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Ysgrifennydd y Cabinet dros Iechyd a Gofal Cymdeithasol
Cabinet Secretary for Health and Social Care



Llywodraeth Cymru
Welsh Government

Sam Rowlands MS
Temporary Chair, Health and Social Care Committee

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20 September 2024

Dear Sam,

As requested in your letter of the 22 August 2024, I am writing to provide an update in relation response to your questions related to planned care recovery.

Our Planned Care Recovery Plan published in April 2022 sets out our expectations for planned care, and NHS Wales, supported by the Welsh Government and NHS Executive are working hard to achieve the requirements within the recovery plan.

Whilst challenging, it is positive to note that improvements have been made over the last 2 years including:

- The number of open pathways over two years have reduced by 65%, with improvements seen across all health boards.
- In April 2022, there were 34 specialities with waits over 104 weeks, in July this had reduced to 23.
- Long waits in orthopaedics have reduced by 73%, ENT have reduced by 72%, general surgery by 71%, gynaecology by 77% and oral surgery by 74%.
- Waits over 52 weeks for a first outpatient appointment have fallen by 18%, with those waiting for an orthopaedic appointment falling by 61%, general surgery by 64% and oral surgery by 65%.
- The number of open pathways over eight weeks waiting for a diagnostic test has reduced by 8%.

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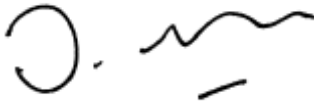
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Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

I have addressed each of your questions in the attached document and I hope this provides the update you require. I am happy to provide further information as required.

Yours sincerely,

A handwritten signature in black ink, consisting of a large, stylized 'J' followed by a series of wavy lines and a short horizontal stroke at the end.

Jeremy Miles AS/MS

Ysgrifennydd y Cabinet dros Iechyd a Gofal Cymdeithasol
Cabinet Secretary for Health and Social Care



Responses to Health and Social Care Committee questions raised in August 2024 relating to planned care recovery

Ophthalmology

1. What specific resources has the Welsh Government allocated to address the shortage of ophthalmologists and other critical staff, in order to manage the increasing demand for ophthalmology services?

The National Clinical Strategy for Ophthalmology (NCSOphth) is being developed by the Ophthalmology Clinical Implementation Network (CIN) and we expect this will be submitted to Welsh Government during September 2024. This will include recommendations around workforce organisation and recruitment and retention of the ophthalmic workforce in Wales. The CIN has a sub-group looking at non-medical multi-disciplinary workforce models, training and development to ensure this element of the clinical service is robust and training can be standardised across health board boundaries and allow patients to be seen safely and appropriately.

The Welsh Government has also invested an additional £30M, on a recurrent basis, into transformation of the optometry workforce and pathways to reduce the demand upon specialist hospital eye services and enable a shift of services into primary care optometry. To deliver this programme of change, new optometry regulations and directions came into force between October 2023 and April 2024 expanding the scope of eye care services provided by primary care optometry in Wales.

New eye care pathways have now been introduced intended to reduce the number of referrals into hospital eye services by approximately one third and enable the monitoring and management of low and medium risk patients within primary care, whilst maintaining specialist oversight in hospital eye services. Through increased management of eye conditions by optometrists, more hospital follow-up appointments can be released, increasing capacity in hospitals with consequent savings in terms of healthcare time and costs.

The additional optometry services brought into force via contract reform represents a significant transformation of services and it has been necessary to deploy a phased approach in terms of fully embedding the new services. Service level 4, which is now being implemented by health boards, will have the biggest impact in terms of releasing capacity in secondary care, as patients who would previously have been referred from primary care optometry to hospital eye services for medical retina and glaucoma assessment, are being referred to an optometrist with higher qualifications for further assessment within the primary care cluster area.

The continued professional development of the primary care optometry workforce ensures an appropriately skilled workforce is available to deliver the intended benefits brought forward by the recent reform of services including the provision of eye health examinations. Over the past 5 years, increasing numbers of practitioners have gained additional post graduate qualifications in medical retina, glaucoma, and independent prescribing to necessitate the move towards a new clinical model of eye health care in Wales. HEIW report that to date 475 optometrists and dispensing

opticians have been upskilled to deliver higher level clinical services to compliment the shift of eye care services, where appropriate, from secondary to primary care, enabling patients to access services delivered by the right professional, in the right place across the entire pathway of primary and secondary care.

Optometrists who have completed higher qualifications in independent prescribing, meaning that they can prescribe medications for patients with eye conditions, have now seen just over 10,000 appointments (10,182 over past 12 months), who would previously have needed to be seen either by a GP or more likely in eye casualty within the hospital.

Patients who have a visual impairment through dry Age-Related Macular Degeneration (dry AMD) and need to be registered as blind or partially sighted, are now able to access their certification through one of the new optometry pathways, rather than needing to wait to be certified in the hospital eye service. Just over 100 patients have been certified by their optometrist as either blind or partially sighted through this pathway since it was introduced in July 2023 (29% of all certifications of this type). Of the certifications by optometrists, 20% of these were undertaken within the patient's own home as they were unable to get to an optometry practice, ensuring that the most vulnerable have access to the essential support and benefits that certification brings.

2. How is the Welsh Government ensuring progress is being made against the Eye Care Measure targets across all health boards?

Health boards provide a monthly report to Welsh Government highlighting progress against the eye care measures. In addition to regular performance monitoring and accountability mechanisms such as Integrated Quality, Planning and Delivery meeting (IQPD) and performance board meetings, regional ophthalmology touch point meetings are held every two months where health boards report on their waiting times performance, progress with regional working and quality and safety issues.

3. Can you provide an update on the National Clinical Strategy for Ophthalmology and outline if and how the Welsh Government intends to implement the recommendations of the 2021 External Review of Eye Care Services in Wales?

A ministerial ophthalmology summit will take place on the 14 October where it is anticipated that the National Clinical Strategy for Ophthalmology will be presented by Ophthalmology Clinical Implementation Network. The presentation will include a strategic overview of ophthalmology with subspecialty aspects to be presented later. The four pillars of the National Clinical Strategy for Ophthalmology are: clinical networks, pathway transformation, organisational reform and sustainable delivery model.

To support the development of the national strategy a significant amount of field work and stakeholder engagement has taken place to ensure wide involvement and a whole system approach across Wales. While work continues to finalise the first phase of the plan, improvement work to support transformation highlight through previous work has commenced including:

- A national project to identify and clinically transfer ongoing care to community optometry has been commissioned with resources provided to each health board and region to work with local teams and systems to move clinical pathways into community where clinically appropriate. This will release capacity in secondary care to support improvement in access times.
- Clinical and system implementation of the national cataract pathway which will be supported by the development and implementation of regional cataract pathways.

4. What are the long-term plans to cope with the projected increase in demand for eye care services?

The National Clinical Strategy for Ophthalmology will set out the long-term vision for ophthalmology services in Wales. The strategy will also set out epidemiological analysis on projected future demand for eye care in Wales.

The demand for ophthalmic services in Wales is predicted to increase significantly over the next 20 years linked to an increasingly elderly patient cohort and increased population. The latest publication of Sensory Health (eye care and hearing) statistics April 2023 to March 2024 ([Eye care statistics: April 2023 to March 2024 \[HTML\] | GOV.WALES](#)) confirm that increasing demand, and an overreliance on hospital eye services remains a challenge across Wales and the wider UK.

Moving the delivery of appropriate eye care services from hospitals to primary care optometry, where there is a skilled workforce with the capacity to meet the predicted substantial increase in demand, represents the most viable solution to achieve a balanced and sustainable service. In recent years the eye care sector in Wales, supported by the Welsh Government, has evolved significantly and primary care optometrists have the capacity and skill set to diagnose, treat, and manage more patients in primary care.

5. What plans does the Welsh Government have to recommence the collection and publication of data on the number of ophthalmology appointments recorded as 'did not attend' and 'could not attend' to better understand why patients miss their appointments and the actions required to improve attendance rates?

Data related to outpatient activity including "did not attend" data, split by speciality, is published on a monthly basis by Digital Health and Care Wales (DHCW) and can be accessed at here [Secondary Care Activity Dashboard - Digital Health and Care Wales \(nhs.wales\)](#).

6. How is the Welsh Government ensuring that health boards are prioritising patients at the highest risk of irreversible sight loss?

Optometry transformation is ensuring that only patients who need to access specialist ophthalmology services do so. The use of optometrists with additional higher qualifications in the community means that more patients can be assessed, treated and monitored by primary care optometrists, reducing demand and increasing capacity to provide specialist eye care. The additional work to identify

patients suitable to be seen via the newly implemented optometry pathways will also ensure patients are seen, monitored or treated in the most appropriate environment by the right people. This will free capacity from hospital services to see more of the highest risk patients. The Welsh Government have agreed transition plans for health boards to introduce these pathways in a safe, consistent manner working across primary and secondary care.

7. What plans are in place to expedite the implementation of the ophthalmic electronic patient record and referral system across Wales

Delivery plans to implement an ophthalmic electronic patient record and referral system outside of Cardiff and Vale University Health Board and Cwm Taf Morgannwg University Health Board have been significantly delayed. In 2023, DHCW were due to migrate the cloud solution from Cardiff and Vale University Health Board and continue the rollout of the solution. Due to several issues, including contractual challenges, this migration is yet to happen. It is now anticipated that this will take place between January and March 2025.

The Welsh Government continue to provide digital expertise to DHCW in their approach to accelerating this work and will continue to do so once plans have been received. Robust plans will allow for further scrutiny and identification of acceleration opportunities.

Recovery target 4: Diagnostic testing and therapy interventions

8. What were the specific reasons for removing audiology from the dataset?

Before 20 June 2024, audiology waiting times (first fitting adult hearing aids) were reported in conjunction with therapy waiting times and aggregated with all therapy modalities. As such, audiology waiting times were not individually distinguished in the national headline figures. Extracting the audiology data from the aggregated therapy return will enable transparency on performance and a more targeted challenge to make improvements going forward.

9. How will this change affect patients who are waiting for audiology services?

In December 2023, the Executive Directors of Therapies and Health Science group within NHS Wales, agreed an approach to develop new audiology standards which would require increasing the current monthly reporting areas to fully demonstrate the waiting times for audiology. Extending the numbers of pathways for which waiting times are reported upon will provide a more balanced and realistic view of access to audiology as a whole, rather than being skewed towards one adult pathway.

NHS Wales audiology services are best placed to provide solutions to meet demand for audiology services in Wales. Making performance reporting more comprehensive in scope, to cover all audiology pathways, will ensure all stakeholders are informed and sighted on access to services for this cohort of patients. Additionally, reporting all audiology service data will assist the development of solutions to improve access and subsequently monitor progress. Audiology is a key service partner for ENT

services, with alternative first pathways resulting in reduced referrals to ENT services.

The change to report audiology waiting times separately to the therapy data set has been agreed by all key stakeholders. This new data set, will formally report from April 2025, will provide a more comprehensive understanding of the many pathways' audiology is required to deliver

10. How will the Cabinet Secretary ensure that eliminating waits of more than 14 weeks for audiology will continue to be a top priority?

By separating audiology waits from the therapy data set, it raises the profile of audiology as it will be reported under a 14-week target as a separate item, ensuring it is more visible. This new data set, proposed to formally report from April 2025, will provide a more comprehensive understanding of the many pathways' audiology is required to deliver and helps to be more transparent on the level of demand on the service. It will also better support the correct identification of the capacity required to provide all the services within the agreed access standards set by the national clinical profession.

11. What steps are being taken to address the inconsistencies in how weight management pathways are recorded by health boards, and when are these inconsistencies likely to be addressed?

Public Health Wales have been working to improve consistency and equity for the weight management pathway. This work has included a review of pathway which is due to be published shortly. In addition, PHW are currently working with weight management teams across Wales to develop an agreed all Wales assessment tool to improve consistency of approaches across Wales. Public Health Wales have also worked with teams across Wales to develop of a minimum dataset to enable to with teams across Wales to collect standardised data to support the development of the pathway.

Paediatric waiting times

12. How is the Welsh Government approaching the RCPCH report? If actions have been agreed, what timeline has been set for these actions, and how will progress be monitored and evaluated?

The NHS Executive is in the process of establishing the National Strategic Clinical Network for Child Health, it is anticipated to be fully established by April 2025. The National Clinical lead and the Network manager have both been appointed. The network will be working with Welsh Government to develop a Quality Statement for Children's Health, which will incorporate findings and recommendations from the RCPCH report

13. How is the Welsh Government working with health boards and Health Education and Improvement Wales to implement the recommendations relating to the child health workforce? Specifically, what steps are being taken to improve morale and well-being within the paediatric profession? How is the Welsh Government planning to attract more recruits to paediatric specialties?

There has been a 48% increase in the number of paediatric consultants over the past decade and there is continued investment in the paediatric workforce. The requirements of the paediatric medical workforce in Wales is being reviewed by Health Education and Improvement Wales (HEIW). There has been a consistent expansion of training posts, with full consideration of the impact of changing working patterns e.g. increased less than full time working and increasing need. The following new training posts have been established since 2020:

- 4 posts in August 2020
- 6 posts in August 2021
- 4 posts in August 2022
- 4 posts in August 2024

Paediatric training has recently moved from an eight to seven-year training programme aligned to the changes in the curriculum. As a result of the increased number of trainees training and a decrease in programme duration, Wales will see a significantly increased output of paediatric certificate of completion of training (CCT) holders from 2026 onwards. This information is being actively shared with health boards to ensure they can factor into their planning and retain this essential workforce as consultants in Wales.

HEIW provides a specialised support service accessible to all paediatric trainees which includes mental health support or targeted educational support depending on individual needs. Health boards are responsible for providing the support function for the non-training grade workforce.

14. Could you provide further information on the strategies employed by health boards like Swansea Bay University Health Board that have reduced paediatric waiting times? What is the Welsh Government's understanding of why paediatric waits have increased in some health boards but not others?

The Planned Care Recovery Plan published in April 2022 included the urgent need for health boards to prioritise improved waits for children's pathways. Since then, there has been a 75% improvement in the number of open pathways across Wales in July 2024 when compared to April 2022.

Pressures at Betsi Cadwaladr University Health Board related to dermatology and orthodontics has impacted on the recovery in north Wales with the health board noting a 36% improvement, lower than other health boards. The Welsh Government, with the NHS Executive, are working with Betsi Cadwaladr University Health Board to ensure improvement plans are developed and implemented in dermatology and orthodontics.

Swansea Bay University Health Board has altered its paediatric workforce, through the inclusion of a second consultant of the week in 2022. This increased the sessions allocated to outpatient clinics for hybrid consultants. They also reviewed processes, standardised clinic templates for all general paediatric clinics, implemented pooled waiting lists, offering patients the first available appointment no matter of the postcode, reviewed the process for CNA / DNA, contacting parents before children are due their appointment to ensure they can attend.

15. How is the quality of paediatric emergency care being measured and improved? What steps are being taken to address the unique challenges in paediatric emergency care

In March 2024, the Welsh Government published a Quality Statement for Care in Emergency Departments ([Care in Emergency Departments - A Quality Statement \(gov.wales\)](#)). This sets out the outcomes and standards people should expect to receive when accessing care in high-quality emergency departments. Examples include having appropriate safeguards in place and dedicated spaces for children as well as consistent use of nationally agreed evidence-based pathways. We expect health boards to adopt this quality statement as a framework for enabling optimal care and treatment in emergency departments for their adult and paediatric populations.

It has been agreed that health boards will focus their plans in 2024-25 on the delivery of small number of clinically endorsed priorities, which include:

- reducing the risk of harm caused by crowding in emergency departments,
- improving patient experience through better quality facilities and alignment of the right workforce capacity to respond to patient demand,
- delivering faster triage and assessment processes, which support clinical prioritisation, and
- deliver faster and more effective patient referral and streaming processes to help people receive the right specialist care more quickly.

16. How is the Welsh Government planning to address health inequalities in paediatric care? What strategies are being implemented to ensure that all children, regardless of their background, receive the care they need.

The Welsh Government is actively working to address health inequalities in paediatric care through several key strategies. The Healthy Child Wales Programme (HCWP) supports all families in Wales through a universal offer. The programme is delivered primarily by Health Visiting Services for children under five. For some families, there will be a need to increase intervention to facilitate more intensive support. The Welsh Government expects that every child and family will be offered the HCWP.

The Welsh Government has published a new unified operating model to underpin the existing school nursing frameworks in Wales. This operating model will effectively extend the current HCWP by expanding the universal public health offer to all compulsory school-aged children, regardless of setting. NHS Wales will have 2 years to fully implement the model across Wales.

17. What plans, if any, has the Welsh Government got to implement the patient safety initiative, 'Martha's Rule', for improving paediatric patient care. How is the Welsh Government currently supporting health boards to ensure young patients and their families are listened to and their concerns acted upon?

Since the announcement by NHS England and the Patient Safety Commissioner for England on the approach being piloted for the introduction of Martha's Rule in English hospitals, Welsh Government officials have been engaging with stakeholders. Significant work has been achieved in reaching consensus on the proposed approach to developing the system to meet this need that is the most effective in Wales without increasing inequity of access or service provision. Martha's Rule is not, as commonly misreported, a second opinion but is a patient safety protocol where patients or families can activate an escalation system or alert where an adult or child in-patient is deteriorating and either the patient or family members concerns are not being heard or there is disagreement with the care team. This call will then trigger a stepped response to review the patient's condition, listen to the concerns held and aim to resolve the situation through a 'fresh pairs of eyes' review. In NHS England this is being achieved by a large-scale pilot of 120 hospital sites with established robust critical care outreach services for adults or in specialist children centres for children and young people.

In Wales a scoping exercise was to ascertain the provision of critical care outreach services in each hospital site and found variation in provision ranging from some sites using a non-critical care site safety nurse model, a hospital at night model and partial critical care outreach cover to full critical care outreach cover. Within that range models of days and hours of cover varied as did cohort of patients that were included in the service some focused on adults only, some not including maternity patients and many not covering children and young people. Therefore, the NHS England approach of a critical care outreach model as the solution for Wales for a patient and family escalation protocol may worsen inequity.

Through the consensus work with senior NHS organisational leaders supported by the NHS Wales Executive and Welsh Government the decision was reached to:

- Name the system in Wales – "Call 4 Concern". Three health boards already pilot this system based on a critical care outreach model. The Call 4 Concern would refer to all versions of this system however they were set up on each hospital site. This would strengthen the one system for Wales approach increasing both citizen awareness and that for staff. It would allow all-Wales branding and accessible information and language standardisation and it was felt it described the function of the service. This approach would need careful engagement with the Mills family but would not exclude other families who have similar experiences of loss due to missed deterioration or disagreement between care teams and families.
- Adopt a system where all in-patients children, young people, general adult inpatients, maternity inpatients would be included. The system adopted would be staged
 - raise your concerns with your nurse, midwife or doctor
 - speak with the senior doctor or senior nurse for the unit
 - instigate the fresh pairs of eyes review.

The children and young people's pathways outside of the children's hospital in Cardiff are under discussion and development as they are in England this phased approach would allow for trialling of successful models to occur and be tested.

The NHS Wales Executive team are holding the implementation sessions as part of the next stage of the safe care collaborative on 22 October 2024 in conjunction with the launch of the deterioration strategy in September where the adult paediatric, maternity and neonatal early warning systems will be brought in across Wales.

How is the Welsh Government currently supporting health boards to ensure young patients and their families are listened to and their concerns acted upon?

The Welsh Government introduced the organisational duty of candour into the NHS strengthening the approach to honesty, transparency and openness in April 2023.

This also brought in the rights of children to be part of the discussion on decisions about their care by including them when harm that is moderate or above has occurred related to their health care.

The Welsh Government has recently concluded the public consultation on the significant changes to the Putting Things Right System (NHS Wales Complaints system) and has commissioned children in Wales and other stakeholders to work on developing a Children and Young person pathway and supportive materials to ensure that the child's voice is better heard when they are unhappy with the care they have received.

18. What plans does the Welsh Government have to improve child health data? What data is currently published which is disaggregated by paediatric specialty?

Data for those aged under 18 years can be found through this link: [Latest data against RTT performance measures](#)

Activity data is published monthly by Digital Health and Care Wales and can be accessed through this link: [Secondary Care Activity Dashboard - Digital Health and Care Wales \(nhs.wales\)](#). This enables the user to view data for the following age groups: 0-16- year-olds, 16-18-year-olds.

Monthly therapy data (physiotherapy, occupational therapy, dietetics and speech and language therapy) is published on StatsWales can be split by adult and paediatric services and can be found [here](#).

Information on [Section 135 / 136 detentions, mental health measure for parts 1 and 2, information on emergency department attendance, split by age bandings](#) related to paediatric services can be found on StatsWales.

Information is held and published by Public Health Wales on their website on the uptake of [childhood vaccinations](#).

The Joint Commissioning Committee provides information on the number of contacts by age that contact the [111 press 2 service](#).

The Welsh Government is in the process of implementing a new reporting system which will in future allow for greater reporting capacity. This will commence with the provision of diagnostic data as well as the RTT key targets by under and over 18years, in November 2024 and reported monthly through the planned care reporting stats cubes.

The Welsh Government publishes quarterly reports focusing on the performance activity of the Healthy Child Wales Programme (HCWP), as well as annual reports that provide summary statistics and longer-term trend analyses on the HCWP.

19. How is the Welsh Government ensuring children aged 16-18 receive appropriate care and do not fall between paediatric and adult services?

In April 2022, around 16% of the over two-year breaches for children's pathways were for 16-18-year-olds, while total numbers of pathways waiting over two years have decreased in June 2024, the total number of breaches for 16-18-year-olds now accounts for 31% of all waits for all children pathways 0 to under 18-year-olds. The main reason for this percentage increase is the increasing waits at Betsi Cadwaladr University Health Board in their challenged area of orthodontics.

Long term conditions are the main area where safe transfer of care between paediatric to adult services is required. It is anticipated that the developing National Strategic Clinical Network for Child Health, will link and work with other national clinical networks to support this transition. The network will be working with Welsh Government to develop a Quality Statement for Children's Health.

The transition and handover between children's and adult healthcare services is a critical period for young people, requiring careful management to ensure continuity of care and services. In 2022, the Welsh Government developed new guidance for health boards and trusts to ensure children and young people are supported and move between services in an inclusive and seamless way. The goal is to enhance and ensure coordination of care for young individuals aged 16 to 25 during this time. The guidance covers the entire process—from pre-transition and handover planning to ongoing care—and aims to improve the overall experience for young people and their caregivers, particularly through the use of the transition and handover plan to share key information.

Health boards are expected to underpin the guidance with robust governance arrangements, administrative processes, and procedures. After the initial two-year implementation period, the Welsh Government has committed to conducting annual reviews to evaluate the progress health boards have made in fully implementing the guidance. This will assess the impact on the experience and service quality for children and young people transitioning from children to adult services in NHS Wales. Officials are currently scoping a plan for the review, which will commence in due course.

Regional Working

In May, the Committee wrote to the Chief Executive of NHS Wales to inquire about how the NHS Executive is promoting regional collaboration as a strategy to help health boards tackle long waiting times and equalise waiting times across all health boards. The response highlighted three key areas for regional development that the NHS Executive is supporting.

Three of the areas where the NHS Executive are supporting regional collaboration include cancer, diagnostic and treatments. Progress is being made in all of these areas.

For cancer there is good regional working across a range of tumour sites including urology, lung, radiotherapy and SACT.

We are facilitating regional working to ensure the best treatment for patients through making additional elective orthopaedic capacity with additional theatres and wards available at Neath Port Talbot hospital in Swansea Bay UHB, dedicated day case theatres at Prince Phillip hospital site. In the southwest Region regional working under orthopaedics with regional lists for hands and children is in place and working practices for arthroplasty (hips and Knees) being developed. Additional Welsh Government investment is supporting Cardiff and Vale to provide dedicated resources for ophthalmology services through an additional mobile unit placed on the UHW to provide treatments for long waiting ophthalmology pathways from across the Southeast Wales region. hospital site.

Investment has also been made towards:

- Llantrisant development as a southeast regional resource for diagnostics and elective treatments, with early successes being noted for mobile MRI scanning from this site.
- Llandudno Hospital for regional orthopaedics for North Wales

20. Can you provide the Committee with an update on the Ministerial Advisory Group's review of NHS Accountability and the expected publication date of the findings. This review has direct implications for the national leadership efforts to improve NHS waiting times.

The Welsh Government response to the report's seven overarching recommendations will be issued shortly. The report has also been shared with NHS organisations and those bodies mentioned in the report for their views and comments by the end of September.

21. How does the NHS Planning Framework reflect the Welsh Government's NHS waiting times priorities; how has this had fed into Integrated Medium-Term Plans (IMTPs), and how are these reflected in health board budgets (including whether the health boards are themselves allocating sufficient resources to them)

In December 2023, health boards received their main funding allocation letters, highlighting the initial funding for each organisation for 2024-25.

The allocations were used by health boards to develop plans to deliver against the priorities for 2024-25, as set out in the NHS Planning Framework, and to continue to progress delivery of the vision set out in *A Healthier Wales*.

Health boards are responsible for managing the totality of their budget and making the best use of all available resources and we don't provide direction on use of core allocation against each different service area. The Welsh Government allocates funding increases based on the resource allocation formula which recognises factors such as population, deprivation etc, and expect health boards to plan to deliver services that meet ministerial priorities within available resources including planned care.

In 2023-24, additional funding was provided to health boards, in-year, to support unavoidable demand and inflation. This was made recurrent and for 2024-25, the health board allocations were uplifted by a further £245m for core cost inflation and unavoidable demand pressures. In addition, there were also specific and ringfenced funding allocated to support priority areas, with the main area being the £170m for planned care. This is ring fenced within the 2024-25 allocation letter and contains an element of £50m which was reviewed in 2023 to ensure more targeted and specific actions were being taken. This was not based on the normal funding allocation process of fair shares as there was an inequity of access in certain regions which was important to address. This part of the £170m planned care allocation also signified a commitment to move to regional development and funding, rather than to individual health boards.

The following table illustrates the allocations of the ring fenced £170m for Planned Care Recovery for 2024/24 onwards:

	Funding for planned and unscheduled care sustainability for 2023-24 onwards	Recurrent impact of funding for planned care recovery	Total
	£m	£m	£m
Aneurin Bevan	22.6	3.9	26.5
Betsi Cadwaladr	27.1	7.4	34.5
Cardiff and Vale	16.0	6.9	22.9
Cwm Taf Morgannwg	18.4	7.3	25.7
Hywel Dda	15.3	4.9	20.2
Powys	5.3	0.0	5.3
Swansea Bay	15.2	19.5	34.7
Total	120.0	50.0	170.0

22. What is the current status of these IMTPs, specifically have they been approved by you. If not, what are the reasons for this and what is the potential impact on individual health boards.

The 2024-27 balanced Integrated Medium-Term Plans (IMTPs) for Cwm Taf Morgannwg University Health Board, Public Health Wales, Velindre University NHS Trust and Welsh Ambulance Services University NHS Trust have been approved.

Whilst not a statutory requirement and not requiring Ministerial approval, Health Education and Improvement Wales, Digital Health and Care Wales, NHS Wales Shared Services Partnership and the NHS Wales Joint Commissioning Committee submitted balanced IMTPs which have been assessed a satisfactory.

Six of the health boards were unable to submit balanced three-year IMTPs and instead submitted annual plans for 2024-25. Four submitted plans that maintain or improve on the target control total set in 2023/24, and two submitted unacceptable plans that deteriorate from the 2023/24 position.

The Welsh Government continues to work closely with the health boards as they work on delivering further sustainable improvements on this position.