



Llywodraeth Cymru
Welsh Government



NHS Wales Planning Framework 2018/21



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Message from the Cabinet Secretary for Health, Wellbeing and Sport

I am delighted to be introducing the NHS Wales Planning Framework for 2018/21. This sets out the principles that will underpin your 2018/21 Integrated Medium Term Plans (IMTPs).

I know how much work goes into both producing and implementing your plans. I see for myself as I visit various organisations how dedicated and committed our staff are and I know how fortunate we are in NHS Wales to have such professional and caring staff providing excellent care for our patients. I am very grateful to you all for your hard work for the NHS in Wales.

Our National Strategy “Prosperity for All” has now been published. As a Government, we are committed to delivering the wellbeing objectives linked to Healthy and Active. This Framework sets out how we can develop and implement plans that meet the wellbeing objectives linked to this. We need to:

- Deliver quality health and care services fit for the future;
- Promote good health and well-being for everyone;
- Build healthier communities and better environments.

“Prosperity for All” makes it clear that our focus must be on working collaboratively across boundaries to deliver real improvements in health and wellbeing to the population of Wales. In order to deliver these improvements, we need to continue to develop and strengthen relationships with key partners, third sector, social services and others involved in the provision of high quality patient care.

Our financial climate remains challenging, which is why it is even more important to focus on making the best use of our resources in order to make a real difference. A continuing concentration on prudent healthcare so that we can develop and deliver efficient and effective healthcare is essential.

Ultimately, we need plans that will deliver services that will benefit the population of Wales.

My stance on delivery of plans has not changed since last year: I expect these plans to deliver with pace and purpose within established resources and with organisations working together to resolve strategic delivery issues across boundaries. The Welsh NHS must continue to challenge itself to develop to meet the expectations of the people of Wales.

Vaughan Gething
Cabinet Secretary for Health, Wellbeing and Sport

Message from Andrew Goodall, Chief Executive of NHS Wales

Last year, we were just starting a new government term, with questions about how the new Programme for Government would develop, and how the Well-being of Future Generations Act would impact on our health service.

We now have our long term strategy, “Prosperity for All”, setting out the government’s clear commitment to key well-being objectives. We are becoming familiar with the five ways of working which are integral parts of the Well-being of Future Generations Act, and will help us to shape our models of care. We are getting to grips with the shared agendas of Public Service Boards, Regional Partnership Boards and Regional Planning Committees exploring the opportunities that this presents to work collaboratively across boundaries to improve all aspects of health in our population.

The Cabinet Secretary has set out in his foreword that our focus must be on continuing to develop integrated, collective working across traditional boundaries to ensure that our patients receive the care they need, where they need it. The interim report on the Parliamentary Review supports the point that we need to routinely adopt collaborative approaches to deliver this transformational change. To support this some of the additional funding announced in the draft Welsh Government budget for 2018/19 will be set aside to support transformation and wider systems changes.

I am always pleased to see how some organisations are maturing and developing plans which provide a route map to the services that you will be providing in the coming years. These will enable the transformative changes needed. I will emphasise that clinical strategies must guide the plans that you develop. Officials will continue to work closely with those of you that have not yet developed long term clinical strategies.

Resources continue to be tight. Your plans must demonstrate efficiency and value for money and achieve the ‘Triple Aim’ of improving outcomes, improving experience and achieving best value in the way we use our resources. In a rapidly changing environment, we must be able to respond with agility to exploit new opportunities. IMTPs must reflect new ways of working, recognising and addressing the challenges faced today, as well as the NHS we want for the future and the steps that need to be taken between now and 2021 to start making it a reality

I recognise that some organisations face significant challenges in the coming years and, working with partners at all levels, I am confident that the transformational opportunities presented by “Prosperity for All”, supported by the innovative well-being agenda, can be realised. It remains my aim that all organisations in Wales will have an approved IMTP, and I will continue to work closely with you to achieve this ambition.

I have already referred to your plans as a “route map”. In order to stay on this journey, and implement the plans, we need strong leaders and a skilled workforce. The NHS planning programme for learning continues to develop and support this ambition with the addition of master classes this year and the proposal for an academic programme for learning. Delivery of this programme will represent a “first for Wales” by way of a programme targeted particularly at health planners.

Finally, we need to see greater demonstration of traction and pace in delivery priorities, while maintaining a tangible commitment to improving population health.

Thank you for your commitment to delivering high quality care to our population. I do not underestimate the day to day challenges that you overcome to do that. I am confident that together we can achieve even more over the next three years, creating and delivering new possibilities for Wales.

Andrew Goodall
Chief Executive of NHS Wales

INTRODUCTION

Quality in everything

Wales has set high quality as a key priority which underpins all aspects of services, settings and contacts with the NHS in Wales.

Health organisations should focus on the populations for which they are responsible, with an emphasis on prevention and early intervention, reducing health inequalities and working with wider partners to deliver the best possible services for citizens in Wales. Integrated planning with partners that provides care closer to people's communities and avoids admission to hospital whenever possible should be the norm.

The agenda is challenging, and a step change is required in the delivery of care and services. Welsh Government expects organisations to develop greater levels of engagement with citizens, and across health board and organisational boundaries.

These guiding principles are expanded in more detail in Part 1 – Strategic and policy context.

Planning Framework 2018

IMTPs should demonstrate a truly integrated planning approach, which links population need to quality, service models, capacity requirements, workforce development and capital and financial planning, all set within the context of a longer term clinical services strategy.

This NHS Planning Framework sets the tone and direction for the next three years. The overarching strategic priority remains to improve population health, focussing on prevention and reducing health inequalities. Primary care is the bedrock of the healthcare system, supported by hospital services providing more specialised treatments and care. Plans should set out how health boards and NHS trusts will work together, and with their partners, to continuously improve services for the people they serve.

IMTPs must demonstrate an emphasis on:

- The Well-being of Future Generations (with a particularly focus on how IMTPs are adopting the sustainable development principles and contributing to the well-being goals)
- Quality and Safety
- Prudent and Value Based Healthcare
- Integration
- Collective working (including partnership working, regional planning and between health boards and trusts)
- Maturity and continued improvement across all service areas

Key delivery priorities include:

- Prevention
- Reducing Health Inequalities
- Primary and Community Care
- Timely Access to Care
- Mental Health

This document supersedes the 2017/20 NHS Planning Framework and applies to health boards, NHS trusts and NHS support organisations. As the statutory and other duties differ for each type of organisation, there will be differences in the detailed content of plans. It is recognised that the NHS Planning Framework does not lend itself to a 'one size fits all' approach and is driven by a general template more suitable for Health boards. Health boards, trusts and NHS support organisations should tailor their application of the guidance accordingly in line with their functions and responsibilities, while maintaining the spirit of the requirements. Expectations will be discussed with individual organisations during the preparation of IMTPs and may be reflected in any accountability agreements that need to be put in place.

Financial Allocations

Details of financial allocations will be provided in the Financial Allocations letter which will be published by 31st December.

PART 1 - STRATEGIC AND POLICY CONTEXT

Prosperity for All - The National Strategy

“Prosperity for All” is the cross-government national strategy. It sets out the priorities of this Government, and lays the foundations for further action over the longer term. The issues that Wales faces can only be tackled through working differently, in particular by joining-up programmes and working across boundaries to deliver Government priorities. This means avoiding a proliferation of strategies and action plans. It involves working with partners to join up across service areas, putting the individual at the heart of services.

The national strategy includes twelve whole of Government objectives under four areas:

- Prosperous and secure
- Ambitious and learning
- Healthy and active
- United and connected.

These areas taken together give a strong sense of cross-government action on the wider determinants of health, and challenge the NHS to make a greater contribution to other government objectives such as economic growth and education.

In developing the strategy, five areas emerged as having the greatest potential contribution to long-term prosperity and well-being. These reflect the times in people’s lives when they may be most in need of support, and where the right help can have a dramatic effect on their life course. These are:

- Early years
- Housing
- Social care
- Mental health
- Skills and employability.

Focusing on the five priority areas is intended to help Welsh Government and its delivery partners integrate services and programmes better, and maximise benefits for citizens.

“Prosperity for All” has implications for the framing of IMTPs for 2018-21, particularly within the context of cross-strategy working, collaboration and continued emphasis on well-being and sustainability.

Parliamentary Review of Health and Social Care

The establishment of the Parliamentary Review into the Long Term Future of Health and Social Care in Wales is a key Programme for Government commitment.

The panel has published an [interim report](#) which clearly shows the case for change in how health and care services should be organised in future. This will be widely recognized, and what comes across clearly in this interim report is the pace at which rapidly changing social and technological factors are impacting on service provision. The report is clear that health and care will not be sustainable if traditional service configurations and ways of working are perpetuated and that new models of delivering health and social care are needed urgently.

The interim report found there is a compelling case for change if we are to meet the goals set out in the Well-being of Future Generations (Wales) Act 2015. It reinforced the opportunities presented by the Social Services and Well-being (Wales) Act 2014 aligned to Prudent Healthcare as powerful principles to support transformation of health and social care in Wales.

The panel also found significant consensus amongst health and care stakeholders about what the characteristics of a future integrated health and care system should be. However, whilst there is broad consensus on the vision, the panel report that health and care organisations are searching for advice and practical support on how this can be delivered consistently across the system.

To address this, the panel suggests that the next steps for Wales are to identify the most promising broad models of whole system health and social care, drawing on international evidence. The new models should be used at scale to deliver whole system transformational change. The panel has established a stakeholder forum to work with them to develop these new models and the principles that should be used to plan future service development. Doing this work now will create momentum and an environment for progress after the Review has concluded.

Alongside this, the panel's view is that new models alone will not be enough to ensure sustainable services without parallel action on a number of enablers. These are outlined in the report as areas which the panel will look to develop recommendations. They are public dialogue, workforce, digital and infrastructure, innovation and making change happen faster.

The full Parliamentary Review will be published in the New Year, after which NHS organisations should reflect key implications for themselves in the final IMTPs. We already know that there is much to do in the NHS to involve and engage staff, patients and carers in developing new models of care. Health bodies need to plan and work differently to achieve the scale of change that will be needed. This work can start now, building on the work of the Public Service and Regional Partnership Boards, and embedding integrated working beyond the health and social care organisations and engaging third sector and citizens as equal partners.

Legislative Landscape

The legislative landscape in Wales has developed significantly over the last few years with the introduction of the Well-being of Future Generation (Wales) Act 2015, the Social Services and Well-being (Wales) Act 2014 and most recently, the Public Health (Wales) Act 2017. Together, these three pieces of legislation place a firm emphasis on reducing health inequalities through long-term prevention and the delivery of sustainable, outcome focused services.

The Well-being of Future Generations (Wales) Act 2015

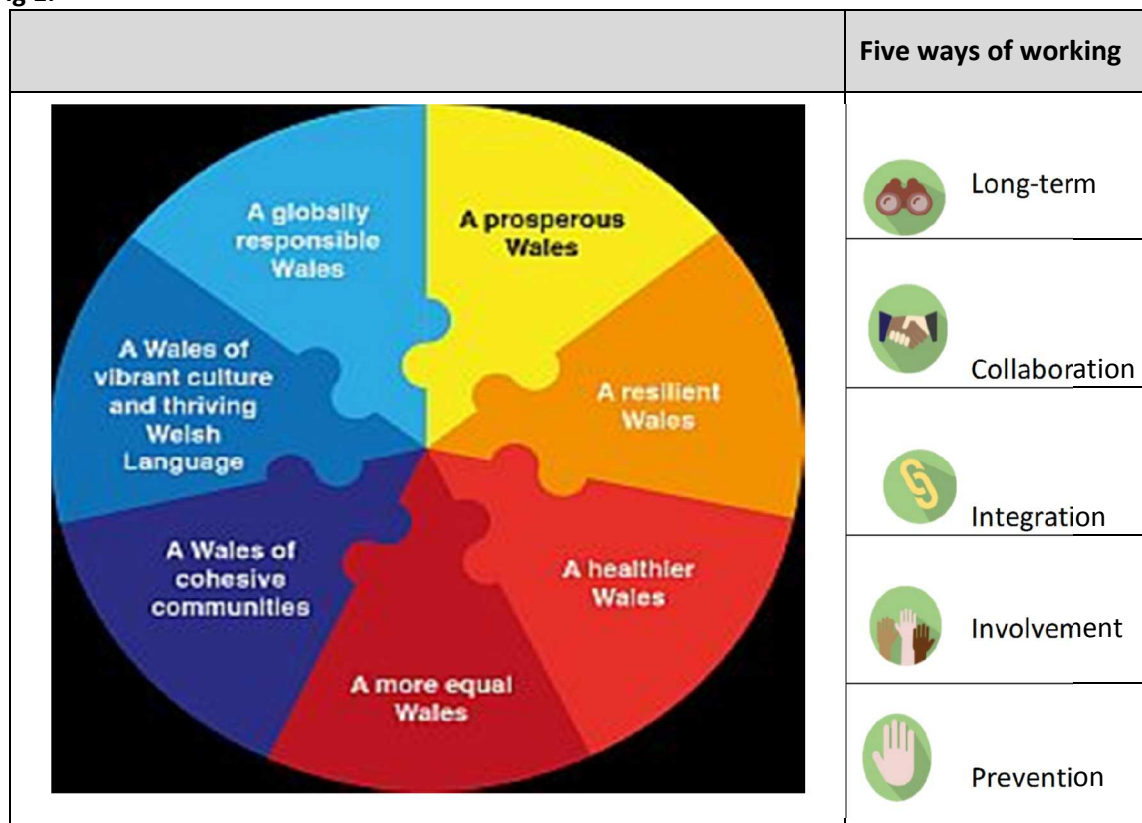
Robust well-being and population needs assessments are a requirement of both the Well-being of Future Generations Act and the Social Services and Well-being Act (see below) and are an essential basis for planning. NHS organisations must work closely with their Public Services Boards, Regional Partnership Boards and the communities they serve, as they further develop their needs assessments and gap analyses to inform their strategic plans.

Key to delivering on the expectations of the Well-being of Future Generations Act are the sustainable development (SD) principles and five ways of working linked to the Well-being Goals (as set out in Figure 1 below). The five ways of working describe how individuals and organisations need to work together and provide a further opportunity to expand approaches to delivering ambitious and transformational changes

that cannot be achieved by individual organisations alone. To develop integrated plans in the context of the Well-being of Future Generations Act, it is crucial that we take the next steps to adopt the five ways of working. Applying them to service, corporate, financial and workforce planning will focus on long term planning rather than just short term responses or process.

The intended effect of the first of the five SD principles, the ‘long term’, is that the well being of current and future generations is considered alongside the immediate needs of the people we serve. The NHS should be looking at least 10 years ahead, using population health and best practice information to inform IMTPs.

Fig 1.



‘Integration’, ‘involving’ and ‘collaborating’ are closely linked aspects of the SD principles. They include the need to effectively involve people, communities and other public bodies, including the Public Service Boards. Organisations should be clear that their local arrangements are consistent with the legislative requirements; for example the Act provides the opportunity to rethink how people are involved in development of plans.

Finally ‘prevention’ in the context of the Act is very well defined:

“A public body must take account of... how deploying resources to prevent problems occurring, or getting worse may contribute to meeting the body’s well being objectives, or another bodies objectives”

This is fundamental to understanding and addressing the underlying causes of the issues that people and communities face. Taking early action rather than reacting at the point of crisis can, for example, prevent a potential deterioration in a person’s health and well-being. An important aspect of this principle is that

understanding the cause and effect of issues is clearly linked to integration and collaboration, and sharing of resources across sectors and boundaries can enable joint preventative approaches to be taken.

Health boards and NHS trusts should review the detailed guidance, [Shared Purpose, Shared Future](#). Section 4 covers the five ways of working and provides useful guidance to help adopt the principles and exploit the opportunities they offer.

IMTPs should reflect the progress made to date and be able to provide:

- an update on progress in delivering the organisation's well-being objectives in line with the five ways of working;
- confirmation of priorities for the next 3 years (within the context of the longer term plans);
- evidence that the organisation is maximising its contribution to the seven well-being goals.

Social Services and Well-being (Wales) Act 2014

The Social Services and Well-being Act is approaching an important milestone with the first joint area plans due to be produced and submitted to Welsh Ministers by 1 April 2018. These will build on the population assessments that were produced in April 2017.

Joint area plans must focus on the integrated services planned in response to each core theme identified in the population assessment. As part of this, they should include:

- the actions partners will take in relation to the priority areas of integration for regional partnership boards;
- the instances and details of pooled funds to be established in response to the population assessment;
- how services will be procured or arranged to be delivered, including by alternative delivery models;
- details of the preventative services that will be provided or arranged;
- actions being taken in relation to the provision of information, advice and assistance services; and
- actions required to deliver services through the medium of Welsh.

For NHS organisations this means a step change in the level of joint working with social care, as well as greater collaboration with the wider partners on the Regional Partnership Boards, including the third sector, the independent sector, service users, carers and other local authority directorates. IMTPs will be expected to demonstrate where pooled budgets, joint commissioning arrangements and integrated services have been considered in response to priorities identified in the joint population assessments and legislative requirements.

Meeting the needs of our ageing population continues to be a significant issue for the NHS. This includes much more than just the provision of medical treatments and support. It also relates to focussing on dignity and independence, and the environment in which care is delivered for older people, in the community, their own homes and in hospital settings. Physical activity, maintaining independence, tackling loneliness and isolation, as well as promoting preventive health (including mental well-being) are extremely important.

It is imperative that in responding to the needs of patients and service users we do not lose sight of carers and their needs. This means ensuring that there continues to be a clear focus on the role and contribution of carers within NHS plans. For example, plans for patient flow, admission avoidance, and care at home initiatives must all consider the needs of carers as well as patients.

Organisations should demonstrate how they are working with partners, service users, and their carers to identify the specific and measurable actions which will be taken to meet the needs of priority client groups under the Act (i.e. older people, children and young people, mental health and people with learning disabilities) as themes running throughout IMTPs.

To provide further clarity additional guidance has been included in the 'enablers' section of Part 3 of the Framework.

Public Health (Wales) Act 2017

The Public Health (Wales) Act received Royal Assent on 3 July 2017 and comprises a series of legislative provisions in a range of discrete public health policy areas. Implementation of the Act will be taken forward on a phased basis which allows for the preparation of subordinate legislation and guidance.

Whilst the Act covers a range of areas, a number of elements will be of particular importance to NHS organisations. By way of example, current voluntary bans on smoking in hospital grounds will be placed on a statutory footing, and there will be requirements on health boards to produce a pharmaceutical needs assessment and to carry out health impact assessments in certain circumstances. NHS organisations will also have a keen interest in other areas such as the development of a national strategy for preventing and reducing obesity levels in Wales.

NHS organisations should demonstrate an awareness of the legislation and the steps they will need to take in anticipation of different parts of the Act coming into force. They should also seek to engage in opportunities to inform the implementation of the legislation, such as through participating in relevant consultation exercises. The Welsh Government will work with the NHS to provide updates on likely timescales of implementation to enable forward planning to take place.

Nurse Staffing Levels (Wales) Act 2016

The Nurse Staffing Levels (Wales) Act 2016 sets out the overarching duty to have regard to providing sufficient nurses to allow nurses time to care for patients sensitively in both provided and commissioned services.

The Statutory Guidelines will be issued on 2 November 2017, setting out the duty due to commence in April 2018 to calculate and maintain nurse staffing levels within acute medical and surgical wards. IMTPs for 2018/21 will be expected to reflect these requirements.

Welsh Language

IMTPs must demonstrate that the organisation meets the statutory requirements set out in the Welsh Language (Wales) Measure 2011 and the Welsh language standards. This includes the requirement that services are planned and delivered in line with the strategic framework for health and social care in Wales, "More than just words" and the Welsh Government's response to the Welsh Language Commissioner's Primary Care Inquiry Report.

NHS organisations should promote the use of Welsh language in the primary care sector and recognise that a patient receiving care in their first language is a key patient experience and quality issue.

Organisations must have a Welsh Language Bilingual Skills Strategy in place which is monitored through local teams and show that in the development of service change and improvement plans there is due

regard to the need to actively offer services through the medium of Welsh. Health needs assessments should be designed to identify issues of language and that the population assessment is undertaken in line with the Social Services and Well-being (Wales) Act 2014.

At the Heart of Planning – Guiding Principles

Quality throughout

Directly linked to the Welsh Government Strategy, and echoed in the strategic, legislative and policy context that has been set out for Wales, is the clear expectation that quality must be at the centre of our thinking, in the commissioning and delivery of services and in all our engagement with partners, citizens and service users, whatever the setting. The definition of quality is based on the Institute of Medicine¹ definition. This describes health care quality as “the degree to which healthcare services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge”. This definition aligns with Welsh Government’s prudent healthcare principles and should guide all that we do.

Improving quality within NHS Wales is therefore about ensuring that all we do is:

- **Safe:** Avoiding harm to patients from the care that is intended to help them.
- **Effective:** Providing services based on scientific knowledge to all who could benefit and refraining from providing services to those not likely to benefit (avoiding underuse and misuse, respectively).
- **Patient-centered:** Providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions.
- **Timely:** Reducing waits and sometimes harmful delays for both those who receive and those who give care.
- **Efficient:** Avoiding waste, including waste of equipment, supplies, ideas, and energy.
- **Equitable:** Providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status.

Triple Aim

All organisations need to have robust system-wide quality assurance arrangements in place, coupled with clear quality improvement programmes to drive continuous improvement. To achieve this there must be a focus on developing the organisation’s capacity and capability for improvement. This should be evidenced throughout the IMTP.

Attention to all domains of quality is critical if the NHS in Wales is to achieve the ‘Triple Aim’ of improving outcomes, improving experience and achieving best value in the way we use our resources.

“A health system capable of continual improvement on all three aims, under whatever constraints policy creates, looks quite different from one designed for the first aim only” (Don Berwick et Al, **The Triple Aim: Care, Health, And Cost**)

¹ The Institute of Medicine ‘Crossing the Quality Chasm’ report 2001
<https://www.ncbi.nlm.nih.gov/books/NBK215516>

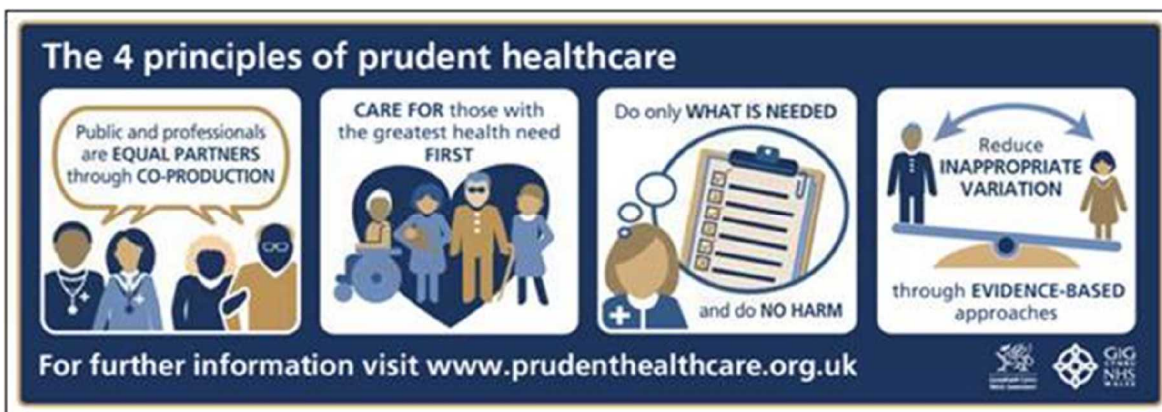
Without balanced attention to these three overarching aims, health care organizations may increase quality at the expense of cost, or vice versa. (The Commonwealth Fund- [The Triple Aim Journey: Improving Population Health and Patients' Experience of Care, While Reducing Costs](#), 22 July 2010)

Strengthening health and care quality and governance in Wales

The Welsh Government's recent consultation on the new proposals to strengthen health and care quality and governance in Wales is designed to support and encourage more integrated ways of working and better decision making, putting the interests of people at the heart of service planning and delivery. The proposals are part of a White Paper [Services Fit for the Future, Quality and Governance in Health and Care in Wales](#) and include common standards and joint complaints handling; better decision making across health boards through a new Duty of Quality for the population of Wales; a clearer process for service change; and further promotes a culture of openness.

Prudent and Value Based Healthcare

Prudent Healthcare enables NHS organisations to work with patient to bring evidence-based practice to bear.



When we think about our planning system and the role of IMTPs, there is a clear opportunity and expectation that NHS organisations apply prudent principles to the integration of projects and priorities. For example, each organisation will “do only what is needed” and work in partnership with the public and patients, ensuring the services that are offered stand the greatest chance of improving quality of life. Organisations will place health inequalities at the heart of their planning and delivery systems. To facilitate this, a strategic equality plan should be developed to inform the organisation’s long-term vision for the population, setting out how tackling inequality and barriers to access will improve the health outcomes and experience of patients, their families and carers. This should demonstrate that prevention and health improvement are understood to be the responsibility of the whole organisation and all those who work in it.

In Wales we are fortunate to work closely with health stakeholders, including other public services – from Ministers and decisions makers to frontline staff. We are well placed to collaborate and coproduce in ways that have not yet been fully exploited. For example, University and Teaching Health Board designations in Wales allow for joined up thinking, greater ambition and working across sectors in new ways that can generate the transformational models and care that we want to deliver. Allied to this are the significant opportunities to procure more in Wales, lever for growth and provide a system potential for innovative health products and services. Plans should also set out a good understanding of the social gradient and

recognise where there is a higher prevalence of lifestyle-related and social harms, illness and early death in more economically dis-advantaged groups.

Further guidance on these subjects is included in Part 3 - the technical document.

Longer Term Planning: Clinical Services Strategies

All NHS organisations should have a clinical services strategy, approved by their Board, which clearly sets out their long-term vision for how they will meet the needs of the communities they serve.

The longer term strategy of each organisation is critical in setting the direction of travel and in providing the context within which key strategic decisions about the shape of services and the use of resources can be taken. These include population projections and analysis to inform decisions about service models, pathways, workforce planning, finance and infrastructure investment.

Each NHS organisation will be expected to have a strategy in place and to ensure their IMTP is consistent with their longer term vision. Where organisations do not have a Board approved strategy, the IMTP should set out the framework and timescales for the development, consideration and approval of the clinical services strategy.

Directly linked to clinical services strategies is the expectation that all plans for service change are grounded in evidence and are informed and shaped by effective engagement with patients, carers, clinicians, staff, Community Health Councils, other partners and local communities. When considering significant service change the NHS must take account of [Guidance for Engagement and Consultation on Changes to Health Services; 2011](#). Health boards and trusts should have appropriate and robust approaches in place to involve everyone in the conversation about the case for change and the options for providing the best solution that will meet the needs of the population. Evidence has shown that early and continuous engagement is more effective in helping to ensure that plans can be successfully informed, developed and implemented.

Commissioning

Within the context of implementing population focused, longer-term clinical services strategies, IMTPs are required to set out commissioning intentions and delivery milestones for clinically led transformation over the next three years, including:

- Well-being: Ensuring an over-arching focus on the reduction of health inequalities and a clear approach to adopting the principles of prudent healthcare throughout the IMTP (to include social prescribing and third sector services);
- Care closer to home: Planning and delivering the majority of care closer to home through primary care cluster collaboration for a sustainable, accessible and integrated multi professional, multi sector primary care service;
- Integrated Community Care: Using the Integrated Care Fund and the requirements of the Social Services & Well-Being (Wales) Act 2014 to develop a sustainable range of integrated services, which promote independence (including joint commissioning and pooled budgets with Local Authorities);
- Acute Care: Ensuring the provision of safe and sustainable secondary care services (including centralised and networked services, regional planning and inter health board commissioning).
- Tertiary and Specialised Services: Developing a strengthened approach to commissioning services provided by others including neighbouring health boards, Velindre, WAST, WHSSC and EASC, for the benefit of local populations.

To realise the benefits of an integrated healthcare system in Wales, it is vital to secure the best possible services that deliver value for money. To do this, organisations that commissioning will need to do this in a way which is smarter, more innovative and more effective. Services must also be decommissioned where they are no longer needed, could be better provided elsewhere or are not providing the expected outcomes or value.

Collective working

Throughout this framework we have sought to emphasise the need for collaborative and collective planning. This is not just an essential and key development to align with the expectations of Welsh Government, legislation and strategy. It is a major factor in the delivery of services for patients. It is not possible to meet the ambitions set out for our population without adapting and broadening our planning approach.

IMTPs should reflect the work you are doing locally, regionally, and nationally between organisations and there must be a read-across between health board or trust plans where this is in place.

The interfaces between IMTPs must be clear where other organisations are involved in and responsible for aspects of delivery plans (for example, the NHS Wales Shared Services Partnership, the NHS Wales Informatics Service and the Emergency Ambulance Services Committee). IMTPs must also be clear about joint working across the patient pathway (for example the Welsh Ambulance NHS Trust's role in organisations' unscheduled care plans, Velindre NHS Trust's role in providing cancer and blood services and WHSSC's role in commissioning tertiary services for health board populations). All organisations are expected to work collaboratively, sharing commissioning intentions at an early stage so that the final plan is clearly agreed by all parties.

PART 2 – DELIVERY EXPECTATIONS

Part 2 sets out the expectations on NHS organisations to develop and deliver Integrated Medium Term Plans.

IMTPs need to reflect the strategic and legislative landscape within Wales if health organisations are to deliver high quality, prudent services that meet both the priorities of the Government and the needs of their populations.

Health boards are required under the NHS Finance (Wales) Act 2014 to prepare a three year IMTP for approval by the Cabinet Secretary for Health, Well-being and Sport. A Ministerial direction, through WHC/2016/054, placed the same statutory duty on NHS trusts. IMTPs are also developed and submitted by the non-statutory NHS organisations following approval by their respective committees.

IMTPs must demonstrate how organisations are planning to deliver key performance areas. Not all areas will be relevant to all NHS organisations. The draft NHS Delivery and Outcomes Framework that accompanies this guidance sets the overall performance requirements. Discussions will be held with those organisations which have specific areas of focus to agree their key deliverables. This applies to Powys Teaching Health Board, Public Health Wales NHS Trust, Velindre NHS Trust and the Welsh Ambulance Services NHS Trust.

A high level summary of seasonal plans should also be integrated within IMTPs, including the management of risk, particularly over the winter period. For example, performance trajectories such as unscheduled care and RTT should reflect the predicted impact of seasonal pressures including flu. Predicted changes in bed utilisation such as “step up/step down” beds and assumptions around staffing requirements should be included within the IMTP.

The IMTP should be shaped and informed by needs assessments, the long-term strategy, partnerships plans, earlier rolling IMTPs and cluster plans to set out the actions for the next three years in pursuit of its strategic goals.

Whilst the IMTP must cover three years, it is acknowledged that the level of detail for each of the three years will be different:

Year 1 - Firm: should clearly describe, through both narrative and completed mandatory templates, the actions, milestones and resourcing for the coming year.

Year 2- Indicative: should indicate priorities, actions and risks for the second year. Details should be provided on key plans including performance trajectories. Major challenges or opportunities should be signalled, for example remodelling a critical service or significant workforce challenges.

Year 3 - Outline: should show how the organisation proposes to make continued progress towards its strategic objectives.

Organisations that are unable to develop a balanced and sustainable 3 year IMTP will need to submit very clearly defined plans for year 1, in line with their annual operating plans, and set out the indicative and outline aspects of their plans in the same way. The detailed annual plan is to provide the additional assurance about the focus of the organisation, including actions and timescales to develop future balanced and sustainable IMTPs, and will be required until such time as a Ministerial approved IMTP is achieved.

Delivery Framework

The draft NHS Delivery Framework continues to align more closely with the public health framework, working towards the production of only one outcome framework. This means that there will be one health outcome framework using public health indicators, instead of the current two frameworks.

This change is intended to demonstrate how NHS delivery measures contribute to wider health gains (outcome indicators) and support partnership working to deliver sustainable health and well-being outcomes. The changes are gradual and will continue to explore opportunities for shared and integrated measures across the public sector. The aim is to reduce duplication and work to ensure that the delivery of outcomes becomes a shared priority across the public sector.

Work continues to review the measures and their ongoing relevance. Current measures remain until organisations are formally notified of its removal or amendment. Performance and service teams will be involved in ongoing work to some of the measures to agree definitions and data collection, and NHS bodies will be kept informed of progress.

While there will remain a national focus on certain target areas such as access, organisations must plan for and deliver improvement across the range of health improvement indicators and measures across the seven delivery domains. The measures are a mixture of qualitative and quantitative data but all reflect policy priorities to improve service delivery and support the achievement of improved outcomes for health and well-being.

National Programmes

IMTPs need to be reflective of and responsive to the national programme boards: primary care; planned care; unscheduled care; and efficiency and value based healthcare. The national programmes have been developed to deliver sustainable, accessible, cost-effective and efficient services close to people's homes to ensure improved patient experience. They are intended to support organisations to collaborate with their partners, to plan, deliver and maintain a balanced sustainable service. Working across the patient pathway, they maintain a clear focus on efficiency, consistency, collaboration and quality. The programmes seek to implement a whole system approach, intended to encourage a proactive, prudent health and social care environment. As all-Wales programmes, they are well placed to identify and share good practice as well as provide challenge where needed.

In order to drive forward the next phase of these programmes, Welsh Government is seeking further commitment to standardising approaches, methodologies and services where it is appropriate to do so on an **'adopt or justify'** basis. It is therefore expected that organisations will engage with these national programmes and demonstrate commitment and action to adopt the programme guidance to assist sustainable delivery and to reflect this in their IMTPs.

These programmes are not static and health boards will be required to implement new ways of working and approaches throughout the planning period and need to ensure that their IMTPs are able to adapt accordingly.

Major Health and Other Chronic Conditions

Chronic conditions are those illnesses which in most cases cannot be cured, only controlled, and are often life-long and limiting in terms of quality of life. The impact of chronic conditions on people's lives and services in Wales is of growing concern. Wales has the highest rates of long-term limiting illness in the UK

accounting for a large proportion of unnecessary emergency admissions to hospital. IMTPs should set out how health boards provide person centred co-ordinated care which supports people to make informed decisions, and empowers them to self manage their chronic condition's in collaboration with health and social care professionals.

Issues relating to the nine major health conditions, rare diseases, organ donation and transplantation and other chronic conditions, such as capital requirements, workforce planning, service reconfiguration etc. should be referenced in the relevant IMTP section and clearly linked back to the relevant local priority.

Data and ICT - A data driven system

“Informed Health and Care: a digital health and social care strategy for Wales” describes Welsh Government’s five-year vision for the use of digital technology within both the NHS and social services. The strategic direction of improving access to information and introducing new ways of delivering care with digital technologies must be at the heart of service plans and the vision for prudent healthcare, and clearly articulated within IMTPs.

Building on the organisation’s Strategic Outline Plan (SOP), the IMTP must be clear on how clinical care and service plans will be increasingly data driven and how informatics can support this.

Collaboration and clinical engagement will be essential to accelerating the pace and scale of change enabled by informatics improvements. IMTPs should describe how organisations are engaging effectively both internally and with patients and service users, and working collaboratively to transform services using digital approaches.

Workforce Planning

There are many layers of workforce planning from departments to clusters, organisations, regions and all Wales services. The aim of workforce planning is to ensure that organisations have a sustainable workforce of the right size, with the right skills and diversity, organised in the right way, within an affordable budget, delivering the services needed to provide patient care to required quality standards. Workforce analysis is an essential part of the planning process and a key aspect of evidence that informs the assessment of plans including their sustainability and capacity to deliver.

The Statutory guidance issued following the Nurse Staffing Levels (Wales) Act 2016 set sets out the duty to calculate and take steps to maintain nurse staffing levels within acute medical and surgical inpatient wards and organisations are expected to ensure that their staffing levels reflect this.

Changes in practice and training, challenges in recruitment and new models of care all mean that innovative workforce solutions are required which allow new service models to be delivered. Multidisciplinary teams at all levels are providing good, innovative care to patients in a way that allows people to be looked after closer to home. Joint working with social services meets all aspects of care for a patient and their carer, instead of separating health and social needs. New training courses and qualifications are being developed (for example physicians’ assistants) and their impact on future workforce plans needs to be included in your IMTPs. Further advice and support is available from WEDS, who have been developing a training package on workforce planning. A link to their resource pack is attached at appendix E.

Plan Delivery

Organisations are expected to monitor and deliver their plans for innovative and integrated models of care that reflect the outcomes set out in “Prosperity for All”. Plans should deliver the triple aim in each area of service change and development.

The test of any plan lies in its implementation and the resulting improvements in outcomes, service delivery and patient experience. It is critical that plans and transformations are evidence driven by knowledge, research, innovation, and use of data.

The public, NHS Boards and Welsh Government have shared expectations that the planning process will support the delivery of improved outcomes for patients. NHS Boards will be expected to hold their organisations to account for delivery of board-approved IMTPs. In turn, Boards can expect to be held to account by Welsh Government.

Effective governance, assurance and performance management arrangements, both locally and from Welsh Government, are critical to monitoring progress and providing early indications if performance varies from plan.

Priority Areas

The following priority areas for improvement should be woven and embedded through IMTPs.

- **Well-being**

The Social Services and Well-being (Wales) Act 2014, the Wellbeing of Future Generations (Wales) Act 2015, and the Programme for Government “Taking Wales Forward” and “Prosperity for All”, are all founded on a model of health which recognises the impact of social determinants on health and wellbeing and draws on all sources of help and support.

There is a wide range of non-clinical care and support across all communities in Wales which can support people’s well-being. Much of this is available in the community or provided by the voluntary or third sector. There is growing recognition of the role of this type of care and support and increasing examples of local action to develop effective ways of linking people to it.

To inform national and local action, Public Health Wales has published its recent review of evidence along with examples of local action by health boards on [Primary Care One](#) website. Public Health Wales now plans to develop a generic framework for evaluating existing, new and emerging social prescribing models.

Organisations are urged to use the work by Public Health Wales to inform research proposals, plans to develop better and sustainable ways to link people to well-being care and support, and public messaging to promote the use of well-being care and support.

- **Integrated models**

To support delivery of plans at pace, and within resource, organisations should by now expect their default position to reflect integrated models of care and support (whether that be across primary, community and secondary care; physical and mental health services; across health organisations; or health and social care). IMTPs should draw out the benefits and outcomes of the wider collaborative and coproduced models and

describe the next stage of their development. In line with expectations of the Regional Partnership Boards, where joint assessments have resulted in joint priorities, IMTPs should describe how pooled budgets were, or are being, considered and put in place.

- **Prevention**

IMTPs should reflect how greater resource is being attached to preventative actions, prioritised in line with likely impact at both individual and population-level health and the strength of the evidence base behind any preventive interventions. Organisations should be looking to work with partners to improve delivery of universal preventative programmes, including childhood vaccinations, tobacco control, and support for population screening pathways.

As well as consistency in high-level priorities, there should be tangible read-across in terms of joint working between Health Boards and Public Health Wales to deliver against joint priorities for prevention.

- **Reducing Health Inequalities**

Reducing health inequalities remains one of the overarching aims. Issues impacting on health are much wider than the NHS alone and the work of Public Service Boards will be vital to inform collaborative, cross-sector working which will drive down health inequalities.

IMTPs must be clearly aligned with the Well-being and Area Plans, as well as the Strategic Equality Plan. In addition, addressing the inverse care law will also have a significant role to play in reducing health inequalities.

In order to do this effectively, organisations must be able to analyse and monitor progress against outcomes.

- **Primary and Community Care and Cluster Led Planning**

IMTPs will need to demonstrate how they have been informed and underpinned by population needs assessments and 3 year plans at cluster level. Cluster plans will be focused on local needs. Common to many, if not all clusters, will be plans to ensure sustainable and accessible primary care through integrated multi professional and multi sector teams. Cluster plans are likely to specify actions to adopt and adapt the model of primary care merging from the national pacesetter programme, the interim guiding principles for district nursing, and other learning and good practice. Cluster plans should include plans for moving services out of hospitals into the community to improve accessibility for their populations. Plans will also identify the capital and estates needs associated with their plans for better outcomes for their populations.

IMTPs will need to specify actions to support clusters to implement their plans and continue to evolve and mature.

- **Timely Access to Care**

The public expects timely access to the services they require, wherever they are delivered. This includes access to GPs and wider primary care services as well as to secondary care or mental health. In some areas there are national targets for timeliness, and IMTPs must set out how the organisation plans to achieve those targets, with improvement trajectories where required.

Access to timely care is a key indicator of quality, and delays can result in harm. The focus must not be exclusively on those areas in which there is a national target. Each organisation should set its own expectations for timeliness through its plan. In light of “Prosperity for All”, health boards and trusts must consider the wider impact of delays on other issues such as financial impact and housing.

Organisations are specifically asked to consider how a shift in focus from secondary to primary or community provision could be achieved through the remodelling of patient pathways and the implementation of the interim guiding principles for district nursing. Wherever possible, evidence of the anticipated shift in activity, workforce and associated resource should be provided.

- **Mental Health**

Mental illness affects 1 in 4 people, and represents over 20% of the burden of disease and 12% of the NHS budget. Health boards must give this proportionate consideration within IMTPs. The three year delivery plan that underpins the “Together for Mental Health” strategy sets out clear priorities and the IMTP must demonstrate the organisation is delivering against them.

IMTPs must also demonstrate how the organisation is meeting its statutory responsibilities under the Mental Health (Wales) Measure 2010 and how the organisation is delivering improved access and outcomes for service-users from the additional significant investment by Welsh Government in targeted areas of provision. More generally, IMTPs should clearly set out the organisational service change programmes to ensure the availability of high quality, sustainable, accessible and timely care with associated timescales and risks.

Maturity and Continued Improvement

As we enter the fifth year of developing and delivering IMTPs, it is essential that integrated plans continue to mature and improve. We want organisations with approved plans to retain their approval in 2018-21 and to further deliver improvements in quality, performance, innovation, service change, workforce and financial sustainability, and outcomes for their patients and carers. This will lead to earned autonomy and the associated benefits that this brings.

We will also continue to advise those organisations that do not currently have approved IMTPs, with the intention of assisting them to work towards sustainable, affordable and approvable plans.

PART 3 – TECHNICAL DOCUMENT

Part 3 has been compiled following feedback and review of commonly asked questions relating to the IMTPs and the process surrounding them. This section is intended to provide further clarity and detail on specific aspects of the IMTP, and must be read in conjunction with the strategic and policy context and the advice on key deliverables set out in parts 1 and 2.

The section covers governance, performance management expectations, data and ICT, workforce planning and also includes the updated guidance, enablers and service specific pages which give more detailed information about expectations from Welsh Government policy leads.

GOVERNANCE - Timetable and Process

January Submissions

All plans submitted as 'final draft' in January must be complete and demonstrate how key priorities will be delivered, be financially balanced and approved for submission by NHS Boards. Organisations must be able to demonstrate how they have liaised with partner and supporting organisations such as WHSSC, EASC, WAST Velindre, Shared Services and NWIS to ensure that commissioned work is funded, and that there is read across between organisational plans. Fully populated mandatory templates are required in order for boards to understand the detail of plans, and so that Welsh Government can assess them. Any IMTP submitted without the necessary information will not be assessed and will be returned to the organisation.

March Submissions

The final submission in March, informed by feedback and with any agreed adjustments, must be balanced and formally scrutinised and approved by the Board before it is sent to Welsh Government for consideration by the Cabinet Secretary for Health, Well-being and Sport.

The Chief Executive of any organisation that is unable to submit an IMTP which meets these criteria will be required to write, no later than the set submission date, a formal Accountable Officer letter to the Director General/Chief Executive of NHS Wales copied to his/her Chair explaining the position, the action they are taking and when their IMTP will be completed.

Plan Assessment and Approval

The expectation is that significant issues and risks are shared with Welsh Government at the earliest opportunity as IMTPs are being developed. The onus is on individual organisations to contact Welsh Government colleagues to discuss the matter as soon as they become aware that they face difficulties in developing an approvable IMTP. There should be no surprises in IMTP submissions in January and March 2018.

Welsh Government officials will conduct a full assessment and provide feedback in writing by 28 February 2018 on the January submissions. Meetings will be set up between Welsh Government officials and each health board or trust to discuss the feedback and inform the final plan.

Following assessment of the final IMTP submitted in March, officials will provide advice to the Cabinet Secretary. This process will run between 1 April and 30 June 2018. The assessment process will be

undertaken as quickly as possible. Any requirement for further information could delay the process of consideration and plan approval.

Advice to the Cabinet Secretary will be based on the criteria set out in the NHS Finance (Wales) Act 2014 and the requirements set out in this Planning Framework. Approval letters will be issued by 30 June 2018.

Figure 2 sets out the timetable for the IMTP process. In addition to the formal submission in January and March, Welsh Government will provide additional support at the informal peer review stage, and also through one to one meetings with planners. The intention is to encourage more defined plans earlier in the process, and to ensure that plans are fully developed and subject to internal scrutiny for the January board approval. All organisations are encouraged to share drafts or outline plans with the Welsh Government planning team and with each other to provide initial advice in advance of the formal January submission. The intention is to help NHS organisations to have plans suitable for adequate assessments and feedback to inform the March submission.

Joint committees governing NHS support organisations will require these organisations to develop their plans in response to clearly defined and timely commissioning intentions, so that joint committee approved plans can be aligned and incorporated into health board and trust IMTP planning cycles. To ensure that health board and NHS trust plans are sufficiently informed, full consideration must be given to interfaces with other organisations' IMTPs, and local planning timetables must give due regards to the requirements of joint committees, and ensure clear and timely communication between support organisations and health boards. Welsh Government expects that support organisations will be aware of and clearly understand the requirements of health boards well before the January submission.

Timetable - Fig 2

		Action	Timescale	WG	NHS
Plan Development		NHS Planning Framework developed between Welsh Government and NHS	June – October 2017	✓	✓
		NHS Planning Framework 2018/21 issued	October 2017	✓	
		NHS organisations develop 2018/21 IMTPs, informed by population needs assessments, cluster plans, local health plans and partnership plans	October 2017 – January 2018		✓
		Outline financial assumptions to NHS organisations	October 2017	✓	
		Indicative financial allocation letters issued to NHS organisations	December 2017	✓	
		Health boards to share commissioning intentions and plans with trusts and supporting services.	October – December 2017		✓
		Health boards, trusts and WG work closely to discuss and develop drafts and outline plans	October – December 2017	✓	
		Health boards and trusts to share draft or outline plan with templates for early policy input and plan development	October - December 2017	✓	✓
		Health Board/Trust Board/Committee scrutiny and approval process	October – December 2017		✓

		Action	Timescale	WG	NHS
Plan Approval		NHS Boards approve final draft version of IMTP and submit to Welsh Government	By 31 January 2018		✓
		Welsh Government scrutiny process and feedback provided to NHS to strengthen plans	February 2018	✓	
		Boards respond to feedback from scrutiny process and amend plans accordingly. Boards then approve final versions	February - March 2018		✓
		NHS organisations submit the final Board-approved plans to Welsh Government	29 March 2018		✓
		Welsh Government assessment process and Cabinet Secretary approval	April - June 2018	✓	

Performance Management

Performance Management by Boards

All NHS organisations are required to have approvable IMTPs. Welsh Government will expect each organisation's internal mechanisms to provide visible assurance to the Board on delivery and any necessary corrective action. The following arrangements must be in place:

- clear arrangements through which the Board, and Board Committees, assures itself about the quality of services commissioned, including from other LHBs, NHS Trusts and other providers in Wales or England. This should include assurance about the work of WHSSC and EASC as joint sub-committees of all the Health Boards;
- robust arrangements for monitoring and intervening at organisational, directorate, divisional, cluster, and corporate department levels;
- effective risk identification and mitigation arrangements;
- monitoring arrangements to hold NHS support organisations, such as NHS Wales Shared Services Partnership, to account for timely delivery of agreed activities;
- arrangements to monitor quality and delivery against plan on a monthly basis. As a minimum, there should be an executive group to oversee plan delivery and a board sub-committee or group to scrutinise and challenge progress and performance on a regular basis.

We also expect that the Board should receive an overall assessment of progress against the plan in public session quarterly. This should be shared with the Welsh Government planning team the week following the Board consideration and approval. Organisations will send Welsh Government quarterly updates on delivery of the IMTP. Specific deliverables will be monitored at appropriate frequencies.

As planning is a continuous process Boards should, at a minimum, undertake a Mid Year Review of the plan delivery, with particular reference to a forward look on the implications, consequences and potential changes to years 2 and 3 of the plan.

All health boards and trusts will deliver their plan commitments, including agreed delivery profiles.

Organisations can expect the Welsh Government to monitor, performance manage and hold them to account through a range of meetings and actions. The precise mechanisms and frequency will vary according to an assessment of risk based on plan approval status, delivery track record, and actual performance against plan tracked throughout the year.

Routine Welsh Government performance management arrangements will include:

- Standard returns
- Submission of board and committee planning updates;
- Quality & Delivery (Q&D) meetings to discuss progress in detail. The frequency of Q&D meetings will be determined by plan status and the delivery confidence assessment based on performance trends and risk analysis;
- Specific meetings to discuss particular variations from plan or quality standards;
- Joint Executive Team (JET) meetings to include progress against plan delivery

Organisations in higher levels of escalation can expect significantly increased engagement, meetings and scrutiny from Welsh Government.

Levers for Change

The benefits of having an approved plan are reflected in a number of ways, including the clear correlation with the local autonomy across a number of areas that reflects the trust and confidence that an approved IMTP creates. Financial flexibility, capital funding procedures and reduced performance monitoring are all examples where organisations can exercise levels of discretion that are not available to organisations without approved IMTPs.

Failure to develop an approved IMTP creates a significant governance and operational concern, and breaches at least one of the two duties of a health board or NHS trust. Any health board or NHS trust that does not achieve IMTP approval will provide a one-year operational plan whilst they improve their ability to develop a three-year plan. They will not enjoy the benefits of approved IMTPs set out above and the organisation should expect significant increased scrutiny and potentially escalation under the Escalation and Intervention Arrangements. Immediate actions may include:

- increased frequency of reporting, meetings and scrutiny;
- detailed examination of areas of non-delivery, and the requirement for recovery plans and revised delivery trajectories;
- engagement with the Delivery Unit and other relevant mechanisms to support, challenge and provide assurance;
- more frequent Quality & Delivery meetings; and
- increased frequency of Joint Executive Team meetings.

Whilst significant and substantial action has been taken to date, the impact of achieving IMTP approval is not always evident in relation to improving the rate of delivery and the pace of service transformation across Wales. Additional levers are therefore being considered to drive improvement, service transformation and sustainability further and faster.

Opportunity exists to both recognise the efforts of those organisations that are performing well, and to introduce consequences to those that are failing to meet agreed milestones under escalation. It is therefore proposed that a range of incentives and sanctions will be adopted and applied equitably and transparently to recognise sustainable improvements and to prevent poor performance/ failure.

Structure and Presentation of the IMTP

Whilst IMTPs need to be owned locally by the individual organisations, there must be sufficient consistency in presentation and content to allow Welsh Government to have a clear picture across Wales and to be able to compare plans. Part of that consistency can be gained through the mandatory templates. These do not however capture some of the broader planned developments which cannot be expressed in purely numerical terms. The detail of how the document is crafted under those broad headings is a matter for the individual organisation, as long as it is possible to draw out from each section:

- The key developments/actions the organisation is planning to take;
- Why those are important and how they link to overall strategic direction;
- What those developments/actions will achieve;
- When those benefits will be realised, including improvement trajectories where relevant;
- Key risks and dependencies and how they will be managed, for example recruitment.

The following list of headings, set out in Figure 3, provides an indication of areas that most health boards and trusts will need to cover.

Figure 3

Foreword
Executive Summary
Introduction
Strategic Overview, encompassing organising principles:
Achievements in 2017/18
Opportunities and Challenges in 2018/2021
Overview of Clinical Services Strategy & Significant Service Change
Thematic chapters
Pathways and Services
Enablers
Mandatory Appendices

Welsh Government recognises that not all NHS organisations have the same set of responsibilities. Powys tHB and the three NHS trusts each have specific portfolios or organisational features which mean that the “standard” framework applicable to health boards needs to be adapted and tailored to be relevant. Officials will discuss with each of these organisations the expected coverage of their IMTPs, and agree its structure.

Guiding Principle 1	Quality and Safety
<p>IMTPs must:</p> <ul style="list-style-type: none"> • outline the Quality Improvement approach adopted in the organisation • describe the organisation’s plans for a whole systems approach to quality • clearly outline the intended measurable quality improvements, including (but not limited to) those in NHS Outcomes & Delivery Framework and the Health & Care Standards; • articulate how improvement will be delivered, including priority performance • clearly link the quality and equality priorities to the population needs assessment findings, the risk register, and the challenges and improvement priorities set out in the Annual Quality Statement • explain how quality throughout the whole organisation will be monitored by the Board; • demonstrate specific plans to address patient user experience and concerns. 	
<p>What does good look like?</p> <p>Quality driven organisations will:</p> <ul style="list-style-type: none"> • demonstrate a culture of openness embedded through all services and pathways of care, with demonstrable organisational capacity and capability for quality improvement • have a comprehensive Quality Strategy with a focus on the planning, commissioning and direct provision of services • have robust quality assurance mechanisms in place, including national clinical audit, mortality reviews and staff and patient feedback systems • demonstrate effective and innovative widespread continuous improvement approaches • recognise the relationship between quality of care and communication, particularly in relation to people with sensory loss and language; and • have systematic mechanisms to address and learn locally and from recent national reviews on care quality standards. 	
<p>Relevant Strategies and Guidance</p> <ul style="list-style-type: none"> • Quality Delivery Plan • Safe Care, Compassionate Care – the national governance framework • Delivering Safe Care, Compassionate Care • National Service User Experience Framework • Putting Things Right • Annual Quality Statement guidance • Health and Care Standards for Wales • Antimicrobial Resistance Delivery Plan • Commitment to purpose: eliminating preventable healthcare associated infections • Decontamination of Medical Devices: development plan • Trusted to Care • Gift of Complaints • Palmer Review • Framework for National Clinical Audit and outcome reviews • Revised Strategy Equality Plan • All Wales Standards for Accessible Communication and Information for People with Sensory Loss • Nurse Staffing Levels (Wales) Act 2016 • Interim guiding principles for district nurse staffing • White Paper <i>Services Fit for the Future, Quality and Governance in Health and Care in Wales</i> 	

Guiding Principle 2

Prudent Healthcare

IMTPs must:

- provide clear evidence of how all board members and staff are involved in taking up the opportunities presented by prudent healthcare
- show the practical steps being taken to implement the actions emerging from national programmes and activities that will support the prudent healthcare principles to be followed, including national planned, unscheduled and primary care programmes show that prudent healthcare underpins all parts of the plan, with clear implementation milestones and impact measures.

What does good look like?

Quality driven organisations will:

- demonstrate a culture of openness embedded through all services and pathways of care, with demonstrable organisational capacity and capability for quality improvement
- have a comprehensive Quality Strategy with a focus on the planning, commissioning and direct provision of services
- have robust quality assurance mechanisms in place, including national clinical audit, mortality reviews and staff and patient feedback systems
- demonstrate effective and innovative widespread continuous improvement approaches
- recognise the relationship between quality of care and communication, particularly in relation to people with sensory loss and language; and
- have systematic mechanisms to address and learn locally and from recent national reviews on care quality standards.

Relevant Strategies and Guidance

- Making Prudent Healthcare happen online resourced: www.prudenthealthcare.co.uk
- Institute of Welsh Affairs (IWA) "Delivering Prudent Healthcare"

www.clickonwales.org/2014/08/delivering-prudent-healthcare-in-wales/

Guiding Principle 3	Integration
<p>IMTPs must:</p> <ul style="list-style-type: none"> • reflect the shared priorities that have been agreed with public service partners through the Public Service Boards, Local Service Boards and partner agencies • reflect partnership priorities and progress in other key areas, e.g. Mental Health partnership programmes • show how integration is underpinning the other programmes described within this framework, notably the work on primary care, planned, urgent and emergency care • demonstrate how priority performance indicators of reducing delayed transfers of care will be achieved. 	
<p>What does good look like?</p> <p>Organisations with a robust approach to integration across the life-course will:</p> <ul style="list-style-type: none"> • demonstrate how services are being built with, and for, people and the local community • co-design services with the people who will use them and shape these around their needs rather than functional boundaries • make innovative use of joint commissioning, pooled budgets and Integrated Care Funds to develop an integrated agenda • be pro-active in the promotion of independence and autonomy for service users • show that the building blocks of locality networks and clusters are utilized to drive integrated solutions through local engagement • demonstrate how best practice is being used to help shape integrated services across the life course • demonstrate how the workforce is used effectively in a way that is open to innovations in skill mix and staff substitution • show how, working closely with others, activities are being refocused around those people receiving care and ensure existing barriers to integrated working and delivery are identified and eliminated • demonstrate how the use of local partnership working arrangements are being developed and maximized to secure a healthier population • show awareness of the barriers to current models of healthcare that are experienced by people from disadvantaged groups and how integration will lead to better access and outcomes. 	
<p>Relevant Strategies and Guidance</p> <ul style="list-style-type: none"> • Integration – cooperation and partnership • Making integrated care happen at scale and pace, Kings Fund, March 2013 • Shared Delivery, Shared Purpose • Interim guiding principles for district nurse staffing • Nurse Staffing Levels (Wales) Act 2016 • White Paper <i>Services Fit for the Future, Quality and Governance in Health and Care in Wales</i> 	

Guiding Principle 4

Addressing Health Inequalities

IMTPs must:

- demonstrate a commitment to improved analysis and reporting of health inequalities in health promotion, primary and secondary care;
- be clearly aligned with Wellbeing and Area plans
- demonstrate tackling health inequalities is understood and the responsibility of the whole organisation and all who work in it;
- include clear measurable objectives for reducing health inequalities aligned to the equality priorities set out in the Strategic Equality Plan;
- set out actions to counter inverse care law in primary and secondary care, and how resources will be reallocated to reflect need;
- demonstrate integrated working with the initiatives such as Communities First, Flying Start, Families First, to secure the greatest reduction in health inequalities, particularly through strengthening links with primary and community care services; and
- identify local poverty goals and demonstrate how they will achieve these and the goals in the national tackling poverty programme.

What does good look like?

Organisations that place health inequalities at the heart of their planning and delivery systems will:


- demonstrate a good understanding of the social gradient – a higher prevalence of lifestyle-related and social harms, illness and early death in more economically dis-advantaged groups;
- show evidence of strong community involvement to co-produce good health opportunities for all such as social prescribing;
- have worked with all other relevant agencies and statutory bodies to intervene early and to tackle the wider determinants of health cross the life course;
- evidence good information systems to collect and report information;
- demonstrate a clear and strong commitment to working with partners to tackle the inverse care law and ensure that services are provided proportionate to need;
- clearly identify and share best practice within the organisations, across the NHS and with partners;
- include a strategic equality plan within their long-term vision for the population, setting out how tackling inequality and barriers to access improves the health outcomes and experience of patients, their families and carers; and
- show good awareness of the impact of achieving health equality on their overall use of resources.

Relevant Strategies and Guidance

- UCL Institute of Health Equity reports
- Our Healthy Future, Wales National Public Health Strategic Framework
- Child Poverty Strategy
- Fairer Health Outcomes for All
- Public Health Outcomes Framework
- CMO annual reports (Can we refer to impending CMO report on Social Gradient)
- EHRC's "Is Wales Fairer?"
- Revised Strategic Equality Plan
- Tobacco Control Action Plan
- Obesity Pathway

Enabler	Governance
<p>IMTPs must:</p> <ul style="list-style-type: none"> • demonstrate that the plan has been developed and agreed following meaningful engagement with public, staff and stakeholders • confirm that the required agreements have been reached in terms of collaborative and inter organisational agreements • be aligned and consistent with organisational commitments to Public Services Boards and Regional Partnership Board joint assessments, objectives and plans • have been subject to a high and regular level of board and committee review, development, challenge and scrutiny • be approved by the organisation’s board before submission • set out internal governance and management arrangements to ensure delivery of the plan, including reporting and performance management arrangements • outline the key risks and approach to risk management • provide assurance that plan actions are real, sustainable and deliverable • confirm that equality impact assessments and consideration of the Welsh Language have been taken on board, and • demonstrate that plans have been developed in line with the Well-being for Future Generations Act requirements and in accordance with the sustainable development principle. 	
<p>What does good look like?</p> <p>NHS organisations with good and effective governance arrangements in strategy and planning will:</p> <ul style="list-style-type: none"> • have a board approved long term strategy, built on robust needs assessment, gap analysis and key milestones which is understood and clear to the whole organisation • have collaborated with partners at various levels to assess their population needs • have a strategy that is underpinned by a drive for quality improvement and aligned with national, regional and local policies and strategies • ensure that the plan is consistent with the long term strategy and other commitments to partners and joint boards • ensure the required capacity and capability is in place across the organisation to develop and deliver the IMTP • ensure that all statutory obligations and duties are understood and discharged • have a robust approach to assurance processes and risk management • have a range of local actions, incentives and sanctions available to be deployed in the case of non-delivery • demonstrate effective use of robust and relevant clinical, demographic and management information; and • have effective mechanisms in place to embed health and care standards. 	
<p>Relevant strategies and guidance</p> <ul style="list-style-type: none"> • NHS Governance e-manual - http://www.wales.nhs.uk/governance-emanual/home • Academi Wales – The Good Governance Guide for NHS Wales Boards • NHS Finance (Wales) Act 2014 & WHC -2016- 054 - Statutory Financial Duties of Local Health Boards and NHS Trusts • Standing Orders & Standing Financial Instructions • Health and Care Standards • Governance and Scrutiny: a guide for boards in respect of equality impact assessments – NHS CEHR, 2015 • Well-being for Future Generations (Wales) Act 2015 	

Enabler	Finance
<p>IMTPs must:</p> <ul style="list-style-type: none"> • include an affordable balanced medium term financial plan (MTFP) that plans to meet the first financial duty, as part of a viable and sustainable IMTP • place the balanced financial plan within the resource allocation and planning parameters set out in the LHB Revenue Allocation Letter, NHS Planning Framework; and prioritised in line with Board and Ministerial priorities • focus on value and totality of resources applied, across the whole range of services and communities, rather than focus on the marginal changes, pressures and opportunities • fully integrate the MTFP with clinical, service, workforce and other elements of the IMTP; • and include clear cross-referencing, full integration and alignment with clinical, service and workforce plans, which detail the rebalancing of the healthcare system, underpinned by a value based healthcare approach through a prudent lens, through the strengthening of care delivered in primary and community settings. 	
<p>What does good look like?</p> <p>Organisations with a good approach to planning and financial planning will:</p> <ul style="list-style-type: none"> • ensure complete alignment of their financial plan and other component elements of the IMTP. The revenue and capital plans are enablers to the commissioning, clinical and service plans, which set out how NHS organisations will address the population healthcare needs and service delivery within available resources • set out the financial resources required, allocated and agreed, to deliver services and transformation • detail the resources, and resource shifts, underpinning service changes, innovation and the transfer of services both closer to communities, from secondary to primary and community care, and between localities and communities to address gaps and inequalities identified in population health needs analysis • identify and profile the resources, including investments and disinvestments, enabling Boards to address priorities, such as reducing health inequalities; and • identify the risk assessed and profiled robust efficiency plan, to address both technical and allocative value and efficiencies, linked to service and workforce plans. 	
<p>Relevant Strategies and Guidance</p> <ul style="list-style-type: none"> • LHB Revenue Allocation Letter 2018/19 • Standing Orders and Standing Financial Instructions • NHS Finance (Wales) Act 2014 & WHC-2016-054 Statutory Financial Duties of Local Health Boards and NHS Trusts • Making fair financial decisions: guidance for decision-makers – Equality and Human Rights Commission (updated in 2015) • Nurse Staffing Levels (Wales) Act 2016 • Interim guiding principles for district nurse staffing 	

Enabler	Workforce & OD
<p>IMTPs must:</p> <ul style="list-style-type: none"> • summarise priority actions for workforce redesign, restructuring, and new ways of working to facilitate service change • Include key milestones for delivery • demonstrate a clear read across from workforce to financial information • identify areas of workforce that pose a risk to delivery and actions to manage this • identify centrally funded education and training requirement; • demonstrate clearly how they will implement the requirements of the Nurse Staffing Levels (Wales) Act 2016, including the statutory guidance to calculate and maintain nurse staffing levels commencing on 6 April 2018 • reflect any programme of OD work required to deliver other elements of the IMTP • demonstrate how organisations will ensure increased staff engagement, reduced sickness absence and increased appraisal completion rates; and • provide assurance of quality and safety through accepted governance frameworks. 	
<p>What does good look like?</p> <p>An organisation that undertakes effective workforce planning and organisational development will:</p> <ul style="list-style-type: none"> • have a long term approach and be proactive in planning the development and educational requirements of the workforce • be responsive to national priorities; • be informed by an understanding of local population needs across the life-course • ground workforce planning in the organisation’s agreed service change priorities and emerging models of delivery • assess the impact that the service change will have on the current workforce • develop timely implementation plans to enable delivery • maintain robust data on workforce and use this information effectively to identify areas of challenge and plan for action • undertake planning for the supply of registered nurses, retention of registered nurses, commissions of student nurses, and the reduction in agency nurse usage • undertake nurse workforce planning including planning the recruitment, education and training of registered nurses and healthcare support workers, and incorporate this into budgets • monitor, review and learn from nurse staffing shifts of concern • reflect cross boundary and organisational workforce planning • enable the swift improvement and up-skilling of staff from Board • exploit opportunities to enable staff to work in partnership and across boundaries and develop new workforce models • recognise the totality of the workforce assets including directly employed staff, directly contracted staff and the voluntary sector; and • include workforce plans that deliver appropriate capacity and capability of multi-skilled primary care teams with the most appropriate professionals delivering care 	
<p>Relevant Strategies and Guidance</p> <ul style="list-style-type: none"> • Nurse Staffing Levels (Wales) Act 2016 <div style="text-align: right;">  <p>Final Workforce Planning Guidance an</p> </div> <ul style="list-style-type: none"> • Workforce Planning Guidance and Resource (WEDS) 	

Enabler	Research & Development
<p>What do we mean by research?</p> <ul style="list-style-type: none"> Research attempts to derive new knowledge to benefit the public, patients and service users by addressing clearly defined questions with systematic and rigorous methods. Research works alongside improvement and innovation to find new and better ways of delivering health and care outcomes. Working with others, particularly universities and industry must be a key part of our approach to research. It should be a distinguishing character of University Health Boards, and will be a key part of how the NHS in Wales will contribute to the wellbeing of future generations. 	
<p>IMTPs must:</p> <p><u>[Leadership]</u> Name the Executive level lead and the R&D Director responsible for research activity and engagement with Welsh Government.</p> <p><u>[Culture]</u> Describe specifically, how the organisation will actively promote the value of research, engage staff with the research strategy and build capability.</p> <p><u>[Strategy]</u> Attach a web-link to the R&D strategy to demonstrate equity of access for the population to participate in a range of research studies/activities.</p> <p><u>[Delivery]</u> Highlight key milestones from the annual R&D plan (which links to the Health and Care Research Wales R&D performance indicators).</p> <p><u>[Partners]</u> Describe how the organisation will engage with external partners, universities, industry partners, and with Health and Care Research Wales initiatives;</p> <p><u>[Sharing/Adopting good practice]</u> Describe arrangements that ensure research feeds into the mechanisms for uptake of best practice, innovation and service change, and that service changes are then evaluated.</p> <p>What does good look like?</p> <p>An organisation which purposefully supports research will:</p> <ul style="list-style-type: none"> provide visible research leadership, actively integrate R&D into local planning, financial and decision making as well as the innovation, knowledge mobilisation and quality improvement plans and activities have an up-to-date R&D strategy and an evidence-based practice culture value and promote research through leading and/or hosting studies, ensuring that all staff recognise and understand the role that research plays in increasing and delivering good quality care, embedding in staff recruitment, retention and development activities provide equity of access to opportunities that enable participation in research for patients and service users, especially in under-researched populations such as children and young people and have transparent and efficient mechanisms to allocate resources and recover costs from relevant sources (industry, research grants) 	
<p>Relevant Strategies and Guidance</p> <ul style="list-style-type: none"> Health and Care Research Wales Strategic Plan 2015-2020 Industry Engagement, Health and Care Research Wales Report on Knowledge Transfer, NISCHR AHSC Delivery Framework for the Performance Management of NHS R&D 2017/18 RCPCH Guidance on clinical research involving infants, children and young people 	

Enabler	Infrastructure & Investment
	<p>IMTPs must:</p> <ul style="list-style-type: none"> • ensure that Capital and Revenue infrastructure investment is clearly prioritised in line with Board and Ministerial priorities, defined and linked to the plan; • align infrastructure investment with the service and other elements of the IMTP; • provide infrastructure investment plans that are affordable and drive out maximum efficiencies; • demonstrate clear improvements in the patient quality and safety environment across the NHS in Wales; • articulate the impact on other planning areas including performance, quality, workforce as well as revenue affordability; • have clearly defined benefits and benefits realisation plans to demonstrate the impact of investment and service change, particularly regarding patient outcomes; • include the impact of monitored Estate Key Performance Indicators such as backlog maintenance, space utilisation and out of date equipment. • include primary and community care; and • demonstrate a year-on-year growth in investment in information technology and digitally-enabled service models in line with the principles and vision set out in the Digital Health and Care Strategy.
	<p>What does good look like?</p> <p>Organisations with a good approach to infrastructure investment will:</p> <ul style="list-style-type: none"> • have a prioritised strategy with clear links to clinical strategy and service planning, articulating the necessary asset base to meet current and future service needs; • promote schemes that support the delivery of sustainable and accessible services and facilitate high standards of patient care, demonstrating clear alignment with the principles of prudent health care; • support changes to streamlining and transforming healthcare provision and promote the use of information and innovation to improve the quality of care and to deliver service change; • support programmes and projects of strategic importance with clear links to investment criteria as set out by the Minister (and reinforced by the NHS Wales Infrastructure and Investment Guidance WHC (2015) 012: • have infrastructure investment plans that maximise health gain; • promote clinical and skills sustainability; • ensure affordability; • provide value for money; • promote equity; and • be supportive of investment that will assist the shift away from the acute sector towards primary and community care and care closer to home.
	<p>Relevant Strategies and Guidance</p> <ul style="list-style-type: none"> • Together for Health 2011 • Wales Infrastructure Investment Plan May 2012 • NHS Wales Infrastructure and Investment Guidance WHC (2015) 012 published on 30 March 2015.

Enabler	Innovation
<p>What do we mean by innovation?</p>	
<p>Innovation means a purposeful approach to finding and applying new and better ways of delivering health and care services. This follows research, translating new knowledge into better practice, and it works alongside improvement to fully exploit the potential value of new products, processes and technologies. Some innovation will come from our own invention and application, but more will come from identifying good practice from elsewhere, if adopted at pace and at scale.</p>	
<p>Working with others, particularly universities and industry must be a key part of our approach to innovation. It should be a distinguishing character of University Health Boards, and will be a key part of how the NHS in Wales will contribute to the wellbeing of future generations.</p>	
<p>IMTPs must:</p>	
<p>[Leadership] Name an Executive level innovation ‘champion’ for the organisation, to lead innovation activity & engagement with Welsh Government innovation leads</p>	
<p>[Culture] Detail specifically how the organisation will build an innovation culture, engage its staff to encourage innovation & build innovation skills and confidence.</p>	
<p>[Strategy] Set out a clear strategy or approach to innovation, a robust assessment of the organisations current position and detail appropriately ambitious objectives</p>	
<p>[Delivery] Describe how the strategy will be delivered, with credible milestones, resources and accountable leadership;</p>	
<p>[Partners] Detail how the organisation will engage with external partners; particularly universities, industry partners, and all-Wales innovation initiatives;</p>	
<p>[Sharing / Adopting good practice] Describe how the organisation will identify, adopt and share innovative practice with other NHS Wales organisations</p>	
<p>What does good look like?</p>	
<ul style="list-style-type: none"> • An organisation which purposefully supports innovation and persistently seeks better ways of delivering healthcare and improving services. Specifically: • visible leadership for innovation with named clinical & management ‘leads’ • supporting and driving a well defined organisational culture for innovation • clear metrics that demonstrate the impact of innovation projects and initiatives • a systematic approach to identifying, evaluating and adopting good practice (whilst discarding poor practice), including working with & learning from other NHS organisations • dedicated resources & clear processes to accelerate selected innovation projects including all Wales initiatives • a structured approach to developing and managing external partnerships, particularly with universities and industry, based on need • a data and evidence driven approach to address unwarranted variation, unmet needs, and practices and pathways that offer poor value 	
<p>Relevant Strategies and Guidance</p>	
<ul style="list-style-type: none"> • Innovation Wales Strategy, Welsh Government • Final Report and Recommendations on Health and Wealth; Health & Wellbeing Best Practice and Innovation Board. 	

Enabler	Digital Health & Care
IMTPs must:	<ul style="list-style-type: none"> • be clear on how clinical care, quality improvement and service plans will be increasingly data driven and how informatics will support this • detail digital health and care developments fully aligned and integrated with the service and workforce change priorities • show how the organisation is embracing the opportunities that digital technologies, including telehealth, can bring to transforming service models and supporting our ambitions • set out the highest priorities within the approved strategic outline programme (SOP) and how and when these will be implemented, along with the workforce, revenue and capital resource requirements • set out a clear resource plan for informatics to support service transformation • be clear what benefits informatics improvements will deliver and how they will enable • the delivery of the wider organisational objectives • detail how organisations are working collaboratively to deliver digital change
What does good look like?	Organisations with good digital health and care will:
	<ul style="list-style-type: none"> • have a focus on the importance of being data driven • have effective mechanisms to ensure that informatics projects are aligned to service change • have a Board-approved strategic outline programme (SOP) for informatics detailing priorities, resources, deliverables and actions • show clear leadership in implementing the Informed Health and Care strategy, and demonstrate how it is progressing against the priorities of each of the four strategy delivery programme work streams • have a named board-level executive and clinical lead(s) with accountability for the delivery of informatics developments and information governance • demonstrate how the organisation is engaging effectively with stakeholders both within and outside the organisation • have robust governance and assurance arrangements to manage the risks, benefits, interdependencies and prioritisation of local and national informatics plans • have effective processes for reviewing informatics projects and sharing the lessons from successes and failure • facilitate the appropriate sharing of information to improve patient care, operational management and service planning • implement agreed national standards and systems in a timely manner • support partnership working with innovators, entrepreneurs and suppliers to encourage innovation • demonstrate how it collaborates with other NHS organisations (including NWIS) and Welsh Government
Relevant Strategies and Guidance	<ul style="list-style-type: none"> • Informed Health and Care; a digital health and social care strategy for Wales • Digital Wales Strategy • Enabling the delivery of Prudent Healthcare through information technology <p>Enabling the delivery of prudent healthcare through information technology Making prudent healthcare happen</p>

Enabler	Welsh Language
<p>IMTPs must:</p> <ul style="list-style-type: none"> • demonstrate that the organisation meets the statutory requirements set out in the Welsh Language (Wales) Measure 2011 and the Welsh language standards • demonstrate that services are planned and delivered in line with the strategic framework for health and social care in Wales, “More than just words” and the Welsh Government’s response to the Welsh Language Commissioner’s Primary Care Inquiry Report • promote the use of Welsh language in the primary care sector • recognise that patients receiving care in their first language is a key patient experience and quality issue • demonstrate an increase in the completion rate of the Welsh language skills competency in ESR • demonstrate that the organisation has a Welsh Language Bilingual Skills Strategy in place which is monitored through local teams – this should include a measurable plan to develop the Welsh language skills of the workforce • show that in the development of service change and improvement plans there is due regard to the need to actively offer services through the medium of Welsh • show that health needs assessments identify issues of language and that the population assessment is undertaken in line with the Social Services and Well-being (Wales) Act 2014; and • demonstrate how assessing the needs of the population including developments in recording patient language preference is influencing and supporting future planning of services. 	
<p>What does good look like?</p> <p>Organisations that meet the statutory requirement to plan and deliver services bilingually will:</p> <ul style="list-style-type: none"> • ensure they collect and analyse information on the population needs and patient language preference to support future planning of services and the workforce • ensure that patients and service users are immediately aware that the service is centred on their communication needs rather than those of the provider • empower patients to express their needs and be able to fully participate in their care as equal partners • ensure that patients are able to see and hear the Welsh language, and feel comfortable with the environment and services they receive • make patients aware that the service has a supportive ethos, where Welsh is used as a natural means of expression • make patients aware that the service recognises that language is more than a means of communication and are able to express their ideas and emotions effectively • put the strategic framework for health and social care in Wales, “More than just words” into practice and make the “Active Offer” available; and • show respect for patients’ culture and identity, making sure that they can access Welsh language services without obstacles, whilst recognising this may be fulfilled through a multi-disciplinary workforce. 	
<p>Relevant Strategies and Guidance</p> <ul style="list-style-type: none"> • ‘More than just words’ – Strategic Framework for Welsh Language Services in Health, Social Services and Social Care 2016-2019 • Welsh Language Strategy – Cymraeg 2050 • ‘My Language, My Health’ - the Welsh Language Commissioner’s Inquiry into the Welsh Language in Primary Care. • Welsh Language (Wales) Measure 2011 • Social Services and Well-being (Wales) Act 2014 	

Service Specific	Primary & Community Care
<p>IMTPs must:</p> <ul style="list-style-type: none"> • reflect the priorities and timelines in any updated national primary care plan • set actions to develop and support cluster level planning and delivery that are inclusive of wider primary care professionals and other stakeholders • set actions to develop more preventative services, including access through social prescribing models to non-clinical care and support • identify baseline and planned performance improvement against national primary care measures • evidence how they are directly informed by cluster-level needs assessments and 3 year plans • evidence testing, adoption and roll out of new models of care, including the model of primary care emerging from the National Pacesetter Programme • be clear about results expected from investment, including resource shift from secondary care • identify how modern technology will be used effectively, and • show outcomes from actions commissioned collectively with other organisations . 	
<p>What does good look like?</p> <p>Organisations that are committed to strengthening primary and community care will:</p> <ul style="list-style-type: none"> • use the broad definition of primary care set out in the national primary care plan as a basis for planning • collaborate, on a once for Wales basis and through the primary care clusters, with the full range of stakeholders to assess local population needs, demonstrating prudent and integrated use of resources to meet those needs • set out how sustainable and integrated health and wellbeing services will be built on primary care, showing innovative models of multidisciplinary care to increase capacity and capability • use cluster level needs assessments to inform the work of regional partnership and public services boards • increase the volume and intensity of primary care to reduce inequalities in health outcomes • make effective use of modern technology to support change • make effective use of the reformed national primary care contracts • shift resources out of hospital settings to deliver more care in the community • identify, monitor and report on improvement against the national primary care quality and delivery measures and quality and performance of primary care and population health outcomes • ensure integrated information is available to appropriate professional staff to enable informed and timely decision making and reduce duplication and error • and have: • systems in place to identify and harness the capacity and skills of their workforce at cluster level • arrangements to develop and support capacity and capability of clusters • systems in place to adopt and adapt learning and good practice • systems to identify, report and learn from serious incidents and near misses • methods which evaluate the outcome of change and improvement (and progress/development of clusters) • robust systems to ensure continuity of care between in and out of hours services; 	
<p>Relevant Strategies and Guidance</p> <ul style="list-style-type: none"> • A Plan for a Primary Care Services for Wales, 2014 • National Delivery Plans for Oral Health, Eye Health, End of Life Care and major conditions 	

Service Specific	Urgent and Emergency Care
<p>IMTPs must:</p> <ul style="list-style-type: none"> • align to the priorities of National Programme for Unscheduled Care (NPUC): • describe and further develop pathways that provide urgent access to care closer to home for patients in the 'top 5' areas of unscheduled care demand (Chest Pain, Breathlessness, Falling, mental illness and urgent referrals from Health Care Professionals). • describe how organisations will improve the transfer of care of people from secondary care to their home / community by creating a social movement around the SAFER patient flow bundle, and placing the individual at the centre of a truly integrated discharge planning process • Understand demand and capacity: describe how a rigorous understanding of data across the organization, active challenge and use of this information to align the right capacity with the right demand will be nurtured and implemented • Describe how the principles and good practice described in the NPUC '<i>Focus on Improving Patient Flow</i>' guidance will be implemented • Provide clarity on how the organisation will improve understanding of the social care market • develop joint commissioning arrangements; and improve complex care processes and pathways. <p>IMTPs must also describe:</p> <ul style="list-style-type: none"> • how a whole system approach will be delivered seamlessly, safely and reliably • clear trajectories and measures for improvement – both from a Delivery Framework (target) perspective, and from a patient quality and safety perspective • how daily risk is managed particularly at times of escalation • how the interface between primary community secondary care and the interface with social services is managed; • how role redesign and resource shift from secondary care to the community will be achieved to support care closer to home without unintended consequences; and • the impact of actions/programmes in terms of outcomes for patients, with milestones for delivery. 	
<p>What does good look like?</p> <p>A patient receiving quality driven, evidence based and patient focused urgent and emergency care will:</p> <ul style="list-style-type: none"> • know what is expected of them to take responsibility for their own health and well being • be navigated to the most appropriate service as quickly as possible, as close to home as possible • receive a response based on their clinical need and always in a timely and efficient manner regardless of the time of day, week, month or year • be placed at the centre of decisions made by all involved with planning and delivering their care • be sent home to recover, if admitted to hospital, as early as clinically appropriate without unnecessary waiting; and • have an opportunity to feedback on their experience to help improve services to others. 	
<p>Relevant strategies and guidance</p> <ul style="list-style-type: none"> • NHS Wales Unscheduled Care Programme Delivery Plan 2017-18 • NPUC '<i>Focus on Improving Patient Flow</i>' guidance • Passing the Baton - A Practical Guide to Effective Discharge Planning • SAFER patient flow bundle • Interim guiding principles for district nurse staffing 	

Service Specific	Planned Care
	<p>IMTPs must:</p> <ul style="list-style-type: none"> • provide trajectories to outline quantifiable annual improvements; this must be supported by the identified investment committed in the organisation’s financial forecasted outturn • evidence how the published implementation plans of the Planned Care Programme Board are being progressed and used to address service delivery challenges • demonstrate how priority performance indicators (RTT, follow ups, diagnostic waits and cancer standards) will be achieved • demonstrate how demand and capacity will be brought into balance within the organisation; as well as addressing backlog reduction • outline how planned care fits into the overall capacity plan of the organisation • reflect how core stages of service delivery will be managed, maximising any opportunities through the implementation of agreed pathways for – outpatients (new and follow-up), diagnostics, theatres, beds (including critical care) • identify and plan for more services to be delivered out of hospital and ensure integration of services with primary care, and • recognise seasonal challenges, in particular winter plans and bed management.
	<p>What does good look like?</p> <p>Organisations providing effective, high quality planned care will:</p> <ul style="list-style-type: none"> • base their service provision on effective needs assessment and robust demand and capacity modelling • meet clinical outcomes and national delivery requirements • encourage patients to participate as active partners in their care and be involved in decisions about their care and future service redesign • demonstrate an approach to rebalancing planned care pathways with appropriate components provided in primary and community care • have sufficient capacity for the assessed need maximising efficiency and productivity through the stages of patient pathways • ensure that cluster plans with an agreed referral criteria for planned care programme pathways are signed off and implemented within the localities • develop efficient and effective hospital systems around maximising and sustaining the achievement of patient outcomes and the delivery of a clinically safe service • identify how new and follow up outpatients will be cared for • use patient experience and outcome measurement as part of their assessment of delivery; and • make integrated information available to all professional staff to enable informed decision making and reduce duplication and error.
	<p>Relevant Strategies and Guidance</p> <ul style="list-style-type: none"> • RTT Guidance (Unified Rules) 2017 • National Delivery Plans- and the service specific planned care Programme plans and supported guidance • Guide to Good Practice 2005 and outpatient guidance 2017 • NICE guidance • PHW, Interventions Not Normally Undertaken • Interim guiding principles for district nurse staffing

Condition Specific	Delivery Plans: Major Health Conditions
9 Major Health Conditions (End of Life, Stroke, Liver, Heart Disease, Cancer, Diabetes, Neurological Conditions, Critically Ill and Respiratory)	
<p>IMTPs must:</p> <ul style="list-style-type: none"> • establish a vision for local services and clearly articulate how local priorities link to national priorities and actions within the national delivery plan • be based on robust local needs assessment and audits • link local and national priorities and actions within the delivery plan • set out links to the strategic context • show how local actions are improving patient outcomes, reducing inequalities and driving service change • include timescales, milestones and outcomes; and • set out how progress will be sustained across the three years of the IMTP 	
<p>What does good look like?</p> <p>Organisations with strong delivery plans will:</p> <ul style="list-style-type: none"> • use robust needs assessment to allow them to understand and address the well being of the whole population • align and reference links to other sections within the IMTP including primary care, planned and unscheduled care as well as finance, workforce, performance and capital and estates • have timely access to services • evidence how resources will be managed to deliver on both national and local priorities • show partnership working with other statutory agencies and the third sector • cross condition boundaries to provide holistic care • demonstrate systems to ensure continuity of care • identify how pathways can be rebalanced, with appropriate components provided in primary and community care, reducing reliance on secondary care. 	
<p>Relevant Strategies and Guidance</p> <ul style="list-style-type: none"> • End of Life Care Delivery Plan –http://gov.wales/docs/dhss/publications/170327end-of-lifeen.pdf • Stroke Delivery Plan -http://gov.wales/docs/dhss/publications/170209stroke-dplan1720en.pdf • Liver Delivery Plan - http://gov.wales/docs/dhss/publications/150505liveren.pdf • Cancer Delivery Plan - http://gov.wales/docs/dhss/publications/150427planen.pdf • Neurological Conditions Delivery Plan - http://gov.wales/docs/dhss/publications/140508neurologicalen.pdf • Diabetes Delivery Plan - http://gov.wales/docs/dhss/publications/161212diabetes-delivery-planen.pdf • Heart Disease Delivery Plan – http://gov.wales/docs/dhss/publications/130503hearten.pdf • Critically Ill Delivery Plan – http://gov.wales/docs/dhss/publications/130611deliveryen.pdf • Respiratory Delivery Plan - http://gov.wales/docs/dhss/publications/140429respiratoryen.pdf • Interim guiding principles for district nurse staffing 	

Condition Specific	Maternal & Child Health
<p>IMTPs must:</p> <ul style="list-style-type: none"> • demonstrate how improved outcomes for health improvement strategies targeted at maternal health, children and young people will be achieved, including maternal and childhood immunisation • demonstrate how health care will be delivered to all children, including a support for children with SEN/additional learning needs • plan to deliver substantial improvement in maternal smoking rates • demonstrate an implementation schedule for increasing breast feeding rates, reducing caesarian section rates and improving data capture • demonstrate how the Healthy Child Wales Programme will be implemented by October 2019; • demonstrate how the organisation will integrate with the national CAMHS service change programme 'Together for Children and Young People'(T4CYP) • demonstrate how the organisation will evidence and monitor compliance with statutory safeguarding requirements for staff recruitment and conduct • demonstrate how the organisation will support the workforce to ensure staff understand their role and responsibilities in supporting safeguarding to ensure safe practice demonstrate compliance to neonatal standards, including demonstrating how full neonatal workforce compliance will be achieved by 2021; and • evidence the steps taken to overcome any identified barriers to effective joint working, including transition services. 	
<p>What does good look like?</p> <p>Organisations with good maternal and child health plans will:</p> <ul style="list-style-type: none"> • ensure services for children are integrated through the whole IMTP, including the conditions specific sections • have methods to promote early access to maternity services to promote and maintain maternal mental and physical well-being in pregnancy and infancy • ensure domestic abuse is identified and addressed via a coordinated programme • have sufficient provision for all healthy women with straightforward pregnancies to give birth in Midwife Led Units • adopt the UN convention on rights of the child (UNCRC) as a guiding principle • have strong links with local partners, including education and social services, with joint plans and appropriate exchange of information in place to deliver against shared outcomes • have programmes in place to reduce caesarian section rates and increase breastfeeding • have programmes to deliver antenatal and postnatal mental health services, and ensure delivery of mental health requirements as well as adequate availability of all tiers of CAMHS support • assess staff and skill requirements as a children's workforce, including safeguarding; and • have effective IT systems, offering integration with maternity services, neonatal services, education and safeguarding. 	
<p>Relevant Strategies and Guidance</p> <ul style="list-style-type: none"> • Strategic Vision for Maternity Services in Wales Strategy • CYP specific sections of Welsh Government Delivery Plans including T4CYP • WG Screening and Immunisation Policy • Immunisation policy as disseminated by Welsh Health Circulars • Healthy Child Wales Programme • Special Educational Needs guidance 	

Condition Specific	Mental Health
	<p>IMTPs must:</p> <ul style="list-style-type: none"> • demonstrate an understanding of the mental health and mental well-being needs of the population across the life-course • include a capacity and demand analysis which also demonstrates how the HB is actioning the areas for improvement • define service models to meet population needs supported by workforce plans • show progress against the actions in the 3 year delivery plan that underpins T4MH • set out clear actions, measureable milestones for implementation, analysis of risks to delivery, and measures of success • evidence the quality of service provision and the involvement of service users and families at all levels of care • clearly articulate the priorities for improvements in mental health provision covering CAMHS, and • show expenditure over the previous year against the mental health ring-fenced allocation and the future spending plans against that budget.
	<p>What does good look like?</p> <p>Organisations delivering the best mental health will:</p> <ul style="list-style-type: none"> • use robust needs assessment to allow them to understand and address the mental health and well-being of the whole population • demonstrate how preventative measures and early intervention treatment plans take into account an individual’s language and cultural needs • demonstrate how they contribute to reducing the impact of mental health problems and/or mental illness on individuals, their families and carers and the wider community • give individuals increased control over related decisions • offer timely access to mental health services • demonstrate an understanding of how the values, attitudes and skills of those treating or supporting individuals of all ages with mental health problems or mental illness will be improved • demonstrate partnership working with other statutory agencies and with the third sector.
	<p>Relevant Strategies and Guidance</p> <ul style="list-style-type: none"> • Mental Health Measure (Wales) 2010 and Duty To Review Report 2015 • Together for Mental Health and new supporting delivery plan: 2016-2019 • Annual Reports on the Strategy Implementation • Together for Children and Young People Service Improvement Plans and its supporting Framework for Improvement • Policy Implementation Guidance on Mental Health Services for Prisoners in Wales • Policy Implementation Guidance on Healthcare for Gypsy Travelers • Talk to Me 2 • Policy implementation guidance for the admission of children to adult mental health wards • The Crisis Care Mental Health Concordat

Condition Specific	Care for People with Learning Disability
<p>IMTPs must:</p>	<ul style="list-style-type: none"> • demonstrate how organisations will assess and meet the needs of people with learning disabilities within their population, including how they will avoid unnecessary hospital admissions; • demonstrate evidence that population health assessments have been undertaken; • set out plans for the development of integrated children’s services across health, social care and education clearly demonstrating partnership working with local authorities; • demonstrate how they will reconfigure NHS residential services for people with learning disabilities to achieve the best outcome; • have clear plans to implement the refreshed autism strategy; • describe plans for patients to be repatriated; and • clearly demonstrate how people accessing acute services will be identified and supported through their care journey, including discharge.
<p>What does good look like?</p>	<p>Organisations which effectively meet the needs of people with learning disabilities will:</p> <ul style="list-style-type: none"> • demonstrate full compliance with the learning disability care bundle for people accessing acute services, including an effective hospital liaison service; • review activities in terms of funding, and explore opportunities for jointly funded packages of care; • develop acute and primary care liaison; • develop advance practice and nurse consultant roles; • ensure people with learning disabilities are cared for in appropriate settings and repatriated to Wales wherever possible.; and • ensure that all people with a learning disability have their annual health check.
<p>Relevant Strategies and Guidance</p>	<ul style="list-style-type: none"> • Learning Disability Strategy: Section 7 guidance on service principles and service responses. • Welsh Government, 2004 (updated January 2011) • Autism Strategy?

Condition Specific	Health and Social Care of Older People
<p>IMTPs must:</p> <ul style="list-style-type: none"> • a person and community-centred approach to assess and meet the population needs with a view to supporting independence within the home environment • evidence a whole systems approach to integrated care, led by primary and community care • show efficient and effective discharge processes • use anticipatory care planning to support those living with long term or palliative care needs • clearly demonstrate integration and partnership working via the Regional Partnership Board • demonstrate how the IMTP has both informed, and been informed by population assessment, and demonstrate clear links to delivery plans and dementia care • provide evidence of how strategies and services to prevent or delay the escalation of care and support needs help people to improve their wellbeing and personal outcomes • demonstrate how assistive technologies are being used to support care of and maintain independent living • demonstrate workforce skills in adult safeguarding to meet legislative requirements • provide evidence of the actions taken/planned to respond to the Fall and Fragility Fracture Audit Programme, Dementia and Breast Cancer in Older Patients audits, and • demonstrate a comprehensive approach to falls prevention in the community (including care homes) and inpatient settings. 	
<p>What does good look like?</p> <p>Organisations which effectively meet the needs of older people will:</p> <ul style="list-style-type: none"> • demonstrate collaboration, integration and shared decision making between all providers • ensure provision of health and care services within compassionate, age friendly environments • have personalised outcomes focused care plans in place, ensuring that older people and their representatives, carers and families are involved in service planning, delivery and evaluation • show a full understanding of the needs of all older people and how these needs will be met • provide holistic, coordinated care and prudent care • focus timely end of life conversations and make these discussions routine practice • identify those who are frail and elderly and ensure that they have pro-active community-based assessments and interventions that help reduce hospital admissions • ensure their staff are skilled and equipped to deal with the new adult safeguarding, and • demonstrate how people’s outcomes will be met via co-productive approaches. 	
<p>Relevant Strategies and Guidance</p> <ul style="list-style-type: none"> • The Social Services and Well-being (Wales) Act 2016 • The Strategy for Older People in Wales 2013-2023 • Integrated Care Fund Guidance • Best Practice Guidance for Engagement and Consultation with Older People on Changes to Community Services in Wales – Older People’s Commissioner for Wales, July 2014 • National Hip Fracture Database Annual Report 2017, Dementia Audit 2017 & Breast Cancer in Older People 2017 • Older People’s Commissioner for Wales: A Place to Call Home • Carers Strategy for Wales • Delivering Safe and Compassionate Care • <i>Together for a Dementia Friendly Wales 2017 – 22</i> (final document due for publication in the autumn) • Ageing Well in Wales programme • Framework for delivering integrated health and social care for older people with complex needs • Dignified Care, Two Years On 	

Carers

IMTPs must:

- demonstrate how the needs of carers will be assessed and met, in line with the Population Assessment;
- clearly demonstrate integration and partnership working in relation to carers via the Regional Partnership Board;
- highlight how the Integrated Care Fund will be used to support carers and deliver against the priority areas for action set out in the Strategic Plan for Carers in Wales;
- provide clear plans to deliver the 3 priority areas for action identified in the Strategic Plan for Carers in Wales;
- clearly demonstrate how carers will be identified and recognised as partners in the delivery of care for the person they care for;
- demonstrate an integrated approach to deliver flexible respite care which puts the individual and their needs at the centre of the provision and is responsive to individual outcomes.

What does good look like?

Organisations which effectively meet the needs of carers will:

- demonstrate collaboration, integration and shared decision making between all providers via the Regional Partnership Board;
- have personalised outcomes focused care plans in place that involve carers in service planning, delivery and evaluation;
- promote the use of carers champions to work with relevant staff to share good practice;
- inform carers of their rights under the Social Services and Well-being (Wales) Act to raise awareness of the carers assessment and benefits of these assessments;
- demonstrate commitments to carers by ensuring employment policies demonstrate a commitment to maintaining the well-being of carers working in Wales.

Relevant Strategies and Guidance

- The Social Services and Well-being (Wales) Act 2016
- The Strategic Plan for Carers in Wales 2017-2021
<http://gov.wales/topics/health/publications/socialcare/strategies/carers-strategy/?lang=en>
[Integrated Care Fund Guidance](#)

GOOD GOVERNANCE INSTITUTE: MATURITY MATRIX

Progress levels	0 Not achieved	1 Basic Level	2 Early progress	3 Results	4 Maturity	5 Exemplar
Key Elements	<i>No evidence</i>	<i>Principle accepted. Commitment to delivery</i>	<i>Early progress in development</i>	<i>Initial achievements evident</i>	<i>Comprehensive assurance in place</i>	<i>Others learning from our consistent achievements</i>
RISK	HIGH	HIGH	HIGH / MEDIUM	MEDIUM	MEDIUM / LOW	LOW
1. Plan Alignment: Evidence of alignment between strategy and components of the plan.	No alignment is visible in plans.	Alignment is visible in plans.	Evidence of quality, service and/or workforce changes. Tested for cost impact. Robust and profiled projections.	Plan components tailored to a clear service transformation. Impact of commissioned or supporting organisations taken into consideration.	Coherent aligned plans, including commissioning plan, are performance managed, with staff owning, recording and acting on variance.	Plan is achieving triple aim success (cost, outcomes, experience); elements of plan are shared and adopted elsewhere.
2. National/Local Strategy: Responds to national and local priority drivers (beyond just health) – translation of national policies in local clinical strategy and organisational vision.	No evidence of a clear understanding of priorities on all Wales and local basis.	Clear understanding of priorities on all Wales and local basis but sometimes seen as central dictates and not evidenced into organisational responses. May not have board approved clinical strategy.	Health strategies embedded into organisational plans. Some recognition of partnership planning. Board approved clinical strategy is in place.	Plan reflects national health and partnership priorities, long term strategy and is broader than health and social care with evidence of priorities such as transport, housing etc.	Local plans and national policy are aligned, showing contribution to wider economy and impact on health and wellbeing and Prosperity for All . WbFG's 5 ways of working are apparent and embedded.	Board contributes to national policies, strategies and innovation efforts. Active exporter of skills and techniques. Working across public and third sector. Has demonstrable benefits to populations.
3. Best Practice: Ambition to deliver best practice levels of efficiency, effectiveness and safety.	No evidence of ambition to achieve best practice. No evidence of Benchmarking	Published commitment to best practice with training and improvement /innovation strategy in place.	Benchmarking within NHS with international comparators delivers Improvements.	Benchmarking beyond NHS with UK & international comparators delivers improvements.	Plans are future proofed and impacts of changes in technology, healthcare innovation reflecting clinical excellence.	Centres of excellence for clinical and/or teaching services. High performing across non clinical measures (eg staff survey, corporate standards).
4. Dynamic and Engaged Planning: Reflecting a dynamic, engaged and ongoing approach to planning . Process is impacting on outcomes.	No evidence that plan is owned across the organisation and within the community.	All staff and partners are aware and engaged in plan development. Organisational staff respond to corporate requirements but may not buy into the process.	Stakeholders engaged in priority setting. Plan B in place for delays. Organisational engagement is improving.	Joint development and communication of plan with key partners including health, boards, trusts, LA's and third sector. Organisation engagement is evident in practice and reflected in plan.	Plan benefits partners, neighbours and local health economy. Planning is co-ordinated across and up the organisation. Feedback from engagement influences and challenges the plan.	Engagement activities inform plans and influence change. Feedback loop in place. Track record of high performance and engagement with stakeholders
5. Realistic and Deliverable: Sensitivity analysis, risk assessment of deliverability, reference to track record of delivery. Sustainable and affordable.	No evidence that plan is credible and deliverable.	IMTP articulates how the vision will be achieved over a three year period, with reference to what outcomes will be delivered by when.	Key risks (quality, service, access, workforce, finance) identified in plan with evidence of controls and evidence of controls and assurance.	Track record and current performance illustrates achievement on a wide range of issues and themes. Evidence of plans for delivery and Implementation.	Forward look risk assessments anticipates problems to assure resilience.	Ability to modify plans and actions to keep on track is recognised by others.
6. Assurance: Clarity on monitoring/assurance and delivery mechanism.	Insufficient assurance on the local monitoring/assurance and delivery mechanism.	Board clear on roles and accountabilities.	Board demonstrates how it will ensure effective leadership, governance with adequate capacity and process in place to deliver goals.	Board has track record of dealing successfully with difficult issues. Delivery, monitoring and evaluation mechanisms in place.	Resilience assured through Succession planning and external independent assurance. Core processes manage plan objectives.	Board members are recognised advocates of good governance. Clear and robust arrangements for tracking delivery.

Appendix B

NHS FINANCE (WALES) ACT 2014

Key criteria for approval:

The NHS Finance (Wales) Act 2014:

- Places a duty on each local health board in Wales to ensure that its expenditure does not exceed its funding over a period of three financial years;
- Provides the Welsh Ministers with a power to require local health boards in Wales to prepare a plan setting out its strategy to ensure that expenditure does not exceed its funding, while improving:
 - o the health of the people for whom it is responsible, and
 - o the provision of health care to such people;
- Places a duty on each local health board in Wales to submit such plans for approval by Welsh Ministers.

IMTP Mandatory & Discretionary Templates 2018/19 to 2020/21

The information requested in these spreadsheets represents the minimum data-set required.

The majority of these annexes are critical to the assurance of plans.

However, some are essential to inform some other key national planning processes, notably the commissioning of educational workforce numbers. This information may be supplemented by any other detailed schedule the organisation may wish to include.

Mandatory Templates - Sheets

- C1 Outcomes Framework - Delivery of Measures
- C2 Service Shift from Secondary to Primary and Community Care
- C3 Finance – Annual Statement of Comprehensive Net Income/Expenditure – 3 yrs
- C4 Finance – Statement of Comprehensive Net Income/Expenditure – Net Profiles 3 years
- C5 Finance – Plan Summary
- C6 Finance – Resource Planning Assumptions
- C7 Finance – Revenue Resource Limit Assumptions
- C8 Finance – Income and Expenditure Assumptions (Wales NHS)
- C9 Finance – Year 1 Savings Plan
- C10 Finance – Years 2 & 3 Savings Plan
- C11 Finance – Risks and Mitigating actions
- C12 Asset Investment Summary
- C13 Asset Investment Detail
- C14 Revenue Funded Infrastructure
- C15 Workforce - WTE
- C16 Workforce - £'000
- C17 Workforce - Recruitment Difficulties
- C18 Educational Commissioning information
 - C18.1 Undergraduate Education
 - C18.2 Post Graduate Education
 - C18.3 Assistant Practitioners & HCSW
 - C18.4 Medical & Dental

Discretionary Templates - Sheet

- C19 Delivery - LHB & Trust Specific Internal Service Delivery Plans & Measures
- C20 Hyperlinks

WORKFORCE PLANNING GUIDANCE



Final Workforce
Planning Guidance an

Planning Framework Guidance 2017/21

Published:

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This document is available in Welsh. If you would like a Welsh version, please contact HSS-PlanningTeam@gov.wales).