

Agenda – Public Accounts and Public Administration Committee

Meeting Venue:

Hybrid – Committee Room 5 Ty Hywel
and video conference via Zoom

Meeting date: 19 February 2025

Meeting time: 09.15 – 12.30

For further information contact:

Fay Bowen

Committee Clerk

0300 200 6565

SeneddPAPA@senedd.wales

Hybrid

Private pre-meeting (09.00 – 09.15)

Public meeting (09.15 – 11.05)

1 Introductions, apologies, substitutions, and declarations of interest

(09.15)

2 Paper(s) to note

(09.15 – 09.30)

2.1 Letter from Tim Moss, Director General and Chief Operating Officer – Welsh Government to the Chair regarding Welsh Public Sector Board and Audit Committee meetings

(Pages 1 – 3)

2.2 Covering Teachers' Absence: Welsh Government response to the Committee's report

(Pages 4 – 14)



2.3 Scrutiny of Accounts – Welsh Government 2022–23: Welsh Government response to the Committee's report

(Pages 15 – 42)

Break (09.30 – 09.35)

3 Scrutiny of Accounts – Welsh Government 2023 – 24: evidence session with Dr Andrew Goodall, Permanent Secretary – Welsh Government

(09.35 – 11.05)

(Pages 43 – 78)

Dr Andrew Goodall, Permanent Secretary – Welsh Government

Tim Moss, Director General, Chief Operating Officer – Welsh Government

Dean Medcraft, Director of Finance – Welsh Government

Dom Houlihan, Director, People and Places – Welsh Government

Research brief

4 Motion under Standing Order 17.42 (ix) to resolve to exclude the public from the remainder of this meeting

(11.05)

Private meeting (11.05 – 12.30)

5 Scrutiny of Accounts: Welsh Government 2023 – 24: consideration of evidence

(11.05 – 11.20)

6 Forward work programme

(11.20 – 11.40)

(Pages 79 – 87)

Forward work programme

7 Public Appointments: consideration of draft reports

(11.40 – 12.10)

(Pages 88 – 192)

Draft report

Supplementary report

8 Audit Wales report: Cancer services in Wales

(12.10–12.30)

(Pages 193 – 268)

Audit Wales report: Cancer services in Wales



Gwasanaethau Corfforaethol ac Arolygiaethau
Corporate Services and Inspectorates

Mark Isherwood MS
Chair of the Public Accounts and Public
Administration Committee
Welsh Parliament
Cardiff Bay, Cardiff
CF99 1SN

Llywodraeth Cymru
Welsh Government

4 February 2025

Dear Mr Isherwood,

In 2019 PAPAC made a recommendation 'Welsh Government to work with sponsored bodies to review Board and Audit Committee meeting information to develop a consistent minimum'. This was discussed at the Public Leaders Forum in 2020 when it was agreed to set up a working group to implement the recommendation. Work on this was delayed due to the pandemic but I'm pleased to say that a discussion at the May 2024 meeting of the Public Leaders Forum resulted in a working group being set up with input from chairs, chief executives and Audit Committee members. The group produced a draft set of principles which have now been signed off by the December meeting of the Public Leaders Forum. The principles for the publication of minutes are not mandatory. They do however represent good practice for Boards and Audit Committees. They are intended to allow flexibility – for example when commercially sensitive, security or pay negotiations are discussed. The principles also draw attention to data protection implications and give a contact point for further advice on this point.

I will arrange for them to be posted on the Welsh Government's website and send a link to chairs and chief executives.

A copy of the principles is at Annex 1.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Tim Moss'. The signature is written in a cursive style with a horizontal line above it.

Tim Moss
Cyfarwyddwr Cyffredinol a Phrif Swyddog Gweithredol
Llywodraeth Cymru
Director General and Chief Operating Officer
Welsh Government

Annex 1

Principles for the publication of Welsh Public Sector Board and Audit Committee meetings

Introduction

The devolved public sector in Wales consists of many different public bodies, some of which are regulated under the Governance Code for Public Appointments while many more are unregulated. Bodies and their Boards are also subject to various legal duties according to company and charity law and other legislation. Board meetings take different forms, some are held in public and others in private while some have a mix of both. These principles are intended to cover all types of Board and Audit Committee meetings.

The principles are for guidance only, to set standards which have been agreed by the Public Leaders Forum on 4 December 2024.

The Principles

1. The publication of information about Board and Audit Committee meetings enable a public body to be transparent about its ways of working and its decision making which leads to greater accountability. Sharing information proactively leads to greater understanding of how a Board or Committee grapples with and resolves issues. When done in an open, accessible way it can lead to greater engagement with the community it serves so that there is confidence in how the public body carries out its work and greater trust in the organisation.
2. These principles are intended to apply to Board and Audit Committee meetings. It will be for each Board to consider whether they should apply to meetings of other sub-groups of the Board.
3. There should be a default position that information will be shared with the public unless there are reasons why the information shouldn't be in the public domain. For example, information about security, commercially sensitive or information which would be excluded under Freedom of Information requests should not be publicly available. Care should also be taken with the inclusion of personal data.
4. Publication can take the form of minutes or summaries of meetings. It is up to each Board and Committee to decide which will be most appropriate. Considerations when taking this decision should include not stifling debate at meetings, becoming risk averse and leading to unintended consequences including business being held through informal discussion rather than through a formal meeting. It is for each Board and Committee to decide whether to publish papers which have been circulated ahead of the meeting to Board or Committee members.
5. Both summaries and minutes can be produced where the Board or Committee think this is the most practical approach. It may be helpful to do this where full details of speakers or discussions are needed to be kept for internal record and for the effective running of the organisation.
6. The audience for the minutes or summary should be considered. Accessibility to the general public should be paramount. Text should be engaging and informative. Minutes or summaries should be set out in plain English or Welsh, with acronyms spelled out the first time they are used and jargon minimised.
7. Minutes or summaries should present a coherent picture of decision making. They should set out what was the main discussion and what was the outcome of the

discussion. Where decisions have been difficult to reach, this should not prevent transparency. Being open with the public about difficult decisions can help manage public expectations.

8. Minutes or summaries should make it clear what actions arise from the discussion and how they have been taken forward including what was the outcome of the actions.
9. Unless there is a specific reason to name an individual and/or their role, the approach should be to summarise discussion and points made without attributing who made each particular point. Including individuals' names in published meeting minutes or summaries must comply with UK GDPR, as their name and their work title are their personal data. Individuals must be informed before the meeting takes place. Consideration should be given to using job titles rather than names (although, it should also be remembered job titles are also personal data where they apply to a specific person), particularly in the case of people who are not senior or where publishing their names could result in security concerns. Individuals who are quoted should have the opportunity of confirming the accuracy of the record as they recall it before minutes are published,
10. Minutes or summaries should be put in the public domain as soon as they have been agreed by the Board or Committee. There is a balance to be struck between waiting for the next meeting and putting making the information publicly available while it is topical. Consideration should be given to agreeing text in between meetings if there is a long gap (3 months or more) between meetings. It should be clear how long the minutes/ summary will remain publicly available (there should be some form of time limit).

For further information on the data protection implications of publishing minutes and summaries or the implications for reports by internal audit, please contact AuditAssuranceandCounterFraud2@gov.wales

Agenda Item 2.2

Lynne Neagle AS/MS
Ysgrifennydd y Cabinet dros Addysg
Cabinet Secretary for Education



Llywodraeth Cymru
Welsh Government

Mark Isherwood MS
Chair of the Public Accounts and Public
Administration Committee
Welsh Parliament
Cardiff Bay
Cardiff
CF99 1SN

05 February 2025

Dear Mark,

I would like to thank you and the Committee for your report on Supply Teaching in Wales. I value the important role supply teachers' play in our workforce and welcome the opportunity to consider the recommendations you have provided. Please find attached our response to the report. I look forward to hearing from you.

Yours sincerely

Lynne Neagle AS/MS
Ysgrifennydd y Cabinet dros Addysg
Cabinet Secretary for Education

Canolfan Cyswllt Cyntaf / First Point of Contact Centre:
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Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.



Welsh Government response to the Public Accounts and Public Administration Committee (PAPAC) ‘Supply and Demand: Covering Teachers Absence’ report.

JANUARY 2024

I thank the members of the Public Accounts and Public Administration Committee (PAPAC) for their comprehensive report

It is important to highlight that several of the recommendations will require close working with WLGA and Unions to progress. I hope the responses provided are informative and helpful.

The Welsh Government welcomes the findings of the Committee’s report and offers the following response to the recommendations contained within it.

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Responses to the Committee's Recommendations

Recommendation 1

The Welsh Government should as a matter of priority address the lack of monitoring and reporting on the extent of teacher's absence from the classroom for reasons other than sickness.

Response: Accept

Under the 'Effective management of school workforce attendance' guidance local authorities are responsible for collating and disseminating individual and benchmarked absence data (including the financial impact), on an annual basis, to support schools and Welsh Government in monitoring workforce absence.

The Welsh Government will work closely with local authorities and other stakeholders to explore how best to monitor teachers' absences from the classroom as part of the development of the Strategic Education Workforce Plan.

Financial Implications: None

Recommendation 2

We recommend that the Welsh Government should rapidly review and assess the impact of all incentives to aid recruitment of students into Initial Teacher Education, including the Iaith Athrawon Yfory scheme to ensure that these are adequate and competitive, and report annually on their longer-term impact.

Response: Accept in principle

Welsh Government and EWC have entered into a data sharing agreement to review the retention rates of those that did and did not receive an incentive. Work on this project is ongoing. The Welsh Government and EWC will review the success of the data matching process and therefore the robustness of the results before determining whether an annual output should be agreed; there would be an ongoing financial implication to producing annual reports.

The Welsh Government will be commissioning an evaluation of policy supporting initial teacher education in Wales, which will include specific research questions into the use of Initial Teacher Education incentives.

Financial Implications: Funding for the evaluation of the policy supporting initial teacher education in Wales and the incentive data matching project with EWC has been allocated in the Teacher Development and Support BEL for 2025-26. Funding for future data matching reports will be considered once the robustness of the results are known.

Recommendation 3

The Welsh Government should set out how the costs of managing the contract compare with the amount it receives through the 0.5 percent fee that it levies on agencies.

Response: Accept

The supply teacher agency framework is one of a programme of thirty collaborative agreements let on behalf of the Welsh public sector. The costs of managing the framework therefore cannot be viewed in isolation.

The rebate from the supply teacher agency agreement generates approximately £500,000 per annum and total cost of the contract management of the supply agency agreement is calculated to be approximately £280,000 per annum (using 2024/25 annual costs).

The rebate of 0.5% applied to the Welsh Government's supply teacher agency agreement is significantly less than the 1% rebate within the UK Government Supply Teacher framework. However, the implementation of recommendations from previous committee and audit reports have had a significant impact on the growth for this framework and in turn, the rebate received. Most notably, the introduction and annual increase of the minimum supply teacher pay rate and the expansion from a single supplier to multi-supplier model have both seen framework spend grow considerably, along with the associated framework management duties.

Although the rebate from the supply teacher agency agreement is more than the estimated contract management, the overall rebate income from suppliers across the whole programme of managing thirty collaborative agreements only accounts for approximately 50% of the overall costs of managing the programme. The outstanding balance is directly funded by the Welsh Government.

Financial Implications: None

Recommendation 4

The Welsh Government should take steps to monitor and understand the reasons why some schools are not choosing to use the supply teacher agency framework.

Response: Accept

The Welsh Government Commercial Delivery (WGCD) team already monitor framework spend versus non-framework spend on an annual basis. Where spend is identified with non-framework agencies, WGCD write to the local authorities who have responsibility for managing the schools making bookings with agencies outside of the framework to advise them of this. The WGCD team ask the local authorities to gather and share feedback from their schools as to why non-framework agencies have been used, and to make recommendations to their schools regarding the benefits of using the framework that are aligned to their local management processes in this area.

WGCD do not currently have the power to mandate the use of any of their frameworks, but by continued promotion of the benefits of the framework, robust contract management and proactively highlighting non-framework spend to those that set direction for their schools, we have seen compliant framework spend in this area grow in recent years. 98% of the spend in Wales in for the provision of temporary workers in an education setting is now through teaching agencies appointed to the framework

We will continue with the activity outlined above to meet this recommendation, working in collaboration with the Education Directorate.

Financial Implications: None

Recommendation 5

The Welsh Government should put in place arrangements to provide assurance that supply teachers, cover supervisors and learning support workers are working within their role description.

Response: Accept in principle

The decision on what role an agency staff member is allocated to them once placed in a school is made by the hiring school themselves. There are significant challenges in providing a national approach to supply teaching and cover arrangements given the need for local authorities to maintain autonomy on how

they source teaching staff, including supply teachers. Under the regulatory framework and local management of schools' arrangements, schools and governing bodies in Wales can source staff as they see fit. This includes making decisions in relation to the type of cover required. The Welsh Government has guidance in place to support schools when making these decisions, and to clarify how supply staff should be engaged and supported. The guidance confirms that schools should collect and analyse data on planned and unplanned absence levels and the subsequent cover costs that are incurred. Schools should monitor and report to Governors on the use and cost of supply cover. The Welsh Government has ongoing engagement with partners on supply issues

On 13 January 2025, I announced my commitment to work with all partners to develop a strategic education workforce plan. As part of the development of this plan we will work with schools and employers to understand what more can be done with partners to support this recommendation.

Financial Implications: None

Recommendation 6

The Welsh Government should monitor carefully the application, justification and variation in agency fees in order to secure the best possible value for money.

Response: Accept

Agency costs and fees can vary for a number of reasons outside our control, and over recent years costs have typically increased following a number of recommendations which have been imposed onto agencies to strengthen the framework specification in areas such as safeguarding requirements and the delivery of training and support for newly qualified teachers.

Prior to 2019 the framework was operated on a commercially competitive single supplier model, where suppliers competed on price (amongst other metrics) to be appointed to the framework. However, from 2019, the model was developed to include a far wider supply base, and to act almost as a quality mark for the marketplace, thus ensuring as much spend in this area was captured under the framework and that contract management of the marketplace could improve.

As a result of this, reviewing and assessing the best value agency fees has moved from evaluation at framework level by Welsh Government officials to schools making best value decisions on which agency to use for each booking they make, by having full visibility of all agency fees provided to them

From our contract management data, we believe that schools are undertaking this behaviour to the best of their ability and as such, no further action needs to be taken. To add some relevant context to this area, during 2023/24:

- agencies with an agency fee of over £50 accounted for only 6.5% of total framework spend
- of the above, agencies with an agency fee of over £55 accounted for only 2.6% of total framework spend
- of the above, agencies with an agency fee of over £60 accounted for only 1.5% of total framework spend
- agencies with an agency fee of under £40 accounted for 70% of total framework spend.

Financial Implications: None

Recommendation 7

The Welsh Government should conclude and publish its evaluation of the supply teacher booking platform and set out its proposals to implement this on a nationwide basis. This should include an assessment of the critical mass of teachers needed on the booking platform, details of any consideration and findings arising from the initial assessment of the platform and experiences of the rollout following the transition to this system by Ynys Môn County Council. Following this, the Welsh Government should ensure that it reports regularly on progress.

Response: Accept in part

Under the regulatory framework and local management of schools' arrangements, schools and governing bodies can source staff as they see fit, either through agencies or by using their own supply lists. The majority of local authorities in Wales use agencies to source supply teachers due to resourcing and budget implications.

We have taken a staged approach to roll out of the National Supply Pool. The platform, provided by Teacher Booker, went live in the Ynys Môn County Council in November 2023. Ynys Môn were chosen for the initial roll out because they already run a supply list and were able to remain the employer and manage pension contributions.

Officials will provide an update on the National Supply Pool progress in due course.

Financial Implications: None at this stage.

Recommendation 8

The Welsh Government should establish clear measures of success against which progress in improving the quality and sufficiency of supply teachers can be judged.

Response: Accept in principle

Schools have performance development review cycles for which the professional standards provide a backdrop for all practitioners, including supply teachers, to discuss performance and professional growth. This process should lead to the development of an individual professional learning journey for every practitioner. It is the responsibility of schools to ensure that the professional learning entitlement of all teachers, including supply teachers, is fulfilled.

The strategic education workforce plan will embed our vision and values for leaders, teachers and support staff for the future recognising that there are a range of important roles across the school workforce and recognising that supply teaching is an essential part of school life. My aim is that the plan will ensure we are focusing clearly on delivery and improvement for the whole of our education workforce.

As part of the development of this workforce plan, the Welsh Government will work closely with stakeholders and practitioners to explore how supply teachers can be better supported.

Financial Implications: None

Recommendation 9

The Welsh Government, having put in place measures to provide continuing professional development and training opportunities to supply teachers and cover staff, should establish meaningful monitoring arrangements on take up, and report on the success of these arrangements.

Response: Accept in principle

Supply staff are entitled to access support through a variety of professional learning opportunities and a range of networks to assist their teaching and to support their work.

All practitioners should be driven by the overarching set of values and dispositions included in the professional standards. These values and dispositions

as well as the five professional standards themselves are central to how we want all our practitioners to develop. A career-long requirement to engage in professional learning is set out in the professional standards.

As part of the National Professional Learning Entitlement, we want to further develop reflective, enquiring and collaborative education professionals and a culture of mutual responsibility in relation to professional learning for all teachers, including supply teachers.

The Welsh Government is actively promoting a range of professional learning to all practitioners through the Professional Learning Resources Area on Hwb. All supply teachers are able to access the resources on this repository to support their professional learning.

The Welsh Government is also in the process of establishing a National Professional Learning and Leadership Support Body. We will be asking the National Body to develop a mechanism to monitor supply teachers' take up of professional learning that will be offered nationally.

Financial Implications: None

Recommendation 10

Not included in the PAPAC report.

Recommendation 11

The Welsh Government should respond to the Independent Wales Pay Review Body (IWPRB) review on supply teachers' pay and conditions, including pension arrangements, as soon as possible and set a timetable for doing so in the meantime.

Response: Accept

We will be working closely with the Pay Partnership Forum over the coming months to develop a timeline and implementation plan for the key issues that the IWPRB and related reports have raised on pay and conditions, and ensure we are clear and transparent on the timeline and work needed to progress these. The recommendations on supply teachers' pay and conditions, including pension arrangements will be included within these discussions.

Financial Implications: None

Recommendation 12

The Welsh Government should set out how it intends to ensure that relevant recommendations proposed for supply teachers employed through local authorities or directly by schools are reviewed for their applicability to supply teachers employed through agencies. Following this, the Welsh Government should set a timetable for implementation and report back on progress.

Response: Accept

Welsh Government Commercial Delivery (WGCD) team will continue to work with colleagues across Welsh Government to ensure all relevant recommendations and policy proposed for supply teachers employed through local authorities or directly by schools is encapsulated within the supply teacher framework.

Financial Implications: None



Llywodraeth Cymru
Welsh Government

Dr Andrew Goodall
Ysgrifennydd Parhaol
Permanent Secretary

Mark Isherwood MS
Chair, Public Accounts and Public Administration Committee
Welsh Parliament
Cardiff Bay
CF99 1SN

10 February 2025

Dear Mr Isherwood

Public Accounts and Public Administration Committee – Welsh Government Annual Report and Accounts 2022-23

Following the publication of the Public Account and Public Administration Committee's report on the Scrutiny of the Accounts for the Welsh Government 2022-23, please find attached, the response to the recommendations made in the report.

*Yours,
Andrew Goodall*

Dr Andrew Goodall
Ysgrifennydd Parhaol/ Permanent Secretary
Llywodraeth Cymru/ Welsh Government



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Scrutiny of Accounts: Welsh Government 2022-23

Welsh Government response to the Public Accounts and Public Administration Committee report

10/02/2025

Summary

The Public Accounts and Public Administration Committee as part of its annual Scrutiny of Accounts work programme held an evidence session on 20 March 2024 on the Welsh Government Consolidated Annual Report and Accounts 2022-23 and laid its' subsequent report on the 17 December 2024.

The report included 16 recommendations for the Welsh Government. This document is the Welsh Government response to those recommendations.

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1. Introduction

The Public Accounts and Public Administration Committee report contained sixteen recommendations.

- 1.** The Welsh Government thanks the Committee for their Scrutiny of Accounts report and has given due consideration to all recommendations made.
- 2.** All recommendations apart from part of recommendation 9 have been accepted by the Welsh Government.

2. Recommendations

Recommendation 1

We recommend that the Welsh Government publishes its timetable for the 2024-25 Accounts once it has been agreed with Audit Wales.

Accept

Welsh Government officials apologise to the Committee for this omission for the 2023-24 timetable. Desk instructions have been updated to ensure the 2024-25 and future years' timetables are published once agreed with Audit Wales.

Recommendation 2

We recommend that the Welsh Government provide the Committee with an update about the preparation for, and approval of, the business case for a replacement finance system, together with information about the plans and associated potential costs if the business case is not approved.

Accept

The Strategic Outline Business case for the replacement of our finance system, which also covered our HR system, was agreed at ExCo in August 2024. Work is ongoing to develop the outline and full business case and as part of that we are developing a roadmap for all our key corporate systems. This will ensure we have a comprehensive systems plan and manage the range of system risks.

The roadmap and business cases will be developed in 2025 so that the forward investment plan can be built into the budget for the 7th Senedd. The business case will look at the range of options and highlight the costs and risks of not investing in the system infrastructure of Welsh Government.

Recommendation 3

We recommend that the Welsh Government provide to the Committee, ahead of the scrutiny of the 2023-24 Accounts, an update about its plans to bring forward its accounts sign-off to September.

Accept

Welsh Government works each year as part of audit planning with Audit Wales to consider the Welsh Government timetable for Accounts in the context of;

- the wider public sector audit landscape in Wales,
- developments in financial reporting requirements,
- creation of or changes to existing public sector bodies and their classification,
- changes to auditing standards (such as ISA315 and ISA600) or the Auditor General Code of Audit Practice,
- progression of the alignment project to ensure the correct ONS classification and designation of Welsh Public sector bodies,
- changes in the scope or complexity of the Welsh Government Group Account.

For 2024-25 this includes considering the full implementation of ISA600 Group Accounts auditing standard, the Quinquennial Valuation of the Strategic Road Network, the Quinquennial Valuation of Welsh Government Estate, a new process for the valuation of the Student Loans portfolio under a Service Level Agreement with the Department for Education, further developments in the three MIM projects as they progress, the ONS classification of TfW Fibre Limited and GCRE Limited, preparation for the implementation of IFRS17 Insurance Contracts across the Central Government sector from 1 April 2025, and preparation for the implementation of new guidance on non-investment asset valuation from 1 April 2025 further to a major thematic review by HM Treasury.

A dialogue has been maintained on the aim of putting a three-year plan in place to bring the signing of the Accounts earlier, however given the need to operate in the context noted above, as yet a formal plan specifying planned laying dates for the next three years is not in place.

Further discussions will take place between Audit Wales, the Welsh Government ARAC and key Welsh Government officials (including those responsible for the NHS Accounts in Wales) in Spring 2025.

Recommendation 4.

We recommend that the Welsh Government should collate and maintain a list of bodies from which it is able to procure services using the 'Teckal exemption' or a list of contracts procured through that route and once completed, it shares this with the Committee.

Accept

The Welsh Government publishes a listing of the 269 public bodies in Wales [Organisations | GOV.WALES](https://www.gov.wales/organisations). This list can be filtered to identify 15 Welsh Government owned companies to whom a 'Teckal' exemption should apply.

Local Partnerships are not a Welsh Public Body and are not a wholly owned Welsh Government owned company and as a result do not appear on this listing.

From February 24th 2025 new procurement legislation (The Procurement Act 2023) will apply to public procurement within Wales. The 'Teckal' exemption will cease in its current form but will be replaced by a 'vertical arrangements' exemption, which shares the many of the characteristics of the 'Teckal' exemption.

Further to the public procurement changes arising from the Procurement Act (2023) coming into force, Welsh Government will introduce guidance on the application of the 'vertical arrangements' exemption for staff. This will include an appendix identifying bodies in scope of the 'vertical arrangements' for Welsh Government over and above wholly-owned Welsh Government companies. At this moment in time, the only body this would apply to is Local Partnerships.

Recommendation 5.

We recommend the Welsh Government should share with this Committee information about its use of Local Partnerships, including expenditure incurred, a list of contracts and the nature of the services/work procured under them.

Accept

Information about Welsh Governments use of Local Partnerships LLP as requested by the Committee for the financial year 2022-23 covered in the Committee's scrutiny report and the subsequent 2023-24 financial year is included at Annex 1.

Recommendation 6.

We recommend that the Welsh Government confirms the criteria it adopts for publishing decision reports and why such a report was not published when it decided to acquire a 5 per cent share in Local Partnerships.

Accept

The criteria Welsh Government adopts for publishing decision reports is that a report is required for Ministerial Advice where a Minister makes a substantive decision, that is not essentially administrative in nature (e.g. to publish a statement or report, to move monies between budget lines below that set out in the published Budget). Guidance around the criteria for Decision Reports is included within the template officials use for Ministerial Advice.

Welsh Government acknowledges it was an oversight to not have published a report when the decision was made in 2017 to acquire a 5 per cent share in Local Partnerships LLP. Welsh Governments' ownership stake in Local Partnerships LLP has been disclosed in the public domain within the LLP accounts since the 2017-18 financial year.

Recommendation 7.

We recommend the Welsh Government confirms whether it procures consultancy services and other project work through Single Tender Action, and if so, provide details about the cases in which it has done so.

Accept

The decision to secure resource through arrangements other than the Welsh Governments core civil service will be taken following careful consideration of our internal capacity and capability. Where there is a need for additional capacity for core capabilities for temporary projects or programmes, we are able to bring in temporary resource through inter-government loans; agency staff or fixed term contracts. Directors General, with advice from HR and Finance, will take decisions on the need to bring in temporary resource through these arrangements with assurance from the HR Director that external recruitment is the appropriate resourcing option.

We are driven by best value and effectiveness in resourcing functions - where there is short term work and/or a need for highly specialist skills the most effective model will be to contract this work from external partners - these might be eg consultancies, employment agencies, legal firms.

We have various routes to secure these services depending on what the most efficient model would be, e.g. framework contracts and managed services. These include Hays Recruitment Services (called-off from the Temporary Workers & Supply Teachers - Reference: WGCD-PCS-119-22, a Welsh public sector wide framework), and any contract under 'G-Cloud 13' frameworks and Crown Commercial Services Frameworks. On occasion more specific arrangements may be utilised when existing options are unable to source the bespoke requirement, subject to appropriate procurement rules.

We look to continuously improve our delivery models and where there is a sustained demand for specialist external support we consider the potential for increasing in-house capacity to save money: we have done this recently with commercial legal support and further to consultation are in the process of introducing a Digital, Data and Technology pay framework with the intention of reducing demands for specialist IT contractors.

Recommendation 8.

We recommend that the Welsh Government provide information to the Committee about the areas in which it has identified skills and capacity pressures with its workforce and explain how it plans to address them, including explaining how resources will be reallocated and prioritised to meet these pressures.

Accept.

The Welsh Government continues to align skills and capacity to Cabinet priorities, ensuring our resources are aligned towards delivery. Directors General and their Directors have responsibility for prioritising resource alignment, with resourcing pressures escalated to our Priority Resourcing Panel (a sub-committee of the Executive Board).

Through the Welsh Government 2025 change programme there has been a focus on building capability including:

- reshaping our induction programme to upskill new talent joining the Welsh Government.
- developing our corporate learning programme to continue to invest in developing core civil service skills including in-demand skills across digital, data and policy.
- investing in building policy capability at all levels through the development of a refreshed policy capability framework setting out performance and development expectations and a career path for all levels of policy making.
- enhancing our Digital, Data and Technology professional career and pay framework to attract and retain the professional skills required now and to prepare for the future demands for embracing new technologies and driving efficient ways of working.

Where required, Welsh Government has continued to recruit externally to bring in additional capacity, new skills and wider experience for both core civil service roles and specialist skills not readily available from within the Welsh Government or Civil Service.

Since 2022, some of our larger external recruitment schemes have included a Business & Administration Apprenticeship programme (35 roles); Digital, Data & Technology Apprenticeship programme (10 roles); Finance Apprenticeship Programme (5 roles) and an entry-level scheme (20 roles).

Recommendation 9.

We recommend that the Welsh Government provide the Committee with detailed plans and objectives of how it proposes to take forward the concept of a One Public Service for Wales and the initiatives it has in place to develop and share expertise across Welsh public services.

Reject

The recommendation to provide detailed plans and objectives is rejected as the concept of one Welsh Public Service sits at the heart of the wellbeing and future generations act sustainability principle and the ways of working of collaboration and involvement. It also is the embodiment of the Welsh Government Partnership value.

One of the keyways this is being taken forward is by building a stronger network with our partner organisations through groups such as the Public Leaders forum, the Chief Executives Network, the Chairs Forum and the Welsh Government's Devolved Sector Group. These groups bring together a diverse range of organisations to share good practice, look at opportunities to share resources and work together on common issues.

Working in social partnership with trade unions and devolved sector employers*, the Welsh Government's Devolved Sector Group considers actions to address pay disparity. This work resulted in Ministers agreeing new funding in 2022 that standardised the minimum salary rate paid to employees across the devolved sector. Action here helped to support a move towards greater pay parity and a move towards establishing a One Wales Public Service. (*The devolved sector comprises of Welsh Government civil service, arms-length bodies, non-ministerial departments, independent office holders, owned companies, and commissioners' offices.)

Through Academi Wales the ethos of the one Welsh public sector is embedded in its' suite of leadership development interventions, recognising the need for leaders to cooperate and the opportunity to thrive across organisational/sector boundaries.

Academi Wales has undertaken activity to map leadership development across Wales, to enable signposting to relevant organisations and crucially to be able to collaborate across that landscape more effectively.

Academi Wales have developed a Curated Offer – providing clarity on all interventions to target our public service leaders and organisations, depending on where they are in their leadership journey, around three levels of leadership – Early Leadership careers; Approaching Senior Leadership; and Senior Leaders. This supports our leaders to clearly identify the most appropriate development intervention to support them.

The Academi Wales offer is available to all public and third sector leaders, giving the opportunity to regularly engage, network and collaborate across various sectors. In line with the core purpose of supporting collaborative working, the majority of the offer is designed to bring together people from different organisations.

Recommendation 10.

We recommend that the Welsh Government include, in their accounts, a breakdown of the sickness absence data to differentiate absences due to mental health from other illnesses.

Accept

Assurance can be provided that sickness absence levels are monitored by cause of absence which enables appropriate action and support mechanisms to be put in place. A range of support is provided for both mental and physical ill-health – both are treated with parity.

We will commence reporting on absences due to mental health in the 2024-25 accounts.

Recommendation 11.

We recommend that the Welsh Government provide information about the actions officials are taking to address the increase in sickness absence and the support provided to staff, as well as the objectives for establishing a health and well-being and safety assurance board and its intended impact.

Accept

The Welsh Government aims to improve the health and wellbeing of its people by delivering a holistic approach that puts mental and physical health and wellbeing on a par with one another. The Health, Safety and Wellbeing Advisory Board, which brings together representatives from HR, Health and Safety, Trade Unions and the Senior Civil Service, was formulated as part of the WG2025 organisational change programme and oversees implementation of the Welsh Government's Health, Safety and Wellbeing Strategy and Action Plan.

The Advisory Board is designed to ensure a focus and evidence base on tackling both new and traditional Health, Safety and Wellbeing risks, at the right time and in the right way. It contributes to setting out clear objectives – at local, group and Organisational level to manage and evaluate our workplace health interventions and activities.

The Board

- Provides oversight and technical advice on Health, Safety and Wellbeing challenges, risks and opportunities,
- Develops capability, capacity and a safety culture at every level across the organisation,

- Regularly reviews a range of MI and data, including sickness absence trends, diversity related data, accident statistics, and People Survey results to identify emerging issues and respond effectively.

Line managers play a crucial role in managing sickness absence and promoting wellbeing and resilience. The HR Case Advisory Team, provide expert advice as required, and the organisation has a range of additional support including

- Occupational Health and Employee Assistance Programmes (clinical support)
- Access to Specialist Counselling and Cognitive Behaviour Therapy
- Mental Health Allies
- Individual Stress Risk Assessments and Wellness Action Plans
- Mental Health Line Manager Support Guidance and Conversational Toolkit
- Workplace Passports and Adjustments
- Able Futures Programme (drop-in sessions)
- Wellbeing Hour
- Financial Wellbeing Resources

Recommendation 12.

We recommend the Welsh Government provide the Committee with its assessment of the impact of streamlining its Welsh Government 2025 programme and what this means for its plans for organisational change and improvement.

Accept

WG2025 Programme was refocussed (streamlined) in January 2024 into three workstreams to ensure Welsh Government could meet the budget challenges it was facing:

1. ReSize
2. ReSpace
3. ReShape

ReSize was to ensure that the organisation could live within its budget for staffing and introduced tighter controls on all recruitment, resolved outstanding issue around temporary contracts and temporary promotions and ran a Voluntary Exit Scheme (VES).

ReSpace was set up to review the administrative estate and identify options to reduce costs. This workstream made significant savings through increasing space available for public sector tenants, reduce the cost of cleaning, heating, ventilation and security across the estate, and reducing the leasehold estate by

managing the move and closure of the Bedwas site. It also developed a new high-level strategy and options for the remaining administrative estate which will be taken forward over the next couple of years.

ReShape was set up to ensure better alignment of our staffing to Ministerial priorities and core organisational functions and services. This work is ongoing to reflect the recent developments in Ministerial Priorities and Targets.

Following the publication of the 2025-26 draft budget position for the Welsh Government we are developing the Third phase of WG2025 to ensure we support the delivery of Ministerial priorities and improve the operational effectiveness and efficiency of Welsh Government. The improvement work is focussed on the key areas of:

1. Ensuring we are ready for Senedd reform.
2. Improving our processes, systems and data,
3. Creating a better place to work for us all
4. Being an organisation which enables change and encourages continuous improvement.
5. Driving efficiency, enhancing governance and empowerment.
Optimising our estate.

Recommendation 13.

We recommend the Welsh Government provide an update about the progress of the work under the Welsh Government 2025 programme, specifically on the skills, capability and priorities of its workforce, together with further evidence to demonstrate how this work is addressing capacity challenges.

Accept

As a key part of the second phase of WG2025, we introduced a new Policy Capability Framework and policy skills curriculum specifically designed to strengthen the capability of our workforce in this critical governmental function.

We are now introducing job families and standard job specifications and we have also continued to work to strengthen our broader capability programme with a number of learning-orientated initiatives, including the 'One Big Thing' initiative which focused on data capability and a digital leadership programme tailored to the Senior Civil Service. We have also agreed to introduce a new Digital Data and Technology (DDaT) allowance framework to help attract and retain high demand DDaT skills.

The introduction of a Digital, Data and Technology (DDaT) allowance is only one part of a wider workforce strategy for the DDaT Profession which aims to deliver

the skilled and talented DDaT Profession which the organisation needs to deliver its priorities. A number of workstreams are focused on different elements of building a Profession and a culture to support the development of skills and career progression. Those workstreams involve developing career pathways and learning and development opportunities to better support career progression across all DDaT Profession roles. They also include developing resourcing processes to deliver the skills needs of the DDaT Profession and organisation now and in the future

New Group structures have been introduced to respond to changes in Cabinet portfolios and ensure that our organisational resources align as closely as possible to Ministerial structures. Within Groups, Directors General have undertaken extensive work to align resources to delivery priorities and this theme also saw a significant rise in our latest survey. People Survey scores on the Learning and Development theme saw healthy increases in our latest survey results.

Recommendation 14.

We recommend that the Welsh Government provide the Committee with an update on the outcomes of its recent voluntary exit scheme, including the numbers of staff who have applied to leave the organisation, and the cases approved, as well as the criteria for assessing applications and the anticipated savings arising from the scheme.

Accept

The Welsh Government's Voluntary Exit Scheme (VES) 2024 concluded with a total number 91 staff exiting the organisation on 31st August 2024. Of the 91 staff, 65 were in DRC funded posts and the other 26 were in programme funded roles. The total costs of the compensation payments for those exiting WG was £6.011m. The estimated annual savings from the exiting of 91 staff is £6.001m. However, these will not materialise until 2025-26 as the staff officially exited in Period 5 of the 2024-25 financial year, only 7/12ths of the annual savings will be attained in 2024-25 with a value of £3.500m. The full years saving of £6.001m is anticipated to be achieved in 2025-26 and has been factored into staff costs forecasts.

The scheme opened for staff applications on 18 March 2024 and closed on 15 April 2024 with 393 applications received. A consistent scoring criteria was agreed by the Executive Committee and Trades Union to ensure the organisation protected essential skills and capability. The selection criteria focused on scoring the impact of release across three categories: key skills; business continuity and

replaceability. Directors General and their Directors considered the scoring and made an informed recommendation for each application.

A corporate VES panel chaired by a Non-Executive Director, with representation from across the business at Director level, Finance Director, HR Director, the SCS Equality, Diversity & Inclusion Champion and Trade Unions (as observers), met on 3rd May to consider recommendations against the purpose of the scheme; provide assurance on the process; and consider the costs and payback time relating to the savings generated. The Corporate Panel recommended to ExCo that all staff who scored low across all three criteria and would not need to be replaced were released, i.e. that there was a direct saving from that person leaving the organisation and their role being removed from our structures and staffing delegations being reduced accordingly.

ExCo agreed with the corporate panel's recommendation to release only those applicants that would not need to be replaced. While there was an option to release up to 150 staff through the scheme, the workforce planning implications and risk of released capacity and capability the organisation would need to replace meant that ExCo did not consider releasing beyond the lowest scoring applicants.

Recommendation 15.

Noting the recent Welsh Government's voluntary exit scheme and the potential loss of experience and expertise within the workforce, we recommend the Welsh Government provide the Committee with information about how the related risks are being mitigated.

Accept.

The Welsh Government's voluntary exit scheme included clear scoring criteria to mitigate the risk of losing experience, expertise and knowledge. Every application required careful consideration of this specific risk and informed the scoring and recommendation provided to the Corporate VES Panel from the Group directly and final decision taken by the Executive Committee. The scoring criteria was clearly communicated to the organisation to manage expectations of those applying and an explicit consideration for the Corporate VES Panel and Executive Committee.

The exit process included knowledge and skills transfer with a specific requirement for managers and individuals to undertake a knowledge transfer session as part of their preparations to exit, capturing all essential knowledge, information and records.

Recommendation 16.

We recommend that the Welsh Government provide the Committee with an update about the review of its performance framework and the development of a balanced scorecard approach to performance reporting, including the scope, methodology and timetable for the review, as well as what information officials expect to include about the revised performance framework in the accounts.

Accept

In March 2024 ExCo agreed that Welsh Government would move to a new, more frequent, approach to KPI reporting, based on a quarterly balanced scorecard. The intention is to monitor organisational performance through a series of metrics to support more regular reporting and is expected to facilitate action and drive improvements in organisational effectiveness.

For Welsh Government, the focus of the scorecard is different to those used in the for-profit sector. The approach focuses on organisational structure (including the workforce and the workplace), functions (such as IT and procurement) and processes (such as impact assessments, FOI, and data security).

Work to develop the new balanced scorecard approach to Welsh Government Performance Reporting is being carried out in three phases – 1) Engagement, 2) Drafting and Iteration, and 3) Embedding and routine use of the framework.

Phase 1: Engagement (Spring - Summer 2024)

As part of the Engagement phase, Knowledge and Analytical Services (KAS) engaged with colleagues across the business to understand the information that is currently reported and its suitability for inclusion in the scorecard. KAS also engaged with Non-Executive Directors to seek their views on proposed metrics and format of the scorecard. KAS also considered the areas reported in the previous Welsh Government Performance Framework and their suitability for quarterly reporting.

Based on this engagement, the four quadrants proposed for the scorecard were:

- People and Places
- Finance
- Delivery – (Internal and External)
- Internal Processes/ Governance

It has been agreed that each quadrant should include a relatively small number of measures, to ensure ExCo and Finance and Corporate Services Sub-committee are able to focus on the key information they need. During this phase consideration has also been given to the balance of annual measures and

quarterly measures. It has also been agreed that the scorecard should have measures that complement, and not duplicate other reports, e.g. monthly financial reporting and People Survey reporting.

At the end of this phase, potential metrics that could be reported on were identified, and discussions begun on prioritisation of these metrics.

Phase 2: Drafting and Iteration (Autumn 2024 – Summer 2025)

Development work is now focused on drafting the scorecard using real data and to further develop metrics, targets and benchmarks for inclusion in the scorecard. Work is also underway to consider and agree annual metrics to sit alongside the quarterly metrics in the scorecard using learning from the previous Performance Framework.

During this phase it has also been agreed that the balanced scorecard will be considered by Finance and Corporate Services sub-committee ahead of ExCo on a quarterly basis. Use of the scorecard to support other organisational processes is also being considered. For example, using the scorecard reports to help inform the ICQ process and escalating any risks identified by the balanced scorecard to the corporate risk register via the existing processes.

Work is also underway to consider how the scorecard should reflect the new WG 2025 plan, including suitable measures.

Phase 3 – Embedding and routine use of the framework (from Summer 2025)

This phase will focus on embedding the approach in the organisation and ensuring its routine use.

It is anticipated that the annual accounts will include a summary of the performance reporting across the year, which will include the regular scorecard reporting alongside annual metrics covering other important elements of performance (such as Welsh Government Values). It will also include the reflections and actions taken as a result by ExCo and Finance and Corporate Services Sub-committee.

3. Annex 1

Welsh Government use of Local Partnerships, including expenditure incurred, a list of contracts and the nature of the services/work procured in 2022-3 and 2023-4.

Welsh Government used Local Partnerships' services to provide commercial, financial and sector specific capacity and capability and practical resources to support the delivery of key priorities and specific Programme for Government commitments.

Expenditure:

A summary of WG expenditure on Local Partnerships services per project and in total over the 2022-23 and 2023-24 financial years is set out below (exclusive of VAT):

	2022-23 £000s	2023-24 £000s
Ynni Cymru	21	818
Energy Service	583	570
Trydan Gwyrdd Cymru	664	683
Marine Energy Programme	649	416
Resource Efficiency Circular Economy Programme	1,701	2,216
Mutual Investment Model – Velindre	130	214
Mutual Investment Model – Sustainable Communities for Learning	415	-
Health and Social Care Climate Change Adaptation Planning	-	83

	2022-23 £000s	2023-24 £000s
Warm Homes Programme	-	116
Cwmni Egino	112	19
Unblocking Sites for Affordable Housing – Phosphates	-	35
Civil Contingencies Governance Review	94	-
ECO4 Statement of Intent	24	24
Future Grid	40	14
Other smaller projects	180	39
Total	4,613	5,247

Ynni Cymru

Contracts:

- Welsh Government Work Order covering 1 January 2023 to 31 March 2023, with a value of £20k.
- Welsh Government Work Order covering 1 April 2023 to 31 March 2025, with a value up to £3,600k.
- Welsh Government Work Order covering 1 November 2023 to 31 March 2025, with a value of £12k (M-Sparc workspace lease)

Nature of Services:

- Establishing the Ynni Cymru Programme to deliver a diverse pipeline of innovative and smarter local and community-driven renewable energy projects that bring together energy generation, storage, demand and infrastructure. The aim is to ensure that locally generated renewable energy is delivered to the right place, at the right time to improve efficiency, maximise grid efficacy and deliver the greatest local benefits.
- Progressing a number of workstreams including:
- developing the business case for the establishment of Ynni Cymru
- establishing key stakeholder groups to help inform activities and engaged with a range of public sector and community energy projects to identify

where Ynni Cymru can best add value to the whole of the energy system activities

- providing a health check service of existing local and community owned renewable energy assets,
- providing comprehensive advice and support relating to Smart Local Energy Systems
- a grid support service to show what can be connected to the grid today and in the future,
- development of new project delivery tools to navigate the complexities around battery energy storage and heat technology selection
- project pipeline selection
- project development and delivery

Energy Service

Contracts:

- Welsh Government Work Order covering 1 April 2022 to 31 March 2023, with a value of £610k.
- Welsh Government Work Order covering 1 April 2023 to 31 March 2024, with a value of £570k.

Nature of Services:

- Providing a strategic engagement service covering all public sector bodies, including Health Boards and higher education establishments (comprising 77 eligible organisations), to develop, de-risk and accelerate carbon reduction, energy efficiency, renewable energy and fleet decarbonisation projects that contribute to the achievement of the Welsh Government's ambition for the sector to be net zero by 2030. In this Local Partnerships works alongside the Welsh Government's other delivery partners, the Carbon Trust and the Energy Savings Trust.
- This work includes increasing the energy efficiency of buildings, construction of renewable energy generation facilities, transition of vehicle fleets to electric power, and improving procurement to reduce the carbon content of goods and services purchased. It includes assisting individual organisations and also encouraging joint working by supporting local area and regional energy planning, helping to deliver improved economies of scale.

Trydan Gwyrdd Cymru

Contracts:

- Welsh Government Work Order covering 1 April 2022 to 30 November 2022, with a value of £108k.
- Welsh Government Work Order covering 1 Dec 2022 to 31 March 2024, with a value of up to £1,622k.

Nature of Services:

- Establishing Trydan Gwyrdd Cymru as an arms-length Welsh Government owned renewable energy developer to accelerate the development of renewable energy projects on the wider Welsh Government woodland estate and maximise its value for the people of Wales.

This includes:

- the production of the business case for Trydan Gwyrdd Cymru, and the identification and progression of the pipeline of significant wind projects on the Welsh Government's Woodland Estate
- supporting all aspects of setting up the new company, including organisational design, staff recruitment, setting up the Board, core systems implementation, corporate identity and branding and formal registration at Companies House.

Marine Energy Programme

Contracts:

- Welsh Government Work Order covering 1 Apr 2022 to 31 March 2023, with a value of up to £700k.
- Welsh Government Work Order covering 1 Apr 2023 to 31 March 2024, with a value of up to £420k.

Nature of Services:

- leading the Welsh Government's Tidal Lagoon Challenge making £750,000 of grant funding available to research consortia to demonstrate the potential either to reduce or remove a barrier that is currently preventing tidal lagoons being developed or help to quantify a potential benefit of tidal lagoon development
- working with the Welsh Government, the ports of Port Talbot and Milford Haven and relevant supply-chain stakeholders to support efforts to maximise benefits to Wales from the developing floating offshore wind industry and to secure funding for initial surveys and design work to support port upgrade

- Working with the Morlais tidal stream demonstration project off the Anglesey coast to develop a range of creative funding options to enable project sustainability and increase the deployment of tidal stream devices to the maximum consented for the site, and negotiating and obtaining approvals for a Welsh Government equity investment in Menter Mon Morlais Ltd, the company that operates the site.

Resource Efficiency and Circular Economy Programme

Contracts:

- Welsh Government Work Order covering 1 Apr 2022 to 31 March 2023, with a value of up to £1,904k.
- Welsh Government Work Order covering 1 Apr 2023 to 31 March 2024, with a value of up to £2,209k.

Nature of Services:

- supporting the programme for government commitment to deliver the Extended Producer Responsibility Programme, through the provision of programme and project management support office
- supporting the Welsh Government in meeting the Auditor General for Wales recommendations and memorandum of understandings with local authorities by providing expert resource to support effective contract management of the operational PPP residual and food waste contracts
- supporting the ambition to achieve one planet resource use and achieve net zero carbon by 2050 through implementing initiatives to tackle hard to recycle material collaboratively across the public sector including facilitating the move towards ultra-low emissions vehicles for refuse and recycling collections across Wales
- alongside WRAP Cymru, supporting the delivery of local authority statutory recycling targets and infrastructure delivery
- helping to inform future policy and infrastructure requirements, including assessing the impacts of Emission Trading and changing waste composition and helping to ensure that Welsh Government funded infrastructure continues to achieve best outcomes, maximising value for money for the public sector in Wales
- supporting the transition to a circular economy.

Mutual Investment Model - Velindre

Contract:

- Welsh Government Work Order covering 6 September 2021 to 31 March 2024, with a value of up to £414k.

Nature of Services:

- supporting the procurement and contract award for the new Velindre Cancer Centre, acting to ensure the Welsh Government's interests are safeguarded.

Mutual Investment Model - Sustainable Communities for Learning

Contract:

- Welsh Government Work Order covering 1 April 2021 to 30 September 2022, with a value of up to £1,086k.

Nature of Services:

- leading the development of the Mutual Investment Model and its application in the schools and further education sector
- leading the procurement of the Welsh Government's strategic partner and the establishment of the Wales Education Partnership Company
- supporting the procurement and contract award for the first schools pathfinder projects

Health and Social Care Climate Change Adaptation Planning

Contract:

- Welsh Government Work Order covering 9 October 2023 to 31 July 2024, with a value of £82k.

Nature of Services:

- supporting the division with its climate adaptation planning following the publication of the Climate Change Committee's (CCC) report "Adapting to Climate Change: Progress in Wales, in September 2023"
- developing a Adaptation Toolkit for Health and Social Care in Wales and training materials and workshops tailored to the specific circumstances and requirements of the sector in Wales.

Warm Homes Programme

Contract:

- Welsh Government Work Order covering 1 May 2023 to 30 June 2024, with a value of up to £140k.

Nature of Services:

- providing a strategic review of the existing contract and contract documents
- reviewing the tender documents
- providing strategic procurement support
- acting as Welsh Government's contract manager for the Warm Homes contracts to ensure a timely and an ordered transition and seamless service continuity between existing and new projects
- embedding effective contract management practices and procedures for adoption by a permanent Welsh Government contract manager post

Cwmni Eginio

Contract:

- Welsh Government Work Order covering 1 September 2021 to 30 September 2023, with a value of up to £229k.
- Welsh Government Work Order covering 4 November 2021 to 31 May 2022, with a value of up to £47k (Nuclear Supply Chain Brokerage).
- Welsh Government Work Order covering 1 November 2021 to 30 June 2022, with a value of £25k. (Trawsfynydd Development Programme)

Nature of Services:

- supporting the Welsh Government in setting up Cwmni Eginio Ltd. a development company created to promote new uses for the Trawsfynydd nuclear site in Gwynedd
- putting in place the basic business functions necessary for the new entity to operate
- creating new governance structures in the form of a company board
- providing key skills sets and operational capacity until permanent staff could be recruited
- supporting Cwmni Eginio deliver the first part of their initial business plan
- providing the programme management skills and capability to develop an initial programme timeline, initial risk management tools and a draft outline business case to support the case for further public funding in the future

- preparing a feasibility study looking at the viability of developing a Nuclear Decommissioning Brokerage Service, focused on the economic opportunities provided by the Trawsfynydd power station taking into account wider opportunities across Wales and the UK
- supporting the Welsh Government in the management of the Trawsfynydd Development Programme over the period of transition where delivery responsibility will transfer from the Welsh Government to Cwmni Eginio
- maintaining momentum and progress during this transition period, ensuring the transfer over to Cwmni Eginio happens smoothly and that the Welsh Government is not exposed to inappropriate or excessive risk.

Civil Contingencies Governance Review

Contract:

- Welsh Government Work Order covering 26 April 2022 to 26 October 2022, with a value of £94k.

Nature of Services:

- undertaking stakeholder survey and interviews
- review of all areas of civil contingencies and emergency planning across Wales, and reviewing models used in other countries
- holding workshops with Local Resilience Fora
- proving a report

Unblocking sites for affordable housing - Phosphates

Contract:

- Welsh Government Work Order covering 14 August 2023 to 31 December 2023, with a value of up to £75k.

Nature of Services:

- liaising with Welsh Government, Natural Resources Wales, Welsh Water, developers and planning authorities, to identify and address issues on a site-by-site basis from a list of 68 sites, to identify new homes and sites that are able to proceed subject to normal planning and development processes.

ECO4 Statement of Intent

Contract:

- Welsh Government Work Order covering 23 January 2023 to 31 December 2023, with a value of up to £36k.

Nature of Services:

- supporting the Welsh Government, the WLGA and individual local authorities, in mobilising WG ECO4 Flex Statement of Intent (Sol) through an early active learning phase, one to one and collective interviews,
- production of ECO4 flex guidance for local authorities and keeping this updated throughout the learning phase
- supporting the Welsh Government (or WLGA) to co-ordinate a Welsh Local Authority ECO 4 / Domestic Retrofit Working Group
- preparing reports, briefing papers minutes and communication material
- exploring good practice in relation to collation and utilisation of publicly available housing, EPC and socio-demographic data
- producing a lessons learned and recommended next steps report
- work with Welsh Local Authorities and the Welsh LGA to explore regional approaches to delivery of ECO4 Flex and integration with wider domestic retrofit schemes
- utilising the Energy Service to, gauge appetite for collaborative approaches, and develop early feasibility / Strategic Outline Case for regional delivery vehicles
- sharing learning from other regions
- building on any existing regional net zero / housing procurement / delivery arrangements where relevant
- producing a bespoke Wales wide Local Authority Domestic Retrofit handbook

Future Grid

Contract:

- Welsh Government Work Order covering 1 April 2023 to 30 September 2023, with a value of up to £29k.
- Welsh Government Work Order covering 1 October 2023 to 31 March 2024, with a value of up to £19k.

Nature of Services:

- supporting the Future Energy Grid for Wales project
- supporting wider engagement with stakeholders about the outcomes of the project, including through webinars and one on one meetings

Other Smaller Projects:

	2022-23 £000s	2023-24 £000s
Re:fit 3 Quality Assurance	-	3
Net Zero Planning	-	14
Sustainable Farming Scheme (critical path)	-	14
Strategic Capital Planning	48	8
Electric Vehicle Infrastructure Support	22	-
THTF Business Case	18	-
Integrated Centres	45	-
Unnos	8	-
Energy Delivery Portfolio Case	9	-
Energy Service Scope 3	30	-
Total	180	39

Document is Restricted

Document is Restricted

Agenda Item 7

By virtue of paragraph(s) vi of Standing Order 17.42

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Agenda Item 8



Cancer Services in Wales:

A review of the strategic approach to improving the timeliness of diagnosis and treatment

January 2025



This report has been prepared for presentation to the Senedd under the Government of Wales Act 1998 and the Government of Wales Act 2006.

The Auditor General is independent of the Senedd and government. He examines and certifies the accounts of the Welsh Government and its sponsored and related public bodies, including NHS bodies. He also has the power to report to the Senedd on the economy, efficiency and effectiveness with which those organisations have used, and may improve the use of, their resources in discharging their functions.

The Auditor General also audits local government bodies in Wales and conducts local government value for money studies.

The Auditor General undertakes his work using staff and other resources provided by the Wales Audit Office, which is a statutory board established for that purpose and to monitor and advise the Auditor General.

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Mae'r ddogfen hon hefyd ar gael yn Gymraeg.

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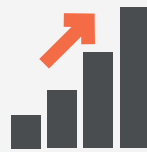
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Key facts

Exhibit 1: key facts

Cancer is the **leading cause of death** in Wales

Wales has the **second highest** cancer mortality in the UK. The UK has one of the highest cancer mortality rates of all OECD countries



Five-year cancer survival has improved. **62%** of people diagnosed with cancer between 2016-2022 survived at five years compared to **54%** of people diagnosed between 2002-2006



4 in 10 annual cancer cases in Wales could be prevented



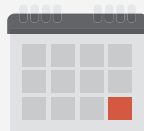
At £719 million in 2022-23, spending on cancer services was the **third highest area of NHS spending** after mental health and trauma and orthopaedics

Real terms spending on cancer services has **increased by 54%** from 2009-10 to 2022-23



Since August 2020, no health board has met the overall target that **75%** of patients should start their first definitive treatment within **62 days** of first suspicion of cancer

From August 2023 to August 2024, between **53%** and **61%** of patients started treatment within **62 days**



In 2021, **24%** of cancer patients were diagnosed at stage 4 and **18%** at stage 3



Survival decreases as stage advances for all cancer types



Bowel screening eligibility has expanded in stages since October 2021. It now includes people aged **50 to 74** and uses a more sensitive test.

From July 2023 to July 2024, just **21%** of bowel screening participants referred to their health board for a colonoscopy were offered the procedure within 4 weeks against a standard of **90%**

Breast and cervical screening uptake were **below standard**



Non-melanoma skin cancer, bowel, female breast, lung and prostate cancers are the most **common cancers** in Wales

Source: Audit Wales

Notes: *Welsh Government data: NHS Expenditure by programme budget category and year, 'cancer and tumours', on StatsWales

Key messages

Context

- 1 One in two people in the UK born after 1960 will be diagnosed with some form of cancer during their lifetime¹. Many people go on to survive cancer and lead healthy lives. Early diagnosis and timely treatment are key to survival for most cancers.
- 2 Services to detect, diagnose and treat cancers and to support cancer patients are provided by many public and third sector organisations. Some services, notably Systemic Anti-Cancer Therapy² and radiotherapy, mostly serve cancer patients. However, much of the outpatient, diagnostic and surgical capacity needed for cancer patients is part of the wider planned care system.
- 3 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 National Strategic Clinical Network for Cancer³ is part of the NHS Executive and brings together clinicians and health professionals to support improvement. Health boards are responsible for providing high quality care to patients and meeting performance targets. **Appendix 1** explains roles and responsibilities for cancer services and key elements of the strategic approach.
- 4 Our work has examined the coherence of the national arrangements to drive improvements in cancer services in Wales. The report includes an overview of NHS Wales' performance in providing cancer diagnosis and treatment and offers views on the prospects for improvement, including through prevention. The report does not comment on the performance of individual NHS bodies as this will be examined as part of the Auditor General's 2025 programme of local audit work at those bodies. **Appendix 3** provides more detail about our work.

1 Cancer Research UK.

2 Systemic Anti-Cancer Therapy includes chemotherapy, immunotherapy and hormonal therapy.

3 Called the Wales Cancer Network at the time. We refer to the Network as the 'Cancer Network' throughout the report. **Appendix 1** explains the role of the Network.

Overall conclusions

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

Key findings

Performance and resources

- 6 Demand from suspected cancer patients is increasing ahead of the NHS' ability to meet it. As a result, the waiting list for diagnosis and treatment is growing. Our indicative modelling shows that without a significant increase in activity to diagnose and treat patients, the waiting list will not return to pre-pandemic levels.
- 7 The national target that 75% of cancer patients should start their first definitive treatment within 62 days of first suspicion has not been met by any of Wales' health boards since August 2020. Performance deteriorated following the pandemic and has been stable since early 2022 with between 52% and 61% of patients starting their treatment within the target time. Waiting times for some cancer types are particularly long with some patients waiting over 100 days for treatment⁴. There are also growing waits between diagnosis and the start of treatment.
- 8 A significant minority of people are being picked up with late-stage cancer which impacts their likelihood of survival. In 2021, patients diagnosed with cancers of the gall bladder, pancreas and lung were more likely than patients with other types of cancers to be diagnosed at stage four (74%, 52% and 48% of patients).
- 9 Screening plays a vital role in early detection. While the standard for uptake of bowel screening is being achieved, this is not the case for breast and cervical screening programmes.

4 See Exhibit 8.

- 10 Patient outcomes have improved over time. But Wales has the second highest cancer mortality rate in the UK after Scotland. The UK itself has a worse rate than many OECD countries. Mortality rates in Wales are significantly worse for people living in deprived areas and the gap between the most and least deprived is growing.
- 11 Real terms spending on cancer care over the last 13 years has grown considerably more than the overall increase in real terms NHS spending. However, this increase does not necessarily translate into extra activity as there are a range of inflationary cost pressures, including costs of drugs and new treatments. There are also challenges around capacity – including gaps in the workforce and concerns about a shortage of modern scanning equipment.

Strategic direction

- 12 The Welsh Government has set out its high-level strategic vision for cancer services in its 2021 Quality Statement for Cancer. In February 2023, at the request of the then Minister for Health and Social Care, the Cancer Network published a three-year Cancer Improvement Plan as a collated NHS response to the Quality Statement. The NHS Executive is developing a National Cancer Recovery Programme as part of the wider national approach to transforming planned care. The Welsh Government has also launched a 'Cancer: Improving Outcomes' initiative through its Life Sciences Hub aimed fostering innovation and collaboration between the NHS and industry.
- 13 Whilst these various developments demonstrate a clear national commitment to improve cancer services, their collective efficacy is undermined by a lack of clarity over the status of the three-year Cancer Improvement Plan. Welsh Government officials were clear that the Plan was not their document but rather the collated response of the NHS to the Quality Statement.
- 14 However, NHS and third sector bodies are confused about the Cancer Improvement Plan's status and what, if anything, they should be doing to implement it. Many were also confused about the links between the Improvement Plan, the National Cancer Recovery Programme and the Cancer: Improving Outcomes initiative.
- 15 There is similar confusion about the split of leadership and accountability between the Welsh Government and the NHS Executive and about roles within the NHS Executive. Overall, we identified a consensus, including within the Welsh Government and the NHS Executive, that the arrangements were not yet providing the strong leadership needed to drive system-wide improvement in cancer services.

- 16 We identified examples of important Welsh Government investment to improve cancer services and broader planned care including rapid diagnostic centres and a new cancer centre for Velindre NHS Trust. However, the pace at which some new developments are taken forward can be slow, in areas such as digital cellular pathology and lung cancer screening.
- 17 There is also a risk that the Welsh Government may not get a good return on its £3.4 million investment in a National Imaging Academy. The Academy is training more radiologists to address workforce shortages, but some NHS bodies have not been able to create jobs for newly qualified people.
- 18 The Welsh Government relies heavily on its performance management arrangements to oversee and drive improvement. However, these arrangements are focussed predominantly on the 62-day timeliness target, which only covers part of the patient pathway. The Welsh Government told us it also focuses on delivery of National Optimised Pathways, although at the time of drafting the NHS Executive was still developing plans for monitoring compliance with those pathways.
- 19 The Welsh Government's Quality Statement does not set out any specific expectations in respect of cancer prevention despite around 38% of cancers being preventable. Whilst there are other Welsh Government strategies and frameworks aimed at encouraging healthier lifestyles these do not constitute a coherent policy framework for population health and disease prevention.
- 20 Data and digital are two other key areas for improvement. We identified inaccuracies in national data and a need for more consistent national data that helps track delivery across the patient pathway. Work is underway to replace the previous outdated cancer information system. However, progress has been slow, and services continue to rely on fragmented digital systems that consume time and carry risks to patient safety.



The Welsh Government's Quality Statement, the identification of nationally optimised pathways and the publication of a Cancer Improvement Plan are all examples of a clear commitment to secure high quality cancer care for the people of Wales.

However, despite this and increased investment over recent years, too many people are experiencing unacceptably long waits for cancer diagnosis and treatment. Variations in performance and outcomes persist within and between health bodies in Wales, and insufficient attention is being placed on prevention of the lifestyle factors that can cause cancer and other major health conditions.

The arrangements for the national leadership and oversight of cancer services in Wales need to be clarified and strengthened as a matter of urgency. This must include a clear statement on the status of the NHS Wales Cancer Improvement Plan and how the Welsh Government and NHS Executive expect it to be used, alongside other programmes and initiatives, to shape the improvements which are needed in cancer services in Wales.

Adrian Crompton
Auditor General for Wales





Recommendations

Exhibit 2: recommendations

Setting out a coherent, long-term strategic approach for cancer in Wales, supported by clear system leadership and informed oversight

- R1 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 initiative. As part of this the Welsh Government should clarify how it intends to hold NHS bodies to account for delivery of the Cancer Improvement Plan.
- R2 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.
- R3 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.

Developing the strategic approach to population health improvement and disease prevention

- R4 The Welsh Government should develop a more coherent approach to population health improvement by setting out how it intends to use its Science Evidence Advice: NHS in 10+ Years to harness the opportunities associated with prevention to reduce the incidence of cancer and other major conditions.

Exploiting specific opportunities for improvement

- R5 The Welsh Government should work with Public Health Wales to accelerate decision making for a national lung screening programme. It should clarify as soon as possible whether it will fund national lung screening for Wales and the timescale for implementing such a programme.
- R6 As part of a wider approach to encourage greater regional working between health boards, the Welsh Government and the NHS Executive should work with the service to understand and help address any key barriers to delivering regional services. 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.
- R7 The Welsh Government should work with the NHS Executive, HEIW and other NHS bodies to ensure there are employment opportunities for radiologists who have been trained in the National Imaging Academy.

Improving Data and Digital

- R8 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.
- R9 The Welsh Government should work with the NHS Executive (particularly the Cancer Network), DHCW and Public Health Wales NHS Trust to develop a more comprehensive set of publicly available data on cancer services, which as a minimum should include:
- 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.
 - 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).
- R10 The Welsh Government should work with DHCW and NHS England to share regular and consistent data on the timeliness of diagnosis and treatment for Welsh cancer patients treated by NHS England.

Source: Audit Wales



Performance and resources

01

- 1.1 This part of the report looks at how well services to diagnose and treat cancer are performing, including against national targets. It considers performance in the wider context of demand, financial and capacity pressures.

What we looked for

We looked for evidence that the NHS is sustainably meeting demand to diagnose and treat cancer; whether it is meeting the national performance targets for timeliness of cancer diagnosis and treatment; and for evidence that outcomes for cancer patients are improving and compare well internationally.

Demand is increasing ahead of the NHS's ability to meet it and the waiting list for diagnosis and/ or treatment is growing

The number of people referred for suspected cancer has continued to rise following a sharp drop during the pandemic

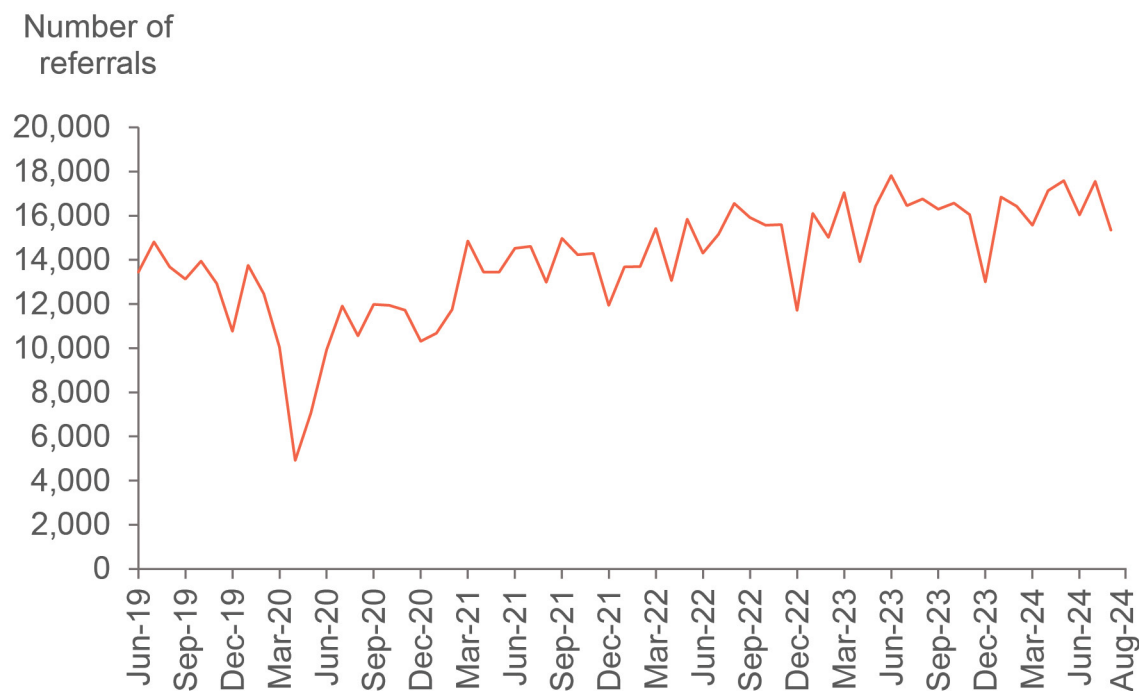
- 1.2 Suspected cancer referrals create demand for NHS services even though the vast majority of those referrals (over 84%⁵) go on to find out that they do not have cancer. Around 80% of patients with suspected cancer are referred by GPs. However, because they are far less likely than those coming from other routes⁶ to actually have cancer, those referred by GPs only make up around 54% of patients who go on to start treatment.
- 1.3 The number of suspected cancer referrals increased by 14% from June 2019 to August 2024 (**Exhibit 3**); equivalent to around 3% growth each year. Referrals have increased after a drop at the start of the pandemic. The highest numbers of referrals in August 2024 were for skin (excluding basal cell carcinoma⁷) and lower gastrointestinal cancers (17% and 15% of referrals respectively).

5 Since November 2020.

6 Other routes include screening services, emergency departments, and other secondary care professionals.

7 Basal cell carcinoma is the most common type of skin cancer and less likely than other skin cancers to spread to other parts of the body. NHS Wales does not refer suspected basal cell carcinomas via the suspected cancer pathway unless there is a concern that delayed investigation may cause significant impact to the patient in line with NICE Guidance NG12, last updated October 2023.

Exhibit 3: urgent suspected cancer referrals, June 2019 – August 2024



Source: DHCW, Suspected Cancer Pathway – Open Pathways Dataset, on StatsWales.

Note: data from June 2019 to November 2021 is based on experimental analysis on StatsWales and may not be directly comparable to the validated data from December 2021 onwards.

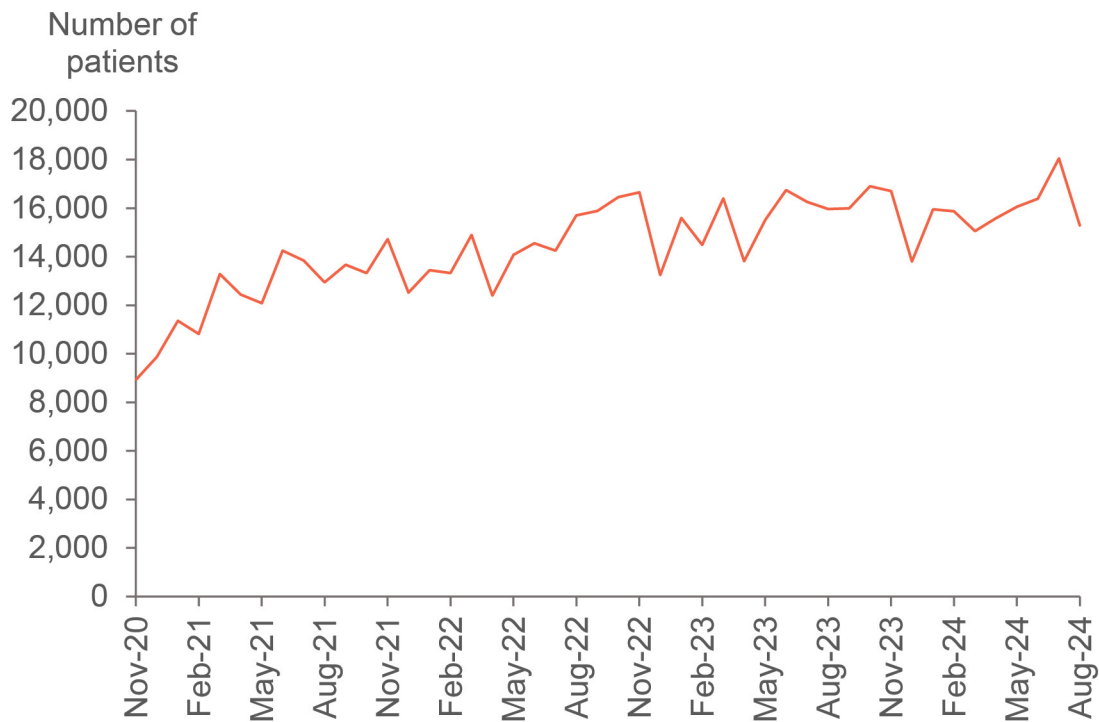
1.4 The number of newly diagnosed cancer patients has also increased over time (by 22% from 2002 to 2021) (see **Appendix 2, Exhibit 26**). Numbers fell in 2020, probably because fewer people accessed healthcare during the pandemic. Numbers of newly diagnosed cancers increased in 2021 but have not yet returned to pre-pandemic levels. The Welsh Cancer Intelligence and Surveillance Unit (WCISU)⁸ has not yet published clinical cancer registry data beyond 2021.

⁸ WCISU is part of the Public Health Wales NHS Trust.

The sharp increase in activity after the pandemic seems to have levelled off

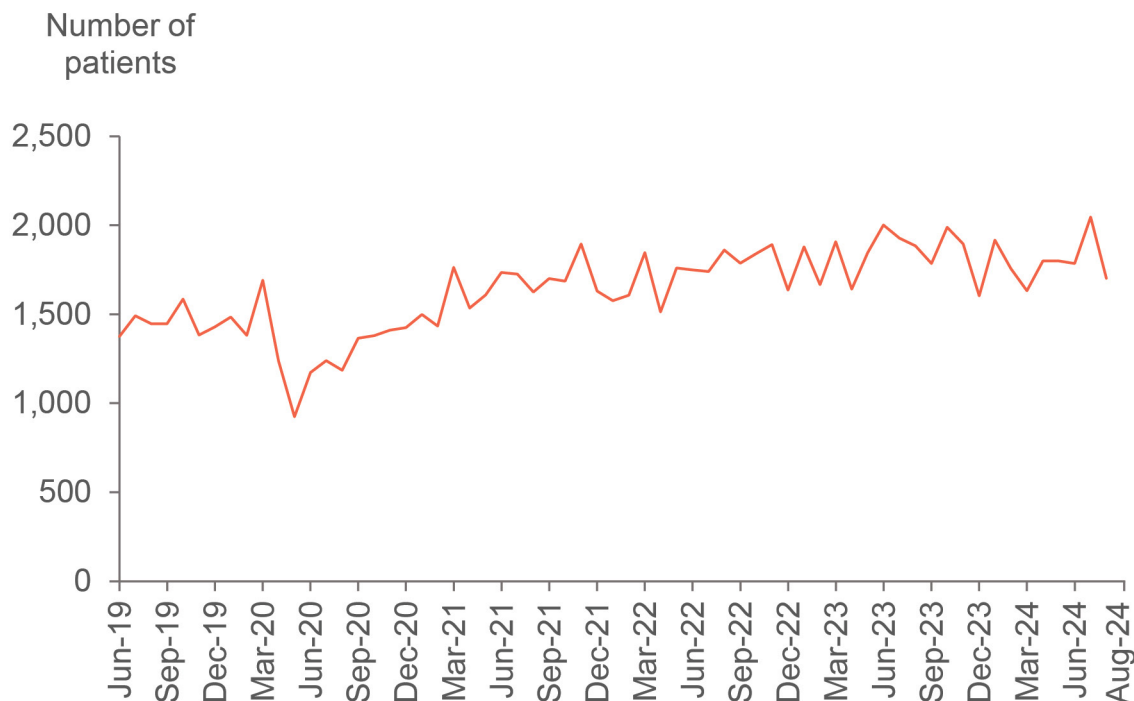
1.5 Activity to diagnose and treat suspected cancer patients⁹ has increased since the pandemic but seems to be levelling off. The overall number of pathways closed – including those who were told they do not have cancer and those who started treatment – has increased since November 2020 (**Exhibit 4a**). There is no comparable historic data to show how overall activity levels compare with pre-pandemic levels. However, the number of patients starting treatment for cancer increased quickly after a drop at the start of the pandemic and exceeded pre-pandemic figures by March 2021 (**Exhibit 4b**). The number of patients starting treatment appears to have to broadly levelled out from November 2022.

Exhibit 4a: all closed pathways November 2020 – August 2024



9 As measured by pathways closed.

Exhibit 4b: pathways closed due to patient starting first treatment, June 2019 – August 2024



Source: DHCW, Suspected Cancer Pathway – Closed Pathways Dataset, on StatsWales.

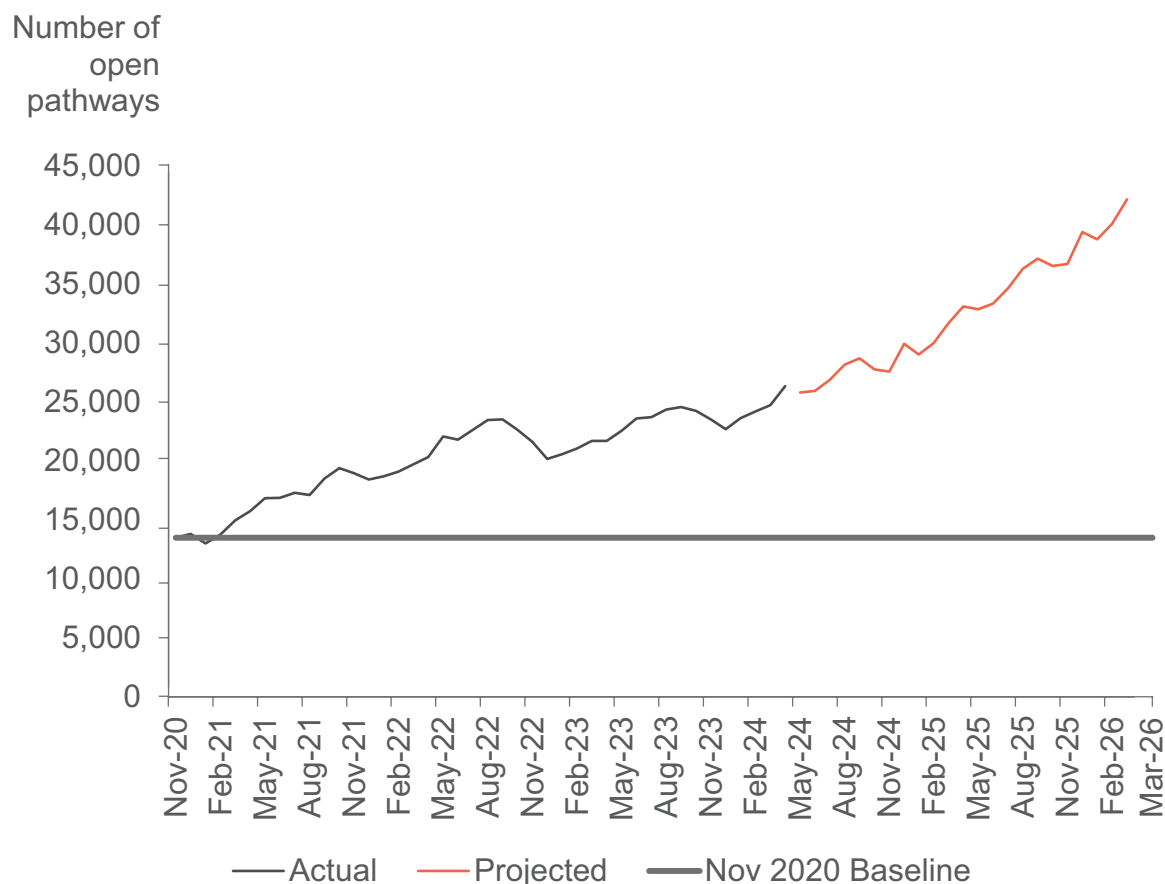
1.6 The available data understates the amount of activity because it only includes activity to the point of first treatment. Many people will need multiple episodes of care after they start their first treatment. It is likely that the amount of activity after first starting treatment is growing with the increasing complexity of new treatments, particularly in immunotherapy. The three cancer centres in Wales¹⁰ hold information on the timeliness of access to radiotherapy and Systemic Anti-Cancer Therapy. However, inconsistencies in the way some of the data is collected means it cannot currently provide any insight on national trends or comparative timeliness of ongoing treatment across Wales.

10 In north Wales, southwest Wales, and south Wales. The centres are managed individually by Betsi Cadwaladr University Health Board, Swansea Bay University Health Board and Velindre NHS Trust.

The numbers of patients awaiting diagnosis or treatment is growing and our analysis suggests the NHS needs to further increase activity if it is to reduce the backlog and sustainably meet demand

- 1.7 As part of its vision for quality cancer care, the Welsh Government wants to see the waiting list volume return to pre-pandemic levels. It has also set a target that 80% of cancer patients start treatment within 62-days by March 2026. However, the waiting list for diagnosis and/ or treatment has continued to increase, and it is difficult to see how that target will be achieved (**Exhibit 5**). Our indicative modelling shows that the list will continue to grow based on recent trends of demand and activity. It is clear that without a significant increase in activity to diagnose and treat more patients the waiting list is unlikely to return to previous levels.

Exhibit 5: actual and modelled numbers of open suspected cancer pathways to March 2026



Source: Audit Wales analysis of DHCW data, open suspected cancer pathways at month end

Note: Patients may have more than one pathway if they are waiting for diagnosis or treatment for more than one cancer.

Our projection assumed demand, as measured by referrals, increases by 3% a year in line with recent trends and that activity increases by 1% a year.

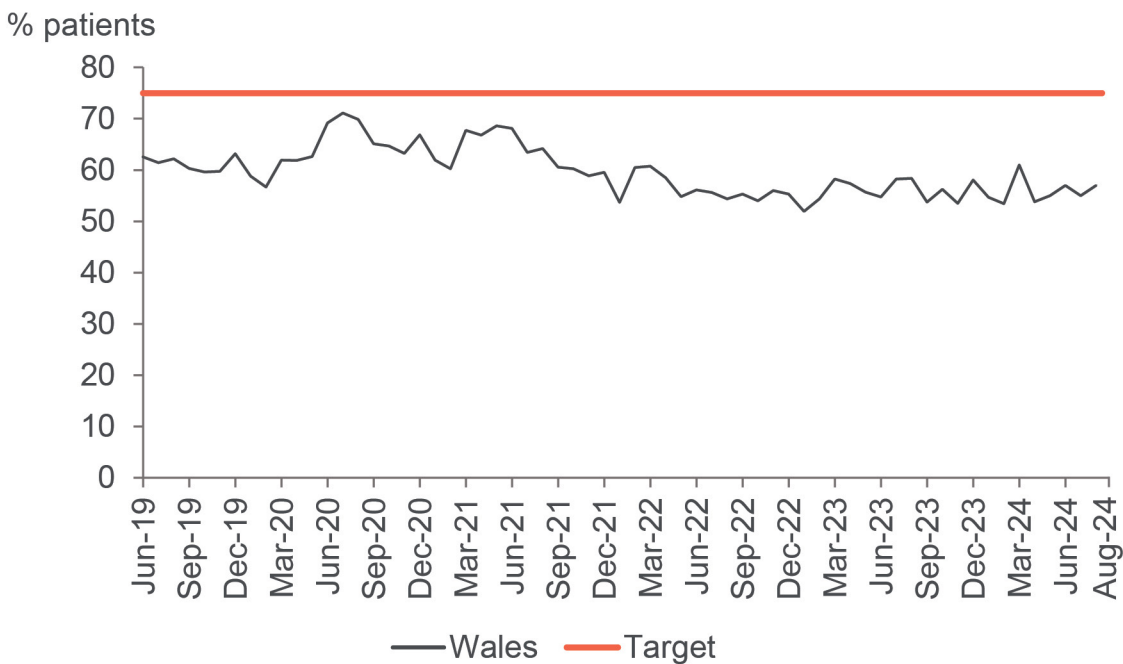
1.8 Much of the capacity the NHS uses to diagnose and treat cancer patients is also used for other non-cancer patient pathways. Achieving the political and policy ambitions to improve access to both cancer and wider planned care within the system’s existing capacity will therefore be challenging. Priorities on cancer care will need to be balanced with other planned care priorities. A consideration of how existing capacity can be better used or expanded will also be needed.

The NHS in Wales is continuing to miss the national performance target for cancer treatment

While the majority of patients start their treatment within 62 days, performance is well short of the national target of 75%

1.9 The Welsh Government started implementing its Suspected Cancer Pathway in June 2019, with a target that 75% of cancer patients should start their first definitive treatment within 62 days of the first suspicion of cancer¹¹. No health board has met the overall 75% target since August 2020 although performance has been better for some individual tumour sites (**paragraphs 1.10 and 1.11**). During the summer of 2020, referrals were lower and health boards were prioritising urgent and cancer care over other patients due to the pandemic. Since then, despite some month on month variations, performance has stayed between 52 and 61% (**Exhibit 6**).

Exhibit 6: performance against the 62-day Suspected Cancer Pathway Target, June 2019 – August 2024

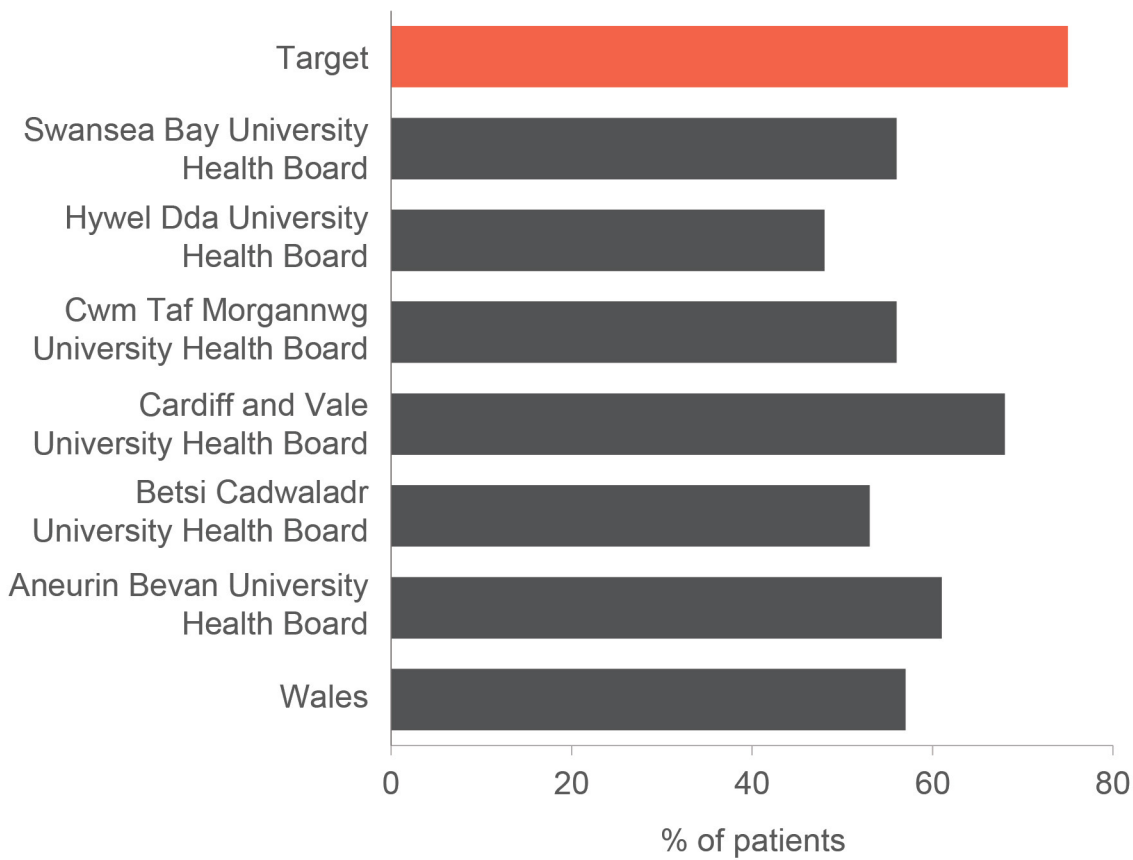


Source: DHCW, Suspected Cancer Pathway – Closed Pathways Dataset, on StatsWales.

11 Some data on performance against the target is available from June 2019 and the Welsh Government officially required health boards to report against the target from February 2021.

1.10 There is considerable variation and fluctuation in performance against the target by health board area. In August 2024, Cardiff and Vale University Health Board was closest to meeting the target at 68%, and Hywel Dda University Health Board was the worst performer at 48% (**Exhibit 7**). Health board performance has fluctuated considerably since 2019 (see **Appendix 2, Exhibits 27a to f**).

Exhibit 7: health board performance against the 62-day Suspected Cancer Pathway Target, August 2024



Source: DHCW, Suspected Cancer Pathway – Closed Pathways dataset, on StatsWales.

Note: StatsWales publishes data for residents of each health board unless they are treated by NHS England. Residents of Powys Teaching Health Board treated by other Welsh health boards are included in that health boards' figures. StatsWales does not distinguish between residents of Powys and residents of the health board they are treated by.

Time to start treatment varies by type of cancer and some patients can face unacceptably long waits

1.11 Waiting times vary depending on the site of the cancer. Waiting times for skin cancer, excluding basal cell carcinoma (BCC) have been consistently above the 75% target, aside from a brief dip in November 2023. However, waiting times for other tumour sites have rarely been at or above the target at an all-Wales level¹². Waiting times for gynaecological, lower gastrointestinal and urological cancers, and sarcoma are particularly poor with less than half of patients starting their first treatment within 62 days of first suspicion in August 2024 (**Exhibit 8**). Performance may vary within the sub-tumour sites¹³ for these cancers but there is no nationally available information to understand performance by sub-tumour site (**recommendation 9**).

12 Performance for breast and lung cancers briefly met the target in June 2021 but has deteriorated since. Brain and central nervous system and haematological cancers, acute leukaemia and sarcoma have all met the target at various points from November 2020 to June 2024 but represent low numbers of patients.

13 For instance, cervical and ovarian cancers are both gynaecological sub tumour sites.

Exhibit 8: performance against the Suspected Cancer Pathway target, median and 75th percentile waits for gynaecological, lower gastrointestinal, skin, and urological cancers, and sarcoma, and August 2024



Performance against the 75% target



Median waiting times



75th percentile waiting times

	Performance against the 75% target	Median waiting times	75th percentile waiting times
Skin (excluding BCC)	80%	35 days	61 days
Sarcoma	20%	No data	No data
Urological	40%	86 days	132 days
Gynaecological	35%	83 days	115 days
Lower gastrointestinal	45%	70 days	106 days

Source: DHCW, Suspected Cancer Pathway – Closed Pathways Dataset on StatsWales (data on performance against the 75% target) and DHCW data on the Suspected Cancer Dashboard (data on median and 75th percentile waits).

Note: Median waiting time is point where half the people have had their treatment and the other half are still waiting. The 75th percentile represents the time when 75% of people have had their treatment but 25% are still waiting.

While diagnostic waits are getting shorter, waits between diagnosis and starting treatment are getting longer

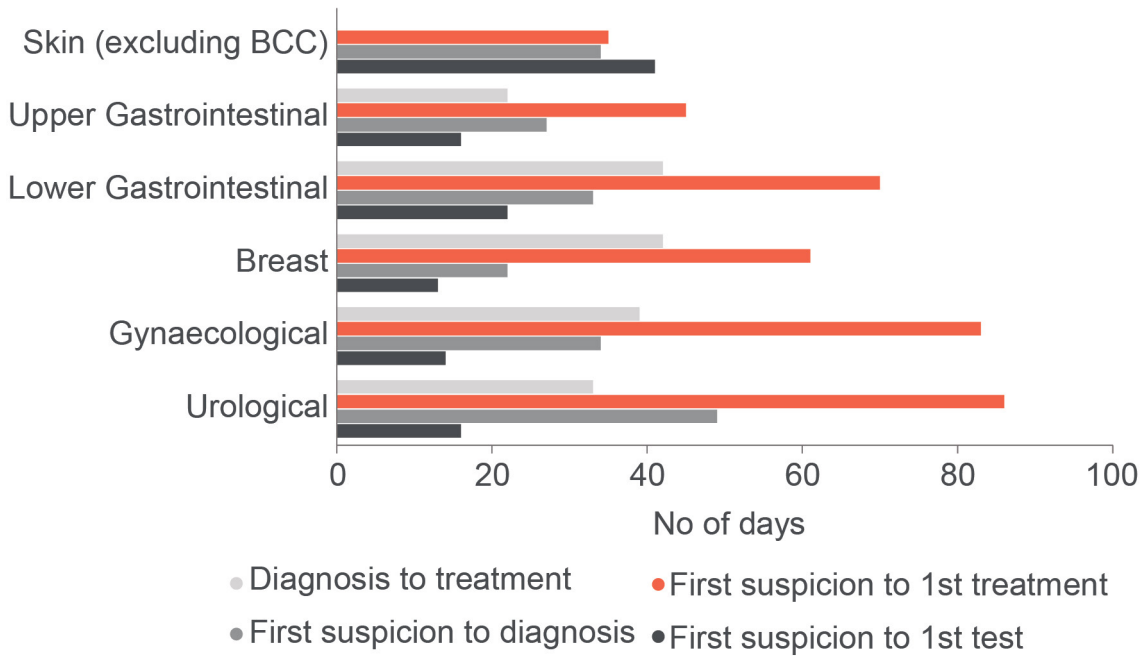
- 1.12 Health board, NHS Executive and Welsh Government officials told us that delays at diagnostic stage are one of the main reasons for poor performance against the 62-day cancer target. Median waits from first suspicion of cancer to first diagnostic test have fallen from 20 days in February 2021 to 16 in August 2024. Depending on the type of cancer, patients usually face another wait between having a diagnostic test and finding out whether they have cancer (diagnosis). Median waits from first suspicion to actual diagnosis increased from 26 days in February 2021 to 36 in January 2022 but fell to 27 in August 2024¹⁴.
- 1.13 Our analysis¹⁵ points to problems between diagnosis and starting treatment. Between February 2021 and August 2024, median waits from diagnosis to treatment increased by 38% from 21 days to 29. Waits between diagnosis and treatment vary between tumour sites, with patients with lower gastrointestinal and breast cancers waiting longer than those with other cancer types in August 2024¹⁶ (**Exhibit 9**).
- 1.14 There are also considerable variations in waits at other stages of the pathway across tumour sites. For instance, in August 2024, the median wait for urological cancers was 16 days from first suspicion to diagnostic test, 49 days from first suspicion to diagnosis, and 86 days from first suspicion to the start of treatment. By comparison, the median wait for skin cancers was 41 days from first suspicion to diagnostic test and 34 days from first suspicion to diagnosis, and 35 days from first suspicion to the start of treatment (**Exhibit 9**).

14 **Appendix 2, Exhibit 28** gives median waits from first suspicion to diagnosis over time.

15 Of DHCW data from the Suspected Cancer Pathway Dashboard. DHCW only publishes median waits for the tumour sites included in **Exhibit 9**.

16 The Welsh Government does not publish median waits for all tumour sites.

Exhibit 9: median wait from first suspicion of cancer to first test, diagnosis and starting first treatment, August 2024



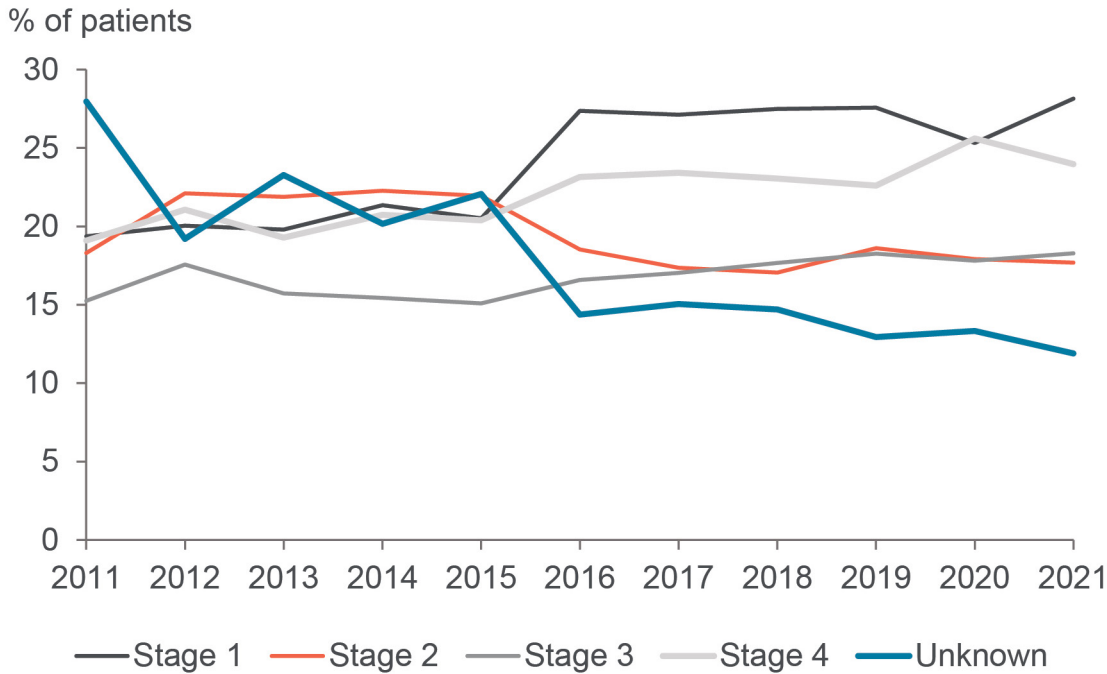
Source: DHCW data from the Suspected Cancer Pathway Dashboard

A significant minority of people are being picked up with late-stage cancer which impacts their likelihood of survival

1.15 Survival decreases as stage at diagnosis advances for all cancer types¹⁷. In 2021, 24% of cancer patients were diagnosed at stage four and 18% at stage 3 (**Exhibit 10**). The increase in the proportion of cancer patients diagnosed at stage 1 between 2011 and 2021 corresponds with a fall in patients diagnosed at stage 2 and patients whose stage is unknown at diagnosis. With the exception of an increase in 2020, the proportion of cancer patients diagnosed at stage 4 has ranged between 19% and 24% during the same period. Positively, the overall proportion of cancer patients whose stage at diagnosis was ‘unknown’ has significantly decreased since 2011.

17 WCISU, Cancer Survival in Welsh Residents Diagnosed Between 2002 and 2020, November 2023.

Exhibit 10: proportion of cancer patients by stage at diagnosis, 2011 to 2021



Source: WCISU cancer incidence data

Note: Our analysis is based on WCISU cancer incidence data which does not include ‘non-stageable’ cancer, non-melanoma skin cancer, and some rare cancer types.

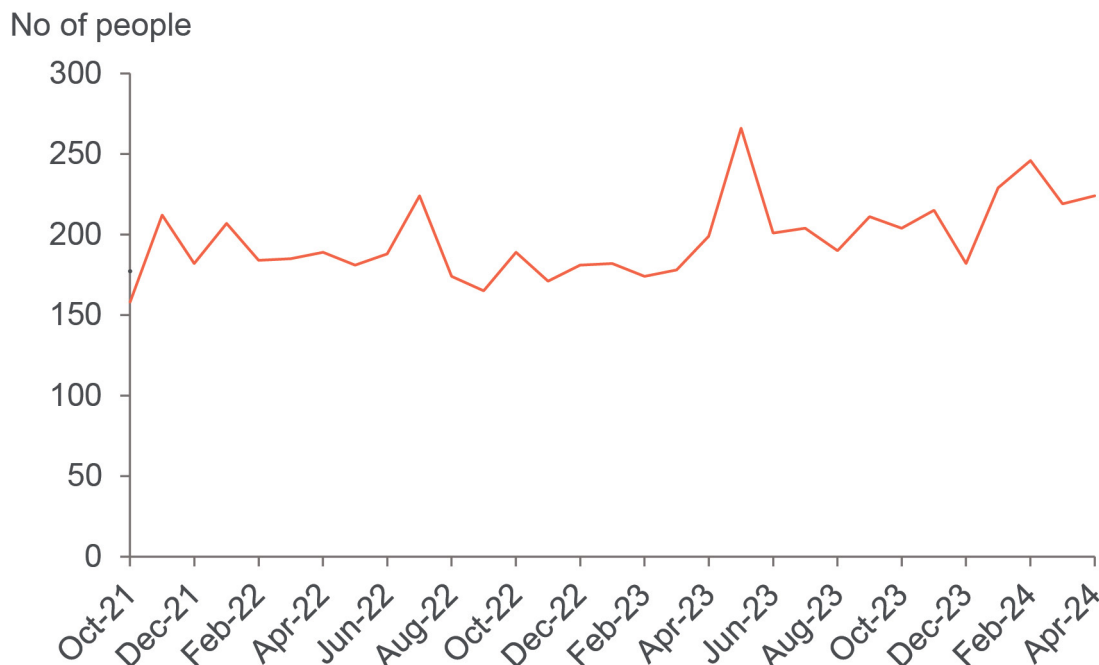
1.16 Some cancers are more likely than others to be diagnosed at a late stage, particularly asymptomatic cancers. In 2021, patients with gall bladder, pancreatic, and lung cancer were more likely than other cancer patients to be diagnosed at stage four¹⁸. 48% of lung cancer patients were diagnosed at 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% at stage one, 30% at stage two, 13% at stage three, and just 3% at stage four¹⁹.

1.17 Although the numbers are relatively small, the number of people whose suspected cancer was identified via emergency departments has increased by over 40% from October 2021 to April 2024 (**Exhibit 11**).

18 74% of patients with gall bladder cancer and 52% of patients with pancreatic cancer were diagnosed at stage 4 in 2021.

19 WCISU, Cancer Survival in Welsh Respiratory Diseases between 2002 and 2020, November 2023.

Exhibit 11: number of urgent suspected cancer referrals via emergency departments from October 2021 to April 2024.



Source: Audit Wales analysis of DHCW Suspected Cancer Pathway Data – closed pathways by source of suspicion.

1.18 Research by the International Cancer Benchmarking Partnership²⁰ found that countries with higher rates of cancer diagnosis after emergency presentation had poorer survival rates²¹. It explained that Wales and Scotland have some of the highest rates amongst comparable countries. Our own analysis found that suspected cancer patients referred from emergency departments were more likely than those referred via other routes to die before being diagnosed or starting treatment²². While some caution is needed due to the small numbers, there is an upwards trend in patients referred from emergency departments dying before treatment or diagnosis.

20 The Partnership brings together international clinicians, policymakers and researchers to identify best practice and support improved cancer outcomes for patients.

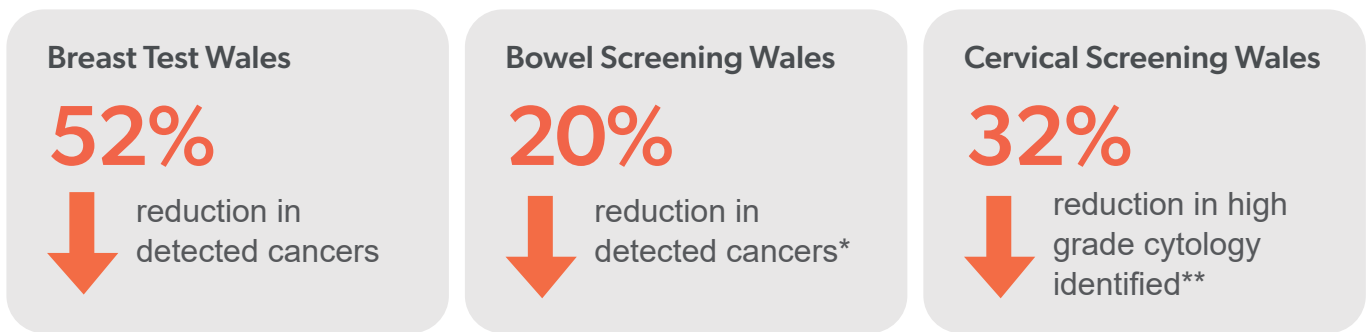
21 Abd Elkader, Alv, R; Barclay, M; Johnson, S; McPhail, S; Swann, R, Risk Factors and Prognostic Implications of Diagnosis of Cancer Within 30 Days After and Emergency Admission (Emergency Presentation): An International Cancer Benchmarking Partnership Population Based Study, 2022.

22 Based on our analysis of on our analysis of DHCW Suspected Cancer Pathway Data. In April 2024, 4% of suspected cancer patients referred from an emergency department died before starting treatment or finding out they did not have cancer compared to 1% of all suspected cancer referrals.

There is scope to increase uptake of screening to detect cancers earlier

1.19 Screening plays a vital role in early detection. Public Health Wales NHS Trust (PHW) runs Wales’s three cancer screening programmes: Breast Test Wales, Bowel Screening Wales and Cervical Screening Wales. The Trust estimates that brief pauses to its screening programmes²³ at the start of the pandemic reduced the number of detected cancers in 2021 compared to previous years (**Exhibit 12**).

Exhibit 12: reduction in cancers detected via screening, from April 2020 to March 2021 compared to the previous year



Source: PHW, Update on Population Based Screening Programmes in Wales to the Quality, Safety and Improvement Committee, June 2021

Note: * from April 2020 to February 2021.

**abnormal cells with the potential to develop into cervical cancer.

1.20 Whilst bowel screening is achieving its uptake standards, there are opportunities to increase screening uptake for the breast and cervical screening programmes which were both below the standard in August and April 2024 respectively (**Exhibit 13**). In 2022, the Trust reported differences in screening uptake for all three programmes depending on age, the health board area people live in, and whether the area is deprived or not²⁴. It is working to address inequity in screening uptake via its Screening Equity Strategy but has not published a progress report on screening equity since June 2022.

23 Audit Wales, A Review of Arrangements to Recover Screening Services at Public Health Wales NHS Trust, August 2023, provides more information the pause and recovery screening services including performance measures, eligibility and coverage standards for each programme.

24 Public Health Wales NHS Trust, Screening Division Inequities Report 2020-21, June 2022.

Exhibit 13: screening coverage against target, April and August 2024

	Eligibility	Standard	Uptake
Breast Test Wales	Women aged 50 to 70 years invited for screening every three years	70%	68%*
Bowel Screening Wales	People aged 50 to 74 years invited for screening every two years	60%	65%**
Cervical Screening Wales	Women and people with a cervix aged 25-64 years invited for screening every 5 years if Human papillomavirus (HPV) negative or more frequently if HPV positive	80%	69%***

Source: Audit Wales, based on information and wording from PHW, October 2024.

Note:

*Rolling annual rate at August 2024

**Average over the previous year at August 2024

***Age appropriate coverage at April 2024

1.21 Referrals from breast and bowel screening programmes were amongst the most likely to go on to start cancer treatment (92% and 28% respectively in 2023-24 compared to 12% overall)²⁵. However, there is no national data on the timeliness of subsequent cancer diagnosis and treatment for people referred from breast or cervical screening. From July 2023 to July 2024, just 21% of eligible people referred from bowel screening were offered a colonoscopy by the relevant health board within four weeks of phoning to book²⁶. The target is 90%. Waiting times for colonoscopies varied between health boards from four to 14 weeks.

25 Based on our analysis of DHCW Suspected Cancer Pathway Data. We have excluded cervical screening referrals from our analysis due to low numbers. Less than 5 people are referred with suspected cancer following cervical screening each month.

26 Public Health Wales NHS Trust, October 2024.

Survey data suggests that patients are generally satisfied with their cancer care, though the latest survey pre-dates the recent decline in performance

- 1.22 Data on patient experience is collected via the annual Wales Cancer Patient Experience Survey commissioned by the Cancer Network and Macmillan Cancer Support. The most recent data is from 2021 and pre-dates the downturn in performance against the 62-day target.
- 1.23 The vast majority of cancer patients who responded to the survey rate their overall care highly. The average rating for overall care was 9 out of 10 across Wales, based on 5,859 responses. The positive results reflect the hard work and compassionate care of the many staff working across the NHS to care for and support cancer patients. 87% of respondents said that the different professionals treating and caring for them worked well together to give them the best possible care either 'always' or 'most of the time'. The survey does not ask patients how they felt about the overall length of time they waited from first suspicion to starting treatment.

Outcomes for cancer patients are generally improving but lag behind comparable countries and are worse for people living in deprived areas

- 1.24 Cancer is the leading cause of death²⁷ in Wales, accounting for 25% of all deaths in 2022. Lung, bowel, and prostate cancer account for the largest proportions of cancer deaths²⁸. The number of cancer deaths has increased from 8,295 in 2002 to 9,154 in 2022 and is projected to increase by 27% by 2040 (based on 2021 levels)²⁹. The rise in cancer deaths is primarily explained by the changing age structure of the population. The age standardised rate³⁰ of cancer deaths has generally decreased since 2011 although there was a slight increase in 2022 (**Exhibit 14**).
- 1.25 The cancer death rate in Wales compares poorly to other UK nations and internationally³¹. Wales has had the second highest age standardised cancer death rate in the UK almost consistently since 2010 (**Exhibit 14**). The OECD compared age standardised cancer death rates in 2023, based on 2021 data. It placed the UK 35th out of 45 countries³².

27 In 2022, 24% of deaths were caused by diseases of the circulatory system, 12% by diseases of the respiratory system, 10% by dementia and Alzheimer's, and 29% by other causes.

28 WCISU cancer mortality data.

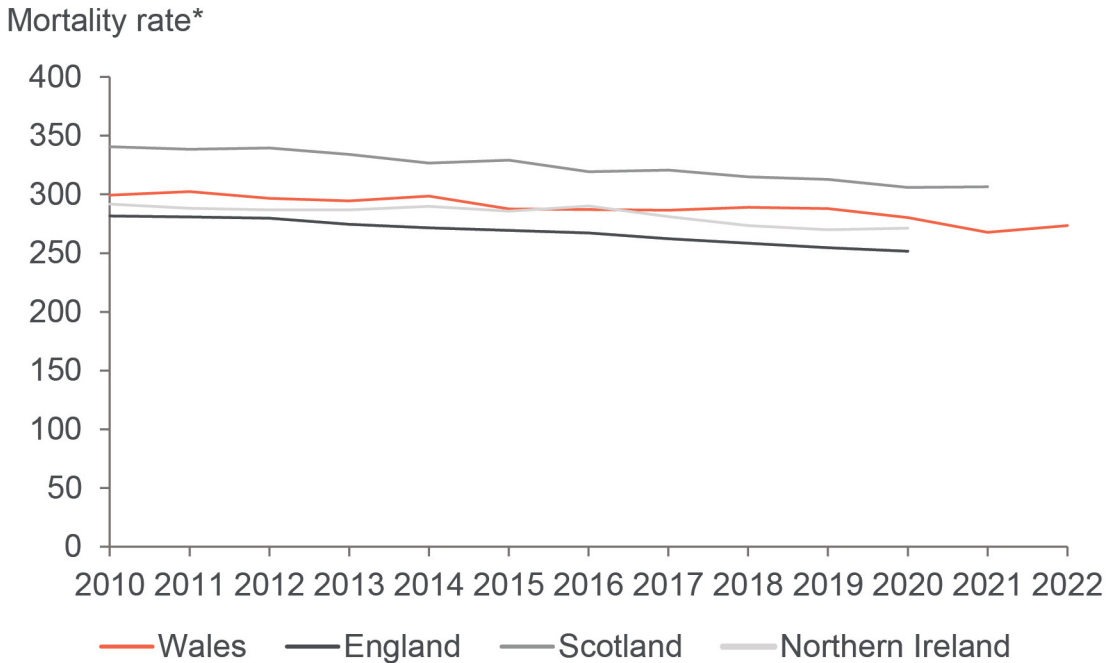
29 National Strategic Clinical Network for Cancer, A Cancer Improvement Plan for NHS Wales 2023-26, 2023.

30 Deaths per 100,000 of the population taking account of differences in the age structure of different parts of Wales.

31 Many factors affect cancer incomes including the relative wealth and spending on healthcare in each country, underlying population health, and deprivation.

32 OECD, Health At A Glance 2023: OECD Indicators, OECD, 2023.

Exhibit 14: age standardised cancer mortality rates in UK countries (excluding non-melanoma skin cancer), 2010 to 2022



Source: WCISU cancer mortality data

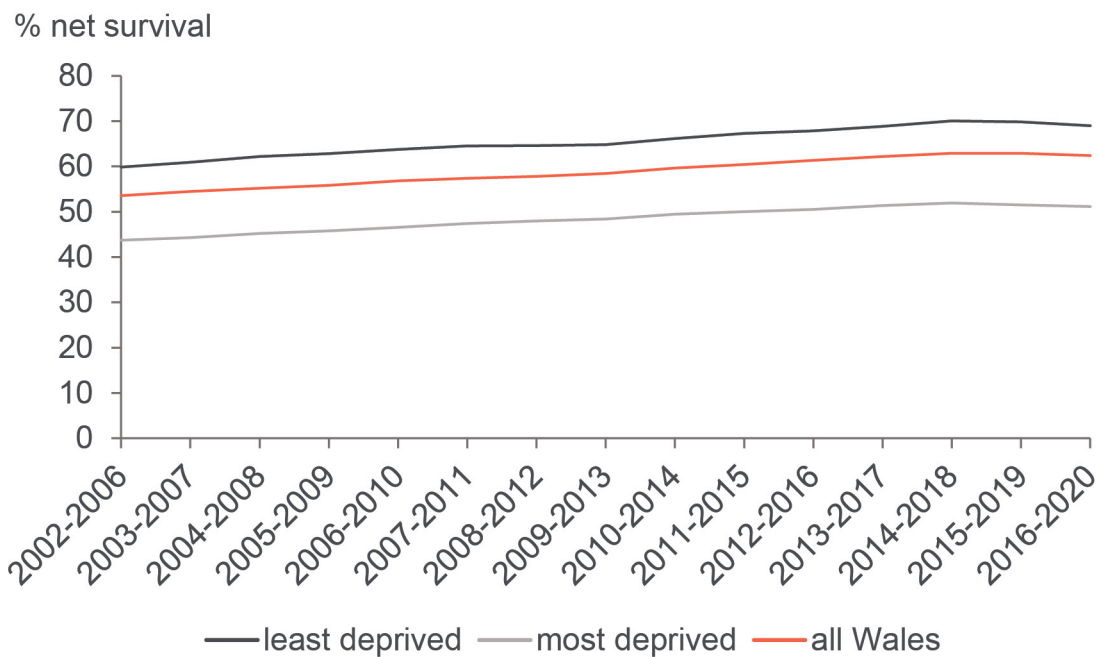
Note: *per 100,000, adjusted to reflect the age of the population

1.26 Cancer survival³³ improved between 2002 and 2020. 54% of patients diagnosed with cancer from 2002-2006 survived their cancer at five years compared to 62% of patients diagnosed between 2016 and 2020. There is not yet data available to track the impact of the pandemic on survival rates. Differences in data collection methods makes it difficult to compare overall survival figures across UK countries.

1.27 There is a significant deprivation gap in survival rates. While 69% of cancer patients living in the most affluent parts of Wales survive cancer at five years, that falls to 51% for those in the most deprived areas (**Exhibit 15**). Worryingly, the deprivation gap has widened from a difference of 16 percentage points for people diagnosed between 2002-06 to 18 percentage points for people diagnosed between 2016-20.

33 Cancer mortality figures show the number of deaths where cancer was the underlying cause whilst survival figures show how many people who have had cancer are still alive after a certain period of time so it takes several years for survival data to be published.

Exhibit 15: percentage unstandardised rolling net survival at five years comparing most and least deprived areas with the all Wales figure for patients diagnosed in the periods 2002-2006 to 2016-20 (excluding non-melanoma skin cancer).



Source: WCISU cancer survival data

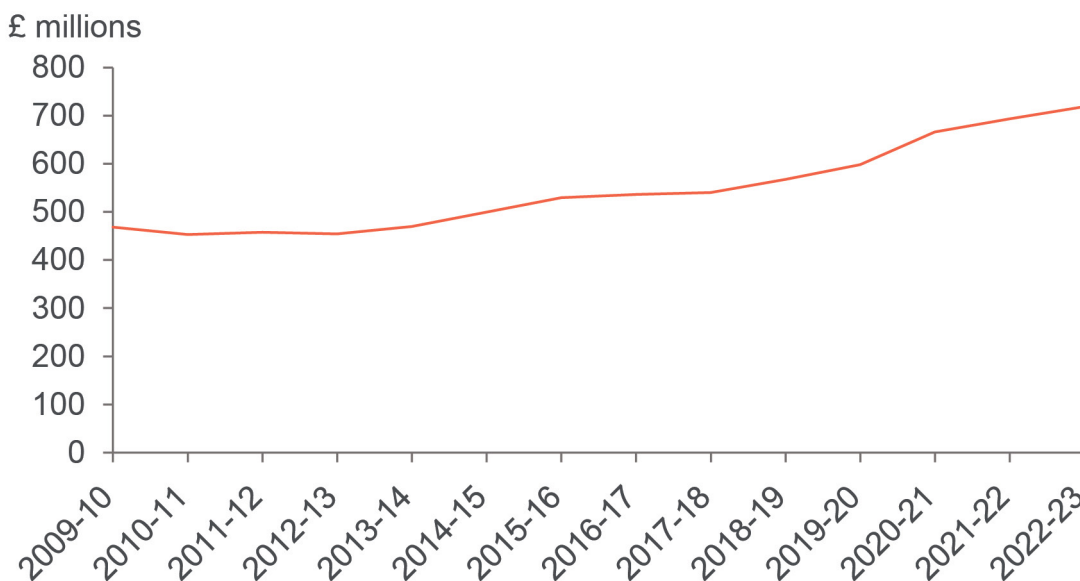
Spending on services to diagnose, treat and support cancer patients has risen faster than overall NHS spending but there are gaps in staffing capacity

Real terms spending on services to diagnose, treat and support cancer patients has grown more than overall growth in NHS Wales spending but there are significant cost pressures on those services

1.28 Real terms spending on services to diagnose, treat and support cancer patients increased by 54% from just over £450 million in 2009-10 to almost £720 million in 2022-23 (**Exhibit 16**). This increase is considerably greater than the overall 33% real terms growth in NHS Wales spending³⁴. As a proportion of overall NHS spending, spending on services to diagnose, treat and support cancer patients has increased slightly from 7% in 2009-10 to 8% in 2022-23. 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.

³⁴ Based on revenue spending in the Welsh Government's NHS expenditure by programme budget category data on StatsWales for consistency with cancer spending figures. The NHS Finances Data Tool on our website is based on published Welsh Government budgets and gives a slightly different figure.

Exhibit 16: real terms NHS spending on cancer, 2009-10 to 2022-23



Source: Welsh Government, NHS Expenditure by programme budget category and year, 'cancer and tumours', on StatsWales.

Note: Real terms figures are adjusted to take account of inflation. We used HM Treasury GDP deflators at market prices and money for 2022-23, March 2024.

The Welsh Government confirmed that this data is based on NHS Wales patient activity costs including staff, consumables, medicines and overhead costs such as estates, catering, HR and finance costs.

1.29 In 2022-23 NHS Wales spent £230 per head of the population on services to diagnose, treat and support cancer patients³⁵. Spend per head ranged from £206 in Cardiff and Vale to £270 in Swansea Bay University Health Board. An examination of the reasons behind differing spending figures across health board areas was outside the scope of this review but it is likely to reflect different local models of care and population factors including demography and deprivation.

1.30 Despite improvements in cancer waiting times being one of the key priorities for NHS Wales, the prospects for spending on services to diagnose, treat and support cancer patients are uncertain. UK public finances are under pressure. NHS bodies in Wales are already under financial strain, with six out of seven health boards overspending in 2023-24 and most projecting deficits for 2024-25. It is unclear whether they will be able to prioritise services for urgent suspected cancer patients to increase activity sufficiently to meet demand and reduce waiting times. Health boards are also under pressure to prioritise other parts of the system where performance is poor, including long waits for unscheduled care and for planned care.

35 There is no comparable data from other UK or comparable countries.

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

- 1.31 Despite spending increases, workforce capacity remains a significant challenge and workforce shortages are reducing service capacity³⁶. HEIW's Education and Training Plan 2025-26³⁷ describes 'significant national shortages and longstanding gaps' in specialist professional roles impacting diagnostics, cancer, emergency care and mental health. It highlights particular shortages in dermatologists, clinical oncologists, consultant urology surgeons, and histopathologists. It cites pressure from increasingly complex cancer reporting and the evolving field of geonomics on histopathology, and demand from cancer patients on urology.
- 1.32 The Royal College of Radiologists describes shortfalls of 34% and 12% in the radiology and clinical oncology workforces, likely to deteriorate to 38% and 28% respectively by 2028³⁸. We also heard that there are shortages of medical physicists, specialist and district nurses, and in the geonomics, Systemic Anti-Cancer Therapy and radiotherapy workforce.
- 1.33 HEIW set out its plans to address workforce shortages in its Education and Training Plan and Integrated Medium-Term Plan 2024-27. In line with its commitment in the Cancer Improvement Plan, HEIW has published its workforce plans for pharmacy and for geonomics, and intends to publish its plan for nursing in early 2025. The Ten-Year Workforce Strategy for Health and Social Care 2020 sets out the broader strategic approach.
- 1.34 As well as sufficient staff, NHS Wales needs sufficient equipment to deliver timely and effective diagnosis and treatment. The NHS Executive is building up a picture of capacity associated with the age and availability diagnostic imaging equipment including the age and availability of equipment. We heard anecdotal evidence that Wales has fewer imaging machines than comparable countries, and that some machines are old and prone to breaking down. Whilst it was beyond the scope of this review examine those claims, we did hear that limitations in access to diagnostic equipment are putting pressure on staff, affecting recruitment and retention, and restricting HEIW's ability to offer training places for diagnostic students³⁹.

36 Audit Wales, Workforce Data Briefing, 2023, sets out broad workforce issues, with many affecting services for cancer patients where services are not specific to cancer patients (such as diagnostics and surgery).

37 The Plan sets out commissioning and training recommendations for the health professional workforce in Wales.

38 Royal College of Radiologists, Radiology Workforce Census 2023, June 2024.

39 It is exploring using simulated training environments as an alternative.



Strategic direction



02

- 2.1 This part of the report looks at national strategic direction and leadership to improve cancer care in Wales. **Appendix 1** explains key elements of the strategic approach and broad roles and responsibilities for cancer services.

What we looked for

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

There is a lack of clarity on the status of the Cancer Improvement Plan and how it aligns with other cancer improvement initiatives

The Cancer Improvement Plan has not been sufficiently integrated into the wider strategic approach for improving cancer services

- 2.2 The Welsh Government set out its vision of what ‘good’ cancer services should look like in the Quality Statement for Cancer (2021). The Statement is generally high-level but is underpinned by tumour specific national optimal pathways. The pathways set out what should happen at different stages of the patient journey according to professional guidance. The Welsh Government instructed health boards to start embedding the pathways by September 2022⁴⁰. When it published the Statement, the Welsh Government said that the Cancer Network would develop a rolling, three-year plan to achieve the national vision.

Exhibit 17: vision set out in the Quality Statement for Cancer

The Cancer Quality Statement sets out that its ultimate aim is to improve population survival and reduce cancer mortality rates. It identifies key areas for action:

- that cancer is effectively prevented where possible,
- that cases of cancer are detected at earlier more treatable stages,
- that complex treatment pathways are optimised, while throughout people are properly supported and co-produce their care.

The statement sets out a series of attributes, indicating what good quality care looks like, under six headings:

- Equitable
- Safe
- Effective
- Efficient
- Person centred
- Timely

Source: Welsh Government Quality Statement for Cancer, 2021.

2.3 In 2023, the Network published A Cancer Improvement Plan for Wales 2023-26 (the Plan) at the request of then Minister for Health and Social Services. The Plan encompasses a broad range of cross-sector actions to improve cancer patient outcomes and reduce health inequalities. It's three year horizon was deliberately aligned to local health board planning cycles. However, this means the Plan lacks focus on longer-term actions to build sustainable cancer services. It also lacks detail on prevention, palliative and end-of-life care, and on services for children and young people and does not cover the full range of ambitions in the Quality Statement.

- 2.4 The then Minister used the Plan to set the new expectation that by March 2026, 80% of patients would start their first treatment within 62 days. The Minister announced publication of the Plan in an oral statement, describing it as a collective NHS Wales approach to delivering the policy intentions in the Quality Statement for Cancer. The Welsh Government told us that it is not a Welsh Government Plan. It considers that it does not require a national plan to implement the Quality Statement because health boards and trusts are responsible for implementing the vision through their own local plans.
- 2.5 Nonetheless, the Plan exists at the request of the Minister and many of its actions require national direction and leadership to support successful implementation. This would include consideration of the funding needed to support the Plan's actions and using national planning and performance management frameworks to clarify requirements around the Plan's delivery (**recommendation 1**).
- 2.6 The Cancer Improvement Plan commits the Welsh Government to monitoring delivery of the Plan through its existing performance arrangements. However, during our fieldwork, Welsh Government officials told us that such monitoring was not taking place. Since then, at the then Minister's request, the Cancer Network has collated a retrospective progress 'update' on delivery of the Plan. However, the Welsh Government is not routinely monitoring implementation in line with its commitment in the Cancer Improvement Plan.

New national initiatives to improve cancer services have merit but stakeholders are confused about how they link to the Cancer Improvement Plan

- 2.7 Since publication of the Plan in 2023, the Welsh Government and NHS Executive have set up new programmes aiming to improve cancer services (**Exhibit 18**). While there are merits in each programme, stakeholders are unclear about how they align with the Cancer Improvement Plan.

Exhibit 18: new programmes to improve cancer services

Programme	Description
Cancer: Improving Outcomes initiative	The Welsh Government commissioned Life Science Hub Wales to develop the initiative, which is aimed at focusing innovation on key problem areas and removing the barriers to delivering innovation at pace.
National Cancer Recovery Programme	The NHS Executive set up the programme, which is aimed at reducing long waits to achieve a target that 80% of suspected cancer patients start treatment within 62 days by 31 st March 2026.

Source: Audit Wales.

- 2.8 The NHS Executive is currently finalising arrangements for its National Cancer Recovery Programme. The Programme focuses on five specific tumour sites⁴¹ with some cross-cutting actions to improve more general services to diagnose and treat cancer patients. Rather than large-scale, whole-system transformation, the Programme aims to improve performance and improve compliance with the National Optimal Pathways within existing budgets.
- 2.9 The Welsh Government has repurposed Cancer Network funding to provide £2 million per annum for 2024-25 to 2026-27 for the NHS Executive to implement the Programme. Around half of this funding will pay for staff costs in line with the Programme aims around encouraging improvement within existing budgets. NHS Executive officials told us that the Programme may identify improvement opportunities which would then be costed and developed into business cases for additional Welsh Government funding.

41 Breast, gynaecological, lower gastrointestinal, skin, and upper genital tract cancers.

Many NHS bodies and third sector partners are confused about the strategic direction

- 2.10 NHS and third sector organisations told us they are confused about the strategic direction for cancer services in Wales. Some all-Wales NHS bodies have embraced the commitments in the Plan (for example **paragraph 1.33**). Others have rejected actions attributed to their organisation and saw some actions in the Plan as irrelevant (for example **paragraph 2.37**).
- 2.11 Health boards have developed local initiatives to improve diagnosis, treatment and support for cancer patients but it is not clear how they link to the Cancer Improvement Plan. During our fieldwork it was apparent that NHS bodies were not clear about the status of the Plan and how it should be shaping their activities. NHS and third sector bodies told us that the development of the new initiatives and programmes so soon after the publication of the Cancer Improvement Plan has increased their confusion about the strategic direction.

National leadership, decision-making and oversight arrangements are not effective and there is an over-reliance on narrow performance management

There is a lack of clarity as to who is responsible and accountable for driving system wide improvement to cancer services

2.12 The Welsh Government established the NHS Executive to drive improvements in the quality and safety of care. It brings together existing improvement organisations to better coordinate and drive improvements to the quality and safety of care⁴². However, officials in NHS bodies and third sector representatives we interviewed, were confused about the differing roles of the Welsh Government and NHS Executive. We also heard that there was confusion about the different roles and functions within the NHS Executive. At the time of our review, three NHS Executive functions had responsibility for driving cancer improvement:

- the Strategic Planned Care Programme had responsibility for supporting improvement in the timeliness of cancer diagnosis and treatment;
- the Performance Assurance Directorate provided direct support to NHS bodies to improve cancer performance; and
- the Cancer Network worked with clinicians, health professionals, and third sector and patient representative organisations to improve outcomes and care for cancer patients.

2.13 We found a general consensus, including within the Welsh Government and NHS Executive, that the Executive is not yet providing the intended strong leadership to drive improvement. Many NHS and third sector bodies described arrangements after the establishment of the Executive as a 'step backwards' or 'worse than ever.'

42 The NHS Wales Delivery Unit, the NHS Wales Finance, Delivery Unit, the NHS Wales Health Collaborative; and Improvement Cymru.

2.14 Stakeholders raised various concerns about the national leadership and accountability arrangements for cancer services including:

- the Cancer Network lacking the authority to make decisions and commit the level of resources needed to secure change;
- lack of integration of the Cancer Network within the NHS Executive's leadership and with the wider NHS, and gaps in arrangements to share frontline insight from clinicians;
- 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 system⁴³ and individuals and their families (**recommendation 2**);
- overlap and duplication between the cancer recovery work carried out by the Strategic Planned Care Programme and the intervention work led by the Performance Assurance Directorate; and
- lack of communication between the Welsh Government and NHS Executive to assess whether funding for additional capacity is being allocated to areas of greatest need.

2.15 Since our fieldwork the NHS Executive has established a Network Clinical Leadership Group to support closer working between clinicians and wider NHS Executive senior leadership. Whilst this is a positive development, wider action is needed to strengthen national leadership arrangements. The gaps, lack of clarity and duplication described above have led to a situation where many stakeholders from inside and outside of the NHS told us: 'we don't know who is in charge' (**recommendation 2**). The Senedd Health and Social Care Committee's report on gynaecological cancers⁴⁴ raised similar concerns and called on the Welsh Government to be 'more accountable' for driving improved cancer services.

43 The third sector has a wealth of knowledge and insight and provides funding for some services in Wales (such as the Teenage Cancer Trust cancer ward in Cardiff). We also found examples of third sector organisations attracting private sector funding to drive innovation, and developing data resources which are now used by NHS Wales.

44 Welsh Health and Social Care Committee, Unheard: Women's Journey through Gynaecological Cancer, December 2023.

National decision-making and leadership arrangements are not sufficiently robust to systematically identify and prioritise opportunities to improve cancer services

- 2.16 Cancer treatment is an area of significant innovation, with opportunities to improve outcomes and efficiency. We identified examples of Welsh Government investment and decision making to improve cancer and planned care. For instance, it has worked with health boards and the NHS Executive to introduce rapid diagnostic centres; supported improvements to the bowel screening programme and is funding a new cancer centre for Velindre NHS Trust⁴⁵.
- 2.17 However, the Welsh Government recognises that it lacks a robust approach to identifying, assessing and prioritising such opportunities. Current arrangements need strengthening to ensure there is sufficient capacity to assess and prioritise initiatives for funding. Arrangements should address gaps in decision making structures to prioritise investment in areas such as digital, workforce and diagnostics (**recommendation 2**). **Exhibit 19** sets out two areas of opportunity to improve efficiency and outcomes, where decision making has been slow.

45 We are conducting a separate examination of decision-making relating to the development of the new Velindre Cancer Centre. We aim to publish that report in 2025.

Exhibit 19: potential innovations where decision making has been slow

Programme	Description
Digital cellular pathology	<p data-bbox="355 465 1350 846">During our review, NHS bodies and third sector organisations cited frustration with the speed of national decision making on the use of digital cellular pathology. Betsi Cadwaladr University Health Board was a pioneer of the approach and transformed its pathology service in 2014. Laboratories could scan and upload images onto digital systems to be analysed remotely rather than transporting samples between locations. Alongside a broader transformation programme*, the approach dramatically improved the timeliness of pathology results and helped the health board recruit and retain staff because it facilitated flexible working arrangements.</p> <p data-bbox="355 864 1350 1395">The National Pathology Programme has been working with the Welsh Government and health boards to develop a consistent all-Wales approach to digital cellular pathology since 2019. Despite general consensus on the benefits of the approach, progress has been restricted by uncertainty about who would fund modern scanning equipment and digital storage. Health boards have been reluctant to commit funds without clarity on the Welsh Government’s financial contribution. Despite investing in other aspects of digital cellular pathology, at the time of our review, the Welsh Government was not clear about whether it would fund the equipment and storage to establish an all-Wales approach. The National Pathology Programme was still working with health boards to agree a business case share ongoing annual costs of around £3 million for the scanning equipment and storage.</p> <p data-bbox="355 1413 1350 1525">Wales now lags behind the rest of the UK for digital cellular pathology capacity, making it a less attractive employment option for newly qualified pathologists in an already competitive market.</p>

Programme	Description
Lung Screening	<p>In 2019, the Cancer Network started exploring evidence on the effectiveness lung screening. It concluded that screening could increase the percentage of cancers identified at an early stage and had the potential to reduce lung cancer mortality by 20%. The work informed a pilot lung health check programme in Cwm Taf Morgannwg University Health Board, which started in 2022 and was funded by third sector organisations and private industry.</p> <p>The UK National Screening Committee recommended that UK nations develop targeted lung screening for people aged 55-74 years with a history of smoking in June 2022. Despite an endorsement from the Wales Screening Committee in November 2022, the Welsh Government did not task PHW with developing options for a national programme until July 2023. The Welsh Government has asked PHW to provide interim proposals on a national lung screening programme by May 2025. If PHW meets the 2025 deadline, it will have taken three years from the UK National Screening Committee’s recommendation just to develop interim proposals. Finalising proposals and implementing a national programme would take more time after this point (recommendation 5).</p>

Source: Audit Wales.

Note: *The digital cellular pathology approach was part of a wider transformation programme including combining regional services into a single Betsi Cadwaladr University Health Board Cellular Pathology Service.

2.18 We also heard concerns about the Welsh Government’s ability to secure the benefits from its investment in capacity and new ways of working. In particular, stakeholders frequently cited an incoherent approach that has seen the Welsh Government invest in the training and recruitment of radiologists only for many to be unable to find work in NHS Wales (**Exhibit 20**).

Exhibit 20: investment in training and radiologists

A National Imaging Academy opened in 2019, as a result of the Welsh Government providing £3.4 million to HEIW to establish the facility to help meet identified workforce gaps in respect of radiologists and imaging professionals.

However, many of the newly qualified radiologists are leaving Wales because, despite workforce gaps there are no jobs for them. Some health boards told us that financial pressures have led to recruitment freezes which limited their ability to recruit diagnostic staff. We also heard that weaknesses in health board workforce planning including projections of future need and slow recruitment processes were part of the problem*.

The NHS Executive's National Diagnostics Implementation Plan** contains a weak commitment to work with HEIW to 'advocate' for commitment to employment from health boards when requesting training numbers. It is unclear what role the Welsh Government intends to play in ensuring the benefits of its investment in training the future workforce are not lost to Wales (**recommendation 7**).

Source: Audit Wales

Notes:

* Our review of workforce planning made specific recommendations to health boards to improve workforce planning. Individual reports for each NHS body are available on our website www.Audit.Wales.

** NHS Executive, National Diagnostic Implementation Plan 2023-25.

2.19 Regional working across health board areas can help to share capacity and bolster fragile services. Health boards are developing regional approaches in some areas that can increase capacity in the system⁴⁶. The NHS Executive is also developing plans for two regional diagnostic hubs in South Wales to provide additional shared diagnostic capacity for the region. However, the overall pace of regional collaboration is slow. Whilst there is a clear onus on health boards to take forward regional working, there is also a need for national leadership and co-ordination from the Welsh Government and the NHS Executive. In that regard the recent creation of a dedicated senior role within the NHS Executive to support regional working is a welcome development. However, success will also depend on action to tackle barriers to regional working such as a lack of integration between digital systems making it difficult to share waiting lists across health boards⁴⁷ (**recommendation 6**).

Welsh Government oversight is narrowly focussed on the 62-day target

2.20 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. There is a measure on the timeliness of colonoscopy for bowel screening referrals (**paragraph 1.21**) but no measures for breast or cervical screening referrals. Previous performance frameworks⁴⁸ included coverage measures for all three cancer screening programmes. There is also a measure for uptake of the human papillomavirus (HPV) vaccine (**paragraph 2.24**).

2.21 The Performance Framework does not include any measures on cancer incidence, mortality and survival rates. It does not clearly link to the six quality attributes set out in the Quality Statement for Cancer and the Framework makes no reference to compliance with the National Optimal Pathways that underpin the Quality Statement. While the Welsh Government has made the NHS Executive responsible for monitoring compliance with the pathways it is still developing methods for doing so.

46 Including developing regional approaches to diagnostics and treatment in North, Southeast and Southwest Wales using Welsh Government planned care recovery funding.

47 Welsh Health and Social Care Committee, Unheard: Women's Journey through Gynaecological Cancer, December 2023.

48 NHS Wales Performance Framework 2022-23.

2.22 There is a well-established framework for oversight of NHS bodies' planning and performance through activities such as scrutiny of NHS bodies' annual or medium-term plans, monthly Integrated Quality, Planning and Delivery meetings and twice yearly Joint Executive Team meetings between Welsh Government, the NHS Executive and individual NHS bodies. In addition, monthly cancer performance meetings provide a specific focus on the diagnosis and treatment of cancer patients. Collectively this represents a significant volume of performance management activity and includes positive developments around collaboration and information sharing between the Welsh Government and NHS Executive. However, the focus is largely on short-term delivery of the 62-day cancer performance target, rather than broader system change and wider delivery of the vision in the Quality Statement (**recommendation 3**).

The strategic approach lacks a coherent focus on cancer prevention, and is undermined by gaps in data and fragmented digital services

There is no coherent strategic approach to prevention, even though many cancers are preventable and doing so could save lives and reduce demand for NHS services

2.23 The Cancer Improvement Plan states that 38% of cancers each year in Wales are preventable. There are considerable 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. Data from PHW's Public Health Outcomes Framework⁴⁹ showed that in 2022-23, 13% of adults in Wales smoked; 17% drank more alcohol than recommended guidelines⁵⁰; and only 36% of working age adults were a healthy weight⁵¹.

2.24 There are also opportunities associated with increasing the uptake of the human papillomavirus (HPV) vaccine. Since its introduction in 2008, the vaccine has reduced cancer rates by almost 90% in women in their 20s and is expected to save hundreds of lives a year in the UK⁵². PHW reported that 74% of children in school year 9 during 2023-24 had the vaccine. There was considerable variation in uptake ranging from 60% in Cardiff and Vale University Health Board to 88% in Swansea Bay. Changes in eligibility for the vaccine make it difficult to compare changes in uptake over time⁵³.

49 Public Health Wales NHS Trust Observatory, Public Health Outcomes Framework.

50 Based on adults who reported drinking over 14 units of alcohol per week.

51 Smoking and alcohol consumption data uses age standardised rates to account for differences in age structures of different parts of Wales. Data on healthy weight is age specific.

52 Public Health Wales NHS Trust: immunisation and vaccines.

53 Public Health Wales, Vaccine Uptake in Children in Wales, Quarterly Report January to March 2024, May 2024.








- 2.25 The World Health Organisation states that prevention offers the most cost-effective long-term strategy for managing cancer⁵⁴. The Welsh Government's Science Evidence Advice⁵⁵ agrees that there are considerable opportunities to reduce the burden of disease on the NHS by preventing cancer and other major conditions. It identifies scope for long-term financial savings and calls for 'drastic action' to address increases in lifestyle risk factors, making many suggestions to reshape services around prevention.
- 2.26 The Welsh Government's NHS Planning Framework 2024-27 refers health boards to the Science Evidence Advice, explaining that it expects to see evidence of prevention in health boards plans. However, the Welsh Government does not go further in encouraging and leading health boards to develop local preventative initiatives.
- 2.27 Preventing cancer would also reduce demand on NHS capacity. **Exhibit 21** sets in crude terms what impact a 10%, 20% and 38% reduction in cancer cases could have, based on 2022-23 activity levels. The potential annual financial savings from the reduction in bed days would be in the order of £8.2 million to £31.4 million⁵⁶. 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.

54 World Health Organisation, Health Topics – Cancer Prevention.

55 Welsh Government, Science Evidence Advice – NHS in 10+ Years – An Examination of the Projected Impact of Long-Term Conditions and Risk Factors in Wales', September 2023.

56 Savings calculation based on £500 per day cost of an NHS bed in Wales.

Exhibit 21: potential capacity gains associated with preventing cancer occurring in the first place based on 2022-23 activity

				
2022-23	90,532 finished consultant episodes	84,583 admission episodes	164,971 bed days	10,864 regular attenders*
-10% 	81,479 finished consultant episodes (9,053 reduction)	76,125 admission episodes (8,458 reduction)	148,474 bed days (16,497 reduction)	9,778 regular attenders (1,086 reduction)
-20% 	72,426 finished consultant episodes (18,106 reduction)	67,666 admission episodes (16,917 reduction)	131,977 bed days (32,994 reduction)	8,691 regular attenders (2,173 reduction)
-38% 	56,130 finished consultant episodes (34,402 reduction)	52,441 admission episodes (32,142 reduction)	102,282 bed days (62,689 reduction)	6,736 regular attenders (4,128 reduction)

Source: Audit Wales analysis of DHCW data from the Patient Episode Database for Wales, Headline Figures and Primary Diagnosis Datasets, Welsh Providers

Note:

*Our analysis is indicative of potential capacity gains based on averages. We calculated potential gains associated with a 38% reduction in activity based on the assertion in the Cancer Improvement Plan that 38% of cancers each year are preventable.

*Regular attenders are patients who are admitted to hospital on a regular basis to receive treatment.

- 2.28 Despite compelling evidence and it being a long-standing ambition, the Welsh Government has yet to translate broader aims on prevention into more concrete and cohesive policy approaches aimed at shifting the balance of care towards prevention (**recommendation 4**). In particular:
- it has never set out a clear, over-arching strategic approach to achieving this shift across the many public sector bodies whose priorities, choices and behaviours would need to change;
 - it has a piecemeal approach with individual strategies on healthy weight and tobacco control⁵⁷ but no plan related to the health impacts of alcohol use; and
 - the Future Generations Commissioner, amongst others, criticised the Welsh Government for cutting its preventative health improvement budgets in 2024-25⁵⁸.

There are gaps in the availability and quality of data to understand how well cancer care is being provided

- 2.29 Good quality data is essential for the planning, delivery and improvement of cancer care. The NHS Executive has improved the timeliness and accessibility of performance data in an unpublished interactive dashboard used by health boards, the Executive, and the Welsh Government. DHCW publishes a different Suspected Cancer Pathway Dashboard with less detailed information⁵⁹.
- 2.30 However, there are gaps in published data right across the patient pathway (**Exhibit 22**). The Welsh Government publishes data on ‘closed’ pathways showing how many patients were treated within 62 days but does not publish ‘open’ pathway waits to show how many patients are currently waiting for treatment.
- 2.31 Much of the available data focusses narrowly on the period between referral and diagnosis or first treatment. There is no national data on the activity and timeliness leading up to a referral. There is also no available data on activity after the first treatment starts (see **paragraph 1.6**), including follow-up tests, ongoing treatment and access to palliative and end-of-life care (**recommendation 9**).

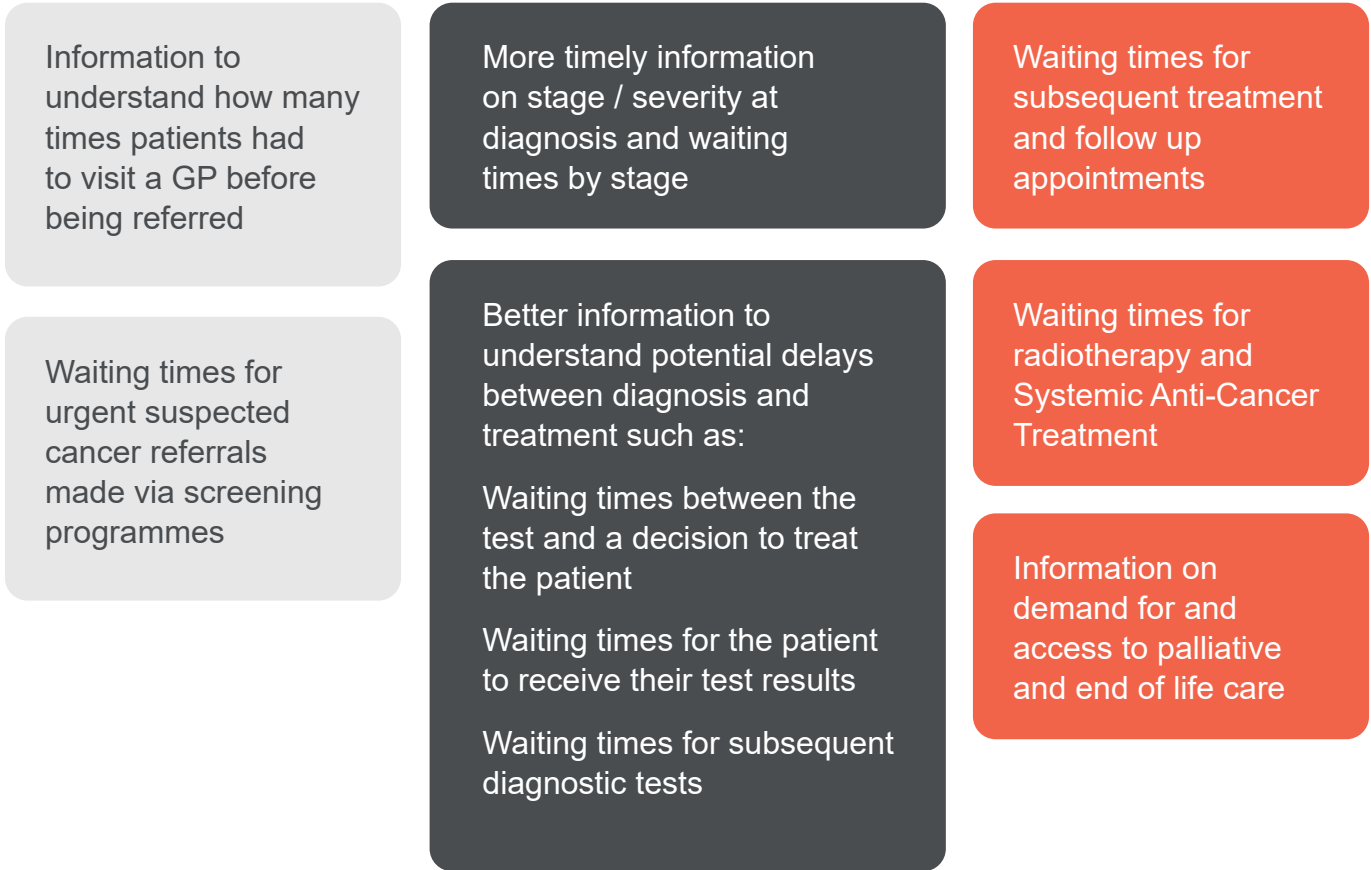
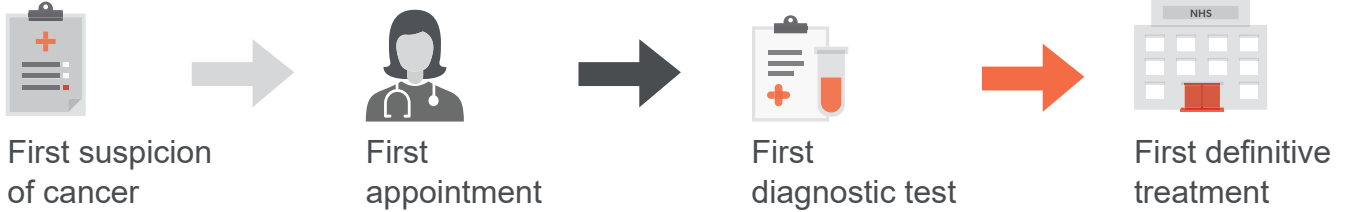
57 Welsh Government, Healthy Weight Healthy Wales, 2019 and Welsh Government, A Smoke Free Wales – Our Long-term Tobacco Control Strategy, 2022.

58 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.

59 DHCW’s dashboard uses data which has been validated to identify errors but the internal NHS Executive dashboard is unvalidated performance data.

Exhibit 22: gaps in data at different stages of the cancer pathway

First suspicion to first definitive treatment



Source: Audit Wales

2.32 There is very limited data to track progress against the ambitions in the Quality Statement. Against the overarching ambition of prevention and early detection, we found limited information on the causes of growing demand that can be used to prevent or detect cancer early amongst those most at risk. For instance, little is known about why some people are presenting at a more advanced stage, or as an emergency. There is also limited information about the demographic profile and location of people with unhealthy lifestyles. A new project led by WCISU has the potential to improve national intelligence on cancer risk factors. It will link Cancer Registry data to Census 2021 information via the SAIL databank to explore the influence of factors like ethnicity, income and educational status on cancer outcomes⁶⁰.

2.33 There is also very limited information to understand how equitable cancer support services are. For example:

- the Welsh Government requires health boards to record the ethnicity of cancer patients⁶¹ but compliance is extremely low. We were unable to analyse waiting list and timeliness trends by ethnicity because over two thirds of the pathways had no information on patient ethnicity.
- DHCW reports performance against the 62-day target by sex but there is little information to understand patient experience and outcomes by sex. The Senedd inquiry into gynaecological cancers found that women can experience many barriers to accessing cancer treatment but there is little information to understand how many women are affected⁶².
- there is insufficient public data to understand potential differences in the timeliness of cancer diagnosis and treatment across Wales, particularly for people living in Powys. Timeliness data for Powys residents treated by other Welsh health boards is included in data for those health boards. The data is not disaggregated to show timeliness for Powys residents or the residents of the health board providing treatment⁶³. There is also a lack of data on Welsh patients from any health board who are treated by NHS England (**recommendation 10**).
- there is also little information to understand equity of provision for children and young people. DHCW groups all data for under 30-year-olds together in the Suspected Cancer Dashboard data whereas other patients are grouped ten-year age bands. Under 16-year-olds are excluded from the Macmillan cancer patient experience survey.

60 The project aims to report its findings in late 2024.

61 Under Data Standards Change Notices from 2020 onwards (DCSN 2020/21 and DSCN 23/45). The Notices mandate compliance with data standards.

62 Welsh Parliament Health and Social Care Committee, Unheard: Women's Journey Through Gynaecological Cancer, December 2023.

63 Other published NHS Wales data does include distinct health board 'residence' and 'provider' performance data. For instance the Referral for Treatment data on StatsWales.

2.34 There are problems with the quality of some of the available data. WCISU officials told us Wales is a year behind England in publishing Cancer Registry data because a high volume of errors in the source data is creating extra work for its staff. NHS bodies told us that poor compliance with data standards by NHS staff inputting patient information is creating data errors. We found that there is confusion around who is responsible for improving compliance (**recommendation 8**). We have not specifically reviewed data quality as part of this review but have uncovered several inaccuracies in published data and bespoke analysis provided by DHCW.

Digital systems are fragmented and progress implementing the new cancer information system has been slow

- 2.35 Progress in updating the core digital system for cancer patients has been extremely slow. The previous system (Canisc) was constructed using a programming language in 1997 which Microsoft stopped supporting in 2014. Following our 2018 report on NHS Wales informatics systems⁶⁴, the Senedd Public Accounts Committee inquiry raised serious concerns about slow progress replacing Canisc⁶⁵. It took a further five years to implement the first phase of the new cancer information system. DHCW told us that the pandemic has added to delays. The Welsh Government has recently confirmed funding for the second phase of the programme, aimed at improving integration and digital processes and dealing with requests for specific changes from individual NHS bodies.
- 2.36 More broadly, NHS bodies told us that lack of integrated digital systems is consuming valuable staff time because they are using manual 'workarounds' to transfer patients across the different patient administration systems. The process is frustrating staff and diverting their time from seeing patients. It also carries risks to patient safety because details could be transferred incorrectly or not at all. DHCW is responsible for delivering national digital systems for NHS Wales but not their local configuration. DHCW described considerable barriers to getting those systems to join up. In particular, there are numerous examples of NHS bodies either procuring their own digital systems rather than using the national products, or adapting the national products which limits interoperability.
- 2.37 The Cancer Improvement Plan committed PHW, the Cancer Network and DHCW to developing a cancer version of the national Digital and Data Strategy for Wales by the end of June 2023. No such plan had been created at the time of our review and we found confusion about the commitment to create one in the first place. DHCW told us 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.

64 Wales Audit Office, Informatics Systems in NHS Wales, 2018.

65 National Assembly for Wales Public Accounts Committee, Informatics Systems in NHS Wales, 2018.

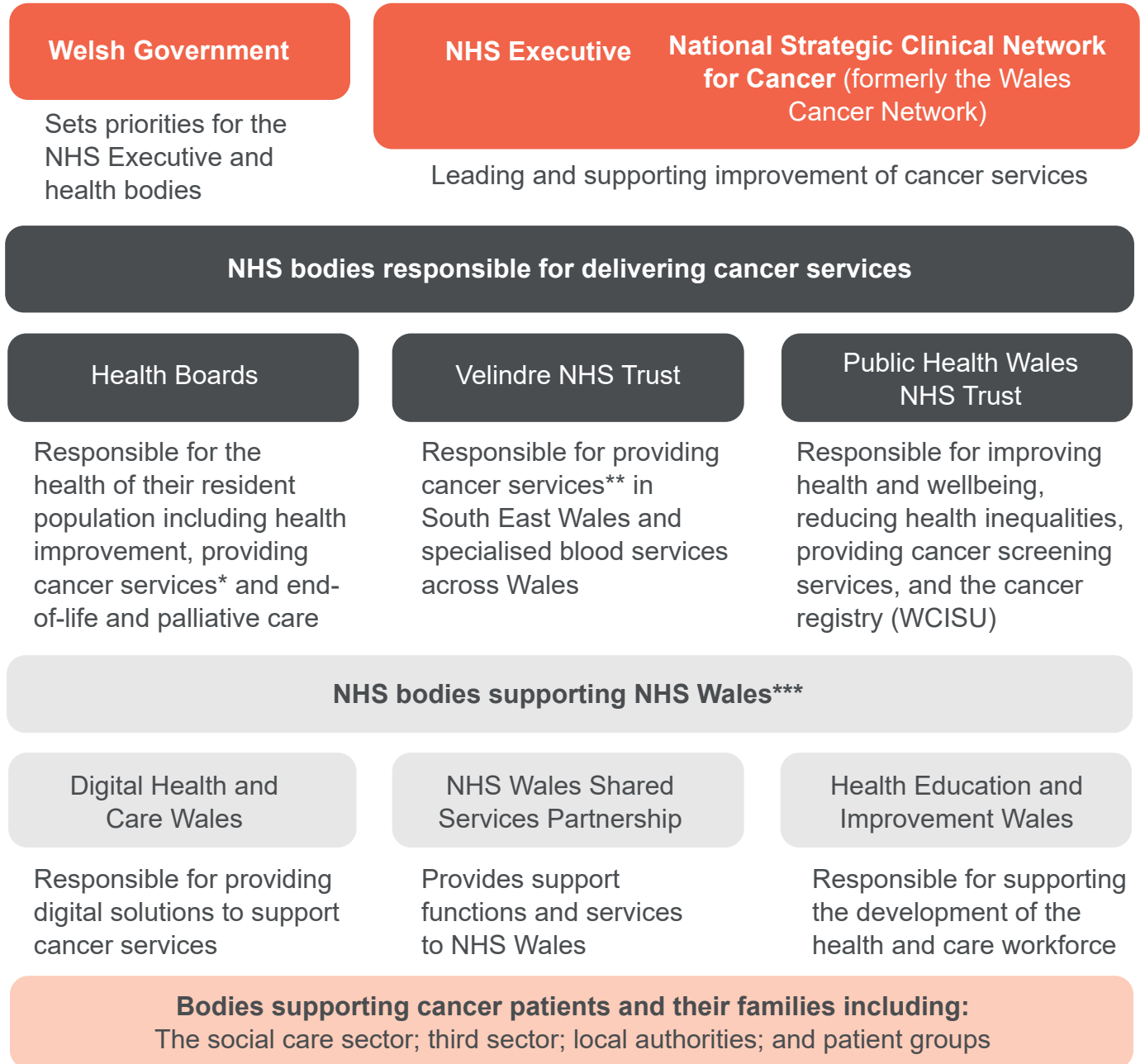


Appendices

- 1 Strategic context
- 2 Additional data analysis
- 3 About our work

1 Strategic context

Exhibit 23: broad roles and responsibilities for cancer services in Wales



Source: Audit Wales

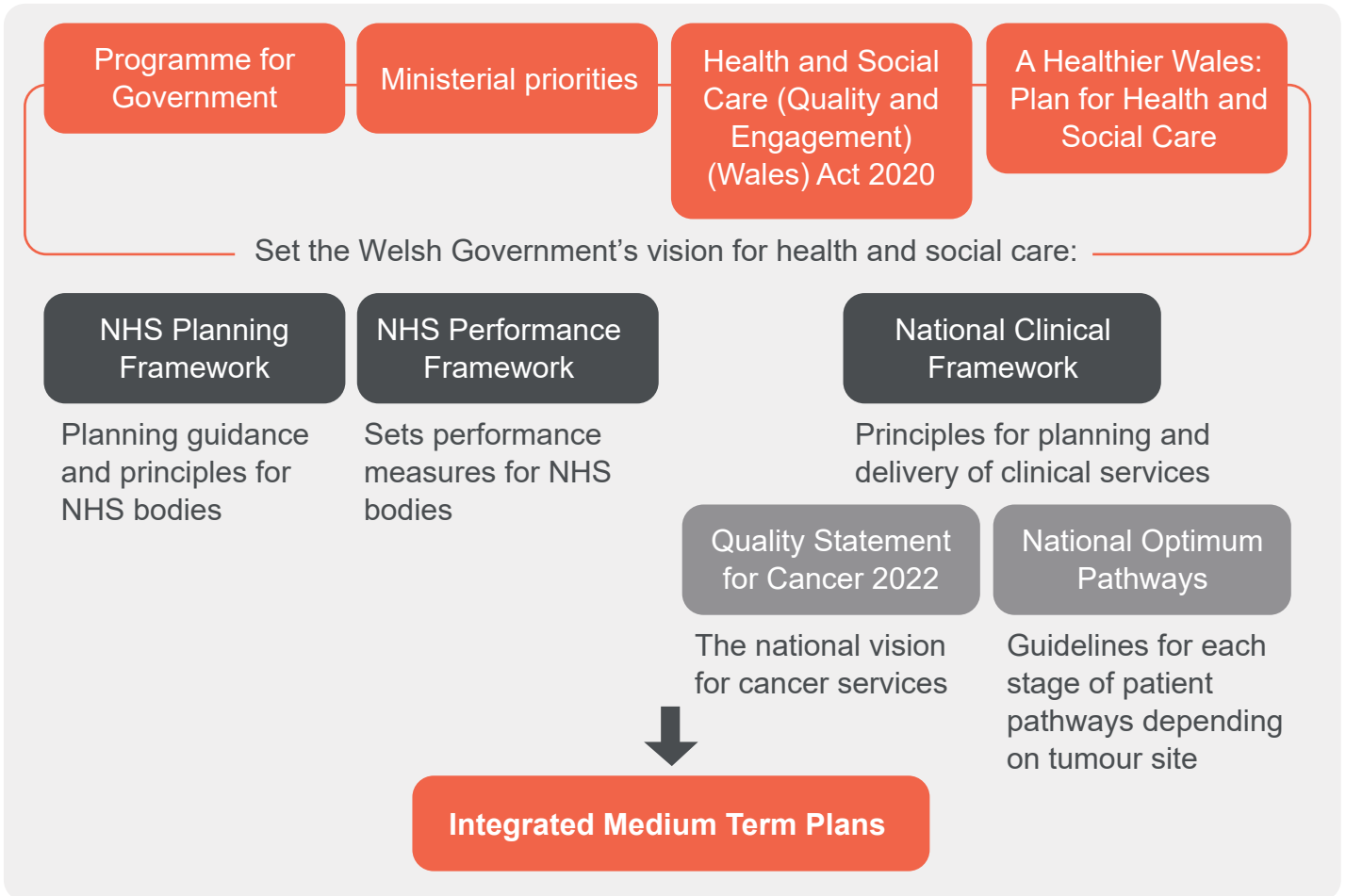
Note:

*Including diagnostic tests; treatment; and support and advice for patients. The level and type of services provided differs between health boards because some services are provided by other healthcare providers. For instance, Powys Teaching Health Board provides some diagnostic services but commissions other cancer services from other NHS providers in England and Wales.

**Including chemotherapy; radiotherapy; and support and advice for patients.

***There are also organisations and groups responsible for research, development and innovation including: Geonomics Partnership Wales; Health and Care Research Wales; Life Sciences Hub Wales; and the Wales Cancer Research Centre

Exhibit 24: key elements of the strategic approach to cancer services in Wales



Wales Cancer Network: Cancer Improvement Plan 2023
A collective plan for NHS Wales to improve services for cancer patients

NHS Executive: National Cancer Recovery Programme 2024
National programme to improve cancer services

Life Sciences Hub Wales: Cancer: Improving Outcomes Initiative
A Welsh Government commissioned programme, aimed at delivering innovation at pace.

Broader Welsh Government Strategy including:

- Diagnostics, Recovery and Transformation Strategy for Wales 2023-25
- Digital and Data Strategy for Health and Social Care in Wales 2023
- National Workforce Implementation Plan: Addressing NHS Wales Workforce Challenges 2023 and A Healthier Wales: Our Workforce Strategy for the Health and Social Care Workforce, 2020 (commissioned by the Welsh Government from Health Education and Improvement Wales)
- Healthy Weight, Healthy Wales, 2019 including a 2022 to 2024 delivery plan
- A smoke-free Wales: Long-term tobacco control strategy, 2022 including a 2022 to 2024 delivery plan

2 Additional data analysis

Data on demand for cancer services

Exhibit 25: Patients who were treated by source of suspicion, monthly average across 2023-24

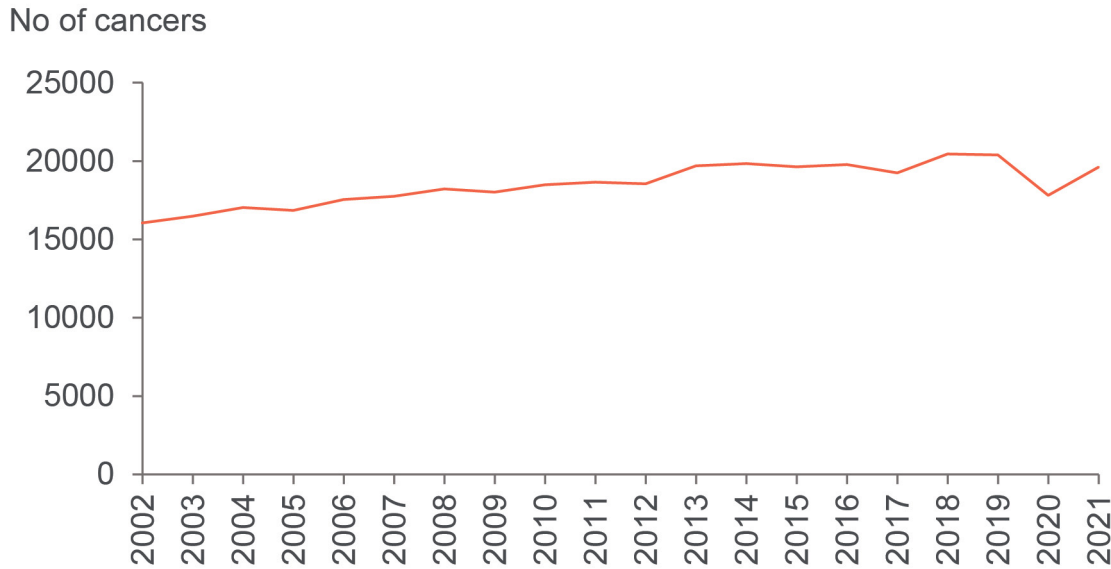
Source of suspicion / referral	% overall suspected cancer referrals	% of patients starting treatment as a proportion of referrals by source of suspicion
GP	80% (12,635 people)	8% of GP referrals (975 people)
Internal secondary care	10% (1,570 people)	17% of internal secondary care referrals (266 people)
Following a diagnostic test	6% (911 people)	37% of referrals following a diagnostic test (341 people)
Bowel screening	1% (120 people)	28% of bowel screening referrals (33 people)
Breast screening	1% (106 people)	92% of breast screening referrals (98 people)
Cervical screening	<1%*	50% of cervical screening referrals*
Emergency department	1% (214 people)	38% of emergency department referrals (81 people)
Other primary care professional	1% (120 people)	5% of referrals from other primary care professionals*
Other health professional	<1% (66 people)	15% of referrals from other health professionals*
Consultant from another health board	<1% (38 people)	21% of referrals from external consultants*

Source: Audit Wales analysis of DHCW Suspected Cancer Pathway Data – closed pathways by source of suspicion.

Note: A small number of patient pathways did not have data on the source of suspicion / referral.

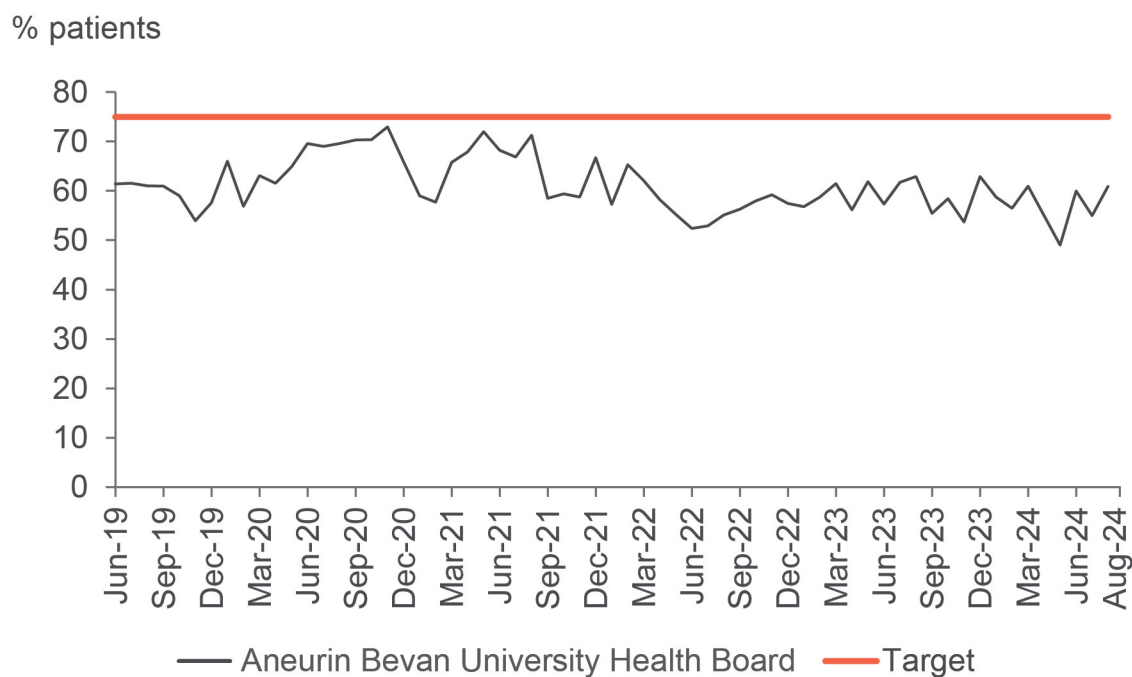
*Where there are 10 people or less.

Exhibit 26: number of newly diagnosed cancers in Wales (excluding non-melanoma skin cancer), 2002-2021



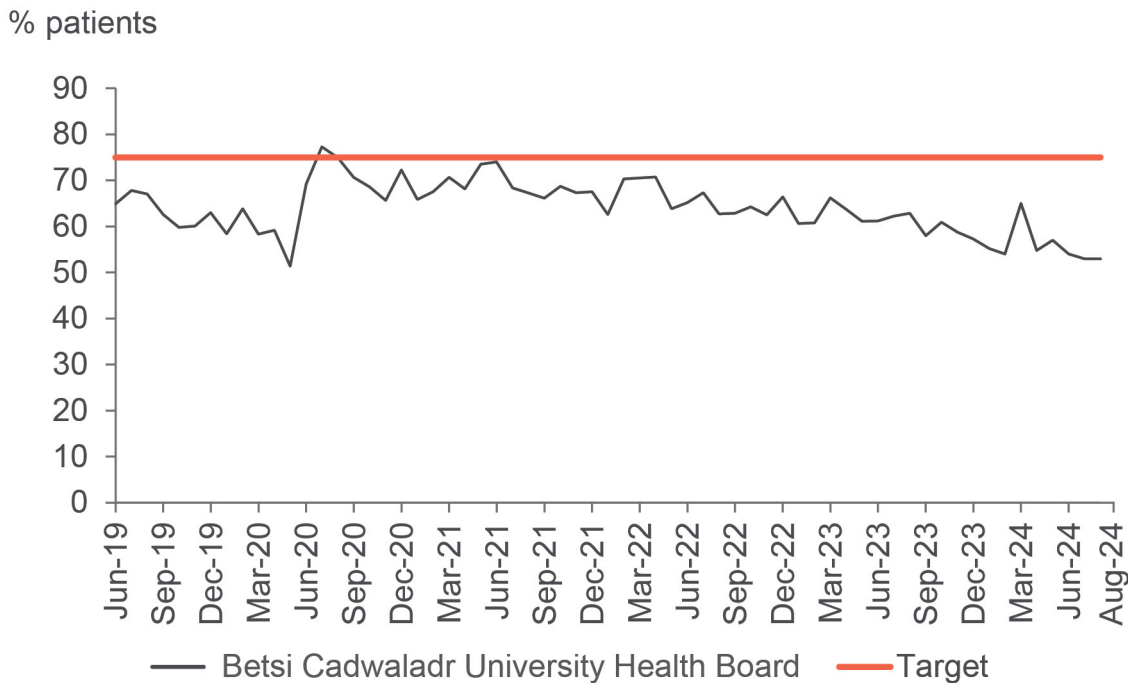
Source: WCISU cancer incidence data

Exhibit 27a: performance against the 62-day target by Aneurin Bevan University Health Board, June 2019 to August 2024



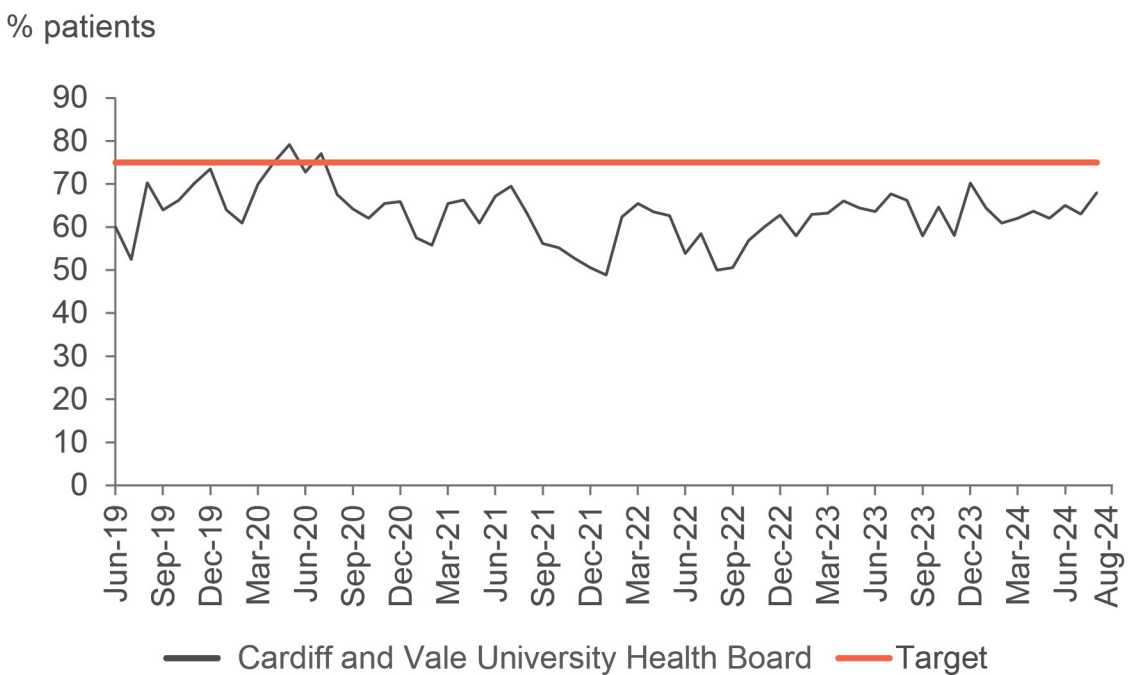
Source: DHCW, Suspected Cancer Pathway – Closed Pathways dataset, on StatsWales.

Exhibit 27b: performance against the 62-day target by Betsi Cadwaladr University Health Board, June 2019 to August 2024



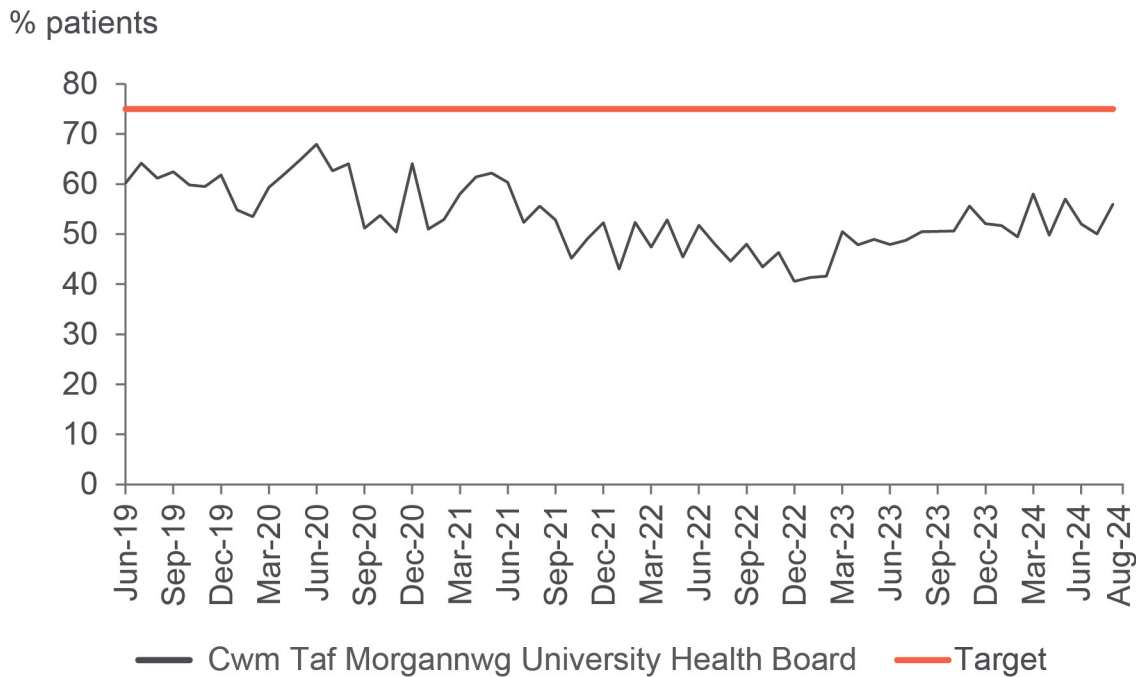
Source: DHCW, Suspected Cancer Pathway – Closed Pathways, on StatsWales.

Exhibit 27c: performance against the 62-day target by Cardiff and Vale University Health Board, June 2019 to August 2024



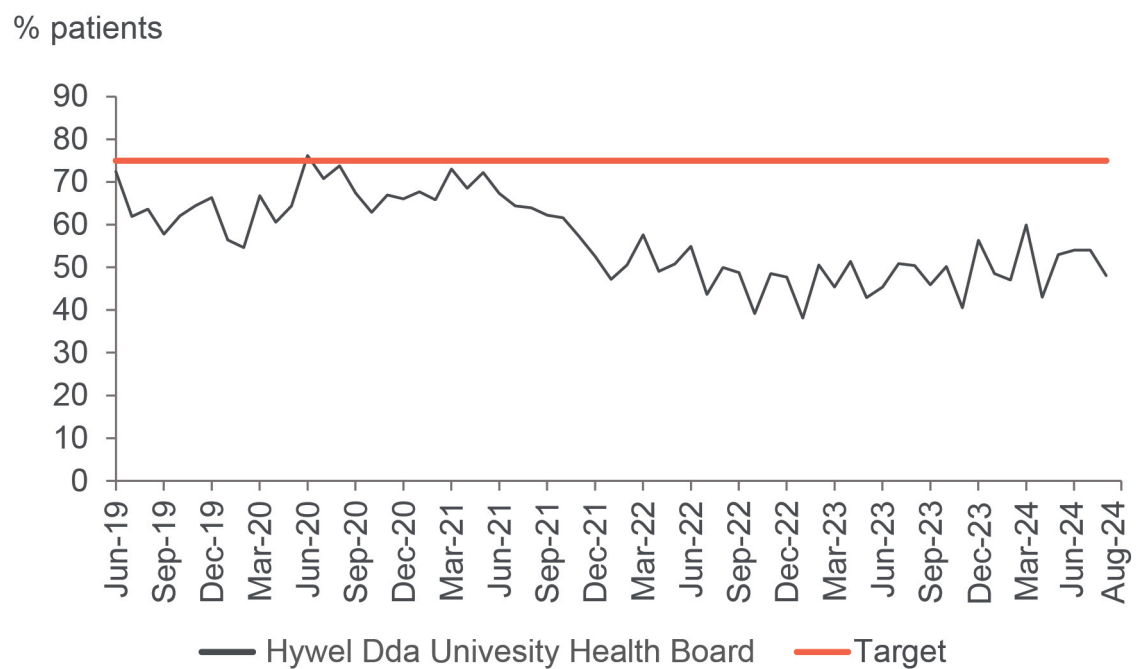
Source: DHCW, Suspected Cancer Pathway – Closed Pathways dataset, On StatsWales.

Exhibit 27d: performance against the 62-day target by Cwm Taf Bro Morgannwg University Health Board, June 2019 to August 2024



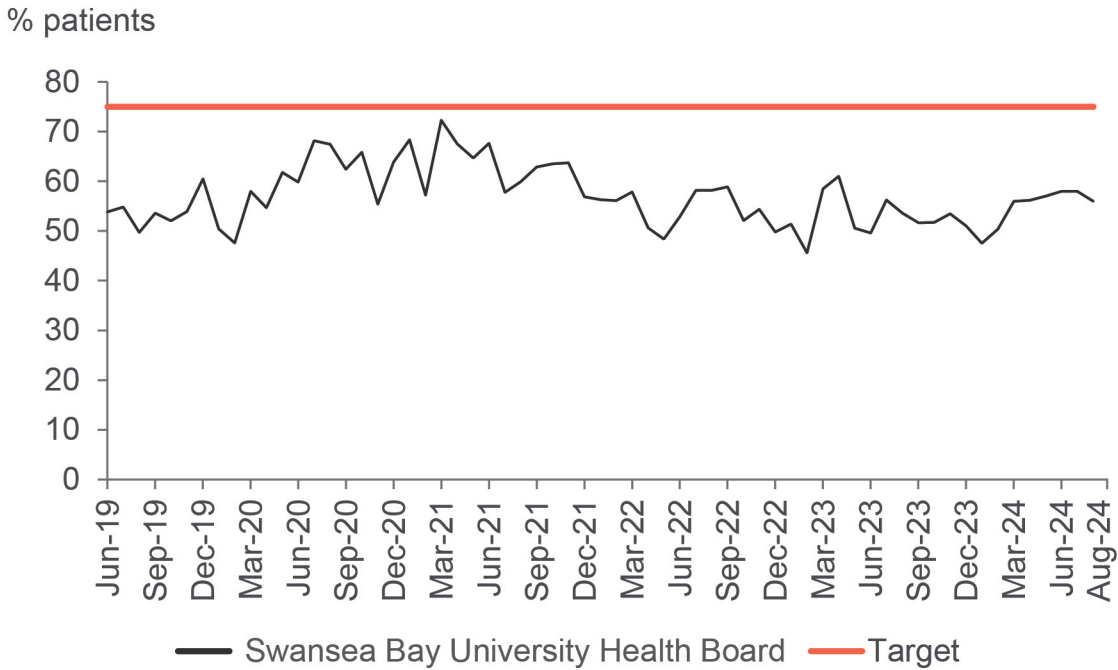
Source: DHCW, Suspected Cancer Pathway – Closed Pathways dataset, on StatsWales.

Exhibit 27e: performance against the 62-day target by Hywel Dda University Health Board, June 2019 to August 2024



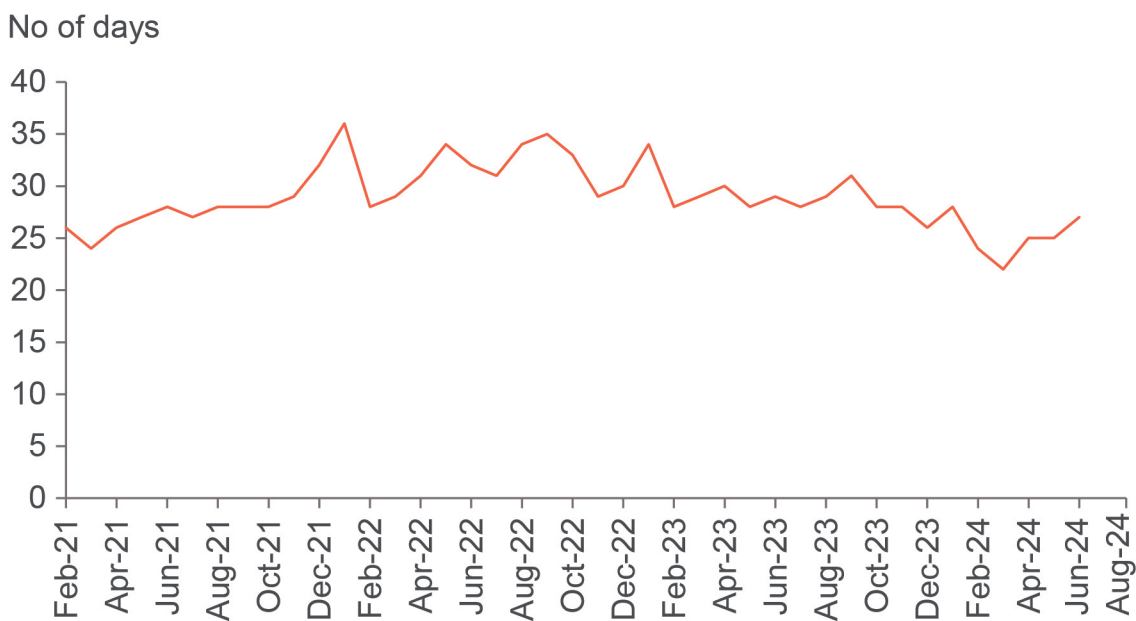
Source: DHCW, Suspected Cancer Pathway – Closed Pathways dataset, on StatsWales.

Exhibit 27f: performance against the 62-day target by Swansea Bay University Health Board, June 2019 to August 2024



Source: DHCW, Suspected Cancer Pathway – Closed Pathways dataset, on StatsWales.

Exhibit 28: median waits from first suspicion to diagnosis, February 2021 to August 2024



Source: DHCW data from the Suspected Cancer Pathway Dashboard

3 About our work

Audit question, scope and criteria

We chose to focus on the national strategic approach to improving the timeliness of cancer diagnosis and treatment because we identified significant systemic challenges facing cancer services during our scoping. This review focuses on the Welsh Government and NHS Executive (and its National Strategic Clinical Network for Cancer) as system leaders, recognising that health boards and trusts have responsibility for the operational delivery of different aspects of cancer services. We will consider the merits of further work focusing on NHS bodies' approach to delivering cancer services in our 2025-26 work programme.

We developed our audit criteria based on learning from our previous audits of planned care⁶⁶ and local health audit work, analysis of key strategic documents⁶⁷, and research from relevant organisations on the challenges associated with cancer services in Wales.

66 Audit Wales, NHS Wales Waiting Times for Elective Care in Wales, 2015; Audit Wales, 10 Opportunities for Resetting and Restarting the NHS Planned Care System, 2020; and Audit Wales, Tackling the Planned Care Backlog in Wales, 2022.

67 Including Welsh Government, A Healthier Wales – a Long Term Plan for Health and Social Care, 2021; Welsh Government, Our Programme for Transforming and Modernising Planned Care and Reducing Waiting Lists in Wales, 2022, Welsh Government, The Quality Statement for Cancer, 2022, Welsh Government, Diagnostics Recovery and Transformation Strategy for Wales 2023 to 2025; and the National Strategic Clinical Network for Cancer, A Cancer Improvement Plan for NHS Wales 2023-26, 2023.

Audit methods

Document review

We reviewed relevant documentation including:

- documents setting out the national strategic approach. Key documents include the Quality Statement for Cancer, Cancer Improvement Plan, the Diagnostic Recovery and Transformation Strategy, National Clinical Framework, National Optimal Pathways and NHS planning and performance frameworks
- documents relating to the NHS Executive's national cancer recovery programme
- individual NHS body plans setting out their approach to delivering cancer services, and relevant board and committee papers on cancer performance
- papers from the Welsh Government's performance management meetings
- Public Health Wales NHS Trust information on the delivery of population screening services information on cancer data and population health including reports from the Welsh Cancer Surveillance and Intelligence Unit and the Welsh Government's Science Evidence Advice⁶⁸
- the Senedd Health and Social Care Committee's report on its inquiry on gynaecological cancers⁶⁹ and supporting evidence

Semi-structured interviews

We interviewed officials from the following organisations:

- the Welsh Government;
- the NHS Executive including its National Strategic Clinical Network for Cancer;
- a sample of health boards including officials from Betsi Cadwaladr, Hywel Dda and Swansea Bay University Health Boards, and Powys Teach Health Board;
- officials from other NHS bodies including Digital Health and Care Wales, Health Education and Improvement Wales, Public Health Wales and Velindre NHS Trusts; and
- we also met with officials from the NHS Executive, Cardiff and Vale, Hywel Dda and Swansea Bay University Health Boards to inform our scoping.

68 Welsh Government, Science Evidence Advice – NHS in 10+ Years – An Examination of the Projected Impact of Long-Term Conditions and Risk Factors in Wales', September 2023.

69 Welsh Parliament Health and Social Care Committee, Unheard: Women's Journey Through Gynaecological Cancer, December 2023.

Workshop with third sector representatives

We held a workshop with representatives from the third sector on 1st May 2024 organised by the Wales Cancer Alliance⁷⁰. We asked participants for their views of the strengths and weaknesses of the national strategic approach and invited further written responses with more detail on the same topic. We conducted follow-up interviews with some organisations for clarification where necessary. Representatives from the organisations below took part in the workshop:

- ALK Positive UK
- Association of the British Pharmaceutical Industry
- Blood Cancer UK
- Bowel Cancer UK
- Breast Cancer Now
- Cancer Research UK
- Fair Treatment for the Women of Wales
- Leukaemia Care
- MacMillan Cancer Support
- Marie Curie
- Prostate Cancer UK
- Royal College of Pathologists
- Royal College of Paediatrics and Child Health
- Royal College of Physicians
- Tenovus Cancer Care
- Young Lives vs Cancer
- We established an expert panel to inform our understanding of the systemic barriers to the timeliness of cancer diagnosis and treatment and provide critical challenge on our findings. The panel included representatives from Marie Curie, the Association of the British Pharmaceutical Industry, the Royal College of Physicians, and the Wales Cancer Alliance.

70 A coalition of charities working to prevent cancer, improve care, fund research and influence policy in Wales.

Data analysis

We reviewed data from different sources including:

- DHCW published data on open and closed cancer pathways, on StatsWales;
- DHCW published data on hospital admissions. We also requested data on discharge destinations of cancer patients admitted to hospital;
- we requested data from the Suspected Cancer Pathway dataset managed by DHCW that is not published elsewhere. We analysed data on performance against the Suspected Cancer Pathway target by ethnicity; source of suspicion ; and closed pathways by whether patients started treatment for cancer, were downgraded for not having cancer, or died before being downgraded or starting treatment; and
- Welsh Cancer Surveillance and Intelligence Unit data on cancer incidence, mortality and survival.



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Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg.