

 GIG CYMRU NHS WALES	Iechyd Cyhoeddus Cymru Public Health Wales	Name of Meeting Board Date of Meeting 30 July 2026 Agenda item: 3.4
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Screening Division Improvement Plan Update	
Executive lead:	Professor Fu-Meng Khaw National Director Health Protection and Screening Services and Executive Medical Director
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Approval/Scrutiny route:	Business Executive Team (21 July 2026)
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Purpose
The purpose of this paper is to present an update on the established improvement plans in Diabetic Eye Screening Wales (DESW), Bowel Screening Wales (BSW) and Breast Test Wales (BTW).

Recommendation:				
APPROVE ☐	CONSIDER ☐	RECOMMEND ☐	ADOPT ☐	ASSURANCE ☒
The Board is asked to: - Take assurance from the progress and trajectories outlined in each programme specific improvement plan Agree to receive regular copies of improvement plan updates for information, noting that these are not aimed at BET as their primary audience.				
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
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Summary impact analysis	
Equality and Health Impact Assessment	Not applicable within scope of the paper.
Risk and Assurance	The improvement plans highlight sources of risk and assurance on a programme level
Health and Social Care (Quality and Engagement) (Wales) Act	The framework used within the BTW service review is directly aligned to the Duty of Quality domains and enablers.
Financial implications	There are no financial implications outlined within the improvement plans
People implications	There are no immediate workforce implications outlined within the improvement plans

1. Purpose/Situation

The purpose of this paper is to present an overarching assurance update on the established improvement plans in Diabetic Eye Screening Wales (DESW), Bowel Screening Wales (BSW) and Breast Test Wales (BTW). BET has specifically asked for the live operational improvement plans, to enable sight of how they are being used to monitor improvement activity and progress, as such the plans should not be considered BET focused report and contain extensive detail.

Each plan responds to a specific performance measure and sets out structured actions, trajectories, governance arrangements, risks and assurance mechanisms.

Overall, there is clear evidence of active delivery and maturing governance across the three programmes. However, significant risks remain, particularly where recovery is dependent on workforce resilience, health board capacity, digital/data accuracy, sustained operational capacity and timely decision-making outside the direct control of individual programmes.

2. Background

The improvement plans have been developed in response to persistent or emerging pressures across national screening pathways.

DESW is focused on improving 12-month coverage for participants on the annual recall pathway, with improvement work centred on clinic capacity, retinal imaging without routine dilation, low-risk recall pathway management, clinic utilisation, and workforce and cultural resilience.

BSW is progressing the Screening Colonoscopy Improvement Programme, which was established to address persistent underperformance against the national 28-day screening colonoscopy standard and to improve resilience across commissioned Health Board services.

BTW is focused on improving reading timeliness in North Wales, improving assessment clinic timeliness, responding to the Breast Screening Review, restoring round length to the 36-month standard, and improving uptake while reducing inequity.

3. Assessment

BTW continues to make progress against its improvement plan, with strengthened governance arrangements, enhanced performance monitoring and targeted actions to address key operational challenges. Positive progress has been seen in maintaining reading timeliness through cross-regional support arrangements and reader workforce development. Delivery of the wider improvement programme is,

however, occurring against a backdrop of ongoing operational pressures, particularly within assessment services and recovery of round length performance. Workforce resilience, assessment capacity constraints, health board dependencies and the reliability of mobile screening assets continue to represent significant risks to sustained improvement. Whilst progress remains on track across several improvement actions, continued oversight and organisational support will be required to achieve longer-term recovery and implementation of recommendations arising from the Breast Screening Service Review.

BSW has successfully transitioned from programme mobilisation into active implementation of the Screening Colonoscopy Improvement Programme. Governance arrangements, performance frameworks and health board recovery planning are now established, providing a stronger foundation for performance improvement. Early indicators demonstrate encouraging progress, including reductions in waiting times and improvements in pathway management across a number of health boards. However, improvements remain variable across Wales and delivery continues to be dependent upon health board capacity, specialist workforce availability, financial sustainability and reducing reliance on temporary solutions such as insourcing. The programme remains focused on securing sustainable improvements in screening colonoscopy capacity and performance whilst ensuring quality, safety and equity remain central to recovery efforts.

DESW has made significant progress in increasing service capacity, improving clinic utilisation and implementing initiatives designed to improve coverage performance. Recent activity has demonstrated improvements in appointment availability and operational efficiency, supported by testing of new service delivery approaches and strengthened programme management arrangements. Despite this progress, challenges remain in achieving the programme's coverage ambitions, with workforce resilience, staff sickness and organisational change factors continuing to influence delivery. In addition, work is ongoing to better understand the impact of population denominator and recall methodology issues on reported coverage performance. Whilst the programme remains on a positive trajectory, further improvement and sustained delivery will be required to achieve the desired long-term outcomes.

4. Recommendation

The Board is asked to:

- Take **assurance** from the progress and trajectories outlined in each programme specific improvement plan
- **Agree** to receive regular copies of improvement plan updates for information, noting that these are not aimed at BET as their primary audience.