Agenda – Health and Social Care Committee

Meeting Venue:	For further information contact:
Hybrid – Committee Room 5, Ty Hywel and video conference via Zoom	**Sarah Beasley**
	Committee Clerk
Meeting date: 4 February 2026	0300 200 6565
Meeting time: 09.30	SeneddHealth@senedd.wales

Private pre-meeting

(9.00–9.30)

Public meeting

(9.30–11.30)

1 Introductions, apologies, substitutions, and declarations of interest

(9.30)

2 General scrutiny session with the Cabinet Secretary for Health and Social Care, Minister for Children and Social Care and Minister for Mental Health and Wellbeing.

(9.30–11.30) (Pages 1 – 47)

Jeremy Miles MS, Cabinet Secretary for Health and Social Care

Dawn Bowden MS, Minister for Children and Social Care

Sarah Murphy MS, Minister for Mental Health and Wellbeing

Jacqueline Totterdell – Director General, Health/ NHS Chief Executive

Nick Wood – Deputy Chief Executive NHS Wales

Isobel Oliver – Chief Medical Officer

Albert Heaney – Chief Social Care Officer for Wales

Research brief

Paper 1: Welsh Government briefing

3 Papers to note

(11.30)

3.1 Welsh Government interim update on the work of the NHS Value and Sustainability Board

(Pages 48 – 55)

3.2 Letter from the Petitions Committee to the Cabinet Secretary for Health and Social Care re Petition P-06-1562 Improve breast screening uptake for women in Wales

(Pages 56 – 57)

3.3 Welsh Government's response to the Committee's report on the 2026-27 Welsh Government draft budget

(Pages 58 – 87)

3.4 Letter from the Petitions Committee re Petition P-06-1456 I demand a full public enquiry into the closure of Welsh Air Ambulance bases in mid and North Wales

(Pages 88 – 89)

3.5 Letter from the Legislation, Justice and Constitution Committee to the Cabinet Secretary for Social Justice, Trefnydd and Chief Whip, in relation to the Legislative Consent Motion Debate on the Terminally Ill Adults (End of Life) Bill

(Page 90)

4 Motion under Standing Order 17.42 (vi) and (ix) to resolve to exclude the public from the remainder of the meeting

(11.30)

Private Meeting

(11:30-12:30)

5 Legislative Consent: Terminally Ill Adults (End of Life) Bill: Supplementary Legislative Consent Memorandum (Memorandum No.3): consideration of draft report

(11.30-12.00) (Pages 91 – 100)

Paper 2 - Legislative Consent: Terminally Ill Adults (End of Life) Bill: Supplementary Legislative Consent Memorandum (Memorandum No.3): draft report

6 Ophthalmology Services in Wales: Welsh Government response to the Committee's report

(12.00–12.20) (Pages 101 - 123)

Paper 3 – Welsh Government response to report on Ophthalmology Services in Wales

Paper 4 - Ophthalmology Services in Wales - analysis of Welsh Government's response to report

7 Legislative Consent: Medical Training (Prioritisation) Bill: Oral briefing

(12.20–12.30)

Document is Restricted

Health and Social Care Committee's request for evidence

NHS Waiting Times

February 2026

The following evidence paper provides the committee with evidence of what has been achieved against the government's commitments made in the planned care recovery plan issued April 2022 Our programme for transforming and modernising planned care in Wales and reducing the waiting lists.

The plan made four clear commitments to the people of Wales.

- We will increase health service capacity
- We will prioritise your diagnosis and treatment
- We will transform the way we provide planned care
- We will provide better information and support to patients

Contents

1. Introduction

In April 2022, the Welsh Government launched the Programme for Transforming and Modernising Planned Care, supported by £170 million in additional funding every year. The programme was established in response to the significant planned care backlog caused by the Covid-19 pandemic, during which routine services were paused. As a result of this disruption, more than 68,000 patient pathways were waiting more than two years by April 2022. The programme's priorities focused on reducing these waits, restoring core planned care activity, and creating a more stable and sustainable planned care system for the future.

Considerable progress has been achieved – by November 2025, there has been a 90% reduction in pathways waiting more than 104-weeks compared to April 2022, at a time of rising referrals for secondary care. However, the pace of improvement has not consistently aligned with the original ambitions set out in the plan.

A central challenge has been the significant variation within and between health boards in both performance against targets and the capacity to deliver transformational change at pace. These disparities have highlighted the need to refocus and adopt a more consistent and co-ordinated national approach to delivery in 2024-25 and 2025-26.

The Welsh Government commissioned the Ministerial Advisory Group on NHS Performance and Productivity (MAG) in 2024 to undertake an external review of system performance, productivity, and delivery capability. Published in April 2025, its report concluded further progress did not require a revised strategy but a renewed focus on operational delivery and productivity, underpinned by reduced variation across health boards.

Responding to the MAG's recommendations, the Welsh Government developed a refreshed Planned Care Recovery Plan, placing stronger emphasis on national oversight, NHS delivery expectations, and productivity gains.

From April 2025, an additional £120m has been allocated, on top of the annual £170m investment in planned care, to support this more focused approach. This year's approach to planned care is more centrally designed with stronger performance management, with focus on innovation and maximising productivity. This approach was clearly highlighted in the 2025-28 planning

framework and reinforced by the need to implement the planned care enablers to drive pathway redesign and productivity.

This paper provides an overview of the Welsh Government's work with the NHS to recover planned care and reduce long waiting times. It will set out what has been achieved against the four key commitments set out in April 2022 Our programme for transforming and modernising planned care in Wales and reducing the waiting lists.

While achievement of targets is important, this must be set within the foundation of ensuring quality, clinical urgency and productivity are prioritised. There is a recognised need to ensure that while we address and remove the backlog, the system needs to be reset to build a stronger foundation for future sustainability.

The refreshed recovery plan 2025-26 and additional £120m investment in 2025-26 provides a clearer framework for accelerated progress, while reinforcing the original ambitions of the April 2022 recovery plan to build a planned care model fit for the future.

2. We will increase health service capacity

The Welsh Government identifies maximising capacity as critical to cutting long waits. This means not only implementing short-term measures to clear the backlog but also long-term system redesign to ensure future capacity sustainability.

Specific additional capacity to clear backlog

In the 2025-26 recovery plan, and supported by the £120m additional investment, there are clear additional activity targets to increase capacity in year to target backlog. The plan for 2025-26 sets out ambitious additional activity plans across all stages of the pathway.

We have plans to deliver an additional 200,000 new outpatient appointments in addition to the 1.4m appointments delivered in 2024-25; we plan to deliver 20,000 additional cataract procedures, which more than doubles activity in 2023-24.

In 2024-25, the NHS provided more than 343,000 inpatient and day case treatments; the plan for 2025-26 will increase this by 5% through improved productivity and efficiency.

We have already seen the impact of this as outpatient waits over 52 weeks have significantly reduced – there has been a 48% improvement in the first eight months of 2025-26 with all health boards showing an improvement.

The 2025-26 outpatient part of the plan was deployed from the summer 2025. The November 2025 referral to treatment (RTT) data shows a reduction of 34,000 pathways since April 2025. Further reductions are expected as activity levels have increased in the second and third quarters of this year.

The total waiting list is also falling, despite an annual increase in demand of around of 7 % over the last 12 months.

Clinical pathway redesign

While bed and staff numbers are important markers of capacity, the real gains come from clinically redesigned and optimised pathways; the smarter use of resources and targeting capacity to deliver the greatest impact. Increasing capacity focuses on productivity, efficiency, and modern ways of working. Clinical leadership is central to driving recovery: ensuring changes are clinically safe, credible, deliverable, and focused on improving productivity.

Significant progress includes:

System-wide community pathways ensuring people are directed to the right service at the right time, the first time. Wales is the only part of the UK with a fully coordinated national approach. Cardiff and Vale University Health Board was the first to adopt this approach and has the lowest planned care referral rate of around 1%, compared to the other health boards in Wales.

Specialist advice and guidance enable clinicians across primary, community and secondary care to work together more effectively, providing a better patient experience through improved decision-making and reducing avoidable waits when not clinically required.

Enhanced community services with specially trained community optometrists delivering care closer to home, freeing up secondary capacity and specialist skills for more complex needs. In 2024-25 this delivered 90,000 additional community appointments, with further growth expected as pathways expand.

Dedicated elective sites and regional delivery models designed to protect planned care capacity and optimise resources. Examples include:

- Neath Port Talbot Hospital as a regional orthopaedic centre for South West Wales.
- Royal Gwent Hospital and Nevill Hall Hospital supporting a regional cataract model for South East Wales.
- The development of Llandudno Hospital as a regional orthopaedic centre for North Wales.

System changes to maximise current capacity

Digital Solutions

- The NHS Wales App allows people to view and manage appointments throughout their treatment pathway, improving communication and reducing administrative waste.
- The OpenEyes digital system and electronic referral for ophthalmology is being rolled out to support whole pathway management for eye care.

Empowering Patients through coproduction and shared decision making

- Patient-Initiated Follow-Up (PIFU) and See on Symptom (SOS) models move control to individuals, reducing automatic and routine outpatient follow-up appointments, which are not clinically needed, thereby releasing outpatient capacity for new patients, helping to reduce waiting times.

- Single Points of Contact in each health board—part of the 3Ps policy—to provide proactive support to help patients *Promote* healthy behaviours, *Prevent* deterioration, and *Prepare* for treatment while waiting. More than 60,000 patient contacts have been made between September 2024 and October 2025.

System Improvements

- Straight-to-test and straight-to-list pathways enabled by the modernised electronic referral system, reduce duplication and unnecessary appointments, shortening pathways and increasing clinical capacity.

3. We will prioritise your diagnostics and treatment

Early diagnosis is critical to effective and timely treatment. Redesign of the diagnostic and treatment pathway is critical to maximising recovery and providing an effective pathway based on clinical and holistic need. While there are generic waiting time targets for all, it is recognised this needs to be balanced with individual, holistic and clinical needs.

Cancer services

We have maintained the improvement focus on cancer and referral to treatment (RTT) delivery, prioritising safety and clinical urgency.

During 2025-26, cancer performance has averaged 60% at an all-Wales level against the 62-day target. This is below the 75% target but is an improvement on the 2024 average and has been delivered against an increase in referrals.

This has been possible because of service redesign through optimised, clinically agreed pathways and improving turnaround rates for diagnostics to ensure timely diagnosis for early treatment.

Diagnostic pathways

Increased demand and prioritisation for both urgent care and cancer care have resulted in significant increases in the number of people who are waiting for a diagnostic test. This has significantly impacted on the available capacity for RTT pathways and the eight-week diagnostic target, which has slowed the progress of patients through the pathway stages.

This backlog varies by modality (different tests) and across health boards.

The latest reported position (November 2025) is **42,656** over eight-week waits for diagnostic tests. The main areas of challenge are non-obstetric ultrasound (15,467), non-cardiac MRI and CT (11,817), endoscopy (10,820) and cardiology (2,673).

While the November 2025 eight-week position is only 5% better than the April 2022 position, the total waiting list is 24% larger and the long waits of more than 24 weeks are 38% lower in 2025, compared to 2022.

There is considerable variation between health boards – in Betsi Cadwaladr University Health Board, more than 19,000 pathways are waiting more than eight weeks for a diagnostic test compared to 1,806 in Aneurin Bevan University Health Board.

The backlog in diagnostic testing grew significantly in 2024 due to the increase in referrals for planned treatment and urgent cancer. Additional investment in the final quarters of 2024-5 helped to reduce waiting times by the end of March 2025. However, the increased focus on delivery, especially in the provision of outpatient appointments in 2025-26, has increased demand for diagnostics faster than core capacity can respond. We have started to see progress in the last two months as local recovery plans come online, with more expected capacity in the coming months.

Insourcing of mobile diagnostic capacity has been procured on a local and regional basis to support this position together with local improvement plans. Early cancer diagnostics remains the priority with a focus on diagnostic turnaround rates in the cancer pathway a key enabler to support cancer performance.

Peadiatric services

RTT children's waiting times

Children's waits are reported separately, recognising the commitment to prioritise children's waits.

In November 2025, 432 children's pathways were waiting more than two years. This is a 91.4% improvement from April 2022. All health boards have shown a reduction, including Betsi Cadwaladr University Health Board (72.8% improvement), their current position accounts for three-quarters of all the over two-year waits. The health board's main areas of challenge are ENT and orthodontics.

The Child Health Network has agreed to work with the planned care programme to explore how waits can be reduced further. It has proposed to work with clinical leaders to explore the evidence to review the maximum waiting time standards for children's pathways.

In the new audiology data standards 2025, children's needs have been recognised with a six-week access target compared to 14 weeks for adults.

Neurodiversity services waiting times

Recognising that prolonged waits adversely affect children's global development, education and family wellbeing, the Welsh Government committed £5.6m in 2025-26 to eliminate all three-year waits for neurodevelopmental assessments for children by March 2026. While this is not a service covered by the referral to treatment targets, it demonstrates the government's wider commitment to address long waits.

Achieving the elimination of three-year waits reflects a strategic shift and moves away from a diagnosis-dependent model toward a more prudent system that delivers the right support at the right time, ensuring early intervention and equitable access for all children.

Womens services

The discovery report, which laid the foundations of the Women's Health Plan highlighted the deep-seated and entrenched differences in the way men and women experience healthcare. There is a need to reduce health inequalities, improve equity of service and improve health outcomes for women in Wales.

The Women's Health Plan for Wales, was published in December 2024, and sets out how the NHS in Wales will improve healthcare services for women. A key commitment is the development of pathfinder women's health hubs in each of the health board areas by March 2026. These will each focus on menopause, menstrual health (including endometriosis) and contraception and will improve access to services; the experience of care, improve health outcomes for women and bring care closer to home.

4. We will transform the way we provide planned care

Transforming how care is planned and delivered is critical to ensuring we continue to deliver high-quality healthcare. Planned care recovery has been supported by an annual £15m focusing on transformation. Clinical leadership of the planned care programme has led this focus, recognising the need for consistency and reduced variation across the NHS.

Community by design

Traditionally, planned care has been considered a hospital-based, secondary care service. However, the artificial boundaries of this model can hinder effective redesign of clinically appropriate and effective pathways. To change and refocus the system, the whole pathway needs to be reviewed. Moving forward, change will be driven by a whole-system approach to reviewing and understanding where value is added and where services are best provided, rather than using system boundaries to design models of care.

Utilising the Community by Design methodology, work has commenced on moving more care into local services examples include:

- Joint work with the Respiratory & Cardiovascular Disease network on the breathlessness pathway
- Joint work with the Diabetes network on the optimal diabetes care in the community
- Joint work with the Strategic Programme for Mental Health on a place-based approach to delivery of community mental health services

This change in approach has been supported by more than £41m extra invested into general practice this year as part of a deal struck between the Welsh Government and GPs.

The deal includes a 4% uplift to the general medical services contract in 2025-26, in line with the independent Doctors and Dentists Review Body (DDRB) recommendations, and a guaranteed 5.8% recurrent funding uplift from 2026-27, underlining the government's commitment to continue to invest in primary care and community-based services

By providing multi-year funding certainty, we're enabling practices to plan for the future with confidence and invest in the transformation our primary care services need. This agreement supports our community-by-design programme, which will reshape services around local needs and help deliver more care closer to home

A Community by Design approach drives service planning from the perspective of the service user and assumes, unless proven otherwise, that care can be provided in the community setting, utilising hospital-based care only when this is required by more complex or escalating clinical need. This approach requires engagement by all clinicians across the pathway, to understand needs in the population and to bring the most effective and proportionate solutions to the community, maximising the skills of the whole multiprofessional team

A clear understanding of clinical need is required to ensure efficient referral patterns to determine only those who need specialist care are being referred and to inform where and what services need to be developed for local delivery.

It has been evident from monitoring the impact of the additional outpatient appointments provided as part of the planned care plan in 2025-26, that, on average 30% to 40% of people are discharged with no further treatment after the initial appointment.

The NHS in Wales is set up to fully maximise the concept of whole system pathways. Health boards have the governance arrangements to plan and deliver whole pathway redesign within their structures and finance. This is why we have supported all-Wales referral management pathways, clinically designed by primary and secondary care clinicians.

In planned care redesign we have used this opportunity to move services to the most appropriate place. Eye care services are a good example - optometry service provision and resources in the community have been enhanced to ensure more people can be effectively and safely cared for in the community by skilled and qualified optometrists, freeing up capacity in hospitals for more specialised care.

In December 2025, we launched the Future Approach for Audiology, extending audiology access pathways in primary and community settings to ensure earlier diagnosis and assessment of ear conditions prior to referral to secondary care.

The dermatology clinical implementation network (CIN) is currently exploring, through the community-by-design principles, how the continued growth in demand for secondary clinical assessment could be managed locally in primary and community services. The use of tele-dermoscopy has improved digital

imaging of the skin to facilitate assessment and maximise advice and guidance for patients to receive treatment locally.

Reducing health inequalities and ensuring prevention at all stages

The Welsh Government is committed to reducing health inequalities. Professor Sir Michael Marmot's extensive research demonstrates that addressing the social determinants of health and galvanising organisations around a shared focus on health equity can help improve health and wellbeing for all.

Effective prevention, co-designed with our population, empowers people to manage their own health, accessing services when clinically appropriate and in the right place.

Through planned care redesign, we are embedding prevention at all stages of the pathway. Empowering and supporting healthy lifestyle behaviour is a feature of the 3Ps Policy. Through the single point of contact services, digital and written communication, people are being signposted to help and advice about a healthy lifestyle as part of their treatment journey. Evidence has shown that referral to secondary care is an effective teachable moment to encourage people to evaluate their health and make lifestyle changes with support.

Case study Cardiff and Vale UHB “I am seen”

Mrs D has been listed for a knee replacement

While waiting and based on assessment of need and preparation for treatment Mrs D was referred to and attended ESCAPE pain services and KickStart (CAVUHB’s mixed patient cohort prehabilitation programme designed and delivered by the Waiting Well Support Service (WWSS)).

Outcome: Mrs D reported the support she received a “game changer” giving her “more of a push and increased my confidence” to attend classes and programmes. She now regularly attends gym and aqua aerobics

Increase productivity reduce variation add value

The seven planned care specialities of the planned care programme have developed clinically evidenced optimisation frameworks, which provide a blueprint about how local and regional services should be delivered. These are supported by specific enablers designed to reduce variation and increase productivity, including redesigned outpatients, more productive use of theatres, redesigned pathways and better use of hospital resources through validation of waiting lists.

By using current capacity more effectively, the assessed impact of the planned care enabling actions shows around 150,000 pathways being seen at outpatients and a reduction in the total waiting list. This can be supported by:

- Validation of the outpatient waiting list based on an anticipated 5% (22,824) can be removed due to duplication or patients changing their mind
- Appropriate triage of referrals where 5% of demand can be diverted from outpatients to pathways more in line with clinical need. It is anticipated this approach will result in 22,976 pathways not starting an outpatient RTT pathway.
- Targeting self-managed follow-up, PIFU and SOS to help reduce demand to provide an anticipated 5% more capacity for new outpatients. This could create up to 97,981 additional first outpatient slots
- DNA overbooking at rates >5% is anticipated to provide 8,599 additional outpatient appointments.
- For treatments, delivery of the enabling actions would provide an opportunity for circa 29,000 pathways to be removed from the waiting list.

5. We will provide better information and support to patients

Effective communication and support for patients is reinforced in planned care policy, both in the refreshed RTT waiting times guidance April 2025 and in the 3Ps Policy. It is recognised these are critical elements to ensure effective patient focused care.

3Ps policy “waiting well”

As part of the first phase of the 3Ps Policy https://www.gov.wales/promote-prevent-and-prepare-planned-care-html, all health boards have published Waiting Well landing pages, in line with a consistent national specification. This includes information about how to make healthy choices, prevent deconditioning and worsening health and access tailored support to pre-optimise their health in preparation for treatment. Evidence shows people who have pro-actively prepared for treatment:

- Have improved outcomes and experience
- Are less likely to have their treatment postponed
- Recover quicker and have reduced length of stay post-treatment

Waiting Well single point of contact services are available in all health board areas for people accessing planned care. These services are linked to third sector resources and use a holistic needs assessment process. Call handlers are trained to initiate a “what matters to you” conversation and to provide advice and support to empower people to find solutions to their identified needs. Clinical escalation processes are in place to manage identified risk.

The service also discusses and encourages people to take the opportunity of their wait to prepare for their potential treatment and to be in their best health to maximise the impact of their treatment.

People who are assessed as having too high a clinical risk for them to achieve an effective outcome from their proposed treatment can have their treatment delayed until those elements are addressed. Using their waiting time to proactively get fit reduces the risk of delayed care.

Betsi Cadwaladr University Health Board case study

Mr G, 72, is on the waiting list for general surgery.

He is assessed unfit for surgery in three pre-operative assessments due to the clinical risks associated with obesity and poorly controlled diabetes.

He is referred to the self-care team.

Following tailored support, including taking part in the weight management programme and diabetes patient education programme, Mr G loses two stone in two months, and his diabetes is better controlled.

He says his health and wellbeing feels better. The pre-operative assessment is two weeks after completing the programme and his surgery is successfully undertaken the following month.

Holistic management of clinical need for all

In April 2025, the updated referral to treatment (RTT) waiting times guidance was introduced to reflect redesigned care pathways and emphasise patient communication, particularly for vulnerable groups. The guidance aims to prevent unintended harm through timely identification and management of patient needs and health risk factors.

Key points include:

Shared Responsibility: Individuals and the NHS have distinct roles and responsibilities. The NHS must ensure clear communication about appointments, while people are expected to engage and attend. Non-compliance may lead to removal from waiting lists or clock resets. The refreshed 2025 policy has provided clarity on exceptions to be applied for vulnerable individuals such as children.

Clinically Redesigned Pathways: Clinicians collaborate with patients through shared decision-making and tailoring treatment and support to individual needs. This process is supported by the Waiting Well “About You” PROM, a health assessment tool that identifies holistic needs and health risk factors at referral, enabling early prehabilitation to improve fitness for treatment and reduce delays.

Older Adults and Frailty: For people over 65 assessed as frail, the Perioperative Care of Older People (POPs) service provides multidisciplinary assessments to determine the most suitable surgical pathway. This approach has optimised care,

removing up to 20% of general surgical cases for this group from waiting lists based on clinical need rather than age.

An example from Swansea Bay shows how a targeted approach can improve assessment and identification of required support to help people waiting to better prepare.

Swansea Bay University Health Board

Digital Health Assessments was launched in September. More than 2,600 people were contacted in one month, enabling targeted support for patients most in need. Based on the results against specific questions patients receive tailored support for their individual needs:

Patient interventions offered:

High BMI – Single Point of Contact (SPOC) team offering tailored support and signposting.

Frailty – Care of the Elderly team (COTE) team trialling early reviews for shared decision-making.

Pain Management – Clinical SPOC follow-up for patients reporting severe or extreme pain.

Patient Information Videos: Three completed (Weight Management, Digital Health Assessment and Frailty) and further videos planned to improve patient communication.

6. Oversight and implementation

The Welsh Government maintains oversight over planned care delivery with the support of NHS Performance and Improvement, which leads on strategy implementation, service transformation and identifying areas of performance challenge.

Changes in approach 2025

The 2025-26 NHS Wales Planning Framework and enabling actions set the direction and minimum standards for planned care productivity improvement. The opportunity for efficiency to improve productivity is clear but had been challenging to progress while the NHS was attempting to also reduce the waiting list backlog.

The Cabinet Secretary for Health and Social Care requested Welsh Government officials to develop a detailed strategy and approach to reduce the waiting list backlog, which would support the delivery of the enabling actions.

The Cabinet agreed three key measures for planned care for 2025-26, which are supported by a focus on delivery for the year:

- Reduce the overall size of the waiting list by 200,000 pathways
- Deliver 350,000 or more treatments in 2025-26
- Aim to eliminate two-year waits for treatments

A plan was developed which was supported by £120m of revenue investment for 2025-26 which had five key objectives.

- Maintain the position for 104-week waits achieved at the end of March 2025 and establish 104 weeks as the maximum wait time for treatment.
- Eliminate the backlog for treatment waits which exceed 104 weeks.
- Reset the waiting list through a national effort to reduce the overall size of the list by 200,000 pathways at first outpatient stage.
- Achieve a wait for diagnostics across all modalities of <8 weeks.
- Transform the efficiency and effectiveness of elective care pathways through the delivery of the enabling actions set out in the National Planning guidance.

In 2024, it was clear the levels of open pathways were unsustainable, and action was required to bring the total RTT position back to pre-pandemic levels. The main challenge was the volume of first outpatient waits, which result in long waits for diagnosis and treatment.

Achieving a reset-and-recover approach simultaneously had not been possible since the pandemic and a different approach was required. This used different providers, including independent providers, alongside health boards and setting some national and regional commissioning approaches. It also meant moving away from health board delivery to a national and regional approach.

A dedicated operational team within NHS Performance and Improvement was established to support Welsh Government officials in delivering the national actions. Weekly updates to the Cabinet Secretary for Health and Social Care about the delivery of the key milestones in the plan and the deployment of the additional £120m are provided. The main purpose is to ensure the management of the £120m delivers its expected impact; funding is only released to the NHS on proof of delivery.

Investment is only one tool to drive change – transformation and change is also driven through the enablers. Performance and expectations are tested and challenged at NHS accountability meetings, which are supported by NHS Performance and Improvement and clinical leadership through the Planned Care Programme.

What has been achieved

The 2025-26 recovery plan is split into phases.
Phase 1 - To continue to deliver improvements in the reduction of long waits (over two-years) made in quarter 4 of 2024-25. Target end of June 2026. This was the start of the commitment to clear all over 104-week pathways by the end of March 2026

- End of March 2025 = 8,389 over 104-week pathways
- End of June 2025 = 7,550 over 104-week pathways: Achieved
- End of November 2025 = 6883 over 104-week pathways
- End of December 2025, around 5,300 over 104-week pathways (estimate based on provisional data)

Phase 2 – Cataract plan - To deliver 20,000 more cataract procedures in 2025-26, compared to 17,000 delivered in core activity 2023-24 by end of March 2026.

By the end of December, circa 26,000 cataracts have been delivered this year, 9,000 more than in 2023-24. A further 11,000 procedures are planned for quarter four, which would result in a doubling of capacity this year.

Phase 3 – National Outpatient Recovery Plan. To deliver 200,000 more first outpatient appointments in 2025-26 (commenced late August 2025). A locally delivered national contract for insourcing of outpatient activity was secured to provide weekend and evening delivery of outpatient super clinics. This has supported 122,664 additional outpatient appointments in the last five months of 2025.

These clinics were dedicated to the top 11 volume specialties where a cohort of patients were identified and seen by local clinicians to determine the next stage in their pathways. A further 65,000 appointments are planned in quarter four.

The dedicated team in NHS Performance and Improvement have supported this deployment to allow local teams to focus on core delivery, transformation and a plan to provide a further 50,000 appointments in specialties outside of the top 11.

As of the end of November the results of this national effort on outpatient waiting times have seen average waits for first outpatient appointments fall to 15 weeks from 21 weeks in September and the number of people on the waiting list has fallen by 70,000 in the same period.

Phase 4 – Diagnostics: To clear all over eight-week diagnostic waits by the end of March 2026. Due in part to the increase in cancer referrals the demand for diagnostic testing in NHS Wales has grown since the pandemic and the size of the backlog of waits for routine and elective tests has had a material impact on the overall waiting list size.

In developing the national plan for 2025-26, it was recognised that providing an additional 200,000 outpatient appointments would require further investment in diagnostic capacity as the additional referrals to diagnostic would have a further impact on waiting times.

Plans to increase capacity have been funded nationally for local solutions to provide an additional 50,000 diagnostic tests.

To support the prioritisation of diagnostic testing, health boards have been supported by the national teams in the procuring of additional radiology and endoscopy capacity alongside local solutions to ensure that as we move through the latter stages of the delivery plan capacity is available to provide the right tests for patients.

November 2025 data indicate a second month of reduction in over eight-week diagnostic waits

Phase 5 – Treatments and overall waiting times: Support the clearing of all over 104 weeks waits by end of March 2026.

November 2025 position over 104 week waits - 6,883

Provisional December 2025 data indicates a further reduction to around 5,300 pathways.

The final aim of the national plan is to reduce the waiting time for treatments in elective care and provide additional capacity to support the reset of treatment waiting times.

Health boards have been working to deliver the key enabling actions which aims to increase core capacity and efficiency alongside the modernisation of pathways. Overall waiting times are too long and do not support the move to a sustainable waiting list in NHS Wales.

While the number of longest waiters has reduced substantially over the past three years, it remains a challenge to eliminate long waits in several specialties.

Each health board has established a theatre improvement plan, which aims to improve throughput and productivity; segregating elective capacity from urgent care is key if levels of activity are to recover and exceed the pre-pandemic period.

Health boards have been supported with additional funding to clear backlogs of treatments alongside the improvement actions. The culmination of these actions is that less than 1% of the waiting list is now waiting more than two years.

Significant progress has been made toward reducing waiting lists by accelerating the closure of RTT pathways. As of November 2025, 977,802 pathways have been closed, averaging 122,000 per month, with recent months achieving 138,000 closures. Outpatient (OP) activity has been a key driver, delivering 913,358 appointments between April and October 2025, which is 65,000 (7%) more than the same period last year, plus an additional 35,000 appointments in November.

Inpatient and day case activity has also increased due to targeted investment and enabling actions. Between April and October 2025, 214,000 treatments were completed compared to 197,000 last year. If this trend continues, projections indicate 373,000 treatments for the year, representing an increase of 30,000 treatments.

This activity has resulted in the number of referals to diagnostics and treatment increasing this year, however an increased number of patients have had their pathway closed following outpatient as nothing further is required on the treatment pathway.

The number of pathway closures this year compared with last year is 9% higher on a monthly basis, this will continue to increase as the extra activity impacts on patient waiting times.

Inpatient and Daycase Activity has continued to increase this year following the additional investment and health boards delivering the enabling actions.

It is anticpated that this growth will continue this year resulting in 373,000 treatments being delivered this year, which is 30,000 more than last year.

Impact of the planned care programme specialities

The planned care programme was established to target improvement against the most challenged planned care specialities. It was recognised these were high volume and areas of increase demand even prior to the pandemic. By targeting these areas, they will have some of the greatest impact on the national targets. The tools and pathway redesign principles however are interchangeable, and health boards are encouraged to use them across all pathways where appropriate.

Changes in total waiting list by planned care specialties

Total waiting list	Apr-22	Mar-25	Nov-25	Nov 25 Changes from Apr 22	Nov 25 changes from March 25
Dermatology	33,467	43,749	44,248	-32%	-1%
ENT	59,858	58,603	50,822	15%	13%
General surgery	86,760	75,488	72,442	17%	4%
Gynaecology	42,830	52,786	51,229	-20%	3%
ophthalmology	84,563	108,073	94,903	-12%	12%
Orthopaedics	98,086	100,019	98,848	-1%	1%
urology	42,584	40,837	37,257	13%	9%

Changes in outpatient waits over 52 weeks by planned care specialities

OPA waits over 52 weeks	Apr-22	Mar-25	Nov-25	Nov 25 Changes from Apr 22	Nov 25 changes from March 25
Dermatology	4,871	5,207	2,827	42%	46%
ENT	15,629	9,463	2,830	82%	70%
General surgery	11,705	3,369	1,484	87%	56%
Gynaecology	3,302	6,050	2,694	18%	55%
ophthalmology	17,490	19,758	10,398	41%	47%
Orthopaedics	15,963	7,236	4,837	70%	33%
urology	8,751	5,523	1,696	81%	69%

Changes in total pathways over 2-years by planned care specialities

Total pathways over 104 weeks	Apr-22	Mar-25	Nov-25	Nov 25 Changes from Apr 22	Nov 25 changes from March 25
Dermatology	2,731	223	91	97%	59%
ENT	10,226	774	700	93%	10%
General surgery	8,460	1,396	1,217	86%	13%
Gynaecology	3,855	169	243	94%	-44%
ophthalmology	8,803	1,220	634	93%	48%
Orthopaedics	19,607	1,818	2,078	89%	-14%
urology	4,921	904	412	92%	54%

General surgery, ENT and urology have shown consistent improvement across the three key targets. The reduction in the total waiting list and improvement in long outpatient waits provide a more sustainable position for the future.

Ophthalmology and orthopaedic delivery are also supported by national strategies to reinforce regional models and more sustainable national delivery models going forward. NHS Performance and Implementation will support this national implementation of the strategies.

The Dermatology Clinical Implementation Network (CIN) is part of community-by-design transformation work to better understand the future model of delivery and to meet the growing demand and future needs.

The Gynaecology Clinical Implementation Network (CIN) is working with the Women's Health Clinical Network to ensure pathways are better designed and to prioritise local support and services.

7. Performance and accountability

Performance management, escalation and accountability remain the remit of the Welsh Government. Health boards are held to account by the Welsh Government in regular performance meetings. This is supported by weekly reporting from NHSI performance and Improvement giving indications of progress against agreed delivery trajectories.

Oversight

The national planned care plan 2025-26 is overseen by senior Welsh Government officials and supported by a small team within NHS P&I, with assurance and delivery meetings taking place weekly to track progress and delivery risks.

The team provide a weekly update to the Cabinet Secretary Health & Social Care, who also seeks assurance in his regular meetings with Health Board chairs and through the public accountability meetings.

Variation and inconsistency remain a challenge although this is improving across health boards in South Wales. However, this has opened a wider disparity between North and South Wales. As previously indicated, Betsi Cadwaladr University Health Board now accounts for three-quarters of all children's waits over two years, it also accounts for 62% of all over two-year waits. Diagnostic waits over eight-weeks also the highest in North Wales.

The following health boards are in an escalated status for poor performance:

Organisation	Previous Status (July 2025)	Current Status (December 2025)
Aneurin Bevan UHB	Level 3 for finance, strategy and planning Level 3 for performance and outcomes related to urgent and emergency care performance at the Grange University Hospital	**Level 4 for finance, strategy and planning** **Level 4 for performance and outcomes related to urgent and emergency care performance**
Betsi Cadwaladr UHB	Level 5	Level 5
Cardiff and Vale UHB	Level 4 for whole organisation	Level 4 for whole organisation
Cwm Taf Morgannwg UHB	Level 4 for performance and outcomes relating to urgent and emergency care	Level 4 for performance and outcomes relating to urgent and emergency care

	Level 3 for performance and outcomes relating to planned care and cancer	Level 3 for performance and outcomes relating to planned care and cancer
Hywel Dda UHB	Level 4 for finance, strategy and planning, performance and outcomes related to urgent and emergency care, fragile services (inc ophthalmology) and HCAIs Level 3 for leadership and governance, performance and outcomes related to planned care and cancer	Level 4 for finance, strategy and planning, performance and outcomes related to urgent and emergency care, fragile services (inc ophthalmology) and HCAIs Level 3 for performance and outcomes related to planned care and cancer **Level 1 for leadership and governance**
Powys tHB	Level 4 for finance, strategy and planning	Level 4 for finance, strategy and planning
Swansea Bay UHB	Level 4 for finance, strategy and planning and performance and outcomes related to HCAIs, cancer and urgent and emergency care Level 4 for maternity and neonatal services Level 3 for performance and outcomes related to planned care and CAMHS	Level 4 for finance, strategy and planning and performance and outcomes related to HCAIs, cancer and urgent and emergency care Level 4 for maternity and neonatal services Level 3 for performance and outcomes related to planned care and CAMHS

Performance overview

The tables below show how each health is performing against the following aims in the planned care plan in 2025-26:

- Reduction of the total waiting list
- Clearing outpatient waits over 52-weeks
- Clearing all Pathways waiting over 104-weeks

Southwest Wales Region

Hywel Dda University health Board

Hywel Dda UHB	Apr-22	Mar-23	Mar-24	Mar-25	Nov-25	April 22- Nov 25	
Total Waiting list	95,817	89,646	91,346	95,012	91,494	**4,323**	**5%**
OPA waits > 52 WKs	12,807	3,751				**12,807**	**100%**
Total waits > 104 wks.	12,992	5,934	1,805			**12,992**	**100%**

Swansea Bay University Health Board

Swansea Bay UHB	Apr-22	Mar-23	Mar-24	Mar-25	Nov-25	April 22- Nov 25	
Total Waiting list	6,219	7,678	7,588	7,500	7,672	**-1,453**	**-23%**
OPA waits > 52 WKs		1				**0**	
Total waits > 104 wks.			1			**0**	

Southeast Wales Region

Cwm Taf Morgannwg University Health Board

Cwm Taf Morgannwg UHB	Apr-22	Mar-23	Mar-24	Mar-25	Nov-25	April 22- Nov 25	
Total Waiting list	113,504	113,191	109,343	106,943	97,206	**16,298**	**14%**
OPA waits > 52 WKs	19,040	14,017	13,914	13,729	6,728	**12,312**	**65%**
Total waits > 104 wks.	13,439	6,151	2,364	856	830	**12,609**	**94%**

Aneurin Bevan University Health Board

Aneurin Bevan UHB	Apr-22	Mar-23	Mar-24	Mar-25	Nov-25	April 22- Nov 25	
Total Waiting list	121,122	128,466	135,729	137,177	125,314	**-4,192**	**-3%**
OPA waits > 52 WKs	8,435	9,552	14,342	13,812	6,474	**1,961**	**23%**
Total waits > 104 wks.	6,462	3,030	3,862	269	671	**5,791**	**90%**

Cardiff and Vale University Health Board

Cardiff and Vale UHB	Apr-22	Mar-23	Mar-24	Mar-25	Nov-25	April 22- Nov 25	
Total Waiting list	125,359	122,708	147,608	151,197	145,966	**-20,607**	**-16%**
OPA waits > 52 WKs	15,221	9,799	11,304	14,772	9,937	**5,284**	**35%**
Total waits > 104 wks.	9,066	3,601	2,578	1,517	1,020	**8,046**	**89%**

North Wales Region

Betsi Cadwaladr University health Board

Betsi Cadwaladr UHB	Apr-22	Mar-23	Mar-24	Mar-25	Nov-25	April 22- Nov 25	
Total Waiting list	157,800	173,680	181,311	198,715	192,866	**-35,066**	**-22%**
OPA waits > 52 WKs	24,223	12,090	18,061	28,639	12,070	**12,153**	**50%**
Total waits > 104 wks.	17,510	9,515	8,568	5,747	4,286	**13,224**	**76%**

Agenda Item 3.1

NHS Wales Value & Sustainability Board

Health & Social Care Committee update – January 2026

In its recommendations to Welsh Government on scrutiny of the draft budget, the Health & Social Care Committee included a recommendation (recommendation 2) as follows:

The Welsh Government should provide a short-written update to this Committee on the work of the Value and Sustainability Board, including key efficiencies implemented and opportunities identified, no later than one week before the Final Budget 2026-27 debate. This update should be provided even if the full annual report is not yet available.

This paper provides the detailed update to the committee in response to this recommendation.

1.0 Background

During 2023/24 the NHS Wales Utilisation of Resources Group was repurposed as the NHS Wales Value and Sustainability Board, which typically meets on a monthly basis.

The Board supports a systematic approach to strengthen cross system working, to deliver actions for financial improvement and to deliver more sustainable health care on a consistent basis.

As a principle the Board and supporting workstreams are in place to support a strengthened national approach that supports and compliments local planning and delivery arrangements to progress the identification, development, and implementation of opportunities for both in-year and recurrent financial improvement across NHS Wales.

The work of the Value and Sustainability Board aims to highlight variation across significant areas of resource utilisation and opportunities for improvement. The work of the Board is organised around the main areas of resource utilisation within the NHS. Since its inception, this has been around five key workstreams, however during 2025/26 a sixth workstream has been added with a focus on Value Based Healthcare & Environmental Sustainability.

The work of the Board has supported identification of variation, and opportunities for improvement to enable continued delivery of an increased level of savings and efficiency across the system and improving outcomes.

The Board itself includes Chief Executives of NHS bodies, Welsh Government directors, and nominated directors to represent a number of peer groups across the system e.g. Chief Operating Officers, Directors of Finance, Directors of Nursing, Medical Directors. Each workstream has a designated lead Welsh Government director and lead Chief Executive to provide leadership and facilitate progress in

each workstream area. The six workstreams of the Value & Sustainability board are as follows:

- Workforce
- Clinical Variation & Service Configuration
- Medicines Management
- Continuing Health Care
- Non-pay & Procurement
- Value Based Healthcare & Environmental Sustainability

This approach has supported NHS Wales bodies in increasing levels of savings delivery in recent years. This savings delivery is achieved through the actions delivered by NHS bodies; however, Value & Sustainability board mechanisms have a key role to play in socialising and supporting the assessment of variation and opportunities for improvement. Total savings delivery across the system over recent years is as follows:

Year	Total £'m	In year Recurring £'m	Total Non-recurring £'m	FYE of the recurring £'m
202122	125	60	65	75
202223	194	59	134	72
202324	262	129	133	153
202425	296	164	132	202
202526 - Forecast	286	142	145	182
Total	**1,163**	**554**	**608**	**684**

NHS Wales bodies are expected to have their own opportunities pipeline and mechanisms for identifying and delivering savings on an ongoing basis. This work and agenda are supported by the Value Allocation Utilisation Learning Toolkit (the VAULT) which is developed and maintained by the Financial Planning & Delivery team of NHS Performance & Improvement. The VAULT is a broad intelligence repository designed to provide insight to areas of opportunity for improving system utilisation of resources and is accessible to individuals with an NHS Wales email address. To enhance communication and visibility of the activity and outputs of each of the workstreams of the Value & Sustainability Board, clear signposting has been established within the VAULT.

2.0 2025/26 progress and achievements

The following sections provide the committee with a short update of the key areas of focus, opportunities, and efficiencies by workstream area:

Workforce

Progress and improvement reported from 2024/25 included significant efforts by organisations to reduce agency expenditure, with an £88.0m decrease reported in agency expenditure compared to the previous financial year. The most notable reductions were within nursing and midwifery, with medical and dental staff to be a focus area for 2025/26 onwards.

All Wales Locum & Agency Expenditure 2022/23 to forecast outturn 2025/26

	£m			
Staff Type	**2022/23**	**2023/24**	**2024/25**	**2025/26**
Medical & Dental	£83	£74	£57	£58
Nursing & Midwifery	£156	£136	£79	£41
Other	£86	£53	£37	£27
Total	**£325**	**£262**	**£174**	**£126**

- Agency expenditure across NHS Wales has continued to reduce during 2025/26, with a further circa £50m reduction in expenditure forecast to the end of March 2026, when compared to end of year expenditure in March 2025.
- Negotiation by NWSSP of a 30% reduction in nurse agency contract commission rates has been implemented since February 2025.
- The delivery of this improvement was supported by a control framework established to manage agency spend while further actions ensured the patient safety and delivery of services by tackling some of the root causes for agency spend so maintaining supply of workforce in more substantive and sustainable ways. These included:-
    - Issuing pay guidance to ensure fair and transparent pay for substantive hours;
    - HEIW ran a retention program to reduce both turnover and vacancies to reduce the need for agency workers;
    - A successful international recruitment which targeted hard to fill vacancies;
    - Individuals trained in Wales automatically offered jobs in the NHS in Wales to reduce vacancies and realise the benefits of investment in education and training.
    - Flexible working policy was developed and implemented to enable our existing workforce to benefit from more flexible roles and avoid drift to agency work to achieve this.

- An all-Wales ward-based nursing assessment was undertaken with all seven health boards and Velindre NHS Trust contributing detailed ward-based nursing workforce metrics. This assessment initially focussed on 25B wards where the nursing staffing levels Wales Act applies and was then opened to all the other wards to understand how ward-based nursing is being calculated and how headroom is being applied. The work has provided a detailed point in time assessment with ongoing work focusing on development of all-Wales rostering principles and review of current rostering practices, national review of headroom allocations, analysis of factors contributing to the utilisation of un-commissioned capacity and assessment of surge capacity use.

Further work is underway to develop the control framework and supporting measures which will support substantive recruitment to some of our hard to fill medical posts, enhance job planning and roster management to enable spare shifts to be covered further in advance and a further focus on attendance at work and wellbeing policy to reduce agency cover needed for illness.

Clinical Variation & Service Reconfiguration

- The core aims of the workstream are to identity key actions across a number of policy and operational areas to determine the scope of opportunity in respect of reducing unwarranted clinical variation, ensuring sustainable service configuration, guarding against inequity of access and delivering financial benefits for NHS Wales.
- Key focus areas of development and implementation during 2025-26 include the following:
    - Fragile Services – Following a phase one report completed during 2024 where a range of fragile services were identified, and consideration of relevant MAG recommendations, a shortlist of six fragile services for initial focus have been agreed with Stroke, Haematology, Pathology and Endoscopy becoming the four focus areas for 2025-26 and programmes for Interventional Radiology and Maternity / Neonatal deferred until 2026/27. A phased programme plan has been developed for each of the four focus areas for 2025-26 which includes establishment of governance structures and a baseline assessment of services. At September Board commencement of phase one work for Haematology and Stroke were approved.
    - Virtual Wards – guidance and recommendations drafted for implementation – including a proactive model for high risk COPD patients. The impact will be assessed as a component of winter planning and a detailed pathway document is being finalised.
    - Evidence based interventions (previously INNU'S) - Updated guidance on evidence-based interventions and associated governance structure

established, All Wales Clinical Effectiveness Group. Phase one has focused on nine pathways with evidence-based appraisals undertaken. Evidence review reports have been shared within clinical implementation networks for comment and approval. Reporting of the data including assessment of clinical criteria and adherence is in development, this will provide insight to improvement opportunity.

- Effective Planned Care – A key update has been the publication of clinically developed Optimisation Frameworks for each of the Clinical Implementation Networks, which are best practice guides covering the end-to-end pathway. The Frameworks were developed to standardise core pathway elements across NHS Wales by reducing clinical variation, minimising waste and improving efficiency and almost always providing a cost saving / capacity releasing benefit. The optimisation frameworks developed and available to NHS Wales organisations include, General Surgery, Dermatology, Ophthalmology, Ear Nose and Throat, Orthopaedics, Urology, Gynaecology and Anaesthetics.

A national theatre dashboard has also been launched with support from DHCW, to identify and evidence productivity improvement opportunities. Equally reporting has been assessed for the twelve individual enabling actions within planned care. Work is ongoing with colleagues from across NHSWP&I, DHCW and Health Boards to deliver required standards, measures, and reporting dashboards. Effective Planned Care reports are to be shared with health boards quarterly and will focus on three to four key areas, to continually inform on areas of greatest opportunity and will highlight improvements or deterioration from the previous quarter and will set priorities that will be areas of focus with the support of the programme team.

Medicines Management - Realising national medicines value opportunities

- At the end of 2024/25, an estimated £12.6 million in savings were delivered across ten priorities, which included increasing uptake of new and lower-cost biosimilars, improving compliance with contracted hospital lines, preferential use of selected medicines in primary care, and restricting low-value medicines (including stopping branded prescribing where generics are available). The actual net reduction in spend on the medicines covered by these priorities was £28.7 million compared to 2023/24.

- The medicines management workstream has transitioned to a ‘business-as-usual’ approach during 2025/26, now led by NHS Directors of Pharmacy Peer group through its Value and Sustainability Delivery Assurance Group.

- There are seven updated priorities for 2025/26 into 2026/27 (estimated maximum saving circa £30m),

    - Maximise biosimilar use, including preferential use of best value biologic where appropriate;

    - Maximise on-contract generic medicine use in secondary care;
    - Increase the use of generic apixaban and rivaroxaban as a proportion of all direct oral anticoagulants;
    - Reduce the prescribing of bath and shower emollients;
    - Increase the use of blood glucose testing strips costing less than £10 per box;
    - Increase the use of generic dapagliflozin as a proportion of all Sodium-Glucose Co-Transporter-2s (SGLT2s);
    - Optimise the prescribing of oral nutritional supplements (work to start from April 2026)

- Support provided to the system includes:

    - Efficiency dashboards covering each of the priorities agreed through the NHS Value and Sustainability Board, developed by the All-Wales Therapeutics and Toxicology Centre (AWTTC);

    - Nationally agreed guidance and patient information for healthcare professionals and patients to support priority biosimilar or generic switches developed by partners including the Welsh Medicines Advice Service, the NHS Wales Medicines Value Unit, AWTTC and individual health boards;

    - An optimising medicines value toolkit developed by Financial Planning & Delivery within NHS Performance and Improvement.

    - A quarterly high-level performance report produced by AWTTC summarising each organisation's performance against the priority areas, supported by monthly updates to the dashboards, intended to assist senior leadership teams with prioritisation.

CHC

- Initial work of the workstream focused on a review of high-cost cases from across health boards, analysis of the issues identified as part of this review led to seven recommendations and high value opportunities.

- The workstream have provided a proposal setting out a national CHC programme to deliver consistency, efficiency, and value, while enabling Health Boards to retain local ownership. The approach is:

    - National: "Design once, use everywhere."
    - Local: "Deliver once, prove benefits, and share learning."

- The CHC workstream support a co-ordinated programme of work to achieve these objectives focusing on the highest value priorities and opportunities which include:

    - Establishing a national digital CHC System as a key foundation for assessments, workflows, and reporting.

- Strengthening Assessor Training - a National CHC Academy with accredited curriculum.
- Developing consistent Value-Based Pricing
- Standardising pathways and contracts for Mental Health & Learning Disabilities commissioning
- Continuing to strengthen collaboration across Health & Social Care
- Strengthening strategic market planning, through demand forecasting and provider engagement, whilst strengthening reporting and benchmarking.
- Implementation of the Direct Payments in CHC policy

- The workstream are now developing a programme plan to support the implementation of these objectives going forward.

Non-Pay and Procurement:

- Cash releasing savings of £46.7m were achieved during 2024/25, exceeding the original target of £29.7m and cost avoidance of £20.9m.

- The April 2025 plan presented a non-pay and procurement savings target for 2025-26 of £50.5m across local procurement teams and national services. As at the November 2025 update a target of £52.8m has £44.4m identified.

- Key focus areas have included reducing clinical variation to maximise benefits in relation to price and product standardisation with consideration of market share to be leveraged towards a smaller number of suppliers. Collaboration with both clinical and non-clinical colleagues is recognised as key to the successful delivery of these schemes and is a core part of revised procurement principles.

- Common procurement principles have been developed and embedded into procurement decision making to maximise NHS Wales's purchasing power which include strengthening rationalisation and standardisation, and strengthening the approach to regional and national approaches where possible. A further focus has been on strengthening the approach with the system to engage, mandate, and deliver in terms of variation and product choice.

Value Based Healthcare and Environmental Sustainability workstream

- During 2025/26 a sixth workstream was added to the original five workstream areas of the Board. The new workstream aims to strengthen and consolidate existing work in these programme areas to progress implementation, impact and benefits across the system. This includes enhanced visibility, driving meaningful change in healthcare delivery, focusing on patient outcomes, long-term system viability, and environmental impact. Workstreams priorities include, promoting patient reported outcome measures, technology enabled virtual care and developing a benefits framework to support environmental sustainability. Efforts also focus on waste reduction strategies and building a repository of good practice toolkits.

- The workstream has developed and presented a programme plan to the Board outlining the key focus areas will be the following:
    - Support the development and implementation of high value and high impact pathways
    - Strengthen the visibility and planned potential use of patient reported outcome measures
    - Support the application and roll out of technology enabled virtual care
- Progress has continued the development and implementation of high value high impact pathways, previously part of the Clinical Variation and Service Configuration workstream. Four of the pathways presented; Diabetes, Bone Health, Hip arthroplasty, and Knee arthroplasty are included within the ministerial enabling actions with reporting and monitoring available to support organisations in visible monitoring of implementation and impact. The monitoring of key metrics associated with these pathways is available via Dashboards and Atlas's accessible through the VAULT and Value Transformation website.

Y Pwyllgor Deisebau
Petitions Committee

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Jeremy Miles MS
Cabinet Secretary for Health and Social Care
Welsh Government
Tŷ Hywel
Cardiff Bay
CF99 1SN

CC: Peter Fox MS, Chair, Health and Social Care Committee

22 January 2026

Dear Cabinet Secretary,

Petition P-06-1562 Improve breast screening uptake for women in Wales

The Petitions Committee met on 12 January and considered the above petition, submitted by Breast Cancer Now.

The Committee expressed concern about breast cancer screening uptake, noting the importance of ensuring women took up their first invitation, as this was more likely to ensure repeat attendance. Members agreed to write to you to seek further information on:

- The current utilisation of the 12 mobile screening centres in Wales and whether that could be increased;
- Data on differences in take-up relating to, for example, socio-economic or age factors;
- An explanation of the particularly low screening uptake in Ynys Môn;
- The measures being taken to resource Breast Test Wales and Public Health Wales to increase uptake, and to raise public awareness, including whether involving prominent Welsh women has been considered;
- What account is being taken of lessons learnt and best practice from NHS England's recent awareness raising work;

- When will the new screening equity strategy be published and brought to the attention of Senedd Members and the public, and what is being done to involve women of screening age and under-served groups in developing that strategy?

The Committee noted that screening equity extends beyond breast cancer, and agreed to copy this correspondence to the Chair of the Health and Social Care Committee. The petition will remain open pending your response. It was noted there was limited time remaining in the current Senedd term for Members to debate the issue in the Siambr, however individual Members could still highlight its importance.

The full details of the Committee's consideration of the petition, including the correspondence and the actions agreed by the Committee can be found here: P-06-1562 Improve breast screening uptake for women in Wales

I would be grateful if you could send your response by e-mail to the clerking team at petitions@senedd.wales.

Yours sincerely

Carolyn Thomas MS
Chair

Croesewir gohebiaeth yn Gymraeg neu Saesneg.

We welcome correspondence in Welsh or English.

Jeremy Miles AS/MS
Ysgrifennydd y Cabinet dros Iechyd a Gofal Cymdeithasol
Cabinet Secretary for Health and Social Care

Dawn Bowden AS/MS
Y Gweinidog Plant a Gofal Cymdeithasol
Minister for Children and Social Care

Sarah Murphy AS/MS
Y Gweinidog Iechyd Meddwl a Llesiant
Minister for Mental Health and Wellbeing

Llywodraeth Cymru
Welsh Government

Our ref: MA/JMHSC/0182/26

Peter Fox MS
Chair – Health and Social Care Committee

26 January 2026

Dear Peter,

Thank you for the Committee's report on the 2026-27 Welsh Government Draft Budget, published on the 15 December, outlining 21 recommendations for the Welsh Government.

We acknowledge the work undertaken by the Committee on their scrutiny of the Draft Budget and welcome this report. Please find enclosed the Welsh Government response to recommendations, in advance of the vote on the Final Budget on 27 January.

Yours sincerely

Jeremy Miles AS/MS
Ysgrifennydd y Cabinet dros Iechyd a Gofal Cymdeithasol
Cabinet Secretary for Health and Social Care

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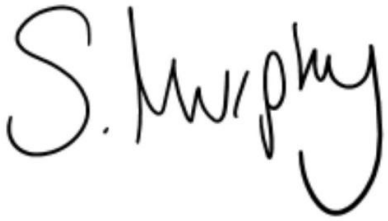
Y Gweinidog Plant a Gofal Cymdeithasol
Minister for Children and Social Care



Sarah Murphy AS.MS
Y Gweinidog Iechyd Meddwl a Llesiant
Minister for Mental Health and Wellbeing

Welsh Government response to the Health and Social Care Committee (HSC)

Report of the Welsh Government Draft Budget 2026-27

Summary

This report sets out the Welsh Government response to the Health and Social Care (HSC) Committee's Report on the Scrutiny of the Welsh Government Draft Budget 2026-27.

It provides responses to the 21 recommendations made in the Committee's Report.

Contents

Introduction

The Welsh Government Draft Budget for 2026-27 was published in two stages. The outline draft budget 2026-27 was published on 14 October 2025 with the detailed draft budget 2026-27 published on 3 November 2025. It set out revenue and capital spending plans for the period April 2026 to March 2027.

As part of the budgetary process written evidence was provided by the Cabinet Secretary for Health and Social Care, Minister for Children and Social Care and Minister for Mental Health and Wellbeing in relation to budgets in the Health and Social Care MEG to inform scrutiny of the Draft Budget 2026-27. These papers provided information to the Health and Social Care (HSC) Committee on budget allocations.

An oral evidence session was held on the 27 November 2025 where the HSC Committee took evidence from the Cabinet Secretary for Health and Social Care; Minister for Children and Social Care; and Minister for Mental Health and Wellbeing.

The Committee published its report on 15 December - Health and Social Care Committee: Report on the Welsh Government Draft Budget 2026-27. We thank the Committee for the report.

The Welsh Government has considered the Committee's report and responds to the recommendations below.

Recommendation 1

We recommend that the Welsh Government prioritises securing additional funding for the Health and Social Care Main Expenditure Group in the Final Budget. This is essential to maintain core NHS services and deliver statutory functions, given the Cabinet Secretary's assessment that the draft budget falls significantly short of forecast pressures.

Response: Accept

The financial climate in the NHS remains challenging as it continues to manage rising demand, long treatment backlogs and inflationary and staffing pressures. These issues were once again raised by the Senedd during the scrutiny process and during our discussions with stakeholders. The pressures facing the NHS was a core part of the cross-party discussions on the budget. As a result of those negotiations, we have been able to secure an extra £180m in fiscal resource funding for the Health and Social Care MEG. This funding will support the NHS in continuing to manage the unavoidable impacts of inflation and demand.

This means that the Health and Social Care resource budget sees an increase of £441m from 2025-26 which equates to a 3.6% uplift. This gives us a total resource budget of £12.6bn.

This additional allocation is part of the budget agreement between the Welsh Government and Plaid Cymru.

Recommendation 2

The Welsh Government should provide a short written update to this Committee on the work of the Value and Sustainability Board, including key efficiencies implemented and opportunities identified, no later than one week before the Final Budget 2026-27 debate. This update should be provided even if the full annual report is not yet available.

Response: Accept

An interim update for 2025-26 was issued to the Committee on January 20th.

Recommendation 3

The Welsh Government highlights preventative spending as a core principle in health policy, with investment in early intervention and public health programmes, but accountability and impact measurement remain poor. We recommend that the Welsh Government scopes the feasibility of establishing a national preventative health outcomes dashboard. This scoping exercise should assess:

- The potential benefits of tracking key indicators such as reductions in avoidable hospital admissions, improvements in mental health and lifestyle outcomes, and long-term cost savings linked to prevention;
- The costs and practical implications of developing such a dashboard, including the extent to which existing data sources could be utilised to minimise additional burden.

Response: Accept

Prevention and population health is a key strategic priority in the NHS Planning Framework for 2026-2029 and we are investing in early intervention and public health programmes including vaccination, screening, Healthy Weight Healthy Wales and the Tobacco Control plan. I provided examples to the Committee on evaluation work that showed introduction of the RSV vaccination in 2024 had resulted in a decrease in hospital admissions in the eligible adult cohort.

We recognise the need to take a more outcomes focussed approach to measure impact including preventative health. The Chief Medical Officer has already initiated work to develop a health outcomes framework that will include tracking of indicators and measures to monitor progress. This work will also scope the practical implications of developing an outcomes dashboard using existing data sources. The first phase of this work is due to be shared for consultation and engagement during spring 2026.

Recommendation 4

In his response to this report, the Cabinet Secretary should indicate when he expects work on the preventative spend analysis to resume, and details of any timelines or key milestones.

Response: Accept

To develop a clear and meaningful baseline for preventative spend across the health system it needs to consider both the core Welsh Government budget for Health and Social Care, and how the NHS utilises its resources.

In terms of the work to undertake analysis on the core budget allocation for the Welsh Government Health Social Care and Early Years (HSCEY) group budget, a methodology for the work (including definitions, principles, a pro-forma and planned workshops) has been developed and agreed.

Despite the initial methodology work having been completed; timelines for progression of the budget review are dependent on moving complexities in coding and identification.

Officials have been liaising closely with NHS Wales Performance and Improvement in order to develop an approach to the analysis within the NHS. This is a significant undertaking given the complexity of the separate NHS organisations and systems. The way expenditure is coded or categorised both in the NHS and within Welsh Government is aligned to the way in which the system has operated for a number of years. In addition, NHS bodies are in the process of implementing a new costing system which has the potential to prospectively support producing NHS spend data in the necessary categories but will require development post the system implementation being delivered.

Performing retrospective analysis on such complicated budgets and activity is a far more intensive task than originally appreciated, and a clear preventative spend category cannot be easily assigned to every entry, which will always result in a modest level of uncertainty. This makes it challenging to identify the investment that has been made or includes preventative activity due to the way it has been historically recorded.

We will continue to progress with this important work in the months ahead but cannot currently commit to a delivery timepoint yet due to the level of complexity and interdependencies on system implementation.

Recommendation 5

Ahead of the debate on the Final Budget, the Cabinet Secretary should provide a short update on the external NHS analysis that is being undertaken in relation to preventative spending, including details of the work that has been commissioned and who is undertaking it.

Response: Accept

One of the NHS bodies in Wales has been working closely with the Future Generations Commissioner, in co-ordination with officials, to develop a methodology for the analysis within the NHS and has undertaken a baseline analysis of its own ledger, based on that agreed approach. This work has taken over 6 months and officials expect a draft of that work to be completed soon.

Recommendation 6

Our successor committee should consider undertaking post-legislative scrutiny of the Health Impact Assessment (HIA) regulations to Welsh Government Draft Budget 2026-27 assess how effectively government departments are embedding prevention in policy and budget decisions.

Response: This is a recommendation to the successor committee.

As set out in the explanatory memorandum for the Regulations, which were passed in the Senedd on the 19th of November 2025, an independent evaluation will be carried out to assess the effectiveness of the Regulations. It is anticipated that this will be an ongoing process both before and after the Regulations come into force. It is expected that the evaluation will consider whether the overall objectives of the Regulations (which includes to improve the health and well-being of the people of Wales, and to position Wales as a world leader in the application of public health policy and legislation), have been (or can be) achieved, and assess whether the Regulations:

- provide clarity (insofar as possible) to relevant public bodies on the circumstances in which HIAs are legally required;
- ensure public bodies are suitably supported in conducting HIAs;
- ensure greater consistency in the approach of public bodies in undertaking HIAs;
- avoid the HIA process being excessively bureaucratic or burdensome for relevant public bodies;
- avoid engendering a perception that HIAs are only to be carried out when they are mandatory and to continue to encourage their use more generally as a matter of good practice.

In addition to a formal evaluation process, PHW will undertake ongoing monitoring to collate information from public bodies on the number and type of HIAs that have been conducted. This will enable a more comprehensive picture to be built of the changing HIA landscape in Wales.

Recommendation 7

The Welsh Government should ensure that the ring-fenced allocation for spending on mental health is accompanied by a set of clearly defined, measurable outcomes that reflect the Welsh Government's strategic priorities.

Response: Accept

The all-age Mental Health and Wellbeing Strategy and accompanying delivery plan, published in April 2025, already includes an action to establish and monitor a set of measurable indicators to track progress at a population and programme level. Health boards are required to align their activity with the strategy and delivery plan, and specifically vision statement 4 in relation to mental health service provision. An update on progress against the delivery plan will be published from May 2026.

Recommendation 8

By the end of February 2026, the Minister for Mental Health and Wellbeing should write to us with details of the findings of the evaluation of the sanctuary model pilots, including any possible next steps.

Response: Accept

We can confirm that we will write to the committee, detailing the findings of the evaluation of the sanctuary model pilots, and proposed next steps, following our receipt and consideration of the evaluation.

Recommendation 9

The Minister for Children and Social Care should write to the Committee with details of:

- the findings of the stage 1 work on the National Care Service, including the information she intends to publish following the completion of stage 1, and when she will do this; and
- information about the work that will be undertaken at stage 2, including the timescales and milestones for this.

Response: Accept

Before the end of the Senedd term I will make an announcement to update on the progress of delivering the Stage 1 Initial Implementation plan. Within this announcement I will also outline what the next Stage 2 Implementation plan should include based on the recommendations made by the Expert Group in their report Towards a National care and Support Service for Wales.

Recommendation 10

Given the lack of contingency in the draft budget, the Cabinet Secretary should set out the actions the Welsh Government plans to take in the event that health boards fail to meet their financial expectations for 2026-27, including how patient safety and service continuity will be safeguarded.

Response: Accept

I issued my Ministerial expectations to the NHS in Wales via the annual NHS Wales Planning Framework 2026-29 on 19th December, which for the first time included the NHS financial allocation details in one document. This builds on last year's planning framework and I have set out my clear expectations for delivery and performance, along with a range of enabling actions that were mandated based on the principle of 'adopt or justify'.

The planning process is fully underway with final plans expected to be submitted by 31st March 2026.

There are well embedded processes for monitoring and escalation that each NHS organisation is subject to. The planning process for 2026-27 is ongoing.

We continue to hold a small amount of funding within the HSC MEG which is in place to cover the Target Control Totals that were set. This is in line with the approach we have taken in recent years and has been previously explained in evidence papers to the committee.

NHS organisations will need to take actions and realise savings in order to support the delivery of their overall financial position.

Should there be cause for further action, escalation mechanisms would be implemented to identify further deliverable actions by NHS bodies to achieve improvements, reviewing all commitments and plans within the whole HSC MEG, and further engagement within Welsh Government through routine financial management arrangements to include engagement with the Cabinet Secretary for Finance, and treasury officials.

- Welsh Government, working in partnership with NHS Performance and Improvement (NHS P&I), is developing a national patient safety plan. This will build on existing systems and structures to strengthen safety culture,

support proactive improvement, and foster a system-wide culture of learning and resilience across NHS Wales.

- In line with the duty of quality, WG expects the NHS to embed patient safety and quality considerations at the heart of all financial decision-making. WG will monitor financial performance alongside quality and patient safety indicators.
- A relentless focus on quality and patient safety, whilst maintaining financial balance is expected across all NHS organisations.

Recommendation 11

The Cabinet Secretary should provide details of discussions with health boards about any areas or services being considered for possible future reduction as a consequence of the current draft budget allocation. This should include details of criteria used to prioritise services, the timeline for any decisions and information about how the outcomes of these decisions will be communicated publicly.

Response: Agree in Principle

I issued my Ministerial expectations to the NHS in Wales via the annual NHS Wales Planning Framework 2026-29 on 19th December, which for the first time included the NHS financial allocation details in one document. The Framework set out the following key 3-year priorities:

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

To provide NHS organisations with a clear and consistent direction for the period ahead, the Framework builds on last year's Framework and again has a strong focus on the key strategic priorities, with clear delivery expectations for Year 1 (2026-27) of plans. Whilst Quality and Safety is always at the forefront of everything the NHS in Wales does, I have decided to add Quality and Safety as a specific priority. In addition, the Planning Framework sets out a range of enabling actions which must be delivered on the basis of "adopt or justify". Delivery of these will improve efficiency, productivity and value across the system.

NHS organisations are required to develop balanced Integrated Medium Term Plans and these will be submitted for Ministerial approval by the end of March 2026. A robust assessment process will then follow. As in previous years, the intention is for recommendations on the approval/ non-approval of IMTPs to be made in May, noting the timing of this will follow the Senedd elections

This year's approach remains consistent with last year, with a continued focus on prioritising the services set out in the Planning Framework. To stay within their financial allocations, organisations may need to make difficult decisions about improvements to services outside the framework. In my Planning Framework letter to NHS Wales Chairs, I emphasised that "health board plans will need to make hard choices and not include many improvements which would otherwise be desirable, outside the six areas of focus in the framework."

Health boards are best placed to make these decisions, as they hold responsibility for planning, commissioning and/or delivering services for their local populations. Where changes are considered, we expect robust integrated impact assessments and exploration of alternative delivery options to maximise effectiveness, sustainability, and patient safety. Any changes to service access or delivery must comply with national service change guidance and relevant legislation, including the Health and Social Care (Quality and Engagement) Act 2020, and involve Llais appropriately.

Health boards in Wales are also required to take a longer-term strategic approach to service development and improvement, with all advancing their Clinical Services Strategies and Plans. These plans aim to strengthen service sustainability, ensure services are fit for purpose and deliver value for money, improve quality, and enhance patient experience and outcomes. In addition, health boards are considering services that are better delivered on a regional footprint—a priority highlighted in this year's Planning Framework. Beyond individual regional planning, two Ministerial-directed joint committees have been established: one in West Wales (HDUHB and SBUHB) and one in East Wales (CTMUHB, CVUHB, ABUHB). These committees will identify and deliver services that benefit from regional solutions, driving greater efficiency and effectiveness across the system.

NHS organisations are all required to submit Board approved, financially balanced Integrated Medium Term Plans by 31st March 2026. These will set out how the requirements of the NHS Wales Planning framework 2026-29 are to be achieved, including an indication of potential services changes over the coming three-year period. As Board approved plans, these will be published and publicly available documents.

Recommendation 12

In his response to this report, the Cabinet Secretary should set out:

- the specific measures that will be taken to sustain any gains in planned care recovery and to prevent further deterioration, especially in those health boards struggling with long waits and pressured specialties;
- whether he intends to make the case for additional funding in the Final Budget to respond to sudden increases in demand for specific services or Welsh Government Draft Budget 2026-27 specialties. This should include timelines, accountability mechanisms, and how regional collaboration and clinical optimisation frameworks will be embedded to secure long-term sustainability.

Response: Agree in Principle

The investment into planned care and the considerable improvement we have seen this year by addressing backlogs are bringing the planned care system back into balance and sustainability. Welsh Government officials are working with colleagues in NHS Performance & Improvement (P&I) to assess the impact of the investment this year on the sustainability of planned care services and waiting times in NHS Wales, by speciality.

There remains only a small number of challenged specialties which will require some limited recovery investment in the coming year, and a retained budget will be available to support further reductions in waiting times in these areas.

BCUHB remains challenged with eliminating the longest waiting times for several service areas and will retain £34m of recovery funding into 2026/27 to support the ongoing recovery and reduction in waiting times.

The Cabinet Secretary has set out in the planning guidance a clear requirement for health boards to implement fully the enabling actions which support longer term sustainability and transformation of planned care services. These remain into next year and alongside the full delivery of the optimisation frameworks are the key deliverables for the NHS in Wales in maintaining waiting time improvements.

Health boards with support from NHS P&I report each quarter through existing accountability mechanisms their progress in delivery of these actions and the impact on their waiting lists.

A decision on additional funding to either mitigate sudden increases in demand or a new set of performance measures will be for the new Senedd term.

Recommendation 13

By the end of February 2026, the Cabinet Secretary should update the Committee on the findings of the Resilience Survey into the NHS estate, including details of any actions the Welsh Government plans to take as a result of it.

Response: Accept

NHS Wales Building Resilience surveys have been submitted by each organisation. There is some outstanding background information that is being chased including risk registers and related documentation.

The survey will help Welsh Government, in discussion with its advisors NHS Shared Services Partnership – Specialist Estate Services (NWSSP-SES), to identify any gaps in terms of resilience that need to be addressed. The completed surveys are currently being reviewed by NWSSP-SES who will provide feedback to officials by the end of January.

The outputs from the resilience exercise will inform further targeted investments across NHS Wales – with the continuing focus on patient safety and business continuity. This investment will also contribute towards addressing backlog maintenance across the NHS Wales estate.

Recommendation 14

In his response to this report, the Cabinet Secretary should set out the Welsh Government's view on the matter of digital maintenance contracts and, in particular, the reliance by some health boards on long-term internationally-based contracts and the effect of such contracts on digital integration and connectivity across the NHS in Wales.

Response: Accept

While outsourcing offers access to specialised expertise and short-term cost efficiencies, health boards must balance this with investment in local digital capability, workforce upskilling, and robust governance frameworks. Welsh Government strategies, including the Digital and Data Strategy for Health and Social Care, emphasises building internal capacity and reducing fragmentation to avoid systemic dependency on external vendors.

Despite their autonomy as public bodies, health boards in Wales are fully bound by procurement law obligations, just like any other contracting authority. Under the Procurement Act 2023 and the Wales Procurement Policy Statement, they must ensure value for money, transparency, equal treatment, and public benefit in all procurement activities. This includes compliance with social value requirements under the Social Partnership and Public Procurement (Wales) Act and, for clinical services, the Provider Selection Regime. In short, health boards cannot bypass procurement rules; they are legally required to demonstrate fair competition and optimal use of public resources in every procurement decision.

Recommendation 15

The Cabinet should publish the workforce risk and mitigation plan alongside the Final Budget, setting out how potential pay review body outcomes above current assumptions will be funded or managed. This plan should include contingency options and timelines for implementation.

Response: Reject

The increase in forecasts for wage growth and inflation in 2026-27 have been considered by Cabinet and there have been further allocations of additional funding to all departments to mitigate these pressures as part of the Final Budget.

In the HSC MEG, we are now planning on up to 3.2% in line with the approach being taken across Government and as detailed in the Final budget.

We have also commissioned the Pay Review Bodies to make recommendations and await their reports. Those reports are due later in the spring.

We are not holding any contingency within the HSC MEG.

Recommendation 16

In her response to this report, the Minister for Children and Social Care should outline how the draft budget will deliver the Welsh Government's objectives and priorities for social care.

Response: Accept

Social care is at the heart of our commitment to communities, and we continue to prioritise investment in this vital service. The majority of funding for social care is delivered through the annual un-hypothecated local government settlement of over £6.1bn. Under our budget agreement with Plaid Cymru, councils will receive an extra £112.8 million in 2026–27, a 4.5% uplift, with every authority guaranteed more than 4%. This additional funding supports councils to deliver essential services, including social care, during a period of significant financial pressure and ensures continued investment in social care priorities, including workforce development, fair pay, and capital improvements.

We will also allocate over £175m to deliver our social care and social care policy goals. Of this, the great majority is distributed out to the social care sector, including £45m to local authorities to fund development of the social care workforce, £20m (as part of our wider children's social care transformation grant) invested in our long-term goal to eliminate profit from the sector and over £10m is granted to a wide range of third sector partners. In addition, £70m will be invested across the social care sector on capital programmes.

The £30m Pathways of Care Transformation Grant funding for 2025-26 has been baselined into the 2026-27 budget. This grant is made to local authorities across Wales to support improvements in hospital discharge processes and strengthen community capacity to prevent avoidable admissions. The funding supports activity focused on timely assessments and the provision of care packages to ensure individuals can leave hospital when they are clinically optimised. This is helping to reduce the level of delayed hospital discharges, whilst also supporting people to stay well at home through strengthened community-based support services.

Recommendation 17

By the end of February 2026, the Minister for Children and Social Care should:

- update us on the findings of the independent evaluation of the Real Living Wage (due to be published this autumn), and provide details of the steps the Welsh Government intends to take as a consequence of that evaluation;
- set out her response to the suggestion that the Welsh Government should consider ringfencing the funding for the Real Living Wage for social care workers, given the ongoing concerns about inconsistent implementation and funding shortfalls.

Response: Accept

The full findings from the Real Living Wage (RLW) Evaluation can be found here:

Real Living Wage for social care workers: process evaluation (summary) [HTML] | GOV.WALES

Encouragingly the report showed that 84% of social care workers are now paid the RLW and that this has had a positive impact on pay equity and morale. However, we recognise that the evaluation also highlighted challenges, and there is still work to do to ensure the policy achieves its full potential, particularly in reaching the remaining 16% not receiving the uplift and addressing ongoing workforce pressures.

Welsh Government remains committed to funding the difference between the National Living Wage (NLW) and the RLW, and the provisional local government settlement has included a baseline of funding for local authorities added in previous years, to reflect this ongoing commitment.

Separately, each year, Health Boards have been provided with an additional in-year allocation based on the assessed impact of the RLW through their Continuing Healthcare contracts. This amount varies, year to year, as the gap between the NLW and RLW has changed.

While the evaluation recommended ring-fencing this funding, having considered the matter, and discussed with Ministerial colleagues, we do not consider removing it from the settlement for a hypothecated grant to be

appropriate at this time, given local government's responsibility for social care and the spirit of the Strategic Partnership Agreement agreed earlier this year with local authorities and the Welsh Local Government Association.

We will, however, strengthen transparency and accountability and have explicitly referenced the RLW allocation within the provisional local government settlement letter for 2026–27 which issued on 24 November 2025. Welsh Government has made it clear in this letter that the expectation is for this funding to be used for its intended purpose—to support the provision of the RLW for social care workers in line with our shared commitment to this vital workforce. This was not a simple or routine step. The Minister for Children and Social Care met with both the Cabinet Secretary for Housing and Local Government and the Cabinet Secretary for Finance and Welsh Language to collectively agree this approach. This introduces a level of transparency and accountability that is distinct from other policy areas within the settlement. However, it preserves local flexibility while still being clear that Welsh Government has listened to the evaluation findings and is acting on them.

The evaluation provided valuable insights and several other recommendations that will help us strengthen the implementation of the RLW, and we will take forward a number of actions in response. We will improve communications around RLW uplifts and expectations, reinforcing these through targeted engagement with providers and local authorities. We will work closely with local authorities to identify and address gaps where RLW is not being paid, focusing efforts on the 16% identified in the evaluation. We will also consider how the forthcoming research by Social Care Wales on pay levels, as part of the Pay and Progression work, can inform our approach to pay alignment and progression.

In addition, for 2026–27 we will resume formal monitoring arrangements that were in place prior to the evaluation, and we will strengthen these mechanisms by working with local authorities and our commissioning office team to ensure that monitoring forms are practical, meaningful, and clearly reflect how RLW is being implemented across local authority areas. These steps will ensure transparency and accountability, with the aim to improve delivery.

We are also working towards the introduction of a Fair Pay Agreement using the powers in the UK Government's Employment Rights Act to improve enforcement.

Recommendation 18

In her response to this report, the Minister for Children and Social Care should set out her anticipated timescales for publication of the social care checkpoint data Welsh Government Draft Budget 2026-27.

Response: Accept

Work has been undertaken over the last few years with the data leads from the 22 Local Authorities to improve on the quality and consistency of the data being collected. As such, the data is now of sufficient robustness to be published.

Welsh Government intends to publish the checkpoint data on StatsWales in phases.

The initial phase of publication is scheduled for Spring 2026 which will include data on the number adults being supported by social services departments each month.

The second phase is planned for Summer 2026. This phase will include safeguarding and children's services data.

Lastly, in Autumn 2026, we intend to publish data on the number of adults waiting for social services support, and how long they have been waiting.

In order to be able to publish the data, local authority data owners will need to consent to their data being made public by Welsh Government. Once consent has been provided, Welsh Government will provide a four-week pre-announcement before the first publication.

It is planned that the first publication will include all the data collected from January 2025 up to the most recent data available.

Recommendation 19

The Welsh Government should provide increased, sustainable funding for respite care in recognition of the demand and level of unmet need identified by unpaid carers.

Response: Agree in Principle

We established the Welsh Government Short Breaks scheme in 2022. The purpose was to promote a more flexible and individualised approach to breaks for carers. This can include hobby equipment, leisure memberships, activity sessions and outings. While it was not intended to replace the duties on local authorities to provide respite, from 2022-2025, it delivered over 50,000 short breaks, significantly exceeding the target of 30,000. The scheme is delivered by Carers Trust Wales and Regional Partnership Boards. Our annual investment is £3.5m and we have announced continuation of the scheme to 2029; an overall funding commitment of £24m.

In addition, we provide £360,000 annually to the Take a Break programme through our Family Fund grant. This provides support to unpaid carers and disabled and seriously ill children. The fund provides sensory and play equipment and family breaks. In 2024-25, the programme supported more than 1,000 carers of disabled children.

We wrote to all Leaders of Councils in December 2025 to emphasise the importance of their duties under the Social Services and Wellbeing (Wales) Act regarding respite and requested councils review their respite provision and suggested they consider taking a regional approach through the Regional Partnership Boards. Further additional funding is supplied via the Regional Integration Fund, through the requirement that a minimum of 5% (£7.34m) annually is spent on carers services.

Recommendation 20

In his response to this report, the Cabinet Secretary should set out:

- the contingency measures that will be implemented if the £16m funding gap created by increased employer National Insurance Contributions is not resolved;
- how the Welsh Government will support NHS bodies and third sector providers to manage these additional costs without compromising service delivery; and
- whether further engagement with the UK Government or alternative funding options are being pursued.

Response: Accept

The Cabinet Secretary for Finance and Welsh Language continues to raise this with the UK Government; however, they have been clear this is the UK Government's position. The additional funding for the increase in employers' national insurance for public sector employees, including the additional funding from WG reserves over and above the funding provided by the UK Government, has been made recurrent for the HSC MEG for 26-27.

We are proceeding on that basis and are asking NHS organisations to plan on that basis. We are not holding any contingency measures within the HSC MEG.

We have, however, allocated £3m recurrently to support the hospice sector, recognising the financial challenges it faces across a number of areas, including from employers' NICs.

Recommendation 21

We believe there is a compelling case for additional funding for vital palliative and end of-life care services, and we recommend that the Cabinet Secretary makes the case for this in his negotiations on the Final Budget.

Response: Agree in Principle

Palliative and end-of-life care is a vital part of our health system, and we recognise the compassion and professionalism shown by those who deliver it. Even in a challenging financial climate, we remain committed to ensuring that people receive dignified, person-centred support at the end of life. Recent debate around the Terminally Ill Adults Bill has only reinforced how essential it is that people have access to high-quality palliative care as a genuine alternative.

However, when resources are tight, it is essential that we first examine how existing funding is being used. We need to understand whether current spending is delivering the highest-value care, reduce duplication, and avoid low-benefit interventions or unnecessary hospital admissions that patients often do not want. This is about ensuring that every pound is directed toward care that genuinely improves comfort and quality of life.

Health boards and hospices also have a responsibility to drive innovation and efficiency. That includes exploring new models of care, improving coordination across services, and adopting best practice consistently. By working together to use resources more effectively, we can strengthen palliative and end-of-life care within current budgets while continuing to protect the compassion and quality that patients and families rightly expect.

Y Pwyllgor Deisebau
Petitions Committee

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Jeremy Miles MS
Cabinet Secretary for Health and Social Care
Welsh Government
Tŷ Hywel
Cardiff Bay
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CC: Peter Fox MS, Chair, Health and Social Care Committee

27 January 2026

Dear Cabinet Secretary,

Petition P-06-P-06-1456 I demand a full public enquiry into the closure of Welsh Air Ambulance bases in mid and North Wales

The Petitions Committee met on 12 January and considered the above petition, submitted by Karl Ciz.

The Committee noted that the plenary debate marked the conclusion of its journey. While recognising the role of local Members in supporting campaigners, a judicial review had been conducted, and it was considered that keeping the petition open indefinitely would not be an effective use of the Committee's time.

Members agreed to close the petition, but in doing so to send a final letter to you to request a timeline for when the Rapid Response Vehicles will be fully operational and when the bases will close. The Chair of the Health and Social Care Committee has been copied in for information, to inform any future scrutiny of the air ambulance service.

The full details of the Committee's consideration of the petition, including the correspondence and the actions agreed by the Committee can be found here: P-06-1456 I demand a full public enquiry into the closure of Welsh Air Ambulance bases in mid and North Wales

I would be grateful if you could send your response by e-mail to the clerking team at petitions@senedd.wales.

Yours sincerely

Carolyn Thomas MS
Chair

Croesewir gohebiaeth yn Gymraeg neu Saesneg.

We welcome correspondence in Welsh or English.

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Jane Hutt MS
Cabinet Secretary for Social Justice, Trefnydd and Chief Whip

28 January 2026

Dear Jane

Legislative Consent Motion Debate: Terminally Ill Adults (End of Life) Bill

Yesterday, we laid our report on the second Supplementary Legislative Consent Memorandum (Memorandum No. 3) on the Terminally Ill Adults (End of Life) Bill. It makes 13 recommendations and requests a response to the report by Wednesday 11 February 2026.

Our report references the new date for the debate on the relevant legislative consent motion, namely 24 February 2026. However, in light of the recommendations in the report and our belief that further clarity is required about what the Senedd is being asked to consent to, we believe that a debate on the relevant motion should be delayed until as late as possible in March. This is particularly important given that a large volume of amendments that could have regard to devolved matters may still need to be considered after 24 February in the House of Lords.

I would be grateful if you could give this request serious consideration. I look forward to hearing from you in due course.

I am copying this letter to the Llywydd as Chair of the Business Committee, Peter Fox MS, Chair of the Health and Social Care Committee and Jeremy Miles MS, Cabinet Secretary for Health and Social Care.

Yours sincerely,

Mike Hedges
Chair

Document is Restricted

Jeremy Miles AS/MS
Ysgrifennydd y Cabinet dros Iechyd a Gofal Cymdeithasol
Cabinet Secretary for Health and Social Care

Agenda Item 6

Llywodraeth Cymru
Welsh Government

Ein cyf/Our ref: MA/JMHSC/3318/25

Peter Fox MS
Chair
Health and Social Care Committee

seneddhealth@senedd.wales

15 January 2026

Dear Peter,

Thank you for sharing the committee's report following its inquiry into ophthalmology services in Wales.

I thank the committee for its work. I have carefully considered the recommendations and enclose a written response.

Yours sincerely,

Jeremy Miles AS/MS
Ysgrifennydd y Cabinet dros Iechyd a Gofal Cymdeithasol
Cabinet Secretary for Health and Social Care

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Inquiry into Ophthalmology Services in Wales.

Response to the Health and Social Care Committee report (November 2025)

15/01/2026

In November 2025, the Senedd's Health and Social Care Committee submitted its report on ophthalmology services in Wales, setting out a series of recommendations to support the ongoing improvement of eye care provision. This document presents the Welsh Government's response to those recommendations, reflecting our commitment to collaborative working with NHS Performance and Improvement, Health Education and Improvement Wales (HEIW), and partners to deliver high-quality, sustainable eye care services.

Contents

Introduction

The Welsh Government welcomes the committee's report on ophthalmology services in Wales. We recognise the challenges across the eye care pathway, including rising demand, workforce pressures, digital and estates constraints, and the imperative to develop integrated service models.

During 2025-26, significant progress has been made to improve eye care delivery, including investment of more than £29m to support an additional 20,000 cataract procedures. This ensures at least 37,000 procedures will be delivered by March 2026, with more than 22,000 already completed by the end of November 2025.

Alongside surgical expansion, the Welsh Government has strengthened community-based care through the Welsh General Ophthalmic Services (WGOS) programmes, resulting in more than 90,000 additional optometry appointments in 2024–25 compared with the previous year. Current management information indicates further expansion of community-based appointments in 2025-26.

The committee report reflects the ongoing challenges faced across eye care pathways, including increasing patient demand, workforce pressures, and the need for modernisation and integrated service models. While these pressures and challenges are recognised, they are not unique to Wales – all UK nations are experiencing similar challenges.

An integrated, system-wide approach, which Wales is set up to deliver, is recognised as essential to meeting these challenges and achieving improved outcomes for people throughout Wales.

In addressing and responding to the recommendations in the committee's report, it is necessary to clarify the distinct but complementary roles of the Welsh Government and NHS Performance and Improvement in delivering these expectations:

- The Welsh Government sets national health policy and priorities, endorses national clinical strategies, and ensures oversight and assurance on NHS Wales delivery against Welsh Government policy to Welsh Ministers.
- NHS Performance and Improvement is the national support function which translates policy into delivery, leads performance and improvement, and implements national clinical strategies through programme structures, such as the Ophthalmology Clinical Implementation Network (CIN).

The Welsh Government works closely with NHS Performance and Improvement to redefine governance, accountability and oversight across the health system. This work, expected to complete by April 2026, will ensure structures and relationships are robust, with delivery of eye care services a fundamental part of the design. Establishing the correct governance arrangements through NHS Performance and Improvement will ensure all national plans have appropriate oversight and accountability, including the National Clinical Strategy for Ophthalmology. For eye care, this will include both the Ophthalmology CIN and the Eye Care Wales Committee (ECWC), ensuring an integrated, whole-system approach to delivery.

Response to the 17 recommendations

Recommendation 1 & 12

Recommendation 1

The committee recommends that

The Cabinet Secretary should, as a matter of urgency, establish a dedicated, cross-sector oversight board for ophthalmology to monitor the implementation of the National Clinical Strategy. The board should:

- include representatives from the Royal College of Ophthalmologists, health boards, HEIW, DHCW, optometry leaders and patient groups;
- be responsible for tracking progress with implementation against clearly defined milestones; escalating risks with delivery; and reporting publicly on outcomes;
- be established prior to the Welsh general election in 2026.

Recommendation 12

The committee recommends that

Welsh Government and NHS Performance and Improvement should require health boards to demonstrate that they are:

- maximising the current ophthalmology estate, including implementing improvements that have been proven to work elsewhere and submitting business cases for capital investment where appropriate,
- developing and maintaining a rolling equipment replacement schedule, informed by clinical need and service demand, to ensure timely upgrades and avoid service disruption;
- working with NHS Wales Shared Services Partnership (NWSSP) to explore opportunities for centralised procurement, shared asset tracking, and coordinated capital planning.

Health boards should be required to write to our successor committee in twelve months' time to report on progress in these areas, including:

- the condition and suitability of their ophthalmology estate;
- planned and completed equipment upgrades;
- any outstanding risk to service delivery due to estate or equipment limitations.

Response: Accept in part

The Welsh Government accepts the need for robust, cross-sector governance and effective management to deliver the National Clinical Strategy for Ophthalmology. We also accept

this work will include management of estates and equipment. But establishing a new, separate oversight group at this stage is not the best option while governance structures between the Welsh Government and NHS Performance and Improvement are being reviewed. We have committed to working with NHS Performance and Improvement to redefine governance, accountability, and oversight arrangements with the appointment of a new programme director.

The outcome of this work will determine the appropriate structures to ensure successful implementation of all national policy and strategy which will, include the eye care strategy and will provide oversight for accountability and escalation as required.

Welsh Government policy and scrutiny of capital bids expects health boards to maximise the use of existing estate, implement proven improvements, and develop rolling equipment replacement schedules.

The Welsh Government will work with NHS Performance and Improvement to strengthen local and regional planning resources and potential capital bids to ensure national oversight and alignment with national strategy priorities. Annual reporting requirements against this requirement will be set out in the new arrangements.

The Welsh Government will update the committee when the new governance and oversight arrangements have been embedded and are operating effectively. This approach ensures future updates are meaningful and reflect the new, robust structures for accountability and delivery.

Recommendation 2

The Committee recommends that

The Cabinet Secretary should, in February 2026, update the committee on progress with implementation of the National Clinical Strategy, including:

- details of any agreed key milestones, and progress with their implementation (including who has responsibility for their delivery);
- any risks identified with delivery of those key milestones.

Response: Accept in part

Implementation of the National Clinical Strategy for Ophthalmology is being delivered through the CIN, supported by a range of sub-groups, including clinical reference groups for sub-specialty focus, patient communication and experience, and multi-disciplinary working.

Progress to date includes:

- Several sub-groups established under the CIN, including clinical reference groups for sub-specialty focus, patient communication and experience, and non-medical/multi-disciplinary working.
- Consultant-only dedicated meeting established.
- Subspecialty packs developed or nearing finalisation:

  - **Cataract:** Immediately Sequential Bilateral Cataract Surgery Standard Operating Procedure published; referral guidelines ready to be published; current focus on coding and pre-operative assessment.
  - **Medical Retina:** in development.
  - **Glaucoma:** in development.

- Standardising Ophthalmology Nurse Training (registered nurses): development of an All Wales training framework and core competencies in partnership with Health Education and Improvement Wales (HEIW); business case for funding in development.
- Review of Ophthalmology Optimisation Framework for version 2 underway, focusing on a small number of key areas/drivers and support for health boards.
- National Workforce Review: complete, with report highlighting key findings and several recommendations for health boards at local and regional level; discussed at Planned Care Strategic and Operational Group (PCSOG) in December and Planned Care Board in January 2026.
- Diagnostic Clinic Service Specification: service specification complete with costings, staffing requirements and supporting key documentation; reviewed by Welsh Government, discussed and shared at CIN, due for discussion at PCSOG in December and Planned Care Board in January 2026.
- Developed standardised All-Wales Band 3 Ophthalmic Technician job description to improve standardisation and role clarity.
- Developed standardised All Wales patient appointment letter that meets RNIB best practice for patient-facing information.
- Developed a number of standardised All Wales non-medical standard operating procedures.
- Encouraging health boards in implementing direct listing.
- Supporting health boards in listing seven cataracts per list for most lists.
- Supported Cwm Taf Morgannwg University Health Board centralising their cataract service to Princess of Wales hospital, Bridgend.

The Welsh Government retains oversight and assurance responsibilities.

Mechanisms for reporting progress, risks, and milestones to Welsh Government and the committee will be agreed through the new governance structures. Updates will be provided once the new arrangements are embedded.

Recommendation 3

The committee recommends that

The Welsh Government must commit to a programme of investment specifically for secondary ophthalmology services which mirrors the scale and sustainability of the investment made in primary care optometry. This programme should cover estate and accessibility improvements, equipment replacement cycles and workforce expansion and retention initiatives.

Response: Accept in part

The 2026-27 budget (including secondary care ophthalmology and primary care optometry allocations) has been agreed through established scrutiny. Future budget arrangements will be a matter for the next government from May 2026 onwards.

Financial scrutiny is, and will remain, part of NHS Performance and Improvement's role and functions, with oversight through the Welsh Government's accountability structures.

Before committing to any new investment, it will be prudent to undertake a baseline assessment of current investment. NHS Performance and Improvement will be asked to undertake a baseline assessment by health board and region, of current eye care spend and resources (community and hospital services) through its finance and commissioning function, to identify any gaps and variation. This will be used to inform and support future planning and investment opportunities within the new arrangements.

Any new investment commitments will need to be considered through the agreed structures and align with population needs and service priorities.

Recommendation 4

The committee recommends that

The Cabinet Secretary should, in February 2026, update the Committee on progress against the Welsh Government's target of creating 30,000 primary eye care appointments per full-year cycle and demonstrate how secondary care reforms are being aligned with WGOS success.

Response: Accept

The introduction of the new optometry contract in October 2023 marked a significant milestone in the transformation of eye care services in Wales. The contract's primary aim is to reduce the burden on over-stretched hospital eye care services by enabling more people to be managed safely and effectively in primary care optometry settings. This aligns with our overarching strategy to move more care into the community, closer to people's homes.

This is being achieved through the upskilling of the primary care workforce, particularly in high-volume areas such as medical retina, glaucoma, and acute urgent eye care.

The phased implementation of WGOS 1–5 pathways has enabled a progressive shift of care into the community. WGOS 4 and 5, in particular empower optometrists with additional qualifications to manage and treat people who would previously have required referral to secondary care. This approach supports the Welsh Government's ambition to

provide care closer to home, improve access, and make best use of the available workforce.

The impact of these reforms is evident in the official statistical data for 2023-24 and 2024-25, which show record levels of primary eye care activity and a substantial increase in additional appointments created.

The table below summarises the activity by WGOS pathway:

WGOS pathway	2023-24 activity	2024-25 activity	Additional appointments created in 2024-25
WGOS 1	841,446	865,704	24,258
WGOS 2	243,445	280,256	36,811
WGOS 3	8,393	8,795	402
WGOS 4	0	2,520	2,520
WGOS 5	0	26,304	26,304
Total			**90,295**

The provision of WGOS 4 and 5 is dependent on two key factors:

- Ensuring a sufficient number of community optometrists have completed the required additional training and qualifications.
- Identifying and transitioning appropriate patients from hospital follow-up pathways to community-based care, in line with agreed clinical criteria and safety standards.

It is important to note that the 2024-25 data reflects the early stages of this transformation programme, with further integration and expansion of pathways ongoing across all health boards.

Not all health boards reported a full year of WGOS 4 and 5 activity in 2024-25 due to the phased rollout and workforce development requirements.

Secondary care ophthalmology reforms are closely aligned with the success of WGOS, with health boards developing and implementing transition plans to identify patients suitable for safe transfer to community monitoring and treatment. These plans are monitored through ECWC and will be reviewed as part of the NHS Performance and Improvement functions to ensure continued alignment and progress.

Official statistics are reported annually, and data for 2025–26 are expected to be published in summer 2026.

The Welsh Government remains committed to transparent reporting and continuous improvement, ensuring that the benefits of these reforms are realised for patients across Wales.

Recommendation 5

The committee recommends that

The Cabinet Secretary should commit to ensuring that waiting list data for ophthalmology is captured at a sub-specialty level to inform effective service planning, support smarter resource allocation and help to reduce patient harm.

Response: Accept

The Welsh Government agrees about the need for granular, sub-specialty data to inform planning, reduce harm, and target capacity. National work (via NHS Performance and Improvement and Digital Health Care Wales (DHCW)) should standardise sub-specialty sub-codes and ensure consistent collection and reporting across health boards, with implementation monitored through NHS Performance and Improvement.

Regional cataract reporting for the South East Region started in September 2025, with waiting list data for the regional contract service separated out from the respective three health board waiting lists. This allows regional working to be assessed separately from individual health board accountability arrangements.

Recommendation 6

The committee recommends that

The Welsh Government and NHS Wales should ensure that patient experience and support are embedded throughout the ophthalmology care pathway. This should include:

- full implementation of the eye care support pathway, ensuring patients receive timely information and emotional support at every stage of their care journey;
- a review of the likely benefits of including eye care liaison officers in workforce planning in order to ensure sustainable funding and consistent provision across all health boards;
- strengthening the role of the patient voice in service design, monitoring and evaluation, including representation on regional eye care boards and clinical networks;
- ensuring equitable access to services, particularly for patients in rural and underserved areas.

Response: Accept

The Welsh Government is committed to ensuring patient experience and support are central to the design and delivery of eye care services. The full implementation of the eye

care support pathway will ensure people receive timely information, emotional support, and practical assistance at every stage of their care journey.

The Welsh Government's patient experience policy expects individuals and carers should play an active role in implementing any national clinical plan, ensuring the patient voice is embedded in service design, monitoring, and evaluation.

We will ensure the patient/carer voice plays an active part of the new implementation process.

A baseline assessment of current patient services and information will be undertaken to identify good practice and address gaps, with a particular focus on equitable access for patients in rural and underserved areas. The role of eye care liaison officers should also be reviewed as part of workforce planning to ensure sustainable funding and consistent provision across all health boards.

Through the work currently being undertaken with NHS Performance and Improvement, the Welsh Government will ensure appropriate oversight and accountability are in place and will monitor the implementation of patient experience and support across the eye care pathway as one of the main delivery Key Performance Indicators we will agree as part of the new accountability structure.

Recommendation 7

The committee recommends that

The Cabinet Secretary should, by the end of February 2026, update us on progress with the development and implementation of a standardised harm reporting protocol across all health boards, including details of any targets and milestones. As part of this, he should:

- confirm that appropriate training will be provided for health board staff to ensure the accurate capture of harm incidents, and
- provide details of the monitoring arrangements he intends to put in place to ensure that, once implemented, the protocol, is being followed by all health boards.

Response: Accept in part

A standardised harm reporting protocol is in place, aligned with NHS requirements and the Royal College of Ophthalmologists' definitions of harm in ophthalmology.

Harm due to delay is clearly defined, and reporting is managed through the *Putting Things Right* process using the Datix system, with serious incidents reported to the Welsh Government.

From April 2026, the reformed NHS redress and complaints process will be known as *Listening to People*, with the Wales Risk Management system as the primary reporting and recording tool.

Training for the new process is being developed by NHS Performance and Improvement and compliance will be monitored through annual reports and Integrated Quality, Planning and Delivery (IQPD) meetings. The Ophthalmology CIN continues to encourage robust harm reporting and learning across the sector.

Recommendation 8 & 9

The committee recommends that

In his response to this report, the Cabinet Secretary should provide an update on progress with the implementation of the OpenEyes digital system against the March 2026 target. Specifically, this update should include details of:

- the health boards where the system has been fully implemented across all subspecialities.
- the health boards where implementation is in progress but not completed (and details of the completed and outstanding subspecialities), and
- the health boards where implementation has yet to begin.

And

The Cabinet Secretary should make an oral statement in March 2026 about implementation of the OpenEyes digital system. This statement should:

- confirm clearly whether the March 2026 deadline has been met and the OpenEyes digital electronic patient record has been fully implemented across all health boards and subspecialties, in line with the Welsh Government's target;
- provide a full explanation for any delay in meeting this target, including revised timelines and actions being take to address outstanding implementation, and include a breakdown of implementation by health board and subspecialty.
- provide an update on progress with the implementation of the electronic patient referral system in all health boards.

Response: Accept in Part

The Welsh Government recognises the critical importance of digital transformation in supporting integrated, efficient, and safe eye care.

The Digital Eyecare Programme (DECP), now managed by DHCW and Cardiff and Vale University Health Board, is progressing towards full rollout of the OpenEyes electronic patient record (EPR) system and the Opera electronic referral system by March 2026. This will improve patient safety and enable seamless sharing of clinical information and digital imaging between primary and secondary care.

Given the ambitious timeline and the scale of change required, progress will be reported in writing to the committee in March 2026, detailing the status of implementation by health board and sub-specialty. A written statement will also be published.

Recommendation 10

The Committee recommends that

The Welsh Government must be stronger in directing the regional delivery of ophthalmology services in Wales, as set out in the National Clinical Strategy. It must:

- develop and publish a set of expectations for implementation of the regional model provided for in the national strategy, with defined milestones and targets to track progress against delivery;
- require ophthalmology-related targets and plans to be delivered on a regional basis;
- ensure the necessary governance and infrastructure arrangements are put in place to underpin a sustainable regional delivery model of secondary eye care in Wales;
- commit to a multi-year, ring-fenced investment programme for secondary care that matches the scale and ambition of the recurrent funding already provided to reform primary care optometry. This investment should support the development of a sustainable regional eye care model, including estate upgrades, equipment replacement, and workforce expansion and retention, as set out in the National Clinical Strategy for Ophthalmology.

Response: Accept in part

Regional working is a priority as set out in Our programme for transforming and modernising planned care in Wales and reducing the waiting lists (Planned care recovery plan April 2022) and re-enforced in national planning guidance. It is a key element in the National Clinical Strategy and is endorsed by the national programmes and national clinical networks.

Regional governance arrangements are in place for the South West and South East regions, with joint committees established to oversee service integration and improvement. Eye care is one of the early areas of clinical focus for these regional committees.

Regional workstreams are gathering baseline data on finance, workforce, demand, and infrastructure to inform the development of integrated regional eye care services. This approach will support the delivery of sustainable, high-quality care and enable more effective use of resources across health board boundaries.

In response to annual planning, regional eye care service models are expected to be developed and signed off by the regional boards going forward.

Recommendation 11

The committee recommends that

In response to this report, the Cabinet Secretary should set out the arrangements that are in place for the Welsh Government to have oversight of the progress of the regional eye care boards in implementing the National Clinical Strategy, including details of any

regular reporting requirements. He should also commit to publishing details of the progress of these regional boards.

Response: Accept in part

Reporting arrangements for regional eye care delivery will be specified through the new governance structures with NHS Performance and Improvement. The Welsh Government commits to transparent publication of regional progress (including items such as separate regional cataract waiting list monitoring where adopted).

Recommendations 13, 14, 16 & 17

Note:
Recommendations 13, 14, 16, and 17 are directed specifically to HEIW. As such, these recommendations fall outside the direct remit of the Welsh Government. HEIW is best placed to provide updates and responses on matters relating to ophthalmology training, workforce planning, and cross-professional workforce strategies.

Recommendation 15

The committee recommends that

The Cabinet Secretary should commit to providing funding for additional ophthalmology specialty training places identified by HEIW in its annual education and training plan, ensuring sustainability and alignment with the scale of investment already made in primary care optometry.

Response: Accept in part

The Welsh Government recognises the importance of sustainable workforce development in ophthalmology and the need for ongoing investment in specialty training. The strategic direction for workforce development is set through the National Clinical Strategy for Ophthalmology. NHS Performance and Improvement is responsible for overseeing and supporting implementation in partnership with HEIW.

The collaborative relationship between NHS Performance and Improvement and HEIW is central to delivering continuous improvement and ensuring workforce planning aligns with national priorities and service needs. HEIW's recommendations for expanding ophthalmology training places, as outlined in the annual Education and Training Plan, are considered within the broader implementation framework led by NHS Performance and Improvement and the Ophthalmology CIN.

In line with the outcomes of the Ministerial summit for ophthalmology (held in October 2024) and the published Ministerial summit report, the Welsh Government expects the NHS, through NHS Performance and Improvement, to take forward the recommendations for workforce development in close collaboration with HEIW. This approach ensures that the expansion of training places is evidence-based, sustainable, and aligned with the ambitions set out in the National Clinical Strategy and the Ministerial summit's emphasis on partnership working.

Closing Statement

The Welsh Government is committed to working with NHS Performance and Improvement, HEIW, health boards, Digital Health and Care Wales, professional bodies, and patient groups to deliver safe, effective, and patient-centred eye care. We will provide the committee with an update once the new governance and oversight arrangements are established and embed ongoing reporting as part of NHS Performance and Improvement's accountability and functions.

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