

## CYFARFOD BWRDD PRIFYSGOL IECHYD UNIVERSITY HEALTH BOARD MEETING

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	29 January 2026
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Annual Plan – 2026/27 Planning Cycle
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Lee Davies, Executive Director of Strategy and Planning
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Shaun Ayres, Director of Delivery Daniel Warm, Head of Planning

### Pwrpas yr Adroddiad (dewiswch fel yn addas)

#### Purpose of the Report (select as appropriate)

Ar Gyfer Penderfyniad/For Decision

### ADRODDIAD SCAA

#### SBAR REPORT

##### Sefyllfa / Situation

This report provides the Board with an update on the development of the 2026/27 Annual Plan. Its purpose is to explain how the planning work has now converged into one coherent approach, and to provide assurance that the process has been deliberate, well-sequenced, and robust.

The NHS Wales Planning Framework 2026/29 was issued on 19 December 2025; however, this report is not simply a response to that guidance. It describes how the Health Board positioned itself in advance of the Framework's publication, building the foundations for a planning approach that could credibly respond to national expectations, whilst addressing our specific operational and financial context.

The Board is asked to take assurance from the structured process that has shaped the emerging plan, and to endorse the planning format and approach as it moves towards final submission in March 2026.

##### Cefndir / Background

The 2025/26 planning cycle exposed important lessons. Whilst initial engagement with Clinical Care Groups on risk-based planning was strong, the sheer volume of risks carried across the organisation made meaningful collective prioritisation within a compressed window extremely difficult. When everything is escalated as a priority, nothing can be effectively prioritised.

The Board Seminar in December 2025 explicitly set the expectation that we must move to a realistic, focused and integrated plan, grounded in the risks and constraints the organisation is carrying. The analysis presented at that seminar surfaced the scale and interconnectedness of our risk set: **637 live risks, with 84% rated High or Extreme, and an average of 4.3 linked themes per risk.** This is the clearest rationale for why a different planning discipline is required. We cannot credibly plan on the basis of everything we would like to do.

In response, the 2026/27 planning approach has been redesigned around a fundamental principle: we plan from what we have, not what we want. Success depends on the intelligent reallocation of existing resources to areas of greatest system-wide impact, supported by collective senior leadership decision-making and explicit trade-offs about what stops or is deprioritised.

With respect to the Plan for 2026/27, Welsh Government released the NHS Wales Planning Framework on 19 December 2025, along with the financial allocations. The Planning Framework, in the form of two letters, one from the Cabinet Secretary to Chairs (Annex 1); and one from the Chief Executive of NHS Wales to Chief Executive Officers (Annex 2); form the basis of the expectations of what plans must deliver on through Ministerial priorities; delivery expectations (Annex 3); and enabling actions (Annex 4).

## Asesiad / Assessment

The 2026/27 Integrated Medium Term Plan (IMTP) is being built through a deliberately sequenced approach, which moves the Health Board from separate strands of activity to a single, structured planning system. This section explains how the key elements of that system fit together and why each was introduced.

### 1. The Plan Architecture - Providing the Spine and Line of Sight

The first step was to establish an agreed plan architecture that links strategy to annual delivery and Board assurance in a way that ensures both Welsh Government and Board can readily review the alignment with the expectations of the Plan. This architecture creates a simple hierarchy: our Strategic Objectives act as the chapters of our strategy (Thriving Teams, Healthier Communities, Great Care, Positive Futures); Planning Goals describe specific in-year intent under each objective; Priority Bundles translate that intent into deliverable programmes; Enabling Actions set out the conditions for delivery; and Measures and Assurance Points evidence progress.

Critically, the architecture commits to **one integrated story**: quality, performance, workforce and finance are considered together rather than as separate narratives. In practical terms, this is what stops parallel plans developing and gives the Board a visible line from strategic intent through to delivery commitments and assurance.

### 2. Welsh Government Requirements - The Non-Negotiable Frame for Year 1

The national Planning Framework letters issued on 19 December 2025 provide the required content boundary and priorities for the period 2026-29. These include six national strategic priorities (Timely Access to Care, Population Health and Prevention, Community by Design, Mental Health Access, Women's Health, and Quality and Safety – which is new for 2026/27), year-one delivery expectations, and a number of rolled over and refreshed enabling actions mandated on an 'adopt or justify' basis.

The Cabinet Secretary's letter is explicit that all expectations must be achieved within existing resources, with a clear expectation that plans must make hard choices and deliver financial balance. The financial allocation has been set to help mitigate the impact of **unavoidable inflationary and demand pressures** on frontline services, but there is no discretionary funding for investment. The enabling actions are designed to reduce waste, harm and variation without driving additional cost. The intent locally has been to treat these not as reference material, but as the must-do requirements that each priority bundle must explicitly respond to.

The accompanying letter from Jacqueline Totterdell, NHS Wales Chief Executive, reinforces that organisations must submit a narrative three-year plan with the familiar Firm, Indicative and Outline progression, supported by Ministerial templates aligned to the Minimum Data Set (MDS). Year one must be clear about milestones, actions and quantified projections, with risk and mitigations understood prior to submission, and with Boards explicitly signing up to delivery commitments.

**How does the architecture respond to this?** The plan architecture was designed before the Framework was published but deliberately anticipated its requirements. The Priority Bundles map directly to the Framework's strategic priorities. The template structure (described below) requires each priority to demonstrate how it addresses quality, performance and financial sustainability within available resources. The enabling actions are embedded as conditions for delivery, not optional enhancements.

### **3. Risk Prioritisation - The Mechanism to Move from a Long List to a Credible Plan**

Once the architecture and national framework were set, the next step was to create a practical method for prioritisation. The Health Board has used a structured risk prioritisation approach designed to reduce an unmanageable risk set into a small number of plan-shaping priorities.

**The method operates as a funnel** - First, operational teams validate and manage lower-scoring risks locally within existing resources. Second, higher-scoring risks (12 or above) are prioritised by Clinical Care Groups using maturity-style assessment and clear criteria. Third, the Executive Team reviews the top risks and confirms which will form the core of the annual plan.

This approach is important because it demonstrates that we have tested focus rather than assumed it. It provides transparency about which risks are being treated through the plan, which are being managed within existing resources, and that some risks will require the Board's acceptance to tolerate for a defined period, and will be subsequently managed through the local governance arrangements in line with our agreed risk management framework.

This is also where the organisation's resource reality is made explicit. The refined planning principles set out that we are planning from what we have, not what we want; that reallocation and redeployment must be the primary mechanism for change; and that every reallocation must contribute to our required efficiency and savings delivery. Prioritisation is not simply about importance; it is about what can realistically be delivered within year one, with explicit trade-offs and 'what stops' decisions.

### **4. Workshops -Testing Interdependencies and Converting Priority Risks into Integrated Programmes**

The planning workshop process has been an intentional joining step between prioritisation and plan writing. Rather than accepting service submissions at face value, workshops have been used to test how issues connect, where constraints sit (workforce, flow, diagnostics, estates and digital), and what combined interventions would materially shift risk across multiple areas at once.

The thematic analysis from the November 2025 workshop revealed that risks are deeply interconnected. A workforce issue drives poor quality, temporary staffing costs, and financial

pressure simultaneously. Three natural clusters emerged which span multiple Clinical Care Groups (CCGs) and require coordinated action: **Flow and Frailty** (addressing admission avoidance, length of stay, delayed transfers of care, and rehabilitation pathways); **Cancer Diagnostics and Capacity** (addressing pathway bottlenecks in imaging and diagnostic services); and **Urgent and Scheduled Care Configuration** (addressing emergency department pressures, workforce sustainability, and site configuration).

These Priority Bundles have been worked through diligently and will continue to be stress tested. The Planning Workshop scheduled for 8 January 2026 will review progress against each bundle, triangulate plans against workforce, financial and quality considerations, and critically test each proposal against the planning principles. This stress testing is designed to ensure that bundles are genuinely founded on resource reallocation to address **unavoidable demand pressures**, consistent with the Welsh Government framework – rather than representing investment asks that cannot be afforded.

This matters for Board assurance because it demonstrates that risk, capacity and deliverability are being actively challenged through collective review, rather than simply collating a set of local ambitions. It is also a practical response to the scale of the risk set: the planning approach is designed to move from many risks, to a manageable number of priority risks, to a small number of integrated plan bundles that can be governed and delivered.

## 5. The Template and Checklist: A Control Mechanism for Realism

To avoid reverting to narrative-heavy planning, the Health Board has developed and issued a structured working Ministerial template in advance of final Welsh Government templates. This workbook is designed to replicate the Ministerial structure to minimise later rework, embed our planning architecture (Strategic Objectives, Planning Goals and Priority Bundles), force integrated planning across quality, performance, workforce and finance for each priority, and make choices explicit - including what is being deprioritised, what activity stops, and which risks are being treated, managed or accepted.

Critically, the template is not simply a format; it is a control mechanism for realism. It requires each priority to set out a clear logic model showing how service changes translate into measurable outcomes, quantify benefits month-by-month with named owners, specify workforce assumptions including WTE and the source of redeployment, record dependencies and risks with owners and dates, and evidence multi-domain impact across quality, performance, workforce and finance.

The template also contains explicit quality checks designed to prevent 'magic money' assumptions by ensuring that the logic model, 'what stops' decisions and benefit trajectories reconcile. This is how we are systematically testing risk, capacity and affordability, rather than asserting them.

## 6. How the Elements Now Operate as One Connected System

The core improvement in our approach is the move from disparate planning artefacts to a single planning method that is focused, evidence-led, quantified, and designed to be deliverable within year one whilst setting a credible trajectory across the three-year plan.

The following table illustrates how the elements connect:

Element	Role in the System
<b>Plan Architecture</b>	Provides the spine and line of sight from strategy to delivery. Ensures one integrated story across quality, performance, workforce and finance.
<b>Welsh Government Framework</b>	Sets the non-negotiable content boundary: six strategic priorities, delivery expectations, enabling actions, and the requirement for financial balance.
<b>Risk Prioritisation</b>	Acts as the funnel to move from 637 risks to a manageable number of plan-shaping priorities. Makes resource constraints explicit.
<b>Planning Workshops</b>	Test interdependencies and convert priority risks into integrated programmes. Challenge assumptions through collective review and stress testing against principles.
<b>Health Board Version of the Ministerial Template</b>	Converts the approach into a measurable, auditable discipline. Acts as control mechanism for realism through logic models, trajectories and reconciliation checks.
<b>Planning Maturity Matrix</b>	Provides evidence base for planning capability against de-escalation criteria. Enables dialogue with Welsh Government on Targeted Intervention status.

These elements do not exist as separate documents to be read in isolation. The risk analysis drives the workshop agenda. The workshop outputs inform the template content. The template structure operationalises the planning principles. The principles align to Framework expectations. The maturity assessment provides assurance that the system is functioning as intended.

## 7. Sequencing and Dates - Internal Milestones Aligned to National Deadlines

Clear internal milestones have been set to maintain pace and ensure early identification of gaps. These local milestones are aligned to the national timetable.

A key checkpoint is the Planning Workshop scheduled for 8 January 2026. This workshop will bring together senior leaders to ensure all aspects of alignment are on track, review progress against the Priority Bundles that have been worked through to date, and continue the triangulation of plans against workforce, financial and quality considerations. The bundles will be stress tested against the planning principles, confirming that proposals are genuinely founded on resource reallocation rather than investment, and are focused on addressing unavoidable demand pressures in line with the Welsh Government framework.

The full milestone sequence is set out in the table below. Internal milestones are shown alongside national submission deadlines to demonstrate how the Board has clear points of visibility and decision-making before each assurance deadline.

Date	Milestone	Type
5 January 2026	Demand/capacity baseline and workforce WTE returns confirmed	Internal

8 January 2026	Planning Workshop: Priority Bundle stress testing, alignment review and triangulation	Internal
12 January 2026	First draft Ministerial Template submissions	Internal
6 February 2026	Gateway 2: Reconciled models (finance, workforce, trajectories)	Internal
13 February 2026	Accountable Officer letter (if balanced IMTP not achievable)	National
27 February 2026	Confirmation of ability to agree LTAs and commissioned services	National
March 2026	Board approval of final Plan	Internal
31 March 2026	Final Plan, Ministerial templates, MDS and financial templates submitted  (Welsh Government will support early assessment of plans to help ensure that there is no pause in the delivery of key priority areas. However, decisions on plan approvals will come after the Senedd elections. In the meantime, accountability conditions and escalation status already in place will remain extant until any further communication is made.)	National

## 8. Risks to Delivery of the Planning Process

The Board should be aware of the following risks to successful completion of the planning cycle:

- **First**, achieving financial balance remains extremely challenging, and the Accountable Officer letter requirement by 13 February 2026 will crystallise the position if a balanced IMTP cannot be produced. At this stage and given the context of this report, we are proposing that we will be submitting an Annual Plan in a 3-Year context.
- **Second**, we need to be explicit on the achievability of the enabling actions in 2026/27, given that the Cabinet Secretary has expressed clear disappointment that there has not been full implementation/achievement of the 2025/26 enabling actions.
- **Third**, the compressed timeline between Framework publication and submission deadlines requires sustained senior leadership engagement to maintain the collective decision-making process during an extremely busy period for delivery and clinical services.
- **Fourth**, some benefits trajectories depend on data sources that require further validation before final submission.

### Argymhelliad / Recommendation

The Board is asked to:

- **DISCUSS** the emerging planning architecture and the structured approach to developing the 2026/27 Annual Plan;
- **TAKE ASSURANCE** from the deliberate sequencing of planning activities and the convergence of risk-based prioritisation, national Framework requirements, and local planning methodology into one connected planning system;

- **ENDORSE** and **APPROVE** the planning format and principles as the basis for an Annual Plan 2026/27 set in a 3-year context, ahead of the Board meeting in March 2026;
- **NOTE** the key submission milestones, including the Accountable Officer letter requirement by 13 February 2026;
- **NOTE** the risks to delivery of an acceptable Plan for 2026-27.

**Amcanion: (rhaid cwblhau)**

**Objectives: (must be completed)**

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Risk 2212 - There is a risk that the Health Board will not have an approvable Integrated Medium-Term Plan (IMTP) by March 2028.(Current Risk Score: 12, Target Risk Score: 4)
Parthau Ansawdd: Domains of Quality <a href="#">Quality and Engagement Act (sharepoint.com)</a>	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a>	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	9. All HDdUHB Well-being Objectives apply

**Gwybodaeth Ychwanegol:**

**Further Information:**

Ar sail tystiolaeth: Evidence Base:	Contained within the SBAR
Rhestr Termiau: Glossary of Terms:	Contained within the SBAR
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Board Seminar, December 2025

**Effaith: (rhaid cwblhau)**

**Impact: (must be completed)**

<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	Contained within the SBAR
<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	Contained within the SBAR

<b>Gweithlu: Workforce:</b>	Contained within the SBAR
<b>Risg: Risk:</b>	Contained within the SBAR
<b>Cyfreithiol: Legal:</b>	Contained within the SBAR
<b>Enw Da: Reputational:</b>	Contained within the SBAR
<b>Gyfrinachedd: Privacy:</b>	Contained within the SBAR
<b>Cydraddoldeb: Equality:</b>	Contained within the SBAR



Eich cyf/Your ref  
Ein cyf/Our ref

NHS Chairs

19 December 2025

Dear colleagues,

***Transforming Services to Deliver Better Health and Care - NHS Wales Planning Framework 2026-2029***

We issue every year a new Planning Framework for the NHS. It's a crucial point in our annual calendar, setting our next priorities. These priorities are Ministerial choices, designed to make services better, and help steer the NHS towards a more sustainable future. And they build upon a fundamental requirement for all health bodies in Wales, which are non-negotiable and never change: to provide safe and high-quality care for all those who need it, within given resources, and sustainably.

I know the context this year is really challenging. I am asking the NHS to keep services safe and make improvements, when financial pressures are significant, demand is increasing, and staff already deliver more every year. But I have great confidence that the NHS will rise to this challenge. Your ambition for improvement is as great as mine, your innovation and creativity are undimmed, and we all know that standing still will not deliver an NHS fit for the future. I am also clear in my expectation that your plans will need to make hard choices and not include many improvements which would otherwise be desirable, outside the six areas of focus set out below.

We have seen some good progress over the past twelve months, and I would like to thank everyone in NHS Wales for their huge efforts and commitment during a challenging time. For example, we have seen a reduction in number of patients waiting over 2 years for planned care treatment and an improvement in cancer waiting times, reduced ambulance handover delays and fewer delays in hospital discharges. It is also good to see that all health boards have plans in place to establish pathfinder Women's Health Hubs by the end of the financial year and that work is underway to deliver a national lung cancer screening programme.

It is important that we build rapidly on this progress to improve people's health and well-being, and ensure patients can access the care they need, where and when they need it.

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Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

We must tackle the challenges of today, whilst at the same time driving forward speedily the transformation which will lead over the longer-term to a more effective and sustainable service, and better health outcomes.

To give you clear and consistent direction for the period ahead, the NHS Wales Planning Framework for 2026-2029 echoes and builds on the previous Framework, and is aligned with the commitments made by the First Minister in relation to planned care, delayed pathways of care and women's health.

We must build on the progress made this year, to deliver the recommendations of the [Ministerial Advisory Group on Performance and Productivity](#) and the priorities I set out in my letter of 3 July 2025, *Improving Performance Together*. This Planning Framework reiterates those expectations, and I expect NHS organisations to ensure these are embedded in your planning arrangements.

I am aligning this Framework to financial allocations to health boards. These will help mitigate the impact of unavoidable inflationary and demand pressures on frontline services, but it is a challenging financial settlement, with no discretionary funding for investment I expect health boards to do more to address waste, harm, and variation, in addition to increasing productivity and efficiency.

I am expecting all health bodies to develop and submit plans that achieve financial balance.

### **My 3-Year Strategic Priorities for NHS Wales**

This Framework sets out the strategic priorities that must be delivered by all health boards, and (where relevant) other NHS organisations over the next three years.

#### **The areas on which you must focus are:**

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

**The minimum delivery expectations under each of these strategic priority areas have been refreshed for 2026-27 and are set out in Annex 1.**

The areas of focus remain broadly the same, to provide continuity, though I have chosen to bring together our priorities on quality and safety and to highlight them in this Planning Framework.

#### **Timely Access to Care**

We have refreshed our referral to treatment guidance and provided faster access to tests and scans. This means we are reducing the time patients wait for diagnostics, reducing hospital treatment waiting times, especially for those who have been waiting longest and reducing the overall total waiting list. But there is much further to go.

I expect NHS organisations to explore opportunities to strengthen the way in which they communicate with their patients on waiting lists to enable patients to be better informed about their likely waiting times. It can be an anxious and difficult time for patients, and I believe it is important that they are fully engaged in their care, so they know what to expect.

Whilst focusing on those already waiting for treatment, we must also take the opportunity to think differently about how we deliver care in the future by utilising the opportunity we have of integrated health boards and maximising what can be done in primary and community care via Community by Design.

We know there continue to be pressures on our emergency departments and that long ambulance handover waits present significant and avoidable risk of harm to patients. I welcomed the MAG recommendation setting out the need to plan to deliver all handovers within 45 minutes. We have seen progress this year, but I expect health boards to improve patient flow rapidly, so that this expectation is met as standard practice, across all parts of Wales.

## **Population Health and Prevention**

We know we need to improve people's long-term health and reduce health inequalities to improve life expectancy and the well-being of our population. Wales has higher rates of preventable deaths than similar countries. This requires a focus on prevention and earlier intervention in your plans including support for people to quit smoking, live healthier lives and to reduce obesity rates, especially amongst our children and managing chronic diseases such as diabetes. Your plans should also drive an uptake in vaccinations, including childhood immunisation, building on catch up programmes over the last year and reducing vaccine inequity.

In line with Community by Design, the commissioning and provision of health and care services in your area must be based on your population's health needs. I am keen to see population health management approaches reflected in the integrated planning of your services especially at a community level, which will be supported by a national population segmentation and risk stratification tool.

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. I am keen to see how you will work with other partners outside the NHS to take forward these approaches,

## **Community by Design**

As well as placing prevention and population health at the core of NHS Wales we must make greater progress with the delivery of integrated services in the community, moving from a hospital by default approach to one of community by design, in particular supporting people with long-term conditions or frailty remain well and receive care in their communities. I expect to see how you plan to co-design these service models with your communities, working with GP practices, other key partners and stakeholders, to deliver integrated services in the community and how you will increase the proportionate spend on primary and community-based 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. I expect NHS organisations to continue working closely with their key partners to help ensure the care provided is person-centred, compassionate and flexible enough to adapt to an individual's changing needs and it is important that your plans support a collective effort with social care services to avoid unnecessary hospital admission and a further improvement in timely hospital discharge. Alignment with and commitment to delivering Regional Partnership Board plans will be key.

### **Mental Health Access**

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. I expect your plans for 2026-29 to build on this and ensure mental health services are shaped in alignment with the [Mental Health and Wellbeing Strategy 2025-35](#).

### **Women's Health**

Progress over the last year in strengthening women's health services has been encouraging, but we need to do more to address the health inequalities women continue to face. We know there are serious challenges in accessing healthcare, including taboo, stigma and a lack of understanding by others when discussing their health and wellbeing - which can be a barrier to receiving the right help. The Women's Health Plan sets out the improvements required across Wales. I am encouraged by the commitment shown by health boards to establish a pathfinder women's health hub by March 2026. We must build on this to provide women with the care and support they need, as locally as possible and to deliver better outcomes. I am keen to see this reflected in your plans.

### **Quality and Safety**

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. I would like to see this more strongly reflected in your planning and, as a minimum, I would like to see 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.

You should also identify and plan to address clinical services that meet the principles for fragility described in the [National Clinical Framework](#). The variation reported in [Quality and Outcomes Framework](#) and [National Clinical Audit and Outcome Review Programme](#) should be routinely used, and improvement actions regularly considered as part of your quality assurance and governance arrangements.

### **Year 1 Delivery Expectations for 2026-27**

**The minimum delivery expectations set out in Annex 1 highlight those areas of greatest priority and should therefore be the focus of your year-1 plans (2026-2027).**

Securing these outcomes should be at the centre of how you use your resources and capacity to speed up delivery within existing resources. Progress in some of these areas will require you to prioritise partnerships with social care. Meeting these expectations will help achieve the improvements in performance and outcomes that we would all wish to see in year 1 of your plans (2026-27). I expect to see continual and consistent improvement towards delivery across all the strategic priority areas over the three years.

## **Enabling Actions**

**To support you to deliver against these expectations, I am also setting out a refreshed set of enabling actions (attached as Annex 2) which I am again mandating on the basis of “adopt or justify”.**

These have been updated to reflect the progress made over the last twelve months and aim to drive forward improvements on a consistent basis and reduce variation. Each has an evidence base to demonstrate improved efficiency and/or outcomes, without driving additional cost. They are the product of work undertaken by the National Strategic Programmes and the Value and Sustainability Board. Several of the enabling actions relate to activity which must be deprioritised and stopped where there is evidence of waste, harm or variation resulting in no (or low) clinical value or effectiveness. Delivering the mandated enabling actions, along with an assessment of the associated productivity, efficiency and/or financial gains must also be reflected in your plans.

I am disappointed that not all the enabling actions for 2025-26 will have been achieved by year end. These are “just do it” actions, and, acknowledging the progress which has been made over the last year, much more must be done to ensure implementation during 2026-27. **I am expecting a clear organisational assessment of the baseline position, and the improvements that you will deliver, by enabling action, to feature as an annex to your plan.**

**Your plans must also include an assessment of your progress in delivering the MAG recommendations on performance and productivity and the priorities set out in Improving Performance Together, as well as your commitment to deliver these during 2026-27.**

Although this Framework is clear about the national priorities that your plans need to focus on most, I recognise of course that NHS organisations need to commission and/or provide a wide range of services to improve the health of your populations and to meet the strategic objectives of *A Healthier Wales*, within the resources available to you. I trust that your Boards will keep this balance in mind when making decisions and choices in other areas.

As NHS organisations, you are best placed to identify the needs of your local populations, so whilst setting out my expectations for delivery against the 3-year national strategic priorities, Year 1 delivery expectations and enabling actions, I recognise that this means greater flexibility in delivering on other areas. As you develop your plans, it would be helpful to have an open dialogue with you as you consider the options and choices open to you.

## **Financial Framework**

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.

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

In developing your plans, I 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.** I expect plans to be free of discretionary investment.
- My officials have undertaken work to baseline as much funding as possible into core allocations and in return expect health boards to plan on living within that resource.
- I 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 I expect all boards to develop clear quantified plans showing how their actions will deliver a quantified productivity gain in 2026/27.
- I 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. I am 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.
- I 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. I 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.

## **System Leadership and Transparency**

This is my second Planning Framework as Cabinet Secretary for Health and Social Care, and I am still amazed by the dedication of our NHS workforce. They are at the heart of all we do for our patients. We must continue to focus, in social partnership, on ways to engage and empower our people to deliver safely, effectively and flexibly.

We must continue to lead with compassion at all levels across the NHS and this involves engaging the workforce. They are the key to delivering the transformation and improvements we all wish to see. I expect to hear how organisations continue to develop their leadership and culture to ensure the safety, health and well-being of their workforce to enable them to deliver, optimise their team effectiveness and improve their services. Clinical leadership is critical to this, directing the NHS to improvement in patients' interest. I have been pleased to see real improvements already in this area, nationally, regionally and locally, and look forward to seeing even more in coming months.

There is more for us to do together to streamline the relationship between the Welsh Government and NHS organisations, so that we can ensure that our data reporting, accountability and other systems are transparent, proportionate and reduce duplication. We have already taken action in some areas, for example the new Public Accountability Meetings, but there is more to do. I think that by engaging more – and more effectively - with our patients and staff, showing transparently what we are doing and welcoming accountability and honest reflection, we embed improvement in our working lives.

I am keen to ensure all parts of our NHS seek continuously to learn from best practice both from within the NHS in Wales and beyond, proactively working together to identify successful innovation – applying a principle of “adapt, adopt or justify”. This includes the need to make far greater use of digital innovation. The rewards for patients are huge. We will continue to work with you to ensure a strong national digital architecture.

Regional solutions will be necessary in order to deliver quality, access and levels of care that often cannot be delivered by one organisation alone. Where such challenges exist, I expect your plans to set out tangible regional proposals, showing how your organisations will work together to strengthen services, and maximise the skills and facilities available in your regions to improve patient outcomes.

All organisational planning and delivery must be built upon the domains of improving quality, safety, outcomes and value, supported in turn by robust enabling plans for capital, digital, collaborative working, the NHS workforce, and within available resources.

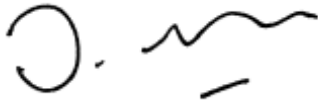
We must not lose sight of the cross-Government priorities such as the refreshed NHS Wales Decarbonisation Strategic Delivery Plan, Anti-Racism Wales Action Plan, Welsh Language and the delivery of priorities in Mwy na geiriau / More than just words to name but a few. In addition, I would naturally expect you to work within the context and principles of the Wellbeing of Future Generations (Wales) Act 2015 and embrace Value Based Health Care to deliver the care we all aspire to on a sustainable basis.

## **Outcomes that matter to people**

We must continue to balance better long-term outcomes with addressing the here and now issues that face our communities, our patients, our workforce and our health and social care system. I am struck by the commitment of your staff working on the front line and delivering care in our communities, and how much making a difference for patients and their families

means to them. Working together I am confident that we can make the improvements we all want to see, and the people of Wales deserve.

Yours sincerely,

A handwritten signature in black ink, consisting of a large, stylized 'J' followed by a series of wavy lines and a short horizontal stroke at the end.

**Jeremy Miles AS/MS**

Ysgrifennydd y Cabinet dros Iechyd a Gofal Cymdeithasol  
Cabinet Secretary for Health and Social Care

Cyfarwyddwr Cyffredinol Grŵp Iechyd, Gofal Cymdeithasol a'r  
Blynyddoedd Cynnar / Prif Weithredwr GIG Cymru

Director General Health, Social Care & Early Years Group / NHS  
Wales Chief Executive



Llywodraeth Cymru  
Welsh Government

NHS Wales Chief Executives

Our Ref: JT/BS

19 December 2025

Dear Colleagues

## **NHS Wales Planning Framework 2026-29: Supporting Governance Arrangements**

You will be aware that the Cabinet Secretary for Health and Social Care has written to your organisation's Chair setting out the NHS Wales Planning Framework for 2026-29: Transforming Services to Deliver Better Health and Care.

Before I set out the supporting governance arrangements and my own expectations, I would like to express how proud I am to have been appointed as NHS Wales Chief Executive and Director General for the Health, Social Care and Early Years Group, Welsh Government. It is truly an honour and privilege to work with you all to deliver the improvements we all want to see across our health and care system. I have been hugely impressed with the professionalism and commitment I have seen in my role thus far and I am keen that we continue our joint efforts at pace during what remains a hugely challenging time.

I have been impressed with the integrated planning approach taken here in Wales and I am firmly committed to this way of working as we aim to strengthen the delivery of sustainable, quality health and care services to our communities. I am therefore pleased to issue this as my first letter on the back of the recently published NHS Wales Planning Framework 2026-29, which sets out the Cabinet Secretary's priorities for the next planning cycle.

### **Supporting Governance Arrangements**

You will know that the refreshed *A Healthier Wales* actions were published last year, and were supplemented by the Ministerial Advisory Group recommendations on performance and productivity as well as the expectations the Cabinet Secretary set out in *Improving Performance Together*. It is important these continue to be reflected in your planning going forward, including the need to demonstrate prevention throughout organisations' plans. The Well-being of Future Generations (Wales) Act 2015 continues to set the context and requirements, including prevention, within which organisations make decisions.

Integrated Medium-Term Plans (IMTP) must set out how your organisations will secure compliance with their break-even duty over a rolling three-year accounting period, while improving the health of the people for whom they are responsible and the provision of

healthcare to such people. Organisations must also continue to plan for the longer term and to support delivery in line with strategic objectives and clinical services/organisational strategies. The Cabinet Secretary sets out his expectation very clearly on receiving plans that deliver financial balance.

IMTPs will need to follow the familiar formula for the three-year plans with 'Firm, Indicative and Outline' levels of detail and a clear progression over time. Submissions should therefore include a narrative three-year plan, and completion of the Ministerial templates. This must align to the Minimum Data Set (MDS) which also underpins the development of plans.

The narrative three-year plan should set out what has been delivered, what has been progressed and what was unable to be delivered from the previous submission. Year one of your plans must contain firm delivery commitments that provide clarity on milestones, actions and projections that set the ambition for operational delivery and management of risk for the year ahead, along with financial sustainability. In doing so, you must set out clearly the delivery of financial balance.

You will have seen the key three-year strategic priorities set out by the Cabinet Secretary for Health and Social Care for 2026-29 are broadly similar to the previous Framework, with Quality and Safety being added. This is important in terms of ensuring consistency and stability during what is a challenging and complex planning environment. These priorities are supported by a number of delivery expectations and mandated enabling actions for year 1 of your plans, as directed by the Cabinet Secretary. These priorities, expectations, performance improvements and actions must be central to year one plans with resources clearly identified and committed. In approving your plan for submission to Welsh Government, your Board will be confirming and signing up to the delivery commitments to be made by your organisation.

The Framework is clear that these are the top priorities plans need to focus on, but do not exclude the wider range of services NHS organisations still need to commission and/or provide to improve the health of their populations within the resources available.

For clarity, I expect Boards to ensure all opportunities are fully explored to enable organisations to deliver the priorities in line with allocated resources and in a sustainable way going forward. Boards must fully understand and set out any risks to delivery of the plans and have mitigations identified prior to submission of plans. This will help us with the assessment of plans, together with supporting the Cabinet Secretary in making early decisions about plan approvals.

As in previous years, quality, safety and the reduction of health inequalities within and across communities must continue to underpin NHS planning. Evidencing the approaches being taken across these areas need to be set out in the narrative three-year plans. Quality and equity are important threads running through all service and care provision that organisations will want to demonstrate. Your Anti Racism Wales Action Plans should continue to address employment and service delivery as a specific part of your wider approach to equality, inclusion and diversity. The Duty of Quality in particular places a requirement on all of us, as individuals and organisations, and we must take into account the 12 Health and Care Quality Standards when making decisions and planning services. This framing will also be used in the assessment of plans. I am aware that this will be familiar to you, but I want to emphasise the importance I give to quality and outcomes and this is what the Cabinet Secretary and I want to see driving your plans.

## Financial Planning

I recognise the significant pressures the NHS in Wales is experiencing, pressures which are not just being seen here in Wales of course. However, this necessitates an even greater focus from NHS organisations to deliver improvements in financial terms, and delivering sustainable financial positions is a priority for NHS bodies. The Cabinet Secretary has been clear on the expectation on where funding is provided, what it is intended to support, expectation on improving use of existing resources, and an expectation of financial balance. Delivering this will involve changing the 'status quo' and exploring a range of innovative ways to reshape and transform your services.

I therefore fully expect to see plans to show an improvement in terms of the delivery and efficiency of services within available resources, and for those plans to be set on a firm base. I want to see greater financial improvement at pace, alongside other priorities, as you work to achieving financial balance.

Continued scrutiny, nationally and locally, on financial management is central to ensuring that progress continues to be made by organisations in driving down financial risk. Please ensure that there are mechanisms in place to consistently align and understand the impact of any financial or workforce decisions on the delivery of plans.

The continued challenges of the financial environment are well understood and therefore maximising all opportunities for transformation, utilising new technologies that create efficiency, productivity and improved patient experience and outcomes must be delivered. The rollout of digital solutions continues to be a part of our future service provision and must be accelerated where it is possible to do so within available resources. The priority focus areas are captured as the enabling actions that must be implemented as outlined in the Planning Framework. Some good progress has been made against a range of the enabling actions set last year, but the opportunities they present have not yet been fully optimised across all organisations. I will be ensuring the Value & Sustainability Board continues to build on this agenda nationally continues as we work together to deliver the key priorities and expectations set out by the Cabinet Secretary. Organisations must develop plans locally that deliver on these requirements.

The NHS Allocation Welsh Health Circular (WHC (2025) 055) and supporting allocation tables are included for your information as follows:

- WHC Cover Letter
- 2026-27 Health Board Allocation Circular
- 2026-27 Health Board Allocation Final Tables
- 2026-27 Health Board Allocation Explanatory Notes

As we continue to strengthen our approach to national and regional working, I am keen to ensure that health bodies who commission and provide services from each other have robust agreements and mechanisms to do so. I will require your confirmation by 27 February that you will be able to agree your respective plans with supported Long-Term Agreements (LTA's) for 2026/27.

## Integrated arrangements

The new Performance Framework, which will be issued shortly, reflects the range of key performance information and complements the Minimum Data Set (MDS) that you will provide alongside your narrative three-year plans.

The Cabinet Secretary will require Ministerial templates setting out the delivery of year 1 commitments against each of the key strategic priorities, aligned to your plans to accompany the submission.

NHS plans must continue to be underpinned by collaboration across health board and public sector boundaries and for example ensure they are aligned to Cluster, Pan Cluster Planning Group (PCPG), Regional Partnership Board (RPB) and Public Service Board (PSB) plans. Regional planning between health boards is also a key requirement. We expect to see firm and tangible commitments to regional delivery in your plans.

There are legislative requirements that need to be considered in your planning. These being:

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 the here and now as well as the future. It provides the overarching context for *A Healthier Wales* (including the refreshed actions) 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 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.

Social Partnership and Public Procurement (Wales) Act 2023 – complements the Wellbeing of Future Generations (Wales) Act 2015 and will require NHS bodies to consider the new social partnership requirements when taking specified actions, including the setting or revising of their wellbeing objectives in light of the new requirements. The NHS is already a leader in social partnership and procurement and much of the legislation will already be familiar. The link to key information is attached [Social Partnership and Public Procurement \(Wales\) Act | GOV.WALES](#)

The Health Services (Provider Selection Regime) (Wales) Regulations 2025 were agreed earlier this year and commenced on 24 February 2025. This has given the NHS Wales and local authorities in Wales the ability to implement more flexible procurement practices when sourcing services provided as part of the health service in Wales.

The Duty of Quality and Duty of Candour came into effect in April 2023. It is incumbent on all of us to ensure we are delivering safe quality services. We need to keep in mind the 12 'Health and Care Quality Standards'. Similarly, the series of Quality Statements that have been issued by Welsh Government, offer strong guiding principles on what 'good services' should aspire to, and boards must satisfy themselves that they have achieved the right balance in their planning.

### **Timetable for submission**

The submission of final plans is due by 31 March 2026. Welsh Government will support early assessment of plans to help ensure that there is no pause in the delivery of key priority areas. However, decisions on plan approvals will come after the Senedd elections. In the meantime, accountability conditions and escalation status already in place will remain extant until any further communication is made.

You will be required to submit an Accountable Officer letter to me by 13 February 2026 if your organisation is unable to produce a balanced IMTP. It will be clear at this point whether the organisation will have breached its statutory duty which may lead to further required actions and potentially escalation. For clarity, I would not expect your submission in March to deteriorate from the position described in your AO letter and, if anything, would like to see how mitigation has been put in place to improve on that position.

The escalation status of your organisation and specifically alignment with any de-escalation criteria (where applicable) will need to be reflected in your plans. Colleagues within the NHS Wales Performance & Improvement should support your actions where appropriate.

**By 13 February 2026 - Accountable Officer letter (if appropriate)**

**By 27 February 2026 – confirmation of ability to agree LTAs and plans for commissioned and provider services.**

**By 31 March 2026 – Final Board approved Plan, Ministerial templates and MDS submission, including the financial templates.** Earlier submissions will be welcomed.

Please note the Ministerial template and MDS template will be circulated to your Directors of Planning in due course.

In addition to publishing your Board approved plans, each organisation is asked to develop a short video summarising what your plan will deliver, which can be shared with your stakeholders on your websites and social media channels.

Thank you for your leadership and support for these crucial strategic and operational planning arrangements. A secure and planned system is essential to deliver the improvements we all want to see, and I look forward to receiving your plans in March.

The HSCEY Planning Team will share technical guidance on the development of plans with NHS planners in due course and will engage with your organisations as you finalise your plans.

If you have any questions, please contact Samia Edmonds, Director of Strategic Planning who will provide further details if required and will continue to liaise with NHS Directors of Planning.

Finally, I want to reiterate my thanks to you and your teams, not just for the progress you have made this year, but also for your unwavering focus on improving the health of our nation.

Yours sincerely



**Jacqueline Totterdell**

## Annex 1 – Key Delivery Expectations for 2026-27

Strategic Priorities for 2026-29	Ministerial Delivery Expectations for 2026-27 (where applicable)
Timely Access to Care	<ul style="list-style-type: none"> <li>• Ensure no ambulance patient handover waits over 45 minutes</li> <li>• Ensure no patient spend spends 12 hours or more in all major and minor emergency care facilities from arrival until admission, transfer or discharge.</li> <li>• No patients waiting more than 104 weeks for referral to treatment.</li> <li>• Number of patients waiting more than 8 weeks for a specified diagnostic – target zero</li> <li>• 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.</li> </ul>
Population Health & Prevention	<ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> </ul>

	<ul style="list-style-type: none"> <li>• Increase in % of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes.</li> </ul>
Community by Design	<ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> </ul> <p>(National requirements and expectations will be specified by the Community by Design Transformation Programme Board)</p>
Mental Health Access	<ul style="list-style-type: none"> <li>• Implement and evaluate Open Access Mental Health Support by March 2027.</li> <li>• Improve safety in Secondary Care Mental Health services (measured through agreed mental health safety matrix and PROM ReQuol) by March 2027.</li> <li>• Improve Physical Health of People with long term MH problems by carrying out mortality reviews and implementing improvement plans from the learning by March 2027.</li> </ul>
Women's Health	<ul style="list-style-type: none"> <li>• Further expansion of the Women's Health Hub model in each health board area by March 2027 (aligned to the Women's Health Plan)</li> <li>• Improving the quality of our maternity services by reducing perinatal mortality rates.</li> </ul>

Quality and Safety

- 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.

## Annex 2- Enabling Actions for Delivery in 2026/27

### New Actions for 2026/27

Strategic Priority	Enabling Action
Productivity	Health boards to ensure utilisation of the total factor productivity model, and set out the actions and quantified productivity impact that will increase total productivity in 2026/27 from the baseline position.
Mental Health	Health boards to implement actions to deliver a material reduction in the number of out of area placements in 2026/27, and associated costs.

### Actions to be rolled over to 2026/27 using the existing definition

Strategic Priority	Enabling Action
Timely Access to Care	Improvement in the implementation and delivery of High Volume Low Complexity Theatre lists, with an initial focus on - Cataract 90% of lists to have 7 Cataracts per list by end of Q2, Arthroplasty 90% of lists to have 4 Primary joints per day and 90% of time achieve at least 6 HVLC General Surgery procedures on an all-day list made up of hernias/gallbladders by end of Q2
Building Community Capacity	Support the implementation and roll-out of the NHS Wales app for maximum impact and benefit to include the uptake of its use for repeat prescriptions.
Maximising Value for Money	Non-Pay - ensure implementation of Value & Sustainability Board recommendations, which includes local implementation of clinically endorsed and mandated product choice to maximise market share and deliver best value.
	Medicines Management - ensure full implementation of the high value medicines Value & Sustainability Board programme, which includes delivering opportunities against each of the programme areas.
	Estate - ensure strengthened actions are taken to improve estate utilisation including the appropriate repurposing & disposal of under-utilised estate.
	CHC - ensure implementation of Value & Sustainability Board recommendations which include continued actions to improve clinical and financial effectiveness associated with packages of care.
Improving Value, Optimising Outcomes, &	Ensure progress with the implementation of Value & Sustainability Board High Value High Impact pathway - Bone Health

minimising Variation	
Workforce Productivity	Ensure effective implementation of job planning policy, to include ensuring that > 90% of all Consultants have an agreed job plan in place at all times by 30 September 2026 and aligned to service demand and capacity plans.
	Continue to deliver a further and sustained reduction in agency expenditure, with a target 30% reduction in 2026/27 from 2025/26 outturn and ensuring no off-contract expenditure.
	Fully implement the actions outlined in the Variable Pay & Agency Control Framework Welsh Health Circular
	Organisations who have achieved a reduction in agency spend on Healthcare Support Worker, Admin & Clerical, and Estates & Ancillary staff to maintain that position. Organisations yet to deliver that position to deliver zero by 30th September 2026.
	Ensure a reduction in sickness absence in 2026/27 in comparison to 2025/26, through maximising adherence to the requirements of agreed attendance at work policies and adhering to the all-Wales Occupational Health minimum service levels.

### Actions to be rolled over to 2026/27 with re-defined action definition

<b>Strategic Priority</b>	<b>Newly defined action for 26/27</b>
Timely Access to Care	Ensuring the full implementation of the National Optimal Pathway (NOPs) in Cancer
	Theatre session utilisation is improved to achieve GiRFT standard of 85%- late starts (>15 mins), early finishes (>60 minutes) and overall utilisation are reported as key KPIs to underpin the 85% standard
	Consistent clerical and clinical validation should be in place using the national SOP - any patient waiting greater than 26 weeks should be validated. Volumes of non-admitted closed pathways will be monitored as proxy supported by National Programme team visits
	Each Health Board should see a referral return rate of 20+% and/or a reduced referral rate per 100,000 population by December 2026 - utilising Health Pathways optimally.
	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.

	<p>Deliver, as a minimum, all principles set out in the six goals for urgent and emergency care programme Optimal Hospital Flow Framework 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.</p>
	<p>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 <i>Front Door Acute Frailty Service (AFS) Framework for Acute Hospitals</i>.</p>
	<p>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.</p>
	<p>Deliver, as a minimum, all principles set out in the six goals for urgent and emergency care programme single point of access (SPOA) framework to ensure people with urgent care needs receive timely and appropriate support, minimising unnecessary escalation to emergency ambulance conveyance or hospital admission.</p> <p>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.</p>
Population Health & Prevention	<p>Ensure progress of the focused Diabetes High Value High Impact pathway</p>
Improving Value, Optimising Outcomes, & minimising Variation	<p>Eradicate unsupported systems and devices and ensure a clear cyber response plan for the organisation.</p>

## Appendix 1

### Actions not rolled forward from 2025/26

Strategic Priority	Enabling Action	Note
Timely Access to Care	Implementation of CIN follow up criteria both prospectively and retrospectively to established Follow-up waiting lists.	Action completed
	On 90% of days planned care inpatient/day case/theatre recovery capacity should be protected from unscheduled care pressures and outlying of patients by the end of Q1.	Action completed – should now be considered as business as usual
	Ensure monitoring of DNA/CNA rates is in place for every Outpatient clinic. When DNA/CNA as a combined rate is greater than 5%, overbooking additional patients should be implemented and monitored.	Action completed – should now be considered as business as usual
	Implement national guidelines with thresholds by Clinical Implementation Network (CIN) and procedure. This includes delivery of effective outpatients through See on Symptom (SOS) and Patient Initiated Follow-up (PIFU) by default. Individual CINs will establish PIFU / SOS targets by specialty & sub-specialty on an ongoing basis by March 2025.	The action should become BAU but should continue to be monitored through programme and performance meetings
	Deliver improvements in day surgery rates, with an expectation to achieving a BACDS day case rate of 70% from April 2025, moving to 80% by the end of June 2025.	Action completed – should now be considered as business as usual
	Maintaining the actions within the 50 Day challenge that can be delivered consistently with minimal additional resource, within organisations and as a priority within regional partnership arrangements.	Action will be taken forward under OHFF under UEC.
	All new Cataract referrals should be direct listed to treatment stage of the pathway following an admin triage by the end of Q2.	Action completed – should now be considered as business as usual
	Progress implementation of the national approach to Interventions not normally undertaken (INNU) Deliver the 8 priority procedures determined for implementation as part of Phase 1.	Remove and propose performance management via optimisation framework
	Progress implementation of the national approach to Interventions not normally undertaken (INNU) - continue to implement ongoing recommendations throughout 2025/26.	Remove and propose performance management via optimisation framework

	Ensuring full compliance with straight to test guidance	Remove as included in the rolled over Cancer National Optimal Pathway (NOPs in Cancer action
Improving Value, Optimising Outcomes, & minimising Variation	Ensure progress with the implementation of Value & Sustainability Board High Value High Impact pathway - Arthroplasty (Hip & Knee).	Remove and propose performance management via optimisation framework