

# ANNUAL PLAN

## 2021 - 2022

FINAL VERSION Approved at PTHB Board 29 June 2021

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## Foreword

This is an extraordinary Annual Plan, following what has been an extraordinary year. The global pandemic has turned all of our lives upside down and made us live and work very differently. This is true of the way in which the development and delivery of health care has taken place. A focus on urgent and emergency care, including for those with the Covid-19 virus, enabling essential service to operate whilst changing some of them to ensure safety in a Covid environment and establishing new services such as testing and tracing and the vaccination service has been critical. The achievement of the health service over the last year has been incredible; supported and underpinned by tremendous partnership with communities, the voluntary sector, and the local authority. It is this strength of community and working together that is such an asset for Powys in moving forward. This Annual Plan draws on the experience of the last year and aims to set out the critical priorities for the coming year.

The pandemic is still here. Whilst the rates of the virus in Powys are the best they have been for six months, there are variants under investigation and variants of concern that have emerged in recent months, which are more transmissible and potentially increases in case rates can occur much more rapidly. The hugely successful vaccination programme is helping to both reduce the risk of serious disease and death from the virus and helping to ease transmission. Over half of the eligible population had received their first dose of vaccine at the start of the year in April 2021 and all eligible adults are being offered their vaccine by the end of July. Vaccination remains one of the major mechanisms in reducing the impact of the virus. Focus on testing and tracing is another. A broader, critically important range of testing approaches, such as asymptomatic testing, will help identify where the virus is in order that swift action to reduce spread can occur. Both of these services are of extremely high quality and effectiveness here in Powys and this acts as a foundation for moving forward.

Whilst services have been significantly disrupted through the pandemic, the health board has committed to the provision of 'Essential Services'. Healthcare staff and patients/service users alike have however had to adapt quickly to different approaches to accessing and delivering services. The use of digital technology, phone and email access and provision has increased the ability of the health service to support patients; more often than not receiving extremely positive feedback. Where 'face to face' services have been provided, the environment of care has had to change to accommodate the safety measures required. It must be acknowledged that this has caused challenges and both staff and patients/service users have needed to be flexible and patient. It has also meant that the numbers of people being seen has been more limited, sometimes leading to longer waiting times and making access to care and support more difficult. Some people may also not have come forward to access advice when they have had worrying symptoms where in 'ordinary' times they would have been less hesitant to seek support. All of these issues are critical in planning a way forward through the pandemic and beyond.

This Annual Plan seeks to take a step by step approach in order to focus on the critical priorities moving forward that will have the greatest positive impact for the people of Powys. Step One is a reflection on what has been learnt by the health board during the pandemic so far. This helps to understand where there have been areas of positive development and where improvement is needed. Step Two focuses on understanding the impact the pandemic has had on the population of Powys. Using an evidence-based approach to determining critical priorities should mean that most effort is spent in ways that will make the most difference in areas of most need. There are truly enormous needs that are identified as a result of the pandemic, the issue of inequity and health inequalities standing out particularly strongly. Step Three outlines the current position of health service provision for patients/service users and communities. This includes information on how long

people are waiting for access to services, particularly planned care appointments and operations, but also support with for example mental health, therapy services and other key health service support. Step Four draws together the evidence from the previous three to form critical priorities for the year ahead. These undoubtedly include the continuation of the measures to manage the pandemic, particularly the Test, Trace, Protect service and the Covid Vaccination service. Alongside this is the further acceleration of the provision of essential and routine services, recognising the current access challenges brought about by the pandemic. Steps Five and Six outline the proposals and actions developed to make a positive change for and with the people of Powys.

It is essential however that the future does not look like the past. So much has been learned during the pandemic, some of which has been surprising, highly valuable and to be embraced. The health service with partners and specifically with patients/service users/carers/citizens and communities can develop better ways of providing access to high quality healthcare. Self and supported care approaches, structured and with an emphasis on shared decision-making enables people to focus on wellbeing and take action themselves on improving their health. Digital care and support is transformative, resulting in more rapid and accessible service provision, as well as providing opportunities for more efficient and effective working arrangements. An increased focus and capability of service provided in peoples own homes, rather than in hospitals or other residential settings had led to significantly improved outcomes and reduced risk of acquiring healthcare related harm. Innovation, trying new things, improving ways of working and adapting to new challenges has been key. The agility and drive shown by the health service and partners has been astonishing and really must underpin the recovery and renewal of our work moving forward.

For very many people especially NHS staff the challenges of the last year, and the prospect of the work needed for recovery and renewal, must seem exhausting. Staff across the NHS and no

doubt in other partner sectors are tired. Their unstinting work, in extremely difficult circumstances, has led to a greater need than ever before to put wellbeing at the heart of being able to recover and renew. Whilst as Chair and Chief Executive we have taken the opportunity many times to say thank you to staff across local health services, active support and focus on wellbeing is a key priority for us both. Wellbeing also includes the ability to be involved in how services develop to meet the needs of our population; how the organisation itself develops and operates and how individuals can thrive through their work in the health board. The commitment to working in partnership with Trade Unions is fundamental across this Annual Plan.

Finally, the pandemic will leave us all changed as individuals and will leave the health board changed. However, our core Values and Principles, developed by our workforce and stakeholders, resonate stronger than ever.

Work in developing this Annual Plan has highlighted that our health and care strategy 'A Healthy, Caring Powys', developed with the people of Powys stands us in remarkably good stead moving forward. The key opportunity in this renewal effort is delivering those commitments that will truly make a positive difference to health and wellbeing across Powys.

Thank you for all that you will do to be a part of this moving forward.



Professor Vivienne Harpwood (Chair)

A handwritten signature in blue ink, appearing to read 'V Harpwood'.



Carol Shillabeer (Chief Executive)

A handwritten signature in blue ink, appearing to read 'Carol Shillabeer'.

# Chapter 1: Introduction

## Planning Ahead 2021/2022

This Annual Plan has been developed with a Six Step approach to capture the learning, the new challenges and the enormous innovation that happened over the past year.

**STEP 1: Assess the learning and reflections** on the course of the pandemic and how the health board and partnerships responded

**STEP 2 Understand the latest evidence** on the impact of the pandemic (direct and indirect) for the population, taking account of national and international horizon scanning/ evidence

**STEP 3 Assess the position** in relation to access to health services, including extended waiting times being experienced by a significant number of patients

**STEP 4 Identify critical priorities and outcomes** for 2021/22 and potentially beyond

**STEP 5 Develop proposals** to meet those outcomes, recognising investment may be required

**STEP 6 Formulate an Annual Plan** for 2021/22

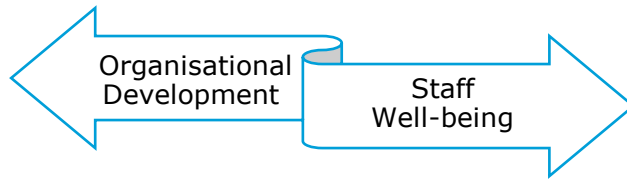
A comprehensive evidence review and position assessment has been carried out to ensure that the Plan reflects what matters most for the people of Powys in 2021 / 2022 and beyond.

Sources of intelligence used for this report include:

- An Evaluation of the New Ways of Working commissioned by PTHB (Danielle Sapsford, 2020)
- Latest evidence regarding the impact of the Pandemic (Catherine Woodward, 2021)
- Findings of the NHS Staff Survey 2020
- PTHB Report of Learning from Digital Innovation
- Strategic Gold Command Intelligence
- Demand and Capacity Analysis; Performance Analysis (Commissioned and PTHB Provided Services) & Minimum Data Set
- Welsh Government Technical Advisory Group Policy Modelling Update 12 February 2021
- NHS Wales Planning Framework; Supplementary Information and Circulars
- NHS Wales Recovery Plan and Clinical Framework
- NHS Wales National Programmes including Planned Care & Primary Care
- NHS England National Recovery Planning
- Community Health Council National and Local Reports on Patient Experience
- Powys County Council Report on Covid Impact
- Kings Fund Disaster Recovery Model & Resource
- International Research including WHO & OECD
- Studies on Covid impact and inequalities including Nuffield Trust, Health Foundation, UK and Wales Children's Commissioner, Public Health England
- Rural, remote and at risk: why rural health services face a steep climb to recovery from Covid-19 (Nuffield Trust 2020)

A summary of the key references and links to all sources can be found in the Supporting Information.

# Strategic Framework 'Plan on a Page'



**Covid Response**

**Covid Prevention and Response**  
 Test, Trace and Protect  
 Management of Outbreaks and Incidents and high risk settings  
 Data and Surveillance  
 Regional resilience arrangements  
 Communication  
 Remobilisation

**Covid Vaccination Programme**  
 Delivery in line with National modelling and supply in Mass Vaccination Centres, Primary Care and other settings as required  
 Local Clinical Model, Clinical Delivery and Handling  
 Booking and Administration

**Essential Healthcare**

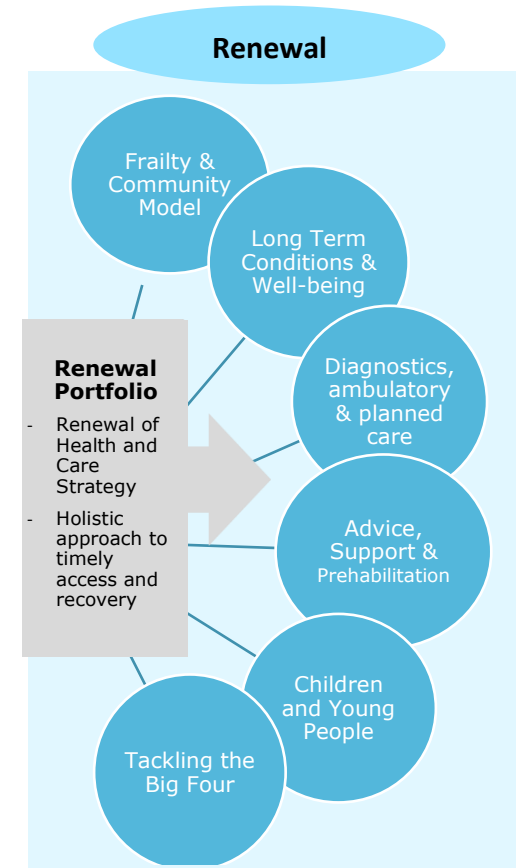
**Wellbeing and Prevention**  
 Health Improvement and Promotion; Childhood Immunisation and Flu; Screening; Third Sector

**Primary and Community**

- Essential Healthcare
- Planned and Routine Care
- Urgent and Emergency Care
- Primary Care & Cluster Plans

**Regional DGH and Specialist**

- Alignment with Neighbouring / System Plans, EASC and WHSSC
- Alignment with NHS Wales and NHS England Recovery Planning and Clinical Frameworks



Enablers

## Chapter 2 – Strategic Context

### Step 1 - Learning and Reflections

There have been great challenges over the past year and these are still continuing in relation to responding to the Covid-19 pandemic and its impacts for people in Powys.

There has also been a rapid acceleration in innovation to face this challenge head on. This has included the development of new tools, techniques, skills and ways of working together.

An **Evaluation of Ways of Working** was commissioned by the health board to understand the changes and the impacts, benefits, values and challenges of these.

This was a comprehensive exercise to gather deeper insights and included feedback from individual staff, teams and groups.

A number of themes emerged:

- **Virtual contact** brings benefits for patients and service users with increased flexibility, choice and access;
- There are opportunities for further adoption and scale such as personal wearables and remote monitoring; but there are challenges with connectivity
- There has been more support for **self-care**, promoting independence and ownership for patients and carers and staff have developed skills which can be shared further

*"Effective health care and services are not dependant on the ability to see clients in person, alternative approaches can increase client satisfaction, ease of access and increase the provision available."*

- The shift to **remote communication** has been well received, leading to easier contact and **collaboration** with wider team members and partners across geographies, although access and equipment issues can cause frustration

- There is a **critical role for IT** and resource for support, infrastructure, equipment and systems and training
- A high value is placed on **effective communication** especially well filtered information that supports safe and compliant practice, staff engagement and perception of value at work
- **New ways of working** bring benefits including productivity, work life balance and well-being but there can be a risk of isolation; clarity on policy and practices will be key
- **Redeployment** has been positive for upskilling and working relationships but has caused anxiety for some, clarity and equity of opportunity will be important going forward
- **Culture** is a key theme in its broadest sense encompassing:
  - leadership and management
  - value and recognition
  - staff health and well-being and behaviour
- Most people reported a **positive experience at work**, pride and feeling that they matter
- Great **adaptability and strength** has been shown with services often going the extra mile
- There is a strong and renewed sense of **shared commitment** and greater sense of the work 'community'
- There is a **drive for quality improvement and innovation**
- A clear message was communicated to maintain streamlined **decision making and governance**

*"Information Technology support has been exceptional and I applaud their commitment to keeping us all working as well as possible... there needs to be more investment in IT and that includes the people with the knowledge to provide the support"*

- There was clear learning on [preparedness](#) including Personal Protective Equipment (PPE), IT, procedures, skills and capabilities for crisis.
- There is a wish to maintain and build the momentum to ensure readiness to meet needs of service users.

*"The level of care that I have witnessed from all staff - domestics, kitchen, Health Care Assistants, nurses, therapy staff and doctors has been second to none. it has made me proud to work for the health board and to be able to call them my colleagues"*

The [NHS Staff Survey 2020](#) was offered to all staff and the health board had the highest response rate across health boards in Wales with 29% responding. It is recognised that this means that 71% did not respond and this is an important area of future focus, to keep encouraging engagement in these feedback mechanisms so that the organisation can hear and understand the experiences of its staff. Nonetheless, it was the highest engagement score of any health board in Wales and that indicates that it was a good response in the circumstances.

The key findings are noted on this page, with significant improvements in areas such as engagement and motivation, whilst recognising a need for improvement in some areas and a focus on culture, communication, management and team working.

The need for time out to reflect, recover and build working relationships was highlighted.

There is a clear message to build on the innovation and streamlined ways of working and to build in time to recover. This requires action across the whole organisation using the [Compassionate Leadership Approach](#), [Healthy Working Relationships model](#) and [Organisational Development Framework](#).

## NHS Staff Survey 2020 (Powys Teaching Health Board Staff)

### Staff motivation and enthusiasm

- 93% of staff happy to go the extra mile
- 80% enthusiastic about their role which is a 7% improvement
- 63.3% stated they look forward to going to work
- 68.9% feeling they are able to make changes which is a reduction of 8.1% from the 2018 survey
- 59.9% take time out to reflect and learn which is a reduction of 3.1%

### Friends and Family recommendation

- 59.9% happy with the standard of care if offered to a friend or relative – a reduction of 4.2%

### Bullying and harassment

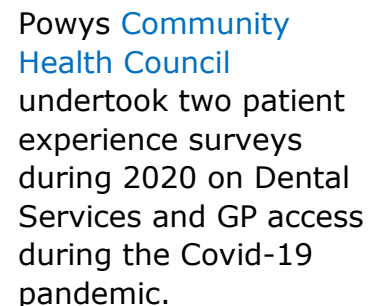
- 91.4% said they had not been bullied, abused or harassed by their line manager
- This is an improvement of 8.4% since the last survey
- 90% said they had not been bullied, abused or harassed by a member of the public
- 45.6% believed the organisation manages bullying, harassment or abuse effectively

The diagram features a central purple circle with the text "Stakeholder Engagement". Surrounding this central hub are six rounded rectangular boxes, each containing a specific activity. The boxes are arranged in a circular pattern around the center. The colors of the boxes are: light blue (top-left), dark green (top-right), light green (middle-right), yellow (bottom-right), orange (bottom-left), and dark blue (middle-left).

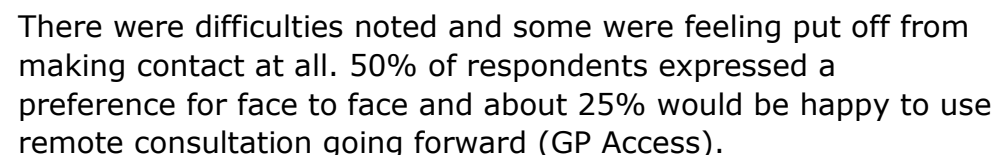
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graph TD; A((Stakeholder Engagement)) --- B[Proactive engagement ahead of significant announcements e.g. SaTH CQC]; A --- C[Regular MS Teams briefings for elected members]; A --- D[Significant programme of reactive support & communication]; A --- E[Communication packs provided on key campaigns e.g. South Powys Pathways, COVID testing]; A --- F["Live Events" on key issues e.g. South Powys Pathways / Clinical Futures]; A --- G[Maintain partnership relationships through RPB, PSB, LRF, CHC and wider partners];
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**Stakeholder Engagement**

- Proactive engagement ahead of significant announcements e.g. SaTH CQC
- Regular MS Teams briefings for elected members
- Significant programme of reactive support & communication
- Communication packs provided on key campaigns e.g. South Powys Pathways, COVID testing
- "Live Events" on key issues e.g. South Powys Pathways / Clinical Futures
- Maintain partnership relationships through RPB, PSB, LRF, CHC and wider partners



Both reports note positive comments about patients' experience and the importance of these front line services.



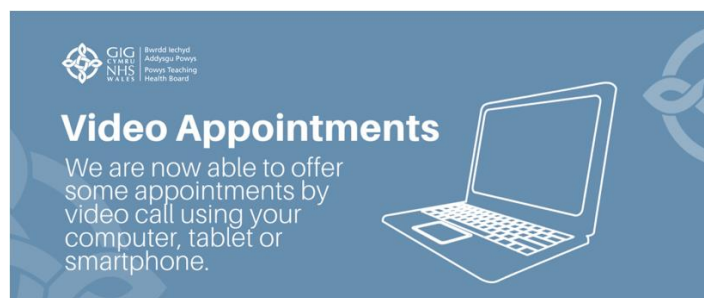
The health board have put in place comprehensive communications and engagement to follow up on the recommendations and wider evidence in relation to hesitancy or difficulties contacting services.

9

There is also a wealth of learning from the acceleration of the **Digital** rollout which enabled care to be delivered where otherwise it would not have been possible to do so.

Powys has been innovative with **virtual visiting** across 8 hospital sites meaning people could still keep in contact with their loved ones in spite of the Covid restrictions.

**Virtual appointments** have been implemented using 'Attend Anywhere' (an online tool for making a video call).



In North Powys a further initiative is launching in July supported by volunteers co-ordinated by PAVO (Powys Association of Voluntary Organisations). This will provide telephone support to help access virtual services and a dedicated hub and support for those who are unable to access services at home.

Consultant Connect has also been introduced and further enhances the digital offer, enabling the clinicians themselves to access consultant advice through virtual means. It has helped to reduce unscheduled admissions and referrals, enabling patients to have support as early as possible, with much more rapid access to specialist advice. It bridges the gap for the patient between the GP and the consultant.

Whilst not suitable for all contacts, virtual appointments and advice provide an invaluable new means of support for some patients. There has been positive feedback in relation to both patient experience and clinical practice.

A range of benefits are reported by service users:

- It can help them be more connected
- It can feel less judgemental and more comfortable
- Much more convenient than travelling to appointments

There have also been some issues with connectivity and equipment and there is a clear need to build the infrastructure, capacity and equipment in this area.

It is not suitable for all types of appointments and there are restrictions on clinical examination and interaction so it is not intended to replace appointments but to provide an alternative.

- There are around 250 consultations a week supported by the use of Attend Anywhere in Powys (and around 5000 taking place weekly across Wales)
- 6000 virtual consultations took place between June 2020 and April 2021 in Powys
- This tool is being used across a range of services supporting patients with differing needs:
  - 40% of appointments were for Therapies support
  - 36% for Mental Health support
  - 12% for Women and Children
  - 5% to provide Secondary Care
  - 5% as part of the Virtual Wards
  - 2% of appointments were for Pain and Fatigue Management, Public Health and Community Dentistry

Further information on the use of Attend Anywhere is being provided online to support people in accessing it and to help explain what it is and how to use it. This is available at <https://pthb.nhs.wales/services/virtual-and-online-services/>

## Step 2

### Latest Evidence

There is consensus that the impact of the pandemic will be felt for many years, with a complex effect on health, well-being and inequalities.

The Technical Advisory Group to Welsh Government have noted some harms are not possible to predict with precision and the strength of evidence is variable and evolving.

The World Health Organisation describes three phases of impact with increasingly critical areas of risk which include serious mental health issues and suicide, increased alcohol consumption, chronic ill-health and further excess morbidity and mortality. There will be differing effects between groups, with both positive and negative impacts on health, behaviours and the 'wider determinants of health'.

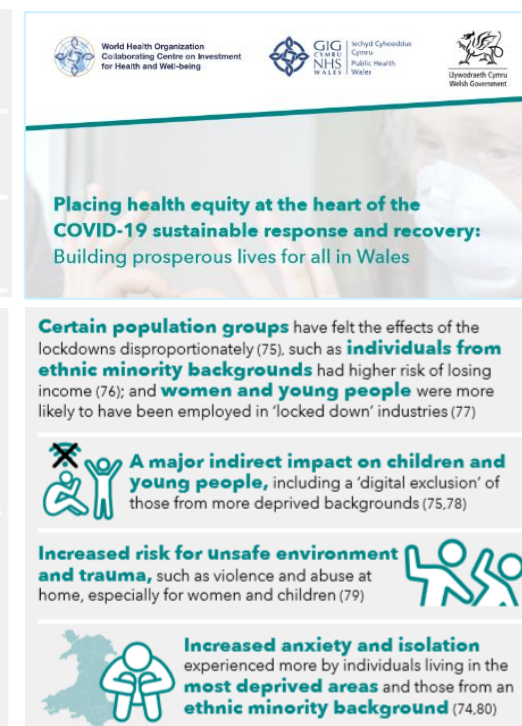
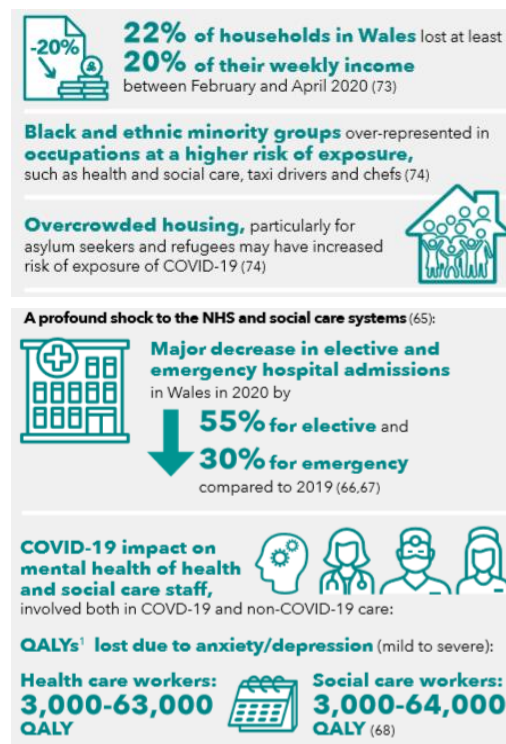
Various sources refer to a 'syndemic' impact, meaning there is a cumulative effect for those with existing health conditions and a clear social gradient in how this is experienced.

Research points to particular impacts on children and young people and other vulnerable groups. There is a clear correlation with existing inequalities of all types – across all boundaries including ethnicity, gender, age and sexuality.

(Refer to the Supporting Information for a summary of key sources and a full list of links).



The report 'Placing health equity at the heart of the Covid-19 sustainable response and recovery' (The Welsh Health Equity Status Report, 2021) sets out the wider socio-economic impact in Wales:



Importantly, despite the catastrophic consequences of Covid, the report also emphasises the **profound interdependence between population and community well-being** and that the pandemic has opened a window of opportunity to adopt and accelerate new approaches and solutions to achieve healthier and more resilient people, societies and economies.

The health board commissioned a report to understand the issues and the impact locally. Current projections are noted below (baseline of 2019/2020 - impact in 2022/2023):

- The proportion of working-age adults limited a lot by long-standing illness will increase from 18.1% to 24.4%.  
In Powys this is 4,719 more adults.
- The proportion of working-age adults with musculoskeletal problems will increase from 17.1% to 19.4%.  
In Powys this is 1,723 more adults.
- The proportion of working-age adults with heart and circulatory problems will increase from 12.8%, to 15.5%.  
In Powys this is 2,023 more adults.
- The proportion of working-age adults with respiratory problems will increase from 8.2% to 10.6%.  
In Powys this is 1,797 more adults.
- The proportion of working-age adults with endocrine and metabolic problems will increase from 7.9% to 10.9%.  
In Powys, this is 2,247 more adults.
- The proportion of working-age adults with mental health problems will increase from 8.8% to 11.9%.  
In Powys, this is 2,322 more adults.

Evidence relating to the impact of the Pandemic, (Catherine Woodward, 2021).

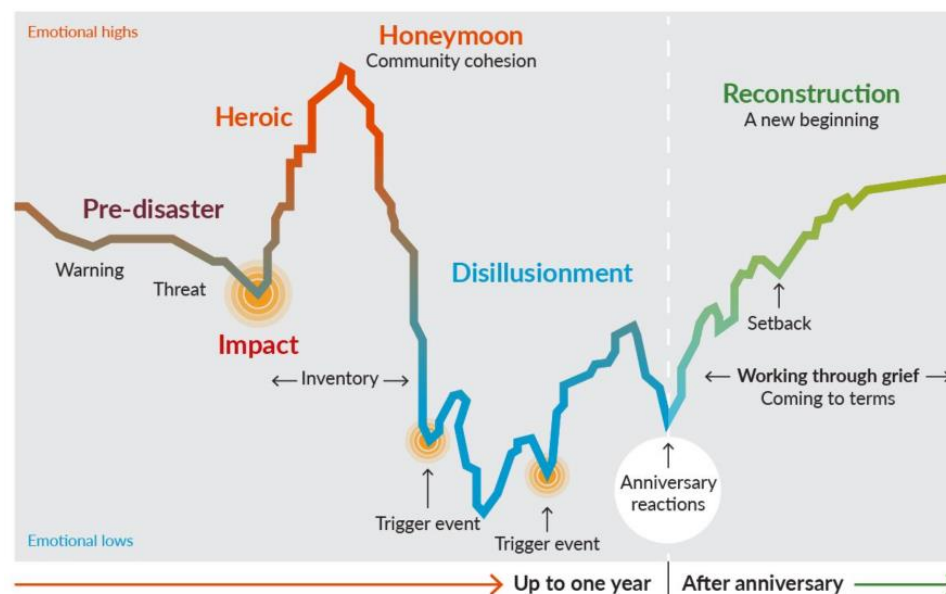
The health board is not facing these challenges alone and has drawn on international evidence on recovery to understand the content for this Annual Plan.

The Kings Fund have identified insights from recovery work globally. Their key finding is that recovery should focus on understanding what individuals and communities need to cope with the impacts of a disaster, and be in a better position to withstand the next one.

The Kings Fund note four priority areas:

- Mental Health
- Community need
- Not leaving anyone behind
- Collaboration

The disaster recovery model shows the process will be a 'long haul' over 10–15 years and progress will not be linear.



## Step 3

### Assess the Position

The Annual Plan is responding to much greater complexity, difficulty and risk than ever before in its history as an organisation. But it is also set in the context of accelerated innovation and a pivotal moment in history.

The scale of the challenge in relation to people waiting for diagnostics, treatment and care and the backlog created by the pandemic is a critical new dimension across all transformation programmes and all priorities in this plan.

It is a challenge which will not be met by existing approaches or existing resources, it will require radical new solutions founded in a value based healthcare approach, nationally, regionally and locally. We need to change the currency from 'waiting times' to experience and outcomes for those waiting. This will build on existing prioritisation based on risk and potential harm.

The health board has commenced important work on renewal, led by Clinical Executives, as part of the Annual Plan, starting with the first tranche of schemes for immediate action. In parallel work is underway to identify the longer term key actions for renewal and ensure alignment with the plans of other health boards in Wales and neighbouring systems in England.

The renewal priorities and proposals are informed by the evolving learning and evidence. The response will adapt as the phases of the pandemic change, responding not only to the immediate short term problems of longer waiting times and backlogs in healthcare, but also to the experiences and concerns of those waiting for care. Central to this will be building the most effective ways of working both as a provider, and collaboratively as a commissioner to meet those needs now and in the future.

The renewal priorities and proposals are informed by the evolving learning and evidence. They seek to respond not only to the immediate short term problems of visibly longer waiting times and backlogs in healthcare, but to understand the experience for people who are waiting for care, in the context of lives which are fundamentally changed now and for the future.

### Demand and Capacity

Powys has a complex set of healthcare pathways spanning England and Wales. Powys residents access District General Hospital and Specialist Care from a range of providers with the largest activity into Shropshire and Herefordshire. The analysis of demand and capacity is multi-dimensional including:

- Population Healthcare Demand Trends
- Strategic Demand and Capacity analysis
- Commissioned Services
- Directly managed Provider Demand and Capacity Planning

Significant changes in demand were seen in 2020 across Wales and the rest of the UK as a result of the pandemic. Communications were developed nationally and locally to promote access and demand is restoring.

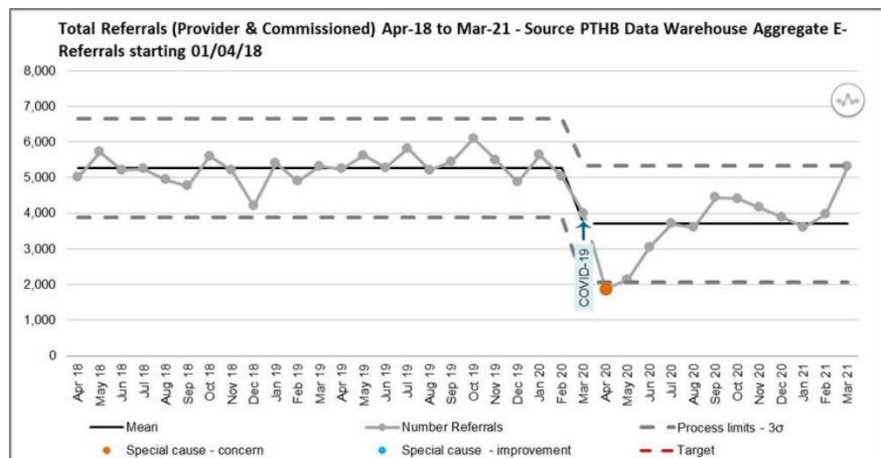
Health board essential services have been maintained throughout the pandemic, albeit with a reduction in the capacity available, due to infection prevention and control measures. Alternative means of delivery such as digital have helped to keep services available to patients, although the means of access has changed.

Waiting times have increased due to the changes in healthcare to respond to the pandemic. The waiting times position is critical across directly managed and commissioned services.

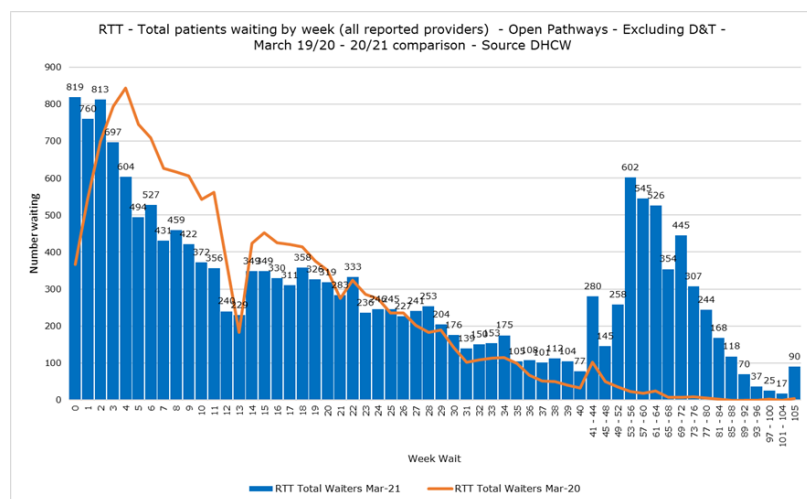
For the latest position on the health board's Performance please refer to Board papers at <https://pthb.nhs.wales/>

## Summary of Key Performance Indicators

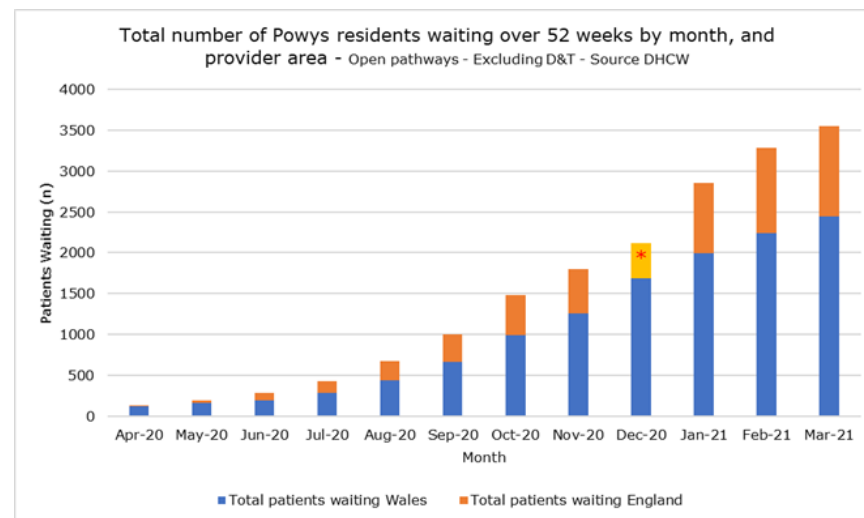
- ❖ The table below shows the significant initial drop in referral demand, the restoration up to September 2020, the impact of the second wave and the recovery following that:



- ❖ The following provides total patients waiting by week across all reported providers from March 2020 showing the impact of service suspension and reduction of entrants to pathways:



- ❖ A significant number are waiting longer than 52 weeks:



NB. Data for Shrewsbury and Telford Hospital incompletely submitted to DHCW for December 2020 (therefore the data showing at the column marked with a red dot lower than actual, this does not affect overall trend or later figures).

- ❖ The key specialities of concern are the same areas for both Welsh and English providers:

1. Trauma & Orthopaedics
2. Ophthalmology
3. General Surgery

- ❖ There are also concerns in other areas including cancer where early detection is vital.
- ❖ Risk management of referrals and waiters, to provide the most rapid and equitable care possible at this challenging time.

## Covid Modelling / Surge Planning

### National Modelling

Whilst the rates of Covid cases and infections are at the lowest level since the pandemic, modelling remains important to scope potential future scenarios and inform strategic and operational planning including any projected need for surge capacity.

A key source of modelling is from the Wales' Technical Advisory Cell (TAC) which is a group of experts that provide technical advice and updates to Welsh Government. It considers emerging outputs from SAGE (the UK Government Scientific Advisory Group for Emergencies); Welsh modelling forecasts and situation reports. The forecasts are provided for NHS Wales, Local Resilience Forums and Strategic Co-ordination Groups as well as external stakeholders.

The advice is updated periodically and includes briefings on the latest modelling of Covid-19 at a Wales level. Further information on the role of TAC and the most recent updates are available at <https://gov.wales/technical-advisory-cell>.

The modelling approach used by the Technical Advisory Cell is based on work carried out by Swansea University examining scenarios for the pandemic in Wales. It considers infections and harms directly related to Covid-19 up to March 2022. There are a number of key uncertainties within the model notably the level of adherence to social distancing and other restrictions; the impact of vaccines on transmission; the impact of new variants; and, the possibility of waning immunity. Some of these uncertainties are examined by varying model parameters. The modelling does not include effects of waning immunity or antigenic drift.

The key modelled scenarios are the Most Likely Scenario (which as suggested by the name is the scenario the TAC considers most likely to occur) and the Reasonable Worst Case Scenario. The Reasonable Worst Case Scenario is typically used for planning purposes to ensure preparedness for the worst case scenario.

### Local Modelling and Surge Planning

In Powys, the national modelling has been used as a guide in quarterly and winter planning, and surge planning as a component of that approach, and has been updated as part of the development of the Annual Plan and Minimum Data Set.

Local modelling utilises the nationally available intelligence, underpinned by:

- An evidence based approach, utilising national and international data, policy and technical guidance
- Regular review to ensure any new modelling is considered as it is released to take into account new scenarios and emerging Covid-19 variants under investigation or concern
- Robust local surveillance and intelligence including R value and other Covid Situation Analysis
- A collaborative approach building on regional working across England and Wales
- The Minimum Data Set\* trajectories and alignment

\*The Minimum Data Set is a spreadsheet that is required to be completed as part of the Annual Plan submission to Welsh Government and provides an assessment of our demand and capacity in key areas of delivery including Test, Trace and Protect, Core Services, Workforce and Finance. Partner organisations also provide information relating to Ambulance and Screening services.

To date surge capacity has been planned and delivered in Powys through the existing health board infrastructure. This has proved to be sufficient, during both non peak and peak times in 2020/21. Preliminary plans were also drawn up for additional capacity which remain available if at any point it becomes necessary to revisit those, although that is not currently considered to be a likely scenario in line with the modelling intelligence.

## Chapter 3 – Strategic Priorities

The immediate priorities remain:

- The maintenance of essential healthcare across both directly managed and commissioned services and
- the response to Covid-19

In addition, this plan sets out renewal priorities that has been agreed during Quarter 1.

There remains uncertainty about the nature and presentation of the pandemic during 2021/ 2022 therefore the approach will remain fluid and responsive.

The renewal priorities have been developed further during Quarter 1, taking the approach of 'value based health care' which resonates with the Powys principles of 'do what matters' and 'do what works', considering in depth the outcomes for the patients and their carers and families and the evidence base on effective pathways and interventions.

Key to this ambition is ensuring a better understanding of the clinical pathways used by Powys patients across England and Wales and working with clinical networks and national bodies to secure clinical outcome data to plan, implement, review and refine our approach.

This is especially important in those areas of care which are critical to life such as the 'big four' in Powys and those which are most challenging to access in the context of the recovery from the impacts of the pandemic.

There is an immediate need to both manage access, address risk for patients and carers, reducing and mitigating harm and addressing the sustainability of clinical services.

## Staff Recovery and Wellbeing

Staff recovery and well-being is a core consideration in this Annual Plan.

The health board has defined the Values that underpin the organisation's structure, processes, people and culture.

These have been developed by people who work in the health board and its stakeholders. They resonate even more strongly now and will be part of the organisational well-being and development for 2021/2022 and beyond.

This includes the refresh of the Organisational Development Framework, to take into account the learning and reflections from the past year and the ambition and challenges ahead in balancing the ongoing response to the pandemic with recovery and renewal. The strong 'social partnership' with the trade unions has been key during the year and will provide an important source of balance and support.



## Guiding Principles

A set of principles have been developed with staff, partners, patients, carers and stakeholders as part of the long term Health and Care Strategy. During the development of the Annual Plan, these came to the fore, setting the parameters for the agreement of meaningful priorities and they will be used to test and refine our approaches as the plan is implemented.



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.



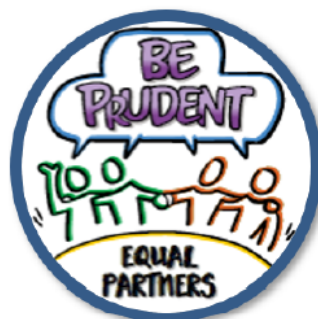
We will focus resources on those with greatest need for help and support, in a way that looks ahead to future generations.



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.



We will ensure people have fair access to specialist care and to new treatments and technologies, helping to deliver a more equal Powys and recognising rural challenges.



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.



We will work with individuals and communities to use all of their strength 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.



Prevention and Response Plan and Covid Vaccination Plan developed in line with evidence base internationally and nationally and compliant with clinical and professional guidelines and national policy.



Covid Prevention & Response and Vaccination Programme remain highest priorities and are life critical / essential to preservation of life.



PTHB has developed an approach of 'Leaving No-one Behind' to ensure that those groups and individuals in Powys who are most vulnerable are able to access covid prevention and response services.



Covid Prevention & Response and Vaccination remain highest priorities as reflected in the plans for workforce, digital and finance and the balance of delivery against operational delivery and renewal priorities.



The two component programmes include targeted action to address need and ensure equitable access for communities, including additional measures and access points where hotspots or low take up is identified.



Collaboration has been key to the success of the Covid Prevention & Response and Vaccination programmes; it builds on strengths across all sectors of the community, volunteers and key partners.

### What will this achieve?

- The Health Board, working with partners in Public Health Wales and Local Authorities, will deliver a robust Test, Trace, Protect (TTP) programme in 2021/22.
- Delivery of the Mass Vaccination Programme to meet national milestones including ensuring all eligible adult population is offered a first dose by 31 July 2021.

### Key Actions (Refer to Delivery Plan for detailed milestones)

#### Delivery of Prevention & Response Plan 2021 – 2022

- Delivery of the Powys Prevention and Response Plan. To include:
  - Delivery of the local Testing Plan encompassing symptomatic testing, asymptomatic screening and antibody testing using PCR (polymerase chain reaction), Lateral Flow Devices (LFD) and new technologies.
  - Delivery of Contact Tracing
  - Provide regional co-ordination to the Powys Test, Trace and Protect service
- Influence public to follow public health guidance and requirements
- Review and update relevant civil contingencies and business continuity plans in light of learning from the Covid-19 response and remobilisation as required in response to Covid rates / cases

#### Delivery of COVID-19 Vaccination Plan 2021 - 2022

- Delivery of the Covid Vaccination Programme in line with National Covid-19 Vaccination milestones and emerging requirements.
- This will encompass strategy & governance, clinical model & delivery, venues & site logistics, supply, waste & transport, booking & documentation, primary care, workforce and actions to ensure leaving no one behind.

### Key Interdependencies

- NHS Wales Covid-19 Vaccination Plan and Programme/ Test Trace and Protect Programme/ Coronavirus Control Plan for Wales
- NHS England Covid-19 Vaccination / Test and Trace Programme
- Delivery against Four Harms 'Harm from Covid' (NHS Wales Planning Framework)
- Financial allocation for covid related expenditure set out in Finance Delivery Unit returns and Minimum Data Set return

### Commissioned Services

There is an immediate priority for all health boards and systems to share their approaches to enable collaboration and recovery. The health board has a role to ensure that the needs of the Powys population for hospital and specialist care is incorporated into recovery and system plans for both the continuation of essential services and the restoration of non-essential planned and elective care.

This includes tracking service changes and suspensions and mitigating pathway or access changes in liaison with partners, users and key stakeholders including the Community Health Council. This is a component of the work to refresh the Commissioning Assurance Framework in 2021/22.

The Draft Commissioning Intentions for all main providers are included separately in the Supporting Information Pack.

The scale of the waiting times challenge is central to the renewal approach set out in the annual plan. In March 2021, over 3500 (3548) patients were waiting over 52 weeks as a complication of the service suspension and ongoing capacity challenges of COVID-19 pandemic

A resourced specific and co-ordinated whole system approach is needed to tackle the population waiting times for those services provided within Powys and Powys patients waiting for District General Hospital (DGH) and specialised services across Wales and England. It is crucially important that resource allocation considers the health board's role as commissioner.

A value based approach is set out in the plan to support system recovery planning with shared decision making, patient outcomes and prevention at its heart.

### Key Actions:

#### Refer to Delivery Plan for detailed milestones and timescales

- All health board plans to be shared to enable the health board to carry out an assessment as a commissioner and to ensure the needs of Powys residents are factored into neighbouring plans
- To maintain the system for tracking service and recovery planning across District General Hospital and Specialist care
- [Shrewsbury and Telford Hospitals NHS Trust](#) is in special measures and a key priority is risk management including:
  - The development of services closer to home including local diagnostic, admission avoidance, and strengthened discharge and transfer arrangements
  - The further development of maternity services in Powys
  - Shared decision making with patients and further strengthening the patient voice
  - Strengthening work with Powys County Council to prevent out of county placements of vulnerable children and young people
  - Participation in WHSSC (Welsh Health Specialised Services Committee) to strengthen access to Tier 4 CAMHS (Children and Adolescent Mental Health Services); national pathway redesign for children and young people needing alternatives to Tier 4
  - Working with the Welsh Ambulance Service Trust, and commissioning groups in Wye Valley and in Shropshire, Telford & Wrekin to ensure quality and compliance in Non-Emergency Patient Transport provision.
- The [South Powys Programme](#) which responds to the accelerated opening of The Grange Hospital in 2020, and the

outcome of public consultation on the South Wales Programme. The 2021/22 priorities are:

- Q1 - Phase 2: Board level agreement to the timing of the strategic change in pathway for the remaining element of the South Wales Programme for consultant led maternity and neonatal care to transfer to Prince Charles Hospital in Merthyr Tydfil, identified as of strategic importance to pathways for Powys residents as part of the outcome of the South Wales Programme.
  - This will be supported by an implementation plan, assurance and readiness assessment.
  - Q1: Work led by the Director of Finance to ensure financial flows reflect the changes in pathways already in place from the 17th November 2020.
  - Q3: Phase 3: alignment with renewal priorities including Tackling the Big Four, particularly in relation to community cardiology and diabetes services.
- Partnership work with Powys County Council to implement the [Section 33 agreement](#) in relation to the joint commissioning of care homes. This includes strengthening assurance and identification of resource to support re-commissioning of council owned care homes and a market assessment.
- Working with Welsh Health Specialised Services Committee (Joint Committee and Management Group) to implement the agreed [Specialised Services Integrated Commissioning Plan](#). Additional services for investment based on risk, new NICE evidence and clinical prioritisation in 21/22 include further PET indications, neuropsychiatry and paediatric specialist services including neurology, gastroenterology and rheumatology; as well as the continuation of existing priorities such as Advanced Therapeutic Medicinal Products.
- Key priorities for 2021/22:
- Participation in Management Group and Joint Committee
  - Q1 Participation in improvement of the Clinical Impact Assessment Group (CIAG) process.
  - Q2 Ensure specialised pathway lead in place and restore joint work in relation to the use of MAIR data.
  - Q3 Strengthen use of MAIR data and understanding of the Powys patient experience. Agree Integrated Commissioning Plan (ICP) for 2022/23.
  - Q4 Embed ICP in PTHB 2022/23 Plan development.
- Work to ensure there is clarity about the pathways for Powys patients, improved understanding of Powys patients' experience and outcomes, identify opportunities to repatriate activity closer to home where possible and improve scrutiny and value of health board expenditure.
- Recovery and renewal will involve whole-pathway transformation. The health board will need to link into the recovery planning of two main neighbouring English systems (Shropshire, Telford and Wrekin and Herefordshire and Worcestershire). It will also work through regional and national arrangements within Wales.
- In the event of further COVID 19 waves PTHB will need to participate within the command and control structures for neighbouring English regions.
- PTHB will work within the Cross-Border Network for England and Wales, where the implications of the development of Integrated Care Systems and legislative changes in England will be an increasingly important interface issue for Powys.

## Primary and Community Services

Provider essential services have been maintained, albeit with reduced physical capacity for delivery of around 30%. Face to face contact has been maintained where appropriate and with appropriate measures for social distancing and infection prevention and control, and through alternative means of delivery including digital and telephony.

A continuous assessment and targeted action to recover delivery as a provider, ensuring the capacity within Powys is recovered – this work is linked to the programme of work now underway on the Renewal Programme (detailed in the following section).

The health board programmes are also aligned with the National and Regional programmes for Primary Care, Planned and Unscheduled Care and the National Clinical Framework (in Wales) and system recovery (in England and Wales).

**Primary Care Clusters** remain at the forefront of service development and sustainability of General Practice. The delivery of essential primary care services remains a priority throughout the year.

Each Cluster has fully reviewed and revised their cluster plans to help shape the direction of the annual plan and to support recovery planning. This includes the delivery against National Primary Care Milestones and takes account of the Ministerial Priority for Primary Care.

### Key Actions:

#### Refer to Delivery Plan for detailed milestones and timescales

- Commissioning of any ongoing vaccination programmes with GPs and Community Pharmacies
- Work with the four contractor professions to stabilise service provision into the recovery phase, and to reinstate contract management in line with the reset of services including the implementation of contract reform across the range of

independent contractors in line with the National Contract Reform Programme.

- Expand the offer and use of digital solutions to improve timely access to care across provided services. Evaluation to be led by the IT function under Director of Finance and IT (and national colleagues)
- Review governance arrangements and wider strategic context of Enhanced Service delivery across Powys
- Complete the Innovative Environments Strategic Framework to encompass the primary care estates strategy requirements
- Publish the Pharmaceutical Needs Assessment (PNA)
- Focus on patient safety, optimising the use of medicines, promoting prevention and self-care
- Working with contractors and clusters to further increase the number of independent prescriber community pharmacists active in Powys to improve safe access
- Maximise the benefits of the new contract reform for dental services to increase dental access across Powys including the use and benefit of the Community Dental Service
- Work with the Director of Finance and IT to implement the Electronic Patient Record for eye care as a key enabler for moving services from hospital sites to other appropriate locations closer to local communities.
- Focus on renewal of ophthalmology provision and planning for a wet AMD service in the North of the county.
- Solidify a sustainable model for secondary care ophthalmology
- Work towards a primary care optometric system and workforce that is resilient and fit for the future
- Review and audit the implementation of the Health Child Wales Programme school aged screening pathway recommending means to increase uptake where required.

## Unscheduled Care and Out of Hours

The health board has an important role in supporting patient flow for Powys residents and the wider system, across multiple healthcare providers in England and Wales.

The primary and community model is fundamental in supporting regional emergency care flows for residents in and out of hours.

The key focus is maintaining essential urgent care access in primary and community settings, including minor injuries and out of hospital pathways, the home first ethos with discharge to recover and assess and the virtual hospital model.

Alignment with [National Plans and Programmes](#) and neighbouring providers and systems is key for Powys in relation to the complex set of pathways and services needed for its residents, this includes partnership work as part of the Emergency Ambulances Services Committee (EASC).

### Refer to Delivery Plan for detailed milestones and timescales

- A proactive approach to community led discharge planning, implementing [home first](#) culture and the full range of [Discharge to Recover and Assess](#) (D2RA) pathways.
- Review the further potential of the [Virtual Wards](#) working jointly with primary care, local authority for home based, intermediate & reablement services.
- Deliver an effective [Out of Hours](#) Service working in partnership with Shropdoc and 111; develop the necessary procurement process for contract award in 2022/23.
- Assess the applicability and adapt models of [Contact First](#) to work in the more complex system environment for Powys.
- Manage wider system flow through the [Patient Flow Coordination Unit](#) and reduce the number of patients admitted to Acute Care that could be managed by alternative pathways.
- Focus on Delayed Transfers of Care, implementing the early escalation and an ethos of zero health delayed transfers.

- Review the Joint [Reablement](#) Service and implement improvements aligned to Community Resource Teams and the Glan Irfon model.
- Support operational performance in [ambulance services](#) as part of the National Collaborative Commissioning Unit and delivery of the EASC commissioning intentions overseen by the Emergency Ambulance Services Committee.

## Planned Care

It is clear that a combination of patients presenting later, with temporary suspensions of national screening programmes, and longer waiting times for diagnostic tests and treatment will contribute to health inequalities.

Despite these challenges there have been significant achievements in new ways of working and services have adapted to provide diagnostic and treatment pathways. The health board has delivered essential healthcare throughout the pandemic, albeit with approximately 30% capacity reduction to enact Infection Prevention and Control measures.

There was a decrease in the [bed utilisation](#) during the last year as a consequence of the pandemic and the changes in healthcare usage. Nonetheless the health board maintained a good response to supporting system flow throughout a challenging winter period.

The [bed model](#) submitted in detail in the Q3 / Q4 plan in 2020/21 has been tested and refined over a challenging Winter period 2020/21 in relation to the increasing Covid rate and eventual peak, and the subsequent progressive flattening of the covid case rate in Spring/ early summer 2021. The bed model is included in the Minimum Data Set return and reflects a level of contingency against the modelled and tested levels of demand and the potential Covid scenarios noted earlier in this document.

Plans submitted in the Minimum Data Set in March 2021 identified that current capacity in [community services](#) will not match the demand for planned care services or deal with the backlog fully. Work carried out since that time has led to the development of detailed recovery plans locally and as part of regional and national partnerships. The PTHB [Renewal Programme](#) is a key development and further detail forms a significant part of the following section of this Annual Plan.

The work within Powys is set in the context of the [National Programme for Planned Care](#) and there is an important and iterative link required between these. There is a common focus on care as close to home as possible, shorter waiting times, improved access and outcomes and high quality and sustainable services some of which will be delivered through the national work but some of which is appropriate for local action. National work streams are in place for [endoscopy, eye care, orthopaedics \(including Musculoskeletal pathway\) and oral surgery](#).

Powys as a provider is able to offer [regional support and capacity](#) to maximise existing day case theatre capacity, performance and operational efficiency. Current discussions are focused on ophthalmology and building cataract operating capacity.

[Outpatient transformation](#) guided by the Welsh Government “Transforming the way we deliver outpatients in Wales – three year strategy” will focus triage of referrals to ensure patients are on their optional pathway delivered through an appropriate mode – (remote or face to face). [Risk stratification](#) and prioritisation to identify those at greatest risk and prioritising face to face capacity on the basis of clinical need and [optimising capacity](#) from referral, triage, to attendance and patient initiated follow up and see on symptoms increasing the use of one stop clinics.

The delivery of [cancer services](#) is impacted, with longer wait times for patients. Achieving the new Single Cancer Pathway target of all patients with a suspicion of cancer to be seen and

treated by day 62 of their pathway from the point of suspicion is a priority for Welsh and English providers.

As a provider of [endoscopy](#) diagnostics, the health board has maintained a zero backlog position. Work is underway to develop a JAG-accredited training site for endoscopists in Powys. Diagnostics recovery workstreams are established for [endoscopy, cardiology and urodynamics](#).

Therapies performance is improving with plans in place to address the waiting times for patients as a provider, with a strong use of digital solutions and a focus on [podiatry](#) during Q1/2.

As services are reset, working collaboratively with neighbouring providers, a [sustainable workforce model](#) will be necessary to enable this national, regional and local recovery and further detail is summarised in the enablers in this Annual Plan and in the supporting Delivery Plan.

### Key Actions:

#### Refer to Delivery Plan for detailed milestones and timescales

- Provided Services: Continuous assessment and balance of delivery; fully costed recovery plans for increasing operating day case theatre capacity and Outpatients transformation.
- Service developments for 2021/22 aligned with renewal priorities both locally and nationally:
  - Neurology pathways including Multiple Sclerosis
  - Develop a 7 day model of therapy services across Powys to assist in unscheduled care flow and ward management
  - Develop a vision and strategy for eye care services with implementation timelines for the forthcoming years
- Advice, support and prehabilitation, Diagnostics, Ambulatory and Planned Care (including orthopaedics), Cancer, Mental Health, Circulatory and Respiratory detail are contained in the renewal priorities section.

## Well-being, Prevention and Tackling Inequalities

**Smoking** remains one of the main preventable causes of premature death and ill health in Powys, and is one of the main contributors to health inequalities. We will implement the “key components of the smoking cessation system” framework including a review of the current model of stop smoking support in Powys. We will implement the Smoke free Premises and Vehicles (Wales) Regulations 2018, especially the requirements for non-smoking mental health units and smoke free hospital sites.

**Healthy body weight** - the health board aims to produce and then deliver a pathway plan for the Powys population that secures access to weight management services across a pathway from levels 1 to 4.

Regular **physical activity** improves physical, mental health and wellbeing and helps reduce the risk of overweight/obesity, hypertension, type 2 diabetes, heart disease and some cancers. The health board will review and update actions in the Healthy Weights Action Plan in the context of *Healthy Weights: Healthy Wales Delivery Plan 2021/22*.

**Immunisation** remains one of the most effective interventions for protection against vaccine preventable communicable disease. Flu vaccination, Human-papillomavirus vaccination, Men AWCY booster and MMR are priorities.

The health board works closely with Public Health Wales relating to **Outbreak Surveillance**, prevention and control of communicable disease including planning for emerging infectious threats; and **Population Screening** to encourage uptake.

**Refer to Delivery Plan for detailed milestones and timescales.**

The emerging evidence of the impact of the pandemic on health inequalities is set out in the earlier evidence section.

Some of the actions include the recommendations set out by the World Health Organisation and in the new socio-economic duty placed on public bodies in Wales.

Some of this is actionable locally – but it is not a question of simple, singular, easy to define actions that sit in isolation. Global and holistic consideration of each priority and each strategic decision in this Annual Plan is required.

There are targeted actions being driven forward as part of renewal and transformation activities including:

### **Refer to Delivery Plan for detailed milestones and timescales**

- North Powys Programme targeting interventions for those areas in Powys that have the greatest socioeconomic disparities, addressing the structural causes of inequalities in health.
- Health improvement and health protection programmes which will be delivered across the gradient at scale and in a way that supports equitable outcomes, including vaccination, screening, smoking cessation, the prevention of alcohol misuse, and programmes to prevent and manage overweight and obesity.
- ‘Tackling the Big Four’ - aligned as part of the renewal programme of work, with a greater focus on those with the greatest need in Powys.
- The renewal programme itself has commenced and is detailed further in the following section and the Delivery Plan

It is clear that population and health equality has been impacted by the pandemic, as set out in the evidence in the earlier sections of this report.

The definition and understanding of equalities is complex (further detail is available in the Strategic Equality Plan available on the PTHB website).

Key elements, in line with those set out by Welsh Government, include:

- Socio-economic inequality and poverty
- Human rights protections
- People who share protected characteristics (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, sexual orientation, marriage and civil partnership)
- Gender equality and identity
- Identity based equality
- Community characteristics and cohesion
- Participation in political, public and everyday life

The health board has a key role to play as an employer, a service provider and commissioner and as part of the community life of Powys.

The Strategic Equality Plan (SEP) has been reviewed and redeveloped in this context and takes careful consideration of population needs, this is particularly important in the context of the pandemic and longer term impacts.

The overall aim of the Strategic Equality Plan is to embed equalities throughout all functions and services. This will support the development of robust impact assessments as part of decision making at all levels.

Three long-term equality aims have been developed each with a long term view and a set of objectives:

Long Term Aim:	Equality Objective
<b>Engagement</b> To ensure strong and progressive equality and human rights protections for everyone in Powys.	We will promote a positive attitude towards equality and diversity across our organisation. Our processes of continuous engagement to develop and deliver services will be informed by local needs, with the aim of improving access to healthcare services and reducing inequalities.
<b>Service Delivery</b> The needs and rights of people who share protected characteristics are at the forefront of the design and delivery of healthcare services.	We will work with our population, staff and partners to shape the design and delivery of our services.
<b>Workforce</b> PTHB is a leading, exemplar, inclusive and diverse organisation and employer.	We will have an engaged workforce who have positive working relationships with their managers and colleagues in an environment where they feel safe and are supported to manage their own well-being.

Key areas of action

**Refer to Delivery Plan for detailed milestones & timescales.**

- **Welsh language** initiatives across the organisations including champions, development of welsh language staff, patient stories and promotion of the use of Welsh language within the workplace.
- Access to **Interpretation and Translation Services** with robust monitoring and record keeping including review by Internal Audits for public facing Welsh Language Standards.
- Work with Powys Association of Voluntary Organisations to enhance volunteering opportunities for **Black and Minority Ethnic communities**.

- Participation in [networks for communities of interest](#) and support for staff networking opportunities.
- [Equality Impact Assessment](#) policy and assessment tool rolled out and promoted to staff.
- Participation in equalities campaigns and calendar of event including [Equality Week](#).
- [Training](#) for staff to learn more about equalities issues within both the workplace and the healthcare setting – this will include a focus on black and minority ethnic communities and gender identity.
- Guidance for staff on developing [bilingual education courses](#) for the public
- [Managers Training](#) on assessing the skills required for new and vacant posts and to explore options of [targeted recruitment](#) of Welsh speakers
- Welsh language and equality will be promoted in [apprenticeship](#) recruitment drives.
- Review of clear face masks and support aids available for use to support those with [sensory loss](#).
- Work with patient services and primary care contractors to improve access for people with [sensory loss](#), linking with the Sensory Loss network and sharing best practice.
- Work with the [Gender Identity Stakeholder Network](#) to raise awareness and promote available services
- Review corporate and workforce policies
- Explore opportunities to establish networks relating to the protected characteristics

Equality is also emphasised and reinforced in the principles at the heart of 'A Healthy Caring Powys' – the importance of these has been clear during the past year and has provided the basis for the development of the Annual plan.

In particular, the principles have formed the framework for the Renewal Priorities in the following section, ensuring that doing what matters and focusing on the greatest need is embedded into recovery going forward.

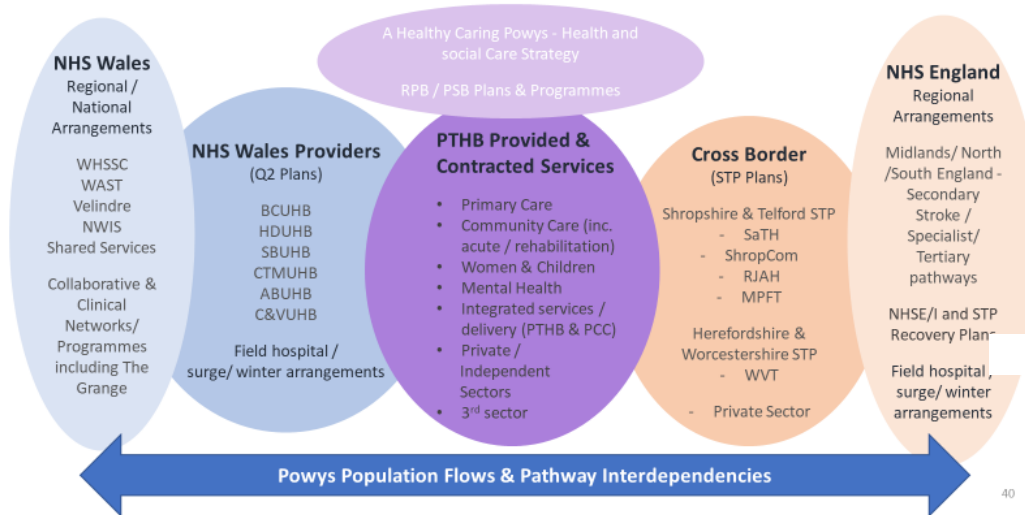
The emphasis on community engagement and equalities is a key part of the Communications and Engagement summarised later in this document.

It has informed the communication plans for key areas of work including the Covid-19 Vaccination Programme, supporting the aim of 'Leaving No-One Behind'.



## Whole System Transformation

Powys has a unique place in the NHS Wales landscape, as a direct provider and a commissioner of healthcare. A whole system approach to transformation is already in place as shown below, albeit changed in focus and set in a new climate with the added dimension of pandemic recovery:



Transformation in Powys is centred on improving outcomes and patient centred care closer to home for Powys residents. This necessarily involves collaborative cross system working and the meaningful, long term and structured implementation of the 'Five Ways of Working' set out in the Well-being of Future Generations Act.

Powys has a strong foundation to build on for collaboration. The strength of the community has been loud and clear throughout the pandemic, in the surge of volunteering; the speed of partnership working, the staff who gave over and above and the support of patients, carers, residents and local businesses.

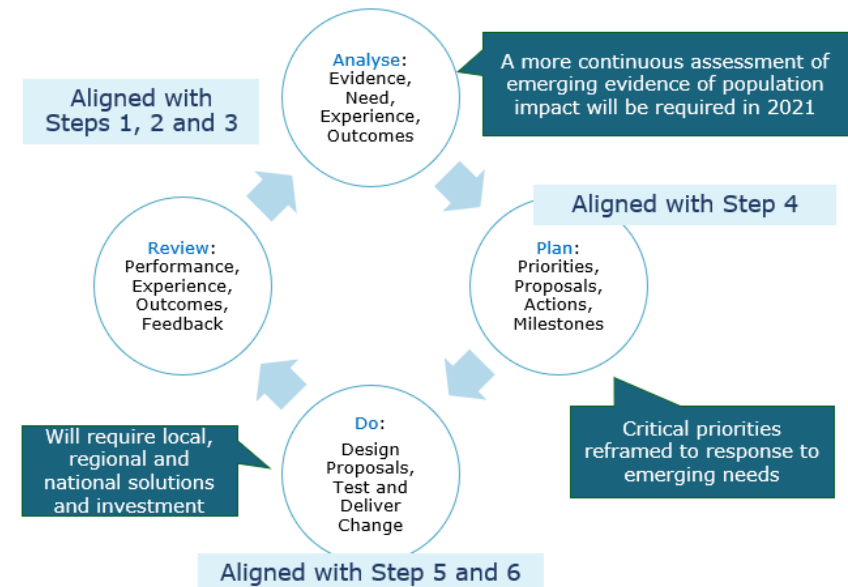
Powys has surprised and excelled and reassured itself, that in hardship it can come together.

There are already existing transformation programmes which provide levers and enablers for change in 2021/22 notably:

- ❑ North Powys Well-being Programme
- ❑ Renewal Portfolio Board including the Big Four

Work has been carried out during Quarter 1 to bring together and expand the health board's approach to transformation, to synthesise the response to the emerging evidence and learning from the pandemic and the 'syndemic' impacts for the Powys population.

This takes into account the unique commissioning arrangements in Wales and Cross Border; from well-being and prevention to specialist services.



## Whole System Transformation

### North Powys Well-being Programme



The North Powys Well-being Programme is a major, flagship partnership programme overseen by the Regional Partnership Board.

It delivers against the Local Area Plan and the shared long-term Health and Care Strategy 'A Healthy Caring Powys'.

#### Programme Goal

To test and deliver a new integrated model in North Powys in line with the Health and Care Strategy, and to support effective learning and transfer across Powys

#### Key Drivers....

- There is a strong base of volunteering and community resilience in Powys, supporting a more social model for health.
- Variation in service provision across Powys is creating inequalities which are potentially widening due to the pandemic.
- Demand for health and care services is increasing; we need to increase prevention and early help and support.
- More care can be provided closer to home, reducing unnecessary travel for people and families.
- New treatments and technology are creating new ways of working which can help with some of the workforce challenges.
- National policy and legislation – Future Generations Act, A Healthier Wales and Social Services and Wellbeing Act

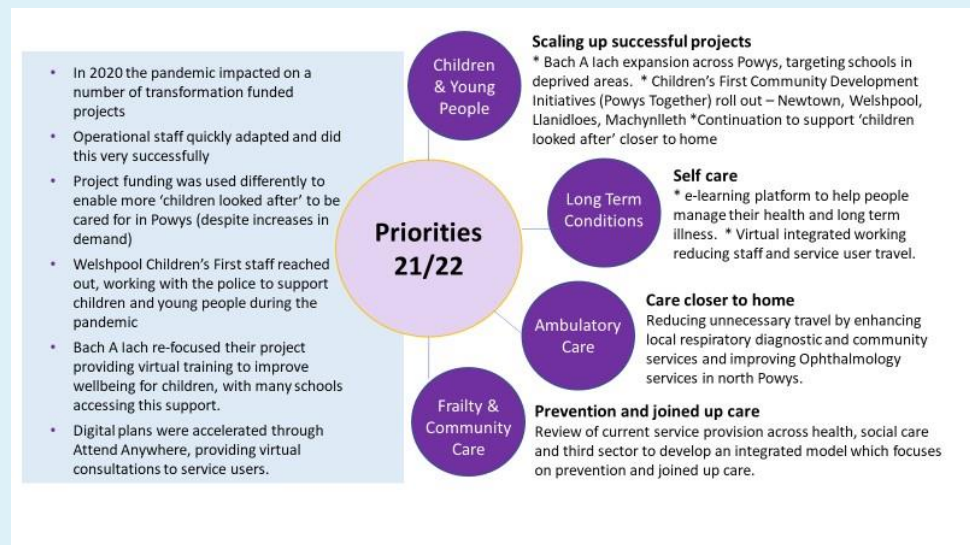
#### What outcomes we want to achieve....

- Strengthen people's ability to manage their own health and wellbeing and make healthier choices
- Increased focus on prevention and health promotion
- Increased independence and participation within communities
- Increased emotional and behavioral 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 meet the needs of the population
- Improve the opportunity for people to access education, training and learning opportunities

The programme uses transformation funding to deliver on its goal through **long term change** associated with a new multi-agency wellbeing campus in Newtown, and also through **accelerated change projects to improve outcomes in the short term**.

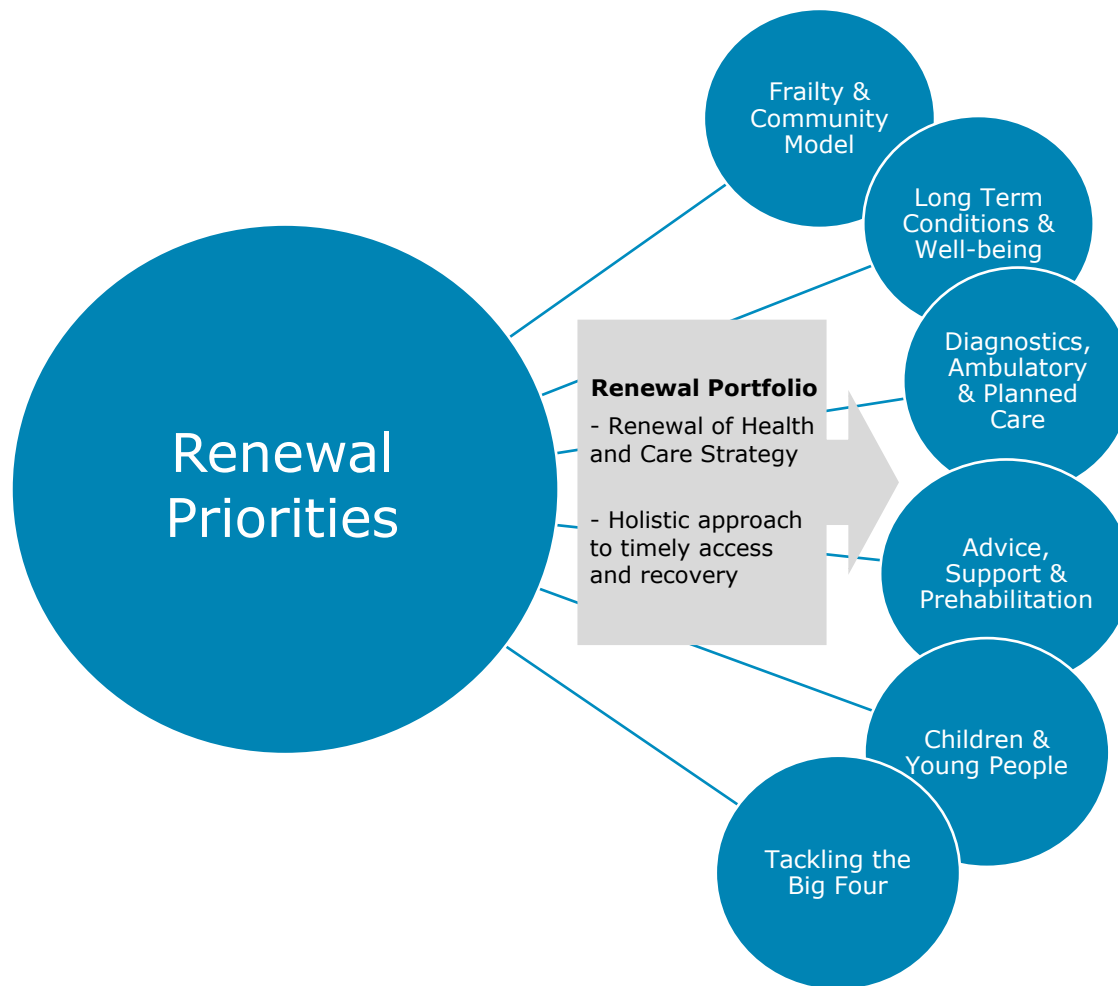
It has been remapped and refreshed to consider the impact of Covid.

The programme supports operational teams to deliver improvements to the way services are provided. Refreshed priorities for 21/22 are:



The key milestones for 2021 – 2022 are provided below:



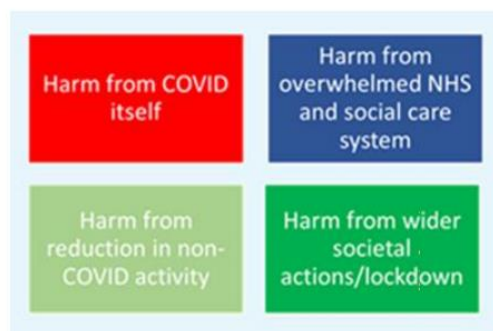


The development of this Plan has taken a radical, bold approach – using 'Six Steps' to ensure that as full an appraisal of the past year and the impacts of the pandemic going forward can begin to be understood.

A set of Renewal Priorities has emerged from this work, focused on those things that will matter most to the well-being of the population of Powys and those things which will work best to address the critical challenges ahead.

It builds on the collaboration, the community, the people, the quality of care – the shared ambition for A Healthy Caring Powys.

Health and wellbeing has been affected by the impact of the pandemic, including the reduction in non-Covid NHS activity and wider societal actions. Central to the health board's approach is reducing the potential for harm from this.



The waiting list for elective treatment is now over 17,000, for services needed in and out of county, equating to about 1 in 8 of the Powys population.

Over 3,500 waits are already longer than a year. However, the impacts are wider and not restricted to waiting times but include, for example, the effect on children's health and development.

We cannot go back to the way things were before the pandemic and services need to be transformed to meet people's needs. We will work at pace across boundaries, but recognising that true transformation is a long term process.

Thus, our challenge is now renewal. With our staff, partners and communities we will take forward the vision for A Healthy, Caring Powys and ensure our guiding principles, including doing what matters and doing what works, will lie at the heart of the transformation needed.

The scale of the challenge will not be met by existing approaches or resources and will require new, radical solutions bounded in a value-based healthcare approach locally, regionally and nationally.

The health board has started important work led by Clinical Executives as part of the Annual Plan, prioritising six key areas:

frailty and community model; long term conditions and wellbeing; diagnostics, ambulatory and planned care; advice, support and pre-habilitation; children and young people; and tackling the Big 4 (respiratory, cancer, circulatory and mental health).

The more transformative work needed will shift the balance of provision to Powys where possible by embedding new ways of working, helping to increase available capacity in District General Hospitals.

Whilst the health board is seeking to provide services for its residents within county or virtually, wherever safe and possible to do so, residents must travel to the closest District General Hospital in England and Wales for some services.

Recovery for Powys residents does not just involve services directly provided within the county, but recovery of cross-border flows within Wales and England.

There will need to be alignment with national and regional work. Progress will require investment into the health board as a commissioner; access to external services directly funded by Welsh Government; and the identification of the workforce, digital and capital requirements for developments.

The renewal priorities and proposals are emergent, informed by the evolving learning and evidence. The response will need to adapt as the phases of the pandemic change. It will need to respond not only to the immediate short term problems of visibly longer waiting times and backlogs in healthcare, but to understand people's experience and the most effective ways of working together to meet needs now and in the future.

**Refer to Delivery Plan for detailed milestones & timescales – a Summary of each Renewal Priority follows on the next pages.**

# RENEWAL PRIORITY 1



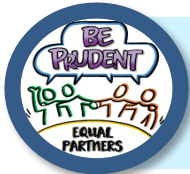
The focus will be on securing the greatest outcomes for Powys residents, using evidence based approaches to bring care closer to home and promote independence, avoiding unnecessary prolonged hospital stays which are known to decrease functionality over time.



There are significant challenges and risk of harm from the wider impacts of the pandemic including those arising from waits for referrals and treatment. The model and interventions will be designed and measured by patient outcomes and experiences.



The greatest need is a complex and compound principle, with demand and need shifting and exacerbated by the wider impacts of the pandemic and the risk from harm waiting for care. Priorities will be based on redesigning those service offers which are the least sustainable for those with greatest need.



A value based approach with improvements in the quality of life for those people receiving care and those with frailty will be key. Evidence based approaches and greater patient initiation will support efficiencies that enable resources and workforce to be targeted effectively.



The community model will build on the home first ethos and care closer to home as the foundation of the Powys Model of Care, with fair access for the rural communities of Powys.



Powys has a strong history of collaboration and community engagement and this has been evident during the pandemic. The community well-being approach being accelerated in North Powys is driving a co-productive model. At the heart is an emphasis on independence and community resilience.

## Key Interdependencies

- Addresses all Ministerial Priorities – Timely Access to Care; Health Inequalities, Primary Care, Mental Health and Prevention
- Delivery against Four Harms 'Harm from Non-Covid'/ Overwhelmed system'
- NHS Wales Recovery Plan / Planned Care Programme, Strategic Programme for Primary and Community Care,
- NHS England System Planning & Recovery arrangements including establishment of Integrated Care Systems (ICS) and NHS reform

## Frailty & Community Model

Executive Leads  
MD (DoTH, DPCCMH)



## What will this achieve?

*Learning from the modified approaches implemented during the pandemic which successfully maintained many more people within their own homes; **a revised frailty and community model will enable better outcomes** for people through more intensive community and home based care. Renewed pathways for planned and unscheduled care for frailty will build on successful models of Home First, Discharge to Recover and Assess, Virtual Wards and support for those at risk of Falls.*

*With a clear prevention and home first ethos, joined up and 7 day working, multi-disciplinary teams will work to prevent avoidable secondary care admissions, and adopt ambulatory/same day care approaches where possible.*

## Key Actions

Q1/2 – Initiate development of a revised Frailty & Community Model, using a Value-Based approach. Strategic Demand and Capacity/Opportunity Analysis undertaken. Fast-track Frailty medical staffing solution.

Q2 Agree model and workforce plan, including clinical leadership. Agree and ensure cascade arrangements for frailty scoring tool, e-learning module and use of Complex Geriatric Assessment.

Q3-4 Implementation of model, frailty scoring tool, Multidisciplinary / Multiagency response to deterioration highlighted by the frailty scoring tool.



Using evidence based approaches for all those with chronic conditions, greater shared decision making with patients on outcomes and experience as well as collaborations between services so that care is based on need rather than organisational boundaries.



There is clear evidence that the pandemic will have long term impacts for those with existing healthcare needs and conditions that will require new, targeted, intensive approaches to reduce harm. Equally there are great innovations that have been adopted which provide a platform for a refreshed offer that is more flexible and promotes better outcomes.



Those with long term conditions have the greatest need for healthcare over a greater period of time and frequency. The evidence shows that the numbers of people will increase over the next decade, requiring a refreshed offer to provide sustainable support and care.



Evidence based approaches which consider the value for patient in relation to their outcomes and the best use of healthcare resources will be essential to meet the anticipated growth in demand and address the challenges created by the suspension of non covid healthcare.



Access to appropriate, early and tailored support for those with long term conditions is core to successful management of their health and well-being. It is also going to be one of the greatest challenges facing health and care as a result of the pandemic, addressing backlogs and waiting times, taking into account those most at risk.



Community support and resilience is known to be important for long term well-being at an individual and population level. The approach being accelerated in North Powys is driving a co-productive model and will draw learning for Powys wide service and pathway development.



### What will this achieve?

**A fully integrated and scaled service to support people with long term conditions** using bio-psycho-social and psycho-social approaches. Focus on psycho-social support, prevention, self-care and patient initiation. A refreshed offer to provide targeted support and equitable access for those with long term conditions, including Long Covid and Healthy Weights Obesity pathway, with multi-disciplinary team working, rehabilitation and pain management. An approach that is patient and carer centred, utilising digital, group and shared care models, promoting access, early help and self-care, for those who are most at risk of harm including the impacts of the pandemic.

### Key Actions

Q1 Expand services to support renewal, beginning with long-COVID; Ensure a baseline of activity is in place and improvement trajectories developed.

Q1/2- Workforce recruitment for advanced practitioner, medicines optimisation and community engagement.

Q2/3 Expand services to support weight management; Q2-4 Tracking service improvement and agreeing adjusted actions if progress is not sufficient. Ensuring longer term phased plans have been established – with second tranche implementation priorities agreed.

Q2-4 Additional support provided to patients; Implementation of second tranche priorities; Q3-Q4 agreement of priorities and plans for 2022/23

### Key Interdependencies

- Addresses all Ministerial Priorities – Timely Access to Care; Health Inequalities, Primary Care, Mental Health and Prevention
- Delivery against Four Harms 'Harm from Non-Covid/ Overwhelmed System'
- NHS Wales Recovery Plan / Planned Care Programme, Strategic Programme for Primary and Community Care,
- NHS England System Planning & Recovery arrangements including establishment of Integrated Care Systems (ICS) and NHS reform



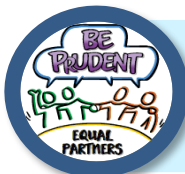
Using the evidence on successful models for example same day care and peer reviewed pathways which enable a greater focus on prevention and early help.



Early prevention and identification is essential across all pathways and priorities. There is clear evidence from patient experience and feedback supporting the need for early help and support from first contact throughout pathways, to support greater patient activation and control.



Demand and need is shifting in the context of the impacts of the pandemic and plans will continue to evolve and develop as the evidence base evolves. Harm reviews will be key to ensure targeted identification and directing of support.



The development of a core diagnosis offer underpins a value based approach and is a key enabler for the development of single, common pathways which support effective use of resources and improve outcomes.



Access is one of the greatest challenges facing health and care as a result of the changes and suspensions of non covid healthcare during the pandemic. The rebuilding of access will take into account the compounded effect on health inequalities and those most at risk.



The focus on local developed and delivered services is key to building community investment and resilience in Powys and more services.



### What will this achieve?

**Transform access to in-county care, including diagnostics, ambulatory/same day care and planned care** (outpatient – face to face or digital; surgery). Maximise the capability for near-patient diagnostics (home, primary care practice, community hospital/Rural Regional Centre). Introduce a network of new Ambulatory Care Centres. Significantly increase in-county care through pathway/service repatriation. This meets the Powys population ambition of more care closer to home and shifts traditionally DGH provided care to Powys' Rural Regional Centres, in addition to reducing pressure in commissioned providers.

### Key Actions

Q2 Implement Scheme to reduce Referral To Treatment (RTT) backlog; to support the National Endoscopy Programme; to improve performance against the eyecare measure; and ensure significant improvement and modernisation in Outpatient service specifically follow ups in line with National Planned Care Outpatient Strategy

Q1 Funding confirmation; Recruit to theatre staff; Confirm additional in-reach & Waiting List Initiatives sessions required; secure private sector General Surgery via NHS procurement; utilise agency theatre staffing whilst recruitment process in train; Waiting List Initiatives commence; scope & plan repatriation

Q2 Recruitment; additional capacity/Waiting List Initiatives; agree repatriation plan/formal Service Level Agreements/Long Term Agreement arrangements reviewed; additional capacity in place to address backlog.

### Key Interdependencies

- Addresses all Ministerial Priorities – Timely Access to Care; Health Inequalities, Primary Care, Mental Health and Prevention
- Delivery against Four Harms 'Harm from Non-Covid/ Overwhelmed System'
- NHS Wales Recovery Plan / Planned Care / Point of Care Testing Programme, Strategic Programme for Primary and Community Care,
- NHS England System Planning & Recovery arrangements including establishment of Integrated Care Systems (ICS) and NHS reform



Using evidence based approaches for early advice and management which promotes 'pre-habilitation' to support risk management and mitigation of potential harm; based on outcomes and experience based decision making and co-ordination as locally as possible.



There is clear evidence for the impact on people of waiting for treatment across specialities and a need to understand what matters in terms of outcomes for the patient and for their carers. The offer needs to be as local as possible, from the earliest contact onwards.



The evidence shows that the numbers of people requiring healthcare will increase over the next decade, requiring a refreshed approach that is sustainable going forward, with advice as early as possible to minimise risk for those with greatest need.



Evidence based approaches which consider the value for the patient in relation to their outcomes and the best use of healthcare resources. To meet the anticipated growth in demand and address the challenges created by the pandemic and the suspension of non covid healthcare.



Access to appropriate, early and tailored support will be essential for fair access to healthcare, taking into account those most at risk of harm and understanding the best outcomes for each patient.



Building on community strengths will be key to 'pre-habilitation' as first early contacts with support services are often those in the community, with primary care clusters forming a hub around which a model of support can be built.



### What will this achieve?

**A transformed approach to support and treatment to ensure timely and equitable access to effective services** focused on improving outcomes and experience. Using a Value-Based approach, citizens will be offered structured advice and support including 'prehabilitation' for those who are or may otherwise be waiting for treatment. This will be based on shared decision making with patients and carers, with primary care able to access the optimal pathways which maximise outcomes and experience, and build support plans, interventions and treatment that enables control over their condition as part of a patient centred pathway.

### Key Actions

Implement scheme to establish Advice, Support & Prehabilitation Service; Patient Liaison Service; Clinical Referral Guidance service (including virtual MDT).

Q1/2 Funding confirmed for tranche 1; recruitment and equipment secured.

Q2 Patient liaison and patient tracking established across pathways spanning more than one organisation; Tracking of reduced waiting list; Tacking of harm reviews; Tracked reduction of patients waiting over 52 weeks; Access to prehabilitation

Q3 Strengthening of clinical guidelines and redesign of orthopaedics and ophthalmology pathways

Q4 Reduction in the overall waiting list; Reduction in the number of Powys patients waiting over a year; concerns maintained at less than 2% waiting over 36 weeks.

### Key Interdependencies

- Addresses all Ministerial Priorities – Timely Access to Care; Health Inequalities, Primary Care, Mental Health and Prevention
- Delivery against Four Harms 'Harm from Non-Covid/ Overwhelmed System'
- NHS Wales Recovery Plan / Planned Care Programme, Strategic Programme for Primary and Community Care,
- NHS England System Planning & Recovery arrangements including establishment of Integrated Care Systems (ICS) and NHS reform

# RENEWAL PRIORITY 5

## Children and Young People

Executive Leads  
DoN (DCCPMH)



There is emerging evidence of a particular impact on children and young people arising from the pandemic and action required at national, regional and local levels to understand and respond to this.



The learning and evidence base highlights the need for a holistic approach to physical, emotional and psycho-social need and for children, young people and families to shape and inform the priorities.



Equity of provision is an underpinning principle, taking into account the inverse care law and the compounded impact on children and young people who are vulnerable and in need, including those requiring protection and children who are looked after.



A value based approach will be designed around maximising outcomes and experience, targeting interventions where evidence exists that it is effective; delivered by a workforce with the right level of knowledge and skills.



Planning and interventions will take into account the broader determinants of health. This encompasses socio-economic factors and poverty in its widest sense and impacts in key areas of child development such as literacy and well-being.



Children and young people must be at the heart of decisions made about them, building on relevant networks and communications and ensuring interventions enable self responsibility and informed choice.

### Key Interdependencies

- Ministerial Priorities – Timely Access to Care; Health Inequalities, Primary Care, Mental Health and Prevention
- Delivery against Four Harms
- NHS Wales Recovery Plan / Planned Care Programme
- NHS England System Planning & Recovery arrangements
- Recovery and renewal portfolio and investment



### What will this achieve?

*An organisational and partnership approach to **prioritising recovery and renewal from the pandemic for children and young people.***

### Key Actions (Refer to Delivery Plan for detailed milestones & timescale)

Neurodevelopment services Development of enhanced service; programme plan implementation and recovery to RTT 26 week target

Obesity / Healthy Weights Pathway development for children and young people; Delivery of PTHB Weight Management Strategic Development Plan 2021-24, Peer Review June 2021, Voice of the child service user engagement

Healthy Growth and Development Deliver vaccination / Healthy Child Wales Programme / Sexual health programmes; work with families and schools to maximise infection prevention and refocus health visiting, adoption of Solihull exemplar Parenting approach, work with third sector on access

Emotional Health and Wellbeing Delivery of Silvercloud for children, young people and families, CAMHS staff training in DBT, emotional regulation, trauma and attachment theory and outcome measures, CAMHS schools in-reach, work with Ceredu for carers needs

Immunisation and Vaccination Delivery of plan; data and reporting improvements, workforce development learning from covid vaccination, implement refreshed standard operating procedures and programme

Increased access to healthcare Targeted work to improve access for looked after children, delivery of action plan, baseline and measures, incorporating recommendations from Serious Incident review, mapping and engagement for pathway development

# RENEWAL PRIORITY 6

## Tackling the Big Four: Cancer

Executive Lead  
MD



The Big Four will take a structured whole system approach to the analysis of needs and gaps and opportunities. Greater joining up of learning and approaches will be a key theme for 2021.



A value based approach will be embedded across the work of the Big Four priority areas to ensure that resources achieve the best outcomes for patients.



Tackling the Big Four in the context of the impacts of the pandemic and pre-existing inequalities will require greater understanding and risk stratification of those most in need.



In a challenging context, robust reviews and prioritisation to ensure those most at risk of harm are offered support will be essential, including peer reviews and use of comparative intelligence and shared learning on evidence based pathways.



Given the complex nature of Powys pathways, involvement in national and regional work (England and Wales) on system recovery planning, clinical prioritisation and resource allocations will be key. Fair access for rural populations using healthcare across boundaries is a priority.



Conversations and engagement with communities at national, regional and local levels will be essential for people to be placed at the heart of decisions made about them, ensuring interventions enable self responsibility and informed choice.



### What will this achieve?

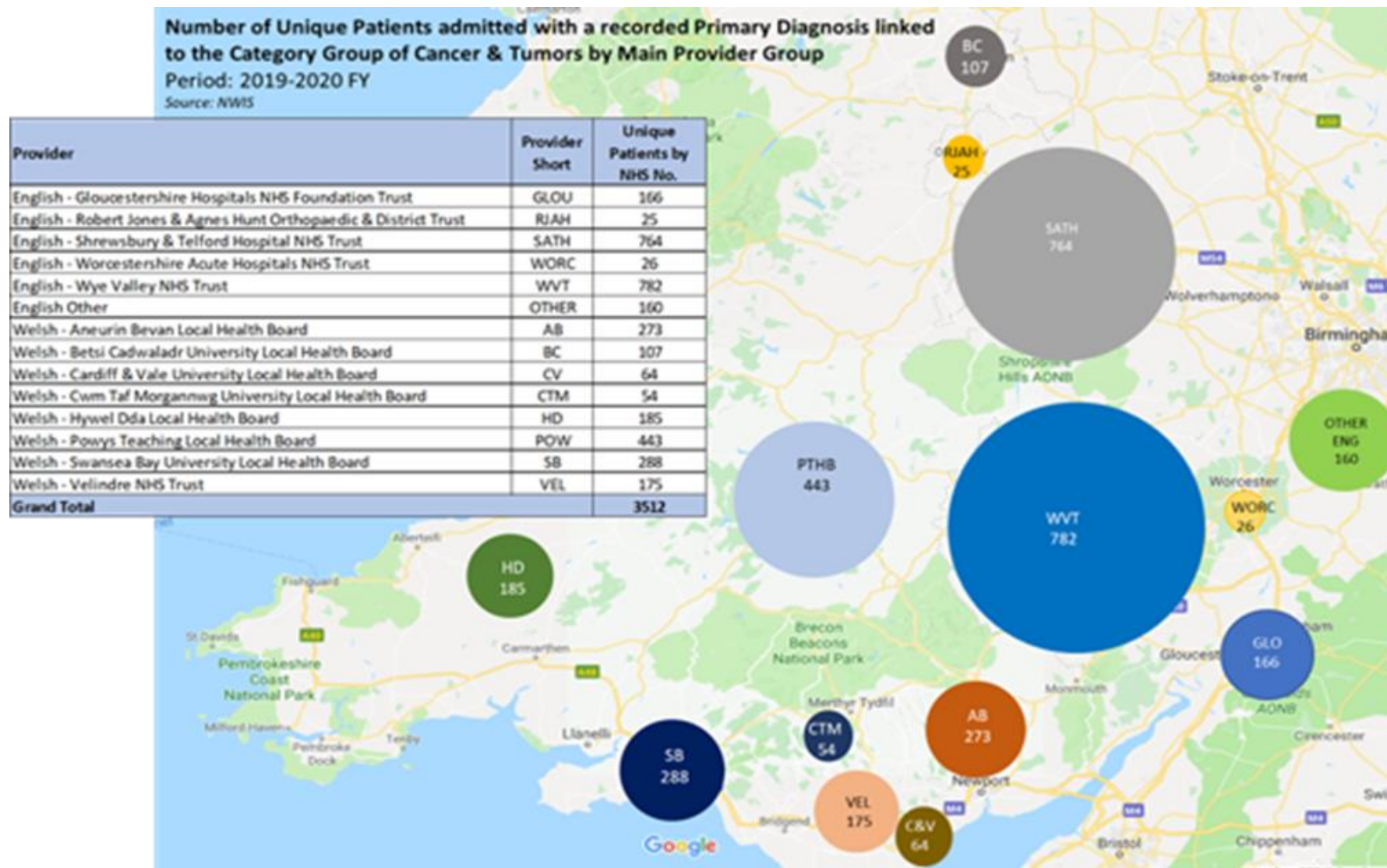
*The purpose of the cancer transformation programme is to improve the quality of services and outcomes for the people of Powys. Focusing on the different needs of children and adults, it will apply a whole system value-based approach to improve cancer pathways. In particular it will focus upon ensuring cases of cancer are detected at earlier, more treatable stages through more timely access to diagnostic investigations closer to home wherever possible.*

### Key Actions (Refer to Delivery Plan for detailed milestones & timescales)

- Recruit to and implement a cancer improvement team, including cancer tracking and agree a harm review approach which takes into account the complexity of Powys pathways
- Work jointly with the Wales Cancer Network appointed post to ensure optimal pathways are in place for Powys residents, including interface with the West Midlands Cancer Alliance and English providers (
- Develop the vague symptom pathway, through utilising neighbouring provider rapid diagnostic centres and exploring the potential for a Powys provided service
- Scope the potential development of Powys community diagnostics, including the potential for community hospital CT
- Develop the overarching cancer model of care for Powys
- Work in support of the Velindre business case, Radiotherapy Satellite Centre at Nevill Hall Hospital, and acute oncology developments

### Key Interdependencies

- The Quality Statement for Cancer to ensure that services are equitable, safe, effective, efficient, person-centred and timely
- The Cancer Transformation Strategy (South Wales)
- Delivery against Four Harms 'Harm from Non-Covid/ Overwhelmed System/ Wider Impacts'
- NHS Wales Recovery Plan / Planned Care Programme/ National Clinical Framework
- NHS England System Planning & Recovery arrangements including establishment of Integrated Care Systems (ICS) and NHS reform
- Recovery and renewal will be subject to investment at national / regional and local levels



# RENEWAL PRIORITY 6

## Tackling the Big Four: Mental Health

Executive Lead  
DPCCMH



The Big Four will take a structured whole system approach to the analysis of needs and gaps and opportunities. Greater joining up of learning and approaches will be a key theme for 2021.



A value based approach will be embedded across the work of the Big Four priority areas to ensure that resources achieve the best outcomes for patients.



Tackling the Big Four in the context of the impacts of the pandemic and pre-existing inequalities will require greater understanding and risk stratification of those most in need.



In a challenging context, robust reviews and prioritisation to ensure those most at risk of harm are offered support will be essential, including peer reviews and use of comparative intelligence and shared learning on evidence based pathways.



Given the complex nature of Powys pathways, involvement in national and regional work (England and Wales) on system recovery planning, clinical prioritisation and resource allocations will be key. Fair access for rural populations using healthcare across boundaries is a priority.



Conversations and engagement with communities at national, regional and local levels will be essential for people to be placed at the heart of decisions made about them, ensuring interventions enable self responsibility and informed choice.



### What will this achieve?

*This will improve outcomes for the children and adults of Powys using evidence-based approaches to reduce inappropriate variation, improve outcomes and ensure value across the whole system for people using services, families and carers*

### Key Actions (Refer to Delivery Plan for detailed milestones & timescales)

Deliver Powys Hearts and Minds, Together for Mental Health Strategy including

- Targeted pathway development and engagement
- Further roll out of Silver Cloud CBT Service to young people receiving services through CAMHS

Delivery of mental health service improvement projects funded by Welsh Government investment including:

- Crisis Care to establish a single point of access to mental health services via 111
- Alternatives to admission through the provision of a safe space and emotional and practical support out of hours to those whose distress might otherwise escalate
- Enhancing Eating Disorders support following completion of local service mapping against NICE standards and a gap analysis
- Service mapping of Perinatal Mental Health against the Royal College of Psychiatrists Perinatal Community Standards prior to a funding application
- Early intervention in psychosis and Specialist CAMHS

### Key Interdependencies

- Powys Hearts and Minds, Together for Mental Health Strategy
- Addresses all Ministerial Priorities – Timely Access to Care; Health Inequalities, Primary Care, Mental Health and Prevention, new quality statements
- Delivery against Four Harms 'Harm from Non-Covid/ Overwhelmed System/ Wider Impacts'
- NHS Wales Recovery Plan / Planned Care Programme/ National Clinical Framework
- NHS England System Planning & Recovery arrangements including establishment of Integrated Care Systems (ICS) and NHS reform
- Recovery and renewal will be subject to investment at national / regional and local levels



The Big Four will take a structured whole system approach to the analysis of needs and gaps and opportunities. Greater joining up of learning and approaches will be a key theme for 2021.



A value based approach will be embedded across the work of the Big Four priority areas to ensure that resources achieve the best outcomes for patients.



Tackling the Big Four in the context of the impacts of the pandemic and pre-existing inequalities will require greater understanding and risk stratification of those most in need.



In a challenging context, robust reviews and prioritisation to ensure those most at risk of harm are offered support will be essential, including peer reviews and use of comparative intelligence and shared learning on evidence based pathways.



Given the complex nature of Powys pathways, involvement in national and regional work (England and Wales) on system recovery planning, clinical prioritisation and resource allocations will be key. Fair access for rural populations using healthcare across boundaries is a priority.



Conversations and engagement with communities at national, regional and local levels will be essential for people to be placed at the heart of decisions made about them, ensuring interventions enable self responsibility and informed choice.



### What will this achieve?

*The Breathe Well Programme will transform the wellbeing, primary and community service model within a whole system approach, improve respiratory clinical outcomes, symptom management and patient experience, and improve outcomes for children and young people, through the implementation of the national model for the management of asthma*

### Key Actions (Refer to Delivery Plan for detailed milestones & timescales)

Delivery of Breathe Well Programme including

- Recruitment to and implementation of the North West & Mid Powys MDT pilot, with evaluation of the approach as part of preparations to move to a pan-Powys respiratory MDT in the future
- Evaluation of the drive-through spirometry pilot in order to finalise and implement a sustainable, value-based solution for spirometry in the context of COVID-19
- Finalising the medical staffing options appraisal as a key component of the model of care
- Continuing to enhance respiratory diagnostics delivered in Powys
- Continuing to deliver the successful virtual pulmonary rehabilitation programme including addressing the existing backlog
- Revisiting pre-COVID-19 respiratory priorities for children & young people and adjusting as needed

### Key Interdependencies

- RHIG and national programme of work including COVID-19 and Long COVID-19 developments
- Addresses all Ministerial Priorities – Timely Access to Care; Health Inequalities, Primary Care, Mental Health and Prevention, new quality statements
- Delivery against Four Harms 'Harm from Non-Covid/ Overwhelmed System/ Wider Impacts'
- NHS Wales Recovery Plan / Planned Care Programme/ National Clinical Framework
- NHS England System Planning & Recovery arrangements including establishment of Integrated Care Systems (ICS) and NHS reform
- Recovery and renewal will be subject to investment at national / regional and local levels
- Collaboration with PTHB Health & Care Academy.



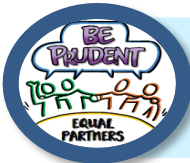
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Given the complex nature of Powys pathways, involvement in national and regional work (England and Wales) on system recovery planning, clinical prioritisation and resource allocations will be key. Fair access for rural populations using healthcare across boundaries is a priority.



Conversations and engagement with communities at national, regional and local levels will be essential for people to be placed at the heart of decisions made about them, ensuring interventions enable self responsibility and informed choice.



### What will this achieve?

*The Circulatory Programme will work to improve outcomes in relation to cardiac conditions, diabetes and stroke by differentiating on the needs of adults and children. The programme will work with patients and clinicians to ensure evidence based transformative activities to reduce inappropriate variation, improve outcomes and ensure value across the whole system*

### Key Actions (Refer to Delivery Plan for detailed milestones & timescales)

Delivery of Circulatory Programme (stroke, heart and diabetes, all age and whole system)

- Agreement of revised circulatory programme arrangements following changes due to COVID-19
- Securing expert clinical input via Cardiac Network to support the development of community cardiology services in Powys
- Completion of the circulatory programme gap analysis reflecting the subsequent publication of the Cardiac Quality Statement(s) and develop a phased plan focussed on reducing inappropriate variation, improving outcomes and ensuring value
- Ensuring a focus on outcomes for diabetes for Powys residents and compliance with essential care processes
- Ensure information gathering using resources of the Cardiac Network ensuring a resident view
- Implement milestones from the revised circulatory plan and develop priorities for 2022-23

### Key Interdependencies

- Addresses all Ministerial Priorities – Timely Access to Care; Health Inequalities, Primary Care, Mental Health and Prevention, new quality statements
- Delivery against Four Harms 'Harm from Non-Covid/ Overwhelmed System/ Wider Impacts'
- NHS Wales Recovery Plan / Planned Care Programme/ National Clinical Framework
- NHS England System Planning & Recovery arrangements including establishment of Integrated Care Systems (ICS) & NHS reform
- Recovery and renewal will be subject to investment at national / regional and local levels

## Chapter 4 – Enablers

This plan also sets out those Enablers which are key to delivering the balance of:

- the immediate priority to respond to the ongoing covid pandemic
- the core operational delivery of essential healthcare and
- the identification and securing of capacity and investment to progress with renewal

These enablers make up the asset base of 'A Healthy Caring Powys'.

They are crucial to supporting and empowering our own workforce and our partnerships; developing innovative environments and ensuring right sized governance.

Plans have been further refined in Quarter 1, with a clear focus on building and releasing capacity for renewal work, in line with National and Regional recovery work in both England and Wales.



# Workforce Futures



Workforce planning for immediate health board priorities of covid response and essential healthcare will remain a significant focus, alongside building the capacity required for the renewal work, in line with national and regional plans and investment.

An enhanced [well-being offer for staff](#) is a key priority in 2021, with targeted action in response to the New Ways of Working evaluation, Staff Survey results and staff engagement including Staff Side engagement. Increasing levels and evidence of sickness absence, exhaustion and increasing mental health needs of staff is emerging. Charitable funds have been used to support staff during the pandemic, and well-being spaces established across all hospital sites. Actions include:

- Utilisation of Silver Cloud Online CBT service and increased Occupational Health and Wellbeing Support Offer
- Implement a structured, planned approach to the delivery of wellbeing support that is well governed and based on data and evidence
- Roll out measures to support staff recovery in the longer term, including potential emerging issues such as post traumatic stress, exhaustion and episodes of long COVID experienced by staff.
- Roll out the Respect and Resolution Policy and Approach to Healthier Working Relationships
- Monitor compliance with sickness absence, and all Wales targets
- PADR and Mandatory Training has suffered due to COVID. Work is in place to steadily return to pre COVID performance levels during Q2/3.

Further progress will be made through [collaboration and partnership working](#) through the Workforce Futures Strategic Framework and [social partnership](#) with trade Unions.

Over the last 12 months we have worked closely to share and deploy workforce with Powys County Council, the Military, MWWFR and PAVO. We will:

- Refocus Chat2Change and the Well-being at work group in line with our approach to healthier working relationships and staff support.
- Complete the All Wales risk assessment to mitigate the adverse effects of the virus on the Black, Asian and Minority Ethnic members of staff
- Further implement the Welsh Language Standards

[Agile working and new ways of working](#) flourished during the pandemic.

- We will update the agile working framework to understand how we can work differently along with digital solutions to support agile working and to prioritise space utilisation.
- Embed new ways of working, and consider the changing needs of our staff including how we deliver sustainable supportive home working arrangements.

[Workforce planning](#) and mobilisation will be shaped by organisational priorities and modelling scenarios. Whilst [recruitment](#) has been positive it is an area of increasing challenge particularly in the areas of medical staffing, registered nursing, Health Care Support Workers and clinical support roles such as sonographers.

- Renew skill mix and establishment requirements to identify opportunities to maximise top of license working, multi-disciplinary teams and the introduction of new roles.
- Ensure operational workforce plans are in place to deliver Covid prevention, response and renewal.
- Maximise opportunities to widen access to roles within Powys, including reviewing our apprenticeship and volunteering and launch kickstart programme
- We will work closely with HEIW and on national programmes such as student streamlining and Train, Work, Live.

An RPB flagship scheme, the [Health and Care Academy](#) will be an exemplar provider of rural, professional and clinical health and care education. Key activities include:

- A recognisable 'brand' and offer from the Academy
- Clear programmes of work for each of the 'School' areas, including demonstrable progress in enhancing the current offer.
- A well-established partnership approach to working with a wide range of provider organisations, with effective governance
- An Academy Hub building offering a modern learning environment

## Innovative Environments

Innovative Environments is about both the physical and thinking space for the health board. A huge acceleration in physical environments was required during 2020 to respond to the pandemic and support will be required to maintain and adapt this provision during 2021, and to respond to the renewal priorities and longer term ambitions.



### Innovative Environments Strategic Framework

We will develop the Innovative Environments Strategic Framework, incorporating learning from COVID-19 and agile working, to support recovery through a holistic integrated model of care. National work to develop a Primary Care Estates Strategy will also be incorporated.

#### Capital Developments and Pipeline

The **Discretionary Capital** Programme in 2021/2022 will support IT and equipment and 25+ projects to enhance clinical space and compliance: £1.431M

**Major Capital Programme** activity will include:  
**Machynlleth Well-being Project:** Full Business Case has been approved in the value of £15.2M: work will commence in Q1 with a 77 week programme period.  
**Ligature Minimisation Project,** pan-Powys: £1M project for completion across Powys sites.  
**Bronllys Health and Care Academy:** further Integrated Care Fund bids in preparation.  
**Brecon Car Park:** Business Justification Case submitted and awaiting decision: £1.4M.  
**North Powys Well-being Programme:** Strategic and Outline Business Case progression in 2021/22.  
**Llandrindod Wells Hospital: £11M** Programme Business Case for Phase 2 submitted to Welsh Government to enable business case driven work to commence on 3-5 year programme.

### Green Health and Decarbonisation

The PTHB Environment and Decarbonisation Framework responds to the critical need to tackle climate change, carbon emissions, and biodiversity loss, aligned to the NHS Wales Decarbonisation Strategic Delivery Plan and Environment (Wales) Act 2016. The ability to drive change is supported by targeted Capital funding from Welsh Government, and PTHB will work jointly with the Welsh Government Energy Service and ReFit Cymru, who provide technical guidance and access to further funding. This will complement the work to maintain ISO14001 certification.

### Estates and Facilities

The focus from Welsh Government in driving down Backlog Maintenance is welcomed. The health board has secured over £2.2M of funding in 2021/22 to enhance fire compartmentation, estate infrastructure and decarbonisation.

### Research & Development

The Research, Innovation & Improvement Coordination Hub will provide facilitation, governance and measurement of improvement for innovation and research.

Supporting improvement and research activity with a mixture of local studies, dissemination and contribution to national and international work including assessing and circulating any Urgent Public Health (UPH) studies.



## Digital First

The Digital rollout plan remains the highest priority, and will remain a significant focus. We will finalise the Digital First Strategic Framework, supporting the covid response, essential healthcare and renewal priorities, identifying areas to improve infrastructure, in line with national and regional plans and investment.



### Digital delivery of Care and Telehealth / Telecare

Acceleration of digital methods of service delivery provide a platform for development in 2021, with further rollout of [Attend Anywhere and Consultant Connect](#), research and development for Application Programming and Interfaces, Chat bot development and Virtual Reality.

Delivery of [WCCIS \(Welsh Community Care Information System\)](#) in 2021 focuses on key operational services to support sustainable delivery of essential and routine care. This includes District Nurse Appointments, Podiatry, Adult Speech and Language Therapy, Primary Mental Health, Pulmonary Rehabilitation, Learning Disabilities, Psychology Services, Complex Trauma Service and Pain Management.

The rollout plan also features further development of the Local and National Mobile Pilot; release testing and implementation for Welsh Clinical Portal (WCP) and Welsh Clinical Communication Gateway (WCCG) and associated hardware.

The [ophthalmology digitalisation programme](#) is underway and moving into the build phase with service engagement informing the implementation.

### Enabling Mobile and Agile Working

A huge acceleration in agile working was supported in 2020 and progresses into 2021, enabling new ways of working to be embedded to support sustainable delivery of care.

This includes the further rollout of [Office 365 \(O365\)](#) with user adoption support and training and technical knowledge transfer, and the migration of shared and person drives to drive agile file sharing and directories.

A [review of mobile phone usage](#) will support cost avoidance and greater effectiveness in the context of wider use of Teams as a communication platform.

Partnership and collaboration is continuing to be driven forward – Digital infrastructure is one of the key priorities for the **Public Service Board** taking a longer term view to support connectivity in rural Powys. Alignment with the National Digital Health and Care Wales plan will also be key to digital transformation.

### Digital Intelligence and Infrastructure

The acceleration of digital usage introduces challenges and opportunities for infrastructure. Priorities for 2021 include finalising the [decommissioning of legacy systems](#) and [rationalisation of system](#) use no longer required, options for [cloud](#) hosting as an alternative Data Centre, development of the [Power BI Platform](#), managed print solutions and options for [digitalisation of the health record](#).

[Cross border functionality](#) is also being improved to support access to the Patient Administration System (PAS) and a particular focus on radiology and pathology results on Welsh Results Reporting Service and Welsh Clinical Portal (WCP).



## Transforming in Partnership

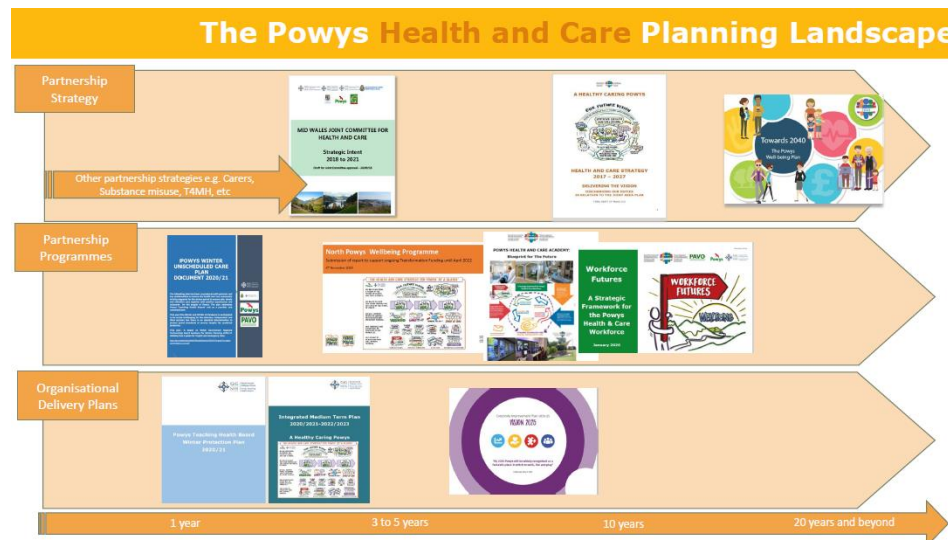
Partnership working is a strong tradition in Powys and has proven to be critical during the pandemic.

Key services such as [Test, Trace and Protect](#) and [Covid-19 Vaccination](#) relied on integrated delivery across the public and third sectors as well as local business and residents themselves.

This increased collaboration was supported by key stakeholders including the Community Health Council who similarly responded at pace to adapt their ways of working. Liaison was increased to a weekly frequency to ensure adequate touchpoints in a fast changing national and local environment.

This engagement was also seen in the [staff side](#), where the partnership with Trade Unions was essential during a period of rapidly changing deployment requirements. The positive results in the NHS Wales Staff Survey and the PTHB evaluation of New Ways of Working demonstrate the value of the increased staff engagement. This provides a platform for 'social partnership' and is a key part of the refresh of the PTHB [Organisational Development Framework](#) in 2021/22.

Work carried out across [key partnerships](#) in Powys in December 2020 enabled partners to consider the whole planning landscape and develop plans collaboratively for 2021/22:



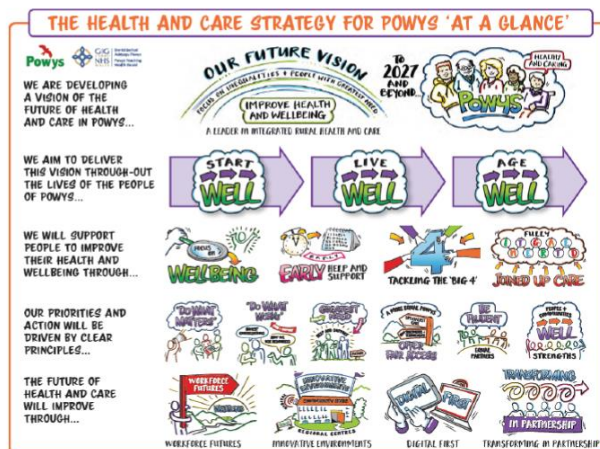
It has also been agreed that the following [population assessments](#) will be jointly co-ordinated in 2021:

- Wellbeing Assessment (Public Services Board)
- Population Assessment (Regional Partnership Board)
- Market Stability Assessment (Regional Partnership Board)

This will ensure that intelligence is shared and assessed across all partners, generating a more accurate and comprehensive picture of the needs of the people of Powys which will be used collectively and within individual organisations to inform policy and planning priorities going forward. This will contribute to the Mid Wales Growth Deal and Mid Wales Joint Committee for Health and Social Care as well as the key Powys Partnerships.

The Health and Care Strategy provides the golden thread across all Powys partnerships with significant achievements made to date, ensuring the capacity and capability of the health board and other individual partners is focused on shared recovery goals, as part of the renewal and transformation work across the system.

The Health and Care Strategy 'A Healthy Caring Powys' remains the anchor strategy across all partnerships in Powys.



The **Powys Regional Partnership Board** has a key role in longer term recovery and priorities, shaped around the shared Health and Care Strategy 'A Healthy Caring Powys'.

This is shaped around a life course approach of Start Well, Live Well and Age Well, with Cross Cutting Themes. Work in 2020 has built on the Powys Outcomes to further define what success will look like on each of the well-being objectives in the strategy.

RPB Programmes for 2021/22 include:

- The **North Powys Well-being Programme** – further detail on this flagship transformation scheme can be found in the Priorities section of this Annual Plan
- **Workforce Futures** Programme, including the development of a Health and Care Academy within Powys, further detail can be found on the Workforce section of this Annual Plan
- **Start Well** – Children's Zone for families with complex needs (Newtown); Children on the Edge of Care, Integrated Autism Service; Emotional health and wellbeing including Missing Middle support; Safer accommodation to support children and young people with complex needs.
- **Live Well** – Community Connectors; Home support; Dementia Home Treatment; Access Support (Disability Powys)
- **Age Well** – Befriending; Digital Social Care; Micro Enterprise Development; Enhanced Brokerage; Right sizing care packages; Integrated Commissioning Practice and Extra Care Development in Brecon
- **Cross cutting** – Carers; Assistive Technology; Social Value Forum; Welsh Language; Workforce; PAVO Engagement; RPB Operations/Development Programme.

The **Powys Public Services Board** has agreed twelve well-being steps to be taken in Powys to achieve longer term sustainability and improvement, in its Well-being Plan 'Towards 2040'.



# Well-being 12 steps



We have agreed an initial 12 well-being steps to deliver our local objectives in this first plan. These are collective steps, where we need to work together and enhance the work we're doing as individual organisations and communities. Again more detailed information about the steps is provided later in this plan.

01		Actively engage with residents, communities and key stakeholders to promote, shape and deliver our vision for 2040	07		Develop a carbon positive strategy that maximises green energy production
02		Establish a simple and effective performance management framework to monitor progress in delivering the well-being steps and achieving the vision	08		Develop a sustainable environment strategy
03		Work with and influence others to improve our transport infrastructure, our existing transport links and develop a sustainable and integrated approach for planning and delivery	09		Undertake market research and establish an effective infrastructure to support active enjoyment of the environment and adventure tourism
04		Work with and influence others to ensure improved digital infrastructure for Powys	10		Develop a strong brand to promote and attract inward investment into Powys
05		Develop a joint approach to community resilience by co-ordinating existing support and building the skills and capacity within communities helping them do the things they can do for themselves	11		Implement more effective structures and processes that enable multiagency community focused response to wellbeing, early help and support
06		Develop a holistic approach to skills and lifelong learning, which offers a range of formal and informal opportunities, including apprenticeships and traineeships	12		Develop our organisations' capacity to improve emotional health and well-being within all our communities

Following a review carried out at the end of 2020 to consider the impact of the pandemic, it was agreed that the twelve steps remained relevant and inform the future plan. Of these, the three key priorities for 2021/22 are decarbonisation, sustainable environments and digital infrastructure.

The **Mid Wales Joint Committee for Health and Care** brings together the strategic plans of the Mid Wales Health Boards, in collaboration with cross border organisations in particular in Shropshire/ Telford and Herefordshire/Worcestershire.



For 2021/22 the priority areas for joint working have been reviewed in the context of the development of Recovery Plans and Annual Plans for 2021/22 with advice from the Mid Wales Clinical Advisory Group.

The priority areas include ophthalmology, urology, cancer, respiratory, dental, rehabilitation, digital, hospital based care and workforce planning including cross border considerations.

### **Cross Border/ Regional and National Interdependencies**

Powys residents travel across borders in both England and within Wales, accessing planned and unscheduled care from a number of neighbouring providers and healthcare systems. In many cases the provision outside the county are the main patient flows for that type of care, particularly for District General Hospital care including urgent and emergency care, Specialised Care and planned care where it involves consultant medical care.

The majority of spend on healthcare provision for Powys residents is across the border into England and is therefore inter-dependent on the NHS England Recovery Plans and development of Integrated Care Systems. The latter places a greater emphasis on regional whole system working, with the Shropshire, Telford and Wrekin and Herefordshire and Worcestershire systems being of particular importance for the care for Powys residents.

The 'strategic change' programmes across the border in England and within Wales were suspended or changed in response to the Covid-19 pandemic. These are being reviewed as part of each area's recovery planning work. This work is evolving rapidly and will be tracked and analysed throughout the year.

*Further detail on alignment with these key drivers is noted in relevant sections throughout the Annual Plan*

#### Key Drivers: NHS Wales

- National Recovery Plan and National Clinical Framework
- National Programmes for Planned Care; Primary Care and Unscheduled Care
- Emergency Ambulance Services Committee (EASC) Plan and Welsh Ambulance Services Trust (WAST) Plan
- Welsh Health Specialised Services Committee Integrated Commissioning Plan (WHSSC ICP)
- National NHS Wales Trusts plans and strategies notably Health Education and Improvement Wales (HEIW); NHS Wales Shared Services Partnership (NWSSP) and the newly formed Digital Health and Care Wales (DHCW)
- NHS Wales Collaborative Programmes for specific health conditions and related implementation plans / change proposals including Vascular, Thoracic, Cancer
- NHS Wales Regional Forums and Programmes which include the development of regional recovery opportunities
- Neighbouring Health Board Strategic / Annual Plans and Recovery Plans

#### Key Drivers: NHS England/ Improvement

- NHS England/ Improvement – Recovery Plan and Operational Planning Guidance
- Integrated Care System Regional Plans (Shropshire, Telford & Wrekin and Herefordshire and Worcestershire in particular)
- Cross border change programmes including NHS Future Fit (Shrewsbury and Telford Hospitals) and Stroke Programme (Herefordshire and Worcestershire)
- NHS Trust Provider Plans / Service changes and restoration

## Quality and Safety

Quality has been a core principle throughout an extra-ordinary year and central to the efforts to respond to the pandemic and its impact going forward. This Annual Plan should be read as a whole to understand the full context:

- The Plan on a Page sets out the overall planning and delivery framework, which is important in relation to the way the health board adapts its approach in the context of the pandemic, to deliver safe, effective and quality care at an extra-ordinary time
- Chapter 2 sets out the assessment of population need, with an overview of how the pandemic has impacted on people's well-being. This is important context for understanding what quality means in broad terms, as the foundation for quality of life and experience.
- Chapter 3 sets out the priorities for Covid related care and includes the Clinical Response Model which provides the basis for the provision of care specifically for those with Covid-19 and Long Covid.
- Chapter 3 also sets out the arrangements for the delivery of essential services across primary care, community care, acute and specialised care.
- Chapter 3 also encompasses whole system transformation and renewal and highlights areas which are important in relation to quality and patient experience, including:
  - the South Powys pathways in response to the opening of the Grange University Hospital;
  - assurance work in relation to those providers subject to special measures including Shrewsbury and Telford Hospitals NHS Trust and Cwm Taf Morgannwg University Health Board

## Clinical Quality Framework

Clinical quality and improvement is a priority for 2021/ 22 ensuring a focus on quality, safety and experience as recovery and renewal plans and priorities are developed.

The Clinical Quality Framework was developed in 2019 and encompasses the fundamental pre-determinants of the delivery of high-quality clinical care, including:

- Quality and patient safety
- Organisational culture - encompassing honesty and openness
- Clinical leadership
- Learning and improvement
- Clinical quality intelligence

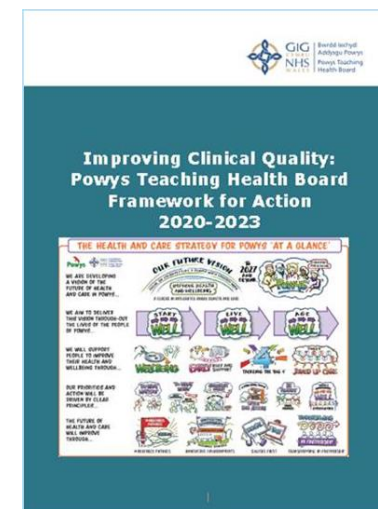
## Infection Prevention and Control

Infection prevention and control including the prevention of nosocomial spread is a core part of the work programme.

This includes the systematic identification, management and review of nosocomial transmission.

Priorities include supporting enhanced settings in maximising the opportunity to prevent transmission and developing capacity and capacity within the IPC and wider workforce.

Further detail on the range of measures and controls is set out in separate reports to PTHB Board including the Annual Report.



## Safeguarding and Vulnerable Groups

This is an important area of partnership working locally and regionally; the following priorities have been identified:

- Ensuring legislative compliance to protect vulnerable groups
- Readiness for the introduction of Liberty Protection Safeguards
- Enabling our workforce to identify and escalate issues of vulnerability across the age ranges and in any setting
- Supporting initiatives aimed at reducing inequalities and increasing access for vulnerable populations.

## Maternity and Neonatal Services

Maternity and neonatal services are a priority nationally and locally. The whole system approach to services is a key quality governance priority.

The Ockenden Review findings and action plan in Shrewsbury and Telford NHS Trust remains a priority.

The Healthcare Inspectorate Wales (HIW)/Wales Audit Office Action Plan and the latest HIW Maternity Services Thematic and Local Reviews form key improvements actions for 2021/22.

## Carers Strategy

The health board works in partnership via the RPB to deliver the Carers Strategy for Powys.

This takes account of the newly published [Strategy for Unpaid Carers](#) which engagement with **unpaid carers** and the groups and organisations who represent them.

It outlines key areas of support for **unpaid carers** through various avenues of funding, support for the roll-out of a national young **carers** ID card, and also sets out revised national priorities.

## Key Areas of Action

- Delivery of the clinical quality framework implementation plan
- Establish and maintain systems and processes to ensure people receiving care in Powys are safeguarded including in light of emerging wider harm from covid
- Maximising the health board's compliance with Deprivation of Liberty Standards and implementation of the Liberty Protection Standards as per national requirements
- Deliver the infection prevention and control plan and implement the nosocomial patient and staff processes in line with national requirements
- Establish a value based, integrated health board approach to NHS continuing health care across the age ranges to include quality performance and finance
- Revisit and revise care home governance arrangements, including those related to escalation in partnership with Powys County Council based on learning from the pandemic
- Enable the health board to be Nurse Staffing Levels Act compliant, including demonstrating preparation for extension of the Act and revision of the nursing workforce model in community hospitals
- Secure and maintain compliance with Putting Things Right Guidance, including early revision of policy, supporting capability and capacity building within the health board
- Quality assurance in relation to pathway changes for Powys residents for maternity and neonatal services in response to the opening of the Grange University Hospital
- Quality assurance in relation to the wider maternity and neonatal agenda in line with the Commissioning Assurance Framework

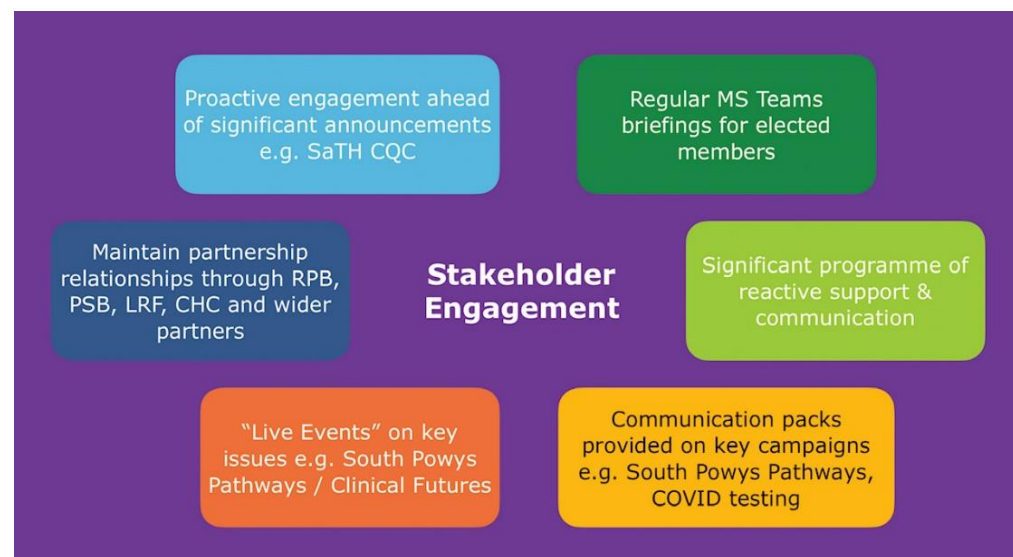
## Communications and Engagement

The COVID-19 vaccination and Test Trace and Protect programmes remain areas of significant priority and resource; communication and engagement is also being built into the renewal programme as the plan develops and evolves.

### Key Actions:

- Ongoing engagement in temporary and ongoing service change – both for the health board as a direct provider and commissioned services from neighbouring health boards – including implementing the learning from COVID-19 in future service delivery.
- The promotion of well-being support for staff and communities includes daily bulletins, videos, updates on service and role developments, 'Stay Well in PTHB' Facebook page and health board social media accounts, promoting access to SilverCloud, well-being training and occupational health.
- Maintaining robust engagement with key partners and stakeholders including Community Health Council, local politicians, press and media activity on key areas of interest and joint work.
- Support to priority programmes of work locally, regionally and nationally including transformation, health inequalities and renewal including for those personally affected and awaiting treatment. This includes key campaign areas such as Help Us Help You to support appropriate access to services and help manage expectations in relation to recovery and restart.
- Social media has been a key channel for public and stakeholder updates, engagement and feedback throughout the year and online events have been well attended and received, this will be built upon in 2021/22.

- Fully embedding the new health board website and concluding programme for intranet migration will be completed by 31 March 2022, as well as establishing our new Engagement HQ engagement platform to support our ongoing conversation with communities and stakeholders about priorities, challenges and progress.
- Ongoing engagement in temporary, interim and ongoing service change – both for our own provider services and those we commission from neighbouring health boards – including implementing the learning from COVID-19 in future service delivery.
- Ensuring the Powys resident's voice is heard in consultations on service changes, ensuring opportunities for stakeholder engagement and informed responses.



## Chapter 5 – Delivering the Plan

This is an ambitious plan. It is recognised that this must be set in the context of the pandemic which remains a significant public health emergency. Therefore the Plan is structured around the delivery of three clear elements and the risks, assurances and governance that is required to ensure a balanced approach.

- There is a clear focus on the response to the ongoing public health emergency posed by the pandemic including the delivery of Test, Trace and Protect and the Covid-19 vaccination programme.
- Essential healthcare features strongly in relation to the ability to provide the healthcare offer to the population from both the health board as a provider and through commissioned services.
- The Plan also takes a longer term view, across the 3 years of a more traditional integrated medium term plan and beyond that to the ambition of 'A Healthy Caring Powys' which is the shared long term health and care strategy. It sets out the evidence base as a rationale for the core priorities and proposes a significant renewal endeavour.

### Strategic Risk Management

The Board has in place the pillars of its governance arrangements: the Risk Management Framework; the Assurance Framework and the Corporate Risk Register.

These arrangements provide a 'golden thread' so that high level risks are visible and are escalated, as necessary, to the Board.

Robust risk management is integral to good management and the aim is to ensure it is integral to the health board's culture.

It is an increasingly important element of the health board's planning, budget setting and performance processes.

The Board's Risk Management Framework sets out the processes and mechanisms for the identification, assessment and escalation of risks.

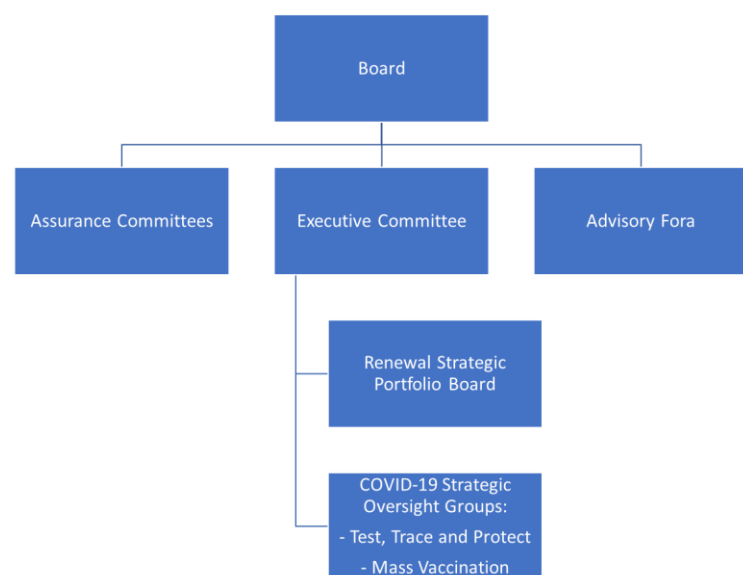
The Corporate Risk Register identifies the key risks to the delivery of our aims and strategic objectives.

Emerging risks to delivery of the Board's Strategic Objectives 2021-22, include those below, and further detail is available in the Board's Corporate Risk Register.



## Governance and Assurance

Delivery of the Plan is routed through the Board's Executive Committee. The Executive Committee is responsible for ensuring the effective operational co-ordination of all functions of the organisation and delivery of the Strategic Objectives set by the Board. The Executive Committee reports directly into the Board and provides assurance through to the Board's Assurance Committees, as set out in the Board's Standing Orders and Scheme of Delegation and Reservation of Powers.



### Annual Governance Programme 2021/22

The Board has a clear understanding of which governance arrangements require further development and has focused action to deliver improvements. The Annual Governance Programme is updated annually to reflect the priorities for delivery and is closely aligned to the Board's Organisational

Development Framework and the Board's Development Plan. These three documents together will enable the organisation to embed good governance, led by a high performing unitary board

During 2021/22, the Annual Governance Programme will deliver action to:

- Ensure Clarity of Purpose, Roles and Responsibilities
- Ensure an Effective Board
- Embed a Risk and Assurance Culture

## Monitoring and Reporting Progress

The PTHB Annual Plan was produced in draft in March 2021 in line with Welsh Government requirements and updated to a final version in June 2021, taking into account feedback and further requirements set out in correspondence from Welsh Government in April and May 2021. This Final version has been approved by PTHB Board on 29 June 2021 and submitted to Welsh Government on 30 June 2021.

It forms the basis for accountability throughout the year including a review process carried out by Welsh Government and the confirmation of approval, subject to any feedback and subsequent amendments, in summer 2021. This forms the basis for assurance meetings including Joint Executive Team meetings and Integrated Quality and Planning Meetings during 2021/22.

### Delivery Against Plan 2021/22

Delivery against the plan is overseen internally by PTHB Board and Committees of the Board, informed by Directorate reporting against plan and key performance indicators.

This is supported by a 'golden thread' which ensures that individual and team performance objectives are clearly linked to the organisation's strategic objectives and milestones can be identified and tracked.

The reporting arrangements are intended to be proportionate and regular ensuring an effective approach to monitoring performance, agreeing actions and follow-up to ensure corrective action when appropriate.

This system of reporting and review is designed to provide assurance through to Committees of the Board, the Board and Welsh Government on the quality and safety of services and delivery against the board's strategic objectives.

In 2021/22 this is set in a complex and changing context which requires additional areas of focus, notably the ongoing response to the pandemic; the delivery of essential healthcare and the renewal priorities.

### Performance Reporting for 2021/22

The NHS Wales Performance Framework and National Outcomes Framework is being reviewed by Welsh Government in 2021/22 and this will be taken into account in the PTHB Reporting arrangements in year.

Reporting on key measures will be made to Delivery and Performance Group, Performance & Resources Committee and PTHB Board.

The Minimum Dataset submitted with the Annual Plan sets out trajectories for the year and is also reported to Delivery and Performance Group and Performance & Resources Committee.

Oversight and surveillance of Covid-19 itself is in accordance with the PTHB Prevention and Response Plan and agreed local governance arrangements, which take into account national requirements.

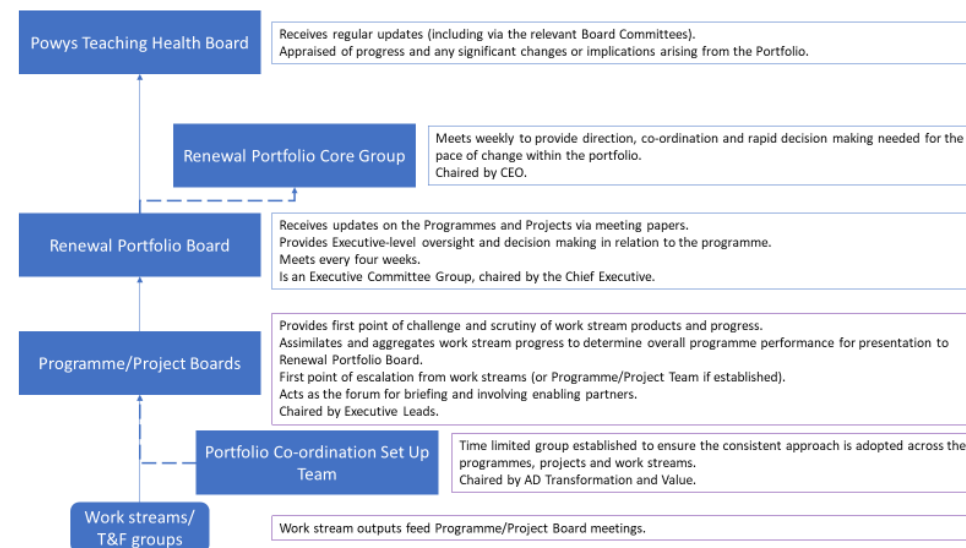
Reporting on Essential Healthcare in the context of the response to the pandemic was initiated in 2020/21 and this is a key feature in the PTHB Performance reports.

The progress against renewal priorities will be tracked as part of an agreed programme approach, ensuring the complex interdependencies and management of risk are appropriately reported and understood and the intended benefits and outcomes are measured.

A Chief Executive-led Renewal Strategic Portfolio Board has been established to drive, govern and co-ordinate the work required.

The Renewal Portfolio Board is a sub-group of the PTHB Executive Committee meeting every four weeks. The Portfolio Board is supported by Renewal Portfolio Core Group to ensure regular oversight and decision-making to enable progress at pace.

This includes delivery against the additional investment provided by Welsh Government at each stage of recovery planning.



**Please also refer to the Supporting Information Pack which includes a Schedule against the Planning Framework requirements for 2021-22 including Ministerial and Welsh Government priorities and legislation.**

## Finance

The 2021/22 **Financial Plan** for Powys Teaching Health Board is designed to meet the Annual Plan priorities and to support Powys residents having ongoing access to good quality health services that meet their needs whilst achieving the target of containing expenditure to within the resources available. Ensuring that the health board remains in a balanced financial position will be a very significant challenge for the Board and Management teams over the next 12 months and will require:-

- Excellent Financial and Service Planning
- Strong Discipline and Control – in All Budget Areas
- Excellent Financial Interaction
- Ownership and Buy in Across the Organisation
- Leadership
- New approach to the delivery of reducing costs linked to the 4 quadrants (see Finance Diagram 1) to support longer term sustainability.

The proposed financial plan has been developed using the latest assumptions regarding the health board's potential funding from Welsh Government, the likely cost pressures and a realistic, but challenging view of the cost saving potential of services. The major modelling assumptions are as follows:

- 2% Uplift to LTAs for English and Welsh providers
- 1% Uplift to pay pending any new pay deals
- 2% Uplift for Nursing Home Packages of Care
- Cost containment for all other areas to minimise any increase in savings requirement
- No uplift for Primary Care as assumed any changes to the contracts will be funded in full by Welsh Government

- Allocations for accelerated depreciation, depreciation for donated assets, impairments and approved capital charge funding with confirmed strategic support will be issued as direct funding where applicable
- The cost of Recovery for Powys THB as a provider are included in table 1 but costs for additional activity linked to English providers are to be confirmed but it is assumed will be funded in full.
- All Covid related expenditure (direct and indirect) to be funded based on the assumptions within Table 1 and those listed in the Covid Expenditure section below.

Summary of the financial plan for 2021/22 is provided in table 1:

Finance Table 1: Summary Financial Plan

2021/22 PthB Annual Plan		
	£'000	£'000
<b>Assessment of Plan:</b>		
Opening Plan 2021/22	5603	
Covid Core	23261	
Covid - WG Allocated Projects	1016	
Recovery Costs 2021/22 Powys Provider	2500	
Recovery Costs 2021/22 English Providers	TBC	
		32,379
<b>Additional Allocations:</b>		
Covid Testing	(1278)	
Covid Contact Tracing	(3849)	
Covid Mass Vac	(6767)	
Covid Cleaning Standards	(564)	
Covid Care Homs Sustainability	(960)	
Covid PPE	(458)	
Covid - WG Allocated Projects	(1016)	
Sustainability NR CF Deficif Support	(5603)	
Sustainability Core	(7519)	
Sustainability Core	(1878)	
Recovery Costs 2021/22 Powys Provider	(2500)	
Recovery Costs 2021/22 English Providers	TBC	
		(32393)
<b>Summarised Plan 2021/22</b>		<b>(13)</b>

The plan is predicated on the following assumptions and any changes to the delivery of these will impact on financial performance and outturn in 2021/22:

- £5.6m Opening Plan:
  - In 2020/21 PTHB set an ambitious target to deliver £5.6m savings recurrently. The impact of Covid has meant that only £0.5m has been achieved and so there is an opening requirement brought forward in the plan of £5.1m.
  - There were also costs from 2020/21 where the full year effect is higher in 2021/22 and were not reported as an underlying pressure within the 2020/21 MMR, which increased the underlying challenge by a further £0.5M.
  - Within the opening plan is the assumption that PTHB will achieve 50% delivery of the historic level of savings on the basis that related action will commence for the start of Quarter 3.
- Covid Expenditure (Table 2):
  - Test Trace Protect – full year cost of programme based on the workforce model.
  - Contract Tracing – full year cost of programme based on the workforce model and the Local Authority costs submitted in April 2021 continuing to 31<sup>st</sup> March 2021.
  - Vaccination Programme – assumes cost continue for 6 months to the end of Q2, based on the cost as per surge 1 model adjusted for an assumption that 20% of staffing resource will continue to be met by redeployed staff. A nominal service cost has been entered for Q3 and Q4 at this stage to be reviewed and updated as further clarity on the full model to support the booster programme is available, all updates will be provided through the monthly Finance Monthly Monitoring Submission.
  - Surge/Field Hospitals – nil as PTHB has no field hospitals, bed capacity to be provided in line with Winter Surge levels and included in the 'Other' line.
- Cleaning Standards – full year cost included based on workforce modelling.
- Adult Social Care Guidance – full year cost included based on 220/21 position, excluding Voids which are now managed by the Local Authority via the Hardship fund.
- Extended Flu Campaign (linked C-19) not included in plan but assumed all related costs will be funded by Welsh Government.
- Other: assumes cost in place full year as per details in table 3.
- Funding – in addition to the Annual Allocation letter issued in December 2020 and the first tranche of Covid Sustainability funding, the further assumptions built into the plan in funding are:
  - The plan assumes there will also be further funding of £5.6m to support the Non-Recurrent Underlying position for 2021/22, which is predominantly the unmet savings brought forward and a further £1.9m for 'general covid' support for Q3 and Q4.
  - Funding for TTP, Mass Vaccinations, PPE, Care Home Sustainability, Cleaning Standards and Extended Flu Campaign will be funded in additional to the 'general covid' funding based on actual costs submitted in Table B3.
  - Funding of £2.5m has already been allocated to PTHB (provider section) in the first tranche of Recovery money. Any costs for the treatment of Powys patients on Waiting Lists of Welsh providers outside of Powys will be met via the allocations directly allocated by WG to Health Boards.
  - Funding for Covid Recovery with English providers would be allocated separately and neither funding nor costs have been included in the plan at this point.

Finance Table 2: Covid Core Forecast Expenditure from Table 1

Forecast Covid Expenditure			
	Pay	Non Pay	TOTAL
	£'000	£'000	£'000
Test, Trace and Protect	1845	3282	5128
COVID-19 Vaccination Programme	4768	1999	6767
Surge Capacity/Field Hospitals	0	0	0
Cleaning Standards	512	52	564
CHC/FNC Packages	0	960	960
Other COVID-19 related spend	1703	8140	9843
<b>Total</b>	<b>8,828</b>	<b>14,433</b>	<b>23,261</b>

**Finance Table 3: Breakdown of Covid Other from Table 2**

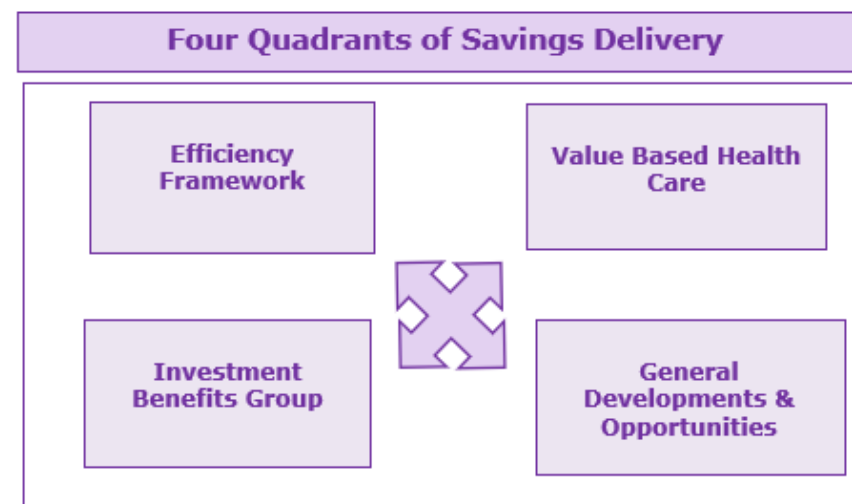
Detail Other:	Total £'000	Detail Other:	Total £'000
<b>Pay (CleanStd)</b>		<b>Non Pay (exc CHC/FNC&amp; CleanStd)</b>	
PPE Additional Staff	130	Loss Dental Income	1445
Clinical Ed Facilitator	48	Prescribing	1380
Bank/Agency/OT/Excess Hours (as pe	1010	Oxygen	200
FT Medical Staff	94	M&SE	173
Long Covid Support	74	PPE	458
Admin Posts (See Below)	110	Block LTA Arrangements	3411
Nurses (See Below)	103	Estate/Security/Equipment/IT	740
Pharmacist (See Below)	77	Other	332
SFT Students/Bank	57		
<b>Total</b>	<b>1,703</b>	<b>Sub Total</b>	<b>8,140</b>

There are also a number of specific assumptions linked to the plan which are in addition to the assumption detailed above. Any change in assumptions will result in a risk:-

- Whilst Welsh providers will remain on a block quantum LTA value for 2021/22, the arrangements in England are only in place until the end of Q2. Therefore, any impact from moving from a block back to a cost per case, which is not linked to recovery, may present a risk.
- All 'Other Covid' expenditure detailed on table 2 does not exceed forecast outlined in the plan
- In recognition that there has been limited savings delivery in 2020/21 as a result of the pandemic, the Board have agreed to hold the savings requirements at 2020/21 levels. However, this means there is no uplift for budget holders with the exception of the national areas as detailed above. Therefore, all Budget Holders will need to manage expenditure within the budgetary levels set throughout 2021/22.
- High risk areas for the Health Board on Continuing Healthcare and Prescribing are managed within the levels set in the plan.
- Delivery of Efficiency Savings Target of £1.7m – requires delivery from Quarter 3 on the unmet c/f savings target from 2020/21. In contradiction to the first bullet point, remaining on a Block arrangement with English providers for Q3 and Q4, will impact on the PTHB's ability to deliver savings and meet the £1.7M target.
- South Wales Programme – there is no material financial impact from any changes in patient flows linked to the Nevil Hall/Grange and Prince Charles Hospital.

To support the delivery of the £1.7m of savings requirement in 2021/22 and delivery of longer-term sustainability (which underpin the plan), a sustainable 4 Quadrants approach will be adopted. This provides structure and governance for delivery of the efficiency savings requirement and the wider financial plan:

**Finance Diagram 1: The Four Quadrants**



Quadrant 1: The Efficiency Framework commenced at the start of 2021, underpinned by 4 Executive Lead workstreams (Pathways, Continuing Health Care & Non-Pay, Medicines Management, Workforce Efficiencies).

Quadrant 2: Value Based Health Care to supplement the Efficiency Framework and support a new team to drive value and efficiencies in collaboration with improved patient outcomes.

Quadrant 3: The Investment Benefits Group to support the Health Board in overseeing requests for investment to ensure they meet the requirements, are financially robust, and to monitor outcomes both financial and clinical over medium and long term to track delivery.

Quadrant 4: General Developments & Opportunities will follow the more traditional approach of identifying savings with Budget Holders, which may not result in overarching strategic change but will contribute to the delivery of the overall savings target.