



**Y PWYLLGOR ANSAWDD, DIOGELWCH A PHROFIAD  
QUALITY, SAFETY AND EXPERIENCE COMMITTEE**

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	12 February 2026
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Waiting List Management
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Andrew Carruthers: Chief Operating Officer
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Marilize Preez: (Improvement & Transformation Lead)

**Pwrpas yr Adroddiad (dewiswch fel yn addas)**

**Purpose of the Report (select as appropriate)**

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA**

**SBAR REPORT**

Sefyllfa / Situation

The report on the Management of Waiting Lists/ DNA's/ Appointments presented at Public Board on the 25<sup>th</sup> September was unable to provide assurance to the Board on the current processes around waiting list management, appointment bookings and communication with patients. The Board requested that a much broader review of the processes be undertaken and the outputs of the review used to inform an action plan to improve communication and pathway management.

An interim update on the review was presented at QSEC on the 4<sup>th</sup> December 2025 with agreement to provide a final report to the committee in February 2026 to review the findings and recommendations in the first instance, with a final report to be presented at Public Board in March 2026.

Cefndir / Background

**Definitions:**

- **Did not attend (DNA):** Patient misses a scheduled appointment without prior cancellation.
- **Could not attend (CNA):** Patient contacts the service in advance of the appointment time to cancel or reschedule the appointment.

Following media publications and freedom of information requests earlier this year regarding Hywel Dda University Health Board (HDUHB) patients being removed from waiting lists without warning, and reports of patients being removed following missed appointments which were never communicated to them, or where the appointment letter arrived after the appointment date, the executive team requested an initial review of current communication processes with patients on waiting lists, including access points, to identify any potential factors which might lead to late receipt of appointment letters and/or outcomes of DNA/CNA in August 2025. The findings of the initial review, and an overview of the waiting list management process set out by Welsh Government within the "Referral to Treatment" (RTT) Guidance was presented at Public Board. Discussions at Public Board identified several cases of poor patient experience as a

result of current waiting list management and communication processes highlighting the impact on patients and the need to improve.

Operational teams recognise that communication with patients is not as it should be, and that improvements are possible, even within the current infrastructure constraints. There is also an ask from the board to identify if the current situation is reflective or symptomatic of the current pressures being experienced by staff and the organisation in general to meet targets leading to people losing sight of the person/patient at the other end of the communication.

National Guidelines for the Management of Referral to Treatment waiting times (RTT) in Wales were introduced in 2009, and the refreshed RTT guidance (April 2025) provides clear guidance on appointment booking, reasonable offer, and communication for RTT reportable services. However, a large proportion of services and waiting lists sit outside the RTT remit.

For RTT reportable services the following guidance applies:

### **Booking Processes**

- Booking is mutually agreed between the service provider and patients, fostering shared decision-making and clear communication of appointment details, modes (face-to-face, telephone, video), timing, and location.
- Health Boards must encourage shared decision-making and involve patients fully in administrative and treatment arrangements.
- If a patient is to be seen within six weeks, a direct booking system should be used. If the appointment is going to be more than six weeks in the future, confirmation of the acceptance of the referral is needed either by letter, text, or phone.
- Each attempt to contact the patient under the booking processes must be recorded and available for subsequent audit.
- Direct booking for clinics with less than 10 working days' notice should be done directly with the patient, either **face-to-face or via telephone**. If the patient does not accept the offer of a short notice appointment, this cannot be managed as a reasonable offer, and the clock remains unaffected.

### **Appointment Communication**

- Communication with patients is a key pillar for managing RTT within target times (26-week and 36-week pathways for complex cases).
- Patients and carers with additional communication needs must receive information in formats they can access (e.g., large print, braille, easy read, or via interpreters).
- A partial booking process occurs whereby appointments are agreed with the patient, following a written request for the patient to telephone if they require an alternative appointment.
- Under the partial booking process, an acknowledgement must be sent to the patient when the referral is received and accepted. This should explain the booking process that will be used for their appointment, including a choice of digital or non-digital methods. A letter should then be sent to the patient four weeks before it is anticipated they will be seen,

asking them to phone and make an appointment, or book their appointment via the patient-facing platform within the next 10 days.

- Direct booking occurs by either being booked in a face-to-face or telephone interaction with the patient, or through a direct dialogue with the patient via letter/email and or text. In this case, any correspondence will be sent at least 10 working days prior to the appointment date. 10 working days is recognised as a *reasonable notice period* (as per access policy).
- A reasonable offer is considered as an offer of two possible dates and/or times, which must be more than two weeks in the future.
- All appointments within an RTT period must be arranged under “reasonable offer” principles, mutually agreed by patient and provider.
- Appointment planning should consider:
  - Patient preferences (including appointment modality: face-to-face, telephone, video consultations).
  - Appointment confirmation and reminders to reduce DNAs.
  - Accessibility and mobility considerations for vulnerable groups.
- Health Board’s must consider postage times when sending letters offering a direct booking appointment to patients to avoid the patient receiving the letter on, or following, the day of the appointment. If a patient does not attend an appointment (and DNA recorded) and subsequently contacts the HB to state that they did not receive the appointment letter in time, the Health Board should amend the patient record, and the clock should continue with no adjustment. An alternative timely offer should be made to the patient at the earliest opportunity. To avoid this, health Boards must ensure that letters offering a direct booking should be sent a minimum of 10 working days before the appointment date.
- If a patient is removed from the waiting list for reasons other than treatment, the patient and their referrer must be informed of the removal and the reasons for it.

As previously stated, the guidance does not apply to all waiting lists and pathways which adds an additional layer of complexity.

The interim update in December 2025 included findings from an initial review in August 2025 of 14 waiting lists, in addition to the review of 38 subspecialties between October – November 2025, which is outlined below.

- In August 2025 the Health Board’s “Patient Access- Elective Care policy” was out of date. The policy was updated to reflect the refreshed RTT guidance published April 2025 but was still awaiting formal approval at that point.
- A limited amount of RTT patients’ services in the Health Board report that they follow a partial booking process whereby appointments are agreed with the patient, following a written request for the patient to telephone if they require an alternative appointment. Under the partial booking process, an acknowledgement letter must be sent to the patient when the referral is received and accepted to explain the booking process. Currently the Health Board does not send acknowledgement letters to patients once referrals have been accepted. This functionality has been turned off since January 2025.

- The majority of services (wider than planned care) are utilising direct bookings either via letters, phone or face-to-face. The review identified variation in the recording of direct bookings offered via phone or face-to-face on the patient administration system for audit and pathway management purposes in terms of DNA/CNA, especially for appointments offered within less than 10 working days.
- A review by the digital team identified that 19% (n= 59,322) of appointment letters were sent within 10 days or less of the appointment date over a 6-month period. Of these appointments 6.5% (n=3,856) of patients could not attend (CNA) and 3.7% (n=2,195) did not attend (DNA). These appointments would not be considered a “reasonable offer” under RTT guidance if patients were not additionally informed either by phone or face-to-face and agreed to the appointment. The variation in recording of information relating to direct bookings limits the ability to audit if these patients were correctly recorded as a DNA/ CNA.
- The majority of waiting list are on WPAS but some services report utilising Excel spreadsheets (n=10), or paper-based lists in addition to WPAS to manage waiting lists.
- Most services report not utilising or not having a standard operating procedure (SOP) for staff to follow in terms of waiting list management/ appointment bookings/ documenting on systems- even in RTT reportable services.
- Variation in practice regarding discharging patients following a DNA, some will discharge after 1 DNA, others discharge after 2 or 3 DNA’s.
- Multiple letter formats - some utilising standardised templates on WPAS and others use letters written within services with limited or no guidance.
- Letters printed and sent from multiple locations (centrally and from individual offices/ services).
- Letters being sent for appointments within less than 10 days without evidence on WPAS of a phone or face-to-face contact.
- Limited audit and governance processes in place across some services (not specifically RTT services).
- Clinical staff booking appointments/ managing waiting lists/ sending letters due to lack of administrative staff to support waiting lists management within some services.
- Multiple access points and contact numbers for service users on patient letters, the letter templates reviewed contained as a minimum two phone numbers, one in the letter header and a different number in the letter content, with some letters containing more.
- No single access point linked to all services that service users can contact to cancel or change appointments, multiple services had their own telephone number which included numbers to medical secretaries, and unmanned answer phones.
- Different services offer various methods of communicating if patients are unable to attend or the need to reschedule appointment with some services offering the option to leave a voicemail whilst others do not. Additionally, some appointment letters include an email contact address, but this is not provided by all services.

- The Hybrid Print and Post/ Patient hub roll out will address some issues identified as part of the review and allow patients access to text reminders, digital appointment letters and accessible communication formats.
- The Waiting List Support Service (WLSS) provides a single point of contact, within the Health Board's Communication Hub, offering self-management advice, promoting healthy lifestyle, and personalised support for patients who are awaiting treatment or surgery to prevent deconditioning and deterioration in their condition, and support them to prepare for treatment. The WLSS helps patients manage their health and wellbeing whilst waiting, signposts to community and clinical services and identify potential harm from waiting and escalates as/where necessary. The service is not responsible for RTT pathway management in terms of appointments/ cancellations/ DNA / CNA/ validation but have agreed communication routes to relevant services to address these if they are raised by patients.

Following the interim report presented at QSEC, the Quality Improvement and Service Transformation (QIST) continued team to work with the clinical care groups and services to map the remaining waiting lists identified and associated processes in terms of communication, booking, cancellations and discharge/ removal from the list.

### Asesiad / Assessment

The QIST team has concluded an extensive review of 198 identified waiting lists in 109 subspecialties/ services across all clinical care groups in the Health Board, as well as linking into both national and local programmes of work that relates to waiting list management. As the request from the Executive Team involved all waiting list, there has been an additional focus on identifying "hidden" waiting lists not currently reported on. The review highlighted the complexity of waiting list management and number of different individuals involved in the process.

In addition to the findings outlined in the interim report (summarise above) the review identified:

- The Health Board's "Patient Access – Elective Care Policy" has been ratified and updated to reflect national changes to RTT guidance. However, the policy only covers elective planned care RRT reportable services. There is no overarching "Patient Access Policy" for non- RTT services.
- Not all staff are aware of the elements in the policy/ RTT guidance and the implications on pathway management. From a national perspective WG Planned Care Policy is supporting the national roll-out of a learning programme based on best practice by Swansea Bay UHB Planned Care Academy. This programme which supports front-line staff in the day-to-day application of the RTT guidelines will focus upon developing the knowledge and skills to consistently, accurately, safely and equitably apply the RTT rules, and communicate effectively with patients in the delivery of person-centred care, working in partnership with patients and shared decision making.
- Guidance is in place to support waiting list management of vulnerable people (children, young people and adults) who were not brought in for appointments or clinics via the "Monitoring Vulnerable People Who Are Not Brought In or Did Not Attend Appointments and No Access Visits Procedure". The understanding and application of the guidance is variable across different services.

- National WPAS system improvements are needed to support the identification of vulnerable individuals and preferred communication needs, including sensory needs.
- Understanding and utilisation of the “Purple Dot” flag on WPAS (indicating neurodiversity and learning disability) locally and nationally is poor and there is no agreed process to support the appropriate allocation of a “purple dot” to an individual on the system. Correct knowledge and application of the flag will support improved patient communication, pathway management and patient experience. This had been identified and raised nationally via the health board’s informatics team.
- Although the referral acknowledgment letter functionality has been turned off on WPAS for RTT services, the review identified 18 services that do currently send referral acknowledgement letters from their individual services.
- 6-monthly “Keeping in Touch” letters, assuring patients that they are still on the waiting list, are not routinely sent. The review only identified 4 services contacting patients 6-monthly if they are still waiting.
- All patients on RTT pathways that have been listed for a procedure are sent listing acknowledgement letters which also provides the contact number for the Waiting List Support Service (WLSS), and an email address.
- DNA letters are not routinely sent by all services, some patients are only informed that they have DNA’d if they are subsequently discharged and receive their discharge letter. Most discharge letters normally state that patients can contact the service.
- Not all services inform patients when they have been discharged or removed from the list. Some services inform the referring GP but not the patient.
- More services are utilising the communication hub/ WLSS as a single point of contact to improve patient communication and support but additional capacity within these services will be required based on the number of services identified during review.
- There has been significant progress in the roll-out of the Hybrid Print and Post (HPP) project with most planned care services’ out-patient consultant clinics now on the system (18 out of 23 services in December 2025). This allows patients to have access to their letters on the digital platform, receive appointment reminders 7 and 2 days before their clinic appointment, and the ability to send clinic cancellation messages to patients if needed. The digital team is working with other services including allied health professional services to roll out to Health Care Professional (HCP) clinics on WPAS,
- Progress on the NHS Wales App will support improved communication for people on waiting lists moving forward. Referral acknowledgment letters, once a referral is accepted, are starting to be sent via the App.
- A paper has been submitted to Board on the 29<sup>th</sup> January 2026 for a decision relating to the Outline Business Case (OBC) for a Patient Service Centre (PSC) and Patient Relationship Management Tool.

The review did not find clear evidence that the current pressure on the organisation and staff to meet targets deliberately influenced waiting list management processes. Most of the findings relate to lack of awareness or inconsistent interpretation of relevant published guidance (if

available) such as what constitutes a reasonable offer, absence of standardised guidance, processes and/or training to support staff in waiting list management, and WPAS system limitations to record narrative around patient communications and pathway management decisions to support audit processes.

Changes within the refreshed RTT guidance published in April 2025 includes an optimisation pathway for high-risk patients requiring prehabilitation to enable them to get fit for surgical treatment. Patients on optimisation pathways RTT clocks are “stopped” and once the optimisation period is finished the clock is restarted as the point it was stopped. However, the WPAS system has no automated function to indicate to staff that a patient is on an optimisation pathway and is dependant on staff keeping a keep a record of these patients and to restart the clock on the system. There is a risk that patients could be “missed” and the clock not restarted as the WPAS system functionality is unable help staff to identify patients or track patients – especially considering the volume of patients on waiting lists and the number of staff involved in waiting list management.

Recommendations based on the review:

Immediate (within 1 month):

- A cross-CCG Task and Finish Group to be established to develop an overarching Access Policy and relevant SOPs to provide all services with clear guidance on waiting list management, including the management of vulnerable people not brought in.
- Review current validation process and governance structures within CCGs in relation the waiting list management and reporting.

Medium term (within 3 months):

- Education and training for all staff involved in waiting list management, including the learning programme based on best practice by Swansea Bay UHB Planned Care Academy.
- An audit programme to be established to monitor compliance with the guidance, including patient communication across all services and CCGs.
- Review and standardisation of letter templates to ensure accessibility criteria and digital accessibility standards are adhered to.
- Support services still utilising Excel spreadsheets to migrate to a patient administration system.
- Explore interim solutions to identify vulnerable people and communication/ sensory needs on WPAS whilst a national system solution is being developed.
- Develop a process to provide more narrative around pathway management on WPAS, including patients on optimisation pathways.

Long term (> 6 months):

- Explore the impact of expanding capacity within the Communication hub/ WLSS to support more patients and services via a SPOC, acknowledging the OBC for a wider Patient Service Centre (PSC) and Patient Relationship Management Tool.
- Optimise digital solutions to support Waiting list management (HPP/ NHS app)

The next Enabling Quality Improvement in Practice (EQIIP) cohort will be centred on “Customer focus” which will provide support to services and CCG to progress these recommendations.

## Argymhelliad / Recommendation

The Quality, Safety & Experience Committee is asked to note the findings from the review of Management of Waiting Lists/ DNA's/ Appointments and the recommendations to support improved waiting list management.

<b>Amcanion: (rhaid cwblhau) Objectives: (must be completed)</b>	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.6 Provide assurance to the Board that current and emerging clinical risks are identified and robust management plans are in place and any learning from concerns is applied to these risks as part of this management.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Parthau Ansawdd: Domains of Quality <a href="#">Quality and Engagement Act (sharepoint.com)</a>	7. All apply Choose an item. Choose an item. Choose an item.
Galluogwyr Ansawdd: Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a>	6. All Apply Choose an item. Choose an item. Choose an item.
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable Choose an item. Choose an item. Choose an item.
Amcanion Cynllunio Planning Objectives	4 Planned care, diagnostics and cancer Recovery 6 Clinical services plan 9 Digital plan Choose an item.
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS 8. Transform our communities through collaboration with people, communities and partners Choose an item. Choose an item.

## **Gwybodaeth Ychwanegol: Further Information:**

Ar sail tystiolaeth: Evidence Base:	
Rhestr Termiau: Glossary of Terms:	

Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ansawdd, Diogelwch a Phrofïod: Parties / Committees consulted prior to Quality, Safety and Experience Committee:	
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<b>Effaith: (rhaid cwblhau)</b> <b>Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian:</b> <b>Financial / Service:</b>	Not applicable
<b>Ansawdd / Gofal Claf:</b> <b>Quality / Patient Care:</b>	Contained within the body of the report
<b>Gweithlu:</b> <b>Workforce:</b>	Contained within the body of the report
<b>Risg:</b> <b>Risk:</b>	Contained within the body of the report
<b>Cyfreithiol:</b> <b>Legal:</b>	Not applicable
<b>Enw Da:</b> <b>Reputational:</b>	Contained within the body of the report.
<b>Gyfrinachedd:</b> <b>Privacy:</b>	Not applicable
<b>Cydraddoldeb:</b> <b>Equality:</b>	Contained within the body of the report