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Deep Dive: Urology

Quality, Safety and Experience Committee

August 2026

Situation

In November 2025, the Quality, Safety and Experience Committee received a report outlining the fragility of Urology services across Hywel Dda University Health Board and the associated risks to patient care, service delivery and staff sustainability.

Urology Fragility Deep Dive

This update provides the Committee with:

- An overview of the current position of the Urology service.
- Progress made against the actions and mitigations presented in November 2025.
- An update on quality, safety, patient experience and clinical risks associated with ongoing service fragility.
- A summary of improvements achieved and the key challenges that remain.
- The actions being taken to support service resilience whilst longer-term solutions continue to be developed through the Clinical Services Plan and associated recovery programmes.

This paper outlines the current clinical, operational and patient experience impacts of service fragility and the measures in place to mitigate risk and improve patient outcomes.

Executive Assurance Summary

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Urology Deep Dive Follow-up (Position Since November 2025)

Overall Assurance Assessment: Moderate Assurance (Improving but Fragile)

- Since the Committee received the Urology Fragility Deep Dive in November 2025 the service has delivered recovery actions within its direct control. Significant improvements have been achieved in diagnostic pathways, governance oversight, workforce resilience and patient pathway coordination.
- However, despite these improvements, the service remains fragile. The principal risk has shifted from pathway design and governance processes to insufficient recurrent capacity, particularly within theatres, specialist nursing and diagnostics. These constraints continue to impact timely treatment and limit sustainable recovery of both cancer and routine pathways.

Improvements Delivered Since November 2025

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Cancer Diagnostic Pathway Strengthened

- Magnetic Resonance Imaging (MRI) outsourcing implemented.
- Additional local anaesthetic transperineal prostate biopsy (LATP) biopsy capacity established.
- Pathology turnaround times reduced from over two weeks to approximately one week.
- Prostate Decision Clinic introduced.

Patient Experience Improvements

- Dedicated Prostate Pathway Co-ordinator introduced.
- Clinical Nurse Specialist (CNS) recruitment progressed.
- Faster communication of diagnosis and treatment options.

Workforce Resilience Improved

- Replacement Consultant Urologist appointed.
- Sustainable 1:7 consultant on-call rota to be restored from October 2026.
- Business case submitted to modernise middle-grade rota arrangements.

Governance Strengthened

- No incidents remain open beyond 60 days.
- Follow-up management improved.
- Continued reduction in delayed follow-up patients.

Stones Pathway Improvement

- Dedicated stones treatment list established.
- Long-standing stent pathway constraint partially addressed.

Risks Remaining

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Cancer Performance

- Urology remains the lowest-performing Health Board in Wales for Unscheduled Care (USC) performance despite demonstrable improvement in backlog position.
- Diagnostic gains are not yet translating into sustained treatment performance.

Routine Waiting Times

- Approximately 200 routine patients are expected to remain in breach due to prioritisation of cancer activity.

Patient Experience

- Delays, communication challenges and pathway uncertainty remain recurring themes within complaints and patient feedback.

Workforce Fragility

- CNS capacity remains below levels seen in comparable organisations and continues to impact patient support and pathway management.

Theatre Capacity

- The absence of the additional two theatre days per week identified within the Annual Plan remains the single greatest constraint to recovery.
- This now represents a Quality, Safety and Experience risk rather than simply an operational capacity issue.

System Dependencies

- Positron Emission Tomography (PET)-CT access through tertiary providers.
- Wider diagnostic and infrastructure constraints.
- Recurrent funding required to close workforce and capacity gaps.

Assurance Statement

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The Committee can be assured that the Urology Service has delivered actions within its direct control since November 2025 and that governance, diagnostics, workforce resilience and pathway coordination have improved.

However, the service remains operationally fragile, and quality risks persist due to insufficient theatre, workforce and diagnostic capacity. Sustainable recovery of cancer performance, referral to treatment (RTT) waits and patient experience is unlikely to be achieved without organisational support to address these remaining system constraints.

Assurance Summary

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Domain	Position	Improvements Since October 2025	Residual Risk
Safety	Improving	MRI outsourcing, LATP expansion, faster pathology reporting, improved governance oversight	Treatment delays remain a patient safety risk due to theatre capacity
Timely	Significant Challenge	USC backlog reduced, diagnostics improved, strong front-end RTT position	Poor USC performance; routine RTT breaches remain
Effective	Improving	Prostate Decision Clinic, Pathway Coordinator, pathway improvements	Diagnostic gains not yet fully translating to treatment performance
Efficient	Good Progress	Lowest Did not attent (DNA) rates, follow-up validation, Galeas pathway trial benefits	Further gains constrained by capacity limits
Equitable	Risk Remains	Improved diagnostic access and pathway coordination	Variation in waits due to workforce and theatre constraints
Person-Centred	Improving	Prostate Decision Clinic, Pathway Coordinator, CNS recruitment progress	Delays and uncertainty remain common complaint themes

Supporting Evidence

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Safety

- USC pathway
- Incidents and complaints
- Stones pathway

Timeliness

- RTT performance
- Cancer performance
- National comparisons

Effectiveness

- Annual Plan delivery
- Diagnostic improvements
- Workforce developments

Efficiency

- Outpatient productivity
- Follow-up management
- Innovation and pathway redesign

Equitable & Person-Centred

- Patient and carer experience
- Complaints themes
- CNS and pathway coordination

Recovery, Risks & Next Steps

- Remaining fragility
- Capacity constraints
- Improvement priorities

Patient and carer experience

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Why this story matters

- The patient's journey highlights that whilst timely diagnosis and treatment are critical, the overall experience of care is equally shaped by communication, coordination, support and access to services. The story demonstrates the significant impact that delays, uncertainty and fragmented communication can have on both patients and carers throughout the cancer pathway.

What We Heard	Impact on Patient/Carer	Service Response
Poor communication at critical moments, including delivery of diagnosis and results	Distress, uncertainty and loss of confidence	**Prostate Decision Clinic** established to provide rapid consultant-led discussions of diagnosis and treatment options; CNS expansion planned to improve communication and patient support.
No single point of contact and fragmented care coordination	Patients and carers felt responsible for navigating the system themselves	**Prostate Pathway Co-ordinator** introduced and additional CNS capacity prioritised to improve pathway oversight, patient tracking and support.
Long periods of uncertainty whilst awaiting tests and results	Increased anxiety and psychological burden	MRI outsourcing, additional biopsy capacity and improved pathology turnaround times introduced to reduce diagnostic delays.
Difficulty accessing advice and support	Repeated chasing by patients and carers	**Development of CNS workforce** and improved pathway coordination to provide more accessible support throughout the patient journey.
Holistic support services highly valued but not consistently signposted	Missed opportunities for emotional and practical support	Expansion of CNS support and strengthened cancer pathway coordination aimed at improving access to support services earlier in the pathway.
Delays in treatment pathways created ongoing worry and stress	Reduced patient confidence and poorer experience	**Focus on USC recovery, increased LATP capacity, MRI outsourcing and ongoing request for additional theatre capacity to reduce pathway delays.**

Annual Plan Delivery

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The actions proposed to address USC performance, diagnostic capacity and treatment backlogs were included within the Urology Annual Plan submitted to the Health Board in November 2025.

Implemented / In Progress

- MRI outsourcing continued to support diagnostic demand and reduce bottlenecks.
- Flexi-cystoscopy capacity improved through implementation of the Galeas urine biomarker pathway, releasing approximately three clinical sessions per week.
- Medical staffing costs will reduce following the retirement of a consultant not contributing to the on-call rota, and replacement starting with on-call duties in October generating a recurrent additional hours spend saving.

Outstanding / Partially Funded Priorities

- Additional theatre capacity (2 weekly sessions or equivalent weekend WLI capacity) remains required to address the USC backlog and reduce delays for cancer and benign patients.
- Additional Clinical Nurse Specialist capacity (2 x Band 7 CNS posts) remains required to support the 28-day diagnostic pathway, patient tracking and improved patient experience.
- Additional weekend LATP capacity remains required to mitigate variation in demand and improve treatment resilience.
- Sustainable workforce investment remains required to support prospective consultant and middle-grade rota arrangements (Registrar and Clinical Fellow).

What We Have Achieved Since October

- **Increased MRI Capacity**

Introduced outsourced MRI capacity in response to diagnostic delays and a backlog exceeding four weeks within Hywel Dda. Reduced pressure on the diagnostic pathway and supported earlier cancer diagnosis.

- **Strengthened Clinical Nurse Specialist Support**

Recruitment to a dedicated Prostate Clinical Nurse Specialist post is underway, with interviews taking place on 16 July 2026 and Introduced a Prostate Pathway Co-ordinator from June.

- **Introduced Prostate Decision Clinic**

Implemented a dedicated Prostate Decision Clinic for high-risk (CPG 3+) patients, led by Mr Ng, Mr Moosa and Mr Aniah. Patients are now able to receive and discuss their diagnosis within one week of reporting, significantly reducing waiting times and uncertainty.

- **Expanded LATP Capacity**

Introduced an additional LATP list at Prince Philip Hospital, ring-fenced for patients requiring biopsy following MRI. Helps to address key pathway bottlenecks and improve timely access to diagnostics. Weekly starting from 23rd July.

- **Improved Pathology Turnaround Times**

Worked collaboratively with Pathology colleagues to prioritise reporting of outstanding results. Reduced turnaround times from over two weeks to approximately one week, supporting faster clinical decision-making and improved patient experience.

Defining a Good Service for the Health Board

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- Consistent achievement of the 28-day Faster Diagnosis Standard and 62-day USC target, reducing clinical risk and delays to treatment.
- Sustainable 24/7 emergency rota with full prospective cover and reduced reliance on temporary staffing arrangements.
- Reduced dependence on outsourcing and waiting list initiatives through improved in-house capacity.
- Continued improvement in patient experience, communication and complaint reduction.
- Equitable Clinical Nurse Specialist (CNS) provision aligned to comparable Health Boards.
- Adequate diagnostic, treatment and theatre capacity to meet demand and prevent backlog growth.

Earlier diagnosis, improved outcomes, reduced risk, better patient experience, stronger workforce resilience and improved system efficiency.

RTT Performance

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RTT Position and Capacity Challenge

Since the Urology Fragility Deep Dive in November 2025, the service has continued to prioritise Urgent Suspected Cancer (USC) diagnostics and treatment in response to increasing demand and national performance requirements.

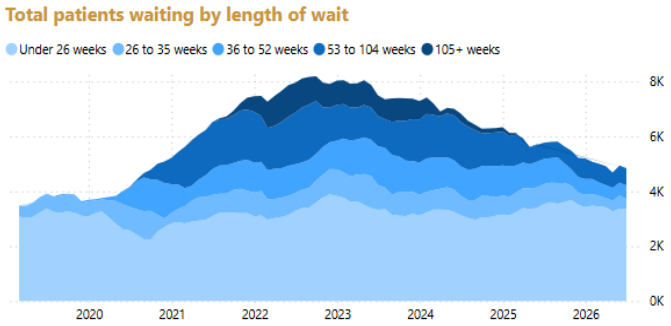
This has enabled improvements within the cancer pathway but has required significant theatre and diagnostic capacity to be redirected away from routine activity.

Current capacity is insufficient to meet both USC demand and routine RTT demand. As a result, **approximately 200 routine patients are expected to remain in breach**, with available theatre capacity being utilised to support cancer diagnostics and treatment.

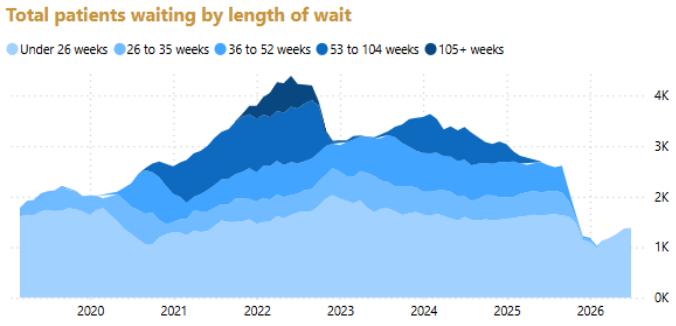
The position reinforces the key message set out within the Urology Annual Plan: **an additional two theatre days per week are required to provide sufficient capacity for both cancer and routine pathways.**

Without this investment, the service will continue to face difficult choices between maintaining cancer performance and reducing routine waiting times, with limited ability to sustainably recover the RTT backlog.

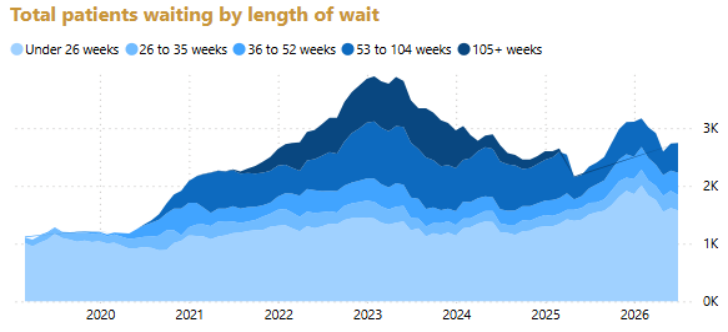
Key Message: The fundamental constraint remains unchanged. Current theatre capacity is inadequate for demand, and delivery of the Annual Plan requirement for **two additional theatre days per week** is essential to stabilise the service and support recovery across both cancer and routine pathways.



Total Waiting List



Stage 1 Waiting List



Stage 4 Waiting List

Source: Corporate Performance Dashboard.

RTT Performance. National Comparison

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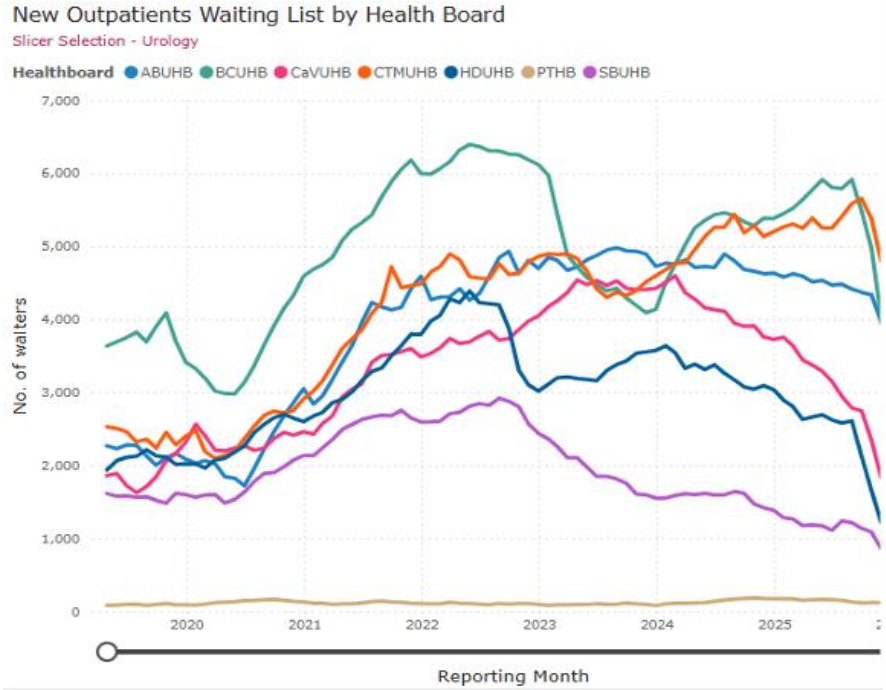
Hywel Dda remains one of only two Health Boards in Wales with no patients waiting over 52 weeks for a first outpatient appointment and has maintained a sub-26-week wait, reflecting strong performance at the front end of the RTT pathway.

As more patients progress to diagnostic and treatment stages, the principal constraint is now theatre capacity. Delivery of the two additional theatre days per week identified in the Annual Plan is essential to support both USC demand and routine RTT recovery.

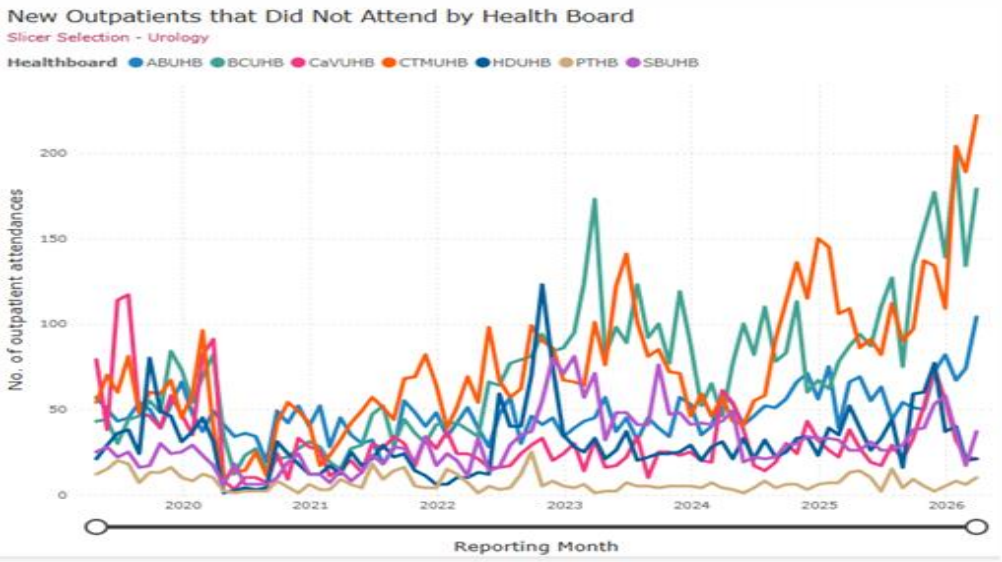
Source: Urology CIN Data set October 25



Source: Urology CIN Data set May 26

RTT Performance. Efficiency

- The focus on outpatient efficiency is demonstrated in the low ‘Did not Attend’ rates for all Outpatient Appointments compared with the national picture
- Hywel Dda continues to have the lowest Urology DNA rates in Wales, with non-attendance rates of 3.9% for new outpatient appointments and 2.3% for follow-up appointments, outperforming the national average.
- Performance has been supported through continuous waiting list validation and the introduction of direct telephone booking for patients approaching a breach position, maximising appointment utilisation and supporting timely access to care.



Mar-26	
Follow-Ups	
Health Board	DNA Rate
ABUHB	2.30%
BCUHB	3.60%
C&VUHB	3.40%
CTMUHB	4.10%
HDUHB	2.30%
PTHB	1.30%
SBUHB	3.40%

Mar-26	
New Outpatients	
Health Board	DNA Rate
ABUHB	5.90%
BCUHB	7.70%
C&VUHB	5.30%
CTMUHB	7.20%
HDUHB	3.90%
PTHB	3.10%
SBUHB	4.30%

Source: Urology CIN Data set May 26

Theatre Capacity/Stones Pathway

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Progress Achieved against Stones Patient Pathway and Ureteroscopy Delays (Risk Register 1308)

- A new fortnightly Stones list has been established at Glangwili Hospital, utilising Day Surgery Unit (DSU) and Derwen Ward treatment room capacity to treat patients with ureteric stents.
- This has delivered an immediate reduction in waiting times and provided a solution to a long-standing pathway constraint that has persisted for over four years.

Critical Capacity Gap

- Despite this improvement, the single greatest constraint facing the Urology service remains insufficient theatre capacity.
- The service continues to require two additional Urology theatre days per week, as identified in the Annual Plan, to meet current demand for both cancer and routine patients.
- Current capacity is being prioritised towards USC diagnostics and treatment, resulting in approximately 200 routine patients remaining in breach and limiting recovery of the wider RTT backlog.

The additional theatre capacity would:

- Increase capacity for USC diagnostics and treatment.
- Reduce delays for both cancer and routine patients.
- Support RTT recovery and reduce long-wait breaches.
- Improve utilisation of existing outpatient and diagnostic improvements.
- Provide a sustainable solution to the service's most significant operational risk.

Cancer Performance

The USC plan (Risk Register 2117) "*Urology diagnostic backlog and trajectory to 28-day diagnosis compliance*"

A number of improvements have been implemented since October, including MRI outsourcing, increased LATP biopsy capacity, reduced pathology turnaround times and the introduction of a dedicated **Prostate Pathway Co-ordinator** in June 2026. Early evidence suggests improved pathway oversight and stabilisation of the number of USC patients waiting over 62 days.

Further improvement is anticipated following recruitment to the **Prostate CNS post**, with interviews scheduled for 16 July 2026.

Whilst these interventions have strengthened the diagnostic pathway, progress remains constrained by a combination of treatment, diagnostic and reporting capacity limitations.

Although **MRI outsourcing** and additional biopsy capacity have improved access to diagnostics, patients continue to experience delays associated with **pathology reporting capacity** and access to specialist imaging **PET-CT scans**, which are provided through tertiary centres, can experience waiting times of up to eight weeks, delaying completion of staging investigations and subsequent treatment decisions.

These delays sit outside direct Urology control but have a significant impact on achievement of the 28-day diagnosis standard and the 62-day USC pathway.

Planned theatre expansion has not materialised and weekend support removed following the cessation of Prices at Par Rates (PAAR)-funded theatre staffing arrangements.

Diagnostic performance is improving, but sustainable recovery of the USC pathway is dependent on the additional theatre capacity identified within the Annual Plan.

Cancer Performance. USC National data

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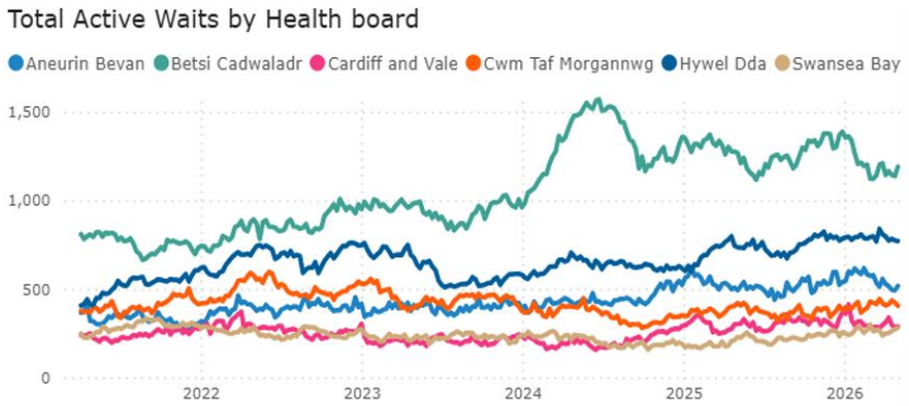
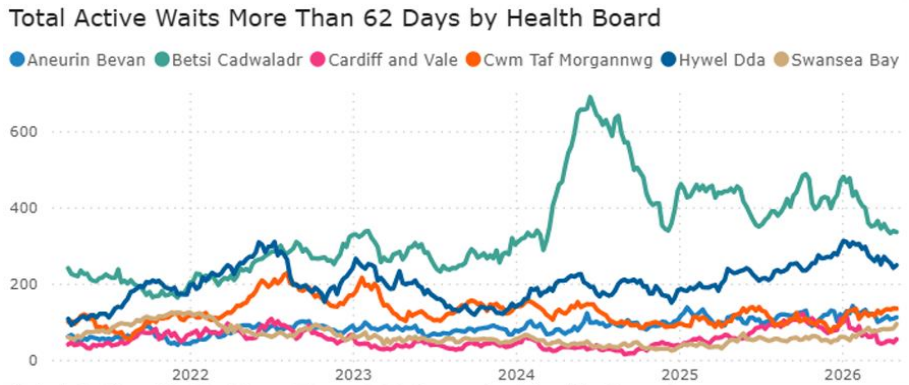
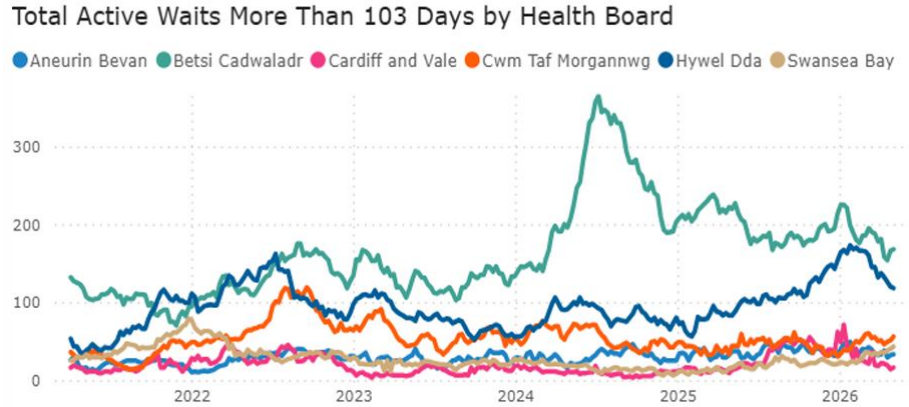
National Data Comparison

- Whilst Urology continues to have the second longest overall cancer pathway waits in Wales, there has been sustained improvement throughout 2026, with both active waits over 62 days and over 103 days reducing consistently as a result of targeted pathway interventions and increased focus on cancer performance.
- These gains remain fragile and are increasingly dependent on diverting limited capacity towards USC activity. As outlined throughout this paper, insufficient theatre capacity, workforce constraints and funding gaps continue to place recovery at risk, reinforcing the requirement for the additional two theatre days per week identified within the Annual Plan.







Source: Urology CIN Data set May 26

Cancer Performance. Pathway Plan

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Urology USC Improvement plan presented to the Integrated Quality Finance Performance Delivery Group (IQFPD) on 8 October 2025

The improvement trajectory presented in October anticipated a short-term decline in performance followed by sustained recovery from November 2025 onwards, driven by:

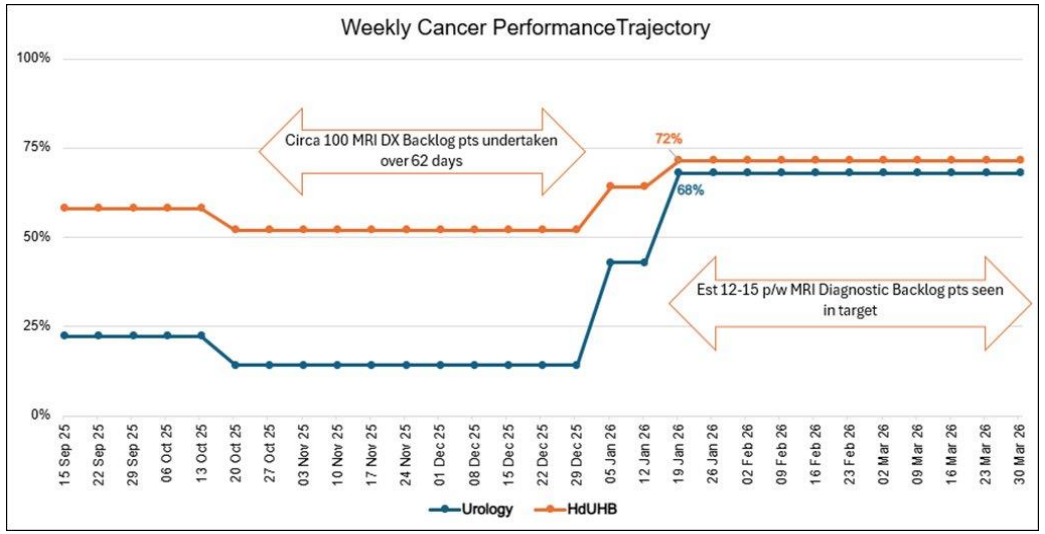
- MRI outsourcing reducing diagnostic delays.
- Increased LATP capacity and pathway redesign.
- Additional weekend recovery activity.
- Improved coordination across the prostate cancer pathway.

The planned decline in performance was greater and longer than anticipated because several key assumptions underpinning the recovery plan were not realised:

- The additional theatre capacity required within the Annual Plan was not secured.
- Weekend theatre recovery activity could not be sustained following the cessation of PAAR-funded staffing arrangements.
- Planned weekend LATP recovery sessions were not maintained.
- Growing USC demand continued to outpace available diagnostic and treatment capacity.
- Ongoing delays in pathology reporting and tertiary PET-CT capacity limited the ability to consistently achieve diagnostic and treatment milestones within the USC pathway.

Key Message

Recovery actions delivered measurable reductions in backlog volumes and strengthened pathway performance. However, the absence of sustainable theatre capacity prevented improvements in diagnostics from being translated into the planned improvements in cancer performance.



Cancer Performance Prostate Pathway

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Key Headlines

- Urology USC backlog reduced from 290 patients in January to 219 in April 2026, demonstrating that pathway interventions were having the intended impact.
- MRI outsourcing, improved pathology turnaround times, increased LATP capacity and enhanced pathway coordination contributed to a sustained reduction in backlog volumes during early 2026.
- The expected improvement in performance did not fully materialise as planned capacity assumptions were not maintained.

Why the Trajectory Changed

- Additional theatre capacity identified within the Annual Plan was not secure
- Weekend theatre recovery activity ceased following the removal of PAAR-funded staffing arrangements.
- Planned weekend LATP recovery sessions could not be sustained.
- Increasing USC demand continued to place pressure on limited treatment capacity.
- Diagnostic improvements increased throughput into treatment stages faster than theatre capacity was able to accommodate.

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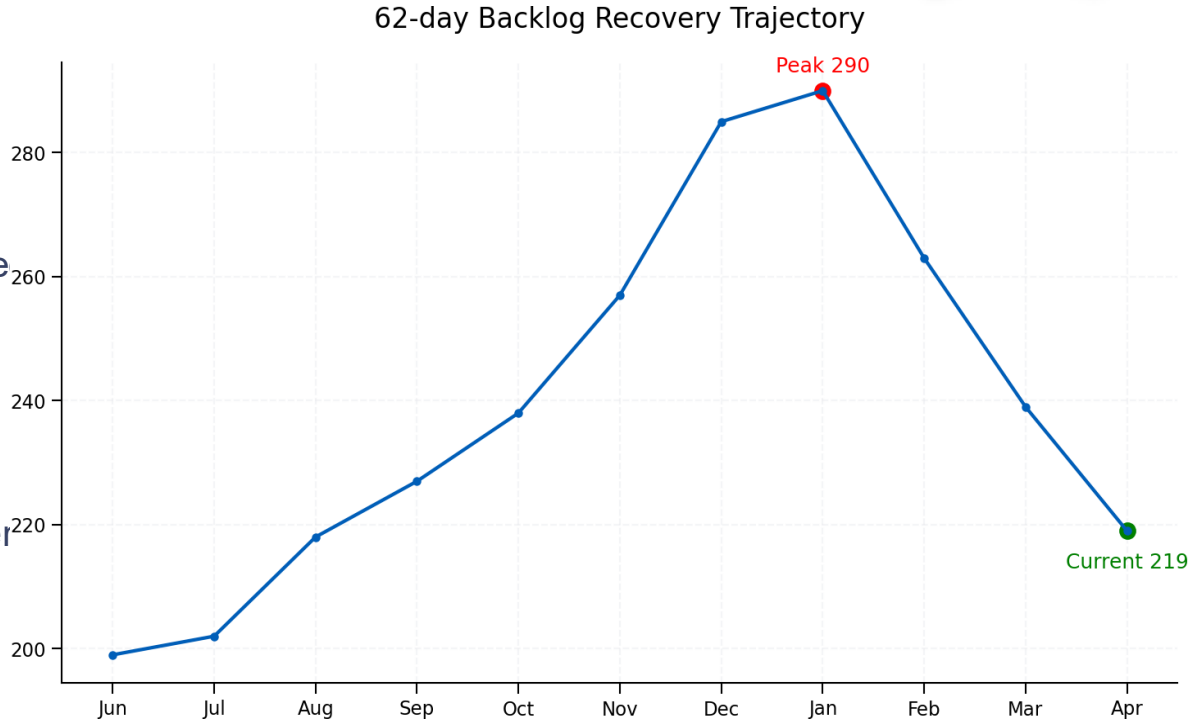

Cancer Performance. National Comparison

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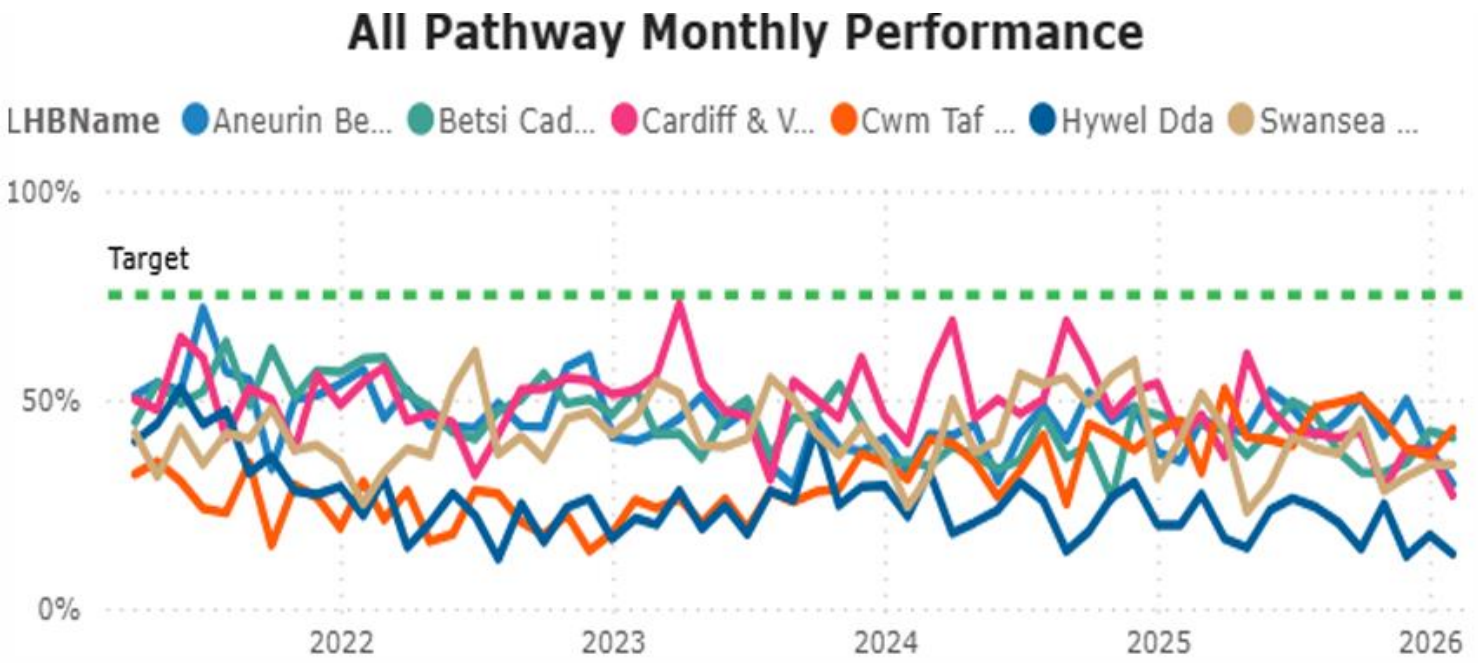
National Monthly Performance Data

- Backlog volumes have reduced and pathway controls have improved, demonstrating that recovery actions are effective. However, diagnostic improvements have increased throughput into treatment stages faster than treatment capacity has grown. As a result, performance remains amongst the poorest in Wales despite genuine underlying improvement.



HB	Performance
AB UHB	46.4%
BC UHB	42.4%
CTM UHB	37.8%
CV UHB	43.2%
HD UHB	25.0%
SB UHB	41.5%
All-Wales	**38.9%**

Oct 25

HB	Performance
AB UHB	29.7%
BC UHB	40.8%
CTM UHB	42.9%
CV UHB	27.1%
HD UHB	13.0%
SB UHB	34.4%
All-Wales	**30.5%**

May 26

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Source: Urology CIN Data set October 25/May 26

Incident and Complaint Themes

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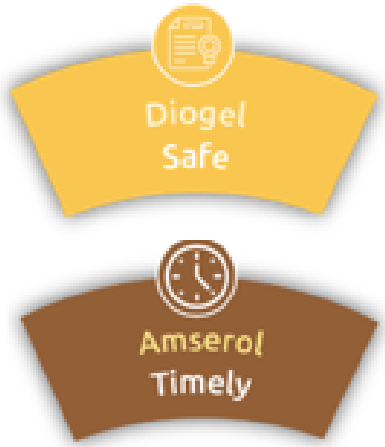
Primary themes

Complaint themes closely mirror findings from the patient/carer story, with delays, communication difficulties and lack of a consistent point of contact representing recurring themes. Whilst complaints have reduced following implementation of the Pathway Coordinator role and diagnostic improvements, residual concerns remain linked to CNS capacity and treatment delays caused by theatre constraints.

- **Delays in diagnosis and treatment** remain the most common source of patient concern, particularly where patients progress through diagnostics but subsequently experience waits for treatment.
- **Communication at key stages of cancer pathways** continues to feature within patient feedback, with patients and carers reporting uncertainty whilst awaiting results, treatment decisions and pathway updates.
- **Cancelled or delayed virtual follow-up appointments** have also generated complaints, leading to concerns regarding continuity of care and access to timely information.
- **Capacity-related delays within complex diagnostic pathways**, including imaging, pathology and treatment services, continue to impact patient experience and pathway performance.

Actions implemented

- Established a **Prostate Decision Clinic** to provide earlier consultant-led discussions following diagnosis.
- Introduced a dedicated **Prostate Pathway Co-ordinator** to improve pathway oversight, communication and patient tracking.
- Implemented a **weekly follow-up validation process** to improve management of outpatient and virtual follow-up pathways.
- Developed a proposal for additional Clinical Nurse Specialist (CNS) capacity to strengthen patient support, communication and care coordination.



Residual risk

- These actions have delivered measurable improvements; however, the underlying themes have not been fully eliminated. The remaining risks are increasingly linked to workforce and capacity constraints rather than pathway design or governance processes.

Until additional CNS and theatre capacity are secured, there remains a risk that communication challenges, pathway coordination issues and treatment delays will continue to impact patient experience and generate complaint.

Workforce Developments

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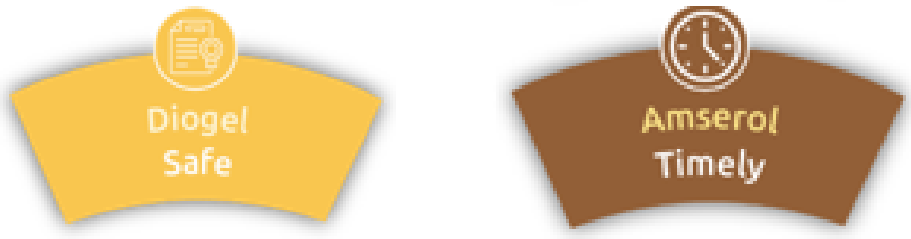
Emergency Rota Sustainability

- Recruitment is complete for a new Consultant Urologist who will commence in **October 2026**, following staff retirement and re-establishing a sustainable **1:7 Consultant on-call rota**. This is expected to significantly reduce rota fragility and reliance on Additional Duty Hours (ADH).
- A full **SBAR/Business Case** has been submitted to the Clinical Care Group seeking approval for a **Registrar Development Fellow and Clinical Fellow model** to modernise the middle-grade and cross-cover rotas. The proposal converts recurrent ADH expenditure into substantive workforce capacity, improving resilience, recruitment and retention whilst delivering recurrent savings.
- Subject to approval, the proposals are expected to reduce annual ADH expenditure, strengthen workforce sustainability and provide a longer-term solution to medical rota stability across the service.

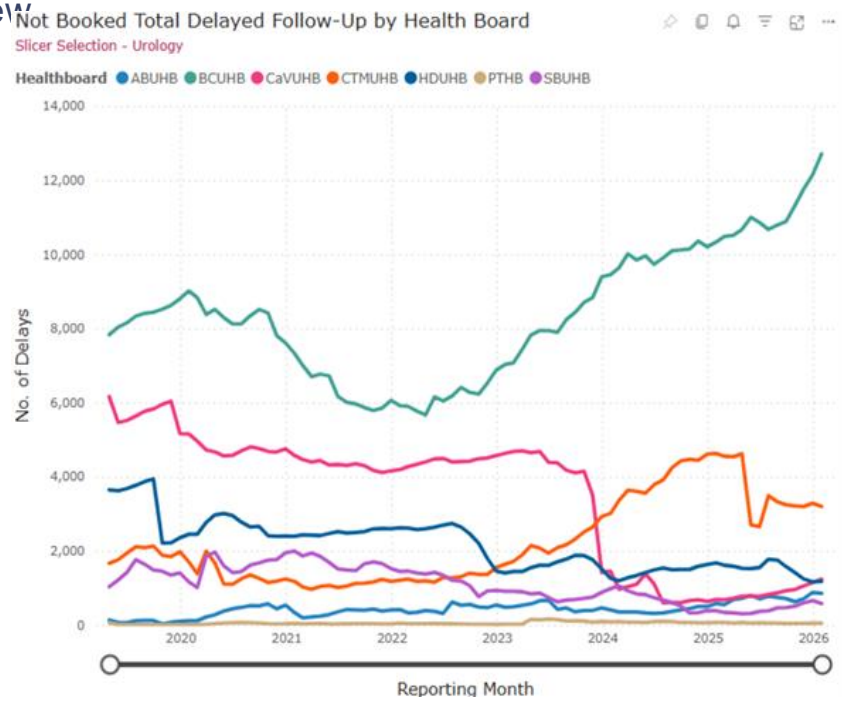
Significant progress has been made towards stabilising the emergency rota. Consultant recruitment addresses the on-call consultant gap, while approval of the workforce modernisation business case is now the critical next step in delivering a sustainable medical staffing model.

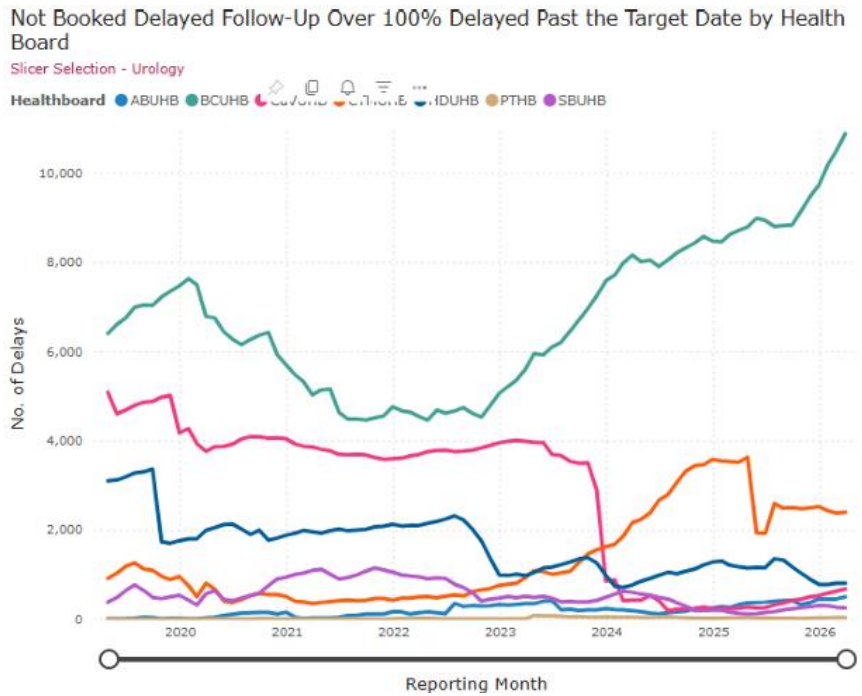


Follow up management

Improving Follow-Up Position

- Urology continues to demonstrate improvement in the management of delayed follow-up patients, with national data showing a sustained reduction in both overall delayed follow-ups and those delayed by more than 100%
- Improvements have been driven through a structured programme of weekly validation, list cleansing, increased use patient initiated Follow up (PIFU)/ Seen on Symptom (SOS) pathways and targeted CNS-led review of follow-up waiting lists.
- Further opportunities remain through remote PSA monitoring, pathway redesign and expansion of CNS capacity, reducing the need for traditional outpatient follow-up appointments and improving access for patients requiring urgent review





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Capacity Constraints

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- Insufficient theatre capacity now represents a quality, safety and experience risk rather than solely an operational challenge. Capacity constraints require prioritisation of cancer and urgent patients, resulting in prolonged waits for routine patients and limiting the Health Board's ability to deliver timely treatment across all patient groups.
- Diagnostic improvements including MRI outsourcing, increased LATP capacity, improved pathology turnaround times and pathway coordination have strengthened performance but cannot fully translate into improved cancer outcomes without additional Main Theatre Diagnostic and treatment capacity.
- Diagnostic pathway performance remains vulnerable to external dependencies, including pathology turnaround times and access to tertiary PET-CT imaging, with some patients experiencing waits of up to eight weeks for staging investigations prior to treatment planning.
- USC demand continues to grow, requiring prioritisation of cancer activity and limiting the service's ability to recover routine RTT waits. Approximately 200 routine patients are expected to remain in breach as a consequence.
- Financial pressures remain significant, with recurrent funding gaps across workforce, theatre and diagnostic capacity preventing implementation of the full Annual Plan.

The service has largely delivered the actions within its control. The principal barrier to recovery is now capacity rather than pathway design, with the requirement for two additional Urology theatre days per week remaining unresolved.

Actions Taken

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Since the Urology Fragility Deep Dive in November 2025, the service has delivered a significant programme of recovery and redesign despite ongoing capacity and funding constraints.

- Improved outpatient access, maintaining **no patients waiting over 26 weeks for a first outpatient appointment.**
- Achieved the **lowest Urology DNA rates in Wales** through continuous validation and direct booking processes.
- Introduced **MRI outsourcing** to address diagnostic delays and support the USC pathway.
- Increased **LATP biopsy capacity**, including a dedicated prostate biopsy pathway and additional capacity at Prince Philip Hospital.
- Established a **Prostate Decision Clinic**, enabling rapid consultant review and diagnosis discussions for high-risk patients.
- Introduced a dedicated **Prostate Pathway Co-ordinator**, improving pathway oversight and contributing to stabilisatior of USC waits.
- Reduced pathology reporting turnaround times through joint working with Pathology colleagues.
- Delivered a **new fortnightly Stones List**, providing the first sustainable improvement in ureteroscopy capacity for several years.
- Achieved sustained reductions in **USC patients waiting over 62 days and 103 days**, and reduced the overall prostate cancer backlog during early 2026.
- Improved management of follow-up pathways, reducing delayed follow-ups and patients delayed by more than 100% of their target review date.
- Stabilised governance processes with **no incidents remaining open beyond 60 days.**
- Recruited a replacement Consultant Urologist to commence in October 2026, restoring a sustainable **1:7 Consultant on-call rota** and reducing reliance on ADH expenditure.
- Submitted a workforce modernisation business case to stabilise the Registrar and Clinical Fellow rotas through substantive investment and reduced ADH dependence.

Improvement Priorities

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Immediate Priorities (2026/27)

- Secure the **two additional Urology theatre days per week** identified within the Annual Plan to support USC recovery, RTT improvement and backlog reduction.
- Complete recruitment to the **Prostate CNS post** and continue development of the CNS workforce to improve patient experience, pathway coordination and MDT effectiveness.
- Embed the benefits of MRI outsourcing, increased LATP capacity, the Prostate Decision Clinic and the Prostate Pathway Co-ordinator role to deliver further improvements in the cancer pathway.
- Develop a dedicated improvement programme for the Bladder Cancer Pathway, focusing on diagnostic cystoscopy capacity, reducing delays within the flexi-cystoscopy pathway and improving compliance with cancer performance standards
- Continue collaborative work with Pathology and Radiology improving compliance with the 28-day diagnosis standard and reducing delays within USC pathways.
- Implement the workforce modernisation proposals for the Registrar and Clinical Fellow rotas to reduce ADH reliance and improve service resilience.
- Support the incoming Consultant Urologist commencing in October 2026 to restore a sustainable 1:7 Consultant on-call rota.

The service has demonstrated that pathway redesign and targeted investment deliver improvement. The next stage of recovery now depends on addressing the remaining capacity gap. Without the additional theatre capacity identified in the Annual Plan, sustainable improvement in cancer performance, RTT waits and patient experience will remain challenging despite the progress already achieved.

Innovation

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Delivering Innovation Today

- Galeas Bladder Cancer Pathway
  - Early adoption of the Galeas urine biomarker pathway to support bladder cancer diagnostics.
  - Reducing reliance on invasive surveillance procedures and releasing valuable clinical capacity.

- Holmium Laser Enucleation of the Prostate (HoLEP) Service Development
  - Charitable funding bid submitted to establish a HoLEP service from September 2026.
  - Providing a modern treatment option for men with Benign prostatic hyperplasia (BPH) bladder outflow obstruction and reducing reliance on external providers.

- Expansion of Day Case Surgery
  - Planned relocation of Greenlight Laser activity to the Day Surgery Unit at Prince Philip Hospital.
  - Creating additional capacity for day-case bladder outlet obstruction (BOO) surgery and improving patient flow through the surgical pathway.

Future Ambitions

- High Intensity Focused Ultrasound (HIFU)
- Exploring opportunities to develop Wales' first HIFU service for the treatment of prostate cancer
- Potential collaboration with Moondance Cancer Initiative to support service development.
- Supporting access to innovative, minimally invasive treatment closer to home for patients across Wales.

Expected Outcomes and Ongoing Work

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- Continued reduction in USC backlog volumes through strengthened prostate and bladder cancer pathways, improved diagnostics and enhanced pathway coordination.
- Improved resilience of the medical workforce through restoration of a sustainable 1:7 Consultant on-call rota and implementation of workforce modernisation proposals.
- Further improvements in patient experience through expansion of CNS support, improved communication and reduced pathway delays.
- Continued reduction in delayed follow-ups and optimisation of outpatient capacity through validation, PIFU and digital monitoring solutions.
- Development of a dedicated improvement programme for the bladder cancer pathway, reducing diagnostic delays and improving pathway performance.
- Strengthened governance oversight, maintaining low complaint and incident levels with no incidents open beyond 60 days.

Critical Dependency

- Sustainable recovery of cancer performance, RTT waits and patient outcomes remains dependent on addressing the fundamental capacity gap within the service, specifically the provision of the two additional Urology theatre days per week identified within the Annual Plan.

The service has delivered substantial improvement despite ongoing fragility. The majority of operational and pathway actions have been implemented; however, future progress is now primarily constrained by capacity and investment rather than service design. Securing the required theatre, workforce and diagnostic capacity will be critical to achieving sustainable recovery and delivering the standard of Urology service expected by the Health Board.

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The Duty of **Candour**

Openness and honesty should be at the heart of every relationship between those providing treatment and care and those experiencing it.

DIOGEL | CYNALIADWY | HYGYRCH | CAREDIG

SAFE | SUSTAINABLE | ACCESSIBLE | KIND

The six domains of quality

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Our health care system is a high quality, highly reliable and safe system that avoids preventable harm, maximising the things that go right and learning from when things go wrong to prevent them occurring again. People's health, safety and welfare are actively promoted and protected; risks are identified and monitored, where possible, risks to safety are reduced or prevented and this is delivered by appropriate numbers of suitably skilled workforce

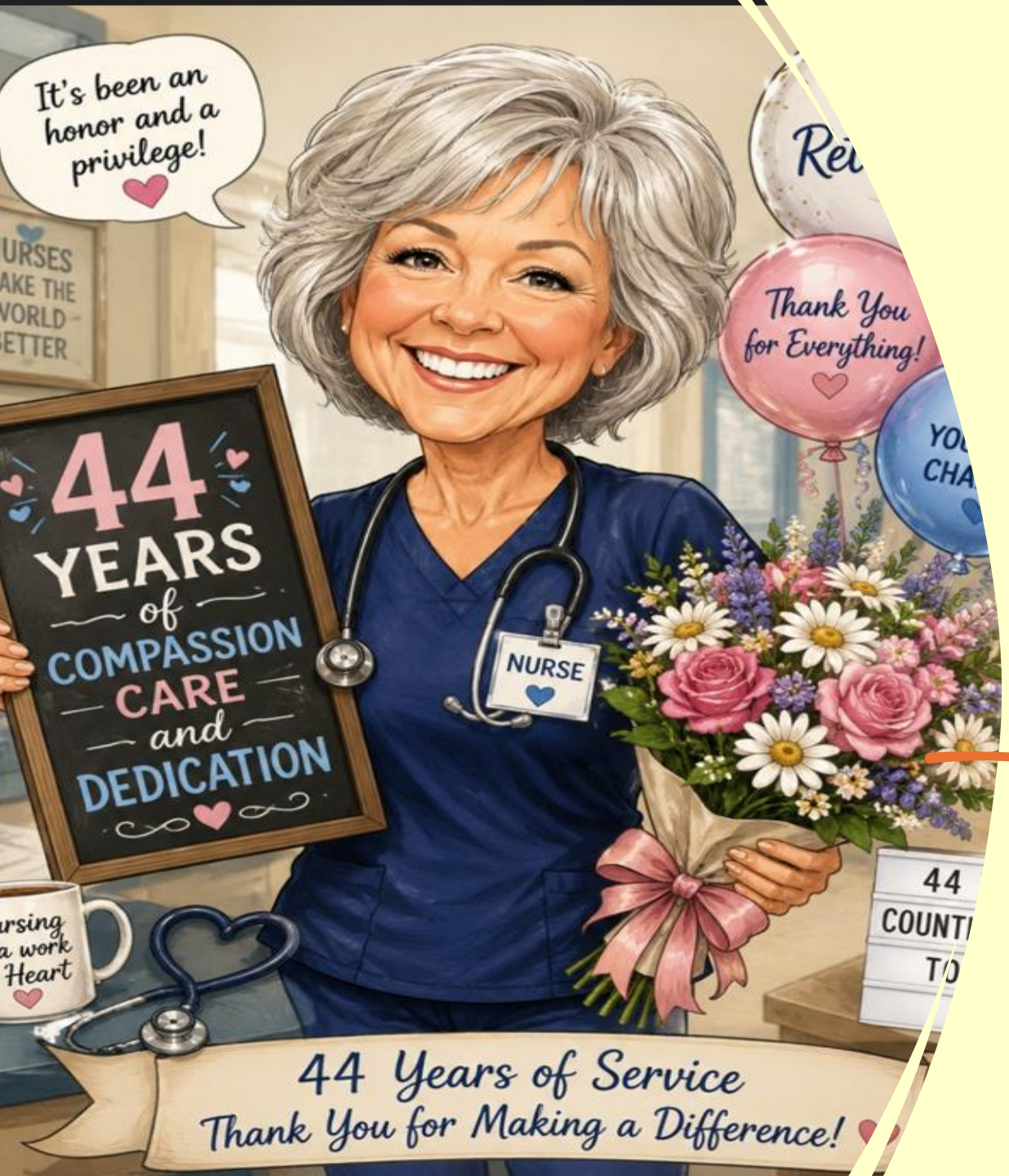
Our health care system ensures people have access to the high-quality advice, guidance and care they need quickly and easily, in the right place, first time. We care for those with the greatest health need first, and where treatment is identified as necessary, we treat people based on their identified and agreed clinical priority

Our health care system ensures decision-making, care and treatment reflects evidence-based best practice, to ensure that people receive the right care to achieve the optimal outcomes possible for them and that matter to them. We design transformative, evidenced-based, whole-of-life pathways that cover prevention, care and treatment, rehabilitation and embed these into local service delivery.

Our health care system takes a value-based approach to improve outcomes that matter most to people in a way that is as sustainable as possible and avoids waste. We make the most effective use of resources to achieve best value in an efficient way. We only do what is needed and undertake treatments targeted at those likely to gain the most benefit, ensuring any interventions represent the best value that will improve outcomes for people.

Our health care system provides everyone with an equal opportunity to attain their full potential for a healthy life which does not vary in quality because of personal characteristics such as age, gender, sexual orientation, race, language preference, disability, religion or beliefs, socio-economic status or political affiliation; the organisation that provides care; or location where care is delivered. We embed equality and human rights in our health care system and promote and protect the welfare and safety of children and adults who become vulnerable or at risk at any time.

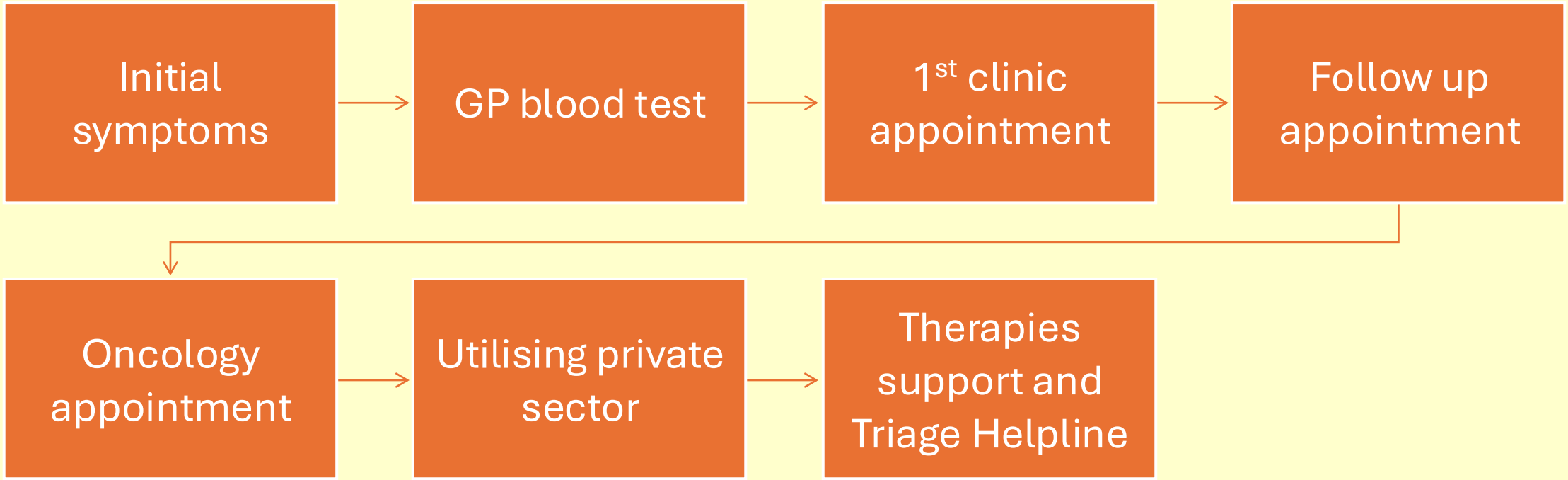
Our health care system meets people's needs and ensures that their preferences, needs and values guide decision-making that is made in partnership between individuals and the workforce. We care about the well-being of individuals, their families, carers and our staff. We ensure that everyone is always treated with kindness, empathy and compassion and we respect their privacy, dignity and human rights. We are committed to working better together to put people and their families at the centre of decisions, seeing them as experts working alongside professionals to get the best outcome and experience.



A Carer's Story

Undertaken June 2026

Summary of pathway



Communication & Compassion at Critical Moments

Areas for improvement

- Poor delivery of serious news (blood test results and metastatic diagnosis) caused lasting emotional harm.
- Lack of empathy, sensitivity, privacy and opportunity for questions in some consultations.

What worked well

- Conversely, compassionate, patient-centred communication (eg therapies, second opinion/private sector) had a powerful positive impact and improving understanding and confidence.

“its probably cancer”…she didn’t know he wasn’t by himself.

As a nurse we are always taught to make sure you have someone with you

Fragmented Care, Poor Coordination & Access Barriers

- Absence of a named key worker led to repeated chasing and system navigation by patient/carer.
- Communication failures between teams, inconsistent messaging and information gaps.
- Difficulty contacting staff, reliance on answerphones and lack of proactive follow-up.

Emotional & Psychological Burden on Patient and Carer

- Persistent anxiety driven by uncertainty, waiting for scans/results and lack of clarity.
- Carer assumed significant coordination and advocacy role, with substantial emotional toll.
- Concern for patients without advocates.

The only thing I want is to make it so he didn't have the cancer but I can't change this so I will advocate and try and keep him as healthy as possible.

What happens to the people who haven't got someone to advocate, or ring around or try and improve their health

Value of Timely Care, Holistic Support & Environment

- Early pathway (rapid referral and same-day treatment) was reassuring.
- Holistic services (cancer therapy support team, triage line) were highly valued but not routinely signposted early.
- Care environment (privacy, dignity, comfort) significantly influenced experience and sense of respect.

“You remember the people who are kind to you and those who give you not the best experience”

Your life is not your own anymore and you carry that constant worry of bad news.

You feel how much more can we take and I wondered how do other people manage