Welsh Parliament
Public Accounts and Public Administration Committee

Cancer Services in Wales

February 2026

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About the Committee

The Committee was established on 23 June 2021. Its remit can be found at:
www.senedd.wales/SeneddPAPA

Current Committee membership:

Committee Chair:
Mark Isherwood MS
Welsh Conservatives

Tom Giffard MS
Welsh Conservatives

Mike Hedges MS
Welsh Labour

Rhianon Passmore MS
Welsh Labour

Adam Price MS
Plaid Cymru

The following Member attended as a substitute during this inquiry.

Hefin David MS
Welsh Labour

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Chair's foreword

Living with a cancer diagnosis places immense psychological, physical, and practical strain on individuals and their families.

Ensuring that cancer services are effective, reliable, and designed to ease, rather than exacerbate, the pressures they face is therefore essential.

During the course of our inquiry, we were alarmed at the problems identified by the Auditor General for Wales and stakeholders regarding those services, and we remain concerned about the pace at which changes are being delivered.

Whilst the Welsh Government's headline target of 80 per cent of cancer patients starting treatment within 62-days is admirable, it may not be realistic. We are also particularly concerned by the significantly less favourable outcomes for patients from deprived backgrounds and believe that more needs to be done to improve access to timely screening and treatment for people from communities that are presently being failed by the system.

We found that the data available for scrutinising performance in cancer services was insufficient and we have made a key recommendation focusing on the importance of collating and publishing more granular data on patient experience. This will help the Welsh Government, Public Health Wales and health boards to pursue the most effective interventions and spread good practice nationally in a more coherent way.

Cancer screening is clearly vital in improving outcomes for patients, and we believe that direct intervention from the Welsh Government and Public Health Wales is needed to help increase uptake of cancer screening. This includes expediting a national lung screening programme, addressing problems associated with colonoscopies and a commitment to focus efforts on increasing uptake in deprived communities.

We are unconvinced by the Welsh Government's approach to achieving its national vision for cancer services, and we hope to see improvements arising from the revised governance and leadership structures the Welsh Government hopes to put in place. We also believe that a longer-term strategy for the future of cancer services was needed, with dedicated funding, measurable outcomes and a robust evaluation process built into it. The third sector also needs to have more meaningful participation in driving improvement and more needs to be done to formalise their role.

Finally, the Committee found that there was insufficient progress being made in utilising digital solutions to help meet some of the challenges identified around collecting and improving processes relating to the delivery of cancer services. In particular, the Welsh Government needs to address workforce challenges that are slowing this progress and prioritise the acceleration of digital solutions, including the use of artificial intelligence.

We encourage the Welsh Government to work with Public Health Wales and health boards to progress these recommendations, in addition to those already made by the Auditor General for Wales, so that the systemic problems that are leading to negative outcomes for the people of Wales can be addressed.

Mark Isherwood MS,
Chair of the Public Accounts and Public Administration Committee

Recommendations

Recommendation 1. We recommend that the Welsh Government set realistic interim targets for cancer treatment and prioritise incremental improvement through staged targets before revisiting the target of 80 per cent of cancer patients starting treatment within 62-days. Page 19

Recommendation 2. We recommend that the Welsh Government focus on accelerating the diagnosis phase and reducing delays between suspicion, diagnosis, and treatment to improve overall performance and patient outcomes. Page 19

Recommendation 3. To facilitate more robust scrutiny of performance in cancer services, we recommend that the Welsh Government reviews the data it currently collates on performance in cancer services. The review should identify opportunities for collating and publishing more granular data in order to provide a more complete picture of cancer service performance and patient experience. Page 19

Recommendation 4. The Welsh Government should work with Health Boards to reduce variation in colonoscopies for bowel screening participants. In their response, the Welsh Government should set out actions for how they hope to achieve this. Page 27

Recommendation 5. Work to implement the lung screening programme should be expedited as soon as possible. The Welsh Government should provide a timeline to the Committee for doing this, with set dates for implementation. Page 27

Recommendation 6. We recommend that Public Health Wales provides an update to the Committee on efforts to increase screening uptake and broaden data collection, particularly in relation to deprived communities and with other groups where take-up is considered to be low. Page 27

Recommendation 7. We recommend that the Welsh Government provides an update on its revised governance and leadership structures, to provide assurance on how these structures will strengthen accountability and reduce unacceptable variation in approaches to improve cancer performance. This update should set out clearly the responsibilities of the Welsh Government and the NHS Performance and Improvement (formerly known as NHS Executive), respectively. Page 40

1. Background

1. Services to detect, diagnose and treat cancers and to support cancer patients are supported and provided by many public and third sector organisations. In particular:

- the Welsh Government is responsible for setting the vision and targets for health care and for the allocation of funding. It sets out a range of expectations for the NHS Executive, including supporting improvement in cancer services, through an annual remit letter;
- the NHS executive is responsible for driving improvements in the quality and safety of care. The National Strategic Clinical Network for Cancer (the Cancer Network) is part of the NHS Executive and brings together clinicians and health professionals to support improvement;
- health boards are responsible for planning and delivering cancer services to provide high quality care to patients and meet performance targets; and
- third sector organisations perform many roles including supporting patients and their families; providing research and data; providing funding for some services (such as the Teenage Cancer Trust cancer ward in Cardiff); attracting private investment; and driving innovation.

2. The Auditor General for Wales (Auditor General) published a report[1] in January 2025, which examined the coherence of the national arrangements to drive improvements in cancer services in Wales, focusing on the Welsh Government and its NHS Executive. It did not comment on the delivery arrangements for cancer services at individual NHS bodies as this will be examined as part of the Auditor General's programme of local audit work at those bodies.

3. Overall, the Auditor General's report found that despite increased investment, there had been 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 had improved over recent years but were still poor compared to other countries. Stronger and clearer national

[1] Audit Wales, 'Cancer Services in Wales: A review of the strategic approach to improving the timeliness of diagnosis and treatment', January 2025

leadership was urgently needed to help drive the necessary improvements in the timeliness and sustainability of cancer diagnosis and treatment.

4. The report made ten recommendations for the Welsh Government. These related to:

- Setting out a coherent, long-term strategic approach for cancer in Wales, supported by clear system leadership and informed insight. In particular:
  - clarifying the status of the Cancer Improvement Plan and arrangements to hold NHS bodies to account for its delivery;
  - setting out a coherent model of system leadership; and
  - reviewing the performance framework to better reflect the Quality Statement for Cancer.
- Developing the strategic approach to population health improvement and disease prevention.
- Exploiting specific opportunities for improvement associated with national lung screening, regional working, and ensuring employment opportunities for radiologists who have been trained by the National Imaging Academy.
- Improving data and digital including:
  - clarifying national roles and responsibilities for monitoring and ensuring compliance with national data standards, including arrangements to hold NHS bodies to account for poor compliance;
  - developing a more comprehensive set of publicly available data on cancer services.

5. On 22 January 2025, the Cabinet Secretary for Health and Social Care published a written statement[2], providing an initial response to the Auditor General's report. The statement set out changes to leadership and governance to improve cancer care in Wales including:

[2] Cabinet Secretary Health and Social Care, 'Written Statement: Improving cancer care in Wales', 22 January 2025

- the establishment of a National Cancer Leadership Board, chaired by the Deputy Chief Medical Officer aimed at better coordinating cancer improvement activity;
- the Welsh Government will update the 2021 Quality Statement for Cancer to clarify roles, oversight arrangements and the relationship between relevant national programmes;
- the Cabinet Secretary has asked for advice from PHW about how the implementation of a national lung cancer screening programme can be brought forward by six months;
- the Cabinet Secretary will expedite the agreement to create a data development road map for cancer.

6. There has been previous Senedd scrutiny of some of the matters covered in the Auditor General's report.

7. In December 2023, the Senedd's Health and Social Care Committee published a report[3] on its inquiry on gynaecological cancers. The Committee made 26 recommendations for improvement. Some of the recommendations were specific to gynaecological cancers and the women's health plan[4]. The Committee also made broader recommendations which reflect similar issues to the Auditor General's report. The Health and Social Care Committee published a follow-up report in January 2026, which arose "following concern(s) raised by stakeholders about the lack of progress in implementing our report recommendations"[5].

8. The Welsh Government laid its response[6] to the Committee's report on 8 March 2024. It accepted 18 of the recommendations in full, and six either in part or in principle. The Welsh Government rejected two of the recommendations.

9. Having considered the findings of the Audit Wales report, on 19 February 2025, the Public Accounts and Public Administration Committee (the Committee) agreed to take further evidence on this subject.

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[3] Senedd Health and Social Care Committee, Unheard: Women's journey through gynaecological Cancer, December 2023
[4] The NHS Wales Women's Health Plan 2025-2035
[5] Senedd Health and Social Care Committee, Unheard: Women's journey through gynaecological Cancer: Follow-up report on implementation of recommendations, January 2026
[6] Written Response to the Health and Social Care Committee's December 2023 Inquiry Report on Gynaecological Cancer: "Unheard: Women's journey through gynaecological cancer", 8 March 2024

10. The Welsh Government's substantive response to the Auditor General's report was received in March 2025[7]. In it, the Welsh Government confirmed that it accepted or accepted in principle nine of the Auditor General's ten recommendations. The status of the response to one recommendation was not specified, despite relevant action being set out. During later scrutiny the Welsh Government confirmed that it accepted the recommendation[8].

[7] Letter from Director General Health Social Care & Early Year Group/NHS Wales Chief Executive to Auditor General for Wales, 17 March 2025
[8] RoP, 1 May 2025, paragraph 30

2. Performance

11. This section addresses the Auditor General's findings on performance and outcomes, with a later section of this report considering data issues more generally.

Performance against the 62-day target

12. The current Welsh Government target is that 75 per cent of cancer patients should start their first treatment within 62-days of the first suspicion of cancer. In 2023, the Welsh Government set a new target that 80 per cent of cancer patients should start treatment within 62 days by March 2026.

13. The Auditor General noted that NHS Wales is continuing to miss the national 62-day cancer target[9], with figures since his report continuing to show this. While the majority of patients start their treatment within 62 days, performance has stayed between 52 and 64 per cent since the summer of 2020 (as of November 2025). More recent figures, for November 2025, show that figure to be 58 per cent[10].

14. The Auditor General's report highlighted particularly long waits for certain cancers. The figures for November 2025 show that less than half of patients started their treatment within 62 days for gynaecological (32 per cent), urological (34 per cent) and lower gastrointestinal (36 per cent) cancers and for sarcoma (27 per cent)[11].

15. Delays after diagnosis can add to long waits. Depending on the type of cancer, patients usually have to wait between having a diagnostic test and finding out whether they have cancer (diagnosis). Analysis in the report points to problems between diagnosis and the start of treatment. Between February 2021 and November 2025, median waits from diagnosis to treatment increased by 48 per cent from 21 days to 31[12].

[9] Audit Wales Report, Cancer Services in Wales: A review of the strategic approach to improving the timeliness of diagnosis and treatment, January 2025, Exhibit 6: performance against the 62-day Suspected Cancer Pathway Target, June 2019 – August 2024 – page 21
[10] Digital Health and Care Wales, Suspected Cancer Pathway Dashboard Stats Wales, Page 3
[11] Digital Health and Care Wales, Suspected Cancer Pathway Dashboard Stats Wales, Page 15
[12] Digital Health and Care Wales, Suspected Cancer Pathway Dashboard, Page 7

16. We asked witnesses to share their perspectives on national cancer performance and the ongoing failure to meet the 62-day target on an all-Wales level. The Wales Cancer Alliance explained:

> "It's a clear indicator that the current system can't keep up with the demand that we're seeing coming into the system, and it isn't working for far too many people across Wales. The impact on receiving a cancer diagnosis is devastating, but then to have to deal with the long delays in receiving that diagnosis compound it".[13]

17. We also heard examples of lived experience of the stress of having to:

> *"... chase constantly for test results, chase for appointments, when they're having to navigate that system with that fresh cancer diagnosis. For them particularly, the financial impacts of receiving a cancer diagnosis were also acute in terms of their ability to continue to work. So, then, having to continually push to receive that treatment in a timely fashion was really devastating".*[14]

18. Another example shared with us was, "the impact of delays, of not meeting that target", and individuals having to call the oncology department daily to find out when their treatment could start[15].

19. We also heard about the impact on dedicated cancer professionals across Wales for whom it is incredibly distressing to not be able to deliver timely care for the patients that they support[16].

20. We asked the Welsh Government to respond to the concern that the continued failure in overall terms to meet the national 62-day target for starting cancer treatment is unacceptable and that many patients may have poorer outcomes as a result. We were told that the Welsh Government has a:

> *"... target that is for 75 per cent of patients to be treated on the single cancer pathway within 62 days; 60 per cent is clearly an unacceptable level in terms of performance for those patients. The*

[13] RoP, 26 March 2025, paragraph 46
[14] RoP, 26 March 2025, paragraph 46
[15] RoP, 26 March 2025, paragraph 47
[16] RoP, 26 March 2025, paragraph 48

> *target is very challenging in order to be delivered, but doesn't necessarily reflect the experience of a huge number of people who are on the cancer pathway. It only reflects those that go through and have treatment for cancer".*[17]

21. Welsh Government officials provided us with figures from February 2025, where there were 13,074 people in Wales who were told they didn't have cancer in that month. It was explained that:

> *"They will have all been on the single cancer pathway at some point, but are not part of the performance element of 62 days. There were 1,830 people who started their treatment in February for cancer, 1,101 of those within 62 days. So, that's where we get the 62-day performance from—the number who started their treatment within the 62 days, so 1,100 of the 1,800."*[18]

22. We heard that there were nearly 15,000 people who either completed or were taken off the single cancer pathway in a single month, in February 2025[19].

23. Nevertheless, officials conceded that performance at the time was unacceptable and they were actively seeking to improve performance consistently[20]. They added that the challenge for patient outcomes is:

> *"... getting people onto the pathway more quickly, getting that diagnosis phase more quickly and the referral for treatment phase more quickly".*[21]

24. We heard that will then drive the overall performance number, and more importantly outcomes and life expectancy[22]. Welsh Government officials also stated:

> *"The headline figures are not great, but actually, what's going on in the system and the excess demand and the way that that's being*

[17] RoP, 1 May 2025, paragraph 35
[18] RoP, 1 May 2025, paragraph 36
[19] RoP, 1 May 2025, paragraph 37
[20] RoP, 1 May 2025, paragraph 39
[21] RoP, 1 May 2025, paragraph 39
[22] RoP, 1 May 2025, paragraph 39

dealt with is a real challenge that we're trying to meet as we move forward."[23]

25. We asked if the Welsh Government considered whether there was any realistic prospect of meeting the new target that 80 per cent of cancer patients should start treatment within 62-days by March 2026.

26. The Deputy Chief Executive of NHS Wales referred to a report[24] from the Ministerial Advisory Group on NHS Wales Performance and Productivity published in April 2025[25]. As previously noted, the Welsh Government set a new target that 80 per cent of cancer patients should start treatment within 62 days by March 2026. The report concludes that it is ill-advised to move the target to 80 per cent when there is not a realistic chance of reaching 80 per cent over the next 12 months. It notes that a continued focus on getting up to 70 per cent and then 75 per cent would be a more advisable approach.

27. In response to the Ministerial Advisory Group's report and recommendations, the Welsh Government's Cabinet Secretary for Health and Social Care accepted the retention of the cancer target at the current level of 75 per cent. This meant there would be no change to the current target that 75 per cent of people should be discharged or start their first definitive treatment within 62 days of the point at which their cancer was suspected[26].

28. More generally, the Deputy Chief Executive of NHS Wales explained:

"... we've set out very clearly, both in terms of the existing plans, whether it be the quality statement for cancer or this year's health board planning guidance, and the Cabinet Secretary's clear list of priorities, a set of non-variable, if you like, enabling actions, which are set out very clearly for health boards."[27]

[23] RoP, 1 May 2025, paragraph 40
[24] RoP, 1 May 2025, paragraph 61
[25] **A report from the Ministerial Advisory Group on NHS Wales Performance and Productivity**, April 2025
[26] Cabinet Secretary for Health and Social Care, Written Statement: Update on cancer care in Wales, August 2025
[27] RoP, 1 May 2025, paragraph 69

29. He added that these enabling actions are referred to as "just do its" and include several initiatives and suggested ways of working, which the Welsh Government require health boards to adopt or justify why they cannot[28].

30. We also heard that the Cabinet Secretary for Health and Social Care had been "extremely clear" about his five key areas of focus and that officials were expected to follow this through on a monthly basis with health boards, to get assurance on their delivery[29].

Our view

31. Published data shows that there is persistent underperformance with NHS Wales consistently failing to meet the 62-day cancer treatment target in overall terms, with performance hovering between 52–64 per cent since 2020 (as of November 2025). We note that current compliance is around 58 per cent (as of November 2025), which is well below the 75 per cent goal, and the ambition to reach 80 per cent by March 2026 appears unrealistic[30].

32. There are clearly systemic challenges with delays between diagnosis and treatment having worsened, with median waits increasing from 21 to 30 days (as of October 2025). We are concerned that these delays are causing patient anxiety and negatively impacting outcomes. We heard from patients and professionals about the severe emotional and financial strain caused by long waits and systemic inefficiencies.

33. It's regrettable that the increased target of 80 per cent was not seen as being deliverable, because of the present poor performance against targets. The Welsh Government's focus should be on delivering against existing long-standing targets, rather than setting stretch targets that are not deliverable.

34. Welsh Government officials told the Committee that the per centage performance was not fully reflective of the experience of patients and that there was "much more to the performance of cancer services". This statement acknowledges that performance against the 62-day target provides an imperfect picture of patient experience of cancer services.

35. For the Committee and the Senedd more generally to evaluate the experience of patients, the Welsh Government must collate and publish more

[28] RoP, 1 May 2025, paragraph 69
[29] RoP, 1 May 2025, paragraph 70
[30] Digital Health and Care Wales, Suspected Cancer Pathway Dashboard Stats Wales, Page 3

robust and granular data on the experiences of patients and the performance of health boards more generally, to ensure there is less reliance on a metric which has been acknowledged to be imperfect.

Recommendation 1. We recommend that the Welsh Government set realistic interim targets for cancer treatment and prioritise incremental improvement through staged targets before revisiting the target of 80 per cent of cancer patients starting treatment within 62-days.

Recommendation 2. We recommend that the Welsh Government focus on accelerating the diagnosis phase and reducing delays between suspicion, diagnosis, and treatment to improve overall performance and patient outcomes.

Recommendation 3. To facilitate more robust scrutiny of performance in cancer services, we recommend that the Welsh Government reviews the data it currently collates on performance in cancer services. The review should identify opportunities for collating and publishing more granular data in order to provide a more complete picture of cancer service performance and patient experience.

3. Outcomes for cancer patients

Mortality and survival

36. Outcomes for cancer patients in Wales are generally improving but Wales compares poorly to other UK nations and internationally.

37. There is a significant deprivation gap in cancer survival rates in Wales. The Auditor General's report explains that while 69 per cent of cancer patients living in the most affluent parts of Wales survive cancer at five years, that falls to 51 per cent for those in the most deprived areas[31]. The report says that the deprivation gap widened from a difference of 16 per centage points for people diagnosed between 2002-2006 to 18 per centage points for people diagnosed between 2016-2020.

38. We were told by the Wales Cancer Alliance that in Wales, death rates are 50 per cent higher in the most deprived groups compared to the least[32]. They explained that there are differences in terms of being able to access different treatments and diagnostics and anecdotally regional working is not as robust as it could be. We heard:

> "... potentially, you've got challenges between health boards—we see a difference in waiting times for different cancer sites between health boards as well. So, in terms of inequality, it's not just people's characteristics that create those inequalities, it's actually the structures that we have as well that create those inequalities in terms of access to treatment. And that's probably, as far as this committee is concerned, the way that we have set up our NHS in Wales to be very individual organisations, so to try and get organisations to work collectively is a real challenge".[33]

39. We asked representatives from PHW to expand on the possible reasons why cancer survival in Wales compares poorly to other high-income countries, including health inequalities and access to services.

[31] Exhibit 15, Audit Wales Report, 'Cancer Services in Wales: A review of the strategic approach to improving the timeliness of diagnosis and treatment', January 2025
[32] RoP, 26 March 2025, paragraph 50
[33] RoP, 26 March 2025, paragraph 53

40. It was noted that lung cancer remains a major concern in Wales, responsible for 2 in 10 cancer deaths, with slower declines in women compared to men. Public Health Wales told the Committee:

> *"I think as well as the ageing,* there's *also deprivation, which can lead to higher cancer incidence. Deprivation in Wales, compared with some other countries, is quite variable"*[34].

41. Witnesses explained that access to diagnostics and treatment is critical, but delays and workforce shortages persist, varying by cancer type and region[35].

Detection of cancer and screening

Overall picture

42. The effectiveness of cancer screening programmes depends on the timeliness of diagnosis and treatment for patients referred from those programmes. However, the Auditor General's report describes considerable variation across health boards in the timeliness of colonoscopies for people referred from the bowel screening programme. Waiting times for colonoscopies varied between health boards from four to 14 weeks.

43. PHW runs Wales' three cancer screening programmes: *Breast Test Wales, Bowel Screening Wales and Cervical Screening Wales*. The Welsh Government has also commissioned PHW to develop proposals for a national lung cancer screening programme.

44. It was explained that while screening is a foundation of improving early diagnosis, the other element is getting better access to investigation and a diagnosis at an earlier stage, which requires a change in clinical practice. We heard this this also "requires a change in individual behaviour, in a willingness to seek medical care at an earlier stage, rather than sit at home, potentially allowing things to develop and not seeking care"[36].

45. PHW provided further data on the uptake of bowel, breast and cervical cancer screening among the eligible population. We were told that breast screening uptake is close to the 70 per cent target at 69.6 per cent, bowel

[34] RoP, 10 July 2025, paragraph 33
[35] RoP, 10 July 2025, paragraph 35
[36] RoP, 1 May 2025, paragraph 80

screening exceeds its 60 per cent target at 64.5 per cent, and cervical screening is below its historical 80 per cent target, currently at 68 per cent, though it meets the WHO elimination target of 70 per cent by age 35[37].

46. On measures to improve uptake, PHW explained that screening uptake varies by demographics with older people and women more likely to participate than younger people and men. Deprivation was noted as a key factor, with some geographic variation[38].

47. Variations in uptake based on ethnicity cannot currently be assessed due to a lack of routine data, because the data is not routinely and consistently collected.

48. PHW confirmed that work is underway to understand barriers to uptake through community engagement and qualitative research[39]. Barriers identified include embarrassment, anxiety, and difficulty accessing GP appointments, rather than lack of awareness. We heard that PHW:

> *"... have got quite a few interventions in place to address some of those barriers, and that's all around a reducing inequity strategy that we've got in place in screening".*[40]

49. Evidence pointed to further socioeconomic disparities in screening uptake for breast, bowel, and cervical cancer. There is some work being undertaken to engage with Communities and PHW has a screening engagement team, but we heard that stronger links with local health boards and practitioners are needed to leverage community knowledge[41].

50. We also heard about barriers to accessing screening such as work commitments, childcare, and income loss which hinder attendance. Missed appointments are also a problem and current follow up is limited. While there is no resistance to improving screening accessibility, progress is slow[42].

[37] RoP, 10 July 2025, paragraph 109
[38] RoP, 10 July 2025, paragraph 111
[39] RoP, 10 July 2025, paragraph 112
[40] RoP, 10 July 2025, paragraph 113
[41] RoP, 1 May 2025, paragraph 88
[42] RoP, 1 May 2025, paragraph 89 - 91

Breast and cervical screening

51. The Auditor General's report found that there is scope to increase uptake of cervical and breast screening to detect cancer earlier. At the time of the report, bowel screening was achieving its uptake standards but uptake for breast and cervical screening were both below the standard[43].

52. PHW explained that its national breast screening programme works to identify women with suspected breast cancer and offers a periodic test mammogram to women to identify early changes suspicious of breast cancer and move on to further testing, diagnosis and, if necessary, treatment[44].

53. PHW clarified that difficulty accessing GP appointments is not considered a systemic issue but the UK National Screening Committee has recently recommended self-sampling for underserved populations who have not taken up cervical screening[45].

54. In a written statement published on 11 July 2025, the Cabinet Secretary for Health and Social Care announced that Public Health Wales was exploring the "best way to deliver self-sampling to all those who would be eligible in Wales", with rollout expected to begin in 2026[46].

Bowel screening

55. Screening remains highly valuable, with 7–8 per cent of screened individuals diagnosed with cancer, and over 70 per cent having a polyps removed, significantly reducing future cancer risk[47].

56. The Auditor General's report describes considerable variation across health boards in the timeliness of colonoscopies for people referred from the bowel screening programme. Waiting times for colonoscopies varied between health boards from four to 14 weeks.

57. We asked the Wales Cancer Alliance about the reasons behind the good performance on bowel screening and where there may be learning to address the

[43] Audit Wales Report, Cancer Services in Wales: A review of the strategic approach to improving the timeliness of diagnosis and treatment, January 2025, Exhibit 13
[44] RoP, 1 May 2025, paragraph 77
[45] RoP, 10 July 2025, paragraph 123
[46] Written Statement: Self-sampling in the cervical screening programme in Wales, Cabinet Secretary for Health and Social Care, 11 July 2025
[47] RoP, 10 July 2025, paragraph 128-130

potential barriers to uptake of breast and cervical screening. They told us that some of the success of the bowel screening programme is because of introduction of new FIT tests that are easier to do. This has led to an immediate uplift in take-up. They also noted the expansion of the programme to include people aged 50 to 74 years[48].

58. PHW is responsible for bowel screening participants up to cancer diagnosis, delivering the screening test and commissioning health boards for colonoscopy after a positive FIT result. 100 per cent of FIT tests are processed the same-day, but colonoscopy waits vary significantly across health boards, with none meeting the four-week target. Reducing these delays was described by PHW as a priority due to the anxiety caused for patients[49].

59. We were told that the increase in demand for colonoscopies in Wales reflects expanded eligibility and strong uptake of bowel screening. PHW explained that while timeliness has improved over the years, the main challenge is insufficient endoscopy capacity across the system.

60. Health boards lack enough dedicated screening colonoscopy lists, and accredited colonoscopists often balance other duties, with some boards relying on insourcing. This capacity constraint affects both screening and symptomatic pathways.

Lung screening

61. The Auditor General's report describes slow decision making around a potential national lung screening programme for Wales and explains the timelines for decisions on a national lung screening programme[50]. The Auditor General recommended that the Welsh Government work with PHW to accelerate decision making for a national lung screening programme, including clarity on funding and timescales for implementation (recommendation 5).

62. The Wales Cancer Alliance explained that launching a targeted lung cancer screening programme in Wales would improve outcomes, explaining:

> "... lung cancer takes more lives than any other cancer in Wales, and a key driver behind that is late diagnosis. [...] if we took a more holistic

[48] RoP, 26 March 2025, paragraph 68
[49] RoP, 10 July 2025, paragraph 126
[50] Audit Wales Report, Cancer Services in Wales: A review of the strategic approach to improving the timeliness of diagnosis and treatment, January 2025, paragraph 48

> approach by looking at what we can do to increase survival, we would be quicker to adopt innovations such as lung screening. [...], but it shouldn't have been left up to the third sector and clinical leads and champions within the network."

63. A key challenge is limited CT scanning capacity in Wales, so rollout will involve PHW managing invitations and initial scans, with diagnoses referred to health boards. The programme aims to shift lung cancer detection from 75 per cent late-stage to 75 per cent early-stage, which could significantly reduce mortality rates[51].

Stage at diagnosis and outcomes

64. Survival decreases as 'stage at diagnosis' advances for all cancer types. The Auditor General's report found that a significant minority of people are being picked up with late-stage cancer which impacts their likelihood of survival. In 2021, the majority of cancer patients were diagnosed at stage 1, but almost a quarter (24 per cent) were diagnosed at stage 4[52]. Data beyond 2021 was not yet available.

65. Some cancers are more likely than others to be diagnosed at a late stage, particularly asymptomatic cancers. In 2021, patients with gallbladder, pancreatic, and lung cancer were more likely than other cancer patients to be diagnosed at stage four 48 per cent of lung cancer patients were diagnosed at stage four in 2021 (1,175 people). To illustrate the importance of early diagnosis, five-year survival for lung cancer diagnosed during 2016-2020 is 55 per cent at stage one, 30 per cent at stage two, 13 per cent at stage three, and just 3 per cent at stage four.

66. The Welsh Cancer Alliance explained that late presentation and late diagnosis are particularly prevalent in some groups, perhaps because of a lack of awareness or a lack of health-seeking behaviours[53]. Witnesses told us that there can be "cultural inequality drivers behind some of that behaviour" and that it was important to have data to identify those groups and the particular challenges that they face that lead to late diagnosis and late presentation. They added:

> *"... really important to be able to have targeted programmes. So, for example, Macmillan has a programme with the farming community*

[51] RoP, 10 July 2025, paragraph 149
[52] Audit Wales, Cancer Services in Wales, January 2025, page 27
[53] RoP, 26 March 2025, paragraph 81

> *network at the moment, where we're particularly targeting rural communities to address some of those rural cancer inequalities in terms of the additional support that agricultural communities, migrant workers, might need to access cancer support services, and raising awareness. So, it's really about having awareness of the different needs of different groups and having the data behind that so that we can target our support."*[54]

67. We heard that there was some international learning and that Wales has adopted key cancer service improvements from Denmark, which is recognised as world-leading for accelerating improvement in cancer outcomes. These influences included a Single Cancer Pathway, introduced in 2019, and models for early detection and rapid diagnostics[55].

68. PHW also noted international examples on preventive approaches and described how lessons from other countries on obesity prevention and other health strategies are implemented[56].

69. PHW also engages globally, being a World Health Organisation Collaborating Centre focused on health equity which actively shares and learns through European networks to embed equity in health systems and policy.[57]

Our view

70. While cancer outcomes in Wales have improved over recent years, they remain poor compared to other UK nations and internationally.

71. We note there is a significant deprivation gap in survival rates, with five-year survival at 69 per cent for patients in the most affluent areas compared to 51 per cent in the most deprived, and this gap has widened over time. The evidence we heard highlights persistent inequalities in access to timely diagnosis and treatment which are compounded by structural challenges across health boards and regional variation in service delivery.

72. Screening programmes are vital for early cancer detection, but we are concerned that uptake varies by demographic factors such as age, sex, and

[54] RoP, 26 March 2025, paragraph 81
[55] RoP, 10 July 2025, paragraph 74
[56] RoP, 10 July 2025, paragraph 77
[57] RoP, 10 July 2025, paragraph 77

deprivation. While bowel screening uptake exceeds its target, breast and cervical screening remain below target.

73. We note that barriers to accessing screening including embarrassment, anxiety, and difficulty accessing GP appointments are persisting. We are concerned that a lack of ethnicity data is limiting targeted interventions.

74. The Committee notes slow decision-making around the introduction of a national lung cancer screening programme, despite lung cancer being the leading cause of cancer deaths in Wales and successful pilot programmes demonstrating feasibility. Limited CT scanning capacity poses a challenge to rollout, but the programme's potential to shift detection from late-stage to early-stage cancers could significantly improve survival rates.

75. The evidence we heard also points to capacity constraints in endoscopy services, driven by expanded eligibility and strong uptake of bowel screening, affecting both screening and symptomatic pathways.

76. We note that survival rates decline sharply as cancer stage advances; late-stage diagnosis significantly reduces chances of survival. The evidence shows that a substantial proportion of patients are still diagnosed at stage 4, especially for lung cancer (48 per cent at stage 4). Greater priority needs to be given to early diagnosis by expanding rapid diagnostic services and awareness campaigns to reduce late-stage diagnoses.

77. While Wales's approach has been influenced by international best practices, including the Single Cancer Pathway, stronger implementation and equity-focused strategies are needed.

Recommendation 4. The Welsh Government should work with Health Boards to reduce variation in colonoscopies for bowel screening participants. In their response, the Welsh Government should set out actions for how they hope to achieve this.

Recommendation 5. Work to implement the lung screening programme should be expedited as soon as possible. The Welsh Government should provide a timeline to the Committee for doing this, with set dates for implementation.

Recommendation 6. We recommend that Public Health Wales provides an update to the Committee on efforts to increase screening uptake and broaden data collection, particularly in relation to deprived communities and with other groups where take-up is considered to be low.

4. National leadership arrangements

The Cancer Improvement Plan

Overview

78. The Welsh Government set out its vision of what 'good' cancer services should look like in a high-level Quality Statement for Cancer (the Quality Statement) first published in 2021 and updated in April 2025[58]. When it published the Quality Statement, the Welsh Government said that the Cancer Network would develop a rolling three-year plan to achieve the national vision.

79. The Network published the Cancer Improvement Plan for Wales 2023-26 (the Plan) in 2023[59]. The Auditor General's report highlights key areas where the Plan lacks focus, including on:

- building long-term sustainable cancer services;
- cancer prevention;
- palliative and end-of-life care;
- cancer services for children and young people; and
- covering the full range of the ambitions in the Quality Statement.

80. The Auditor General's report explains that many third sector organisations are confused about the status of the Plan. The report describes a lack of leadership to direct and fund implementation.

81. The Plan was introduced as a collective NHS Wales response to the Quality Statement, coordinated by the Cancer Network. Although the Plan was developed at the request of the then Minister for Health and Social Services, the Welsh Government does not consider it a government plan.

82. The Auditor General's report describes the Welsh Government's view that it does not need a national plan to implement its Quality Statement because health

[58]Welsh Government, The quality statement for cancer, 24 April 2025
[59]Welsh Government, A Cancer Improvement Plan for Wales 2023-26

boards and trusts are responsible for implementing the vision through their own plans.

83. Recommendation 1 in the Auditor General's report said that the Welsh Government should publicly clarify the status of the Cancer Improvement Plan and its links to the National Cancer Recovery Programme and the Cancer Improving Outcomes initiatives. It also said that the Welsh Government should clarify how it intends to hold NHS bodies to account for delivery of the Cancer Improvement Plan.

84. Recommendation 3 in the Auditor General's report said that the Welsh Government should review its oversight and performance framework in respect of cancer services to focus on a broader range of issues, including a more explicit alignment to the ambitions and quality attributes set out in the Quality Statement for Cancer.

Stakeholder involvement and perspective

85. The Wales Cancer Alliance explained that when the Plan was launched, it was effective in collating current actions from health boards and putting it into one document[60]. However, challenges have arisen because the Plan did not come with dedicated funding or the levers to set new policies and draw funding to implement them.

86. They explained that the Plan lacks longer term vision as it only spans three years and that there are no clear next steps after it expires. The Wales Cancer Alliance felt that there needed to be a robust evaluation process of the Plan, to inform decisions about what comes next. Ideally, they advocated for a "really strong long-term cancer strategy for Wales to deliver the improvements that we need to see"[61].

87. Furthermore, they identified weaknesses in governance, arising from a lack of robust mechanisms to enforce, track or evaluate whether the actions contained within the Plan were being delivered[62]. They stated:

> *"There weren't really any robust mechanisms to enforce, track or evaluate whether the actions contained within the plan were being delivered at all—very little transparency about that. And it wasn't,*

[60] RoP, 26 March 2025, paragraph 89
[61] RoP, 26 March 2025, paragraphs 89 - 90
[62] RoP, 26 March 2025, paragraph 90

> *actually, until the Wales Cancer Alliance, last year, pushed for a red, amber, green rating of the actions that were contained within the plan that that process then started to happen".*[63]

88. The Committee heard evidence from Tracey Cooper, who appeared in her present capacity as Chief Executive of PHW, about her reflections on the plan, particularly in the context of her previous role as Chair of the Wales Cancer Network when the plan was being developed.

89. We asked where the impetus for the Plan came from and how NHS bodies and other stakeholders were involved in the process.

90. She explained that the Plan was developed at the request of the Cabinet Secretary for Health and Social Care. It was designed as a practical, clinically-led plan focused on immediate delivery rather than long-term strategy, informed by rapid engagement with NHS groups, third sector, and external expertise. Existing structures including clinical reference groups, operational management groups, and third sector forums shaped priorities, alongside international best practice.

91. Given the plan was developed at the request of the Cabinet Secretary we asked whether the status of the plan and Welsh Government's role was discussed and agreed at the time it was produced.

92. She explained that whilst the cancer plan was developed at Welsh Government's request, with involvement for them through the cancer network board, it was assumed by the Wales Cancer Network that the plan would form part of the accountability framework for cancer service delivery, overseen by Welsh Government or the newly created NHS Executive. This was never formalised.

93. She told us that the Plan focusses on:

> *"... what health boards needed to do, what all of the players needed to do, and those form part of the conversations that Welsh Government have with health boards around delivery. So, I don't see that they're [Welsh Government] not owning it, because I think they are behaving in a way that they are, but it's not something that we had an agreed process on. I think we just did the plan and moved into it, assuming it's part of, if you like, the plan for the quality statement, and so that*

[63] RoP, 26 March 2025, paragraph 90

> *becomes within the auspices of the accountability arrangements for cancer."*[64]

94. We asked her whether there were any discussions at the time of the publication of the Plan about how its delivery would be monitored. They explained that the cancer network board viewed its role as advisory and collaborative, not performance management.

95. Its remit included developing clinical guidelines, sharing knowledge, and fostering innovation, while performance oversight remained with Welsh Government's existing performance group. The network acted as a conduit for developing the Plan on behalf of the NHS and Welsh Government, engaging widely with stakeholders, but did not intend to assume responsibility for monitoring implementation[65].

96. She told us that the Plan was produced quickly and collaboratively, but clearer agreement at the outset on implementation, accountability, and timeframe would have been helpful. Assumptions were made about its onward journey and although many actions are being implemented, lessons include defining accountability and avoiding assumptions, clarification of whether the plan is short-term or strategic and ensuring ambition goes beyond maintaining the status quo and focuses on continuous improvement.[66]

The Welsh Government's role in delivering the Plan

97. The Welsh Government is not routinely monitoring implementation of the Plan, despite the document itself explaining that:

> *"... the Welsh Government will be monitoring the delivery of the actions and commitments within the plan through their existing performance and support arrangements".*

98. When asked to reflect on their role in supporting the Plan, the Welsh Government noted that £2m of "direct" support had been provided to "support the implementation of cancer improvement in Wales[67]. They went on to say:

[64] RoP, 10 July 2025, paragraph 173
[65] RoP, 10 July 2025, paragraphs 175-176
[66] RoP, 10 July 2025, paragraphs 178-179
[67] RoP, 1 May 2025, paragraph 128

> *"I think if you look at the assessment that's been done of the cancer improvement plan… the vast majority of the actions that are described for each of the health boards within that plan have either been delivered or are in the process of being delivered, recognising that it was a 2023 to 2026-27 plan. So, halfway through the implementation period, I would say 70 per cent of the actions have been delivered and the remainder are being delivered… We've actively supported that through the major health conditions policy team within Welsh Government and by the deployment of a team in the NHS executive to support directly health boards in the delivery of the cancer improvement plan".*[68]

99. When asked to reflect on their accountability for the Plan, the Deputy Chief Executive of NHS Wales said:

> *"… Ministers have required national reporting against the cancer improvement plan. We could have reported earlier. I think we accept that we were a bit slow in reporting the progress with that, particularly to the Cancer Alliance. But, yes, Ministers are accountable for the delivery of all the NHS plans in Wales".*[69]

Leadership roles and responsibilities

100. The Auditor General's report highlighted a lack of clarity as to who is responsible and accountable for driving system wide improvement in cancer services. Many NHS and third sector bodies were confused about the differing roles of the Welsh Government and NHS Executive, and there was confusion and duplication of roles and functions within the Executive itself.

101. The Auditor's General's report describes the Welsh Government's oversight of cancer services as narrowly focussed on the 62-day target. The Welsh Government's NHS Performance Framework (2024-25) sets out the measures (but not the targets) against which NHS bodies are accountable. The 62-day measure is the main cancer specific measure. The framework does not include any

[68] RoP, 1 May 2025, paragraph 129
[69] RoP, 1 May 2025, paragraph 131

measures on cancer incidence, mortality and survival rates. Moreover, it does not clearly link to the six quality attributes set out in the Quality Statement for Cancer.

102. The report explains that third sector bodies are struggling to know who to engage with and how to share important intelligence and more generally feeling under-appreciated for the extensive support they provide to the system. At the time of the report, the Cancer Network was a key conduit for third sector engagement. However, the report explained that the Network was poorly integrated within the NHS Executive's leadership structures.

103. The NHS Executive has recently established a Network Clinical Leadership Group to support closer working between clinicians and wider NHS Executive senior leadership. The Auditor General's report noted the development but said that wider action is still needed to strengthen national leadership arrangements.

104. Recommendation 2 of the Auditor General's report said that the Welsh Government should set out a coherent model for system leadership in respect of cancer services that clarifies its own role and that of the NHS Executive and sets out how it will bring on board clinicians and other key stakeholders to build a common view of cancer service performance, quality, and opportunities for improvement.

105. Since the report, the Welsh Government has established a National Cancer Leadership Board, chaired by the Deputy Chief Medical Officer aimed at better coordinating cancer improvement activity.

106. In their response, the Welsh Government acknowledged the need for a revised governance and leadership model. In his evidence to the Committee, the Deputy Chief Executive of NHS Wales acknowledged this, stating:

> *"We'd recognised earlier on that the combined functions weren't working as effectively as they could and should within the construct of the executive, and had therefore conducted our own internal review of the approach and leadership of cancer, prior to the auditor general's review. The findings of that internal review were broadly the same, and we paused the implementation of the changes until we'd had the Auditor General's review, when it was published in January. So, yes, I think we welcome it. We've acted subsequently on all of the recommendations and are actively pursuing a change in the*

> *approach and leadership to cancer services in Wales, with a much clearer remit and way forward".*[70]

107. We asked whether new developments around the Network Clinical Leadership Group and National Cancer Leadership Board will improve national leadership and how well the Welsh Government has engaged the third sector in developing those arrangements.

108. We heard that it was very difficult to understand existing arrangements and at the time we took evidence witnesses told us that there had been an announcement by the Minister to set up a leadership board that is chaired by the deputy Chief Medical Officer (CMO), but they did not know who the deputy CMO was. There was uncertainty as to whether the role was being covered.[71]

109. When asked to reflect on responsibility and accountability for driving improvement, PHW told us that roles are clear at a high level with the Welsh Government setting the priorities and holding the system to account, while NHS organisations deliver. The confusion lies in the "middle layer" between Government and organisations, where roles and interactions have lacked clarity. We heard that over recent years, multiple national groups and fora have emerged without a purposeful design and this has created complexity.

110. Furthermore, the new national cancer leadership board aims to consolidate activities under one umbrella, streamline governance, reduce bureaucracy, and harness strong clinical and managerial expertise for more effective delivery. PHW stated:

> *"I think we're all hoping with the national cancer leadership board and all of the activities coming under that one umbrella, then I hope the assets, the skills—and there are a lot of excellent people in NHS performance and improvement; there are superb clinical and non-clinical leaders in there—I think, organised in the right direction, with simple steps and minimal bureaucracy and a really strong connection with the NHS, it could really make a difference".*[72]

[70] RoP, 1 May 2025, paragraph 31
[71] RoP, 26 March 2025, paragraph 147
[72] RoP, 19 July 2025, paragraph 187

111. Linked to this we sought clarification on whether the NHS Executive (now renamed as NHS Wales Performance and Improvement) is effectively supporting improvement in cancer services.

112. PHW explained that recent changes within NHS Wales Performance and Improvement have consolidated multiple teams and activities related to cancer, which previously operated with overlapping roles and interactions. This reorganisation aims to streamline efforts, reduce duplication, and align everyone toward common goals.

113. They noted that whilst the previous 18 months (at the time of the session) saw inefficiencies, there were positive signs of improved coordination and purposeful engagement, supported by strong clinical expertise and resources like Improvement Cymru[73]. The Auditor General's report has acted as a catalyst for simplifying structures and enhancing clarity, according to PHW, and they felt that national leadership arrangements had become clearer since the Auditor General's report[74].

Role of the third sector

114. The Wales Cancer Alliance noted that the Auditor General's description of the third sector as being "underappreciated" was accurate[75]. They explained that, if not for certain individuals within the NHS Wales Executive, they would have no engagement and would've been "thrown out of the arrangements"[76].

115. A letter the Committee received from the Chair of the Wales Cancer Alliance in January expressed concerns about lack of engagement with the third sector in national leadership arrangements stating:

> *"... the cancer third sector – represented in Wales by the Wales Cancer Alliance - has experienced a period of disengagement not of the Alliance's making."*[77]

[73] RoP, 19 July 2025, paragraph 191-192
[74] RoP, 10 July 2025, paragraph 189-192 & 194
[75] RoP, 26 March 2025, paragraph 106
[76] RoP, 26 March 2025, paragraph 107
[77] Letter from the Wales Cancer Alliance to the Public Accounts and Public Administration Committee, 14 January 2025

116. It was explained that the Alliance has meetings with Welsh Government Ministers, but these meetings are not to help develop policy but to provide assurances to the sector on what is going on, adding:

> "... I'd say we don't have any opportunity really, other than what's being facilitated, as I said, by key individuals, to sit on the cancer reference group, but we're still not clear about how that group influences the wider governance structure. So, it's still in flux, and we're told that could change. So, we don't know.[78]"

117. Furthermore, we heard:

> "There's nothing that's hard-baked into the system at the moment that enables us as a sector to engage in the way that we used to with the delivery plan, when you had one network, clear workstreams, and then the opportunity for the sector to kind of get involved and bring the voices of patients to bear on that particular set-up."

118. The Wales Cancer Alliance told the Committee that the third sector needs to be more recognised as partners in delivery and in the strategy as well, and also importantly realise the role that the sector plays in relation to amplifying the voice of patients.[79]

119. On children and young people specifically, we were told there needs to be more meaningful involvement for the third sector, and also a recognition of the role that the third sector plays in terms of delivering many roles and functions within the children and young people's cancer core services, including funding, for example, physical infrastructure, but also nursing roles, multi-disciplinary team co-ordinator roles, and social workers and youth support co-ordinators.[80]

120. In terms of engagement we heard from the Wales Cancer Alliance that the current arrangements have been put in place "because key individuals fought to keep us within arrangements" and that the Chair of the Alliance sits on what has now been established as the cancer reference group, which sits within the national strategic network. It was explained:

[78] RoP, 26 March 2025, paragraph 109
[79] RoP, 26 March 2025, paragraph 112
[80] RoP, 26 March 2025, paragraph 111

> "So, you've got the recovery programme element over here, which is part of planned care within the NHS executive, and then you've got the network element over here. So, we've got a seat at the table at a reference group that feeds into the leadership group for cancer, which then heads off into the abyss within the NHS executive".[81]

121. Expanding on this, the Wales Cancer Alliance explained:

> *"I think we've had about two meetings of that particular group, but we've been told that that could change, based on whatever this new ministerially appointed leadership group decides will happen. So, we're in this kind of holding pattern of, 'What does that group actually do?' You know, it is very convivial; it's not brilliantly attended at the moment, because I think there is some confusion, but, again, it's great to still have a seat at that table, and that's what we're clinging on to at the moment*[82]*."*

122. From the evidence, we heard how the Wales Cancer Alliance values its regular audience with the health Minister but they did stress that with each iteration of health Ministers they are left asking if they will still be afforded the opportunity for this audience. The Alliance explained:

> "So, we've been corralled into this particular meeting, and that's our audience. We do have, as I say, really proactive individuals within the system who are open and engaged with us, but that's based on their own trust in us as a sector, as opposed to it being part of the system, I suppose, and that's what we don't understand at the *moment*. So, we do have access to a certain extent through these informal mechanisms, but we don't quite understand where the future lies".

123. We were told that there was a lack of clarity of who was in charge, with a representative of the Wales Cancer Alliance stating:

[81] RoP, 26 March 2025, paragraph 149
[82] RoP, 26 March 2025, paragraph 150

> *"If you asked me to point out an individual—'That person is in charge'—I couldn't tell you who it was. I could take a stab at it. Who's got the influence? Who's shifting and making those decisions*
>
> *[…]*
>
> *there's this real, 'Who's in charge?' Do we know? No, I don't think we know who's in charge."*[83]

Spending, capacity and equipment

124. Real terms spending on services to diagnose, treat and support cancer patients increased by 54 per cent, from just over £450 million in 2009-10 to almost £720 million in 2022-23. This increase is considerably greater than the overall 33 per cent real terms growth in NHS Wales spending. Increased spending does not necessarily translate to additional capacity or activity. There are lots of cost pressures on services including rising workforce costs associated with pay growth and the use of agency staff, rising costs of existing drugs, new drugs, and new technologies to improve treatment.

125. The Auditor General's report describes uncertainty around future spending on cancer services, and broader financial pressures on NHS bodies. The report says that it is unclear whether health boards will be able prioritise services for urgent suspected cancer patients to increase activity sufficiently to meet demand and reduce waiting times.

126. The report describes significant workforce pressures, reducing workforce capacity. In particular, the report notes national shortages in dermatologists, clinical oncologists, consultant urology surgeons, histopathologists, medical physicists, specialist and district nurses, in geonomics, systemic anti-cancer therapy and in radiotherapy.

127. The report also raises concerns about the Welsh Government's ability to secure the benefits of its investment in the training of radiologists[84].

128. Recommendation 7 in the Auditor General's report says that:

[83] RoP, 26 March 2025, paragraph 157
[84] Audit Wales, 'Cancer Services in Wales: A review of the strategic approach to improving the timeliness of diagnosis and treatment', January 2025, page 49

> *"The Welsh Government should work with the NHS Executive, Health Education and Improvement Wales and other NHS bodies to ensure there are employment opportunities for radiologists who have been trained in the National Imaging Academy".*[85]

129. The Welsh Government accepted the recommendation, explaining that it would work with health boards to enable employment of Imaging Academy graduates in line with workforce needs[86].

130. The report also explains that there may be issues with diagnostic imaging equipment. It cites anecdotal evidence that Wales has fewer imaging machines than comparable countries and that some machines are old and prone to breaking down.

131. We explored issues surrounding investment in cancer services, workforce capacity and the quality and availability of diagnostic imaging equipment.

132. We considered productivity and innovation and asked witnesses what progress is being made in improving productivity and using artificial intelligence (AI) to help with productivity. We heard that AI adoption in diagnostics (such as radiology, pathology) is progressing but not yet widespread[87].

133. We were also told that digital imaging and pathology systems offer potential for regional and national reporting and productivity gains. The Deputy Chief Executive of NHS Wales added there are:

> *"... examples of really innovative practice going on in the imaging academy in Pencoed and also in north Wales around pathology and AI specimens. So, it will speed up the reporting, it'll speed up the quality assurance of that reporting, but it'll also mean that we will improve the productivity".*[88]

134. In terms of wider workforce and retention issues, Welsh Government Officials told the Committee that Radiology trainee numbers have increased (90–100

[85] Audit Wales, 'Cancer Services in Wales: A review of the strategic approach to improving the timeliness of diagnosis and treatment', January 2025, page 11
[86] Letter from Director General Health Social Care & Early Year Group/NHS Wales Chief Executive to Auditor General for Wales, 17 March 2025
[87] RoP, 1 May 2026, paragraph 101
[88] RoP, 1 May 2025, paragraph 101

graduates), but retention within Wales remains problematic.[89] The Welsh Government is developing a regional diagnostics and imaging programme to build additional capacity.[90]

135. In addition to staffing capacity issues, we heard about equipment shortages and insufficient diagnostic imaging equipment per capita[91]. We also heard about a risk of breakdowns due to aging machines. We heard that the Welsh Government has invested £30m this year (2025-26) and £15m for the following year for replacement and new equipment.

Our view

136. We are concerned that the current approach to achieving the national vision for cancer services lacks clarity, strategic depth, and robust governance. While the Welsh Government has set out its ambitions in the Quality Statement for Cancer, the Cancer Improvement Plan does not cover the full range of priorities, lacks dedicated funding, and has no clear mechanisms for accountability or evaluation.

137. We note from the evidence that leadership arrangements remain fragmented, with confusion over roles between the Welsh Government, NHS Executive, and health boards. Engagement with the third sector is inconsistent and largely informal, limiting its ability to influence policy and contribute patient perspectives effectively. Oversight arrangements focus too narrowly on the 62-day target and fail to reflect broader quality attributes such as incidence, mortality, survival rates, and equity of access.

138. Despite increased spending on cancer services, significant workforce shortages and aging diagnostic equipment continue to constrain capacity. Retention of trained staff remains problematic, and investment in digital solutions and AI-enabled diagnostics is progressing slowly. These systemic weaknesses risk undermining progress toward improving outcomes and reducing inequalities.

Recommendation 7. We recommend that the Welsh Government provides an update on its revised governance and leadership structures, to provide assurance on how these structures will strengthen accountability and reduce unacceptable variation in approaches to improve cancer performance. This update should set

[89] RoP, 1 May 2025, paragraph 105
[90] RoP, 1 May 2025, paragraph 106
[91] RoP, 1 May 2025, paragraph 108

out clearly the responsibilities of the Welsh Government and the NHS Performance and Improvement (formerly known as NHS Executive), respectively.

Recommendation 8. We recommend that the Welsh Government develops a longer term cancer strategy that moves beyond short-term plans by introducing a comprehensive cancer strategy for Wales spanning at least 10 years, with dedicated funding, measurable outcomes, and evaluation processes. This should include a national workforce plan for cancer services, prioritising recruitment and retention of specialists, as part of a wider approach to national workforce planning within NHS Wales.

Recommendation 9. We recommend that work be undertaken to determine how to formalise third sector engagement. This should include meaningful participation of third sector organisations in governance, planning, and delivery, particularly for children and young people's cancer services.

5. Prevention

139. The Cancer Improvement Plan states that 38 per cent of cancers each year in Wales are preventable[92]. The Auditor General's report explains that there are opportunities to tackle lifestyle factors which increase the risks of some cancers. Many of the lifestyle risk factors for cancer are similar across major conditions accounting for the majority of planned and emergency care in the UK[93].

140. The Auditor General's report explains that the Welsh Government's Science Evidence Advice[94] identifies "considerable opportunities to reduce the burden of disease on the NHS by preventing cancer and other major conditions"[95]. The report says that despite compelling evidence, the Welsh Government lacks a cohesive policy approach aimed at shifting the balance of care towards prevention. In particular:

- it has never set out a clear, over-arching strategic approach on prevention;
- it does not go far enough to encourage health boards to develop local preventative initiatives;
- it has a piecemeal approach with individual strategies on health weight and tobacco control but no plan related to the health impacts of alcohol use; and
- the Future Generations Commissioner and others have criticised the Welsh Government for cutting its preventative health improvement[96].

141. Modelling in the report shows, in crude terms, what impact a 10 per cent, 20 per cent and 38 per cent reduction in cancer cases could have, based on 2022-23 activity levels. The report states:

[92] Welsh Government, A Cancer Improvement Plan for NHS Wales 2023-26, page 20
[93] Audit Wales, 'Cancer Services in Wales: A review of the strategic approach to improving the timeliness of diagnosis and treatment', January 2025, page 52
[94] Welsh Government, Science Evidence Advice (SEA) NHS in 10+ years - An examination of the projected impact of Long-Term Conditions and Risk Factors in Wales September 2023
[95] Audit Wales, 'Cancer Services in Wales: A review of the strategic approach to improving the timeliness of diagnosis and treatment', January 2025, page 53
[96] The budget for health improvement and healthy living reduced by £3.8 million bringing the total budget to £10.8 million; the substance misuse action plan fund by £2.5 million bringing the total budget to £47.5 million); and the health promotion budget fell by £710,000 to £12.2 million.

> *"The potential annual financial savings from the reduction in bed days would be in the order of £8.2 million to £31.4 million. There could also be significant savings from reducing outpatient appointments and drugs costs. However, there would also be costs associated with activity to prevent cancer".*[97]

142. The report explains that despite compelling evidence, the Welsh Government lacks a cohesive policy approach aimed at shifting the balance of care towards prevention[98].

143. Recommendation 4 in the report said that the Welsh Government should develop a more coherent approach to population health improvement by setting out how it intends to harness the opportunities associated with prevention to reduce the incidence of cancer and other major conditions[99].

144. The Welsh Government did not specify in its written response whether it accepted recommendation 4, though as noted previously it was confirmed in oral evidenced as being accepted. The Welsh Government provided a description of its current approach to prevention, stating:

> *"The Welsh Government pursues an evidence-led approach to prevention and to reducing population health risk for cancer and major conditions. There are established programmes for smoking prevention through the Smoke Free Wales Strategy and Tobacco Control Delivery Plan (with additional supportive legislation imminent) and on tackling overweight and obesity, through the Healthy Weight, Health Wales strategy and delivery plan, including through the facilitation of physical activity. These programmes are under constant review and development as new evidence and technologies emerge."*

145. In December 2023, the Senedd's Health and Social Care Committee report on gynaecological cancers expressed concern about the national approach to cancer prevention, particularly around lack of population awareness of known

[97] Savings calculation based on a £500 per day cost of an NHS bed in Wales.
[98] Audit Wales, 'Cancer Services in Wales: A review of the strategic approach to improving the timeliness of diagnosis and treatment', January 2025, page 55
[99] Audit Wales, 'Cancer Services in Wales: A review of the strategic approach to improving the timeliness of diagnosis and treatment', January 2025, page 12

cancer risk factors and symptoms. It recommended that the Welsh Government work with PHW to develop and implement a series of awareness raising campaigns about the symptoms and risk factors for gynaecological cancers.

Third sector views on prevention

146. The Wales Cancer Alliance explained that four out of 10 cancers in Wales are preventable and more could be done to mitigate that trend. In the context of cancer incidence rates, the Alliance's analysis shows that cancer incidence rates are forecast to rise by a tenth by 2040, unless there is change[100].

147. They explained that mitigating this trend would include addressing the obesogenic environment in Wales and enhancing smoking cessation services in Wales. As an example, they felt that the Tobacco and Vapes Bill was an "incredible opportunity to stop the next generation from smoking"[101].

148. They called for a systemic look at prevention, explaining:

> *"... we're very good at making change on that legislative level, but when it comes to shifting the focus within health boards to be more incorporating of prevention, there's a lot of room for improvement".*[102]

149. Explaining this in more detail, the Wales Cancer Alliance told the Committee that the Welsh Government expects health boards to relay evidence of prevention in their plans, but they could do more in terms of "joining up the dots and just making sure that prevention efforts are more cohesive across Wales"[103].

150. An example of this is the smoking cessation initiative within Betsi Cadwaladr University Health Board for pregnant smokers, which has had a positive impact but has not been rolled out in other parts of Wales[104].

151. They go on to say:

> *"I think it's a really important point that we think, from a strategic perspective, that prevention doesn't just stop at diagnosis...It's embedding that preventative approach across the cancer pathway,*

[100] RoP, 26 March 2025, paragraph 167
[101] RoP, 26 March 2025, paragraphs 168-169
[102] RoP, 26 March 2025, paragraph 169
[103] RoP, 26 March 2025, paragraph 169
[104] RoP, 26 March 2025, paragraph 170

> *because with that holistic support for people—particularly you have those, perhaps, in deprivation, those at greatest risk of developing complications as we see more people living with not just cancer, but multiple conditions living longer—having that preventive approach and that holistic personalised care and support ensures that we see fewer crisis points along the cancer treatment pathway, fewer emergency presentations, and then that reduces the pressure on the wider health system".*[105]

152. They felt that the Welsh Government was good at legislating to improve population health, but less good at driving prevention and health improvement at a health board level[106].

153. From the perspective of children and young people, the Wales Cancer Alliance explained that screening targets cancers that don't commonly affect children and young people. Cancer in children and young people is driven by factors that don't routinely get managed by those prevention mechanisms. Therefore, in terms of shifting the balance on prevention, screening wasn't as effective for children and young people[107].

PHW's role

154. We asked PHW about its role in the prevention agenda, and its views on the role of the Welsh Government and health boards in preventing cancer and other major conditions occurring, and whether system leadership roles and responsibilities for prevention were clear and well understood.

155. Starting with the Welsh Government's role, PHW explained that the Welsh Government sets priorities and strategy, with increasing focus on prevention. Recent initiatives include the Cabinet Secretary's statement on prevention and the creation of a Preventing Ill Health Group, chaired by the Chief Medical Officer, which is expected to "accelerate a focus around prevention"[108].

156. PHW further explained that prevention requires addressing wider determinants of health such as education, economy, planning, and climate which

[105] RoP, 26 March 2025, paragraph 188
[106] RoP, 26 March 2025, paragraph 169
[107] RoP, 26 March 2025, paragraph 177
[108] RoP, 10 July 2025, paragraphs 198 - 199

are all aligned with the Well-being of Future Generations Act to embed "health in all policies". We were told:

> *"I see Government's role, similarly, about having that cross-Government focus for a healthy society, which is about a preventative-focused society.*[109]*"*

157. Witnesses from PHW explained that their statutory functions centred on prevention and health improvement across all sectors. Their activities include screening, health equity work, school and community interventions, and advising Government on high-impact, evidence-based interventions. The Committee heard about PHW's report, Investing in a Healthier Wales, which sets out a "life-course approach" to prevention, for maximum return on investment[110].

158. PHW set out that a whole-system approach to prevention is needed, with coordinated action across the NHS, local authorities, and wider sectors to create environments that support healthy choices[111].

159. They explained that health risks have shifted over decades due to environmental and lifestyle changes (e.g., food environment, reduced physical activity), meaning that prevention must focus on making healthy behaviours easy and normal, not just telling people what to do[112].

160. PHW operates over 20 preventative programmes targeting key risk factors such as tobacco, vaping, healthy weight, and alcohol. Tobacco control includes national initiatives such as *Help Me Quit* and local delivery, linking prevention to screening programmes. There is also the healthy weight strategy which uses a whole-system approach across life stages from schools to workplaces and communities all supported by legislation and infrastructure[113].

161. We were also told that in terms of national and local integration, PHW acts as a "glue" between national strategy and local delivery, striving to ensure alignment with Welsh Government priorities and enabling system-wide collaboration[114].

[109] RoP, 10 July 2025, paragraph 200
[110] RoP, 10 July 2025, paragraph 201
[111] RoP, 10 July 2025, paragraph 212
[112] RoP, 10 July 2025, paragraph 206
[113] RoP, 10 July 2025, paragraphs 208-210
[114] RoP, 10 July 2025, paragraph 208

Welsh Government's perspective

162. We asked how the Welsh Government will fund the shift towards prevention and were told that it is analysing current spending on prevention to establish a baseline and prioritise initiatives based on return on investment and health gains[115]. Smoking reduction and HPV vaccination were cited as successful examples of cancer prevention.[116]

163. We were also told by Welsh Government officials that tackling obesity and smoking remain the most impactful prevention measures as these will yield the biggest gains in terms of preventable cancers. We were told these measures have benefit across a wider range of health conditions than just cancer, including cardiovascular disease, musculoskeletal disease, dementia and mental health[117].

164. We asked whether the Welsh Government intends to address the specific gap in the strategic approach towards the health impacts of alcohol use. Officials acknowledged alcohol-related cancer risk as an under-addressed area and while the Welsh Government has introduced minimum alcohol unit pricing, further awareness and reduction efforts are needed[118].

165. The Committee heard there was "a national commitment to implementing prehabilitation and rehabilitation on all pathways", on the part of the Welsh Government[119]. Furthermore, they confirmed that standards for prehabilitation were being developed and expected to be published soon[120]. Peer review and audits will be used to ensure consistency across health boards[121].

Our view

166. We believe that prevention offers the greatest opportunity to reduce cancer incidence and improve long-term outcomes in Wales. Evidence shows that 38 per cent of cancers are preventable, yet current approaches lack cohesion and strategic depth. While the Welsh Government has introduced individual strategies on tobacco control and healthy weight, there is no overarching plan to address all major risk factors, including alcohol use.

[115] RoP, 1 May 2025, paragraph 217
[116] RoP, 1 May 2025, paragraph 219
[117] RoP, 1 May 2025, paragraph 220
[118] RoP, 1 May 2025, paragraph 222 - 223
[119] RoP, 1 May 2025, paragraph 225
[120] RoP, 1 May 2025, paragraph 227
[121] RoP, 1 May 2025, paragraph 232

167. Lifestyle factors such as smoking and obesity remain key drivers of cancer risk, and the prevalence of smoking is three times higher in Wales's poorest communities, exacerbating health inequalities. Despite successful local initiatives, such as smoking cessation initiatives for pregnant women, these have not been scaled nationally. Whilst PHW described their role as being a glue to link local and national programmes, it appears that more can be done to help widen effective local programmes on a national scale.

168. The Committee notes that progress in embedding prevention within health board planning and delivery has been slow. A whole-system approach is needed to align efforts across the NHS, PHW, and wider sectors, supported by robust data and targeted interventions.

169. The Committee is supportive of Recommendation 4 of the Auditor General's report and reiterates its importance. We would welcome ongoing updates on the implementation of this recommendation, to be addressed to our successor Committee.

Recommendation 10. The Welsh Government should provide updates on the implementation of their response to Recommendation 4 of the Auditor General's report on developing a more coherent approach to population health improvement. Further updates beyond the end of this Senedd term should be forwarded to our successor Committee.

Recommendation 11. We recommend that the Welsh Government works with Public Health Wales and Health Boards to reflect on how they address health inequalities within prevention strategies, to ensure they reflect the needs of deprived communities and high-risk groups to reduce disparities in cancer incidence.

6. Digital systems and regional working

170. The Auditor General's report describes fragmented digital systems which are consuming staff time because they are "using manual 'workarounds' to transfer patients across different patient administration systems". They describe the process as "frustrating staff and diverting their time from seeing patients", with "risks to patient safety because details could be transferred incorrectly or not at all"[122].

171. Digital Health and Care Wales (DHCW) is responsible for delivering national digital systems for NHS Wales, but not for their local configuration. As part of the Auditor General's evidence gathering process, DHCW described "considerable barriers to getting those systems to join up". The report states:

> *"In particular, there were numerous examples of NHS bodies either procuring their own digital systems rather than using national products, or adapting the national products which limits interoperability".*[123]

172. The Auditor General's report notes that, at the time of writing, the Welsh Government had confirmed that it would fund DHCW to deliver the second phase of its cancer informatics programme, "aimed at improving integration and digital processes and dealing with specific requests for changes from individual NHS bodies"[124].

173. The Auditor General's report describes slow progress implementing the first phase of the programme. The previous cancer informatics system (Canisc) was constructed using a programming language in 1997 which Microsoft stopping supporting in 2014. In 2018, the Auditor General's report on NHS Wales Informatics Systems[125], and the subsequent Senedd Public Accounts Committee inquiry[126], raised serious concerns about the slow progress in replacing Canisc. The Auditor

[122] Audit Wales, 'Cancer Services in Wales: A review of the strategic approach to improving the timeliness of diagnosis and treatment', January 2025, page 59
[123] Audit Wales, 'Cancer Services in Wales: A review of the strategic approach to improving the timeliness of diagnosis and treatment', January 2025, page 59
[124] Audit Wales, 'Cancer Services in Wales: A review of the strategic approach to improving the timeliness of diagnosis and treatment', January 2025, page 59
[125] Auditor General's Report, Informatics systems in NHS Wales, 11 January 2018
[126] Public Accounts Committee, Informatics Systems in NHS Wales, November 2018

General's report notes it "took a further five years to implement the first phase of the new cancer informatics system".

174. The Plan committed PHW, the Cancer Network and DHCW to developing a cancer version of the national Digital and Data Strategy for Wales[127] by the end of June 2023. The report states:

> *"No such plan had been created at the time of the Auditor General's review and there was confusion about the commitment to create one in the first place. DHCW said there is no need to create a separate digital cancer plan because the overarching Digital and Data Strategy sets out the system wide approach to improve digital provision".*

175. In December 2023, the Senedd Health and Social Care Committee report on gynaecological cancers raised similar concerns about the slow implementation of the cancer informatics system and recommended that the Welsh Government should set out what oversight it has of the system and how it will ensure that it is fit for purpose and will provide value for money[128].

176. The Welsh Government accepted the Committee's recommendation, explaining that the cancer informatics system had been subject to a Gateway review and would be subject to further reviews at a later stage[129]. Oversight at the time was provided by the Cancer Informatics Board.

177. When we asked about the implementation of the second phase of the cancer informatics system, Welsh Government officials explained that £12 million has been invested in replacing the system and integrating it with national architecture. Phase 1 has been completed and the aim is to move to business as usual by end of financial year 2025-26[130].

178. We asked questions about the extent to which data was being inputted manually and the answer was unclear. The Committee was told that the goal is to

[127] Digital and data strategy for health and social care in Wales, To improve the way we deliver modern health and care services through technology and use of data
[128] Health and Social Care Committee, Unheard: Women's journey through gynaecological Cancer, December 2023
[129] Written Response to the Health and Social Care Committee's December 2023 Inquiry Report on Gynaecological Cancer: "Unheard: Women's journey through gynaecological cancer", 8 March 2024
[130] RoP, 1 May 2025, paragraph 246

collect data directly from source systems including radiotherapy, chemotherapy, surgical systems and while progress is being made, more work is needed[131].

179. The aforementioned Health and Social Care Committee's report on gynaecological cancers identified issues with poorly integrated digital systems for cancer. It recommended that the Welsh Government should set out how it intends to support health boards to maximise the benefits of regional working, particularly to overcome the barriers facing services due to the incompatibility of ICT systems[132].

180. The Welsh Government accepted the Committee's recommendation. It set out how it is supporting health boards, explaining that the new cancer informatics system has better integrated some digital systems[133]. However, the Auditor General's report found that the digital barriers to regional working persist despite the implementation of the first phase of the cancer informatics system.

181. The Auditor General's report also describes the pace of regional collaboration to share capacity and bolster fragile services as slow. There is a clear onus on health boards to take forward regional working. However, the report explains that there is a need for national leadership to address common barriers to regional working. In particular, a lack of integration between digital systems makes it difficult to share waiting lists across health boards[134].

182. The Auditor General made a broader recommendation focusing not only on digital but other potential barriers to regionalisation. Recommendation 6 said that the Welsh Government and NHS Executive should work with the service to understand and help address key barriers to delivering regional services[135]. This should include working with DHCW to identify digital solutions to support shared waiting lists for cancer diagnosis and treatment where it is appropriate to do so. The Welsh Government accepted the Auditor General's recommendation[136].

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[131] RoP, 1 May 2025, paragraph 246 - 254
[132] Health and Social Care Committee, Unheard: Women's journey through gynaecological Cancer, December 2023
[133] Written Response to the Health and Social Care Committee's December 2023 Inquiry Report on Gynaecological Cancer: "Unheard: Women's journey through gynaecological cancer", 8 March 2024
[134] Audit Wales, 'Cancer Services in Wales: A review of the strategic approach to improving the timeliness of diagnosis and treatment', January 2025, page 50
[135] Audit Wales, 'Cancer Services in Wales: A review of the strategic approach to improving the timeliness of diagnosis and treatment', January 2025, page 11
[136] Letter from Director General Health Social Care & Early Year Group/NHS Wales Chief Executive to Auditor General for Wales, 17 March 2025

183. The Auditor General's report confirms that the NHS Executive has recently created a dedicated senior role to support regional working[137].

184. We asked what the Welsh Government's vision for regional working is in relation to cancer services and how it is supporting health boards to achieve that vision at pace. Officials explained that as all regions across Wales adopt the same system, digital barriers to regional working will reduce. We were told that cancer care is already largely regional for complex treatments such as radiotherapy, anti-cancer therapies, and major surgeries[138].

185. Officials added that the future vision is to expand regional collaboration for medicines preparation and advanced diagnostics (specialist equipment) and to maintain local provision for simpler diagnostics.

Our view

186. We heard that fragmented digital systems continue to hinder efficiency and patient safety. Evidence highlighted that manual workarounds remain prevalent, consuming staff time and creating risks of inaccurate data transfer. Despite the implementation of the first phase of the cancer informatics programme, progress has been slow, and interoperability challenges persist.

187. We heard how the lack of integration between local and national systems limits the ability to share waiting lists and coordinate care across health boards, undermining regional collaboration. While the Welsh Government has committed funding for the second phase of the cancer informatics programme, there is uncertainty about timelines and the extent to which manual processes will be eliminated.

188. We believe that regional working remains essential for sustaining fragile services and improving access to specialist care. However, digital barriers and inconsistent adoption of national systems continue to impede progress. Stronger national leadership and clearer accountability are needed to accelerate integration and ensure that digital solutions support regional collaboration effectively.

Recommendation 12. We recommend that the Welsh Government works with Digital Health and Care Wales to accelerate the implementation of the second

[137] Audit Wales, '<u>Cancer Services in Wales: A review of the strategic approach to improving the timeliness of diagnosis and treatment</u>', January 2025, page 50
[138] RoP, 1 May 2025, paragraph 257

phase of the cancer informatics programme, ensuring interoperability across all health boards and reducing reliance on manual processes. The Welsh Government should work with them to set out a clear implementation plan including a timeline, milestones and specify the responsible officers for delivering each stage of the plan.

Recommendation 13. We recommend that the Welsh Government works with health boards to overcome barriers to regional working, including implementing shared waiting list functionality and standardising digital systems to enable seamless data exchange.

7. Data

189. The Auditor General's report describes gaps in published data right across the patient pathway, and a lack of data to understand the equity of services and to understand progress against the Quality Statement ambitions[139].

190. The Auditor General's report describes similar issues with the timeliness, availability and quality of cancer data. Recommendation 9 of the report says that the Welsh Government should work with the NHS Executive (particularly the Cancer Network), Digital Health and Care Wales and PHW to develop a more comprehensive set of publicly available data on cancer services including:

- the number of people currently waiting for cancer diagnosis or treatment (open pathway data);
- performance against the 62-day target for the health board providing diagnosis and treatment and health board of residence, including people living Powys Teaching Health Board area;
- performance across the patient pathways including timeliness of diagnostic reporting across different tumour sites; timeliness from the decision to treat a patient to the start of that treatment (including surgery, radiotherapy and Systemic Anti-Cancer Therapy); and diagnosis and treatment of recurrent disease. Performance information should be provided at cancer sub-tumour level where possible;
- timeliness of diagnosis and treatment for patients referred from the breast and cervical screening programmes; and
- accurate information on equity of access, including ethnicity of cancer patients as well as the experiences of different patient groups (this should include children and young people).

Data gaps, quality and improvements

191. In December 2023, the aforementioned Senedd Health and Social Care Committee report on gynaecological cancers identified significant issues with data on cancer services including:

[139] Audit Wales, 'Cancer Services in Wales: A review of the strategic approach to improving the timeliness of diagnosis and treatment', January 2025, page 55

- lack of data by sub-tumour site;
- lack of data to understand and address health inequalities;
- delays in publishing cancer registry data; and
- lack of clarity on how data on cancer incidence and outcomes are being used by NHS Wales to enable service change[140].

192. The Committee recommended that:

> *"In its response to this report, the Welsh Government should set out what data on gynaecological cancer performance it intends to publish and by when."*

193. The Welsh Government accepted the Committee's recommendation describing additional data on gynaecological cancers to be incorporated into NHS management data. However, it explained that the data would not be published because it would not be validated for accuracy[141].

194. In response to Recommendation 9 of the Auditor General's report, summarised above, the Welsh Government accepted the recommendation in principle, explaining that it might not be possible to provide all the data to address the recommendation due to:

> *"... data accuracy, reporting burden on NHS services, and patient confidentiality".*[142]

195. The Welsh Government did not specify which data might prove difficult to provide.

196. We asked what the Welsh Government is doing to publish a greater range of data on cancer services and which of the areas of data set out in Recommendation 9 in the Auditor General's report it may not be able to provide.

[140] Health and Social Care Committee, Unheard: Women's journey through gynaecological Cancer, December 2023
[141] Written Response to the Health and Social Care Committee's December 2023 Inquiry Report on Gynaecological Cancer: "Unheard: Women's journey through gynaecological cancer", 8 March 2024
[142] Letter from Director General Health Social Care & Early Year Group/NHS Wales Chief Executive to Auditor General for Wales, 17 March 2025

197. Officials explained that Wales lacks details on some key elements of data and intelligence. They explained that:

> *"... for example, we report on urology and gynaecological cancers, but not necessarily prostate-specific or uterine or cervical cancers, et cetera. That is a key development—tumour subtypes. And that is almost over the line, and we need to accelerate that process".*[143]

198. Furthermore, data is missing on component waits (e.g. time between endoscopy and CT scan) and we were told:

> *"That should only be a couple of days, but we haven't got the tools yet to measure the granularity of that information. Similarly, with routes to diagnosis and also stage of diagnosis, we need better intelligence in those areas—all brought out in the... (Auditor General's) report".*[144]

199. Officials stated that the leadership board was meeting to develop a data and digital roadmap to address these gaps and conversations were being had with colleagues in Digital Health and Care Wales about accelerating that implementation[145].

200. Officials explained that greater granularity in healthcare data is needed, especially for ethnicity and children and young people and that ethnicity data is essential to support underserved communities. We were told that there is no specific deadline for improving ethnicity data, though it is a priority for the coming year[146].

201. The Auditor General made a separate recommendation (Recommendation 10) that the Welsh Government should work with Digital Health and Care Wales (DHCW) and NHS England to share regular and consistent data on the timeliness of diagnosis and treatment for Welsh cancer patients treated by NHS bodies in

[143] RoP, 1 May 2025, paragraph 234
[144] RoP, 1 May 2025, paragraph 235
[145] RoP, 1 May 2025, paragraph 235
[146] RoP, 1 May 2025, paragraphs 237-240

England[147]. The Welsh Government accepted the recommendation[148]. Since publication, the UK Government has abolished NHS England[149].

202. The Auditor General's report noted there were problems with the quality of some of the available data[150]. At the time, officials from the Welsh Cancer Intelligence and Surveillance Unit were a year behind England in publishing Cancer Registry[151] data because a "high volume of errors in the source data" was "creating extra work for its staff". NHS bodies told the Auditor General that "poor compliance with data standards by NHS staff inputting patient information is creating data errors".

203. The report explains that the Welsh Government requires heath boards to record the ethnicity of cancer patients, but "compliance is extremely low". Auditors were unable to analyse waiting list and timeliness trends by ethnicity because over two thirds of the pathways had no information on patient ethnicity[152].

204. The report found there was confusion about national responsibilities for improving compliance. Recommendation 8 of the report says that the Welsh Government should clarify national roles and responsibilities for monitoring and ensuring compliance with its data standards, including how it will hold NHS bodies to account for poor compliance[153].

205. The Welsh Government accepted the recommendation saying:

> *"Digital Health and Care Wales develop and design data standards, including minimum data sets for NHS Wales. DHCW advises the Welsh Government on what should be included and how they should be collected. Only the Welsh Government can mandate requirements through national policy, planning guidance or Welsh Health Circulars. To ensure compliance, the Welsh Government expects organisations*

[147] Audit Wales, 'Cancer Services in Wales: A review of the strategic approach to improving the timeliness of diagnosis and treatment', January 2025, page 12
[148] Letter from Director General Health Social Care & Early Year Group/NHS Wales Chief Executive to Auditor General for Wales, 17 March 2025
[149] UK Government, NHS England: Health and Social Care Secretary's statement, 13 March 2025
[150] Audit Wales, 'Cancer Services in Wales: A review of the strategic approach to improving the timeliness of diagnosis and treatment', January 2025, page 58
[151] Which includes information on cancer incidence, stage at diagnosis, survival and mortality.
[152] Audit Wales, 'Cancer Services in Wales: A review of the strategic approach to improving the timeliness of diagnosis and treatment', January 2025, page 57
[153] Audit Wales, 'Cancer Services in Wales: A review of the strategic approach to improving the timeliness of diagnosis and treatment', January 2025, page 12

> *to audit themselves against the standards and DHCW to deliver a quality assurance and review process. Regulatory bodies such as Audit Wales and Healthcare Inspectorate Wales also have a role in auditing organisations against national standards. DHCW and regulatory bodies should report to the Welsh Government any significant failure to comply with national data requirements, so that these can be addressed with NHS organisations through accountability processes and meetings"*[154]

206. We asked PHW whether the Welsh Government is doing enough to hold NHS bodies to account for poor data quality.

207. PHW stated that data is fundamental to managing and improving services and that organisations must have effective systems and a culture that supports accurate data entry. They added that mandatory fields can help ensure completeness and that accountability for data quality and timeliness lies with the organisations and is reinforced by Welsh Government oversight[155].

208. PHW runs WCISU which is the National Cancer Registry for Wales. Its main role is to record, store and report official statistics on cancer incidence, mortality and survival in Wales.

209. PHW's briefing to the Committee explains that WCISU has recently improved the timeliness of its publication of cancer mortality data[156].

210. When asked to reflect on problems affecting the quality of data from health boards, PHW highlighted recruitment challenges and the difficulty in hiring enough clinical coders which contributes to delays and data gaps. The New Cancer Informatics System is expected to improve reporting quality and comparability[157]. They explained that there is a backlog with coding, which is a labour intensive process, but the first tranche of data from the new system is about to be processed. Some teething problems are anticipated, and recommendations are already in place to address quality concerns[158].

[154] Letter from Director General Health Social Care & Early Year Group/NHS Wales Chief Executive to Auditor General for Wales, 17 March 2025
[155] RoP, 10 July 2025, paragraphs 83-85
[156] Public Health Wales, Briefing to Inform the Committee Inquiry – Cancer Services in Wales, July 2025
[157] RoP, 10 July 2025, paragraph 81
[158] RoP, 10 July 2025, paragraph 81

211. We asked PHW what had been done to improve the timeliness of publication of cancer registry data in Wales and whether this is now in line with that published in England.

212. The Committee asked when a target date for aligning Welsh cancer data publication with England would be confirmed. PHW stated that a plan, including that target, would be published by the end of the year and that plan would be shared with the committee[159].

213. On the issue of variation, we asked PHW what factors may explain why at Powys Teaching Health Board in general, and for female breast cancer patients in Aneurin Bevan University Health Board, there are large number of patients whose stage at diagnosis was 'unknown' from 2019 to 2021.

214. PHW expressed a view that this was possibly due to clinical coding challenges, given the significant regional variance in recruiting clinical coders, which impacts data quality and timeliness[160].

215. PHW emphasised the importance of accurate coding, which is essential for understanding patient needs and disease progression, tracking outcomes and treatment effectiveness and ensuring efficient and effective service delivery[161].

216. There are currently concerns that without robust coding, it's difficult to assure performance or evaluate success, making this a priority issue discussed at the NHS Leadership Board[162].

217. As noted earlier in this report, the Senedd's Health and Social Care Committee has published a follow-up report on its work on gynaecological cancers, which again raised concerns about the quality of data being collected and published[163]. Recommendations 3, 4 and 9 of the follow-up report relate to the robustness of the data available in this area and the lack of overall progress since the publication of their original report.

[159] RoP, 10 July 2025, paragraphs 101-104
[160] RoP, 10 July 2025, paragraph 65-66
[161] RoP, 10 July 2025, paragraph 66
[162] RoP, 10 July 2025, paragraph 66
[163] Senedd Health and Social Care Committee, Unheard: Women's journey through gynaecological Cancer: Follow-up report on implementation of recommendations, January 2026

Data on cancer mortality, survival and stage at diagnosis

218. A PHW representative explained that some cancer cases are classified as "unknown stage" because of data interoperability issues between Welsh and English health systems. If a patient receives part of their treatment in England, those details may not be fully transferred back to Welsh systems, leaving gaps in the record. This incomplete data leads to an "unknown" classification, though ideally, these records should be reconciled later[164].

Our view

219. There are significant gaps in the availability, quality, and timeliness of cancer data in Wales. Current published data does not provide sufficient granularity to monitor equity of access or progress against the ambitions set out in the Quality Statement for Cancer. Key deficiencies include the absence of detailed demographic data (such as ethnicity and age-specific breakdowns), limited visibility of component waits within cancer pathways, and inadequate data on children and young people.

220. The Committee is concerned that poor compliance with data standards and recruitment challenges for clinical coders are contributing to delays and inaccuracies in cancer registry data. Wales remains behind England in publishing cancer incidence and survival data, and manual processes continue to hinder timeliness. While the new cancer informatics system is expected to improve reporting, progress has been slow, and interoperability issues persist between Welsh and English health systems.

221. Overall, these weaknesses limit the ability to assure performance, evaluate outcomes, and target interventions effectively, particularly for underserved communities.

222. The evidence we heard suggests that while cancer intelligence and surveillance systems in Wales provide valuable insights, significant challenges remain in data quality, completeness, and interoperability. PHW, through WCISU, plays a critical role in recording and reporting cancer incidence, mortality, and survival.

Recommendation 14. We recommend that the Welsh Government works with Health Boards to address recruitment challenges for clinical coders.

[164] RoP, 10 July 2025, paragraph 72

Recommendation 15. We recommend that the Welsh Government look at accelerating IT solutions and specifically the implementation of cancer informatics upgrades to reduce reliance on manual processes and improve timeliness and accuracy of reporting.

Recommendation 16. We recommend that improvements are made to prioritise automation of data collection from source systems such as radiotherapy, chemotherapy and surgical systems to improve accuracy, timeliness, and reduce administrative burden. This should include implementing mandatory fields to reduce “unknown stage” classifications to improve data quality and compliance.

Annex 1: List of oral evidence sessions

The following witnesses provided oral evidence to the committee on the dates noted below. Transcripts of all oral evidence sessions can be viewed on the Committee's website.

Date	Name and Organisation
26 March 2025	**Lowri Griffiths, Chair, Wales Cancer Alliance and Director of Support, Policy and Insight,** Tenovus Cancer Care **Hannah Buckingham, Vice-chair, Wales Cancer Alliance and Senior External Affairs Adviser,** Macmillan Cancer Support **Simon Scheeres, Vice-chair, Wales Cancer Alliance and Public Affairs Manager,** Cancer Research UK **Lauren Marks, Policy and Public Affairs Manager,** Young Lives Vs Cancer
1 May 2025	**Nick Wood, Deputy Chief Executive - NHS Wales,** Welsh Government **Dr Keith Reid, Deputy Chief Medical Officer – Public Health** Welsh Government **Professor Tom Crosby OBE, National Cancer Clinical Director for Wales,** NHS Wales **Iain Hardcastle, National Director of Planning and Emergency Planning, NHS Wales Executive,** Welsh Government
10 July 2025	**Dr. Tracey Cooper OBE, Chief Executive** Public Health Wales **Dr. Sharonn Hillier, Director Screening Division** Public Health Wales **Dr. Ilona Johnson, Interim Director of Health Improvement** Public Health Wales