

**PWYLLGOR CYLLID A PHERFFORMIAD  
FINANCE AND PERFORMANCE COMMITTEE**

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| <b>DYDDIAD Y CYFARFOD:<br/>DATE OF MEETING:</b>  | 21 October 2025  |
| <b>TEITL YR ADRODDIAD:<br/>TITLE OF REPORT:</b>  | Elective referral to treatment and cancer pathway – triangulation of demand and capacity from funding baskets with performance target. |
| <b>CYFARWYDDWR ARWEINIOL:<br/>LEAD DIRECTOR:</b> | Andrew Carruthers, Chief Operating Officer   |
| <b>SWYDDOG ADRODD:<br/>REPORTING OFFICER:</b>    | Paula Goode Clinical Care Group Director   |

**Pwrpas yr Adroddiad (dewiswch fel yn addas)**

**Purpose of the Report (select as appropriate)**

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA  
SBAR REPORT**

**Sefyllfa / Situation**

This paper triangulates activity procured via additional planned care recovery allocations with related performance targets. The committee is requested to take assurance from progress achieved year to date and forecast performance for the remainder of 2025/26.

**Cefndir / Background**

The total approved and additional funding to support planned care delivery for 2025/26 is £9,376,008. Allocations have been received from various tranches and programmes. Additional recovery funding provided by Welsh Government has been allocated on the principle that related funding will support additional activity volumes and not be utilised to support expenditure related to core activity.

The annual planning objectives developed in 2024/25 for 2025/26 were to meet the following elective care ministerial measures:

- No patients waiting over 52 weeks for their first Outpatient Appointment
- No patients wait over 2 years from referral to treatment

The Annual Plan for 2025/26 identified areas where additional investment would be required to meet these measures.

There is a mix of core funding and additional Welsh Government recovery allocations, including a £2.8m allocation provided at the beginning of 2025/26.

A summary of the allocations is listed below:

- **£2.8m Internal Recovery Funding**

As part of the Annual Plan for 2025/26, the Board committed £2.8m to support further planned care and related pathway improvements for 2025/26. The agreed allocation of this funding stream for 2025/26 is set out in the table below:

| Investment use  | Funding Allocation (£) | S1 OPD     | 104 RTT    | Diagnostics  | Patients Treated |
|---|------------------------|------------|------------|--------------|------------------|
| Endoscopy: Supporting additional workforce to meet 8 week diagnostic target | £ 195,000.00           |            |            | 1,248        | 1,248            |
| Outpatient Transformation Programme Lead                                    | £ 125,000.00           |            |            |              | NA               |
| Radiology Improvement plan. Workforce expansion & capacity.                 | £ 1,860,000.00         |            |            |              | NA               |
| ENT Stage 1 Patients  | £ 96,928.00            | 416        |            |              | 416              |
| Rheumatology Stage 1 Patients   | £ 48,800.00            | 200        |            |              | 200              |
| Dermatology (Insourced Stage 4 Patients, MOPS)                              | £ 142,500.00           |            | 475        |              | 475              |
| Urology (Stage 4 patients)  | £ 89,700.00            |            | 130        |              | 130              |
| Cardiology (Stage 4 patients)   | £ 50,000.00            |            | 52         |              | 52               |
| Neurophysiology Diagnostics (8 week diagnostic target & reporting)          | £ 179,532.00           |            |            | 240          | 240              |
| Cardiology MPS Diagnostics  | £ 13,000.00            |            |            | 50           | 50               |
| <b>Total</b>  | <b>£ 2,800,460.00</b>  | <b>616</b> | <b>657</b> | <b>1,538</b> |                  |

As indicated above, the majority of this investment was prioritised to support the Radiology Improvement Plan, which in part, supports improvements in the Single Cancer Pathway and partial improvements in the Direct Access Max 8 week waiting times requirement for Radiology. As progress with this element was considered by the Committee at its August 2025 meeting, this paper considers the impact of recovery funding allocations on planned care (RTT) pathways.

Investment of targeted recovery funding for the following specialities has been allocated to support the additional activity required to enable achievement of maximum waiting times as follows:

- Stage 1 (Max 52 week wait) – Ear, Nose and Throat (ENT) and Rheumatology
- Stage 4 / Total Pathway (maximum 104-week wait) – Dermatology, Urology, Cardiology.
- Diagnostics (maximum 8-week wait) – Neurophysiology and Cardiology (Myocardial Perfusion Scan (MPS) Diagnostics)
- **£900k Welsh Government** allocation provided as additional funding for Ophthalmology (800k) and Orthopaedic (100k) Patients to achieve the 104-week target. This was to fund additional waiting list initiative activity for Q1 2025/26 through a mix of outsourced (Ophthalmology) and insourced and internally provided Orthopaedics.
- **£3.28m Cataract** Welsh Government allocation for 3,015 Cataract patients to achieve the 104 week target by March 2026 and a significant improvement in patient waiting times. This is being outsourced.
- **£193k Allocation** for administration staff and infrastructure to support the Welsh Government ambition to reduce outpatient waits by circa 200,000 patients across Wales. Hywel Dda University Health Board's (HDdUHB) element is circa 13,000 patients. This allocation would support the delivery of this programme. This has been called Outpatient (OPA) Insourcing Plan A. The nationally procured supplier insourcing costs will be covered by future Welsh Government allocations on a cost recovery model.

| Specialty                   | Extra Activity [WG] |
|-----------------------------|---------------------|
| 100 - General Surgery       | 411                 |
| 101 - Urology               | 1,396               |
| 110 - Trauma & Orthopaedics | 2,666               |
| 130 - Ophthalmology         | 3,188               |
| 301 - Gastroenterology      | 133                 |
| 320 - Cardiology            | 569                 |
| 330 - Dermatology           | 1,334               |
| 400 - Neurology             | 1,270               |
| 502 - Gynaecology           | 520                 |
| 120 - ENT                   | 1,252               |

- **£586k** allocation for Plan B of Welsh Government's ambition to reduce outpatient waits across Wales. This allocation aims to fund additional internal activity of 2,601 appointments.
- **£158k** allocation to cover additional costs in support of Outpatient Plan A activity for activities such as Hospital Sterilisation and Decontamination Unit (HSDU), IT, postage and soft facilities.
- **£1.4m** allocation for Phase 4 diagnostic waiting times recovery – whilst the majority of this allocation supports improvement of 8-week waits in Radiology, a small element (£91k) also supports further recovery of Cardiology diagnostic waiting times.

## Asesiad / Assessment

### **Delivery Impact**

The above funding has facilitated an additional 616 outpatient appointments needed to meet the 52-week Outpatient 52-week by March 2026 and 3,097 (2,400 of which are Ophthalmology) additional treatments to meet the 104-week RTT target by March 2026.

Delivery trajectories are being met in most specialties. However, due to theatre staffing challenges resulting in cancellations, a small number of specialties have been impacted and have been unable to fully mitigate lost theatre capacity during Q1 and Q2 2025/26. This has led to Q2 breaches for Ophthalmology (5 breaches) and ENT (36 breaches). The Planned and Specialist Care Clinical Care Group is continuing to explore solutions both in the short and longer term to mitigate this operational challenge during Q3 2025/26, including a targeted theatre staffing recruitment campaign and short-term insourcing of theatre staff.

Variable pay (£1,320k YTD) has been used to supplement safer staffing level deficits (£2m) and to sickness.

Waiting list initiative funded sessions, either for outpatients or treatments are paid at the nationally agreed Planned Additional Activity Rate (PAAR) and funded via internal core budget

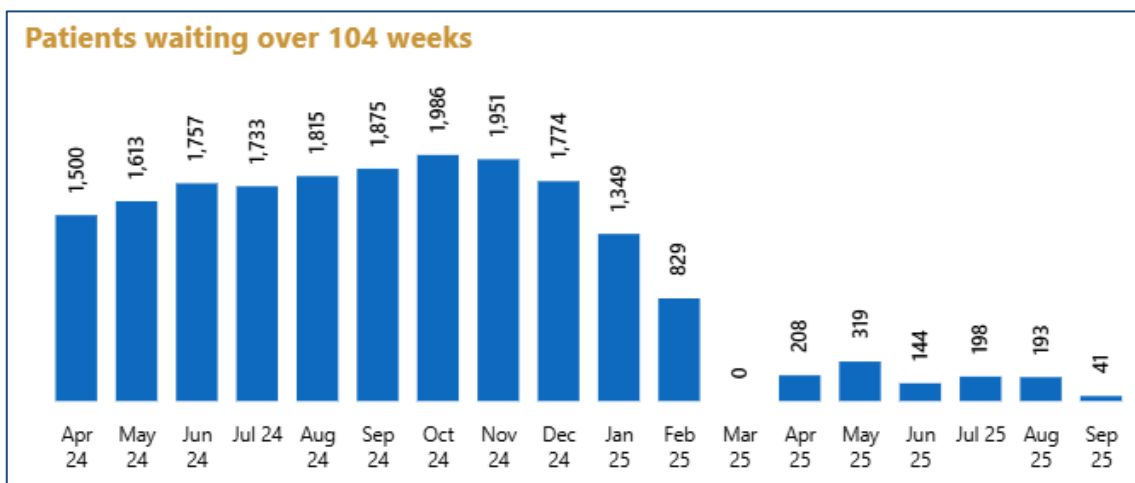
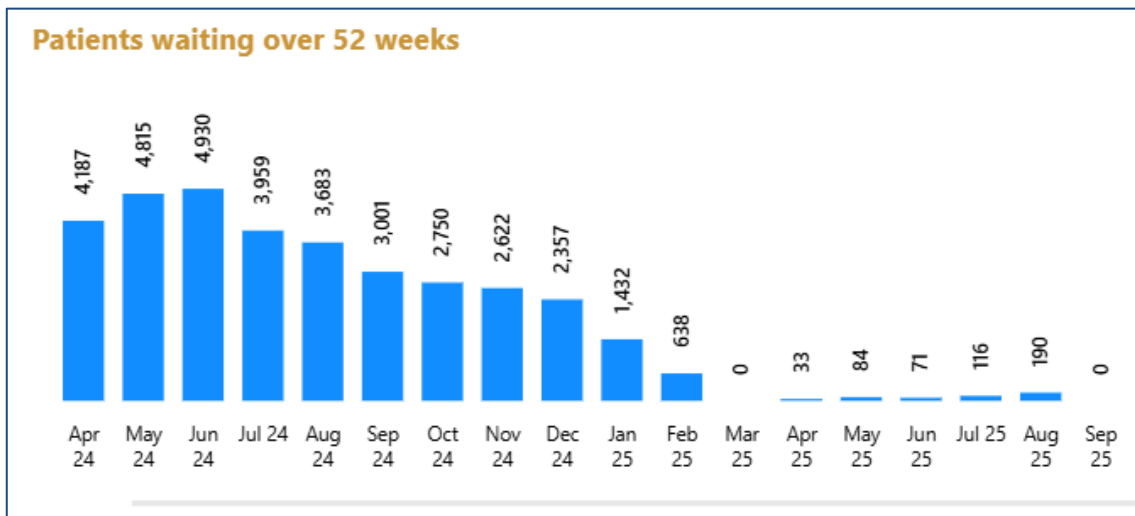
or recovery allocations stated above. It is expected that the PAAR will be withdrawn for use in NHS Wales for 2026/27 although this is currently subject to review via the NHS Wales Employers group of senior Workforce and Organisational Development leads.

### Productivity

For context, overall demand into planned care pathways is circa 2,000 additions to the waiting list each week. This is broadly matched with the same volume of appointments undertaken. This reflects progress achieved over the last two years in increasing overall rates of productivity and efficiency across planned care pathways. In 2024/25 the Health Board undertook 65,346 new and 127,186 follow-ups appointments, of which 24% were discharged and 10% were placed on See on Symptom (SOS) or Patient Initiated Follow Up (PIFU) pathways. This is an increase of 1,826 (+3%) new and 2,529 (+2%) follow up patients compared to the previous year and was built into core activity plans for 2025/26. This has been achieved by focused efficiency workstreams including increasing outpatient throughput and overbooking clinics with high did not attend (DNA) rates.

### Performance

The graphs below illustrate monthly planned care (RTT) performance 202/26 to date:



At the end of September 2025, there were no Stage 1 outpatients waiting greater than 52 weeks for a first outpatient assessment. Despite the operational challenges referred to above, positive progress has been achieved in reducing the number of Total Pathway patients waiting greater than 104 weeks for treatment by the end of September 2025.

The Health Board expect to meet both the 52 week and 104 week ministerial measures by March 2026.

With the additional OPA Insource activity planned for Plans A and B, the expectation is that the majority of outpatient waiting times will reduce below 26 weeks by March 2026. Activity commenced on 13 September 2025 and both elements will continue through to March 2026.

The graph below illustrates latest performance in respect of the Diagnostic Direct Access maximum 8-week waiting time performance target:

| Patients waiting 8 weeks and over |                           | Aug-25 | Sep-25 | Diff |   |
|-----------------------------------|---------------------------|--------|--------|------|---|
| ID 80                             | All Diagnostics           | 3,289  | 2,598  | -691 | ↓ |
| ID 259                            | Radiology                 | 2,884  | 2,313  | -571 | ↓ |
| ID 255                            | Diagnostic Endoscopy      | 164    | 162    | -2   | ↓ |
| ID 254                            | Cardiology                | 177    | 72     | -105 | ↓ |
| ID 258                            | Physiological Measurement | 30     | 29     | -1   | ↓ |
| ID 256                            | Imaging                   | 33     | 22     | -11  | ↓ |
| ID 257                            | Neurophysiology           | 1      | 0      | -1   | ↓ |

Performance in respect of Cardiology and Neurophysiology is being directly supported by the investment referenced above.

Radiology 8 week breach performance continues to show a significant trend in improvement, utilising the £1.8m additional resource committed as part of the Board agreed recovery allocation of £2.8m. The additional Welsh Government allocation of £1.4m is expected to support further significant reductions in Radiology direct access waiting times during the Q3 and Q4 2025/26.

## Governance

Expenditure in respect of the separate recovery allocations described above is monitored on a weekly basis, jointly by the Planned and Specialist Care Clinical Care Group and the supporting Finance Team. Progress with related expenditure remains within forecast levels.

In parallel, separate governance arrangements are in place to oversee progress with the national OPA Insource Project. Planning for both Parts A and B is overseen by Stakeholder Governance Group with representation from related CCGs and supporting corporate teams. This is supported by a multi-disciplinary Project Group.

For both elements, the Health Board submits weekly activity progress reports to the NHS Wales Performance and Improvement Team and performance progress is reviewed at monthly Integrated Quality, Performance & Delivery meetings with Welsh Government.

### Argymhelliad / Recommendation

The Committee is asked to **NOTE** the above summary and take assurance from progress achieved to date in applying the additional elective recovery allocations and forecast performance for the remainder of 2025/26.

| <b>Amcanion: (rhaid cwblhau)<br/>Objectives: (must be completed)</b>  |  |
|---|--|
| Committee ToR Reference:<br>Cyfeirnod Cylch Gorchwyl y Pwyllgor:  | 3.1.1 Receive assurances on the financial governance and control environment in operation across the Health Board. This will be achieved a programme of deep dive reviews into the following themes, which mirror the national Value and Sustainability Board. |
| Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol:<br>Datix Risk Register Reference and Score:  | Not Applicable   |
| Parthau Ansawdd:<br>Domains of Quality<br><a href="#">Quality and Engagement Act (sharepoint.com)</a>                                     | 4. Efficient   |
| Galluogwyr Ansawdd:<br>Enablers of Quality:<br><a href="#">Quality and Engagement Act (sharepoint.com)</a>                                | Not Applicable   |
| Amcanion Strategol y BIP:<br>UHB Strategic Objectives:  | 6. Sustainable use of resources  |
| Amcanion Cynllunio<br>Planning Objectives   | 2 Financial recovery and route map   |
| Amcanion Llesiant BIP:<br>UHB Well-being Objectives:<br><a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a> | 10. Not Applicable   |

**Gwybodaeth Ychwanegol:  
Further Information:**

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| Ar sail tystiolaeth:<br>Evidence Base:   | Contained within the body of the report. |
| Rhestr Termau:<br>Glossary of Terms:   | Contained within the body of the report. |
| Partïon / Pwyllgorau â ymgynhorwyd<br>ymlaen llaw y Cyfarfod Bwrdd Iechyd<br>Prifysgol:<br>Parties / Committees consulted prior<br>to University Health Board: | Clinical Care Groups                     |

| <b>Effaith: (rhaid cwblhau)</b><br><b>Impact: (must be completed)</b> |  |
|---|--|
| <b>Ariannol / Gwerth am Arian:</b><br><b>Financial / Service:</b>     | Contained within the body of the report. |
| <b>Ansawdd / Gofal Claf:</b><br><b>Quality / Patient Care:</b>        | Not Applicable                           |
| <b>Gweithlu:</b><br><b>Workforce:</b>                                 | Not Applicable                           |
| <b>Risg:</b><br><b>Risk:</b>  | Not Applicable                           |
| <b>Cyfreithiol:</b><br><b>Legal:</b>                                  | Not Applicable                           |
| <b>Enw Da:</b><br><b>Reputational:</b>                                | Health Board financial stewardship.      |

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|------------------------------------|----------------|
| <b>Germinated:<br/>Privacy:</b>    | Not Applicable |
| <b>Cydraddoldeb:<br/>Equality:</b> | Not Applicable |