Llywodraeth Cymru
Welsh Government

Health and Social Care Committee's request for evidence

NHS Waiting Times

February 2026

The following evidence paper provides the committee with evidence of what has been achieved against the government's commitments made in the planned care recovery plan issued April 2022 Our programme for transforming and modernising planned care in Wales and reducing the waiting lists.

The plan made four clear commitments to the people of Wales.

- We will increase health service capacity
- We will prioritise your diagnosis and treatment
- We will transform the way we provide planned care
- We will provide better information and support to patients

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1. Introduction

In April 2022, the Welsh Government launched the Programme for Transforming and Modernising Planned Care, supported by £170 million in additional funding every year. The programme was established in response to the significant planned care backlog caused by the Covid-19 pandemic, during which routine services were paused. As a result of this disruption, more than 68,000 patient pathways were waiting more than two years by April 2022. The programme's priorities focused on reducing these waits, restoring core planned care activity, and creating a more stable and sustainable planned care system for the future.

Considerable progress has been achieved – by November 2025, there has been a 90% reduction in pathways waiting more than 104-weeks compared to April 2022, at a time of rising referrals for secondary care. However, the pace of improvement has not consistently aligned with the original ambitions set out in the plan.

A central challenge has been the significant variation within and between health boards in both performance against targets and the capacity to deliver transformational change at pace. These disparities have highlighted the need to refocus and adopt a more consistent and co-ordinated national approach to delivery in 2024-25 and 2025-26.

The Welsh Government commissioned the Ministerial Advisory Group on NHS Performance and Productivity (MAG) in 2024 to undertake an external review of system performance, productivity, and delivery capability. Published in April 2025, its report concluded further progress did not require a revised strategy but a renewed focus on operational delivery and productivity, underpinned by reduced variation across health boards.

Responding to the MAG's recommendations, the Welsh Government developed a refreshed Planned Care Recovery Plan, placing stronger emphasis on national oversight, NHS delivery expectations, and productivity gains.

From April 2025, an additional £120m has been allocated, on top of the annual £170m investment in planned care, to support this more focused approach. This year's approach to planned care is more centrally designed with stronger performance management, with focus on innovation and maximising productivity. This approach was clearly highlighted in the 2025-28 planning

framework and reinforced by the need to implement the planned care enablers to drive pathway redesign and productivity.

This paper provides an overview of the Welsh Government's work with the NHS to recover planned care and reduce long waiting times. It will set out what has been achieved against the four key commitments set out in April 2022 Our programme for transforming and modernising planned care in Wales and reducing the waiting lists.

While achievement of targets is important, this must be set within the foundation of ensuring quality, clinical urgency and productivity are prioritised. There is a recognised need to ensure that while we address and remove the backlog, the system needs to be reset to build a stronger foundation for future sustainability.

The refreshed recovery plan 2025-26 and additional £120m investment in 2025-26 provides a clearer framework for accelerated progress, while reinforcing the original ambitions of the April 2022 recovery plan to build a planned care model fit for the future.

2. We will increase health service capacity

The Welsh Government identifies maximising capacity as critical to cutting long waits. This means not only implementing short-term measures to clear the backlog but also long-term system redesign to ensure future capacity sustainability.

Specific additional capacity to clear backlog

In the 2025-26 recovery plan, and supported by the £120m additional investment, there are clear additional activity targets to increase capacity in year to target backlog. The plan for 2025-26 sets out ambitious additional activity plans across all stages of the pathway.

We have plans to deliver an additional 200,000 new outpatient appointments in addition to the 1.4m appointments delivered in 2024-25; we plan to deliver 20,000 additional cataract procedures, which more than doubles activity in 2023-24.

In 2024-25, the NHS provided more than 343,000 inpatient and day case treatments; the plan for 2025-26 will increase this by 5% through improved productivity and efficiency.

We have already seen the impact of this as outpatient waits over 52 weeks have significantly reduced – there has been a 48% improvement in the first eight months of 2025-26 with all health boards showing an improvement.

The 2025-26 outpatient part of the plan was deployed from the summer 2025. The November 2025 referral to treatment (RTT) data shows a reduction of 34,000 pathways since April 2025. Further reductions are expected as activity levels have increased in the second and third quarters of this year.

The total waiting list is also falling, despite an annual increase in demand of around of 7 % over the last 12 months.

Clinical pathway redesign

While bed and staff numbers are important markers of capacity, the real gains come from clinically redesigned and optimised pathways; the smarter use of resources and targeting capacity to deliver the greatest impact. Increasing capacity focuses on productivity, efficiency, and modern ways of working. Clinical leadership is central to driving recovery: ensuring changes are clinically safe, credible, deliverable, and focused on improving productivity.

Significant progress includes:

System-wide community pathways ensuring people are directed to the right service at the right time, the first time. Wales is the only part of the UK with a fully coordinated national approach. Cardiff and Vale University Health Board was the first to adopt this approach and has the lowest planned care referral rate of around 1%, compared to the other health boards in Wales.

Specialist advice and guidance enable clinicians across primary, community and secondary care to work together more effectively, providing a better patient experience through improved decision-making and reducing avoidable waits when not clinically required.

Enhanced community services with specially trained community optometrists delivering care closer to home, freeing up secondary capacity and specialist skills for more complex needs. In 2024-25 this delivered 90,000 additional community appointments, with further growth expected as pathways expand.

Dedicated elective sites and regional delivery models designed to protect planned care capacity and optimise resources. Examples include:

- Neath Port Talbot Hospital as a regional orthopaedic centre for South West Wales.
- Royal Gwent Hospital and Nevill Hall Hospital supporting a regional cataract model for South East Wales.
- The development of Llandudno Hospital as a regional orthopaedic centre for North Wales.

System changes to maximise current capacity

Digital Solutions

- The NHS Wales App allows people to view and manage appointments throughout their treatment pathway, improving communication and reducing administrative waste.
- The OpenEyes digital system and electronic referral for ophthalmology is being rolled out to support whole pathway management for eye care.

Empowering Patients through coproduction and shared decision making

- Patient-Initiated Follow-Up (PIFU) and See on Symptom (SOS) models move control to individuals, reducing automatic and routine outpatient follow-up appointments, which are not clinically needed, thereby releasing outpatient capacity for new patients, helping to reduce waiting times.

- Single Points of Contact in each health board—part of the 3Ps policy—to provide proactive support to help patients *Promote* healthy behaviours, *Prevent* deterioration, and *Prepare* for treatment while waiting. More than 60,000 patient contacts have been made between September 2024 and October 2025.

System Improvements

- Straight-to-test and straight-to-list pathways enabled by the modernised electronic referral system, reduce duplication and unnecessary appointments, shortening pathways and increasing clinical capacity.

3. We will prioritise your diagnostics and treatment

Early diagnosis is critical to effective and timely treatment. Redesign of the diagnostic and treatment pathway is critical to maximising recovery and providing an effective pathway based on clinical and holistic need. While there are generic waiting time targets for all, it is recognised this needs to be balanced with individual, holistic and clinical needs.

Cancer services

We have maintained the improvement focus on cancer and referral to treatment (RTT) delivery, prioritising safety and clinical urgency.

During 2025-26, cancer performance has averaged 60% at an all-Wales level against the 62-day target. This is below the 75% target but is an improvement on the 2024 average and has been delivered against an increase in referrals.

This has been possible because of service redesign through optimised, clinically agreed pathways and improving turnaround rates for diagnostics to ensure timely diagnosis for early treatment.

Diagnostic pathways

Increased demand and prioritisation for both urgent care and cancer care have resulted in significant increases in the number of people who are waiting for a diagnostic test. This has significantly impacted on the available capacity for RTT pathways and the eight-week diagnostic target, which has slowed the progress of patients through the pathway stages.

This backlog varies by modality (different tests) and across health boards.

The latest reported position (November 2025) is **42,656** over eight-week waits for diagnostic tests. The main areas of challenge are non-obstetric ultrasound (15,467), non-cardiac MRI and CT (11,817), endoscopy (10,820) and cardiology (2,673).

While the November 2025 eight-week position is only 5% better than the April 2022 position, the total waiting list is 24% larger and the long waits of more than 24 weeks are 38% lower in 2025, compared to 2022.

There is considerable variation between health boards – in Betsi Cadwaladr University Health Board, more than 19,000 pathways are waiting more than eight weeks for a diagnostic test compared to 1,806 in Aneurin Bevan University Health Board.

The backlog in diagnostic testing grew significantly in 2024 due to the increase in referrals for planned treatment and urgent cancer. Additional investment in the final quarters of 2024-5 helped to reduce waiting times by the end of March 2025. However, the increased focus on delivery, especially in the provision of outpatient appointments in 2025-26, has increased demand for diagnostics faster than core capacity can respond. We have started to see progress in the last two months as local recovery plans come online, with more expected capacity in the coming months.

Insourcing of mobile diagnostic capacity has been procured on a local and regional basis to support this position together with local improvement plans. Early cancer diagnostics remains the priority with a focus on diagnostic turnaround rates in the cancer pathway a key enabler to support cancer performance.

Peadiatric services

RTT children's waiting times

Children's waits are reported separately, recognising the commitment to prioritise children's waits.

In November 2025, 432 children's pathways were waiting more than two years. This is a 91.4% improvement from April 2022. All health boards have shown a reduction, including Betsi Cadwaladr University Health Board (72.8% improvement), their current position accounts for three-quarters of all the over two-year waits. The health board's main areas of challenge are ENT and orthodontics.

The Child Health Network has agreed to work with the planned care programme to explore how waits can be reduced further. It has proposed to work with clinical leaders to explore the evidence to review the maximum waiting time standards for children's pathways.

In the new audiology data standards 2025, children's needs have been recognised with a six-week access target compared to 14 weeks for adults.

Neurodiversity services waiting times

Recognising that prolonged waits adversely affect children's global development, education and family wellbeing, the Welsh Government committed £5.6m in 2025-26 to eliminate all three-year waits for neurodevelopmental assessments for children by March 2026. While this is not a service covered by the referral to treatment targets, it demonstrates the government's wider commitment to address long waits.

Achieving the elimination of three-year waits reflects a strategic shift and moves away from a diagnosis-dependent model toward a more prudent system that delivers the right support at the right time, ensuring early intervention and equitable access for all children.

Womens services

The discovery report, which laid the foundations of the Women's Health Plan highlighted the deep-seated and entrenched differences in the way men and women experience healthcare. There is a need to reduce health inequalities, improve equity of service and improve health outcomes for women in Wales.

The Women's Health Plan for Wales, was published in December 2024, and sets out how the NHS in Wales will improve healthcare services for women. A key commitment is the development of pathfinder women's health hubs in each of the health board areas by March 2026. These will each focus on menopause, menstrual health (including endometriosis) and contraception and will improve access to services; the experience of care, improve health outcomes for women and bring care closer to home.

4. We will transform the way we provide planned care

Transforming how care is planned and delivered is critical to ensuring we continue to deliver high-quality healthcare. Planned care recovery has been supported by an annual £15m focusing on transformation. Clinical leadership of the planned care programme has led this focus, recognising the need for consistency and reduced variation across the NHS.

Community by design

Traditionally, planned care has been considered a hospital-based, secondary care service. However, the artificial boundaries of this model can hinder effective redesign of clinically appropriate and effective pathways. To change and refocus the system, the whole pathway needs to be reviewed. Moving forward, change will be driven by a whole-system approach to reviewing and understanding where value is added and where services are best provided, rather than using system boundaries to design models of care.

Utilising the Community by Design methodology, work has commenced on moving more care into local services examples include:

- Joint work with the Respiratory & Cardiovascular Disease network on the breathlessness pathway
- Joint work with the Diabetes network on the optimal diabetes care in the community
- Joint work with the Strategic Programme for Mental Health on a place-based approach to delivery of community mental health services

This change in approach has been supported by more than £41m extra invested into general practice this year as part of a deal struck between the Welsh Government and GPs.

The deal includes a 4% uplift to the general medical services contract in 2025-26, in line with the independent Doctors and Dentists Review Body (DDRB) recommendations, and a guaranteed 5.8% recurrent funding uplift from 2026-27, underlining the government's commitment to continue to invest in primary care and community-based services

By providing multi-year funding certainty, we're enabling practices to plan for the future with confidence and invest in the transformation our primary care services need. This agreement supports our community-by-design programme, which will reshape services around local needs and help deliver more care closer to home

A Community by Design approach drives service planning from the perspective of the service user and assumes, unless proven otherwise, that care can be provided in the community setting, utilising hospital-based care only when this is required by more complex or escalating clinical need. This approach requires engagement by all clinicians across the pathway, to understand needs in the population and to bring the most effective and proportionate solutions to the community, maximising the skills of the whole multiprofessional team

A clear understanding of clinical need is required to ensure efficient referral patterns to determine only those who need specialist care are being referred and to inform where and what services need to be developed for local delivery.

It has been evident from monitoring the impact of the additional outpatient appointments provided as part of the planned care plan in 2025-26, that, on average 30% to 40% of people are discharged with no further treatment after the initial appointment.

The NHS in Wales is set up to fully maximise the concept of whole system pathways. Health boards have the governance arrangements to plan and deliver whole pathway redesign within their structures and finance. This is why we have supported all-Wales referral management pathways, clinically designed by primary and secondary care clinicians.

In planned care redesign we have used this opportunity to move services to the most appropriate place. Eye care services are a good example - optometry service provision and resources in the community have been enhanced to ensure more people can be effectively and safely cared for in the community by skilled and qualified optometrists, freeing up capacity in hospitals for more specialised care.

In December 2025, we launched the Future Approach for Audiology, extending audiology access pathways in primary and community settings to ensure earlier diagnosis and assessment of ear conditions prior to referral to secondary care.

The dermatology clinical implementation network (CIN) is currently exploring, through the community-by-design principles, how the continued growth in demand for secondary clinical assessment could be managed locally in primary and community services. The use of tele-dermoscopy has improved digital

imaging of the skin to facilitate assessment and maximise advice and guidance for patients to receive treatment locally.

Reducing health inequalities and ensuring prevention at all stages

The Welsh Government is committed to reducing health inequalities. Professor Sir Michael Marmot's extensive research demonstrates that addressing the social determinants of health and galvanising organisations around a shared focus on health equity can help improve health and wellbeing for all.

Effective prevention, co-designed with our population, empowers people to manage their own health, accessing services when clinically appropriate and in the right place.

Through planned care redesign, we are embedding prevention at all stages of the pathway. Empowering and supporting healthy lifestyle behaviour is a feature of the 3Ps Policy. Through the single point of contact services, digital and written communication, people are being signposted to help and advice about a healthy lifestyle as part of their treatment journey. Evidence has shown that referral to secondary care is an effective teachable moment to encourage people to evaluate their health and make lifestyle changes with support.

Case study Cardiff and Vale UHB “I am seen”

Mrs D has been listed for a knee replacement

While waiting and based on assessment of need and preparation for treatment Mrs D was referred to and attended ESCAPE pain services and KickStart (CAVUHB’s mixed patient cohort prehabilitation programme designed and delivered by the Waiting Well Support Service (WWSS)).

Outcome: Mrs D reported the support she received a “game changer” giving her “more of a push and increased my confidence” to attend classes and programmes. She now regularly attends gym and aqua aerobics

Increase productivity reduce variation add value

The seven planned care specialities of the planned care programme have developed clinically evidenced optimisation frameworks, which provide a blueprint about how local and regional services should be delivered. These are supported by specific enablers designed to reduce variation and increase productivity, including redesigned outpatients, more productive use of theatres, redesigned pathways and better use of hospital resources through validation of waiting lists.

By using current capacity more effectively, the assessed impact of the planned care enabling actions shows around 150,000 pathways being seen at outpatients and a reduction in the total waiting list. This can be supported by:

- Validation of the outpatient waiting list based on an anticipated 5% (22,824) can be removed due to duplication or patients changing their mind
- Appropriate triage of referrals where 5% of demand can be diverted from outpatients to pathways more in line with clinical need. It is anticipated this approach will result in 22,976 pathways not starting an outpatient RTT pathway.
- Targeting self-managed follow-up, PIFU and SOS to help reduce demand to provide an anticipated 5% more capacity for new outpatients. This could create up to 97,981 additional first outpatient slots
- DNA overbooking at rates >5% is anticipated to provide 8,599 additional outpatient appointments.
- For treatments, delivery of the enabling actions would provide an opportunity for circa 29,000 pathways to be removed from the waiting list.

5. We will provide better information and support to patients

Effective communication and support for patients is reinforced in planned care policy, both in the refreshed RTT waiting times guidance April 2025 and in the 3Ps Policy. It is recognised these are critical elements to ensure effective patient focused care.

3Ps policy “waiting well”

As part of the first phase of the 3Ps Policy https://www.gov.wales/promote-prevent-and-prepare-planned-care-html, all health boards have published Waiting Well landing pages, in line with a consistent national specification. This includes information about how to make healthy choices, prevent deconditioning and worsening health and access tailored support to pre-optimise their health in preparation for treatment. Evidence shows people who have pro-actively prepared for treatment:

- Have improved outcomes and experience
- Are less likely to have their treatment postponed
- Recover quicker and have reduced length of stay post-treatment

Waiting Well single point of contact services are available in all health board areas for people accessing planned care. These services are linked to third sector resources and use a holistic needs assessment process. Call handlers are trained to initiate a “what matters to you” conversation and to provide advice and support to empower people to find solutions to their identified needs. Clinical escalation processes are in place to manage identified risk.

The service also discusses and encourages people to take the opportunity of their wait to prepare for their potential treatment and to be in their best health to maximise the impact of their treatment.

People who are assessed as having too high a clinical risk for them to achieve an effective outcome from their proposed treatment can have their treatment delayed until those elements are addressed. Using their waiting time to proactively get fit reduces the risk of delayed care.

Betsi Cadwaladr University Health Board case study

Mr G, 72, is on the waiting list for general surgery.

He is assessed unfit for surgery in three pre-operative assessments due to the clinical risks associated with obesity and poorly controlled diabetes.

He is referred to the self-care team.

Following tailored support, including taking part in the weight management programme and diabetes patient education programme, Mr G loses two stone in two months, and his diabetes is better controlled.

He says his health and wellbeing feels better. The pre-operative assessment is two weeks after completing the programme and his surgery is successfully undertaken the following month.

Holistic management of clinical need for all

In April 2025, the updated referral to treatment (RTT) waiting times guidance was introduced to reflect redesigned care pathways and emphasise patient communication, particularly for vulnerable groups. The guidance aims to prevent unintended harm through timely identification and management of patient needs and health risk factors.

Key points include:

Shared Responsibility: Individuals and the NHS have distinct roles and responsibilities. The NHS must ensure clear communication about appointments, while people are expected to engage and attend. Non-compliance may lead to removal from waiting lists or clock resets. The refreshed 2025 policy has provided clarity on exceptions to be applied for vulnerable individuals such as children.

Clinically Redesigned Pathways: Clinicians collaborate with patients through shared decision-making and tailoring treatment and support to individual needs. This process is supported by the Waiting Well “About You” PROM, a health assessment tool that identifies holistic needs and health risk factors at referral, enabling early prehabilitation to improve fitness for treatment and reduce delays.

Older Adults and Frailty: For people over 65 assessed as frail, the Perioperative Care of Older People (POPs) service provides multidisciplinary assessments to determine the most suitable surgical pathway. This approach has optimised care,

removing up to 20% of general surgical cases for this group from waiting lists based on clinical need rather than age.

An example from Swansea Bay shows how a targeted approach can improve assessment and identification of required support to help people waiting to better prepare.

Swansea Bay University Health Board

Digital Health Assessments was launched in September. More than 2,600 people were contacted in one month, enabling targeted support for patients most in need. Based on the results against specific questions patients receive tailored support for their individual needs:

Patient interventions offered:

High BMI – Single Point of Contact (SPOC) team offering tailored support and signposting.

Frailty – Care of the Elderly team (COTE) team trialling early reviews for shared decision-making.

Pain Management – Clinical SPOC follow-up for patients reporting severe or extreme pain.

Patient Information Videos: Three completed (Weight Management, Digital Health Assessment and Frailty) and further videos planned to improve patient communication.

6. Oversight and implementation

The Welsh Government maintains oversight over planned care delivery with the support of NHS Performance and Improvement, which leads on strategy implementation, service transformation and identifying areas of performance challenge.

Changes in approach 2025

The 2025-26 NHS Wales Planning Framework and enabling actions set the direction and minimum standards for planned care productivity improvement. The opportunity for efficiency to improve productivity is clear but had been challenging to progress while the NHS was attempting to also reduce the waiting list backlog.

The Cabinet Secretary for Health and Social Care requested Welsh Government officials to develop a detailed strategy and approach to reduce the waiting list backlog, which would support the delivery of the enabling actions.

The Cabinet agreed three key measures for planned care for 2025-26, which are supported by a focus on delivery for the year:

- Reduce the overall size of the waiting list by 200,000 pathways
- Deliver 350,000 or more treatments in 2025-26
- Aim to eliminate two-year waits for treatments

A plan was developed which was supported by £120m of revenue investment for 2025-26 which had five key objectives.

- Maintain the position for 104-week waits achieved at the end of March 2025 and establish 104 weeks as the maximum wait time for treatment.
- Eliminate the backlog for treatment waits which exceed 104 weeks.
- Reset the waiting list through a national effort to reduce the overall size of the list by 200,000 pathways at first outpatient stage.
- Achieve a wait for diagnostics across all modalities of <8 weeks.
- Transform the efficiency and effectiveness of elective care pathways through the delivery of the enabling actions set out in the National Planning guidance.

In 2024, it was clear the levels of open pathways were unsustainable, and action was required to bring the total RTT position back to pre-pandemic levels. The main challenge was the volume of first outpatient waits, which result in long waits for diagnosis and treatment.

Achieving a reset-and-recover approach simultaneously had not been possible since the pandemic and a different approach was required. This used different providers, including independent providers, alongside health boards and setting some national and regional commissioning approaches. It also meant moving away from health board delivery to a national and regional approach.

A dedicated operational team within NHS Performance and Improvement was established to support Welsh Government officials in delivering the national actions. Weekly updates to the Cabinet Secretary for Health and Social Care about the delivery of the key milestones in the plan and the deployment of the additional £120m are provided. The main purpose is to ensure the management of the £120m delivers its expected impact; funding is only released to the NHS on proof of delivery.

Investment is only one tool to drive change – transformation and change is also driven through the enablers. Performance and expectations are tested and challenged at NHS accountability meetings, which are supported by NHS Performance and Improvement and clinical leadership through the Planned Care Programme.

What has been achieved

The 2025-26 recovery plan is split into phases.
Phase 1 - To continue to deliver improvements in the reduction of long waits (over two-years) made in quarter 4 of 2024-25. Target end of June 2026. This was the start of the commitment to clear all over 104-week pathways by the end of March 2026

- End of March 2025 = 8,389 over 104-week pathways
- End of June 2025 = 7,550 over 104-week pathways: Achieved
- End of November 2025 = 6883 over 104-week pathways
- End of December 2025, around 5,300 over 104-week pathways (estimate based on provisional data)

Phase 2 – Cataract plan - To deliver 20,000 more cataract procedures in 2025-26, compared to 17,000 delivered in core activity 2023-24 by end of March 2026.

By the end of December, circa 26,000 cataracts have been delivered this year, 9,000 more than in 2023-24. A further 11,000 procedures are planned for quarter four, which would result in a doubling of capacity this year.

Phase 3 – National Outpatient Recovery Plan. To deliver 200,000 more first outpatient appointments in 2025-26 (commenced late August 2025). A locally delivered national contract for insourcing of outpatient activity was secured to provide weekend and evening delivery of outpatient super clinics. This has supported 122,664 additional outpatient appointments in the last five months of 2025.

These clinics were dedicated to the top 11 volume specialties where a cohort of patients were identified and seen by local clinicians to determine the next stage in their pathways. A further 65,000 appointments are planned in quarter four.

The dedicated team in NHS Performance and Improvement have supported this deployment to allow local teams to focus on core delivery, transformation and a plan to provide a further 50,000 appointments in specialties outside of the top 11.

As of the end of November the results of this national effort on outpatient waiting times have seen average waits for first outpatient appointments fall to 15 weeks from 21 weeks in September and the number of people on the waiting list has fallen by 70,000 in the same period.

Phase 4 – Diagnostics: To clear all over eight-week diagnostic waits by the end of March 2026. Due in part to the increase in cancer referrals the demand for diagnostic testing in NHS Wales has grown since the pandemic and the size of the backlog of waits for routine and elective tests has had a material impact on the overall waiting list size.

In developing the national plan for 2025-26, it was recognised that providing an additional 200,000 outpatient appointments would require further investment in diagnostic capacity as the additional referrals to diagnostic would have a further impact on waiting times.

Plans to increase capacity have been funded nationally for local solutions to provide an additional 50,000 diagnostic tests.

To support the prioritisation of diagnostic testing, health boards have been supported by the national teams in the procuring of additional radiology and endoscopy capacity alongside local solutions to ensure that as we move through the latter stages of the delivery plan capacity is available to provide the right tests for patients.

November 2025 data indicate a second month of reduction in over eight-week diagnostic waits

Phase 5 – Treatments and overall waiting times: Support the clearing of all over 104 weeks waits by end of March 2026.

November 2025 position over 104 week waits - 6,883

Provisional December 2025 data indicates a further reduction to around 5,300 pathways.

The final aim of the national plan is to reduce the waiting time for treatments in elective care and provide additional capacity to support the reset of treatment waiting times.

Health boards have been working to deliver the key enabling actions which aims to increase core capacity and efficiency alongside the modernisation of pathways. Overall waiting times are too long and do not support the move to a sustainable waiting list in NHS Wales.

While the number of longest waiters has reduced substantially over the past three years, it remains a challenge to eliminate long waits in several specialties.

Each health board has established a theatre improvement plan, which aims to improve throughput and productivity; segregating elective capacity from urgent care is key if levels of activity are to recover and exceed the pre-pandemic period.

Health boards have been supported with additional funding to clear backlogs of treatments alongside the improvement actions. The culmination of these actions is that less than 1% of the waiting list is now waiting more than two years.

Significant progress has been made toward reducing waiting lists by accelerating the closure of RTT pathways. As of November 2025, 977,802 pathways have been closed, averaging 122,000 per month, with recent months achieving 138,000 closures. Outpatient (OP) activity has been a key driver, delivering 913,358 appointments between April and October 2025, which is 65,000 (7%) more than the same period last year, plus an additional 35,000 appointments in November.

Inpatient and day case activity has also increased due to targeted investment and enabling actions. Between April and October 2025, 214,000 treatments were completed compared to 197,000 last year. If this trend continues, projections indicate 373,000 treatments for the year, representing an increase of 30,000 treatments.

This activity has resulted in the number of referals to diagnostics and treatment increasing this year, however an increased number of patients have had their pathway closed following outpatient as nothing further is required on the treatment pathway.

The number of pathway closures this year compared with last year is 9% higher on a monthly basis, this will continue to increase as the extra activity impacts on patient waiting times.

Inpatient and Daycase Activity has continued to increase this year following the additional investment and health boards delivering the enabling actions.

It is anticpated that this growth will continue this year resulting in 373,000 treatments being delivered this year, which is 30,000 more than last year.

Impact of the planned care programme specialities

The planned care programme was established to target improvement against the most challenged planned care specialities. It was recognised these were high volume and areas of increase demand even prior to the pandemic. By targeting these areas, they will have some of the greatest impact on the national targets. The tools and pathway redesign principles however are interchangeable, and health boards are encouraged to use them across all pathways where appropriate.

Changes in total waiting list by planned care specialties

Total waiting list	Apr-22	Mar-25	Nov-25	Nov 25 Changes from Apr 22	Nov 25 changes from March 25
Dermatology	33,467	43,749	44,248	-32%	-1%
ENT	59,858	58,603	50,822	15%	13%
General surgery	86,760	75,488	72,442	17%	4%
Gynaecology	42,830	52,786	51,229	-20%	3%
ophthalmology	84,563	108,073	94,903	-12%	12%
Orthopaedics	98,086	100,019	98,848	-1%	1%
urology	42,584	40,837	37,257	13%	9%

Changes in outpatient waits over 52 weeks by planned care specialities

OPA waits over 52 weeks	Apr-22	Mar-25	Nov-25	Nov 25 Changes from Apr 22	Nov 25 changes from March 25
Dermatology	4,871	5,207	2,827	42%	46%
ENT	15,629	9,463	2,830	82%	70%
General surgery	11,705	3,369	1,484	87%	56%
Gynaecology	3,302	6,050	2,694	18%	55%
ophthalmology	17,490	19,758	10,398	41%	47%
Orthopaedics	15,963	7,236	4,837	70%	33%
urology	8,751	5,523	1,696	81%	69%

Changes in total pathways over 2-years by planned care specialities

Total pathways over 104 weeks	Apr-22	Mar-25	Nov-25	Nov 25 Changes from Apr 22	Nov 25 changes from March 25
Dermatology	2,731	223	91	97%	59%
ENT	10,226	774	700	93%	10%
General surgery	8,460	1,396	1,217	86%	13%
Gynaecology	3,855	169	243	94%	-44%
ophthalmology	8,803	1,220	634	93%	48%
Orthopaedics	19,607	1,818	2,078	89%	-14%
urology	4,921	904	412	92%	54%

General surgery, ENT and urology have shown consistent improvement across the three key targets. The reduction in the total waiting list and improvement in long outpatient waits provide a more sustainable position for the future.

Ophthalmology and orthopaedic delivery are also supported by national strategies to reinforce regional models and more sustainable national delivery models going forward. NHS Performance and Implementation will support this national implementation of the strategies.

The Dermatology Clinical Implementation Network (CIN) is part of community-by-design transformation work to better understand the future model of delivery and to meet the growing demand and future needs.

The Gynaecology Clinical Implementation Network (CIN) is working with the Women's Health Clinical Network to ensure pathways are better designed and to prioritise local support and services.

7. Performance and accountability

Performance management, escalation and accountability remain the remit of the Welsh Government. Health boards are held to account by the Welsh Government in regular performance meetings. This is supported by weekly reporting from NHSI performance and Improvement giving indications of progress against agreed delivery trajectories.

Oversight

The national planned care plan 2025-26 is overseen by senior Welsh Government officials and supported by a small team within NHS P&I, with assurance and delivery meetings taking place weekly to track progress and delivery risks.

The team provide a weekly update to the Cabinet Secretary Health & Social Care, who also seeks assurance in his regular meetings with Health Board chairs and through the public accountability meetings.

Variation and inconsistency remain a challenge although this is improving across health boards in South Wales. However, this has opened a wider disparity between North and South Wales. As previously indicated, Betsi Cadwaladr University Health Board now accounts for three-quarters of all children's waits over two years, it also accounts for 62% of all over two-year waits. Diagnostic waits over eight-weeks also the highest in North Wales.

The following health boards are in an escalated status for poor performance:

Organisation	Previous Status (July 2025)	Current Status (December 2025)
Aneurin Bevan UHB	Level 3 for finance, strategy and planning Level 3 for performance and outcomes related to urgent and emergency care performance at the Grange University Hospital	**Level 4 for finance, strategy and planning** **Level 4 for performance and outcomes related to urgent and emergency care performance**
Betsi Cadwaladr UHB	Level 5	Level 5
Cardiff and Vale UHB	Level 4 for whole organisation	Level 4 for whole organisation
Cwm Taf Morgannwg UHB	Level 4 for performance and outcomes relating to urgent and emergency care	Level 4 for performance and outcomes relating to urgent and emergency care

	Level 3 for performance and outcomes relating to planned care and cancer	Level 3 for performance and outcomes relating to planned care and cancer
Hywel Dda UHB	Level 4 for finance, strategy and planning, performance and outcomes related to urgent and emergency care, fragile services (inc ophthalmology) and HCAIs Level 3 for leadership and governance, performance and outcomes related to planned care and cancer	Level 4 for finance, strategy and planning, performance and outcomes related to urgent and emergency care, fragile services (inc ophthalmology) and HCAIs Level 3 for performance and outcomes related to planned care and cancer **Level 1 for leadership and governance**
Powys tHB	Level 4 for finance, strategy and planning	Level 4 for finance, strategy and planning
Swansea Bay UHB	Level 4 for finance, strategy and planning and performance and outcomes related to HCAIs, cancer and urgent and emergency care Level 4 for maternity and neonatal services Level 3 for performance and outcomes related to planned care and CAMHS	Level 4 for finance, strategy and planning and performance and outcomes related to HCAIs, cancer and urgent and emergency care Level 4 for maternity and neonatal services Level 3 for performance and outcomes related to planned care and CAMHS

Performance overview

The tables below show how each health is performing against the following aims in the planned care plan in 2025-26:

- Reduction of the total waiting list
- Clearing outpatient waits over 52-weeks
- Clearing all Pathways waiting over 104-weeks

Southwest Wales Region

Hywel Dda University health Board

Hywel Dda UHB	Apr-22	Mar-23	Mar-24	Mar-25	Nov-25	April 22- Nov 25	
Total Waiting list	95,817	89,646	91,346	95,012	91,494	**4,323**	**5%**
OPA waits > 52 WKs	12,807	3,751				**12,807**	**100%**
Total waits > 104 wks.	12,992	5,934	1,805			**12,992**	**100%**

Swansea Bay University Health Board

Swansea Bay UHB	Apr-22	Mar-23	Mar-24	Mar-25	Nov-25	April 22- Nov 25	
Total Waiting list	6,219	7,678	7,588	7,500	7,672	**-1,453**	**-23%**
OPA waits > 52 WKs		1				**0**	
Total waits > 104 wks.			1			**0**	

Southeast Wales Region

Cwm Taf Morgannwg University Health Board

Cwm Taf Morgannwg UHB	Apr-22	Mar-23	Mar-24	Mar-25	Nov-25	April 22- Nov 25	
Total Waiting list	113,504	113,191	109,343	106,943	97,206	**16,298**	**14%**
OPA waits > 52 WKs	19,040	14,017	13,914	13,729	6,728	**12,312**	**65%**
Total waits > 104 wks.	13,439	6,151	2,364	856	830	**12,609**	**94%**

Aneurin Bevan University Health Board

Aneurin Bevan UHB	Apr-22	Mar-23	Mar-24	Mar-25	Nov-25	April 22- Nov 25	
Total Waiting list	121,122	128,466	135,729	137,177	125,314	**-4,192**	**-3%**
OPA waits > 52 WKs	8,435	9,552	14,342	13,812	6,474	**1,961**	**23%**
Total waits > 104 wks.	6,462	3,030	3,862	269	671	**5,791**	**90%**

Cardiff and Vale University Health Board

Cardiff and Vale UHB	Apr-22	Mar-23	Mar-24	Mar-25	Nov-25	April 22- Nov 25	
Total Waiting list	125,359	122,708	147,608	151,197	145,966	**-20,607**	**-16%**
OPA waits > 52 WKs	15,221	9,799	11,304	14,772	9,937	**5,284**	**35%**
Total waits > 104 wks.	9,066	3,601	2,578	1,517	1,020	**8,046**	**89%**

North Wales Region

Betsi Cadwaladr University health Board

Betsi Cadwaladr UHB	Apr-22	Mar-23	Mar-24	Mar-25	Nov-25	April 22- Nov 25	
Total Waiting list	157,800	173,680	181,311	198,715	192,866	**-35,066**	**-22%**
OPA waits > 52 WKs	24,223	12,090	18,061	28,639	12,070	**12,153**	**50%**
Total waits > 104 wks.	17,510	9,515	8,568	5,747	4,286	**13,224**	**76%**