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

Bowel Screening Wales (BSW) Improvement Plan Update	
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Approval/Scrutiny route:	Screening Division SMT – 30/06/26 HPSS Directorate Management Team - 07/07/26

Purpose
To provide an update on the progress of the BSW Screening Colonoscopy Improvement Project (SCIP) to the Public Health Wales Strategic Planning Executive Team.

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

The Directorate Management Team is asked to:

- Receive assurance of the establishment of BSW Screening Colonoscopy Improvement Project (SCIP) to enable a collaborative approach between BSW, the health boards and external partners to reduce screening colonoscopy waiting times.
- Consider ongoing progress updates and provide the assurance required to BET for the BSW Screening Colonoscopy Improvement Project (SCIP).

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	5 - Supporting a sustainable health and care system

Summary impact analysis	
Equality and Health Impact Assessment	To ensure equitable and timely access to screening colonoscopy across Wales
Risk and Assurance	See Risks below
Health and Social Care (Quality and Engagement) (Wales) Act	Quality Improvement
Financial implications	Possible financial implications of improvement recommendations (to be determined)
People implications	Not applicable

Contents

1 Purpose / situation

1.1 Executive Summary

Bowel Screening Wales continues to progress the Screening Colonoscopy Improvement Programme (SCIP), established to address persistent underperformance against the national 28-day screening colonoscopy standard and to strengthen long-term resilience across commissioned Health Board services.

The programme has now moved from mobilisation into active delivery. Governance arrangements are established, all five workstreams are operational, and the SCIP Collaborative Board has approved the programme Golden Thread, KPI framework, Quality Impact Assessment process, Equality Impact Assessment process and Innovation Assessment Framework. These products provide the structure through which recovery activity, quality assurance, equality considerations, innovation proposals and performance improvement will be assessed and monitored.

Early performance improvement is now evident. The latest update to the SCIP Collaborative Board reported that the average pathway wait has reduced to approximately six weeks, compared with around eleven weeks in the previous year. Specialist Screening Practitioner waits had reduced to six days, and three Health Boards reported as offering colonoscopy appointments within the 28-day standard for the first time in ten years. Significant variation remains across Wales, with waits ranging from approximately two to fourteen weeks, and this continues to require active management through the programme.

Increased appointment availability should be regarded as a positive leading indicator that recovery actions are beginning to have an effect, with improvements in the reported BSW KPI expected to follow as historical backlogs reduce and participant-level performance data reflects these operational changes. For this reason, SCIP monitors both operational recovery indicators (appointment availability and recovery trajectories) and formal programme performance indicators. This provides earlier assurance that recovery actions are beginning to influence service performance, while recognising that improvements in the reported BSW KPI will lag behind operational changes due to the nature of the participant-level reporting methodology.

Health Board recovery plans have been received and are being transferred into a standard All-Wales format. Recovery trajectories have been developed to enable monthly monitoring of actual performance against expected improvement. This will allow future reports to demonstrate whether improvement actions are translating into measurable progress against the SCIP performance KPIs, particularly 28-day compliance, backlog reduction, long waits, commissioned activity, sustainable capacity, reliance on insourcing and Health Board variation.

Key programme risks remain workforce capacity, financial constraints, limited clinician availability, variation in local recovery approaches, reliance on insourcing, increased downstream demand on pathology and the need to secure sufficient executive-level engagement within Health Boards. A further risk has been identified regarding Health Board executive buy-in, and this will be added to the programme risk register with mitigation through a communication and engagement strategy.

Overall, delivery remains on track at this stage. The next phase will focus on implementing agreed recovery trajectories, standardising recovery planning, strengthening workforce capacity, developing SSP and regional mutual aid opportunities, embedding quality and equality assurance, and moving from programme establishment to measurable delivery against the agreed SCIP KPIs.

Key achievements	Key constraints / escalation	Immediate management actions
SCIP has moved from mobilisation into active delivery. All five workstreams are operational and reporting through the SCIP governance structure.	Continued availability of clinical, operational and managerial staff remains a delivery dependency, as participation sits alongside existing service pressures.	Maintain monthly workstream reporting, monitor attendance and engagement, and escalate any sustained lack of representation through the SCIP governance route.
SCIP Collaborative Board approved the Golden Thread and KPI framework, providing a clear link between programme objectives, workstream activity, performance KPIs and intended benefits.	The programme must now demonstrate not only delivery of activity, but evidence that actions are improving performance against the 28-day standard.	Embed monthly reporting against the agreed SCIP KPIs and recovery trajectories, ensuring BET can see both delivery progress and performance impact.
Early performance improvement has been reported, with average pathway waits reduced to approximately six weeks, SSP waits reduced to six days, and three Health Boards currently within the 28-day standard.	Significant variation remains across Health Boards, with reported waits ranging from approximately two to fourteen weeks.	Implement standard recovery plan templates and use monthly trajectory monitoring to identify outliers, variation and additional support requirements.
Health Board recovery plans have been received and are being transferred into a standard All-Wales format.	Recovery plans remain variable in format, assumptions and delivery confidence.	Finalise the standard recovery planning template and agree monthly monitoring against required and confidence-adjusted trajectories.
Quality, equality and innovation governance frameworks have been developed and approved, including QIA, EqIA and innovation assessment processes.	Recovery activity must be delivered without compromising quality, participant safety, equity or governance.	Apply QIA/EqIA screening to relevant proposals and ensure quality or equality risks are escalated through Workstream 3 and the SCIP Collaborative Board.
Service fragility assessment has been completed by all screening endoscopy centres to inform regional working and mutual aid options.	Workforce fragility remains the most significant system risk, with high reliance on insourcing and variable sustainability of local recovery plans.	Prioritise workforce actions, SSP role review, job planning options and regional mutual aid as early deliverables.
Mentorship plan in place and further accreditation	Accreditation and workforce expansion remain dependent on	Continue accreditation pathway review, identify additional mentors

Key achievements	Key constraints / escalation	Immediate management actions
assessment planned for September 2026.	mentor capacity, candidate release and local job planning arrangements.	and progress flexible workforce recommendations through Workstream 1.
An innovation assessment framework has been developed and tested, and a grant application has been submitted for a pre-colonoscopy self-assessment electronic toolkit.	Innovation proposals need to be prioritised against recovery impact, feasibility, quality, equality and resource implications.	Finalise the innovation framework and ensure all innovation proposals are assessed through the agreed QIA/EqIA and benefits process.
Health Board Executive engagement has been identified as a new programme risk.	Insufficient Health Board executive buy-in may reduce pace, consistency and implementation of agreed recovery actions.	Add executive engagement risk to the programme risk register and develop a communication and engagement strategy.

2. Background

Bowel Screening Wales commissions pre-colonoscopy assessment and screening colonoscopy services from all seven Welsh Health Boards. The timeliness of these services directly affects how quickly participants with a positive screening test receive diagnostic investigation and, where appropriate, removal of pre-cancerous polyps or diagnosis of colorectal cancer.

The Screening Colonoscopy Improvement Programme was approved by BSW Programme Board in February 2026 as a 12–18 month national improvement programme. Its purpose is to strengthen oversight, increase effective capacity, improve service resilience and support recovery against the 28-day screening colonoscopy standard.

The programme is delivered through five workstreams: Workforce Development and Training; Service Delivery and Capacity Management; Quality Assurance and Governance; Regional Collaboration and Service Optimisation; and Research, Innovation and Evidence-Informed Practice. These workstreams are supported by the SCIP Collaborative Board, which provides strategic oversight and decision-making.

The programme has now moved beyond establishment into implementation. The focus is shifting from creating governance structures and workstream plans to delivering recovery trajectories, improving performance, reducing variation, strengthening workforce resilience and embedding sustainable assurance arrangements.

2 Description/Assessment

2.1 Scope of the BSW Improvement Plan

The overarching vision for the BSW improvement plan and project is that:

The SCIP will allow an opportunity for a coordinated and collaborative approach between BSW, the health boards and key partners to explore options for systematic service improvement within screening endoscopy.

This will enable BSW to achieve its aim of:

- Increasing core screening colonoscopy capacity
- Improve service resilience
- Improve the timeliness for screening colonoscopy across Wales to ensure compliance with the 28-days waiting time standard

2.2 Governance & Assurance

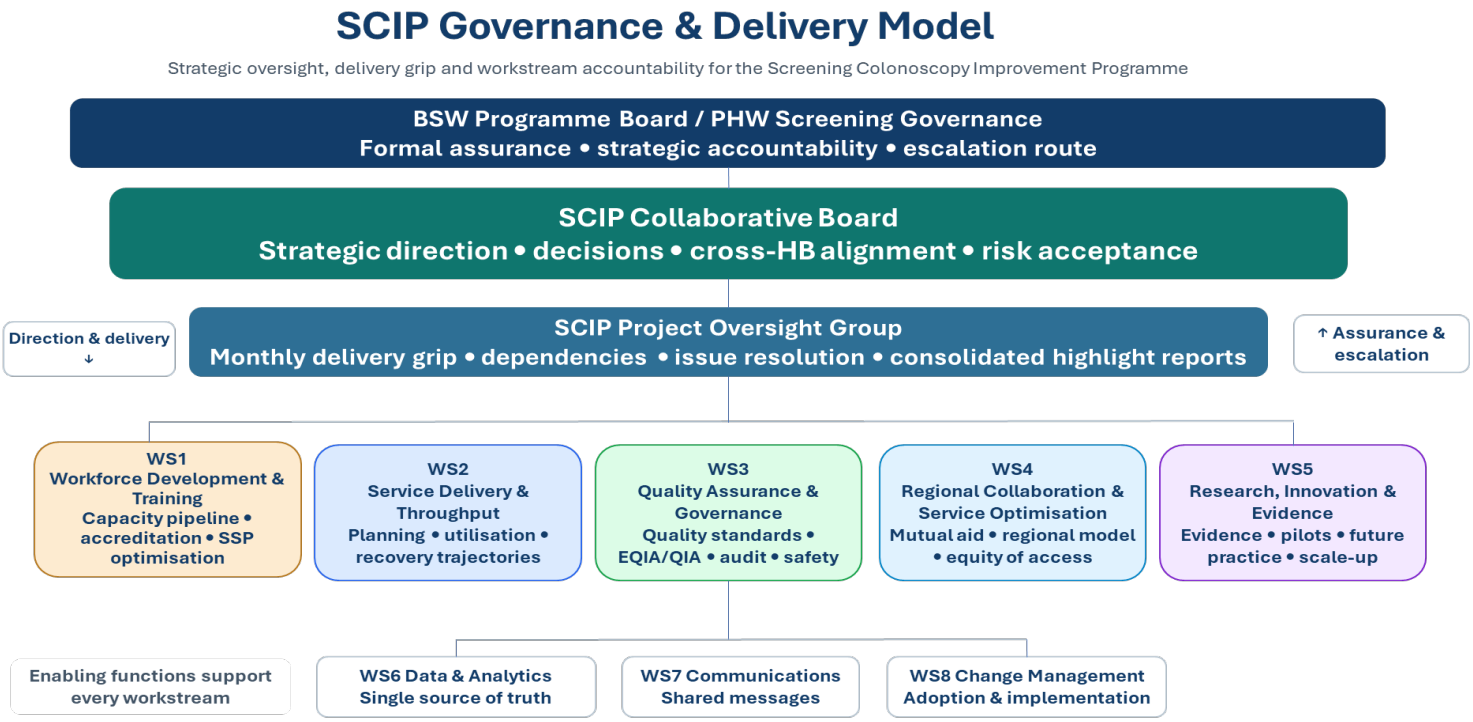
The SCIP governance framework has now been strengthened. The SCIP Collaborative Board has approved the Golden Thread and KPI framework, which aligns programme objectives, outcomes, workstreams, deliverables and performance measures. Ten programme KPIs have been agreed, including 28-day compliance, participants waiting over 28 days, long waits over 62 and 84 days, average and median waits, commissioned activity delivered, sustainable substantive capacity, reliance on insourcing, Health Board variation, milestone delivery and quality and safety indicators.

The Collaborative Board has also approved the Quality Impact Assessment Framework, Equality Impact Assessment Framework and the Innovation Assessment Framework. These provide a consistent mechanism for assessing proposed changes, ensuring that recovery activity is subject to appropriate quality, safety, equality, feasibility and benefits review before implementation.

The programme will now use the agreed governance and performance framework to provide assurance to BSW Programme Board and BET. Future reports will increasingly distinguish between:

- delivery of improvement actions;
- measurable impact on performance KPIs;
- progress against recovery trajectories;
- quality and safety assurance;
- risks requiring escalation.

A communication and engagement strategy will be developed following discussion at the June SCIP Collaborative Board. This will address the newly identified risk relating to Health Board executive engagement and will support consistent implementation of agreed recovery actions across Wales.



Operating principle: workstreams develop products and recommendations; Health Boards retain operational delivery accountability; BSW retains programme standards, assurance and escalation.

2.3 Improvement Plans: overarching aims & objectives

The overarching aim remains to ensure that screening colonoscopy waiting times across Wales recover towards the BSW waiting time standard and that improvement is sustained through resilient workforce, capacity, governance and regional working arrangements.

The programme objectives are:

1. Restore timely access to screening colonoscopy and reduce backlog.
2. Increase effective and protected screening colonoscopy capacity.
3. Build resilient workforce and reduce single points of failure.
4. Reduce reliance on insourcing and temporary recovery measures.
5. Reduce unwarranted variation and improve equity across Wales.
6. Protect participant safety and governance during recovery.
7. Maintain programme grip, pace and transition to business as usual.

All seven objectives are currently reporting Green. The main focus for the next reporting period is to strengthen the evidence base that links delivery of workstream actions to measurable performance improvement against the agreed SCIP KPIs and recovery trajectories.

2.4 Key risks, issues & dependencies

A detailed programme RAIDC log (risks, actions, issues, decisions, change control) is in place and will continue to be reviewed through SCIP governance. The main risks remain:

- Financial cost associated with recovery of screening colonoscopy activity and backlog reduction.

- Workforce capacity constraints, including fragility of substantive screening colonoscopy provision.
- Limited availability of clinicians and key partners to support programme delivery.
- Potential resistance to adoption of national recommendations or revised ways of working.
- Continued reliance on insourcing and temporary recovery measures.
- Variation between Health Boards in planning, reporting, oversight and delivery confidence.
- Increased downstream demand on pathology services as colonoscopy activity increases.
- Quality assurance capacity constraints, particularly around delivery of the clinical audit programme.
- Newly identified risk relating to Health Board executive engagement and ownership.

The June SCIP Collaborative Board identified the need for stronger internal Health Board coordination and executive engagement. A communication and engagement strategy will therefore be developed and the executive engagement risk will be added to the programme risk register.

The programme remains controlled at this stage, but recovery will depend on sustained delivery of Health Board recovery plans, increased substantive capacity, standardised monitoring, effective escalation and continued engagement from clinical, operational and executive leads.

The SCIP KPI framework has now been approved and will be used to strengthen future reporting against the BSW Improvement Plan. Delivery against SCIP KPIs will be monitored via the SCIP Collaborative Board, which will feed into Executive level measures for assessing delivery against the BSW Improvement Plan.

Future reports will therefore report improvement activity with the following measures:

Improvement Plan Strategic KPI	Measure	Target / Success Measure	Improvement Plan Areas	SCIP KPI Alignment
KPI 1 – Timely Access to Screening Colonoscopy	Percentage of participants offered a screening colonoscopy within 28 days of SSP contact (SPAR Performance Indicator).	≥50% by 31 March 2027 (Year 1 SCIP target).	BSW02, BSW06	KPI01
KPI 2 – Recovery of Historical Backlog	Total number of participants waiting >28 days for screening colonoscopy.	≤250 participants waiting >28 days by 31 March 2027 (or agreed trajectory).	BSW02	KPI02
KPI 3 – Recovery Delivery Confidence	Percentage of Health Boards delivering within their agreed monthly recovery trajectory (required or confidence-adjusted trajectory).	≥85% of Health Boards within agreed trajectory tolerance.	BSW01, BSW02, BSW04, BSW05	KPI09 (supported by KPI04, KPI05 and KPI08)

KPI 4 – Sustainable & Safe Recovery	Recovery continues without significant unmitigated quality, safety or workforce sustainability concerns requiring executive intervention.	Programme assurance opinion each month.	BSW03, BSW07	KPI06, KPI07 and KPI10

Recovery trajectories have been developed for each Health Board and for the All-Wales position. These will allow monthly actual performance to be compared against required improvement and confidence-adjusted trajectories. This will enable BET to see whether improvement actions are beginning to translate into measurable recovery.

The June Collaborative Board noted early evidence of improvement, including average pathway waits reducing to approximately six weeks, SSP waits reducing to six days and three Health Boards currently achieving the 28-day standard. However, significant variation remains, and the next phase will focus on standardised recovery planning and trajectory monitoring.

Interpretation of Early Performance Improvement
Early operational improvements are now evident, with three Health Boards offering new screening colonoscopy appointments within the 28-day standard. This demonstrates that additional capacity has been created and that more timely appointments are becoming available to newly referred participants. However, this should not be interpreted as meaning that these Health Boards are currently achieving the BSW performance standard of 90% of participants being offered a screening colonoscopy within 28 days. These measures assess different aspects of performance. BSW monitors Health Board waiting times on a weekly basis by reviewing the next available screening colonoscopy appointment that can be offered to participants. This provides an important real-time operational indicator of available capacity and the direction of travel for service recovery.

In contrast, the formal BSW performance KPI is calculated using participant-level activity reported through the SPAR dataset and measures the proportion of participants who actually received an offer of colonoscopy within 28 days over the reporting period. As this indicator includes participants already waiting on historical backlogs, improvements in appointment availability will take time to translate into measurable improvement in the overall performance KPI.

2.5 Overall Timeline

The improvement work outlined within this plan will be undertaken from April 2026 to June 2027.

BSW 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	Feb-28	Mar-28	Apr-28
BSW 01	Workforce Development	G																									
BSW 02	Service Delivery & Capacity Management	G																									
BSW 03	Quality Assurance & Governance	G																									
BSW 04	Regional Collaboration & Service Optimisation	G																									
BSW 05	Research, Innovation & Evidence-Informed Practice	G																									
BSW 06	Ongoing Performance Monitoring and Management	G																									
BSW 07	JAG Accreditation	G																									

2.6 Improvement Plan Updates

2.6.1 Improvement Area: Workforce Development

Overall RAG Status (this month)	G	Overall RAG Status (expected next month)	G
This month - key updates	Workstream 1 continues to progress against plan. The workstream has held two meetings and is focusing on workforce sustainability, accreditation, mentor capacity, job planning and barriers to increasing screening colonoscopy capacity. One additional screening colonoscopist successfully achieved accreditation in April 2026 and a further accreditation assessment date has been arranged for September 2026 for the remaining candidates. This supports the programme objective to increase sustainable substantive capacity and reduce single points of failure. A survey has been issued to accredited screening colonoscopists to identify barriers to improvement. A further SSP survey is planned to understand barriers within the pre-assessment process and to identify opportunities for role standardisation, efficiency and workforce resilience. The workstream has also discussed annualised job planning for screening colonoscopists and remuneration barriers relating to additional hours worked by clinical endoscopists. These issues are expected to develop into future recommendations.		
Next month – key activity	• Commence the accreditation pathway review. • Identify additional screening colonoscopy mentors. • Review results from the colonoscopist survey and progress SSP survey. • Develop options relating to job planning, flexible workforce models and barriers to additional screening activity.		
Trajectory / expected next position	On target to deliver against work plan		
Management focus	Maintain focus on actions that increase sustainable substantive screening colonoscopy capacity and reduce reliance on temporary measures. Outputs from this workstream should be clearly linked to KPI05, KPI06 and KPI07.		

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
BSW 01.1	Workforce Development	Development of All-Wales workforce assessment and succession planning template	G													
BSW 01.2		Complete accreditation pathway and mentorship capacity plan	G													
BSW 01.3		Review SSP competency framework and standardised roles	G													
BSW 01.4		Produce Annual Workforce Capacity & Sustainability Report for Wales	G													

2.6.1.1 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
Development of All-Wales workforce assessment and succession planning template	G	G	G	High	Workforce questionnaire developed and issued to all accredited screening colonoscopists and accredited nurse endoscopists to obtain baseline information and inform the structure of a workforce assessment and succession planning template	Analyse the results of the workforce questionnaire to identify workforce fragilities, barriers, risks and opportunities.	100% Health Boards completing workforce assessment using national template
Complete accreditation pathway and mentorship capacity plan	G	G	G	High	BSW Colonoscopy Accreditation Panel reviewed current number of screening colonoscopy mentors. Contact is being	Commencement of the accreditation pathway review.	Increase in number of available mentors compared to projected trainees

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
					made with individuals to generate interest in becoming assessors/mentors. Mentorship plan developed for 2026/7 and funding agreed to support delivery of the plan.		
Review SSP competency framework and standardised roles	G	G	G	High	SSP workforce questionnaire developed to establish key workforce and development baseline information.	Distribute the SSP questionnaire across all Health Boards	Reduced variation in SSP role responsibilities across Wales
Produce Annual Workforce Capacity & Sustainability Report for Wales	G	G	G	High	Baseline information being sought from all Health Boards via workforce questionnaires.	Analyse the results of the workforce questionnaire to identify workforce fragilities, barriers, risks and opportunities.	Workforce report produced and approved

2.6.2 Improvement Area: Service Delivery & Capacity Management

Overall RAG Status (this month)	G	Overall RAG Status (expected next month)	G
This month - key updates	Workstream 2 has progressed the development of a consistent All-Wales approach to recovery planning and capacity management. Recovery plans have been received from all Health Boards and are being transferred into a standard national format. Revised index colonoscopy demand has been modelled by the Screening Business Team and is informing the LTA funding agreement for 2026/27. PTL training has been delivered to BSW staff, supporting improved visibility and management of waiting times, backlog and throughput. The SCIP Collaborative Board noted early performance improvement. The average pathway wait is now around six weeks, compared with around eleven weeks in the previous year. SSP waits have reduced to six days, and three Health Boards are currently within the 28-day standard. However, variation remains significant, with reported waits ranging from approximately two to fourteen weeks.		
Next month – key activity	• Finalise and issue the standard Health Board recovery planning template. • Begin monthly monitoring against trajectories. • Continue enhanced support for Health Boards with higher backlog burden or lower delivery confidence. • Review additional short-term activity plans submitted by Health Boards where waiting times remain above trajectory.		
Trajectory / expected next position	On target to deliver against the SCIP workplan. Future reports will include comparison of actual performance against the agreed required and confidence-adjusted trajectories.		
Management focus	Move from recovery plan collection to active performance monitoring. The focus should be on whether Health Board actions are reducing >28-day waits, improving 28-day compliance, reducing long waits and improving delivered capacity.		

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
BSW02.1	Service Delivery & Capacity Management	Health board capacity and planning modelling	Complete															
BSW02.2		Standardised scheduling templates, productivity assumptions	Complete															

BSW02.3		PTL implementation for monitoring waits and throughput	G																
BSW02.4		Develop proposal for all Wales contingency resource	G																
BSW02.5		Revised & enhanced quarterly performance reports against 28-day standard	G																

2.6.2.1 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
Health board capacity and planning modelling	G	Complete	Complete	High	Revised demand and capacity information notified to all Health Boards. Recovery plans received from all Health Boards.	Recovery trajectories monitoring with each health board	All Health Boards use a consistent planning methodology that accurately predicts screening demand, required throughput and recovery trajectories.
Standardised scheduling templates, productivity assumptions	G	Complete	Complete	High	Standardised recovery plan agreed and adopted. Revised demand and capacity information notified to all Health Boards. Recovery trajectories identified.	Recovery trajectories monitoring with each health board	All Health Boards schedule screening colonoscopy activity using a consistent methodology and realistic productivity assumptions.
PTL implementation for monitoring waits and throughput	G	G	G	High	PTL Training delivered June 2026		All Health Boards use a standard PTL process to actively manage waiting times, capacity and throughput.

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
Develop proposal for all Wales contingency resource	G	G	G	High	N/A this reporting period	N/A this reporting period	A national contingency model exists that can be activated when Health Boards cannot meet demand.
Revised & enhanced quarterly performance reports against 28-day standard	G	G	G	High	KPI's developed and trajectories identified. Tracker developed for monitoring delivery against recovery plan trajectories, identifying risks and reporting additional or enhanced recovery actions.	Monitoring delivery against recovery plan trajectories	The programme has a comprehensive performance reporting framework that identifies risks, variation and recovery actions early.

2.6.3 Improvement Area: Quality Assurance & Governance

Overall RAG Status (this month)	G	Overall RAG Status (expected next month)	G
This month - key updates	Workstream 3 has continued to embed quality, safety, equality and governance controls across the programme. The SCIP Quality Impact Assessment process and Equality Impact Assessment process have been agreed. The BSW Governance and Accountability Framework has been drafted and will inform current and future service delivery models. The Collaborative Board approved the QIA and EqIA frameworks by consent, alongside the Innovation Assessment Framework. These processes ensure that proposals affecting recovery, service redesign, workforce expansion, regional working or innovation are assessed proportionately for quality, safety, equality, participant impact and governance risk before implementation. QA visits with Hywel Dda UHB and Cardiff & Vale UHB are in progress. Work has also commenced to develop a revised set of quality and safety KPIs to support KPI10 and strengthen reporting of quality exceptions during recovery.		
Next month – key activity	• Implement the QIA and EqIA process across SCIP workstreams. • Complete QA visits with Hywel Dda UHB and Cardiff & Vale UHB. • Develop the quality and safety KPI dashboard and exception reporting process. • Progress the BSW Governance and Accountability Framework through appropriate review. • Review the quality assurance operating model and audit delivery arrangements to ensure audit and assurance remain sustainable during recovery.		
Trajectory / expected next position	On target to deliver against SCIP work plan		
Management focus	Ensure recovery is delivered safely and equitably. A specific focus is required on the sustainability of quality assurance and clinical audit arrangements. While audit capacity is primarily a BSW business-as-usual issue, it has implications for SCIP because audit is a key control mechanism for assuring recovery and service change. Workstream 3 will therefore review options for a more sustainable audit delivery model, including appropriate Health Board and SSP involvement, while maintaining national BSW oversight.		

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
BSW03.1		Revised QA framework and SOP compendium	G															

BSW03.2	Quality Assurance & Governance	Governance mapping	Complete																
BSW03.3		Establish central reporting mechanisms for compliance and safety metrics	G																
BSW03.4		Revise and enhance quarterly QA assurance reports	G																
BSW03.5		Review and revise continuous audit and improvement cycle	G																

2.6.3.1 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
Revised QA framework and SOP compendium	G	Complete	Complete	High	Revised QA framework in place. Clinical audit programme agreed. QA visits arranged for 2026.	Ongoing delivery against QA framework.	QA Framework approved and implemented
Governance mapping	G	Complete	Complete	High	Governance review completed. BSW group structure reviewed and updated. Programme KPI's reviewed and revised.	N/A this reporting period	Clear governance arrangements exist, with defined accountability, escalation routes and assurance mechanisms.
Establish central reporting mechanisms for compliance and safety metrics	G	G	G	High	N/A this reporting period	WS 3 to develop Quality & Safety KPI's and supporting dashboard	The programme has a single, consistent approach for monitoring quality, compliance and participant safety.

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
Revise and enhance quarterly QA assurance reports	G	G	G	High	N/A this reporting period	N/A this reporting period	The Board receives meaningful quality intelligence that supports informed decision-making and proactive risk management.
Review and revise continuous audit and improvement cycle	G	G	G	Low	Risk assessment completed and option appraisal paper produced for the July workstream meeting to recommend a more sustainable model for undertaking clinical audit and assurance	Agree a recommendation for the SCIP Board regarding the future clinical audit model	The programme operates a structured cycle of audit, learning, improvement and re-audit.

2.6.4 Improvement Area: Regional Collaboration & Service Optimisation

Overall RAG Status (this month)	G	Overall RAG Status (expected next month)	G
This month - key updates	Workstream 4 has progressed the All-Wales service fragility assessment. Responses have been received from all screening endoscopy centres and are being used to inform options for regional working and mutual aid. The June SCIP Collaborative Board noted key findings from the Health Board survey, including that workforce fragility was identified as the biggest risk, there remains high reliance on insourcing in some areas, and a proportion of local recovery plans were not considered sustainable without further action. There was strong support for regional models and mutual aid, with a national SSP assessment model identified as an early deliverable. The workstream is also progressing discussion on the possibility of offering pre-assessments within seven days and exploring mutual aid between SSP teams.		
Next month – key activity	• Analyse the service fragility assessment responses. • Develop an SSP mutual aid agreement. • Progress options for a national SSP assessment model. • Identify opportunities for regional collaboration to reduce variation and improve resilience. • Feed findings into workforce and service delivery workstreams.		
Trajectory / expected next position	On target to deliver against SCIP work plan		
Management focus	Focus on practical early deliverables that improve resilience without requiring major service reconfiguration. SSP mutual aid and regional support models should be prioritised as potential quick wins that support recovery, reduce variation and create capacity for quality assurance and pathway improvement activity.		

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
BSW04.1	Regional Collaboration & Service Optimisation	Undertake All-Wales resource mapping	Complete															
BSW04.2		Establish mutual aid agreements and pilots between Health Boards	G															
BSW04.3		Introduce surge and contingency management toolkit	G															
BSW04.4		Undertake NRC review & gap analysis	Complete															

2.6.4.1 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
Undertake All-Wales resource mapping	G	Complete	Complete	High	Service fragility assessment completed by all screening endoscopy centres and findings reported to the SCIP Collaborative Board June 2026	Develop options to take forward the findings from the fragility assessment.	A complete and accurate All-Wales view of available screening colonoscopy resources exists and is used to identify variation, gaps and opportunities for shared working.
Establish mutual aid agreements and pilots between Health Boards	G	G	G	High	Decision made to develop a mutual aid management across the SSP assessment role.	Commencement of the development of an SSP mutual aid agreement	A practical mutual aid model is agreed and tested, enabling Health Boards to support each other when waiting times or capacity risks arise.
Introduce surge and contingency management toolkit	G	G	G	High	N/A this reporting period	N/A this reporting period	A standard toolkit exists to guide services when demand exceeds available delivery, ensuring escalation is timely, consistent and controlled.

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
Undertake NRC review & gap analysis	Complete	Complete	Complete	High	N/A this reporting period	N/A this reporting period	The role, capacity and contribution of National Referral Centre (NRC) is clearly understood, with agreed actions to optimise its use in supporting screening colonoscopy delivery.
Update SSP delivery standards & SOPs	G	G	G	High	Decision made to develop a mutual aid management across the SSP assessment role.	Pathway review to be undertaken of the SSP assessment process with input from the Innovation and Improvement hub	SSP delivery standards are consistent across Wales and support equitable, efficient and resilient pre-assessment and pathway management.

2.6.5 Improvement Area: Research, Innovation & Evidence-Informed Practice

Overall RAG Status (this month)	G	Overall RAG Status (expected next month)	G
This month - key updates	Workstream 5 has developed and tested a draft Innovation Assessment Framework. The framework provides a standardised process for assessing innovation proposals, ensuring that opportunities are aligned to programme priorities, benefits, feasibility, quality, equality and implementation requirements. The workstream has agreed that its scope will focus on innovation and improvement, with formal research proposals being considered through BSW R&D routes where appropriate. A grant application has been submitted to support procurement of a pre-colonoscopy self-assessment electronic toolkit. This has potential to support pathway efficiency, improve participant preparation and release capacity within the SSP pathway if implemented safely and appropriately.		
Next month – key activity	• Adopt and embed the SCIP Innovation Assessment Framework. • Confirm the process for capturing and prioritising innovation proposals. • Align the innovation framework with QIA/EqIA and benefits realisation processes. • Monitor the outcome of the grant application for the pre-colonoscopy self-assessment electronic toolkit.		
Trajectory / expected next position	Workstream on target to deliver against workplan		
Management focus	Ensure innovation proposals are targeted at priority recovery problems and do not create additional burden without measurable benefit. All proposals should be assessed through the approved innovation, QIA/EqIA and benefits process before 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
BSW05.1	Research, Innovation & Evidence-Informed Practice	Introduce horizon scanning framework and reporting template	G															
BSW05.2		Complete process standardisation for innovation assessment and best practice	Complete															
BSW05.3		Develop and agree collaboration agreements with academic institutions	G															

BSW05.4		Undertake pilot for selection criteria and governance framework	G															
BSW05.5		Produce annual innovation impact report	G															

2.6.5.1 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
Introduce Innovation framework and reporting template	G	Complete	Complete	High	Innovation & assessment framework produced by workstream and agreed by SCIP Board.	Adopt and use across all workstreams.	A standardised innovation framework exists that ensures all opportunities are assessed consistently and aligned to programme priorities.
Complete process standardisation for innovation assessment and best practice	G	Complete	Complete	High	Innovation & assessment framework produced by workstream and agreed by SCIP Board.	Adopt and use across all workstreams.	A single All-Wales approach exists for assessing innovation opportunities and sharing best practice.
Develop and agree collaboration agreements with academic institutions	G	G	G	High	N/A this reporting period	N/A this reporting period	The programme has active partnerships that support research, evaluation and innovation.
Undertake pilot for selection criteria and governance framework	G	G	G	High	N/A this reporting period	N/A this reporting period	Innovation governance arrangements are tested and shown to

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
							support safe and effective decision making.
Produce annual innovation impact report	G	G	G	High	N/A this reporting period	N/A this reporting period	The programme can demonstrate measurable benefits arising from innovation activity.

2.6.6 Improvement Area: Ongoing Performance Monitoring and Management

Overall RAG Status (this month)	G	Overall RAG Status (expected next month)	G
This month - key updates	Ongoing performance monitoring and management continues as a core BSW business-as-usual function. These activities remain essential to the delivery of SCIP because they provide the routine performance intelligence, Health Board engagement and escalation routes required to manage recovery. Regular performance discussions with Health Boards continue. The new SCIP KPI framework and trajectory methodology will now strengthen this process by providing a clearer link between local recovery actions and national performance improvement.		
Next month – key activity	• Align routine performance monitoring with the SCIP KPI framework. • Use Health Board recovery trajectories to support structured discussions. • Ensure recovery actions are tracked against performance impact. • Escalate Health Boards that are materially off trajectory through existing BSW and SCIP governance routes.		
Trajectory / expected next position	BAU performance management continues. Future reports should present performance against agreed SCIP recovery trajectories.		
Management focus	Ensure routine performance management is fully aligned with SCIP recovery trajectories and KPI reporting so that BET can see whether improvement actions are producing measurable performance improvement.		

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	Jan-28	Feb-28	Mar-28
BSW 06.1	Ongoing Performance Monitoring and Management	Undertake regular performance meetings with Health Board endoscopy teams	Complete (BAU Activity)																								
BSW 06.2		Develop local actions to reduce waiting times with Health Boards	Complete (BAU Activity)																								
BSW 06.3		Establish assurance mechanisms for	Complete (BAU Activity)																								

		activity to manage backlog in Health Boards																							

2.6.6.1 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
Undertake regular performance meetings with Health Board endoscopy teams	G	Complete (BAU Activity)	Complete (BAU Activity)	High	BAU activity	BAU activity	BAU activity
Develop local actions to reduce waiting times with Health Boards	G	Complete (BAU Activity)	Complete (BAU Activity)	High	BAU activity	BAU activity	BAU activity
Establish assurance mechanisms for activity to manage backlog in Health Boards	G	Complete (BAU Activity)	Complete (BAU Activity)	High	BAU activity	BAU activity	BAU activity

2.6.7 Improvement Area: JAG Accreditation

Overall RAG Status (this month)	G	Overall RAG Status (expected next month)	G
This month - key updates	Two candidates were identified as ready for assessment, with one successfully achieving accreditation in April 2026. A further assessment date has been arranged for September 2026 for the remaining candidates. This supports workforce sustainability and contributes to increasing substantive capacity, reducing single points of failure and reducing reliance on temporary recovery measures.		
Next month – key activity	• Continue preparation for September 2026 assessments. • Identify any additional support required for candidates. • Link accreditation progress with the wider workforce capacity and mentorship plan.		
Trajectory / expected next position	Next assessment date is September 2026 (all 4 remaining candidates)		
Management focus	Maintain focus on supporting candidates to progress safely and promptly through accreditation while ensuring mentor capacity and clinical governance requirements are maintained.		

Ref	Improvement Area	Improvement Action	Status	Apr-26	May-26	Jun-26	Jul-26	Aug-26
BSW07.1	JAG Accreditation	Accelerated progression of current candidates to achieve accreditation	Complete					

2.6.7.1 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
Accelerated progression of current candidates to achieve accreditation	G	Complete	Complete	High	2 candidates identified as being ready for assessment with 1 successfully achieving accreditation in April 2026	Continue preparation for September 2026 assessments.	A structured programme is in place that supports existing trainees and candidates to progress through

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
						Identify any additional support required for candidates.	accreditation as quickly and safely as possible, increasing the available workforce and reducing future workforce gaps.

2.7 Key Performance Metrics & Trajectories

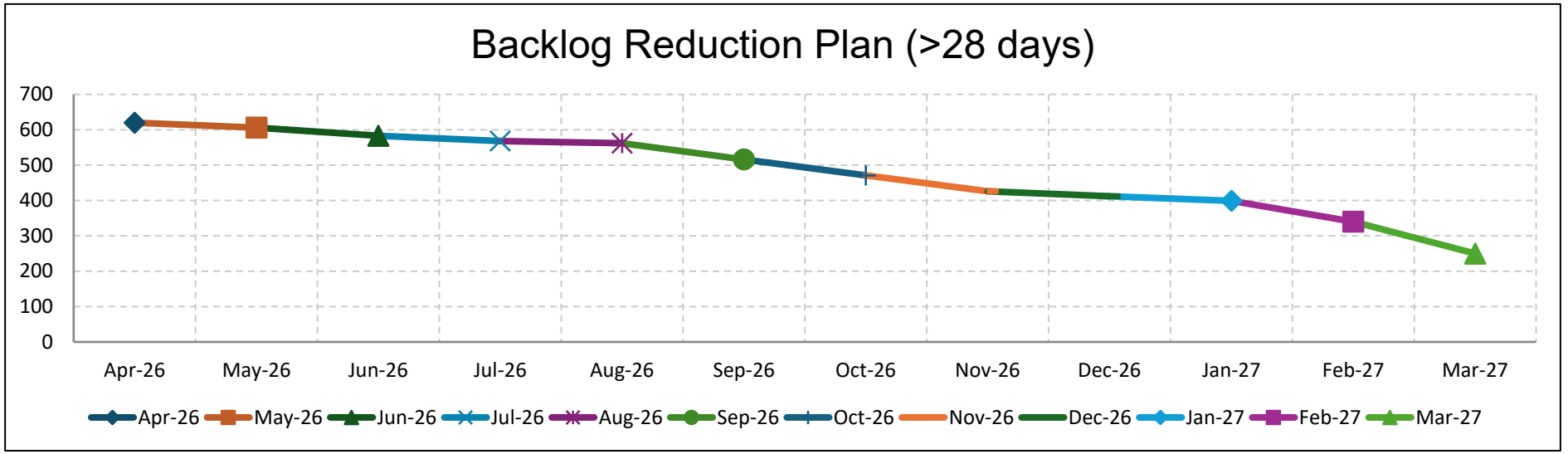
The following strategic Key Performance Indicators (KPIs) provide executive assurance that delivery of the BSW Improvement Plan is translating into measurable improvements in screening colonoscopy performance, sustainability and governance. These KPIs are supported by the detailed SCIP KPI Framework, which continues to be monitored through the SCIP Collaborative Board.

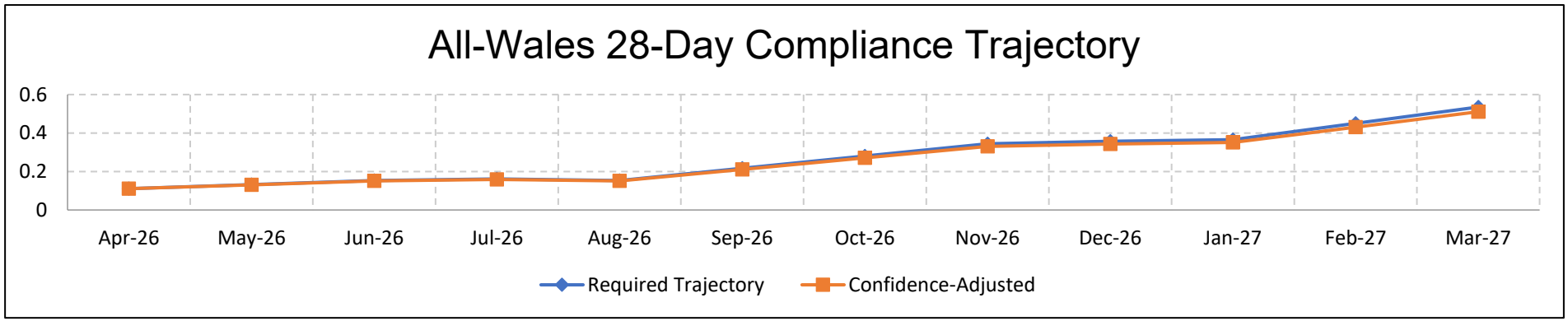
Improvement Plan Strategic KPI	Measure	Target / Success Measure	Improvement Plan Areas	SCIP KPI Alignment
KPI 1 – Timely Access to Screening Colonoscopy	Percentage of participants offered a screening colonoscopy within 28 days of SSP contact (SPAR Performance Indicator).	≥50% by 31 March 2027 (Year 1 SCIP target).	BSW02, BSW06	KPI01
KPI 2 – Recovery of Historical Backlog	Total number of participants waiting >28 days for screening colonoscopy.	≤250 participants waiting >28 days by 31 March 2027 (or agreed trajectory).	BSW02	KPI02
KPI 3 – Recovery Delivery Confidence	Percentage of Health Boards delivering within their agreed monthly recovery trajectory (required or confidence-adjusted trajectory).	≥85% of Health Boards within agreed trajectory tolerance.	BSW01, BSW02, BSW04, BSW05	KPI09 (supported by KPI04, KPI05 and KPI08)
KPI 4 – Sustainable & Safe Recovery	Recovery continues without significant unmitigated quality, safety or workforce sustainability concerns requiring executive intervention.	Programme assurance opinion each month.	BSW03, BSW07	KPI06, KPI07 and KPI10

All-Wales trajectories have been developed to support delivery against the KPIs. The All-Wales trajectory is demand-weighted using modelled 2026/27 index screening colonoscopy demand (appendix 2). This ensures that Health Boards with higher expected demand have proportionate influence on the national trajectory. The required demand-weighted trajectory reaches 53.5% by March 2027, providing a planning buffer above the 50% Year 1 recovery milestone. The confidence-adjusted trajectory reaches 51.1%, which demonstrates that the milestone remains achievable but is dependent on delivery of the identified recovery actions and active management of higher-risk Health Boards.

All-Wales Trajectory Summary – delivery against 28 day standard and reduction in backlog of participants waiting ≥28 days

Month	Required Trajectory	Confidence-Adjusted	Planned >28d Backlog
Apr-26	11.1%	11.1%	620
May-26	13.2%	13.1%	606
Jun-26	15.3%	15.1%	583
Jul-26	16.2%	15.9%	568
Aug-26	15.3%	15.1%	562
Sep-26	21.7%	21.1%	516
Oct-26	28.1%	27.1%	471
Nov-26	34.4%	33.1%	426
Dec-26	35.7%	34.3%	412
Jan-27	36.5%	35.1%	399
Feb-27	45.0%	43.1%	340
Mar-27	53.5%	51.1%	250





KPI 1 – All-Wales & Health Board Trajectories - compliance against 28 day standard

HB	Trajectory	Apr-26	May-26	Jun-26	Jul-26	Aug-26	Sep-26	Oct-26	Nov-26	Dec-26	Jan-27	Feb-27	Mar-27
ABU	Planned	14.0%	15.8%	17.6%	18.3%	17.6%	23.0%	28.4%	33.8%	34.9%	35.6%	43%	50%
	Delivered	14.0%											
BCU	Planned	8.6%	10.6%	12.5%	13.3%	12.5%	18.5%	24.4%	30.3%	31.5%	32.2%	40%	48%
	Delivered	8.6%											
CAV	Planned	13.3%	15.9%	18.5%	19.5%	18.5%	26.2%	34.0%	41.7%	43.3%	44.3%	55%	65%
	Delivered	13.3%											
CTM	Planned	2.5%	4.5%	6.5%	7.2%	6.5%	12.4%	18.3%	24.2%	25.4%	26.2%	34%	42%
	Delivered	2.5%											
HD	Planned	26.5%	28.7%	30.9%	31.7%	30.9%	37.4%	43.9%	50.4%	51.7%	52.6%	61%	70%
	Delivered	26.5%											
POW	Planned	4.8%	7.6%	10.3%	11.4%	10.3%	18.6%	26.9%	35.2%	36.8%	37.9%	49%	60%
	Delivered	4.8%											
SBU	Planned	0.0%	2.3%	4.5%	5.4%	4.5%	11.3%	18.0%	24.8%	26.1%	27.0%	36%	45%
	Delivered	0.0%											
ALL Wales	Planned	**11.1%**	**13.2%**	**15.3%**	**16.2%**	**15.3%**	**21.7%**	**28.1%**	**34.4%**	**35.7%**	**36.5%**	**45%**	**54%**
	Delivered	**11.1%**											

KPI 2– All-Wales and Health Board Trajectories – Reduction in backlog waiting ≥ 28 days

HB	Trajectories	Opening Backlog	Target Residual Mar-27	Reduction Required	Apr-26	May-26	Jun-26	Jul-26	Aug-26	Sep-26	Oct-26	Nov-26	Dec-26	Jan-27	Feb-27	Mar-27
ABU	Planned	123	50	73	123	120	116	113	111	103	94	85	82	79	68	50
	Delivered															
BCU	Planned	133	55	78	133	130	125	122	121	111	102	92	89	86	74	55
	Delivered															
CAV	Planned	70	20	50	70	68	65	63	62	56	50	44	42	40	32	20
	Delivered															
CTM	Planned	124	55	69	124	121	117	114	113	105	96	88	85	83	72	55
	Delivered															
HD	Planned	44	10	34	44	43	41	39	39	34	30	26	25	24	18	10
	Delivered															
POW	Planned	14	5	9	14	14	13	13	13	11	10	9	9	9	7	5
	Delivered															
SBU	Planned	112	55	57	112	110	106	104	103	96	89	82	80	78	69	55
	Delivered															
ALL Wales	Planned	**620**	**250**	**370**	**620**	**606**	**583**	**568**	**562**	**516**	**471**	**426**	**412**	**399**	**340**	**250**
	Delivered				**627**	**601**	**533**									

KPI 3 – Percentage of Health Boards achieving trajectories

Dashboard to be developed for next reporting period.

KPI 4 – Sustainable & Safe Recovery

Dashboard to be developed for next reporting period.

2.7.1 Improvement Plan KPIs

The BSW Improvement Plan is delivered through the Screening Colonoscopy Improvement Programme (SCIP). Progress is monitored through a small number of strategic Executive KPIs that provide assurance that delivery of the improvement actions is translating into measurable improvements in programme performance, sustainability and quality. Detailed operational KPIs continue to be monitored through the SCIP Collaborative Board.

2.7.2 Supporting information & useful links

Appendix 1 – SCIP KPI document
Appendix 2 – Trajectory plan

3 Recommendation

The BET is asked to:

- Receive assurance that SCIP has moved from mobilisation into active delivery.
- Note the early evidence of performance improvement, including reduced average pathway waits, reduced SSP waits and three Health Boards currently achieving the 28-day standard.
- Note that significant variation remains across Wales and that recovery trajectories will be used to strengthen monthly monitoring.
- Receive assurance that the SCIP Golden Thread, KPI framework, QIA process, EqIA process and Innovation Assessment Framework have been approved through the SCIP Collaborative Board.
- Note the key risks relating to workforce capacity, financial constraints, Health Board executive engagement, reliance on insourcing, pathology demand and variation in local recovery confidence.
- Support continued reporting to BET against the agreed SCIP KPIs, improvement actions and recovery trajectories.

The Directorate Management Team is asked to:

- Receive assurance of the establishment of BSW Screening Colonoscopy Improvement Project (SCIP) to enable a collaborative approach between BSW, the health boards and external partners to reduce screening colonoscopy waiting times.
- Consider ongoing progress updates and provide the assurance required to BET for the BSW Screening Colonoscopy Improvement Project (SCIP).