Cyfarfod Cyhoeddus y Bwrdd/ Public Board Meeting

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	30 July 2026
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Chief Executive's Report
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Professor Phil Kloer, Chief Executive Officer
SWYDDOG ADRODD: **REPORTING OFFICER:**	Professor Phil Kloer, Chief Executive Officer

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The purpose of this report is to update the Board on relevant matters undertaken as Chief Executive of Hywel Dda University Health Board (HDdUHB) since the Board meeting held on 28 May 2026.

Cefndir / Background

This report provides the opportunity to present items to the Board to demonstrate areas of work that are being progressed and achievements that are being made, which may not be subject to prior consideration by a Committee of the Board or may not be directly reported to the Board through Board reports.

Asesiad / Assessment

Escalation Board
Following the Escalation Board meeting on 3 June 2026, Welsh Government recognised recent improvements, while highlighting ongoing concerns regarding finance, performance and quality. In the subsequent correspondence (Appendix 1), Jacqueline Totterdell, Director General of the Health, Care and Prevention Group and NHS Wales Chief Executive, emphasised the need for stronger organisational grip, clearer delivery plans and a credible route to financial balance. Progress against the agreed actions continues to be monitored through the Health Board's escalation and governance arrangements. From a governance perspective, this was discussed in detail at the June 2026 Audit and Risk Assurance Committee Meeting.

NHS Wales Performance and Improvement Review Meeting
On 10 July 2026, the Health Board participated in a performance review meeting with Dr Chris Clayton, Managing Director of NHS Wales Performance and team. The discussion covered the Health Board's planning and delivery position across the four pillars of performance, quality, finance and workforce, including recovery plans, escalation areas, operational delivery and

regional dependencies, and acknowledged that further work is required prior to the next Escalation Board meeting on 4 August 2026.

Health Board's Planned Care Recovery Plan
In response to recent correspondence from NHS Wales and Welsh Government on Planned Care Recovery 2026/27 (Appendix 2), an Extraordinary Finance and Performance Committee meeting has been scheduled for 27 July 2026, to scrutinise the Health Board's Planned Care Recovery Plan. This will ensure the proposed approach has been subject to appropriate challenge prior to Public Board consideration and demonstrates Board ownership of the recovery plan before submission to Welsh Government.

Meddygfa Penrhyn Engagement
In February 2026, following staffing and sustainability concerns, the practice team at Meddygfa Penrhyn submitted a branch surgery closure application for consideration by the Health Board. This is in line with the Board agreed Branch Surgery closure process.

The first stage in this process is for the Health Board to agree an engagement plan with Llais and the Local Medical Committee before engaging with the local population on the proposal. We are now at the stage of seeking to commence engagement to understand the impact of the proposed closure of the Meddygfa Penrhyn Branch Surgery at St Davids.

More recently, the Health Board has been advised by the Trustees of Shalom House that they are now intending to auction the premises where the Branch Surgery is based. Therefore, the site will no longer be available from the end of September 2026. While this might mean that there is a temporary closure to the premises while the engagement is undertaken, it is important to note that the closure of Shalom House does not predicate the decision around the future of the Branch Surgery.

Obstetrics Service Level Agreement
On 6 June 2026, we received a letter from Swansea Bay University Health Board, which confirms the cessation of the existing Obstetrics Service Level Agreement (SLA) that supports the antenatal clinic at Prince Philip Hospital (PPH). The withdrawal follows joint consideration by both health boards of the current hybrid model of care, under which women choosing to give birth in Swansea Bay receive elements of their care from both organisations. Reviews have identified that differences in clinical guidelines, policies and governance arrangements across the two health boards can create inconsistencies in care delivery and increase clinical risk. Both organisations have, therefore, concluded that ending the arrangement will support a safer, more coherent and sustainable pathway for women and babies, while strengthening clinical governance, continuity of care and accountability. The contract end date is identified as 9 December 2026, subject to completion of public engagement.

We will undertake a six-week engagement exercise, starting on 17 August 2026, in line with advice received from Llais, to seek feedback from service users, staff and stakeholders on the impact of the change. Following cessation of the SLA, birthing people who live in the Hywel Dda area who choose to give birth at Singleton Hospital will receive their consultant-led antenatal care in Swansea, while continuing to receive community midwifery care from Hywel Dda. To maintain local provision, the existing satellite clinic at PPH will be replaced by a Hywel Dda-led obstetric clinic for people choosing to give birth within Hywel Dda services. The engagement process will help inform implementation of the change and ensure that the views of those affected are fully understood before the revised arrangements take effect.

Executive Director Objectives
The performance review process for members of the Executive Team, overseen by the Remuneration and Terms of Service Committee, has provided additional scrutiny and oversight, with the overall governance strengthened. The end-of-year performance reviews for 2025/26 demonstrated strong overall delivery against a challenging agenda, with a number of priorities appropriately carried forward into 2026/27. Executive Director objectives for 2026/27 have been agreed and are aligned to the Health Board's Annual Plan and strategic priorities. These comprise core strategic, Equality, Diversity and Inclusion (EDI), and personal objectives, designed to support delivery and strengthen collective accountability. Progress against these objectives will be subject to regular monitoring and reporting, providing ongoing assurance to the Board.

Trauma & Orthopaedics Referral to Treatment
In May 2025, concerns were raised to Counter Fraud regarding the accuracy of Trauma & Orthopaedics (T&O) referral to treatment (RTT) waiting-time data within the Health Board for the limited time period surrounding March 2025. Specifically, it was alleged that patient pathways were being suspended or adjusted to ensure compliance with the Welsh Government requirement to reduce the number of patients waiting more than 104 weeks to zero by 31 March 2025.

Under the oversight of the Audit and Risk Assurance Committee, an Incident Response Group (IRG) was convened in January 2026 following an external assessment undertaken by NHS Performance and Improvement. The IRG has reviewed the data and reporting; and reviewed any potential harm which may have been caused. The IRG has concluded that there was no evidence of misreporting for this specific time period, and that no harm had been caused to patients waiting. We recognise that patients are waiting longer than is acceptable; however, this is not a result of our data and recording.

The IRG has concluded that there are a number of improvements which need to be made to the control environment and arrangements which are in place. This is a complex area of interpretation and the next phase of review is working on how improvements can made to improve these control arrangements and make improvements where required, which will benefit both patients and staff. This is made more challenging, given that the Welsh Patient Administration System is itself a legacy system and not conducive to the controls which would be expected of a modern Patient Administration System. The IRG continues to work on the control environment, culture and control arrangements in place, with a view to embed improvements over 2026/27.

It is envisaged that the Patient Services Centre Full Business Case (which is expected to return to the Board in November 2026) will support the addressing of these issues.

NHS Laboratory Information Management System (LIMS) Programme
The LIMS2 programme remains a critical national and local priority for Hywel Dda University Health Board, with continued focus on achieving safe and clinically assured implementation across the remaining tranches. The Health Board remains committed to progressing all activities within its control; however, overall go-live readiness is currently constrained by a number of significant external dependencies relating to Digital Health and Care Wales (DHCW) and InterSystems, including defect resolution, configuration completion, production/live testing, cutover qualification and access to legacy data.

For Tranche 3, the Health Board remains on track for the planned 10 August 2026 go-live date. For Tranche 4, the position remains more challenging, with a high number of unresolved defects, incomplete configuration, and the absence of a fully testable aliquoting solution

preventing end-to-end assurance. For Tranche 5, Blood Transfusion remains rated Red, with 40 outstanding defects, User Acceptance Testing (UAT) not yet commenced, and data migration sign-off still dependent on DHCW and supplier input.

The key risk for the Board to note is that, while local teams continue to demonstrate strong commitment and proactive delivery, programme confidence is dependent on timely action from the supplier. Without rapid resolution of outstanding defects, completion of configuration and live environment testing, and closure of data migration and legacy data issues, the Health Board will be unable to provide full assurance that go-live can proceed safely. Continued senior escalation and close monitoring are therefore required to protect patient safety, service continuity, programme timelines and the delivery of the planned November 2026 milestones, particularly given the March 2027 end-of-life position for the current Blood Transfusion system.

AHMWW Update
Since the submission of the Programme Business Case (PBC) Addendum in February 2026, the Health Board has made positive progress in engaging with Welsh Government (WG) and advancing key elements of the assurance process. The Addendum was presented to the Infrastructure Investment Board (IIB) on 17 April 2026, where it received encouraging and constructive feedback.

In line with this, a revised approach to the business case process has been proposed. This involves adopting a combined Strategic Outline Case (SOC) and Outline Business Case (OBC), followed by the development of a Full Business Case (FBC). This approach is intended to streamline the overall process while maintaining the level of assurance required for a programme of this scale and complexity.

A draft milestone plan has now been developed and shared with both NHS Wales Shared Services Partnership (NWSSP) and WG for review. The current indicative timeline for the programme is estimated at approximately 7 to 7.5 years, reflecting both the complexity of planning for the scheme, the requirements for business case development, public consultation, and approvals and a construction period which would be likely to be circa 3 years. Notwithstanding this, opportunities to reduce overall timescales will continue to be explored, particularly in relation to streamlining business case processes and identifying efficiencies within the approval pathway.

Strategy Refresh Update
In my previous update to the Board, I advised that Executive Planning Goal leads would begin considering how the vision set out in the strategy could be translated into delivery through the annual plan. Alongside this, it is important to identify any gaps within existing plans and potential resource constraints that may affect delivery of our strategic ambitions. This was a high level assessment, and while not intended to be definitive, provided a useful basis for discussion on how this work could be progressed. Further work is now being undertaken to incorporate additional information to revise initial assessments, as well as broaden the assessment across multiple time horizons.

As part of the roll-out of the refreshed strategy, we have also commenced an initial phase of engagement with our staff. This has included an online recorded briefing and a programme of visits to hospital and community sites. Through these engagement activities, we have shared summary strategy materials with colleagues and provided regular updates through staff networks and internal communication channels, to build understanding of the strategy and encourage ongoing involvement in its delivery.

Alongside staff engagement, we have continued our dialogue with our local communities. This has included revisiting groups that contributed to the strategy refresh last year, to share the outcome of the process and demonstrate how their feedback shaped the final strategy. We have also started to promote the strategy through a range of accessible versions and formats, ensuring that people and communities can engage with its visions and priorities in ways that best meet their needs, and continue to contribute to its successful delivery.

Regional Joint Committee
For the Board to note that, following recent discussions and direction from the Chairs, the Regional Joint Committee meeting scheduled for 23 July 2026 has been stood down and a cancellation notification issued.

Whilst the formal meeting will not take place, work on the agreed priorities and programmes will continue to progress over the coming months. Colleagues have been asked to maintain momentum on delivery, development and implementation activities, ensuring that Sub-Groups continue to advance and that any key issues, risks or opportunities are identified and managed appropriately.

The Regional Drive and Delivery Group meetings will continue as planned and will provide the mechanism for ongoing oversight, discussion and progression of work between now and the next Regional Joint Committee meeting scheduled for 13 October 2026.

Register of Sealings
The Health Board's Common Seal has been applied to legal documents and a record of the sealing of these documents has been entered into the Register kept for this purpose. The entries at Appendix 3 have been signed by the Chair and the Chief Executive, or the Deputy Chief Executive (in the absence of the Chief Executive) on behalf of the Board (Section 8 of the Health Board's Standing Orders refers).

Consultations
The Health Board receives consultation documents from a number of external organisations. It is important that the Health Board considers the impact of the proposals contained within these consultations against its own strategic plans and ensures that an appropriate corporate response is provided to highlight any issues that could potentially impact upon the organisation. A status report for Consultation Documents received and responded to is included at Appendix 4, should any Board Member wish to contribute.

Formal Executive Team Meetings
Since my previous report to Board, the Formal Executive Team (FET) has met regularly; key items considered are attached at Appendix 5.

Argymhelliad / Recommendation

- **ENDORSE** the Register of Sealings since the previous report on 28 May 2026 (Appendix 3)
- **NOTE** the status report for Consultation Documents received/responded to (Appendix 4)
- **NOTE** Executive Team discussions (Appendix 5)

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix, Teitl a Sgôr Risg Cyfredol:	Not applicable

Datix Risk Register Reference and Score:	
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Nodau Cynllunio 2026/27 Planning Goals 2026/27	All Planning Goals Apply
Hypergyswllt i Amcanion Llesiant HDdUHB 2026 Hyperlink to HDdUHB Well-being Objectives 2026	9. All HDdUHB Well-being Objectives apply
Model Cymdeithasol ar gyfer Iechyd a Llesiant: (wedi'i gwblhau ar gyfer newid strategol a/neu newidiadau sylweddol i wasanaethau) A Social Model for Health and Wellbeing: (*complete for strategic change and/or significant service changes)*	7. All Apply
Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Chief Executive's meetings (internal, external and NHS Wales wide), diary and correspondence
Rhestr Termau: Glossary of Terms:	Included within the body of the Report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y cyfarfod hwn: Parties / Committees consulted prior to this meeting:	Executive Team

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: **Financial / Service:**	Any issues are identified in the report
Ansawdd / Gofal Claf: **Quality / Patient Care:**	Any issues are identified in the report
Gweithlu: **Workforce:**	Any issues are identified in the report
Tegwch Iechyd: **Health Equity:**	No assessment is considered necessary for a paper of this type.
Risg: **Risk:**	This report provides evidence of current key issues at both a local and national level, which reflect national and local objectives and development of the partnership agenda at national, regional and local levels. Ensuring that the Board is sighted on key areas of its business, and on national strategic priorities and issues, is essential to assurance processes and related risks.
Cyfreithiol: **Legal:**	Any issues are identified in the report
Enw Da: **Reputational:**	Any issues are identified in the report
Gyfrinachedd: **Privacy:**	Not applicable
Cydraddoldeb: **Equality:**	No EqIA is considered necessary for a paper of this type.

Cyfarwyddwr Cyffredinol Grŵp Iechyd, Gofal ac Atal / Prif Weithredwr GIG Cymru

Director General Health, Health, Care and Prevention Group / NHS Wales Chief Executive

Llywodraeth Cymru
Welsh Government

Phil Kloer
Chief Executive
Hywel Dda University Health Board

12 June 2026

Dear Phil

Thank you for attending the Level 4 escalation board on 03 June and for the evidence submitted. I understand the health board was content with the circulated terms of reference.

This letter sets out the key issues and the actions now required.

Overall position
The discussion supported the view the organisation does not have sufficient grip on its most significant challenges, financial position and performance challenges.

In particular, we have concern:

- around the financial position,
- urgent and emergency care and planned care performance,
- quality and safety, particularly NRIs and responding to complaints.

Leadership, governance and culture
The improvements over the last two years were noted. There was challenge from the Board and there is an expectation for the organisation to improve and to be de-escalated, recognising the improvements required and how this will translate into better outcomes for patients.

Performance and delivery
Despite some improvements, the urgent and emergency care position remains a concern. The de-escalation criteria have been in place for close to three years and there has been no sustainable improvements. You highlighted there was strong clinical leadership and were looking at flow through the department, improving discharge and preventing admission. We agreed to review the de-escalation criteria and to focus on 45-minute ambulance handover and 12-hour waits. It was disappointing to note the forecast deterioration in 104-week waiting times, with a lack of ambition moving forward. It was noted that the letter on return of your plan did not make a commitment on 104 weeks and was expressed incorrectly. You will need to write into the Director of Operations NHS Wales with this confirmed position. There is real opportunity for the health board, working regionally to make improvements.

The cancer backlog going up in April is a consistent occurrence that demonstrates a lack of oversight. You are working closely NHS P&I colleagues, and we expect to see improved, ambitious trajectories for urgent and emergency care, planned care and cancer by the end of the month.

Quality and safety
We remain concerned around the IPC position. We need to see the position improve, with a clear action plan that includes milestones for delivery. On complaints, you highlighted the ambition to improve from the current 65% to 85% of complaints responded to within 30 days by the end of quarter 4. There had been two recent never events reported, both related to nasal-gastric tubes, and it was of concern that there was no learning following the first event. Your approach to this requires further consideration.

Finance and planning
The forecast £41m deficit and deterioration from last year is unacceptable. There is no recovery plan in place and part of the funding allocated last year was predicated on delivering a balanced plan by 2027-28. You stated there was an in-committee meeting being held on 18 June to discuss the financial position. We will need a clear plan by the end of June that sets out how you will get to £41m and a clear route map to zero. It was suggested you have a conversation with colleagues in Powys tHB who are carrying out a similar exercise.

The question was posed as to whether there was sufficient capacity and capability within the organisation to make the necessary changes. You took away an action to consider this more broadly particularly in developing a plan for a new hospital within an agreed working timeframe between government and yourselves.

Required actions
Ahead of the next escalation meeting, you must provide:

- a clear roadmap on how you will deliver the required financial position and a route map to balance.
- A 50% reduction in NRI investigations.
- Clear and ambitious performance trajectories for planned care, cancer and urgent and emergency care.

Conclusion
In summary, whilst progress has been made in some areas, there appears a clear lack of ambition to deliver. We are keen for the health board to succeed and to be de-escalated and we are here to support you on that journey.

Progress will be closely monitored through escalation arrangements.

Yours sincerely

Jacqueline Totterdell

cc: Neil Wooding, Chair – Hywel Dda University Health Board

In attendance

Welsh Government: Jacqueline Totterdell, Nick Wood, Jeremy Griffith, Hywel Jones, Sue Tranka, James Calvert (representing CMO), Martyn Rees, Kate O'Neill

Hywel Dda University Health Board: Phil Kloer, Andrew Carruthers, Andrew Spratt, Mark Henwood, Sharon Daniel, Lee Davies, Alwena Hughes-Moakes, Corinna Lloyd-Jones, Joanne Wilson

NHS Performance and Improvement: Chris Clayton

Cyfarwyddwr Cyffredinol Grŵp Iechyd, Gofal ac Atal / Prif Weithredwr GIG Cymru

Director General Health, Health, Care and Prevention Group / NHS Wales Chief Executive

Llywodraeth Cymru
Welsh Government

Phil Kloer
Chief Executive
Hywel Dda University Health Board

Our Ref: JT/BS/SB

23 July 2026

Dear Phil

Hywel Dda University Health Board Annual Plan 2026/27 - Update

Thank you for your response of 29 May in which you have provided an update on the health board's annual plan for 2026-27, noting that we also discussed the organisation's position at the Escalation Board meeting on 3 June.

Whilst I have also written to you following the Escalation Board, I feel it is important that I write to you separately in relation to your annual plan update. Whilst I appreciate that a great deal of work is ongoing to strengthen your planning, I remain disappointed with the current position, which continues to be unsupportable and unacceptable.

Finance:

- I am concerned there has been no improvement to the forecast deficit position of £41m for 2026/27 but encouraged to hear that since meeting with NHS Wales Performance and Improvement that of the £42.8m savings target, £21m has now been identified as green or amber. However, the significant risk to savings delivery remains. I am also concerned that the health board has not provided assurance it can deliver the planned underlying deficit for March 2027. The health board must:

    - demonstrate delivery in full of the in-year and recurrent planned level of savings that under-pin the current forecast deficit.

- Also, it was agreed at the Escalation Board that you would provide me with clarity and assurance on the delivery of the £41m deficit as a minimum and a clear finance recovery plan to achieving financial balance. This plan should include a fully triangulated workforce plan and impact assessment which is deliverable within resources. I am aware you have met with colleagues to discuss this and want to emphasise the importance of the health board providing a clear, deliverable, recovery plan to financial balance.

- This will be discussed at the next Escalation Board.

Performance:

- Planned Care: I was disappointed with the lack of commitment on 104-week waits and the risks around the health board's ability to maintain and improve on the 104 week, 8-week diagnostics and 14-week therapies. We also discussed my concerns around the cancer backlog.

Urgent & Emergency Care:

- I recognise there was a slight improvement in the number of over 1-hour ambulance handover waits in April and for those waiting under 45 minutes when compared to your original submission. There was also a slight improvement in 12-hour ED waits. However, further improvement is required, and we agreed to review the de-escalation criteria and to focus on the 45-minute ambulance handover and 12-hour waits. I also noted the pathways of care performance had deteriorated.

- It was agreed that you would work closely NHS Performance & Improvement colleagues, and I am expecting to see improved, ambitious trajectories for urgent and emergency care, planned care and cancer. I understand this work is still ongoing, but I would also expect to discuss progress at our next Escalation Board.

In summary, your organisation has failed to meet the statutory planning and financial requirements as set out in the NHS Wales Planning Framework. You have also failed to meet the de-escalation criteria for a credible annual plan. The health board has therefore breached its statutory duty, and as your plan stands you have not provided the assurance or levels of confidence required. As noted, your plan therefore remains unacceptable and unsupportable by Welsh Government. Therefore, the health board does not have an agreed or supported plan.

The immediate priority is to de-risk and improve your performance and financial positions in-year, alongside the requirement to develop a financial recovery plan to balance. Progress against this, as well as the wider delivery commitments made within your plan, will be monitored via the regular Escalation Board meetings.

Yours sincerely

Jacqueline Totterdell

cc: Neil Wooding, Chair, Hywel Dda University Health Board

Y Grŵp Iechyd, Gofal ac Atal
Dirprwy Brif Weithredwr, GIG Cymru

Health, Care and Prevention Group
Deputy Chief Executive, NHS Wales

Llywodraeth Cymru
Welsh Government

To: NHS Chairs/ Chief Executive Officers
NHS Wales Health Boards and Trusts

Our Ref: NW/

30 June 2026

Dear Chair / Chief Executive,

Planned Care Recovery 2026-27

Following the announcement on the 17th of June 2026 of additional funding for planned care recovery, I am writing to set out the requirements and approach to the deployment of this significant investment.

This investment must result in rapid reduction in the longest waits and be able to demonstrate a sustainable improvement in performance.

The priority is clear: the elimination of waits over 104 weeks must be accelerated immediately, maintained and sustainable change delivered thereafter.

Delivery Model and Expectations

This funding will be deployed through a national delivery model, with access to funding dependent on evidence of delivery, improvement and an agreed trajectory of performance.

You are required to respond to this letter through plans which deliver in line with the following:

- **Immediate and sustained focus on 104-week waits**, ensuring these are eliminated as quickly as possible and do not reoccur. There should be a consistent reduction over the remainder of this year with the objective to get to zero as soon as is possible.
- **Maximisation of internal capacity as the priority**, before recourse to external provision.
- **Use of external capacity only where necessary** and aligned to national and regional procurement approaches.
- **Delivery through regional and national collaboration**, not isolated to organisational approaches where current or additional resources are more effective.
- **Demonstration of sustainable change**, not short-term activity increases.

This is a Welsh Government **directive with a requirement to act** with an expectation that **all organisations move at pace**, with no delay in implementing plans where waits remain above the required level which is zero.

The expectation / objectives is that:

- 104-week waits are **eliminated as a matter of urgency**
- **8 weeks** is the maximum wait for diagnostic tests
- Plans are **credible, detailed and deliverable**
- Boards take **full ownership**, including formal sign-off of transformation commitments and plan objectives

The Plan Submission timelines to NHS Performance & Improvement /Welsh Govt. are as follows:

19/07/2026 – Health Boards submit plans for the elimination of 104 week waits – where service delivery (e.g. Orthopaedics) is not sustainable a regional submission is required.

31/07/2026 – A Board approved Health Board Planned Care Plan which covers all the required actions and deliverables.

Plans to be sent via email to
Jeremy.Griffith001@gov.wales
Chris.Clayton@Wales.nhs.uk

I want to emphasise the importance of working collectively across NHS Wales to use this investment as a stimulus for wider change. We are clear on the actions needed to improve planned care (MAG, GIRFT, Optimisation Frameworks) and this funding provides an opportunity to deliver them at pace while also modernising how we manage and reduce waiting lists.

By working together, sharing approaches and focusing on improvement in productivity and pathways, we can build a more sustainable model that delivers better outcomes for patients both now and in the long term.

The submission requirements are detailed in the attached appendix.

Yours sincerely

Nick Wood
NHS Performance, Delivery and Oversight /
Cyflawni, Perfformiad a Goruchwylio'r GIG

cc: Jacqueline Totterdell, Director General Health, Care and Prevention Group / NHS Wales Chief Executive
Jeremy Griffiths, Director of Operations
Hywel Jones, Director of Finance
Samia Edmonds, Planning Director
Chris Clayton, Managing Director, NHS Wales Performance & Improvement
Corrina Casey, NHS Wales Performance and Improvement

APPENDIX 1

Required Response from Health Boards

You must now develop a comprehensive, Board-approved delivery plan.

The objectives of your plans should include:

- **Elimination of 104 week waits**
- **Elimination of >8-week diagnostic waits**
- **Reduction in the total Waiting List at all stages**
- **Growth/Demand management plan**

This should be submitted in line with national guidance and must include:

1. Clear Trajectories and Activity

- Detailed trajectories showing rapid reduction and elimination of 104-week waits
- Plans to reduce overall waiting list size and increase activity
- Full breakdown of outpatient, diagnostic and treatment activity

2. Capacity and Delivery Model

- Evidence that internal capacity has been fully optimised, including:
    - Workforce deployment and job planning
    - Clinic and theatre utilisation
    - Productivity levels
- Where additional capacity is required:
    - Clear justification for external provision
    - Alignment with national contracting approaches

3. Transformation and Sustainability

- A formal Board-approved plan which commits to:
    - Service transformation
    - Top quartile Treat in Turn
    - Pathway redesign and demand management
    - Productivity and efficiency improvement
- A clear description of how these improvements will be sustained beyond this financial year

4. Alignment to National Standards

- Internal delivery must meet the NHS Wales optimisation framework standards for productivity and efficiency
- Plans must evidence how variation will be reduced and best practice adopted

- Plans must commit to the following national standards

Sustainability Action	**Mandate**	**Impact**
Day Case First (Basket of Day Case)	75% standard	Prepare for surgical hubs Improve throughput Lower cost per case Improved outcomes
Cataracts	7 per list	More cases for same workforce *Note increase non pay costs for treating more people*
Joints (ortho)	4 per list	More cases for same workforce *Note increase non pay costs for treating more people*
Theatres	Session utilisation to the GiRFT standard of 85%	More cases with same workforce
General surgery procedures	90% of the time achieve at least 6 HVLC	More cases with same workforce

System Working and Engagement

You are expected to:

- Engage directly with the NHS Performance & Improvement
- Ensure clinical and operational leadership are fully involved in plan development and delivery
- Work collaboratively across organisations, particularly where this improves scale, access or value
- Participate fully in national oversight and assurance arrangements

Funding Conditions

Access to this funding is strictly conditional and will be managed robustly:

- Funding is **ringfenced for planned care recovery** and the specific aims of
    - reduction in long waits (including diagnostics)

    - waiting list size reduction
- Please do not apply any proportionality (‘our fair share’) to your planning
- Release of funding requires:
    - Approved delivery plans
    - Credible trajectories
    - Clear milestones
- Continued access to funding will depend on:
    - Demonstrated delivery against agreed trajectories
    - Evidence of additional activity delivered
- Welsh Government reserves the right to withhold, withdraw or redeploy funding where delivery is not demonstrated
- All organisations must comply with:
    - Enhanced monitoring and reporting requirements
    - Full transparency on spends and delivery

Assurance and Performance Management

A strengthened assurance framework will apply. This will include:

- Regular tracking against agreed trajectories
- Monitoring of both core activity and additional funded activity
- Oversight of productivity and efficiency improvement
- Formal review points linked directly to funding release

Failure to deliver will result in immediate intervention and potential reallocation of funding

Appendix 2
Planned Care Sustainability and Recovery Plan

Plan overview

Nationally Directed Actions
- Defined by national clinical leads with actions across the pathway (referral, diagnostics, treatment, follow-up)
- Any additionality must be at efficiency standards (4 joints per list, 10 cataracts per list).
- This will demonstrate that this can be delivered.
- Mandatory for all Health Boards
- Funding allocated based on need and delivery plans

Transformation and Modernisation Commitment
- Pathway redesign starting with Executive triage capacity at primary care and secondary care and GIRFT/Optimisation standards (outpatients, diagnostics, follow-up)
- Productivity improvement standards must be signed off by boards as a commitment.
- Shift to sustainable models of care

Evidence-Based Funding Release
- Funding released on a payment-by-delivery basis
- Requires:
    - Demonstrable activity,
    - Productivity improvement,
    - Evidence of transformation

Pillar 1: Referral & Early Diagnosis: Preventing Waiting List Growth .
At the front of the pathway, triage and vetting models will be strengthened to improve referral quality and reduce unnecessary demand.

	Impact 12months	**Funding Estimate**
GP Triage front of pathway using Community Health Pathways– Maximum impact 81,000 however unlikely to get 40 sessions GP per week so assume 50%	40,000	£2mill
Consultant vetting secondary care end of pathway	56,000	£4.6mil
Sustainable training and implementation programme for validation and vetting to be developed ready for year 2	Impact Q4 onwards TBC	The capacity should be created through mandated reduction in follow up appointments and as such cost neutral and sustainable
	96,000	**£6.6m**

Pillar 2: Capacity Productivity & Treatment Year 1: Eliminate 104 week waits Risk specialities to 104 weeks first 12 months.
9k sits in 6 high volume specialities.

Key Pressure areas		
Speciality	**Volumes**	**Key pressure areas**
Orthopaedics	4000	AB /C&V /CTM /HD / BCU
Ophthalmology	1500	BCU /C&V
General surgery	600	BCU /C&V
Gynae	1200	BCU /C&V
ENT	1200	BCU /
Oral surgery	600	BCU /SB

Within treatment (surgical) stage, primacy of the introduction of mandated “treat in turn” standards will ensure patients are managed in the correct order, providing the most cost-effective route to backlog reduction. By committing to this modernisation the internal and external capacity for backlog will be funded for supportable plans.

> *This does require good clinical governance to be established and as such is clinically led*.

Treat in turn could mitigate the totality of the gap but there is no providence of delivery. As such it will be monitored monthly.

From the key pressure areas table additional capacity that cannot be identified by health boards through their own workforce and infrastructure will be commissioned nationally, through the approach used last year involving NHS Performance & Improvement (co-ordination), NHS Wales Shared Services Partnership (procurement expertise) and Health Boards (contract ownership).

This will mitigate the risk experienced previously where private sector providers are secured by the health board who delivers the fastest procurement.

The table below is a consolidation of the actions

		Impact in Year 1 unless noted	Estimate	Maximum cost £M
1	*Performance standard for treat in turn mandated and applied with urgency profile*	*19,036 gain from end of waiting list (FYE)* *Excluded from total*	*Business as usual bit note delivery confidence in year one is low*	
2	Centrally management procurement of additional capacity – full pathway with private sector	9,100	TBC max/high £55m	55
3	Powys – ortho plan	TBC	£1m	1
4	Accelerate surgical hub orthopaedics model using capacity weekends through WLI or insource in SEW*	1,500	£7.5m	7.5
5	Complex patient plan for Spinal and General Surgery exc. Powys	700 - 900	£7.2m to £13.5m	13.5
6	Nationally coordinated POPS delivery and/or prove super clinical model	1,100	TBC	
7	Clerical Validation 3% of 70,000 cohort @ £35 per removal	2,100	£100,000 - £500,000	0.5
		16,340 to 17,470		**77.5m**

The costs are elevated due to the main issue with the 104-week cohort being at the treatment (surgical stage).

This plan does mitigate the maximum gap of 17k but organisations must agree at board level to deliver within next 12 months the following actions.

This is what will enable the sustainability and without evidence of progress funding should be withheld.

Sustainability Action	Mandate	Impact
Day Case First (Basket of Day Case)	75% standard	Prepare for surgical hubs Improve throughput Lower cost per case Improved outcomes
Cataracts	7 per list	More cases for same workforce *Note increase non pay costs for treating more people*
Joints (ortho)	4 per list	More cases for same workforce *Note increase non pay costs for treating more people*
Theatres	Session utilisation to the GiRFT standard of 85%	More cases with same workforce
General surgery procedures	90% of the time achieve at least 6 HVLC	More cases with same workforce

Pillar 3: Follow Up, Surveillance and Living Well Year 1
The current model of routine follow-up is no longer sustainable and limits the ability to see new patients. This pillar introduces a shift to more proactive and efficient approaches, including mandated new-to-follow-up ratios, default discharge and patient-initiated follow-up (PIFU), and targeted reduction of long-standing follow-up backlogs. Together, these actions will reduce unnecessary appointments, free up outpatient capacity, and support faster access to care and treatment.

The opportunity to focus on is set out in the table below with an opportunity to release 196,656 outpatient slots within 12 months which can be repurposed to other clinical activity. For surgical specialities this is a key enabler to release clinician time for surgical hubs as well as executive triage.

The table below provides the detail each health board will have 12 months to deliver

Health Board	Saved Slots
ABUHB	24011
BCUHB	28935
C&VUHB	66510
CTMUHB	26422
HDdUHB	16256
PTHB	1057
SBUHB	33467
	196658

Diagnostics
This delivery framework sets out a clear, two-pillar approach to stabilise demand and improve performance across diagnostic pathways.

Pillar 1 focuses on referral and early diagnosis, aiming to prevent further growth in waiting lists through strengthened validation and vetting, improved risk stratification, and targeted initiatives such as FIT testing, biomarkers and capsule sponge expansion.

	Impact FYE	**Funding Estimate**
Validation & vetting with Health Boards across top 2 highest volume modalities	25,000 NOUS 37,000 Endo	£1.6m
Ongoing validation programme embedding into Health Board teams	TBC, impact Q4	TBC
Improving risk stratification FIT testing & biomarkers	TBC	TBC
Support capsule sponge roll out	2,000	£750,000m
Review/validate specialty code 998 & 999 *These are pathways unassigned or unknown sitting in the system with no defined pathway that sit in the RTT list and there are 75,000 in NHS Wales*	TBC	£2.5m
	64,000	£4.85m

Pillar 2 focuses on capacity, productivity and treatment, with a year one ambition to eliminate eight-week waits by increasing productivity, improving booking and reporting processes, and securing additional diagnostic and treatment capacity on an all-Wales basis.

	Impact Year 1	**Funding Estimate**
Implement optimisation frameworks for booking, DNA, CNA, list etc. 5-10% productivity increase		
Centrally management procurement of additional capacity – full pathway and aligned to diagnostic hubs	34,000	£8.1m

Improve reporting time	TBC	£1m
Ultrasound academy	1500 24,000	£500,000
Data standardisation to improve breach reporting / RISP recovery & productivity tool	2,000	£140,000
EMS/MyEndo digital solution for patient management	Cost analysis required	
		£9.74m

Financial Model – Refocused for Impact

As described funding will be:

- Conditional on delivery of activity, productivity and transformation;
- Released on a payment-by-performance basis; and
- Directed to areas of greatest impact and risk.

This approach reflects learning from previous years, ensuring that funding is not committed without evidence of benefit and can be redirected where required.

Cyfarwyddwr Cyffredinol Grŵp Iechyd, Gofal ac Atal / Prif Weithredwr GIG Cymru

Director General Health, Health, Care and Prevention Group / NHS Wales Chief Executive

Llywodraeth Cymru
Welsh Government

To: NHS Wales Chairs

Our Ref: NHSC/NH/HP

1 July 2026

Dear Chair

Planned Care Recovery 2026-27

Firstly, thank you to you and your Boards for your hard work, alongside your Executives and Health Board teams, for working over the past few weeks in very tough conditions. Your support to drive improvement and change overall is very welcome.

You have been copied into the letter from the NHS Deputy CEO regarding the generous funding the NHS has been given to reduce Elective waiting times across Wales. The NHS is the only Government Department that has been given such a large amount of money and for that I am grateful. Given that, we need to spend this wisely to get maximum impact for our patients. I am therefore asking that Chairs and Independent members scrutinise and test the plans that come to your Board before they are submitted to Welsh government.

In order to get the elective Programme up and running, we need to agree plans quickly – but we will not do that if they are not ambitious and squeeze every bit of efficiency out of the Health Boards. This must be the founding principle to enable us to be resilient for the years to come and do the absolute best for our population. Challenge you must, and for any plans that do not reach the mark I will, on behalf of the Cabinet Minister, have further discussions with Chairs and IMs about how you can help further in this process

Thank you very much again

Yours sincerely

Jacqueline Totterdell

Register of Sealings 6 May 2026 – 8 July 2026

Entry Number	Details	Date of Sealing
547	Contract relating to Ty Bryn Improvement Works Hafan Derwen incorporating the conditions of the JCT Minor Works Contract 2016 Edition, between Hywel Dda University Local Health Board and Lewis Construction Building Contractors Wales Ltd.	20.05.2026
548	Deed of Cancellation and Termination of Parent Company Guarantee in connection with Cross Hands Community Hub between Hywel Dda University Local Health Board and Mace Group Ltd.	11.06.2026
549	Contract relating to Major Infrastructure Investment Programme: Work Stream 1 RIBA 3 & 4 Surveys & Investigations, incorporating the conditions of the JCT Minor Works Contract 2016 Edition, Contract Reference:CAP-OJEU-91881, between Hywel Dda University Local Health Board and Lewis Construction Building Contractors Ltd	11.06.2026
550	Form of Agreement for the provision of NEC Supervisor for Withybush Hospital Fire Scheme (Phase 2), incorporating the NEC4 Professional Services Contract June 2017 incorporating Schedule of Amendments, between Hywel Dda University Local Health Board and Drac Consulting Ltd	11.06.2026

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Consultations Update Status Report up to 8 July 2026

Ref No	Name of Consultation (hyperlink included for online consultations)	Consulting Organisation	Consultation Executive Lead(s)	Received On	CLOSING DATE	Response Sent
C669	Reforms of zero hours and similar contracts	UK Government	Director of Workforce and OD/ Deputy CEO	04.06.2026	25.08.2026	
C670	Commissioning Policy and Service Specification (CP342 and SS342) Adult Kidney, Kidney-Pancreas Transplantation	NHS Wales Joint Commissioning Committee	Medical Director	29.04.2026	08.06.2026	05.06.2026
C671	Making Work Pay - employment rights for unpaid carers and parents of seriously ill children	UK Government	Director of Workforce and OD/ Deputy CEO	09.06.2026	01.09.2026	
C672	Pharmaceutical Needs Assessment (PNA) by Betsi Cadwaladr University Health Board	Betsi Cadwaladr University Health Board	Chief Operating Officer	11.06.2026	07.08.2026	11.06.2026
C673	Carmarthenshire Local Development plan (LDP) 2018 – 2033	Carmarthenshire County Council	Director of Strategy and Planning	26.05.2026	26.06.2026	26.06.2026
C674	CP87 and SS87 Lymphovenous Anastomosis (LVA) microsurgery for adults with primary and secondary lymphoedema, Commissioning Policy and Service Specification	NHS Wales Joint Commissioning Committee	Director of Nursing, Quality and Patient Experience	16.05.2026	26.06.2026	26.06.2026
C675	Make Work Pay: holiday pay compliance and enforcement	UK Government	Director of Workforce and OD/ Deputy CEO	06.07.2026	22.09.2026	

Executive Team Discussions

Since my previous report to Board, the following items have been presented to the Formal Executive Team (FET) for consideration:

- **Planning Team Business Case:** investment proposal considered; decision deferred pending wider affordability review.
- **September 2026 Nursing and Midwifery Graduates:** Recruitment options were considered to align workforce redesign and reduce variable pay. Further development of proposals were supported, subject to affordability and workforce planning considerations.
- **Financial Plan De-Risking and Improvement Framework Approach:** actions were reviewed to support financial recovery and long-term sustainability. The proposed approach was endorsed, agreeing that delivery and impact should continue to be monitored through existing financial governance arrangements.
- **Board Maturity Assessment:** reviewed ahead of Board Seminar consideration and sign-off of the Accountability Report.
- **Dementia Wellbeing Service, Radiology Service and Ceredigion Adult Speech and Language Therapy Service OCPs:** updates noted for the Dementia Wellbeing, Radiology and Ceredigion Adult Speech and Language Therapy organisational change processes, supporting progression subject to workforce and finance sign-off.
- **Bandi Children's Centre Site Selection:** Tudor House approved as the preferred site, subject to stakeholder engagement.
- **Women's Health Plan**: progress noted alongside concerns regarding funding sustainability and governance arrangements.
- **NHS Wales Shared Services Partnership Review:** procurement reviewed to support savings plan.
- **Escalation Board Meeting Evidence Pack:** noted preparations for the Welsh Government Escalation Board meeting, recognising the significant financial challenge and the need for a credible route to zero deficit.
- **Board Choices and Savings Considerations:** proposals reviewed to strengthen savings oversight through clear accountability, milestones and delivery profiles and address the remaining savings gap.
- **Healthy Weight Implementation Plan:** approved the Healthy Weight Implementation Plan 2026/27–2028/29 and endorsed progression to the Strategy and Planning Committee and subsequently to Board for acknowledgement.
- **Value Based Healthcare Strategy:** approved the final draft of Delivering Value Based Health Care Across the Life Course – Our Strategic Approach 2026–2031 and the Healthy Weight Implementation Plan 2026/27–2028/29 for production as professionally typeset documents and endorsed progression of the strategy to the Strategy and Planning Committee for assurance.
- **Health Board's Property Asset Strategic Plan:** reviewed progress in estate rationalisation, emphasising the need to ensure plans deliver tangible savings and service benefits.
- **Using AI to Draft Reports:** approved guidance on the use of AI in drafting reports, noting that responsibility for report content remains with the relevant Executive Lead and that the guidance will be incorporated into future report-writing guidance.

- **Community By Design: Integrated Neighbourhoods:** considered ahead of submission to the Board meeting on 28 May 2026.
- **Additional 5th Linear Accelerator Business Justification Case:** Supported progression of additional LINAC investment proposal.
- **Spring 2026 Nurse Staffing Levels:** noted the Spring 2026 Nurse Staffing Levels review, which identified no changes for most wards and a net funded budget reduction of £13,846. Noted ongoing financial and workforce pressures arising from historic ward service changes and agreed that a Task and Finish Group should review options to address these challenges.
- **High Consequence Infectious Disease Outbreak Update:** ongoing outbreak preparedness and risk assessment work reviewed.
- **Operations Function Organisational Change Process (OCP) Phase 2:** progression to formal consultation on Phase 2 of the Operations Function OCP was approved, which aims to re-establish Operational Business Unit functions and create a Patient Flow Unit to strengthen governance, accountability and system-wide patient flow.
- **Financial Accountability Status**: reviewed accountability letter actions and preparations for the Board financial report. Discussed the draft 2026/27 financial plan, noting that existing savings schemes provided a route to deliver almost all of the planned £41m deficit target, while recognising that a number of financial and workforce pressures remained unresolved.
- **Savings And Opportunities Update:** considered additional measures to close the remaining financial gap. Members acknowledged both the scale of the opportunity and the practical challenges of delivery and agreed to explore reintroducing programme management oversight to strengthen delivery and governance of key improvement projects.
- **Security Management: Option to Outsource:** approved progressing the option to outsource frontline security services across acute hospital sites to a formal procurement exercise.
- **Senior Leaders Group:** approved the draft Terms of Reference for the Senior Leaders Group and agreed to proceed directly to implementation, with arrangements to be developed for the appointment of a Chair and Vice Chair.
- **Perinatal One Team Strategy 2026-2031:** considered the Perinatal One Team Strategy 2026–2031, raising concerns regarding its purpose, governance and strategic alignment, and agreed that the strategy should not progress to Public Board approval at this stage, pending further discussion through the A Healthier Mid and West Wales Group.

In addition to the above, FET also receives regular updates on the following:

- **Corporate and Principal Risks**: reviewed the Corporate Risk Register, approving new single cancer pathway, climate change and Martyn's Law security risks, and closure of superseded risks. Members also considered emerging risks relating to Emergency Department sustainability, fuel resilience, healthy weight, and regional approach to neurodivergence, and agreed that mitigations, risk narratives and actions should be further refined.
- **Escalation Status Update:** the balance between financial recovery, operational performance and quality outcomes, highlighted concerns that financial pressures could impact delivery of service improvements and performance priorities.

Members agreed on the need for clearer prioritisation, stronger use of quality impact assessments, improved data integrity, and greater focus on operational risks such as urgent and emergency care, diagnostics and radiology, with several issues to be explored through dedicated Executive Team sessions to support decision-making and organisational alignment.

- **Finance Year End Update**: noting the unaudited 2025/26 year-end deficit of £23.7m, £1.6m adverse to forecast, driven by additional legal, estates and operational costs, particularly within Community and Integrated Medicine and Planned and Specialist Care Clinical Care Groups. Members highlighted the resulting increased financial challenge for 2026/27 and the need to address key cost pressures and deliver mitigating actions across Clinical Care Groups and Executive Functions.
- **Finance Month 1 2026/27 Update:** noted the Month 1 2026/27 financial position, which forecast a £63.6m deficit compared to the £41.0m position reported to Welsh Government, highlighting significant pressures within Continuing Healthcare, medical staffing, urgent care and planned care services. Members discussed the need to strengthen savings delivery, address key cost drivers and develop further actions and choices to close the £22.6m gap to the planned financial position.
- **A Healthier Mid and West Wales (AHMWW) Group Update**: noting progress on the Strategy Refresh, upcoming staff and community engagement, further development of the Clinical Services Plan including stroke service proposals, and continued support for the new hospital programme, while recognising ongoing affordability and political risks. Following the disestablishment of the IQFPD Group, Members supported retaining the Group as a strategic forum, however agreed that its reporting arrangements and Terms of Reference should be reviewed to ensure it remains fit for purpose.
- **Integrated Quality, Finance and Performance Delivery (IQFPD) Group:** formally stood down on 13 May 2026.
- **Quality and Safety Intelligence Group:** update highlighted risks associated with the planned Vision electronic prescribing system outage and ongoing mortuary capacity pressures, alongside the need for longer-term planning around critical clinical systems and regional arrangements. Members also noted positive progress in improving culture, recruitment, retention and sickness management within operating theatres, and were assured that no immediate reputational concerns had been identified.
- **Value & Sustainability (V&S) Group Update**: recent meetings highlighted concerns regarding agency expenditure and the non-delivery of savings, noting that both issues had been addressed within the Finance Update. Members also agreed to review the Group's Terms of Reference to ensure it remains fit for purpose following the disestablishment of the IQFPD Group.
- **Integrated Executive Group:** updates were provided on the review of governance arrangements for the West Wales Regional Partnership Board.
- **Urgent and Emergency Care (UEC) Accelerated Transformation Group Update:** noted improvements in ambulance handover performance but recognising ongoing pressures relating to patient flow, boarding, workforce fragility and financial sustainability. Members emphasised the need to focus on service redesign, pathway improvement and effective resource allocation, and agreed to review how UEC transformation work is reported and overseen to better support strategic and operational delivery. The Executive Team agreed to

review future reporting arrangements for the UEC Transformation Programme, with a particular focus on providing oversight of readiness for the 45-minute ambulance handover target ahead of its implementation in June 2026. Detailed updates on Community by Design and the Six Goals Programme will be considered through Business Executive Team, with revised proposals for UEC reporting and governance to be presented in June 2026.

- **Waiting List Management Incident Control Group Update:** reviews found no patient harm beyond minimal levels and no evidence that waiting list positions had been systematically misstated. Members were advised that the next phase of work would focus on strengthening controls, procedures and training to prevent recurrence, with Welsh Government to be formally informed of the findings.
- **Sleep Apnoea Incident Control Group:** noting that 3,412 patients were subject to a two-stage review process to determine any required follow-up. Members requested regular written updates following each Incident Control Group meeting and a review of the Group's Terms of Reference. Noted strengthened governance arrangements, ongoing patient harm assessment work, and additional resources to support implementation of a new triage process. Members also approved the revised Terms of Reference and noted that learning from the incident is being shared throughout the review process.
- **Winter Resilience Incident Management Control Group:** formally stood down on 22 April 2026.