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

Diabetic Eye Screening Wales (DESW) Improvement Plan Update	
Executive lead:	Professor Meng Khaw, National Director for Health Protection and Screening Services
Author:	• Kate Morgan, Head of Programme, DESW • Bethan Bowden, Consultant in Public Health

Approval/Scrutiny route:	• Screening Division SMT – 30th June 26 • HPSS Directorate Management Team – 2nd July 26

Purpose
To provide assurance on the current performance of the Diabetic Eye Screening Wales (DESW) programme in relation to the Improvement Implementation Plan, outlining key areas of work focus, and to provide timescales, risks, and delivery confidence associated with the plan.

Recommendation:				
APPROVE ☐	CONSIDER ☒	RECOMMEND ☐	ADOPT ☐	ASSURANCE ☒

The Directorate Management Team is asked to:

- Receive assurance that DESW Improvement Implementation Plan has been established and work priorities within the Programme are directed on addressing the actions outlined within timescales indicated.

- Consider ongoing progress updates and assurance required to Board for DESW Improvement Implementation plan governance.

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

Summary impact analysis	
Equality and Health Impact Assessment	EqHIA is not required for the improvement implementation plan as part of current screening service delivery EqHIA in progress for evaluation of staged mydriatic approach
Risk and Assurance	Capacity within the Diabetic Eye Screening programme is recorded on the Corporate Risk Register. Implementation of the Improvement Plan is a key control in mitigating this risk.
Health and Social Care (Quality and Engagement) (Wales) Act	Health and Social Care Standards for NHS Wales Quality Themes: Theme 3 – Effective Care Theme 5 – Timely Care Theme 7 – Staff and Resources
Financial implications	There are no current financial implications as the improvement models aim to improve efficiencies with current screening resources.
People implications	Implementation of new clinic models of delivery will require a change in work patterns for staff members (moving to single role clinics from dual delivery of clinics). DESW staff have been involved in change management to implement other improvement and transformation initiatives and there is risk of change fatigue.

Contents

1 Purpose / situation

1.1 Executive Summary

June 2026 has been a month of significant achievement. The retinal imaging without routine dilation evaluation completed successfully, exceeding its participation target, and it is anticipated that Programme Board will approve the reintroduction of single-person HCSW clinics — a major milestone for future capacity. Both additional clinic models exceeded their monthly targets, with total available appointments reaching 9,374 (up from 7,722 in May). Clinic utilisation remained above 90% throughout the month, averaging 94.9% by month end. Cancellation business rules were agreed at SMT on 23 June 2026, with all recommendations supported. For the first time, the programme has developed an overarching coverage trajectory model. This has surfaced an important finding: the coverage metric denominator may be inflated by approximately 50,000 participants awaiting recall, suppressing the reported figure and creating a methodological difference with England. This requires urgent investigation and is a July priority.

Key achievements	Key constraints / escalation	Immediate management actions
Retinal imaging evaluation completed and exceeded target. 1,445 participants consented (target 1,341). Programme Board anticipated to approve the reintroduction of single-person HCSW clinics.	Full analysis of the camera evaluation is not available until October 2026; interim report available August 2026. Next phase of project cannot progress until findings are available.	Project team to model future clinic options in July. DMT to note dependency and agreed timeline amendment. Objective recorded as AMBER.
Both additional clinic models exceeded monthly targets. Drop-in: 335 appointments (target 300, 29.4% capacity increase). LRRP: 137 appointments (target 130, 22.6% capacity increase). Combined capacity increase = 5.3%.	Drop-in ceiling currently 500 appointments at 0.2 WTE. Three staff on long-term sick for most likely team who can support this work. July targets are ambitious: Drop-in 500, LRRP 220.	Mass screening / InHealth options to be formally discussed with Screening Division SMT before any decision — action July 2026.
Total available appointments in June reached 9,374 — an increase of 1,652 compared to May 2026 (7,722).	Capacity growth dependent on sustained staffing levels. Three staff currently on long-term sick. Sickness among screeners/graders notably higher than wider DESW workforce.	P&OD Managing Attendance at Work workshop to be scheduled — currently no date agreed, chasing for end July/early August.
Clinic utilisation maintained above 90% throughout June including red weather warning days. Average booked 96.3%, average actual 94.9%. Only 7 days below 95% aspirational target.	Autobook crow-flies vs road distance issue: all system solutions exhausted. Failsafe report in place to manage anomalies.	Continue monitoring via failsafe report. Longer-term system fix to remain on risk register.

Key achievements	Key constraints / escalation	Immediate management actions
Cancellation business rules agreed at SMT on 23 June 2026. All recommendations supported. Retrospective closure of rounds for participants inactive 12+ months agreed.	Proxy rebooking arrangements pending final sign-off by wider ordanisation. Paediatric cohort outside business rules pending safeguarding workstream.	Await proxy rebooking sign-off. Safeguarding workstream to be scoped for paediatric cohort. Communicate new rules to relevant staff.
Overarching coverage trajectory model developed for the first time, projecting performance against 12-month SPAR metric across all improvement workstreams.	Analysis has identified that the coverage metric denominator may include ~50,000 participants awaiting recall, suppressing the reported figure. DESW methodology currently differs from England. Any change to methodology requires DMT and potentially Welsh Government agreement.	Full investigation into coverage metric definition to be undertaken in July 2026. DMT asked to note finding and support the investigation.
LRRP 2-year recall pathway above target. 35.6% of eligible participants on 2-year recall (target 33%). 1,318 new participants added, 432 moved off.	NEC meeting still not arranged despite direct email contact — unarranged for 3 months. LRRP coding script config dependent on NEC meeting. Objective AMBER.	Chase NEC meeting in July. Aim to achieve GREEN status next month.
EI coaching-style workshop developed in June 2026. ESR review of all Band 5+ leadership positions completed.	P&OD Managing Attendance at Work workshop still has no confirmed date — holiday season creates risk of further delay. Cultural concerns linked to staff pushback on increased clinic capacity expectations (Risk 8).	EI workshop delivery planned July, likely August. Change Management workshops to follow for wider DESW staff groups. Chase P&OD for MAAW training date.

2 Background

DESW (previously Diabetic Retinopathy Screening Service for Wales) was initially commissioned as a national service by Welsh Government in July 2002. DESW became operational in June 2003 and by 2005 delivered a service to participants in all Health Board areas. The service was hosted by Cardiff and Vale University Health Board until April 2016 when it transferred to join the other population-based Screening Programmes delivered by Screening Division, Public Health Wales.

DESW aims to detect diabetic retinopathy early and prevent sight loss from diabetic eye disease. Diabetic eye screening looks for signs of diabetic retinopathy before any symptoms are shown. Research evidence shows that with early identification and treatment; loss of vision can be prevented in 70–90% of people with sight threatening diabetic retinopathy. DESW is a targeted screening programme for all people aged 12 and over with diagnosis of diabetes, who are registered with a GP in Wales. People who are eligible are invited for retinal screening with DESW. Diabetic eye screening is an important part of diabetes care and is one of the nine care processes recommended by NICE for people living with diabetes.

It is estimated that there are more than 220,000 people in Wales who are living with diabetes, approximately 8% of the population. Since 2009/10, the number of adults aged 17 years or older living with diabetes in Wales has increased by 40% and if current trends continue, by 2035/36 an estimated 250,000 people will be living with diabetes in Wales, around 1 in 11 adults (17+ years old). This would be an increase of 22% compared to 2021/22. The increase in prevalence in diabetes has a direct impact on the demand for diabetes eye screening as every person with diabetes in Wales who is aged 12 or over should be invited on an annual or biennial basis for eye screening for the duration of their life.

Recent demand and capacity modelling undertaken by the PHW Data Science Team has identified that an estimated 15,000 appointments will be required every month to meet anticipated demand. With the current service delivery model in place, an average of 9,000 – 10,000 booked appointments are delivered a month.

3 Description/Assessment

3.1 Scope of the DESW Improvement Plan

The DESW Improvement Plan has been developed in direct response to a specific performance concern: 12-month coverage for participants on the annual recall pathway. Coverage is defined as the percentage of a defined cohort of eligible active participants who have a reported result in the last 12 months, with a target of ≥80%. This is the single overarching metric the Improvement Plan is designed to address, and all workstreams within it have been developed with the aim of improving performance against this measure.

The overarching vision for DESW is that:

Everyone eligible for eye screening can access a holistic, high quality and safe service in a timely, person-centred way.

This will enable DESW to achieve its aim of reducing sight loss from diabetic retinopathy through the provision of excellent screening services to people with diabetes in Wales.

To improve coverage performance, the Improvement Plan focuses on five interconnected objectives: increasing clinic capacity through alternative clinic templates; evaluating and implementing retinal imaging without routine dilation; streamlining the management of low-risk participants through the Low-Risk Recall Pathway; optimising clinic utilisation through automation and backfilling; and strengthening organisational culture and workforce resilience to sustain improvement over time.

3.2 Governance & Assurance

The DESW Improvement Plan is jointly owned by Kate Morgan, Head of Programme for DESW, and Dr Bethan Bowden, Consultant in Public Health for DESW. Progress is reviewed internally on a weekly basis through a dedicated DESW improvement meeting, attended by the leads responsible for each individual improvement area. Formal reporting takes place on a four-weekly basis to the Screening Division Senior Management Team (SMT) and subsequently to the Directorate Management Team (DMT). The Improvement Plan is also presented to the DESW Programme Board every two months, where external stakeholder representation provides an additional layer of scrutiny and assurance. Decision making processes regarding changes follows a request to SMT, which if supported, is ultimately agreed upon by DMT.

3.3 Improvement Plans: overarching aims & objectives

3.3.1 Overarching Aim:

To improve DESW 12-month coverage for participants on the annual recall pathway. Coverage is defined as % of a defined cohort of eligible active participants who have a reported result in the last 12 months. The target is >= 80%

3.3.2 Overarching Objectives:

a) To implement and evaluate two alternative clinic templates which increase the appointment capacity by at least 25% across a minimum of 25% of available venues, using the same level of resources.

b) To evaluate the feasibility, safety, and acceptability of implementing a staged mydriasis protocol in DESW, where retinal images are initially captured without dilation, and dilation is used only when necessary.

c) To develop a standardised, staged mydriatic screening protocol for implementation across all DESW site types, increasing clinic capacity by a minimum of 50% in at least 40% of venues.

d) To streamline the management of low-risk participants through improved coding, accurate identification, and strengthened oversight to ensure that a minimum 33% of population transfer from annual recall to LRRP every month.

e) To optimise clinic efficiency through automation, targeted backfilling, and improvements to processes, ensuring that clinic utilisation is at a minimum of 90% at the beginning of every clinic day.

f) To strengthen organisational culture and build a resilient and confident workforce through enhanced leadership capability, empowerment, and consistent behavioural expectations, demonstrating a reduction in sickness levels consistently to less than 9% for year one, and working towards less than 5% for year two.

3.4 Key risks, issues & dependencies

No.	Risk / Issue / Dependency	Detail / Escalation
1	Admin staff hours required for manual booking of two additional clinic templates (drop-in and LRRP).	Additional administrative demand is being managed within current staffing. Monitor as clinic volumes increase toward July targets (Drop-in 500, LRRP 220).
2	Vacancy approval delays affecting frontline recruitment and capacity to deliver planned clinic growth.	Recruitment pipeline dependent on timely vacancy approval. Delays could limit ability to meet July targets and beyond. Escalate to DMT if approval timelines extend.
3	Staff sickness — new analysis shows notably higher sickness rates among screeners/graders compared to wider DESW workforce.	P&OD Managing Attendance at Work workshop still has no confirmed date. Holiday season creates further risk of delay. Kate to chase P&OD for date — aiming end July/early August.
4	DESW/People & OD workshop delayed due to camera evaluation demands and manager availability.	Workshop remains unscheduled. Cultural development work is a priority given Risk 8 below. Escalate if no date confirmed by end of July.
6	LRRP configuration dependent on NEC meeting — meeting unarranged for 3 months despite direct contact.	Direct email sent, no response received. Programme to chase again in July. Aim to move to GREEN next month. Escalate to DMT if no response by end of July.
7	Full camera evaluation analysis not available until October 2026 (interim August 2026). Next phase of retinal imaging project cannot progress until findings are available.	Project team to model future clinic options in July. DMT asked to note dependency and agreed timeline amendment. Interim analysis August 2026 to be monitored.
8	Staff attitude and cultural resistance to increased clinic capacity expectations — including staff encouraging participant complaints and negative staff-manager conversations.	Identified as a July priority. EI coaching-style workshop developed in June, delivery planned July/August. Change Management workshops to follow for wider DESW staff groups. DMT awareness requested. Monitor for escalation.
9	Coverage metric denominator may include ~50,000 participants awaiting recall, suppressing the reported coverage figure. DESW methodology currently differs from England.	Identified through new overarching trajectory analysis. Full investigation to be undertaken July 2026. Any methodology change requires DMT and potentially Welsh Government agreement. DMT asked to note and support the investigation.

3.5 Overall Timeline

The improvement work outlined within this plan will be undertaken from February 2026 to December 2027. Work completed this month to develop an overarching trajectory — mapping the contribution of each individual improvement project towards the 80% coverage target — has validated the original assumption that December 2027 represents a meaningful first milestone within a longer-term improvement programme. This reinforces that the current plan constitutes **Phase 1** of a multi-phase approach to achieving sustainable coverage improvement

DESW 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
DESW 01	Increasing Clinic Capacity Service Improvement Project	G																						
DESW 02	Retinal Imaging Without Routine Dilation: Evaluation Project	G																						
DESW 03	Implementation of Low-Risk Recall Pathway	G																						
DESW 04	Improve Clinic Utilisation	G																						
DESW 05	Cultural and Workforce Sickness Levels Improvement work	G																						

3.6 Improvement Plan Updates

3.6.1 Improvement Area: Increasing Clinic Capacity Service Improvement Project

Overall RAG Status (this month)	G	Overall RAG Status (expected next month)	G
This month - key updates	Both clinic template models — the Drop-In and the Low-Risk Recall Pathway (LRRP) — exceeded their June targets. The Drop-In model delivered 335 additional appointments across 34 clinics (target: 300), achieving a 29.4% capacity increase across those clinics and an 82.39% uptake rate. The LRRP model delivered 137 additional appointments across 18 clinics (target: 130), achieving a 22.6% capacity increase across those clinics. Combined, both models delivered a 5.3% increase in overall programme capacity for June. A review of staff resource has confirmed that 500 Drop-In appointments per month represents the current maximum deliverable using 0.2 WTE of one member of staff. Three members of staff remain on long-term sickness absence, continuing to limit available capacity in this area. The idea of a mass screening event, following discussions with InHealth last month, has not yet been progressed and will require a formal discussion with Screening Division SMT before any decision can be taken		
Next month – key activity	500 additional appointments for Drop-In clinics; 220 additional appointments for LRRP clinics. Formal discussion with Screening Division SMT to explore the feasibility of a mass screening event. Continued analysis of staff resource capacity at 0.2 WTE.		
Trajectory / expected next position	If planned July activity is delivered in full, the programme will add approximately 720 additional appointments (500 Drop-In, 220 LRRP). June's combined capacity increase of 5.3% was marginally below the projected 5.39%, reflecting a higher volume of standard appointments delivered across the month — a positive indicator of overall programme activity. Continued progress against the 20.75% cumulative capacity increase target is expected.		
Management focus	Staff capacity; mass screening feasibility		

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
DESW 01.1	Increasing Clinic Capacity Service Improvement Project	Implement and evaluate drop-in clinic models to improve accessibility and increase appointment uptake.	G												
DESW 01.2		Introduce and test the LRRP clinic model across regions to enhance service efficiency and participant experience.	G												
DESW 01.3		Strengthen clinic capacity and scheduling models to improve timeliness and expand appointment availability.	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 and evaluate drop-in clinic models to improve accessibility and increase appointment uptake.	G	G	G	Low	Ran 34 drop-in clinics (335 extra clinic capacity) with the same 0.2 WTE staff member. Review feasibility of using this resource.	Plan to run enough clinics to gain an additional 500 appointments across the month. Plan to continue utilising one member of staff at 0.2 WTE, to understand feasibility.	See Improvement Plan KPIs
Introduce and test the LRRP clinic model across regions to enhance service efficiency and participant experience.	G	G	G	High	Ran 17 LRRP model clinics across Wales and evaluate uptake. To plan and book a further 220 additional appointments using LRRP template.	Plan to gain a minimum of 220 additional LRRP appointments, using 33 clinics to do so.	See Improvement Plan KPIs
Strengthen clinic capacity and scheduling models to improve timeliness and expand appointment availability.	G	G	G	Med	Evaluation undertaken to understand staff hours needed to continue two alternative clinic templates, as manual processes required to action. Draft SOPs for both types of clinic templates drawn up.	SOPs for both processes to be finalised and approved. Confirmation regarding staff availability.	See Improvement Plan KPIs

3.6.2 Improvement Area: Retinal Imaging Without Routine Dilation: Evaluation Project

Overall RAG Status (this month)	G	Overall RAG Status (expected next month)	A
This month - key updates	The camera evaluation project was completed on 6 June 2026. A total of 1,445 participants consented to take part — 104 above the target of 1,341. Grading was completed for 1,440 participants in the test system (99 above target) and 1,431 in the live system (90 above target). Across the seven-week evaluation period, more than 2,389 appointments were offered across 128 clinics. The programme has therefore more than achieved the participant numbers required to support robust analysis and inform the next phase of this improvement objective. Programme Board has agreed in principle to the reintroduction of single-person clinics, which will inform future delivery model planning once evaluation analysis becomes available. However, full analysis of the evaluation data is not expected until October 2026 — significantly later than originally anticipated. An interim report is expected in August 2026, which will be used to begin preparatory work for the next phase. As a result, the planned July start for the next component will be delayed. A project team will be stood up to begin modelling potential future clinic designs, with the understanding that final decisions cannot be made until analysis is available. The DMT is asked to note this dependency and agree to an amendment of the project timeline to reflect circumstances outside the programme's control. This objective has been rated amber, reflecting that whilst the evaluation phase was completed successfully and above target, the delay in analysis availability means the next phase cannot commence as originally planned.		
Next month – key activity	Receive interim analysis report (expected August). Stand up project team to begin modelling future clinic options.		
Trajectory / expected next position	Progress on this objective will be constrained until interim analysis is available in August. Full analysis expected October 2026. Timeline amendment requested.		
Management focus	Analysis timeline dependency; project team mobilisation		

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
DESW 02.1	Retinal Imaging Without Routine Dilation: Evaluation Project	Evaluate and implement an enhanced retinal imaging clinic model to improve efficiency, patient experience, and service flow	G												
DESW 02.2		Implement a staged mydriatic approach to optimise clinic capacity and improve participant experience.	A												

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
Evaluate and implement an enhanced retinal imaging clinic model to improve efficiency, patient experience, and service flow	G	G	G	High	Camera evaluation work to be completed, and analysis undertaken. An understanding of how to proceed with the next component of this work will be had.		See Improvement Plan KPIs
Implement a staged mydriatic approach to optimise clinic capacity and improve participant experience.	G	A	A	High	Requires outcome of evaluation project before progressing.	Work to begin on this once evaluation is completed.	Work still determining what these measures will be. Possible options include: Increase in % appointment capacity % rate of inadequate images capture (to remain below current average) % of non-DR inadequate referrals (to remain below current average).

3.6.3 Improvement Area: Implementation of Low-Risk Recall Pathway

Overall RAG Status (this month)	G	Overall RAG Status (expected next month)	A
This month - key updates	The automated coding script for LRRP transfers has been successfully implemented and this action is now complete, with no further development work required. Weekly monitoring continues via the DESW Operational Meeting. In relation to pathway activity, May 2026 data (note: figures are reported one month in arrears) shows 35.6% of participants received a two-year recall outcome, above the 33% target. This equated to 2,314 participants, with 1,318 new participants moving onto the pathway during the month. 432 participants moved off the pathway following screening, with outcomes requiring annual recall or onward referral to hospital. Progress in fully understanding the current LRRP configuration within OptoMize remains dependent on a meeting with NEC. The meeting did not take place this month due to key personnel being unavailable. A direct email to NEC requesting a meeting has not received a response at this time. This objective remains rated amber.		
Next month – key activity	Chase email correspondence with NEC and secure a meeting with relevant personnel in July, with the aim of returning this objective to green.		
Trajectory / expected next position	Pathway transfer rates remain above target. Progress on fully understanding and confirming the LRRP configuration is dependent on the NEC meeting being arranged.		
Management focus	NEC meeting; LRRP configuration clarity		

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
DESW 03.1	Implementation of Low-Risk Recall	Improve accuracy and consistency of LRRP participant coding within Optimize by developing and implementing an automated coding script	Complete													
DESW 03.2		Strengthen LRRP performance oversight by routinely monitoring SPAR data to identify issues and inform service improvements.	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
Improve accuracy and consistency of LRRP participant coding within Optimize by developing and implementing an automated coding script	Complete	Complete	Complete	High	Action now completed. Success measures added to Programme dashboard.		See Improvement Plan KPIs
Strengthen LRRP performance oversight by routinely monitoring SPAR data to identify issues and inform service improvements.	A	A	G	High	Meeting did not go ahead with NEC, due to key personnel not currently in work. Email sent to NEC directly to ask for meeting regarding LRRP, and no response has been received.	To chase email correspondence and gain a meeting with the relevant NEC personnel.	See Improvement Plan KPIs

3.6.4 Improvement Area: Improve Clinic Utilisation

Overall RAG Status (this month)	G	Overall RAG Status (expected next month)	G
This month - key updates	June clinic utilisation averaged 94.9% against the 95% aspirational target — marginally below for the second month, but a strong performance overall. The month opened at 96.3% and closed at 94.9%. On only 8 of the 20 working days in June did utilisation fall below 95%, and utilisation did not drop below the 90% confirmed standard on a single day across the whole month. This includes days affected by red weather warnings, where clinics that were not proactively cancelled by the service maintained strong utilisation. In relation to Autobook, all potential solutions to the straight-line versus road-mileage venue allocation issue have been explored. Whilst the underlying configuration cannot be changed, a failsafe report has been created to identify and flag anomalous bookings. The cancellation business rules SBAR was presented to SMT on 23 June 2026. SMT supported all recommendations. Implementation of the business cancellation rule as standard practice will be held pending final organisational sign-off on proxy rebooking of appointments, which is expected imminently. It was agreed that the paediatric cohort will sit outside the cancellation business rule, and that work is required to strengthen safeguarding processes for paediatric participants who do not attend clinic. SMT also agreed to retrospectively review and proactively close screening rounds for participants who indicated they would rebook but have not done so in over 12 months, with the option to reopen rounds if participants make contact before their next due date.		
Next month – key activity	Await and implement final proxy rebooking sign-off. Begin retrospective review of long-standing cancelled screening rounds. Continue monitoring daily utilisation.		
Trajectory / expected next position	Utilisation remains consistently above the 90% confirmed standard. With proxy rebooking sign-off expected, the cancellation business rule can be implemented as intended, which is anticipated to further support utilisation going forward.		
Management focus	Proxy rebooking sign-off; cancellation rule implementation		

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
DESW 04.1	Improve Clinic Utilisation	Implement the Autobook module to automate appointment scheduling and improve service efficiency.	Complete																					
DESW 04.2		Increase appointment availability to meet interim programme standards (80%, 85%, 90%) through targeted backfilling and capacity optimisation.	G																					
DESW 04.3		Strengthen digital access to screening appointments by promoting online booking functionality through engagement with the NHS Wales App User Requirements Group.	G																					

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 the Autobook module to automate appointment scheduling and improve service efficiency.	Complete	Complete	Complete	High	Action is now completed. Ongoing activity reviewing use of Autobook, will be captured under Action DESW 04.2		See Improvement Plan KPIs for Autobook updates
Increase appointment availability to meet interim programme standards (80%, 85%, 90%) through targeted backfilling and capacity optimisation.	G	G	G	Med	Completed four-week audit of clinic appointment cancellations. Audit data to quantify the extent to which the consent framework prevents implementation of the two-cancellation business rule. Paper submitted to SMT and recommendations supported.	Plan implementation of cancellation business rules with relevant staff, so that Programme can take on as usual process once PHW agrees to proxy rebooking of appointments. Arrange meeting with PHW Safeguarding Lead / Screening Division Lead Nurse regarding enhancing process regarding paediatric participants. Begin planning work to close screening rounds for long-standing participants who have cancelled last appointment and not contacted the Programme for more than 6 months.	See Improvement Plan KPIs for clinic utilisation

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
Strengthen digital access to screening appointments by promoting online booking functionality through engagement with the NHS Wales App User Requirements Group.	G	G	G	Low	Understand DHCW/NHS Wales App developer road map Identify opportunities for screening within NHS Wales app functionality	Continued activity as last month.	Online booking for DESW on road map for NHS Wales App development.

3.6.5 Improvement Area: Cultural and Workforce Sickness Levels Improvement work

Overall RAG Status (this month)	G	Overall RAG Status (expected next month)	A
This month - key updates	P&OD Managing Attendance at Work workshop: A date has not yet been confirmed. The relevant contacts have been chased and the programme is awaiting a date. It is hoped this can be arranged for end of July or early August, though holiday season may affect availability. Emotional Intelligence workshops: The EI coaching-style workshop has been developed this month. Delivery is being planned for July, though it is anticipated this may extend into August. Planning for follow-up Change Management workshop delivery to wider staff groups across DESW (beyond screeners) will also be undertaken. ESR training: A review of ESR records for all staff in leadership positions has been completed to identify whether relevant competencies are recorded and the level of compliance. Arrangements for Band 5 and above managers to complete Managing Attendance at Work training remain dependent on the P&OD date being secured. Staff sickness analysis: New analysis has been undertaken this month separating sickness rates for screeners and graders from the wider DESW workforce. Initial findings indicate a notably higher sickness rate within these operational roles compared to the broader programme. Overall sickness figure for June is 11.28% for all DESW staff, with 13.04% for Screeners and Graders and 9.13% for all other staff. Above average sickness against 7-year average for all DESW staff, with evidence of following two-year previous trend of increased sickness across summer months with reverse in winter. Cultural concern — amber flag: There has been a marked shift in attitude amongst some staff, particularly in relation to the increased clinic capacity work. The programme has experienced pushback from staff regarding the drop-in and LRRP clinic models, an increase in participant complaints considered likely to have been encouraged by staff in clinic, and reports of staff not engaging with participants in these clinics in the expected manner. Several staff have also approached managers to share negative views about the improvement work. This is being highlighted to DMT as a concern and will be a key focus for management attention in the coming period. This objective is rated amber for June and is expected to remain amber next month.		
Next month – key activity	Secure P&OD workshop date (target end July/early August). Plan and begin delivery of EI workshops. Plan follow-up Change Management workshop delivery to wider staff groups. Address staff culture concerns through management engagement.		
Trajectory / expected next position	Progress on cultural workstreams continues but is constrained by the P&OD workshop remaining unscheduled and emerging staff attitude concerns. This objective remains amber and will require focused management attention to return to green.		
Management focus	Staff culture and attitude concerns; P&OD workshop scheduling; EI workshop delivery		

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
DESW 05.1	Cultural and Workforce Sickness Levels Improvement work	Strengthen a positive and empowered culture across DESW by engaging staff, understanding barriers to change, and embedding shared behavioural expectations.	A													
DESW 05.2		Embed DESW's purpose ("Why?") and support staff empowerment through consistent messaging, involvement, and reinforcement of desired behaviours.	G													
DESW 05.3		Build leadership capability across DESW by ensuring line managers access essential policy training and leadership development, and by promoting shared learning and celebration of success.	G													

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
Strengthen a positive and empowered culture across DESW by engaging staff, understanding barriers to change, and embedding shared behavioural expectations.	A	A	A	Low	Date was not confirmed with POD for the delivery of Managing Attendance at Work workshop with line managers.	Awaiting date with POD regarding meeting with DESW line managers	Menti survey results captured with all DESW Staff to provide a baseline understanding and measure to identify change. To reassess in 9 months.
Embed DESW's purpose ("Why?") and support staff empowerment through consistent messaging, involvement, and	G	G	G	Low	Development of Emotional Intelligence coaching-style workshops.	Plan delivery of EI coaching workshops Plan follow work for Change Management workshops, and	Regular scheduled staff meetings Co-produced meeting objectives and topic areas Positive staff feedback on sessions

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
reinforcement of desired behaviours.						delivery of this to wider staff groups across DESW.	
Build leadership capability across DESW by ensuring line managers access essential policy training and leadership development, and by promoting shared learning and celebration of success.	G	G	G	Low	Review of ESR of all staff in leadership positions to identify if relevant competencies are recorded and level of compliance.	Following discussions with POD, as above, to arrange relevant training as required for band 5 line managers and above in relation to MAAW Policy.	Number of band 5 and above managers who have attended PHW Leadership and Management Academy training Number of band 5 and above managers who have completed MAAW training.

3.7 Key Performance Metrics & Trajectories

3.7.1 Overarching Coverage Trajectory

This month, significant work has been undertaken to develop an overarching coverage trajectory, bringing together all improvement objectives into a single analytical framework to project how DESW performance is expected to progress against the 12-month coverage SPAR metric over the course of the improvement plan.

This internal analysis has also surfaced an important finding regarding how the coverage metric is currently calculated. The denominator used in the coverage SPAR appears to include approximately 50,000 participants who are awaiting recall rather than those actively due an appointment within the reporting period. This inflates the denominator and suppresses the reported coverage figure. Critically, the current methodology differs from the approach used in England, meaning DESW is currently measuring performance against a more challenging standard than comparable programmes elsewhere in the UK.

The programme considers this to be a significant finding that requires further investigation. A key workstream for July will be to fully understand the coverage metric definition, assess the impact of the denominator issue on reported performance, and consider whether a revised methodology — aligned with England's approach — would more accurately reflect DESW's position. The programme recognises that any change to the coverage methodology would require the support of DMT, BET, and Board, and potentially Welsh Government agreement.

The projected trajectory, based on current methodology and planned interventions, is as follows:

Now to December 2026: ICC capacity improvements (drop-in and LRRP clinic models) are projected to maintain coverage at approximately 39–40%.
January 2027 onwards: Implementation of staged mydriasis is projected to increase coverage to approximately 49–50% by December 2027. The trajectory has been modelled applying a 20% DNA rate to projected appointment capacity and incorporates average monthly sickness levels across the programme to reflect the seasonal variation in staff availability and its impact on clinic delivery.

These projections represent a conservative, minimum estimate for Phase 1 of the improvement plan. They do not yet incorporate the fully realised changes that may follow from the camera evaluation analysis, which is not expected until October 2026. Projections will be revised as this information becomes available.

The DMT is asked to note this finding and support the programme in undertaking a full investigation into the coverage metric definition during July 2026.

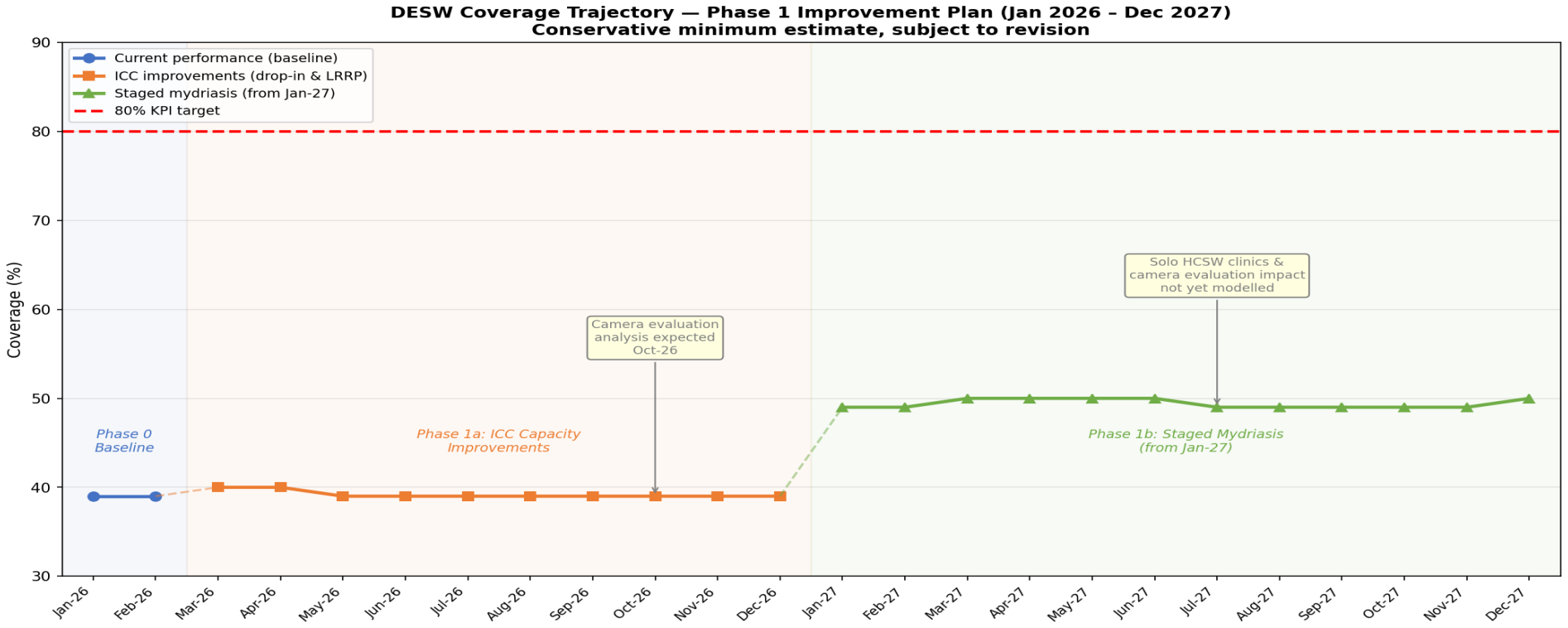

Figure 1: DESW projected coverage trajectory January 2026 – December 2027 (conservative minimum estimate, subject to revision as camera evaluation analysis becomes available to support clinic template modelling).

3.7.2 Improvement Plan KPIs

3.7.2.1 Improvement Area: Increasing Clinic Capacity Service Improvement Project

June 2026 has seen continued strong performance across the two additional clinic models, with both the drop-in and Low-Risk Recall Pathway (LRRP) templates exceeding their monthly targets. Staff wellbeing: June 2026 overall sickness figure 11.28% for all DESW staff: 13.04% for Screeners and Graders, with 9.13% for all other staff. Above average sickness against 7-year average for all DESW staff, with evidence of following two-year previous trend of increased sickness across summer months with reverse in winter.

Other measures

- Number of drop-in participants who attended: 276 / 335; 82.4% uptake.
- Number of additional appts created using drop-in template: 335 additional appts; 29.4% increased appointment capacity across 34 clinics.
- Number of additional appointments created using LRRP template model: 137; 22.6% increased appointment capacity across 18 clinics.
- Number of available appointments: 9,374 appointments available in June.
    - Combined new clinic templates created 5.3% increase in capacity.
- Positive participant experience through SMS feedback – 95.1% overall experience user satisfaction figure for June.
- Staff wellbeing: negative impact on staff wellbeing – staff sickness rates are above average for month – June sickness recorded as 11.26% (average rate; 7 yr average = 6.99%).

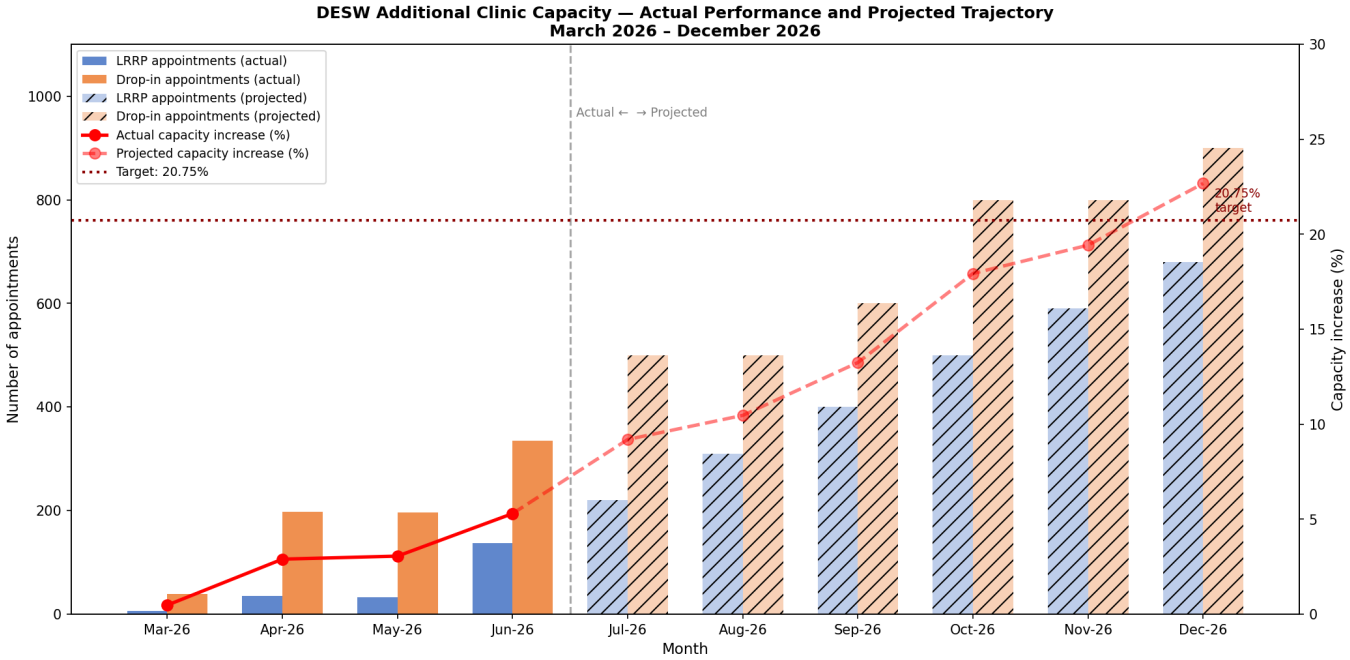

Figure 2: DESW additional clinic capacity — actual performance (March–June 2026) and projected trajectory (July–December 2026). Solid red line = actual capacity increase; dashed red line = projected trajectory; dotted line = 20.75% target. Hatched bars = projected appointments.

3.7.2.2 Improvement Area Retinal Imaging Without Routine Dilation: Evaluation Project

3.7.2.2.1 Full camera evaluation project completed 6 June 2026.

- Target reached above the required number of participants for successful project completion (required no. was 1,341).
- Final position:
  - 1,445 participants have taken part in the evaluation and had images captured.
  - 1,440 had the non-dilated images graded on Test OptoMize.
  - 1,431 had both the non-dilated images and dilated images graded.

3.7.2.3 Improvement Area: Implementation of Low-Risk Recall Pathway

- Total number of people on LRRP: 61,946
- % of people on LRRP as proportion of total population: 30.2%
- % of people who moved from AR to LRRP in June: 35.6%
- % of people who return to AR from LRRP each month:

3.7.2.4 Improvement Area: Improve Clinic Utilisation

Clinic utilisation performance in June 2026 has been strong, with the programme maintaining high levels throughout the month despite several operational challenges. At the start of each day, average booked utilisation across June was 96.3%. Average actual utilisation at end of day across June was 94.9%. Across the full month, utilisation never fell below 90.4% — including on days affected by red weather warnings — and only 7 days fell below the 95% aspirational target. This represents the second consecutive month in which the programme has operated at or above the 95% aspirational target for the majority of working days, demonstrating the sustainability of the improvements delivered through the improvement plan.

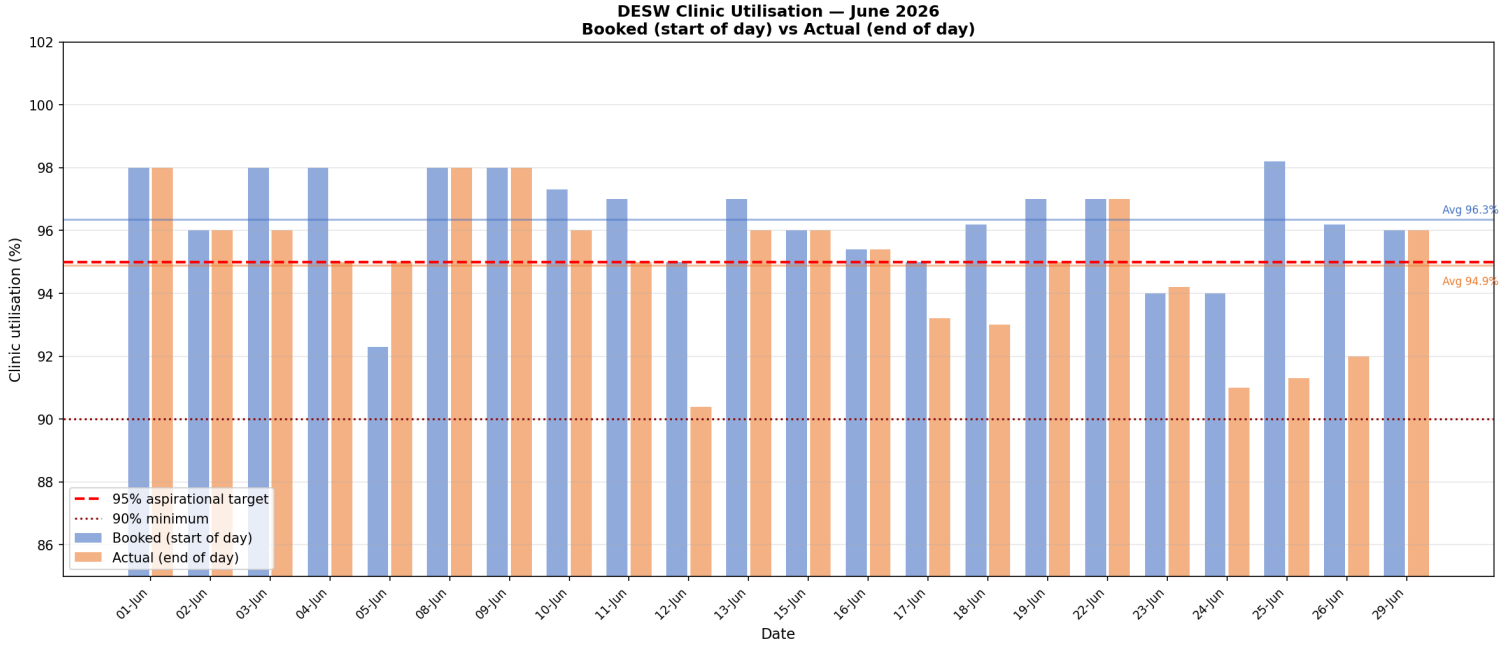

Figure 3: DESW clinic utilisation — June 2026. Blue bars = booked utilisation (start of day); orange bars = actual utilisation (end of day). Red dashed line = 95% aspirational target; red dotted line = 90% minimum. Average booked 96.3%; average actual 94.9%.

3.7.3 Supporting information & useful links

Coverage Improvement Dashboard - Power BI

4 Recommendation

As above, The Directorate Management Team is asked to:

- Receive assurance that DESW Improvement Implementation Plan has been established and work priorities within the Programme are directed on addressing the actions outlined within timescales indicated.

- Consider ongoing progress updates and assurance required to Board for DESW Improvement Implementation plan governance.