 <p data-bbox="395 394 528 551">GIG CYMRU NHS WALES</p> <p data-bbox="560 394 826 551">Iechyd Cyhoeddus Cymru Public Health Wales</p>	<p data-bbox="1161 383 1401 416">Name of Meeting</p> <p data-bbox="1150 421 1401 495">Quality, Safety and Improvement Committee</p> <p data-bbox="1177 499 1401 533">Date of Meeting</p> <p data-bbox="1241 537 1401 571">4 June 2026</p> <p data-bbox="1214 575 1401 609">Agenda item:</p> <p data-bbox="1353 613 1401 647">4.4</p>
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Screening Programmes Update	
Executive lead:	Professor Fu-Meng Khaw National Director Health Protection and Screening Services and Executive Medical Director
Author:	Consultants in Public Health and Heads of Programme, Screening Division

Approval/Scrutiny route:	Chair approval, HPSS DMT Business Executive Team - 20 May 2026
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Purpose
To provide an overview and assurance of the screening services focused on the domains of quality following the discussion held at a previous Committee Workshop. These are focused on the main issues within the programmes performance that are not in line with the standards set. The paper also outlines key quality improvement, policy implementation and project work to further improve health of population in Wales.

Recommendation:				
APPROVE <input type="checkbox"/>	CONSIDER <input type="checkbox"/>	RECOMMEND <input type="checkbox"/>	ADOPT <input type="checkbox"/>	ASSURANCE <input checked="" type="checkbox"/>
<p data-bbox="204 1583 592 1617">The Committee is asked to:</p> <ul data-bbox="252 1659 1289 1771" style="list-style-type: none"> • Take assurance that there is a focus on working to deliver quality screening programmes in line with delivery of excellent public health services to the population in Wales. 				



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	Paper outlines the focus on the main performance issues that are being addressed in the programmes that are being delivered and provides assurance on the plans in place to improve. The paper also outlines improvement and project work to improve health of population.
Health and Social Care (Quality and Engagement) (Wales) Act	Paper aligned to the Duty of Quality as using domains of quality to highlight key aspects of the screening programmes performance and improvement plan.
Financial implications	No specific financial implications within the scope of the paper. To note there are financial constraints for some of the workstreams that would have been taken forward to improve timeliness.
People implications	Paper outlines the focus on the main performance issues that are being addressed in the programmes that are being delivered to the population in Wales and provides assurance on the plans in place to improve. The paper also outlines improvement and project work to improve health of population.

1 Purpose

To provide an overview and assurance of the screening services focused on the domains of quality following the discussion held at previous Committee Workshop. These are focused on the main issues within the programmes performance that are not currently in line with the standards set. The paper also outlines key quality improvement, policy implementation and project work to further improve health of population in Wales.

2 Board level assurance

In April 2026 a focused session was held with PHW Board members on assurance of the screening programmes. This created an opportunity not only to reflect on current assurance arrangements at Board level, but also to consider how these arrangements actively support improvement within services.

The discussion highlighted a strong and shared commitment to strengthening assurance. There is already a substantial amount of information available on performance, quality and risk, alongside a wide range of improvement and transformation work. The key opportunity is to make better, more purposeful use of this information, so that it provides clear, timely assurance to the Board while also acting as a practical tool for service leads to manage delivery, prioritise actions and drive improvement.

A key theme is the distinction between reassurance and assurance. It was recognised that describing what is happening is not sufficient on its own. There also needs to be clear evidence that systems and processes are working effectively and that plans are being delivered as intended. This requires greater clarity about expectations, timescales and measures of success. This clarity also supports service leads, who rely on the same information to track delivery, manage performance and take corrective action where needed.

The discussion also identified opportunities to strengthen how performance data is used. While there are good data available, greater value can be gained by understanding what sits behind the numbers, such as trends over time, variation, patient experience and how services are responding. Service leads are already using this information to manage performance, but a more structured and consistent approach would enhance its impact, enabling earlier identification of risks and more proactive intervention. Strengthening early

warning indicators was seen as particularly important, benefiting both Board oversight and day-to-day service management.

There was support for bringing information together in a more structured way, for example through a balanced scorecard. This would align performance, quality, workforce, finance and culture into a single, coherent picture. For the Board, this improves visibility of risk and assurance. For services, it provides a clearer framework for managing priorities, understanding interdependencies and assessing whether actions are delivering the intended outcomes.

Current governance and escalation arrangements were seen as a strong foundation. There is an opportunity to make these more responsive as risk levels change, including the use of more targeted and time-limited arrangements at Board level where appropriate. This responsiveness also supports services, ensuring that emerging risks are escalated and addressed promptly without creating unnecessary complexity.

The importance of workforce and culture was also highlighted as a core component of assurance. Staff experience, leadership and organisational culture directly influence service performance and sustainability. Making these factors more visible within assurance reporting not only strengthens Board insight but also supports service leads in addressing underlying issues that affect delivery.

Audit and review processes were recognised as valuable sources of insight. There is an opportunity to bring these together more systematically with other intelligence, such as performance data, improvement plans and risk registers, to provide a fuller picture of how services are functioning. This integrated approach supports better decision-making at all levels, from Board to service teams.

Overall, the discussion emphasised that the priority is not to increase the volume of reporting, but to improve how information is used, understood and acted upon. Strengthening assurance to the Board goes hand-in-hand with strengthening how services are managed: the same information, when better aligned and more clearly presented, supports both effective oversight and effective delivery. Alongside ongoing improvement work, a separate transformation programme will support longer-term changes in how services are designed and delivered.

3 Assessment: Programme Performance and Service Improvement

3.1 Bowel Screening Wales

Quality Domain: Timely

Performance against the 28-day Bowel Screening Wales timeliness standard for screening colonoscopy continues to be challenged. Whilst the percentage of screening participants offered a screening colonoscopy within standard has improved since May 2025, performance against this standard remains poor with just 22% offered a colonoscopy appointment within 28 days in the latest reporting month (March 2026).

Table 1: Proportion of Screening Participants Offered a Screening Colonoscopy within 28 Days (July '25-March '26)

Percentage of participants Offered an Index Colonoscopy/Flexi-Sig Procedure Within 4 weeks of Booking SSP Appointment. Standard 90%											
2025/26	May	June	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
All Wales	4.0	5.1	8.4	14.2	10.4	19.4	22.5	28.6	18.8	24.2	22.3

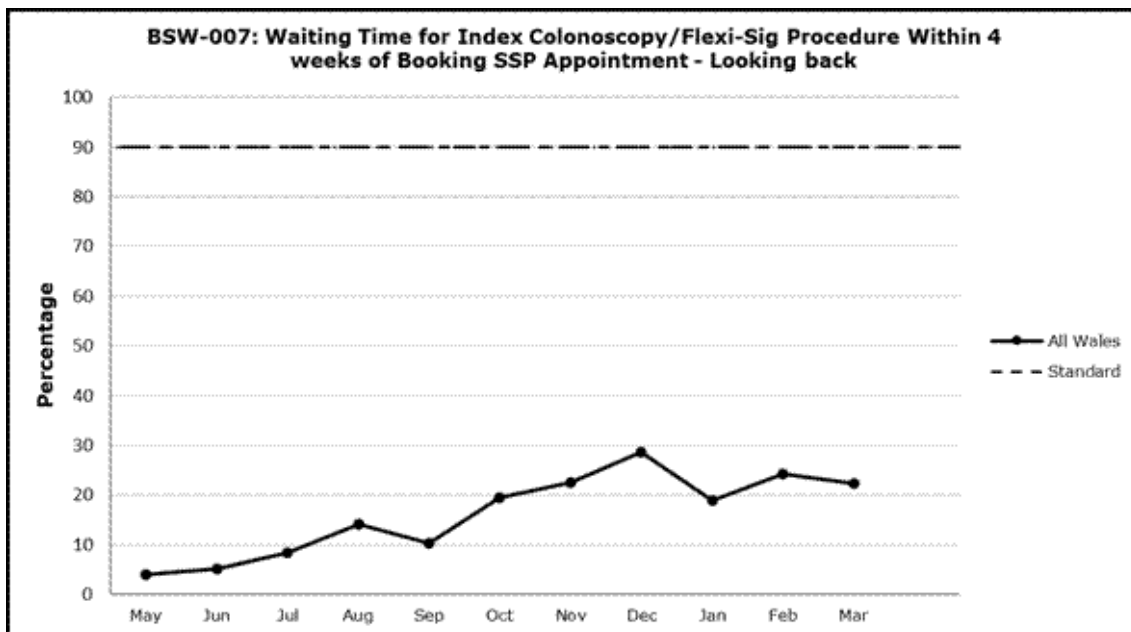


Figure 1: Proportion of Screening Participants Offered a Screening Colonoscopy within 28 Days (July '25-March '26)

Challenges within the commissioned colonoscopy service include a lack of accredited Screening Colonoscopists in some health boards, unequal distribution of Colonoscopists across Wales, finite and limited endoscopy theatre capacity and nursing resource and



increasing demand for both screening and non-screening colonoscopy using these same clinical resources. These challenges have resulted in a capacity gap of 16.25 substantive weekly screening colonoscopy lists across the seven commissioned health boards. Consequently, many health boards are utilising insourcing arrangements with private providers to supplement the screening capacity shortfall, with one, Powys Teaching Health Board, currently solely reliant on insourcing to provide the screening service whilst a longer-term, in-house, solution is sought.

Optimisation of bowel screening (in a phased approach since 2021) in line with evidence-based recommendations has resulted as expected in increased demand on colonoscopy services. This has been in line with expectations and funding was provided based on modelling that was shared with Health Boards in advance of the first phase of implementation.

Whilst the expected increase demand from screening has been funded for Health Boards, there has also been an increase in demand from other referral sources and colonoscopy capacity has not kept pace. Colonoscopy Insourcing and Waiting Time List are being used across many Health Boards to support increased demand, but these do not provide a long-term solution.

Table 2 (below) demonstrates that the waiting times for screening colonoscopy remain outside the Bowel Screening Wales 4-week (28 day) standard across most of the 13 screening local assessment centres (hospitals) in Wales. The latest waits as of 08 May 2026, range from 2-12 weeks, with average total wait of 7 weeks and 2 days, and show that just two centres were offering screening colonoscopies within 4-weeks.

Table 2: Waiting time for each Local Assessment Centre (08 May 2026)

Local Assessment Centre	Waiting time SSP assessment	Waiting time colonoscopy	Total waiting time
1	1 week 3 days	11 weeks 0 days	12 weeks 3 days
2	1 weeks 0 days	10 weeks 2 days	11 weeks 2 days
3	0 weeks 6 days	11 weeks 5 days	12 weeks 4 days
4	0 weeks 4 days	7 weeks 0 days	7 weeks 4 days
5	0 weeks 6 days	4 weeks 1 day	5 weeks 0 days
6	0 weeks 5 days	6 weeks 0 days	6 weeks 5 days
7	3 weeks 1 day	3 weeks 5 days	6 weeks 6 days



8	0 weeks 4 days	6 weeks 5 days	7 weeks 2 days
9	0 weeks 4 days	6 weeks 4 days	7 weeks 1 day
10	0 weeks 3 days	2 weeks 1 day	2 weeks 4 days
11	0 weeks 4 days	3 weeks 0 days	3 weeks 4 days
12	0 weeks 3 days	6 weeks 0 days	6 weeks 3 days
13	0 weeks 3 days	6 weeks 0 days	6 weeks 3 days

Review of the waiting time component waits for the period January to April 2026 show that the waiting times have been outside of the standard in six of the seven health boards during this period, with only Hywel Dda UHB within standard at 25 days (Figure 2).

The data presented in Figure 2 demonstrates that the waiting time for the nurse-based pre-colonoscopy assessment are within the component 14-day standard across most of Wales (C&V the only exception at 15 days, caused by staffing shortages within the screening nurse team) and that the waiting time from pre-assessment to colonoscopy is the main area of concern, with median waiting times ranging from 20-72 days.

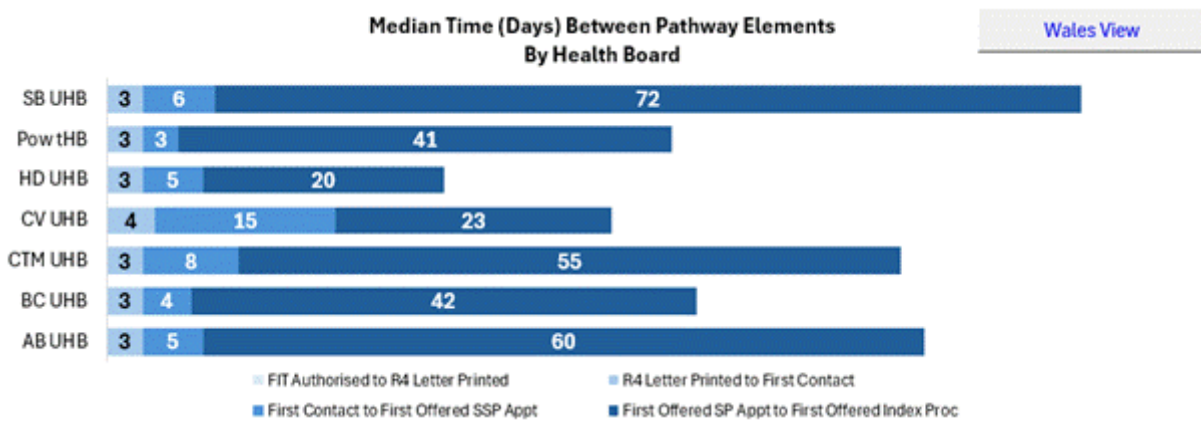


Figure 2: Median Time in Days of Waiting Time Component Waits (for Health Boards for Bowel Screening Colonoscopy from January to April 2026)

Actions in place:



<p>Bowel Screening Wales continues to meet regularly with all health board endoscopy teams to discuss screening waiting times and screening capacity.</p>
<p>The screening programme continues to support aspiring Screening Colonoscopists to achieve JAG screening accreditation status, with a new Screening Colonoscopist from Swansea Bay recently accredited (18 April 2026) and four candidates from three health boards approaching the formal assessment stage (assessments being organised during September 2026).</p>
<p>Bowel Screening Wales has established a mutual agreement with the English screening programme to allow Screening Colonoscopists accredited in England to transfer and work in Wales using an equivalence route. CTM has used this to increase their Screening Colonoscopist establishment without the need for the individual to be re-accredited with JAG to work in Wales.</p>
<p>The screening programme discusses delays in screening nurse pre-assessments with the health boards concerned and offers to coordinate and arrange mutual aid arrangements between health boards when required.</p>
<p>With the assistance of NHS Performance and Improvement, Bowel Screening Wales has developed a bespoke bowel screening tracker and associated planning tool to allow each health board cancer tracking team to gain a detailed understanding of their screening waiting times and to enable the endoscopy teams to assist with service planning of screening colonoscopy</p>
<p>BSW continues to quality assure the insourcing colonoscopy service and collaborates with the English bowel cancer screening programme to obtain performance data for new insource Colonoscopists.</p>
<p>The Business Team routinely meet with the health boards to monitor activity aligned to commissioned capacity via the Long-Term Agreements.</p>
<p>Sustained sub-optimal performance has been escalated to the Chief Executive and a series of senior Executive meetings to discuss screening colonoscopy capacity and waiting times have taken place, with recovery plans requested and received from all seven health boards. Bowel Screening Wales will monitor progress against the stated plans to recover the waiting times and convene meetings with the health boards as required.</p>

In addition to the actions listed above, Bowel Screening Wales has established a formal collaborative project, the Screening Colonoscopy Improvement Project (SCIP), to investigate innovative options to increase core screening colonoscopy capacity across the whole of

Wales, improve service resilience and reduce waiting times for colonoscopy to acceptable levels.

This 12-month project has enlisted the support from more than 40 individuals from the endoscopy teams across each of the health boards (clinical and managerial representatives), the local Public Health Teams, the National Endoscopy Programme, NHS Performance and Improvement, Health Education and Improvement Wales and from teams within Public Health Wales (the Improvement and Innovation Hub, QuOG, and Research and Evaluation). The governance for this specific project is through an over-arching project board, a weekly oversight group, five main discussion workstreams and three enabling teams – see Figure 3 below.

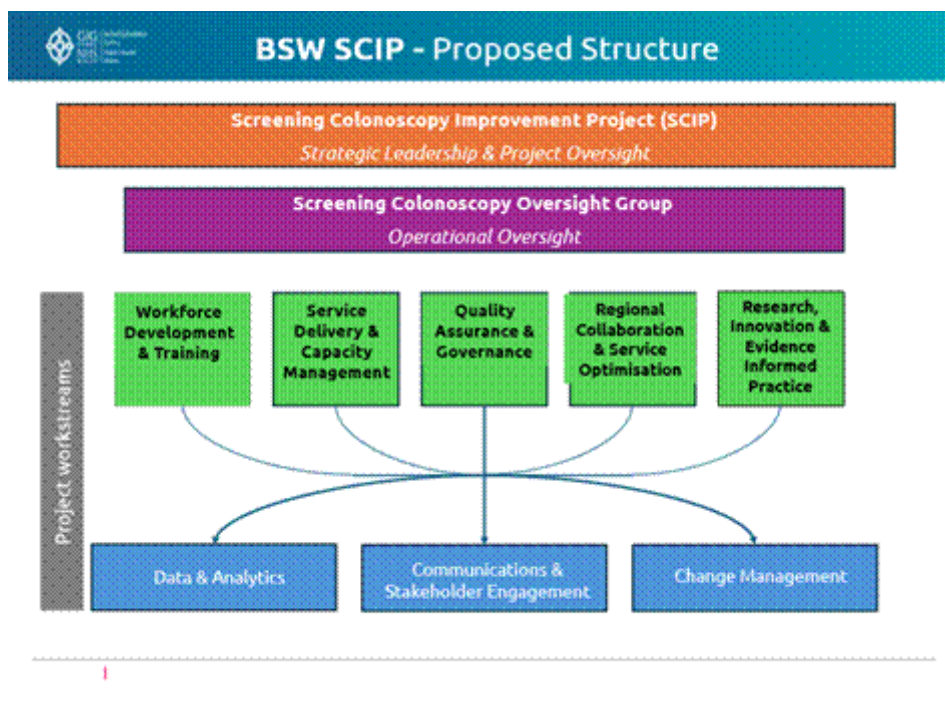


Figure 3: The SCIP Structure

Inaugural meetings have been held by the project board, oversight group and the five main workstreams, where terms of reference and workplans were agreed for each. The discussion workstreams comprise a mix of representatives from all the health boards and partners organisations. They are tasked with holding collaborative monthly discussions and make recommendations to resolve the known challenges that currently restrict the provision of sufficient core screening capacity across Wales. These include options to increase the number of accredited Screening Colonoscopists, prioritisation of the existing accredited



Colonoscopist workforce for bowel screening, the exploration of the potential use of regional arrangements between health boards and expansion of mutual aid arrangements to improve service resilience and the potential use of technology to modernise the service delivery.

Summary of Health Board Improvement Plans

As a results of sustained performance outside of the stated waiting times there has been escalation to CE level and joint meetings have taken place with all Health Boards at CE level. These meetings have taken place over the summer period and have been well attended with an open, constructive and solution focused discussion.

All health boards are committed to provide high quality and timely screening colonoscopy and pre-assessment services for their eligible screening population. Challenges meeting the core screening demand were acknowledged in all meetings and all are currently providing screening colonoscopy outside the Bowel Screening Wales 28-day standard, with some, but not all, using insourcing to increase screening capacity. The levels of delivered commissioned index colonoscopies were below expectation in most health boards.

The following common themes emerged from the discussions:

Insufficient number of planned sustainable lists in place

There is a capacity gap in each Health Board between the number of colonoscopies planned list that were in place compared to the number of colonoscopy lists funded and required for the demand. This is across Wales and a key factor for backlogs and requires solution to enable a sustainable service.

Clinical Nurse Endoscopists

The employment of Clinical Nurse Endoscopists (CNE's) for screening is limited in Wales, with just two individuals currently undertaking screening colonoscopy. Most health boards want to train CNEs for screening in the future, but few have plans in place. HEIW have a developed training programme for CNE's, but the training commitment required to support candidates limits the number of candidates, with very few cohorts fully subscribed. All Health Boards recognised the need to support this workforce development for a sustainable service and this is a key for them to take forward.

Bowel Screening Accreditation

It was acknowledged that the screening programme cannot lower the standard for Joint Advisory Group on Gastrointestinal Endoscopy (JAG) accreditation and that only JAG

accredited colonoscopists can undertake screening colonoscopy. There was a general consensus that the current accreditation process in Wales is protracted and would benefit from further refinement to ensure candidates are able to progress to formal assessment in a timely manner. The following points were also raised by some health boards in relation to the accreditation:

- Whilst the current process is designed to be supportive to ensure candidates are in the best possible position to meet the JAG standards at the first attempt, the approach is proving to be a deterrent and leading to long timescales
- Bowel Screening Wales should survey candidates to gain an understanding of their experience of the accreditation process
- Bowel Screening Wales and the health boards should develop processes to promote the role of the Screening Colonoscopist and the benefits of screening to encourage more candidates to become accredited
- Options to improve the capacity for existing Screening Colonoscopist to provide local mentorship need to be considered. E.g. possibility of using screening lists for mentorship, the use of peripatetic Screening Colonoscopist trainers)

Regional Working and Mutual Aid

Several health boards expressed a need to utilise regional working arrangements to provide additional screening capacity (particularly additional theatre space) and to provide regional service resilience between two or more health boards. The ability to provide cross-health board mutual aid, with those having capacity assisting others with prolonged waits was also highlighted during some of the meetings. Participant choice was also discussed as being key as participants keen to travel to a location nearer to their home.

Innovation and shared learning

Opportunities to share learning between health boards and innovative ideas. For example, it was suggested surveillance and repeat colonoscopies to be referred to the symptomatic service to prioritise the Screening Colonoscopist to undertake the index (first) screening colonoscopy.

Assessment of Health Board Improvement plans – March 2026

Following these discussions, the Chief Executive of Public Health Wales formally requested recovery plans from all health boards in February 2026, to show how waiting times will be brought within standard, with a 6 March deadline. As of 31 March, responses have been received from all health boards. Bowel Screening Wales has also requested planned list

numbers for Q1 of 2026/7 from each health board. Our assessment of confidence in health boards in delivering to standard is mixed, mostly moderate confidence (amber), but of concern, low confidence in Powys. We have high confidence in CVUHB to achieve the target in the short term. The establishment of the Screening Colonoscopy Improvement Programme will help us share learning across the network.

3.2 Breast Test Wales

Quality Domain: Timely

Timeliness of the breast screening pathway continues to face sustained challenges across reading, assessment and downstream pathways.

Breast screening assessment waits

Timeliness of the assessment appointments has not met the standard of within three weeks of screening mammogram since the programme has worked to recover the timeliness of the round length due to the impact of the Covid pandemic.

Table 3: Breast Screening Assessment Waits

BTW-006A: Assessment Invitations Given Within 3 Weeks of Screen (standard 90%)									
2025/26	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
North	0.0	0.0	0.0	0.0	0.0	1.4	0.0	0.0	0.7
South	5.1	20.7	28.6	39.6	26.4	14.7	8.4	49.2	77.0
West	84.2	82.3	27.6	82.9	65.3	22.0	33.3	92.9	80.4
Wales	24.6	31.6	17.4	41.0	28.3	13.5	10.6	45.7	50.1

There continues to be marked regional variation within this position. Performance in North Wales remains of particular concern, with evidence of significantly longer waits than elsewhere in Wales. In this region, average waits have exceeded eight weeks for a sustained period since mid-2025, and performance against both the three- and four-week standards has been consistently below that seen in other parts of the country.

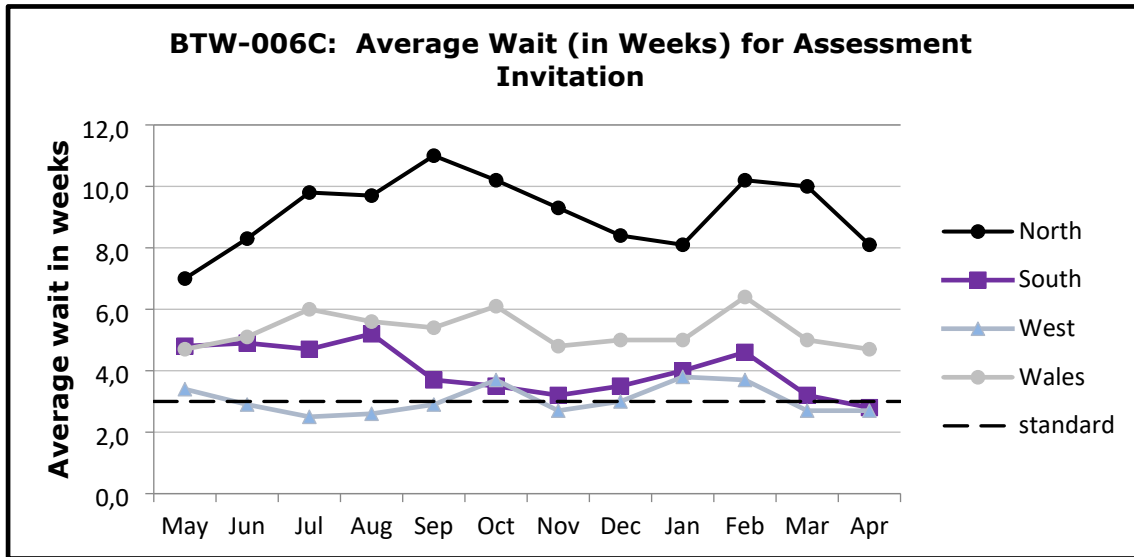


Figure 4: Average wait for assessment

There are two other standards that the programme monitors which are key to understand this pathway:

- Timeliness of reading mammograms which is measured in normal results sent within 2 weeks of screen
- Assessment date offered within 2 weeks of abnormal results (arbitration). The date of suspicion as part of the Single Cancer Pathway is the date of arbitration.

Timeliness of reading is consistently met in West and is improved in South region but not improved in North.

South and West regions consistently meet standard for women having assessment date within 2 weeks of abnormal result. North is not meeting this standard yet, although is beginning to show signs of improvement.

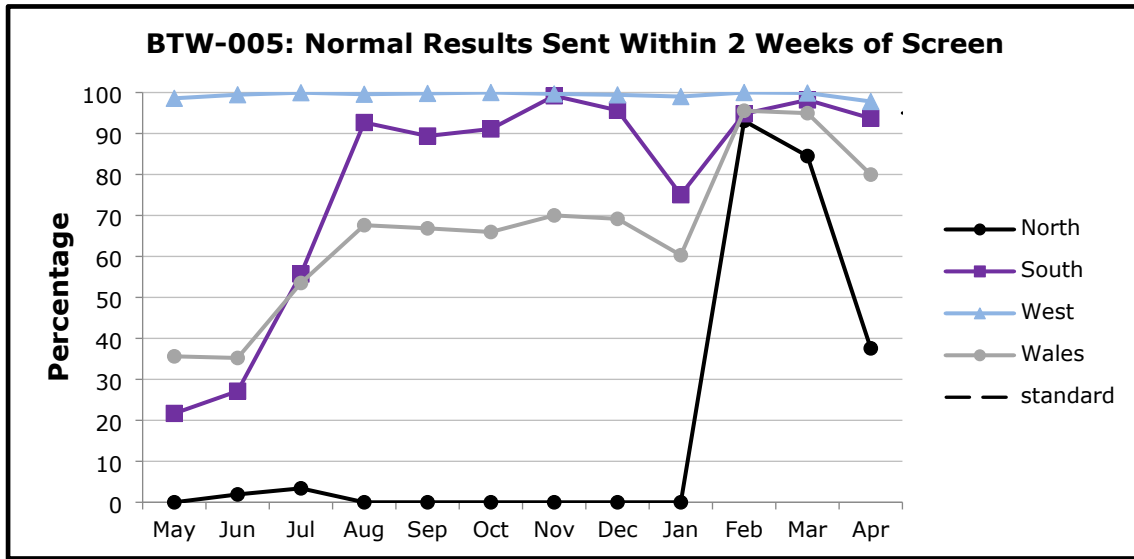


Figure 5: Timeliness of normal results being sent

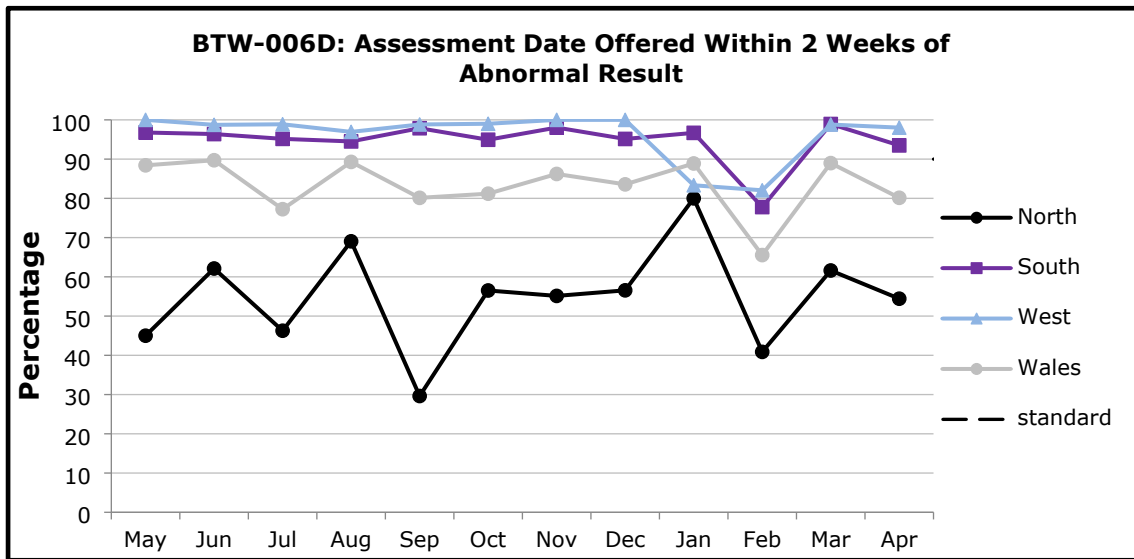


Figure 6: Timeliness of assessment offered within 2 weeks of abnormal result (point of suspicion)

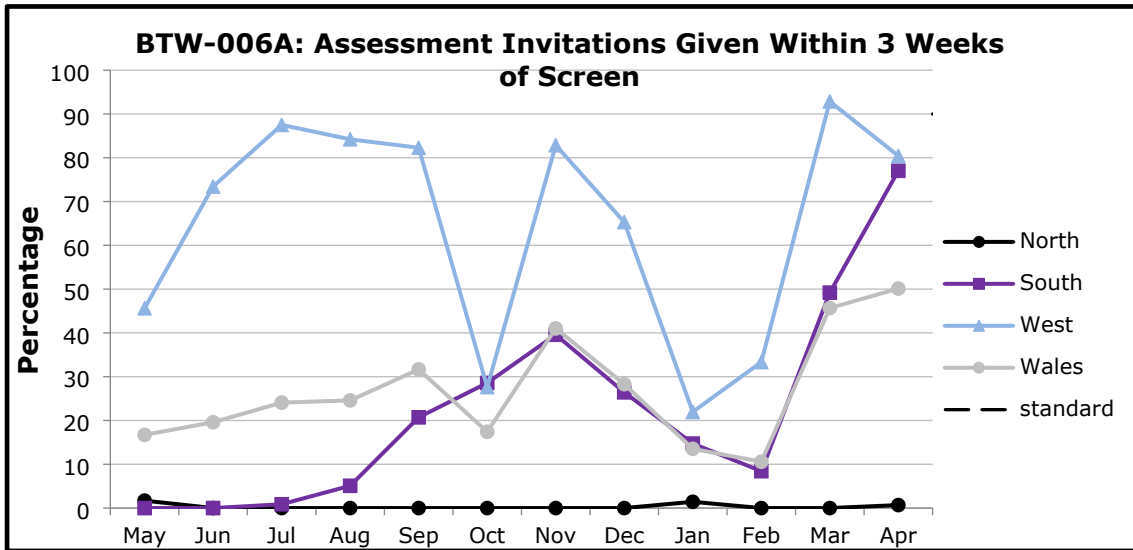


Figure 7: Timeliness of assessment offered within 3 weeks of screening appointment

Significant shortages in the medical workforce at the breast screening north centre has continued to limit capacity for image reading, result reporting, and clinic assessments. Reduced surgical workforce availability, has led to delays in the pathway.

Constraints in how assessment clinics are able to be staffed in North Wales have been unblocked as of April, with radiology lead assessment clinics now in place in Llandudno.

Actions underway:

An improvement plan is in place to bring together a range of actions across the pathway and service areas. These include the following actions.

Cross-regional support is now in place to support reading timeliness, with work ongoing to further streamline elements of this.

Network connectivity (a previous barrier) has been resolved in north Wales to enable cross-site reading to happen. This is being monitored closely to ensure the connection remains stable and reliable.

Additional readers are being supported in their training to bolster capacity in north Wales.

Radiological lead clinics now in place in north Wales, but these are being balanced around surgical capacity as this is a rate-limiting step later in the pathway.

Further work with BCUHB to address the surgical capacity that is causing backlogs and lengthy waits.

The BTW review has now concluded, with sessions held with staff to share the findings. Work is now underway to translate these findings into an action plan to move forward.

The screening mobiles IMT has moved into targeted actions led by BTW to address longstanding issues with maintenance of the units.

3.3 Diabetic Eye Screening Wales

Quality Domain: Timely

Recovery of timeliness for eye screening is improving but not in line with standards. As of April 2026, there are 203,888 participants registered with DESW who are eligible for screening. There were 50,612 participants currently overdue their eye screening appointment. Participants in the eye screening programme are either on an annual recall pathway (for example those with some retinopathy, previous non-attenders, new participants) or if they have had two negative screening results they can be placed on the low-risk recall pathway (LRRP) with screening taking place on a two-yearly basis.

Coverage for participants on the annual recall pathway (12 month recall) is currently 39.8%. This is below standard of 80% and has remained consistently below standard throughout 2025/26.

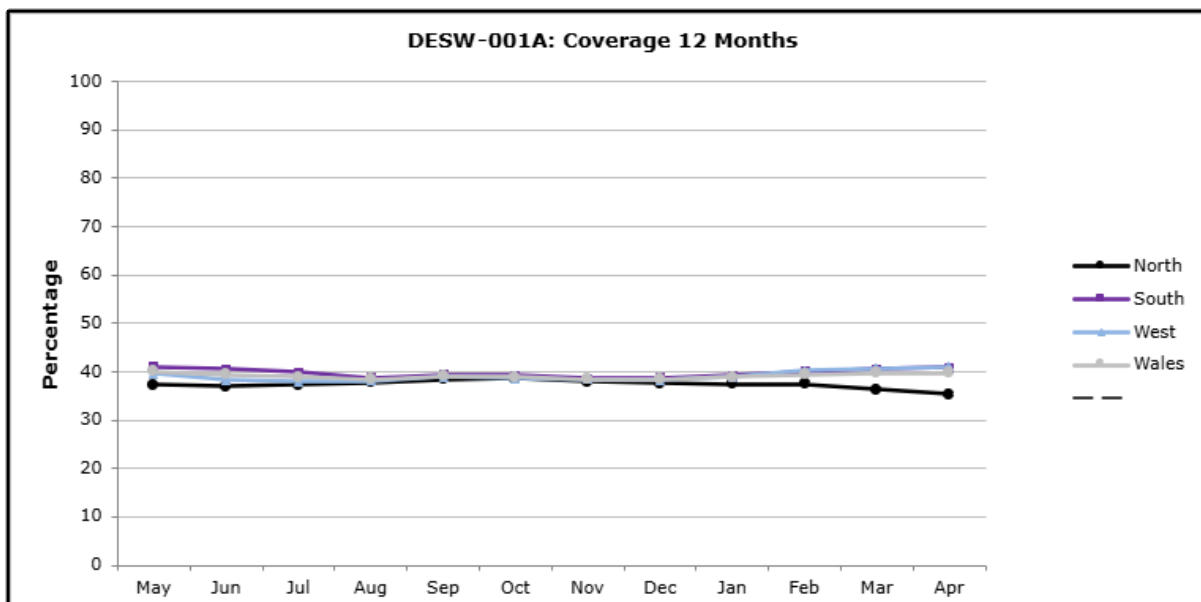


Figure 8: Coverage (%) annual recall pathway

Coverage for participants on the low-risk recall pathway is just below standard at 77.4% (standard is 80%).

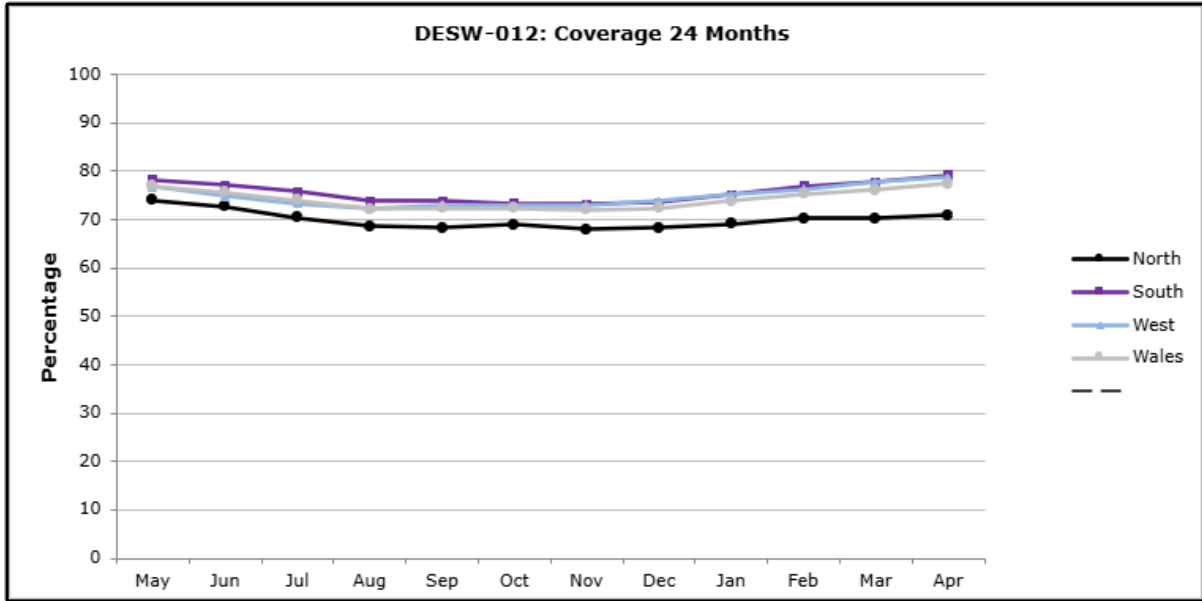


Figure 9: Coverage (%) 24 month pathway (LRRP)

To reflect coverage for all participants eligible for eye screening, both on the annual and LRRP pathways, a combined coverage indicator has been developed for the 2023/24 annual report. The combined coverage figure demonstrates an improvement in coverage from 31.5% in 2022/23 to 52.3% in 2023/24.

Table 4: Coverage (%) all participants, three year trend

Year	Eligible active participants	Reported results	Coverage (%)
2023-24	194,214	101,617	52.3%
2022-23	191,495	60,286	31.5%
2021-22	179,804	42,248	23.5%

To improve coverage for participants on the annual recall pathway the programme has developed an improvement implementation plan to focus on improving timeliness of recall through increased clinic capacity and efficiency. Actions are those within the control of DESW and are within existing resources.

The improvement implementation plan has six key objectives:



1. To implement and evaluate two alternative clinic templates which increase the appointment capacity.
2. 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.
3. To develop a standardised, staged mydriatic screening protocol for implementation across all DESW site types,
4. To streamline the management of low-risk participants through improved coding, accurate identification, and strengthened oversight
5. 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.
6. 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

The increasing clinic capacity project is focused on implementing and evaluating two alternative clinic templates that were identified in initial pilots as effective and appropriate to scale up. The new clinic model templates are a drop-in clinic model and a clinic for low-risk recall participants only. These were initially designed using Model of Improvement methodology. Both approaches require manual booking processes by administrative staff. Therefore, a phased approach is planned with trajectories developed to determine the potential increase in appointment capacity.

The low-risk recall pathway (LRRP) was implemented in June 2023 with the aim of increasing capacity within the programme and reducing the inconvenience of annual screening for participants who are low-risk of diabetic retinopathy. At time of implementation of the LRRP, approximately 19% of all eligible active participants in DESW were on the LRRP, this has increased to 35% by April 2026. There are currently 71628 participants on the low-risk recall pathway with coverage in April 2026 at 77.4% (standard 80%). The improvement plan includes an action to *'Improve the accuracy and consistency of Low-Risk Recall Pathway participant coding within OptoMize.'* This has now been successfully completed through the development and implementation of an automated coding script. This work was delivered on time and has introduced a more efficient method for monitoring participants who move

each month from annual recall onto the LRRP, and vice versa from the LRRP back to annual recall. To strengthen oversight further, these figures will now be reported on a weekly basis through the DESW Operational Meeting, enabling any unexpected variation or deviation from trend to be identified and reviewed promptly.

The standard for participants to be offered a recall appointment at 12 months has not been met though has improved from 6.9% in January 2025 to 23.6% in April 2026. Participants who have been waiting the longest are prioritised for recall and it will be expected to see an improvement in this standard as the round length for participants decreases. An extension to the contract for mobile screening units supplied by Tenovus Cancer Care has been given for a further three months to August 2026. The mobile screening units are located in areas of longest wait where either fixed site clinics or community venues are not available.

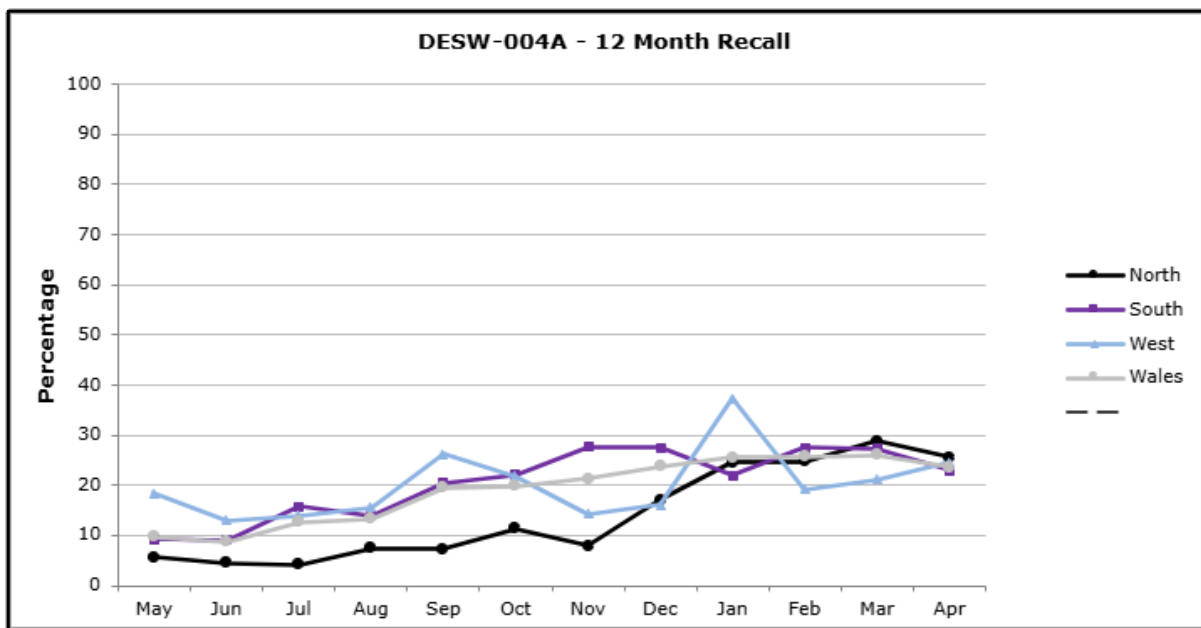


Figure 10: Percentage of Participants recalled at 12 months

The total number of new registration referrals received continues to place an additional demand on the programme, on average 1400 a month, which the programme has to absorb without additional resources. This impacts on timeliness of recall for recall participants as new registrations require to be appointed within 90 days and so are prioritised over recall participants. This reduces the availability of clinic appointments for recall participants. New referrals are prioritised over recall participants as they have not had a diabetic eye screen previously and therefore their risk of sight threatening diabetic retinopathy is unknown.

New referrals are called in a timely way with the standard overachieved with 99.7% of new registrations receiving an appointment offer within 90 days.

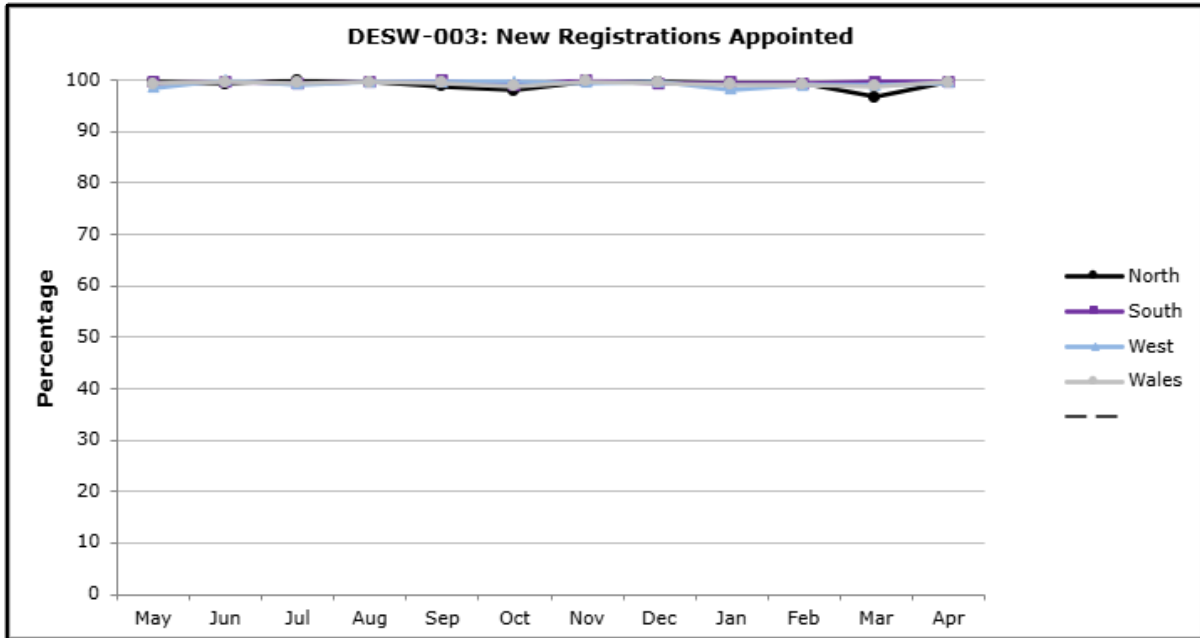


Figure 11: Percentage of New Registrations invited within 90 days

Actions underway to improve timeliness

Action to ensure delivery of excellent screening services that meet standards for timeliness are addressed through the improvement implementation plan. As detailed above this includes six key objectives outlined above. Current actions are:

Action	Update May 2026
Implement and evaluate two alternative clinic templates to increase the appointment capacity – a) Implement and evaluate drop-in clinic models to improve accessibility and increase appointment uptake	Ran 20 drop-in clinics (198 extra clinic appointments) in April. Workload required to complete this was achieved. Intend to run another 20 clinics in May (200 extra clinic appointments) with an audit of staff time taken to complete fully.



<p>Implement and evaluate two alternative clinic templates to increase the appointment capacity b) Introduce and test the LRRP clinic model across regions to enhance service efficiency and participant experience</p>	<p>Ran 4 LRRP clinics - 2 in the South region, 1 in West, and 1 in North. To run 6 LRRP model clinics across Wales, and to plan in a significant increase to test in June (approximately 19 clinics)</p>
<p>Evaluate and implement an enhanced retinal imaging clinic model to improve efficiency, patient experience, and service flow.</p>	<p>First day of evaluation clinics 20th April. Continued booking and inviting participants to these clinics for duration of project. Continue camera evaluation clinics (4 x day) until 07 June 2026, monitoring numbers of participants and images captured to ensure adequate numbers obtained.</p>
<p>Provide mobile clinics in areas where there is longest wait and no suitable community venues to increase screening appointment capacity.</p>	<p>Mobile clinics have provided increased capacity and flexibility to target longest wait areas. Funding has been obtained to support a contract extension to August 2026. Exploration of external funding is in progress with grant application made to Roche Products Ltd.</p> <p>Options appraisal to be re-commenced following the completion of camera evaluation to determine future service delivery model that includes longer term option of mobile clinic delivery model however will require capital investment from WG and new additional revenue from PHW.</p>
<p>Improve accuracy and consistency of LRRP participant coding within Optimize.</p>	<p>Strengthen LRRP performance oversight by routinely monitoring SPAR data.</p>
<p>Understand participant user requirements and preferences to ensure provision of person-centred service and increase attendance.</p>	<p>Project paused as no Digital Services capacity to support implementation of user preference such as for email communication.</p>
<p>Improve clinic utilisation</p>	<p>Implementation of the Autobook module to automate appointment scheduling and</p>

	improve service efficiency. Increase appointment availability through targeted backfilling to meet interim standards
Strengthen a positive and empowered culture across DESW.	Establish DESW Culture Club. Workshop style meeting to be arranged, likely to be in June post camera evaluation work. Managing Change coaching workshop held with South screeners and to be held with all screeners in North and West

Quality domain: Efficiency

To provide an efficient screening service the programme are working to maximise clinic utilisation. Demand and capacity modelling has identified that in addition to increasing appointment capacity achieving coverage at standard requires high clinic utilisation. The programme has introduced internal KPIs in relation to clinic utilisation, with progress in moving from 80% to 85% to 90% clinic utilisation. Clinic utilisation in April 2026 was 92.8%. The ambition is for 95% clinic utilisation. This will ensure that 95% of available appointment slots are filled with a participant at the start of the clinic.

Improving clinic utilisation is a key objective within the Improvement Implementation Plan. To achieve this key objective the programme have implemented an Autobook module within the Optimize IT system that automates filling clinics dependent on distance to venue from participants home address. *The Autobook module has continued to fill a high proportion of available appointments, including filling clinic weeks to 93% and 96%. However, anecdotal evidence suggests increased participant cancellations are linked to Autobook venue selection using straight-line rather than road-travel distance.* Progress on improving the Autobook process is dependent on discussions with NEC and the potential use of allocated development days. In addition, the administrative team actively backfill any remaining empty appointment slots.

To decrease cancellations and non-attendance the Programme implemented an organisational change process in September 2024 to enable the service to regularly run clinics during evenings and on a weekend. The extended hours clinics have moved to business as usual within DESW with the programme routinely offering monthly Saturday and evening clinics across all three regions of Wales.



Approximately 5% of filled appointments are cancelled by participants. High numbers of cancellations reduce clinic utilisation. Following cancellation at present a participant can cancel their screening appointment an unlimited number of times. This impacts upon the longest wait as participants remain open and awaiting appointment despite multiple allocated appointments provided by the service. New business rules are due to be introduced following the recent upgrade of the Optimize It system to enable closure of screening rounds for participants who have cancelled multiple appointments.

Appointment capacity is also impacted by service cancellation of clinics or through the service not being able to run clinics due to lack of staff availability. The programme are monitoring the reasons for cancellation of clinics with staff sickness the primary reason why clinics are cancelled. Improving staff sickness levels is a key objective within the Improvement Implementation plan by strengthening a positive and empowered culture within DESW. The DESW Culture Club has been established though it is recognised that this can be strengthened. Secure stronger engagement and buy-in from those in leadership positions across the Programme, and alongside clear representation from all departments is needed. This will support development of a more coordinated and sustained approach to addressing the cultural issues that continue to exist within DESW.

Quality domain Person-centred

Uptake of the diabetic eye screening offer is consistently achieving the standard of 80% at an All-Wales level and across all three regions in Wales (figure 12).

DESW continue to gether Service User Experience survey data using SMS (text message) feedback. This has now been extended to all clinic locations across Wales. In April 2026, 1308 responses were received during this month. When asked if they felt listened to, 93% of people (1109 of the 1195 people who answered the question) selected always. Nearly 95% of people (1137 of the 1202 people who answered the question) responded that they were always treated with dignity and respect. Nearly 97% of people were always able to communicate in their preferred language (1164 out of 1206 who answered this question).

When asked to rate their overall experience, nearly 97% (1124 out of 1163 people) rated their overall experience as Good or Very Good (figure 13).

Issues raised within the survey continue to relate to parking and standard of clinic facilities within non-PHW run screening centres.

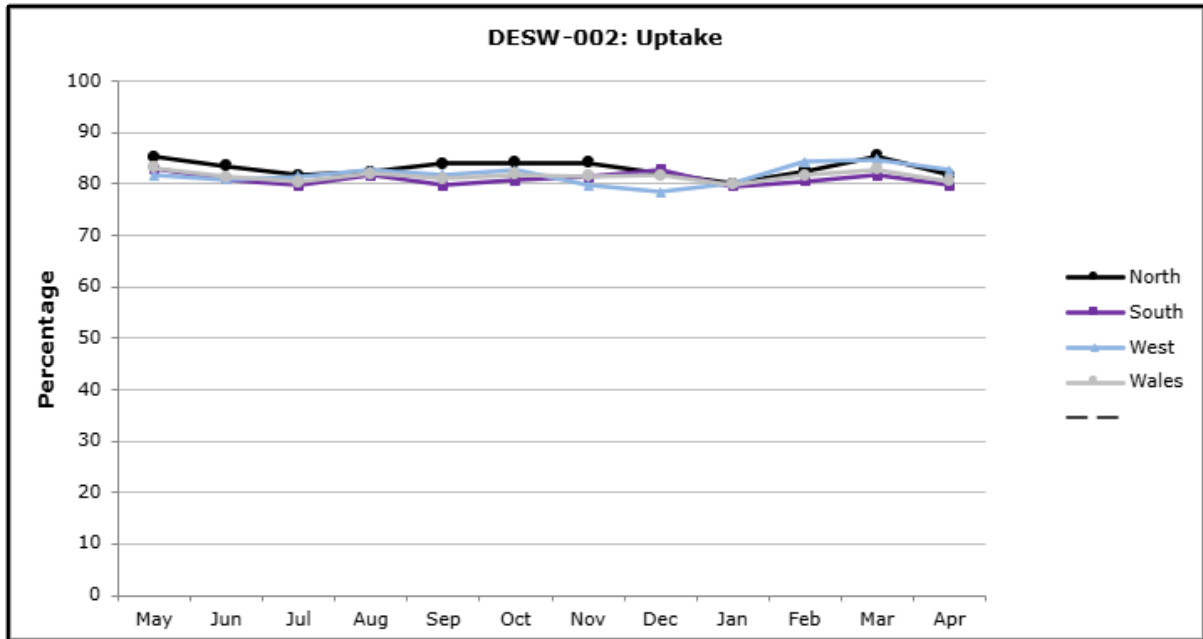


Figure 12: Uptake: Percentage of participants who attended their eye screening appointment

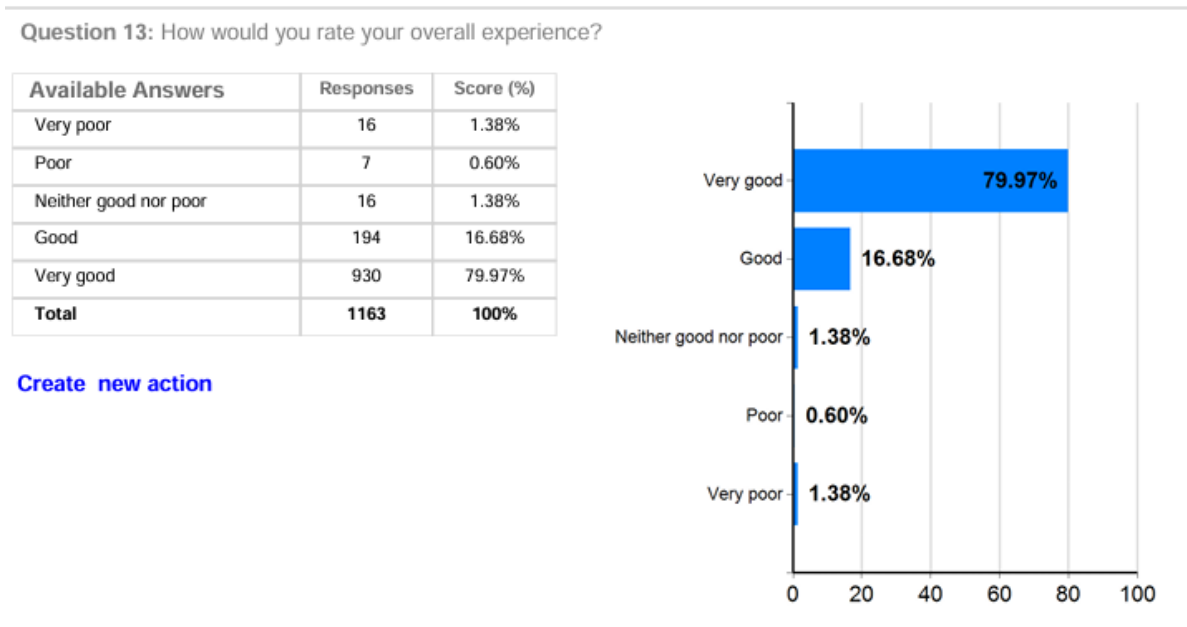


Figure 13: SMS (text) message feedback

3.4 Cervical Screening Wales

Quality domains: Effectiveness; Person-Centred; Equitable

In June 2025, the UK National Screening Committee (UKNSC) made the permissive recommendation for the UK cervical screening programmes to introduce a cervical self-test option to women and people with a cervix who do not routinely or never attend cervical screening appointments. This allows for the use of self-sampling as a strategy to improve uptake.

Cervical self-sampling differs to traditional cervical screening as it uses a sample collected by the individual (usually with a swab or brush), instead of a sample taken by a healthcare professional. Like primary cervical screening, HPV self-sampling is used to detect high risk strains of HPV. Where the self-sampled test finds high-risk HPV, further investigation is required to check for any cell changes or early signs of disease. This approach makes cervical screening more convenient and less intrusive, particularly for individuals who may find it difficult to attend clinic-based appointments.

Whilst self-sampling offers an alternative means of undergoing screening, it does have limitations. A clinician taken sample is still required if cytology is indicated due to the need to visualise the cervix, therefore HPV positive self-samples will need a modified screening pathway. The recommendation at present is therefore to offer self-sampling to those who rarely or never engage with screening, i.e. it is a better option than no test for these individuals.

In June 2025, Cervical Screening Wales set up a self-sampling project with the primary objectives:

- Improve cervical screening coverage to a minimum of 70% to meet the goals set out in the WHO Cervical Cancer Elimination Initiative.
- Improve access to cervical screening for the under screened population.
- Improve equity and equality for cervical screening.
- Meet the recommendation for self-sampling set out by the UKNSC.
- Deliver a cost effective solution.
- Timely introduction (public commitment made by Welsh Government to a 2026 rollout).

The Cervical Screening Wales Self-Sampling Programme has established a strong foundation, with governance, stakeholder engagement, operating model design, and key clinical and laboratory decisions now in place, supported by robust evidence and modelling.

The programme has progressed into a complex implementation phase, with multiple interdependent workstreams advancing in parallel, including digital systems, laboratory readiness, procurement, clinical pathways, public information, training, and evaluation. Core clinical pathways and operational frameworks are largely established, and public facing materials have been developed, reviewed using behavioural insight methodology and are now entering general public testing to inform final design.

The programme is now at a critical point in delivery. Key elements on the critical path, notably digital system design/delivery and laboratory procurement, remain incomplete or under time pressure. The digital workstream, in particular, underpins system integration, opt-in functionality, and end-to-end pathway delivery, and is beginning to impact downstream activity where delivery timelines are not yet secured.

User Requirement Specifications (URS) finalisation to underpin procurement activity is progressing across essential components, including digital solutions, laboratory equipment, and distribution service requirements with completion targeted for May/June 2026. In parallel, work is underway to finalise performance and evaluation metrics, ensuring the programme can be effectively monitored and continuously improved once implemented.

Funding for implementation was initially anticipated to be supported through a Cervical Screening “fallow year” funding approach, where temporary reductions in programme activity created an opportunity to release funding resource for transformation and service development. However, wider organisational cost pressures have reduced the availability of this funding. As a result, additional funding is now being sought, and a Welsh Government Business Case is in development to secure the necessary investment for implementation, ongoing service delivery, and associated system and workforce costs.

Overall, the self-sampling programme remains well positioned with a clear route to implementation. However, delivery timelines are currently at risk due to the pace and interdependency of key delivery areas. Focused and urgent action to stabilise digital design & delivery, secure procurement decisions, and confirm funding arrangements will be essential to maintain momentum and support a safe, effective, and timely rollout of self-sampling.

In addition, Cervical Screening Wales are also involved in further work as part of an in-service evaluation to explore self-sampling as a universal offer. This work is anticipated to begin in late 2026/early 2027 subject to successful application for NIHR funding.

3.5 Newborn Bloodspot Screening

Introduction of screening for Tyrosinemia

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Quality domains: Safe, Effective, Equitable, Person-centred

In November 2022, the UK National Screening Committee (UKNSC) recommended the introduction of screening for an additional condition, Hereditary Tyrosinemia type 1 (HT1), into the newborn bloodspot screening programmes.

A UK Tyrosinemia Task Group was established, working across the four UK nations to look at requirements for implementation. Detailed recommendations were presented to the UKNSC Fetal, Maternal and Child Health Group in September 2024. Following this, the Wales Implementation Group was established. Membership of the group includes representatives from relevant specialist services and groups across NHS Wales, the third sector, and the NBSW programme.

Looking across the UK, England and Scotland have now implemented screening for HT1, although Northern Ireland have yet to declare a start date. There were two main barriers to implementing sooner in Wales, namely our IT system and the lab infrastructure.

Phase 1 of the work to stabilise the IT system is complete and the system is now on a new platform, which has enabled functional changes to now be made. This affects the systems that supports both Newborn Bloodspot and Newborn Hearing Screening in Wales. Development is complete to enable the NBSWS IT system to manage HT1. This change has been tested and partially deployed, but full final deployment and additional end to end testing requires LIMS2.0 to be in place within the bloodspot laboratory. Final deployment is planned to coincide with the LIMS2.0 deployment, which is likely to be July 2026. The system has been configured to allow for the addition of more than just HT1 without the need for additional development, to future-proof the programme.

To date, 14 changes have been made with a focus on record integrity, reduction of manual workarounds and enabling process efficiencies. programme.

The Newborn Screening Laboratory is on the UHW site in Cardiff and physically needs to be relocated in order to allow for the required developments. A site within the hospital has been identified and a Capital Business case has been submitted to Welsh Government. IT was announced at Wales Screening Committee that this would be considered alongside a business case submitted by the bloodspot programme that details the revenue requirements. The timeline for consideration of these cases was affected by the elections.

The Wales HT1 Implementation Group are working to ensure that information for parents and health professionals, clinical pathways, and other vital elements are developed whilst the business cases are still under consideration. This will mean that implementation will not be delayed once the laboratory infrastructure is in place, if the capital case is approved.

The proposed changes for the laboratory and programme will be a step change for Newborn Screening in Wales setting us in a strong position for future developments and recommendations. In-service evaluations (ISEs) are either underway or planned for two further conditions (SMA and SCID). A report has also been published by the UK NSC around the EquipoISE project, which is a proposal for a rolling multi-condition in-service evaluation. The aim of EquipoISE is to make it easier to develop the evidence needed to make decisions around screening for rare conditions, with an expectation of working at scale and at pace. The IT and lab developments would put Wales in a good position to bid to participate in evaluations, and to implement any recommendations in a timely way.

Newborn Bloodspot Screening in Wales is closely aligned with Genomics Partnership Wales and involved in UK conversations around the future of genomic testing related to Newborn Screening. Currently it is used as second tier or confirmatory testing as part of the screening pathways in Wales. The programme is involved in discussions around possible future applications of genomics and practical considerations including bloodspot storage and retention which we are working on with UK colleagues.

3.6 Newborn Hearing Screening

Implementation of Both Ears Clear model for Well Babies

Quality domains. Safe, Effective, Equitable, Person-centred

The Newborn Hearing Screening Wales (NBHSW) programme aims to identify newborn babies with permanent childhood hearing impairment as early as possible to allow for early support to mitigate the impact of hearing loss on language, communication, educational and social outcomes. Currently, NBHSW operates a well baby service model that is focussed on identifying hearing loss in both ears which is different to other areas of the UK. Babies that have no clear result in both ears are referred on to audiology for diagnostic testing. Babies that receive a one ear clear result in Wales are offered a follow up with audiology, but this offer is not well taken up and that there is inequity in access further tests.



The Wales Screening Committee have approved the proposal in principle for a change to a service model that requires a clear result from both ears for discharge, bringing us in line with the rest of the UK, and requested further modelling and a costed proposal.

A key aim of any new service model is to minimise unnecessary referrals to audiology. An outline service model proposal has been developed, and a number of service developments have been progressed already to help refine our current model and inform what a future model could look like, including more accurately predicting future referral volumes to audiology.

Improvements to the Screening pathway have already been tested and rolled out that have improved the specificity of the test and reduced referrals to audiology significantly, which is reflected in our SPARs. However, there is a consequent increase in workload for the programme and a need for additional clinic capacity which is currently being managed within existing resource through efficiencies.

NBSHW are working closely with Audiology colleagues across Wales around the service model and the next stage in the pathway for babies diagnosed with unilateral hearing less. there is currently not a standardised, evidence-based offer of care for this cohort of children. Equitable provision of best practice will be important to have in place before any pathway changes are implemented. NBHSW are working closely with the National Deaf Children's Society to explore service user engagement regarding planned changes to the service model. Work has already begun around acceptability of the proposed change.

A pilot to evaluate the impact of a both ears clear pathway is being carried out in BCU to allow the programme to generate data to more accurately model flows of babies through the pathway and referral rates. This work will also enable greater understanding of parental choices. Once the evaluation is complete, the next step is presentation of detailed and costed modelling work to internal groups and the subsequently for consideration by Wales Screening Committee.

3.7 Diabetic Eye Screening

Implementation of replacement cameras

Quality domains. Effective, Efficient, Person-centred

Diabetic Eye Screening Programme implemented an upgraded fundus image capture equipment into the programme on September 2024. The aim of the new cameras is to reduce the rate of inadequate retinal images (effectiveness), improve operational efficiency (efficiency) and improve participant experience (person-centred). Since the introduction of the cameras in September 2024 there has been a reduction in inadequate image capture from 12.8% to 5.0 to 6.8% across 2025/26.

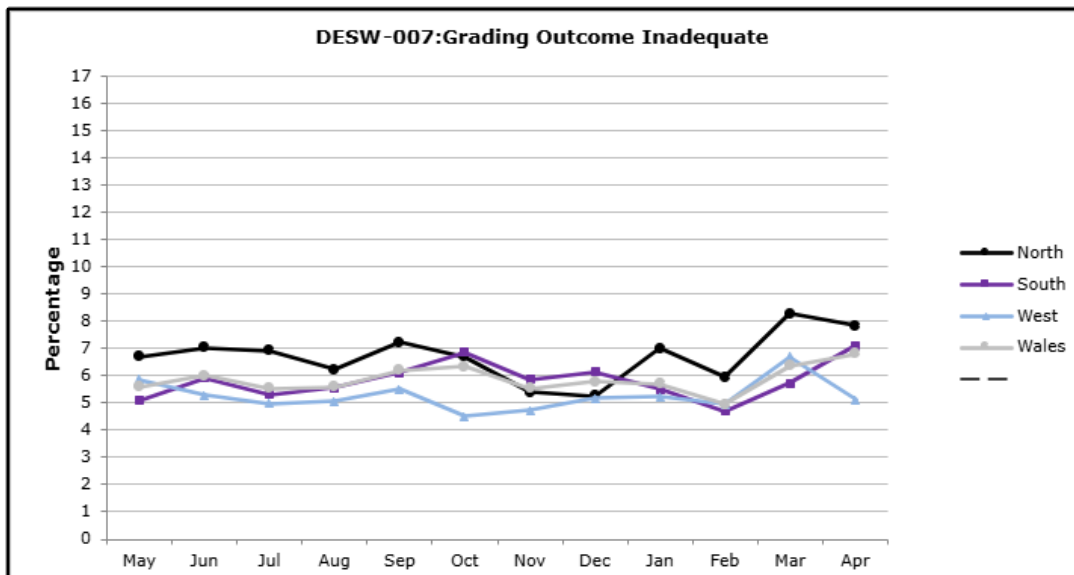


Figure 14: Rate of inadequate graded images

The camera utilises a new technology that makes use of the retina’s reflective properties and as such is capable of capturing colour fundus images without the need to dilate the pupils. To realise the potential benefit of the cameras to take adequate images without the need for pupil dilation with tropicamide eye drops. The programme, in collaboration with the PHW Research and Evaluation team, have planned and are now undertaking an in-service evaluation to determine 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.

The primary clinical objective is image quality, with additional secondary objectives to consider the behavioural and clinical implications of adopting a staged mydriatic approach. This service evaluation will inform the development of a standardised, staged mydriatic screening protocol for implementation across DESW site types (fixed, outreach). This in-service evaluation has been undertaken without additional resources and is being managed as an in-service evaluation within the programme. This has led to positive staff engagement and involvement in a key improvement project.

There could be significant benefits to both participants and the programme if tropicamide eye drops are not administered to all participants for pupil dilation and ciliary muscle fixation. From a participant’s perspective it would reduce the need for the administration of a medicine and potential side effects. From a programme perspective it could offer efficiencies in service delivery (increasing the number of participants seen per clinic due to a move to a single role clinics) and cost (reducing the amount of tropicamide used). There are also potential wider benefits to participants if tropicamide is not used as their vision will not be impacted and they can return to normal activities immediately.

The evaluation clinics are currently being delivered across Wales. They began on 20 April 2026 and are scheduled to run for 7 weeks, to achieve a sample size of over 1300 participants. All screeners will be involved in the evaluation clinics supported by clinical, operational and managerial staff who are a ‘third person’ in the clinic to support accurate data collection. Recruitment to the evaluation has been high with participants keen to part. Following completion of the evaluation clinics the evaluation analysis will be undertaken with PHW Evaluation Team developing a final report. If there is evidence that this is a safe and feasible approach then implementation for introduction of a stage mydriatic approach will be planned.

3.8 Lung Screening Programme Implementation

Quality domains: Equitable, Effective. Person-centred

Welsh Government confirmed in July 2025 that capital requirements for 2026-27 onwards would require PHW to submit a Business Justification Case to the Welsh Government for scrutiny and further advice to the Cabinet Secretary for Health and Social Care. As a result of this confirmation, the lung cancer screening programme team, with extensive support from teams across PHW set up a number of workstreams to be able to gather the relevant information in order to draft the Business Justification case which was submitted to Welsh Government in November 2025. The BJC contained the capital costs but also refreshed revenue costs for the planning and implementation of the Programme.

Both the capital and revenue funding were agreed by Welsh Government in March 2026.

Following funding approval, a final review of the updated programme plans has been completed, and a target ‘go live’ date of April 2028 confirmed. As requested by Welsh Government, an assessment of the feasibility of bringing this date forward has been undertaken and shared, setting out the reasons that this is not felt to be achievable.

Programme plans are being managed via MS Planner, with update reporting through the Programme governance, incorporating a Project Board Chaired by the Programme Director, Heather Lewis, reporting to an Executive level Programme Board, Chaired by the SRO, Meng Khaw. Planning for the programme is being informed by learning from completion of a Health Equality Impact Assessment (HeIA), Equality Impact Assessment (EqIA) and Quality Impact Assessment (QIA), with a Registrar on placement with the Programme currently undertaking a detailed review of engagement with hard to reach groups.

The Programme structure is fully operational and the programme team is established, with the final post planned for interview in May 2026 (Training and Development Lead).

Recruitment is ongoing for a number of posts that will facilitate delivery e.g. Screening Engagement Practitioners and a number of Digital posts. Despite the availability of funding, there has been ongoing challenge in recruiting to roles to provide additional support for procurement within Shared Services, with a revised plan to now seek to recruit a band 7 procurement specialist on an internal secondment basis. Despite these challenges Shared Services have continued to prioritise and support the procurement requirements of the programme.

Procurement is a key area of focus for the programme, with the following separate projects currently being progressed:

- Participant Administration System (PAS) – specification complete, internal approval process to publish tender commenced, aim to complete process and award contract by end October 2026.
- Mobile CT scanning units – specification close to completion, aim to complete documents and commence internal approval process by end May 2026.
- Computer Aided Detection/ volumetry software/ outsourced reporting – specification under development, aim to complete and commence approvals by end September 2026.
- Mobile connectivity – currently undertaking testing to inform the development of a specification. Timelines for this procurement are under review.
- Pre-market engagement being undertaken re: site identification and booking + haulage.



There are some barriers to future implementation that have been identified that are being actively managed or have been escalated. These are:

Cohort identification remains a critical risk on the risk register. There are two key areas of focus for the programme:

1. Process for extracting and providing the data – there have been ongoing discussions with DHCW in relation to this, however due to a lack of progress there has been internal escalation to Executive level and escalation to DHCW. Discussions have progressed from this and the programme awaits confirmation of how this will be prioritised and progressed within DHCW and the timescales for this. It is noted that there is a dependency on the replacement for Audit+, which creates ongoing uncertainty regarding the final solution. There are also ongoing discussions as to how the data (once extracted from GP systems) will be processed and transferred to DHCW, with the National Data Repository (NDR) and NDAP currently the proposed solution. Engagement will continue with DHCW to clarify the approach and timeframes.
2. Establishing the legal basis – good progress is now being made on this area of focus - a DPIA has been written and submitted to Welsh Government and information has been provided to support the development of a strategic DPIA. It is understood that this has now been completed and internal approvals are now being sought before sharing with the Information Commissioners Office. It is also understood that there has been discussion with the legal team in preparation for the issuing of the Directions letter, which will establish the legal basis, and is currently targeted to be completed and sent to Health Boards by the end of July 2026.

Downstream pathways remains a critical risk currently, in relation to services having capacity to manage increased demand when lung cancer screening commences in order to avoid waiting times increasing and the associated impact on benefits realisation. At a recent meeting between Welsh Government and Public Health Wales, it was agreed that a joint paper will be taken to the NHS Leadership Board in June 2026, and this is currently being drafted.

A Programme Assurance Plan has been agreed and sets out the assurance arrangements for the Lung Cancer Screening Programme Implementation Planning Phase. Assurance arrangements for the programme will be carried out in line with the three lines of defence model set out in the PHW Programme Assurance Framework.

The specific assurance objectives are:

- To provide assurance at a project level that products are being produced to a defined level of quality within agreed time and cost parameters (first-line assurance);
- To provide assurance at a programme level that outcomes and benefits are being achieved (second line); and
- To provide assurance at a portfolio level that the programme is delivering the full value and impact forecast set out in the investment case for the programme (third line).

4 Overarching elements

4.1 Divisional approach to Quality

The Screening Division manages quality on a programme level, which is supported by defined standards, clinical leadership, QA advisors, and regular audit cycles, alongside external inspection and accreditation. Performance, risks, incidents and patient feedback are routinely triangulated and reviewed, with structured escalation routes and quality dashboards supporting oversight. Continuous improvement is driven through learning forums, audit programmes, and formal QA visits to commissioned services. A three-tier governance model exists which is aligned to the three lines of defence, beginning at programme level and escalating through divisional SMT to executive oversight. Within the Division, leadership of quality is assigned to a Consultant in Public Health and the Head of Nursing supported by a centrally positioned Governance, Risk, Quality and Health and Safety Manager.

Screening Division have worked with our staff to define what the domains of Quality mean for us in division. A poster has been developed that describes the STEEP domains of Quality, adding a our perspective to the Welsh Government definitions in the Duty, and the PHW definitions in the Clinical Governance Framework. This is used as a basis for presentations including at our Lunch and Learn sessions, and has been circulated widely to our screening venues so is visible to staff and service users. This links with an action from our Culture Plan around nurturing a sense of cohesiveness and belonging and a shared purpose.

Screening Division Quality Group is now embedded, with good representation from across all programmes and teams and an agenda focused around the Domains of Quality. Colleagues from NQIG have produced a Screening specific dashboard that presents themes



and trends for our risks, incidents, complaints and compliments. Triangulating these elements with staff members with local intelligence enables us to spot areas that need further focus within teams, or across the division that we can work together and support each other to address. The Quality Group is a key forum for sharing learning in a timely way about things that could have gone better and also about areas of good practice related to our delivery of excellent services.

The division is undertaking focused work to strengthen our approach to Quality and Clinical Audit, being led through the Quality Group. The aim is to ensure that we have a systematic and consistent approach to audit including what we audit and how, and a structured approach to sharing learning. There is commitment from across the programme to move towards more cross-programme audit to add a layer of robustness to the process, as well as being an opportunity for staff to learn about practices in other areas. This aligns with our workforce plan to work across the service rather than just within specific programmes or teams. Working with colleagues from NQIG we are planning the first of what will hopefully be a series of Screening Audit events on World Patient Safety day in September. This will include an opportunity for staff to present audits in a supportive environment, aligning with one of the priorities in our culture plan around developing staff and also sharing good learning and good practice.

Detailed information was submitted to Welsh Risk Pool around our processes for Consent in Screening Division, Whilst we are still waiting for a report back from WRP, internal review has highlighted the need for a divisional group to enable more consistency in approach and a divisional layer of governance around our consent processes. This group has been established and is supported by NQIG colleagues. As part of this group, we are including conversations around potential changes to our information provision, for example not sending hard copy leaflets to returning participants and moving to Digital First. This is because information provision is a key part of enabling informed decision making and effective consent.

Through the Quality Group, monitoring through Divisional SMT and also monthly programme meetings and weekly Safety Huddles with NQIG colleagues, a focus on timely closure of incidents has resulted in a sustained improvement in rates of incidents being closed within 30 days. Whilst the main aim is robust investigation, followed by identification, implementation and sharing of learning, timely completion of the template on Datix is also important and progression through the stages. This focus on incident management has also resulted in better sharing of learning. As an example, in October 2025

there was a spike in incidents identified at Quality Group, relating to out of date vials in Cervical Screening Wales. Whilst this was very specific to a particular programme, there was learning around stock management and working with Central Stores with wider application. A theme identified as the most common cause for incidents was failure to follow SOPS. This was particularly within the DESW programme, where improvement work has reduced this by 68% over the last year through interventions including training and audit by the nursing team. This coming year there is work underway with colleagues from NQIG to build on the work on timeliness, and focus on improving the quality of investigations. This will include the development of actions and timely sharing of learning within the team and wider across the division.

Screening Division link closely with Quality Oversight Group (QuOG) and organisational structures relating to Quality and Clinical Governance.

4.2 Divisional Approach to Equity

The Screening Equity Strategy was first published in 2022 to articulate the vision that everyone who is eligible for screening should have equitable access and opportunity to take up their screening offer using reliable information to make a personal informed choice. The Screening Equity Strategy underpinned the Divisional Screening Equity Action Plan that coordinates activities across the division to improve equity of screening uptake across five key action areas of Communication; Community and Engagement; Collaboration, Service delivery and Data & Monitoring.

During 2025, the Screening Equity Strategy required revisiting and refreshing to develop a new five-year approach. The refresh of the strategy took a collaborative approach that involved community and voluntary groups representing people from under screened communities. With support from the I&I Hub the screening equity lead working with the Screening Engagement Team undertook stakeholder analysis to determine key partners to be involved in the design and development of the new strategy.

A face-to-face workshop that was held in November 2025 with representation from 18 different groups including: Health Board partners: the Public Sector including the Prison and Probation Service and Older People’s Commissioner; Community and Voluntary Sector such as Race Equality First, RNIB, RNID and Gypsy Traveller Wales as well as charity partners such as CR:UK and Breast Cancer Now. Partners were asked to consider what had worked well, areas to strengthen, gaps and key actions now required to address barriers to taking part in screening. Partners were also invited to complete online consultation surveys and attend



online follow-up sessions for those not able to attend in person to ensure all voices could be heard. To ensure that partners had involvement in the development and production of the strategy a working group was formed to review and sense check the draft strategy so that it accurately addressed issues and barriers that had been raised.

The new Screening Equity Strategy has been developed with revised key action areas of Developing and Sharing Accessible Information; Working Together; Using our Services; Learning, Training and Development and Monitoring and Evaluating our Impact. Feedback from partners focused on the need for simple and easy to understand language including within the strategy itself with a new vision of:

Our vision is that everyone in Wales who is eligible for screening can easily get their screening test and has a fair chance to take part. We want people to have clear, trustworthy information so they can make the choice that is right for them.

5 Recommendation

The Committee is asked to:

- Take **assurance** that there is progress to working to deliver quality screening programmes in line with delivery of excellent public health services to the population in Wales.

Appendix A-C

Latest improvement plan update reports for BTW, BSW, and DESW.