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# Appendix 1 – Response from entity

## Response from NSW Health

NSW Health



Ref: H26/27266

Mr Bola Oyetunji  
Auditor-General for New South Wales

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### NSW Health Response to the Planned Surgery Access Performance Audit Report

Dear Mr Oyetunji,

Thank you for the opportunity to respond to your Planned Surgery Access performance audit report.

I welcome the focus that this audit has given to the complexities of managing access to planned surgery in public hospitals and accept the recommendations made. The findings will be used to inform initiatives being implemented to enhance management of planned surgery across the State.

The reduction of planned surgery waiting times has been a significant focus for the NSW Health system, following the pauses to planned surgery during the COVID-19 pandemic. I am pleased to see the outcomes of this work reflected in this audit report and affirm that the monitoring of waiting times will remain a focus.

For context, it is important to note that planned surgeries are prioritised according to the clinical urgency category timeframe, which is allocated by the treating doctor. Only the treating doctor or delegate can change this timeframe, based on objective clinical evidence. The scheduling of patients is undertaken in consultation with the treating surgeon, to ensure that patients with the greatest clinical need are prioritised. Patients needing urgent surgery take precedence which may affect other patients, including delaying their surgery and this may impact on the interpretation of performance data. A decision to postpone surgery is only made after all other options are exhausted and following consultation with the treating doctor. The choice of the patient is also a critical factor in this decision and where the option to postpone surgery is taken, it is rescheduled as quickly as possible.

In collaboration with the Local Health Districts and Specialty Networks, the Ministry of Health has been leading the development of strategies to further enhance access to planned surgery statewide, including delivery of the following initiatives:

- Local Health Districts and Specialty Networks have secured funding to reduce overdue surgery by increasing surgery throughput by purchasing new equipment or establishing a high-volume short stay surgery program and introduce programs aimed at providing high-value, non-surgical care options to ensure timely access to appropriate care for patients.
- Providing an option for patients to have surgery sooner at another public or private hospital where clinically appropriate.
- The use of pooled lists to maximise available capacity supported with extended theatre sessions where workforce and clinical appropriateness allow.
- Completion of a series of waitlist policy compliance audits.
- Empowering clinicians to make evidence-based decisions for alternative treatments for some patients where surgery may not be beneficial.

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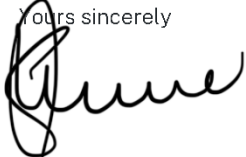
02 9391 9000  
[health.nsw.gov.au](http://health.nsw.gov.au)

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Further initiatives are being considered in this area and NSW Health will continue to work to ensure patients receive their clinically recommended surgery within their allocated timeframe.

I appreciate the support offered by the Audit Office of NSW during this audit program.

Yours sincerely



Susan Pearce AM  
Secretary, NSW Health

6/5/26

Encl. NSW Health response to report recommendations

Recommendation	Responsibility	Position	Agency Response
By June 2027, the Ministry of Health should:			
<p>1. Define additional efficiency performance targets for inclusion in service agreements with local health districts for the delivery of planned surgery by expanding and enforcing the current set of international benchmarks for surgical productivity.</p>	Ministry of Health	Accept	<p>The Ministry is currently in the process of defining additional efficiency performance targets which includes additional same day surgery targets based on British Association of Day Surgery benchmarks and surgical throughput. These additional same day surgery targets will be incorporated into the FY 27 Service Level Agreement with the districts A dashboard to provide State view of throughput of procedures in operating theatres is currently under development to facilitate monitoring.</p>
<p>2. Identify and determine the planned surgery service delivery models that achieve greater efficiencies and surgical throughput, and target policy and investment accordingly.</p>	Ministry of Health	Accept	<p>Recent allocation of funding to support high volume surgical short stay units and surgical avoidance is due for formative evaluation in end of FY26. Outcome of the evaluation will inform next steps.</p> <p>Additional funding also supported non-surgical alternative models of care for example Osteoarthritis Chronic Care Program (OACCP) and Post-Operative Discharge Support Services (PODDS) which will similarly be evaluated for effectiveness and scaled where appropriate.</p>

Recommendation	Responsibility	Position	Agency Response
<p>3. To supplement current clerical reviews, develop risk-based guidance for local health districts to conduct:</p> <ul style="list-style-type: none"> <li>a) regular, sample-based compliance reviews of clinical urgency categorisation changes to support clinical review panels</li> <li>b) periodic internal audits of planned surgery waitlist management and compliance</li> </ul>	Ministry of Health	Accept	Self-assessments are already available for sites to assess performance and compliance against planned surgery policy. Additional information can be developed in consultation with sites to identify what further information or guidance is required.