

Welsh Government Remit Letter to the NHS Wales Executive 2025–26

Remit Letter 2025-26

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 2025-2028. They provide clarity on the response required from the NHS Executive as it develops its 2025-26 work programme.

The remit set out in this document ("**the Remit**") should be read alongside the recent publication of the refreshed 'A Healthier Wales' actions ambition and the NHS Wales Planning Framework 2025-2028 ("**the Framework**").

Through the Framework the Welsh Government has shared the 3-year strategic priorities that must be delivered by all health boards and other NHS organisations where relevant. They have been consistently raised through the First Minister's conversations and engagement with the public and staff since the summer of 2024 and are important to Welsh patients. They are:

- Timely access to care
- Population health and prevention
- Building community capacity
- Mental health
- Women's health

More specifically, each of the five strategic priorities is underpinned by a set of the delivery expectations for year 1 of plans (2025-26). 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"). Each has an evidence base to demonstrate improved efficiency and/or outcomes, without driving additional cost. They are the product of work underway through the National Strategic Programmes, the Strategic Clinical Networks 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.

The 3-year strategic priorities, associated delivery expectations and enabling actions as set out in the NHS Wales Planning Framework 2025-28 are summarised in Annex 1.

The Remit is therefore set out under the relevant strategic priorities and the NHS Executive's core responsibilities. These expectations will remain in place for 2025-26 unless revoked, altered or amended at the direction of Welsh Ministers. The NHS Executive 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.

The NHS Executive is also expected to take into consideration, and where applicable comply with, the following:

- **The five ways of working, set out in the Well-being of Future Generations (Wales) Act 2015.** The NHS Executive will be required to demonstrate how it is using the five ways of working, how it is contributing to achieving the seven wellbeing goals, and how its approach will progress 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.
- **Legal duties under the Welsh Ministers' Welsh Language Standards.** The NHS Executive, as a national NHS body, has an important role in supporting Welsh language and culture and 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.** The NHS Executive 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 **Social Partnership and Public Procurement (Wales) Act (2023)** complements the Wellbeing of Future Generations (Wales) Act 2015 and will require NHS bodies to consider the new social partnership requirements when taking specified actions, including the setting or revising of their wellbeing objectives in light of the new requirements.
- **The Health Service Procurement (Wales) Act** gained royal assent in February 2024 and the regulations to introduce the Provider Selection Regime Wales will give the NHS Wales and local authorities in Wales the ability to

implement more flexible procurement practices when sourcing services provided as part of the health service in Wales. Subject to the Senedd's agreement of draft regulations, it is proposed that the PSR Wales will commence on the 24 February 2025.

- The work of the **National Value and Sustainability Board** is clear that collectively we must continue to focus on reducing waste, harm, and eliminate unwarranted variation in practices, to ensure that the NHS in Wales is operating as efficiently as possible within the resources available to it. Good progress continues to be made in progressing this agenda yet with potential to deliver further improvement.
- 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.

Your plans for meeting the requirements of the Framework and the Remit should be set out in your work programme 2025-26. That work programme must have a concerted focus on delivery of “**the Expectations**” set out in this document in order to make early 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 improvements in the delivery of healthcare, and leading to better health and social care wellbeing outcomes for the people of Wales.

The NHS Executive must take an evidence-based approach to identifying ways to improve patients' outcomes and services. Research and development play a crucial role in that and should be seen as an enabler to quality improvement. The NHS Executive should support the need to embed a research culture to drive sustainable improvements.

It is crucial that the NHS Executive 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.

The NHS Executive 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, the NHS Executive 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.

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

Strategic Landscape

The following strategic documents provide further framing for the development of the Remit:

- **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.

A key element will be enhancing our workforce to support building and growing a flexible and multi professional health and care workforce; as will our continued focus on partnership and integration in recognition of delivering on the “Once for Wales” commitment.

- **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 (including the recently published refreshed actions) 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.

- **The National Clinical Framework (NCF)** describes how clinical services should develop to ensure sustainable and preventative pathways and a successful outcome for patients, streamlining the processes. “It seeks to unleash the revolution from within that is needed to deliver prudent and value-based healthcare.”

The NCF sets a coherent vision for the strategic and local development of NHS clinical services. It is grounded in the life course approach to service delivery and aligned to the burden of disease facing the population. Its intent is to improve patient outcomes and support the planning and delivery of resilient clinical services. It builds upon the findings of the Parliamentary Review and the direction set in A Healthier Wales and has benefited from looking at international experience and engagement with NHS colleagues.

The National Clinical Framework sits at the centre of our system of planning and makes the direct links to the quality statements and strategic clinical networks.

Together, the Well-being of Future Generations Act, A Healthier Wales and the National Clinical Framework combine to offer a clear strategic and operational basis for value-based healthcare and improvement of care and treatment outcomes for people in Wales.

The NHS Executive’s Collective Response to NHS Priority System Issues – “The Expectations”

The Remit Letter for 2025-26 is set out under the Cabinet Secretary’s strategic priorities (as described in the NHS Wales Planning Framework 2025-28) and the NHS Executive’s core responsibilities. The NHS Executive, through its work plan, will be required to describe how it is working collectively to achieve these expectations.

Recognising the progress of the NHS Executive Senior Leadership Team during the first two years of the NHS Executive’s existence, the Welsh Government Expectations are summarised below. As a hybrid arrangement, collaboration, clear leadership and accountability is expected.

Expectations	WG EDT LEADS	NHS EXEC SLT LEADS
Quality, Safety and Improvement Expectation 1: The NHS Executive will oversee a system with quality and learning at its heart.	Sue Tranka	Dominique Bird
Cabinet Secretary’s Strategic Priorities: Timely access to care Expectation 2: Urgent and Emergency Care	Nick Wood/ Jeremy Griffith	Richard Bowen

Expectation 3: Planned Care and Cancer	Nick Wood/ Jeremy Griffith	Andrew Sallows (Planned Care)/ Iain Harcastle (Cancer)
Population health & prevention Expectation 4: Prevention [NEW]	Sioned Rees	SLT
Building community capacity Expectation 5: Primary and Community Care	Alex Slade	Sue Morgan
Mental health access Expectation 6: Mental Health Services (all-age)	Alex Slade	Ciara Rogers
Women's health Expectation 7: Women's Health [NEW]	Sue Tranka	Meinir Jones/ Mark Dickinson/ Iain Harcastle
Implementation of the National Clinical Framework Expectation 8: Quality Statements	Samia Edmonds	Meinir Jones/ Mark Dickinson/ Iain Harcastle
Expectation 9: National Clinical Networks	Samia Edmonds/ Sue Tranka/ DCMO	Meinir Jones/ Mark Dickinson/ Iain Harcastle
Integrated Planning Expectation 10: Financial Planning Expectation 11: Planning	Hywel Jones Samia Edmonds	Claire Green Mark Dickinson/ Iain Harcastle
Expectation 12: Digital, Technology, Innovation and Value	Mike Emery	Chris Brown
Performance & Delivery Expectation 13: Oversight and Assurance of NHS Wales	Jeremy Griffith	Gareth Lee
Value & Sustainability Expectation 14: Value and Sustainability	Hywel Jones	Claire Green

Under the direction of and through discussion with the nominated EDT lead(s), the SLT lead(s) will work across and collaboratively the SLT to develop a work plan in response to the remit letter and its expectations. Although leads have been identified, it is anticipated that a collective effort will be required for each, drawing in resources, expertise and capacity from across the NHS Executive to deliver.

The NHS Executive 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 individual Accountability Letters to each of the members of the Senior Leadership Team. These will set out the expectations of individual Directors, as well as confirmation of budgets. **Annex 2** contains priority expectations, specific to Directors that will be included in the content of those Accountability Letters.

All internal or 3rd party commissions for Digital, Innovation and Technology requests from Directorates, National Programme or Clinical Networks should be reviewed and reviewed by the NHS Executive DDTIV Directorate. This is to ensure that commissions align with national standards around data, technology and applications, national innovation practices and processes and ensure that DDTIV team can make sure that what is commissioned presents value for money and does not duplicate. DDTIV will also support in monitoring delivery and quality assurance with primary commissioner of work.

Welsh Government will work with the People and OD team within the Executive and the Public Health Wales Workforce and OD to develop and deliver the second phase of an Organisational Development programme. This will build on earlier work to deliver our aim to make the Executive 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.

Phase 2 of the OD programme will also consider whether the Executive is configured in a way that best supports delivery of the Remit and delivery priorities or whether we some changes, developed in partnership with the people working in the Executive, are required to fully realise our ambitions.

It is also the intention to establish a Workforce Delivery Function within the Executive to complement and support the existing functions and provide additional capacity to drive delivery of a range of Government workforce priorities across the system and support the scrutiny process and the work of the Value and Sustainability Board.

QUALITY, SAFETY AND IMPROVEMENT

Expectation 1: The NHS Executive will oversee a system with quality and learning at its heart.

Quality assurance – The NHS Executive will seek assurances about quality at a strategic level by working with partners to develop relevant national outcome indicators and performance improvement measures. The NHS Executive will ensure how such information can be made more publicly visible; and by monitoring the implementation of the Duty of Quality and the Duty of Candour by NHS bodies under the Health and Social Care (Quality and Engagement) (Wales) Act 2020.

Quality planning– The NHS Executive will provide support to the NHS in Wales to enable it to plan effectively by ensuring the [Duty of Quality](#) is being enacted by NHS Wales organisations and that services are being planned strategically and delivered in accordance with the attributes of quality. The NHS Executive will also ensure that NHS Wales planning is based on accurate data, including patient experience data and that they play a central role in defining, with appropriate parts of the system, the wider approach to data gathering and use.

Quality improvement – The NHS Executive will share good practice and demonstrate system leadership in quality improvement by supporting specific programmes such as the implementation of the ‘Putting Things Right’ review and through the intelligent use of data and other information. This should include information gathered by the NHS Executive’s National Quality Management System (NQMS); and by benchmarking and triangulating this information across services to inform performance and assurance activities.

CABINET SECRETARY’S STRATEGIC PRIORITIES (AS SET OUT IN THE NHS WALES PLANNING FRAMEWORK 2025-28):

TIMELY ACCESS TO CARE

Expectation 2: Urgent and Emergency Care - Workstream deliverables are to be achieved in line with the Six Goals for Urgent and Emergency Care.

Quality assurance – The NHS Executive 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.

Quality planning– The NHS Executive, through the leadership and coordination of the national six goals for urgent and emergency care programme, will have a national programme delivery plan aligned to the priorities outlined in the NHS planning framework for UEC, signed off by 1 May 2025. The programme plan will clearly outline specific, measurable objectives that align with the priorities for UEC and are guided by risk, with an enhanced focus on supporting older and frail adults and enhancing efficiency and productivity of discharge planning. There will be clear collaboration between the six goals programme and clinical networks for emergency medicine, respiratory, cardiac and stroke to enable achievement of priorities outlined in the NHS planning framework.

Quality improvement – The NHS Executive, through the leadership and coordination of the national six goals for urgent and emergency care programme, will enable health boards and partners to deliver policy priorities and objectives as described in the NHS Planning Framework. In 2025/2026 this should include a specific focus on: 1) driving forward the delivery of the community-based falls response services framework; 2) develop and deliver a robust ‘Single Point of

Access' (SPOA) framework that simplifies access to local services; 3) improving the efficiency and productivity of health boards' discharge planning processes; and 4) working with the health organisations to improve the quality of care through formal intervention if necessary.

More broadly, the NHS Executive will also have a key role in NHS planning for winter 2025-26, including urgent and emergency care, delayed pathways of care and vaccination programmes.

Expectation 3: 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 – The NHS Executive will provide Welsh Government with regular progress reports on planned care and inform decisions to improve planned care and cancer performance recovery. The NHS Executive must monitor and report the reduction in unwarranted variation and low value interventions, linked to the implementation and progress of health boards against the newly developing optimisation reports. This should also include highlighting unwarranted variance against the many newly developed dashboards in particular related to theatre productivity.

Quality planning – The NHS Executive will lead the national 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. The NHS Executive will continue to lead the implementation plan for the national diagnostic strategy and provide leadership and co-ordination to ensure regional and local options are driven by optimal clinical pathways, in line with the Value and Sustainability Board themes, where appropriate. This will also include exploring and working with the NHS HBs to plan and implement regional models of care and how to ensure a consistent quality driven plan.

Quality improvement – The NHS Executive will ensure evidence base systems and peer review approaches such as (Getting it Right First Time) GIRFT and Value in Health are utilised to improve planned care and cancer outcomes for patients. The NHS Executive will enable tumour site peer groups to support improvement on pathways in each organisation. The NHS executive planned care programme will provide clinical leadership to challenge and support clinicians to implement evidence-based practice locally with a drive for national consistency and reduced variance. Benchmarking and triangulating this information across services to inform performance and assurance activities. Working with the health organisations to improve the quality of care through formal intervention if necessary

POPULATION HEALTH & PREVENTION

Expectation 4: Prevention [NEW]

Quality assurance - The NHS Executive 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 embedded and driven 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 – The NHS Executive will in its planning including pathway design, quality statements and clinical network developments ensure primary, secondary and tertiary prevention interventions are embedded and deliver benefits at an individual patient level equitably across Wales.

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. The NHS Executive 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 (see the inequalities focused QI action below).

Quality Improvement - The NHS Executive 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 Guidance.

In addition, to drive a greater focus on inequalities across the NHS, the NHS Executive should lead the development and rollout of a national digital tool to enable population segmentation and risk stratification working with PHW and Health Boards.

BUILDING COMMUNITY CAPACITY

Expectation 5: Primary and Community Care - Demonstrate a focus on improving access and shifting resources into primary and community care.

Quality assurance – The NHS Executive will provide Welsh Government with regular reports on progress, identifying areas where potential measures, actions or intervention is needed to support decision making.

Quality planning – The Strategic Programme for Primary Care will finalise a recognised Primary Care Model for Wales, and 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.

The NHS Executive will provide system leadership and oversight of the National Strategic Programme for Primary Care, and other national programmes, including an implementation plan for the primary and community care element of delivery of the Six Goals for Urgent and Emergency Care and the Enhanced Community Care agenda, ensuring implementation is considered as part of planning and reporting frameworks (e.g. IMTPs).

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.

Quality improvement – The NHS Executive 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.

The NHS Executive 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.

MENTAL HEALTH

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 – The NHS Executive 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. The NHS Executive will also support health boards to establish robust quality control processes including

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

Other areas:

The Quality, Safety and Improvement function of the NHS Executive will support the implementation of the Dementia Care Standards in recognition of their dementia programme. It is noted that the current Dementia Action Plan has been 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 and Clinical Networks the NHS Executive 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. [Draft mental health and wellbeing strategy | GOV.WALES](#)

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 new NHS Wales Joint Commissioning Committee to ensure a whole pathway approach to mental health improvements.

The NHS Executive 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, the NHS Executive 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

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

WOMEN'S HEALTH

Expectation 7: Women's Health [NEW]: 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. The NHS Executive will:

- Work with health boards to establish women's health hubs in each health board area between December 2025 and March 2026 that aim 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 wellbeing;
- Ensure that **women's health is effectively and actively threaded through the other 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 – The NHS Executive will be working closely with health boards to support the initial stages of the planning and hub development.

Quality improvement – The Executive 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.

IMPLEMENTATION OF THE NATIONAL CLINICAL FRAMEWORK

Expectation 8: The NHS Executive will drive forward the implementation of key Welsh Government policy requirements, including Quality Statements, to address unwarranted variation in care in clinical services.

Quality assurance – The NHS Executive will seek assurances about quality at a clinical level by developing and agreeing national outcomes, indicators and performance improvement measures, including experience measures, for people, and where appropriate, for those close to them.

Quality planning - The NHS Executive will support national programmes, clinical and expert networks to develop detailed service specifications and outcome focussed commissioning frameworks to support the planning and accountability arrangements for the NHS and partners in Wales.

Quality improvement - The NHS Executive will ensure health boards are improving specific services and outcomes by using continuous citizen involvement, shifting care upstream, evidence-based systems, peer review approaches, tools and methodologies to improve and monitor patient outcomes and service sustainability using the principles of Value Based Healthcare to guide improvements.

Expectation 9: National clinical networks – providing strategic oversight and expert support to national programmes and clinical networks. This includes improvement, change and delivery.

Quality assurance – The NHS Executive will work with clinical and professional leaders and Network leads to support consistent approaches, development of outcome indicators and performance improvement measures to support the networks and support maturity.

This work includes agreeing standards and models of care and consistency on how outcomes, performance and activity is measured. It will also inform what good practice should be adopted nationally.

Quality planning – the NHS Executive will ensure that there is a consistent, partnership and integrated approach for all networks with collaboration and improvement of population outcomes at the centre of the work. Benchmarking and triangulating this information across services to inform performance and assurance activities

Quality improvement – The NHS Executive will ensure clinical and professional leadership and collective input is utilised so that evidence-based decisions and best practice inform pathways and care standards and that variations are reduced in line with Value in Health.

- National programmes and implementation networks will also be a mechanism to support improvement, change (including innovation and value and an ongoing shift to prevention) and delivery.
- Programmes set out ‘what good looks like’ and the expectations for delivery across health and partners in social care, the independent and third sectors.

INTEGRATED PLANNING (INCLUDING FINANCIAL PLANNING)

Expectation 10: Financial Planning - 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 – The NHS Executive will ensure 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. It will support NHS Wales and its

individual organisations to be in sustainable financial health whilst meeting future system challenges.

Quality planning – The NHS Executive 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.

Quality improvement – The NHS Executive will support a system of financial management excellence; with best practice identified, developed, shared, and deployed to deliver the best standards for NHS Wales.

Expectation 11: Integrated Planning (including Emergency Planning & Preparedness) - Support Welsh Government in the delivery of Ministerial Directions and priorities set out in the NHS Wales Planning Framework.

Quality assurance– The NHS Executive 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 of the Delivery Expectations; Enabling Actions; and Minimum Data Set returns when submitted alongside the IMTPs, as well as any required in-year updates. The NHS Executive will also provide an analysis of the plans and the Ministerial templates that are provided alongside IMTPs/ MDS. The NHS Executive will provide a coordinated assessment response to Welsh Government.

The NHS Executive will also support the in-year monitoring and delivery of organisational plans and the planning framework 2025-28 to inform potential actions and interventions, separate to the support given to maintaining performance and the performance framework.

Quality planning – The NHS Executive will support Welsh Government in strengthening the annual Integrated Medium-Term Planning (IMTP) cycles, engaging with NHS organisations in the development and assessment of their plans. Working in partnership with NHS Wales bodies, the NHS Executive will strengthen and support the planning and delivery of services across organisational boundaries, including regional planning and develop a National Plan.

Quality improvement - The NHS Executive 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.

Expectation 12: Digital, technology, innovation and value - Providing a central guiding hand, the NHS Wales Executive's Digital, Technology, Innovation and Value function (DTIV) will co-ordinate and facilitate digital, data and technology requirements across the Clinical Networks, national transformation programmes and wider NHS Wales Executive, to support the delivery of Welsh Government policy and priorities. The main purpose of directorate will be to drive value through transformation.

Quality assurance - Working with Welsh Government and DHCW, the DTIV function will contribute to the development of a process and programme by which core national data sets and standards for national programmes and clinical networks are developed, reviewed implemented and compliance monitored. DTIV will establish a framework for clinical audit and associated clinical coding frameworks in partnership with DHCW. 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 - On behalf of the national programmes, networks and improvement activity, DTIV will act as the core central function to lead the commissioning and planning of the digital, data and innovation requirements. It will be the central point of contact and act as the 'intelligent customer' for any partner agencies e.g. Digital Healthcare Wales (DHCW)/ Life Sciences Hub(LSH)/ Health Technology Wales (HTW). DTIV will prioritise, and coordinate asks from programmes and identify dependencies and alignments across NHS Executive programmes.

Quality improvement – The NHS Executive will develop data, intelligence, and capacity to underpin and provide insight to all NHS Executive functions, thereby delivering the objective of turning data into knowledge. On behalf of the national programmes, the NHS Executive will work with DHCW and act as a central point on NDR developments and proposals 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 the NHS Executive and its activities. Priority areas for delivery in 2025/26 will focus on

- Virtual Care including telecare, telehealth and virtual wards proposals, underpinned by clear clinical models of care, processes and procedures that can be used by Health boards in local deployments
- Approach to Population health analytics that supports integrated care models , working with national policy leads
- Review and evaluation of Value Based health care initiatives across Wales, and embedding wider use of VHBC across Wales
- Scaling use of NDR and National Data and Analytics Platform to support National Programme leads, Performance and Assurance processes and Clinical Networks to enable oversight of system and quality improvements

The NHS Executive will establish a singular approach to innovation and wider use of technologies across the national programmes, including evaluation and evidence collection, working with health boards to scale solutions. It will support the service reconfiguration workstream within the value and sustainability programme, and embed digital, value, and data initiatives within this programme includes delivery of technology enabled care programmes and automation/Artificial Intelligence (AI) initiatives.

PERFORMANCE & DELIVERY

Expectation 13: 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 – The NHS Executive will provide regular updates to Welsh Government on national programmes progress in delivering key ministerial priorities. Respond as key stakeholders in the development of a quality management system aligned to an integrated performance framework for 2026/27.

Quality planning – The NHS Executive 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

Quality improvement – The NHS Executive will work with Welsh Government 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.

VALUE & SUSTAINABILITY

Expectation 14: Value and Sustainability -The Executive must support the Value and Sustainability thematic agenda ensuring that opportunities to reduce waste, harm and variation are exploited.

Quality assurance - The NHS Executive 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 - The NHS Executive 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 - The NHS Executive 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'.

Implementation

The Senior Leadership Team is requested to develop a 2025-26 work plan in response to the remit letter and expectations by 30 April 2025.

During 2025-26, the Senior Leadership team will drive to the ongoing development and effectiveness of the NHS Wales Executive. In line with the duty of quality standards, there must be clear, focused and fully matured governance, leadership and accountability at all levels and is vital in creating a functional quality management system and deliver improved outcomes for people.

The NHS Executive will develop its own long-term strategy will demonstrates how its Mandate and the Benefits Realisation Framework will be realised, and will continue to contribute to the further development and maturity of the NHS Executive through continuous learning and organisational development.

The NHS Executive will also operate an integrated business partner model to support insights and manage risk.

Governance and Accountability

The NHS Executive is hosted by Public Health Wales (PHW). PHW will continue to fulfil the requirements and have appropriate arrangements in accordance with the NHS Executive Hosting Agreement for all the national NHS Wales functions transferred or agreed transfer, from 1 April 2024. 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 the NHS Executive.

The NHS Executive 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 monthly EDT/SLT meetings. Providing WG officials with regular updates and real-time management information will be critical. It is also expected that SLT members and employees are aware of, and fully compliant

with, all relevant governance policies and guidelines, including codes of conduct and conflict of interest.

There is an expectation that the Executive 'Senior Leadership Team' (SLT) target the *collective* resources to deliver on the Remit's Expectations. In addition, and to support the delivery of the NHS Executive's work programme for 2025-26, *individual* National Directors (SLT members) will agree a set of professional individual objectives with their HSCEY Executive Director lead and an agreed local workplan for their programme/function. This delivers against individual accountabilities as set out in the Annual Accountability & Allocation Letter issued from the Deputy Chief Executive, NHS Wales each year.

Annex 1 – Strategic Priorities, Delivery Metrics and Enabling Actions

Timely access to care	REF	Aligned Ministerial enablers
Reduce the number of ambulance patient handovers for 1 hour - national target - zero	1.1	Implementation of the Welsh Health Circular - Ambulance Guidance
Reduce the number of patients who spend 12 hours or more in all major and minor emergency care facilities from arrival until admission, transfer or discharge compared to the same month the previous year, building towards the national target of zero.	1.2	Implementation of the Community Based Falls Response - 6 goal Programme
	1.3	Implementation of the remote clinical assessment services framework - 6 Goals Programme
	1.4	Implementation of acute frailty model at the Front Door - 6 Goals Programme
No patients waiting more than 104 weeks for referral to treatment.	1.5	Implement national guidelines with thresholds by Clinical Implementation Network (CIN) and procedure. This includes delivery of effective outpatients through See on Symptom (SOS) and Patient Initiated Follow-up (PIFU) by default. Individual CINs will establish PIFU / SOS targets by specialty & sub-specialty on an ongoing basis by March 2025.
	1.6	All new Cataract referrals should be direct listed to treatment stage of the pathway following an admin triage by the end of Q2.
	1.7	Ensure monitoring of DNA/CNA rates is in place for every Outpatient clinic. When DNA/CNA as a combined rate is greater than 5%, overbooking additional patients should be implemented and monitored.
	1.8	Implementation of CIN follow up criteria both prospectively and retrospectively to established Follow-up waiting lists.
	1.9	On 90% of days planned care inpatient/day case/theatre recovery capacity should be protected from unscheduled care pressures and outlying of patients by the end of Q1. Ensure effective utilisation of theatre capacity through:
	1.10	- Reducing late starts to less than 20%; - Reducing early finishes to less than 10%; and
	1.11	- Increasing session utilisation to the GiRFT standard of 85% by March 2026.
	1.12	Improvement in the implementation and delivery of High-Volume Low Complexity Theatre lists, with an initial focus on:
	1.13	- Arthroplasty 90% compliance with GiRFT standard of 4 primary joints/day, 2 by end of quarter 2
	1.14	- Cataract 90% of lists to have 7 Cataracts per list by end of Q2
	1.15	- 90% of the time achieve at least 6 HVLC general surgery procedures on an all day list (hernia or gallbladders) by end of Q2.
	1.16	Deliver improvements in day surgery rates, with an expectation to achieving a BACDS day case rate of 70% from April 2025, moving to 80% by the end of June 2025
	1.17	Consistent clerical and clinical validation should be in place on an ongoing basis and reported quarterly for impact Progress implementation of the national approach to Interventions not normally undertaken (INNU)
	1.18	- Deliver the 8 priority procedures determined for implementation as part of Phase 1.
	1.19	- continue to implement ongoing recommendations throughout 2025/26

	1.20	Ensure progress with the implementation of Value & Sustainability Board High Value High Impact pathway - Arthroplasty (Hip & Knee)
12-month improvement trend in the percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route), building toward a national target of 80% by 31 March 2026.	1.21	Ensuring the full implementation of the nationally optimised pathways in the cancer recovery programme
Number of patients waiting more than 8 weeks for a specified diagnostic - target zero.	1.22	Ensuring full compliance with straight to test guidance.
	1.23	Ensure delivery of effective referral management processes. This includes consistent implementation of Health Pathways (Pathway Alliance Programme) across all Health Boards with the rapid adoption of the 282 pathways within the programme.
1. Population Health and Prevention		
Increase in % of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes.	2.1	Ensure progress with the Implementation of Value & Sustainability Board High Value High Impact pathway - Diabetes
Achievement of vaccinations targets in the performance framework.	2.2	Achievement of vaccinations targets in the performance framework.
2. Building Community Capacity		
Deliver a 12-month reduction trend in the number of people who are delayed in hospital as measured by the Delayed Pathways of Care dashboard	3.1	Implement the Optimum Hospital Flow Framework -6 goals programme
	3.2	Maintaining the actions within the 50 Day challenge that can be delivered consistently with minimal additional resource, within organisations and as a priority within regional partnership arrangements. Ensure consistent delivery of effective integrated discharge planning, utilising the National Discharge Guidance issued by the 6 Goals Programme.
100% of GP practices achieving all National Access Standards for In-hours GMS.	3.3	Support the implementation and roll-out of the NHS Wales app for maximum impact and benefit to include the uptake of its use for repeat prescriptions.
Increase in the number of people accessing Pharmacist Independent Prescribing Service for acute minor conditions and routine contraception services where the patient reports they would have otherwise visited their GP	3.4	<i>No enabler aligned</i>
Increase in % of adult/child population accessing NHS Dental care over a 24 (adult) / 12 (child) month period.	3.5	<i>No enabler aligned</i>

Increase in the 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.	3.6	<i>No enabler aligned</i>
Increase in the capacity of Enhanced Community Care to at least the required levels previously set for 2024/25 and greater where possible	3.7	<i>No enabler aligned</i>
4. Mental Health Access		
80% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral	4.1	<i>No enabler aligned</i>
80% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS	4.2	<i>No enabler aligned</i>
5. Womens Health		
Establishment of one Women's Health Hub in each health board areas by March 2026 (aligned to the Women's Health Plan)	5.1	
Wider System Enabling actions		
6. Workforce Productivity		
<i>Maximise workforce productivity and efficiency, strengthening value and effective deployment of the workforce</i>	6.1	Fully implement the actions outlined in the Variable Pay & Agency Control Framework Welsh Health Circular
	6.2	Deliver a further continued and sustained reduction in agency expenditure, with a target 30% reduction in 2025/26 from 2024/25 outturn, and ensuring no off-contract expenditure.
	6.3	Ensure a reduction in agency spend on Healthcare Support Worker, Admin & Clerical, and Estates & Ancillary staff to zero by 30th September 2025.
	6.4	Ensure effective implementation of job planning policy, to include ensuring that > 90% of all Consultants have an agreed job plan in place at all times by 30 September 2025.
	6.5	Ensure a reduction in sickness absence in 2025/26 in comparison to 2024/25, through maximising adherence to the requirements of agreed attendance at work policies and adhering to the all-Wales Occupational Health minimum service levels.
7. Maximising Value for Money		

Continue to optimise value for money and contribution to overall efficiency through key non-pay areas, optimising both efficiency and effectiveness	7.1	Non-Pay - ensure implementation of Value & Sustainability Board recommendations, which includes local implementation of clinically endorsed and mandated product choice to maximise market share and deliver best value.
	7.2	Medicines Management - ensure full implementation of the high value medicines Value & Sustainability Board programme, which includes delivering opportunities against each of the four programme areas (maximise use of biosimilars, switch to generics, preferential use of medicines in primary care, restrict low value prescriptions)
	7.3	CHC - ensure implementation of Value & Sustainability Board recommendations which include continued actions to improve clinical and financial effectiveness associated with packages of care. This includes implemented a standard digital solution to support effective intelligence capture on a national basis.
	7.4	Estate - ensure ongoing actions to strengthen estate utilisation including the appropriate repurposing and disposal of under-utilised estate.
8. Improving Value, Optimising Outcomes, & Minimising Variation		
Support improvements in outcomes, effectiveness, and value, through optimising how resources are utilised, and focus on improving outcomes.	8.1	Ensure progress with the implementation of Value & Sustainability Board High Value High Impact pathway - Bone Health
	8.2	Ensure implementation of national digital priorities, specifically the implementation of the digital maternity system, and NHS Wales app.
	8.3	Eradicate unsupported systems and devices, and ensure a clear cyber response plan for the organisation

Annex 2 – Specific areas to be reflected in individual accountability letters

DIRECTOR OF QUALITY, SAFETY AND IMPROVEMENT

Safeguarding adults and children at risk – greater oversight and assurance from NHS Wales organisations.

Quality assurance- The NHS Executive will strengthen and provide oversight of safeguarding arrangements to ensure the Chief Nursing Officer and Director General and Ministers have sufficient, meaningful assurance that NHS is delivering against its safeguarding statutory responsibilities via the collection of a minimum data set.

Quality planning – The NHS Executive will develop a Quality Assurance & Accountability framework and relevant standards and metrics.

Quality improvement - The NHS Executive, working in partnership with the National Safeguarding service and Regional Safeguarding Boards, will ensure a collaborative approach of sharing good practice informed by current and pending changes in legislation and statutory guidance and learning from recent safeguarding reviews, inspections and recommendations.

Improve outcomes for people with learning disabilities, including working with the National Office for Social Care and other programme support

Quality assurance - The NHS Executive will develop and explore the implementation of a range of quality and safety assurance metrics to provide assurance of Health Board services delivery and implement data driven change mechanisms within Health Boards. This will include a data action plan to improve visibility of people with a learning disability in existing and specialist data sets and work to improve national data on learning disability inpatient provision, health checks and other key metrics.

Quality planning - The NHS Executive will work to secure a consistent approach, ensuring people receive appropriate care and support from across the partner organisations. The NHS Executive will ensure the implementation of the Learning Disabilities Strategic Action Plan 2022-2026 to reduce health inequalities and avoidable deaths amongst people with a learning disability and support Welsh Government to develop the Future Policy Priorities for Learning Disability beyond 2026 as well as work to establish the future NHS Executive substantive structure for delivery of the Learning Disability mandate.

Two key priority quality planning activities are in respects to quality statements and health checks standards:

- The NHS executive will support work to agree a national quality statement to set out the delivery standards to provide assurance about service delivery and enable measurement of improvement to the lives of people with a learning disability.
- The NHS executive will support consistency of delivery by securing national agreement on standards that are coproduced by people with a learning disability on the delivery of health checks

Quality improvement - To improve equity of outcomes for people with a learning disability when accessing healthcare, the NHS Executive will lead on a programme of quality improvement. There will be a specific focus on the four key areas including data improvement and standards, increasing annual health checks, reducing restrictive practice and reducing length of stay in specialist inpatient provision. The aim and focus of the programme is to provide strategic system leadership, direction, expertise, assurances and support to inform quality decision-making requirements to reduce specific health inequalities and enable fulfilling lives.

DIRECTOR OF THE NATIONAL VACCINATION PROGRAMME

National Immunisation - Lead the implementation of the National Immunisation Framework (NIF) for Wales.

Quality assurance– The NHS Executive 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.

The NHS Executive 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 – The NHS Executive will continue to lead the NIF delivery and implement a workplan for 2025/26 to be agreed with Welsh Government that will set out how the expectations will be delivered. This will include coordination of efforts to ensure success in the central procurement of flu, improve equity in vaccination uptake, and digital improvements.

The NHS Executive will also coordinate NHS planning to stand up new vaccination programmes to protect Welsh citizens, as they are developed. This for 2025/26 is likely to include programmes to protect against Varicella and Shingles; making changes to existing programmes such as the childhood immunisation schedule, which includes opportunities to improve equity as these changes are implemented; and targeted catch up programmes in areas where specific issues are identified

Quality improvement – The NHS Executive will support the improvement of vaccine uptake 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.

DIRECTOR OF THE NATIONAL STRATEGIC PROGRAMME FOR MENTAL HEALTH, LEARNING DISABILITY, AND NEURODIVERSITY

Improve outcomes for people who are neurodivergent, including working with the National Office for Social Care and other programme support

Quality assurance - To measure improvement and focus on accountability, the NHS Executive will develop a revised national Neurodivergence data set for children and young people and reporting system. This replaces the existing ND Waiting Time standard.

The NHS Executive will also support health boards to establish robust quality control processes to support improved experience and outcomes.

The learning from this work will support the NHS Executive to scope and develop an all-age data set and reporting framework, including patient experiences and outcomes.

The NHS Executive will work with Health Boards to reduce unwarranted variance in children's neurodevelopmental clinical pathways, extending the learning to adult ADHD pathways.

Quality planning - The NHS Executive will establish dedicated neurodivergence programme support through the Strategic Programme for Mental Health, Learning Disabilities and Neurodiversity. This will reflect an integrated health, social services and education approach to improving outcomes for the neurodivergent population.

The NHS Executive will collaborate with policy officials to support the implementation of the Neurodivergence Improvement Programme. With a focus on delivering a consistent and national service model for the transformation of neurodivergence services and enabling an integrated, cross sector approach for needs-led model of early help, support and proportionate diagnostic pathways. Priority will be given to transforming children's neurodevelopmental pathways but the learning will be extended to adult neurodivergence pathways such as the Integrated Autism Service and adult ADHD.

Alongside the service delivery model, a children's neurodevelopmental assessment waiting list recovery plan to be developed with health boards.

The NHS Executive will provide Welsh Government with regular progress reports on transformation of children's neurodevelopmental services and waiting time reductions to inform decision making.

Quality improvement - The NHS Executive will provide clinical leadership and work to ensure that through the delivery of the NDIP there will be a system of continuous development and improvement embedded into new service delivery models.

The NHS executive will provide clinical leadership to challenge and support clinicians to implement evidence-based practice locally with a drive for national consistency and reduced variance.

The NHS Executive will ensure Value in Health approaches are utilised by Health Boards to improve outcomes for the neurodivergent population.

The NHS Executive will develop and establish a collaborative approach and/or network to share good practice across neurodivergence services, including collaboration with policy officials to support wider networks across a range of stakeholders.

The NHS Executive will support the recovery of waiting time performance in neurodivergence services.

DIRECTOR OF NATIONAL CLINICAL NETWORKS & PLANNING

Preventing ill-health, enhancing maternal and neonatal experience and improving outcomes for women and children through the establishment of effective clinical network programmes, delivery of quality improvement activities and robust monitoring of quality measures.

Quality assurance –

Maternity and Neonatal: The NHS Executive 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 to return the issues/risk to being under control. The NHS Executive will escalate issues/risks as appropriate through the quality control, oversight and assurance mechanisms established between the Welsh Government, the NHS Executive and NHS Wales organisations.

Children's Health: The NHS Executive will ensure children's health is effectively and actively threaded through the other networks as appropriate, with the children's health clinical lead providing the leadership for this. The NHS Executive will support Welsh Government with their review of the implementation of the Transition and Handover Guidance.

Quality planning– The NHS Executive will support:

Maternity and Neonatal: the Implementation of the Quality Statement for Maternity and Neonatal Care and Perinatal engagement framework with development of service specifications and pathways to enable monitoring and assurance.

Women' Health and Children's Health: better planning of services for women and for children by supporting the strategic clinical networks for Children's Health and Women's Health to drive forward key improvements in children's and women's health services and outcomes including through taking a life course approach and an improved focus on health promotion. The NHS Executive will support the development of a Quality Statement for Children's Health and underpinning service specifications, pathways and guidance.

Quality improvement – The NHS Executive will work with HEIW and health boards to enable implementation of the perinatal workforce plan through development of services specifications and associated monitoring mechanisms.

NHS Emergency Planning, Resilience and Response.

Quality assurance - The NHS Executive 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 – The NHS Executive 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. The NHS Executive 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. The NHS Executive 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 – The NHS Executive 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. The NHS Executive 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.