Report by the External Ministerial Advisory Group on NHS Wales Performance and Productivity

Government Response

A number of the recommendations from the Ministerial Advisory Group (MAG) have resource, capacity and timescale implications. These will be considered further by Welsh Government Officials as the next steps set out below are developed.

Recommendation 1

All health boards should, within three months, develop a plan to reduce referrals to traditional outpatients in high volume specialities.

- Particular attention should be given to unwarranted variation and specialities where per capita referrals rates are above the national median.
- Models that offer alternatives to traditional outpatient pathways should be rapidly identified and scaled. National Funding for Advice and Guidance and the National Pathways programme should continue
- From June 2025, progress should be reported monthly to health board and trust public meetings, and at individual monthly Performance & Productivity meetings (see Recommendation 18).

Welsh Government Response: Accept

Outpatient transformation is an integral aspect of the Planned Care Programme and is included as a core element of the optimising planned care approach.

Alternative models have already been progressed nationally through the national pathways work and Planned Care Programme. Implementation of these models has been reflected as one of the Cabinet Secretary for Health & Social Care's 35 priority enabling actions in the NHS Wales planning framework and is expected to feature clearly as part of planned care plans for 2025/26. We agree that delivering these at scale is essential.

Delivering on this recommendation is an implementation requirement for health boards who should set out clear delivery plans to the proposed timescales which should be progressed through their response to the priority enabling actions.

High referral rates may well be warranted within population groups, and the report sets out that it is the unwarranted variation that must be addressed. Therefore, health boards are expected to identify and tackle unwarranted variation in implementing this recommendation.

Progress will be monitored and reviewed through health board performance meetings.

Recommendation 2

All health boards and trusts should work to reduce variation in outpatient waiting times by adopting best practices in outpatient service management.

- Using existing specialty GIRFT health board and trust reports, the 16 specialty specific Further Faster guides, mandatory electronic triage of referrals, and adoption of the 29 pathways across the 6 specialties with the longest waits.
- From June 2025, progress should be reported monthly to health board and trust public meetings, and at individual monthly Performance & Productivity meetings (see Recommendation 18).

Welsh Government Response: Accept

Outpatient transformation is an integral aspect of the Planned Care Programme and included as a core element of the optimising planned care approach.

Alternative models have already been progressed nationally through the national pathways work and Planned Care Programme. Implementation of these models has been reflected as one of the Cabinet Secretary for Health & Social Care's 35 priority enabling actions in the NHS Wales planning framework and is expected to feature clearly as part of planned care plans for 2025/26.

Delivering on this recommendation is an implementation requirement for health boards who should set out clear delivery plans to the proposed timescales which should be progressed through their response to the priority enabling actions. These will be monitored and reviewed at health board's performance meetings.

The NHS Executive has established a series of clinical implementation network outpatient guides (playbooks) setting out best practice. Health boards have individual GIRFT reports outlining the position and opportunities for improvement. These will need to be integrated into health board plans within three months.

Recommendation 3

All health boards should take action to improve waiting list management.

3a) Better prioritisation of available capacity for the longest-wait patients should become a pre-condition for receipt of additional funding from Welsh Government for elective recovery. Welsh Government should agree minimum standards based on the existing Treat in Turn dataset, and elective recovery funding for 2025/26 should be made conditional upon meeting these in each individual Health Board within a defined period of time.
Timescale – within 3 months

3b) HEIW should also set up an accredited training programme for waiting list management, across both RTT and Cancer, aimed at Band 7 and Band 8 managers working in elective care. Over time, completion of this course should become an expectation for all managers working in these areas, in order to embed a consistent and shared set of skills across the country. Timescale - within 6 months.

3c) Welsh Government should set a target for all patients to be validated down to 36 weeks by the end of 2025/26, and introduce a new national dataset to track progress. If there is insufficient confidence this could be achieved in all health boards and trusts, Welsh Government should consider a nationally procured contract with an external company specialising in validation, to focus on areas unlikely to be able to complete this independently (although this could even be done on a once-for-Wales basis to cover the whole country, given the population size). This should be supported through Elective Recovery funding.

DHCW should also develop a new national dataset to track progress, either based on ROTT (removals from the list for reasons other than treatment) rates or manual health board and trust returns around the proportion of 36+ week waiters validated, which should be regularly discussed at the Performance and Productivity meetings described in Recommendation 18. Timescale – within 3 months.

Welsh Government Response: Accept

Effective waiting list management is an integral aspect of the Planned Care Programme and is included as a core element of the optimising planned care approach. The impact of this is monitored and assessed through the Planned Care Programme.

The Welsh Government has undertaken a review of RTT guidance which will be published on the Welsh Government website in April 2025 to support effective waiting list management. The implementation of the review will include support for additional training.

A key feature of the Planned Care Plan for 2025/26, continuing on the focus provided in 2024/25, is to incentivise best practice as per the planning framework priority

enabling actions. This will deliver improvements in both the utilisation of core capacity and treat in turn metrics.

Minimum standards for treat in turn rates have been agreed and shared with health boards, and will continue to be monitored on a monthly basis. Weekly Welsh Government performance monitoring will commence internally from 2nd May 2025.

The clinical implementation networks are providing a clinical view by specialty to strengthen patient listing criteria within the optimisation frameworks.

A clear validation expectation and guidance has been provided to health boards. Performance will be monitored on a monthly basis from the beginning of May 2025.

Decisions by the Cabinet Secretary for Health & Social Care on the allocation of any 2025/26 elective recovery funding will be related to and contingent upon health boards' ability to deliver a range of productivity and efficiency improvements, and stated expectations such as delivering the priority enabling actions.

In the strategic priority area relating to Leadership and Succession in their 2025/26 remit letter, HEIW have been directed to strengthen the training and development of operational management and delivery. This will include engagement with organisations and key policy leads on the roll-out of priorities for 2025/26.

Strengthening a consistent approach to validation will be progressed as part of the Planned Care Plan for 2025/26. There are a number of databases in place that allow this dataset to be progressed during 2025/26, and further work will be undertaken with DHCW and across the system to refine these and deliver on this recommendation. The 36 week cohort will be validated as part of this work.

Recommendation 4

a) All health boards should reduce unwarranted variation in treatment waiting times and adopt best practice in theatre management. This can be achieved through the implementation of the existing GIRFT review reports including the theatre reviews. This recommendation should be supported by the establishment of local Theatre Optimisation Boards, with a remit to deliver increased productivity within theatre sessions including the implementation of best practice standards of cases per session, particularly in ophthalmology and orthopaedics (in ophthalmology 8 cataracts in a 4 hour theatre session if a training session and 10 if consultant only, and in elective orthopaedics a minimum requirement of 4 Joints or their equivalent in an all day orthopaedic elective list). Timescale – within 6 months.

b) Health boards should seek accreditation for all current Surgical Hubs (listed in Annex C) from the National Medical Director (see Recommendation 20), within 6 months using standard GIRFT criteria including maximised theatre productivity (Annex D), and with all hubs to be accredited within 12 months. From June 2025, progress should be reported monthly to the public part of health board meetings, and the monthly Performance and Productivity meeting (see Recommendation 18).

Welsh Government Response: 4a – Accept; 4b – Accept in part

Recommendation 4a – Accept

Addressing unwarranted variation in waiting times by adopting best practices in theatre management is a key component of the national Planned Care Programme. This programme supports and monitors implementation, and has developed the necessary intelligence and dashboards to facilitate delivery through theatre intelligence.

Through the NHS Wales planning framework the Cabinet Secretary for Health & Social Care has made it clear he expects to see progress in reducing unwarranted variation and this is expected to feature clearly as part of planned care plans for 2025/26. Progress on implementation will be monitored and published.

Health boards will need to establish theatre optimisation boards if these are not already in place locally, with clear outcomes which will be monitored and reviewed at health board performance meetings.

Further work may be required to further define what is considered to be ‘unwarranted variation’, and whilst implementing the actions to address this recommendation is deliverable in the timescales it may not be feasible to address all unwarranted variation within 6 months.

Recommendation 4b – Accept in part

The Welsh Government agrees that all surgical hubs that are being established should meet consistent standards and delivery specifications in terms of productivity, quality, and throughput.

In order to deliver such a standardised approach, we propose however that this be led by the Welsh Government itself, given that it is able to rely on powers of direction should that be necessary.

Therefore the Welsh Government will set out the delivery standards for surgical hubs and expect health boards to ensure that surgical hubs operate to the required standards. This will be subject to ongoing monitoring and review.

Recommendation 5

A clearly identified funding stream should be centrally retained to establish a national dedicated fund for the use of the independent sector. Timescale – within 6 months.

- This fund should be used where there are longer term sustainability challenges in demand/capacity that cannot be addressed through health boards delivering improvement using the new productivity standards and the other GIRFT interventions described in this report.
- NHS Wales should enter into nationally negotiated, multi-year contract with the independent sector for ophthalmology in the first instance, with consideration given to replicating this arrangement for orthopaedics or dermatology if this first phase produces positive results. Contracts should then be regionally managed, modelling the success of the South East Wales cataract contracting in 2024/25, ensuring equity of access for all patients across the regional footprints.
- In the longer-term, Welsh Government should commission an options appraisal on the opening up of choice of provider to referring clinicians and their patients in some specific, highly-pressured specialties, and to include these independent providers on the choice menu.

Welsh Government Response: Accept in part

NHS Wales utilises the independent sector through various local and regional arrangements. This includes both insourcing and outsourcing from a variety of providers across health boards, as well as national arrangements facilitated by the National Joint Commissioning Committee and its predecessor organisation.

The use of the independent sector varies for a range of factors, largely driven by local health board demand and capacity plans, availability of local private providers against health board delivery models, specialty specific issues, and plans to deliver on improving access at specialty level within available resources.

From a policy perspective, it is expected that internal capacity and solutions to deliver improvements in productivity are maximised before considering the need for any independent sector solutions.

The Welsh Government considers that if there are long term sustainability challenges in available capacity to meet demand, and these cannot be resolved through core activities and productivity opportunities outlined in this report and the priority enabling actions, then contracting the independent sector on both a short and longer term basis will be considered. This will require evaluating available funding to support additional solutions. This is expected to be a feature of the planned care plan for 2025/26, along with strengthened regional and national arrangements as needed.

Recommendation 6

Welsh Government should create a national plan for endoscopy to address the current backlog of long-waits.

- This should include prioritised capital for Betsi Cadwaladr University Health Board to bring it line with other health boards. In all other areas the focus should be on appropriate utilisation of existing resources, creating a national utilisation dataset (using GIRFT productivity benchmarks) which is reviewed regularly at the new Performance and Productivity Meeting (see Recommendation 18). HEIW should be commissioned to establish a new programme to expand Non-Medical Endoscopist training to rapidly expand the available workforce. Capsule sponge should be rolled out with a view to reducing demand for intervention endoscopy. Timescale – within 6 months

Welsh Government Response: Accept

The Welsh Government previously produced the National Endoscopy Programme action plan 2019-2023, which set out a number of aims for each health board. Health boards have subsequently been tasked to develop regional recovery plans. These were considered by the national programme but limited assurance was provided. As a result, the Deputy CEO NHS Wales has directed the National Endoscopy Programme team to support and monitor the implementation of these plans on a regional basis. Progress to date has been varied.

The focus of the National Endoscopy Programme team is to improve performance against productivity and efficiency measures across the system. Work will be undertaken to enable endoscopy data to be included in the existing dashboards.

The Welsh Government agrees that managing and delivering endoscopy transformation on a regional basis is crucial, and will support that regional focus, with a set of national expectations, as set out in the report.

The non-medical endoscopy training programme is part of HEIW's IMTP and a training academy will be developed as part of the Southeast Wales Centre of Excellence and Llantrisant Health Park solution. Capsule sponge endoscopy is being rolled out by the Planned Care Programme and we will expect further progress in roll-out over the next 6 months.

We recognise the under-provision of endoscopy suites in North Wales; an endoscopy delivery plan has been requested from Betsi Cadwaladr University Health Board for assessment by the Welsh Government.

Recommendation 7

With the support of the proposed Performance and Productivity Unit (see Recommendation 19) regions should develop a plan to create a regional pathology service which is safe, sustainable and fit for the future. The plan should include the full implementation of digital pathology as a key service enabler and address workforce, estate and equipment shortfalls. Timescale – within 6 months.

Welsh Government Response: Accept

The requirement for clear plans on a regional basis to establish sustainable pathology services is recognised by the Welsh Government, and the National Diagnostics Board has commissioned regional pathology plans from each region.

It is anticipated that the development of outline plans by region is deliverable within 6 months, however this will be dependent on the necessary capacity being available in each region. It is also anticipated that developing regional solutions may require significant capital and/or revenue investment which is yet to be identified. Further consideration will therefore be required on next steps once outline plans by each region have been developed.

Recommendation 8

Cardiff and Vale University Health Board should submit a clear plan detailing how it intends to clear its Non-Obstetric Ultrasound (NOU) backlog over the course of 2025/26. Timescale – within 3 months.

- They should be held to account for the delivery of this. Independent Sector capacity should be employed if the health board has not made sufficient progress by the end of Quarter 1.

Welsh Government Response: Accept

It is recognised and accepted that there are significant and specific modality and health board challenges that require solutions as part of developing planned care and diagnostic solutions in 2025/26. These include the requirement for a plan to address the Non-Obstetric Ultrasound backlog in Cardiff & Vale University Health Board. It should be noted that this will require additional resources which will need to be identified.

Recommendation 9

No additional cancer performance plans should be produced for 2025/26 and 2026/27. Instead, there should be an immediate focus on implementing a narrow but nationally mandated set of deliverables drawn from existing policy proposals.

- At the centre of this, drawing on the NOPs, NHS Wales should identify the single highest-impact pathway change for each of the five tumour types it has already identified as driving poor performance: skin, lower GI, breast, gynaecology and urology. These should then form the basis of a much narrower, focused set of national support activities and accountability conversations with health boards, alongside the continued local focus health boards will have on their more unique challenges. For Lower GI, this focus should be more consistent implementation of symptomatic FIT, with a new dataset created across endoscopy departments to assess whether capacity is being appropriately prioritised for FIT positive patients. For gynaecology, this should be the consistent provision of post-menopausal bleeding services; for breast the provision of breast-pain services; and for skin the more standardised provision of teledermatology services in primary care. In all cases, national specifications should ensure these initiatives are based in a primary care setting wherever possible, thereby reducing referrals to secondary care as a whole rather than substituting Single Cancer Pathway referrals for non-urgent referrals. Timescale – within 3 months

Welsh Government Response: Accept

The Welsh Government accepts the principle of this recommendation, and the interventions described are underway by the NHS Executive.

As the report acknowledges, further work is required to develop the impact assessment of the pathway changes proposed and how they are implemented on a consistent basis across all health boards along with the impact of improving performance and productivity in both 2025/26 and on an ongoing basis.

Where possible, approved triage tests are being applied in primary and community care to better risk stratify cancer referrals. As the report acknowledges, this will not always be possible and there are some investigations which will still need to be triaged in secondary care. Decisions on downgrading referrals or discharging with safety netting will need to be determined by the relevant clinical community or in line with national clinical guidance based on the changes to the specific pathway proposed.

Recommendations that relate to primary care will be taken into account as part of primary care negotiation and contracting arrangements for 2025/26.

We will make progress on this recommendation within the suggested three month timeframe, though individual elements may have dependencies which take us beyond that timeframe.

Recommendation 10

A ring-fenced fund, held centrally, should be created to directly fund the high-impact, nationally prescribed service changes described in Recommendation 9, which are monitored through the health board performance report (see Recommendation 21).

- This fund could be created from a restructuring of the various, smaller ring-fenced amounts held centrally where there is limited evidence of impact; or alternatively by retaining a proportion of any new funds invested into the Welsh NHS in future financial years. Health boards must demonstrate the use of these funds for the specified initiatives using transparent national data collections, or else the funding should be withheld or subject to a clearly defined and transparent claw-back mechanism (depending on the approach used). Timescale - within 3 months.

Welsh Government Response: Accept

The Welsh Government accepts the principle of this recommendation and the need to review discrete policy funding streams for specific initiatives with a view to consolidating these. Where existing investments are of limited value these should be redirected to stronger national initiatives. This will require an evidence based review of each investment to inform if it should be maintained and scaled up on an all Wales basis or redirected to other high value interventions.

A detailed assessment of the potential performance impact of the high-impact nationally prescribed service changes, and the impact of those interventions that are already funded via the Cancer programme will be undertaken to support this.

It is recognised that there is the potential to hypothecate a proportion of future funding to support cancer services; this would be part of the choices available to the Cabinet Secretary for Health & Social Care in setting future budgets depending on budget availability and other choices and priorities.

Additional resource and capacity will be required to undertake this review and deliver recommendations within the three month timescale proposed.

Recommendation 11

The Welsh Government should establish financial incentives in primary care to improve cancer performance, focusing on in-depth diagnostic work-up and subsequent safety-netting in order to reduce referral volumes and provide more diagnostic information for patient triage in secondary care.

- Given the five tumour types driving the majority of long waits nationally, initial incentives could include increased safety netting for FIT negative patients, the provision of breast-pain services, or the development of tele-dermatology arrangements outside of secondary care. This will require changes in contracts at the cluster and practice level including updating the governance framework indicators by July 2025. Timescale - within 3 months.

Welsh Government Response: Accept

Work is underway to support a wide range of diagnostic tests within primary care. In order to take forward this recommendation, the Welsh Government will work with clinical experts, starting with FIT/colorectal and telederm/skin, in order to understand how this could be embedded into community diagnostics services and scaled with dedicated funding in the contract or under cluster plans. Many clusters already operate minor operations (MOPS) clinics and undertake tele-dermatology for suspected skin cancer patients in a primary care setting.

We will explore how funding can be better used specifically to drive service delivery and performance, along with the practical implementation elements which the report refers to.

Since service delivery changes would involve contractual negotiations, delivering this recommendation *in full* is unlikely within 3 months.

Recommendation 12

The Cancer Network and the cancer arm of the Planned Care Recovery Programme should formally merge to create a single team responsible for setting the strategic direction of cancer care in Wales and directing improvement activities to support this, led by a senior clinician and senior managerial lead, reporting to the Managing Director of the proposed Performance and Productivity Unit and the National Medical Director. (see Recommendations 19 and 20).
Timescale – within 3 months.

Welsh Government Response: Accept in part

The Welsh Government sets the strategic direction for NHS Wales and is supported in doing so by the NHS Executive. The NHS Executive has no powers of direction, though Ministers do have relevant powers to issue directions. Action is underway to address this recommendation, and the NHS Executive is forming a single cancer team that merges both the network and planned care functions. This will report to the Director of Networks & Planning in the NHS Executive.

The National Clinical Director of NHS Wales (see Recommendation 20) will chair the new national cancer leadership board which has been established to provide the single point of system oversight, and we envisage that the Managing Director of the NHS Executive will also sit on the board.

Recommendation 13

Digital Health and Care Wales (DHCW) should develop a plan to begin collecting and publishing more granular tumour-level performance from the beginning of the 2026/27 financial year at the latest.

- DHCW should also produce an options appraisal for the production of a linked dataset containing cancer and diagnostics waiting times data, producing pathway-level insights into the key diagnostic drivers of long-waits at health board and at national level. Timescale – within 12 months.

Welsh Government Response: Accept

The Welsh Government accepts the principle of this recommendation and of collecting and publishing more granular level tumour performance data.

The Cabinet Secretary for Health & Social Care has announced a cancer data development road map which forms part of DHCW's 2025/26 remit letter. This will include cancer sub type reporting and better reporting of diagnostic data.

Further consideration will be undertaken with DHCW of what can begin to be reported by 2026/27, along with the feasibility of developing a fully linked dataset across cancer and diagnostics.

Recommendation 14

Health Boards should make improvement in processes, partnerships and investment in specific community pathways to reduce delayed pathways of care. Timescale – within 6 months.

14a) Hospitals must ensure that all admitted patients are placed on D2RA pathways in line with the national Hospital Discharge Guidance, and delays by pathways should be published within 3 months.

14b) Welsh Government should run an audit of use of trusted assessors across the 7 health boards and 22 local authorities in May 2025, repeated in October 2025. This should be published in November with justification from the health board and/or local authority where this has not been implemented.

14c) A rapid study should be undertaken within 3 months, by Welsh Government working with health boards, to identify which patient groups/pathways consistently experience the longest pathway of care delays, especially when associated with long time spent in emergency departments. This should be used to target investment in linked community services for winter and future budgets.

- The Performance and Productivity Unit (see Recommendation 19) should then use pathways of care delays for patients requiring no onward care (pathway 0) as a proxy for where hospital processes must be improved to reduce delays.

Welsh Government Response: Accept

Enabling improvements in pathways of care delays is accepted and recognised as a priority of the Welsh Government, including as part of one of the First Minister's priorities of improving access to social care, and the actions of the Cabinet Secretary for Health & Social Care's 50-day challenge in 2024/25. Ensuring ongoing improvements feature as part of the Six Goals for Urgency & Emergency Care Programme (Six Goals) plan for 2025/2026 which will focus in greater detail on patient flow. Detailed dashboards reviewing these metrics are in place and will be reviewed frequently with the escalation process used as necessary to support continued progress.

In relation to publishing delays by pathways, this information is already available; The Welsh Government will develop a process for its routine publication.

An audit of pathways of care is currently being undertaken by the NHS Executive. This MAG recommendation aligns to the findings to date, and a further audit of

compliance with the trusted assessor guidance will be commissioned as part of a phase 2 audit on completion of the initial review in the coming months.

A rapid study to identify patient groups / pathways consistently experiencing the longest delays will be commissioned via the NHS Executive's Six Goals programme building on recent work undertaken as part of the 50-day challenge. Digital Health and Care Wales (DHCW) will be engaged regarding the feasibility of linking patient level data between Emergency Department (ED) and inpatient wards to enable an understanding of any relationship between long stays in ED and long inpatient stays / pathway of care delays. In that context work on linking ambulance, Emergency Department and inpatient data for non-injured fallers (or people who have fallen with minor injury or illness) has already been undertaken and Welsh Government officials have directed health boards to invest existing programme (Six Goals) funding towards the delivery of a 24/7 community-based falls response services.

Health boards are anticipated to deliver on the required improvements through utilising existing resources and funding streams. This includes working with partners on the necessary investment in community pathways through Regional Partnership Boards and prioritising existing funding streams such as the Regional Integration Fund.

Recommendation 15

Health Boards should ensure that no ambulance handover will exceed 45 minutes, with a focus on achieving the 15 minute target wherever possible. Timescale – within 6 months.

- Where the 15 minute handover time target is not possible, an absolute maximum handover time of 45 minutes should be introduced by October 2025.

Welsh Government Response: Accept in part

The expectation of health boards to deliver the ambulance patient handover guidance has been established as one of the enabling actions in the NHS planning framework for 2025/2026 (this guidance includes an expectation for 15-minute ambulance patient handovers).

Subsequently, a national ambulance patient handover improvement delivery group has been established and work is now underway. This is clinically led and supported by the Welsh Government and other national system leaders.

The intention is for a plan to be developed in the first quarter of 2025/26 to assess the potential readiness of NHS Wales to deliver a maximum emergency 45-minute ambulance patient handover time within six months and identify any associated delivery challenges, communications requirements, and risks.

The recommendation is accepted “in part” in relation to the timeframe for implementation overall.

Recommendation 16

Progress against the Six Goals for Urgent & Emergency Care Programme should be reported publicly, using the monthly health board performance reports (see Recommendation 21). Timescale – within 3 months.

- Health boards should ensure that performance reports are aligned with the 6 Goals metrics before winter 2025/26 and made public from June. The report should include both validated and unvalidated four hour performance data. The clinical group reviewing performance standards should ensure that performance metrics cover the full UEC pathway.

Welsh Government Response: Accept

A rapid assessment of Six Goals data will be undertaken to determine what can accurately and reliably be reported publicly over and above the information already available and integrated into existing health board and committee reports. This will also explore the potential to more effectively signpost existing published information where available.

All national statistics are validated and published having been subject to robust quality assurance mechanisms. Welsh Government statisticians receive data from health boards via DHCW after the relevant guidance has been applied.

The implementation of the Welsh Emergency Care Data System over the next 6 to 18 months will enable publication of a more clinically robust and consistent data set which will support implementation of more intelligent quality measures and will include updating current waiting times guidance.

A new emergency ambulance performance framework has been agreed and a second phase review of 999 incidents not categorised as an *arrest* or *emergency* is underway. It is anticipated that this will report to the Cabinet Secretary for Health & Social Care in June 2025.

A scoping review of Emergency Department measures has been undertaken. An ED performance framework will be developed based on learning from the ambulance measures work and is anticipated to be submitted to the Cabinet Secretary for Health & Social Care for consideration during the first quarter of 2025/2026. This will include performance metrics for the full UEC pathway.

Recommendation 17

A consistent framework for escalation levels within the Urgent & Emergency care system should be introduced by October 2025, using the OPEL framework in England, adapted for the Welsh service where needed. Timescale – within 6 months.

- This recommendation should be enabled by the development of a "Once for Wales" digital support tool.

Welsh Government Response: Accept in part

The NHS Wales escalation status framework was launched in December 2024. For clarity this relates to the operational escalation status of organisations on a day-to-day basis in response to operational capacity and challenges, as opposed to the intervention and escalation framework which is related to the performance of NHS bodies in Wales.

In developing the NHS Wales escalation status framework consideration was given to comparable frameworks in place elsewhere, including the OPEL framework.

We acknowledge however that there is currently variation in the consistency with which NHS Wales bodies report and that there is a need to standardise this approach. An initial outline of the approach required to increase standardisation is underway and further consideration will be given to the actions required on a system basis to address any variation.

Recommendation 18

Welsh Government should consolidate all accountability and escalation meetings with health boards and trusts into individual monthly Performance and Productivity meetings, with a key focus on delivery against key areas of both performance and productivity, and progress made with the recommendations of this report. Timescale – within 3 months.

- The CEO of NHS Wales should chair each Performance & Productivity meeting. The meetings should be attended by the CEO of the health board, and at a minimum the medical director, nursing director, finance director and those responsible for operational performance.
- The outputs of performance meetings should be shared with the Cabinet Secretary and the Chair of the relevant health board or trust, with items escalated for discussion as appropriate. This would help clarity and delineate of the role of the Chief Executive and the Chair of each health board and trust, allowing the Chief Executive to focus on operational performance and allowing the Chair to focus on board governance, culture and managing the strategic relationship with the be elected leadership of the local authorities and other key stakeholders. It would also alleviate the onerous duplication of time and effort created by the parallel operational oversight machinery currently in place between the Cabinet Secretary/health board/trust Chair and the NHS Wales/health board/trust CEOs.
- The monthly performance meetings should replace all relevant existing monthly escalation and performance meetings. This should therefore replace the current JET, IQPD, oversight & escalation, and system NHS Performance Board meetings. The Oversight and Escalation framework should therefore be enacted through these performance meetings.
- The associated reduction in escalation interactions and meetings should allow health boards and trusts more time to focus on the immediate performance and productivity task. In parallel Welsh Government should consider strengthening the incentive and sanctions associated with delivery and non-delivery.

Welsh Government Response: Accept in part

The Welsh Government recognises the need to streamline and simplify existing accountability and delivery arrangements where this is required, and is taking steps to do so. This includes actions such as reducing the number of priorities, providing clear direction in the planning framework and developing a new approach to support the Cabinet Secretary for Health & Social Care to hold NHS Wales Chairs to account in 2025/26.

It is recognised that the frequency of interaction with health bodies, especially health boards, has increased due to the rise in escalation status of NHS Wales bodies and increasing actions or direction required from Welsh Government to enable progress in key priority areas.

We will consider how best to implement the recommendation reflecting the principle which the MAG report acknowledges (and with which we agree) that we should aim

to streamline the number of meetings whilst ensuring strengthened focus and accountability (recognising also that heightened escalation requires additional scrutiny in order to improve delivery, and that we should allow differentiation and earned autonomy to reflect progress). We will set out our conclusions within one month.

Recommendation 19

A managing director should be appointed to directly manage and oversee the NHS Executive which will be renamed the Performance and Productivity Unit (PPU). Timescale – appointment within 3 months.

- The Managing Director (MD) should be of sufficient seniority to support the CEO of NHS Wales in holding their NHS colleagues to account. The Managing Director should be accountable to the CEO NHS Wales and be a member of the Welsh Government Executive Director Team (EDT). The Managing Director should have direct line management accountability for the budget and resources of the PPU, which will include the functions and resources which currently reside in the NHS Wales Executive. This resource of around 400 WTE should be renamed the Performance and Productivity Unit (PPU). The Managing Director should ensure that these resources are transparently aligned to the single goal of improving the productivity and performance of the NHS across Wales. There are options for how this resource is deployed, including out-posting to Health Boards and regions to support specific improvement interventions.

Welsh Government Response: Accept in part

The Cabinet Secretary for Health & Social Care has set out his intention to strengthen the operational leadership of the NHS Executive, streamline the organisation and ensure it has the right capacity and skill mix in the right areas to undertake the functions we require. This includes ensuring that resources and funding are fully aligned with Welsh Government priorities and expectations, including the key goal of delivering improvements in performance.

We will appoint a Managing Director. This individual cannot however simultaneously be a member of the Executive Director Team (EDT) in the Welsh Government. There is a legal distinction between the NHS Executive staff employed by NHS Wales and hosted by Public Health Wales, and members of the EDT who are employees of Welsh Government. The Managing Director will necessarily work closely with the EDT.

We agree with the need to rename the NHS Executive to better reflect its function and we believe that a reference to performance in its title is important to give the necessary visibility to this overarching priority. Given that the NHS Executive will have important ongoing responsibilities in relation for example to improvement, value and sustainability and clinical expertise in service improvement (all of which are

underpinned by that commitment to better performance) we are proposing that it be renamed NHS Wales Performance and Improvement.

Recommendation 20

Medical leadership should be strengthened under the leadership of new post of Medical Director of NHS Wales. This is a new post separate from and equal in status to the existing Chief Medical Officer post. Timescale – appointment within 3 months.

- The Medical Director's priority responsibilities should include:
  - Developing an organisational culture that supports the development of a continuously improving, clinically led and data driven NHS in Wales.
  - To anchor and align the clinical leadership capacity and capability within the PPU and NHS Wales to the corporate performance, productivity and clinical transformation agenda.
  - Through the health board medical directors and the associated clinical leadership teams, to drive the implementation of GIRFT recommendation detailed in this report and reiterated by the Cabinet Secretary in his letter to NHS Chairs on 20th December 2024.
  - Through the health board medical directors and the associated clinical leadership teams, to provide the clinical leadership to drive and support the recommendations detailed elsewhere in this report with regard to planned care, urgent care, cancer and diagnostics.
  - To work with the regions, health boards and clinical networks to support, develop and implement regional solutions to fragile services as discussed later in this report.
  - Through the health board medical directors and the associated clinical leadership teams, to drive and prioritise the implementation of HealthPathways (Pathway Alliance Programme).
  - Through the health board medical directors and the associated clinical leadership teams, to drive the implementation of the Value & Sustainability Board agenda including high value pathway interventions and the medicines management work programme.
  - To put in place mechanisms to ensure the alignment of job plans, appraisal and revalidation.

Welsh Government Response: Accept in part

The Welsh Government agrees that there is a requirement to strengthen medical leadership to deliver improved productivity and performance, including the wider areas set out in this recommendation (e.g. implementation of GIRFT, HealthPathways, value & sustainability) as well as the specific productivity and performance recommendations in the MAG report.

The Welsh Government's Chief Medical Officer holds the role of Medical Director for NHS Wales and is supported by two DCMOs; a Deputy Chief Medical Officer (NHS)

and a Deputy Chief Medical Officer (Public Health & Protection). This structure has been strengthened in the last year.

We propose that the Deputy Chief Medical Officer (NHS) will be appointed National Clinical Director of NHS Wales. They will hold specific delegated responsibility to provide medical leadership to the NHS Executive. This would provide the strengthened clinical leadership for all the work of the NHS Executive, in the way envisaged by the recommendation and is consistent with our statutory arrangements which require that decisions and direction on medical leadership for organisations must ultimately come from the Welsh Government (on behalf of Ministers).

Recommendation 21

It is recommended that health boards commission the Welsh NHS Confederation to develop a standardised health board performance dashboard. The dashboard should be used in the public part of board meetings and to support the Performance and Productivity meetings. Timescale - within 3 months.

Welsh Government Response: Accept

National performance dashboards on an all-Wales basis which are based on the national performance framework are produced monthly and provided to the NHS Wales Leadership Board.

Health boards have access to the national performance dashboard and have developed local versions of the national dashboard for their public board in local reports. There is some variability and inconsistency driven by the inclusion of local metrics and priorities.

The Welsh Government will review the performance metrics in the national dashboards and for consistency will establish a local standardised template (and discuss this with local health boards and the Welsh NHS Confederation on a Wales-wide basis). We will complete this within three months. We will then require health boards to ensure that a local dashboard in the standard format is used in public boards in order to allow consistent and comparative analysis. This can of course be supplemented by local intelligence to allow deep dives into local issues, but not presented in a way which has the effect of de-standardising the performance dashboard.

Recommendation 22

A total factor productivity model and workforce productivity model should be developed for NHS Wales and implemented in advance of the next budget. Timescale – within 12 months.

Welsh Government Response: Accept

The Welsh Government acknowledges the challenge reflected in the MAG report on workforce productivity which is faced by a number of healthcare systems.

Specifically, the report references that the growth in the workforce has increased since the Covid-19 pandemic at a rate that outstrips activity growth over the same period. The Welsh Government recognises this challenge, however the analysis in the report represents medical workforce and some core activity measures only, and the basis of comparison across systems is not consistently comparable.

It is also acknowledged that the priority of NHS Wales through the Value & Sustainability Board and other arrangements has been to focus on specific actions to address variation and improve productivity such as reducing agency expenditure, and the detailed actions to improve productivity have been prioritised over the development of a high-level measurement of system productivity. It is recognised that there would be a benefit in developing a strengthened system-wide measurement of productivity, alongside the detailed actions being taken.

Over the next 12 months the Welsh Government will develop this work, considering the model and methodology to deploy, and whether to develop that in-house, or utilise external models.

Recommendation 23

From the June health board meeting cycle of the 2025/26 annual year going forward workforce head count and productivity data should be reported to the monthly public meeting of the health board. This should include data on both directly employed and the GMS and other independent contractor workforce. Working with the PPU the health boards should agree annual workforce productivity targets. Timeframe – within 3 months.

Welsh Government Response: Accept

As set out in the response to Recommendation 22, the Welsh Government recognises the challenge set out by the MAG in relation to workforce productivity.

Workforce headcount and whole time equivalent data already features as part of board reporting across NHS bodies. The MAG suggests that other productivity data should be reported on a monthly basis to Boards alongside workforce data. We agree this would be helpful.

In order to take forward this recommendation, we propose that following the development of the workforce productivity or total productivity model in Recommendation 22, that this be used as the basis for reporting at a health board level. In the meantime, NHS bodies should explore and consider this recommendation and adopt a local approach if data allows and as a minimum should

report to monthly public board meetings on the implementation of the enabling actions in the 2025/28 Planning Framework which relate to productivity enhancement.

Recommendation 24

HEIW should work with the PPU (see Recommendation 19) to ensure that leadership programmes are in place to support the "threes at the top" of clinical services in health boards and trusts. Timescale – within 6 months.

Welsh Government Response: Accept

The importance of effective leadership development programmes to support NHS Wales leaders is recognised and is a feature of a significant amount of activity within the NHS in Wales.

The principle is acknowledged that it is important to consider if additional leadership programmes are required, or existing programmes should be strengthened, to support the continued development of performance & productivity and the service transformation agenda.

Health Education and Improvement Wales (HEIW) have been directed through the 2025/26 remit letter from Welsh Government to strengthen the leadership programme supporting operational managers in this financial year. This work is being progressed.

The 'threes at the top' are referred to in the report as a lead doctor, a lead nurse and a lead manager (plus a lead allied health professional). The Welsh Government further believes that this recommendation should apply to all leadership roles required to support the delivery of this agenda over time.

Recommendation 25

NHS Wales should commission from DHCW a comprehensive roadmap for the delivery of Missions 2 and 3 of its Organisational Strategy over a 24 month period, to be published within 6 months. No health board should move forward with any EMR or App development until the roadmap is established. Full consideration should be given to aligning the NHS Wales App with the NHS England App. Timescale – within 6 months.

Welsh Government Response: Accept in part

DHCW have been provided with a remit letter from Welsh Government setting out the priorities for 2025/26. The development of the national architecture is work in progress.

Mission 2 of the remit letter includes diagnostics, EMPA, the NHS Wales App, WPAS, Welsh Clinical Portal, vaccines and national architecture, and most of these programmes should be significantly progressed within 24 months.

Welsh Government has also commissioned DHCW to lead work on the National Target Architecture in collaboration with NHS Wales to map the current state architecture and define the future state to support future investments in digital transformation.

The sub-recommendations are accepted in relation to EMR/ EHR development at health board and trust level not moving forward until the roadmap is established.

The National Data Resource (NDR) programme includes a standards-driven Care Data Repository to ensure interoperability, and a secure data environment. The NHS Wales Technical Planning Guidance 2025-28 includes an action for health boards and trusts to have plans in place to flow data into the National Data Resource and make fuller use of APIs associated with NDR.

The Cabinet Secretary for Health & Social Care has set out specific expectations to the system in relation to the NHS App in 2025/26 and there are specific components which are the priority for this stage of development. It is recognised that there should be comparable functionality for the NHS App across both Wales and England, with the associated benefits that would bring, and this will be considered in the onward development and implementation of the app. However, the order in which the functions are developed and rolled out need to reflect the priorities of NHS Wales.

Recommendation 26

The Cabinet Secretary should work with ministerial colleagues to prioritise the need to address Wales' data sharing policy and associated framework position with a view to accelerating the incorporation of datasets into the National Data Resource. Timescale – within 12 months.

Welsh Government Response: Accept

A plan has been developed with the activities and actions required to provide the required clarity to the system through a combination of legislative and policy proposals.

Recommendation 27

In addition to the plan for pathology and endoscopy (see Recommendations 6 and 7), health boards should work together as regions to identify two priority fragile services to be addressed in 2025/26 and thereafter a further two on an annual and ongoing basis. To facilitate this work, resources and support will be provided by the PPU. Timescale – within 12 months.

Welsh Government Response: Accept in part

The Welsh Government recognises that sustainable service solutions that deliver the best outcomes for the population may require a strengthened approach at a regional level. The Cabinet Secretary for Health & Social Care has set out this expectation to health boards in Wales and has implemented actions to strengthen regional working and the associated delivery structures and mechanisms.

Consideration will be provided to the resources and support required to deliver this agenda as part of the realignment of the resources within the NHS Executive as outlined in the response to Recommendation 19.

These changes will likely require significant investment in either capital or revenue terms (or both), but may also present the opportunity to improve the utilisation of resources and deliver greater resilience in service and workforce terms. Detailed options appraisals and robust cases will be required to support material changes along with ensuring necessary consideration for both the impact assessment associated with any changes and engagement with the public and stakeholders.

The Welsh Government expectation is that on a regional basis health boards prioritise this agenda and make significant progress in the next 12 – 24 months in areas of identified local and regional priority. The recommendation is accepted “in part” only in relation to the question of timescale, though recognising that urgent progress is required.

Recommendation 28

The capital allocation should be uplifted on an ongoing annual basis and aligned to the annual planning and prioritisation process. Timescale – within 12 months.

Welsh Government Response: Accept in part

It is recognised that the health capital budget requires consistent and sustained recurrent increases in available funding. This is required on a longer-term basis in order to provide funding certainty to longer-term capital programmes.

Significant work and progress has been made on the longer-term capital requirements of the service and the ten-year outlook and prioritisation framework.

This recommendation is beyond the authority of the Health Social Care & Early Years Group and the Health & Social Care MEG. Decisions on future budgets are subject to decision by the wider Welsh Government and Cabinet on future budget setting which will depend on the overall budget approach and resource availability.

Recommendation 29

Welsh Government should conduct a review of preferred options for generating non-exchequer capital for the Cabinet Secretary for Health and Social Care to consider ahead of 2026/27 capital round. Timescale – within 9 months.

Welsh Government Response: Accept

The Welsh Government recognises that alternative sources of capital and different solutions may be required to meet the scale of the capital challenge facing the NHS. These have already been deployed as outlined in the MAG report in examples such as the Mutual Investment Model.

A review of the different options for alternative sources to traditional capital has been undertaken. This will be considered in detail against future priority capital schemes to consider where specific alternative sources are realistic options, which, as the MAG report recommends can be considered in advance of the 2026/27 capital round.