

Elective Waiting List Management

Final Internal Audit Report

2024/25

Hywel Dda University Health Board



Substantial Assurance

Contents

Executive Summary1

Findings & Agreed Action Plan2

Appendix A4

Review Reference

HDU-2425-20

Fieldwork

January – March 2025

Executive Sign Off

2nd April 2025

Audit Committee

April 2025

Executive Lead

Andrew Carruthers, Director of Operations

Audit Team

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Executive Summary

Purpose

The overall objective of this audit was to provide assurance of the key controls in place to manage and mitigate the risks facing Orthopaedic Services to achieve ministerial waiting list targets.

Overview

There are clear established arrangements in place for the monitoring and management of patient waiting lists from daily and weekly Orthopaedic meetings through to Health Board Watchtower meetings. Progress on waiting lists actions and risks are regularly submitted through to the Health Board whilst also being scrutinised at Directorate Improving Together Session/ Escalation Meetings.

The Health Board also has an established Validation Team that undertake reviews of patient waiting lists to validate the accuracy of booking activities and the removal of patients from waiting lists in line with the local policy, including open inpatient and day case referrals that appear to have closed RTT pathways.

A review of RTT figures submitted to the Health Board and Welsh Government, and the internal reporting of arrangements with the NHS Delivery Unit for additional activity above core activity following funding accurately reconciled to source data.

We have concluded **substantial** assurance on this area. Full details of matters arising are detailed within the Findings & Agreed Action Plan.

Scope & Assurance Summary

| Objectives ¹ | Related Findings | Assurance |
|---|------------------|--------------------|
| 1 Arrangements are in place to monitor performance, action implementation and ensure any barriers to achievement of targets are escalated where appropriate | - | Substantial |
| 2 Arrangements are in place that allow for valid and accurate waiting list numbers | - | Substantial |
| 3 Robust governance arrangements are in place to monitor and report waiting list performance through to the Health Board and Welsh Government | - | Substantial |

¹ The objectives and associated assurance ratings are not necessarily given equal weighting when formulating the overall audit opinion

Findings & Agreed Action Plan

Objective 1: Arrangements are in place to monitor performance, action implementation and ensure any barriers to achievement of targets are escalated where appropriate

Substantial

Overview / Summary of Observations

Trauma & Orthopaedic (T&O) specialty have established a daily meeting focused on addressing the actions laid out in their delivery plan. Internal Audit attended these daily meetings in January 2025 and noted discussions centred around the current patient appointment schedules, additional solutions through the use of internal resources, outsourcing, and insourcing capacities. Additionally, emerging issues, outlined next steps, progress in slot allocation for patients and cleansing of the waiting list were also discussed.

Weekly meetings take place between the T&O specialty and the appointment booking centre serve to address issues risks raised at the daily meetings to facilitate collaboration and optimise the scheduling of patients, especially those with the longest waiting times.

T&O waiting lists are scrutinised at weekly Watchtower meetings. A review of Watchtower meetings during December 2024 to January 2025 evidenced discussions centred on the actions being taken to reduce patient numbers in each cohort, with particular emphasis in the reduction of the 52-week and 104-week cohorts. In addition to the performance and position review of waiting lists, the forecasted landing position for the end of March 2025 is also maintained.

In November 2024, the Health Board received additional financial allocation from the Welsh Government (WG) to support clearance of outstanding forecast 104-week breaches by March 2025. This additional funding was also used to support the outsourcing of work to external providers. Whilst noting this additional resource, the projected landing position (reported to the Watchtower meeting in January 2025) for T&O at the end of March 2025 for the 104-week cohort (Stage 4) was 134 patients. The 'Performance Update' report presented to the Board in January 2025 reported a delivery risk of approximately 100 Orthopaedic inpatients, for which further mitigating solutions were actively being explored.

The entry (Risk 1842) on the corporate risk register recognises the risk of non-delivery of planned care ministerial targets by March 2025 due to a mismatch between demand and capacity in key specialities, workforce limitations and the impact of the Health Board financial forecasts for 2024/25. We can confirm that two Orthopaedic-specific gaps in controls listed on the risk register, as at December 2024, have been implemented.

Objective 2: Arrangements are in place that allow for valid and accurate waiting list numbers

Substantial

Overview / Summary of Observations

The Health Board has in place a Validation Team that undertake regular reviews of patients on waiting lists to validate the accuracy of appointment and treatment booking activities, including the removal of patients from waiting lists, in line with the *Patient Access Elective Care Policy*. The aim of this service is to maximise outpatient, diagnostic and theatre capacity.

A paper was presented to the Strategic Development and Operational Delivery Committee (SDODC) in April 2024 outlining validation processes, including the removal of patients from waiting list are undertaken correctly and in accordance with the national and Health Board policies. Following the presentation, additional governance and assurance measures to further mitigate the risk of patients being incorrectly removed from the waiting list was implemented.

The Validation Team have an annual plan in place that ensures full coverage of all specialties. Development of the validation plan for 2025/26 will commence shortly and be presented to Watchtower meetings for consideration and approval. During 2024, two validation audits were undertaken on the T&O waiting lists.

The Validation Team also receives regularly monthly patient lists from the Information Services Department highlighting open inpatient and day case referrals that appear to have closed RTT pathways. The Validation Team will include these case referrals within their validation reviews to ensure all patients are active

on the patient tracking list where appropriate. A sample analysis of 40 outcomes reported in the two Orthopaedic audits, periodic snapshot audits for reset pathways and the cleansing processes of the T&O patient tracker list was tested and accurately reconciled to source documentation within WPAS² and Welsh Clinical Portal.

A review of the RTT³ Dashboard for T&O reported the total number of patients on the waiting list has seen a gradual reduction from 10,932 to 10,569 between June 2024 and January 2025 with significant progress in reducing the 104+ week cohort (all stages) from 1,019 patients to 734 patients between the end of December 2024 and the end of January 2025. We can confirm the accuracy of these patient waiting list figures to source data.

Objective 3: Robust governance arrangements are in place to monitor and report waiting list performance through to the Health Board and Welsh Government

Substantial

Overview / Summary of Observations

A review of the Directorate Improving Together Session (DITS) and the Escalation Meetings for Planned Care during 2024 confirmed the monitoring and reporting of waiting list information, whilst the Integrated Quality Planning and Delivery (IPQD) received a Planned Care Recovery presentation that provided a comprehensive overview of RTT performance and waiting list metrics, including volume, performance & trajectory, and delivery plan variances.

The SDODC received regular papers and reports during 2024-25 on the performance and waiting list figures for T&O. Integrated Performance Assurance Reports (IPARs) are also regularly presented to both the SDODC and the Health Board that provides progress updates on RTT position, challenges and issues together with identified key actions and initiatives.

The South West Wales (SWW) Regional Orthopaedics Programme has been established with the aim to effectively manage orthopaedic demand, capacity, and productivity across Swansea Bay and Hywel Dda University Health Boards resulting in a reduction to waiting list numbers. A review of meeting minutes highlighted discussions centred on target alignment, addressing challenges, evaluating performance and exploring potential improvements.

The Health Board was allocated approximately £6m in funding for additional activity above core activity in order 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).

² Welsh Patient Administration System

³ Referral to Treatment

Appendix A

Assurance Opinion

| | | |
|--|-----------------------|--|
| | Substantial | Few matters require attention and are compliance or advisory in nature. Low impact on residual risk exposure. |
| | Reasonable | Some matters require management attention in control design or compliance. Low to moderate impact on residual risk exposure until resolved. |
| | Limited | More significant matters require management attention. Moderate impact on residual risk exposure until resolved. |
| | Unsatisfactory | Action is required to address the whole control framework in this area. High impact on residual risk exposure until resolved. |
| | Advisory | Given to reviews and support provided to management which form part of the internal audit plan, to which the assurance definitions are not appropriate. These reviews are still relevant to the evidence base upon which the overall opinion is formed. |

Prioritisation of Findings

| Priority | Explanation |
|---------------|--|
| High | Significant risk to achievement of a system objective OR evidence present of material loss, error, or misstatement. Poor system design OR widespread non-compliance. |
| Medium | Some risk to achievement of a system objective. Minor weakness in system design OR limited non-compliance. |

Website: [Audit & Assurance Services - NHS Wales Shared Services Partnership](#)

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