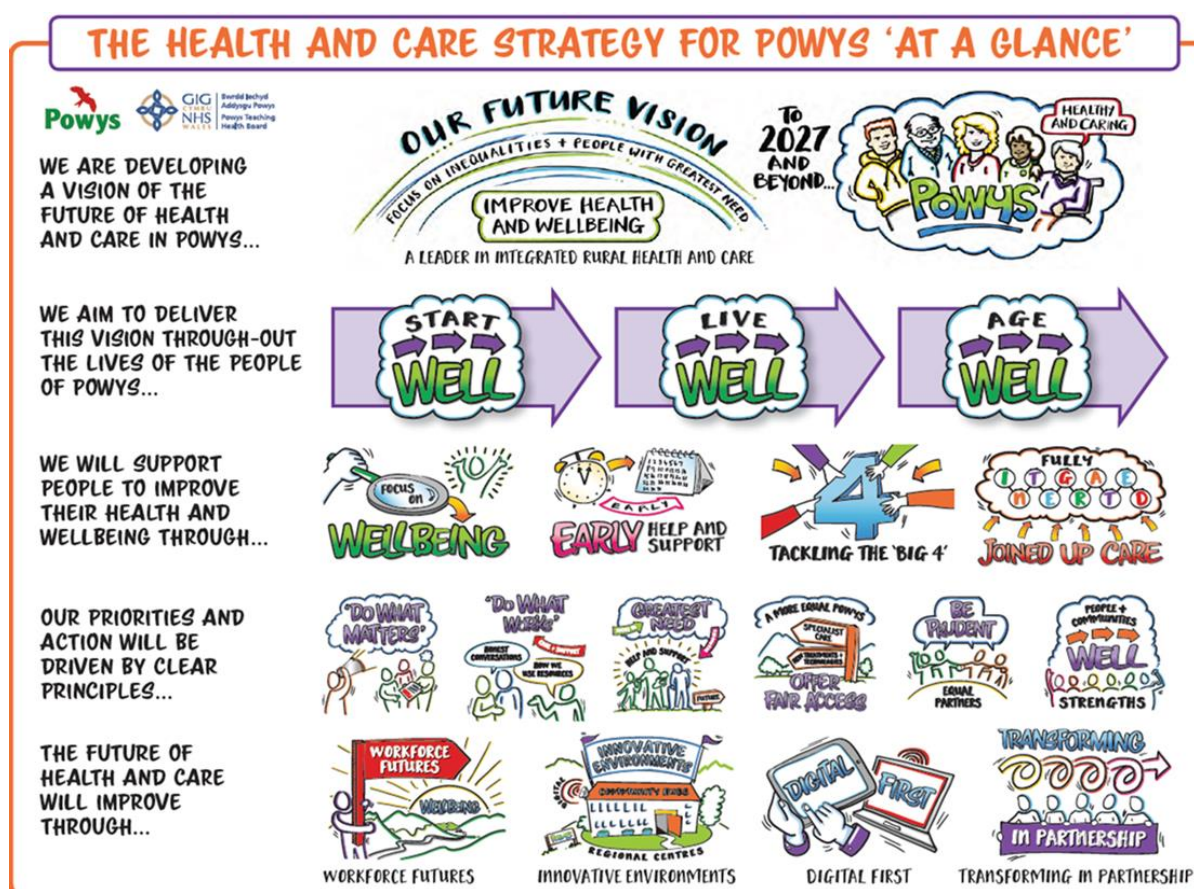
Carl Cooper
(Chair)

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Introduction

This Integrated Plan focuses in most detail on the year ahead 2023 – 2024 but continues to look to the future. The collective ambition for '**A Healthy Caring Powys**' which is shared across key partners in Powys remains strong and sits at the heart of this plan and the wider Area Plan.

It is built on the foundation of the shared Health and Care Strategy which set out an approach to Wellbeing for the population of Powys, now and in future. This has been reviewed in the past year as part of the development of the Regional Partnership Board's Area Plan. The ambition is still very much relevant today, and continues to form the basis of the health board's own plan.



Similarly, the wider Public Service Board Wellbeing Plan has been reviewed and refreshed in the context noted above. This tackles much wider social, economic and environmental factors and wellbeing.

The plans in the Powys region have always been closely aligned to the ambition set out in 'A Healthier Wales: Our Plan for Health and Social Care' (Welsh Government, 2018) and the National Clinical Framework. All are seeking to bring health and care together into a seamless whole system approach, designed and delivered around the needs and preferences of individuals, with a greater emphasis on well-being. This included a community-based model with a stronger public health approach and transformation of primary, planned and urgent care.

This plan therefore continues to be set in the context of the ambitious goals in the Wellbeing of Future Generations (Wales) Act 2015 and the Social Services and Well-Being (Wales) Act 2014 which together set out how health and care would be transformed in Wales, establishing the 'five ways of working' and the principle of sustainable development.

The alignment across the Powys Area Plan and Wellbeing Plan is important in turning legislation and policy into real drivers for change and sustainability locally.

This plan sets out key areas of opportunity for Powys as a region in its own right and as a partner in the Mid Wales Joint Committee for Health and Social Care.

National Strategy and Plans

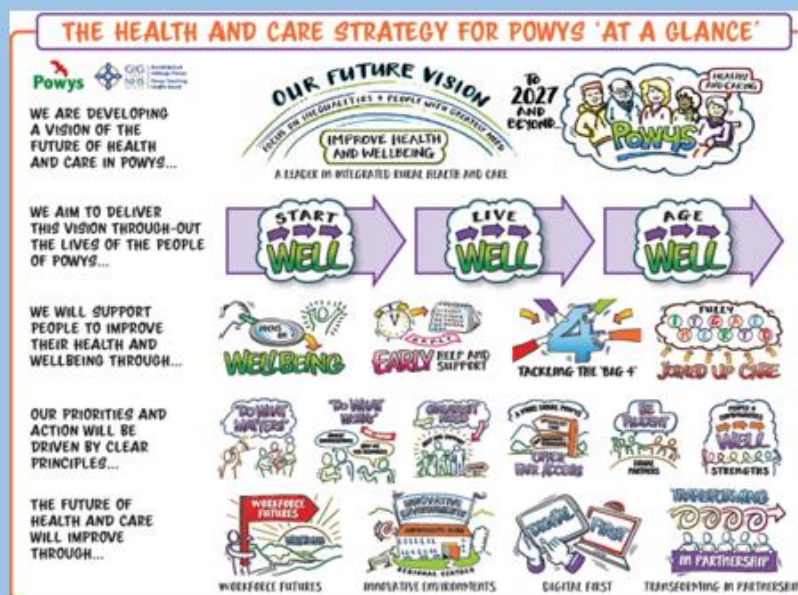
A Healthier Wales; Ministerial Priorities; NHS Wales Planning Framework
Six Goals for Urgent and Emergency Care; Five Goals for Planned Care; Six Models of Care linked to Regional Investment Fund, Accelerated Cluster Development and Strategic Programme for Primary Care

Regional Strategy and Plans

NHS Wales Collaborative and Regional Planning Groups
Mid Wales Health and Care Committee Strategic Intent and Plan

Powys Region and Local Plans

Powys Regional Partnership Board (RPB) Area Plan
Powys Public Services Board (PSB) Wellbeing Plan
Partner Plans – including PCC Corporate Plan and PTHB Integrated Medium Term Plan



More recently new legislation has also been introduced, notably the Health and Social Care (Quality and Engagement) (Wales) Act with a Duty of Candour and Duty of Quality as well as the establishment of a new Citizen's Voice Body, Llais. The requirements within this legislation are moving to full implementation in 2023 and are reflected throughout this plan and there is specific detail on the health board's implementation plan.

There has also been considerable legislative reform in England, with the implementation of the Health and Care Act and the establishment of Integrated Care Systems, which is important in relation to healthcare services used by Powys residents. It is also key in relation to the strategic partnerships that are needed to drive regional solutions to the current challenges and opportunities which form the heart of the content of this plan.

The Welsh Government Net Zero Carbon Status Route Map and Decarbonisation Strategic Delivery Plan both published in 2021 also build on existing legislation in the form of the Environment Act 2016 and Planning Act 2015.

The work being done in partnership on the Accelerated Model of Care is particularly important in this respect, in setting out the both the case and the levers for change, in a highly complex and challenging environment. There are challenges ahead, some of which are shared not only across Wales but the UK and Western Europe, as well as internationally. The Covid-19 pandemic impacted on the wellbeing of the population and the delivery and health and care.

The evidence base is still emerging about the consequences of both the direct and indirect harms caused by the pandemic and the implications for health and wellbeing. The impacts of the pandemic continue to be felt and are compounded by other complexities such as cost of living increases and a challenging economic climate. These are significant structural and governmental issues which are important considerations for this plan.

An important piece of work has been initiated, to develop an Accelerated Sustainable Model, this is described in detail later in this plan and has helped shape this plan. It sets out a renewed case for change, that intensive, focused efforts are required to continue to build prevention into primary, secondary and tertiary healthcare provision, working with partners, communities and service users across the life course, with a stronger understanding of what health inequalities look like in Powys and how that impacts on population wellbeing.



Thinking for the long-term



Prevention



Integration



Collaboration



Involvement

STRATEGIC CONTEXT

Planning Framework and Parameters

The NHS Wales Planning Framework for 2023 to 2026 recognises that economic and financial outlook is extremely challenging.

There has been an impact on the delivery of healthcare, as resources have been refocused to deliver a response to the public health emergency. Some changes continue to the present day, with adaptations to ways of working and the delivery of Mass Vaccination and Test, Trace and Protect, to embed these as part of core and ongoing healthcare provision, in a proportionate way.

A renewed focus on cost reduction and value improvement in the NHS is noted as critical to ensure the ongoing sustainability of services, with a number of Ministerial Priorities:

- **A closer relationship between the NHS and local government** to tackle delayed transfers of care and deliver care closer to home, with the introduction of an integrated community care service for Wales. Health boards are expected to use the new Pathways of Care Reporting framework to monitor the progress of safe and timely discharges of patients.
- **Improving access to general practice, dentistry, optometry and pharmacy** including independent prescribing and self-referral to community-based allied health professionals, including rehabilitation, mental health and audiology.
- **Urgent and emergency care** with alternatives to hospital care, 24 hours a day, 7 days a week, for example through same-day emergency care and integrated health and social care. Reducing the time patients spend waiting in ambulances outside emergency departments is a ministerial priority.
- **Planned care and recovery** led by the NHS Wales National Recovery Programme includes regional diagnostic centres and treatment centres, to move services, workforce and funding from hospitals into the community. This will drive increased pre-habilitation and improvements in diagnostics with a reduction in people waiting (including mental health).
- **Cancer services** with a focus on delivering the quality statement and achieving the required standards on cancer and reduction in the backlog of patients.
- **Mental health and child and adolescent mental health services** with improvement across all age services, with equity and parity between physical and mental health services. Key areas in this ministerial priority include the expansion of tier 0/1 support to support lower-level mental health issues, implementation of 111 press 2 for urgent mental health support, reconfiguring eating disorder services and improving memory assessment services.
- **Core Supporting Functions** are also noted in the NHS Wales Planning Framework encompassing digital, innovation, technology and transformation, alongside workforce, wellbeing and robust financial management. Capital plans must be prioritised and aligned to decarbonisation targets.

- The role of NHS organisations as **anchor institutions** and the **foundational economy** remains important in providing support to individuals and communities as part of normal business. This is particularly important in the light of cost-of-living increases.
- The net zero target for the public sector in 2030, **decarbonisation** action plans and **social value**, contributing to achieving the Well-being of Future Generations (Wales) Act.

Efforts to recover healthcare access are central to the priorities which the Minister for Health and Social Care has set out in the NHS Wales Planning Framework, these are described in more detail throughout this plan and comprise the delivery priorities for 2023 to 2024. Achieving these will be a challenging, complex and significant effort across Wales and the UK. For Powys residents, who access care across multiple providers in both Wales and England, this complexity is very significant, as it involves many different providers and healthcare systems across Wales and England.

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

- Demographic trends
- The impact of the Covid-19 pandemic on the population
- Healthcare demand trends including those associated with the pandemic
- Healthcare capacity changes including those made to priority life essential and life critical care in response to the public health emergency of the pandemic
- Healthcare system pressures including Covid-19 and other respiratory viruses
- Healthcare system pressures associated with population use of services and/or changes in longer term conditions both physical and mental
- Evidence of increasing health inequalities, exacerbated by the pandemic
- Socio economic challenges including cost of living increases – which also impact on healthcare need, demand and utilisation

A letter has been submitted by the health board to Welsh Government in advance of submission of this plan, setting out the challenging financial position of the health board at this period in time.

Given the complexities and constraints noted above, the health board is unable to submit a financially balanced plan. Nonetheless, this remains an Integrated Plan with both a one year focus to address immediate challenges and risks, and a very clear view to the medium and longer term.

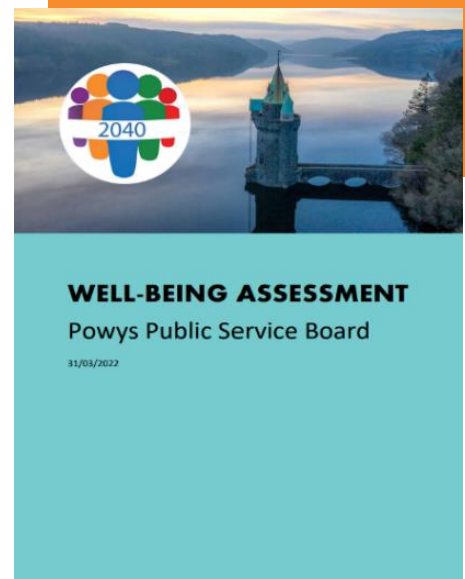
There are actions to be taken starting from this year, to build a sustainable model of healthcare that will span across the three-year period covered by this plan and beyond, to provide the greatest value for the population of Powys going forward.

Powys and Its Population

There are around 133,000 people in Powys which covers a quarter of the landmass of Wales. The Powys Population Assessment and Powys Wellbeing Assessment have been updated and provide a refreshed understanding of life in the County. The insights from these two core sources of analysis have been used to inform the refresh of the Powys Area Plan, Wellbeing Plan and partner plans including this health board Integrated Plan.

Powys is at the forefront of the issue of ageing population. The average age is higher than Wales and UK, with 28% of the population over 65 years old and this is predicted to increase.

- 75% of areas in Powys are in the top 30% most deprived in Wales. This is in the context of a rural economy with low income employment. 79.2% of people are economically active and 17.8% are self-employed, but unemployment has grown and 5% of working-age people are unemployed.
- The average household income is lower in Powys at £33,458 (compared to Wales £34,700, UK £40,257). 55% of households in Powys earning below the County average. Most concerning is that 4,088 families live in absolute poverty.
- In relation to the quality of housing, 48% of homes have a poor energy rating. The Housing Demand register indicates unmet need for affordable housing of the right size and geographies. Powys has the worst quality of broadband coverage in Wales.
- Surveys of wellbeing often show high levels of people feeling happy and in good health. There is an increasingly thriving Welsh culture with 19% able to speak Welsh in Powys.
- Life expectancy for men and women is higher than the Wales average but there are variations in the county. People in Powys live longer in good health than the population of Wales and the UK overall, however there are inequalities between groups.
- A third of households are single occupants; this is predicted to rise by 4.2% over ten years.
- 20% of those seeking support from PAVO (Powys Association of Voluntary Organisations) described loneliness and isolation. 12% of the population are unpaid carers.



- Powys has a low population density of 26 people per square km (compared to Wales 153 per km² and Cardiff 2620 per km²).
- All of Powys is within 300m of greenspace; half of residents live within 10km of accessible greenspace.
- However, there are energy efficiency issues with a reliance on solid fuel and multiple car use linked to rurality and limitations of public transport.

The full findings can be found at www.powysrpb.org ([Population Needs Assessment](#)) and <https://en.powys.gov.uk/article/5794/Full-Well-being-assessment-analysis>

Health Inequalities

Based on recent evidence from Public Health Wales, health inequalities have not been improving over recent years. There is evidence that even in the decade before the pandemic, there was a stalling of life expectancy improvement.

A growing evidence base demonstrates that health inequalities have been worsened by the impact of the pandemic and other global and domestic issues in recent years. A Senedd research report notes for example that 30,000 extra cases of cancer can be attributable to socio economic deprivation. The NHS Confederation have raised the threat to public health of energy price increases and fuel poverty and pointed to 'the unequal impact of Covid-19'.

The World Health Organisation have published research on the impacts of the pandemic on mental health. Whilst some have adapted and there have been positive innovations, others have experienced serious issues and is concerned about a rise in suicides.

There are specific areas of note for Powys, building on the context noted in the previous page:

- There are significant variances between the least and most deprived areas and variation in life expectancy in Powys. There are issues of inequity of access, exacerbated by the impact of the pandemic on waiting lists. There is variation in different geographies in Powys, both for those services provided in the county or those accessed from neighbouring providers. There is a faster pace of recovery in backlogs in England than Wales.
- The number of elderly people in Powys is projected to rise by 15%, whilst at the same time the working age population is projected to fall by 3,200 (4%). The population change in the next 10 years will create a gap between those who will need help and support in their later years, and those of working age who will be providing it.
- The key causes of illness and deaths of Powys people are the 'big four' - cancer; circulatory conditions (cardiac conditions, diabetes and stroke); respiratory illness; and mental illness. Given the ageing population these are growing concerns. Physical frailty and frailty of mind, muscular skeletal conditions and eye care are also significant.

- There is known to be under-reporting of conditions when compared to expected rates, with a mismatch between expected demand and the capacity of services to respond.
- A growing proportion of children are suffering challenges as a result of successive lockdowns. There has been a significant increase in instances of anxiety and other mental health issues and an increase of 64% in counselling referrals.
- Powys has the seventh highest rate in Wales of children receiving care and support and a concentration of vulnerable children placed in the county by other local authorities, in addition to the children looked after by Powys County Council.
- There are also great assets and opportunities in Powys. There was a huge strength shown in the community response and resilience to the pandemic.
- The co-operation between organisations, the ability of community and voluntary groups to wrap support around their local areas and the rapid adaptations made by essential services was enormous.
- The health board and wider health and care sector are major employers and as such, significant contributors or 'Anchor Institutions' in the community, with an important role as part of the 'Foundational Economy' which is described as "the part of our economy that creates and distributes goods and services that we rely on for everyday life'.

Analysis of the External Environment

An analysis was carried out with internal and external stakeholders over the Autumn and Winter 2022 to understand the complex and changing environment for the development and subsequent delivery of this plan.

This exercise has informed both the health board and regional partner plans.

The table below shares the key points in relation to the main political, economic and social considerations and the technological, legislative and environmental factors:

| Political |
|--|
| <p>Pandemics historically are linked to periods that follow characterised by civic change</p> <p>Changes in UK Government with new prime minister; and in monarchy with passing of Her Majesty the Queen and new King Charles III</p> <p>Impact of Russia's action in Ukraine in particular humanitarian needs and refugee support; impact of sanctions / consequential of the conflict on supply chain (in addition to changes in supply chain in relation to European Union exit)</p> <p>Differences in approaches between UK and Wales governments in relation to Covid/ health and care backlogs and recovery of access</p> <p>Inequalities exist where there are variations in the pace of recovery</p> <p>Changes in Powys County Council leadership and portfolios and changes in management posts following local elections in 2022</p> |

Economic

Global and UK **economic challenges**; inflation and associated interest rate increases; fluctuating position of sterling in response to UK Government changes and policy directions

Complex factors driving **cost of living** and energy cost increases – impacts for businesses, public sector, consumers and domestic costs

Particular impacts for **rural community** with comparatively low household incomes

Changes in the **employment** landscape, fragility and scarcity across **workforce** for all sectors in health and care

Emergence of **multiple trade union industrial actions** across health and care and other sectors such as transport

Opportunities exist in training the doctors of the future and rural health and care **Value Based Healthcare** opportunities across health and care

Social

Evidence of **growing inequality** arising from the impact of Covid and cost of living

Increases in **excess mortality** and reductions in **life expectancy** across Europe

Evidence **of syndemic impact** for those with existing health conditions and chronic illness

Evidence of **greater impact** for those who are already disadvantaged economically

Certain groups experiencing specific impacts such as **children, young people and families** where education and the first 1000 days were disrupted

Changing **population behaviours** in relation to Covid and associated prevention measures / transmission

Complexity of **public perception** / experience with public and healthcare sector

Changes in **media** reporting from 'heroes' to more grounded and challenging reporting

Technological

Opportunities and challenges presented by **new technologies** and significant innovation, accelerated during the pandemic

Whole population vaccination approach; becoming more targeted **endemic response** with surge potential although it remains difficult to model health and care demand medium and longer term whilst trends are atypical

Legacy issues with **infrastructure, equipment and connectivity** with newer issues arising from increased scale of use

Plurality of digital platforms in health and care which are not inter-operable

Need to ensure **equitable and value-based** use of high cost /resource intensive technologies / medicines, for greatest benefit and improved outcomes

Syndemic impact of the pandemic will require innovative evidence and value-based responses

Legislative

Existing (pre Covid) **legislative requirements** remain and require action including the Future Generations (Wales) Act; Social Services and Wellbeing (Wales) Act; Environment Act, A Healthier Wales and National Clinical Framework Major legislative reform in England with **Integrated Care Systems** following implementation of Health and Care Act

New legislation in Wales notably the Health and Social Care (Quality and Engagement) (Wales) Act (new Citizens Voice body; Duty of Candour and Quality) NHS Wales **ministerial priorities** include joint working and alliances across health and care

Complex **system architecture**; new NHS Executive, Regional Fora, Regional Partnership Boards and Public Service Boards, Accelerated Cluster Development Emerging policy around **regional collaboration** (e.g., regional diagnostic centres / centres of excellence) presents opportunities and challenges for Powys

Environmental

Growing urgency on **climate change** is a key focus in UK and Wales governments Challenging set of targets and efforts required to achieve **decarbonisation** by 2030

Opportunities in relation to **sustainability and carbon zero** approaches Growing evidence base in relation to environmental **sustainability** and high impact changes

Infrastructural development and investment needed to support greater scale and pace of environmental changes such as electric vehicle charging

Changes to infrastructural requirements also to be taken into account in health care settings with **changing Covid response** and changes in associated funding Challenge of balancing environmental impacts/ staff wellbeing / productivity and agility as **workplaces** are able to return to office-based working

Given the complexity demonstrated here, it was recognised that there is an urgent need for change. An important piece of work has commenced on the development of an Accelerated, Sustainable Model for health and care in Powys.

This work builds on the Renewal efforts that were set out in the previous Integrated Medium-Term Plan and are key to delivering the next phase of recovery from the impact of the pandemic and the transformational ambition in the Health and Care Strategy '**A Healthier Caring Powys**' (Regional Partnership Board Area Plan).

Further detail on the Accelerated Sustainable Model follows on the next pages.

KEY DRIVERS

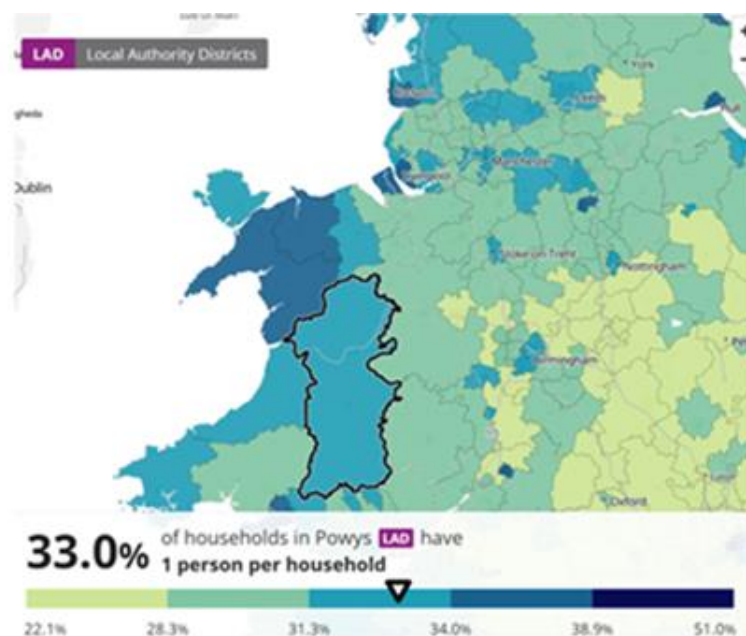
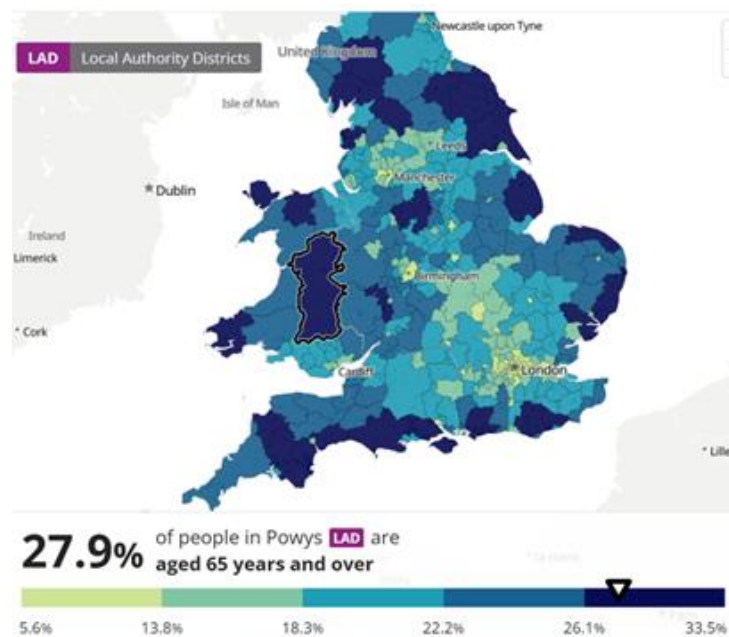
Accelerated Sustainable Model

The overlaying of unprecedented pressures for the population of Powys, and for the health board and local authority in Powys has resulted in accelerated work on a sustainable model for health and care.

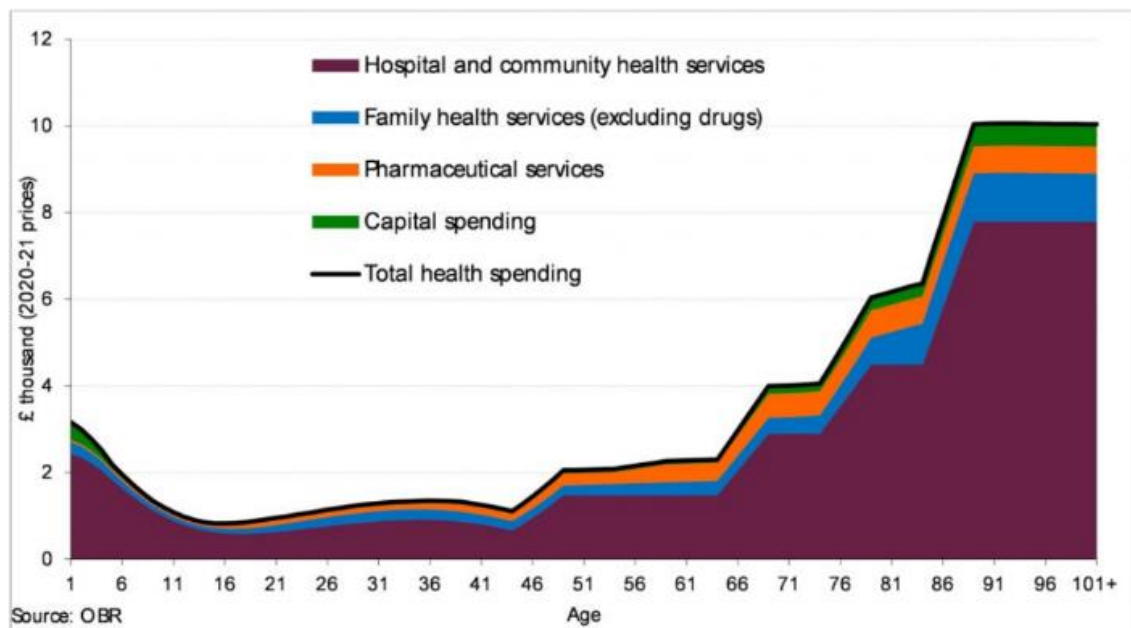
There are significant opportunities to improve outcomes and experience for Powys people, together with the use of resources.

In summary the shared challenges are:

- Powys is at the forefront of an aging population in Wales, with a third of the population living in one-person households, in one of the most sparsely populated areas of England and Wales, where deprivation includes access to services.



- In terms of health spending, the age of the population and the last year of life are key determinants as the graph from the Office of Budget responsibility shows:



Source: OBR, Health spending per person

- The increasing age of the population will drive growing need in relation to conditions such as cancer, respiratory, circulatory conditions, frailty and dementia.
- There is a reduction in the working age population and the existing health and care workforce is aging, leading to a growing workforce gap. These workforce gaps have already resulted in temporary service changes and challenges to basic service sustainability. This includes some community hospital ward provision. There is a significant shortage of domiciliary care with around 3000 hours currently unfilled, together with a backlog in assessments.
- Gaps in the services provided to people in their own home and community are having a system wide impact. Ambulances are being delayed in reaching new patients, as they are delayed outside Emergency Departments.
- Emergency Departments are overcrowded as new patients cannot be admitted to wards swiftly. Admitted patients are delayed in hospital, including community hospitals, for assessments which should take place outside hospital. Older people are at risk of harm from deconditioning (losing muscle strength and confusion) when delayed in hospital and of not being able to maintain or return to living at home.
- Approximately 10% of people over the age of 65 and 25-50% of those over the age of 85 are living with frailty.

- There can be adverse consequences if frailty goes unrecognised. 50% of patients in Powys hospitals also have some form of cognitive impairment. Research shows that 42% of people over the age of 70 who had an unplanned hospital admission have dementia.
- Most Powys people are still dying in hospital (and mainly in out of county District General Hospitals). In terms of outcome, experience and cost evidence underlines the importance of managing the last year of life well.
- Loneliness and the need for home support are amongst the key reasons for seeking third sector services.
- There are growing health inequalities meaning some people are suffering avoidable, unfair and systematic differences in outcomes and this requires close attention.
- The equivalent of 1 in 5 of the population of Powys are on a waiting list for planned care, including diagnostics, in or out of county.
- There are significant pressures in primary care and gaps, such as out of hours pharmacy, but stronger collaboration is also forging the potential for new solutions.
- At present Powys Teaching Health Board has too many small fragile teams, spread unevenly across the county.
- There is variation within community and community hospital services across Powys, including minor injury units.
- The health board's expenditure on District General Hospitals and specialised services is growing at a faster rate than areas such as primary care, making it harder to balance needs and priorities across the whole system.

SUMMARY OF THE ISSUES TO BE SOLVED

- Ambulance and Emergency Department delays, as no beds for admission
- Patients delayed in District General Hospitals and community hospitals, with risk of "deconditioning" for frail older people
- 50% of patients on community hospital wards with cognitive impairment
- Gaps in frailty services in the community and the join-up with dementia services
- Growing needs related to aging population, with a third of the population living alone in a highly rural area
- Last year of life not coordinated well for some patients, with the majority of deaths still occurring in out of county hospitals
- Gaps in support services at home, especially domiciliary care and a need to rebalance care and support
- Extended waiting times for some diagnostics and planned care

- Growing cost of District General Hospital services at the expense of being able to develop primary care
- Gaps in primary care including out of hours
- Services unevenly spread across the county with inequity of access, with some small fragile teams
- Not enough join-up of services in the community and the need for improved care co-ordination
- Some patients suffering health inequalities
- Some services struggling with temporary service changes including mental health services
- Growing cost of continuing health care, with too many people in nursing homes
- Aging workforce and growing gaps, with vacancies driving agency and locum costs
- Health and local authority forecast overspends of over £30 million

OPPORTUNITIES and POTENTIAL SOLUTIONS

A three-step approach of: **Discover**, **Design** and **Deliver** is being used to develop a sustainable model.

The findings of the Discovery Phase have set out the significant challenges, complexity and opportunity in the health and care system and will be used to inform the way forward.

Working within the guiderails of the Health and Care Strategy, using its co-produced principles, the health board, county council and third sector will work together with other stakeholders on the Design and Deliver phases.

In keeping with The Wellbeing and Future Generations (Wales) Act (2015) ways of working sustainable development will be at its heart, together with a value-based approach to improve outcomes, experience and cost.

Key aspects of the emerging solution are summarised below:

KEY ASPECTS OF THE SOLUTION

- Effective frailty service in place including prevention, early identification through frailty scoring, community teams with the right mix of competencies, complex geriatric assessment, home support, effective virtual wards and, where an older person is admitted to hospital, the risk of harm through de-conditioning is monitored and minimised and delayed transfers are the exception. This includes a joined-up approach to physical frailty and frailty of memory.
- Community services form a tighter web of support locally to help support people where they live where possible, including promoting and protecting wellbeing.

- More resilient primary and community teams with the right mix of competencies which are the right size for the population and geographical area served.
- Sufficient domiciliary care to meet needs and the right balance of care and support.
- Improved co-ordination of care, particularly for children and young people, vulnerable groups and those in the last year of life.
- Low complexity theatre activity in line with “Getting it Right First Time” recommendations provided efficiently within Powys.
- Timely and effective use of evidenced based diagnostics within Powys to identify key conditions earlier.
- Sustainable mental health services in place spanning prevention, early diagnosis, effective treatment in the community, which minimise the need to stay in hospital, including out of county.
- Simplified key strategic relationships with District General Hospital providers to strengthen services locally.
- An effective approach for tackling health inequalities and prevention embedded.
- Services comply with essential quality and statutory requirements, are sustainable and demonstrate value in terms of improved outcomes, experience and value.

In partnership, working with the local authority, third sector and local people the health board will work to develop **integrated care communities** to help:

- Health and care services and local people work better together
- Forge a web of local support from advice about wellbeing through to end of life care
- People live in or close to home, with more care out of hospital where possible

The integrated care communities will focus on the needs of people in specific areas, including cross-boundary care when necessary.

For this reason, the integrated care communities will have close working relationships with key district general hospitals in the five main regions providing secondary and tertiary services to Powys people, with the aim of helping people to remain at home or return swiftly where possible.

Work to take forward the Accelerated Sustainable Model is set out across this plan. However, the major programmes of the first phase will be:

- Frailty and the Community Model
- Speciality, Diagnostic & Planned Care
- Mental Health.

A Value Based Approach

"Value" means using our resources wisely to get the best possible outcomes and experience for the population we serve – and we all have a part to play".

In Wales, value-based healthcare is underpinned by Prudent Healthcare, first launched as a philosophy and a policy document in January 2014.

In 'A Healthier Wales', the Welsh Government outlined their plan for health and social care including setting out the need for health services to change and become fit to meet the challenges that an ageing population presents. There is also a focus upon how we can all help deliver better health outcomes for ourselves and others.

A National Action Plan for value-based healthcare in Wales was launched in the autumn of 2019, setting out a three-year programme to embed the approach as part of making Prudent Healthcare philosophy a reality.

A wide number of people need to be involved improving value. This means understanding what matters to people, the evidence base for which interventions are most effective, looking at unwarranted variation in services, outcomes and costs and measuring the impact actions are having on improving the experience and outcomes of individuals and populations and the use of resources.

Focusing on outcomes, experience and cost in this way will help to ensure that resources are allocated and managed to have the greatest positive impact.

This approach to value is being embedded across the health board and is key to the Accelerated Sustainable Model for health and care.

The principles co-produced with Powys people are at the heart of the approach, for example doing what matters, doing what works and being prudent.



Do What Matters



Do What Works



Be Prudent

It is also important that work on improving value is whole system (including partners such as the local authority, care homes and the Welsh Ambulance Service) and is taking place along the whole pathway of care.



The health board is building the value approach into its:

- Strategy
- People and Skills
- Culture
- Processes
- Structures

A programme is in place, spearheaded by the Medical Director and Director of Finance, involving clinicians and those responsible for workforce, information and digital technology, finance, innovation and transformational developments.

- The Opportunities Group will drive improved value across pathways involving all Directorates. Key opportunities include Wet AMD (Age Related Macular Degeneration), cataracts and musculoskeletal conditions.
- Some interventions should not normally be undertaken because research shows they are of low value. The Interventions Not Normally Undertaken Working Group will update the policy and scrutinise compliance.
- An understanding of value will be embedded from induction through to leadership development, including educational events with clinicians to drive forward the value approach in key clinical pathways.
- The systematic collection of PREMs (Patient Reported Experience Measures) is underway using the CIVICA information system. An organisational wide approach to the collection of PROMs (Patient Reported Outcome Measures) has been supported based on the internationally recognised EQ-5L-5D overlaid with condition specific measures. There is not yet an electronic platform to deliver this, but a Task and Finish Group is undertaking preparatory work and is linking with national work. A key focus will be ensuring a resident population view of outcomes, including from patient flows involving England.
- Value will be embedded as part of the work on the Accelerated Sustainable Model, including the first phase major programmes in relation to frailty and the community model, diagnostics and planned care, and mental health.
- The finding of the Getting It Right First Time (GIRFT) Reviews will be implemented for Orthopaedics, Ophthalmology, General Surgery, Gynaecology and Urology.
- There will be learning from specific value-based projects in relation to Falls and mobile devices for community cardiology. Initial findings from the multiagency Falls work with care homes involving the Welsh Ambulance

Service and the local authority is promising in terms of helping to prevent falls and conveyances to hospital.

The approach will continue into Year 2 of this plan, indicatively this will include:

- Assisting in ensuring a value approach is embedded in the next phase of work for the Accelerated Sustainable Model including Frailty, Mental Health, Planned Care and Diagnostics and that the benefits are being realised.
- Directorates to implement the next phase of the Wet AMD and Cataracts value creation plan
- Through the use of data and engagement with clinical teams, identify further areas where Value can be created or improved in line with organisational priorities
- Embedding the revised PTHB Interventions Not Normally Undertaken Policy across pathways and monitor the impact
- Delivering activities to embed the understanding of Value Based Health Care across the organisation as part of embedding Value in the PTHB culture
- Embedding Value within PTHB processes and structures
- Following implementation in Musculoskeletal and Frailty services, expand the collection of Patient Reported Outcome Measures to other targeted clinical areas, as part of the organisational approach to the collection of PROMs.

The outline areas for Year 3 have also been considered and in summary these are:

- Assisting in ensuring a value approach is embedded in the next phase of work for the Accelerated Sustainable Model including Frailty, Mental Health, Planned Care and Diagnostics and that the benefits are being realised.
- Directorates across the health board to implement next phase of Wet AMD and Cataracts value creation plan
- Embedding Value Based Health Care within the PTHB culture
- Assessing improvement in outcomes, experience and costs and implement the next phase of Patient Reported Outcome Measures
- Embedding Value in line with organisational priorities.

Getting It Right First Time

Getting It Right First Time (GIRFT) is a national approach programme designed to improve the treatment and care of patients through in-depth review of services, benchmarking, and presenting a data-driven evidence base to support change.

The programme undertakes clinically led reviews of specialties, combining wide-ranging data analysis with the input and professional knowledge of senior clinicians to examine how things are currently being done and how they could be improved. The programme has the backing of the Royal Colleges and professional associations.

PTHB has been taking part in a series of external GIRFT reviews which are helping to identify unwarranted variation, the potential for significant savings and the

potential to improve outcomes. GIRFT is seen as a key tool in reducing waiting times and waiting lists. Key themes are:

- increasing elective surgery undertaken as day case
- the separation of elective and unscheduled work
- improving utilisation of assets, such as theatre productivity

63% of patients waiting for NHS treatment nationally are 'high volume low complexity' activity, 85% of 29 common pathways having potential to be delivered as day case. This presents considerable opportunities for Powys in terms of the services delivered in County and commissioned out of County.

There are significant opportunities to repatriate low complexity day case activity to Powys and achieve earlier, faster diagnosis. This will require more efficient use of PTHB assets as well as enabling support across regional and national partners, to ensure PTHB can play its part in networked solutions, particularly in Orthopaedics, Ophthalmology, General Surgery, Gynaecology, Urology and ENT (Ear, Nose and Throat).

Diagnostics

As part of the Accelerated Sustainable Model, a renewed approach to diagnostics for Powys residents has the potential to radically transform patient pathways improving outcomes for conditions such as cancer, stroke, heart disease, respiratory disease, dementia and many more – as well as increasing access closer to home. Driving forward the transformation of diagnostics will be a key part of the work on the Accelerated Sustainable Model.

The Powys model is "whole system" and is aimed at improving outcomes, experience and cost through earlier detection of conditions at more treatable stages. It starts with self-awareness of wellbeing and prevention and includes close attention to inequalities. It spans people in their own home, through to health boards working together to secure regional and specialised solutions. As a large rural border region collaboration is key and the health board intends to form stronger strategic partnerships to help build more sustainable pathways of care.

The Diagnostic Strategic Intent sets out the overarching direction. Implementation will be phased and incremental over the next three years, taken forward through separate business. Key drivers are:

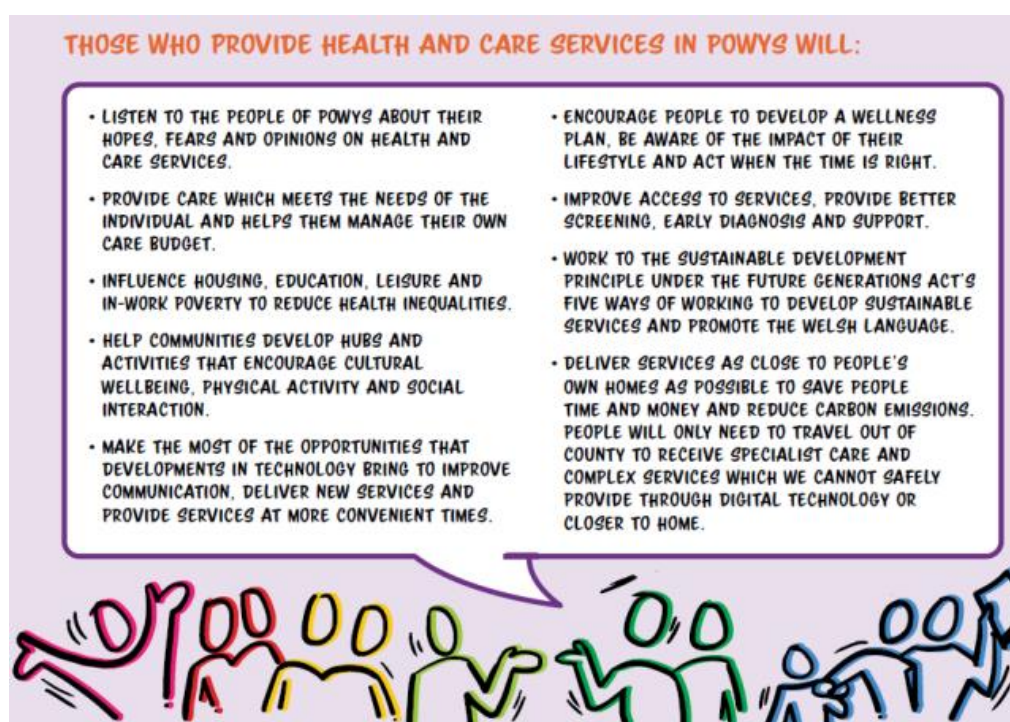
- Effectiveness in terms of improved outcomes and value
- Empowerment of patients and professionals, so there is well informed shared decision making
- Efficiency including addressing backlogs due to Covid-19 and adopting new ways of working
- Environmental (reduced patient and transport journeys)
- Emerging technologies and learning from innovation including responses during the pandemic

North Powys Wellbeing Programme

The North Powys Wellbeing Programme was initiated prior to the Covid-19 pandemic, to accelerate the transformation needed to deliver against the shared long-term Health and Care Strategy, 'A Healthy Caring Powys'. This is a once in a generation opportunity to improve population health and wellbeing, delivering integrated care, closer to home in line with the Health and Care Strategy. The key ambitions are to:

- Strengthen people's ability to manage their own health and wellbeing to make healthier choices
- Increase focus on prevention and health promotion
- Increase independence and participation within communities
- Increase emotional and behavioural support for families, children, and young people to build resilience and support transition into adulthood
- Improve integration of services, partnership working and confidence in leadership
- Improve accessibility to services and community infrastructure that meets the needs of the population
- Improve the opportunity for people to access education, training and learning opportunities

The programme is progressing several accelerated areas of change, in addition to longer term work in relation to the campus model for North Powys, which is the least developed of the three Rural Regional Centres in Powys. A Strategic Outline Case has been submitted to Welsh Government and this is being followed with the Business Justification Case, to develop the Infrastructure for the Campus development (this is also noted in the section in Innovative Environments in this Plan).



Powys Cluster Plans

There are three Clusters in Powys, which are shaped by the natural geographies and community footprints in the county – North Powys, Mid Powys and South Powys.

The three 'Clusters' of North Powys, Mid Powys and South Powys have developed plans alongside the health boards plan which set out the path for the year ahead and beyond.

This will improve the health and wellbeing outcomes for the population, by designing services that specifically meet the needs of that population, improving access by providing more services, delivered locally, to prevent avoidable acute care demand.

The Clusters have been designed to bring together a wide range of community and service representatives in order to develop plans that, within available resource, aim to:

- Improve local population health and wellbeing
- Improve the quality of care services (timely, safe, effective, individual and dignified)
- Improve the efficiency of care services delivery

The Powys Clusters are working more collaboratively on the planning and delivery of care and creating further opportunities to accelerate the sustainable model of care as part of the Area Plan.

The Pan Cluster Planning Group in Powys is being delivered through the Regional Partnership Board Executive Group. There is alignment with the Area Plan Wellbeing Objectives with a 'Focus on wellbeing,' 'Tackling the big '4'', 'Early help & support', and 'Joined up Care', reflected in the Cluster priorities and projects.

In particular, there is strong connectivity in relation to Health & Wellbeing, Frailty, and Urgent & Emergency care.

Some important innovations have taken place over the past year and further roll out of these across Clusters will support improved access and experience in relation to primary and community care. This includes:

- Dedicated roles with a First Contact Practitioner in Mid Powys and pharmacy and health promotion roles pan Powys
- Patient Digital App allowing 24/7 access to information and alternative appointment booking and repeat medication
- Working with 'Health Education and Improvement Wales' (HEIW) and Universities, to facilitate rural placements and focused recruitment, skills development and mentoring
- Cross sector engagement with independent contractors, voluntary and local groups and the wider third sector
- Awareness raising including promotion of national campaigns around use of primary care and urgent care

Whilst progress has been significant, there are opportunities for primary care and community services to work more cohesively together to meet the needs of the population, whilst creating greater efficiencies and value within the system.

Recognising the ministerial priorities and alignment with the area plan and health board plan, and taking into account local population needs, the Powys Clusters have developed priorities and actions for 2023/24 in five areas:

- Improving Access to Primary & Community Services
- Pathways of Care, essential services, and business continuity
- Urgent & Emergency Care
- Mental Health and Wellbeing
- Workforce & Wellbeing

“We are seeing improved collaboration through Clusters, enabling conversations such as opticians speaking to mental health practitioners about referral pathways and teams coming together to develop a Frailty service. There is a great desire to work together to improve the outcomes and experience for the population”

Refer to the Delivery Section of this Plan further detailed actions and milestones.

National, Regional & Cross Border Programmes

The past year has seen significant developments across national, regional and cross border strategic change programmes. All areas in Wales are developing plans for submission in March 2023; responding to the NHS Wales Planning Framework & Ministerial Priorities.

In addition to the individual partner and forum programmes shown visually on this page, there are emerging national priorities which build on the existing Six Goals for Urgent and Emergency Care; Five Goals for Planned Care, Accelerated Cluster Development and Strategic Programme for Primary Care.

These reflect the Minister of Health’s priorities and include:

- Integrated Care Service
- Health Professional Role Specifications
- Regional and Community Diagnostic Hubs
- NHS Wales regional fora programmes focused on particular clinical specialities to improve pace of recovery

The NHS Wales Executive is also bringing together Collaborative Programmes and the architecture around the Strategic Clinical Networks which will deliver against A Healthier Wales and the NHS Wales National Clinical Framework.

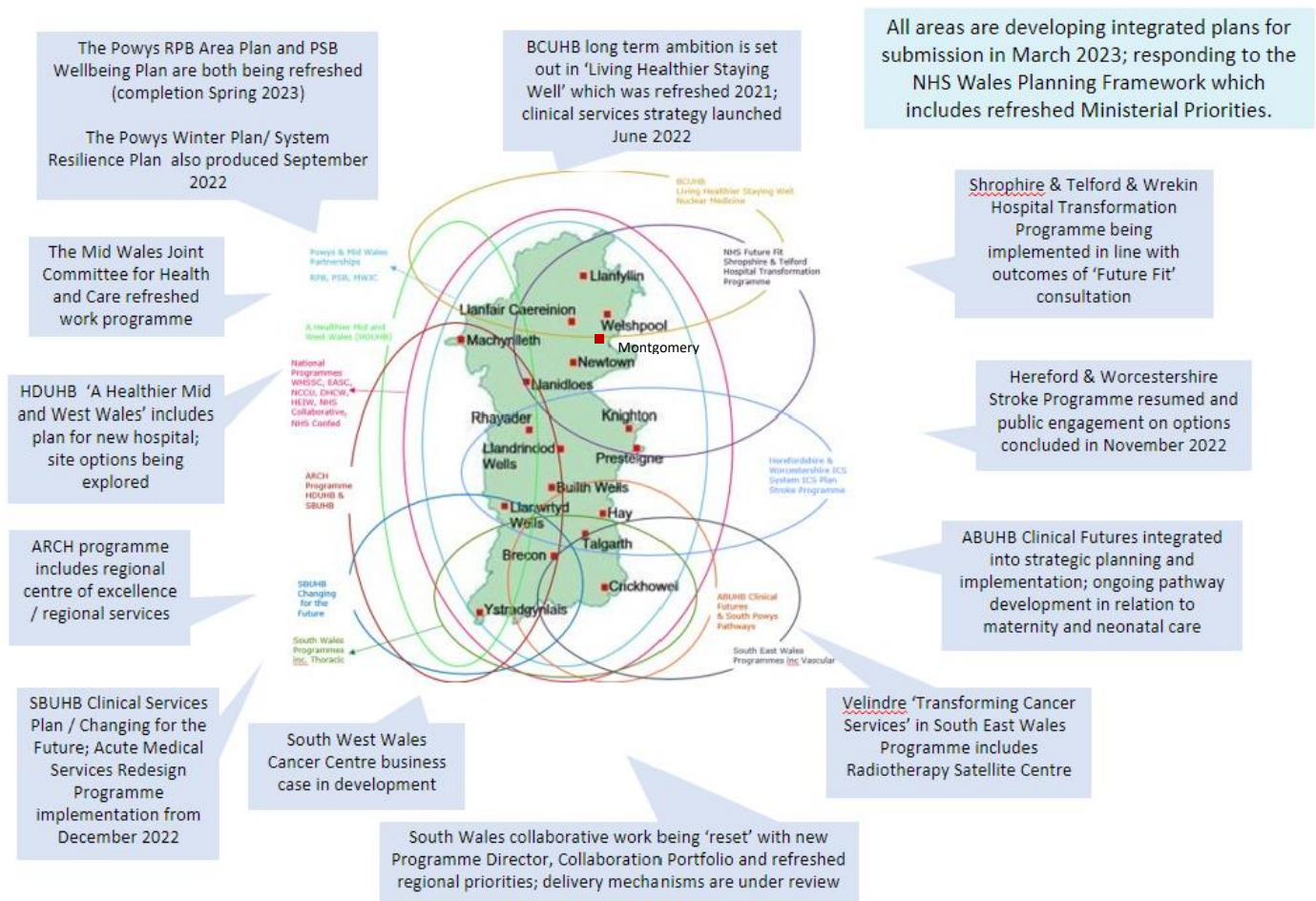
The health board is both well placed and well progressed on an integrated community model of care and well-rehearsed in aligning local opportunities with complex regional and national drivers.

In the more challenging context faced this year, continued dialogue with Welsh Government will be key to ensuring that any efforts are designed to deliver the greatest value for both the Powys and wider national population.

There are a number of strategic programmes at regional and national levels that relate to health and care provision and pathways for residents of Powys, countywide or in particular geographies, depending on the programme and relevant provider's catchment areas. In some cases, these were in train prior to the onset of the pandemic and have been gradually restored in the context of the wider recovery efforts in Wales and England. These include the Regional Planning Fora in NHS Wales and the Integrated Care Systems in place in England.

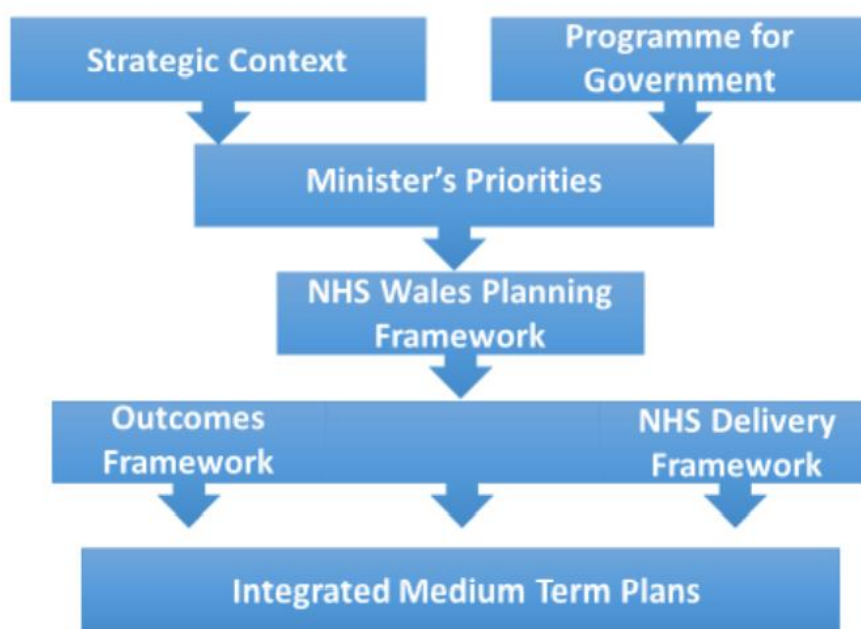
The key current programmes are noted in the visual below, showing the overlapping and complex nature of the strategic changes in relation to healthcare provision and pathways for Powys residents:

Overview – key areas of impact for Powys



Performance Position

In order to progress with the ambitions relating to 'where we want to be' set out earlier in this plan, it is important to have a robust understanding of 'where we are now' against the National Outcomes and Delivery Framework, which is turn is informed by the Minister's Priorities, the NHS Wales Planning Framework:



These are all reported in detail in the Integrated Performance Reports which are published on the Powys Teaching Health Board website as part of the organisation's board papers. There are also a number of 'accountability conditions' that are determined by Welsh Government each year which span the range of services provided or commissioned by the health board.

Detailed positions in specific delivery areas are included in the Delivery Section of this Plan and the key headlines are given below.

- Progress has been seen in many areas of performance, demonstrating the **efforts made to recover access**. However, **challenges** remain, with **inequity** caused by variation in the pace of recovery in services that are commissioned by the health board.
- Recovery of healthcare has been impacted by recent **system pressures** which are complex and compound. These include the recent peak in Covid-19, influenza and respiratory illness and multiple industrial actions.
- Patients are waiting significant times for **Urgent and Emergency** and December saw the worst ever Welsh ambulance performance, as delays across health and social care impacted on patient handovers, discharges and transfers of care.
- **Prevention** is key in this context and PTHB achieved excellent uptake of 84% for **Covid Autumn Booster** with 61,500 boosters delivered (out of a total

73,000 eligible). **Minor Injury Units** are also performing well in Powys exceeding national wait time targets.

- **Primary care access** has shown improvement across the year although there are further improvements to be made to tackle challenges in areas such as dentistry.
- **Planned care** performance including **Mental Health** in the provider remains robust for referral to treatment and diagnostics, supported by recovery efforts across operational teams, with additional capacity through insourcing. This will be enhanced further through the delivery stages of transformation schemes coming on stream.
- There are national **workforce shortages** and fragility of **in reach**, with increases in breaches for 8 week waits for **diagnostics** in the specialities of non-obstetric ultrasound and musculoskeletal health. Actions to recover include waiting list reviews, sonographer training and joint work on capacity with providers.
- Analysis carried out in February 2023 has provided a more granular account of the variation across providers in relation to recovery and waiting times which will inform the **commissioning approach for 2023 – 2024**.

Please refer to the Delivery Section of this plan for further detailed performance positions relating to each Wellbeing Objective and Area of Delivery.

Quality and Engagement

The Health and Social Care (Quality and Engagement) (Wales) Act (2020) was passed by the Senedd on 17 March 2020, received Royal Assent on 1 June 2020 and is a landmark piece of legislation. It will come into full effect on the 1 April 2023.

The Act acknowledges the significant progress to improve the quality of health services in Wales, sets out the next steps for quality governance, ensuring that services are open, transparent, focussed on learning with better integrated working between health and social care.

It builds on existing assets within health and social care systems, facilitating a stronger citizen voice; improving the accountability of services to deliver improved experience and quality of care. Aligned with the ambitions of 'A Healthier Wales', the Act covers four principal areas:

- Duty of Quality on NHS bodies
- Duty of Candour on NHS bodies and primary care
- Establishment of a new Citizen Voice Body for Health and Social Care
- Provision for statutory Vice Chairs of NHS Trusts

Duty of Quality

The Duty of Quality on Powys Teaching Health Board requires improvement in the quality of services, leading to better outcomes for the population of Powys. This will be achieved through:

- Leadership and culture focused on quality
- System-wide approach to quality
- Shared responsibility for quality
- Quality-driven decision-making
- Demonstrable learning and improvement
- Strengthened Quality Management Systems with revised Quality Standards (2023)



There is a focus on the six domains of quality: Safe, Timely, Effective, Efficient, Equitable, Person-centred (STEEEP).

The health board will deploy the Quality Management System to align with quality control, quality planning and quality improvement mechanisms.

There will be key points of connectivity with the organisation's Integrated Performance Framework and Commissioning Assurance processes.



The Quality Management System and the operating principles through which they will be deployed, will be under-pinned and informed by the Quality Standards (2023):



Duty of Candour

The Duty of Candour on Powys Teaching Health Board is placed at an organisational level and supports existing professional duties. There is a focus on a culture of openness and transparency, widely associated with good quality care. It is enabling in its intention, with no element of fault or blame, strengthening the fundamental principles and processes of 'Putting Things Right' and 'Being Open'.

Building on the changes made in 2022/23 to the Putting Things Right processes to improve the health board response to people who raise a concern or complaint about our services, the organisation has embraced the opportunity to be a Pilot site for the changes required within the RLDatix system to support the duty of candour.

Safeguarding

Powys Teaching Health Board is committed to ensuring safeguarding is part of its core business. The health board recognises that safeguarding children and adults at risk is a shared responsibility that requires all our employees to have the competencies to safeguard people and are able to develop strong effective joint working relationships with our partner agencies and colleagues.

Our vision is that Powys residents live their lives free from violence, abuse, neglect and exploitation. The health board will promote the United Nations Convention on the Rights of the Child, Human Rights and the United Nations Principles for Older Persons in all its work.

Multi-agency working is fundamental to the delivery of safe and good quality care. The benefits are most commonly identified as being improved and more effective services and joint problem solving, it also allows for the ability to take a holistic approach and increased understanding and trust between agencies.

PTHB are active members of and contribute to the work of National Safeguarding Service, Mid & West Wales Safeguarding Board, the Regional Violence Against Women and Domestic Abuse and Sexual Violence Board, Regional Practice Reviews and Domestic Homicide Reviews.

The health board works in accordance with legislation and associated guidance detailing the roles and responsibilities of agencies in relation to safeguarding and public protection. This includes Deprivation of Liberty Safeguards which is becoming the Liberty Protection Safeguards Scheme and the Mental Capacity Act requirements. The Serious Violence Duty (2022) also introduces a requirement to share information to target interventions where possible through partnerships and collaboration.

Legislative requirements encompass levels of accountability; responsibilities and duties of staff; the skills and competencies required by staff to perform their duties; handling individual cases and effective interagency working at all levels.

Welsh Government have created a multi-agency Single Unified Safeguarding review process which will incorporate the following review processes; Adult Practice Review, Child Practice Review, Domestic Homicide Review, Mental Health Homicide Review and Offensive Weapon Review. A formal consultation period of 14 weeks will finish on 9th June 2023 following which an implementation date will be set.

<https://www.gov.wales/single-unified-safeguarding-review-statutory-guidance>

PTHB Implementation Plan

A comprehensive implementation plan has been developed to comply with both duties as set out in the Quality and Engagement Act. This will be monitored during

2023/24 by a new sub-group of the Executive Team. The Clinical Quality Advisory Group will be collectively led by the Clinical Executives and will report to the Executive Committee. Whilst this forum will be pivotal to ensuring the implementation plan is on track and delivering against the priorities, the Executive team and the Board recognise that the duties are the responsibility of the whole Board. During 2023/24, supporting teams within the organisation to act in accordance with the duty of candour is a key element of our Duty of Quality and Duty of Candour Implementation plan.

Indicatively in Year 2, the health board will consolidate the implementation plan and embed Quality Standards 2023 across the Organisation, as well as maturing the Patient Experience infrastructure, ensuring that person-centredness is central within all services and all plans.

This will be supported by electronic quality assurance monitoring to support quality dashboards. Other areas of development will include the whole system Dementia Standards Programme, professional leadership capacity and capability, community nursing and multi-professional teams including supporting work on retention and recruitment across nursing and midwifery. The SAFECARE system will be embedded to monitor the impact of nurse staffing levels on patient care and experience.

As we progress to two years since the Quality and Engagement Act, the Organisation will be able to demonstrate the quality management system throughout its business. This will require Quality Dashboards with real time intelligence in all clinical provider services, infrastructure that supports co-production, maturing from patient feedback to patient involvement and Near Miss incidents captured and reported.

DELIVERY OF THE PLAN

Governance and Assurance

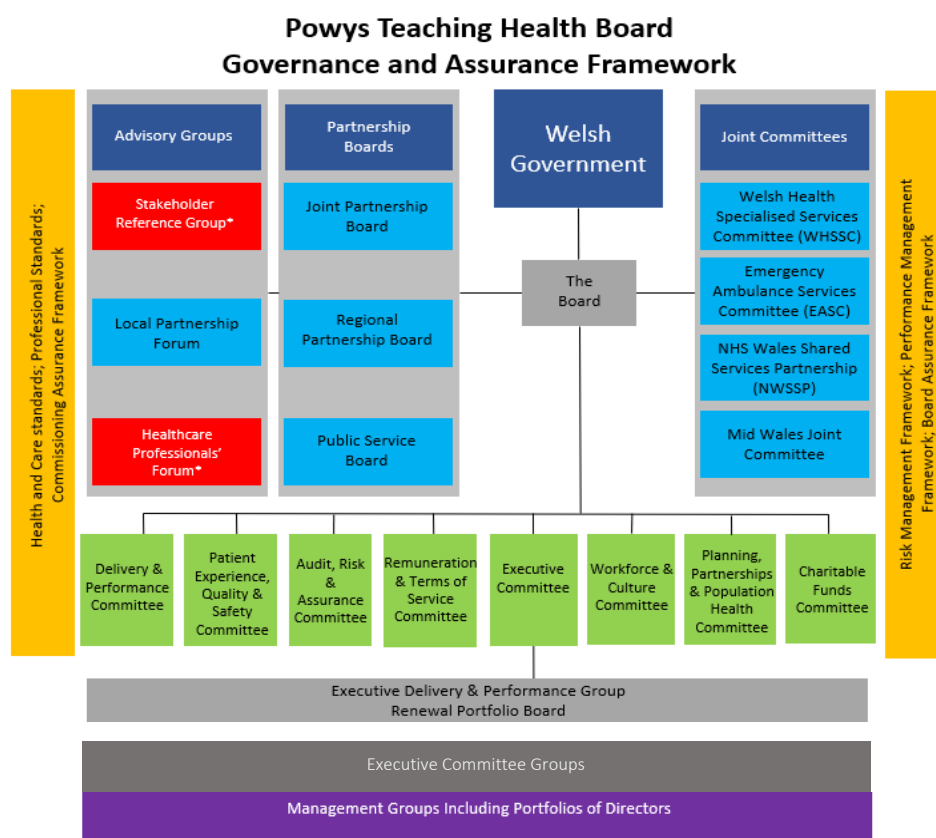
NHS Wales has faced great challenges in the past years as it adapted and responded to the public health emergency of the pandemic, and there remain challenges ahead.

There are significant structural issues noted in the analysis of the external environment carried out with Executive and Independent Board Members for the production of this plan (summarised earlier in this document).

These are important considerations for the organisation, and which will require robust governance at all levels including locally in relation to health board governance and in relation to partnership governance and the role in the wider NHS Wales Executive team.

Governance and assurance arrangements are well established, in accordance with Standing Orders and Standing Financial Instructions.

The health board has a strong track record with the structural assessments carried out by the Wales Audit Office providing both positive feedback on how the health board is led and areas to strengthen.



An integrated Corporate Governance Directorate was formed in 2022/23 which brings together Communications and Engagement, Corporate Governance, Corporate Business and the Charity.

This Directorate will ensure the organisation has a fit for purpose, compliant, risk-based approach to governance and assurance, informed by best practice, to deliver 'A Healthy Caring Powys' and the Strategic Priorities in this plan.

The health board is continually improving its approach and there is learning from the agility and pace achieved during the pandemic which is informing further alignment in corporate functions.

Risk Management and Audit

The health board's corporate risk register is the mechanism for identifying and managing strategic risk including the key risks to the delivery of our aims and strategic objectives.

This has been robustly considered and reviewed in year to ensure alignment with the key strategic risks, in the context of heightened challenges across the health and care system. It is subject to regular and rigorous review to ensure its utility in a highly complex environment.

It reflects the challenges faced by the health board and sets a level of risk tolerance in each case, which has been carefully and collectively moderated to reflect the key considerations notably:

- the delivery of quality, safe and effective care
- The response to the impact of the Covid-19 pandemic and recovery of healthcare access
- ensuring that efforts are made to build the sustainability of delivery and mitigate fragility in service models both directly delivered and commissioned
- challenges to key enablers including workforce and information technology
- threat based risks including cyber security
- fiscal and budgetary constraints
- the change in the financial position of the health board
- the submission of an integrated plan rather than an integrated medium-term plan (IMTP)

During 2022/23 the Board approved a revised Risk Management framework which will continue to be implemented into 2023/24. Key areas of work include:

- Annual Review of the Board's Risk Appetite Statement to ensure it remains reflective of the Boards risk approach and environment in which services are being delivered and commissioned
- Implementation of the Risk Management Improvement Programme

The Audit and Assurance Committee take a proactive role in oversight of the health boards' assurance framework, risk management and governance arrangements.

Audit and Review

The health board has a comprehensive programme of audit and inspection encompassing internal audit, external audit, clinical (internal) audit and inspection.

All audit and inspection related activity is encompassed within our Board Committee work programmes and actively considered as a key source of assurance on Board Committee agendas.

The health board works actively and co-operatively with internal audit, Audit Wales and Health Inspectorate Wales.

Further information on the health board's Governance framework is included in the Health Board's Annual Accountability and Governance Report, Annual Report and the Annual Quality Statement, which are available on the health board's web pages at <http://www.powysthb.wales.nhs.uk/>

Financial Position and Plan

Approach

Understanding the outcomes and experience of the Powys population, the evidence base and comparative costs will enable PTHB to increase value. The health board is working to allocate resources to the right place to deliver the best outcomes that matter for the population of Powys at the least cost.

As set out earlier in this document, the health board is embedding a value-based healthcare approach within its way of working, spanning its whole operating model, with the aim of improving outcomes, reducing clinical variation and improving efficiency through the system.

Key to this is the implementation of 'A Healthy Caring Powys' which is the shared long-term Health and Care Strategy for Powys and foundation of the Regional Partnership Board Area Plan.

The 2023/24 Financial Plan is designed to deploy resources effectively to deliver improved outcomes and meet the needs of the resident population. It is a significant driver of the value-based healthcare approach, which is being embedded throughout the organisation supported by a core and expert team focused on renewal and transformation.

The Accelerated Sustainability Model will ensure that a value-based healthcare approach will support ongoing access to good quality health services with a focus on recovery and renewal from the pandemic.

Context

Up to this current financial year, the health board has achieved financial breakeven in each of the last eight years following an approved Integrated Medium-Term Plan. This has demonstrated the organisations consistent track record of planning and

delivering well-performing services for the people of Powys, whilst also meeting the statutory financial duty to breakeven.

It is clear that the pandemic and its ongoing effect continues to have a significant impact on healthcare systems. This includes the ability to achieve the level of service delivery needed to eradicate the clinical treatment delays, and the ability to recruit and retain the workforce needed across both health and care services. This is of course further affected by inflation impacts on the provision of health and care.

Unfortunately, in this context, with a significant gap between the growth in demand on healthcare and an inability to respond fully in the short term, within certain fiscal constraints, the health board is unable to submit a financially balanced plan for next year.

As a result, the health board is not able to plan to meet its statutory duty to breakeven over the three-year period. A letter has been submitted by the health board to Welsh Government in advance of submission of this plan, setting out the challenging financial position of the health board at this period in time.

Financial Plan for 2023/24

The financial plan has been developed based on the Welsh Government confirmed funding allocations, risk assessed cost pressures and a realistic, but challenging view of the cost saving potential across the organisation.

The health board is forecasting a £7.5m deficit in 2022/23. Once the impact of non-recurrent items and the full year impact of recurrent pressures have been considered the health board is assessed as having an underlying deficit of £18.6m.

This has developed over time largely driven by a growth in people requiring continuing healthcare and in the commissioning of secondary care, alongside some pressures in primary and community care.

The health board's ability to achieve sufficient recurrent savings to offset these costs has been significantly hampered by the pandemic.

| Area | Underlying deficit (£m) |
|------------------------|------------------------------------|
| Primary Care | 2.0 |
| Continuing Health Care | 5.9 |
| Commissioned Services | 8.0 |
| Community Services | 2.7 |
| TOTAL | 18.6 |

The health board faces a significant financial challenge that is based on a Health & Social Care budget 1.5% core allocation uplift in funding in 2023/24 and additional funding for any pay awards.

There has been a capped approach to cost pressures based on expenditure trends and this will be continually reviewed. Internal investments will be limited to those unavoidable items to address sustainability and safety issues.

The health board has been responding to the public health emergency of the Covid-19 pandemic over a three-year period and as a result, savings plans which were contingent on changes to commissioning, operational delivery and pathway redesign that were no longer able to be progressed have been impacted.

Therefore, adding to the underlying deficit of £18.6m, is the assessment of:

- inflationary pressures of £8.9m, including on energy of £1.3m, which is an area of great volatility;
- demand/ service growth of £7.4m; and
- the net effect of allocation adjustments and the ongoing costs associated with responding to the challenges of Covid of £6.1m.

These costs will be partially offset by a series of mitigating actions, evaluated as having an £7.5m impact in 2023/24:

- transformational change underpinned by the Accelerated Sustainability Programme;
- an expectation of 1% saving across all areas based upon the principle of good housekeeping;
- working actively with teams to identify mitigating actions to contain cost pressures;
- reducing expenditure on local Covid schemes; and
- restricting expenditure on national Covid programmes to the funding available.

The impact of each of these components is set out in the table below. It shows that the health board is planning for a £33.5m deficit in 2023/24.

| | (£m) |
|--|-------------|
| Underlying deficit | 18.6 |
| Inflationary pressures | 8.9 |
| Demand/ service growth | 7.4 |
| Net effect of allocation adjustments and Covid | 6.1 |
| Mitigating actions | (7.5) |
| TOTAL | 33.5 |

The figures in the table below are based upon a number of assumptions, however, it gives an indication of how the planned expenditure for 2023/24, excluding the impact of pay awards, compares to the forecast expenditure in 2022/23 and the actual costs in previous years.

| | £m | | | | |
|---|------------|---------------|--------------|--------------|--------------|
| | 2019/20 | 2020/21 | 2021/22 | 2022/23 | 2023/24 |
| | Actual | Actual | Actual | Forecast | Plan |
| 05 - Primary Care - (excluding Drugs) | 39 | 41 | 43 | 44 | 44 |
| 06 - Primary care - Drugs & Appliances | 30 | 32 | 31 | 33 | 35 |
| 07 - Provided services -Pay | 79 | 90 | 96 | 96 | 97 |
| 08 - Provided Services - Non Pay | 16 | 25 | 27 | 16 | 21 |
| 09 - Secondary care - Drugs | 1 | 1 | 1 | 1 | 2 |
| 10 - Healthcare Services - Other NHS Bodies | 133 | 141 | 149 | 155 | 159 |
| 12 - Continuing Care and FNC | 15 | 16 | 22 | 26 | 28 |
| 13 - Other Private & Voluntary Sector | 3 | 3 | 3 | 3 | 4 |
| Powys Total | 315 | 348 | 373 | 375 | 390 |
| Annual Growth | | 10.50% | 7.01% | 0.47% | 3.99% |

Financial Risks and Assumptions

Ensuring that the health board can deliver its planned financial position will be a very significant challenge for the Board and management teams and will require:

- Integrated Financial and Service Planning
- Strong Discipline – a culture of grip and control
- Excellent Financial Interaction
- Ownership and Buy in Across the Organisation
- Leadership
- Clear focus on Transformation and Value Based Health Care to support medium- and longer-term sustainability improving patient outcomes for the population.

The health board is facing a number of financial risks at this stage of the financial planning process.

It recognises the risks in the plan and is taking appropriate actions in order to ensure that risks are appropriately managed and that financial opportunities to support mitigation are fully explored.

The key risks and assumptions are set out below:

- Delivery of the Plan in an environment of high demand and operational pressures – continued dynamic environment with considerable uncertainty that is hindering planning commitments at this time.
- Achievement of mitigating actions to achieve the savings target – concerted attention will be required in order to ensure delivery. Savings plans and further cost avoidance actions need to be in place as soon as possible. There will be clear lines of accountability in delivering identified high value opportunities.
- Cost Pressures due to inflation and growth – there are a series of assumptions underpinning these assessed costs. It is identified as a key risk area to be managed.

- Covid-19 National Programmes and local response – it is assumed that mitigating actions will enable the health board to manage successfully within the Welsh Government allocations for national programmes, such as Test, Trace and Protect and Mass Vaccination. Local response costs are identified as risk areas to be managed and reduced. The response will remain dynamic and responsive to changes in Covid demand. Key to this will be the organisation's ability to step down non-recurrent Covid costs and plan for those that will endure.
- Pay award 2023/24 – excluded from the core plan as assuming additional funding on an actual basis.

Conclusion

The financial plan is based on current planning assumptions and known allocations. Although it necessarily focuses upon 2023/24, the health board has an ambition to recover its financial sustainability in as short a timescale as is practically possible.

If funding in future years meets cost pressures and the health board can deliver savings of £7.5m p.a. the deficit could be addressed over a 5-year planning horizon.

The health board will continue to work closely with Welsh Government and the Finance Delivery Unit in ongoing assurances on delivery and maximising opportunities to improve financial performance.



1. Population health improvement including health inequalities
2. Health Protection including vaccination

3. Primary Care
**Ministerial Priority*
4. Diagnostics
**Ministerial Priority*
5. Ambulatory Care
6. Planned Care
**Ministerial Priority*

7. Cancer
**Ministerial Priority*
8. Circulatory
9. Respiratory
10. Mental Health
**Ministerial Priority*

11. Frailty and Community Model
**Ministerial Priority in relation to DTOC*
12. Urgent and Emergency Care
**Ministerial Priority*
13. Specialised Care

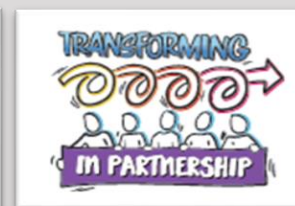
Wellbeing Objectives:

providing the bridge to the medium term and longer term ambition

In Year Strategic Priorities:

(incorporating Ministerial Priorities)

Enabling Objectives supporting delivery of Strategic Priorities



FOCUS ON WELLBEING



This section sets out the work to improve population health and tackle health inequalities, which will enable children and young people to 'start well', adults to 'live well' and older people to 'age well'

Powys Outcomes

- I am responsible for my own health and well-being
- I am able to lead a fulfilled life
- I am able and supported to make healthy lifestyle choices about my mental and physical health, and well-being, for myself and my family
- I have life opportunities wherever I am and wherever I live in Powys
- My environment/community supports me to be connected and maintain health and well-being
- As a carer I am able to live a fulfilled life and feel supported

Strategic Priorities

- Population health improvement including health inequalities
- Health Protection including vaccination

Why is Focus on Wellbeing Important?

Whilst Powys has a relatively healthy population, there are growing and complex inequalities, compounded by the impact of the pandemic and the rurality of the County.

A focus on wellbeing is the essential foundation for A Healthy Caring Powys, which is the long-term ambition set out five years ago in the Health and Care Strategy for Powys and delivers the ambition set out in 'A Healthier Wales' for the Powys region. It is still very much the driving force today, having been reviewed and refreshed over the past year, to ensure it remains relevant in a much-changed context.

The Health and Care Strategy was developed in the context of growing challenges for population health, with Powys having particular areas of concern such as a high burden of disease (shown in the number of people receiving treatment for illness) and high rates of risk factors such as being overweight, misuse of alcohol, smoking and lack of exercise.

These factors contribute to health problems such as cardiovascular and respiratory disease. There is an impact on the quality of life and contribute to premature mortality. There is an unacceptable gap in life expectancy, in Powys as there is across the UK and Western Europe, between those living in the least and most deprived areas.

Reducing health inequalities is fundamental to population health and even more important in the context of the recovery from the pandemic and is therefore key to

this plan. This is a broad ambition with complex, systematic and interdependent factors. In this respect, the Powys Wellbeing Plan is also important as it seeks to address the underpinning socio-economic contributors to population wellbeing. This has also been refreshed alongside the Area Plan over the past year.

Wellbeing has a physical and mental dimension, and the health board recognises that poor mental wellbeing is as much a contributor to ill-health as a poor diet or lack of exercise, throughout the life course but felt particularly in adolescence and adulthood.

Promoting supporting and facilitating the physical and mental well-being of people across the life course is about reducing avoidable ill-health and enabling people to effectively manage their health. This involves a partnership approach to address the long term, wider determinants of health and behavioural risk.

There is evidence that investment in health improvement yields a significant return in reduction in disease and associated hospital / healthcare utilisation. Robust health improvement and disease prevention is key to population health management, enabling people to make decisions and take action to promote well-being.

There is also a need to focus on children to ensure the best possible start in life and best possible outcomes in relation to wellbeing. There are some indicators that illustrate that further efforts are needed to support the wellbeing of children in Powys, not least that over a quarter of children in Powys are overweight or obese by the time they are in Reception class. Focusing on children, targeting additional support for those at highest need, gives the greatest potential to improve population health and reduce inequalities now and in the future.

The pandemic has impacted on the delivery of universal and targeted health board-led population level health improvement programmes including Healthy Child Wales Programme and Designed to Smile. This plan is an important step in recovering the population health management approach and driving it further forward.

The priorities across the Area Plan, Wellbeing Plan and this Integrated Plan have been developed in parallel and together form the response of Powys as a region in its own right to the Population Assessment, Wellbeing Assessment and other evidence including the PTHB Discovery Report (January 2023).

There are interdependencies with the delivery of the National Immunisations Framework and the NHS Wales review of Health Protection.

Strategic Priority: Population Health Improvement including Health inequalities

Key Areas of Delivery

- Delivery of health-board-led population level health improvement programmes (including recovery of delivery following pandemic):
 - Healthy Child Wales Programme
 - Designed to Smile
 - Smoking prevention in schools

- Delivery of Pathfinder Early Years Integration programme (Regional Partnership Board Start Well Programme)
- Delivery of NYTH/NEST programme (Regional Partnership Board Start Well Programme)
- Delivery of Whole System Approach to Healthy Weights programme
- Promote uptake of immunisation and screening programmes

Strategic Priority: Health Protection (including Vaccination)

Key Areas of Delivery

- Delivery of revised model of Mass Vaccination including local implementation of National Immunisation Framework
- Delivery of local component of Health Protection response aligned with National Health Protection Review including communicable disease, community outbreaks of infectious diseases, public health emergencies, testing, tracing, Monkeypox, refugees in line with national health protection guidance

Delivery of population health programmes span a longer term than the period of this plan, including some components that are inter-generational. They are delivered annually and will continue to be key components in Year 2 and Year 3 of this plan.

EARLY HELP AND SUPPORT



This section sets out how the health board will offer early help and support through those services that are the first point of contact, where timely diagnostics and targets, co-ordinated care make the most impact on wellbeing

Powys Outcomes

- I can easily access information, advice & assistance to remain active & independent
- As a child and young person, I have the opportunity to experience the best start in life
- I have easy access, advice and support to help me live well with my chronic condition

Strategic Priorities

- Primary Care
- Diagnostics
- Ambulatory Care
- Planned Care

Ministerial Priority Areas (*Cross References to Ministerial Templates*)

Delayed Transfers of Care

- Regular reporting of 'Pathways of Care' Delayed Transfer of Care (DTC) to be introduced for 2023-24 and reduction in backlog of delayed transfers through early joint discharge planning and coordination

Primary Care Access to Services

- Improved access to GP and Community Services
- Increased access to Dental Services
- Improved use of community pharmacy
- Improved use of optometry services

Planned Care, Diagnostics and Pathways of Care

- 52 weeks Outpatient Assessment and 104 weeks treatment recovery milestones to be achieved by 30 June 2023 and maintained throughout 2023/24 moving to 36 weeks Referral to Treatment (RTT) standards by March 2024
- Address the capacity gaps within specific specialities to prevent further growth in waiting list volumes and set foundation for delivery of targets by March 2025

- (This must include transforming outpatients follow up care, reducing follow up by 25% against 2019/20 levels by October 2023 and repurposing that capacity)
- Implement regional diagnostic hubs, to reduce secondary care waiting times and meet waiting time ambition in spring 2024
- Implement pathway redesign – adopting ‘straight to test model’ and onward referral as necessary

Why is Early Help and Support important?

Early Help and Support was identified as an objective at the start of the Health and Care Strategy in 2017. It is repeated and renewed in the messages heard from continuous engagement with our population and partners.

In the context of the responding to the Covid-19 pandemic, it has specific relevance. There has been a disruption in healthcare with changes in the way people have accessed support and longer waits to access care. There is a greater need to build and transform the ways in which people can get early help and support.

There are challenges faced across directly provided healthcare, commissioned services and contractors in relation to the system wide pressures which have been exacerbated by the impact of the pandemic, workforce challenges and service fragility.

Transformation and development efforts have been constrained by the more critical need to respond to system pressures and bolster the resilience of services across the year and in particular the winter period. But progress has been made and the range of resilience measures, contingency and surge plans provide valuable learning. More active signposting, developments in roles and skills, and alternative offers within the community for support have proved important, as has greater use of technology.

There remain significant opportunities to be built and work on the Accelerated Model of Care has clearly set out the case for change in this new context. And there exist new and stronger levers for change, in the evolving role of the Powys Clusters which bring together professionals across health and care and the growing connectivity pan-Clusters and with the Regional Partnership Board.

Key interdependencies exist with the NHS Wales National Clinical Framework and the Strategic Clinical Networks and close working with national and regional clinical experts and leads will be key to success.

There are also important points of alignment with the NHS Wales Strategic Programme for Primary Care, Accelerated Cluster Development, Five Goals for Planned Care, Six Goals for Urgent and Emergency Care and the National Models of Care, as well as the emerging plans for NHS Wales Integrated Care Service and Regional & Community Diagnostic Hubs. The NHS Wales Regional Funding Allocation will be a key source of investment.

Strategic Priority: Primary Care

There is a mixed picture in relation to the delivery of Primary Care. Whilst compliance against the access measures for General Practice is good, there is feedback from stakeholders and the public, including that received through the Community Health Council, that there are difficulties with the perception and experience of access, which has had to change significantly over the course of the pandemic. There are also challenges in dentistry and optometry for individual contractors in sustaining access and this also generates public concern, however all contractors are progressing with contract reform and focused on workforce development, this is reflected in the delivery areas below.

Cluster Plans recognise the need to improve access with alternative services provided within the community and have made significant progress working with professional collaboratives.

Powys as a provider is largely compliant with the diagnostic standard however there has been some increase in breaches over the winter period.

The position for commissioned services and in reach is challenging and creating variation in access in different Powys geographies and pathways.

Key Areas of Delivery – Primary Care

Increased access to GP and Community Services

- GP Practice Sustainability and contract reform Q1 – Q4
 - Data analysis and review, including review of additional investment
 - Analysis of feedback and lessons learnt
 - Quality Improvement Data Activity Project will conclude Q4
- Engagement with patients and stakeholders on the perception and experience of access
- Maturing Clusters and GP Collaboratives (Cluster plan actions are referenced throughout this Integrated Plan)
- Development of a workforce model including out of hours model

Improved use of Community Pharmacy

- All 23 Community Pharmacies have migrated to new contract and committed to Community Pharmacy Service
- Systematic tracking of access and compliance with contractors Q1 – 4 (including emergency medicine service and prescribing)
- Work with contractors to identify barriers, service gaps and opportunities including Out of Hours Q1 - 4
- Scoping, viability assessment, business case and skill development for identified opportunities Q2 - 4
- Rollout Community Pharmacy Collaborative Leads in Mid and South Powys Clusters Q1
- Evaluate patient use of rota services and consider improvements Q1
- Refine and develop promotional opportunities Q1 – 4

- Ambition to implement, promote and monitor 56 day prescribing subject to resolution of operational challenges
- Support increased take up of non-medical prescribers Q2

Improved use of optometry

- Contract reform including the Independent Prescribing Optometric Services (IPOS) Pathway launched Q1; Medical retina referral refinement and data capture Q2; legislative change implementation Q3; glaucoma referral refinement and data capture with virtual review Q3
- Pre-registration optometrist working between primary and secondary care in Mid Powys Cluster Q1; implementation Q2
- Establish systematic tracking of access in relation to IPOS hours of operation Q1
- Establish inter-practice referral for urgent cases Q1
- One optometrist qualified as prescriber in North Powys cluster Q2; inter-practice referral in this area Q2; second role in Q4 with inter practice referral
- School vision and eyecare access improvements Q1 – Q4

Increased access to Dental

- Implementation of new Llandrindod Wells contract Q1 with full operational capacity up to contract value Q4
- Rural enhancement offer for Foundation Dentists – two posts in place by Q3
- Transfer 200 waiting list patients per quarter to salaried General Dental Practitioner (GDP)
- Procure dental service in Newtown (North Powys Cluster)
- Recruit additional dental officer for sedation Q4
- Recruit dental therapist in Mid Powys Cluster Q4
- Rescoped mobile dental services operational in areas with limited or no access Q4
- South Powys Cluster dental provider fully operational by Q3
- Maintain urgent access in General and Community Dental Service to achieve balance of capacity with slots meeting need by year end

Strategic Priority: Diagnostics

As set out earlier the transformation of diagnostics will be a key part of driving forward the Accelerated Sustainable Model.

The health board has been reducing waiting times for planned care, which arose during the pandemic, and performance as a provider is now largely compliant with the Ministerial Measure and NHS Delivery Framework, however demand is outweighing core capacity for endoscopy and there are challenges in relation to fragile services, national shortages, screening demand and reliance on in reach clinicians. There are complex challenges in commissioned services due to the impact of the pandemic and pace of recovery.

However, even in this context PTHB has been able to drive forward initial work on transformation: the Strategic Intent has been developed; Faecal Immunochemical

Testing was rolled out across primary care; the first phase of the community cardiology service was successfully established; work to implement Transnasal Endoscopy was initiated; access to Rapid Diagnostic Centres was taken forward in collaboration with other health boards and NHS Trusts; continued developments in respiratory diagnostics were taken forward including spirometry, the repatriation of sleep studies and lung function testing; and cases to take forward the next phases of work in 2023/4 onwards were agreed including dermatology in primary care; the next phases of community cardiology; and in relation to dermatology diagnostics in primary care.

The Discovery phase of the Accelerated Sustainable Model highlighted key findings in relation to health service use by the Powys population (and associated resource allocation). As well as improved clinical patient and clinical outcomes, efficiency gains should be delivered for example avoidance of duplication of imaging through IT networking, networking of pathology tests and reductions in acute admissions and length of stay. This includes expansion of diagnostics provision outside district general hospitals including imaging such as scanning and x-ray, tests and monitoring for cardiac and respiratory functions, pathology, phlebotomy and endoscopy.

As part of the Accelerated Sustainable Model, building on the work to date, over the next three years Powys will take forward the phased implementation of the Diagnostic Strategic Intent supported by specific business cases.

There is an important interdependency with the North Powys Wellbeing Programme, which is the flagship partnership initiative for the Regional Partnership Board, taking forward a Campus development which will provide a greater fit-for-future-purpose Regional Rural Centre in the North of the County which doesn't currently have this functionality.

All three Powys Clusters have identified diagnostics as a priority, supporting the design of in county services, including cardiology, dermatology, musculoskeletal conditions, with a focus on immediacy of access to diagnostic results.

Key Areas of Delivery

Phased implementation of the PTHB Diagnostic Strategic Intent through the specific approved business cases and pilots.

Access to additional regional diagnostics capacity

- Identify potential to repatriate low complexity activity and clarify basis of access Q1
- Undertake demand and capacity analysis including Non-Emergency Patient Transport (NEPTs) Q2
- Issue commissioning intentions Q3 Agree Long Term Agreements Q4
- Adjust in year Long Term Agreements where solutions can be expedited Q3

Implementation of Transnasal Endoscopy

- Readiness assessment, capital installed Q1, pilot initiated in Mid and South Powys Q1 – 2 (throughput achieved Q4), review Q3, Plan for North Powys developed Q3

Implementation of next phase Community Cardiology

- North Powys transition to business as usual Q1
- Mid and South Powys pilot recruitment Q1 – 2, implementation Q3 – 4, review Q4

Implementation of Dermatology

- Phase 2 (South Powys) recruitment Q1 -2, implementation Q2 – 3, Phase 3 (North Powys) Q2 – 3, Phase 4 (Mid Powys) Q3 – 4

Complete access to Rapid Diagnostic Clinics

- Interim access for Mid Powys Q1
- Review research for potentiality of rural model Q1
- Agree longer term model Q2

Straight to Test Model

- Work with commissioned services on straight to test models Q1 – 2
- Review impact on outpatient delivery and further business case development Q3 implementation Q4

The approach will continue into Year 2 of this plan, indicatively this will include:

- Embed Transnasal Endoscopy, community cardiology and dermatology diagnostics as business as usual in Q1 and ensure agreed improvement trajectories continue to be achieved

Implement the next phase of Diagnostic Strategic Intent through within the Accelerated Sustainable Model including:

- diagnostics as part of holist approaches for frailty
- earlier, faster diagnosis to help address people suffering inequalities including in relation to the physical health needs of people with mental health conditions and those living in deprivation
- next phase of strengthening cross-boundary image sharing; networked pathology solutions; networked governance solutions; and cross-boundary diagnostic skills and capability development
- implement next phase of low complexity diagnostic activity repatriation in line with Getting it Right First Time (GIRFT) recommendations, agreed business case and improvement trajectories

- proof of concept expansion of diagnostics through the North Powys Programme including endoscopy, the straight to test model, and same day testing within ambulatory units
- embed revised regional arrangements for expanded capacity in commissioned services for patients with complex needs within Long Term Agreements and ensure improvements are in line with agreed trajectories
- develop measures to identify whether conditions are being identified at earlier stages for improved outcomes and monitor patient experience and comparative costs

The outline areas for Year 3 have also been considered and in summary these are:

- Implement next phase of Diagnostic Strategic Intent through Accelerated Sustainable Model
- Implement next stage of proof of concept expansion of diagnostics in North Powys
- Take forward next phase of work to tackle inequalities through earlier faster diagnosis
- Take forward the next phase of networked regional solutions for image sharing, governance, pathology and skills and capacity development
- Ensure commissioned external capacity for patients with complex needs is in line with improvement trajectories
- Assess whether earlier identification of key conditions is being achieved at an earlier stage, with improved patient experience, improved cost and a reduction in variation for Powys residents.

Strategic Priority: Ambulatory Care

PTHB is unique in using more of its allocation for the population on commissioned services than its own provider services. The Discovery findings show that a high proportion of that spend is used for emergency care admissions to neighbouring District General Hospitals.

There is a clear opportunity to provide alternatives to meet that need more locally in Powys and closer to home. This includes care for those with 'ambulatory' care needs.

As part of the work to develop an Accelerated Sustainable Model, PTHB will explore the potential to further develop Ambulatory Care in Powys, learning from how it is being used successfully in some rural areas in other countries.

The definition will need to be confirmed as part of the work, but ambulatory care may involve:

- prevention, diagnosis, observation, treatment, intervention and rehabilitation
- provided on an outpatient or day case basis without admission.

This care may include minor surgical and medical procedures and the use of advanced medical technology including telemedicine.

Key Areas of Delivery

Develop and implement a phased plan for ambulatory care in Powys. *Detail to be determined as part of the Design phase, indicative timeline is given below:*

- Contribute to the Design Phase of the Accelerated Sustainable Model by exploring the potential for ambulatory care in Powys Q1
- Develop a business case, together with a phased and costed implementation plan, including capital, Digital, workforce, demand and capacity modelling, engagement and consultation implications and impact assessment Q2
- Secure approval for business case and implements Phase 1 Q3
- Implement Phase 2 from Q4

In years 2 and 3 there will be phased implementation of the agreed plan, taking forward the development of the sustainable model.

Strategic Priority: Planned Care

Welsh Government has set out its ambition for planned care services in “*Our programme for transforming and modernising planned care and reducing waiting lists*”. The diagram below sets out the key elements of the requirements.



Powys as a provider is performing comparatively well in relation to the recovery of planned care and against the measures set out in the NHS Wales Delivery Framework and Ministerial Priority Areas.

In relation to PTHB services, there are no patients waiting more than 104 weeks for treatment. PTHB is not currently meeting the trajectory for 36 weeks but is predicted it will achieve the ambition set out by Welsh Government by March 2024. There are no Powys patients waiting more than 52 weeks for outpatients.

However, overall, around 1 in 5 of the Powys population is on a waiting list and Powys residents are waiting significantly longer in commissioned services for District General Hospital services. There are significantly differing rates of recovery of access to planned care across providers, particularly those in England who are recovering these positions quicker than those in Wales. This is generating an inequality for Powys residents depending on their geographical location and there are also variances across differing clinical specialties.

The Getting It Right First Time (GIRFT) reviews which are clinically led, are helpful in exploring in some depth the root causes and potential solutions of unwarranted variation. There is potential for more effective use of resources and improved outcomes for patients. 40 specialities have been reviewed and key opportunities include day case high volume low complexity work, separation of elective and unscheduled care, utilisation of assets. Regionally networked solutions have potential in orthopaedics, ophthalmology, general surgery, gynaecology, urology and Ear, Nose & Throat.

Planned Care will be a major area of transformation in relation to the Accelerated Sustainable Model for Powys. Key challenges for transformation will be the significant shift to more elective day case work, including undertaking more low complexity work in Powys. However, there is also a broader concept with the Accelerated Sustainable Model of proactive management of long-term conditions to prevent exacerbations. This will include strengthening multi-professional teams, ensuring a more resilient approach with the right mix of competencies.

Outpatient transformation which includes in reach in Powys, is a key focus to deliver improvements in waiting times and care closer to home, with a multi-disciplinary approach with virtual appointments, prehabilitation, advice and guidance and modernisation of follow up including See on Symptoms and Patient Initiated Follow Ups. Validation work is improving waiting list management.

The Powys Clusters and GP Collaboratives will help to drive improvements to planned care working with secondary care and other partners including the third sector through strengthened primary care community services, access to advice and guidance for appropriate referral, improved pathway management providing more timely access to expertise and improved care co-ordination.

Use of technology will be a key enabler including Attend Anywhere, text, apps and digital information platforms. The Getting It Right First Time (GIRFT) reviews have identified that the coding of Welsh NHS data needs to be improved.

Key Areas of Delivery

Deliver improvements in line with GIRFT reviews

- Deliver Theatre Efficiencies Plan Q1 – Q4
- Implement GIRFT recommendations for orthopaedics, general surgery and gynaecology including repatriation of low complexity day cases Q1 – 4 (Further implementation when available for urology and ophthalmology)
- Insourcing additional capacity extended to Q3

Deliver benefits of Outpatient Transformation

- Appoint Planned Care Clinical Director Q1 – 2
- Implement agreed plan (virtual appointments, access to advice and guidance, modernisation of follow ups including see on symptoms) Q1 – 4

Access to additional regional planned care capacity

- Identify potential locations across five regions for PTHB flow; equality impact assessment and identify related engagement and consultation requirements Q1
- Identify potential to repatriate low complexity activity and clarify basis of access e.g., second offer Q1
- Undertake demand and capacity analysis including Non-Emergency Patient Transport (NEPTs) Q2
- Issue commissioning intentions Q3 Agree Long Term Agreements Q4 Adjust in year Long Term Agreements where solutions can be expedited Q3

Improve Value in key specialties

- Wet Age-Related Macular Degeneration (AMD) and Cataracts – action plan and improvement trajectory Q1 – 2, commissioning intentions Q3, revised Long Term Agreements (LTAs)/ Service Level Agreements (SLAs) Q4
- Musculoskeletal - Develop Action Plan Q1

Delivery of the Maternity Assurance and Safety Improvements

- Implementation of the national solution (Digital Maternity Cymru) with Powys Project Board; recruitment of Senior Lead Maternity Clinical Informaticist (Digital Midwife) Q1-2; Implement project plan Q2-4
- Implementation of the PTHB Maternity Improvement Plan, and the all Wales Maternity and Neonatal Safety Support Programme Q1-4
- Implement recommendations of All Wales Maternity Neonatal Report Q2-4
- Review establishment against Birth Rate Plus Recommendations and develop response accordingly Q2-3

Delivery of the Women's and Sexual Health Improvement Plans

- Implementation of an All Wales case management system by Q3
- Implementation of the All Wales HIV Plan
- Develop sustainable model for Gender Identity Service Q1-4

- Delivery of All Wales Women's Health Implementation Group (WHIG) Priorities with alignment with Getting it Right First Time (GIRFT) Gynaecology recommendations Q1, delivery of recommendations of the demand and capacity exercise Q3-4

Implementation of Paediatric Remodel including Paediatric Therapies

- Improve outcomes for children and families through earlier, targeted interventions, integrated multidisciplinary team working and enhanced case management across the pathway including cross border Q1 – 4

The approach will continue into Years 2 and 3 this plan, indicatively this will include:

- Implementing the next phase of the Accelerated Sustainable Model for planned care including the repatriation of low complexity outpatient and day case activity to Powys, including North Powys
- Embedding a strengthened proactive approach to long term condition management within pathway improvement and multi-professional team working
- Working to ensure GIRFT compliance for the next set of pathways and within asset management
- Working collaboratively with other health boards and NHS trusts to ensure use of evidenced based and GIRFT compliant clinical pathways
- Implementing the phased actions for planned care within the Wet AMD, Cataracts, MSK (Musculo Skeletal) and subsequent value creation plans
- Ensuring improvement trajectories are in place and are being achieved for directly provided and commissioned services
- Developing stronger strategic relationships with key providers in the five main regions treating Powys patients, to strengthen the parts of the pathway which can be provided within Powys and to improve equity of access for the Powys population
- Ensuring outcome measures are in place showing the picture for the Powys population, including English flows, and that unwarranted variation is understood and addressed
- Ensuring patient reported experience is being monitored and is helping to drive further improvements
- Ensuring comparative information about costs is driving further improvement
- In year 3 information should be evidencing improved access, including equity of access, and improved outcomes, experience and costs.
- A return to access standards as per NHS Wales Performance Framework

TACKLING THE BIG FOUR



This section sets out the response to the four main causes of ill health, burden of disease and premature mortality in Powys.

Powys outcomes

- I have easy access to support, information and early diagnosis
- I have early intervention and appropriate treatment
- My treatment and support is high quality, evidence based and timely as locally as possible

Strategic Priorities

- Cancer
- Circulatory disease
- Respiratory
- Mental Health

Ministerial priority areas (*Cross references to Ministerial Templates*)

Cancer Recovery

- Reduction in backlog of patients waiting over 62 days to enable delivery of 75% of patients starting their first definitive Cancer treatment 62 days prior to point of suspicion
- Implement the agreed national Cancer pathways within the national target – demonstrating annual improvement toward achieving target by March 2026

Mental Health and CAMHS

- Recover waiting time performance to performance framework standards for all age Local Primary Mental Health Support Service (LPMHSS) assessment and intervention and Specialist Child and Adolescent Mental Health Service (CAMHS).
- Implement 111 press 2 on a 24/7 basis for urgent mental health issue

Why is Tackling the Big Four important?

The Health and Care Strategy, 'A Healthy Caring Powys' produced in 2017 set out the four key determinants of health for Powys. These remain important drivers for

the health and wellbeing of the population today, being cancer, circulatory and respiratory disease and mental health.

These areas also correlate strongly with an approach to health inequalities identifying the 'core 20 plus 5' factors that impact on population health. The 'Core 20' refers to the 20% most deprived areas of the population as identified by the Index of Multiple Deprivation accounting for a range of social determinants of health. The 'Plus 5' are those population groups that should be identified at a local level, particularly those with protected characteristics or those experiencing social exclusion. Five clinical areas are similarly identified in this approach as requiring accelerated improvement, being maternity, severe mental illness, chronic respiratory disease, early cancer diagnosis and case finding for hypertension (four of these correlate to the PTHB Big Four, with Maternity noted separately in the PTHB Plan under Planned Care). Work on the Accelerated Sustainable Model will include addressing health inequalities as a cross cutting theme.

As well as being major priorities individually, there are important inter-relationships across the "Big Four". A major issue of inequality is the physical health outcomes of people with mental health conditions. The mental health needs of people with long term conditions are also important and requires a holistic approach. In addition, patients, especially those who are older, are living with multiple conditions - one in three patients has five or more conditions.

As part of its work on the Accelerated Sustainable Model the health board has undertaken work calculating the prevalence of common conditions in Powys using the 2019/20 data from General Practice Quality and Improvement Framework (QAIF) indicators. However, it is believed that the figures are significant underestimates and further work is needed to improve the accuracy of information about existing prevalence rates and to improve forecasts.

The health board is working closely with All Wales clinical experts and leads in key areas and links with the Strategic Clinical Networks will be key to alignment with the delivery of the National Clinical Framework. This is particularly important for Powys, to access the clinical and medical expertise employed in our neighbouring District General Hospitals.

The implementation of Quality Statements will be an important driver to achieve consistency of standards. It will be important to ensure that the needs of Powys residents are taken into account in relation to cross organisational and cross border patient flows and activity.

It is especially important for Powys that comparative information is available nationally focused on the populations of health boards, to help to understand outcomes, inequalities and whether improvements can be tracked over time, in addition to comparative information about the provision of services.

Strategic Priority: Cancer

The Welsh Government Quality Statement for Cancer seeks to ensure:

- equitable services, through leadership, collaboration, horizon scanning and planning workforce requirements;
- safe services, through recovering the pre-pandemic waiting list volume, screening programmes, reconfiguration of fragile services to ensure resilience and integrated acute oncology services;
- effective services, through timely access to diagnostics, evidence-based treatment and access to research trials;
- efficient services, by fully embedding the Single Cancer Pathway, integrating the digital cancer patient record and improving skill mix;
- person-centred services through co-production of care, precision medicines, and prehabilitation and rehabilitation;
- timely services, with at least 75% of people referred on the suspected cancer pathway starting first definitive treatment within 62 days.



In addition to the Ministerial priorities noted earlier in this section, Welsh Government's Cancer Improvement Plan for NHS Wales 2023-2026 requires the delivery of the 9 themes summarised in the figure on the left.

Actions in each section of the health board's integrated plan will contribute to improvements in early diagnosis, treatment and outcomes for people with or suspected of having cancer.

Provisional data for PTHB for December 2022 showed compliance with the 62-day Suspected Cancer Pathway target of 52%. Key challenges include service flow, surgical/diagnostic capacity in secondary care, and patient choice. There is marked variation across health boards particularly in relation to Breast, Gynaecology and Head and Neck Suspected Cancer Pathway performance.

Partnership is key to deliver the ambition set out in A Healthier Wales, the National Optimal Cancer Pathways, Cancer Improvement Plan for NHS Wales 2023 – 2026 and Quality Statement for Cancer.

Powys Teaching Health Board does not provide Cancer services in the same way as other health boards. The health board constantly collaborates with five other regions across England and Wales – including linking with Cancer Centres in the Shrewsbury, Telford and Wrekin system for the North Powys population; with Wye Valley NHS Trust and Cheltenham and Gloucester for the mid Powys population; with Velindre

for the South Powys population; and with Swansea Health Board NHS Trust for the South West Powys population and North West of Powys (via Hywel Dda University Health Board).

The health board provides some outpatient care, screening, diagnostics and in-reach services relevant to cancer. Diagnostics are important as early detection is a key predictor for improved survival and allows for less aggressive treatments, a better experience and improved quality of life.

Through the Renewal programmes PTHB has rolled out access to Faecal Immunochemical Testing across primary care which will now become business as usual; initiated training and preparation for the implementation of Transnasal Endoscopy and secured capital; ensured access to Rapid Diagnostic Centres for people in North and South Powys in collaboration with other health boards. A Business Intelligence tool has been developed to help alert the commissioning team to potential difficulties in external pathways, although further work is needed to include information about English flows. A clinical lead has been appointed and a process is in place to consider harm reviews involving Powys patients diagnosed and treated in other organisations. Work has been underway with the Wales Cancer Network to map actual pathways against the optimal pathways which are complex in the Powys context spanning England and Wales.

An “Improving Cancer - the Journey” partnership with Macmillan Cancer support has been in place embedding holistic needs assessments and co-production of care plans and signposting to support which can be provided closer to home.

Powys suspected cancer referral numbers are relatively low with high variability. Key measures locally include screening and diagnostics uptake and coverage. Improved data is needed to understand and track health inequalities, in addition to monitoring referrals, activity and performance in relation to the Single Cancer Pathway.

Key Areas of Delivery

Deliver Cancer Improvement (in line with NHS Wales Cancer Improvement Plan)

- Map, benchmark and agree actions for nine themes Q1; implementation Q2 – 4, Review Q4 and plan next year
- Single Cancer plan for Powys agreed Q1-Q2

Rapid Diagnostic Clinics

- Review solution in place for access for Mid Powys patients Q1-Q2
- PTHB secured funding from Cancer Research Wales to scope the potential to provide a Rapid Diagnostic Clinic service in PTHB, the project commenced in January 2023 with recommendations due June 2023
- Consideration of research project and identification of access for mid Powys patients Q1-Q2 in partnership with Wales Cancer Network and providers

Delivery of Key Initiatives to improve access:

- Transnasal Endoscopy pilot
- Pilot the use of Cytosponge

Cancer tracking

- Set up Cancer tracking pilot approach within PTHB as a provider Q1-Q3
- Evaluation and approval for the way forward Q4

Quality Statement and Pathways

- Work with the Wales Cancer Network on optimal pathways and quality statement Q1 – Q4

The approach will continue into Year 2 of this plan with the implementation of the next stage of the cancer improvement plan, indicatively this will include:

- In line with the Accelerated Sustainable Model strengthen the web of integrated community services for people with cancer
- Next steps in embedding preventative approaches and addressing inequalities
- Embedding the use of Transnasal Endoscopy across Powys including North Powys
- Taking forward the approved approach, based on the outcome of research findings, to ensure access to Rapid Diagnostic Clinics for a highly rural population
- Embedding a cancer tracking approach appropriate to the circumstances of Powys, following the outcome of the pilot
- Driving improvements in key cancer pathways learning from the mapping of optimal pathways, the messages from harm reviews, outcomes and patient experience to address unwarranted variation
- Working with the Cancer Clinical Network to identify stage at diagnosis in national dashboards
- Working with the Cancer Clinical Network to improve information about outcomes, patient experience and comparative costs.

The outline areas for Year 3 have also been considered and in summary these are:

- Implementing the next phase of the Cancer Plan
- Driving improvements in key cancer pathways learning from the mapping of optimal pathways, the messages from harm reviews, outcomes and patient experience to address unwarranted variation.
- Working with the Cancer Clinical Network to assess improvements to outcomes, patient experience and comparative costs.

Strategic Priority: Circulatory Disease

Preventing and managing chronic illness and disability is key to an aging population. A detailed gap analysis has been completed taking into account:

- Diabetes Atlas of Variation findings
- Quality Statement for Heart Conditions (and pending for Diabetes)
- Getting in Right First Time for Stroke
- Analysis of activity and opportunities to repatriate such as echocardiographs and cardiac rehabilitation

In collaboration with the Cardiac Clinical Network, a Community Cardiology and strengthened rehabilitation service has been piloted in north Powys through the Circulatory Renewal Programme. In line with the approved next steps, the health board will move to embed the service as business as usual in North Powys and the focus of transformation will become rolling out the pilot to mid and south Powys in line with the agreed case.

Building on the work undertaken the next phase of service improvement the health board will continue to look for, identify and seek to address variation, to identify as part of wider system gaps, opportunities, and impact on care.

PTHB will work collaboratively with partners, build relationships, and participate in All Wales and Herefordshire and Worcestershire Strategic Change programmes.

PTHB is working with national networks and bodies to improve information on a population basis (including English flows), to track and understand prevalence and healthcare utilisation. There will be a focus on evidence-based approaches to tackling inequalities including working with the National Clinical Network.

Key Areas of Delivery

Quality Statements and Pathways

- Work with the All Wales Strategic Clinical Networks to Implement Quality Statements for Stroke, Diabetes and Cardiac

Cardiac

- Embed the first phase of the Community Cardiology as business as usual in North Powys tracking activity, patient outcomes and experience Q3
- Roll out the next phase of the Community Cardiology service to Mid and South Powys Q4
- Work to improve equity of access to cardiac rehabilitation Q3
- Work with primary care and intra-secondary care referrers to ensure use of N-terminal pro B-type natriuretic peptide (NT-proBNP) blood test and associated clinical guidance in relation to referral Primary care

Primary care

- Review National Prescribing indicators in primary care for Atrial Fibrillation Q2; explore improvements Q4
- Review National Institute for Health and Care Excellence (NICE) Care Processes and Treatment targets for Diabetes Q2; explore improvements Q4

Stroke

- Participation in All Wales and Herefordshire and Worcestershire Strategic Change programme

In Year 2, work will focus on profiling and reviewing data in GP registers in relation to circulatory diseases and working in partnership with GP Practices in targeted areas to understand how practices use registers to ensure 'proactive' management of circulatory disease taking into account learning from population segmentation.

The evaluation of the Community Cardiology Service will inform next steps in Year 3. Further areas for improvements will also be progressed in primary care prevention and management of cardiovascular disease, stroke and diabetes.

Strategic Priority: Respiratory

The Breathe Well Gap Analysis was completed in 2019 and informed the Breathe Well Renewal transformation programme.

This work established a Multi-Disciplinary team (MDT) approach and strengthened, in-particular, the teams in North West & Mid Powys and secured pan Powys clinical leadership. The creation of a Respiratory Clinical Lead for Powys has improved standardisation through reducing inappropriate variation in practice in different parts of Powys.

In North Powys the new approach locally helped to reduce those delayed to follow-up on a secondary care consult list by 54%.

The programme has strengthened respiratory diagnostics in Powys including new physiology capability. Appropriate parts of the adult sleep apnoea pathway are now diagnosed in-county and Fractional exhaled nitric oxide testing is in place.

Spirometry has been redesigned, helping to ensure accurate diagnosis of patients with Chronic Obstructive Pulmonary Disease and referrals have been reshaped as a third were found not to be necessary.

Patients with Oxygen at home have been reviewed which has helped to ensure patients' needs are being met appropriately. A rolling programme of virtual pulmonary rehabilitation is now in place blended with face-to-face courses alongside the virtual offer. 61% of patients participating in virtual pulmonary rehabilitation were found to have improved clinical outcome scores.

Work has also been undertaken to strengthen the use of asthma plans for children and young people and will now be ongoing through operational delivery.

Key Areas of Delivery

- The Breathe Well Transformation Programme will now end and work on respiratory services will return to business as usual. However, the remaining area of transformational work on the medical component of the model is to be completed, aligned to the work on the Accelerated Sustainable Model.
- As business as, usual there will be continuing work on:
 - The implementation of the Respiratory Quality Statement
 - The use of asthma plans for children and young people.

It is noted that for respiratory services there are important interdependencies with:

- System resilience and seasonal responses, particularly in relation to respiratory illnesses in the context of Covid-19 and influenza for both adults and children. This is reflected in the 'Focus on Wellbeing' section.

Strategic Priority: Mental Health

Mental health is one of the 'big four' in Powys in recognition of the importance for population health and wellbeing. This is even more pressing in the context of the impact of the pandemic and other socio-economic challenges.

There have been increases in people seeking support with their mental health across all ages and populations – and further evidence emerging of particular impacts for those who were already experiencing disadvantages individually or within population groups or characteristics.

In response, the health board and partners have progressed significant developments and further key programmes will be delivered in 2023/24, including 111 Press 2 and the sanctuary/ crisis house service.

Significant resource and energy have been invested in Young Peoples' Mental Health Services over the last two years, and the improvement is evidenced in achievement of the Tier 1 targets and in the feedback from young people and their parents.

This transformation will increase focus on specialist therapeutic interventions; Eye Movement Desensitization and Reprocessing (EMDR), Dialectical Behavioural Therapy (DBT), Cognitive Behaviour Therapy (CBT), to meet the changing needs of young people.

The Powys Clusters are also exploring the development of a Primary Care Mental Health service and Mental Health Wellbeing First contact practitioner roles.

'Together for Mental Health' is the strategic plan for improving the mental health and emotional well-being of the people of Powys. The 'Live Well Partnership: Mental Health' is responsible the implementation of the strategic plan through a detailed delivery plan.

People who use Mental Health Services are central to identifying and delivering on shared priorities for mental health.

Key Areas of Delivery

- Mental Health will be a major phased transformation programme within the work on the Accelerated Sustainable Model for Powys, aiming to design and deliver a reimagined approach to community mental health and in-patient needs to improve outcomes and experience sustainably. Detailed action and scheduling will be determined through the Design stage.

Mental Health Service Transformation

- Future Need Modelling and Engagement Q2– 4, interim sustainability improvements Q1 and Q2, national Peer and clinical pathway review Q3, implementation Q4
- 111 Press 2 implementation Q1; Demand and Capacity Review Q4

Pathway design and development

- Sanctuary Service specification and tender Q1 – Q2 with contract award Q3 – 4
- Perinatal Mental Health improvements: key posts Q1, training, service user focus groups and outcome measures, online platform Q1 – 3, peer review Q1, update of operational policy in line with All Wales pathways

CAMHS (Child and Adolescent Mental Health Services)

- Update Part 1 Scheme; No Wrong Door Panel Q1 – Q2
- Update operational policy with Primary Child and Adolescent Mental Health Service (PCAMHS) and Specialist child and Adolescent Mental Health Service (SCAMHS)
- Improve accessibility of Home Treatment / Intensive Support including potential for 16+ Crisis Resolution and Home Treatment Teams (CRHTT) Q2 – 3
- Develop as a Trauma informed service by end of 2023 (incorporating TSW, ACE (Adverse Childhood Events) Hub, NEST/NYTH)
- Develop CAMHS EMDR service by September 2023
- Improve training for practitioners in Cognitive Behavioural Therapy (CBT) and Dialectical Behaviour Therapy (DBT) and create a DBT service by end of 2023
- Improve physical health monitoring for young people being prescribed medication August 2023
- Increase service user involvement especially with recruitment and service development



This section sets out important work in relation to the Accelerated Sustainable Model of Care, in relation to Frailty and the Community Model which in turn are important to build resilience and ensure effective Urgent and Emergency Care and onward pathways for Specialised Care.

Powys Outcomes

- I have timely access to equitable services as locally as possible
- I am treated as an individual with dignity and respect
- My care and support are focused around what matters most to me
- I receive continuity of care which is safe and meets my needs
- I am safe and supported to live a fulfilled life
- I receive end of life care that respects what is important to me

Strategic Priorities

- Frailty and Community Model
- Urgent and Emergency Care
- Specialised Care

Ministerial Priority Areas (*Cross References to Ministerial Templates*)

Delayed Transfers of Care

Regular monthly reporting of 'Pathways of Care' (Delayed Transfer of Care) to be introduced for 2023-24 and reduction in backlog of delayed transfers through early joint discharge planning and coordination.

Urgent and Emergency Care

Implementation of a 24/7 urgent care service, accessible via NHS 111 Wales to support improved access and General Medical Service (GMS) sustainability.

Implementation of Same Day Emergency Care services that complies with the following:

- Is open 5 days a week moving to 7 days a week 12 hours a day by end Q2
- Is accessible at key times evidenced by the emergency care demand profile in of each hospital site
- Is direct access and bypasses Emergency departments
- Delivers a service for at least medical and surgical same day care
- Is accessible by Welsh Ambulance Services Trust clinicians as set out in their clinician's referral policy to support reduction in handover as set out in the six goals handbook
- Demonstrate utilisation of allocated resources by Welsh Government and measures impact as set out by the national programme

Health boards must honour commitments that have been made to reduce handover waits.

Why is Joined Up Care important?

The ambition for Joined Up Care emerged clearly through the engagement with our communities as part of the Health and Care strategy and it remains a cornerstone of our longer-term vision for A Healthy Caring Powys. In the context of the pandemic, this is more important than ever, as the challenges that are faced by communities and healthcare providers will not be met by traditional approaches.

There is variation in the way care and support is provided and the outcomes and experience being achieved, between services and across geographies and population groups. And these inequalities are being exacerbated by the impact of the pandemic.

There are significant and shared issues to be tackled as part of recovery and sustainability, across a range of outcomes for patients, including avoidable admissions, stranded patients, social care issues, delays and workforce constraints. More integrated support is required for patients in their own homes and communities.

Connectivity with regional and national programmes will be key, including those with the NHS Wales Strategic Programme for Primary Care, Accelerated Cluster Development, Five Goals for Planned Care, Six Goals for Urgent and Emergency Care and the National Models of Care.

The work within Powys as a region will have important interdependencies and cross fertilisation with the emerging plans for NHS Wales Integrated Care Service and Regional & Community Diagnostic Hubs. The NHS Wales Regional Funding Allocation will be a key source of investment.

Key to the development of the accelerated sustainable model in Powys will be working with local communities and partners to develop a tighter network of health and care locally as part of integrated care communities. This will include delivering more joined-up holistic approaches for example for frail older people, including physical frailty and frailty of memory.

Strategic Priority: Frailty and Community Model

Frailty is a loss of resilience that means people do not bounce back quickly after a physical or mental illness, an accident or other stressful event. In practice being frail means a relatively 'minor' health problem, such as a urinary tract infection, can have a severe long-term impact on someone's health and wellbeing. Effective frailty models of care are based upon early recognition and prevention – proactive rather than reactive care. Intervention is aimed at improving physical, mental and social functioning to avoid adverse events, for example, injury, hospitalisation, institutionalisation.

- Approximately 10% of people aged over 65, 30% of those over 85 and 60% of those aged over 90 are living with frailty.
- In the UK, Wales has the highest proportion of centenarians.

- The evidence base identifies that the wellbeing of frail older people has been adversely affected by the impact of the pandemic further compounded by the reduction in non-Covid NHS provision.
- Lengths of stay need to be reduced to prevent harm to those suffering frailty through deconditioning.
- A Complex Geriatric Assessment should be carried out for those with a frailty score of 6 or above (Outcomes Cochrane review 2011) to reduce death or functional decline at 6 months and help more people to live at home for longer.

Over 50% of those on Powys wards have cognitive difficulty and a holistic approach is required for physical and memory frailty. 42% aged over 70 with an unplanned hospital admission have dementia.

Powys is progressing a whole system approach encompassing prevention, falls pathway, frailty scoring and register, community teams and support, one stop assessment, geriatric assessment.

Improved intelligence on outcomes, experience and cost is key to support a value-based approach. This will also involve cultural development such as home first ethos and balanced risk.

All the Powys Clusters have noted a desire to work together to improve the model of care and frailty pathway and build on successful collaboration approaches.

Key Areas of Delivery

Design and Delivery of an Accelerated Sustainable Model

- Will be finalised in Design stage and span Year 1 and the scope will include:
 - Prevention, screening, case finding and co-ordination, crisis and rapid response
 - Health/ care demand and capacity analysis
 - Integrated Communities and Care Services aligned with Regional Partnership Board and Cluster Plans
 - Community hospital model and ward design including East Radnorshire and Out of County bed use
 - Detailed action and scheduling will be determined through the Design stage

Improve key pathways and interventions

- Define Powys approach to Frailty Scoring, Rollout in North Cluster, review and rollout Mid and South Clusters Q1 – 4 (reflected in all Cluster Plans)
- Cluster Plans all reflect the aim to improve care for the most vulnerable and frail, including Virtual Wards and work with Medicines Management
- Embed Comprehensive Geriatric Assessment (CGA) – development of approach Q1 – 2, next steps to be determined
- Deliver revised Falls Pathway including Single Point of Access aligned with Shropdoc and 111, implementation of multi-factorial assessment, online self-

referral, PROMS (Patient Reported Outcome Measures) and PREMS (Patient Reported Experience Measures), complete implementation by Q3

- Reduce use of out of county community hospital beds through escalation and tracking Q1 – Q4
- Prevent deconditioning with agreed approach to identification, tracking and reporting including length of stay Q1 – Q4
- Improve co-ordination in the last year of life and the support available at home and in the community at the end of life. (Accelerated Sustainable Model Design Q1; Delivery Q4)

Strategic Priority: Urgent and Emergency Care

The challenges faced during the pandemic and over the winter period highlight the importance of building system resilience nationally, regionally and locally. This is recognised in the NHS Wales '6 goals for urgent and emergency care: policy handbook for 2021 to 2026'.



Powys residents access urgent and emergency care from a large network of providers in both Wales and England and the health board has a complex and pivotal role in supporting resilience and flow across multiple healthcare systems. There are important points of connection with national and regional systems and the work of the Emergency Ambulances Services Committee (EASC).

Powys Teaching Health Board does not run acute consultant led urgent and emergency care services but does have Minor Injury Units (MIUs) at Llandrindod

Wells, Welshpool, Ystradgynlais and Brecon (24/7 service). There are no delays with Ambulance handovers at MIUs which is a rarity (the health board does not operate type 1 A&E where ambulance handover waits occur).

There are also freestanding Midwife led Birth Centres within community Hospitals in Welshpool Newtown, Llanidloes, Llandrindod Wells, Knighton and Brecon all of which allow access 24/7.

The health board is working collaboratively with Powys Clusters and partners including WAST (Welsh Ambulance Services Trust) to expand the range of non-acute 24/7 urgent care services. This will increase footfall management and avoid emergency admissions and conveyances. This will also reduce lengths of stay, improve patient flow and care, with a home first ethos and improved access to community therapy.

Cluster Plans are also aligned to these aims, with a focus in particular on the modelling and response to increased system demand for primary and community services and improving provision of alternatives in the community for acute and Out of Hours services.

Key Areas of Delivery

Deliver alternatives to urgent and emergency care including

- Expanding community based urgent care – this will be driven through work on the Accelerated Sustainable Model of Care (in Design Stage, scope to be set out Q1)
- Refine Virtual Ward and Virtual Hospital models and scope Community Assessment Triage model (in line with Accelerated Model of Care)
- Swift transaction of out of county repatriation requests

Delivery of Joint Integrated Commissioning Action Plan with Welsh Ambulance Services Q1 – Q4 and Rapid Escalation Plan:

- Cluster led risk stratification, care co-ordination
- Phone First approach embedded in Minor Injury Units (MIUs)
- Embed improved whole system approach to Delayed Transfer of Care (DTC) Q1
- Assessment and discharge including Discharge to Recover and Assess (D2RA) and home first
- Business case - additional Discharge Liaison Officers Q2
- Roll out Trusted Assessor Q1
- Integrated Brokerage Process development Q1 - 2
- Patient level pathway assignment and tracking Q1 - 2
- Rehabilitation and reablement bridging team Q1 - 2; expansion of home first community rehabilitation Q1

- Scoping of in-house domiciliary provision Q1
- Implementation of 111 Press 2 on track for delivery Q1
- Red to Green days and SAFER to be embedded into daily practice and audit Q1 refine processes Q2 – Q4
- Implementation of guidance to prevent deconditioning
- Unscheduled Care dashboard to drive improvements in bed utilisation and capacity review / allocation Q1
- Delivery of Acute Primary Care Projects – these will be reviewed Q1 – 2 and transition to cyclical delivery Q3

Strategic Priority: Specialised Care

Specialised services are commissioned through a joint statutory committee of seven health boards including PTHB. There have been developments which have changed the scope and nature of specialised services such as movements between secondary and tertiary services, major new developments and significant costs associated with new National Institute for Health and Care Excellence (NICE) approved medicines.

It is a strategic issue for the health board in relation to prioritisation of resources, as it must consider the investment across the whole system and whole population responsibilities.

The Welsh Health Specialised Services Committee (WHSSC) Integrated Commissioning Plan for 2023/4 seeks to maximise value from core resources; ensure decision-making is on a risk assessed basis; considerations of equality and equity are central; repatriation of services maximises value for patients and wherever possible is delivered within the existing resource envelope.

Collectively, WHSSC seeks to maintain the renewed focus on performance management and value for money from contracts; ensuring in-year work on value, cost-avoidance and demand management across whole pathways; and to assess previous investments and bring forward recommissioning choices in-year.

In relation to rare diseases, Wales is part of UK wide work to design a UK Rare Diseases Framework and a Rare Disease Action Plan (2022-2026) has also been developed by Welsh Government setting out the actions required by health boards and all-Wales bodies. PTHB is taking this forward through its participation in the Welsh Health Specialised Services Committee and other all Wales arrangements and through the improvements to care co-ordination locally set out elsewhere in this plan.

Key Areas of Delivery

The health board participates in collective action via Welsh Health Specialised Services Committee (WHSSC) to improve value. It will work with the Welsh Health Specialised Services Committee to improve value through a focus on improved outcomes, experience and cost. This includes

- Equitable access and reducing unwarranted variation for the Powys population including improving information about Powys patient experience and data specific to the Powys population. Q1-4
- Reviewing Parenteral Nutrition pathways
- Improving the performance of Welsh Child and Adolescent Mental Health Services and medium secure services through better utilisation and reduced out of area placements
- Reviewing specialised psychology services
- Reviewing efficiency and performance of Welsh specialist services provision including comparative cost and contracting mechanisms
- Evaluating investments from the last 3 years to test and map delivery benefits and to re-target as appropriate.

PTHB will also be assisting Welsh Health Specialised Services Committee (WHSSC) in managing the increasingly complex interface with NHS England and Integrated Commissioning Boards where there is planned delegation of some services across nine English regions.

Refer to Welsh Health Specialised Services Committee (WHSSC) Integrated Commissioning Plan for detailed milestones; progress tracking of these items will be conducted via WHSCC reporting and assurance processes.

WORKFORCE FUTURES



This section sets out how workforce planning and organisational development will support and enable the delivery of strategic priorities

Powys Outcomes

- Those who I need to support me are able to make decisions and respond because they are well informed and qualified, if they can't help me directly, they know who can.
- As a carer, I and those who I care for are part of 'the team'
- I can access education, training and development opportunities in Powys that allow me to secure and develop my skills and opportunities
- I am enabled to provide services digitally where appropriate
- I am engaged and satisfied with my work

Strategic Priorities

- Transformation and Sustainability of Our Workforce
- A Great Place to Work
- Employee Health and Wellbeing
- Joint workforce futures programme

Why is Workforce Futures important?

There are known global shortages in workforce availability across all professions and skills areas, the reasons are many and varied, but this is a challenge for many sectors and particularly the health and care system.

The workforce across health and social care is fragile and the pandemic has seen individuals making different career choices. For some this will have meant leaving the NHS and social care or choosing not to take up the opportunities that are presented within the sector. All this comes at a point when we know we have unmet health and care needs in the population, existing workforce gaps and a fatigued workforce who have heroically risen to the challenges and over a sustained period.

It is now imperative to transform, innovate, integrate, and create new models of working in new models of care. It is crucial that we are alert to national and local workforce projections to inform our planning, experience and delivery, in order that we work together to build more sustainable models and take the opportunities to transform.

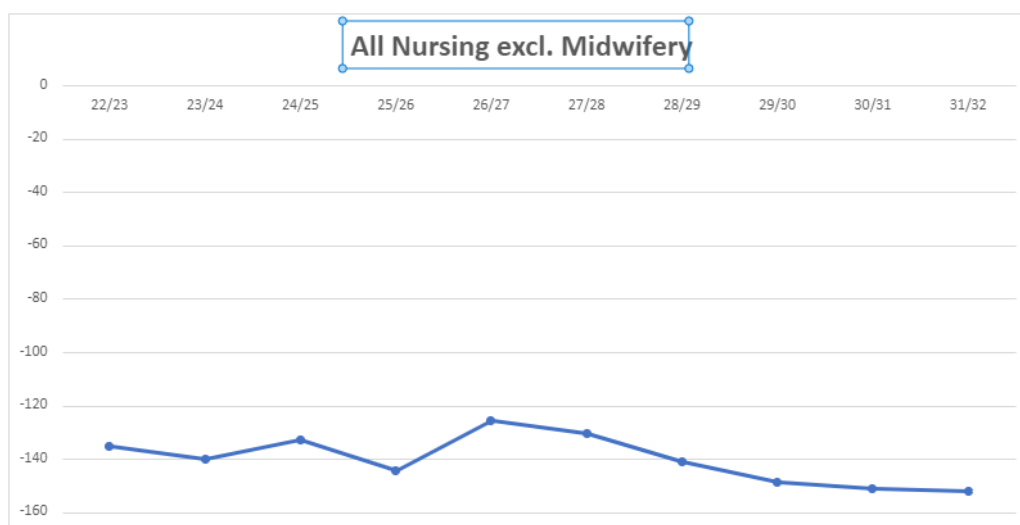
The workforce planning projections shows a decline in registrants over the next 10 years, due to retirement and challenges in recruiting new staff into role. This decline

is particularly stark for Registered Nurses (RN's). The Nursing and Midwifery Council (NMC) has reported that 27,000 nurses and midwives in the UK have left the profession in the last year. With vacancies for RN's in PTHB the highest in Wales, we have seen a continually deteriorating picture from a vacancy rate of 12.71% in 2020, rising to a rate of 19.6% in Sep 2022.

Recruitment to Registered Nurse vacancies in PTHB continues to be a significant challenge for the organisation. Student streamlining was introduced in Wales to support Health Boards in recruiting newly registered RNs and to encourage these RNs to join the Welsh nursing workforce. Analysis of our local education commissioning numbers versus actual recruitment through the Student Streamlining process indicates that this national approach to recruitment does not prove successful for PTHB, with an average conversion rate of only 8% over the last 3 years.

Despite the introduction of student streamlining and ongoing local recruitment activity, our workforce intelligence demonstrates only a 10% conversion rate of nursing roles advertised to successful hire over the last year.

Recent workforce projection data indicates that the Registered Nurse workforce supply to PTHB will continue to deteriorate over the next 10 years unless we do something different to our current approach:



PTHB Nursing Registrant Workforce Projections 2022-2032

10-year projections across the majority of our services show a similar downwards trend and therefore, the focus for the Workforce and Organisational Development Directorate is to undertake activity that seeks to improve Workforce sustainability.

This will be aligned to national strategies such as the National Workforce Implementation Plan and the Strategic Workforce Plans and solutions for Mental Health, Matneo, Pharmacy, Dentistry, Nursing, Diagnostics, Primary Care and Genomics.

To be successful, we will provide targeted support when services consider transformation of existing workforce models. Critical to workforce sustainability in Powys is our partnership working with Powys County Council, the third sector and other partners, utilising our collective workforce to manage the complex needs of our

population. We therefore remain committed to our role as a key partner in the Workforce Futures programme, and the key themes of:

- Designing, Planning and Attracting the Workforce
- Leading the Workforce
- Engagement and Wellbeing
- Education, Training and Development
- Partnership and Citizenship

As a corporate socially responsible employer, our commitment to partnership and citizenship underpins all of what we do. Our conscious awareness of the impact we actively have on all aspects of society, including economic, social, and environmental issues drives us to work more closely with wider partners in the region, other regions of Wales and across the borders into England to ensure we are best supporting the communities we serve.

We have learnt through our partnership working during the recent winter 2022/23 pressures that working together we can solve some of the immediate workforce issues. These partnership arrangements include working on a regional level to widen employment access to the sector through pioneering education pathways, enhancing service delivery through new models of working, increased opportunities for volunteering, widen the digital learning experience to reduce the carbon footprint and our offer of a range of wellbeing initiatives for the people who contribute to the delivery of health and care services.

We will have a programme of transformation to ensure that people joining us, working for us, and seeking to leave us have a positive and engaging experience. Our focus will be on developing our reputation as an employer of choice, one which is inclusive, diverse and reflects our communities. We will include emphasise supporting our workforce's health, wellbeing and development, as well as consolidating our presence in the employment market, helping us attract, recruit and retain, our highly valued people.

Fundamental to our approach is the identification of areas requiring a more targeted intervention. We need to better define our workforce data and digitalise our workforce systems and services to ensure support is available to all services, enabling access to the information, guidance and advice that they need in a timely manner.

Strategic Priority: Transformation and Sustainability of the Workforce

Having people with the right skills and expertise, in the right place and with the right capacity to deliver the health and care needs of our population is essential. We will work with partners such as Welsh Government, HEIW and Social Care Wales as part of their development for a long-term workforce plan for health and care.

Core to this is our ability to develop **strategic workforce planning** across our system, as well as supporting key programmes such as the Accelerated Sustainable Model Development and the North Powys Wellbeing Programme. This will include support in role redesign, multidisciplinary working, alternative workforce models to

include advanced practice/top of license competence and the development of resource plans.

The roll out and consolidation of a localised workforce planning approach is not a small task but a whole system change. It will be embedded as a discipline across all areas over the next three years, with training in effective workforce planning. The development of workforce plans will be integrated into Directorate and Organisational planning processes.

Strategic Workforce Planning will inform our approach to **attraction and recruitment**, where we will promote our employer brand and employee value proposition. This requires a candidate journey that is positive, engaging, and timely, with a proposition that clearly sets out the offering in terms of being a great place to work and develop a career and sense of belonging. The candidate experience spans the length of the recruitment process from attraction through to on-boarding. As a precursor to employment the success of a candidate's experience can have a direct and measurable impact on employee experience and retention.

A programme of work is being carried out nationally to accelerate the recruitment process through the Applicant Tracking System, Trac. PTHB will be piloting the functionality of the Talent Pool in Trac, measuring impact, and providing evaluative feedback to programme managers. While PTHB will look to benefit from this and other programme efficiencies, locally there will be a focus to on the development of a Direct Sourcing Model, attraction and on-board strategies and relating processes that sit at either side of the Applicant Tracking System process.

Within the Workforce Futures Programme, the candidate experience across the sector is being supported through the pilot Joint Induction programme. This financial year, we will evaluate the success of the pilot and seek to roll out the provision on a monthly basis.

The development of an interest in a Health and Social Care career in our younger population is critical to a future stable workforce. Through the workforce futures programme, we will establish the **Powys Health and Care Academy Careers & Education Enterprise Scheme (ACEES)**, which will provide a range of opportunities include work experience, apprenticeships and training opportunities for young people to explore the potential roles open to them.

During 2023-24 the Equality and Welsh Language team will focus on the production of two large scale statutory strategic work plans which will inform PTHB strategy in these two areas over the next five-year period. The **Strategic Equality Plan 2024-27** will identify equality priorities (for both service delivery and staff experience) over the next five-year plan; a new **Five Year Plan for Clinical Consultations in Welsh** (produced in accordance with Welsh Language Standard 110) is also due and will incorporate new developments in data collection and recruitment practices. It is also proposed to incorporate into this plan the health board's action plan under the More than Just Words framework which has overlap with Standard 110 and focuses on both recruitment and training around improving the Welsh language skills of the PTHB staff body and achieving cultural change around the Welsh language, aimed at improving the experience of Welsh speaking patients.

We will identify Welsh-essential recruitment pathways and promote our brand as an employer that values Welsh and provides opportunities for Welsh speaking. New training sessions will cover the responsibility of managers under the Welsh language standards / more than just words, and delivering care to Transgender patients.

The first phase of the One Wales approach to **overseas nurse recruitment** has seen 379 nurses join NHS Wales. PTHB are in the process of the recruitment of a further 5 additional overseas nurses. By the end of financial year 2023/24, PTHB will have welcomed and trained seven overseas nurses with individualistic approach to providing them with support and pastoral care to settle into their new communities. The next phase of overseas recruiting in Years 2 and 3, based on the all-Wales approach, will explore the potential for roles other than registered nurses.

It is imperative that we take a more strategic approach to reduce agency usage and variable pay, to ensure the greatest value is achieved for the public monies used by the health board. This will be achieved through widening the channels of attraction; reducing where possible selection criteria; implementing incentives such as Wagestream. Targeted recruitment to the Bank for specific roles will be used where there is a greater likelihood of attracting candidates, such as for Healthcare Support Workers. This will ensure that where agency staff do need to be utilised, it is only for roles that are significantly difficult to recruit to.

Enabling residents to study and gain employment locally is vital to retaining talent in Powys and the sustainability of the workforce. Through the Workforce Futures Programme and Health and Care Academy, work is underway with **Powys schools** to offer health and care qualifications. Another key ambition is work deliver a full time blended distance / dispersed learning **nursing degree** working with Health Education Improvement Wales (HEIW) and Higher Education partners.

Working with HEIW and Bangor University, the Aspiring Nurses programme will be expanded to enable Powys based pre-registration students to access the dispersed learning nursing degree. Further opportunities will be explored to offer degrees across the sector including the Higher Apprenticeship in Social Work. This would provide a clear and sustainable career pathway from school through to Registrant, locally in the home county, which would be supported by a joint local marketing and recruitment campaign.

There is also a pilot programme in partnership with Powys schools to deliver a Level 3 **Health and Social Care qualification** for 16–18-year-old students which will be evaluated and expanded to a further two schools in the county.

Building skills and capacity to develop **community resilience** is another important area. This includes developing the volunteer workforce by introducing opportunities across health and care, and increasing clinical volunteers. A range of employability skills training opportunities will be offered for volunteers and carers, to increase success when applying for paid roles in the health and care sector. Opportunities will be offered for school leavers and Further Education students to undertake apprenticeships and rotational roles across the sector. PTHB has also been selected to be the pilot organisation for the HEIW Reservist scheme, with a goal of recruiting 20 reservists by the end of 2023.

Key Areas of Delivery

Workforce Planning

- All service areas to have a workforce plan by Q4
- Draft Workforce Resource Plan by end Q3 (incorporating North Powys Wellbeing Programme by end Q4 as appropriate)
- Organisational Change approach to support Accelerated Sustainable Model by end Q4

In Year 2, further integration, evaluation and adaption of workforce plans and demand and capacity assessments, in line with the Accelerated Sustainable Model and new / hybrid role design, with full maturity of approach in Year 3.

Recruitment Redesign

- Direct Sourcing Model in place by end Q4
- All appropriate marketing material bilingual Q4
- 5 Overseas Nurses fully onboarded by Q2/3
- Scaling up plan for overseas recruitment and working with partners as part of the All Wales activity on international recruitment Q3/4

In Year 2 and 3, approaches will be matured to include refinement of metrics and modernisation processes will be finalised; with forward planning for overseas recruitment and improvements in Welsh Language compliance. The development of cost per hire metrics

Variable Pay Reduction

- By end of year, reduce on and off contract agency spend by increasing Bank take up rates as well as successful recruitment and retention activities
- Q1 incentivise Bank take up with more flexible arrangements for accessing wages

Year 2 priorities will be informed by evaluation of the Temporary Staffing Unit model and Wage Stream implementation. Similarly in Year 3 actions will be adjusted taking into account the developing position.

Education and Role Development

- Develop Aspiring Nurse Programme with HEIW and Bangor University by year end (improving access for Powys based pre-registered students to Dispersed Learning Nurse Degree Programme)
- Recruit 20 reservists by Q3 (NHS Wales pilot), to be evaluated in Q4

In Year 2, the Aspiring Nurse Programme and reservist roles will be scaled up alongside opportunities for veterans within the workplace. In Year 3 the learning will be applied to further clinical professional groups.

Strategic Priority: A Great Place to Work

The available pool of potential recruits into the healthcare sector is limited and it is crucial that PTHB is able to be competitive by being a great place to work and retaining staff who feel valued for the part that they play.

Excellence in leadership remains fundamental to employee experience, with a compassionate culture where staff have a high-quality experience and can innovate and transform. A key area will be to **understand the workforce** through 'temperature checks' and surveys. The roll out of the National Staff Survey is part of this approach, as well as internal Team Climate survey in areas most in need of support.

Linked to this is the requirement to develop **data analytics capability**, to focus on services most in need of support. This will enable the production of workforce performance dashboards with a wider range of data including staff surveys, occupational health referrals and other metrics, to give a wider cultural perspective.

The **staff voice** approach through Chat2Change will be refreshed to ensure there is a wide and diverse range of staff providing information and ideas generated to support cultural change and staff wellbeing.

Within the Workforce Futures Programme, there is a desire to understand the **lived experience** of the wider health and social care workforce, including volunteers, paid and unpaid carers. We will therefore seek to understand the outputs of existing surveys within the sector organisations, deliver additional surveys where organisations have gaps, and develop a joint wellbeing and engagement action plan.

Clinical Leadership development is a core requirement with opportunities through HEIW for senior clinicians. The focus will be on the 594 clinicians in managerial and team leadership roles from Band 6-8a. A two-tier training and development offer will be introduced, utilising an immersive, simulation training environment, which develops professional excellence in collective and compassionate leadership.

NHS Wales has adopted the **Compassionate Leadership** model and PTHB is implementing this style of leadership, developing highly compassionate teams that support each other and are focused on the needs of the patients. HEIW are currently developing a programme, with Professor Michael West, which aims to introduce all staff to the approach. Through the Workforce Futures Programme this will be embedded across the health and social care sector, delivering specific programmes and embedding in all leadership development opportunities.

2023 will be year 3 of the Welsh Government funded Intensive Learning Academy project in **leading digital transformation**, with final opportunities for staff to access courses at a reduced rate. Progress will be made during this time to develop the business strategy with the University of South Wales to ensure a sustainable model for years 4 and 5 and beyond.

Multi-disciplinary, inter-professional experiential learning is vital to the development of clinical and team working skills. Through the Health and Care Academy, capability will be increased within service areas to utilise **simulation-based training and education** and enhance continued professional development.

It is important to create an environment where carers will be seen and valued as key members of the workforce and supported to balance work and care responsibilities. The **Employer for Carers** approach will be embedded, with the aim of achieving the Accomplished level of accreditation. By the end of the year the Workforce Futures programme seeks to deliver a **carers strategic framework** that increases support to paid and unpaid carers.

The national approach to help staff **Speak Up Safely** when they have significant concerns is being trialled in Cwm Taf Morgannwg University Health Board and recommendations will be reviewed and implemented locally.

An online guide will be developed for Managers to help guide activities that support **staff retention**, with a range of hints and tips, as well as links to resources.

The application of **workforce policies** if not delivered correctly can result in unintended and avoidable harm to employees. This can include processes taking longer than expected, and policies being applied when less formal routes are available. Working in social partnership a **systematic review** of practices will be undertaken to ensure that avoidable harm is not caused, ensuring the principles of compassionate leadership are embedded.

Key Areas of Delivery

Temperature Checks and Analytics Capability

- Promotion of engagement/ completion and utilisation of outputs of National Staff Survey
- Conduct Team Climate Survey (targeting one service area per quarter)
- Develop team health metrics Q2; apply by end Q4
- Review and launch refreshed Chat 2 Change

In Year 2, the actions from the 2023 National Staff Survey will be implemented and indicatively, 50% of teams will have carried out a Team Climate Survey in Year 2 rising to 75% in Year 3. Team health metrics and the new approach to Chat2Change will be evaluated to inform priorities for Year 3.

Leadership Development

- Design and deliver a two-tiered Clinical Leadership Programme (Tier 1, four programmes by Q2; Tier 2, two programmes, by year end)

This will continue to be rolled out in Years 2 and 4, supporting and extending top of license working.

Professional Development

- Evaluate benefit of Intensive Learning Academy (ILA) Q2; Final Business Plan for Powys ILA by end year
- Promote and increase self-sufficient use of simulation space in Health and Care Academy

The evaluation will inform the future activity and model for Years 2 and 3.

Employee Support

- Achieve Employers for Carers accreditation by Q4, identifying and offering signposting to support
- Adopt All Wales approach to 'Speaking Up Safely' about concerns or issues by end of year
- Develop online Staff Retention guide by end Q3, to include the developing work by HEIW on 'stay' interviews
- Workforce Policies Caseload review Q1 and working in social partnership with focus on avoidable harm and timely, proportionate management practices, checks and balances, supported by workshops Q2 – 3

Activities in Years 2 and 3 will be based on internal review and evaluation of the implementation of these approaches and the associated metrics, with a focus on whether the changes are making a positive difference to the workforce turnover stability index in particular.

Strategic Priority: Employee Health and Wellbeing

Critical to having a sustainable workforce is ensuring that staff health and wellbeing needs are met, especially since the cost-of-living crisis has compounded the effect of the challenges we still face with Covid-19. Acknowledging that not all employees manage their wellbeing in the same way, the implementation of the wellbeing plan / framework will offer a range of initiatives and activities to help prevent burnout, reduce anxiety, and improve overall mental wellbeing.

There will be a refresh of the **wellbeing and engagement offer**, working in partnership with the communications and engagement team and taking into account emerging work from HEIW on the NHS Staff and Wellbeing Framework. Improvements will be made to gain a regular understanding of how the workforce are feeling and providing the right support where it is most needed. This includes signposting information in relation to financial wellbeing.

The **Gold Corporate Health Standard** will be revalidated, to gain critical feedback on the approach to staff wellbeing and engagement, and areas of future development, with the intention to retain the Gold award and seek to progress to the Platinum award.

Critical to staff wellbeing is being able to speak directly to those who can support, ask advice, and gain necessary information. Regular **wellbeing and engagement roadshows** will be delivered at sites across the county. These provide the opportunity for staff to feedback about their wellbeing as well as provide thoughts and ideas around significant corporate issues.

Working with the Psychology team, a series of **outdoor days** will be delivered, which enable teams and individuals to take a step back from the workplace to refocus their energy. This will include time to reflect on the impact of the past 3 years and consider strategies to maintain resilience in a challenging working environment.

We will implement the new **Occupational Health Management system** to improve access. This will also enable a greater understanding of the reasons for referral and better planning around targeted preventative support for staff.

The **Employee Assistance Programme** will be promoted to provide employees with access to expert help, support and resources at times of need, easily available 24 hours a day.

In order to embed the **Anti-Racist Wales Action Plan** and **Strategic Equalities Plan**, informal staff networks for Equality characteristics will be supported and local actions identified which meet the requirements within the national plan. This will include ensuring that all policies undergoing revision or renewal undertake an Equalities Impact Assessment.

To help create better links through the organisation, greater shared understanding of strategic and operational pressures, a programme of **Mentoring/Reverse Mentoring** will be introduced.

Key Areas of Delivery

Gold Corporate Health Standard

- Regain Gold Corporate Health Standard Q1
- Create development plan from the feedback received from the reassessment Q1

Progression to the Platinum Corporate Health Standard will be sought in Year 2 alongside completion and review of the Development Plans.

Wellbeing Roadshows & Other Events

- Undertake a wellbeing roadshow at each hospital site Q1
- Revisit each site by year end
- 2 Outdoor Events per month for up to 20 participants in Q2 and Q3

In Year 2 and 3 activities will be determined based on the evaluation of the impact and utilisation of events.

Occupational Health

- Implement the new all-Wales Occupational Health Management System by year end
- This will inform further system adoption in Year 2 and 3

Employee Assistance Programme (EAP)

- Increase usage of the EAP platform by 40%

In Year 2 and 3, there is an indicative aim to increase usage of circa 20% and to carry out any further procurement to develop the platform.

Anti-Racist Action Plan

- Establish staff networks Q1 – 2

- Implement PTHB Anti Racist Plan Q1 – 4
- Ensure Equality Impact Assessment for all policy revision or renewal

Progress will be reported annually and an assessment of the take up and impact of the actions in the plan will inform future steps in Year 2 and 3.

Mentoring

- Set out mentoring and reverse mentoring plan Q2, with each Executive and Deputy matched with staff / volunteers by year end

The scope and extension of the mentoring will be dependent on feedback and could include partner organisations in Years 2 and 3.

Strategic Priority: Joint Workforce Futures Programme

Workforce Futures is a key enabler for partnership working, which is more important than ever in the context of the challenges faced by our communities and all partner organisations, to recover from the impacts of the pandemic. The programme is overseen by the Regional Partnership Board and has had significant success, in establishing a Health and Care Academy and working jointly across sectors. Key successes are noted earlier in this section of the plan and key actions to be taken in partnership are noted below.

Key Areas of Delivery

Designing, Planning and Attracting the Workforce

- Roll out Powys Health and Care Academy Careers and Education Enterprise Scheme (ACEEs) for young people by end Q4
- Upscale the Health and Social Care Schools training programme to two further schools by end Q4
- Identify degree level qualifications available to the Health and Social Care Academy delivered by a range of providers by year end

In Year 2, there is expected to be an increase in the number of those entering degree level qualifications as part of the Health and Social Care Academy; the development of sustainable investment will be key for continuation in Years 2 and 3.

Leading the Workforce

- Compassionate Leadership Programme trial Q2
- Rollout 4 a month (12 per cohort) by end Q4

Year 2 and 3 will be subject to evaluation and further refinement.

Engagement and Wellbeing

- Understand the lived experience of the workforce Q2
- RPB action plan to improve wellbeing and engagement across the sector by year end

In Year 2 and the organisation will progress level 2 of the Employers for Carers Accreditation. In Year 3, a collective, regional approach to both staff recognition and agile working across health and social care in Powys will be progressed.

Education Training and Development

- After an initial pilot, deliver one joint induction programme per month by year end

Year 2 expansion of the simulated learning offer, Year 3 will focus on partnership with training and education providers, to degree level

Partnership and Citizenship

- Carers strategic framework by year end to increase support to paid and unpaid carers
- Increased volunteering opportunities across the sector by year end

Year 2 indicative actions include a young people's volunteering scheme and widening employment for those leaving care and those with advanced learning needs.

Year 3 outline actions will focus on support to volunteer and unpaid carers and building on the work to support social enterprise, co-production and user led enterprises.

DIGITAL FIRST



This section sets out how Digital First will be developed into a Strategic Framework to enable improved care through digital systems and a resilient and secure digital infrastructure.

Powys Outcomes

- I am able to find and do what I need online, such as make or change appointments, pay my bills, self-assess or reach a doctor or consultant without having to travel
- I am helped to use technology and gain access to resources to allow me to be digitally independent

Strategic Priorities

- Digital Strategic Framework
- Implement clinical digital systems
- Resilient, cyber secure infrastructure
- Electronic document management and digitalisation
- Modernise data architecture and business intelligence

Why is Digital First important?

There are opportunities to deliver better care for the population by maximising the use of digital technology. Digital is critical to achieving multiple goals including the ambition to deliver more care in the community. This offers significant potential to change the nature of provision and create a flexible, community-based model of service provision.

With a mobile workforce growing confident with operating remotely there is potential for prioritising innovation including remote monitoring, virtualisation of service, the use of artificial intelligence and integration of self-management tools and resources.

The digital portfolio programme of work will transform the legacy platform and the way in which information is held and stored to a secure, resilient, easy to access fast solution which attracts greater scope for information sharing, business intelligence and agile working.

This will be underpinned by the Cross-Border programme, interfacing multiple systems to be available to ensure the patient journey for Powys residents is fully encompassed within national, regional, and local requirements.

With a mobile workforce and a community-based delivery model our services are well placed to make rapid progress on digital development. This will benefit the population of Powys as well as the delivery of more integrated and better value-based care.

Services are enthusiastic about digital transformation and committed to maintaining and progressing digital improvements. Developing an inclusive and confident digital culture will achieve true digital transformation for the benefit of positive patient outcomes and experience.

Significant innovation and upscaling of digital took place during the response to the pandemic with an acceleration in virtual methods for the delivery of care and ways of working.

However there remains significant issues in relation to ageing digital infrastructure and equipment at the end of its life. Wi-Fi is not yet optimum but is improving.

Significant modernisation is still required to support a fully digital first approach, the pace of which is constrained by available resources and some supply chain issues.

There are increasing challenges in relation to cyber security and attacks and privacy risks. In addition, there are frequent network and outage issues which require significant resources to deliver short term resolutions.

There are interdependencies across Partners in the Powys region and more widely across Wales and the border with England. The Powys Regional Partnership and Public Service Board is supporting digital connectivity in rural Powys, taking an intergenerational view to drive forward ambitions for the County.

Digital requirements are also noted in each of the three Powys Cluster Plans as well as being critical for transformation programmes in North Powys and Pan Powys. There are a range of national programmes, brought together with oversight through Digital Health and Care Wales.

There is a high level of complexity in managing multiple systems, with high volumes of data across various systems, some with poor or no interoperability including particular cross border considerations.

There is a mixed level of digital confidence with a need for training and upskilling for digital learning and development and cultural change to support the move from a high volume of paper-based processes.

Strategic Priority: Digital Strategic Framework

Key Areas of Delivery

- Why What When and How we deliver Digital services for the workforce, to improve outcomes for staff and patients, clinically led and patient centric.
- Develop and agree the Digital Strategic Framework to prioritise delivery

Strategic Priority: Implement clinical digital systems

Development of systems is key to enable improved care, including cross border clinical records sharing, developments in clinical service priority areas (nursing, eye care, prescribing), and telecare:

- Application Development and Landscape review
- Gap analysis to support system/functionality required for front line workers. Making the most of the systems we have or replacing where necessary to improve efficiency.
- To support secondary care commissioned outside of Powys and introduce electronic processes to support safer timelier care.

Strategic Priority: Resilient, cyber secure infrastructure

Deliver a resilient, cyber secure infrastructure within the PTHB buildings:

- Delivery of major capital investment to upgrade Network/Cabling/Wi-Fi for improved bandwidth for data and voice connectivity for front line staff and patients.
- Full Telephony upgrade to allow integration with social media tools, chat functionality, automation, and call recording.
- Improved resilience and capacity for business continuity and faster access and system performance.

Strategic Priority: Electronic Document Management and Digitisation

Develop and implement electronic document management policies and processes, digitalisation of paper records.

Strategic Priority: Modernise Data Architecture and Business Intelligence

Provide a modern data architecture and improved business intelligence and knowledge for informed decision making:

- Single source of the truth, improving data quality
- Creation of Health & Care Data Platform – to enable timelier & robust data sharing between Health and recognised aligned partners.
- Adoption of Robotic Automation (RPA) to release staff administrative time.
- Workforce collaboration to make the best use of the workforce resource data available.

Year 2 Indicative

Continue to implement key improvements to **digital infrastructure and intelligence**, undertaking a Digital Service Review for the medium/longer term, aligning to the Renewal Programmes) and improving the deployment of systems for effective healthcare.

Implement **clinical digital systems** that directly enable improved care, including cross border clinical records sharing, clinical service priorities (nursing, eye care, prescribing), and telecare.

Working with partners to develop blended models of support and digital facilitation.

Year 3 outline

Enhancing key systems to support the delivery of care both digitally and face to face including telehealth and telemedicine

Strategic application development plans for national applications and future roadmap for modernisations.

Key 'end result' measures locally are:

- Approval of Digital Strategic Framework
- New Information and Communication Technology (ICT) Service Target Operating Model Implemented
- EPMA Business Case Approval
- Network redesign implemented

Also key to measuring progress are project based such as Infrastructure Key Performance Indicators (KPIs), process reviews and evaluations and qualitative measures such as user feedback and experience.

Quarterly tracking and internal reporting will be used to measure progress against the delivery areas, these will be made to Digital Transformation Programme Board, and Digital First updates to the Delivery and Performance Committee in line with the Digital First Strategic Objective.

INNOVATIVE ENVIRONMENTS



This section sets out ambitious plans for carbon reduction, biodiversity, environmental and estates improvements, that directly enhance care, experience and wellbeing for the population and the staff of the health board.

Powys Outcomes

- I am part of a thriving community which has a range of opportunities for health and social care, social events and access to advice and guidance services to support my well-being
- I have access to a Rural Regional Centre providing one stop health and care shops – diagnostic, advice and guidance, day treatments, etc. which reduces unnecessary out of county travel
- I am encouraged and supported to use the great outdoors for my well-being and care
- I am able to have my home adapted to help me live independently and feel safe
- I have care in a fit for purpose environment that enhances my experience

Strategic Priorities

- Capital and Estates Programme
- Environmental Management and Decarbonisation

Why is Innovative Environments important?

The health board has some significant challenges, having the oldest built estate in Wales with 38% predating 1948 (compared to the Wales average of 12%) as well as the 'least new' estate with only 5% being built post 2005 (compared to the Wales average of 23%). There are difficulties maintaining building stock with £73M of Backlog Maintenance and many competing priorities for a limited amount of Discretionary Capital. The overall position therefore needs to be understood in a dynamic and changing situation and in the context of significant challenges to be tackled.

Chief among these is that Climate Change is the single greatest challenge to global health and threatens all life on this planet. Without action this jeopardises not only our way of life, but also that of future generations. Commitments were made at the United Nations Climate Change Conference of the Parties 2021 (COP (Communities of Practice) 26), building on the 'Paris agreement' made by the United Nations in 2015 to mitigate climate change and strengthen resilience. PTHB has made a Board level commitment to supporting the Welsh Government declaration of a Climate Change and Nature Emergency.

Decarbonisation is also key, with the public sector target for net zero by the end of the decade. The health board has duties under the Future Generations (Wales) Act (2015) and Environment (Wales) Act (2016) and commits to the delivery of local actions in the national NHS Wales Decarbonisation and Biodiversity Plans; this complements work to maintain ISO14001 certification. Carbon literacy is being rolled out in the health board and Agile working being tested and refined.

This is a complex area of work and it is recognised that large scale governmental policy, investment and action will be required alongside local organisational, partner and individual effort. The health board is actively engaged through the Public Services Board on the refresh of the long-term Wellbeing Plan, which is still in development at the time of production of this plan. It has been agreed that Climate Strategy will be one of the key objectives and a much greater focus from next year, to harness collective efforts and expertise across partners.

Partnership investment opportunities will also be key notably for the progression of the Health and Care Strategy vision and the development of Rural Regional Centres across Powys. In particular, investment will be critical to realise the ambition for a multi-agency campus as part of the North Powys Well-being Programme.

Investment is also critical in relation to the ability to drive change such as that associated with the transformation ambitions set out nationally and locally in the PTHB Accelerated Sustainable Model. It is important, that all funding opportunities are actively investigated against the backdrop of restricted NHS Wales Capital.

Increasing pressures on an aging estate means that the Discretionary Capital allocation of funding is often pre-determined by the need to meet failing building fabric and infrastructure services rather than support innovation and improvements. The availability of major capital programme funding is therefore also important to make inroads into the overall reduction in Backlog Maintenance for the organisation.

Strategic Priority: Capital and Estates Programme

Overview

The NHS Wales overall Capital funding was reduced from circa £350M to £250M in 2022/23 as monies were, in part, reallocated to 'care' related services. In January 2022, the health board was advised that Discretionary Capital funding allocation would be reduced to £1.089M (from £1.431M). The reduction in available NHS Wales Capital also puts pressure on the monies available centrally, as there is less capital available to support business case submissions, resulting in heightened competition for limited major capital project money.

Welsh Government have ringfenced Capital monies (£50m in 2022/23, £60M in 2023/24 and £70M in 2024/25) which is available via business case application through the Regional Partnership Board (RPB) route.

The Health and Social Care Integrated and Rebalancing Capital Fund (IRCF) encourages bids for Priority 1 – Development of integrated health and social care

hubs and centres and Priority 2 – Rebalancing the residential care market, Housing with Care Fund (HCF).

Llandrindod Wells Rural Regional Centre

Following the endorsement of the Programme Business Case (PBC) for Llandrindod Phase 2 for £11M to £14M over 3-5 years, work is now underway to prepare the first infrastructure Business Justification Case (BJC) which will be circa £2.5M, due to be submitted in Welsh Government in Q2 2023/24 to secure All Wales Capital Funding (AWCF).

The BJC will address urgent compliance risks and infrastructure improvements and will ensure the original investment in Llandrindod is protected by addressing issues such as window replacement and roof leaks.

This will be developed in parallel with the more significant reconfiguration business case development for the Rural Regional Centre and campus approach, incorporating the newly acquired building at Spa Road, Llandrindod.

North Powys Wellbeing Programme Campus Development

Welsh Government have indicated that the North Powys Campus programme of work could be considered under this fund. Work is continuing on the development of the North Powys Health and Wellbeing Campus.

The Programme Business Case has been endorsed by Welsh Government and the Strategic Outline Case is with Welsh Government for consideration.

Welsh Government have requested a Business Justification Case submission for Infrastructure alongside the Education Outline Business Case in Spring 2023 and work is ongoing.

Discussions are continuing with Welsh Government in relation to whole-site funding with Regional Partnership Board, IRCF seen as a good fit for this investment.

Estates Funding

Estates Funding Advisory Board (EFAB) funding supports a number of technical/specialist areas including decarbonisation, fire and infrastructure and important/high risk areas of estates compliance programmes.

Failure to undertake remedial actions for high level risks, carries a risk at organisational level. Backlog Maintenance levels in PTHB are circa £69M (and £1Bn across Wales).

This is acknowledged in the PTHB Corporate Risk Register and a risk-based approach has been adopted to address any high or immediate risks. Capital investment is critical in addressing the deficiencies across the estate.

The ringfenced fund is intended to target improvements in recognition of the pressures on the estate across NHS Wales, with Backlog Maintenance exceeding £1 Billion across Wales in the last year.

This funding was paused during 2022/23. It has been positive to note that the picture is improving into 2023/24 with Estates Funding Advisory Board (EFAB) funding reinstated with a 30% contribution from health board Discretionary Capital required to secure monies.

Welsh Government have also advised that Discretionary Capital allocations will be incrementally reinstated to pre-2022 levels over the next 2 financial years.

The total fund for Wales is £57M split into three elements; infrastructure, fire and decarbonisation projects.

PTHB have successfully secured £2.404M of funding over the next 2 years (£0.625M and £1.512M respectively). to support a number of projects addressing infrastructure, fire and decarbonisation projects.

In order to secure this funding, PTHB are required to contribute from discretionary capital funds which equates to £0.268M in 2023/24 and 0.453M in 2024/25 (as summarised in the table below).

PTHB EFAB allocation 2023/24 and 2024/25:

| Infrastructure | | | | |
|-----------------------|-------------------------------------|----------------------------|----------------------------|----------------------|
| Organisation | Scheme | Expenditure 2023/24 | Expenditure 2024/25 | Overall Total |
| Powys | Welshpool electrical infrastructure | 372,600 | - | 372,600 |
| Powys | Next phase BMS - Ystradgynlais | 33,820 | 304,375 | 338,195 |

| Fire | | | | |
|---------------------|--|----------------------------|----------------------------|----------------------|
| Organisation | Scheme | Expenditure 2023/24 | Expenditure 2024/25 | Overall Total |
| Powys | Brecon – Fire compliance | 68,451 | 787,189 | 855,640 |
| Powys | Machynlleth back of hospital – Fire compliance | 27,159 | 312,329 | 339,488 |
| Powys | Waste Compliance Schemes Pan Powys – 2 sites | 12,060 | 108,702 | 120,762 |

| Decarbonisation | | | | |
|------------------------|-------------------|----------------------------|----------------------------|----------------------|
| Organisation | Scheme | Expenditure 2023/24 | Expenditure 2024/25 | Overall Total |
| Powys | Ystradgynlais PVs | 378,200 | | 378,200 |

The requirement for a PTHB contribution from discretionary capital funds has been taken into account when developing the proposed capital pipeline 2023-25.

This funding stream helps to alleviate pre-existing compliance related pressures on the discretionary pipeline as well as enabling PTHB to undertake larger elements of work, such as fire precautions improvements at Brecon, which would otherwise not have been possible within the normal, limited, Discretionary Capital allowance.

Discretionary Capital

The proposed capital pipeline 2023-25 has been developed by the PTHB Capital Control Group to reflect the current and projected allocation of Welsh Government Discretionary Capital funding, which was reduced from £1.431M to £1.089M in 2022/23. Welsh Government propose cumulative annual increases of £0.171M over the next 2 years which will see the reinstatement of the original allocation in 2023/25 with the 2023/24 value being £1.260M.

The 2023/24 the Discretionary Capital allocation will be increased by £171K to £1.260M and a further £171K in 2024/25 to return to £1.431M. In order to manage the impact of this continued shortfall, it is proposed that the £200K usually ringfenced for 'equipment' and 'IT', which was omitted in 2022/23, is set in 2023/24 at £100K, as these areas historically secure considerable additional/alternative funding through capital slippage at financial year end.

Schemes have been prioritised based on a number of factors including; business continuity/criticality, health and safety, statutory compliance, audit and service delivery/development. It is important to remain agile to respond to changes in priority or opportunities such as alternative funding streams.

The annual programme includes:

- General schemes: wider business needs identified by the organisation and considered and prioritised by the Capital Control Group which has representation from across the organisation. These schemes are prioritised from a ringfenced total of £855K
- Estates Compliance projects within a reduced ringfenced value of £405K (normally £477K). These are prioritised using a risk-based approach by specialist compliance subgroups under the overarching direction of the CCG.
- Equipment – this includes medical devices and other items such as catering equipment, vehicles, etc. with individual values over £5K. The annual allocation has been in recent years been £150K (proposed £50K in 2023/24)
- Information Communications Technology (ICT) – annual allocation of £50K. ICT services also attract significant additional Welsh Government funding to support Digital development, with £1.5M allocated in early 2022.

The compliance pipeline often includes programmes of work planned across several years or individual financial year 'cross over' schemes where project parameters do not coincide with a March completion.

Discretionary Capital carries a risk burden for any cost overrun implications from major project activity, which increases in proportion to the value of business cases.

In partial mitigation NHS Wales Shared Services and Welsh Government acknowledge the uncertainty in relation to refurbishment activity on older buildings and, where possible, reflect this in the level of Contingency included.

It has been usual to retain a contingency for unforeseen or priority works that emerge during a financial year as a prudent approach. In the proposed capital pipeline, the overall contingency is circa £107K.

Other Funding

As directed by Welsh Government, PTHB, in discussion with NHS Wales Shared Services Partnership, Specialist Estates Services (NWSSP-SES) have also developed a series of prioritised mini business cases setting out the 'Situation, Background, Assessment and Recommendations' (SBARs) to be submitted over 2 years to address medium to large scale urgent compliance works.

Welsh Government have indicated strong support for these schemes, which will significantly alleviate pressures on discretionary capital and does not attract the 30% Discretionary Capital contribution required under the proposed EFAB scheme.

Invest to Save (Revenue)

The appointment process is underway for a Partner Bid approach supported by the Welsh Government Re:fit Energy Service to deliver energy savings and decarbonisation benefits.

Works include lighting and heat production improvements such as air/ground/river source heat pump, insulation, photovoltaic methods. This is scheduled to commence in Autumn 2023 with value to be ascertained but could be up to £2.5M.

The overall anticipated funding position for 2023-25 is summarised below:

| Capital / Revenue Category | 2023/24 £M | 2024/25 £M | Comments |
|--|-----------------------|-----------------------|---|
| Discretionary | 1.260 | 1.431 | Increase by £171K pa to bring back to £1.431M |
| EFAB (Discretionary PTHB Contribution) | (0.268) | (0.453) | 30% contribution of overall EFAB to be made from Discretionary Capital |
| EFAB Funding (Welsh Government contribution) | 0.892 | 1.512 | 6 schemes in total including fire compliance, decarbonisation and infrastructure (incl. 30%) |
| Emergency All Wales Capital Funding (AWCF) | 1.291 | 1.291 | Series of prioritised SBAR's with Welsh Government support (split / year yet to be agreed) over 2 years |

| | | | |
|---------------------------------------|--------------|--------------|--|
| Llandrindod Phase 2; first BJC | 3.000 | 3.000 | Overall Programme Business Case endorsement for £11-14M over 3+ years |
| North Powys Health & Wellbeing Campus | tba | tba | Funding route to be agreed with potential RPB/IRCF funding |
| Re:fit (Revenue) | 1.000 | 1.500 | Energy and Decarbonisation: Invest to Save, value to be confirmed subject to procurement |
| Capital Slippage | 0 | 0 | Indicatively, £1.177M in 2022/23 |
| TOTAL (indicative) | 7.175 | 8.281 | |

Key Areas of Delivery

Delivery of Major Capital Programme including

- Phase 2 of Llandrindod Wells Regional Rural Centre and Spa Road Development - Business Justification Case to be submitted by end Q1 and work commencing from Q3
- Operationalisation of Bro Dyfi Community Hospital site developments at Machynlleth
- Further Stages of work relating to the North Powys Multi Agency Campus with submission of infrastructure Business Justification Case Q2

Delivery of Estates Strategy including

- Develop and agree an Estates Strategy to prioritise delivery by Q2
- Delivery of urgent compliance capital projects including EFAB (Estates Funding Advisory Board) schemes, focussing on essential improvements to infrastructure, fire safety and decarbonisation Q1 – Q4
- Delivery of RPB Innovative Environments Capital Plan in support of the RPB Area Plan (in development at time of producing this plan)
- Year three of the programme to strengthen maintenance contracts will include the remainder of the significant specialist services by Q4

Implementation of 'Soft' Facilities Management including

- Cleaning Standards review by Q1

Strategic Priority: Environmental Management and Decarbonisation

The climate change emergency and sustainability are a key imperative. The health board has made progress, demonstrating a 16% reduction in emissions in 2021 compared to 2019 (2nd of 7 health boards). However, the nature of the emergency

demands even more challenging and aggressive plans, and these will require structural investment.

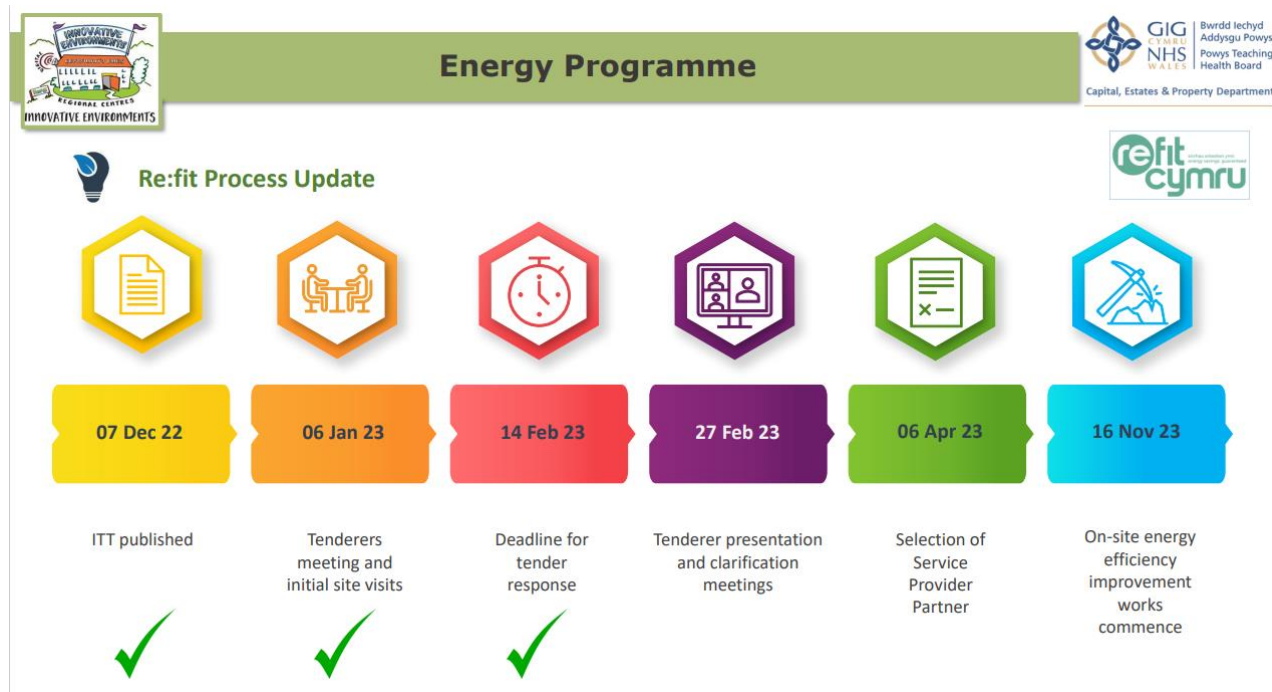
Environment and Sustainability is being promoted as a central theme throughout the organisation. 'Life cycle' principles, which consider environmental impacts of products and services, support the decision-making processes.

Carbon reduction and biodiversity improvements are being made utilising our certified ISO14001 (2015) Environment Management System, for the benefit of patients, staff and the environment. This focuses on five areas of activity:

- Waste
- Energy and Water
- Travel
- Procurement
- Building Design and Biodiversity

The health board delivers against initiatives and actions in the 'NHS Wales Decarbonisation Strategic Delivery Plan 2021-2030' and publishes an updated delivery plan every two years. The health board is committed to continual improvement, reducing our impact on the environment and increasing the protection of biodiversity.

The Re:fit programme has also been progressed to tender stage for the appointment of a Supply Chain Partner. The revenue funding supporting the work to improve energy efficiency and decarbonisation is held centrally by Welsh Government and allocated as part of an Invest to Save scheme.



Key Areas of Delivery

Biodiversity enhancement and protection in line with Section 6 of Environment (Wales) Act with initiation of a key project by Q2 to implement recommendations.

Energy efficiency improvements including

- Proceed through tendering phases to selection of Re:fit Framework Supply Partner Q1
- Develop Investment Grade Proposal in conjunction with Supply Chain Partner Q3
- Commence Re:fit programme of works activity Q4

Decarbonisation including ambition for Net Zero by 2030 across public sector including

- Rollout of Carbon Literacy throughout organisation; Support development of and collate department delivery plans enabled through knowledge gained from training Q3
- Quarterly tracking and internal reporting to Environment & Sustainability Group against 46 Initiatives listed within Welsh Government's Decarbonisation Strategic Delivery Plan.
- Agile Working and optimisation of space utilisation with delivery of Bronllys pilot Q1 and agreement of Agile Working Principles by Q3

TRANSFORMING IN PARTNERSHIP



This section sets out the action we will take in partnership across Powys as a region in its own right, as well as the wider Mid Wales region and nationally, both in Wales and across the border in England.

Powys Outcomes

- As a Powys resident I 'tell my story' once and I am confident that those looking after me are working together in my best interest
- The services I receive are coordinated and seamless
- I am able to access buildings and resources shared for multiple purposes, by multiple organisations
- My community is able to do more to support health and well-being

Strategic Priorities

- Governance
- Engagement and Communication
- Strategic Commissioning, Performance and Planning
- Innovation and Improvement
- Strategic Equalities and Welsh Language

Why is Transforming in Partnership important?

There are challenges ahead, some of which are shared not only across Wales but the UK and Western Europe, as well as internationally. The Covid-19 pandemic impacted on the wellbeing of the population and the delivery of health and care. The impacts of the pandemic continue to be felt and are compounded by other complexities such as cost of living increases and a challenging economic climate. These are significant structural and governmental issues which are important considerations for this plan.

There is in addition, a complex partnership landscape for health and care, particularly in Powys, with important interdependencies across NHS Wales and across the border into England.

The level of complexity is such that the challenges cannot be faced by one organisation but must be tackled through a whole system, partnership approach. This applies at all levels, locally and for Powys as a region in its own right, as well as strategic partnerships with neighbouring regions, through the Mid Wales Joint Committee for Health and Social Care and other regional fora.

Nationally, the establishment of the NHS Wales Executive is expected to bring greater coherence to the All Wales whole system approach.

The work being done in partnership on the Accelerated Sustainable Model is particularly important in this respect, in setting out the both the case and the levers

for change, in a highly complex and challenging environment. Intensive, focused efforts are required across Powys as a region to ensure system resilience and transformation.

There is a strong track record of partnership working in Powys and this has enabled significant progress over recent years. Alignment across the PSB and RPB planning space is key. An agreement has been reached on the connectivity and delivery in relation to the key Powys plans as shown below:



The shared Health and Care Strategy agreed in 2017 was the first of its kind in Wales. The collective ambition for '**A Healthy Caring Powys**' is shared across key partners in Powys and sits at the heart of this plan and the wider Area Plan.

Regional Partnership Board Area Plan

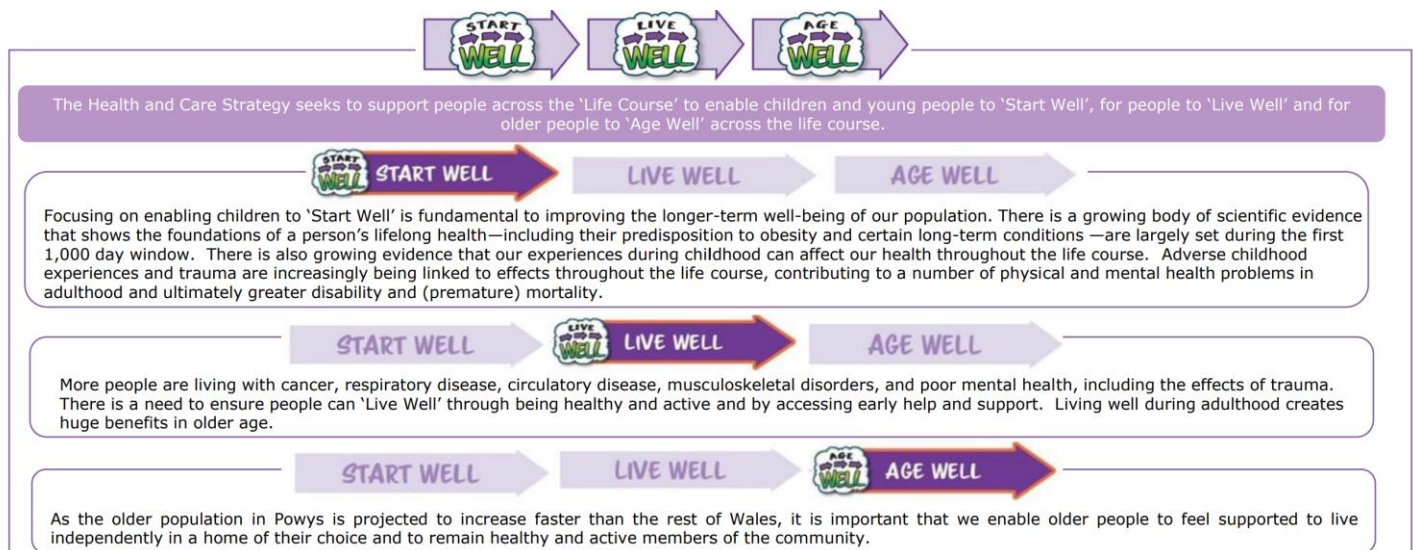
Regional Partnership Boards have been established as part of the Social Services and Wellbeing Act (2014) to improve the wellbeing of the population and improve how health and care services are delivered.

Regional Partnership Boards must prioritise the integration of services in relation to:

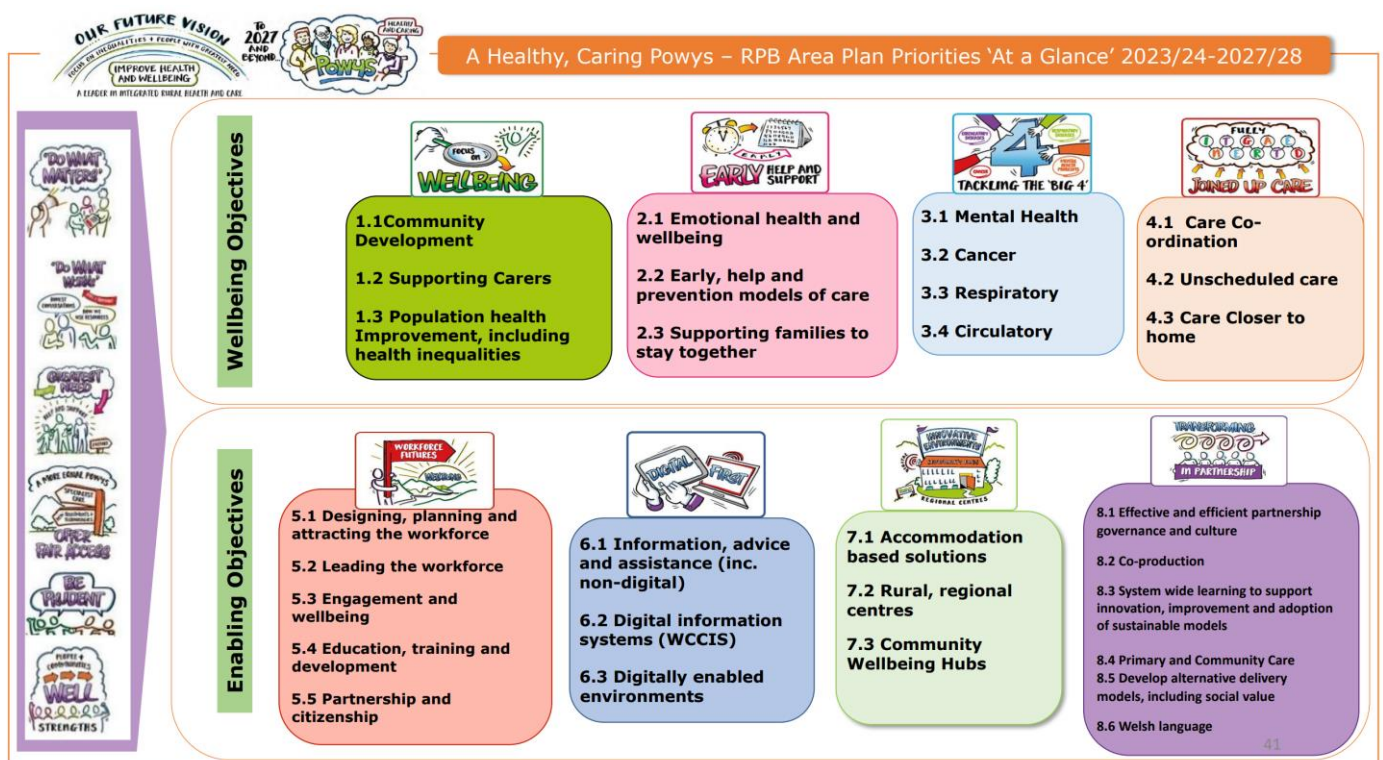
- Older people with complex needs and long-term conditions including dementia
- People with learning disabilities
- Children with complex needs
- Carers, including young carers
- Integrated Family Support Services

The Area Plan sets out how the Powys Regional Partnership Board will respond to the findings of the Population Needs Assessment published in 2022, which captured the health and social care needs of people across the county of Powys.

It explains how the Local Authority and the Health Board, with partners, will address the requirements of the Social Services and Well-being (Wales) Act 2014, deliver against the shared Health and Care Strategy and sets out a life course approach to Wellbeing for the population of Powys, now and in future.



Area plans are high-level strategic documents, which draw upon and align with other strategic documents and plans, produced at the regional or local authority level. They are informed by and inform cluster and pan-cluster level assessments of need and delivery priorities. It is a five-year plan (2023-2027) and includes the regional priorities to be overseen by the Powys Regional Partnership Board. An at a glance summary of the Draft is provided below (this is being finalised in tandem with the partner plans and therefore is subject to minor amends):



A second document (to be published later in the year) will form the corresponding Action Plan, which includes the key actions for the partnership to deliver, the timeline for delivery, along with the outcomes and impact those actions in delivering the strategic aims and regional priorities.

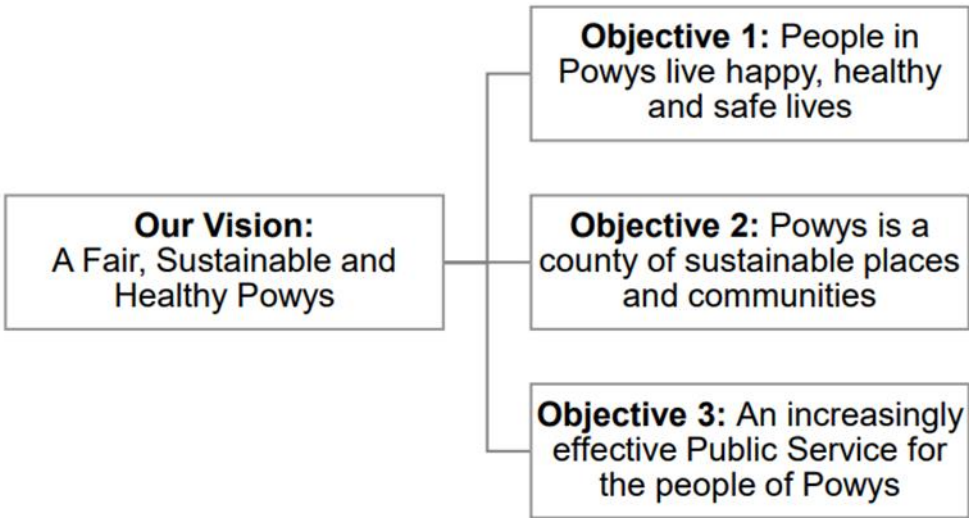
Public Services Board

Similarly, the wider Public Service Board Wellbeing Plan has been reviewed and refreshed in the context noted above. This tackles much wider social, economic and environmental factors and cultural wellbeing. In setting its local objectives the Board must consider the Future Generations Act considerations including the principles of sustainable development.

The Well-being of Future Generations (Wales) Act 2015 created a Public Services Board (PSB) for each local authority area in Wales to ensure that public bodies work together to create a better future for the people of Wales. The health board is a statutory partner alongside the County Council, Natural Resources Wales and the Mid and West Wales Fire and Rescue Service.

Powys Public Service Board is producing a refreshed Well-being Plan in parallel with the development of this Plan.

The draft Vision and Objectives are set out below and are subject to a consultation process currently underway:



Mid Wales Joint Committee

Strategic plans and programmes across the wider Mid Wales region are brought together through the Mid Wales Joint Committee for Health and Care with clinical leadership through the Clinical Advisory Group.

For 2023/24 the priority areas for joint working across Mid Wales will continue to focus on a whole pathway approach with regional links between primary, secondary, community and social care to support the Welsh Government’s expectation for Health

Boards to work together to plan and deliver regional solutions across organisational boundaries.

| Priority | Objective |
|---|--|
| 1. Urology | A Programme of renewal for Urology pathways across the region which will support and link to national pathway work. |
| 2. Ophthalmology | Increasing capacity and access through regional and whole system pathways between Hywel Dda University Health Board, Powys Teaching Health Board and Shrewsbury and Telford NHS Trust. Recruitment to the Mid Wales Ophthalmology leadership role to lead on the multidisciplinary approach in the area. |
| 3. Cancer | Establish the new Chemotherapy Day Unit at Bronglais General Hospital. Review radiotherapy and chemotherapy pathways to identify opportunities for increasing provision and access across Mid Wales and identify improvements to handovers. Review palliative care to identify opportunities for simplifying models through shared workforce approaches. |
| 4. Dental | Explore the feasibility of an integrated service for joint General Anaesthetic list at Bronglais General Hospital using existing facilities not fully utilised. Identify improvements to general NHS Dental services provision across Mid Wales. Explore local training and placement opportunities for dental roles including dentists, dental nurses and dental technicians. |
| 5. Clinical Strategy for Hospital Based Care and Treatment and regional solutions | Implementation of the Bronglais General Hospital 10-year Clinical Strategy to support regional and cross border solutions with key deliverables for 2023/24 as follows: <ul style="list-style-type: none"> • Develop additional capacity for General Surgery • Develop a service model for colorectal surgical pathway with outreach services across Mid Wales |
| 6. Cross Border Workforce arrangements | Develop solutions to establish cross border health and social care workforce arrangements across Mid Wales including: <ul style="list-style-type: none"> • Development of new and enhanced roles • Recruitment • Retention including peer support and portfolios • Joint training including apprenticeship and leadership development programmes |

The following areas of work will be included in the Joint Committee's sub-groups:

Mid Wales Social Care Group: scoping provision and plans across Mid Wales for Extra Care, Community Care and Residential Children's Accommodation.

Mid Wales Clinical Advisory Group: Explore innovative ways of working in primary care including shared learning, good practice and innovative ways of working.

Rural Health and Care Wales Stakeholder Group: supporting the Mid Wales Joint Committee's priorities and the wider social model of health agenda.

The plans in the Powys region are closely aligned to the ambition set out in 'A Healthier Wales: Our Plan for Health and Social Care' (Welsh Government, 2018) and the National Clinical Framework, for a seamless whole system approach, designed and delivered around the needs of individuals, with a greater emphasis on well-being. This included a community-based model with a stronger public health approach and transformation of primary, planned and urgent care.

There are also a number of other regional fora and programmes which are noted earlier in the strategic context of this plan and throughout the Delivery Section where there are important points of alignment and interdependency.

Strategic Priority: Governance

There are significant and complex challenges and opportunities to be managed in the year ahead, as this plan sets out in some detail. These have been carefully considered by the Board during the production of this plan, as well as with the key Powys Partnerships outlined in the previous pages.

The organisation will continue to require robust corporate and partnership governance to be able to optimise delivery and support transformation in the year ahead, given significant and complex system pressures.

Governance and assurance arrangements are well established, with a strong track record of positive Structured Assessments from Audit Wales, in the 2022 report Audit Wales noted that "the Health Board has generally good governance arrangements in place". The health board is continually improving its approach and there is learning from the agility and pace achieved during the pandemic.

This has led to greater alignment in corporate functions. An integrated Corporate Governance Directorate was formed in 2022/23 which brings together Communications and Engagement, Corporate Governance, Corporate Business and the Charity.

Key Areas of Delivery

Delivery of the Annual Programme of Governance and Corporate Business Plan

In 2023/24, we will further improve the effectiveness of the Board and its committees by:

- Reviewing and recreating a revised Board Assurance Framework
- Strengthening the Board and Committee work planning approach and clearly aligning the work programmes to the Board Assurance Framework and Corporate Risk Register
- Further improving the quality of information to the Board and its Committees, based on robust surveillance of strategic risk

- Delivery of a Board Development programme that underpins the High Performing Board programme
- Reviewing the Board's Advisory Structure and implementing relevant changes

Years 2 and 3 Indicative and Outline

- Continue to implement key developments to maintain and further develop the organisations Board and corporate governance, this is planned to include:
 - A full programme of engagement activities ensuring patient and staff voice is implicit to the work of the Board
 - Partnership governance continues to mature providing increased assurance to the Board
 - The Board development programme is fully implemented and reviewed ready for year 3 (2025/26)
- Continue to develop and implement corporate business systems maximising efficiency and effectiveness across the organisation

Strategic Priority: Engagement and Communication

Effective engagement and communication support the health board to deliver its strategic priorities on behalf of patients and communities, and to manage principal risks.

It helps to ensure that plans and priorities are informed by “what matters” to stakeholders, and that people are equipped with information and support to enable them to take action to maintain and improve their health and wellbeing.

The public perception context for the NHS is challenging as the health board moves into 2023/24, as after a period of widespread support for the healthcare response to Covid, communities now face pressures associated with the Covid burden and increased waiting times, alongside cost of living challenges and wider social pressures.

This Integrated Plan provides an opportunity to reframe relationships with patients, the public and partners including through the development of the Accelerated Sustainable Model. As outlined above, this is also a critical period for staff engagement to ensure a sustainable workforce in a great place to work that places employee health and wellbeing at its heart.

Key Areas of Delivery

- Design and delivery of a programme of marketing and communications to support the delivery of the health board's wellbeing and enabling objectives, focusing on areas where communication activity can offer the most significant strategic benefit and management of principal risks.
- Design and delivery of a programme of continuous and/or targeted engagement to support strategic insight to inform health board priorities &

programmes, gather community voice and co-produce solutions that make best use of community skills and assets; design and deliver compliant programmes of engagement and/or consultation reflecting new national guidance on service change including the development of partnership approach with new Citizen Voice Body from April 2023.

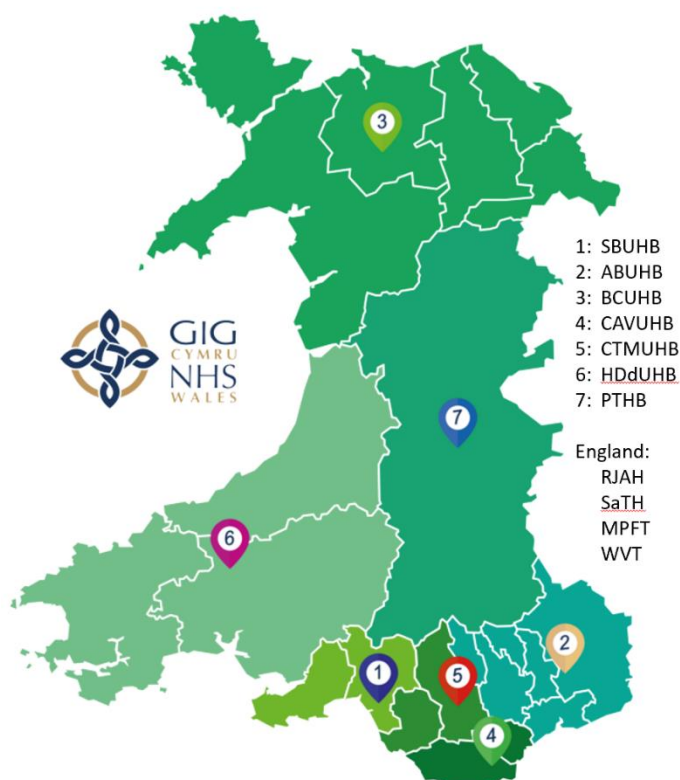
- Ensure effective engagement and communication to support Workforce Futures priorities for ensure a sustainable workforce in a great place to work that places employee health and wellbeing at its heart.

Key areas of delivery outlined in 2023/24 will continue in Years 2 and 3, ensuring communications and engagement is central to the delivery of the health boards strategy delivery.

Strategic Priority: Strategic Commissioning, Performance and Planning

Powys has a unique position in the rural heartland of Wales, bordering all but one other health board areas and England. It has an important relationship with providers and commissioners in these areas, as well as being a region in its own right.

Residents in Powys access acute care from providers across England and Wales. The health board has a role to ensure that the needs of the Powys population is incorporated into recovery and system plans, taking a value-based approach to support shared decision making, patient outcomes and prevention.



The greatest volume of patient flows for acute care are to the neighbouring District General Hospitals in England (Shrewsbury and Telford Hospitals, Hereford Hospital) and Bronglais Hospital in Aberystwyth.

Residents in Mid Powys largely access Hereford Hospital for district general hospital care.

Residents in the South of Powys access acute care from a number of providers including Morriston Hospital in Swansea and Prince Charles Hospital in Merthyr Tydfil.

There are also residents in South East Powys who access Nevill Hall Hospital and other acute care providers in Aneurin Bevan University Health Board.

Strategic Commissioning, Performance and Planning are important functions, supporting strategic decision making in this context, as the health board is a commissioner as well as a direct provider.

Key Areas of Delivery

Strategic Commissioning

- Develop commissioning intentions and manage any in year adjustments to support the Accelerated Model of Care
- Implementation of Getting It Right First Time (GIRFT) recommendations
- Refinement of baseline activity against contract and targets
- Develop external and internal commissioner / provider relationship
- Review sustainability of secondary care in-reach provision
- Improve processes for Individual Patient Funding Review and High Cost Panels and Interventions Not Normally Undertaken
- Deliver commissioned services financial savings plan and
- Review of Service level Agreements (SLAs) with third sector organisations

Strategic and Corporate Planning

- Development of the Integrated Plan for the organisation including co-ordinating internal and external processes and providing support and guidance to teams and Directorates on contributions to the planning process throughout the year
- Delivery of Integrated Plan products including Delivery Plan, Everyday version, Plain Text, Welsh Q1
- Management of monitoring and progress against plan - Quarterly
- Leading Strategic Change horizon scanning, surveillance, tracking and production of management information – Quarterly
- Leading health board participation in key Partnership Plans including the Regional Partnership Board Area Plan & Public Services Board Wellbeing Plan
- Delivery of Planning module of PTHB Managers Training - Quarterly
- Providing planning expertise for corporate products including Annual Report, external and internal reports and programmes

Integrated Performance

- Leading the cycle of annual Performance reporting including Integrated Quality, Planning and Delivery (IQPD) and Joint Executive Team (JET) preparation and delivery and production of annual report
- Integration of performance approach with Contract Quality Performance Review (CQPR) process with commissioned providers

- Robust monitoring of commissioned service through Contract Quality Performance Review (CQPR) process
- Support PTHB Demand and capacity and activity planning
- Implement and rollout the Integrated Performance Framework from both a governance and system oversight perspective. The framework will cover all provided and commissioned services.

Year 2 Indicative

Further develop the comprehensive and integrated performance management system across the Health Board that supports high-performance and continuous improvement.

Develop a broader a range of clinical outcome measures and establish a wider set of benchmarking indicators for comparable measurement.

Work on an all Wales basis to improve the function of commissioning including adopting a standardised approach.

Developing the Health Board's strategic planning intentions (in relation to commissioning and provider services) to deliver the Health Board's long-term strategy and plans.

Year 3 Outline

Whole System Commissioning strategy and development in part influenced by the Accelerated Sustainability Model delivery models.

Develop outline measures in preparation of future strategy and plan development.

Strategic Priority: Innovation and Improvement

The scale of adoption of new ways of working in the past years has been extraordinary and enabled the provision of care closer to home, in some cases directly in people homes.

However, there are growing inequalities and this is a key theme throughout this plan. For this reason, innovation and improvement is increasingly embedded to support recovery and the Accelerated Sustainable Model of Care.

Healthcare research and development will improve the quality of care for our patients, supporting work on prevention, earlier diagnosis, more effective treatments, better outcomes and faster recovery. High quality research is essential to further improve evidenced based practice.

The Research, Innovation and Improvement Co-ordination Hub (RIIC) in Powys is the driving vehicle to build a regional presence and national networks, to capitalise on opportunities for engagement, learning, funding and collaborations. This will

optimise the profile and reach of research and innovation in Powys, to broaden, sharing and contribution to the wider Wales agenda.

Building on this momentum will enable the organisation to generate ideas and solutions building a culture which embraces innovation and challenges conventional ways of doing things. We will be recognised as a centre of excellence for research, development and innovation within Wales, through trial and testing techniques; that includes a well-established industry relationship and supporting our core economy.

Innovation will be embedded within the Powys Health & Care Academy's School of Research, Development and Innovation.

Key Areas of Delivery

Innovation and Improvement

- Implement findings of the Powys Innovation Challenge with Community Engagement Q2; delivery to support the Accelerated Sustainable Model Q1 – Q4
- Provide Quality Improvement support to the Safer Patients Care collaborative with Welsh Ambulance Service NHS Trust (WAST) Q1 – 4
- Develop School of Research Innovation and Improvement activity, launch of Fund Q1, Suite of tools and training Q2, community of practice Q2
- Embed Quality Improvement approach Q1 – 4
- Delivery of Clinical Audit and Assessment Q1 – 4 with review of learning by Learning from Experience Group to inform next cycle Q3
- Develop research participation and Powys led studies with academic and industry engagement Q1 – 4; Cascade learning Q1 – 4

Strategic Equalities and Welsh Language

Implementation of the Strategic Equalities Plan and Welsh Language Standards are cross organisational activities and relevant throughout this Plan, as they are applied to all the business and delivery of the health board.

There are interdependencies with the Welsh Government Strategic Equality Plan and Equality Objectives; Welsh Government Race Equality Action Plan (REAP); Welsh Language (Wales) Measure and Welsh Language Standards; Cymraeg 2050 (Welsh Government Welsh language strategy).

The overall co-ordination and oversight of local action and monitoring is enabled through the PTHB Strategic Equalities Plan and Welsh Language Standards Policy.

There are cross organisational efforts and compliance is part of all areas of this plan – and there are also a number of targeted efforts which are taken forward by a central team noted below:

Key Areas of Delivery

Delivery of Strategic Equality Plan and Welsh Language Standards:

- Meeting PTHB responsibilities under the Anti-Racist Wales Action Plan Q1-4
- Roll out Trans Awareness training for Staff Q1-2
- Deliver Patient Stories project Q1-4
- Consultation, draft and approval of Strategic Equality Plan for 2025-29 Q1-4
- Welsh Language Standards Audit response Q1 - 2
- Consultation, draft and approval of Clinical Consultations Plan 2024-28 Q1-3
- Approve Welsh Language Policy (Standard 79) Q1
- Welsh Language Service Leads Group to drive improvements Q1-4
- Design of Welsh Language Managers' training and incorporation into Management Training Program Q2 – 3

Conclusion

What will this plan as a whole deliver?

The plan has been constructed in the context of a number of challenges facing the NHS in its 75th year of existence and the requirements of the NHS Wales Planning Framework 2023-2026.

Year 1 will be a focussed year of delivery with the plan designed to improve quality and safety of care, access, equity, experience, performance and finance. Where Ministerial Priority delivery is aligned to services Powys provides, the plan provides a high level of confidence these will be achieved.

From a commissioning perspective, feedback from our network of providers, sees those making progress on Referral to Treatment times, Cancer and Diagnostic with more progress at a faster pace within England compared to within Wales. It is unlikely however that a return to the 36-week Referral to Treatment time during Year 1 will be achieved.

From an urgent care and patient flow perspective we expect improvement during the year and locally will work with partner agencies including via the Regional Partnership Board. Given current performance, capacity and workforce challenges this will require ongoing Board and wider system oversight.

We plan to expand our local surgical and diagnostic offer and develop our role as a 'Region' in our own right. We will always need to commission a range of services but what we can offer locally, including in conjunction with a number of providers, will be strengthened in the first year of this plan.

Our Accelerated Sustainable Model will provide the vehicle for change. Early in Year 1 will see the completion of the Discovery phase of our change model with a rapid switch to the Design and the Delivery Phase.

Years 2 and 3 have been included as indicative and outline plans respectively.

Key to success will be building on the outcomes from year 1 with the Delivery phase of the Accelerated Sustainability Model being clearly visible.

Years 2 and 3 will see renewed focus on improvements in people's health and outcomes across their life span.

In summary. Whilst we look to the medium term to deliver the ambition of a Healthier Wales, in this planning round, particularly Year 1, our plan focusses on improving:-

- **Workforce** – retaining and developing a sustainable workforce.
- **Access** – improving access and service response times to healthcare for both urgent and non-urgent need.

- **Flow** – ensuring plans are in place to improve urgent care and onward community flows. Reduce delays across the whole pathways, work with regional and system partners to improve community infrastructure to facilitate the change required.
- **Finance** – reducing our expenditure run rate, seeking best value and a return to financial balance in an extended recovery period of 3 to 5 years.

The plan is not without risk and does see the organisation remain in deficit across the 3-year planning period.

We have reviewed the requirements of the NHS Planning Framework and changes to legislative requirements and have incorporated these where appropriate.

Noting the challenges the health board and the wider NHS is facing, we believe this plan is deliverable and our 'best offer' within the overall resources available within our provider and commissioning portfolio's.

We look forward to working with the newly formed NHS Executive Function.

Ministerial Measures 2023/24 – Delivery Confidence Assessment

The table overleaf includes a performance delivery assessment against the 16 Ministerial Measures for 2023/24.

The assessment has been constructed with reference to underlying performance, current performance and likely delivery during 2023/24 in the context of the overall challenges the NHS faces.

Where the Ministerial Measure indicator spans across our own provider services and those commissioned, forecast delivery has been included for both.

On the 21st April, Health Boards have been asked to submit detailed activity and performance forecasts for a number of the Ministerial Measures. Upon receipt of the commissioned performance forecasts, a revised delivery assessment will be constructed.

The full set of 16 'Ministerial Templates' setting out delivery plans against each of the Minister for Health and Social Care's priority areas is included in the Appendix to this Plan.

Ministerial Templates – Overview

| Ministerial Priority - Delivery Confidence Assessment As At March 23 (Prior to detailed performance forecasts from commissioned providers) | | | | | Health board delivered services (provider) | | Commissioned Services (Wales & Eng) | |
|--|--|----------|--|---|--|-------------------------------------|-------------------------------------|-------------------------------------|
| | | | | | March 2023 outturn position | March 2024 forecast | March 2023 forecast | March 2024 forecast |
| Reference | Domain | Type | Priority and linked measures | National Target | Delivery Confidence Low/Medium/High | Delivery Confidence Low/Medium/High | Delivery Confidence Low/Medium/High | Delivery Confidence Low/Medium/High |
| 1 | Delayed transfers of care | Priority | Regular monthly reporting of 'Pathways of Care' (DIOC) to be introduced for 2023-24 and reduction in backlog of delayed transfers through early joint discharge planning and coordination | | Low | Low | Low | Low |
| 2 | Primary care access to services | Priority | Improved access to GP and Community Services | | Medium | Medium | N/A | N/A |
| 3 | | Priority | Increased access to dental services | | Medium | Medium | N/A | N/A |
| 4 | | Priority | Improved use of community pharmacy | | Medium | Medium | N/A | N/A |
| 5 | | Priority | Improved use of optometry services | | Medium | Medium | N/A | N/A |
| 6 | Urgent & Emergency care | Priority | Implementation of a 24/7 urgent care service, accessible via NHS 111 Wales to support improved access and GMS sustainability | | Low | Medium | Medium | Medium |
| 7 | | Priority | Implementation of Same Day Emergency Care services that complies with the following: | | Low | Medium | Medium | High |
| | | Measure | Number of patients who spend 12 hours or more in all major and minor emergency care facilities from arrival until admission, transfer or discharge | Improvement trajectory towards a national target of zero by March 2024 | High | High | Low | Low |
| 8 | | Priority | Health boards must honour commitments that have been made to reduce handover waits | | High | High | Low | Medium |
| | | Measure | Number of ambulance patient handovers over 1 hour | Improvement trajectory towards a national target of zero by March 2024 | High | High | Low | Medium |
| 9 | Planned Care, Recovery, Diagnostics and Pathways of Care | Priority | 52 weeks Outpatient Assessment and 104 weeks treatment recovery milestones to be achieved by 30 June 2023 and maintained throughout 2023/24 moving to 36 weeks RTT standards by March 2024 | | N/A | High | N/A | Low |
| | | Measure | Number of patients waiting more than 52 weeks for a new outpatient appointment | Improvement trajectory towards a national target of zero by June 2023 | Medium | Low | Low | Medium |
| | | Measure | Number of patients waiting more than 36 weeks for a new outpatient appointment | Improvement trajectory towards a national target of zero by March 2024 | Low | Medium | Low | Low |
| | | Measure | Number of patients waiting more than 104 weeks for referral to treatment | Improvement trajectory towards a national target of zero by June 2023 | High | High | Low | Low |
| | | Measure | Number of patients waiting more than 52 weeks for referral to treatment | Improvement trajectory towards a national target of zero by March 2025 | Medium | Medium | Low | Medium |
| 10 | | Priority | Address the capacity gaps within specific specialities to prevent further growth in waiting list volumes and set Foundation for delivery of targets by March 2025 | | N/A | High | N/A | Medium |
| 10 | | Measure | Number of patients waiting over 14 weeks for a specified therapy | Improvement trajectory towards a national target of zero by March 2024 | Low | Medium | N/A | N/A |
| 10 | | Measure | Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100% | Improvement trajectory towards a national target of reduction by March 2024 | Low | High | Low | Low |
| 11 | | Priority | Implement regional diagnostic hubs, to reduce secondary care waiting times and meet waiting time ambition in spring 2024 | | N/A | Medium | N/A | Medium |
| | | Measure | Number of patients waiting over 8 weeks for a specified diagnostic | Improvement trajectory towards a national target of zero by March 2024 | Low | Medium | Low | Low |
| 12 | Cancer recovery | Priority | Implement pathway redesign - adopting 'straight to test model' and onward referral as necessary | | N/A | High | N/A | Medium |
| 13 | | Priority | Reduction in backlog of patients waiting over 62 days to enable delivery of 75% of patients starting their first definitive cancer treatment 62 days from point of suspicion. | | N/A | N/A | Low | Low |
| | | Measure | Number of patients waiting more than 62 days for their first definitive cancer treatment from point of suspicion (regardless of the referral route) | Improvement trajectory towards a national target of reduction by March 2024 | N/A | N/A | Low | Low |
| | | Measure | Percentage of patients starting their first definitive treatment within 62 days from point of suspicion (regardless of the referral route) | Improvement trajectory towards a national target of 80% by March 2026 | N/A | N/A | Low | Low |
| 14 | | Priority | Implement the agreed national cancer pathways within the national target - demonstrating annual improvement toward achieving target by March 2026 | | N/A | High | Low | Medium |
| 15 | Mental health and CAMHS | Priority | Recover waiting time performance to performance framework standards for all age LPMHSS assessment and intervention and Specialist CAMHS. | | Medium | Medium | N/A | N/A |
| 16 | | Priority | Implement 111 press 2 on a 24/7 basis for urgent mental health issue | | High | High | N/A | N/A |

Powys Outcomes

These were developed as part of the Health and Care Strategy as **'I' Statements** which are important in setting out a long-term vision of what will change, from the perspective of the service user, carer or resident in Powys:

Focus on Well-being

- I am responsible for my own health and well-being
- I am able to lead a fulfilled life
- I am able and supported to make healthy lifestyle choices about my mental and physical health, and well-being, for myself and my family
- I have life opportunities wherever I am and wherever I live in Powys
- My environment/community supports me to be connected and maintain health and well-being
- As a carer I am able to live a fulfilled life and feel supported

Provide Early Help and Support

- I can easily access information, advice & assistance to remain active & independent
- As a child and young person, I have the opportunity to experience the best start in life
- I have easy access, advice and support to help me live well with my chronic condition

Tackle the Big Four

- I have easy access to support, information and early diagnosis
- I have early intervention and appropriate treatment
- My treatment and support is high quality, evidence based and timely as locally as possible

Ensure Joined up Care

- I have timely access to equitable services as locally as possible
- I am treated as an individual with dignity and respect
- My care and support are focused around what matters most to me
- I receive continuity of care which is safe and meets my needs
- I am safe and supported to live a fulfilled life
- I receive end of life care that respects what is important to me

Develop Workforce Futures

- Those who I need to support me are able to make decisions and respond because they are well informed and qualified; if they can't help me directly they know who can
- As a carer, I and those who I care for are part of 'the team'

- I can access education, training and development opportunities in Powys that allow me to secure and develop my skills and opportunities
- I am enabled to provide services digitally where appropriate
- I am engaged and satisfied with my work

Promote Innovative Environments

- I am part of a thriving community which has a range of opportunities for health and social care, social events and access to advice and guidance services to support my well-being
- I have access to a Rural Regional Centre providing one stop health and care shops – diagnostic, advice and guidance, day treatments, etc. which reduces unnecessary out of county travel
- I am encouraged and supported to use the great outdoors to support my well-being and care
- I am able to have my home adapted to help me to live independently and make me feel safe
- I have care in a fit for purpose environment that enhances my experience

Digital First

- I am able to find and do what I need online, such as make or change appointments, pay my bills, self-assess or reach a doctor or consultant without having to travel
- I am helped to use technology and gain access to resources to allow me to be digitally independent

Transforming in Partnership

- As a Powys resident I 'tell my story' once and I am confident that those looking after me are working together in my best interest
- The services I receive are coordinated and seamless
- I am able to access buildings and resources shared for multiple purposes, by multiple organisations
- My community is able to do more to support health and well-being

Useful Links

Powys and Mid Wales

| | |
|---|---|
| Powys Teaching Health Board | https://pthb.nhs.wales/ |
| Powys Regional Partnership Board | https://www.powysrpb.org/ |
| Powys Public Services Board Well-being Plan | https://en.powys.gov.uk/article/5789/Towards-2040--the-Powys-Well-being-Plan |
| Powys Wellbeing Assessment | https://en.powys.gov.uk/article/5794/Full-Well-being-assessment-analysis |
| Powys Population Needs Assessment | https://www.powysrpb.org/_files/ugd/33b29e_dfc4dcc31ac34f0cb5ac57fc8693438e.pdf |
| Powys Wellbeing Bank | https://en.powys.gov.uk/article/5800/Wellbeing-Information-Bank |
| Powys Community Health Council (CHC) | https://powyschc.nhs.wales/ |
| Powys County Council | http://www.powys.gov.uk/ |
| Powys Association of Voluntary Organisations (PAVO) | http://www.pavo.org.uk/home.html |
| Mid Wales Joint Committee | https://mwjc.nhs.wales/ |

All Wales

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|---|---|
| Rural Health and Care Wales | https://ruralhealthandcare.wales |
| Welsh Ambulance Services NHS Trust | https://ambulance.nhs.wales/ |
| Welsh Health Specialised Services Committee | http://www.whssc.wales.nhs.uk/home |
| Emergency Ambulance Services Committee | https://easc.nhs.wales/ |
| Welsh Government | https://gov.wales/ |
| Health Education and Improvement Wales | https://heiw.nhs.wales/ |
| Public Health Wales | https://phw.nhs.wales/ |
| Digital Health and Care Wales | https://dhcw.nhs.wales/ |
| NHS Wales Shared Services Partnership (NWSSP) | https://nwssp.nhs.wales/ |

England

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|---------------------------|---|
| NHS England / Improvement | https://www.england.nhs.uk/ |
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