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Planned and Cancer Care Performance and Productivity
Finance and Performance Committee, 26 August 2025

Planned and Cancer Care: Performance and Productivity



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The Finance and Performance Committee is requested to consider current progress and further actions currently being led by the Planned and Specialist Care CCG (with support of other CCGs) to enable improvements in planned care and cancer performance and productivity.

Planned and Cancer Care: Planned Care and Cancer De-escalation Summary



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Measure	De-escalation criteria	Baseline	Baseline	Goal																	
					Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25
% patients starting first definitive cancer treatment within 62 days from point of suspicion	60% for 3 consecutive months	50%	Baseline Oct -23	60%	60%	43%	53%	54%	54%	48.0%	40.0%	44.6%	56%	59%	53%	63.5%	65.4%	62.4%	66.1%	61.4%	n/a
% open pathways waiting less than 52 weeks for a new outpatient appointment	100% for 3 consecutive months	95%	Nov-24	100%	93.8%	92.5%	91.5%	91.3%	92.9%	93.4%	94.6%	95.0%	95.1%	95.6%	97.3%	98.8%	100.0%	99.9%	99.8%	99.9%	99.8%
% open pathways waiting less than 26 weeks for referral to treatment	75% for 3 consecutive months	60%	Nov-24	75%	59.1%	58.3%	57.5%	58.8%	59.1%	58.3%	59.5%	59.8%	60.5%	59.9%	60.6%	61.6%	62.4%	62.2%	61.5%	63.0%	64.0%
% open pathways waiting less than 104 weeks for referral to treatment	100% for 3 consecutive months	98%	Nov-24	100%	98.5%	98.4%	98.3%	98.2%	98.2%	98.1%	98.1%	97.9%	97.9%	98.1%	98.6%	99.1%	100.0%	99.8%	99.7%	99.8%	99.8%
% open pathways waiting less than 36 weeks for referral to treatment	80% for 3 consecutive months	71%	Nov-24	80%	70.1%	69.9%	69.4%	69.6%	69.3%	69.2%	71.1%	71.0%	71.1%	71.3%	72%	73%	74%	73%	73%	74%	75%
Number of patients waiting for a follow up outpatient appointment delayed by over 100%	12% reduction 3 consecutive months, maintained for 3 months	16,682	Nov-24	11,368	15,829	16,028	16,201	16,062	15,714	16,015	16,381	16,481	16,682	16,976	16,818	16,445	16,504	16,775	17,167	17,203	17,011
% ophthalmology R1 patient pathways waiting within their clinical target date or within 25% beyond their clinical target date	65% for 3 consecutive months	34%	Nov-24	65%	40.0%	40.1%	38.1%	37.7%	36.1%	36.7%	36.0%	35.0%	34.0%	34.2%	34.2%	34.6%	35.0%	34.0%	35.0%	34.9%	n/a
% patients waiting less than 8 weeks for diagnostic test - diagnostic endoscopy	85% for 3 consecutive months	57%	Nov-24	85%	37.0%	35.8%	34.4%	34.5%	44.0%	36.1%	44.1%	55.3%	57.3%	64.0%	75.3%	88.9%	91.7%	91.2%	85.3%	82.4%	83.3%

Planned Care Performance: Latest Referral-To-Treatment Performance



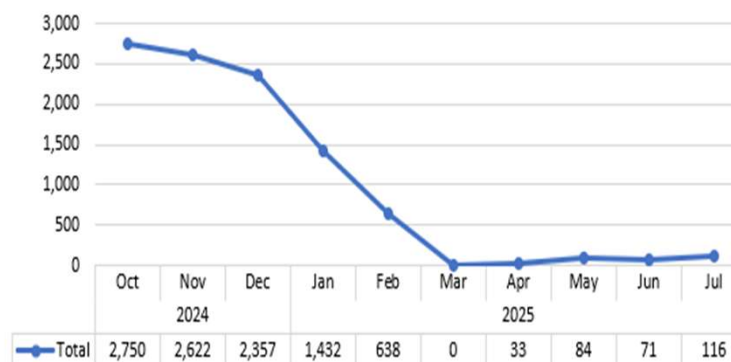
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New outpatient waits over 1 year

Specialty	Jun-25	Jul-25	Difference	
Geriatric Medicine	62	74	12	↑
Ophthalmology	0	34	34	↑
General Medicine	9	8	-1	↓
Grand Total	71	116	45	↑

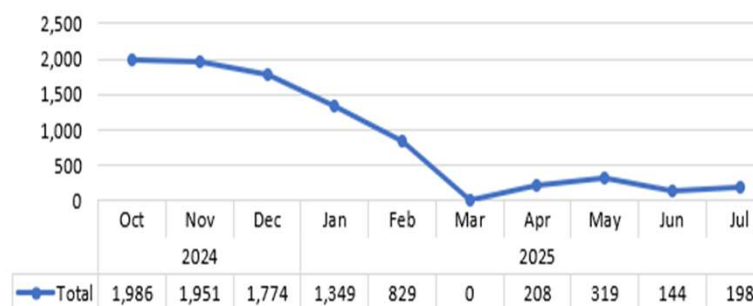
New outpatient waits over 1 year



RTT waits over 2 years

Specialty	Jun-25	Jul-25	Difference	
Trauma & Orthopaedics	75	101	26	↑
ENT	45	60	15	↑
General Medicine	18	24	6	↑
Dermatology	1	7	6	↑
Ophthalmology	5	4	-1	↓
Vascular	0	1	1	↑
Geriatric Medicine	0	1	1	↑
Grand Total	144	198	54	↑

RTT waits over 2 years



- 116 Stage 1 52-week breaches in July 2025 (an increase of 45 over June 2025).
- The majority of Stage 1 breaches (82) relate to Geriatric/General Medicine, reflecting delivery challenges in the osteoporosis pathway. 34 Ophthalmology breaches were also reported due to reduced clinical capacity in July 2025 that are expected to recover to zero by end of Q2 2025/26.
- Total Pathway (maximum 104-week wait) breaches increased by 54 in-month to a total of 198 breaches, with the largest volumes in orthopaedics and ENT (which are a direct consequence of cancelled sessions at Glangwili Hospital (GGH) due to the deteriorating theatre staffing position)

Planned Care Performance: Referral-To-Treatment Recovery Actions



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Target	Specialty	Action	Impact	Target Date
Stage 1 (52 weeks)	Gen/Geriatric Med	<ul style="list-style-type: none"> Confirmation of recovery plan to include onboarding of 2 additional doctors and support from Fracture Liaison Nursing team 	<ul style="list-style-type: none"> Required recovery during Q3. 	<ul style="list-style-type: none"> 31/08/25
	Multi Specialty	<ul style="list-style-type: none"> National OPA insource initiative to commence - will reduce OP waiting volumes by circa 15,000 patients in HDUHB by March 2026 	<ul style="list-style-type: none"> Will also enable reduction in waiting times to circa 26 weeks 	<ul style="list-style-type: none"> 31/08/25
Total Pathway (104 weeks)	ENT	<ul style="list-style-type: none"> Insourcing of theatre staff to maintain core capacity at GGH Outsourcing on tonsillectomy cases Internal WLIs 	<ul style="list-style-type: none"> Reduction of breaches to circa 20 by end Q2 and zero through Q3 	<ul style="list-style-type: none"> Commenced Commenced Commenced
	Orthopaedics	<ul style="list-style-type: none"> Insourcing of weekend theatre lists Weekend WLIs Access to Neath Port Talbot operating capacity 	<ul style="list-style-type: none"> Expect to resolve all breaches by end Q2 	<ul style="list-style-type: none"> Commenced Commenced 30/09/25
	Ophthalmology	<ul style="list-style-type: none"> Outsourcing of cataract lists 	<ul style="list-style-type: none"> Expect to resolve all breaches by end Q2 	<ul style="list-style-type: none"> Commenced
	Gen/Geriatric Med	<ul style="list-style-type: none"> Confirmation of recovery plan to include onboarding of 2 additional doctors and support from Fracture Liaison Nursing team 	<ul style="list-style-type: none"> Required recovery by end Q2. 	<ul style="list-style-type: none"> 31/08/25
	Other specialties	<ul style="list-style-type: none"> No specific recovery actions required 	<ul style="list-style-type: none"> Required recovery by end Q2. 	n/a

Planned Care Performance: Endoscopy Diagnostics 8-Week Performance



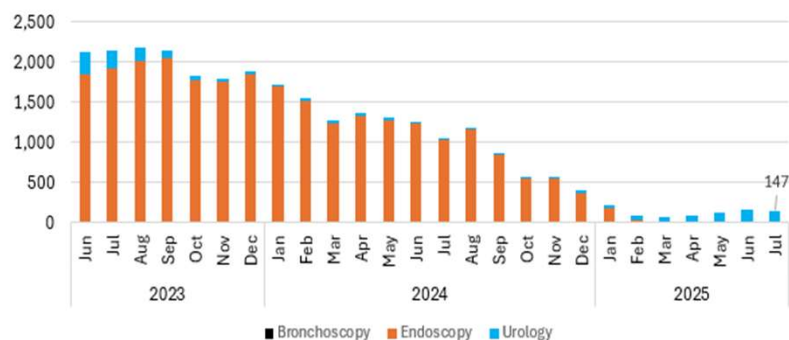
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- In July 2025, no patients waited over 8 weeks for a Bronchoscopy or Endoscopy diagnostic
- 147 out of 295 (49.8%) of Urology (Flexible Cystoscopy patients waited beyond 8 weeks for their procedure. This is an improvement compared to June 2025

Data as at Jul-25

Service	<8 wks	8+ wks	% over 8 weeks
Bronchoscopy	3	0	0.0%
Endoscopy	583	0	0.0%
Urology	148	147	49.8%
Grand total	734	147	16.7%



Flexible Cystoscopy Recovery Actions (to enable recovery during Q3)	Target Date
Additional cystoscopy capacity scheduled in WGH DSU.	31/08/25
Expand Endoscopy D&C dashboard to include Flexible Cystoscopy to facilitate informed planning	30/09/25
CNS double vetting USC cases to downgrade where appropriate and balance referral to reduce demand	30/08/25
Ongoing clinical validation of long waiting cases	30/08/25
New Urology Consultant started in July can provide additional capacity if lists become available	30/09/25

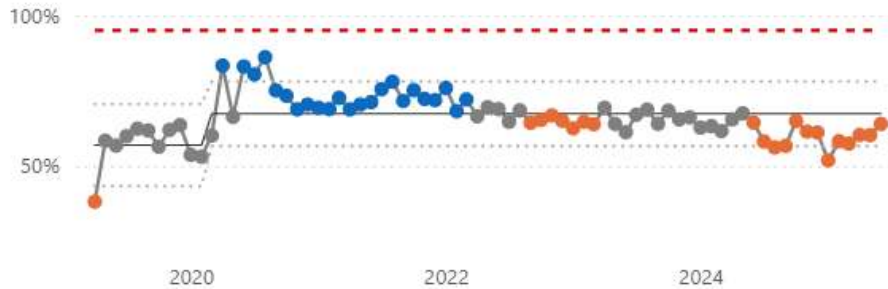
Planned Care Performance: Ophthalmology R1 Performance



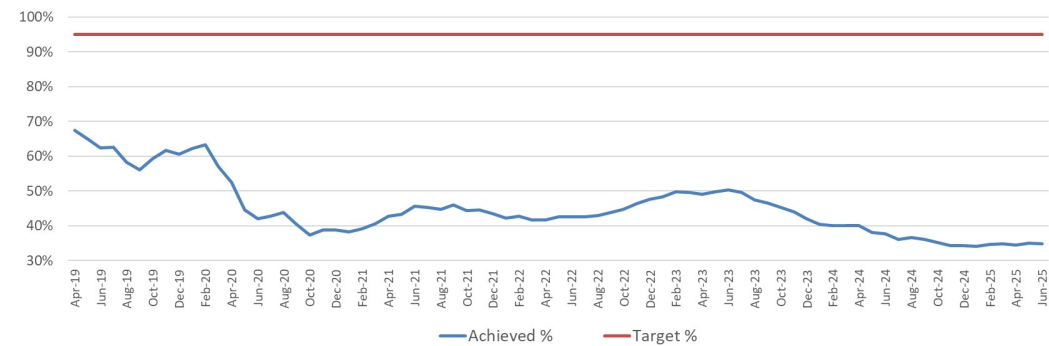
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% R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date



% R1 patients waiting within their clinical target date or within 25% beyond their clinical target date



R1 patients waiting:

- Performance has been static at 34-35% since Autumn 2024
- Reflects significant workforce challenges within IVT & glaucoma pathways

R1 appointments attended:

- Conversely performance is improving as a consequence of IVT and glaucoma recovery actions with June performance at its highest level since October 2024
- Provisional July performance suggests a further improvement to 69% (highest since August 2023) and the actual volume attending within target was the second highest in 5 years

Ophthalmology R1 Performance Improvement Actions (to enable recovery of R1 patients waiting above 60% by Q4)

Target Date

Continue IVT outsource solutions & WLI clinics whilst internal recruitment supported by recurrent investment progresses	31/08/25
Continue implementation of IVT and Glaucoma service expansion, recruitment & training plans through Q3 and Q4	31/03/26
Commence recruitment of 2 x regional consultant posts (with special interest in Medical Retina)	30/09/25
On-board newly recruited replacement Specialty Doctors	31/10/25

Planned Care Productivity and Performance Delayed Follow Ups and Outpatient Transformation

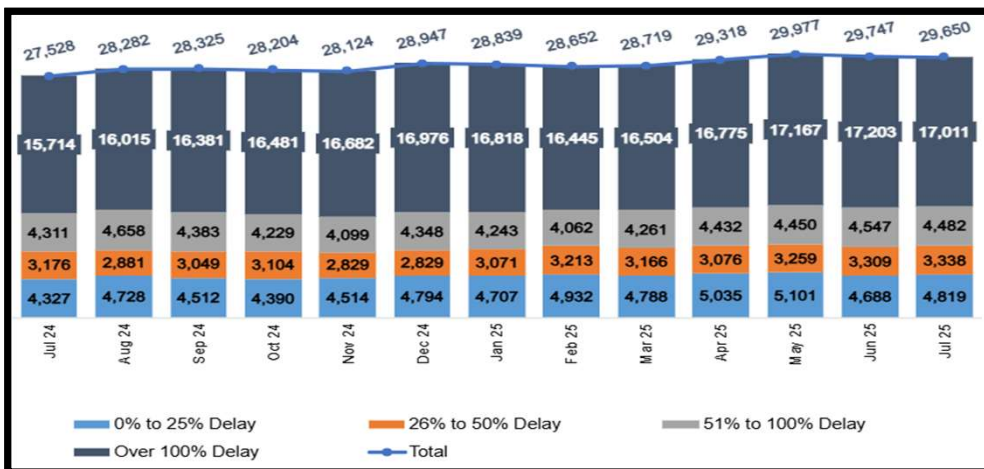


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- Performance relatively static over past 2 years
- Small improvement in 100% delayed in July 2025 (-192)
- Hywel Dda University Health Board (HDdUHB) follow up waiting lists are significantly lower than other Health Boards – circa 17% of HDdUHB resident population – represents strong clinical triage focus in most specialties and proactive use of alternative See-on-Symptoms(SoS)/ Patient-Initiated Follow-Up (PIFU) approaches
- HDdUHB has lowest volume of 100% delayed patients than other Health Boards

- Health Board combined discharge & SoS/PIFU performance exceeds 50%
- Majority of 100% delayed follow up are historical 2 year+ waits (subject to clinical validation re ongoing care requirements)
- Targeted improvement metrics applied to all specialties to support improvement to TI improvement threshold by March 2026



Delayed Follow Up Recovery Actions (to enable recovery to TI target by March 2026)	Target Date
Progress Outpatient & Ambulatory Care Transformation Programme improvement actions launched by CCG May 2025	31/03/26
Implementation Plan agreed to apply national Clinical Implementation Network (CIN) outpatient guidance in all CIN specialties	30/03/26
Application of revised NHS Wales Access Policy and strict adherence to protocols for management of DNAs	30/08/25
Prioritise application of SoS/PIFU pathways in specialties where uptake is low.	31/12/25
Incremental application of the CIN guidance to the historical cohort of 2 year+ follow-up patients (either discharge or transfer to SoS/PIFU pathways)	31/12/25

Planned Care Productivity: Theatre Utilisation



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Actual Sessions

5,017

Average Session Hours

4.56

Avg Operating Hours per session

4.24

Avg Procs per session

3.53

Avg Turnaround Mins

9.29

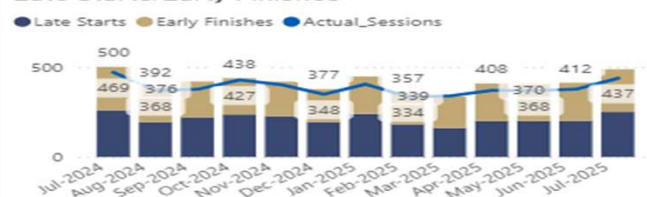


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Digital Services

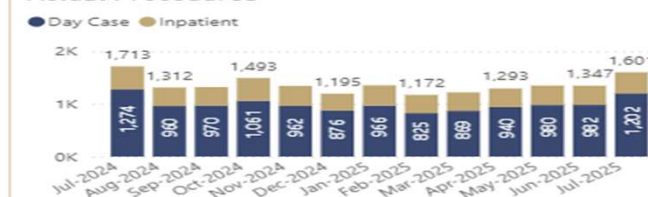
Theatre Time Utilisation



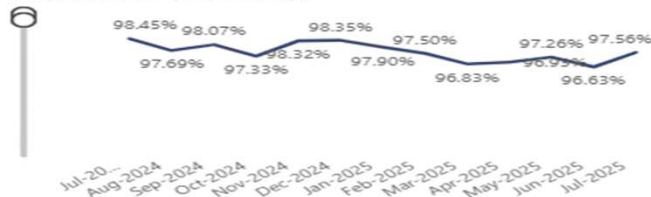
Late Starts/Early Finishes



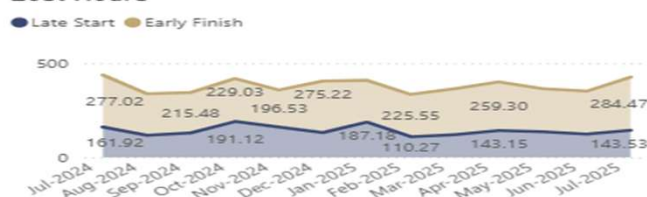
Actual Procedures



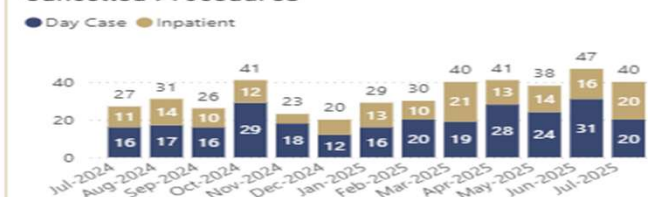
Procedure Performance



Lost Hours



Cancelled Procedures



- Positive improving trend in procedures delivered per month
- Welcome reduction in cancelled procedures in July 2025
- Theatre time utilisation relatively static at low-80% range
- Late starts generally lower than 2024 but scope for improvement
- Increasing trend of early finishes in recent months

Theatre Utilisation Improvement Action (to enable improvement during Q3/Q4)

New Theatre Utilisation Improvement Programme to be launched within CC August 2025, chaired by Associate Medical Director.

Target Date

31/08/25

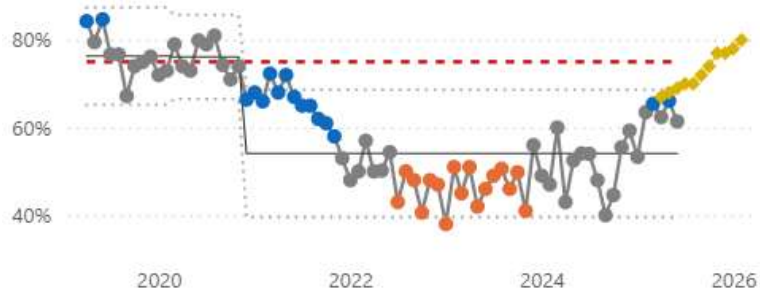
Cancer Care Performance: Latest Single Cancer Pathway Performance



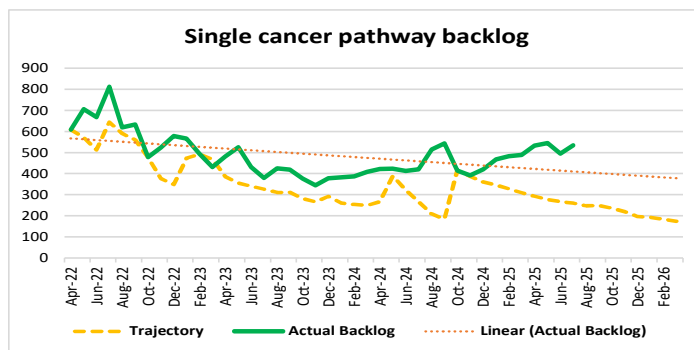
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% single cancer pathway patients starting treatment within 62 days



Number of single cancer pathway patients waiting over 62 days



- June 25 performance **61.4%** - fifth consecutive month with performance above the former TI de-escalation threshold (60%). The Health Board has been de-escalated to Level 3 for Cancer performance.
- Positive Underlying pathway indicators:
 - Continual reduction in overall outpatient pathway volume
 - Continued decrease of all diagnostic volumes in the Urology pathway in line with the agreed improvement plan to reduce the overall volume by 100 patients by the end of July 2025
 - Volume of patients waiting for treatment continues to decrease
- However, increase in backlog July 2025 by 40 patients (535) predominantly in Lower Gastrointestinal and Urology.

Cancer Care Performance: Further SCP Recovery Actions



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Specialty	Action	Impact	Target Date
Gynaecology	<ul style="list-style-type: none"> Embed implementation of the One stop model for PMB Hysteroscopy Implemented following commencement at WGH.in July 	<ul style="list-style-type: none"> Reduced diagnostic timelines 	<ul style="list-style-type: none"> 31/08/25
Lower GI	<ul style="list-style-type: none"> Continue planning for implementation of FIT pathway within primary care 	<ul style="list-style-type: none"> Reduced diagnostic demand 	<ul style="list-style-type: none"> 30/11/25
Urology	<ul style="list-style-type: none"> Monitor impact of PSA Follow-Up Capacity Plan and utilise capacity for new SCP patients. Implement agreed GP Referral Standardisation: Criteria for (PSA history, DRE, urine dipstick); GP education ongoing. LATP Biopsy Expansion: +260 procedures/year via new equipment and clinic slots. New ultrasound machine in WGH, precision point kit, additional clinic lists. 5 weekend sessions (45 patients) planned by end of August. MRI Expansion (linked to PROSTAD/CRUK Prostate pathway improvement plan): +336 scans/year with dedicated sessions being progressed. Outsourcing 16 scans with 3-day reporting turnaround. Tender underway (mid-late August) for commencement in September. Flexi Cystoscopy Expansion: +898 procedures/year through increased capacity and nurse-consented/ list efficiency improvements. Targeting the maintenance of USC Flexi capacity at the 85th percentile of weekly demand. 55 patients per week. In place and monitored weekly. Flexi Cystoscopy currently sub 100 patients (circa 70) as per the plan for end of July. Nurse-Delivered LATP: +210 procedures/year. Goal: Enable CNS to independently deliver LATP biopsies. Status: In Progress. First full lists underway in August 	<ul style="list-style-type: none"> Reduced OPA waits Reduced diagnostic demand Reduced diagnostic timelines Reduced diagnostic timelines Reduced diagnostic timelines Reduced diagnostic timelines 	<ul style="list-style-type: none"> 30/09/25 30/09/25 31/08/25 30/09/25 31/08/25 31/08/25

Planned Care and Cancer: Performance and Productivity



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The Finance and Performance Committee is requested to **RECEIVE ASSURANCE** from recent progress achieved, and further actions currently being progressed by the Planned and Specialist Care CCG, with support from other CCGs, to enable improvements in planned care and cancer performance and productivity.



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