

# Welsh Government Remit Letter to NHS Wales Performance & Improvement 2026–27

## Background and Context

Establishment of NHS Wales Performance & Improvement (NHS P&I) (formerly the NHS Wales Executive) was completed in a two-phase implementation programme which concluded on 31 March 2024. The programme brought together *existing* national bodies, including national strategic programmes and networks, to operate as the NHS Wales Executive against a single Mandate and Remit Letter issued by Welsh Government on 31 March 2023 and annually thereafter.

In April 2025, the Cabinet Secretary for Health & Social Care announced the intention to approve the recommendations from the Ministerial Advisory Group on Performance and Productivity. A number of these recommendations would further strengthen the renamed NHS Wales Performance & Improvement – reforming and refocusing its role to be better aligned with Welsh Government priorities and expectations to drive up performance. The first stage of this was to appoint a new Managing Director to lead NHS Wales Performance & Improvement in delivering its revised role and purpose, alongside additional recommendations focused on strengthening clinical leadership; and developing regional planning to support health boards' work on finding sustainable solutions to fragile services.

### The revised role and purpose of NHS Wales Performance & Improvement (the Mission Statement)

The dual role of NHS P&I is to: Work with the NHS in Wales to deliver better health services and outcomes for patients and the public; and to support the Welsh Government in holding NHS Wales organisations to account for the provision of health services.

NHS P&I will support the Welsh Government and NHS Wales in the development and delivery of innovative and value-based health policies, strategies, and services which result in improved health outcomes for patients and the public. NHS P&I will support the Welsh Government to hold NHS Wales to account for the delivery and performance of these services and for robust financial management.

To effectively deliver against its dual role, NHS P&I will be an acknowledged centre of excellence in its fields, efficient and responsive to the needs of both NHS Wales and Ministers, driving improvements in the performance, quality and safety of care, supporting best practice, and streamlining accountability.

NHS P&I will:

- Monitor performance across the NHS in Wales and support Welsh Government and Ministers to ensure effective performance management of the NHS
  - Monitor performance (sharing monthly/weekly updates with Welsh Government and escalating issues as appropriate)
  - Financial delivery support
  - Performance management advice
  - Planning advice
- Drive improvements in health outcomes working with partners across the NHS and the health sector more widely including:
  - Improvement services as agreed with Welsh Government and NHS Leadership Board providing strong clinical leadership to ensure that service improvement is clinically led.
  - Innovation, value and sustainability support. (Note - Sustainability refers to financial, service and environmental/ climate sustainability).
  - Regional planning and delivery support

### Remit Letter 2026-27

Ministerial priorities have primacy in the formulation of the annual remit letter and all “**Expectations**” set out within this document have been updated in line with the NHS Wales Planning Framework for 2026-2029. They provide clarity on the response required from NHS P&I as it develops its 2026-27 work programme.

The remit set out in this document (“**the Remit**”) should be read alongside the recently issued NHS Wales Planning Framework 2026-2029 (“**the Framework**”), the Ministerial Advisory Group on Performance & Productivity and the Cabinet Secretary’s letter of 3 July 2025, *Improving Performance Together*. These three documents drive the context, priorities and requirements for the Remit letter.

Through the NHS Wales Planning Framework, the Cabinet Secretary has shared the 3-year strategic priorities that must be delivered by all health boards and other NHS organisations where relevant. They are:

- Timely access to care
- Population health and prevention
- Community by Design
- Mental health access
- Women’s health
- Quality & safety

It must be noted that the six strategic priorities are cross-cutting and must not be viewed in isolation. This is principle particularly important in the context of Community by Design.

More specifically, each of the strategic priorities is underpinned by a set of delivery expectations for year 1 of plans (2026-27). Delivering these will ensure greater pace and purpose in achieving sustainable gains in quality, performance and population health outcomes.

The Framework also mandates a number of enabling actions (“just do its”). They have a focus on reducing waste, harm, variation and cost and improving productivity and efficiency. They are the product of work underway through the National Strategic Programmes and the Value and Sustainability Board. Implementation of these enabling actions across Wales is inconsistent and we need to see more consistent application and implementation.

NHS P&I will play a key role in both supporting NHS Wales organisations to implement the delivery expectations and enabling actions, and in monitoring progress against them. Whole-system oversight is fundamental; NHS P&I will help to ensure that every part of the health system, including primary, community, secondary, and specialist services, is adequately managed and aligned with national priorities.

**The NHS Wales Planning Framework 2026-29, including the 3-year strategic priorities, associated delivery expectations for 2026-27 and enabling actions are attached as Annex 1.**

**The Remit is therefore framed within the context of delivering the relevant strategic priorities and NHS P&I’s core responsibilities.** These expectations will remain in place for 2026-27 unless revoked, altered or amended at the direction of the Chief Executive of NHS Wales. NHS P&I will be required to demonstrate through its work programme, the contribution it will make directly to delivery of the Framework, as well as how it will assist NHS organisations in doing so.

NHS P&I is also expected to take into consideration, and where applicable comply with, the following:

- **A Healthier Wales (AHW)** sets out the long-term future vision of a ‘whole system approach’ which is focused on health, wellbeing, care and support and on preventing illness. AHW has an emphasis on prevention, on supporting people to manage their own health and wellbeing, and on enabling people to live independently for as long as they can, supported by new technologies and by seamless models of health and social care services which are delivered closer to home.
- **The Well-being of Future Generations Act** provides Wales with groundbreaking legislation that places a statutory duty on public services to ensure that we make the best decisions that address both the here and now and the future. It provides the overarching template for AHW and the driver for

better health outcomes going forward. To give current and future generations a good quality of life we need to think about the long-term impact of all the decisions we make. Using the sustainable development principle and the five ways of working, as part of our governance and decision making, we can create the environment in which populations can thrive.

The specific challenges facing the NHS are complex and many of them will only be addressed by embracing integrated, collective and engaging approaches that focus on prevention and create sustainable foundations in the long term.

NHS P&I will be required to demonstrate how it is complying with the spirit of the Act by using the five ways of working, contributing to achieving the seven wellbeing goals, and how its approach is progressing year on year.

- **Quality and Engagement Act 2020** The duties of quality and candour are now statutory obligations for NHS bodies and individuals in Wales. They became effective in April 2023 and provide a framework for delivering quality and transparency in all aspects and all levels of the NHS. The Duty of Quality requires that strategic and operational decisions are made through the lens of quality. This quality-driven decision-making can be achieved by considering plans and decisions in line with their impact utilising the Health and Care Quality Standards.
- **Quality Statements** - In line with the commitments in AHW, the National Clinical Framework published in 2021, set out how clinical services should develop as part of a learning health and care system. This included the introduction of Quality Statements that set out service planning expectations, nationally agreed pathways, and national service measures. NHS organisations should be able to demonstrate how they plan to work towards delivering the expectations set out in quality statements through their IMTPs.

NHS P&I has an important role in enabling the delivery of the Quality Statements by facilitating clinical consensus in the form of national pathways or service specifications and identifying variation through the development of national datasets and use of peer review approaches.

- **Legal duties under the Welsh Ministers' Welsh Language Standards.** NHS P&I, as a national NHS function, has an important role in supporting Welsh language and culture, and in delivering systems to support alignment to the 'More Than Just Words' Framework, recognising Welsh belongs us to all and the importance of language choice.
- **Legal duties under the Equality Act (2010) and the Public Sector Equality Duty.** NHS P&I will need to reflect its commitments in line with commitments in the Welsh Government's Strategic Equality Plan; the Anti-racist Wales Action Plan; the LGBTQ+ Action Plan; the work of the Disability Rights Taskforce; Health Bodies' Strategic Equality Plans; and the revised Accessible Communication and Information Standards.

- The **National Value and Sustainability Board** is clear that collectively we must continue to focus on reducing waste, harm and unwarranted variation in practices, to ensure that the NHS in Wales is operating as efficiently as possible within the resources available to it. NHS P&I plays a key role in setting and supporting the Board's work programme, as well as monitoring progress in its implementation by NHS organisations.
- The Chief Scientific Adviser's report produced in 2023 – **the NHS in 10 years +** sets out the challenges that we will face over the 10-25 years ahead. This report sets out the increases in diseases/ conditions and the impacts that we will have to deal with having an older population and with conditions such as diabetes.

NHS P&I's plans for meeting the requirements of the Framework and the Remit should be set out in your work programme for 2026-27. That work programme must have a concerted focus on delivery of "**the Expectations**" set out in this document in order to make improvements and sustainable gains for the population of Wales. Delivery of these areas should be at the centre of planned resources and capacity to enable the increase in pace and purpose.

In all aspects, the intention is that Quality, Safety and Improvement underpin the Expectations, driving evidenced-based improvements in the delivery of healthcare, and leading to better health and wellbeing outcomes for the people of Wales. This commitment to quality and improvement must be reflected across all service areas, with primary care recognised as an integral, leading part of the health system, shaping patient experience and outcomes from first contact.

It is crucial that NHS P&I plays its part in reducing health inequalities within populations by supporting the NHS in planning and delivering high-quality equitable services with a focus on prevention and early intervention. Responding to health inequities must feature in all considerations of service planning and delivery so that resources are properly weighted towards population need. Data from national dashboards and clinical audit must help to identify inequitable provision and guide service change.

NHS P&I must ensure that Health Impact Assessments and Equality Impact Assessments drive understanding in variation in delivery both in terms of who can access, and how people access health and care services and ensuring equitable delivery.

As part of contributing to achieving the aims of the Well-being of Future Generations (Wales) Act 2015, NHS P&I should ensure the NHS delivers broader social value and should also develop the expertise needed to actively support embedding action on the climate emergency in decision-making and plans across the health and social care system. This should include supporting progress against climate related commitments and legislative targets, including decarbonisation plans and the ambition for the public sector to be collectively net zero by 2030 and ensuring the NHS is climate resilient with all organisations developing and delivering against Climate Adaptation, as well as delivering broader social value.

NHS P&I also has a key national co-ordinating role in keeping the people of Wales safe through its emergency planning and preparedness functions.

## **NHS P&I’s Collective Response to Delivering NHS Wales Priority System Issues – “The Expectations”**

The Remit Letter for 2026-27 is set out under Welsh Government’s strategic priorities (as set out by the Cabinet Secretary for Health & Social Care in the NHS Wales Planning Framework 2026-29) and NHS P&I’s core responsibilities. NHS P&I, through its work plan, will be required to describe how it is working collectively to achieve these expectations.

<b>Expectations</b>
<b>Welsh Government’s Strategic Priorities:</b>
<b>Timely Access to Care</b> <a href="#"><u>Expectation 1: Urgent and Emergency Care</u></a> <a href="#"><u>Expectation 2: Planned Care and Cancer</u></a>
<b>Population Health &amp; Prevention</b> <a href="#"><u>Expectation 3: Prevention</u></a> <a href="#"><u>Expectation 4: National Immunisation</u></a>
<b>Community by Design</b> <a href="#"><u>Expectation 5: Community by Design</u></a>
<b>Mental Health Access</b> <a href="#"><u>Expectation 6: Mental Health Services (all-age)</u></a>
<b>Women’s Health</b> <a href="#"><u>Expectation 7: Women’s Health</u></a> <a href="#"><u>Expectation 8: Maternal and Neonatal Health</u></a>
<b>Quality &amp; Safety</b> <a href="#"><u>Expectation 9: Quality &amp; Safety</u></a>
<b>Core Responsibilities</b> <a href="#"><u>Expectation 10: Financial Planning &amp; Delivery</u></a> <a href="#"><u>Expectation 11: Integrated Planning</u></a> <a href="#"><u>Expectation 12: Value-Based Health Care</u></a> <a href="#"><u>Expectation 13: Value &amp; Sustainability</u></a> <a href="#"><u>Expectation 14: Oversight and Assurance of NHS Wales</u></a>

NHS P&I’s senior leadership will work collaboratively to develop a work plan in response to this remit letter and its expectations.

**NHS P&I will be expected to demonstrate strong collective leadership and to further develop ways of working that enable effective business processes. It will also be required to prioritise and align its resources to support delivery of the expectations in this remit.**

**The remit letter will be supplemented by an Accountability Letter to NHS P&I's Managing Director.** This will replace the individual letters sent to members of the SLT previously. The Accountability Letter will also confirm budgets for 2026-27.

Following the Cabinet Secretary's April 2025 announcement, Welsh Government will work with the People and OD team within NHS P&I and the Public Health Wales Workforce and OD to develop and deliver the Organisational Development programme which will strengthen NHS P&I, reforming and refocus it to be better aligned with Welsh Government priorities and expectations to drive up performance. This will build on earlier work to deliver our aim to make NHS Wales P&I a great place to work, to embed compassionate and collective leadership within the organisation and in our interactions with our external stakeholders and delivery partners.

A Workforce Delivery Function will be established within NHS P&I to complement and support the existing functions and provide additional capacity to drive delivery of a range of Government workforce priorities across the system, support the scrutiny process and the work of the Value and Sustainability Board

## **WELSH GOVERNMENT'S STRATEGIC PRIORITIES (AS SET OUT IN THE NHS WALES PLANNING FRAMEWORK 2026-29):**

### **TIMELY ACCESS TO CARE**

#### **Timely Access to Care: Delivery Expectations 2026-27 (as set out in the NHS Wales Planning 2026-29)**

- Ensure no ambulance patient handover waits over 45 minutes
- Ensure no patient spends 12 hours or more in all major and minor emergency care facilities from arrival until admission, transfer or discharge
- No patients waiting more than 104 weeks for referral to treatment
- Number of patients waiting more than 8 weeks for a specified diagnostic – target zero
- Health boards to achieve the suspected cancer pathway target of 75% through implementing the nationally agreed pathways, while reducing the backlog of patients waiting more than 62 days by end of March 2027.

### **Expectation 1: Urgent and Emergency Care - Workstream deliverables are to be achieved in line with the six goals for urgent and emergency care (UEC).**

**Quality assurance** – NHS P&I will work with policy officials to identify parts of the UEC pathway and/ or services where there is a heightened risk of harm and undertake related audits of compliance with policy guidance and assurance reviews. Subsequent reports submitted to the Welsh Government should identify

recommendations where improvements can be made and / or where action can be taken to support decision making at a policy level. NHS P&I will propose a method of ongoing monitoring of delivery of recommendations and reporting on progress to Welsh Government.

**Quality planning** – NHS P&I will have a publicly available national urgent and emergency care improvement delivery plan, aligned to both the Community by Design urgent and same day care pillar and the enabling actions set out in the NHS Wales Planning Technical Guidance 2026-27, signed off by the Senior Leadership Team before 31 March 2026. The plan will clearly outline specific, measurable objectives that align with the priorities for UEC and are guided by reducing the risk of avoidable harm, effective management of people living with frailty and people experiencing health inequalities who are more likely to experience barriers to urgent care, with plans and interventions supported by a clear understanding of seasonal demand profiles. There will be clear collaboration across the breadth of NHS P&I and with other national organisations to enable achievement of priorities.

More broadly, NHS P&I will also play a key role in NHS operational UEC oversight and planning for winter 2026-27, including UEC resilience and business continuity/emergency planning arrangements.

**Quality improvement** – NHS P&I will enable health boards and partners to deliver policy priorities and objectives as described in the NHS Wales Planning Technical Guidance 2026-27 based on a strong data-driven understanding of demand and case mix. In 2026-27 this should include development and delivery of:

- Robust emergency department (and wider front door) clinical information through implementation of the Welsh Emergency Care Data Set (WECDs).
- A consistent real-time understanding of patient flow across urgent and emergency care across the 'whole system' in Wales, initially prioritising acute hospital sites, to support operational decision making.
- A robust approach to analytics and relevant data to support quality improvement – enabling evidence-based decisions, proactive management, and learning across the whole UEC system.

## **Expectation 2: Planned Care and Cancer – Reduction in the people experiencing the longest waits for outpatients and treatment ensuring equity including for women and children.**

**The management of people on the waiting list (safely waiting) to ensure they are ready for what they are waiting for, they are not waiting unnecessarily or becoming too unfit to proceed to the intervention.**

**Quality assurance** – NHS P&I will provide Welsh Government with regular progress reports on planned care and cancer and inform decisions to improve planned care and cancer performance recovery. NHS P&I must monitor and report the unwarranted variation and use of low value interventions, linked to the implementation and progress of health boards against the optimisation reports. This

should include theatre productivity and the oversight of cancer pathway compliance via the health board 1:1s for cancer.

**Quality planning** – NHS P&I will lead the national planned care programme and ensure that organisations focus on delivery of a reduction in the longest waits for care and treatment. Priority focus will be on the efficient utilisation of capacity and bringing services into balance. NHS P&I will continue to lead the implementation plan for the national diagnostic strategy and facilitate the cancer site and treatment modality groups that guide the planning of cancer pathways and service models. This will also include working with the health boards to plan and implement regional models of care to improve service sustainability and address fragility.

**Quality improvement** – NHS P&I should develop and help implement national optimisation frameworks for planned care and support the service model change for the priority cancer pathways (MAG recommendation 5). NHS P&I will provide national clinical leadership to support organisations to implement consistent evidence-based practice locally and using data driven insights to highlight and address variation between providers. In addition, NHS P&I will drive research, innovation and improvement through their national programmes of work that strengthen evidence generation and accelerate the adoption and spread of best practice.

## **POPULATION HEALTH & PREVENTION**

### **Population Health & Preventions: Delivery Expectations 2026-27 (as set out in the NHS Wales Planning 2026-29)**

- Increase the proportion of children in Wales who are a healthy weight by halting the rise, and contributing to a year-on-year decrease in the levels of overweight and of obesity as measured and reported through the National Child Measurement Programme, focusing on those most disadvantaged.
- Reduce inequity in the uptake in the most and least deprived areas in preventing ill-health especially in relation to vaccination, screening and diabetes prevention and care.
- At least 90% of individuals identified via the Audit Plus Frailty Tool (or its replacement) to receive proactive care in line with their agreed care plans.
- Increase in % of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes.

### **Expectation 3: Prevention**

**Quality assurance** - NHS P&I will across its work programme demonstrate a relentless focus on primary, secondary and tertiary prevention. It will provide quarterly reports setting out how it has worked with partners across the system to embed and drive forward work to prevent ill-health including information on the most impactful interventions relating to the prevention and management of cardiovascular disease, diabetes and respiratory disease.

**Quality Planning** – NHS P&I will in its planning including pathway design, quality statements and national programme developments ensure primary, secondary and tertiary prevention interventions are embedded and deliver benefits at an individual patient level equitably across Wales. This includes its role as co-ordinator for gambling treatment services ensuring these are embedded and delivered across Wales, according to NICE guidance, to those affected.

To underpin and deliver the desired improvements Value in Health and Population Health Management must be a consistent feature of health planning. There is variation across Wales currently, with organisations at different stages of maturity. NHS P&I should also prioritise which NHS performance measures should be broken down by inequity indicators where currently available (e.g. gender, age, area of deprivation, protected characteristics) in readiness for the next planning cycle and develop a process for them to be regularly reported and monitored. Reporting should be expanded as more systematic data collection comes online.

**Quality Improvement** - NHS P&I will be expected to demonstrate with the data and evidence available a shift towards preventative measures in the delivery of NHS care, scaling up of interventions that work and a move towards higher investment in prevention to reduce ill-health. This must include all elements of the preventative expectations set out in NHS Wales Technical Planning Guidance.

In addition, to drive a greater focus on inequalities across the NHS, NHS P&I should work with the Community by Design Programme to explore the development and rollout of a national digital tool to enable population segmentation and risk stratification working with PHW and health boards.

#### **Expectation 4: National Immunisation - Lead the implementation of the National Immunisation Framework (NIF) for Wales.**

**Quality assurance** – NHS P&I will oversee delivery of vaccination programmes in line with the Green Book, and support NHS organisations to achieve the measures outlined in the NHS Performance Framework. Specifically, the uptake targets relating to the childhood immunisation, HPV, Influenza, RSV and Covid programmes.

NHS P&I will explore a range of quality and safety metrics with sustainable improvements achieved through the development of networks which are focused on coproduction and expertise.

**Quality planning** – NHS P&I will continue to lead the delivery of the ambitions within the National Immunisation Framework and implement a workplan for 2026/27 to be agreed with Welsh Government that will set out how the expectations will be delivered. This will include coordination of efforts to ensure lessons from the central procurement of flu are embedded, equity in vaccination uptake is improved, and digital advancements are made.

NHS P&I will also coordinate NHS planning to support changes to vaccination programmes to protect Welsh citizens, as they are developed. This for 2026/27 is likely to include the expansion of the RSV programme; and the Varicella catch-up

programme; and other targeted catch-up programmes in areas where specific issues are identified. Where possible, opportunities to improve equity should be maximised as these changes are implemented.

**Quality improvement** – NHS P&I will support the improvement of vaccine uptake (including a review of staff take-up rates) and closing the equity gap across our vaccination programmes. This will be achieved through the effective use of data, driving best practice, and working with NHS organisations to facilitate fair access and opportunity for vaccination.

## **COMMUNITY BY DESIGN**

### **Community By Design: Delivery Expectations 2026-27 (as set out in the NHS Wales Planning 2026-29)**

- Deliver a 12-month reduction trend in both the number of people who are delayed in hospital and the total days delayed for these patients, as measured by the Delayed Pathways of Care dashboard.
- Increase in capacity at the weekend of community nursing and specialist palliative care nursing to at least the required levels previously set for 2024/25 and greater where possible.

(National requirements and expectations will be specified by the Community by Design Transformation Programme Board)

### **Expectation 5: Community by Design - Demonstrate a whole-system focus on improving access and shifting resources into primary and community care.**

**Quality assurance** – NHS P&I must secure robust assurance that data provided by primary and community care is accurate, timely, and comprehensive, enabling effective oversight and informed decision-making, including continued oversight and support of Allied Health Professional (AHP) investment to drive CbD transformation and delivery.

In its enabling role, NHS P&I will strengthen the primary and community care system by improving the quality, consistency and accessibility of data across Wales. The organisation will work with DHCW, PHW and LHBs to develop clear data standards, enable flows into national systems, and ensure effective and appropriate use of primary care data to support whole-system insights. This will enable better monitoring of service demand, support population health management, and underpin evidence-based planning, assurance and policy.

NHS P&I will provide Welsh Government with regular reports on progress, identifying areas where potential measures, actions or intervention is needed to support decision making, particularly in respect of improving access and shifting resources into primary and community care.

NHS P&I must secure robust assurance that data provided by primary and community care is accurate, timely, and comprehensive, enabling effective oversight and informed decision-making.

In addition, NHS P&I will require health boards to demonstrate clear processes for validating data quality and to provide evidence of how contractual obligations are being met, particularly in relation to improving the patient journey and outcomes.

This includes the co-ordinating role for the annual NHS primary care contract mandate proposals, oversight, assurance and reporting of health board performance in commissioning and monitoring delivery and performance of these four independent contractor services relating to primary care: Optometry, Community Pharmacy, General Dental Services (GDS) and General Medical Services (GMS). Alongside the contractor element of primary care the remaining service provided by health boards in the community, should have the same consideration.

NHS P&I will require health boards to demonstrate clear processes for validating data quality and to provide evidence (including risks to delivery) of how contractual and national strategy obligations are being met for all primary care independent contractor services (Optometry, Community Pharmacy, General Dental Services and General Medical Services), particularly in relation to improving the patient journey and outcomes.

**Quality planning** –NHS P&I will support organisations to provide seamless care, delivered at a local level, consistently regardless of organisational boundaries. It will produce tools that will assist organisation in the delivery of new service models and the shift of resources into the community.

Primary Care must be recognised and embedded as a central component of the wider health and care system, not as an adjunct, with explicit links to secondary and specialist services to ensure seamless patient pathways.

NHS P&I will provide programme management, co-ordination and support to the Community by Design Programme. The NHS P&I will continue to ensure that activity delivered through the National Programme for Primary Care, the six goals for Urgent and Emergency Care and Enhanced Community Care align with and contribute to the wider Integrated Community Care System (ICCS) Framework and Community by Design Programme.

To drive improvement at scale, organisations must be supported to adopt the 'Community by Design' as a planning principle where services are planned and delivered in the community unless there is evidence that they must be delivered in a hospital setting.

The scale and reach of primary and community care as the principal gateway for patients into the NHS must be reflected in all planning and reporting, with health boards required to show how these services are integrated across the system and how Community by Design principles are applied to all priorities.

**Quality improvement** – NHS P&I will ensure a collaborative approach of sharing good practice exists within the workstreams at a regional partnership board level and through Primary and Community Care Clusters.

NHS P&I will ensure evidence-based systems and peer review approaches are utilised to achieve sustainable and robust services, integrated through accelerated cluster development and community infrastructure around the patient.

NHS P&I will assist Welsh Government in holding health boards to account for using contractual levers effectively, ensuring that independent contractors contribute to strategic priorities such as Community by Design, prevention, and reducing health inequalities, with transparent reporting of performance and targeted support or intervention where required.

Further detail on how NHS P&I should support and enable integrated eye care health and integrated hearing health care is included in the NHS Wales Technical Planning Guidance appended as **Annex 2**.

## **MENTAL HEALTH ACCESS**

### **Mental Health Access: Delivery Expectations 2026-27 (as set out in the NHS Wales Planning 2026-29)**

- Implement and evaluate Open Access Mental Health Support by March 2027.
- Improve safety in Secondary Care Mental Health services (measured through agreed mental health safety matrix and PROM ReQuol) by March 2027.
- Improve Physical Health of People with long term MH problems by carrying out mortality reviews and implementing improvement plans from the learning by March 2027.

### **Expectation 6: Mental Health Services (all-age) - Provide system leadership and oversight to deliver the integration of improvements across all age services and equity and parity between physical and mental health services.**

**Quality assurance** – NHS P&I will drive improvements in mental health services by providing system leadership and ensuring mental health services are assessed against, and demonstrate improvements against priorities set out in the planning and performance frameworks. NHS P&I will also support health boards to establish robust quality control processes including

- Measuring outcomes
- Measuring experience
- Reporting on a set of safety metrics

NHS P&I will support the implementation of the Dementia Care Standards in recognition of their dementia programme. The Dementia Action Plan was evaluated and published March 2025. Longer term governance of dementia policy will be considered alongside the findings of the evaluation.

**Quality planning** – Through the Strategic Programme for Mental Health, NHS P&I will drive the transformation of all-Mental Health Services, moving to a more standardised offer across health boards. The Strategic Programme for Mental Health will be shaped to align with the priority areas set out in the new Mental Health and Wellbeing Strategy and the Suicide the Self-Harm Prevention Strategy and the Planning Framework.

This will include whole system planning for community transformation (including EIP and Early Intervention for Eating Disorders) and acute and crisis care transformation as set out in the draft strategies.

The Strategic Programme for Mental Health in partnership with Financial Planning and Delivery and health boards, will develop a process to better understand the mental health ring fence to support ongoing planning for value and sustainability

The Strategic Programme for Mental Health, in partnership with DHCW and DDTIV, will oversee development and delivery of the Mental Health Data and Digital Plan for Wales.

The Strategic Programme will reflect an integrated health and social services approach to provide mental health support and align with the Strategic Mental Health Workforce Plan. It will also aim to support better integration of mental health across the Primary Care, Planned Care and Urgency, Emergency Care Programmes and better support co-occurring conditions such as substance misuse and neurodevelopment. We also expect close working with the NHS Wales Joint Commissioning Committee to ensure a whole pathway approach to mental health improvements.

NHS P&I will also lead improvements through the Access to Psychological Interventions and Therapies Programme and the Suicide and Self-harm Prevention Programme.

**Quality improvement** – Through the establishment of the Mental Health Patient Safety Programme, NHS P&I will drive national quality improvement programmes and build capacity and capability to support the implementation of improvement plans – with an initial focus on in-patient safety. This will include

- Implementing the Anti-Ligature standards in inpatient settings.
- Implementing the Discharge Standards from adult inpatient settings.
- Rolling out person centred safety planning.
- Implementing the Safe wards programme

NHS P&I will work via the 6 Goals programme to support a reduction in the number of people with Mental Health problems who are delayed in hospital.

Although not overarching expectations in their own right, NHS P&I will also have a key role in advancing the improvement of learning disability and neurodivergence services (see **Annex 2** for further detail).

## **WOMEN'S HEALTH**

### **Women's Health: Delivery Expectations 2026-27 (as set out in the NHS Wales Planning 2026-29)**

- Further expansion of the Women's Health Hub model in each health board area by March 2027 (aligned to the Women's Health Plan)
- Improving the quality of our maternity services by reducing peri-natal mortality rates.

### **Expectation 7: Women's Health: Work with health boards to implement the Quality Statement and deliver the actions in the Women's Health Plan, working with other bodies and in collaboration with Welsh Government policy leads.**

**Quality assurance** – The quality statement for Women and Girls health also describes what is expected to ensure good quality health services to support women and girls. NHS P&I will:

- Work with health boards to further expand women's health hubs in each health board area by March 2027 to improve timely access to services making it easier for women to obtain care they need while promoting preventative measures and empowering them to take charge of their health and well-being;
- Ensure that women's health is effectively and actively threaded through the National Strategic Programmes and clinical networks as set in the Women's Health Plan, with the women's health clinical leads providing the leadership for this and NCF Board bringing a strategic overview / oversight for this alongside the Oversight Board;
- Ensure effective and active communications around women's health.

**Quality planning** – NHS P&I will be working closely with health boards to support the initial stages of the planning and hub development.

**Quality improvement** – NHS P&I will work to ensure that there is a continuous development of services and implementation of the women's health plan and inform the quarterly session held as part of the Integrated Planning Quality and Delivery meetings.

## **Expectation 8: Maternal and Neonatal Health - improving outcomes for women and babies by preventing ill-health and enhancing maternal and neonatal experience through the delivery of quality improvement activities and robust monitoring of quality measures.**

**Quality assurance** – NHS P&I will develop, monitor and review local and national maternity and neonatal quality outcome and experience measures through an integrated perinatal dashboard. It will develop and maintain a system for the early identification of issues and emerging risks (early warning system), as well as identify and coordinate immediate corrective action with the NHS. NHS P&I will escalate issues/risks as appropriate through the quality control, oversight and assurance mechanisms established between the Welsh Government, NHS P&I and NHS Wales organisations.

**Quality planning** – NHS P&I will align the recommendations of the independent national maternity and neonatal report, to deliver the programme of work in Year 3 MatNeo SSP (26-27). NHS P&I will monitor delivery of the Quality Statement for Maternity and Neonatal Care and support delivery of the Perinatal Engagement Framework. Develop appropriate service specifications and pathways to enable monitoring.

**Quality improvement** – NHS P&I will ensure national process/outcomes measures related to NHS Wales mat/neo services are developed and displayed in SPC T-chart methods, to enable continuous improvement efforts for the NHS. National dataset for maternity and neonatal to be developed from DMC.

## **QUALITY & SAFETY**

### **Quality & Safety: Delivery Expectations 2026-27 (as set out in the NHS Wales Planning 2026-29)**

- Downward trend in 12-month rolling average crude mortality while maintaining a flat 7-day readmission rate.
- Days of safe care delivered since the last never event, monitored using SPC T-Chart • Percentage proportion of complaints dealt with via early resolution - target 40% by March 2027
- The clinical coding service must ensure that at least 95% of inpatient and day-case episodes are fully coded within one reporting month of discharge, in line with Welsh Government delivery measures. In addition, 90% of all identified coding errors must be corrected within 35 days of identification, ensuring timely and accurate data quality improvements across all health boards. There must be a focus on quality of coding with an emphasis on specificity, and comorbidity capture demonstrated by an increase in depth index by 10% year-on-year.

## **Expectation 9: The NHS Executive will oversee a system with quality and learning at its heart.**

**Quality assurance** – NHS P&I will use the Health Outcomes Framework (once published) to monitor patient quality and safety outcomes. NHS P&I will standardise governance and oversight for quality and safety through the development and implementation of the clinical governance framework. NHS P&I will use national datasets, patient reported experience, and peer review approaches to monitor delivery of care in line with quality statement expectations, pathways, service specifications, and guidance.

**Quality planning** - NHS P&I will publish and oversee implementation of the National Patient Safety Plan, and work with NHS leaders to set the safety goals for 2026/27. Develop relevant national outcome indicators to track improvement and performance. NHS P&I will support health boards to adopt planning expectations in quality statements and will develop national pathways or service specifications or guidance to support higher quality and more consistent local service delivery.

NHS P&I plans should include a focus on sepsis. This should align with the work of the Acute Physical Deterioration Implementation Network (APDI Network) on the implementation of standardised Early Warning Scores and a patient and family-initiated escalation approach, known as Call4Concern.

**Quality improvement** – NHS P&I will work with health boards to help improve service delivery in line with the expectations set out in quality statements and to identify or scale service improvement opportunities that accord with national priorities. NHS P&I should use multiple sources of data and service intelligence (including the Listening to People initiative) to stimulate or guide local quality improvement and support or deliver national accountability processes that address unwarranted variation in clinical practice and outcome.

## **CORE RESPONSIBILITIES**

### **Expectation 10: Financial Planning & Delivery - Ensure that NHS Wales, and all its organisations, plan and utilise its resources optimally and has clear long-term plans to support financial sustainability. It will support the implementation of the Value and Sustainability Board requirements at pace.**

**Quality assurance** – NHS P&I will continue to support developing a system that NHS Wales allocates and utilises its resources in a way that delivers the best outcomes that matter to patients we serve within the NHS Wales. This includes in 2026/27 exploring developing the Resource Allocation Formula on behalf of Welsh Government, and the successful implementation, use, and development of the Total Factor Productivity Model. It will support NHS Wales and its individual organisations to be in sustainable financial health whilst meeting future system challenges.

**Quality planning** – NHS P&I will routinely provide meaningful and insightful intelligence to support NHS Wales in maximising the utilisation of its resources and

delivering best value for all resources deployed. It will ensure that NHS Wales, and all its organisations, plan and utilise its resources optimally and has clear long-term plans to support financial sustainability. This will be supported by the continued strengthening and development of the Value Allocation Utilisation Learning Toolkit (VAULT) as a core intelligence platform for providing actionable insight to the system to improve resource utilisation.

**Quality improvement** – NHS P&I will support a system of financial management excellence; with best practice identified, developed, shared, and deployed to deliver the best standards for NHS Wales. This includes monitoring financial performance and risk, strengthening the level of support and intervention to the system to support financial recovery. NHS P&I will support Welsh Government as required in ensuring that all health boards have a clear road map to a sustainable and deliverable financially balanced position.

### **Expectation 11: Integrated Planning - Support Welsh Government in the delivery of Ministerial directions and priorities set out in the NHS Wales Planning Framework.**

**Quality assurance** – NHS P&I will participate in and inform the integrated assessment of organisational plans and support the quality assurance processes by providing the planning impact and delivery assessment when the IMTPs / plans are received from NHS Wales. This includes analysis and ongoing monitoring of the Delivery Expectations; Enabling Actions; and Minimum Data Set returns when submitted alongside the IMTPs, as well as any required in-year updates. NHS P&I will also provide an analysis of the plans and the Ministerial templates that are provided alongside IMTPs/ MDS. NHS P&I will provide a coordinated assessment response to Welsh Government, including advice on the robustness, deliverability, and risk associated with the plans of NHS bodies.

NHS P&I will also support the in-year monitoring and delivery of organisational plans (including enabling actions) to inform potential actions and interventions, separate to the support given to maintaining achievement of the planning performance frameworks.

NHS P&I will work directly with NHS Wales to provide Welsh Government with assurance about the robustness of emergency plans and mitigations in respect of national risks, particularly those set out in the Wales Risk Register.

**Quality planning** – NHS P&I will support Welsh Government in strengthening planning arrangements across NHS Wales, engaging with NHS organisations in the development and assessment of their plans. Working in partnership with NHS Wales bodies, NHS P&I will strengthen and support the planning and delivery of services across organisational boundaries, including the development of dedicated regional planning capacity and supporting the development of a National Clinical Plan for NHS Wales.

NHS P&I will support Welsh Government in national operational planning and delivery to ensure the system is in a state of readiness. This will also involve working

with NHS Wales EPRR Network, including the NHS Wales Executive leads for Civil Contingencies. The NHS Executive will provide co-ordination of NHS Wales EPRR arrangements for national risks, where appropriate and to support Welsh Government's national operational planning and delivery. NHS Wales P&I is required to co-ordinate specific national emergency plans, as required, for example, in respect of mass casualties, CBRN, power outages and in the event of unforeseen emerging risks. NHS P&I will also have a key role in co-ordinating the operational response to major incidents and emergencies where there are public health and/or NHS service delivery impacts and is, therefore, expected to have a tried and tested response plans in place.

**Quality improvement** - NHS P&I will support the Planning Programme for Learning to continue to nurture planning capacity and capability across the NHS, as well as continuing the develop planning as a profession across NHS Wales.

NHS P&I will lead the development and issue of NHS Wales operational emergency planning guidance and associated standards for delivery, providing Welsh Government with assurance that the guidance and standards are being adhered to. NHS P&I will also provide options for improving the way in which organisations undertake and report emergency planning, within the scope of the requirements of the Civil Contingencies Act 2004 and regulations made under this Act and will also provide an annual report to Welsh Government on the level of NHS Wales emergency preparedness.

## **Expectation 12: Accelerating value-based healthcare and transformation by harnessing healthcare technology, health intelligence and innovation to support delivery of Welsh Government policy and priorities.**

NHS Wales P&I will promote and enable Value-Based healthcare across NHS Wales to support the delivery of Welsh Government policy and priorities. Its main purpose will be driving transformation and improvement by placing Value-Based healthcare at the heart of the NHS, that improves outcomes with use of better resources, utilising data and insights to inform decisions, innovation to drive progress and technology to support personalised and sustainable models of care.

**Quality assurance** - NHS Wales P&I will build a portfolio that progressively makes clinical outcomes, including those from clinical audits, accessible to drive improvement and transformation across NHS Wales in partnership with DHCW. Enhanced business and clinical intelligence will be central to the quality cycle, shaping Value-Based healthcare, Value and Sustainability Programmes and wider transformation initiatives. In collaboration with Welsh Government and DHCW NHS P&I will actively contribute to the All-Wales Information Standards Boards, supporting the creation and implementation of and compliance with core national data sets and standards for National Programmes and National Clinical Networks.

Data assets will be developed to understand quality issues and risks, and inform future national programme plans. Enhanced intelligence and analysis will be core to

quality circle informing value-based care processes, value and sustainability programmes and broader transformation activities.

**Quality planning** - NHS P&I will lead on data-driven Value-Based healthcare adoption and innovation for national programmes, clinical networks and improvement activities. Serving as the central, expert point of contact for partner agencies such as DHCW, Life Sciences Hub and Health Technology Wales, it will act as the “intelligent customer”, ensuring alignment and coordination.

This will drive a unified, evidence-based approach to the rapid adoption and systematic scaling of innovative practices and health technologies across national programmes, to support front-line services with transformation. The Value-Based healthcare and Environmental Sustainability workstream of the Value and Sustainability Board will, with NHS P&I, ensure that service transformations and enhancements are enabled and accelerated through the effective prioritisation, implementation, and integration of healthcare technology, data, and innovation.

**Quality improvement** – NHS P&I will enhance its capacity to generation actionable insights by leveraging data, business and clinical intelligence, and capacity across all functions. This will ensure that data is systematically transformed into meaningful knowledge and action, facilitating measurable improvements and transformation that deliver value across NHS Wales.

NHS P&I will work with DHCW and act as a central point on NDR developments relating to the capture of outcome data, including Patient Reported Outcomes (PROMS) and NHS P&I’s data-warehousing needs to ensure consistency of approach and design. Core to this will be development of analytical and intelligence resources that inform and underpin wider quality and performance improvement identification, prioritisation and impact assessment across all of NHS P&I and its activities.

Priority areas for delivery in 2026/27 will focus on

- Person-centred care will be at the forefront, with a clear focus on meaningful patient and public involvement. Patient-reported outcome measures (PROMs), patient-reported experience measures (PREMs), and the People’s Experience Survey (PES) will be systematically integrated and expanded across appropriate services, ensuring that patient voices directly shape decision-making and service delivery.
- PROMs will be targeted to areas where they deliver proven value, directly informing decisions and driving continuous improvement.
- Standardising clinical pathways spanning prevention to end of life will be implemented through robust clinical consensus, eliminating unwarranted variation and raising the overall quality and consistency of care.
- Value-Based healthcare initiatives across Wales will undergo robust, systematic review to identify practices that deliver proven value. High-impact approaches will be accelerated and embedded at scale, ensuring rapid and consistent adoption of the most effective VBHC models. Prioritising the

spread of validated good practice will ensure value-driven care is sustained and continually strengthened across NHS Wales.

- Technology and innovation, including remote monitoring, will be scaled and embedded as a core element of NHS Wales services, transforming how care is delivered and accessed. This will enable greater self-care, shift care closer to home, and support a proactive, preventative model. Technologies span devices, wearables, digital apps, AI, pharmaceuticals, treatments, and diagnostics.
- Work with DHCW, NHS Wales and digital and technology partners to shape products and tools that align with national priorities and drive business change and transformation through technology.

### **Expectation 13: Value and Sustainability – NHS P&I must support the Value and Sustainability thematic agenda ensuring that opportunities to reduce waste, harm and variation are exploited.**

**Quality assurance** – NHS P&I will monitor and report improvements and impact to the Value and Sustainability Board periodically as required:

- reducing unwarranted variation and low value interventions.
- increasing administrative efficiency, to enable a reduction in administrative and management costs as a proportion of the spend base.
- implementation of enabling actions to improve outcomes, efficiency and productivity.
- driving progress in reducing the reliance on high-cost agency staff.

**Quality planning** - NHS P&I will support organisations to ensure that there is a consistent and significant impact of implementing work plans on a local and national basis in line with the Value and Sustainability Board requirements.

**Quality improvement** - NHS P&I will identify and support opportunities on the following themes and report to the Value and Sustainability Board periodically as required:

- Ensuring strengthened ‘Once for Wales’ arrangements in respect of key workforce enablers such as recruitment, and digital.
- Maximising opportunities for regional working
- Redistributing resources to community and primary care where appropriate and maximising the opportunities offered by key policies such as ‘Further Faster’.

### **Expectation 14: Oversight and assurance of NHS Wales - Provide oversight and lead the quality assurance process of NHS Wales organisations against Welsh Government priorities and standards.**

**Quality assurance** – NHS P&I will provide regular updates to Welsh Government on national programmes progress in delivering key ministerial priorities. NHS P&I will play a key role in the bi-annual assessment of health organisations against the intervention and escalation frameworks, providing high quality objective assessment of each organisation within the Welsh Government timescale and framework. Where organisations are in level 4 and 5 escalation, NHS P&I will work with Welsh

Government to agree a monthly reporting framework which will support ongoing interventions.

Respond as key stakeholders in the development of a quality management system aligned to an integrated performance framework for 2026/27.

**Quality planning** – NHS P&I will provide a collective intelligence assessment of all individual NHS organisations and escalate issues to Welsh Government as part of the NHS Wales quality & delivery assurance cycle. This cycle will be inclusive of local intelligence, national clinical audit, value-based interventions, qualitative assessments, performance framework and quality statements, benchmarking and triangulating this information across services to inform performance and assurance activities. This will feed into monthly and bi-annual assessments of health organisations and be in line with existing frameworks. In addition, an escalation approach will need to be developed to respond immediately to services of concern.

**Quality improvement** – NHS P&I will work with Welsh Government to develop an intensive support team to support NHS Wales in corrective and/or improvement interventions specifically in areas recognised as high priority e.g. organisations in enhanced escalation levels, needing service sustainability, and/or with quality issues. This team will form part of the intervention response to escalation and will work within health boards as directed by Welsh Government and agreed with health organisations, reporting to Welsh Government weekly or monthly as required.

## Implementation of the Remit Letter

**NHS P&I is requested to develop a 2026-27 work plan in response to the remit letter and expectations by 31 March 2026.**

**During 2026-27, the Managing Director will drive the ongoing development and effectiveness of NHS P&I. In line with the duty of quality standards, there must be clear, focused and fully matured governance, leadership and accountability at all levels, which is vital in creating a functional quality management system to deliver improved outcomes for people.**

### Governance and Accountability

NHS P&I is hosted by Public Health Wales (PHW). PHW will continue to fulfil the requirements and have appropriate arrangements in accordance with the Hosting Agreement. PHW is required to meet the highest standards of professionalism and create a safe, respectful, rewarding and welcoming place for staff to work within PHW and in supporting NHS P&I.

NHS P&I will be required to provide assurance on delivery of the Remit and responding work programme through the governance arrangements in place, including the Mid-Year Reviews and End of Year. Providing Welsh Government officials with regular updates and real-time management information will be critical.

There is an expectation that NHS P&I will prioritise and target its collective resources to deliver on the Remit's expectations.

## Annex 1 – NHS Wales Planning Framework 2026-29



Cabinet Secretary  
for Health and Social Care



Planning



Planning



Jacqueline



NHS Wales

Framework 2026-29 Framework 2026-29 Totterdell Letter to NHS Wales Planning Technical C

## Annex 2 – Additional detail on learning disability and neurodivergence services

**Learning Disability Services (all ages)** – NHS P&I will provide system leadership and oversight to improve and deliver transformation across learning disability services.

NHS P&I will lead a national programme of quality improvement to strengthen outcomes, reduce variation, and ensure equitable access to safe, effective care for people with a learning disability.

NHS P&I will support health boards, Regional Partnership Boards and local authorities to establish and embed robust quality control processes, including:

- Improving and sustaining positions against key performance indicators
- Measuring outcomes
- Measuring patient and carer experience

NHS P&I will support the implementation of integrated learning disability service transformation through the delivery and embedding of the Integrated Learning Disability Quality Statement. This will include whole system planning for community transformation and acute and crisis care transformation as set out in transformation plans.

There will be a process to better understand the learning disability health ring fenced finance to support ongoing planning for value and sustainability.

NHS P&I in partnership with DHCW and DDTIV, will continue to oversee development and delivery of the learning disability Data and Digital Plan for Wales.

NHS P&I will lead and co-ordinate the transformation of all-age learning disability services, moving to a more standardised and integrated approach across health boards, local authorities and the third sector, aligning with the Integrated Community Care System Framework. This will include improving the integration of learning disability services across primary care, planned care, and urgent and emergency care, and strengthening support for co-occurring conditions such as mental health and neurodevelopment.

NHS P&I will continue to drive improvement within community and inpatient specialist learning disability services by:

- Reducing pathway of care delays and implementing the *Discharge Standards from Adult Inpatient Settings*

- Supporting safer, more therapeutic inpatient environments.
- Strengthening early intervention, prevention and crisis support services to reduce avoidable hospital admissions.

NHS P&I will also embed and further develop the national Learning Disability Data Set, including the specialist inpatient census and wider Learning Disability metrics.

To reduce health inequalities, NHS P&I will continue to support improvements in health outcomes by:

- Monitoring and supporting the uptake of Annual Health Checks.
- Embedding use of the Health Equalities Framework (HEF).
- Strengthening learning from mortality reviews.

**Neurodivergence Services (all ages)** – NHS P&I will provide system leadership and oversight to improve and deliver transformation across both adult and children’s neurodivergence services.

NHS Wales NHS P&I will provide strong national leadership to ensure Neurodivergence (ND) services deliver clear, measurable improvements across Wales. NHS P&I will support health boards, Regional Partnership Boards and local authorities to embed robust quality assurance processes, including strengthening performance and system and quality improvement against key indicators, reducing ND assessment waiting times, improving outcome measurement, and capturing the lived experiences of neurodivergent people and their families. NHS P&I will promote the consistent adoption of best practice across all regions to reduce unwarranted variation in service quality and access. NHS P&I will also lead work to expand and embed the national ND Data Set for both children and adults, including the development of consistent waiting-time metrics, quality indicators, and measures of patient experience and outcomes

As part of quality planning, NHS P&I will work with the National ND Policy team to support delivery and evaluation of the Neurodivergence Implementation Programme Plan (NDIP), promoting an integrated, Wales-wide approach to ND services through delivery of a national integrated ND Quality Statement and associated transformation activity. This will include whole-system planning across community ND support, early intervention and prevention, and crisis and acute pathways for people whose neurodivergent needs place them at risk of escalating distress. NHS P&I will also improve understanding of the financial resources allocated to ND health services to support long-term sustainability and value-based planning. NHS P&I will drive the use of new technology and AI to support assessment processes, service improvement, streamline pathways, and enable more accurate, consistent and timely data collection across Wales.

NHS P&I will work with the National ND Policy team, the National Neurodivergence Team in WLGA and RPBs to lead and coordinate the transformation of all-age ND services across Wales. NHS P&I will ensure that improvement activity takes a whole-system approach across health, social care, housing and the third sector in line with the Integrated Community Care System Framework. A national programme of quality improvement will focus on reducing variation, improving outcomes,

strengthening early-intervention and prevention pathways, ensuring safe and appropriate crisis responses, and improving access to timely, effective ND assessment and support.

This will include, improving responses for people with co-occurring needs such as mental health difficulties, learning disabilities or sensory processing differences, and promoting innovative digital tools and AI-enabled solutions to improve access and reduce waiting times.