Archwilio Cymru
Audit Wales

Tackling the Planned Care Challenges – Cwm Taf Morgannwg University Health Board

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About this report

1 This report sets out the findings of work on planned care recovery that we have undertaken at Cwm Taf Morgannwg University Health Board (the Health Board). The work has been undertaken to help discharge the Auditor General's statutory duty under section 61 of the Public Audit (Wales) Act 2004 to be satisfied that the Health Board has proper arrangements in place to secure the efficient, effective, and economic use of its resources. Our work was delivered in accordance with INTOSAI[1] audit standards. This report excludes any examination of waits relating to cancer diagnosis and treatment, which are the subject of a separate examination by the Auditor General.

2 Tackling the planned care waiting list backlog is one of the biggest challenges facing the NHS in Wales. NHS waiting time targets in Wales have not been met for many years and the COVID-19 pandemic made an already challenging situation considerably worse as planned care services were initially postponed and then slowly re-started to allow the NHS to focus its attention on dealing with those seriously ill with the virus. Since the onset of the pandemic, the overall size of the NHS waiting list has grown significantly, and at the end of February 2025 there were 614,150 individual patients waiting for treatment.

3 In April 2022, the Welsh Government published its Programme for Transforming and Modernising Planned Care and Reducing Waiting Lists in Wales. The programme includes £170 million recurring funding to support planned care recovery, together with an additional £15 million funding per year over four years to support planned care transformation. The Welsh Government subsequently allocated a further £50 million between September and October 2024 to reduce the longest waiting times[2]. The programme includes specific targets and Ministerial priorities:

- that no one should wait longer than a year for their first outpatient appointment by the end of 2022 (**target date revised to December 2023**[3]);
- to eliminate the number of people waiting longer than two years in most specialties by March 2023 (**target date revised to March 2024**);
- people should receive diagnostic testing and reporting within eight weeks and therapy interventions within 14 weeks by Spring 2024; and

[1] INTOSAI is the International Organization of Supreme Audit Institutions

[2] Health Secretary response to latest NHS Wales performance data. The £50 million additional allocation comprised £28 million in September and £22 million in October 2024.

[3] Health Boards did not achieve the original targets for first outpatient appointment and number of people waiting longer than two years for treatment. As a result, the Welsh Government agreed to set interim targets (**in bold**, above).

- to eliminate the number of people waiting longer than one year in most specialties by spring 2025.

4 In May 2022, the Auditor General for Wales published a commentary on Tackling the Planned Care Backlog in Wales which estimated that it could take up to seven years for the overall waiting list in Wales to return to pre-pandemic levels. The commentary highlighted key areas for action, including:

- having strong and aligned local leadership to deliver the national vision for recovering planned care services;
- having a renewed focus on system efficiencies and new technologies;
- building and protecting planned care capacity; and
- communicating effectively with patients who are waiting for treatment and having systems in place to manage the clinical risks to those patients while they are waiting.

5 Our work has considered the progress Heath Board is making in tackling its planned care challenges and reducing its waiting list backlog, with a specific focus on:

- action that the Health Board has taken to tackle the planned care backlog;
- waiting list performance; and
- understanding and overcoming the barriers to improvement.

6 We undertook our work between December 2024 and March 2025. The methods we used are summarised in **Appendices 1** and **2**. **Appendix 3** provides some additional data analysis on planned care services and **Appendix 4** contains the Health Board's response to any recommendations arising from our work.

7 The Health Board is facing some significant challenges. It is currently at Level 3 escalation status for finance, strategy and planning, and performance outcomes relating to cancer and planned care. It is at Level 4 escalation for performance and outcomes relating to urgent and emergency care under the NHS Wales escalation and oversight framework. In addition, during October 2024, the roof at the Princess of Wales Hospital was declared unsafe, and a critical incident was declared. This led to the immediate closure of ten wards, eight theatres and the immediate relocation of the Intensive Care Unit. The impact of this was felt across the Health Board and plans were rapidly developed to redistribute services across to protect both unscheduled and elective care and mitigate shortfalls.

Key facts

£80.8m the amount of additional funding the Health Board received from the Welsh Government between 2022-23 and 2024-25 to support planned care improvement.

111,179 the overall size of the waiting list in February 2025.

182% the percentage growth in the overall waiting list between April 2019 and February 2025.

14,823 the number of patient pathways waiting more than one year for their first outpatient appointment in February 2025 against a national target of zero waiting. The number of one year waits for an outpatient appointment has reduced by 20% since April 2022.

2,347 the number of patient pathways waiting more than two years for treatment in February 2025 against a national target of zero waiting. The number of two-year waits has reduced by 82% since April 2022.

79% the percentage diagnostic test waits that are within eight weeks in February 2025 against a national target of 100%. The Health Board has achieved a significant 80% reduction of 'over eight weeks' diagnostic waits since April 2022.

98% the percentage of therapy waits that are within 14 weeks in February 2025 against a national target of 100%. The Health Board has achieved an 93% reduction of 'over 14-week' therapy waits since April 2022.

25,421 number waiting more than one year for treatment in February 2025 against a national target of zero for most specialties by spring 2025. This has reduced by 20% since April 2022.

Key messages

Overall conclusion

8 Overall, we found that **the Health Board is reducing the numbers of very long waits, although the October 2024 critical incident affected waiting list recovery. It has good short-term plans, but it needs to develop its clinical services plan to help shape services that can sustainably meet expected growth in demand in the longer term. It also needs to improve how it reports on harm resulting from planned care delays.**

Key findings

Action that the Health Board is taking to tackle the planned care challenge

- The Health Board has had some success protecting planned care capacity from wider unscheduled care pressures. However, the Princess of Wales critical incident impacted on the Health Board's ability to sustain the required level of elective services. To mitigate this, it has increased short-term planned care capacity through insourcing, outsourcing, waiting list initiatives and regional working.
- The Health Board is spending its additional Welsh Government planned care allocation in line with its plans. However, most of these funds have been aimed at short-term improvements with only some investment in sustainable service transformation.
- Plans set out clear actions for securing short-term waiting list improvements, but these plans do not yet sufficiently describe actions that can secure more sustainable improvements to planned care services.
- The Health Board has started to deliver efficiencies but there remains scope to maximise outpatient capacity, increase theatre utilisation and improve job planning.
- The Health Board has implemented the Welsh Government's Promote, Prevent and Prepare policy, and has a dedicated keeping in touch team for patients.
- The Health Board needs to strengthen reporting on actual harm resulting from long planned care waits.

Waiting list performance – is the action taken resulting in improvement?

- In overall terms, the Health Board has marginally reduced its overall wating list, but the numbers waiting continue to present a substantial challenge for the Health Board. There are over 110,000 open treatment pathways.
- The Health Board made some good early progress to reduce its long waits but struggled to meet Welsh Government targets. Whilst the Health Board has not met the majority of the recent national planned care recovery targets in absolute terms:
  - the number waiting over a year for their first outpatient appointment has decreased from 20,975 patient pathways in April 2022 to 14,823 in February 2025; and
  - the numbers waiting over two years for treatment reduced from 12,046 patient pathways in April 2022 to 2,347 in February 2025.
- The Health Board is also performing well on its therapies waits and made significant and notable improvement in addressing long diagnostic waits.

Barriers to improvement and action being taken to overcome them

- There are a number of barriers to further planned care improvement. These include growing and competing service demands, continued recovery from the impact of the Princess of Wales critical incident, financial pressures and workforce shortfalls.
- The Health Board recognises these challenges and is introducing a number of actions to help address these issues. The Health Board needs to continue to embed these arrangements and develop its clinical services plan alongside securing the required pace of delivery from wider regional developments.

Recommendations

9 We have set out recommendations arising from this audit in **Exhibit 1**.

Exhibit 1: recommendations

Recommendations
Planning R1 The Health Board needs to establish longer-term milestones, linked to clinical service plan development, to drive sustained planned care improvement **(Exhibit 2).**
Risk management R2 The Health Board should review and update the productivity, improvement and transformation programme risk register to ensure risks are up to date have a clear owner and include sufficient detail on actions required to mitigate the risks **(Exhibit 3).**
Monitoring impact of additional funding R3 The Health Board should strengthen its reporting on the impact of the additional Welsh Government planned care funding (**Paragraph 23**).
Efficiency and productivity R4 Our work has identified there are opportunities for further efficiency and productivity improvements (**Exhibit 6**). The Health Board should: 4.1 Address the causes of short notice surgical cancellations to improve use of theatre resources. As part of this, set a clear reduction target for short-notice surgical cancellations. 4.2 Improve theatre utilisation rates, with the aim of achieving the GIRFT recommended level of 85%. 4.3 Increase day-surgery rates to the GIRFT recommended level of 85%. 4.4 Increase job planning compliance to the 85% target. Use job planning as a means to drive improved productivity and to help shape and transform efficient services.

Recommendations

Treat in turn

R5 The Health Board needs to strengthen its actions to achieve its treat in turn rate target of 80% within the next 12 months **(Exhibit 6).**

Managing clinical risks associated with long waits

R6 The Health Board needs to strengthen its monitoring and reporting processes associated with managing clinical risks associated with long waits:

6.1 building on the harm review arrangements in ophthalmology services, develop and implement a consistent methodology across all specialties to assess the risk of, or actual harm, to patients caused by long waits **(Exhibit 7)**; and

6.2 report the risks and actual incidences of harm resulting from delays in access to treatment to the Quality, Safety and Experience Committee **(Exhibit 7)**.

Detailed report

Action that the Health Board is taking to tackle the planned care challenge

10 We considered whether the Health Board is effectively planning and delivering planned care improvement, is appropriately utilising and monitoring the impact of Welsh Government funding, and is supporting patients who are at most risk of harm as a result of a delay.

11 We found that **the Health Board is understandably focussing its efforts and additional funding on addressing the consequence of the Princess of Wales critical incident to help reduce long planned care waits. However, it also needs to maintain the pace of planning to put planned care services on a more sustainable footing in the longer term as well as strengthening reporting on patient harm associated with long planned care waits.**

Planned care improvement plans and the programme to deliver them

12 It is important that the Health Board has a clear plan for tackling the waiting list backlog and delivering sustainable planned care improvement. We considered whether the Health Board has:

- clear, realistic and costed improvement plans for planned care that align with the national recovery plan ambitions and Ministerial priorities; and
- appropriate programme management arrangements to support planned care improvement, supported by clear accountabilities and clinical leadership and reporting to committees and the Board.

Planned care improvement plans

13 We found that **the Health Board has good plans to support short-term planned care waiting list recovery. However, it needs to ensure it sets out how it sustainably meets growing service demand through its clinical services plan.**

14 The findings that underpin this conclusion are summarised in **Exhibit 2**.

Exhibit 2: the Health Board's approach to planned care improvement planning

Audit question	Yes / No / Partially	Comments
Has the Health Board developed a clear plan to support planned care recovery?	**Yes**	The Health Board's Integrated Medium Term Plan (IMTP) 2025-28 includes a high-level plan for improvement of its planned care services. This provides reasonably clear actions for the next 12 months and wider 'intent' for the next three years. This is supported by the productivity, improvement and transformation programme which established an annual programme of work aimed to increase both outpatient and elective surgical capacity.
Is the approach for delivering planned care improvement costed and affordable?	**No**	The IMTP provides a high-level financial plan for the organisation and sets out the overall Health Board financial position. However, there is no costed planned care plan or route map to financially sustainable planned care services.
Are the Health Board's planned care priorities appropriately aligned to the national planned care recovery plan and Ministerial priorities?	**Yes**	The IMTP priorities are sufficiently aligned to the ministerial priorities and the national 'transforming and modernising planned care and reducing NHS waiting lists' recovery plan.
Has the Health Board set out realistic yet challenging targets and milestones for planned care?	**Partially**	The IMTP describes short-term aspirations for planned care, with many targets and milestones linked to the national planned care recovery plan and the Ministerial priorities. The productivity, improvement and transformation programme sets out a clear programme of annual baselines and targets. However longer-term planned care objectives and milestones relating to programmes of change to deliver sustainable services are too high level **(Recommendation 1).**
Are the Health Board's planned care priorities informed by analysis and	**Partially**	The Health Board has undertaken demand and capacity analysis in some areas and is continuing this work across planned care in 2025-26 to inform service plan developments. To help it plan

Audit question	Yes / No / Partially	Comments
modelling of capacity and demand?		for sustainable services in the longer term and required workforce capacity planning, this would need to forecast and anticipate longer-term sub-specialty and condition-level demand growth. Regional projects are also supported by demand and capacity assessments.
Has the Health Board set out how it will transform its clinical service models to make them more sustainable in the future?	**Partially**	The Health Board's IMTP sets out high-level actions that focus on service modernisation and transformation. However, there is little detail on the future shape of services. This will be the focus of the Health Board's clinical services plan currently in development.
Are plans for planned care improvements aligned to other key corporate plans such as the IMTP and plans for workforce, digital and estates?	**Partially**	The IMTP refers to high-level enablers, including workforce, estates and digital services. This includes service developments at Llantrisant Health Park. However there needs to be a greater focus on how workforce, estates and digital services need to be shaped and invested in, to support planned care improvement and transformation.
Do the Health Board's planned care priorities align with those in other health boards and identify regional solutions to planned care recovery?	**Yes**	The Health Board has aligned its plans with its partners to create regional capacity in some areas. Regional partnerships between Aneurin Bevan, Cardiff and Vale, and Cwm Taf Morgannwg health boards are making some progress. Aneurin Bevan is responsible for hosting the regional ophthalmology (cataracts) programme. Cardiff and Vale and Cwm Taf Morgannwg University health boards are starting to introduce regional orthopaedic arthroplasty and diagnostic services at the Llantrisant Health Park. There is a bi-monthly regional oversight board with regional delivery board taking place monthly. Regional working is considered further in **paragraph 31** of this report.

Source: Audit Wales fieldwork

Planned care programme delivery and oversight

15 We found that **the Health Board has reasonably effective planned care programme leadership arrangements. However, it needs to strengthen how it manages programme delivery risks and seek to recover the pace of the programme following the critical incident at Princess of Wales hospital.**

16 The findings that have led us to this conclusion are summarised in **Exhibit 3**.

Exhibit 3: the Health Board's approach to the programme management of planned care improvement

Audit question	Yes / No / Partially	Comments
Does the Health Board have a clear and appropriately resourced improvement programme to support planned care recovery?	**Yes**	The Health Board launched its productivity, improvement and transformation programme in 2024. This is focussing on effective waiting list management, modernising outpatient and pre-operative services, maximising theatre capacity, getting it right first time (GIRFT) recommendations and diagnostics. The key programme goals were to increase new outpatient capacity by 15% and elective surgical capacity by 25% by April 2025, although we expect that the critical incident at the Princess of Wales hospital will have affected the pace of improvement.
Is planned care recovery supported by clearly defined operational accountabilities and effective clinical leadership?	**Yes**	The Chief Operating Officer has overarching operational responsibility for planned care and the planned care recovery programme. The productivity, improvement and transformation programme is monitored and scrutinised through the Improving Care Board which is chaired by the Deputy Medical Director. There is clear accountability and strong clinical leadership, with six improvement groups led by a senior responsible officer and a clinical lead. All elective services within the Health Board have also established a clinically led service improvement group, which has a directorate manager and clinical director as its lead.

Audit question	Yes / No / Partially	Comments
Has the Health Board undertaken a risk assessment to understand the issues that could prevent delivery of planned care improvement aims?	**Partially**	The Health Board has a productivity, improvement and transformation programme risk log to capture and manage risks. However, the risk log has not been updated since May 2024 and it needs to clearly set out mitigating actions and owners for each of the risks (**Recommendation 2**).
Is performance on planned care recovery routinely reported to the appropriate committee/s and to the board?	**Yes**	The Board and committees effectively oversee planned care performance and improvement. Board and committee performance reports track and monitor planned care targets, including the ministerial priorities, and contain good quality data.

Source: Audit Wales fieldwork

Utilisation of additional Welsh Government funding

17 We have looked at the Health Board's use of the additional planned care allocation that it has received from the Welsh Government. This section considers:

- the overall amount of additional planned care funding the Health Board has received from Welsh Government over the last three years;
- how the Health Board spent the money; and
- the Health Board's arrangements for overseeing how it has spent additional funding.

Use of additional funding

18 We found that **between 2022-23 and 2024-25, the Health Board received a total of £80.8 million in additional Welsh Government planned care funding. Similar to other health bodies in Wales, it is focussing the funding on short-term improvements with limited investments in service transformation to help make planned care services financially sustainable.**

19 To support planned care recovery over and above existing funding, the Health Board received a total additional Welsh Government allocation of £80.8 million between 2022-23 and 2024-25 (**Exhibit 4**).

Exhibit 4: the Welsh Government's allocation to the Health Board to support planned care improvement

Financial year	Annual allocation (£m)
2022-23	27.5
2023-24	27
2024-25	26.3[4]
Total allocated	**80.8**

Source: Health Board financial self-assessment returns

20 We reviewed the use of funding in 2023-24 and 2024-25 in greater detail. We found that the Health Board can fully account for the Welsh Government planned care funding it has received. We did note, however, that during those years, the Health Board allocated £2.1 million of its planned care allocation to Emergency Department nursing. Health Board officers have indicated initial guidance on the use of this funding was quite broad and not specifically ring fenced to planned care improvement.

21 For 2024-25, we found that the Health Board utilised monies appropriately. However, the majority of schemes were short term and not focused on sustainable service change (**Exhibit 5**). During that year, the Health Board was allocated £26.3 million from the Welsh Government, which it supplemented by £3.1 million from additional local investment. In 2024-25, the Health Board spent £13.6 million to increase core short-term planned care capacity, £2.5 million on regional working and £7.5 million on external commissioning. However, of the total allocation only around £2.7 million was used to support transformation and change projects.

[4] In November 2024, the Welsh Government allocated a further £4.6 million of non-recurrent funding to the Health Board, to address the risk to delivery of the 104-week target, subject to several conditions. £2.9 million of funding was also confirmed in November 2024 for the provision of temporary theatres at RGH to support the elective provision in the Health Board's mitigation plan for the Princess of Wales critical incident.

Exhibit 5: use of the 2024-25 Welsh Government additional financial allocation, Cwm Taf Morgannwg University Health Board

Funded schemes	Annual allocation (£m)
Planned care improvement (including but not limited to, gastroenterology, therapies, endoscopy, CT, MRI, Ear Nose and Throat and dermatology).	13.602
Regional working on cataracts	2.500
External commissioning	7.485
Transformation and change projects	2.665
3Ps programme and harm reviews	1.076
Unscheduled care nursing	2.100
Total allocated	**29.428**

Source: Health Board self-assessment returns

Monitoring impact of additional funding

22 We found that **despite reasonable arrangements to oversee the use of additional Welsh Government planned care financial allocations, we have seen limited evidence of monitoring of impact or value achieved from the spending.**

23 We have considered the extent that the Health Board oversees the use of the Welsh Government planned care financial allocations. The Health Board effectively oversees and scrutinises its additional planned care financial allocation. This includes planned care financial reporting to each individual care group meeting, operational delivery committee and the executive management board. The Planning, Performance and Finance Committee and Board receives a high-level picture of planned care spending, and overall waiting list performance which includes performance against ministerial priorities. However, we have not seen any evidence that the Health Board is reporting on the extent that the additional investments delivered the expected impact. (**Recommendation 3**)

Operational management of planned care

24 Alongside the well-planned use of additional funding, health boards' ability to secure meaningful and sustainable planned care improvements will be dependent on them optimising their routine operational arrangements for planned care. In this section we consider the actions the Health Board is taking:

- to maximise its use of existing resources; and
- to protect and increase its planned care capacity.

Maximising the use of existing resources

25 We have examined some opportunities that exist for the Health Board to improve efficiency and productivity, and the actions it is taking to maximise the use of its existing resources. We found that **the Health Board is taking reasonable action to make services more efficient, but there is more to do. It needs to increase theatre utilisation, maximise outpatient capacity and improve job planning.**

26 **Exhibit 6** identifies efficiency and productivity opportunities that could help maximise the use of existing resources within the Health Board to support planned care improvements.

Exhibit 6: efficiency and productivity opportunities

Opportunity area	Audit findings
Responding to Getting it Right First time (GIRFT) reports	The Health Board is making reasonable progress in addressing its GIRFT recommendations. The Health Board has received reviews on its ophthalmology, trauma and orthopaedics, theatres/elective optimisation, general surgery and urology. Clinically led speciality improvement groups within the productivity, improvement and transformation programme are responsible for reviewing and implementing GIRFT recommendations, with progress monitored by the improving care board.
Arrangements for measuring and managing productivity of services	The Health Board is also focussing on improving productivity of services through its productivity, improvement and transformation programme. This includes initiatives that are focussing on improving health pathways, patient access, outpatient services, diagnostics, elective capacity and theatre utilisation. The Health Board has set delivery milestones, although the Princess of Wales hospital critical incident has impacted on the timely delivery of these. The Health Board's arrangements also include: • Establishment of a Theatre Improvement Board which monitors key performance metrics through a theatre's performance dashboard. • Establishment of a Diagnostics Improvement Group, which has achieved significant and notable improvements in addressing long diagnostic waits. • Improved demand and capacity planning. Neurology and ENT services in particular have subsequently improved productivity and achieved a sustainable demand and capacity position.

Opportunity area	Audit findings
Reducing non-attendance at outpatient appointments	**Exhibit 18, Page 37** shows that the Health Board has been successful in reducing 'Did Not Attend' (DNA) rates within its outpatient clinics. The DNA rate has decreased from 8.2% in February 2024 to around 7.2% in February 2025. Over this 12-month period, DNAs have represented around 7.7% of the Health Board's total outpatient clinic activity. A DNA rate of 7.7% equates to a loss of approximately 43,500 outpatient appointments a year. If the Health Board could further reduce its outpatient DNA rate by a further 20%, it could potentially save around £1.3 million (£150 per appointment).
Making use of 'virtual' outpatient appointments	Virtual outpatient appointments can have a positive impact in reducing the need for travel and the risk of healthcare acquired infections. For the period April 2024 to February 2025, 13.5% of all the Health Board's outpatients' appointments were virtual (**Exhibit 19, Page 38**). Through its productivity, improvement and transformation programme, the Health Board has • created an Outpatients Improvement Board to drive improvement; and • set a target for the proportion of appointments that are virtual to 15% for new appointment and 25% for follow-up appointments.
Reducing the number of cancelled operations	While the Health Board is increasing its focus on reducing cancelled operations, it needs to ensure that the actions it is taking are having sufficient impact. Its Theatres Improvement Board is scrutinising cancellations, including those that occur on the day, with a dashboard used to monitor targets, trends and actions. In the 12-month period between March 2024 to February 2025, there were nearly 2,200 individual surgical procedures cancelled within 24 hours (**Exhibit 20, Page 39**). Cancellations accounted for 12% of all elective surgical admissions (**Recommendation 4.1**). The Health Board is struggling to recruit theatre staff and does not have sufficient clinical staff to support the three-site model, adding to these pressures.

Opportunity area	Audit findings
Improving operating theatre utilisation	The Theatres Improvement Board monitors key targets including theatre utilisation, fallow sessions, day surgery rates, cancellations, as well as late starts and early finishes. Its improvement actions include implementation of High Volume Low Complexity theatre lists and concerted action to protect day case capacity from unscheduled care. Whilst there are clear arrangements for monitoring and managing theatre utilisation, these are at their early stages and have not yet had the desired impact. Progress is also being curtailed due to issues with staff availability in some areas. The GIRFT target for theatre utilisation stands at 85%. Nevertheless, the Health Board's performance dashboard indicated that the average theatre list utilisation during 2024 was 70%, indicating significant room for improvement. (**Recommendation 4.2**)
Making more use of day case surgery	As can be seen in **Exhibit 22 (Page 41)**, for the period April 2024 to February 2025, 78% of all elective surgery within the Health Board was day case. While this is above the all-Wales average of 74%, GIRFT recommends that on average, 85% of all elective surgery should be day case. (**Recommendation 4.3**)
Effective consultant job-planning	In October 2024, Health Board job plan compliance was 26% against a target of 85%. An internal audit report in February 2025 evaluated the adequacy of the systems and controls in place for medical job planning and concluded there was limited assurance in this area. The Health Board recognises that it needs to improve, however, progress is slow with considerably more work needed. (**Recommendation 4.4**)
Pooled lists within a Health Board speciality to ensure it treats its patients in turn	The Health Board has introduced pooled waiting lists within some of its regional services, in particular within its cataract service. However, the use of two Welsh Patient Administration Systems[5] has resulted in significant challenges in pooling waiting lists, as well as managing Treat in Turn rates. The Health Board is tracking and monitoring Treat in Turn targets, with the Outpatients Improvement Board reporting an average of 15% in 2024, against a target of 80%. (**Recommendation 5**)

Source: Audit Wales fieldwork including analysis of NHS Wales data and Health Board self-assessment and data returns

[5] The Health Board has had two patient administration systems since the transfer of Bridgend services in 2019.

Protecting and increasing planned care capacity

27 We examined the actions the Health Board is taking to protect planned care capacity by separating out elective and emergency activity. We also looked at the actions the Health Board is taking to increase its planned care capacity.

28 We found that **the Health Board has taken appropriate measures to protect and supplement its planned care capacity in the short term to help address the challenges caused by the Princess of Wales hospital critical incident.**

29 As of May 2025, the Health Board was still managing the impact of the critical incident, and theatre capacity remained lower than normal. To help mitigate the consequences of reduced capacity and to protect planned care capacity from wider unscheduled care pressures, the Health Board has:

- protected ring-fenced elective orthopaedic capacity at Royal Glamorgan Hospital;
- increased theatre capacity through the procurement of mobile operating theatre units;
- increased bed capacity through the procurement of modular wards;
- outsourced capacity to meet demand, with orthopaedics and ophthalmology particularly supported through outsourced provision;
- insourcing across a range of specialities, with an insourcing company used to facilitate three theatre teams; and
- utilisation of waiting list initiatives, with over £1.1 million allocated during 2024-25.

30 The Health Board recognises that its actions are short term in nature but are fundamentally necessary. In the longer term, it intends to create more sustainable core capacity through the development of an elective centre as part of the Llantrisant Health Park developments.

31 The Health Board and its partners are starting to make progress with aspects of its regional planned care partnership. The Health Board is working jointly with Aneurin Bevan University Health Board and Cardiff and Vale University Health Board to provide services within south-east Wales, as well as the reconfiguration of specialist services. Each Health Board is leading a formal programme, with Cwm Taf Morgannwg University Health Board hosting diagnostics. The Health Board is currently progressing the development of a business case to develop an endoscopy regional facility.

Managing clinical risk and harm associated with long planned care waits

32 Long patient waits increases the risk of preventable irreversible harm. Patients' health may deteriorate while waiting, they may be waiting in pain and with anxiety and uncertainty not knowing when they will finally receive treatment. They may also not be able to work or support or care for others while they are waiting. We considered whether the Health Board has sound arrangements to:

- identify, manage, and report on clinical risk and harm associated with long waits; and
- effectively communicating with patients who are on a waiting list and to manage potential inequalities in access to care.

33 We found that **the Health Board has implemented the first phase of the Welsh Government's Promote, Prevent and Prepare policy, but needs to strengthen reporting on actual harm resulting from long planned care waits.**

34 The findings which have led us to this conclusion are summarised in **Exhibit 7**.

Exhibit 7: the Health Board's approach to managing clinical risks and communicating with patients on waiting lists

Audit question	Yes / No / Partially	Comments
Has the Health Board implemented the first phase of the Welsh Government's Promote, Prevent and Prepare for Planned Care policy[6]?	**Yes**	The Health Board has implemented the first phase of Welsh Government's Promote, Prevent and Prepare policy (3Ps). This policy aims to ensure that support and information is easily accessible for those who are waiting for appointments and interventions in secondary care. The Health Board has developed a dedicated webpage and recruited a Keeping in Touch Team. This team supports patients while they wait for appointments and treatments as part of the Health Board's waiting well programme. The Health Board has also set up a dedicated patient-initiated phone line. However, there are recruitment challenges maintaining the staffing needed to support this service.

[6] Promote, Prevent and Prepare for Planned care policy to ensure that support and information are easily accessible to those waiting for appointments and interventions.

Audit question	Yes / No / Partially	Comments
Is the Health Board assessing the risk to patients waiting the longest?	**Partially**	The Health Board uses the DATIX system to record clinical risk resulting from a delay in treatment and these are reported using its incident reporting and management framework. However, there is no consistent methodology throughout specialties to assess risk of harm or instances of recorded harm. (**Recommendation 6.1**) The Health Board's organisational risk register identifies the failure to meet the demand for patient care at all points of the patient journey as a possible risk, which could result in potential avoidable harm to patients.
Is the Health Board capturing and reporting evidence of harm resulting from waiting list delays and is reporting on it to the Quality and Safety Committee?	**Partially**	With the exception of ophthalmology and cancer services, there are, in general, insufficient arrangements for routinely reporting actual harms associated with waiting list delays to Board and its committees. (**Recommendation 6.2**)
Does the Health Board monitor and record how many patients are leaving planned care waiting lists in favour of private treatment?	**No**	The Health Board has confirmed that it does not monitor and record how many of its patients leave planned care waiting lists in favour of private treatment. It is also unclear how many patients pay for a private outpatient appointment but then return to the Health Board for treatment, and if this occurs, whether they are treated more expediently.

Source: Audit Wales fieldwork

Waiting list performance – Is the action taken resulting in improvement?

35 We analysed current 'Referral to Treatment'[7] waiting list performance and trends to determine whether the Health Board is:

- reducing the overall levels of waits; and
- meeting Ministerial priorities and Welsh Government national targets.

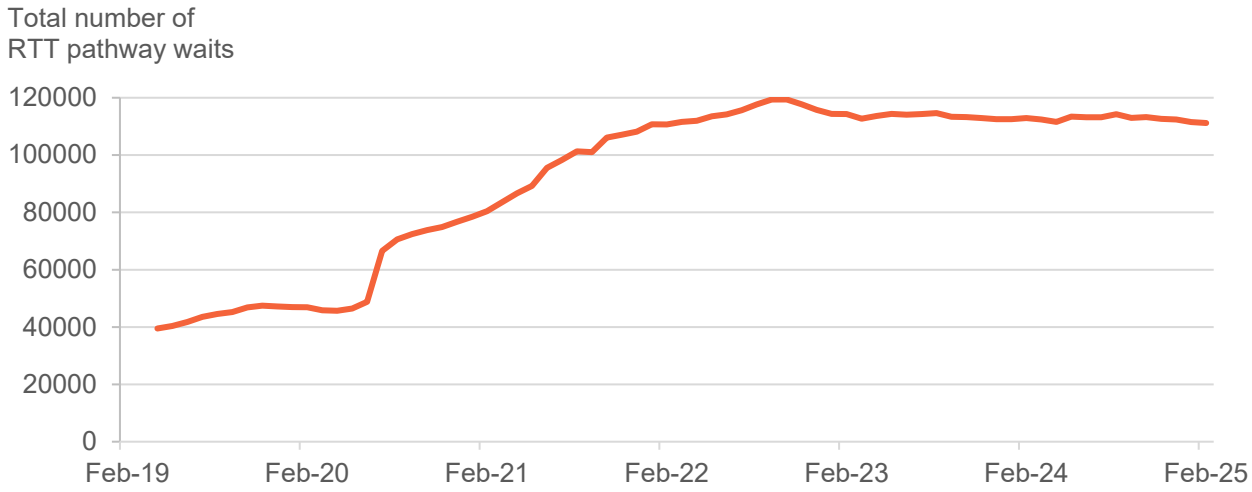
36 We found that **following deterioration in waiting list performance in 2024, the Health Board is seeing the volume of its longest waits reduce.**

The scale of the waiting list

37 Across Wales, the scale and extent of waits substantially increased following the COVID-19 pandemic. We have looked at these changes in terms of the overall size of the waiting list, by Health Board of residence. We found that **following substantial increases in the overall waiting list between April 2020 and October 2022, there are small signs of improvement.**

38 **Exhibit 8** shows the overall trend of planned care waits for the Health Board since November 2019. This indicates a 137% increase in the number of waits since 2019 from around 47,000 in 2019 to around 111,000 in February 2025. Overall, the action that the Health Board is taking to reduce the overall numbers of people waiting is marginally reducing overall waiting list size.

Exhibit 8: planned care waiting list size, Cwm Taf Morgannwg University Health Board

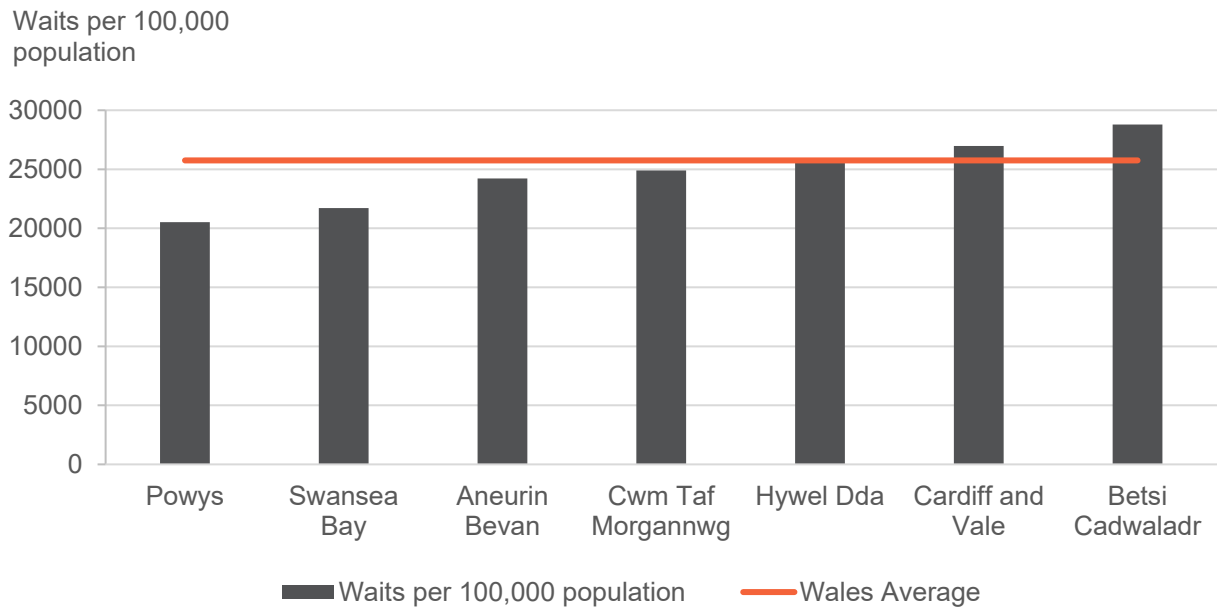


Source: Welsh Government, Stats Wales

[7] Referral to Treatment is how the NHS records the timeliness of planned care. It starts when a Health Board receives a referral and finishes when it has treated the patient. During that patient pathway, the NHS records distinct stages, including new outpatient appointment, diagnostic, follow-up appointment or therapeutic intervention and treatment.

39 **Exhibit 9** provides a comparative picture of the volume of waits across Wales. It shows that proportionately Cwm Taf Morgannwg University Health Board has slightly lower levels of waits than the all-Wales average.

Exhibit 9: Waits per 100,000 population, by health board of residence, February 2025



Source: Welsh Government, Stats Wales. Note: Powys data is for December 2024.

Performance against national targets/priorities

40 We looked at the progress that the Health Board is making against the Welsh Government's aims[8]. These are:

- no one waiting longer than a year for their first outpatient appointment by the end of 2022 (**target date revised to December 2023**[9]);
- eliminate the number of people waiting longer than two years in most specialties by March 2023 (**target date revised to March 2024**);
- increase the speed of diagnostic testing and reporting to eight weeks and 14 weeks for therapy interventions by Spring 2024; and
- eliminate the number of people waiting longer than one year in most specialties by spring 2025.

[8] We have not included the Welsh Government performance on Cancer services as this is outside the scope of this review.

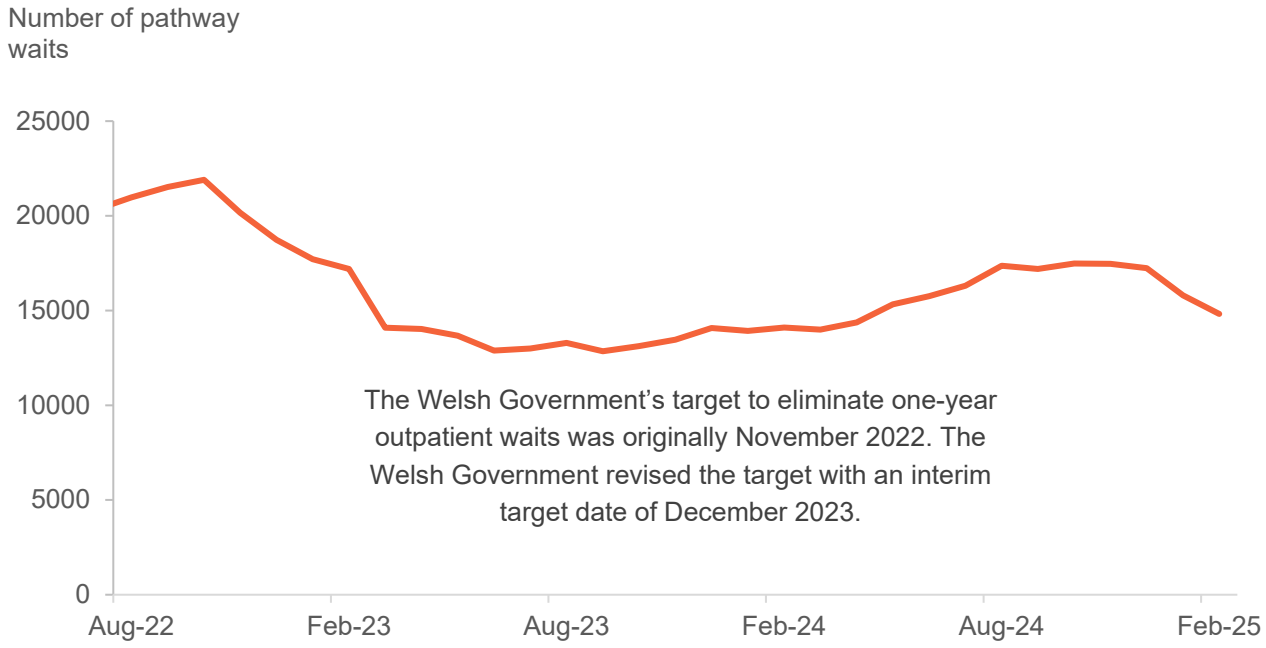
[9] Health boards did not meet the original targets for first outpatient appointment and number of people waiting longer than two years. As a result, the Welsh Government agreed to set interim targets (**in bold**, above).

41 We found that **while the Health Board did not meet the Welsh Government's waiting list reduction targets, it is showing some recent signs of improvement in addressing long waits. In addition, from a poor position on diagnostic waits, the Health Board has made significant improvements.**

No one waiting longer than a year for their first outpatient appointment

42 **Exhibit 10** shows Health Board waiting list performance for first (new) outpatient appointments. The Health Board failed to meet the revised December 2023 Welsh Government target to ensure no one waited more than a year for their new outpatient appointments. While initially improving, the Health Board did not achieve the Welsh Government's target to eliminate outpatient waits that are over a year. It has struggled to maintain the early improvements and only recently made more tangible waiting list reductions.

Exhibit 10: the number of first (new) outpatient appointments waits that are over a year since referral, Cwm Taf Morgannwg University Health Board

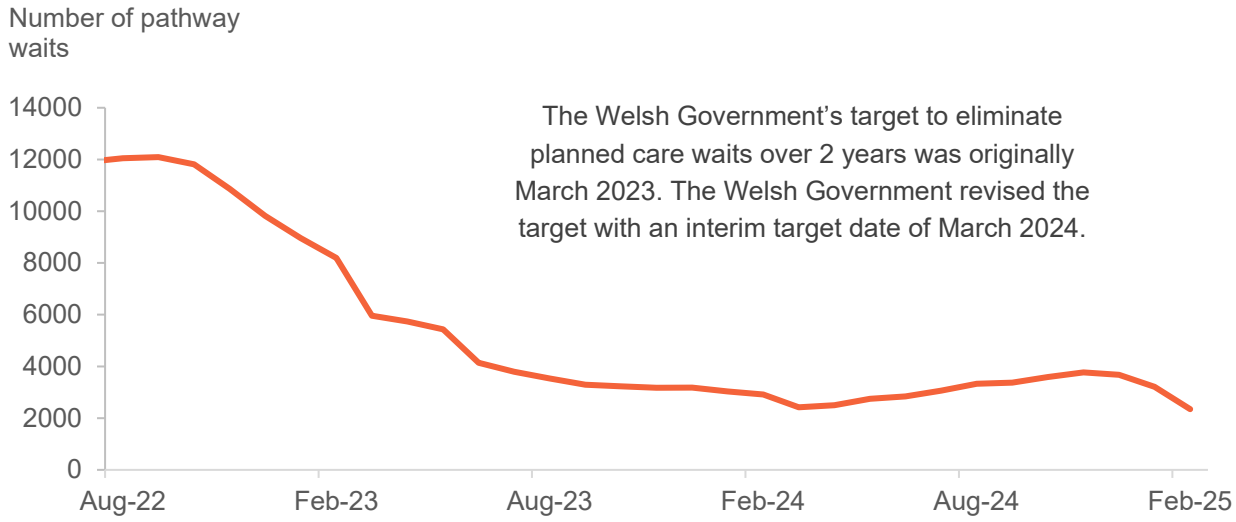


Source: Welsh Government, Stats Wales

Eliminate the number of pathways longer than two years in most specialties by March 2023

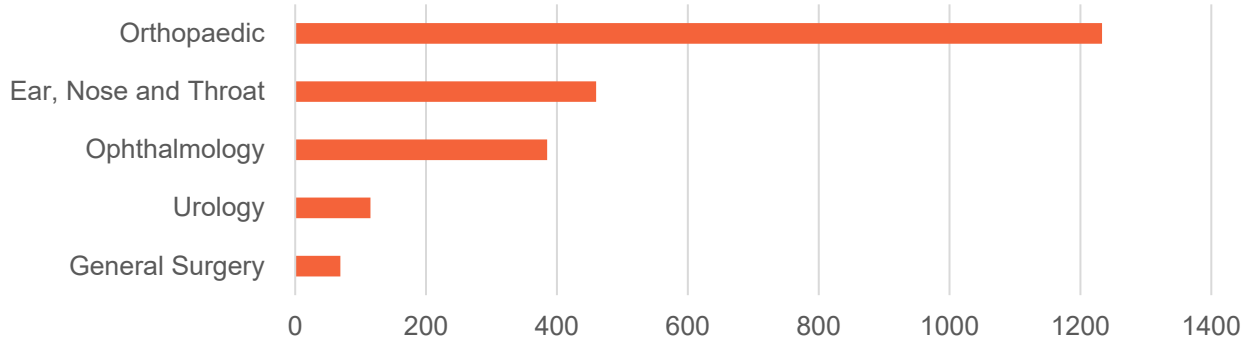
43 **Exhibit 11** shows that the Health Board did not meet the revised Welsh Government target to eliminate waits over two years by March 2024. Recent performance improvements are now resulting in the lowest level of two-year waits in the last three years. Of those waits currently over two years, **Exhibit 12** shows that the most extreme waits are in a small number of specialties. ENT, orthopaedics and ophthalmology are clear specialties of concern, but longer waits in other specialties may also present an elevated risk of harm resulting from treatment delays.

Exhibit 11: the number of planned care waits over two years, Cwm Taf Morgannwg University Health Board



Source: Welsh Government, Stats Wales

Exhibit 12: the number of planned care waits over two years by specialty as of February 2025, Cwm Taf Morgannwg University Health Board

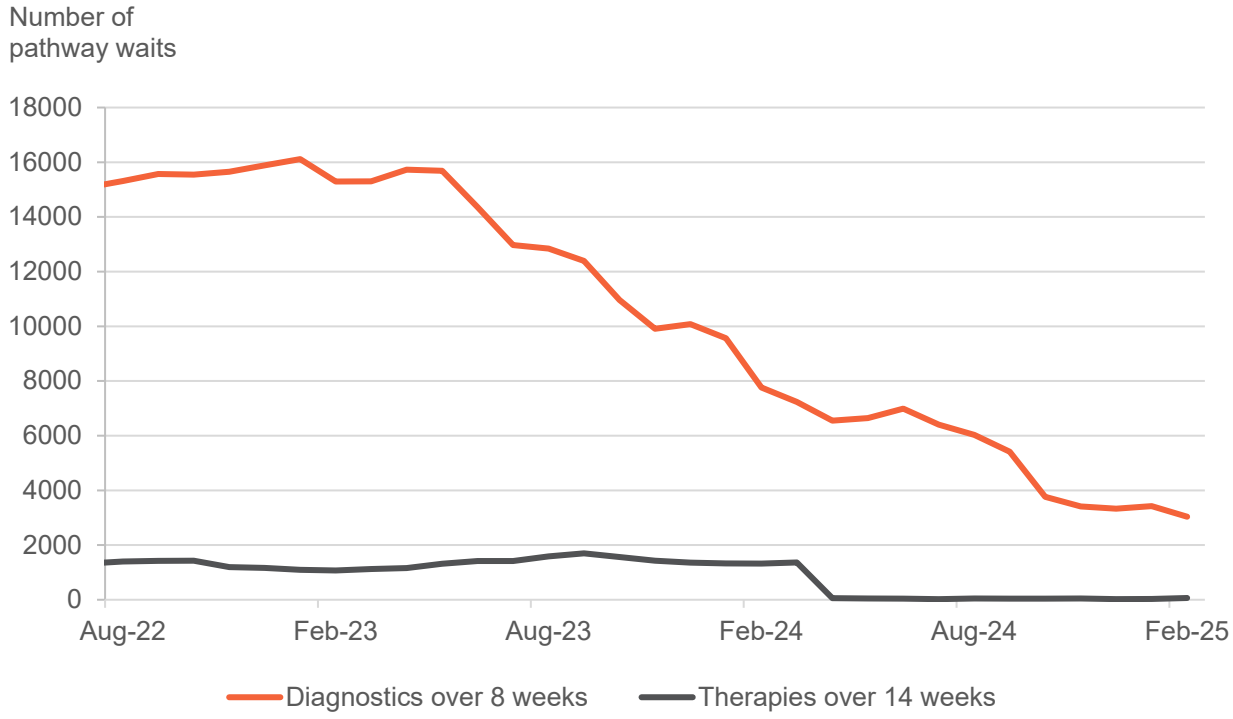


Source: Welsh Government, Stats Wales

Increase the speed of diagnostic testing and reporting to eight weeks and 14 weeks for therapy interventions by spring 2024

44 The Welsh Government sought to increase the speed of diagnostic testing and reporting to eight weeks and 14 weeks for therapy interventions by spring 2024 (**Exhibit 13**). The Health Board is performing well on its therapies waits. It has also made significant and notable improvement in addressing long diagnostic waits. If the trend continues, the Health Board should eliminate all over eight-week diagnostic waits during 2025. Of its diagnostic services, diagnostic endoscopy and neurophysiology diagnostics are the areas of greatest concern because of the volume and proportion of long waits in those areas.

Exhibit 13: the number of diagnostic and therapy pathway waits that breach Welsh Government targets (Diagnostic waits is an eight-week target, therapies waits is a 14-week target), Cwm Taf Morgannwg University Health Board

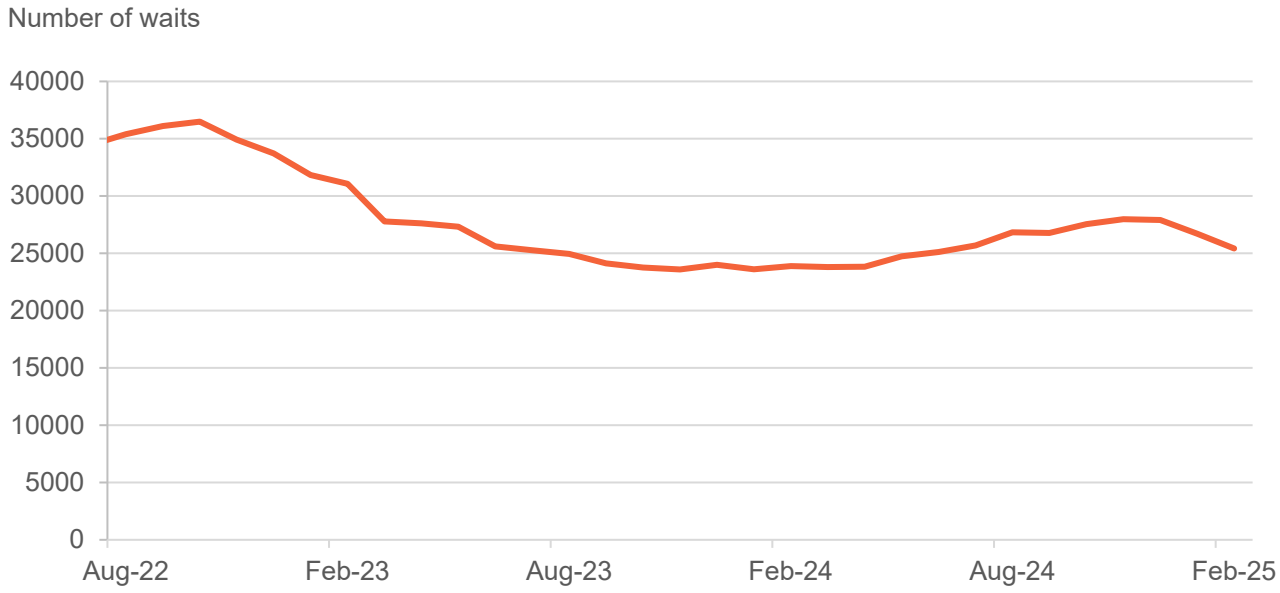


Source: Welsh Government, Stats Wales

Eliminate the number of people waiting longer than one year in most specialties by spring 2025

45 The Welsh Government's longer-term ambition was to eliminate waits over one year in most specialties by the Spring of 2025. **Exhibit 14** shows a reduction in the numbers of one-year waits between November 2022 and 2023, deterioration during 2024 and some recent improvements since December 2024.

Exhibit 14: the number of pathway waits that are over a year, Cwm Taf Morgannwg University Health Board



Source: Welsh Government, Stats Wales

Understanding and overcoming the barriers to improvement

46 We have considered the factors that are affecting the Heath Board's ability to tackle its waiting list backlog and secure sustainable improvements in planned care, together with actions that it is taking to address them.

47 We found that **the Health Board is taking positive steps to identify and address many immediate operational barriers to improvement, but it still has a number of challenging issues to address if it is to secure more sustainable planned care improvements.**

48 Our fieldwork has found challenges in the following areas:

- **Demand for planned care services –**The Health Board's referral levels (excluding the atypical pandemic period), show increasing demand (**Exhibit 16, Page 36**). At the same time, our analysis of the levels of medical and surgical admissions indicate that core service activity is lower than 2019 levels (**Exhibit 17, Page 36)**. This suggests a possible increasing gap between demand and core funded capacity.
- **Financial pressures –** While Cwm Taf Morgannwg University Health Board has been able to prepare a financially balanced IMTP, it still experiencing financial pressures. This has resulted in the organisation facing challenging decisions regarding the allocation of funding. In addition, it has been reliant on additional Welsh Government funding, which if not continued to the same extent in future, could mean that it cannot spend to the same extent on planned care service recovery as it has in the past.
- **The Princess of Wales Hospital critical incident –** The Health Board has necessarily taken very short-term measures to address the immediate risks to planned care service continuity as a result of the Princess of Wales Hospital incident. However, it will need to return to business as usual and rebuild its core service capacity to a level that meets population demand.
- **Operating two Welsh Patient Administration Systems (WPAS) –** The Health Board has been operating under two WPAS systems, which has caused complexities with treat in turn specialities and the movement of patients through pathways. These two systems will be integrated during 2025-26.
- **Workforce capacity –** The Health Board has identified staffing issues are presenting operational challenges. This includes the recruitment of theatre staff, staffing the current three site model, as well as the recruitment and retention of its Keeping in Touch Team.

49 The Health Board has taken action to address some of these barriers. To address issues with productivity, the Health Board is focussing on improving health pathways, patient access, outpatient transformation, diagnostic and elective capacity and theatre utilisation. The Health Board needs to continue to embed these arrangements alongside securing the required pace of delivery from wider regional developments. In addition, as the Health Board develops its clinical services plan is needs to ensure that this drives practical transformation programmes to help ensure that services are well placed to meet forecasted growth in demand.

Appendix 1

Audit methods

Exhibit 15 sets out the methods we used to deliver this work. Our evidence is based on the information drawn from the methods below.

Exhibit 15: audit methods

Element of audit methods	Description
Documents	We reviewed a range of documents, including: • Programme Initiation Document (PID) – Transformation of Planned and Elective Care – Productivity, Improvement and Transformation • Integrated Medium Term Plan 2024-2027 • CTMUHB Three Year Plan 2025-2028 • Annual Report and Accounts 2023-2024 • Public Board meeting papers • Planning, Performance and Finance Committee papers • Quality, Safety and Experience Committee papers • Audit and Risk Committee papers • Operational Delivery Committee papers • Service Improvement Group papers • GIRFT reviews • Internal Audit Reports • Highlight Reports • Operational Management Report • Llantrisant Health Park Infrastructure Programme updates • Board Assurance Framework Report • Risk registers
Self-assessment	We issued and then analysed a self-assessment completed by the Health Board.

Element of audit methods	Description
Interviews	We interviewed the following: • Chief Operating Officer • Operations Service Director for Planned Care • Medical Director for Planned Care (and Orthopaedic Surgeon) • Assistant Director of Transformation • Assistant Director of Finance for Financial Planning and Reporting • Deputy Director of Finance • Executive Director of Public Health • Head of Clinical Informatics • Head of Planning and Commissioning • Chair of the Quality, Safety and Patient Experience Committee
Observations	We observed the Operational Delivery Committee meeting in January and the Dermatology Service Improvement Group meeting in March 2025.
Data analysis	We analysed key data on: • waiting list performance; • financial spending; and • outpatient and inpatient efficiencies.

Appendix 2

Audit criteria

Main audit question: **Is the Health Board effectively managing its planned care challenges?**

Level 2 questions	Level 3 questions	Audit Criteria (what good looks like)
Is the Health Board's waiting list performance improving?	What is the scale of the challenge? Is the Health Board meeting Welsh Government targets/ambitions?	The Health Board has: • made progress reducing the overall number of referral to treatment waits for planned care services; and • met Ministerial priorities and national targets that were set by the Welsh Government.
Does the Health Board have a clear plan and a programme of action to support planned care waiting list recovery?	Does the Health Board have a clear, realistic, and funded plan in place for planned care recovery? Is there a clear programme structure to deliver planned care improvement?	The Health Board has: • clear, realistic and funded plan in place for planned care recovery in the short and longer term; and • a programme structure that appropriately supports the delivery of the plan.

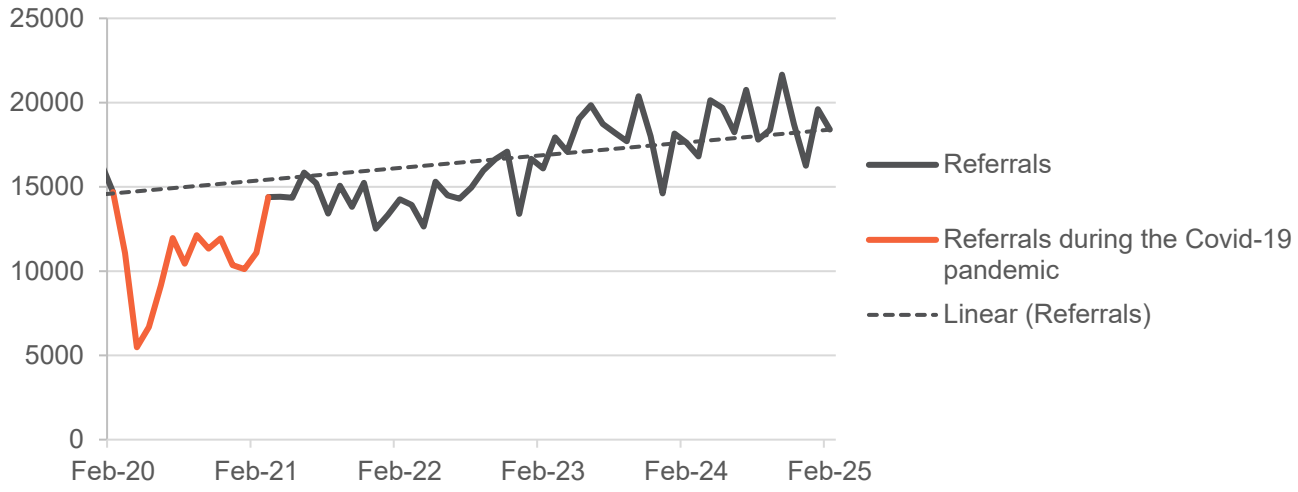
Level 2 questions	Level 3 questions	Audit Criteria (what good looks like)
Is the Health Board maximising the impact of its funding to address the planned care backlog?	Is it clear what additional monies have been received by the Health Board? Is it clear what the additional waiting list monies has been spent on? Did the Health Board aim to use all the money on planned care improvement? Can the Health Board clearly demonstrate that the money has resulted in performance improvement, enabled service efficiency and/or new ways of working? Is the Health Board's overall financial position affecting its ability to deliver sustainable planned care recovery?	• There is sufficient evidence that the Health Board spent the money as intended by the Welsh Government (ie.] addressing waits and transforming services). • The Health Board can clearly demonstrate that the spending has resulted in improvement. • The Health Board's overall financial position is not affecting its ability to support planned care recovery.
Does the Health Board have effective operational management arrangements to drive improvement and	Is the Health Board improving its operational management of planned care services? How does the Health Board capture information on clinical risk relating to long planned care waiting lists?	The Health Board is: • improving the operational management of planned care services; and • capturing information and managing clinical risks and harm related to long planned care waiting lists.

Level 2 questions	Level 3 questions	Audit Criteria (what good looks like)
management of clinical risks?	How does the Health Board capture information on clinical risk relating to long planned care waiting lists? Is the Health Board sufficiently managing clinical risks resulting from delays to treatment? Is the Health Board proactively ensuring clear routes of communication when patients are concerned that they are deteriorating?	The Health Board: • has sound arrangements to identify, capturing, and report on clinical risk and harm associated with long waits; • is proactively managing clinical risks resulting from delays to treatment and effectively communicating with patients.
Does the Health Board sufficiently understand barriers to improvement and what needs to be done to address them?	Does the Health Board understand the barriers it has experienced to improvement in planned care performance? (Capacity, funding, recruitment and retention, estates/use of facilities, commissioning external healthcare?) What mechanisms and interventions have been put in place by the Health Board to address these barriers? Is the Health Board learning and sharing good practice where things have gone well?	The Health Board has: • identified its risks and barriers and acted on these to address long planned care waiting lists in the short term and sustainable service models in the longer term; • good arrangements for seeking good practice and sharing and applying learning to improve planned care services.

Appendix 3

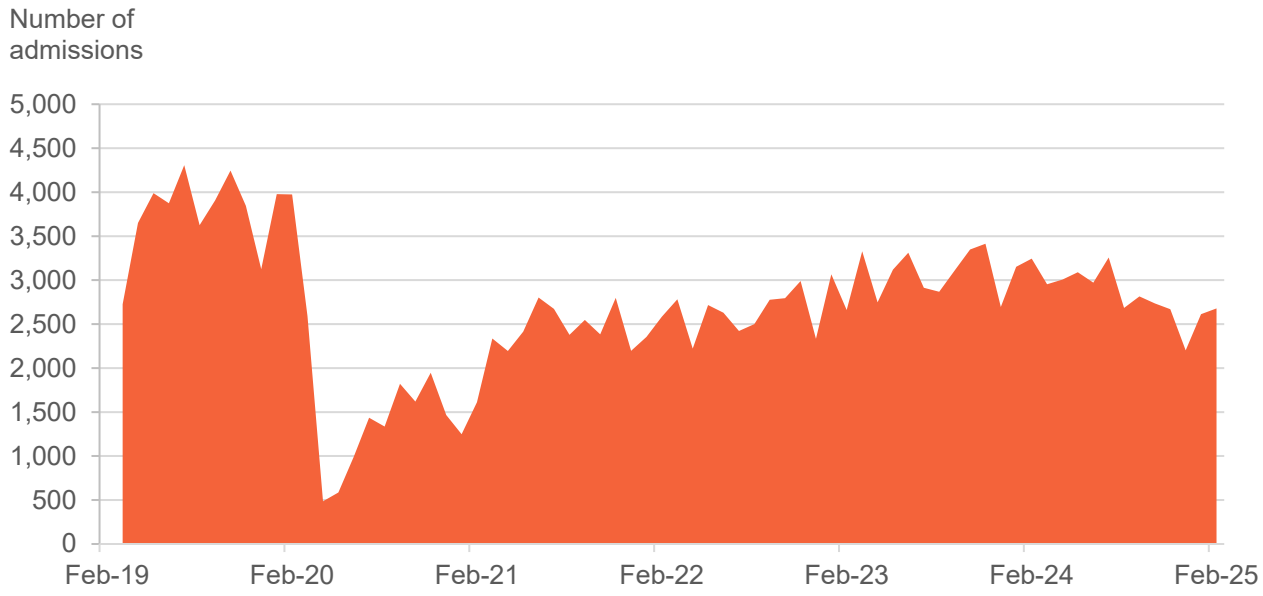
Additional data analysis on planned care

Exhibit 16: trend of monthly referrals to Cwm Taf Morgannwg University Health Board, by Health Board of residence



Source: Welsh Government, Stats Wales

Exhibit 17: monthly elective medical and surgical admission levels, Cwm Taf Morgannwg University Health Board



Source: Digital Health and Care Wales secondary care dashboard

Outpatient services

50 Outpatient appointments where a patient 'did not attend' are inefficient. **Exhibit 18** shows a positive improvement in performance. Nevertheless, the Health Board's 'Did Not Attends' for the last 12 months are around 7.7% of total outpatient clinic activity. This equates to around 43,500 lost patient appointments in the most recent 12-month period to February 2025. It represents a lost opportunity cost of around £6.5 million (£150 per appointment[10]). If the Health Board could reduce its outpatient Did Not Attends by 20%, it could potentially save around £1.3 million.

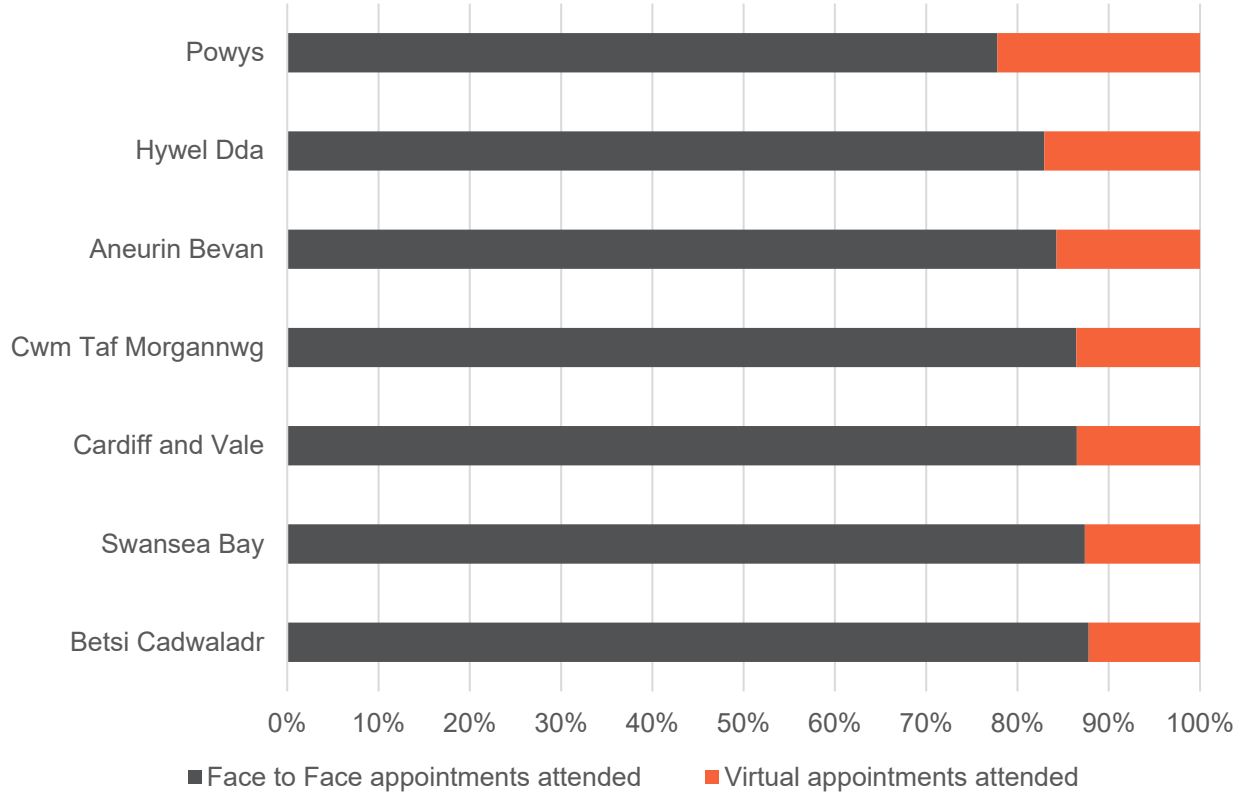
Exhibit 18: the number and percentage of outpatient 'Did Not Attends', Cwm Taf Morgannwg University Health Board

Source: Digital Health and Care Wales secondary care dashboard and datasets

[10] We have adjusted the 2018 NHS England cost of an outpatient appointment (£120) by Bank of England CPI rates to estimate current average outpatient costs in 2024.

52 NHS bodies can use virtual outpatient appointments for some but not all patients. **Exhibit 19** shows that the 'virtual' consultation approach is not well-adopted in most health boards.

Exhibit 19: proportion of outpatient attendances that are virtual appointments from April 2024 to February 2025

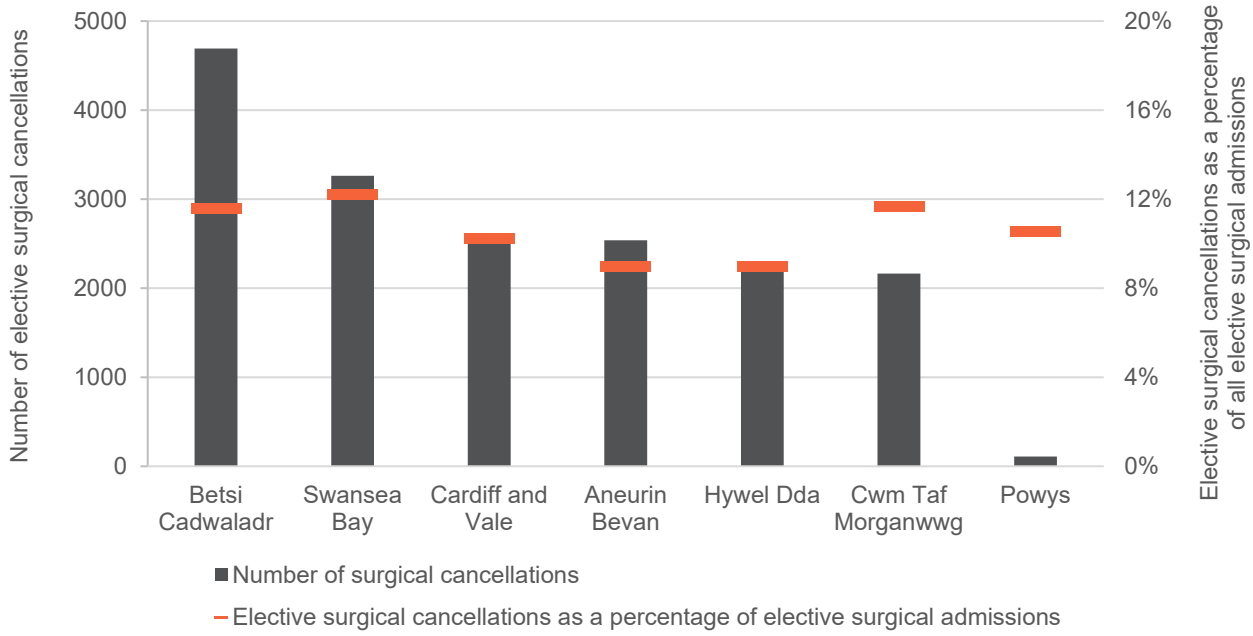


Source: Digital Health and Care Wales secondary care dashboard and datasets

Surgical cancellations

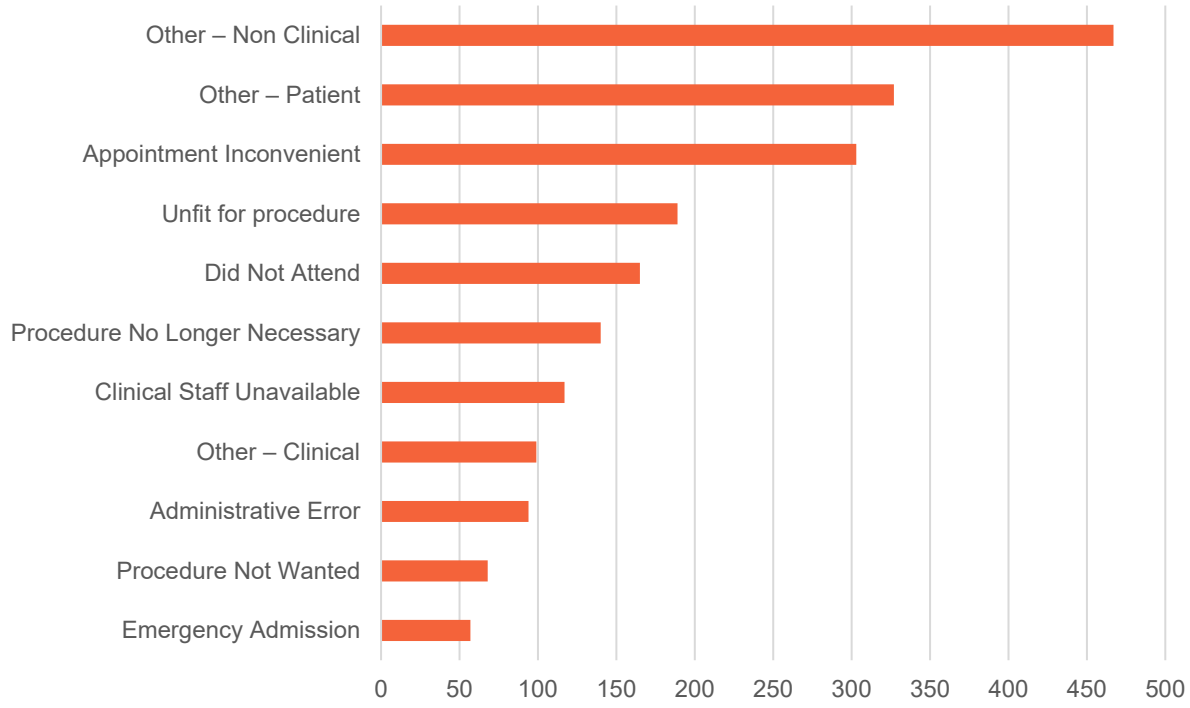
53 Short notice cancellations result in significant inefficiency because operating theatre sessions cannot be easily backfilled with other patients. The total number of surgical cancellations for the Health Board almost reached 2,200 for the latest 12-month published data (March 2024 to February 2025) (**Exhibit 20**). **Exhibit 21** identifies the cancellation reasons. The Health Board's use of the recording category 'other' does not help it address the underlying causes of the cancellations.

Exhibit 20: the number of short notice (within 24 hours) surgical cancellations alongside cancellations as a percentage of all elective surgical admissions, March 2024 to February 2025



Source: Health Board submissions to the Welsh Government and Digital Health and Care Wales

Exhibit 21: number of short notice (within 24 hours) surgical cancellations for the latest 12-month reporting period (March 2024 to February 2025), by reason, Cwm Taf Morgannwg University Health Board

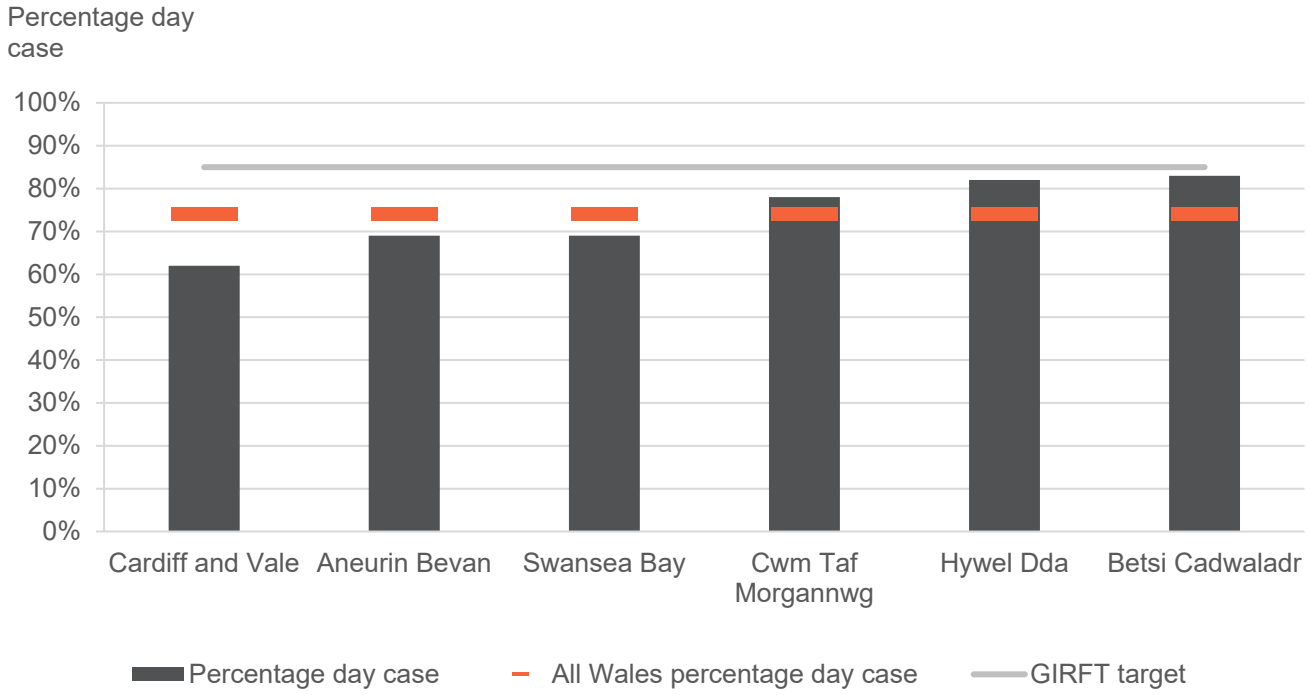


Source: Health Board submissions to the Welsh Government and Digital Health and Care Wales

Day case surgery

54 Day case surgery offers the potential for improved efficiency, lower costs, lower carbon footprint per patient[11] and a better patient experience when compared with inpatient services. Getting It Right First Time recommends that on average 85% of all elective[12] surgery should be day case[13]. Our analysis in **Exhibit 22** indicates that 78% of the Health Board's elective surgery is day case.

Exhibit 22: proportion of elective surgery undertaken by Health Boards as day case for the period April 2024 to February 2025



Source: Digital Health and Care Wales secondary care dashboard and datasets

[11] Paper outlines GIRFT's 'unique position' in supporting the NHS drive for net zero carbon emissions – Getting It Right First Time – GIRFT

[12] Elective surgery is the type of surgery associated with a planned care patient pathway.

[13] Getting it Right First Time – Elective Recovery High Volume Low Complexity guidance for health systems

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We welcome correspondence and telephone calls in Welsh and English.
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