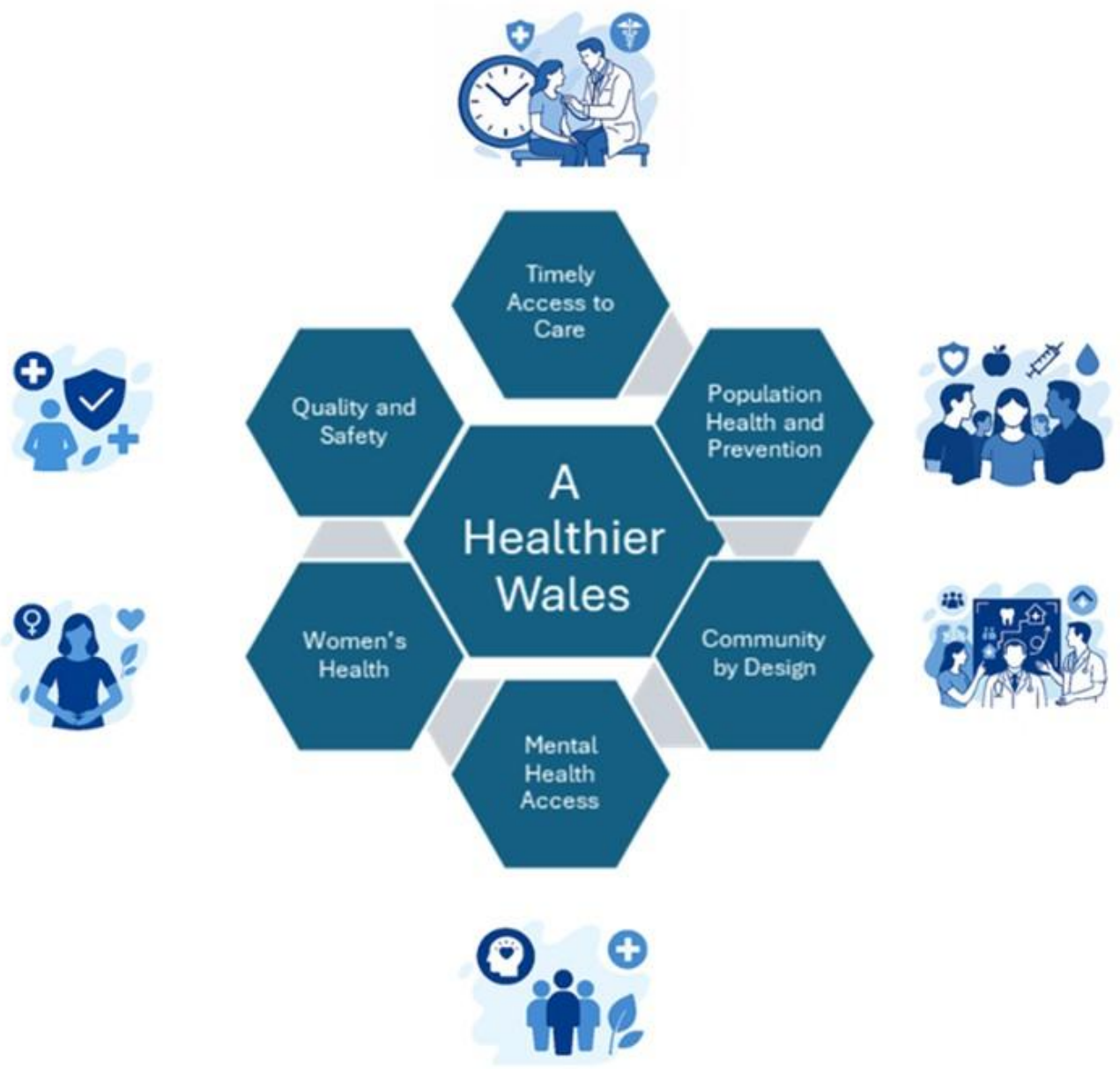
NHS Wales Technical Planning Guidance 2026-29



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Foreword by the Welsh Government Director for Strategic Planning

I am pleased to confirm that the Cabinet Secretary for Health and Social Care issued the NHS Planning Framework on 19 December. The Cabinet Secretary set out his 3-year strategic priorities for NHS Wales, alongside the delivery expectations for each priority. The strategic priorities will be familiar to planners and are:

- Timely Access to Care
- Population Health and Prevention
- Community by Design
- Mental Health Access
- Women's Health
- Quality and Safety

You will note there has been a slight change from last year's 'Building Community Capacity' priority, moving to 'Community by Design'. For clarity, this reinforces the priority placed on the Welsh Government policy of integrated service redesign and delivery of whole system pathways, and the recent establishment of the Community by Design Transformation Programme. This sets out the need for strengthening the provision of care outside the hospital setting, wherever appropriate and redefining what is required in secondary care. The Cabinet Secretary is keen to see greater progress at pace. As you develop your plans, it would be very helpful if your plans clearly describe how your organisation is transforming its health and care services in line with this agenda, including the specific changes you intend on making and, importantly, by when.

Quality has always been a core requirement of plans and planning, and this should be at the heart of everything we do, but you will see that this year the Cabinet Secretary has added Quality and Safety as a strategic priority in its own right. I believe this is the right thing to do, with a clear focus on improving safety and outcomes and emphasising the importance of focussing on quality in all of the decisions we need to make.

Similar to last year, clear delivery expectations against each of the priorities have been set out in the Planning Framework and it is worth noting that there may be some national requirements and expectations, which will be specified by the recently established Community by Design Transformation Programme Board. Professor Isabel Oliver, Chief Medical Officer for Wales, is leading this work and I know she will be working in partnership with NHS Chief Executives and wider NHS colleagues as this programme develops.

A set of evidence based enabling actions have again been issued. These have been amended accordingly based on progress against last year's actions and aim to drive forward further improvements on a consistent basis to reduce variation. The expectation is that organisations 'adopt or justify' these actions to reduce the variation that currently exists across organisations.

Last year the Planning Framework and the NHS Financial Allocation letters were issued on the same day and I know this was welcomed by the planning community as this alignment

supported your planning arrangements. This year, for the first time, we issued the Planning Framework and allocation as one document, which I trust is helpful and provides clarity.

The NHS Planning Framework, Ministerial Templates and the MDS continue to provide a suite of documents to help organisations produce coherent plans within the resources available that deliver safe, equitable services for their populations and to meet the requirements of Welsh Ministers.

The planning environment remains hugely complex and I want to recognise the ongoing challenges the NHS in Wales continues to face as we work together to help ensure patients in Wales receive the high quality, safe and sustainable health and care services they have the right to expect.

This technical document is intended to help planners by providing supplementary policy information alongside the statutory NHS Wales Planning Framework 2026-29.

The policy areas covered are not new and this document is not exhaustive but is intended to provide further supporting guidance on the areas set out in the Planning Framework and support service delivery.

As always, thank you for your ongoing support to further develop both planning and the planning profession. I look forward to seeing your plan submissions in March.

Samia Edmonds MBE

Director for Strategic Planning

Health, Social Care & Early Years, Welsh Government/ NHS Wales

NHS WALES TECHNICAL PLANNING GUIDANCE

1. CONTEXT

The strategic landscape for NHS Wales has built strongly on the world leading Well-being of Future Generations (Wales) Act 2015 and the complementary A Healthier Wales strategy as a 10-year for health and care. Following the refresh of A Healthier Wales actions in 2024, the focus remains on delivering a whole system approach that is equitable for all. Our services and support should deliver safe high-quality care, which is equal for everyone in Wales and looks to ensure our services are sustainable both now and in the future. There is a core emphasis on taking a preventive, person centred approach to delivering high quality safe services which reduce health inequalities and delivering value in health. These elements are the core principles of an effective health and care system and set the overarching context that must shape how the Welsh NHS operates and delivers.

Well-being of Future Generations

The Well-being of Future Generations (Wales) Act 2015 provides Wales with groundbreaking legislation that places a statutory duty on public services to ensure that we make the best decisions that address both the here and now and the future. It provides the overarching template for A Healthier Wales and the driver for better health outcomes going forward. To give current and future generations a good quality of life we need to think about the long-term impact of all the decisions we make. While this provides clear challenges, the opportunities are immense. Using the sustainable development principle and the five ways of working, as part of our governance and decision making, we can create the environment in which populations can thrive.

Wales faces wider challenges now, and in the future, such as climate change, poverty, health and well-being, the ongoing legacy of Covid-19, access to good quality housing, education, jobs and economic activity. Our citizens and the NHS are impacted by all these factors and to tackle these we need to work together.

The specific challenges facing the NHS are complex and many of them will only be addressed by embracing integrated, collective and engaging approaches that focus on prevention and create sustainable foundations in the long term. **Therefore, plans must include evidence of how your work is further embedding the principles and actions consistent with the Well-being Act. This is closely linked to Value in Health.**

Plans must include a review of the organisations' Well-being objectives in line with the Social Partnership and Public Procurement (Wales) Act 2023 (SPPP Act). Ideally these will be the same as the organisation's overarching Strategic Objectives and align to the organisation's Value in Health work, organisational strategies, delivery plans and be embedded in your governance structures.

The SPPP Act places a duty on the NHS and other listed public bodies in Wales, in so far as is reasonable, to seek compromise or consensus with their recognised trade unions when setting well-being objectives under the Well-being of Future Generations (Wales) Act 2015, and when making decisions of a strategic nature about the reasonable steps they intend to take to deliver those objectives.

Public bodies listed in section 6(1) of the Well-being of Future Generations (Wales) Act 2015 organisations are subject to the social partnership duty which commenced on 1 April 2024, and will need to be satisfied as to how those requirements are being or will be met. The social partnership duty and reporting requirements are set out in sections 15, 16 and 18 of the SPPP Act[1]. Under section 18, public bodies must prepare a social partnership report in respect of each financial year on what they have done to comply with the social partnership duty. The report must be agreed with the public body's recognised trade unions or contain a statement explaining why it was not agreed. The report must also be published and submitted to the Social Partnership Council (SPC) as soon as reasonably practicable after the end of the financial year.

[1] https://www.legislation.gov.uk/asc/2023/1/contents/enacted

A Healthier Wales

A Healthier Wales[2] (AHW) remains the strategic, long-term plan for health and social care in Wales. It sets out the long-term future vision of a 'whole system approach' which is focused on keeping people well by anticipating health needs, preventing illness, and reducing the impacts of poor health (inequalities).

Our ambition in AHW is to ensure that services deliver high quality of care, and achieve more equal health outcomes, for everyone in Wales by addressing health inequalities. We want to improve the physical and mental well-being of everyone. Our ambition is also for people to be able to access a range of seamless services based on their unique needs and what matters to them, and that there will be a shift in resources to the community, with more care being delivered closer to home, meaning people will only go to hospital when they need to.

To support delivering this ambition, the actions under AHW were refreshed in 2024. This refresh reaffirmed the relevance of AHW as the right overall approach whilst ensuring that the refreshed 35 policy actions are designed to address the future demands and challenges our health and care system in Wales face and will continue to face.

The refresh of AHW confirmed the key themes to describe what is needed to deliver an effective health and care system and the enablers needed to support delivery. AHW continues to recognise the importance of prevention and early intervention to support health and well-being, and to supporting people to live longer and healthier lives. Our approach will be person-centred so that people can receive the right care, at the right time and in the right place; with high quality care delivered in a safe environment. To support delivering a whole system approach we will also focus on digital and data to improving patient health and services especially within the community; research, development and innovation to ensure our health and care system and services will be able to take forward transformational change and enhance patient care from adopting new technologies and research; there will be an emphasis on enhancing our workforce to support building and growing a flexible and multi professional health and care workforce; and a key focus on integration and partnership to reflect our commitment to ensuring people are able to receive care as close to home as possible and our commitment to delivering "Once for Wales".

Delivery of AHW must be reflected in organisational plans.

Quality Statements

In line with the commitments in A Healthier Wales, the National Clinical Framework published in 2021, set out how clinical services should develop as part of a learning health and care system. This included the introduction of Quality Statements that set out service planning expectations, nationally agreed pathways, and national service measures. NHS organisations should be able to demonstrate how they plan to work towards delivering the expectations set out in quality statements through their Integrated Medium Term Plans.

[2] A healthier Wales: long term plan for health and social care | GOV.WALES

NHS Performance & Improvement has an important role in enabling the delivery of the Quality Statements by facilitating clinical consensus in the form of national pathways or service specifications and identifying variation through the development of national datasets and use of peer review approaches.

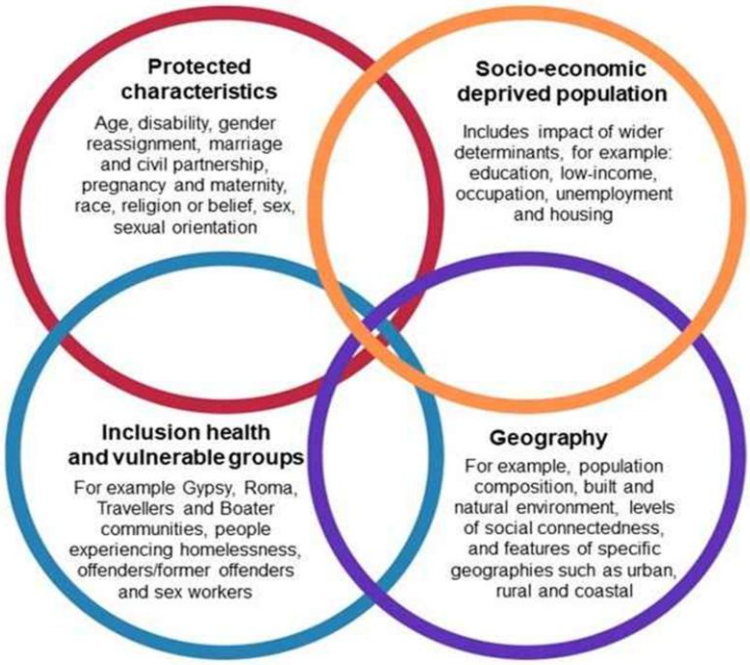
Reducing Health Inequalities

Health inequalities are the measurable differences between groups within a population. **Health inequities** are when these measured differences are preventable or avoidable – we can do something about them.

Health inequalities can be differences in:

- health status e.g. rates of diabetes or depression, deaths from cancer, healthy life expectancy;
- access to and experience of care e.g. time on waiting lists, distance to appointments
- behavioural risks to health e.g. smoking;
- wider determinants of health/building blocks of health e.g. safe homes, fair work, good quality education and thriving communities.

Differences may be measured by:



To fully understand health inequalities within a population it is important to measure these differences by disaggregating key metrics.

Consequences of Health Inequalities

The Wellbeing of Wales: 2025 | GOV.WALES showed that at that point in time, limited progress has been achieved towards a healthier Wales, with many national indicators deteriorating and the COVID-19 pandemic significantly affecting trends, with inequalities in

life expectancy and mortality remaining wide. The NHS in 10+ years: An examination of the projected impact of Long-Term Conditions and Risk Factors in Wales report supported this view.

Between 2013 to 2015 and 2020 to 2022, the gap in healthy life expectancy between most and least deprived areas increased for females and for males, initially decreasing up until 2018 to 2020, but subsequently increasing again until 2020 to 2022.

The life expectancy gap is smaller than the gap in healthy life expectancy for males and females but has also been increasing for both, indicating growing inequality.

Healthy life expectancy has declined for both males and females since 2011 to 2013. The gap between most and least deprived areas has also widened for females, while initially narrowing for males up until 2018 to 2020 before widening again until 2020 to 2022.

The national milestone on healthy life expectancy is to increase the healthy life expectancy of adults and narrow the gap in healthy life expectancy between the least and the most deprived by at least 15% by 2050. If we are to meet this milestone, bold and immediate action is required.

Along with the overriding social justice imperative that action should be taken to close these gaps, there is also an economic argument which supports action on health inequalities. PHW estimated the total annual cost to the Welsh NHS associated with inequality in hospital service utilisation was £322 million in 2018/19, driven largely by higher service use among people living in the more deprived areas compared to those living in the least deprived areas

Role of NHS Wales in tackling health inequalities

All public bodies have a role to play in improving equity as set out in legislation such as the Well-being of Future Generations (Wales) Act 2015 and the Socio-Economic Duty, so it is crucial that NHS organisations play their part in reducing health inequalities within their populations.

Health boards need to provide and implement equitable care and services in a way that supports individuals and communities as part of normal business, with the work to reduce inequities closely linked to prevention – *the earlier we support people and communities and put prevention place in the pathway the easier it is to close the gap.*

How organisations are responding to health inequities must feature in all considerations of service planning and delivery so that resources are properly weighted towards population need. Data from national dashboards and national clinical audits should be used to identify inequitable provision and guide service change.

The NHS has a triple role – two under direct control and one through influence:

- **Service Delivery** *(Direct Control)***:** Strategic planning using population approaches, including co-design, to deliver Universal Proportionalism, prioritising prevention, universal services, tailoring resources dependent on need which reverse the current

position of ‘the inverse care law’—where those who most need care receive the least.

- **Anchor Institution** *(Direct Control)*: as the largest employer and procurer in Wales, the NHS can influence local economies by promoting inclusive employment practices and fair procurement and by taking positive action to address the climate emergency.

- **Partnership Working** *(Influence):* Collaborating with local authorities, housing, education, communities and third-sector organisations enables the NHS to further address the building blocks of health.
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Examples of practical actions include:

- ✓ **Leadership -** Appoint Executive **leaders** to commit and drive forward actions as a system leader and include corporate objective on prevention and the reduction of inequities
- ✓ Use **population health approaches** and needs assessments in planning to enable equitable distribution of resources and proportionate universalism approach to services
- ✓ **Data – through disaggregation** of all outcomes and activity starting with deprivation and gender, and improved **capture** of ethnicity and inclusion health for further insights and improve data **flow**
- ✓ **Person centred - Include experts by experience** surveys, testimony and co-production in planning and delivery
- ✓ **Lead a workforce culture of compassion, which** tackles stigma and does not discriminate
- ✓ As an **employer** improve **equitable recruitment and employment** across all domains of inequity, as well as gender and protected characteristics, normalising higher level apprenticeships to enable this
- ✓ **Collaboration and Co-delivery –** Prioritise work with key partners, being an influential leader with local authorities and third sector partners at Regional, Area and Public Sector Boards, articulating the importance and co-delivering services to strengthen the building blocks of health
- ✓ **Co-design and co-produce with people and communities and** move towards community outcomes and asset-based approaches
- ✓ Implement **Quality Care** which is community by default and embeds and invests in prevention and early intervention across the life course, prioritising early years, mental health and chronic disease

Health Impact Assessments and Equality Impact Assessments are essential to understanding variation in delivery in terms of who can access, and how people access health and care services is key to ensuring equitable delivery. Vulnerable groups, poverty, areas of deprivation and the level of quality and timeliness of services will all be factors that organisations must take into account while planning services.

Boards will need to be assured that decisions of a strategic nature about how to exercise its function are in line with the Health Impact Assessment (Wales) Regulations 2025, which will come into force on 6 April 2027, and that Equality Impact Assessments and Welsh Language Impact Assessments are informing necessary actions and are set out in the plan to tackle and eliminate inequalities.

What are health inequalities? | The King's Fund (kingsfund.org.uk)
Health and wealth: why tackling health inequalities is so important (senedd.wales)
Coronavirus (COVID-19) and Health Inequalities (gov.wales)
Public Health Wales, 2021: Cost of Health Inequality to the NHS in Wales

2. Cabinet Secretary's Key Strategic Priorities

The Six Key Strategic Priorities set out in the NHS Wales Planning Framework for 2026-29 are:

- Timely Access to Care
- Population Health and Prevention
- Community by Design
- Mental Health Access
- Women's Health
- Quality and Safety

Plans must be aligned with the Health and Care Quality Standards, National Strategic Programmes, Quality Statements and Value in Health, as well as identifying opportunities to build on them such as through digital innovation and transformation.

The Cabinet Secretary has recognised the significant challenges the NHS in Wales is facing, as are other parts of the UK, and has therefore intentionally issued the Planning Framework as a refresh of the previous Planning Framework to provide clarity and stability. **As part of this, your 2026-29 plans must baseline and build on the progress made to date in delivering the recommendations of the Ministerial Advisory Group on Performance and Productivity and the priorities set out in the Cabinet Secretary's letter of 3 July 2025, *Improving Performance Together*.**

The areas of focus for this year's Planning Framework remain broadly the same, though Quality and Safety has been confirmed as a strategic priority. The strategic priorities aim to strengthen NHS services and help the NHS in Wales deliver more sustainable services in future.

There remains a clear emphasis on improving access, reducing waiting times and working with partners in social care to unlock delays in pathways of care. There is also a greater emphasis on prevention and population health and strengthening services in the community and closer to home in line with the "Community by Design" Transformation Programme. **We expect plans to clearly articulate the transformational changes to strengthen integrated services in the community and move away from the acute hospital setting where it is appropriate to do so.**

The National Strategic Programmes set out the operational and delivery expectations for the NHS in Wales. The National Programme Directors lead the programmes from the NHS Performance and Improvement (P&I) and provide assurance on progress to Welsh Government as part of P&I's Remit. **NHS Boards must ensure compliance with the National Strategic Programmes' requirements, methodologies and guidance to optimise the opportunities for improvement and efficiency.** Expert advice, support and

challenge are provided through the programmes and organisations must build in programme delivery as part of strategic and operational planning.

The Planning Framework sets out priorities, requirements and delivery expectations; these must be central to every integrated plan submission, supported by the Minimum Data Set and Ministerial Templates. The overarching expectation is that plans will demonstrate delivery against the year 1 delivery expectations and enabling actions and will be financially balanced.

2.1 TIMELY ACCESS TO CARE

Key Delivery Expectations for 2026-27:
• Ensure no ambulance patient handover waits over 45 minutes • Ensure no patient spend spends 12 hours or more in all major and minor emergency care facilities from arrival until admission, transfer or discharge. • No patients waiting more than 104 weeks for referral to treatment. • Number of patients waiting more than 8 weeks for a specified diagnostic – target zero • Health boards to achieve the suspected cancer pathway target of 75% through implementing the nationally agreed pathways, while reducing the backlog of patients waiting more than 62 days by end of March 2027.

The public expects the NHS to meet access targets. These targets are the most visible point of contact people have with the NHS, often at moments of greatest need. NHS organisations must therefore deliver measurable, timely and safe access to care across all pathways. This is not optional. It is a fundamental requirement of public service and a core expectation of Ministers.

Health boards must deliver consistent, safe, efficient and equitable care across primary and community services, mental health, planned care, cancer care, and urgent and emergency care. Reducing waiting times and improving the quality and timeliness of care is a mandated objective.

Local and regional redesign is not an option but integral to deliver the sustainable service models we need. While health boards have a duty to their local population, they also have a key role in determining regional models to serve their community. For patients who travel for services, they don't want artificial boundaries of care, they expect and should receive consistency of provision with timeliness and quality the key drivers of service redesign.

Progress in planned care waiting times must continue at pace. However, the requirement is broader: NHS organisations must improve access across the whole system, whether that is ambulance response times, emergency department waits, access to mental health support or community packages of care. The system must be unlocked to deliver for all patients, based strictly on clinical need. Diagnostics must be delivered rapidly, including direct-access models for frontline clinicians to accelerate decision making and reduce delays.

Through an assessment of local and regional population urgent and emergency care need/demand, and planning the available capacity to meet that demand, focus must also be directed to significantly improve efficiencies related to acute (and community) hospital patient flow to unlock vital emergency ambulance capacity, decongest emergency

departments and enable people to get to the speciality services they need as soon as possible before returning home when ready.

Delivery approaches by local, regional and national teams should be guided by reducing the risk of avoidable harm to local populations in the community **and** acute and community hospital sites. A data rich approach should support effective management of people living with frailty and experiencing health inequalities (including those in areas of high deprivation) who are more likely to face barriers to accessing urgent care in the community and instead default to 999 or emergency departments. Health boards must consider how integrated service models should be refined to better meet this demand and support improved outcomes and experiences.

Models of care need to reflect pathways of care with partners knowing their roles and responsibility and supporting patients to be at the right place for their clinical need at any one time. Part of that role is empowering patients to manage their health and to know the consequences of their health and wellbeing choices. Prevention at all stages being the primary driver.

To achieve this, health boards must:

- Fully implement the Waiting Well / Prehabilitation (3Ps) policy and ensure patients are directed to the right treatment at the right time. This includes robust waiting list validation and drawing on multidisciplinary models proven through the Bevan Exemplar Planned Care Improvement Programme.
- Eliminate over 8 week waits for specific diagnostics where a zero-wait target has been set. This is a core delivery metric and must be achieved.
- Prioritise planned care closer to home, with clear and detailed actions and trajectories that give confidence to Boards, Ministers and the public. Plans must demonstrate full compliance with national programme requirements and set out any remedial actions necessary to achieve that compliance.
- Maximise pathway redesign, including strengthened joint working between primary and secondary care (e.g. pathway alliances, advice and guidance, new optometry contract, embedding gluten free food supply scheme to clinical pathways). Plans must demonstrate full use of all professional groups in pathway design, including Allied Health Professionals.

Reducing long waits and ensuring timely access to safe care is the primary concern for people in Wales and remains the top NHS delivery priority. The detailed expectations are set out in the Planning Framework and must be met. These specific delivery expectations are also set out above and throughout the remainder of this document for ease of reference.

The 3Ps policy (Promote, Prevent, Prepare) must be fully embedded. The role of 3Ps was clarified in the revised RTT guidance issued April 2025. Health boards are expected to work with the third sector to ensure support is in place for patients waiting for treatment and for their carers. This plays an integral part in supporting self-management and reinforcing the patient's role in their care pathway.

National digital data requirements are a priority to drive transformation. Health boards and DHCW are required to work with NHS Performance and Improvement (P&I) strategic

clinical networks to re-procure, on a once-for-Wales basis. Priorities for 2026-27 are the cardiac PACS and systemic anti-cancer therapy prescribing systems.

NHS organisations must act on the Cabinet Secretary's direction to improve communication with patients on waiting lists. Patients must receive clearer, more timely information about their likely waiting times so they can plan their lives, understand expectations, and feel supported throughout their pathway. People should be active partners in their care and only with timely information can this be achieved, both digital and non-digital options need to be available.

Planned Care and Cancer

Planned care and cancer remain some of the core areas for improvement across the health system and impact on so many other areas of people's health well-being economic and social lives. The priority for cancer is to achieve the access recovery target of 75% while reducing the backlog and implement the nationally optimised pathways (Written Statement: Update on cancer care in Wales (19 August 2025) | GOV.WALES). The National Cancer Leadership Board, now led by the Deputy Chief Medical Officer, has been established and a workplan agreed.

The current performance in planned care is not acceptable, and the level of variation across Wales must be addressed. This will need effective commissioning arrangements and prioritisation of support from primary care, community services, third sector and hospital services, to deliver the standards that we all want to see.

Modernising pathways for outpatients including 'follow ups', 'see on symptoms' and 'patient initiated follow ups' underpin the improvements for planned care. Maximise the use of interventions by the allied health professions to reduce waiting times by implementing and expanding proven models such as Bevan exemplars in the Planned Care Improvement Programme. The Planned Care Programme provides the expert and practical support including resources and guidance.

Health boards are expected to develop plans demonstrating:

Key areas of focus will be the implementation of:

- Regional models
- Ensuring effective theatre utilisation and the implementation of productivity measures - based on GiRFT findings
- Implementation of referral redesign
- Modernise outpatient redesign (new to follow-up care) - including role of SoS and PIFU, and active discharge, virtual reviews, exploring use of high-volume clinic model
- Plans to fully implement the optimal cancer pathways

Urgent and emergency care - six goals policy priorities - 2026-2027

UEC enabling action 1: Community-Based Falls Response Services

Deliver, as a minimum, all principles set out in the six goals for urgent and emergency care programme community-based falls response framework and, in support, implement a focus

on prevention and early intervention in line with the policy statement on population health management.

Outcomes: By the end of 2026/2027:

- Reduce ambulance conveyance of level 1 and level 2 fallers to emergency departments by 10-15% on the 2025/2026 baseline; and
- Reduce emergency admissions of level 1 and level 2 fallers by 10-15% on the 2025/2026 baseline.

UEC enabling action 2: Single Point of Access (SPOA)

Deliver, as a minimum, all principles set out in the six goals for urgent and emergency care programme to ensure people with urgent care needs receive timely and appropriate support, minimising unnecessary escalation to emergency ambulance conveyance or hospital admission.

Prioritise tailored interventions for frail and older adults, scaling up "call before convey" as a business-as-usual model and referrals to community nursing services enabling urgent response. Strengthen integration with key system partners, including WAST and local authorities, to deliver coordinated and effective care across the urgent care pathway.

Outcomes:

- ≥80% patients referred to health board SPOAs will safely avoid direction to major emergency departments following the Clinical Consultation before Conveyance pathway (CCBC), with progress measured by achieving at least a 10% reduction in the number of conveyances from the 2025/2026 baseline
- Increase the number of community referrals of >75s by 10-15% on the 2025/2026 baseline by the end of December 2026, sustained until the end of March 2027
- Increase direct referral pathways from SPOAs into community services including but not limited to UPCCs, UTCs, SDUC by 10-15% on the 2025/2026 baseline by the end of December 2026, sustained until the end of March 2027
- All health boards must have in place referral pathways from SPOA into wider community by design work supported by 7-day community nursing, supported by robust data collection of response times by Q4 2026/27

UEC enabling action 3: Acute Hospital 'Front Door' Flow

Through effective streaming of patients on arrival at the front door allied to a focus on safe, efficient and early discharges, deliver all ambulance patient handovers within a maximum of 45 minutes, aiming for achievement of >90% in 15 minutes by the end of 2026/2027.

Outcomes:

- 100% of ambulance patient handovers at hospital are completed within 45 minutes, >90% in 15 minutes by the end of 2026/2027

  From 1 April 2026, all NHS health boards must achieve:

- Zero Ambulance Handover Delays Over 45 Minutes
- Ambulance arrivals must be handed over to Emergency Department teams within 45 minutes without exception.
- Any handover exceeding 45 minutes will be treated as a performance failure, requiring immediate escalation, investigation, and corrective action.
- Health boards must ensure that site-level leadership, patient flow systems, and operational processes are designed and staffed to prevent any handover delay beyond this threshold.

- From 1 April 2026, all NHS health boards must achieve:

    - Zero 12-Hour waits in Emergency Departments
    - No patient must wait more than 12 hours from arrival to admission, transfer, or discharge without exception.
    - A breach of the 12-hour standard from April 2026 onwards is unacceptable and will be subject to:
        - Immediate operational review
        - Formal reporting to the Executive Team
        - Rapid recovery actions at site and board level
    - Health boards must ensure that capacity, staffing, decision-making processes and escalation frameworks are robust enough to eliminate all 12-hour waits.

UEC enabling action 4: Same Day Emergency Care and Acute Frailty Services at the Front Door

Deliver medical same day emergency care (SDEC) and acute frailty services at the front door of hospitals in line with all principles set out in national SDEC policy and strategy documents, and the six goals for urgent and emergency care programme *Front Door Acute Frailty Service (AFS) Framework for Acute Hospitals*.

Outcomes:

- Deliver the recommendations set out in the NHS P&I local health board SDEC reports (November 2025) by end of Q2.
- Increase community and ED referrals to medical SDEC services, discharging at least 80% on the same day of referral
- Reduce emergency admissions of >75s from emergency departments to hospital by 10-15% on the 2025/2026 baseline by the end of December, sustained until the end of March 2027

UEC enabling action 5: Acute and Community Hospital ‘Back Door’ Flow

Deliver, as a minimum, all principles set out in the six goals for urgent and emergency care programme *Optimal Hospital Flow Framework*. Lessons should be learnt from the 2025-26 ‘Winter Sprints’, with a focus on 7-day working with leaner acute hospital processes and more efficient discharge transport services to facilitate earlier discharges and increasing weekend discharges.

Outcomes:

- Consistently realise 33% of discharges by midday
- Achieve a minimum of 20% of total weekly discharges on weekends (Saturday and Sunday) by the end of December 2026, and exceed 25% by the end of March 2027, while maintaining mid-week discharge volumes at current levels.
- POCD targets

Palliative & End of Life Care

Health boards and trusts, along with local authorities and regional partnership boards are responsible for planning services for people facing life shortening illnesses in line with professional standards, clinical guidance, the national service specification for palliative and end of life care and the quality attributes set out in the quality statement. They must work closely with the third sector, charitable hospices, care homes, domiciliary care agencies, local authorities, informal carers/families and friends to deliver and continually strive to improve services for all people across all services in Wales.

All people in their last 1000 days should be given the opportunity and support for conversations with someone well placed to discuss their personal needs, wishes and preferences for care at the end of life, through regularly reviewed Advance and Future Care Planning.

Health boards should also ensure that evidenced-based seamless pathways, careful planning and close collaboration is in place between services for transition from paediatric and young persons to adult services.

Hospices play a critical role in enabling health boards to meet their responsibilities for palliative and end-of-life care. This role must be formally recognised and adequately resourced, in accordance with national hospice commissioning guidance.

Bereavement

Health boards are expected to work together with local authorities and all relevant partners to implement bereavement pathways being published as part of the National Framework for the Delivery of Bereavement Care in Wales (https://www.gov.wales/national-framework-delivery-bereavement-care). Health boards should also focus on strengthening bereavement co-ordination and care after death services, improving access to all types of bereavement support in line with the NICE components of bereavement care (Universal, Targeted, Indicated). Health boards must also implement the offer to bereaved patients and families identified through investigations following patient safety incidents of nosocomial COVID-19 (Covid response).

2.2 POPULATION HEALTH AND PREVENTION

Key Delivery Expectations for 2026-27:
• Increase the proportion of children in Wales who are a healthy weight by halting the rise, and contributing to a year-on-year decrease in the levels of overweight and of

obesity as measured and reported through the National Child Measurement Programme, focusing on those most disadvantaged.
- Reduce inequity in the uptake in the most and least deprived areas in preventing ill-health especially in relation to vaccination, screening and diabetes prevention and care.
- At least 90% of individuals identified via the Audit Plus Frailty Tool (or its replacement) to receive proactive care in line with their agreed care plans.
- Increase in % of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes.

Population Health

As population health organisations, NHS bodies are familiar with planning aligned to their population health needs analysis. A great deal of work is already undertaken to target delivery and **organisations must ensure that this is visible within plans, including evidence of how population health analysis and population health management (segmentation and stratification) are shaping implementation of strategies and delivery of services that wholly embrace place based and preventative approaches.**

To underpin and deliver the desired improvements Value in Health and Population Health Management must be a consistent feature of health planning. There is variation across Wales currently, with organisations at different stages of maturity. Organisations must ensure they have consistent data and information to inform their different plans and focus on delivery of both strategic and local outcomes improvements. **The enabling actions in the Planning Framework mandate 'adopt or justify' to improve equity and consistency across Wales.**

All plans will begin to tackle the projected increases in demand identified in the Chief Scientific Adviser for Health report (NHS in ten+ years) and set out how the health of the population will need to be improved to avoid some of the profound implications for people in Wales. The Report identified the likely pressure on the NHS in the next 10-25 years, including:

- Growing and ageing population – multiple long-term conditions including frailty
- Need for more focus on prevention and community-based health and social care capacity
- Tackling inequalities in health and making healthier choices

Report of projections, health evidence and policy recommendations | GOV.WALES

As well as improvements in supporting people to make health life choices for themselves and their families, **organisations must continue to optimise vaccination opportunities for children, young people, and adults - including health and social care staff – to protect themselves and others from a range of illness and conditions throughout their life**. Vaccination rates are declining, rather than growing, and it is essential this position is reversed if we are to keep people well and reduce avoidable demand on hospital services, particularly over the winter period. Making every NHS contact count is a means

by which individuals can be encouraged to adopt positive health behaviours, this will need a real focus to ensure future trends are mitigated at every opportunity.

However, without focussed and sustained actions the necessary prevention and actions will not materialise. **Therefore, plans must include clear actions and milestones that will begin to turn off the tap of demands across the system and put in place equitable pathways towards improved outcomes for patients.**

At the population level, Wales will become a Marmot nation to support our work in reducing health inequalities by working locally and nationally in applying the Marmot principles - from early childhood and education to employment, preventing ill-health, housing, and community wellbeing.

Prevention

Prevention, in all its forms, is a crucial means to achieving the stability, which the system needs and importantly in improving outcomes and supporting individuals to look after their own health and wellbeing. There needs to be a relentless focus on prevention to improve the health of the people of Wales, to create a value-based health system and to meet the needs of future generations to begin to reduce the burden on the acute system and improve the health and wellbeing of the nation.

Resetting this priority will enable NHS organisations to build on the good work that is underway and accelerate those areas that will create sustainability in the longer term. NHS organisations must be committed to taking action in partnership with local authorities and other Regional Partnership Board (RPB) partners to improve health outcomes and reduce inequalities across our communities as also demonstrated in cluster plans. It is an important priority that needs to be exploited at every opportunity. **Plans must set out how organisations are embracing prevention**. Preventing the development of ill health and poor wellbeing, preventing deterioration once people are ill, preventing harm when patients are in hospital care from incidents or delayed pathways.

'Prevention is better than cure', and the health service should be looking to ensure that the health of the population is improving, as well as caring for those that need treatment now. Population health management and improving outcomes for patients, built on prevention and sustainability, remain the solutions for the health and well-being of the people of Wales. Prevention in its broadest sense needs to be considered. The focus to enabling the population to have positive health and well-being starts before birth.

Too many people die too early from causes that can be prevented and prevention is now more important than ever in health planning as we face an increasing burden of disease and current and predicted pressures on our services. Shifting investment to prevention through Value in Health is necessary if we are to reverse poor health trends and inequalities and deliver a sustainable health and care system.

The policy imperative is set out in *A Healthier Wales* our long-term future vision focussed on health and well-being, and on preventing illness. Prevention is an NHS and social care core value and design principle within the strategy and is one of the five ways of working required by the Well-being of Future Generations (Wales) Act 2015: "how deploying resources to prevent problems occurring or getting worse may contribute to meeting the

body's well-being objectives, or another body's objectives." It is also at the heart of the NHS (Wales) Act 2006 and the NHS Wales Finance (Wales) Act 2014, both of which require that health boards focus on the health of their population as well as provision of health services.

The NHS in 10 years+ forecasts increasing long term conditions and increasing NHS staffing needs stating, 'much of what we project in this paper is avoidable if we switch our focus to prevention'.

The redesigning of clinical pathways; projects to understand patients better e.g. PROMs and PREMs and other Value work to ensure the best outcomes for patients, carers and society, using resources well over the whole pathway of care need to continue and gain pace as a priority.

Planning Focus on Prevention

In planning, organisations will need to recognise and cover preventative activity across the following different levels. In setting out the below we have used the 'Prevention Based Health and Care draft definitions'

Primary prevention interventions prevent the onset of development of health-related harms/disease, which would lead to poor mental and physical health outcomes. Plans should cover actions to avoid ill-health occurring in the first place through:

- Acting on the conditions that influence risk factors for ill-health (e.g. environmental, social or economic interventions), including promoting a state of good mental and physical health through assessment of impact and
- intersectoral action
- Reducing risk factors for ill-health (e.g. tobacco control, tackling obesity)
- Promoting well-being and healthy communities
- Increasing vaccination uptake and reducing vaccine inequity.

Secondary prevention interventions lead to the early identification of conditions/diseases or the identification of risk factors which can then be addressed, thereby minimising their potential effect on mental and physical health outcomes. Actions can include:

- Systematic data driven approaches to identifying people at risk using population health management and risk segmentation and stratification approaches.
- Detecting disease or disease precursors early and intervening such as clinical detection (glucose intolerance) or high blood pressure
- Developing a strategic approach to acute physical deterioration through the use of Prevention, Identification, Escalation, and Response pathways and the introduction standardised Early Warning Scores NEWS2, national PEWS, NEWTT2 and MEWS (Standardising the management of acute deterioration (WHC/2024/035) | GOV.WALES)
- Adopting a patient and family-initiated escalation approach for immediate help and advice about deteriorating health and ensuring its application to all age groups on all in-patient acute sites (Adopting a patient and family-initiated escalation approach (WHC/2024/040) | GOV.WALES)
- Prioritising the reduction of healthcare associated infections (HCAIs). HCAIs remain a key patient safety issue that result in a significant burden of disease and financial cost.

- Population screening programmes.
- Enabling people to remain well for as long as possible, keeping them active in their communities and roles and managing long term conditions to avoid/ reduce deterioration and complications.

Tertiary prevention interventions aim to prevent poor health outcomes in individuals with established conditions/disease mainly through good long term condition management and disadvantaged population health care needs. For example, high quality education to support self-management and delivery of care processes in the management of diabetes. For the most vulnerable in our society life expectancy is significantly reduced and many years are lived in poor health. The Inclusion Health Services Framework was published in March 2025 as guidance for planning proportionate care to meet the needs of vulnerable population groups.

NHS organisations are expected to develop plans demonstrating:

- Clear and strong board level commitment to prevention and tackling health inequalities based on the 5 ways of working in the Well-being for Future Generations Act (long-term, prevention, collaboration, integration and involvement) and on Value in Health interventions.
- Developing Inclusion Health Services to meet the needs of vulnerable groups
- Greater emphasis on systematically implementing primary and secondary prevention interventions to reduce entrenched health inequities - implementing the national 3 Ps policy and establishing the single points of contact Promote, prevent and prepare for planned care [HTML] | GOV.WALES
- Work to expand provision of pre-diabetes prevention programme to all clusters in the health board.
- Preventive health measures are accessible at all stages across the life course – from prenatal, infancy and childhood, to adolescence, adulthood, and through to older age, and across all communities.
- Work to implement Health Child Wales Programme Part 2.
- How they are working collaboratively with education colleagues to comply with the duties set out in the Additional Learning Needs and Education Tribunal (Wales) Act (ALNET) Additional Learning Needs and Education Tribunal (Wales) Act 2018
- Commitments to priorities in Mwy na geiriau / More than just words and priorities in national equality plans.
- How they are investing in value-based health and care and thereby moving towards higher investment in prevention to reduce ill-health.
- How they are an exemplar anchor organisation and support and catalyse action with and from partners. Take targeted action as an employer, procurer for services and managing estates to support healthier communities.
- How they are delivering a collective and cohesive effort across the health, social care, housing and education sector to create and enhance the types of environments needed to support individuals to lead healthy lives.
- Progress to achieve the nationally agreed 80/50/80 fracture liaison service (FLS) standard — meaning 80% of eligible patients are identified, 50% receive treatment, and 80% are monitored — by delivering consistent, high-quality care for patients who

suffer fractures due to falls. This approach supports better outcomes, reduces hospital admissions, and strengthens long-term bone health across Wales.

- How they will take meaningful and sustained action to increase vaccination rates amongst eligible cohorts (including staff) and meet the national targets set in respect to maternity, childhood, adolescent, adult (with specific attention on respiratory) vaccination uptake.
- Work to drive significant reduction in vaccine inequity, which should include plans for engagement and improved accessibility for underserved groups.

2.3 Community by Design

Key Delivery Expectations for 2026-27:
• Deliver a 12-month reduction trend in both the number of people who are delayed in hospital and the total days delayed for these patients, as measured by the Delayed Pathways of Care dashboard. • Increase in capacity at the weekend of community nursing and specialist palliative care nursing to at least the required levels previously set for 2024/25 and greater where possible. • (National requirements and expectations will be specified by the Community by Design Transformation Programme Board)

As well as placing prevention and population health at the core of NHS Wales, we must make greater progress in delivering truly integrated services in the community. This requires a fundamental shift from a default reliance on hospital-based care to a community-by-design (CbD) approach, ensuring that people, particularly those with long-term conditions or frailty, can remain well and receive timely, appropriate support closer to home.

To achieve this, health boards must demonstrate how primary care is being systematically embedded within service and pathway planning at both cluster and pan-cluster levels, rather than treating primary care as an adjacent or parallel system. Plans should clearly show how General Medical Services, community pharmacy, optometry, dentistry, allied health professionals and wider primary care teams are integral partners in pathway redesign, population-based planning, and the delivery of seven-day, community-centred models of care. **The Cabinet Secretary expects to see how you plan to co-design these service models with your communities, working with clusters, contracting professions and allied health professionals, as well as other key partners and stakeholders, to deliver integrated services in the community and how you will balance proportionate spend across NHS primary and secondary care services over the course of 2026-29.**

We must recognise that rising demand for services and increasing costs mean our social care system remains under pressure. NHS organisations are expected to work closely with key partners to ensure care is person-centred, compassionate and responsive to people's changing needs, and it is essential that plans support a collective effort with social care to avoid unnecessary hospital admissions and improve timely hospital discharge. In doing so, health boards must also demonstrate how they are using primary care intelligence and contractual mechanisms to support early intervention, avoid admissions, and redesign

pathways in line with Community by Design. This includes showing how primary care plays an active, embedded role in identifying risks earlier, supporting people to remain well at home, and ensuring coordinated, whole-system approaches to managing demand. Alignment with and commitment to delivering Regional Partnership Board (RPB) plans will be key.

Throughout the patient healthcare experience, full regard to the CbD principles should be applied including consideration of:

- Leadership and governance
- 3 Pillars - Long term conditions, urgent and same day care and prevention
- The other 5 priorities listed here fit into the CbD structure. CbD is not a priority in isolation as it has a key relationship with the Cabinet Secretary's five other strategic priorities. For each strategic priority, health boards should be required to demonstrate how CbD principles have been applied in the planning, delivery, and evaluation of services. This includes:
    - Starting with community-first options for service delivery,
    - Evidencing the resource shift to community settings.
    - community-based alternatives and pathways in all recovery and transformation plans.
    - Justification for any service remaining hospital-based.
    - Use of national CbD metrics

In line with the ambitions of *A Healthier Wales*, the Integrated Community Care System (ICCS) for Wales provides RPBs and their delivery partners in health, social care and the third sector with an overarching 'whole system' framework for designing and delivering seamless health and social care in our communities.

The Community by Design Transformation Programme acts as a key pillar of the ICCS, focused on enabling the effective delivery of primary and community health care services in primary care clusters and sub-cluster neighbourhoods that is bespoke underpinned by Population Needs Assessments.

Together Community by Design and ICCS ensure care is delivered closer to home through coordinated, person-centred models of delivery. Now, more than ever, the full implementation of the Primary Care Model for Wales and embedding the community by design approach is required. The ambition to build resilient communities and deliver care as close to home as possible is long standing and the landscape in Wales for primary and community care is the envy of other nations. However, we are not realising the potential and health boards need to demonstrate plans to realise the system-wide benefits and the wider ambitions of the ICCS, extending services and moving services into primary and community care wherever appropriate, such as the *Future Approach for Audiology*, which is extending and moving services from secondary care into primary care.

With a population focus on a place based, neighbourhood care, Primary Care Clusters are uniquely placed to work with partners to provide care at home or as close to home as possible. The Pan Cluster Planning Groups (PCPGs) connects Clusters to the wider health and social care system partnerships. PCPGs are well positioned to make decisions based upon improving population health and can create the environment for collaboration to deliver when supported by health board and Regional Partnership Board system leaders.

Developing a solid foundation in primary and community care with a place-based approach will enable a more radical approach to reviewing pathways via a Community by Design lens.

Health boards are expected to develop plans demonstrating actions for:

- The Community by Design Transformation Board has been established, led by the Chief Medical Officer for Wales, and will provide direction to support the change and improvements required for NHS organisations. NHS organisations will be expected to reflect this direction in their plans.
- Working in partnership at a system level through RPBs, to deliver the Integrated Community Care System (ICCS) for Wales ambitions.
- Using Cluster, Pan Cluster Planning Group and RPB plans to develop primary and community services in line with assessed population need, and Inclusion Health Services for vulnerable groups. That are 7-day services and meet nationally agreed response times.
- Maximising the opportunities provided by the contracts and assurance mechanisms for General Medical Services, Community Pharmacy, Optometry and Dentistry to improve collaboration and the effective use of professional time and expertise, and requiring health boards to demonstrate robust systems of assurance on these contracts, specifically how contract performance, outcomes and compliance are informing service planning, early-intervention approaches, and pathway redesign in line with Community by Design..
- Providing any new Supplementary Services, where appropriate, on a cluster or pan-cluster population footprint, and health boards must demonstrate how they ensure governance, quality and contract oversight for these supplementary services at cluster and pan-cluster level, including how this oversight aligns with and supports wider service-transformation objectives.
  Improving access to the right professional, at the right time in the right place.
- Maximise opportunities new technologies may offer to release time to care and better coordinate personalised person-centred care.
- Promoting the use of NHS 111 and 111 [Press 2]

The vision in *A Healthier Wales* is for people to access the majority of their health and care in the community and only going to a hospital when this is the right thing for their specific needs. To drive this at scale, all health boards must adopt the ‘Community by Design’ as a planning principle where services are planned and delivered 7 days a week to national response times, in the community unless there is evidence that they must be delivered in a hospital setting. The *Future Approach for Optometry* and *Future Approach for Audiology*, and subsequent reform, is a sound blueprint for health boards. Health boards must also set out how they are shifting resource and activity into primary and community care, and demonstrate how these shifts are evidenced through contractual delivery, performance data, and active engagement with primary care partners.

This will also support the intention to reduce the number of people that are delayed in hospital and this will be measured on the Delayed Pathways of Care Dashboard. This must also be done alongside robust 7-day services and an increase in capacity of enhanced community care to at least the required levels previously set for 2024/25 and greater where possible. Combined these measures will help improve patient experience and support patients in the community whenever possible.

Eye Health Care

For eye health care, to drive forward at scale whilst health boards adopt the 'Community by Design' planning principle for optometry, they must also set out how they are shifting activity from secondary care ophthalmology into primary care.

To set high-level national direction for Integrated Eye Care, NHS Wales Performance & Improvement has been asked to:

- Lead development, delivery and assurance of the national Integrated Eye Care Strategy
- Ensure national consistency, eliminate variation, and secure sustainable delivery models
- Provide strategic direction for health boards and regions to adopt unified, integrated pathways

Eye care is the first whole-system integrated pathway (followed by hearing care) in Wales and is setting the standard for future clinical pathways and wider NHS Wales reform aligned with:

- NHS Wales Integrated Eye Care Strategy (to be developed and led by NHS Wales Performance & Improvement)
- National Clinical Strategy for Ophthalmology
- Optometry Contract Reform (Wales General Ophthalmic Service)
- Community by Design
- Planned Care Programme

1. **Strategic Purpose -** NHS P&I is formally commissioned to:

- Provide national governance, assurance, and system leadership
- Drive consistency, integration, and sustainability across all parts of the pathway
- Ensure the whole system is working to a shared national vision

The aim is to deliver safe, sustainable, and unified care that reduces harm and variation and ensures equitable access across Wales.

2. NHS Wales Performance & Improvement National Responsibilities - NHS P&I must:

Deliver and own the Integrated Eye Care Strategy to support delivery of national standards and provide national governance and oversight, combining and using the Clinical Implementation Network (CIN) and Eye Care Wales Committee (ECWC) as unified national governance.

Advise Welsh Government on risks, progress and system readiness, ensuring consistent pathway adoption and service standards through an integrated approach.

Coordinate regional delivery, ensuring alignment across health boards and avoid local divergence underpinned by leading national monitoring of performance on:

- Delivery of integrated pathways
- Patient safety
- Workforce sustainability
- Digital and estates readiness

3. Expectations for health boards - health boards must:

Align IMTPs and delivery plans for implementation of national integrated pathways and standards set through the combined CIN and ECWC.

4. Digital and Estates Transformation (High-Level) - NHS Wales must deliver:

Health boards will advise Welsh Government on system-wide readiness and prioritisation to support data, workforce, digital and estates developments required to deliver pathways.

- Integrated referral and sharing system across primary and secondary care
- Standardised data capture and reporting
- Modernised, fit-for-purpose estates that support the integrated pathway

5. Monitoring, Evaluation and Accountability - NHS P&I will:

Lead national monitoring of delivery, track progress of implementation, workforce, digital and estates development and provide regular assurance updates to Welsh Government, followed by health board's timely performance information required for national oversight to evidence progress and highlight risks to delivery.

Hearing Health Care

For hearing health care, to drive forward at scale, whilst health boards adopt the 'Community by Design' planning principle for audiology, they must also set out how they are shifting resource and activity from secondary care ENT to secondary care audiology and extending audiology into primary care.

To set high-level national direction for Integrated Hearing Care, NHS Wales Performance & Improvement has been asked to:

- Provide strategic direction for health boards to adopt unified, integrated pathways across ENT and audiology and extension of audiology services into primary care.

A whole-system integrated pathway (following eye care principles) in Wales is aligned to the wider NHS Wales reform programme and with:

- Future Approach for Audiology Services Reform
- Community by Design
- Planned Care Programme

1. **Strategic Purpose -** NHS P&I is formally commissioned to:

- Provide national governance, assurance, and system leadership

- Drive consistency, integration, and sustainability across all parts of the pathway
- Ensure the whole system is working to a shared national vision

The aim is to deliver safe, sustainable, and unified care that reduces harm and variation and ensures equitable access across Wales.

2. NHS P&I National Responsibilities - NHS P&I must:

Deliver and own the *Future Approach for Audiology Services* to support delivery of national standards and provide national governance and oversight, combining and using the Clinical Implementation Network (CIN) and Audiology Board as unified national governance.

Advise Welsh Government on risks, progress and system readiness, ensuring consistent pathway adoption and service standards through an integrated approach.

Coordinate delivery, ensuring alignment across health boards and avoid local divergence underpinned by leading national monitoring of performance on:

- Delivery of integrated pathways
- Patient safety
- Workforce sustainability
- Digital and estates readiness

3. Expectations for health boards - health boards must:

Align IMTPs and delivery plans for implementation of national integrated pathways and standards set through the combined CIN and Audiology Board.

4. Digital and Estates Transformation (High-Level) - NHS Wales must deliver:

Health boards will advise Welsh Government on system-wide readiness and prioritisation to support data, workforce, digital and estates developments required to deliver pathways.

- Integrated referral and sharing system across primary and secondary care
- Standardised data capture and reporting
- Modernised, fit-for-purpose estates that support the integrated pathway

5. Monitoring, Evaluation and Accountability - NHS P&I will:

Lead national monitoring of delivery, track progress of implementation, workforce, digital and estates development and provide regular assurance updates to Welsh Government, followed by health board's timely performance information required for national oversight to evidence progress and highlight risks to delivery.

2.4 MENTAL HEALTH ACCESS

Key Delivery Expectations for 2026-27:
• Implement and evaluate Open Access Mental Health Support by March 2027. • Improve safety in Secondary Care Mental Health services (measured through agreed mental health safety matrix and PROM ReQuol) by March 2027. • Improve Physical Health of People with long term mental health problems by carrying out mortality reviews and implementing improvement plans from the learning by March 2027.

The Mental Health and Wellbeing Strategy 2025-35 was issued in April 2025. We are committed to ensuring there are seamless mental health services, that are person centred and needs-led. Earlier this year the NHS Wales Performance & Improvement Strategic Programme for Mental Health developed guidance, 'Transforming our system to open access mental health support – Supporting Information', setting clear expectations for the remainder of 2025-26. This is aligned to a 'Community by Design' approach and vital in order to continue to improve quality, safety, experience and outcomes, and driving this agenda at pace will place our mental health services in a stronger position to deliver the sustainable services we need to deliver through collaboration. The Cabinet Secretary expects plans for 2026-29 to build on this and ensure mental health services are shaped in alignment with the Mental Health and Wellbeing Strategy. Plans should set out how this is being achieved.

Health boards need to demonstrate that there are plans in place to meet performance measures, including waiting time targets, on a sustainable basis alongside active engagement with the Strategic Programme for Mental Health to support service transformation. Plans should be underpinned by a clear and resourced Digital Mental Health Plan that addresses electronic patient records and the mental health core dataset.

Plans should include the delivery of tests of change and demonstrator projects for Open Access Mental Health Support including measurement of before and after access, experience and outcomes with agreed national tools / definitions. Health boards should also work with the Strategic Programme for Mental Health and collectively to deliver a new model of acute and crisis care, including planning and action to move to regional and national approaches to mental health inpatient care, and reducing the use of out of area beds.

Health boards will be expected to:

- Routinely measure and report nationally on outcomes and experience, starting with a focus on in mental health inpatient care
- Routinely measure and report nationally on 72-hour follow up from inpatient care
- Routinely measure and report nationally on access to and outcomes in Early Intervention in Psychosis Services
- Routinely measure and report on the quality of outcome focussed care and treatment planning
- Routinely measure and report on learning from mortality in line with the All-Wales Learning from Mortality Review Framework and Duty of Quality

Health boards should ensure that information on mental health safety metrics is visible to Boards and action is taken as required to improve patient safety. Quality control and quality assurance mechanisms should also be established for discharge and anti-ligature processes, with audit against the Wales safe discharge standards and Wales anti-ligature standard.

People accessing mental health services are identified as a priority group in Mwy na geiriau / More than just words – our plan for the Welsh language in health and social care. We expect plans to include priorities for increasing the use of Welsh across clinical settings, for all priority groups.

Suicide and Self-harm Management and Prevention

Plans should also be based on engagement with the National Programme for Suicide and Self-harm Prevention (SSHP) based in NHS Wales Performance & Improvement; the regional SSHP multi-agency forum; and the mechanisms through which the health board will provide data, intelligence, and systems leadership for the health board population and partnerships, guiding suicide prevention, crisis intervention, and response to suicide events.

Health boards should encourage all staff to complete the ESR modules on basic suicide awareness, and basic self-harm awareness, and monitor and report take-up of the learning. Learning and development leads to familiarise themselves with the learning outcomes relating to suicide and self-harm now available to all health and care undergraduate and pre-registration programmes across Wales to support staff in training

Dementia

Health boards need to demonstrate that there are plans in place to meet waiting time targets on a sustainable basis for memory assessment services. Health boards also need to ensure that their plans reflect the wider ambitions set out in the Dementia Action Plan, to improve the quality of care across all pathways (including adherence to the published dementia care standards), with an emphasis on providing person centred and needs led care.

As part of this, plans should show clearly how engagement has taken place with Regional Partnership Boards (RPBs), as they are required to approve the plans in relation to how the dementia action plan ring fenced health board allocation is used.

People with dementia are identified as a priority group in Mwy na geiriau / More than just words – our plan for the Welsh language in health and social care. We expect plans to include priorities for increasing the use of Welsh across clinical settings, for all priority groups.

Substance Misuse

Plans should also include assurance for the planning and delivery of NHS substance misuse services with an emphasis on better integration with mental health pathways. As part of this, plans should show clearly how engagement has taken place with Area Planning

Boards (APBs) who commission substance misuse services. APBs should approve the plans for how the substance misuse ring fenced health board allocation is used.

Neurodivergence (ND)

Health boards should demonstrate plans to further develop neurodivergence services for children, young people and adults. Plans should reflect active engagement with the Neurodivergence Improvement Programme and integrated working with partners in Regional Partnership Boards, including Education. Health boards should take into account the requirements of the Statutory Code of Practice on the Delivery of Autism Services, which is being expanded to include other ND conditions and due to be consulted on during 2026. There should be an emphasis on delivering early help and support based upon need, reducing assessment waiting times for children and young people in particular and addressing gaps in provision for adults particularly for ADHD assessment, and on-going prescribing support where required. There should also be a focus on improving workforce knowledge and skills to ensure that reasonable adjustments can be made where required in the delivery of healthcare services.

Learning Disabilities

Health boards should focus on reducing health inequalities and early mortality experienced by people with learning disabilities as reflected in the Learning Disability Strategic Action Plan. They should demonstrate plans to improve outcomes through ensuring annual health checks are offered and taken up by everyone with a learning disability and improve workforce knowledge and skills to ensure reasonable adjustments are made across health services. This includes ensuring the Paul Ridd Learning Disability Training continues to be rolled out for staff. Action should be taken to support people with learning disabilities with mental health needs, providing early intervention and preventing an escalation of need and crisis intervention through a multi professional approach. Urgent action is required to reduce the numbers of individuals who are admitted to specialist inpatient services, and reducing the length of time people spend in an inpatient environment, where some are experiencing significant delays in discharge to suitable community settings.

People with learning disabilities are identified as a priority group in Mwy na geiriau / More than just words – our plan for the Welsh language in health and social care. We expect plans to include priorities for increasing the use of Welsh across clinical settings, for all priority groups.

2.5 WOMEN'S HEALTH

Key Delivery Expectations for 2026-27:
• Further expansion of the Women's Health Hub model in each health board area by March 2027 (aligned to the Women's Health Plan) • Improving the quality of our maternity services by reducing peri-natal mortality rates.

Women's services often suffer from lower investment and sadly there is a growing body of evidence about women's symptoms being undervalued, overlooked or dismissed. The Women's Health Plan sets out the priority areas for improvement. This is the beginning of a much longer-term commitment to consistently deliver equitable services for women.

Health boards will be required to further expand the hub model that has been established to improve timely access to services making it easier for women to obtain care they need while promoting preventative measures and empowering them to take charge of their health and well-being. The aim is to improve equitable access to services, enhance the patient experience, and ensure that women receive holistic care tailored to their individual needs. These hubs facilitate coordinated care and promote preventative health measures, ultimately aiming to improve health outcomes and reduce inequalities for women across different life stages. Health boards will be required to learn from the early evaluation of the pathfinder hubs to further develop the model in Wales. This will signal the beginning of transformation and will be built on over the coming months and years. Expansion should consist of opening further hubs to expand population coverage and/or broadening the scope of services provided through the hub model to incorporate further priority areas aligned to the Women's Health Plan.

NHS Performance and Improvement has been working closely with health boards to support the initial stages of the planning and hub development and will continue to do so for hub expansion.

The focus in 2025/26 was on the establishment of the pathfinder Women's Health Hubs. While work on the hubs is expected to continue, health boards are expected to develop a plan for local implementation of the broader actions in the Women's Health Plan.

Health boards should include contraception and abortion care in their IMTP as outlined in the Women's Health Plan.

To ensure that there is a continuous development of services and implementation of the plan there will be a quarterly session held as part of the Integrated Planning Quality and Delivery meetings. Women's health will also be a feature of JET meetings.

The quality statement for Women and Girls also describes what is expected to ensure good quality health services to support women and girls. The Quality statement and the Women's Health Plan will begin to address the challenges by setting out a range of actions that are required.

The Quality Statement for women and girls' health | GOV.WALES

2.6 QUALITY AND SAFETY

Key Delivery Expectations for 2026-27:
• Downward trend in 12-month rolling average crude mortality while maintaining a flat 7-day readmission rate. • Days of safe care delivered since the last never event, monitored using SPC T-Chart • Percentage proportion of complaints dealt with via early resolution - target 40% by March 2027 • The clinical coding service must ensure that at least 95% of inpatient and day-case episodes are fully coded within one reporting month of discharge, in line with Welsh

Government delivery measures. In addition, 90% of all identified coding errors must be corrected within 35 days of identification, ensuring timely and accurate data quality improvements across all health boards. There must be a focus on quality of coding with an emphasis on specificity, and comorbidity capture demonstrated by an increase in depth index by 10% year-on-year.

Quality and Engagement Act 2020

The **duties of quality and candour** are now statutory obligations for NHS bodies and individuals in Wales. They became effective in April 2023 and provide a framework for delivering quality and transparency in all aspects and all levels of the NHS. The duty of quality | GOV.WALES and The NHS Duty of Candour | GOV.WALES.

The Planning Framework has been informed by the Duty of Quality which must underpin the way we think, behave and act. The Duty of Quality introduced 12 new Health and Care Quality Standards, that can be described as the operationalisation of the Duty. **Planning and plans need to demonstrate how the actions proposed will address the health and care quality standards, and how the standards are being used to support the planning process and decision making.**

The Duty of Quality requires that strategic and operational decisions are made through the lens of quality. This quality-driven decision-making can be achieved by considering plans and decisions in line with their impact utilising the Health and Care Quality Standards.

Quality Impact Assessments (QIA) using the standards are essential to understand outcomes impacts and risks throughout the NHS and health and care system. QIAs should routinely inform decisions, efficiency and service management to understand the impact on people as individuals as well as the service more generally**. Boards must assure themselves that there are robust quality assurance arrangements in place and that there has been sufficient scrutiny of quality impacts of any changes on people, their organisation and wider partners such as the third sector. Organisations will need to be able to evidence how they have quality impact assessed operational and strategic plans.**

Quality Statements underpin Welsh Government policy and delivery expectations and provide a clear and coherent link to the health and care quality standards in the Act. NHS organisation should identify and plan to address clinical services that meet the principles for fragility described in the National Clinical Framework. Addressing harm, waste and unwarranted variation in clinical services must be at the forefront of organisational planning and operational delivery. Your organisations are subject to the Duty of Quality and the Health and Care Standards - and this should shape your decision making. This should be more strongly reflected in your future planning and, as a minimum, should include how your organisations are planning to work towards the expectations set out in the Quality Statements, including those for cancer, circulatory diseases, diabetes, and palliative and end of life care.

All patient safety incidents, including near misses, must be reported across NHS Wales through the national reporting system, developed to ensure consistent national data collection and analysis.

NHS organisations must have robust systems and process in place to investigate incidents, identify risks, themes and trends to extract learning for their organisation in order to learn from what may have gone wrong and make improvements to prevent reoccurrence.

NHS Wales Performance and Improvement will continue to provide an oversight and assurance function. This will enable the use of learning and data intelligence from nationally reportable incidents to inform local and national assurance and develop patient safety alerts, notices, policies and improvement programmes

Patient Experience

Our strategic approach to delivering healthcare in Wales, 'A Healthier Wales', along with the Health and Social Care (Quality and Engagement) (Wales) Act 2020, and the National Clinical Framework (2021), seeks to strengthen the citizens' voice in the ongoing development and we seek to use reported people experience with other quality and safety intelligence to get a more rounded picture of our NHS services.

The Patient Experience Programme has developed the People's Experience Framework and People's Experience Survey in partnership with NHS health boards and trusts, Llais and third sector organisations.

The National People's Experience Survey (PES) and the People's Experience Framework launched in April 2025 under a Welsh Health Circular. Welsh Government requires both the Framework and the PES to be adopted and implemented consistently across NHS Wales.

All NHS organisations must embed patient feedback, lived experience, and engagement at the heart of service design, delivery, and improvement. The PES provides real-time, anonymous insights into the quality and impact of care from the patient's perspective, and this information must be used to inform service planning and the development of the integrated medium-term plan.

All organisations are required to use the agreed core question within the People's Experience Surveys. These core questions cover overall experience, communication, involvement in decisions, dignity, respect, and language preferences.

All service users have the right to provide anonymous feedback quickly and easily, at any time. Feedback must be used to celebrate successes, identify areas for improvement, and be made publicly available in accessible formats, clearly demonstrating how it has informed change (for example, through "You said, we did" communications).

The Framework sets out an annual self-assessment maturity matrix, which all organisations must use to evaluate their current position and develop robust improvement plans for people's experience, applying a value-based approach. Organisations are required to complete a local self-assessment (Red-Amber-Green rating) for each framework element.

The Framework applies to all NHS Wales services, including commissioned services. Quality and experience indicators must be integrated into all arrangements and used for contractual monitoring and compliance.

Transparency in feedback processes is essential to drive a continuous cycle of learning and improvement, delivering long-term benefits for Wales. Organisations must regularly report and publish people's experience data, co-producing quality improvement plans with stakeholders. Reports should be accessible, transparent, and reflect feedback from external bodies.

National assurance is overseen by NHS Wales Performance & Improvement.

Listening to People: NHS Wales Concerns, Complaints and Redress process. The National Health Service (Concerns, Complaints and Redress Arrangements) (Wales) (Amendment) Regulations 2025 ("the amending Regulations") which update the National Health Service (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011, ("The Principal Regulations") come into force on 1st April 2026. NHS organisations will be required to meet the amending Regulations. The amendments aim to improve the responsiveness, transparency, and person-centred nature of the complaints and redress process. The updated model, named 'Listening to People' replaces "Putting Things Right", and emphasises the importance of putting people at the centre of the process by listening to them from the start.

Guidance for NHS organisations on meeting the Regulations has been developed in collaboration with NHS partners and stakeholders across Wales. Organisations are expected to have implemented the Listening to People changes and be developing and improving the processes and support available to people when they make a complaint, as well as learning from incidents and improving services. Annual reporting on this learning is required through the regulations (National Health Service (Concerns, Complaints and Redress Arrangements) (Wales) (Amendment) Regulations 2025 and the NHS Duty of Candour) and organisations are expected to continue working with NHS Performance & Improvement and NWSSP throughout the year to develop the supporting investigation methodologies, learning processes and *always on reporting* mechanisms. This ongoing work and evidence of implementation should be adequately reflected in plans.

3. ENABLING PLANS

To deliver the improvements across health and social care and the reforms that will be needed, Annex 2 of the Planning Framework sets out enabling actions that must underpin the delivery priorities to successfully achieve the core service and changes we want.

Consideration will also need to be given to underpinning enabling plans. These include value projects, digital innovations, workforce developments, financial sustainability and ways of working. These will enable confidence in the commitments within the plans and provide assurance of realistic delivery. Plans must be clear about the mechanisms that will be used, and their effectiveness, and demonstrate understanding of what progress is needed to optimise each enabling area.

3.1 DIGITAL, TECHNOLOGY AND INNOVATION

To deliver transformative change, move towards modern and future-focussed digital capabilities, and create a value-based health system, adequate, sustained investment must be made in technology, associated infrastructure and associated capabilities and capacity. This needs to take into account safety, governance and secure systems including AI and cyber security. Embedding bilingualism into digital and innovation policies and capabilities is key to meeting Cymraeg 2050 and Mwy na geiriau / More than just words priorities for the Welsh language, and ensuring clinical safety. To deliver NHS organisations should demonstrate:

Leadership and planning for digital:

- Have in place an organisational wide digital and data strategy that is underpinned by a sustainable financial plan and aligns to:
    - the future national state architecture (once published)
    - digital goals within heath board, NHS trust and special health authority IMTPs/ annual plans
    - national policy including the Digital and Data Strategy and A Healthier Wales (this includes action to support the recording, tracking and sharing of language and communication needs of patients and those accessing services, in line with Mwy na geiriau / More than just words and the All Wales Accessible Communication and Information Standards).
- Have in place plans to phase out unsupported systems over a timely period that takes into consideration safety and the risks of prolonging the use of legacy systems and technologies.
- Undertake regular board development sessions to develop digital and data competence.
- Embed accountable digital leadership across the organisations to improve quality and safety of care including:
    - Promoting a culture of digital-first thinking
    - Adequately involving clinicians in design, decision making and pathway redesign to reduce variation
    - Involve diverse stakeholders (clinicians, administrators, patients and public) in planning and feedback loops
    - Adopt user centred design principles
    - Clinical safety training
    - Empower citizens, professionals, and deliver safe, equitable, and efficient care by:
        - Ensuring digital services are citizen centred and inclusive
        - Ensure systems are seamless and integrated
        - Ensuring systems are safe, secure and trusted
        - Ensure systems empower the workforce to reduce administrative burden, freeing up time for direct care
        - Digital investments are evidence-based and outcomes-focused
        - Embrace innovation and are flexible to support new models of care
- Consider opportunities for convergence with neighbouring health boards and all health boards and health bodies collectively to deliver digital transformation to support sharing of information and standardisation of care pathways.

- Consider investment in digital in the context of future digital strategy – accepting that tactical decisions are required.
- Create digital skills programs for all staff to support technology adoption and patient engagement.

Governance and clinical safety for digital and MedTech including AI

- Ensure that digital clinical safety, cyber security and information governance risks in relation to digital are considered by the board.
- Ensure that robust assessments are made of technologies and that appropriate measures are put in place to mitigate clinical safety, cyber security and information governance risks.

Cyber, Information Governance and infrastructure

- Implement the Cyber Assessment Framework (CAF) profiles and achieve the minimum standard (the baseline profile) and put in place measures to work towards the advanced profile if this cannot currently be achieved.
- Target of 85% of staff having undertaken Cyber Training
- Target of 85% of staff having undertaken Information Governance Training
- Establish a process for reducing cyber risk and managing incidents in a timely manner with mitigation plans, investment strategies, and progress reviewed regularly.
- Continue collaborative working on electronic health records and adhere to national policy once published.
- Establish Local Enterprise Architecture governance to ensure compliance with national standards and alignment with ongoing development of National Architecture including completing mapping exercise of systems into Ardoq.

National Systems

- Work with Digital Health and Care Wales (DHCW) to ensure plans are in place to support the local implementation of National Programmes and Systems.
- Health boards and trusts to undertake early planning with DHCW on systems or work packages that require DHCW's resources. Clear plan to be developed for technology enabled virtual wards or care, working with NHS Wales Performance & Improvement.
- Increase use and uptake of appropriate electronic testing referrals in Welsh Clinical Portal in radiology and pathology.
- Adherence to the "Once for Wales" approach.

Standards Implementation

- Implement core digitals standards published within Welsh Health Circulars
- Develop plans to embed WHC (2015) 049 - Operational standards for use of the NHS Number - operational-standards-for-use-of-the-nhs-number.pdf (gov.wales)
- All boards must be complying with relevant DCSN notices

Improve Clinical Coding

- Health boards to improve their clinical coding to ensure clinical safety and meet national coding targets
- Clear plans that outline how health boards will explore and adopt the use of AI to improve clinical coding with governance and oversight in place for safe and responsible adoption.

AI and Automation

- Adoption of relevant advice, guidance and standards relating to the implementation of AI as reviewed by Welsh Government and sector partners including the Office for AI and AI Advisory Group for Health and Social Care.
- Clear plans and actions to adopt innovative approaches to improving patient care and reducing waiting lists or improving administrative processes using proven and safe AI and Automation technology prioritising technologies that have been approved through successful health technology assessments by partners including Health Technology Wales and NICE and/or established through in-house or academic developments. Ensuring safe and ethical adoption in a timely manner.
- Exploiting opportunities for digital innovation for administrative areas of work, treatment, prevention, testing, monitoring, systems and patient level devices and tests must be taken to utilise available technology and AI. There are already excellent examples in stroke care, genomics, diabetes etc and where these are proven to be efficacious, they must be scaled across health and care.

Advanced Therapies

Advanced Therapies is a collective term for medicines based on genes, cells or tissue. They represent a step-change in healthcare, offering the potential to treat or improve outcomes for indications that currently have limited or no treatment options, including rare and complex diseases. These therapies are already moving from clinical trials into being recommended by NICE for use within standard care, creating opportunities to improve outcomes for patients of all ages. However, their adoption brings significant challenges. Advanced Therapies are often complex to deliver, requiring new clinical pathways, specialist infrastructure, and workforce skills. They also raise important considerations around equity of access and timely availability across Wales.

The Welsh Government funded national programme Advanced Therapies Wales (ATW) exists to address these challenges. It is the only programme of its kind in the UK, acting as a national hub to support development, adoption and research. ATW drives collaboration across NHS Wales, Welsh Government, academia and industry, and co-leads the Midlands and Wales Advanced Therapy Treatment Centre (MW-ATTC) to accelerate clinical trials and build workforce capability. Its remit spans research through to routine care and is guided by the co-produced Delivery Plan for Advanced Therapies in Wales (2025–2029), aligned with Welsh Government's Statement of Intent, A Healthier Wales, and the Innovation Strategy.

To support agreed national priorities for innovation, equity and timely adoption, our health boards are required to consider the following:

Leadership and Planning for Advanced Therapies

Health boards and NHS organisations should demonstrate:

- Clear organisational commitment to advanced therapies, aligned with national priorities and the Delivery Plan for Advanced Therapies in Wales, evidenced in local strategies.
- Designation of an Advanced Therapies Champion within each health board to:
  - Promote clinical awareness of Advanced Therapies.
  - Share information on developments within the Delivery Plan for Advanced Therapies Wales.
  - Act as a point of contact for Advanced Therapies within the organisation and represent the organisation at ATW key events.

Equity and Timely Access

- Support the adoption and development of strategies to address equity of access to Advanced Therapies, ensuring:
  - Geographic fairness across Wales.
  - Consideration of underserved populations.
  - Collaboration with patient groups and third sector organisations.

Clinical Awareness and Education

- Engage with the Advanced Therapies Wales Programme to raise awareness among clinicians and patients, including:
  - Education on Advanced Therapies trials and treatment pathways.

Support and engage in agreed key initiatives of the ATW Programme for the next 12-36 months:

- Therapeutic Apheresis programme
- Pharmacy provisions
- Developing case for GMP facilities

In summary, expectations for health boards are:

- Demonstrate leadership and planning for advanced therapies.
- Nominate an Advanced Therapies Champion and engage with the ATW programme.
- Receive the updated Horizon Scanning for Advanced Therapies documentation and raise awareness of the therapies coming through.
- Support education and awareness initiatives for clinicians, patients and the public.
- Share developments from outputs of the Delivery Plan for Advanced Therapies in Wales within the organisation.
- Actively support and contribute to initiatives to achieve objectives within the Delivery Plan for Advanced Therapies in Wales.

Genomics Delivery Plan

Genomics Delivery Plan for Wales (2022-2025) (and next iteration under development for 2026-2029) outlines the required actions and collaborative approach to exploit the opportunities that genomics presents through a national, strategic programme (Genomics Partnership Wales); in alignment with *A Healthier Wales*, *Well-being of Future Generations Act (2015)* and *National Clinical Framework (2021)*, the integration of genomics into delivery of care will support prevention, person-centred and value-based healthcare.

The ambition as defined in the *Genomics Strategic Workforce Plan* is to develop the wider clinical workforce across the NHS to support the 'mainstreaming' of genomics. This involves embedding genomic test requesting consistently across the appropriate clinical specialties and enable key staff to identify and refer eligible patients to specialist teams for genomic intervention. It is recognised that there are clinicians in some areas who already use genomic referrals in their patient pathways, but the aim is to ensure equitable access for patients regardless of their health board and the professional/s managing their care. This will reduce health inequalities by ensuring equity of access for patients across Wales. Specific clinical pathways will be the initial areas of focus to support the Cabinet Secretary's strategic priorities including cancer, cardiac, diabetes, mental health, population health management and prevention, and women's health**.**

Each NHS organisation has nominated an Executive Lead for Genomics who is responsible for the implementation of genomics in their health board or trust. NHS organisations should recognise genomics as a policy priority and integrate into organisational planning to support awareness and education in clinical teams, prioritising the clinical areas shown below.

Priority areas for embedding genomics are as follows:

Diabetes: Medical consultants and clinical nurse specialists in diabetes to be trained to identify individuals who may have monogenic diabetes and arrange genomic testing for them.

Around 1% of individuals with diabetes have monogenic diabetes. They require different treatment and have different risks for complications, so identification of these individuals results in better outcomes. It also enables family members to be identifies at risk before they develop symptoms, allowing early intervention, resulting in better outcomes and reduced costs for the health board.

Cancer: Medical doctors, surgeons and other appropriate clinical professionals caring for patients with cancer (including haematological malignancies) to be trained to offer tumour or germline genomic testing to eligible patients, to inform diagnosis and treatment decisions, in line with national recommendations for precision medicine.

Genomic test results on tumours or germline DNA can inform cancer treatment and identify those eligible to take part in clinical trials, both resulting in better outcomes for patients.

Cardiac: Specialist nurses or healthcare professionals in lipid clinics should be educated to offer familial hypercholesterolaemia genomic testing to eligible patients.

Diagnosis of familial hypercholesterolaemia allows patients to be monitored and treated to keep their cholesterol level normal and avoid cardiac disease.

Cardiologists and clinical nurse specialists to identify individuals who may have an inherited cardiac condition where screening or intervention may be advantageous.

Identification of those with inherited cardiac conditions enables appropriate targeting of screening and intervention to those at risk of significant cardiac symptoms, and removal of those not at risk from unnecessary screening.

Mental health: Psychiatrists and psychiatric nurses to identify patients who would benefit from referral to the psychiatric genomics service for further investigation.

Some psychiatric conditions and neurodevelopmental disorders are associated with underlying genomic variants, and individuals with these genomic variants have worse health and social outcomes, and reduced life expectancy. Identifying possible genetic causes enables people to have a clearer understanding of their condition, creates an opportunity to discuss and assess potential risk, provides enhanced physical testing and monitoring where appropriate and signposting to specialised support.

Women's health: Specialists in women's cancer should be trained to offer genomic testing as appropriate (see **Cancer** above)

Healthcare professionals who look after women during pregnancy should be trained to include genomics as appropriate in the clinical pathways.

Infectious disease: Infection Prevention and Control staff, medical consultants and other relevant healthcare staff to be trained to utilise pathogen genomic data to support the detection and response to outbreaks. This training should also cover the use of genomics to support retrospective analysis to help prevent outbreaks in future.

Pharmacogenomics (relevant to a number of clinical areas): Preparatory planning is needed in collaboration with the clinical networks and local clinical teams within each organisation to enable future implementation of commissioned pharmacogenomic testing safely and effectively into current clinical pathway using a phased approach. The need for Point of Care (POCT) testing approaches may also need to be explored including the commissioning aspects depending on the clinical indication.

Leadership and Planning for Innovation

The NHS is a system is built on innovation. A wide range of support is provided for NHS Wales staff to support innovation, under *Wales Innovates:* the 2023 Innovation Strategy for Wales and Ymlaen - the Social Care Wales Research, innovation and improvement strategy.

Innovation remains one of the three criteria for University Health Board and Trust criteria status in Wales, alongside Research and Development and Training and Education.

The Health and Social Care Innovation Wales resources www.hsciw.wales provide a range of support, to support the planning, implementation and scaling of innovation. This is based on the Innovation Framework, which sets out the six key stages involved in innovation, with all relevant Welsh innovation support functions and organisations mapped under each stage.

Innovation planning, adoption and scaling for NHS Wales organisations should include and set out:

- Governance and accountability at Board level for innovation activities in line with the national Innovation Framework and resources at www.hsciw.wales and using quality and clinical priorities.
- Planning and monitoring of the organisation's innovation portfolio, including demonstrating clear metrics on people, projects, budgets, partnerships (e.g. with academia, industry and others) and external income / resources secured that support innovation activity.
- Plan for meeting new regulatory and existing Directions for proven health technologies as part of adopting and scaling for access in relevant care pathways and in line with clinical priorities taking into account equitable access.
- Engagement with organisations and networks funded to support local and regional innovation and the adoption and scaling of priority innovations across NHS Wales through the Innovation, Technology and Partnerships programme, including NHS P&I, Contracts for Innovation Cymru (formerly SBRI Wales), Health Technology Wales, the NHS Wales Innovation Leads network, our Intensive Learning Academies, Life Sciences Hub Wales, the Bevan Commission, the Cancer Innovation Adoption Pathway and Regional Innovation Coordination (RIC) Hubs within each Regional Partnership Board area.
- Having an up-to-date Intellectual Property (IP) policy. This includes creating reporting mechanisms and routes to ensuring that IP opportunities are utilised for the benefit of the organisation and the public. New IP guidance for NHS Wales will be released in early 2026 to support this work.

Value-Based Healthcare (VBHC)

To accelerate and advance national momentum around the VBHC agenda. Value Based Healthcare is an 'allocative system' where plans include finance as well as measuring and informing clinical and operations decisions based on what's important as outcomes for patients, their families, society and the tax-payer. NHS Wales organisations are expected to demonstrate the following requirements:

- Strengthened organisational planning and leadership action for VBHC; including education, motivation and incentivisation for staff to undertake VBHC projects;
- Effective measurement of activity and resources linked to VBHC (clinical staff, administrative staff, budgets, buildings, energy etc) to improve patient outcomes, patient experience and resource efficiency to ensure value and patient-centred care.
- Evidence of integration of early and secondary prevention in line with other priority areas highlighted in this guidance including for early diagnosis.
- Use of guidance on designing services responding to key population level intelligence including OECD PaRIS Population Survey and through service level Patient Reported Outcome Measurements (PROMs), Patient Reported Experience Measurements (PREMs) and social value measures for procurement.

In developing plans for achieving 'value' we expect all health bodies to make greater use of the value-based approach that also provides the discipline to stop low-value activity, shifting finite resources to prevention and earlier access, community-based care, better-value interventions, and supporting people to manage more of their own health. All major investment and dis-investment decisions should therefore be assessed according to their impact on outcomes, experiences, and the value generated from resources used.

Having a current and robust VBHC framework relies on the fostering of collaboration between health boards, trusts, their local VBHC teams and regional partners to enable local delivery, transformation, and continuous improvement through effective co-ordination and feedback mechanisms. Health boards and trusts are expected to participate in the further development and implementation of the VBHC agenda in Wales supported by the NHS Wales Performance & Improvement Value Transformation Directorate.

3.2 Financial Planning, Value and Sustainability

The expectations set out in this Planning Framework should be achieved within existing resources. Delivering the progress required in 2025/26 on enabling actions, as well as cutting the waiting list will improve the effectiveness and sustainability of services on an ongoing basis. However, we must go further within existing resources to appropriately reduce cost, increase productivity and address variation, whilst improving outcomes.

We expect all health bodies to develop and submit plans that achieve financial balance.

In developing your plans, we emphasise the following:

- New additional funding provided in the allocation letter is to support inescapable demand and unavoidable inflation, in supporting front line services. **It is to be utilised for this purpose only**. We expect plans to be free of discretionary investment.

- We expect a step change in the achievement and consistent delivery of all enabling actions.

- Health bodies will need to ensure clarity and visibility for significant savings in non-core areas and overheads to prioritise front-line services, to ensure that savings and mitigations delivered in 2025/26 are maintained in full on a recurrent basis, and to deliver the savings and cost mitigations that are required to achieve financial balance. No area of expenditure can be exempted from this and the need to increase productivity. The first draft of the NHS Wales total factor productivity model will be provided to health boards over coming months, and we expect all boards to develop clear quantified plans showing how their actions will deliver a quantified productivity gain in 2026/27.

- We expect health bodies to proactively reach agreement on commissioning and providing services across organisational boundaries and strengthened collaboration on a regional basis.

- Your organisations must continue to have the highest levels of strong and effective financial management, that support cost control.

- Given the scale of investment in 2025/26 to address treatment backlogs, with the action on enabling actions, and productivity, a number of areas will have sustainable solutions on a recurrent basis. We are retaining £20m of funding to support a reduction in waiting times in areas of residual challenge. This will be used on a directive basis, only when all

opportunities to deliver sustainability and productivity have demonstrably been exhausted. This position will be assessed through the planning process.

- We have taken a decision to invest in GMS services to proactively increase capacity and activity in primary care, closer to home, in support of the expected focus and development of the Community by Design programme. We expect your plans to show how you will shift activity and resource from a secondary care setting into primary and community care.

- There will be an increase in discretionary capital allocations, which is a 12% uplift on the baseline allocation, to support local plans and resilience.

3.3 Infrastructure Estates and Capital Planning

Capital

The Health and Social Care capital budget for 2026-27 is £626m – which includes £60m for IFRS 16 funding linked to lease accounting.

Through the allocation letter and associated correspondence, you will receive clarity of an approach that sets out in combination:

- An increase to health bodies discretionary capital allocation
- 2026-27 represents the second year of the Targeted Estates Fund (TEF), which has been developed to sit alongside health bodies discretionary allocation to support investment in key targeted areas such as infrastructure risks, fire safety, and infection prevention control.
- Funding to support equipment and diagnostic replacement
- Digital infrastructure and cyber investment

Capital investment in the NHS estate addresses a range of key pressures, including statutory maintenance, estates refurbishment, decarbonisation opportunities and infrastructure to support the development of NHS Wales services, such as mental health. The following guidance NHS Wales infrastructure investment guidance outlines the Welsh Government's requirements in terms of the planning, management and delivery of NHS infrastructure investment.

A significant piece of work has been undertaken during 2023/24 and 2024/25 in respect of capital prioritisation. Core elements of the capital plan, include an increase to discretionary capital available to NHS organisations, the second year of the Targeted Estates Fund (guidance published on 17th December 2024, Specialist Estates Services Notification 24/18), a diagnostic equipment programme and additional capital digital funding – common themes across most organisations' bids.

The prioritisation work will clearly need to form part of ongoing work. There are other strands of work being taken forward, which will be important in framing clinical services strategies and the financial impact (capital and revenue) of delivering these in the future.

3.4 Regional Planning

While health boards have the statutory responsibility for their population's health, they also routinely commission services from other NHS organisations or provide services to other NHS organisations. Some clinical services delivered by health boards can be considered fragile due to the more specialised nature of the service and challenges in sustaining that service on a health board footprint. There may be a limited number of specialist staff able to deliver certain procedures to the required standard for the required duration of service cover. It is also important NHS services continue to meet evolving clinical standards which may create new expectations such as larger population catchment requirements, specified procedure volume thresholds, and sustainable rota cover requirements. Criteria for service reconfiguration have been set in the National Clinical Framework but there may also be instances of core hospital services that may need to be augmented by some additional pooled capacity held at regional level that will support individual acute sites across the regional to consolidate certain types of list and/or deal with fluctuations in demand.

Requirements:

- Health boards will need to put in place mature and robust arrangements for collaborating via regional planning arrangements.
- Health boards will need to agree which services should be reconfigured or augmented at the regional level, and where those services should be delivered.
- Health boards should proactively identify fragile services for reconfiguration as part of a rolling programme of specialist service development and reform. The emphasis should be on maintaining high quality and sustainable specialist care in line with clinical standards rather than retaining local responsibility for delivery.
- Health boards should ensure they are collaborating at regional level on the further development and improved sustainability of services.
- Health boards should ensure they are collaborating at regional level on opportunities to provide additional pooled and protected capacity for cataracts and orthopaedic procedures.
- Health boards and NHS trusts should ensure they have the capability to rapidly move to reginal working and provision of mutual aid in response to public health incidents and emergencies.
- Health boards should ensure that regional services are supported by regional waiting list and vetting arrangements according to common pathway protocols to ensure access is prioritised according to a consistent assessment of clinical need or urgency.
- **Plans for 2026-29 are therefore expected to confirm regional delivery commitments and associated milestones.**

3.5 Research and Development

Research is a fundamental component of health and care and is critical to the development of all aspects of NHS Wales. Using evidence-based approaches to improve health and care services in Wales is essential to delivering better health outcomes. It is widely known that research makes a real difference to improving health and care outcomes and to the lives of patients and people in our communities.

Why research matters to the Welsh population and to the NHS?

- Research leads to new effective treatments and services and provides the opportunity for patients and service users to access those sooner, improving health and well-being and helping reduce health inequalities. NHS organisations that are actively involved in research see improved health outcomes and lower mortality rates, not just for those patients participating in research, but for everyone.
- Research ensures evidence-based services, provides evidence for NHS standards and helps organisations to find new and better ways of delivering health and social care, including improved system design better health economic outcomes.
- Research provides opportunities for staff development and enhanced job roles and satisfaction which helps with recruitment and retention, as well as developing leaders and critical thinkers.
- Research leads to economic benefits by attracting non-commercial funding and commercial income that can build the research capacity of frontline and other support services, as well as providing access to novel treatments and technologies received for free.
- Research is an essential pillar of securing and maintaining University (Health Board/Trust) status and a key enabler for NHS Wales to deliver 'A Healthier Wales.'

To drive excellence in the healthcare system, NHS organisations should have a positive culture of continuous improvement through research. This aligns with the Duty of Quality which came into force in April 2023 as part of the Health and Social Care Act 2020.

A thriving Research and Development culture is vital to transform NHS Wales and is part of the solution to many of the challenges it faces. Research is relevant to all those involved in the design, management, and delivery of healthcare in the Welsh NHS including the NHS boards and all executives, those with responsibility for strategy development, clinical leads, professional leads, heads of services, operational managers as well as dedicated research staff such as R&D Directors and leads, research managers and the research workforce.

To support NHS organisations, the '*NHS Framework for R&D: Research Matters – What excellence looks like in NHS Wales*' was published in July 2023, to help embed research into the culture of the NHS. This sets out a set of expected standards required by Welsh Government across 10 pillars that outline the features of a research supportive organisation.

A new process is being introduced this year, whereby NHS organisations are required to complete a '2 year on' assessment exercise against the implementation of the NHS R&D framework. This follows the initial baseline assessment undertaken in 2023. Whilst this is a separate process to the Planning Framework and IMTP process, this exercise will run concurrently alongside the planning cycle. The assessment should include future priorities and plans for R&D - that are highlighted in the NHS R&D Framework.

Guidance on the completion of the R&D Framework assessment has been issued in a letter to Executive Leads for R&D.

3.6 Welsh Language

Mwy na geiriau / More than just words Plan 2022-27 was published in August 2022. The five-year plan aims to strengthen Welsh language provision in health and social care, recognising that a person's language and communication needs are fundamental to delivering the Duty of Quality and providing safe, equitable and person-centred care.

Our aim is for this plan to be embedded across Wales so that individuals receive care that meets their language needs without having to ask for it. It is intended that over the life of the plan, the actions will lead to safer and better outcomes. The plan is underpinned by five key themes: leadership and culture; workforce planning; increasing the skills of the current and future workforce; sharing good practice; and ongoing monitoring and the use of data to inform priorities at a national and local level. Responsibilities in relation to the Welsh language should be embedded across your organisation.

There are direct links between Mwy na geiriau / More than just words and the refreshed actions of A Healthier Wales, published in December 2024. For example – the focus on delivery of person-centred care and the A Healthier Wales action to "ensure that all citizens can receive timely health and care services equitably, regardless of the language or communication format they need" are fundamentally aligned with priorities in More than just words / Mwy na geriau and the new All Wales Accessible Communication and Information Standards in healthcare.

The workforce is crucial to the successful implementation of Mwy na geiriau / More than just words. Organisations need not only to ensure that they know who in their organisation speaks Welsh but also to support their staff to use their Welsh language skills and plan to ensure that there are sufficient numbers of staff to provide Welsh language services especially in priority areas. Increasing the number of posts which are identified as Welsh essential, and / or with a level of Welsh speaking defined, will help with this.

A mandatory Welsh language awareness course was launched in 2023 which explains how important Cymraeg is in service delivery and in meeting patient need. Large numbers of staff have completed the course but it is important to ensure that it is completed by all members of staff. A new Croeso Course has also been launched in 2025, developed by the National Centre for Learning Welsh as part of the Learn Welsh Scheme for Health and Social Care. Completion of the Croeso Course by staff will directly support the Mwy na geiriau / More than just words aim of ensuring all staff working in health and social care should have courtesy level Welsh, by the end of the life of this plan (2027).

At the core of the Mwy na geiriau / More than just words plan is the principle of the Active Offer which places a responsibility on health and social care providers to offer services in Welsh, rather than on the patient or service user having to request them.

In order to achieve the Active Offer, existing systems and apps, and those being developed, need to be able to share, record and track language choice / preference between systems. Organisations also need to use data to measure progress towards the Active Offer and identify gaps that would further help measure progress. Doing so will help embed the Active Offer in health and social care services so that Welsh speaking patients and individuals can easily access the care that they need.

Increasing the use of Welsh across clinical settings is a fundamental priority in Mwy na geiriau / More than just words. Welsh Language Standard 110 requires the health bodies in Wales to develop plans for delivering on this agenda. In June 2025, a new Health Forum was established – a collaboration between Welsh Government, the Welsh Language Commissioner and health organisations in Wales. As part of your plans, health bodies are expected to set out priorities for delivering on this agenda – in terms of increasing the skills of the workforce, and increasing access to services and support in Welsh through workforce planning.

As a minimum, there should be a focus on the Welsh Language in the following areas of your plans:

- Leadership and Culture
- Delivery of the Duty of Quality and the provision of safe, equitable and person-centred care
- Workforce development / skills and training
- Where plans include a focus on services and support for: people accessing mental health services / people with Learning Disabilities / people accessing stroke services / people accessing speech and language therapy / older people / younger People. **These are all priority Groups in Mwy na geiriau / More than just words.**
- Delivery of Standard 110 to increase the use of Welsh across clinical settings.
- Putting Things Right / patient experience.
- Health and well-being of staff – and support for the Welsh Language across staff Networks.

3.7 National Equality Plans

The NHS Wales Planning Framework also highlights the due regard that must be paid to and action that must be taken by NHS organisation in relation to the wider equalities agenda. This includes the Anti-Racist Wales Action Plan, the LGBTQ+ Action Plan, the Disabled People's Rights Action Plan, and the Violence Against Women, Domestic Abuse and Sexual Violence (VAWDASV) Blueprints, as well as the implementation of the All Wales Accessible Communication and Information Standards in healthcare.

3.8 Workforce Planning and Well-Being

We directly employ historically high levels of workforce across the NHS in Wales with current FTE of over 99,000 and a pay bill of £6.7 billion (incl. agency and locum) in 2024-25. The Cabinet Secretary for Health and Social Care agreed that £294.224 million funding will support health professional education and training in Wales for the academic year 2025/26. This investment will support and maintain the commissioning numbers based on those agreed in 2024/25.

The NHS workforce cannot simply continue to expand at this historic rate, especially as there is a disconnect between the financial position of NHS organisations and the assertion that there remain some 5,300 vacancies across the system.

Organisations should have a robust workforce planning process that includes accurate forecasting of likely Whole-Time Equivalent (WTE) numbers. This process should align operational demand with available financial resources through effective triangulation.

Where there are unfunded posts within the establishment, organisations should adopt a clear strategy to address them. This may include leveraging work on Total Factor Productivity, GIRFT (Getting It Right First Time), and other benchmarking tools in order to set clear expectations for directors, teams, and individuals to maximise productivity. These expectations should be supported by strong Performance Appraisal and Development Review processes.

Delivering a step change will require us to maintain the core business whilst delivering a shift in emphasis to enhanced productivity, effective use of digital technology, robust team redesign to optimise the use of the right skills designed around the service users. It is key that we enhance workforce planning to drive the delivery of new models of care to meet the strategic ambitions of care closer to home and a focus on prevention.

NHS workforce planning must be driven by an understanding of the service redesign needed to meet these ambitions and the related workforce change needed. NHS organisations must demonstrate how they are using robust workforce data, the various national workforce plans for professions and services and population intelligence to plan.

NHS organisations also need to demonstrate how they are listening to and responding to staff voices to improve staff experience which in turn, impacts patient experience and retention. The annual NHS Staff Survey is a key data source that also feeds a better understanding of structural issues at the heart of staff experience and well-being. NHS organisations' scrutiny of all their workforce metrics to identify improvement will be key to workforce equality, sustainability and well-being and should underpin plans.

Whilst predictors of an individual's health and well-being in the workplace are known to be multifactorial, the organisational responsibility to provide people with opportunities for fulfilling and socially valuable work, with secure and attractive terms and conditions of service is clear.

As the largest employer in Wales, NHS Wales must continue to attract a diverse range of individuals into careers in health and care and support the ambitions of Stronger, Fairer, Greener Wales: A Plan for Employability and Skills and enable the NHS to act as a key employer in the foundational economy across Wales.

Whilst there are many enablers to meeting this ambition, physical and psychological safety must be fulfilled to ensure NHS Wales staff meet their potential and provide the best patient care possible.

The National Programme Board for NHS Workforce Safety has been established to prevent and reduce unacceptable behaviour towards NHS staff and to ensure robust processes are in place when incidents occur. Linking in with the NHS Wales Framework for Speaking up Safely and priorities in national equality plans (including the Anti-racist Wales Action Plan, the LGBTQ+ Action Plan, the Disabled People's Rights Action Plan, and the Violence Against Women, Domestic Abuse and Sexual Violence (VAWDASV) Blueprints), the Board will support the critical focus on system-level prevention of risks to staff mental and physical

health and well-being. NHS Wales organisations will need to evidence their engagement with this agenda and continue to provide appropriate support to staff who have adverse experiences at work.

3.9 Turning Strategies Into Action

IMTPs should be developed in the context of NHS organisations' longer-term strategic direction.

- *Clinical Services Strategies* set out the longer-term vision and ambition for local health economies to improve health outcomes, indicating the change required over the medium and long term. Strategies do not make commitments to particular actions, or require health entities to undertake specific activities – instead they describe potential choices and issues to be considered, including issues relating to service configuration, workforce and capital planning. These can also inform the decisions that the Government will make on what actions are taken forward, and when. Clinical Services Strategies should be clinically led, informed by the best available evidence and informed by extensive stakeholder engagement (including with staff, patients, carers and the public).

- *Integrated Medium Term Plans* set out Ministerial priorities and delivery expectations for the health system will be achieved over a three-year period. The IMTP is the key document for organisations to deliver against national, regional and local priorities, confirm actions, resources and funding, and to detail how progress and success will be measured. IMTPs reflect the long-term direction of *A Healthier Wales* and local Clinical Services Strategies, including more detailed actions for health organisations in the medium term that work towards the strategic goals. As a statutory requirement, NHS organisations must take national strategies and legislation into account in carrying out their responsibilities, including in commissioning services and allocating resources. This includes Mwy na geiriau / more than just words – our plan for the Welsh language in health and social care.

- *Annual operational delivery plans* describe how organisations will deliver their strategic and tactical plans over the coming 12 months. It is good practice for every operational service area to have its own in-house delivery plan.

These documents will work together to set a consistent direction for NHS organisations. This approach provides a clear pathway for translating strategies into action, and monitoring and evaluating the impact of strategies and the performance of NHS organisations.

The role of health strategies is critical to providing the long-term vision and priority areas that inform decisions on the other documents. National, regional and local plans provide the route map for translating that vision into reality.

This document is not intended to cover all aspects of plans but to offer additional guidance and clarity on a range of policy requirements. The Planning Team will continue to offer advice and support if needed as you finalise your plans. Any queries should be directed to the hss-planningteam@gov.wales.