

ANNUAL PLAN 2025 - 2026

Year Two of Five Year Integrated Plan 2024 - 2029

## Foreword

We are pleased to present this Annual Plan 2025/26 for Powys Teaching Health Board (PTHB), building on the progress of delivering the health board's previous five-year Integrated Plan for 2024-29. Under the strong, stable leadership of the Board, during 2024/25, the health board has delivered good quality and performance in our directly-provided services. Through our expert teams the board has started to modernise our service models with the agreement of temporary changes to the Ready to Go Home Units and Minor Injuries Services, which will be evaluated and formally considered by the Board in 2025/26.

Internally, the health board has tightened financial grip and control and implemented urgent actions to ensure that the challenging financial deficit was managed and minimised. As a result, and with some Welsh Government support, the health board has delivered its financial plan, but the organisation has further to go to fully achieve sustainability and the severe financial challenges remain. As a result, PTHB was escalated to level 4 of the Welsh Government's Escalation Framework in late 2024 for strategy, planning and finance, and is unable to put forward a Plan that meets the statutory break-even duty within 2025/26.

The Board has had clear oversight and direction of the development of this Plan and it sets out work of the health board to create 'A Healthy, Caring Powys', the shared long-term health and care strategy for the County up to 2027. It responds to the NHS Wales Planning Framework 2025-28, covering the health board's whole range of responsibilities for healthcare for the people of Powys, both as a provider and a commissioner of services. However, due to the board's escalation status, a set of 'critical actions' has been agreed to focus on maintaining grip and control, addressing the known drivers of our financial deficit, and effectively prioritising our resources to address them.

Due to these challenges this Plan has the themes of Risk, Recovery and Sustainability; with the Risk theme ensuring that the board continues to deliver safe, timely, effective, efficient, equitable and person-centred care that meets the needs of the population of Powys. The drivers of the financial deficit are addressed through the Recovery theme, with key choices and options included in the Plan to improve the financial position.

The longer-term programme of work to change our service models to enable the board to become sustainable in the longer term, in line with agreed Strategy, is also important.

During 2024/25 the Better Together portfolio has been established and will support change and improvement across a number of key areas of the delivery plan.

Building on our extensive engagement work to date, the timeline to develop the exciting future vision for sustainable Community and Frailty and Mental Health and Learning Disabilities Models, in collaboration with our communities, is also set out in this Plan.

The Board look forward to leading this work in the Summer and Autumn of 2025, and the new models will inform the development and delivery of our Plans for 2026/27 and beyond.



A handwritten signature in black ink that reads "Carl Cooper".

Dr Carl Cooper,  
Chair



A handwritten signature in black ink that reads "Hayley Thomas".

Hayley Thomas,  
Chief Executive  
Officer

Contents:	Page
Foreword from Chief Executive and Chair	2
Introduction	5
Strategic Framework	6
Strategic Risk	10
Better Together	11
Duty of Quality	13
Journey of Engagement	14
Planning Baseline and Assumptions	15
Achievements and Progress	16
Critical Actions in response to Baseline Assessment	19
Plan on a Page	21
Focus on Well-being	22
Early Help and Support	28
Tackling the Big Four	41
Joined Up Care	47
Workforce Futures	60
Digital First	69
Innovative Environments	75
Transforming In Partnership	80
Financial Position	88
Conclusion	93
Performance Trajectories	94
Appendices	96

## Introduction

'A Healthy, Caring Powys' is the shared vision in the long term Health and Care Strategy for the County 2017 – 2027. This aligns strongly with the recently refreshed vision and goals for 'A Healthier Wales'.

An ambitious five year plan for the period 2024 – 2029 was developed and agreed by Powys Teaching Health Board last year. This set out the work in the short, medium and longer term, to deliver against the long term strategy.

This Annual Plan therefore starts in Year Two of the five year plan, spanning April 2025 to March 2026. It is themed around Risk, Recovery and Sustainability, and accelerates action on immediate challenges and a sustainable model of care. This is in recognition of a challenging financial position and the associated escalation of PTHB's intervention status to 'Level 4' for strategy, planning and finance (formerly Targeted Intervention) by Welsh Government.

This plan also responds to the requirements in the NHS Wales Planning Framework and the areas of focus set out as Strategic Priorities by the Cabinet Secretary for Health and Social Care. The flexibility noted in this year's framework is welcomed and will be drawn upon this year and going forward, as we develop and engage on 'Better Together' which will set out a Routemap to Sustainability for health and care in the Powys region.

The emphasis on collaboration is also welcome, given the strong partnerships locally, including the Regional Partnership Board and the Mid Wales Joint Committee for Health and Social Care.

The plan sets out an approach that is firm in detail in 2025/26, ensuring the grip and control that will be needed to respond to immediate pressures on healthcare and associated finances. There is also some agility in the plan, to test and co-produce future solutions, learning and seizing opportunities as they arise. Some important and potentially difficult decisions lie ahead, to move from health services designed in the past, to those fit for the population now and in the future.

This plan sets out the steps we will take as part of the Better Together Portfolio to engage with communities and stakeholders to shape and deliver the future vision of 'A Healthy Caring Powys'.



# Strategic Context

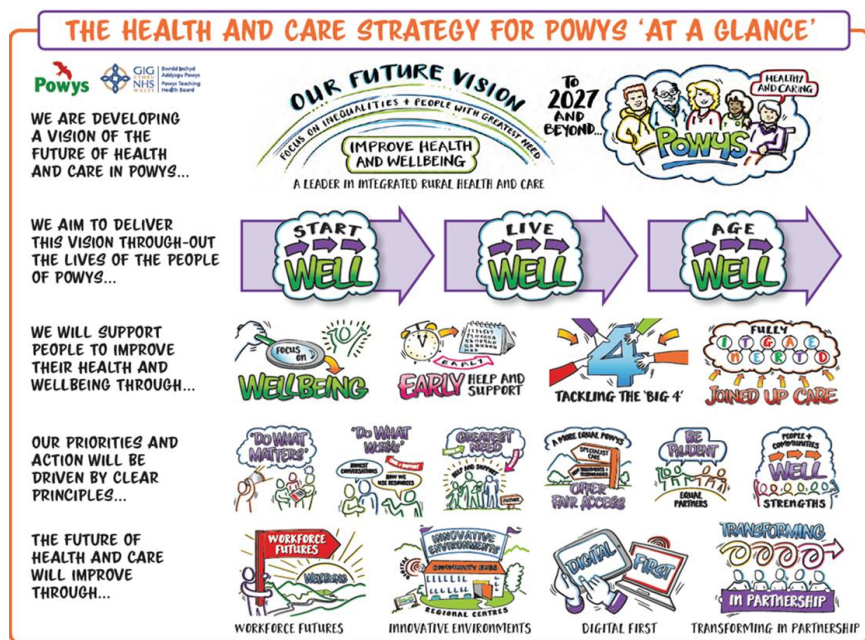
## Strategic Framework

All partners have recommitted to “A Healthy Caring Powys”, the long term shared Health and Care Strategy and basis for the refreshed Powys Area Plan. This is overseen by the Regional Partnership Board, which also acts as the Pan Cluster Planning Group. The strategy spans 2017 – 2027, it will be refreshed it with partners in 2026.

The ‘Better Together’ Portfolio in the health board delivers against this long term strategy (further detail is provided to follow).

There is strong alignment with the recently refreshed national goal of ‘A Healthier Wales’ and the drivers for healthcare to respond to changing population need and demand, set out in the ‘NHS in 10+ Years’ report published by Welsh Government in 2023 (known as the Orford Report).

A similar refresh of the [Powys Wellbeing Plan](#) has been led by the Public Services Board, all parties agreed longer term objectives and steps for wellbeing in the County. This incorporates local steps consistent with the ‘sustainable development’ principle in the Future Generations Act and the [Five Ways of Working](#):



## Strategic Context

This Annual Plan is based on a comprehensive assessment of the Powys population, as set out in:

- The Powys Population Needs Assessment  
[www.powysrpb.org](http://www.powysrpb.org)
- The Powys Wellbeing Needs Assessment  
<https://en.powys.gov.uk/article/5794/Full-Well-being-assessment-analysis>
- The Better Together 'Case for Change' submitted alongside this Plan to Welsh Government

Life expectancy for men and women is higher in Powys than for Wales, and people live longer in good health than the rest of Wales and the UK. There is a strong sense of community and surveys 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.

However there are inequalities in groups and geographies. **28% of the population is over the age of 65.** This increases needs for health and care, including cancer, respiratory and circulatory conditions, frailty and dementia. **12% of the population are unpaid carers** and this will also increase over time. A high proportion of Powys residents live alone. However there is a strong sense of community and a vibrant community and voluntary sector providing networks of support.

Powys has **9 areas in the top 30% most deprived in Wales**, and this correlates with greater health needs, including for the most vulnerable. The average household income is lower in Powys compared to the rest of Wales and 4,088 families live in absolute poverty. A third of households are single occupants; predicted to rise by 4.2% over ten years.

**People are waiting for treatment and staying in hospital longer** than they should. Too many people are spending the last days of their lives in District General Hospitals rather than their own homes. The complexity of need is intensifying, across physical and mental health. Immediate pressures including delays in care, lead to high costs for poorer outcomes.

Demand for mental health services is **projected to increase by up to 33%** over the next 10 years.

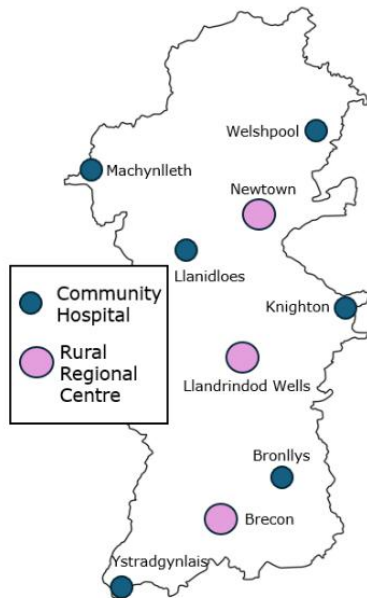
There has **been a 49% increase for Child and Adolescent Mental Health Services** over 4 years.

There has been **a 39% increase in outpatient appointments** between 2014 and 2024.

This means that looking longer term and taking an inter-generational and holistic view of healthcare is important, to build a sustainable approach for Powys.

The Plan also takes into account the current pattern of provided and commissioned services including the locations and associated estates factors. These are summarised to follow.

## Strategic Context



The health board directly provides services across a wide range of sites in the county which includes nine community hospital sites.

Three are designated as Rural Regional Centres. Breconshire War Memorial Hospital and Llandrindod Wells County Memorial Hospital both provide a range of enhanced services such as day surgery.

The North Powys Wellbeing Programme aims to expand future services in Newtown through a new campus and Regional Rural Centre.

In addition to these hospital sites, PTHB services are provided in a range of community clinics and centres and facilities such as GP practices, pharmacies, dental surgeries and optometrists in towns across Powys.

Many of the buildings pre-date the establishment of the NHS in 1948. PTHB has the oldest built estate of all health boards in Wales. Over a third (36%) of the buildings were built before 1948, compared with the Wales average of 12%. Only 8% of the buildings have been built since 2005, (compared with the Wales average of 23%).

Based on a condition survey undertaken in 2017, the total cost of repairs to bring the estate into a 'satisfactory condition' was around £70 million. Whilst there has been investment to improve the patient and staff environment and to reduce backlog maintenance on some sites, there remain significant challenges to bring the overall estate to modern standards.

Additionally, digital infrastructure on these sites, and more widely across the county in people's homes can affect the ability to support virtual appointments, to share patient information across primary and secondary care, and to access high quality information and advice for self-care.

Whilst the pandemic was a period of significant challenge for society and for the NHS, it did stimulate digital developments, which are significant, alongside other technological developments such as Artificial Intelligence. These are reflected in the Digital Strategic Framework set out later in this plan.

Similarly, there are challenges and opportunities for the workforce across health and care including the community and voluntary sector. There are shortages leading to reliance on agency staffing, which is higher in PTHB than the Wales average due to the sparse, rural geography, older age profile and outward migration of the younger workforce. It accounts for 9.5% of the total pay budget compared with the Wales average of 2.8%.

## Strategic Context

More positively, there is a passionate and committed workforce who deliver high standards of care in the rural context. There have been important steps forward strengthening the nursing, midwifery and allied health professional workforce. This includes the Aspiring Nurse programme, overseas recruitment and 'grow our own workforce' initiative. The Workforce Futures section later in this Plan both responds to the challenges and reflects the opportunities to transform.

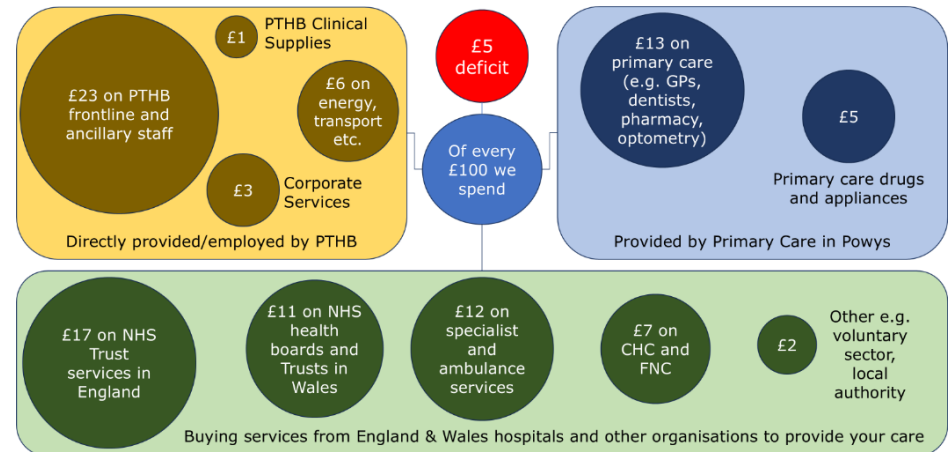
The geographical spread and the rural nature of Powys means it has a unique pattern of directly provided and commissioned services, with District General Hospital and specialised services purchased for Powys residents from neighbouring providers in Wales and NHS Trusts in England.

This creates a complex and intricate network of services and 'pathways' of care, for all ages and genders, across physical and mental health and all population groups and characteristics. Some elements are provided locally where it is safe and viable to do so, such as outpatient clinics, some diagnostics and some day surgery. This is often provided by 'in-reach' from neighbouring providers who themselves are experiencing challenges that can make sustaining these arrangements more difficult.

PTHB receives funding of over £400 million per year. The infographic shows how the funding is spent on different services. Currently, for every £100 there is an overspend by around £5.

### How we spend the money we receive

Each year we spend around £440m to provide and commission health and healthcare for the people of Powys.



Given the increasing demand and complexity, PTHB, like many other Health Boards, is facing increased financial pressure and a financial deficit. This Plan must therefore respond to the urgent need for a more sustainable model of delivery within the resources available.

*Progress is being made via the **Better Together** Portfolio, building on the North Powys Wellbeing Programme and Accelerated Sustainable Model work, as described in the Five Year Plan.*

## Strategic Context

### Strategic Risks

The Health Board is committed to the principles of good governance and recognises the importance of effective risk management as a fundamental element of the Health Board's governance framework and system of internal controls.

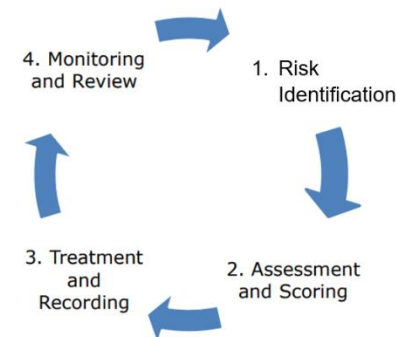
The Board is committed to having a risk management culture that underpins and supports the business of the Health Board; providing and securing high quality care in a safe environment, that is compliant with legal and regulatory requirements; meeting objectives; and, promoting its values.

The Risk Management Framework sets out the Health Board's vision for managing risk. Through the management of risk, the Health Board seeks to minimise, although not necessarily eliminate, threats, and maximise opportunities. Risks throughout the organisation will be managed within the Board's risk appetite, or where this is exceeded, action will be taken to reduce the risk. The risk management framework is available here - [pthb.nhs.wales/about-us/the-board/1/risk-management-framework/](https://pthb.nhs.wales/about-us/the-board/1/risk-management-framework/). The Board is due to consider a revised Risk Management Framework at its meeting in March 2025.

The Board reviewed and approved its revised risk appetite statement in May 2024, the statement is available here - [PTHB Risk Appetite Statement May24](#).

The Board operates a risk register which identifies those risks that represent a threat to achieving the Health Board's strategic objectives, a copy of the risk register is available here - [CORPORATE Risk Dashboard Jan 2025](#).

The Board has adopted a structured approach to risk management, whereby risks are identified, assessed and controlled, and if appropriate, escalated or de-escalated through the governance mechanisms of the organisation. The process is defined in four key steps:



The aim of the Better Together Portfolio is to improve quality and outcomes for the population by ensuring future models of care and configuration of services deliver viable and economically sustainable services that meet the needs of rural Powys.

A 'Value Based Healthcare' approach underpins this work, to assess and develop future patterns of service delivery and commissioning. Alongside the longer-term planning, there is a focus on development and delivery of short and medium term opportunities which support recovery, improve quality and make best use of resources. Key to this will be:

- Meeting the needs of Powys over the next 10 to 25 years, to support people to stay well
- Responding to changes in illnesses and treatments, including finding the right ways to focus more resources on prevention
- Planning workforce supply and reducing reliance on agency staff
- Dealing with the issues with the health board estate, to support future service requirements
- Achieving this in a way that recognises the legal Duty of Quality
- Developing future options the country can afford
- Building on the learning and talent in Powys

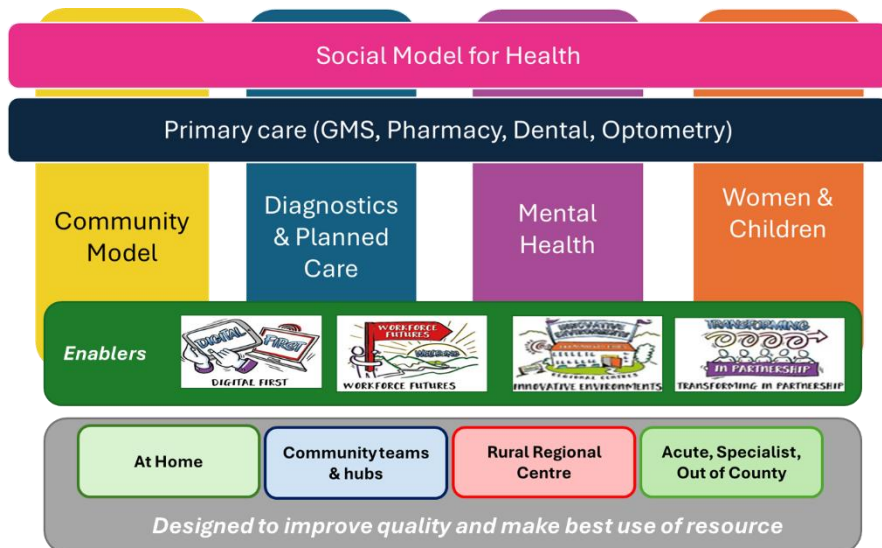
Better Together will harness the skills and talents of the people of Powys, by making best use of the resources and assets in the NHS and across local organisations and communities, and by responding to the challenges and the opportunities, to improve quality and outcomes. This includes a commitment to working with patients, communities, NHS staff, and partner organisations.

There are excellent foundations to build on – including the ambitions and principles set out in the Health and Care Strategy, this is a journey that will take several months to design, and may take several years to fully deliver. The first part of this journey is a shared understanding of the problems to solve, and why “no change” is not an option.

A Case for Change has been drafted and is being used to test the understanding of the 'issues' and 'potential emerging solutions' with staff, Primary Care and key health and care partnerships (Regional Partnership Board, Powys County Council and Powys Association of Voluntary Organisations). This will be shared with wider stakeholders including patients, communities, political representatives and partner organisations during late Spring 2025.



The Better Together Portfolio design approach has been established as below to support this:



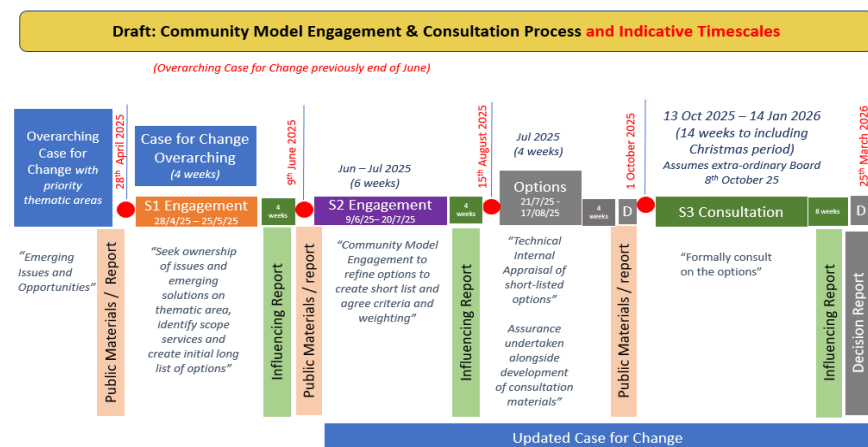
This will be managed via the Better Together Portfolio Board, established to ensure oversight and delivery across the organisation on Improvement & Transformation. There is a focus on impact and benefits, to enable delivery of the route map to sustainability in line with the Powys Health & Care Strategy (see appendix).

The key deliverables within the portfolio are cross-referenced throughout the Delivery Plan.

The Portfolio Board reports to the Executive Committee with reporting arrangements including Programme Boards in place with designated Executive Director Lead and Senior Responsible Officer.

Workstreams are in place to support the Portfolio which include the Clinical Reference Group, Enabling Group; Commissioning for Value; Organisational Development, Communications & Engagement and Value Based Health Care Steering Group.

The delivery of Better Together will be phased with the Community Model and key interdependencies being first. The timeline for development of the Community Model is detailed below:



## Duty of Quality



Quality is the 'golden thread' that runs through planning and delivery within the health board. Central to this are the six domains of Safe, Timely, Effective, Efficient, Equitable, Person-centred care standards, with the enablers of Information, Learning, Improvement and Research, Leadership, Workforce and Culture.

There is a whole systems approach and during 2024/25 the focus has been on a total quality management system, ensuring that Quality Planning, Quality Control and Quality Improvement are fundamental. This has included maturing the Integrated Quality and Performance Framework to include a clearly articulated internal escalation framework to support quality control mechanisms. Having a mechanism for internal escalation has enabled the delivery of improvements for services in local escalation.

Between January and October 2024 this was applied within mental health services, with robust Executive oversight, within a culture of psychological safety that promotes and enables learning and improvement. It is now being applied to Neurodevelopment services for children and young people. This is reflected as a critical action in this plan.

The Incident Management Framework is in place to support a responsive and transparent approach to the management of patient safety and Nationally Reportable Incidents. There have been demonstrable improvements in timely management through routine reporting and commitment to a learning culture.

Similarly, the approach to learning and improvement has enabled the conclusion of 46 of the 48 actions in the PTHB Infection Prevention and Control Improvement Plan. This includes the Antimicrobial Stewardship Pharmacist appointment, to progress the reduction of Healthcare Acquired infections.

External reviews also inform improvements, including those made for Safeguarding, following the outcome of the Joint Inspection of Child Protection Arrangements inspection.

# Strategic Context

PTHB is a listening organisation, aiming to respond positively to any concerns that are raised. In 2024/25 to date over 80% of formal concerns were responded to in 30 working days, putting timely responses at the heart of engagement with patients and families.

## Journey of Engagement

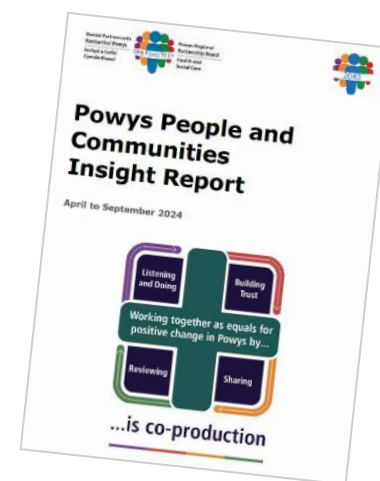
Central to the Duty of Quality is listening and engaging with people and communities who use services. The health board has had an ongoing conversation with communities and stakeholders over ten years, to inform the long term strategy,

### A Healthy Caring Powys:

- Extensive engagement on the North Powys Wellbeing Programme, including agreement of an Integrated Model of Care and Wellbeing in 2021
- Engagement on service developments such as Dementia Home Treatment and recent temporary changes to minor injuries and inpatient care
- Engagement with localities in Powys to shape the 'Better Together' Portfolio, including participation at sessions organised by Powys County Council on their thinking for a 'Sustainable Powys'
- Continuous feedback is also gathered across Regional Partnership Board and Public Service Board partners, Llais and others, to inform insights

There is significant further engagement planned to shape the delivery and commissioning of services through the **Better Together** Portfolio.

Further work is also planned in 2025/26 to strengthen the patient and citizen voice, including alignment with the National People's Experience Framework. This will support existing partnership working with Llais and third sector organisations, enriching the continuous feedback that enables person centred health and care.



## Engagement 2024 - Key Themes

### Bevan Commission

1. Prevention, Early Intervention and Lifestyle
2. Shared Responsibility
3. Wider Determinants of Health
4. Communication
5. Services and Support
6. Workforce
7. Demographic

#### Background:

In autumn 2023, the Bevan Commission hosted a series of conversations – one in each Health Board area – to discuss the challenges facing the Welsh health and social care sector.

Seventeen people attended the Powys event in Brecon on 3 October 2023, and around 100 Powys residents completed an online survey.

Analysis of the key factors affecting the health and wellbeing of people and communities across the Powys locality were listed under seven themes.

### Better Together

1. Access to services/Coordination of care
2. Communication/ Education/Information
3. Current/Future Services
4. Data/Evidence/ Research
5. Mental Health
6. Our ageing population
7. Relationships/ Partnerships
8. The prevention agenda
9. The role our communities play in supporting health and well-being
10. Workforce
11. Travel and transport in our rural county

### Temporary Service Change

1. Travel and transport in our rural county
2. Communication/ Education/Information
3. Workforce
4. Access to services/coordination of care
5. Current/Future services (downgrading)
6. Workforce
7. Mental health (impact of changes on patients)
8. Civic pride in local community hospitals
9. Equality and wellbeing impacts
10. Engagement and Listening

### Wider Issues (TSC survey)

1. Travel and transport in our rural county
2. Access to services/coordination of care
3. Our ageing population
4. The prevention agenda
5. Workforce
6. Relationships/ Partnerships
7. Communications/ Education/Information
8. Engagement and Listening
9. The Bigger Picture
10. Care Closer to home
11. Collaboration
12. Equity of Care for all

### Llais Local Engagement

1. Access to services/ coordination of care
2. Travel and transport in our rural county
3. Communication/ Information/Education
4. Mental Health
5. Primary care
6. Current/Future services
7. Our Ageing Population
8. Civic pride in our local community hospitals
9. Praise for PTHB
10. The Bigger Picture

- Llais Powys has 3 Priorities**
- Care and support closer to home
  - Getting good care wherever you live in Powys
  - Supporting carers

Llais Powys Region has launched a programme of locality-based engagement across the county, visiting each of the 13 Powys localities in turn to gather insights from citizens' experience of health and care.

### PAVO Locality Networks

- Transport to health & social opportunities
- Access to Primary health services
- Access to Dental Opportunities
- Social Isolation & Loneliness
- Financial concerns for individuals
- Changes to benefits for the elderly
- Access to appropriate housing
- Cross Border health access
- Financial concerns for 3rd sector due to lack of access to core funding and increase in NI contributions
- Lack of volunteers available

PAVO hosts 13 locality networks capturing views from the voluntary sector. They seek views on gaps which feed into the Social Value Forum and funding.

### Planning Baseline and Assumptions

The Five Year Plan agreed last year set out a number of baseline assumptions. These have been subject to robust monitoring and further appraisal for the purpose of development of this Annual Plan. Notable areas of consideration are summarised below and the detailed outputs are set out in the Technical appendices: 'Minimum Data Set' (MDS) and Ministerial Templates.

An important component of the health board's grip and control is the well-established performance management regime, which has received substantial assurance in the most recent Internal Audit.

The tracking of progress against the plan, together with key measures of performance and quality are particularly relevant in the context of the Health Board's escalation status of 'targeted intervention' for strategy, finance and planning. The health board is not in escalation for any areas of performance or quality.

Improvements have been made continuously to the monitoring and reporting mechanisms to enable sufficiently detailed yet concise reporting for management information and for Committee and Board scrutiny and assurance purposes.

These mechanisms are also important in relation to external assurances and dialogue with Welsh Government, ensuring all options to accelerate improvement are considered both internally and with NHS Wales and NHS England partners.

### Financial Position and Plan

This is central to addressing the fundamental challenge facing the health board, in relation to its financial position and deficit.

This is a critical driver for this plan, recognising the urgency and importance of driving forward actions that will materially impact on risk, recovery and long term sustainability.

Therefore, for the first time, in this plan, a set of 'Critical Actions' have been identified and are clearly threaded throughout (these are set out at the end of this section of the Plan).

These reflect opportunities in the medium to longer term, to mitigate growth and cost through transformation, applying high impact, evidence based approaches to build sustainability.

They also reflect short term action in the period of this plan, to ensure efficiency and productivity and to maintain grip and control.

A summary of the Financial Plan is provided at the end of this Plan and the detail is set out in the MDS.

### Achievements and Progress

In relation to Progress against the current plan, each of the 27 Strategic Priorities are reviewed quarterly and the position at the time of publication of this Plan (up to the end of Quarter 3 of 2024/25) shows a good level of delivery across each of the areas (the full detail at [Board Meetings - Powys Teaching Health Board](#)).

Some highlights include:

- Enhanced coordination for those in Powys who are most frail, or at risk of frailty. There has been an enhanced focus on the end of life, with improved end-of-life care planning and streamlined clinical pathways for example those for the management of Cellulitis and Urinary Tract Infections.
- Referral management for those with musculoskeletal conditions, enhancing patient care and service efficiency. This initiative is implementing evidence and value-based interventions including clinical review and triage, specialised leadership for Orthopaedics, and the joint appointment of an Orthopaedic Consultant for Upper Limb services.
- Major investment in modernising diagnostic services and enhancing patient care, through the X-Ray replacement programme. Welshpool, Llandrindod Wells and Ystradgynlais have successfully re-opened with state-of-the-art equipment.
- Successful implementation of the Single Point of Access for Mental Health as part of '111 Press 2'. This marks a major achievement in improving access to care and is a transformative step in enhancing mental health support and access.
- The Children and Adolescent Mental Health Services Crisis Hub is now fully operational, providing a dedicated, purpose-built sanctuary for children and young people experiencing mental health distress. The alignment of Rapid Response and Outreach with Crisis Response has also improved out-of-hours support.
- Powys is the first region in Wales to establish a pathway integrating a jointly operated Integrated Autism Service (IAS) alongside a newly developed Attention Deficit Hyperactivity Disorder (ADHD) service. Further work is also in train to address long waits in neurodevelopment services following a comprehensive appraisal of the challenges and opportunities.
- The successful Phase 1 implementation of Powys 'DigiFLO' is a major advancement in digital patient flow management across Powys community hospitals.
- A focus on delays in pathways of care has seen a 13% decrease in the last quarter, reflecting improvements in tracking and co-ordinating responses to patient flow.

## Baseline Assessment

- The Dental Access Portal (piloted in Powys) has now been rolled out across Wales. It provides a central platform for Health Board's to allocate places for routine dental treatment. The new portal reduces the need for patients to call dental practices seeking an NHS dentist.

In relation to Performance against key measures, overall performance is improving in line with national goals as a provider, and the health board is not in escalation for any areas of performance. Highlights at the time of publication are below (the full detail at [Board Meetings - Powys Teaching Health Board](#)).

### Planned Care and Cancer:

- There is good compliance with Referral to treatment (RTT) performance in PTHB provided services with zero waiting longer than 104 weeks for treatment and zero waiting longer than 52 weeks for outpatients. There was an increase in waits over 52 weeks for treatment (19 in December compared to 14 in November).
- Diagnostic wait breaches in PTHB services slightly increased in December and some challenges remain with in-reach capacity and complex diagnostic delays (Ophthalmology, Ear, Nose and Throat, and Orthopaedics).

- Long waits remain a challenge across commissioned planned care provision. There is progress on recovering access however demand and total waiting lists in Wales are growing.
- The acceleration of elective recovery in NHS England is driving forward a faster pace of activity, with increased capacity and an associated increased cost for the commissioners.
- Therapy wait times for PTHB services remain strong, 99.6% of under-18s seen within 14 weeks and no adult breaches.
- Cancer pathway performance for outpatients and diagnostics in PTHB services remains strong. Insourced capacity continues to support urgent and cancer pathways.
- Performance against the 62-day target for cancer treatment remains poor in both English and Welsh services due to diagnostic delays, outpatient issues, and limited treatment capacity. Wye Valley NHS Trust (WVT) is however consistently improving, above the All-England average.

### Mental Health:

- Compliance achieved for assessments, interventions, and Care and Treatment Plans for those aged under 18 years.

## Baseline Assessment

- Adult assessments and interventions have improved, with recruitment of key posts expected to further boost performance.
- Improvement is expected in relation to the decline seen in year in relation to compliance with Care and Treatment Plans, as this was due to temporary staffing shortfalls which have been addressed.
- Similarly targeted work with Community Mental Health Teams is expected to deliver sustainable improvements.
- Psychological therapy waiting times worsened in 2024 due to the impact of delays in recruitment but actions are in place to improve this with positive impact to be seen during the period of the Annual Plan 2025/26.
- As noted earlier, there are challenges in the performance of neurodiversity services for children and young people and an improvement plan is in place. Procurement has commenced for additional capacity to further improve performance.

### Emergency Care:

- Powys Minor Injuries Units (MIU) services performed very well, meeting the 4-hour target (100% compliance) and reporting median waits of 5 minutes for triage and 5 minutes for senior clinician assessment.

- No commissioned service meets the national 4 or 12 hour targets for Accident and Emergency Care.
- Welsh Emergency Departments perform better for Powys residents than English ones, but delays, especially in ambulance handovers, remain significant.
- Welsh Ambulance Service (WAST) 8-minute response times to RED calls remain poor, reporting 45.2% in December.

The current and predicted quality and performance positions noted above have informed the trajectories in this Annual Plan (set out in summary at the conclusion of this Plan and in detail in the Minimum Dataset).

These form part of the overall core planning assumptions for 2025/26 alongside an appraisal of the associated financial, activity and workforce requirements.

The baseline assessment has enabled a clear line of sight between the key drivers, objectives and priorities for the Annual Plan. A set of **critical actions** were identified within this, as part of further prioritisation of those activities that will be of material importance in 2025/2026. The critical actions respond to immediate Risks, and ensure a focus on Recovery to address the underlying drivers of the financial position and move towards Sustainability.

# Critical Actions in response to Baseline Assessment

## 'Logic Map' showing the link between Key Drivers, Objectives, Priorities and Critical Actions

### Key Drivers

(aligned with escalation status and de-escalation criteria)

#### RISK

Addressing performance / quality / delivery/ corporate risk

#### RECOVERY

Addressing the drivers of the financial deficit, optimising efficiency and productivity

#### SUSTAINABILITY

Delivering 'A Healthy Caring Powys' (Health and Care Strategy) through the Better Together Programme



Wellbeing Objectives

1. Whole system Prevention across the life course

2. Health Protection Response including Vaccination

3. Women, Family & Children's health

CRITICAL ACTION:  
- Neurodevelopment Services for Children & Young People

4. Enhanced Primary & Community Care

CRITICAL ACTIONS:  
- Community Model  
- GP Out of Hours

5. Planned Care and Diagnostics

CRITICAL ACTIONS:  
- Performance & Delivery  
- Referral Optimisation

6. Complex & Continuing Healthcare

CRITICAL ACTION:  
- External support for further improvement to develop a new model

7. Major Conditions

CRITICAL ACTION:  
- High Value High Impact Pathways: Diabetes (2025/26)

8. Mental Health

CRITICAL ACTION:  
- Transformation Programme

9. Community Hospitals and Rural Regional Centres

CRITICAL ACTION:  
- Optimising inpatient pathways and bed use

10. System Resilience

CRITICAL ACTION:  
- Six Goals Plan – further development of Hub

11. Commissioning for Value

CRITICAL ACTION:  
- Strategic and Tactical Commissioning Framework

Strategic Priorities



CRITICAL ACTION:  
- Workforce Transformation



CRITICAL ACTIONS:  
- Cybersecurity  
- WCCIS Replacement



CRITICAL ACTION:  
- RPB Prioritisation for greatest system impact

Enablers

**Critical Actions** are those that are assessed to have greatest impact next year and are therefore material to delivery in 2025/26, these are key points of focus in the Delivery Plan in 2025 – 2026 (which follows overleaf)

# DELIVERY PLAN



"DO WHAT WORKS"



Quality is the golden thread across the whole plan, underpinned by the Quality Standards Of Safe, Timely, Effective, Efficient, Equitable and Person-Centred care (STEEEP)

- Strategic Priority 1: Whole system Prevention across the life course
- Strategic Priority 2: Health Protection Response including Vaccination
- Strategic Priority 3: Women, Family and Children's health

- Strategic Priority 4: Enhanced Primary & Community Care
- Strategic Priority 5: Planned Care and Diagnostics
- Strategic Priority 6: Complex and Continuing Healthcare

- Strategic Priority 7: Major Conditions
- Strategic Priority 8: Mental Health

- Strategic Priority 9: Community Hospital and Rural Regional Centres
- Strategic Priority 10: System Resilience
- Strategic Priority 11: Commissioning for Value



WORKFORCE FUTURES



INNOVATIVE ENVIRONMENTS



DIGITAL FIRST



TRANSFORMING IN PARTNERSHIP



## STRATEGIC PRIORITY 1: Whole System Prevention across the Life Course

'A Healthy Caring Powys' set out the intent for a shift to prevention, as the foundation for a Focus on Wellbeing, across the life course.

Population Health and Prevention is one of the Strategic Priorities set out by the Cabinet Secretary for Health and Social Care. There is a strong evidence base, including the 'Orford Report' which noted that prevention is often more cost effective than treatment. It is key to a sustainable approach to healthcare.

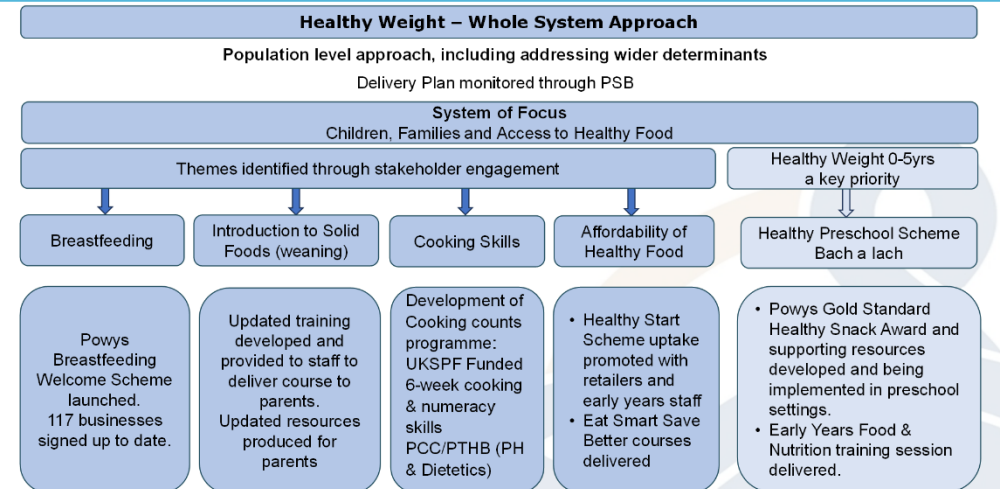
The health board has worked with the Public Services Board and the Regional Partnership Board, to develop a whole system plan, building an understanding of 'primary' prevention as the removal of the causes of poor health and inequalities, rather than the consequences.

Key to this is identifying the modifiable risk factors and tackling obesity will address other challenges such as diabetes. Prevention for diabetes will also impact other major conditions such as cancer, cardiac conditions, stroke, dementia and respiratory illness.

Key interventions include immunisation, being smoke free and physically active, having a healthy weight, controlled blood pressure, and not misusing alcohol and substances.

In 2025/26 further efforts will be undertaken to build a population health approach, based on the framework agreed at the Powys Regional Partnership Board, with a focus on obesity, but with broader potential application and adoption:

### Primary prevention - Population health and obesity



# Focus on Wellbeing

## Strategic Priority 1: Whole system Prevention across the life course Executive Director of Public Health

Will this contribute to (tick all that apply):	Risk	✓	Recovery		Sustainability	✓
--	------	---	----------	--	----------------	---

### KEY AREAS OF DELIVERY

Key Activities ('SPECIFIC')	Key Deliverables ('MEASURABLE')	QTR (TIMED)
1.1) Work with partners to develop and commence implementation of a population health strategic framework for Powys (subject to funding)	1.1.1) Commence implementation of a whole system population-level prevention framework (subject to funding)	Q4
	1.1.2) Population Health Strategic Framework presented and discussed at PTHB Board	Q1
	1.1.3) Framework consultation activities held with PTHB stakeholders to co-produce and prioritise areas of focus	Q2
	1.1.4) Framework governance and funding arrangements agreed	Q3
	1.1.5) Review of new return on investment publications to be undertaken	Q3
1.2) Delivery of health board-led population level health improvement programmes, ensuring an equity focus	1.2.1) Implement the Powys Whole System Approach to Healthy Weights action plan	Q1-Q4
	1.2.2) Develop and implement a proactive promotion and engagement plan, to support smokers to quit through accessible and equitable services in the community	Q1-Q4
	1.2.3) Work with partners to prepare for pending legislation on tobacco and vaping	Q3
	1.2.4) Refresh and update the Powys Tobacco Control Delivery Plan to align with national plan (when published)	Q4
	1.2.5) Deliver Making Every Contact Count training	Q1

### Intended Outcome – what difference will this make?

Population and system outcomes (longer term impacts): This delivers against the Cabinet Secretary priority for Population Health and Prevention

- A joined-up preventative approach, helping to create conditions to be well and healthier for longer, addressing health inequalities
- Reducing preventable mortality and ill health
- Contribute to preventing a rise in childhood (under 5s) obesity rates by 2030

Quality and Performance

- Delivery against National programme requirements for smoking cessation and healthy weights
- Delivery against NHS Wales Performance Framework for health improvement related measures

Cross Reference to: Trajectories in the MDS and the Ministerial Templates.



## STRATEGIC PRIORITY 2: Health Protection Response including Vaccination

Vaccination is a key delivery expectation set out as part of the strategic priority for Population Health and Prevention by the Cabinet Secretary for Health and Social Care.

It is a vital tool in helping to mitigate the effects of respiratory viruses, protecting the vulnerable and supporting the resilience of the NHS and care systems. Delivery of other vaccinations across the life course is also key to protecting the population from other infections.

A blended delivery model and agile deployment has been implemented to date for covid, flu and respiratory health. This provides vaccines to eligible population groups as quickly as possible in line with Welsh Government guidance, including the National Immunisation Programmes. Deployment in Powys spans vaccination centres, some GP Practices, community hospital clinics, mobile teams, District Nursing teams, midwifery and community pharmacies for the flu vaccination.

There is a specific focus on promoting equity in the uptake of vaccinations, with increased availability of clinics in communities in Powys to improve accessibility and reduce travel distances.

It is guided by the latest clinical and scientific evidence and the latest advice from the Chief Medical Officer for Wales and the Joint Committee on Vaccination and Immunisation (JCVI).

This is underpinned by the key principles of:

- Protecting those at greatest risk
- Protecting children and young people
- Protecting frontline health and social care workers
- Protecting the NHS

The blended model of delivery has proven successful in managing the complex logistics of the Winter Respiratory Vaccination Programme and therefore will continue to be used to ensure efficient and adaptable protection for the population.

Equity of uptake will remain a key focus and will be monitored, including uptake between the most and least deprived areas of the County. This will inform the planning of service delivery.

# Focus on Wellbeing

## Strategic Priority 2: Health Protection Response including Vaccination Executive Director of Public Health

Will this contribute to (tick all that apply):	Risk	✓	Recovery		Sustainability	✓
--	------	---	----------	--	----------------	---

### KEY AREAS OF DELIVERY

Key Activities ('SPECIFIC')	Key Deliverables ('MEASURABLE')	QTR ('TIMED')
2.1) Ensure emergency preparedness and organisation resilience and compliance against Civil Contingencies Act	2.1.1) Review of civil contingency response plans - including participation in training and exercises	Q1-Q4
2.2) Provide Health Protection response to all hazards in line with Communicable Disease Outbreak Plan for Wales	2.2.1) Deliver proactive and reactive health protection to protect the population and vulnerable groups from communicable disease	Q1-Q4
2.3) Implement respiratory vaccination programme in line with Welsh Government directives, narrowing inequities and maximising uptake in all groups	2.3.1) Plan and deliver annual respiratory vaccination programmes	Q1, Q3, Q4
	2.3.2) Plan and deliver central contracting of Influenza vaccine	Q3
2.4) Implement immunisation schedule in line with National Immunisation Framework and Welsh Health Circulars, narrowing inequities and maximising uptake in all groups	2.4.1) Plan and deliver vaccination programmes	Q1-Q4
	2.4.2) Plan for changes to childhood routine immunisation schedule (MMR2)	Q4
2.5) Promote uptake of national screening programmes in partnership with Welsh Government and Public Health Wales	2.5.1) Deliver Making Every Contact Count training (includes screening)	Q1
	2.5.2) Ensure PTHB is represented in planning for proposed lung cancer screening in Wales	Q1-Q4
	2.5.3) Annual assurance update to committee regarding adult screening programme performance in Powys delivered by Public Health Wales	Q4

#### Intended Outcome – what difference will this make?

Population and system outcomes (longer term impacts): contributes to the Cabinet Secretary priority for Population Health and Prevention

- Reducing preventable mortality and ill health, contributing to addressing health inequalities
- Preventing infections and avoidable harm including responding to incidents/outbreaks
- System impacts include prevention of avoidable healthcare utilisation and treatments including hospital admissions and GP consultations

Quality and Performance

- Delivery against national frameworks and requirements for vaccination, immunisation and screening, inequities in uptake are narrowed
- Wider impacts on decreasing GP consultations, treatment and hospital admissions and incidents/outbreaks

Cross Reference to: Trajectories in the MDS and the Ministerial Templates.



### STRATEGIC PRIORITY 3: Women, Family and Children's Health

Since the greatest gains for population health are to be achieved by supporting health in the early years, there is a greater focus on family health, building a wellbeing offer that is wrapped around the individual and their home, in an increasingly integrated way. There is also evidence of a significant impact on health and wellbeing for the most vulnerable children, young people and their families following the pandemic.

Women's Health is a Strategic Priority for the Cabinet Secretary for Health and Social Care and the new National Women's Health Plan marks an important milestone in recognising challenges for women. These include cardiovascular disease, cancers, dementia, gynaecological conditions, endometriosis and menopause. Women also report particular issues with access to healthcare for themselves, their children and families. A Powys Women's Health Plan will be developed to ensure appropriate local adaptation and adoption of the priorities set out in the national plan. As a rural health economy this will be assessed in partnership with Primary Care and neighbouring NHS organisations in England and Wales, in line with the Commissioning for Value approach.

The Women and Children's teams in the health board have a key role in partnership work particularly through the Regional Partnership Board 'Start Well' programme board and in supporting organisational

developments such as universal access to childhood screening, immunisation and vaccination.

The health board has an ambition to become a UNICEF Baby Friendly organisation and complete Stage 1 of the accreditation process in 2025, reflecting the need to build wellbeing from the very first years of life.

The development of a Children's focus for Continuing Health Care will also be a focus in 2025, ensuring that those children with particularly complex needs are receiving a service that responds to those needs.

The provision of a Neurodiversity service is also a focus, building on work to date to understand the challenges facing this population group. The growth in demand in this area will require a robust, efficient and effective response and an internal escalation plan will guide the necessary work, to improve resilience and delivery of this service. This will ensure that those with the greatest need are receiving the support that is required, working with partners across the public, third and independent sectors.

Improvement in Neurodevelopment services for children and young people has been identified as a **critical action** for delivery in 2025/2026.

## Focus on Wellbeing

**Strategic Priority 3: Women, Family and Children's health** Executive Lead - Executive Director of Nursing, Quality, Women and Family Health

Will this contribute to (tick all that apply):	Risk	✓	Recovery		Sustainability	✓
--	------	---	----------	--	----------------	---

### KEY AREAS OF DELIVERY

Key Activities ('SPECIFIC')	Key Deliverables ('MEASURABLE')	QTR ('TIMED')
3.1) Develop, design and implement a Children's Neurodevelopment (ND) service that is family and child centred in line with national standards <b>CRITICAL ACTION</b>	3.1.1) Embed and sustain improvements in the Children's ND Improvement Plan	Q1
	3.1.2) Ensure a clear delivery model is in place aligned to demand and capacity modelling along with population need and mapping for future prevalence	Q2
	3.1.3) Ensure a robust workforce model is in place	Q2
3.2) Implementation of Welsh Government Strategy for Women's Health	3.2.1) Develop, design and commence implementation of the Powys Women's Health Plan, including scoping the Women's Health Hub model for Powys (dependent on Welsh Government funding) informed by the All-Wales Strategy and Plan for Women's Health	Q1-Q4
3.3) Implement a robust and safe Children's Continuing Health Care (CHC) service	3.3.1) Implement PTHB Children's Continuing Health Care service with a robust workforce plan	Q1-Q3
3.4) Commence intention to become a UNICEF Baby Friendly Organisation	3.4.1) Undertake commitment of intent with UNICEF Baby Friendly Initiative UK	Q1
	3.4.2) Completion of Stage 1 Accreditation	Q3

### Intended Outcome – what difference will this make?

Population and system outcomes: This delivers against the Cabinet Secretary priority for Women's Health and the National Strategy

- Improved outcomes for children, young people, women and families through holistic care tailored to their needs and earlier targeted interventions for those in need of support, with equitable access to services and improved citizen experience
- Contributing to addressing health inequalities

Quality and Performance

- Delivery against NHS Wales Performance Framework – in particular improvement in access to Neurodevelopment services for children and young people

Cross Reference to: Trajectories in the MDS and the Ministerial Templates.



## Strategic Priority 4: Enhanced Primary and Community Care

Building Community Capacity is a Strategic Priority set out by the Cabinet Secretary for Health and Social Care, as well as a key local priority. This includes stable Primary Care, increased community resilience, quality Out of Hours care and directly accessed services as part of the Primary Care Model for Wales.

The health board has a unique opportunity as mainly a provider of primary and community healthcare to shift to a sustainable model of care that provides early help and support. The Better Together Portfolio is taking forward significant transformation work, noted in this section, building on work to date to build a sustainable community model including care for those who are frail or vulnerable. Engagement is planned in 2025 to share the recently developed 'Case for Change' and to design the pattern of future services.

The Enhanced Community Model has been identified as a **critical action** for delivery in 2025/2026.

Significant progress has been made with professional collaboratives across Powys Clusters, and this will be rolled out further to Nursing, Dental and Optometry.

In relation to access to General Medical Services, plans include a Quality Improvement Framework, a review of Practice Sustainability, scoping of alternative models of patient access where there is fragility and an audit of Supplementary Services.

There are plans in place across Dentistry, Community Pharmacy and Optometry to track provision and improve access in line with identified population need, with pathway developments and targeted capacity in particular geographies or areas of specialised needs.

The Primary and Community Care Academy will offer support and development to Nursing and Allied Health Professionals and non-clinical staff, to advance and extend practice and skills.

Work is also planned in relation to GP Out of Hours provision, to respond to changes in contracting by the commissioners in Shropshire and Telford NHS Trust and the potential impact for provision in Powys.

GP Out of Hours provision is therefore a **critical action** for delivery in 2025/2026.

# Early Help and Support

**Strategic Priority 4: Enhanced Primary & Community Care** Executive Lead - Executive Director of Primary Care, Community and Mental Health

Will this contribute to (tick all that apply):	Risk	✓	Recovery		Sustainability	✓
--	------	---	----------	--	----------------	---

## KEY AREAS OF DELIVERY

Key Activities ('SPECIFIC')	Key Deliverables ('MEASURABLE')	QTR ('TIMED')
<b>4.1) Enhanced Community Care Model</b> Develop and implement a new Enhanced Community Care model incorporating Frailty, Virtual Ward and Hospital @ Home in a Powys context and the development of Integrated Community Teams <b>CRITICAL ACTION</b>	4.1.1) Carry out a strategic assessment of community provision including delivery of MDTs, Community Resource Team/Virtual Ward, Directed Supplementary Service (DSS), outcomes, variation, best practice and opportunities	Q1
	4.1.2) Complete a strategic assessment of the existing community based MDTs in Powys to learn from existing good practice and identify opportunities (linked to similar work in Mental Health)	Q1
	4.1.3) Design a new model for Enhanced Community Care with stakeholders	Q1
	4.1.4) Develop and agree with partners (primary care, social care and third sector) the workforce scope and geographical structure	Q1
	4.1.5) Check, challenge and test the proposed model through engagement with staff, stakeholders and partners	Q2
	4.1.6) Commence implementation of the integrated community model across all localities in Powys	Q4
<b>4.2) GP Out of Hours (OOH)</b> <b>CRITICAL ACTION</b>	4.2.1) Extend the Shropdoc contract to sustain existing services subject to the assessment of delivery	Q1
	4.2.2) Re-tender for an Out Of Hours service provision	Q2-Q3
	4.2.3) Resolve and commission SBUHB to deliver for Ystradgynlais	Q1
<b>4.3) Last Year of Life</b> Improve coordination for Powys patients	4.3.1) Finalise the model to improve the coordination of the Last Year of Life	Q1-Q2
	4.3.2) Implement the new model through a phased approach with partners	Q3-Q4
<b>4.4) Fracture Liaison</b> Improve access to Fracture Liaison Services for Powys patients	4.4.1) Subject to approval, recruit to new posts to better coordinate access to Fracture Liaison Services for Powys patients	Q1-Q2
	4.4.2) Work with partners in primary care and acute care to improve the performance of the core Fracture Liaison Service	Q3-Q4

KEY AREAS OF DELIVERY (Continued)		
Key Activities ('SPECIFIC')	Key Deliverables ('MEASURABLE')	QTR ('TIMED')
<b>4.5) Falls Response</b> Design and deliver a community-based falls response service in a Powys context	4.5.1) Scope and design a community-based falls response service with partners that meets the needs of a rural population	Q1-Q2
	4.5.2) Implement the phased delivery of the community-based falls response service	Q3-Q4
<b>4.6) Cluster Development</b>  Develop a robust planning and delivery framework at a cluster and collaborative level, capable to deliver at scale for the population	4.6.1) Cluster and Collaborative Lead engagement and maturity development	Q1-Q4
	4.6.2) Develop Powys-wide Cluster reporting, governance and engagement with Regional Partnership Board Executive	Q1-Q4
	4.6.3) Implementation of Dental Collaborative (pending national negotiation outcome)	Q2-Q4
	4.6.4) Develop the Professional Nursing Collaborative	Q2-Q4
	4.6.5) Develop the Optometry Collaborative	Q1-Q4
	4.6.6) Continue to identify services best delivered at cluster or pan-cluster level	Q1-Q4
	4.6.7) Develop Accelerated Cluster Development delivery programme with focus on streamlining, outcomes and benefits realisation to support 'shift left'	Q1
<b>4.7) General Medical Services (GMS)</b> Ensure an equitable, robust and sustainable model of core GMS across Powys to enable broader primary and community development	4.7.1) GMS Practice Sustainability analysis, review, and action planning	Q2
	4.7.2) Monitor GMS provision in mid cluster, and if appropriate scope alternative models to support patient access	Q1-Q4
	4.7.3) Access Standards analysis, review and action planning	Q1
	4.7.4) Unified Contract Assurance Framework assurance and outcome management	Q2-Q4
	4.7.5) Quality Improvement Framework – project analysis and action planning	Q1-Q2
	4.7.6) Supplementary Service audit review, analysis and feedback	Q2-Q3
<b>4.8) Optometry</b> Ensure continued growth of community optometric services to enable a wider range of eye care services to be delivered within Powys	4.8.1) Systematic tracking of core hour provision	Q2
	4.8.2) Support and track access in relation to IPOS (Independent Prescribing Optometrists)	Q1
	4.8.3) Implement Special School Primary Eyecare (SPECS) pathway following national agreement	Q3
	4.8.4) Implement pathways with outreach Ophthalmology Services, clusters and Optometry practices for Glaucoma and Medical Retina pathways	Q1-Q2

	4.8.5) Support and track access to specialist services in relation to Welsh Government Optometry Services (WGOS4) (Medical Retina and Glaucoma) and WGOS 5	Q1-Q4
<b>KEY AREAS OF DELIVERY (Continued)</b>		
<b>Key Activities ('SPECIFIC')</b>	<b>Key Deliverables ('MEASURABLE')</b>	<b>QTR ('TIMED')</b>
<b>4.9) Dental Services</b> Grow capacity and sustainability of dental, orthodontic and special care dentistry services across Powys	4.9.1) Maintain urgent access in General and Community Dental Service to balance demand and capacity	Q1
	4.9.2) Welsh Enhanced Recruitment Offer enhanced offer for Dental Foundation dentists	Q1-Q4
	4.9.3) Continue to transfer patients from the Dental Access Portal to salaried General Dental Practitioner (GDP) in line with contract reform	Q1
	4.9.4) Development of remote specialist in special care post	Q1-Q4
	4.9.5) Develop IV sedation service in the Community Dental Service	Q4
	4.9.6) Enhance specialist services within Community Dental Service by developing consultant led restorative and paediatrics	Q4
	4.9.7) Utilization of digital technology to improve efficiency and patient experience	Q4
	4.9.8) Formalise special care dentistry pathways with external providers for special care patients who are unable to be treated safely in Powys	Q4
	4.9.9) Systematic review and contractual change to enhance capacity for dental & orthodontic care	Q1-Q4
<b>4.10) Primary &amp; Community Care Academy</b> Develop educational offer across primary and community services to ensure improving leadership, collaborative, administrative and clinical skills	4.10.1) Continue to support the new to General Practice Nursing foundation programme	Q1-Q4
	4.10.2) Develop workshops to support Primary Care Nursing & Allied Health Professionals to access advanced and extended practice skills	Q1 & Q4
	4.10.3) Deliver scenario-based training for non-clinical staff in primary care	Q2-Q4
	4.10.4) Develop cluster & collaborate lead workshops	Q2
	4.10.5) Provide a range of training for Practice Managers to upskill and improve sustainability and business continuity	Q1-Q4
	4.10.6) Expand range of training for clinical support workers in primary care	Q1-Q4

KEY AREAS OF DELIVERY (Continued)		
Key Activities ('SPECIFIC')	Key Deliverables ('MEASURABLE')	QTR ('TIMED')
<b>4.11) Medicines Management/Pharmacy:</b> Optimising Medicines Use	4.11.1) Improve Prescribing Efficiency: Implement the 10 Medicines priorities identified by Value and Sustainability Board	Q1-Q4
	4.11.2) Implement the roll out of Bluteq	Q1-Q4
	4.11.3) Support Deprescribing: working with frailty teams, promote polypharmacy reviews, develop deprescribing pathways for patients on unnecessary or potentially harmful medications, particularly in elderly and multimorbid patients	Q1-Q4
4.12) Enhancing Patient Safety & Medicines Governance	4.12.1) Improve Medicines Safety Culture: Promote reporting and learning from medication incidents to reduce avoidable harm	Q1-Q4
	4.12.2) Deliver improvement in antimicrobial prescribing	Q1-Q4
	4.12.3) Deliver improvement in opiate prescribing	Q1-Q4
	4.12.4) Deliver improvement in gabapentin prescribing	Q1-Q4
	4.12.5) Provision of pharmacy professional support for Mental Health wards and service	Q2-Q4
4.13) Expanding Community Pharmacy & Primary Care Integration	4.13.1) Develop Community Pharmacy Services: Expand services including needle and syringe exchange, blood borne virus testing, minor ailment consultations	Q1-Q4
	4.13.2) Implement Electronic Prescribing and Medicines Administration (ePMA)	Q2 – Q4
	4.13.3) Implement Electronic Prescribing System	Q1-Q4
4.14) Workforce Development & Sustainability	4.14.1) Increase pharmacy work based training places to support new schools of pharmacy and collaboration with HEIW	Q2
	4.14.2) Support for development of portfolio roles	Q1-Q4
	4.14.3) Support Continuing Professional Development (CPD): Focus on supporting development of Independent Prescribers	Q1-Q4
4.15) Public Health & Preventative Medicine	4.15.1) Expand Vaccination & Public Health Roles: Strengthen pharmacy-led vaccination programmes, smoking cessation, and weight management	Q1-Q4
	4.15.2) Support for roll out of self-administration of medicines	Q1-Q4

### Intended Outcome – what difference will this make?

Population and system outcomes (longer term impacts): This contributes towards the Cabinet Secretary priority for Population Health and Prevention

- Work in this area will contribute to the development of a sustainable model of care longer term, particularly in relation to the enhanced community care developments
- Longer term, this will create a value based approach across all services, optimising use of resources for greatest impact and outcomes
- Improving equity of access and supporting the shift to a preventive approach, contributing to addressing health inequalities

#### Quality and Performance

- This will deliver against the Cabinet Secretary priority for 'Building Community Capacity' and the associated metrics for General Medical Services (GMS), Pharmacy, Dental, Community and Palliative Care Nursing, Enhanced Community Care Capacity and Delayed Pathways of Care
- It also contributes to the Cabinet Secretary priority for 'Timely Access' and the associated metrics (detailed in SP5)
- Delivery against NHS Wales Performance Framework for measures relating to community and primary care
- Delivery against People's Experience Framework in relation to patient and carer reported outcomes and experience
- Ensures implementation of the WG Hospital Pharmacy review recommendations

It also delivers specific improvements in services and pathways including:

- Those relating to the community model i.e. Integrated Community Teams
- GP Out of Hours service provision
- Co-ordination of the last year of life
- Coherent and engaged cluster groups across Powys working together to provide quality and timely services for patients closer to home
- Committed primary care workforce working to top of competencies leading to resilient sustainable and engaged primary care services
- Primary care services operating in line with contracts and regulations with focus on clinical activity

Cross Reference to: Trajectories in the MDS and the Ministerial Templates.



## Strategic Priority 5: Planned Care and Diagnostics

Planned Care remains a priority, continuing with Year Two of the work set out across the PTHB Five Year Plan. **Timely Access is a Cabinet Secretary priority, with NHS Wales metrics for Referral to Treatment within 104 weeks and Diagnostics within 8 weeks.**

The health board as a provider continues to perform comparatively well against the key performance targets and Five Goals for Planned Care set out by Welsh Government. The position for commissioned services is more complex due to the pattern of access to services in England and Wales.



The key activities for 2025 include transformational work being led through the 'Better Together Portfolio' and actions of high value and impact, including those aligned to the National Programme for Planned Care and GIRFT (Getting It Right First Time) recommendations.

The focus of work for 2025/26 has therefore been determined based on national directives and enabling actions in the NHS Wales Planning Framework, with adaptation to ensure the most appropriate fit for Powys as both a provider and commissioner. This has included an appraisal of those areas of provision that offer the greatest opportunity for improvement from a performance, quality and financial perspective.

The Powys Clusters have all similarly identify planned care and diagnostics as priorities in their plans, enabling further local adaptation and development.

Plans to enhance Point of Care Testing in Powys are also included in this section of the Plan.

Performance and Delivery is identified as an area for **critical action** in this Annual Plan, and specifically, the work on Referral Optimisation.

# Early Help and Support

**Strategic Priority 5: Planned Care and Diagnostics** Executive Lead - Executive Director of Primary Care, Community and Mental Health/ Executive Director of Allied Health Professions, Health Sciences and Digital

Will this contribute to (tick all that apply):	Risk	✓	Recovery	✓	Sustainability	✓
--	------	---	----------	---	----------------	---

## KEY AREAS OF DELIVERY

Key Activities ('SPECIFIC')	Key Deliverables ('MEASURABLE')	QTR ('TIMED')
<b>5.1) Delivery of prioritised strategic planned care improvements</b>	5.1.1) Implementation of Clinically led referral optimisation model for Planned Care (Ophthalmology and Orthopaedics) – joint work across Transformation, Operational teams, Commissioning and Digital <b>CRITICAL ACTION</b>	Q1 – Q3
	5.1.2) Strategic assessment of provided and commissioned planned care	Q4
	5.1.3) Development and delivery of consolidated priority speciality delivery plan	Q2 - Q4
	5.1.4) Review and implementation of plan for in-reach provision	Q3
	5.1.5) Continued development of Planned Care Quality & Safety Framework	Q1-Q4
	5.1.6) Development of 3Ps Waiting Well Service, business case for recurrent funding	Q1 – Q4
	5.1.7) Continued participation and response to National Planned Care Programme	Q1 - Q4
<b>5.2) Pathway Development</b> Muscular Skeletal / Orthopaedics	5.2.1) Implementation of MSK/orthopaedic pathways transformation business case, service development in line with Orthopaedic Optimisation Framework	Q1-Q4
5.3) Eyecare (ophthalmology)	5.3.1) Develop business case for ophthalmology pathway transformation	Q1-Q4
	5.3.2) Service development in line with Ophthalmology Optimisation Framework	Q1 – Q4
	5.3.3) Scope opportunity for eyecare surgical hub in Powys	Q1-Q4
5.4) Continue the development/transformation of Endoscopy/Colorectal pathways in Powys	5.4.1) Cost plan for appointment of lead via SLA or speciality sessions pan Powys	Q2
	5.4.2) Development of Endoscopy service in line with National Plan including work to maintain and scope opportunity to improve against JAG standards	Q1-Q4
5.5) Develop pre-operative pathways of care	5.5.1) Development of environment at Brecon Hospital for preoperative assessment	Q3
	5.5.2) Plan for collaboration with Primary Care to enable whole system approach	Q2
	5.5.3) Development of specialist workforce to deliver peri operative care	Q4

<b>KEY AREAS OF DELIVERY (Continued)</b>		
<b>Key Activities ('SPECIFIC')</b>	<b>Key Deliverables ('MEASURABLE')</b>	<b>QTR ('TIMED')</b>
<b>5.6) Theatres:</b> Development of key day case pathways	5.6.1) Development of theatre dashboard in line with national programme	Q3
	5.6.2) Implementation of all day lists ophthalmology/orthopaedics 2025/26	Q4
	5.6.3) Anaesthetics specialty lead for PTHB resourced from SLA underperformance	Q2
	5.6.4) Digitalisation – costed proposal for theatre management system	Q1
	5.6.5) Review of day case procedures to identify opportunities for repatriation	Q2
<b>5.7) Outpatients:</b> Develop a single management system and oversight	5.7.1) Development of Outpatients in core specialities aligned to Planned Care optimisation frameworks with focus on discharge pathways SOS/PIFU, digital and MDT development	Q1 – Q4
	5.7.2) Develop business case and delivery model for clinical room booking system	Q1 – Q4
<b>5.8) Diagnostics transformation</b>	5.8.1) Strategic assessment and implementation of plan for diagnostics	Q2 - Q4
<b>5.9) Point of Care Testing (POCT)</b> Improved assurance and governance	5.9.1) Add all connectable devices to WPOCT	Q1-Q2
	5.9.2) Expand POCT in support of clinical pathway development and governance	Q1-Q4
	5.9.3) Monitor Internal Quality Control (IQC) & External Quality Assurance (EQA)	Q2-Q3
	5.9.4) Establish model for working with Primary Care	Q1-Q2
	5.9.5) Review and develop existing POCT provision and governance: Develop QA Compliance framework including audits and KPIs for ALL devices in use	Q2
	5.9.6) Monitor training and develop collaborative model with Suppliers and Clinical Education teams for all POCT devices currently in use	Q1-Q4
	5.9.7) Identify further opportunities for POCT within PTHB	Q2-Q4
	5.9.8) Identify opportunities in primary & community care	Q2
<b>Intended Outcome – what difference will this make?</b>		
<p>Population and system outcomes (longer term impacts): This contributes towards the Cabinet Secretary priority for Population Health and Prevention</p> <ul style="list-style-type: none"> <li>• Work in this area will contribute to the development of a sustainable model of care longer term, particularly in relation to planned care</li> <li>• Longer term, this will create a value based approach across all services, optimising use of resources for greatest impact and outcomes</li> <li>• Improving equity of access and supporting the shift to a preventive approach, contributing to addressing health inequalities</li> </ul> <p>Quality and Performance</p>		

- This will deliver against the Cabinet Secretary priorities for 'Timely Access to Care' and associated metrics and the enabling actions for efficiency and productivity
- Delivery against NHS Wales Performance Framework including access measures for Referral to Treatment (RTT) and Diagnostics
- Delivery against People's Experience Framework in relation to patient and carer reported outcomes and experience

It also delivers specific improvements in services and pathways including:

- Improved resilience and utilisation of provider services capacity where appropriate
- Facilitate coordination of services across sectors to deliver more holistic and joined up pathways of care.
- Delivery of outcomes in line with GIRFT recommendations
- Recovery of access times and waiting lists
- Reduction in RTT waiting times for patients requiring planned surgery or diagnostic tests
- Delivery of service closer to patients home reducing unnecessary travel and number of appointments

Cross Reference to: Trajectories in the MDS and the Ministerial Templates.



## Strategic Priority 6: Complex and Continuing Healthcare

Complex and Continuing Healthcare provides care for those in the population with a primary healthcare need, who require intensive support. There is a National Framework and Code of Practice for Continuing Healthcare which guides decision making and implementation.

Within the health board, this is delivered through the General Nursing Complex Care Team, and Complex Care and Placements teams for those with complex mental health and learning disabilities. The aim is to facilitate the best outcomes for the most vulnerable patients throughout a whole lifespan including the end of life, whilst ensuring clarity of process, consistency and accountability.

Continuous improvements have been made to drive efficiency and value, through consideration of sufficiency of care proportionate to need; safety; quality; affordability; reliability and exceptionality where expertise is required to meet patient need.

There is growing demand in this area of provision both locally and nationally, with system pressures, delays in pathways of care and a complex independent residential and domiciliary care market.

A clear governance process is in place to ensure consistency and appropriateness of assessment.

A national workstream is in place as part of the NHS Wales Value and Sustainability Board, which has explored the above issues and opportunities. There are a set of recommendations in place to drive whole system improvements.

These are taken into account in the delivery of complex and continuing healthcare in Powys, alongside the local circumstances, notably those relating to the rurality of the county.

Improvements have been made in a number of areas to date, to drive process efficiency and assurance and to address local market factors with targeted efforts with care homes in particular to build sustainability.

Nonetheless, the growth in costs in this area remains significant, with particular issues noted in out of county and high cost placements. Complex and Continuing Healthcare is therefore identified as one of the most significant drivers of the health board's financial deficit position.

The commissioning of external expertise to fully appraise improvement opportunities is identified as a **critical action** for delivery in 2025/2026.

## Early Help and Support

**Strategic Priority 6: Complex and Continuing Healthcare** Executive Lead - Executive Director of Primary Care, Community and Mental Health

Will this contribute to (tick all that apply):	Risk	✓	Recovery	✓	Sustainability	✓
--	------	---	----------	---	----------------	---

### KEY AREAS OF DELIVERY

Key Activities ('SPECIFIC')	Key Deliverables ('MEASURABLE')	QTR ('TIMED')
6.1) External expertise will be commissioned to fully appraise any further improvements and develop a new model <b>CRITICAL ACTION</b>	6.1.1) Expertise commissioned and appraisal completed	Q1-Q2
	6.1.2) Outputs of appraisal used to inform further improvement plan	Q2
6.2) Systematic review of high growth commissioned activity – cost and volume, to determine further improvement activity	6.2.1) Review of private providers, specifically for adult mental health needs	Q1
	6.2.2) Review of high growth activity – specifically Learning Disability and Elderly Mentally Infirm (EMI)	Q1-Q2
	6.2.3) Design of alternative opportunities for care provision which offers sustainability, value and experience	Q3-Q4
6.3) Improve Health Board processes to support effective and efficient commissioning	6.3.1) Process scrutiny of diverse funding applications - Number of Continuing Healthcare (CHC) & Funded Healthcare (FNC) applications approved at Panel	Q1–Q4
	6.3.2) Chase details of individual patients to evidence eligibility for care - Number of Fast Track and Joint/Section 117 applications approved at Panel	Q1–Q4
	6.3.3) Progress patient flow from hospital - Number of Reviews undertaken on time	Q1-Q4
	6.3.4) Monitor care setting availability daily to secure care provision and match with patient need - Patient need is matched with care setting availability in the community	Q1–Q4
6.4) Develop robust mechanism for capturing data and processing information in order to support better commissioning and care	6.4.1) Maintaining over 85% of reviews within time	Q1–Q4
	6.4.2) Clear analysis of changes and trends which supports planning for Years 3-5	Q3-Q4

KEY AREAS OF DELIVERY (Continued)		
Key Activities ('SPECIFIC')	Key Deliverables ('MEASURABLE')	QTR ('TIMED')
6.5) Progress Retrospective CHC Claims	6.5.1) Complete Retrospective Claims within mandatory timescale to divert from interest on payments	Q1-Q4
6.6) Enhance complex care commissioning against regional and national standards	6.6.1) NHS Executive work with Hywel Dda UHB - To benchmark and gain understanding of trends within PTHB	Q1
	6.6.2) Work with Public Health - Learn from the outcomes of public health demographics	Q1
	6.6.3) Internal Audit Action Plan - Implement Internal Audit Action Plan responses	Q1-Q2
	6.6.4) Value & sustainability – to ensure learning and delivery against the 7 national recommendations	Q1-Q4
<p><b>Intended Outcome – what difference will this make?</b></p> <p>Population and system outcomes (longer term impacts):</p> <ul style="list-style-type: none"> <li>• Delivery of, and compliance with, the National Framework for NHS Continuing Healthcare</li> <li>• Clear arrangements in place with other NHS organisations, independent or voluntary sector partners to ensure effective operation of the Framework</li> <li>• Implement improvements recommended by external support including finance, audit and national targets</li> </ul> <p>Quality and Performance</p> <ul style="list-style-type: none"> <li>• Delivery against National Framework for NHS Continuing Healthcare</li> </ul> <p>It also delivers specific improvements in services and pathways including:</p> <ul style="list-style-type: none"> <li>• Improved process for CHC applications and understanding of trends within PTHB through work with NHS Executive</li> <li>• Governance arrangements for NHS Continuing Healthcare eligibility processes and commissioning NHS Continuing Healthcare packages</li> <li>• System in place to record assessments undertaken and their outcomes, and the costs of NHS Continuing Healthcare packages</li> <li>• Implementing and maintaining good practice; ensuring that quality standards are met and sustained</li> </ul> <p>Cross Reference to: Trajectories in the MDS.</p>		



## Strategic Priority 7: Major Conditions

The 'Big Four' are those areas of greatest impact to health and wellbeing in Powys – Cancer, Respiratory and Circulatory conditions and Mental Health. **Timely Access is also a Cabinet Secretary priority with an associated metric for first definitive treatment of cancer.**

The extent to which people are living with multiple conditions is changing rapidly. 1 in 3 patients admitted to hospital as an emergency has 5 or more conditions, up from 1 in 10 patients a decade ago.

As Powys is at the forefront of an ageing population these changes will have a significant impact. There will be more people living longer with multiple conditions and associated issues of reduced mobility, and chronic pain. This potentially has further impacts on mental and social wellbeing and quality of life.

Evidence shows the importance of "whole person" and psychosocial approaches that promote independence and well-being and which bring services together.

There is a need to develop holistic approaches; reduce the treatment burden (multiple appointments, assessments, tests, admissions and reviews) through improved co-ordination and information sharing.

The plan for next year is focusing on taking a holistic approach to **Diabetes, which is a Cabinet Secretary priority**, recognising that improvements in prevention and care for this condition have wider benefits across multiple major conditions.

Diabetes is identified as a **critical action** for delivery in 2025/2026.

In relation to Cancer, delivery will continue against the Cancer Improvement Plan and Improving Cancer Journey programme. Work with commissioned services will be progressed related to those elements of care provided out of county, including any improvements on the suspected cancer delivery.

In relation to respiratory and cardiac, the capacity available for in-reach services from neighbouring providers will be appraised to determine the scope of alternative options and improvements.

Commissioned services are also a key focus in relation to stroke and clinical engagement on the National Stroke Programme will be key.

# Tackling the Big Four

## Strategic Priority 7: Major conditions (Cancer, Respiratory, Circulatory, Cardiac, Stroke, Diabetes)

Executive Lead - Executive Medical Director / Executive Director of Allied Health Professions, Health Sciences and Digital / Executive Director of Nursing, Quality, Women and Family Health / Executive Director of Planning, Performance and Commissioning

Will this contribute to (tick all that apply):	Risk		Recovery		Sustainability	✓
--	------	--	----------	--	----------------	---

### KEY AREAS OF DELIVERY

Key Activities ('SPECIFIC')	Key Deliverables ('MEASURABLE')	QTR ('TIMED')
7.1) Deliver improvements in High Value High Impact pathways (Diabetes) <b>CRITICAL ACTION</b>	7.1.1) Implement improvements in the High Value High Impact pathways aligned to Value & Sustainability Board priorities - Diabetes	Q1-Q4
	7.1.2) Review the outcomes in Powys of existing Diabetes care and pathways	Q1
	7.1.3) Scope the potential to provide elements of the hybrid closed loop pathway closer to home	Q1-Q2
	7.1.4) Further Faster review in reach general medical endocrinology (Links to eye care referral management diabetic retinopathy pathway)	Q2
	7.1.5) Develop cluster model to enhance the 8 care process outcomes	Q2-Q3
	7.1.6) Implement changes to the hybrid closed loop pathway	Q3-Q4
	7.1.7) Implement enhanced primary & community Diabetes pathway	Q4
7.2) Cancer	7.2.1) Delivery against Cancer Improvement plan	Q1-Q4
	7.2.2) Continue to work with Commissioned Service Providers to identify areas of the suspected Cancer pathway which could be improved	Q1-Q4
	7.2.3) Work with the Cancer Network to implement innovations to support earlier diagnosis and reduce waiting times	Q1-Q4
	7.2.4) Continue the Improving the Cancer Journey Programme Phase 2	Q1-Q4
	7.2.5) Annual review of the PTHB Cancer Improvement Plan	Q1-Q4
7.3) Respiratory	7.3.1) Further Faster review of in reach respiratory provision	Q2
	7.3.2) Pilot remote monitoring of clinically appropriate Powys patients with respiratory conditions	Q1-Q4
	7.3.3) Evaluate the impact of the remote monitoring of Powys patients with respiratory conditions and confirm the next steps	Q4

KEY AREAS OF DELIVERY		
Key Activities ('SPECIFIC')	Key Deliverables ('MEASURABLE')	QTR ('TIMED')
7.4) Cardiac	7.4.1) Further Faster review of in reach cardiology consultants	Q2
	7.4.2) Develop sustainable solutions and county wide options for echocardiology & baseline against standards	Q3
	7.4.3) Rheumatology – scope opportunities for Multi-Disciplinary Team (MDT) different approach with medicines management	Q4
7.5) Stroke	7.5.1) Continue to work with commissioned service providers to ensure neighbouring Health Board and NHS Trust plans appropriately reflect provider responsibilities to Powys residents (including Hereford and Worcestershire Stroke Service Changes)	Q1-Q4
	7.5.2) Ensure clinical engagement on the National Stroke Programme (including future option for current temporary changes in place at Cwm Taf Morgannwg University Health Board)	Q1 - Q4
<p><b>Intended Outcome – what difference will this make?</b></p> <p>Population and system outcomes (longer term impacts): This delivers against Cabinet Secretary priority for 'Prevention and Population Health'</p> <ul style="list-style-type: none"> <li>• A shift to prevention of major conditions, contributing to addressing health inequalities and equity of access</li> <li>• Improved support for those living with major conditions and associated with that, more effective and higher value use of healthcare</li> </ul> <p>Quality and Performance</p> <ul style="list-style-type: none"> <li>• This delivers against Cabinet Secretary priority for 'Timely Access to Care' &amp; 'Population Health and Prevention' and metrics for Diabetes &amp; Cancer</li> <li>• Delivery against NHS Wales Performance Framework including access measures for Referral to Treatment (RTT) and Diagnostics</li> <li>• Delivery against People's Experience Framework in relation to patient and carer reported outcomes and experience</li> <li>• Delivery of outcomes in line with condition specific requirements i.e. single cancer pathway, quality statements, GIRFT recommendations</li> </ul> <p>Service and Pathway improvements:</p> <ul style="list-style-type: none"> <li>• Delivery of principles of prehabilitation to rehabilitation</li> <li>• Enhanced coordination of services across sectors to deliver more holistic care for people living with major conditions in Powys</li> <li>• Improved resilience and utilisation of provider services capacity where appropriate</li> <li>• Improved value based evidence (outcomes, variation, cost, programme budgeting and high cost user data) to guide pathway improvements, to drive system efficiency and improve clinical outcomes and patient experience</li> </ul> <p>Cross Reference to: Trajectories in the MDS</p>		



## Strategic Priority 8: Mental Health

In the PTHB Five Year Plan agreed last year, a long term goal for Mental Health was set out, to offer a range of support which can be accessed in a straightforward and timely way, close to home, based on need. This would improve the join up across physical and Mental Health and lead to greater consistency of delivery and quality of care. This work aligns to the National strategy 'Together for Mental Health'. [Mental Health is also a Cabinet Secretary priority, with associated metrics relating to Assessment and Therapeutic Intervention.](#)

This Annual Plan sets out Year 2 of this work, notably the transformation plan that is now being developed as part of the Better Together Portfolio, to ensure it is a core component of a sustainable model of care in Powys.

The approach taken by the health board is person centred, recognising that the person is the best guardian of their own lives, including their physical and mental wellbeing. There is a strong track record of working in partnership in Powys and engaging with those who use services. This will be important to co-produce the future model of Mental Health care.

Evidence highlights the need for personalised support, improved physical health care and a healthy lifestyle, addressing multiple conditions and support throughout

the whole pathway of care from first point of access, community support and if appropriate, inpatient care.

There is work planned in relation to both the design of community services and inpatient care. This is responding to changing and increasing demand, which underpins the need for a holistic approach, building on progress made to date, for example the Single Point of Access through NHS 111 'Press 2'.

For older adults, this includes accessible integrated teams, including building on Phase 1 of the Dementia Home Treatment approach, in line with requirements in Dementia Standards.

Transformation work includes optimising the configuration of services to meet changing demand and provide value-based, fit for purpose, therapeutic environments focusing on patient safety and experience. This is [linked to Strategic Priority 9](#), the community hospital model and next phase of development of Rural Regional Centres. This includes engagement with service users and stakeholders on the development of a sustainable future model.

Mental Health Transformation is identified as a **critical action** for delivery in 2025/2026.

# Tackling the Big Four

## Strategic Priority 8: Mental Health Executive Lead - Executive Director of Primary Care, Community and Mental Health

Will this contribute to (tick all that apply):	Risk	✓	Recovery	✓	Sustainability	✓
--	------	---	----------	---	----------------	---

### KEY AREAS OF DELIVERY

Key Activities ('SPECIFIC')	Key Deliverables ('MEASURABLE')	QTR ('TIMED')
-----------------------------	---------------------------------	---------------

Delivery of **Critical Actions** in 2025/2026 to drive Transformation noted throughout this section

<b>8.1) Mental Health Transformation Programme</b>	<b>Community Model Re-Design for Mental Health Services</b>	
	8.1.1) Complete strategic assessment of community based MDTs and identify opportunities	Q1
	8.1.2) Continue transformation of front door building on Single Point of Access aligned to 111(2)	Q1-Q4
	8.1.3) Implement electronic GP referral to SPOA	Q2
	8.1.4) Undertake demand and capacity modelling (health and care)	Q1-Q2
	8.1.5) Redefine core offer / care and treatment pathways with new recovery focused model	Q3-Q4
	8.1.6) Design community model to deliver core offer, aligned to wider community model	Q3-Q4
	8.1.7) Develop phased implementation plan	Q4
	8.1.8) Rescope Sanctuary model in above context, in North Powys	Q2-Q3
	8.1.9) Align teams to address co-morbidities and complex needs across health and care	Q3
	8.1.10) Align specialist teams (including Complex Emotional Needs service) Pan Powys	Q3-Q4
	8.1.11) Leverage digital opportunities e.g. access to information, virtual appointments, data collection and reporting	Q1-Q4
	<b>Acute Inpatient Model of Care</b>	
	8.1.12) Further planning and design following recommendations of Supportive Assessment by NHS Executive in March 2025	Q1
	8.1.13) Consideration of optimum bed / ward configuration in line with Strategic Priority 9 (which includes period of engagement for any proposed redesign and service change)	Q1 - Q4
<b>Older Adult Mental Health Services</b>		
8.1.14) Clinical review of existing model and demand / capacity analysis (linked to work above)	Q1	
8.1.15) Service improvement learning from Phase 1 Dementia Home Treatment Team (Design / implementation of model part of wider work noted above)	Q1 - Q2	

<b>8.2) Suicide and Self Harm Prevention &amp; Postvention</b>	8.2.1) Deliver the Suicide and Self Harm Prevention Strategy 2024-2034 with particular focus on: <ul style="list-style-type: none"> <li>○ Developing the pathways for people who self-harm</li> <li>○ Further aligning crisis support with the Single Point of Access</li> <li>○ Promoting the provision of specialist postvention support</li> <li>○ Ongoing suicide surveillance and rapid response to suspected suicides</li> <li>○ Work with partners to implement strategy, building resilience of communities and responding to learning</li> </ul>	Q1- Q4
<p><b>Intended Outcome – what difference will this make?</b></p> <p>Population and system outcomes (longer term impacts): This delivers against the Cabinet Secretary Priority for Mental Health</p> <ul style="list-style-type: none"> <li>● Longer term, this will create a value based approach across all services, optimising use of resources for greatest impact and outcomes</li> <li>● Improving equity of access and supporting the shift to a preventive approach, contributing to addressing health inequalities</li> <li>● Improved join up across physical and mental health</li> </ul> <p>Quality and Performance</p> <ul style="list-style-type: none"> <li>● This delivers against the Cabinet Secretary priority metrics for Assessment and Therapeutic Intervention</li> <li>● Improved patient and carer experience</li> <li>● Delivery against People’s Experience Framework in relation to patient and carer reported outcomes and experience</li> </ul> <p>It also delivers specific improvements in services and pathways including:</p> <ul style="list-style-type: none"> <li>● Increased efficiency and integration of the duty and assessment model</li> <li>● To improve sustainability, navigation and alignment of access and referral points</li> <li>● Reduce inappropriate urgent and emergency attendances and referrals for children and adults</li> <li>● Reduction in waiting time and revised neurodiversity pathway</li> <li>● Redesign of Adult Community Service including Single Point of Access</li> <li>● Improved inpatient model that provides service resilience, sustainability and offers quality evidence-based care and treatment</li> <li>● Improved Older Adult Services and compliance with Dementia Standards</li> </ul> <p>Cross Reference to: Trajectories in the MDS and Ministerial Templates</p>		



## Strategic Priority 9: Community Hospital Model and Rural Regional Centres

The Powys Regional Partnership Board set out a vision for 'A Healthy Caring Powys' as part of the development of a long term shared strategy for health and care in the county. There has been extensive engagement to shape services in Powys, and the strategy set out the blueprint of Rural Regional Centres and community wellbeing hubs.

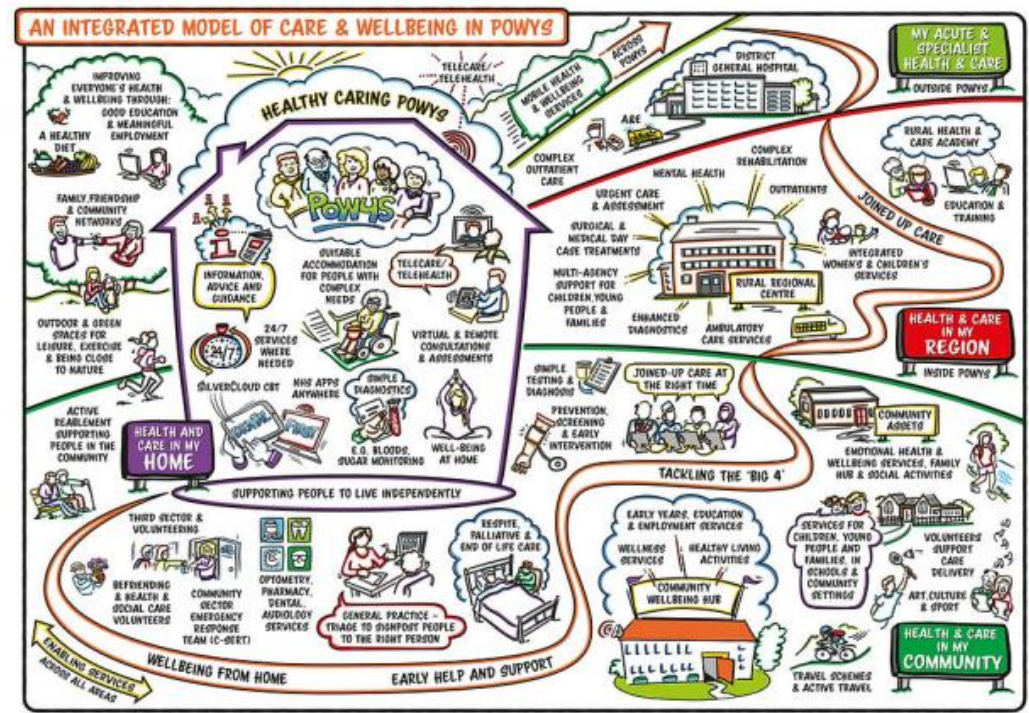
The North Powys Wellbeing Programme was established to deliver against the long term strategy and has helped to define the opportunities for care that can be delivered closer to home, services needed pan Powys and those that are more effectively provided by neighbouring NHS organisations.

Temporary changes were also made at the end of 2024, to improve the efficiency and effectiveness of inpatient care and promote better outcomes for patients. These involved the co-location of patients according to their clinical need, enabling clinical care to be tailored at each location and improving the alignment of workforce skills. An evaluation of these changes will be carried out in Q1 of this Annual Plan, to inform the next stage of development.

The Better Together Portfolio of work has been established within the health board to drive forward this next stage of transformational work.

A 'Case for Change' report has been produced which will be shared to gather the views, experiences and ideas of staff, public, communities and partners. This will build on and deepen engagement on future configuration options.

Optimising inpatient pathways and bed utilisation is identified as a **critical action** for delivery in 2025/2026.



# Joined Up Care

**Strategic Priority 9: Community Hospital Model and Rural Regional Centres** Executive Lead - Executive Director of Primary Care, Community and Mental Health

Will this contribute to (tick all that apply):	Risk		Recovery		Sustainability	✓
--	------	--	----------	--	----------------	---

## KEY AREAS OF DELIVERY

Key Activities ('SPECIFIC')	Key Deliverables ('MEASURABLE')	QTR ('TIMED')
9.1) Optimising inpatient care and bed utilisation  <b>CRITICAL ACTION</b>	<b>Colocation by clinical need</b> 9.1.1) Complete the evaluation of Temporary Service Changes (Ready to Go Home Units and Rehabilitation Units) with learning to be considered in developing future models of care (as part of SP4 Community Model)	Q1
	9.1.2) Implement recommendations including any rostering improvements (reflected in Workforce Futures and as part of SP4 Community Model)	Q2 – Q4
9.2) Review and develop the Community Hospital, Community Wellbeing Hub and Rural Regional Centre model across all service groups including ongoing development of the North Powys Wellbeing Programme	9.2.1) Develop and engage with public, staff and stakeholders on the Case for Change and emerging solutions to respond to the issues identified including development of the SOC/ OBC for Phase 1 for the North Powys Wellbeing Programme	Q1
	9.2.2) Engage with public, staff and stakeholders on the development of options to improve quality of services and make better use of resource	Q2
	9.2.3) Commence formal consultation on the options (if required)	Q3
	9.2.4) Confirm the new model	Q4

**Intended Outcome – what difference will this make?**

Population and system outcomes (longer term impacts): This contributes towards the Cabinet Secretary priority for 'Population Health and Prevention'

- Work in this area will contribute to the development of a sustainable model of care longer term, particularly in relation to infrastructure
- Longer term, this will create a value based approach across the use of the estate, optimising use of resources for greatest impact and outcomes

- Improving equity of access and supporting the shift to a use of resource for the greatest impact, contributing to addressing health inequalities

More specifically, in the period of the Annual Plan – it is intended that this work will:

- Improve stakeholder understanding of the challenges and changes needed in the system as a result of continued engagement
- Lead to greater co-production of the design and delivery of the model of care
- Enable risk stratification and improved intelligence about population need

#### Quality and Performance

- This will contribute towards delivery across all Cabinet Secretary priorities particularly ‘Building Community Capacity’ and associated metrics
- Supporting delivery across the NHS Wales Performance Framework
- Environments in which care is delivered are also important for delivery against the People’s Experience Framework/ patient and carer reported outcomes and experience / quality of care across all six domains of the framework

It also delivers specific improvements in services and pathways including:

- Improved resilience and utilisation of provider services capacity where appropriate
- Enabling progression against the local Health and Care Strategy and Cabinet Secretary priority to further enhance community capacity
- Improved patient flow, reduction in delayed transfers and reduced length of stay
- Reduction in emergency activity / admission avoidance where appropriate
- Increased activity in relation to preventative and wellbeing interventions
- Optimised utilisation of community based care
- Improved co-ordination of care including end / last year of life
- Improved join up of physical and cognitive frailty approach
- Prevention of deconditioning

Cross Reference to: Trajectories in the MDS and Ministerial Templates



## Strategic Priority 10: System Resilience

Powys residents access urgent and emergency care from a network of providers in England and Wales and the health board has a pivotal role in supporting resilience across multiple healthcare systems.

Powys Teaching Health Board directly manages Minor Injury Units (MIUs) in Llandrindod Wells, Welshpool, Ystradgynlais and Brecon. There are also Minor Injury services delivered within Primary Care settings.

There are important points of connection with the 'Six Goals for Urgent and Emergency Care', NHS Wales Joint Commissioning Committee in relation to Emergency Ambulances Services and the Welsh Ambulance Services NHS Trust (WAST). [Timely Access is also a Cabinet Secretary priority with associated metrics relating to Ambulance Handovers and time spent in Emergency Care.](#)

Powys County Council has commissioned Newton Europe as a strategic partner to undertake a diagnostic on adult social care and make recommendations for improvement and transformation. The health board is fully engaged and there are opportunities relating to the scale of social care delays currently experienced in our provider and commissioned services; and for our future Better Together Community and Frailty Model.

An update was made to the national 'Six Goals' programme for Urgent and Emergency Care for 2025/2026 following the issue of Cabinet Secretary Priorities.

This has been taken into account in the PTHB Six Goals plan, building on local priorities and progress to date. Key areas of revision in the updated national plan and PTHB plan:

- 1: Implement effective Community Based Falls Response Services– reflected in Strategic Priority 4 of this Annual Plan
- 2: Implement a robust 'Single Point of Access' (SPOA) for Urgent and Emergency Care - reflected in the action overleaf relating to the Integrated Flow Hub
- 3 and 4: Acute Front Door Frailty Service and Ambulance Handover Guidance – not directly applicable to PTHB as a provider, this will be reflected in the plans of hospital providers and Welsh Ambulance Services University NHS Trust; this forms part of partnership and commissioning arrangements
- 5: Implement actions described in the Optimal Hospital Flow Framework (with reduction in Pathways of Care Delays) – reflected in the actions overleaf

Delivery of the PTHB Six Goals Plan is identified as a **critical action** for delivery in 2025/2026.

## Joined Up Care

**Strategic Priority 10: System Resilience** Executive Lead - Executive Director of Primary Care, Community and Mental Health

Will this contribute to (tick all that apply):

Risk

✓

Recovery

Sustainability

✓

### KEY AREAS OF DELIVERY

Key Activities ('SPECIFIC')	Key Deliverables ('MEASURABLE')	QTR ('TIMED')
10.1) Refine the Integrated Flow Hub to develop a sustainable model that enhances system-wide coordination and patient flow <b>CRITICAL ACTION</b>	10.1.1) Scope and define the role and priorities of the Integrated Flow Hub, including the development of a resource plan	Q1
	10.1.2) Subject to scoping, secure necessary resourcing including workforce and digital technologies for effective and sustainable implementation	Q2
	10.1.3) Implement a revised approach to the Integrated Flow Hub, ensuring alignment with identified role and priorities	Q3
	10.1.4) Assess the effectiveness and impact of the revised Integrated Flow Hub, identifying lessons learned and opportunities to support long-term sustainability	Q4
10.2) Improved approach to Pathways of Care Delays (POCD) through escalation and tracking and working in partnership to deliver the recommendations of the Newton Europe diagnostic report.	10.2.1) Reduce the number of service users experiencing Pathways of Care Delays (POCDs) through escalation and tracking	Q1-Q4
	10.2.2) Reduce the number of super-stranded patients through escalation and tracking	Q1-Q4
	10.2.3) Work in partnership with PCC to improve social care delays through the recommendations of the Newton Europe diagnostic report	Q1-Q4
	10.2.4) Reduce the total number of days delayed due to Pathways of Care delays	Q1-Q4
10.3) Evaluation and Next Step relating to Temporary Service Changes	10.3.1) Evaluate temporary service changes for Minor Injury Units	Q1
	10.3.2) Based on evaluation, recommendation to be made to PTHB Board meeting in July regarding next steps for Minor Injury Units	Q2
10.4) Enhance the provision of PTHB Urgent Care Services	10.4.1) Conduct a review of current clinical practices and processes to establish key insights to inform the transformation of Urgent Care services	Q2
	10.4.2) Establish a clear framework and criteria to optimise access and streamline processes	Q3

	10.4.3) Review and scope key clinical pathways to improve the delivery of Urgent Care and inform future service design	Q3
	10.4.4) Advance pathway development - define vision for the future service	Q4
10.5) Further develop PTHB's utilisation of the Optimal Hospital Flow Framework and associated tools, with a focus on D2RA and Red2Green	10.5.1) Develop R2G and D2RA Information and Performance dashboards	Q1
	10.5.2) Monitor and review data outputs and identify barriers	Q2
	10.5.3) Scope and assess means to address identified barriers	Q3
	10.5.4) Develop targeted action plan to address identified barriers	Q4
<b>KEY AREAS OF DELIVERY</b>		
<b>Key Activities ('SPECIFIC')</b>	<b>Key Deliverables ('MEASURABLE')</b>	<b>QTR ('TIMED')</b>
Further strengthening the approach to Trusted Assessment	10.18) Pilot of Trusted Assessment approach	Q1
	10.19) Review outcomes of the pilot	Q2
	10.20) Scoping of next steps	Q3
	10.21) Implementation of Trusted Assessment	Q4
Enhance and expand the use of the Digital Patient Flow System: Powys DigiFLO	10.22) Scope the expansion of Powys DigiFLO onto Mental Health Wards	Q1
	10.23) Rollout of Powys DigiFLO to Mental Health Wards	Q2
	10.24) Embed Powys DigiFLO into standard practice for Mental Health	Q3
	10.25) Refine based on lessons learned from Mental Health implementation	Q4
	10.26) Embed all DigiFLO processes into Business as Usual	Q4
<b>Intended Outcome – what difference will this make?</b>		
<p>Population and system outcomes (longer term impacts): This delivers against the Cabinet Secretary priority for Population Health and Prevention</p> <ul style="list-style-type: none"> <li>• System resilience is a key priority given the challenges and constraints placed on the health board by system pressures – the PTHB Six Goals plan is a component of delivery to improve system efficiency and flow (locally and in neighbouring systems)</li> <li>• Improving system effectiveness and efficiency (locally and across all neighbouring systems) is key to achieving the longer term shift to a prevention based model of care and associated shift to value based use of resources for population health</li> <li>• The PTHB Six Goals plan is part of the Better Together Portfolio which also aims for greater co-production of the future model of care, greater risk stratification and improved intelligence about population need</li> </ul> <p>Quality and Performance</p> <ul style="list-style-type: none"> <li>• This will deliver against the Cabinet Secretary priority for 'Timely Access to Care' and 'Building Community Capacity'</li> <li>• There are also links to the delivery against 'Building Community Capacity' which are found in Strategic Priority 4 and 5 in this plan</li> </ul>		

- PTHB is not an acute hospital provider so does not directly deliver against the Cabinet Secretary priority metrics for 'Urgent and Emergency Care' (Ambulance Handovers, Time spent in Emergency Departments) but these are part of the plans of commissioned providers for the Powys population
- PTHB has a key role in supporting patient flow across all of the health systems used by Powys residents
- Supporting delivery across the NHS Wales People's Experience Framework and Six Domains of Quality

It also delivers specific improvements in services and pathways including:

- Delivery against National Six Goals Urgent and Emergency Care Programme requirements
- As a provider, continued excellence in performance of urgent care services (i.e. Minor injuries measures)
- Improved patient flow, reduction in delayed transfers and reduced length of stay as a provider and in relation to PTHB role in wider systems
- Improvements in performance in key areas of high impact and value – notably Discharge to Recover and Assess
- Reduction in emergency activity / admission avoidance where appropriate
- Increased efficiency of bed base utilisation – greater value based approach to care to improve outcomes and experience

Cross Reference to: Trajectories in the MDS and Ministerial Templates



## Strategic Priority 11: Commissioning for Value

The Health and Care Strategy for Powys set out the ambition to improve commissioning, delivering more services in county and greater continuity of care. This was implicit in the Five Year plan agreed by the health board last year but has been made even more explicit in this Annual Plan.

Improving the output and outcomes of care being provided and commissioned, to achieve greater value in the short through medium term, and a more sustainable offer longer term, remains fundamental as set out in the Five Year plan.

40% of the health board's budget is spent on commissioned secondary (acute and planned / elective care) and tertiary (specialised) services with commissioned care being extremely important to meet the health needs of the Powys population.

The Health Board's commissioning arrangements are extremely complex and include bi-lateral agreements with around 14 health providers in both Wales and England. The health board participates in the arrangements for the commissioning of specialised services, Ambulance Services and 111 through the Joint Commissioning Committee, which is one of the fastest growth areas with associated increased cost.

This spend across all commissioned services has grown by £37million over the last four years and

continues to grow. It is a major contributor to the health board's deficit financial position.

The health board aims to become a more strategic commissioner to drive value, based on analysis carried out in Year 1 of the plan to understand the commissioning position including drivers and variation in cost, equity, and outcomes for the population.

A Strategic Commissioning Plan is being developed to drive population health and value, form the framework for the tactical commissioning and contracting workplan for 2025/26. This will include

- Reviewing options for commissioning activity within available resources
- Align with level 4 de-escalation criteria of developing an 'acceptable plan'
- Working closely with NHS England Integrated Care Boards to align commissioning approaches and reviewing contract design
- Working with the Joint Commissioning Committee (JCC) as a preferred partner to assess options for pathway and referral optimisation
- Robust contract monitoring process with focus on access, quality and patient experience, finance and workforce which will inform provision of quarterly commissioned services performance report.

- Long Term Agreements (LTAs) have been agreed in principle with all 6 NHS Wales Health Boards and Velindre NHS Trust and the health board is continuing to work closely with the JCC to agree the foundational annual plan for 2025/26.

The initial focus will be in relation to the 'Risk' and 'Recovery' priorities, with support to 'Sustainability' alongside this, to ensure that longer term planning is balancing the response to here and now issues.

An analysis undertaken within the Health Board has informed the Strategic Priority 4 Enhanced Primary and Community Care; and Strategic Priority 5 Planned Care and Diagnostics and the Commissioning for Value priorities including pathway redesign, admission avoidance, timely discharge and end of life care.

An annual review of the Integrated Quality and Performance Framework (IQPF) has also been undertaken, which provides continuous oversight on the delivery of quality, patient centred services for PTHB both as a provider and commissioner.

The updated IQPF continues to reflect the core measures to provide assurance:

- On timely and appropriate access to care to reflect the best health outcomes within agreed targets.

- Against national and local quality measures of care.
- That services are adopting a value based health care approach to improving efficiency and productivity, and that financial plans are being delivered.
- Review of motivated and sustainable workforce that is appropriately trained.

Strategic and Tactical Commissioning has been identified as a **critical action** for delivery in 2025/2026.

<b>Joined Up Care</b>			
<b>Strategic Priority 11: Commissioning for Value</b> Executive Lead - Executive Director of Planning, Performance and Commissioning			
<b>Will this contribute to (tick all that apply):</b>	<b>Risk</b> ✓	<b>Recovery</b> ✓	<b>Sustainability</b> ✓
<b>KEY AREAS OF DELIVERY</b>			
<b>Key Activities ('SPECIFIC')</b>	<b>Key Deliverables ('MEASURABLE')</b>	<b>QTR ('TIMED')</b>	
<b>11.1) Commissioning development Framework</b> <b>CRITICAL ACTION</b>	11.1.1) Develop Strategic Commissioning Framework for tactical commissioning and contracting for 2025/26 based on population health and evidence based practice to improve outcomes and value for population, in context of escalation and plan status. Includes underpinning work on reducing variation and implementing national INNU policies and supporting referral optimisation and coordination of Last year of Life	Q1	
<b>11.2) Pathway development/redesign</b>  Through the application of the PTHB commissioning cycle, Identify and redesign/recommission 2 pathways through clinically led Commissioning Approach; including gynaecology and General Medicine	11.2.1) Establish and secure clinical leadership	Q1	
	11.2.2) Review of population need, current and intended outcomes	Q2	
	11.2.3) Review existing service provision, undertake gap analysis in context of identified need and relevant national benchmarking data (including evidence base)	Q2	
	11.2.4) Determine current provider/commissioner budget, performance and contract frameworks for each pathway	Q2	
	11.2.5) Develop proposed service specifications	Q2	
	11.2.6) Detail proposed clinical pathways and models of care based on the service specifications	Q3	
	11.2.7) Translate clinical pathways and models of care into final specification (including tender documentation if service to be procured)	Q3	
	11.2.8) Plan demand and capacity requirements to ensure timely, effective and equitable delivery of the pathway	Q3	
	11.2.9) Develop pathway implementation plans	Q4	
	11.2.10) Develop performance monitoring and assurance framework	Q4	
<b>11.3) Specialised services</b> Work with JCC as a preferred partner to: analyse and scope opportunities to improve value; take forward JCC Transformation priorities 2025-26	11.3.1) Establish with JCC preferred partner arrangement	Q1	
	11.3.2) Scope opportunities for pathway and referral optimisation (linking to the Critical action set out in SP5)	Subject to JCC timeframes	
	11.3.3) Develop implementation plan for identified options		

KEY AREAS OF DELIVERY		
Key Activities ('SPECIFIC')	Key Deliverables ('MEASURABLE')	QTR ('TIMED')
11.4) Develop Fragile Service Risk Assessment methodology to guide strategic commissioning of in reach	11.4.1) Using national work, agreed methodology to review existing in-reach services and determine options for future commissioning arrangements	Q1
11.5) Strengthen Integrated Quality and Performance Framework for PTHB as both provider and commissioner	11.5.1) Revised IQPF reflects NHS Wales Planning and Performance Frameworks for 2025-26; revised PTHB internal performance monitoring structure; and revised commissioned service quality and performance review mechanisms	Q1
11.6) Agree first phase outcomes of Third Sector Review, focussing on admission avoidance, timely discharge and end of life care	11.6.1) Establish review group, clinical and managerial leadership	Q2
	11.6.2) Updated service specifications and agreement of SLAS with providers	Q2-Q3
	11.6.3) Develop KPI's and agree new reporting metrics	Q2
	11.6.4) Review of Provider Selection Regime and National Commissioning Framework for Hospices, Mental Health and other third sector services in support of future commissioning approach	Q4
	11.6.5) Review opportunities for reallocation of funding streams	Q2-Q3
<p><b>Intended Outcome – what difference will this make?</b></p> <p>The Commissioning for Value work programme aims to review services PTHB provides and those services it commissions to ensure that:</p> <ul style="list-style-type: none"> <li>• PTHB resources are used wisely to get the best possible outcomes (individual, service, organisation and community) and experience for the population.</li> <li>• We understand what matters to the population, with an evidence-base for effective interventions, unwarranted variation, outcomes, costs and value.</li> <li>• Focus on quality outcomes, experience and cost to help ensure that resources are allocated and managed to have the greatest positive impact.</li> <li>• Discharge commissioning within available resources considering need; resource allocation; service review and gap analysis; demand and capacity.</li> <li>• Achieve NHS Wales enabling actions including productivity and efficiency measures, and evidence base compliance.</li> <li>• Robust service specifications underpinning contracted activity levels.</li> <li>• There is focus on resource allocation and management to have the greatest positive impact and on the systems in processes to deliver value.</li> <li>• There is a citizen centred approach, putting patients, safety, outcomes and experience as well as safeguarding above all other considerations.</li> <li>• The development of an annual commissioning and contracting work programme which will support PTHB sustainability and recovery.</li> <li>• Supporting and driving forward the Better Together Portfolio and sustainable model of care, including Planned Care and Community Model.</li> <li>• Integrated approach to performance, commissioning and contracting and business intelligence for secondary and specialised services.</li> <li>• Ensuring local commissioning takes into account NHS Wales and NHS England performance and outcomes frameworks/ productivity and efficiency</li> <li>• Responding to PTHB accountability conditions and escalation status of Level Four, delivering against associated action plan.</li> <li>• Working closely with NHS England Integrated Care Boards to align commissioning approaches and reviewing contract design.</li> </ul>		

- Working with the Joint Commissioning Committee (JCC) as a preferred partner to assess options for pathway and referral optimisation

# ENABLING PLANS



## Workforce Futures 2025/26

The workforce is the most critical asset of the health board. All aspects of the employee experience, values, wellbeing and careers are important. The local approach takes into account national policy and frameworks including the NHS People Strategy, National Workforce Implementation Plan/Retention Plan and Strategic Workforce Plans.

There are opportunities for the future workforce to develop in new and innovative ways, linked to transformational work on Better Together. There are also challenges, with an ageing population and difficulties in recruitment and workforce supply. The latest workforce projection data shows that:

- There is an improving picture for the Nursing workforce, as a result of investment and pipelines such as Aspiring Nurses and international recruitment.
- For the Allied Health Professional workforce, there is an improving picture but focused activity is needed in Radiography, Occupational Therapy and Psychology.
- The medical workforce is similar, requiring continued efforts for a sustainable pipeline.

- The Health Board needs to review how and where services are provided to make best use of the available workforce supply.
- The demographics of the current workforce remain a challenge with over 45% of the total workforce being over the age of 50 (and 31% of the total workforce being over the age of 56).
- If we do nothing, demand and capacity modelling indicates in 10 years' time, there will be an even greater demand on services.

All current and ongoing vacancies are reviewed by the responsible Executive Director along with enhanced monitoring of clinical vacancies to ensure timely advertising of posts that would otherwise attract variable pay. Service leads with high consistent staff unavailability, will need to develop recovery plans to minimise the reliance on agency staff.

If PTHB does not change the way care is provided this will impact on quality and safety. Therefore innovative solutions must be found which do not exist within single organisations, therefore there is a need to work with and across partners to deliver transformational change through the Workforce Futures programme.

It will also be essential to recognise the vital contribution of volunteers and unpaid carers, whose role is particularly critical in a rural county.

A reshaped Workforce Futures Programme will provide targeted and dedicated support where required to support transformational change, especially where the solutions to health and care issues lie in cohesive partnership working.

There will be a focus on activity required to enable successful transformation which includes enabling the workforce to be fully cognisant of the need for change through workforce engagement and consultation along with ensuring that there are multi-disciplinary teams with the skills and capacity to deliver transformation.

### **Key areas of delivery will be:**

#### **Transform and Sustain the Workforce:**

- Enhance candidate attraction, engagement, and retention
- Promote rural health and care careers via the ACEES schools' program and volunteering
- Continue successful overseas recruitment, providing pastoral care for new Adult and Mental Health Nurses, and medical staff recruitment
- Further develop Aspiring Nurses, facilitating access for Powys pre-registered students to the Dispersed Learning Nurse Degree Programme

- Targeted recruitment including Healthcare Support Workers, aiming for zero agency spend in these roles by September 2025 and 30% reduction on overall agency spend by the end of the financial year
- Deliver sustainable, blended nursing degrees in partnership with Health Education Improvement Wales (HEIW) and higher education
- Offer apprenticeships and placements for school leavers and further education students

Workforce Transformation has been identified as a **critical action** for delivery in 2025/2026

#### **Cultivate a Great Place to Work:**

- Develop a People Strategy outlining structure and culture for current and prospective employees
- Conduct regular 'temperature checks' and surveys, including the National Staff Survey
- Implement staff engagement initiatives including Chat2Change and Wellbeing Roadshows
- Collaboration to enhance nurse retention
- Workforce performance dashboards on surveys, occupational health referrals, cultural metrics
- Clinical Leadership Immersive Programs across staff bands to boost leadership effectiveness
- Embed a Compassionate Leadership approach
- Promote 'OUR VOICE' portal, to safely raise concerns and support psychological safety.

- Integrate newly created Managers Charter
- Enhance support for working carers

**Prioritise Employee Health and Wellbeing:**

- Gap assess the Wellbeing Plan against HEIW's Staff Health and Wellbeing Framework
- Regularly gauge workforce sentiment, providing targeted support such as financial wellbeing
- Host wellbeing and engagement roadshows across the county and in community sites
- Re-tender the Occupational Health Employee Assistance Program (EAP) platform
- Develop consistent Occupational Health services aiming for Safe Effective Quality Occupational Health Service Accreditation
- Enhance attendance management to support staff in returning to or remaining at work
- Pilot and evaluate mindfulness and wellbeing programs to aid staff retention and return-to-work efforts
- Promote Employee Assistance Programme offerings, including menopause support and GP referrals
- Continue rolling out Compassionate Leadership programs to underpin staff wellbeing

**Transformation Skills and Development:**

- Focus on targeted support towards identified transformation initiatives. Including the need to

develop leadership capability, sustaining and supporting people through change, transformation training needs and developing the capability to adapt to and embed the new ways of working

**Advance Equalities and Welsh Language:**

- Implement objectives from the Strategic Equality Plan 2024-27, aligning with national strategies and action plans
- Monitor use of online translation services and explore sign language support in primary care
- Expand gender awareness training
- Develop policies addressing workplace sexual safety, aligning with national initiatives
- Finalise and implement updated Anti-Racism Plan, incorporating recommendations from the Workforce Race Equality Standard (WRES)
- Create guidance and passport system for reasonable adjustments to support staff with disabilities
- Explore certification and accreditation, such as Diverse Cymru Competence Scheme and the Hate Crime Charter
- Evaluate effectiveness of Welsh Language Assessment Tool to enhance services for Welsh-speaking patients and staff

# Workforce Futures

**Strategic Priority: Transformation and Sustainability** Executive Lead – Executive Director of People and Culture

Will this contribute to (tick all that apply):	Risk		Recovery	✓	Sustainability	✓
--	------	--	----------	---	----------------	---

## KEY AREAS OF DELIVERY

Key Activities ('SPECIFIC')	Key Deliverables ('MEASURABLE')	QTR ('TIMED')
12.1) Transformation skills and development Focused on targeted support for transformation, including leadership, change management, training and capability for transformation and new ways of working <b>Critical Actions</b>	12.1.1) Working with the Transformation and Improvement team, assess and prioritise the development of transformation and improvement training, skills and capacity at all levels of the organisation	Q1 - Q4
12.2) <b>Variable pay:</b> On board a further 3 cohorts of internationally trained Adult Nurses, Mental Health Nurses and 2 Medics	12.2.1) Successful on-boarding of cohorts of Internationally Educated Nurses (IENs) and Medics	Q1-Q4
	12.2.2) Advertise, recruit and onboard 15 aspiring nurses	Q1-Q3
12.3) Undertake targeted recruitment to Bank, prioritising services with variable pay spend	12.3.1) Increased recruitment to Bank	Q4
12.4) Introduce arrangements to temporarily realign establishments to remove the use of Healthcare Support Workers (HCSW) agency staff	12.4.1) Increase in temporary/fixed term HCSWs to remove HCSW agency use	Q2
	12.4.2) Cease Healthcare Support Worker, Admin & Clerical, and Estates & Ancillary agency use by September 2025	Q2
12.5) Ensure Executive approval to enhance vacancy controls	12.5.1) All vacancies are reviewed by Executives to support in year savings through delayed recruitment	Q1-Q4
12.6) Enhanced monitoring of clinical vacancies to ensure timely advertising of posts that would otherwise attract variable pay	12.6.1) All clinical vacancies attracting variable pay are advertised	Q1-Q4
12.7) Work with clinical and operational directorates, ensure staffing models are reviewed where appropriate to recognise ongoing national work relating to health care support worker roles and the Nurse Associate role	12.7.1) Schedule of reviews operationalised	Q1-Q4

KEY AREAS OF DELIVERY		
Key Activities ('SPECIFIC')	Key Deliverables ('MEASURABLE')	QTR ('TIMED')
12.8) Ensure that local job descriptions are reviewed in line with changes to the national agenda for change profiles	12.8.1) Develop a timetable of activity to ensure that local job descriptions are reviewed in line with changes to the national agenda for change profiles	Q1-Q4
<b>12.9) Pipeline:</b> Launch the third cohort of the Aspiring Nurse Programme with HEIW and University partners	12.9.1) Evaluate impact and Return on Investment (ROI) of pipeline workforce	Q2-Q4
12.10) Continue to deliver and evaluate the Academy Career and Education Enterprise Scheme (ACEES) with Powys County Council Education service	12.10.1) Provide an ACEES offer to schools	Q2-Q4
	12.10.2) Evaluate impact of programme 2024/25	Q1
<b>12.11) Students:</b> Train registered Nursing staff as Practice Assessors and Supervisors to support Students on placement	12.11.1) Number of registered nurses that have received the Practice Assessors/ Practice Supervisors training	Q1-Q4
12.12) Train eligible registered nurses in restorative supervision	12.12.1) Number of registered nurses trained in restorative supervision	Q1-Q4
<p><b>Intended Outcome – what difference will this make?</b></p> <ul style="list-style-type: none"> <li>• Meeting Welsh Government 30% agency reduction spend target</li> <li>• Zero agency spend on Agency Healthcare Support Worker, Admin &amp; Clerical, and Estates &amp; Ancillaries</li> <li>• Reduction in Whole Time Equivalent vacancies</li> <li>• Increase workforce pipeline routes</li> <li>• Restorative supervision Trained clinical managers</li> <li>• Sustainable workforce model with associated reduction in vacancies, agency usage and a greater pipeline of potential recruits</li> <li>• Home grown capability in rural healthcare, with associated improvements in patient care and experience</li> </ul>		

**Strategic Priority: A Great Place to Work** Executive Lead – Executive Director of People and Culture

Will this contribute to (tick all that apply):	Risk	✓	Recovery		Sustainability	✓
--	------	---	----------	--	----------------	---

**KEY AREAS OF DELIVERY**

Key Activities ('SPECIFIC')	Key Deliverables ('MEASURABLE')	QTR ('TIMED')
13.1) Continue to address actions within the HEIW Nurse Retention Plan	13.1.1) Pilot 'Stay Conversations' template	Q2
	13.1.2) Develop a leavers toolkit, to include exit interview guidance	Q3
13.2) Embed Speaking up Safely framework	13.2.1) Promote the SUS routes; quarterly SUS steering group to monitor impact	Q1&Q4
	13.2.2) Evaluate Vivup SUS offer	Q2
13.3) Promote the findings and themes emerging from the 2024 NHS staff survey	13.3.1) Communicate 2024 findings and themes - “you said we have/ did” model	Q1-Q2
13.4) Undertake 2025 NHS staff survey	13.4.1) Promote 2025 NHS staff survey retaining a 30% or higher return	Q3
13.5) Development: Deliver B6 and 7 (expanding to 8A) Clinical Leadership Immersive Programme (CLIP)	13.5.1) Run monthly CLIP programmes	Q1-Q4
13.6) Develop a one-day CLIP for B5's	13.6.1) Pilot and then implement a 1 day CLIP programme	Q1-Q4
13.7) Support HEIW to Scale up PTHBs CLIP programme pan Wales	13.7.1) Run monthly CLIP sessions for HEIW ** subject to RIF funding	Q1&Q2
13.8) Integrate the Managers Charter within the existing managers programme	13.8.1) Number of Managers programmes held /participants	Q1-Q2
13.9) Evaluate Reverse mentoring pilot	13.9.1) Evaluate the first reverse mentoring cohort and promote 2 <sup>nd</sup> round	Q1-Q2
13.10) Develop a People strategy	13.10.1) Create a people strategy with feedback from staff that describes structures, systems, skills, behaviour, leadership, and culture	Q4

- Intended Outcome – what difference will this make?**
- Turnover percentage in terms of retention
  - A great place to work, with positive organisational and team climates, high levels of staff satisfaction, engagement and wellbeing
  - Associated improvements in recruitment and retention and reductions in workplace absences
  - Staff are able to raise concerns and speak up safely

**Strategic Priority: Employee Health and Wellbeing** Executive Lead – Executive Director of People and Culture

Will this contribute to (tick all that apply):	Risk	✓	Recovery	✓	Sustainability	✓
--	------	---	----------	---	----------------	---

**KEY AREAS OF DELIVERY**

Key Activities ('SPECIFIC')	Key Deliverables ('MEASURABLE')	QTR ('TIMED')
14.1) Provide access to a range of wellbeing initiatives which support the health of the workforce	14.1.1) Deliver wellbeing roadshows across the county ** subject to RIF funding	Q1-Q4
	14.1.2) Promote the Employee assistance platform offers	Q1-Q4
	14.1.3) Develop and promote the offer for working carers	Q1-Q4
14.2) Deliver the Compassionate Leadership model to underpin approach to staff wellbeing	14.2.1) Deliver monthly Compassionate leadership intro sessions for both Health and Care staff ** subject to RIF funding	Q1-Q4
14.3) Provide a range of offers that deliver on the HEIW Staff Health and Wellbeing Framework (SHWF)	14.3.1) Complete Match and Gap of PTHBS Wellbeing plan/ staff experience framework against HEIW's SHWF	Q1
	14.3.2) Develop plan and implementation for addressing the gaps	Q1-Q2
14.4) Targeted Support for managers to reduce short term absence through Managing attendance at work policy	14.4.1) Pilot and evaluate a mindfulness / wellbeing programme of offers to support return to work /stay in work ** subject to RIF funding	Q1
14.5) Introduce regular case reviews for all long-term absentees	14.5.1) Rolling programme of case reviews in place	Q4
14.6) Develop capability of managers on Managing Attendance	14.6.1) Rolling programme of capability improvement	Q4
14.7) Re- tender Occupational Health Employee Assistance Platform (EAP)	14.7.1) Write tender specification and go out to the market	Q1-Q2
	14.7.2) Award and implement EAP	Q2-Q3

- Intended Outcome – what difference will this make?**
- Reduction in sickness absence, whole time equivalent turnover and recruitment & retentions / grievances, self and Management Occupational Health referrals relating to Sickness, Depression, and Anxiety (SAD)
  - Staff report positively about their health and wellbeing at work, feel supported and have access to wellbeing initiatives that meet their needs
  - Managers are able to utilise workforce policy, guidance and wellbeing initiatives to support staff to remain in/return to work

**Strategic Priority: Equalities and Welsh Language** Executive Lead – Executive Director of People and Culture

Will this contribute to (tick all that apply):	Risk	✓	Recovery	✓	Sustainability	✓
--	------	---	----------	---	----------------	---

**KEY AREAS OF DELIVERY**

Key Activities ('SPECIFIC')	Key Deliverables ('MEASURABLE')	QTR ('TIMED')
15.1) Continue the implementation of the objectives set out in the Strategic Equality Plan (SEP)	15.1.1) Achievements set out with the SEP are met	Q4
15.2) Explore certification / kite mark schemes and accreditation e.g. Diverse Cymru Competence scheme; hate crime charter	15.2.1) Exploration completed and implemented plan in place	Q3
15.3) Develop and implement policy and approach to sexual safety in the workplace, linking with National programmes	15.3.1) Policy implemented and promoted, monitoring in place	Q1
15.4) Implement updated Anti racism plan which includes actions relating to recommendations arising from the WRES report	15.4.1) Achievements set out within the Plan are met	Q1-Q4
	15.4.2) Half yearly updates against the Anti Racism action Plan	Q2 & Q4
15.5) Continue to rollout the Gender awareness training	15.5.1) Number of cohorts and participants	Q2 & Q4
15.6) Development of a reasonable adjustment guidance for staff and a reasonable adjustment passport	15.6.1) Guidance issued and passport in place	Q4
15.7) Monitor and evaluate the usage and impact of the Welsh Language Vacancy Assessment Tool	15.7.1) Review compliance of use of tool. Consider improvement target if required	Q2 & Q4
15.8) Monitor the use and uptake of Online translation, including exploration of sign live within primary care services	15.8.1) Sign live introduced within Primary Care settings	Q4
	15.8.2) Continued utilisation of online translation	Q1-Q4

**Intended Outcome – what difference will this make?**

- Performance – Strategic Equality Plan/ Workforce Race Equality Standard plan
- The health board is dynamic in promoting and achieving equality as an employer and employees report positive experiences and support
- The health board takes a pro-active wider role as an anchor institution, leveraging its importance in the Foundational Economy
- There is an 'Equality Friendly' culture with a well-trained workforce and effective utilisation of assistive technology, translation and interpretation



## Digital First

A Strategic Framework is in place to drive forward the 'Digital First' approach. There are five strategic themes, which guide efforts to improve patient care, streamline operations and foster innovation, aligned with Better Together and the national Digital Health and Care Strategy.

- *Leadership, Partnership and Alliances*
- *Enabling Efficiency and Effectiveness*
- *Citizen Centred Care and Support*
- *Infrastructure and Security*
- *Big Data and Artificial Intelligence*

By leveraging digital technologies with training, culture, and behaviours, the aim is to create a more efficient, effective, and patient-centred healthcare system for Powys. This includes the review of advanced digital tools and platforms to enhance patient engagement, improve clinical outcomes, and support healthcare professionals in delivering high-quality and safe care.

A key aspect of the strategic framework is the collaboration in clinical informatics. This involves working closely with clinical informatics team to ensure that data-driven and experience-driven insights are integrated into decision-making processes.

This collaboration will enable the development and utilisation of data dashboards and experience that provide real-time information on key performance indicators, patient outcomes, and operational efficiency. These dashboards and collaborative working will be instrumental in identifying areas for improvement, tracking progress, and ensuring accountability across the organisation.

Embedding accountable digital leadership across the organisation will take place with the objectives to improve quality and safety of care and pathway redesign to reduce variation.

A sustainable resilient healthcare system will be built that meets the needs of transformation and business efficiencies programmes, staff, community, supporting the health and wellbeing of the people of Powys.

Additionally, achieving efficiencies and embedding benefits realisation to ensure value in digital investment is maximised.

Cybersecurity and the replacement of the Community Care information System (WCCIS) have been identified as **critical actions** for delivery in 2025/2026.

# Digital First

**Strategic Priority: Leadership and Planning for Digital** Executive Lead - Executive Director of Allied Health Professions, Health Sciences and Digital

Will this contribute to (tick all that apply):	Risk	✓	Recovery	✓	Sustainability	✓
--	------	---	----------	---	----------------	---

## KEY AREAS OF DELIVERY

Key Activities ('SPECIFIC')	Key Deliverables ('MEASURABLE')	QTR ('TIMED')
16.1) DSF Strategic Theme - Leadership, Partnership and Alliances  Schedule Board Development sessions to embed digital thinking at the leadership level, to be well-prepared to navigate the digital landscape	16.1.1) To ensure digital transformation is a continuous focus at the highest levels of leadership plan two Digital Board Awareness Sessions in year	Q1
	16.1.2) Schedule and present a Cyber/Information Governance Awareness Board Session	Q2
	16.1.3) Schedule and present a Big Data Management Awareness Board Session	Q4
16.2) DSF Strategic Theme - Enabling Efficiency and Effectiveness  Embed Accountable Digital Clinical Leadership to improve quality and safety of care, and efficiency of Health Board assets, monitoring attendance by stakeholders at the Digital Clinical Transformation Board and assesses the increase in the use of digital adoption. This ensures that digital transformation is	16.2.1) Embed accountable Digital Clinical Leadership to improve quality and safety of care, & efficiency of Health Board information and assets	Q1-Q4
	16.2.2) Monitor attendance by stakeholders at the Digital Clinical Transformation Board and assess for increase in use of digital adoption	Q1-Q4
	16.2.3) In collaboration with services, create and implement dashboards to track efficiency metrics such as unused licenses, highest printing and franking users. This will optimise resources and reduce waste.	Q2
	16.2.4) Collect patient feedback on the access to digital tools and services	Q3

continuously promoted and adopted across the organisation	16.2.5) Increasing use of Virtual Consultations for Follow Ups by 10% to improve accessibility and convenience with more flexible care options	Q4
<b>KEY AREAS OF DELIVERY</b>		
<b>Key Activities ('SPECIFIC')</b>	<b>Key Deliverables ('MEASURABLE')</b>	<b>QTR ('TIMED')</b>
16.3) DSF Strategic Theme - Citizen Centred Care and Support  Patient Health Care Pathway Mapping and encouraged use of the NHS Wales App, to encourage behaviours that will transform communities to manage and monitor their health.	16.3.1) Identify two priority pathways that must improve current waiting times, reduce duplication and inefficiency in administrative tasks in line with the Business Efficiencies priorities	Q2
	16.3.2) Collaborate across identified services to map those pathways identified and identify any gaps in the NHS Wales App and NHS App that will impact patients	Q3
	16.3.3) Create an improvement plan in collaboration with services with a view to standardising processes and documentation, reduce data collection and input duplication and support the design of new requirements	Q4
	16.3.4) Aim to achieve a reduction in referral processing times, within 12 months through an integrated digital referral system for identified priority services	Q4
16.4) DSF Strategic Theme - Leadership, Partnership and Alliances  System Integration with providers and commissioners in NHS Wales and NHS England, with robust Data Sharing Agreements. To facilitate seamless information sharing and standardisation across pathways, enhancing collaboration and overall healthcare delivery.	16.4.1) Information Sharing agreements in place across providers and commissioners	Q3
	16.4.2) Collectively continue to deliver digital transformation to support sharing of information and standardisation across pathways, with cross border providers	Q1-Q4

KEY AREAS OF DELIVERY		
Key Activities ('SPECIFIC')	Key Deliverables ('MEASURABLE')	QTR ('TIMED')
16.5) DSF Strategic Theme - Leadership, Partnership and Alliances  Develop a Supportive and Inclusive Digital Training Function to improve Digital Skills and Confidence for staff and patients to adopt technology and use systems effectively. This will enhance digital competence and foster a culture of continuous learning and adaptation, which is crucial for successful digital transformation.	16.5.1) To support all staff to adopt technology and use systems effectively create a business case to support Digital Skills and Confidence training which must include patient engagement, and supporting partners such as Workforce and Development, Health Education in Wales	Q2
	16.5.2) Increase the number of Clinical Safety Officer Training sessions and increase digital confidence	Q4
16.6) DSF Strategic Theme - Enabling Efficiency and Effectiveness  Workforce Planning for Digital and Clinical Informatics services through a Demand and Capacity exercise to support Digital Transformation across the organisation	16.6.1) Conduct a Demand and Capacity exercise to identify workforce needs for Digital Transformation and Enablement, considering current and future business as usual activities and prioritising programmes to support transformation, efficiency, safety, and quality	Q1-Q2
16.7) DSF Strategic Theme - Infrastructure and Security <b>CRITICAL ACTION</b>  Cyber and Infrastructure	16.7.1) Complete the Cyber Assurance Framework (CAF) and establish a process for reducing the cyber risk and managing the incidents in a timely manner	Q1-Q4
16.8) DSF Strategic Theme - Big Data and Artificial Intelligence  Put the use of data, insight and analytics, used safely and securely, at the core of the health and	16.8.1) Creation of clear project plans and actions to adopt innovative approaches to improving patient care and reducing waiting times or improving administrative processes using Artificial Intelligence and Robotic Process Automation technology, prioritising technologies that have undergone successful assessments by partners (robust case studies)	Q1-Q4

care system to deliver improved health and wellbeing outcomes.		
<b>KEY AREAS OF DELIVERY</b>		
<b>Key Activities ('SPECIFIC')</b>	<b>Key Deliverables ('MEASURABLE')</b>	<b>QTR ('TIMED')</b>
16.9) Strategic Theme - Leadership, Partnership and Alliances	16.9.1) Commence the implementation of Electronic Prescribing Medicines Management to meet the Welsh Gov Milestone Funding agreement	Q2
DSF National Programme Alignment	16.9.2) Submit the Digital Maternity Solution Business Case for internal Approval	Q1
Electronic Prescribing Maternity system and app Radiology Information System	16.9.3) Radiology Information System Programme Upgrade Go Live	Q4
Connected Care (WCCIS), Mental Health and Community Health Solution replacement connected to Primary Care <b>CRITICAL ACTION</b>	16.9.4) Draft the Community Care solution replacement (WCCIS) Business Case, ready for submission for internal approval	Q3
Deploy with industry partners, proven clinical systems such as for Maternity, Mental Health and Community Health Systems, electronic care records and medical technologies to deliver greater standardisation of care pathways, improved productivity and support clinicals and professionals in decision making and enable wider population management	16.9.5) Collaborate with Betsi Cadwaladr University Health Board on the specification requirements for procuring a new Mental Health Solution	Q3
	16.9.6) Complete a full WPAS review to evidence Data Quality, duplication and gaps in functionality, as part of the whole system review	Q4
	16.9.7) Commence a Referral Management System review in collaboration with Primary Care and Services from a System application perspective i.e. findings to evidence if referrals are made electronically and consistently	Q4
<p><b>Intended Outcome – what difference will this make?</b></p> <p>The intended outcomes of the Digital First Plan is aimed at enhancing digital competence, compliance, improving care quality and safety, increasing efficiency, and fostering innovation:</p> <ul style="list-style-type: none"> <li>• <b>Enhanced Digital Competence and Compliance:</b> By developing a supportive and inclusive digital training function, staff and patients will improve their digital skills and confidence, enabling them to adopt technology and use systems effectively. This will foster a culture of continuous learning and adaptation, which is crucial for successful digital transformation.</li> </ul>		

- **Improved Care Quality and Safety:** Embedding accountable digital clinical leadership will ensure that digital initiatives are aligned with clinical priorities and that there is accountability for the outcomes of these initiatives. This approach will improve the quality and safety of care. Implementing AI-driven clinical decision support systems will assist healthcare providers in diagnosing and treating patients, leading to better clinical outcomes.
- **Increased Efficiency:** The creation and implementation of dashboards to track efficiency metrics will support the Business Efficiencies programme to reduce waste. This initiative will provide real-time insights into various operational metrics, enabling the organisation to identify inefficiencies and areas for improvement quickly. Increasing the use of virtual consultations across services for follow-ups by 10% will significantly improve accessibility and convenience for patients, reducing the need for in-person visits and allowing for more flexible care options as we redesign the digital model of care.
- **Fostering Innovation:** Developing predictive analytics models will help anticipate patient needs and optimise resource allocation. This could involve using historical data to predict patient admissions, identify high-risk patients, and improve care management. Expanding the use of natural language processing (NLP) will extract valuable insights from unstructured data, such as clinical notes and patient feedback. This can help identify trends, improve patient care, and streamline administrative processes

Overall, these efforts will lead to a more digitally competent workforce, improved care quality and safety, increased operational efficiency, and a culture of innovation within the organisation.

Digital First is an enabler and these activities are carefully planned not to be specific about technology but focus on understanding the problems with measurable improvements to achieve the wider finance, performance, quality and safety outcome indicators through collaboration and support across all the Strategic Priorities. Digital First Strategic priorities are tracked through delivery of the Digital Strategic Framework and through quarterly engagement and communication delivery and assurance reporting.



## Innovative Environments

The importance of innovative environments to improve the quality of care and the outcomes and experience of patients and staff was set out in the PTHB Five Year Plan, with these key aims:

- Implementation of environments which improve access, coordination, and integration of services, especially for remote, rural, or underserved populations
- Patients being more involved, informed, and empowered in their own health and care, through co-design, feedback, and education
- Receiving faster, more accurate, and more personalised diagnosis and treatment options, thanks to new technologies and health facilities
- Adopting best practices from other sectors or regions that can improve efficiency, productivity, and sustainability
- Closer integration of teams and services to streamline throughput of the healthcare system

The challenges were also noted, with the health board having the oldest built estate in Wales, with 38% of buildings predating 1948 (significantly higher than Wales average of 12%). There is a backlog cost of £70 million required to bring the estate to a 'satisfactory' standard, in the context of a similar picture nationally and finite capital resources.

It is therefore crucial to identify and harness innovative and collaborative approaches. The agreement of a Strategic Capital Plan across the Powys Regional Partnership Board marks an important milestone, enabling partners to prioritise for A Healthy Caring Powys – the long term shared Health and Care Strategy. This therefore sets the context for year two of the Five Year Plan.

Welsh Government continue to support a very active and increasing capital investment programme for the Health Board with 55 projects delivered in 2024/2025 and an associated spend of circa £13M. Following the Welsh Government Capital Prioritisation Process review the progression of significant business case developments for North Powys and Llandrindod will enable significant service transformation supporting a fit for purpose estate, subject to final funding approvals.

The health board has legislative responsibilities under the Future Generations (Wales) Act (2015) and Environment (Wales) Act (2016) and has made a commitment to support the Senedd's declaration of a Climate Change and Nature Emergency. There are local actions set out in response to the national NHS Wales Decarbonisation and Biodiversity Plans, in addition to maintaining ISO14001 certification. Climate Strategy is also a key goal in the Public

Services Board Wellbeing Strategy, to leverage collective efforts and expertise from partners.

The health board is piloting agile and collaborative working to maximise space utilisation and reduce the footprint of public sector premises across Wales.

The Estates and Facilities functions have been brought together, and the integrated approach will identify synergies and opportunities for efficiencies in service delivery. The Estates focus on statutory compliance for the aging estate has provided good assurance in terms of the safety of the built environment, whilst also recognising the importance of continuing to

deliver against the now well established improvement programmes of activity. The Facilities service will be better positioned to drive forward service improvements, sustainability initiatives, and innovative working practices that align with the strategic vision.

Partnership will be key in this context to realising the ambition in A Healthy Caring Powys for Rural Regional Centres across Powys, including the multi-agency campus development which is part of the North Powys Wellbeing Programme.

## Innovative Environments

**Strategic Priority: Strategic Capital** Executive Lead - Associate Director of Estates, Facilities and Support Services

Will this contribute to (tick all that apply):	Risk	✓	Recovery	✓	Sustainability	✓
--	------	---	----------	---	----------------	---

### KEY AREAS OF DELIVERY

Key Activities ('SPECIFIC')	Key Deliverables ('MEASURABLE')	QTR ('TIMED')
17.1) North Powys Wellbeing Programme	17.1.1) Develop Strategic Outline Case / Outline Business Case for funding in support of an integrated health, care and wellbeing hub (phase 1)	Q3
17.2) Llandrindod Wells Rural Regional Centre	17.2.1) Business Case submission in format as outlined by Welsh Government as part of endorsed Programme Business Case	Q3
17.3) Discretionary Capital Programme including Targeted Estates Funding (TEF) etc	17.3.1) Discretionary Capital Programme (circa 25 projects)	Q1-Q4
	17.3.2) Secure funding and deliver projects within TEF categories; Decarbonisation, Infrastructure, Fire, Decontamination, Infection Prevention Control & Mental Health	Q4
17.4) Development of RPB Strategic Capital Plan, project pipeline	17.4.1) Health and Social Care, Integration and Rebalancing Capital Fund (IRCF); capital project programme	Q1
17.5) Llanfair Caereinion GP Practice and community hub	17.5.1) Identify project delivery and procurement pathway, secure funding and site and progress development of the project with commencement of construction phase	Q1-Q4

### Intended Outcome – what difference will this make?

- Delivery of Capital Programme enhancements to the estate including compliance improvements
- Strategic Capital Programme progressed to support delivery of 'A Healthy Caring Powys' and PTHB Integrated Plan / Strategic Priorities
- Programme of works to address urgent compliance risks and infrastructure improvements
- Underpinning Better Together and Routemap to Sustainability change programmes
- Capital delivery is monitored against time, cost and quality for each project
- Fit for purpose estate – reduces backlog maintenance and improves building energy performance
- Improved environmental benefits for patients, staff and visitors

## Innovative Environments

**Strategic Priority: Environmental Management and Decarbonisation** Executive Lead - Associate Director of Estates, Facilities and Support Services

Will this contribute to (tick all that apply):	Risk	✓	Recovery	✓	Sustainability	✓
--	------	---	----------	---	----------------	---

### KEY AREAS OF DELIVERY

Key Activities ('SPECIFIC')	Key Deliverables ('MEASURABLE')	QTR ('TIMED')
18.1) Environmental Management System accreditation	18.1.1) Maintain external accreditation to ISO14001 standards	Q2
18.2) Decarbonisation	18.2.1) Decarbonisation Strategic Delivery Plan – actions as set out by WG for 2025/2026	Q1-Q4
18.3) Biodiversity	18.3.1) Enhancement and protection of biodiversity including community group engagement. Publication of statutory 3-yr Biodiversity Report. Development of Biodiversity Plan	Q4
18.4) Energy Efficiency	18.4.1) Implementation of energy efficiency interventions pan-Powys: Re:fit programme / Invest to Save	Q2

### Intended Outcome – what difference will this make?

- Delivery of Capital Programme enhancements to the estate including compliance improvements
- Strategic Capital Programme progressed to support delivery of 'A Healthy Caring Powys' and PTHB Integrated Plan / Strategic Priorities
- Programme of works to address urgent compliance risks and infrastructure improvements
- Underpinning Better Together Portfolio
- Creating enhancements to workplace making working environments more comfortable
- Supporting workforces transition to low carbon solutions
- Green space management and biodiversity plans will deliver on social and green prescribing to help delivery of care
- Public Service Board coordination of response to climate change and development of climate adaptation.
- 12.6% scope 1 & 2 carbon emissions reduction
- 24.5% electricity reduction across the programme
- 6.3% gas reduction across the programme
- £416k revenue savings from reduced energy consumption (revenue available direct to health board post 'invest to save' payback)
- Improved air quality and energy network capacity from reduced consumption

## Innovative Environments

**Strategic Priority: Estates and Facilities** Executive Lead - Associate Director of Estates, Facilities and Support Services

Will this contribute to (tick all that apply):	Risk	✓	Recovery	✓	Sustainability	✓
--	------	---	----------	---	----------------	---

### KEY AREAS OF DELIVERY

Key Activities ('SPECIFIC')	Key Deliverables ('MEASURABLE')	QTR ('TIMED')
19.1) Develop synergies between Estates and Facilities work streams	19.1.1) Identify and develop joint working synergies and efficiencies for Estates and Facilities department	Q4
19.2) Facilities to implement the Symbiotix system for auditing and monitoring of assurance for catering and cleaning	19.2.1) Improved Assurance and the monitoring of quality	Q3
	19.2.2) Improve data collection for cleaning and catering standards	Q3
19.3) Implementation of all Wales Cleaning Standards	19.3.1) Improved cleaning standards which are measured and matched across Wales	Q3

### Intended Outcome – what difference will this make?

- Fit for purpose estate – reduces backlog maintenance and improves building energy performance
- Improved environments benefits patients, staff and visitors
- Identify and explore any potential savings on revenue and productivity
- Investigate collaborative working options
- Reduce revenue spend
- Improve service delivery
- Upskill existing workforce
- Improve productivity
- Ensure a more streamlined self-sufficient service
- Enhance cost effectiveness and resilience, reduce reliance on contractors and outside providers. Look at upskilling of existing staff to improve cross over work streams and joint working



## Transforming in Partnership

Commitments have been refreshed across partners to progress the long term Health and Care Strategy, [A Healthy Caring Powys 2017 – 2027](#). This forms the basis for the Regional Partnership Board (RPB) Area Plan, with connectivity to the Public Services Board (PSB) Wellbeing Plan. These are informed by the Powys Population Assessment, Wellbeing Assessment and Market Stability Assessment.

A Pan Cluster Planning Group is in place as part of the Regional Partnership Board Executive Group. This ensures prioritisation is fed by the experience and assessment of needs at the local cluster level, and that Cluster Plans are similarly reflective of the shared long term strategy for Powys.

Working with the Regional Partnership Board to prioritise investment and effort to the areas of greatest system pressures, including the impact of delays in care, is a **critical action** for delivery in 2025/2026.

At an organisational level, the work being led by the health board on Better Together links to wider public sector work led by Powys County Council for a 'Sustainable Powys'.

Due to the challenges in providing sustainable adult social care in the rural setting the Council has commissioned Newton Europe to undertake a

diagnostic report to make recommendations for improvement and transformation. The health board is fully engaged as a key partner in this work and there are opportunities to address the scale of social care delays in provider and commissioned services, which is key driver of the health board's financial deficit, as well as improve quality and patient experience. The transformation recommendations and further planning will also be aligned with the work to develop the Better Together Community and Frailty Model.

The health board's plan also responds to its escalation to Level 4 as determined by Welsh Government and includes action to ensure robust assessment and monitoring against this.

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. The health board is also participating in the new Marches Forward Partnership.

There are multiple strategic programmes at regional and national levels (in England and Wales) that relate to health and care provision for residents of Powys reflected throughout this plan and the overarching process of 'stocktake' of these changes is now well embedded and will continue into the coming year.

This section also reflects the cross cutting enabling plans of Governance and Communications and

Engagement, which are important in ensuring that there are robust organisational system and processes, which support inward and outward insight, to guide delivery of this plan and mitigation of risk.

The financial plan is then summarised at the end of this section and brings into one place the cumulative drivers and actions and their associated material impact on the financial position of the organisation.

A summary of the NHS Planning Framework is also provided at the end of this document. This is the key guiding document which is used in the development of this plan and all partner NHS organisations in Wales.

<b>Transforming in Partnership</b>						
<b>Strategic Priority: Partnership Development</b> Executive Lead- Executive Director of Planning, Performance and Commissioning / Director of Strategic Improvement and Transformation						
Will this contribute to (tick all that apply):	Risk		Recovery		Sustainability	✓
KEY AREAS OF DELIVERY						
Key Activities ('SPECIFIC')	Key Deliverables ('MEASURABLE')				QTR ('TIMED')	
20.1) Work with the Regional Partnership Board to prioritise the greatest system issues and impacts i.e. pathways of care delays and prevention of inappropriate admission to hospital, using the recommendations of the Newton Europe diagnostic report <b>CRITICAL ACTION</b>	20.1.1) Strengthened prioritisation and utilisation of RIF funded delivery to target greatest system pressures				Q4	
	20.1.2) Agreement on RPB support for Ready to Go Home Units subject to the PTHB Board decision in July 2025				Q2	
20.2) Work with the Regional Partnership Board (RPB) to develop, agree and implement a shared approach to partnership development	20.2.1) Work with the Regional Partnership Board to develop and agree a framework for partnership development				Q1	
	20.2.2) Work with the Regional Partnership Board to implement the agreed partnership development framework				Q4	
20.3) Work with the RPB to implement the findings and learning from the Evaluation, Prioritisation and Assurance Framework and agree the arrangements for the next round	20.3.1) Work with the Regional Partnership Board to ensure strengthened implementation plans, risk management plans and exit plans for the time-limited Regional Integration Fund (fund ending 2027)				Q1	
	20.3.2) Work with the Regional Partnership Board to ensure the Evaluation, Prioritisation and Assurance approach is applied to new proposals and planning for the subsequent financial year (2026/27)				Q4	
20.4) Work with the PSB to implement the PSB Wellbeing Plan	20.4.1) Lead the Powys Healthy Weights Strategic Steering Group to implement the Powys whole system approach to healthy weights action plan				Q1-Q4	

KEY AREAS OF DELIVERY		
Key Activities ('SPECIFIC')	Key Deliverables ('MEASURABLE')	QTR ('TIMED')
20.5) Align partnership planning across the Powys region for health and wellbeing, via development and delivery of PSB Wellbeing Plan, RPB Area Plan (Health and Care Strategy) and Mid Wales Joint committee work programme	20.5.1) Annual cycle of delivery via respective Partnership arrangements	Q1 - Q4
20.6) Work with the Marches Forward Partnership to develop and implement a plan to address shared priorities	20.6.1) Work with the health group to influence other Marches Forward Partnership programmes to implement a population health and preventative approach -including within external funding bids	Q4
	20.6.2) Work with the Marches Forward Partnership and key decision makers to assess the viability of a prevention at scale proposal involving external funding and to agree the way forward.	Q1
20.7) Systematic tracking and surveillance of external Strategic Change programmes and developments with a potential impact on healthcare for Powys residents, to identify and target clinical and professional inputs to regional work	20.7.1) Annual cycle with quarterly production of Stocktakes	Q1 - Q4
20.8) Embed Research & Innovation as a key enabler of change across the organisation	20.8.1) Delivery of RIC Hub workplan in partnership through the RPB with a focus on supporting and enabling progress of Better Together including the Business Efficiencies programme.	Q1-Q4
<p><b>Intended Outcome – what difference will this make?</b></p> <p>These activities support the achievement of elements of the strategic plan which are not possible to deliver by one organisation working alone, but require collaboration and alignment across partners both in the Powys region and wider regional and national footprints:</p> <ul style="list-style-type: none"> <li>• Specifically, the work with the RPB and PSB are important in the longer term work to deliver against the vision of A Healthy Caring Powys</li> <li>• Collaboration across partners in Powys is central to delivery of a whole system approach to prevention for the population of Powys</li> <li>• The RPB is key to addressing system pressures and delays and improving system resilience</li> <li>• The work on a wider Mid Wales basis and other regional / national footprints have the potential to leverage improvement at greater scale and value</li> <li>• The surveillance of Strategic Changes within and outside Powys provides intelligence which assists with the appraisal of risk and opportunity</li> </ul>		

<b>Transforming in Partnership</b>						
<b>Strategic Priority: Governance incorporating Corporate Business, Information Governance &amp; Records Management</b>						
<b>Executive Lead - Director of Corporate Governance / Board Secretary</b>						
<b>Will this contribute to (tick all that apply):</b>	<b>Risk</b>	✓	<b>Recovery</b>	✓	<b>Sustainability</b>	✓
<b>KEY AREAS OF DELIVERY</b>						
<b>Key Activities ('SPECIFIC')</b>	<b>Key Deliverables ('MEASURABLE')</b>			<b>QTR ('TIMED')</b>		
21.1) Further develop and implement the Board Assurance Framework	21.1.1) Board Assurance Framework (BAF) is an integrated part of every Board meeting and informing the Boards (and Committees) work programme			Q1-Q4		
21.2) Design Board and Committee work plans ensuring alignment to the organisational strategic plan, Board Assurance Framework and Corporate Risk Register	21.2.1) Board and Committee work plans are agreed (Q1), delivered (Q4) and evaluated (Q4 into 2026/27 Q1)			Q1-Q4		
21.3) Design & deliver a Board Development programme that supports the Board in fulfilling its role	21.3.1) Board development programme x10 sessions; board briefings x12 sessions reflecting the needs of the Board			Q1-Q4		
21.4) Review the Boards Risk Management Framework further embedding effective risk management	21.4.1) Risk management framework reviewed (Q1) and fully implemented (Q4)			Q1-Q4		
21.5) Ensure corporate business systems maximising efficiency and effectiveness	21.5.1) High quality corporate business systems and support in place across all corporate portfolios			Q1-Q4		
21.6) Information Governance and Records Management Strategy	21.6.1) Finalise strategy including improvement plan			Q1-Q2		
21.7) Develop the PTHB elements of the NHS Wales Information Governance Toolkit – Improvement Plan 2025/26	21.7.1) Engagement with Service leads to progress identified actions to improve compliance in readiness for next submission			Q1-Q4		
21.8) Develop a communications/awareness plan	21.8.1) Develop and deliver a plan that co-ordinates the communication/training and awareness plan which includes a review of effectiveness			Q1-Q4		
21.9) Records Management – Align and strengthen the Storage of Archive Health Records against legislation	21.9.1) Identify the resourcing strategy to support the effective on-going management to store archive health records over 4 designated facilities			Q1-Q4		

21.10) Ensure effective Information Governance and Records Management systems and processes are implemented to maintain and improve legislative compliance	21.10.1) Reduction in number of data and Information Governance breaches	Q1-Q4
	21.10.2) Successful completion of regulatory audits with no major non compliance issues	Q1-Q4

### **Intended Outcome – what difference will this make?**

As an enabling function, these activities support the achievement of wider finance, performance, quality and population outcome indicators through support across the organisations Strategic Priorities. Contribution to the achievement of the health board’s Strategic Priorities is tracked through the quarterly engagement and communication delivery and assurance report.

Enabling contribution across all health board outcomes (as agreed/prioritised) Specifically:

- Critical contribution to effective organisational governance; decisive and effective decision making supported by assurance, oversight and effective management of risks
- Appropriately skilled, trained and informed Board
- Excellent Board and Executive administration and governance advice and support
- Regulatory compliance - Provide pro-active assurance to the Board and key stakeholders of on-going alignment with relevant legislation and legislation; ensuring all staff have sufficient knowledge and training to comply with governance and data protection legislation
- Ensure consistent awareness and education communications deliver a single corporate message around information governance and records management issues
- Effective engagement to aid in implementation of robust measures to protect digital data and ensure up to date protections and compliance with data protection legislation, contribute to the transition from paper based to electronic management systems
- A streamlined records management system that ensures proper creation, storage, retention and disposal of both digital and paper health records
- Increased trust and confidence from stakeholders, including clients, partners and regulatory bodies in the health board’s governance and data handling practices
- Efficient and effective corporate business systems and processes
- Effective collaboration with key stakeholders to facilitate secure and compliant information sharing
- Contribution to staff engagement, great place to work, recruitment and retention

# Transforming in Partnership

**Strategic Priority: Engagement, Communication and Corporate Affairs** Executive Lead - Director of Corporate Governance / Board Secretary

Will this contribute to (tick all that apply):	Risk	✓	Recovery	✓	Sustainability	✓
--	------	---	----------	---	----------------	---

## KEY AREAS OF DELIVERY

Key Activities ('SPECIFIC')	Key Deliverables ('MEASURABLE')	QTR ('TIMED')
22.1) Design and delivery of a programme of marketing and communication	22.1.1) Design and deliver annual programme of communication and marketing activity focusing on those issues offering greatest strategic benefit and/or management of principal risks	Q1-Q4
22.2) Design and delivery of a programme of continuous engagement	22.2.1) Design and deliver compliant programmes of continuous engagement as well as targeted engagement and/or consultation reflecting the strategic requirements of the health board (e.g. Better Together), local partnerships (e.g. Sustainable Powys), regional programmes (e.g. cross-border / commissioned service changes) and national programmes (e.g. all Wales, specialised services)	Q1-Q4
22.3) Delivery of shared PSB/RPB Engagement and Participation Plan priorities	22.3.1) Continue to embed shared approach to coproduction across RPB and PSB partners including through the development and implementation of the Coproduction Journey Tracker	Q1-Q4
22.4) Ensure effective corporate affairs systems and processes that support the organisation to achieve its goals	22.4.1) Undertake quarterly review and update of principal stakeholder map, including specifically readiness for Senedd Reform 2026	Q1-Q4
22.5) Ensure effective and appropriate contribution to COVID learning through the UK COVID Inquiry and Senedd Special Purpose Committee	22.5.1) Continue organisational learning including proactive and reactive engagement with the UK COVID Inquiry and the Senedd Special Purpose Committee	Q1-Q4
22.6) Development and delivery of the Powys Health Charity strategy	22.6.1) Conclude delivery of current Powys Health Charity Strategy and develop and agree Powys Health Charity Strategy 2026-29	Q1-Q4

### **Intended Outcome – what difference will this make?**

As an enabling function, these activities support the achievement of wider finance, performance, quality and population outcome indicators through support across the organisations Strategic Priorities. Contribution to the achievement of the health board’s Strategic Priorities is tracked through the quarterly engagement and communication delivery and assurance report.

Enabling contribution across all health board outcomes (as agreed/prioritised).

Specifically:

- Better informed public and stakeholders that helps to “Promote a collective responsibility to maintain good health for individuals, communities and the health and social care system with a focus on preventing the onset of poor health and disease and on identifying and intervening early where disease occurs” (A Healthier Wales Refresh, December 2024)
- Better engagement and alignment between organisational goals and wider community/economy assets and skills
- Compliance with key legislation and guidance relation to communication, engagement, service change, accessibility, Welsh Language etc.
- Help to “Ensure the people of Wales have a strong voice to inform the ongoing development of an effective, joined up health and social care system” (A Healthier Wales Refresh, December 2024)
- Effective stakeholder relations and corporate affairs both to inform and to supportive achievement of organisational goals on behalf of the people of Powys
- Effective and compliant operation of the Powys Health Charity in line with agreed strategy

## Financial Position and Plan

This Integrated Plan responds to one of the most challenging periods in the history of the NHS in Powys. This year, as in the previous year, it has not been possible to produce a fully compliant plan in relation to the financial breakeven duty across a three year period. It sets out how we will work with communities and stakeholders to build a financially sustainable approach in Powys.

There are continued significant inflationary and demand growth pressures on healthcare, arising from a combined and complex set of challenges that are recognised in the NHS Wales Planning Framework and explored in detail in the strategic context of this plan.

These include the impact of the pandemic on access to healthcare; significant backlogs in treatment; cyclical system pressures and growth in demand and difficulties recruiting and retaining the workforce needed across health and care.

Demographic changes which have been noted nationally are particularly acute in the rural county of Powys, which is at the forefront of the ageing population, with evidence of a growing burden of ill health and increases in those facing multiple health challenges.

These challenges are impacting on the ability of the health board to achieve a financial breakeven plan and it has been determined by the Board that it is not possible to do so in 2024/25.

There has been a serious and significant interrogation of the drivers of the financial position in this context, to agree a position which represents an acceptable balance of risk. The position is subject to continuous focus and action by the Board and strong proactive management of the risks and opportunities.

There has been a thorough and lengthy appraisal to ensure the Plan is setting the necessary level of delivery to meet the immediate healthcare needs of the population of Powys, whilst driving forward transformation to build a more sustainable approach.

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

The 2025/26 Financial Plan is designed to deploy resources effectively to deliver improved outcomes and meet the needs of the resident population, in line with the long term Health and Care Strategy 'A Healthy Caring Powys'. It is a significant driver of the value-based healthcare approach, which is being embedded in the organisation supported by a core and expert team focused on transformation.

The plan aims to maximise the use of the Health Board allocated resources and strive to deliver safe, timely, effective, efficient, equitable and person

centred care that meets the needs of the population of Powys whilst meeting the challenge of delivering a financial plan that is as close to the Target Control Total as set by Welsh Government of £12m deficit.

### **Financial Plan for 2025/26**

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

The health board faces a significant financial challenge, as noted throughout this plan, due to a combination of pressures that are not unique to Powys or the health board.

#### Key financial assumptions

A detailed appraisal of the key financial assumptions in relation to the health board's financial position has been made during the six month period of Plan Development, working closely with the Financial Planning and Delivery Directorate within the NHS Wales Executive.

This appraisal process has included a series of 8 Board Development sessions (from September 2024 up to March 2025) at which the financial drivers, notably the key inflationary pressures and areas of demand and service growth, have been appraised.

Key areas of this appraisal have included:

- Inflationary pressures in relation to pay growth including agency uplifts

- NHS Wales and NHS England Provider and Commissioner uplift arrangements
- Inflationary growth in relation to Continuing Healthcare and Funded Nursing Care provision
- Other non-pay inflation considerations impacting on PTHB Provider and Commissioned Services (utilising Consumer Price Indices intelligence)
- Inflation in relation to Prescribing and High Cost Drugs (utilising All Wales Prescribing Audit Report)
- Changes in energy pricing / supply and provision (including the impact of global conflicts on this area of inflation)
- The income assumptions are based on a Health & Social Care budget 1.77% core allocation uplift in funding in 2025/26, additional funding for any pay awards and the impact of National Insurance changes

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.

#### Baseline and Forecast Position

The health board is forecasting a £15.8m deficit at the end of 2024/25. 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 £30.6m. This would be

£35.6m, without £5.0m of conditionally recurrent funding from Welsh Government.

The underlying deficit has developed over time largely driven by a growth in people requiring continuing healthcare and the commissioning of secondary care, alongside workforce pressures.

Area	Underlying deficit (£m)
Provided Services	6.9
Continuing Health Care	10.8
Commissioned Services	12.8
<b>TOTAL</b>	<b>30.6</b>

Adding to the underlying deficit of £30.6m, is the assessment of:

- cost pressures of £13.4m for secondary and specialist healthcare providers for inflation and increased activity;
- other cost pressures of £11.4m – including £6.3m for continuing healthcare and £1.9m for prescribing drugs in primary care; and
- an increase in funding reduced by the net effect of some allocation adjustments £(6.0)m.

These costs will be partially offset by a series of mitigating actions, evaluated as having a £11.0m impact in 2025/26:

- reducing expenditure on agency staff and medicines;
- the impact of transformational change; and

- working actively with teams to identify mitigating actions to contain cost pressures.

The impact of each of these components is set out in the table below. It shows that the health board has a financial plan starting position of £38.4m deficit in 2024/25.

	(£m)
Underlying deficit	30.6
Cost pressures in secondary care	13.4
Other cost pressures	11.4
Net effect of allocation adjustments	(6.0)
Mitigating actions	(11.0)
<b>TOTAL</b>	<b>38.4</b>
Conditional funding	5.0
<b>TOTAL without conditional funding</b>	<b>43.4</b>

There are risks to the financial plan, such as:

- the impact of NHS England planning guidance issued 30 January 2025. Further reductions in RTT access times in NHS England, could add up to £8m further costs.
- the current version of the JCC’s plan assumes that growth in activity in 2024/25 by Welsh providers will continue, but for English providers will revert back to 2023/24 levels. This is £650k.

The Health Board has agreed further options and action areas to reduce the financial deficit to deliver a position as close to the £12m deficit Target Control Total as possible. The action areas are detailed in the following table. The financial benefit against these action areas are based on calculated estimates and the actual benefit delivered in year will be dependent on start dates and agreements with partner organisations.

	2025/26	2025/26
<b>Financial Plan Summary 2025/26 Including identified option action areas - HIGH LEVEL INDICATIVE ESTIMATED COSTS</b>	<b>(£m)</b>	<b>(£m)</b>
<b>Financial assessment including risks relating to NHSE Performance Targets</b>	<b>47.00</b>	<b>47.00</b>
Remove risk in relation to NHS E and JCC re Performance Targets	<b>(8.60)</b>	<b>(8.60)</b>
<b>Financial Plan Starting Position before additional actions</b>	<b>38.40</b>	<b>38.40</b>
<b>Further Option Action Areas</b>		
Reprioritise the use of available funding (including RIF) to support the cost of the mitigating actions in relation to Social Care related DTOC	(3.00)	<b>35.40</b>
Commission activity for all providers to deliver NHS Wales Performance Targets	(16.40)	<b>19.00</b>
Increase focus and action with partners to improve the system pressure position in relation to DTOC and to reduce the costs of social care delays	(2.00)	<b>17.00</b>
Continue action with JCC to deliver plan within the allocated 1.77% uplift.	(1.00)	<b>16.00</b>
<b>Potential Financial Plan</b>		<b>16.00</b>

The financial impact of the actions taken in relation to the areas in the table above will be closely monitored to inform the Health Board financial position and year end forecast position as part of the regular reporting to Welsh government.

The figures in the table below give an indication of how the planned expenditure for 2025/26, excluding the impact of pay awards, compares to the forecast

expenditure in 2024/25 and the actual costs in previous years.

	£m									
	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	
	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Forecast	Plan	
05 - Primary Care - (excluding Drugs)	35	38	39	41	43	43	45	45	47	47
06 - Primary care - Drugs & Appliances	30	29	30	32	31	33	35	36	35	35
07 - Provided services - Pay	69	72	79	90	96	103	114	117	111	111
08 - Provided Services - Non Pay	24	15	16	25	27	16	21	25	29	29
09 - Secondary care - Drugs	1	1	1	1	1	1	1	1	1	1
10 - Healthcare Services - Other NHS Bodies	121	126	133	141	149	157	169	184	192	192
12 - Continuing Care and FNC	15	14	15	16	22	27	31	35	40	40
13 - Other Private & Voluntary Sector	4	3	3	3	3	3	4	6	7	7
<b>Powys Total</b>	<b>298</b>	<b>297</b>	<b>315</b>	<b>348</b>	<b>373</b>	<b>384</b>	<b>421</b>	<b>449</b>	<b>462</b>	<b>462</b>
<b>Annual Growth</b>		<b>-0.1%</b>	<b>6.1%</b>	<b>10.5%</b>	<b>7.0%</b>	<b>3.1%</b>	<b>9.5%</b>	<b>6.7%</b>	<b>4.9%</b>	

## Financial Risks

The health board is facing a number of financial risks at this stage of the financial planning process and is taking action to ensure these are appropriately managed and mitigated. The key risks and assumptions are set out below:

- Delivery in an environment of high demand and operational pressures; a dynamic environment across health and social care with considerable uncertainty that impacts planning commitments
- Achievement of mitigating actions to meet the savings target; concerted attention will be required with savings plans and further cost avoidance actions 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

- Pay award 2025/26 and impact of NI changes are excluded as assuming additional funding on an actual basis
- Delivery of the further option action areas.
- *A detailed Financial Plan is submitted as part of the Technical template (Minimum Data Set MDS) which is returned to Welsh Government as part of the Plan Submission at the end of March 2025.*

## Conclusion

The health board has developed an Annual Plan for 2025/26 due to the challenges the health board is facing, which are reflected in Level 4 Escalation Status for strategy, planning and finance. The Plan sets out the critical actions under the themes of 'Risk, Recovery and Sustainability, to address these.

By the end of 2025/26, through the Better Together portfolio, the health board will have published the plans to enhance and modernise Community and Frailty Services as well as elements of Mental Health and Learning Disabilities services.

As shown on the next page the health board will continue to meet the majority of the Ministerial Measures, including the good performance on immunisations and vaccinations, and will have maintained the reduction in waiting times for Neurodevelopmental Services for Children and Young People that has been achieved in 2024/25.

The health board's expert teams will have supported improvement in line with National Strategic programmes across Planned Care, Diagnostics and Major Health Conditions and there will have been further planning in line with Women's Health Plan to scope a Women's Health Hub for our rural population.

Under the stable leadership of the Board we will have been continuing grip and control on all drivers of the financial deficit, with particular focus on commissioning for value, Complex and Continuing Healthcare, flow, agency and recruitment.

Transformational work will also have been delivered to achieve a more stable workforce with enhanced wellbeing, to effectively manage the estate and physical assets that the health board manages and to rollout the benefits of digitalisation to the benefit of patients and staff. The work with our partners to manage the complex interdependencies across the public sector for the Powys population will continue and this will include new approaches to reduce the length of stay in hospital for older people.

The financial plan is based on current planning assumptions and known allocations. Although it necessarily focuses upon 2025/26, the health board has an ambition to recover its financial sustainability in as short a timescale as is practically possible.

The health board will continue to work closely with Welsh Government and the Financial Planning and Delivery Directorate of the NHS Executive in ongoing assurances on delivery and maximising opportunities to improve quality, service and financial performance.

## Key Performance Trajectories (refer to the Minimum Dataset for further detail)

Performance Assessment 2025/26 – PTHB Provider			
Ministerial Measure 2025/26	Target	Notes	Delivery Confidence
No of patients waiting > 52 weeks for new outpatient appointment	Zero	Performance reliant on continued use of ireach and insourced provision.	HIGH
No of patients waiting > 104 weeks for referral to treatment	Zero		
No of patients waiting for follow up outpatient delayed by over 100%	Reduction to same month previous year	Forecast based on historic total activity which achieved target reduction in 2024/25.	HIGH
No of patients waiting > 8 weeks for specified diagnostic	Zero	Modelling based on continued insourcing. Risk linked to fragile in -reach service provision.	REASONABLE
No of patients waiting > 14 weeks for specified therapy	Zero	Therapies currently meeting target within capacity.	HIGH
No of adults waiting > 14 weeks for all audiology pathways	Month on month reduction	New measure for 2025/26 Modelling work being undertaken.	
No of children waiting > 6 weeks for all audiology pathways	Month on month reduction		
% of LPMHSS assessments undertaken within (up to and including) 28 days from date of receipt of referral for people <18	80%	Historically have met target. For 25/26 based on historic delivered assessments, forecast target to be achieved within existing capacity.	HIGH
% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS for people < 18 years.	80%		HIGH
% of LPMHSS assessments undertaken within (up to and including) 28 days from date of receipt of referral for people >18	80%	Forecast based on historic delivered assessments adjusted to meet the minimum target 80% and that service will meet trajectory within existing capacity.	REASONABLE
% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS for people > 18 years.	80%	Forecast based on historic total delivered interventions but adjusted to meet the minimum target 80% and that service will meet target from within existing capacity.	HIGH
% of young people waiting less than 26 weeks to start ADHD or ASD neurodevelopment assessment.	80%	Insufficient capacity to deliver target.	LOW
% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health.	80%	Currently not delivering to target, however forecast to deliver target in 2025/26.	REASONABLE
% of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for people aged < 18.	90%	Service is already robustly compliant on this measure within current capacity.	HIGH
% of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for people aged > 18	90%	Service is currently not compliant. Modelling being undertaken to understand capacity requirements to ensure compliance.	REASONABLE

# APPENDICES

The [NHS Wales Planning Framework 2025-2028](#) sets out the strategic priorities and areas of focus required by the Cabinet Secretary for Health and Social Care:

➤ **Timely Access to Care**

[Key Delivery expectations \(Metrics\):](#)

- Ambulance handovers
- Time spent in Emergency Care
- Referral to treatment (104 weeks)
- First definitive cancer treatment
- Diagnostics (8 weeks)

➤ **Population Health and Prevention**

[Key Delivery expectations \(Metrics\)](#)

- Diabetes (8 NICE processes)
- Vaccinations targets

➤ **Building Community Capacity**

[Key Delivery expectations \(Metrics\)](#)

- Delayed Pathways of Care
- GMS National Access Standards
- Access to Pharmacist Independent Prescribing
- Access to Dental Care
- Community / Palliative Nursing (Weekend)
- Enhanced Community Care capacity

➤ **Mental Health access**

[Key Delivery expectations \(Metrics\)](#)

- Assessments (28 days)
- Therapeutic Interventions (28 days)

➤ **Women's Health**

Key Delivery Expectation -Women's Health Hub

The Framework also set out 'Enabling Actions' to 'adopt or justify', for Operational Productivity and Efficiency:

- Urgent and Emergency Care
  - 6 Goals Programme Falls, Remote Clinical Assessment, Acute Frailty at Front Door, Ambulance Handovers Guidance, Optimum Hospital Flow Framework
  - 50 Day Challenge consistent delivery at minimal additional resource
- Planned Care National Guidelines/ Thresholds by Clinical Implementation Network inc. Outpatients PIFU, SO, DNA/CNA and overbooking, Follow Up criteria; Cataract direct listing, protection and utilisation of inpatient/daycase/theatre capacity, High Volume Low Capacity and day surgery increases, validation and reporting
- Workforce Variable Pay and Agency Control Framework and Targets; Job Planning Policy; Sickness Absence reduction
- Value for Money Value and Sustainability Board recommendations for Non Pay, Medicines, Continuing Healthcare; Estate utilisation
- Outcomes and Variation Cancer Recovery pathways, Straight to Test, Value & Sustainability Board pathways (Diabetes, Bone Health, Arthroplasty), National digital Priorities (Maternity, NHS Wales App, systems and devices, cyber response); Interventions Not Normally Undertaken Phase 1; referral management and rapid adoption of 282 Health Pathways

## The NHS Wales Planning Framework 2025-2028

The Cabinet Secretary's letter also notes:

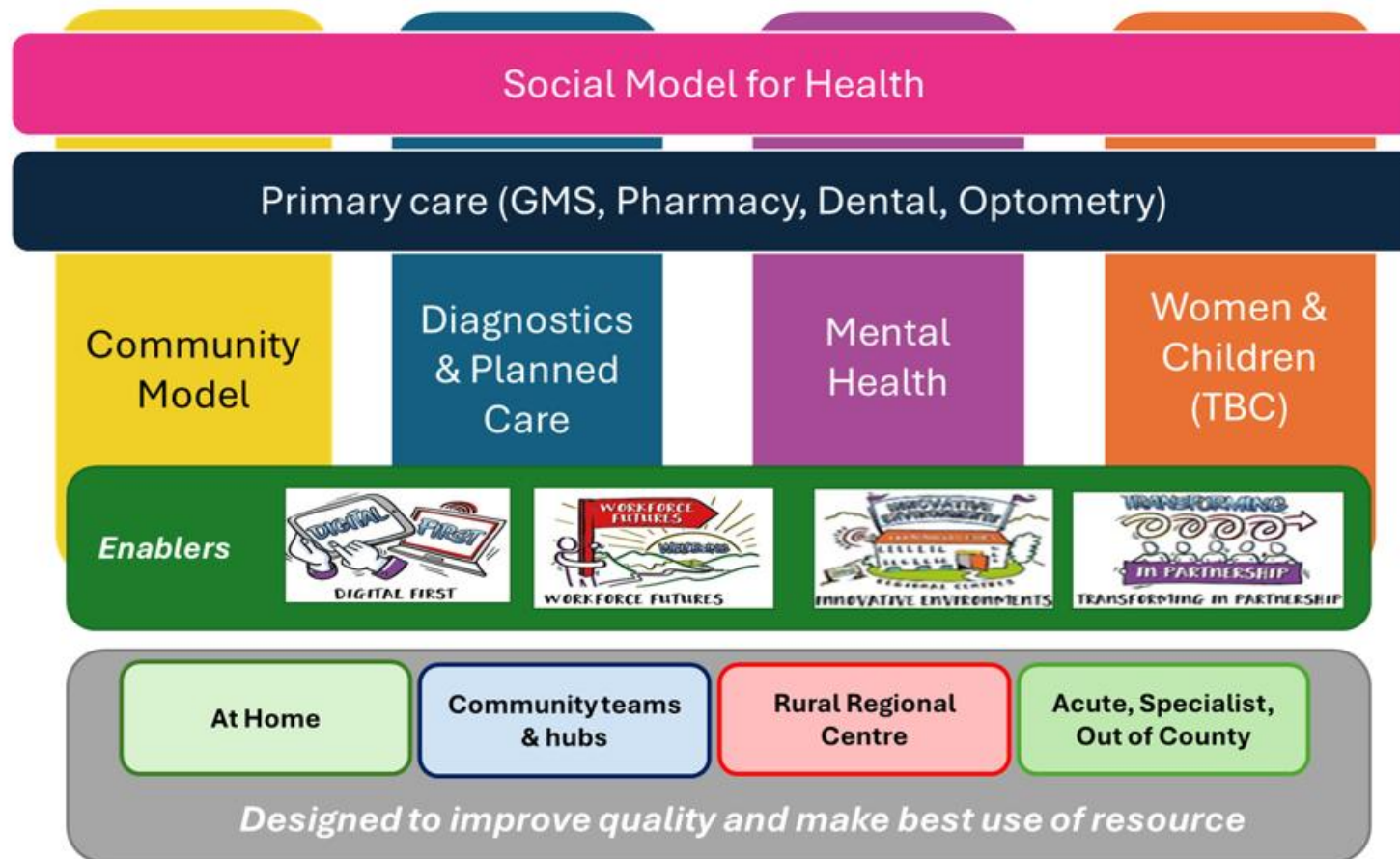
- Health boards will need to make choices in other areas, to improve the health of their populations and meet strategic objectives of A Healthier Wales, within available resources, with greater flexibility
- Dialogue to continue on areas for de-prioritisation or stoppage if there is evidence of waste, harm or variation with no/ low clinical value or effectiveness
- Quality, Safety and improvement of outcomes must be at the forefront of all the choices and decisions
- Delivery needs to draw on innovative, as well as familiar, approaches
- Further exploration to take place on streamlining data reporting, accountability and other systems
- Delivering financial improvement and sustainable financial positions, maximising use of resources and increasing productivity and efficiency, is critical
- Further work will be required to respond to Ministerial Advisory Group on Performance and Productivity
- Principle of Adapt, Adopt or Justify to be applied, including rapid digital innovation and transformation
- Regional opportunities to be grasped to deliver what cannot be done by one organisation alone
- Enabling plans for capital, digital, collaborative working and NHS workforce expected
- Social Partnership, Compassionate Leadership and a Safe, Inclusive Culture continue to be a focus
- Balance long term with here and now issues

A Letter from Director General, Health, Social Care and Early Years Group/ NHS Wales Chief Executive provides the Supporting Governance Arrangements:

- Actions from 'A Healthier Wales' to be reflected
- Wellbeing of Future Generations Act sets the context
- Statutory Duty to produce IMTP with compliance against break-even duty over rolling three years
- Also plan for longer term including clinical services / organisational plans and strategies
- Firm, Indicative, Outline approach over 3 Years
- Set out what delivered/ progressed / not delivered
- Year 1 milestones, actions, projections for delivery with financial sustainability, risks and mitigations
- Submissions to include: Narrative Plan, Ministerial Templates, Minimum Data Set (MDS)
- Cabinet Secretary priorities do not exclude wider range of services for population
- Also noted are Quality, Safety, health inequalities, Anti-Racism Plans, Health and Care Standards
- Cluster / Regional delivery commitments expected
- Financial improvements and sustainability is a priority, with scrutiny and risk management, and maximising transformation and efficiency
- Accountable Officer letter by 14 February (if required)
- Escalation status and criteria to be reflected in plans

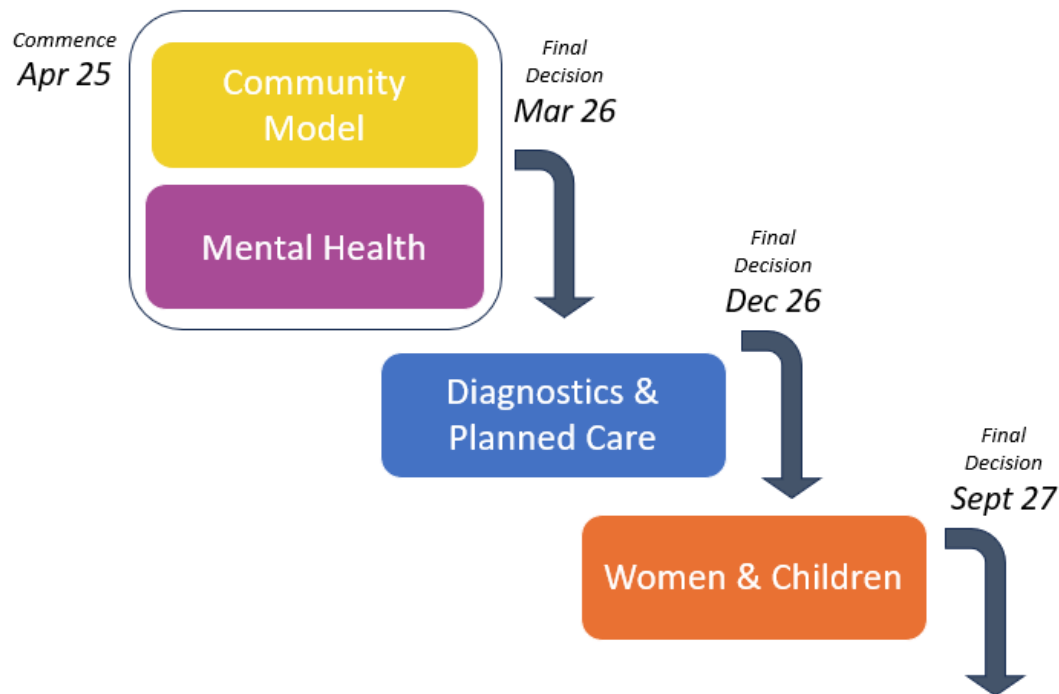
Additional technical guidance also issued, setting out the full range of legislative and policy requirements.

# Better Together Models of Care Design Approach for Powys



# Phased Thematic Approach to Portfolio Engagement & Consultation

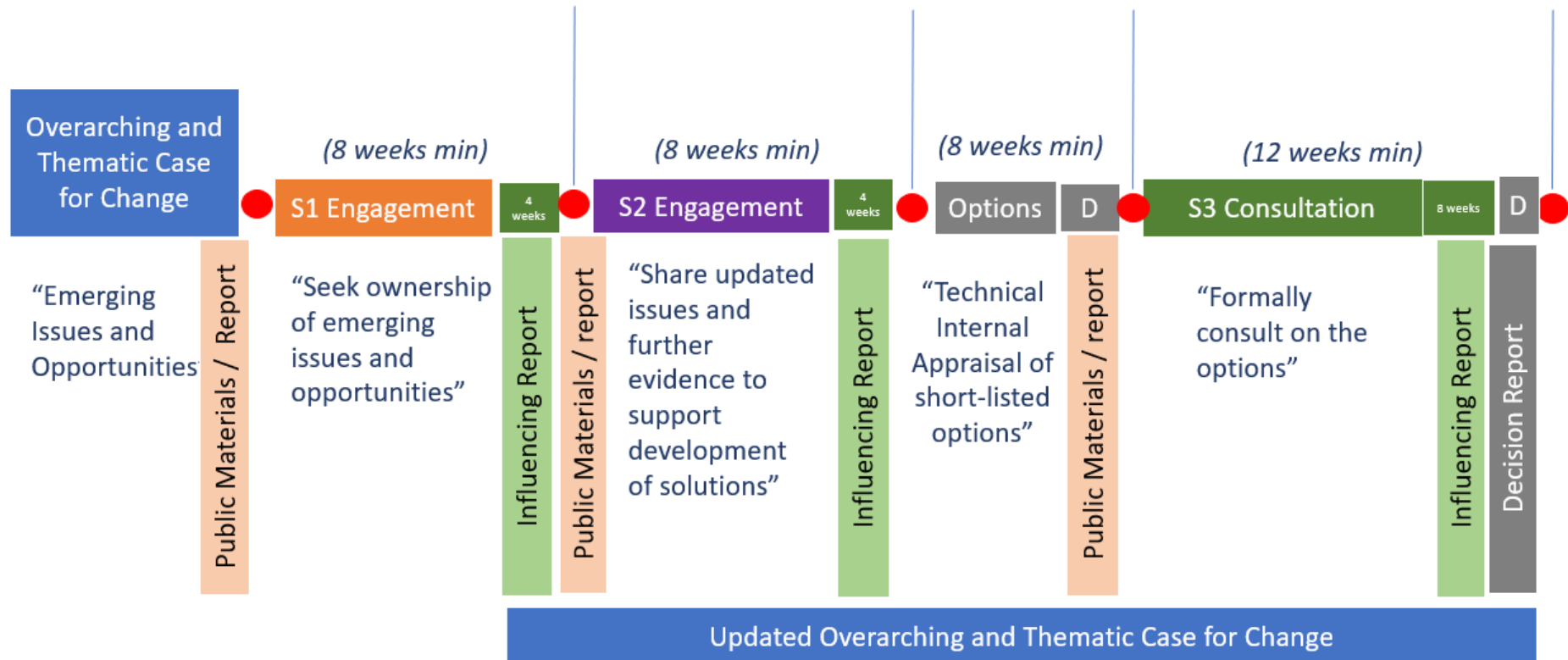
## Overarching Case for Change



- Indicative timescales based on 3 month overlap of thematic phasing - subject to resource
- Assumes 52 weeks indicative timescales per themes
- Inter-dependencies between thematic areas need to be further assessed i.e. diagnostics and community model
- Assumes Mental Health Older Adults / Inpatients accelerated to align with Community Model and there is no further consultation required
- Parallel working may elongate phases – subject to available capacity

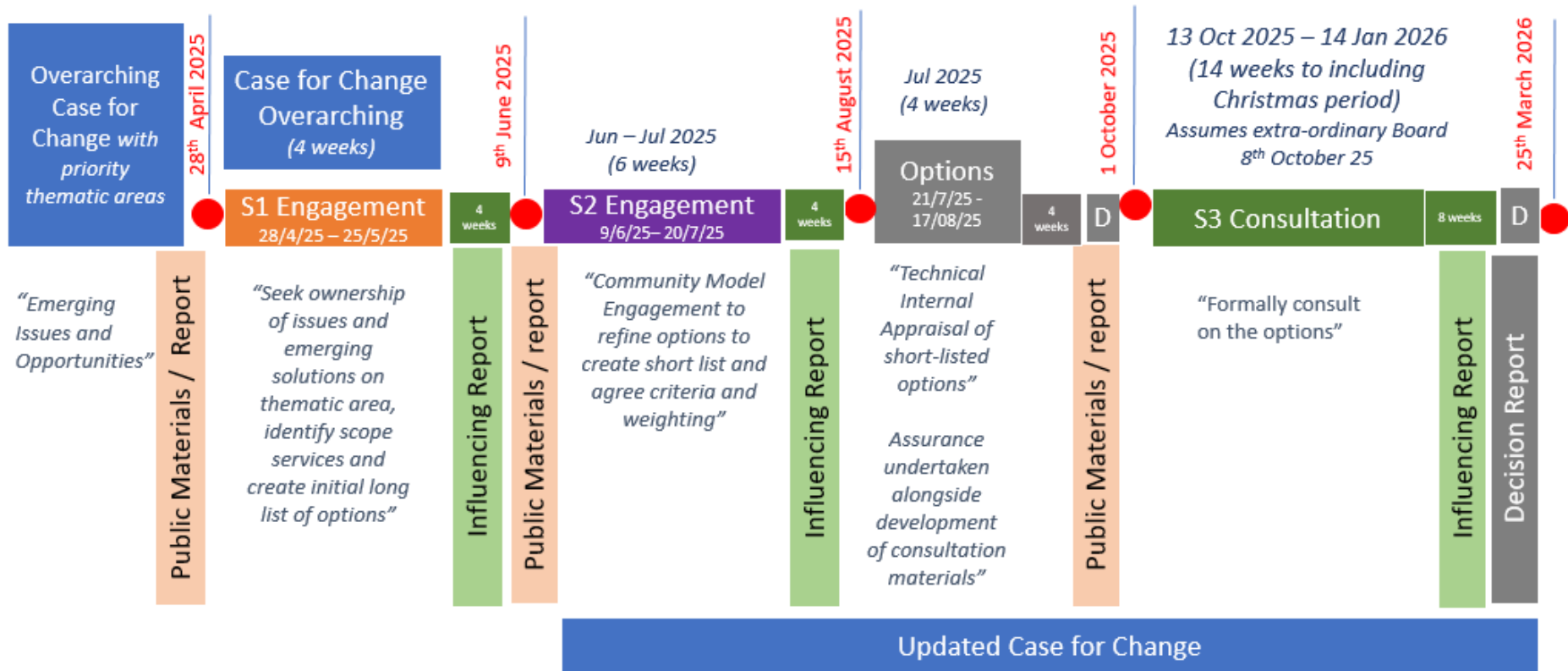
# Indicative Timescales for Thematic Engagement & Consultation

**Each Thematic Area would require - 52 weeks minimum period**



## Draft: Community Model Engagement & Consultation Process and Indicative Timescales

*(Overarching Case for Change previously end of June)*





GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd  
Addysgu Powys  
Powys Teaching  
Health Board

If you would like further information about this  
plan please email [Planning.Powys@wales.nhs.uk](mailto:Planning.Powys@wales.nhs.uk)