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Tackling the Planned Care Challenges – Hywel Dda 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 Hywel Dda 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 the 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 February 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 has been escalated under the NHS Wales escalation and oversight framework. It is currently at Level 3 for leadership and governance, and performance and outcomes related to planned care. It is also at Level 4 escalation for a range of reasons including finance, strategy and planning, performance and outcomes. Its financial position has a direct bearing on the affordability, sustainability and recovery of planned care services.

Key facts

£72.7m the amount of additional funding the Health Board has received from Welsh Government between 2022-23 and 2024-25 to support planned care improvement.

99,500 the overall size of the waiting list at February 2025.

71% the percentage growth in the overall waiting list between April 2019 and February 2025.

792 the number of patient pathways waiting more than one year for their first outpatient appointment at February 2025 against a national target of zero waiting. The number of one year waits for an outpatient appointment has reduced by 94% since April 2022.

831 the number of patient pathways waiting more than two years for treatment at February 2025 against a national target of zero waiting. The number of two-year waits has reduced by 91% since April 2022.

67% the percentage diagnostic test waits that are within eight weeks at February 2025 against a national target of 100%. The Health Board has achieved an 1% reduction of 'over eight weeks' diagnostic waits since April 2022.

80% the percentage of therapy waits that are within 14 weeks at February 2025 against a national target of 100%. The number of waits that are over 14 weeks has doubled since April 2022.

13,442 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 43% since April 2022.

Key messages

Overall conclusion

8 Overall, **we found that the Health Board is now making good progress addressing its longest waits but needs to do more to ensure timely diagnostic and therapy services. Referral demand is increasing, and the Health Board needs to agree a financially and clinically sustainable plan to meet current and future patient needs. The Health Board also needs to address its service inefficiencies and strengthen its approach for identifying and reporting on harm resulting from delays in access to care.**

Key findings

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

- The Health Board has set out clear plans for securing short-term waiting list improvements and is working on longer-term strategies and clinical services plans for nine of its fragile services.
- Additional Welsh Government funding has been appropriately targeted at supporting planned care recovery, however in March 2025 the Health Board signalled the intention to return £230,000 as the planned activity could not be delivered in the time given.
- The Health Board has good arrangements for monitoring its planned care spending and waiting list position. However, it could strengthen the monitoring of the achieved impact of additional Welsh Government planned care funding compared to its plans.
- The Health Board is creating some service efficiencies but there remain opportunities, particularly in relation to increasing the use of virtual appointments and improving the productive use of its operating theatres.
- Day case rates are high, with the Health Board exceeding the average performance across Wales and is close to meeting the GIRFT[4] target of 85% for day case surgery.
- The Health Board has a good waiting well service. This follows the Welsh Government's Promote, Prevent and Prepare policy, but it needs to strengthen reporting on actual harm resulting from long planned care waits.

[4] Getting It Right First Time (GIRFT) is a programme that aims to improve the quality and efficiency of hospital care.

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

- The continued growing backlog of people waiting to be treated presents a substantial problem for the Health Board. There are now nearly 100,000 open treatment pathways, around 40,000 more than before the pandemic.
- The Health Board did not meet Welsh Government's planned care recovery targets but is now making good progress in most areas:
  - The number waiting over a year for their first outpatient appointment decreased from 14,104 patient pathways in April 2022 to 792 in February 2025. If it continues to make progress at the current rate, the Health Board should eliminate one year waits for an outpatient appointment during 2025.
  - The number waiting over two years for treatment reduced from 9,526 in April 2022 patient pathways in April 2022 to 831 in February 2025.
  - The Health Board is struggling to meet Welsh Government diagnostic testing, reporting, and therapy interventions targets. In February 2025, there remained 6,017 patients waiting over eight weeks for diagnostics and 1,932 patients waiting for therapies over 14 weeks. Of its diagnostic services, radiology and neurophysiology diagnostics are the areas of greatest concern because of the volume and proportion of long waits in those areas. Audit Wales is undertaking a follow-up review of radiology services in 2025.

Barriers to further improvement

- There are a number of barriers that the Health Board has identified which limit improving planned care further. These include growing service demand and, workforce shortfalls in key areas including anaesthetics and theatres.
- The Health Board recognises these challenges and is introducing a range of actions to help address these issues. Some of these are delivering improvements but it needs to review and monitor progress to ensure it is having the desired impact.

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
Service planning R1 The Health Board should ensure that updated strategies and plans (A Healthier Mid and West Wales Strategy and the clinical services plan) sufficiently set out a route map to sustainable planned care services. The plan should be costed, with realistic but challenging milestones within it **(Exhibit 2)**.
Programme support for service transformation R2 The Health Board should build the required programme capacity and capability to support planned care specialties transformation **(Exhibit 3)**.
Planned care risk R3 The Health Board should develop an operational planned care risk register ensuring all risks that impede improvement and transformation have a clear owner and ensure sufficient detail on mitigating actions is provided **(Exhibit 3)**.
Monitoring impact of additional funding R4 The Heath Board should strengthen its reporting on the use and impact of the additional Welsh Government planned care funding **(Paragraph 23)**.
Getting it right first time reports R5 The Health Board should ensure timely completion of recommendations arising from the Getting It Right First Time reports **(Exhibit 6).**

Recommendations

Managing clinical risks associated with long waits

R6 The Health Board should strengthen its monitoring and reporting processes for managing clinical risks associated with long waits.

- 6.1 develop and implement a consistent methodology for assessing the risk of harm to patients caused by long waits across specialties **(Exhibit 7)**.
- 6.2 develop a routine report to be presented at the Quality, Safety and Experience Committee that effectively reports risks and actual incidents of harm resulting from delays in access to treatment **(Exhibit 7)**.

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;
- appropriately utilising and monitoring the impact of Welsh Government funding; and
- supporting patients who are at most risk of harm as a result of a delay.

11 We found that **the Health Board is focused on short-term improvements to planned care and work is in progress to develop longer term plans to support sustainable services. The Health Board needs to ensure it produces a clear plan to support the development of affordable service models to meet current and future demand and improve efficiency. It also needs to strengthen its reporting on harm associated with long 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 has appropriately set out its short-term aims for planned care. It is refreshing its longer-term strategic plans and needs to ensure that these provide sufficient clarity on the changes and resources needed to meet the growing demand for 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?	**Partially**	The Health Board's overarching annual plan sets out the aims for planned care improvement. However, this is short-term focused and lacks the necessary consideration of longer-term sustainable planned care services. There is no separate stand-alone planned care recovery plan. At the time of our work, the Health Board was refreshing its long-term strategy[5], and focusing on its clinical services plan for ten of its most fragile services[6]. The Health Board needs to ensure these plans contain sufficient clarity to create sustainable planned care service models **(Recommendation 1).**
Is the approach for delivering planned care improvement costed and affordable?	**No**	The Health Board's overarching annual plan sets out its financial intent. However, there is no separately costed planned care plan (i.e. what resources would be needed to transform and fund sustainable service models).
Are the Health Board's planned care priorities appropriately aligned to the national planned care recovery plan and Ministerial priorities?	**Yes**	The Health Board's annual plan is sufficiently aligned to the Ministerial priorities set out in 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.

[5] The refresh of the Healthier Mid and West Wales Strategy is due to be published in March 2026.

[6] The clinical services plan specifically looks at 10 fragile services (critical care, emergency general surgery, stroke, endoscopy, radiology, dermatology, ophthalmology, orthopaedics, urology, primary care and community services).

Audit question	Yes / No /Partially	Comments
Are the Health Board's planned care priorities informed by analysis and modelling of capacity and demand?	**Yes**	The Health Board has completed demand and capacity planning in all planned care specialties**.**
Has the Health Board set out how it will transform its clinical service models to make them more sustainable in the future?	**Partially**	The Health Board has set out some measures to improve productivity and optimise patient flow and resource allocation in the short-term. Its longer-term focus is on transformation of its ten fragile services. This work is currently in development.
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 Health Board's annual plan identifies high-level critical enablers including workforce, estates, and digital services, with alignment to planned care improvement aims. However, this does not contain the level of detail needed to implement sustainable specialty-level service models.
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 University Health Boards to support sustainable delivery of services for patients across the region. Regional plans include ophthalmology, diagnostics, and orthopaedic services. These regional arrangements are appropriately included in the current Annual Plan and reflects the need for a sustainable and shared approach to planned care service delivery. While some aspects such as orthopaedics is progressing fairly well, regional ophthalmology and diagnostics services are at early stages of implementation.

Source: Audit Wales fieldwork

Planned care programme delivery and oversight

15 We found that **whilst the Health Board is strengthening its planned care programme leadership and oversight, it needs stronger programme risk arrangements.**

16 The findings that have led us to 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 planned care programme arrangements are changing. Its directorates have managed operational delivery and improvement reporting to the Integrated Quality, Finance Performance and Delivery Group. Capacity for transformation is an issue, although an appointment has recently been made to lead on outpatient and theatres transformation. The Health Board is also establishing a Planned Care Delivery Programme Group in April 2025 that will lead the delivery of the planned care improvement programme. The Health Board needs to develop a transformation programme that is focused on creating sustainable service models **(Recommendation 2).**
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. The Director of Performance and Operational Planning is the senior operational leader responsible for delivering planned care. At the time of our work, the Health Board's planned care directorate worked well with specialty service management teams. There is also appropriate clinical leadership in place through the Clinical Director for planned care.
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's corporate risk register provides good oversight of its planned care risks. At the time of our work, the Strategic Development and Operational Delivery Committee actively monitored the corporate risks that affect delivery of ministerial planned care priorities. From April 2025, performance oversight moved to the Finance and Performance committee. Operational planned care risks are reviewed at weekly 'watchtower' operational meetings. However, there is no operational

Audit question	Yes / No / Partially	Comments
		planned care risk register to manage the risks that could affect planned care programme delivery. These arrangements should be incorporated into the new Planned Care Delivery Programme Group arrangements **(Recommendation 3).**
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. Until 31 March 2025, the Strategic Development and Operational Delivery Committee received a quarterly planned care update providing a detailed deep dive into the latest position, performance against trajectory and reasons for delivery plan variances. From 1st April, reporting moved to the new Finance and Performance Committee.

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 £72.7 million in additional Welsh Government planned care funding. Similar to other health bodies in Wales, it is focusing the funding on short term improvements with limited investments in service transformation to help make planned care services financially sustainable in the longer term.**

19 To support planned care recovery over and above existing funding, the Health Board received a total additional Welsh Government allocation of £72.74m 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	23.06
2023-24	23.11
2024-25	26.57[7]
Total allocated	72.74

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 reviewed the use of the funding in 2023-24 in greater detail (**Exhibit 5)**. During this year, the Health Board allocated £15.4 million to increasing planned care activity, with £6.6 million allocated to regional working and a further £1.2 million allocated to wider planned care improvement. The Health Board has spent most of the planned care monies on planned care services. However, around £2.7 million was used to open additional unscheduled care beds which indirectly was intended to increase planned care flow. The Health Board has also used other funding sources to support planned care service improvement. Therefore, the total planned care spends identified in **Exhibit 5** exceeds the specific annual Welsh Government allocation. In March 2025, the Health Board signalled the intention to hand back £230,000 of planned care recovery monies because it could not spend it on securing additional planned care capacity by the end of the financial year.

21 **Exhibit 5** shows that the Health Board spent a significant proportion of the Welsh Government planned care allocation on a broad range of activity. It has funded increased diagnostic and treatment capacity through additional waiting lists, insourcing and outsourcing. This covers a range of specialties including urology, orthopaedics, cataracts, ear, nose and throat, and vascular services. It has also funded the Promote, Prevent and Prepare programme to support patients while waiting. Whilst these will all increase capacity in the short-term, there is limited spending on service transformation which could help manage future demand.

[7] In November 2024, Welsh Government allocated the Health Board a further £6.32 million non-recurrent funding specifically to address the risk to delivery of the 104-week target.

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

	Performance improvement funding (£m)	Transformation funding (£m)	Planned care and unscheduled care sustainability (£m)
Planned care administration	0.020	0.321	
Promote, Prevent, Prepare (including prehab)		0.447	0.423
Diagnostics (insourcing)	4.228		5.209
Triage and outpatients	0.144	0.072	
Increasing treatment capacity (Waiting list initiatives and outsourcing)	2.195	0.325	13.308
Recovery staffing and other posts			1.040
Unscheduled care (to increase elective bed capacity)			2.682
Total allocated	**6.587**	**1.165**	**22.662**

Source: Audit Wales analysis of Health Board self-assessment returns

Monitoring impact of additional funding

22 We have considered the extent that the 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.**

23 The Health Board has a clear understanding of where it is intending to spend its additional planned care allocation. We observed a focus on the financial performance of the planned care directorate presented at the Health Board's Sustainable Resources Committee and the Strategic Development and Operational Delivery Committee[8]. At the time of our fieldwork, the Director of Secondary Care (now the Director of Performance and Operational Planning) had delegated authorisation for the planned care recovery monies. There is a weekly oversight meeting where planned care senior managers and financial business partners review financial plans. A report from the Director of Secondary Care is presented to the Integrated Quality, Financial Performance and Delivery Group meeting which includes financial updates. However, we have not seen any evidence of more detailed monitoring of whether the specific investments delivered the expected improvements **(Recommendation 4)**.

[8] From 1 April 2025, the Sustainable Resources Committee was replaced by the Finance and Performance Committee and Strategic Development and Operational Delivery Committee was replaced by the Strategy and Planning Committee.

Operational management of planned care

24 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

25 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 **the Health Board is achieving some efficiencies such as the use of day case surgery. However, significant opportunities remain to improve utilisation of operating theatres, maximise the use of outpatient capacity and address outstanding Getting It Right First Time recommendations.**

26 **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	The Health Board has made mixed progress in responding to its GIRFT review recommendations. It has received reviews on urology, general surgery, orthopaedics and ophthalmology. However progress in some areas such as ophthalmology is limited, and the Health Board needs to accelerate its response **(Recommendation R5).**
Arrangements for measuring and managing productivity of services	The Health Board is driving efficiency improvement, for example through: • introduction and delivery of the Productive and Effective Elective Pathways Improvement Plan. This plan focusses on improving waiting list management, outpatient transformation, referral management and pre-operative pathway administration and theatre utilisation and diagnostic pathway optimisation. The Health Board has achieved a 30% reduction in planned care referrals through more effective triage arrangements. • performance reporting which tracks demand, available capacity and the actual activity undertaken per speciality. This helps the Health Board assess productivity and delivery gaps.

Opportunity area	Audit findings
	• the planned care watchtower meeting, which reviews operational progress against all aspects of planned care delivery and identifies areas for improvement and takes action.
Reducing non-attendance at outpatient appointments	**Exhibit 18 page 36** shows that there are around 6.9% of outpatient appointments where the patient did not attend (DNA). A 6.9% DNA rate equates to a loss of approximately 21,000 appointments. If the Health Board could reduce its outpatient DNA rate by 20% (i.e. to 5.5%) it would provide around 4,200 additional outpatient appointments and avoid wasting the equivalent of approximately £0.6 million of NHS resources each year.
Making use of "virtual" outpatient appointments	Virtual outpatient appointments can have a positive impact on reducing the need for travel and healthcare acquired infections. For the period April to February 2025, 17.1% of all the Health Board's outpatient appointments were virtual **(Exhibit 19 Page 37).** The Health Board is looking at new ways of increasing this activity, recognising that its current virtual outpatient levels are below the immediate post pandemic period**.**
Reducing the number of cancelled operations	The Health Board has the second lowest percentage of surgical cancellations in Wales. However, there were still 2,277 individual short notice surgical procedures cancelled within 24 hours in the latest 12-month reporting period (between March 2024 and February 2025). This accounted for 9% of all its elective surgical admissions **(Exhibit 20, page 38).** Despite the Health Board's focus on prehabilitation to optimise health prior to treatment, the main reason for short notice cancellations is that patients are unfit for the procedure **(Exhibit 21, page 39).**
Improving operating theatre utilisation	There are clear arrangements for monitoring and managing theatre utilisation. These include the Theatres Utilisation Group and the delivery of the Theatres Maximisation Programme which both aim to drive improvements in theatre utilisation and scheduling. The Health Board has set theatre efficiency targets. Despite its efforts, a key challenge affecting theatre utilisation that the Health Board is facing is the lack of availability of anaesthetists.
Making more use of day case surgery	The Health Board is performing well on its day case levels and is continuing work to increase day case rates across its care pathways. The Health Board is performing better than the all-Wales average and is close to meeting the GIRFT target of 85% of all surgery performed as day case (**Exhibit 22, Page 40**).

Opportunity area	Audit findings
Effective consultant job planning	At the time of our work, 87% of planned care directorate job plans had been formally reviewed and signed off. The Health Board recognises the need to review job plans as part of the implementation of the future Clinical Services Plan, and any consequent action to modernise and transform specialty services
Pooled lists within a Health Board specialty to ensure it treats its patients in turn	The majority of waiting lists are pooled, with some exceptions for specialised treatments in gynaecology, general surgery and trauma and orthopaedics.

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

Protecting and increasing planned care capacity

27 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.

28 We found that **the Health Board has increased short-term planned care capacity through insourcing, outsourcing and regional working, but unless these significantly increase the Health Board is unlikely to reduce the overall waiting list and associated long waits.**

29 The Health Board is taking steps to ringfence capacity within its hospitals exclusively for planned care pathway patients. Only during periods of extreme escalation, and in accordance with NHS Wales escalation principles, planned care beds are reprioritised to alleviate urgent and emergency care pathway pressures.

30 The Health Board is insourcing and outsourcing resources to boost planned care capacity to help it meet short term needs. The Health Board has also undertaken Waiting List Initiatives in radiology, urology, ophthalmology, and orthopaedics. In 2023-24 it spent around £2.2 million on increasing treatment capacity and in November 2024, Welsh Government allocated the Health Board with an additional £6.3 million to help towards achieving the 104-week targets in these specialties.

31 The Health Board is working with Swansea Bay University Health Board to expand regional working to boost planned care service capacity in key areas. It has 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. Regional working has delivered increased capacity for high volume low complexity procedures in orthopaedics.

Managing clinical risk and harm associated with long planned care waits

32 Long patient waits increase the risk of preventable 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 communicate with patients who are on a waiting list and to manage potential inequalities in access to care.

33 We found that **the Health Board has a well-established waiting well service in line with the Welsh Government's Promote, Prevent and Prepare policy, but it needs to strengthen reporting on actual harm resulting from long planned care waits to the Board and its relevant committee.**

34 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 (3Ps) for Planned Care policy[9]?	**Yes**	The Health Board has a well-established waiting well service. Patients on waiting lists have a single point of contact, and access to support which include falls screening, weight loss support and pain management. The Health Board has raised awareness of the service through various mediums including via social media, its website, GP practices, local newspapers, and direct letters/phone calls.
Is the Health Board assessing the risk to patients waiting the longest?	**Yes**	The Health Board uses the DATIX system to record clinical risk resulting from a delay in treatment. However, there is no consistent methodology used by specialties to assess risk and inform reporting on the risk of harm or instances of recorded harm **(Recommendation 6.1).**

[9] 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
Is the Health Board capturing and reporting evidence of harm resulting from waiting list delays and reporting on it to the Quality and Safety Committee?	**No**	There are high numbers of patients waiting, particularly on follow-up outpatient lists, many within specialties managing high-risk conditions. Despite the extent of long waits, there is no reporting of harm resulting from waiting list delays to the Quality, Safety and Experience Committee **(Recommendation 6.2).**
Is the Health Board effectively balancing the tension between eliminating long waits and managing clinical risks in its approach to prioritising patients?	**Yes**	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.
Does the Health Board monitor and record how many patients are leaving planned care waiting lists in favour of private treatment?	**No**	The Health Board does not routinely monitor how many patients may have left the waiting list in favour of private treatment. Information would only be collated if provided by the patient, and as such would not be reliable as a metric. The Health Board has acknowledged that some patients will seek private treatment outside of the NHS due to the long waits they have experienced. It is also unclear how many patients pay for a private outpatient appointment but then return to the Health Board for treatment/surgery, and if this occurs, whether they are treated more expediently.

Source: Audit Wales fieldwork

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

35 We analysed current 'Referral to Treatment (RTT)'[10] waiting list performance and trends to determine whether the Health Board is:

- reducing the overall levels of waits; and
- meeting Ministerial priorities and Welsh Government national targets.

36 We found that **the Health Board is now making good progress towards Welsh Government waiting list targets and addressing the longest waits[11], however the overall numbers of patients waiting are not returning to pre-pandemic levels and present an ongoing challenge.**

The scale of the waiting list

37 Across Wales, the scale and extent of waits increased following the COVID-19 pandemic. We have looked at these changes in terms of the overall size of the waiting list. We have also considered both the volume of waits for diagnostics and therapy services and trends in referral rates. We found that **following significant growth in the waiting list in 2021 and 2022, the Health Board's overall number of waits currently remains around 40,000 greater than before the pandemic.**

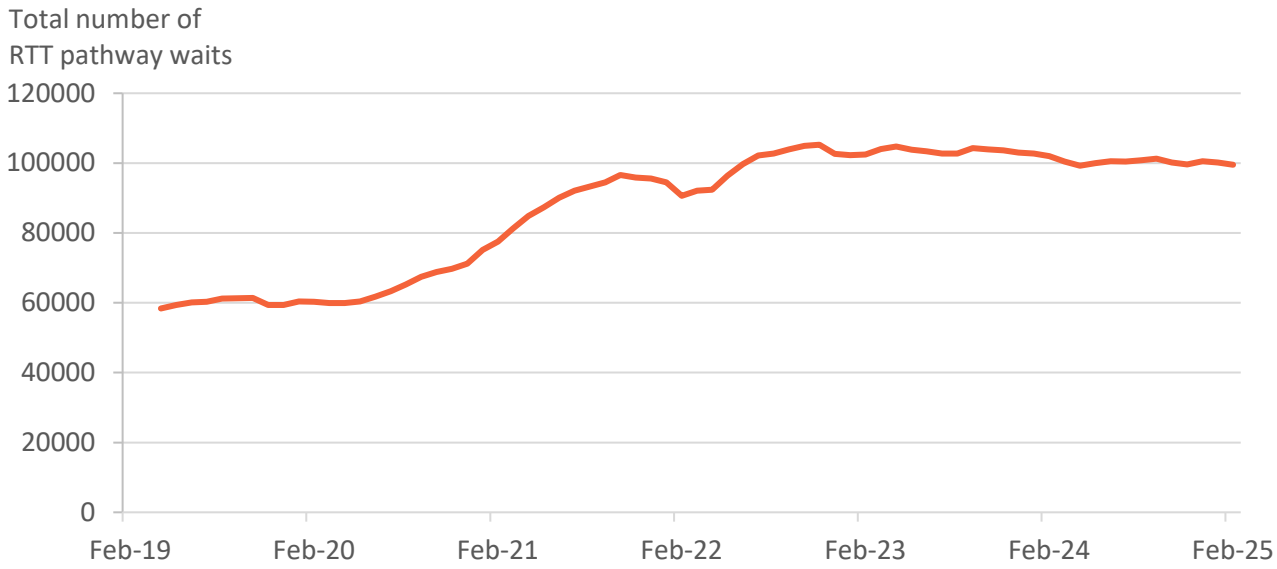
38 **Exhibit 8** shows the overall trend of planned care waits for the Health Board since April 2019. This indicates a 71% increase in the number of waits from around 58,400 in April 2019 to nearly 100,000 in February 2025[12]. The action that the Health Board is taking to reduce the overall level of waits is not having a significant positive impact.

[10] 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.

[11] The Welsh Government set out recover targets in 2022 as part of its programme for transforming and modernising planned care and reducing waiting lists in Wales.

[12] 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.

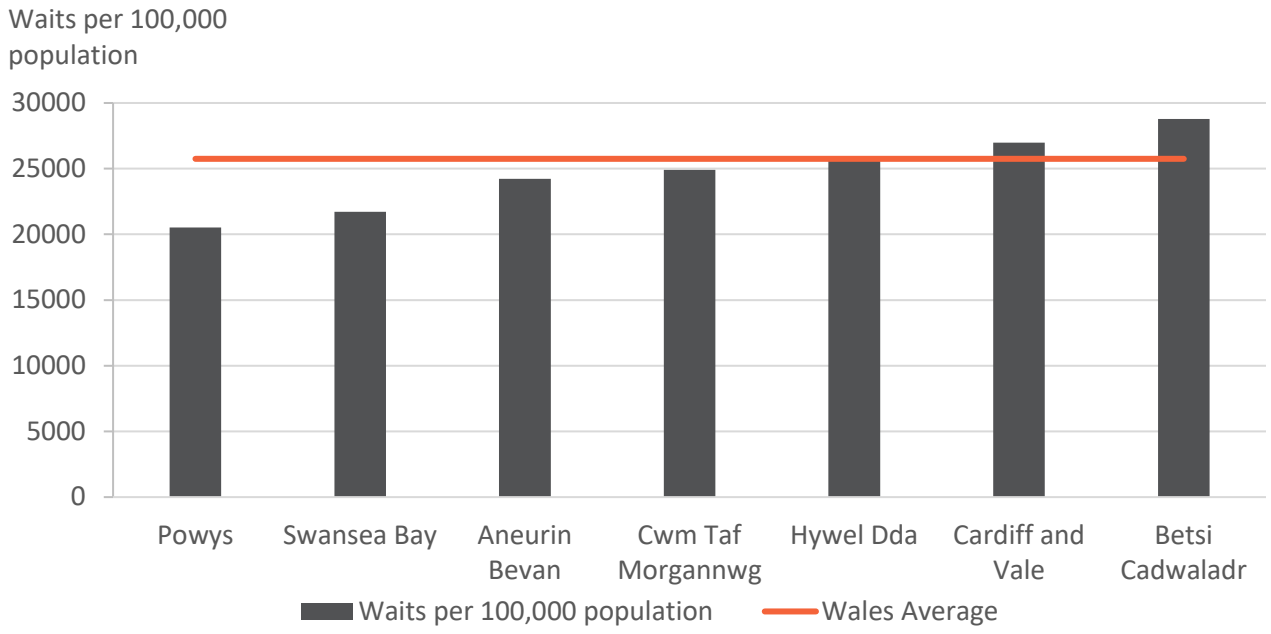
Exhibit 8: planned care waiting list size, Hywel Dda University Health Board



Source: Welsh Government, Stats Wales

39 **Exhibit 9** provides a comparative picture of the volume of waits across Wales showing that the comparative level of waits in the Health Board is in line with the Welsh average.

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



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

Performance against national targets/priorities

40 We looked at the progress that the Health Board is making against the Welsh Government's aims[13]. 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[14]**).
- Eliminate the number of people waiting longer than two years in most specialties by March 2023 (**target date revised to March 2024**[6]).
- 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.

41 We found that **while the Health Board did not meet the Welsh Government's waiting list reduction targets, it has made reasonably good progress. It needs to ensure that the momentum is maintained with further action to reduce long waits[15].**

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

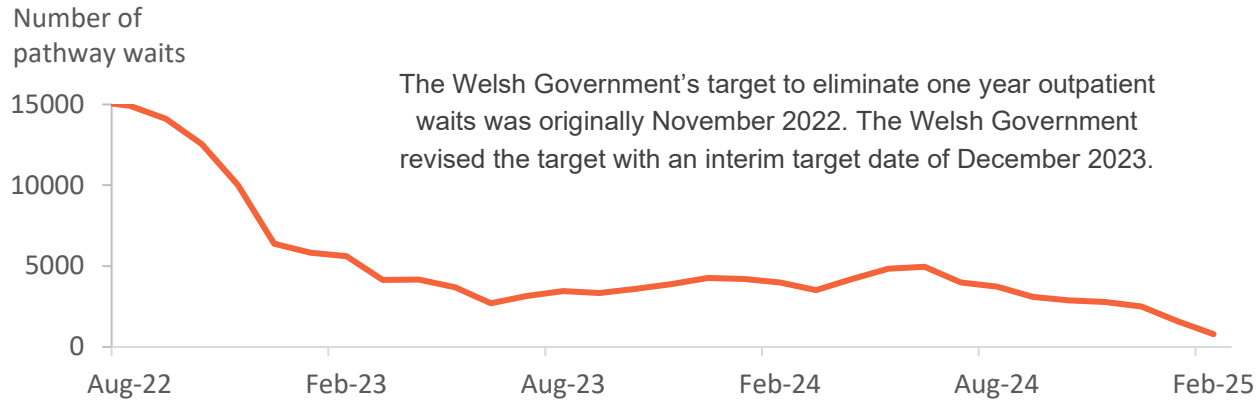
42 **Exhibit 10** shows the Health Board's waiting list performance for first (new) outpatient appointments. It failed to meet the original December 2022 Welsh Government target to ensure no one waited more than a year for their new outpatient appointment. However, the Health Board has made positive improvements over the last six months.

[13] Performance on cancer services is outside the scope of this review.

[14] 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).

[15] Performance data within our report is reported by Health Board patient residence (as opposed to Health Board provider) which may explain differences in reported positions. Audit Wales have applied this methodology consistency to reflect the responsibility of the Health Board to its residents regardless of the place of treatment.

Exhibit 10: the number of first (new) outpatient appointment waits that are over a year since referral, Hywel Dda University Health Board

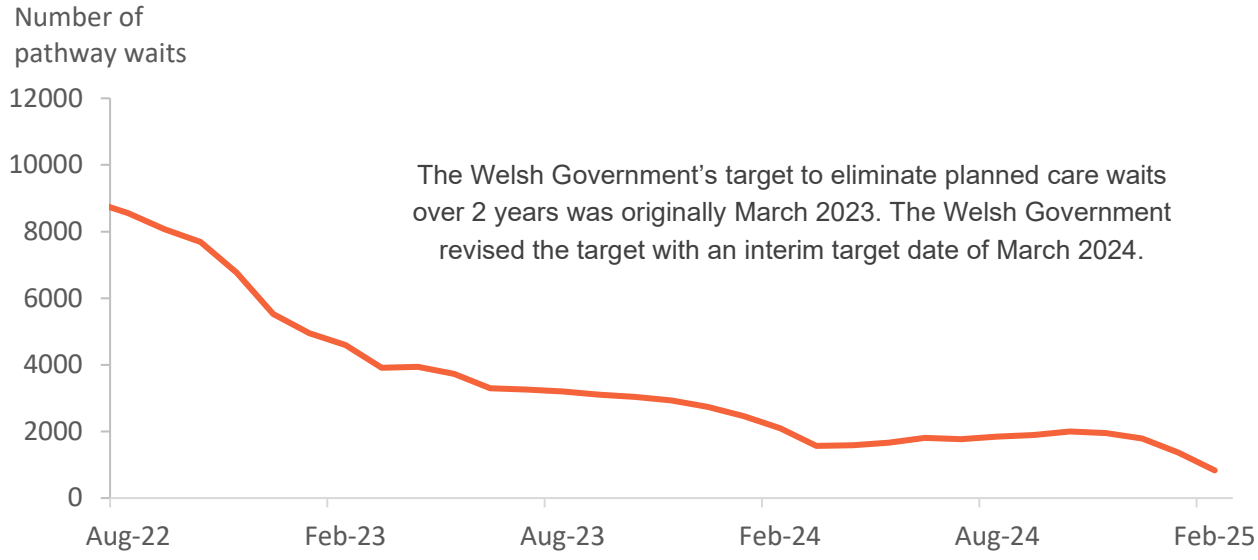


Source: Welsh Government, Stats Wales

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

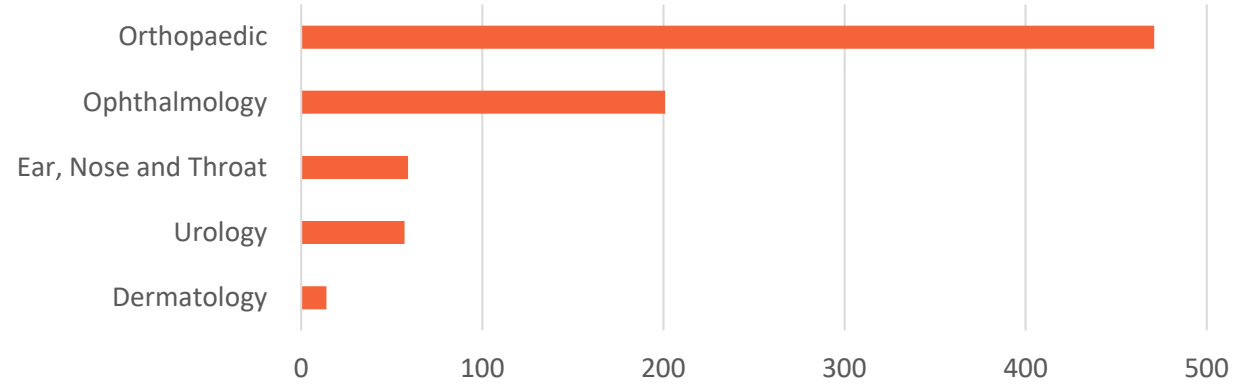
43 **Exhibit 11** shows that the Health Board did not meet the original Welsh Government target to eliminate waits over two years by March 2023. It made good progress until March 2024, and recent improvements have seen two-year waits fall to 831 in February 2025. Of those waits currently over two years, **Exhibit 12** shows that the most extreme waits are in a small number of specialties. Orthopaedics is a clear concern but longer waits in other specialties may also present an elevated risk of harm resulting from treatments delays.

Exhibit 11: the number of planned care waits over two years, Hywel Dda University Health Board



Source: Welsh Government, Stats Wales

Exhibit 12: the number of planned care waits over two years by specialty as of February 2025, Hywel Dda University Health Board

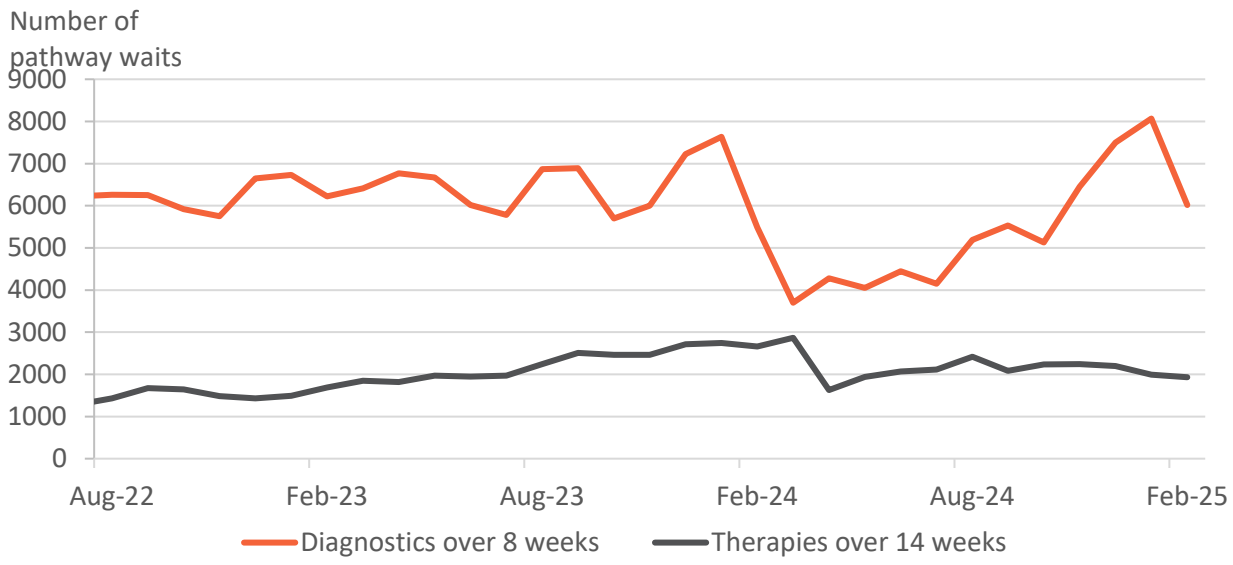


Source: Welsh Government, Stats Wales

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

44 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 struggled to meet both these targets (**Exhibit 13**). Of its diagnostic services, radiology and neurophysiology diagnostics are the areas of greatest concern because of the proportion of long waits in those areas.

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

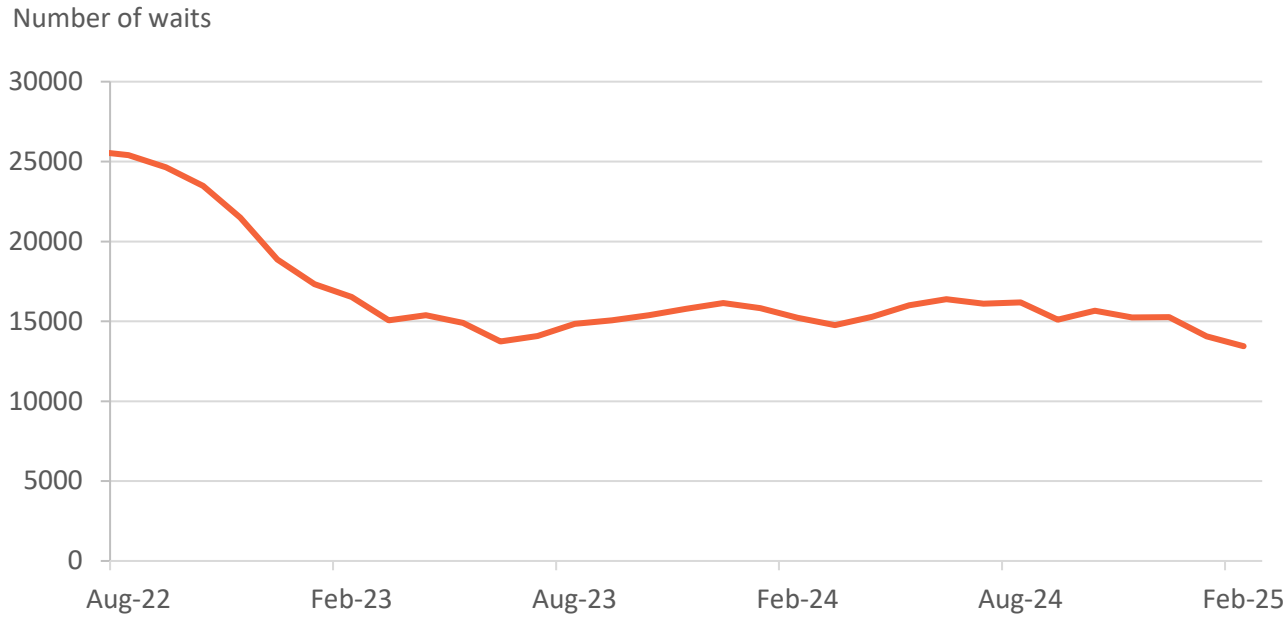


Source: Welsh Government, Stats Wales

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

45 The Welsh Government's longer-term ambition was to eliminate waits over one year in most specialties by Spring 2025. **Exhibit 14** shows positive improvement between August 2022 and June 2023, followed by a period where performance has plateaued. The last six months performance, however, has started to see a notable reduction in one-year waits.

Exhibit 14: the number of pathway waits that are over a year, Hywel Dda University Health Board



Source: Welsh Government, Stats Wales

Barriers to further improvement

46 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.

47 We found that **the Health Board recognises the barriers to planned care improvement, but is significantly affected by financial challenges, a lack of long-term transformation plans and is constrained by limited staff resources in some areas. 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, which is 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 35).** At the same time, our analysis of the levels of medical and surgical admissions indicates that service activity is increasing to pre-pandemic levels **(Exhibit 17, Page 35).** If this continues, 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 under significant financial pressures and is currently under Level 4 Targeted Intervention for finance, strategy, and planning. This may result in the Health Board having to make short-term financial recovery decisions which may affect its ability to fully deliver on its planned care recovery ambitions.
- **Workforce capacity** - The Health Board has identified that staffing issues are presenting operational challenges. This includes recruitment to key roles including anaesthetic and operating theatre workforce which can limit the volume of operating sessions. The Health Board is trying to improve capacity and reduce demand through application of best practice and pathway transformation opportunities along with active exploration of opportunities on a regional footprint to improve access.
- **Unscheduled care** – The Health Board continues to face unscheduled care pressures. While it is taking action to minimise the impact of urgent care demand on planned care services, this continues to present a risk to recovery.
- **Capacity to support transformation** - The Health Board has deliberately focused on addressing immediate demand and reducing waiting lists. This, alongside wider resourcing, and capacity challenges, is limiting opportunities for longer-term transformation work and the ultimate need to implement sustainable modernised services.

48 The Health Board has started to address some of these barriers, although several are at the initial stages of implementation. It has created a new Theatres Group and a Theatres Maximisation Programme and has introduced a Productive and Effective Elective Pathways Improvement Plan to drive change, as described in **Exhibit 6**. The Health Board is also working to reduce length of stay for older patients through its new frailty model.

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 • Public Board Meeting papers • RTT Watchtower weekly meeting agenda and papers • Strategic Development and Operational Delivery Committee (SDODC) • Quality, Safety and Experience Committee (QSEC) papers • Performance Reports • Targeted Intervention Updates • GIRFT reviews • Internal Audit Reports • Terms of References • Corporate Risk Register
Self-assessment	We issued and then analysed a self-assessment completed by the Health Board.
Interviews	We interviewed the following: • Chief Operating Officer • Director of Secondary Care (now Director of Performance and Operational Planning) • Clinical Director Scheduled Care and National Lead • General Manager Scheduled Care (now Clinical Care Group Director for Planned Care) • Quality, Safety and Experience Committee Chair • Head of Strategic Commissioning

Element of audit methods	Description
	• Deputy Director of Finance • Improvement and Transformation lead (Promote, Prevent and Prepare Lead)
Observations	We observed the RTT Watchtower weekly meeting July 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.

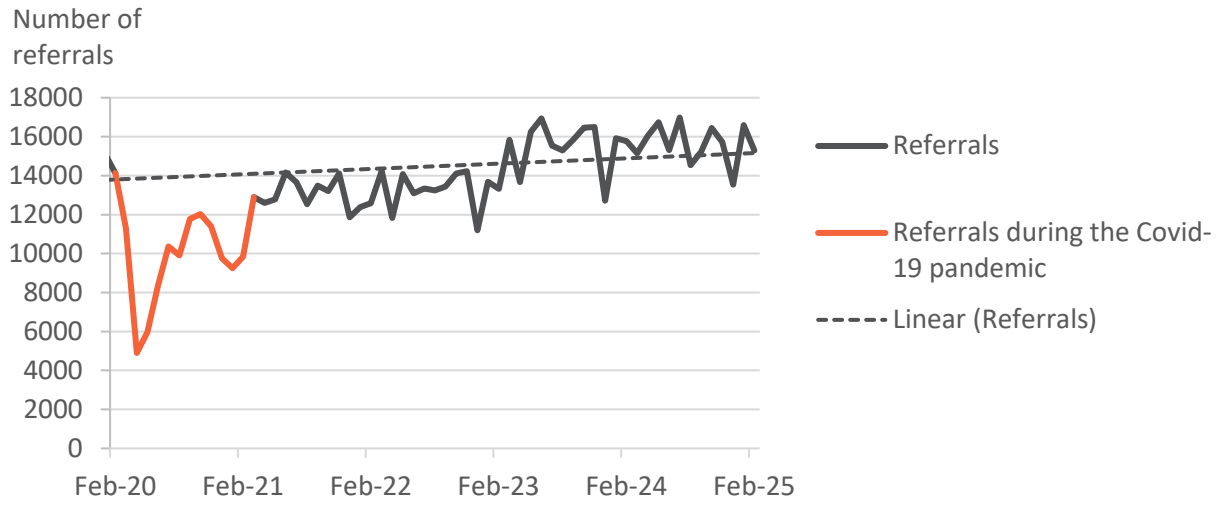
Level 2 questions	Level 3 questions	Audit Criteria (what good looks like)
Is the Health Board maximising the impact of its funding to address the planned care backlog?	Is it clear what additional monies have been received by the Health Board? Is it clear what the additional waiting list monies have been 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 management of clinical risks?	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.
	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.

Level 2 questions	Level 3 questions	Audit Criteria (what good looks like)
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

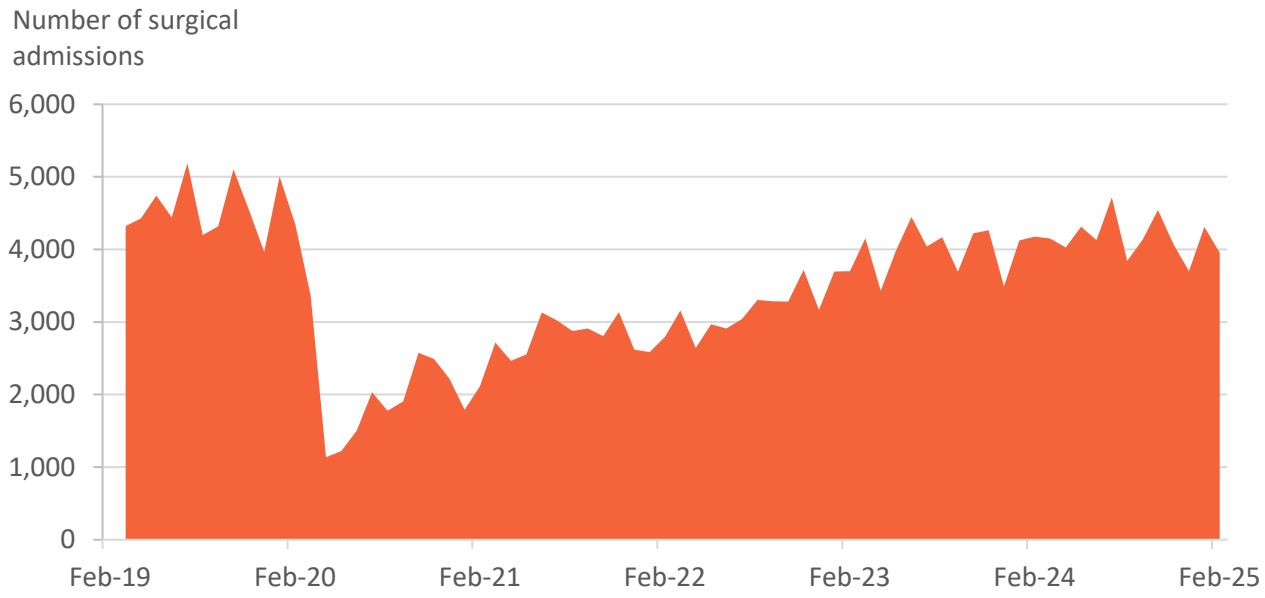
Additional data analysis on planned care

Exhibit 16: trend of monthly referrals to Hywel Dda University Health Board



Source: Stats Wales

Exhibit 17: monthly elective medical and surgical admission levels, Hywel Dda University Health Board

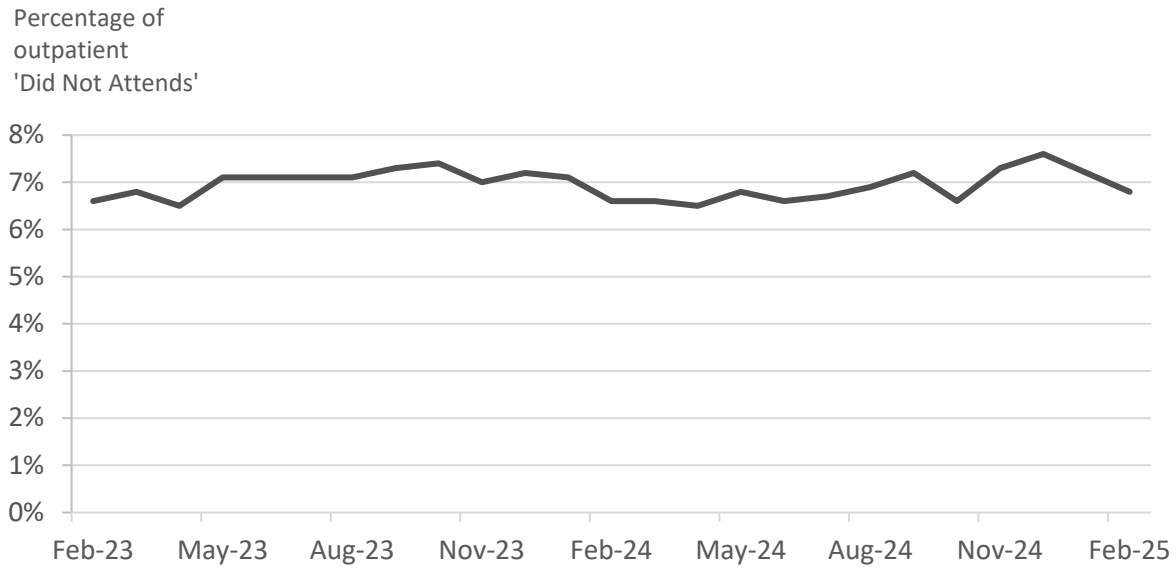


Source: Digital Health and Care Wales secondary care dashboard

Outpatient services

49 Outpatient appointments where a patient 'did not attend' is inefficient. **Exhibit 18** shows that the Health Board's 'Did Not Attends' is around 6.9% of total outpatient clinic activity. This equates to around 21,000 lost patient appointments in the most recent 12-month period to February 2025. It represents a lost opportunity cost of around £3.2 million (£150 per appointment[16]). If the Health Board could reduce its outpatient Did Not Attends by 20%, it could potentially save around £0.6 million.

Exhibit 18: the number and percentage of outpatient 'Did Not Attends', Hywel Dda University Health Board

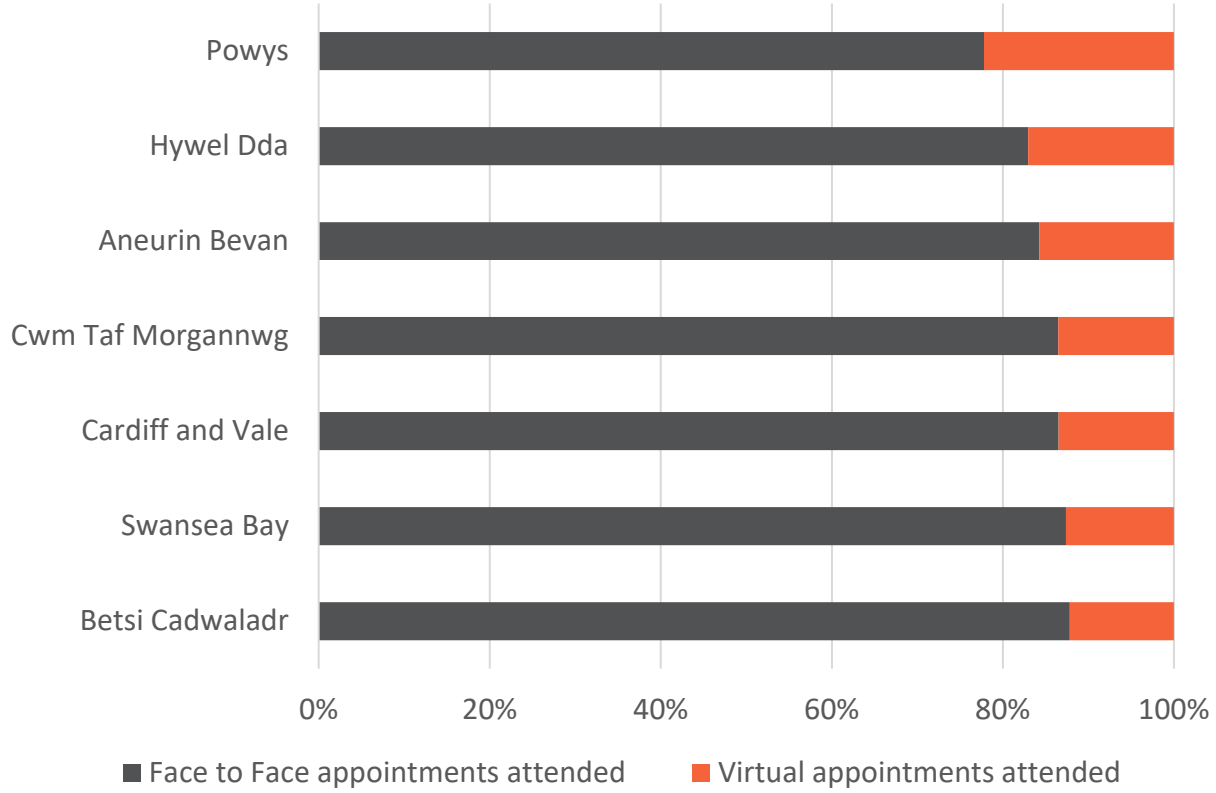


Source: Digital Health and Care Wales secondary care dashboard and datasets

50 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. However, Hywel Dda University Health Board's performance is the second highest in Wales.

[16] 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, 12-month period ending February 2025

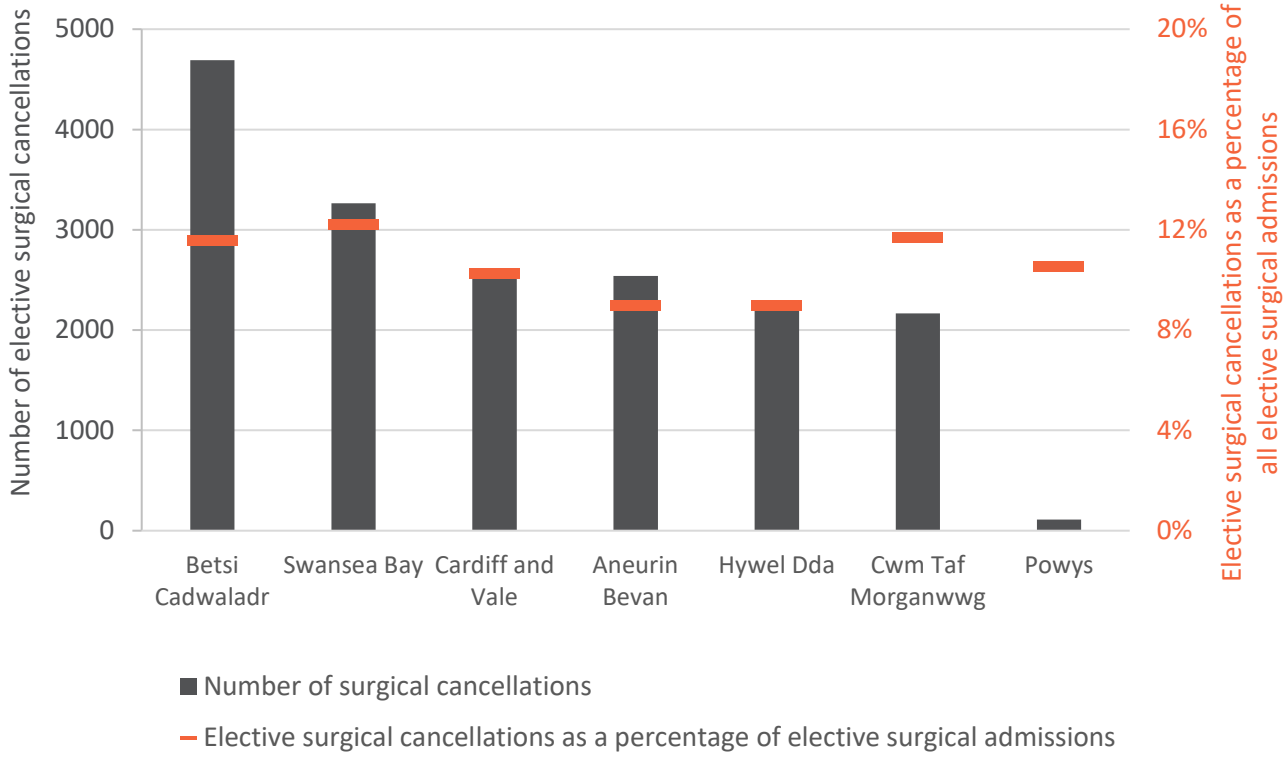


Source: Digital Health and Care Wales secondary care dashboard and datasets

Surgical cancellations

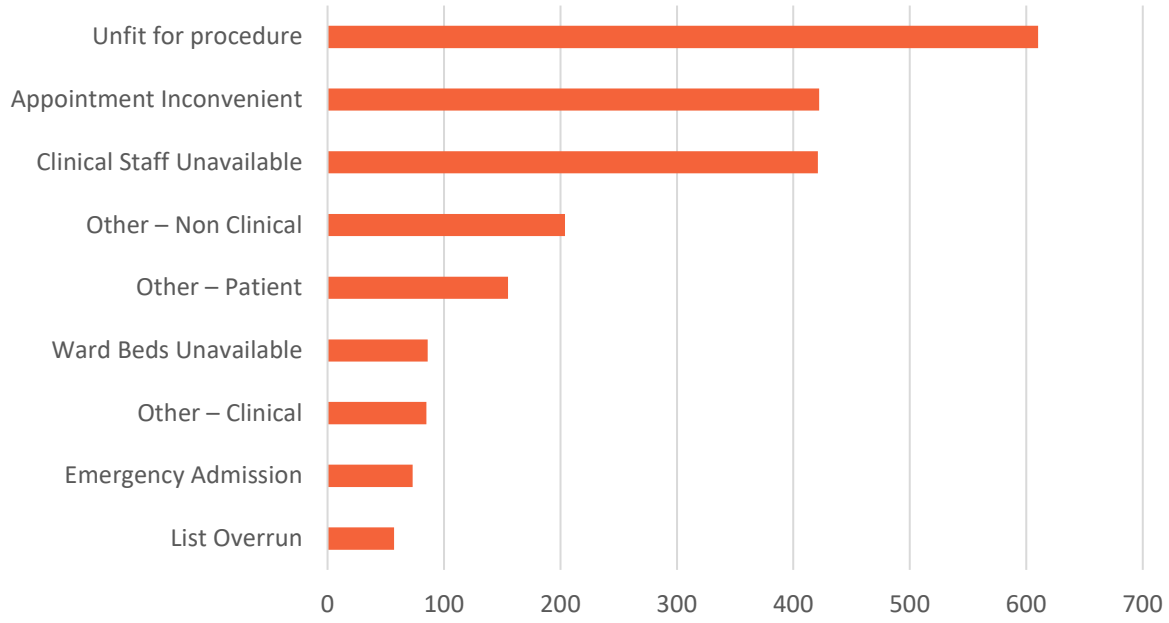
51 Short notice cancellations result in significant inefficiency because operating theatre sessions cannot be easily backfilled with other patients. The total number of surgical cancellations for Hywel Dda University Health Board exceeded 2,000 for the latest 12 month published data although proportionally it has the lowest percentage of surgical cancellations in Wales (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, Hywel Dda University Health Board

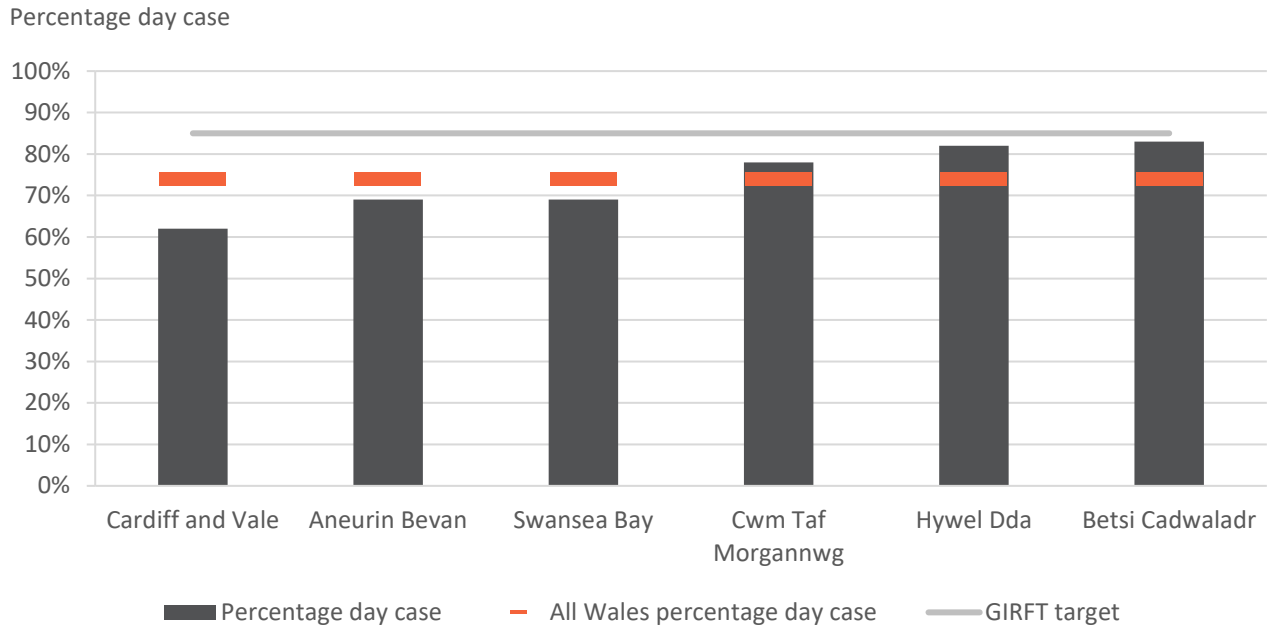


Source: Health Board submissions to the Welsh Government and Digital Health and Care Wales

Day case surgery

52 Day case surgery offers the potential for improved efficiency, lower costs, lower carbon footprint per patient[17] and a better patient experience when compared with inpatient services. Getting It Right First Time recommends that on average 85% of all elective surgery[18] should be day case[19]. Our analysis in **Exhibit 22** indicates that 82% of the Health Board's elective surgery is day case and is the second highest performer in Wales.

Exhibit 22: proportion of elective surgery undertaken by Health Boards as day case, 12-month period ending March 2024



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

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

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

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

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
Service planning R1 The Health Board should ensure that updated strategies and plans (A Healthier Mid and West Wales Strategy and the clinical services plan) sufficiently set out a route map to sustainable planned care services. The plan should be costed, with realistic but challenging milestones within it **(Exhibit 2).**	The Clinical Services Plan programme was established to develop a set of plans for the provision of key services over the medium term. Currently in Phase 3 – Public Consultation. Public consultation will enable the Board to make a formal decision on the nine services in scope, which include Dermatology, Ophthalmology, Urology, Endoscopy, Orthopaedics, and Emergency General Surgery within the Planned Care domain, as well as the potential roles of the hospitals until the full implementation of the 'A Healthier Mid and West Wales' strategy. The results of this consultation and subsequent decisions are planned to be made in Winter 2025. It is therefore anticipated that	31 March 2026	Executive Director of Strategy and Planning

Recommendation	Management response	Completion date	Responsible officer
	the adoption of significant actions in relation to implementation plans will commence following this gateway to Phase 4 - Implementation. Anticipated completion date for CSP Phase 3 Board decision: Winter 2025 NLT JAN2026 The refresh of the A Healthier Mid and West Wales has just begun, with initial work to scope what elements need to be revised and where additional matters may need to be included. It is envisioned that a refreshed strategy will be informed by the Clinical Services Plan, as well as set out the scope for any future service transformation that may be required for the future, as the strategy will be refreshed to consider up to 2040 (the existing strategy considered up to 2038). The expectation is that the Discovery phase of the strategy refresh will be concluded by January 2026, with the intention to inform the 1st year of the 3-year plan for 2026/2027, as well as initiate the development of strategic delivery plans (where not already in place) to shape planning processes.		
Programme support for service transformation R2 The Health Board should build the required programme capacity and	The Clinical Care Group is transitioning into an optimisation strategy which supports the pillars of transformation which include Outpatients and Ambulatory Care, Theatres & Patient Safety, Cancer & Medical Staff Stabilisation.	30 June 2025	Service Director for Planned and Specialist Care

Recommendation	Management response	Completion date	Responsible officer
capability to support planned care specialties transformation **(Exhibit 3).**	The Clinical Care Group have a dedicated and newly appointed Programme Lead for Planned Care Out-Patient & Ambulatory Transformation. The Care Group are working with the Director of Strategy and Planning to develop a Head of Planning and Programmes to oversee essential work plans and future planning. This post will also develop and oversee operational delivery plans and analytical capability development.	30 June 2025 30 September 2025	
Planned care risk R3 The Health Board should develop an operational planned care risk register ensuring all risks that impede improvement and transformation have a clear owner and ensure sufficient detail on mitigating actions is provided **(Exhibit 3).**	All planned care risks that impede improvement and transformation are logged onto HDUHB's risk register. Each risk will detail the owner and mitigating actions. The Health Board's Corporate Risk Register has logged the Planned Care delivery risk. This is regularly reviewed and scrutinised at Executive and Board sub-committee levels throughout the year. Each risk will detail tolerable score, and actions required to mitigate. Further improvement will form part of the New Clinical Care Group Transformation work stream.	30 September 2025	Service Director for Planned and Specialist Care
Monitoring impact of additional funding	HDUHB were recently audited by the Internal Audit team on Elective Waiting List Management. The findings ascertained substantial assurance that robust governance arrangements are in place to	30 June 2025	Director of Operational Planning and

Recommendation		Management response	Completion date	Responsible officer
R4	The Heath Board should strengthen its reporting on the use and impact of the additional Welsh Government planned care funding **(Paragraph 23).**	monitor and report waiting list performance through to Welsh Government. As an example, the Health Board was allocated approximately £6m in funding for additional activity above core activity to address the 104+ week cohort figures by the end of March 2024. The NHS Delivery Unit (DU) was tasked with monitoring progress of additional activity on a weekly basis. However, to compensate for the information required by the DU (which is not recorded in WPAS) the T&O Team developed a 'live' demand & capacity tracker to capture this data. A review of the weekly figures for January 2024 submitted to the DU reconciled to source data (noting minor variances due to timing differences). On a weekly basis the Health Board report the impact of the additional Welsh Government planned care funding by submitting weekly Delivery Unit returns detailing core and additional activity. Over 95% of the recovery allocation was applied and the factors that influenced slippage were outside the control of the Health Board. The Health Board reduced 104-week RTT breaches and 52-week OPD breaches down to Zero by the end of March 2025. The utilisation of recovery monies has been reported at Board Sub-	30 June 2025 30 June 2025 2025	Strategy (Budget holder for recovery funds).

Recommendation	Management response	Completion date	Responsible officer
	Committee and WG IQPD reviews in relation to volumes delivered and corresponding progress impact in reducing waiting times.		
Getting it right first-time reports R5 The Health Board should ensure timely completion of recommendations arising from the Getting It Right First-Time reports (Exhibit 6).	GIRFT recommendations are put onto the AMAT system (Audit Management & Tracking) where recommendations, timescales and completion dates are tracked to ensure timely completion. AMAT progress is scrutinised via the HB performance management arrangements and escalation process, with assurance on progress provided via the Board governance process. Overdue actions are scrutinised by ARAC • Urology GIRFT - there are currently 0 overdue recommendations, 6 on track, 16 complete, 4 partially complete and 3 'external' (outside the gift of the HB currently). • General Surgery GIRFT - there are currently 0 overdue & 21 complete. • Ophthalmology GIRFT – 16 actions are linked to CSP, additional funding or regionalisation, 4 are on track and 39 complete	31 March 2026	Service Director for Planned and Specialist Care
Managing clinical risks associated with long waits R6 The Health Board should strengthen its monitoring and reporting processes for	Patients on a waiting list are referred as urgent or routine. The proportion of patients triaged as urgent has increased post pandemic due to longer waits. Once RTT times have improved to pre-pandemic levels the urgent referral proportion will likely reduce as	30 September 2025	Associate Medical Director

Recommendation	Management response	Completion date	Responsible officer
managing clinical risks associated with long waits. • 6.1 develop and implement a consistent methodology for assessing the risk of harm to patients caused by long waits across specialties (Exhibit 7). • 6.2 develop a routine report to be presented at the Quality, Safety and Experience Committee that effectively reports risks and actual incidents of harm resulting from delays in access to treatment (Exhibit 7).	patients are less likely to come to harm waiting 36 weeks compared to 2 years. Patients referred are graded as routine or urgent upon Triage. Patients requiring urgent treatment, not able to wait are seen sooner within urgent capacity. This is separate to Cancer or routine capacity. This is monitored by the Clinical Care Group Governance structure The planned care directorate (General Manager Lisa Humphrey with CD and Head of Nursing) will develop a routine report to be presented at the QSEC that includes risk and actual incidents of harm resulting from delays in access to treatment.	30 September 2025 30 September 2025 2025	Service Director of Planned and Specialist Care/Assistant Director of Nursing/Associate Medical Director GM Planned Care and Specialist/ Head of Nursing and CD Planned Care Specialist Services TBC

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