Archwilio Cymru
Audit Wales

Are cancer services improving?

Cwm Taf Morgannwg University Health Board

October 2026

We have prepared and published this report under section 61(3) (b) of the Public Audit Wales Act 2004.

© Auditor General for Wales 2026

You may re-use this publication (not including logos except as an integral part of the document) free of charge in any format or medium.

If you re-use it, your re-use must be accurate and must not be in a misleading context. The material must be acknowledged as Auditor General for Wales copyright, and you must give the title of this publication. Where we have identified any third-party copyright material you will need to obtain permission from the copyright holders concerned before re-use.

If you need any help with this document

If you would like more information, or you need any of our publications in an alternative format or language, please:

- call us on 029 2032 0500
- email us at info@audit.wales

You can use English or Welsh when you get in touch with us – we will respond to you in the language you use.

Corresponding in Welsh will not lead to a delay.

Mae’r ddogfen hon hefyd ar gael yn Gymraeg.

Audit Wales follows the international performance audit standards issued by the International Organisation of Supreme Audit Institutions (INTOSAI).

Contents

Audit snapshot	4
Key facts and figures	6
Our findings	7
Recommendations	29
Appendices	31
1 About our work	32
2 Key terms in this report	34
3 Management response form	37

Audit snapshot

What we looked at

1 We looked at Cwm Taf Morgannwg University Health Board's (the Health Board) approach to managing cancer services. This includes how it plans services, prevents cancer, supports early detection and leads and oversees service performance.

2 We reviewed trends in cancer service performance. Our 2025 national report on cancer services highlighted data quality concerns and recommended improvements at a national level. We have not reviewed data quality as part of this review.

Why this is important

3 Demand for cancer services is increasing, driven by factors such as:

- an ageing population;
- rising levels of obesity and alcohol use;
- better cancer rates meaning patients need ongoing follow-up and monitoring; and
- the ongoing introduction of new tests and treatments.

4 Cancer outcomes are worse when patients wait too long for treatment. Long waits can shorten life expectancy and reduce quality of life after treatment. This increases pressure on health boards to deliver timely care.

5 Cancer services account for a growing share of NHS spending. This is driven by increasing demand and the costs of new tests and treatments.

What we have found

6 The Health Board is clearly committed to improving cancer services. It has good strategic intent, collaborative operational working and strong leadership. Cancer is a priority and there is regular scrutiny, good partnership working and a broad range of actions aimed at strengthening services. This has resulted in the Welsh Government de-escalating cancer services to routine arrangements[1].

7 Plans are not yet fully joined up but will be as part of the Acute Clinical Services Plan which is currently in development. As part of this, the Health Board will need to develop a cancer delivery plan to help meet growing demand and associated cost pressures.

8 The Health Board has improved performance steadily against the 62-day target since March 2023. In March 2026, 65.8% of patients started treatment within 62 days against a target of 75%.

9 Targeted actions have helped to improve waiting times. These have increased capacity and efficiency in some fragile services. These include service changes, regional working and extra clinics and diagnostic capacity. Despite progress, challenges remain. Some workforce shortages, pressures in pathology, and aspects of diagnostic services for some cancer pathways impact performance.

What we recommend

10 We have made three recommendations in the following areas:

- developing a cancer delivery plan to deliver the cancer elements of the Acute Services Delivery Plan and anticipated National Cancer Strategy;
- working with partners to improve insight from cancer screening data; and
- monitoring the delivery of the plan.

---

[1] NHS Wales escalation and intervention arrangements is a Welsh Government approach for increasing the scrutiny and support when services are underperforming.

Key facts and figures

The number of new suspected cancer referrals rose by just 2% between 2022–23 and 2025–26.

Spending on cancer services rose from £70 million to £96 million between 2019–20 and 2023–24. This is £15 million more than if spending had kept pace with inflation over the same period.

In March 2026, most referrals were for suspected skin (472), lower gastrointestinal (460), and breast (390) cancers.

In March 2026, 65.8% of patients started treatment within 62 days compared with the 75% target.

In March 2026, there was wide variation in treatment waiting times. Performance ranged from 94.2% of patients for skin cancer to just 32.8% for urological cancer, against a 75% target.

Between 2002 and 2024, one-year cancer mortality rates fallen by 12.4%.

Our findings

Cancer service improvement planning

Cancer services are strategically focussed, but a dedicated plan would better ensure future needs are met

Cancer improvement plans

11 The Health Board does not have an overarching cancer strategy to set out its long-term strategic ambitions for cancer services. However, the Health Board can demonstrate that is has taken a strategic approach to past and ongoing cancer service developments. This has included the Snowdrop centre, the Llantrisant Health Park diagnostic developments, redesigned gynaecology services and the introduction of trans-nasal endoscopy. The Health Board has also been developing its Acute Clinical Services Plan over the last three years, which will cover cancer service strategic developments. However, at the time of this review, the Acute Clinical Services Plan was still being drafted.

12 The Health Board primarily plans and sets out cancer service improvements through its Integrated Medium-term Plan (IMTP). Its 2026–2029 IMTP shows a clear intent to deliver cancer services in line with national standards, programmes, and pathways. It sets out initiatives to improve cancer pathway performance.

13 At an operational level, planning forms part of each cancer specialty's demand and capacity plans. It is informed by waiting list performance and adherence to National Optimal Pathways[2]. The Clinical Effectiveness Committee also use clinical audit findings to agree actions to improve cancer services. While the Reducing Cancer Inequalities Group agree actions to address cancer inequalities the Health Board has not built these into service plans.

14 The Welsh Government has recently announced that it will be developing a 10-year national cancer strategy, and it is important that the Health Board aligns its plans to new national requirements. Positively, the Health Board has developed trajectories to improve suspected cancer pathway (SCP) performance. The Health Board will need to ensure that it develops a cancer improvement plan to implement its longer-term strategic ambitions. This is particularly important because cancer costs and demand is expected to grow significantly in the longer term.

15 There is clear evidence of joint planning work with partners, including Velindre University NHS Trust which provides a range of non-surgical tertiary cancer services to the Health Board's patients.

Cancer intelligence and data

16 Overall, the Health Board draws on a broad range of relevant cancer intelligence and data to inform planning. The Health Board uses routine cancer surveillance such as referral rates, projections, and survival data to support scheduling of services.

17 Cancer leads have a good understanding of performance data and areas requiring improvement. The Health Board regularly reports cancer demand and performance data, with weekly monitoring of SCP performance informed by dashboards. It uses this, along with deep dives on the different stages of cancer pathways[3], to analyse pathway delays.

---

[2] Standardised, evidence-based care pathways designed to improve cancer diagnosis and treatment.

[3] This includes time to first outpatient appointment, compliance with diagnosis within 28-day targets, and SCP pathway target breaches.

18 Intelligence helps the Health Board identify services that are under pressure. This informs the development of SCP improvement trajectories, to provide confidence on the planned actions to improve cancer waiting time performance. In addition, its demand and capacity analysis is informing the development of new cancer services.

19 The Health Board is assessing inequalities but this needs to be integrated into an overarching cancer plan. Its approach includes:

- analyses of inequalities in cancer services as part of waiting times monitoring.
- the local public health team's deep dive in August 2025 on inequalities along the cancer pathway.
- the Reducing Cancer Inequalities Group review of data and patient experience. This results in actions to support earlier diagnosis and more equitable access across the pathway.

20 While this work is positive it would be strengthened if it was integrated into an overarching cancer plan. This would help ensure that inequalities consistently inform Health Board priorities, actions, and resourcing decisions.

Supporting fragile services

21 The timeliness of cancer treatment is impacted by the type of cancer a patient has. This is a common pattern for most health boards in Wales. In Cwm Taf Morgannwg University Health Board, most patients waiting longer than 62 days on the SCP are in the urology, gynaecological and lower gastrointestinal pathways.

22 The Health Board has a clear understanding of its most fragile cancer services and is taking positive steps. The main causes of pressures are regularly discussed. These include diagnostic service capacity, pathology service delays, rising demand and staff shortages (especially consultants). The Health Board also experiences delays in services provided in specialist (tertiary) providers[4].

23 The Health Board is also working to address its fragile services. These include urology, gynaecology, and lower gastrointestinal cancer services. Current actions include initiatives to reduce waiting lists and using external providers to help deliver services.

24 Long-standing problems in pathology services cause delays in diagnosing patients. These include staff shortages, difficulties recruiting new staff, limited physical space, fragmented services, and digital systems. The Health Board outsources some pathology work to external providers. But this can also cause delays, undermining timely diagnosis. The Health Board is developing longer-term actions to reduce these delays. It is also working with partners to create a regional pathology service and wider diagnostic services at the Llantrisant Health Park[5].

25 Regional cancer service models are also starting to be developed including shared workforce planning, shared outreach services and joint multidisciplinary team working. These changes aim to improve the diagnostic and cancer services across the region.

[4] Tertiary providers for the Health Board include Velindre University NHS Trust, Cardiff & Vale University Health Board and Swansea Bay University Health Board.

[5] The Southeast Wales Pathology Solution is a regional collaboration between Cwm Taf Morgannwg, Cardiff and Vale, and Aneurin Bevan Health Boards. Designed to tackle workforce and capacity challenges, it centralises and streamlines diagnostic services.

Financial and resource planning

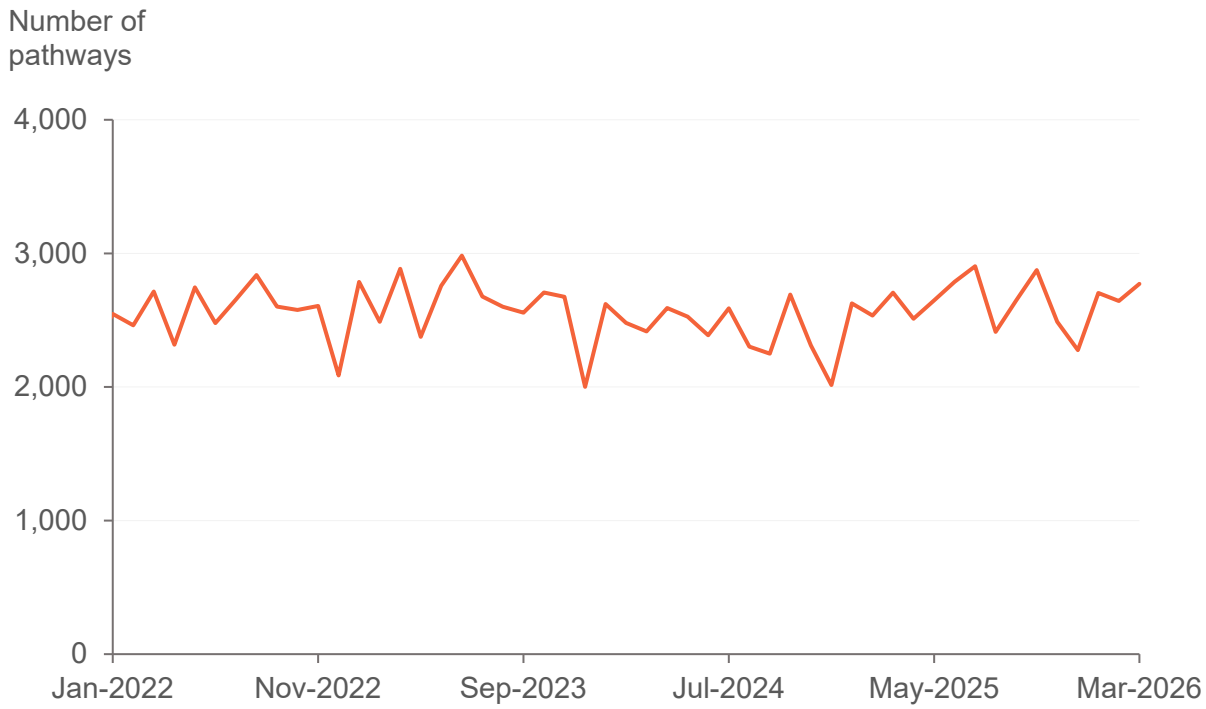
The absence of comprehensive financial and resource plans for cancer services, limit assurance that resources can meet rising demand and national targets

Funding plans

26 The Health Board has committed spending to key programmes and investments that support cancer services at a strategic level. However, although cancer services are clearly prioritised, some support relies on individual business cases and short-term funding. This makes it hard to see the full investment needed to drive longer-term service improvements. It also does not provide the assurance that the totality of planned improvements needed to meet targets are affordable.

27 The following exhibits show the trend in cancer service demand and funding. **Exhibit 1** shows the number of new suspected cancer pathways opened each month. This shows some variation in demand month on month, although largely no noticeable trend of increases in open suspected cancer cases, as is the case in other health boards in Wales. It is not clear why this is a difference in the Health Board, as compared to other health boards.

Exhibit 1: newly opened suspected cancer pathways, Cwm Taf Morgannwg University Health Board, January 2022 to March 2026 (number)



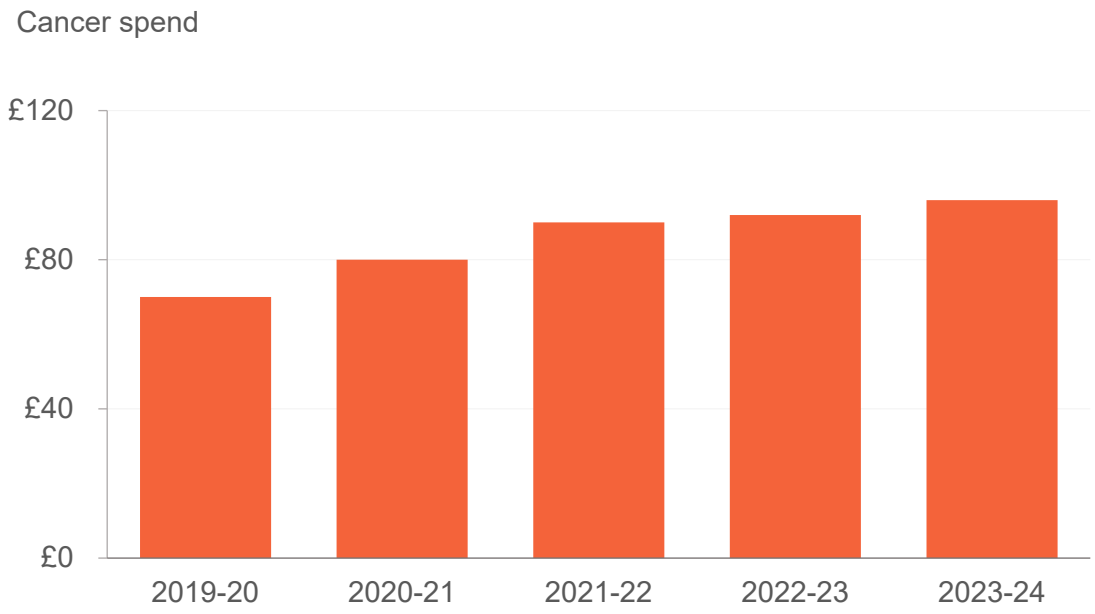
Source: Audit Wales analysis of Digital Health and Care Wales data

Note: Under the suspected cancer pathway (SCP), a pathway starts at the point of suspicion, for example when a GP makes a referral. Pathways are closed, and waiting times end, when patients start their first definitive treatment, are downgraded (told they do not have cancer), choose not to have treatment or if the patient died. Note that patients can be on more than one pathway.

28 There has not been a noticeable increase in open suspected cancer cases month on month. However, the data shows there has been a notable increase in referrals between 2022–23 and 2025–26 for some specific tumour sites. These include skin (+32%), gynaecological (+18%) and upper gastrointestinal (+12%) tumour sites.

29 Cancer spend has risen faster than inflation. **Exhibit 2** shows spending on cancer services between 2019–20 and 2023–24. Over this period, the Health Board's cancer spending rose by around 15% above inflation[6]. This will include investments made to increase capacity and expand capacity.

Exhibit 2: actual cancer services spend, Cwm Taf Morgannwg University Health Board, 2019–20 to 2023–24, (£million)



Source: Audit Wales analysis of the Health Board's data, sourced from the Welsh Government

30 The current approach to financial planning and reporting is split across each division's financial plan. Given the expected growth in service demand, the Health Board will need to ensure that cancer services and planned improvements remain affordable.

[6] Inflation is calculated using 2023–24 as a baseline and HM Treasury inflation data.

Wider resourcing requirements

31 The Health Board clearly understands its workforce pressures. This includes difficult to fill vacancies, skills shortages, and limited capacity. Due to market availability, some workforce solutions are short-term fixes, such as the use of temporary additional locums and sessions. However, the Health Board's approach for centralising some service teams, upskilling staff and the work to create regional solutions may help achieve longer-term benefits. There remains a need to be able to provide assurance that its workforce plans will help meet cancer service demands both now and in the future. This is particularly important as specialist clinical training often needs to be planned several years in advance.

32 The Health Board mainly plans its estate developments through its Integrated Medium-Term Plan (IMTP) process. Larger projects, such as the Snowdrop Breast Centre[7], and broader regional service developments are planned and managed through separate capital investment plans. The Health Board also recognises that equipment is essential for effective cancer services. It has appropriately invested in diagnostics equipment for endoscopy, teledermoscopy, and prostate biopsies.

33 The Health Board is making progress in improving its digital systems, but challenges remain. The current mix of different systems continues to create inefficiencies and can affect how quickly patients move through cancer pathways. Some important digital solutions are also still being developed. These include national programmes such as:

- A new Breast Test Wales system to help health boards manage demand from breast screening services more effectively.
- A digital cellular pathology service that will support the use of digital imaging in pathology services.

Until these improvements are fully implemented, digital system limitations will continue to affect the efficiency of cancer services and the timeliness of patient care.

[7] The Snowdrop Breast Centre is a one-stop diagnostic and treatment centre.

Cancer prevention and population screening

Positive steps are being taken to improve cancer prevention and screening, but data limitations and resource constraints are limiting progress

34 The All-Wales Cancer Improvement Plan estimates that 38% of cancers each year are preventable. For context, if the Health Board prevented 20% of cancers, it could have saved £2.8 million in bed day costs in 2024–25, based on the most recent financial data. **Exhibit 3** shows the potential gains if the Health Board successfully implemented a cancer prevention strategy.

Exhibit 3: potential capacity gains from cancer prevention, Cwm Taf Morgannwg University Health Board, based on 202–25 activity

	2024–25 actual	-10% reduction	-20% reduction	-38% reduction
Finished consultant episodes	**7,533**	**6,780** (753 reduction)	**6,026** (1,507 reduction)	**4,670** (2,863 reduction)
Admission episodes	**6,170**	**5,553** (617 reduction)	**4,936** (1,234 reduction)	**3,825** (2,345 reduction)
Bed days	**27,868**	**25,081** (2,787 reduction)	**22,294** (5,574 reduction)	**17,278** (10,590 reduction)
Bed day cost savings		(**£1.4** million)	(**£2.8** million)	(**£8.6** million)

Source: Audit Wales analysis and modelling of Digital Health and Care Wales data from the Patient Episode Database for Wales, Headline Figures and Primary Diagnosis Datasets for Welsh providers.

Notes:

1) The analysis outlines the broad impact of a 10%, 20% and 38% reduction in cancer cases, based on 2024–25 activity levels.

2) Savings calculation based on £500 per day cost of an NHS bed in Wales used in our 2025 National Cancer Services Report.

Public health risk assessment

35 The Health Board uses information on smoking rates, obesity, alcohol consumption, vaccination uptake, and cancer mortality to identify priorities for improving health and preventing cancers.

36 It has developed a Creating Health Delivery Plan that focuses on helping people live healthier, longer lives and reducing health inequalities. The plan uses population needs assessments and national public health data to understand health risks, inequalities, and differences in health outcomes across the region.

37 The plan identifies high-risk groups and actions to target prevention and support early intervention in these groups to improve lifestyles. Actions have associated outcome measures, and a supporting framework and dashboards help the Health Board monitor achievement. The Health Board's Reducing Cancer Inequalities Group also uses population health intelligence data to inform its activities. Despite these actions highlighted above, it is not yet driving larger-scale cancer prevention initiatives.

Approaches to improving population lifestyles

38 The Health Board experiences some of the highest incidence of cancers and poorest survival rates in Wales, with high levels of deprivation and lifestyle behaviours associated with cancer. Low cancer symptom awareness and negative beliefs about cancer increase likelihood of delays in seeking help. This creates the risk that patients are diagnosed later and present with more complex or later stage cancers.

39 The Health Board is delivering a range of programmes to promote healthy lifestyles that reduce cancer risk. The Health Board's IMTP 2026–29 clearly prioritises prevention and population health. However, the long-term impact of local cancer prevention initiatives is limited due to insufficient funding.

40 Ongoing public health funding supports key national programmes such as smoking cessation, healthy weight services, alcohol harm reduction, vaccination uptake, and screening uptake. These programmes support cancer prevention and focus on high-risk groups. The Public Health Team monitors programme uptake and the outcomes, with metrics regularly reported to the Strategic Development Committee and Board.

41 The Public Health Team also develops local health improvement initiatives, targeting campaigns in areas of greatest need. Initiatives include the "Think Quit" intervention scheme in 2024–2025 which supported nurses to speak with patients to help increase referrals to the Help Me Quit smoking cessation service. The Health Board's 'CHOICE' outreach service also supports reproductive autonomy and enables a different kind of testing for cervical cancer screening. This campaign targets cohorts of the population who are less likely to attend routine screening services, thus improving uptake and supporting earlier detection.

42 The Public Health Team collaborates with community and third sector organisations, as well as health visitors to promote healthy lifestyles and increase screening uptake in targeted populations. However, some activities depend on short-term funding or have limited staff capacity. This means that schemes may not be sustainable longer-term and may limit their impact.

Targeted prevention and population screening

43 There are clear referral routes to diagnosis and treatment for patients when cancer is detected through the national screening programmes. However, the Health Board's access to screening data is often not timely or sufficiently detailed. As it is not available in real time, this restricts the Health Board's ability to monitor and plan effectively to meet the demand arising from screening.

44 Performance data also shows that screening is not consistently leading to timely diagnosis and treatment start. This is particularly the case for colorectal cancer, due to limited colonoscopy diagnostic capacity, with Bowel Screening Wales delays around 13 weeks in March 2026.

45 The Health Board piloted lung cancer screening for high-risk populations, with the exercise concluding early 2025. Screening enabled earlier cancer diagnosis, resulting in treatment starting sooner and an increase in successful surgery outcomes. The pilot informed a decision by Welsh Government in June 2025 to roll out a national lung cancer screening programme across Wales. It is anticipated to start in 2028. This work demonstrates the Health Board's commitment to innovation and health improvement.

46 The Health Board has limited understanding of inequalities of screening uptake, including deprivation, underserved and seldom heard groups, and wider access barriers. It uses the data to identify targeted actions to increase screening uptake, including active patient follow-up and predicting non-attendance to target reminders. However, the Health Board told us it faces challenges fully utilising screening data, because the data received from Public Health Wales NHS Trust is aggregated and not sufficiently detailed. This limits the Health Board's ability to identify local patterns and target interventions more precisely. Information governance concerns are limiting data sharing at a patient level between the Trust and Health Board, which is a barrier to more targeted activity.

47 The Health Board’s human papillomavirus (HPV) vaccination uptake rate in March 2026 was 81.6%. Whilst it was below the national target of 90%, it was higher than the all-Wales average of 74.9%. The Health Board has introduced a programme to deliver the vaccine in schools and community outreach. While the Health Board has not yet met the uptake target, targeted activity is supporting positive progress.

Cancer leadership and oversight

There is strong leadership and effective oversight of cancer services, that is driving improvement

Managerial leadership

48 There is clear and robust leadership for cancer services. The Chief Operating Officer has overall responsibility, supported by a Clinical Director, the Deputy Medical Director, and the Director of Operations for Planned Care. This provides a clear and joined-up approach to leadership. The Cancer Board, chaired by the Deputy Medical Director, supports improvement through the monitoring and scrutiny of cancer performance. The Cancer Steering Group provides strategic leadership and governance oversight of cancer services.

49 Senior Cancer Directorate Managers and Service Managers make decisions on which priorities to tackle within spending limits. Most decisions are made through regular performance meetings, which help the Health Board respond quickly when action is needed. When making decisions, managers consider cancer pathway performance, pressures in specific tumour sites, delays in diagnostic services, and risks that may require escalation. Recent decisions have included funding extra clinics and other short-term measures to meet demand and reduce waiting times.

50 Senior cancer specialty leads hold weekly performance meetings to review demand and capacity, monitor performance, and identify problems, and support timely decision making. Leads work together closely, supported by clear governance arrangements. This demonstrates a collaborative and supportive approach to the delivery of cancer services. The central Cancer Services Team works closely with the Planned Care Group, ensuring collaborative working to problem solve and improve performance.

51 Regional working and leadership are essential to ensure that patients get the right cancer care at the right time. In south-east Wales, whilst health boards plan and deliver many parts of the cancer diagnosis and treatment pathway, they commission and fund Velindre University NHS Trust to provide non-surgical specialist cancer services[8] for most patients. It is important, therefore, that joint working ensures effective planning, referral, and continuity of cancer care across organisational boundaries.

Oversight and scrutiny

52 The Board, the Quality, Safety and Experience Committee, the Cancer Board and Cancer Steering Group regularly review cancer performance. Reports cover performance against the target for 75% of patients to start treatment within 62 days of suspicion. The reports also include waiting list backlog levels, performance trajectories, key risks, and supporting actions. Reports also cover regional work and performance, service fragility, cancer incidence trends, and survival rates.

53 While reports provide a good high-level view, the Health Board does not routinely report the granular data of the pathway stages before first treatment. This data would help the Board better understand where bottlenecks exist. Reports also do not regularly contain measures such as average waiting times and cancer outcomes, which may limit oversight of the impact of delays and whether improvement actions are working.

54 Cancer service performance is regularly discussed at Board and committee meetings. The Board and the Quality, Safety, and Experience Committee also receive a Cancer Services Annual Report. In April 2024, Board members attended a detailed development session focussed on cancer services and performance.

[8] Including radiotherapy, chemotherapy, and other systemic anti-cancer treatments (SACTs).

Cancer performance

Actions are driving cancer performance improvement, although there remains significant variation by tumour site

62-day cancer performance

55 The Welsh Government target is for 75% of patients to start their first treatment within 62 days from the first point where cancer might be suspected.

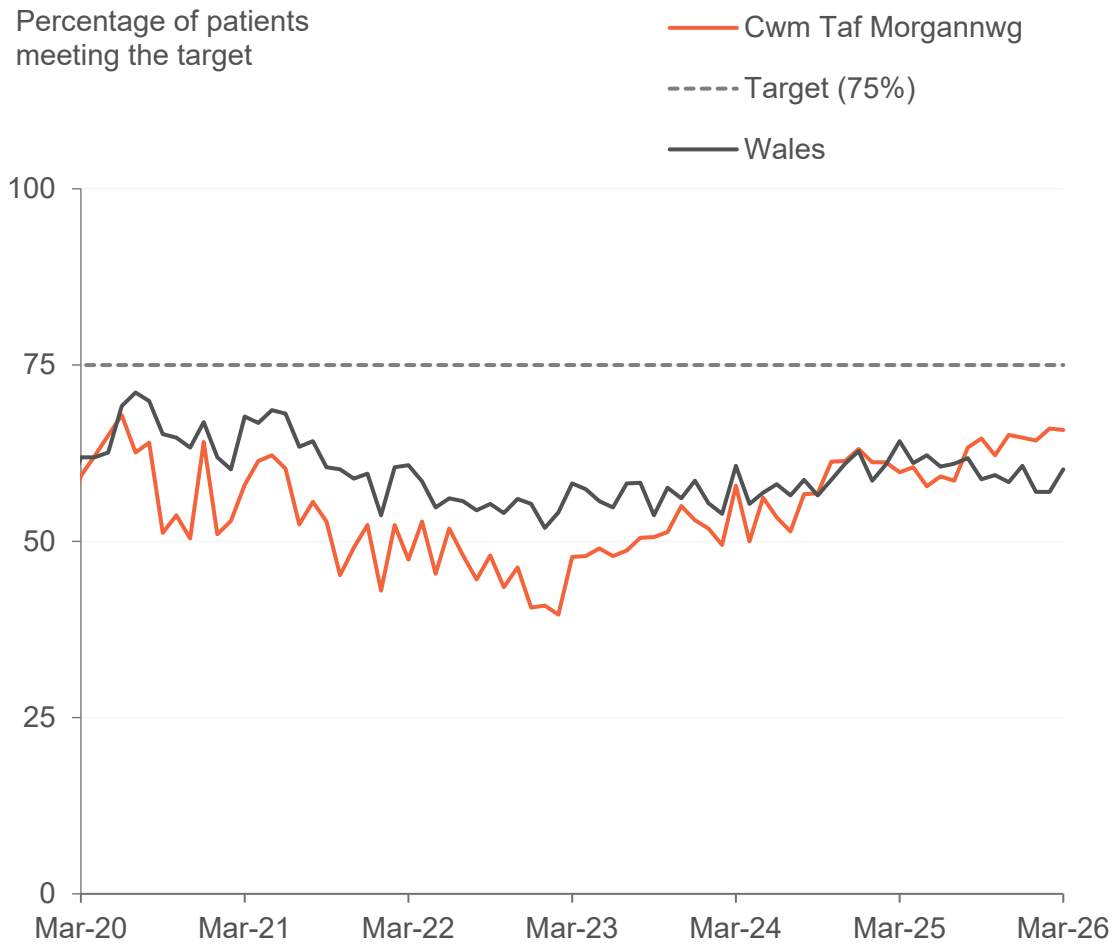
56 Early diagnosis and prompt treatment improve outcomes. They increase survival rates and enhance quality of life. Long waits can lead to more advanced cancer. This may reduce life expectancy, limit treatment options and affect physical health after treatment.

57 The Health Board's performance, although falling short of meeting the national cancer target, was at 65.8% in March 2026. At this time, it was the highest of any Health Board in Wales (**Exhibit 4**).

58 Overall performance is an average and it hides large differences between sex, age and tumour types. For example, in March 2026:

- performance against the 62-day target was nearly 21% lower for men than for women.
- 59% of patients aged 50–69 started treatment within the target, compared with 75% of those aged 30–39.

Exhibit 4: patients meeting the 62-day cancer treatment target, Cwm Taf Morgannwg University Health Board, March 2020 to March 2026 (percentage)

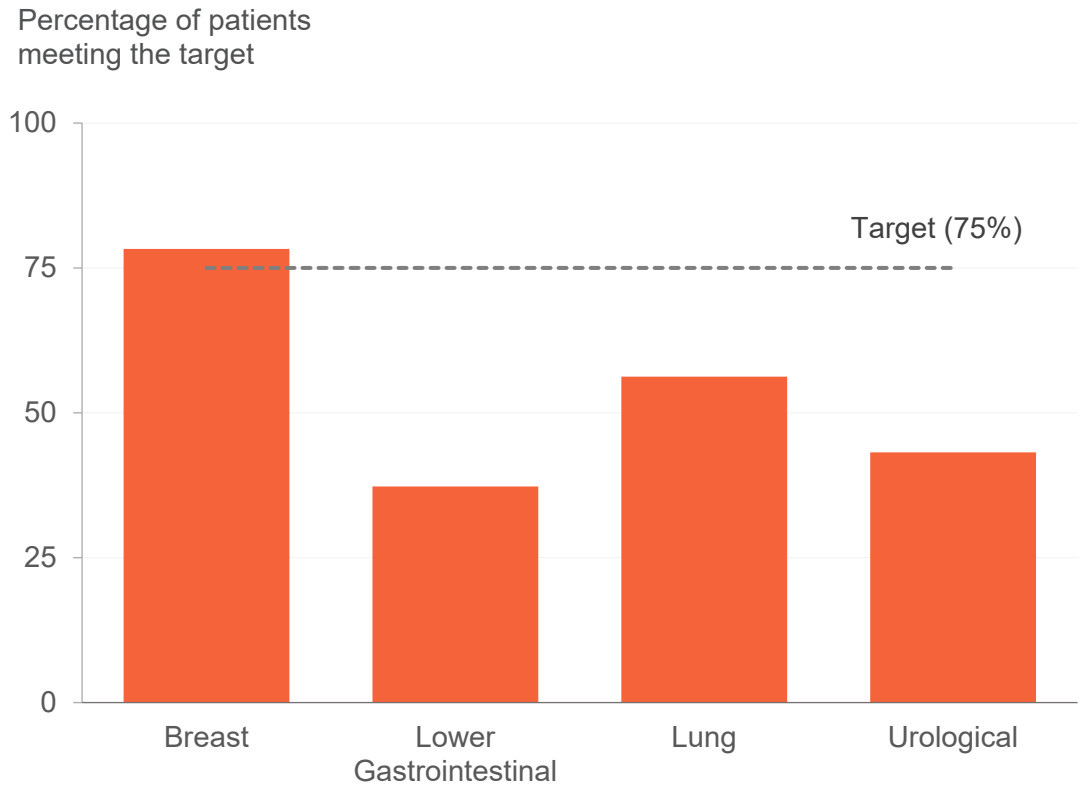


Source: Audit Wales analysis of Digital Health and Care Wales data

Note: The data includes patients who started treatment and waiting for confirmation that they do not have cancer.

59 Timeliness of treatment is also not equitable across tumour sites. **Exhibit 5** shows performance across four common cancer tumour sites, raising significant concerns about timeliness across pathways.

Exhibit 5: patients meeting the 62-day cancer treatment target by tumour site, Cwm Taf Morgannwg University Health Board, 12-month average during 2025-26 (percentage)



Source: Audit Wales analysis of Digital Health and Care Wales data

Notes:

1. The data show average 62-day performance over the most recent 12-month period (March 2025 to March 2026).

2. The data includes patients who started treatment and waiting for confirmation that they do not have cancer.

Impact of action to improve cancer services

60 Action taken by the Health Board is helping to manage short-term risks. There are also signs of tangible progress in SCP performance in some tumour sites, such as breast cancer where actions have also delivered longer-term sustainable benefits.

61 In February 2026, performance and outcomes related to cancer were de-escalated to 'routine arrangements' (level one) following sustained improvement towards achieving the 62-day SCP target[9]. This demonstrates that the Health Board's arrangements are contributing towards improvement in cancer services. Nonetheless, ongoing service fragility means that some specialties are underperforming and will need continued focus to demonstrate sustained improvement to allow the Health Board to meet the SCP target.

62 The Health Board is trying to address diagnostic and treatment capacity gaps and improve patient experience. Action taken includes consolidating breast services within the Snowdrop Breast Centre to improve the patient experience and increase efficiency. Similarly, the merger of colorectal multi-disciplinary team meetings has improved decision making efficiency.

63 The Health Board has also redesigned services such as gynaecology, centralised on-call services for urology cancer patients and undertaken endoscopy recovery work, with investment in new endoscopy suites, and the upskilling of staff to improve capacity.

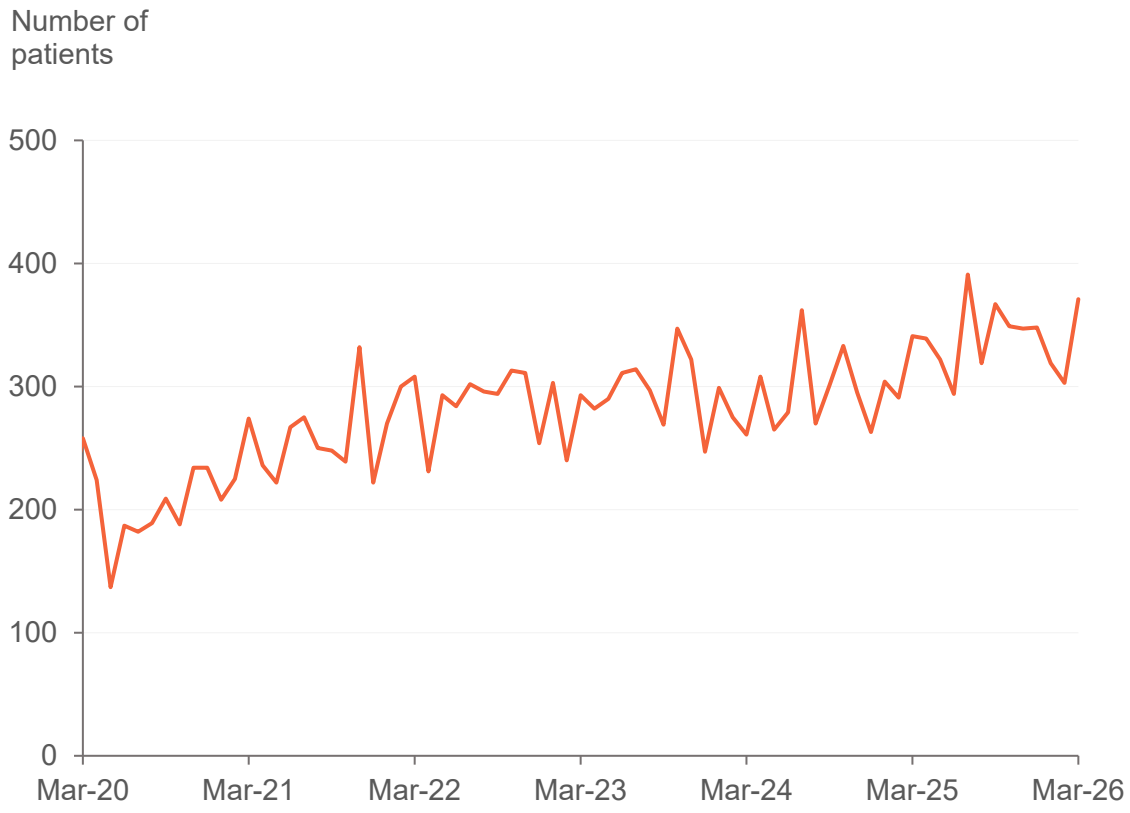
64 The Health Board has used waiting list initiatives and additional clinics to increase capacity. When local teams cannot solve issues using existing resources, they develop business cases to seek extra funding. An example of this includes planning the creation of the regional cellular pathology unit to increase pathology capacity for the south-east Wales region.

---

[9] Welsh Government criteria for de-escalation within cancer services performance is for a Health Board to maintain a minimum of 63% compliance for 3 months against the suspected cancer target. The Health Board achieved 65% in November 25, 64.7% in December 25 and 64.3% in January 26.

65 Cancer workforce pressures present an ongoing challenge for the Health Board. Sometimes managers need to reactively respond to immediate risks. This includes recruiting consultants, using locums and using outsourcing to ease staffing pressures. Performance against the SCP suggests that the actions taken are contributing to an improvement in capacity. However, they are largely short-term and have not closed the underlying capacity gaps. Although the number of patients starting treatment each month has increased since March 2023 (**Exhibit 6**), this has not been enough to meet the SCP target (**Exhibit 5**).

Exhibit 6: cancer patients starting treatment each month, Cwm Taf Morgannwg University Health Board, March 2020 to March 2026 (number)



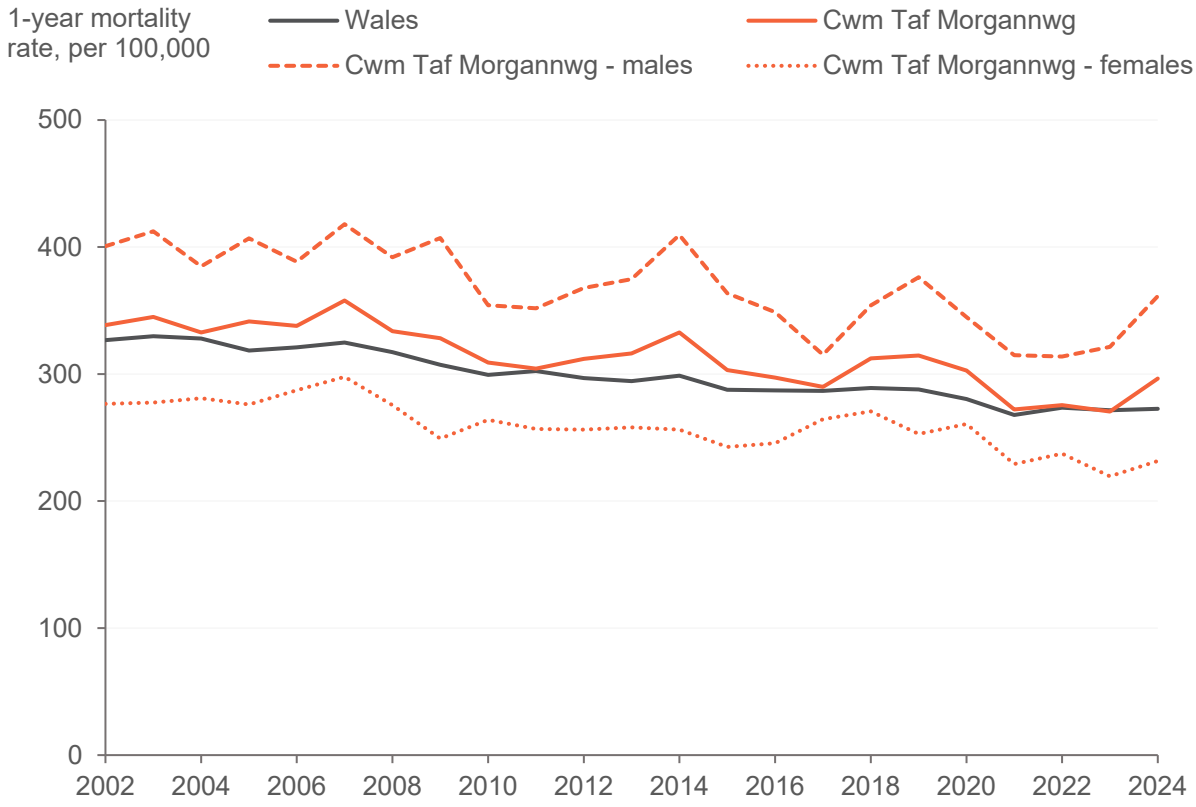
Source: Audit Wales analysis of Digital Health and Care Wales data

Improving cancer outcomes

66 The Health Board is using cancer outcomes and related intelligence to support improvement through a broad range of mechanisms than SCP performance alone. Audit findings, mortality and inequalities data, patient experience feedback and referral information are used to identify issues and support improvement activity.

67 **Exhibit 7** shows the one-year mortality rate for the Health Board.

Exhibit 7: one-year cancer mortality rate, Cwm Taf Morgannwg University Health Board 2002 – 2024 (rate per 100,000 population)



Source: Audit Wales analysis of Public Health Wales NHS Trust data

Note: Deaths where cancer is the primary cause, using the European Age Standardised Rate to enable fair comparisons over time and place.

68 We have analysed the Health Board's 1-year mortality data between 2002 and 2024. This indicates a consistent gradual reduction in the 1-year mortality rate from cancer over the last 20 years **(Exhibit 7)**. However, the Health Board has a higher mortality rate than the all-Wales average. Outcomes for males remain worse than for females.

69 While long-term trends are improving, our national report found that cancer outcomes in Wales, remain poor compared to other countries. The Health Board needs to focus more on outcomes as a means to develop targeted and prioritised improvement actions.

Recommendations

Cancer services planning

R1 The Health Board should develop a costed, organisation-wide cancer delivery plan to support affordable and sustainable delivery as service demand increases. This should be aligned to both the Health Board's Acute Clinical Services Plan and the National Cancer Strategy which is due to be published in February 2027 **(paragraphs 11 to 14).**

Prevention and screening

R2 The Health Board should work collectively with Public Health Wales NHS Trust to agree, as soon as possible, a comprehensive set of data analysis on screening services, including:

- Timeliness across each part of the current three cancer screening pathways and lung screening once it is implemented;
- Information on uptake screening rates and variations by population groups, including age, location, sex (where applicable), and ethnicity (**paragraphs 43, 44 and 46**).

Cancer services reporting

R3 Introduce reporting mechanisms to monitor delivery of the cancer plan and supporting improvement plans to provide assurance to the Board and its committees that delivery is on track. Reporting should include:

- Progress against delivery milestones, actions and trajectories set out in the cancer strategy/improvement plans; and
- Measures of impact and intended outcomes, including treatment timeliness variation, average waiting times and outcomes (**paragraph 53**).

Appendices

1 About our work

Scope of the audit

We looked at the following areas:

- How well the Health Board plans its cancer services and whether they align with the National Cancer Plan, Quality Statement and Cancer Recovery Programme.
- How the Health Board seeks to reduce cancer prevalence by targeting preventative actions and supports screening programmes to detect cancer sooner.
- How cancer services are led and managed to drive improvements.
- How services are performing and the actions that the Health Board is taking to drive service improvement and achieve better patient outcomes.

We did not consider service quality, clinical governance or patient experience. We have also not completed an audit of the data used in this review, but we have looked at the all-Wales data validation process

Audit questions and criteria

Questions

We used the following questions to focus our fieldwork:

- Has the Health Board clearly set out how it will achieve timely and equitable access to cancer diagnosis and treatment?
- Has the Health Board set out a coherent approach to cancer prevention?
- Is the Health Board providing strong leadership and governance for timely and equitable access to cancer diagnosis and treatment?

- Is the Health Board making progress to deliver timely and equitable access to cancer diagnosis and treatment?

Criteria

We assessed the Health Board's arrangements against the following criteria:

- The Health Board has clear funded plans based on sound business intelligence which sets out cancer services priorities and objectives, and the approach it is taking to achieve them.
- The Health Board has a clear approach to target population health improvements as means to reduce cancer prevalence in the longer-term.
- The Health Board's leadership for cancer services work collaboratively and are empowered to drive cancer service improvements in the short and longer-term.
- The Health Board is making continuous improvement on 62-day cancer performance, successfully addressing underperforming services and driving improvements to achieve better outcomes for patients.

Methods

Our audit methods included document review, data analysis and interviews. We interviewed the following:

- Chief Operating Officer;
- Director of Operations for Planned Care;
- Deputy Medical Director & Chair of the Cancer Board;
- Executive Director of Public Health;
- Clinical Director of Cancer Services;
- Senior Cancer Manager; and
- Consultant in Public Health.

We also held a focus group with the operational specialty management leads.

2 Key terms in this report

Term	Description
62-day Suspected Cancer Pathway (SCP)	The all-Wales performance standard that 75% of patients should start their first definitive treatment within 62 days from the point of suspicion.
Admission episodes	The first period of care under a consultant with a health provider's episode of care.
Bed days	A day during which a patient occupies a hospital bed and stays overnight in the hospital.
Bed days cost savings	The financial benefits gained from reducing the number of hospital bed days.
Cancer Quality Statement	National statement outlining quality expectations for cancer care and outcomes across NHS Wales.
Cancer Recovery Programme	Programme of actions intended to restore/improve cancer services post-disruption (e.g., COVID-19), focusing on waits, pathways and outcomes.
Cellular pathology	Laboratory analysis of tissue/cell samples (histology/cytology) critical for diagnosis and treatment decisions.
Colonoscopy	Endoscopic examination of the large bowel to diagnose/biopsy lower GI cancers.
European Age-Standardised Rate (EASR)	A rate adjusted to a standard European population age-structure to enable fair comparisons over time/places.

Term	Description
Finished consultant episodes	Refers to the periods of patient care under a consultant's supervision that have concluded due to discharge, transfer, or death.
Integrated Medium-Term Plan	An Integrated Medium-Term Plan is a three-year plan that sets out how the organisation will deliver its services, manage its workforce, and meet its financial duties to break even. The organisation submits its plan to the Welsh Government for approval.
Multidisciplinary Team (MDT)	Multidisciplinary Team working is where health and care professionals from different specialisms work together to agree a patient's care.
National Cancer Improvement Plan	National plan setting priorities and actions for improving cancer services across Wales, aligning health boards to common standards and trajectories.
Population health risks	Modifiable risk factors (e.g. smoking, obesity, alcohol) associated with cancer incidence in local populations.
Real terms spend	Expenditure adjusted for inflation to reflect true purchasing power over time.
Stage at diagnosis	The extent of cancer spread at the time of diagnosis, strongly linked to outcomes and treatment options.
Systemic Anti-Cancer Therapy (SACT)	Drug treatments circulating via the bloodstream (e.g., chemotherapy, targeted and immunotherapies) to treat cancer
Screening	A preventive medical test designed to detect cancer early, often before symptoms appear, improving the chances of successful treatment

Term	Description
Teledermoscopy	Is the remote assessment of skin lesions using magnified digital images to help identify skin cancers.
Tumour site	The anatomical location/type of cancer (e.g. lower gastrointestinal, lung, breast, urological, skin).
Waiting list initiatives	Waiting list initiatives are targeted actions or interventions designed to reduce patient waiting times and manage waiting list backlogs (e.g. additional clinics, extra sessions, outsourcing or insourcing).

3 Management response form

Recommendation	Commentary on planned actions	Completion date	Responsible officer
R1			
The Health Board should develop a costed, organisation-wide cancer delivery plan to support affordable and sustainable delivery as service demand increases. This should be aligned to both the Health Board's Acute Clinical Services Plan and the National Cancer Strategy which is due to be published in February 2027.	CTM UHB recognises the importance of establishing a comprehensive implementation framework for cancer services that aligns national, regional and local priorities. Following publication of the Welsh Government National Cancer Strategy, anticipated in February 2027, the Health Board will develop a detailed Cancer Implementation Plan setting out how the organisation will deliver the strategic objectives, priorities and expected outcomes contained within the Strategy. The plan will align with the Acute Clinical Services Plan and IMTP, include milestones, performance measures, governance arrangements and measures of success, and be overseen through the Cancer Programme Board. Final approval will be provided by the Cancer Services Senior Responsible Owner.	30 June 2027	AMD for Cancer Services / SRO for Cancer Services

Recommendation	Commentary on planned actions	Completion date	Responsible officer
R2 The Health Board should work collectively with Public Health Wales NHS Trust to agree, as soon as possible, a comprehensive set of data analysis on screening services, including: • Timeliness across each part of the current three cancer screening pathways and lung screening once it is implemented; • Information on uptake screening rates and variations by population groups, including age, location, sex (where applicable), and ethnicity.	Lead responsibility will sit with the Head of Public Health. A review will be undertaken to confirm the availability, quality and reporting arrangements for screening timeliness and uptake data across all cancer screening programmes. This will include analysis of available demographic information, including age, sex, geography, deprivation and ethnicity where feasible. Existing reporting arrangements through the Reducing Cancer Inequalities Group and Commissioning Assurance processes will be strengthened to support identification of variation in uptake and timely access, enabling targeted improvement actions and reducing inequalities.	31 March 2027	Head of Public Health

Recommendation	Commentary on planned actions	Completion date	Responsible officer
R3			
Introduce reporting mechanisms to monitor delivery of the cancer plan and supporting improvement plans to provide assurance to the Board and its committees that delivery is on track. Reporting should include: • Progress against delivery milestones, actions and trajectories set out in the cancer strategy/improvement plans; and • Measures of impact and intended outcomes, including treatment timeliness variation, average waiting times and outcomes.	A repeat Single Cancer Pathway audit will be undertaken during Autumn 2026 to assess progress against previous findings and identify further opportunities for improvement. The resulting performance measures, milestones and outcomes will be incorporated into the Cancer Implementation Plan developed in response to Recommendation 1. As an interim action, by January 2027 the Board cancer report will include a concise RAG-rated summary of pathway performance metrics currently reviewed through regular cancer performance meetings. This will enhance Board visibility, oversight and assurance regarding delivery against key cancer pathway standards and improvement plans. Once the Cancer Implementation Plan is approved, a formal reporting framework will be established to monitor delivery against agreed milestones, trajectories, actions and outcome measures. Progress will be reported routinely through the Cancer Programme Board, with exception reporting and assurance escalated through the appropriate Board committee.	January 2027 (interim reporting) / Autumn 2026 (SCP audit)	Associate Medical Director for Cancer Services

About us

The Auditor General for Wales is independent of the Welsh Government and the Senedd. The Auditor General's role is to examine and report on the accounts of the Welsh Government, the NHS in Wales and other related public bodies, together with those of councils and other local government bodies. The Auditor General also reports on these organisations' use of resources and suggests ways they can improve.

The Auditor General carries out their work with the help of staff and other resources from the Wales Audit Office, which is a body set up to support, advise and monitor the Auditor General's work.

Audit Wales is the umbrella term used for both the Auditor General for Wales and the Wales Audit Office. These are separate legal entities with the distinct roles outlined above. Audit Wales itself is not a legal entity.



Audit Wales

Tel: 029 2032 0500

Fax: 029 2032 0600

Textphone: 029 2032 0660

E-mail: info@audit.wales

Website: www.audit.wales

We welcome correspondence and telephone calls in Welsh and English.

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