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Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Integrated Plan 2024 > 2029



Final Version Approved at PTHB Board 20th March 2024

Foreword

We are pleased to present this Integrated Plan for Powys Teaching Health Board. This is a Five Year Plan for the period April 2024 to March 2029. It sets out the work of the health board in the short, medium and longer term, to create 'A Healthy, Caring Powys', the shared long term health and care strategy for the County.

It covers the health board's whole range of responsibilities for healthcare for the people of Powys, both as a provider and a commissioner of services. It is therefore a broad, complex umbrella plan that seeks to encompass all the requirements and duties placed on the health board.

The plan responds to one of the most challenging periods in the recent history of the NHS in Powys. Post pandemic waiting times for diagnosis and treatment are too long, and inflationary pressures have contributed to a deficit financial position. 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. The financial position resulted in the health board's escalation and intervention status increasing to enhanced monitoring for planning and finance in 2023.

The plan therefore sets out the very best offer to maximise the use of our resources and strive to deliver safe, timely, effective, efficient, equitable and person centred care that meets the needs of the population of Powys. It also sets out how we will work with communities, staff and stakeholders to build a sustainable future for the County's health services.

This is also a plan that acknowledges that the current healthcare system is under significant stress and substantial change is required.

Some of this can be driven through transformation work led by the health board, working with local, regional and national partners. The plan clarifies exactly what the challenges are and what the health board can do, on its own and in collaboration with others, to build a more sustainable approach for Powys.

It is clear from the analysis set out in this plan that we will need to review and change our model of care in order to best meet the future needs of the people we serve, and within the resources available to us. This is based on a thorough appraisal carried out over a six month period, informed by extensive engagement with staff, the communities in Powys and our stakeholders.

The Board has met frequently and regularly in briefings and formal meetings, including eight development sessions, engaging in the development of strategic priorities and comprehensively scrutinising the plan and process. This has provided assurance that the plan is realistic, and represents the best offer in the current and foreseeable circumstances.

On this basis, the Board supports the submission to Welsh Government to meet the deadline of the end of March 2024, acknowledging that given the financial position, it cannot be submitted as a full 'IMTP' (Integrated Medium Term Plan) and there will be a particular focus on the delivery of the first year of the plan.



Hayley Thomas

Hayley Thomas, Chief
Executive Officer



Dr Carl Cooper

Dr Carl Cooper, Chair

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Introduction

This plan sets out immediate, short, medium and long term actions to deliver 'A Healthy Caring Powys' and the national goal of 'A Healthier Wales'. It is a five year plan, firm in detail in the first year but agile and dynamic enough to enable the health board to engage with its communities and adapt its approach.

There is a significant financial challenge to face over the period of this plan, but this cannot be seen in isolation or allowed to dampen the drive for progress. There remains great effort and determination within the health board to build on successes to date and recommit to the vision for A Healthy, Caring Powys.

There are complex components to this plan which are finely balanced. There are multiple statutory requirements to be met, all of equal and considerable importance, notably the duty to produce a financial breakeven plan; the duty to deliver healthcare that meets the needs of the population and the newer duties of Quality and Candour.

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 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 the current circumstances. It is recognised that this is likely to mean that the health board will remain in an escalated monitoring status and may be subject to greater targeted intervention from Welsh Government in relation to finance. It is recognised that the health board will therefore not be compliant with all the statutory and technical requirements of the NHS Wales Planning Framework.

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 service delivery to meet the immediate healthcare needs of the population of Powys, whilst driving forward transformational work to build a more sustainable approach.

Delivering that goal begins from a clear understanding of the population of Powys:

- Powys is a sparsely populated area where a third of people live alone; and loneliness can increase the risk of dementia and other conditions and is a key reason why people seek help
- The increasing age of our population means there are growing needs for health and care; people are experiencing a greater burden of ill health and more people have multiple conditions
- This includes the 'big four' reasons for ill health in Powys: cancer, respiratory conditions, circulatory diseases, and mental health
- The proportion of people of working age is reducing and we already see significant workforce gaps in areas such as home support
- The workforce and financial challenge require strategic and systematic change to enable sustainable services into the future, at national, regional and local level

These challenges are not unique to Powys, nor to the NHS or even to the public sector. Local Authorities and the third sector are also experiencing the same pressures and challenges.

It is therefore important to understand the pressures on all sectors in the round, together with the experience for the communities and residents of Powys who are facing increases in the cost of living due to the impacts of significant global events and the current economic recession.

And we also need to build on our strengths:

- We have vibrant and supportive communities, bringing their creativity and assets to find new ways to meet local needs
- We work with innovative and committed colleagues across the health & care sector and beyond
- As a provider and a commissioner of healthcare for the Powys population, working with partners in both Wales and England, we have a strong track record in taking a 'whole system approach'
- We have clear commitment across partners in the Public Service Board and Regional Partnership Board to work together for the common benefit for the people of Powys

Notwithstanding these strengths, it is clear from the analysis set out in this plan that the current healthcare system is not working as well as it should. There is a clear case for change, to best meet the future needs of the people we serve, within the resources available to us.

We have already begun a conversation with Powys communities through a series of thirteen locality workshops in February and March 2024. We will build on those conversations through wider community, staff and stakeholder discussions to coproduce a future model that truly enables us to be 'Better Together'. We will also work in partnership with trade union representation in relation to any changes that will have an impact on staff.

The health board therefore continues to focus on its work to build an Accelerated Sustainable Model of healthcare, utilising value-based principles to support long term sustainability and to help identify priority areas for focus and improvement as part of our plans:

- focusing on wellbeing including through a fundamental shift to prevention
- providing early help and support, which requires a leading-edge approach to frailty, diagnostics and treatment closer to home
- responding holistically to support those with major conditions and tackling the 'big four'
- delivering joined up care to help people stay at home, or come back home faster and fitter

This local work will be in parallel with regional and national work to strengthen the healthcare system and recover access and waiting time backlogs.

This will include the implementation of the 'Getting It Right First Time' programme which is identifying opportunities to improve value and effectiveness. The health board continues to work closely with provider Trusts in England as well as Health Boards in Wales, to explore these opportunities, particularly where it may be possible to make better use of resources closer to home for greater benefit to the Powys population.

Welsh Government have also commissioned a review of those services which are considered 'fragile'. Some of those will include services used by Powys residents and will require more immediate and urgent attention.

In moving from a system designed in the past and recovering from the impact of covid, the cost of living, and wider current challenges to a system designed for a healthy, caring future, we recognise that difficult decisions may well be needed.

We will work with all those with a stake in that future to weigh up those decisions and design our future, to move from a year in which the NHS celebrated its 75th anniversary, to the 80th year and beyond. This will be in parallel with national conversations building on the work of the Bevan Commission which provided insight into public perspectives on wellbeing and health.

This Five Year Plan will require courage, collaboration and candour to deliver. There is a difficult balance to be achieved over the coming years and the health board is thankful to all those who work for us and with us in this endeavour.

We would like to take this opportunity to thank the Third Sector, Primary Care Clusters, Powys County Council, the Independent sector, Neighbouring Health Boards and Trusts for working in partnership with us. We look forward to keeping you updated on progress.



Powys and Its Population

Powys Population and Wellbeing

There are around 133,000 people in Powys which covers a quarter of the landmass of Wales. The Powys Population Assessment and Powys Wellbeing Assessment have been updated and provide a refreshed understanding of life in the County.



WELL-BEING ASSESSMENT
Powys Public Service Board



POPULATION NEEDS ASSESSMENT
Regional Partnership Board
Health and Social Care

March 2022

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

Life expectancy for men and women is higher than the Wales average and people in Powys live longer in good health than Wales and the UK, however there are inequalities between groups.

75% of areas in Powys are in the top 30% most deprived in Wales. This is in a rural low income employment context. 12% of the population are unpaid carers.

The average household income is lower in Powys compared to Wales.

55% of households in Powys earn below the County average. Most concerning is that 4,088 families live in absolute poverty.

48% of homes have a poor energy rating. The Housing Demand Register indicates unmet need for affordable housing of the right size and geographies. Powys has the worst quality of broadband coverage in Wales.

Surveys of wellbeing often show high levels of people feeling happy and in good health. There is an increasingly thriving Welsh culture with 19% able to speak Welsh in Powys.

However, 20% of those seeking support from PAVO (Powys Association of Voluntary Organisations) described loneliness and isolation. A third of households are single occupants; this is predicted to rise by 4.2% over ten years.

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

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

Powys and Its Population

Health Inequalities

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

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

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

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

- There are significant variances between the least and most deprived areas and life expectancy.
- There are issues of inequity of access, exacerbated by the impact of the pandemic on waiting lists.

- There is variation in different geographies in Powys, both for those services provided in the county or those accessed from neighbouring providers. There is a faster pace of recovery in waiting list backlogs in England than Wales.
- The number of elderly people in Powys is projected to rise by 15%, whilst the working age population is projected to fall by 3,200 (4%).
- The population change over 10 years will create a gap between those who need help and support, and those of working age who will be providing it.
- The key causes of illness and deaths of Powys people are the 'big four' - cancer; circulatory conditions; respiratory illness; and mental health. Given the ageing population these are growing concerns (and this relates to the challenges raised in the Science Evidence Advice paper on '[NHS in 10+ years](#)' which is summarised to follow.
- There are particular impacts for children following the pandemic and successive lockdowns with associated disruption in education and care. This is noted in the NHS Wales Planning Framework.

The health board and wider health and care sector are major employers and as such, significant contributors or 'Anchor Institutions' in the community, with an important role as part of the 'Foundational Economy' which is "the part of our economy that creates and distributes goods and services that we rely on for everyday life'.

Powys and Its Population

In September 2023 Welsh Government published a Science Evidence Advice paper on 'NHS in 10+ years', an examination of the projected impact of Long Term Conditions and Risk Factors in Wales' (known as the 'Orford report').

This sets out the Health Evidence and Policy Challenges NHS Wales will Face over the Next 10-25 years, reinforcing 'the problem we are trying to solve':

- Think about the future, and what is coming down the track, not just immediate pressures
 - As people live longer, so will the prevalence of certain conditions increase
 - Greatest increases are likely to be for stroke, heart conditions and neurological conditions including dementia
 - Some conditions will rise faster (Atrial Fibrillation; Dementia; Heart Failure; COPD; osteoporosis; inflammatory bowel disease; peripheral vascular disease; asthma; hypertension; anxiety disorders; diabetes)
 - Particular focus on multi-morbidity, frailty, reablement & rehabilitation
 - There is a need to focus on interventions of greatest value and allocate resources to maximise benefit relative to population need
- This requires a shift to the "health of the public", i.e. prevention (which is often more cost effective) and modifiable risk factors (particularly obesity)
 - Doing as much as possible outside secondary care; and additional capacity in primary (including diagnostics), community and social care
 - Addressing waiting times for elective treatments would likely result in increased productivity and reduce future consumption of medical care
 - New technology and treatments will likely reduce time in hospital for care, but will require digital upskilling, gaps in data also need to be addressed
 - There is likely to be a need for increases in staff to provide care and support required for workers to have a longer healthy work-life
 - The join up between care and health remains key, with collaborative, integrated and outcome focused care required
 - Inequalities are key and further work required to understand unique impacts of rural/urban and high/low deprivation.

Powys and Its Population



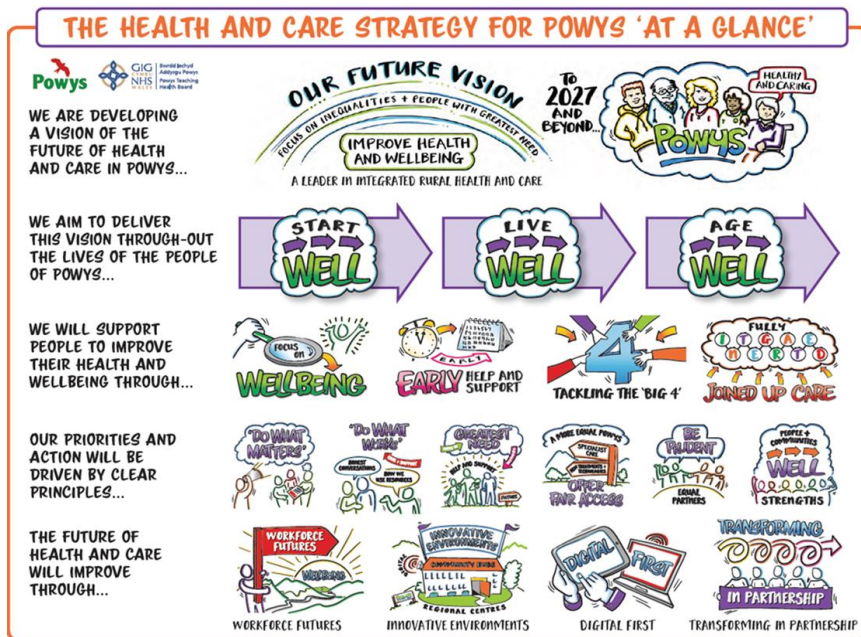
NHS in 10+ Years

Population Projections	Long-Term Conditions (LTCs)	Risk Factors	Supply: NHS staff, beds, social care	Economic Considerations	New Technology, Genomics and Artificial Intelligence (AI)
Ageing population: 1 in 5 age 70+ by 2038	Ageing population means a higher proportion living with LTCs	21% of people in Wales living in relative income poverty	Reductions in time spent in hospital expected	NHS Wales under significant pressure from growing patient needs and restricted capacity	Advanced tech will likely increase self-management of some LTCs
UK life expectancy growing slower than similar countries	People living with 4+ LTCs to almost double by 2035	Cost of living crisis likely to deepen existing health inequalities	Significant increase in NHS staffing needs*	Funding gap in Wales – spending per person is like England, but less than EU-14 **	Increased use of digital and tech will likely improve health surveillance
Stark differences in life expectancy between least and most deprived groups	The majority of people with 4+ LTCs will have mental ill-health by 2035	Rates of obesity are expected to rise until 2031-37	Impacts may be mitigated by changes in technology and workforce composition	UK spends 55% less on Capital Health spending than EU-14** (eg, buildings and equipment)	Improvements to medicine and public health through new genetic and genomic technologies
Potential causes: widening health inequalities, slow economic growth	More cancer cases in people aged 70+ by 2040	Adult smoking trends have been decreasing over time	Burden on GPs and community/social care is likely to increase	Population health impacts individual and national prosperity	Adoption of AI and supporting Research and Development will drive innovation in healthcare
	Diabetes prevalence to rise, a 22% increase by 2035-36	Modifiable behaviours are risk factors for many LTCs	Number of 65+ requiring unpaid care is growing	Poor physical and mental health is associated with drop in earnings	AI needs to be regulated, ethical and transparent
	Deprivation is a risk factor for many preventable LTCs		Addressing waiting lists would have economic benefits	Onset of ill health increases likelihood of employment exit	

* By 2030-31 to deliver 2018-19 rates of care **EU-14 are countries who were members of the EU prior to 2004

Strategic Framework

There are fixed points which provide a foundation for the plan. These look forward several years ahead (and therefore are not contingent upon the annual Planning Guidance). Notably, 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 through strengthened Regional Partnership Board mechanisms that include alignment with the Powys Clusters and Pan Cluster working.

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](#):



The local 'fixed points' continue to align strongly with the NHS Wales Planning Framework and "A Healthier Wales". There is a strong direction emerging locally from the work on 'Better Together' as shown overleaf.

Strategic Context

“Better Together” – “Gwella Gyda’n Gilydd” - key to a sustainable approach in Powys

The increasing age of the population is driving growing needs for health and care, including in relation to cancer, respiratory & circulatory conditions, frailty and dementia.

More people are living longer with multiple conditions, in a highly rural area, where a third of people live alone. Loneliness can increase the risk of dementia and other conditions. It’s a key reason people seek help.

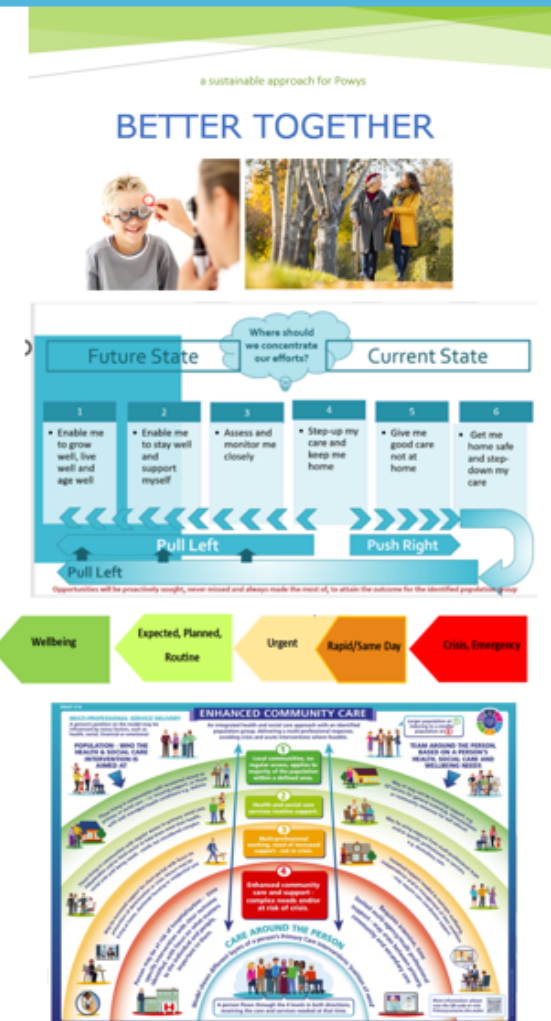
The health, care and third sector workforce is aging – and there are significant gaps such as home support.

Post pandemic waiting times for diagnosis and treatment remain too long. Many people are delayed in hospital at risk of deconditioning (losing muscle strength and becoming confused).

These complex challenges require both a response to immediate pressures and transformation to ensure sustainability.

Key to a sustainable approach in Powys is improving people’s chances of living their “best life” at home in their community connected to what matters to them most. This means working together to promote wellbeing and to prevent difficulties escalating to a crisis through:

- A leading-edge approach to frailty – including falls prevention
- A more fundamental shift to prevention, particularly in relation to obesity and diabetes - to focus on people earlier in life
- Adapting to working with people with multiple conditions
- Joined up physical and mental health
- Improved co-ordination in the last year of life
- Strengthened primary and community care (including the join up with social care)
- A tiered approach to enhanced community care, with same day urgent care and step-up in geographical footprints that enable sustainable delivery at the right level
- Improved access to diagnostics within Powys (new services such as community cardiology are being rolled out)
- Proactive planned care
- Efficient local theatres focused on low complexity day cases
- Treatments which are the best value for investment and outcomes
- Proactive, person centred, co-ordinated approaches
- No “wrong door” when seeking help
- Home first recovery, rehabilitation and reablement ethos across the system
- Re-balancing care and support
- People, communities and professionals co-creating solutions
- Intergenerational solutions
- Cultural changes – true partnership and collaboration and trust building
- Quality as the golden thread, with proactive risk taking where appropriate
- Optimising digital and technological solutions
- Developing generalists, hybrid roles and flexible support worker roles
- Understanding how best to retain and support older workers



Key Insights

The impact of an ageing population together with significant external shocks (including earlier waves of the once-in-a-century pandemic immediately followed by the invasion of Ukraine and an economic crisis with rising inflation) have resulted in backlogs in treatment, pressures on ambulances and emergency departments, people delayed in hospital, growing gaps in the workforce including support at home, and major budget deficits.

The problem is complex but well understood and significant work has already been undertaken in the health board to harness the learning and insights, to begin to design potential solutions.

There are significant opportunities to improve outcomes and the experience of local people, using resources wisely. This is a shared challenge, now and for future generations in Powys.

Financial recovery and associated escalation / intervention mechanisms are key considerations in relation to the plan from April 2024 onwards given the context set out earlier in this paper and the socio-economic challenges facing the population, the NHS and the wider public sector.

There is a need therefore to balance work on immediate pressures, with longer term work to ensure sustainable solutions.

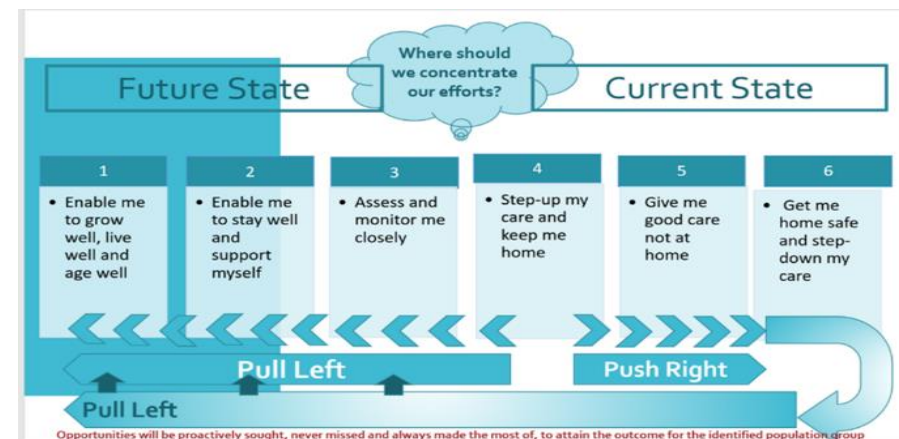
- There is learning from the flagship North Powys Well-being Programme including insights gathered through engagement with the public, staff and stakeholders on a model of care for that area, with application Pan Powys.
- The GIRFT (Getting It Right First Time) reviews have provided evidence based intelligence, with work locally to identify those that are of most importance and applicability to Powys.
- The Regional Partnership Board has developed as a Pan Cluster mechanism and progressed a collaborative approach to 'Further Faster' (a Welsh Government initiative to promote enhanced community care).
- The Public Services Board are leading on a whole system approach to address obesity and promote Healthy Weights.
- Significant strides have also been taken in developing 'Better Together', building on both the North Powys work and Accelerated Sustainable Model (ASM) as a partnership approach to transformation, with a greater strategic alliance between the health board and the local authority.

Strategic Context

In light of these key insights, the Discovery phase of the PTHB Accelerated Sustainable Model has identified what will be required in Powys in the medium and longer term. This provides a depth of knowledge of 'the solution' as well as the problem:

- A leading edge approach to frailty (including falls)
- Adapting to working with people with multiple conditions and across major long term conditions
- A more fundamental shift to prevention, particularly in relation to obesity and diabetes – and earlier in life
- Joined-up physical and mental health
- Proactive, person centred, co-ordinated approaches based on what matters to people
- Strong relationships between people, communities and professionals, co-creating solutions
- "No wrong door" to get the help needed
- Strengthened, primary and community care (including the join up with social care)
- Better access to diagnostics at home, through primary care and in the community
- Proactive planned care
- A "home first", recovery, rehabilitation and reablement ethos across the system
- Same Day Urgent Care as part of a tiered approach locally with step up from enhanced community care and enhanced minor injury and illness provision in Rural Regional Centres
- Rebalancing care and support

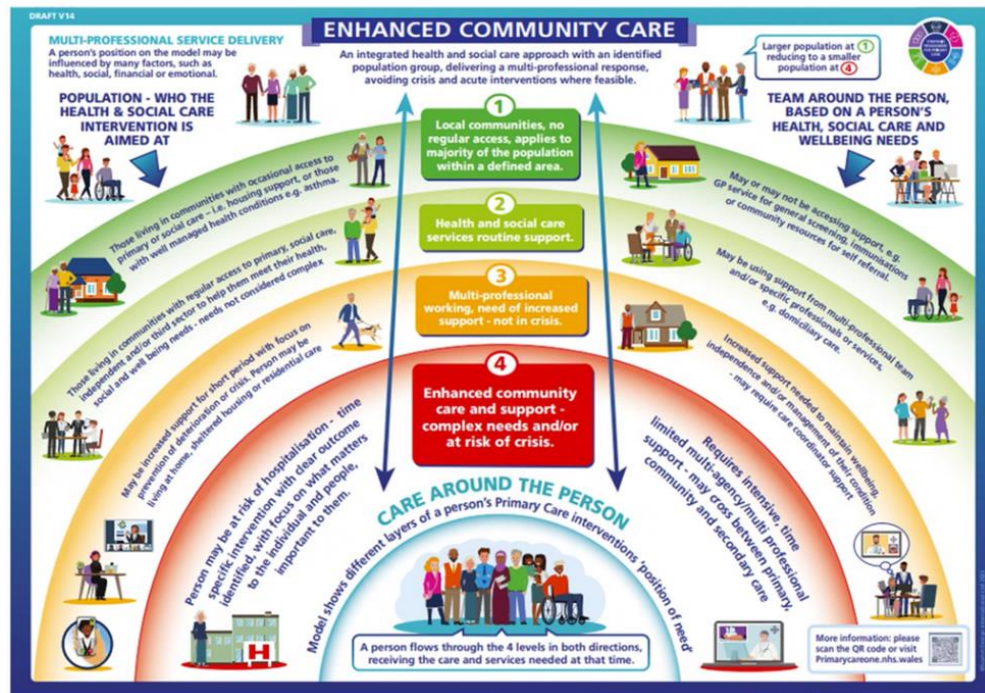
- Improved co-ordination for those at end of life
- Efficient local theatres and diagnostics in Rural Regional Centres, low complexity day cases
- The development of the third Rural Regional Centre in North Powys
- Treatments which are the best value in terms of investment and outcomes
- A tiered, shared geographical footprint to offer services sustainably at the right level
- Optimisation of digital solutions
- Cultural changes – true partnership, collaboration, quality as the golden thread, with proactive risk taking where appropriate
- Intergenerational solutions
- New flexible support workers, particularly for those in the last year of life
- Prizing and developing generalists, competency and hybrid roles
- Understanding how to retain and support the older workforce



Strategic Context

The high level design describes what should be available at home, through joined up solutions in the community and in Rural Regional Centres. This seeks to drive a shift towards people living their best life at home in their community, connected to things which matter most to them. At its core is the concept that we can make things better together, through people, communities and services collaborating to improve wellbeing and care.

The model is a tiered approach to sustainability. It takes into account the intensity, frequency and complexity of the response needed together with the underlying population and geography:



Taking this as the launching point, a Board Development session held on 12 December 2023 took a deep dive using the 'MOSCOW' prioritisation technique (Must Do, Should Do, Could Do, Would or Won't Do). This reinforced a number of key drivers:

- A strong message to strengthen prevention
- Clarity on what prevention means, to individuals and community, the organisation and partners
- An ambition to shift investment 'upstream' to enable prevention to become a greater focus
- Clarifying and understanding the role of the health board as a single organisation and in partnership / as an enabler in the system
- Collaboration will be key, with robust commissioning relationships and partnerships
- Use of Artificial Intelligence and technology will be increasingly important to enable more innovative, value based and effective care
- A public conversation about outcomes, quality, access and experience is necessary to understand what works and what matters
- This will inform how we build a sustainable community based model of care for Powys
- Core principles and values must be upheld and any difficult choices made robustly and openly; reducing inequalities is fundamental
- Greater clarity on the impact of actions – a strong focus on what difference will be made

Strategic Context

Locally, the key external drivers have been appraised, building on the PESTLE approach taken in previous years (PESTLE is an analysis of Political, Economic, Social, Technological, Legislative and Environmental factors). This is a means of capturing and giving due attention to the multiple and intersecting influences, constraints and opportunities that inform the plan.

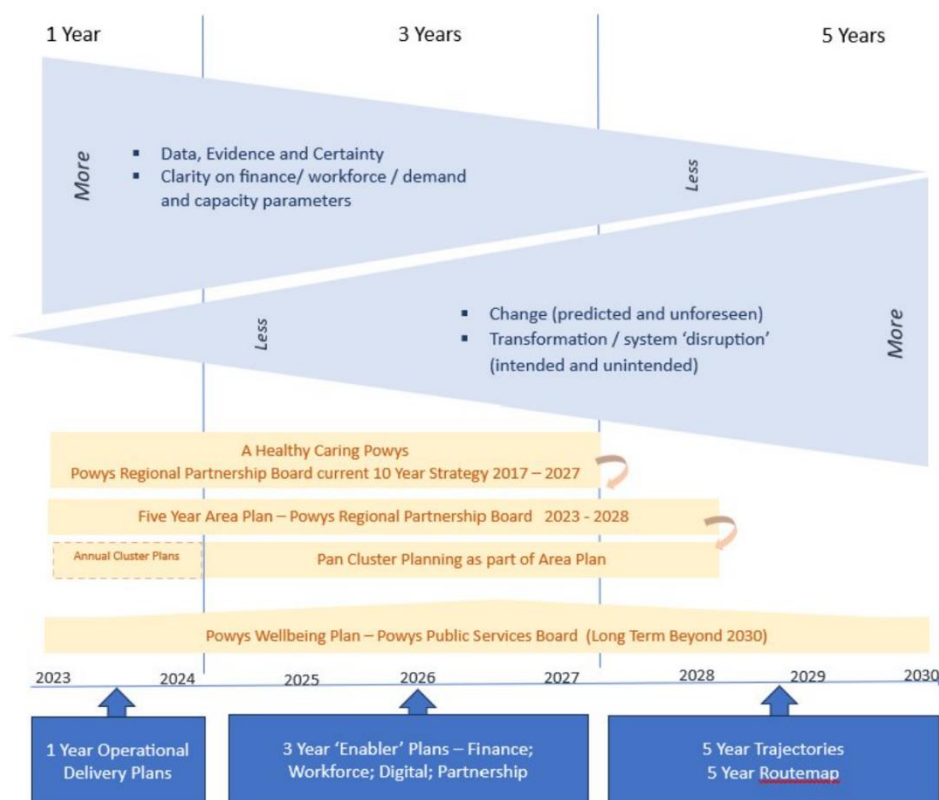
There have been significant global and national events and developments, which have impacted on the population, the public sector and health and care.

Key legislative and policy drivers include the Future Generations Act and Social Services and Wellbeing Act, as reflected in 'A Healthier Wales: long term plan for health and social care 2018' which remains a keystone publication for NHS Wales.

Whilst complex and not in its entirely resolvable at a local organisation level, this plan aims to achieve the best offer that can be made for the population, with an immediate focus on delivery and a longer term view towards a realistic timescale for financial and performance recovery.

This represents an extra-ordinary challenge and will require transformation and structural change at a national and supra-national level to move from the current state to the desired future state of a sustainable approach to health and care.

Given the complexity and longevity of both the ambitions and the action that are required, the Board supported a Plan approach spanning a Five Year period, with alignment to the long term plans of the Powys partnerships as shown below:



Strategic Context

The Duty of Quality and Duty of Candour came into effect in 2023 as part of the implementation of the Health and Social Care (Quality and Engagement) (Wales) Act (2020). This requires improvement in the quality of services, leading to better outcomes. There is a focus on six domains: Safe, Timely, Effective, Efficient, Equitable, Person-centred (STEEEP).

Implementation plans are in place to ensure Quality is increasingly upheld as the 'golden thread', with development of the Quality Management System, Patient Experience Framework and Safeguarding.

Work to date has focused on Implementation Plans for the new duties, including measuring, monitoring and reporting performance and quality.

Further work is underway to develop an Integrated Quality and Performance Framework (IQPF) and operationalise a Quality Management System. This includes greater maturity in 'Floor to Board reporting'.

From April 2024, there will be a clearly articulated Quality and Performance escalation framework. This will enable better monitoring of the quality of services (Quality Control), identification of areas that require improvement (Quality Improvement) and action where services require additional support and scrutiny (Quality Assurance).

Central to the duty of quality is listening and engaging with people and communities who use our services. In 2024/25 there will be further development of the patient experience and citizen voice framework, working in partnership with Llais and third sector organisations. This will take forward opportunities for the rich and informative intelligence, with continuous feedback that enables person centred health and care.



Strategic Context

The [NHS Wales Planning Framework](#) acknowledges that plans are set in “the most challenging circumstances since the inception of the NHS” and that “planning for the longer term helps organisations to align to their strategic objectives and provide a strong sense of direction for staff to work cohesively. This will supplement the Planning Framework.”

A set of [National Programmes](#) are set out in the guidance, which equate to [Ministerial Priorities](#):

- Enhanced Care in the Community: Focus on reducing delayed pathways of care
- Primary and Community Care: Focus on improving access and shifting resources into primary and community care
- Urgent and Emergency Care: Focus on delivering the 6 Goals Programme
- Planned Care and Cancer: Focus on reducing the longest waits
- Mental Health, including CAMHS: Focus on delivery of the national programme

NHS Wales Value and Sustainability Board themes are also included in the Planning Guidance:

- Workforce
- Medicines Management
- Continuing Healthcare (CHC) / Funded Nursing Care (FNC)
- Procurement and non-pay
- Clinical Variation / Service Configuration

Other requirements are noted:

- Population health; burden of disease; prevention including weight management and diabetes
- Inequalities; emphasis on [children and young people](#); access to specific and universal care
- Quality and value based approaches required to achieve reduction in waste, harm and variation
- Duty of [Quality & Candour](#); [Anti Racism Plans](#)
- Shift to primary and community care to optimise resources for population health and prevention
- Role of the NHS as an Anchor institution in the [Foundational economy](#)
- Maximise opportunities for regional working
- Increasing administrative efficiency
- Future Generations Act and Five Ways of Working; Climate change and decarbonisation
- Social Partnership and Public Procurement Wales Act (2023)

A number of key interdependencies are also noted:

- Review of “A Healthier Wales”
- NHS Wales Accountability Review underway
- NHS Wales Executive – Phase 2
- NHS Wales Value and Sustainability Board – themes and emerging requirements reflected in guidance as noted above
- Accelerated Cluster Development and Regional Partnership Board Plans; “Further Faster”
- ‘Once for Wales’ arrangements for digital

Baseline / Current Position

Alongside the ambitions and drivers for healthcare in Wales, it is necessary to note that the current financial and performance position of the NHS, across the UK is challenging, as a result of the cumulative impact of the pandemic and other global events on inflation, costs and demand for health and care.

There remains the pressures of both inflationary and demand growth, seasonal demand factors and significant backlogs and waiting lists across the NHS to be addressed.

Key Planning Assumptions

The planning process has been based on a number of assumptions which have been devised utilising activity and performance data, workforce modelling and financial forecasts both as a provider and as a commissioner of services. This has ensured that the plan is based on a clear baseline, enabling the development of trajectories which give an overall 'direction of travel' over five years.

These assumptions have enabled an informed discussion about the scope and scale of provision of health care services for the population, the status of the health board in relation to planning and finance and its escalation status and the fundamental importance of Quality – across all domains (Safe, Timely, Efficient, Effective, Equitable, Person Centred).

Financial Assumptions

A detailed consideration of the key assumptions in relation to the health board's financial position has been made during the six month period of Plan Development,

This has included a series of 8 Board Development sessions (from September 2023 up to March 2024) 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 PAR report)
- Changes in energy pricing / supply and provision (including the impact of global conflicts on this area of inflation)

Baseline and Assumptions

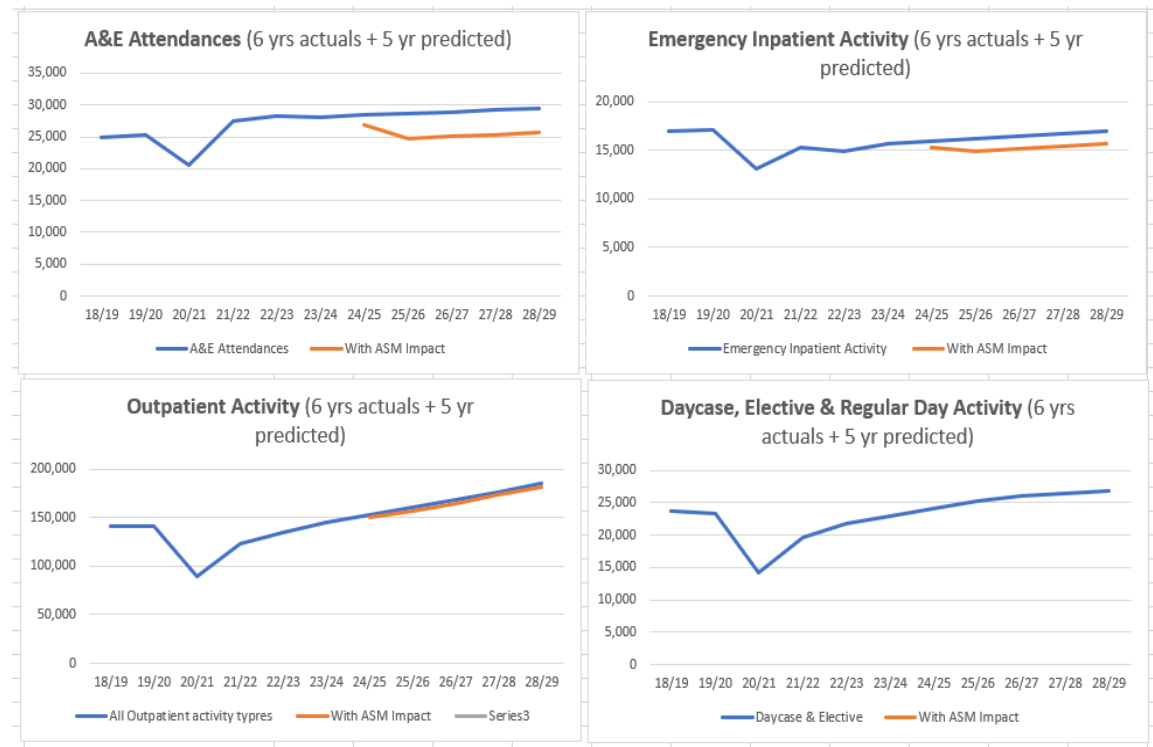
Demand and Activity Assumptions

PTHB has developed a number of assumptions across the next 5 years, accounting for changes in demand, seasonal variance and historic trends. Key headlines are included below:

- Actual activity is rising for all services commissioned, with backlogs due to the combined impact of the pandemic, demand growth and system pressures
- Emergency Activity is expected to rise as demand is unlikely to reduce unless / until capacity increases in community alternatives (indicatively at 1.5%)
- It is expected to see a higher number of Same Day Emergency Care (SDEC) suitable presentations year on year (estimated 2.5%)
- In terms of Elective activity, a substantial increase of both urgent (+10%) and routine referrals (+5%) is expected each year – continuing the trend seen post pandemic
- Despite increases in planned care activity, the imbalance between those on a waiting list and those treated is widening; those waiting 3 to 5 years are reducing in number but those waiting under 2 years are growing in number

There are opportunities to mitigate demand and growth through transformation. A reduction in waiting times is anticipated, dependent on growth in new and follow up outpatients and increases in daycase activity in line with GIRFT findings (both in PTHB Provider for applicable services and in commissioned services).

The graphs show the potential impact that could be achieved, being explored as part of the Accelerated Sustainable Model of Care. These are early and indicative analyses and do not encompass all areas of potential impact.



Baseline and Assumptions

Workforce assumptions

PTHB has worked up a baseline 5-year workforce profile split by staff group. This breakdown can be seen in the key measures and trajectories section.

- The budgeted establishment has been assumed as a steady state within the projection model
- Resourcing numbers are based on the average recruitment for each area over the last 2 years
- Turnover is based on average turnover rates for each staff group from the last 2 years
- Retirement projections are based on those who are at average retirement age for that staff group
- Aspiring Registrant numbers are included in the modelling based on the year of output
- Projections include future cohorts of Internationally Educated Nurses
- Sickness absence is projected to decline, but not return to pre-pandemic levels
- Based on current assumptions, it is anticipated variable pay for Registered Nursing will significantly reduce, or be eliminated by 2027-28
- Modelling reflects additional recruitment activity to reduce the vacancies and go above budgeted establishment to reduce agency staffing

Performance Assumptions

Performance trajectories have also been developed split between provider and commissioned services as well as a focus on ministerial priority measures. Refer to the key measures and trajectories section of the plan for more detail.

There are a number of assumptions associated with the forecasted performance: -

- Performance assumes minimal or no further strike action
- An assumption has been included to recognise that further use of insourcing will be used in some service areas
- Further Demand and Capacity planning is required in some areas
- There will be continued use of Remedial Action Plans to monitor and manage delivery

A detailed Workforce, Performance and Finance Technical return is submitted as part of the Minimum Data Set (MDS) which is returned to Welsh Government as part of the Plan Submission at the end of March 2024.

Plan on a Page

Strategic Priorities

A set of priorities have been developed from an appraisal of the context, requirements, evidence and assumptions noted above. These are set out in the Plan on a Page and provide continuity from the current plan, whilst building on the learning and insights gained through the year.



Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Plan on a page 2024 - 2029





DO WHAT MATTERS



FOCUS ON WELLBEING



EARLY HELP AND SUPPORT



TACKLING THE 'BIG 4'



JOINED UP CARE

Better Together for a Sustainable Model of Care

Whole System Approach to Wellbeing & Prevention

- Develop a whole system prevention plan *across the life course*
- Deliver a Health Protection response *including Vaccination*

Faster, effective diagnosis and treatment

- Improve access to Primary and Community Care
- Design and Deliver a phased Frailty and Community Model
- Deliver the Planned Care and Diagnostics Programme

Working together across Major Conditions, Physical and Mental Health

- Develop and deliver a Major Conditions Plan *respiratory & circulatory health (cardiac, diabetes, stroke) and cancer*
- Deliver the Mental Health Transformation Programme

Home first and back home fitter and faster

- Improve pathways of care *focused on system flow*
- Deliver the Six Goals Plan for Urgent and Emergency Care *focusing on what works for the Powys population*



WORKFORCE FUTURES



DIGITAL FIRST



INNOVATIVE ENVIRONMENTS



TRANSFORMING IN PARTNERSHIP

Quality is the golden thread across the whole plan

- Underpinned by the Quality Standards: Safe, Timely, Effective, Efficient, Equitable, Person-Centred (STEEEP)
 - Delivery of Duty of Quality and Duty of Candour Action Plans
- Interdependencies across the plan in relation to a Value based approach and effective Governance

- WG TEMPLATE Primary & Community Care
- WG TEMPLATE Enhanced Care in the Community (Pathways of Care)
- WG TEMPLATE Planned Care & Cancer
- WG TEMPLATE Mental Health
- WG TEMPLATE Urgent and Emergency Care / Six Goals



DELIVERY SECTION



Whole System Approach to Wellbeing and Prevention

Better Together for a Sustainable Model of Care

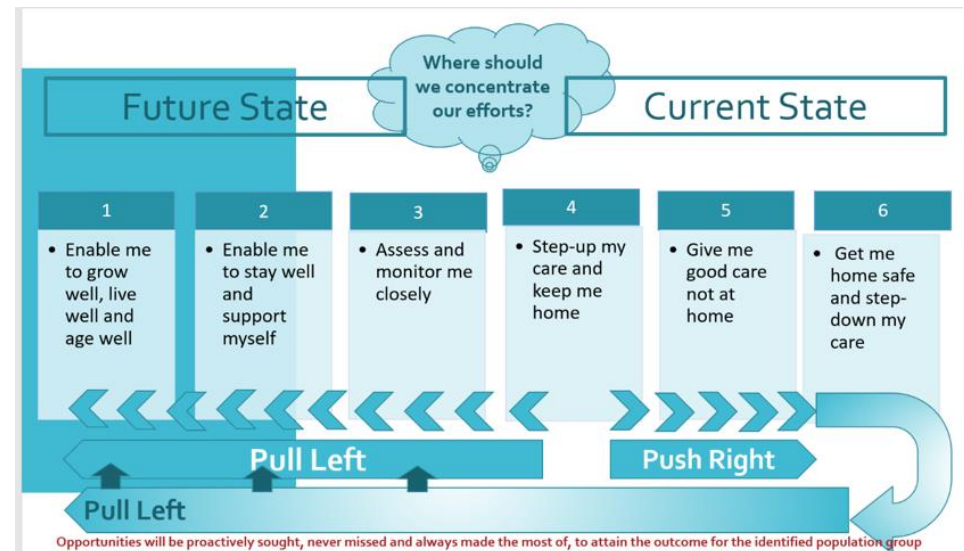
Strategic Priority 1: Develop a whole system prevention plan across the life course

A more fundamental shift to prevention is the foundation for wellbeing and applies across the life course, starting earlier in life. The *"Report of the Projections, Health Evidence and Policy Challenges NHS Wales will Face over the Next 10-25 years"* (summarised earlier in this plan) reinforced that prevention is key to a sustainable approach, as it is often more cost effective than treatment.

There needs to be a shift to the health of the public, prevention and modifiable risk factors (particularly in relation to obesity) and a less siloed approach. For example, tackling obesity will also address other challenges such as diabetes. And the preventative approaches for diabetes will also address other major conditions such as cancer, cardiac conditions, stroke, dementia and respiratory illness which are key causes of morbidity and mortality in Powys.

"All roads lead to Rome" in terms of the importance of prevention: being smoke free, physically active, having a healthy weight, controlled blood pressure, not misusing alcohol and substances, and immunisation against disease.

The health board will work with partners, particularly the Public Services Board and the Regional Partnership Board, to develop and implement a whole system plan. In year one capacity will be enhanced through the Regional Partnership Board to drive a shift to prevention across Start Well, Live Well and Age Well, including building a shared understanding; ensuring resources and activity are effectively focused where there will be maximum impact on improving outcomes; ensuring a joined up plan is in place; and improving measurement.



The work in relation to frailty is predominantly described in the Early Help & Support section, however the awareness of and prevention of frailty are key to maintaining wellbeing.

It is important that there is general awareness raising as there are positive steps people can take earlier in their life to help prevent or reduce the risk of developing frailty and to “age well”.

In collaboration with the Regional Partnership Board, a systematic approach to building public understanding and awareness will be developed.

The National Institute for Health and Care Excellence indicates that 50% of adults aged over 80 will fall at least once a year and falls account for 12% of all calls to the Welsh Ambulance Service Trust.

Through work with partners in social care, the third sector and the Welsh Ambulance Service Trust, the health board has strengthened the falls prevention pathway in Powys.

A single point of access for referrals from professionals or for self-referrals, for individuals who are at risk of a fall has been created, with a multi-disciplinary team triaging referrals. The MDT triages referrals and determines if a multifactorial assessment is required and this assessment has been built into an app for professionals to complete. Once completed, the assessment identifies which services the individual may benefit from to reduce the falls risk. As set out in Early Help and Support the prevention of falls and frailty will remain a key focus of the health board.

Strategic Priority 2: Deliver a health protection response, including vaccination

The Covid-19 pandemic underlined the importance of prevention and protection in relation to population health. It also brought significant challenges, for each household, and for the NHS and other partners. But with this there was also great learning and innovation. In Powys the community response was immediate and inspiring, with new ways of working across partners and sectors to reach individuals and provide support.

Welsh Government have recognised the greater integration and cross discipline working achieved over the past two years but also that the system needs to recover, to ensure a stronger, more equitable and sustainable routine public health service. Health boards were asked to transition from Test, Trace and Protect approaches to more agile health protection to respond to future threats. A national framework is being developed to clarify local roles, responsibilities and resource requirements.

There will be a need to protect the most vulnerable as we continue to learn to live with Covid-19 alongside other public health issues and determinants.

Vaccination is a vital tool in helping to mitigate the effects of respiratory viruses circulating in the community, 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 has been implemented over winter 2023/24 for covid, flu and respiratory health. This blended model ensures different routes for vaccination for different groups. Central to this is an agile deployment plan, to offer vaccines to eligible population groups as quickly as possible in line with Welsh Government guidance, including the National Immunisation Programmes.

This has been successfully achieved to date, with deployment in Powys spanning vaccination centres, some GP Practices, community hospital clinics, mobile teams, District Nursing teams and community pharmacies for the flu vaccination. Health board staff were offered dual vaccination for flu and covid where appropriate, through a combination of the Vaccination Service and Occupational Health Team. The PTHB Midwifery Service is also noted as best practice for its work in offering the flu vaccination to pregnant women. PTHB also had the highest uptake across Welsh health boards of the flu vaccine for children aged 2 and 3 last year but continued to take additional actions to increase awareness, uptake and support through 'child friendly' clinics in GP practices. Delivery to school age children has also proven to be successful through the School Health Nursing Service in the school setting, with uptake being above the Wales average.

The Covid vaccination programme began with in-reach into Care Homes and invitation to eligible residents in priority group order, ensuring those most at risk were

reached as early as possible. District Nursing staff offered vaccination to those who were not able to leave their own homes.

There was 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 – Delivery Plan				
Strategic Priority	Key Areas of Delivery	Key Deliverables	Timescale	Intended Outcome/ Impact
Strategic Priority 1: Develop a whole system prevention plan across the life course	Work with partners to develop a whole system approach to address common modifiable risk factors	Framework for whole system approach developed	Q4	A vision for a joined-up preventative approach is developed
	Delivery of health board-led population level health improvement programmes	Implement the Powys Whole System Approach to Healthy Weights action plan, working in partnership	Q1-Q4	Conditions are being created that support people to maintain a healthy weight
		Improve awareness of and access to NHS Stop Smoking services	Q1-Q4	Work towards meeting national smoking cessation targets
Strategic Priority 2: Deliver a Health Protection response, including vaccination	Ensure PTHB emergency preparedness and organisation resilience and compliance against Civil Contingencies Act	Review of civil contingency response plans. Implement required actions, including participation in training and exercises	Q1-Q4	Plans are up-to-date, and PTHB is compliant with legal duties.
	Provide Health Protection response to all hazards in line with Communicable Disease Outbreak Plan for Wales	Continue transition to a regional health protection service to enable a local response to health protection threats and contribute to Health Protection, Framework, in partnership with Powys County Council and Public Health Wales	Q3	PTHB is able to provide a local health protection response that aligns with the Communicable Disease Outbreak Plan for Wales
	Implement respiratory vaccination programme in line with Welsh Government directives	Plan and deliver respiratory vaccination programmes	Q1, Q3, Q4	Eligible Powys population is offered vaccination, and narrow the uptake in inequities between groups
	Implement immunisation schedule in line with National Immunisation Framework and Welsh Health Circulars	Plan and deliver vaccination programmes	Q4	Eligible Powys population is offered vaccination, and narrow the uptake in inequities between groups
	Promote uptake of national screening programmes in partnership with Public Health Wales	Analyse data published and develop and implement action plan	Q4	Screening uptake rates are above targets



Faster, Effective Diagnosis and Treatment

Better Together for a Sustainable Model of Care

Strategic Priority 3: Improve access to primary and community care

There are significant challenges facing the NHS which are set out in the earlier part of this plan. Whilst the complex challenges cannot be entirely addressed at a local level, there is an important role for the health board as a predominantly primary and community provider.

In the immediate and medium term, this involves efforts to improve access to primary and community care. And in the longer term, to make the shift to a 'future state' model (which is set out in Strategic Priority 4). PTHB is well placed to design a model of care that will shift healthcare to earlier help and support.

In relation to the current state in primary and community care, the starting point for both the immediate and longer term plans, it is a mixed picture – across the UK as it is locally.

Whilst compliance against the access measures for General Practice is good in Powys, there is feedback from stakeholders and the public, including that received through Llais, that there are difficulties with the perception and experience of access.

General Medical Services (GMS) regulations have been updated to reflect the new Unified Contract and Contract Assurance Process, and contract variation notices being worked through nationally.

There are some challenges in dentistry, with individual contractors experiencing issues in sustaining access; this also generates public concern. However, 73% of contractors are progressing with contract reform and it is anticipated there will be a new General Dentistry Services (GDS) contract in place for 2025/26, with a focus on workforce development.

There have also been difficulties for some community pharmacy contractors. Across the UK, Boots and Lloyds pharmacies closed a number of their stores during 2023/24 and there is a risk that this trend could continue. There is also an increasing trend of requests to reduce opening hours. More positively, all Community Pharmacy contractors in Powys have transferred to the new national contract, resulting in more consistent services across the County.

All have committed to provide access to Clinical Community Pharmacy Services (Emergency contraception, Common Ailments, Emergency Medicines Supply, Seasonal Influenza Vaccination).

There are also six sites in Powys with trained independent prescribers.

The Powys Pharmaceutical Needs Assessment (PNA) guides current and future pharmacy provision and will be updated in 2026 or sooner if there are changes.

Progress has been made with monitoring community pharmacy, helping to address variations and further review is planned focusing on the benefits of the investment in this area including efficiency in rotas.

The Medicines Management Team is also working closely with Welsh Government to take into account unique factors for the Powys region (including those relating to the implementation of 56-day prescribing).

Optometry contract reform came into effect in October 2023 and an Independent Prescribing service (IPOS) is now in place across North and South Powys. There are practitioners with higher qualifications ready to support more specialist primary eye care services, upon the final issue of the national Clinical Manual.

Cluster Plans recognise the need to improve timely access with alternative services and pathways provided within the community and have made significant progress working with professional collaboratives. Improving services for vulnerable patient groups, particularly our frail patients, is a priority.

There is work underway between clusters, the health board and partners to deliver the agreed model. Key staff were recruited to the new service this year.

Key Areas of Delivery

Drive the Accelerated Cluster Development Programme

- Collaborative engagement and develop maturity
- Continue to develop reporting and governance arrangements with RPB Executive (Pan Cluster Planning Group)
- Implementation of Dental Collaborative (pending national negotiation outcome)
- Develop the Professional Nursing Collaborative
- Continue to identify a range of services best delivered at cluster or pan-cluster level

Primary and Community Care Access

Cross cutting areas of work:

- Annual Programme of Primary and Community Care Academy – training and support for all contractors; identifying funding opportunities; support for GMS PLT (Protected Learning Time) programme; evaluation
- GMS Practice Sustainability analysis, review and action planning
- Engagement with patients and stakeholders on perception and experience of access
- Development of workforce model in line with Strategic Programme for Primary Care/ Primary Care Strategic Workforce Plan and the PTHB Frailty and Community Model
- Roll out of multi-professional workforce tool

Optometry

- Systematic tracking of core hour service provision
- Support and track access in relation to IPOS
- Pre-registration optometrist working between primary and secondary care in Cluster(s)
- Establish inter-practice referral for urgent cases
- School vision and eyecare access improvements
- Scope Special School Primary Care Eyecare
- Publicise occupational health services offer
- Implement pathways with outreach Ophthalmology Services, clusters and Optometry practices for Glaucoma and Medical Retina pathways

Dental

- Maintain urgent access in General and Community Dental Service to balance of demand and capacity
- Increase capacity of Llandrindod Wells contract
- Secure future dental access in Newtown
- Rural enhancement offer for Foundation Dentists
- Continue to transfer patients from the dental waiting list to salaried General Dental Practitioner (GDP) in line with contract reform
- Undertake dental waiting list cleansing to support accurate waiting list numbers
- Recruit additional dental officer for sedation by end of Year 1
- Rescope mobile dental services in areas with limited or no access
- Develop undergraduate dental therapy placement programme with Cardiff Dental School

Community Pharmacy:

- Further development of Assurance Framework; Annual programme of contract monitoring – and targeted visits (50% of pharmacies in Year 1); implement contract breach process by year end
- Provision of the Clinical Community Pharmacy Service (CCPS) and “additional pharmacy services” with monthly monitoring of access
- Review and update of service specifications for locally commissioned services
- Pharmacy opening hours and ‘rota services’ to ensure value to our population Q2
- Work with Welsh Government on unique factors to Powys (e.g. 56-day prescribing)
- Review Datix reporting process and quality of incident reporting and sharing of learning
- Promote and support pharmacists to become independent prescribers – ambition to roll out across Powys over longer term (of this plan)

Women and Childrens services

50.6% of the Powys population is female and known health challenges include cardiovascular disease, screening for cancers and other major health conditions, gynaecology, menopause (peri and post with frailty more likely post), polycystic ovarian syndrome and premenstrual syndromes. Women are also more at risk of dementia than men and the top issues identified in "A Healthier Wales for Women and Girls survey" (2022) included access; gender equality, support from General Practice, Menopause, Endometriosis, Stress and Mental Health.

A GIRFT Gynaecology review was completed in 2023. An Endometriosis/Women's Health Service in Powys has been fully operational since September 2023. The service is working towards embedding an integrated multidisciplinary approach from existing service providers; these include continence, pelvic health physiotherapy, The Powys Living Well Service and Planned Care.

Childrens services

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.

The Women and Children's teams in the health board have a key role in partnership work particularly through the RPB 'Start Well' programme board and in supporting organisational developments such as universal access to childhood screening, immunisation and vaccination.

Key priorities for 2024/25 will be:

- Maternity including Delivery of the Maternity Assurance and Safety Improvement Plan and Birth Centre Environments
- Assessment and local delivery of All Wales policy and plan requirements, adapted to PTHB context
- Implement plans for Women's Health and Sexual Health Improvement; HIV and All Wales Women's Health Implementation Group Priorities
- Implementation of key service / pathway developments including Community Paediatrics; multi agency Neurodevelopment Strategic Action Plan for Powys; Additional Learning Needs Strategy for Powys including partnership delivery plan

(Additional reference is made to Women and Children's Services in the Focus on Wellbeing, Mental Health and Transforming in Partnership sections of this Plan).

Strategic Priority 4: Design and Deliver a phased Frailty and Community Model

There is considerable work noted in the previous Strategic Priority in relation to maintaining and improving access to primary and community care in the immediate term. Whilst this is important, it will not deliver a fully sustainable model of care in the longer term.

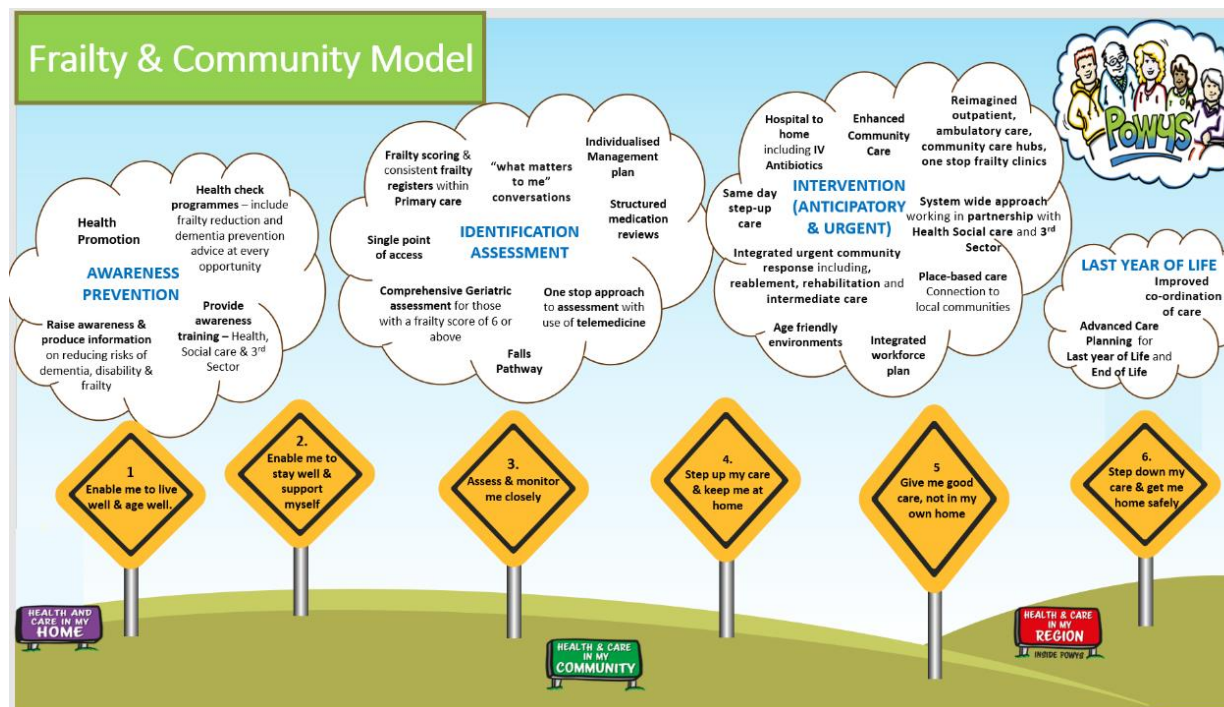
Powys has the oldest population in Wales and research indicates that, of those aged 65+, approximately 52% (19,255 people) will be fit; 33% (12,220) will have mild frailty; 12% (4,444 people) will have moderate frailty; 3% (1,111 people) will have severe frailty.

It is important to maintain a balance between immediate actions in the 'current state' and transformation to a more sustainable 'future state'.

The Overarching PTHB Frailty & Community Model has been agreed as below. It aligns to the Ministerial Priorities in "Further Faster". It is an evidence based, primary and community orientated model which includes community nursing (detail in the 'Joined Up Care' section).

There are important interdependencies in relation to awareness and prevention; major conditions, physical frailty and memory, rapid response in the community to urgent needs and the last year of life.

This is a long term ambition, with complex dependencies across healthcare systems in England and Wales. There are finite resources and difficult discussions will sometimes need to be held with the communities of Powys to find the right way forward, in line with the Values and Principles of 'A Healthy Caring Powys'.



The whole system pathway in Powys encompasses awareness, prevention, falls pathway, frailty scoring and registers, a tiered community response based on severity and urgency, one stop multidisciplinary assessment, phlebotomy, geriatric assessment for more severe needs, co-ordinated future care planning, including the response to deterioration or a crisis; and improved co-ordination in the last year of life.

Intervention is aimed at improving physical, mental and social functioning to avoid adverse events, for example, injury, hospitalisation and institutionalisation.

Frailty is a loss of resilience that means people do not recover quickly after a physical or mental illness, an accident or other stressful event. A relatively 'minor' health problem, such as a urinary tract infection, can have a severe long-term impact. It is multi-dimensional and can include physical, psychological, cognitive, and social impairment. Key symptoms are falls; immobility; delirium; incontinence; and susceptibility to side effects of medication.

The key evidence in relation to prevention of frailty highlights the importance of encouraging health behaviours, such as preventing tobacco use, promoting physical activity, reducing alcohol related risks and supporting healthy eating. Loneliness and social isolation increase the risk of poorer health and early mortality and also need to be addressed.

Delivering services to promote behaviour change and providing advice are key. Connection to local communities is a key part of the response, to enable individuals, families, communities and organisations to plan ahead.

Proactive case finding using frailty scoring and indexes is underway and consideration of assessing frailty in people identified with multiple conditions. Where there is opportunistic identification there should be clear routes to a single point of access.

The scoring tools will enable us to risk stratify into four population groups with the appropriate level of support and intervention:

- Fit: population intervention with information and advice on ageing
- Mildly Frail: Personalised advice on ageing (including exercise and nutrition)
- Moderately Frail: As above, plus holistic care planning, structured medication review and Comprehensive Geriatric Assessment by a Multidisciplinary Team
- Severely Frail: as above, plus case management and end of life support

Residents in care homes are three times more likely to fall than their counterparts. The health board has created new Falls Prevention Assistant Therapy Practitioners roles to provide falls prevention advice and support embedded in the community, including within care homes in Powys.

How would this look in the future?

- Consistent messaging around the awareness of frailty and frailty prevention
- A frailty approach encompassing physical frailty and frailty of memory

- Proactive case finding with consistent scoring and frailty registers within primary care
- Comprehensive Geriatric Assessment embedded within primary and community care
- A frailty MDT established and operational in Powys with a single point of access
- An individualised management plan including care coordination and how to access urgent care
- Enhanced Community Care and Same Day Step-up within Powys to prevent DGH admission
- Care Planning in place including End of Life

Key Areas of Delivery

Continue to implement the Frailty Model Q1 – 4

- Including optimisation and join up for frailty of memory
- Powys approach to Frailty scoring
- Finalise the approach to the Comprehensive Geriatric Assessment and care planning
- Later stages following the above will also include a review of access to fracture liaison service
- Continue to strengthen the District Nursing Service workforce, including improved access out of hours

Improve coordination of the End of Life Q1 - 4

- Development of the approach for the End of Life with major conditions, with further stages subject to identification of funding

Implement the community hospital model Q1 - 4

- Including transformation of admitted care for cognitive impairment
- Scope the improved approach to cognitive impairment on general wards commencing Q1 with further stages subject to internal approval
- Consideration of the current and future community ward and bed model and associated workforce design, ensuring the approach is framed using the STEEEP domains of Quality

Support Admission Avoidance Q1 - 4

- Including the implementation of revised cellulitis and Urinary Tract Infection pathways for Powys patients
- Explore the Powys opportunities arising from the National Cellulitis Improvement Programme
- Develop Phase 1 Urinary Tract Infection (UTI) pathway transformation commencing Q2 with further stages (including recruitment) subject to internal approvals

The Year 2 and Year 3 actions for the Frailty and Community Programme related to urgent care are presented in the Joined Up Care section of this plan.

Strategic Priority 5: Deliver the Planned Care & Diagnostics Programme

There are complex challenges for Powys as there are nationally, with demand for health care outweighing core capacity. Powys as a provider continues to perform comparatively well in the recovery of planned care; the measures set out in the NHS Wales Delivery Framework and Ministerial Priority Areas.



Activity rates across commissioned providers have been rising in all points of delivery for all services commissioned.

However, despite these increases in planned care, the imbalance between those on a waiting list and those treated is widening.

There are known and significant risks for patients with potential harm occurring for those waiting for care. This applies not only to planned treatment but also those waiting for urgent responses (the latter being covered in the Joined Up Care section of this plan).

Based solely on demand, the level of care commissioned would need to be set at a far higher rate than is currently being delivered. And this is higher than providers are able to deliver given the complex constraints set out in this document and acknowledged in the NHS Wales Planning Framework. There are also a number of fragile services, national workforce shortages and differing systems and processes across England and Wales.

Therefore, 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, is fundamental as the foundation for this plan.

PTHB has a unique position as a commissioner of healthcare for its residents, across multiple providers both in England and Wales. This means a reliance on services outside of the County, as well as a reliance on those clinicians from other organisations who come into Powys to provide care.

Also important are the findings and standards set by GIRFT reviews of Orthopaedics, Ophthalmology, General Surgery, Gynaecology and Urology.

GIRFT (Getting It Right First Time) is a national programme to improve treatment and care through in-depth review and benchmarking, and data-driven evidence to support change. It is a key tool in reducing waiting times and waiting lists. It is helping to identify unwarranted variation, to improve outcomes and value.

Key themes are increasing elective surgery as day case; the separation of elective and unscheduled work and improving utilisation of assets, such as theatres.

There is evidence from the national Elective Optimisation Programme showing potential for a shift to 85% day case activity across providers over the next 5 years. 63% of patients waiting for treatment are 'high volume low complexity' (HVLC) activity. There are opportunities for Powys in relation to this potential shift of day case and HVLC services delivered in county and commissioned out of county.

The transformation of diagnostics is a key element of the sustainable model, strengthening access in primary and community services for conditions with the greatest impact on the population and focused in the three Rural Regional Centres for one stop assessments, same day urgent care and step up.

All three Powys Clusters have identified diagnostics as a priority, supporting the design of in county services.

This will include Endoscopy (including transnasal endoscopy); X-ray; ultrasound; and non-obstetric

ultrasound. There will be further exploration of suitability for CT and MRI on a mobile in-reach basis in Powys, including memory assessment.

What has been achieved so far:

- The first phase of the community cardiology service delivered in North Powys: of the 422 patients seen (by early January 2024) only 18 required onward referral to a district general hospital. 348 received an echocardiogram and 242 have new treatment plans, to prevent urgent and emergency care. The roll out to mid Powys is underway.
- Faecal Immunochemical Testing has been implemented across primary care. All patients in Powys with vague symptoms now have access to Rapid Diagnostic Centres.
- The repatriation of sleep studies and lung function testing became business as usual for respiratory diagnostics.
- New technologies are being introduced such as new types of camera in primary care to streamline referrals of dermatology patients. Transnasal Endoscopy is being introduced.
- GIRFT reviews have highlighted good practice in Powys such as bilateral cataract surgery and topical anaesthesia. PTHB has used new roles as part of multi-professional teams.

There is an important interdependency with the North Powys Wellbeing Programme, initiated prior to the Covid-19 pandemic, to accelerate the transformation needed to deliver against the shared long-term Health and Care Strategy, 'A Healthy Caring Powys'.

This is a flagship initiative for the Regional Partnership Board, taking forward a Campus development which will provide a Regional Rural Centre for the North of the County in Newtown, which will address inequity within the county.

It is a once in a generation opportunity to improve population health and wellbeing, delivering integrated care, closer to home in line with the Health and Care Strategy. The key ambitions are to:

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

The programme is progressing several accelerated areas of change, in addition to longer term work in relation to the campus model for North Powys, which is the least developed of the three Rural Regional Centres in Powys.

A Strategic Outline Case has been submitted to Welsh Government following engagement with the population, staff, partners and stakeholders. This included schools, town councils, providers of 'wellbeing' services such as third sector groups, the Community Health Council and members of the Powys People's Panel, the Mid Wales Joint Committee for Health and Care, Clusters and neighbouring providers.

The next stage will progress the Business Justification Case, to develop the Infrastructure for the Campus development (this is also noted in the section in Innovative Environments in this Plan).



Key Areas of Delivery:

Key to the way ahead will be progression of the tiered model of local community and admitted patient care services and networked regional solutions.

- Continued implementation of GIRFT, improving value in key specialties including Wet Age-Related Macular Degeneration (AMD) and Cataracts; scoping of solutions such as Community Urology
- Efficiencies in Powys theatres and endoscopy suites; with potential as system wide assets, together with the North Powys development, for one stop assessments
- Referral management solutions including first contact practitioners, building on evidence and learning in muscular skeletal therapies, audiology, orthopaedics and primary care dermatology;
- Further implementation of community cardiology
- Modernised Outpatients including virtual appointments; See on Symptom; Patient Initiated Follow-up; clinical guidance for primary care and other referrers; triage and risk stratification; advice and support
- Surgical & Medical Low Complexity Day Case & including virtual pre-op (focused on Orthopaedic; Ophthalmology; General Surgery) within Powys
- Commissioned providers making the shift to 85% day case in the best practice pathways for High Volume Low Complexity cases and revised regional arrangements over the long term

- Improved access to diagnostics at home, in primary care and the community
- Diagnostics in the three Rural Regional Centres: Endoscopy (including transnasal endoscopy); X-ray; ultrasound; and non-obstetric ultrasound; some capability on a North/South basis (where patients need to access certain equipment)
- Radiology provision across Powys (aligned to implementation of national 'RISP' programme), including review of x-ray equipment replacement, scope to enhance sonography scope of practice; further exploration of the extent to which CT and MRI could be provided on a mobile in-reach basis
- Scoping use of Minor Injuries Unit and phlebotomy solution (also see the section on Urgent and Emergency Care/ Six Goals later in this Plan)
- Further development of point of care testing
- Development of key strategic relationships, exploration of jointly funded and regional posts, appropriate governance and medical leadership in Powys and commissioned externally

This is a phased programme over the five years of the plan, to develop the tiered model of care, embedding a holistic frailty approach; earlier, faster diagnostics; repatriation of low complexity activity, tested and refined via the North Powys Wellbeing Programme, and optimising the configuration of local community and admitted patient care services and networked regional solutions.

Early Help and Support – Delivery Plan				
Strategic Priority	Key Areas of Delivery	Key Deliverables	Timescale	Intended Outcome/ Impact
Strategic Priority 3: Improve Access to Primary and Community Care	Accelerated Cluster Development	Collaborative engagement and develop maturity	Q1-Q4	Coherent and engaged Cluster groups across Powys working together to provide quality and timely services for patients closer to home.
		Continue to develop reporting and governance arrangements with RPB Executive (Pan Cluster Planning Group)	Q3	
		Implementation of Dental Collaborative (pending national negotiation outcome)	Q2	
		Develop the Professional Nursing Collaborative	Q2	
		Develop the Optometry Collaborative	Q1	
		Continue to identify services best delivered at cluster or pan-cluster level	Q4	
	General Medical Services	Annual Programme of Primary and Community Care Academy – training and support for all contractors; identifying funding opportunities; support for GMS PLT (Protected Learning Time); evaluation	Q1	Committed Primary Care workforce working to top of competencies leading to resilient, sustainable and engaged Primary Care Services.
		GMS Practice Sustainability analysis, review, and action planning	Q2	
		Engagement with patients and stakeholders on perception and experience of access	Q4	
		Development of workforce model in line with Strategic Programme for Primary Care/ Primary Care Strategic Workforce Plan & PTHB Frailty and Community Model	Q3	
		Roll out multi-professional workforce tool	Q3	

Early Help and Support – Delivery Plan				
Strategic Priority	Key Areas of Delivery	Key Deliverables	Timescale	Intended Outcome/ Impact
	Optometry	Systematic tracking of core hour provision	Q2	General Optometry services established in line with new General Ophthalmic Services Regulations with focus on clinical activity. Investing in the future of Primary Care Ophthalmic Services for Powys.
		Support and track access in relation to IPOS	Q1	
		Pre-registration optometrist between primary and secondary care in Cluster(s)	Q2	
		Establish inter-practice referral for urgent cases	Q1	
		School vision and eyecare access improvements	Q2	
		Scope Special School Primary Care Eyecare	Q1	
		Publicise occupational health services offer	Q1	
		Implement pathways with outreach Ophthalmology Services, clusters and Optometry practices for Glaucoma and Medical Retina pathways	Q1-2	
	Dental	Maintain urgent access in General and Community Dental Service to balance of demand and capacity	Q1	Building resilient Dental workforce for those committed to rural lifestyle and develop ongoing sustainability with experience via placement programmes. Maximise dental care and bring to those areas with current limited access.
		Increase capacity of Llandrindod Wells contract	Q2	
		Secure future dental access in Newtown	Q2	
		Rural enhancement offer for Foundation Dentists	Q4	
		Continue to transfer patients from the dental waiting list to salaried General Dental Practitioner (GDP) in line with contract reform	Q1	
		Undertake dental waiting list cleansing to support accurate waiting list numbers	Q1	
		Recruit additional dental officer for sedation by end of Year 1	Q4	
Rescope mobile dental services in areas with limited or no access	Q1			
Develop undergraduate dental therapy placement programme with Cardiff Dental School	Q4			

Early Help and Support – Delivery Plan				
Strategic Priority	Key Areas of Delivery	Key Deliverables	Timescale	Intended Outcome/ Impact
	Community Pharmacy	Further development of Assurance Framework; Annual programme of contract monitoring – and targeted visits (50% of pharmacies in Year 1); implement contract breach process by year end	By end of Q4 2024/25	Assurance of compliance with contractual obligations. Fair process to manage contract breaches.
		Provision of the Clinical Community Pharmacy Service (CCPS) and “additional pharmacy services” with monthly monitoring of access	Ongoing (monthly)	Assurance that CCPS is being delivered in line with contractor’s declaration.
		Review and update of service specifications for locally commissioned services	By end of Q4 2024/25	Ensure that locally commissioned services meet the needs of the population.
		Pharmacy opening hours and ‘rota services’ to ensure value to our population	By end of Q4 2024/25	Ensure that rota services are appropriately commissioned to meet the needs of the population.
		Work with Welsh Government on unique factors to Powys (e.g. 56-day prescribing)		
		Review Datix reporting process and quality of incident reporting and sharing of learning	Ongoing	Support the implementation of 56-day prescribing, ensure learning is shared and that the current health board workload associated with community pharmacy Datix incident reports is reduced
		Promote and support pharmacists to become independent prescribers – ambition to roll out across Powys over longer term (of this plan)	Ongoing	Ambition is to have a pharmacist independent prescriber in every community pharmacy across Powys.

Early Help and Support – Delivery Plan				
Strategic Priority	Key Areas of Delivery	Key Deliverables	Timescale	Intended Outcome/ Impact
	Women & Children's - Maternity	Delivery of the Maternity Assurance and Safety Improvement Plan	Q1-4	National clinical standardisation of maternity datasets and pathways
		Implementation of Digital Maternity Cymru (DMC) appropriate to PTHB	Q1-4	
		Review workforce and implement the revised workforce review	Q1-4	
		Implementation of Health Inspectorate Wales recommendations including birth centre environments	Q1 - 4	Improvement to birth centre environments
	Women & Children's – Women's Health	Assessment and local delivery of All Wales policy and plan requirements, adapted to PTHB context Implement plans for Women's Health and Sexual Health Improvement; HIV and All Wales Women's Health Implementation Group Priorities	Q1-4	Delivery in line with national policy and plans, appropriately adapted for PTHB
	Women & Children's – Pathway Development	Implementation of key service / pathway developments: <ul style="list-style-type: none"> - Develop and deliver Community Paediatric Remodel action plan - Implementation of the multi agency Neurodevelopment Strategic Action Plan for Powys - Develop an Additional Learning Needs Strategy for Powys including partnership delivery plan 	Q1-Q4	Improved outcomes for children, young people and families through earlier, targeted interventions for those in need of support

Early Help and Support – Delivery Plan				
Strategic Priority	Key Areas of Delivery	Key Deliverables	Timescale	Intended Outcome/ Impact
Strategic Priority 4: Design and Deliver a phased Frailty and Community Model	Continue development of tiered community model	Continuous Engagement in sharing the challenge and understanding Discovery findings; shaping and refining ideas	Q1-4	Stakeholder understanding of the challenges facing the system. Continued engagement from stakeholders and staff informing the development of the model
		Next phase of design including configuration of tiered community model, outpatient, daycase and admitted patient care	Q2-3	
		Identification of service development	Q3	
		Minimum 12 Week Consultation for areas of significant service change	Q3-4	
	Continue to implement Frailty Model, including optimisation and join up for frailty of memory	Develop Frailty scoring	Q1-Q3	Risk stratifying the population Reduction in emergency admissions Improved equity of access and prevention of fractures Delivering WG requirements
		Develop the approach to Comprehensive Geriatric Assessment and care planning	Q1-Q3	
		Review access to Fracture Liaison Service	Q3-Q4	
		Implement National Community Nursing Framework in Powys	2024/25	
	Improve coordination of the Last Year of Life	Finalise approach to planning for the Last Year of Life with major conditions	Q1-Q2	Improve the coordination of the Last Year of Life
		Commence implementation including liaison with out of county providers	Q3-Q4	
	Review and refine the Community Hospital model	Scope an improved approach to cognitive impairment on general wards	Q1-Q2	Prevention of deconditioning and ensuring join up of physical and cognitive frailty
		Pilot the approach	Q3-Q4	

Early Help and Support – Delivery Plan				
Strategic Priority	Key Areas of Delivery	Key Deliverables	Timescale	Intended Outcome/ Impact
	Support Admission Avoidance	Subject to approval, support the National Cellulitis Improvement Programme with a Powys-related post	Q1 Q2–Q3	Reduction in emergency admissions (see IBG case for Cellulitis) (UTI work is being scoped during Q1 2024/25)
		Scope phase 1 Urinary Tract Infection (UTI) pathway transformation and commence implementation	Q2–Q3	
		Review the impact of the PTHB-element of the National Cellulitis Improvement Programme	Q4	
Strategic Priority 5: Deliver the Planned Care & Diagnostics Programme	GIRFT Recommendations	Continue implementation of GIRFT recommendations for General Surgery, Orthopaedics and Ophthalmology to include repatriation of low complexity day cases	Q1–Q4	Improved resilience of provider services Greater utilisation of provider services capacity GIRFT as a default method of operation Delivery of planned care strategy with as many patients treated in Powys as possible Delivery of 3 Rural Regional Centres (phased across 5 year timescale) Delivery of planned care ‘system asset’ usage Go-live of NPWP during latter stage of 5 year plan
		Seek Consultant Urologist sessions to scope community urology service	Q2-Q4	
	Key Strategic Relationships	Explore Opportunities for jointly funded or regional post	Q1	
		Recruitment	Q3	
		Evaluation	Q4	

Early Help and Support – Delivery Plan				
Strategic Priority	Key Areas of Delivery	Key Deliverables	Timescale	Intended Outcome/ Impact
	Referral Management Solutions	Scope a (Provider) interface triage pilot for Orthopaedic Referrals	Q1	Improved resilience of provider services Greater utilisation of provider services capacity GIRFT as a default method of operation Delivery of planned care strategy with as many patients treated in Powys as possible Delivery of 3 Rural Regional Centres (phased across 5 year timescale) Delivery of planned care ‘system asset’ usage Go-live of NPWP during latter stage of 5 year plan
		Pilot interface triage solution for Orthopaedic Referrals	Q2	
		Evaluate interface triage solution for Orthopaedic Referrals and any associated Business Case through the Investment Benefit Group	Q3	
		Subject to approval implementation of interface triage solution for Orthopaedic Referrals; Evaluation	Q3-Q4	
		Scope a referral management solution for Dermatology; Pilot subject to any associated Business Case support; Evaluate; begin phased roll-out	Q1	
		Develop referral management solution for dentistry in relation to oral cancer	Q2	
		Further develop phlebotomy service	Q3-Q4 Year 2	
	Improve Value in Key Specialities	Continued implementation of Wet Age-Related Macular Degeneration (AMD) and Cataracts improvement plan in alignment with GIRFT	Q1-Q4	
	Implement the Outpatient Transformation Plan	Appoint permanent Assistant Medical Director for Planned Care	Q1	
		Continued implementation of outpatient transformation plan (virtual appointments, access to advice and guidance, modernisation of follow ups including see on symptoms)	Q1-Q4	

Early Help and Support – Delivery Plan				
Strategic Priority	Key Areas of Delivery	Key Deliverables	Timescale	Intended Outcome/ Impact
	Radiology Provision across Powys (enabling implementation of RISP)	Submit capital business case for replacement of X-ray equipment to enable implementation of RISP	Q1	
		Review x-ray provision across Powys as part of work on sustainable model	Q1	
		Develop x-ray implementation plan and implement phase 1	Q2-Q4	
	Enhance the provision of Point of Care Testing throughout Powys	Review and develop existing POCT provision and governance: Establish QA Compliance framework, analyse asset registry, monitoring initiation and training development	Q1-Q2	Improved assurance and governance
		Expand availability of POCT provision in support of clinical pathway development and governance: identify opportunities in primary & community care, prepare for internal audit	Q3-Q4	Improved access to Point of Care Testing
		Identify ongoing funding for the POCT Co-ordinator role	Q3-4	



Working together across major conditions, physical and mental health

Better Together for a Sustainable Model of Care

Strategic Priority 6: Develop and Deliver a Major Conditions Plan

The 'Big Four' in Powys are those areas of greatest impact to health and wellbeing - Respiratory, Circulatory disease and Cancer and a joined-up approach across physical and mental health.

The work locally on "Better Together" to find a sustainable approach in Powys, was reinforced through the messages in "*Report of the Projections, Health Evidence and Policy Challenges NHS Wales will Face over the Next 10-25 years*" and the work of the REAL Centre/University of Liverpool showing the projected increases in conditions including cancer, respiratory, circulatory and dementia between 2019 and 2040 for the English population (with comparable applicability to Wales).

The biggest rates of increase are expected to be in chronic pain and diabetes. In most cases these are driven by the population aging rather than a rise in age-specific rates or earlier onset. Rates of illness rise with age, for example 1 in 5 people aged 80 to 84 has type 2 diabetes, more than double the rate of those aged 55-59. (Of the 20 conditions examined only asthma is projected to increase in incidence).

Long term condition	Projected prevalence/incidence from published literature	SEA incidence projection for Wales
Coronary heart disease	Uncertain	Increasing
Stroke/TIA	Increasing	Falling
Atrial Fibrillation	Increasing	Increasing
Heart Failure	No evidence found	Increasing
Hypertension	Increasing	Increasing
Cancer (all cancers)	Increasing	Increasing
Bowel Cancer	Increasing	Not produced
Lung Cancer	Increasing	Not produced
Breast Cancer	Increasing	Not produced
Prostate Cancer	Increasing	Not produced
Dementia	Increasing	Increasing
Type 2 Diabetes	Increasing	Increasing
Depression	Uncertain	Increasing
Anxiety	No evidence found	Increasing
Severe Mental Illness	No evidence found	Not produced
Multimorbidity	Increasing	Increasing
Asthma	No evidence search undertaken on these conditions	Increasing
Rheumatoid Arthritis		Falling slightly
COPD		Increasing
Epilepsy		Falling
Inflammatory Bowel Disease		Increasing
Peripheral Vascular Disease		Increasing
Chronic Kidney Disease		Increasing slightly
Risk factor		
Obesity	Increasing	Increasing
Smoking	Falling	Falling

As Powys is at the forefront of an ageing population there will be more people living longer with multiple conditions.

The extent to which people are living with multiple conditions has been changing rapidly. One in three patients admitted to hospital as an emergency has five or more conditions, up from one in ten patients a decade ago. Some combinations of mental and physical diseases are associated with especially poor outcomes. People with multiple conditions may have reduced mobility, chronic pain, shrinking social networks and lower mental wellbeing.

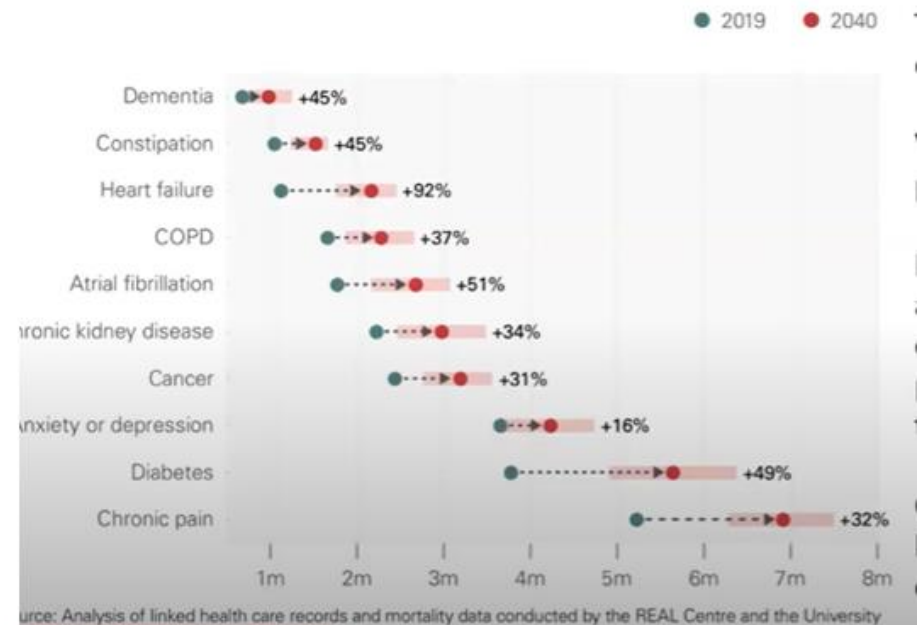
There is a need to develop holistic approaches; reduce the treatment burden (multiple appointments, assessments, tests, admissions and reviews) through improved co-ordination and information sharing. (Those with four Long Term Conditions average one Outpatient appointment per month, which is two thirds higher than those with one Long Term Condition).

Irrespective of people's age, multiple conditions drive increased healthcare costs. People with multiple conditions may be on multiple medications and this can be associated with a range of adverse health outcomes. There are higher rates of multiple conditions in older people. Better understanding is needed to drive risk stratification and preventative strategies.

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

Improved intelligence on outcomes, experience and cost is key to ensuring a value-based approach. This will also involve cultural development such as home first ethos and proactive risk taking (with safety nets).

This is an area where more research is being undertaken. As summarised by the National Institute for Health and Care Research, there is growing evidence that having multiple conditions is a more important driver of costs in the health and care system than other factors such as age alone.



“Better Together” and Welsh Government’s *“Report of the Projections, Health Evidence and Policy Challenges NHS Wales will Face over the Next 10-25 years”* show the importance of:

- Understanding what is coming down the track - as people live longer, the prevalence of certain conditions increases, which will affect Powys earlier at the forefront of an aging population
- A long term view and shift to prevention, including earlier in life, to address the common modifiable risk factors through a system approach, to have the greatest impact on many major conditions
- Adapting to working with people who have multiple conditions, rather than in a siloed condition-based approach (streamlining multiple assessments, appointments, care plans and the prescribing of multiple medications)
- Joining up physical health and mental health
- Tackling inequalities, such as the physical health of mental health patients
- Focusing on interventions that demonstrate value in terms of investment and outcomes
- Allocating resources to areas which maximise benefit relative to population need
- Strengthening primary and community services, to prevent and reduce escalation to secondary care
- Diagnosis at earlier more treatable stages
- Focus on frailty, reablement, rehabilitation (across physical frailty and frailty of memory)
- Improved co-ordination in the last year of life
- Supporting workers to enjoy a longer healthy work-life

- Working across the system and in partnership, ensuring approaches are collaborative, integrated and outcome focused; addressing gaps in data
- Working on solutions appropriate to a highly rural area with no District General Hospital, working cross-border with other NHS organisations

Key areas of Delivery

A co-ordinated, consistent approach will be taken across the **major conditions** with the development of a phased delivery plan. This will take into account partner plans and regional / national collaborative programmes of work. The scope will encompass the shift to prevention and common risk factors.

Reduction in the burden of care for patients by streamlining assessments, plans and reviews, with opportunities to address the adverse consequences of polypharmacy across physical and mental health.

Key optimal pathways (such as those for diabetes, heart failure, bone health, hips and knees), with a common core approach to prehabilitation and rehabilitation and improved co-ordination at the end of life and in the last year of life for those with multiple conditions.

Next phases of implementation of the major conditions plan to deliver the agreed core approach with improved population risk stratification and segmentation and outcome measurement.

Strategic Priority 7: Deliver the Mental Health Transformation Programme

Over the next five years the health board will work with people using services, carers and partner agencies to ensure a better join-up across physical and mental health. The goal is to offer a range of support which can be accessed in a straightforward and timely way, close to home, based on need; of an improved consistency and quality. The work aligns with, and will help to take forward, Welsh Government's vision for 'Together for Mental Health'.

The Powys approach will be person centred: recognising patients are the best guardians of their own lives wherever possible; helping people to live their best life at home, so people can live, learn, work and enjoy home and community life where possible.

Working in partnership and co-producing solutions will require a culture of trust building, collaborative leadership and a shared approach to value to improve outcomes, experience and the wise use of resources.

Mental health patients have higher rates of cardiovascular disease (such as heart disease and stroke), diabetes, obesity and lung conditions (chronic obstructive pulmonary disease and asthma). This is particularly true for young people with severe mental illness; those aged 15-34 years are five times more likely to have three or more physical health conditions. On average the lives of those with severe mental illness are 15 to 20 years shorter, mostly because of preventable physical illnesses.

Evidence highlights the need for:

- Personalised support
- Improved physical health care
- Annual health checks and improved uptake
- A healthy lifestyle; targeting single versus multiple health behaviours e.g. smoking
- Addressing clusters of multiple health conditions
- Extra support after an in-patient stay
- Improved end of life care

There needs to be pan-Powys approaches, broadly similar for people of equal need, with clear pathways with "No Wrong Door"; Team around the Person /Family and care navigation where needed.

Key areas of focus for the transformation programme:

- Building understanding and literacy around mental health and having an informed approach across a wide range of services
- Access to community solutions to prevent crisis where possible and associated admissions
- Multi competency teams and a tiered provision dovetailing more closely into enhanced care
- Home treatment for dementia and crisis resolution available across Powys
- Recovery, rehabilitation and reablement
- Develop the approach to sanctuary in a rural area and improve co-ordination across urgent and emergency care
- Join up of memory and physical frailty
- Appropriate approaches for adults and children and the transition period between age groups
- More sustainable specialised mental health

Specialised admission where needed will be provided more sustainably, including the developments planned in one of the rural regional centre sites. This encompasses:

- In-patient assessment and treatment centre
- Section 136 suite
- Support for crisis and community teams through step up
- Shared care model for physical health needs of mental health patients
- Age-appropriate Admitted Care
- A culture of recovery, rehabilitation and reablement
- Greater use of the competencies of Allied Health Professionals

The development of **step-down** accommodation and support for people living with complex needs due to severe mental illness will be scoped with Regional Partnership Board partners with further stages dependent on investment and benefits appraisal.

In **2024-25** the priorities will be:

- Transformation of Adult and Community Model Phase 1 (scoping redesign of community and admitted patient care model; referral approach; workforce model redesign; medicines optimisation; optimise dementia home treatment team and ensure equivalent offer South Powys & North Powys, develop outcomes measurement)

- Taking account of emerging guidelines and policy such as expected Welsh Health circular for Dementia pathways in audiology
- Work in collaboration with the programme for Frailty, the Community Model and Urgent Care on the approach for patients with multi-conditions including cognitive impairment.
- Work within a major conditions approach to improve the physical health of mental health patients (particularly circulatory conditions)
- Explore further the approach to sanctuary in a rural area for adults and children in line with investment opportunities and national strategy
- Take forward the next phase of work to enable access to a step-down solution for those with complex needs by 2027
- Next Phase of Development of 111press2 subject to investment and wider work / sequencing of transformation (scope expansion of “front door” role)
- Redesign of the duty and assessment approach
- Next phase of Neurodiversity pathway development

In the following years, it is intended that there will be implementation of further phases of the Mental Health Transformation. This is likely to include the components noted above for scoping, subject to investment and benefits appraisal. This is a long term partnership programme of work with complex interdependencies, which will be scheduled over the full five years of the plan.

Tackling the Big Four – Delivery Plan				
Strategic Priority	Key Areas of Delivery	Key Deliverables	Timescale	Intended Outcome/ Impact
Strategic Priority 6: Develop and Deliver a Major Conditions Plan	Development of a transformative Major Conditions Plan	<u>Development of a phased major conditions transformation plan</u> to develop: a less siloed approach; streamline appointments, diagnostics, assessments, care and treatment plans, reviews and polypharmacy; and to improve co-ordination in the last year of life	Q1- Q3 development of the plan	A shift to prevention to improve population health Improved population risk segmentation and prevalence forecasting
<i>Circulatory</i>	Optimal Pathways	<u>Map and develop key optimal pathways for Diabetes</u> (in liaison with national Value and Sustainability Work)	Q2 confirm baseline and gap analysis	Reduction in the burden of care Key optimal pathways
			Q3-Q4 first phase improvement	Compliance with quality statements A better join up across physical health and mental health
	Stroke	Review National Prescribing indicators in primary care for Atrial Fibrillation; explore improvements PTHB Clinical engagement in key Strategic Programmes for Stroke (Wales and England particularly Herefordshire & Worcestershire) Incorporation of guidelines for stroke rehabilitation	Q3	Improved physical health of people with mental health conditions A core approach to rehabilitation Improved co-ordination in the last year of life Improved outcome measurement
	Diabetes	Delivery of All Wales Diabetes Prevention Programme (AWDPP)	Q1-Q4	
	Cardiac	(Community cardiology is covered in the diagnostics section)	Q4	

Tackling the Big Four – Delivery Plan				
Strategic Priority	Key Areas of Delivery	Key Deliverables	Timescale	Intended Outcome/ Impact
<i>Cancer</i>	Cancer Improvement Plan	Deliver the PTHB Cancer Improvement Plan	Q1- Q4	Improved patient experience and outcomes
	Single Cancer Pathway	Review variation of Single Cancer Pathway performance across secondary care providers and reduction of backlog of those waiting over 62 days for first definitive cancer treatment	Q1 – Q4	Improvement in performance for SCP resulting in improved outcomes, efficiency and improved patient experience
	Implement improving Cancer Journey	Implement Improving Cancer Journey Programme Phase 2 Annual review of PTHB Cancer Improvement Plan and update for 2024-25 at year end	Q4	Facilitate coordination of services across sectors to deliver more holistic and joined up pathways of care
<i>Respiratory</i>	Ensure equitable and standardised MDT services across the whole of PTHB	Continue to explore options for medical cover across PTHB	Q1-3	Equitable access to services Care closer to home
		Provide support to Primary Care to implement Asthma plans for the asthma population	Q2-4	Better asthma management

Tackling the Big Four – Delivery Plan				
Strategic Priority	Key Areas of Delivery	Key Deliverables	Timescale	Intended Outcome/ Impact
Strategic Priority 7: Deliver the Mental Health Transformation Programme	Transformation of Adult and Community Model Phase 1 (includes alignment of Duty and Assessment Model)	Refining the baseline. Refining the modelling for the new model. Continuous engagement.	Q1	Increased efficiency and integration of the duty and assessment model
		Public engagement and consultation	Q2	
		Workforce design and further consultation	Q3	
		Phase 1 implementation	Q4	
	Expand capacity to extend single point of access including Next Phase of Development offer alignment with 111P2 for Duty and Assessment Model	Scope model. Refine baseline including urgent referral information. Continuous engagement. Scope expansion of “front door” role including development to align other referral processes.	Q1	To improve sustainability, navigation and alignment of access and referral points
		Develop phased delivery plan	Q2	
		Phase 1 implementation including administrative single point of access	Q3	
		Phase 2 implementation including commencing development of referral routes for Secondary Care referrals	Q4	
	Ensure access to provision for sanctuary for children	Engagement with children and young people, families, and carers (i) Workforce design	Q1	Reduced inappropriate urgent and emergency attendances and referrals for children
		(ii) Recruitment	Q2	
		(iii) Implementation of rapid response and outreach service	Q3-Q4	

Tackling the Big Four – Delivery Plan				
Strategic Priority	Key Areas of Delivery	Key Deliverables	Timescale	Intended Outcome/ Impact
	Develop access to provision for sanctuary for adults	i) Through collaboration with stakeholders, staff and partners, design a sustainable model for a highly rural setting	Q3-4	Reduced inappropriate urgent and emergency attendances and referrals for Adults
		(ii) Assess impact of right care, right person	Q3 Year 2 Phased Delivery Plan	
	Take forward the next phase of work to enable access to a step-down solution for those with complex needs	Continuous engagement	Q1-Q4	10% of the cohort of patients with complex Mental Health needs, out of county requiring step down accommodation solution able to return to Powys by 2027
		Explore and develop advisory options appraisal	Q1	
		Design and workforce planning	Q2	
		Preparation for procurement	Q3-Q4	
	Next phase of neurodiversity pathway development	A revised pathway for neurodiversity pathway	Q1-Q4	Reduction in waiting time



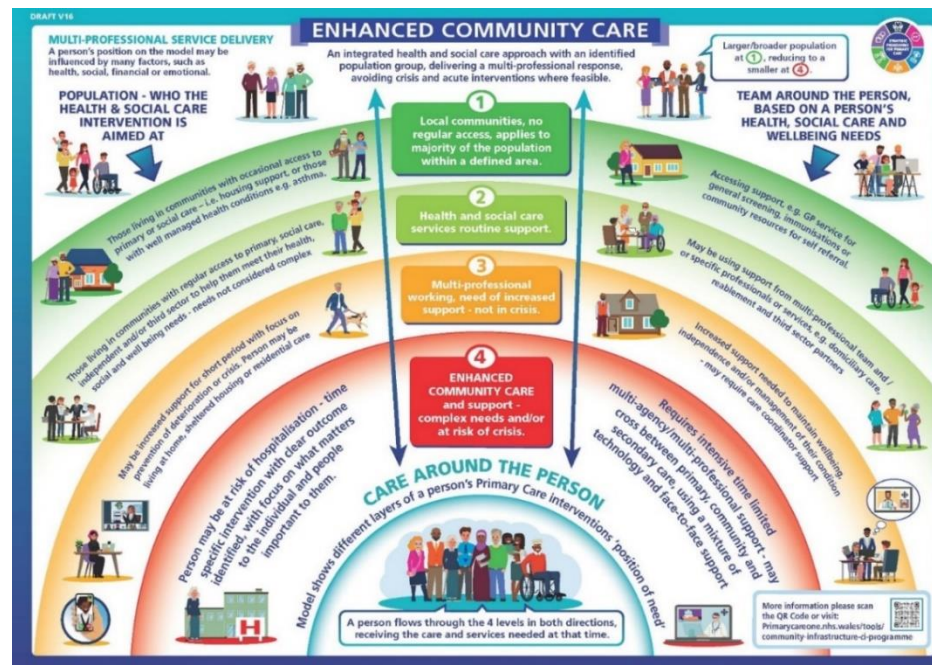
Home first and back home fitter and faster

Better Together for a Sustainable Model of Care

Strategic Priority 8: Improve pathways of care *focused on system flow*

The challenge

- Increasing demand and an ageing population
- Frailty and falls driving urgent and emergency activity
- The gaps in services in the home and the community – including same day responses
- The pressure on emergency services; ambulances delayed in reaching new patients, due to waits outside Emergency Departments
- Overcrowded Emergency Departments, as new patients cannot be admitted to wards swiftly
- Admitted patients being delayed, including community hospitals, for assessments which should take place outside hospital
- Older people at risk of harm from deconditioning (losing muscle strength and becoming confused) and not able to remain stable or return home.
- The need for improved co-ordination in the last year of life
- Adapting to working with multiple conditions including across physical and mental health.



PTHB has worked with the national Strategic Programme for Primary Care on the development of a tiered community model, including enhanced community care, which forms part of the sustainable solution being implemented in Powys. PTHB has the following Enhanced offer in Powys:

- Community Therapies (Home First)
- Reablement – further integration with Home First to be progressed
- Continuing Healthcare (Home Care only)
- Specialist Palliative Care
- Mental Health Home Crisis Response Teams
- Dementia Home Treatment Teams
- Bed based intermediate care
- Virtual wards
- Phased development of a frailty service, which is set out in “Early Help and Support”
- “Early Help and Support” includes the work to strengthen the earlier tiers working with people, communities and partners, such the Regional Partnership Board
- Key to a sustainable approach in Powys is improving people’s chances of living their “best life” at home in their community connected to what matters to them most
- This means working together to promote wellbeing and prevent difficulties escalating

How would this look in the future?

- Tiered support in the community based on levels of severity and urgency of need, spanning

wellbeing and prevention through to crisis responses for those who are severely unwell to help them remain at home where possible

- Person centred, holistic care and improved co-ordination (especially for multiple conditions)
- Development of workforce with particular skill sets & further discussion on role of ‘generalists’
- Right sized teams with right competencies
- Joined up physical and mental health
- A consistent pan-Powys approach to Enhanced Community Care, aligned to national approaches (a multi-professional response to a person where they live, focusing on what matters to the individual, to avoid crisis and escalation)
- Stronger community services enabling people to remain and recover safely and comfortably at home, preventing admission
- New flexible support roles, particularly for those requiring palliative care, that can move across people’s homes, the community and hospitals
- Individuals have access to graduated advice, support and prehabilitation
- A culture of rehabilitation and reablement
- Rehabilitation increasingly takes place in the patient’s own home and virtually
- Rebalancing of care and support to enable more individuals to live at home whenever possible, with a greater variety of accommodation options
- Improved Advanced Care Planning in the End of Life for those with multiple conditions

The Key Areas of Delivery are set out in “Early Help and Support” or are combined in the next section.

Strategic Priority 9: Deliver the Six Goals Plan for Urgent and Emergency Care *focusing on what works for the Powys population*

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

There are important points of connection with national and regional systems and the work of the Emergency Ambulances Services Committee (EASC) and the Welsh Ambulance Services NHS Trust (WAST).

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. Powys does not have a District General Hospital with an Emergency Department.

Therefore the focus in this area is a bespoke implementation of Welsh Government's Six Goals for Urgent and Emergency Care. Delivery is embedded across the whole integrated plan and delivered through a number of strategic priorities.

For example, through 'Tackling the Big Four' and the Mental Health transformation programme; and the work on frailty and community model, noted in 'Early Help and Support'.



This joining up across domains is crucial to deliver what works for Powys - addressing needs driven by the aging population, identifying those at risk; preventing deterioration, same day responses and supporting people to return home fitter and faster where admission has been necessary.

Same Day Urgent Care spans rapid responses in the community and the backup/step-up needed for this; Minor Injury and Illness Units; and same day assessment and treatment.

How would this look in the future?

- Primary Care Out of Hours including pharmacy
- Enhanced Minor Injury and Illness as part of Same Day Urgent Care
- Rapid Response (Same Day Urgent Care)
- Step-Up Community Assessment and Treatment (CATU) (Same Day & Short Stay)
- Rural Regional Centres with enhanced MIIU provision; Same Day Urgent Care and Step-Up Community Assessment and Treatment (CATU).
- Minor Injury and Illness Units as walk ins or with direct referral from a GP, ambulance service, or NHS 111.

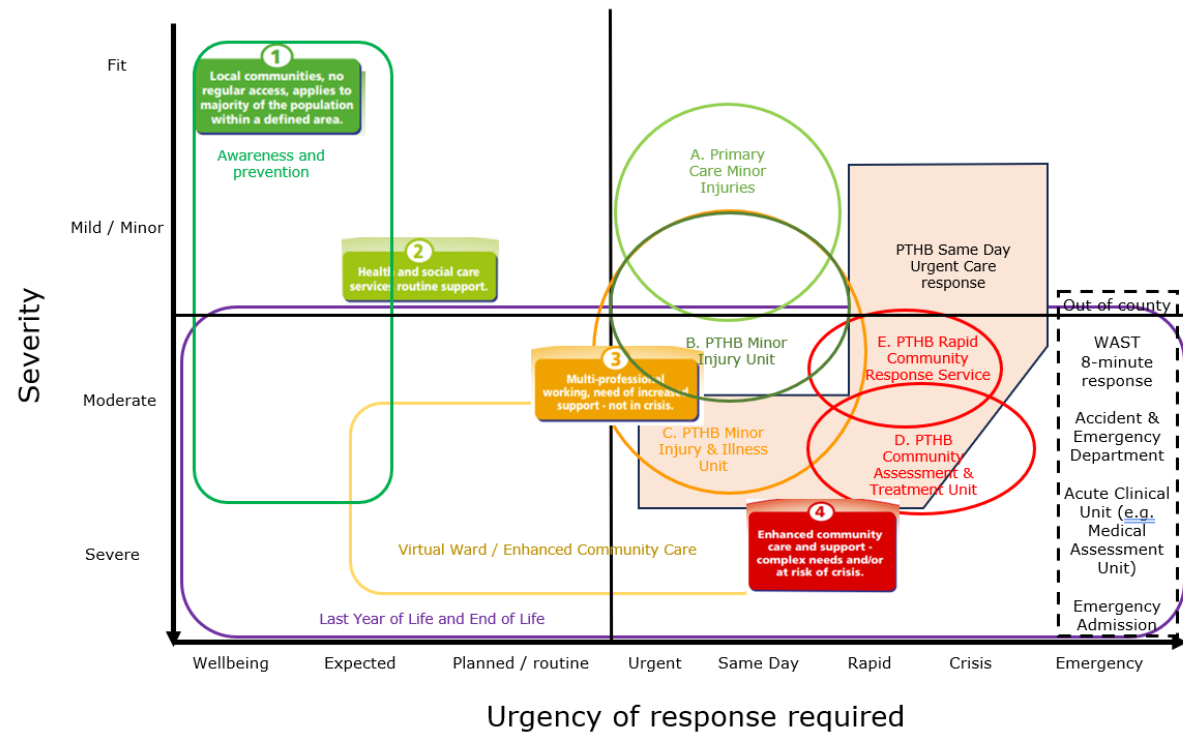
Patients would be assessed, diagnosed and start treatment on the same day, improving patient experience and reducing hospital admissions.

This would avoid unplanned and longer than necessary stays in hospitals, with lower risk of infections and de-conditioning for patients.

A Community Assessment and Treatment Unit to provide a step-up unit for frailty and a back-up for virtual wards/enhanced community care.

The unit would provide a “one stop” assessment or multiple diagnostics for rapid assessment, enhanced therapy, intravenous services, management of exacerbations of long-term conditions and end of life support for symptom palliation.

The diagram below shows where these developments sit within the continuum of urgency and severity:



N.B. the scale of severity is intended to be interpreted differently between the Planned and Unscheduled sections of the diagrams, e.g. a patient may be severely frail from a planned care perspective, but not severely unwell from an Unscheduled perspective.

Joined Up Care – Delivery Plan				
Strategic Priority	Key Areas of Delivery	Key Deliverables	Timescale	Intended Outcome/ Impact
Strategic Priority 8: Improve pathways of care focused on system flow	Implement a Digital Patient Flow System	Complete test and pilot phases of newly developed Digital Patient Flow System	Q1	Improved Patient Flow Efficiency and Monitoring Reduction in average length of stay
		Launch and roll-out of Digital Patient Flow System	Q2	
		Embed Digital Patient Flow System into standard practice and broaden user operability	Q3	
		Review and refine Digital Patient Flow System, begin to strengthen beyond minimum viable product	Q4	
	Improved Approach to Pathways of Care Delays (POCD)	Reduce the number of service users experiencing Pathways of Care Delays (POCDs) through escalation and tracking	Q1-Q4	People Home Fitter and Faster Reduction in average length of stay
		Reduce the number of super-stranded patients through escalation and tracking	Q1-Q4	
	Improved Approach to Supporting People to Leave Hospital Fitter and Faster	Embed discharge liaison officer posts throughout Powys	Q1-Q2	People Home Fitter and Faster Reduction in average length of stay
		Consider Expansion of Discharge Liaison Officer	Q3-Q4	
		Reduce average length of stay throughout Powys, through escalation and tracking	Q1-4	

Joined Up Care – Delivery Plan				
Strategic Priority	Key Areas of Delivery	Key Deliverables	Timescale	Intended Outcome/ Impact
Strategic Priority 9: Deliver the Six Goals Plan for Urgent and Emergency Care <i>focusing on what works for the Powys population</i>	Implement Enhanced Community Care Phase One, including the Rapid Response in the community	Scope the need for a Rapid Response service	Q1	Broadening the knowledge and skills of MIU staff in Powys
		Broadening the knowledge and skills of MIU staff in Powys	Q1-Q4	
	Expand Therapy Led Rehabilitation	Embed new Standard Operating Procedure (SOP) and Key Performance Indicators (KPIs) for Therapy Led Rehabilitation at Mid-Powys Intermediate Care Centre (Glan Irfon)	Q1	Increased efficiency of bed base utilisation People home fitter and faster Care closer to home
		Enhance partnership and collaboration to ensure targeted patient referral and access, as well as appropriate service utilisation	Q2	
		Implement optimised model as part of winter response strategy	Q3	
		Review of SOP and operational model including PROMS to inform the way forward	Q4	
	Enhance and expand D2RA Pathway utilisation	Commence monthly aggregate reporting of D2RA Measures	Q1-2	Improved patient flow efficiency and monitoring
Improve data quality and confidence of D2RA Measure reporting		Q3-4		
Expansion of dedicated pathway capacity		Q1-4		

ENABLING PLANS



Workforce Futures

Workforce shortages, especially in clinical and specialist roles, continue to be a challenge, affecting capacity and impacting on variable pay spend. The Nursing and Midwifery Council (NMC) has reported that 27,000 nurses and midwives in the UK have left the profession in the last year. Projections show continued instability over the next 10 years. This is particularly stark for Registered Nurses (RN's) and Medical staffing.

Vacancies for RNs in Powys is the highest in Wales and there has been a deteriorating picture locally, with a vacancy rate of 12.71% in 2020, rising to 19.6% in Sep 2022. Recruitment continues to be a significant challenge for the organisation. Student streamlining was introduced in Wales however analysis of local education numbers versus actual recruitment indicates that this national approach does not prove successful for PTHB, with an average conversion rate of only 8% over the last 3 years.

The focus is therefore to improve our workforce sustainability. This will be aligned to national strategies such as the National Workforce Implementation Plan and the Strategic Workforce Plans and solutions for Mental Health, Maternity and Neonatal, Pharmacy, Dentistry, Nursing, Diagnostics, Primary Care and Genomics.

There is a strong commitment to work in partnership with Powys County Council, the third sector and other partners within the Workforce Futures Programme, which has five themes:

- Theme 1: Designing, Planning and Attracting the Workforce
- Theme 2: Leading the Workforce
- Theme 3: Engagement and Wellbeing
- Theme 4: Education, Training and Development
- Theme 5: Partnership and Citizenship

These partnership arrangements include working on a regional level to widen employment access through pioneering education pathways, enhancing service delivery through new models of working, increased opportunities for volunteering, the digital learning experience to reduce the carbon footprint and a range of wellbeing initiatives for the people who contribute to the delivery of health and care services.

The Accelerated Sustainable Model (ASM) will require specialist workforce support in the delivery phase:

- Workforce Modelling and Planning
- Organisational Change Processes
- Attraction and Recruitment Strategies
- Training and Development
- Behavioural Change Management

Key areas of delivery:

- Transformation and Sustainability of the Workforce
- A Great Place to Work
- Employee Health and Wellbeing

Transformation and Sustainability of the Workforce (Themes 1, 4 and 5 of Workforce Futures)

Having people with the right skills and expertise, in the right place and with the right capacity is essential, to deliver care that meets the six domains of Quality and to reduce agency usage and variable pay.

Key activities include:

- Work with local partners, Welsh Government, HEIW and Social Care Wales on a long-term workforce plan for health and care
- Developing the knowledge and capabilities of leaders for strategic workforce planning
- All Directorates trained and supported to develop a workforce plan – aligned with the development of a Sustainable Model of Care
- Attraction and recruitment, to promote the employer brand and employee value; local delivery of national Recruitment Modernisation
- Widening channels for attraction of candidates, improving engagement and retention (with use of staff retention tool and national staff survey)
- A candidate journey that is positive, engaging, and timely from attraction to on-boarding

- Targeted recruitment, attraction, talent pool and on-boarding around the Applicant process
- The development of an interest in a rural health and care career in our younger population
- Evaluate the Powys Health and Care Academy Careers Education & Enterprise Scheme (ACEES) and deliver annual programme
- Tailored model of overseas recruitment with pastoral care to settle into new community – with a further 3 cohorts of Adult Nurses targeting areas of high variable pay
- Explore opportunities to recruit internationally trained Mental Health Nurses and Medical staff
- Use of initiatives such as Wagestream and expansion of the Aspiring Nurse Programme with a second cohort (improving access for Powys based pre-registered students to the Dispersed Learning Nurse Degree Programme)
- Targeted recruitment to the Bank for specific roles, such as Healthcare Support Workers
- Delivery of a sustainable, full-time blended distance/dispersed learning nursing degree working with Health Education Improvement Wales (HEIW) and Higher Education partners
- Building capacity to develop community resilience and the volunteer workforce
- Employability skills training opportunities for volunteers and carers
- Apprenticeship and placement opportunities for school leavers and Further Education students

A Great Place to Work (Theme 2 of Workforce Futures)

It is crucial that PTHB is able to be competitive by being a great place to work. Excellence in leadership remains fundamental to employee experience, with a compassionate culture where staff have a high-quality experience and can innovate and transform.

Key activities include:

- 'Temperature checks' and surveys including the National Staff Survey and Team Climate survey
- Chat2Change, Staff Wellbeing Roadshows and other staff engagement initiatives
- Data analytics capability, to focus on services most in need of support
- Work with services and Heads of Nursing to support improvements in nurse retention
- Workforce performance dashboards with a wider range of data including surveys, occupational health referrals and other wider cultural metrics
- Roll out Tier 1 Clinical Leadership development focused on 600 clinicians in managerial and team leadership roles from Band 6-8b
- Develop Tier 2 Clinical Leadership development
- Support staff to work at the top of their professional licence
- Grow skills, knowledge and competency using an immersive, simulation training environment, which develops professional excellence
- Embedding Compassionate Leadership

- Embed the Speaking Up Safely Framework; with a mechanism for staff to raise concerns and support a culture of psychological safety
- A Manager's Charter including responsibilities and standards of behaviour, supported by leadership and management development
- Embed Employer for Carers and Carers Strategic Framework; increase skills support to paid and unpaid carers
- Systematic review of workforce practices and application of policy working in social partnership



Speaking up **Safely**

A Framework for the NHS in Wales

Supporting people to **speak up**
safely and with confidence



Employee Health and Wellbeing (Theme 3 of Workforce Futures)

Acknowledging that not all employees manage their wellbeing in the same way, the implementation of the wellbeing plan developed through the Wellbeing at Work Group, will offer a range of initiatives and activities to help prevent burnout, reduce stress and anxiety, and improve overall mental wellbeing.

Key activities include:

- A refresh of the wellbeing and engagement offer, working with the communications and engagement team aligned with the HEIW NHS Staff and Wellbeing Framework
- Regular understanding of how the workforce are feeling; the right support where it is most needed, e.g. signposting for financial wellbeing
- Regular wellbeing and engagement roadshows will be delivered at sites across the county and via outreach sessions to our community sites
- Employee Assistance Programme with access to expert help, support, and resources
- Reverse mentoring programme
- Team away day offer and team building
- Access to timely Occupational Health Service
- Team Climate surveys and feedback to Service Managers to support wellbeing of staff
- Delivery of 2 Compassionate Leadership Programmes per month

- Refresh Chat2Change programme to build on partnership and staff involvement
- Promote and develop manager capability in use of key policies including Flexible Working and Managing Attendance at Work policy to support return to work or staying at work
- Review Agile Working to set clear expectations and promote opportunities

PTHB Intranet | SharePoint Support | Service Area | Shared Documents

PTHB Connect - Wellbeing | Home / Staff | Physical / Carpool | Psychological / SeizeIt! | Environmental / Any2School | Financial / Anaxel | Back to PTHB Intranet | Not Following | EN

STAY WELL IN PTHR

**Welcome to the Powys Teaching Health Board,
Stay Well Wellbeing Hub**

This hub aims to provide a one stop portal that provides links to all the health and wellbeing information, resources, guidance and initiatives for staff and managers.

PTHB as a holder of the Gold Corporate Health Standard for Wellbeing at Work is committed to supporting staff wellbeing.

Please click on the links below to explore further.

Psychological Wellbeing | Physical Wellbeing | Environmental Wellbeing Including Health and Safety | Financial | Staff Benefits

Equalities and Welsh Language

The **Strategic Equality Plan 2024-27** (SEP) identifies priorities for both service delivery and staff experience over the next five years.

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

The **Welsh in Healthcare Strategy** is a comprehensive approach in accordance with Welsh Language Standard 110 and the "More than Just Words" framework. This incorporates data collection, recruitment; training and cultural change, to improve the experience of Welsh speaking patients and staff.

Key activities include:

- Further develop and embed the SEP and Welsh in Healthcare Strategy Q1 - 4
- Co-ordination and oversight of local action and monitoring through the PTHB Strategic Equalities Plan and Welsh Language Standards Policy (Annual)
- Complete the introduction of SignLive to improve access to telephone lines via a BSL interpreter Q1
- Improvements to the accessibility of sites and practices including in relation to Sensory Loss
- The rollout of Gender Awareness and Equality for Managers training programmes Q1 - 4

- Integration of the Welsh Language for Managers training into the PTHB Managers' Training Program
- Continue to monitor the use and uptake of Online translation to improve value and access to BSL and foreign language interpretation
- Welsh Language recruitment assessment system Q1 - 2
- Respond to open Welsh Language Commissioner investigations Q1 and implement subsequent action plans
- Welsh Language Standards Audit response Q1
- Meeting PTHB responsibilities under the Anti-Racist Wales Action Plan (Annual Q1 - 4)
- Welsh Language Service Leads Group to drive improvements Q1-4

Workforce Futures				
Strategic Priority	Key areas of Delivery	Key Deliverables	Timescale	Intended Outcome/ Impact
Transformation and Sustainability	Grow the knowledge and capabilities of managers to develop strategic workforce plans aligned to the Accelerated Model of Care	Cohort of managers (who are required to) who have completed training	Q2 2024 Q4 2024	Grow capability to develop strategic workforce plans & think creatively about workforce options/models.
	On board a further 3 cohorts of internationally trained Adult Nurses targeting areas with high variable pay spend	On board Cohorts 1, 2 and 3 for 24/25	Q2 & Q4 2024	Support services to realise improved patient care by realising a reduction in vacancies and agency usage
		Explore the potential to recruit internationally trained Mental Health Nurses and Medics	Scope opportunities from national programmes for international recruitment for Mental Health	
	Launch a second cohort of the Aspiring Nurse Programme with HEIW and University partners (improving access for Powys based pre-registered students to the Nurse Degree Programme)	Agreed plans and funding arrangements in partnership with HEIW and FE/ HEI providers	Q2 2024	Enhancing our ability to grow our own workforce to improve patient care by realising a reduction in vacancies and agency usage.
		Report on the recruitment rates of the programme	Q4 2024	
		Ensuring there is an opportunity for a Welsh essential recruitment offer	Q4 2024	
	Generate interest from the younger generation in a rural health and care career through the Academy Career and Education Enterprise Scheme (ACEES)	Evaluate the Academy Careers and Education Enterprise Scheme (ACEEs) and develop plans for 2024/25 academic year	Q1 2024	Strengthening the pipeline of potential recruits into the health and social care workforce to support organisational sustainability
		Report on the development plans for 2024/25 academic year	Q3 2024	

Workforce Futures				
Strategic Priority	Key Areas of Delivery	Key Deliverables	Timescale	Intended Outcome/ Impact
A Great Place to work	Deliver the actions set out in the national Nurse Retention Plan.	Complete the nurse retention self-assessment tool	Q1 2024	Develop a better understanding of retention issues to support an overall improvement in nurse retention and service sustainability
		Undertake a gap analysis and deep dive of data and intelligence, to understand retention and priorities	Q2 2024	
	Ensure a clear mechanism for staff to raise concerns and support a culture of psychological safety, so staff feel able to speak up.	Introduce the Speaking Up Safely 'Your Voice' Portal on staff intranet	Q1 2024	Staff are aware of the mechanisms, supported by C2C resources and are able to raise concerns/speak up safely
		Introduce team activities/briefings	Q2 2024	
		Refresh the Chat2Change plan	Q2 2024	
		Embed the Speaking Up Safely Framework	Q4 2024	
	Roll out Tier 1 of clinical leadership programme	Deliver the Tier 1 programme at a rate of 1 course per month	Ongoing	Improved capability in clinical leadership
	Develop a pilot for Tier 2	Develop the Tier 2 programme	Q2 2024	
		Pilot Tier 2 programme	Q3 2024	
	Design a Charter with leadership expectations of managers responsibilities in setting standards of behaviour, engaging with staff and creating a great place to work	Develop draft Charter and resources for consultation and feedback	Q1 2024	Clarity around management responsibilities in setting standards of behaviour, engaging with their staff, and its contribution to creating a great place to work
		Consult with Executive team, Trade Unions and Chat2Change group	Q2 2024	
		Launch Charter	Q3 2024	
Employee Health and Wellbeing	Regular access to wellbeing roadshows and initiatives which support health	Undertake a series of wellbeing roadshows across the county	Q4 2024	Staff feel supported and understand wellbeing initiatives that are available to them
	Embed Compassionate Leadership model to underpin approach to staff wellbeing	Deliver two Compassionate Leadership courses per month	Quarterly Update	Staff across the organisation demonstrate compassionate leadership in their everyday work

Workforce Futures				
Strategic Priority	Key Areas of Delivery	Key Deliverables	Timescale	Intended Outcome/ Impact
	Develop the capability of managers in relation to Managing Attendance at work policy to support staff to return to work or stay in work	Review and republication of the managing attendance at work toolkit	Q1 2024	Managers are able to utilise workforce policy and guidance to support staff to remain in/return to work
		Delivery of targeted / bespoke sessions to managers	Ongoing	
	Undertake regular Team Climate surveys and feedback to service managers to identify ways they can support the wellbeing of their staff	Undertake surveys targeting one service per quarter	Quarterly Update	Outcomes of team climate surveys are utilised to target interventions which support the wellbeing of staff
Equalities and Welsh Language	Continue the rollout of the Gender Awareness programme	Updates on Gender Awareness provided in Equality Annual Report	Q4 2024	A workforce well trained in matters relating to Equality and the Welsh Language
	Integration of Welsh Language into the wider Managers' Training Programme	Continuous programme of training		
	Commence the implementation of the objectives set out in the Strategic Equality Plan.	Achieve workplace certifications for Age-Friendly Employer, Disability Confident and Hate Crime Charter	Q4 2024	Workplace certification(s) achieved by year end
		Sensory loss work: deployment of assistive technologies & Sign Live	Q4 2024	Assistive technologies deployed to health board sites. British Sign Language (BSL) using patients are able to contact all PTHB telephone lines via the switchboard
	Continue to monitor the use and uptake of Online translation to reduce costs and improve access to BSL and foreign language interpretation	Provide an update in relation to the use of online translation	Q2 - Q4 2024	Improved access to interpretation at a reduced cost
Begin work on the new Welsh in Healthcare Strategy including the introduction of the new Welsh Language recruitment assessment system.	System designed and functionality finalised.	Q1 2024	Increased recruitment for Welsh language skills and compliance with Standard 106	



Digital First

The PTHB Digital Strategic Framework agreed in 2023 provides an opportunity to not only maintain but to accelerate efforts for 'Digital First'.

The Digital Strategic Framework is the first of its kind for Powys and marks an important stage in the Powys Digital Journey. 'A Healthy Caring Powys 2017 – 2027' first set out the ambition for 'Digital First' as an enabler for this shared, long term, health and care strategy, which formed the Area Plan overseen by the Regional Partnership Board.

This framework builds on the efforts made to date to create a 'Digital First' approach, working in partnership locally, regionally and nationally.

It provides a framework for renewed ambition, leadership and delivery against a much changed and rapidly evolving context, in relation to technology, people and wider socio-economic and political changes impacting on the health of the population and the delivery of healthcare.

In a time where the movement of information and expertise can be instantaneous through video conferencing, access to digital records, knowledge, and research, patients are used to technology and expect to be able to interact with services digitally.

In Powys, it can be problematic due to geography and rurality to provide services in a way that is easily accessible and convenient.

Digital innovation can be challenging to many and can be perceived as daunting for some staff members as well as service users.

Good quality information is vital whether that relates to an individual's health record or the complex healthcare system, pathways and multiple providers of NHS care across England and Wales.

Delivering healthcare to some of the most vulnerable individuals and groups, creates a challenge. Digital offerings have to take into account choice and accommodate varying requirements.

It is critical that digital and clinical innovation go hand in hand, to introduce technology that will support and enable the transformation of healthcare in line with 'A Healthy Caring Powys' and the ambition of a Sustainable Model of Care.

Technology will be important to support staff to deliver excellent care, and leverage the broader healthcare network, including primary and social care, as well as facilitating direct service users' participation in their own healthcare management.

A **mission statement** has been developed for this Digital First Strategic Framework, through engagement with staff, users and partners:



Key Areas of Delivery

Five key themes were identified through engagement on the development of this framework:

1. Citizen centred care and support
2. Leadership, Partnership and Alliances
3. Infrastructure and Security
4. Enabling Efficiency and effectiveness
5. Big Data and Artificial Intelligence

The Digital Strategic Framework will be delivered in partnership with clinical services and external alliances. Some of the ambitions will require new types and channels of investment and changes in the mindset and ways of working.

There will be a shift from the traditional IT support model to a Digital Business Service, which supports

both the immediate delivery priorities and the transformation ambitions of the organisation.

This change needs to be user driven to be sustainable and will not all happen at once. In the long term, Powys aims to lead as a digital exemplar in the community healthcare field. Using data driven insights will improve decision making and processes. Facilitation of digital inclusion and adoption will support collaboration and innovative approaches.

This will be key to the delivery of the long term health and care strategy, A Healthy Caring Powys – truly multi-professional teams, able to introduce data driven redesign of care pathways, to the use of applications, artificial intelligence, wearable devices, robotics and voice assistants.

Alliances will be key and will include Digital Health and Care Wales and other national and regional partners, voluntary sector and third party organisations.

It will also require a safe and secure infrastructure, future proofed in light of rapid changes in technology and interoperability. This will mean a redesign and upgrade of the core infrastructure. Given constraints, this will be phased in line with available resources.

The health board is engaged via the national Value Based Healthcare Board in the exploration of visual information products, Patient Reported Outcome Measures (PROMS), Patient Reported Experience Measures (PREMS) and digital policy developments.

Digital First				
Strategic Priority	Key areas of Delivery	Key Deliverables	Timescale	Intended Outcome/ Impact
Citizen centred care and support	Improve awareness and access to their digital appointment	Introduce patient portal for managing appointments	Q4 2024/25	Improve patient engagement and access and act as an enabler to give patients more control over their appointments
	Improve awareness of and access to the NHS Wales App	Support the development of the NHS Wales App to include Cross Border pathway	Q4 2025/26	Support patients take an active part in their own health & wellbeing
	Transition to an alternative virtual consultation platform	Provide a replacement virtual consultation platform across Powys	Q3 2024/25	Improve communication and health care at a distance
Leadership, Partnership and Alliances	Transition of ICT Service Support; Digital Clinical partnership with Experience Level Agreements (XLA)	Target Operating Model Implementation	Q3 2024/25	Improve the experience and services provided by Digital Teams for staff and patients
	Continue engagement with NHS England to improve clinical cross border pathways	Improve data flows of clinical information into our All Wales architecture to support delivery of care	Q2 2024/25	Support decision making and safe and timely patient care
	Scope requirements for Integrated Shared Care Record	Enable front line staff to access digital clinical information across multiple disciplines	Q4 2024/25	Support decision making and safe and timely patient care
	Provide opportunities to improve Digital literacy across the HB	Upskill, train and support staff to improve confidence in using digital systems	Q4 2024/25	Increase efficiencies and optimise system use to reduce administrative and repetitive tasks

Digital First				
Strategic Priority	Key Areas of Delivery	Key Deliverables	Timescale	Intended Outcome/ Impact
Enabling Efficiency and effectiveness	<ul style="list-style-type: none"> Whole system application review to standardise digital system access and improve efficiencies 	<ul style="list-style-type: none"> Ensuring the system gaps are fully understood to meet the needs of the health board and standardise the approach to recording 	Q2 2024/25	Improve efficiency and streamline of applications
	<ul style="list-style-type: none"> Complete ePMA pre-implementation phase 	<ul style="list-style-type: none"> Completion of a Business case to roll out (inpatient & outpatient) 	Q2 2024/25	
	<ul style="list-style-type: none"> Award ePMA contract 	<ul style="list-style-type: none"> Develop, build, test and implement the ePMA system 	Q4 2025/26	
	<ul style="list-style-type: none"> Finalise cross border clinical records sharing project 	<ul style="list-style-type: none"> Improve data flows of clinical information into our All Wales architecture to support delivery of care 	Q2 FY 2024/25	Improve care and patient experience
	<ul style="list-style-type: none"> Review replacement of WCCIS 	<ul style="list-style-type: none"> Implement a replacement community system that supports the delivery and recording of patient care 	Q1 2024/25	Support decision making and safe and timely patient care
	<ul style="list-style-type: none"> Implement print management solution 	<ul style="list-style-type: none"> Replace and deliver new multi-functional devices across the HB 	Q1 2024/25	Centralised maintenance and a reduction in the carbon footprint
	<ul style="list-style-type: none"> Introduce digital clinical appointment letters 	<ul style="list-style-type: none"> Adoption across all services using WPAS to digitally engage with patients 	Q4 2025/26	Improve patient engagement. Reduce DNA rate

Digital First				
Strategic Priority	Key Areas of Delivery	Key Deliverables	Timescale	Intended Outcome/ Impact
Infrastructure and security	Improve network Connectivity and reliability	Upgraded core infrastructure across all areas in the HB	Q1 2024/25	Improved reliability and supportability of digital infrastructure
	Improve telephony and collaboration tools	Procure and implement new telephony system	Q1 2024/25	Reduce and where possible remove single points of failure in our digital estate
	Improve application availability and resiliency	Implement enterprise level availability technologies to support resilience across the HB	Q2 2024/25	Reduce likelihood of a single component resulting in outages of PTHB applications.
	Continue to improve cyber security posture	Replace and update Firewall authentication technology across the HB and migrate applications	Q1 2024/25	Improved cyber security posture
	Align and upgrade legacy operating systems	Removal of legacy and unsupported operating systems to support HB resilience	Q3 2024/25	Improved reliability and supportability of digital infrastructure

Digital First				
Strategic Priority	Key Areas of Delivery	Key Deliverables	Timescale	Intended Outcome/ Impact
Big Data and Artificial Intelligence	Onboard services to new Business Intelligence platform and adopt single source of truth for data	Provide the necessary tools to allow staff to access a 'Data Self-Service' to review a single source of data	Q3 2024/25	Increase access & trust in data
	Creation of a Health & Care Data Platform	Develop and implement a secure & robust Platform		Relevant data accessible by Health & Social Care in near real time
	Modernise data processes	Plan and deliver a data collection framework	Q2 2024/25	Data is collected in a consistent manner, cutting down manual/paper processes
	Introduce a Data Catalog to enable users to discover, understand, and use the data they need to make informed decisions	Create a Data Catalog that is accessible by the entire Health Board	Q2 2024/25	Complete transparency of Data
	Migration of legacy reports and data processes from IFOR to the cloud	Commence transition from the IFOR Reporting platform to a cloud hosted platform	Q3 2024/25	All reporting is 'cloud first' which enables more robust, advanced & secure reporting solutions
			Q4 2024/25	Legacy on-premise reporting software & hardware removed
	Accelerate use of Robotic Processing Automation	Plan and deliver a 'RPA Framework' and Operating Model across the HB	Q4 2024/25	Release 'manual' admin time
	Improve the accuracy, completeness, of data quality using advanced technologies and best practices	Identify required resource and approach to improve Data Quality	Q4 2024/25	To increase the quality of Data
Adopt Machine learning toolkit (predictive analysis on current data sets)	Design and deliver a framework to adopt Machine Learning models	Q3 2025/26	To take advantage of Data Platform by Machine Learning and predictive modelling to aid future planning	



Innovative Environments

Innovative environments can improve the quality of care and the outcomes and experience of patients and staff. Opportunities include:

- Implementing 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

There are however some obstacles for the health board. It possesses the oldest built estate in Wales, with 38% of buildings predating 1948 (significantly higher than Wales average of 12%). Only 5% of the estate was built after 2005, compared to Wales 23%. There is a backlog cost of £69 million required to bring the estate to a 'satisfactory' standard (and this totals over £1 billion across Wales).

The health board has legislative responsibilities under the Future Generations (Wales) Act (2015) and Environment (Wales) Act (2016) and is dedicated to implementing local actions outlined in the national NHS Wales Decarbonisation and Biodiversity Plans, in addition to maintaining ISO14001 certification.

Climate change poses the most significant challenge to global health and poses a threat to all life on Earth. PTHB has made a commitment at Board level to support the Senedd's declaration of a Climate Change and Nature Emergency.

There is a pressing need to move to a safer, healthier, decarbonised environment and the health board is engaged with Re:fit Cymru, to evaluate and implement measures for reducing carbon emissions. 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.

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.

Strategic Capital Plan

A Strategic Capital Plan has been developed in 2023 via the Powys Regional Partnership Board. This is enabling partners to identify those areas of capital investment requirements which are critical to delivering the long term health and care strategy, – and wider public sector sustainability in Powys.

In addition to All Wales Capital Funding, Welsh Government have ringfenced capital monies (£60M in 2023/24 and £70M in 2024/25) which is available via business case application through the Regional Partnership Board (RPB) route.

The Health and Social Care Integrated and Rebalancing Capital Fund (IRCF) encourages bids for Priority 1 – Development of integrated health and social care hubs and centres and Priority 2 – Rebalancing the residential care market, Housing with Care Fund (HCF).

North Powys Wellbeing Programme

Work is continuing on the development of the North Powys Health and Wellbeing Campus, which is a flagship initiative of the Powys Regional Partnership Board, as part of the long term health and care strategy, “A Healthy Caring Powys”.

The Programme Business Case has been endorsed; the Strategic Outline Case is with Welsh Government for consideration and the Outline Business Case is anticipated for summer 2024, dependent on funding.

Discussions are continuing in relation to whole-site funding, IRCF is seen as part of this investment.

Llandrindod Wells Rural Regional Centre

Following endorsement of the Programme Business Case (PBC) for the Llandrindod Phase 2 project for £11M to £14M over 3-5 years, the first infrastructure Business Justification Case (BJC) of circa £3.4M is under consideration by Welsh Government.

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

This will be developed in parallel with the more significant campus approach, incorporating the recently acquired building at Spa Road, Llandrindod.

Estates Strategy

An Estates Strategy will be drafted in Q1 2024/25.

The backlog in maintenance of circa £69M is recorded in the Corporate Risk Register and a risk-based approach has been adopted to address high or immediate risks.

Estates Funding Advisory Board (EFAB) capital was paused during 2022/23 but reinstated for a 2 year cycle in 2023/24 and 2024/25 with a 30% contribution from health board Discretionary Capital.

PTHB successfully secured £2.404M of funding over the 2 year cycle from 2023/24 to 2024/25 (£0.625M

and £1.512M respectively) to address infrastructure, fire and decarbonisation. The PTHB contribution equates to £0.453M in 2024/25 (as below).

PTHB EFAB allocation 2023/24 and 2024/25:

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

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

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

Discretionary Capital

The proposed capital pipeline 2024-26 has been developed by the PTHB Capital Control Group to reflect the current and projected allocation of Welsh Government Discretionary Capital funding, which for 2024/25 will be reinstated to £1.431M.

Schemes have been prioritised based on business continuity/criticality, health and safety, statutory compliance, audit and service delivery/development.

Revenue benefits are a key consideration, as is remaining agile to respond to changes.

The annual programme includes:

- General schemes: wider business needs prioritised by the Capital Control Group (CCG); prioritised from a total of circa £700K
- Estates Compliance projects within a reduced value of circa £275K, prioritised using a risk-based approach by specialist compliance subgroups under the direction of the CCG
- Equipment including medical devices and other items such as catering equipment, vehicles, etc with individual values over £5K. The proposed annual allocation is £50K in 2024/25
- Information Communications Technology (ICT) annual allocation of £50K plus additional Welsh Government funding to support Digital, for example, £0.782M capital slippage in 2024

Discretionary Capital carries a risk of cost overrun for major project activity, which increases in proportion to the value of capital. In partial mitigation NHS Wales Shared Services Partnership and Welsh Government reflect this in enhanced contingency where possible in relation to older building refurbishment.

It has been usual to retain a contingency and in the proposed capital pipeline, the overall contingency is circa £200K in the annual cycle.

Other Funding

As directed by Welsh Government, PTHB, in discussion with NHS Wales Shared Services Partnership,

Specialist Estates Services (NWSSP-SES) submitted a series of prioritised mini business cases over 2 years to address medium to large scale urgent compliance works. Welsh Government have indicated strong support, which will significantly alleviate pressures on discretionary capital and does not attract the 30% Discretionary Capital contribution required for EFAB.

AWCF has also provided support for a mental health development with just under £0.50M awarded in October 2023 to configure a Children and Young Person's Sanctuary in Spa Road, Llandrindod Wells. This has integrated well with the general consolidation of mental health services into the building and discussions with Powys County Council Children's Services in respect of potential alignment of activity.

Invest to Save (Revenue)

Investment Grade Proposal submission to Salix Energy Efficiency Loans Scheme supported by the Welsh Government Re:fit Energy Service to deliver energy savings and decarbonisation benefits.

Works include LED lighting efficiencies, improved heating controls through investment in the Building Management Systems, insulation upgrades and introduction of solar photovoltaic panels. This is scheduled to commence in 2024 with anticipated value of circa £3.5M.

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

Capital / Revenue Category	2023/24 £M	2024/25 £M	Comments
Discretionary	1.260	1.431	Increase by £171K pa to bring back to £1.431M
EFAB (Discretionary PTHB Contribution)	(0.268)	(0.453)	30% contribution of overall EFAB to be made from Discretionary Capital
EFAB Funding (Welsh Government contribution)	0.892	1.512	6 schemes in total including fire compliance, decarbonisation and infrastructure (incl. 30%)
Emergency All Wales Capital Funding (AWCF)	1.480	1.491	Series of prioritised SBAR's with Welsh Government support over 2 years
AWCF	0.496	0	Children and Young Person's Sanctuary
Llandrindod Phase 2; first BJC	0.236	3.000	Overall Programme Business Case endorsement for £11-14M over 3+ years
North Powys Health & Wellbeing Campus	1.180	tba	Funding route to be agreed with potential RPB/IRCF funding
Re:fit (Revenue)	0	3.500	Energy and Decarbonisation: Invest to Save, value to be confirmed subject to funding
Capital Slippage	1.105	0	
TOTAL (indicative)	6.381	10.481	

Environmental Management and Decarbonisation

Under section 6 of the Environment (Wales) Act 2016, public authorities that exercise their functions in relation to Wales have a duty to maintain and enhance biodiversity and promote the resilience of ecosystems.

In compliance with the Act, PTHB maintains a Biodiversity Action Plan which is part of PTHB's environment management system accredited to ISO14001 (2015). This received successful re-certification in 2023. This focuses on:

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

Biodiversity studies have been conducted across the estate, identifying protected areas and enhancement opportunities. This will build on previous years' partnership with staff and community groups for enhanced green space protection and enhancement.

A PTHB Decarbonisation Action Plan is in place aligned with the NHS Wales Decarbonisation Strategic Delivery Plan.

The Re:fit programme includes improvements to energy, water and building design. Travel-related emissions are being tackled with roll-out of electric vehicle charge points and Welsh Government /

charitable funded infrastructure installations at Bro Ddyfi and Brecon hospitals.

PTHB recorded 14,970 tCO₂e emissions during 2022-23 and is on track to deliver 34% reductions in carbon emissions from the baseline collected in 2018-19.

Key Areas of Delivery

- Decarbonisation including ambition for Net Zero by 2030 across public sector; quarterly tracking and reporting to Environment & Sustainability Group against 46 Initiatives in Decarbonisation Strategic Delivery Plan
- Biodiversity enhancement and protection in line with Section 6 of Environment (Wales) Act and furthering site-level plans for implementation with community groups
- Major transformation on energy efficiency through interventions recommended by the Re:fit Programme. Contractor construction to commence subject to funding approval with Welsh Government
- Agile Working and optimisation of space utilisation with completion of Bronllys pilot and delivery of lessons learned from agile working programme for rationalisation of premises.

Innovative Environments					
Strategic Priority	Key areas of Delivery	Key Deliverables	Timescale	Intended Outcome/ Impact	
Strategic Capital	North Powys Wellbeing Programme	Outline Business Case Development for campus	Q2	Approval of business case and funding allocated	
	Llandrindod Wells Rural Regional Centre	Business Case submission in format as outlined by Welsh Government as part of endorsed Programme Business Case	Q3	Programme of works to address urgent compliance risks and infrastructure improvements followed by reconfiguration of back of hospital	
	Discretionary Capital Programme including Estates Funding Advisory Board (EFAB), etc.	Discretionary Capital Programme (circa 25 projects)		Q1-Q4	Delivery of Capital Programme enhancements to the estate including compliance improvements
		EFAB Brecon Fire		Q4	
		EFAB Machynlleth Fire		Q4	
		Building Management Systems Ystradgynlais		Q4	
Waste Compounds pan-Powys		Q4			
Development of Strategic Capital Plan, project pipeline	Health and Social Care, Integration and Rebalancing Capital Fund (IRCF); capital project programme		Q2	Strategic capital programme to support funding bids and Integrated Hub development	
Estates Strategy	Draft Estates Strategy	Estates Strategy; initial draft for review	Q1	Structured plan for future estate development / health and care needs	
Environmental Management and Decarbonisation	Decarbonisation	Decarbonisation Strategic Delivery Plan – actions as set out for 2024/2025	Q1-Q4	Reduction in Carbon emissions and ambition for public sector Net Zero by 2030	
	Biodiversity	Enhancement and protection of biodiversity including community group engagement	Q1-Q4	Enhancement and protection of biodiversity and development of community group activity	
	Energy efficiency	Implementation of energy efficiency interventions pan-Powys: Re:fit programme / Invest to Save	Q4	Improved energy efficiency and carbon reduction	
Property	Integrated Hubs / Agile Working	Develop Spa Road, Llandrindod Wells as Integrated Hub	Q3	Integrated Working in agile environments to maximise space efficiency	



Transforming in Partnership

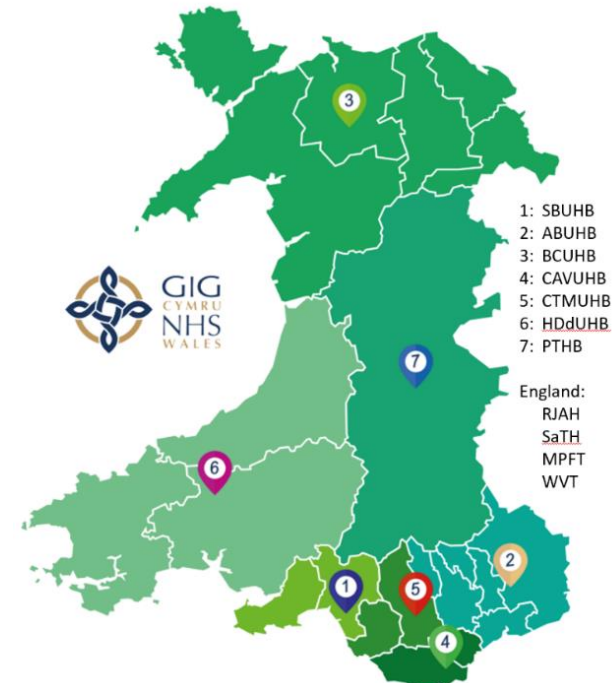
There is a complex partnership landscape for health and care in Powys, with important interdependencies across NHS Wales and across the border into England.

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

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

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

Residents in Mid Powys largely access Hereford Hospital for district general hospital care. Residents in the South of Powys access acute care from a number of providers including Morrision Hospital in Swansea and Prince Charles Hospital in Merthyr Tydfil. There are also residents in South East Powys who access Nevill Hall Hospital and other acute care providers in Aneurin Bevan University Health Board.



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

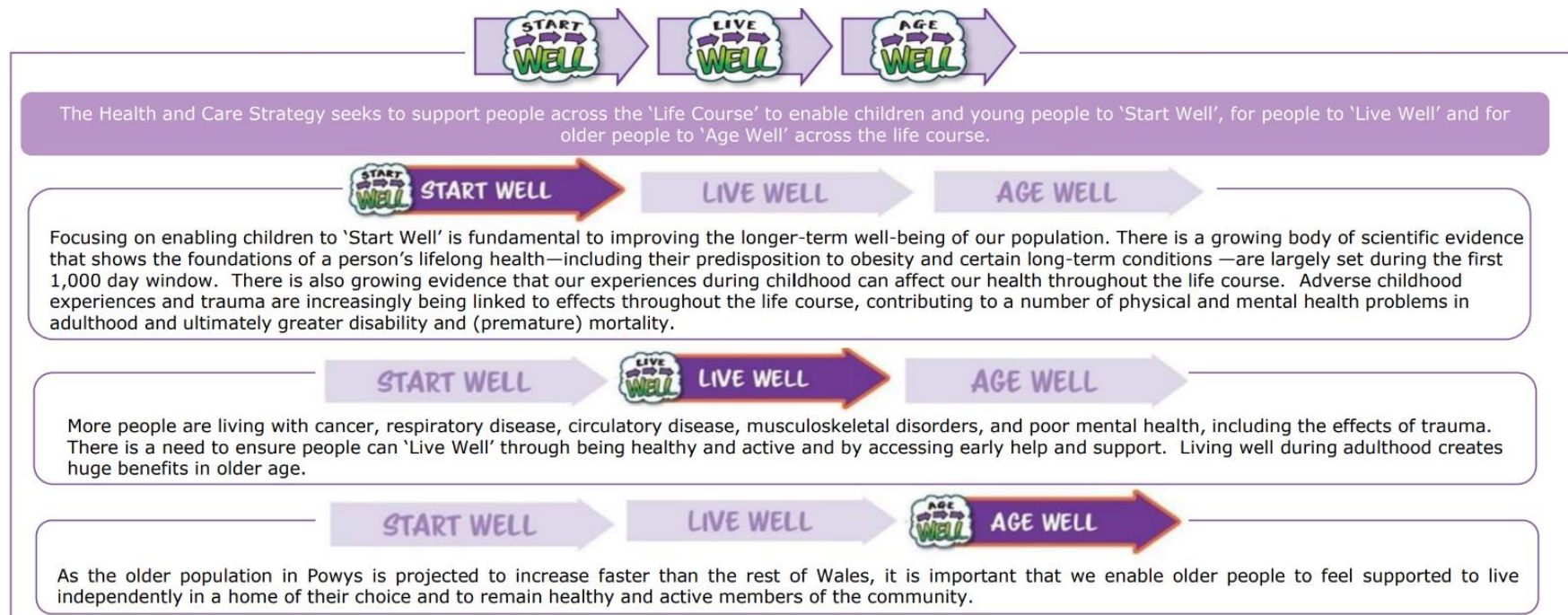
The work being done in partnership on 'Better Together' to create a Sustainable Model of Care – linking to wider public sector work for a Sustainable Powys - is particularly important in this respect.

This is key in setting out the both the case and the levers for change, in a highly complex and challenging environment. Intensive, focused efforts are required to ensure system resilience and transformation.

Both the Powys Wellbeing Plan and the Area Plan have been refreshed and respond to the findings of the Wellbeing Assessment, Population Needs Assessment and Market Stability Assessments.

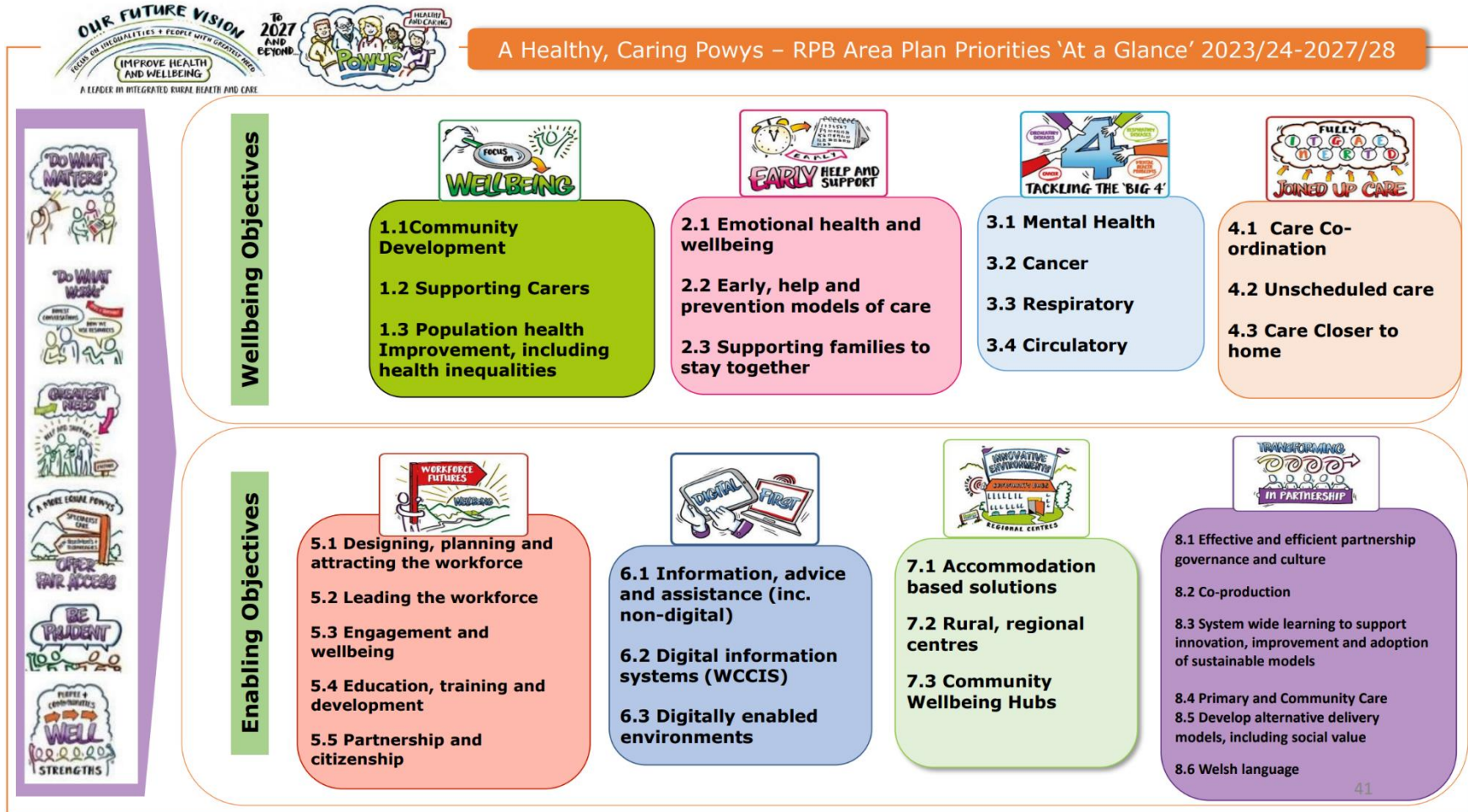
Commitments have been refreshed across partners to continue to progress the long term health and care Strategy, [A Healthy Caring Powys](#). This strategy was the first of its kind in Wales and spans 2017 – 2027. (Work will commence in 2026 to review progress and reset the long term strategy for the Partnership.

A Healthy Caring Powys sets out a life course approach to improve wellbeing in Powys – in the context of the Future Generations Act and Social Services and Well-being Act:



Key Strategic Partnerships

A Healthy Caring Powys is the foundation of the Powys Area Plan – this is a five year plan 2023 – 2027 which will therefore be in its second year of delivery from April 2024. There is a complex portfolio of work to deliver the Area Plan, which is overseen by the Regional Partnership Board:



Powys 'Clusters'

There are three Clusters in Powys (North Mid and South), which are shaped by the natural geographies and community footprints in the County. These bring together a range of community and service representatives to plan and improve care. There is cross sector engagement with independent contractors, voluntary and local groups in the area.

The Pan Cluster Planning Group in Powys is being delivered through the Regional Partnership Board Executive Group. Area plans are informed by and inform Cluster Plans and Pan-Cluster level assessments of need and delivery priorities.

There is alignment with the Area Plan Wellbeing Objectives with a 'Focus on wellbeing,' 'Tackling the big '4'', 'Early help & support', and 'Joined up Care', reflected in the Cluster priorities and projects.

In particular, there is strong connectivity in relation to Frailty and the Community Model, Major Conditions, and Urgent & Emergency care

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

This includes dedicated roles; use of patient digital apps for information, appointment booking and repeat medication; work with 'Health Education and Improvement Wales' (HEIW) and Universities, to facilitate rural placements and focused recruitment, skills development and mentoring.

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

Mid Wales Joint Committee

Mid Wales is formally designated as a Regional Planning Area; MWJC membership is made up of the statutory health and care organisations in the region (PTHB, HDUHB, BCUHB, WAST, Ceredigion County Council, Gwynedd Council and Powys County Council).

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.

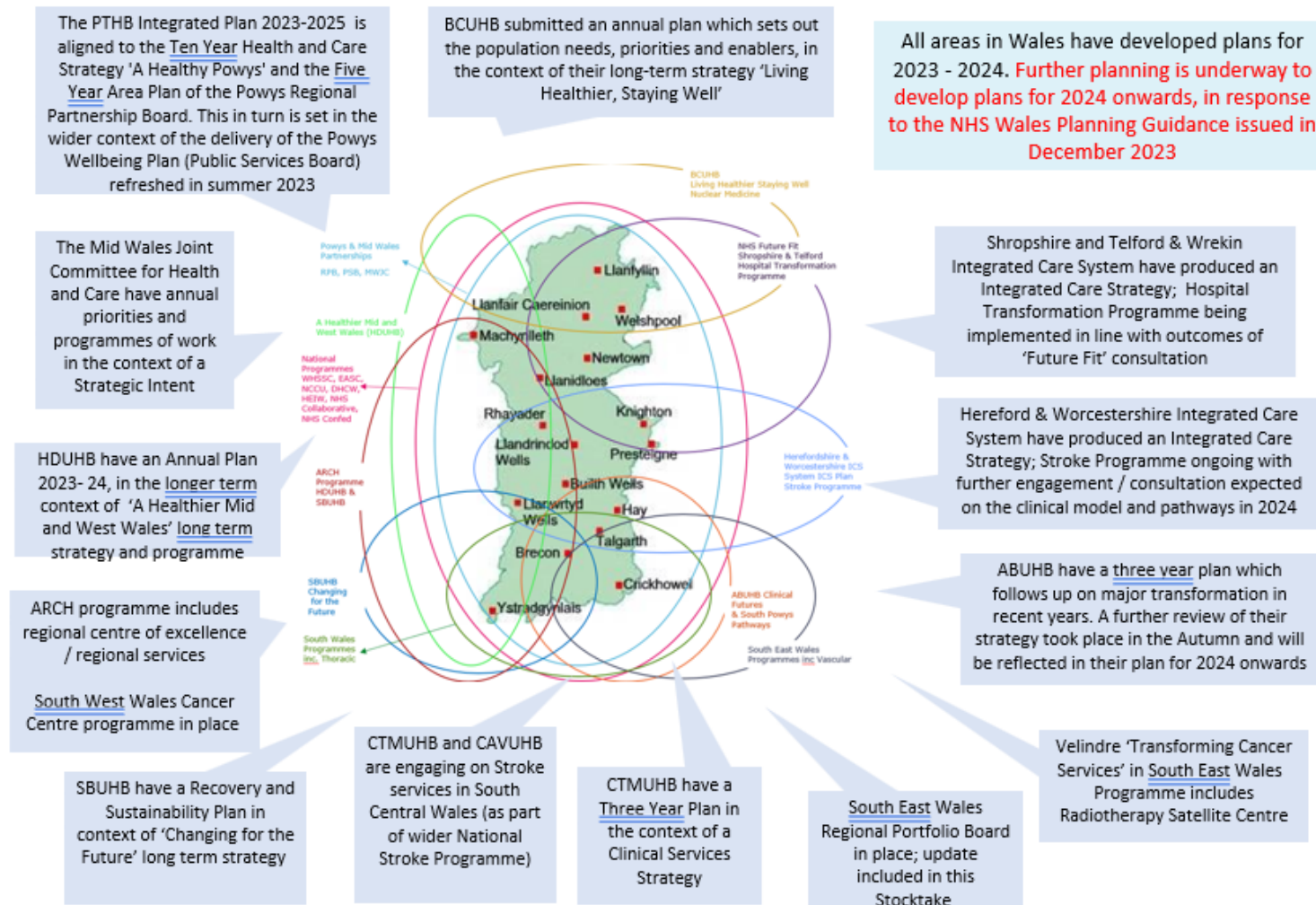
The priority areas for joint working across Mid Wales focus on a whole pathway approach with regional links between primary, secondary, community and social care to support the Welsh Government's expectation for Health Boards to work together to plan and deliver regional solutions across organisational boundaries.

There are five overarching aims : Health, Wellbeing and Prevention, Care Closer to Home, Rural Health and Care Workforce, Hospital Based Care and Treatment and Communications, Involvement and Engagement. Supporting these aims are a set of annually agreed priority areas.

Regional and National 'Strategic Change' Programmes

There are a number of strategic programmes at regional and national levels (in England and Wales) that relate to health and care provision and pathways for residents of Powys, countywide or in particular geographies, depending on the programme and relevant provider's catchment areas. In some cases, these were in train prior to the onset of the pandemic and have been reset in the context of the wider recovery efforts in Wales and England:

Overview – key areas of impact for Powys



National Programmes and Priorities

In addition to the individual partner plans and regional programmes, there are national programmes and priority areas which span multiple areas such as:

- the Six Goals for Urgent and Emergency Care
- Six Models of Care linked to the Regional Integration Fund (RIF)
- Five Goals for Planned Care
- Accelerated Cluster Development
- Strategic Programme for Primary Care
- Strategic Programme for Mental Health

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

Nationally, the next phase of establishment of the NHS Wales Executive and the implementation of the NHS Wales Commissioning body is expected to bring greater coherence to the All Wales whole system approach.

The NHS Wales Value and Sustainability Board was also established in the past year and the key requirements are noted as part of the NHS Wales Planning Framework for 2024 onwards.

Further detail is noted throughout the Delivery Section of this plan where there are important points of alignment and interdependency.

National Strategy and Plans

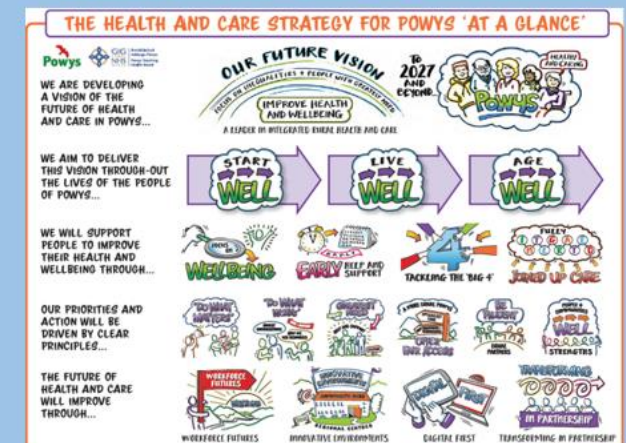
A Healthier Wales; Ministerial Priorities; NHS Wales Planning Framework
Six Goals for Urgent and Emergency Care; Five Goals for Planned Care; Six Models of Care linked to Regional Investment Fund, Accelerated Cluster Development and Strategic Programme for Primary Care

Regional Strategy and Plans

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

Powys Region and Local Plans

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



National Collaborative Commissioning

2024/2025 will see the transition of areas of national commissioning in Wales to a new NHS Wales Commissioning body – in the interim both EASC (Emergency Ambulance Services Committee) and WHSSC (Welsh Health Specialised Services Committee) will produce individual plans which are summarised below.

EASC (Emergency Ambulance Services Committee)

The EASC IMTP (Integrated Medium Term Plan) 2024 – 2027 notes its aim to strike a balance between the delivery of improvements to core services whilst progressing transformation, within expected financial constraints. EASC Commissioning Intentions / objectives for 2024/2025:

- EMS (Emergency Medical Services) and NEPTS (Non Emergency Patient Transfer Services): roll over of previous year strategic intentions with updates including a Strategic Workforce Plan for EMS and commissioning of ambulance transfer services
- 111: focus on quality and performance; replacement of CAS (Clinical Assessment Service), review of digital platform; demand / capacity / roster review
- Ambulance Care including Transfer and Discharge model; NEPTs improvement plan; patient experience
- Developing Services in Collaboration
- Delivering Exceptional Value
- Enablers (People; Digital; Quality)

The EASC IMTP sets out the work related to the Six Goals for Urgent and Emergency Care; Collaboration to develop services; Performance of Ambulance Services and its long term strategy direction.

The WHSSC Integrated Commissioning Plan (ICP) is shaped around a vision is to improve patient outcomes through expert national commissioning. To achieve this will ensure delivery of high quality, sustainable healthcare services for people of Wales which are responsive to change, accessible and maximise value and outcomes within available resources. Strategic aims are:

1. Ensure provision of safe, high quality services for the people of Wales
2. To plan for the long term to ensure sustainable, accessible service provision for residents of Wales which is responsive to change
3. Provide expert approach to national healthcare commissioning
4. To be an effective partner, supporting service and system transformation
5. To maximise value and outcomes within available resources.

WHSSC Priorities for 24/25:

Commissioned Services

- Cancer and blood
- Cardiac
- Mental Health and vulnerable groups
- Neurosciences
- Women & Children

Commissioning/commissioned networks

- Welsh Kidney Network
- Neonatal Transport Network
- Major Trauma Network
- Spinal Services Network
- Traumatic Stress Wales

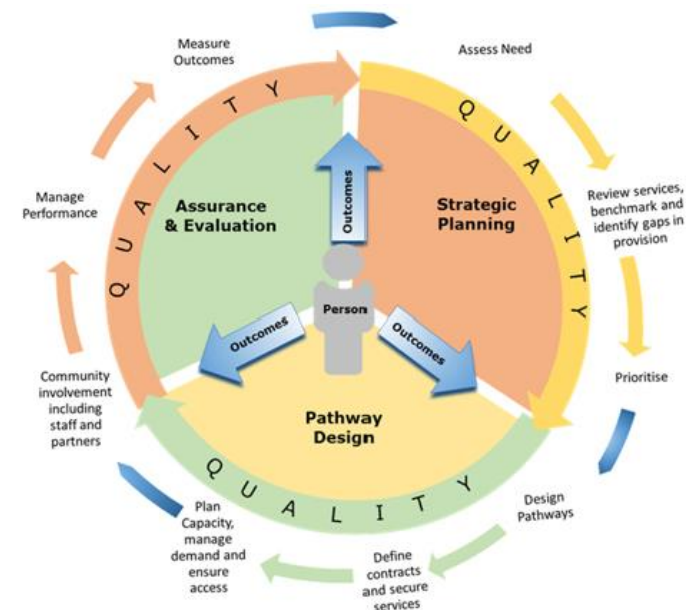
Planning, Performance and Commissioning

For PTHB there is a real focus on continuing to deliver a robust planning and performance cycle, to support areas of good performance as well as easing the strain on those areas which are facing challenges in performance delivery. There are some key opportunities which are being targeted. These opportunities have been prioritised in to immediate, short and medium and long term areas.

Immediate (2024/25)

- Delivery of annual cycle of planning to ensure that organisational priorities are set in line with national, regional and local strategy and goals
- Systematic tracking of strategic change within and outside Powys, to understand potential impact on health and care provision for Powys residents
- Analysis of activity trends and case mix to inform commissioning in 2024/25; 2025/26; to include determination of inappropriate referrals
- Analysis of external provider activity when internal services and pathways have been developed
- Support referral management (England & Wales)
- Work with Welsh and English providers to implement GIRFT recommendations and pathways
- Application of Interventions not normally undertaken (INNU)/ Individual Patient Funding
- Review prior approval criteria to ensure clinically appropriate utilisation of PTHB services
- Focus on Value Based Health Care; efficiency and productivity (provider & commissioner)
- Manage and monitor In-reach agreements

- Review of PTHB provider service utilisation
- Review PTHB provider DNA (Do Not Attend) rates
- Provider review of excluded drugs and devices
- Review and streamline LTA validation process
- Refresh Contract Quality Performance Review process to provide greater scrutiny/understanding of issues and promote joint working and solutions
- Consolidated Action Plan in relation to WHSSC, EASC and EMERTS (PTHB Commissioning role)
- Contribute to review of CHC commissioning and contracting process to deliver for 24/25 onwards
- Overseas Visitors: review of current process
- Enhancements to Integrated Performance Framework subject to resource availability including dashboard and reporting structure
- Review of existing agreements with third sector organisations commissioned by PTHB



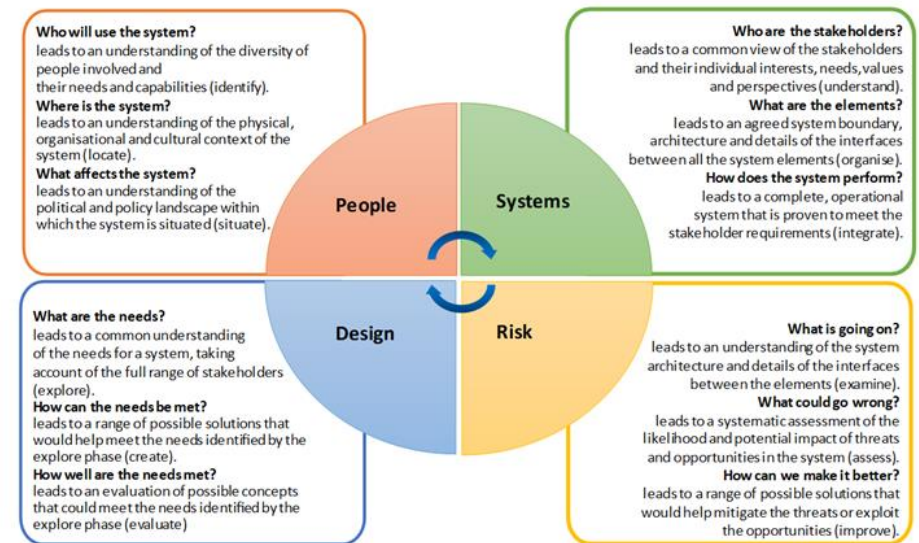
Short and Medium Term (2024/25 – 2025/26)

There are also a number of developments that the health board will be targeting in the short and medium term. These are in addition to the immediate term key areas.

- Use intelligence gathered from analysis of activity to inform future commissioning arrangements, including considering opportunities for decommissioning.
- NHSE providers to adopt activity and finance reporting national freeze deadlines which will provide potential benefit of not charging following freeze.
- LTAs/SLAs – introduce a pathway change to route increased activity through PTHB provider
- Alignment of local and regional commissioning.
- Explore opportunities of joint commissioning (Health and Local Authority) as well as with other Health Boards.
- Further develop Value Based Health Care
- PTHB will undertake an exercise to cost complete pathways of care and identify those elements of the pathway that we can influence and also those elements of the pathway that add/do not add value.
- Focus on efficiency and productivity PTHB as provider and within commissioned services.
- Utilising the Commissioning and Prioritisation Framework to consider and support resource allocation (As per below)

Long Term (2026/27)

The long term vision for PTHB commissioning is based on both alliance based commissioning and also the System Theory Approach. This would allow the Health Board to operate a continuous improvement model enabling the organisation to determine the system design that delivers the best service and brings together four key complimentary perspectives.



Effective Governance

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

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

Governance and assurance arrangements are well established, with a track record of positive Structured Assessments from Audit Wales, in the 2023 report Audit Wales note that “the Health Board has generally good governance arrangements in place”.

The health board is continually improving and learning from the agility during the pandemic. This has led to greater alignment in corporate functions. An integrated Corporate Governance Directorate was formed in 2022/23 which brings together Communications and Engagement, Corporate Governance, Corporate Business and the Charity.

Key Areas of Delivery

Annual Governance and Corporate Business Plan

Improve the effectiveness of the Board and its committees by:

- Embedding the new Board Assurance Framework, ensuring the Board has a robust and comprehensive view of the required assurances, supporting the Board to fulfil its responsibilities
- Delivering the Board and Committee work plans that are clearly aligned to the plans Board Assurance Framework and Corporate Risk Register
- Delivery of the Board Development programme that underpins the High Performing Board programme
- Review of the Boards Risk Management Framework further embedding effective risk management across the organisation
- Continue to develop and implement corporate business systems maximising efficiency and effectiveness across the organisation
- The partnership assurance and governance framework is developed and implemented providing increased assurance to the Board

Years 2 and 3 Indicative and Outline

In Years 2 and onwards, there will be further developments to embed a directorate focussed governance support programme; refreshed management of policies and written control documents and a continued programme of engagement ensuring patient and staff voice is implicit to the work of the Board.

Engagement and Communication

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

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

The public perception context for the NHS remains challenging as the health board moves into 2024/25, with key issues reflected in the strategic engagement and communication PESTLE below.

Political	<ul style="list-style-type: none"> There is a complex national political environment for the NHS including forthcoming UK general election with changes to constituencies, impact of Senedd Reform Bill and future Senedd elections Locally, the political landscape in Powys has particular complexity (Labour Welsh Government, LibDem/Lab county administration, Conservative constituency MSPs, Conservative MPs and UK Government) The cross-border context for Powys can increase the level of political scrutiny we experience (e.g. policy comparisons during election period) The cross-border context for Powys also increases the complexity of the communication and engagement complexity (e.g. socialisation of multiple cross-border and regional service change programmes; providing information relevant to multiple hyperlocal cross-border pathways)
Economic	<ul style="list-style-type: none"> The challenging economic environment affects the steps we can take to communicate (e.g. the budget available for marketing campaigns), and how we shape our messages There is a requirement to deliver cost savings from the communication and engagement budget The lack of an internal charging model reduces our ability to engage other departments in a discussion about the cost and value of the services we offer The challenging economic environment affects individual's access to information, health behaviours & psychology, discretionary effort etc. The business sector in Powys tends to be focus on small/micro-business, farming etc. which creates complexity and challenge in partnering with employees and engaging with employees
Social	<ul style="list-style-type: none"> There are increasing challenges for the traditional news media sector which affects our routes for messaging and audience There are significant changes in the use of social media by the public, requiring dynamic and agile approach to “following the audience” The older population is now increasingly familiar with digital and social technologies although a digital divide still persists We need to ensure that communication and engagement are accessible (reading age, disabilities, sensory loss etc.) with growing expectations about personalisation and hyperlocalisation
Technological	<ul style="list-style-type: none"> We need to keep pace with technological changes in social media (e.g. new platforms) with increasing challenges for penetration of messaging and voice (channel diversification, algorithms, organic vs. paid) A key development area will be to understand the impact of AI on communications and engagement delivery
Environmental	<ul style="list-style-type: none"> We are striving to reduce environmental burden of communication activities (single use plastics, printing, “hidden” environmental impact of data storage and servers) There are challenges of meaningful local messaging across vast and sparse geography – lack of cost-effectiveness due to lack of critical mass of population
Legal	<ul style="list-style-type: none"> There are significant compliance requirements associated with the planning and delivery of communication activities (Welsh Language, Accessibility Legislation) There are significant compliance requirements associated with the planning and delivery of engagement activities (consultation requirements, equality impact, service change guidance)

This Integrated Plan therefore reflects our continued work to reframe our relationships with patients, the public and partners, as well as working with our own staff, through the further development of Better Together (Accelerated Sustainable Model).

Key Areas of Delivery

- Design and delivery of a programme of marketing and communications to support the delivery of the health board’s wellbeing and enabling objectives, focusing on areas where communication activity can offer the most significant strategic benefit and management of principal risks.
- Design and delivery of a programme of continuous and/or targeted engagement to enable Better Together, support strategic insight to inform health board priorities & programmes, gather community voice and co-produce solutions that make best use of community skills and assets; design and deliver compliant programmes of engagement and/or consultation reflecting the emerging relationship with Llais, the Citizen Voice Body.
- Ensure effective engagement and communication to support Workforce Futures priorities for ensure a sustainable workforce in a great place to work that places employee health and wellbeing at its heart.

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

Quality and Safety

There remains a focus on delivering the PTHB Duty of Quality and Duty of Candour Implementation Plan, following the Health and Social Care (Quality and Engagement) (Wales) Act (2020) coming into full effect on the 1 April 2023.

Duty of Quality

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

This will be achieved through:

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

Duty of Candour

During 2023/24 actions have been progressed in line with the Duty of Candour Implementation Plan. This built on improvement work in 2022/23 to the Putting Things Right processes to improve the health board response to people who raise a concern or complaint.

There will be a further rollout of education and training to staff to develop their competence and confidence with the duty.



The organisation has embraced the opportunity to be a Pilot site for the changes required within the RL Datix system to support the duty of candour. Reports are made where the duty has been triggered in the Integrated Quality Report through to the Patient Experience and Quality Committee.

Key areas of delivery

- Delivery of a comprehensive implementation plan to comply with both duties as set out in the Quality and Engagement Act
- This will be monitored by a sub-group of the Executive Team, the Clinical Quality Advisory Group, collectively led by Clinical Executives reporting to the Executive Committee
- Supporting teams within the organisation to act in accordance with the duties
- Integration of the Quality Management System (quality control, quality planning and quality improvement) within the Integrated Performance Framework. This will enable quality standards to underpin our business as a core thread throughout the Organisation.
- Delivery of the Patient Experience Framework

In the following years, the health board will embed Quality Standards across the Organisation, as well as maturing the Patient Experience infrastructure, ensuring that person-centredness is central within all services and all plans. This will be supported by electronic quality assurance monitoring to support quality dashboards. The SAFECARE system will monitor the impact of nurse staffing levels on patient care and experience.

Other areas will include the Dementia Standards Programme, professional leadership, community nursing and multi-professional teams including retention and recruitment in nursing and midwifery.

This will require Quality Dashboards with real time intelligence in all clinical provider services, infrastructure that supports co-production, maturing from patient feedback to patient involvement and Near Miss incidents captured and reported.

Safeguarding

The health board is committed to ensuring safeguarding is part of its core business, with a vision that Powys residents live their lives free from violence, abuse, neglect and exploitation.

Key policy and legislation includes the Social Services and Well-being (Wales) Act 2014, United Nations Convention on the Rights of the Child, Human Rights and the United Nations Principles for Older Persons.

Key areas of delivery include staff competency and skills development, a supported environment to raise concerns, effective safeguarding supervision and training to maintain good standards of practice and learning from incidents and reviews.

Collaboration is also key, via the NHS National Safeguarding Service, Mid & West Wales Safeguarding Board, Regional Violence Against Women and Domestic Abuse and Sexual Violence Board, regional child and adult practice reviews and domestic homicide reviews.

Transforming in Partnership				
Strategic Priority	Key areas of Delivery	Key Deliverables	Timescale	Intended Outcome/ Impact
Key Strategic Partnerships	<p>Summary provided in this section – refer to the separate Strategy / Plan document of each partnership for further detail</p> <p>PTHB Partnership Assurance and Governance Framework to be developed</p>	<p>Summary provided in this section – refer to the separate Strategy / Plan document of each partnership for further detail</p> <p>Framework to be developed, agreed and operationalised</p>	Q3	<p>Whole system approach to health and wellbeing to leverage benefit of collaborative working for population of Powys (and wider region as appropriate)</p> <p>Whole system value and effectiveness – best use of public purse for population</p> <p>Effective partnership governance and oversight</p>
Commissioning, Performance, Planning)	Delivery of Annual Strategic Planning Cycle	Quarterly Reporting cycle (progress against plan and strategic change)	Q1 – Q3	<p>Ensure strategic priorities set in line with national, regional and locally agreed strategy</p> <p>Progress against plan regularly reviewed and used to inform organisational prioritisation</p> <p>Horizon scanning and intelligence of strategic change</p> <p>Appropriate mechanisms in place for commissioning assurance and performance management</p> <p>Supporting value, effectiveness, efficiency, quality and resilience of provider services</p> <p>Appropriate utilisation of provider services capacity</p> <p>Oversight and assurance of services provided for Powys residents</p>
		Annual Plan Review & Development	Q3 – Q4	
	Delivery of Immediate / Short / Medium and Long Term Commissioning and Performance Work Programme	Portfolio of commissioning and performance activity as noted	Q1 – Q4	

Transforming in Partnership					
Strategic Priority	Key Areas of Delivery	Key Deliverables	Timescale	Intended Outcome/ Impact	
Governance	Board Assurance Framework	Board Assurance Framework (BAF) is an integrated part of every Board meeting	Q1	Improved assurance; oversight of risks in the strategic plan Effective decision making	
	Board and Committee work plans aligned to the plans Board Assurance Framework and Corporate Risk Register	Board and Committee work plans are agreed, delivered and evaluated.	Q1-Q4	Delivery of the Board and Committee responsibilities Decisive and effective decision making	
	Board Development programme that underpins the High Performing Board programme	Board development programme x6 sessions; board briefings x12 sessions	Risk management framework reviewed and fully implemented	Q1-Q4	Appropriately skilled, trained and informed Board
	Review Boards Risk Management Framework further embedding effective risk management	Risk management framework reviewed and fully implemented	Q3	Effective risk management Enhanced sight and oversight of risks at sub corporate level	
	Corporate business systems maximising efficiency and effectiveness	Corporate business systems clearly defined and in place	Q1-Q4	Enhanced executive administration and governance support	
Effective systems and delivery of engagement and communication	Design and delivery of a programme of marketing and communication	Design and deliver annual programme of communication and marketing activity focusing on those issues offer the most strategic benefit and management of principal risks	Q1-Q4	Communication activity that supports strategic priorities & focuses on the management of principal risks Communication channels and infrastructure that meet core compliance and delivery requirements (e.g. Welsh Language, accessibility)	

Transforming in Partnership				
Strategic Priority	Key Areas of Delivery	Key Deliverables	Timescale	Intended Outcome/ Impact
	Design and delivery of a programme of continuous and targeted engagement	Design and deliver compliant programmes of engagement and/or consultation reflecting the requirements of the health board (e.g. Better Together), local partnerships (e.g. Sustainable Powys), regional programmes (e.g. cross-border / commissioning changes) and national programmes (e.g. all-Wales and specialised services).	Q1-Q4	Continuous engagement mechanisms to inform and socialise plans and priorities Targeted engagement and/or consultation for service changes Engagement approaches reflect core requirements including national guidance on service change through effective partnership with Llais and other key partners
	Delivery of shared PSB/RPB Engagement and Participation Plan priorities	Design and deliver a shared approach to coproduction across public sector partners in the RPB and PSB	Q1-Q4	Shared models, definitions and training across RPB and PSB Increased coherency; shared approach to public voice and insight to drive positive change
Quality and Safety	Year 2 Maturity Plan (building on Year 1 of Duty of Quality and Candour Implementation Plan)	Duty of Quality and Candour Maturity Plan	Q1 Q2 Q3 Q4	Transition to Integrated Quality and Performance Framework (IQPF); Quality and Performance Escalation Framework (QuPEF) Revision of Clinical Quality Framework and Patient Experience Framework Implementation of Quality Indicators and dashboard

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, staff and stakeholders over the period of the plan, to build a 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 the current circumstances.

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 service delivery to meet the immediate healthcare needs of the population of Powys, whilst driving forward transformational work to build a more sustainable approach.

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

The 2024/25 Financial Plan is designed to deploy resources effectively to deliver improved outcomes and meet the needs of the resident population, in line with our 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 throughout the organisation supported by a core and expert team focused on renewal and transformation.

The plan puts forward the very best offer to maximise the use of the resources and strive to deliver safe, timely, effective, efficient, equitable and person centred care that meets the needs of the population of Powys.

Financial Plan for 2024/25

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 team in NHS Wales Executive.

This appraisal process has included a series of 8 Board Development sessions (from September 2023 up to March 2024) 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 PAR 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 3.67% core allocation uplift in funding in 2024/25, specific funding to address energy cost pressures and additional funding for any pay awards.

Financial Improvement Opportunities

Areas of opportunity for financial improvements were comprehensively explored and actioned during 2023, as part of a programme of work led by the Executive Team, engaging with all teams across the organisation, with oversight through Board Development sessions.

The outputs of this work informed a reset of the PTHB Integrated Plan 2023/24 and a number of items reprioritised, rescoped or deferred to ensure focused deployment of efforts on value based approaches.

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 £12.0m deficit at the end of 2023/24. 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 £25.4m. This would be £39.6m, without £14.2m 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 pressures in primary and community care.

Area	Underlying deficit (£m)
Primary Care	1.9
Continuing Health Care	10.5
Commissioned Services	12.7
Community Services	0.3
TOTAL	25.4

Adding to the underlying deficit of £25.4m, is the assessment of:

- cost pressures of £8.0m for secondary healthcare providers to cover inflation and increased activity;
- other cost pressures of £9.4m – including £2.9m for continuing healthcare and £2.6m for prescribing drugs in primary care; and

- an increase in funding reduced by the net effect of some allocation adjustments £(10.0)m.

These costs will be partially offset by a series of mitigating actions, evaluated as having a £7.9m impact in 2024/25:

- transformational change underpinned by the Accelerated Sustainability Programme;
- reducing expenditure on agency staff and medicines;
- working actively with teams to identify mitigating actions to contain cost pressures; and
- restricting expenditure on national COVID programmes to the funding available.

The impact of each of these components is set out in the table below. It shows that the health board is planning for a £24.9m deficit in 2024/25.

	(£m)
Underlying deficit	25.4
Cost pressures in secondary care	8.0
Other cost pressures	9.4
Net effect of allocation adjustments and COVID	(10.0)
Mitigating actions	(7.9)
TOTAL	24.9
Conditional funding	14.2
TOTAL without conditional funding	39.1

The figures below give an indication of how the planned expenditure for 2024/25, excluding the impact of pay awards, compares to the forecast expenditure in 2023/24 and the actual costs in previous years.

	£m					
	2019/20 Actual	2020/21 Actual	2021/22 Actual	2022/23 Actual	2023/24 Forecast	2024/25 Plan
05 - Primary Care - (excluding Drugs)	39	41	43	43	44	45
06 - Primary care - Drugs & Appliances	30	32	31	33	35	37
07 - Provided services -Pay	79	90	96	103	109	102
08 - Provided Services - Non Pay	16	25	27	16	22	27
09 - Secondary care - Drugs	1	1	1	1	1	1
10 - Healthcare Services - Other NHS Bodies	133	141	149	157	167	172
12 - Continuing Care and FNC	15	16	22	27	30	32
13 - Other Private & Voluntary Sector	3	3	3	3	4	5
Powys Total	315	348	373	384	412	421
Annual Growth		10.5%	7.0%	3.1%	7.1%	2.2%

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:

- 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.
- COVID-19 National Programmes; it is assumed that mitigating actions will enable the health board to manage successfully within the allocations for national programmes. Key will be the ability to step down non recurrent COVID costs further and plan for those that endure.
- Pay award 2024/25 excluded as assuming additional funding on an actual basis.

The financial plan is based on current planning assumptions and known allocations. Although it necessarily focuses upon 2024/25, 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 financial performance and sustainability.

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 2024.

Conclusion

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

Whilst the financial position is challenging, there has been a serious and significant interrogation of the drivers of the financial position, to ensure the plan represents an acceptable balance of risk and is a true and accurate picture of the organisational position and deliverability. The position is subject to continuous focus and action by the Board and strong proactive management of the risks and opportunities.

Key outputs of the Plan will therefore be as follows:

1. There will be a period of the plan with a financial performance with known in year deficits.
2. Quality standards will underpin our business as a fundamental core thread, with the Integrated Quality and Performance Framework being central to quality control, quality planning and quality improvement.
3. PTHB Provider performance is forecast to deliver against the NHS Wales performance framework by the end of year 1 and remain compliant thereafter (see tables that follow).
4. We are awaiting final delivery plans from providers the health board commissions from and given current and predicted performance, there are projected to be periods of continued under-delivery against a key number of urgent and planned care access targets (see tables that follow).
5. To meet the forecast healthcare need in the next 10 years, with a significant increase in patients living with multiple conditions, and to match workforce and financial resources available, service change including the method and place of delivery will have to change.
6. Our 5 year plan sets out the action to address these challenges. Year 1 of our plan is well defined and years 2 to 5 will be informed by the further workup that is part of the first year of delivery, which will include engagement and consultation with patients, staff, residents and a range of other stakeholders.

We continue to strive to improve the health and wellbeing for the residents of Powys and believe this plan gives us every chance of success.

Key Measures & Trajectories

Performance Trajectories – PTHB Provider

					PTHB Own Services		PTHB Own Services - Forward Look For 5 Year Plan		
Ministerial Priority - Delivery Confidence Assessment As At March 23 (Prior to detailed performance forecasts from commissioned providers)					Predicted Performance Created Feb 23	Forecast March As At Feb 24	Year 1 2024/25	Year 2 2025/26	Year 3-5 2026/27 to 2028/29
Reference	Domain	Type	Priority and linked measures	National Target	March 2024 forecast Delivery Confidence R.A.G	March 2024 forecast Delivery Confidence R.A.G	March 2025 forecast Delivery Confidence R.A.G	March 2026 forecast Delivery Confidence R.A.G	March 2027 forecast Delivery Confidence R.A.G
1	Delayed transfers of care	Priority	Regular monthly reporting of 'Pathways of Care' (DIOC) to be introduced for 2023-24 and reduction in backlog of delayed transfers through early joint discharge planning and coordination		Medium	Medium	Medium	Medium	High
2		Priority	Improved access to GP and Community Services		Medium	Medium	Medium	Medium	High
3		Priority	Increased access to dental services		Medium	Medium	Medium	Medium	High
4		Priority	Improved use of community pharmacy		Medium	Medium	Medium	Medium	High
5		Priority	Improved use of optometry services		Medium	Medium	Medium	Medium	High
6	Urgent & Emergency care	Priority	Implementation of a 24/7 urgent care service, accessible via NHS 111 Wales to support improved access and GMS sustainability		Medium	Medium	Medium	Medium	Medium
7		Priority	Implementation of Same Day Emergency Care services that comply with the following: Number of patients who spend 12 hours or more in all major and minor emergency care facilities from arrival until admission, transfer or discharge	Improvement trajectory towards a national target of zero by March 2024	High	High	High	High	High
8	Urgent & Emergency care	Priority	Health boards must honour commitments that have been made to reduce handover waits		High	High	High	High	High
		Measure	Number of ambulance patient handovers over 1 hour	Improvement trajectory towards a national target of zero by March 2024	High	High	High	High	High
9	Planned Care, Recovery, Diagnostics and Pathways of Care	Priority	52 weeks Outpatient Assessment and 104 weeks treatment recovery milestones to be achieved by 30 June 2023 and maintained throughout 2023/24 moving to 36 weeks RTT standards by March 2024		High	Medium	High	High	High
		Measure	Number of patients waiting more than 52 weeks for a new outpatient appointment	Improvement trajectory towards a national target of zero by June 2023	High	Medium	Medium	High	High
		Measure	Number of patients waiting more than 36 weeks for a new outpatient appointment	Improvement trajectory towards a national target of zero by March 2024	High	Low	Medium	High	High
		Measure	Number of patients waiting more than 104 weeks for referral to treatment	Improvement trajectory towards a national target of zero by June 2023	High	High	High	High	High
		Measure	Number of patients waiting more than 52 weeks for referral to treatment	Improvement trajectory towards a national target of zero by March 2025	High	Medium	Medium	High	High
10		Priority	Address the capacity gaps within specific specialities to prevent further growth in waiting list volumes and set foundation for delivery of targets by March 2025		High	Medium	Medium	High	High
10		Measure	Number of patients waiting over 14 weeks for a specified therapy	Improvement trajectory towards a national target of zero by March 2024	High	Medium	High	High	High
10		Measure	Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	Improvement trajectory towards a national target of reduction by March 2024	High	Low	Low	Medium	High
11		Priority	Implement regional diagnostic hubs, to reduce secondary care waiting times and meet waiting time ambition in spring 2024		Medium	Low	Low	Low	Medium
		Measure	Number of patients waiting over 8 weeks for a specified diagnostic	Improvement trajectory towards a national target of zero by March 2024	Medium	Medium	High	High	High
12	Priority	Implement pathway redesign - adopting 'straight to test model' and onward referral as necessary		High	High	High	High	High	
13	Cancer recovery	Priority	Reduction in backlog of patients waiting over 62 days to enable delivery of 75% of patients starting their first definitive cancer treatment 62 days from point of suspicion.		N/A	N/A	N/A	N/A	N/A
		Measure	Number of patients waiting more than 62 days for their first definitive cancer treatment from point of suspicion (regardless of the referral route)	Improvement trajectory towards a national target of reduction by March 2024	N/A	N/A	N/A	N/A	N/A
		Measure	Percentage of patients starting their first definitive treatment within 62 days from point of suspicion (regardless of the referral route)	Improvement trajectory towards a national target of 80% by March 2026	N/A	N/A	N/A	N/A	N/A
14	Mental health and CAMHS	Priority	Implement the agreed national cancer pathways within the national target - demonstrating annual improvement toward achieving target by March 2026		High	High	High	High	High
15		Priority	Recover waiting time performance to performance framework standards for all age LPMHSS assessment and intervention and Specialist CAMHS.		High	Medium	Medium	High	High
16	Mental health and CAMHS	Priority	Implement 111 press 2 on a 24/7 basis for urgent mental health issue		High	High	High	High	High

Performance Trajectories – Commissioned Services

					Commissioned Services (Wales & Eng)		Commissioned Services - Forward Look For 5 Year Plan		
Ministerial Priority - Delivery Confidence Assessment As At March 23 (Prior to detailed performance forecasts from commissioned providers)					Predicted Performance Created Feb 23	Forecast March As At Feb 24	Year 1 2024/25	Year 2 2025/26	Year 3-5 2026/27 to 2028/29
Reference	Domain	Type	Priority and linked measures	National Target	March 2024 forecast	March 2024 forecast	March 2025 forecast	March 2026 forecast	March 2027 forecast
					Delivery Confidence R.A.G	Delivery Confidence R.A.G	Delivery Confidence R.A.G	Delivery Confidence R.A.G	Delivery Confidence R.A.G
1	Delayed transfers of care	Priority	Regular monthly reporting of 'Pathways of Care' (DTOC) to be introduced for 2023-24 and reduction in backlog of delayed transfers through early joint discharge planning and coordination		Low	Low	Low		
2		Priority	Improved access to GP and Community Services		N/A	N/A	N/A		
3		Priority	Increased access to dental services		N/A	N/A	N/A		
4		Priority	Improved use of community pharmacy		N/A	N/A	N/A		
5		Priority	Improved use of optometry services		N/A	N/A	N/A		
6	Urgent & Emergency care	Priority	Implementation of a 24/7 urgent care service, accessible via NHS 111 Wales to support improved access and GMS sustainability		Medium	Medium	Medium		
7		Priority	Implementation of Same Day Emergency Care services that complies with the following:		High	Medium	Medium		
		Measure	Number of patients who spend 12 hours or more in all major and minor emergency care facilities from arrival until admission, transfer or discharge	Improvement trajectory towards a national target of zero by March 2024	Low	Low	Low		
8	Priority	Health boards must honour commitments that have been made to reduce handover waits		Medium	Medium	Medium			
	Measure	Number of ambulance patient handovers over 1 hour	Improvement trajectory towards a national target of zero by March 2024	Medium	Low	Low			
9	Planned Care, Recovery, Diagnostics and Pathways of Care	Priority	52 weeks Outpatient Assessment and 104 weeks treatment recovery milestones to be achieved by 30 June 2023 and maintained throughout 2023/24 moving to 36 weeks FITT standards by March 2024		Low	Low	Low		
		Measure	Number of patients waiting more than 52 weeks for a new outpatient appointment	Improvement trajectory towards a national target of zero by June 2023	Medium	Low	Low		
		Measure	Number of patients waiting more than 36 weeks for a new outpatient appointment	Improvement trajectory towards a national target of zero by March 2024	Low	Low	Low		
		Measure	Number of patients waiting more than 104 weeks for referral to treatment	Improvement trajectory towards a national target of zero by June 2023	Low	Low	Low		
		Measure	Number of patients waiting more than 52 weeks for referral to treatment	Improvement trajectory towards a national target of zero by March 2025	Medium	Low	Low		
10	Planned Care, Recovery, Diagnostics and Pathways of Care	Priority	Address the capacity gaps within specific specialities to prevent further growth in waiting list volumes and set foundation for delivery of targets by March 2025		Medium	Medium	Medium		
10		Measure	Number of patients waiting over 14 weeks for a specified therapy	Improvement trajectory towards a national target of zero by March 2024	N/A	N/A	N/A		
10		Measure	Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	Improvement trajectory towards a national target of reduction by March 2024	Low	Low	Low		
11		Priority	Implement regional diagnostic hubs, to reduce secondary care waiting times and meet waiting time ambition in spring 2024		Medium	Low	Low		
	Measure	Number of patients waiting over 8 weeks for a specified diagnostic	Improvement trajectory towards a national target of zero by March 2024	Low	Low	Low			
12	Cancer recovery	Priority	Implement pathway redesign - adopting 'straight to test model' and onward referral as necessary		Medium	Medium	Medium		
13		Priority	Reduction in backlog of patients waiting over 62 days to enable delivery of 75% of patients starting their first definitive cancer treatment 62 days from point of suspicion		Low	Low	Low		
		Measure	Number of patients waiting more than 62 days for their first definitive cancer treatment from point of suspicion (regardless of the referral route)	Improvement trajectory towards a national target of reduction by March 2024	Low	Low	Low		
Measure		Percentage of patients starting their first definitive treatment within 62 days from point of suspicion (regardless of the referral route)	Improvement trajectory towards a national target of 80% by March 2026	Low	Low	Low			
14	Mental health and CAMHS	Priority	Implement the agreed national cancer pathways within the national target - demonstrating annual improvement toward achieving target by March 2026		Medium	Medium	Medium		
15		Priority	Recover waiting time performance to performance framework standards for all age LPMHSS assessment and intervention and Specialist CAMHS		N/A	N/A	N/A		
16		Priority	Implement 111 press 2 on a 24/7 basis for urgent mental health issues		N/A	N/A	N/A		

Year 2 onwards to be revised following review of provider plans in year 1

Performance Trajectories – Ministerial Priority Measures

Ministerial Priority Measures			Month 2023/24			Month 2024/25 - Performance Forecast - Year 1 of 5 Year Plan												Years 2 to 5
Measure	Target from 2023/24 Framework		Mar-23	Apr-23	March 24 Forecast	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	25/26 to 28/29
			Number of patients waiting over 8 weeks for a specified diagnostic	Improvement trajectory towards a national target of zero by March 2024	Actual	161	159	246	230	200	175	140	110	75	50	10	0	
Number of patients waiting over 14 weeks for a specified therapy	Improvement trajectory towards a national target of zero by March 2024	Actual	190	243	86	60	40	20	0	0	0	0	0	0	0	0	0	
Number of patients waiting more than 36 weeks for a new outpatient appointment	Improvement trajectory towards a national target of zero by March 2024	Actual	32	67	149	140	130	120	110	100	90	80	70	60	20	0	0	
Number of patients waiting more than 52 weeks for a new outpatient appointment	Improvement trajectory towards a national target of zero by June 2023	Actual	1	1	13	55	65	55	45	20	10	5	0	0	0	0	0	
Number of patients waiting more than 52 weeks for referral to treatment	Improvement trajectory towards a national target of zero by March 2025	Actual	7	16	23	164	204	166	132	60	25	15	0	0	0	0	0	
Number of patients waiting more than 104 weeks for referral to treatment	Improvement trajectory towards a national target of zero by June 2023	Actual	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	Improvement trajectory towards a national target of reduction by March 2024	Actual	4755	4,763	Not available	1,500	1,400	1,300	1,200	1,100	1,000	900	800	700	600	500	400	

Workforce Trajectories

Staff Group	2024/25			2025/26			2026/27			2027/28			2028/29			2029/30		
	Contracted WTE	Budgeted WTE	Vacancies	Contracted WTE	Budgeted WTE	Vacancies	Contracted WTE	Budgeted WTE	Vacancies	Contracted WTE	Budgeted WTE	Vacancies	Contracted WTE	Budgeted WTE	Vacancies	Contracted WTE	Budgeted WTE	Vacancies
Add Prof Scientific and Technic	78.49	94.26	15.77	84.18	94.26	10.08	89.87	94.26	4.39	92.56	94.26	1.70	94.13	94.26	0.13	94.00	94.26	0.26
Additional Clinical Services	418.45	439.80	21.35	460.77	439.80	-20.97	460.77	439.80	-20.97	460.77	439.80	-20.97	460.77	439.80	-20.97	460.77	439.80	-20.97
Administrative and Clerical	627.58	665.58	38.00	634.55	665.58	31.03	632.52	665.58	33.06	629.49	665.58	36.09	621.46	665.58	44.12	624.43	665.58	41.15
Allied Health Professionals	151.40	174.64	23.24	158.22	174.64	16.42	166.04	174.64	8.60	174.86	174.64	-0.22	174.28	174.64	0.36	174.78	174.64	-0.14
Estates and Ancillary	166.89	179.63	12.74	169.97	179.63	9.66	169.05	179.63	10.58	170.13	179.63	9.50	175.21	179.63	4.42	179.28	179.63	0.35
Healthcare Scientists	9.21	9.82	0.61	10.21	9.82	-0.39	10.21	9.82	-0.39	10.21	9.82	-0.39	10.21	9.82	-0.39	10.21	9.82	-0.39
Medical and Dental	34.70	47.92	13.22	36.50	47.92	11.42	38.30	47.92	9.62	39.10	47.92	8.82	44.90	47.92	3.02	46.70	47.92	1.22
Nursing and Midwifery Registered	563.51	714.61	151.10	586.66	714.61	127.95	608.81	714.61	105.80	642.96	714.61	71.65	690.11	714.61	24.50	714.26	714.61	0.35
Grand Total	2050.23	2326.26	276.03	2141.06	2326.26	185.20	2175.57	2326.26	150.69	2220.08	2326.26	106.18	2271.08	2326.26	55.18	2304.44	2326.26	21.82



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If you would like further information about this
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