



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	10 June 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Health Board Response to the Auditor General Report on Cancer Services
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Paula Goode- Service Director for Planned & Specialist Care
SWYDDOG ADRODD: REPORTING OFFICER:	Lisa Humphrey General Manager Planned Care & Cancer/ Debra Bennett- Service Delivery Manager Cancer Services & Cancer Performance

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

In January 2025 Audit Wales published a report on Cancer Services in Wales - A review of the strategic approach to improving the timeliness of diagnosis and treatment.

<https://www.wao.gov.uk/publication/cancer-services-wales>

It exposed significant gaps in the implementation of cancer services in Wales, with confusion over national leadership and delays in meeting targets contributing to poor outcomes for patients. No health board has met the target of starting treatment for 75% of cancer patients within 62 days of point of suspicion since 2020.

Overall conclusions:

- Overall, it was found that despite increased investment, there is a continuing failure to meet the national performance targets for cancer with a minority of patients facing unacceptably long waits for diagnosis and/ or treatment.
- Cancer outcomes in Wales have improved over recent years but are still poor compared to other countries. Stronger and clearer national leadership is urgently needed to help drive the necessary improvements in the timeliness and sustainability of cancer diagnosis and treatment.

This paper aims to provide assurance that the Health Board have robust leadership, oversight and governance arrangements that are integrated across our wider system and informed by our patient experience and national programmes as a framework for continual improvement.

Cefndir / Background

The report looked for evidence that the NHS is sustainably meeting demand to diagnose and treat cancer; whether it is meeting the national performance targets for timeliness of cancer

diagnosis and treatment; and for evidence that outcomes for cancer patients are improving and compare well internationally.

It also looked at evidence of a clear strategic direction for improving cancer outcomes and services, and for reducing demand for cancer services by preventing cancer occurring in the first place. They also looked for evidence of appropriate and clear leadership structures to direct, oversee and support improvement and tackle barriers at a national level.

The report also concluded that the Cancer Improvement Plan has not been sufficiently integrated into the wider strategic approach for improving cancer services. There is also a lack of clarity as to who is responsible and accountable for driving system wide improvements to cancer services.

The report highlighted significant gaps in data, which obscure the true scale of the challenges facing cancer services.

Early detection through screening is essential, yet the report found shortcomings in this area. While the Bowel Screening programme has been expanded and uptake is good, breast and cervical screening rates remain below target. A national lung screening programme, recommended by the UK National Screening Committee in 2022, has yet to be implemented in Wales, despite a successful pilot in Cwm Taf Morgannwg University Health Board.

Workforce shortages are a key barrier to improving cancer care, with critical gaps in radiologists, oncologists and histopathologists. This situation is compounded by outdated equipment and a shortage of modern diagnostic scanners, which hinder efforts to increase capacity.

The report calls for stronger leadership, better data systems, and an urgent focus on prevention, as an estimated 40% of cancers in Wales are preventable through lifestyle changes.

Suspected cancer referrals create demand for NHS services even though the vast majority of those referrals (over 84%) go on to find out that they do not have cancer. The number of suspected cancer referrals increased by 14% from June 2019 to August 2024 equivalent to around 3% growth each year.

The number of newly diagnosed cancer patients has also increased over time (by 22% from 2002 to 2021). Numbers of newly diagnosed cancers increased in 2021 but have not yet returned to pre-pandemic levels.

As part of its vision for quality cancer care, the Welsh Government wants to see the waiting list volume return to pre-pandemic levels. It has also set a target that 80% of cancer patients start treatment within 62-days by March 2026. However, the waiting list for diagnosis and/ or treatment has continued to increase, and it is difficult to see how that target will be achieved.

It is clear that without a significant increase in activity to diagnose and treat more patients the waiting list is unlikely to return to previous levels. Much of the capacity the NHS uses to diagnose and treat cancer patients is also used for other non-cancer patient pathways. Delays at diagnostic stage are one of the main reasons for poor performance against the 62-day cancer target.

Screening plays a vital role in early detection. Public Health Wales NHS Trust (PHW) runs Wales's three cancer screening programmes: Breast Test Wales, Bowel Screening Wales and Cervical Screening Wales.

Data on patient experience is collected via the annual Wales Cancer Patient Experience Survey commissioned by the Cancer Network and Macmillan Cancer Support.

Cancer survival improved between 2002 and 2020. 54% of patients diagnosed with cancer from 2002-2006 survived their cancer at five years compared to 62% of patients diagnosed between 2016 and 2020.

Workforce capacity is a significant challenge and there is an absence of information on the availability and condition of equipment

Overall conclusions:

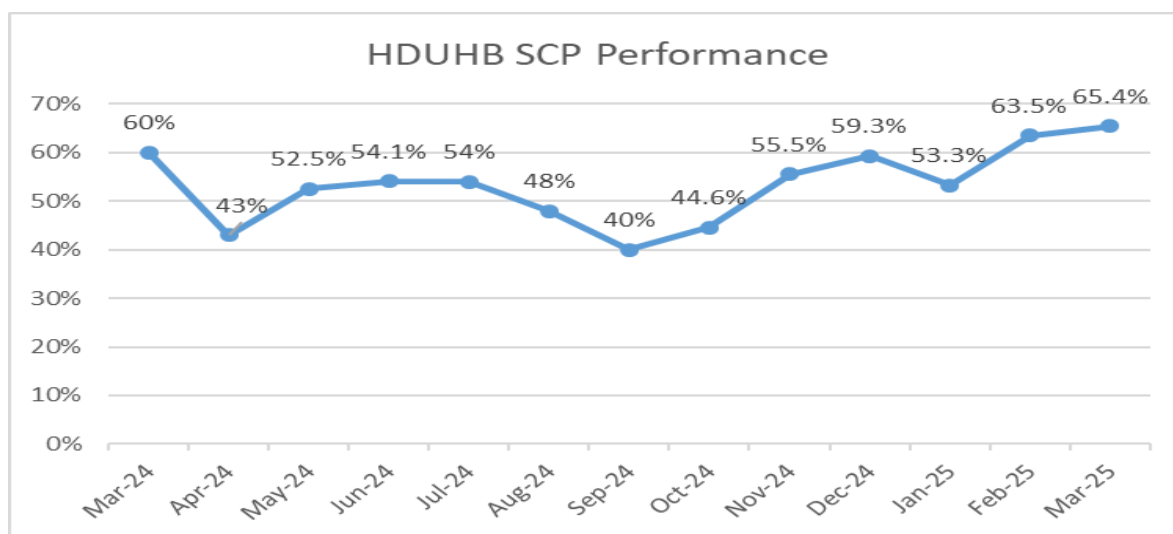
- Overall, it was found that despite increased investment, there is a continuing failure to meet the national performance targets for cancer with a minority of patients facing unacceptably long waits for diagnosis and/ or treatment.
- Cancer outcomes in Wales have improved over recent years but are still poor compared to other countries. Stronger and clearer national leadership is urgently needed to help drive the necessary improvements in the timeliness and sustainability of cancer diagnosis and treatment.

Asesiad / Assessment

Single Cancer Pathway (SPC) Performance

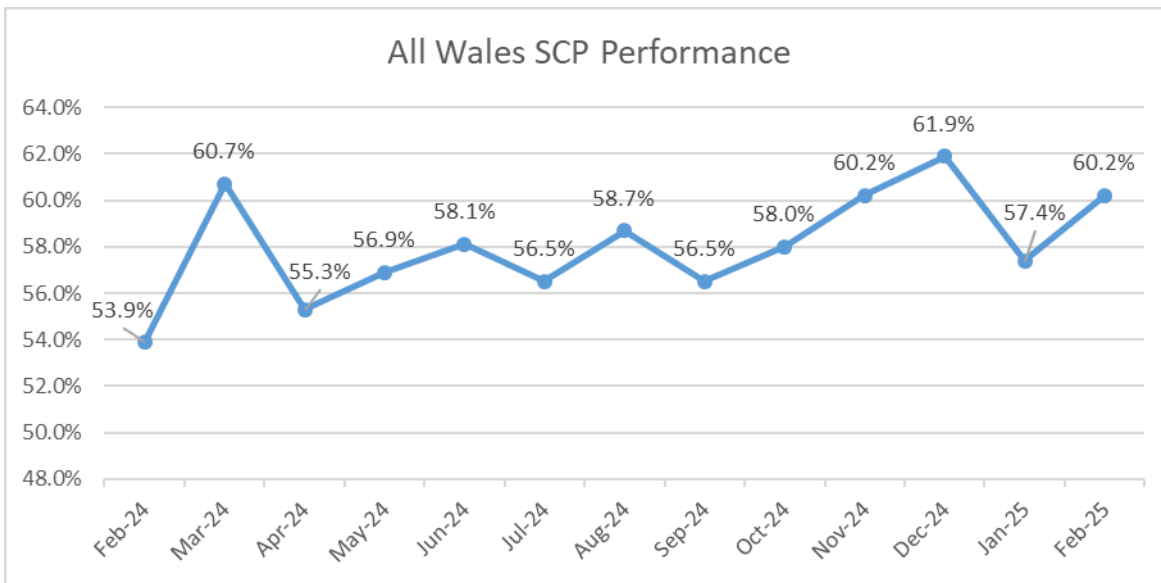
Cancer services within the Health Board are undergoing a number of developments to improve diagnostic and treatment capacity, ensuring timely access to care and driving sustainable improvements in patient outcomes. The ambition for the next financial year is to build on existing service improvements, strengthening cancer pathways to achieve a step change in performance. The most recent performance data (March 2025) can be seen in the following graphs:

Since November 24 the health board compliance with the Single Cancer Pathway has increased with February 25 performance at 63.5% and March 25 performance at 65.4%.



The focus now is on sustaining performance above 60% for at least three months, ensuring consistent improvements in access to care.

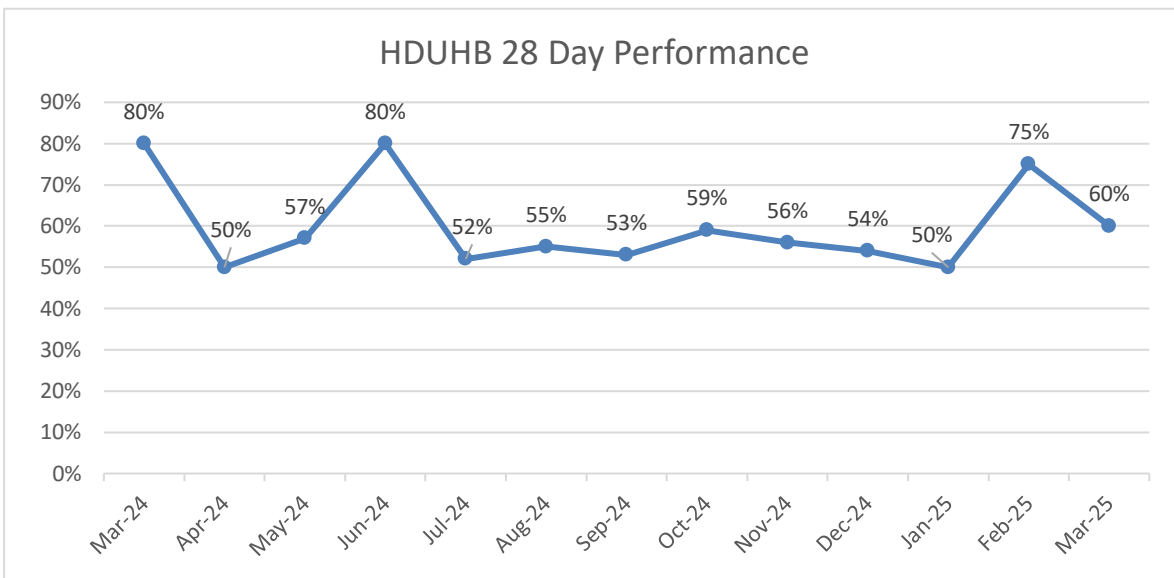
Hywel Dda University Health Board SCP performance for 24/25 broadly mirrors the Welsh average range of 50- 60%.



The trajectory for the rest of the year aims to achieve 80% compliance by March 2026, with a continued reduction in backlog volumes and more timely diagnoses. While monthly treatment activity is expected to remain stable at around 270–280 patients, Targeted Interventions by tumour site will ensure these numbers are maintained, with additional capacity introduced where needed.

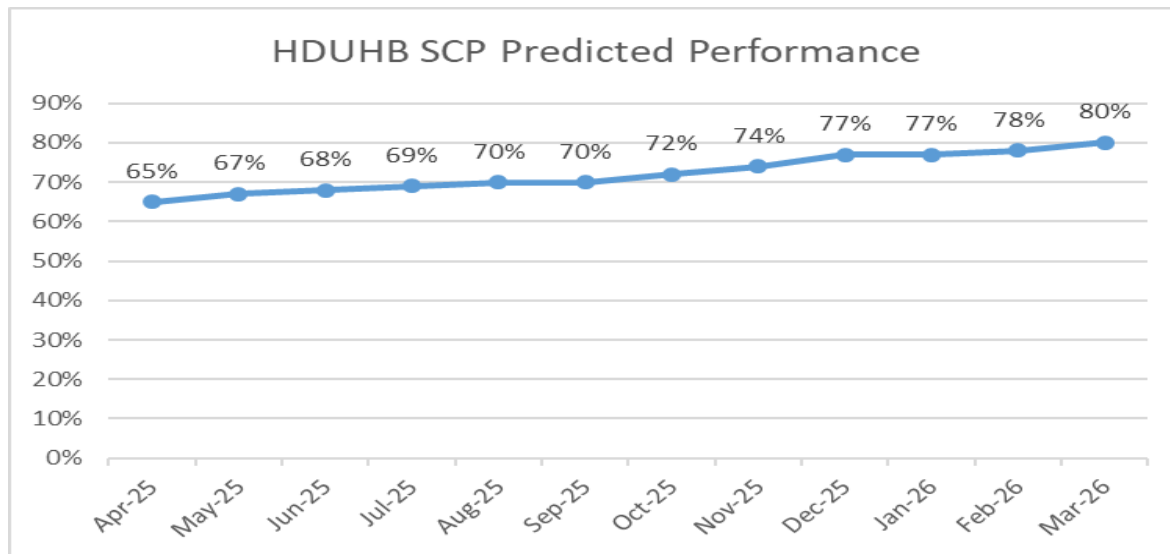
28 Day Performance Compliance

The emphasis for improvement is on improvement of and delivery of the 28 day target to inform all patients whether they have a diagnosis of cancer or not from point of suspicion.



Whilst the health board use the national dashboards to inform planning and delivery there are constraints in accessing Business Intelligence (BI) locally. Access to enhanced cancer BI tools is a key enabler and therefore, an objective for the clinical care group.

SCP Predicted Performance April 25 – Mar 26



Diagnostics

A fundamental assumption underpinning these improvements is the successful implementation of the Health Board's agreed investment into radiology for 2025/27. Given that timely access to imaging is a critical dependency for cancer pathways, any constraints within radiology have the potential to impact the delivery of this plan. Diagnostic capacity improvements particularly in MRI, CT, and endoscopy are essential to meeting SCP compliance targets and reducing treatment delays. Therefore, targeted investment in radiology will remain a central enabler for cancer service improvements and will require close alignment with the broader workforce and infrastructure planning processes.

Agreed Radiology Investment Plan - By the end of 2025/26 for diagnostics we will have:

- Provided an additional CT scanning capacity for 480 patients per month
- Deployed a mobile MRI service creating capacity for 560 additional patients monthly
- Introduced insourcing for non-obstetric ultrasound for 300 additional scans per month
- Cleared the Single Cancer Pathway imaging backlog by September 2025
- Subject to additional funding cleared 8-week diagnostic breaches
- Implemented a new digital phlebotomy booking service

A key focus is ensuring that access to diagnostics and specialist input is both timely and effective. Investment in service redesign, additional workforce, and infrastructure improvements will enable the Health Board to reduce waiting times and deliver a more responsive service.

A recurrent allocation of £3.4m has been earmarked for 2025/26, enabling essential groundwork to be laid particularly in backlog clearance and meeting SCP requirements. This core investment will be complemented by efforts to secure an additional £2.0m £2.4m non-recurrent bridging arrangement in quarter 1 2025/26 from Welsh Government, aiming for a total of £5.4m–£5.8m to fully address workforce and capacity needs.

A principal driver for this investment is to improve the SCP and support the national ambition of achieving a 7-day turnaround for urgent scanning and reporting. The immediate priority is to

clear the Radiology Unscheduled Care (USC) backlog by the end of Quarter 2 (2025/26), thus ensuring that critical imaging does not delay treatment decisions.

The Health Board also recognises the need to balance service expansion with the challenge of ensuring a sustainable backlog reduction. This will require careful management of diagnostic demand, prioritisation of treatment capacity, and embedding long-term solutions that prevent future delays. A structured, system-wide approach is being taken to align these improvements with national frameworks, ensuring that cancer services remain fit for the future.

Across the Health Board, work is ongoing to refine cancer pathways, improving efficiency and access to care using the evidence based National Optimal Pathways as a framework for improvement and to inform the Health Board Cancer Improvement Plan currently in development. Elements of the improvement plan are included below:

Lower Gastrointestinal (Lower GI)

In Lower Gastrointestinal (Lower GI) services, the introduction of Faecal Immunochemical Testing (FIT) within Primary Care is expected to eliminate delays of between 14 and 21 days from the traditional referral pathway. This will be supported by full adoption of the National Optimal Pathway (NOP) for lower GI, ensuring diagnostic capacity is used efficiently and that patients progress effortlessly from referral to diagnostic testing. Further investment in endoscopy services, including additional capacity for Bowel Screening Wales (BSW) colonoscopies, is expected to strengthen performance, particularly as the screening programme expands by 25%. Full implementation of FIT testing in primary care will be completed by the second quarter of 2025/26, with additional colonoscopy capacity aligning to the screening expansion.

Gynaecology

In Gynaecology, the introduction of one-stop clinics at Glangwili and Withybush hospitals will provide a more streamlined diagnostic service, doubling the number of 'see-scan-biopsy' slots available and significantly reducing delays. Plans are also in place to establish an improved triage system for urgent referrals, ensuring that women with suspected ovarian and endometrial cancers are prioritised effectively. These clinics will be fully operational by quarter 2 of 2025/26.

Urology

In Urology, the focus is on ensuring stable outpatient capacity while introducing measures to improve access to Magnetic Resonance Imaging (MRI) through the PROSTAD pathway. This will reduce the time taken to reach biopsy decisions, shortening referral-to-diagnosis times by up to four weeks.

Increased provision of local anaesthetic trans-perineal (LATP) biopsies will help meet growing demand, while additional nurse-led cystoscopy services will provide a 30% uplift in capacity, enabling patients to be seen more quickly. Increased MRI access and expanded LATP biopsy capacity will be in place by the end of quarter 2 2025.

Head and Neck

In Head and Neck cancer, investment in Trans-nasal Oesophagoscopy equipment will allow for more rapid assessment and reduce the need for theatre-based diagnostic procedures. A dedicated neck lump clinic will provide same-day ultrasound and biopsy, improving patient flow and reducing delays. This service will be fully functional by quarter 3 of 2025/26.

Lung

In Lung Cancer services, the introduction of radial endobronchial ultrasound

(rEBUS) will significantly reduce reliance on CT-guided biopsies, cutting diagnostic waiting times and improving access for those requiring radical treatment.

Dermatology

In Dermatology, targeted teledermoscopy sessions will improve triage for urgent suspected skin cancer, reducing in-person clinic pressure while maintaining diagnostic accuracy. The model will be continuously monitored through weekly and quarterly demand-and-capacity Reviews to adjust capacity as needed.

The Health Board has a strong commitment to prevention, aiming to reduce avoidable illness, lessen the strain on urgent and emergency care, and support healthier communities throughout mid and west Wales. We intend to build on current successes and address ongoing challenges, including improving vaccination coverage, expanding smoking cessation services, strengthening support for substance misuse recovery, and embedding a social model of health.

Screening

At the heart of our plan is a set of tangible improvements that reflect local and national Priorities. By the end of 2025/26, we aspire to see significant progress in preventing avoidable illness and promoting better health outcomes. This means raising HPV vaccination from 78% to 80%. We also intend to ensure that at least 5% of adult smokers in our region attempt to quit, with CO-validated quit rates moving from 8% to 20%, and to maintain high treatment completion rates of over 93% for individuals accessing substance misuse services. Additionally, we will uphold our commitment to accessible and timely screening programmes, aiming to maintain over 90% of eligible patients being offered an index Colonoscopy within four weeks of booking their Specialist Screening Practitioner assessment appointment.

The table below is the most up to date published data available.

Screening Programme Data Hywel Dda Position – tables formulated with most recent data available. [Screening - Public Health Wales \(nhs.wales\)](https://www.nhs.uk/public-health-wales/)

	Cervical Screening	Bowel Screening	Breast Screening
	Minimum Service Standard 70%	Minimum Service Standard 60%	Minimum Service Standard 70%
Health Board			
Hywel Dda UHB Coverage/Uptake %	As at March 2022 coverage 68.4%	2022 – 2023 uptake 66.9%	As at May 2021 uptake 73.4%
Wales Coverage/Uptake %	As at March 2022 coverage 69.6%	2022/23 uptake 65.9%	As at May 2021 uptake 72.3%

All screening programmes and in all regions of Wales see an inequality gradient in terms of uptake, with those in less affluent areas taking up the offer of screening less frequently.

Across Hywel Dda we meet and exceed the minimum service standard for uptake of bowel and breast cancer screening, but do not hit this uptake for cervical. This will therefore be a focus area in the coming year.

Patient experience

In May 2023 Hywel Dda sent a patient recorded experience measure (PREM) out to 1670 patients, across all tumour sites, who had a confirmed cancer diagnosis and had received their first definitive treatment within the preceding 12 month period. The PREM itself had been developed by the Wales Cancer Network Patient Experience Team, tested and validated at NHS Executive level, and handed to local cancer teams. Hywel Dda Cancer Services Team

and the Value Based Healthcare Team partnered and hosted the PREM on the DrDoctor platform and it was delivered to patients electronically via SMS and email. The PREM was open for 1 week and in that time 437 (26%) responses were received. The PREM was a mixture of scored responses and free text opportunities.

Key themes from the feedback were:

- The importance of the Cancer Key Worker role (CNS) and a positive patient experience where this role was visible and responsive
- Examples of poor communication particularly around breaking bad news
- Patients described feeling poorly supported in the first 2 weeks of their diagnostic pathway, from USC appointment with GP to first outpatient appointment, though recognised this was a short, but anxious period.

Actions resulting from the PREM:

- Each tumour site team was given a filtered summary of their patients responses for local action plans to be made
- One patient commented he would like to meet to discuss his experience in more detail and this was facilitated and a patient story collected and used in a service improvement plan
- The Cancer Services Team partnered with the Waiting List Support Service to start providing a point of support to patients on a USC pathway from referral to a confirmed or excluded cancer diagnosis
- Cancer Support Senior Coordinator for CaPS (Cancer Psychological Support Service) delivered teaching on breaking bad news to the Health Board wide Grand Round
- The Cancer Services Team started a Person-Centred Care Cancer Group to continue to monitor elements such as Key Worker support, Holistic Needs Assessment compliance, psychological support etc.

Next Steps:

- The PREM was adjusted based on learning from 1st cohort and was re issued to non-responders from cohort 1 in February 2024.
- The ambition is that the PREM will be issued to all new cancer patients every quarter – this has been delayed due to a change in PREM platform in the Value Based Health CareTeam from DrDoctor to Promptly following a tender process. However we are nearly ready to re-host on the new platform and are aiming for another PREM to be issued around September 2025.
- Every patient with a confirmed cancer (RIP filtered and excluded) will be given the opportunity once to complete feedback.
- PREM reports will be fed back to clinical cancer teams for learning and service improvement.

Cancer Survival

The latest net cancer survival estimate for Wales shows that for people diagnosed from 2017 to 2021, 63.1% survived cancer five years from diagnosis, on average.

Long-term historic improvement in five-year net cancer survival has stagnated since the 2014-2018 diagnosis period. This stalling in improvement started before the Covid-19 pandemic and has continued beyond it.

One-year net cancer survival stopped improving appreciably each year of diagnosis from 2014 to 2019, then dipped to 71.9% in 2020, the first full year of the pandemic. This improved significantly to 75.2% in 2021 but only returned survival to the pre-pandemic level

Welsh Cancer Surveillance Intelligence Unit (WCSIU) have been contacted to request Hywel Dda 1 & 5 Year survival data but are still awaiting a response.

Clinical Care Group

With the formation of the new operational structures of the Clinical Care Groups there is a strengthened leadership, oversight and governance on the delivery of cancer care in the Health Board. Assurance, risk, governance, performance and improvement will be closely monitored by the established Cancer Transformation Task and Finish group which reports into the Clinical Care Group (CCG) transformation hub. The Transformation hub will report into the Integrated Quality, Financial Performance and Delivery group (IQFPD), Strategy and Planning Committee, the Quality, Safety and Experience Committee and the Public Board.

Whilst structured, evidence-informed, and patient-centred steps are being taken, improvements are conditional on addressing known risks such as data limitations, workforce constraints, and funding dependencies.

Argymhelliad / Recommendation

The Quality, Safety and Experience Committee receives assurance from the content of the report relating to the Health Board's Response to the Auditor General Report on Cancer Services.

Amcanion: (rhaid cwblhau)	
Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.16 Provide assurance on the delivery of action plans arising from investigation reports and the work of external regulators.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Risk 1350
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	4 Planned care, diagnostics and cancer Recovery

Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	9. All HDdUHB Well-being Objectives apply
---	---

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Link to report
Rhestr Termiau: Glossary of Terms:	Contained within the body of the report
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ansawdd, Diogelwch a Phrofiod: Parties / Committees consulted prior to Quality, Safety and Experience Committee:	Audit Risk & Assurance Committee (ARAC)

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Contained within the body of the report
Ansawdd / Gofal Claf: Quality / Patient Care:	Contained within the body of the report
Gweithlu: Workforce:	Contained within the body of the report
Risg: Risk:	Contained within the body of the report
Cyfreithiol: Legal:	Not Applicable
Enw Da: Reputational:	Not applicable
Gyfrinachedd: Privacy:	Not applicable
Cydraddoldeb: Equality:	Not applicable