

# Agenda – Public Accounts and Public Administration Committee

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Meeting Venue:

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

Meeting date: 26 March 2025

Meeting time: 09.15

For further information contact:

Fay Bowen

Committee Clerk

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**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 to the Chair from Hefin David MS, Senedd Commissioner for Budget and Governance regarding the approach being taken to managing the Senedd Reform ring-fenced budget in-year**

(Pages 1 – 2)

**2.2 Auditor General for Wales Review of Cancer Services in Wales: Welsh Government response**

(Pages 3 – 13)

**3 Cancer services in Wales: evidence session with Wales Cancer Alliance**

(09.35 – 11.05)

(Pages 14 – 34)

Lowri Griffiths, Chair – Wales Cancer Alliance and Director of Support, Policy and Insight – Tenovus Cancer Care



**Senedd Cymru**  
**Welsh Parliament**

Hannah Buckingham, Vice-chair – Wales Cancer Alliance and Senior External Affairs Adviser – Macmillan Cancer Support

Simon Scheeres, Vice-chair – Wales Cancer Alliance and Public Affairs Manager – Cancer Research UK

Lauren Marks, Policy and Public Affairs Manager – Young Lives Vs Cancer

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 – 11.20)**

- 5 Cancer services in Wales: consideration of evidence**  
(11.05 – 11.20)

Mark Isherwood MS  
Chair of Public Accounts and Public Administration Committee  
Senedd Cymru  
Tŷ Hywel  
Cardiff Bay  
CF99 1SN

14 March 2025

Dear Mark

The Commission is committed to transparency in both its budget setting and expenditure.

In that regard, I would like to update you and the Committee on the approach we are taking to dynamically manage the Senedd Reform ring-fenced budget in-year, prudently to reduce risk to the two significant Senedd Reform estates projects.

These projects must, under all circumstances, be completed on time.

To manage the timeline risk to these projects, any staff underspend that occurs within the Senedd Reform ring-fence will be held as contingency for these two works projects and handed back to the Consolidated Fund at the end of the year if not required to be deployed.

This approach gives the Commission the flexibility to vire staffing underspend to non-staff use to ensure the Commission has completed all works in readiness for the start of the 7<sup>th</sup> Senedd. It will always make such a decision as a last resort and do so in accordance with Managing Welsh Public Money.

For the avoidance of doubt, this approach relates only to managing underspend, it is not a request to breach the overall Senedd Reform 25-26 ringfence total; the Commission will manage all these pressures within the funding already allocated for Senedd Reform activities.

The goal remains to deliver the projects according to the defined scope and within the indicative budgets. However, as is common with complex estates projects, there may be unforeseen costs or developments that risk the project schedule – this approach is part of managing that low likelihood but critical impact risk.

As always, we are committed to setting robust budgets, providing strong financial management and delivering value for money and would be happy to answer any questions you have.



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Yours sincerely

A handwritten signature in black ink, appearing to read 'Hefin David MS', enclosed within a thin black rectangular border.

Hefin David MS

cc Manon Antoniazzi, Lisa Bowkett

Croesewir gohebiaeth yn Gymraeg neu Saesneg / We welcome correspondence in Welsh or English

# Agenda Item 2.2

Cyfarwyddwr Cyffredinol Grŵp Iechyd, Gofal Cymdeithasol a'r  
Blynyddoedd Cynnar / Prif Weithredwr GIG Cymru

Director General Health, Social Care & Early Years Group / NHS  
Wales Chief Executive



Llywodraeth Cymru  
Welsh Government

Adrian Crompton  
Auditor General for Wales  
Audit Wales  
1 Capital Quarter  
Tyndall Street  
Cardiff  
CF10 4BZ

Our Ref: JP/AD/SB

17 March 2025

Dear Adrian

## **Auditor General for Wales Review of Cancer Services in Wales**

Thank you again to you and your colleagues for the work and engagement that has taken place with the Welsh Government and NHS Executive to deliver the Audit Wales Cancer Services in Wales report. We are committed to improving cancer services and welcome your findings and recommendations.

We have given each recommendation careful consideration and are pleased to now share our final response. We have provided a summarised narrative, completion date and responsible officer for each recommendation.

I look forward to seeing the outcome of the next phase of your work, as we utilise your recommendations to improve the strategic approach to cancer diagnosis and treatment in Wales.

Yours Sincerely

**Judith Paget CBE**



BUDDSODDWYR | INVESTORS  
MEWN POBL | IN PEOPLE

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# Management response form

**Report title:** Cancer Services in Wales: A review of the strategic approach to improving the timeliness of diagnosis and treatment

**Completion date:** 14/01/25

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Ref	Recommendation	Management response Please set out here relevant commentary on the planned actions in response to the recommendations	Completion date Please set out by when the planned actions will be complete	Responsible officer (title)
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.	Accept.  The Welsh Government will update the Quality Statement for Cancer to clarify the respective roles of the Cancer Recovery Programme, Cancer improvement Plan, and other important national work streams such as the Making it Happen initiative. This will include a description of accountability arrangements.	End quarter 1 2025-26	Sue Tranka  Chief Nursing Officer
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	Accept.  The Welsh Government is in the process of finalising a revised governance and leadership model for cancer service development. This will include the introduction of a National Cancer Leadership Board	End quarter 4 2024-25	Nick Wood  Deputy Chief Executive, NHS Wales

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	cancer service performance, quality and opportunities for improvement.	that will coordinate or lead on national actions. The NHS Executive will provide the clinical, third sector, and private sector input to its work. This model will continue to develop in response to the feedback of those directly involved and those involved through related leadership groups. These arrangements will be described in the updated Quality Statement for Cancer.		
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.	Accept.  The NHS Performance Framework only includes the top-level strategic metrics for the NHS; it does not include all the metrics that are routinely applied in accountability processes. There are a broader set of metrics which sit outside the Framework. This includes component waits in the cancer pathway, access to treatment measures, data on care quality and outcome, screening and immunisation uptake, and patient outcomes. The broader set of metrics	End quarter 1 2025-26	Jeremy Griffith  Director of Operations

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		are used as part of routine accountability process as required. The updated Quality Statement for Cancer will include additional detail to explain how cancer service delivery will be measured.		
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.	The Welsh Government pursues an evidence-led approach to prevention and to reducing population-level risk for cancer and major conditions. There are established programmes for smoking prevention through the Smoke Free Wales Strategy and Tobacco Control Delivery Plan (with additional supportive legislation imminent) and on tackling overweight and obesity, through the Healthy Weight Healthy Wales strategy and delivery plan, including through the facilitation of physical activity. These programmes are under constant review and development as new evidence and technologies emerge.	Establishment of preventing ill-health advisory group by end quarter 1 2025-26	Sioned Rees  Director for Public Health Protection



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		<p>The NHS Planning Framework for 2025-28 has population health and prevention as one of the five priority areas and this will support a further drive and focus on primary, secondary and tertiary prevention interventions in the plans of NHS organisations.</p> <p>We are also in the process of establishing a preventing ill-health advisory group under the Chief Medical Officer to support and harness opportunities to implement sustainable, evidence informed policies that focus on preventing ill-health and related inequalities. The initial focus will be on securing and measuring funding of ill-health prevention, strengthening the current architecture, progressing work on data, and supporting the cross-government role in prevention of ill-health. The establishment of this group will assist in providing sustained engagement and a coherent, coordinated approach to the development of appropriate policy and system responses.</p>		

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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.	Accept.  The Welsh Government has asked Public Health Wales to accelerate its work on scoping lung screening to permit a decision by Welsh Ministers on its introduction and funding. Public Health Wales is due to provide an interim report by end of March and a final report by end of September to permit Welsh Ministers to make a decision on introducing a national lung screening programme.	End quarter 2 2025-26	Sioned Rees  Director for Public Health Protection
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	Accept.  The Welsh Government will work with NHS organisations to support regional working for services, where appropriate, to address service fragility. This will include working with Digital Health and Care Wales on the development of digital solutions to permit shared waiting lists.	Ongoing	Mike Emery  Chief Digital Officer

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	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.	Accept.  The Welsh Government will work with health boards in Wales, which are responsible for planning their workforce, to enable employment of Imaging Academy graduates in line with local or regional workforce needs.	Quarter 2 2025-26	Helen Arthur  Director of Workforce and Government Business
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.	Accept.  Digital Health and Care Wales develop and design data standards, including minimum data sets for NHS Wales. DHCW advises the Welsh Government on what should be included and how they should be collected. Only the Welsh Government can mandate	Quarter 3 2025-26	Mike Emery  Chief Digital Officer

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		<p>requirements through national policy, planning guidance or Welsh Health Circulars. To ensure compliance, the Welsh Government expects organisations to audit themselves against the standards and DHCW to deliver a quality assurance and review process. Regulatory bodies such as Audit Wales and Healthcare Inspectorate Wales also have a role in auditing organisations against national standards. DHCW and regulatory bodies should report to the Welsh Government any significant failure to comply with national data requirements, so that these can be addressed with NHS organisations through accountability processes and meetings.</p>		
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	<p>Accept in principle.</p> <p>The Welsh Government will develop a cancer data road map to improve the available data on cancer service delivery for use by the NHS, the Welsh</p>	Quarter 3 2025-26	<p>Mike Emery</p> <p>Chief Digital Officer</p>

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	<p>publicly available data on cancer services, which as a minimum should include:</p> <ul style="list-style-type: none"> <li>the number of people currently waiting for cancer diagnosis or treatment (open pathway data);</li> <li>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;</li> <li>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;</li> </ul>	<p>Government, and the public. However, it may not be possible to provide all of this data to the public for reasons of data accuracy, reporting burden on NHS services, and patient confidentiality. In addition, the barriers to providing data on treatment in England must first be understood before commitments can be made to publishing this data, but we support the principle of doing so, subject to their further analysis.</p>		

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	<ul style="list-style-type: none"> <li>• Timeliness of diagnosis and treatment for patients referred from the breast and cervical screening programmes; and</li> <li>• 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).</li> </ul>			
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.	<p>Accept.</p> <p>The Welsh Government will work with health boards, NHS England, and Digital Health and Care Wales to ensure relevant data on the diagnosis and treatment of Welsh residents seen in England is appropriately shared.</p>	Quarter 4 2025-26	<p>Mike Emery</p> <p>Chief Digital Officer</p>

# Agenda Item 3

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

Document is Restricted