Archwilio Cymru
Audit Wales

Tackling the Planned Care Challenges – Aneurin Bevan University Health Board

Date issued: July 2025

Document reference: 4621A2024

This document has been prepared for the internal use of Aneurin Bevan University Health Board as part of work performed in accordance with statutory functions.

The Auditor General has a wide range of audit and related functions, including auditing the accounts of Welsh NHS bodies, and reporting to the Senedd on the economy, efficiency, and effectiveness with which those organisations have used their resources. The Auditor General undertakes his work using staff and other resources provided by the Wales Audit Office, which is a statutory board established for that purpose and to monitor and advise the Auditor General.

Audit Wales is the non-statutory collective name for the Auditor General for Wales and the Wales Audit Office, which are separate legal entities each with their own legal functions as described above. Audit Wales is not a legal entity and itself does not have any functions.

In the event of receiving a request for information to which this document may be relevant, attention is drawn to the Code of Practice issued under section 45 of the Freedom of Information Act 2000. The section 45 Code sets out the practice in the handling of requests that is expected of public authorities, including consultation with relevant third parties. In relation to this document, the Auditor General for Wales and the Wales Audit Office are relevant third parties. Any enquiries regarding disclosure or re-use of this document should be sent to Audit Wales at infoofficer@audit.wales.

We welcome correspondence and telephone calls in Welsh and English. Corresponding in Welsh will not lead to delay. Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg. Ni fydd gohebu yn Gymraeg yn arwain at oedi.

Contents

Summary report

About this report

1 This report sets out the findings of work on planned care recovery that we have undertaken at Aneurin Bevan 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 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 is currently Level 4 escalation for finance, strategy and planning under the NHS Wales escalation and oversight framework. The financial position has a direct bearing on the affordability, sustainability and recovery of planned care services.

Key facts

£96.3m the amount of additional funding the Health Board has received from Welsh Government between 2022-23 and 2024-25 to support planned care improvement.

144,246 the overall size of the waiting list at February 2025.

63% the percentage growth in the overall waiting list between April 2019 and February 2025.

15,096 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 increased by 54%, since April 2022.

1,623 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 78% since April 2022.

90% 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 62% 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 56% reduction of ‘over 14 week’ therapy waits since April 2022.

26,280 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 increased by 24% since April 2022.

Key messages

Overall conclusion

8 Overall, we found **with the assistance of additional short-term funding the Health Board has made good progress in reducing the longest waits, however the overall number of patients waiting remains high. The Health Board needs to develop more to meet demand. It also needs to accelerate the introduction of arrangements to support patients who are waiting and to improve how it reports 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. However, delayed discharges continue to limit what would otherwise be available capacity for planned care services.
- The Health Board is spending its additional Welsh Government planned care allocation in line with its plans. Not all is being spent on securing additional planned care capacity or service modernisation.
- 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.
- The Health Board has started to deliver more efficiencies but there remain opportunities, particularly in relation to increasing the use of virtual appointments, improving utilisation of theatres and increasing the use of day surgery.
- The Health Board has been slow to implement the Welsh Government's Promote, Prevent and Prepare policy fully; and reporting on the incidence of harm associated with planned care waits needs to be improved.

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

- In overall terms, the continued growing backlog of people waiting to be treated presents a substantial problem for the Health Board. There are now over 144,000 open treatment pathways.
- The Health Board has not met the majority of recent national planned care recovery targets, but has recently made good progress addressing the longest waits:

- The number waiting over a year for their first outpatient appointment increased has from 9,805 patient pathways in April 2022 to 15,096 in February 2025;
- The number waiting over 2 years for treatment reduced from 7,483 patient pathways in April 2022 to 1,623 in February 2025;
- The Health Board did not meet the target of increase the speed of diagnostic testing and reporting to eight weeks and 14 weeks for therapy interventions by Spring 2024. In February 2025, there remained 1,619 patients waiting over 8 weeks for diagnostics and 320 patients waiting for therapies over 14 weeks.

Barriers to improvement

- 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, radiology, ophthalmology and ultrasound diagnostics.
- 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 the Health Board needs to continue to embed these arrangements, and review and monitor progress to ensure positive results and value for money.

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 The Health Board should develop a detailed Planned Care improvement plan which aims to both design and deliver sustainable planned care services in the medium to longer term and to take advantage of opportunities for further regional working. The plan should be costed, with realistic but challenging milestones within it. This could form part of wider Health Board planning developments, if sufficiently detailed and costed **(Exhibit 2).**

Recommendations

Monitoring impact of additional funding

R2 The Heath Board should strengthen its reporting on the use and subsequent impact of the additional Welsh Government planned care funding (**Paragraph 24**).

Efficiency and productivity

R3 There are opportunities to improve productivity and efficiency. The Health Board should:

- 3.1 Develop and rollout approaches to increase the use of virtual appointments, where clinically appropriate (**Exhibit 6**).
- 3.2 Review and improve its approach to pre-operative assessment and patient reminders to reduce the number of theatre cancellations where patients are either unfit for the procedure, or do not attend **(Exhibit 6).**
- 3.3 increase use of day surgery to GIRFT recommended level of 85% (**Exhibit 6**).

Promote, Prevent and Prepare for Planned Care policy

R4 The Health Board should:

- 4.1 Complete the establishment of the 'Promote, Prevent and Prepare (3P's) for Planned Care' contact centre **(Exhibit 7).**
- 4.2 Complete the rollout of the 3Ps service to cover all specialties (**Exhibit 7**).

Risk/ harm

R5 In order to strengthen its arrangements for managing the clinical risks associated with long waits, the Health Board should:

- 5.1 Building on the arrangements in ophthalmology services, develop and implement a consistent methodology across specialties for assessing the risk of harm to patients caused by long waits (**Exhibit 7**).
- 5.2 Develop a routine report to be presented at the Quality and Safety Committee that effectively report 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, 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 focussing its efforts on securing planned care improvements and service developments. However, its wider financial position is constraining the extent that it is seeking to secure the capacity necessary to significantly reduce the waiting list backlog. It needs 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'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 which includes a 'Three Year Intent to develop sustainable services by 2027' sets out the priority for planned care. However, this is overly 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 **(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?	**Yes**	The plan was developed following detailed discussions with directorates on demand and capacity analysis.

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**	Whilst, the Health Board's health pathways, outpatient transformation and diagnostics workstreams are focussing on service modernisation and transformation, there is little detail set out on the future shape of services or plans to ensure services are affordable or when these will be delivered.
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**	The Health Board has aligned its plans with its partners to develop regional capacity in some areas. Regional partnerships between Aneurin Bevan, Cardiff and Vale and Cwm Taf Morgannwg University Health Boards are making some progress. Aneurin Bevan are responsible for hosting the regional ophthalmology (cataracts) programme. Cardiff and Vale and Cwm Taf Morgannwg University Health Boards are starting to introduce regional orthopaedic arthroplasty and diagnostic services in the Llantrisant Health Park. There is a bi-monthly regional oversight board with regional delivery board taking place monthly.

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 to support planned care improvement in the short term.**

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?	**Yes**	The Health Board's Planned Care Recovery Programme Board provides appropriate strategic oversight, sets the direction and monitors delivery progress. Several workstreams support the programme. These include a focus on theatres, outpatients, diagnostics, waiting well, health pathways and the planned care academy. These are all clearly defined with terms of references and appropriately resourced. The programme board is chaired by the Deputy Chief Operating Officer with the attendance of the Executive Director for Strategy, Planning and Partnerships.
Is planned care recovery supported by clearly defined operational accountabilities and effective clinical leadership?	**Yes**	The Chief Operating Officer has overarching operational responsibility for planned care, supported by the Deputy Chief Operating Officer. The Health Board's divisional directors take the lead for planned care delivery within their own areas and are held to account for the delivery of trajectories. Clinical leads support the planned care programme board and programme workstreams. We found evidence of clinical engagement across a range of initiatives including orthopaedics, physiotherapy and consultant engagement in spinal service developments, and outpatient transformation.

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's workstreams and directorates all report and escalate risks to the Planned Care Programme Board via their updates which are then incorporated into the Planned Care Recovery update report to Board and Finance and Performance Committee. However, there is no Planned Care Programme Board specific risk register, which may result in some risks or mitigating actions not being effectively tracked or prioritised. It also makes it more difficult to assess whether mitigating actions are effective.
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 and committee performance reports track and monitor planned care targets, including the ministerial priorities and contain good quality data. Targeted Intervention performance reporting also adds further scrutiny to planned care targets.

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 £96.3 million in additional Welsh Government funding. While it is spending this in line with its plans, not all is being spent on securing additional planned care capacity or service modernisation.**

19 To support planned care recovery over and above existing funding, the Health Board received a total additional Welsh Government allocation of £96.3 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	33.9
2023-24	30.2
2024-25	27.1
Additional in-year Welsh Government allocation	5.1[4]
Total allocated	96.3

Source: Health Board financial self-assessment returns

20 The Health Board can fully account for the Welsh Government planned care funding it has received. Health Board officers have indicated initial guidance on the use of this funding was quite broad and not specifically ring-fenced to planned care improvement. However, some areas of spend appear to continue to sit outside the remit of planned care **(Exhibit 5).** During 2023-24, the Health Board was allocated £30.2 million for planned care recovery. The Health Board has indicated that from its allocation it has spent £470,000 for Birthrate Plus[5], £3.9 million on inter-site transport, £4.0 million on safer staffing. The Health Board also allocated an additional £8.9 million on core activity, but did not provide any further specific details on what this purchased.

21 During 2023-24, the Health Board made the decision to significantly reduce any elective Waiting List Initiatives as part of financial recovery programme (other than cancer related diagnostics and procedures, 156 week waits and ENT). This decision supported the financial plan but will have affected the pace of waiting list recovery. The Health Board's use of Welsh Government allocations is broadly the same for 2024-25 although the Health Board allocated an additional £1 million to support the longest waiting planned care patients.

22 With recent additional Welsh Government funding, the Health Board restarted Waiting List initiatives to deal with elective waiting times late in 2024-25. Specific work has been undertaken to tackle 2 year waits in orthopaedics, ENT as well as

[4] In November 2024, the Welsh Government allocated the Health Board a further £3.8 million non-recurrent funding to reduce 104-week waits for orthopaedics, and a further £1.3 million for diagnostic schemes in neurophysiology, cardiology and endoscopy.

[5] Birthrate + is a workforce planning tool for maternity workforce planning.

ophthalmology. The Health Board has also targeted activity to diagnostics to support cancer services. The Health Board has indicated that when additional non-recurrent in-year funding is provided and confirmed at short-notice later in the financial year, it is sometimes challenging to spend because of difficulty setting up short-notice contracts with providers. Despite the additional Welsh Government funding, the Health Board continues to face ongoing financial pressures which may continue to affect planned care recovery.

Exhibit 5: use of the 2023-24 Welsh Government additional financial allocation

	Performance improvement funding (£m)	Regional working and transformation funding (£m)	Transformation funding (£m)
Regional working – Ophthalmology and Endoscopy		6.04	
3P's implementation			0.80
Clinical leads SLA			0.23
Planned care recovery fund – Transformation, SLA, pathway editors	1.50		
Planned and Unscheduled Care Sustainability:			
• Inter-site transport	3.99		
• Birthrate+	0.47		
• Safer staffing	4.01		
• Core activity	8.93		
• Radiology outsourcing	1.21		
• Enhanced care	1.42		
• Increased levels of variable pay	2.54		
• Laboratory Information Network Cymru (LINC)	0.03		
Subtotal	24.10	6.04	1.03
Continued Regional Schemes spend	9.42		
Total	**33.52**	**6.04**	**1.03**

Source: Health Board self-assessment returns

Monitoring impact of additional funding

23 We found that **the Health Board has limited arrangements in place for overseeing its use of the additional Welsh Government planned care financial allocation and its expected impact.**

24 We have considered the extent that Health Board oversees the use of the Welsh Government planned care financial allocations. The Board and the Finance and Performance Committee receive regular reports aligned to its Annual Plan delivery, this includes its financial planned care commitments and performance targets for the current year. The Health Board's Planned Care Recovery Programme Board reviews the progress of the planned care workstreams. This includes financial commitments by speciality, regionally funded programmes and use of funding to increase service capacity. However, we have not seen evidence of detailed monitoring of how the additional £96 million has been spent or reporting on the extent that specific investments have delivered the expected planned care improvements **(Recommendation 2).**

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 the Health Board is taking reasonable action to make services more efficient, but there is much more to do. It needs to increase use of virtual outpatient appointments, improve utilisation of theatres and increase the 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	The Health Board received reviews on its gynaecology, trauma and orthopaedics, general surgery, ophthalmology, urology and theatres/elective optimisation. The individual specialties are responsible for responding to the recommendations in the reviews. Progress is monitored through the Productive and Effective Elective Pathways Plan with the Planned Care Recovery Programme Board providing oversight. The Health Board is making reasonable progress in responding to GIRFT reviews in trauma and orthopaedics and ophthalmology, with further work ongoing in theatres.
Arrangements for measuring and managing productivity of services	The Health Board is focussing on improving productivity of services through its productive and effective elective pathway plan and the road map to sustainability. This includes initiatives that are focussing on health pathways, patient access, outpatient transformation, diagnostics, elective capacity and theatre utilisation and the development of a planned care academy. The Health Board is also engaged in the Welsh Government elective optimisation programme. These arrangements include: • establishment of theatres utilisation group and theatre maximisation programme. • work to reduce 'Did Not Attends' in outpatients. • day surgery maximisation Group. • medical e-system to provide greater transparency and to inform demand and capacity modelling. • pooled waiting lists, which may enable better theatre scheduling. Our analysis of efficiency data below and in **Appendix 3** suggests greater opportunity to release further planned care efficiencies.
Reducing non-attendance at outpatient appointments	The Health Board is working to reduce non-attendance at outpatient appointments by actively monitoring 'Did Not Attend' rates via monthly reporting to the planned care programme board. The outpatient transformation team have led monthly task and finish group with directorates to monitor progress, share good practice and troubleshoot areas of high rates. **Exhibit 18** shows some recent improvement in outpatient Did Not Attend rates. Nevertheless, for the 12-month period to February 2025, Did Not Attends represented around 5.5% of total outpatient clinic activity equating to approximately 31,900 lost patient appointments. This represents a lost opportunity cost of around £4.8 million. If the Health Board could reduce its outpatient Did Not Attend rates by 20%, it could potentially save around £0.96 million.

Opportunity area	Audit findings
Making use of "virtual" outpatient appointments	Virtual outpatient appointments can have a positive impact in reducing the need for travel and the risk of hospital acquired infections. **Exhibit 19** shows that the Health Board's utilisation of virtual outpatient appointments for the since the start of the 2024-25 to February 2025 was 15.7% of all outpatient appointments. The Health Board should seek to make better use of virtual outpatient appointments **(Recommendation 3.1**).
Reducing the number of cancelled operations	The Health Board increased focus on cancelled operations is delivering improvements. The Theatre Utilisation Group has been tasked with reducing the number of cancellations. It has set a target of reducing cancellations with less than 4 weeks' notice outside of avoidable reasons to 0%. Its arrangements are resulting in improvements and the percentage had fallen from 41% in April 2024 to 23% in October 2024. There remains work to do but the improvement is encouraging. Our most recent analysis indicates that the Health Board has the second lowest short-notice surgical cancellations in Wales. Nevertheless, around 9% of surgery (2500 procedures) were cancelled at short notice (within 24 hours) in the 12-month period to February 2025 suggesting a significant productivity loss **(Exhibit 20)**. The main reasons were patients being unfit for procedure, did not attend, inconvenient appointment and clinical staff unavailability **(Exhibit 21**). This suggests a need to improve pre-operative assessment, strengthening arrangements to remind the patient of their appointment and building resilience into staffing resourcing models where possible **(Recommendation 3.2).**
Improving operating theatre utilisation	There are clear arrangements for monitoring and managing theatre utilisation, and these are starting to deliver improvements. The theatre utilisation group established in January 2024-25, is responsible for monitoring and improving theatre scheduling, and utilisation of theatre capacity. This is supported by weekly theatre scheduling and patient focussed scheduling meetings. The GIRFT target for theatre utilisation stands at 85%. The Health Board has indicated that its average theatre utilisation was 89.1% over 2024-25.

Opportunity area	Audit findings
Making more use of day case surgery	The Health Board is not maximising its use of day case surgery. Between the start of the financial year and February 2025, 69% of all elective surgery cases within the Health Board were day case (**Exhibit 22**). This is below the 'All Wales' average of 74% and the Getting it Right First Time 85% target **(Recommendation 3.3).** The Health Board has established a day surgery maximisation group with engagement across surgical specialties. This group has undertaken a review of surgical procedures with the specialties identifying opportunities for increasing day case surgery levels. It has also reinforced guidance to clinicians to reduce unnecessary admission prior to the day of surgery and the requirement for same day discharge unless it is unsafe.
Effective consultant job-planning	Job planning arrangements are not effective. At the time of our work only 20.5% of consultants had an up-to-date job plan. The Health Board recognises that it needs to improve and is working to address this through increasing resources to job planning. Individual and team-based job planning creates the opportunity to shape services so that they become more efficient, set out productivity expectations and can help clinical engagement in service modernisation. The Health Board's Internal Audit Service are planning to review consultant job planning in more detail in 2025.
Pooled lists within a Health Board speciality to ensure it treats its patients in turn	The Health Board has introduced pooled lists in a small number of specialties, including, surgery, rheumatology, dermatology, urology, ENT, maxfax, and upper and lower gastrointestinal (day case) but recognises there is more work to do. The Health Board also needs to improve its treat in turn processes and is currently working to improve its practice in this area.

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, while facing challenges, is attempting to protect planned care capacity through its elective site model. It is also securing some additional planned care capacity and making some progress with regional working but unless these significantly increase the Health Board is unlikely to reduce the overall waiting list and associated long waits.**

30 The Health Board is taking action to protect planned care from emergency pressure, with protected, ring-fenced elective capacity at Royal Gwent and Nevill Hall hospitals. However, there is anecdotal evidence that theatres at Nevill Hall are underutilised, with capacity not being used effectively. The Health Board is also struggling to ensure effective patient flow. Our regional review of patient flow out of hospital indicates that delayed discharges present significant challenge, with on average 250 beds lost at any given time. This is limiting what would otherwise be available capacity for planned care services.

31 The Health Board is outsourcing to boost planned care capacity to help it meets its short-term needs. In 2023-24 the Health Board secured additional radiology reporting capacity and spent £8.9 million on core activity (2,583 treatments and 7,711 outpatient appointments) which has continued into 2024-25. However, at the same time, the Health Board reduced its waiting list initiatives particularly for orthopaedics as this was seen as financially unsustainable. While Waiting List Initiatives have recently restarted, the consequence of insufficient capacity and productivity is that this is limiting the pace of waiting list recovery. This is a particular concern for orthopaedics and ophthalmology services, where the backlog has increased.

32 Regional working is making reasonable progress. Aneurin Bevan, Cardiff and Vale and Cwm Taf Morgannwg University Health Boards have agreed to develop regional ophthalmology, diagnosis, orthopaedics and stroke services. The Health Board is the 'host' organisation leading on the development of a regional eyecare solution for ophthalmology. This is currently focussing on development of regional cataracts services although the intent is to provide a wider range of specialist eye care services in the longer term. Audit Wales are currently undertaking a review of eye care services in the Health Board which it plans to report on by April 2025.

Managing clinical risk and harm associated with long planned care waits

33 Long patient waits increases 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 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 has been slow to implement the Welsh Government's Promote, Prevent and Prepare policy and it needs to strengthen its reporting on 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[6]?	**No**	The Health Board has been slow to implement the first phase of Welsh Government's Promote, Prevent and Prepare policy (3Ps) for planned care. The current 'keeping well' service provides limited signposting to other resources and a new telephone service does not allow incoming calls so there is no way of the patient being able to contact the service with their queries **(Recommendation 4.1).** The Health Board are preparing a phased launch of a Single Point of Contact service for ENT, however, there were delays due to workforce recruitment challenges. We understand that the roll out of a phone number for all specialties could also take time **(Recommendation 4.2).**
Is the Health Board assessing the risk to patients waiting the longest?	**No**	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 5.1).**
Is the Health Board capturing and reporting evidence of harm resulting from waiting list delays and is reporting on it to the Patient Quality, Safety and Outcomes Committee?	**Partially**	The Health Board has reported to the Patient Quality, Safety and Outcomes Committee regarding incidents of harm associated with Ophthalmology. However, the Health Board does not routinely report evidence of harm resulting from waiting list delays. Given the high numbers of patients waiting, particularly upon follow-up outpatient lists, many within specialties managing high-risk conditions, we remain concerned about the level of risk and potential harm coming to these patients **(Recommendation 5.2).**
Is the Health Board effectively balancing the tension between eliminating long waits and managing clinical	**Partially**	The Health Board has a Treat in Turn policy and are working to improve compliance. The Health Board have established a methodology to provide data prospectively allowing service managers to improve treat in turn which can be quantified to measure progress.

[6] 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
risks in its approach to prioritising patients?		
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 has acknowledged that some patients will seek private treatment outside of the NHS due to the long waits that they have experienced. However, the Health Board does not have a mechanism of recording or monitoring how many patients may have left the waiting list in favour of private treatment. In November 2024 the Board approved a policy for private practice which set out clearly the expectations of consultants undertaking private practice, as well as the principles as well as the governance and rights of patients who transfer from private sector care back to the NHS.

Source: Audit Wales fieldwork

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

36 We analysed current 'Referral to Treatment'[7] 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.

37 We found that **the Health Board is not meeting Welsh Government performance targets and at the same time, overall numbers of waits remain substantially higher than before the pandemic.**

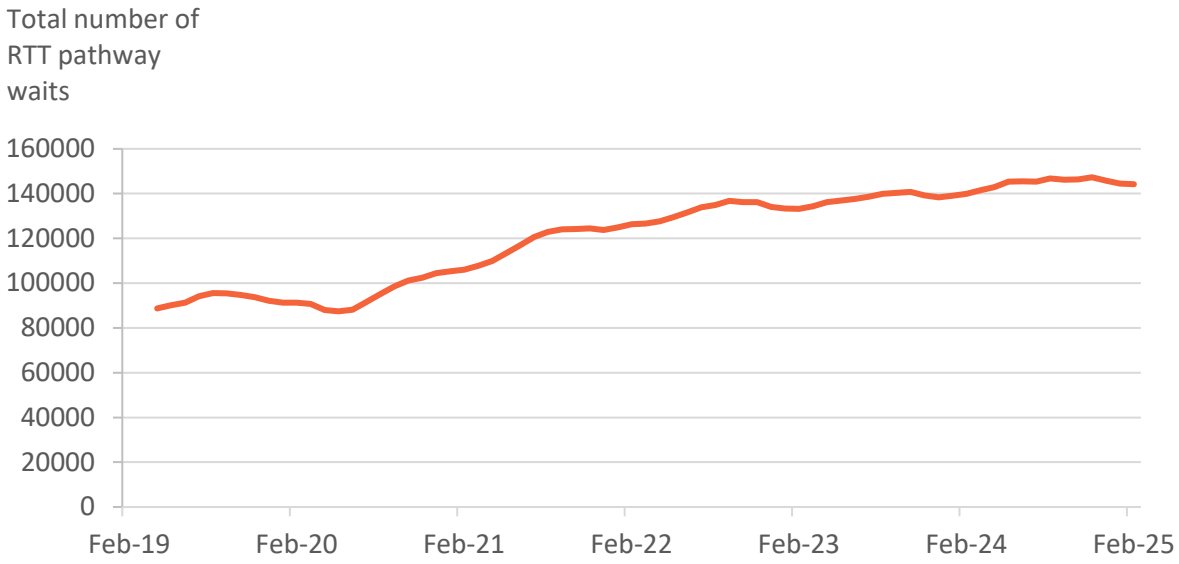
[7] Referral to Treatment is how the NHS records the timeliness of planned care. It starts when a Health Board receives a referral and finishes when it has treated the patient. During that patient pathway, the NHS records distinct stages, including new outpatient appointment, diagnostic, follow up appointment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

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 waiting list. We have also considered both the volume of waits for diagnostics and therapy services and trends in referral rates. We found that **the long-term growth in backlog of people waiting to be treated presents a substantial problem for the Health Board. Noting some recent improvements, there remain over 144,000 open treatment pathways[8].**

39 **Exhibit 8** shows the overall trend of planned care waits for the Health Board since April 2019. This indicates a 63% increase in the number of waits from 88,697 in April 2019 to 144,246 in February 2025.

Exhibit 8: planned care waiting list size by area of residence, Aneurin Bevan University Health Board

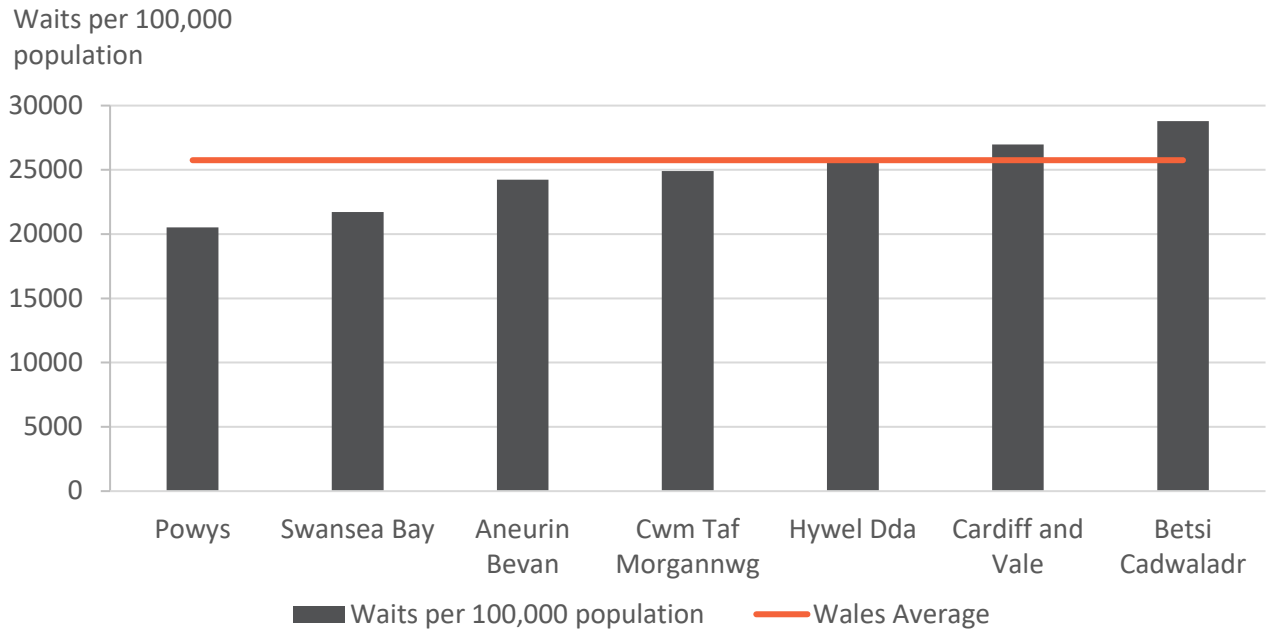


Source: Welsh Government, Stats Wales

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

40 **Exhibit 9** provides a comparative picture of the volume of waits across Wales. This shows that Aneurin Bevan is slightly below the all-Wales average.

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[9]. 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**[10]).
- 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.

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

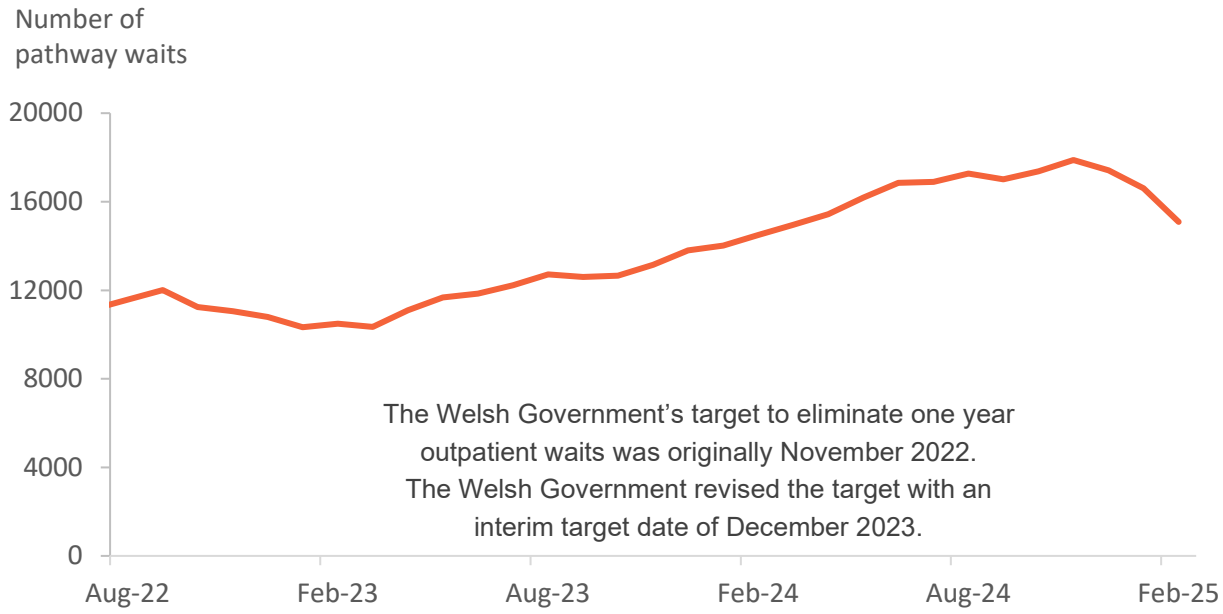
[10] Health boards did not meet the original targets for first outpatient appointment and number of people waiting longer than two years. As a result, the Welsh Government agreed to set interim targets (**in bold**, above).

42 We found that **the Health Board is not meeting the majority of the Welsh Government's national planned care recovery targets.**

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 did not meet the target to reduce 52-week outpatient waits by December 2023. After long period of growth in 2023 and 2024, the Health Board has now started to notably improve.

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

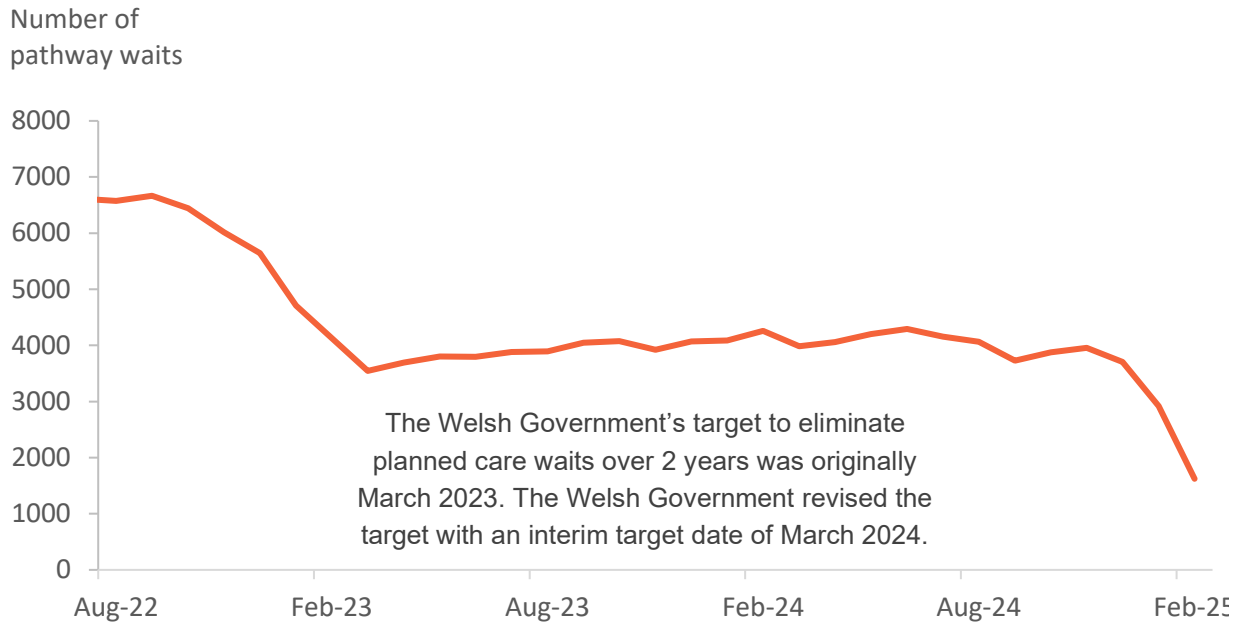


Source: Welsh Government, Stats Wales

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

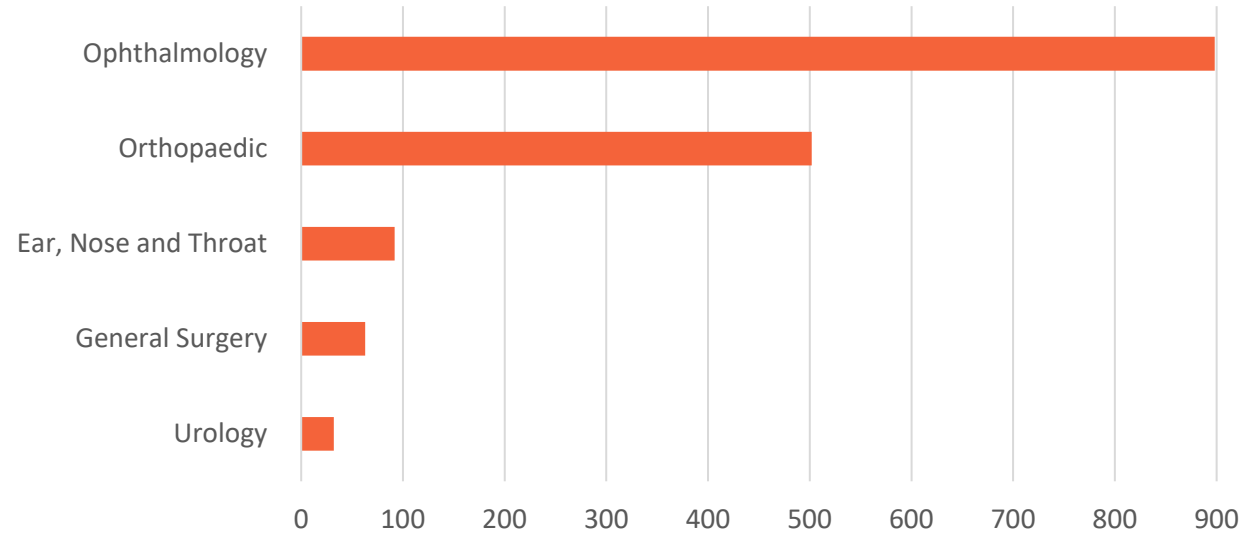
44 **Exhibit 11** shows that the Health Board did not meet the revised Welsh Government target to eliminate waits over 2 years by March 2024. While making good initial improvement, performance has remained static over the last year and has again made notable improvements since December 2024. Of those waits currently over 2 years, **Exhibit 12** shows that the most extreme waits are in a small number of specialties. ENT, orthopaedics and ophthalmology are clear specialties of concern but long 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 2 years, by Health Board of residence, Aneurin Bevan 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, Aneurin Bevan University Health Board

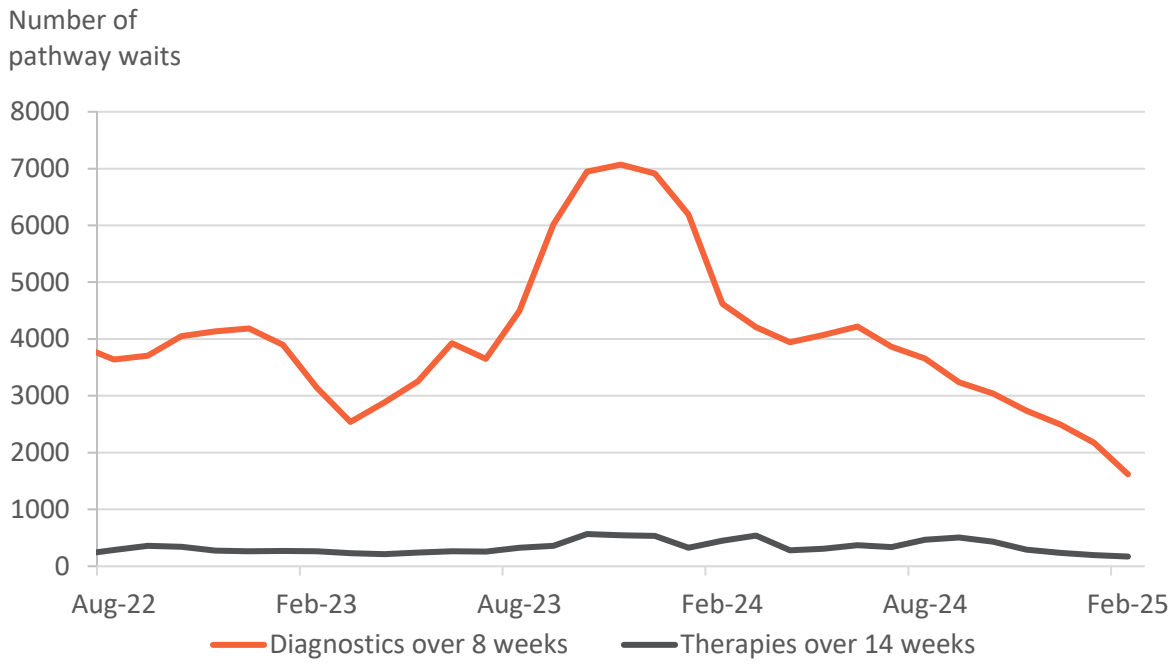


Source: Welsh Government, Stats Wales

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. While there are a small number of long therapies waits, the position is steady. Whilst the Health Board did not meet the target for diagnostic services there is an improving position. The it should eliminate over 8-week diagnostic waits during 2025 if recent trends continue **(Exhibit 13)**[11]**.** Of its diagnostic services, diagnostic endoscopy and neurophysiology diagnostics are the areas of greatest concern because of the volume and 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 8-week target, therapies waits is a 14-week target), Aneurin Bevan University Health Board



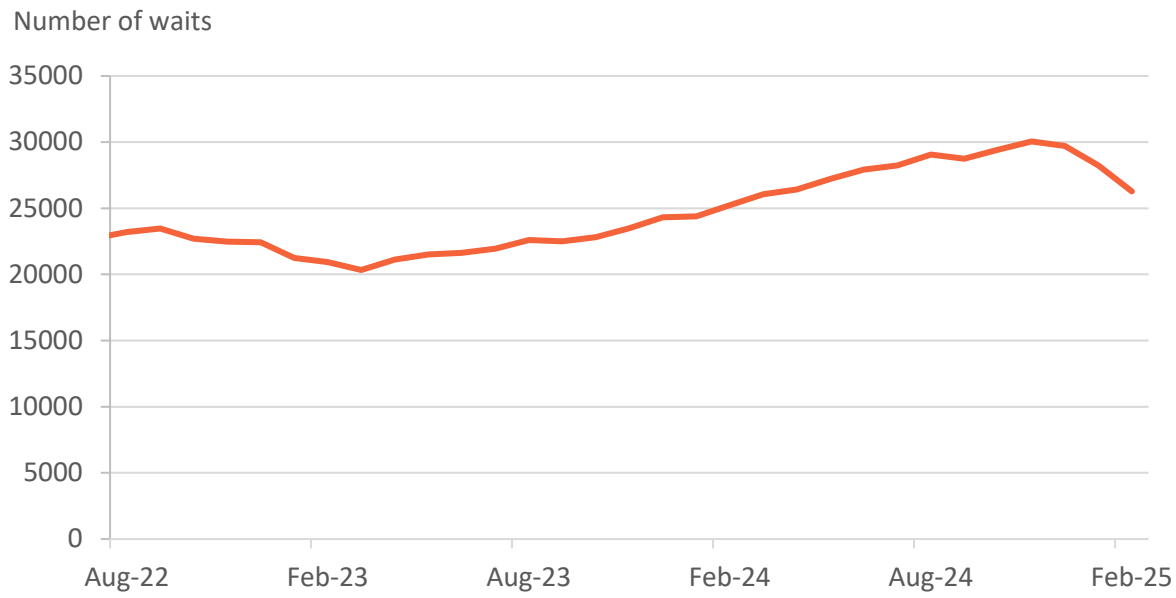
Source: Welsh Government, Stats Wales

[11] Neurophysiology data for Aneurin Bevan local health board became available in June 2023, adding around 1,000 pathways that had not been reported previously. Neurophysiology diagnostic services were provided by Aneurin Bevan before June 2023, however those data are not available. This affects the comparability of diagnostics data for Aneurin Bevan over time.

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 some recent improvement since December 2024 following a long period of deterioration. Despite the recent improvement, the Health Board will struggle to meet the Welsh Government target across most specialties. There remain significant numbers of open patient pathways in trauma and orthopaedics, ophthalmology, ENT, general surgery, oral surgery and urology.

Exhibit 14: the number of pathway waits that are over a year, Aneurin Bevan 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. Patient referral levels have increased over the last five years, but medical and surgical admissions only returned to 2019 levels in 2023-24 **(Exhibits 16 and 17, page 36**). This suggests that the Health Board may continue to experience a mismatch where demand outstrips capacity and for which it does not yet have a sustainable solution or plan. It has carried out deep dive reviews within specialties to understand the issues and is developing action plans.
- **Financial pressures** - The Health Board has 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 on the extent that it can afford to fund planned care to the levels needed. This is likely to slow the pace of recovery.
- **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. We were also informed of recruitment challenges in radiology, ophthalmology and ultrasound diagnostics. Officers also suggested that morale and staff sickness are also affecting planned care improvement.

50 The Health Board has taken action to address some of these barriers. To address issues with productivity the Health Board is implementing its effective elective pathway plan and the road map to sustainability. This includes initiatives that are focussing on health pathways, patient access, outpatient transformation, diagnostic and elective capacity and theatre utilisation as described in **Exhibit 6**. The Health Board is also developing its planned care academy to address the lost experience amongst teams in managing planned care. The academy provides training and support to operational teams to help improve waiting list management, support for career development. guidance on the effective use of business intelligence and how to use the Welsh patient administration system correctly (WPAS).

51 The Health Board has had success with improving the utilisation of its theatres and is progressing well with its effective elective pathway plan. The Health Board needs to continue to embed these arrangements, and review and monitor progress to ensure positive results and value for money.

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 3-year intent • Route map to service and financial sustainability • Public Board Meeting papers • Planned Care Recovery Programme Board papers • Performance & Finance Committee papers • Patient Quality, Safety & Outcomes Committee 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 • Deputy Chief Operating Officer • Divisional Director for Clinical Support Services • Divisional Director for Surgery Division • Deputy Medical Director • General Manager for Surgery Division and Outpatients Transformation Lead • General Manager for Clinical Support Services

Element of audit methods	Description
	• Chair of Patient Quality, Safety & Outcomes Committee • Assistant Finance Director
Observations	We observed the Planned Care Recovery Board Group in August 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.

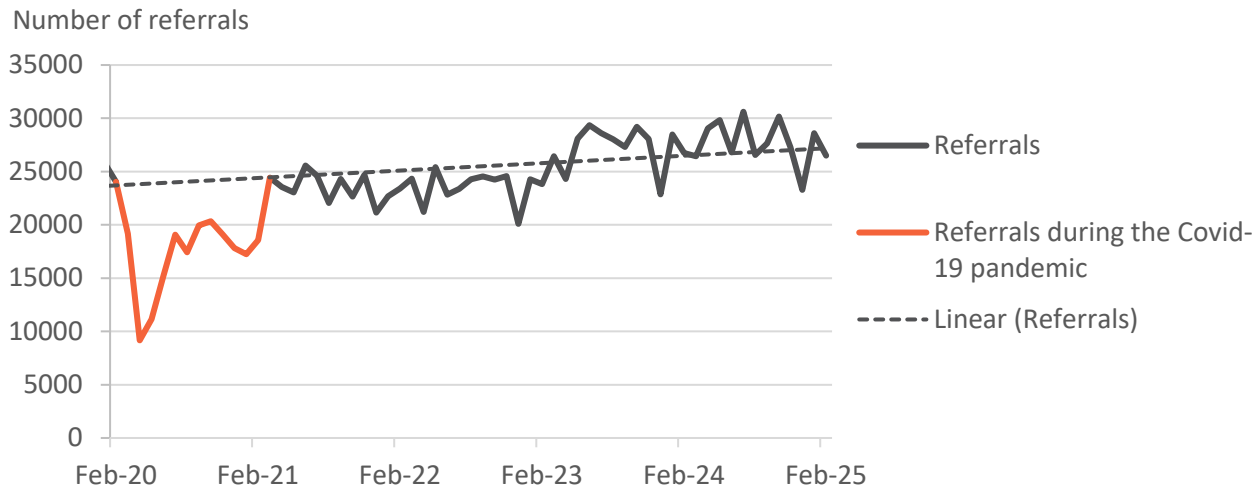
Level 2 questions	Level 3 questions	Audit Criteria (what good looks like)
Is the Health Board maximising the impact of its funding to address the planned care backlog?	Is it clear what additional monies have been received by the Health Board? Is it clear what the additional waiting list monies has been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

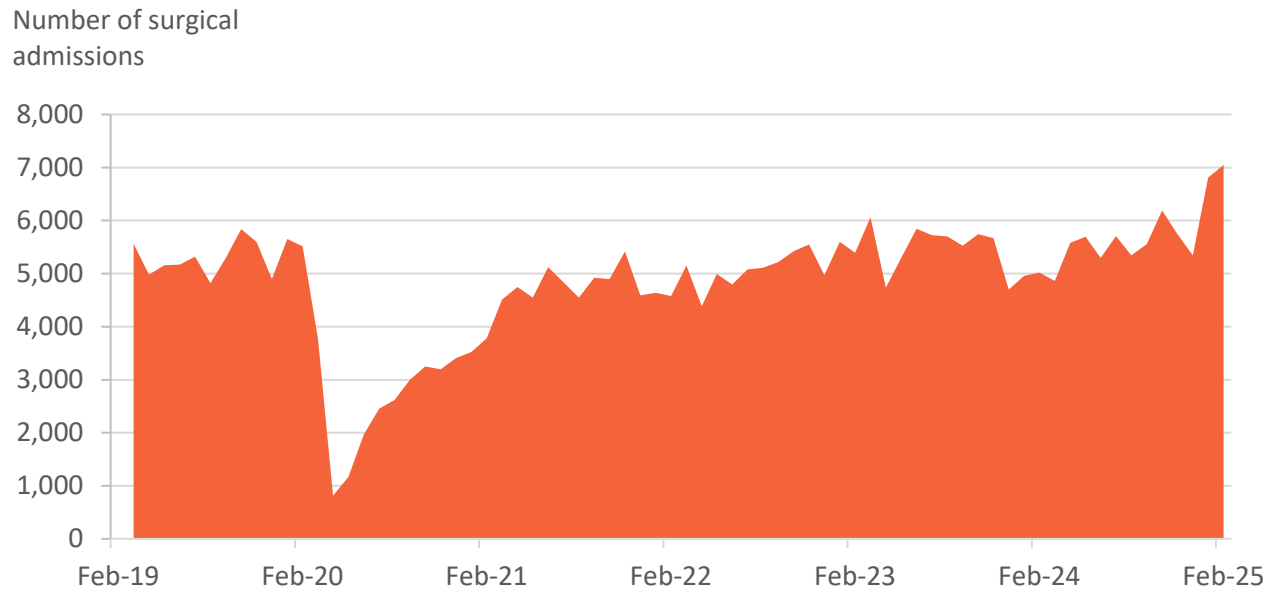
Additional data analysis on planned care

Exhibit 16: trend of monthly referrals to Aneurin Bevan University Health Board



Source: Welsh Government, Stats Wales

Exhibit 17: Monthly elective medical and surgical admission levels, Aneurin Bevan University Health Board

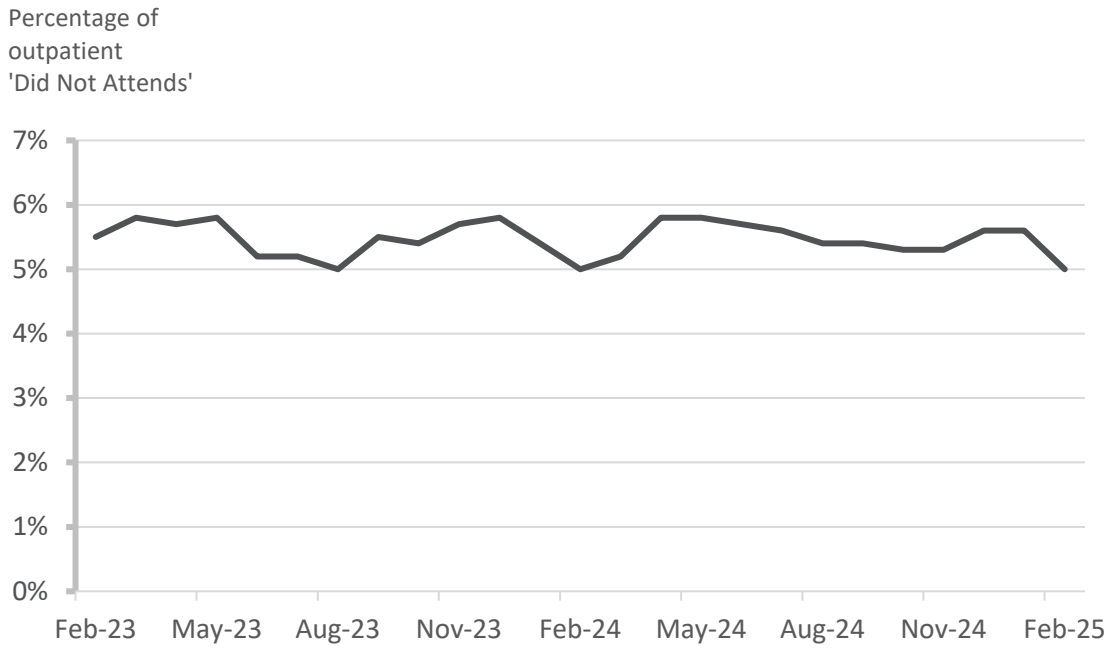


Source: Digital Health and Care Wales secondary care dashboard

Outpatient services

52 Outpatient appointments where a patient 'did not attend' is inefficient. **Exhibit 18** shows that the Health Board's 'Did Not Attends' over the last 12 months on average is around 5.5% of total outpatient clinic activity. This equates to around 31,900 lost patient appointments. It represents a lost opportunity cost of around £4.8 million (£150 per appointment[12]). If the Health Board could reduce its outpatient Did Not Attends by 20%, it could potentially save around £0.96 million.

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

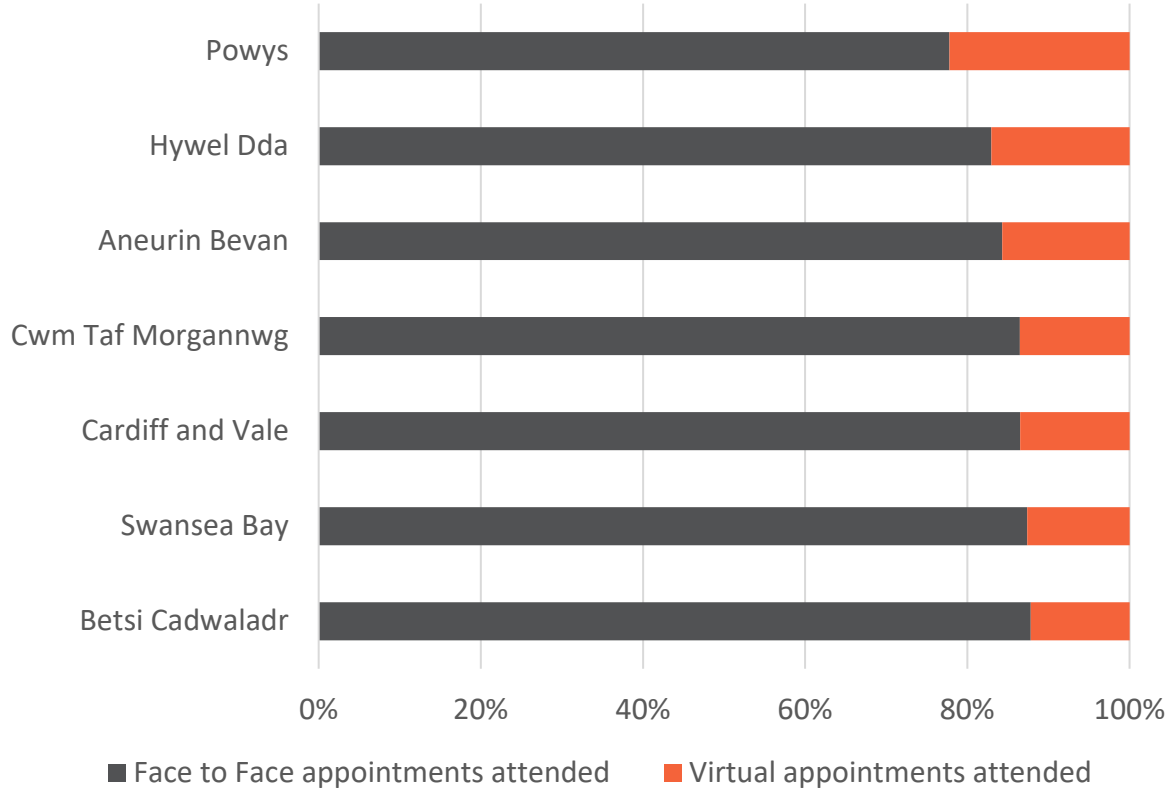


Source: Digital Health and Care Wales secondary care dashboard and datasets

[12] 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.

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.

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

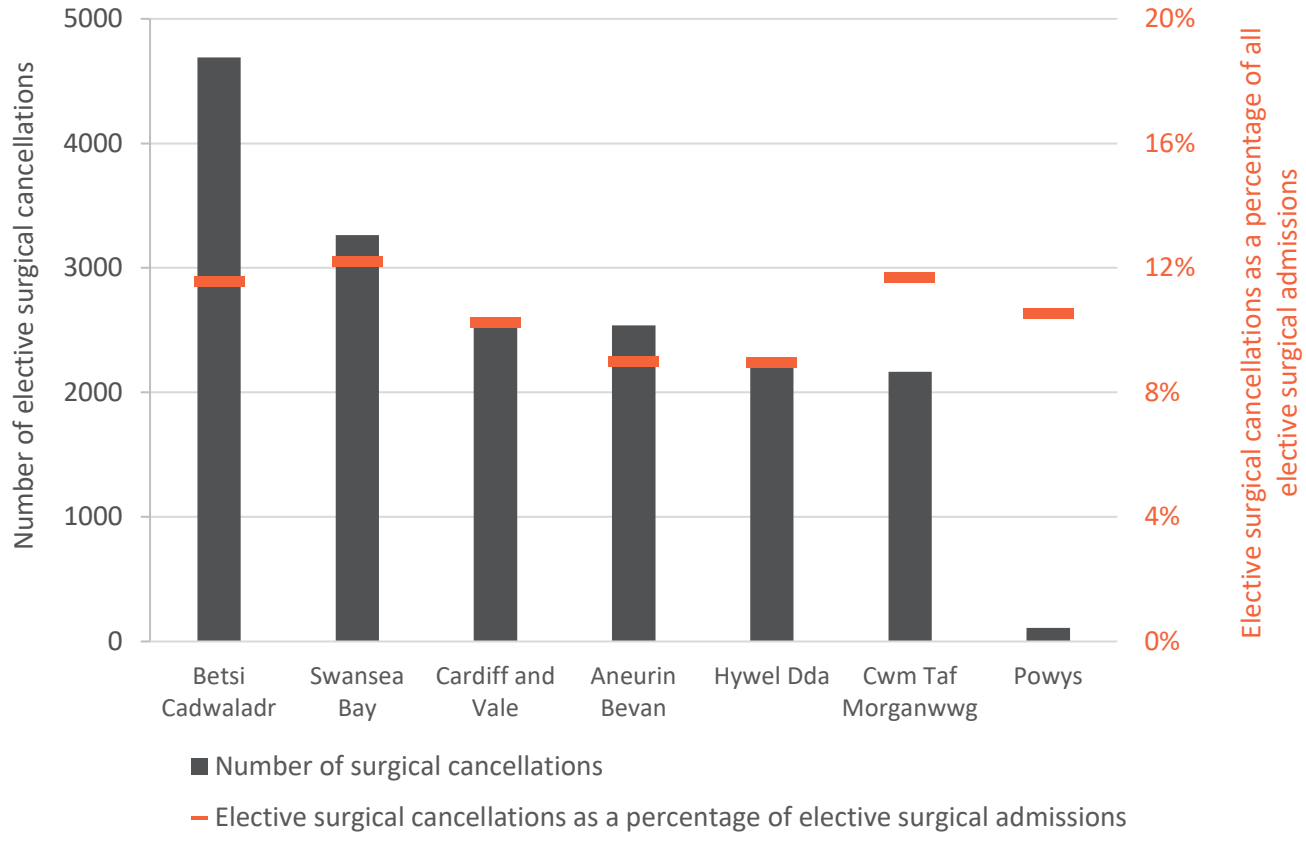


Source: Digital Health and Care Wales secondary care dashboard and datasets

Surgical cancellations

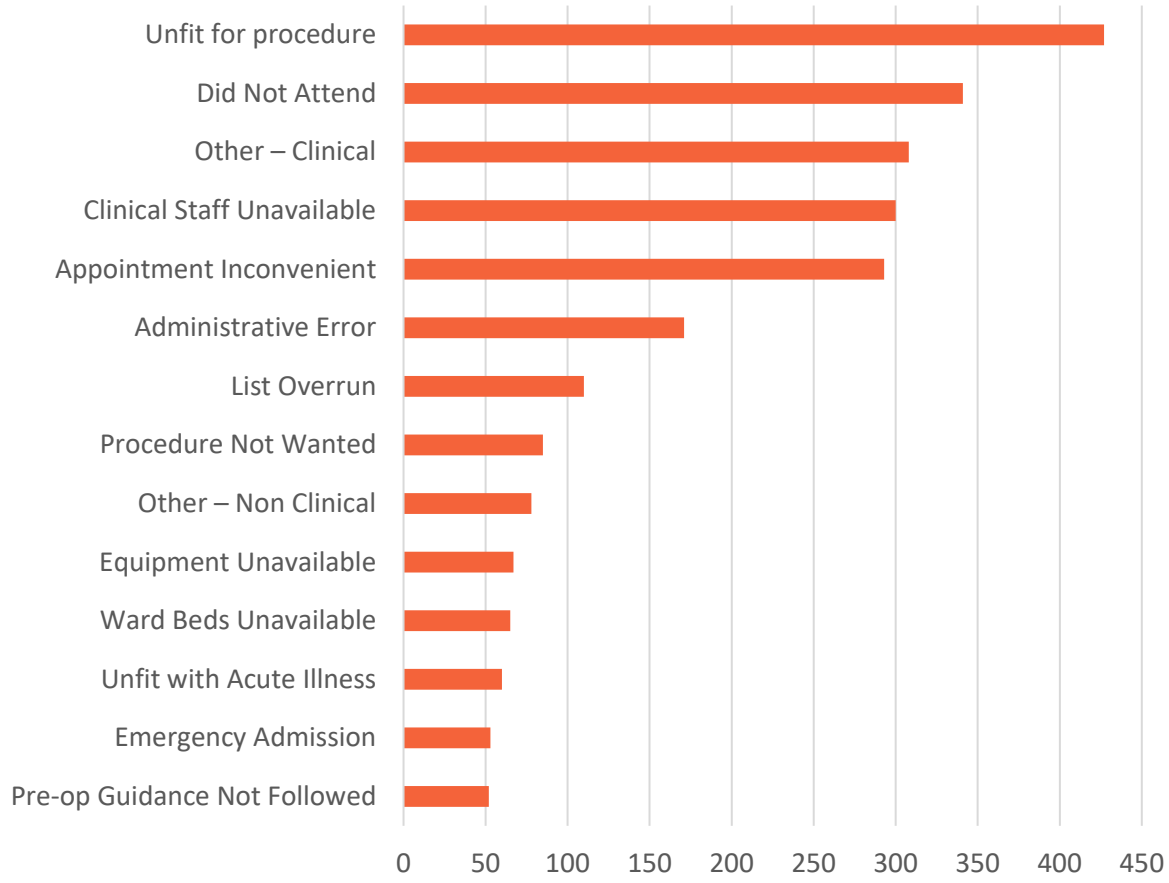
55 Short notice cancellations result in significant inefficiency because operating theatre sessions cannot be easily backfilled with other patients. The total number of surgical cancellations for the Health Board exceeded 2,500 for the period March 2024 to February 2025 (**Exhibit 20**). **Exhibit 21** 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, Aneurin Bevan University Health Board

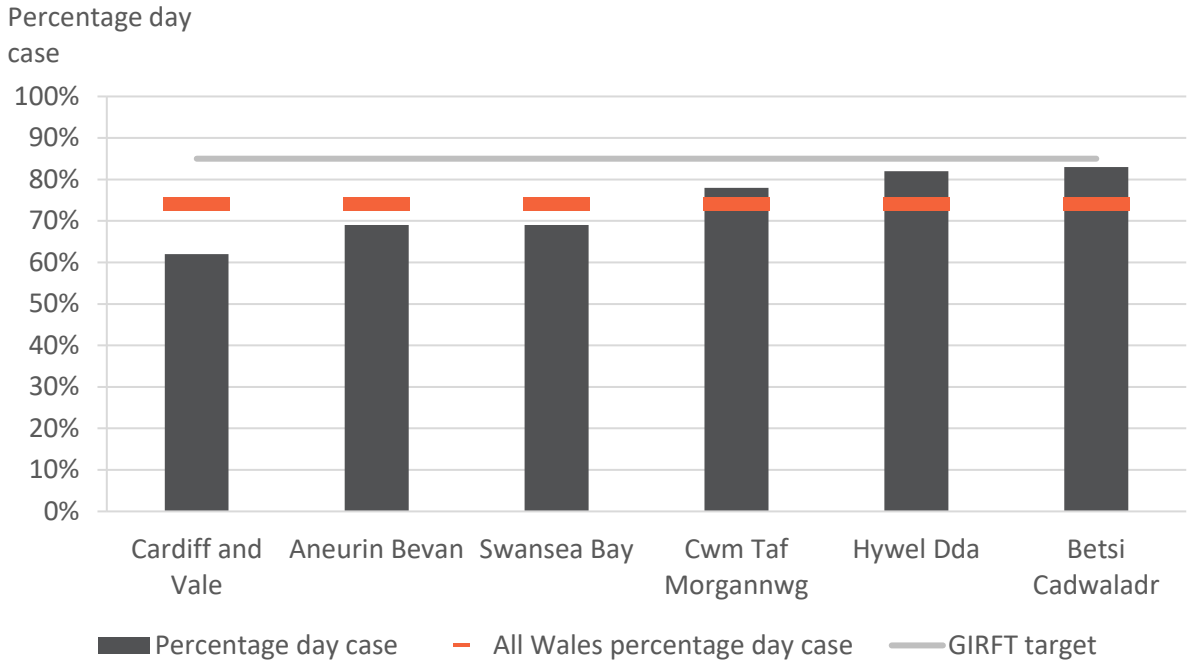


Source: Health Board submissions to the Welsh Government

Day case surgery

56 Day case surgery offers the potential for improved efficiency, lower costs, lower carbon footprint per patient[13] and a better patient experience when compared with inpatient services. Getting It Right First Time recommends that on average 85% of all elective[14] surgery should be day case[15]. Our analysis in **Exhibit 22** indicates that 69% of the Health Board's recent elective surgery is day case.

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

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

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

[15] 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
Planning R1 Over and above the commitments signalled within its annual plans, the Health Board should develop a detailed Planned Care improvement plan which aims to both design and deliver sustainable planned care services in the medium to longer term and to take advantage of opportunities for further regional working. The plan should be costed, with realistic but challenging milestones within it. (Exhibit 2)	The Health Board is in the process of developing a Sustainability and Transformation plan which will outline improvement aims and requirements to invest in key planned care specialities to meet the needs of our population over the coming years. An outline proposal will be delivered to the Executive Committee in June 25 with the detail to be developed through Q2.	September 2025	Chief Operating Officer (Deputy Operating Officer – to implement the plan)

Recommendation	Management response	Completion date	Responsible officer
Monitoring impact of additional funding R2 The Heath Board should strengthen its reporting on the use and subsequent impact of the additional Welsh Government planned care funding (Paragraph 24)	There is now a robust information management process in place to monitor and report on additional activity and the impact on waiting lists. This is tracked formally monthly through the Planned Care Board, through Exec Committee, Finance & Planning Committee, Board and WG IQPD meeting. In addition, weekly reports are shared with WG and NHS Exec colleagues.	Complete	Chief Operating Officer
Efficiency and productivity R3 There are opportunities to improve productivity and efficiency. The Health Board should: 3.1 Develop and rollout approaches to increase the use of virtual appointments, where clinically appropriate. (Exhibit 6)	These recommendations and priorities for efficiencies also need to be considered alongside the NHS Executive review of opportunities against Enabling Actions and the priorities from that work. The Health Board will include in the sustainability plans its response to the clinical implementation network (CIN) optimisation frameworks and the enabling actions in the IMTP. Via the Outpatient Transformation Programme, the opportunities for virtual appointments will be further explored. These opportunities will be rolled out in a phased approach.	March 2026	Chief Operating Officer (Deputy Operating Officer – to implement the plan)

Recommendation	Management response	Completion date	Responsible officer
3.2 Review and improve its approach to pre-operative assessment and patient reminders to reduce the number of theatre cancellations where patients are either unfit for the procedure, or do not attend (Exhibit 6)	This will be taken forward as part of two aspects of work: • Theatres Utilisation Group – to be formally re-launched in in Q4 2025/26 • PAC transformation and development through the Clinical Support Service division	March 2026	Chief Operating Officer (Deputy Operating Officer – to implement the plan)
3.3 Increase use of day surgery to GIRFT recommended level of 85%. (Exhibit 6)	This will be worked towards through the ongoing work on the development of Nevill Hall Hospital as a Day Surgery centre of excellence alongside the maximisation of the outpatient treatment unit. This will be tracked through the Theatres Utilisation Group	March 2026	Chief Operating Officer (Deputy Operating Officer – to implement the plan)

Recommendation	Management response	Completion date	Responsible officer
Promote, Prevent and Prepare for Planned Care policy R4 The Health Board should: 4.1 Complete the establishment of the 'Promote, Prevent and Prepare (3P's) for Planned Care' contact centre. (Exhibit 7)	The Keeping Well Team was established in 2024 and the won a highly commended award at the national 3P's conference. A rollout plan by specialty is set out in 4.2. The aim is to achieve incoming calls by March 26. The roll out plan by specialty and approach has been shared with Welsh Government and learning from Hywel Dda's gradual approach taken onboard. The staged approach allows for stability and sustainability and our management of risk noting some of the challenges experienced to date in terms of workforce stability and turnover.	March 2026	Chief Operating Officer
4.2 Complete the rollout of the 3Ps service to cover all specialties (Exhibit 7)	The roll out plan leading to March 26 inbound calls is in order of T&O knees, T&O Spines, Ophthalmology and then Urology. This approach incorporates local and wider learning and also support our approach to management of risk on waiting lists. The timings and plan will need to be reviewed following confirmation of additional monies to support outsourcing of outpatients' activity for quarters 2 to 4 as this may impact on volumes of patients by specialty or capacity of this team	March 2026	Chief Operating Officer (Deputy Operating Officer – to implement the plan)

Recommendation	Management response	Completion date	Responsible officer
Risk/ harm R5 In order to strengthen its arrangements for managing the clinical risks associated with long waits, the Health Board should: 5.1 Develop and implement a consistent methodology for assessing the risk of harm to patients caused by long waits across specialties. (Exhibit 7)	In terms of retrospective assessment of harm, the Health Board conducts thorough harm reviews on incidents and as appropriate reports as Nationally Reportable Incident according to relevant national frameworks or through pertinent external bodies. Incidents are also logged into the Datix system. The Quality & Patient Safety (QPS) team lead reviews which feed into the Quality Assurance processes to identify themes and trends. This includes Executive huddles. In addition, individual incidents of harm are investigated on a case-by-case basis when reported through Datix, as part of the national governance process. In Ophthalmology, any incidents involving moderate or greater harm are investigated through the harm review route. This process includes compiling a comprehensive patient timeline that incorporates all ophthalmology input. The timeline is then sent back to the clinician, allowing them to review the entire pathway and assess the harm. We utilise an ophthalmology-specific harm criteria for this purpose. In addition to the retrospective and thematic review outlined above the learning from ophthalmology and other best practice will be drawn on to inform a bespoke review of the long waiters across the Health Board.	In place September 2025	Chief Operating Officer (Deputy Operating Officer – to implement the plan)

Recommendation	Management response	Completion date	Responsible officer
	This review will be overseen by the Planned Care Board and will focus on the following areas: • Cancer • RTT • Follow-up • Unreported lists As outlined above, our model for the Keeping Well Service will also complements this process as it is a systematic and phased approach to all long waiting patients with clinical oversight and opportunity to escalate. This is also universal and contacts all patients rather than responding to only those patients who self-select to call in (a benefit of the outbound proactive model)		
5.2 Develop a routine report to be presented at the Quality and Safety Committee that effectively report risks and actual incidents of harm resulting from delays in access to treatment. (Exhibit 7)	The Health Board has established procedures to ensure adherence to the Duty of Candour, including the development of a standardised methodology for evaluating the risk of harm (The Duty of Candour is triggered when an adverse patient safety event occurs, resulting in unintended or unexpected harm that is more than minimal (moderate, severe, or death), and the provision of healthcare was or could have been a factor in that harm occurring). Additionally, the Health Board has introduced a Quality Outcome Framework which aims to systematically measure, monitor, and enhance healthcare quality. This framework	Complete	

Recommendation	Management response	Completion date	Responsible officer
	tracks outcomes to identify improvement areas, establish benchmarks, promote evidence-based practices, and ensure compliance with standards and regulations. It encompasses waiting lists, the number of patients on waiting lists exceeding 36 weeks, and metrics related to outpatient and surgical waiting lists. Quality Patient Safety Teams collaborate with Divisions/Directorates whenever any instances of identified harm occur. The Patient Quality, Safety, and Outcomes Committee receives the Performance Report as a standard item. The presentation covers the Quality and Safety Pillars, including Incident Reporting, Patient Safety Incidents, National Reportable Incidents, Near Misses, Duty of Candour, and escalated Risk Concerns. In addition, to strengthen our long waiters process, we have the following plans in place: • A quarterly QPS agenda item will be included at the Divisional Assurance Meetings to assess risk and the number of incidents, and to inform plans to mitigate risk. • Subsequent reports will be sent to PQSOC for scrutiny. • By September 2025, we will conduct a bespoke review of the long waiters across the health board. This review will be reviewed at the Planned Care Board and will focus on the following areas: • Cancer	September 2025	Chief Operating Officer (Deputy Operating Officer – to implement the plan)

Recommendation	Management response	Completion date	Responsible officer
	• RTT • Follow-up • Unreported lists • A comprehensive review of the Risk Registers will be undertaken.		

Audit Wales

Tel: 029 2032 0500

Fax: 029 2032 0600

Textphone: 029 2032 0660

E-mail: info@audit.wales

Website: www.audit.wales

We welcome correspondence and telephone calls in Welsh and English.
Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg.