

Board

Wed 29 March 2023, 09:15 - 15:00

Teams

Agenda

09:15 - 10:15 **1. BOARD IN-COMMITTEE**

60 min

The Chair, with advice from the Director of Corporate Governance, has determined that the following items include confidential or commercially sensitive information which is not in the public interest to discuss in an open meeting at this time. The Board is asked to take this advice into account when considering the following motion to exclude the public from this part of the meeting:

Motion under Section 1(2) Public Bodies (Admission to Meetings) Act 1960

“Representatives of the press and other members of the public shall be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest”

 Board_Agenda_29Mar23 vFINAL.pdf (3 pages)

1.1. Welcome and apologies for absence

1.2. Declarations of interest

1.3. New Velindre Cancer Centre - Full Business Case

1.4. Chief Executive Update

Oral

1.5. Procurement Approval

1.6. Corporate Risk Register (cyber security)

1.7. Minutes of previous meeting held on 25 January and 20 February 2023

1.8. Close of meeting

10:15 - 11:30 **2. PUBLIC BOARD AGENDA - PRELIMINARY MATTERS**

75 min

2.1. Welcome and Apologies for absence

2.2. Declarations of Interest

2.3. Experience Stories:

2.3.1. Patient Experience

 Board_Item_2.3_Patient Story March Board.pdf (4 pages)

Patterson, Liz
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2.3.2. Gold Corporate Health Standard

2.4. Update from the:

2.4.1. Chair

Board_Item_2.5a_Chair's Board Report March 2023.pdf (4 pages)

2.4.2. Vice-Chair

Board_Item_2.5b_Vice Chair's report Board March 2023.pdf (3 pages)

2.4.3. Chief Executive

Board_Item_2.4_CEO Board paper March 2023.pdf (6 pages)

11:30 - 12:45

75 min

3. ITEMS FOR APPROVAL

3.1. Draft Integrated Plan for 2023-2026 including:

Board_Item_3.1_Integrated Plan cover report 2023-26.pdf (9 pages)

Board_Item_3.1a_Integrated Plan_Final Draft_240323.pdf (116 pages)

Board_Item_3.1b_Appendix_Final Draft_Ministerial Templates_240323.pdf (30 pages)

3.1.1. Capital Programme

Board_Item_3.1c_Capital Programme 2023 to 2025 Board.pdf (16 pages)

3.1.2. Finance Plan

Contained within the Integrated Plan

3.1.3. Powys Joint Area Plan

Board_Item_3.1d_Powys RPB Area Plan 2023-27 - Final Draft Mar23.pdf (70 pages)

3.2. Minutes of Previous Meeting: 25 January 2023 for approval

Board_Item_3.2_PTHB Board Minutes Unconfirmed 25-01-23 v3.pdf (20 pages)

3.3. Board Action Log

Board_Item_3.3_PTHB_Action_Log_post Jan23.pdf (1 pages)

3.4. New Velindre Cancer Centre - Full Business Case

Board_Item_3.4a_nVCC Report_PTHB Board_March2023 cover paper.pdf (23 pages)

Board_Item_3.4b_nVCC FBC 2023 Strategic Case - Final - Public.pdf (69 pages)

Board_Item_3.4c_nVCC FBC 2023 Management Case - Final - Public.pdf (39 pages)

12:45 - 14:45

120 min

4. ITEMS FOR BOARD ASSURANCE

4.1. Performance Reports:

4.1.1. Integrated Medium Term Performance (Q3) with Q4 projections

- Board_Item_4.1a_Q3 IMTP Delivery Plan_Cover Paper_Board 170323.pdf (13 pages)
- Board_Item_4.1b_IMTP Delivery Plan 22-25_Q3.pdf (62 pages)

4.1.2. Integrated Performance Report (month 09)

- Board_Item_4.1b_IPR exception report Month 9 (Dec 2022) Board March 2023 cover.pdf (12 pages)
- Board_Item_4.1bi_20230217_IPR_Final_Month 9 (SMc update 240223).pdf (100 pages)

4.2. Financial Performance Month 11

- Board_Item_4.2_Financial Performance Report Mth 11.pdf (20 pages)

4.3. Nurse Staffing Levels (Wales) Act

- Board_Item_4.3_Nurse staffing March 2023.pdf (6 pages)

4.4. Corporate Risk Register, February 2023

- Board_Item_4.4_Corporate Risk Register Report_February 2023 .pdf (3 pages)
- Board_Item_4.4a_Appendix1_Corporate Risk Register_February 2023.pdf (30 pages)

4.5. Assurance Reports of the Board's Committees

4.5.1. PTHB Committees

- Board_Item_4.5a_Committee Chair Reports_Mar_2023.pdf (3 pages)
- Board_Item_4.5ai_Appendix_A_ARA_Committee Chair's Assurance Report_Jan23.pdf (5 pages)
- Board_Item_4.5aii_Appendix_B_Charitable Funds Report Jan and March 2023.pdf (5 pages)
- Board_Item_4.5aiii_Appendix_C_Delivery & Performance Chairs Assurance Report_28Feb23.pdf (3 pages)
- Board_Item_4.5aiv_AppD_Executive Committee Chair's Assurance Report_Mar23.pdf (15 pages)
- Board_Item_4.5av_Appendix_E_PEQS Chairs Assurance Report 23 Feb 23.pdf (4 pages)
- Board_Item_4.5avi_Appendix_F_PPPH_Committee_Committee Chairs Assurance Report_19Jan23.pdf (4 pages)

4.5.2. Joint Committees

- Board_Item_4.5b_Joint Committee Reports_Feb 23.pdf (3 pages)
- Board_Item_4.5bi_AppA_WHSCC Joint Committee Briefing (Public) 10 January 2023.pdf (3 pages)
- Board_Item_4.5bii_AppA_WHSCC Joint Committee Briefing (Public) 17 January 2023.pdf (5 pages)
- Board_Item_4.5biii_AppB_Chair's EASC Summary from 6 December 2022 final.pdf (6 pages)
- Board_Item_4.5biv_AppC_MWJC Update report March 2023 v4 150323.pdf (7 pages)

4.6. Assurance Report of the Board's Partnership Arrangements

- Board_Item_4.6_Summary of Partnership Board Activity.pdf (4 pages)
- Board_Item_4.6a_App1_SSPC Assurance Report 19 January 2023.pdf (4 pages)

4.7. Report of the Board's Local Partnership Forum

- Board_Item_4.7_Report of the Board's Local Partnership Forum_Jan23.pdf (2 pages)
- Board_Item_4.7a_Appendix_A_Advisory Group_LPF Report Jan 2023.pdf (3 pages)

4.8. Report of the Chief Officer of the Community Health Council

- Board_Item_4.8_CHC CO Report March 2023.pdf (9 pages)

14:45 - 15:00
15 min

5. OTHER MATTERS

5.1 Any other urgent business

5.2. Close of meeting

5.3. Date of next meeting:

24 May 2023



AGENDA BOARD IN-COMMITTEE

The Chair, with advice from the Director of Corporate Governance, has determined that the following items include confidential or commercially sensitive information which is not in the public interest to discuss in an open meeting at this time. The Board is asked to take this advice into account when considering the following motion to exclude the public from this part of the meeting:

Motion under Section 1(2) Public Bodies (Admission to Meetings) Act 1960

"Representatives of the press and other members of the public shall be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest"

Board decisions taken in meetings that are not held in public will be reported at future Board meetings, for public transparency.

Time	Item	Title	Attached / Oral	Presenter
1: FOR APPROVAL				
09:15	1.1	Welcome and Apologies for Absence	Oral	Chair
	1.2	Declarations of Interest	Oral	Chair
09:20 20 mins	1.3	New Velindre Cancer Centre - Full Business Case	Attached	Director of Planning and Performance
09:40 20 mins	1.4	Chief Executive update	Oral	Chief Executive
10:00 5 mins	1.5	Procurement approval	Attached	Director of Planning and Performance
10:05 5 mins	1.6	Corporate Risk Register (cyber security)	Attached	Director of Corporate Governance
10:10 5 mins	1.7	Minutes of Previous Meetings: 25 January & 20 February 2023	Attached	Chair
10:15	1.8	Close of meeting		Chair

AGENDA BOARD (in PUBLIC)

2: PRELIMINARY MATTERS

10:45	2.1	Welcome and Apologies for Absence	Oral	Chair
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5 mins	2.2	Declarations of Interest	Oral	Chair
10:50 20 mins	2.3	Experience Stories <ul style="list-style-type: none"> • Patient Experience Story • Gold Corporate Health Standard 	Presentations	Executive Director of Nursing and Midwifery Director of Workforce and OD
11:10 20 mins	2.4	Update from the: <ul style="list-style-type: none"> a) Chair b) Vice Chair c) Chief Executive 	Attached Attached Attached	Chair Vice Chair Chief Executive
3: ITEMS FOR APPROVAL				
11:30 60 mins	3.1	Draft Integrated Plan for 2023-2026, including: <ul style="list-style-type: none"> a) Capital Programme b) Finance Plan c) Powys Joint Area Plan 	Attached	Chief Executive
12:30 5 mins	3.2	Minutes of Previous Meeting: 25 January 2023 (for approval)	Attached	Chair
	3.3	Board Action Log	Attached	Director of Corporate Governance
12:35 10 mins	3.4	New Velindre Cancer Centre - Full Business Case		Director of Planning and Performance
12:45 30 mins	LUNCH BREAK			
4: ITEMS FOR BOARD ASSURANCE				
13:15 30 mins	4.1	Performance Reports: <ul style="list-style-type: none"> • Integrated Medium Term Performance Report (Q3) with Q4 projections • Integrated Performance Report (month 09) 	Attached	Director of Planning and Performance
13:45 15 mins	4.2	Financial Performance Month 11	Attached	Director of Finance and IT
14:00 10 mins	4.3	Nursing Staffing Levels (Wales) Act	Attached	Director of Nursing and Midwifery
14:10 10 mins	4.4	Corporate Risk Register, February 2023	Attached	Director of Corporate Governance
14:20 15 mins	4.5	Assurance Reports of the Board's Committees <ul style="list-style-type: none"> a) PTHB Committees b) Joint Committees 	Attached	Committee Chairs Chief Executive
14:35 5 mins	4.6	Assurance Report of the Board's Partnership Arrangements	Attached	Chief Executive

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14:40 5 mins	4.7	Report of the Board's Local Partnership Forum	Attached	Director of Workforce and Organisational Development
14:45 10 mins	4.8	Report of the Chief Officer of the Community Health Council	Attached	Chief Officer of CHC
5: OTHER MATTERS				
14:55	5.1	Any Other Urgent Business	Oral	Chair
	5.2	Close of meeting		
15:00	5.3	Date of the Next Meeting: ▪ 24 May 2023 Via Microsoft Teams (livestream)		

Key:

Well-being Objective 1: Focus on Well-being	
Well-being Objective 2: Early Help and Support	
Well-being Objective 3: Tackle the Big Four	
Well-being Objective 4: Joined Up Care	
Well-being Objective 5: Workforce Futures	
Well-being Objective 6: Innovative Environments	
Well-being Objective 7: Digital First	
Well-being Objective 8: Transforming in Partnership	
All Well-being Objectives	

MESSAGE TO THE PUBLIC:

Powys Teaching Health Board is committed to openness and transparency and conducts as much of its business as possible in a session that members of the public are normally welcome to attend and observe. At present Board meetings are held virtually and livestreamed. Members of the public are able to view the livestream or view the uploaded copy of the meeting on demand.

Patterson, Liz
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Board 29 March 2023

Patient Experience Stories

Experiences of MSK patients in Powys

Collected November 2022

"Living with osteoarthritis is not something one would wish on one's worst enemy. The impact of serious osteoarthritis has made a substantial detrimental impact on life. Significant levels of pain and immobility restricting what can be accomplished in daily life, causing isolation, increasing BMI and detriment to mental health."

Between November 2022 and March 2023, Powys Teaching Health Board held a series of 3 workshops with stakeholders from across the system to develop a Population Health approach to system design for people with hip and knee pain. Versus Arthritis were approached to identify Powys residents living with, or with experience of hip and knee pain who would be interested in contributing to the workshops. Here are examples of what some of our residents said about the profound effect hip and knee pain has on their lives. Their stories formed a focus point for the workshops, for which the aim is to produce a framework for how we measure that we are delivering Services for our population of people with hip and knee Concerns based on what matters to them, focusing on outcomes and optimising our use of resources.

" I am struggling to walk very far, queuing is difficult as is standing for too long. I need to use a crutch now as my balance isn't good and my knee keeps folding over. I know I could fall over at anytime. I miss going out to visit places with family and friends and I have to plan ahead before going out anywhere. I cannot manage a full day trip, the pain makes me tired, grumpy and depressed. I'm not much fun to be around anymore. I've started losing confidence in going out, it's easier to stay away. Because I am in pain all the time and then lack of sleep I find I don't always think straight and have brain fog. It is difficult to find appropriate help when you feel like this. It's not easy getting a doctor's appointment.

I am on a waiting list for a knee replacement and hadn't considered I needed help for anything else! It's taken me a long time to recognise that I am actually depressed and probably a doctor might be able to help."

Patterson, Liz
27/03/2023 10:40:20

"The pain has become progressively worse to the point where any weight-bearing exercise - even walking - can be difficult.

I have recently had an online consultation with Powys THB's physiotherapy service and have been given a programme of quite simple exercise. I am hopeful that this, and an in-person follow-up appointment, will help me to find a level and type of exercise suitable to my pre-operative needs. I was unaware that I could self-refer for physiotherapy until Versus Arthritis told me I could. I found out about Versus Arthritis only by chance, and would recommend that doctors and nurses make word-of-mouth recommendations about its work as well as pointing to the services provided by the local health board to which patients might self-refer. Some older people with MSK conditions might not be as comfortable with social media or computers. I suggest that relevant details be made available in surgeries, including on leaflets and by word of mouth. I suppose the most important outcome of my journey will be to have a new hip. Friends and acquaintances who have had surgery describe it as being life changing."

"2021, It's a post Covid consultation with Doctor Trendelenburg in Ystradgynlais, all the better for being over the phone, saves the hassle for all concerned of attending appointments when further medical diagnosis is necessary. It's all very efficient.

I'm in time upon returning from my sojourn north of the Highland borders to attend the local X-ray Department in Ystradgynlais Community Hospital. A friendly place, kindly, brisk and efficient in a way that large hospital out patients often are not.

The Doctor is sympathetic to the additional plight being encountered by the knee. I'm sent off to see the Radiologist at Ystradgynlais Community hospital again. This time I'm stood up against a plate, a few clicks and I'm out of there again. The results are swift, mild to moderate osteoarthritis in the knee.

Some Physiotherapy sessions are arranged through doctor's referral and an exercise regime provided. Its good, but generally agreed that no amount of physiotherapy is going to repair a worn out hip. I'm informed the walking of earlier times has left muscles well-toned, which need to be maintained in providing support to my deteriorating hip joint.

The Doctors surgery remaining always supportive, providing prescription medications and always ready to listen. Making referral to Occupational Health with the support and adaptations they can helpfully provide.”

“On a visit to the leisure centre, I was told by staff about the National Exercise Referral Scheme (NERS) and how this could give support tailored to my knee problems. The GP happily provided a referring letter and I was contacted by the Leisure Centre to go in for induction and a personal fitness plan. This has made a huge difference to me. I have regained confidence, social contacts, structured safe exercises, and a few muscles! the timescale to wait and the growing pain and limitations on my normal life are hard to bear. I cannot sleep well and suffer pain throughout the night. It does bring me down and I know it is wearing for my husband too. It feels very lonely, with no guidance or support.”

In addition to providing a focus point for workshop discussions and development of an outcome framework for our population of people with hip and knee concerns, the individual feedback and themes from the stories have been fed into the MSK Pathway Redesign plan within the Diagnostic, Ambulatory and Planned Care Programme. The workstream has broad stakeholder representation and actions underway to address the issues raised, these include:

Implementation of our Orthopaedic GIRFT review recommendations. This includes review of our Orthopaedic activity and waiting lists both as a provider and commissioner to establish how we can impact long waiting Patients in particular. Repatriation opportunities are being assessed alongside a review of theatre utilisation and orthopaedic referral Management. There has been successful implementation of virtual MDTs with orthopaedic Teams to enable discussion of cases prior to referral and therefore reducing unnecessary waits, optimising patient outcomes and experience.

Establishment of a working Group developing standardised evidence based Clinical pathways for MSK conditions based on NICE guidance, GIRFT and surgical body approved pathways.

The implementation of First Contact Practitioner MSK Physiotherapists in Primary Care. A Service is in place in Mid and some practices in North Powys and a proposal to expand the Service to South Powys has recently been approved by the South Cluster. This Service allows people with MSK

conditions to be seen quickly by a Physiotherapist with specialist skills and knowledge to support timely assessment, enhancing the offer for people closer to home, releasing GPs to see other Patients and ensuring the individual is seen by the right person first time.

Shared Decision-Making training is being undertaken by clinical teams to support patients with decision making about management of their condition. This training is being delivered in conjunction with Cwm Taf Morgannwg, Aneurin Bevan UHB and Cardiff & Vale UHBs and was also been selected to be taken forward to the National Spread and Scale event run by the Dragons Heart Institute in early March.

The Powys Teaching Health Board Waiting Well webpage is live and accessible to all residents and the MSK Physiotherapy webpage is in the process of being updated to ensure those with an MSK concern can access evidence based information, resources and support. This includes links to third sector organisations and self-referral forms for access to our provided services. Recognising the feedback from the patient stories, we have taken an action to refresh communication to all stakeholders across the patient pathway about the services and resources available. All PTHB MSK clinicians and General Practitioners are able to refer to the Community Connectors Scheme and National Exercise Referral Scheme (NERS), we will be working closely with teams to understand how we can optimise use of these schemes and evaluate the impact on those living with MSK conditions in Powys.

Patterson, Liz
27/03/2023 10:40:20



AGENDA ITEM: 2.5a

BOARD MEETING		Date of Meeting: 29th March 2023
Subject:	CHAIR'S REPORT	
Approved and Presented by:	Carl Cooper, PTHB Chair	
Prepared by:	Carl Cooper, PTHB Chair	
Other Committees and meetings considered at:	None	

PURPOSE:		
To bring to the Board's attention key points for awareness from the Chair of Powys Teaching Health Board, since the previous Board meeting in January 2023.		
RECOMMENDATION(S):		
It is recommended that the Board NOTES this report.		
Approval/Ratification/Decision	Discussion	Information
*	✓	*

Patterson, Liz
27/03/2023 10:40:28

THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVE(S) AND HEALTH AND CARE STANDARD(S):

Strategic Objectives:	1. Provide Early Help and Support	✓
	2. Tackle the Big Four	✓
	3. Enable Joined up Care	✓
	4. Develop Workforce Futures	✓
	5. Promote Innovative Environments	✓
	6. Put Digital First	✓
	7. Transforming in Partnership	✓
Health and Care Standards:	1. Staying Healthy	
	2. Safe Care	
	3. Effective Care	
	4. Dignified Care	
	5. Timely Care	
	6. Individual Care	
	7. Staff and Resources	
	8. Governance, Leadership & Accountability	✓

CHAIR'S REPORT:

Congratulations

I am delighted to report that Mererid Bowley has been appointed to the post of Executive Director for Public Health. We look forward to Mererid's continued contribution as a board member as she carries out the important responsibilities of her role. Simultaneously, I thank Jamie Marchant, our Director of Environment, for all he has contributed to the board's work during his years in Powys and wish him well as he takes up new responsibilities in ABUHB.

Board Development

Board members continue to meet monthly for board development sessions. Recent meetings have focussed on the development of our IMTP and Accelerated Sustainability Model.

We used the most recent meeting to hold a brief reflection on the situation in Betsi Cadwaladr University Health Board and the attention it draws to the importance of board effectiveness. We acknowledged the highly skilled and highly respected executives in PTHB and the effective way in which our executive team functions under the leadership of our CEO. We also noted the encouraging function of our unitary board with executive and independent members fulfilling their respective roles and responsibilities in a culture of mutual respect, challenge and support. However, this confidence does not give way to complacency and our future board development programme will provide opportunities to further improve and strengthen our effectiveness and efficacy as a board.

Flying Start Family Centre Welshpool

I was pleased to attend the visit of the Deputy Minister for Social Services to the Flying Start Family Centre in Welshpool. The centre offers multi-agency services and support to children and families and is a good example of organisations from all sectors working together to give children the best start possible in life.

Out and About

I have continued my visits to PTHB sites across the county. I am grateful for the warm welcome received in Llandrindod, Welshpool, Newtown and Machynlleth hospitals and in Glan Irfon Health & Care Centre. It was also a pleasure to spend the day with Claire Madsen speaking with members of various therapy teams. Despite the many pressures on staff colleagues, I have been struck by the diligence, motivation and dedication of all with whom I have spoken. When I've asked about ways in which things can be improved, 3 issues have come to the fore: Workforce adequacy and sustainability; systems rationalisation & IT reliability; Sufficient and suitable space to develop improved services.

PTHB & Powys County Council

It is important to continue to report that senior leaders from PCC and PTHB continue to meet formally and informally. We have had recent opportunity to discuss the implementation of our Rapid Escalation Plan in relation to community care capacity. This includes how we are taking forward the Minister's requirement to establish trusted assessor arrangements to support the many people currently awaiting assessment for care. It also references PTHB's exploration of expanding our residential care provision, together with inaugurating a targeted domiciliary care provision.

Community Health Council

Chairing the final joint meeting of PTHB and the Powys Community Health Council was a bittersweet experience. PTHB has enjoyed a constructive and positive relationship with the CHC over many years. Thank you to all CHC board members, officers and volunteers that have contributed to this effective partnership. As CHC transitions to LLAIS, we look forward to continuing the collaboration as we re-commit ourselves to providing the best services possible with the people of Powys.

Minister & Chairs' Away Day

The Minister for Health & Social Care invited all health board chairs to an Away Day. This provided a welcome opportunity to consider matters of mutual importance in a more discursive environment. Topics that were discussed included Digital Transformation, Priorities and Budgets; NHS 75 & Future Vision; Board Effectiveness; Building Capacity through Community Care (Further, Faster) and Accountability Arrangements. All present expressed appreciation for the helpful, useful and rich conversation. Particular comment

was made regarding the refreshing opportunity to meet face to face which enabled important casual conversations that helped to build working relationships. There is an intention to hold such meetings annually.

Patterson Liz
27/03/2023 10:40:28

AGENDA ITEM: 2.5b

BOARD MEETING		Date of Meeting: 29th March 2023
Subject:	VICE CHAIR'S REPORT	
Approved and Presented by:	Kirsty Williams, PTHB Vice Chair	
Prepared by:	Kirsty Williams, PTHB Vice Chair	
Other Committees and meetings considered at:	None	

PURPOSE:

To bring to the Board's attention key points for awareness from the Vice Chair of Powys Teaching Health Board, since the previous Board meeting in January 2023.

RECOMMENDATION(S):

It is recommended that the Board NOTES this report.

Approval/Ratification/Decision	Discussion	Information
x	✓	x

THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVE(S) AND HEALTH AND CARE STANDARD(S):

Strategic Objectives:	1. Provide Early Help and Support	
	2. Tackle the Big Four	
	3. Enable Joined up Care	
	4. Develop Workforce Futures	
	5. Promote Innovative Environments	
	6. Put Digital First	
	7. Transforming in Partnership	✓
Health and Care Standards:	1. Staying Healthy	
	2. Safe Care	
	3. Effective Care	
	4. Dignified Care	
	5. Timely Care	
	6. Individual Care	
	7. Staff and Resources	
	8. Governance, Leadership & Accountability	✓

VICE CHAIR'S REPORT:

Primary Care

I was pleased to attend the Accelerated Cluster Leads Development Day held in Llandrindod Wells and meet with local GP's, PTHB primary care staff and Welsh Government officials, to discuss the progress we are making and plans for the future. This is a priority for the Health Minister and an important point as the Cluster leads join the RPB.

As part of the ongoing process to consider an application by Crickhowell Surgery to close their branch in Gilwern, I attended both the online Q&A session and the in person consultation event held at the Gilwern Hub. The in person session was particularly busy and local residents had the opportunity to discuss the application with senior PTHB Executives, including our Chief Executive and Medical Director.

Mental Health

Following a call for Health Board representation I have joined the Children and Young People's emotional wellbeing & mental health Working Group. Set up by the Welsh NHS Collaborative, I hope I can bring our unique perspective to this

important policy area and ensure that PTHB is kept up to date with emerging developments.

Earlier this month I attended, as did key staff from PTHB, the All Wales Suicide and Self Harm Prevention Conference. The programme included speeches and Q&A's with the Deputy Health Minister and leading specialists in the field for Wales and beyond. A new refreshed strategy and implementation plan is expected soon from Welsh Government.

Quality and Safety

Our new legal responsibilities of Duty of Quality and Duty of Candour were the main focus of this quarters All Wales Q&S Chairs meeting, which received an update from Welsh Government.

I was also pleased to be able to attend part of PTHB's Duty of Candour Workshop. Attended by a wide variety of staff from different areas, it was useful to hear staff perspectives, ideas and concerns as we move forward with our implementation plan.

Veterans/Armed Forces Issues

I am happy to report to the Board that the PTHB Armed and Ex-Forces Forum for Health has been re-established and met for the first time recently. The forum and the working group led by our Director of Public Health, will ensure that the organisation fulfils its commitments under the Armed Forces Covenant and new legal duties that require us to have "due regard" to the needs of this part of our community, when planning and delivering services.

Listening To Staff

It was very positive to see so many staff availing themselves of the chance to visit one of the series of Staff Roadshows which I visited in Brecon Hospital. Those I spoke to were appreciative of the opportunity to learn more about support that is available to staff.

Alongside our Interim Director for Workforce and OD, I was pleased to visit both Brecon and Bronllys Hospitals. This included visits to 3 wards as well as the theatre in Brecon and Support and Estates staff at Bronllys.

It was very valuable to hear directly from staff. We asked about their experiences and their ideas of how we can continue to provide and improve the offer to patients, as well as what more can be done to support and value members of staff. It was also an opportunity to thank them all for their hard work and service on behalf of IMs.



Agenda item: 2.4

BOARD MEETING

**DATE OF MEETING:
29 March 2023**

Subject:

CHIEF EXECUTIVE REPORT

Approved and Presented by:

Carol Shillabeer, Chief Executive

Prepared by:

Carol Shillabeer, Chief Executive

Other Committees and meetings considered at:

Elements of this report may have been considered at various committees or meetings prior to being presented.

PURPOSE:

This report is intended to keep the Board up to date with key developments at a national and local level.

It sets out for the Board areas of work being progressed and achievements that are being made, which may not be subject to consideration by a Committee of the Board or may not be directly reported to the Board through Board reports.

The report specifically covers:

RECOMMENDATION(S):

The Board is asked to DISCUSS any key issues relating to the report.

Approval/Ratification/Decision¹

Discussion

Information

✓

¹ Equality Impact Assessment (EiA) must be undertaken to support all organisational decision making at a strategic level

THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVE(S) AND HEALTH AND CARE STANDARD(S):

Strategic Objectives:	1. Focus on Wellbeing	✓
	2. Provide Early Help and Support	✓
	3. Tackle the Big Four	✓
	4. Enable Joined up Care	✓
	5. Develop Workforce Futures	✓
	6. Promote Innovative Environments	✓
	7. Put Digital First	✓
	8. Transforming in Partnership	✓
Health and Care Standards:	1. Staying Healthy	✓
	2. Safe Care	✓
	3. Effective Care	✓
	4. Dignified Care	✓
	5. Timely Care	✓
	6. Individual Care	✓
	7. Staff and Resources	✓
	8. Governance, Leadership & Accountability	✓

EXECUTIVE SUMMARY:

This report briefly outlines some of the key matters to draw to the attention of the Board, including:

- **Integrated Planning**
- **Service Development, Engagement and Consultation**
- **Performance 2022-23**
- **Engagement activity**
- **Staff Excellence**

DETAILED BACKGROUND AND ASSESSMENT:

INTEGRATED PLANNING

The main Board agenda considers the draft Integrated Plan for 2023-26. It is clearly a challenging context in which to plan with several critical elements of our responsibility as a health board and as a health and care system under significant pressure. Service demands, workforce capacity and availability of

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funding combined is resulting in the need for change to the way in which, as an organisation and wider health and care system, we work to meet the needs of the population. It is in this context that I wrote to the Director General for Health and Social Services at Welsh Government on the 27 February 2023 outlining that, in with my Accountable Officer responsibilities, based upon our current assumptions, it was increasingly unlikely that I would be able to present a financial breakeven plan for approval to the Board for 2023/24 and thus onward to Welsh Government. I took the opportunity therefore to outline both the context of Powys and the challenged faced, and importantly the work underway to make significant progress in improving the sustainability of services.

Regional Partnership Board – Area Plan

A key item on the agenda relates to the Regional Partnership Boards Area Plan. This plan reflects the partnership approach to delivering the integrated health and care strategy in Powys 'A Healthy, Caring Powys (2017 – 2027)' and aligns with the Integrated Plan in the health board.

Shared Prosperity Fund - Powys Partnership

The health board has been invited to sit on the newly formed Shared Prosperity Fund Partnership for Powys. The focus of the Partnership is to identify opportunities to invest in communities as part of the UK Governments Levelling Up policy. This positive participation provides an opportunity to both shape and contribute to wider community and economic development in support of the wider determinants of health and wellbeing. A grant application process has now opened, seeking proposals that would contribute across the following priority areas:

- Communities and Place
- Supporting Local Business
- People and Skills
- Combination of the above

SERVICE DEVELOPMENT, ENGAGEMENT AND CONSULTATION

Cochlear Implant and Bone Conduction Hearing Implant Device Services

Engagement on the future provision of Cochlear Implant and Bone Conduction Hearing Implant Device Services for Children and Adults in South East Wales, South West Wales, South Powys ended on 14 February. Responses to the engagement are currently being analysed so that

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recommendations can be made on the way forward. A further update will be brought to the next meeting of the Board in May.

Gilwern GP Practice – application for closure of branch

Engagement with patients, communities and wider stakeholders on the application received from Crickhowell Group Practice to close their branch surgery in Gilwern took place from 10 January 2023 to 6 March 2023. Since the last meeting of the Board this has included an online engagement event on 30 January 2023, and a face-to-face engagement event in Gilwern on 14 February 2023. The face-to-face event provided a valuable opportunity to hear first hand from local residents and was attended by a PTHB team including the Vice Chair, Chief Executive and Medical Director, colleagues from ABUHB, and representatives from Powys Community Health Council. Responses to the engagement are currently being analysed and we currently anticipate that a meeting of the health board's Branch Practice Review Panel will take place during April in order that a recommendation can be presented to a meeting in public of the Board.

Memorandums of Understanding – NHS service delivery

We are currently in the process of agreeing revised two Memorandums of Understanding. The first is with both Swansea Bay University Health Board in relation to the provision of spinal services, as part of the Spinal Services Operational Delivery Network for South Wales, West Wales and South Powys. The second relates to the National Imaging Academy Wales provision, hosted by Cwm Taf Morgannwg University Health Board.

Wales Air Ambulance and EMRTS services

At the Emergency Ambulance Services Committee on 14th March 2023, agreement was made to commence an engagement process relating to the provision of the Emergency Medical Retrieval and Transfer Service. Briefing 6 regarding the next stages of the work has been published. It is anticipated that a range of means of engaging with stakeholder will be implemented including an in-person session in the north of the county and further information is expected on this from the Emergency Ambulance Services Commissioner in the coming days.

PERFORMANCE 2022/23

Detailed performance reports are provided as part of the Boards agenda, including the anticipated outcome of the delivery of the Integrated Medium Term Plan for 2022 – 25. AS the end of the current financial year approaches, arrangements will be made for the process of collating the

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required information that assesses the overall performance of the organisation following the appropriate guidance for the publication of Annual Accounts and Reports. An opportunity to demonstrate and engage citizens and stakeholders the progress of the Board will now be planned, following the requirements for Annual General Meetings.

ENGAGEMENT ACTIVITY

In other engagement activity, a recent **Staff Certificate of Appreciation and Long Service Event** was held. Both individuals and teams from across the organisation were nominated by colleagues for particular recognition and appreciation. These events also provide an opportunity to share the achievements of colleagues in national awards and on this occasion Natasha Price, from the Workforce and OD Team received specific recognition from the Workforce/HR community as the Wales HR Rising Star. It was also positive to see nominations both from and for apprentices and students in the organisation giving a real sense of the 'teaching' in Powys Teaching Health Board.

I also had the pleasure of attending the **Powys Association of Voluntary Organisations Volunteer Awards**. Held in Newtown face to face for the first time in several years, it was a wonderful opportunity to recognise members of the community across Powys for their considerable work,. Effort and impact for the community benefit. Several award winners were connected to health and wellbeing including the Mums Matters Peer Support Group, Mental Health Partnership Representatives and Cherilee Freeman who runs a community gardening group focusing on supporting wellbeing.

Along with the Assistant Director of Community Services Group and the Director of Social Services, I visited the **Builth Wells Community Support** service and the newly established Home Support Service for Builth Wells and surrounding area. Hearing first hand the locally focussed support to local residents enabling vital, every day needs to be met and enabling people to remain at home wherever possible. This type of community support will be considered as part of the development of community care services moving forward.

Staff Excellence

I am delighted in addition to highlighting the certificate of appreciation event, share news of two key national (UK) nominations for recognition, both in the Advancing Healthcare Awards for Therapists and Health Scientists. Claire Madsen, Director of Therapies and Health Sciences has been nominated for

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the Clinical Leadership Award, and Joseph Cox, Dietician for the Rising Star Award. The Awards ceremony is on 21st April 2023.

The Board is asked to note/discuss the Chief Executive Report.

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Agenda item: 3.1

PTHB Board		Date of Meeting: 29 March 2023
Subject :	IMTP (Integrated Medium Term Plan)	
Approved and Presented by:	Chief Executive with Director of Planning and Performance	
Prepared by:	Assistant Director of Planning	
Other Committees and meetings considered at:		

PURPOSE:

This report provides the Board with the Draft Integrated Plan for 2023 – 2026, for approval, ahead of submission to Welsh Government by 31 March 2023.

A presentation will also be provided to the Board at the meeting, to highlight key points for consideration and to ensure that any developments between the date of papers being provided and the date of the meeting are presented.

RECOMMENDATION(S):

The Board is asked to:

- **APPROVE** the Integrated Plan as a Working Plan, for submission to the Welsh Government, recognising that further work will be required, to achieve a fully compliant Integrated Medium Term Plan in relation to the financial breakeven duty. In so doing, the Board approves the components parts of the Plan developed through Joint-Committees including WHSSC (Welsh Health Specialised Services Committee) and EASC (Emergency Ambulance Services Committee).
- **ENDORSE** the Regional Partnership Boards Area Plan strategic priorities and their alignment to the health boards Integrated Plan.
- **RECOGNISE** that further work will continue, both locally and nationally, on options to improve the financial plan position; and **ENDORSE** an approach that outlines further consideration to take place at the Board in terms of

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modification of the current Plan, considering options for further progress compliance with the financial duty.

Approval/Ratification/Decision ¹	Discussion	Information
✓		

THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVE(S) AND HEALTH AND CARE STANDARD(S):

Strategic Objectives:	1. Focus on Wellbeing	✓
	2. Provide Early Help and Support	✓
	3. Tackle the Big Four	✓
	4. Enable Joined up Care	✓
	5. Develop Workforce Futures	✓
	6. Promote Innovative Environments	✓
	7. Put Digital First	✓
	8. Transforming in Partnership	✓
Health and Care Standards:	1. Staying Healthy	✓
	2. Safe Care	✓
	3. Effective Care	✓
	4. Dignified Care	✓
	5. Timely Care	✓
	6. Individual Care	✓
	7. Staff and Resources	✓
	8. Governance, Leadership & Accountability	✓

EXECUTIVE SUMMARY:

Welsh Government Directions and Requirements

On 28th November 2022, the Welsh Government Minister for Health and Social Services wrote to Chairs of NHS organisations in Wales setting out Directions under the NHS Wales Act (2006) and the NHS Wales Finance Act (2014). These Directions relate to the NHS Planning Framework requirements ensuring that 'Local Health Boards and Trusts must prepare a plan which sets out its strategy for securing that it complies with its 'break-even' duty, whilst improving the health of the people for whom it is responsible and the provision of healthcare to such people'.

¹ Equality Impact Assessment (EiA) must be undertaken to support all organisational decision making at a strategic level

The Director General for Health and Social Services/NHS Chief Executive wrote to Chief Executives on 28th November 2022 outlining the operational and governance requirements relating to the above Direction. This is summarised as:

The planning framework sets out the submission requirements that are due for submission by 31st March 2023. As part of the Board approved plans, these documents include:-

1. A covering submission letter from the Accountable Officer.
2. A narrative plan including a detailed annual plan set in a three-year context for organisations that cannot submit an overall financially balanced Integrated Medium Term Plan.
3. A Minimum Dataset Set that described in detail the activity, finance and workforce plan of the organisation for the period 2023/24 to 2025/26.
4. Delivery plan templates against the 16 Ministerial Priorities for 2023/24.

The full submission timetable is shown below with Ministerial decisions communicated during the first quarter. Plans are expected to be implemented from April 2023. Current organisational accountability conditions remain extant until the conclusion of the planning cycle. The Health Board will remain in routine monitoring status until otherwise advised.

The timetable for the IMTP process 2023-2026 is as follows:

❖ Planning Framework issued - November 2022
❖ Pan cluster planning group plans – December 2022
❖ Financial allocations - December 2022
❖ AO letters to be submitted - by 28 February 2023
❖ NHS to submit full and final plans – by 31 March 2023
❖ Review and assessment of plans – during April 2023
❖ Collective Review meetings with NHS Executive/ Welsh Government and NHS Wales – April 2023
❖ Ministerial decisions communicated May / June 2023
❖ Plans implemented – April 2023 onwards

More recently, Welsh Government has signalled a number of additional items that could impact on the overall plan. These are as follows:-

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1. The requirement to complete and submit National Performance Trajectory template for 2023-24 by 21st April 2023. The return includes performance recovery trajectories for planned care, cancer care, diagnostics, therapy services and a number of urgent care indicators. Policy leads within Welsh Government, along with colleagues from the NHS Executive, will be responsible for assessing trajectories submitted to ensure they are both stretching and achievable. If they feel this is not the case then further discussions will take place with health boards with possible resubmissions of trajectories required before being formally accepted by Welsh Government.
2. The potential for additional operational trajectories may also be required by colleagues within the NHS Executive / Planned Care Recovery Team to enable monitoring at, for example, tumour site / speciality.
3. Publication of the NHS Performance Framework for 2023-24 expected in June 2023.
4. Confirmation of the process to access the £50m Retained Recovery Fund (RRF) from the overall £170m Planned Care Recovery Plan with a submission date of 12th May 2023. The purpose of the £50m is to deliver regional solutions for diagnostics and treatments, enhanced ring-fenced surgical facilities, outpatient transformation and improving the productivity of elective and treatment services. The Health Board expects to receive circa £2.3m from the RRF based on a 'fair shares' residency / population calculation.

Component parts of the Integrated Plan

The central feature of the Draft Plan is that it is integrated, i.e. it combines the whole range of responsibility the health board has in terms of the planning and provision of services for its resident population. In addition the combination of service, finance and workforce elements are integrated.

The Plan therefore draws together the following components:

1. The **Strategic Context** including needs assessment of the population, Legislative duties/requirements and an analysis of the external environment.
2. **An assessment of the key drivers, challenges and opportunities** including
 - The need to accelerate the work necessary in designing and delivering sustainable approaches to health and care
 - Value-based healthcare approach
 - 'Getting It Right First Time' developments for clinical practice
 - Diagnostics
 - North Powys Wellbeing Programme
 - Powys Primary Care Cluster Plans
 - Regional and National Programmes (including cross border)

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- Organisational and commissioned service performance
 - Quality, Engagement and Safeguarding
3. An outline of the approach to the **Delivery of the Plan** including the underpinning financial plan, risk and governance
 4. The **Wellbeing Objectives and Strategic Priorities** with delivery actions including:
 - a. Focus on Wellbeing
 - b. Early Help and Support
 - c. Tackling the Big Four (diseases that limit life)
 - d. Joined-up Care
 - e. Workforce Futures
 - f. Digital First
 - g. Innovative Environments
 - h. Transforming in Partnership.
 5. **Ministerial Priorities Templates** will be appended, drawing together the aspects of the Directors Letter that require specific focus.
 6. A **Minimum Dataset (MDS)**, a more technical document is available to Board members upon request.

There are several key elements that contribute to the Integrated Plan, with actions embedded within the organisations strategic priorities. These include:

1. Welsh Health Specialised Services Joint Committee: Integrated Commissioning Plan

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

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

2. Emergency Ambulance Services Committee:

The Committee will continue to adapt and respond to changing service models at a local, regional and national level. This includes supporting and responding to the review of national commissioning functions. The Plan will focus on:

Quality and Safety

Performance Improvement

Performance Enablers

Financial sustainability and efficiency

Commissioning intentions for commissioned services (2023/24)

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Informatics and Ambulance Quality Indicators with an increased focus on outcome measures
Maximising the impact of Six Goals for Urgent and Emergency Care Programme

3. Powys Primary Care Cluster Plans

The three 'Clusters' of North Powys, Mid Powys and South Powys have developed plans alongside the health boards plan which set out the path for the year ahead and beyond. This will improve the health and wellbeing outcomes for the population, by designing services that specifically meet the needs of that population, improving access by providing more services, delivered locally, to prevent avoidable acute care demand. The Clusters have been designed to bring together a wide range of community and service representatives in order to develop plans that, within available resource, aim to:

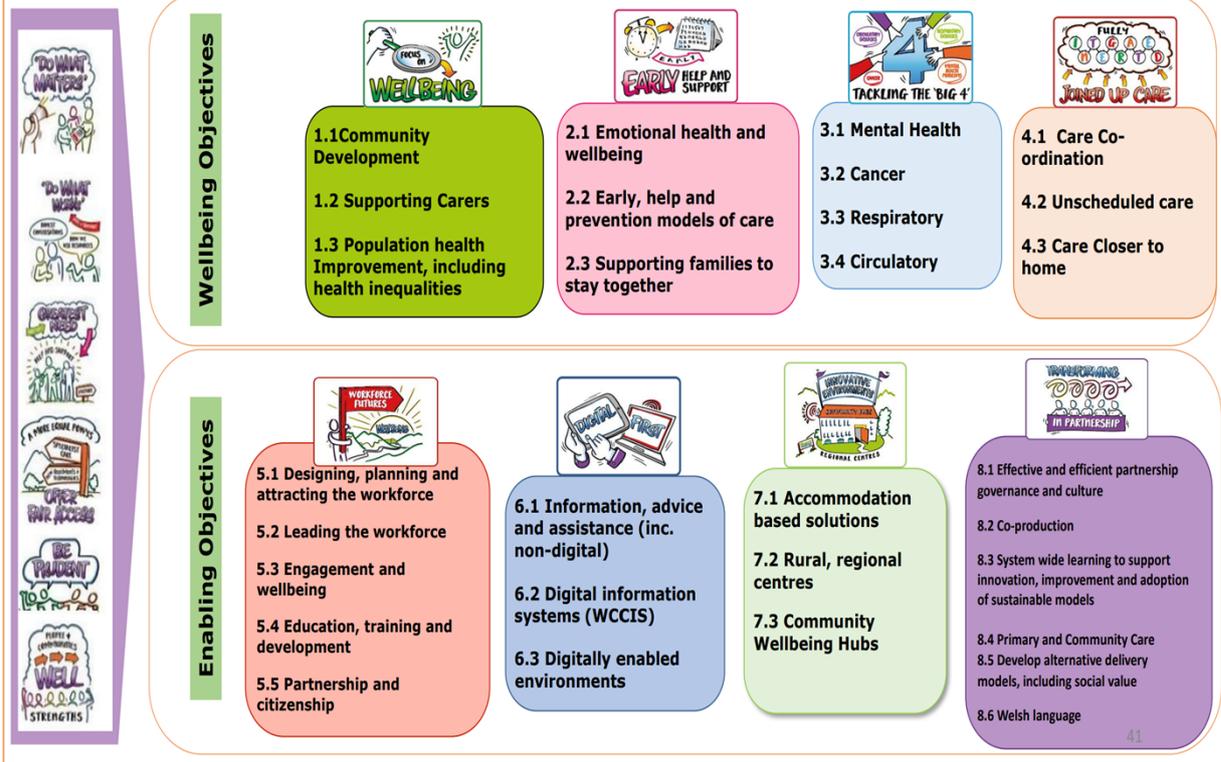
- **Improve local population health and wellbeing**
- **Improve the quality of care services (timely, safe, effective, individual and dignified)**
- **Improve the efficiency of care services delivery**

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

4. Regional Partnership Board Area Plan

The Regional Partnership Board will be considering the draft Area Plan for approval on 29th March 2023. The Area Plan has been developed in tandem with the health board Integrated Plan and thus there is an important alignment. The key strategic priorities are outlined, in summary, in the table below. At the time of issuing both the health boards Integrated Plan and the RPB Area Plan it is recognised that further refinement to the presentation of the plans will be undertaken to maximise consistency and alignment.

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Delivery Assessment

The Ministerial Directions letter set out a wide range of requirements, as well as focusing on 16 key Ministerial Priority Templated Delivery areas. The critical aspect of the Direction was to present a breakeven plan, that is fully compliant with the financial statutory duty. At this stage, a fully complaint Integrated Medium Term Plan has not yet been achieved. Further and significant work however is underway, including the design and then delivery of sustainable models of care.

On other requirements, good plans have been developed and delivery confidence is strong in many of those areas. There are however lower levels of confidence in areas of the service known to be particularly challenging, including the ability of commissioned providers (out of county) to deliver against planned care access requirements. Issues with diagnostic capacity affects both planned care and cancer care and these areas represent the greatest challenge to delivering the requirements for the resident Powys population. In relation to community care (prevention of hospital delays plus maximisation of alternatives to admission) the work with the Local Authority as the key partners is critical. Lower level of delivery confidence exist currently, however as the sustainable model work focused on integrated care communities gains traction it is anticipated that this will improve.

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NEXT STEPS:

Subject to approval at Board at its meeting, it is intended that the Final Integrated Plan will be submitted to Welsh Government on 31 March 2023.

The submission will include:

- A covering letter from the Accountable Officer
- The Final Integrated Plan
- Ministerial Priority Templates as set out in the NHS Wales Planning Framework
- Minimum Data Set

A 'submitted' version of the Plan will be circulated to Board members to take account of final formatting/alignment requirements and any comments/changes from the Board for inclusion in the Plan.

Active work will continue to options to improve the financial position. Further discussion with the Board on those options will take place in due course and feedback from Welsh Government will help form the considerations for any decision to be made.

Work will also continue post submission on an everyday version, for communications and engagement both internally and externally.

Delivery of the plan is tracked through the Integrated Performance reporting process, in line with the PTHB Integrated Performance Framework.

The following Impact Assessment must be completed for all reports requesting Approval, Ratification or Decision, in-line with the Health Board's Equality Impact Assessment Policy (HR075):

IMPACT ASSESSMENT				
Equality Act 2010, Protected Characteristics:				
	No impact	Adverse	Differential	Positive
Age				X
Disability				X
Gender reassignment				X
Pregnancy and maternity				X
Race				X
Statement <i>Please provide supporting narrative for any adverse, differential or positive impact that may arise from a decision being taken</i>				
Positive impacts are identified in relation to the delivery of Strategic Priorities in the IMTP for the population and therefore marked as 'positive' for those characteristics where there				

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Religion/ Belief				X	is a direct relationship with health service usage; for the marriage and civil partnership characteristic this is not identified as direct positive healthcare impact but no adverse impact has been identified
Sex				X	
Sexual Orientation				X	
Marriage and civil partnership	X				
Welsh Language				X	

Risk Assessment:

	Level of risk identified				Statement
	None	Low	Moderate	High	
Clinical			X		Level of risk has been identified in line with the Strategic risks set out in the IMTP, which are noted in further detail in the Board Assurance Framework and Corporate Risk Register. The financial and reputational risks are rated as high due to the inability to, at this stage, present a breakeven financial plan.
Financial				X	
Corporate		X			
Operational			X		
Reputational				X	

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GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

INTEGRATED PLAN

2023/24 – 2025/26

FINAL DRAFT



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Foreword

Foreword from CEO and Chair – add last

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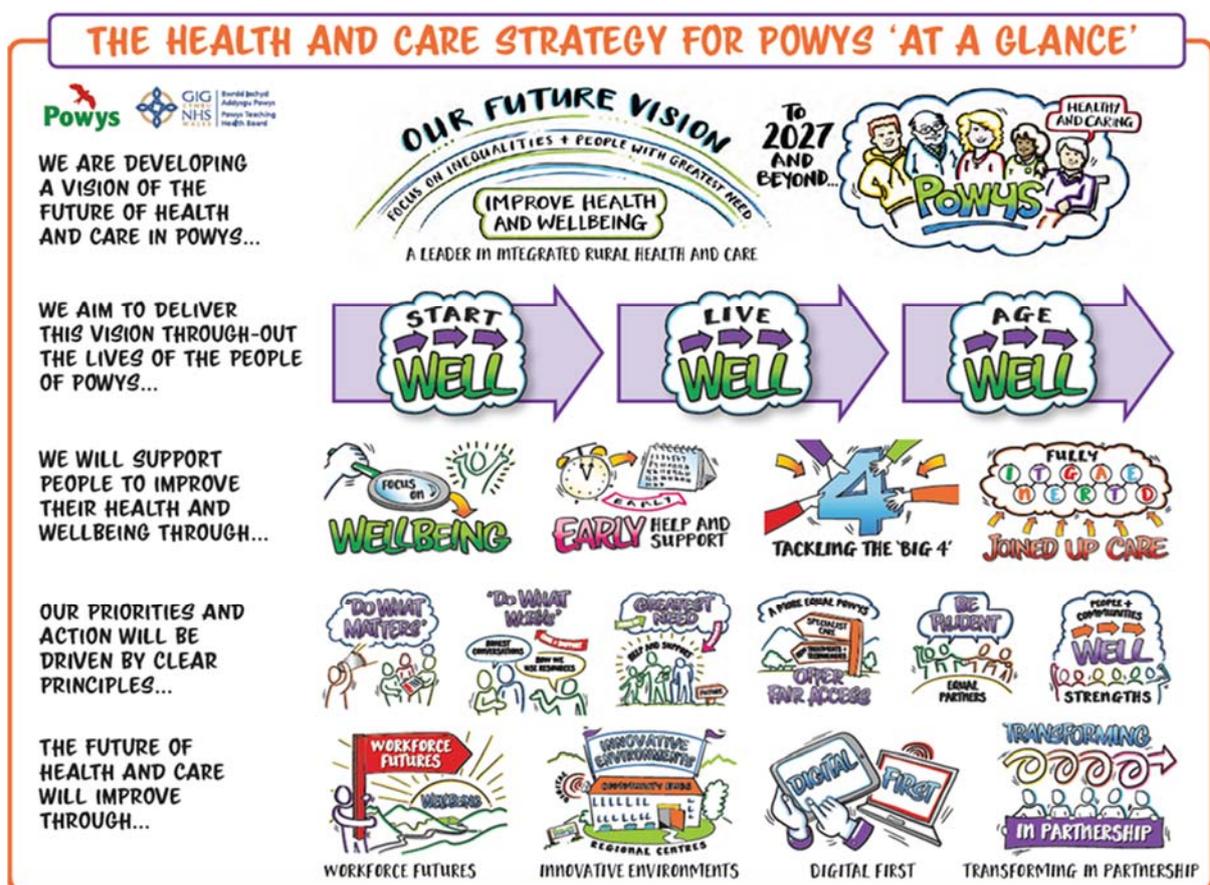
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Introduction

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

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



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

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

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

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

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

National Strategy and Plans

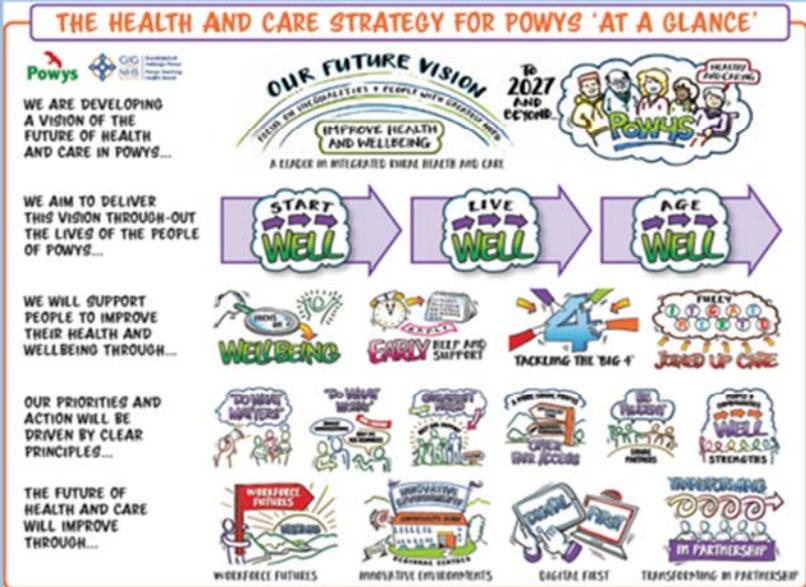
A Healthier Wales; Ministerial Priorities; NHS Wales Planning Framework
 Six Goals for Urgent and Emergency Care; Five Goals for Planned Care; Six Models of Care linked to Regional Investment Fund, Accelerated Cluster Development and Strategic Programme for Primary Care

Regional Strategy and Plans

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

Powys Region and Local Plans

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



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

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

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

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

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

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



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STRATEGIC CONTEXT

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Planning Framework and Parameters

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

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

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

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

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

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

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

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

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

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

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

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Powys and Its Population

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

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

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



POPULATION NEEDS ASSESSMENT

Regional Partnership Board
Health and Social Care



WELL-BEING ASSESSMENT

Powys Public Service Board

11/01/2022

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

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

Health Inequalities

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

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

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

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

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

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

Analysis of the External Environment

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

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

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

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

Economic

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

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

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

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

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

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

Social

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

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

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

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

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

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

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

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

Technological

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

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

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

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

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

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

Legislative

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

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

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

Environmental

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

Opportunities in relation to **sustainability and carbon zero** approaches

Growing evidence base in relation to environmental **sustainability** and high impact changes

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

Changes to infrastructural requirements also to be taken into account in health care settings with **changing Covid response** and changes in associated funding

Challenge of balancing environmental impacts/ staff wellbeing / productivity and agility as **workplaces** are able to return to office-based working

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

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

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

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KEY DRIVERS

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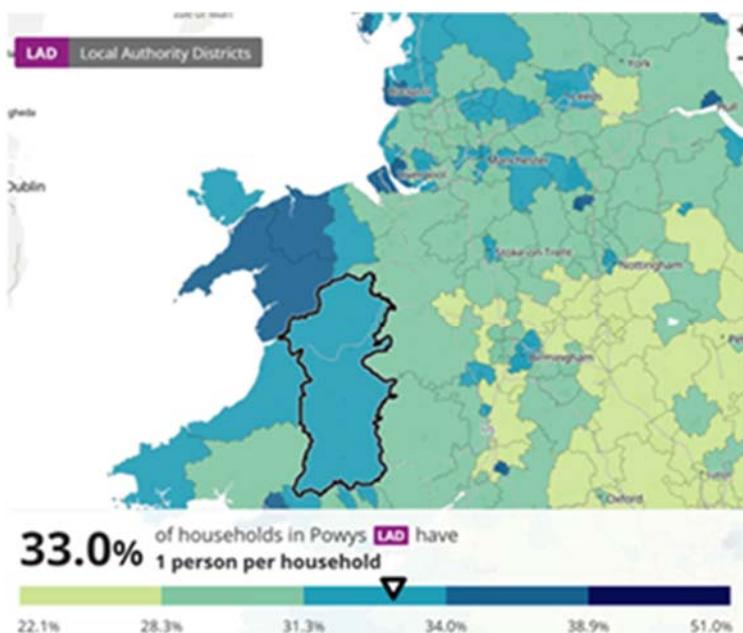
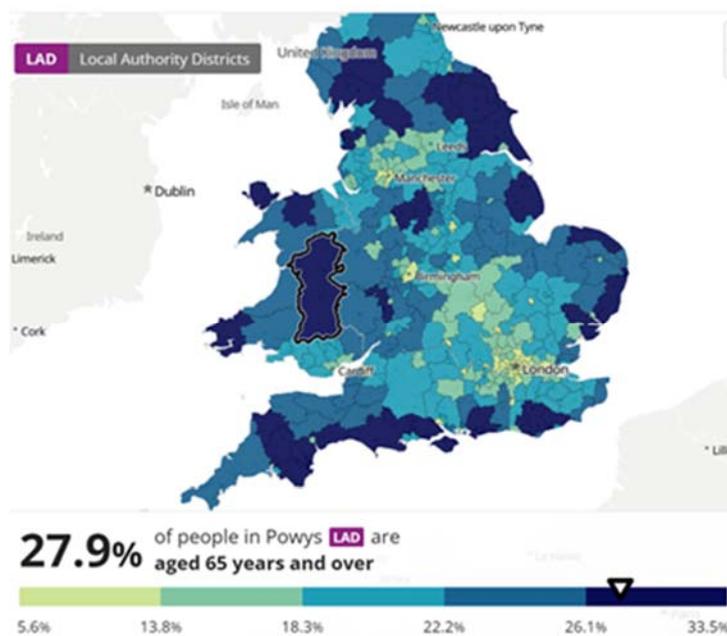
Accelerated Sustainable Model

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

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

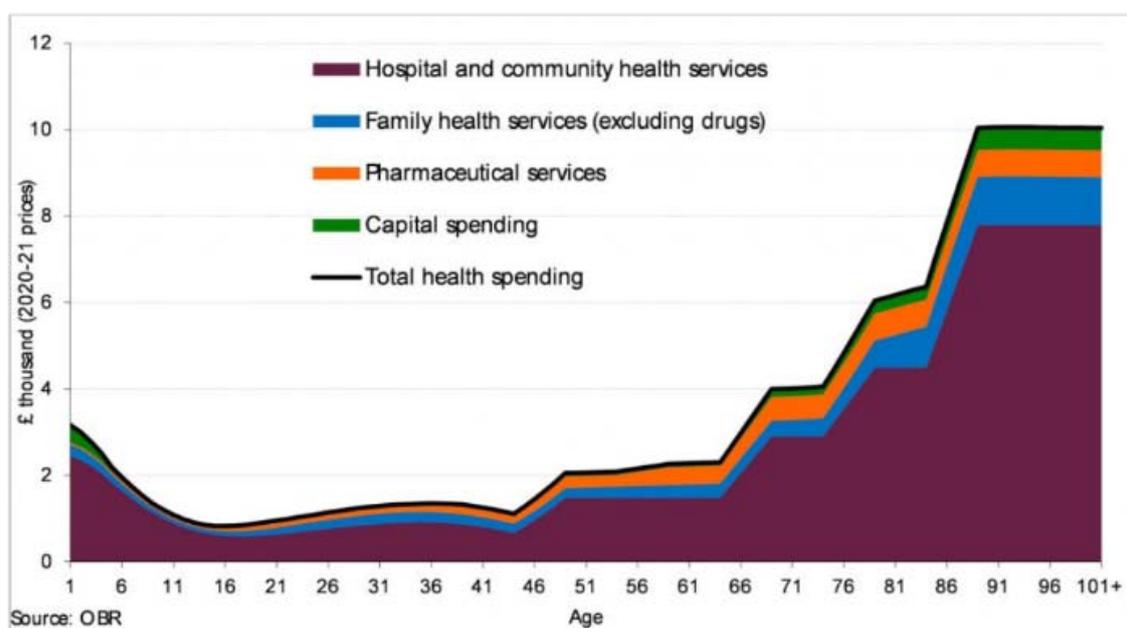
In summary the shared challenges are:

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



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



Source: OBR, Health spending per person

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

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

SUMMARY OF THE ISSUES TO BE SOLVED

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

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

OPPORTUNITIES and POTENTIAL SOLUTIONS

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

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

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

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

Key aspects of the emerging solution are summarised below:

KEY ASPECTS OF THE SOLUTION

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

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

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

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

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

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

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

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

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A Value Based Approach

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

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

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

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

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

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

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

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



Do What Matters



Do What Works



Be Prudent

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



The health board is building the value approach into its:

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

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

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

There will be learning from specific value-based projects in relation to Falls and mobile devices for community cardiology. Initial findings from the multiagency Falls work with care homes involving the Welsh Ambulance

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

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

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

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

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

Getting It Right First Time

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

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

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

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

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

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

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

Diagnosics

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

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

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

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

Emerging technologies and learning from innovation including responses during the pandemic

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North Powys Wellbeing Programme

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

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

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

THOSE WHO PROVIDE HEALTH AND CARE SERVICES IN POWYS WILL:

- LISTEN TO THE PEOPLE OF POWYS ABOUT THEIR HOPEs, FEARS AND OPINIONS ON HEALTH AND CARE SERVICES.
- PROVIDE CARE WHICH MEETS THE NEEDS OF THE INDIVIDUAL AND HELPS THEM MANAGE THEIR OWN CARE BUDGET.
- INFLUENCE HOUSING, EDUCATION, LEISURE AND IN-WORK POVERTY TO REDUCE HEALTH INEQUALITIES.
- HELP COMMUNITIES DEVELOP HUBS AND ACTIVITIES THAT ENCOURAGE CULTURAL WELLBEING, PHYSICAL ACTIVITY AND SOCIAL INTERACTION.
- MAKE THE MOST OF THE OPPORTUNITIES THAT DEVELOPMENTS IN TECHNOLOGY BRING TO IMPROVE COMMUNICATION, DELIVER NEW SERVICES AND PROVIDE SERVICES AT MORE CONVENIENT TIMES.
- ENCOURAGE PEOPLE TO DEVELOP A WELLNESS PLAN, BE AWARE OF THE IMPACT OF THEIR LIFESTYLE AND ACT WHEN THE TIME IS RIGHT.
- IMPROVE ACCESS TO SERVICES, PROVIDE BETTER SCREENING, EARLY DIAGNOSIS AND SUPPORT.
- WORK TO THE SUSTAINABLE DEVELOPMENT PRINCIPLE UNDER THE FUTURE GENERATIONS ACT'S FIVE WAYS OF WORKING TO DEVELOP SUSTAINABLE SERVICES AND PROMOTE THE WELSH LANGUAGE.
- DELIVER SERVICES AS CLOSE TO PEOPLE'S OWN HOMES AS POSSIBLE TO SAVE PEOPLE TIME AND MONEY AND REDUCE CARBON EMISSIONS. PEOPLE WILL ONLY NEED TO TRAVEL OUT OF COUNTY TO RECEIVE SPECIALIST CARE AND COMPLEX SERVICES WHICH WE CANNOT SAFELY PROVIDE THROUGH DIGITAL TECHNOLOGY OR CLOSER TO HOME.



A stylized illustration at the bottom of the graphic shows a group of diverse people in various colors (red, yellow, green, blue) standing together, representing a community. A speech bubble tail points from the text box above to the group.

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Powys Cluster Plans

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

National, Regional & Cross Border Programmes

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

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

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

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

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

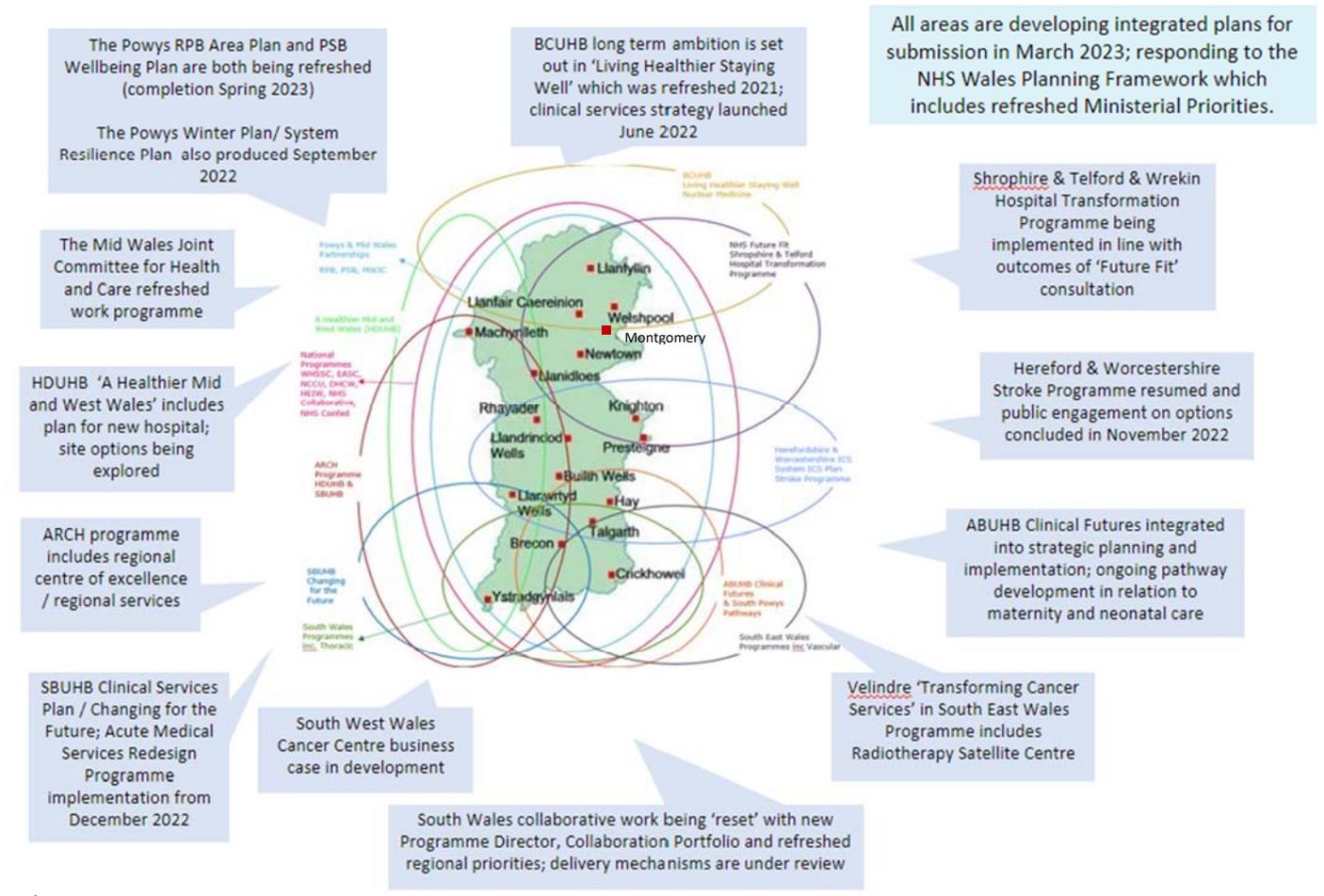
The health board is both well placed and well progressed on an integrated community model of care and well-rehearsed in aligning local opportunities with complex regional and national drivers.

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

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

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

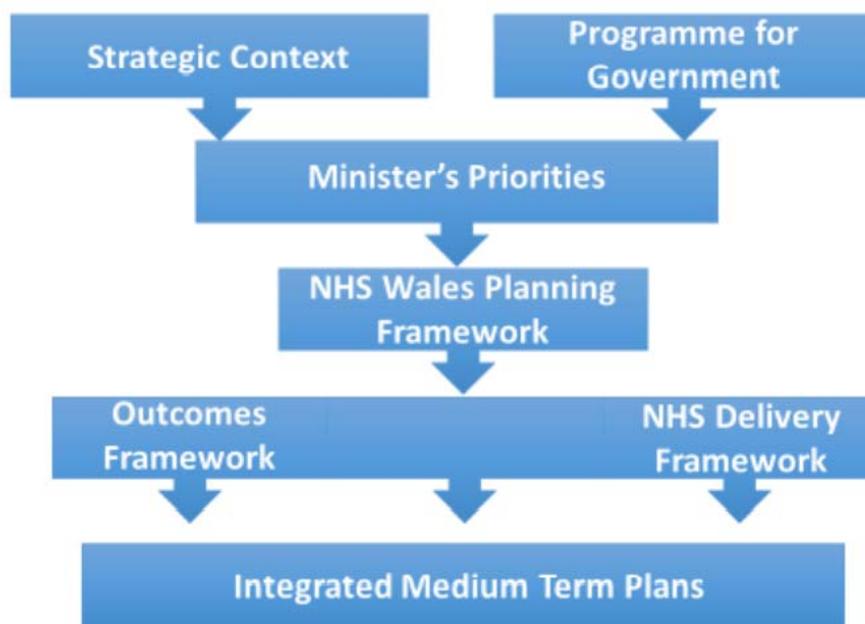
Overview – key areas of impact for Powys



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Performance Position

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



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

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

- Progress has been seen in many areas of performance, demonstrating the **efforts made to recover access**. However, **challenges** remain, with **inequity** caused by variation in the pace of recovery in services that are commissioned by the health board.
- Recovery of healthcare has been impacted by recent **system pressures** which are complex and compound. These include the recent peak in Covid-19, influenza and respiratory illness and multiple industrial actions.
- Patients are waiting significant times for **Urgent and Emergency** and December saw the worst ever Welsh ambulance performance, as delays across health and social care impacted on patient handovers, discharges and transfers of care.

Prevention is key in this context and PTHB achieved excellent uptake of 84% for **Covid Autumn Booster** with 61,500 boosters delivered (out of a total

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

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

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

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Quality and Engagement

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

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

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

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

Duty of Quality

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

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

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



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

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



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



Duty of Candour

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

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

Safeguarding

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

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

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

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

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

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

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

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

PTHB Implementation Plan

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

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

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

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

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

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DELIVERY OF THE PLAN

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Governance and Assurance

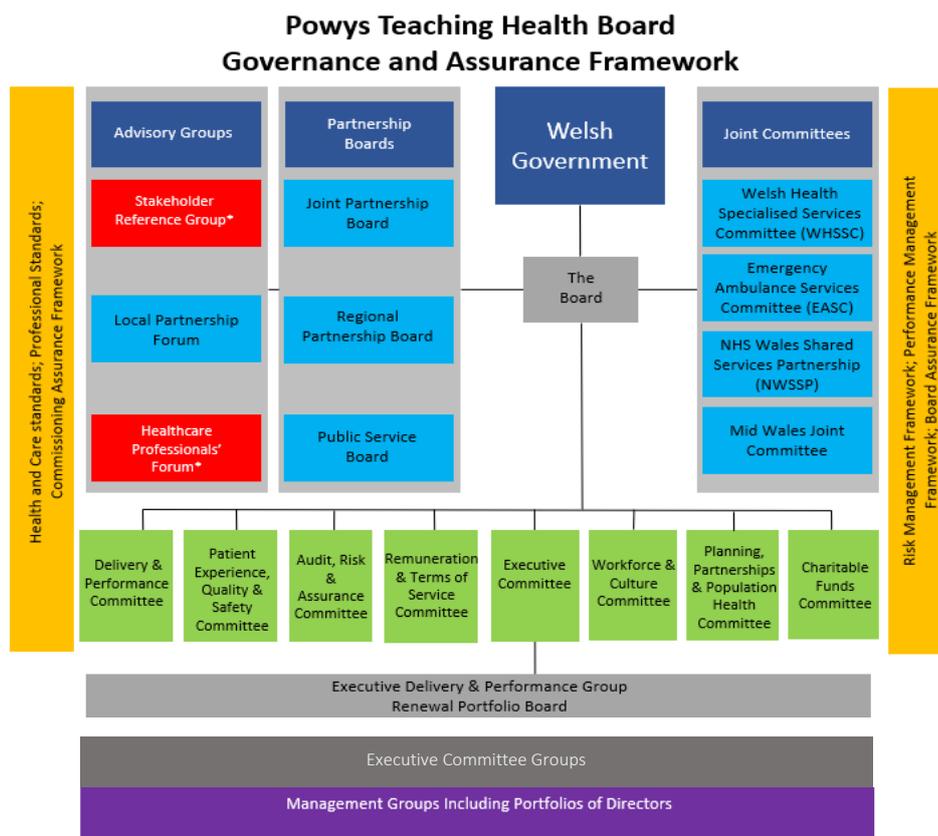
NHS Wales has faced great challenges in the past years as it adapted and responded to the public health emergency of the pandemic, and there remain challenges ahead.

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

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

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

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



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

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

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

Risk Management and Audit

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

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

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

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

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

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

• Implementation of the Risk Management Improvement Programme

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

Audit and Review

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

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

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

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

Financial Position and Plan

Approach

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

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

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

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

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

Context

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

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

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

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

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

Financial Plan for 2023/24

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Financial Risks and Assumptions

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

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

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

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

The key risks and assumptions are set out below:

- Delivery of the Plan in an environment of high demand and operational pressures – continued dynamic environment with considerable uncertainty that is hindering planning commitments at this time.
- Achievement of mitigating actions to achieve the savings target – concerted attention will be required in order to ensure delivery. Savings plans and further cost avoidance actions need to be in place as soon as possible. There will be clear lines of accountability in delivering identified high value opportunities.

Cost Pressures due to inflation and growth – there are a series of assumptions underpinning these assessed costs. It is identified as a key risk area to be managed.

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

Conclusion

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

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

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

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

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

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

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

Wellbeing Objectives:
 providing the bridge to the medium term and longer term ambition

In Year Strategic Priorities:
 (incorporating Ministerial Priorities)

Enabling Objectives supporting delivery of Strategic Priorities



FOCUS ON WELLBEING



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

Powys Outcomes

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

Strategic Priorities

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

Why is Focus on Wellbeing Important?

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

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

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

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

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

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

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

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

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

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

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

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

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

Strategic Priority: Population Health Improvement including Health inequalities

Key Areas of Delivery

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

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

Strategic Priority: Health Protection (including Vaccination)

Key Areas of Delivery

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

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

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EARLY HELP AND SUPPORT



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

Powys Outcomes

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

Strategic Priorities

- Primary Care
- Diagnostics
- Ambulatory Care
- Planned Care

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

Delayed Transfers of Care

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

Primary Care Access to Services

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

Planned Care, Diagnostics and Pathways of Care

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

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

Why is Early Help and Support important?

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

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

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

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

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

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

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

Strategic Priority: Primary Care

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

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

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

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

Key Areas of Delivery – Primary Care

Increased access to GP and Community Services

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

Improved use of Community Pharmacy

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

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

Improved use of optometry

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

Increased access to Dental

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

Strategic Priority: Diagnostics

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

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

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

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

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

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

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

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

Key Areas of Delivery

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

Access to additional regional diagnostics capacity

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

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Implementation of Transnasal Endoscopy

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

Implementation of next phase Community Cardiology

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

Implementation of Dermatology

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

Complete access to Rapid Diagnostic Clinics

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

Straight to Test Model

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

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

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

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

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

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

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

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

Strategic Priority: Ambulatory Care

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

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

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

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

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

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

Key Areas of Delivery

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

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

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

Strategic Priority: Planned Care

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



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

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

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

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

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

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

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

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

Key Areas of Delivery

Deliver improvements in line with GIRFT reviews

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

Deliver benefits of Outpatient Transformation

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

Access to additional regional planned care capacity

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

Improve Value in key specialties

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

Delivery of the Maternity Assurance and Safety Improvements

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

Delivery of the Women's and Sexual Health Improvement Plans

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

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

Implementation of Paediatric Remodel including Paediatric Therapies

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

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

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

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TACKLING THE BIG FOUR



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

Powys outcomes

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

Strategic Priorities

- Cancer
- Circulatory disease
- Respiratory
- Mental Health

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

Cancer Recovery

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

Mental Health and CAMHS

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

Why is Tackling the Big Four important?

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

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

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

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

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

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

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

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

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Strategic Priority: Cancer

The Welsh Government Quality Statement for Cancer seeks to ensure:

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



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

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

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

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

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

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

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

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

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

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

Key Areas of Delivery

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

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

Rapid Diagnostic Clinics

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

Delivery of Key Initiatives to improve access:

- Transnasal Endoscopy pilot
- Pilot the use of Cytosponge

Cancer tracking

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

Quality Statement and Pathways

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

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

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

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

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

Strategic Priority: Circulatory Disease

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

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

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

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

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

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

Key Areas of Delivery

Quality Statements and Pathways

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

Cardiac

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

Primary care

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

Stroke

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

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

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

Strategic Priority: Respiratory

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

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

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

The programme has strengthened respiratory diagnostics in Powys including new physiology capability. Appropriate parts of the adult sleep apnoea pathway are now diagnosed in-county and Fractional exhaled nitric oxide testing is in place. Spirometry has been redesigned, helping to ensure accurate diagnosis of patients with Chronic Obstructive Pulmonary Disease and referrals have been reshaped as a third were found not to be necessary.

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

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

Key Areas of Delivery

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

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

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

Strategic Priority: Mental Health

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

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

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

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

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

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

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

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

Key Areas of Delivery

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

Mental Health Service Transformation

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

Pathway design and development

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

CAMHS (Child and Adolescent Mental Health Services)

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

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

Powys Outcomes

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

Strategic Priorities

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

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

Delayed Transfers of Care

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

Urgent and Emergency Care

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

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

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

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

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Why is Joined Up Care important?

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

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

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

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

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

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

Strategic Priority: Frailty and Community Model

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

- Approximately 10% of people aged over 65, 30% of those over 85 and 60% of those aged over 90 are living with frailty.

In the UK, Wales has the highest proportion of centenarians.

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

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

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

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

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

Key Areas of Delivery

Design and Delivery of an Accelerated Sustainable Model

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

Improve key pathways and interventions

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

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

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

Strategic Priority: Urgent and Emergency Care

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



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

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

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

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

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

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

Key Areas of Delivery

Deliver alternatives to urgent and emergency care including

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

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

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

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

Strategic Priority: Specialised Care

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

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

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

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

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

Key Areas of Delivery

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

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

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

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

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WORKFORCE FUTURES



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

Powys Outcomes

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

Strategic Priorities

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

Why is Workforce Futures important?

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

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

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

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

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

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

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

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



PTHB Nursing Registrant Workforce Projections 2022-2032

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

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

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

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

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

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

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

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

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

Strategic Priority: Transformation and Sustainability of the Workforce

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Key Areas of Delivery

Workforce Planning

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

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

Recruitment Redesign

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

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

Variable Pay Reduction

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

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

Education and Role Development

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

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

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Strategic Priority: A Great Place to Work

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

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

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

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

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

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

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

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

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

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

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

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

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

Key Areas of Delivery

Temperature Checks and Analytics Capability

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

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

Leadership Development

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

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

Professional Development

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

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

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Employee Support

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

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

Strategic Priority: Employee Health and Wellbeing

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

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

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

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

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

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

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

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

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

Key Areas of Delivery

Gold Corporate Health Standard

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

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

Wellbeing Roadshows & Other Events

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

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

Occupational Health

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

Employee Assistance Programme (EAP)

- Increase usage of the EAP platform by 40%

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

Anti-Racist Action Plan

- Establish staff networks Q1 – 2

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

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

Mentoring

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

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

Strategic Priority: Joint Workforce Futures Programme

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

Key Areas of Delivery

Designing, Planning and Attracting the Workforce

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

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

Leading the Workforce

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

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

Engagement and Wellbeing

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

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

Education Training and Development

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

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

Partnership and Citizenship

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

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

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

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DIGITAL FIRST



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

Powys Outcomes

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

Strategic Priorities

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

Why is Digital First important?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Strategic Priority: Digital Strategic Framework

Key Areas of Delivery

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

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Strategic Priority: Implement clinical digital systems

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

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

Strategic Priority: Resilient, cyber secure infrastructure

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

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

Strategic Priority: Electronic Document Management and Digitisation

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

Strategic Priority: Modernise Data Architecture and Business Intelligence

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

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

Year 2 Indicative

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

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

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

Year 3 outline

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

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

Key 'end result' measures locally are:

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

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

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

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INNOVATIVE ENVIRONMENTS



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

Powys Outcomes

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

Strategic Priorities

- Capital and Estates Programme
- Environmental Management and Decarbonisation

Why is Innovative Environments important?

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

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

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

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

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

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

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

Strategic Priority: Capital and Estates Programme

Overview

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

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

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

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

Llandrindod Wells Rural Regional Centre

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

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

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

North Powys Wellbeing Programme Campus Development

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

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

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

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

Estates Funding

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

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

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

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

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

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

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

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

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

PTHB EFAB allocation 2023/24 and 2024/25:

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

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

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

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

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

Discretionary Capital

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

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

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

The annual programme includes:

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

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

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

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

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

Other Funding

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

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

Invest to Save (Revenue)

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

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

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

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

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

Key Areas of Delivery

Delivery of Major Capital Programme including

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

Delivery of Estates Strategy including

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

Implementation of 'Soft' Facilities Management including

- Cleaning Standards review by Q1

Strategic Priority: Environmental Management and Decarbonisation

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

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

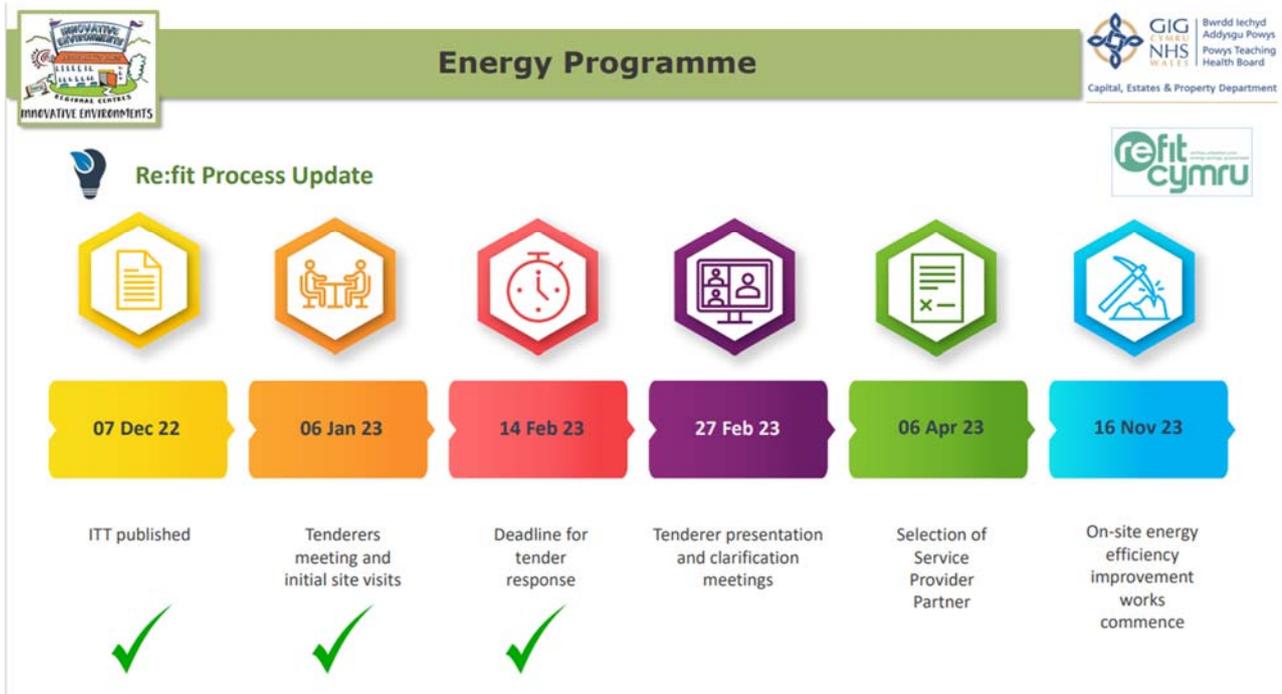
Environment and Sustainability is being promoted as a central theme throughout the organisation. 'Life cycle' principles, which consider environmental impacts of products and services, support the decision-making processes.

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

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

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

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



Key Areas of Delivery

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

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Energy efficiency improvements including

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

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

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

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TRANSFORMING IN PARTNERSHIP



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

Powys Outcomes

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

Strategic Priorities

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

Why is Transforming in Partnership important?

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

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

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

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

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

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

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



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

Regional Partnership Board Area Plan

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

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

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

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

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

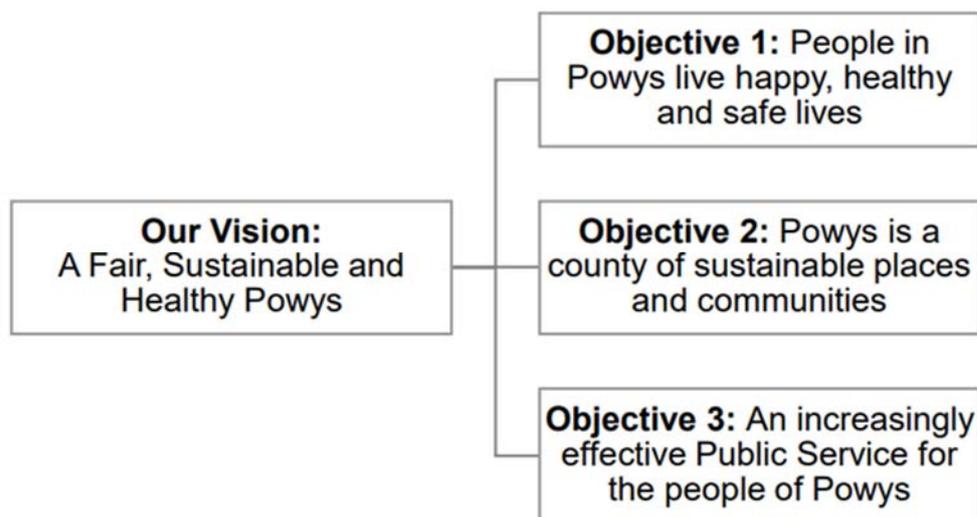
Public Services Board

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

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

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

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



Mid Wales Joint Committee

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

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

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

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

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

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

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

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

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

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

Strategic Priority: Governance

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

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

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

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

Key Areas of Delivery

Delivery of the Annual Programme of Governance and Corporate Business Plan

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

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

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

Years 2 and 3 Indicative and Outline

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

Strategic Priority: Engagement and Communication

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

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

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

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

Key Areas of Delivery

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

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

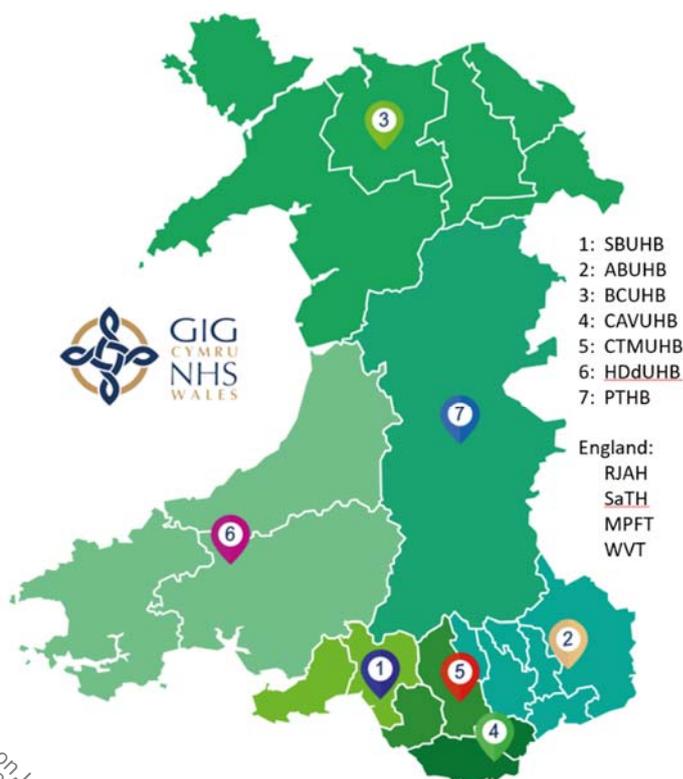
- Ensure effective engagement and communication to support Workforce Futures priorities for ensure a sustainable workforce in a great place to work that places employee health and wellbeing at its heart.

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

Strategic Priority: Strategic Commissioning, Performance and Planning

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

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



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

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

Key Areas of Delivery

Strategic Commissioning

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

Strategic and Corporate Planning

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

Integrated Performance

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

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

Year 2 Indicative

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

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

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

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

Year 3 Outline

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

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

Strategic Priority: Innovation and Improvement

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

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

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

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

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

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

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

Key Areas of Delivery

Innovation and Improvement

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

Strategic Equalities and Welsh Language

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

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

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

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

Key Areas of Delivery

Delivery of Strategic Equality Plan and Welsh Language Standards:

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

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Conclusion

What will this plan as a whole deliver?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Ministerial Measures 2023/24 – Delivery Confidence Assessment

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

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

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

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

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

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Ministerial Templates – Overview

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

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Powys Outcomes

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

Focus on Well-being

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

Provide Early Help and Support

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

Tackle the Big Four

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

Ensure Joined up Care

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

Develop Workforce Futures

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

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

Promote Innovative Environments

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

Digital First

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

Transforming in Partnership

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

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Useful Links

Powys and Mid Wales	
Powys Teaching Health Board	https://pthb.nhs.wales/
Powys Regional Partnership Board	https://www.powysrpb.org/
Powys Public Services Board Well-being Plan	https://en.powys.gov.uk/article/5789/Towards-2040---the-Powys-Well-being-Plan
Powys Wellbeing Assessment	https://en.powys.gov.uk/article/5794/Full-Well-being-assessment-analysis
Powys Population Needs Assessment	https://www.powysrpb.org/_files/ugd/33b29e_dfc4dcc31ac34f0cb5ac57fc8693438e.pdf
Powys Wellbeing Bank	https://en.powys.gov.uk/article/5800/Wellbeing-Information-Bank
Powys Community Health Council (CHC)	https://powyschc.nhs.wales/
Powys County Council	http://www.powys.gov.uk/
Powys Association of Voluntary Organisations (PAVO)	http://www.pavo.org.uk/home.html
Mid Wales Joint Committee	https://mwjc.nhs.wales/
All Wales	
Rural Health and Care Wales	https://ruralhealthandcare.wales
Welsh Ambulance Services NHS Trust	https://ambulance.nhs.wales/
Welsh Health Specialised Services Committee	http://www.whssc.wales.nhs.uk/home
Emergency Ambulance Services Committee	https://easc.nhs.wales/
Welsh Government	https://gov.wales/
Health Education and Improvement Wales	https://heiw.nhs.wales/
Public Health Wales	https://phw.nhs.wales/
Digital Health and Care Wales	https://dhcw.nhs.wales/
NHS Wales Shared Services Partnership (NWSSP)	https://nwssp.nhs.wales/
England	
NHS England / Improvement	https://www.england.nhs.uk/

Appendix: Ministerial Templates

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Contents – Ministerial Templates

1	Delayed transfers of care	Regular monthly reporting of 'Pathways of Care' (DTCOC) to be introduced for 2023-24 and reduction in backlog of delayed transfers through early joint discharge planning and coordination
2	Primary care access to services	Improved access to GP and Community Services
3		Increased access to dental services
4		Improved use of community pharmacy
5		Improved use of optometry services
6	Urgent & Emergency care	Implementation of a 24/7 urgent care service, accessible via NHS 111 Wales to support improved access and GMS sustainability
7		Implementation of Same Day Emergency Care services that complies with the following:
8		Health boards must honour commitments that have been made to reduce handover waits
9	Planned Care, Recovery, Diagnostics and Pathways of Care	52 weeks Outpatient Assessment and 104 weeks treatment recovery milestones to be achieved by 30 June 2023 and maintained throughout 2023/24 moving to 36 weeks RTT standards by March 2024
10		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
11		Implement regional diagnostic hubs, to reduce secondary care waiting times and meet waiting time ambition in spring 2024
12		Implement pathway redesign – adopting 'straight to test model' and onward referral as necessary
13	Cancer recovery	Reduction in backlog of patients waiting over 62 days to enable delivery of 75% of patients starting their first definitive cancer treatment 62 days from point of suspicion.
		Number of patients waiting more than 62 days for their first definitive cancer treatment from point of suspicion (regardless of the referral route)
		Percentage of patients starting their first definitive treatment within 62 days from point of suspicion (regardless of the referral route)
14		Implement the agreed national cancer pathways within the national target – demonstrating annual improvement toward achieving target by March 2026
15	Mental health and CAMHS	Recover waiting time performance to performance framework standards for all age LPMHSS assessment and intervention and Specialist CAMHS.
16		Implement 111 press 2 on a 24/7 basis for urgent mental health issue

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1 Delayed transfers of care

	Priority area(s)
Key focus should be on delivering	Regular monthly reporting of 'Pathways of Care' (DTC) to be introduced for 2023-24 and reduction in backlog of delayed transfers through early joint discharge planning and coordination
Baseline	<p>The baseline as of April 2023 that the Health Board will be working from will be the closing position at the end of March 23. Baselines will include DTC, repatriation and medically fit for discharge (MFFD) delays for in county and out of county. Target reductions will be set alongside an improvement in average length of stay for community hospitals. The Health Board will also undertake demand and capacity planning for community services and in conjunction with Powys County Council, a similar exercise for Adult Social Care provision.</p> <p>A baseline assessment in the universal usage of Trusted Assessor model will also be undertaken as part of a wider piece of work to improve the discharge planning process (including assessments)</p>
Quarter 1:	
- Milestones	Deployment of Rapid Action Escalation Plan
- Actions	<ul style="list-style-type: none"> - Roll out of Trusted Assessor Model - Embed improved whole system approach to DTC - Roll out Integrated Brokerage Process model - Patient level pathway assignment and tracking - Rehabilitation and reablement bridging team - Expansion of home first community rehabilitation - Scoping of in-house domiciliary provision - Unscheduled care dashboard to drive improvement in bed utilisation and capacity review/allocation - Red to green days and SAFER to be embedded into daily practice and audit - Delivery of acute primary care projects – review
Quarter 2:	
- Milestones	Role out Integrated Brokerage Process model
- Actions	<ul style="list-style-type: none"> - Recruit and train DLO's - Role out Integrated Brokerage Process model - Patient level pathway assignment and tracking - Rehabilitation and Reablement bridging team - Red to green days and SAFER to be embedded into daily practice and audit – refine processes
Quarter 3:	
- Milestones	Update Winter & System Resilience plan for 23/24 period Expand D2RA process
- Actions	<ul style="list-style-type: none"> - Red to green days and SAFER to be embedded into daily practice and audit – refine processes - Delivery of acute primary care projects – transition to cyclical delivery
Quarter 4:	
- Milestones	
- Actions	<ul style="list-style-type: none"> - Red to green days and SAFER to be embedded into daily practice and audit – refine processes

	Priority area(s)
Risks	System financial position, demand exceeding capacity, staffing shortfalls particularly in Adult Social Care and the sector at large
Outcomes	Due to system pressures and complexity PTHB is assessing the overall outcome in relation to delayed transfers as an area of lower confidence.
Alignment with workforce plans	Yes – Alignment via MDS
Alignment with Financial plans	Yes – Alignment via MDS
OPTIONAL	
Digital / Technology Opportunities	N/A

2 Primary care access to services – Improved access to GP and Community Services

	Priority area(s)
Key focus should be on delivering	Improved access to GP and Community Services
Baseline	<p>100% of Practices achieved Phase 1 level of the National Access Standards, and moved into Phase 2 at Q3. Practices are on track to achieve Phase 2 by the end of Q4 2022/23.</p> <p>Additional capacity funding for GMS refreshes as at 1st April 2024 and is available for practices throughout 2023/24.</p> <p>Quality Improvement Activity Data Project completed in year.</p>
Quarter 1:	
- Milestones	Agree and implement GMS Sustainability Model plan for 2023/24
- Actions	<ul style="list-style-type: none"> - Collate & reconcile 2022/23 access data, analyse trends, successes & lessons learnt - Implement New to GP Nursing Programme into 3 practices (1 per Collaborative Footprint). Identify potential for support for further tranche in Sept 2023. - Support GMS Practice recruitment via Practice in Powys website - Ongoing review of 2023/24 Phase 1 and Phase 2 Access Standards achievement - Support GMS Quality Improvement Data Activity Project for 2023/24 & analysis of 2022/23 Peer Review Access Reflective Report.
Quarter 2:	
- Milestones	Agree and implement GMS Sustainability Model plan for 2023/24
- Actions	<ul style="list-style-type: none"> - Support practices to identify seasonal demand & alterations to the GMS Sustainability Model plan

	<ul style="list-style-type: none"> - Support Collaboratives to identify cross-collaborative opportunities via Accelerated Cluster Development Programme and enhanced MDT working - Gap Analysis & support via Primary and Community Care Academy (special interest development, determine Collaborative mentorship potential, education, training & development) - Consider/implement support for further New to GP Nursing Programmes dependent on Q1 analysis. - Ongoing review of 2023/24 Phase 1 and Phase 2 Access Standards achievement - Complete Peer Review Reflective Report feedback to practices to include cross Cluster/Collaboration trends and analysis. - Continue to support 2023/24 QI data activity project
Quarter 3:	
- Milestones	Agree and implement GMS Sustainability Model plan for 2023/24
- Actions	<ul style="list-style-type: none"> - Monitor & begin analysis of Access data - Monitor & begin analysis of Additional Capacity/additional appointment funding - Collate feedback from practices - Collate successes & lessons learnt - Ongoing review of 2023/24 Phase 1 and Phase 2 Access Standards achievement - Support QI Data Activity Project feedback via Collaborative footprints
Quarter4:	
- Milestones	Agree and implement GMS Sustainability Model plan for 2023/24
- Actions	<ul style="list-style-type: none"> - Conclude analysis of Access data – Phase 1 & Phase 2 - Conclude analysis of Additional Capacity/additional appointment funding - Analyse feedback from practices, successes & lessons learnt. - Compile outcome report and recommendations for 24/25. - QI Data Activity Project concludes – data to be available Q1 2024/25 for analysis and feedback cross-Cluster
Risks	<ul style="list-style-type: none"> - Workforce capacity - System pressures including seasonal/surge pressures
Outcomes	Delivery contract and commitment to GP and community services resulting in improved access to GP and Community Services
Alignment with workforce plans	Yes – refer to MDS, refer to plan, refer to cluster plans
Alignment with Financial plans	Yes – refer to MDS, refer to plan, refer to cluster plans
OPTIONAL	
Digital Technology Opportunities	Strategic review of community services digital solutions

3) Primary care access to services – Increased Access to Dental Services

	Priority area(s)
Key focus should be on delivering	Increased access to dental services
Baseline	Significant progress made with new contracts coming on stream in 2023/24 and professional and role development. Contract reform and associated workforce remains a key priority.
Quarter 1:	
- Milestones	Achievement of increased access in dental services
- Actions	<ul style="list-style-type: none"> Commence transfer of waiting list patients to salaried General Dental Practitioner (GDP) Implementation of new Llandrindod Wells contract Maintain urgent access in general and community dental service
Quarter 2:	
- Milestones	Achievement of increased access in dental services
- Actions	<ul style="list-style-type: none"> Transfer of waiting list patients to salaried General Dental Practitioner (GDP) General and community dental service to achieve balance of capacity over the year Implementation of new Llandrindod Wells contract Maintain urgent access in general and community dental service
Quarter 3:	
- Milestones	Achievement of increased access in dental services
- Actions	<ul style="list-style-type: none"> Transfer of waiting list patients to salaried General Dental Practitioner (GDP) Rural enhancement offer for Foundation Dentists South Powys Cluster dental provider fully operational Implementation of new Llandrindod Wells contract Maintain urgent access in general and community dental service
Quarter 4:	
- Milestones	Achievement of increased access in dental services
- Actions	<ul style="list-style-type: none"> Full operational capacity at Llandrindod Wells up to contract value Transfer 200 waiting list patients per quarter to salaried General Dental Practitioner (GDP) Transfer of waiting list patients to salaried General Dental Practitioner (GDP) Recruit additional dental officer for sedation Recruit dental therapist in Mid Powys Cluster Rescoped mobile dental services operational in areas with limited or no access

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Risks	Workforce capacity competency and training Complexity of pathways and interfaces for Powys residents
Outcomes	Delivery of contract and commitment to dental services resulting in increased use of dental services
Alignment with workforce plans	Aligned via MDS
Alignment with Financial plans	Aligned via MDS
OPTIONAL	
Digital / Technology Opportunities	N/A

4 Primary Care Access to Services – Improved use of community pharmacy

	Priority area(s)
Key focus should be on delivering	Improved use of community pharmacy
Baseline	<p><i>The baseline as of April 2023</i></p> <ul style="list-style-type: none"> - There are 23 community pharmacies located within the geography of Powys, 8 in the north, 7 in the mid and 8 in the south. <ul style="list-style-type: none"> o With the exception of the pharmacy is Llanwrtyd Wells (which has reduced opening hours), pharmacies typically open from 09:00 to 17:30, Monday – Friday. o 21 of our 23 pharmacies open on Saturdays, 12 of which cover the hours of 09:00 to 17:00. o Morrisons (Newtown) opens from 10:00 to 16:00 on Sundays. - All Pharmacies have successfully migrated to the new pharmacy contract and all have committed to the Clinical Community Pharmacy Service (CCPS). - There are four pharmacies with active independent prescribers in place. - There is currently only one Community Pharmacy Collaborative Lead (CPCL). - The health board ensures that information is available to the public on community pharmacy services from the health board's website: https://pthb.nhs.wales/services/pharmacy-and-medicines-management/public/community-pharmacypharmaceutical-services/
Quarter 1:	
- Milestones	Delivery of new contract and commitment to community pharmacy service
- Actions	<ul style="list-style-type: none"> - Identify CPCLs for the mid and south clusters - Promote the services available through community pharmacy - Ensure consistent access to services across Powys

	<ul style="list-style-type: none"> - Monitor provision of Clinical Community Pharmacy Service (CCPS) at contractor level and share with contractors - Evaluate use of rota services and consider alternative commissioning options to improve access. - Reinstate face to face contract monitoring visits.
Quarter 2:	
- Milestones	- Delivery of new contract and commitment to community pharmacy service
- Actions	<ul style="list-style-type: none"> - Continue to promote community pharmacy services - Implement appropriate 56 day prescribing across the health board (this will release community pharmacy time to focus on clinical services rather than dispensing). - Ensure that CCPS services are actively being provided by all contractors and that funding is being used appropriately (e.g. emergency medicines service is being provided in line with the service specification) - Encourage more community pharmacies to train as non-medical prescribers - Continue contract monitoring visits
Quarter 3:	
- Milestones	- Delivery of new contract and commitment to community pharmacy service
- Actions	<ul style="list-style-type: none"> - Continue to promote community pharmacy services - Monitor the implementation of 56-day prescribing. - Continue contract monitoring visits - Explore opportunities to commission new community pharmacy services that will increase the use of the clinical skills offered by pharmacy professionals.
Quarter4:	
- Milestones	- Delivery of new contract and commitment to community pharmacy service
- Actions	<ul style="list-style-type: none"> - Continue to promote community pharmacy services - Continue contract monitoring visits - Write business case/s for new pharmacy services
Risks	<ul style="list-style-type: none"> - Implementation of 56-day prescribing is a significant challenge in Powys as 38% of our registered population access their medicines from GP practice dispensaries rather than community pharmacy. No other health board faces a challenge of this scale. - Workforce challenges and associated costs. - Financial challenges. The ability of the health board to ensure consistent access to pharmacy services may be restricted by the allocated budget. The health board is actively managing the community pharmacy contract funding to ensure that it is used appropriately and to the maximum benefit of the population, but in the absence of access to external funding, there is a risk that it may not be affordable to commission all pharmacies to provide

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	identical service. It is also accepted that it is not necessarily appropriate to provide all services from all pharmacies.
Outcomes	Delivery of new contract and commitment to community pharmacy service resulting in improved use of community pharmacy.
Alignment with workforce plans	Yes - Aligned via MDS
Alignment with Financial plans	Yes - Aligned via MDS
OPTIONAL	
Digital / Technology Opportunities	Strategic review of community services digital solutions Medicines administration (EPMA) project

5 Primary Care Access to Services – Improved use of optometry services

	Priority area(s)
Key focus should be on delivering	Improved use of optometry services
Baseline	<p>Optometry services are provided in 16 optometry practices across Powys. All practices provide GOS and EHEW services, LVSW is provided in 12 practices.</p> <p>There are 6 practices in the North Powys Cluster area, 4 in the Mid Powys Cluster area and 6 in the South Powys Cluster area.</p> <p>An Independent Prescribing Optometry Service (IPOS) is provided by three optometrists in three practices, all in South Powys Cluster area. Training is ongoing for practitioners to provide IPOS in other areas.</p> <p>The Optometry Professional Collaborative Group has been established for Powys, Cluster area leads have been selected, and optometry contributes to cluster discussions.</p> <p>Funding has been agreed to provide a pre-registration optometrist position, working between primary and secondary care in the Mid Powys Cluster area.</p>
Quarter 1:	
- Milestones	Delivery of new optometric contract and pathways
- Actions	<ul style="list-style-type: none"> - IPOS pathway launched as part of contract reform - Appoint pre-registration optometrist to Mid Cluster role - Establish systematic tracking of access in relation to IPOS hours of operation. - Implement inter practice referral for urgent cases that can be managed in IPOS
Quarter 2:	

- Milestones	Delivery of new optometric contract and pathways
- Actions	<ul style="list-style-type: none"> - One optometrist based in North Cluster qualifies a prescriber - Mid Cluster pre-registration post begins - Implement medical retina referral refinement process as part of contract reform. Data capture in primary care with virtual review. - Implement inter practice referral for IPOS in the area around the newly qualified prescriber.
Quarter 3:	
- Milestones	Delivery of new optometric contract and pathways
- Actions	<ul style="list-style-type: none"> - Legislative change associated with contract reform - Glaucoma referral refinement launched as part of contract reform - Data capture in primary care with virtual review.
Quarter4:	
- Milestones	Delivery of new optometric contract and pathways
- Actions	<ul style="list-style-type: none"> - Second optometrist based in North Cluster qualifies as a prescriber - Implement inter practice referral for IPOS in the area around the newly qualified prescriber - School vision and eye care access improvements
Risks	<ul style="list-style-type: none"> • Delay to pathways launched as part of contract reform • Workforce capacity, competencies and training • Complexity of secondary care interfaces • Digital dependencies
Outcomes	<ul style="list-style-type: none"> • Delivery of new contract and commitment resulting in improved use of optometry services
Alignment with workforce plans	Yes – aligned via MDS
Alignment with Financial plans	Yes – aligned via MDS
OPTIONAL	
Digital / Technology Opportunities	Digital tools - Electronic Patient Record / OpenEyes / OpenERS

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6 Urgent and Emergency Care – 24/7 Urgent Care Service

	Priority area(s)
Key focus should be on delivering	Implementation of a 24/7 urgent care service, accessible via NHS 111 Wales to support improved access and GMS sustainability
Baseline	<p>Powys Teaching Health Board does not run acute consultant led 24/7 urgent care services. These are provided on our behalf by commissioned providers across Wales and England.</p> <p>The Health Board does provide the following non-consultant led urgent care services:-</p> <ol style="list-style-type: none"> 1. Minor Injury Units at Brecon, Llandrindod Wells, Welshpool and Ystradgynlais. The MIU at Brecon offers a 24/7 service. 2. Freestanding midwife-led birth centres within our community hospitals in Welshpool, Newtown, Llanidloes, Llandrindod Wells, Knighton and Brecon all of which allow access 24/7 <p>The Health Board plans to review and expand our range of non-acute 24/7 urgent care services via our Accelerated Sustainability Model (ASM) process.</p>
Quarter 1:	PTHB does not run acute consultant led 24/7 urgent care services – therefore our response references the work the health board is taking forward in relation to community based urgent care – and it is therefore the same for each quarter below:
- Milestones	Expanding Community based Urgent Care through the Accelerated Sustainable Model (ASM) work.
- Actions	To be determined as part of delivery stage of ASM – refer to Integrated Plan for further detail
Quarter 2:	
- Milestones	Continued Expanding Community based Urgent Care through the Accelerated Sustainable Model (ASM) work.
- Actions	As per Q1 To be determined as part of delivery stage of ASM – refer to Integrated Plan for further detail
Quarter 3:	
- Milestones	Continued Expanding Community based Urgent Care through the Accelerated Sustainable Model (ASM) work.
- Actions	As per Q1 To be determined as part of delivery stage of ASM – refer to Integrated Plan for further detail
Quarter 4:	
- Milestones	Continued Expanding Community based Urgent Care through the Accelerated Sustainable Model (ASM) work.
- Actions	As per Q1 To be determined as part of delivery stage of ASM – refer to Integrated Plan for further detail

Risks	There are complex interdependencies across England and Wales, progress will be subject to the pace of recovery and delivery of multiple health care systems and providers.
Outcomes	The improvement trajectory for this measure is not applicable to PTHB as a provider. In relation to commissioned services there are multiple positions which will be reported on the providers plans.
Alignment with workforce plans	Yes - Aligned via MDS
Alignment with Financial plans	Yes - Aligned via MDS
OPTIONAL	
Digital / Technology Opportunities	N/A

7 Urgent and Emergency Care – Same Day Emergency Care (SDEC)

	Priority area(s)
Key focus should be on delivering	Implementation of Same Day Emergency Care (SDEC) services
Baseline	<p>The Health Board does not operate any acute based SDEC schemes. From a commissioned perspective the status of SDEC's operable at the acute site our patients access is variable ranging from fully developed operating 24/7 to in development status.</p> <p>The Health board intends to offer alternatives to admission under the broad heading of SDEC. Refer to the integrated plan</p>
Quarter 1:	PTHB does not run acute consultant led SDEC services – PTHB has a wider system role which is detailed in the Integrated Plan
- Milestones	
- Actions	
Quarter 2:	
- Milestones	
- Actions	
Quarter 3:	
- Milestones	
- Actions	
Quarter4:	
- Milestones	
- Actions	
Risks	Same Day Emergency Care counting, coding and charging of activity may lead to an increase in commissioned costs if activity is charged as

	an initial A&E attendance and subsequent short stay admission in SDEC.
Outcomes	The improvement trajectory for this measure is not applicable to PTHB as a provider. In relation to commissioned services, there are multiple positions which will be reported in the providers plans.
Alignment with workforce plans	Yes - Aligned via MDS
Alignment with Financial plans	Yes - Aligned via MDS
OPTIONAL	
Digital / Technology Opportunities	N/A

8 Urgent & Emergency care – Handover Waits

	Priority area(s)
Key focus should be on delivering	Health boards must honour commitments that have been made to reduce handover waits
Baseline	<p>The Health Board does not operate any Type 1 A&E services where ambulance handover waits can occur.</p> <p>The Health Board does operate MIU service and there are no delays experienced with ambulance handovers if a patient has been conveyed to an MIU (rarity)</p> <p>The health board does have a wider role to play: to reduce emergency admissions where possible and treat patients in a community / home setting where clinically safe and appropriate to do so.</p> <p>The health board has a role to play to ensure that out of county repatriation request for any onward rehabilitation services provided in Powys are agreed and transacted swiftly. This will ensure that repatriation delays are kept to a minimum.</p>
Quarter 1:	Not applicable to PTHB as a provider however the health board does have a system role, refer to the integrated plan for details
- Milestones	
- Actions	
Quarter 2:	
- Milestones	
- Actions	
Quarter 3:	
- Milestones	
- Actions	
Quarter4:	

- Milestones	
- Actions	
Risks	PTHB does not provided type 1 A&E services but there are complex interdependencies (refer to Integrated Plan)
Outcomes	The improvement trajectory is only applicable to MIU units in PTHB and we expect to meet this trajectory
Alignment with workforce plans	Yes - Aligned via MDS
Alignment with Financial plans	Yes - Aligned via MDS
OPTIONAL	
Digital / Technology Opportunities	N/A

9 Planned Care, Recovery, Diagnostics and Pathways of Care – see key focus

Key focus should be on delivering	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
Baseline	<p>The baseline for April 2023 will be the forecast outturn for the current financial year, amended for underlying growth, referral rates, further RTT recovery and any repatriation / service change planned.</p> <p>There are challenges across directly provided and commissioned services however progress has been made in relation to PTHB services and in the latter stages of 2022/23 PTHB Provider services have been compliant with the 104 weeks treatment recovery and 52 weeks Outpatients access standards outlined in this Ministerial Priority. PTHB is not currently achieving an improvement trajectory for 36 weeks however it is ranked 1st across health board performance.</p> <p>The position for commissioned providers is more complex, with variation between NHS Wales providers and those in England. This will be reported in detail each of the providers plans and templates.</p>
Quarter 1:	
- Milestones	Delivery of Planned Care Strategic Priority (see Integrated Plan)
- Actions	<ul style="list-style-type: none"> - Deliver improvements in line with GIRFT reviews including theatre efficiencies plan Q1 – Q4 - Implement GIRFT recommendations for orthopaedics, general surgery and gynaecology including repatriation of low complexity day cases (further implementation will include urology and ophthalmology) Q1 – Q4 - Insourcing capacity extended to Q3

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	<ul style="list-style-type: none"> - Outpatient transformation – appointment of Planned Care Clinical Director Q1-Q2 - implement agreed plan (virtual appointments, access to advice and guidance, modernisation of follow ups including See on Symptoms) Q1 – 4 - Access to additional regional Planned Care capacity to be scoped Q1
Quarter 2:	
- Milestones	Delivery of Planned Care Strategic Priority (see Integrated Plan)
- Actions	<ul style="list-style-type: none"> - Deliver improvements in line with GIRFT reviews including theatre efficiencies plan Q1 – Q4 - Implement GIRFT recommendations for orthopaedics, general surgery and gynaecology including repatriation of low complexity day cases (further implementation will include urology and ophthalmology) Q1 – Q4 - Insourcing capacity extended to Q3 - Outpatient transformation – appointment of Planned Care Clinical Director Q1-Q2 - implement agreed plan (virtual appointments, access to advice and guidance, modernisation of follow ups including See on Symptoms) Q1 – 4 - Demand and capacity analysis including Non Emergency Patient Transport
Quarter 3:	
- Milestones	Delivery of Planned Care Strategic Priority (see Integrated Plan)
- Actions	<ul style="list-style-type: none"> - Deliver improvements in line with GIRFT reviews including theatre efficiencies plan Q1 – Q4 - Implement GIRFT recommendations for orthopaedics, general surgery and gynaecology including repatriation of low complexity day cases (further implementation will include urology and ophthalmology) Q1 – Q4 - Insourcing capacity extended to Q3 - Outpatient transformation – appointment of Planned Care Clinical Director Q1-Q2 - implement agreed plan (virtual appointments, access to advice and guidance, modernisation of follow ups including See on Symptoms) Q1 – 4 - Adjust In-Year agreements where solutions can be expedited - Issue Commissioning Intentions
Quarter4:	
- Milestones	Delivery of Planned Care Strategic Priority (see Integrated Plan)
- Actions	<ul style="list-style-type: none"> - Deliver improvements in line with GIRFT reviews including theatre efficiencies plan Q1 – Q4 - Implement GIRFT recommendations for orthopaedics, general surgery and gynaecology including repatriation of low complexity day cases (further implementation will include urology and ophthalmology) Q1 – Q4 - Insourcing capacity extended to Q3

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	<ul style="list-style-type: none"> - Outpatient transformation – appointment of Planned Care Clinical Director Q1-Q2 - implement agreed plan (virtual appointments, access to advice and guidance, modernisation of follow ups including See on Symptoms) Q1 – 4 - Agree Long Term Agreements (LTAs)
Risks	<p>Complex interdependencies in relation to healthcare for Powys residents, with multiple Planned Care providers across NHS Wales and England - progress will be subject to the pace of delivery and recovery (detailed in each providers own plan).</p> <p>There are potential service fragilities in relation to these multiple providers including those for in reach capacity.</p>
Outcomes	<p>As a direct provider, achieve the ambitions set out by Welsh Government for these measures. This will include maintaining compliance for the 104 weeks treatment recovery measure and 52 Weeks Outpatient measure. For 36 weeks, it is predicted that PTHB will meet the ambition set out by March 2024.</p> <p>In relation to commissioned services, there are multiple positions which will be reported in the providers plans.</p>
Alignment with workforce plans	Yes – Aligned via MDS
Alignment with Financial plans	Yes – Aligned via MDS
OPTIONAL	
Digital / Technology Opportunities	<p>Digitisation of pathways – Pathways Alliance and GIRFT Pathways adoption</p> <p>Continued use of non-face to face technology including Attend Anywhere.</p> <p>Use of text reminder service to further reduce DNA rates</p> <p>Signposting to the variety digital information platforms including My Planned Care, the Health Board’s ‘Keeping Well Whilst You Wait’ and other NHS Wales initiatives.</p>

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10 Planned Care, Recovery, Diagnostics and Pathways of Care – see Key focus

Key focus should be on delivering	<p>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</p> <p>(This must include transforming outpatients follow up care, reducing follow up by 25% against 2019/20 levels by October 2023 and repurposing that capacity)</p>
Baseline	<p>The baseline for April 2023 will be the forecast outturn for the current financial year, amended for underlying growth, referral rates, further RTT recovery and any repatriation / service change planned.</p> <p>There are challenges across directly provided and commissioned services however progress has been made in relation to PTHB services and in the latter stages of 2022/23 PTHB Provider services have been compliant with the 104 weeks treatment recovery and 52 weeks Outpatients access standards outlined in this Ministerial Priority. PTHB is not currently achieving an improvement trajectory for 36 weeks however it is ranked 1st across health board performance.</p> <p>The position for commissioned providers is more complex, with variation between NHS Wales providers and those in England. This will be reported in detail each of the providers plans and templates.</p>
Quarter 1:	
- Milestones	<p>Cross Reference to Ministerial Template 9 - Delivery of Planned Care Strategic Priority (see Integrated Plan)</p>
- Actions	<p>As per Ministerial Template in relation to the Treatment and Outpatient Access measures, capacity gaps will be part of the PTHB Planned Care Strategic Priority (covering theatre efficiencies, GIRFT recommendations, insourcing capacity, outpatient transformation, modernisation of follow ups and access to regional capacity)</p> <p>In addition, improve Value in key specialties with a focus on</p> <ul style="list-style-type: none"> • Wet AMD and cataracts – improvement action plan Q 1 – 2 • Musculoskeletal – action plan Q1 - 4
Quarter 2:	
- Milestones	<p>Cross Reference to Ministerial Template 9 - Delivery of Planned Care Strategic Priority (see Integrated Plan)</p>
- Actions	<p>As per Ministerial Template in relation to the Treatment and Outpatient Access measures, capacity gaps will be part of the PTHB Planned Care Strategic Priority (covering theatre efficiencies, GIRFT recommendations, insourcing capacity, outpatient transformation, modernisation of follow ups and access to regional capacity)</p> <p>In addition, improve Value in key specialties with a focus on</p> <ul style="list-style-type: none"> • Wet AMD and cataracts – improvement action plan Q 1 – 2 • Musculoskeletal – action plan Q1 - 4

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Quarter 3:	
- Milestones	Cross Reference to Ministerial Template 9 - Delivery of Planned Care Strategic Priority (see Integrated Plan)
- Actions	<p>As per Ministerial Template in relation to the Treatment and Outpatient Access measures, capacity gaps will be part of the PTHB Planned Care Strategic Priority (covering theatre efficiencies, GIRFT recommendations, insourcing capacity, outpatient transformation, modernisation of follow ups and access to regional capacity)</p> <p>In addition, improve Value in key specialties with a focus on</p> <ul style="list-style-type: none"> • Wet AMD and cataracts – commissioning intentions Q3 • Musculoskeletal – action plan Q1 - 4
Quarter4:	
- Milestones	Cross Reference to Ministerial Template 9 - Delivery of Planned Care Strategic Priority (see Integrated Plan)
- Actions	<p>As per Ministerial Template in relation to the Treatment and Outpatient Access measures, capacity gaps will be part of the PTHB Planned Care Strategic Priority (covering theatre efficiencies, GIRFT recommendations, insourcing capacity, outpatient transformation, modernisation of follow ups and access to regional capacity)</p> <p>In addition, improve Value in key specialties with a focus on</p> <ul style="list-style-type: none"> • Wet AMD and cataracts – revised SLAs and LTAs Q4 • Musculoskeletal – action plan Q1 - 4
Risks	<p>Complex interdependencies in relation to healthcare for Powys residents, with multiple Planned Care providers across NHS Wales and England - progress will be subject to the pace of delivery and recovery (detailed in each providers own plan).</p> <p>There are potential service fragilities in relation to these multiple providers including those for in reach capacity.</p>
Outcomes	<p>As a direct provider, achieve the ambitions set out by Welsh Government for these measures.</p> <p>In relation to commissioned services, there are multiple positions which will be reported in the providers plans.</p>
Alignment with workforce plans	Yes – Aligned via MDS
Alignment with Financial plans	Yes – Aligned via MDS
OPTIONAL	
Digital / Technology Opportunities	Promotion of use of virtual consultation

11 Planned Care, Recovery, Diagnostics and Pathways of Care – see Key focus

Key focus should be on delivering	Implement regional diagnostic hubs, to reduce secondary care waiting times and meet waiting time ambition in spring 2024
Baseline	<p>Although there is an NHS Wales work programme to implement regional diagnostic hubs, Powys Teaching Health Board has developed its own Diagnostic Strategic Intent and transformation of diagnostics will be a key part of driving forward the Accelerated Sustainable Model (see Integrated Plan).</p> <p>The Health Board wishes to be seen as a ‘Region’ in its own right given the complex series of relationships relating to diagnostic provision. The Health Board provides diagnostics within its own footprint but commissions from 5 other systems across Wales & England. Significant developments have been progressed and a forward plan is in place – <u>refer to the full Integrated Plan for detail</u>.</p> <p>Given the scale of diagnostics required, the Health Boards own plans to develop diagnostics locally and technology advancement, PTHB will be developing a blended approach that sees low complexity, high volume diagnostics undertaken locally with the incorporation of regional diagnostics solution for more complex needs.</p> <p>There are opportunities to repatriate activity to Powys, expand the use of current capacity and exploit the opportunities afforded by technology development eg FIT testing, Transnasal endoscopy etc.</p>
Quarter 1:	
- Milestones	Implementation of the PTHB Diagnostic Strategic Intent
- Actions	<ul style="list-style-type: none"> - Identify potential to repatriate low complexity activity and clarify bases of access - Implementation of Transnasal Endoscopy – readiness assessment and capital installation - Next phase of Community Cardiology – North Powys transition to Business as Usual; Mid and South Powys recruitment Q1 - 2 - Implementation of Dermatology – Phase 2 South Powys recruitment Q1 – 2 - Complete access to Rapid Diagnostics Clinics – interim access for Mid Powys; review research for potential of Rural model - Work with commissioned services on Straight to Test models Q1 - 2
Quarter 2:	
Milestones	Implementation of the PTHB Diagnostic Strategic Intent
Actions	<ul style="list-style-type: none"> - Undertake Demand and Capacity analysis including Non Emergency Patient Transport - Implementation of Transnasal Endoscopy – pilot initiated in Mid and South Powys - Next phase of Community Cardiology – Mid and South Powys recruitment Q1 - 2

	<ul style="list-style-type: none"> - Implementation of Dermatology – Phase 2 South Powys Implementation Q2 – 3; Phase 3 North Powys - Complete access to Rapid Diagnostics Clinics –agree longer term model - Work with commissioned services on Straight to Test models Q1 - 2
Quarter 3:	
- Milestones	Implementation of the PTHB Diagnostic Strategic Intent
- Actions	<ul style="list-style-type: none"> - Issue Commissioning Intentions - Adjust In Year LTAs where solutions can be expedited - Implementation of Transnasal Endoscopy – review and plan for North Powys development - Next phase of Community Cardiology – Mid and South Powys implementation - Implementation of Dermatology – Phase 2 South Powys recruitment Q1 – 2; Implementation Q2 – 3; Phase 4 Mid Powys - Review impact on outpatient delivery of Straight to Test models and further business case development Q3
Quarter4:	
- Milestones	Implementation of the PTHB Diagnostic Strategic Intent
- Actions	<ul style="list-style-type: none"> - Agreement of LTAs - Implementation of Transnasal Endoscopy – throughput achieved - Next phase of Community Cardiology – Mid and South Powys review - Implementation of Dermatology – Phase 2 South Powys Implementation Q2 – 3; Phase 4 Mid Powys - Implementation with commissioned services on Straight to Test models
Risks	<p>Our local approach may not fully align with the National vision for regional diagnostics. Powys does not have a DGH but an active network of community hospitals. It is important that PTHB continues to develop diagnostic services in Powys but also work with our network of partners who provide diagnostic services on our behalf. National recognition of our unique position required.</p>
Outcomes	<p>PTHB will expand provision through the implementation of the Diagnostic Strategic Intent as noted above, this will be a phased approach.</p> <p>As a direct provider, PTHB is aiming to achieve the ambitions set out by Welsh Government for planned care measures (cross reference to separate Ministerial Template for detail).</p>
Alignment with workforce plans	Aligned via MDS – additional expansion will require further workforce capacity

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Alignment with Financial plans	Aligned via MDS – additional expansion will require further investment
OPTIONAL	
Digital / Technology Opportunities	Radiology Information Services Programme (RISP) go live in 2024

12 Planned Care, Recovery, Diagnostics and Pathways of Care – see Key focus

Key focus should be on delivering	Implement pathway redesign – adopting ‘straight to test model’ and onward referral as necessary
Baseline	<p>There are challenges across directly provided and commissioned services for planned care, however progress has been made in relation to PTHB services and in the latter stages of 2022/23 PTHB Provider services has been compliant with the 104 weeks treatment recovery and 52 weeks Outpatients access standards.</p> <p>The position for commissioned providers is more complex, with variation between NHS Wales providers and those in England. Implementation of pathways including straight to test models and onward referral is therefore complex and it will be important to track provider intentions and implementation as a commissioner. Provider intentions will be set out in detail each of the providers plans and templates.</p>
Quarter 1:	
- Milestones	<p>Review opportunities for straight to test models within Powys</p> <p>Also Cross Reference to Ministerial Template 11 – Implementation of the PTHB Diagnostic Strategic Intent</p>
- Actions	<ul style="list-style-type: none"> - Working with commissioned providers explore the opportunities for straight to test models within Powys - Review impact of straight to test models in District General Hospitals on demand in PTHB Outpatient departments and associated release of capacity - Delivery of Transnasal endoscopy and use of cytosponge pilots Q1 - 4
Quarter 2:	
- Milestones	<p>Review opportunities for straight to test models within Powys</p> <p>Also Cross Reference to Ministerial Template 11 – Implementation of the PTHB Diagnostic Strategic Intent</p>
- Actions	<ul style="list-style-type: none"> - Working with commissioned providers explore the opportunities for straight to test models within Powys - Review impact of straight to test models in District General Hospitals on demand in PTHB Outpatient departments and associated release of capacity

	<ul style="list-style-type: none"> - Delivery of Transnasal endoscopy and use of cytosponge pilots Q1 - 4
Quarter 3:	
- Milestones	<p>Review opportunities for straight to test models within Powys</p> <p>Also Cross Reference to Ministerial Template 11 – Implementation of the PTHB Diagnostic Strategic Intent</p>
- Actions	<ul style="list-style-type: none"> - Further develop business cases for straight to test models - Delivery of Transnasal endoscopy and use of cytosponge pilots Q1 - 4
Quarter4:	
- Milestones	<p>Review opportunities for straight to test models within Powys</p> <p>Also Cross Reference to Ministerial Template 11 – Implementation of the PTHB Diagnostic Strategic Intent</p>
- Actions	<ul style="list-style-type: none"> - Further develop business cases for straight to test models - Evaluation of Transnasal endoscopy and use of cytosponge pilots Q1 - 4
Risks	<p>Our local approach may not fully align with the National vision for regional diagnostics. Powys does not have a DGH but an active network of community hospitals. It is important that PTHB continues to develop diagnostic services in Powys but also work with our network of partners who provide diagnostic services on our behalf. National recognition of our unique position required.</p>
Outcomes	<p>PTHB will expand provision through the implementation of the Diagnostic Strategic Intent as noted above, this will be a phased approach. As a direct provider, PTHB is aiming to achieve the ambitions set out by Welsh Government for planned care measures (cross reference to separate Ministerial Template for detail).</p>
Alignment with workforce plans	Yes – Aligned via MDS
Alignment with Financial plans	Yes – Aligned via MDS
OPTIONAL Digital / Technology Opportunities	To be identified through the review and pilot work noted above

13 Cancer Recovery – see Key focus

	Priority area(s)
Key focus should be on delivering	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.
Baseline	<p>Provisional data for December 2022 showed compliance with the 62 day target of 52%. The baseline for April 2023 will be the forecast outturn for the current financial year, amended for underlying growth, referral rates, further RTT recovery and any repatriation / service change planned.</p> <p>The Health Board does not undertake cancer treatment but does deliver outpatient services and some diagnostics for a range of Single Cancer Pathways. Heath Board performance is dictated by both referrals volumes and the available capacity supported by a range of providers.</p>
Quarter 1:	
- Milestones	Deliver reduction in backlog of those waiting over 62 days - <i>Cross Reference to Ministerial Template for Cancer Pathways</i>
- Actions	<p>All of the actions set out in the Ministerial Template for Cancer Pathways will contribute to cancer recovery and the backlog in relation to those waiting over 62 days – in particular</p> <ul style="list-style-type: none"> - Review Solution in place for Rapid Diagnostic Clinics in Mid Powys Q1 – Q2 - Cancer Research Wales funded project to scope Rapid Diagnostics Clinic provision in PTHB; recommendations due June 2023 - Consideration of research project and identification of access for Mid Powys Q1 – 2 in partnership with Wales Cancer Network and providers - Delivery of key initiatives to improve access – Transnasal Endoscopy and use of Cytosponge (cross reference to Diagnostics Ministerial Template and section in Integrated Plan) Q1 – Q4 - Set up Cancer Tracking Pilot in PTHB as provider Q1 – Q3
Quarter 2:	
Milestones	Deliver reduction in backlog of those waiting over 62 days - <i>Cross Reference to Ministerial Template for Cancer Pathways</i>
- Actions	

	<p>All of the actions set out in the Ministerial Template for Cancer Pathways will contribute to cancer recovery and the backlog in relation to those waiting over 62 days – in particular</p> <ul style="list-style-type: none"> - Single Cancer Plan for Powys agreed Q1 - 2 - Review Solution in place for Rapid Diagnostic Clinics in Mid Powys Q1 – Q2 - Cancer Research Wales funded project to scope Rapid Diagnostics Clinic provision in PTHB; further progression based on recommendations June 2023 - Consideration of research project and identification of access for Mid Powys Q1 – 2 in partnership with Wales Cancer Network and providers - Delivery of key initiatives to improve access – Transnasal Endoscopy and use of Cytosponge (cross reference to Diagnostics Ministerial Template and section in Integrated Plan) Q1 – Q4 - Set up Cancer Tracking Pilot in PTHB as provider Q1 – Q3
Quarter 3:	
- Milestones	Deliver reduction in backlog of those waiting over 62 days - Cross Reference to Ministerial Template for Cancer Pathways
- Actions	<p>All of the actions set out in the Ministerial Template for Cancer Pathways will contribute to cancer recovery and the backlog in relation to those waiting over 62 days – in particular</p> <ul style="list-style-type: none"> - Further progression of Single Cancer Plan for Powys as per agreement reached by Q2 - Further progression of solution for Rapid Diagnostic Clinics in Mid Powys as per agreement reached Q2 - Cancer Research Wales funded project to scope Rapid Diagnostics Clinic provision in PTHB; further progression based on recommendations June 2023 - Delivery of key initiatives to improve access – Transnasal Endoscopy and use of Cytosponge (cross reference to Diagnostics Ministerial Template and section in Integrated Plan) Q1 – Q4 - Set up Cancer Tracking Pilot in PTHB as provider Q1 – Q3
Quarter4:	
Milestones	Deliver reduction in backlog of those waiting over 62 days - Cross Reference to Ministerial Template for Cancer Pathways
- Actions	<p>All of the actions set out in the Ministerial Template for Cancer Pathways will contribute to cancer recovery and the backlog in relation to those waiting over 62 days – in particular</p>

	<ul style="list-style-type: none"> - Further progression of Single Cancer Plan for Powys as per agreement reached by Q2 - Further progression of solution for Rapid Diagnostic Clinics in Mid Powys as per agreement reached Q2 - Cancer Research Wales funded project to scope Rapid Diagnostics Clinic provision in PTHB; further progression based on recommendations June 2023 - Delivery of key initiatives to improve access – Transnasal Endoscopy and use of Cytosponge (cross reference to Diagnostics Ministerial Template and section in Integrated Plan) Q1 – Q4 - Set up Cancer Tracking Pilot in PTHB as provider Q1 – Q3 - Work with the Wales Cancer Network on optimal pathways and Quality Statement Q1 – Q4
Risks	
Outcomes	The improvement trajectory for this measure is not applicable to PTHB as a provider. In relation to commissioned services, there are multiple positions which will be reported in the providers plans.
Alignment with workforce plans	Yes – Aligned via MDS
Alignment with Financial plans	Yes – Aligned via MDS
OPTIONAL	
Digital / Technology Opportunities	Cancer Network Information System Cymru (CaNISC) system replacement

14 Cancer Recovery – Cancer Pathways

Key focus should be on delivering	Implement the agreed National Cancer Pathways within the National target – demonstrating annual improvement towards achieving target by March 2026
Baseline	<p>The Health Board does not undertake cancer treatment but does deliver outpatient services and some diagnostics for a range of Single Cancer Pathways. Health Board performance is dictated by both referrals volumes and the available capacity supported by a range of providers.</p> <p>Actions in each section of the Health Boards Integrated Plan will contribute to improvements in diagnosis, treatment and pathways for people with/or suspected of having cancer.</p>

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Quarter 1:	
- Milestones	<p>Deliver Cancer Improvement in line with NHS Wales Cancer Improvement Plan</p> <p>Cross Reference to Ministerial Template for the delivery of the reduction in backlog of patients waiting longer over 62 days for first definitive cancer treatment</p>
- Actions	<ul style="list-style-type: none"> - Mapping analysis and benchmarking against the 9 themes in the National Plan - Single Cancer Plan for Powys agreed Q1 - 2 - Review Solution in place for Rapid Diagnostic Clinics in Mid Powys Q1 – Q2 - Cancer Research Wales funded project to scope Rapid Diagnostics Clinic provision in PTHB; recommendations due June 2023 - Consideration of research project and identification of access for Mid Powys Q1 – 2 in partnership with Wales Cancer Network and providers - Delivery of key initiatives to improve access – Transnasal Endoscopy and use of Cytosponge (cross reference to Diagnostics Ministerial Template and section in Integrated Plan) Q1 – Q4 - Set up Cancer Tracking Pilot in PTHB as provider Q1 – Q3 - Work with the Wales Cancer Network on optimal pathways and Quality Statement Q1 – Q4
Quarter 2:	
- Milestones	Deliver Cancer Improvement in line with NHS Wales Cancer Improvement Plan
- Actions	<ul style="list-style-type: none"> - Mapping analysis and benchmarking against the 9 themes in the National Plan - Single Cancer Plan for Powys agreed Q1 - 2 - Review Solution in place for Rapid Diagnostic Clinics in Mid Powys Q1 – Q2 - Cancer Research Wales funded project to scope Rapid Diagnostics Clinic provision in PTHB; further progression based on recommendations June 2023 - Consideration of research project and identification of access for Mid Powys Q1 – 2 in partnership with Wales Cancer Network and providers - Delivery of key initiatives to improve access – Transnasal Endoscopy and use of Cytosponge (cross reference to Diagnostics Ministerial Template and section in Integrated Plan) Q1 – Q4 - Set up Cancer Tracking Pilot in PTHB as provider Q1 – Q3 - Work with the Wales Cancer Network on optimal pathways and Quality Statement Q1 – Q4

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Quarter 3:	
- Milestones	Deliver Cancer Improvement in line with NHS Wales Cancer Improvement Plan
- Actions	<ul style="list-style-type: none"> - Further progression of Single Cancer Plan for Powys as per agreement reached by Q2 - Further progression of solution for Rapid Diagnostic Clinics in Mid Powys as per agreement reached Q2 - Cancer Research Wales funded project to scope Rapid Diagnostics Clinic provision in PTHB; further progression based on recommendations June 2023 - Delivery of key initiatives to improve access – Transnasal Endoscopy and use of Cytosponge (cross reference to Diagnostics Ministerial Template and section in Integrated Plan) Q1 – Q4 - Set up Cancer Tracking Pilot in PTHB as provider Q1 – Q3 - Work with the Wales Cancer Network on optimal pathways and Quality Statement Q1 – Q4
Quarter4:	
- Milestones	Deliver Cancer Improvement in line with NHS Wales Cancer Improvement Plan
- Actions	<ul style="list-style-type: none"> - Further progression of Single Cancer Plan for Powys as per agreement reached by Q2 - Further progression of solution for Rapid Diagnostic Clinics in Mid Powys as per agreement reached Q2 - Cancer Research Wales funded project to scope Rapid Diagnostics Clinic provision in PTHB; further progression based on recommendations June 2023 - Delivery of key initiatives to improve access – Transnasal Endoscopy and use of Cytosponge (cross reference to Diagnostics Ministerial Template and section in Integrated Plan) Q1 – Q4 - Set up Cancer Tracking Pilot in PTHB as provider Q1 – Q3 - Work with the Wales Cancer Network on optimal pathways and Quality Statement Q1 – Q4
Risks	<p>PTHB does not provide cancer services therefore there are complex interdependencies across England and Wales.</p> <p>Progress will be interdependent with the pace of recovery and delivery of multiple health care systems and providers.</p>
Outcomes	<p>Agreed National Pathways to be implemented via PTHB programme of work outlines above, however noting that there are complex interdependencies as PTHB is not a provider of cancer treatment. Progress will be interdependent with the pace of recovery and delivery of multiple health care systems and providers.</p>

Alignment with workforce plans	Yes – Aligned via MDS
Alignment with Financial plans	Yes – Aligned via MDS
OPTIONAL	
Digital / Technology Opportunities	Cancer Network Information System Cymru (CaNISC) system replacement

15 Mental health and CAMHS – see Key focus

Key focus should be on delivering	Recover waiting time performance to performance framework standards for all age Local Primary Mental Health Support Service (LPMHSS) assessment and intervention and Specialist Child and Adolescent Mental Health Services (SCAMHS).
Baseline	<p>SCAMHS in Powys is consistently meeting the MHM Tier 1 targets, and therefore, there is no further activity required to meet the Ministerial priority (other than maintain current performance).</p> <p>LPMHSS services in Powys are broadly meeting the Assessment Target (1A) for the MHM Measure. Therefore, this programme will focus on achieving the Part 1 B target by December 2023.</p>
Quarter 1:	
- Milestones	Undertake review of all activity currently counted in the 1B (intervention target) to ensure PTHB is only reporting low intensity activity
- Actions	<ul style="list-style-type: none"> - Complete mapping of the type of activity that all other Welsh HBs are counting as part of the 1B measure (interventions). - Ensure that PTHB reported activity is consistent with the rest of Wales. - Participate in the DU work programme
Quarter 2:	
- Milestones	Separate from the current reporting of LPMHSS low intensity interventions from high intensity interventions.
- Actions	<ul style="list-style-type: none"> - Update the Operational Procedure for LPMHSS to ensure only the correct interventions are reported to WG. - Allocate high intensity interventions to the wider psychological therapies (26-week measure). - Update the demand and capacity analysis of the service in terms of the low intensity interventions required under Part 1 of the MHM.
Quarter 3:	
- Milestones	Identify resources to meet the resource gap as identified as part of the demand and capacity analysis.
- Actions	<ul style="list-style-type: none"> - Gap analysis - Clinical redesign to ensure maximum efficiency of service.

	- Explore potential for recruitment to clinical vacancies/additional roles.
Quarter 4:	
- Milestones	Active Part 1 B MHM Tier 1 Target in relation to interventions.
- Actions	- Maintain performance of the 1A and 1B MHM LPMHSS target for assessment and intervention.
Risks	- Demand and capacity
Outcomes	- Consistent achievement of the Part 1A and 1B measure for LPMHSS.
Alignment with workforce plans	Yes – Aligned via MDS
Alignment with Financial plans	Yes – Aligned via MDS
OPTIONAL	
Digital / Technology Opportunities	Continue to maximise the resources available from Tier 0 services, including through the Online CBT service (Silvercloud).

16 Mental Health and CAMHS – 111 Press 2

	Priority area(s)
Key focus should be on delivering	Implement 111 press 2 on a 24/7 basis for urgent mental health issue
Baseline	New 111 press 2 Mental Health service Go Live, establishment will be 1 Wellbeing practitioner (call handler) available for PTHB. Basing Well-being practitioners within Crisis Resolution Home Treatment Teams in hours, and Felindre Ward Out of Hours for band 6 clinical support. Hours of operation dependent upon funding available to support a 24/7 model.
Quarter 1:	
- Milestones	Consultation & Engagement with stakeholders
-	Oversight and scrutiny by Mental Health Senior Management Team and MH & Transformation MH programme board.
- Actions	Recruitment drive – Band 5 Wellbeing practitioners
-	Sustainable model rota – supported through existing staffing
-	Train the trainer – Colgate model
Quarter 2:	
- Milestones	Workforce in post – Team lead band 7 and Wellbeing practitioners
- Actions	Service Go Live
-	Professionals line development
-	Training package update and review
Quarter 3:	

- Milestones	Peer review from National team
- Actions	Service user & Partner review at 6 months operational
-	Clinical pathway review
Quarter4:	
- Milestones	Future modelling of Powys Teaching Health Board 111 press 2
- Actions	Demand and capacity review
Risks	
	<ul style="list-style-type: none"> • Recruitment & Retention - Sustainable Rota (Well-Being Practitioners @ band 5) • Unknown demand – (once National Marketing commences). • Delivery on track in line with Go Live deadlines • Technical out of hours support. • Available resource to develop 24/7 service. • Border issues (and IT communications system picking up the correct Health Board – as may be different to the nearest mobile mast)
Outcomes	On track to be fully delivered as per the Ministerial Priority requirements
Alignment with workforce plans	Yes – via MDS
Alignment with Financial plans	Yes – via MDS
OPTIONAL	
Digital / Technology Opportunities	NHS 111 Platform development, cross border interoperability

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Agenda item: 3.1a

PTHB BOARD		Date of Meeting: 29 March 2023
Subject:	DISCRETIONARY CAPITAL PROGRAMME 2023/24 and 2024/25	
Approved and Presented by:	Jamie Marchant, Director of Environment	
Prepared by:	Wayne Tannahill, Associate Director Capital, Estates and Property	
Other Committees and meetings considered at:	Capital Control Group, 1 February 2023 Executive Committee, 8 March 2023	

PURPOSE:		
To approve the Discretionary Capital Programme 2023-25 and provide an update on the general Capital funding status including risks and opportunities.		
RECOMMENDATION(S):		
It is recommended that the Board approves the Discretionary Capital Programme, 2023/2024–2024/25 following endorsement of the programme by Executive Committee on 8 March 2023.		
The position on All Wales Capital Funding (AWCF) and its impact on the project programme of activity is provided for information .		
Approval/Ratification/Decision¹	Discussion	Information
✓	x	✓

¹ Equality Impact Assessment (EIA) must be undertaken to support all organisational decision making at a strategic level

THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVE(S) AND HEALTH AND CARE STANDARD(S):

Strategic Objectives:	1. Focus on Wellbeing	x
	2. Provide Early Help and Support	x
	3. Tackle the Big Four	x
	4. Enable Joined up Care	x
	5. Develop Workforce Futures	x
	6. Promote Innovative Environments	✓
	7. Put Digital First	✓
	8. Transforming in Partnership	✓
Health and Care Standards:	1. Staying Healthy	x
	2. Safe Care	x
	3. Effective Care	x
	4. Dignified Care	x
	5. Timely Care	x
	6. Individual Care	x
	7. Staff and Resources	x
	8. Governance, Leadership & Accountability	✓

EXECUTIVE SUMMARY:

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

Estates Funding Advisory Board (EFAB): After a pause in this funding stream during 2022/23, PTHB have successfully secured £2.404M of funding over the next 2 years to support a number of projects addressing infrastructure, fire and decarbonisation projects. In order to secure this funding, PTHB are required to make a contribution from discretionary capital funds which equates to **£0.268M** in **2023/24** and 0.453M in 2024/25 (as summarised in the table below).

This has been taken into account when developing the proposed Discretionary Capital pipeline 2023-25 which is presented at **APPENDIX A** for Executive Committee endorsement.

OTHER FUNDING: All Wales Capital Funding (AWCF) - following the endorsement of the Programme Business Case (PBC) for Llandrindod Phase 2, work is now underway to prepare the first Business Justification Case (BJC) which is due to be submitted in WG in Q2 2023/24. The first BJC will address urgent compliance risks and infrastructure improvements and will ensure the original investment in Llandrindod is protected by addressing issues such as window replacement and roof leaks. Securing this funding for the compliance work will also take significant pressure off the Discretionary funding. Fees for the development of this work have been secured under AWCF.

Work is continuing on the development of the North Powys Health and Wellbeing Campus - the Strategic Outline Case is with WG for consideration.

As directed by WG, PTHB have also developed a series of prioritised mini business cases (SBAR) to be submitted over 2 years to address medium to large scale urgent compliance works.

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

Capital / Revenue Category	2023/24 £M	2024/25 £M	Comments
Discretionary	1.260	1.431	Increase by £171K pa to bring back to £1.431M
EFAB (Discretionary PTHB Contribution)	(0.268)	(0.453)	30% contribution of overall EFAB to be made from Discretionary Capital
EFAB Funding (WG contribution)	0.892	1.512	6 schemes in total including fire compliance, decarbonisation and infrastructure (incl. 30%)
Emergency All Wales Capital Funding (AWCF)	1.291	1.291	Series of prioritised SBAR's with WG support (split / year yet to be agreed) over 2 years
Llandrindod Phase 2; first BJC	3.000	3.000	Overall Programme Business Case endorsement for £11-14M over 3+ years
North Powys Health & Wellbeing Campus	tba	tba	Funding route to be agreed with potential RPB/IRCF funding
Re:fit (Revenue)	1.000	1.500	Energy and Decarbonisation: Invest to Save, value to be confirmed subject to procurement
Capital Slippage	0	0	Indicatively, £1.177M in 2022/23
TOTAL (indicative)	7.175	8.281	

DETAILED BACKGROUND AND ASSESSMENT:

BACKGROUND: PTHB has the oldest built estate with 38% predating 1948 (compared to the Wales average of 12%) as well as the 'least new' estate with only 5% being built post 2005 (compared to the Wales average of 23%). This means that the Health Board has some significant challenges in terms of maintaining building stock with £69M of Backlog Maintenance and many competing priorities for a limited amount of Discretionary Capital.

The overall capital position needs to be understood in a dynamic and changing situation, where early decision making enables focus on design and tender activity to deliver projects on the ground within financial year constraints. It is, therefore, essential that the pipeline remains agile with a number of 'reserve' schemes ready to progress should the situation or funding availability change, with sufficient contingency maintained to address emerging issues and priorities. The programme will be reviewed regularly by the Capital Control Group and Innovative Environment Group to monitor contingency and realign project priorities if needed, also recognising that Capital Slippage is often made available by Welsh Government as part of the autumn reassessment of spend.

CAPITAL FUNDING AVAILABILITY:

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

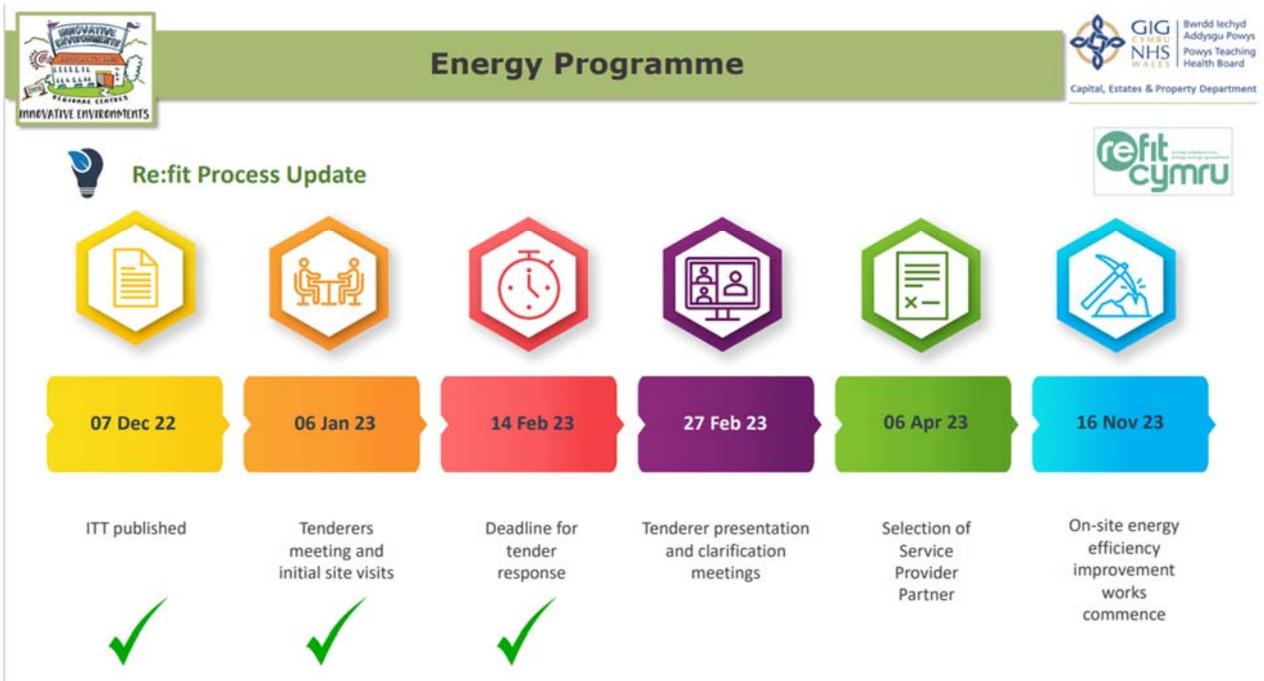
It has been positive to note that the picture is improving into 2023/24 with EFAB funding reinstated albeit with a 30% contribution from Health Board Discretionary Capital required to secure monies. WG have also advised that Discretionary Capital allocations will be incrementally reinstated to pre-2022 levels over the next 2 financial years.

It is important, however, that alternative funding opportunities are actively investigated against the backdrop of restricted NHS Wales Capital:

- Welsh Government have ringfenced Capital monies (£50m in 2022/23 / £60M in 2023/24 and £70M in 2024/25) which is available via business case application through the Regional Partnership Board (RPB) route. The **Health and Social Care Integrated and Rebalancing Capital Fund (IRCF)** encourages bids for Priority 1 – Development of integrated health and social care hubs and centres and Priority 2 – Rebalancing the

residential care market, Housing with Care Fund (HCF). WG have indicated that the North Powys Campus programme of work could be considered under this fund.

- **Charitable funding** support will be sought where appropriate.
- **Re:fit** programme has been progressed to tender stage for the appointment of a Supply Chain Partner. The revenue funding supporting the work to improve energy efficiency and decarbonisation is held centrally by WG and allocated as part of an Invest to Save scheme.



DISCRETIONARY CAPITAL:

Principles applied to programme prioritisation: The proposed programme of works, which relates to the £1.260M capital allocation, has been developed and reviewed by Capital Control Group (CCG) considering the following influencing factors:

The annual programme includes four generic elements, namely;

- **General schemes:** wider business needs identified by the organisation and considered and prioritised by the Capital Control Group which has representation from across the organisation. These schemes are prioritised from a ringfenced total of £855K
- **Estates Compliance** projects within a reduced ringfenced value of £405K (normally £477K). These are prioritised using a risk-based approach by specialist compliance subgroups under the overarching direction of the CCG.

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- **Equipment** – this includes medical devices and other items such as catering equipment, vehicles, etc. with individual values over £5K. The annual allocation has been in recent years been £150K (proposed £50K in 2023/24)
- **ICT** – annual allocation of £50K per annum

In relation to the 2023/24 and 2024/25 Discretionary Programme, the following approach has been adopted:

- **Prioritisation:** schemes have been listed in priority order based on a number of factors including; business continuity/criticality, health and safety, statutory compliance, audit and service delivery/development. It is important to remain agile to respond to changes in priority or opportunities such as alternative funding streams. A well established and audited (NWSSP Audit – Reasonable Assurance) Capital Control Group process is in place, with representation from Estates, Health and Safety, Finance, staff side, medical devices, operational teams including Mental Health, Women and Children's, Community Services, etc.
- **Carry-over scheme commitments:** the compliance pipeline often includes programmes of work planned across several years or individual financial year 'cross over' schemes where project parameters do not coincide with a March completion.
- **Equipment and IT allocations:** in order to alleviate the immediate pressures on the pipeline, ringfenced funding for 'equipment' and 'IT' for the 2022/23 period was paused. This year it is proposed that a total of £100K is ringfenced which would sustain focus on project spend. There are currently only limited 'pending' requests on the equipment and medical devices pipeline. During 2022/23 a request was raised for a replacement bath which was fully funded from discretionary capital. Furthermore, equipment is an accepted means by which 'slippage' monies from WG can be spent that the end of the financial year cycle. Any emergency requests in the meantime, could be funded from contingency. Similarly, ICT services attract significant additional WG funding to support Digital, with £1.5M allocated in early 2022.
- **Contingency:** it has been usual to retain a contingency for unforeseen or priority works that emerge during a financial year as a prudent approach. In the proposed capital pipeline, the overall contingency is circa £107K.

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

EFAB funding has been reinstated over a two-year period 2023-25 to provide additional support across a number of technical / specialist areas including; decarbonisation, fire and infrastructure, providing significant assistance in accelerating important and high-risk estates compliance programmes. This ringfenced fund is intended to target Estates compliance in recognition of the pressures on the estate across NHS Wales with Backlog Maintenance exceeding £1Bn in the last year.



70% Capital funded by WG and
30% Health Board contribution
from Discretionary Capital

£57 million total split in to three
elements:

- £33.23m **Infrastructure** including emergency department improvements and mental health
- £14.29m **Fire**
- £8.66m **Decarbonisation** projects

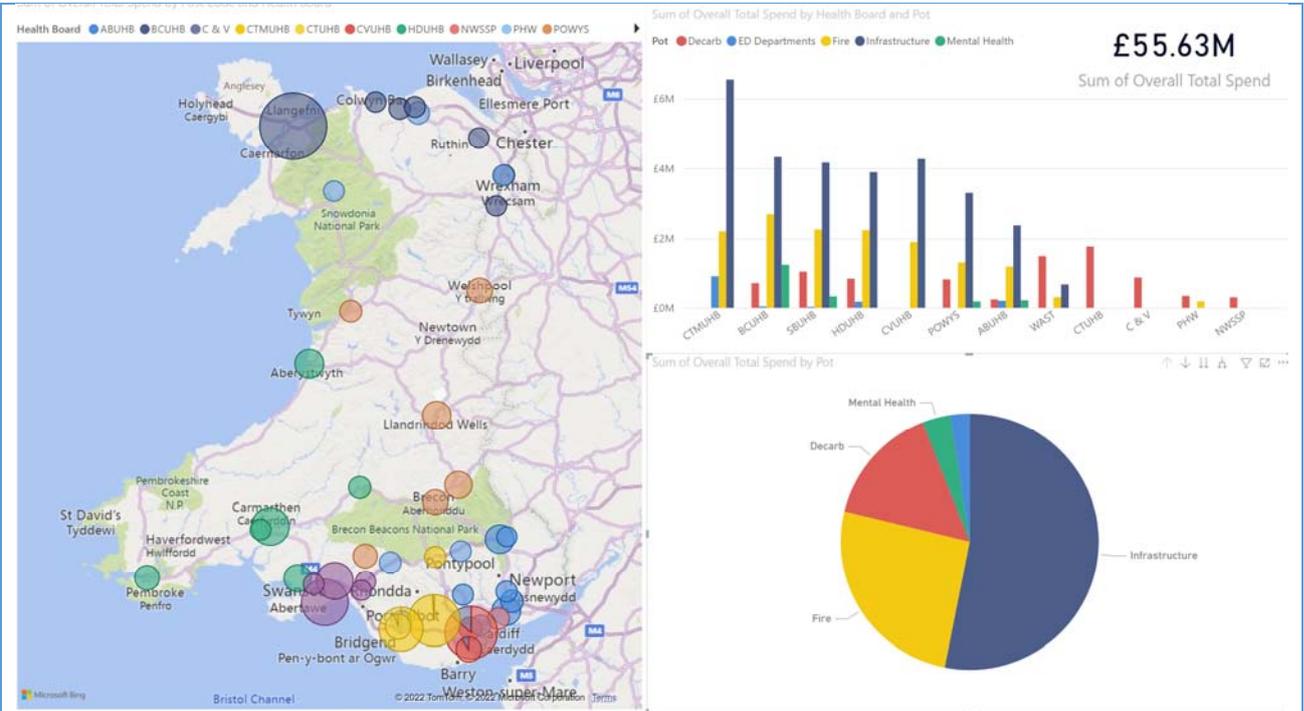
PTHB EFAB allocation 2023/24 and 2024/25 below:

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

PTHB have successfully secured **£2.404M** of funding over the next 2 years (£0.625M and £1.512M respectively). In order to secure this funding PTHB are required to make a contribution from discretionary capital funds which equates to £0.268M in 2023/24 and 0.453M in 2024/25. This has been taken into account when developing the proposed capital pipeline 2023-25. This funding stream helps to alleviate pre-existing compliance related pressures on the discretionary pipeline as well as enabling PTHB to undertake larger elements of work, such as fire precautions improvements at Brecon, which would otherwise not have been possible within the normal, limited, Discretionary Capital allowance.



Distribution map of EFAB funding 2023-2025 including spend profile

The **Proposed Discretionary Capital Programme 2023/2024-2024/25** is presented at **Appendix A**. Table indicating Discretionary Capital spend per site for financial years 2019/2020 to 2022/2023 (actual) and programmed for 2023/2024 and 2024/2025 is attached at **Appendix B** for information.

OTHER FUNDING:

Building on the significant WG investments of over £20M+ at Llandrindod Wells War Memorial Hospital (Phase 1 work at front of hospital) and more recently at Bro Ddyfi Community Hospital, Machynlleth.

All Wales Capital Funds - SBARs: PTHB, in discussion with NHS Wales Shared Services Partnership, Specialist Estates Services (NWSSP-SES) and WG, have also developed a series of prioritised mini business cases (SBAR) to be programmed over 2 years to address some of the most significant and urgent risks on the compliance pipeline. WG have indicated strong support for these schemes, which will significantly alleviate pressures on discretionary capital and does not attract the 30% Discretionary Capital contribution required under the proposed EFAB scheme.

Scheme	2023/24	2024/25
Bronllys, AMI roof, including roof insulation upgrade.	£828,000	

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Bronllys OPD Roof including roof insulation upgrade	£503,700
Bronllys Sewerage plant	£274,800
Bronllys, Windermere bungalow	£375,040
Knighton Roofs	£350,400
Welshpool lift	£249,660
Total	Financial year spend profile to be agreed 2,581,600

PTHB SBAR business cases for emergency works

All Wales Capital Funds – Llandrindod Wells Hospital, Phase 2:

Programme Business Case endorsed for £11M to £14M over 3-5 years with initial BJC for infrastructure being developed for submission in Spring 2023 - this will be circa £2.5M. Work activity in parallel to commence consultation for the more significant reconfiguration business case for the back of the hospital to complete an important development of the Rural Regional Centre and campus approach, incorporating the newly acquired building at Spa Road, Llandrindod.

North Powys Well-being Campus: the Programme Business Case has been endorsed and Strategic Outline Case submitted. WG have requested a BJC submission for Infrastructure alongside the Education OBC in Spring 2023 and work is ongoing. Discussions are continuing with WG in relation to whole-site funding with Regional Partnership Board, IRCF seen as good-fit for proposal.

Invest to Save (Revenue) – Re:fit: appointment process ongoing for Partner Bid approach supported by Welsh Government Energy Service to deliver energy savings and decarbonisation benefits. Works can include, lighting, heat production such as air/ground/river source heat pump, insulation, photovoltaic, etc., to commence in Autumn 2023 with value to be ascertained but could be up to £2.5M.

RISKS:

- Discretionary Capital carries a risk burden for any **cost overrun implications from major project activity** – this risk increases in proportion to the increasing value of AWCF based on business case submissions. In partial mitigation NWSSP-SES and WG acknowledge the risk and the uncertainty in relation to refurbishment style project activity on older buildings and, where possible, reflect this in the level of Contingency included in the approved bids.

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- **Capital availability:** limitations in NHS Capital have seen a reduction in Discretionary Capital with positive news that this will be restored, albeit not increased, by 2024/25. Increasing pressures on an aging estate means that the Discretionary Capital allocation of funding is often pre-determined by the need to meet failing building fabric and infrastructure services rather than support innovation and improvements. The AWCF business case related major capital programme is, therefore, critical to make inroads into the overall reduction in Backlog Maintenance for the organisation.
- **Estates Compliance:** failure to undertake remedial actions for high level risks, carries a risk at organisational level. Backlog Maintenance levels in NHS Wales now exceed £1Bn and circa £69M in PTHB. This is acknowledged by Corporate Risk Register entry 005 related to a 'fit for purpose' estate – a risk-based approach has been adopted to address any high or immediate risks. Capital investment is critical in addressing the deficiencies across the estate.

Opportunities: It is important to utilise the early part of 2023/24 to develop schemes in readiness to take advantage of any slippage/further funding opportunities as they arise.

NEXT STEPS:

- Commence activity to deliver the Discretionary Capital Programme for 2022/2023-2023/24.
- Maintain close communication with WG in relation to any changes and opportunities for further capital funding: develop 'on the shelf' projects in readiness to take advantage of any additional capital in latter part of the financial year.
- Confirm funding allocation and financial year spend profile for AWCF emergency projects (SBAR) with WG
- Following recent endorsement of the PBC for Llandrindod Phase 2 project, develop associated BJC submission in 2022/23 to address estates compliance issues and ease pressure on Discretionary Capital in-year.
- Review the Corporate Risk Register 005 (estate) accordingly.
- Maintain an agile approach to the capital programme in 2022/23 – continue to report on and escalate compliance and operational risks as they emerge.

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The following Impact Assessment must be completed for all reports requesting Approval, Ratification or Decision, in-line with the Health Board’s Equality Impact Assessment Policy (HR075):

IMPACT ASSESSMENT				
Equality Act 2010, Protected Characteristics:				
	No impact	Adverse	Differential	Positive
Age	X			
Disability	X			
Gender reassignment	X			
Pregnancy and maternity	X			
Race	X			
Religion/ Belief	X			
Sex	X			
Sexual Orientation	X			
Marriage and civil partnership	X			
Welsh Language	X			
Statement				
<i>Please provide supporting narrative for any adverse, differential or positive impact that may arise from a decision being taken</i>				
Risk Assessment:				
	Level of risk identified			
	None	Low	Moderate	High
Clinical		X		
Financial			X	
Corporate		X		
Operational			X	
Reputational		X		
Statement				
Pressures are apparent on capital expenditure due to the aging estate, health board ambitions for transformational change and decarbonisation imperatives. Funding limitations in 2023/24 will act to limit compliance improvement programmes and impact service improvement.				

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**APPENDIX A; PROPOSED DISCRETIONARY CAPITAL PROGRAMME
2022/2023 - 2023/24, budget 1.260M / 1.431M respectively:**

Part 1: Discretionary Schemes

PROJECT DESCRIPTION:	2023/24	2024/25	COMMENTS:
Equipment budget	£50,000	£150,000	Funding reinstated at a reduced level to mitigate overall funding reduction
IT Budget	£50,000	£50,000	
Bin Storage Compliance Scheme, Brecon	£15,000		Deferred in 2022/23 until car park works had concluded
Essential Ward Improvements, Machynlleth	£50,000		Deferred in 2022/23 until main scheme had concluded
OPD Roof repairs, Bronllys	-	-	Surveys and design undertaken in 2022/23. SBAR to be submitted to WG for funding
Westdene terraced property refurbishment, Llandrindod	-	-	Surveys and design undertaken in 2022/23. Will form part of Llandrindod BJC
Install Air Conditioning in Renal Unit, Welshpool	-	-	Interim rectification work to be implemented – to be reviewed in the summer to agree if further works are required
Dining Room Reconfiguration to Agile Working Space, Llanidloes	£30,000	-	
Replace carpet and lino Felindre, Bronllys	£8,000	-	
Refurbishment of Podiatry Waiting area, Welshpool	£28,000	-	
Crug Day Hospital- alterations to the layout to maximise space utilisation and functionality, Brecon	£32,000	-	
Height and Weight Measurement Facility at Children's Centre, Brecon	£24,000	-	
Relocation of Orthotics Lab, Brecon	£15,600	-	
Car park resurfacing, Ty Illtyd	£50,000	-	
Bin Storage Compliance Scheme, Ystradgynlais	£7,000	-	
Therapies Hub, Bronllys	-	-	Costs to be defined
Knighton Feasibility	-	-	Costs to be defined
Ty Cloc - Replacement Windows, Bronllys		£50,000	
Change of room to quiet room, Newtown		TBC	

PTHB Capital Projects Programme 2023/24 – 2024/25

Autism service - Outdoor Client Group Area, Bronllys		£10,000	
Powys Living Well Service (Ty Cloc) - Bariatric Reconfiguration works, Bronllys		£25,000	
Powys Living Well Service (Ty Cloc) - Development of Outdoor Therapeutic Space, Bronllys		£47,000	
Powys Living Well Service (Ty Cloc) - Replace carpet with IPC compliant flooring, Bronllys		£80,000	
Bungalow 3 refurbishment, Bronllys		TBC	
MCI Audiology Waiting Room, Newtown		£26,000	
Sub Total	£359,600	£438,000	

Part 2 - Compliance Schemes

Project	Cost 2023/24	Cost 2024/25	Comments
Waterloo Road: external defects, Llandrindod	-	-	To be included in Llandrindod BJC
Medical gas Vacuum Plant, Llandrindod	-	-	To be included in Llandrindod BJC
Electrical isolation of solar panels Bronllys	-	-	To be addressed as part of OPD roof – SBAR funds
Epynt Ward, Brecon Ventilation	£100,000	-	Ventilation – high risk
Car Park improvement work, Bronllys	£50,000	£250,000	Infrastructure – risk due to deterioration of surface / planning conditions for EV
Water - TMV compliance programme	£60,000	£60,000	Water – conclude Brecon and Llanidloes
Electrical remedial works – pan Powys	£50,000	-	Electrical - to address defects identified as part of statutory inspection
Chimney repairs – pan Powys	£60,000	-	Infrastructure – to address inspection findings
Asbestos encapsulation, Boiler House, Bronllys	£25,000	-	Asbestos Management – High risk
Replacement Water tanks	£60,000	£60,000	Programme of works, year 1 Ystradgynlais
IT Data Enclosures	-	£40,000	Noise, COSHH, fire and security upgrades pan Powys
Nurse call upgrades	-	£50,000	Programme of works
Electrical switchgear – pan Powys	£60,000	-	Essential upgrades
Ventilation Systems	£60,000	-	Air scrubbers / IPC improvements for dental and Ystradgynlais ward

PTHB Capital Projects Programme 2023/24 – 2024/25

Hazardous waste and COSHH areas pan Powys	-	£50,000	Waste compliance and fire improvement programme
Sub Total	£525,000	£510,000	
EFAB CONTRIBUTION	£268,000	£453,000	
OVERALL DISCRETIONARY TOTALS	£1,152,600	£1,401,000	
OVERALL DISCRETIONARY CONTINGENCY	£107,400	£30,000	

Part 3 - EFAB Schemes

Project	Cost 2023/24	Cost 2023/25
Electrical infrastructure, Welshpool	£372,600	-
Next phase BMS, Ystradgynlais	£33,820	£304,375
Fire compliance, Brecon	£68,451	£787,189
Back of hospital – Fire compliance, Machynlleth	£27,159	£312,329
Waste Compliance Schemes Pan Powys – 2 sites	£12,060	£108,702
PV Panels, Ystradgynlais	£378,200	-
Sub Total	£892,290	£1,512,595

APPENDIX B;

Discretionary Capital (incl. EFAB, etc.) spend per site/financial year

Discretionary Capital spend per site / per financial year (excl. Major Projects but incl. EFAB, Capital Slippage, etc.)							Total per site
Site	Financial Year (Actual Spend)				Year (Forecast)		
	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	
Ystradgynlais Community Hospital	£85,000	£255,000	£1,168,000	£44,000	£479,020	£304,375	£2,335,395
Brecon**	£240,000	£115,000	£223,000	£130,000	£395,051	£787,189	£1,890,240
Bronllys	£88,000	£800,000	£1,062,000	£46,250	£410,672	£2,115,868	£4,522,790
Llandrindod**	£650,000	£690,000	£276,000	£605,500	£0	£0	£2,221,500
Welshpool	£180,000	£0	£380,000	£221,000	£438,566	£279,694	£1,499,260
Newtown**	£94,000	£242,000	£435,000	£74,500	£20,000	£26,000	£891,500
Machynlleth	£20,000	£5,000	£42,000	£150,000	£97,159	£312,329	£626,488
Knighton	£60,000	£46,000	£275,000	£55,000	£28,032	£322,368	£786,400
Llanidloes	£10,000	£0	£45,000	£185,000	£105,000	£113,000	£458,000
Total allocation per year*	£1,427,000	£2,153,000	£3,906,000	£1,511,250	£1,973,500	£4,260,823	

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PTHB Capital Projects Programme 2023/24 – 2024/25

* Total allocations do not include additional funding for Covid-19, etc. / ringfenced funding for IT and equipment / Pan Powys schemes which are not easily identifiable by site

** Actual / Forecast figures do not include major capital business cases including Llandrindod, North Powys or Brecon Car Park

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A Healthy, Caring Powys



version 3.5

Final Draft

March 2023

Version 3.5

Final Draft

March 2023

JOINT AREA PLAN 2023/24 – 2027/28

Incorporating a Mid Term Review of the **Health and Care Strategy 2017-2027**

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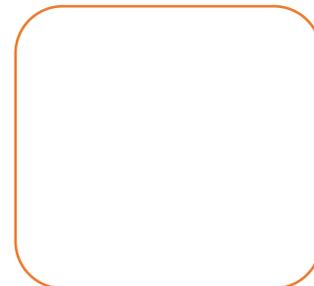
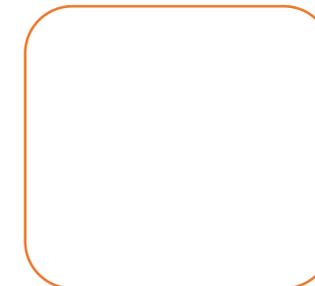


Powys Regional
Partnership Board
Health and
Social Care

Forward

From RPB Chair / Tripartite Leadership – to be added at end

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Section 1: Introduction / Purpose

Section 2: Strategic Context

- Strategic Partnership Arrangements
- Strategic planning alignment and linkages
- Key National strategy / policy alignment
- Key Regional / Local alignment
- Planning Landscape

Section 3: Health and Care Strategy: A Healthy, Caring Powys

- Strategic vision and intent
- Principles for delivering change
- Health and Care Strategy co-produced outcomes
- Integrated Model of Health and Wellbeing

Section 4: Progress and Learning – First Area Plan 2017/18 – 2022/23

Section 5: Key Evidence and Continuous Engagement – Population Needs Assessment, Market Stability Report and other emerging evidence

Section 6: RPB Health and Care Strategy Objectives and Reaffirmed Priority Areas 2023/24 – 2027/28

- **Wellbeing Objectives:** Wellbeing, Early Help and Support, Big Four, Joined Up Care Priorities
- **Enabling Objectives:** Workforce Futures, Digital First, Innovative Environments, Transforming in Partnership Priorities

Section 7: Delivering the priorities via the Life Course Approach 2023/24 – 2027/28 - Start, Live, Age Well

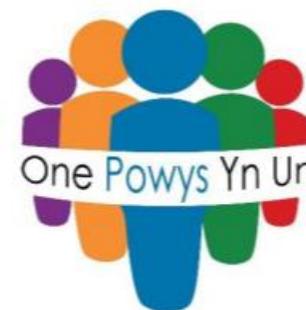
- Life Course Approach and overview of priorities – Key evidence and engagement
- Start Well Priorities – Key evidence and engagement
- Live Well Priorities – Key evidence and engagement
- Live Well Mental Health Priorities – Key evidence and engagement
- Age Well Priorities – Key evidence and engagement

Section 8: Wellbeing and enabling objectives alignment to life course priorities - summary

Section 9: Schedule of requirements (against Area Plan Guidance)

Section 10: Appendixes

- Appendix One: RPB Governance Overview



Strategic Context

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This document is the Powys Regional Partnership Board's second Joint Area Plan for the five year period 2023/24 -2027/28. It incorporates a Mid Term Review of the shared health and care strategy, A Healthy Caring Powys (2017 – 2027) and will deliver the final stages of that ten year ambition.

Much has changed since the original Area Plan and Health and Care Strategy was published in 2017. The Covid-19 pandemic has impacted on the wellbeing of the population of Powys, and the delivery of health and care, as it has worldwide. The evidence base is still emerging about the consequences of both the direct and indirect harms caused by the pandemic and the implications for health and wellbeing.

Resources and delivery during this time was refocused on the immediate response to this public health emergency. Whilst this meant that some work was suspended or delayed, other areas of ambition were accelerated, with enormous progress in a short time in digital ways of working and great innovation across health and care teams to keep Powys safe.

The Health and Care Strategy has therefore been reviewed in the light of this much changed context. The socio-economic landscape is more complex and the health and care challenges are heightened. There is significant pressure in the healthcare system, social care and wider care market in Powys, as there is across Wales, the UK and internationally. There is an even more pressing 'case for change' and a firm commitment in Powys to build a sustainable model of health and care.



There is a recognition therefore that joint priority areas for partners must both build on the areas of accelerated change and progress made under the first Area Plan to support the continued transformational aspiration required, and yet, remain grounded and connected to the real challenges being experienced across the health and care environment and impacting on peoples health and wellbeing opportunities here and now.

The ambition, intention and evidence base set out in the original Area Plan is still very much relevant today. This second iteration of the Area Plan therefore builds on the ambition, reaffirming the principles and objectives shared across partners in the Regional Partnership Board and refreshing their joint priorities.

An important piece of work has recently commenced focusing in particular on the development of an Accelerated, Sustainable Model for health and care in Powys. This work is being taken forward in three phases. The initial Discovery phase will be complete in time to inform this plan and the Design and Delivery phases will shape and refine implementation.

In this context, the priorities for the next five years have been outlined in the plan however it is recognised that given the complex challenges ahead, further work will be carried out with partners and delivery groups to refine the detail of action plans in the first part of this financial year.

Regional Partnership Board Arrangements

The *Social Services and Well-being (Wales) Act 2014* was introduced on 1st April 2016 and provides a legislative framework for care and support in Wales. It is aimed at improving the well-being of people who need care and support, carers who need support, and for transforming the way in which services are commissioned and delivered.

A number of core principles underpin the Act:

- Voice and control – putting the individual and their needs, at the centre of their care, and giving them a voice in, and control over reaching the outcomes that help them achieve well-being;
- Prevention and early intervention – increasing preventative services within the community to minimise the escalation of critical need;
- Well-being – supporting people to achieve their own well-being and measuring the success of care and support;
- Co-production – developing ways of working whereby practitioners and people work together as equal partners to plan and deliver care and support;
- Cooperation, partnership and integration – improving the efficiency and effectiveness of service delivery, providing coordinated, person centred care and support and enhancing outcomes and well-being.

Part 9 of the Act* requires local authorities and health boards to establish Regional Partnership Boards (RPBs). RPB's manage and develop services via secure strategic planning and partnership working and ensure that effective services and care and support systems are in place to meet the needs of their population. This Act, in effect, is a framework for both planning and delivery with a key focus on improving outcomes for citizens.

Powys Regional Partnership Board brings together a range of partners including the local council, health board, third sector and other key people, including citizens, to ensure that people work together, better, to improve health and wellbeing in Powys.

The RPB oversees the delivery of this in Powys via a thematic lifecycle approach in its programmes: Start Well, Live Well, and Age Well as well as other work which cuts across all of these.

The Regional Partnership Board (RPB) and wider partnership structures continue to provide a vehicle to drive forward integration opportunities and collaborative approaches to working together with cross sector leadership and a strong shared commitment to providing seamless, integrated health and social care services, to support people across the life course.



*Part 2 / 9 of the Act are currently under review in order to strengthen partnership arrangements – agreed changes will need to be incorporated into how the RPB operates

What RPB Area Plan does:

- The plan sets out high level principles, outcomes and priorities for **regional working** across health and social care in Powys through the reaffirmed Powys Health and Care Strategy, A Healthy, Caring Powys 2017/18-2027/28
- Priority areas within the Area Plan focus specifically on the system and collective leadership that is enabled through the vehicle of the Powys Regional Partnership board governance and working arrangements to help deliver transformative change across the health, care and wider system to improve outcomes for people in Powys – this is underpinned by the Social Services and Well-being (Wales) Act 2014 and sets a framework for health and social care partners to work together to a common agenda.
- The Area Plan demonstrates the complexity of the current planning landscape and highlights opportunities for strategic alignment across a multitude of national, regional and local strategies and plans as part of delivering this plan to maximise collective efforts and resources across partners and people.
- The plan recognises there is further work required to draw a 'golden thread' through all key current and emerging plans – this work will continue into the first year of implementation

What the area plan does not do

- It does not contain all health and social care priorities as the plan would be too large, instead it focusses on areas of work that require **partnership** working.
- It is not a complete collection of detailed actions from partner's work plans as this would be duplication

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Strategic Alignment and linkages

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Strategic Planning Alignment - Overview

The work of the Regional Partnership Board sits within a broader national, regional and local planning landscape, and links with organisational planning and strategic partnerships is key to ensuring alignment, avoiding duplication and maximising impact

The plans in the Powys region have always been closely aligned to National and wider regional planning such as the ambition set out in A Healthier Wales and the strategic intent of the Mid Wales Joint Committee for Health and Social Care. Together, this is harnessing collective efforts to recover and move forward from the impacts of the pandemic.

The Health and Care Strategy has been reviewed in the past year, in the light of a much-changed context, new and emerging national policy and ministerial direction, as part of the development of the Regional Partnership Board's Area Plan. The ambition, intention and evidence that forms this long-term strategy is still very much relevant today despite this changed context, and it continues to form the basis of other partners' plans.

The wider Public Service Board Wellbeing Plan has also been reviewed and refreshed. This plan tackles much wider social, economic and environmental factors to improve people's wellbeing. It has been updated in parallel with the RPB Area Plan and work has been undertaken to maintain and strengthen the 'golden thread' across both plans.

The 'golden thread' seeks to provide links across all key planning arrangements, including the Council's Corporate and Strategic Equality Plan and Powys Teaching Health Board's Integrated Medium-Term Plan, with a focus on highlighting the specific shared priorities across RPB partners and supporting alignment across the distinct planning arenas.

There is a local focus on alignment with other national and regional plans. However, it is a complex landscape and further refinement is necessary, at all levels, to bring greater coherence across these wider plans for the health and care system.

There are significant opportunities to be investigated through the alignment with the Accelerated Cluster Development, for example, in relation to planning in the natural community geographies within Powys.

National Strategy and Plans

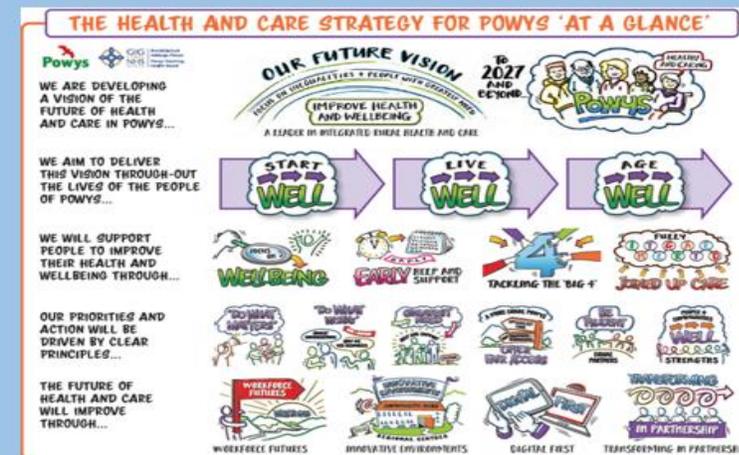
A Healthier Wales; Ministerial Priorities; NHS Wales Planning Framework
Six Goals for Urgent and Emergency Care; Five Goals for Planned Care; Six Models of Care linked to Regional Investment Fund, Accelerated Cluster Development and Strategic Programme for Primary Care

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



This section includes key strategic planning alignment - specific alignment to national, regional and local plans will be considered against the relevant themes considered later in the document

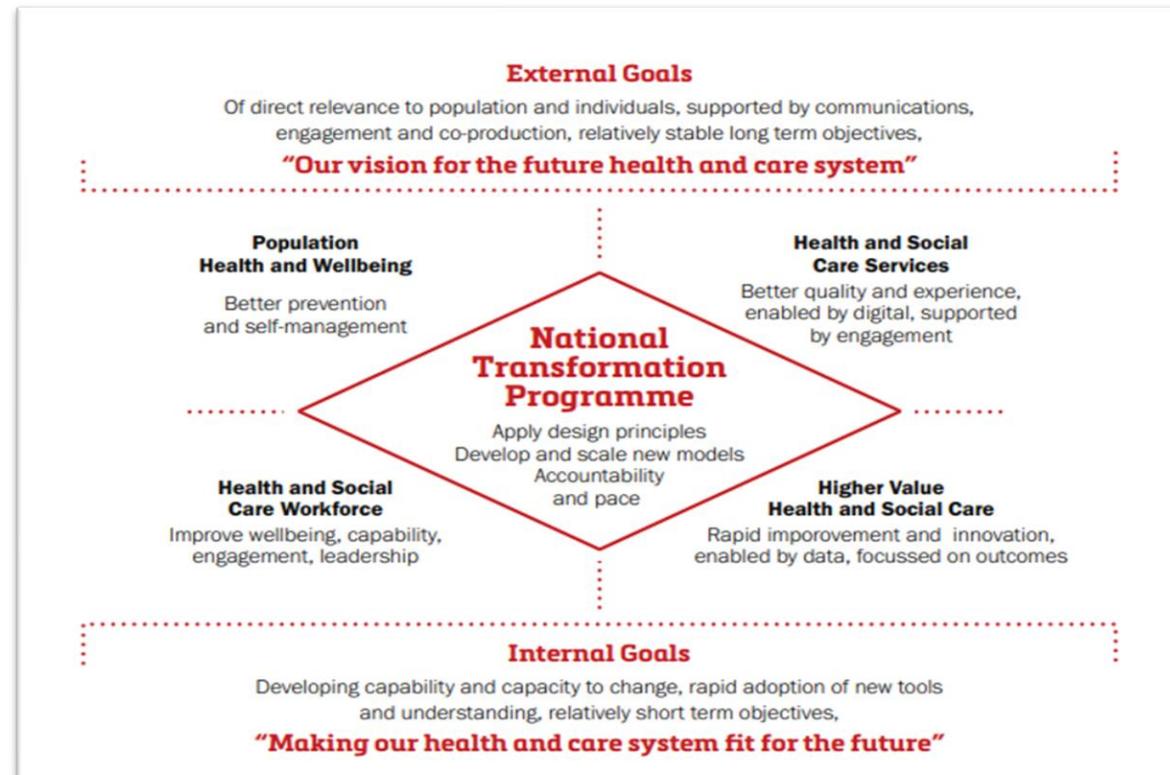
Key National Strategies and alignment

During the development of this Area Plan, the region has considered the Welsh Government Policies including:

- A Healthier Wales: Our Plan for Health and Social Care,
- Six Goals of Urgent and Emergency Care
- Welsh Government Six Models of Care linked to the Regional Investment Fund (RIF)
- Accelerated Cluster Development and Strategic Programme for Primary Care
- Further, Faster – Integrated Community Care Service for Wales (*emerging policy area*)

A Healthier Wales

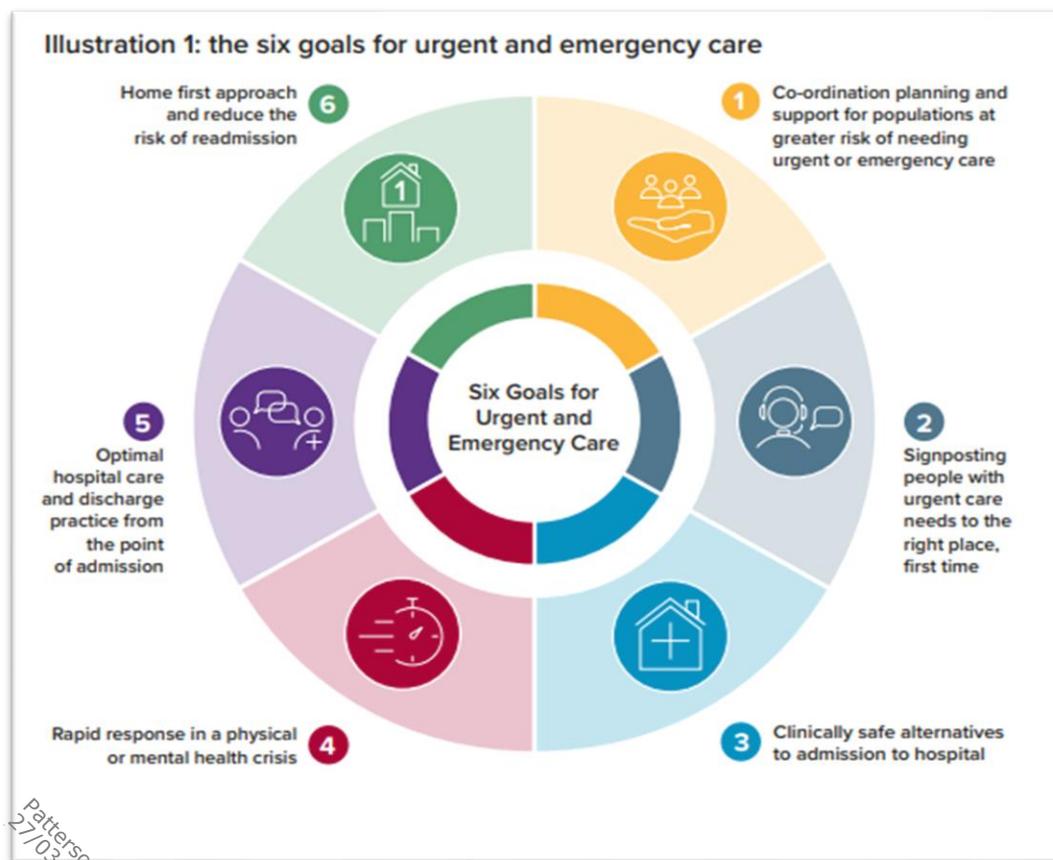
A Healthier Wales sets out the plan for a long-term future vision of a “whole system approach” to health and social care, focusing on health and well-being and preventing illness. The vision is supported by the Quadruple Aim outlined in the diagram below. The Regional Partnership supports the delivery of these national goals through the delivery of its programme and has been used as a tool to ensure that each priority for the region contributes to the aims of the nation.



Vision, guiding principles and priority areas for transformation have been mapped from Healthier Wales to the strategic vision and ambition within the Powys Health and Care Strategy and fully align compliment one another

National Alignment – Six Goals

The six goals, co-designed by clinical and professional leads, span the urgent and emergency care pathway, and reflect the priorities in the Programme for Government 2021–2026 to provide effective, high quality and sustainable healthcare as close to home as possible, and to improve service access and integration.



- **GOAL 1: Coordination, planning and support for people at greater risk of Urgent and Emergency Care:**
- **GOAL 2: Signposting, information, and assistance**
- **GOAL 3: Clinically safe alternatives to admission**
- **GOAL 4: Rapid response in Crisis**
- **GOAL 5: Optimal hospital care and discharge practice from the point of admission**
- **GOAL 6: Home first approach and reduce risk of admission**

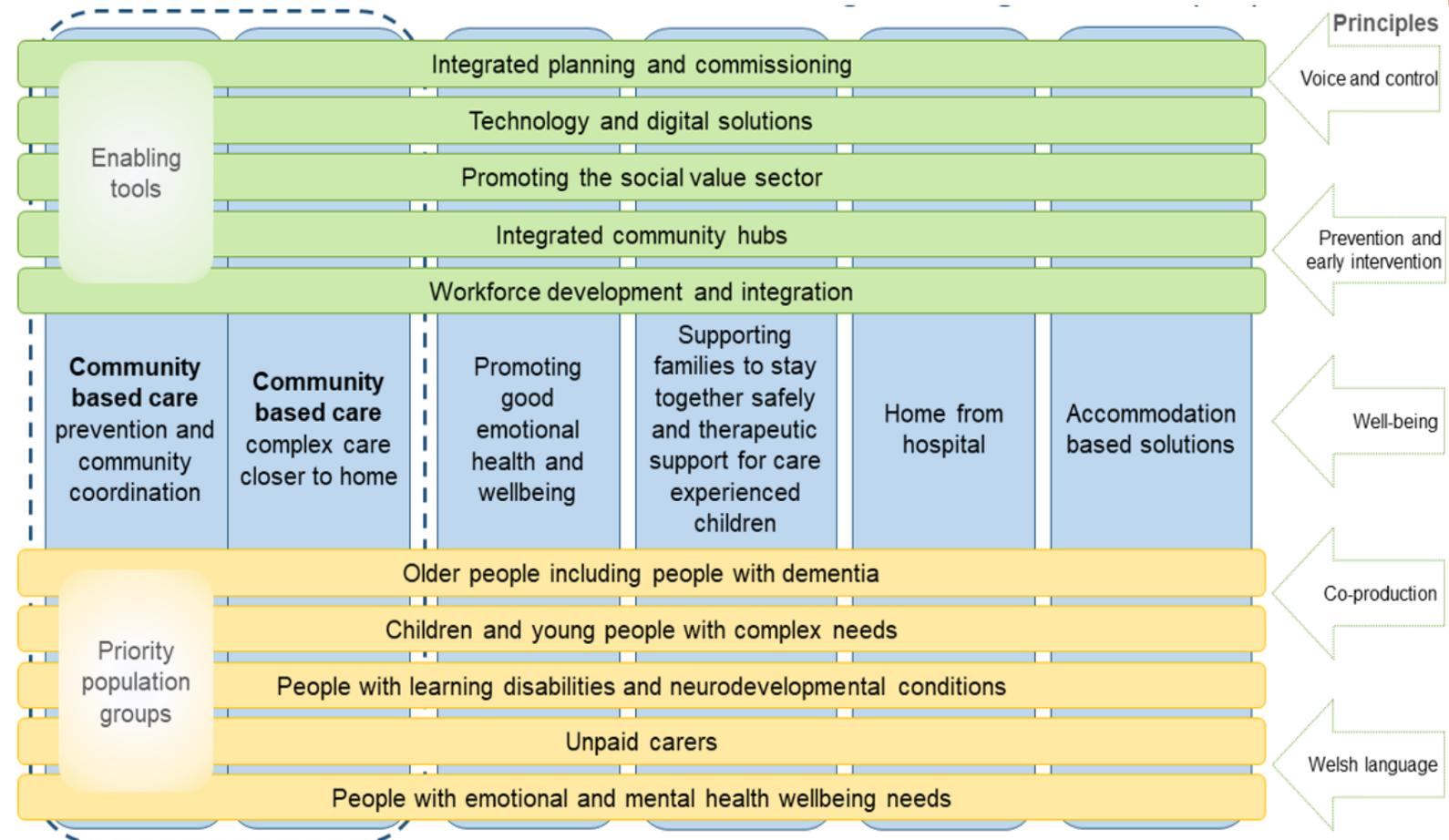
An important piece of work has commenced on the development of an Accelerated, Sustainable Model for health and care in Powys, supporting the delivering of the next phase of the Health and Care Strategy 'A Healthier Caring Powys' via this Area Plan. This work is being taken forward in three phases: the initial **Discovery phase** has been completed in time to inform this plan and the Design and Delivery phases will shape and refine it's implementation. The priorities, aligned to each of the six goals, have been considered as part of a whole-system and integrated approach and will be aligned to the accelerated sustainable Model programme once this reaches design / delivery phase. Specifically in relation to Goals 5 and 6, collaborative efforts will continue to ensure a joined up approach and robust communication to enable timely restart of packages of care and improve accessibility to packages of care, temporary and residential placements

National Alignment - Health and Social Care Regional Investment Fund (RIF)

The Health and Social Care Regional Integration Fund is a five-year fund from April 2022 to March 2027. It builds on the progress made under the previous Integrated Care Fund and Transformation Fund. The fund is a major resource for the Regional Partnership Board to help integrated health and social care services.

Regional Partnership Boards have the flexibility to determine which projects and services align to which model of care but essentially all RPBs need to ensure that they:

- invest in the development and embedding of the six priority models of care.
- are able to demonstrate that they are meeting the needs of all the priority population groups within each of the models of care
- are maximising the use of key enablers to ensure their models of care are innovative, integrated, and transformative.
- seize every opportunity, across all population groups to increase the 'active offer' of integrated services through the medium of Welsh and that,
- all partners are able to 'shift' core resources to invest in match funding to ensure sustainable long term delivery of the new models of care.



The strategic vision and intent of the Powys Health and Care Strategy fully aligns to the new National Models of Care and wider commitments of a A Healthier Wales.

In 2021/22, the *Strategic Programme for Primary Care* introduced an Accelerated Cluster Development (ACD) Programme to ensure more rapid implementation of the Primary Care Model for Wales (PCMW) and to address system barriers. The Programme aims to bring together and develop all previous primary care strategies and reviews at an accelerated pace and scale, whilst addressing emerging priorities highlighted within *A Healthier Wales*. To achieve success, the Programme looks to all health, social and wellbeing providers, health boards and other stakeholders to work collaboratively in sharing local initiatives, products and solutions that could add value to the delivery of primary care services on a 'once for Wales basis'. Ministerial expectations for cluster development to be accelerated and for clusters and RPBs to align respective planning and partnership working have been made clear. The [Community Infrastructure Programme](#) will be particularly important in supporting further development of placed based models



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

The Pan Cluster Planning Group in Powys is being delivered through the Regional Partnership Board Executive Group. There is alignment with the Area Plan Wellbeing Objectives with a 'Focus on wellbeing,' 'Tackling the Big '4'', 'Early help & support', and 'Joined up Care', reflected in the Cluster priorities and projects. In particular, there is strong connectivity in relation to Health & Wellbeing, Frailty, and Urgent & Emergency care.

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

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

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

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

The RPB will work closer with Primary Care Clusters and under the banner of 'Transforming in Partnership' take a broader system based approach to understanding population need to inform the planning and delivery of the health and social care model; and further integrate primary care with community-based services to ensure focus on well-being, equity, early help and support, sustainability of services and joined up care.

Welsh Government ministers have made their intentions clear that to strengthen community capacity steps are needed towards establishing a stronger, more integrated community care service for Wales. This would not be a new organisation, but rather an ambitious agenda to build a stronger web of support to give people a better quality of life. It means going further, faster, building on recent progress. It will need the whole system to jointly develop, agree and put in place a community care service and workforce model. This must consolidate current activity, rather than add another layer. The intention is to make a significant positive impact on our system ahead of Winter 2023/24.

Whilst the planning landscape remains complex and fluid (see later chapters '**Planning Landscape**'), a number of key national strategies and policy initiatives are crystalizing around a common theme that will support the region to rapidly develop an integrated service offer that meets the needs of people within their own communities, prevents escalation of need, and alleviates pressures on the acute health and care system.

Under the Further, Faster agenda and ambition to establish an Integrated Community Care service for Wales, partnership working with the local authority, health board, third sector and local people will continue to develop integrated care communities to help:

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

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

The emerging integrated community care model fully aligns with the key building blocks established within Powys that has progressed through the oversight and cross sector leadership provided through the Powys RPB and targeted investment in wellbeing; community prevention and development; early, help and support initiatives; and efforts to better join-up care across the system.

The development specifically of a blueprinted Powys Integrated Health and Wellbeing Model under the North Powys Wellbeing Programme (see later chapter (**Integrated Model of Health and Wellbeing in Powys- Blueprint**)) demonstrates the potential of the region to further build on this model and upscale the already heavily community and locality-based service offers that exist to deliver a integrated community offer for people in Powys.

Powys Plans and alignment

This plan seeks to draw a golden thread across all key strategic partnerships and planning arrangements within the region, most notably:

- Powys Teaching Health Board's Integrated Medium Term Plan
- Powys County Councils Corporate and Strategic Equality Plan
- Powys Public Service Board (PSB) Wellbeing Plan

Powys Teaching Health Board - Integrated Medium Term Plan 2023/24 – 25/26



The Health Board's Integrated Plan focuses on the next three years and in most detail on the year ahead 2023 – 2024.

The collective ambition for 'A Healthy Caring Powys' which is shared across key partners in Powys remains strong and sits at the heart of the IMTP ensuring strong cross reference and alignment into the joint priority areas of work

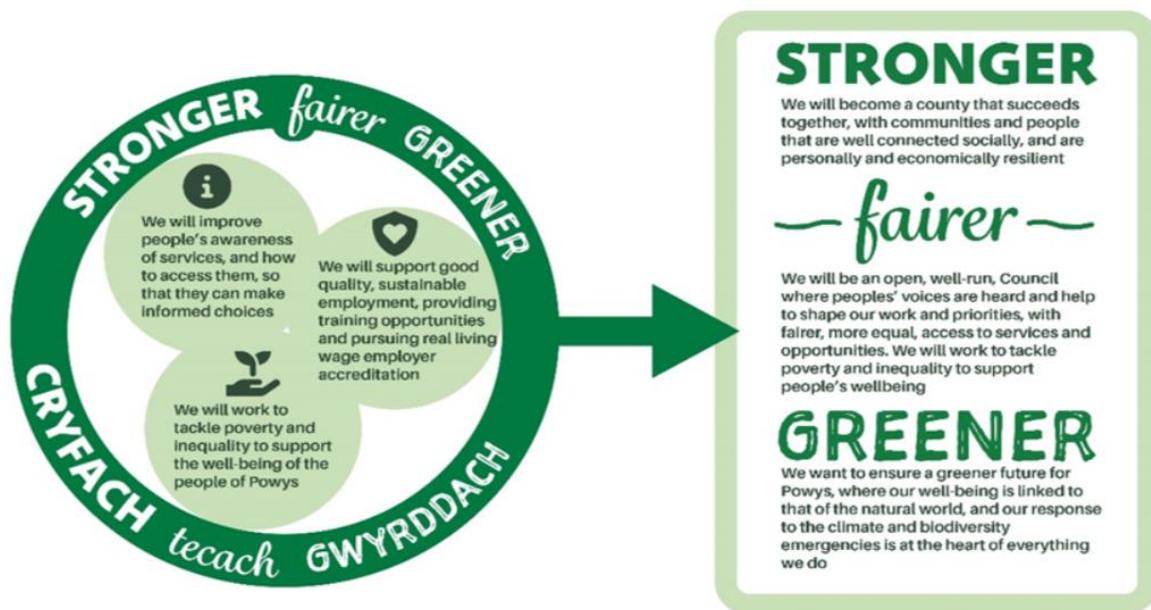
Particular alignment opportunities around priority areas include:

- Population health improvement
- Primary Care
- Mental Health
- Frailty and community model
- Urgent and emergency care

Quality and Value (Patient Safety, Outcomes and Experience) are fundamental across the whole plan

Powys County Council Corporate and Strategic Equality Plan

The new Corporate and Strategic Equality Plan 2023-2027 was approved by full council in February 2023. The document sets out the well-being objectives and priorities for Powys County Council for the next five years and what action is needed to deliver them. There is a strong read across and alignment of individual service areas business plans into delivery the Council's new Corporate Plan, and how elements of this deliver against the wider partnership plans of the RPB and PSB.

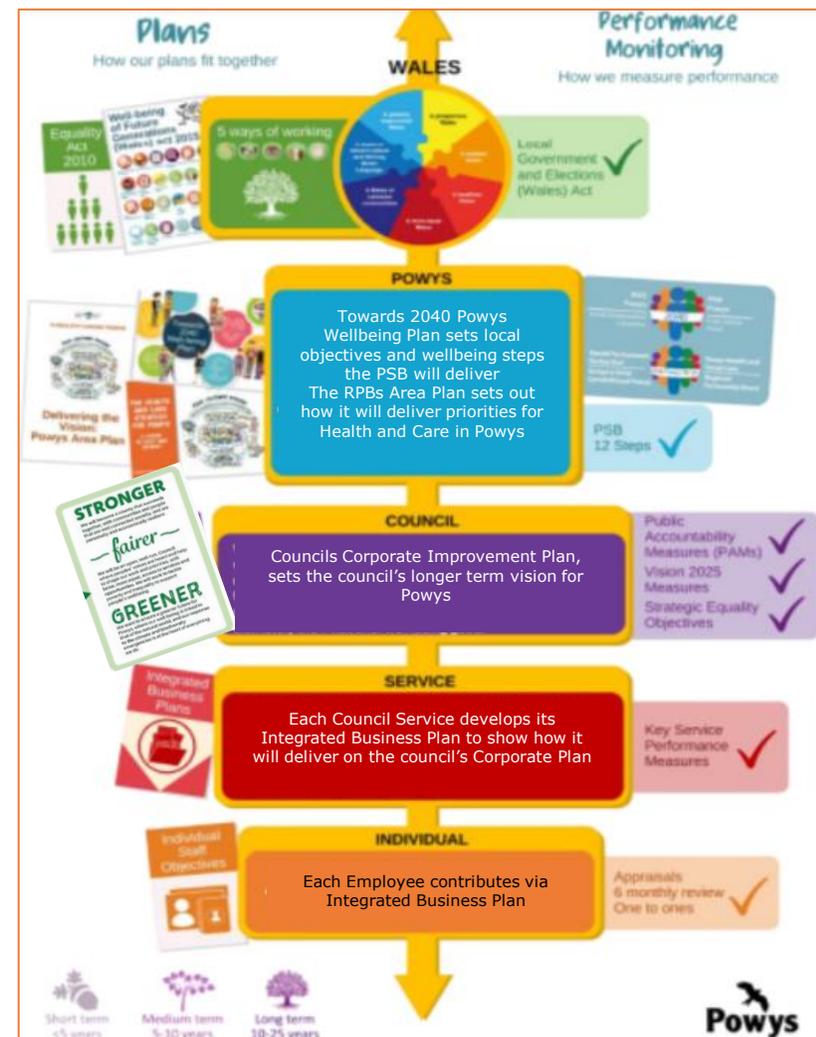


There are also key Alignment opportunities with the Councils Transforming Portfolio including:

- Transforming Education
- North Powys Well-being Programme
- Transforming where People Live
- Supporting our Communities
- Climate and Nature
- Growing Mid Wales

Enabling programmes include:

- Digital Powys
- Insight and Intelligence
- Recruitment and Retention



Key Strategic Partnerships

The importance of oversight with other strategic partnership is also recognised to ensure planning and delivery alignment as much as possible. Key partnerships include the Powys Shared Prosperity Local Partnership; the Area Planning Board for Substance Misuse; the Community Safety Partnership; and Housing Support.

Mid Wales Corporate Joint Committee (CJC)

CJCs created following Local Govt. Elections Act 2021 supporting regional collaboratives around main functions:

- Strategic development planning
- Regional transport planning
- Economic wellbeing (includes Mid Wales Growth Deal)

Within this, the **Local Shared Prosperity Partnership** has objectives to build people's pride in their communities and to increase opportunities for residents and businesses. Priority areas for investment include:

- Communities and Place
- Supporting Local Business
- People and Skills
- Multiply (improving numeracy skills across the county).

The **Mid Wales Regional Investment Plan** outlines the strategic intent and investment areas, many of which support the ambition outlined in the Health and Care Strategy. The RPB will strengthen links across the Partnerships to maximise effort and ensure oversight.

Further work to draw a 'Golden Thread' through all the planning arrangements and shared priorities will continue as part of confirming delivery and resource plans into year one of the RPBs Area Plan.

Powys Area Planning Board

The purpose of Powys' APB is to provide advice and support to responsible authorities in order to "*plan, commission and monitor delivery of high quality treatment and prevention services that are based on the need to improve the lives of substance misusers, families and communities*".

The APB does this by making available a range of evidence based, effective and value for money services starting from education and prevention through to treatment and rehabilitation.

Safeguarding

Partners of the regional partnership board are committed to safeguard people and recognise the importance of developing strong effective joint working relationships with each other so that Powys residents can live their lives free from violence, abuse, neglect and exploitation.

Strategic linkages will be strengthened with key strategic safeguarding boards for children and young people (CYSUR Mid and West Wales Regional Safeguarding Children Board) and adults (CWMPAS Mid and West Wales Regional Safeguarding Adults Board) in recognition that system leadership across this agenda is fundamental to delivering safe and good quality health and care for people.

Powys Housing Support

Regional working forms an important part of improving Housing Support service delivery. Local authorities must work with neighbouring authorities to form Regional Housing Support Collaborative Groups (RHSCGs) co-terminus with Health Boards. RHSCGs role is to provide a forum for collaborative working.

It will be important for the RPB to strengthen links with the RHSCG so that services can be jointly commissioned, designed or focused to optimise the complementary purposes of supported Housing, Health and Social Care.

[Powys Housing Support Programme \(HSP\) Strategy 2022-26](#)

sets out the strategic priorities of Powys Council and its partner agencies for homelessness prevention and housing related support services. The Housing Support Grant (HSG) forms a key element of the overall strategy.

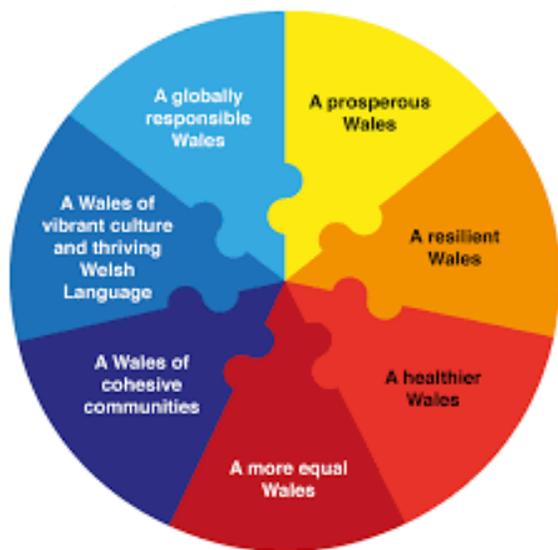
Violence Against Women, Domestic Abuse and Sexual Violence (VAWDASV)

Within Mid and West Wales there are two groups dedicated to VAWDASV; a Strategic Group and a Delivery Group. The Strategic Group agrees on high-level arrangements which are then implemented at Delivery Group level. Both groups consist of membership from all four Local Authorities, both Health Boards and Dyfed Powys Police, along with a number of other key agencies including specialised VAWDASV charities and organisations

Well-being of Future Generations (Wales) Act 2015

The Well-being of Future Generations (Wales) Act 2015 is about improving the social, economic, environmental and cultural well-being of Wales. The Act established public services boards (PSBs) for each local authority area in Wales. Each PSB must improve the economic, social, environmental and cultural well-being of its area by working to achieve the well-being goals within the Act.

There are RPB linkages and alignments throughout the wellbeing goals, but particularly in regard to 'A Healthier Wales.'



- **A PROSPEROUS WALES** - An innovative, productive and low carbon society which recognises the limits of the global environment
- **A RESILIENT WALES** - A nation which maintains and enhances a biodiverse natural environment with healthy functioning ecosystems that support social, economic and ecological resilience and the capacity to adapt to change (for example climate change).

- **A HEALTHIER WALES** - A society in which people's physical and mental well-being is maximised and in which choices and behaviours that benefit future health are understood.
- **A MORE EQUAL WALES** - A society that enables people to fulfil their potential no matter what their background or circumstances (including their socio-economic background and circumstances).
- **A WALES OF COHESIVE COMMUNITIES** - Attractive, viable, safe and well-connected communities.
- **A WALES OF VIBRANT CULTURE AND THRIVING WELSH LANGUAGE** - A society that promotes and protects culture, heritage and the Welsh language, and which encourages people to participate in the arts, and sports and recreation.
- **A GLOBALLY RESPONSIBLE WALES** - A nation which, when doing anything to improve the economic, social, environmental and cultural well-being of Wales, takes account of whether doing such a thing may make a positive contribution to global well-being.

There are also clear linkages to the Acts' Sustainable Development Principles



Powys Public Services Board (PSB) ensures that public bodies work together to create a better future for the people of Powys. The Well-being of Future Generations (Wales) Act 2015 requires all PSBs across Wales to prepare a local Well-being plan setting out plans to improve the social, economic, environmental, and cultural well-being of our communities.

Powys PSB is responsible for developing a local Well-being Plan for the area to help the residents of Powys achieve their well-being goals. To achieve the ambition of a “Fair, Healthy and Sustainable Powys”, the objectives below have been set as the core aims of the plan:

- People in Powys will live happy, healthy, and safe lives
- Powys is a county of sustainable places and communities
- An increasingly effective Public Service for the people of Powys

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Alignment across the PSB and RPB planning space is key. An agreement has been reached that the Powys RPB will deliver on a key part of objective one around people in Powys living a healthy life via its strategy and this Area Plan. The Community Safety Partnership will deliver on the ‘being safe’ element.



Exact delivery mechanisms will be developed and the reestablishment of the strategy to support alignment across the partnerships will support joined up efforts through plan delivery and implementation.

Welsh Governments Net Zero Strategic Plan sets out the way forward for responding to the climate emergency and aligning with Welsh Ministers' ambition for the public sector to be collectively net zero by 2030. It also demonstrates delivery against the requirements of the Wellbeing of Future Generations (Wales) Act 2015, which directs us to consider long-term persistent problems such as poverty, health inequalities, and climate change.

Alignment opportunities can be also identified within Net zero carbon status by 2030: A route map for decarbonisation across the Welsh public sector

<p>Achieving our goal 2026-2030</p> <hr/> <p>Well on our way 2022-2026</p> <hr/> <p>Moving up a gear 2021-2022</p> <hr/>	<p>We embed value over cost. By doing so, society understands, accepts and expects that sustainability and climate action is integral to public services.</p>	<p>Staff and citizens demand zero tolerance of unsustainable behaviour as it is socially unacceptable.</p>	<p>Self regulate and feedback processes across the public sector. Sustainability is part of life.</p>	<p>Value all resources including people's time and the natural environment. Account and profile all resources for a no waste approach.</p>	<p>Tailor citizen-centred, low carbon services. The public sector, society and the individual work together to reduce inequalities & improve well-being.</p>	<p>Require and expect low carbon technologies to be incorporated in all public sector services and products.</p>
	<p>We integrate action on climate change into our public facing engagement. We show how we appreciate the value of low carbon products, services and places.</p>	<p>Staff and citizens expect to be able to make choices based on sustainability and well-being criteria when considering services and products.</p>	<p>Account for climate change future impacts in all decision making processes. Life cycle costing is the norm in the public sector.</p>	<p>Model business decisions so entire resource impact is accounted for. All resources need to include full life cycle carbon costings.</p>	<p>Collaborate with cross sector partners to prevent disadvantage, promote well-being and develop sustainable joint service plans.</p>	<p>Enable and support technology to allow the empowerment, equality and well-being of individuals.</p>
	<p>We engage with the climate change debate. The public sector explains its case for taking sustainability seriously and considers how it can impact on the wider society.</p>	<p>Staff and citizens understand what you can do. You know you should act. You know you can make a difference.</p>	<p>Agree on responsibilities, mechanisms and measures including legislation, regulation and public reporting of progress.</p>	<p>Research how to use all types of resources better to enhance health and minimise waste. Identify, prioritise and address gaps in knowledge.</p>	<p>Explore sustainable models. Increase investment to prevent disadvantage and improve well-being. Optimise benefit from nature.</p>	<p>Adopt and invest in sustainable technologies. Reduce the risk of investment in new technology. Welcome innovation.</p>
	Society	Individual	System governance	Use of resources	Models of service delivery	Technology
	Behaviours		Standards		Innovation	

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Further opportunities will continued to be explored across the health, care and wider system around how climate and nature can support people's health and wellbeing, such as green spaces, particularly in relation to health inequalities.

Planning landscape

An analysis was carried out with internal and external stakeholders over Autumn/Winter 2022. The analysis sought to examine the complex and changing health and social care environment in order to further the development and subsequent delivery of this plan. This was a shared exercise, and it has informed both the health board and regional partnership plans. The table below shares the key points in relation to the main political, economic, social, technological, legislative and environmental factors.

Political	Economic	Social
Changes in UK Government with new prime minister; and in monarchy with passing of Her Majesty the Queen and accession of new King Charles III	Global and UK economic challenges; inflation and associated interest rate increases; fluctuating position of sterling in response to UK Government changes and policy directions	Evidence of growing inequality arising from the impact of Covid and cost of living Increases in excess mortality and reductions in life expectancy across Europe
Impact of Russia's action in Ukraine in particular humanitarian needs and refugee support; impact of sanctions / consequential of the conflict on supply chain (in addition to changes in supply chain in relation to EU exit)	Complex factors driving cost of living and energy cost increases – impacts for businesses, public sector, consumers and domestic costs Particular impacts for rural communities with comparatively low household incomes	Evidence of syndemic impact for those with existing health conditions and chronic illness Evidence of greater impact for those who are already disadvantaged economically
Differences in approaches between UK and Welsh governments in relation to covid/ health and care backlogs and recovery of access	Changes in the employment landscape, fragility and scarcity across workforce for all sectors in health and care	Certain groups experiencing specific impacts such as children, young people and families where education and the first 1000 days were disrupted
Inequality exist where there are variations in the pace of recovery	Emergence of multiple trade union industrial actions across health and care and other sectors such as transport	Changing population behaviours in relation to Covid and associated prevention measures / transmission
Changes in Powys County Council leadership and portfolios and changes in management posts following local elections in 2022	Opportunities exist for new schools which are training the doctors of the future and partnership work focused on rural health and care Value Based Healthcare opportunities across health and care	Complexity of public perception / experience with public and healthcare sector

Planning landscape

Technological

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

Whole population vaccination approach; becoming more targeted endemic response with surge potential

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

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

Syndemic impact of covid will require innovative evidence and value based responses

Difficulty in modelling health and care demand medium and longer term; significant increases in demand being seen currently

Legislative

Existing (pre covid) legislative requirements remain and require action including the Future Generations (Wales) Act; Social Services and Wellbeing (Wales) Act; A Healthier Wales and National Clinical Framework

Major legislative reform in England with Integrated Care Systems following implementation of Health and Care Bill

New legislation in Wales including Quality and Engagement Act (new Citizens Voice body; Duty of Candour and Quality)

NHS Wales ministerial priorities include joint working and alliances across health and care

Complex system architecture; new NHS Executive, Regional Fora, RPBs and PSBs, Accelerated Cluster Development

Emerging policy around regional collaboration (e.g. regional diagnostic centres / centres of excellence) presents opportunities and challenges for Powys

Environmental

Growing urgency on climate change is a key focus in UK and Wales governments

Challenging set of targets and efforts required to achieve decarbonisation by 2030

Opportunities in relation to sustainability and carbon zero approaches

Growing evidence base in relation to environmental sustainability and high impact changes

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

Changes to infrastructural requirements also to be taken into account in health care settings with changing covid response and changes in associated funding

Challenge of balancing environmental impacts/ staff wellbeing / productivity and agility as workplaces are able to return to office-based working

Given the complexity demonstrated here, it was recognised that there is an urgent need for change. An important piece of work has commenced on the development of an Accelerated, Sustainable Model for health and care in Powys (see later chapter). This work builds on the renewal and response efforts of partners following the impacts of the pandemic and will help set the next phase of recovery in the short term, whilst reaffirming continued commitment to the transformational ambition in the Health and Care Strategy, A Healthy, Caring Powys.'

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'A Healthy, Caring Powys' - Powys Health and Care Strategy 2017/18 - 2027/28

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Strategy Overview

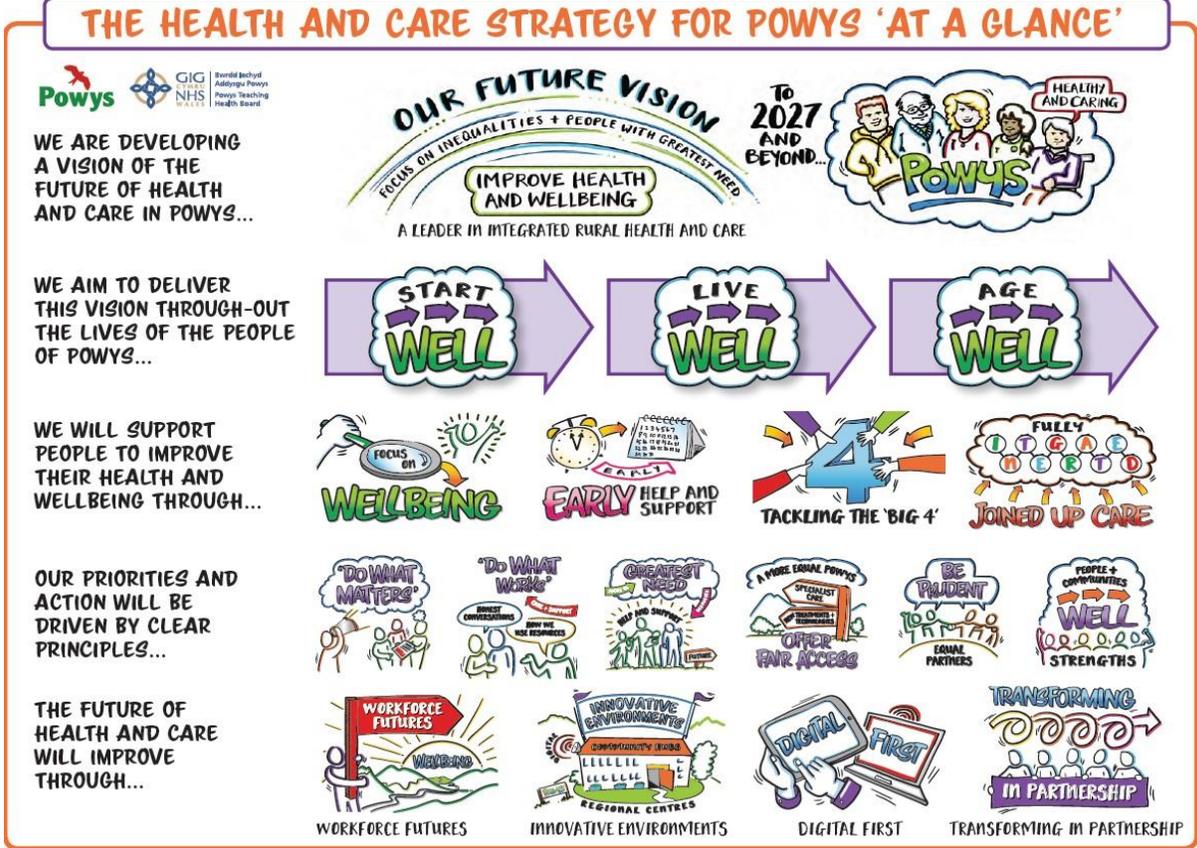
The Health and Care Strategy provides the future vision and direction of travel for integrating health and social care services for Powys. Despite huge upheaval, the Powys Regional Partnership Board have recommitted to driving forward its ambitious plans in line with the strategic framework, objectives and priorities of the strategy. It demonstrates the high level of commitment from the Health Board, Powys County Council and its partners to provide one seamless health and care system for Powys residents.

The Social Services and Wellbeing (Wales) Act for Wales 2014, the Wellbeing of Future Generations (Wales) Act 2015 and A Healthier Wales: Our Plan for Health and Social Care 2018- 2030 represent the strategic drivers for health and social care transformation in Wales. Powys has taken this forward with A Healthy Caring Powys: A Vision to 2027 and Beyond, published in 2017. This strategy was developed after extensive public and professional engagement.

It was informed by the Powys Public Service Board Well-being Assessment (WBA), the Regional Partnership Board Population Needs Assessment (PNA) and extensive engagement and research as to what Powys residents and partners have said about health and care in Powys.

Given the changing planning landscape (as covered in previous chapters) the strategy has undergone a mid-term review and refresh which was informed heavily by the updated Powys PNA and Wellbeing Assessment (2022) and other emerging evidence and insight from a continuous engagement approach. New and emerging national and local policy and strategies have also been considered. This has all helped shape the forthcoming Area Plan to ensure agreed joint activity is prioritised to ensure the biggest impact and meet the changing population needs. The strategy and high-level objectives will remain recognisable as they still set the right strategic framework for driving forward health and care integration and delivering better outcomes for people of Powys.

The long-term vision identifies the importance of enabling people to 'Start Well', 'Live Well' and 'Age Well' through a focus on well-being, early help and support, the big four health challenges and joined up care. It also recognises the importance of key enablers that will improve the future of health and care. By 2027, people in Powys to receive the right care and support, at the right time, and in the right place.



Strategy Principles

Six principles were identified through extensive engagement. These will guide how we create a healthy, thriving future for the people and communities of Powys. Achieving the vision means finding the right balance between these principles.



Do What Matters

We will focus on 'what matters' to people. We will work together to plan personalised care and support focusing on the outcomes that matter to the individual.



Do What Works

We will provide care and support that is focused on 'what works' based on evidence, evaluation and feedback. We will have honest conversations about how we use resources.



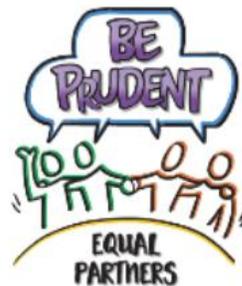
Focus on Greatest Need

We will focus resources on those with greatest need for help and support, in a way that looks ahead to future generations.



Offer Fair Access

We will ensure that people have fair access to specialist care and to new treatments and technologies, helping to deliver a more equal Powys and recognising rural challenges.



Be Prudent

We will use public resources wisely so that health and care services only do those things that only they can and should do. Supporting people to be equal partners and take more responsibility for their health and care.



Work with People and Communities

We will work with individuals and communities to use all their strengths in a way that maximises and includes the health and care of everyone, focusing on every stage of life – Start Well, Live Well and Age Well.

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A Healthy, Caring Powys – Outcomes / 'I-Statements'

The following co-produced outcomes or 'I-Statements' remain relevant to what Powys citizens should be able to expect in 2027, and will continue to drive priorities against the key wellbeing and enabling objectives for the duration of the revised Area Plan.



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



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



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



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



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



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



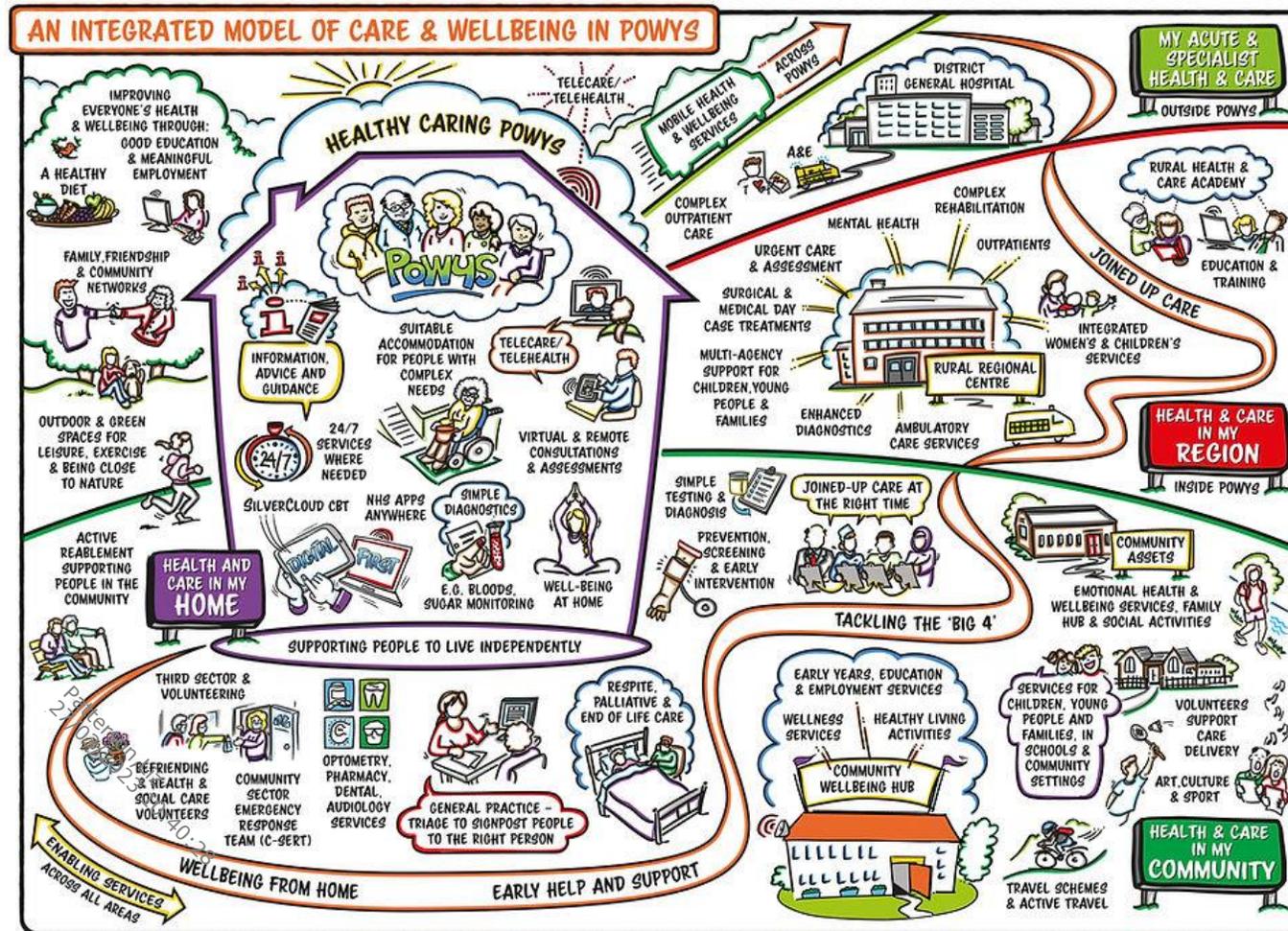
- I am part of a thriving community which has a range of opportunities for health and social care, social events and access to advice and guidance services to support my well-being
- I have access to a Rural Regional Centre providing one stop health and care shops – diagnostic, advice and guidance, day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



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

Integrated Model of Health and Wellbeing in Powys- Blueprint

The strategic vision for an Integrated Model of Care and Wellbeing in Powys is embedded within the longer-term vision of Powys Health and Care Strategy which seeks to identify opportunities for people to improve their health and wellbeing.



The Integrated Model of Health and Wellbeing seeks to identify opportunities to transform health and care services, in part, by focusing on delivering more services in-county and bringing care closer to home.

It offers a once in a lifetime opportunity to transform health and care services for the population in the rural heart of Wales, as well as harnessing and accelerating the opportunities for digital advances that Covid-19 has presented. In order to enable residents in Powys to live longer, healthier and happier lives, services need to shift the focus of the model of health and care away from delivery in acute and specialist hospital settings and towards a more holistic, integrated approach with a heightened focus on wellbeing, prevention and early help services delivered closer to people's homes and communities.

The model forms part of a Wales-wide response to the increasing demands and new challenges facing the NHS and social care. These include an ageing population, lifestyle changes, public expectations and emerging medical technologies as articulated and evidenced within the updated Powys RPB Population Needs Assessment and other emerging evidence.

Progress and Learning under first Area Plan

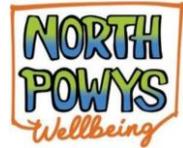
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The creation of a Health and Care Strategy, A Healthy Caring Powys was key to creating **ownership of a shared ambition**.



This has allowed the partnership to work together towards creating a future where everyone in Powys has the best opportunity to live healthy, full, and independent lives.

Flagship programmes have been progressed including the North Powys Wellbeing Programme and Workforce Futures



Once in a generation opportunity to radically transform and improve the way health, care and wellbeing services are provided for people of all ages

- see next page



Significant progress made towards delivering against the outcomes stated in the Workforce Futures Strategic Framework

Powys Health and Care Academy building complete with state of art facilities supporting launch of numerous joint workforce offers.

Improving the overall experience of working in Powys is something we can all play a part in.

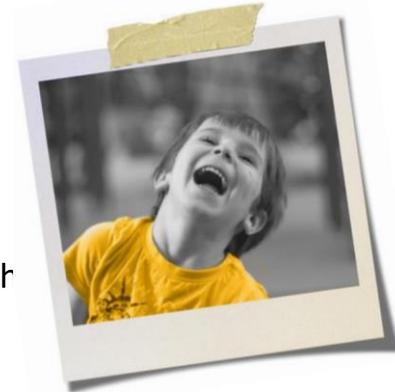


Start Well, Live Well and Age Well groups have delivered complex, multi-agency programmes of work, some example of which are listed below.



Edge of Care

The partnership has provided intensive support to improve the current living arrangements for children and young people so that they can remain living with their families rather than entering care, where it is safe



Closer to Home

The partnership continues to help people who live out of county due to their specific support needs, to live closer to home. New accommodation developments have been opened, enabling people to live independently, closer to their home communities.



Extra Care

The Partnerships extra care plans have progressed well, with work underway to deliver 66 affordable one- and two-bedroom extra care apartments in Welshpool, and 41 in Ystradgynlais.



Further information can be found in respective Powys RPB Annual Reports on the [RPB website](#).

The North Powys Wellbeing Programme was initiated prior to the Covid19 pandemic, to accelerate the transformation needed to deliver against the shared long-term Health and Care Strategy, 'A Healthy Caring Powys'.

This is a once in a generation opportunity to improve population health outcomes and wellbeing, delivering integrated care, closer to home in line with the Health and Care Strategy.

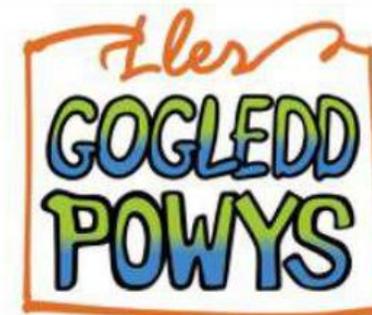
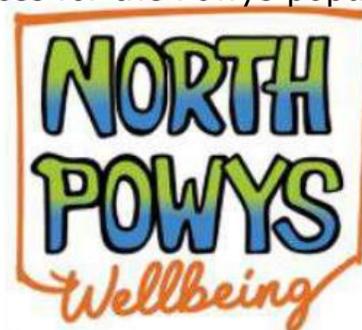
The key ambitions are to:

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

The programme was suspended during the initial response to the pandemic, to enable resources to be diverted into delivering core services to support the public health emergency. It has been recommenced and 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.

Welsh Government endorsed the Programme Business Case for the campus model and a Strategic Outline Case has been submitted to Welsh Government, followed by the Business Justification Case for Infrastructure later this year.

This programme has been co-produced from the outset and has adapted to respond to changing circumstances, most notably the impact of the pandemic. The work on the Accelerated Sustainable Model has built on the innovations already achieved through this programme. The synergy between the Pan Powys whole system work and the new campus model in the North Powys area will be key to leveraging the change needed to sustain health and care services for the Powys population.



The **Covid-19 pandemic**

re-routed efforts from Spring 2019, delaying some programme work but expediting other areas of prevention and partnership working.



Whilst we faced many Covid-19 related challenges:

- We saw huge numbers of people come forward to volunteer in response to Covid.
- Services developed different systems of working to continue to meet the needs of people.
- Significant innovation and upscaling of digital took place during the response to the pandemic with an acceleration in virtual methods for the delivery of care and ways of working.

We will continue to build on the lessons learnt from Covid-19 and continue to work closely together as part of partnership efforts to renew, re-set and reflect on the pandemic, and use this to help strengthen partnership arrangements going forward. This presents a unique opportunity to harness the joint working that was accelerated and maximise on those benefits.

The RPB has gradually restored its work over the past year and a half, reinstating the delivery mechanisms and refreshing programmes of work

Updated and more agile governance arrangements are now in place in line with the learning from covid for:

- Winter / system resilience planning
- A range of resilience measures, system wide contingency plans and surge plans have been developed and utilised which provide valuable learning and helped shape priorities

Connection points were established between the RPB Area Plan and the PSB Wellbeing Plan in particular on 'Steps 11 and 12' relating to transformation of health and care for population wellbeing, which helped strengthen planning and delivery oversight across the two strategic partnership - these arrangements are being reviewed and renewed together for the iteration of the second Area Plan (see *Strategic Partnership Linkages chapter*).



Key Evidence and Insights

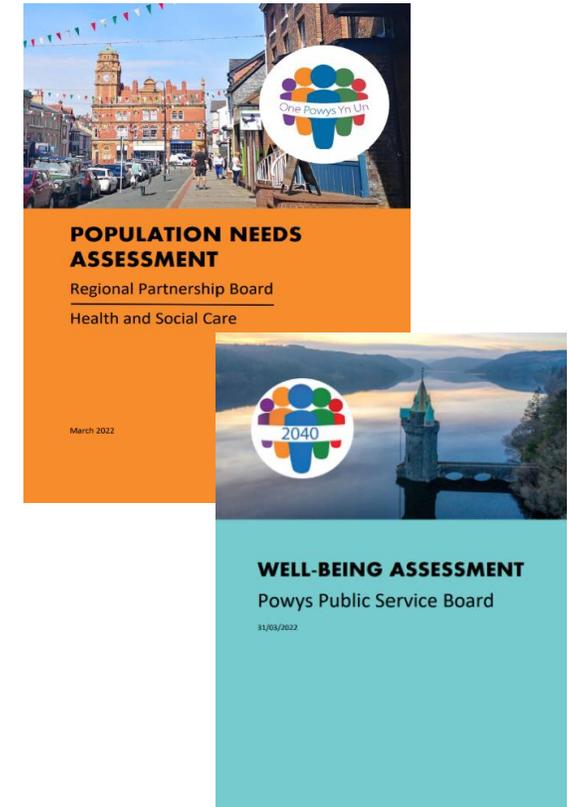
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Key Insights – Wellbeing and Population Assessments

The **Powys Population Assessment** and **Powys Wellbeing Assessment** have been updated and provide a refreshed understanding of life in the county. The insights from these two core sources of analysis have been used to inform the refresh of the Powys Area Plan, among other partner Plans. **A Powys Market Stability Report** was published in July 2022 which highlighted the sufficiency and stability of the social care market and wider supporting provision to help shape priorities for addressing these key findings. Equally, other emerging evidence, research and insights from engagement have been used.

- There are around 133,000 people in Powys which covers a quarter of the landmass of Wales.
- Powys is at the forefront of the issue of ageing population. The average age is higher than Wales and the UK, with 28% of the population over 65 years old and this is predicted to increase.
- 75% of areas in Powys are in the top 30% most deprived in Wales. This is in the context of a rural economy with low income employment. 79.2% of people are economically active and 17.8% are self-employed, but unemployment has grown and 5% of working-age people are unemployed.
- The average household income in lower in Powys at £33,458 (compared to Wales £34,700, UK £40,257). 55% of households in Powys earning below the County average. Most concerning is that 4,088 families live in absolute poverty.
- In relation to the quality of housing, 48% of homes have a poor energy rating. The Housing Demand register indicates unmet need for affordable housing of the right size and geographies. Powys has the worst quality of broadband coverage in Wales.

- Surveys of wellbeing often show high levels of people feeling happy and in good health. There is an increasingly thriving Welsh culture with 19% able to speak Welsh in Powys.
- Life expectancy for men and women is higher than the Wales average but there are variations in the county. People in Powys live longer in good health than the population of Wales and the UK overall, however there are inequalities between groups.
- A third of households are single occupants; this is predicted to rise by 4.2% over ten years.
- 20% of those seeking support from PAVO (Powys Association of Voluntary Organisations) described loneliness and isolation. 12% of the population are unpaid carers.
- Powys has a low population density of 26 people per square km (compared to Wales 153 per km² and Cardiff 2620 per km²).
- All of Powys is within 300m of greenspace; half of residents live within 10km of accessible greenspace.
- However, there are energy efficiency issues with a reliance on solid fuel and multiple car use linked to rurality and limitations of public transport.



The full reports can be accessed by clicking on the relevant document above

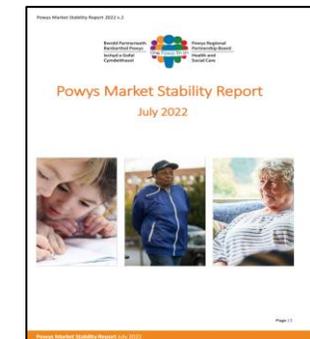
Key Insights – Market Stability Report (MSR)

The MSR identifies key commissioning priorities in relation to the Rebalancing Care and Support Programme to rebalance social care sector away from cost to quality, from outputs to outcomes and from profit towards social value. The Social Value Forum will continue to support the RPB to engage with providers of care and third sector partners to ensure engagement and co-production with partners.

The key high-level challenges regarding stability and sufficiency across all provision highlighted by the Powys MSR are that:

- Funding for the public sector in general and social services in particular has been under significant pressure since 2010 and the austerity measures taken by successive governments after the financial crash in 2008/9 have taken their toll on budgets and the ability to fund services and manage rather than react to markets.
- Preventative services were amongst the first to suffer significant challenges and these have reduced over time in line with the budget pressures.
- The pandemic has contributed to an already rising demand for services for older people and children; it is understood that many people are now presenting to Councils and the NHS with conditions which have worsened due to people not seeing their GP or specialist services, thereby their needs having become greater and more complex.
- Informal/family carers have been working tirelessly, especially during the pandemic to look after their relatives, friends and neighbours. However, many carers have returned to work, leaving significant gaps in provision.
- Communities have come together to support vulnerable people where paid services were and are not able to deliver the often called 'low level' support. In fact this support provides the bedrock for vulnerable people but it has to be understood that this support comes at a cost.
- The Council and the health board have seen significant pressures to provide domiciliary care to older and vulnerable people in the community. Unfortunately waiting times for new packages of care have increased over the last year. This inevitably can lead to people experiencing delays in leaving hospital with a package of care once they are medically fit for discharge.
- Care Providers and also the Council, Health Board and Third Sector providers have struggled for some time to retain and recruit staff. This trend became even more apparent during the pandemic and especially since the middle of 2021 staff have left their roles, sometimes for less challenging roles in social care front line services or through early retirement. Whilst this trend is felt across the UK, Powys as a very rural county sees particularly challenging times.
- The impact of the 'cost of living' crisis is still emerging with inflation running at levels not known for a generation, pushing many individuals, families and also businesses into very challenging situations.

It is important to note that since the publication of the MSR, the market continues to change and is subject to significant pressures. Working together across all partners, including with care sector providers and people working in this area in recognition they have unique strengths and insights, will be crucial in order to collectively respond to the identified challenges.



The full MSR report can be accessed by clicking on the document above

Key Insights - Health Inequalities

Recent evidence provided by Public Health Wales, indicates that health inequalities have been worsening 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. A [Senedd research report](#) notes for example, that 30,000 extra cases of cancer can be attributed to socio economic deprivation. The [NHS Confederation](#) have raised the threat posed to public health by energy price increases and fuel poverty and pointed to 'the unequal impact of Covid-19'.

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

There are specific areas of note for Powys:

- There are significant variances between the least and most deprived areas and variation in life expectancy in Powys. There are issues of inequity of access, exacerbated by the impact of the pandemic on waiting lists. There is variation in different geographies in Powys, both for those services provided in the county or those accessed from neighbouring providers. There is a faster pace of recovery in backlogs in England than Wales.
- The number of elderly people in Powys is projected to rise by 15%, whilst at the same time the working age population is projected to fall by 3,200 (4%). The population change in the next 10 years will create a gap between those who will need help and support in their later years, and those of working age who will be providing it.
- The key causes of illness and deaths of Powys people are the 'big four' of cancer; circulatory conditions (cardiac conditions, diabetes and stroke); respiratory illness; and mental illness. Given the ageing population these are growing concerns. Physical frailty and frailty of mind, muscular skeletal conditions and eye care are also significant.
- There is known to be under-reporting of conditions when compared to expected rates, with a mismatch between expected demand and the capacity of services to respond.
- A growing proportion of children are suffering challenges as a result of successive lockdowns. There has been a significant increase in instances of anxiety and other mental health issues and an increase of 64% in counselling referrals. Powys has the seventh highest rate in Wales of children receiving care and support and a concentration of vulnerable children placed in the county by other local authorities, in addition to the children looked after by Powys County Council.

There are also great assets and opportunities in Powys. There was a huge strength shown in the community response and resilience to the pandemic. The co-operation between organisations, the ability of community and voluntary groups to wrap support around their local areas and the rapid adaptations made by essential services was enormous.

There are a number of overlaying and unprecedented pressures noted on the previous pages, in particular a rural and ageing population with a third of residents living alone.

Key Insights - Accelerated Sustainable Model Discovery

An important piece of work has commenced on the development of an Accelerated, Sustainable Model for health and care in Powys, delivering the next phase of the Health and Care Strategy 'A Healthier Caring Powys' (RPB Area Plan).

This work is being taken forward in three phases. The initial **Discovery phase** has been completed in time to inform this plan and the Design and Delivery phases will shape and refine its implementation. The Regional Partnership Board (RPB) will have a key role in taking forward this work as part of the commitment to sustainable development made in the Health and Care Strategy, with the ambition for seamless, integrated health and social care services, across the life course.

Key Insights from the Discovery phase include:

The equivalent of 1 in 5 of the population of Powys are on a waiting list for planned care, including diagnostics, in or out of county. And the number of people delayed in hospital is causing severe difficulties across the system. Older people are at risk of harm from deconditioning (losing muscle strength and confusion) when delayed in hospital and of not being able to maintain or return to living at home.

Powys has had one of the lowest levels of emergency admissions per 100,000 population in Wales for the last two years. However, patients are delayed in ambulances outside Hospitals and ambulances cannot get to new patients quickly enough. Emergency departments are overcrowded as new patients cannot be admitted to wards swiftly and patients are delayed in hospital, including community hospitals, for assessments which should take place outside hospital. Powys County Council, other local partners and other NHS organisations are facing similar challenges in terms of the need in the population and workforce gaps, requiring a shared approach working at pace across organisational boundaries.

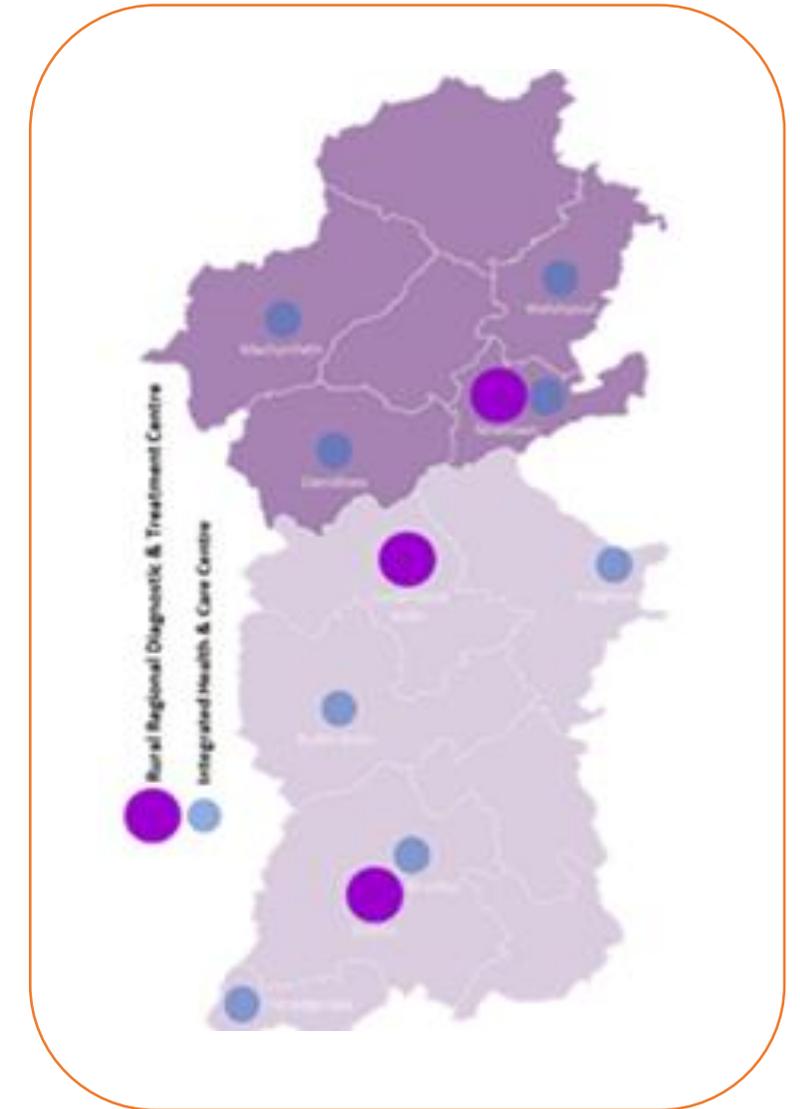
There are a number of key areas arising from the Discovery phase which indicate particular issues to be addressed in Powys:

- 50% of patients in Powys hospitals also have some form of cognitive impairment.
- Research shows that 42% of people over the age of 70 who had an unplanned hospital admission have dementia.

- Approximately 10% of people over the age of 65 and 25- 50% of those over the age of 85 are living with frailty. There can be adverse consequences if frailty goes unrecognised.
- Loneliness and the need for home support are amongst the key reasons for seeking third sector services.
- Most Powys people are still dying in hospital (and mainly in out of county District General Hospitals).
- There are gaps in home support, domiciliary care and some types of residential settings. Not only does this risk a poor experience and outcome but it is a poor use of resources.
- There are people in community hospital beds out of county and this is one of the key areas to improve value, outcomes, experience and use of resources.
- There are significant pressures in primary care, but stronger collaboration is also forging new innovations.
- There is variation within community and community hospital services across Powys, including minor injury units. There have been some temporary closures of some wards due to staffing difficulties.
- The health board's expenditure on District General Hospitals and specialised services is growing at a faster rate than areas such as primary care, making it harder to balance needs and priorities across the whole system.

Core to the next stage of development of the model of care is:

- Integrated health and care services to meet holistic needs of individuals.
- The needs of those suffering frailty, who are predominantly older people, need to be met holistically addressing both physical and memory frailty.
- It is essential that inequalities are tackled in relation to pregnancy, severe mental illness, cancer, circulatory diseases and respiratory conditions. The physical health needs of mental health people must be addressed.
- There is a need to prevent exacerbations; reduce emergencies and prevent unnecessary referrals and admissions with systematic case finding approaches and earlier intervention
- Reduction in lengths of stay where hospital admission is necessary, to avoid deconditioning and timely discharge so that a full assessment can be made in usual home
- Moving services where safe and effective from out of county hospitals into Powys Regional Rural Centres in line with Getting It Right First Time (GIRFT) recommendations, optimising diagnostics earlier, more treatable stages
- Strengthen resilience in primary and community services, improving multidisciplinary working and skill mix, access in and out of hours; addressing the sustainability issues created by the current dispersed, small, teams
- Provision of adequate supported living accommodation and nursing homes.
- Work with communities and the third sector to help develop alternative and local networks of support, given the number of single households in Powys
- Utilising digital technology and one stop services to create a wellbeing offer as locally as possible within Powys.
- Inter-generational Community Well-being Hubs providing a means for alternative approaches to service delivery.
- Creating an opportunity to bring communities together to enable people to address the well-being issues which matter most to them.



Continuous Engagement

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Powys RPB recognises the importance of a continuous engagement approach to ensure that we engage with Powys citizens across RPB partners to develop services based on 'What Matters' to people. Continuous engagement with groups, service users and Powys citizens has continued to influence the development of this document and helped shape the priorities (*specific key engagement insights are captured in later chapters of this plan against relevant life course chapters*).

A strong foundation of engagement underpins the work of the RPB from the creation of the Health and Care Strategy and in the delivery of the Area Plan through:

- Engagement with over 1,000 people to develop the future vision for health and care in Powys to 2027
- Engagement events across the North of the county to help shape and inform the new integrated model of care and wellbeing for Powys.
- A range of partners working to encourage all stakeholders to share their thoughts and ideas as part of the Population Needs Assessment
- Development of the Workforce Futures Strategic Framework in partnership with over 300 colleagues from across the Health and Care sector in Powys and considers whole system working.
- Ensuring citizens, carer, third sector and provider voice continues to be supported via engagement forums and broader engagement mechanisms. We have continued to build on digital enhancements and opportunities around engagement. The Powys RPB website and associated social media continue to reach a wider audience. Further development and training across all partners on Engagement HQ in the region to support digital engagement approaches for key RPB partners and partnership programmes.
- Through the Engagement HQ platform, the partnership can access the latest engagement tools such as quick polls, social subscribing, and online focus groups, to help capture people's thoughts in a timely manner.
- The Social Value Forum (acting as a funnel for PAVO, third sector, locality and community / voluntary networks across Powys) helps act as a key mechanism to harness and share collective issues and 'gaps' to inform priorities for the RPB.

Engagement and Insight Group

Alongside the use of the shared Engagement Platform Engagement HQ, the Powys Engagement and Insight group was established in 2022 to ensure that how we engage with Powys citizens across the partnership is joined up and to enable citizens to be more meaningfully involved in shaping policy, service design and delivery.

54,637 visits to the 'Have Your Say' Powys Engagement HQ site with 12,425 visitors taking part in engagement activities since the launch of the Engagement HQ platform in May 2021



The engagement carried out to review and produce this updated Joint Area Plan builds on the extensive engagement work which shaped the objectives and priorities in the original Area Plan and Health and Care Strategy in 2017. It is built on what the people of Powys have said about their health and care in various ways including in surveys, complaints, compliments, focus groups, workshops and development sessions, and service user forums.

The views and evidence gathered throughout 2021 and 2022 as part of the Population Needs Assessment (powysrpb.org) and Well-being Assessment have been drawn on to inform the updates to this refreshed strategy.

In addition, we launched the 'Your Big Ideas for Powys' engagement campaign in the autumn of 2022. We asked people to read the Powys Well-being Assessment and the Powys Population Needs Assessment and then reflecting on this and on their own experiences of living or working in Powys, to answer one question:

"What is your top priority for improving the wellbeing, care and support of people in Powys over the next five years and beyond?"

We received responses via the survey and Ideas Map. The feedback was varied covering topics across health services, social care and the third sector.

Co-Production

Looking forward, we will build on this foundation of engagement to embed a clear and consistent approach to citizen involvement. One that gives people of Powys opportunities to voice their views, needs and wishes, and to contribute to plans, proposals, and decisions about services.

There will be a focus on embedding best practice methods such as those established by the [Coproduction Network for Wales](#) and actively seek out the views of seldom heard groups.

There is work to be done to enable opportunities for co-production – doing 'with' local communities and not doing 'to'. Building more equal relationships of shared power and shared responsibility with our communities, based on honesty and openness.

RPB Area Plan Priorities 2023/24 – 2027/28

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Overview

The following chapter describes the high-level strategic intent and priorities for the RPB framed around the four wellbeing objectives:

- Focus on Wellbeing
- Early, Help and Support
- The 'Big Four'
- Joined Up Care

and four enabling objectives:

- Workforce Futures
- Digital First
- Innovative Environments
- Transforming in Partnership

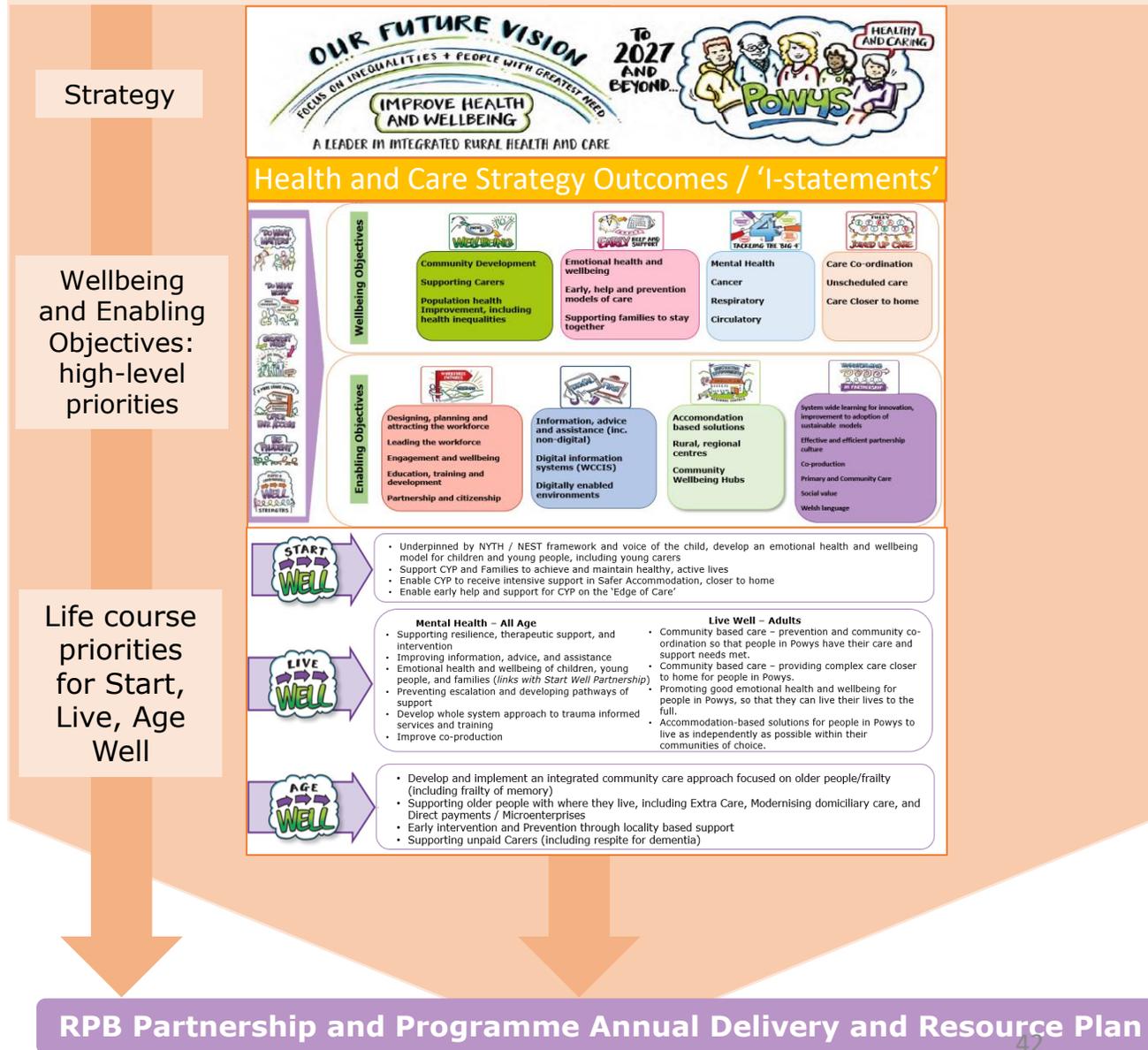
The subsequent chapter will outline how these priorities set a clear framing for the Strategic Partnerships and Programmes under the RPB to deliver on the ambition of the Health and Care Strategy through a life-course approach, that seeks to enable all people in Powys to 'Start', 'Live', and 'Age' Well.

The summary at the start of this chapter offers an 'at a glance' overview of all the priorities across all objectives. Additional detail is offered for each objective within the 'Refresh Parameters'. These are the agreed parameters in which the priorities have been refreshed and considered. They build on the first Area Plan in line with the continued strategic direction set by the Health and Care Strategy and remain recognisable to partners, communities and people in Powys.

Key progress and learning under the previous Area Plan has been considered, alongside any key strategies, policies and planning alignment considerations in relation to the specific objectives.

This helped establish a refreshed set of priorities that built on what had been achieved under the first Area Plan, as well as offering key areas of delivery to drive forward under this new second Area Plan via the life course approach.

Reaffirmed Health and Care Strategy Objectives and refreshed priorities to deliver across Life course to enable people to Start, Live and Age Well





Wellbeing Objectives



- 1.1 Community Development
- 1.2 Supporting Carers
- 1.3 Population health Improvement, including health inequalities



- 2.1 Emotional health and wellbeing
- 2.2 Early, help and prevention models of care
- 2.3 Supporting families to stay together



- 3.1 Mental Health
- 3.2 Cancer
- 3.3 Respiratory
- 3.4 Circulatory



- 4.1 Care Co-ordination
- 4.2 Unscheduled care
- 4.3 Care Closer to home

Enabling Objectives



- 5.1 Designing, planning and attracting the workforce
- 5.2 Leading the workforce
- 5.3 Engagement and wellbeing
- 5.4 Education, training and development
- 5.5 Partnership and citizenship



- 6.1 Information, advice and assistance (inc. non-digital)
- 6.2 Digital information systems (WCCIS)
- 6.3 Digitally enabled environments



- 7.1 Accommodation based solutions
- 7.2 Rural, regional centres
- 7.3 Community Wellbeing Hubs



- 8.1 Effective and efficient partnership governance and culture
- 8.2 citizen participation
- 8.3 System wide learning to support innovation, improvement and adoption of sustainable models
- 8.4 Primary and Community Care
- 8.5 Develop alternative delivery models, including social value
- 8.6 Welsh language



A focus on emotional health and well-being is the essential foundation for ensuring a healthy, caring Powys. Promoting, supporting and facilitating the physical and mental well-being of people across the life course is about reducing ill-health and enabling people to manage their health and ill-health.

Refresh parameters

The priorities have been refreshed in light of the Population Assessment, Wellbeing Assessment and other evidence including the 'Accelerated Sustainability Model Discovery Report (January 2023). Whilst Powys has a relatively healthy population, there are growing and complex inequalities, compounded by the impact of the pandemic and the rurality of the County – this has driven reaffirmation and refreshing of many priorities

Key Strategic alignment

- PSB linkages to emerging objectives around people living healthy lives; sustainable places and communities / Community Safety Partnership
- RIF Model of Cares *Community Based Care and Prevention* and *Emotional Health and Wellbeing* / All Wales Dementia Care Pathway of Standards
- National Social Prescribing Framework and development of social value agenda / Powys County Councils Corporate Plan
- Tackling loneliness and social isolation through connected communities / Powys Volunteer and Carers Strategy
- National Rebalancing and social value agenda / National Healthy Weights Strategy / National Strategy for unpaid Carers and accompanying delivery plan

Progress and Learning

- RPB to retain and build on its role to provide **system leadership** to drive the ambition of '**A Healthy Caring Powys**' in a changed context
- **Community development** even more important to build '**community resilience**' and **community capacity** in light of the experience and impact of the pandemic
- **Carers** included across all objectives and considered in impact assessments in same way as other vulnerable and protected groups
- **Prevention and health improvement** approaches key to the social model of health and wellbeing
- **Strength of Community / voluntary response** and partnership working demonstrated during pandemic response.

Refreshed Priority Areas

PRIORITY 1.1 COMMUNITY DEVELOPMENT

Working with strongly connected local communities to develop and strengthen resources to feel safe, live healthily for longer and contribute to their communities for the benefit of all.

PRIORITY 1.2 SUPPORTING UNPAID CARERS

Ensuring the well-being of unpaid carers before, during and after caring through information, advice and assistance, supporting education, skills and training development, opportunities for employment, respite, transport and community support.

PRIORITY 1.3 POPULATION HEALTH IMPROVEMENT, INCLUDING HEALTH INEQUALITIES

Enabling people to take actions to improve their health and well-being and avoid or reduce ill health through, for example, stopping smoking or increasing physical activity.

Key Focus for Delivery Plan

Collective System Leadership for Wellbeing across RPB and PSB

- Regular, dynamic review of Area Plan / Wellbeing Plan and Horizon scanning to build the 'shared Powys truth'
- Regular touchpoints on community resilience and capacity
- **Third sector resilience**
- Focused actions to be developed on inequalities and vulnerable groups
- '**Winter**' Planning to evolve into all year system planning and resilience
- System leadership to support whole system approach to **Healthy Weights Programme**
- Focus on **supporting unpaid carers** priorities including Information, Advice, Assistant; Raising Awareness and bespoke respite opportunities.
- Develop and further strengthen **Dementia Friendly Communities** via the Dementia Steering Group



Providing early help, prevention and support in an integrated way is vital to support people across the life course to manage ill health, improve well-being and to enable people to live fulfilled lives. Maximum positive impact will be made in the first 1000 days of a child's life, focusing on preventing adverse childhood experiences and trauma and addressing emotional health and wellbeing of children and young people, particularly in response to the impacts of covid.

Refresh parameters

Greater focus required on family and children's emotional health and wellbeing in context of recovery from impacts of the pandemic. However, this theme will remain relevant across the life course in recognition of the opportunities to support people in adulthood and older people to access help and support early on and in more preventative ways.

Key Strategic alignment

- Getting It Right First Time (GIRFT) Review / Housing Support Grant Partnership
- RIF Models of Care Families *Staying Together & Therapeutic Support; Emotional Health and Wellbeing; Prevention and Care-Co-ordination*
- Transforming children's services and removing profit from the care of looked after children / Rebalancing
- *No Wrong Front Door Report from Children's Commissioners and NYTH / NEST Framework*

Progress & Learning

- Good practice of children in Powys being supported to remain safely with their family
- Start Well Strategic Partnership to play a pivotal role in driving forward priorities here given the importance of early, help and support for children and greatest potential to improve population health
- More active signposting and alternative offers within the community for support have proved important, as has greater use of technology. Community transport has played key role in supporting people at home.
- Strong evidence base on delivering better outcomes through supporting people at home / in their community.

Clusters are part of the RPB evolution and are reflected in Transforming in Partnership Section (previously featured here under first Area Plan)

Refreshed Priority Areas

PRIORITY 2.1 EMOTIONAL HEALTH AND WELLBEING
There will be a particular focus on supporting children and families with emotional health and wellbeing, including trauma, its causes and effects. Areas to support adults and older people will also be considered.

PRIORITY 2.2 EARLY HELP AND PREVENTION
Through working with more connected and empowered communities, we will develop an early help and prevention model that brings together compatible prevention activity in to a coordinated offer for the community (*links closely with community development priority*)

PRIORITY 2.3 SUPPORTING FAMILIES TO STAY TOGETHER
Through evidence-based interventions and an early intervention approach, we will support families to stay together and keep children at home safely.

Key Focus for Delivery Plan

- Actions in immediate term to support (not duplicate or conflate with) the critical efforts in partner organisations to recover access and waiting times
- Development of **Early Help and Prevention Locality Models of Care**
- Through early, help and support continue to offer emotional, health and wellbeing support for people (*links to focus on wellbeing objective*)
- Delivery of [NYTH / NEST programme](#) (via Start Well)
- Work with families to support children on the 'Edge of Care' (via Start Well)
- Delivery of Pathfinder Early Year Integration Programme (via Start Well)



Effective services will be developed to treat and support people with what remains the four main causes of ill health and premature mortality in Powys. This means focusing on prevention of the big four conditions – respiratory, circulatory, Cancer and Mental Health - by supporting children, families and adults to create the foundations of good health throughout their life, including healthy weights, positive diet and activity, personal resilience and relationships. Focus on early help and support, and improving outcomes for people who develop any of the big four conditions

Refresh parameters

- **Live Well** to broaden focus across all the identified 'Big Issues' in the context of the impacts of the pandemic/ socio economic context on the population and healthcare access (to be further scoped from PNA / wellbeing assessment and other data sources)
- Actions will be underpinned by an understanding of the role trauma can play in the development of the Big Four and delivered by trauma-informed practice

Key Strategic alignment

- Actions to be informed by developments such as the National Clinical Framework; National Planned Care and Mental Health Programmes, GIRFT reviews; Improving Cancer Journey Strategic Partnership
- Together for Mental Health (under review) / Powys Area Planning Board for Substance Misuse Strategy

Progress and Learning

- Mental Health issues are even more pressing in the context of the impact of the pandemic and other socio-economic challenges. There have been increases in people seeking support with their mental health across all ages and populations – and further evidence emerging of particular impacts for those who were already experiencing disadvantages individually or within population groups or characteristics.
- Improving cancer journey Board continues to drive forward improvements for people experiencing cancer.



Refreshed Priority Areas

PRIORITY 3.1 MENTAL HEALTH
 Across all tiers, from health promotion through to specialist services, focus will be on further improving integrated working arrangements, increasing focus on well-being, early help and support and improving quality and effectiveness of services.

PRIORITY 3.2 CANCER
 There is a strategic commitment to supporting activities that reduce the incidence of cancer through wider work to improve health and well-being.

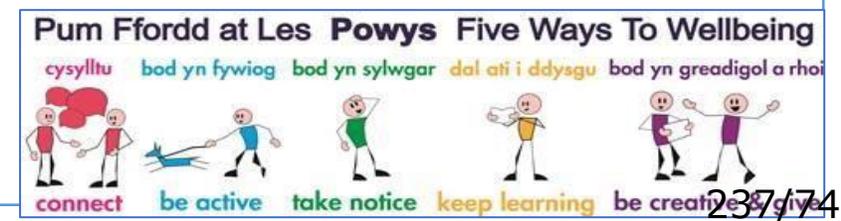
PRIORITY 3.3 RESPIRATORY
 There is a strategic commitment to improving clinical outcomes and experience for people affected by respiratory conditions.

PRIORITY 3.4 CIRCULATORY
 There is a strategic commitment to improving clinical outcomes and experience for people affected by circulatory conditions. This includes diabetes, heart disease and stroke.



Key Focus for Delivery Plan

- To minimise the risk that actions are duplicated across other partnerships, the RPB will focus on system leadership, collaboration and alignment with other key partnerships and programmes driving these priority areas going forward, including Improving Cancer Journey Programme; and the Breathe Well Programme.
- Hearts and Minds: Together for Mental Health in Powys is the strategy for improving the mental health and emotional well-being of the people of Powys. Its aim is to improve the mental well-being of all residents in Powys and to support those people with a severe and enduring mental illness – priority actions will align with this key strategy





Providing joined up care means people are at the centre of health and care services, minimising and eliminating barriers, duplication and complications between organisations and teams. Health and care teams work seamlessly to get things right first time and minimise needs from escalating. Services will be reviewed in line with new developments to ensure choice, accessibility and coordinated services, working with partners to safeguard residents, and coproduction.

Refresh parameters

- There are significant and shared issues to be tackled as part of recovery and sustainability, across a range of outcomes for people, including avoidable admissions, social care issues, delays and workforce constraints. More integrated support is required for people in their own homes and communities.
- Greater focus on recovery from systemic impacts of the pandemic / socio economic and demography to have biggest impact and drive forward sustainable models

Key Strategic alignment

- National Clinical Framework; Six Goals programme (Urgent and Emergency Care), GIRFT reviews
- RIF Model of Cares *Home from Hospital and Community Based Care - Prevention; Community Based Care - Complex Care Closer to Home*
- Further, Faster – Integrated Community Care Services for Wales / Emerging National Framework for Commissioning Care and Support
- Accelerated Sustainability Model Programme of work

Progress and Learning

- Powys is progressing a whole system approach encompassing prevention, falls pathway, frailty scoring and register, community teams and support, one stop assessment, geriatric assessment
- A range of resilience measures, system wide contingency plans and surge plans have been developed and utilised which provide valuable learning and helped shape priorities
- Powys Clusters have noted a desire to work together to improve the model of care and frailty pathway and build on successful collaboration between healthcare providers and other professionals.
- Despite challenges there has been significant resilience in provider market and this will remain an asset to help deliver on the ambition of the strategy.



Refreshed Priority Areas

PRIORITY 4.1 CARE CO-ORDINATION
It is widely acknowledged that integrated care is highly beneficial to the individual in receipt of services and to carers and remains the model by which the Council and the Health Board wish to operate with support of partners in the third sector.

PRIORITY 4.2 UNSCHEDULED CARE
Reducing more avoidable emergency admissions and re-admissions to hospital of people (all ages) with long term conditions and other health issues such as people prone to falling, is a priority to improve outcomes and reduce the costs of unscheduled care.

PRIORITY 4.3 CARE CLOSER TO HOME
We aim to provide the right system conditions so that people can live in their place of choice for their health and wellbeing needs, including for end of life and palliative care.



Key Focus for Delivery Plan

- Design and implement a comprehensive integrated community care response that delivers sustainable and person-centred approaches.
- Implement more joined up approaches to proportionate assessment, including Trusted Assessments; and use of digital/ technological solutions to providing care and support in a more dynamic and flexible way (*links to Digital First*)
- Repatriation of services and more joined up care to support people closer to their homes.
- Ensuring accommodation-based solutions are available for people who need them the most (*link with Innovative Environment priorities*)



Workforce Futures purpose is to enable our workforce (paid and unpaid) to be agile, flexible and responsive. This means ensuring we have the right people in the right roles, working at the top of their professional and clinical level who are engaged and supported with access to education training and development, which is complimented by the latest digital technology. All of which, enables and supports people to thrive, delivering the best possible health and care for the people of Powys.

Refresh parameters

- The workforce across health, care and the third sector is fragile with shortages in many professions. This comes with an increase of demand and levels of complexity alongside staff who are impacted by system pressures, after having risen to extra-ordinary challenges due to the Covid-19 pandemic. This is further intensified in a Rural community like Powys.
- Aligned to the Health and Care Strategy, the Workforce Futures Strategic Framework outputs are articulated in the Workforce Futures action plan across 5 priority areas.

Key Strategic alignment

- Health Education and Improvement (HEIW) / Social Care Wales Workforce Strategy for Health and Social Care
- Powys Volunteer and Carers Strategy
- Individual organisational workforce strategies and plans (e.g. Powys Teaching Health Board IMTP and Powys Councils workforce plan)

Progress and Learning

- Workforce Futures Strategic Framework has made significant progress on joint workforce innovations across the 5 priority areas, including the development of the Powys Health and Care Academy. Underpinned through significant innovation and partnership working across Workforce and Organisational Development.
- The Covid-19 pandemic accelerated many areas of delivery including joint work on the response with the Local Authority, Powys Teaching Health Board, PAVO and wider Regional Partnership Board colleagues.
- Key progress made across all priority areas including widening access initiatives; delivery of Intensive Learning Academy; development of work to support carers and volunteers.



Refreshed Priority Areas

- PRIORITY 5.1 DESIGNING, PLANNING AND ATTRACTING THE WORKFORCE**
- PRIORITY 5.2 LEADING THE WORKFORCE**
- PRIORITY 5.3 ENGAGEMENT AND WELLBEING**
- PRIORITY 5.4 EDUCATION, TRAINING AND DEVELOPMENT**
- PRIORITY 5.5 PARTNERSHIP AND CITIZENSHIP**



Key Focus for Delivery Plan

- Key focus for delivery plan will be aligned around priority areas and include:
- multi-agency, multi-disciplinary workforce meeting the health and care demands of a rural county and providing seamless services
 - A range of leadership opportunities to support exemplar leaders in action at all levels delivering compassionate leadership and through the lens of digital advancements
 - An empowered workforce to be actively involved in planning, shaping and delivering excellent quality services (*links to Transforming in Partnership and continuous engagement and wellbeing objectives*)
 - A range of opportunities for the workforce to take part in high-quality education, training, and development enhanced by digital technology within county
 - A valued and engaged workforce including unpaid carers and volunteers who are recognised for their contribution and impact on the local communities in Powys

Delivery and Resource Plan to be developed in Q1



Technology solutions and innovations are a key part of the future opportunities for sustainable health and care provision for Powys residents. A digital first approach will enable and promote telehealth, telemedicine, self-care and support for people and carers. This will support and enable staff to work more effectively and efficiently and will reduce travel time and miles for people in Powys and allow for more agile working.

Refresh parameters

- Priorities refreshed in light of a focus on role of RPB, recognising organisational commitments in place around digital infrastructure, security and data improvement and access, that will all support joint digital priorities below.

Key Strategic alignment

- Digital First Strategic Framework
- Public Service Board
- Individual organisational workforce strategies and plans

Progress and Learning

- Significant innovation and upscaling of digital took place during the response to the pandemic with an acceleration in virtual methods for the delivery of care and ways of working with digital becoming a key workforce skills enabler.
- Increased use of Technology Enabled Care (TEC) continues to support people in their own homes and in other innovative ways
- Digital acceleration has greatly improved experiences as impact of covid across a number of areas with longer lasting impacts
- Information, Advice, Assistance remains important (although not just within a digital context)
- Digital infrastructure and systems will remain key to enabling more joined up working in a seamless way



Refreshed Priority Areas

PRIORITY 6.1 INFORMATION, ADVICE AND ASSISTANCE

Improving access and accessibility across the region to empower people through accurate, up to date, relevant, and timely information and advice about the services available across statutory, voluntary and private sector providers to enable self-management of conditions and self-directed support. *(links with other priority areas beyond digital)*

PRIORITY 6.2 DIGITAL INFORMATION SYSTEMS

Continue to implement a digital system across Powys to support joint assessment and care co-ordination to help ensure that people do not have to repeat their stories

PRIORITY 6.3 DIGITALLY ENABLED

ENVIRONMENT to support increased use of digital applications such as telemedicine; technology enabled care; and new advances in technology including artificial intelligence.



Key Focus for Delivery Plan

Key focus for delivery will be aligned around priority areas and include:

- continued learning and assessment of a suitable joint digital data system across health, care and other relevant partners.
- Telemedicine and webcam communication to bring specialist skills and expertise remotely to people in Powys.
- support people to be independent through a proactive and preventative digital approach.
- embracing new advances in technology and investigate the opportunities to enable more local diagnostic tests to be undertaken in Powys.
- support cross border information sharing protocols and IT solutions to improve communication and improve collaborative working in and out of county.

Delivery and Resource Plan to be developed in Q1



It is important to ensure that safe, effective, and sustainable services are developed and delivered within the right environments for our staff, the public and partners. Achievement of this will be outlined within the RPB Innovative Environments Strategic Plan, which is currently in development and will set out Powys' 10-year Strategic Capital Plan. The plan will set out our shared vision and framework within which infrastructure development can be co-ordinated across partner organisations to meet the assessed needs of the local population.

Refresh parameters

- This objective will be aligned to the RPB Innovative Environments Plan (in development) and will set out the 10-year Capital Plan
- Delivery of priorities to maximise resource opportunities – Housing with Care Fund (HCF); Integration and Rebalancing Revenue and Capital Funds (IRCF); and Strategic Capital Plan fund.
- Delivery actions to be reset in light of concepts tested and refined as part of the North Powys Wellbeing Programme (e.g. Regional Rural Centres and Community Hubs). In addition, action will also be set in the context of learning in relation to *agile working and decarbonisation*, in the light of pandemic responses

Key Strategic alignment

- Alignment with Powys Public Service Board decarbonisation agenda
- RIF National Models - Accommodation Based Solutions
- Establish strategic linkages with Housing Support Programme to ensure accommodation options available to support wellbeing across life course
- Integration and rebalancing agenda

Progress and Learning

- Significant progress has been made in the delivery of innovative environments in both the longer-term capital and estates programmes and adaptations made as part of the response to the pandemic, including Health and Care Academy site in Bronllys, expansion of Extra Care facilities across Powys, and increased supported accommodation options.
- Capital improvements are important in building an infrastructure which is fit for purpose in enabling care closer to home.
- There are increasing costs and inflationary pressures in relation to estate and energy use; supplies and goods
- Funding from Welsh Government for the capital programme is key to supporting the Innovative Environments programme and Estates Strategy with increased opportunities with new capital funding streams to develop accommodation-based solutions (HCF) and integrated health and care hubs (IRCF).

Refreshed Priority Areas

We will create an innovative, flexible environment that delivers a new integrated model and offers support to people to access care closer to home through continued development and implementation of:

PRIORITY 7.1 ACCOMMODATION BASED SOLUTIONS

PRIORITY 7.2 RURAL, REGIONAL CENTRES

PRIORITY 7.3 COMMUNITY WELLBEING HUBS

Key Focus for Delivery Plan

In line with the emerging Strategic Capital Plan, key focus for delivery will be:

- Development of a **Strategic Partnership Capital Strategy** to deliver the accelerated sustainable model
- Further Stages of work relating to the North Powys **Multi Agency Wellbeing Campus**
- Continue scoping developments of **Extra Care** accommodation
- Modernising Accommodation and Domiciliary Care Models including Care & Nursing Homes
- **Supported housing** programme
- **Safer accommodation for Children** with complex needs and sufficiently in-county placement for 16+

Strategic Capital and Resource Plan to be developed in Q1



With the increasing complexity of care, the rurality of Powys and current workforce challenges, our ability to work with our communities and partners in a dynamic, evolving and continuous way through shared learning and understanding is paramount to delivering on the ambition of the Health and Care Strategy and jointly develop new models of health and wellbeing to improve the well-being of our population.

Refresh parameters

- This objective will be focused on 'golden thread to golden system' in the medium to longer term, building resilience across health and care
- Increase development of co-production to ensure transformation activity is shaped by what matters to people

Key Strategic alignment

- Rebalancing Social Care
- Individual Organisations Strategic Equality Plan

Progress and Learning

Refreshed Priority Areas

Key Focus for Delivery Plan

- Example of good practice engagement across partnership working to shape priorities and activity – collective efforts will need to continue to gain insight across Accelerated Cluster Development, Powys Engagement and Insight Network, and newly formed Citizens Voice Body (CVB) 'Llais' from April 2023
- Focused time on partnership development to support relationships, trust and maturity has been valuable in setting a foundation for a deeper and mature level of partnership – recognition further development needed now
- A number of pooled fund arrangements already in place support more joined-up approaches to commissioning and delivering services through Section 33 arrangements including:
 - Glan Irfon Care Homes - Community Equipment - ICT - Reablement - Substance Misuse
 - There is also a Memorandum of Understanding (MOU) in place with Credu (a Powys carers service)



**PRIORITY 8.1
CONTINUE TO DEVELOP THE MATURITY OF PARTNERSHIP ARRANGEMENTS AND EMBED A CULTURE OF PARTNERSHIP WORKING**

**PRIORITY 8.2
CONTINUE TO DEVELOP CITIZEN PARTICIPATION FROM ENGAGEMENT THROUGH CO-DESIGN TO CO-PRODUCTION**

Partnership maturity, governance and culture

- Whole System **Deliberate Design and Governance** – ensure governance arrangements remain fit for purpose and support the RPB to carry out its business efficiently and effectively.
- Continually improve **infrastructure arrangements** to ensure partnership arrangements remain strong and partners can deliver on their partnership duties (under Part 2 /9 of Wellbeing Act)
- Continue to drive forward **innovative and improvement** utilising all available resources across the RPB (including but not limited to the Regional Integration Fund) to support development and adoption of new sustainable models of health and wellbeing.
- Develop and implement a **partnership development programme** based on a self-assessment maturity matrix framework that will offer a qualitative and measurable assessment of progress and opportunities for improved partnership culture and understanding, with a focus on co-production.
- Through dedicated capacity, strengthen joint commissioning arrangements to deliver commissioning priorities highlighted through the Market Stability Report as well as reviewing opportunities for joint commissioning across health and social care and deliver on joint actions within the Winter Rapid Escalation Plan, such as integrated brokerage functions, working closer with care homes; exploring health board becoming a domiciliary care provider to increase capacity.

Citizen Participation

- Co-produce solutions that make best use of community skills and assets. Working alongside citizens and people who use services to co design and co produce strategy and services as equal partners
- Implement best practice of continuous engagement to inform partnership priorities and programmes
- Link with Citizen Voice Body (CVB) 'Llais' to gain insights from people who use health and care services.



With the increasing complexity of care, the rurality of Powys and current workforce challenges, our ability to work with our communities and partners in a dynamic, evolving and continuous way through shared learning and understanding is paramount to delivering on the ambition of the Health and Care Strategy and jointly develop new models of health and wellbeing to improve the well-being of our population.

Refresh parameters

- Priority actions to be set in the context of the impacts of the pandemic on the population and socio-economic climate and access to health/care
- Considerations regarding the financial landscape for partners are important in setting and agreeing priorities that support sustainable models

Key Strategic alignment

- Strategic Equality Plan / Welsh Language Active Offer / Rebalancing Social Care

Progress and Learning

- Increasing maturity around partnership performance and evaluative practice to develop strong evidence bases from both qualitative and quantitative information that demonstrates improved outcomes and value for money through innovative practice – recognition further work required to upscale and embed in a more systemic way across the system.
- Powys Social Value Forum established mechanism which continually enables communities to help decide where best to target resources to improve health and wellbeing in their local communities – progress and learning here will be key to providing an evidence base, identify gaps in delivery and provide a foundation for implementing alternative delivery models that help to deliver on the Rebalancing agenda through social enterprises, co-operatives, etc.
- Welsh language continues to be prioritised across wider health and care system, including third sector provision

Refreshed Priority Areas

PRIORITY 8.3 SYSTEM WIDE LEARNING TO SUPPORT INNOVATION, IMPROVEMENT AND ADOPTION OF SUSTAINABLE MODELS OF HEALTH AND WELLBEING

PRIORITY 8.4 PRIMARY AND COMMUNITY CARE

PRIORITY 8.5 SOCIAL VALUE

PRIORITY 8.6 WELSH LANGUAGE

Key Focus for Delivery Plan

System wide learning

- System wide scanning for system pressures and actions to support resilience.
- Under the Research Innovation and Co-ordination (RIC) Hub become a learning system, testing, blueprinting and adopting innovations and improvements (underpinned by an intelligence-led approach to data, engagement and insights)
- Develop and embed a robust Performance and Evaluation framework to understand and demonstrate impact

Primary and Community Care development

- Working within the Primary Care Clusters, the development of a population-based approach will be taken to the planning and delivery of the health and social care model, supporting development of shared services across cluster areas, to provide wider access to scarcer skills and the continued development of enhanced service arrangements. This work will further integrate primary care with community-based services to ensure focus on well-being, equity, early help and support, sustainability of services and joined up care.

Social Value

- Continue to explore, develop and implement alternative delivery models across the life course that seek to address the rebalancing of the market through building on progress of the Social Value Forum and good practice around social value initiatives, co-operatives and other forms of social enterprises, as well as strengthening the relationship between social value and commissioning.
- The Social Value Forum will continue to support the RPB to engage with providers of care and third sector partners to ensure engagement and co-production with partners

Welsh Language

- Through the Welsh Language Promotion, Challenge and Support Partnership Group 'Gofal', ensure effective bilingual service provision to deliver what matters to the people of Powys and works towards the aims of 'More than Just Words'

Delivery and Resource Plans to be developed in Q1

Delivering the Priorities via a Life Course Approach

Patterson, Liz
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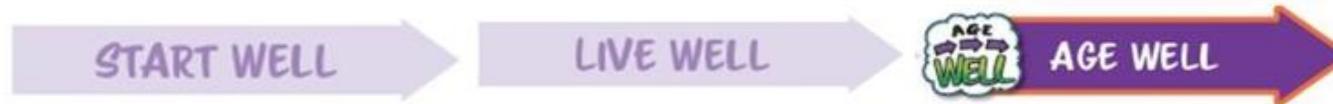
The Health and Care Strategy seeks to support people across the 'Life Course' to enable children and young people to 'Start Well', for people to 'Live Well' and for older people to 'Age Well' across the life course.



Focusing on enabling children to 'Start Well' is fundamental to improving the longer-term well-being of our population. There is a growing body of scientific evidence that shows the foundations of a person's lifelong health—including their predisposition to obesity and certain long-term conditions—are largely set during the first 1,000 day window. There is also growing evidence that our experiences during childhood can affect our health throughout the life course. Adverse childhood experiences and trauma are increasingly being linked to effects throughout the life course, contributing to a number of physical and mental health problems in adulthood and ultimately greater disability and (premature) mortality.



More people are living with cancer, respiratory disease, circulatory disease, musculoskeletal disorders, and poor mental health, including the effects of trauma. There is a need to ensure people can 'Live Well' through being healthy and active and by accessing early help and support. Living well during adulthood creates huge benefits in older age.



As the older population in Powys is projected to increase faster than the rest of Wales, it is important that we enable older people to feel supported to live independently in a home of their choice and to remain healthy and active members of the community.

Across the life course, the RPB will seek to drive forward transformation of health and care services in line with its strategic direction through its Strategic Partnerships and Programmes, most notably, the Start Well Partnership; Live Well Partnerships, including a Live Well Mental Health Delivery Partnership; and the Age Well Partnership (*further detail of the governance and programme arrangements can be found in the Appendix*)

The high-level strategic intent and objectives have been set within the preceding chapters and framed around the four wellbeing objectives and enabling objectives. Within this framing, the following chapters outline the population-based priority areas for each Strategic Partnership and their main focus for enabling people across the life course to 'Start Well', 'Live Well', and 'Age Well'.

The priorities have been developed in the context of the wider strategic planning and policy landscape, with a particular focus on the key messages from the evidence base and engagement to help shape and define these. Following from this in the first quarter of 2023, a more detailed Annual Delivery and Resource Plan will be developed to detail the specific actions that will be taken forward to help deliver against the priority areas.

Reaffirmed Health and Care Strategy Objectives and refreshed priorities to deliver across Life course to enable people to Start, Live and Age Well



- Underpinned by NYTH / NEST framework and voice of the child, develop an emotional health and wellbeing model for children and young people, including young carers
- Support Children, Young People and Families to achieve and maintain healthy, active lives
- Enable Children and Young to receive intensive support in Safer Accommodation, closer to home
- Enable early help and support for Children and Young People on the 'Edge of Care'



- | | |
|---|--|
| <p>Mental Health – All Age</p> <ul style="list-style-type: none"> • Supporting resilience through on-line therapeutic support and intervention • Improving information, advice, and assistance • Supporting children, young people, and families receiving interventions (links with Start Well Partnership) • Preventing escalation and developing pathways of support • Develop whole system approach to trauma informed services and training • Improve co-production | <p>Live Well – Adults</p> <ul style="list-style-type: none"> • Develop prevention and community co-ordination so that people in Powys have their care and support needs met, including carers • Develop Community based care – providing complex care closer to home for people in Powys. • Promote good emotional health and wellbeing for people in Powys, so that they can live their lives to the full. • Address the health and care inequalities facing people in Powys through targeted interventions • Accommodation-based solutions for people in Powys to live as independently as possible within their communities |
|---|--|



- Further develop and implement an early intervention and prevention model through locality-based support
- Increase early help, support and inclusion opportunities to reduce loneliness and isolation
- Ensure that Home First ethos is implemented, if a person requires hospital admission and reduce delayed transfers of care, through improved integrated working
- Develop and implement an integrated community care approach focused on older people/frailty (including frailty of memory) to include modernising domiciliary care, reablement / rehabilitation, integrated brokerage function, trusted assessment, maximise use of direct payments / microenterprises, and enhancing community capacity including supporting unpaid carers.
- Supporting older people with where they live through further development of Extra Care and other accommodation and community based solutions, including working with care home sector.

Strategic Partnership and Programme Annual Delivery and Resource Plan to be developed in Q1

The **Start Well Partnership** aims to strengthen and transform services for children and young people in Powys. The Partnership is aimed at meeting some of the key priorities of the Start Well Board across the spectrum of need including **children with complex needs**, focussing on and informed by the emerging evidence base relating to the effects on children and young people of the pandemic, aspects which matter most to the wellbeing of the population of Powys, and interventions which will work best to address some of the most complex needs identified.

Partnership co-chairs:
 Assistant Director of Women and Childrens Services PTHB,
 Head of Childrens Services PCC



Key Evidence (from PNA and other emerging evidence)

young people live in small remote villages and hamlets that are served by poor public transport; this limits their opportunity to interact with their peers. 24% (32,376) are aged between 0 and 24 years this is projected to fall by 6% (to 29,634) by 2043 (this is an improved prediction compared to 18% in the previous population assessment in 2018)

- There are 17,148 children in Powys schools
- 4,088 families live in absolute poverty (31% are lone parent households). 17% of people in Powys report feeling lonely. 12% (16,154) of population are unpaid carers, with more unpaid carers in south Powys, particularly the Ystradgynlais locality. The average UK house price is £216,998 (Wales: £194,575) – 6th highest LA in Wales
- 14% of all pupils in Powys secondary schools, receive free school meals
- Poor educational attainment is likely to have an impact on children and young people's future life chances and perpetuates the cycle of poverty.
- Neurodevelopment (ND) services across Wales have been experiencing an increase in demand this has been compounded by the COVID-19 pandemic. This has resulted in lengthy waiting times for appointments. Referrals have significantly increased since June 2021 and consistently resulted in doubling of monthly referral demand. There are significant numbers of Children and young people waiting for appointments in addition to children currently in the assessment system.
- The national obesity strategy Healthy Weight: Healthy Wales, published in 2019, expects weight management pathways to be established in order to provide equitable access for all residents who need support to achieve and maintain a healthy weight.
- There are currently 233 Powys children in local authority care, some children are placed outside of Powys and others outside of Wales.



Key messages from continuous engagement

Priorities have been shaped by views / outputs from following key engagement groups:

- Junior Safeguarding Board and Junior Start Well Board
- views of children looked after and care experienced young people up to the age of 25 via 'Bright Spots Programme' survey
- Views from young people across Powys via an Emotional Health and Wellbeing survey (Autumn 2021)
- Views from Community Health Council survey (June/July 2021) that asked young people how they felt about mental health and wellbeing support available to them during the pandemic

When responding to what could be improved about the services in Powys, "knowing what services are available" (41%) and "better communication around these services" (16%) were identified as the main areas for improvement. Other areas raised were:

Lacking opportunities to socialise

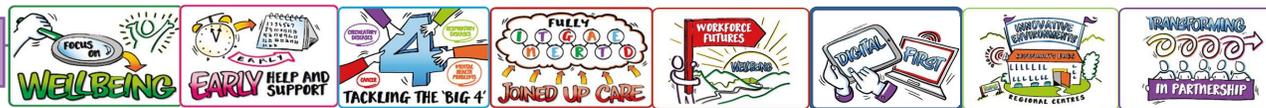
- Missing education
- The need to feel listened to
- Stigma of talking about mental health
- Need for professionals being upskilled to understand and be able to support young people if they raise issues around mental health.

It is evident that school nurses provide a much-valued service in schools for young people. It is clear that Powys young people don't know about services that are available to them and is therefore vital we ensure information is accessible and available

See Key Insights and links for more detail

See Engagement Reports for detail

Key Priority Areas to deliver Start Well



- **Underpinned by NYTH / NEST framework and voice of the child, develop an emotional health and wellbeing model for children and young people, including young carers**
- **Support Children and young people and Families to achieve and maintain healthy, active lives**
- **Enable Children and young people to receive intensive support in Safer Accommodation, closer to home**
- **Enable early help and support for Children and young people on the 'Edge of Care'**

Start Well Programme Annual Delivery and Resource Plan to be developed in Q1

The **Live Well Partnership** aims to create a supportive, empowering environment in Powys that will enable people to "Live Well" and achieve good health outcomes, through being healthy and active and by being able to access the right help and support, at the right time. The Partnership will address the wider determinants of health and wellbeing of the working age population in Powys through a public health and asset-based community development lens, including to strengthen and transform ways of working and services for people with **disabilities**.

Partnership co-chairs:
Assistant Director of Therapies PTHB, Head of Adult Services PCC



Key Evidence (from PNA and other emerging evidence)

- Health and wellbeing risks linked to aging population and rurality of county can increase social isolation issues, access to healthcare and support services, and lack of transport.
- Health inequalities have been worsening over recent years

Accommodation and Support Needs

- The Live Well Accommodation and Support Process has evidenced a need for more supported accommodation options within Powys, i.e. 72 individuals across the following areas - Welshpool, Newtown Llandrindod, Brecon and Ystradgynlais.
- There are currently 22 Shared Lives Carer households in Powys, supporting 16 individuals with long term arrangements.
- 170 adults with disabilities and mental health needs are supported to live as independently as possible through supported living commissioned across 6 care and support providers.

People with disabilities, inc. those with neurodiverse conditions such as Autism (ASD)

- In Powys, there were 401 people with a learning disability entered on the register on 31 March 2021. Of these, 380 (94%) are living within their communities.
- It is estimated that autism spectrum disorders (ASD) affect 1 in 100 people in the UK (NAS, 2022) and in Powys, ASDs are the most common presentation of disability within children.

Unpaid carers

- total of 2,390 adult carers registered with Carers Service – limited number of carers accessing support they may need. Of those adult carers, 31% (742) self-reported as having a disability

Work and Volunteering

- A commissioned scoping exercise (2020), and subsequent review (2023) to better understand the employment, voluntary and paid employment opportunities available for adults of working age in Powys, specifically those being supported by local disability support providers, found that improvements needed to be made.

Workforce

- Paid carer recruitment and retention so people can get the right support at the right time

See Key Insights and links for more detail



Key messages from continuous engagement

Continuous engagement with citizens has been gathered and collated from the following events, among others:

- Your Big Ideas for Powys; Social Value Forum; Engagement forum: Physical Disabilities and Sensory Loss; Workshops re system approach to Health Weights; Engagement forum: Learning Disabilities and Carers; Work, Leisure and Learning: consultation and engagement

Key themes from this engagement highlighted the following as priorities for adults:

- People who have a learning disability and their families want to live as independently as possible, socialise in their local community and live as full a life as possible.

Respite and Day Opportunities

- Better range of day opportunities that reflect people's lives
- More short breaks and respite for carers.

Accommodation:

- Affordable housing including social housing, which is warm and in good condition.

Economy and Infrastructure:

- Rural economy translating to lower rates of pay, economic inequalities and cost of living problems.
- Lack of public transport and Affordable access to fibre broadband.

Health and Wellbeing:

- Supporting people to maintain a healthy weight through increasing active travel,
- Concern for the future as younger working people and families leaving Powys.
- Support for mental and emotional health and wellbeing, particularly for men 15 – 40.
- Improved access to social care and support, medical care (GPs) and mental health services.
- Increased participation and communication with commissioners.

See Engagement Reports for detail

Key Priority Areas to deliver Live Well



Develop prevention and community co-ordination so that people in Powys have their care and support needs met, including carers

- **Develop Community based care – providing complex care closer to home for people in Powys.**
- **Promote good emotional health and wellbeing for people in Powys, so that they can live their lives to the full.**
- **Address the health and care inequalities facing people in Powys through targeted interventions**
- **Accommodation-based solutions for people in Powys to live as independently as possible within their communities**

Live Well Programme Annual Delivery and Resource Plan to be developed in Q1

The **Live Well Mental Health Partnership** works to strengthen and transform mental health services in Powys, also ensuring services develop in order to meet the requirements wider mental health legislation. The Partnership operates a number of subsidiary partnership groups, particularly to engage with and hear the voice of service users and their carers, and also to engage with Third sector providers of mental health services.

Partnership co-chairs:
Assistant Director of Mental Health PTHB, Head of Adult Services PCC



Key Evidence (from PNA and other emerging evidence)

Across the UK it is estimated that:

- 1 in 4 adults experience a mental health issue during their lifetime.
- 1 in 8 children has a diagnosable mental health condition.

Wales data illustrates:

- GPs in Wales spend more than 20% of working day dealing with mental health issues.
- Half of all mental health problems start by the age of 14.
- NHS Wales spent £810m on Mental Health issues in 2019-20.
- The proportion of people reporting severe mental health issues increased from 11.7% pre-pandemic to 28.1% by April 2020.
- Young adults aged 16-24 experienced the largest deterioration in their mental health as a result of pandemic.

Powys data illustrates:

- Depression is the most common mental health problem for older people and prevalence rises with age.
- Powys is the 6th highest Local Authority with 1.05 suicide death rate per 10,000 population in 2020, which accounts for 4.9% of all suicide deaths in Wales for 2020.
- The largest number of suicides is in 2022.
- To access counselling within community providers there is over a 1 month waiting list.
- People accessing crisis services are increasing, with emerging needs relating to eating disorders, psychosis, and complex needs (including substance misuse / homelessness)
- 17% of children (aged 10 or over) receiving care and support were reported to have a mental health issue, higher than the national average of 14%.
- From 6 years of data, children and young people attending counselling within Powys shows the highest peak is in 2019-20

See Key Insights and links for more detail



Key messages from continuous engagement

Senedd Wales: "Several Senedd committees highlighted long waiting times, high thresholds for treatment, and gaps in service provision. There are new fears about the impact of the ongoing pandemic on the mental health and wellbeing of the population, and on some groups in particular. The long-term effects of the pandemic on mental health are not yet fully understood. It's clear that mental health has worsened, and there's been an unequal impact on different groups. Young people and those living in poverty have been hit the hardest"

The Mental Health Foundation: "Prevention of mental health problems is possible through effective societal, community and individual support, but it cannot happen within the health sector alone – action must be taken in the spaces where people are born, raised and live (in the home, in schools, their communities and workplaces)."

From local engagement, examples of consistent key messages include:

- need to support wellbeing of service users through improved wi-fi on the wards
- development of an improved service for those bereaved through suicide
- support for those suffering from ADHD and to recognise the power of Arts interventions to help on the recovery journey.
- Further work is currently being undertaken to consistently capture information for improved analysis.

Local Engage to Change group views on Teams around the Cluster:

- They reported development has continued with Early Help Hubs and a single point of access for all referrals of young people with emotional health & well-being issues
- This would mean referrals will no longer bounce between agencies, instead decisions made at one central point.
- Supports recommendations of Missing Middle Report and No Wrong Door Report.

See Engagement Reports for detail

Key Priority Areas to deliver Live Well MH



- **Supporting resilience through on-line therapeutic support and intervention**
- **Improving information, advice, and assistance**
- **Supporting children, young people, and families receiving interventions (links with Start Well Partnership)**
- **Preventing escalation and developing pathways of support**
- **Develop whole system approach to trauma informed services and training**
- **Improve co-production**



Live Well MH Programme Annual Delivery and Resource Plan to be developed in Q1

The **Age Well Partnership** aims to support **older people (including those with frailty and frailty of memory)** to live a thriving and independent life maximising opportunities in the community and providing care closer to home through an early, intervention and prevention approach. Where individuals care and support needs cannot be met within a community setting or within the home, emphasis is on increasing capacity and capabilities to ensure people are supported in the most appropriate setting for their needs, again, with an emphasis on a 'home first' ethos.

Partnership co-chairs:
Assistant Director of Community Services PTHB, Head of Adult Services PCC



Key Evidence (from PNA, MSR and other emerging evidence)

- Powys' population is older than both the population of Wales and the population of the UK overall and is predicted to continue to increase
- Due to this higher aged population, Powys has a lower working age population than the Welsh and UK average, with 16- to 64-year-olds making up 57% of Powys overall population (Wales 61%, UK 62%).
- Loneliness and the need for home support are amongst the key reasons for seeking third sector services. (*Accelerated Sustainability Discovery Report Findings, Jan 23*)
- The geographical distribution of Care Homes for older adults settings, means there is frequently only limited opportunity for individuals to exercise meaningful choice in deciding their place of residence unless they are willing and able to move from their current area of residence. This is particularly apparent in respect of nursing care.
- The Market Position Statement (MPS) on Accommodation for Older People in Powys, (June 18), identified there was a lack of appropriate accommodation options, requiring extra care housing developments (Brecon, Welshpool and Montgomery).
- Approximately 42,000 people in Wales have dementia; it is most common among older people – dementia affects 1 in 20 over the age of 65 and 1 in 5 over the age of 80. Research shows that 42% of people over the age of 70 who had an unplanned hospital admission have dementia.
- There are gaps in home support, domiciliary care and some types of residential settings. Not only does this risk a poor experience and outcome but it is a poor use of resources (*Accelerated Sustainability Discovery Report Findings, Jan 23*)

See Key Insights and links for more detail



Key messages from continuous engagement

Various engagement and insights have helped shape the work of Age Well Partnership, including established links with the Older People's Forum. In January 2023 Age Well Partnership held a development workshop to engage and discuss priorities with all its key partners for 2023/24, with the following themes being raised for consideration:

Advocacy for older people

Community, self-support, and frailty

- *key priorities should be resilience, self-support, and community support.*

Keeping people at home / reducing high end need

- *Focus on keeping people at home as much as possible and managing expectations*

Modernising domiciliary care

- *Modernising domiciliary care will be key - Opportunities to align various service offers.*

Fit for purpose accommodation (including for those with dementia)

- *focus on fit for purpose accommodation that helps people to live better lives, including those experiencing dementia*
- *Ageing population, and decreasing working population means we need future proof, fit for purpose Extra Care.*

Home from hospital, and end of life and palliative care

Tackling inequalities and providing targeted interventions

- *The health and social care system need to ensure it is tackling inequalities and providing targeted interventions where appropriate.*

Supporting unpaid Carers (including respite for dementia)

- *Carers need as much recognition as possible - Credu are reaching around 3,000 carers through their Respite and Raising Awareness Projects, but there are many more*
- *Dementia pressures on families and communities - respite provision to increase*

See Engagement Reports for detail

Key Priority Areas to deliver Age Well



- Further develop and implement an early intervention and prevention model through locality-based support
- Increase early help, support and inclusion opportunities to reduce loneliness and isolation
- Ensure that Home First ethos is implemented, if a person requires hospital admission and reduce delayed transfer of care, through improved integrated working
- Develop and implement an integrated community care approach focused on older people/frailty (including frailty of memory) to include modernising domiciliary care, reablement / rehabilitation, integrated brokerage function, trusted assessment, maximise use of direct payments / microenterprises, and enhancing community capacity including supporting unpaid carers.
- Supporting older people with where they live through further development of Extra Care and other accommodation and community based solution, including working with care home sector

Age Well Programme Annual Delivery and Resource Plan to be developed in Q1

Measuring impact

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Key to delivery of the Health and Care Strategy and second Joint Area Plan 2023/24 – 2027/28 will be measuring the impact of the intended change and tracking progress against the intended outcomes.

The Progress and Learning Chapters within this Plan highlight some of the progress made under the first Area Plan, with more detailed annual progress captured within respective RPB Annual Reports over the past years. Alongside this, performance monitoring utilising Results Based Accountability (RBA) methodology and evaluative practice has been carried out across key RPB funded programmes in order to build a picture of what works and help shape focus for delivery areas going forward.

It is recognised we need to build on this foundation and create more systematic ways to measuring impact and have a stronger evidence base through intelligence-led approaches to data, engagement and insight.

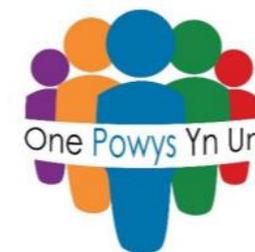
A key area for delivery next year therefore will be to fully embed a RBA performance and evaluation framework that will bring a strong narrative of what works well and demonstrate impact through a mixture of quantitative and qualitative information. The role of professional and citizen participation in helping to inform this through a strong 'story telling' approach will be key, alongside robust data collection and outcome measures. This will help create the evidence base in which to drive forward improvements and support implementation of new models of health and wellbeing.

It will be important to align with emerging national outcome frameworks as well to support embedding, upscaling and sharing of good practice across Wales where it makes sense to do so.

Powys RPB will continue to improve the outcomes and wellbeing of people, as well as improve the effectiveness of service delivery through robust governance and oversight arrangements by ensuring continued collective leadership arrangements remains in place. The RPB will continue to facilitate a balanced representation from the full range of public services and provide targeted support to ensure citizen, including carer participation, at all levels of the RPB infrastructure.

The RPB will continue to produce Annual Reports to share more widely the achievements being made against the Joint Area Plan in order to share continued good practice and support ongoing learning.

Alongside this, efforts will continue to support maturity of our partnership practices across Powys by focusing on the effectiveness of our partnership approach. A self-assessed maturity matrix approach will be employed to help demonstrate the collective impact of our joint endeavours through a focus on not just the business of the RPB, but also on our strengths to develop strong working relationships and embed a partnership culture that will underpin and support delivery against our collective ambition.



Summary – Wellbeing and enabling objectives alignment to life course priorities

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Life Course priorities aligned to Wellbeing / Enabling objectives

The following tables demonstrate how the health and care strategy objectives align and will be delivered via the 'Life course' approach across the Start Well, Live Well and Age Well Partnerships

Strategic Partnership	Life Course Priority	Alignment to reaffirmed objectives and high-level wellbeing / enabling priorities							
									
 Patterson, Liz 27/03/2023 10:40:28	Underpinned by NYTH / NEST framework and voice of the child, develop an emotional health and wellbeing model for children and young people, including young carers	1.1 1.2	2.1 2.2	3.1		5.1 5.4	6.1		8.1 8.3 8.5 8.6
	Support CYP and Families to achieve and maintain healthy, active lives.	1.3	2.1 2.2	3.1		5.4	6.1		8.3
	Enable CYP to receive intensive support in Safer Accommodation, closer to home.				4.3			7.1	8.1 8.2
	Enable early help and support for CYP on the 'Edge of Care'.		2.2 2.3						8.2 8.3

Life Course priorities aligned to Wellbeing / Enabling objectives

	Community based care – prevention and community co-ordination so that people in Powys have their care and support needs met.	1.1 1.2 1.3	2.1 2.2	3.1 3.2 3.3 3.4	4.1 4.2 4.3	5.5	6.1 6.2 6.3	7.1 7.2 7.3	8.1 8.2 8.3 8.4 8.5
	Community based care – providing complex care closer to home for people in Powys.	1.1 1.2	2.2	3.1 3.2 3.3 3.4	4.1 4.2 4.3	5.5	6.2 6.3	7.1 7.2	8.1 8.2 8.4
	Promoting good emotional health and wellbeing for people in Powys, so that they can live their lives to the full.	1.3	2.1	3.1		5.3 5.4	6.1	7.3	8.3 8.5
	Accommodation-based solutions for people in Powys to live as independently as possible within their communities of choice.	1.2			4.2 4.3		6.3	7.1	8.2
	Supporting resilience through on-line therapeutic support and intervention	1.1 1.2 1.3	2.1 2.2	3.1		5.4	6.1 6.3	7.3	8.2 8.6
	Improving information, advice, and assistance	1.1 1.2 1.3	2.1 2.2	3.1		5.3	6.1 6.2	7.2 7.3	8.5 8.6
	Supporting children, young people, and families receiving interventions (links with Start Well Partnership)	1.2	2.1 2.2 2.3	3.1			6.1		8.2 8.3
	Preventing escalation and developing pathways of support	1.1 1.2 1.3	2.2	3.1	4.1 4.2	5.1	6.1 6.2		8.2 8.4
	Develop whole system approach to trauma informed services and training.		2.1	3.1	4.1	5.1 5.4			8.1 8.2 8.3
	Improve co-production			3.1	4.1	5.4 5.5	6.1		8.2 8.3 8.5 8.6

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Life Course priorities aligned to Wellbeing / Enabling objectives

	Develop and implement an integrated community care approach focused on older people/frailty (including frailty of memory)	1.1 1.3	2.2	3.1	4.1 4.2	5.1 5.5	6.2		8.1 8.2 8.3 8.4 8.5
	Supporting older people with where they live, including Extra Care, Modernising domiciliary care, and Direct payments / Microenterprises.	1.1 1.2	2.1 2.2		4.2 4.3	5.1 5.4	6.1 6.2 6.3	7.1	8.2 8.3 8.4
	Early intervention and Prevention through locality based support.	1.1 1.3	2.2	3.1 3.2 3.3 3.4	4.2 4.3	5.5	6.1	7.3	8.1 8.2 8.3 8.4 8.5
	Supporting unpaid Carers (including respite for dementia)	1.2	2.1	3.1	4.1 4.2	5.3 5.4	6.1 6.2 6.3		8.3

Other Partnership and Programme arrangements will continue to drive forward some of the specific priorities areas around the enabling work, such as the Workforce Futures Programme Board, and the North Powys Wellbeing Programme Board.

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Appendices

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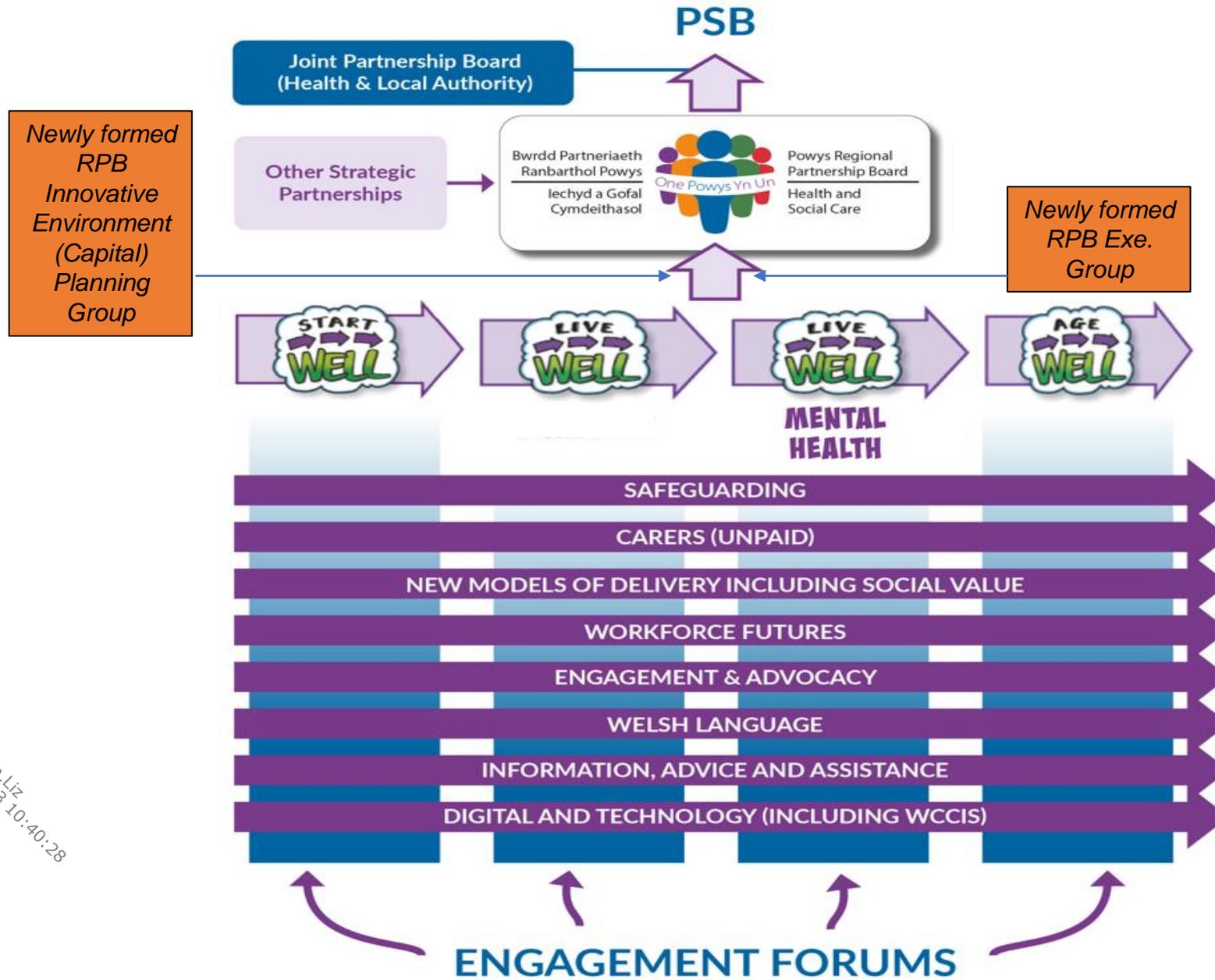
Schedule of requirements (against Area Plan Guidance)

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Ref	Area Plans Supplementary Advice for RPBs	Slide	Further Detail
Key Messages			
K3	High-level strategic document drawing upon and aligning with other strategic documents and plans, produced at the regional or local authority level. Must also be informed by and inform cluster and pan-cluster level assessments of need and delivery priorities.	All / p. 4-20 / p.13	
K4	Demonstrating a good level of maturity in relation to integrated strategic planning. Based on sound evidence of need, a good understanding of the services, resources and assets available in the region, and on shared priorities and commitment for improvement and transformation.	All	
K5	Shaped particularly by the regional PNA and MSR published in 2022, and will need to align with investment plans under the new RIF. Plans will need to clearly set out regional arrangements for developing and embedding six national models of care as described in the RIF.	p.12,31,41-55	Plan informed heavily by PNA & MSR as well as other emerging evidence and insight. The strategic vision & intent fully aligns to new National Models of Care.
K6	Should be part of ongoing process of evidence gathering, analysis, assessment and planning within RPBs. Build upon annual planning arrangements and self-assessments, and should be subject to regular review. Area plans will set direction for new annual delivery plans which will contain greater detail in terms of key milestones, delivery and progress made.	All	
K7	As well as focusing on the eight core policy themes, RPBs should also consider key and emerging cross-cutting policy priorities including rebalancing care and support, transforming children's services and removing profit from the care of looked after children, and tackling loneliness and isolation.	p. 38-48	Themes feature within the Plans objectives / life course approach.
K8	RPBs should consider how best to facilitate strategic engagement with citizens, unpaid carers, the third sector and providers in producing their area plans. They should fully involve the representatives who sit on their boards, as well as the regional Citizens Panels and Social Value Forums.	p. 35-37	
General Expectations			
1.1	Prepared jointly by local health boards and the local authorities within the local health board area, under the direction of the RPB. They must reflect the fundamental principles of the 2014 Act: voice and control, prevention and early intervention, well-being, and co-production.	All / p. 6	
1.2	Developed collaboratively & should provide an integrated, whole system approach to improving outcomes for those with care & support needs in their area.	All	
1.3	Area plans will set five year strategic vision for RPB, and annual delivery plans will be developed to support and maintain a focus on delivery and progress towards achieving strategic aims.	p. 38-55	Plan sets five year strategic vision, delivery plans will include further detail
1.4	Capital investment to support implementation of the area plan will also be a key consideration	p. 47	<i>Innovative Environments</i> objective
1.5	Should also include arrangements for strengthening RPB itself. An ongoing partnership development plan, informed by a self-assessment process, will be vital to ensure that the partnership continues to strengthen and reach a greater level of maturity to support delivery of the area plan.	p.48	Features within <i>Transforming in Partnership</i>
1.7	Must set out the range and level of services the regional partners propose to provide, or arrange to be provided, in response to the population needs assessments (PNAs) and market stability reports (MSRs) published in 2022.	p.38-55	Priority areas in response to PNA / MSR feature throughout refreshed plan
1.10	<u>Content – Area Plans MUST include</u>		Further detail including actions / delivery models to be included in delivery plan
	• The actions partners will take in relation to the priority areas for integration for RPBs (older people with complex needs and long term conditions, including dementia; people with learning disabilities; children with complex needs; carers, including young carers; Integrated Family Support Services)	p.38-55	
	• The instances and details of pooled funds to be established in response to the population assessment	p.48	
	• How services will be procured or arranged to be delivered, including by alternative delivery models		
	• Details of the preventative services that will be provided or arranged	p.41-44,52-55	
	• Actions being taken in relation to the provision of information, advice and assistance services	p.41,46,54,55	
	• Actions required to deliver services through the medium of Welsh	p.48	

Ref	Area Plans Supplementary Advice for RPBs	Slide	Further Detail
Alignment with other plans			
2.1	Area plans are high-level strategic documents, which should draw upon and align with other strategic documents and plans, produced at the regional or local authority level. The key ones are listed below.	All / p/4-20	
2.2 - 2.8	Regional Integration Fund (clearly setting out vision for establishing the six national models of care, ensuring area plans align with their RIF strategic plan and investment proposals)	p.12, 41-55	The strategic vision and intent fully aligns to the new National Models of Care, links referenced throughout plan
	Public Service Boards - Well-being Plans	p.18,29,31,41	
	Joint Workforce Plans	p.45	
	Integrated Medium Term Plans	p.9, 15	
	Other RPB plans and business	p.4-20	
Consideration of themes and policy areas			
3.1	Area plans must set out the integrated services planned for each of the core themes set out in the Part 2 Code of Practice, on which the PNAs were based. In doing so you will need to consider any revised policy or legislative requirements in respect of each theme, and also the key cross-cutting policy priorities promoted by the Welsh Government. Cross-cutting themes as follows	- p.9, 22, 31	The plan is informed heavily by the updated Powys PNA . The core and crosscutting themes feature within the Plans objectives / life course approach. ● <i>Innovative Environments</i> priority to develop integrated health and care / community wellbeing hubs ● <i>Transforming in Partnership</i> key focus to improve pooled fund arrangements where relevant
3.2 – 3.17	• Rebalancing and social value	p. 41,42,47	
	• Transforming children’s services and removing profit from the care of looked after children	p. 41,52	
	• Loneliness and isolation	p.31, 33, 41, 55	
	• Core policy themes: recent developments (The supplementary advice on PNAs (March 2021) gave examples of policy or legislative requirements in relation to each core policy theme. RPBs should also take account of strategies or other initiatives which have recently been published or are currently in development)		
	• Integrated Health and Social Care hubs	p. 47	
	• Pooled Fund arrangements	p. 48	
Engagement			
4.1.	Area plans are strategic documents, and as such engagement with citizens (service users and unpaid carers) in their production will not need to be as far reaching as the extensive engagement carried out around population needs assessments. RPBs should, however, ensure that they fully involve the citizen representatives who sit on their boards, and who are well placed to be a strategic representative voice for service users and unpaid carers. The third sector and provider representatives on RPB boards can provide the same function in respect of their sectors. Other mechanisms for strategic engagement include Citizens Panels and the regional Social Value Forums, especially with respect to rebalancing the social care market.	p.35-37	Citizens, carer, third sector and provider voice continues to be supported via engagement forums and broader engagement mechanisms. Commitment to co-production in plan

Appendix one: Powys RPB Governance Arrangements



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GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

POWYS TEACHING HEALTH BOARD

UNCONFIRMED

MINUTES OF THE MEETING OF THE BOARD

HELD ON WEDNESDAY 25 JANUARY 2023

VIA TEAMS

Present

Carl Cooper	Independent Member (Chair)
Kirsty Williams	Independent Member (Vice Chair)
Carol Shillabeer	Chief Executive
Cathie Poynton	Independent Member (Trade Union)
Ian Phillips	Independent Member (ICT)
Mark Taylor	Independent Member (Capital & Estates)
Rhobert Lewis	Independent Member (General)
Simon Wright	Independent Member (University)
Tony Thomas	Independent Member (Finance)
Jennifer Owen Adams	Independent Member (Third Sector)
Ronnie Alexander	Independent Member (General)
Chris Walsh	Independent Member (Local Authority)
Hayley Thomas	Deputy Chief Executive/Director of Primary Community Care and Mental Health
Claire Roche	Director of Nursing and Midwifery
Pete Hopgood	Director of Finance and IT
Claire Madsen	Director of Therapies and Health Sciences
Mererid Bowley	Director of Public Health
Stephen Powell	Interim Director of Planning and Performance
Debra Wood Lawson	Interim Director of Workforce and OD
Kate Wright	Medical Director

In Attendance

Helen Bushell	Director of Corporate Governance and Board Secretary
Jamie Marchant	Director of Environment
David Collington	Community Health Council
Katie Blackburn	Community Health Council
Liz Patterson	Interim Head of Corporate Governance
Shania Jones	Charity Administrative Support Officer

Gareth Lacey

Audit Wales Manager (Audit Wales) (joined for item 2.3)

Cai Hale

Audit Lead (Audit Wales) (joined for item 2.3)

Apologies for absence

None

PRELIMINARY MATTERS	
PTHB/22/95	<p>WELCOME AND APOLOGIES FOR ABSENCE</p> <p>The Chair welcomed all participants to the meeting. There were no apologies for absence.</p> <p>The Chair outlined that due to system pressures the business of the Board had been focussed with some items of business postponed including the digital strategic framework.</p> <p>Action: Director of Finance and IT</p>
PTHB/22/96	<p>DECLARATIONS OF INTEREST</p> <p>There were no declarations of interest in addition to the declarations already made and published on the register.</p>
PTHB/22/97	<p>MINUTES OF MEETINGS HELD ON 30 NOVEMBER 2022</p> <p>The minutes of the meeting held on 30 NOVEMBER 2022 were APPROVED as a true and accurate record.</p>
PTHB/22/98	<p>MATTERS ARISING FROM THE MINUTES OF THE PREVIOUS MEETING</p> <p>There were no matters arising.</p>
PTHB/22/99	<p>BOARD ACTION LOG</p> <p>PTHB/22/82 – Full costs of delayed transfers of care across all service areas to be included in future financial reports to Delivery and Performance Committee - this action has been transferred to Delivery and Performance committee.</p>
PTHB/22/100	<p>PATIENT EXPERIENCE STORY</p> <p>The Director of Therapies and Health Sciences read a story from an anonymous patient who wished to share their experience of physiotherapy and how it helped with her pain. It was noted that the story brought to Board was not commonly discussed and the aim of sharing this story was to raise awareness of the seriousness of a prolapsed uterus and how physiotherapy can help ease pain and prevent intrusive measures.</p>

	<p>The Board welcomed the presentation and expressed thanks to the patient for sharing their story.</p>
<p>PTHB/22/101</p>	<p>UPDATE FROM THE CHAIR</p> <p>The Chair presented his update report.</p> <p>UPDATE FROM THE VICE CHAIR</p> <p>The Vice Chair presented her update report.</p> <p>UPDATE FROM THE CHIEF EXECUTIVE OFFICER</p> <p>The Chief Executive presented the report and drew attention to the following matters:</p> <ul style="list-style-type: none"> • significant service resilience matters; • performance, including financial performance; • engagement activity; and • staff excellence <p>It was noted that the engagement activity sought the views of the public on the following concerns:</p> <ul style="list-style-type: none"> • Cochlear Implant and Bone Conduction hearing Implant Services in South Wales; • Belmont Surgery in Gilwern; and • Wales Air Ambulance and EMRTS services <p><i>What is the rapid escalation plan? When will it be implemented and what are the timescales?</i></p> <p>The Chief Executive Officer explained that the rapid escalation action plan was developed between the health board and local authority to work on health, social care and community care. The plan covers a range of issues including assessment processes, community capacity (helping people get home and stay at home), patient flow and coordination (looking at the complex journeys taken by patients to and from District General Hospitals (DGH)). This is covered in more detail in the Winter Resilience report. The health board and local authority are committed to working together to address these matters.</p> <p><i>Can assurance be provided that the health board's relationship with the neighbouring English Trusts is robust, in relation to the development of the Integrated Medium-Term Plan (IMTP)?</i></p> <p>The Chief Executive Officer advised that the English integrated care systems and integrated care boards are still relatively</p>

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	<p>new. However, the cross-border group has good lines of communication and is attended by representatives from Welsh Government, UK Government officials and senior NHS colleagues.</p> <p>It was noted that there is a scheduled meeting to discuss the implementation of the Health and Care Act in England and the implications of cross-border relationships. A paper was recently considered at the NHS Wales Leadership Board which considered the differences in legislation which may cause potential difficulty to health boards.</p> <p><i>Can assurance be provided that the health board is continuing to support displaced Ukrainian citizens?</i></p> <p>The Director of Public Health provided assurance that there is a continued support package in place for Ukrainian citizens. The health board is working closely with the local authority to support them.</p> <p>The Board RECEIVED and NOTED the Reports of the Chair, Vice Chair and Chief Executive.</p> <p><i>The Associate Director of Corporate Business joined the meeting.</i></p>
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ITEMS FOR APPROVAL/RATIFICATION/DECISION

<p>PTHB/22/102</p>	<p>WINTER RESILIENCE REPORT</p> <p>The Chief Executive presented the Winter Resilience Report noting the Board had considered and approved the Strategic Winter Plan 2022/23 in September 2022. The Plan, developed in partnership, had also been considered and supported as part of the Powys Regional Partnership Board arrangements.</p> <p>The aim of the Plan was to make further improvements in addressing existing pressures in the system, to be prepared for Winter and to ensure that Powys residents were supported. Key partners include Powys County Council (PCC) and the Powys Association of Voluntary Organisations (PAVO).</p> <p>The Plan outline focuses on 5 key areas of action:</p> <ol style="list-style-type: none"> 1. 'six goals' of urgent and emergency care; 2. primary care; 3. vaccination and wider public health; 4. system capacity; and
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5. resilience and business continuity

There are significant issues and risks across a range of areas which are being managed. The three weeks around Christmas were particularly challenging, but it appears to be an improving position.

The Chief Executive apologised to those patients who had found it difficult to access services at times, including primary care, ambulance services and planned care. Thanks were expressed to colleagues who had gone above and beyond in challenging times.

The Director of Primary, Community Care and Mental Health drew attention to demand which had increased due to the fifth wave of COVID-19, respiratory viruses, Strep A and scarlet fever which had resulted in double the number of patients accessing primary care. Welsh Government had written to Primary Care instructing a focus on urgent care and the service was now transitioning back to routine arrangements. Local surge capacity of 11 beds had been instigated, supported by Primary Care, to help avoid admissions to DGHs. Contingency arrangements had to be put in place to support the 111 service which was receiving a high level of demand in relation to under 15s.

Acute hospitals accessed by Powys patients had been at their highest levels of escalation with 500 surge beds provided across Wales. The health board is continually trying to improve the discharge profile with 55 patients fit to discharge on 24 January 2023. There is an issue around the community capacity to support discharge with Social Care colleagues facing challenges including in social work (to assess need) and domiciliary care (to provide packages). On 24 January 2023 89 people had been assessed and were waiting for packages of care, with 24 patients in interim placements awaiting permanent packages of care.

The health board is in active discussion with Care Inspectorate Wales (CIW) regarding the potential provision of additional capacity at Knighton to enable step down placements. The health board is also scoping the potential to provide domiciliary care in addition to community care, as it is

recognised the ability of the market to respond to demand is limited in certain parts of Powys.

The Director of Public Health confirmed that the fifth wave of covid appeared to have peaked with current rates of infection in Wales 1 in 22. The uptake in covid vaccination was around 80% of those eligible for the autumn booster. However, the flu vaccination uptake rates are lower than expected.

The Chief Executive confirmed the Local Options Framework had not been employed at this time. The health board was currently working on risk mitigation in relation to Industrial Action.

Independent Members sought assurance by asking the following questions:

The NHS '111' is an important response service. Will the extra capacity built in due to winter pressures become a permanent feature?

The Director of Primary Community Care and MH explained that the service had received an unprecedented number of calls over Christmas which caused the abandonment rate of calls to increase above usual levels of around 3-5%. Capacity had been increased and this will continue. The organisation had learnt much in respect of contingency arrangements for handling extreme peaks. There will be a national review of the 111 processes.

The NHS '111 press 2' campaign is a service focusing on mental health, has the health board publicised this widely enough and will it be able to meet the expected demand?

The Director of Primary Community Care and Mental Health explained that the health board is in the process of building this capacity for Powys in the next quarter. There will be publicity around this system for Powys residents when it goes live.

Regarding the joint investigation with Welsh Ambulance Services Trust (WAST) into the ambulance delays at emergency department. What is the feedback mechanism of the outcomes of that investigation? How will the learning feed into the improvement plans?

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	<p>Director of Nursing and Midwifery explained in Wales there is a Putting Things Right (PTR) process which outlines how the health board responds to a concern or complaint including across health organisations.</p> <p>If a Powys resident is involved in handover delay, there will need to be three organisations involved. The Delivery Unit, WAST and all Welsh health boards are working together to build the joint investigation framework.</p> <p><i>Is it expected the arrangements put in place to improve the 111 service will lead to a sustained improvement?</i></p> <p>The Director of Primary Community Care and Mental Health confirmed that both the 111 and 111 press 2 services will be evaluated and reported to the Delivery and Performance Committee.</p> <p>ACTION: The Director of Primary Community Care and MH</p> <p>The Board ENDORSED the actions of the Winter Resilience Report and approaches taken to manage the associated system risks.</p>
<p>PTHB/22/103</p>	<p>DEVELOPMENT OF INTEGRATED MEDIUM-TERM PLAN (IMTP) 2023-2026</p> <p>The Director of Planning and Performance presented the development of the IMTP for 2023-2026 and outlined the purpose and requirements of the IMTP.</p> <p>It was noted the approach taken by the health board previously included a six step process with regular Board Development and Committee consideration at key stages including:</p> <ul style="list-style-type: none"> • situational analysis updating PESTLE and SWOT; • consideration of key insights including Powys Population and Wellbeing Assessments October to November 2022; • Accelerated Sustainable Model work commenced November 2022; • confirmation of principles and strategic framework – Reaffirming importance of Health and Care Strategy and Wellbeing Objectives November to December 2022; and • setting Strategic Priorities – updating Plan on a Page December 2022 - January 2023

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The IMTP will consider the following:

- long term ambition and alignment of plans;
- reaffirming the guiding principles;
- NHS Wales planning guidance; and
- refinement of the health board's strategic priorities and links to planning and guidance

The Director of Finance and IT advised the macro-economic outlook was challenging and noted that 2023/24 would no longer be considered a post covid-19 'transition' year. The health board had not delivered the level of recurrent savings required in 2022/23 which cannot continue. The inflationary pressures bring known challenges but are yet to be quantified and understood in terms of what can be mitigated, or what solutions need to be developed.

Financial sustainability needs to be delivered in the short term and improvement needs to be made with respect of the health board's overall allocation of resource to improve outputs and outcomes.

The timetable for developing the plan for submission by 31 March 2023 was shared.

The Board sought assurance by asking the following questions:

Can assurance be provided regarding the impact and value for money there will be for the £15m allocated for directly funded bodies?

The Director of Finance and IT advised the health board has a relationship with the directly funded bodies and a process in place to monitor performance for the services they provide.

Is the health board's share of £90m (£3.807m) at 4.32% a constant or variable?

The Director of Finance and IT explained that the 4.32% is the health board's population share of allocation and was a constant share.

The Chief Executive drew attention to the seriousness of the position. It was likely that an Accountable Officer Letter would be written at the end of February and sent to Welsh Government. Work is ongoing but there are significant impacts and issues to such a challenging cost reduction scenario. Getting to a breakeven position in one year was

unlikely to be achievable. This was a challenging position, and the Executive Team would continue to work towards submitting an approvable plan, however, it was not possible to provide assurance that an approvable plan could be submitted for 2023/24.

The Board:

- RECEIVED a financial update including the financial allocation for 2023/24;
- RECONFIRMED the commitment to the guiding principles for developing the IMTP; and
- NOTED the timescales and next steps for developing an approved IMTP by 31 March 2023

PTHB/22/104

CHARITABLE FUNDS ANNUAL REPORT AND ANNUAL ACCOUNTS FOR 2022-2023

The Director of Finance and IT presented the Charitable Funds Annual Report and Annual Accounts for 2022-2023 to Board.

The Audit Manager and Audit Lead were invited to present their findings to Board.

The health board, as the Corporate Trustee, must provide to the Charity Commission an Annual Report and Accounts for the year ending 31 March 2022. The Powys Teaching Health Board Charitable Fund had been subject to Statutory Audit by External Audit and was for approval by the Board. The deadline for this submission was 31 January 2023.

The Audit Manager explained an unqualified audit opinion would be issued, that all misstatements were confirmed as minor and had been corrected, and there were no other significant issues identified.

Subject to approval at Board the Auditor General would certify the accounts on the 30 January 2023.

The Audit Manager and Director of Finance and IT offered their thanks to both teams who have worked on the Annual Report and Annual Accounts.

The Chair reported that the Annual Report and Accounts had been considered by PTHB’s Charitable Funds Committee and that the committee recommended their approval.

The Board APPROVED the Charitable Funds Annual Report and Annual Accounts for 2022-2023 as Corporate Trustee.

ITEMS FOR DISCUSSION

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PTHB/22/105

INTEGRATED PERFORMANCE REPORT

The Director of Planning and Performance presented the item which provided a performance update against the 2022-2023 NHS Wales Performance Framework to the end of November 2022. Attention was drawn to the following:

- the childhood vaccination programme is performing well – a polio catch-up for under 5s who have missed their vaccination is ongoing along with an offer for MMR vaccinations;
- the covid-19 vaccination programme is performing extremely well;
- flu vaccination is below target but is performing well against all Wales performance;
- cancer screening (where services are provided in Powys) rank first in Wales for bowel and breast screening.
- In Primary Care the health board has met all the national standards relating to access.
- In relation to unscheduled care directly provided, Minor Injuries Units comply well with the 4 hour standard, although there has been a challenge in maintaining access due to sickness. Where patients are conveyed to DGHs in ambulances the 8 minute target was performing at 38% (compared to a target of 65%).
- There has been an increase in ambulance handover delays at DGHs (with a consequential, detrimental impact on ambulance response times).
- Some planned care in DGHs has had to be cancelled to accommodate the increase in urgent care demand, along with increases in Referral to Treatment times and waiting times.

Strong performance is being maintained in provided services with no long waiting times. There have been breaches in relation to diagnostic endoscopies and therapy breaches due to staffing capacity.

In England based Trusts, the long wait backlog is being reduced with only 14 patients waiting more than 2 years. English Trusts have been asked to ensure no patients wait more than 78 weeks by the end of March 2023 (this will include Powys patients on English lists), and no more than 65 weeks by the end of March 2024.

In Wales the recovery is slower than in England, with 580 patients waiting more than 2 years. The Welsh Government

has set out revised targets with no patients to wait more than 2 years by the end of June 2023 or 52 weeks for a new outpatient appointment by the end of June 2023.

Child and Adult Mental Health service performance remains strong although some challenges remain in Adult Mental Health service interventions.

The Director of Primary, Community Care and MH advised that the challenges in relation to Adult Mental Health are in the context of increasing demand for services, vacancies in the service (overall around 20% but variable between teams) and sickness absence. The assessment targets within 28 days are generally met but the interventions that are required are taking longer, and patients are presenting with complex needs. Whilst the health board ranks first across Wales for neurodevelopmental services there has been a decline in performance. There has been an increase in demand for this service from 20 referrals per month pre-covid to around 50 per month recently.

The Board sought assurance by asking the following questions:

Would the paper benefit from outlining some actions and key areas being taken by the health board to mitigate risks for example in ambulance services?

The Director of Planning and Performance confirmed that the actions taken by the ambulance services on behalf of the health board needed to be strengthened to provide better assurance.

The Chief Executive advised that an improvement plan is under development by Emergency Ambulance Service Committee (EASC) regarding ambulance services. The core issue is the number of hours lost by ambulances waiting outside the Emergency Departments. Step down targets have been agreed, for example a four-hour maximum hand over period which will incrementally reduce to 15 minutes.

For the single cancer pathway it is noted the performance and compliance is a concern. What steps are the health board taking to address those concerns?

The Director of Planning and Performance highlighted that capacity is an issue, which increases the referral demand. Many cancer referrals get downgraded, therefore there is potential for better streamlining around quality of referrals. Providers in England and Wales have been asked to improve cancer performance and as a part of the commissioning process and IMTP. The health board is working towards understanding what additional capacity and actions are being put into place with a recovery trajectory which would result in Powys patients receiving improved services.

The paper states 'we are exploring opportunities to repatriate patients.' Has the health board succeeded in repatriating any patients, and is it realistic given the performance of Welsh providers? Could the Ministerial Targets be outlined?

The Director of Planning and Performance explained that the health board does have facilities which are underutilised. There is an opportunity to improve the ethos of care closer to home and use facilities health board have. There has been improvement to utilisation and some patients have been repatriated including from Cwm Taf to Brecon together with some follow-up waiting lists. There is more that can be done. However, there are workforce constraints as the health board does not currently employ consultants or anaesthetists which are supplied by adjoining health boards across England and Wales.

The availability of data is improving but this needs to be taken to the next stage.

The Director of Planning and Performance confirmed data collection had improved and the aim was to develop it further with benchmarking and business intelligence with the aim of getting the best outcomes for Powys patients.

Could the table on page 38 relating to Follow Up Outpatient appointments be explained further?

The follow-up outpatient appointment is an issue flagged by the health board. The intention is to have the validation of follow-ups completely up to date, to ensure that those follow-ups are valid, and the pathways are not dormant. A data cleansing exercise is required where the outcome will be better oversight of data quality and potential improvement in

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operating procedures across clinical, administrative and data areas.

The primary care commentary mentions loss of data due to a cyber-attack. Could clarification be given that no patient data was breached? What mitigations were put in place to address this issue?

The Chief Executive Officer advised that a separate report would be brought to the Delivery and Performance Committee to note the impact of the cyber-attack. This relates to a service provided by an independent organisation across Wales and England. A recovery process was put in place across Wales with mitigations to ensure patient records could be accessed.

Action: Director of Finance and IT

Flu vaccination rates are lower than desired, and the health board is waiting for the figures to be validated. Is the health board maximising efforts to ensure staff receive flu vaccinations?

Should a different approach to vaccination be considered?

The Director of Public Health highlighted there is variation of uptake across different eligible groups. This year there has been a lower up-take amongst staff across Wales. The health board has issued two formal invitations to staff, one when receiving their Covid vaccination offer and a second, in late December, via a letter with an appointment. Some staff members receive their vaccine via a GP or outside the health board and work is on-going to collect this data. Vaccination champions have also been active across the health board area to offer the vaccination.

It was noted that it is not too late to receive the flu vaccine.

In relation to concerns, and complaints (p84) could further clarification be given in relation to the figures and graph.

The Director of Planning and Performance confirmed that the graph needed to be reviewed and descriptors improved.

It was explained that the graph shows the measurement of the number of complaints received on the left axis and the percentage of how quickly the health board responded on the right axis.

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	<p>The Board DISCUSSED and NOTED the change requests in the IMTP Performance Report.</p>
<p>PTHB/22/106</p>	<p>FINANCIAL POSITION MONTH 9</p> <p>The Director of Finance and IT presented the paper which provided the Board with an update on the December 2022 (Month 09) Financial Position including Financial Recovery Plan (FRP) delivery and Covid.</p> <p>The following was highlighted:</p> <ul style="list-style-type: none"> • the health board is reporting an overspend at month 9 for FY 2022/23 of £5.914m; • a £7.5m deficit is forecast for year end 2022/23. Letters have gone out to all Executive Directors escalating the organisation into Financial Recovery status, a Finance and Performance sub-group has been established; • a £4.6m savings target is profiled into the position. Limited recurrent savings have been identified to date; • recovery actions totalling £0.7m have been identified to support and stabilise the financial position; • operational pressures needing to be addressed including Continuing Health Care (CHC), underlying commissioning pressures and nursing variable pay as run rates continue to increase. <p>Key actions being taken include:</p> <ul style="list-style-type: none"> • management of all operational pressures: <ul style="list-style-type: none"> ○ CHC growth and provider inflation ○ Variable pay – specifically agency usage based in community wards ○ Commissioned activity – core and recovery <p>Focussed working groups have been set up for each of the above areas reporting through to Delivery and Performance Committee</p> • immediate recovery action required - identification and delivery of recurrent cash releasing savings schemes and further opportunities – focus needs to be on short, medium, and long term; and • identify exit strategies for current COVID response cost drivers.

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	<p>The Board sought assurance by asking the following questions:</p> <p><i>If the health board does not break even this year, will it have failed to meet its statutory duty?</i></p> <p>The Director of Finance and IT confirmed that if the organisation fails to breakeven it will not have met its statutory duty.</p> <p><i>What are the implications of not meeting the statutory duty?</i></p> <p>The Chief Executive explained that if the health board has a deficit at the end of the year, this deficit continues into the following year. This provides an additional challenge on what can be spent on the health and wellbeing of the population. If the organisation moves into a deficit position there will be increased scrutiny and challenge from Welsh Government, along with potentially a loss of reputation that the organisation can deliver its objectives.</p> <p>The Director of Finance and IT confirmed that if an organisation fails to meet its statutory obligation, then its accounts would be qualified and there would be a potential increase in intervention.</p> <p><i>The cost exposures on page 9 are viewed as shared risks, is that realistic in the current context?</i></p> <p>The Director of Finance and IT confirmed these should no longer be seen as shared risks. The level of funding has been confirmed based on the forecast at Month 8. They covered health board's position in relation to exceptional cost items and the ongoing covid response.</p> <p>The Board:</p> <ul style="list-style-type: none"> • DISCUSSED and NOTED the Month 09 2022/23 financial position. • DISCUSSED and NOTED the 2022/23 financial forecast deficit position. • DISCUSSED and NOTED the 2023/24 financial outlook.
<p>PTHB/22/107</p>	<p>CORPORATE RISK REGISTER</p> <p>The Director of Corporate Governance and Board Secretary presented the Corporate Risk Register to December 2022,</p>

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which provided a summary of the significant risks to the delivery of the health board's strategic objectives.

Attention was drawn to the following:

- Risk 004 - The urgent and emergency health and social care system fails to deliver a timely response for care for Powys citizens – this had been discussed at Executive Committee where it was decided that, given the variability of the situation and the mitigations in place, including Winter Resilience and Gold Command, the risk would remain at 20. This risk will remain under close review.
- Risk 008 - The demand and capacity pressures in the primary care system led to services becoming unsustainable – this reduced from 16 to 20, staying Red and reflected the current position.

The Risk categories have been reviewed in relation to the Risk Appetite agreed in November 2022.

The Board sought assurance by asking the following questions:

Could clarification be given on risk CPR 004, it indicates an increase to 25 overall risk score but in the narrative says it remains at 20. Which one is correct?

The Director of Corporate Governance and Board Secretary explained this was an administrative error and confirmed the risk remained at 20. The report would be amended to reflect this position.

The Chief Executive advised of the discussion as to whether the risk should be 20 or 25. The risk had at times reached 25 but the mitigations in place meant that, when the report was produced, it was judged 20 was appropriate.

Please clarify that CPR 009 (risk of a cyber-attack) was the same incident that had been discussed previously and was not a new risk?

The Chief Executive confirmed it was the incident discussed earlier. It was recognised that cyber-attacks were likely to happen. The health board has preventive measures in place and confirmed this also related to the ability to recovery from an incident.

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	<p>The Chair noted that all but one of the risks were outside the risk appetite and requested information on what could be expected in the future.</p> <p>The Director of Corporate Governance and Board Secretary noted this related to the Board Assurance Framework and Integrated Performance Report which would be subject to future consideration.</p> <p>The Board RECEIVED and ENDORSED the Risk Register.</p>
<p>PTHB/22/108</p>	<p>REPORT OF THE CHIEF OFFICER OF THE COMMUNITY HEALTH COUNCIL (CHC)</p> <p>The Chief Officer of the CHC presented the item which provided an overview of the following matters:</p> <ul style="list-style-type: none"> • Monitoring and scrutiny • Increased face-to-face engagement activity including at: <ul style="list-style-type: none"> ○ Knighton soup kitchen; ○ Ystradgynlais senior citizen club; and ○ Newtown Community café • A visit to Shrewsbury and Telford Hospital NHS Trust has been postponed at their request. <p>The question of the month related to 111 but there was a sense that the community had been asked to complete too many surveys. The team will reflect on means of engagement.</p> <p>The CHC is working on service change in relation to proposals for the Air Ambulance service and Gilwern Branch Surgery.</p> <p>The Citizens Voice Body will now be known as Llais (Voice) from 1 April 2023. Relations with the local authority are being strengthened.</p> <p>There are three consultations out which relate to Llais:</p> <ul style="list-style-type: none"> • access to premises; • service change; and • representations <p>Board Members were encouraged to respond to consultations.</p> <p>The Board sought assurance by asking the following question:</p> <p><i>Will Llais reproduce the geography of the old structure, will Powys retain its integrity?</i></p>

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	<p>The CHC Chief Officer explained that specifics are still being reviewed but there is a strong commitment to the principle of the new organisation being local, regional, and national. The local element is likely to be local authority boundaries with regional likely to be Regional Partnership Board boundaries. Powys therefore has a local and regional perspective. Discussion is ongoing as to how the local element will be implemented given the number of different pathways experienced across the local authority area.</p> <p>The Board RECEIVED and NOTED the Chief Officer's Report.</p>
<p>PTHB/22/109</p>	<p>ASSURANCE REPORTS OF THE BOARD'S COMMITTEES</p> <ul style="list-style-type: none"> • PTHB COMMITTEES <p>The following Chair's Assurance Reports were received:</p> <p><u>Charitable Funds</u></p> <p>The Committee Chair presented the item which provided an overview of matters considered by the Charitable Funds Committee on 7 December 2022.</p> <p>The Board NOTED the report.</p> <p><u>Executive Committee</u></p> <p>The Committee Chair presented the item which provided an overview of matters considered by the Executive Committee on 16 November 2022, 29 November 2022, 14 December 2022, 21 December 2022, and 11 January 2023.</p> <p>The Board NOTED the report.</p> <p><u>Patient Experience, Quality and Safety Committee</u></p> <p>The Committee Chair presented the item which provided an overview of matters considered by the Patient Experience, Quality and Safety Committee on 24 November 2022.</p> <p>The Board NOTED the report.</p> <p><u>Workforce and Culture Committee</u></p> <p>The Committee Chair presented the item which provided an overview of matters considered by Workforce and Culture Committee on 13 December 2022.</p> <p>Members welcomed the offer made to an Occupational Health Lead which would help improve the fragility of the service.</p>

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	<p>The Board NOTED the report.</p> <ul style="list-style-type: none"> • JOINT COMMITTEES <p>The Chief Executive presented the item which provided an update to the Board in respect of the matters discussed and agreed at recent meetings of the Joint Committees of the Board:</p> <ul style="list-style-type: none"> • Welsh Health Specialised Services Committee (WHSSC); and • Emergency Ambulance Service Committee (EASC) <p>The earlier items on IMTP and Performance had relevance to the Joint Committees. The Chair’s Report from EASC refers to handover delays and the Emergency Medical Retrieval and Transfer Service (EMRTS) remains a key issue.</p> <p>There have been several discussions about the Integrated Commissioning Plan under development at WHSSC. This will form part of the health board’s IMTP.</p> <p>A letter has been received from the Welsh Government Director General announcing there will be a review of functions of WHSSC, EASC and the National Collaborative Commissioning Unit. This commitment had been made in A Healthier Wales and been delayed due to the pandemic. The health board would contribute to this review.</p> <p>The Board NOTED the report.</p>
<p>PTHB/22/110</p>	<p>ASSURANCE REPORT OF THE BOARD’S PARTNERSHIP ARRANGEMENTS</p> <p>The Chief Executive provided an update to the Board in respect of the matters discussed and agreed at recent partnership board meetings, including the following:</p> <ul style="list-style-type: none"> • NHS Wales Shared Services Partnership Committee (NWSSPC); • Powys Public Services Board (PSB) had not met since November Board. A workshop was due to take place to discuss the Well-being Plan Objectives which would be brought to all statutory bodies for endorsement; • Regional Partnership Board (RPB) met recently with a focus on the Winter Pressures, the Area Plan, and the

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	<p>Social Services and Wellbeing Act (Wales) which takes the Health and Care Strategy and translates that into actions worked on in partnership; and</p> <ul style="list-style-type: none"> • Joint Partnership Board (JPB) - the priority is Older People and the Community, working on clearing financial disputes and a focus on working in partnership. <p>The Board RECEIVED and NOTED the updates provided.</p>
OTHER MATTERS	
PTHB/22/111	<p>ANY OTHER URGENT BUSINESS</p> <p>No other urgent business was raised.</p>
PTHB/22/112	<p>DATE OF THE NEXT MEETING:</p> <p>29 March 2023, 10am, via Microsoft Teams</p>
PTHB/22/113	<p>The following motion was passed:</p> <p><i>Representatives of the press and other members of the public shall be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.</i></p>
PTHB IC/22/114	<p>MINUTES OF BOARD IN-COMMITTEE 30 NOVEMBER 2022</p> <p>The Board APPROVED the minutes of Board In-Committee.</p>

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Key:

Action Complete
Not yet due
Due
Overdue
Transferred

BOARD ACTION LOG (March 2023)

Board Minute	Board Date	Action	Responsible	Progress as of 22 March 2023	Status
PTHB/22/82	30 Nov 2022	Full costs of delayed transfers of care across all service areas will be included in future financial reports to the Delivery and Performance Committee	Director of Finance and IT	Transferred to Delivery and Performance Committee Action Log	Transferred
PTHB/22/95	25 Jan 2023	The Digital Strategic Framework to be brought to Board	Director of Finance and IT	This will be included in the Board work programme for the appropriate meeting	Not yet due
PTHB/22/102	25 Jan 2023	The evaluation of 111 and 111 press 2 to be taken to Delivery and Performance Committee	Director of Primary, Community Care and MH	Transferred to Delivery and Performance Committee Action Log	Transferred
PTHB/22/105	25 Jan 2023	A report on the Cyber attack to be taken to the Delivery and Performance Committee	Director of Finance and IT	Transferred to Delivery and Performance Committee Action Log.	Transferred

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PTHB BOARD		Date of Meeting: 29 March 2023
Subject :	New Velindre Cancer Centre Full Business Case (FBC) (Economic and Financial Case)	
Approved and Presented by:	Steve Powell, Director of Planning and Performance	
Prepared by:		
Other Committees and meetings considered at:	Discussion at Executive Committee – 23 March 2023	

PURPOSE:

The purpose of this paper is to seek Board approval of the investment requested from the Health Board by Velindre university NHS Trust and to approve the Full Business Case excluding the Commercial Case.

RECOMMENDATION(S):

The Board is asked to:

- **NOTE** the process to develop the FBC from the previously agreed OBC has followed Treasury Green Book Guidance;
- **NOTE** the updates made from OBC to FBC and the assurance provided by the Collective Commissioning Group (CCG);
- **NOTE** the movement in recurrent revenue funding, from the uplifted OBC approved sum, for the Health Board this is £17,000. Please note that this figure is annual commitment set at 2022-23 price base.
- **APPROVE** the additional investment requested of £82,000 from the Health Board by Velindre University NHS Trust as set out. Please note that this figure is annual commitment set at 2022-23 price base.

- **APPROVE** the Full Business Case excluding the Commercial Case, (recognising the economic and financial cases were considered in private session due to commercial sensitivity),

This approval would be subject to the finalisation of the Commercial Case which is a matter of consideration between Velindre University NHS Trust and Welsh Government, not the Health Board. However, if there are any changes in the Commercial Case which would have an impact on the 'Approved' status of the other four cases from a commissioners perspective, these cases would be brought back to the Board for consideration.

Approval/Ratification/Decision ¹	Discussion	Information
✓	✓	*

THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVE(S) AND HEALTH AND CARE STANDARD(S):

Strategic Objectives:	1. Focus on Wellbeing	✓/✗
	2. Provide Early Help and Support	✓/✗
	3. Tackle the Big Four	✓/✗
	4. Enable Joined up Care	✓/✗
	5. Develop Workforce Futures	✓/✗
	6. Promote Innovative Environments	✓/✗
	7. Put Digital First	✓/✗
	8. Transforming in Partnership	✓/✗
Health and Care Standards:	1. Staying Healthy	✓/✗
	2. Safe Care	✓/✗
	3. Effective Care	✓/✗
	4. Dignified Care	✓/✗
	5. Timely Care	✓/✗
	6. Individual Care	✓/✗
	7. Staff and Resources	✓/✗
	8. Governance, Leadership & Accountability	✓/✗

EXECUTIVE SUMMARY:

¹ Equality Impact Assessment (EiA) must be undertaken to support all organisational decision making at a strategic level

The purpose of the Economic Case at FBC is confirm the preferred option from the OBC is still valid and to reappraise the costs, benefits and risks associated with the proposed investment. The Economic Case does not include VAT, or inflation as it aims to compare the options at today's prices to determine the most economically advantageous option. The Economic Case has been reviewed and updated from the Outline Business Case approval in October 2018.

DETAILED BACKGROUND AND ASSESSMENT:

The nVCC Project, supported by the Treasury of the Welsh Government under their MIM Policy, continues to progress through the planning permission and procurement phase. Following the Velindre University Health Board Trust Board approval of the outcome of the nVCC competitive dialogue on the 28th July 2022, two bidders were notified of the outcome and no challenge was received from the unsuccessful bidder. The Acorn Consortium were confirmed as the Successful Participant (SP) and received an SP letter which set out a range of outstanding matters that needed to be resolved between before Contractual and Financial Close (FC) could be achieved.

The nVCC Project Team have been working closely with Acorn to close down all outstanding matters in order to achieve FC in March 2023, or as soon as possible thereafter.

Velindre University NHS Trust can only progress to FC, and enter into a contract, once the FBC has been approved by the Trust, its commissioning Local Health Boards (LHB's) and by both Welsh Government Ministers (Treasury and Health).

The FBC consists of 5 cases (Strategic; Economic; Commercial; Management; and Financial) which are inter-connected and set out the case for investment. Of the 5 Cases, four (Strategic; Economic; Management; and Financial) are complete. It should be noted that at the time of this report, the Commercial Case is commercial in confidence and therefore not able to be released to Local Health Boards at this stage.

The completion of the Commercial Case is the final element to conclude and will close when planning matters and the Project Agreement (PA) are finalised.

The aim of the Commercial Case is to set out the commercial arrangements i.e., the solution (the nVCC final design), together with the contract (Project Agreement). The nVCC Project is being procured using the Welsh Government Mutual Investment Model (MIM), under WG policy.

The Commercial Case is considered a matter for the Trust and Welsh Government. The Case requires commercial confidentiality of the arrangements which are at a sensitive stage of the procurement process.

In this context, it can be highlighted that the Welsh Government (Central Treasury) is the funder for the Annual Service Payment (ASP) - which is the annual revenue payment to the Acorn Consortium for the 25-year term of the PA - and the Welsh Government (Health) is the funder of the NHS capital equipping costs. This clarity is important in respect of the approvals sought from each of the stakeholders. The primary areas of decision-making/approvals for each stakeholder is:-

- Velindre University NHS Trust: overall approval including PA (commercial aspects); capital costs, revenue costs, management arrangements and retained risk as the contracting party.
- Velindre University NHS Trust/Local Health Boards: Identified revenue investment (recurring and non-recurring).
- Welsh Government: Treasury all matters relating to the Annual Service Payment and Health Department all matters relating to NHS Capital Equipping Costs.

The Local Health Boards have agreed the scope of, and approach to, investment in the nVCC (e.g., increased cleaning costs of a bigger floor area, and the costs of transition) within the OBC. The OBC also set down what costs are outside the scope of investment (e.g., the commercial deal with the Acorn consortium which is being funded by the Welsh Government (via the ASP)). In respect of the commercial matters within the Commercial Case, the funding position is clear with the Trust planning on investment by the Welsh Government for the ASP.

The funding role of the ASP by the Welsh Government is, we believe, important to note, as it frames the approval required on the four Cases (Strategic; Economic; Management; and Financial) by commissioning Local Health Boards. The Local Health Boards are not an investment party to any ASP funding requirements that flow from the commercial arrangements with ACORN as set down in any Commercial Case.

A two-staged approach to FBC approval has been discussed with Welsh Government and the Local Health Boards:-

Stage 1: consideration and approval (or otherwise) of the four Cases (Strategic; Economic; Management; and Financial) by the Trust and Local Health Boards in February 2023.

Stage 2: consideration and approval (or otherwise) of the Commercial Case by Velindre University NHS Trust as soon as possible and subsequently the Welsh Government. At this stage, Velindre University NHS Trust can provide the Local Health Boards with assurance that the commercial arrangements (and subsequent Commercial Case) will be robust and represent an acceptable commercial position. This assurance will also be demonstrated

through the detailed governance arrangements that are in place with Welsh Government to secure approval.

The two-stage approval process enables Velindre University NHS Trust to receive formal approval letters from its Commissioners, which will be required by the WG Scrutiny and approval process.

This process also facilitates the external assurance reviews required (Gateway 4 and a Commercial Approval Point (CAP) 5) prior to WG approval.

Developing the nVCC FBC: updates from OBC to FBC and assurance

The FBC has been developed following the Treasury Green Book and Better Business Case Guidance for Public Sector Projects. The four Cases (Strategic, Economic, Management and Financial) are set out in Annexes 1 – 4. A summary of each of the cases is set out below, together with the key issues contained within them and the levels of assurance for each (using the Treasury Green Book checklist).

Strategic Case

The Strategic Case has been reviewed and updated from the Outline Business Case approval in October 2018. The key issues and levels of assurance are set out below in Table 1:

Table 1 – Strategic Case Updates / Assurance

Update	Activity between OBC & FBC	Requirement of Treasury Green Book Achieved Yes / No
Strategic Alignment: is the nVCC project aligned to national/regional/Trust strategy and policy?	Case updated to reflect the changes to national/regional and Trust strategy and policy.	Yes: strategic alignment clear and robust
Existing Arrangements and Business needs	General updates to improve flow and backlog maintenance update.	Yes: case for change clear and robust
Clinical Operating Model	External Independent Advice provided by the Nuffield Trust and regional action plan agreed and being implemented.	Yes: Clinical Operating Model clear and robust action plan being implemented regionally
Forecast demand, activity and capacity	The forecast planning assumptions have been assured with actual activity (up to 2019/2020 pre-covid). This demonstrates that the	Yes: Initial forecast assumptions robust. nVCC sized appropriately

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	projections were robust. Further work undertaken on forecast activity for Day 1 2025 and up to 2032 which demonstrate sufficient capacity on Day 1 of opening and thereafter within the Clinical Operating Model (e.g., home; local; specialist). The footprint/functional/capacity of the nVCC are sized appropriately and elements of the design are flexible.	against planning assumptions/actual activity and Clinical Operating Model.
Equipment update	The proposed major clinical equipment in the nVCC has been updated for all equipment and a procurement strategy and commissioning programme developed	Yes: equipment requirements are robust
Environmental Sustainability	The ambition to deliver the Greenest Hospital in the UK has been developed and translated into the nVCC design; this includes options to remove embodied carbon and minimise the carbon once the nVCC becomes operational; and securing support/revenue funding from LHBs and Welsh Government to make the strategic shift from the current hybrid (gas/electric) solution to the electric solution.	Yes: design all electric and plans in place to support the reduction of embodied carbon. Risks remain about ability to fully realise reduction in embodied carbon and funding of strategic shift to electric solution; will be picked up in further discussions with WG/LHBs

The clinical operating model within the TCS PBC describes how services will be delivered in the future. The founding principles were as follows:

- The service model seeks to promote a new set of relationships which work in partnership to improve the way we collectively design and deliver tertiary non-surgical cancer services around patients' needs and to achieve these improvements in a truly sustainable way.
- Patients are central to our plans with an integrated network of services organised around them. The organising principle seeks to 'pull' high quality care towards the patient, that is accessible in their preferred

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location and supports them achieving their personal goals during treatment and subsequently as they live with the impact of cancer.

- Patient safety is paramount, and the highest standards will always be met.
- The relationship between patients / families / carers and clinicians / professionals will be an equal and reciprocal one.
- Patients will be provided with the support, information and skills to manage their own needs effectively at, or as close to, home as possible wherever appropriate.
- Optimising information technology, quality improvement systems, patient involvement, education and embracing innovative approaches to healthcare will all be essential to achieve high levels of service quality in a sustainable way.

The Clinical Operating Model will see more care delivered within patients' homes; and locally through the development of a number of Velindre@ facilities on Local Health Board sites across South-East Wales, providing chemotherapy, outpatient, and support services; a Radiotherapy Satellite Centre (RSC) in Nevill Hall Hospital, Abergavenny; and the redevelopment of the Velindre Cancer Centre on a new site in Whitchurch, Cardiff.

It is important to note that the Strategic Case has taken account of the Nuffield Advice Report December 2020, which the recommendations of were accepted by Local Health Boards, Velindre University NHS Trust and the South-East Wales Cancer Collaborative Leadership Group. Given the dynamic nature of cancer care and the evolving regional clinical operating model of cancer, it is important to highlight a number of important areas which have strategic importance for the region and its health partners. There were a number of recommendations which point to the need for the nVCC to support future strategic developments (see Table 2).

Table 2 – Nuffield Trust Independent Advice

Nuffield Trust Independent Advice Recommendation Number	Recommendation
6	The ambulatory care offer at the VCC should be expanded to include SACT and other ambulatory services for haemato-oncology patients and more multidisciplinary joint clinics. Consideration should be given to expanding a range of other diagnostics, including endoscopy, to create a major diagnostic resource for South-East Wales that will be able to operate without the risk of services being disrupted by emergencies and which would also protect these services in the case of further pandemics.

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10	Flexibility in design is going to be important both for the new VCC and for whatever is developed at the new UHW due to the rapid change in the nature of treatment and research.
11	There are future strategic development opportunities provided by the development of a new VCC and a proposed UHW2. Working together over the 15- to 20-year window, the health system should look to exploit these development opportunities in light of future service needs.

These recommendations are important as they are intended to ensure that the nVCC can support the current and future clinical operating models across South-East Wales over its planned life-span (40 – 60 years). Each of these recommendations has been considered in both the design of the clinical operating model and the design of the nVCC as set out below-

Utilisation of nVCC as a regional asset

It is imperative that the nVCC is considered and utilised as a regional asset which is part of a range of service/infrastructure that delivers improved quality of care and better population outcomes. The nVCC design supports this in a number of ways:

- i) immediate: provision of non-surgical tertiary cancer services as required by LHB commissioners;
- ii) development of a regional clinical operating model which supports the regional clinical needs. This is illustrated in the provision of enhanced assessment/ambulatory care services and additional capacity at nVCC which seeks to reduce the number of patients who unnecessarily attend unscheduled care/emergency services at LHBs;
- iii) the possibility of using the capacity regionally rather than organisationally. Initial work has identified that clinical pathways can be remodelled which would see a planned shift in patient flows / what care is provided where. An example of this is haematology where there is likely to be range of patients who currently receive treatments in LHB settings who could be treated at nVCC. The V@LHB model therefore can also be seen as Cardiff@nVCC; Aneurin Bevan@nVCC; CTM@nVCC. Initial work has been undertaken to explore this and could be accelerated as the overall demand/capacity and clinical model is developed;
- iv) diagnostics: the development of the nVCC has taken account of the potential strategic opportunity with regard to diagnostics across South-East Wales. The nVCC has designed in capacity to address immediate to medium terms needs (CT; MRI etc.) and also flexibility to successfully support potential strategic developments e.g. provision of PET-CT; provision of significant step up in diagnostics services

Flexible Design

The nVCC has been designed to provide maximum flexibility to cope with the changing nature of cancer care and regional strategic developments. The design has a number of aspects which provide future flexibility:

- 1) Template design allows for design development and any required changes due to service developments.
- 2) Orientation of the building: the nVCC has been designed to allow maximum flexibility which is achievable with the minimum of disruption/cost. The design consists of two areas of service contained in separate elements of the building.

Service Area 1:

- i) Radiotherapy: the radiotherapy area has been built to future proof future flexibility. The bunkers have been designed to allow different types of manufacturer/machines to be installed as technology advances and the potential for service development;
- ii) Imaging/diagnostics block: the major diagnostics and imaging kit is here with additional capacity and development control plans in place to support any strategic requirements to increase capacity/provision;

Service Area 2:

- iii) Assessment/ambulatory/inpatient block: this area of the nVCC provides optimum adjacencies for current service provision together with a template approach to the design. This allows the split of assessment/ambulatory/inpatient capacity to be changed very easily with no building works required for the majority of changes required;
- 3) Future strategic developments: the nVCC project will also include a strategic service continuity plan which will set out 10 – 15 likely regional cancer system service and non-surgical tertiary service developments that Acorn will be required to develop plans for which will set out how the nVCC building will be able to adapt/be reconfigured/support any additional construction to implement it.

2.17 The benefits of the nVCC are set out below:

- The patient environment at the nVCC will be optimal and promotes patient dignity, recovery and well-being;
- The nVCC will have sufficient patient and family car parking;
- The nVCC accommodation will be compliant with statutory requirements and that will enable high levels of patient safety to be met; and,
- The nVCC will have expansion space that will enable the Trust's to expand

its footprint to meet the increasing demand for its clinical services across a range of specialities / departments.

2.18 It is noted that the TCS Programme, that includes Local Health Boards and Velindre University NHS Trust, have achieved significant investment in cancer services for South-East Wales. This relates to the following:

- **Integrated Radiotherapy Solution:** some of the key benefits are reduced risk of service failure due to more up to date machines; reduced risk of obsolescence with improved functionality due to more up to date machines; increased flexibility with better continuity due to the flexibility provided by matched machines; better patient outcomes and safety due to the improved functionality and better compliance with good practice; benefits of increased automation and use of integrated systems resulting in reduced clinical time required for patient scheduling and reduced appointment times; improved patient and carer experience with improved resilience will reduce risk of cancelled appointment resulting in a better experience for patients and carers; improved staff experience due to more up to date machines; increased R&D opportunities as a result of newer equipment and collaboration with a single vendor.
- **Velindre Radiotherapy Satellite Centre:** The Radiotherapy Satellite Centre (RSC) at Nevill Hall has recently had its Full Business Case approved. The centre once implemented will provide radiotherapy treatment for approximately 20% of our patients (provided by two new Radiotherapy treatment machines and one CT Simulator). The benefits of the RSC investment include better access and reduced travel for patients and less use of transport services. This will mean that fewer patients need to travel to the VCC for their radiotherapy.
- **nVCC Enabling Works:** The FBC approved all enabling works needed to provide primary and secondary access to the new Velindre Cancer Centre Site (including the provision of utilities).

Economic Case

The purpose of the Economic Case at FBC is confirm the preferred option from the OBC is still valid and to reappraise the costs, benefits and risks associated with the proposed investment. The Economic Case does not include VAT, or inflation as it aims to compare the options at today's prices to determine the most economically advantageous option. The Economic Case has been reviewed and updated from the Outline Business Case approval in October 2018. The key issues and levels of assurance are set out below in Table 3:

Table 3 – Economic Case Updates / Assurance

Update	Activity	Achieved Yes / No
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Comprehensive Investment Assessment (CIA): was the process robust and in accordance with Treasury Green Book requirements	An external advisor has supported the Trust in developing the CIA. This has required a range of financial inputs that have been modelled. These inputs have been signed off by respective leads and the Assistant Project Director	Yes: professional external advice and all requirements followed
Delivery of a Preferred Option: does the preferred option at OBC still offer the best value at FBC	The CIA (based on current prices) has evaluated the options in the FBC and concluded that the preferred option is the implementation of a new Velindre Cancer Centre, this is aligned to the preceding Outline Business Case (OBC).	Yes: the do minimum plus option still remains the Preferred option as per OBC.

The nVCC project is utilising the Welsh MIM Policy, which is a Public Private Partnership (PPP) approach. The OBC undertook a Public Sector Comparator (PSC) which compares the public sector (traditional capital scheme) with the PPP scheme to determine which offers the best value-for-money. The MIM scheme offered the best value-for-money at OBC stage and the MIM procurement route was chosen.

Management Case

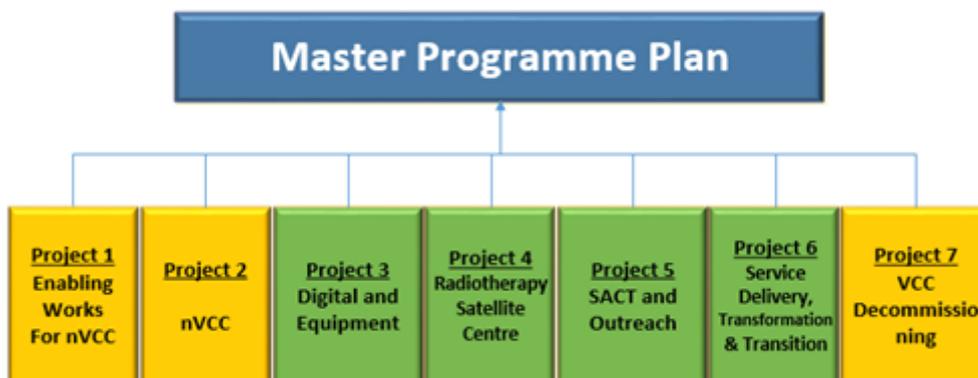
The Management Case sets out how Velindre University NHS Trust will manage the implementation of the nVCC through its construction and in life phases. It also sets out the expected benefits to be realised; the risks to successful delivery and how they will be managed. The Management Case has been reviewed and updated from the Outline Business Case approval in October 2018. The key issues and levels of assurance are set out below in Table 4:

Table 4 – Management Case Updates / Assurance

Update	Activity	Achieved Yes / No
Governance Arrangements:	The Governance Structure has been reviewed and reflects the Trusts new arrangement	Yes
Leadership: Roles and Responsibilities	Roles and responsibilities have been updated from those submitted in the OBC	Yes
Benefits Register: are all of the benefits captured	The benefits register has been updated to reflect the CIA	Yes

The Transforming Cancer Services Programme sets out the scope, aim and spending objectives for the programme and consists of 7 projects as set out in Fig. 1.

Fig 1 – TCS Programme Projects



The description of the Projects are outlined in Table 5.

Table 5 – TCS Programme Projects Descriptions

Project Number / Name		Description
1	Enabling Works	All Enabling works needed to provide Primary and secondary access to the new Velindre Cancer Centre Site (includes the provision of utilities).
2	New Velindre Cancer Centre	The re-provisioning of a new Velindre Cancer Centre in the Whitchurch area of Cardiff.
3	Digital and Equipment	The provision of integrated Digital Information and Equipment Services across the TCS Programme. This Project oversees the IRS Project.
4	Radiotherapy Satellite Centre	Provision of a Radiotherapy Satellite Centre at Nevill Hall Hospital.
5	SACT and Outreach	The Provision of SACT and Outpatient services embedded in Local Health Boards.
6	Service Delivery Transition and Transformation	This project is responsible for establishing and transforming all service delivery functions across the clinical model. It is also responsible for planning and implementing the transition between the old and new cancer centre.
7	Site Decommissioning	The decommissioning of the old Velindre Cancer Centre brownfield Site.

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With regards to benefits, the Programme and Project benefits are outlined in the FBC. The Programme Business Case sets out the range of benefits that are expected to be realised through the delivery of the programme; who is the expected beneficiary; when it is expected to be realised. The 7 projects within the programme are the primary vehicle to deliver the programme benefits and are subject to business cases (OBC/FBC); each of which set out the benefits that are expected to be realised from the specific project. It is important to note each project must clearly scope benefits that can be realised but the project; can only claim the benefit set out within its scope and can only realise a benefit once. This is vital in ensuring the programme/project economic cases are robust and some avoids over-emphasising the benefits and the potential for double counting.

Within the TCS Programme the following FBC business cases have been approved and these are set out below in Table 6:

Table 6 – TCS Programme Projects Benefits

Project	Title	Benefits include
1	Enabling works: infrastructure to access nVCC	<ul style="list-style-type: none"> • Reduced travel times for patients/families/staff • Reduced carbon emissions
3	Integrated Radiotherapy Solution	<ul style="list-style-type: none"> • Improved clinical care and treatment for patients • Increased levels of efficiency and productivity
4	Radiotherapy satellite centre: Nevill Hall	<ul style="list-style-type: none"> • Increased access to radiotherapy • Care close to home for patients • Reduced travel times for patients and families • Improved integration of cancer care

With regard to the nVCC FBC, it is important to note that the primary need to for investment is the need to replace the existing Velindre Cancer Centre as it is the only building that provides specialist non-surgical tertiary oncology services in South-East Wales. The building is nearly 70 years old and not considered to be fit-for-purpose now or sustainable in the future (as set out in the Business Needs section of the Strategic Case). Whilst the provision of the nVCC has a clear strategic importance in the regional clinical model (now and in future years), at its simplest form the FBC sets out the need for investment to replace an old building with a new building.

Consequently, the FBC nVCC only sets out benefits that are within scope of the business case and does not seek to claim benefits which can only be realised by changes/actions elsewhere in the cancer system. For example, the provision of an nVCC will not directly improve detection of cancer in primary care; or directly assist in moving staging of cancers from 4 to 3 to 2; or improve 1 and 5 year survival rates of itself; these can only be achieved by actions across the whole system

However, the nVCC will directly contribute to the quality, safety, experience and sustainability of cancer care across SE Wales and 1 and 5 year survival through the tertiary services it provides as part of the pathway of care. There will also be a direct dis-benefit if the nVCC is not built i.e. the ability to meet required demand and quality of care will reduce and this is likely to result in reduced quality of care and 1 and 5 year survival rates.

The nVCC will also indirectly contribute to the overall improvement of cancer care (e.g. diagnosis; staging; pathway transformation etc.) through collaborative working; the provision of data/insights etc. and multi-disciplinary working.

The nVCC FBC benefits are set out in Table 7.

Table 7 – TCS Programme Projects Benefits

Project	Title	Benefits include
1	New Velindre Cancer Centre	<ul style="list-style-type: none"> • Improved productivity, with improved adjacencies; more flexible facilities and greater ability to comply with standards • Improved recruitment and retention, with improved staff recruitment and retention resulting in reduced reliance on overtime, bank and agency • Centre for Learning and Innovation, with additional income from Centre for Learning and Innovation • Direct benefits of the new clinical model, with reduced length of stay; reduced admissions; improved utilisation; less value of reinvestment in capacity to meet demand • Improved survival rates, with economic benefit of survivors re-entering employment; economic benefit of survivors providing childcare • Improved energy efficiency, resulting in changes to carbon emissions and air quality

Financial Case

The Financial Case sets out the costs relating to the preferred option and takes into account many different financial inputs. These include capital and revenue (recurring and non-recurring) costs. As funding is coming from various sources, the Financial Case sets out the funding requirement from WG and the Trusts Commissioners. It also states a range of financial treatments relating to VAT, CPI and Statistical

Treatments. The Financial Case has been reviewed and updated from the Outline Business Case approval in October 2018. The key issues and levels of assurance are set out below in Table 8:

Table 8 – Finance Case Updates / Assurance

Update	Activity	Achieved Yes / No
Update of Costs	All costs have been revisited, revised and input into the Comprehensive Investment Appraisal. A comparative exercise of costs to identify/understand/analyse any material changes in costs from OBC to FBC has been undertaken, validated and documented.	Yes: all costs updated, and changes understood and justified. Support/advice provided by professional advisors
Financial Assumptions	Financial assumptions relating to statistical treatment, VAT, Inflation have been reviewed and remain extant from those considered at OBC.	Yes: all assumptions updated with support of professional advisors
Affordability	The ASP remains within the agreed Welsh Government OBC approval (at this juncture) Revenue affordability: discussions within the Trust and with Local Health Boards have identified a revenue funding position.	Yes: at this juncture

Affordability and Funding

The funding requirements for Velindre University NHS Trust, Local Health Boards and Welsh Government are set out below.

Costs and Funding

Capital Costs

The capital costs are c£52.6m and are set out below in Table 9:

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Table 9 – Capital Project Delivery Costs

Cost category	Funding requirement £000
Project (nVCC) capital expenditure - Equipment	38,209
Other Capital Costs	1,400
Project 'Delivery Capital' costs	10,478
IRS Implementation Costs	2,515
Total Capital Funding incl. VAT	52,602

Note: All costs are at 2022-23 prices

Recurring Revenue Costs

In October 2018, the Commissioners (LHBs) approved the OBC that set out the funding requirements of c£7.5m (at 2016-17 prices) in Table 10.

Table 10 – OBC Recurring Revenue Costs

Cost category	VCC Baseline £000	nVCC £000	Funding source
Soft FM	1,504	2,126	Commissioners
Hard FM	481	813	Commissioners
Utilities	572	1,032	Commissioners
Rates	192	1,027	Commissioners
Equipment Maintenance	1,300	1,900	Commissioners
IM&T Maintenance	300	445	Commissioners
Insurance	0	200	Welsh Govt/Commissioners
Total revenue costs	4,349	7,543	

In developing the FBC, Velindre University NHS Trust has considered the necessary updates to the OBC costs which is outlined as follows:

- Reduction in OBC requirements due to the IRS maintenance costs being funded in the IRS business case;
- Inflation on adjusted OBC figures;
- Additional 'new' investment:
 - Cost of move to an all-electric cancer centre;

○ Digital

The updated FBC costs are set out below in Table 11.

Table 11 – FBC Recurring Revenue Costs

Cost Category	Original OBC	Reduction OBC	Adjusted OBC	OBC Inflated	New Investment	Other	TOTAL	Funding Source
	£000	£000	£000	£000	£000	£000	£000	
Soft FM	2,126	0	2,126	558	0	221	2,905	Commissioners
Hard FM	813	0	813	213	0	-125	901	Commissioners
Utilities	1,032	0	1,032	271	961	577	2,841	Commissioners
Rates	1,027	0	1,027	269	0	-253	1,043	Commissioners
Equipment Maintenance	1,900	-1,006	894	235	0	472	1,601	Commissioners
IM&T Maintenance	445	0	445	117	0	-312	250	Commissioners
Digital	0	0	0	0	753	0	753	Commissioners
Insurance	200	0	200	52	0	198	450	Welsh Govt / Commissioners
Recurring Revenue Costs	7,543	-1,006	6,537	1,715	1,714	778	10,744	

In summary the investment requirement is as follows:

- Original nVCC OBC c£7.5m
- Removal of IRS equipment mtce (c£1.0m)
- Adjusted OBC costs c£6.5m
- Inflation on the OBC costs c£1.7m
- Additional investment c£1.7m
- Other (movements) c£0.8m
- TOTAL c£10.7m

Therefore, the recurring revenue costs of nVCC are c£10.7m and the funding strategy is set out below in Table 12 together with the Welsh Government, DHCW and Local Health Board funding requirements:

Table 12 – FBC Recurring Revenue Funding

Cost Category	Preferred Option	DHCW (DPIF)	Welsh Government	LHBs
	£000	£000	£000	£000
Soft FM	2,905	0	0	2,905
Hard FM	901	0	0	901
Utilities	2,841	0	-961	1,880
Rates	1,043	0	0	1,043
Equipment Maintenance	1,601	0	0	1,601
IM&T Maintenance	251	0	0	251
Digital	753	-456	0	297
Insurance	450	0	0	450
Recurring Revenue Costs	10,744	-456	-961	9,327

Note: All costs are at 2022-23 prices

The Utility Costs have been agreed with the Collective Commissioners Group as fair and reasonable and reflects the current position. Commissioners have advised that the costs arising from the decision to procure a hospital designed with an electric only energy solution, which is a Welsh Government policy cost, should seek alternative funding sources. This is due to the current financial deficit of each of the four main Commissioning Health Boards, which are anticipated to worsen over the next three-year IMTP 2023-2026. Whilst LHBs recognise the benefit of an early contribution to meeting the Welsh Government decarbonisation target, that the procurement of an electric only energy solution will help deliver, they note that their own estate also requires significant investment to address the 'green' agenda, which they cannot currently prioritise given the pressures on service funding. These issues have been understood and acknowledged by Velindre Trust. It has, therefore, been agreed that an element (£0.961m current prices) of this cost category, namely the switch to an all-electric solution, should seek an alternative funding source through transitional funding arrangements.

It is proposed that the cost of an all-electric advance design to meet Government decarbonisation policy be mitigated by transitional funding relief as an element of the Welsh Government MIM financing support. At this time, based on the above, it has been agreed that Commissioners would not be requested to fund the all-electric solution element of £0.961m in advance of those transitional funding discussions with Welsh Government.

The revenue digital requirements cover four key areas at a cost of c£1.2m and is out below in Table 13:

Table 13 – Digital Costs

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Cost Category	Net Costs	VAT	Gross costs
	£000	£000	£000
nVCC Infrastructure Requirements (Day 1)	247	50	297
Strategic Clinical & Operational Requirements	380	76	456
Digitisation of Health Records	370	75	445
Transitional Requirements	38	8	46
TOTAL	1,035	209	1,244

Note: All costs are at 2022-23 prices

In managing the funding of these Digital requirements, Velindre University NHS Trust proposes that it takes responsibility for the costs of digitisation of health records and transitional costs through its baseline funding. In respect of the clinical and operational requirements, the Trust has had positive discussions with DHCW, where the structure of a collaborative funding arrangement has been agreed for the 'strategic clinical and operational' elements of the nVCC Project. As such, funding from the Digital Priorities Investment Fund (DPIF) or other Welsh Government digital funding sources is planned to be provided. This collaborative funding approach will continue to be shaped with LHBs. Given the proposed arrangements above, LHBs are only being requested to fund the nVCC infrastructure requirements (Day 1) at this stage in the process. Should the DPIF or other WG digital funding be non-recurrent, further discussions would be necessary to consider ongoing funding for these costs.

It is important to consider the overall movement in the recurring revenue funding required from Commissioners when compared to the agreed OBC funding inflated to 2022-23 prices. The movement is c£1.0m and is set out below Table 14:

Table 14 - Movement in Recurring Revenue Costs for Commissioners

Cost Category	FBC Costs	OBC Inflated	Movement
	£000	£000	£000
Soft FM	2,905	2,684	222
Hard FM	901	1,026	-125
Utilities	1,880	1,303	577
Rates	1,043	1,297	-254
Equipment Maintenance	1,601	1,129	472
IM&T Maintenance	251	562	-311
Digital	297	0	297
Insurance	450	252	198
Recurring Revenue Costs	9,327	8,252	1,075

Note: All costs are at 2022-23 price levels.

The movement in the recurring revenue costs that will be funded by Commissioners using the agreed Commissioner Shares is c£1.0m as set out below in Table 15:

Table 15 - Movement in Recurring Revenue Costs for Commissioners

Health Boards	Commissioner Split	TOTAL
	%	£000
<i>Proposed funding from commissioners:</i>		
Aneurin Bevan	36.52%	391
Cardiff & Vale	30.90%	331
Cwm Taf Morgannwg	28.11%	301
Swansea Bay	1.40%	15
Hywel Dda	1.49%	16
Powys	1.59%	17
Total	100%	1,075

The recurring revenue costs that will be funded by Commissioners using the agreed Commissioner Shares is c£9.3m as set out below in Table 16:

Table 16 - Summary of Funding Sources

Health Boards	Commissioner Split	TOTAL
	%	£000
<i>Proposed funding from commissioners:</i>		
Aneurin Bevan	36.52%	3,406
Cardiff & Vale	30.90%	2,882
Cwm Taf Morgannwg	28.11%	2,622
Swansea Bay	1.40%	131
Hywel Dda	1.49%	139
Powys	1.59%	148
Total	100%	9,327

Note: All costs are at 2022-23 price levels.

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However, in respect of the increase in funding from Commissioners that is in addition to the baseline, which is already funded, the increase is c£5.1m and is set out below in Table 17.

Table 17 - Summary of Additional Funding for Recurring Revenue Costs

Cost Category	Baseline 2021-22	Recurring Revenue	Additional Funding reqd from Commissioners
	£000	£000	£000
Soft FM	1,846	2,905	1,059
Hard FM	454	901	447
Utilities	945	1,880	935
Rates	179	1,043	864
Equipment Maintenance	723	1,601	878
IM&T Maintenance	25	251	226
Digital	0	297	297
Insurance	0	450	450
Recurring Revenue Costs	4,172	9,327	5,155

Note: All costs are at 2022-23 price levels

The additional funding required from Commissioners is set out below in Table 18.

Table 18 - Summary of Additional Funding from Commissioners

Health Boards	Commissioner Split	TOTAL
	%	£000
Proposed funding from commissioners:		
Aneurin Bevan	36.52%	1,883
Cardiff & Vale	30.90%	1,593
Cwm Taf Morgannwg	28.11%	1,449
Swansea Bay	1.40%	72
Hywel Dda	1.49%	77
Powys	1.59%	82
Total	100%	5,155

Note: All costs are at 2022-23 price levels

It is planned that the Welsh Government will fund the Annual Service Payment and increased buildings and equipment depreciation. It should be noted that there is a recurring revenue requirement for Depreciation of c£10.9m (at 2022-23 prices). In respect of the Annual Service Payment for the Project, this will not be finalised until the day of Financial Close. Given commercial confidentiality, it has been deemed appropriate not to present an ASP.

Non-Recurring Revenue Funding

Non-recurring revenue costs, including accelerated depreciation, dual running, and project support will be funded by the Welsh Government and Commissioners and are set out in Table 19.

Table 19 - Summary Non-Recurring Revenue Requirements

Cost category	Funding Req'd £000	Source of Funding
Accelerated depreciation	31,437	Welsh Government
Dual Site Running Costs	2,412	Commissioners
Total Non-Recurring Revenue Costs	33,849	

Note: All costs are at 2022-23 price levels.

Table 20 outlines the non-recurring revenue costs for financial years:

Table 20 - Profile of Non-Recurring Revenue Requirement

Cost category	2023-24	2024-25	2025-26
	£000	£000	£000
Accelerated depreciation	10,479	10,479	10,479
Dual Site Running Costs	0	0	2,412
Total Non-Recurring Revenue Costs	10,479	10,479	12,891

Note: All costs are at 2022-23 price levels

As outlined in section 2, the additional funding required from the Health Board compared to when the OBC was previously approved is £1.449m.

The Strategic Case and Management Case are attached as appendices to this report. Due to the commercial sensitivities relating to the Economic and Financial Cases these have been considered in the Private Session of the Committee.

NEXT STEPS:

To further support members consideration of the FBC the Commissioners Q&A Document and Governance Guidance from the Director of Corporate Governance in Velindre University NHS Trust has been uploaded in Admincontrol for reference.

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WALES

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Velindre University
NHS Trust

Full Business Case: March 2023

new Velindre Cancer Centre (nVCC)

Strategic Case

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STRATEGIC CASE

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1 INTRODUCTION AND PURPOSE

Introduction

- 1.1 The scope of the new Velindre Cancer Centre Project is to develop a new fit for purpose Velindre Cancer Centre (nVCC). The nVCC will deliver the majority of specialist non-surgical cancer services for the population of South-East Wales.
- 1.2 On the 19th of March 2021, the Welsh Government announced its approval of the nVCC Outline Business Case (OBC), this approval enabled the formal procurement of the nVCC to commence via a competitive dialogue procedure.
- 1.3 The outcome of the nVCC procurement is nearing Financial Close (FC) and this progress allows for the population of this Full Business Case (FBC) which is aligned to the Successful Participants (SP) tender.
- 1.4 The nVCC OBC revisited the project's earlier Strategic Outline Case assumptions and identified a preferred way forward. This FBC will also revisit those assumptions and confirm strategic alignment, value for money and a means to implement the preferred solution which is part of Velindre's approved Clinical Operating Model.
- 1.5 The construction of a new nVCC is currently planned to be completed during 2025.

Purpose

- 1.6 The purpose of this Full Business Case (FBC), is therefore to:
 - Confirm that the Project Spending Objectives (PSOs) have been reviewed and are still valid;
 - Confirm that the preferred way forward identified in the nVCC OBC remains unchanged;
 - Identify the marketplace opportunity which offers optimum Value for Money (VfM);
 - Set out the commercial and contractual arrangements for the negotiated deal(s);
 - Confirm the deal(s) are still affordable; and
 - Put in place the detailed management arrangements for the successful delivery, monitoring and evaluation of the scheme.

In seeking approval, this FBC will provide assurance on the points outlined above to the Trust Board, the Trust's Commissioners and Welsh Government.

2 STRATEGIC CASE STRUCTURE AND CONTENTS

Context of Proposed investment

- 2.1 The Trust and its partners are committed to providing safe, efficient and effective care to all our patients. To achieve this from a cancer services perspective, it is essential that a nVCC is developed. The key drivers supporting the case for investment are:
- The Welsh Government’s health and cancer policy to improve the quality of cancer treatment and care; to further improve the experience of care; and patient outcomes.
 - Continuing growth in the incidence of cancer and the demand for cancer services across Wales; with incidences expected to grow at approximately 2% per annum.
 - The role of Velindre Cancer Services and Velindre Cancer Centre in the South-East Wales region as being the sole provider of highly specialist non-surgical tertiary oncology for the resident population.
 - The need to keep pace with the advances in treatments and technology which support the provision of cancer care that achieves the required clinical standards.
- 2.2 The bullet point themes above will be explored and introduced as a “golden thread” running through this FBC and are at the heart of the Trust’s ambition and business needs.
- 2.3 Of note, there are currently significant limitations relating to the fabric and functionality of the existing Velindre Cancer Centre which was built in 1956, these are:
- i. The existing Velindre Cancer Centre has insufficient space and if built on a ‘like for like’ basis, and in line with Health Building Notes (HBN’s), it would have a footprint of circa 28,000m² compared to the existing building footprint of 17,777m²;
 - ii. There is no expansion space on the existing Velindre Cancer Centre. This severely limits, the Trust’s ability to expand its footprint to meet the increasing demand for its clinical services across a range of specialities / departments.
 - iii. A high proportion of accommodation at the existing VCC is non-compliant with statutory requirements and creates challenges in maintaining high levels of patient safety and confidentiality.
 - iv. The existing patient environment at the VCC is sub-optimal in promoting patient dignity, experience and well-being.

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- v. The existing VCC has limitations in its ability to provide the most up to date treatments for patients to support improved outcomes and quality of life.
 - vi. There is insufficient car parking at the existing VCC.
- 2.4 Therefore, it is clear that the existing Velindre Cancer Centre is significantly inhibiting the Trust's ability to both maintain and progress its clinical services. Conversely, the nVCC project is critical to the successful delivery of the Trust's long-term Cancer Strategy and the delivery of the benefits set out within the Trusts Transforming Cancer Services in South-East Wales programme (TCS).
- 2.5 The TCS Programme is an ambitious programme that aims to deliver transformed tertiary non-surgical Cancer Services for the population of South-East Wales. It is described in detail below.

TCS Programme Scope

- 2.6 It is important for the reader of this nVCC FBC to be able to “locate” where the nVCC Project sits within the wider TCS Programme which has seven interdependent projects that will deliver the Trusts approved strategies and Clinical Operating Model. The projects are led by a number of defined Boards within Velindre University NHS Trust. These arrangements are set out in more detail in the Management Case.
- 2.7 The wider TCS Programme has been developed to deliver a number of aspects of the Welsh Governments strategic cancer/wider policy requirements (Healthier Wales; Cancer Quality Statement; Well-being for Future Generations (Wales) Act 2015; Decarbonisation Plan) and Velindre Cancer Services Strategy “Building our Future Together 2017 – 2027”.
- 2.8 The seven TCS Projects are briefly described in Table 1 overleaf:

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Table 1 - TCS Projects Described

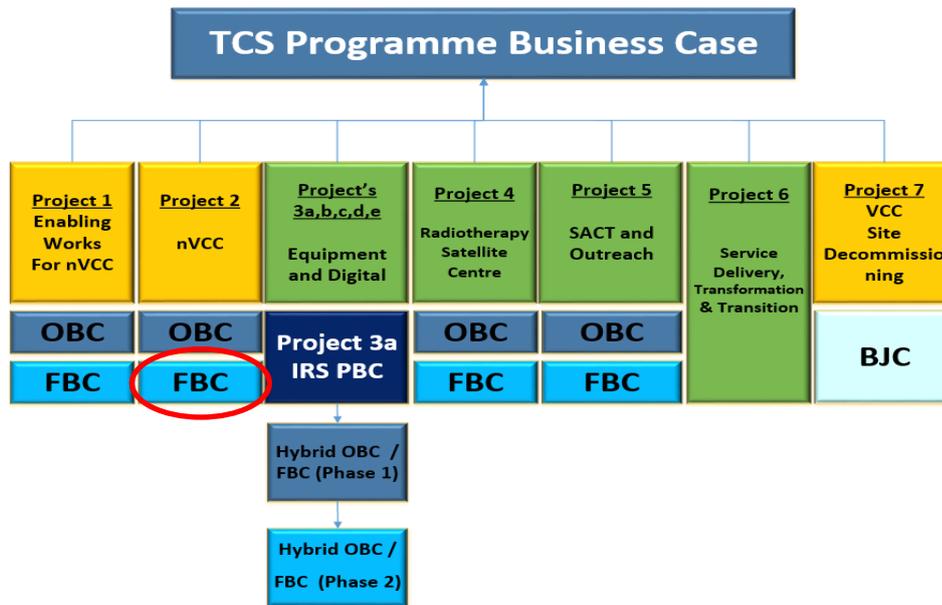
Project Number / Name		Description
1	Enabling Works	All enabling works needed to provide primary and secondary access to the new Velindre Cancer Centre Site (including the provision of utilities).
2	New Velindre Cancer Centre	The re-provisioning of a new Velindre Cancer Centre in the Whitchurch area of Cardiff.
3	Digital and Equipment	The provision of integrated Digital Information and Equipment Services across the TCS Programme. This Project oversees the Integrated Radiotherapy Solution (IRS) Project.
4	Radiotherapy Satellite Centre	Provision of a Radiotherapy Satellite Centre at Nevill Hall Hospital.
5	SACT and Outreach	The Provision of Systemic Anti-Cancer Therapy (SACT) and Outpatient services embedded in Local Health Boards.
6	Service Delivery Transition and Transformation	This project is responsible for establishing and transforming all service delivery functions across the clinical model. It is also responsible for planning and implementing the transition between the old and new cancer centre.
7	Site Decommissioning	The decommissioning of the old Velindre Cancer Centre brownfield site.

2.9 To implement the TCS Programme, as described in the TCS Programme Business Case (PBC), a suite of Business Cases is required. It is important that these business cases are seen in the context of the other investment cases that are being developed.

2.10 Figure 1 sets out the TCS Programmes Business Case Framework and how it aligns to the seven defined projects.

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Figure 1 - TCS Programme Business Case Framework



2.11 This FBC seeks investment for the nVCC Project (Project 2 circled above). Other business cases within the TCS Programme have been approved and an update is set out in the Table 2 below:

Table 2 - TCS Programme Business Case Status

Project Number / Name		Approval Status
1	Enabling Works	Full Business Case Approved
2	new Velindre Cancer Centre (nVCC)	Full Business Case Complete (includes digital)
3	Digital and Equipment	Integrated Radiotherapy Solution – Full Business Case approved other digital equipment in this case for nVCC
4	Radiotherapy Satellite Centre (Lead by ABUHB)	Full Business Case Approved
5	SACT and Outreach	Business Case Process not yet commenced
6	Service Delivery Transition and Transformation	No Business Case Required – Transition costs included within nVCC Full Business Case
7	Site Decommissioning	Business Justification Case (BJC) will be commenced following this Business Case submission

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Business Case Approvals and Timeline

2.12 The approval process for this FBC is outlined in the Table 3 below.

Table 3 - nVCC FBC Approval Timeline

Approval Step	Purpose	Submission Target Date
Phase 1: Draft FBC excl. Commercial Case to Trust Board	For review	January 2023
Phase 1: Draft FBC excl. Commercial Case to Trust Commissioners and Welsh Government	For review	January 2023
Phase 2: Final FBC incl. Commercial Case to Trust Board <i>(dependent on Financial Close being achieved)</i>	For approval	February 2023
Phase 3: Final FBC to Health Board Commissioners	For approval	February 2023
Phase 4: Final FBC to Welsh Government	For approval	March 2023

Structure and content of FBC

2.13 The FBC has been prepared in accordance with HMT Green Book and Welsh Government Better Business Case guidance. Table 4 below outlines the approach that has been applied to the Five Case model.

Table 4 - nVCC FBC Structure and Content

Chapter	
Strategic Case	Sets out the strategic context and the case for change, together with the supporting investment objectives for the scheme.
Economic Case	Completes an economic appraisal that outlines the main benefits of shortlisted options. Appraises the economic costs, benefits and risks for the short-listed options based on the results of the procurement process. Demonstrates the preferred option continues to meet the needs of the service and optimises value for money.

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Chapter	
Commercial Case	Describes the procurement process adopted and outlines the content and structure of proposed contract and associated contractual arrangements. Provides the results of the procurement process and final proposed contractual arrangements.
Financial Case	Sets out the financial implications of the preferred option based on the results of the procurement process. Confirms funding arrangements and affordability and explains any Balance Sheet impact.
Management Case	Demonstrates that the scheme is achievable and can be delivered successfully to cost, time and quality.

Strategic context of proposed investment

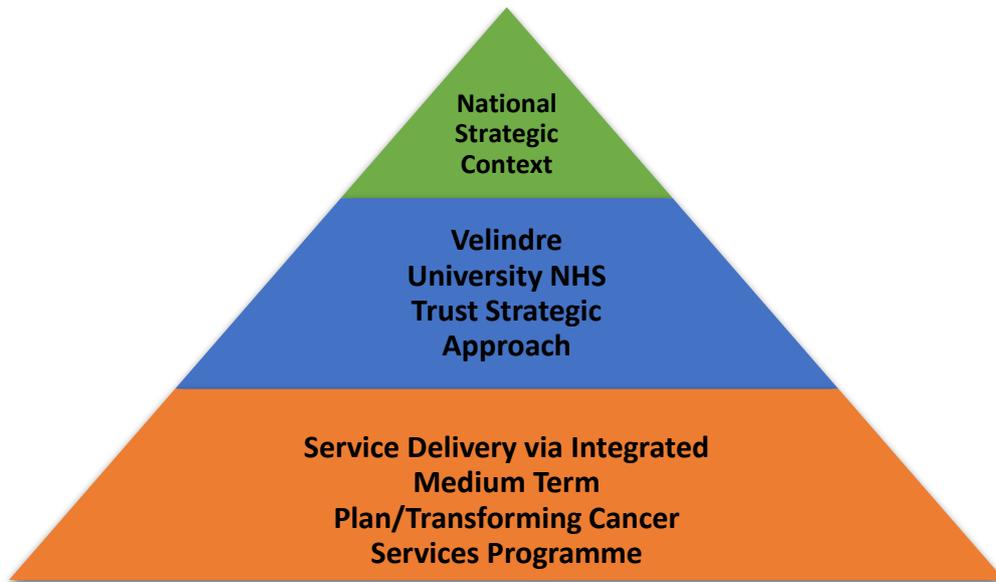
2.14 This section of the Full Business Case (FBC) summarises the strategic context for the development of a new Velindre Cancer Centre (nVCC) Project by explaining how the nVCC Project supports the delivery of local, regional and national policy goals.

2.15 Specifically, in Figure 2 overleaf it considers the fundamental drivers behind these proposals including:

- Links to national strategy and policy.
- The Trust's enabling Strategies and Programme Arrangements linked to the above National Drivers, and;
- The Service Delivery / Business as Usual needs: the need to maintain business as usual activities and to regularly and routinely replace major medical equipment.

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Figure 2 - Fundamental Policy Drivers

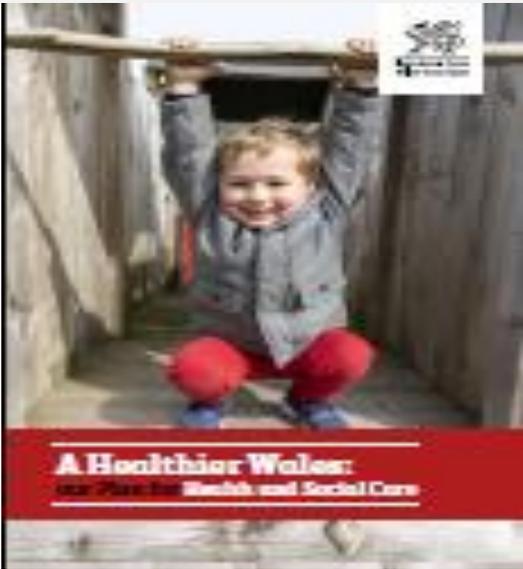


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2.16 Figure 3 below summaries the main National strategic drivers linked to this FBC.

Figure 3 - Strategic Context in Wales for Health Services

National Context

Statutory Duties and Key Policies:

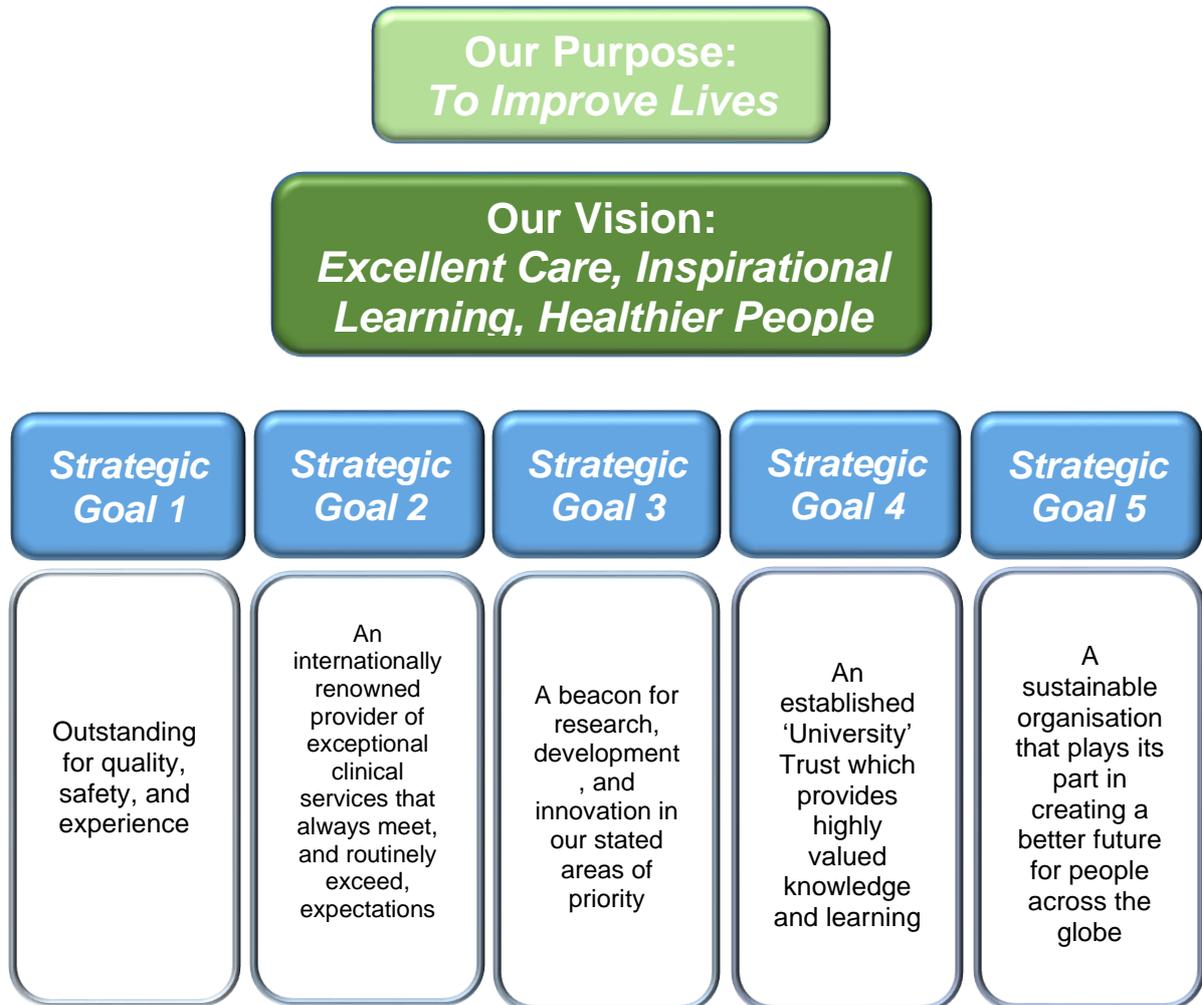
- A Healthier Wales 2018
- Well-Being of Future Generations Act (2015)
- Health and Social Care (Quality and Engagement (Wales) Act 2020
- Public Health Wales Act (2017)
- Social Services and Well-being Act (2014)
- Nurse Levels (Wales) Act (2016)
- Equalities Act 2010
- Welsh Language (Wales) Measure (2011)
- Equality Act (2010)
- Health & Safety at Work Act (1974)
- Socio-economic Duty 2021
- A Healthier Wales
- Prudent Health Care/Value Based Health Care
- Working Differently- Working Together
- De-carbonisation strategy
- WG Digital Strategy
- National Clinical Plan and National Clinical Framework (2021)
- Cancer Quality Statement (2022)

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Velindre University NHS Trust's Strategic Response

2.17 In response to the regional and national policy drivers Velindre University NHS Trust has developed its Corporate Strategy called 'Destination 2032'. This Strategy sets out a new purpose, vision and set of strategic goals for the Trust and was approved during 2022. The approach is set out in Figure 4 below:

Figure 4 - VUNHST Purpose, Vision and Goals



2.18 In support of Velindre's, Purpose, Vision and Goals that make up 'Destination 2032', the following divisional service strategies have been developed:

- Welsh Blood Service Strategy 2022 – 2027
- Velindre Cancer Strategy 'Shaping our Future Together 2017- 2027'

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2.19 These are also supported by a range of refreshed enabling strategies / frameworks which are available upon request:

- Quality and Safety Framework
- Clinical and Scientific Strategy (being developed)
- Sustainability Strategy 2022 – 2032
- Workforce Strategy 2022 – 2032
- Digital Strategy 2022 – 2032
- Estates Strategy 2022 – 2032.

Alignment with Velindre Cancer Services Strategy ‘Shaping our Future Together 2017 – 2027’ and the Transforming Cancer Services Programme

2.20 Velindre Cancer Services strategy ‘Shaping our Future Together 2017 – 2027’ sets out five strategic priorities, these are set out in Table 5 below:

Table 5 – The Five Strategic Priorities and Aims of ‘Shaping our Future Together 2017 – 2027’

Priority	Aim
Strategic Priority 1:	Equitable and consistent care, no matter where; meeting increasing demand.
Strategic Priority 2:	Access to state-of-the-art, world-class, evidence-based treatments
Strategic Priority 3:	Improving care and support for patients to live well through and beyond cancer
Strategic Priority 4:	To be an international leader in research, development, innovation and education
Strategic Priority 5:	To work in partnership with stakeholders to improve prevention and early detection of cancer.

2.21 The Trusts range of strategies, together with the Velindre Cancer Service strategy ‘Shaping our Future Together 2017 – 2027’, are directly aligned to the Welsh Governments range of strategic policy goals and requirements. The delivery of these strategies (priority; timelines) are managed through the Integrated Medium Term Planning (IMTP) process with delivery managed and

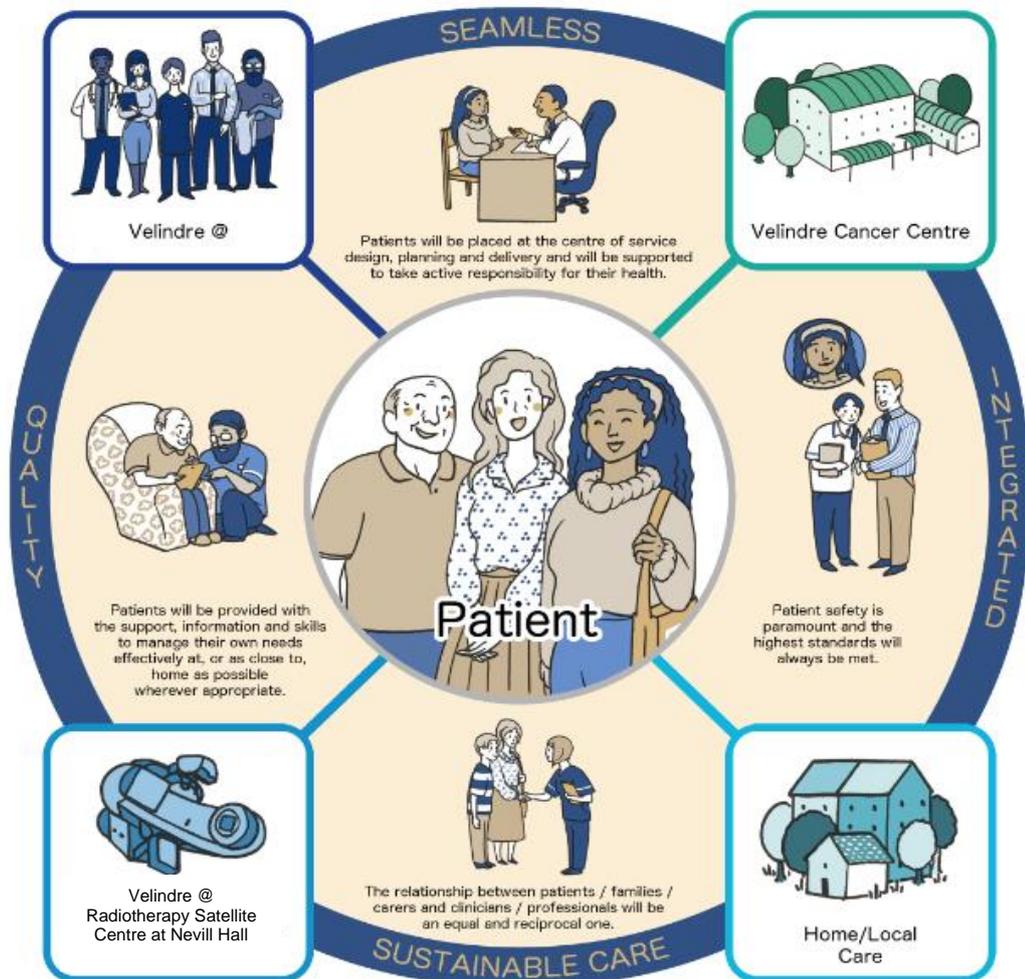
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monitored via the Trusts' established performance management and governance arrangements.

Translating Strategic Plans into the delivery of improved quality of care: the Clinical Operating Model

2.22 The TCS Programme used the Velindre Cancer Service strategy 'Shaping our Future Together 2017 – 2027 to support the development of a Clinical Operating Model. This was facilitated through workshops/events/meetings involving more than 400 people - professionals, patients and public from a range of organisations including Health Boards, Third Sector and the Community Health Council (CHC). The clinical model is set out in Figure 5 below:

Figure 5 - Approved Clinical Model



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2.23 The clinical operating model within the TCS PBC describes how services will be delivered in the future. The founding principles were as follows:

- The service model seeks to promote a new set of relationships which work in partnership to improve the way we collectively design and deliver tertiary non-surgical cancer services around patients' needs and to achieve these improvements in a truly sustainable way.
- Patients are central to our plans with an integrated network of services organised around them. The organising principle seeks to 'pull' high quality care towards the patient, that is accessible in their preferred location and supports them achieving their personal goals during treatment and subsequently as they live with the impact of cancer.
- Patient safety is paramount, and the highest standards will always be met.
- The relationship between patients / families / carers and clinicians / professionals will be an equal and reciprocal one.
- Patients will be provided with the support, information and skills to manage their own needs effectively at, or as close to, home as possible wherever appropriate.
- Optimising information technology, quality improvement systems, patient involvement, education and embracing innovative approaches to healthcare will all be essential to achieve high levels of service quality in a sustainable way.

2.24 The Clinical Operating Model will see more care delivered within patients' homes; and locally through the development of a number of Velindre@ facilities on Local Health Board sites across South-East Wales, providing chemotherapy, outpatient, and support services; a Radiotherapy Satellite Centre (RSC) in Nevill Hall Hospital, Abergavenny; and the redevelopment of the Velindre Cancer Centre on a new site in Whitchurch, Cardiff.

2.25 To deliver the principles of the new Clinical Operating Model, care will be delivered differently and at different locations. This will require a number of infrastructure and technology projects as well as service change projects to be established.

2.26 These key elements of the model and their functions are described briefly below:

- **Health Boards:** A range of cancer care occurs within the Health Boards, with a proportion of patients having all their care delivered by the Health Board teams. For other patients who need non-surgical treatment, their care needs to be seamlessly planned with the non-surgical aspects of the pathway, as patient care can often transition from one team to another. The Velindre Outreach facilities and collaborative working will support this approach.

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- **Velindre Outreach Centres:** These facilities will provide (if clinically indicated) SACT, outpatient services, education and information provision and ambulatory care procedures within Health Boards.
- **Velindre Radiotherapy Satellite Centre:** The Radiotherapy Satellite Centre (RSC) at Nevill Hall has recently had its Full Business Case approved. The centre once implemented will provide radiotherapy treatment for approximately 20% of our patients (provided by two new Radiotherapy treatment machines and one CT Simulator).

The benefits of the RSC investment include better access and reduced travel for patients and less use of transport services. This will mean that fewer patients need to travel to the VCC for their radiotherapy.

- **new Velindre Cancer Centre:** The new Velindre Cancer Centre will provide specialist and complex cancer treatment including SACT, radiotherapy (including brachytherapy and unsealed sources) and specialist palliative care, inpatient facilities (being open for admission 24 hours/day, 7 days/week), a specialist acute oncology assessment unit and outpatient services, radiology, and nuclear medicine.

Assurance of the clinical operating model and its ability to deliver high quality, safe services which meet the expectations of patients and families

External advice from the Nuffield Trust

- 2.27 In December 2020, a number of concerns were raised regarding the ability of the Trust's proposed clinical operating model to achieve the range of expected benefits. The focus of the concerns were primarily related to the proposed regional networked model of care. This was mainly due to the current Velindre Cancer Centre not being co-located on an acute site as this business case proposes.
- 2.28 In recognition of the concerns raised, the Trust commissioned the Nuffield Trust to provide independent advice on the proposed regionally networked model of care. This advice included the proposed location of the nVCC in Whitchurch as part of that model.
- 2.29 The Terms of Reference for the advice was jointly agreed between the Trust and Local Health Board partners. The Nuffield Trust published its conclusions in December 2020 in a paper entitled 'Advice on the proposed model for non-surgical tertiary oncology services in South-East Wales' which can be found appended to this business case at **FBC/SC1**.
- 2.30 The Nuffield Trust's Independent Advice was made publicly available and was considered by Velindre University NHS Trust Board and Local Health Board

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partners who accepted the report in full, together with all of the recommendations contained within it.

- 2.31 The Nuffield recommendations cover the wider cancer system in South-East Wales and not simply the non-surgical tertiary oncology elements of it. The South-East Wales Collaborative Cancer Leadership Group (CCLG) received the report and accepted the recommendations in full and are providing the regional leadership to deliver them.
- 2.32 Welsh Government considered the Nuffield Trust report as part of the approval of the Outline Business Case for the nVCC in 2021.
- 2.33 The CCLG, Local Health Boards and Velindre University NHS Trust continue to make progress against the recommendations. The current position is set out in **FBC/SC2**; which was approved by the CCLG at its quarterly meeting in November 2022.

Programme Enabling Strategies / Ambitions – relevant to nVCC Project

- 2.34 To support the delivery of the assured Clinical Operating Model there are a number of approved enabling strategies within the TCS Programme that link strongly to this FBC, these are:

Figure 6 - TCS Enabling Strategies / Ambition



TCS Equipment Strategy

- 2.35 The Equipment Strategy agreed with Welsh Government has been updated since OBC, but primarily remains extant with the main principles as follows in Table 6:

Table 6 - Equipment Strategy Approach

Category	Approved Decision
Replacement Options	<ul style="list-style-type: none"> • Extend the operational life of some existing equipment assets where possible, preventing replacing this equipment in the existing VCC and then having to transfer into nVCC.

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	<ul style="list-style-type: none"> • accept some accelerated depreciation where it is not economically viable to consider transferring to the nVCC • replace all other items as new in nVCC.
Transition Options	Replace as many Radiotherapy Treatment Machines as possible in the nVCC, but acknowledge that a minimum of 2 Linacs will have to transfer.
Maintenance Options	Maintenance of major equipment will be delivered via a co-produced model, this will be made up of In-house and Vendor support (as now) for Linacs.
Transfer Options	Transfer major clinical equipment if economically viable (most likely CT Sims).

2.36 The updated TCS Equipment Strategy can be found at appendix **FBC/SC3**.

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Cognitive by Design (Digital Strategy)

- 2.37 At OBC stage the Trust had outlined its vision for future digital services by producing a strategy called Cognitive by Design. This vision and the Trust's planning and capability in this area had been subject to an external assurance review carried out by a company called Channel 3 (C3) at OBC stage. As part of this FBC submission the digital strategy has been reviewed by Velindre's Chief Digital Officer. The output of this review confirms that Cognitive by Design remains aligned in terms of the Trust's vision and alignment to National Digital Strategies.
- 2.38 Since the OBC submission, VUNHST has been progressing significant developments in Information Management and Technology (IM&T) systems. These have been a combination of national programmes, internationally used systems and bespoke local developments all of which have enabled an improvement in services for professionals, patients, and donors.
- 2.39 The Trust has prioritised the development of its IM&T Strategy to support the identified organisational and clinical priorities and to ensure that next generation IM&T is used to transform service delivery.
- 2.40 At the heart of the informatics delivery are the four principles from the "Informed Health and Care: A Digital Health and Social Care Strategy for Wales" (2015). These are:
- a) Information for you (the patient).
 - b) Supporting Professionals (digital tools).
 - c) Improvement and Innovation (better use of information / whole systems approach).
 - d) A Planned Future (joint planning regional and national).
- 2.41 The VUNHST approach is also aligned to the wider and more recent "Digital Strategy for Wales" (2021) and the missions that deal with:
- a) Digital services – deliver and modernise services so that they are designed around user needs and are simple, secure and convenient.
 - b) Digital inclusion – equip people with the motivation, access, skills and confidence to engage with an increasingly digital world, based on their needs.
 - c) Digital skills- create a workforce that has the digital skills, capability and confidence to excel in the workplace and in everyday life.
 - d) Data and collaboration – services are improved by working together, with data and knowledge being used and shared.
- 2.42 VUNHST has produced an ambitious strategic informatics programme, "Digital Excellence", which up to 2032, will implement a range of national technology solutions, while growing our capacity, capability, and culture to build innovative digital services.
- 2.43 Since the OBC the Trust has used its assured digital vision, plans and expertise

to inform, influence and optimise the competitive dialogue process to achieve a digitally enabled nVCC which can support the Trust, its staff and patients in achieving digital excellence.

- 2.44 The outlined approach is based on the fundamental premise that high quality healthcare in the 21st century cannot be delivered with out of date or obsolete legacy systems, and/or paper-based information recording and delivery.
- 2.45 By utilising IM&T as a critical enabler to support service transformation, Velindre University NHS Trust aims to fundamentally redesign administrative, operational and clinical processes into simple services around patients, donors and colleagues needs. These will maintain high levels of data quality, and not only ensure information is accurate and up to date, but also embed state of the art technologies to deliver exceptional services.
- 2.46 The enablement of, and connectivity of patients, donors and colleagues is critical to the success of the Digital strategy. To this end, the Trust is working with colleagues from across NHS Wales to ensure mobile computing requirements, patient engagement systems, as well as digital staff communication tools are at the forefront of the Digital Programme. We will continue to look to national programmes such as Digital Services for Patients and the Public (DSPP) to deliver the strategic framework for digitally transforming our services.
- 2.47 To ensure the Trust continues to provide the most effective informatics services, we will continue to explore further opportunities for standardisation of processes, rationalising systems and solutions, alignment of resources, where possible, and share best practice both from across the divisions, and also externally, by incorporating the lessons from other Health Board/Sector experiences.
- 2.48 The updated Trust Digital Strategy 'Digital Vision for the new Velindre Cancer Centre' can be found at appendix **FBC/SC4**.

Environmental / Sustainability (Green Credentials)

- 2.49 Velindre University NHS Trust has developed a Sustainability Strategy and is aware of its legal obligations under the Well-being of Future Generations Act 2015. Additionally, the Welsh Government Environment Act 2016 mandates that public organisations must be carbon neutral by 2030, five years after the planned go live of the nVCC.
- 2.50 It has therefore been an imperative that the Trust factored into its procurement process the requirement for the Successful Participant (SP) to deliver a design capable of supporting this future compliance with Welsh Government Policy and relevant Acts. It is anticipated that not preparing for this future legislation now on such a large-scale development would lead to greater costs and disruption in an attempt to retrofit compliance at a later date.
- 2.51 To enable this approach the bidders were given a brief which was mapped against the seven goals of the Well-being of Future Generations Act (WFGA)

2015 and their response was evaluated as part of the final tender submissions, specific sections of the Trust Brief are set out in Table 7 below:

Table 7 – nVCC Sustainability Brief

Goal	The Brief
<p>A globally responsible Wales –</p> <p>A nation which, when doing anything to improve the economic, social, environmental, and cultural well-being of Wales, takes account of whether doing such a thing may make a positive contribution to global well-being.</p>	<p>While Velindre is acting primarily to improve the health of the Welsh population the Green section of the nVCC Design Brief takes account of the contribution this might make to global well-being, in particular global warming.</p> <p>The Green section specifically asks for: -</p> <ul style="list-style-type: none"> • Designs that minimise energy use and the environmental impact of building materials. • Design features which encourage active travel. <p>The practical section calls for designs which will minimise maintenance and avoids where possible reliance on expensive mechanical equipment.</p>

- 2.52 As a result, the SP’s design will deliver one of the “Greenest” hospital developments with further opportunities available to meet the 2030 aspiration to be carbon neutral.
- 2.53 Therefore, given the importance of the sustainability agenda the green credentials and their benefits will feature strongly in the FBC’s Economic, Commercial and Management Cases.

Strategic Alignment: Summary

- 2.54 Velindre University NHS Trust strategic approach and plans are fully aligned with the Welsh Governments strategy and policy and the Programme for

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Government 2021-26 which prioritises Cancer Treatment and the need to address COVID-19 backlog and waiting times.

2.55 It is also fully integrated and aligned with the South-East Wales regional cancer strategies and plans; with strategic regional leadership provided by the CCLG.

2.56 The nVCC project, and its associated Project Spending Objectives, will support the delivery of national, regional, and local ambition by:

- **Providing effective, high quality and sustainable healthcare** by creating a 21st century NHS that tackles health inequalities and focuses on prevention. Specifically, by improving access to Radiotherapy services.
- **Building an economy based on the principles of fair work, sustainability and the industries and services of the future** by building an economy based on sustainable jobs. Specifically, by creating skilled jobs and apprenticeships.
- **Building a stronger, greener economy as we make maximum progress towards decarbonisation** by developing a modern and productive infrastructure which acts as an engine for inclusive and sustainable growth.
- **Embedding our response to the climate and nature emergency in everything we do by delivering a green transformation.** Specifically, through greater green energy.

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3 EXISTING ARRANGEMENTS

Introduction

- 3.1 The purpose of this section of the FBC is to provide an overview of Velindre University NHS Trust and the existing arrangements at the current Velindre Cancer Centre.
- 3.2 The latter will describe the current arrangements for the delivery of services covered within the scope of the nVCC project; provide a description of the existing Velindre Cancer Centre estate and supporting infrastructure; and outline the existing land arrangements. Together, they will provide a baseline for identifying the business needs and for measuring future improvements.

Velindre University NHS Trust Overview

- 3.3 The purpose of this section is to provide an overview of Velindre University NHS Trust (the Trust) and Velindre Cancer Centre and to summarise the role of the Velindre Cancer Centre in delivering non-surgical specialist cancer services to the population of South-East Wales now and in the future.
- 3.4 The Trust has evolved significantly since its establishment in 1994 and is operationally responsible for the management of the following two divisions:
- Velindre Cancer Centre; and
 - the Welsh Blood Service.
- 3.5 The Trust is also responsible for hosting the following organisations on behalf of the Welsh Government (WG) and NHS Wales
- NHS Wales Shared Services Partnership (NWSSP); and;
 - Health Technology Wales (HTW).

Velindre Cancer Centre (Existing Arrangements)

- 3.6 Velindre Cancer Centre is located in Whitchurch on the North-West edge of Cardiff and is one of the ten largest regional clinical oncology centres in the United Kingdom (UK Radiotherapy Equipment Survey, 2008), it is the largest of the three cancer centres in Wales. Velindre Cancer Centre is housed in a building – parts of which are almost 70 years old – and therefore it does not

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have the facilities, space or modern infrastructure required to meet future service standards and predicted activity.

3.7 The Velindre Cancer Centre is responsible for the delivery of non-surgical treatment to the catchment population of 1.5 million across South-East Wales. The service provision includes radiotherapy and SACT, recovery, follow-up and specialist palliative care. Following their specialist cancer treatment, Velindre Cancer Centre continues to support patients during their recovery and through follow up appointments. A significant proportion of Outpatient and SACT activity is already delivered in Health Board settings by Velindre Cancer Centre staff, although this did reduce somewhat as a result the COVID-19 pandemic but is now normalising. However, all Radiotherapy activity is currently delivered at the Velindre Cancer Centre.

3.8 Specialist teams provide care using a well-established multi-disciplinary team (MDT) model of service for oncology and palliative care, working closely with local partners and ensuring services are offered in appropriate locations in line with best practice standards of care. The range of services delivered by Velindre Cancer Centre includes:

1. Radiotherapy;
2. Systemic Anti-Cancer Therapies (SACTs);
3. Inpatients;
4. Ambulatory care;
5. Outpatient services;
6. Pharmacy;
7. Specialist radiology/imaging;
8. Nuclear Medicine;
9. Specialist Palliative care;
10. Acute Oncology Service (AOS);
11. Living with the impact of cancer;
12. Education and Learning; and
13. Research, Development and Innovation.

3.9 The following patient services are delivered in outreach settings across South-East Wales from the Velindre Cancer Centre in Health Board settings:

1. SACT delivery;
2. Outpatient appointments;

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3. Inpatient reviews; for patients receiving care and treatment in HB locations
 4. Health Board MDTs; and
 5. Research and Education.
- 3.10 The Trust also works in partnership with a wide range of partners to deliver high quality cancer care and undertake clinical research. Partners include:
1. Voluntary sector;
 2. Third sector;
 3. Higher Education Institutions (HEIs); and
 4. Industry/Commercial Partners.

Planning of Cancer Services in South-East Wales

- 3.11 The planning and delivery of cancer services in Wales is the responsibility of the seven Health Boards as part of their statutory responsibility to meet the health needs of the populations they serve.
- 3.12 The Health Boards are supported by the Welsh Health Specialist Services Committee (WHSSC), which commissions specialist cancer services on their behalf.
- 3.13 The four Health Boards in South-East Wales served by Velindre Cancer Centre are:
- Aneurin Bevan University Health Board;
 - Cardiff and Vale University Health Board;
 - Cwm Taf Morgannwg University Health Board; and
 - Powys Teaching Health Board.
- 3.14 The Health Boards also work in partnership with the Wales Cancer Network, NHS Trusts, Community Health Councils, Voluntary Organisations and Public Health Wales.

Regional Leadership and Collaboration of Cancer Services in South-East Wales

- 3.15 In 2019, the four South-East Wales Health Boards listed above and Velindre University NHS Trust, in conjunction with other stakeholders including Public

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Health Wales and the Wales Cancer Network (WCN), established the South-East Wales Collaborative Cancer Leadership Group (CCLG).

- 3.16 The CCLG oversees Collaborative Cancer Programmes across the South-East Wales region, providing leadership and coordination with a focus on benefit delivery for patients. Thus, putting into practice, the national policies, standards and procedures for the benefit of patients. The CCLG functions at a regional level in support of the work of the Wales Cancer Network and other partner organisations.

The Cancer Pathway

- 3.17 The delivery of cancer services across Wales is set out in a well-defined pathway of care which includes the five key stages outlined below in Table 8.
- 3.18 The approach is also consistent with the National Optimal Pathways (NOPs) developed by the Wales Cancer Network through their multidisciplinary Cancer Site Groups. The NOPs set out what should happen according to professional guidance and standards for any patient in Wales presenting with a certain type of cancer through their cancer pathways.
- 3.19 The NOPs are available in Welsh Health Circular (2022) 021.

Table 8 – The National Cancer Pathway Described

Cancer Prevention: Enhancing public awareness and education to make informed decisions about lifestyle choices that promote a healthy, cancer free population.
Cancer Diagnosis: Cancer can be identified through a National Screening Programme or where cancer symptoms are identified by the patient/health care professional. If cancer is suspected the patient is assessed by a multi-disciplinary team in the Health Board (often supported by Velindre Cancer Centre staff) and cancer may be diagnosed.
Treatment: The treatment options for every patient are discussed and considered by multi-disciplinary teams (MDTs). The treatment options include surgery, non-surgical treatment e.g., Radiotherapy or Systemic Anti-Cancer Therapy (SACT), a combination of these treatments and supportive care. Care often straddles organisational boundaries.
Recovery/Follow Up: Regular follow up appointments are important to monitor recovery, manage and reduce the aftereffects of treatment and to ensure any signs of cancer relapse/recurrence are identified at their earliest stage.
End of Life Care: Sadly, not all patients survive cancer – openness about the need to plan end of life care is essential. A focus on living and dying well, early identification of needs and access to fast, effective palliation are important to reduce distress for both the patient and their family.

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Service Delivery Arrangements

- 3.20 The Trust delivers specialist non-surgical cancer services to a catchment population of 1.5 million people using a hub and spoke service model. Services are currently provided across South-East Wales from:
- **Velindre Cancer Centre:** The hub of the Trust's tertiary cancer services is a specialist treatment, training, research and development centre for non-surgical oncology; and
 - **Outreach Centres:** Some services are delivered on an outreach basis within facilities across South-East Wales, including District General Hospitals and from patients' own homes.
- 3.21 Patients are referred to Velindre Cancer Centre for treatment by the following routes:
- Following referral by a GP to the relevant HB; or
 - Following presentation as an emergency at an A&E department.
- 3.22 Prior to referral to Velindre Cancer Centre, all patients will have been investigated and diagnosed with a solid tumour. Some patients may have already undergone surgery. Velindre Cancer Centre's role is to deliver specialist and tertiary cancer treatment until the patient can be referred back to their host HB for ongoing treatment, management, and follow-up.
- 3.23 An overview of the core services delivered by the Trust at the Velindre Cancer Centre and the existing functional capacity of the Centre to deliver these services (e.g., number of inpatient beds), is provided in Table 9 overleaf.

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Table 9 – Existing Functional Capacity

Service	Overview	Velindre Cancer Centre	Functional Content (February 2020 Pre-COVID)
Outpatients	<ul style="list-style-type: none"> Outpatient services include consultation, examination, follow-up, SACT assessment, phlebotomy, psychology, clinical trials, therapy services and specialist palliative care. 	<ul style="list-style-type: none"> Outpatient clinics are held five days a week. Outpatient clinics are distributed across morning and afternoon sessions (2 sessions a day). 	<ul style="list-style-type: none"> Velindre Cancer Centre has 26 Outpatient consultation rooms.
Radiotherapy	<ul style="list-style-type: none"> Radiotherapy services include radical, palliative and emergency planning and treatment, brachytherapy, chemo-radiotherapy and radiotherapy research. 	<ul style="list-style-type: none"> The radiotherapy service provides core services for 9.5 hours per day, 5 days per week. The service provides an emergency service at weekends. 	<ul style="list-style-type: none"> Velindre Cancer Centre has 8 Linear Accelerators (Linacs).
Systemic Anti-Cancer Therapies	<ul style="list-style-type: none"> SACT services cover a range of biological therapies and cytotoxic chemotherapies. SACT services include: <ul style="list-style-type: none"> Intravenous, oral and subcutaneous treatments; Research including early and late phase trials; and Stratified, targeted and personalised treatments and vaccine therapies. 	<ul style="list-style-type: none"> The SACT service operates Monday to Friday between 08:00 – 18:00 hrs. 	<ul style="list-style-type: none"> Velindre Cancer Centre has 19 SACT chairs across two units.

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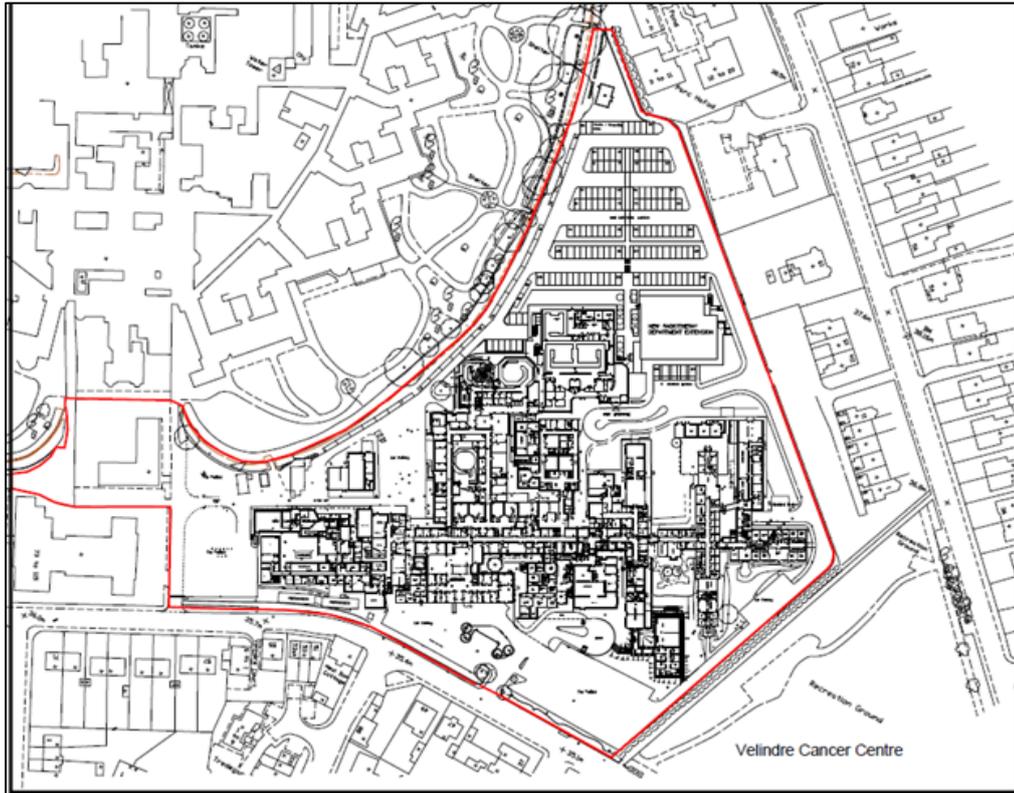
Service	Overview	Velindre Cancer Centre	Functional Content (February 2020 Pre-COVID)
Inpatients	<ul style="list-style-type: none"> • Inpatient services cover elective and non-elective admissions including: <ul style="list-style-type: none"> ○ Elective SACT admissions; ○ Toxicity management of SACT; ○ Outpatients requiring hydration prior to treatment; and ○ Patients receiving Radiotherapy and SACT treatments. 	<ul style="list-style-type: none"> • The inpatient service operates a 7 day/24-hour service. 	<ul style="list-style-type: none"> • Velindre Cancer Centre has 47 Inpatient beds and 2 isolation beds.

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Velindre Cancer Centre Infrastructure

3.24 Velindre Cancer Centre was built in 1956 and in the intervening period has been subject to extension and redevelopment. It consists of traditional build, single and two storey accommodation. The current site plan is provided below in Figure 6.

Figure 6 – Current Velindre Cancer Centre Site Plan



3.25 Approximately 30% of the estate pre-dates 1964 in terms of its construction. This is evident in the value of current backlog maintenance recently recorded in all Wales Estate Facilities Performance Management System (EFPMS). The definition of condition in terms of backlog can be identified as:

- **Condition A:** as new and can be expected to perform adequately to its full normal life;
- **Condition B:** sound, operationally safe and exhibits only minor deterioration;
- **Condition C:** operational but major repair or replacement is currently needed to bring up to condition B;
- **Condition D:** operationally unsound and in imminent danger of breakdown; and
- **Condition X:** supplementary rating added to C or D to indicate that it is impossible to improve without replacement.

3.26 Tables 10 & 11 below set out the backlog maintenance estimated as of April 2020.

Table 10 – Backlog Maintenance Position (as at April 2020)

Measure	Unit	Value
Cost to eradicate High Risk Backlog	£	85,013
Cost to eradicate Significant Risk Backlog	£	1,623,329
Cost to eradicate Moderate Risk Backlog	£	4,740,688
Cost to eradicate Low Risk Backlog	£	2,496,082
Risk Adjusted Backlog Cost	£	1,875,521
Cost to achieve Physical Condition B	£	1,257,583
Cost to achieve Statutory Health and Safety Compliance Standard B	£	113,121
Cost to achieve Fire Safety Compliance Standard B	£	98,632
Total	£	12,289,969

Table 11 – Backlog Maintenance Position – Percentage of patient occupied floor area (as at April 2020)

Measure	Unit	Value
Percentage of total occupied floor area in physical condition C plus D	%	35
Percentage of patient occupied floor area not in Statutory Health and Safety compliance	%	5
Percentage of patient occupied floor area not in Statutory Fire Safety compliance	%	5

3.27 From the previous EFPMS submission, the cost to eradicate high risk and significant risk backlog has decreased. This is due to the moderate capital investment associated with water infrastructure at the Velindre Cancer Centre.

3.28 Over 90% of the Estate fire safety is being managed within category B, a very similar position as the previous year. Risk Adjusted Backlog has also shown a small decrease, since 2015/16. It must be stated that the overall condition of the building is condition B. However, space availability and site restrictions prevent future investment from achieving spatial compliance or functional suitability without considerable investment and disruption to the existing facilities and surrounding community.

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- 3.29 To achieve and maintain overall Physical Condition B investment has increased from £0.735m in 2012/13 to £1.3m in 2020-21. This represents a 71% increase over this time frame.
- 3.30 Table 12 below provides an overview of the asset profile for the current Velindre Cancer Centre. This demonstrates that there has been little modernisation in the existing infrastructure over recent years. This has led to a reduction in the quality of the patient environment and subsequently in the overall patient experience.

Table 12 - Overview of the Asset Profile

Age and Asset Profile	%
Age Profile – 2005 to present	14
Age Profile – 1995 to 2004	18
Age Profile – 1985 to 1994	22
Age Profile – 1975 to 1984	6
Age Profile – 1965 to 1974	12
Age Profile – 1955 to 1964	29
Age Profile – 1948 to 1954	0
Age Profile – pre 1948	0

Velindre Cancer Centre Footprint

- 3.31 The existing Velindre Cancer Centre has a footprint of approximately 18,000m². A breakdown of the space necessary to deliver services is summarised in Table 13 below:

Table 13 – Existing Velindre Cancer Centre Footprint (February 2020 Pre-COVID)

Functional Area	m ²
Radiotherapy	5,126
Inpatients	1,879
SACT & Ambulatory Care	1,024
Outpatients & Therapies	1,280
Imaging and Nuclear Medicine	1,069
Pharmacy	637
Hospital Clinical / Non-Clinical Administration & Support Services	4,369
Hospital Education, Training and Associated Support Services	349
IM&T	144

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Functional Area	m ²
SPR & On Call	12
Staff Facilities	299
Mortuary	47
Catering & Restaurant	377
Hospital Main Entrance	581
Central FM Areas	583
Total Gross	17,777

Existing Major Medical Equipment

- 3.32 The delivery of non-surgical cancer services is dependent upon having access to a range of major medical equipment – this is essential to support the safe and effective delivery of patient care. All major medical equipment which is currently operational at the Velindre Cancer Centre, and which has a unit value of over £0.125m (excl. VAT), is summarised in Table 14 below.

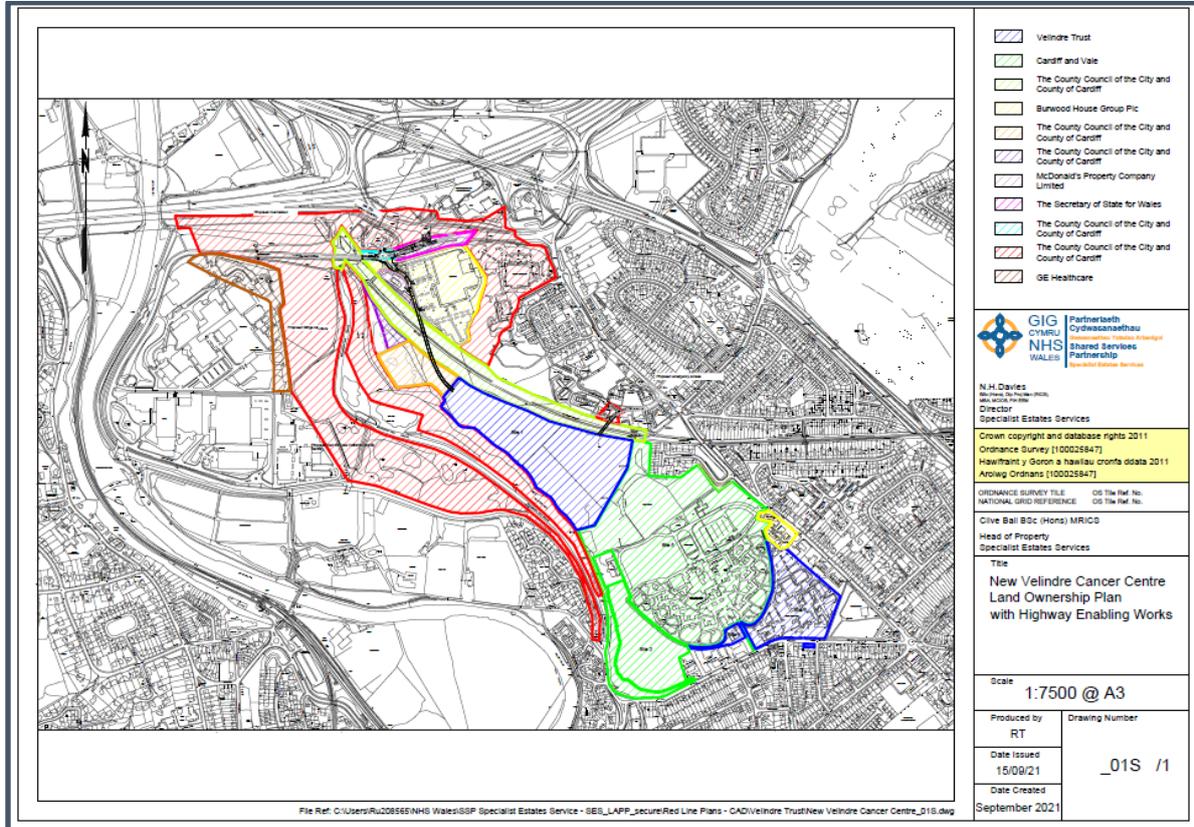
Table 14 – Summary of Major Medical Equipment – Existing Cancer Centre

Department	Equipment	Total
Radiotherapy	Linear Accelerators	8
Radiotherapy	CT Simulators	2
Radiotherapy	Brachytherapy System	1
Radiology	MRI Scanner	1
Radiology	CT Scanner	1
Radiology	Imaging Systems (Plain Film/Fluoroscopy System)	2
Nuclear Medicine	Gamma Camera	1

Existing Land Ownership

3.33 The current land ownership arrangements are set down overleaf in Figure 7:

Figure 7 – Current Land Ownership Plan



3.34 The land owned by the Trust is identified in the map above (in blue). It consists of the land transferred from Cardiff and Vale University Health Board (CVUHB) in April 2021 which is the development site for the nVCC and land used by the current Velindre Cancer Centre. The existing VCC site will be decommissioned once the nVCC is operational and the ownership of this land will be transferred to CVUHB.

3.35 The land owned by CVUHB is identified in the map (in green) above and contains the non-operational Whitchurch Hospital site. In addition, the Trust has developed a letter of comfort with CVUHB for a southern emergency and ancillary access being provided to the nVCC site via the Whitchurch Hospital site.

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4 CASE FOR CHANGE

Introduction

4.1 This section of the FBC establishes the case for change for the development of a new Velindre Cancer Centre by:

- Outlining and reaffirming the Project Spending Objectives (PSOs) which provided a basis for appraising potential options and for post-project evaluation; and,
- Providing a clear understanding of the business needs (what is required to close the gap between existing arrangements and what is required in the future). A key aspect will be the 'rightsizing' of the new Velindre Cancer Centre.

Project Spending Objectives

4.2 The following nVCC Project Spending Objectives (PSOs) were developed in partnership at a stakeholder workshop, which was attended by representatives with a broad range of service views. In presenting the nVCC PSOs it is important to emphasise that:

- The scope of the FBC is limited to the replacement of the existing VCC with a new VCC; and
- The FBC for the new VCC will focus only on the additional infrastructure costs directly attributable to the nVCC. The rationale is, that variable workforce costs as a result of modelled demand is a cost pressure that will need to be addressed irrespective of the decision on the replacement of the VCC and can be taken forward with Commissioners as part of the Long-Term Agreement (LTA) commissioning framework.

4.3 Table 15 overleaf sets out the agreed project spending objectives that have been reaffirmed and revalidated as part of the development of this FBC.

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Table 15 – Project Spending Objectives

Project Spending Objective	Description
Project Spending Objective 1	To build a new hospital that supports quality and safe services.
Project Spending Objective 2	To provide sufficient capacity to meet future demand for services.
Project Spending Objective 3	To improve patient, carer and staff experience.
Project Spending Objective 4	To provide capacity and facilities to support the delivery of high-quality education, research, technology and innovation .

4.4 The PSOs were approved by the nVCC Project Board who provided assurance to the Trust Board that they were:

- Aligned with the national context for healthcare developments in Wales;
- Aligned with the scope and strategic context of the nVCC Project;
- Specific, measurable, achievable relevant and time-constrained (SMART); and
- Focused on business needs and vital outcomes rather than potential solutions.

4.5 The PSOs were subsequently shared and agreed with Welsh Government officers.

Performance Metrics

4.6 To support the delivery of these objectives a number of key performance metrics have been developed and mapped against the five drivers for investment outlined within the Welsh Governments Business Case guidance. These are set out in Table 16 overleaf.

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Table 16 – nVCC OBC Project Spending Objectives – Key Performance Metrics

Project Spending Objective	Performance Metrics
<p>PSO1 – To build a new hospital that supports quality and safe services</p>	<ul style="list-style-type: none"> • Number of Velindre Acquired Healthcare Associated Infections • Percentage compliance with Health Building Notes • Compliance assessment against BREAM • Percentage assessment against WHTM Estate Code (Category A Condition of Buildings)
<p>PSO2 – To provide sufficient capacity to meet future demand for services</p>	<ul style="list-style-type: none"> • Percentage of patients receiving radical radiotherapy treated within 28 Days • Percentage of patients receiving palliative radiotherapy treated within 14 Days • Percentage of patients receiving emergency radiotherapy treated within 2 Days • Percentage of non-emergency chemotherapy patients treated within 21 Days • Percentage of urgent therapies outpatients seen within 2 Weeks • Percentage utilisation of equipment / accommodation: <ul style="list-style-type: none"> ○ Linear accelerator utilisation ○ SACT chair utilisation ○ Inpatient bed utilisation ○ Non-clinical accommodation utilisation
<p>PSO3 – To improve patient, carer and staff experience</p>	<ul style="list-style-type: none"> • Percentage of patients rating their experience as excellent • Distance (m2) between key clinical functions • Percentage staff satisfaction • Percentage recruitment of workforce • Percentage retention of workforce
<p>PSO4 – To provide capacity and facilities to support the delivery of high-quality education, research, technology and innovation</p>	<ul style="list-style-type: none"> • Percentage of patients who have the opportunity to participate in clinical research trials at VCC • Percentage of VCC Site Specific Teams (SSTs) to include national or international leaders • Percentage of patients recruited into interventional clinical trials for each cancer site • Percentage of patients for each cancer site entered into clinical trials each year • Percentage of clinical trials sponsored by VCC • Percentage of portfolio trials who have a VCC chief investigator

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5 BUSINESS NEEDS

5.1 There are a range of business needs which this FBC seeks investment to address. These are set out below and tend to fall into two main areas. These are:

- a) The current VCC infrastructure deficiencies relating to an aging estate and its constraints on service delivery, future expansion and backlog maintenance.
- b) The inability of the existing VCC to fulfill future anticipated activity increases and confirmation of the appropriate sizing of the nVCC.

Infrastructure Deficiencies: Overview

5.2 Velindre is widely acknowledged as providing high quality, patient focussed cancer services through a compassionate and caring culture where staff consistently go the 'extra mile' to meet the needs of patients.

5.3 However, the current Velindre Cancer Centre infrastructure is making it increasingly difficult to maintain this high standard of care, particularly in relation to patient and staff safety and welfare, and in patient privacy and dignity. The following section of the FBC focuses on the deficiencies of the existing Velindre Cancer Centre and the key factors influencing the need to replace the existing Velindre Cancer Centre.

The Existing Patient Environment at the Velindre Cancer Centre is Sub-optimal and does not Promote Patient Recovery and Well Being

5.4 It is widely recognised that the physical environment at the Velindre Cancer Centre is not fit-for-purpose and is not appropriate for providing high quality, patient centre services.

5.5 The current estate has also been extensively developed over its lifecycle. This has been in incremental fashion and without a 'development control plan'. This has left the Velindre Cancer Centre with a number of 'add-ons' leading to deficiencies in circulation and service adjacencies, which are not consistent with current health care design standards and efficient means of patient care. For example, Figure 8 overleaf illustrates the current poor adjacency between the current pharmacy and outpatient's department. These would ideally be immediately adjacent to each other.

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Figure 8 – Example of a Typical Inefficient and Inconvenient Patient Journey within the Outpatients Department at the Velindre Cancer Centre

5.6 The example provided, which is replicated across the hospital, shows that:

- There is no separation between patients, visitors, staff and external workers;
- There are multiple crossovers in terms of the movement of patients, visitors, staff and goods. This provides a poor patient and visitor experience, is inefficient for staff and provides a potential safety risk;
- The adjacencies of services are inappropriately located, and this results in poor service flow and workforce inefficiencies;
- The locations of those services, which a patient may need to access, are sub-optimal. Patients are required to make multiple journeys to access such services e.g., to be weighed, and
- The main entrance to the outpatient department is located immediately outside a doctor's consultation room.

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5.7 Examples of the infrastructure deficiencies across the Velindre Cancer Centre estate are provided from Figure 9 through to Figure 11 below.

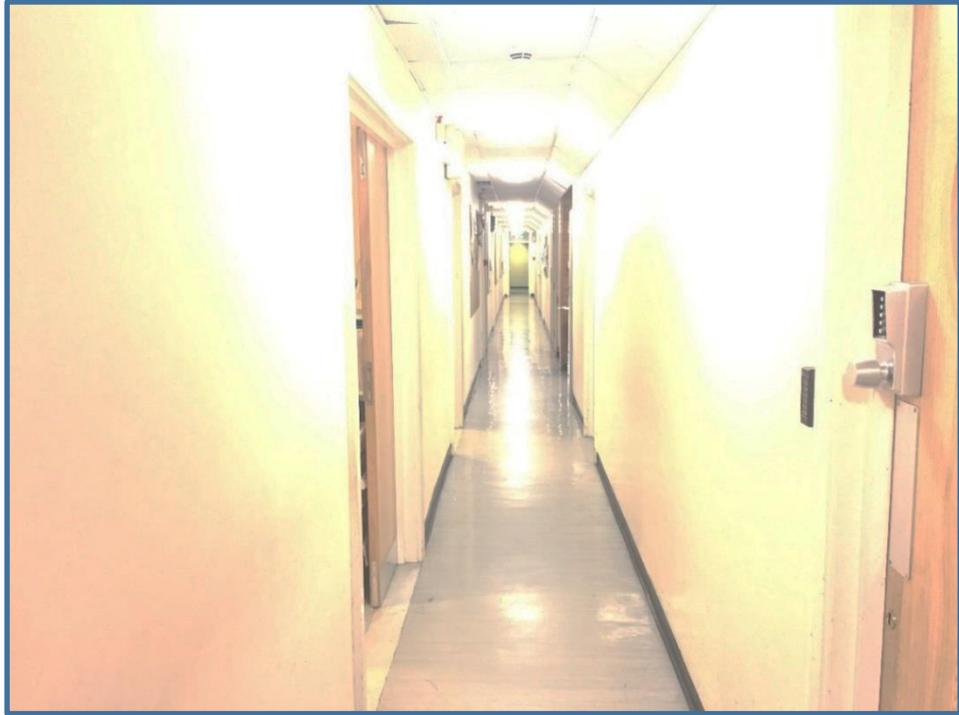


Figure 9 – Example of Narrow Circulation Space

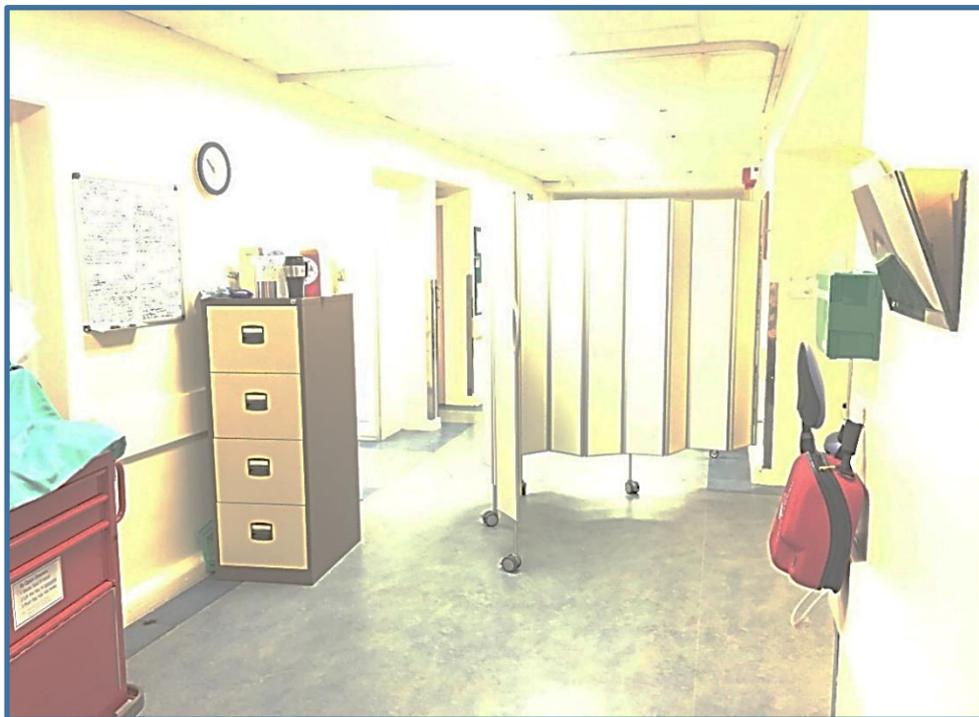


Figure 10 – Example of Crossover of Patient and Working Areas

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Figure 11 – Example of Cramped Support Accommodation

A High Proportion of the Accommodation at the Existing Velindre Cancer Centre is Non-Compliant with Statutory Requirements

- 5.8 If the Velindre Cancer Centre is to maintain standards for the longer term, it will not only need the major arteries of infrastructure to be upgraded and/or replaced, but also the secondary, more localised infrastructure. There are many risks associated with these works. Phasing, decant and isolation issues will have a major impact on patient care and experience. With limited space, decant facilities are not guaranteed to be on the Velindre Cancer Centre site.
- 5.9 The performance in terms of functional suitability and space utilisation has generally been maintained at status quo over the last three years. However, this does not identify key areas of concern in relation to non-compliance against Health Building Notes (HBN).
- 5.10 It is evidenced that approximately 75% of the existing estate does not comply with current space standards. As an example, existing outpatient consultation rooms range from as low as 9m² compared to guidance, which identifies a 16m² requirement.
- 5.11 To demonstrate and evidence the high-level ‘non-compliance’ of the existing Velindre Cancer Centre, the Trust undertook a comparative sizing exercise. This involved comparing the current hospital footprint against the required footprint for a new hospital as if it was built in compliance with HBNs and current relevant standards. This analysis showed that the footprint of the existing Velindre Cancer Centre would increase from the current footprint of

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17,777m² to circa 28,000m² if it was built today on a 'like for like' basis i.e. same functional content number of inpatient beds.

- 5.12 This analysis, which is summarised in Table 17, has been presented to, and validated by, NHS Wales Shared Services and WG Officers.

Table 17 – Comparison of the Existing Velindre Cancer Centre Footprint versus a New Build Velindre Cancer Centre on an Equivalent Basis

Functional Area	Current VCC (m ²)	VCC built 'in line' with HBNs
Radiotherapy	5,126	8,046
Inpatients	1,879	3,183
SACT & Ambulatory Care	1,024	1,873
Outpatients & Therapies	1,280	1,720
Imaging and Nuclear Medicine	1,069	1,840
Pharmacy	637	1,106
Hospital Clinical / Non-Clinical Administration & Support Services	4,369	4,491
Hospital Education, Training and associated Support Services	349	497
IM&T	144	439
SPR & On Call	12	91
Staff Facilities	299	891
Mortuary	47	171
Catering & Restaurant	377	1,022
Hospital Main Entrance	581	1,380
Central FM Areas	583	1,360
Total Gross	17,777	28,110

External Site Constraints

- 5.13 Another major challenge for the Velindre Cancer Centre site relates to car parking. Table 18 overleaf identifies the current allocation of parking 'on site'.

Table 18 – Parking Arrangements (as at February 2020 Pre-COVID)

Type of Parking Space	No of spaces
Visitor/patients spaces	165
Emergency vehicle parking spaces	4
Visitor Cycle parking	10
Staff parking spaces	176
Consultant parking spaces	25
Staff Cycle parking	25
Total	405

5.14 The Trust undertook a traffic analysis. This demonstrated that the Trust has a significant shortfall in the availability of both patient and staff car parking today which is further compounded by the predicted number of patients expected over the coming years.

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Summary – Infrastructure Deficiencies

5.15 In summary, the main physical challenges related to the patient environment include the following:

- 100% of the current inpatient accommodation is well below the required standard for modern healthcare.
- There is no overnight accommodation available for families and visitors.
- The majority of circulation routes are too narrow for the volume of traffic and patients and staff/families have to stand tight to the wall in the main corridor if a trolley or wheelchair is passing, as there is insufficient room for two-way traffic.
- Patients, staff and services have to cover large distances due to the poor adjacencies that have resulted from piecemeal design and developments e.g., the pharmacy department at the furthest point away from the outpatient's department.
- The main outpatient reception area is located in direct visual line with a vast number of consultant rooms leading to privacy issues during consultation/treatment.
- The relatively short distances between patient waiting areas and clinical areas presents difficulties when communicating sensitive or confidential information.
- The hot and cold-water infrastructure across the estate is insufficient and there is no spare capacity to accommodate any increases in demand for services.
- The current backup power generation resilience of the site is insufficient and only covers approximately 55% of the site, mainly clinical areas, but excluding the Linac treatment machines.
- The existing working environment often causes staff to make compromises as they deliver care. For example, using smaller hoists in patient rooms due to the limited space.

5.16 The facilities also present a range of challenges for patients and families:

- The facilities do not always provide patients with their basic and fundamental needs e.g., the showers on the 1st floor ward are shared.
- Patient dignity is compromised due to the lack of space and privacy for inpatients. For example, there is little space between beds on the first floor. There is a similar picture for outpatients where the design of the consulting rooms does not allow for total privacy.
- The majority of the inpatient, outpatient and therapies environment is not synonymous with a Cancer Centre that supports well-being and healing.

- There is insufficient car parking This results in patients having long waits on occasions trying to find a space to park. This causes additional stress during what can already be a challenging time for patients and families and at worst can result in patients being late for their appointments.

Forecasting Future Activity, Actual Activity, and links to our Service Design

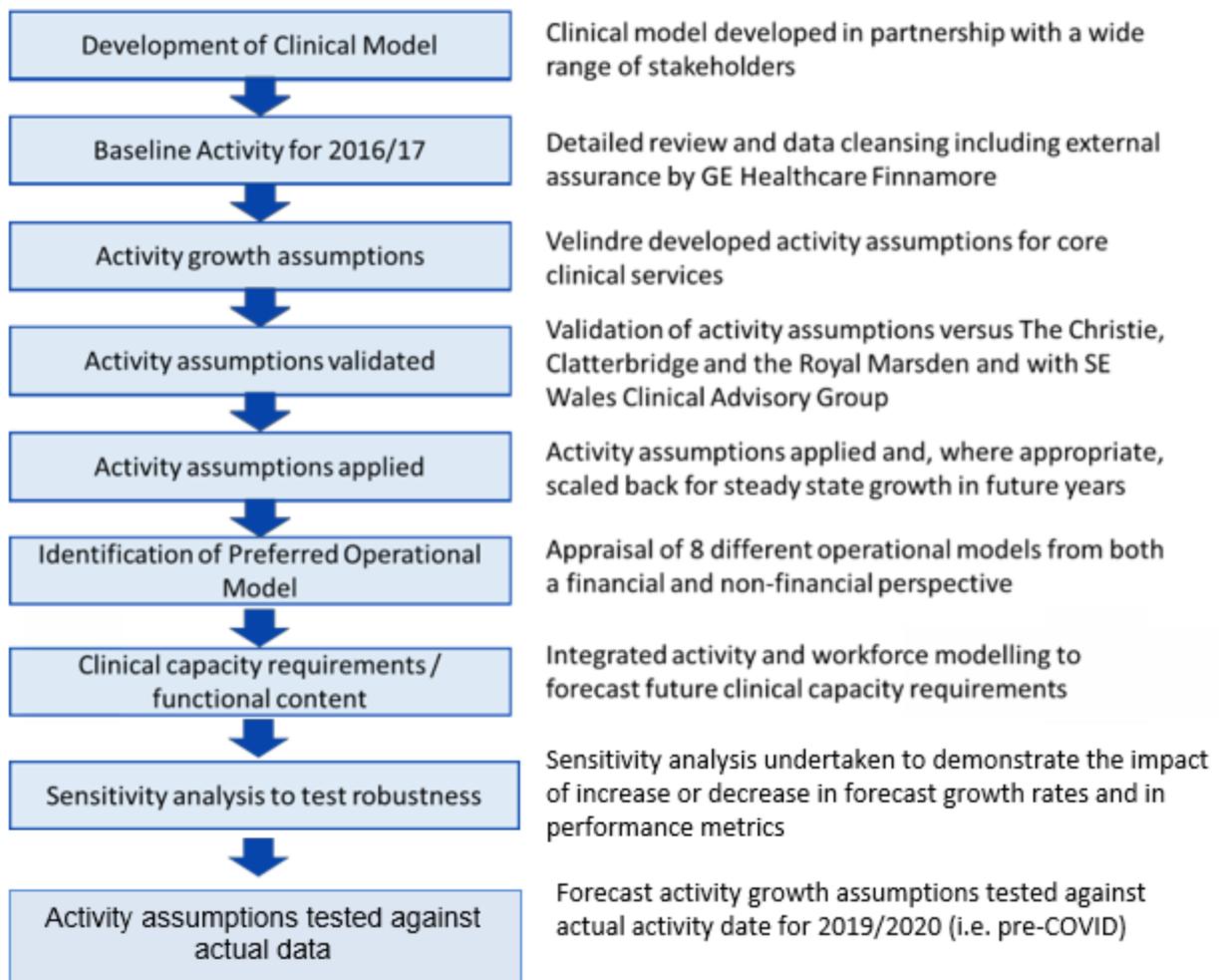
5.17 This section of the Strategic Case concentrates on the methodology used to determine the future forecasting of activity and how this has informed the design of the nVCC and our Clinical Operating Model. The section will set out:

- the methodology which has been applied for forecasting future activity and capacity requirements in relation to the new Velindre Cancer Centre (nVCC)
- Summarise the forecast activity and capacity requirements for the new Velindre Cancer Centre.

Forecasting Future Activity and Capacity Requirements

- 5.18 The Trust has developed a comprehensive activity model to forecast future capacity requirements for the nVCC.
- 5.19 A summary of the process followed in forecasting future activity and capacity requirements is shown in Figure 12 below. This methodology was approved by the nVCC OBC Collaborative Scrutiny Group and remains relevant for FBC purposes.

Figure 12 - Methodology for Forecasting Future Capacity Requirements



Note: the final step shown above was completed subsequent to the approval of this methodology with the purpose of providing assurance that the capacity outputs detailed within the OBC are still valid

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Activity Assumptions

- 5.20 The Trust developed a set of activity assumptions for its core services. These clinical growth assumptions were developed in partnership with clinical colleagues from across South-East Wales and were informed by cancer incidence projections provided by the Welsh Cancer Intelligence and Surveillance Unit (WCISU).
- 5.21 The activity assumptions were set across two-time frames. The first time frame was through to 2021/22 where the Trust, and Health Board colleagues, believed it had a fair degree of certainty in terms of forecasting future activity. The second timeframe was from 2022/23 - 2031/32 where there was, at the time of developing the OBC, less certainty when forecasting future demand (e.g., stratified approach for SACT versus greater incidence of cancer) and the Trust therefore opted to revert to the forecast incidence of cancer (2%) as provided by WCISU in 2016/17 and reconfirmed as a valid planning assumption in 2022/23.
- 5.22 The clinical growth assumptions were supported by Health Board cancer clinical leads and were agreed by Health Board's Officers as part of the nVCC OBC Collaborative Scrutiny process, they are set out below in Table 19 below.

Table 19 - Clinical Growth Assumptions for Core Services

Service	Annual Clinical Growth Assumption
	2016/17 - 2022/23
▪ Radiotherapy	2%
▪ SACT	5%
▪ Inpatients	2%
▪ Outpatients and Ambulatory Care	2%

- 5.23 In addition, a validation exercise was undertaken to compare the Trust's activity assumptions against the following Cancer Centres from across the UK:
- The Beatson West of Scotland Cancer Centre
 - The Clatterbridge Cancer Centre NHS Foundation Trust
 - The Christie Cancer NHS Foundation Trust
 - Leeds Teaching Hospital NHS Trust
 - The Royal Marsden NHS Foundation Trust.

- 5.24 The validation exercise demonstrated that the Trust's activity assumptions were in line with those from other Cancer Centres across the UK, where comparable data was available.

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Clinical Operational Model

- 5.25 The Trust evaluated a number of different operational models which were subsequently approved by the Trust's commissioners and as previously stated and have been subject to external independent assurance by the Nuffield Trust.
- 5.26 The primary objective of this appraisal was to identify a model which could provide the sufficient levels of service capacity, which responded to the needs of patients and families and which made effective and efficient use of resources.
- 5.27 At OBC eight different operating scenarios were evaluated by a multidisciplinary group, including the current operational model. The different scenarios considered extended working hours as well as five, six and seven day operational models. The outcome of the options appraisal has then informed the requirement for the new Velindre Cancer Centre and were tested during the competitive dialogue process, which has led to the final design.
- 5.28 The assessment undertaken was based upon:
- A non-financial assessment of options against the Projects Spending Objectives and Critical Success Factors
 - A financial (capital and revenue) assessment of options.
- 5.29 The preferred operating scenario (Scenario 8) scored the highest based on a combined non-financial and financial score. This scenario included the following components for core patient services:
- **Radiotherapy service** - 5 days a week, 9.5 hours a day (7-day Radiotherapy service for category 1 emergency patients and for urgent palliative patients).
 - **Outpatient service** – 5 days a week, 2 sessions a day
 - **SACT service** – 5 days a week, 12 hours a day
 - **Inpatient service** – 7 days a week, 24 hours a day.
- 5.30 Once the preferred operating scenario was agreed the Trust developed its Clinical Operating Model which has already been set out in the Section 3 of this Strategic Case.
- 5.31 In parallel the Trust has undertaken a detailed analysis to understand where treatments should be best delivered and what the percentage split should be, this is set out in Table 20 overleaf.

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Table 20 - Percentage Activity Delivered by Location

Service	VCC	Outreach	Home
Radiotherapy	80%	20%	0%
SACT	45%	45%	10%
Inpatients	100%	0%	0%
Outpatients	55%	35%	10%

5.32 This section now further explores the clinical growth assumptions by service area for; Radiotherapy, Systemic Anti-Cancer Therapies, Outpatients and Ambulatory Care and Inpatients. It sets out the growth assumptions and compares these with actual activity since the OBC to ensure there still remains good alignment.

Radiotherapy Service

Clinical Growth Assumption:

5.33 In line with the methodology, outlined in Table 19 above, the forecast clinical growth assumption for radiotherapy services was 2% from 2016/17 through to 2022/23. This was agreed and approved by all commissioning Health Boards as part of the nVCC OBC Collaborative Scrutiny process and set out in Table 21 below:

Table 21 - Radiotherapy Growth Assumption

Service	OBC Annual Clinical Growth Assumption
	2016/17 - 2022/23
Radiotherapy	2%

Actual Radiotherapy Activity Versus 2% Growth Assumption (2019 comparison (pre-COVID)):

5.34 Using our most recent full-year ‘pre-COVID’ data (2019) this demonstrates that actual radiotherapy activity (fractions) delivered supports our original baseline planning assumption of a 2% increase in activity year-on-year with a variance of less than 1% over the three-year time period. This provides a high level of assurance that the physical capacity (number of linacs) planned within the nVCC is appropriate based upon actual activity recorded post the submission of the nVCC OBC, this figure does not take into account the increasing complexity of Radiotherapy Treatments. The actual and forecasted figures are set in Table 22 overleaf.

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Table 22 - Forecast v Actual RT Activity

Service	Activity Measure	2016/17 (baseline)	Forecast 2019/20	Actual 2019/20	Difference (total / %)
Radiotherapy	Fractions	51,915	55,092	54,899	193 (≤1%)

5.35 The forecast and actual fractions set out in Table 22 above generate a requirement of the following numbers of Linear Accelerators, set out in Table 23 below and these numbers are accommodated in the nVCC design.

Table 23 - Linac Requirement Based on Activity

Service	Description	2016/17 (baseline)	2025/26 (nVCC)
Radiotherapy	Linacs	8	8

Note: The implementation of the Radiotherapy Satellite Centre (RSC) at Nevill Hall will also provide 2 additional linacs in the community i.e., 20% of total activity.

Actual Radiotherapy Activity (COVID) / Forecast Radiotherapy Activity (Post-COVID):

5.36 Table 24 below sets out actual radiotherapy activity post COVID-19 pandemic.

Table 24 - Post COVID Activity

Service	Activity Measure	Actual 2019/20	Actual 2020/21	Actual 2021/22	Current % increase in 2022/23 (ytd)	Forecast increase in 2023/24
Radiotherapy	Fractions	54,899	36,861	40,507	8%	6%

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5.37 The COVID-19 pandemic, commencing in March 2020, caused a significant fall in radiotherapy activity due to a number of factors including:

- Reduced presentations to GP's
- Reduced LHB referrals
- Disruption to routine screening, and
- Reduced capacity due to social distancing, increased infection control procedures and reduced workforce to deliver services.

5.38 However, actual demand for radiotherapy has increased significantly since March 2021 (circa 10% year-on-year) and is expected to continue to increase over the next year(s).

Radiotherapy Summary and Conclusion

Key Points:

- The 2% activity growth assumption, included within the nVCC OBC, has been reviewed at FBC and is supported by actual activity up to 2019/2020.
- Based upon forecast activity, tested against actual activity to 2019/20, there is an appropriate number of linacs included within the nVCC FBC to meet service demand. This will ensure that the Trust has capacity to meet all relevant performance targets.
- The implementation of the Radiotherapy Satellite Centre (RSC) at Nevill Hall will also enable the achievement of the TCS planning assumption i.e., 80% of activity delivered at nVCC and 20% in the community.

Systematic Anti-Cancer Therapies (SACT)

Clinical Growth Assumption:

5.39 In line with the methodology, outlined in Table 19, the forecast clinical growth assumption for SACT services was 5% from 2016/17 through to 2022/23, noted in Table 25 below. This was agreed and approved by all commissioning Health Boards as part of the nVCC OBC Collaborative Scrutiny process.

Table 25 - SACT Clinical Growth Assumption

Service	OBC Annual Clinical Growth Assumption
	2016/17 - 2022/23
SACT	5%

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Actual SACT Activity Versus 5% Growth Assumption (2019 comparison (pre-COVID)):

5.40 Using our most recent full-year 'pre-COVID' data (2019) demonstrates that actual SACT activity (attendances) delivered supports our original baseline planning assumption of a 5% increase in activity year-on-year with a variance of less than 1% over the three year time period. This provides a high level of assurance that the physical capacity (number of SACT chairs) planned within the nVCC is appropriate based upon actual activity recorded post the submission of the nVCC OBC. The SACT attendances are set out in Table 26 below:

Table 26 - Actual SACT Activity v Growth Assumption

Service	Activity Measure	2016 (baseline)	Forecast 2019	Actual 2019	Difference (total / %)
SACT	Attendances	22,685	26,107	26,282	175 (≤1%)

Forecast Capacity Requirements at the New Velindre Cancer Centre

5.41 The forecast and actual activity set out in Table 26 above generates a requirement of the following numbers of Linear SACT Chairs as set out in Table 27 below.

Table 27 - SACT Chair Requirements nVCC

Service	Description	2016/17 (baseline)	2021/22	2025/26 (nVCC)
SACT	Chairs	17	19	20

Note: Implementation of the SACT Clinical Operating Model, as outlined in Table 20, will result in 55% of total activity being delivered across South-East Wales.

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Actual SACT Activity (COVID) / Forecast SACT Activity (Post-COVID):

- 5.42 The Covid-19 pandemic, commencing in March 2020, caused a significant fall in activity for SACT due to a number of factors, including:
- Reduced presentations to GP's
 - Reduced LHB referrals
 - Disruption to routine screening, and
 - Reduced capacity due to social distancing, increased infection control procedures and reduced workforce to deliver services.
- 5.43 However, actual demand for SACT services has increased significantly since March 2021, and is expected to continue to climb over the next year(s), and, in line with our forecast growth assumption of 5% through to 2022 and 2% thereafter (Note – not flat line - 'ups and downs'), as set out in Table 28 below.

Table 28 - SACT activity

Service	Activity Measure	Actual 2019	Actual 2020	Actual 2021	Actual 2022	Forecast increase in 2023/24
SACT	Attendances	26,107	20,618	26,001	29,121	6%

Summary and Conclusion:

Key Points:

- The 5% activity growth assumption, included within the nVCC OBC, has been supported by actual activity up to 2019/2020.
- Based upon forecast activity, tested against actual activity though to 2019/20, there is an appropriate number of SACT chairs included within the nVCC FBC to meet service demand. This will ensure that the Trust has capacity to meet all relevant performance targets.
- The implementation of the SACT Clinical Service Model will result in 55% of total activity being delivered across South-East Wales.

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Outpatients and Ambulatory Care

Clinical Growth Assumption:

- 5.44 In line with the methodology, outlined in Table 19, the forecast clinical growth assumption for Outpatient services was 2% from 2016/17 through to 2022/23. This was agreed and approved by all commissioning Health Boards as part of the nVCC OBC Collaborative Scrutiny process and is set out in Table 29 below.

Table 29 - Outpatients Growth Assumption

Service	OBC Annual Clinical Growth Assumption
	2016/17 - 2022/23
Outpatients and Ambulatory Care	2%

Actual Outpatient Activity Versus 2% Growth Assumption (2019 comparison (pre-COVID)):

- 5.45 Using our most recent full-year 'pre-COVID' data (2019) demonstrates that actual Outpatient activity (attendances) supports our original baseline planning assumption of a 2% increase in activity year-on-year with a variance of less than 1% over the three-year time period. This provides a high level of assurance that the physical capacity (number of Outpatient rooms) planned within the nVCC is appropriate based upon actual activity recorded post the submission of the nVCC OBC, set out in Table 30 below.

Table 30 - Outpatient Forecast V Actual

Service	Activity Measure	2016 (baseline)	Forecast 2019	Actual 2019	Difference (total / %)
Outpatient	Attendances	58,403	63,779	63,609	170 (≤1%)

Note: Excludes research, palliative care, clinical psychology and radiotherapy review and planning activity.

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Forecast Capacity Requirements at the New Velindre Cancer Centre

5.46 The forecast and actual activity set out in Table 29 above generates a requirement of the following numbers of Outpatient rooms as set out in Table 31 below.

Table 31 - Outpatient Room Requirements

Service	Description	2016/17 (baseline)	February 2020	2025/26
Outpatients	Rooms	26	26	30

Note: Implementation of the Outpatient Clinical Operating Model, as outlined in Table 20, will result in 45% of total activity being delivered across South-East Wales.

Actual Outpatient Activity (COVID / POST-COVID):

5.47 Unlike other service at VCC the Covid-19 pandemic, commencing in March 2020, resulted in a significant increase in activity for Outpatients due to a number of factors, including:

- Increased virtual clinics to support patients who weren't able to attend VCC in person
- Growth in SACT activity which impacted Outpatient capacity requirements
- Reduced capacity within Health Boards
- Increased number of MDT sessions

5.48 The post COVID-19 activity is set out in the Table 32 below.

Table 32 - Outpatient Activity Post COVID-19

Service	Activity Measure	2016 (baseline)	Actual 2020	Actual 2021	Actual 2022
Outpatient	Attendances	58,403	66,583	84,097	88,802

Note: Excludes research, palliative care, clinical psychology and radiotherapy review and planning activity.

5.49 However, and despite the actual significant increase in demand for Outpatient services over the last three years, we are confident that the annualised (compounded) activity planning assumption used to size the nVCC is still robust and valid as a large proportion of additional Outpatient activity is / will be supported through digital solutions.

Summary and Conclusion:

Key Points:

- The 2% activity growth assumption, included within the nVCC OBC, has been supported by actual activity up to 2019/2020.
- Based upon forecast activity, tested against actual activity though to 2019/20, there is an appropriate number of Outpatient rooms included within the nVCC FBC to meet service demand. This will ensure that the Trust has capacity to meet all relevant performance targets.
- The implementation of the Outpatient Clinical Service Model will result in 45% of total activity being delivered across South-East Wales.

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Inpatients

Clinical Growth Assumption:

- 5.50 In line with the methodology, outlined in Table 19, the forecast clinical growth assumption for inpatient services was 2% from 2016/17 through to 2022/23. This was agreed and approved by all commissioning Health Boards as part of the nVCC OBC Collaborative Scrutiny process, this is set out in Table 33 below.

Table 33 - Future Growth Assumptions of Inpatients

Service	OBC Annual Clinical Growth Assumption
	2016/17 – 2024/25
Inpatients	2%

Actual Inpatient Activity Versus 2% Growth Assumption (2019 comparison (pre-COVID)):

- 5.51 Using our most recent full-year 'pre-COVID' data (2019) shows that inpatient activity, as measured by occupied bed days actually reduced from 2016 (nVCC OBC submission) – 2019. However, this was not related to an evidenced reduction in demand for inpatient services at VCC. Instead, a capacity constraint was placed upon the service during this time period as there was a requirement to undertake essential estates works to the inpatient wards in order to improve the patient environment and to ensure compliance with our statutory compliance responsibilities. In order to facilitate these works there was a requirement to close beds / wards for sustained periods of time.
- 5.52 In addition, and during the same time period, we made significant enhancements to our inpatient service model which resulted in shift towards an enhanced ambulatory / assessment care model; this reduced the number of inpatient admissions at VCC. Table 34 below sets out inpatient activity.

Table 34 - Inpatient Bed Availability

Service	Activity Measure	2016 (baseline)	Forecast 2019	Actual 2019
Inpatients	Oncology Bed Available	43	43	28 (Constraint capacity)

5.53 Over the course of 2020 – 2022 (COVID impacted timeframe) we continued to experience reduced inpatient activity at VCC. However, and although full-year data for 2022 is not available at the time of producing this FBC, data which we have available for September – November 2022 shows that total inpatient activity is returning in line with pre-COVID levels, this is set out in Table 35 below.

Forecast Capacity Requirements at the New Velindre Cancer Centre

Table 35 - Inpatient Activity Post COVID-19

Service	Activity Measure	Current Capacity at VCC	February 2020	2025/26 (nVCC)
Inpatients	Oncology Beds	34	39	31
	Assessment / Ambulatory Care Spaces	8	8	17
	Isotope Cubicles	2	2	3
	Total	44	49	51

Inpatient Services – An Evolving Service Model

5.54 In line with the recommendations from the Nuffield review in relation to the he VCC / regional clinical model there have been significant changes and enhancements to the inpatient clinical service over recent years and subsequent to the approval of the nVCC OBC (Note: the majority of these improvements were already being progressed prior to the publication of the Nuffield review). Fundamental to these changes has been the transition to a more resourced ambulatory / assessment care model. Key to supporting this service development has been the implementation of a regional acute oncology service. The development of the inpatient service model has, and will continue, to deliver a number of quantifiable benefits. These include:

- Reduced average length of stay at VCC and in Local Health Boards.
- Reduced inpatient admissions at VCC and in Local Health Boards.
- Patients admitted to the most appropriate location for their treatment ‘first time’.

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- Increased oncology presence within Local Health Boards.
- Improved patient experience.

5.55 The New Velindre Cancer Centre – A Flexible Inpatient Design Solution which is built around Patient Experience, Quality and Improving Outcomes.

5.56 The design of the Inpatient areas at the nVCC has responded to the feedback received from our clinical teams and other key stakeholders. This feedback emphasised the need for:

- Flexibility in the design covering a range of areas:
 - Ability, on the day of opening the nVCC, to only open the number of beds which are required at that point in time to reduce the risk of any 'non-required' costs
 - Ability to use the space within the designed inpatient areas for alternative uses
 - Ability to continue, over time, the development of our inpatient service model by reducing the number of oncology beds and increasing the number of ambulatory / assessment spaces
- The requirement for additional ambulatory / assessment care spaces and less traditional oncology beds
- The requirement for additional single oncology bedrooms as a proportion of total rooms

Key Points:

- Inpatient activity has been impacted by the following since 2019:
 - Essential estates work to the inpatient wards, requiring the closure of inpatient beds.
 - Workforce shortages due to a variety of reasons and which have been outside of the control of the Trust.
 - Impact of COVID from 2020 – 2022.
- In line with the recommendations from the Nuffield review of the clinical model there have been significant changes and enhancements to the inpatient clinical service. This has been supported by the transition to a more focused ambulatory / assessment care model. Key to supporting this service development has been the implementation of a regional acute oncology service.
- Although the nVCC has space to accommodate 31 oncology beds the hospital has been designed in a way to promote flexibility of use i.e. can increase / decrease the number of beds as appropriate and / or use for alternative uses e.g. increased ambulatory care provision.
- Inpatient beds will only be made available (opened) if and when demand presents.

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Overall Summary and Conclusion of Growth and Activity Assumptions:

- 5.57 The clinical growth assumptions and actual activity that support the need to replace the existing cancer centre and inform the size of the nVCC have been reviewed and updated between OBC and FBC and have been set out in the preceding section. Despite activity and service delivery changing as a result of the COVID-19 pandemic there is still a compelling case for investment.
- 5.58 Based on the update activity it remains clear that the existing estate is severely constrained and inhibits the Trust in delivering its services now. The site is landlocked by building and infrastructure owned by the Trust, which renders any expansion of the site boundary unviable. The only possible option for expansion would be onto the staff and patient car park but this has been discounted, as it would impact on an already sub-optimal parking facility.
- 5.59 This therefore represents a very immediate and high-risk issue for the Trust given the current pressure on the system. This is compounded by the anticipated growth in demand for services. While planning is underway to mitigate capacity limitations in the short term, it is imperative that a long-term solution is established urgently.
- 5.60 Without significant transformation, the Velindre Cancer Centre faces a very immediate and high risk in our ability to continue to deliver services and to maintain current performance levels.

Sizing of the nVCC

- 5.61 Following the activity and capacity modelling process outlined above, the Trust has been able to establish its core capacity requirements, referred to hereafter as the 'Do Minimum' requirements, in relation to:
- Building footprint requirement for the nVCC;
 - Functional content requirements e.g., number of Inpatient beds, for the nVCC; and
 - Major Medical equipment requirements for the nVCC.

Building Footprint for the New Velindre Cancer Centre – Do Minimum

- 5.62 The activity and capacity analysis has demonstrated that the required building footprint for the nVCC, based upon the Do Minimum service requirements, is 30,689m² compared to the existing Velindre Cancer Centre footprint of 17,777m². This analysis, which is summarised in Table 36 overleaf has been presented to, and validated by, NHS Wales Shared Services and WG Officers.

Table 36 - Do Minimum Building Footprint for the New Velindre Cancer Centre

Functional Area	m ²
Radiotherapy	8,090
Inpatients	3,534
SACT & Ambulatory Care	2,067
Outpatients & Therapies	2,034
Imaging and Nuclear Medicine	2,073
Pharmacy	1,518
Hospital Clinical / Non-Clinical Administration & Support Services	4,726
Hospital Education, Training and associated Support Services	669
IM&T	439
SPR & On Call	91
Staff Facilities	1,41
Mortuary	171
Catering & Restaurant	1,022
Hospital Main Entrance	1,855
Total Gross	30,689

Functional Content Requirements for the New Velindre Cancer Centre – Do Minimum

5.63 The activity and capacity analysis has demonstrated the following Functional Content requirements for core service delivery at the nVCC, based upon the Do Minimum service requirements. Table 37 summarises these requirements compared against functional capacity, which is currently available at the existing Velindre Cancer Centre (Feb 2020 Pre-COVID).

Table 37 - Functional Content Requirements for Core Services within the New Velindre Cancer Centre

Department	Existing (Feb 2020 Pre-COVID)	nVCC	Variance
Radiotherapy Linear Accelerators	8	8	0
Outpatient Consultation Rooms	26	30	+ 4 rooms
SACT Chairs	19	20	+1 chair

Department	Existing (Feb 2020 Pre-COVID)	nVCC	Variance
Inpatients	49	51	+ 2 beds

Note: Inpatient beds reflects capacity that is subject to the confirmation of the clinical model but could represent 'flexible' bed capacity.

Major Medical Equipment Requirements for the New Velindre Cancer Centre – Do Minimum

- 5.64 The activity and capacity analysis has identified the Major Medical equipment requirements for the nVCC, based upon the Do Minimum service requirements. The Major Medical equipment requirements for the nVCC, with a unit value of over £0.125m (excl. VAT), compared to Major Medical equipment, which is currently operational at the existing Velindre Cancer Centre (Feb 2019 Pre-COVID) are summarised in Table 38.

Table 38 – Major Medical Equipment Requirements for the New Velindre Cancer Centre

Department	Equipment	Existing (2018)	nVCC	Additionality
Radiotherapy	Linear Accelerator / Treatment Machines	8	8	0
Radiotherapy	CT Simulator	2	2	0
Radiotherapy	Brachytherapy System	1	1	0
Radiotherapy	MR SIM	0	1	1
Radiology	MRI Scanner	1	2	1
Radiology	CT Scanner	1	2	1
Radiology	Imaging System (Plain Film/Fluoroscopy System)	2	2	0
Nuclear Medicine	Gamma Camera	1	2	1
Pharmacy	Robotic Dispensing System	0	1	1

Conclusion

- 5.65 In summary, this section of the FBC examined in detail service activity from the original base line, through Covid, to today and compared then with the Trusts approved growth assumptions for all major service areas. This analysis has demonstrated that the Trust's forecast growth assumptions have been accurate to within very small margins of variance against actuals. Therefore, there is a high degree of confidence that the activity and future growth assumptions can be relied upon in terms of the design of the nVCC and wider Clinical Model.

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6 POTENTIAL SCOPE OF THE NEW VELINDRE CANCER CENTRE PROJECT

Introduction

6.1 The scope of the Project is limited to the building of a nVCC. In taking forwards this scope, the Trust sought formal approval from commissioners and from the Welsh Government in relation to the Outline Business Case (OBC) for a nVCC. In seeking approval of the OBC, the Trust provided assurance in relation to:

- The need for a nVCC;
- The Preferred Option identified within the OBC;
- The building footprint of the nVCC;
- The additional costs directly attributable to the nVCC; and
- The Project Management and Governance arrangements for delivering the nVCC Project.

6.2 The following has been confirmed as outside of the scope of the nVCC Infrastructure Project:

- All variable clinical costs of modelled demand which will be considered through the development of the commissioning LTA framework and therefore excluded from the nVCC OBC;
- All service development Projects e.g., Acute Oncology Service, which will be subject to separate Business Cases and therefore excluded from the nVCC OBC;
- All outreach capital Projects e.g., Radiotherapy Satellite Centre, which will be subject to separate Business Cases and therefore excluded from the nVCC OBC; and
- All Digital Projects which the Trust needs to complete irrespective of the nVCC Project. These will be the subject of separate Business Cases.

Potential Business Case Options

6.3 Although the scope of the Project is well defined, there was the potential to develop a range of options for delivering the objectives of the Project. The range of options have been considered against a continuum of need ranging from:

- Minimum scope: Core and essential service requirements/outcomes which are currently provided by VCC;
- Intermediate scope: Core and desirable service requirements/outcomes which the Project can potentially justify on a cost/benefit and thus value for money basis; and
- Maximum scope: Core, desirable and optional service requirements/outcomes which the Project can potentially justify on a cost/benefit and thus value for money basis.

6.4 The outcome of this is outlined in Table 39 and was used as the starting point to develop the longlist of options within the Economic Case of the OBC.

Table 39 - Potential Project scope

Service / Function	Minimum	Intermediate	Maximum
Radiotherapy	✓	✓	✓
SACT	✓	✓	✓
Inpatients	✓	✓	✓
Specialist Palliative Care	✓	✓	✓
Outpatients	✓	✓	✓
Ambulatory Care	✓	✓	✓
Radiology and Nuclear Medicine	✓	✓	✓
Pharmacy	✓	✓	✓
Acute Oncology Service (existing arrangements)	✓	✓	✓
Research and Development (existing arrangements)	✓	✓	✓
Learning, Technology and Innovation (existing arrangements)	✓	✓	✓
Research and Development (enhanced scope)		✓	✓
Learning, Education and Innovation (enhanced scope)		✓	✓
Capacity to introduce PET CT Service		✓	✓
Capacity to introduce Proton Beam Service			✓
Capacity to introduce Advanced Technologies, including: <ul style="list-style-type: none"> • Platform specific stereotactic service • Cyclotron service 			✓
Relocation of Trust Corporate Function			✓

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7 PROJECT RISKS, CONSTRAINTS, DEPENDENCIES AND ASSUMPTIONS

Risks

- 7.1 Identifying, mitigating, and managing the key risks is crucial to successful delivery, since the key risks are likely to be that the Project will not deliver its intended outcomes and benefits within the anticipated timescales and spend.
- 7.2 A full risk register for the nVCC Project has been developed which includes the following categories:
- **Business risks:** Risks that remain 100% with the Trust and include political and reputational risks;
 - **Service risks:** Risks associated with the design, build, financing and operational phases of the project and may be shared with other organisations; and
 - **External Non-System risks:** Risks that affect all society and are not connected directly with the proposal. They are inherently unpredictable and random in nature.
- 7.3 The nVCC risk register is managed by the Project Management Office (PMO). The exact role of the PMO in managing risks is described within the Management Case.

Constraints

- 7.4 The main constraints in relation to the nVCC Project are outlined in Table 40.

Table 40 - Main Constraints of the nVCC Project

Constraint	Overview
Financial Constraints	The infrastructure solution for the nVCC would be ideally deliverable within the affordability threshold of c£299m (including VAT but excluding equipment) at 2021-22 prices funding cap agreed with the WG.
Timescale Constraints	The nVCC must be operational in line with the Programme agreed with the Welsh Government.
Service Continuity	Delivery of patient services must be maintained during the period of construction.
Compliance with Statutory Requirements	The nVCC must be fully compliant with all relevant statutory compliance requirements.

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Dependencies

7.5 A number of dependencies have been identified in relation to the nVCC Project. These are provided in Table 41.

Table 41 - Main Dependencies of the nVCC Project

Dependency	Overview
Capital Funding Availability	Access to capital funding is critical to deliver the Project, especially in relation to the procurement of Major Medical equipment and IM&T.
Revenue Funding Availability	Access to revenue funding is essential to support the recurring revenue implications associated with the nVCC Project.
Welsh Government Approval	The Full Business Case must be approved by the WG.
Partnership Working	Co-production in the design and implementation of the Project that involves all stakeholders from across the health and social care economy is essential to the Project's success.
Wider Health Strategy and Governance	It is important that general health strategy and governance in Wales, that underpins the nVCC Project remains broadly consistent over the period of change.
Site Enabling Works	The site enabling works Project, which is outside of the scope of this FBC, must be completed by the start of construction for the nVCC.

Assumptions

7.6 The key assumptions underpinning the nVCC Project are provided in Table 42

Table 42 - Main Assumptions for the nVCC Project

Assumption	Overview
Implementation of the wider TCS programme	It is assumed that the following capital Projects identified within the TCS Programme are funded and the nVCC has been 'sized' based on this assumption. <ul style="list-style-type: none"> • Radiotherapy Satellite Centre at Nevill Hall Hospital; and • Non-surgical cancer Outreach centres across South - East Wales delivering SACT and Outpatient services.
Clinical Growth Assumptions	The nVCC has been 'sized' on the basis of a number of clinical growth assumptions, summarised below:

Assumption	Overview
	<ul style="list-style-type: none"> • Radiotherapy activity will increase by 2% per annum through to 2025; • SACT activity will increase by 5% per annum through to 2025; • Outpatient activity will increase by 2% per annum through to 2025; • Inpatient activity will increase by 2% per annum through to 2025; and • Radiology and Nuclear Medicine activity will increase by 9% per annum through to 2025.

Flexibility for Expansion on the Site of the New Velindre Cancer Centre

7.7 It is important to highlight that there is approximately 6,500 m² of expansion space (compared to the approved Outline Planning Application) on the identified site for the nVCC. This expansion capacity is fundamental to the Trust's mitigation strategy in the event that either:

- a) **The other capital Projects within the TCS Programme are not supported; or**
- b) **The clinical growth assumptions prove to be understated.**

7.8 Conversely, the Trust has identified alternative uses for some of the proposed nVCC accommodation in the event that clinical growth assumptions do not fully materialise.

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8 CONCLUSION

8.1 The Strategic Case has demonstrated a compelling case for investment to support the replacement of the existing Velindre Cancer Centre. The key factors supporting the case for investment are:

- The existing patient environment at the Velindre Cancer Centre is sub-optimal and does not promote patient recovery and well-being;
- There is insufficient patient and family car parking at the existing Velindre Cancer Centre;
- A high proportion of accommodation at the existing Velindre Cancer Centre is non-compliant with statutory requirements and creates challenges in maintaining high levels of patient safety;
- The existing Velindre Cancer Centre, built on a 'like for like' basis and in line with Health Building Notes, would have a footprint of circa 28,000m² compared to the existing building footprint of 17,777m²; and
- There is no expansion space on the existing Velindre Cancer Centre. This severely limits, the Trust's ability to expand its footprint to meet the increasing demand for its clinical services across a range of specialities / departments.

9 APPENDICIES

For Information

The following appendices are available in support of this chapter.

Appendix Reference	Title
FBC/SC1	Nuffield Trust Report – ‘Advice on the proposed model for non-surgical tertiary oncology services in South-East Wales’
FBC/SC2	Nuffield Trust Recommendations and Progress Summary
FBC/SC3	TCS Equipment Strategy (draft)
FBC/SC4	Digital Vision for the new Velindre Cancer Centre



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Full Business Case: March 2023

new Velindre Cancer Centre

Management Case

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nVCC FBC
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MANAGEMENT CASE

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1 INTRODUCTION

Approach

- 1.1 The OBC laid out a proposed Project Management structure and governance approach to ensure the effective delivery of the nVCC Project. This included recruiting and developing a number of skilled and experienced project officers to meet the future demands relating to the implementation of the nVCC Project.
- 1.2 A resourced structure has been in place to guide the project through the commercial set up, pre-qualification, competitive dialogue and successful participant phases, these arrangements have now been refreshed to support the implementation phase of the nVCC Project.
- 1.3 As previously set out in the Strategic Case the nVCC Project is one of seven projects that make up the Transforming Cancer Services (TCS) Programme. This Programme has the responsibility to ensure effective co-ordination and congruence with the other elements of the TCS Programme and wider Trust.
- 1.4 This FBC provides an update to the management arrangements to cover the construction, post-construction and evaluation phases of the nVCC Project to time, cost and quality. This FBC Management Case outlines the approach to the following and is supported with a range of detailed appendices:
 - Project Management arrangements;
 - External advisors;
 - Use of specialist advisors within NHS Wales;
 - Project scrutiny and assurance;
 - Procurement and contracts management;
 - Change control;
 - nVCC project plan;
 - Benefits realisation;
 - Communication and engagement;
 - Risk management; and
 - Arrangements for post-project evaluation.

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2 PROJECT MANAGEMENT ARRANGEMENTS

Introduction - Project Leadership

- 2.1 This section of the Management Case provides an overview of the Project Management structure and individual roles and responsibilities as detailed in Appendix **FBC/MC1**.
- 2.2 Velindre has recruited (and largely retained) a Project Leadership team to deliver the procurement phase of the project. The aim (as set out in this FBC) is to refresh and confirm this structure to cover the effective management of the construction, post-construction and post-project evaluation phases of the nVCC Project.
- 2.3 The key individual roles and responsibilities in this structure are set out in Table 1 below:

Table 1 - nVCC Project Leadership Team and Roles and Responsibilities

Role	Name/Status	Responsibility
Senior Responsible Owner (SRO)	Steve Ham	The SRO is accountable for the success of the nVCC Project and the wider TCS Programme. The SRO is responsible for enabling the organisation to exploit the new environment resulting from the nVCC Project, meeting the new business needs and delivering new levels of performance, benefit, service delivery and value. The SRO owns the vision for the nVCC Project and is required to provide clear leadership and direction.
Project Director	David Powell	The Project Director reports to the SRO and is accountable for the nVCC Project delivery to time cost and quality. The Project Director will provide leadership and positive team working to create an environment that facilitates effective project delivery across all phases of the project.
Assistant Project Director (APD)	Mark Ash	A senior role that provides professional advice and support to the nVCC Project Director. Responsible for the financial and commercial aspects of the nVCC Project. This includes the financial planning for the project, financial reporting, and financial risk management. This role leads on management of the Mutual Investment Model (MiM) Project Agreement, Service Level Specifications and the Annual Service Payment mechanism.

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2.4 The Project also contains specialist support roles as shown in Table 2 below.

Table 2 - nVCC Project – Specialist Support Roles

Role	Name/Status	Responsibility
Strategic and Commercial Director	Huw Llewellyn	This role provides support and advice on commercial issues as well as providing a bridge to the equipment and digital elements of the TCS Programme.
Technical Director	Phil Morgan (MDA Consult Ltd)	This post oversees the technical elements of the project and ensures oversight of the Developer’s technical solutions. This role also links across to the enabling works project within the TCS Programme.
Technical Support Managers	To be Appointed in due course	The Technical Support Managers will report to the Technical Director and have responsibility for monitoring elements of the construction and commissioning of the nVCC and ensuring compliance with all technical obligations.

2.5 The Project Team includes clinical/operational leads as shown in Table 3 below.

Table 3 - nVCC Project - Clinical and Service Leads

nVCC Clinical Leads	Prof Tom Crosby and team	The nVCC Project has a clinical lead responsible for leading a group of clinicians in order to ensure clinical focus on the nVCC Project and that patient experience and quality is always a primary consideration. The role includes ‘sense-checking’ design solutions and cross-checking these to service requirements, service developments and initiatives elsewhere.
nVCC Service Transformation Director	Andrea Hague and team	The nVCC Project has a Service Transformation Director who will be responsible for delivering the operational requirements of the project. This role, will work closely with the clinical lead and includes responsibility for leading on equipment, digital and hospital transition and commissioning.

Project Management (The Methodology)

2.6 The delivery of the nVCC Project is managed in accordance with PRinCE2 (‘Projects in a Controlled Environment’) methodology suitably adapted for local circumstances (in order to meet the needs of this Project).

2.7 The nVCC Project follows a set of principles contained within the TCS Programme Execution Plan (PEP) and Project Initiation Document (PID), these principles are:

- Consideration of the views and interests of patients, staff and all stakeholders in all decision-making;

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- Compliance with corporate governance and policy;
- Compliance with good project management practice;
- Open and regular reporting of Project progress and performance.
- Effective monitoring/review processes (continuous Quality Assurance (QA));
- Effective change/issues/problem management;
- Comprehensive acceptance procedures;
- Appropriate documentation and record keeping.

Project Governance and Management

- 2.8 The nVCC Project controls and co-ordinates a series of workstreams that are updated to reflect each phase of project delivery.
- 2.9 The nVCC Project also looks outwards to the TCS Programme, Velindre's Corporate Governance arrangements and that of Welsh Government's sponsorship, scrutiny and approvals process. In particular, focus is on timely approvals and the effective escalation of risks and issues to senior sponsors.
- 2.10 The Project Governance Arrangements work on three levels:
- Welsh Government (Strategy & Policy) – **Level 1**
 - Velindre University NHS Trust (Corporate) – **Level 2**
 - Velindre University NHS Trust (Operational / Project) – **Level 3**
- 2.11 The details of the Project Governance Arrangements are in Appendix **FBC/MC2**.
- 2.12 The governance arrangements include a TCS Programme Scrutiny Sub-Committee that provides assurance to the Trust Board. The terms of reference of this sub-committee are included in Appendix **FBC/MC3**.
- 2.13 An Integrated Assurance and Approvals Plan (IAAP) for the nVCC Project sets out all the required approvals for the Project and the governance route for each key deliverable. This enables alignment of approval decisions with the Trusts' governance schedule of meetings. The IAAP (v3.0) is set out in Appendix **FBC/MC4**.

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Project Management Office (PMO): Roles and Responsibilities

2.14 The nVCC Project has a central Project Management Office (PMO) to control and co-ordinate activities. The roles within this team are set out in Table 4 below.

Table 4 - Project Management Office (PMO) and Administration Specific Roles and Responsibilities

Role	Name / Status	Responsibility
Principal Project Manager (PPM)	Andrew Davies	<p>The Principal Project Manager has overall responsibility for the delivery of all sub projects/workstreams to time, cost and quality. The Principal Project Manager also ensures the project is aligned to the overarching TCS Programme.</p> <p>Key to the success of this role is the efficient and effective recruitment and use of project resources, the identification and management of, interdependencies, risks and issues, benefits delivery, providing project assurance and ensuring effective decision making through VUNHST internal governance and Welsh Government governance structures.</p>
Authority Construction Surveyor (ACS)	To be confirmed	<p>The Authority Construction Surveyor will oversee delivery of the nVCC Projects construction works in accordance with the Trust's requirements. The ACS will monitor the work of contractors and subcontractors and notify the Client's Agent (CA), Independent Tester / Certifier and contractor of any potential issues. The ACS will review the quality of works on site taking into consideration workmanship, building in accordance with the design/specification, overseeing the commissioning etc and will be the daily site liaison officer with all site stakeholders.</p>
Senior Project Managers (SPM)	<p>Peter Sowerby</p> <p><i>(Additional recruitment TBC)</i></p>	<p>The Senior Project Managers have the responsibility for supporting the sub-project leads with the initiation, planning, execution, monitoring, controlling and eventually closure of their sub-projects. They provide a structured approach to support the delivery of the key deliverables and provide an escalation route for risks. They report professionally to the Principal Project Manager.</p>
Project Managers (PM)	<p>Craig Salisbury; Hannah Moscrop; Michelle Pearce</p> <p><i>(Additional recruitment TBC)</i></p>	<p>The Project Manager(s) are responsible for supporting the PPM with the delivery, monitoring, controlling and eventual closure of the nVCC Project. As with the SPM, they will provide a structured approach to support the delivery of the key products and provide an escalation route for risks.</p>
Finance Business Partner	Eurwen Williams	<p>The Finance Business Partner will provide financial accounting, planning, management and governance advice along with support and information to the Project.</p>

Role	Name / Status	Responsibility
Project Support Officer (PSO)	Jenny Welsby	The Project Support Officer will provide project support and administration services. This will include co-ordinating meetings, capturing issues, decisions and actions. The post-holder will act as a configuration management librarian and oversee all document control.
Project Administrator (PA)	Sue Poole; Stefan Dale; Ellie Gregory; Jessica Jenkins	The Project administrator's duties include scheduling meeting times and locations, taking meeting minutes, capturing action points and arranging training for project staff. In addition, the project administrators participate in budget administration, providing analysis and maintaining project records and facilitating procurement.

Other Roles

2.15 There are a range of ancillary roles within the nVCC Project which are set out in Table 5 below.

Table 5 - Other Roles

Role	Overview
Project MIM Transactor	The Transactor is a Welsh Government (WG) Officer responsible for Government oversight of the project and managing the interface of the nVCC Project with the WG team.
Chief Digital Officer	The Chief Digital Officer is responsible for delivering the enabling digital requirements for the nVCC ensuring congruence with Velindre and Welsh NHS digital strategies and initiatives.
Communication	The Communication Lead is responsible for managing internal and external communications during the construction, post-construction and evaluation phase.
Engagement	The Engagement Lead is responsible for managing engagement activities with staff, patients, public and key stakeholders.
Estates & FM	The Estates and Facilities Management (FM) Lead is responsible for ensuring the Project addresses the operational requirements of Velindre.

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Project Delivery Model

- 2.16 nVCC Project's delivery will be managed through a series of workstreams, each supported by a Terms of Reference, led by a member of the nVCC Project Leadership Team as set out in Table 6 below:

Table 6 - Project Delivery Model (workstreams)

Workstream	Lead
Construction Monitoring	Project Director
Hospital (Design Management)	Project Director
Commercial / Legal	Assistant Project Director
Community Benefits	Assistant Project Director
Facilities Management	Assistant Project Director
Transition & Commissioning (All)	nVCC Service Transformation Director
Equipment	nVCC Service Transformation Director
Digital	nVCC Service Transformation Director
Post Project Evaluation / Benefits Realisation	Project Director
Management Forum	Assistant Project Director
Communication & Engagement	Assistant Director of Communications
Enabling Works Alignment	Project Director

- 2.17 The Project Management Office (PMO) will support the project delivery workstreams. Their roles will migrate through the next stages of the nVCC Project to include all matters pertaining to the implementation and commissioning.

TUPE and Employment Matters

- 2.18 It is not anticipated that there will be any Velindre University NHS Trust staff transfers under the "Transfer of Undertakings (Protection of Employment) Regulations (TUPE) 2006" as amended by the "Collective Redundancies and Transfer of Undertakings (Protection of Employment) (Amendment) Regulations 2014" to Project Co (or its Sub-Contractors) in respect of the Project.
- 2.19 This assumption has been made as a result of detailed discussions with service leads within the existing Velindre Cancer Centre and by using their local and detailed knowledge of future service changes and advancement of clinical treatments.
- 2.20 As the project approaches Financial Close, the Authority will continue to monitor all workforce assumptions, including those relating to TUPE.
- 2.21 If there are any non-Trust staff identified as being at risk at the end of the 25-year period when the building's ownership is handed over to the NHS the Trust will act in accordance with the TUPE legislation that is applicable at that time.

Project Tolerances and Delegated Authority

- 2.22 The nVCC Project tolerances have been approved by the Trust Board as part of the approval of the procurement strategy and will be monitored throughout the project lifecycle. These are set out in Table 7 below:

Table 7 - Project Tolerances

Description	Category	Measure	Escalation trigger
Overall project completion date	Time	Plan as approved by Programme Delivery Board	+3months or moves 1 st Patient to beyond 4 th quarter of 2025
Overall annual cost of solution	Cost	Unitary Charge approved in OBC	+5%
Project capital costs	Cost	Capital cost approved in OBC	+5%
Project transaction costs	Cost	Project costs as approved by WG	+5%

- 2.23 In addition to the approved tolerances the nVCC Project has a delegation framework, which allows for streamlined approvals and the effective escalation of risks and issues to a level where senior sponsors can intervene as necessary. Any expected breach of the tolerances outside of those specified above will be escalated to the Strategic Capital Board (SCB), or a higher authority.
- 2.24 Delegation of authority is integrated within, and aligned to, the Trusts' governance arrangements. This will provide clarity in respect of delegated authority for the Leadership Team and ensure that the nVCC Project Board and Trust Board have the appropriate level of scrutiny, oversight and control during the process, and overall accountability throughout the lifecycle of the project.

Equipment and Digital Procurement, Commissioning and Implementation

- 2.25 The Director of Strategic Transformation, Planning and Digital is the Project Director for Digital and Equipment for the nVCC Project.
- 2.26 During implementation, oversight of the digital and equipment commissioning process is provided by an Equipment Committee. This Committee is prescribed in the Project Agreement and supported by the Successful Participant, Equipment Advisors, suppliers and NHS Wales Shared Services Partnership (NWSSP) Specialist Estates Service. The Equipment Committee will deal with the detailed planning, coordination and implementation of all equipment at the nVCC.

- 2.27 A detailed Digital Activity Plan has been produced to set out the full range of activities required to ensure the digital capability of the new Velindre Cancer Centre. The Digital Activity Plan is included within appendix **FBC/MC5**.
- 2.28 The equipment for the nVCC divides into a range of groups 1 to 5, each equipment group has different specification, procurement and installation responsibilities which are aligned to the commercial deal with the Successful Participant (SP). A copy of the draft Key Clinical Equipment Outline Commissioning Programme (KCEOCP) is set out at appendix **FBC/MC6**.
- 2.29 The groups of equipment 1-5 and their respective descriptions and responsibilities are set out below:

Group 1A

This equipment is specified by the Authority and provided and installed by the SP – the programmes and processes for selection and installation are included in the SP’s commissioning programme.

Group 1B

This equipment is specified, provided and installed by the SP – the programmes and processes for selection and installation are included in the SP’s commissioning programme.

Group 2A

This equipment is provided and installed by the Authority – this relates mainly to the Trusts Integrated Radiotherapy Solution (IRS) equipment. This element of equipment is subject to an interface agreement as laid out in the commercial case. The Authority’s IRS team will oversee the management of the commissioning process and use the Equipment Committee to deal with planning and interface issues.

Group 2B

This equipment is specified, procured and delivered by the Authority, but installed by SP. The Trust in collaboration with the relevant procurement frameworks will seek to further enhance the standard framework terms and conditions to include a stronger commercial link with the MiM Project Agreement.

Group 2C

This equipment is specified, procured by the Authority but delivered and installed by the SP. The Trust in collaboration with the relevant procurement frameworks will seek to further enhance the standard framework terms and conditions to include a stronger commercial link with the MiM Project Agreement.

The project procurement documents cover a set of principles in relation to this element of equipping (The SP letter confirms these principles (see appendix **FBC/MC7**).

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Group 3

This equipment is provided and commissioned by the Authority. This breaks down into 3 principle groups:

- **IRS Equipment:** as described above, the IRS equipment co-ordination and installation (mainly Group 2a) will be overseen by the IRS Implementation Board.
- **Furniture and Fittings:** due to the interface with interior design, the Authority design team will oversee the procurement and installation of this element.
- **Miscellaneous equipment including FM equipment:** the Authority equipment team will oversee the procurement and commissioning of this category. It will require co-ordination with the furniture and fittings workstream.

Group 4

This equipment group is predominantly low-cost equipment that often does not have a requirement for fitting or are consumable in nature. This equipment is the responsibility of the Trust to specify and procure. Some Group 3 and 4 equipment will be suitable to transfer.

Group 5

All Group 5 equipment is equipment, that is being transferred from the existing VCC and is further split into two subgroups 5A and 5B

- **5A** – The Authority is responsible for the delivery and installation, via a sub-contractor eg IRS Linacs.
- **5C** – SP is responsible for the delivery and installation and initial technical commissioning eg CT SIMS.

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Management of Programme Interdependencies

- 2.30 There are a number of key programme interdependencies that need to be managed to ensure successful delivery of the nVCC Project. This relates especially to the major equipment interface.
- 2.31 These, and other dependencies, currently sit under the TCS Programme overseen by the TCS Programme Delivery Board (PDB). This arrangement has been in place from the inception of the nVCC planning. However, Velindre is currently refreshing these governance arrangements to reflect new Board Structures set out in Table 8 below, as the Trust moves into the implementation phase of the programme:

Table 8 – TCS Governance future arrangements

Strategic Capital Board (SCB) (former PDB)	Velindre Futures
Project 1 – Enabling Works	Project 3a IRS (Implementation)
Project 2 – nVCC	Project 4 – RSC (Clinical Service model only)
Project 3a – IRS (Capital aspects only)	Project 5 – Outreach (Clinical Service Model)
Projects 3b & c – Equipment (Clinical and Non-clinical)	Project 6a – Design of nVCC Clinical Model
Project 4 – RSC infrastructure only	Project 6b – nVCC Clinical Model delivery
Project 5 – Outreach (Capital aspects only)	Nuffield Recommendations for VCS
Projects 7 – VCC Decommissioning	
<i>Digital (content and scope TBC)</i>	
Project 6c Transition to nVCC (to report into both VF and SCB)	

- 2.32 The interdependencies and project alignment will be reviewed monthly against the Master Programme, with regular risk reviews and exception reporting also being undertaken.
- 2.33 The Integrated Assurance and Approval's Plan (IAAP) (see appendix **FBC/MC4**) allows the nVCC Project Board and overarching TCS Programme Delivery Board to coordinate key deliverables and Programme interdependencies with the required levels of scrutiny and governance.

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- 2.34 In order to maintain co-ordination and alignment of these connected initiatives the nVCC Leadership Team have direct links into both projects. The overarching Programme Plan, which includes the nVCC Project, identifies the connections between each Project and the critical path of dependent activities. All the Project Directors are members of the current TCS Programme Delivery Board.
- 2.35 The design of the IRS Project (and the resultant IRS Contract) relates to all facilities. The project also supports the maintenance of operational services at the existing Cancer Centre through the transitional period into the new operating arrangements. Interfaces between each of the projects are monitored and risks managed at both project and programme level. The current TCS Programme Plan sets out the critical interdependencies between the respective Projects within the TCS Programme, this is regularly reviewed for alignment and to ensure that the respective projects are on track.
- 2.36 The nVCC Project also interfaces with projects within Velindre's service change initiative the Velindre Futures Programme, where there are also critical interdependencies.

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3 CHANGE CONTROL AND CHANGE MANAGEMENT

Introduction

3.1 This section of the Management Case sets out the approach to change control and change management.

Change Control

3.2 The Change Control process is managed by the Project Management Office (PMO). The Change Control administration comprises of:

- Change Control Management Document - which gives guidance of version control in regard to documents and the change control procedure;
- Change Management Log - captures all version controlled PMO documents/products;
- Change Form - formal process staff are required to follow to request change to a version-controlled document/products; and
- Change Log - this captures all change requests.

3.3 The Project Team, and external contractors, are expected to comply fully with the Change Control Procedure.

Change Management Principles

3.4 The Change Management principles of the framework are to:

- Recognise the need to maximise the benefits of the change for patients, who should be at the heart of the changes made;
- Take advantage of the time required to complete the development to start the change process immediately and avoid risks related to a 'big bang' approach;
- Test and prove the changes through careful piloting of any aspects of the new models and processes that can be implemented before the new facility is finally commissioned;
- Work in partnership with staff and other stakeholders both within and outside VCC to engage all those involved in the delivery of care in the change process; and
- Focus on staff skills and development required so staff are both capable and empowered to deliver healthcare effectively and to a high-quality standard in the new facility through new models of care.

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The Project Change Management Approach

- 3.5 The PMO has designed a change management approach that encompasses the framework and principles outlined above.
- 3.6 The change management process was implemented alongside the development of the OBC.
- 3.7 Where proposed changes to service impact on the workforce, the NHS Wales Organisational Change Policy will apply. This document makes clear the onus upon the service to consult with staff affected and their individual employment rights.

The Change Management Plan

- 3.8 A Change Management Plan will be developed. Once the FBC has been approved, three actions will occur:
- The Core Plan will be reviewed to identify other relevant areas that need to be included;
 - Detailed plans will be developed for each of the tasks in the Core Plan; and,
 - A change timetable will identify the high-level milestones.
- 3.9 Table 9 below sets out the core plan and the main tasks identified to date.

Table 9 - Change Management Plan

Area	Planned tasks
Planning phase	<ul style="list-style-type: none"> ✓ Appoint key Project roles and Change Managers, confirming responsibilities and leadership ✓ Confirm stakeholders and interested parties both within and outside VCC ✓ Develop core plan in more detail, identifying high level milestones for the Change Management Plan, mapped to the overall Project Plan ✓ Confirm involvement of HR, managers and other individuals/groups in the process
Communications and stakeholder engagement	<ul style="list-style-type: none"> ✓ Confirm communications lead and protocols (route and timing of approval of communications) ✓ Develop communications routes, including face to face briefings bulletins, intranet pages ✓ Formulate and agree key communications messages against high level milestones ✓ Set up stakeholder map and engagement plan ✓ Launch change Programme ✓ Ongoing communications work

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Area	Planned tasks
Training and development	<ul style="list-style-type: none"> ✓ Complete detailed workforce planning to identify 'shadow' structures, roles and competencies for those roles ✓ Work with staff through workshops and other training to clarify the workings of the new Service Models and how these will impact in practice ✓ Identify training and development required to fulfil roles and competencies ✓ Develop training plan, aligned to pilot work and overall milestones in implementation plan ✓ Link training and development into communications plan
Piloting	<ul style="list-style-type: none"> ✓ Identify and confirm areas where piloting of new models and practice will be implemented ✓ Confirm schedule of pilot work, mapped against high level project and change management milestones ✓ Agree feedback arrangements from pilots and how this links into training/development, communications and overall change management plan ✓ Execute pilots, feedback and report progress
Full Implementation	<ul style="list-style-type: none"> ✓ Identify scheduling/phasing of full implementation at VCC ✓ Using results of piloting and training work, develop detailed implementation and transition plan, mapped to project phasing ✓ Discussion and agreement with key staff ✓ Execute implementation and transition plans

- 3.10 Detailed planning to manage the transition of the current service and operations at the existing Velindre Cancer Centre to the new site will form the basis of a dedicated project (Project 6c Service Transition) under the direction of the Director of Transformation.
- 3.11 Project 6c reports jointly to both the Velindre Futures Programme Board and Strategic Capital Board to ensure alignment and consistency of planning.
- 3.12 A comprehensive Transition Plan will be developed as part of this project.
- 3.13 Assurance of the transition process will also be provided via a Gate 4 Review: Readiness for Service which will be undertaken after the project has been approved as ready for service.

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4 EXTERNAL ADVISORS

- 4.1 This section sets out the external consultant arrangements that support the delivery of the nVCC Project and their respective roles.
- 4.2 The contract management arrangement for external advisors is set out in the Procurement Section of this Management Case.
- 4.3 Table 10 below sets out the Project’s external advisory team:

Table 10 - External Advisors

Technical Advisors

Consultant	Roles and Responsibilities	Trust Lead
MDA Limited	Engineering design advice and services	Project Director
JCA Limited	Architectural advice and services	Project Director
Phil Roberts	Design and sustainability consultancy	Project Director
Mott MacDonald	Facilities Management and Energy advice	APD
Hulley & Kirkwood	Mechanical Engineering advice and support	APD
Macgregor Smith	Provide Landscape advice and support	APD
Phil Jones	Environmental design support	APD
Urbanists	Planning advice for the nVCC and associated access	APD
WSP	Civil and Structural engineering support	APD
Simon Fenoulhet	Arts consultancy	APD

Professional Advisors

Consultant	Roles and Responsibilities	Trust Lead
Pricewaterhouse Coopers	Financial and modelling advice	APD
DLA Piper	Provide legal and procurement advice	APD
Willis Tower Watson	Provide specialist insurance advice and services	APD
Archus UK Limited	Business Case and economic modelling services	APD
Faithful & Gould	Cost consultancy	APD

Other Advisors

Consultant	Roles and Responsibilities	Trust Lead
Down to Earth	Environmental design and community benefits advice	APD
Channel 3	Digital advice and support	APD

*APD – Assistant Project Director

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5 USE OF SPECIALIST ADVISORS WITHIN NHS WALES

5.1 The nVCC Project utilises a number of specialist advisors provided via the NHS Wales Shared Services Partnership (NWSSP) and other areas of the NHS in Wales.

5.2 These include the following:

- NWSSP – Specialist Estates Services;
- NWSSP – Procurement Services;
- NWSSP – Legal and Risk Services;
- Health Education and Improvement Wales (HEIW); and
- Digital Health and Care Wales (DHCW)

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6 EXTERNAL PROJECT SCRUTINY AND ASSURANCE

6.1 To provide project assurance, a range of external reviews and audits will take place. These fall into the following categories:

- Gateway Reviews or Project Assurance Reviews;
- Commercial Approval Points (Mutual Investment Model); and
- Internal Audit.

Gateway Reviews

6.2 The Infrastructure Projects Authority (IPA) Gateway Review process examines Projects at key decision points in their lifecycle. As part of this process, an independent expert team assesses the delivery confidence of a Project or Programme.

6.3 The different gates are identified below in Table 8 and are as follows:

Table 8 - Gateway Review Themes

Gate	Scenario
0	Strategic Fit (Programmes Only)
1	Business Justification
2	Delivery Strategy
3	Investment Decision
4	Readiness for Service
5	Operations Review and Benefits Realisation

Commercial Approval Points (CAPs)

6.4 The Welsh Government MIM assurance framework includes Commercial Approval Points (CAPs).

6.5 A CAP considers the impact of project-specific commercial factors in relation to:

- Affordability;
- Value for Money;
- Deliverability; and
- Commercial and compliance aspects of a Project.

6.6 The sequence and stage of Commercial Approval Points (CAP's) are set out in the Table 9 overleaf.

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Table 9 - CAP Sequence

Description of Procurement Activity	CAP No.
Pre OJEU	1
Pre-Competitive Dialogue	2
Mid Dialogue	3
End of Dialogue	4
Pre-Financial Close	5

Internal Audit

- 6.7 NHS Wales Shared Services Partnership provides Internal Audit services to Velindre. The nVCC Project forms an integral part of the Trust’s annual audit cycle due to its significance to the organisation.
- 6.8 There is a continuous stream of Internal Audit reviews of the Project and Internal Audit attend the nVCC Project Board.
- 6.9 Table 10 below sets out the audit and assurance reviews that have been undertaken on the nVCC Project to date. A Gate 3 review “Investment Decision” is due to coincide with the Welsh Government scrutiny of this Full Business Case (see appendix **FBC/MC8** for Welsh Government Gate 2 (Critical Friend Review) report undertaken in April 2018).

Table 10 - Assurance Reviews Summary and Outcomes

Assurance Review	Stage / Title	Date	Outcome
Commercial Approval Point	1	February 2021	Proceed
	2	July 2021	Proceed
	3	February 2022	Proceed
	4	May 2022	Proceed
	5	Feb/Mar 2023	tbc
Gateway	1	N/A*	N/A*
	2	January 2017	Amber
	2 (Critical Friend Review)	April 2018	Amber
	3	Feb/Mar 2023	tbc
	4	tbc	tbc
	5	tbc	tbc
Internal Audit	MIM Procurement	June 2022	Substantial Assurance

Note * - Gateway 2 in January 2017 was the first gate review of the project.

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7 PROCUREMENT AND CONTRACT MANAGEMENT

Introduction

7.1 This section of the Management Case describes the Trust’s approach to managing the procurement of the nVCC. It will cover the following areas:

- The managerial and governance approach to delivering a successful MIM Competitive Dialogue process;
- Scope of all procurements relating to nVCC;
- The management and oversight of the construction period; and
- The Trust’s organisation to manage contractual arrangements during the operational phase.

Procurement Scope

7.2 The overall scope of procurements required to deliver the nVCC are outlined in Table 11.

Table 11 – Scope of Procurements

Project	Procurement Arrangements
Construction of nVCC	Supported by NWSSP – Procurement Service and External Advisors Route OJEU/FTS Process 1. Project Agreement and Procurement Documents; 2. Competitive Dialogue; 3. Preferred Bidder
Clinical and Non-Clinical Equipment	Supported by NWSSP – Procurement Service and Capital Equipping Team Route OJEU for Integrated Radiotherapy Solution Procurement (<i>See Radiotherapy solution PBC</i>) Other Major Equipment (OJEU or Framework)
IM&T	Supported by NWSSP-Procurement Service and Capital Equipping Team Route Exploit existing IM&T Frameworks

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New Velindre Cancer Centre (nVCC)

- 7.3 The nVCC will be funded, procured and maintained via Welsh Government's MIM. This model has a standard form Project Agreement (PA) which requires the Trust to personalise it (within agreed parameters) to meet the needs of the specific nVCC Project.
- 7.4 As outlined in the Commercial Case, the nVCC launched the procurement via an Official Journal of the European Union (OJEU)/ Find a Tender Service (FTS) advertisement.
- 7.5 The method of procurement was via a Competitive Dialogue process where bidders competed against one another to improve on a reference design. Final tenders were submitted from the bidders and Acorn consortium was selected as the Successful Participant (SP).
- 7.6 The Acorn consortium team includes Kajima Partnerships, Sacyr, Aberdeen Investment, and Kier Facilities Services.

Method and Approach

Process to Financial Close

- 7.7 Following appointment of the SP, Acorn and Velindre are working together to secure the following:
- Determination of Reserved Matters;
 - Completion of Design to Stage 3;
 - Completion of competent set of enabling works;
 - Refinement and completion of PA;
 - Confirmation of financial and commercial terms;
 - Funder sign-off.
- 7.8 Following these actions, the Trust and Acorn will execute a Financial Close and sign the PA.

Contract Management during Construction

- 7.9 The Successful Participant will develop agreed plans for the nVCC, have submitted a Reserved Matters application in October 2022 and will commence construction after Financial Close.
- 7.10 Due to the size and complexity of the build there will be the need to consider the management of change controls throughout the construction. Issues will

arise, whether these are simply points of clarity, unforeseen design challenges, or omissions in the original design. The Project Agreement makes provision for the formal notification of changes during construction.

- 7.11 All change controls and early warnings must follow the specified governance arrangements which will remain in place for monitoring and approval purpose throughout the construction, post-construction and evaluation phases.
- 7.12 To fully control this process the Trust has purchased the Asite sharing portal which was successfully used during the procurement phase. It is proposed Asite will be used to manage all construction change controls as it is a fully auditable system that allows for the mark-up of architect's drawings, recording early warning notifications and compensation events.
- 7.13 The Trust will provide an internal team to liaise and monitor the performance and delivery of the MIM contractor:
 - i) The nVCC Project Director (supported by the Project Team) will be accountable for managing all change controls during construction, post-construction and evaluation phases and early warning notifications, thus ensuring the best possible balance of time, cost and quality is achieved.
 - ii) The team will meet regularly with the MIM contractor to review:
 - a. Programme;
 - b. Change Controls;
 - c. Compliance with external site restrictions imposed;
 - d. Equipment Commissioning;
 - e. Medical Equipment Commissioning; and
 - f. The Independent Tester / Certifier reports.
- 7.14 The Trust will support the team by the appointment of:
 - i) The Trust's Legal and Financial Advisors (to advise on any change controls or early warning notifications).
 - ii) A "Shadow Design" team (to provide engineering, architectural and design consultancy advice) who will be at the Trust's disposal during the construction period to advise on any change controls or early warning notifications.
 - iii) The Trust will also have access to Shared Services, Specialist Estates Services to provide input into any issues around the Technical functionality of the Design, as and when required, and to provide assurance during the commissioning of the hospital facility working with / alongside the Independent Tester/ Certifier.

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Role of the Independent Tester / Certifier

- 7.15 The project will use an Independent Tester / Certifier in accordance with the MIM guidance, which is set out in Schedule 13 of the Project Agreement. The Project Agreement specifies the certification requirements, informed by lessons learned from other major schemes such as Edinburgh Schools.
- 7.16 The role of the Independent Tester / Certifier is to ensure that the project meets completion tests in accordance with the requirements of the contract. The Authority Construction Surveyor will monitor the quality of the work and align closely with the Independent Tester.
- 7.17 It is a core requirement of Welsh Government that a specialist team of advisers are in place to provide additional levels of assurance. They will undertake an appropriate level of due diligence during the design and construction of the hospital to ensure all aspects are being delivered in accordance with the requirements and terms of the Project Agreement.
- 7.18 The level of due diligence to be applied will be determined through an informed assessment of the associated risk and the implications of non-compliance.
- 7.19 The team structure will be developed around the core structure in Figure 1 to ensure robust contract management, record keeping, reporting, escalation and communications protocols are in place:

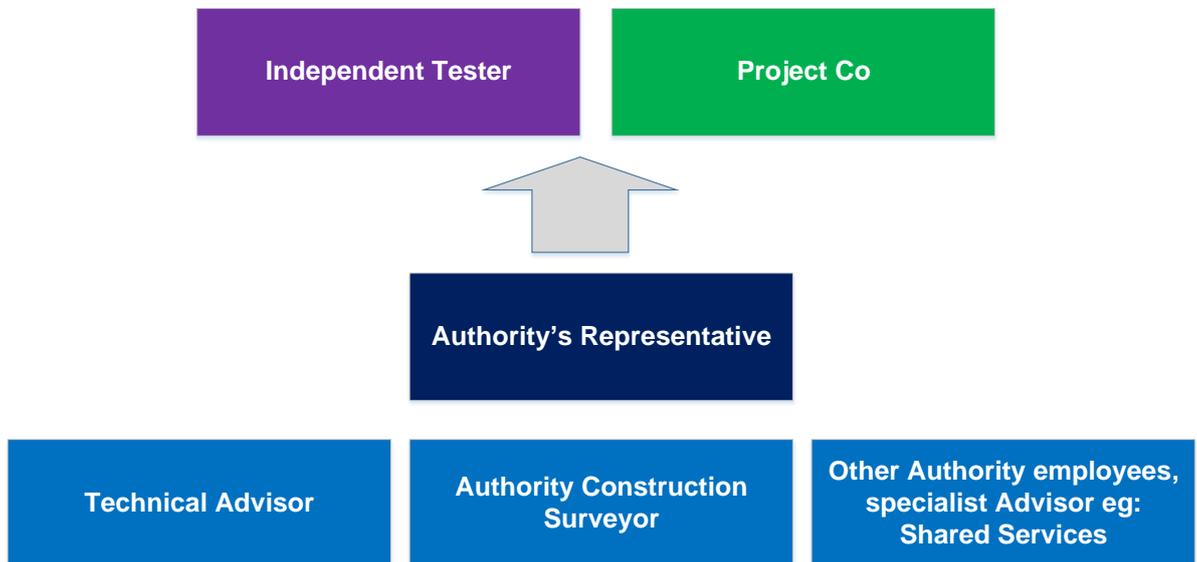


Figure 1 - Structure around Independent Tester / Certifier

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In-life Contract Management

- 7.20 The Trust has assessed the anticipated requirements of the In-life Contract Management and has formulated a management structure that will ensure the effective management of the operational contract to ensure it is efficient, effective and achieves optimal performance. The Trust has identified the competence and capacity to achieve this, which is set out in Appendix **FBC/MC9**.
- 7.21 The Trust has recognised that the implementation of this new way of working will require a change in functional capability and structure within the Trust. The Trust will ensure that the knowledge, capacity and expertise to manage the contract and hold the supplier to account is provided through dedicated individuals within the new management team.
- 7.22 The roles of the team will vary from individuals with technical knowledge of the delivery of services, through to individuals with the knowledge and experience of contract management and have the appropriate and suitable negotiation skills to ensure that the contract is run to its optimal level.
- 7.23 The Team will be supported by external advisors (as and when required) and agreed reports from the Independent Tester. This will be in addition to the continuous support from colleagues in NWSSP Specialist Estates Services.
- 7.24 The management of the contract will be mindful of the agreed standards and the monitoring regime required to comply with:
- i) Schedule 12, the Service Level Specifications.
 - ii) Thermal Energy and Efficiency Testing Procedure (Green Credentials).
 - iii) Building Information Modelling (BIM) requirements.
 - iv) Community Benefits.
 - v) Change Procedures.
 - vi) Hand back Procedures.
 - vii) Helpdesk performance
- 7.25 The in-life management team will be fully conversant with the administration and application of the pay mechanism associated with the contract. Agreed protocols for deductions or increases will be agreed with the Welsh Government prior to implementation.
- 7.26 The management structure will ensure continuous liaison with colleagues in the Welsh Government, to develop protocols around medium to large change procedures within the contractual agreements of the MIM contract and to report on the effective and efficient delivery of the contract.

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8 nVCC PROJECT PLAN

Introduction

8.1 This section sets out:

- The Project Stage Boundaries;
- Project Planning Methodology;
- High Level Planning Assumptions; and
- Estimated Construction Timeline.

8.2 All Projects are effectively split into stages; these stages often reflect the key activities that are being undertaken during the defined time period. Stage Boundaries provide useful review and authority to proceed to points in the Project.

8.3 The nVCC Project comprises five defined stages that are described in the Figure 2 below that illustrates an estimated timeline.

Project Stages	Q4 2020	Q1 2021	Q2 2021	Q3 2021	Q4 2021	Q1 2022	Q2 2022	Q3 2022	Q4 2022	Q1 2023	Q2 2023	Q3 2023	Q4 2023	Q1 2024	Q2 2024	Q3 2024	Q4 2024	Q1 2025	Q2 2025	Q3 2025	Q4 2025	Q1 2026	Q2 2026	Q3 2026	Q4 2026			
Design & Planning (Stage 1)	PS1																											
Procurement & Enabling (Stage 2)			Project Stage 2																									
Construction (Stage 3)										Project Stage 3																		
Commissioning & Operational (Stage 4)																					PS4							
Consolidation & Closure (Stage 5)																								PS5				
* Table in calendar years / quarters	Q1 - January to March Q2 - April to June Q3 - July to September Q4 - October to December																											

Figure 2 - Project Stage Boundaries

Project Planning Methodology

8.4 To achieve a baseline Project Plan major areas of delivery have been scoped and estimated timescales have been derived with advice from the Trust's technical advisors and Welsh Government colleagues. This has allowed baseline activity durations to be developed. This planning process, based on estimated "earliest time to complete" has allowed the development of a baseline Project Planning position.

8.5 This project planning methodology has not had any adjustment for optimism bias or schedule risk analysis and therefore provides an optimistic project timeline.

8.6 The key milestones of the nVCC Master Programme and enabling projects are outlined in Table 12 overleaf.

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Table 12 - nVCC Project – Key Milestones (Quarters refer to *calendar year not financial year*)

Key tasks	Target Completion Date	Complete
Planning Application for the nVCC approved by Cardiff City Council's Planning Committee	December 2017	✓
nVCC OBC approved by commissioners	April 2018	✓
nVCC OBC approved by Trust Board	July 2019	✓
nVCC OBC submitted to Welsh Government	July 2019	✓
Asda's Development Agreement approved by Welsh Government	December 2019	✓
Pre-procurement activities: Issue Prior Information Notice (soft market testing) for nVCC Project	January / February 2020	✓
Asda planning process "triggered"	February 2020	✓
nVCC Project Agreement and Procurement Documents approved	February 2020	✓
Planning Application for Asda (access) approved by CCC	September 2020	✓
SRO requests CAP1 for nVCC Project	Quarter 4 2020	✓
Planning Application for Asda access - Reserve Matters and Judicial Review completed	Quarter 4 2020	✓
Welsh Government scrutiny of nVCC OBC completed	Quarter 4 2020	✓
Welsh Government scrutiny of Enabling Works OBC completed	Quarter 4 2020	✓
Easements and land matters (excluding Utilities) complete	Quarter 1 2021	✓
nVCC CAP 1	Quarter 1 2021	✓
Ministerial Approval of nVCC OBC	Quarter 1 2021	✓
Ministerial Approval of Enabling Works OBC	Quarter 1 2021	✓
nVCC OJEU publication issued	Quarter 1 2021	✓
ITPD Issued	Quarter 3 2021	✓
ITSFT Issued	Quarter 2 2022	✓
Enabling Works – Phase 1	Quarter 1 2023	✓
nVCC Competitive Dialogue concludes (Financial Close)	Quarter 1 2023	
Commencement of nVCC construction	Quarter 2 2023	
nVCC open (First Patient)	Quarter 3 2025	
nVCC Fully Operational after Transition	Quarter 4 2025	

Construction Timeline

- 8.7 The construction timeline has been developed by Acorn. The current construction timeline is 25 months; this overall timeline includes handover of the Imaging Block to happen after 22 months, followed by 5 months of major equipment commissioning. The first patients will be treated at the nVCC in Quarter 3 2025; however other non-clinical areas will still be being finalised up until the 27-month timeline (see appendix **FBC/MC10**).

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8.8 Figure 3 below sets out the Project plan for Construction and Commissioning.

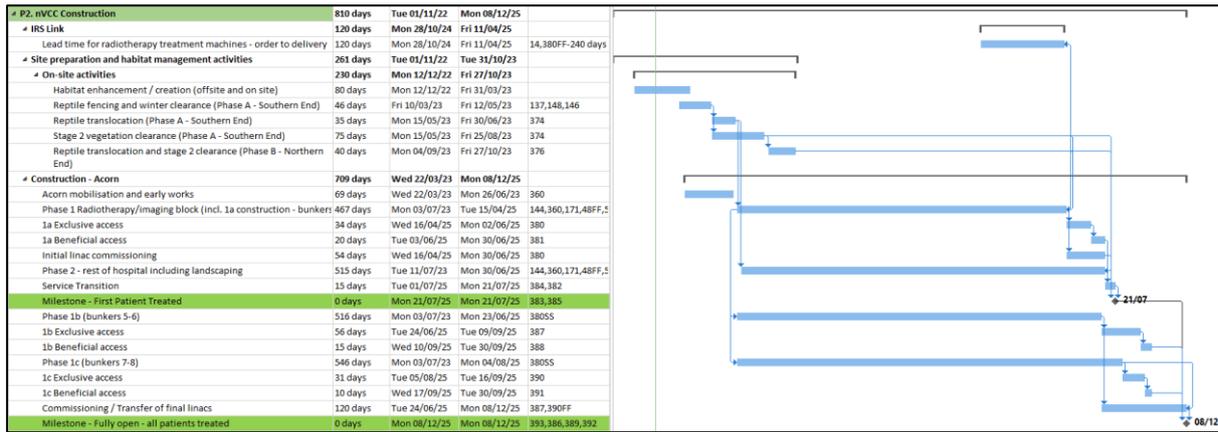


Figure 3 - The Project Plan for Construction and Commissioning

8.9 The Trust is continually reviewing the Master Project Plan for the nVCC Project, part of the TCS Programme, and is in regular contact with the Welsh Government and key stakeholders regarding this matter (see Appendix **FBC/MC11**). There are a range of potential risks that could threaten the current timeline that are currently being mitigated.

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9 BENEFITS REALISATION AND ARRANGEMENTS FOR POST-PROJECT EVALUATION

Introduction

- 9.1 This section of the Management Case will describe how the Trust will manage the delivery of the benefits associated with the nVCC Project.
- 9.2 The Outline Business Case outlined the approach to quantified benefits. The quantification of benefits relating to the nVCC include macro benefits / societal benefits from the wider TCS Programme but only where they can be directly attributable to the re-provisioning of the Velindre Cancer Centre, or care pathway attributed to Velindre as an organisation. The Full Business Case assesses the validity of these benefits.

Wider Project Success Measures

- 9.3 The project has recognised that benefits of successful implementation of the nVCC Project extend further than those articulated/directly quantified in the Economic Case. The project also recognises the value of prospective evaluation (i.e., not waiting until after the Project is complete). This has led the nVCC Project and the TCS Programme Delivery Board to design a dynamic process to evaluate a set of 34 success measures that cover:

- Design outcomes
- Quantifiable benefit outcomes
- Community benefit outcomes
- Commercial outcomes
- Process

- 9.4 The nVCC Project Initiation Document includes details of these benefits, outcome descriptors, SMART measurement methods, and data sources. They are drawn from the project vision and objectives articulated in the Outline Business Case, Procurement Documents, and the Design Brief.

Dynamic Evaluation and Post-Project Evaluation

- 9.5 The nVCC Project has established a Research, Development and Innovation (RD&I) group which will lead on the dynamic evaluation of the project during its lifetime as well as facilitating additional benefits arising from the project.
- 9.6 The RD&I group has already launched a range of projects in partnership with local research institutions. The RD&I group will continue to launch projects during the construction, commissioning and bedding-in phases of the project. The current projects (November 2022) are appended (see **FBC/MC12**).

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- 9.7 The project will capture the results of this evaluation process in a Benefits Register. The project will build this register throughout the stages of the project and disseminate learning to all interested parties. The register will include the quantified benefits analysed in the economic case as well as the wider benefits (see **FBC/MC13**).
- 9.8 The RDI group reviews the projects in delivery, future opportunities and the project list at its monthly meetings.
- 9.9 The RD&I group reports into the nVCC Project Board.
- 9.10 Once the project has completed the construction phase, it will undertake a Gate 5 review to review this work.
- 9.11 The nVCC Project Director will be responsible for delivery of the post-project evaluation (PPE). The Assistant Project Director will be responsible for day-to-day oversight of the PPE process, reporting to the nVCC Project Director.

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10 COMMUNICATION AND ENGAGEMENT

Introduction

- 10.1 Following the development of the Programme Business Case and the nVCC Outline Business Case, the project developed a communication and engagement strategy (Appendix **FBC/MC14**).
- 10.2 The strategy identified a list of key stakeholders including the following groups:
- Patients, families and carers;
 - Staff and staff representatives;
 - Health Boards;
 - Higher Education Institutions;
 - Potential strategic/commercial partners;
 - Local community groups;
 - The Local Authority;
 - Local Politicians; and
 - Welsh Government Ministers.
- 10.3 The project issues monthly update reports on engagement. The Project Team presents these reports to the Project Board.
- 10.4 The Programme Team incorporates the project engagement plans into an overall Programme report.
- 10.5 As part of the approach to Future Generations, the Project Team has referenced all the project activities and objectives to the Future Generations Act.
- 10.6 The project has tied the Future Generations objectives including method and depth of engagement into its RD&I workstream.

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11 RISK MANAGEMENT PLAN

Introduction

11.1 This section of the nVCC FBC sets out the Projects approach to risk and issues management and presents:

- Risk Management Overview;
- Issue Management and Risk Management Philosophy;
- Recording and Assessment of Risk;
- Risk Management Framework;
- Responsibility for Managing Risk Registers;
- Risk Mitigation;
- Review and Escalation of Risk; and
- Current Risk Register.

Risk Management Overview

11.2 The nVCC Project utilises its governance structure and arrangements to ensure the effective management of risk. The governance structures allow for risks to be escalated from project groups and subgroups, through to the nVCC Project Board, Strategic Capital Board (which replaces the PBD) and onto the TCS Programme Scrutiny Sub-Committee and / or the Trust Board as appropriate.

11.3 All risk registers (which are present in all levels of the nVCC project) are regularly reviewed and updated. A monthly risk report is presented at the nVCC Project Board and Strategic Capital Board. This risk report will highlight new risks, the movement in existing risks and issues and where appropriate it will recommend the closure of resolved risks or issues. Risks and Issues are escalated to the Strategic Capital Board, if applicable.

11.4 The TCS Programme Scrutiny Sub-Committee, upon receiving the nVCC risk register (via the SRO), will consider if the mitigating actions are sufficient and if the identified risks are receiving the right level of treatment. The TCS Programme Scrutiny Sub-Committee will consider the escalation of nVCC Project Risks onto the Trust Risk Register as appropriate, using Datix. The remainder of this section sets out the detailed management of risks and issues.

Issue Management and Risk Management Philosophy

11.5 The nVCC Project Board's philosophy for managing risks is by adopting a holistic approach, seeing effective risk management as a positive way of achieving the project's wider aims. The nVCC Project Board regards risks as the mirror opposite of benefits. Inadequate risk management would therefore reduce the potential benefits to be gained from the delivery of the nVCC Project.

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11.6 Effective Risk Management supports the achievement of wider aims, such as:

- Effective Change Management;
- Enhanced use of resources;
- Better Project Management;
- Minimising waste and fraud; and
- Innovation.

11.7 The Project utilises the Trusts' Risk Management Framework to systemically identify, actively manage and minimise the impact of risk. This is achieved by:

- Identifying possible risks before they manifest themselves and put stringent mechanisms in place to minimise the likelihood of them materialising with adverse effects on the project;
- Putting in place robust processes to monitor risks and report on the impact of planned mitigating actions;
- Implement the right level of control to address the adverse consequences of the risks if they materialise into issues; and
- Having strong decision-making processes supported by a clear and effective framework of risk analysis and evaluation.

11.8 Once risks are identified, the response for each risk will be one or more of the following types of action:

- **Prevention**, where countermeasures are put in place that either stop the threat or problem from occurring, or prevent it from having an impact on the project;
- **Reduction**, where the actions either reduce the likelihood of the risk developing or limit the impact on the project to acceptable levels;
- **Transfer**, where the impact of the risk is transferred to the organisation best able to manage the risk, typically a third party (e.g., via a penalty clause or insurance policy, or contractual responsibility);
- **Contingency**, where actions are planned and organised to come into force as and when the risk occurs; and
- **Acceptance**, where the nVCC Project Board decides to go ahead and accept the possibility that the risk might occur, believing that either the risk will not occur or the potential countermeasures are too expensive. A risk may also be accepted on the basis that the risk and any impacts are acceptable.

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- 11.9 The nVCC Project Board will adopt a proactive approach to the identification, assessment and management of risks throughout the whole project lifecycle. The effective management of risk and the prevention of issues arising will support the timely delivery of the nVCC Project, by preventing delays, avoiding costs and ensuring quality is upheld.
- 11.10 The management of nVCC Project risk will be in accord with the principles of the Trust's Risk Management Policy.

Recording and Assessment of Risk

- 11.11 The nVCC Project will have a Risk Register, which will be updated with all new identified risks being assessed. All risks will have an individual identifier, an assigned owner and be scored using the standard impact v likelihood criteria to ascertain the risk-rating colour.
- 11.12 It is worth reiterating that as set out in the Commercial Case a number of the risks associated with the MIM procurement will be wholly either transferred or shared with the Successful Participant partner.
- 11.13 In developing the preferred solution, the Project Management Office examined three categories of risks for each option. These are set out in Table 13 below, together with a summary of how these were assessed.

Table 13 - Risk areas

Area	Description	How assessed
Capital Risks	Capital risks relate to unknown or unidentifiable factors that increase the cost and time of the project construction.	Qualitative and quantitative risks assessed by Quantity Surveyor and / or through workshops.
Optimism Bias	Optimism bias is the demonstrated Systemic tendency for appraisers to be over optimistic about key project parameters. This creates a risk that predicted outcomes do not fully reflect likely costs	Standard methodology to identify extent of optimism bias, with mitigating factors confirmed through nVCC Project assessment
Revenue Risks	These are risks relating to everyday management encompassing cost and activity as well as external environmental factors	Risks identified, with quantitative and qualitative assessment through workshop

- 11.14 The risk values for the shortlisted options were identified and evaluated as part of the assessment process in choosing the preferred option in the Economic Section. Although the focus of this section is on the approach to managing the risks of the preferred solution, the scope of Risk Management will continue to cover all three areas of risk.

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Risk Management Framework

- 11.15 Velindre University NHS Trust have designed a Risk Management Framework that focuses on identification, reporting and management of risk.
- 11.16 The Project Management Office (PMO), led by the nVCC Principal Project Manager (PPM), will oversee the operation of the Risk Management Framework and will be the Risk Management Lead for the Project. It will be the responsibility of the PPM to coordinate the Risk Management Sub-Group and to liaise with project's risk champion to ensure individual risk owners actively manage risk mitigations
- 11.17 Although overseeing the Risk Management Framework the PPM will not be responsible for the actually taking forward risk mitigating actions (this will be the nominated risk owner). The risk management roles are set out in Table 14 below.

Table 14 - Risk Management Roles

Role	Responsibility	Reporting & accountability
Risk Management Lead	Manages the process for identifying and addressing risk, maintaining the risk register on a day-to-day basis	SRO and Project Board
Risk Management Sub-Group	Brings together key risk owners to co-ordinate the identification and assessment of risks plus the management of key risks	Project Team and Project Board
Risk Owner	Individual or group responsible for developing and implementing risk mitigation measures for individual risks they are responsible for	Risk management lead and Risk Management Sub-Group

- 11.18 The Trust has recognised and acted upon its responsibility for leading effective risk management throughout each stage of the nVCC project. This is particularly important at FBC stage, to ensure that the risks associated with the preferred solution have been identified and addressed. The paragraphs below set out the work completed to date, demonstrating the proactive approach to risk management.

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Responsibility for Managing the nVCC Project Risk Register

- 11.19 The nVCC Project Director is accountable for ensuring that there is robust and proportionate risk management for all their accountable projects. To do this it is important that the relevant information on risk is available. The responsibility for managing the nVCC Project Risk Register lies with the nVCC Principal Project Manager who will review the Risk Register and where necessary hold Risk Reduction Meetings as and when required. Otherwise, the Risk Register will be issued monthly with updated changes.
- 11.20 The Risk Register will be updated and reviewed continuously throughout the course of the nVCC Project lifecycle and capture the following information for each risk:
- Risk Register Risk number (unique within the Register);
 - Risk type Author (who raised it);
 - Date identified;
 - Date last updated;
 - Description (of risk);
 - Likelihood / Impact;
 - Interdependencies (between risks);
 - Expected impact;
 - Cost;
 - Bearer of risk;
 - Mitigating actions; and
 - Risk status (action status).
- 11.21 All the risks identified in the Strategic Case and Economic Case sections of the nVCC Project must be accounted for within the nVCC Project Board Risk Register (see Appendix **FBC/MC15**).

Quantification of Project Risks

- 11.22 The build of quantified risk has been developed in a number of areas within this FBC. Capital risks have been completed as part of the capital risks utilising expert advice from advisors such as PWC.

Mitigation of Risk

- 11.23 The nVCC Project Board risk register will be formally reviewed monthly at the Project Board meetings. All Project Groups and Sub-Groups will also have their individual risk registers. All Risk Registers must have mitigating actions associated with them. All risks will then be re-evaluated after considering the effect of the mitigating actions, resulting in a post mitigation risk score.

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Review and Escalation of Risk

- 11.24 The Project Groups and Sub-Groups will consider and mitigate risk and maintain those, which can be actively managed by the Sub-Group. However, when a risk is deemed so potentially severe post mitigation that it could affect the overall delivery of the nVCC (to time, cost or quality) the risk will be escalated to the nVCC Project Board for more senior oversight. The nVCC Project Board will manage risk that directly affects their prescribed deliverables. The members of the nVCC Project Board will review the Risk Register at each meeting adding, reassessing, escalating or closing risks as necessary.

Issue Management

- 11.25 Issues are Risks that have materialised. Similar to risk, the nVCC Project Board will hold an Issues Register and follow the same escalation path (see Appendix **FBC/MC16**).
- 11.26 All issues should have an owner and an allied action plan, will be reviewed during all nVCC Project Board meetings, and are categorised as high, medium and low priorities.
- 11.27 Issues will be regularly reported to the nVCC Project Board and escalated to the TCS Programme Scrutiny Sub-Committee and Trust Board as appropriate.
- 11.28 Issues that are outside the scope or authority of the nVCC Project Board will be referred to the Strategic Capital Board and / or the Trust Board as appropriate.

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12 APPENDICES

For Information

The following Appendices are available in support of this Case:

Appendix Reference	Title
FBC/MC1	Project Management Structure – Roles and Responsibilities
FBC/MC2	TCS Project Governance Arrangements by Committee or Board
FBC/MC3	nVCC TCS Programme Scrutiny Sub-Committee, Programme Delivery Board and Strategic Capital Board – Terms of Reference
FBC/MC4	Integrated Assurance and Approvals Plan
FBC/MC5	Digital Activity Plan
FBC/MC6	Key Clinical Equipment Outline Commissioning Programme (KCEOCP) – <i>Acorn's draft submission on 16.01.2023,</i>
FBC/MC7	Successful Participants Clarification Issues
FBC/MC8	Welsh Government Gate 2 Report (NB - Gate 3 to follow)
FBC/MC9	In-Life Contract Management Role and Responsibilities
FBC/MC10	Acorn Construction timelines
FBC/MC11	MIM Project Plan
FBC/MC12	Benefits Realisation and Project Evaluation
FBC/MC13	Benefits Register
FBC/MC14	Communication and Engagement Plan
FBC/MC15	Project Board Risk Register (February 2023)
FBC/MC16	Project Board Issues Register (February 2023)

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