Archwilio Cymru
Audit Wales

Tackling the planned care challenges – Swansea Bay University Health Board

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Summary report

About this report

1 This report sets out the findings of work on planned care recovery that we have undertaken at Swansea Bay University Health Board (the Health Board) to examine the progress it is making in tackling its planned care challenges and reducing its waiting list backlog. The work has been undertaken to help discharge the Auditor General's statutory duty under section 61 of the Public Audit (Wales) Act 2004 to be satisfied that the Health Board has proper arrangements in place to secure the efficient, effective, and economic use of its resources. Our work was delivered in accordance with INTOSAI[1] audit standards. This report excludes any examination of waits relating to cancer diagnosis and treatment, which are the subject of a separate examination by the Auditor General.

2 Tackling the planned care waiting list backlog is one of the biggest challenges facing the NHS in Wales. NHS waiting time targets in Wales have not been met for many years and the COVID-19 pandemic made an already challenging situation considerably worse as planned care services were initially postponed and then slowly re-started to allow the NHS to focus its attention on dealing with those seriously ill with the virus. Since the onset of the pandemic, the overall size of the NHS waiting list has grown significantly and at the end of February 2025 there were 614,150 individual patients waiting for treatment.

3 In April 2022, the Welsh Government published its Programme for Transforming and Modernising Planned Care and Reducing Waiting Lists in Wales. The programme includes £170 million recurring funding to support planned care recovery, together with an additional £15 million funding per year over four years to support planned care transformation. Welsh Government subsequently allocated a further £50 million between September 2024 and October 2024 to reduce the longest waiting times[2]. The programme includes specific targets and Ministerial priorities:

- that no one should wait longer than a year for their first outpatient appointment by the end of 2022 (**target date revised to December 2023**[3]);
- to eliminate the number of people waiting longer than two years in most specialties by March 2023 (**target date revised to March 2024**);
- people should receive diagnostic testing and reporting within eight weeks and therapy interventions within 14 weeks by Spring 2024; and

[1] INTOSAI is the International Organization of Supreme Audit Institutions

[2] Health Secretary response to latest NHS Wales performance data. The £50 million additional allocation comprised £28 million in September and £22 million in October 2024.

[3] Health Boards did not achieve the original targets for first outpatient appointment and number of people waiting longer than two years for treatment. As a result, the Welsh Government agreed to set interim targets (**in bold**, above).

- to eliminate the number of people waiting longer than one year in most specialties by Spring 2025.

4 In May 2022, the Auditor General for Wales published a commentary on "Tackling the Planned Care Backlog in Wales" which estimated that it could take up to seven years for the overall waiting list in Wales to return to pre-pandemic level. The commentary highlighted key areas for action, including:

- having strong and aligned local leadership to deliver the national vision for recovering planned care services;
- having a renewed focus on system efficiencies and new technologies;
- building and protecting planned care capacity; and
- communicating effectively with patients who are waiting for treatment and having systems in place to manage the clinical risks to those patients while they are waiting.

5 Our work has considered the progress Heath Board is making in tackling its planned care challenges and reducing its waiting list backlog, with a specific focus on:

- action that the Health Board has taken to tackle the planned care backlog;
- waiting list performance; and
- understanding and overcoming the barriers to improvement.

6 We undertook our work between July 2024 and January 2025. The methods we used are summarised in **Appendices 1 and 2**. **Appendix 3** provides some additional data analysis on planned care services and **Appendix 4** contains the Health Board's response to any recommendations arising from our work.

7 The Health Board is currently Level 3 escalation for maternity and neonatal services, finance, strategy, and planning and Level 4 escalation for finance, strategy, and planning under the NHS Wales escalation and oversight framework. Its financial position has a direct bearing on the affordability, sustainability and recovery of planned care services.

Key facts

£87.6m	the amount of additional funding the Health Board has received from Welsh Government between 2022-23 and 2024-25 to support planned care improvement.
84,606	the overall size of the waiting list at February 2025.
16%	the percentage growth in the overall waiting list between April 2019 and February 2025.
295	the number of patient pathways waiting more than 1 year for their first outpatient appointment at February 2025 against a national target of zero waiting. The number of 1 year waits for an outpatient appointment has reduced significantly, by 97%, since April 2022.
272	the number of patient pathways waiting more than 2 years for treatment at February 2025 against a national target of zero waiting. The number of 2-year waits has reduced by 98% since April 2022.
80%	the percentage diagnostic test waits that are within 8 weeks at February 2025 against a national target of 100%. The Health Board has achieved a 61% reduction of ‘over 8 weeks’ diagnostic waits since April 2022.
98%	the percentage of therapy waits that are within 14 weeks at February 2025 against a national target of 100%. The Health Board has achieved an 83% reduction of ‘over 14 week’ therapy waits since April 2022.
11,826	number waiting more than one year for treatment at February 2025 against a national target of zero for most specialties by Spring 2025. This has reduced by 51% since April 2022.

Key messages

Overall conclusion

8 Overall, we found that **the Health Board is making good progress addressing some of its longest waits. However, demand for planned care services is increasing, and it needs to develop plans for more sustainable planned care improvements in the context of the financial challenges it is facing. The Health Board also needs to address a number of inefficiencies within its service provision and strengthen its approach for identifying and reporting on harm resulting from planned care delays.**

Key findings

Action that the Health Board is taking to tackle the planned care challenge

- The Health Board has had some success protecting planned care capacity from wider unscheduled care pressures. It has also increased short-term planned care capacity through insourcing, outsourcing, waiting list initiatives and regional working.
- Additional Welsh Government funding has been appropriately targeted at supporting planned care recovery although the majority of these funds have been aimed at securing short term improvements with limited investment in more sustainable service transformation.
- The Health Board invested £3 million of its core funding in 2023-24 into planned care improvements although the ability to maintain that investment is likely to be difficult given the Health Board's extremely challenging financial position.
- Whilst the Health Board has set out clear plans for securing short-term waiting list improvements, it has yet to sufficiently describe actions needed to secure more sustainable improvements to planned care services.
- Whilst the Health Board has started to implement the Getting It Right First Time (GIRFT) recommendations, there remain opportunities to improve efficiencies, particularly in relation to improving utilisation of theatres, maximising the use of outpatient capacity and increasing the use of day surgery.
- The Health Board is implementing Welsh Government's Promote, Prevent and Prepare policy, but progress is slow, although its arrangements for monitoring and reporting on incidence of harm associated with planned care waits require strengthening.

Waiting list performance – is the action taken resulting in improvement?

- In overall terms, whilst there has been good progress in reducing long planned care waits and restricting the growth that has been seen in the waiting list over the last three years, the overall level of waits is still greater than it was prior to the pandemic.
- Whilst the Health Board has not met the majority of the recent national planned recovery targets in absolute terms, it has nonetheless managed to make substantial progress on a number of the measures:
    - The number waiting over a year for their first outpatient appointment reduced from nearly 13,000 patient pathways in July 2022 to 295 in February 2025;
    - The number waiting over 2 years for treatment reduced from 10,500 patient pathways in June 2022 to 272 in February 2025;
    - The Health Board met the target for providing a therapy intervention within 14 weeks by Spring 2024, however, there has been some recent deterioration in performance within podiatry services.
- The Health Board did not meet the target for diagnostic services - despite an improving position, there were still over 2,400 patients waiting over 8 weeks for a diagnostic test at February 2025. The Health Board is also unlikely to meet the target of eliminating ‘over one year waits in most specialties’ by Spring 2025.

Barriers to improvement and action being taken to overcome them

- There are a number of barriers to further planned care improvement. These include growing service demand, competing financial and service pressures, workforce shortfalls in key areas including anaesthetics, endoscopy and gynaecology and internal capacity to support transformation.
- The Health Board recognises these challenges and is introducing a number of actions to help address these issues. However, many of these are at an early stage of development, and there is a wider need to balance actions to achieve short term improvements with those aimed more sustainable change.

Recommendations

9 We have set out recommendations arising from this audit in **Exhibit 1**. The Health Board's response to our recommendations is summarised in **Appendix 4**.

Exhibit 1: recommendations

Recommendations
Planning R1 Over and above the commitments signalled within its annual plans, the Health Board should develop a Planned Care improvement plan which aims to both design and deliver sustainable specialty services in the medium to longer term and take advantage of opportunities for further regional working. The plan should be costed, with realistic but challenging milestones within it. (**Exhibit 2**)
Demand and capacity planning R2 The Health Board should ensure that its demand and capacity modelling approach is consistently applied across the organisation and its specialties and used to inform short term service capacity planning and longer-term service design. This should consider continued growth or expected changes in population demand for planned care services (**Exhibit 2**).
Service transformation support R3 The Health Board should build the required capacity and capability in the Transformation and Performance team to support and deliver service transformation projects (**Exhibit 3**).
Risk Management R4 The Health Board should review and update the Planned Care risk register to ensure all risks have a clear owner and ensure sufficient detail on mitigating actions is provided **(Exhibit 3).**
Monitoring impact of additional funding R5 The Heath Board should strengthen its reporting on the use and subsequent impact of the additional Welsh Government planned care funding (**Paragraph 24**).

Recommendations

Efficiency and productivity

R6 Our work has identified there are opportunities for further efficiency and productivity improvements: The Health Board should:

- 6.1 Ensure timely completion of recommendations arising from the Getting It Right First Time (GIRFT) (**Exhibit 6**).
- 6.2 Strengthen the action the Health Board is taking to reduce short notice surgical cancellations to improve theatre efficiency (**Exhibit 6**).
- 6.3 Develop and implement a plan to improve theatre utilisation rates across the Health Board, with realistic improvement trajectories, with the aim of achieving the GIRFT recommended level of 85% (**Exhibit 6**).
- 6.4 Increase use of day surgery to GIRFT recommended level of 85% (**Exhibit 6**).

Promote, Prevent and Prepare for Planned Care policy

R7 The Health Board should fully establish the single point of contact for people to access information and support following referral to specialist secondary care, as required by Welsh Government 3P's Policy[4] (**Exhibit 7**).

Managing clinical risks associated with long waits

R8 The Health Board needs to strengthen its monitoring and reporting processes associated with managing clinical risks associated with long waits by:

- 8.1 Developing and implementing a consistent methodology for assessing the risk of harm to patients caused by long waits across specialties (**Exhibit 7**).
- 8.2 Developing a routine report to be presented at the Quality and Safety Committee that reports risks and actual incidences of harm resulting from delays in access to treatment (**Exhibit 7**).

[4] Promote, Prevent and Prepare for planned care. Phase 1 was required to be delivered by March 2024. This included the establishment of a single point of contact for people to access information and support following referral to specialist secondary care.

Detailed report

Action that the Health Board is taking to tackle the planned care challenge

10 We considered whether the Health Board is effectively planning and delivering planned care improvement, is appropriately utilising and monitoring the impact of Welsh Government funding and is supporting patients who are at most risk of harm as a result of a delay.

11 We found that **the Health Board is clearly focussing its efforts and additional funding on improved planned care performance. However, it needs a longer-term plan to support the development of affordable and sustainable planned care service models that maximise efficiency and productivity. The Health Board also needs to strengthen reporting on patient harm associated with long planned care waits.**

Planned care improvement plans and the programme to deliver them

12 It is important that the Health Board has a clear plan for tackling the waiting list backlog and delivering sustainable planned care improvement. We considered whether the Health Board has:

- clear, realistic and costed improvement plans for planned care that align with the national recovery plan ambitions and Ministerial priorities; and
- appropriate programme management arrangements to support planned care improvement, supported by clear accountabilities and clinical leadership and reporting to committees and the Board.

Planned care improvement plans

13 We found that **the Health Board's planned care developments are currently set out within its Annual Plan which is necessarily focussed upon short-term improvements. The absence of a dedicated, longer-term plan for planned care recovery means the Health Board has yet to set out the actions it will take to secure more sustainable improvements to planned care services.**

14 The findings that underpin this conclusion are summarised in **Exhibit 2**.

Exhibit 2: the Health Board's approach to planned care improvement planning

Audit question	Yes / No / Partially	Comments
Has the Health Board developed a clear plan to support planned care recovery?	**No**	The Health Board's Annual Plan 2024-25 sets out required planned care improvements, delivery and goals. However, this is overly short-term focussed and lacks the necessary consideration of longer-term sustainable planned care services. There is no separate stand-alone planned care recovery plan **(Recommendation 1).**
Is the approach for delivering planned care improvement costed and affordable?	**No**	The Annual Plan 2024-25 provides a financial Plan for the organisation and sets out the Health Board's financial position. However, there is no costed planned care plan or route-map to financially sustainable services.
Are the Health Board's planned care priorities appropriately aligned to the national planned care recovery plan and Ministerial priorities?	**Yes**	The Annual Plan 2024-25 is sufficiently aligned to the ministerial priorities and the national 'transforming and modernising planned care and reducing NHS waiting lists' recovery plan.
Has the Health Board set out realistic yet challenging targets and milestones for planned care?	**Partially**	The Health Board has developed improvement trajectories and system indicators aligned to Welsh Government escalation requirements. However, the plan lacks longer-term planned care ambitions.
Are the Health Board's planned care priorities informed by analysis and modelling of capacity and demand?	**Partially**	The Health Board has a set approach to demand and capacity modelling; however, this is not being consistency applied across the organisation and its specialties **(Recommendation 2).**

Audit question	Yes / No / Partially	Comments
Has the Health Board set out how it will transform its clinical service models to make them more sustainable in the future?	**Partially**	While the Annual Plan 2024-25 does provide some detail regarding measures to improve and transform planned care clinical service models in the short term, longer-term sustainable transformative planning needs strengthening.
Are plans for planned care improvements aligned to other key corporate plans such as the IMTP and plans for workforce, digital and estates?	**Partially**	The Annual Plan 2024-25 refers to high-level enablers including, workforce, estates and digital services, with some alignment to planned care improvement aims. However, this does not contain the level of detail needed to support sustainable planned care recovery.
Do the Health Board's planned care priorities align with those in other health boards and identify regional solutions to planned care recovery?	**Yes**	A joint committee has been established between Swansea Bay and Hywel Dda Health Boards to support sustainable delivery of services for patients across the region. The two Health Boards are working on regional solutions within a range of areas including ophthalmology, diagnostics and orthopaedics. This is appropriately reflected in the current Annual Plan and reflects the need for a sustainable and shared approach to planned care service delivery. We consider the financial implications of regional working in **paragraph 42.** The Health Board is also working on tertiary specialised service development with Cardiff and Vale University Health Board with associated funding via the new all-Wales Joint Commissioning Committee.

Source: Audit Wales fieldwork

Planned care programme delivery and oversight

15 We found that **the Health Board has effective and appropriate planned care programme and leadership arrangements in place, however limited resources to support transformation is likely to inhibit the pace of improvement.**

16 The findings that underpin this conclusion are summarised in **Exhibit 3**.

Exhibit 3: the Health Board's approach to the programme management of planned care improvement

Audit question	Yes / No / Partially	Comments
Does the Health Board have a clear and appropriately resourced improvement programme to support planned care recovery?	**Partially**	The Health Board's improvement programme is appropriately driving aspects of planned care recovery, but resources in some areas is a challenge. Several operational groups support the programme, but many are new and are not yet delivering their intended impact. This includes the Theatres Board and the Patient Access Management Steering Group. The Health Board also has limited capacity within its Transformation and Performance team to enable and support service groups in service redesign **(Recommendation 3)**.
Is planned care recovery supported by clearly defined operational accountabilities and effective clinical leadership?	**Yes**	The Chief Operating Officer leads planned care recovery and the Health Board's targeted intervention response. Health Board Service Group Directors appropriately lead planned care delivery within their own service areas. There is a clear accountability approach for service leads, who are held to account for the delivery against improvement trajectories by the Chief Operating Officer. There is strong clinical leadership in the Planned Care Recovery Programme Board and the Health Board recently appointed a Clinical Lead for the 3Ps programme[5].

[5] Promote, Prevent and Prepare for Planned care policy to ensure that support and information is easily accessible to those waiting for appointments and interventions.

Audit question	Yes / No / Partially	Comments
Has the Health Board undertaken a risk assessment to understand the issues that could prevent delivery of planned care improvement aims?	**Partially**	The Health Board has a Planned Care risk register which is presented routinely at Planned Care Programme Board meetings. However, our review found that not all risks have been assigned an owner, some had not been reviewed in a timely fashion, and some risks missed detail on the mitigations being put in place **(Recommendation 4)**.
Is performance on planned care recovery routinely reported to the appropriate committee/s and to the board?	**Yes**	The Board and committees effectively oversee planned care performance and improvement. Board performance reports track and monitor planned care targets, including the ministerial priorities. Targeted Intervention performance reporting also adds further scrutiny to planned care targets. The Planned Care Recovery Programme Board also monitors performance routinely, providing committee and Board updates as required.

Source: Audit Wales fieldwork

Utilisation of additional Welsh Government funding

17 We have looked at the Health Board's use of the additional planned care allocation that it has received from the Welsh Government. This section considers:

- the overall amount of additional planned care funding the Health Board has received from Welsh Government over the last three years;
- how the Health Board spent the money; and
- the Health Board's arrangements for overseeing how it has spent additional funding.

Use of additional funding

18 We found that **since 2022-23 the Health Board has received a total of £87.6 million in additional Welsh Government planned care funding. Similar to other health bodies in Wales, it is focussing the funding on short term improvements with limited investments in service transformation to help make planned care services financially sustainable in the long term. The Health Board's ability to commit funding from its core allocation to planned care improvement is constrained by its very challenging financial position.**

19 To support planned care recovery over and above existing funding, the Health Board received a total additional Welsh Government allocation of £87.6 million between 2022-23 and 2024-25 (**Exhibit 4**).

Exhibit 4: the Welsh Government's allocation to the Health Board to support planned care improvement

Financial year	Annual allocation (£m)
2022-23	21.6
2023-24	31.3
2024-25	34.7[6]
Total allocated	**87.6**

Source: Health Board financial self-assessment returns

20 The Health Board can appropriately account for the money that is has received and planned care monies have been committed to the service areas intended. We found that although the monies had been allocated appropriately, the schemes were short-term and were not focused on sustainable service change. We reviewed the use of the funding in 2023-24 in greater detail (**Exhibit 5)**. During that year the Health Board allocated £26.7 million to increasing planned care activity, with £8.8 million allocated to regional working and a further £0.6 million allocated to planned care service transformation. These total allocations exceed the Welsh Government funding of £31.3 million by approximately £5 million, as the Health Board released additional funding out of its core plan to supplement the planned care allocation. The Health Board originally intended to further supplement the Welsh Government allocation by £5 million from its core budget. However, in-year financial pressures meant that the Health Board reduced its own additional allocation to its planned care by £2 million to £3 million in Quarter 4 of 2023-24.

21 For 2024-25, the Health Board has indicated that it is facing a tighter financial position preventing it from supplementing the planned care budget as it has in previous years. The Health Board is under significant financial pressures, forecasting at £50.1 million deficit for the year ending March 2025. This may result in the Health Board having to make short-term financial recovery decisions that affect its ability to fully deliver on its planned care recovery ambitions.

22 **Exhibit 5** shows that the Health Board spent a significant proportion of the Welsh Government planed care allocation on a broad range of activity. This includes increasing capacity in radiology, endoscopy, cardiac diagnostics, pathology, orthopaedics, ophthalmology, cancer, general surgery and gynaecology services. This is supporting additional nursing sessions, outsourcing to other providers, insourcing and delivering additional clinical sessions through waiting list initiatives.

[6] *In November 2024, Welsh Government allocated the Health Board a further £3.6 million non-recurrent funding to address the risk to delivery of the 104-week target, subject to several conditions and a revised deadline to achieve this target by March 2025.

Exhibit 5: use of the 2023-24 Welsh Government additional financial allocation, Swansea Bay University Health Board

	Performance improvement funding (£m)	Regional working and transformation (£m)	Transformation funding (£m)
Diagnostics (including WLI, insourcing and outsourcing of radiology, endoscopy, cardiac diagnostics, pathology and medical physics)	10.7		
Neurophysiology (outsourcing and workforce redesign)	0.3		
Ophthalmology (including regional cataracts services)	1.9		
Critical care (therapeutic support)	0.1		
Cancer services (targeted for specific tumour sites)	1.2		
Dermatology, respiratory, urology and dental alternative pathways	0.3		
Treatment (including WLI, insourcing and outsourcing of orthopaedics, spinal, general surgery, gynaecology, ENT, oral and maxillofacial surgery, plastics, oral medicines and gastroenterology)	10.0		
Other planned care spend	1.5		
Regional orthopaedics capacity		8.8	
Regional ophthalmology capacity		0.6	
Service transformation			0.6
Total allocated	**26.7**	**8.8**	**0.6**

Source: Health Board self-assessment returns

Monitoring impact of additional funding

23 We have considered the extent that Health Board oversees the use of the Welsh Government planned care financial allocations. We found that **despite reasonable arrangements to oversee the use of the additional Welsh Government planned care financial allocation, we have not seen evidence of monitoring of impact.**

24 The Health Board effectively oversees and scrutinises its additional planned care financial allocation. The Planned Care Recovery Programme Board receives a financial report which provides planned care financial commitments and spend per speciality, regionally funded programmes and spend on its actions to increase planned care capacity which includes Waiting List Initiatives, insourcing and outsourcing. The Planned Care Recovery Programme Board provides quarterly Planned Care Update reports to Management Board and the Performance and Finance Committee. The Health Board also provides internal operational scrutiny of planned care performance through its weekly Targeted Intervention meetings. However, whilst we have found evidence of a broad focus on finances and high-level monitoring of the overall waiting list, we have not seen any evidence of a more detailed monitoring of whether the specific investments delivered the expected improvements **(Recommendation 5).**

Operational management of planned care

25 Alongside the well-planned use of additional funding, Health Boards' ability to secure meaningful and sustainable planned care improvements will be dependent on them optimising their routine operational arrangements for planned care. In this section we consider the actions the Health Board is taking:

- to maximise its use of existing resources; and
- to protect and increase its planned care capacity.

Maximising the use of existing resources

26 We have examined some opportunities that exist for the Health Board to improve efficiency and productivity, and the actions it is taking to maximise the use of its existing resources. We found **that there has been early work by the Health Board to implement Getting It Right First-Time recommendations and improve outpatient service efficiency, however significant opportunities remain to improve utilisation of theatres, maximise the use of outpatient capacity and increase use of day surgery.**

27 **Exhibit 6** identifies efficiency and productivity opportunities that could help maximise the use of existing resources within the Health Board to support planned care improvements.

Exhibit 6: efficiency and productivity opportunities

Opportunity area	Audit findings
Responding to Getting It Right First Time (GIRFT) reports	There is mixed progress in responding to GIRFT reviews. The Health Board have received reviews on its ophthalmology, general surgery, trauma and orthopaedics, gynaecology, ENT and urology services from the GIRFT team. The Health Board has made good progress in addressing recommendations within ophthalmology resulting in higher volumes of cataract surgery being completed. However, progress within other areas is mixed and further action to ensure timely complete these recommendations. **(Recommendation 6.1).**
Arrangements for measuring and managing productivity of services	The Health Board is taking a number of actions aimed at increasing the productivity of services: • The Health Board has recently set up a Theatres Board to drive improvements in theatre utilisation and improve quality and safety. It has created a Theatres and a Surgical Pathway dashboard and a Job Planning dashboard to supporting productivity and efficiency analysis. • The Health Board uses its performance trajectory reports to track demand, available activity and the actual activity undertaken per speciality, allowing for analysis of productivity and delivery gaps. • The Healthcare Systems Engineering Team has undertaken work on CT and MRI scanning capacity. This is using operational data to determine service capacity, increase efficiencies in processes and enhance productivity. • The Health Board is also seeking to improve and monitor outpatient efficiencies relation to follow up appointments is also in progress, with the development of a performance management framework for consultants. This framework will include key targets, including See on Symptom and Patient Initiated Follow up referrals[7]. Whilst the above actions are positive, they are still relatively new and have yet to result in tangible improvements to productivity.

[7] See on Symptom and Patient Initiated Follow up referrals enable the Health Board to discharge a patient back into the community if they do not require routine appointments. Patients then can access outpatient services directly if their condition deteriorates.

Opportunity area	Audit findings
Reducing non-attendance at outpatient appointments	**Exhibit 18**, Page 41 shows that the Health Board has been successful in reducing "Did Not Attend" (DNA) rates within its outpatient clinics. The DNA rate has decreased from 7% in February 2023 to around 5.5% in the 12 month period to February 2025. However, a 5.5% DNA rate still equates to a loss of approximately 28,200 outpatient appointments a year. If the Health Board could further reduce its outpatient DNA rate by 20% (i.e. to 4.23%) it would provide over 5,600 additional outpatient appointments and avoid wasting the equivalent of approximately £0.85 million of NHS resources each year.
Making use of "virtual" outpatient appointments	Virtual outpatient appointments can have a positive impact in reducing the need for travel and the risk of healthcare acquired infections. For the period April 2024 to February 2025, 12.6% of all the Health Board's outpatient appointments were virtual (**Exhibit 19 Page 42).** The Health Board has set ambitious targets of 35% new outpatient appointments and 50% follow up appointments being virtual.
Reducing the number of cancelled operations	While the Health Board is increasing its focus on reducing cancelled operations, it needs to ensure that the actions it is taking are having an impact. Its Theatres Board is scrutinising the levels of cancellations, and the Job Planning Task and Finish Group uses its job planning dashboard to monitor patient "Did Not Attends" and cancellations within each specialty. The Health Board is achieving a reduction in the number of cancelled operations but there is still more to do. There were over 3,000 individual surgical procedures cancelled within 24 hours in the latest 12-month reporting period (between March 2024 and February 2025). This accounted for 12% of all elective surgical admissions **(Exhibit 20, Page 43) (Recommendation 6.2).**
Improving operating theatre utilisation	Whilst there are clear arrangements for monitoring and managing theatre utilisation, these are not having the desired impact. The Theatres Board is responsible for overseeing and improving theatre utilisation and the Job Planning Task and Finish Group is analysing consultant job plans against time allocated to theatre activity with the aim of maximising theatre use. The Theatre Scheduling Group (TASS) is using this information with the aim of improving available theatre time. The GIRFT target for theatre utilisation stands at 85%. The Health Board's integrated performance report indicates that monthly performance varies between around 50% and 55% utilisation, indicating substantial room for improvement. Theatre utilisation is affected by both late starts and early finishes **(Recommendation 6.3).**

Opportunity area	Audit findings
Making more use of day case surgery	The Health Board is not yet maximising use of day case surgery. GIRFT recommends that on average, 85% of all elective surgery should be day case. As can be seen in **Exhibit 22 on page 45**, for the period April 2025 to February 2025, 69% of all elective surgery within the Health Board was day case, slightly below the all-Wales average of 74% **(Recommendation 6.4)**.
Effective Consultant job-planning	At the time of our work only 69% of consultants had an up-to-date job plan. Compliance stood at 83% within the Neath Port Talbot/Singleton Service Group and was at 55% at Morriston. The Health Board recognises that it needs to improve, and it has taken action following its recent limited assurance internal audit review. Since this review the Health Board has developed an improvement plan and employed a part-time Job Planning Manager to help implement it.
Pooled lists within a Health Board speciality to ensure it treats its patients in turn	The Health Board is introducing pooled waiting lists in regional services. It has recently agreed in principle to pool orthopaedics patients within one joint waiting list with Hywel Dda University Health Board. The Health Board is also tracking, monitoring and reporting Treat in Turn processes, and Welsh Government had found a significant focus on improving treat in turn within the Health Board.

Source: Audit Wales fieldwork including analysis of NHS Wales data and Health Board self-assessment and data returns

Protecting and increasing planned care capacity

28 We examined the actions the Health Board is taking to protect planned care capacity by separating out elective and emergency activity. We also looked at the actions the Health Board is taking to increase its planned care capacity.

29 We found that the **Health Board has had some success protecting planned care capacity from wider unscheduled care pressures. It has also increased short-term planned care capacity through insourcing, outsourcing, waiting list initiatives and regional working, although its financial position may constrain the rate of future progress.**

30 The Health Board has undertaken work to restructure to organisation to protect its elective capacity. In 2022, the Health Board embarked on its Acute Medical Services Redesign programme. Phase 1, which it completed in Summer of 2023, created “centres of excellence” at each of its hospital sites to reduce the levels of duplicated services, concentrate skills and clinical expertise and reduce service fragility. Its Singleton and Neath Port Talbot sites became centres of excellence for planned care services and rehabilitation services. This arrangement is helping to protect and ring-fence elective capacity at Neath Port Talbot and Singleton Hospitals. However, high unscheduled care demand care is still having a negative impact on planned care capacity. In addition, the Health Board continues to have many clinically optimised patients who are unable to be discharged, affecting the flow of patients through the hospital, resulting in planned care cancellations due to bed availability.

31 The Health Board is insourcing and outsourcing to boost planned care capacity to help it meet short term needs, although this is having a negative impact on its overall financial position. In 2023-24, the Health Board spent an additional £2.7 million on six key specialties, with a further £2.5 million allocated to endoscopy diagnostics and £0.9 million to outpatients’ appointments. During the same year it allocated £3.8 million for outsourced elective activity and £0.5 million on diagnostic procedures. This approach is continuing in 2024-25, however due to the Health Board’s financial position, it is committing significantly less funding, with a combined £3.2 million allocation for insourcing, outsourcing and waiting list initiatives (WLIs).

32 Regional working is making reasonable progress. Swansea Bay and Hywel Dda University Health Boards have established a joint committee to support sustainable delivery of services for patients across the region. The two Health Boards are working on regional solutions within a range of areas including ophthalmology, diagnostics and orthopaedics. Of the total £34.7 million funding that the Health Board received from the Welsh Government for planned care recovery in 2024-25, it committed £19.5 million of this to regional services, increasing from the £8.8 million it spent on regional services in 2023-24. The Health Board is also working on tertiary specialised service development with Cardiff and Vale University Health Board, with associated funding via the new all-Wales Joint Commissioning Committee.

Managing clinical risk and harm associated with long planned care waits

33 Long patient waits increases the risk of preventable and often irreversible harm. Patients' health may deteriorate while waiting, they may be waiting in pain and with anxiety and uncertainty not knowing when they will finally receive treatment. They may also not be able to work or support or care for others while they are waiting. We considered whether the Health Board has sound arrangements to:

- identify, manage, and report on clinical risk and harm associated with long waits; and
- effectively communicating with patients who are on a waiting list and to manage potential inequalities in access to care.

34 We found that **the Health Board is starting to take action to implement Welsh Government's Promote, Prevent and Prepare policy, but it needs to strengthen reporting on actual harm resulting from long planned care waits.**

35 The findings which have led us to this conclusion are summarised in **Exhibit 7**

Exhibit 7: the Health Board's approach to managing clinical risks and communicating with patients on waiting lists

Audit question	Yes / No / Partially	Comments
Has the Health Board implemented the first phase of the Welsh Government's Promote, Prevent and Prepare for Planned Care policy[8]?	**Partially**	The Health Board has implemented the first phase of Welsh Government's Promote, Prevent and Prepare policy (3Ps). The policy aims to ensure that support and information is easily accessible for those who are waiting for appointments and interventions in secondary care. The Health Board prioritised ten specialties with the longest waits for support, developed a dedicated webpage, and recently appointed a Clinical Lead to support the delivery of the Health Board's 3Ps Program. However, a shortfall of temporary staffing means that the Health Board has not yet set up a telephone support service, which makes it more challenging for patients to escalate concerns that they have (**Recommendation 7**).

[8] Promote, Prevent and Prepare for Planned care policy to ensure that support and information is easily accessible to those waiting for appointments and interventions (https://www.gov.wales/sites/default/files/pdf-versions/2023/8/4/1692865297/promote-prevent-and-prepare-planned-care.pdf)

Audit question	Yes / No / Partially	Comments
Is the Health Board assessing the risk to patients waiting the longest?	**Partially**	The Health Board uses the DATIX system to record clinical risk resulting from a delay in treatment. However, there is no consistent methodology throughout specialties to assess risk and inform reporting on the risk of harm or instances of recorded harm **(Recommendation 8.1)**. Only Ophthalmology services use a prescribed prioritisation scale to assess risk and harm. The Health Board's corporate risk register identifies a general risk of harm if it fails to diagnose and treat patients in a timely way.
Is the Health Board routinely capturing and reporting evidence of harm resulting from waiting list delays and is reporting on it to the Quality and Safety Committee?	**No**	There are insufficient arrangements for routinely reporting clinical risks associated with waiting list delays to the Board and its committees. There have been no reports to the Quality and Safety Committee regarding incidence of harm as a result of delayed treatment, besides those identified by ophthalmology services **(Recommendation 8.2).**
Is the Health Board effectively balancing the tension between eliminating long waits and managing clinical risks in its approach to prioritising patients?	**Partially**	The Health Board has a Treat in Turn policy. Our fieldwork suggests clinicians are trying to balance the need to treat in turn with levels of clinical risk and patient acuity. However, a recent internal audit identified a need for the Health Board to introduce more robust checks to be able to provide assurance that patients are appropriately prioritised based on their healthcare need.
Does the Health Board monitor and record how many patients are leaving planned care waiting lists in favour of private treatment?	**Partially**	The Health Board has acknowledged that some patients will seek private treatment outside of the NHS due to the long waits they have experienced. These patients are recorded on the Patient Administration for Wales System (WPAS), but there is no evidence of consistent monitoring and reporting of these numbers. It is also unclear how many patients pay for a private outpatient appointment, but then return to the Health Board for treatment, and if this occurs, whether they are treated more expediently.

Source: Audit Wales fieldwork

Waiting list performance – is the action taken resulting in improvement?

36 We analysed current 'Referral to Treatment'[9] waiting list performance and trends to determine whether the Health Board is:

- reducing the overall size of its waiting list; and
- meeting specific Ministerial priorities and Welsh Government national targets for planned care.

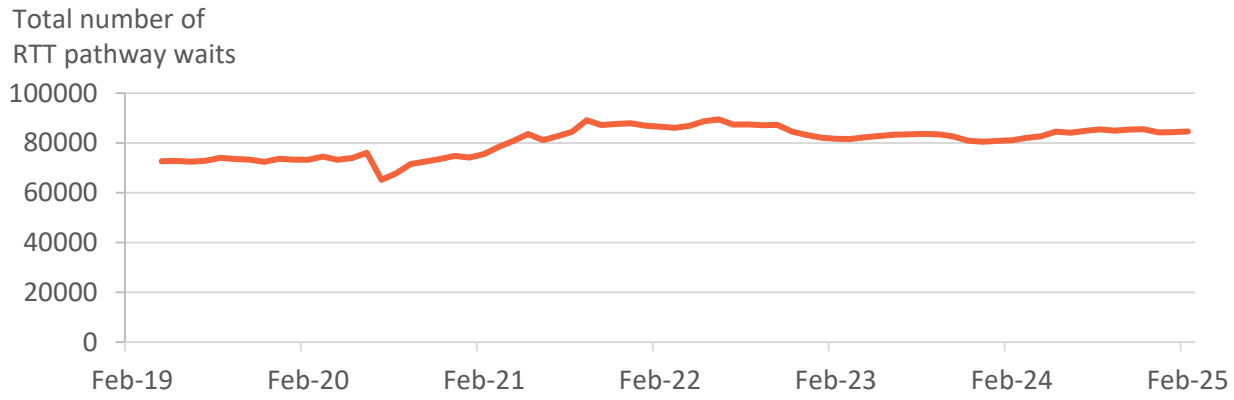
37 We found that the **Health Board has made good progress against the ministerial targets for planned care recovery. Nevertheless, overall numbers of waits remain substantially higher than before the pandemic.**

The scale of the waiting list

38 Across Wales, the scale and extent of waits substantially increased following the Covid-19 pandemic. We have looked at these changes in terms of the overall size of the Health Board's waiting list. We have also considered the volume of waits for diagnostics and therapy services and trends in referral rates. We found that **the Health Board has not managed to reduce the overall level of waits to pre-pandemic levels, although it has managed to restrict the significant growth of the waiting list over the last three years**

39 **Exhibit 8** shows the overall trend of planned care waits for the Health Board since November 2019. This indicates a 16% increase in the number of waits since 2019 from around 72,500 in 2019 to 84,606 in February 2025.

Exhibit 8: planned care waiting list size, Swansea Bay University Health Board

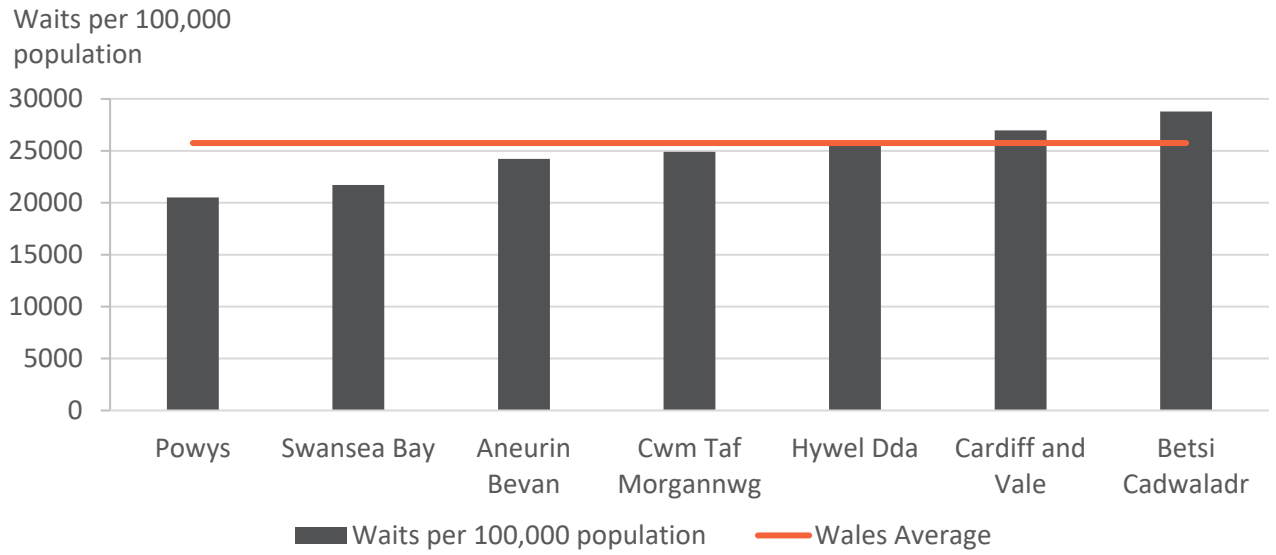


Source: Welsh Government, Stats Wales

[9] Referral to Treatment is how the NHS records the timeliness of planned care. It starts when a Health Board receives a referral and finishes when it has treated the patient. During that patient pathway, the NHS records distinct stages, including new outpatient appointment, diagnostic, follow up appointment or therapeutic intervention and treatment.

40 **Exhibit 9** provides a comparative picture of the volume of waits across Wales[10]. This shows that comparatively across the six larger health boards, Swansea Bay is performing well.

Exhibit 9: Waits per 100,000 population, by health board of residence, February 2025



Source: Welsh Government, Stats Wales. Note: Powys data is for December 2024.

Performance against national targets/priorities

41 We looked at the progress that the Health Board is making against the Welsh Government's aims[11]. These are:

- No one waiting longer than a year for their first outpatient appointment by the end of 2022 (**target date revised to December 2023[12]**).
- Eliminate the number of people waiting longer than two years in most specialties by March 2023 (**target date revised to March 2024**).
- Increase the speed of diagnostic testing and reporting to eight weeks and 14 weeks for therapy interventions by Spring 2024.
- Eliminate the number of people waiting longer than one year in most specialties by Spring 2025.

[10] Our figures are based on NHS Wales's 'open' referral to treatment measure. The measure counts the number of pathways which have started but not yet completed treatment, rather than people.

[11] We have not included the Welsh Government performance on Cancer services as this is outside the scope of this review.

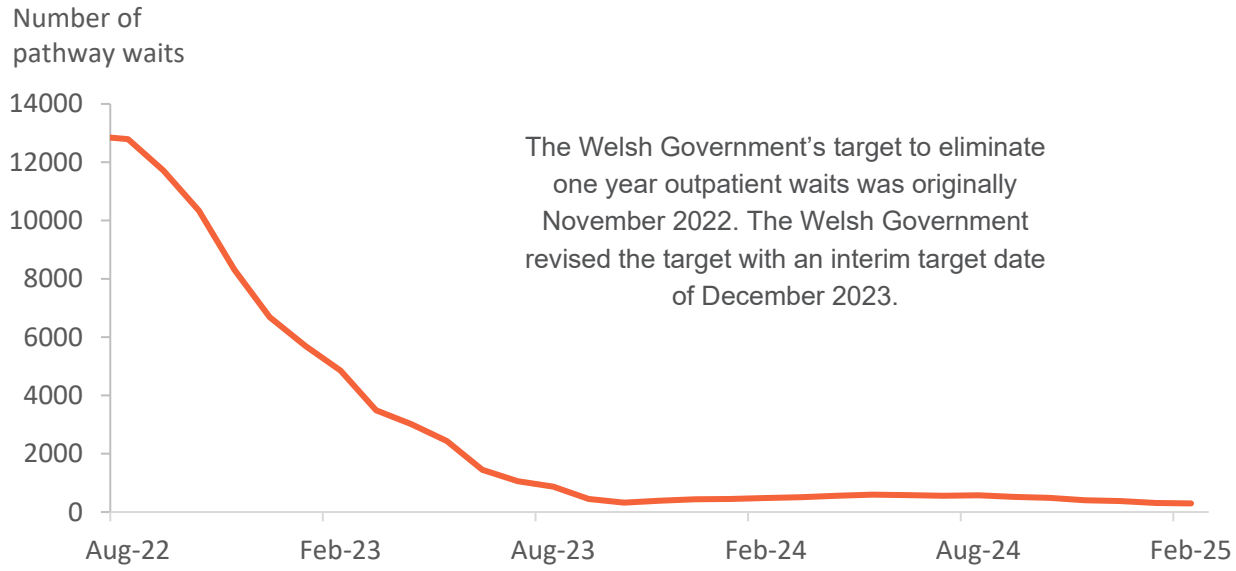
[12] Health Boards did not meet the original targets for first outpatient appointment and number of people waiting longer than two years. As a result, the Welsh Government agreed to set interim targets (**in bold**, above).

42 We found that **whilst the majority of the national planned care recovery targets have not been met in absolute terms, the Health Board has nonetheless made substantial progress in reducing the number of long waits for an outpatient appointment and for treatment.**

No one waiting longer than a year for their first outpatient appointment

43 **Exhibit 10** shows Health Board waiting list performance for first (new) outpatient appointments. The Health Board significantly reduced 52-week outpatient waits by December 2023 and has maintained this position since.

Exhibit 10: the number of first (new) outpatient appointments waits that are over a year since referral, by Health Board of residence, Swansea Bay University Health Board

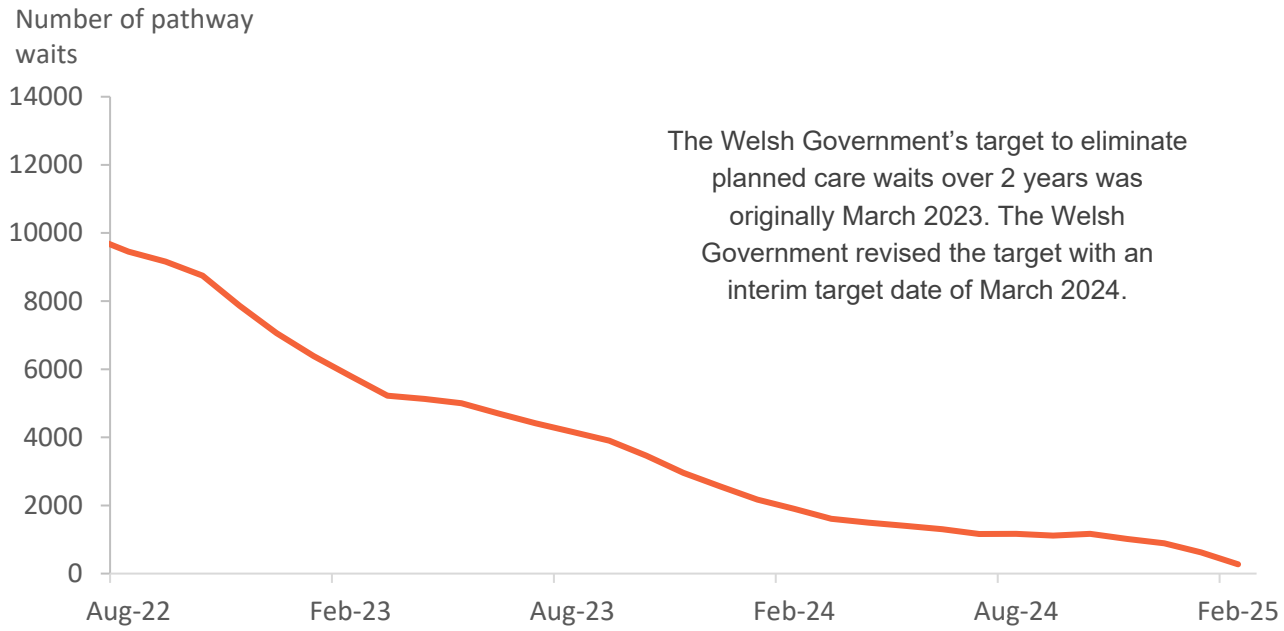


Source: Welsh Government, Stats Wales

Eliminate the number of pathways longer than two years in most specialties by March 2023

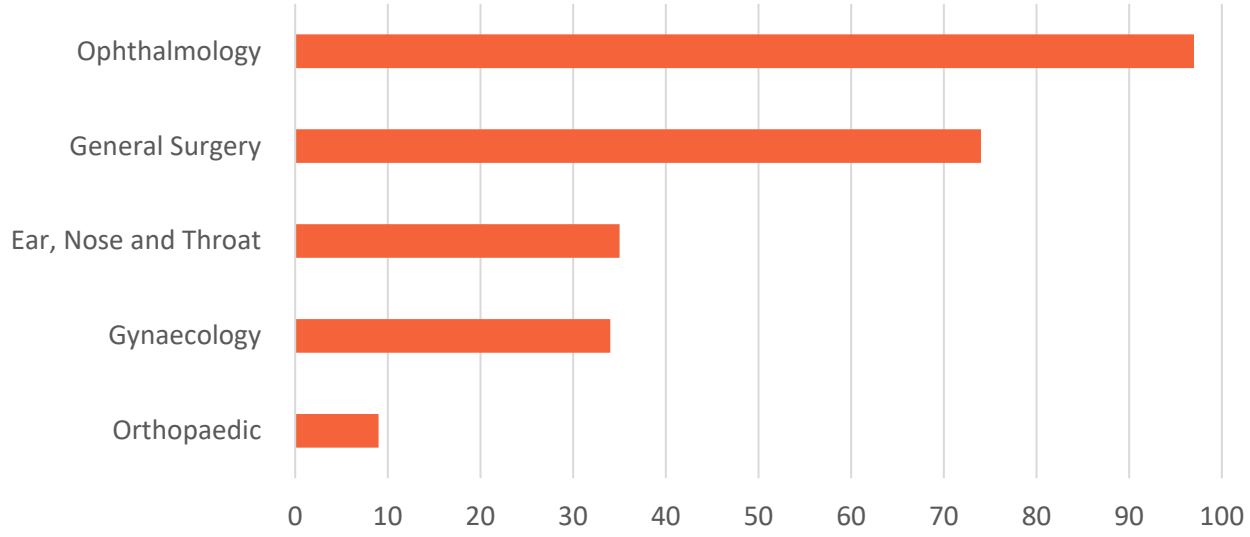
44 **Exhibit 11** shows that the Health Board did not meet the revised Welsh Government target to eliminate waits over 2 years by March 2024, but it has made very good progress overall. Of those waits currently over 2 years, **Exhibit 12** shows that the remaining extreme waits are in a small number of specialties.

Exhibit 11: the number of planned care waits over 2 years, by Health Board of residence, Swansea Bay University Health Board



Source: Welsh Government, Stats Wales

Exhibit 12: the number of planned care waits over 2 years by specialty as of February 2025, by Health Board of residence, Swansea Bay University Health Board

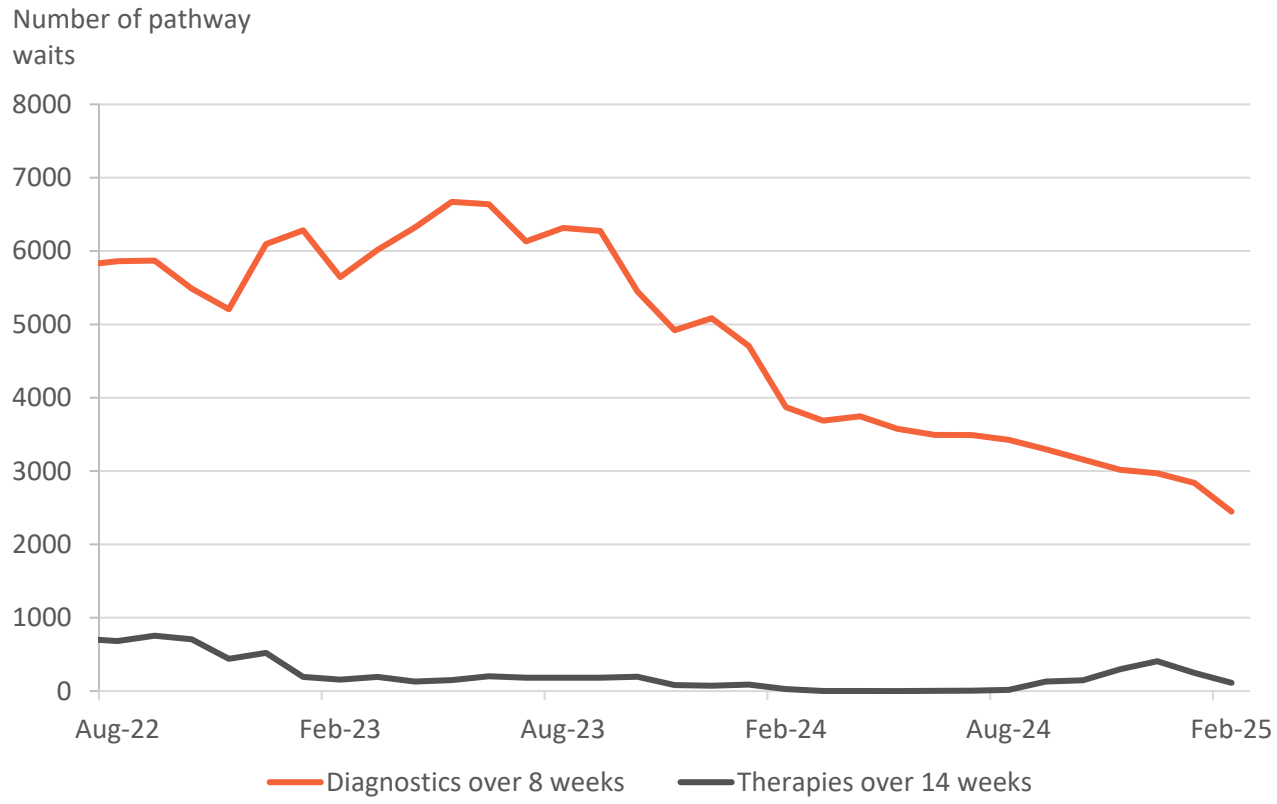


Source: Welsh Government, Stats Wales

Increase the speed of diagnostic testing and reporting to eight weeks and 14 weeks for therapy interventions by Spring 2024

45 The Welsh Government sought to increase the speed of diagnostic testing and reporting to eight weeks and 14 weeks for therapy interventions by Spring 2024. The Health Board did meet the target for therapy waits, but did not meet the target for diagnostic services. Whilst there is an improving position, the Health Board continues to have a cohort of patients who are waiting over eight weeks for a diagnostic test **(Exhibit 13**). Of its diagnostic services, diagnostic endoscopy is of greatest concern because as of February 2025, 90% of all diagnostic waits over 14 weeks is in this area.

Exhibit 13: the number of diagnostic and therapy pathway waits that breach Welsh Government targets (Diagnostic waits is an 8-week target, therapies waits is a 14-week target), Swansea Bay University Health Board

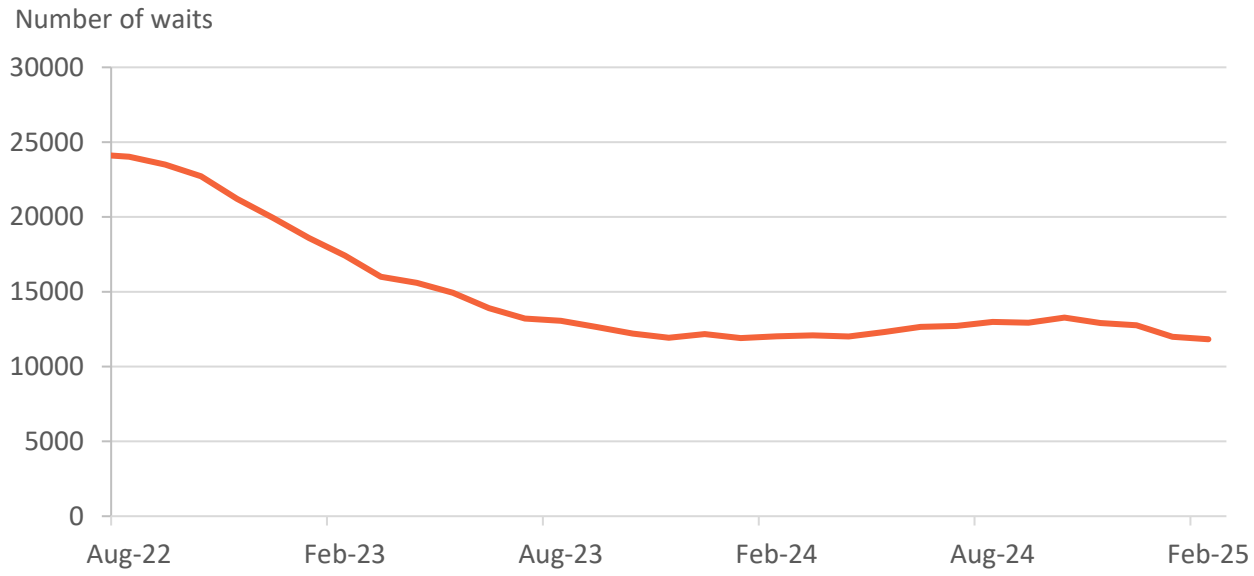


Source: Welsh Government, Stats Wales

Eliminate the number of people waiting longer than one year in most specialties by Spring 2025

46 The Welsh Government's longer-term ambition was to eliminate waits over 1 year in most specialties by the Spring of 2025. **Exhibit 14** shows that whilst there was an improving position between May 2022 and November 2023, performance has since plateaued suggesting the Health Board will struggle to meet the Welsh Government target across most specialties. There remain significant numbers of open patient pathways in orthopaedics, ophthalmology, general surgery and gynaecology which are going to be more challenging. However, performance trends show that dermatology and cardiology specialties may meet the target.

Exhibit 14: the number of pathway waits that are over a year, by Health Board of residence, Swansea Bay University Health Board



Source: Welsh Government, Stats Wales

Barriers to further improvement

47 We have considered the factors that are affecting the Heath Board's ability to tackle its waiting list backlog and secure sustainable improvements in planned care, together with actions that it is taking to address them.

48 We found that **the Health Board will need to address a number of challenging issues if it is to secure more sustainable planned care improvements**

49 Our fieldwork has found challenges in the following areas:

- **Demand for planned care services** - There is increasing demand for services, partly as a legacy from the pandemic and partly because patients are waiting longer and deteriorating, are adding to pressures. The Health Board is reducing the number of long waits and containing growth in the overall numbers of patients on the waiting list, however long-term referral demand is increasing **(Exhibit 16, Page 39).** At the same time, our analysis of the levels of medical and surgical admissions indicates that service activity is now exceeding 2019 levels **(Exhibit 17, Page 39).** If the Health Board continues to increase its service activity, this may allow the Health Board to balance growing demand and supply, but it needs to ensure that its approach is financially sustainable.
- **Financial pressures** - The Health Board is experiencing significant financial pressures and is currently in Level 4 Targeted Intervention for finance, strategy and planning. This has resulted in the organisation facing challenging decisions regarding the allocation of funding, which will likely mean that it cannot spend to the same extent on planned care service recovery, as it has in the past. This is likely to slow the pace of recovery.
- **Competing service pressures** – The Health Board is not only in a position where it needs to balance its investment in planned care with its overall financial position. It also is facing competing priorities because of pressure in unscheduled care and cancer service demand.
- **Workforce capacity** – The Health Board has identified that staffing issues are presenting operational challenges. This includes recruitment to key roles such as anaesthetists. This has resulted in difficulties optimising theatre capacity. Issues recruiting to posts have also been identified within endoscopy, urology and gynaecology.
- **Capacity to support transformation** – The Health Board has deliberately focussed on addressing immediate demand and reducing waiting lists. This alongside wider resourcing and capacity challenges is limiting opportunities for more long-term transformation work and the ultimate need to implement sustainable modernised services.

51 The Health Board has taken action to address some of these barriers. To address issues with theatre capacity, the Health Board has created a new Theatres Board and Job Planning Task and Finish Group to drive change, as described in **Exhibit 6**. The Health Board is also taking action to improve bed availability by adopting its new frailty model to support reductions in length of stay. For some patients experiencing long waits, the Health Board is providing support through its 3Ps programme, as well as rehabilitation services in several specialties.

52 However, several of these improvement actions are at their early stages and the Health Board will need to review and monitor progress to ensure positive results and value for money. In addition, more work needs to be done to ensure that transformation work is embedded in the Health Board's long-term plans for improvement, with appropriate resource in place to drive the changes needed. Unless there is a more transformational approach, the Health Board will likely continue to face the same or greater challenges in future when trying to balance population demand for planned care and service capacity.

Appendix 1

Audit methods

Exhibit 15 sets out the methods we used to deliver this work. Our evidence is based on the information drawn from the methods below.

Exhibit 15: audit methods

Element of audit methods	Description
Documents	We reviewed a range of documents, including: • Planned Care Performance Trajectory Plans • Annual Plan 2024/25 – 2025/26 • Integrated Medium-Term Plan 2024 • Clinical Services Plan 2021-2027 • Organisational Strategy 2019-2030 • Recovery & Sustainability Plan 2022/23 – 2024/25 • Public Board Meeting papers • Planned Care Recovery Programme Board papers • Performance & Finance Committee papers • Quality & Safety Committee papers • Performance Highlight Reports • Targeted Intervention Updates • GIRFT reviews • Internal Audit Reports • Terms of Reference • Corporate Risk Register
Self-assessment	We issued and then analysed a self-assessment completed by the Health Board.

Element of audit methods	Description
Interviews	We interviewed the following: • Chief Operating Officer • Deputy Chief Operating Officer • Medical Director at Singleton • Service Group Director at Morriston • Service Group Director at Neath Port Talbot & Singleton • Acting Executive Medical Director • Head of Transformation, Performance & Improvement • Head of SLR & External Commissioning • Independent Member • Deputy Director of Transformation • Deputy Head of Transformation
Observations	We observed the Planned Care Recovery Programme Board Group in September 2024.
Data analysis	We analysed key data on: • waiting list performance; • financial spend; and • outpatient and inpatient efficiencies.

Appendix 2

Audit criteria

Main audit question: **Is the Health Board effectively managing its planned care challenges?**

Level 2 questions	Level 3 questions	Audit Criteria (what good looks like)
Is the Health Board's waiting list performance improving?	What is the scale of the challenge? Is the Health Board meeting Welsh Government targets/ambitions?	The Health Board has: • made progress reducing the overall number of referral to treatment waits for planned care services; and • met Ministerial priorities and national targets that were set by the Welsh Government.
Does the Health Board have a clear plan and a programme of action to support planned care waiting list recovery?	Does the Health Board have a clear, realistic, and funded plan in place for planned care recovery? Is there a clear programme structure to deliver planned care improvement?	The Health Board has: • clear, realistic and funded plan in place for planned care recovery in the short and longer term; and • a programme structure that appropriately supports the delivery of the plan.

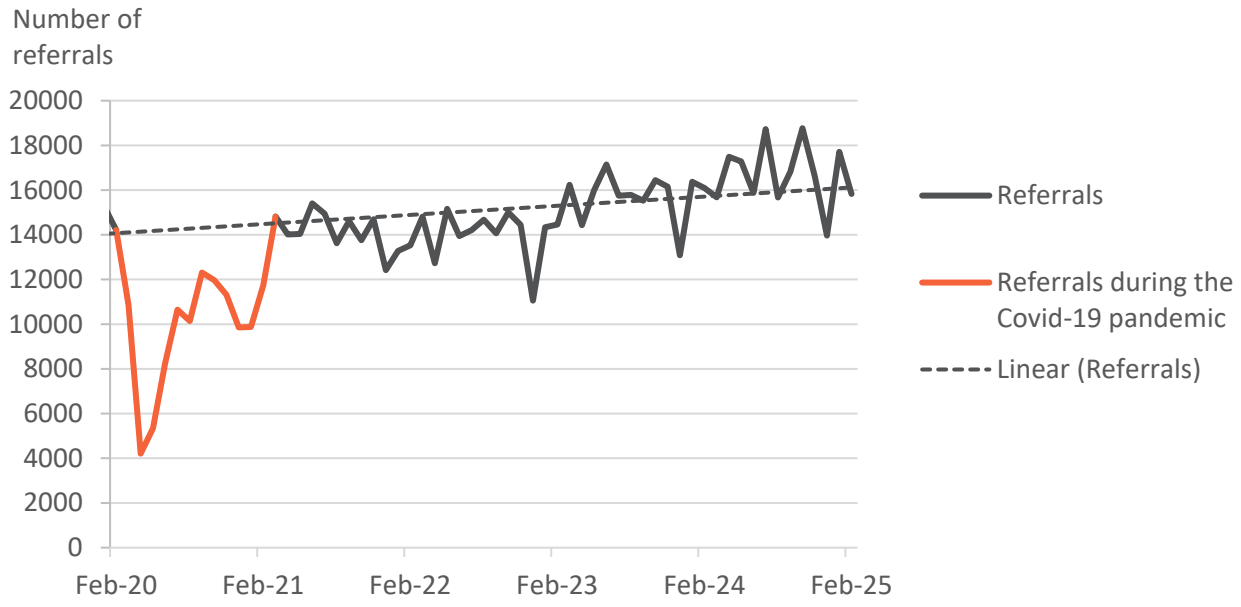
Level 2 questions	Level 3 questions	Audit Criteria (what good looks like)
Is the Health Board maximising the impact of its funding to address the planned care backlog?	Is it clear what additional monies have been received by the Health Board? Is it clear what the additional waiting list monies has been spent on? Did the Health Board aim to use all the money on planned care improvement? Can the Health Board clearly demonstrate that the money has resulted in performance improvement, enabled service efficiency and/or new ways of working? Is the Health Board's overall financial position affecting its ability to deliver sustainable planned care recovery?	• There is sufficient evidence that the Health Board spent the money as intended by the Welsh Government (i.e. addressing waits and transforming services). • The Health Board can clearly demonstrate that the spend has resulted in improvement. • The Health Board's overall financial position is not affecting its ability to support planned care recovery.
Does the Health Board have effective operational management arrangements to drive improvement and	Is the Health Board improving its operational management of planned care services? How does the Health Board capture information on clinical risk relating to long planned care waiting lists?	The Health Board is: • improving the operational management of planned care services; and • capturing information and managing clinical risks and harm related to long planned care waiting lists.

Level 2 questions	Level 3 questions	Audit Criteria (what good looks like)
management of clinical risks?	How does the Health Board capture information on clinical risk relating to long planned care waiting lists? Is the Health Board sufficiently managing clinical risks resulting from delays to treatment? Is the Health Board proactively ensuring clear routes of communication when patients are concerned that they are deteriorating?	The Health Board: • has sound arrangements to identify, capturing, and report on clinical risk and harm associated with long waits; • is proactively managing clinical risks resulting from delays to treatment and effectively communicating with patients.
Does the Health Board sufficiently understand barriers to improvement and what needs to be done to address them?	Does the Health Board understand the barriers it has experienced to improvement in planned care performance? (Capacity, funding, recruitment & retention, estates/use of facilities, commissioning external healthcare?) What mechanisms and interventions have been put in place by the Health Board to address these barriers? Is the Health Board learning and sharing good practice where things have gone well?	The Health Board has: • identified its risk and barriers and acted on these to address long planned care waiting lists in the short term and sustainable service models in the longer term. • good arrangements for seeking good practice and sharing and applying learning to improve planned care services.

Appendix 3

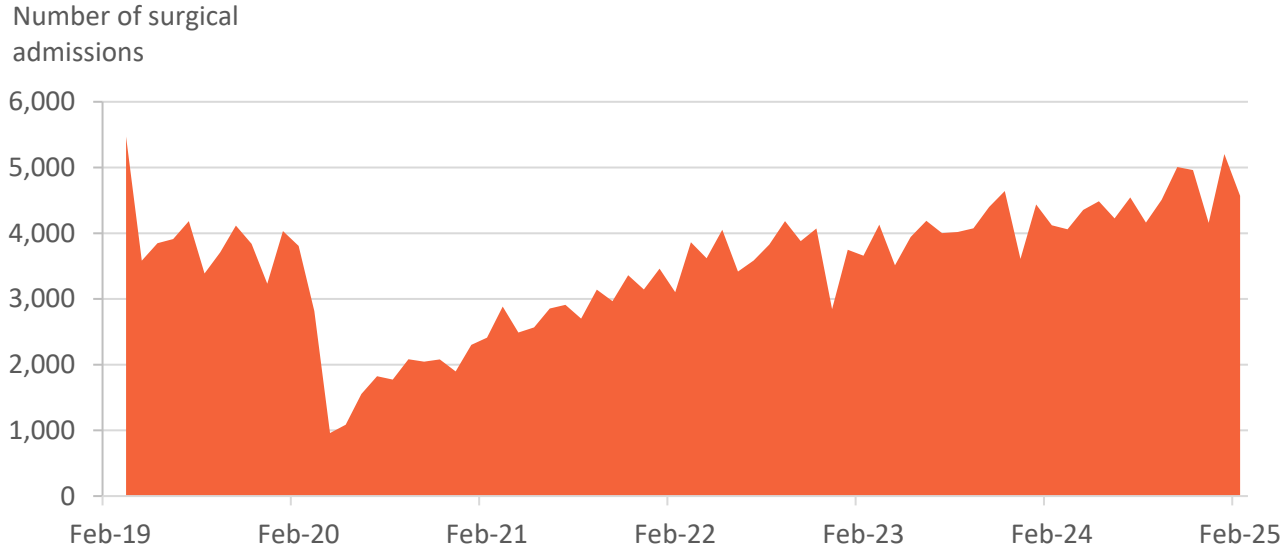
Additional data analysis on planned care

Exhibit 16: trend of monthly referrals to Swansea Bay University Health Board



Source: Welsh Government, Stats Wales

Exhibit 17: monthly elective medical and surgical admission levels, Swansea Bay University Health Board

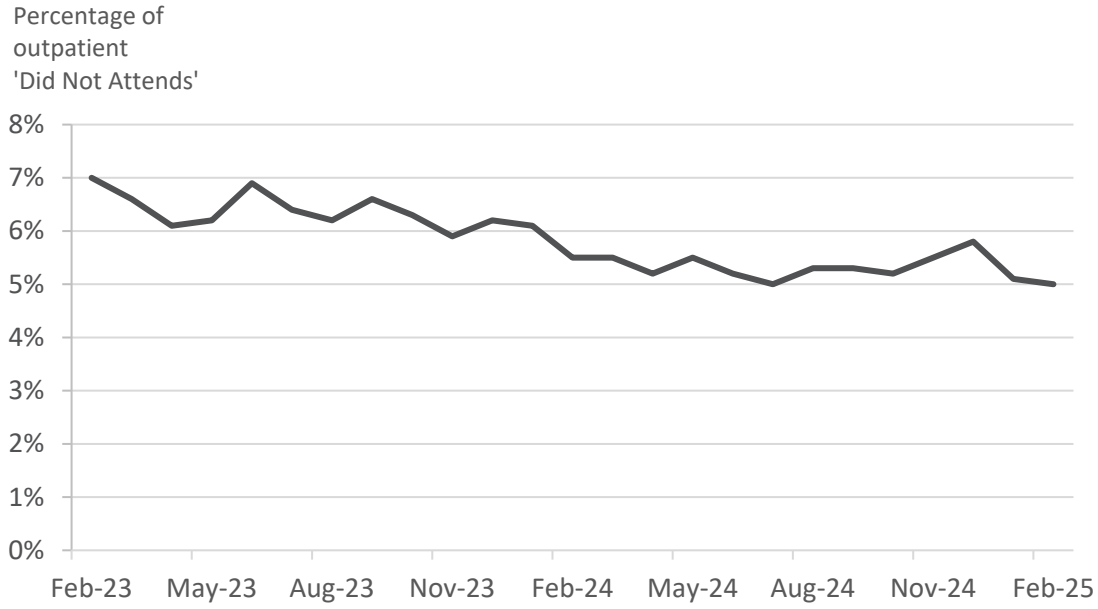


Source: Digital Health and Care Wales secondary care dashboard

Outpatient services

53 Outpatient appointments where a patient 'did not attend' is inefficient. **Exhibit 18** shows that the Health Board's 'Did Not Attends' is improving and stands at around 5.5% of total outpatient clinic activity over the most recent 12 months. This equates to around 28,000 lost patient appointments in the most recent 12-month period to February 2025. It represents a lost opportunity cost of around £4.2 million (£150 per appointment[13]). If the Health Board could reduce its outpatient Did Not Attends by 20%, it could potentially save around £0.85 million.

Exhibit 18: the percentage of outpatient 'Did Not Attends', Swansea Bay University Health Board

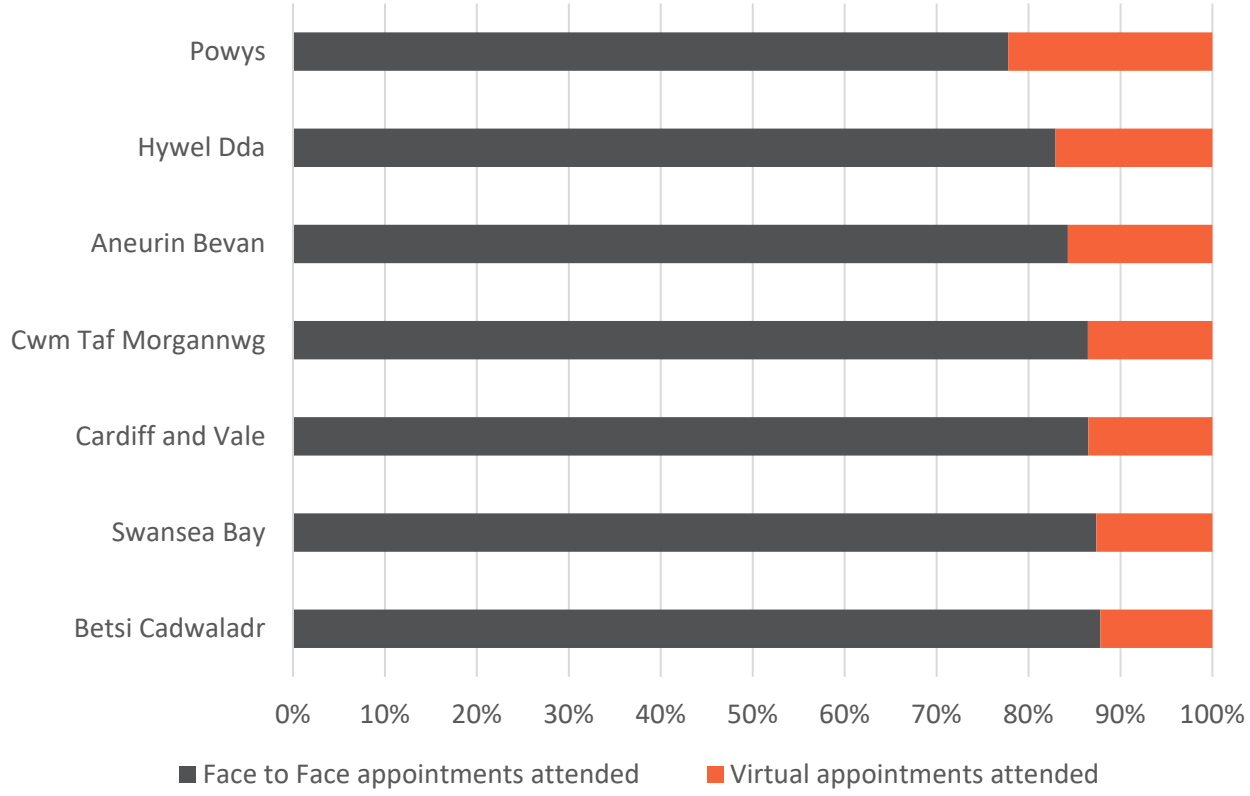


Source: Digital Health and Care Wales secondary care dashboard and datasets

54 NHS bodies can use virtual outpatient appointments for some but not all patients. **Exhibit 19** shows that the 'virtual' consultation approach is not well-adopted in most health boards, with the Health Board being lower than average.

[13] We have adjusted the 2018 NHS England cost of an outpatient appointment (£120) by Bank of England CPI rates to estimate current average outpatient costs in 2024.

Exhibit 19: proportion of outpatient attendances that are virtual appointments, from April 2024 to February 2025

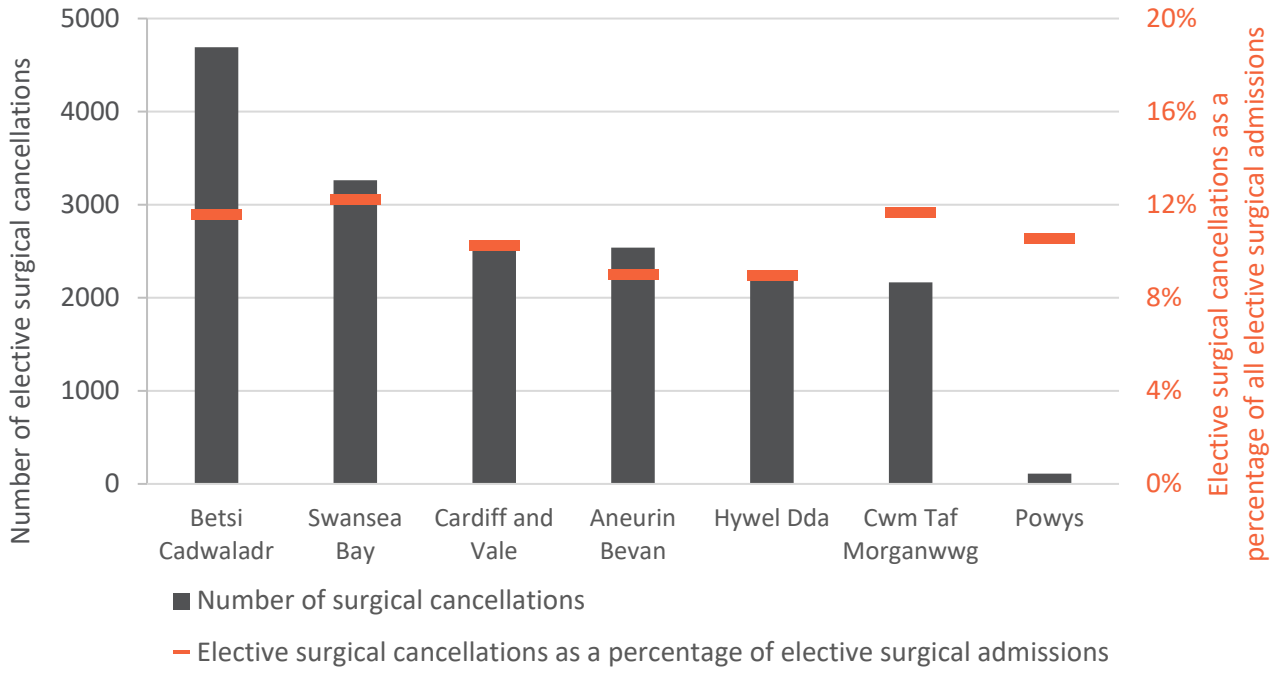


Source: Digital Health and Care Wales secondary care dashboard and datasets

Surgical cancellations

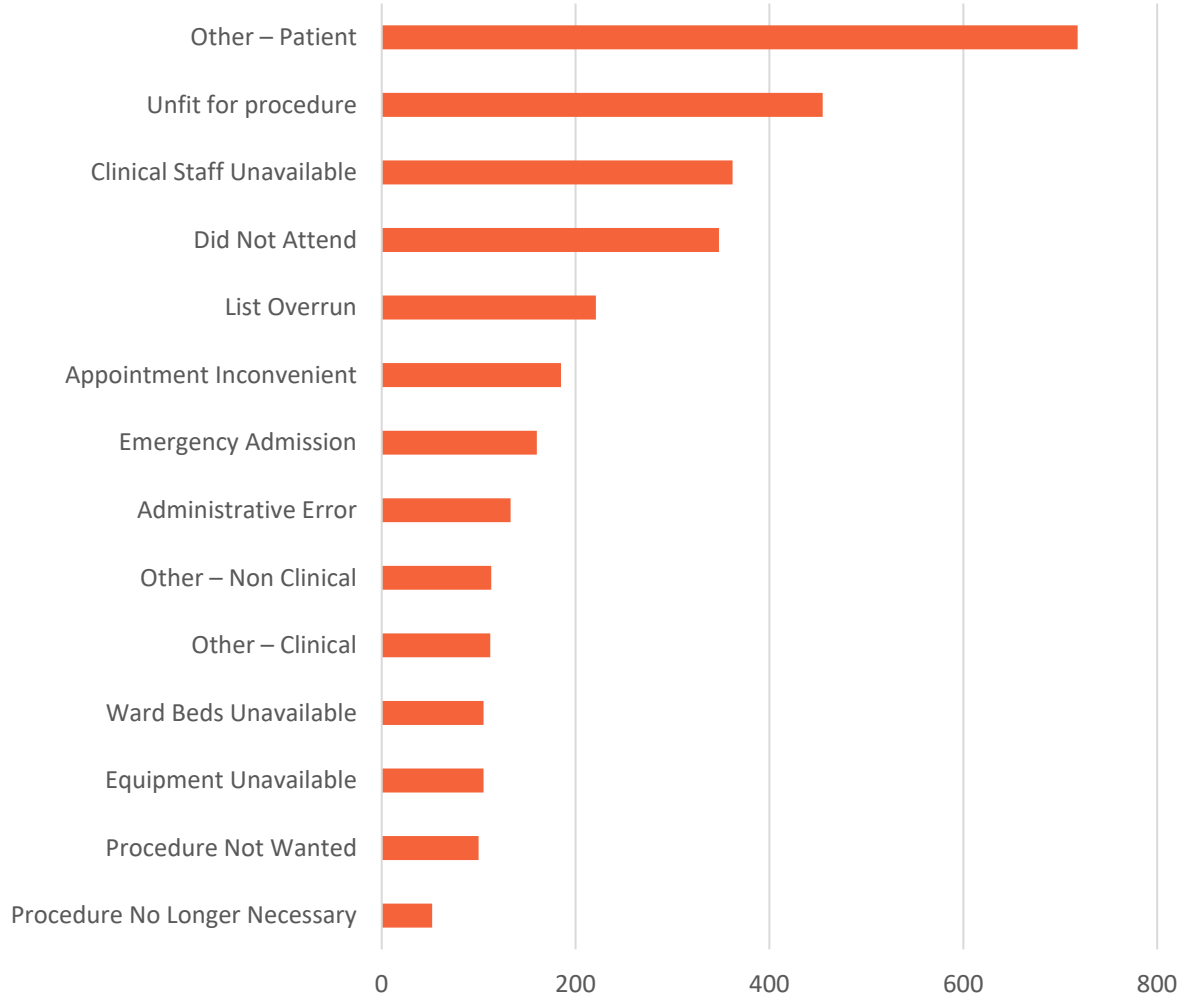
55 Short notice cancellations result in significant inefficiency because operating theatre sessions cannot be easily backfilled with other patients. The total number of surgical cancellations for the Health Board exceeded 3,000 for the latest 12 month published data (March 2024 to February 2025) (**Exhibit 20**). **Exhibit 21** identifies the cancellation reasons.

Exhibit 20: the number of short notice (within 24 hours) surgical cancellations alongside cancellations as a percentage of all elective surgical admissions, March 2024 to February 2025



Source: Health Board submissions to the Welsh Government and Digital Health and Care Wales

Exhibit 21: number of short notice (within 24 hours) surgical cancellations for the latest 12-month reporting period (March 2024 to February 2025), by reason, Swansea Bay University Health Board

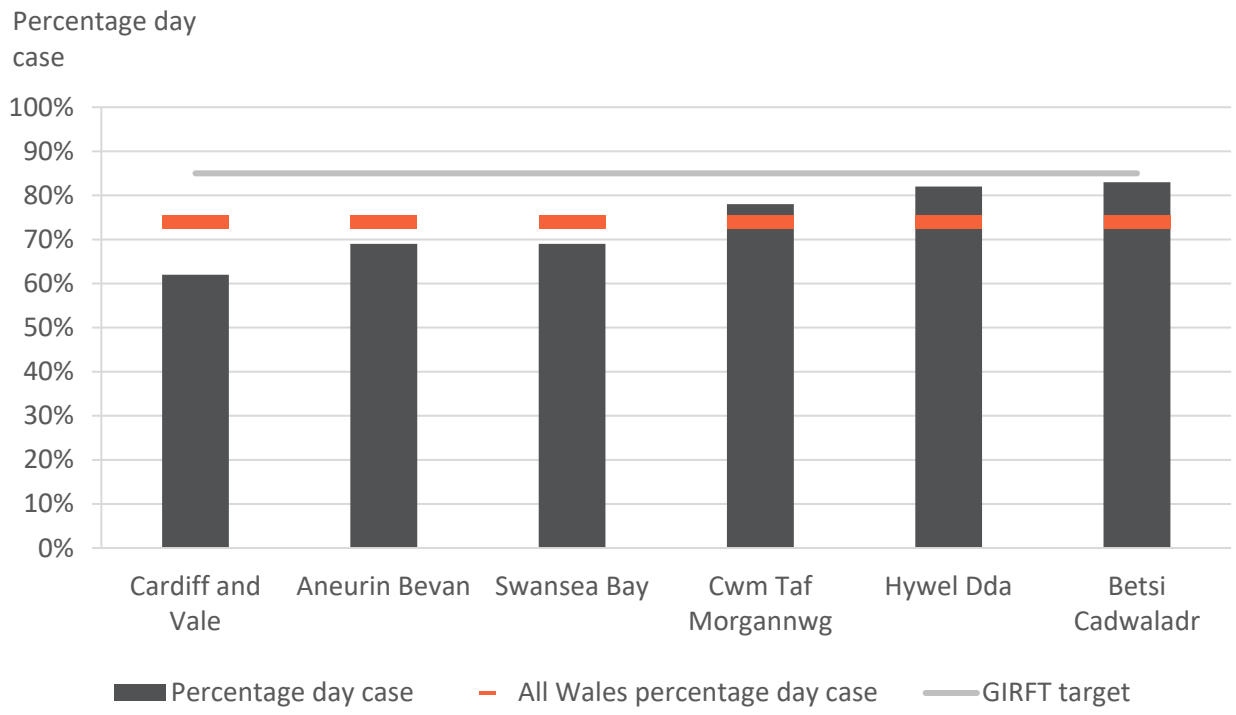


Source: Health Board submissions to the Welsh Government and Digital Health and Care Wales

Day case surgery

56 Day case surgery offers the potential for improved efficiency, lower costs, lower carbon footprint per patient[14] and a better patient experience when compared with inpatient services. Getting It Right First Time recommends that on average 85% of all elective surgery should be day case[15] [16]. Our analysis of the most recently published data indicates that 69% of the Health Board's recent elective surgery is day case **Exhibit 22**[17].

Exhibit 22: proportion of elective surgery undertaken as day case for the period April 2024 to February 2025



Source: Digital Health and Care Wales secondary care dashboard and datasets

[14] Paper outlines GIRFT's 'unique position' in supporting the NHS drive for net zero carbon emissions - Getting It Right First Time - GIRFT

[15]Elective surgery is the type of surgery associated with a planned care patient pathway.

[16] Getting it Right First Time - Elective Recovery High Volume Low Complexity guidance for health systems

[17] The Health Board informed us of urology day case data quality concerns which were identified during the urology GIRFT review. This may result in some limited over or under reporting on the overall day case performance.

Appendix 4

The management response to audit recommendations

Exhibit 23 below sets out the Health Board's response to our audit recommendations.

Recommendation	Management response	Completion date	Responsible officer
Planning R1 Over and above the commitments signalled within its annual plans, the Health Board should develop a Planned Care improvement plan which aims to both design and deliver sustainable specialty services in the medium to longer term and take advantage of opportunities for further regional working. The plan should be costed, with realistic but challenging milestones within it. (**Exhibit 2**)	The HB delivered against the planned care targets for 2024-25 in the majority of areas. The only exception was Endoscopy, which was within the submitted plan. Plans for 2025-26 are again aligned to the Ministerial Priorities, which are to sustain the delivery achieved in 24-25. To deliver that level of commitment, the Health Board requires confirmation of additional funding, in line with that received in 24-25 (circa £6 milliom). Currently formal confirmation is outstanding, but plans are being put in place that will prioritise delivery, with funding "at risk" for Q1.	Plan is complete. Confirmation of funding remains outstanding. Anticipate confirmation by	Chief Operating Officer

Recommendation	Management response	Completion date	Responsible officer
	Alongside the Ministerial Priorities, SBUHB is in discussions with WG officials on how it can further support the Cab Secs plan to reduce overall waiting list volumes, using separate additional funding. These plans are being developed by WG and will be finalised in Q1. SBUHB's role in this remains to be confirmed. The ambition of the HB is to return to pre-COVID waiting times at the earliest opportunity, with services that are efficient and sustainable. To do this, the HB will be working closely with Regional partner, specifically Hywel Dda UHB to develop regional centres of excellence in line with NHS England's Elective Hub concept. Initial focus is within the following specialties: • Orthopaedics • Ophthalmology • General Surgery • Diagnostics	end of June 2025. Ongoing	Chief Operating Officer
Demand and capacity planning R2 The Health Board should ensure that its demand and capacity modelling approach is consistently applied across the organisation and its specialties and used to inform short term service	The demand and capacity work within the HB is predominantly undertaken by the Healthcare Systems Engineering Team as there is no formal corporate support for this function within the HB. Plans are evolving for a fully functional Business Intelligence team to be	Plans to be finalised by end Q2 (30 September 2025)	Director of Strategy/ Chief Operating Officer/

Recommendation	Management response	Completion date	Responsible officer
capacity planning and longer-term service design. This should consider continued growth or expected changes in population demand for planned care services. (Exhibit 2)	implemented in 25-26, which will formally sit alongside the Performance function of the Director of Strategy.	Recruitment to be completed by end Q2 (30th September 2025)	Director of Digital
	This corporate resource will work closely with Service Group managerial / clinical leaders to ensure modelling is operationally led and to ensure an understanding / ownership of the requirements.	Team in place by end Q3 (31st December 2025)	
	This work will also be very closely aligned with Job Planning during this financial year.	31st March 2026	Executive Medical Director and Group Medical Directors

Recommendation	Management response	Completion date	Responsible officer
Service transformation support R3 The Health Board should build the required capacity and capability in the Transformation and Performance team to support and deliver service transformation projects. (Exhibit 3)	The HB acknowledges that the current resource supporting transformation is insufficient for the ask, hence the development in R2.	As per R2	As per R2
Risk Management R4 The Health Board should review and update the Planned Care risk register to ensure all risks have a clear owner and ensure sufficient detail on mitigating actions is provided. (**Exhibit 3**)	Planned care risk register will be updated in line with the recommendation and reported to the Planned Care Programme Board.	30th September 2025	Director of Corporate Governance
Monitoring impact of additional funding R5 The Health Board should strengthen its reporting on the use and subsequent impact of the additional Welsh Government planned care funding. **(Paragraph 24)**	Reporting of use of Planned Care Funding is in line with framework implemented by WG. The delivery associated with the investment received in 24/25 was closely monitored both within and external to the HB and delivered the expected end of year performance.	Complete	Director of Finance/ Chief Operating Officer

Recommendation	Management response	Completion date	Responsible officer
Efficiency and productivity R6 Our work has identified there are opportunities for further efficiency and productivity improvements. The Health Board should: 6.1 Ensure timely completion of recommendations arising from the Getting It Right First Time (GIRFT). **(Exhibit 6)** 6.2 Strengthen the action the Health Board is taking to reduce short notice surgical cancellations to improve theatre efficiency. **(Exhibit 6)** 6.3 Develop and implement a plan to improve theatre utilisation rates across the Health Board, with realistic improvement trajectories, with the aim of achieving the GIRFT recommended level of 85%. **(Exhibit 6)** 6.4 Increase use of day surgery to GIRFT recommended level of 85%. **(Exhibit 6)**	6.1 The HB plan is to align the GIRFT reports with the newly published Clinical Implementation Networks' Optimisation Frameworks and the Health Pathways work to ensure efficiency opportunities are maximised and duplication is minimised. The COO has set up a Clinical Committee, which is attended by all CIN leads to ensure learning is shared and actions implemented. The first meeting of this committee is in May 6.2 & 6.3 This is now a key focus of the work undertaken by the Theatre Operational Group, under the monitoring of the Theatre Board. The rationale for measurement of cancellations / utilisation is being set (completion end of May 25). The baseline will then be set (completion end of June), with ongoing monitoring being as outlined and reported formally to the Planned Care Board. 6.4 The arbitrary use of the 85% as a metric on day surgery rates needs to be debated nationally, as this is a very out-dated target that does not factor in recent improvements to move day-case procedures to an outpatient setting, which is not reported in the same way. However, the HB will ensure improvements in the percentage of all procedures considered suitable for day-case management.	Will be ongoing End of June 25 (as noted) with ongoing monitoring of improvement	Chief Operating Officer Service Group Director – NPTSSG Chief Operating Officer

Recommendation	Management response	Completion date	Responsible officer
	This will be baselined / managed and monitored in the same way as 6.2 & 6.3		
Promote, Prevent and Prepare for Planned Care policy R7 The Health Board should fully establish the single point of contact for people to access information and support following referral to specialist secondary care, as required by Welsh Government's 3P's policy . **(Exhibit 7)**	The HB has implemented SPOC as noted but recruitment has been slow and funding is only temporary. Without ongoing funding then the sustainability of this service is at risk. The availability of a web-based solution will continue. The HB is reviewing how schemes against the WG 3Ps work are prioritised and there appears to be inconsistency between this work and the Optimisation Frameworks published by the CINs.	End of Q2(30th September 2025)	Chief Operating Officer.
Managing clinical risks associated with long waits R8 The Health Board needs to strengthen its monitoring and reporting processes associated with managing clinical risks associated with long waits by: 8.1 Developing and implementing a consistent methodology for assessing	8.1 Patients on a waiting list will naturally face times when they are not being actively monitored and it is not feasible to give assurance that patients will be monitored at all times. However, the HB has met its commitment to reduce waits for new patients and for surgical intervention in line with WG targets. This work will continue into 25/26.	End of Q2 for the communications strategy. Other areas already complete	Chief Operating Officer

Recommendation	Management response	Completion date	Responsible officer
the risk of harm to patients caused by long waits across specialties. **(Exhibit 7);** and 8.2 Developing a routine report to be presented at the Quality and Safety Committee that reports risks and actual incidences of harm resulting from delays in access to treatment. **(Exhibit 7)**	Alongside new patient waits, the HB also remains committed to reducing waits for follow-up on a closed pathway. This is via the implementation of patient initiated follow-up pathways (PIFU). During periods on waiting / inactive monitoring, the HB is also developing a communication framework to ensure patients know who to escalate concerns and have access to "waiting well" advice. 8.2 Any incidents of known harm that arise and identified to the HB, reports are made and will continue to be made to the Q&S Committee.	Ongoing	Executive Medical Director

Recommendation	Management response	Completion date	Responsible officer
Planning R1 Over and above the commitments signalled within its annual plans, the Health Board should develop a Planned Care improvement plan which aims to	The HB delivered against the planned care targets for 2024/25 in the majority of areas. The only exception was Endoscopy, which was within the submitted plan.	Plan is complete.	Chief Operating Officer

Recommendation	Management response	Completion date	Responsible officer
both design and deliver sustainable specialty services in the medium to longer term and take advantage of opportunities for further regional working. The plan should be costed, with realistic but challenging milestones within it. (**Exhibit 2**)	Plans for 2025-26 are again aligned to the Ministerial Priorities, which are to sustain the delivery achieved in 24-25. To deliver that level of commitment, the Health Board requires confirmation of additional funding, in line with that received in 24-25 (circa £6m). Currently formal confirmation is outstanding, but plans are being put in place that will prioritise delivery, with funding "at risk" for Q1. Alongside the Ministerial Priorities, SBUHB is in discussions with WG officials on how it can further support the Cab Secs plan to reduce overall waiting list volumes, using separate additional funding. These plans are being developed by WG and will be finalised in Q1. SBUHB's role in this remains to be confirmed. The ambition of the HB is to return to pre-COVID waiting times at the earliest opportunity, with services that are efficient and sustainable. To do this, the HB will be working closely with Regional partner, specifically Hywel Dda UHB to develop regional centres of excellence in line with NHS England's Elective Hub concept. Initial focus is within the following specialties: • Orthopaedics • Ophthalmology • General Surgery • Diagnostics	Confirmation of funding remains outstanding. Anticipate confirmation by end of June 2025. Ongoing	Chief Operating Officer

Recommendation	Management response	Completion date	Responsible officer
Demand and capacity planning R2 The Health Board should ensure that its demand and capacity modelling approach is consistently applied across the organisation and its specialties and used to inform short term service capacity planning and longer-term service design. This should consider continued growth or expected changes in population demand for planned care services. (Exhibit 2)	The demand and capacity work within the HB is predominantly undertaken by the Healthcare Systems Engineering Team as there is no formal corporate support for this function within the HB. Plans are evolving for a fully functional Business Intelligence team to be implemented in 25/26, which will formally sit alongside the Performance function of the Director of Strategy. This corporate resource will work closely with Service Group managerial / clinical leaders to ensure modelling is operationally led and to ensure an understanding / ownership of the requirements. This work will also be very closely aligned with Job Planning during this financial year.	Plans to be finalised by end Q2 (30 September 2025) Recruitment to be completed by end Q2 (30 September 2025) Team in place by end Q3 (31 December 2025) 31 March 2026	Director of Strategy/ Chief Operating Officer/ Director of Digital Executive Medical Director and

Recommendation	Management response	Completion date	Responsible officer
			Group Medical Directors
Service transformation support R3 The Health Board should build the required capacity and capability in the Transformation and Performance team to support and deliver service transformation projects. (Exhibit 3)	The HB acknowledges that the current resource supporting transformation is insufficient for the ask, hence the development in R2.	As per R2	As per R2
Risk Management R4 The Health Board should review and update the Planned Care risk register to ensure all risks have a clear owner and ensure sufficient detail on mitigating actions is provided. (**Exhibit 3**)	Planned care risk register will be updated in line with the recommendation and reported to the Planned Care Programme Board.	30 September 2025	Director of Corporate Governance
Monitoring impact of additional funding	Reporting of use of Planned Care Funding is in line with framework implemented by WG.	Complete	Director of Finance/

Recommendation	Management response	Completion date	Responsible officer
R5 The Health Board should strengthen its reporting on the use and subsequent impact of the additional Welsh Government planned care funding. **(Paragraph 24)**	The delivery associated with the investment received in 24/25 was closely monitored both within and external to the HB and delivered the expected end of year performance.		Chief Operating Officer
Efficiency and productivity R6 Our work has identified there are opportunities for further efficiency and productivity improvements. The Health Board should: 6.1 Ensure timely completion of recommendations arising from the Getting It Right First Time (GIRFT). **(Exhibit 6)** 6.2 Strengthen the action the Health Board is taking to reduce short notice surgical cancellations to improve theatre efficiency. **(Exhibit 6)** 6.3 Develop and implement a plan to improve theatre utilisation rates across the Health Board, with realistic improvement trajectories, with the aim	6.1 The HB plan is to align the GIRFT reports with the newly published Clinical Implementation Networks' Optimisation Frameworks and the Health Pathways work to ensure efficiency opportunities are maximised and duplication is minimised. The COO has set up a Clinical Committee, which is attended by all CIN leads to ensure learning is shared and actions implemented. The first meeting of this committee is in May 6.2 & 6.3 This is now a key focus of the work undertaken by the Theatre Operational Group, under the monitoring of the Theatre Board. The rationale for measurement of cancellations / utilisation is being set (completion end of May 25). The baseline will then be set (completion end of June), with ongoing monitoring being as outlined and reported formally to the Planned Care Board.	Will be ongoing End of June 25 (as noted) with ongoing monitoring of improvement	Chief Operating Officer Service Group Director – NPTSSG Chief Operating Officer

Recommendation	Management response	Completion date	Responsible officer
of achieving the GIRFT recommended level of 85%. **(Exhibit 6)** 6.4 Increase use of day surgery to GIRFT recommended level of 85%. **(Exhibit 6)**	6.4 The arbitrary use of the 85% as a metric on day surgery rates needs to be debated nationally, as this is a very out-dated target that does not factor in recent improvements to move day-case procedures to an outpatient setting, which is not reported in the same way. However, the HB will ensure improvements in the percentage of all procedures considered suitable for day-case management. This will be baselined / managed and monitored in the same way as 6.2 & 6.3		
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Recommendation	Management response	Completion date	Responsible officer
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We welcome correspondence and telephone calls in Welsh and English.
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