GIG CYMRU NHS WALES | Iechyd Cyhoeddus Cymru Public Health Wales	**Name of Meeting** Other (stated below) **Date of Meeting** 07/07/2026 **Agenda item:**

Breast Test Wales (BTW) Improvement Plan Update	
Executive lead:	Meng Khaw, Executive Director / National Director. Health Protection and Screening Services Executive Medical Director
Author:	• Dean Phillips, Head of Programme, Breast Test Wales

Approval/Scrutiny route:	• Screening Division SMT – 30/06/2026 • HPSS Directorate Management Team – 07/07/2026

Purpose

To provide assurance on progress against the Breast Test Wales (BTW) Improvement Implementation Plan 2026-27, highlighting delivery progress, key risks, resource constraints and areas requiring escalation.

Recommendation:

APPROVE	CONSIDER	RECOMMEND	ADOPT	ASSURANCE
☐	☒	☐	☐	☒

The Directorate Management Team is asked to:

- Receive assurance that BTW Improvement Implementation has strengthened governance and monitoring arrangements and is progressing delivery across key improvement domains.

  Consider ongoing progress updates, delivery constraints and assurance required to support BTW improvement.

Link to Public Health Wales Strategic Plan Public Health Wales has an agreed strategic plan, which has identified seven strategic priorities and well-being objectives. This report contributes to the following:	
Strategic Priority/Well-being Objective	4 - Delivering excellent public health services
Strategic Priority/Well-being Objective	
Strategic Priority/Well-being Objective	

Summary impact analysis	
Equality and Health Impact Assessment	Improving reading timeliness, assessment timeliness and round length supports equitable access across Wales. Uptake and inequality work is progressing through the Uptake Group, Surge Team support to understand DNA barriers, and continued review of accessible screening locations.
Risk and Assurance	Key risks remain in North Wales assessment capacity, surgeon-dependent onward pathways, workforce resilience, screening cancellations, mobile reliability, data confidence and funding for sustainable capacity. These risks are monitored through BTW Performance Group and escalated to divisional governance where controls sit outside the programme.
Health and Social Care (Quality and Engagement) (Wales) Act	The programme supports safe, timely and effective care through weekly monitoring, quality assurance, exception reporting, strengthened governance and active escalation of assessment and round length risks.
Financial implications	Additional capacity, workforce training, substantive nursing support, extended working or catch-up screening may require funding decisions. Several actions depend on approval of business cases or divisional support.
People implications	Workforce resilience remains challenging. Staff sickness, summer leave, maternity leave and shortages are contributing to screening cancellations. Staff feedback from the review has also highlighted wellbeing, morale and retention concerns that require visible action.

Contents

1 Purpose / situation

1.1 Executive Summary

This July update provides assurance on progress against the Breast Test Wales Improvement Implementation Plan 2026-2027.

Reading timeliness in the North remains broadly on trajectory, supported by cross-regional reading, weekly monitoring and progress with new readers.

Assessment timeliness remains the principal operational risk, particularly in North Wales, due to surgeon sickness, constrained onward pathways and the need to maintain safe radiology-led clinics. A locum surgeon will provide short term mitigation and prevent waits extending over the summer period

Round length recovery remains fragile and is dependent on staffing resilience, mobile reliability, validated data and sustained monthly screening throughput.

The Breast Screening Review has been returned to draft to allow factual accuracy checks and further service engagement, and uptake and inequalities work will continue through the Uptake Group and Surge Team support.

Freezing or failing to appoint to clinical posts in Breast Test Wales will materially increase programme risk by reducing capacity to deliver screening, image reading, assessment and diagnosis. This would weaken resilience, increase reliance on already stretched staff, and is likely to worsen waiting times, backlogs and performance against key standards, including timely assessment and 36-month round length. It may also affect participant experience, staff wellbeing, clinical governance and the programme's ability to deliver safe, reliable and timely cancer detection.

The BTW review has had a noticeable impact on staff wellbeing, with some colleagues reporting increased anxiety, uncertainty and pressure while continuing to maintain service delivery. Staff have engaged constructively with the process, but the level of scrutiny, alongside existing workforce and performance pressures, has added to operational strain. Continued visible leadership, clear communication, timely feedback and appropriate support for teams will be important to maintain morale, confidence and resilience during the next phase of improvement.

Key achievements	Key constraints / escalation	Immediate management actions
Cross-regional reading support from West and South East is active and North reading levels remain strong.	Temporary dips are expected around bank holidays and summer leave.	Maintain weekly SPAR/reading oversight and trigger additional reading capacity if backlog increases.
North Wales network connectivity issues are resolved and action is complete.	All-Wales worklist/cross-site workflow has known barriers and is not being progressed at present.	Keep connectivity under review and revisit workflow optimisation when dependencies are clearer.
Four North readers are in training; one is expected to qualify in July 2026. Dr Fahmi is on the rota, and Dr Iftikhar is	Further reader training is subject to funding and supervisor capacity. (Training budget and backfill required)	Confirm June interview/funding and integrate qualified readers into the rota.

Key achievements	Key constraints / escalation	Immediate management actions
progressing PERFORMS/sign-off.		
West and South East assessment clinic management is progressing; three radiology-led clinics are planned for June (North)	North Wales remains under pressure due to surgeon sickness, Wrexham constraints and travel to Llandudno.	Continue BCU engagement, review June/July clinics and agree safe clinical handover arrangements.
BCU has agreed radiology-led clinics where a surgeon is unavailable.	Sustainable surgical provision and locum suitability remain unresolved.	Seek clarity on locum cover, job plans and additional Wrexham clinic options.
Strong commitment from staff to improve service	Staff morale, resourcing and the pace of review follow-up remain concerns.	Support executive visits, correct factual issues in review report and develop a prioritised action plan.
Round length modelling and longest-wait prioritisation are progressing.	Planner/forecasting issues remain, including identifying women exceeding 36-38 months. (work in progress)	Complete data request, validate outputs and develop monthly regional targets.
Throughput improvement work includes DNA analysis and increasing daily appointments to at least 62 where feasible. (South)	Cancellations are increasing, due to staffing shortages and sickness.	Escalate staffing risk to divisional level and progress critical post/resource evidence.
Surge Team support will help contact DNAs and understand barriers to attendance. Date for commencement to be confirmed	Uptake and equity update is pending through the Uptake Group; second-class, economy mail starts 1 June, service to monitor impact on timely invitations	Monitor mail impacts, bring DNA insight to the group and refresh targeted uptake actions.

2 Background

The BTW Improvement Implementation Plan was developed to provide a structured programme of improvement across reading timeliness, assessment clinic timeliness, round length recovery, uptake and inequalities, and the outputs of the Breast Screening Review.

The plan is monitored through the BTW Performance Group, Programme Board, Screening SMT and HPSS DMT, with monthly updates provided by exception and escalation where risks cannot be managed within the programme.

3 Description/Assessment

3.1 Scope of the BTW Improvement Plan

The plan covers five improvement areas:

- improving reading timeliness in the North Region;
- improving timeliness of assessment clinics across all regions;
- responding to the Breast Screening Review;
- restoring round length to the 36-month standard;

- and improving uptake while reducing inequity of uptake.

The plan focuses on actions that are within programme influence while identifying dependencies on Health Board surgical capacity, workforce, mobile reliability, analytics, funding and wider divisional support.

3.2 Governance & Assurance

Delivery is overseen through monthly BTW Performance Group review, weekly operational monitoring and exception reporting.
Key assurance routes include Screening Division SMT, HPSS Directorate Management Team, BTW Programme Board and regional management meetings.
Performance is triangulated through SPAR reporting, weekly reading updates, assessment clinic oversight, action trackers, data validation work and escalation of risks to divisional governance when controls sit outside the programme.

3.3 Improvement Plans: overarching aims & objectives

3.3.1 Overarching Aim:

To deliver a safe, timely, equitable and sustainable breast screening programme by strengthening operational resilience, improving pathway timeliness and embedding robust governance for delivery of the 2026-2027 Improvement Implementation Plan.

3.3.2 Overarching Objectives:

The overarching objectives are to: maintain timely double reading and reduce avoidable delays; improve access to assessment within the three-week standard; secure safe and sustainable assessment pathways with Health Board surgical partners; restore round length through validated data, reliable mobiles and sufficient workforce capacity; improve uptake and reduce inequity using analytics and targeted engagement; and implement agreed Breast Screening Review recommendations through a resourced and prioritised action plan.

3.4 Key risks, issues & dependencies

Risk	Rating	**May position**	Required action
Assessment capacity - North Wales	High/Critical	Surgeon sickness and Wrexham constraints are increasing pressure. Some women are being redirected to Llandudno, creating travel, pathway and case-mix concerns. Locum cover and onward pathway clarity remain essential.	Continue weekly BCU engagement; clarify locum suitability and timescales; agree radiology-led and safe handover model; escalate through monthly DMT exceptions.
Assessment pathway administration	High	Clinic allocation, appointment letters and paper-based pathway steps can still erode the three-week standard. The move to economy mail from 1 June requires close monitoring for any effect on appointment letters and uptake.	Complete pathway walk-throughs; monitor mail delays; streamline batching and letters where feasible; report problems immediately for review or reversion.
Workforce resilience	Critical	Staffing shortages, sickness, maternity/summer leave and limited resilience are driving screening cancellations, with at least four per week reported and particular pressure in the South East.	Escalate staffing risk to divisional level; quantify session loss; progress critical post spreadsheet and funding evidence; maintain risk/Datix reporting.
Hywel Dda surgeons	High	Substantive nursing/BCN hours are still required in Swansea to support Hywel Dda surgeons and enable clinics to start sustainably.	progress substantive business case for required hours, evidence impact of current short-term support and link to surgeon recruitment/capacity.
Round length recovery	High/Critical	The 36-month standard is at risk. Recovery depends on validated data, monthly throughput of around 10,000-10,500 participants,	Validate round-length data; informatics to provide >36-38 month list; set regional monthly targets; reduce cancellations; improve slot use and mobile reliability.
Funding / training	High	No dedicated training budget and unresolved capacity/business case decisions may constrain reader development, extended working, substantive nursing support and review recommendations.	Escalate funding decisions via improvement governance; align business cases to sustainability, risk and measurable benefits.

3.5 Overall Timeline

The improvement work outlined within this plan will be undertaken from February 2026 to December 2027.

BTW Improvement Plan

Ref	Improvement Area	Status	Apr-26	May-26	Jun-26	Jul-26	Aug-26	Sep-26	Oct-26	Nov-26	Dec-26	Jan-27	Feb-27	Mar-27	Apr-27	May-27	Jun-27	Jul-27	Aug-27	Sep-27	Oct-27	Nov-27	Dec-27	Jan-28
BTW 01	Improve Reading Timeliness – North Region	G																						
BTW 02	Improve Timeliness of Assessment Clinics (All Regions)	A																						
BTW 03	Breast Screening Review	A																						
BTW 04	Restore Round Length to 36-Month Standard	R																						
BTW 05	Improve Uptake & Reduce Inequity of Uptake	A																						

3.6 Improvement Plan Updates

3.6.1 Improvement Area: Improve Reading Timeliness – North Region

Overall RAG Status (this month)	G	Overall RAG Status (expected next month)	G
This month - key updates	Cross-regional support is active; reading levels remain strong; network connectivity in North Wales has no outstanding issues; four new readers are in progress and weekly monitoring continues.		
Next month – key activity	Maintain weekly monitoring, progress PERFORMS/sign-off and June reader interview subject to funding and review additional reading if bank holiday or summer leave creates backlog.		
Trajectory / expected next position	Reading timeliness is expected to remain on trajectory, with a temporary dip possible during bank holidays and summer leave.		
Management focus	Maintain cross-regional support, weekly variance review and escalation if North reading levels deteriorate.		

Ref	Improvement Area	Improvement Action	Status	Apr-26	May-26	Jun-26	Jul-26	Aug-26	Sep-26	Oct-26	Nov-26	Dec-26	Jan-27	Feb-27	Mar-27
BTW 01.1	Improve Reading Timeliness – North Region	Implement cross-regional reading support from West and South regions.	Complete												
BTW 01.2		Improve cross-site reporting workflow through All-Wales workflow optimisation.	G												
BTW 01.3		Explore and deploy additional evening/weekend reading sessions if required.	G												
BTW 01.4		Ensure network connectivity is maintained in North Wales following resolution.	Complete												
BTW 01.5		Train and qualify new film readers across North Wales.	G												
BTW 01.6		Introduce newly qualified radiologist and breast clinicians into reading rota.	G												
BTW 01.7		Monitor reading timeliness and act upon variance.	G												

3.6.1.1 Improvement Actions Update

Improvement Action	RAG *Last month*	RAG *This month*	RAG *Next month*	Confidence Level	Activity this month	Planned activity next month *(include any recovery plans for activity off trajectory)*	Success measures & key performance indicators
Implement cross-regional reading support from West and South regions.	G	G	G	Med	West/South East support is active; RadMans are monitoring North reading and helping where capacity allows.	Continue weekly oversight and deploy support if North backlog rises.	Reading remains within the two-week standard; no sustained North backlog.
Improve cross-site reporting workflow through All-Wales workflow optimisation.	A	G	Complete	Med	All-Wales worklist barriers have been reviewed and the decision is not to proceed at present.	Revisit workflow options when dependencies are clearer and mitigations are documented.	Workflow risks understood and either resolved or managed through local controls.
Explore and deploy additional evening/weekend reading sessions if required.	G	G	G	Med	Additional reading sessions have not been needed because reading levels are currently strong.	Review need after bank holiday and summer leave periods; deploy extra sessions if backlog increases.	No breach in reading timeliness; extra capacity triggered when needed.
Ensure network connectivity is maintained in North Wales following resolution.	G	Complete	G	High	No outstanding North Wales connectivity issues were reported; action is complete.	Maintain monitoring and respond quickly to any recurrence.	No connectivity-related reading delay.
Train and qualify new film readers across North Wales.	G	G	G	High	Four new readers are in progress; one is expected to qualify in July 2026.	Interview in June for an additional film reader, subject to funding.	New reader qualified and added to the rota.
Introduce newly qualified radiologist and breast clinicians into reading rota.	G	G	G	High	Dr Fahmi is on the reading rota; Dr Iftikhar is progressing PERFORMS/sign-off.	Complete PERFORMS/sign-off and integrate new capacity into rota.	Additional qualified readers/breast clinicians active in rota.
Monitor reading timeliness and act upon variance.	G	G	G	Med	SPAR and weekly updates are being received and variance is being monitored.	Continue weekly review, exception escalation and	Reading position remains current and

Improvement Action	RAG *Last month*	RAG *This month*	RAG *Next month*	Confidence Level	Activity this month	Planned activity next month *(include any recovery plans for activity off trajectory)*	Success measures & key performance indicators
						thanks/feedback to staff maintaining position.	variance is actioned within the week.

3.6.2 Improvement Area: Improve Timeliness of Assessment Clinics (All Regions)

Overall RAG Status (this month)	A	Overall RAG Status (expected next month)	A
This month - key updates	Assessment clinic management is progressing in West and South East. North Wales remains challenging due to surgeon sickness, Wrexham constraints and reliance on radiology-led clinics.		
Next month – key activity	Progress Swansea nursing hours, confirm BCU locum/job plan position, agree safe handover model and secure symptomatic training sessions for the trainee breast clinician.		
Trajectory / expected next position	West and South East are broadly stable; North Wales remains off trajectory until surgical capacity and onward pathway arrangements are confirmed.		
Management focus	Weekly BCU engagement, cancellation avoidance, safe radiology-led clinics and DMT exception reporting.		

Ref	Improvement Area	Improvement Action	Status	Apr-26	May-26	Jun-26	Jul-26	Aug-26	Sep-26	Oct-26	Nov-26	Dec-26	Jan-27	Feb-27	Mar-27
BTW 02.1	Improve Timeliness of Assessment Clinics (All Regions)	Actively manage assessment clinics around surgeon annual leave.	Complete (BAU Activity)												
BTW 02.2		Maintain core assessment capacity and avoid cancellations.	A												
BTW 02.3		Build resilient nursing support during sickness/leave.	A												
BTW 02.4		Recruit consultant surgeons (Hywel Dda, BCU) to strengthen workforce.	A												
BTW 02.5		Run additional assessment clinics in South and North Wales to reduce backlogs.	G												
BTW 02.6		Resolve surgical restrictions in BCU (Wrexham/Llandudno).	Complete												
BTW 02.7		Work jointly with BCU on sustainable surgical provision aligned to need.	G												
BTW 02.8		Progress training of breast clinicians and radiologists to expand capacity.	G												

3.6.2.1 Improvement Actions Update

Improvement Action	RAG *Last month*	RAG *This month*	RAG *Next month*	Confidence Level	Activity this month	Planned activity next month *(include any recovery plans for activity off trajectory)*	Success measures & key performance indicators
Actively manage assessment clinics around surgeon annual leave.	A	Complete (BAU Activity)	Complete (BAU Activity)	Med	West and South East are progressing; North remains challenging. MP is reviewing June/July clinics and three radiology-led clinics are planned for June.	Allocate clinics to assessors where no surgeon is present and clarify BCU locum/surgeon cover. This is now complete and falls to BAU Activity.	Clinics proceed without avoidable cancellation; assessment invites move towards three weeks.
Maintain core assessment capacity and avoid cancellations.	A	A	A	Low	Focus remains on optimising existing clinics and avoiding cancellations, particularly in North Wales.	Monitor planned clinics weekly and use radiology-led options where safe.	Core clinics maintained and cancellations reduced.
Build resilient nursing support during sickness/leave.	A	A	A	Med	Swansea nursing capacity remains unresolved; substantive hours are still required to support Hywel Dda surgeons.	DP/RK to progress permanent BCN/nursing hours and evidence impact.	Substantive hours agreed and Hywel Dda clinics supported.
Recruit consultant surgeons (Hywel Dda, BCU) to strengthen workforce.	A	A	A	Low	Hywel Dda recruitment links to nursing capacity; BCU job plan discussions are on hold due to surgeon sickness.	Resume BCU discussions when surgeon returns and clarify locum suitability.	Surgeon capacity/job plan agreed.
Run additional assessment clinics in South and North Wales to reduce backlogs.	A	G	G	High	Additional weekend clinics are not being pursued; emphasis is on existing clinic optimisation and cancellation reduction.	Reconsider additional clinics if backlog increases or existing capacity cannot maintain trajectory.	Backlog reduces without increasing cancellation risk.
Resolve surgical restrictions in BCU (Wrexham/Llandudno).	A	G	G	Med	BCU has agreed radiology-led clinics in the short term where a surgeon is absent.	Agree onward pathway and safe handover model for Wrexham/Llandudno arrangements.	Clinics safely proceed and no unsupported onward pathway risk.

Improvement Action	RAG *Last month*	RAG *This month*	RAG *Next month*	Confidence Level	Activity this month	Planned activity next month *(include any recovery plans for activity off trajectory)*	Success measures & key performance indicators
Work jointly with BCU on sustainable surgical provision aligned to need.	A	G	G	Med	Work is underway on a safe handover model; QA Surgeon is reviewing how the South model could be adapted for the North.	Confirm sustainable surgical model, job plans and potential additional Wrexham clinic.	Sustainable BCU surgical provision agreed.
Progress training of breast clinicians and radiologists to expand capacity.	A	A	G	High	Trainee Breast Clinician training continues toward May 2027; access to symptomatic sessions in BCU remains difficult.	MP to secure BCU symptomatic sessions and continue radiologist/breast clinician training plans.	Training milestones met and future assessment capacity increased.

3.6.3 Improvement Area: Breast Screening Review

Overall RAG Status (this month)	A	Overall RAG Status (expected next month)	A
This month - key updates	The review is paused and the draft has been returned for factual accuracy checks and service input. Staff feedback has highlighted concerns around morale, resourcing and the need for visible action.		
Next month – key activity	Complete executive centre visits, incorporate factual corrections and develop a prioritised action plan for recommendations accepted by BTW.		
Trajectory / expected next position	Original trajectory has slipped; position should improve once factual accuracy checks and staff engagement are completed.		
Management focus	Ensure staff are listened to, factual issues are corrected and recommendations are linked to resource and implementation routes.		

Ref	Improvement Area	Improvement Action	Status	Apr-26	May-26	Jun-26	Jul-26	Aug-26	Sep-26	Oct-26	Nov-26	Dec-26	Jan-27	Feb-27	Mar-27	Apr-27
BTW 03.1	Breast Screening Review	Conduct internal review including document review, staff discussions, focus groups and surveys.	A													
BTW 03.2		Produce report with recommendations and improvement proposals.	A													

3.6.3.1 Improvement Actions Update

Improvement Action	RAG *Last month*	RAG *This month*	RAG *Next month*	Confidence Level	Activity this month	Planned activity next month *(include any recovery plans for activity off trajectory)*	Success measures & key performance indicators
Conduct internal review including document review, staff discussions, focus groups and surveys.	G	A	A	Low	Review work is paused and further staff engagement is planned; service feedback is being used to correct factual accuracy.	Complete executive centre visits and collect staff feedback for the next iteration.	Staff views captured and factual corrections incorporated.
Produce report with recommendations and improvement proposals.	G	A	A	Low	The initial report has been returned to draft to allow service input and reflect work already completed by BTW.	Revise report and develop an action plan for recommendations accepted by BTW.	Agreed report and action plan with accountable owners.

3.6.4 Improvement Area: Restore Round Length to 36-Month Standard

Overall RAG Status (this month)	R	Overall RAG Status (expected next month)	R
This month - key updates	Round length remains a significant risk. Modelling is underway, but planner/forecasting issues, mobile reliability and staffing cancellations are constraining recovery.		
Next month – key activity	Complete informatics data request, identify women exceeding 36-38 months, escalate staffing risk and set monthly/regional throughput targets.		
Trajectory / expected next position	Recovery remains off trajectory and is dependent on validated data, sufficient staff, reliable mobiles and sustained throughput.		
Management focus	Daily slot use, cancellations, mobile reliability, workforce escalation and data validation.		

Ref	Improvement Area	Improvement Action	Status	Apr-26	May-26	Jun-26	Jul-26	Aug-26	Sep-26	Oct-26	Nov-26	Dec-26	Jan-27	Feb-27	Mar-27	Apr-27	May-27	Jun-27	Jul-27	Aug-27	Sep-27	Oct-27	Nov-27	Dec-27
BTW04.1	Restore Round Length to 36-Month Standard	Implement round-length modelling to prioritise longest waits.	A																					
BTW04.2		Maintain regional workforce capacity (radiographers, admin, mobile teams).	R																					
BTW04.3		Improve reliability of screening mobiles through IMT.	A																					
BTW04.4		Validate round-length data calculations to ensure accurate monitoring.	A																					
BTW04.5		Secure funding for additional screening capacity if required.	R																					

3.6.4.1 Improvement Actions Update

Improvement Action	RAG *Last month*	RAG *This month*	RAG *Next month*	Confidence Level	Activity this month	Planned activity next month *(include any recovery plans for activity off trajectory)*	Success measures & key performance indicators
Implement round-length modelling to prioritise longest waits.	A	A	A	Low	Modelling is underway; programme assumption is around 1/36th of the eligible population each month,	Refine monthly/regional targets and align them to clinic capacity and longest-wait prioritisation.	Agreed monthly/regional activity targets and

Improvement Action	RAG *Last month*	RAG *This month*	RAG *Next month*	Confidence Level	Activity this month	Planned activity next month *(include any recovery plans for activity off trajectory)*	Success measures & key performance indicators
					about 10,000-10,500 participants.		longest waits prioritised.
Maintain regional workforce capacity (radiographers, admin, mobile teams).	R	R	R	Low	Cancellations are increasing, with at least four per week due to staffing shortages/sickness, particularly in South East.	GB/DP to escalate staffing risk to divisional level and progress critical post/resource evidence.	Fewer cancellations and a funded/covered staffing plan.
Improve reliability of screening mobiles through IMT.	A	A	A	Med	Mobile reliability remains a key dependency; avoiding lost clinics is essential to recovery.	Continue IMT/mobile reliability monitoring and report cancellations consistently.	Reduced mobile cancellations and fewer lost screening clinics.
Validate round-length data calculations to ensure accurate monitoring.	A	A	A	Low	Planner forecasts do not reflect reality in some areas and current tools do not identify all women exceeding 36-38 months.	NL to log data request; CE to provide list for investigation and validate planner outputs.	Reliable >36/38 month list and validated forecasting outputs.
Secure funding for additional screening capacity if required.	A	R	R	Med	Throughput solutions may require funding for overtime, extended days, overbooking or additional sessions.	Develop funding request based on capacity modelling and staffing availability.	Funding decision and activity plan agreed.

3.6.5 Improvement Area: Improve Uptake & Reduce Inequity of Uptake

Overall RAG Status (this month)	A	Overall RAG Status (expected next month)	A
This month - key updates	Surge Team support is being mobilised to contact DNAs and understand barriers. Uptake and inequalities work will be taken forward through the Uptake Group.		
Next month – key activity	Bring Surge Team/DNA insight back to the Performance Group and Programme Board, monitor second-class mail impacts and refresh targeted uptake actions.		
Trajectory / expected next position	Trajectory is in development and should strengthen once DNA insight and equity analytics are available.		
Management focus	Use data and community insight to target communications, site accessibility and equity actions.		

Ref	Improvement Area	Improvement Action	Status	Apr-26	May-26	Jun-26	Jul-26	Aug-26	Sep-26	Oct-26	Nov-26	Dec-26	Jan-27	Feb-27	Mar-27	Apr-27
BTW 05.1	Improve Uptake & Reduce Inequity of Uptake	Analyse uptake by deprivation, geography and demographics to identify inequalities.	A													
BTW 05.2		Deliver targeted communication and engagement approaches.	A													
BTW 05.3		Improve accessibility of mobile screening locations.	A													
BTW 05.4		Update Screening Equity Strategy and implement recommendations.	A													

3.6.5.1 Improvement Actions Update

Improvement Action	RAG *Last month*	RAG *This month*	RAG *Next month*	Confidence Level	Activity this month	Planned activity next month *(include any recovery plans for activity off trajectory)*	Success measures & key performance indicators
Analyse uptake by deprivation, geography and demographics to identify inequalities.	G	A	A	Med	Surge Team figures have been provided and BTW has joined relevant meetings; DNA barrier work is expected to start soon.	Bring Surge Team analysis and DNA insight back to the group and Programme Board.	Inequality data and DNA barriers inform targeted actions.

Improvement Action	RAG *Last month*	RAG *This month*	RAG *Next month*	Confidence Level	Activity this month	Planned activity next month *(include any recovery plans for activity off trajectory)*	Success measures & key performance indicators
Deliver targeted communication and engagement approaches.	G	A	A	Med	Surge Team will contact DNAs to understand barriers; economy mail begins 1 June and needs monitoring.	Review DNA feedback and mail impact; adjust communications if uptake or appointment delivery is affected.	Improved understanding of non-attendance and stable or improved attendance.
Improve accessibility of mobile screening locations.	G	A	A	Med	Round length and site planning discussions highlight the importance of accessible mobile locations.	Use data, local feedback and accessibility issues to inform future mobile planning.	Improved attendance at accessible sites and fewer avoidable access issues.
Update Screening Equity Strategy and implement recommendations.	G	A	A	Med	Update is pending through the Uptake Group; DP will take this forward.	Refresh equity strategy actions and bring update to next Performance Group.	Updated equity strategy with actions, owners and measures.

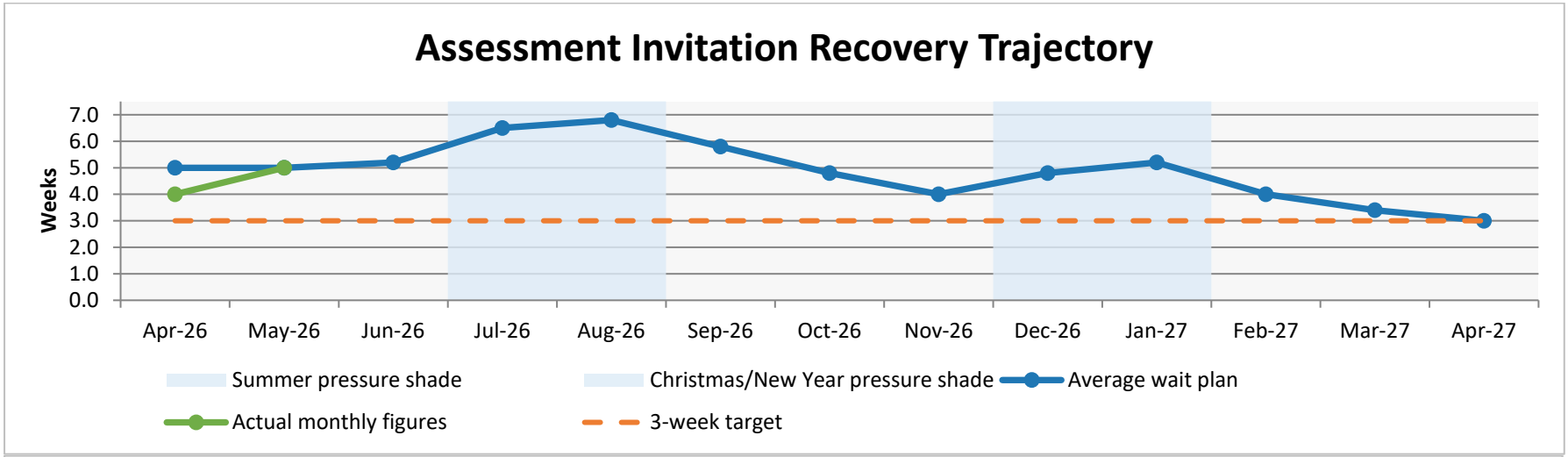
Key Performance Metrics & Trajectories

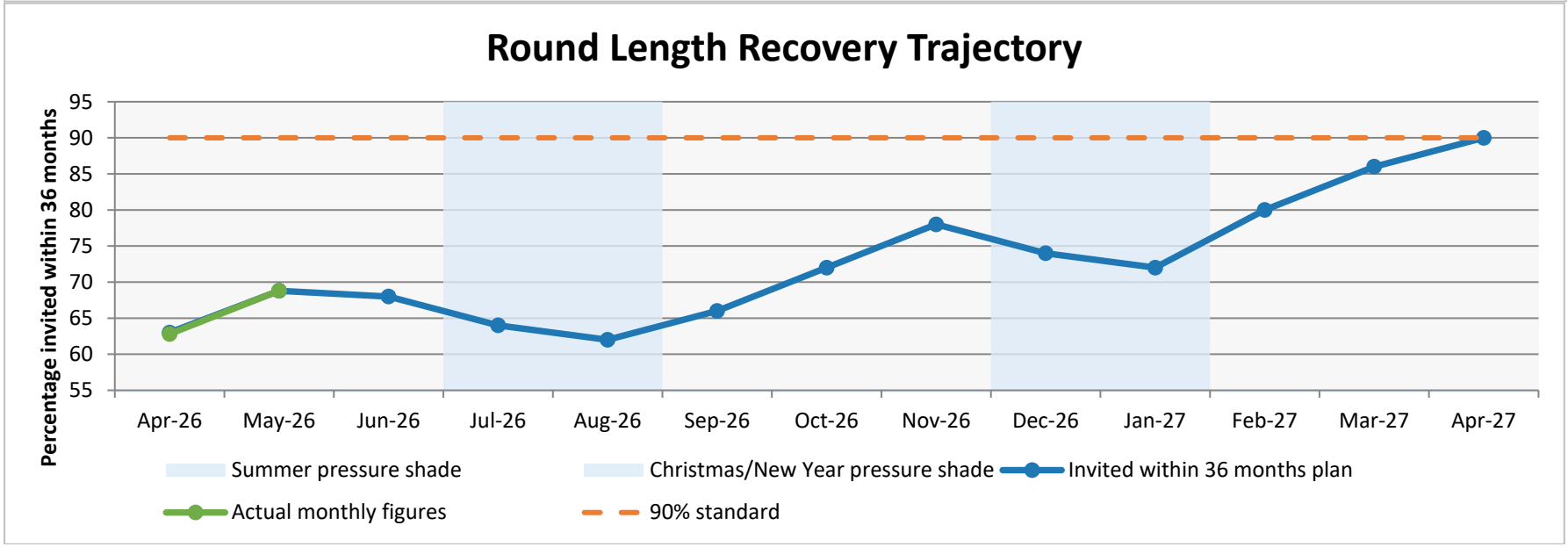
3.6.6 Improvement Plan KPIs

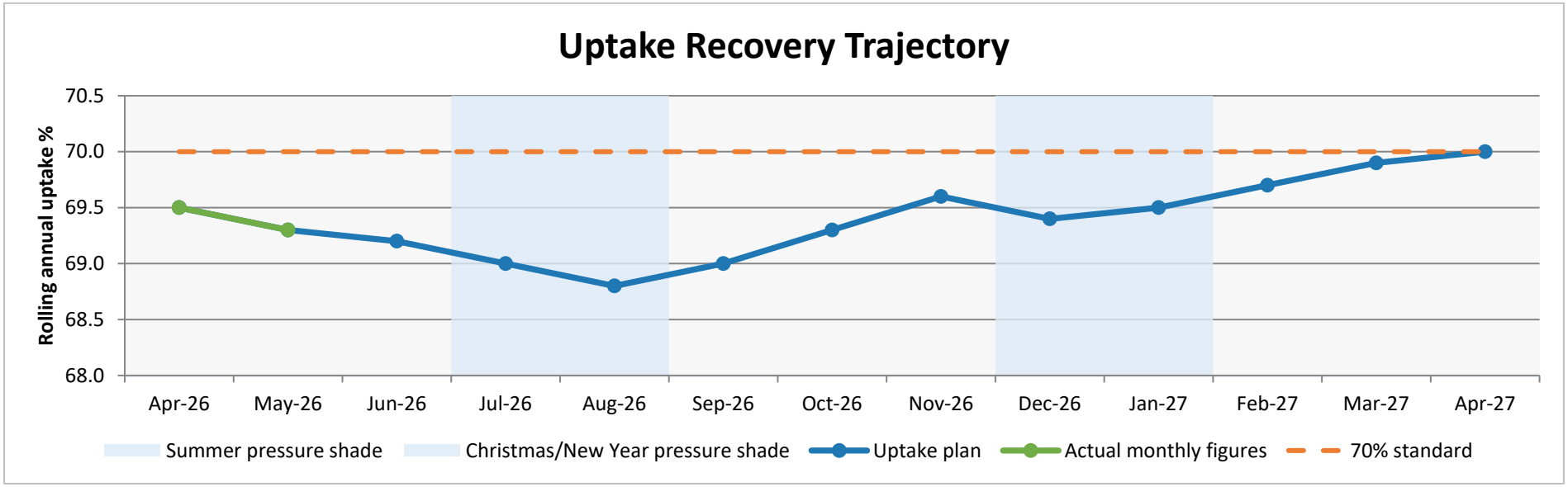
Key metrics for monthly assurance include:

- Reading timeliness against the two-week standard;
- Assessment invitations within three weeks of screening;
- Cancelled assessment and screening clinics;
- Round length performance and the number of women exceeding 36-38 months;
- Monthly screening throughput against the planning assumption of approximately 10,000-10,500 participants per month;
- Daily appointment capacity where sites are operating at 62 or more slots;
- Uptake and DNA trends;
- And actions arising from the Surge Team contact with DNAs.

Key trajectories







3.6.7 Supporting information & useful links

- BTW Performance Group Summary Action Notes, 23 Jun 2026
- Monthly SPAR report (April 2026)
- BTW Trajectory Report (June 2026)

4 Recommendation

As above, The Directorate Management Team is asked to:

- Receive assurance that the BTW Improvement Implementation Plan governance arrangements are established and that delivery is progressing across the agreed improvement areas, while recognising that assessment capacity, round length recovery and workforce resilience require continued escalation and active management.

- Consider the current risks, constraints and dependencies identified in this report, particularly Health Board surgical capacity, staffing resilience, funding for sustainable capacity, mobile reliability, data validation and the resourcing of agreed Breast Screening Review recommendations.