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ARAC Escalation De-escalation - Governance and Leadership Criteria – Evidence and Assessment (14th October 2025)

Overview of ARAC Criterion

- The purpose of this paper is to focus on the changes to Escalation Framework between March 24 and September 2025
- For assurance, all criterion aligned to ARAC remains on-track with no changes since the Committee last met in August 2025
- Therefore, this paper will focus on the escalation changes which naturally impact criteria 43

Criterion	Requirement	Current Status
Criteria 41	Revised standard operating processes in place following the organisational restructure assessed as effective by internal audit	Assure - Partially complete - Internal Audit review scheduled for Q3 2025/26 (due 31/12/2025)
Criteria 42	Effective oversight and scrutiny of current service provision consistently being provided by the Board and the appropriate Committee(s) as demonstrated by Committee and Board papers, including evidence of Board considering the Duty of Quality to inform their decision making	Assure - Fully complete (approved) - Duty of Quality now embedded in Board decision templates; Structured Assessment 2024 confirmed effective oversight
Criteria 43	Effective programme and performance management structure is in place, with effective Board oversight and a clear performance and delivery framework that drives improvement	Advise - Partially complete (overdue) - IPAR tracking 42 KPIs; Internal Audit Substantial Assurance (April 2025); Board Maturity Matrix rates "Delivery of Outcomes" at Level 2 only
Criteria 44	Board is sighted on key risks and areas of concern on a regular basis and is able to offer constructive scrutiny on performance and effective oversight and scrutiny	Assure - Fully complete (approved) - BAF and Corporate Risk Register received quarterly; Risk Appetite Statement refreshed January 2025; Board Maturity Matrix rates risk management at Level 4
Criteria 45	Clear governance and assurance systems in place with issues escalated appropriately through clear structures and processes	Assure - Partially complete (overdue) - Triple-A escalation model (Alert/Advise/Assure) implemented January 2025; ToRs refreshed; six-monthly review scheduled December 2025
Criteria 49	Self-assessment against the governance and leadership maturity matrix with evidence the agreed level	Assure - Partially complete (overdue) - Board self-assessment completed April 2025; externally benchmarked; endorsed by ARAC May 2025; Welsh Government content with processes
Criteria 51	The Board acts on, and addresses appropriately, concerns raised through NHS regulators such as HIW	Advise - Partially complete (overdue) - 17 HIW recommendations outstanding (down from 51 in Feb 2024); concerns remain regarding pace of closure on high-risk items; new WG criterion added July 2025 requiring robust escalation, tracking, closure and organisational learning. However, there is clear progress being made.



Executive Summary for Committee

The escalation framework governing the health board has undergone substantive evolution across multiple documented versions between March 2024 and September 2025. Importantly, the health board achieved significant positive progress during this period - de-escalating from whole-organisation Level 4 in January 2024 to a varied position by September 2025, with planned care, cancer, and governance/leadership at Level 3, and CAMHS fully de-escalated to Level 1 (routine monitoring). This represents considerable organisational achievement and should be recognised as such.

However, the framework itself has evolved alongside these improvements. Criteria have been refined, baselines clarified, and new requirements introduced. Some changes represent increased specificity that strengthens auditability (such as explicit monthly case limits for Healthcare Acquired Infections rather than percentage reductions from varying baselines). Other changes represent additional expectations (such as the introduction of urgent and emergency care enabling metrics in September 2025). Some criteria moved in one direction and then adjusted back (Healthcare Acquired Infections percentage reductions were recalibrated between draft and final versions in spring 2025).

This raises governance considerations for ARAC about maintaining stable planning assumptions whilst expectations are refined. The committee oversees whether the Health Board maintains "effective programme and performance management structure in place (Criteria 43), with effective Board oversight and a clear performance and delivery framework that drives improvement." The health board has achieved Substantial Assurance from Internal Audit on its performance management arrangements, and the Integrated Performance Assurance Report now tracks forty-two key performance indicators with twenty-eight benchmarked nationally. However, when the external framework against which performance is measured is amended; this raises governance considerations for ARAC about maintaining stable planning assumptions and aligning evidence accordingly to any refinement.

Documentary Evidence: The Framework Versions Reconciled



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The papers provided to the committee, cross-referenced with the formal ARAC paper timeline, contain these versions:

Escalation Framework - March 2024 - Initial targeted intervention document setting out the whole-organisation Level 4 escalation, with broad domain expectations and initial de-escalation criteria. For example, urgent and emergency care baselines were set from October to December 2023 data, and planned care targets included a requirement that eighty percent of open pathways should be waiting less than fifty-two weeks.

Escalation Framework - Draft (4 March 2025) - Following successful de-escalation of planned care, CAMHS, and governance/leadership from Level 4 to Level 3, this draft proposed revised de-escalation thresholds. Healthcare Acquired Infections were specified as requiring C. diff forty percent reduction, Staph aureus twenty-five percent reduction, and E. coli twenty percent reduction from an agreed baseline (the baseline date was not yet specified in this draft). Fragile services included a requirement that sixty-eight percent of R1 ophthalmology pathways should be within or no longer than twenty-five percent of their target date, maintained for three months.

Escalation Framework – Revised (following health board comments) - This version responded to health board feedback on the March draft. Healthcare Acquired Infections thresholds were reset to twenty-five percent for C. diff (reduced from the draft's forty percent), thirty-three percent for Staph aureus (increased from the draft's twenty-five percent), and twenty-five percent for E. coli (increased from the draft's twenty percent). Critically, this version introduced explicit baseline dating - Quarter 3 of 2023/24 - and translated percentage reductions into monthly case maxima. For example, C. diff was specified as reducing from an average of eight cases in Q3 2023/24 to no more than six cases per month. The R1 ophthalmology target was adjusted from 68% back to 65% (in line with the original 2024 framework).

Escalation Framework - Final (30 June 2025) - The health board formally agreed this version. The document control table records that amendments were made, including governance de-escalation criteria updated on 12th June 2025. This represents the stable (final) framework following the March 2025 de-escalation decisions.

Documentary Evidence: The Framework Versions Reconciled



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Escalation Framework - July 2025 - Following further assessment, cancer moved from Level 4 to Level 3, and CAMHS moved from Level 3 to Level 1 (routine monitoring - a recorded change in status). The framework now specified that Level 4 escalation remained for finance, strategy and planning, urgent and emergency care, Healthcare Acquired Infections, and fragile services. Level 3 applied to planned care, cancer, and governance/leadership. This version added several new requirements. Urgent and emergency care gained a requirement to "deliver the UEC enabling actions in the 2025-28 planning guidance" - a programme delivery expectation that was not present in earlier versions. The governance of the escalation process was refined, specifying that quarterly escalation meetings would continue but May and November meetings would be aligned with Joint Executive Team meetings. Cancer, now at Level 3, had its de-escalation threshold increased from sixty percent (the Level 4 standard) to a minimum of sixty-three percent sustained for three months to reflect the new level 3 status.

Escalation Framework - September 2025 - This version introduced significant process and metric additions whilst escalation levels remained unchanged. A new de-escalation section described two approaches to de-escalation. The first approach maintained the previous model where Welsh Government coordinates monitoring and review, with de-escalation occurring when sufficient improvement is demonstrated (even if all criteria are not yet met, provided there is a credible plan to maintain improvements). The second approach introduced an automatic trigger mechanism for domains with quantifiable outcomes and targets. When an NHS organisation meets de-escalation criteria for a specific domain and sustains that performance for the agreed period, de-escalation to the next level would be automatically triggered outside the normal quarterly escalation cycle, confirmed in writing. This represented a material change in process that creates opportunity for faster de-escalation if sustained performance can be demonstrated. Urgent and emergency care gained two entirely new enabling metrics: a requirement for sustained monthly reductions of at least five percent in the number of people admitted as emergencies who remain in hospital over twenty-one days since admission (baselined to November 2023), and sustained monthly reductions of at least five percent in pathways of care with assessment issues (also baselined to November 2023). Both metrics require three consecutive months of five percent monthly reduction before they enable de-escalation consideration.

The organisational change from NHS Wales Executive to NHS Wales Performance & Intervention (NHS P&I) as the named intervention body directing support occurred during this period, altering the formal engagement routes and evidence submission formats.

Finance Expectations Evolution: Material Changes by Framework Version



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March 2024 Framework (Original Level 4)

Context - Whole organisation escalated to Level 4 in January 2024.

Key Finance De-escalation Criteria:

1. Demonstrate robust financial governance and control environment
2. Substantial progress delivering the targeted intervention action plan
3. Annual plan demonstrating substantial financial improvement trajectory to deliver as a minimum the target control total (TCT)

Implications for Assurance - The health board needed to show it could meet the annually-set financial target (Target Control Total) that Welsh Government assigned. Focus was on annual delivery.

March 2025 Framework (Following partial de-escalation)

Context - Health board de-escalated to Level 3 for planned care, CAMHS, and governance/leadership in March 2025. Finance remained at Level 4.

Material Change:

- No substantive change to finance de-escalation criteria at this point
- Finance expectations remained focused on "target control total" delivery

Implications for Assurance - Despite other areas improving, finance expectations stayed the same, reinforcing that the fundamental financial challenges persisted and the TCT remained the key focus for the Health Board.

Finance Expectations Evolution: Material Changes by Framework Version



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July 2025 Framework (Following cancer de-escalation)

Context - Cancer moved from Level 4 to Level 3; CAMHS de-escalated to Level 1.

Material Finance Changes:

1. Baseline Reference Point Changed

- Before - "deliver as a minimum the target control total"
- After: "deliver as a minimum the 2024/25 outturn position set for the health board"

Why this matters – Changes the planning reference point to the 2024/25 outturn (minimum) and introduces a three-year trajectory to in-year balance.

2. Trajectory Timeframe Extended

- Before "significant progress towards delivery of the target control total"
- After: "significant progress towards in-year financial balance over the next three years"

Why this matters - Sets a three-year strategic horizon whilst maintaining expectation of continuous improvement.

Finance Expectations Evolution: Material Changes by Framework Version



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3. De-escalation Criterion 3 Reformed

- Before: "Annual plan developed with board approval demonstrating a substantial financial improvement trajectory to deliver as a minimum the target control total."
- After: "Demonstrate a substantial financial improvement trajectory to deliver as a minimum the outturn position of 2024/25, and three-year trajectory to in-year financial balance."

Why this matters:

- WG believe the TCT would represent a backward step from 2024/25 financial performance (the floor)
- Credible plan showing path to balance over three years (the destination)
- Annual plan is anchored to the target control total

4. Terminology Alignment

- Before: "targeted intervention action plan"
- After: "level 4 action plan"
- **Why this matters:** Minor but aligns with framework language consistently.

Finance Expectations Evolution: Material Changes by Framework Version



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September 2025 Framework (Current)

- **Context:** No further de-escalations. Finance remains Level 4.

Refinements (minimal changes from July):

- July wording: "outturn position of 2024/25, and three-year trajectory"
- September wording: "outturn position of 2024/25 and progress towards three-year trajectory"

Why this matters: wording clarified to "progress towards" the three-year trajectory rather than implying the full trajectory must be in place immediately. However, the fundamental expectation remains unchanged: demonstrate continuous improvement from the 2024/25 baseline toward in-year balance within three years.

Urgent and emergency care demonstrates how requirements can accumulate through successive framework versions, with each addition representing legitimate policy development but cumulatively increasing the evidence burden for de-escalation.

Escalation Framework - March 2024 set out four core de-escalation criteria:

- Continuous reduction of ambulance handovers over one hour of at least eleven percent in three consecutive months, maintained for three months (baseline: October-December 2023)
- Continuous improvement towards no more than seven percent of patients waiting over twelve hours at each site and across the health board
- Median time from arrival at emergency department to assessment by clinical decision maker should not exceed sixty minutes
- Continuous reduction in delayed pathways of care of five percent for three consecutive months and then maintained (baseline: October-December 2023)

These four criteria established the performance expectations against which urgent and emergency care would be assessed for de-escalation readiness.

Escalation Framework - July 2025

Added a fifth requirement: "Delivery of the UEC enabling actions in the 2025-28 planning guidance." This represented a shift from pure performance metrics to include programme delivery expectations. The organisation must now demonstrate not only that waiting times, handovers, and flow are improving, but also that it is implementing the specific pathway redesigns, workforce models, and system changes prescribed by the enabling actions set out under the 25-28 planning guidance. This broadens the evidence base required for de-escalation beyond quantitative thresholds into qualitative programme implementation.



Escalation Framework - September 2025 introduced a sixth and seventh requirement through a new section titled "The enabling metrics for de-escalation are:" followed by two additional criteria:

- "A three-month continuous reduction of at least five percent in each month (from the November 2023 baseline) in the number of people admitted as an emergency who remain in hospital over twenty-one days since admission."
- "A three-month continuous reduction of at least five percent in each month in pathways of care assessments issues (from the November 2023 baseline)."

The committee should understand what "continuous reduction of at least five percent in each month" means mathematically. If November 2023 had 100 staying over twenty-one days, the first month requires achieving 95 (a five percent reduction from one hundred). The second month requires five percent reduction from 95, reaching 90/91 patients. The third month requires five percent reduction from that figure circa 85/86 patients. Over three months, this compounds to approximately a fourteen to fifteen percent total reduction from the November 2023 baseline.

The consequence for urgent and emergency care is that the organisation now has seven distinct requirements (four original performance criteria, one programme delivery criterion, and two enabling metrics) that must all be achieved before de-escalation can be considered. Each addition individually represents a reasonable expectation. Cumulatively, they require the Health Board to demonstrate improvement across performance, programme delivery, and system partnership dimensions simultaneously, with sustained delivery over three-month windows and specific monthly reduction trajectories.

Why Fixed Reference Points Matter for Escalation



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Why Fixed Reference Points Matter for Planning

Annual planning requires stable reference points against which to make resource allocation decisions. When the Board approves the annual plan each March, it commits finite transformation resource, approves specific savings schemes, and sets executive objectives based on defined escalation criteria. Whilst, planning will always be iterative and continuous, a level of continuity around the assumptions and the measures of success remain consistent throughout. This in turn, allows the Health Board to design work, allocate resources, and track progress against known targets.

This is not about rigidity but about the practical realities of delivery. Research undertaken by the Health Foundation suggested health organisations needed around 17 months minimum to embed measurable improvements. This is further reinforced by where the research found that “having too many targets can lead to ‘priority thickets’, where the number of competing priorities causes confusion about what really matters” Savings schemes require time to implement and deliver benefits. Performance improvement needs sustained focus and resource commitment. When the criteria against which success is measured change midway through the delivery cycle, it creates genuine questions about whether the original resource allocation, programme design, and trajectories remain fit for purpose.

How Criteria Changes Create Governance Challenges

Two domains remained at Level 4 throughout 2024/25 but experienced material changes to their de-escalation criteria, illustrating the governance challenges that arise when planning reference points shift.

Finance provides the clearest example of how in-year target changes affect planning assumptions. The Health Board planned to deliver a deficit of £31.5m (the target control total). Through the year, this target was revised, with the Health Board ultimately delivering an outturn position of £24.1m. This represents a material movement to the annual plan, which sought to address and manage resources across all aspects of the escalation framework, ministerial priorities and the planning and performance frameworks.

Why Fixed Reference Points Matter for Escalation



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Governance consideration - Where national expectations are refined during the year, ARAC oversees a formal criteria change control: we record the old and new wording with dates, confirm baselines, re-base trajectories and risks, re-sequence resources, and reset the evidence requirements (including any enabling actions/metrics and automatic de-escalation triggers). The Committee then applies two tests: (1) no material deterioration against the previously agreed measure; and (2) credible, sustained progress against the revised requirement. This preserves transparency for the public record, ensures fair comparison across periods, and keeps the Board aligned to the evolving framework, consistent with Criterion 43 on effective programme and performance management



ARAC - Recommendations (Escalation Framework)

- **NOTE** the documented movements to the Escalation Framework (clarified baselines, enabling actions/metrics, automatic de-escalation route) and their assurance consequences.
- **ACKNOWLEDGE** (Criterion 43) that where measures change in-year, progress will be judged on two tests: (i) no deterioration against the previous measure; (ii) sustained progress against the revised requirement within existing resources.
- **RECEIVE** future Escalation Framework returns with a simple Change Note (old→new wording, date, baseline) and a compact Change Log, plus sustained-delivery flags where additional resources are going to be required or there is a material deviation to the annual plan

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

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



**Llywodraeth Cymru
Welsh Government**

Dr Philip Kloer
Chief Executive
Hywel Dda University Health Board

philip.kloer@wales.nhs.uk

Our Ref: JP/MR/HP

18 August 2025

Dear Phil

Quarterly escalation meeting

Thank you for attending the quarterly escalation meeting on the 29 July 2025, along with members of your Executive team, and for providing the slides which provided a helpful overview ahead of the meeting. These slides form an important part of the meeting record.

This was our first escalation meeting since the recent de-escalation announcements when we confirmed the following escalation status:

- Level 4 for finance, strategy and planning, performance and outcomes related to urgent and emergency care, and quality of care related to HCAs and fragile services.
- Level 3 for performance and outcomes related to planned care and cancer and leadership and governance.

The changes in the escalation status are in line with our improving confidence in the organisation and that the Board is able to implement the required changes. It is essential that this improvement journey continues. A refreshed escalation framework has been shared with you for comment.

Apologies were noted from Huw Thomas, Sharon Daniel, Ardiana Gjini, Mark Henwood and James Severs from the health board and Sue Tranka, Helen Arthur, Samia Edmonds and Olivia Shorrocks from Welsh Government.

All actions from the previous meeting had been completed or would be picked up in this discussion

Finance and planning

Your initial plan aimed to deliver the control total of £31.5m, which included £44m of savings. You have been able to de-risk some elements during quarter 1 and are taking a paper to your July Board advising of a revised end of year position of £30m deficit. Whilst this is positive progress, it does remain above the expectation of delivery of the 2024/25 outturn of a £24m deficit as a minimum. You continue to drive savings, including reduction in agency spend, and your green savings plan was at £22m in month 3. You recognise there is a continued reliance on non-recurrent savings. You are working with colleagues in NHS P&I to develop a plan that delivers balance in three years.

Our assessment is that the £24m deficit position is deliverable and expect confirmation on how you will deliver that by 31 July. You highlighted there were a few schemes in place, but a full impact assessment was required before confirmation could be provided and you were trying to strike the right balance between finance, performance, quality and workforce. It is important that you set out the steps you are taking to confirm the outturn as soon as possible. We require clarity on your outturn for this year by 11 September.

You confirmed the reassessment against the planning maturity matrix had been completed and will be presented to the July Board meeting. Since the last review, the score for strategy development had reduced, noting there was still no long-term plan for health services across west Wales. There had been a good discussion at the planning committee and the maturity matrix will be used to support Board seminars.

You have started the 2026/27 planning process with the intention of agreeing a three-year IMTP.

Your assessment against the enabling actions, is that the majority have been assessed as either green or amber, with two red related to theatres and ambulance handover. On theatres, there are workforce issues in Glangwili, as well as sickness and this is an area you are focussing on. On ambulance handover, you recognise there is further work to do around streaming and redirection of patients. Plans have been developed, and you are expecting both areas to move to amber and green in due course.

The Clinical Services Plan (CSP) consultation has reached the mid-point review with over 1,600 responses, with a similar number attending health board events. There have been over 600 staff attending engagement sessions. The outcomes at present include some alternative options coming through, which will be tested once the consultation period closes. The main areas of concern relate to how far patients will have to travel and timeliness of access to services.

As part of the CSP, you have been in close contact with Swansea Bay UHB regarding the development of regional services with the next joint Committee scheduled for the middle of August. You also have input from the Mid Wales Committee, and you have recently taken the CEO lead for the Mid Wales Executive.

The Prince Philip MIU consultation has now closed, with over 700 responses received. Both Llais and the local action group SOSPAN have been involved from the start. You will be taking proposals to the September Board meeting.

Urgent and Emergency Care (UEC)

UEC is the most challenged performance area and is a significant area of focus for the health board for both performance and quality and patient experience. There are a number

of actions in place to improve ambulance handover, and there has been some improvement seen in Bronglais, but challenges are considerable in Withybush and Glangwili. Handover performance in Glangwili is one of the worst in Wales. This is an area you are looking to learn from others on and have been in contact with colleagues from Swansea Bay and Cwm Taf Morgannwg University Health Boards.

The length of time patients spend in the emergency department is also of concern. There is good clinical leadership, and you recognise there are a number of patients that could be managed differently. A paper went to the July Board on UEC transformation, including extending the SDEC model to 12 hours a day, 365 days a year and to develop a seven-day streaming model. There has been progress on workforce stabilisation, though not in delayed pathways of care. You confirmed a round table discussion with local authority partners was scheduled for the start of September to discuss winter and agree a memorandum of understanding.

Fragile Services

Stroke is part of the CSP discussion, and you are having discussions with Powys teaching Health Board, Swansea Bay University Health Board and Betsi Cadwaladr University Health Board about the appropriate patient flows, pathways and the comprehensive stroke unit for the region.

The aim is to deliver high quality services and the CSP had prompted a lot of debate, with the public recognising that having four units does not provide the right care. There has been a geographical divide on the responses received at present, with different views being offered. You recognise the current provision is not ideal and there is further work to do.

Quality and Safety

The health board continues to report an improved position for HCAs, but above the de-escalation criteria. There are detailed plans in place and an intensive focus on IPC. It was noted there is a seasonality issue with c-difficile and a time lag in relation to when antibiotics were used and the impact of c-difficile. There has been an issue with accessing FMT over the last couple of months and you are in discussions around setting up a FMT manufacturing plant in Wales. You are exploring the opportunity of using technical hygienists, particularly in the ED and Welsh Government colleagues are interested to discuss this further. You expected to see improvements in HCAs from September.

You continue to work collaboratively with Swansea Bay on hand hygiene and have changed the disinfectant being used across the health board. You reported there are two areas of work on-going, one with Dr Mike Simmons around the introduction of probiotic cleaners and with Tri Tech and University of Dundee around the introduction of UV222. We will be interested to hear the progress of this work.

Performance and outcomes

It was disappointing to see there were 104-week breaches at the end of June. There are pressures in orthopaedics and recovery plans are in place and you expect to achieve zero breaches at the end of quarter 2, although there are challenges in a couple of specialities. There has been progress in radiology, though there are still nearly 3,500 open pathways over eight weeks. There has also been an improvement in reporting times. There is a challenge in flexi-cystoscopy from urgent cancer referrals, but all other endoscopy was at eight weeks.

Cancer performance is being maintained over 60%. The backlog reduction has not had as much impact as I would like to see and there must be a focus in this area.

Governance and Leadership

There is now a full Executive team in place following the appointment of the Medical Director. The operational structure is now in place, with the senior posts in place with the exception of the Associate Medical Directors, which are to be advertised shortly. You are now moving on to phase 2 and to the filling of the roles below. The Clinical Care Groups are at an early stage of development. The early observations are this structure has been welcomed by staff, though there had been some reservation, and the new structure is supported by an OD programme of work. You highlighted you are open to receiving and listening to feedback from staff.

Summary

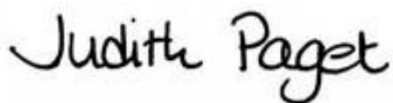
There has been progress seen in some areas that resulted in the recent de-escalation. The main areas of concern and challenge remain around finance and UEC. It is important on the finance side that you deliver the Cabinet Secretary's ask and the presentation of your savings as per Hywel's request. On UEC, you recognise the challenge over the coming 60 days in preparation for 45-minute handover from October and in improving the flow in the EDs and preparing the staff. I will be keen to see an improving position for HCAs in the coming months.

We agreed the following actions:

- Clarity on 2025/26 outturn by 11 September 2025.
- Robust plans for delivering the 45 minute handover from October.
- Focus on reducing the backlog of patients waiting over 62 days for the cancer treatment to commence.
- An update on the plans to reduce delayed pathways of care and winter preparations following the round table discussion with local authority partners.

I look forward to seeing further progress at the next meeting.

Yours sincerely



Judith Paget CBE

Attendance

List of attendees and noted apologies	
Health Board	Welsh Government
Dr Philip Kloer	Judith Paget - Chair
Andrew Carruthers	Nick Wood
Helen Mitchell	Jeremy Griffith
Shaun Ayres	Hywel Jones
Andrew Spratt	Jamie Kaijaks
Lee Davies	Gillian Knight
Lisa Gostling	Martyn Rees
Joanne Wilson	Gaynor Evans
Tracey Gauci	
Bethan Lewis	
Apologies	
Mark Henwood	Helen Arthur
Sharon Daniel	Samia Edmonds
James Severs	Olivia Shorrocks
Huw Thomas	Sue Tranka
Ardiana Gjini	