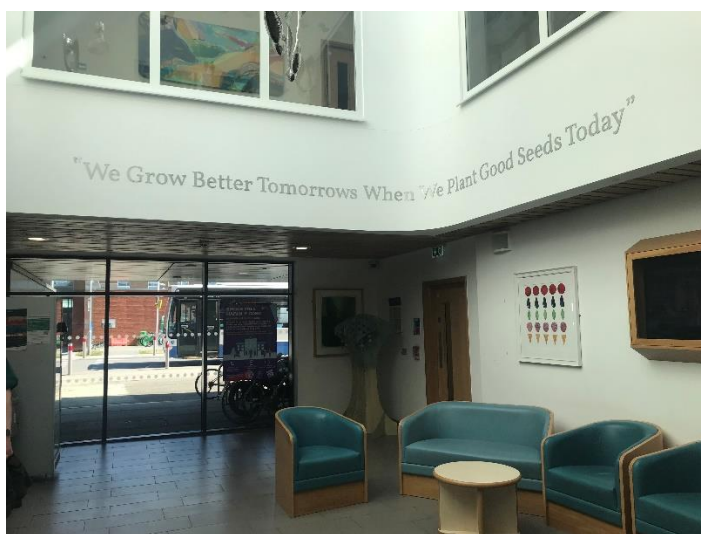


# NHS Wales Technical Planning Guidance 2025-28



“Rydym yn tyfu  
gwell yfory pan  
fyddwn yn plannu  
hadau da heddiw”

“We Grow Better  
Tomorrows When We  
Plant Good Seeds  
Today”



At Ty Hafod, with courtesy of Cardiff & Vale University Health Board

# Contents

Foreword from Welsh Government Director of Strategic Planning

## CONTEXT

Wellbeing for Future Generations Act

A Healthier Wales

National Clinical Framework

Quality

Reducing Health Inequalities

## CABINET SECRETARY'S PRIORITIES

3-Year Strategic Priorities and Year 1 Delivery Expectations:

Timely Access to Care

Population Health and Prevention

Building Community Capacity

Mental Health

Women's Health

Enabling Actions

Digital and Innovation

Workforce Planning and Wellbeing

Research and Development

Infrastructure and Capital and Estates

Financial Planning, Value and Sustainability

Welsh Language

Turning Strategies into Action



# 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 20 December. The Cabinet Secretary set out his strategic priorities 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
- Building community capacity
- Mental health access
- Women's health

Also supporting these priorities and delivery expectations are evidenced based enabling actions that have previously been issued. The expectation is that organisations 'adopt or justify' these actions to reduce the inconsistency that currently exists across organisations.

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

I recognise that this has been another challenging year for the NHS in Wales as organisations continue to strive to provide the best care and treatment for patients. The outlook for 2025/26 is equally challenging, but there are opportunities through this Planning Framework and via the recent Independent Review of Planning to make material improvements to how we deliver integrated planning across Wales.

Over the coming months we will share and digest the findings and recommendations from the review. I look forward to working with you on this and to build on the work of the planning community.

This technical document is intended to help planners by providing supplementary policy information alongside the statutory NHS Wales Planning Framework 2025-28.

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.

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

## CONTEXT

The Welsh strategic landscape has built strongly on the world leading Well-being of Future Generations (Wales) Act 2015 and the complementary A Healthier Wales plan and National Clinical Framework. These and their core emphasis on quality, reducing health inequalities and delivering value in health 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 Act 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 (including the recently published 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 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 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 Wellbeing Act. This is closely linked to Value in Health.**

**Plans this year must include a review of the organisations' Wellbeing 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 will be met.** The social partnership duty and reporting requirements are set out in sections 15, 16 and 18 of the SPPP Act<sup>1</sup>. 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.

<sup>1</sup> <https://www.legislation.gov.uk/asc/2023/1/contents/enacted>

## A Healthier Wales

A Healthier Wales<sup>2</sup> (AHW) remains the strategic 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 health, wellbeing, care and support and on preventing illness.

AHW has an emphasis on prevention, on supporting people to manage their own health and wellbeing, and on enabling people to live independently for as long as they can, supported by new technologies and by seamless models of health and social care services which are delivered closer to home.

This has been a consistent approach since AHW was published in 2018. Now, at the halfway point in the plan, on 4<sup>th</sup> December, the Cabinet Secretary for Health and Social Care announced 35 refreshed actions to support the further implementation of AHW until 2028. These actions have been designed to reflect the challenges our health and care system is facing. The actions have also considered the latest evidence such as the Chief Scientific Officer’s report “NHS in 10+ years: An examination of the projected impact of Long-Term Conditions and Risk Factors in Wales”, published in 2023.

Our focus on prevention and early intervention will remain – this theme is central to enabling a sustainable and equitable approach to developing effective health and care services and an overarching principle of AHW. We will continue to take a person-centred approach to our health and care services to ensure they are tailored to individual needs and preferences including language, whilst ensuring people are involved in the decisions about their care and treatment. This will help our health and care services support everyone to take responsibility for their own care and for those that they care for. It will also ensure we develop high-quality services with a focus on safety at the heart of everything we do.

To help deliver an effective health and care system, we must ensure we adopt the right enablers. A focus on research, innovation and digital will be important to drive transformational change and maximise use of new technologies and Artificial Intelligence to enhance patient safety. This includes making use of digital systems such as the NHS App to support enhanced access to community care.

A key element will be enhancing our workforce to support building and growing a flexible and multi professional health and care workforce; as will our continued focus on partnership and integration in recognition of delivering on the “Once for Wales” commitment.

**Delivery of the AHW refreshed actions must be reflected in organisational plans.**

## National Clinical Framework

In line with the commitments in AHW, the National Clinical Framework published in 2021, sets out how clinical services should develop to ensure sustainable and preventative pathways and a successful outcome for patients, streamlining the processes. “It seeks to unleash the revolution from within that is needed to deliver prudent and value-based healthcare.”<sup>3</sup>

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<sup>2</sup> [A healthier Wales: long term plan for health and social care | GOV.WALES](#)

<sup>3</sup> [Written Statement: National Clinical Framework and Quality Statements \(22 March 2021\) | GOV.WALES](#)

This National Clinical Framework sets a coherent vision for the strategic and local development of NHS clinical services. It is grounded in the life course approach to service delivery and aligned to the burden of disease facing the population. Its intent is to improve patient outcomes and support the planning and delivery of resilient clinical services. It builds upon the findings of the Parliamentary Review and the direction set in A Healthier Wales and has benefited from looking at international experience and engagement with NHS colleagues.

The National Clinical Framework sits at the centre of our system of planning and makes the direct links to the quality statements and strategic NHS plans clinical networks now part of the NHS Wales Executive functions. **Quality must be the essential requirement that underpins and drives this work and must be evidenced in plans.**

Quality Statements set out the Welsh Government's policy and delivery plan expectations. They set commissioning expectations for health boards and trusts to plan towards. NHS organisations should be able to demonstrate how they expect to implement the delivery of their services in line with the quality statements through their IMTPs. Health boards and trusts should compare service provision against the commissioning expectations and develop service planning and quality improvement actions to address gaps. In some areas national service specifications may have been developed according to clinical standards to help health boards plan and deliver consistent high-quality services. **Evidencing the implementation of quality statements will help health boards and NHS trusts to demonstrate delivery of the Duty of Quality.**

The NHS Executive has an important role in enabling the delivery of the Quality Statements by facilitating clinical consensus through the development of pathways and specifications and developing datasets on variation. They support the delivery of the strategic national programmes for planned care, urgent & emergency care, mental health and primary & community care to support service transformation in line with the policy requirements. The NHS Executive will also provide quality and performance assurance support to the Welsh Government as part of accountability and performance arrangements.

Together, the Wellbeing of Future Generations Act, A Healthier Wales and the National Clinical Framework combine to offer a clear strategic and operational blueprint for value-based healthcare and improvement of care and treatment outcomes for people in Wales.

## Quality

The need to reduce health inequalities and improve health outcomes is fundamental in the Welsh system. The Duty of Quality describes the dual aim of improving the quality of our health services and improving the outcomes for our population. Rapid and bold transformation is needed to provide sustainable solutions, to improve efficiency and reduce the harm that patients can suffer from inefficient systems. Quality, safety and outcomes must drive the development of plans and ensure that the patient remains at the heart of service delivery.



## 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.

- A Quality Impact Assessment tool developed by the Quality and Safety Programme aids NHS organisations in the integration of the standards into all decisions, leading to quality driven decision-making. The tool supports quality planning, reminding planners of the prudent questions and mitigating actions that may be required to achieve quality planning. It is available on: [Duty of Quality - Home \(sharepoint.com\) \(only accessible to NHS Wales colleagues\)](#)

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.

### Duty of Quality Health and Care Quality Standards

- **Safe** – minimising harm, learning from when things go wrong.
- **Timely** – provided in the right place, at the right time and in clinical priority.
- **Effective** – evidence-based practice and whole of life pathways
- **Efficient** – avoiding waste and getting the best value for money.
- **Equitable** – providing everyone with the opportunity for a healthy life.
- **Person-centred** – treating people with kindness and respect.
- **Leadership** - Clear, focused and fully matured governance, leadership and accountability at all levels is vital in creating a functional quality management system.

- **Culture and valuing people** - encourage quality and system safety within a supportive, inclusive, and collaborative culture.
- **Data to knowledge** - develop understanding of service quality to inform learning, strategic decisions, and guide quality improvement.
- **Learning, improvement, and research** - create opportunities for system-wide learning to allow for continuous learning and quality improvement innovation.
- **Whole-systems perspective** - learn from quality planning, control, and assurance to improve quality across the healthcare system.
- **Workforce** – recruit, retain, develop, and extend roles to ensure enough confident people with the right knowledge and skills can deliver safe care.



## Reducing Health Inequalities

Closely linked to targeting care through the health needs analysis, the health inequalities that have been exposed during the pandemic provide a context for how core services must be delivered. Health boards need to provide and implement equitable care and services in a way that supports individuals and communities as part of normal business.

Health inequalities are the result of systematic inequities between social groups which are often avoidable. The [Wellbeing of Wales: 2024 | GOV.WALES](#) showed that life expectancy fell in the most recent period available (2020-22), which includes the period of the Covid-19 pandemic. Inequalities in life expectancy and mortality remain wide. Analysis based on 2018-20 data shows that the overall gap in healthy life expectancy between the most and least deprived areas has remained relatively stable between 2011-13 and 2018-20. In the most recent time period, this gap seems to have reduced slightly for males (13.3 years) and increased slightly for females (16.9 years). The life expectancy gap is much narrower, at 7.6 years for males and 6.4 years for females. But it has been generally increasing in recent years for males and females, suggestive of growing inequality. Males also spend more of their life in good health compared to females. The most recent data on socioeconomic

inequalities in avoidable mortality is from 2020 where the proportion of total deaths that were avoidable continued to be substantially larger in the most deprived areas compared with the least deprived areas.

It is crucial that NHS organisations play their part in reducing health inequalities within their populations by planning and delivering high-quality equitable services with a focus on prevention and early intervention, as an anchor institution and as an advocate for the building blocks of health and for enhancing community well-being.

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 clinical audit can help to identify inequitable provision and guide service change. 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 in line with forthcoming regulations, Health Impact Assessments are carried out as part of the strategic decision-making process and that Equality Impact Assessments are informing necessary actions and are set out in the plan to tackle and eliminate inequalities. The actions must be clearly set out in the plan.**

[What are health inequalities? | The King's Fund \(kingsfund.org.uk\)](https://www.kingsfund.org.uk/what-are-health-inequalities/)

[Health and wealth: why tackling health inequalities is so important \(senedd.wales\)](https://www.senedd.wales/health-and-wealth-why-tackling-health-inequalities-is-so-important/)

[Coronavirus \(COVID-19\) and Health Inequalities \(gov.wales\)](https://www.gov.wales/coronavirus-covid-19-and-health-inequalities/)

## Cabinet Secretary's Key Strategic Priorities

The Five Key Strategic Priorities set out in the NHS Wales Planning Framework for 2025-28 are:

- Timely access to care
- Population health and prevention
- Building community capacity
- Mental health access
- Women's health

Plans must be aligned with the Health and Care Quality Standards, National Strategic Programmes, Clinical Networks, 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's strategic priorities confirm the importance of improving access, reducing waiting times and working with partners in social care to unlock delays in transfers of care and pathways in the community. They are not in isolation from the need to strengthen the focus on prevention and the delivery of the national programmes to enhance efficiency, deliver performance and ensure people are treated in the right place by the right professional. A core part of this is the implementation of the Primary Care Model for Wales.

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 Wales Executive and provide assurance on progress to Welsh Government as part of the NHS Executive'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.

## TIMELY ACCESS TO CARE

There must be continuous improvements in the safe, efficient and equitable provision across primary and community care, mental health care, planned care, cancer care, urgent & emergency care and treatment to reduce waiting times and improve the quality and timeliness of care that people can expect. The Planning Framework is consistent with the focus on improvement and the requirements that have been communicated. Ministerial priorities, delivery expectations and enabling actions must be central to integrated plan submissions and through the Minimum Data Set and Ministerial Templates.

While it is imperative that waiting times for planned care are reduced urgently, this priority should also be seen as a holistic requirement for health and care, whether that is for an ambulance response, hospital waiting times, mental health support or packages of care in the community. The system must be unlocked to deliver for all patients and based on clinical need. Patients need to receive swift diagnostics, where possible direct access from front line clinicians to speed up the process.

- Ensure implementation of waiting well / prehabilitation (3P's) policy and directing people to the right treatment, including waiting list validation to deliver the care for the multi professional team (as examples from the Bevan Exemplar Planned Care Improvement Programme models demonstrate)
- Reducing waits for a specific diagnostic to a zero target is a key delivery metric
- Planned care closer to home and waiting times for treatment remain a top priority and plans will need to set out detailed actions and profiles that provide assurances to Boards, the public and government. Plans must ensure that they are compliant with the requirements of the national programmes and any remedial actions they need to take to achieve compliance. Maximising the opportunities of pathway redesign and joint working between primary and secondary care. Examples include pathway alliance, advice and guidance and new optometry contract. Explore and maximise all staff groups in pathway redesign, example being Allied Health Professional pathways.

Seeing a reduction in long waiting times and access to safe and timely care remains the top priority for patients in Wales and across the UK. The expectations for each priority have been set out in the Planning Framework.

Supporting this work, the **3Ps policy - Promote, Prevent and Prepare** seeks to Promote healthy behaviours, Prevent deconditioning whilst patients are waiting and to Prepare patients for treatment and recovery. Phase 1 and 2 both seek to work with the third sector to maximise their ability to support patients waiting for treatment and their carers.<sup>4</sup>

Health boards and DHCW are also expected to work with the NHS Executive's strategic clinical networks to re-procure on a once for Wales basis the cardiac PACS and systemic anti-cancer therapy prescribing systems.

## **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 wellbeing economic and social lives. Cancer priority is to achieve the access recovery target of 80% reduce the backlog and implement the nationally optimised pathways (<https://www.gov.wales/sites/default/files/publications/2022-08/national-optimal-pathways-for-cancer-2022-update.pdf>). **The current outcomes are not acceptable, and the level of inequity reflected in the variation across Wales must be addressed urgently. This will also need mature 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, - 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 - 2025-2026**

1. **Implement effective Community Based Falls Response Services** (Six Goals Programme Framework) to enhance outcomes and experience for those who fall by improving initial response times, reducing the risk of long lies and ensuring service users access community falls pathways when appropriate

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<sup>4</sup> [Extra support for people on waiting lists could prevent some of the 6,000 cancelled NHS treatments | GOV.WALES](#)

2. **Implement a robust ‘Single Point of Access’ (SPOA) for urgent and emergency care** (Six Goals Programme Framework) in each health board area that simplifies access to services by offering clinicians advice and guidance to support onward referral, ensuring patients get the right care for their needs quickly and safely, to improve patient outcomes regardless of where they present
3. **Implement an Acute Front Door Frailty Service at all acute hospitals** (Six Goals Programme Framework) – integrated with community frailty services - that ensure that older people with frailty are diverted to the most appropriate services within the hospital as quickly as possible and, where possible, discharged home on the same day
4. **Implement the Welsh Health Circular - Ambulance Patient Handover Guidance** to ensure timely transfer of patients from ambulance crews to emergency department staff
5. **Implement actions described in the Optimal Hospital Flow Framework** (Six Goals Programme Framework) to ensure people who possess a clinical need for admission to hospital are discharged home when clinically ready, with the right support and without delay. This should support a reduction in pathways of care delays

## **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 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 identified as having palliative care needs 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.

The vital role that hospices have in supporting health boards to deliver palliative and end of life care to their populations should also be recognised and appropriately supported.

## **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 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).

## POPULATION HEALTH AND PREVENTION

### 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 **this year, 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.** Covid saw a step change in the willingness of people to be vaccinated but that momentum must be built on to keep people well and reduce avoidable demand on hospital services particularly over the winter period. Individuals should be encouraged to adopt health behaviours through a range of contacts with the NHS, 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.**

## 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 in order 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 wellbeing 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 wellbeing, 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 wellbeing and healthy communities
- Immunisation against disease

**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 (HCAs). HCAs 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 Welsh Government will issue the Inclusion Health Services Framework shortly 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.
- 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

## **BUILDING COMMUNITY CAPACITY**

To complement the increased focus on population health and prevention, there must be recognition of the unprecedented challenges and known projected growth in volume of need for local services that can only be solved by the collective action between health, social care and the third sector in partnership.

Now, more than ever, the full implementation of the **Primary Care Model for Wales** 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 fully embed the Primary Care Model for Wales and realise the system-wide benefits.

With a population focus at a place based, neighbourhood care level, 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 at the primary and community care level with a place-based approach will enable a more radical approach to reviewing pathways via a 'community by default' lens.

### **Health boards are expected to develop plans demonstrating actions for:**

- 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.
- 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.
- Providing any new Supplementary Services, where appropriate, on a cluster or pan cluster population footprint.
- Improving access to the right professional, at the right time in the right place.
- 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 Default' as a planning principle where services are planned and delivered in the community unless there is evidence that they must be delivered in a hospital setting.

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 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.

## **MENTAL HEALTH**

Health boards need to demonstrate that there are plans in place to meet performance measures, including waiting time targets, on a sustainable basis. However, these measures only reflect a small part of mental health services and plans need to reflect the wider ambitions set out in the draft Mental Health and Wellbeing Strategy to improve quality and access across all mental health pathways, with an emphasis on person centred and needs led care.

Plans should reflect active engagement with the Strategic Programme for Mental Health and, the Mental Health Patient Safety Programme. Plans should also demonstrate engagement with the Mental Health Digital and Data Group and Finance Planning Group in the NHS Executive.

As part of its planning process health boards will be required to:

- Work with local mental health partners to ensure it has recently reviewed its Part 1 Scheme of the Mental Health (Wales) Measure to ensure it describes the current mental health services provided at a primary care level and reflects local need
- Take any additional actions required in order to implement the Child and Adolescent Mental Health Services NHS Wales Service Specification
- Implement a First Episode Early Intervention Approach for Eating Disorders, where this is not already in place
- Implement the Anti-Ligature standards in inpatient settings
- Roll out person centred safety planning

Health boards will be expected to:

- Routinely measure and report nationally on outcomes and experience, starting with a focus on 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 are expected to work with HEIW on improving the access to and quality of Mental Health Workforce Data and participate in strategic workforce planning for mental health services. As part of this strategic workforce plan health boards are to provide a 3-year plan for integrating Clinical Associate in Applied Psychology (CAAPs) roles into existing service models and teams. This plan is to include:

- 1) The role CAAPs will play, in which service and how the workforce will grow in numbers over three years,
- 2) How the posts will be funded by the health board reviewing the professional skills mix in existing teams across all professionals, and;
- 3) How the CAAPs will be supervised by Clinical Psychologists.

## **SUICIDE AND SELF-HARM MANAGEMENT AND PREVENTION**

Plans should also engagement with the National Programme for Suicide and Self harm Prevention (SSHP) based in the NHS Wales Executive; 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 to 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.

## **Substance Misuse and Self Harm**

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.

## **Neurodivergence**

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. There should be an emphasis on delivering early help and support, 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.

## **WOMEN'S HEALTH**

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 recently published 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 are expected to develop a plan for local implementation of the Women's Health Plan.

Health boards will be required to establish hubs that aim 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 wellbeing. 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 introduce hubs on a pathfinder basis in the first instance. This will signal the beginning of transformation and will be built on over the coming months and years.

The NHS Executive will be working closely with health boards to support the initial stages of the planning and hub development.

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](#)

## **ENABLING ACTIONS**

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. 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.

# 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. 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 health board, NHS trust and special health authority IMTP
  - national policy including the Digital and Data Strategy and A Healthier Wales actions
- 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
- 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 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.
- Continue collaborative working on electronic health records through the NHS Wales EHR Club and adhere to national policy once published.
- Establish a process for reducing cyber risk and managing incidents in a timely manner with mitigation plans, investment strategies, and progress reviewed regularly.

## National Systems

- Work with Digital Health and Care Wales to ensure that plans are in place to flow data into the National Data Resource and make fuller use of APIs associated with NDR.
- Business case to be developed and approved by end March 2025 for digital maternity system deployment during 25/26.
- Plan to be agreed by June 2025 for community care system deployment.
- Establish Local Enterprise Architecture governance to ensure compliance with national standards and alignment with ongoing development of National Architecture
- Clear plan to be developed for technology enabled virtual wards or care, working with NHS Executive, with plan to support 100 individuals or proportionally equivalent by end of 2025/26 remotely.
- Increase use and uptake of appropriate electronic testing referrals in Welsh Clinical Portal in radiology and pathology.

## Standards Implementation

- Implement core digital 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

## AI and Automation

- Adoptions of relevant advice, guidance and standards relating to the implementation of AI as reviewed by Welsh Government and sector partners including the AI commission 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 AI and Automation technology prioritising technologies that have undergone successful health technology



assessments by partners including Health Technology Wales and NICE. 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.

Exploiting opportunities for digital innovation for 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.

## Leadership and Planning for Innovation

Innovation in the NHS is essential and there are known links to recruitment and retention of talent, achieving incremental or transformational change in services and delivery of care as well as for self-management and population health. In line with the commitments made by university health boards and trusts, *Wales Innovates* published in 2023 and [Ymlaen](#) - the Social Care Wales research, innovation and improvement strategy, it is expected that innovation will be a priority area for providing support to people working in NHS as well as for working with partners including academia, industry, third sector and people using services as well as the public. As well as working on organisational level infrastructure for innovation, this activity in particular works best across organisations in Wales as well as taking into account work in the UK and in other health and care systems.



Key action areas for planning:

- Continued support for strengthening the innovation activities in year including accountability at Board level and tracking of innovation activities in line with the national Innovation Framework from 'define, understand and define' to 'spread and scale'.
- Increasing the focus of innovation for people working in the organisation to contribute to and use including but not limited to using the newly published resources and support on the collaboratively developed website [www.hsciw.wales](http://www.hsciw.wales)
- Working with an All-Wales approach for an up-to-date IP Policy, enabling routes to commercialisation and leadership and developing a roadmap for how commercial/partnership opportunities with academia, industry and/or third sector for innovation can take place in the organisation. This includes creating the reporting mechanisms and routes to ensuring that opportunities are seized for the benefit of the organisation and the public in a timely manner.

- For value-based healthcare (VBHC) to continue to build momentum, the following are required:
  - Plan and action for raising awareness of VBHC including education, motivation and incentivisation for staff to undertake VBHC projects;
  - Measurement and tracking of resources (clinical staff, administrative staff, budgets, buildings, energy etc) in the best way in order to improve patient outcomes, patient experience and 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.

### **Leadership and Planning for Innovations Working at Scale**

A national evidence-based approach is being applied in 2025/26 for innovation adoption and supporting Innovations Working at Scale (IWS) programme design. This is building on Welsh, UK and globally gathering insights and evidence on how innovations (excluding large scale digital programmes) can be adopted and scaled across the country. Leadership and capacity is required at organisational level for this new programme and planning needs to take into account:

- The first priority area identified which is embedding virtual and remote monitoring as part of home and community-based services. This will mean patients in Wales can benefit from more timely, efficient, and accessible healthcare as remote monitoring will allow clinicians and patients to track health metrics like blood pressure, heart rate, and oxygen levels in real time without patients having to leave their home. A national team approach will be put into place with NHS Executive and key deliverables will be discussed with each organisation and relevant teams.
- The national programme will initiate a process by which a small number of innovations (important for Wales and may include a UK-wide initiative) to take forward. Innovation adoption capacity (with training provided) needs to be made available for implementation requirements with business planning capacity and capabilities to provide support.
- The national programme will initiate a process by which a small number of innovations (important for Wales) will need to stop in order for new solutions and ways of working to be put into place. Leadership and capacity to support innovation de-commissioning or de-adopting legacy practices and solutions will be required.

## **WORKFORCE PLANNING AND WELLBEING**

We currently directly employ historically high levels of workforce across the NHS in Wales with current FTE of 96,800 and a pay bill of £6.1 billion (incl. agency and locum) in 2023/24. We invest a further £283.126 million in education and training for our workforce each year, which is also at a historically high rate.

The NHS workforce cannot simply continue to expand at the historic rate, especially as there is a disconnect between the financial position of NHS organisations and the assertion that there remain some 5600 vacancies across the system.

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 wellbeing. NHS organisations' scrutiny of all their workforce metrics to identify improvement will be key to workforce equality, sustainability and wellbeing and should underpin plans.

Whilst predictors of an individual's health and wellbeing 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, the Board will support the critical focus on system-level prevention of risks to staff mental and physical health and wellbeing. 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.

## **Research and Development**

The use of the research evidence base in health and social care is as crucial as ever, as research and development continues to play an important role in improving outcomes. 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.

The NHS also benefits greatly from delivering research directly, not only in terms of breakthroughs enabling earlier diagnosis, more effective treatments and improved system design, all of which improve patient care and health outcomes, and lower mortality rates,

but also increased workforce development, satisfaction and retention, and drive a quality and safe patient and carer experience.

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 and has several cross-cutting themes.

Whilst NHS organisations are responsible for facilitating local implementation and monitoring progress against the framework, this will be assessed as part of the Welsh Government Research and Development's annual review meetings with each organisation.

There are also financial and economic benefits for NHS organisations that are research active and during 2025/26, NHS organisations are expected to engage with a series of national plans to strengthen the commercial clinical research environment through the development of Commercial Research Delivery Wales (CRDW). Participation with this initiative provides opportunity for NHS organisations to develop in an all-Wales environment to grow sustainable capacity and capability in research delivery from commercial income whilst also developing their own organisation strengths in supporting the commercial research agenda.

NHS organisations who provide cancer services are also expected to support the Tackling Cancer through Research initiative to increase patient access to cancer research and clinical trials.

Wales is the only country in the UK taking part in the comparative OECD PaRIS Patient Survey along with 18 other countries. The survey looks at the lives and experiences of patients over 45 years old with at least one chronic illness. The Flagship Report will be published in February 2025, and the health sector will need to consider the wealth of data and recommendations carefully as they plan their services.

## **Infrastructure Estates and Capital Planning**

### **Capital**

The health & social care budget has received £175m of additional capital through the draft budget, of which £115m is routine capital, and £60m IFRS 16.

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

- An increase to health bodies discretionary capital allocation
- A Targeted Estates Fund, 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
- A targeted investment fund to support capital enabling productivity schemes that can support delivery of the productivity agenda and expectation set out.

In addition, greater work is required having received baseline recognition of IFRS16 on ensuring that robust plans are in place that maximise the utilisation of IFRS16 as a vehicle to support our delivery agenda.

Our capital investment in the NHS estate covers a range of pressures, including maintenance of the existing infrastructure (including statutory requirements), updating and refurbishing our estate and how healthcare is delivered – for example, maximising decarbonisation opportunities and facilities infrastructure – and investment in infrastructure to enable development of NHS Wales services, including Mental Health Services. 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 establishment of a Targeted Estates Fund (guidance published on 17<sup>th</sup> December 2024, Specialist Estates Services Notification 24/18), a diagnostic equipment programme and additional capital digital funding – common themes across most organisations’ bids. It is hoped that further clarity will be provided early in 2025 in respect of specific prioritised schemes which can be progressed, subject to appropriate business cases.

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.

## **Financial Planning, Value and Sustainability**

### **Financial Allocations 2025-26**

Allocation letters were issued to NHS organisations on 20 December and are consistent with and support the priorities and actions required in NHS Wales Planning Framework.

The letters emphasise the importance of organisations taking the actions required to support financial improvement and delivering to the agreed parameters set by the Cabinet Secretary. It is essential that organisations continue to deliver actions to mitigate expenditure growth, deliver savings and efficiency, alongside an increase in productivity. This context has informed the approach to the allocations set for NHS bodies. There is recognition from the Cabinet Secretary of difficult choices, de-prioritisation, and flexibility being required to deliver on this agenda, as you set out your plans.

## Allocation uplifts

Welsh Government will again retain funding for NHS pay awards in 2025-26 centrally pending recommendations from pay review bodies and any decisions on pay uplifts.

On wider allocation uplifts, Welsh Government has assessed where the impact of inescapable demand growth and inflationary pressure is greatest. This has informed the 1.77% uplift to health boards, (and DHCW), and the 0.5% uplift to PHW, HEIW, and NWSSP.

It is assumed that the 1.77% uplift is passed through unequivocally for healthcare agreements between commissioners and providers. Health boards will not be able to assume this uplift in final plans due to be submitted on 31<sup>st</sup> March 2025 unless Welsh Government has confirmation in writing by 28<sup>th</sup> February 2025 that agreements are in place with other health bodies within NHS Wales. This will be seen as a positive indication of the effectiveness and strength with which organisations are working across boundaries with other health bodies.

## Policy Funding

Funding aligned to policy commitments is set out in the detail of allocation letters. Clarification has been provided on three issues:

- **Hospices** - £3m has been retained to support the hospice sector in recognition of specific challenges. It is crucial that additional funding is provided within a clear commissioning framework that is implemented by the system. This has been retained in anticipation of the new Hospice commissioning framework being developed for 2025-26 led by the National Joint Commissioning Committee.
- **Waiting Times** - additional funding was issued within this financial year to support eradicating the waiting list backlog. It is vital that organisations undertake robust demand capacity assessments with plans to maintain the 104-week target in line with the enabling productivity and efficiency actions set out in the planning Framework.

Consideration will be given to how existing funding is utilised, future recommendations from the Ministerial Advisory Group, and organisations plans as to what further targeted high impact actions will be required to deliver further progress in 2025/26.

- **Continuing Health Care (CHC)** –There is an expectation that progress is made on this agenda to include a consistent system and baseline intelligence across organisations to support improvement to address variation in quality and efficiency linked to packages of care.

## **Savings, Productivity & Efficiency**

The savings delivery over the last two financial years, and efforts being made across the system in this regard, supported by the Value & Sustainability agenda is notable, with forecast savings delivery in 2024-25 of £267m. These efforts need to be maintained going into next year, and further savings delivered to ensure we achieve sustainable financial positions.

The minimum savings delivery of more than 2% (and greater for some health boards who will need to recover their positions having not delivered on target control totals in 2024-25), will present challenges. Delivering a material level of saving will support moving towards a more sustainable financial position, and you will note the step change in expectation of delivery in addressing unwarranted variation, and improvements in those areas that can increase productivity, value, and outcome with no additional cost. As a package, the combination of additional revenue funding, actions to control workforce expenditure growth, delivering savings, and increasing productivity, with enabling capital investment provides a strong platform for organisations to meet the expectations that have been set.

## **Value**

Value Based Healthcare is a system where we plan for, finance and measure what's important – outcomes for patients, their families, society and the tax-payer. We're moving away from just financing and measuring numbers of patients, numbers of surgeries etc and actually measuring whether patients get what they need from the service.

Transforming our healthcare system into a value-based one includes completely re-designing clinical pathways and putting more emphasis on prevention and early treatment rather than on offering a service mainly targeted towards those already very ill and losing the opportunity to help patients and the general public to avoid becoming so ill.

Value in Health means patient-centred services, and in order to do this well, the sector must know its population and its patients. We need to know exactly what patients need and want and how they feel about their experience of the service they received. This means undertaking digital and data projects and planning how we will respond quickly and effectively to that data and ensure patients get the care that they need. This includes responding to the recommendations of various reports e.g. NHS 10+ and OECD PaRIS Population Survey (due to be published in February 2025) and to what the data says. As well as measuring outcomes e.g. through Patient Reported Outcome Measurements (PROMs), Value Based Healthcare looks to understand and improve the experience of patients through Patient Reported Experience Measurements (PREMs)

### 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 Peoples Experience Framework and Peoples Experience Survey in partnership with NHS health boards and Trusts; Llais and third sector organisations.

Guidance will be issued to NHS Wales and professionals in the Autumn 2024. Organisations will be fully supported with the transition and preparation for the formal Go Live of the Peoples Experience Framework and Peoples Experience Survey April 2025

## 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 DGH services that may need to be augmented by some additional pooled capacity held at regional level that will support individual DGHs 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 in particular, ensure they are collaborating at regional level on the further development and improved sustainability of services
- Health boards should in particular 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 regional 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.



## Welsh Language

*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. 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 workforce is crucial to the successful implementation of *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 last year which explains how important Cymrgaeg is in service delivery and to meet 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.

At the core of the *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 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.

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, such as the Anti-Racist Wales Action Plan.

## 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.
- *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.

## CONCLUSION

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](mailto:hss-planningteam@gov.wales) .