Welsh Orthopaedic Society Annual Meeting 2026
Speech by Mabon ap Gwynfor MS, Cabinet Minister for Health and Care
Thursday, 4th June 2026

During the First Minister's Questions this week, the First Minister spoke about Wales proud history in the field of education - with Wales being one of the first countries in the world to achieve full literacy. He was referring to the clergyman from Carmarthenshire, Gruffudd Jones Llanddowror who, in the 18th Century set up travelling schools, and inspired Catherine the Great of Russia.

History - and I'm a student of history - shows us that we as a nation also have a proud heritage when it comes to the clinical field, especially orthopaedics, because also in the 18th Century we saw the beginning of the brilliant bonesetters of Anglesey, with Evan Thomas and his son Richard Evans. That tradition has continued with your very own Awen Iorwerth.

So, it is my privilege to be invited here to address such an august audience who continue to practice in a field which we hold dear.

Other than my contribution in the Senedd this week, this is my first formal speech as the Welsh Government's Health and Care Minister.

And I was especially grateful for the invite because, as you will know, the new Plaid Cymru Government has made tackling waiting lists one of our main ambitions, because too many people are living in pain with their health deteriorating.

And clinicians, doctors, nurses- you - are having to work under intense pressure too.

So, I want to start by saying, "thank you". I know the pressures you are working under.

I know that, every day, you are dealing with the reality that too many people are waiting too long for treatment, and this is especially the case with orthopaedics.

That is not something I am prepared to accept - and I know it is not something you accept either. Let's be clear, long waits impose unacceptable pressures on staff as well as patients, which is why we as a Government have made addressing this issue our top priority.

I have already started to visit clinical areas to speak to clinicians in their environment. Two weeks ago, I was at Neath Port Talbot Hospital surgical centre and today I visited the surgical hub at Prince Phillip Hospital in Llanelli.

And I want to see and hear more; this is about everyone helping make a difference.

Across NHS Wales, around 2,600 people are still waiting more than two years for treatment. Behind that number are patients whose mobility, independence and quality of life have been severely affected—many of them waiting for orthopaedic care.

We know that without sustained action, thousands more are at risk of waiting too long in the coming years.

So, the challenge is clear: we must eliminate those longest waits—and we must do it in a way that lasts and can be sustainably incorporated within regular NHS activity.

This is not about short-term fixes. That has been tried before. No longer will we rely solely on accessing external capacity at the expense of sustained investment in local services.

This is about building a system that works better—consistently, across Wales, for every patient.

A key part of that is moving to a more nationally directed and clinically led way of working.

We are already strengthening national oversight and prioritisation to ensure that those who have waited the longest are treated first, wherever clinically appropriate.

But this is not something government can do alone.

It depends on clinical leadership—and that includes all of you.

That is why, as part of our First 100 Days Plan, I will be establishing an expert task and finish group on surgical hubs, which will develop a delivery plan for up to ten new hubs across

Wales by the end of this Senedd term. I expect to announce the structure and composition of this group within the coming weeks.
This group will bring together experience from across Wales to design how we make best use of surgical capacity - now and in the future.
And I want to be clear: national clinical leads will be central to this work.
Because the answers are not just structural—they are clinical.
It is clinicians who best understand:

- where pathways break down
- where time is lost
- and where we can safely and effectively do things differently.

The aim is not simply to create more capacity, but to use the capacity we already have far more effectively.
I have said before - and I will say again tonight - this is not necessarily a case of building new facilities, although that will also be an important aspect of this programme of work.
I want to see existing areas of the estate are being used to their full potential.
That means:

- protected elective capacity
- better coordination across health boards
- and more consistent use of high-volume pathways.

It also means improving how patients move through the system - from referral to treatment - so that we reduce delays at every stage This is why our targeted action on waiting lists goes hand in hand with our radical plans to rebuild and reinforce the foundations of both primary and social care - because unless we ensure that people have readily available access to GP appointments, and hospital patients who are well enough to continue their care in the community, we will continue to see the backlog grow.

And this isn't just a case of addressing the immediate pressures of long waits, as urgent as they are. It's putting the foundations in place so that we're never in this position again, and to ensure the NHS can sustainably manage demand.
That is why our plan for surgical hubs is predicated on reinforcing local capacity and expertise first and foremost, creating centres of excellence for long-neglected specialisms such as ophthalmology and providing vital training opportunities for medical graduates.
Now, let me be clear about investment.
Investment is essential. We will need it.
But investment alone is not the answer.
What we need is investment that delivers sustainability.
And that means making sure every pound we invest leads to:

- better productivity
- greater effectiveness
- and, most importantly, better outcomes for patients.

Because if additional resource simply reproduces the same variation and inefficiency, we will not solve the problem - we will sustain it.
And that brings me to a critical issue: unwarranted variation, one of the primary causes of the so-called postcode lottery of care.

We know that waiting times, productivity and outcomes vary significantly across Wales - between specialties, between organisations, and sometimes even within the same service. That variation is not inevitable, and it should not be normalised.
It happens for a number of reasons:

- differences in how pathways are designed and managed
- inconsistent adoption of best practice
- variation in access to diagnostics and theatre time
- and, at times, a lack of real-time data to support decision-making.

Addressing that variation is one of the biggest opportunities we have.
Because if we can bring everyone up to the level of the best, we can improve outcomes without always needing to add more capacity.
Our clinical leads have set the optimisation framework so we must see that implemented everywhere – and my Government will provide new leadership and fresh impetus in this regard.
This is where your role is absolutely critical.
The work already done through the National Clinical Strategy for Orthopaedic Services shows what can be achieved when clinicians lead the way.
The challenge now is to move from strategy to delivery—at pace and at scale.
That means:

- sharing best practice – because we must recognise there are many examples of best practice across our nation, there remain institutional and cultural obstacles to ensuring these isolated examples are standardised and embedded on a pan-national scale.
- standardising pathways where appropriate – to ensure that patients receive the right level of care at the right time.
- and being prepared to do things differently.

It also means working as a single system across Wales, rather than as separate organisations - a one Wales approach for staff and patients alike.
Over the next 12 months, our ambition is clear:

- eliminate two-year waits and make progress against reducing the backlog to pre-pandemic levels by the end of this Senedd term.
- continue to bring down long waits across all specialties and incorporate elective care demand more sustainably within regular NHS activity.
- and embed the changes needed to ensure they do not return.

But more than that, we want to build a system that patients can rely on - one that delivers timely care, consistently, wherever people live.
Let me finish where I started.
I know how challenging this is.
I know the pressure you are under.
But I also know that there is immense expertise, commitment and innovation within this room - and that you all share the same burning ambition that I have to build the thriving, resilient and innovative NHS that we all know it can be.

If we combine that with clear national direction, strong clinical leadership, and a relentless focus on outcomes—we can make the changes that patients across Wales desperately need.

So, I look forward to working with you – closely - in the months ahead.

Thank you again for everything you do.

Diolch yn fawr.