



Deep Dive: Endoscopy

Quality, Safety and Experience Committee

November 2025



- This presentation aims to provide the Quality Safety and Experience Committee with an updated overview of the current state of Endoscopy service provision across Hywel Dda University Health Board.
- This presentation will seek to provide assurance on the delivery of safe, timely, equitable, efficient, effective and patient-centred endoscopy services across Hywel Dda University Health Board whilst a decision on the outcome of the Clinical Services Plan is awaited.
- The Endoscopy service has been included in the Clinical Services Programme to:
 1. ensure the on-going maintenance of JAG accreditation (standards closely aligned to the STEEEP principles); and
 2. support service expansion opportunities to improve & sustain delivery of waiting time standards.
- As such, both these aims will form the basis of this presentation's structure.



- Following the COVID-19 pandemic, patients accessing endoscopy services within the Health Board have faced increased waiting times for diagnostic and surveillance procedures, driven by:
 - **Reduced capacity during the pandemic**, resulting in the development of waiting list backlogs (*Risk 1628*);
 - **Old and fragile equipment** resulting in cancellation of endoscopy lists (*Risk 1521*);
 - **Demand out-stripping core capacity** provision because of workforce deficits, further contributing to waiting list backlogs (*Risk 1580 & 1383*).
- Over the past 2 years, the service has **implemented a series of recovery initiatives** to address waiting time challenges, whilst in parallel, **investing in permanent solutions to increase workforce capacity** to deliver sustainable delivery of waiting times within core service provision.
- The service has also developed a robust asset register review programme to ensure ageing/fragile equipment is prioritised for replacement as part of the Health Board discretionary capital programme, with replacement equipment purchased over the past 2 years.
- Whilst **targeted improvement has been achieved in clearance of the 8-week diagnostic backlog**, with all patients now receiving procedures within the defined ministerial standard, there **continues to be a backlog of circa 1,300 patients on the surveillance waiting list**, with recovery expected by October 2026.
- Given demand for Endoscopy Services is projected to rise on an annual basis; the service has been included in the Clinical Services Programme to:
 1. ensure the on-going maintenance of JAG accreditation (standards closely aligned to the STEEEP principles); and
 2. support service expansion opportunities to improve & sustain delivery of waiting time standards.



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1. Ensure the on-going maintenance of JAG accreditation (standards closely aligned to the STEEEP principles)



Situation - JAG Accreditation Standards

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- Endoscopy services across the UK are assessed by the Joint Advisory Group (JAG). 3 of 4 endoscopy units in Hywel Dda have been JAG accredited for the past 18 years – all but Prince Phillip Endoscopy Unit (due to the configuration of the unit).
- The award of JAG accreditation **should provide a level of assurance with regards to the high-quality, safe and appropriate delivery of endoscopy services within Hywel Dda**, delivered by a highly-trained, highly-supported and highly-motivated workforce.
- To maintain JAG accreditation, the service is required to meet rigorous quality standards, which are closely aligned to the STEEEP principles. These include:

1. **Leadership and organisation** – *Effective, Safe, Efficient*
2. **Quality** – *Effective, Safe, Efficient*
3. **Safety** – *Safe*
4. **Appropriateness and access** – *Timely, Equitable, Effective*
5. **Consent and patient information** – *Person-Centred, Safe, Effective*
6. **Person-centred care** – *Person-Centred, Effective Equitable*
7. **Performance and productivity** – *Efficient, Effective, Timely*
8. **Results** – *Effective, Safe, Efficient*
9. **Patient environment and equipment** – *Safe, Person-Centred, Efficient*
10. **Staffing the endoscopy service** – *Safe, Efficient, Timely*
11. **Endoscopist training** – *Safe, Effective, Efficient*



- As part of the JAG accreditation process, the service undertakes a series of pre-defined audits on an annual basis, which provide an **evidence base for service performance** against the standards, allowing for identification of any gaps and opportunities to learn. These are reviewed at quarterly service QSE meetings.

Assessment – Complaints

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- Complaints data is presented on a quarterly basis through the Endoscopy QSE meetings, involving key medical, managerial and nursing staff across the service. Any identified opportunities for learning are also presented to ensure on-going improvement.
- On review of endoscopy complaints made between 2023-2025, the top 3 complainant themes mapped against the STEEEP principles are:



Effective Care (14 complaints between 2023-2025): lack of clinical clarity pre-procedure or poor follow-up.

- Patients felt their treatment was incomplete or ineffective – leading to anxiety pre- or post-procedure.



Timely Care (8 complaints between 2023-2024; 2 cases have been referred to the Redress Team for review): delays in diagnosis, long waiting times for cancer-related procedures, scheduling in-flexibility.

- Resulting in potential risk to patient outcomes due to delayed diagnosis or intervention.



Patient-Centered Care (7 complaints between 2023-2025): poor communication, lack of consent clarity, dismissive staff attitudes.

- Patients felt unheard, misunderstood, reporting poor experience

Assessment – Complaints

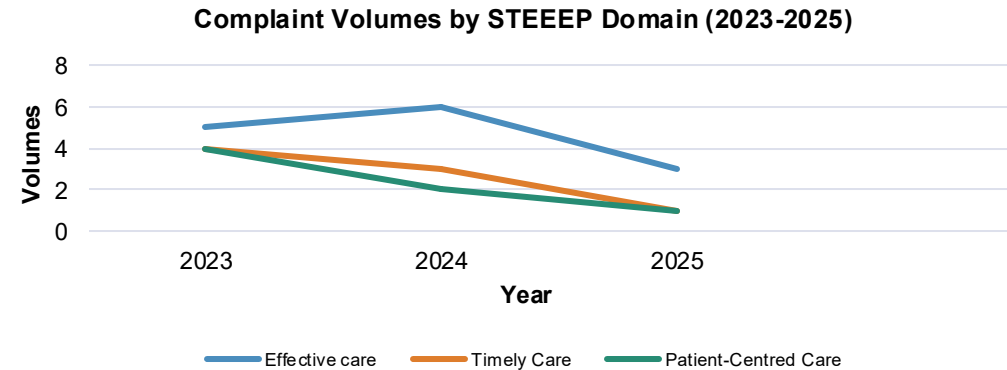
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As reflected in the graph below, there have been marked reductions in the volume of complaints received by the service between 2023-2025 – which is reflective of the service's on-going drive to improve patient care & service delivery.



Effective Care

- Lessons learnt: Improvements made in pre-procedure information for patients to support the consent process. New endoscopy reporting system adopted in 2023 to report procedure outcomes (with all patients presented a copy before discharge), complimented by a dedicated discussion with the endoscopist regarding procedure follow-up.



Timely Care

- Between 2023-2025, the service has seen a marked reduction in the volume of complaints relating to **timely care** – likely relating to the recovery of the diagnostic backlog, with waiting times now resorted within the 8-week diagnostic standard since March 2025. Whilst the service is continuing to recover waiting times for surveillance procedures, there have been no complaints received in relation to delayed access for surveillance in 2025. Full recovery of the surveillance backlog is expected by October 2026.



Patient-Centred Care

- Lessons learnt: The improvements made in pre-procedure information sent to patients has helped educate patients on what to expect during their endoscopy procedure experience. Any complaints relating to staff attitude are presented at weekly departmental meetings to ensure issues relating to communication are highlighted and addressed appropriately.

Assessment – Incidents

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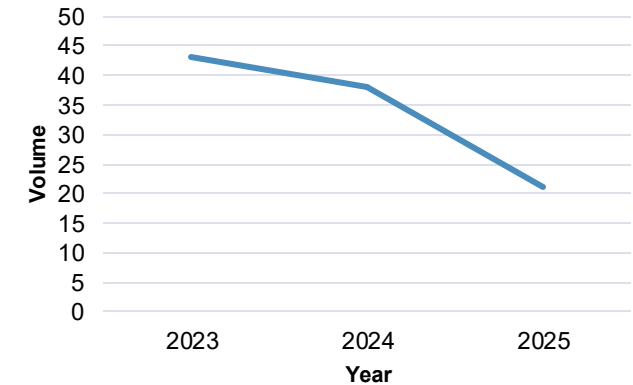


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STEEEP Principle	No. of Incidents 2023	No. of Incidents 2024	No. of Incidents 2025	Common Themes
Effective	10	8	7	Diagnostic errors, procedural complications, treatment issues
Safe	7	7	4	Falls, sharps injuries, allergic reactions, procedural harm
Timely	15	12	3	Delays in diagnosis/treatment or procedure scheduling
Equitable	1	1	1	Access issues, referral errors, potential discrimination
Patient-centred	4	4	3	Communication failures, consent issues, inappropriate staff behaviour
Efficient	6	6	3	Equipment failures, staffing shortages, resource limitations

Total Incidents (2023-2025)



A thematic analysis of incidents reported between 2023-2025 indicates a reduction in incident numbers against the STEEEP domains.

- Incidents relating to **timely** access were consistently the highest but show a sharp reduction in 2025 - due to recovering waiting times.
- Incidents relating to **safety & effectiveness** demonstrate a steady decline, indicating improved patient safety practices – likely attributed to consistent feedback on lessons learnt through quarterly endoscopy QSE meetings.
- Incidents relating to **efficiency** peaked in 2024 but dropped to 0 in 2025 - reflecting improved reliability of equipment and resources.
- Incidents relating to **equity** remain unchanged between 2023 and 2025 – with only one reported per year.
- **Patient-centered** incident numbers have been consistently low – which is also reflective in the positive patient survey outcomes reported. Issues relating to consent and staff communication are also frequently discussed at the endoscopy QSE meetings.

This indicates that positive progress has been made in learning from the incidents that have been reported in the past, reflecting improvements in the culture of patient and staff safety, process adherence, timely access to procedures and equipment reliability.



Assessment – Patient Feedback

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Safety

- 90–100% of patients across the four sites reported satisfaction with privacy, dignity, comfort and staff communication across all sites.
- Equipment reliability issues noted at Bronglais Hospital (BGH) in 2023 & 2024 (this has now been addressed with purchase of new equipment in 2025).
- Sedation options flagged for review to improve patient comfort.

Timely

- Significant improvement in appointment waiting times across at all four sites between 2023 and 2024/2025.
- Glangwili Hospital (GGH) still faces parking-related delays.

Effective

- High ratings for care quality – with 90-97% of responses rates as excellent across the four sites.
- Post-procedure care praised at all sites, though GGH had gaps in discharge information for sedated patients.

Efficient

- Streamlined consent and discharge processes at most sites.
- Opportunity to improve discharge clarity for sedated patients (GGH) and maintain equipment reliability (BGH).
- Potential to improve the response rates to surveys at GGH and PPH.

Equitable

- Consistent high-quality care reported across all sites, including bilingual support.
- No disparities reported in access or treatment.



Assessment – Patient Feedback

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Patient-Centred



- Strong positive feedback on caring staff, clear communication and personalised attention.
- Facilities rated excellent for cleanliness and comfort; parking remains a challenge at GGH.
- Patients value tailored procedure preparation guidance and clear communication and explanation of procedure results.

Service Improvement Opportunities / Learning:

- **Safety:** Review communication with patients re: sedation protocols (as part of the admission process) – *this has led to updated changes to the pre-procedure documentation provided to patients, ensuring improved clarity on instructions for patients who may receive sedation during their procedure.*
- **Timely:** Continue to optimise scheduling and pre-assessment resource to maintain improved waiting times. Communicate potential parking constraints at GGH during the patient booking process.
- **Effective:** Enhance discharge communication & maintain high standards of care – *utilising improved pre & post procedure documentation.*
- **Efficient:** Increase survey response rates – *QR codes have been developed to advocate survey completion post-procedure.* Share positive feedback with staff.
- **Equitable:** Maintain provision of bilingual services & equity of access for all patients across the Health Board.
- **Patient-Centred:** Continue focus on staff communication and comfort – *through review of JAG audits at endoscopy QSE and departmental meetings.*



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2. Support service expansion opportunities to improve & sustain delivery of waiting time standards



Situation



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- There are three main elements to Gastrointestinal (GI) Endoscopy. The diagnostic (symptomatic) and surveillance pathways will form the main basis of this deep dive, given their focus as part of the Endoscopy developments within the Clinical Services Programme. Given the Bowel Screening Wales service is a Public Health Wales commissioned service, a short summary has been included within this presentation.
- Within Hywel Dda Health Board, endoscopy waiting time performance is managed and reported centrally, not on a site-specific basis.

Diagnostics
(Symptomatic)

Surveillance

Bowel Screening
Wales

Background – Diagnostic Waiting Times

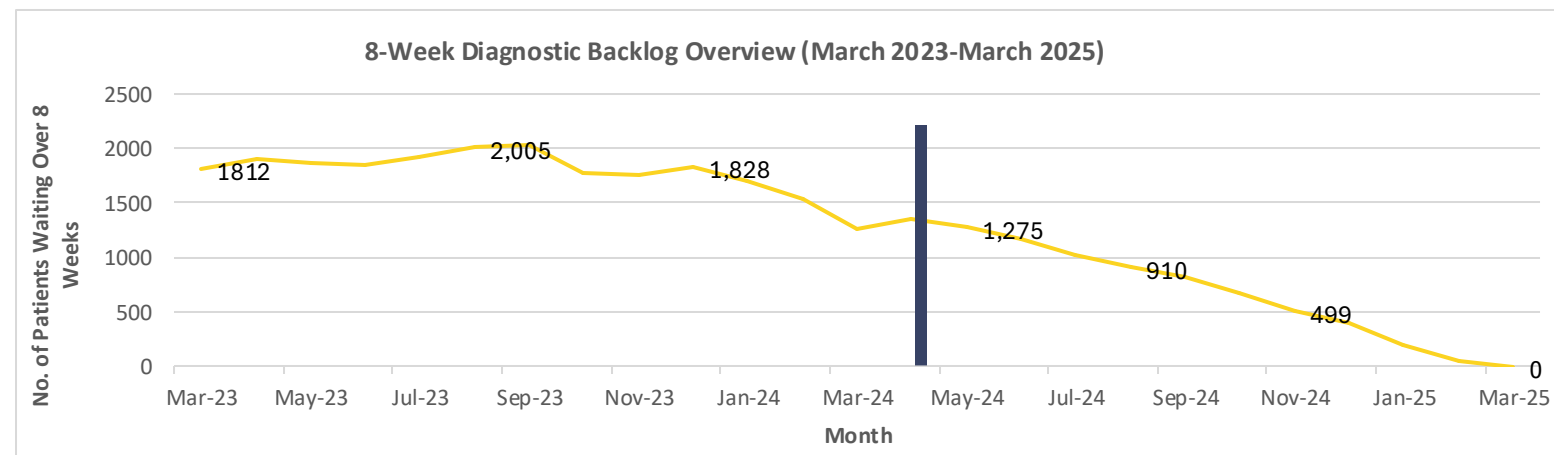
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- Due to cessation of urgent and routine activity during the the covid-19 pandemic, a waiting list backlog developed, resulting in delays in patients receiving appointments for diagnostic endoscopy procedures.
- Whilst urgent suspected cancer procedures continued to be accommodated within 2 weeks, routine diagnostic endoscopy waiting times were as high as 100 weeks in September 2023 (compared to the 8-week ministerial standard), **affecting timely access to diagnosis for patients.**
- Whilst short-term funding allocations led to small improvements in backlog reduction, in parallel, the service was operating a D&C gap which was increasing the existing waiting list backlog.
- Following development of a business proposal, in April 2024, the endoscopy service received allocated planned care recovery funding to clear the waiting list backlog, whilst also increasing core capacity provision in parallel (avoiding generation of further backlog). This included:
 - ✓ Scheduling of additional activity via WLI's and insourcing to clear the waiting list backlog through a targeted recovery plan over 12 months;
 - ✓ Recruitment of additional workforce (including nurses and clinical endoscopist posts) to increase core service capacity to bridge the demand and capacity gap.
- Following completion of this recovery plan, diagnostic waiting times were restored to the 8-week ministerial standard in March 2025.
- Through annual plan investment proposals, the service has continued to **invest in nursing and clinical endoscopist trainee posts**, underpinned by up-to-date demand and capacity modelling, to ensure baseline capacity levels are in line with projected demand growth. This has **supported the sustained delivery of the 8-week diagnostic target** following completion of the recovery plan in March 2025.



Assessment – Diagnostic Waiting Times

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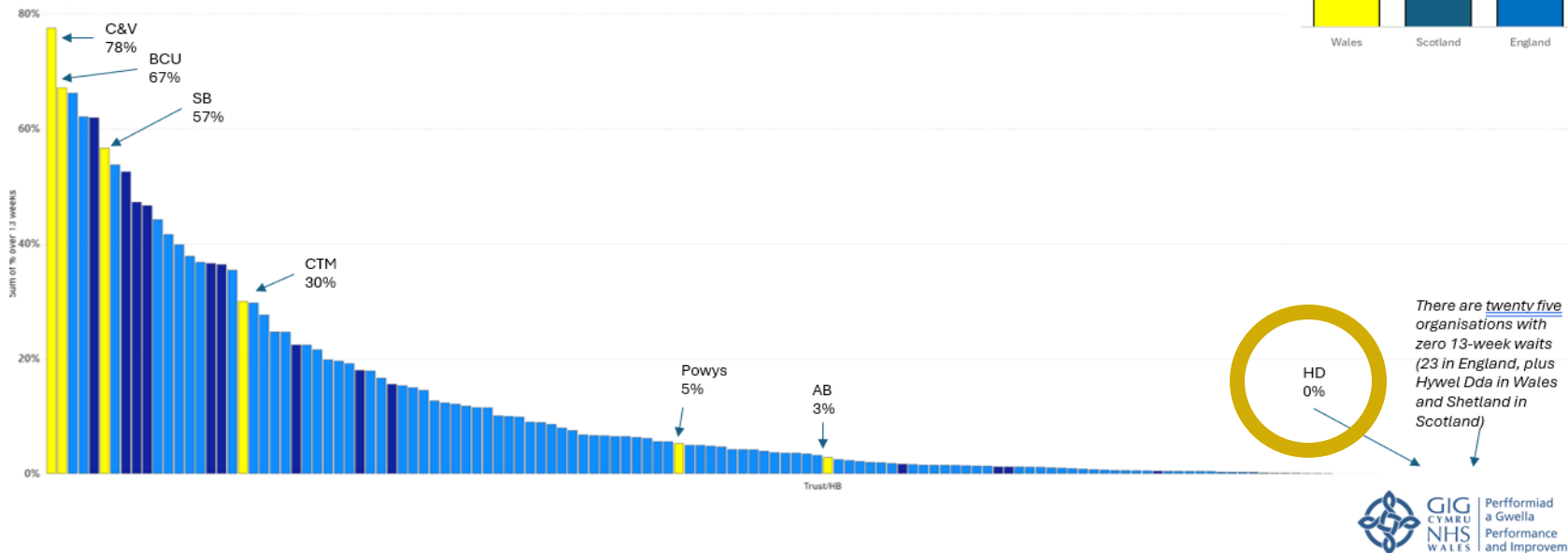
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- The snapshot below (provided by the National Endoscopy Programme) provides a benchmarking comparison of endoscopy direct-access performance across Wales in August 2025.
- This reflects that Hywel Dda is the only Health Board in Wales with no patients waiting over 13 weeks for their direct-access procedure.

Percentage of Waits Over 13 Weeks

The chart shows the proportion of active waits of more than **13 weeks** for colonoscopy, gastroscopy (“upper endoscopy” in Scotland) and flexible sigmoidoscopy (“lower endoscopy” in Scotland).

Data taken from the NHS England waiting list data (DM01) for June 2025 (125 acute trusts), NHS Scotland diagnostics waiting data for March 2025 (14 Health Boards) and the NHS Wales Diagnostics and therapies (DAT) return for June 2025 (7 Health Boards).



Assessment - Diagnostic Waiting Times

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- Future forecasting of projected demand growth year-on-year is key to ensuring sufficient plans are put in place to increase baseline capacity & maintain direct-access waiting times (whilst the outcome of the CSP is awaited).
- All funded endoscopy theatre capacity (Monday-Friday) is currently being utilised across the Health Board.
- To maintain timely access within ministerial standards, a further 3 sessions of capacity are required for GI endoscopy to meet demand growth projections for 2026/27 (accounting for the 5% increase for direct-access & symptomatic and 30% for inpatients/emergencies)

<p>Plan A</p>	<p>Year 1: De-camp 3 urology sessions from GGH endoscopy – releasing 3 sessions of funded endoscopy theatre capacity to support delivery of GI endoscopy demand growth in 2026/27</p> <p>Year 2: De-camp 3 urology sessions from PPH endoscopy – releasing 3 sessions of funded endoscopy theatre capacity to support delivery of GI endoscopy demand growth in 2027/28.</p> <p>From 2028/29 onwards, endoscopy will either require investment in evening/weekend sessions or a new theatre to accommodate demand growth (as defined by the CSP)</p>	<p>Risks:</p> <ul style="list-style-type: none"> • This is predicated on the urology service identifying a suitable alternative treatment space to deliver flexi cystoscopy (treatment or outpatient facility - as this does not require a theatre setting for delivery).
<p>Plan B</p>	<p>Increase endoscopy nursing establishment at GGH (by 3 sessions) to support delivery of GI endoscopy demand growth in 2026/27 using weekend theatre capacity (plus urology requirements).</p> <p>From 2027/28 onwards, endoscopy will either require further investment in evening/weekend sessions or a new theatre to accommodate demand growth</p>	<p>Risks:</p> <ul style="list-style-type: none"> • Current service provision is Mon-Fri 9-5pm – would require a large scale OCP given current workforce arrangements. • Does not provide adequate inpatient/emergency capacity for demand growth expected in GI (already being realised) • Interdependency with HSDU & pathology • Equipment considerations • Weekend capacity currently being utilised for short-term uplift in capacity (surveillance and BSW recovery plans) until October 2026 at least. • S1 insourcing diagnostic conversions may also increase capacity requirements further • Cost of weekend enhancements for uplift in the nursing establishments



Assessment - Diagnostic Waiting Times

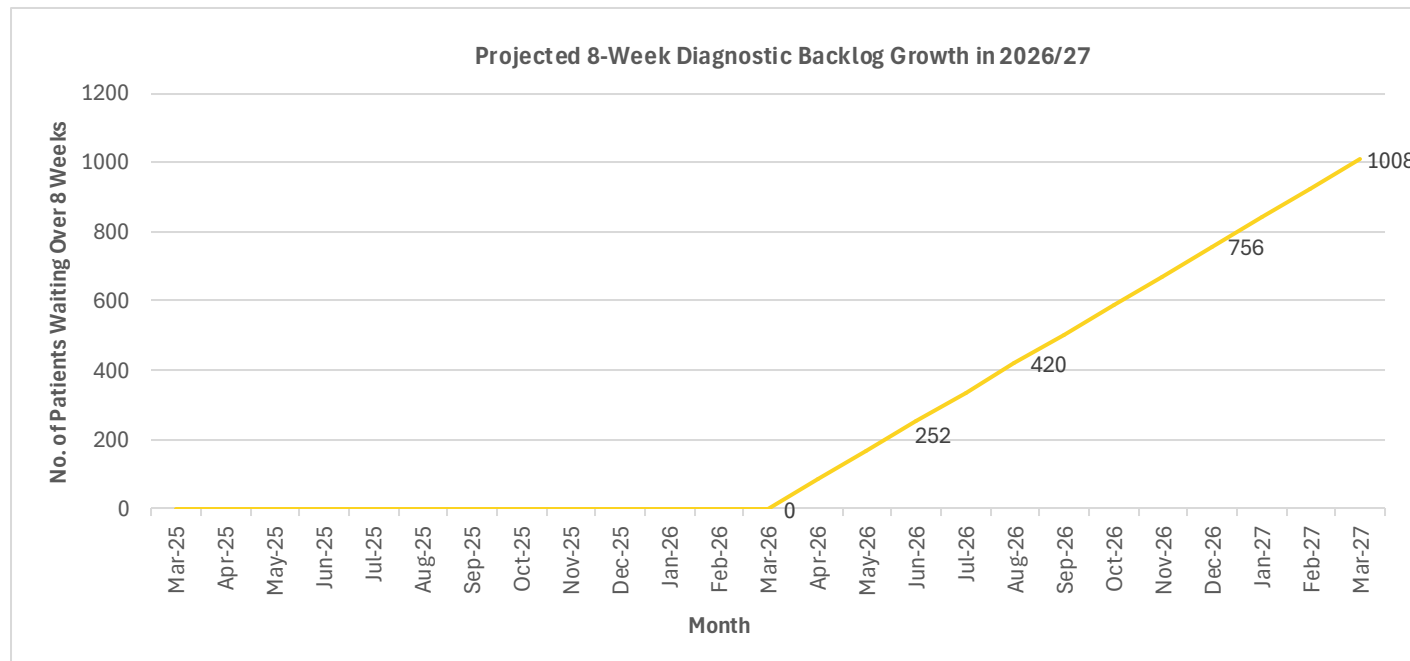
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- Failure to implement a plan to address the known increase in demand projected for 2026/27 could result in a backlog of circa 1,000 patients being added to the diagnostic endoscopy waiting list.
- This would also affect delivery of the surveillance recovery plan expected to continue until October 2026, risking further increases in the surveillance waiting list backlog.



Background – Surveillance Waiting Times

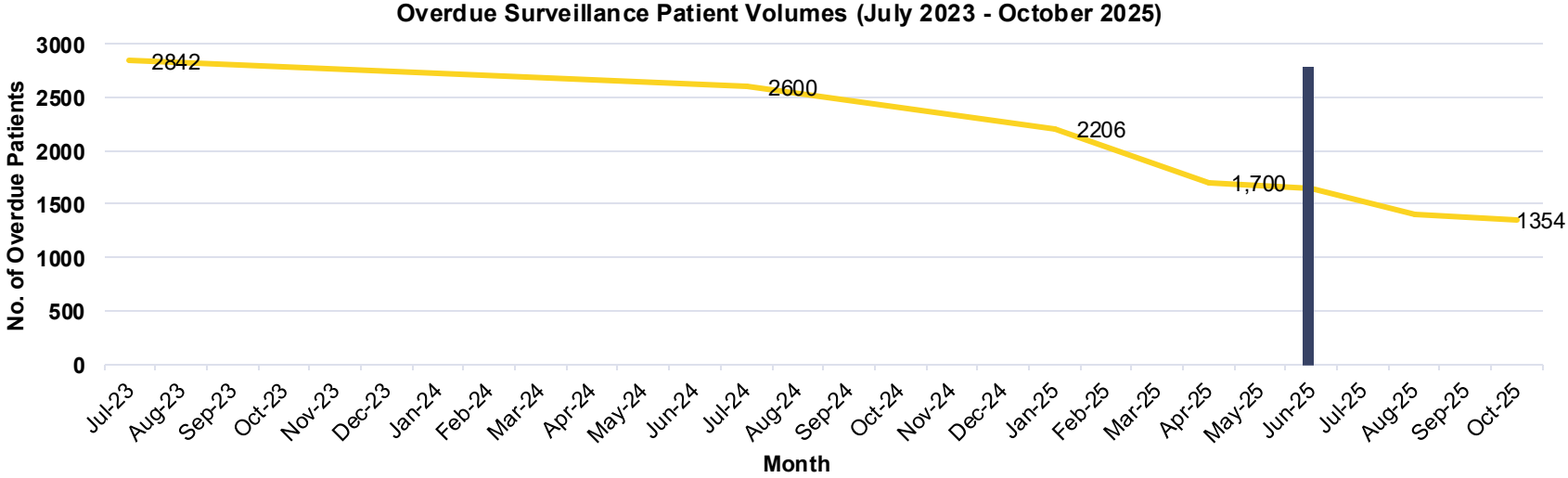
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- Due to the capacity required to achieve this direct-access recovery programme, this limited the service’s ability to address the backlog of surveillance patients who are overdue their endoscopy procedures.
- Surveillance activity was ceased during the pandemic, resulting in the development of a backlog, which reached its peak in July 2023, with circa 3,000 patients waiting beyond their targeted follow-up waiting time.
- In efforts to **risk stratify** this waiting list, clerical and clinical validation of this cohort has been actively undertaken **to prioritise any high-risk cases** for booking within core capacity.
- Following development of a business proposal, in June 2025, the endoscopy service an allocation of non-recurrent funding via the annual plan, to mobilise a targeted surveillance waiting list recovery plan.
- This includes:
 - Focused clerical & clinical validation of the entire surveillance waiting list (considering up to date BSG/NICE guidance and known cancer conversion rates to support decision making);
 - Planning of additional activity via WLI’s to accommodate additional procedures to clear the waiting list backlog.



Assessment – Surveillance Waiting Times

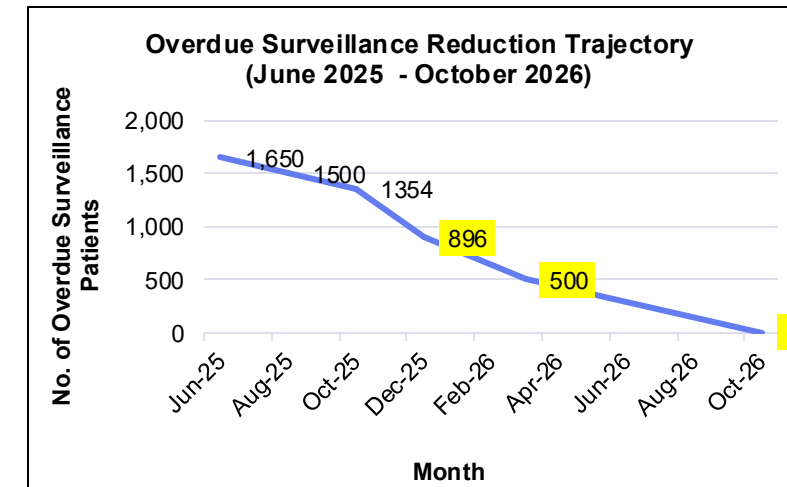
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- At present, there are circa 1,300 patients left on the surveillance waiting list backlog ((Risk Register No. 1959)
- From the clinical validation undertaken to date, a root-cause analysis review is currently being undertaken on 5 patients, to assess whether harm has been caused because of delayed access to their follow-up procedure. All 5 of these patients were due to have their procedure between 2020-2022 – resulting in a potential delay of between 3-5 years for their procedure.
- All patients due to be seen in 2023 have been clerically validated & no further instances of harm have been identified. The likelihood of harm to patients due to receive their follow up procedures in 2024 and 2025 is expected to be less, due to the reduced length of delay experienced.
- The root-cause analysis outcomes will be presented at the Endoscopy QSE meeting for review of lessons learnt.
- To ensure appropriate risk stratification of the waiting list, the service is continuing to clinically validate all patients on the waiting list backlog (considering up to date BSG/NICE guidance and known cancer conversion rates) to support decision making and prioritisation of any high-risk surveillance cases which need expediting.
- Through this, and the scheduling of increased volumes of waiting list initiatives (WLI's) over the next 6 months, the backlog is expected to reduce to circa 800 patients by December 2025 and is on trajectory to reduce to 500 patients by the end of March 2026.
- The Health Board has already committed to further non-recurrent funding until October 2026 to clear the remainder of the surveillance waiting list backlog.



Bowel Screening Wales (BSW)

Timely, Efficient, Equitable, Effective



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Background

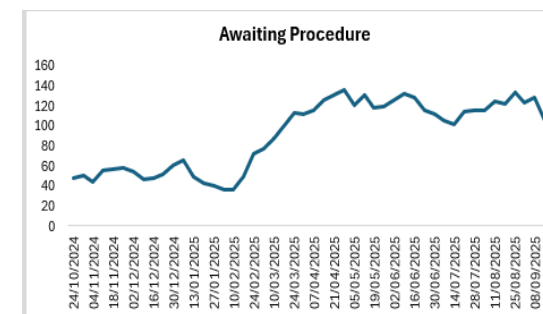
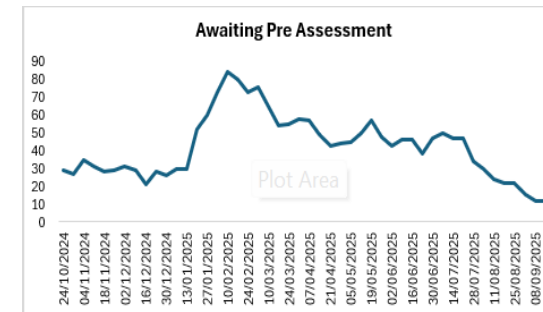
- The roll-out of the BSW Optimisation Programme in October 2024 **increased demand for screening colonoscopy by 25%** within the Health Board.
- Service reliant on a **small group of specialist workforce** – limiting opportunities to increase core endoscopist capacity provision.
- Sickness in the nursing screening assessment team affected performance in January 2025.

Assessment (Risk Register No. 1959)

- Service is operating a capacity gap of 1.5 lists per week** – which is being mitigated by running WLI's using funding from the long-term agreement with Public Health Wales.
- Waiting times are improving. The backlog of patients waiting over 28 days on the BSW pathway has reduced from circa 150 patients in March 2025 to 70 patients (as at current).
- Average waits for screening colonoscopy are at 23 days** – reduced from 35 days in January 2025.

Actions

- Continue to plan additional WLI's – to maintain baseline capacity.
- Explore market opportunities to insource screening colonoscopy procedures to address the backlog.
- Support new locum consultant (GGH) to enter the screening colonoscopy accreditation programme in next 6-12 months (once colonoscopy KPI's meet the BSW standards).
- Continue to explore opportunities to increase screening colonoscopy sessions within job plans.
- Develop standardised job plans for screening nurses to create further capacity in the team.





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Actions & Conclusion

Actions for Improvement

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- ❑ Continue to progress with surveillance recovery plan to clear the backlog and restore timely access to surveillance procedures by October 2026.
- ❑ **Develop a proposal to increase endoscopy service capacity to support projected future demand growth in 2026/2027 – and year on year in advance of the CSP outputs.**
- ❑ Invest in further Clinical Endoscopist trainee roles to support endoscopist workforce supply, succession planning and future capacity expansion.
- ❑ Continued monitoring of capital asset registers to ensure appropriate prioritisation of replacement equipment as part of the Health Board's capital programme.
- ❑ Commence a targeted project to support optimisation of nursing workforce resource & the development of a Practice Educator role across the Health Board to support streamlining of training and skill-mix.
- ❑ Review newly developed JAG standards released in September 2025 in line with accreditation requirements.
- ❑ **Continue to complete quality and safety audits as outlined by JAG with quarterly presentation at endoscopy QSE meetings to re view lessons learnt as part of service planning.**
- ❑ Continue to work with ARCH to explore opportunities for regional partnership with Swansea Bay UHB.
- ❑ Progress roll-out of a capsule sponge pilot – to gather evidence on the benefits for reduced endoscopy demand.
- ❑ Establish a Task & Finish Group across the Planned Care & Cancer and the Community and Integrated Medicine Care Groups to optimise Consultant Gastroenterology resource to support delivery of increased endoscopy capacity.



Conclusion



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- By October 2026, timely access to surveillance endoscopy procedures will have been restored.
- Subject to implementation of further service expansion plans, direct-access endoscopy standards will be maintained in 2026/2027.
- **The service will continue to review demand and capacity modelling data to support subsequent annual planning expansion proposals, to ensure baseline capacity is sufficient to meet projected demand growth - in line with defined ministerial standards (whilst the outcome of the CSP is awaited).**
- Projected annual demand growth is a key foundation to the CSP planning approach.
- **Continue to use the JAG standards (linked to the STEEP principles) as a framework to monitor quality, safety and patient experience across the service – with quarterly feedback through the Endoscopy QSE meetings.**





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The Duty of Candour

Openness and honesty should be at the heart of every relationship between those providing treatment and care and those experiencing it.



DIOGEL | CYNALIADWY | HYG YRCH | CAREDIG
SAFE | SUSTAINABLE | ACCESSIBLE | KIND

The six domains of quality



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Diogel
Safe

Our health care system is a high quality, highly reliable and safe system that avoids preventable harm, maximising the things that go right and learning from when things go wrong to prevent them occurring again. People's health, safety and welfare are actively promoted and protected; risks are identified and monitored, where possible, risks to safety are reduced or prevented and this is delivered by appropriate numbers of suitably skilled workforce



Effeithlon
Efficient

Our health care system takes a value-based approach to improve outcomes that matter most to people in a way that is as sustainable as possible and avoids waste. We make the most effective use of resources to achieve best value in an efficient way. We only do what is needed and undertake treatments targeted at those likely to gain the most benefit, ensuring any interventions represent the best value that will improve outcomes for people.



Amserol
Timely

Our health care system ensures people have access to the high-quality advice, guidance and care they need quickly and easily, in the right place, first time. We care for those with the greatest health need first, and where treatment is identified as necessary, we treat people based on their identified and agreed clinical priority



Teg
Equitable

Our health care system provides everyone with an equal opportunity to attain their full potential for a healthy life which does not vary in quality because of personal characteristics such as age, gender, sexual orientation, race, language preference, disability, religion or beliefs, socio-economic status or political affiliation; the organisation that provides care; or location where care is delivered. We embed equality and human rights in our health care system and promote and protect the welfare and safety of children and adults who become vulnerable or at risk at any time.



Effeithiol
Effective

Our health care system ensures decision-making, care and treatment reflects evidence-based best practice, to ensure that people receive the right care to achieve the optimal outcomes possible for them and that matter to them. We design transformative, evidenced-based, whole-of-life pathways that cover prevention, care and treatment, rehabilitation and embed these into local service delivery.



Person ganolog
person centred

Our health care system meets people's needs and ensures that their preferences, needs and values guide decision-making that is made in partnership between individuals and the workforce. We care about the well-being of individuals, their families, carers and our staff. We ensure that everyone is always treated with kindness, empathy and compassion and we respect their privacy, dignity and human rights. We are committed to working better together to put people and their families at the centre of decisions, seeing them as experts working alongside professionals to get the best outcome and experience.