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



Our Ref/Ein Cyf: MA/JMHSC/2397/25

Chairs and Chief Executives
NHS Wales Health Boards, Trusts and SHAs

6 October 2025

Dear Chairs and Chief Executives,

Earlier this year, I set out my intention to hold a public accountability meeting with each health organisation during the current financial year. These meetings, alongside the regular meetings I have with NHS Chairs, will form an important element of how Welsh Ministers hold the NHS to account for delivering against our priorities. These meetings represent a key first step in my determination to provide greater public transparency in our accountability arrangements.

The meetings will focus on in-year operational delivery and will cover delivery against your plan, financial position and outlook, quality and safety, and risks to delivery. Further details to help you prepare effectively for these meetings are attached to this letter.

My intention is that the meetings will be interactive, supported by a bilingual written evidence paper submitted at least 10 working days in advance of the meeting. An agenda and data pack will be circulated in advance of each meeting. A draft meeting schedule (with some dates yet to be confirmed) is attached at Annex A.

These meetings will be held in person at Welsh Government offices, with an option for additional attendees to join via MS Teams. We can accommodate up to 10 attendees from your organisation in person; others will be able to attend remotely. Please note that simultaneous translation will be made available.

Please direct any queries to <a href="mailto:performanceandescalation@gov.wales">performanceandescalation@gov.wales</a>

Yours sincerely,

Jeremy Miles AS/MS

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

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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.

Annex A

Public Accountability Meetings – Draft meeting schedule

Organisation	Date	Time
Cwm Taf Morgannwg UHB	23 October 2025	15.00-17.00
Cardiff and Vale UHB	13 November 2025	16.00-18.00
Betsi Cadwaladr UHB	20 November 2025	16.30-18.30
Powys THB	27 November 2025	13.00-15.00
Aneurin Bevan UHB	4 December 2025	15.00-17.00
Hywel Dda UHB	11 December 2025	13.00–15.00
Swansea Bay UHB	18 December 2025	12.30-14.30
Velindre UNT	TBC	TBC
DHCW	5 March 2026	10.00-12.00
HEIW	5 March 2026	15.00-17.00
PHW	12 March 2026	10.00-12.00
Welsh Ambulance Services UNT	12 March 2026	12.30-14.30

#### Annex B

# **Draft agenda: Public Accountability Meetings (2 hours duration)**

# 1. Finance, planning and escalation

- Funding, sustainability and value
- Progress against de-escalation requirements
- Progress against clinical plan
- Service change
- Regional working

# 2. Improving access for all

- Planned care, cancer and diagnostic activity
- Urgent and emergency care, inc. delayed pathways of care
- Mental health
- Quality and safety, patient experience and feedback

# 3. Getting services ready for the future

- Improving women's health services, maternity and mental health
- More effective prevention of ill health
- Putting more services into the community
- Realising the potential of digital and innovation

# 4. Strengthening how we run the NHS

- Modernising leadership and culture
- Resilience recruitment/retention and staff wellbeing

#### 5. Board local issues

# **Annex C** Meeting Organisation

NHS organisations will be expected to submit bilingual written evidence at least ten working days in advance of the meeting, as set out in the attached template (Annex D).

Meeting papers will be published on both the health organisation and the Welsh Government website so any written evidence submitted to support these meetings must be provided bilingually.

No slides are to be used during the meeting. The Board will be invited to offer a brief overview at the start of each agenda item. Lines of questioning will be based on the written evidence and overview provided and may also include areas of emerging concern arising from Members of the Senedd and members of the public.

Following the meeting, a recording of the meeting will be made available on the health organisation and Welsh Government website and a letter will be issued summarising our discussion and agreed actions. This will be published alongside the meeting papers.

The meetings will be held via Microsoft Teams and a maximum of 10 attendees per health organisation will be expected to attend in person. As a minimum, in-person attendance from the following is suggested – Chair, Chief Executive, Vice Chair, chairs of relevant committees and relevant members of the Executive Team. Other members may join remotely via MS Teams.

### Annex D Evidence Paper - Template

### **Public Accountability Meeting Evidence Paper**

Organisation	
Date submitted	
Date of meeting	
Completed by	

# Finance, planning and escalation

- Funding, sustainability and value
- · Progress against de-escalation requirements
- Progress against clinical plan
- Service change
- Regional working

#### Guidance

Health organisation to set out:

- Current financial position, reasons for any reported deficit, outlook for the year-end outturn and anticipated recovery actions
- Drivers of the financial deficit, if appropriate
- Progress against savings plan
- Progress against the value and sustainability plans
- Progress against the enabling actions and key deliverables in the Board-approved plan
- Where an organisation is in escalation, please supply a brief overview of Board oversight and progress
- Overview and progress against the clinical service plan how is this driving improvements?
- Ongoing service change
- Overview, impact and vision for regional working

#### Improving access for all

- Planned care, cancer and diagnostic activity
- Urgent and emergency care inc. delayed pathways of care
- Mental health
- Quality and safety, patient experience and feedback inc Welsh language and equalities provision

### Guidance

Health organisation to set out:

#### Performance:

- Current position and trajectory for 104 weeks total RTT pathways and 52 weeks outpatient pathways
- Current position and trajectory for 8-week access to diagnostics
- Current position and trajectory for achieving 75% for suspected cancer pathways
- Current position and trajectory for 45-minute ambulance handovers, 4 and 12-hour emergency department waits and reducing pathways of care delays
- Current position and trajectory for adult and CAMHS mental health measures

Please highlight areas and expectations for improvement as well as areas of success and good practice

# Quality and safety:

- Current position and trajectory against the quality and safety metrics
- Recent reports, feedback from regulators including but not limited to HIW, Llais and Audit Wales
- Impact of quality management system in driving improvements
- Board action taken in light of fragile and challenged services
- Overview of patient experience from CIVICA
- Examples of how patient feedback is driving service change

#### Evidence:

### Getting services ready for the future

- Improving women's health services, maternity and mental health
- More effective prevention of ill health
- Putting more services into the community
- Realising the potential of digital and innovation

#### <u>Guidance</u>

Health organisation to set out:

- Work undertaken following the publication of the Women's Health Plan
- How the organisation is learning from other Welsh and UK reviews to improve maternity services, impact of matneo safety programme, impact of the maternity and neonatal voices partnership
- Work undertaken to ensure inpatient safety of mental health units and the reduction of waits in the community
- Action in train to improve vaccination rates, smoking cessation, weight loss and diabetes prevention and management
- How the organisation is supporting a move away from traditional models of primary care

How are digital tools driving patient choice, accessibility and efficiency?

<u>Evidence:</u>

# Strengthening how we run the NHS

- Modernising leadership and culture
- Resilience recruitment/retention and staff wellbeing

# **Guidance**

Health organisation to set out:

- Strategy in place to reduce reliance on interims, agency and locum staff
- Leadership and succession planning
- Clinical leadership
- Cultural assessment and actions to support and measure cultural change
- Any organisational redesign expected
- · Actions taken following the most recent staff survey

# Evidence:

# **Board local issues**

#### Guidance

Health organisation to set out:

• Any local issues that you would like to bring to Welsh Ministers' attention

Evidence: