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Ysgrifennydd y Cabinet dros Iechyd a Gofal Cymdeithasol
Cabinet Secretary for Health and Social Care

Llywodraeth Cymru
Welsh Government

Peter Fox MS
Chair
Health and Social Care Committee

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27 February 2026

Dear Peter,

Please find a response to the committee's follow-up questions during the recent session on 4 February about waiting times and general scrutiny:

Report on local authority responses regarding unpaid carers and carers' assessments:

- The chair of the committee sent a letter to the Minister for Children and Social Care on 12 February asking for more detail following her attendance at a session on 22 January about improving access to support for unpaid carers. This issue will be covered in the substantive response, which is due by 3 March.

Specific data about oncologist training:

- HEIW has confirmed the figures referenced in the committee text do not reflect the current position in Wales.
- HEIW has developed a forward-look dashboard, which tracks the projected output of all medical training programmes to support health boards with accurate workforce planning and a workforce supply oversight group which works in partnership with health boards to ensure appropriate alignment between training and subsequent employment.
- In relation to oncology, HEIW projections show 14 doctors completing training by the end of 2027: 10 in clinical oncology, which is a significant increase from the historic average of two to three a year and four in medical oncology. Retention in both specialties has traditionally been strong in Wales.
- HEIW is using its improved forecasting approach to align future consultant posts with training programme outputs. This strengthened planning means Wales is well-placed to capitalise on increases in the oncology workforce and ensure doctors trained in Wales can continue their careers here.

Report on the Sanctuary model:

- We expect the final report to be available by the end of March 2026. A copy will be shared with the committee.

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NHS recovery and planned care funding – a summary of the funding that was promised; how much was allocated each year of this Senedd; how much was spent; and what difference it made to waiting times:

- Since 2022, we have distributed £170m-a-year between health boards to support planned care delivery. Health board allocations for 2024-25 include planned care funding for January to March 2025 and the 2025-26 allocations include planned care funding for April 2025 to March 2026: Health board allocations | GOV.WALES
- Health boards received additional, non-recurrent funding against their plans to reduce long waiting times between October 2024 and March 2025.
- Health boards have also received a share of the £120m national planned care plan to reduce long waiting times in 2025-26. Funding has been released on proof of delivery in quarterly arrears. The table in *appendix A* shows payments up to end of September 2025, which is the end of Quarter 2.
    - SE regional cataracts refer to Aneurin Bevan, Cwm Taf Morgannwg and Cardiff and Vale University Health Boards.
    - Powys Teaching Health Board's allocation is for providing planned care services; many Powys residents treated in Wales will be treated in neighbouring health boards.

Details of Powys residents waiting longer than two years for treatment, as per the Patient Tracking List:

- Powys residents waiting more than 104-weeks for treatment in other Welsh health boards, at 30 November 2025:

Health board	**Number of pathways**
Aneurin Bevan	**10**
Betsi Cadwaladr	**20**
Cardiff and Vale	**8**
Cwm Taf Morgannwg	**2**
Wales total	**40**

- By specialty: orthopaedics 18; ENT seven; general surgery four; gynaecology three; oral surgery three; urology three; others two.
- Powys residents waiting for treatment at English providers (which report waiting times): 131. By specialty: spinal surgery 79 and orthopaedics 52.

Details of the Rutherford Cancer Centre, including the site and the unused equipment:

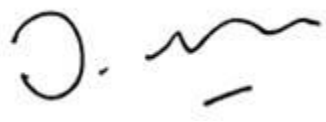
- The Rutherford Cancer Centre in Newport was one of four cancer centres in the UK owned and operated by a company called Rutherford Plc. The Newport centre provided proton beam therapy, photon beam therapy, systemic anti-cancer therapy, and outpatient consultation. It also had MRI and CT equipment for treatment planning and monitoring.
- It was commissioned by the then Welsh Health Specialised Services Committee to provide a small number of NHS-funded adult proton beam therapy procedures and by health boards in South Wales for a small number of NHS-funded treatment and diagnostic procedures.
- In June 2022, the then Minister for Health and Social Services informed the Senedd that the parent company had gone into administration and the Welsh Government had no intention of purchasing the facility as it was not in the public interest. The NHS in Wales repatriated the care of any NHS-funded patients who had not finished their treatment at the centre.

- The Welsh Government never owned the centre nor had an opportunity to purchase it on behalf of the NHS. After the UK-wide company went into administration, its ownership reverted to Rutherford's investor and landlord.
- Although NHS organisations in South Wales expressed an interest in making short-term use of the radiotherapy and diagnostic facilities, the NHS in Wales was implementing long-term plans for additional radiotherapy and systemic anti-cancer therapy capacity to meet forecast population demand. The Welsh Health Specialised Services Committee had already commissioned sufficient capacity for proton beam therapy from high-volume specialist centres outside of Wales, including for paediatric cases.
- The relatively small radiotherapy and systemic anti-cancer therapy capacity at the Rutherford Cancer Centre would not have provided sufficient capacity to meet need in the medium to long-term.
- Since 2022, the Welsh Government has made significant investment in radiotherapy equipment, facilities and capacity – in the new Radiotherapy Satellite Centre at Nevill Hall Hospital, in replacing and expanding radiotherapy equipment across the South Wales, and in the development of the new Velindre Cancer Centre, which will open next year.

Consultant contracts – details of the ratio of NHS to private sessions:

- Consultants undertaking private practice must be able to demonstrate they are meeting their NHS commitments, and their private work must not create any conflict of interest. The consultant contract does not set ratios or specify the number of private sessions permitted.

Yours sincerely,



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Appendix A

Table 1: Funding breakdown since 2022, by health board

	2022-23	2023-24		2024-25			2025-26		
	£170 recurrent	£120 recurrent	£50 targeted investment	Funding for Planned and Unscheduled Care Sustainability for 23-24 onwards	Recurrent impact of funding for Planned Care Recovery	Additional funding for Planned Care Recovery issues Q3	Funding for Planned and Unscheduled Care Sustainability for 23-24 onwards	Recurrent impact of funding for Planned Care Recovery	Additional funding issued to date against £120m
	£m	£m	£m	£m	£m	£m	£m	£m	£m
Aneurin Bevan HB	32.023	22.605	3.940	22.605	3.940	5.763	22.605	3.940	1.717
Betsi Cadwaladr University HB	38.394	27.102	7.445	27.102	7.445	4.932	27.102	7.445	4.100
Cardiff and Vale University HB	22.618	15.966	6.900	15.966	6.900	4.917	15.966	6.900	3.604
Cwm Taf Morgannwg HB	26.103	18.426	7.300	18.426	7.300	5.185	18.426	7.300	3.347
Hywel Dda HB	21.742	15.347	4.900	15.347	4.900	7.334	15.347	4.900	1.986
Powys HB	7.518	5.307	-	5.307	-	0.260	5.307	-	0.010
Swansea Bay HB	21.601	15.248	19.500	15.248	19.500	5.263	15.248	19.500	2.957
SEW ophthalmology region						7.518			4.212
Total	170.000	120.000	49.985	120.000	49.985	41.172	120.000	49.985	21.933

Delivery against ambitions in recovery plan

Table 2: Annual delivery against national ambitions from March 2022 to December 2025 (latest published data)

Ambitions	Mar-22	Mar-23	Mar-24	Mar-25	Dec-25
Zero over 52- week first appointment	91,135	52,925	61,100	70,952	32,748
Zero pathways waiting over 104- week	70,417	31,726	20,636	8,389	5,252
Reduction of total waiting list	701,411	734,721	768,899	790,020	740,954
Zero over 8- week pathways	41,639	44,210	39,905	35,227	46,803

Table 3: Annual closed pathway activity all and Number over 104+ weeks

Activity	Mar 22-Feb 23	Mar 23-Feb 24	Mar 24-Feb 25	Mar 25-Dec 25
No. closed pathways total 12 months	1,141,160	1,289,467	1,332,537	1,225,955
No. closed at 105 weeks+	67,117	53,855	54,274	32,604

- Additional investment has been targeted at eliminating the longest waits, particularly pathways of more than 104-weeks.

- This approach has delivered year-on-year reductions, with two health boards clearing and sustaining their over-104-week position. All other health boards, except Betsi Cadwaladr University Health Board, have reduced their 104-week waits to 1% of pathways or lower, marking a significant improvement in overall performance.

- Powys, Swansea Bay, and Hywel Dda health boards have achieved and maintained zero waits of more than 52 weeks for a first outpatient appointment, or very low numbers in several specialties.

- The £120m investment and national planned care plan in 2025-26 has marked a substantial increase in progress, particularly in additional activity – waits of more than 52-weeks for a first outpatient appointment have fallen by almost 50% between July and December 2025.

- The current recovery plan marks the first time we have committed to reducing the total numbers waiting. Until now, health boards were required to tackle both historic waits and rising demand simultaneously. As a result, the total waiting list increased by around 6% each year, as pathway closure rates increased.

- With the targeted additional activity in 2025-26, combined with productivity-driven enabling actions, we are seeing the first meaningful reduction in the total waiting list. By December 2025, the waiting list had fallen for seven consecutive months. This is in despite of the continued high demand in referrals.

- Diagnostic waiting lists have remained challenging due to sustained pressure from high-priority demand, including cancer pathways, surveillance and screening programmes, emergency care, clinical urgency, and inpatient requirements.

- Supporting this broader improvement, the volume of closed pathways has shown year-on-year growth since 2023-24, exceeding pre-pandemic activity levels. For comparison, March 2019 to February 2020 saw 1,179,306 closed pathways, a benchmark we are now surpassing as the system recovers and stabilises.