

Acute Medical Services Redesign Programme – Benefits Realisation

Final Internal Audit Report

2024/25

Swansea Bay University Health Board



Reasonable Assurance

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Review Reference

Fieldwork

Executive Sign Off

Audit Committee

Executive Lead

Audit Team

SBUHB-2425-13

December 2024 - February 2025

2 July 2025

17 July 2025

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Executive Summary

Purpose

To assess whether benefits realised reflect those identified at the outset of the Acute Medical Services Redesign Programme (AMSR).

Overview

AMSR was a key element of the health boards 'Changing for the Future' strategy and Clinical Service Plan (2019). This proposed the development of Morriston, Singleton and Neath Port Talbot (NPT) hospitals into 'centres of excellence' with distinct roles, removing duplication and concentrating skills and specialisms on individual sites. AMSR achieved the centralisation of acute medical admissions to the Morriston site (a long-held ambition of the health board), the opening of a new Acute Medical Unit (AMU) which incorporated Same Day Emergency Care facilities at Morriston, wider service reconfiguration through the closure of four medical wards at Singleton, expansion of the Medical ward base at Morriston, and transfer of Stroke and Ortho-geriatric rehabilitation from Singleton hospital to NPT hospital.

The delivery of the above addressed the prior clinical risks of standalone units on separate sites, and addressed equity of access to a wider range of specialist support and services for patients. It also provided the opportunity to strengthen medical engagement through the appointment of 11 clinical leads, and reduced gaps within the nursing workforce. The ambition to deliver 7 day working whilst not achieved remains a focus for the health board, and progress can be seen since programme closure in the refinement of junior and consultant rotas, although challenges remain in recruiting to the latter as well as within the wider workforce.

This review is not an assessment of the implementation of the programme and is cognisant of the significant system challenges in delivering patient flow (noting the health board has been escalated by Welsh Government to targeted intervention for Urgent and Emergency Care since April 2024), which continue to impact realisation of related programme benefits. The programme business case identified a number of mitigations which could provide alternative capacity to support the overall reduction in beds, but where this has not been achieved there has been a resultant increase in occupancy at Morriston. The occupancy level, driven primarily by number of Clinically Optimised Patients, has prevented AMU operating to its full potential and the consistent achievement of programme benefits.

We have concluded **reasonable** assurance on this area, reflecting the arrangements and process for identification, monitoring and ongoing commitment to delivery of AMSR linked benefits.

The matters requiring management attention include:

- The health board lacks a benefits realisation framework, and we note an inconsistent approach to the identification and measuring of some programme benefits. This impacts the ability to assess and measure the achievement of the benefits identified.
- Benefit realisation methodology and related timescales are unclear due to gaps in AMSR Programme Board papers, supporting working documents and departures of key personnel.
- Lack of documented discussion and communication of benefits within the AMSR programme business case, and recent Urgent and Emergency Care (UEC) Redesign Project Initiation Documents have included limited detail of benefits to be realised.
- Programme closure actions not taken forward, including review of re-admissions, annual review of benefits, financial evaluation of the programme, and a comparison of pre and post implementation medication errors.
- The AMSR programme closure report was not shared at committee level missing an opportunity to reflect on the progress made at that point, subsequent UEC reports have not included detailed outcomes of actions undertaken.

Full details of matters arising are detailed within the Findings & Agreed Action Plan.

Scope & Assurance Summary

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

		Related Findings	Assurance
1	Programme benefits were appropriately identified and clearly defined at the outset.	1, 2, 3	Limited
2	The achievement of benefits were monitored regularly during the implementation period.	1 & 2	Reasonable
3	Benefits not realised at the close of the programme continue to be subsequently monitored to completion.	4 & 5	Reasonable
4	The health board has identified lessons learnt from the programme, including feedback gained through patient and staff experience, to inform immediate and future service changes.	6 & 7	Reasonable

Management Actions



High Priority



Medium Priority

Themes



Risk Types

Quality or Safety Issues
Public Perception & Reputational Risk

Findings & Agreed Action Plan

Objective 1: Programme benefits were appropriately identified and clearly defined at the outset.

Limited

The AMSR Programme Business Case (PBC) set out the eight overarching programme principles including: admissions avoidance, reducing pressure on the emergency department, developing Same Day Emergency Care (SDEC), establishment of an Acute Medical Unit (AMU), design of services across 7 days, establishment of an integrated workforce with new clinical and managerial structure, patients discharged to the most appropriate service; and to ensure the service improves patient experience, outcomes and safety.

The PBC listed 26 benefits under the headings: *Single Medical Intake, Quality Safety Patient Experience; and Efficiency and Effectiveness*. By July 2023 this had been developed to incorporate 29 benefit headings comprising 46 supporting indicators to be measured. Benefits listed aligned with the majority of the programme principles, however by the time of implementation it was clear that the ability to deliver services across 7 days would not be achievable due to both financial and recruitment challenges. Further, the PBC included provisos linked to delivery, that as soon as a patient is clinically optimised they would be not managed at Morriston hospital, and that the maximum length of stay within the AMU would be 48 hours, and whilst not direct benefits, the impact of this not being delivered has since been clear. We could not identify individual benefits linked to the transfer of stroke and ortho-geriatric rehabilitation from Singleton to NPT hospital, and noted that admissions avoidance whilst listed as an individual benefit was to be reported elsewhere, and so had no baseline or criteria assigned. (see **Key Finding 1**).

Planning considerations

A clinically led modelling workstream had been established as part of AMSR planning, which further developed principles identified by prior external consultancy reviews. A bespoke tool was developed by the health board to model assumptions, demand profile and patient flow for the specialties impacted by AMSR. This provided the basis for determining the bed demand within the PBC, however, we were not able to source any final AMSR Programme Board approved criteria which set out all the factors to be incorporated. (see **Key Finding 2**). The workstream was not responsible for development of the mitigation capacity calculations within the PBC, and it is not clear if these were developed with the same methodology as that of the patient flow workstream. (see **Audit Objective 3**).

Benefit Register content

Review of the benefit register noted that each benefit held a description of expected outcome, however the format of the register did not include a responsible lead or specific target timescales, instead a RAG rating was applied across a six-month period. Whilst baseline indicators were particularly well defined for those related to performance measures (such as 4- & 12-hour Emergency Department targets, ambulance handover delays, length of stay and bed occupancy rates), we found that there were benefits which lacked baseline data and associated target criteria for assessment. (see **Key Finding 1**).

We recognise that discussion of benefits was at a point of time where capacity would have been focused on the programme's implementation, and that the level of programme support varied through its lifespan. The health board does not have a benefits realisation framework or any supporting guidance (see **Key Finding 1**). A number of key individuals who led and supported the programme have also left the organisation, and during the course of audit fieldwork it was evident that not all supporting information had been retained. As a result, it has been difficult to confirm the methodology, timescales and individual involvement in identifying and developing the programme benefits (see **Key Finding 2 & 3**). We were informed that Clinical leads were engaged through a series of pathway related workshops and minutes confirm receipt of the benefits register at the AMSR Programme Board in May 2023 (however, no copy of this version was available during fieldwork). Due to the limitations above it is difficult to confirm that AMSR followed a benefit-led, rather than output driven approach; and due to the number where an agreed baseline or specified target had not been set, this impacts the ability to assess and measure the full achievement of the benefits identified.

Key Findings	Risk & Impact	Agreed Management Action
<p>1 Benefits Realisation Framework</p> <p>The health board does not have a benefits realisation framework or guidance which directs the process of identifying and measurement of benefits.</p> <p>A benefits register should provide a tool for identifying deliverables, providing a basis for measuring outcomes and success.</p> <p>Review of the AMSR Programme benefits register identified:</p> <ul style="list-style-type: none"> • five benefits without a measure or criteria assigned. • 18 benefit indicators without a comparative baseline or specified target to measure against. • None of the benefits were assigned to specific leads or had specific timescales. 	<p>Inconsistent approach to the identification, definition, responsibilities which could lead to the failure to realise benefits.</p> <p style="text-align: center;">Medium Priority</p>	<p>Agreed Action:</p> <ul style="list-style-type: none"> • Swansea Bay University Health Board to develop a Benefit Realisation Framework; inclusive of process and measurement guidance, to be formally incorporated within the health board investment review process. <p>Expected Evidence of Implementation:</p> <ul style="list-style-type: none"> • Document: Swansea Bay University Health Board Benefits Realisation Framework • Assurance: When available, application of Benefit Realisation Framework within current and future business case development and implementation within the new Planning and Finance Assurance Group. <p>Officer: Karen Stapleton, Deputy Director of Planning and Partnerships</p> <p>Date: 30/09/2025 (noting intention that an initial draft will be shared with the Executive team in July 2025).</p>
<p>Theme: Planning, Delivery & Deadline Management</p>	<p>Control Design</p>	
<p>2 Document retention</p> <p>External programme support was commissioned to support the development of the PBC and implementation of the programme.</p> <p>In reviewing the documentation retained for the AMSR Programme Board and supporting workstreams, we identified gaps in both the retention and completeness of papers. For the AMSR Programme Board no documentation prior to September 2022 was available. As a result, it has been difficult to confirm the methodology, timescales and individual involvement in identifying and developing the programme benefits.</p>	<p>Lack of clarity and documentation could result in lack of accountability for realisation of benefits.</p>	<p>Agreed Action for Implementation into Urgent Emergency Care (UEC) Redesign Programme:</p> <ul style="list-style-type: none"> • Documentation Asset Repository: All approved business cases and quality improvement programmes to create an explicit documentation asset repository • Information Governance: All Documentation Asset Repository to be formally registered as an Information Asset (as per GDPR requirement), including data owner • Information Asset Management: Data Owner and Data Manager to be explicitly identified • Information Asset Management: Checklist to be developed to ensure that if/when a Data Owner or Data Manager changes there is a comprehensive data handover checklist • Audit: Routine Assurance Audit of all current large scale business cases and quality improvement programmes to test actual against planned governance arrangements <p>Expected Evidence of Implementation:</p>

Key Findings	Risk & Impact	Agreed Management Action
		<ul style="list-style-type: none"> • Digital: Documentation Asset Repository • Documentation: Health Board Information Asset Registry • Audit: Outcome Compliance Report
	Medium Priority	Officer: Neil Cooper, Assistant Director of Operations Date: 30/09/2025
Theme: Information, Data Quality & Data Accuracy	Control Operation	
<p>3 Benefits not progressed</p> <p>Four benefits from within the Programme Business Case were not included within the final benefits register:</p> <ul style="list-style-type: none"> • Reduction in the number of patient moves (and corresponding impact on continuity of care, and length of stay) • Increase the number of cubicles to support the ability to isolate patients. • Reduction in the intensity of bandings due to centralised resources. • Enhanced teaching and training opportunities. <p>We were not able to identify any supporting reasoning for their exclusion being discussed or communicated within Programme documents. For the latter two benefits we could identify alignment benefits which remained within the register.</p>	<p>The underlying problem which was to be addressed could remain unmitigated.</p>	<p>Agreed Action for Implementation into Urgent Emergency Care (UEC) Redesign Programme:</p> <ul style="list-style-type: none"> • Documentation: Risk, Action, Issue, Decision (RAID) Log to be implemented to support all approved business cases and quality improvement programmes • Documentation: Using RAID, all Decisions and Actions agreed to be recorded as part of meeting/event outcomes • Assurance: Actions and Decisions to be reviewed by Chair(s) of improvement workstream review meetings to explicitly sign-off RAID Log updates • Audit: Assurance audit to be undertaken to ensure active use of RAID log ensuring that is comprehensive, accurate and up to date
	Medium Priority	Expected Evidence of Implementation: <ul style="list-style-type: none"> • Documentation: RAID Log including accuracy sign-off • Audit: Outcome Compliance Report
Theme: Communication & Engagement	Control Operation	Officer: Neil Cooper, Assistant Director of Operations Date: 30/09/2025

Review of the AMSR Programme Board minutes for the period September 2022 – January 2023 confirmed workstream reporting had been established and ahead of the implementation date (5 December 2023). There was also discussion of the challenges which would impact the programme's success, including recruitment, consultant and junior job plans. The format of workstream reports contained focus on key actions in progressing the required structural and workforce changes, but we could not see formal assignment or ownership of benefits on an individual workstream basis. **See Key Finding 1.**

Prior to implementation, Management Board received regular assessment of the 'go/no go' criteria in line with the proposed programme governance. As a result, it was agreed that a phased approach to implementation should take place across December 2022 into January 2023. In considering the decision to proceed it was noted that community schemes were not delivering the additional capacity/patient discharges to the levels forecast within the PBC. As noted within objective three, the wider challenges relating to capacity and flow have continued to impact the realisation of programme benefits.

In January 2023, the AMSR programme board recognised the initial achievements the opening of the AMU, reconfiguration of wards and centralisation of the medical intake at Morriston. A new centralised Medicine Divisional structure combining acute and emergency care with wider specialties was established, including the appointment of 11 clinical leads across the wider specialism structure.

In reflecting on the above the AMSR Programme Board agreed further detailed review of benefits should be undertaken and this was followed by:

- A leadership touchpoint event in March 2023.
- An initial benefits register presented to the AMSR Programme board in May 2023 (see **Key Finding 2**).
- A programme closure event in July 2023, where updates were provided on performance and from staffing leads on programme implementation (see **Key Finding 2**).

Following this a Programme closure report were received by both the Urgent and Emergency Care Programme Board (July 2023) and a Chief Executive Officer led Bed De-Commissioning Board (August 2023). Benefits were RAG rated against the implementation period (January – June 2023) with the 46 supporting indicators classified as follows: 25 (54%) – Green; 9 (19%) – Amber; 7 (16%) – Red; 5 (11%) – Grey (indicating intention to review at a later point, or not progressed).

Review of the register confirmed that the 27 benefits indicators (out of 46) which aligned with access, occupancy/length of stay and patient flow could be validated and compared against pre AMSR baselines. Separately we noted nine benefits where completion was based upon the completion of related actions, outlined within accompanying commentary, rather than the related baseline indicators, which, in turn, restricts the ability of the health board to fully measure the impact of the benefit realised. (see **Key Finding 1**).

From an early stage it was noted that the AMU was operating in excess of its intended 48-hour short stay target, due to lack of availability of ward beds or support to avoid admission and directly discharge the patient. However, the introduction of the unit provided an immediate improvement against access targets for the Emergency Department, length of stay, bed occupancy levels, and reduction in medical outliers (medicine patients managed in non-medicine beds). (see **Audit Objective 3** for reference to current performance).

The Programme closure report also made clear that some of the initial principals listed within the original business case had not been achieved (7 day services), however there was recognition of the need to continue transformative change, improve Same Day Emergency Care (SDEC) services, and enhance frailty care identified as areas to be taken forward within the wider Urgent and Emergency Care portfolio.

An AMSR performance dashboard has been developed which includes the 27 benefit indicators (referenced in objective two), and review of these confirmed that around a third have improved or remained consistent against the position at programme closure. Key indicators are consolidated within the Morriston Service Group (SG) Integrated Performance Report, which is presented to the Service Group Board, thereby confirming continued oversight. Review of data within the dashboard highlighted 10 benefits indicators where the identified benefits have continued to be realised, however comparison across the period June 2024 – November 2024 also noted areas where post implementation gains have not been sustained (see *Appendix A, tables 1 & 2*).

The Programme closure report contained a summary of 11 outstanding actions, and whilst individual leads and forums for oversight were indicated, discussion with key contacts and the lack of defined timescales, suggests such may not have been seen as a formal action plan to be carried forward (see *Appendix B*). Shortly following programme closure, Morriston Service Group also identified the need for a wider restructure to provide additional managerial and clinical capacity, and this resulted in the separation of the AMSR established Medicine Division into Acute and Emergency, and Specialist Medicine divisions respectively (the combination of which had been a principle of the Programme).

The health board continues to progress those areas linked to the actions listed within the closure plan, through the UEC Redesign workstream, which includes frailty services, improvements to AMU and SDEC; and measures to address system wide patient flow. Additionally, we note that as the programme closed a review of junior medical rotas had been undertaken to identify and address historic deficits which had contributed to high locum use. Further mapping of acute services and rotas has taken place during 2024 to define and agree senior consultant requirements, although we are informed that recruitment to these senior clinical roles has been challenging.

We identified actions within the programme closure report which had not been completed, these included a financial evaluation of the AMSR programme, and comparative review of medication errors. Whilst there were ongoing reporting arrangements in place for both areas, given both were classed as benefits, their full impact will not have been assessed. An annual benefits realisation review, and a case note review of readmissions, have also not been undertaken, these could still provide value noting for the latter the rate remains above the pre AMSR position (see **Key Findings 4 & 5**).

The PBC had included a number of mitigations where additional capacity would provide bed savings, these included transitional beds, virtual wards, Discharge to Recover and Assess (D2RA) pathways, alongside other adjustments to the bed arrangements within Morriston. These were to provide alternative equivalent capacity once the 90 temporary COP beds at Singleton hospital were closed in September 2023. Step Up and Step Down (SUSD) community-based transition beds, which had provided around 50 admissions per month in 2023, were de-commissioned at the close of that year reflecting the financial constraints facing the health board.

Constraints in patient flow has directly impacted the achievement of benefits, noting in quarter 3 2024 the wider health board and Morriston medicine patients' occupancy levels have remained at around 24% and 30% of capacity. The AMU was modelled upon not holding patients for longer than 48 hours, but due to lack of flow to wards there have been a number of instances where it has operated at 60% over capacity. Despite this, the AMU continues to meet the national target for patient of 50% discharged in 48 hours; however its full potential to reduce pressure on the Emergency Department remains linked to ward capacity.

The UEC Programme Board has retained oversight of actions to deliver the principles which had provided the basis of AMSR. In April 2024, in response to Welsh Government escalation into targeted intervention for Urgent and Emergency Care, a Strategic Action Group was established to provide additional focus on these areas which has since been renamed UEC Redesign (see **Audit Objective 4**).

Key Findings	Risk & Impact	Agreed Management Action
<p>4 Annual Review of Benefits Realisation</p> <p>The AMSR Programme closure report included an action to undertake an annual benefits realisation review; this would have been scheduled for mid-2024.</p> <p>Our review of the Programme benefits realisation register identified 10 benefits which were listed as requiring a later review based upon circumstances or availability of data. Whilst recognising that there has been a subsequent divisional restructure, and that a number of workstreams are moving forward under the UEC heading, the periodic assessment of the benefits should be considered to ensure achievement or shortfall is identified.</p>	<p>The effectiveness and confidence could be impacted where benefits are not periodically assessed.</p> <p style="text-align: center;">Medium Priority</p> <p>Control Operation</p>	<p>Agreed Action for Implementation into Urgent Emergency Care (UEC) Redesign Programme:</p> <ul style="list-style-type: none"> • Assurance: Map AMSR Programme Closure Report against current UEC Redesign Programme documentation in order to identify gaps • Documentation: Update UEC Programme Project Plan with any and all relevant actions which have been identified for transfer from the AMSR Closure Report • Documentation: Development of a benefits assessment review plan to support the UEC Redesign Programme inclusive of review dates and reporting timetables <p>Expected Evidence of Implementation:</p> <ul style="list-style-type: none"> • Documentation: Mapping document inclusive of decision-making where a gap(s) is identified • Documentation: Updated UEC Redesign Programme Project Plan, inclusive of version control • Documentation: UEC Redesign Programme: Benefits Assessment Review Plan • Assurance: UEC Redesign Programme: Benefits Assessment Review Plan, to be integrated into UEC work programme/agenda to enable regular review <p>Officer: Neil Cooper, Assistant Director of Operations Date: 30/09/2025</p>
<p>5 Review of re-admissions</p> <p>At the time of programme closure, benefit A10 '<i>Reduction in readmissions</i>' was rated 'amber' for the monthly indicator having seen a 1% increase, and 'red' against a projected annual increase.</p> <p>The outstanding action within the closure report to undertake a case note review has not been progressed, and November 2024 data within the AMSR dashboard indicates an increase of 10% against the pre AMSR baseline and increase of 125 readmissions at a monthly level indicating further review remains necessary.</p>	<p>Underlying causes of re-admissions may not be identified.</p>	<p>Agreed Action for Implementation into Urgent Emergency Care (UEC) Redesign Programme:</p> <ul style="list-style-type: none"> • Assurance: Review of agreed key performance indicators identified by the UEC Redesign Programme to ensure fit for purpose and provide the agreed level of assurance • Performance: Review current performance against agreed key performance indicators start of all UEC Redesign Programme meetings • Documentation: All issues identified as a result of key performance indicator review to be recorded within the UEC Redesign RAID

		<ul style="list-style-type: none"> • Documentation: All Decisions and Actions agreed as a result of Issues identified to be recorded within UEC Redesign RAID Log • Assurance: "Desk-top Review" to be undertaken on ALL readmissions to establish any trends, themes, commonality and to enable the development of audit specification to support a "deep-dive" patient note review
	<p>Medium Priority</p>	<p>Expected Evidence of Implementation:</p> <ul style="list-style-type: none"> • Documentation: Key performance indicator sign-off • Digital: Performance monitoring • Performance: Trend Analysis Document • Documentation: Meeting Agenda and Work Programme • Documentation: "Desk-Top" Review Outcome Report • Audit: Deep-Dive Audit Specification
<p>Theme: Quality, Safety & Patient Experience</p>	<p>Control Operation</p>	<p>Officer: Neil Cooper, Assistant Director of Operations</p> <p>Date: 30/09/2025</p>

Objective 4: The health board has identified lessons learnt from the programme, including feedback gained through patient and staff experience, to inform immediate and future service changes.

Reasonable

In the period following the establishment of the AMU, concerns were raised due to overcrowding and patient waiting times with contributing factors including the lack of defined waiting area, multiple triage points; and that prolonged length of stays were resulting in more ward-level care which required additional workforce allocation. An AMU Improvement Group was established in February 2023 and progressed actions relating to process mapping, pathways, capacity, unit layout and estates/environmental issues. Included within the group's work plan was the development of Standard Operating Procedures for AMU and SDEC, and we note progress to expand and update these has continued under the UEC Redesign group.

In January 2024, NHS Executive undertook a 'deep dive' following the concerns raised. Eight recommendations were raised to promote further service integration through alignment of triage, workforce, and the layout of services. Intention to address the recommendations formed the key requirements of the SDEC UEC Redesign project during 2024/25, and progress has been noted through an initial task and finish group, and more recently the establishment of a joint SDEC, AMU and frailty services 'Acute Medicine Improvement Group.' We were provided with a status update indicating progress in closing three recommendations with the remaining actions still being progressed and embedded; but this did not include a target date for completion (See **Key Finding 6**).

In 2024/25 Morriston SG identified six UEC related projects to continue the transformation of services initiated through AMSR. The supporting Project Initiation Documents (PIDs) detailed deliverables framed across planning, implementation and embedding; however the timescales provided were noted to be indicative due to the operational pressures faced by the site. These arrangements, whilst representing phase two of UEC, have not resulted in the development of a similar business case to that of AMSR; and we could not identify any corresponding benefits realisation processes within the PIDs. (See **Key Finding 7**).

Review of Performance and Finance Committee papers and minutes (July 2022 – September 2024) noted that regular reporting is received through an Urgent and Emergency Care report, which provides performance information against ED targets, patient waiting times and ambulance handovers. The reports contained some detail of progress in implementing AMSR during 2022/23, however did not include summary of the programme closure. (see **Key finding 6**). Reports provided since September 2023 have included narrative updates on system wide actions to support improvement, offering an outline of further AMSR linked transformative work continuing under UEC Redesign. The reports demonstrate the wide range of action underway, but there is not always reference to the status of prior actions, and whether they have had the expected impact. (See **Key Finding 6**).

Audit Wales' Review of Operational Governance report (issued September 2024) noted a lack of clarity on timescales for AMSR implementation, and the lack of detailed updates being provided to the Board and its committees, which included recommendations to address this, and so no further recommendation has been raised here.

Key Findings	Risk & Impact	Agreed Management Action
<p>6 UEC Reporting to Committee</p> <p>The Performance and Finance Committee receives regular reporting on key indicators, and updates against actions to mitigate the challenges experienced within this area. We note committee reporting did not include any summary of the AMSR Programme closure report, actions to address the NHS Executive deep dive in January 2024, and while wider actions and measures are referenced this does not include lessons learnt where not achieved.</p> <p>Theme: Reporting</p>	<p>Lack of assurance where the outcomes of prior actions are not detailed.</p> <p>Medium Priority</p> <p>Control Operation</p>	<p>Agreed Action for Implementation into Urgent Emergency Care (UEC) Redesign Programme:</p> <ul style="list-style-type: none"> • Assurance: Map AMSR Programme Closure Report against current UEC Redesign Programme documentation in order to identify gaps • Assurance: Review of agreed key performance indicators identified by the UEC Redesign Programme to ensure fit for purpose and provide the agreed level of assurance • Documentation: Update UEC Programme Project Plan with any and all relevant actions which have been identified for transfer from the AMSR Closure Report • Assurance: Summary outline of above actions to be reported to the Performance and Finance Committee or an appropriate Board-level committee. <p>Expected Evidence of Implementation:</p> <ul style="list-style-type: none"> • Documentation: Mapping document inclusive of decision-making where a gap(s) is identified. • Documentation: UEC Programme Board report to Performance and Finance Committee/appropriate Board-level committee. <p>Officer: Neil Cooper, Assistant Director of Operations Date: 30/09/2025</p>
<p>7 Benefits Realisation UEC Redesign</p> <p>The health board continues to progress the elements of AMSR not achieved within 'phase 1' such as 7-day services, furthering initiatives supporting admissions avoidance and Same Day Emergency Care. Project initiation documents are in place which provide objectives and deliverables, however, there is no definition of benefits contained within the same</p>	<p>Where benefits are not fully mapped their full achievement may not be realised.</p>	<p>Agreed Action for Implementation into Urgent Emergency Care (UEC) Redesign Programme:</p> <ul style="list-style-type: none"> • Assurance: Map AMSR Programme Closure Report against current UEC Redesign Programme documentation in order to identify gaps. • Assurance: Review of agreed key performance indicators identified by the UEC Redesign Programme to ensure fit for purpose and provide the agreed level of assurance. • Documentation: Update UEC Programme Project Plan with any and all relevant actions which have been identified for transfer from the AMSR Closure Report. <p>Expected Evidence of Implementation:</p>

Key Findings	Risk & Impact	Agreed Management Action
		<ul style="list-style-type: none"> • Documentation: Mapping document inclusive of decision-making where a gap(s) is identified.
Theme: Information, Data Quality & Data Accuracy	Medium Priority Control Design	Officer: Neil Cooper, Assistant Director of Operations Date: 30/09/2025

Appendix A: Benefits realisation

The following tables provide a snapshot of benefit indicators where prior achievement has not been sustained (table 1), and those where benefits continued to be realised (table 2).

<i>Table 1 - Decrease in benefit performance since AMSR implementation</i>															
Benefit	Description of Benefit	Baseline Indicator	BASELINE DATA	Monthly Target	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
A1	Improved performance against ED targets	WAST handover delays >4hr	22.30%	-	22.00%	24.31%	31.44%	24.20%	23.30%	20.40%	33.40%	36.40%	30.20%	35.10%	32.90%
		Current Annual total WAST Handover delays >4hr	4219	352	262	288	408	323	354	282	465	536	440	519	470
A2	Improved bed occupancy rates	Current Av Daily Bed Occupancy at 12pm MORRISTON ONLY (ALL MEDICAL)	330* Post	330	404	378	388	392	392	384	326	343	342	359	362
		Current Av Daily Bed Occupancy at 12pm % SINGLETON ONLY	103.34%	-	95%	82%	87%	85%	86%	88%	62.23%	62.77%	78.04%	117.07%	150.54%
A3	Reduction in LOS of acute medical patients	ALL GENERAL MEDICAL Morriston & Singleton Apr 22 to Dec 22	6.41		6.7	7.1	5.3	6.28	5.53	5.37	8	10.44	9.09	8.63	8.96
		GENERAL MEDICAL NON COP Apr 22 to Oct 22	4.54		5.1	5.1	4.1	3.99	3.64	3.41	5.18	6.62	6.09	5.75	5.98
A7	Reduction of DTOCs in ICU	Average number of DTOCs on ICU	7		9	8	10	9	9	9	13	15	11	14	18
A9	Reduction in the number of outliers	Monthly average number of medical outliers - Morriston Hospital	45		41	19	23	25	19	10	53	77	74	57	63
A10	Reduction in readmissions	Readmission rate % - to medicine within 28 days of discharge (Morriston and Singleton)	13.57%		13.79%	14.66%	15.48%	16.54%	15.22%	14.51%	26.45%	26.83%	24.68%	28.71%	24.28%
		Total for 12 month period (Morriston and Singleton)	2208	184	200	188	221	193	204	194	337	333	308	397	322

<i>Table 2 - Increase in benefit performance since AMSR implementation</i>															
Benefit	Description of Benefit	Baseline Indicator	BASELINE DATA	Monthly Target	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
A1	Improved performance against ED targets	4hr ED Performance	56.57%	-	58.15%	62.34%	59.33%	60.34%	60.47%	62.16%	79.10%	76.60%	78.70%	75.70%	74.00%
		12hr ED Performance	79.97%	-	80.73%	81.56%	80.55%	82.89%	82.12%	82.58%	91.60%	89.50%	90.30%	90.00%	89.00%
		Current % waiting over 12hrs	20.30%	-	19.30%	18.40%	19.50%	17.10%	17.90%	10.71%	8.40%	10.50%	9.70%	10.00%	11.00%
A2	Improved bed occupancy rates	Average Daily Bed Occupancy at 12pm - MEDICAL HB WIDE (Morr & Singleton)	455		504	434	446	451	440	419	341	358	361	387	399
		Av Daily Bed Occupancy at 12pm % (Morr & Singleton)	112.25%		114%	103%	106%	103%	102%	101%	95.81%	101.12%	100.39%	107.47%	110.56%
		Current Av Daily Bed Occupancy at 12pm SINGLETON ONLY	167		141	96	98	99	88	75	15	15	19	28	37
A3	Reduction in LOS of acute medical patients	ALL GENERAL MEDICAL Morriston & Singleton COP Apr 22 to Dec 22	21.53		17.8	23.4	16.5	20.14	17.33	18.86	16.79	18.97	15.56	14.82	14.11
A6	Reduce risk to elective/tertiary services being cancelled	Total Postponed Admitting Procedures due to lack of beds	39		66	32	29	9	25	8	15	20	21	26	15
A8	Reduction in the number of patients with a LOS >48hrs	% Patients discharged with LOS > 48hrs (Morrison - ALL PATIENTS)	64%		38%	40%	43%	40%	43%	43%	46%	42%	43%	43%	53%
		% Patients admitted to AMU with LOS <48hrs	N/A		50%	54%	56%	51%	52%	54%	53%	48%	48%	50%	53%

Appendix B: Outstanding Programme Actions

The following table sets out the outstanding Programme actions to be taken forward post implementation (July 2023):

Action:	Taken forward by:	Owner:
Outstanding items on AMU action plan and re-establishment of weekly AMU Improvement Board	Divisional Board for Medicine	Medicine Divisional Management
Workforce plans following SGH bed closures	Divisional Board for Medicine	Workforce leads
Full finance review/evaluation	Morrison Board/UEC	Finance lead
Annual Benefits Realisation review	Morrison Board/UEC	Programme support
AMU/SDEC Patient Flow improvement	SDEC Operational Board	Medicine Clinical Chair / AMU Clinical Lead
Readmission rate remains higher than national average	Case note review	Medicine Clinical Chair
Post AMSR OCP review	Morrison Board	Head of Nursing / Workforce lead
Ongoing risks (outside programme scope)	Divisional Board for Medicine/UEC	Medicine Clinical Chair / Deputy SG Director
Enhanced Frailty Pathway	One Bay Way Programme Big 5	Medicine Clinical Chair / Deputy SG Director / AMU Clinical Lead
Medication Errors Review	Morrison Board/UEC	HEPMA/Pharmacy lead
System wide patient flow including COPS	6 Goals programme	Various

Appendix C: Assurance Opinion & Prioritisation of Findings

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.

Disclaimer

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The report is based on the review work undertaken and is not necessarily a complete statement of all weaknesses that exist or potential improvements. Whilst every care has been taken to ensure that the information provided in this report is as accurate as possible, no complete guarantee or warranty can be given with regard to the advice and information contained.

Our work does not provide absolute assurance that material errors, loss or fraud do not exist. Responsibility for a sound system of internal controls and the prevention and detection of fraud and other irregularities rests with management of the Swansea Bay University Health Board. Work performed by internal audit should not be relied upon to identify all strengths and weaknesses in internal controls, or all circumstances of fraud or irregularity. Effective and timely implementation of recommendations is important for the development and maintenance of a reliable internal control system.

Public Sector Internal Audit Standards

Audit work undertaken by NHS Wales Audit and Assurance Services conforms with the International Standards for the Professional Practice of Internal Auditing and associated Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Chartered Institute of Public Finance & Accountancy in April 2023.

