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Review of Arrangements to Recover Screening Services – Public Health Wales NHS Trust

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Summary report

About this report

1 This report sets out the findings from the Auditor General's examination of the arrangements for the recovery of screening programmes at Public Health Wales NHS Trust (the Trust). This high-level review forms part of the Auditor General's work to satisfy himself that the Trust has proper arrangements to secure the efficient, effective, and economical use of resources, as required by Section 61 of the Public Audit Wales Act 2004.

2 Population based screening programmes play an important role in the early detection of serious illness. In many cases, early detection significantly improves outcomes for people with a positive diagnosis. The Trust is responsible for providing seven population-based screening programmes:

- Bowel Screening Wales;
- Breast Test Wales;
- Cervical Screening Wales;
- Diabetic Eye Screening Wales;
- The New-born Bloodspot Screening Programme;
- The New-born Hearing Screening Programme; and
- The Wales Abdominal Aortic Aneurysm (AAA) Screening Programme.

3 Acting on the recommendation of the UK National Screening Committee and Wales Screening Committee[1], the Trust paused its AAA, bowel, breast, cervical and diabetic eye screening programmes in March 2020 due to concerns about protecting staff and participants from the spread of COVID-19. It restarted services in summer 2020 but faced considerable challenges to deliver and recover its screening programmes. Recovering the bowel and cervical screening programmes was challenging and required intensive engagement with health boards and primary care. By March 2021, the Trust's efforts had started to pay off and backlogs in both programmes were reducing.

4 However, the Trust recognised that recovering its AAA, breast and diabetic eye screening programmes would require longer term recovery plans. Paragraphs 14 to 19 describe the backlogs across the Trust's screening programmes at the point of restart. The Trust started recovery planning to screen backlogs of people waiting beyond timeliness standards in March 2021 (**Appendix 1** lists the standards). It produced a recovery plan and requested £1.1 million recovery funding from the Welsh Government in June 2021. The Welsh Government confirmed the funding request in September 2021.

[1] The UK National Screening Committee (UK NSC) advises ministers and the NHS in all UK nations on the delivery of population screening programmes. The Wales Screening Committee is the national advisory forum for screening in Wales. It considers evidence on population-based screening including the recommendations of the UK NSC.

5 This review examines the effectiveness of the Trust's approach to recovering its AAA, breast, and diabetic eye screening programmes, which, by March 2021, were the most challenging programmes to recover. Our review seeks to understand whether the Trust has clear and realistic plans to recover its screening services, whether it has effective arrangements to monitor delivery of its screening recovery plan, and whether it is on track to recover its screening services. More broadly, our review recognises that the Trust started recovering services during the height of the pandemic when significant staff capacity across the organisation was diverted to the COVID-19 response. **Appendix 2** sets out our audit methods, and **Appendix 3** provides analysis of key performance indicators used to inform our work.

Key messages

6 Overall, we found **the Trust has a reasonable approach to recovering its screening services with generally good oversight arrangements in place. The Trust has been able to recover its AAA screening programme, but recovering breast and diabetic eye screening programmes is a continuing challenge. In June 2023, the backlogs[2] were almost 41,000 in the breast screening programmes and over 81,000 in the diabetic eye screening programme.**

7 The Trust had a clear understanding of the challenges facing its screening programmes, and a clear recovery plan is in place with actions and timescales that increase existing capacity as well as transform services. While the Trust's approach to recovery planning was based on a good understanding of existing clinic and staff capacity, it was less clear about the additional capacity required to recover services and its impact on timescales. The Trust had clear and detailed financial plans to support its recovery plan, supported by Welsh Government funding, although its screening budget for 2022-23 was overspent at the year-end, and additional funding for 2023-24 is still not yet confirmed. Staff worked hard to maintain business continuity and develop recovery plans despite gaps in the workforce, and while overall arrangements for capturing and identifying risks were in place at the outset, there were gaps associated with staff and service risks, and impact assessments.

8 The Trust has made good progress implementing the actions in its recovery plan, including the work to underpin its diabetic eye screening transformation programme. Activity levels have also increased, and the Trust has been able to remove the backlog for its AAA screening programme. Recovering the breast screening programme, however, continues to be challenging because of gaps in the workforce, and reducing the backlog for the diabetic eye screening programme is reliant on changes in the pathway and the opening of the second hub in summer

[2] The backlogs are defined as people who had not had not been invited for screening within 36 months and one day for breast screening and within 12 months and one day for diabetic eye screening.

2023. Nonetheless, backlogs for both programmes are steadily reducing, and the Trust has effective arrangements to prioritise screening cohorts according to risk.

9 The Trust has good operational arrangements to monitor screening performance and recovery. Although there is oversight at Board and committee level, clearer information on performance, recovery and risk management could support more effective scrutiny and assurance.

Recommendations

10 Recommendations arising from this audit are detailed in **Exhibit 1**. The Trust's organisational response to these recommendations is summarised in **Appendix 4**.

Exhibit 1: recommendations

Recommendations
Improving demand capacity planning R1 We found weaknesses in the Trust's recovery modelling of capacity to match demand (paragraphs 31 to 38), particularly in assessing additional capacity requirements and the impact on recovery timescales once secured. The Trust should improve planning to match capacity to demand to understand how realistic its recovery timescales are and inform future service planning across its screening services by: a) incorporating predictable variation in demand and capacity and estimates of the likely impact of recovery measures into recovery trajectories for the breast and diabetic eye screening programmes; b) providing training to upskill service managers in capacity planning to match current and medium-term demand; and c) developing tools and processes to model demand and capacity such as the support provided by the NHS Delivery Unit.
Reviewing staff resources R2 Staff capacity restricted recovery planning (paragraphs 45-47). The Trust should review staff resources in the screening division with a view to ensuring there is sufficient capacity in respect of: a) staffing at public health consultant level; and b) business and informatics support for demand capacity planning and data analysis.

Recommendations

Evaluating the impact of community hubs and sharing learning

R3 The Trust intends to make increasing use of community hubs a key part of its future screening delivery (paragraph 55). The Trust should evaluate the impact of its current community hubs on screening uptake rates and user experience and ensure it uses that evaluation to inform future planning.

Improving oversight

R4 Oversight by Board and the Quality Safety and Improvement Committee (QSIC) could be assisted with clearer and more meaningful data rather than narrative progress reports (paragraphs 71-76). The Trust should:

a) review the data in its Performance Assurance Dashboard to consider incorporating useful information on screening coverage, quality, and processes, and on recovery progress. The data should be supported by clear explanations of what is being measured and why it is important, either in the Dashboard, cover sheet or performance insight report; and

b) provide clear reports to QSIC on progress recovering breast and diabetic eye screening programmes and managing the risks associated with recovery. Reports should include progress completing recovery actions in the plan and reducing the backlogs.

Exhibit source: Audit Wales

Detailed report

The scale of the challenge

11 This section sets out the scale of the challenge that the Trust is facing when recovering its screening programmes. In doing so, it considers the scope of the Trust's screening programmes and the extent of the backlog.

Screening services

12 The Trust currently provides seven screening programmes. **Exhibit 2** explains which parts of the population are currently invited to participate in the Trust's screening programmes and how often it aims to screen participants.

Exhibit 2: screening programme coverage in Wales

Screening programme	Participants and frequency
AAA	Men invited on or after 65th birthday. Annual surveillance for men with small aneurysms and quarterly for medium aneurysms.
Bowel	People aged between 55 and 74 years are invited to take a test every two years[3].
Breast	Women aged 50 to 70 every three years. Women aged over 70 years can self-refer into the programme.
Cervical	Women and people with a cervix aged 25 to 64 every five years[4].
Diabetic eye	People with diabetes aged 12 and over annually[5].

[3] From January 2021, the Trust began a phased expansion of its bowel programme to include people aged 55 to 57. The Trust aims to complete full roll-out to the expanded age group by September 2023.

[4] If Human Papillomavirus Infection (HPV) is not found in the screening test. People with an HPV positive test result, are screened more regularly.

[5] In 2022, the Wales Screening Committee agreed with the Trust's proposals to move low risk participants from one to two-year screening intervals via its low-risk recall pathway. The Trust intends to start implementing the pathway in June 2023.

Screening programme	Participants and frequency
New-born bloodspot	New-born babies within four to six days of birth.
New-born hearing	New-born babies within four weeks.

Exhibit source: Audit Wales summary of the Trust's information

13 In response to the recommendations of the UK National Screening Committee and the Wales Screening Committee, the Trust is currently developing business cases for additional programmes to screen for lung cancer in adults, and for newborn infant physical examinations.

Restarting and continuing services

14 The new-born bloodspot and hearing programmes continued to operate throughout the pandemic. Despite considerable challenges delivering services during peak COVID-19 infection rates, both programmes maintained high coverage standards[6] throughout 2019-20 and 2020-21 with no backlogs. Our review of the Trust's Quality Governance Arrangements in 2021 examined the new-born hearing programme and found it to have good arrangements to ensure the quality and safety of its service.

15 The Trust restarted its remaining screening programmes in summer 2020[7]. It focussed initially on continuing rather than recovering its services to pre-COVID levels. Screening services faced considerable delivery challenges during the pandemic, particularly due to staff illness and ensuring COVID-safe environments for staff and participants. Staff capacity was also stretched, for frontline screening staff, laboratory staff and public health consultants in the screening division. For bowel and cervical screening, there were also challenges associated with capacity in health boards and primary care which the Trust managed through weekly engagement meetings.

16 At the point of restart, screening programmes had varying backlogs of people whose screening had been delayed during the previous months. The Trust

[6] To screen new-born babies within four to six days of life for the bloodspot programme and within four weeks for the hearing programme.

[7] Cervical screening in June, bowel, breast, and AAA screening in August, and diabetic eye screening in September 2020.

measured its backlogs as people who were delayed beyond its standard round length[8] as follows:

- AAA – men not screened after their 66th birthday;
- breast screening – women not screened by 36 months and one day of their previous screen, or newly eligible women not invited to screening within three years of their 50th birthday;
- bowel screening – people not offered screening within two years and one day of their previous screen;
- cervical screening – people not offered screen within five years and one day of their previous screen; and
- diabetic eye screening – people not screened within 12 months and one day of their previous screen.

17 **Exhibit 3** shows the scale of backlogs in the five paused programmes at restart in summer 2020 and in April 2021 when the recovery plan was put in place. At restart, the largest backlogs were in the diabetic eye; bowel; and breast screening programmes. By April 2021, bowel and cervical screening backlogs had reduced.

Exhibit 3: delayed screening participants at restart and in April 2021

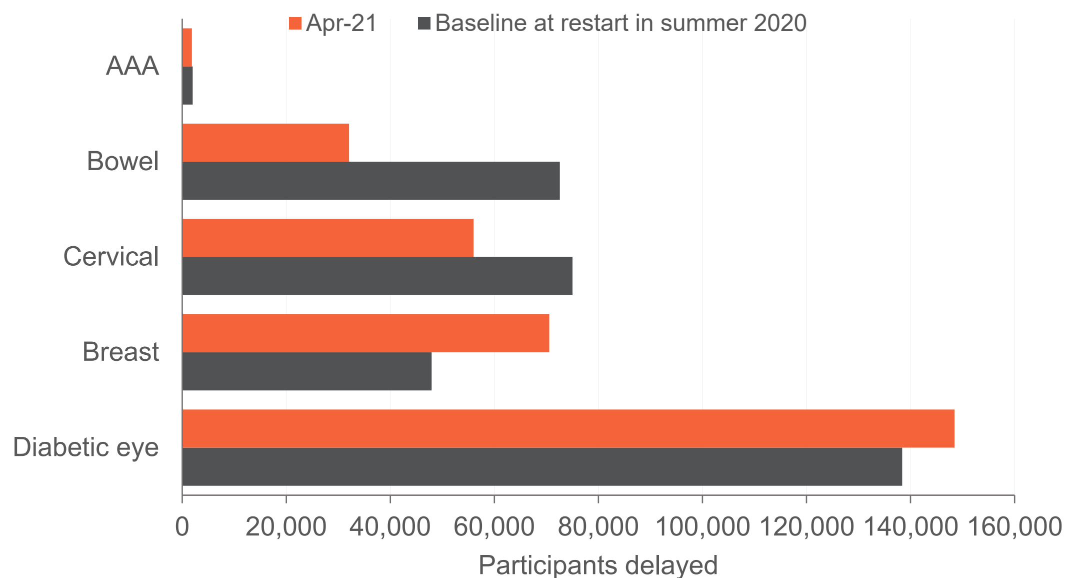

Exhibit source: Audit Wales summary of the Trust's data

[8] Round length is defined as the length of time between the first offered screening appointment and the previous screen (or invite if screening offer not taken) for eligible participants.

18 The bowel screening programme recovered its backlog by October 2021, largely because the programme used home Faecal Immunochemical Tests (FIT) which do not require participants to attend clinics in person. Around 98% of tests have a negative result leaving about 2% of participants for onward referral to health boards. The Trust managed competing demands for analysis of FIT tests and COVID tests by increasing laboratory capacity. It also worked closely with health boards to restart and recover the programme. For cervical screening, the Trust worked with GP practices on a gradual restart and recovered the backlog by December 2021.

19 Delivering AAA, breast and diabetic eye screening services proved more difficult, mainly because the programmes required participants to attend clinics in person and specialist screening staff to undertake the tests at specific community venues across Wales. As a result, backlogs in the breast and diabetic eye programmes have increased considerably since summer 2020, and only decreased slightly for the AAA programme. At the start of our work in November 2022, backlogs for AAA, breast screening and diabetic eye screening were 520, 72,876 and 95,303 respectively. The breast and diabetic eye screening programmes are considerably larger than the AAA programme and the sheer volume of delayed and new participants was a key challenge to recovery.

Recovery planning

20 This section looks at the effectiveness of the Trust's recovery planning arrangements. We considered whether the Trust's plans were based on a clear understanding of the challenges to service delivery and risks to the population eligible for screening. We also examined whether the Trust made realistic assessments of the resources and timescales to recover services and whether plans included actions to make better use of existing capacity.

21 Overall, we found that **the Trust had a reasonable approach to recovery planning which could have been improved further with clearer modelling of the impact of new capacity on demand.**

Understanding challenges to service delivery

22 We found that **the Trust's recovery planning was informed by a clear understanding of the challenges facing its screening programmes.**

23 The Trust based its recovery plans on a thorough understanding of existing capacity in its screening programmes. Its 2021-22 operational plan explained that recovery would require services to operate above pre-COVID levels, noting productivity had been significantly affected by the pandemic. When services restarted in 2020 the AAA programme was operating at 60% of pre-COVID activity, breast screening at 70% and diabetic eye screening at just 35%. Productivity was affected by longer screening appointments to provide COVID-safe screening, staff illness, and a lack of clinic venues.

24 Prior to the pandemic health boards provided AAA and diabetic eye screening clinic venues free of charge but reclaimed many venues in 2020 to deliver their own services in COVID-safe environments. The Trust had a detailed understanding of existing staff and venue capacity including staff vacancies and how that capacity translated into available screening appointments.

25 The Trust also had a clear picture of the broader challenges to delivering its screening programmes such as securing additional clinic space and recruiting staff. Recruitment to the breast screening programme has been a longstanding challenge particularly for radiologists and breast clinicians. Both the North Wales and West Wales regions had high sickness levels and vacant posts. At the time, staffing in the south-east Wales region was stable but the Trust was aware of upcoming retirements in 2022. The programme also needed to replace imaging equipment and its fleet of ageing mobile units which were more vulnerable to breaking down and lacked toilet facilities for staff. For context, the Trust estimates that a broken-down mobile unit could result in as many as 400 cancelled weekly appointments.

26 There were also longstanding challenges in diabetic eye screening since the Trust inherited the programme from Cardiff and Vale University Health Board in 2016. There were issues with staff culture, and capacity was already struggling to meet demand before the pandemic[9]. In addition, the programme's informatics system did not integrate with primary or secondary care which put considerable pressure on staff. All new referrals to the programme were paper based or via email requiring staff to enter participant details onto the system manually. Staff also had to track onward referrals for eye care manually by email or telephone to trace participants.

Developing plans to increase capacity and tackle challenges to service delivery

27 We found that **a clear recovery plan is in place with actions and timescales that increase existing capacity as well as transform services.**

28 The Trust developed a clear recovery approach with actions to provide new capacity and efficiency measures to increase existing capacity (**Exhibit 4**). It is worth noting that the pandemic was the first time the Trust had ever needed to pause and recover its screening services and was therefore developing its recovery approach from scratch despite considerable pressure on staff and physical capacity due to the COVID-19 response. The 2021-22 operational plan described the initial recovery approach and was submitted to the Welsh Government in June 2021. The operational plan and subsequent IMTP 2022-25 included quarterly milestones to reach pre-COVID screening activity levels but did

[9] The issues are described in the Trust's presentation on diabetic eye screening transformation to its Knowledge, Research and Innovation Committee in September 2022.

not set targets for the number of monthly screens undertaken to show how much activity needed to increase.

29 The recovery plan underpinning the operational plans was an internal Excel document with detailed information on the costs, estimated recovery timescales and risks associated with delivery. It included performance measures such as the number of monthly screening invitations issued and round length. The recovery plan also set out expected timescales to achieve recovery actions such as recruitment. There were some gaps in the Excel document relating to recovering the diabetic eye screening programme where there were costs but no information on timescales, performance measures or risks. We discuss the content of the plan in more detail in the sections that follow.

30 More broadly, the Trust recognised that its diabetic eye screening programme would not recover by returning to pre-COVID ways of working and needed more radical transformation. It adopted an agile delivery approach to the transformation project dividing it into three distinct stages. The first 'discovery' stage aimed to understand service user needs and potential problems within the service. The second 'alpha' stage would focus on identifying and costing possible solutions. Finally, the 'beta' stage would involve building and testing a version of the service based on the solutions identified in the previous stage. In addition, in October 2021, the breast screening programme presented a paper to the Business Executive Team setting out actions to address workforce shortages.

Exhibit 4: key features of the recovery approach for the AAA, breast, and diabetic eye screening programmes

Screening programme	Key recovery actions	Estimated recovery timescales as of April 2021
AAA	• Additional screening staff and a clinical trainer • Additional venues • Purchase additional ultrasound equipment	Anticipated recovery by the end of March 2023.
Breast	• Increased office staff for planning and administration • Additional weekend activity from existing staff • Open appointment invitations to reduce the number of people who Do Not Attend appointments without notice (DNAs)	At least 36 to 48 months which would put anticipated recovery between April 2024 and April 2025.

Screening programme	Key recovery actions	Estimated recovery timescales as of April 2021
Diabetic eye	• Additional activity from existing staff at weekends and via longer working days • Additional venues • Open appointment invitations to reduce DNAs • Low risk recall pathway to reduce the frequency of screening for low-risk participants from 12 to 24 months • Broader transformation programme	At least 24 to 36 months which would put anticipated recovery between April 2023 and April 2024.
Cross cutting initiatives	• Provide additional 'community hub' clinic venues to be used by breast and diabetic eye screening programmes • Provide additional laboratory capacity for breast and cervical screening programmes • Appoint a screening recovery manager	

Exhibit source: Audit Wales summary of the Trust's recovery plan June 2021

Planning capacity to meet demand

31 We found that **while the Trust's approach to recovery planning was based on a good understanding of existing clinic and staff capacity, it was less clear about the additional capacity required to recover services and its impact on timescales. More broadly, the Trust must improve its understanding of current and future demand to ensure it has sufficient capacity to deliver its services.**

32 Demand for population screening services is driven by the profile of the population in Wales including age, gender, and lifestyle. The Trust controls the flow of demand by adjusting the number of monthly invitations it issues to match venue and staff capacity. For its breast and diabetic eye screening programmes, the Trust plans capacity to meet repeat demand at round length intervals plus newly eligible people entering the programmes. Planning capacity is further complicated in breast screening because the Trust moves its mobile units across the country to provide local appointments for participants. It locates its mobile units to provide appointments throughout the 36-month cycle so making significant changes to locations and timescales would affect the whole cycle. In effect, rather than managing one list of people waiting for screening, the Trust is managing multiple lists to match demand to each of its 11 mobile units. The Trust has explored other

service delivery models but understands that providing local appointments has a significantly positive impact on uptake of breast screening.

33 The Trust created trajectories to illustrate likely recovery timescales which are underpinned by more complex granular planning data not easily translated into the trajectories. Modelling recovery capacity was a new activity for the Trust and added complexity to its routine planning of capacity to meet demand. In particular, recovery modelling had to balance new and existing (backlog) demand, prioritise higher risk participants and incorporate new venues and additional staffing. Nonetheless, we think better demand capacity planning would have helped the Trust forecast more realistic timescales and identify the impact of different staffing numbers. The trajectories do not account for predictable variation in staff availability due to sickness or annual leave or the impact of additional staff or venue capacity once secured. The one exception is the diabetic eye screening trajectory which forecasts a huge drop in the backlog in June 2023 when the Trust intends to implement its low-risk recall pathway and start using an additional screening venue (**Exhibit 5**).

34 Some service managers told us that assessing additional staffing requirements was 'not scientific'. The Trust did not assess the impact of higher or lower staffing levels on costs or timescales to inform its decision on additional staff numbers. Similarly, assessing venue capacity requirements was difficult because the Trust did not know in advance what capacity was available. However, it has started to think strategically about reducing its reliance on health board spaces and consolidating screening activity in fewer bespoke venues (see paragraph 55). As such, it developed a Screening Venue Strategy in October 2022 and will consider venues as part of the diabetic eye screening transformation programme.

Exhibit 5: diabetic eye screening trajectory to reduce the backlog of people waiting more than 12 months for screening (April 2021, November 2022, and March 2023 forecasts)

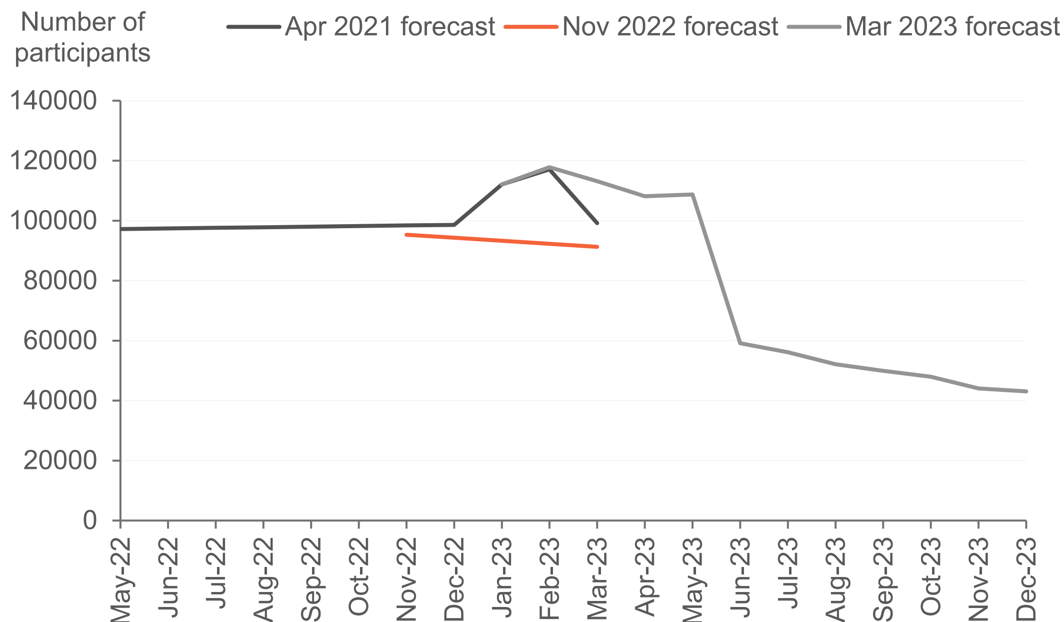

Exhibit source: Audit Wales analysis of the Trust's recovery trajectories

35 The Trust reprofiled its breast and diabetic eye screening trajectories at regular intervals to provide more accurate projections based on current activity. However, the reprofiled November 2022 breast screening trajectory (**Exhibit 6**) shows a massive increase of nearly 27,000 screening participants compared to the April 2021 forecast which highlights weaknesses in the original approach. The reprofiled February 2023 forecast also differs considerably from previous forecasts. In addition, the trajectories do not cover the totality of the anticipated recovery period needed (as set out in **Exhibit 4**) to remove the entire backlogs in breast and diabetic eye screening.

Exhibit 6: breast screening recovery trajectory to reduce the number of people waiting more than 36 months for screening (April 2021, November 2022, and February 2023 forecasts)

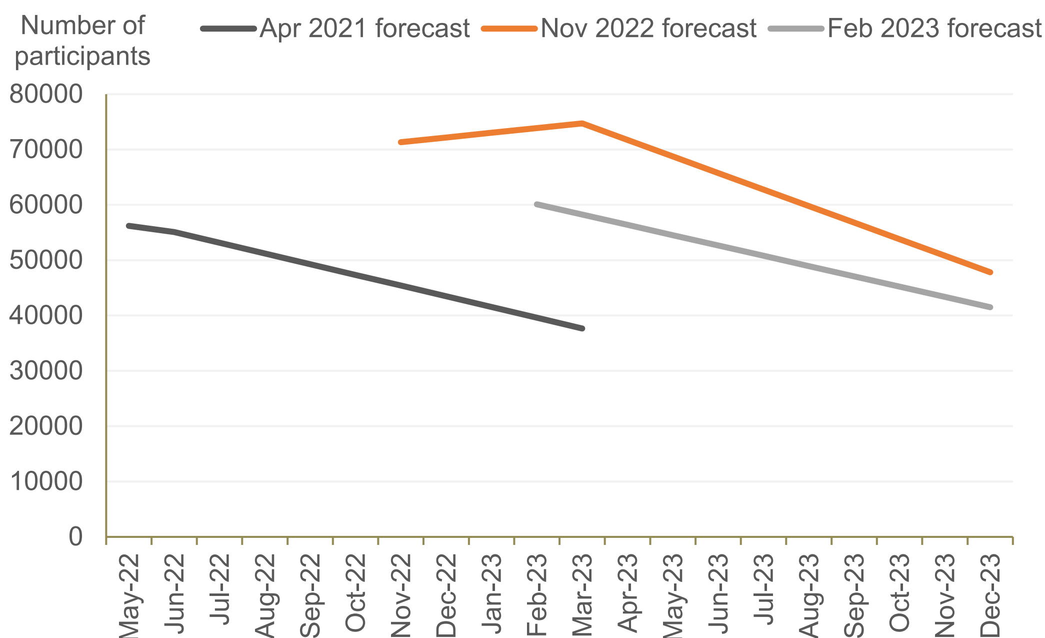

Exhibit source: Audit Wales analysis of the Trust's recovery trajectories

36 The Trust cited pressures to restrict the volume of onward referrals to Health Boards from screening as an additional challenge to its recovery planning. Health Boards are currently struggling to match capacity to demand for cancer services and the Trust is working with them to manage the rate of breast screening recovery. As a result, the Trust has slowed recovery in West Wales where it has more capacity because recovering more quickly would create higher numbers of onward referrals for Hywel Dda University Health Board. However, the Trust could consider asking West Wales staff to support the South Wales team where capacity is stretched.

37 Managing onward demand has created a difficult ethical situation for the Trust because slowing the pace of recovery increases round length and waits for new women eligible for screening and can mean cancers are detected later. It uses the UK National Screening Committee's ethical framework for screening to inform its approach. We will consider demand and capacity for cancer services in NHS Wales more broadly in our programme of work on cancer services.

38 Beyond recovery, the Trust needs to manage increasing demand for all three screening programmes resulting from the ageing population and increasing prevalence of diabetes. Demand for diabetic eye screening is growing exponentially but the Trust does not yet have a plan to meet that demand.

Currently, people with diabetes are screened annually and do not leave the programme unless they die or become medically unfit[10]. In addition to existing participants, the Trust told us that the programme gets around 1,000 new referrals every month (an annual increase of 12,000). The Trust has recently started modelling future demand for diabetic eye screening to plan capacity. It should consider using a similar approach to understand future demand for its AAA and breast screening programmes. Going forward, the Trust should revisit its recovery trajectories to account for predictable variation in demand and capacity and the intended impact of recovery actions (**Recommendation 1a**). Beyond recovery, the Trust should improve its approach to demand capacity planning by upskilling service managers (**Recommendation 1b**) and developing tools and processes to better plan capacity to meet current and future demand (**Recommendation 1c**).

Financial planning

39 We found that **the Trust had clear and detailed financial plans to support its recovery plan, supported by Welsh Government funding, although its screening budget was overspent at year-end.**

40 The initial recovery plan set out recovery costs totalling £1.8 million for 2021-22. The Trust identified £0.7 million internal underspends to fund recovery and requested the remaining £1.1 million from the Welsh Government. The initial plan identified some recurring annual costs beyond 2021-22, noting gaps where exact costs were not available[11]. The Trust has committed to funding recurring costs from its screening budgets. The Trust planned to calculate detailed costings beyond March 2022 in future years' recovery plans. The Welsh Government subsequently provided £1.1 million recovery funding for 2022-23. The Trust has requested £1.1 million funding for 2023-24 but it had still not received confirmation from the Welsh Government by early July 2023 when we were concluding our review.

41 At the end of the financial year 2022-23, the Screening Division had overspent by £1.6 million against its screening budget (which included £1.1 million of Welsh Government recovery funding). The breast screening programme overspent by just over £0.9 million due to increased travel, printing, postage, and stationery costs. Staff travel has increased with the relaxation of COVID-19 restrictions and there are other increases associated with the cost-of-living crisis. Nearly £0.7 million of the overspend related to delays implementing the new cervical screening contract. The Trust offset some of the overspend against underspends in the division's pay budget resulting from staff vacancies (just under £0.7 million). The Trust will need to ensure that when setting budgets for 2023-24, its budget for screening services is realistic and informed by the factors that resulted in the 2023-23 being overspent.

[10] Such as losing their sight.

[11] For example, the costs associated with outsourcing invitation letters which had yet not been through the tendering process.

Assessing risk

42 We found that **overall arrangements for capturing and identifying risks to recovery were in place but there were gaps associated with staff and service risks, and impact assessments.**

43 We found good arrangements to capture and identify risks to recovery but there were some gaps in the initial recovery plan where Delivery Confidence Assessments were incomplete[12]. Risks to each screening programme were captured on programme risk registers and informed by regular discussion with staff and at senior management meetings. However, the Trust did not include its assessment of the risks to its staff or services as a result of implementing its recovery plan within the plan. The Trust reflected risks associated with staff sickness more broadly in operational risk registers. It also completed a Data Protection Assessment to identify potential information governance risks associated with outsourcing invitation letters. However, the lack of information on the identification and management of the risks associated with implementing the recovery plan created a gap in oversight for QSIC. Broader risks to the workforce and the quality of services are, however, incorporated into the Trust's corporate and strategic risks registers.

44 The Trust also did not conduct an Equality Impact Assessment for its recovery plan which could have identified specific risks to the eligible population for screening services. However, in the latter part of 2022, it worked with Cardiff University on a rapid literature review focussed on the barriers and facilitators to breast, bowel, and cervical screening uptake. The Trust is using the findings to inform its approach to increasing screening uptake and implement its Screening Equity Strategy (2021). The Strategy makes commitments to address inequity in screening services and tackle barriers to uptake. To complement its Strategy, from 2022 the Trust started publishing annual inequity reports. The reports analyse uptake data across Wales to identify groups with low uptake so the Trust can target initiatives to increase uptake.

Staff resources for recovery planning

45 We found that **staff worked hard to maintain business continuity and develop recovery plans despite gaps in the workforce.**

46 Before the pandemic the Trust's seven screening programmes were managed by four public health consultants (including the Director of Screening Services), and managers for each programme. In 2020, two consultants were redeployed to support the COVID-19 response and did not return, which left just three consultants throughout the recovery period and only two from March 2020 to June

[12] The Trust uses Delivery Confidence Assessments across its business to assess intended service delivery based on analysis of risks and the effectiveness of action to address them.

2021. Staff described pressure on resources throughout recovery as 'firefighting'. The Trust is currently recruiting for a fourth public health consultant, but should consider whether it needs more consultant resource to deliver the proposed new screening programmes.

47 Recovery planning was further complicated by the long-term absence of key staff members leading the planning. The Trust appointed a screening recovery manager who started work in March 2022 but there was a gap in continuity due to changes in personnel and a period where the Director of Screening Services had to cover for staff absence alongside a large portfolio of other work. The early stages of recovery planning were also affected by limited support from the Trust's informatics team who were focusing on COVID-19 priorities (**Recommendation 2**).

Progress recovering screening services

48 This section looks at the Trust's progress recovering its screening services. We considered whether the Trust has implemented the actions in its recovery plan, whether it is increasing screening activity to exceed pre-COVID levels, whether it is prioritising participants at greatest risk, and whether backlogs have reduced.

49 Overall, **the Trust made good progress implementing the actions in its recovery plan and increasing activity. While the Trust has been able to remove the backlog of delayed participants for its AAA screening programme, reducing the backlog for its breast and diabetic eye screening programmes continue to be a challenge.**

Progress delivering actions in the recovery plan

50 We found that **the Trust has made good progress implementing the actions in its recovery plan, including work to inform its diabetic eye screening transformation programme.**

51 At the time of our fieldwork, the Trust had implemented or begun to implement all actions in the recovery plan. It had recruited a screening recovery manager, implemented efficiency measures, recruited additional staff, and secured clinic venues. The breast screening programme also created a bank of trained staff who had either retired or left the Trust[13] to increase capacity.

52 Understandably, the impact of some recovery actions was not realised immediately. There were lead-in times to establish new venues, recruit and train staff and secure new breast screening mobile units and equipment. The Trust submitted a business case to the Welsh Government for £7.9 million to replace its imaging equipment and ageing fleet in December 2019. Due to COVID-19 disruption, the Welsh Government did not approve the business case until 2021 when it agreed a phased replacement schedule over 2021-22 and 2022-23. By the

[13] Such as retired staff.

time of our audit, the Trust had replaced its imaging equipment and received all 11 new mobile units. It plans to keep one of the older vehicles for extra capacity during recovery.

53 The Trust has made good progress working with health boards to implement the diabetic eye low risk recall pathway in June 2023. It intends to implement the pathway in a balanced way to ensure there are no peaks and troughs in onward demand caused by postponing too many appointments until the second year resulting in high bi-annual demand. The Trust has also made good progress establishing its diabetic eye transformation programme and has completed the first two 'discovery' and 'alpha' phases of the programme.

54 Implementing the recovery actions despite staff shortages and ongoing service pressures is a considerable achievement. There were also individual successes resulting from engagement with staff and external stakeholders. For instance, the Trust benefitted from staff local knowledge to secure additional AAA clinic venues and strong engagement with the Welsh Blood Service and the charity Tenovus to use their mobile units (at a reduced cost) to support AAA screening.

55 The Trust's opening of a new 'community hub' for breast and diabetic eye screening in Mountain Ash in August 2022 has had a significant positive impact on capacity and certainty for future planning because the Trust is no longer reliant on the availability of health board space. A second hub opened in late spring 2023 in Cardiff. The Trust identified locations with good transport links to improve accessibility for users. Diabetic eye screening participants in particular are unable to drive after screening and improved accessibility is likely to have a positive impact on uptake rates. The Trust intends to use community hubs as a key part of delivering its screening programmes going forward and developed a Screening Venue Strategy in October 2022. It should evaluate the impact of current community hubs on uptake rates and user experience to inform future estates planning (**Recommendation 3**).

Progress addressing the backlogs

56 We found that **the Trust has removed the backlog for its AAA screening programme. Recovering the breast screening programme, however, continues to be challenging because of gaps in the workforce, and reducing the backlog for the diabetic eye screening programme is reliant on changes in the pathway and the opening of the second hub in summer 2023.**

AAA screening programme

57 The AAA programme started to exceed pre-COVID (2019) activity levels in November 2021 (**Exhibit 7**), and successfully recovered its backlog of delayed participants by March 2023 (**Exhibit 8**).

Exhibit 7: AAA screening activity against pre-COVID (2019) levels

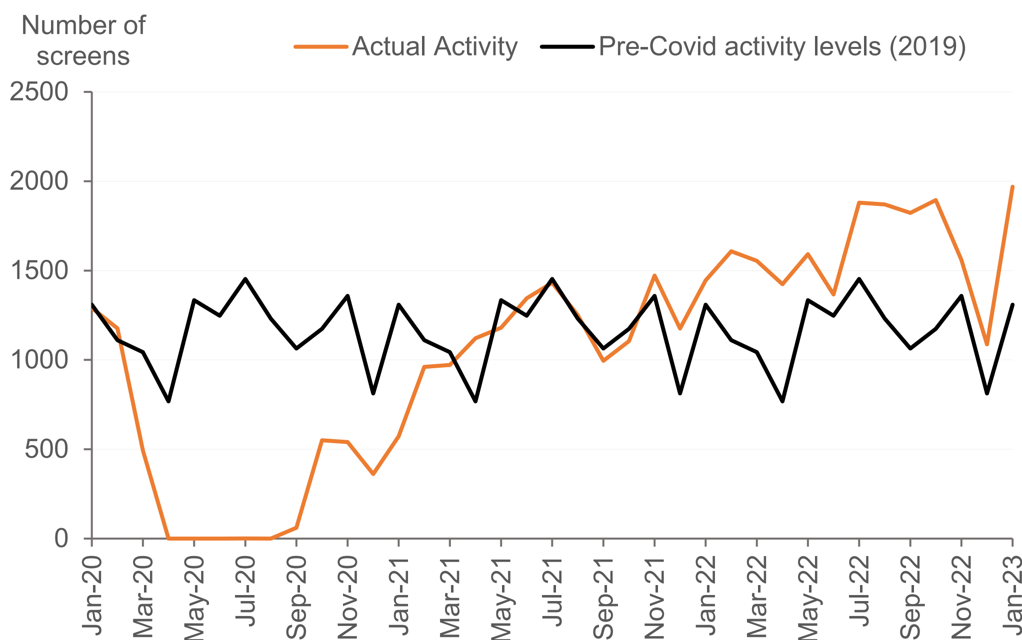

Exhibit source: Audit Wales analysis of the Trust's data

Exhibit 8: AAA screening activity compared against planned recovery trajectory to reduce backlog

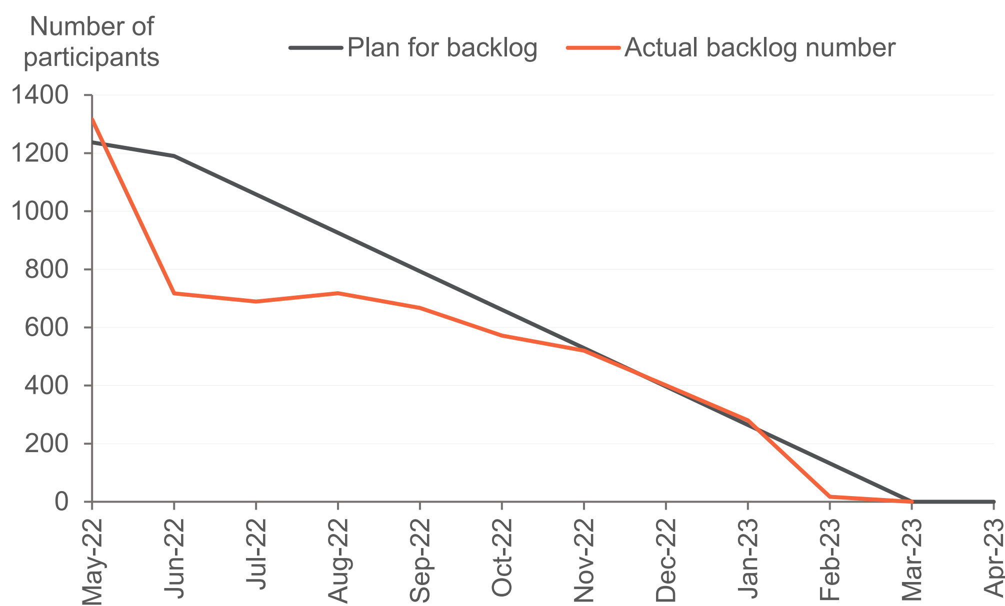

Exhibit source: Audit Wales analysis of the Trust's data

58 **Appendix 3** compares key performance indicators for the AAA screening programme from January 2018 to December 2022 against national standards. In summary, performance dipped in the immediate aftermath of the programme pause but the Trust met:

- its surveillance standards for medium and small abdominal aortic aneurysms by December 2020 and October 2021 respectively; and
- uptake standards by February 2021 for the four-month standard and September 2021 for the 12-month standard.

59 Performance against all four standards has fluctuated since then but remained close to or above the standard.

Breast screening programme

60 Recovering the breast screening programme has been challenging and gaps in the workforce have affected productivity. There continue to be high sickness levels in the programme and new vacancies have occurred during the recovery period. Activity levels have increased and have exceeded pre-COVID levels at several points since November 2021 (**Exhibit 9**). New demand continued to increase the backlog from May 2022. The backlog started to reduce from December 2022 but has increased since January 2023, exceeding the reprofiled February 2023 trajectory. The backlog has been falling steadily since March 2023 (**Exhibit 10**).

Exhibit 9: breast screening activity against pre-COVID (2019) levels

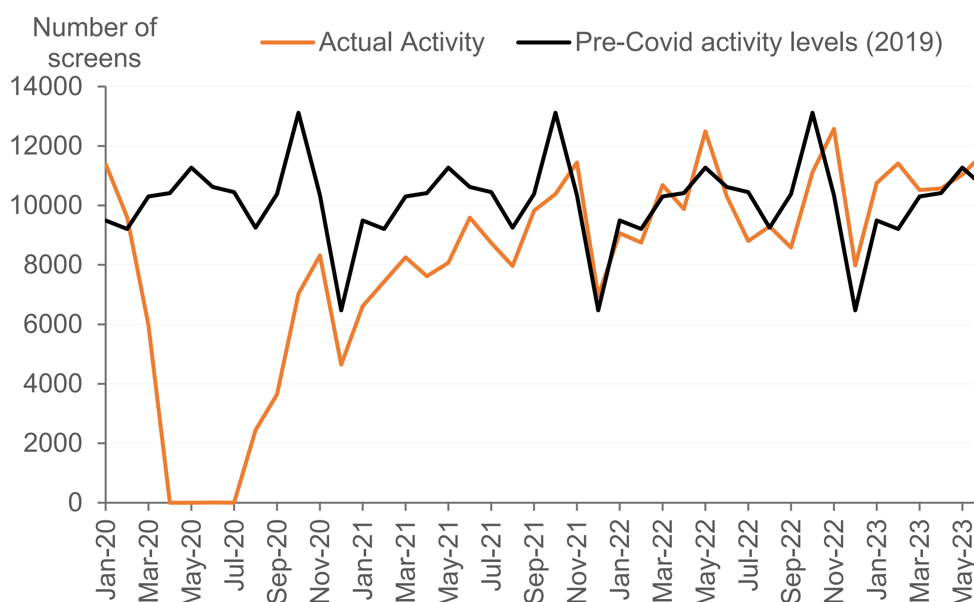

Exhibit source: Audit Wales analysis of the Trust's data

Exhibit 10: breast screening activity compared against planned recovery trajectories to reduce backlog

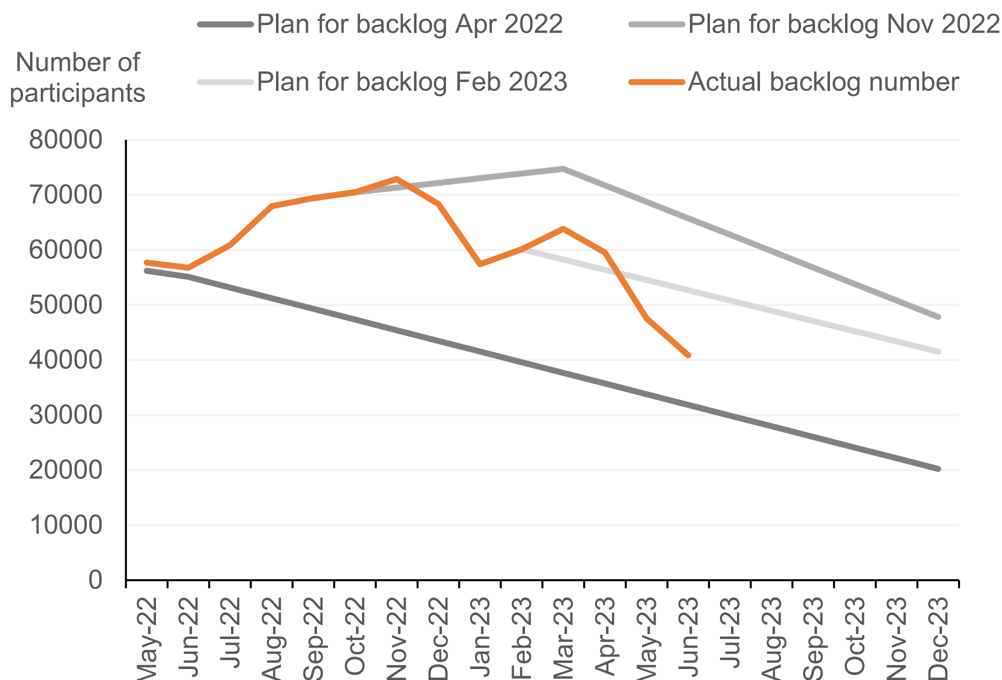

Exhibit source: Audit Wales analysis of the Trust's data

61 Analysis of performance indicates that:

- the Trust has not met the standard of 90% of women invited to a screen within 36 months of their first or previous screen since February 2020; and
- the average round length between screening invitations increased from 36 months in June 2020 and has been between 43 and 44 months since February 2021.

Diabetic eye screening programme

62 The diabetic eye screening programme has not yet achieved pre-COVID (2019) screening levels although activity levels have been getting increasingly closer to pre-COVID levels from December 2022 (**Exhibit 11**). The backlog increased from November 2022 to exceed the original recovery trajectory, although numbers have started to gradually fall since then (**Exhibit 12**). The Trust forecasts a significant reduction of its backlog in July 2023 after it implements the low-risk recall pathway and the Cardiff community hub opens. The Trust estimates the new pathway will remove around 40% of its annual demand.

Exhibit 11: diabetic eye screening activity against pre-COVID (2019) levels

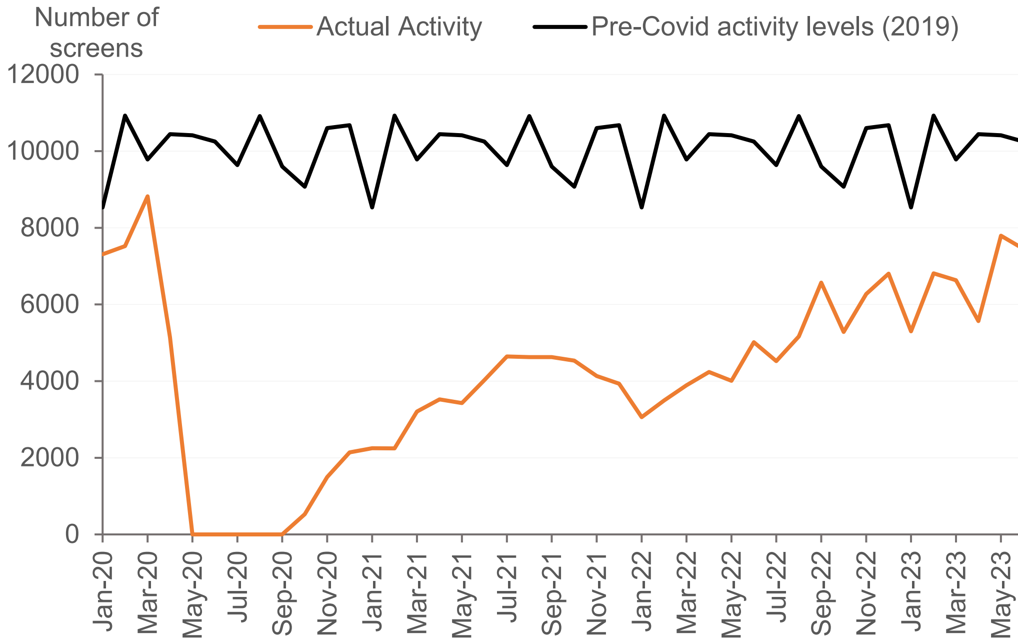

Exhibit source: Audit Wales analysis of the Trust's data

Exhibit 12: diabetic eye screening activity compared against planned recovery trajectories to reduce backlog

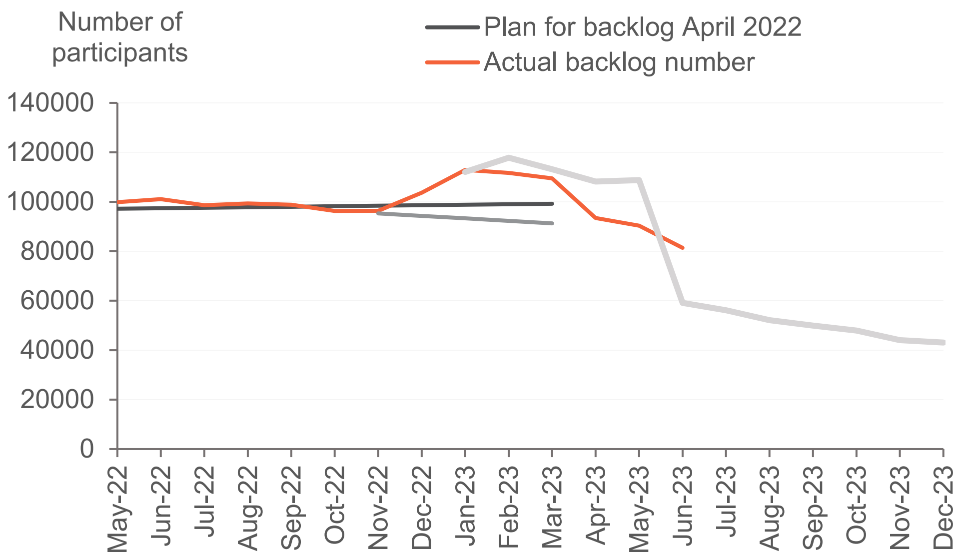

Exhibit source: Audit Wales analysis of the Trust's data

63 Analysis of performance in **Appendix 3** shows that:

- the programme has not met its 80% target for screening eligible people within 12 months from 2018 onwards[14]. Performance was around 70% in 2018 and 2019 and dropped sharply during the early stages of the pandemic. Performance has slowly been improving since November 2021 but remains significantly below the standard reaching just 29% in December 2022.
- screening of newly registered participants against the 90-day standard fell sharply in March 2020 but picked up in November 2021 and has exceeded the 80% standard ever since.

Prioritising participants at greatest risk

64 We found that **the Trust has effective arrangements to prioritise screening cohorts according to risk.**

65 The AAA programme prioritised the longest-waiting participants and people under surveillance. The diabetic eye screening programme rated its participants red, amber, or green according to risk and prioritised screening red and amber participants first. Before pausing its breast screening programme, the Trust offered all women in the screening pathway at the time the opportunity to complete their pathway if they wished. When the programme restarted, the Trust prioritised women known to be at higher risk of developing cancer and those who had not taken up their offer to complete their screening pathway before the programme was paused. To support all participants waiting for screening, the Trust's website has clear information about what to do if they have concerns, notice changes, or develop symptoms.

Oversight of screening recovery

66 This section looks at the Trust's arrangements to oversee screening recovery. We considered whether the Trust had clear and timely information at operational, Board and committee level to understand performance.

67 Overall, **we found that the Trust has good operational arrangements to oversee recovery, but Board and committee oversight would benefit from clearer information on performance, recovery, and risk management**.

Operational oversight

68 We found that **the Trust has good operational arrangements to monitor screening performance and recovery**.

[14] We do not have data prior to 2018.

69 Screening performance and recovery are monitored via fortnightly senior management team meetings (SMT) which provide regular updates to the Business Executive Team. Senior managers from all screening programmes attend SMT meetings, which supports shared learning and constructive challenge. Our analysis found that SMT meeting papers include thorough information on performance, recovery, risk, and finances. SMT receives monthly updates on performance via Screening Performance and Activity Reports (SPARs). Other information is provided in various performance, budget, and risk reports and action plans. Some service managers told us they would like more up-to-date performance data to improve their oversight.

70 The Screening Division continues to have good operational arrangements to monitor programme risks as reflected in our review of the Trust's Quality Governance Arrangements (2022). Oversight of specific risks to the delivery of recovery plans is captured in Delivery Confidence Assessments which are monitored monthly by SMT with regular reports to the Business Executive Team.

Board and committee oversight

71 We found that **although there is oversight at Board and committee level, clearer information on performance, recovery and risk management could support more effective scrutiny and assurance.**

72 The Trust provides regular reports on the performance and recovery of its screening programmes to Board and QSIC but could improve the clarity of the information it shares. The Board has oversight of the Trust's IMTP which includes screening delivery, whilst QSIC oversees the quality and safety of services. The Board discusses the impact of recovery backlogs on performance data in broad terms, and QSIC oversees delivery of the recovery plan.

73 There are opportunities to improve the information provided to the Board via the Performance Assurance Dashboard to better explain screening performance. Our analysis of the dashboard's performance data on screening services (**Exhibit 13)** found inconsistencies in the type of performance measures used across the programmes. For instance, the Dashboard includes coverage information for all programmes, but accuracy of the screening procedure and onward pathways were only included for one programme.

Exhibit 13: screening performance measures included in the Performance Assurance Dashboard

Screening programme	Coverage of target population/round length	Timeliness of process (such as letters sent)	Onward pathway
AAA	✓		
Breast	✓	✓	
Bowel	✓		✓
Cervical	✓	✓	
Diabetic eye	✓	✓	
New-born bloodspot	✓		
New-born hearing	✓		

Exhibit source: Audit Wales analysis of the Trust's performance measures

74 There is information in the SPARs which could usefully replace or supplement data in the Dashboard, such as average round length for breast screening. It would also be helpful to include performance against recovery trajectories and activity levels against pre-COVID (2019) levels in the Dashboard. The cover sheet and performance insight report which accompany the Dashboard to Board could also provide clearer explanations for non-experts about what is being measured and why it is important.

75 The Trust could also provide clearer information on recovery to QSIC. Since June 2021, the Director of Screening Services has provided regular updates to QSIC on screening services including recovery. Whilst the updates are honest and transparent, they would benefit from being more clearly focused on delivery against actions in the recovery plan. For instance, every update includes a description of recruitment activity, but these descriptions do not set out how successful

recruitment has been against the staff requirements in the plan. We recognise that QSIC did not specify the content or format of screening updates, but scrutiny would have been improved by a clearer focus from the committee on which aspects of screening it was overseeing and the information it needed to do so. For instance, scrutiny at QSIC would benefit from less detail and more performance information to show progress. The Committee did not see charts clearly setting out progress against recovery trajectories until May 2022 but still does not receive clear information on delivery of milestones in the plan. The Trust's Board Business Unit is currently working to streamline committee work programmes and updates to better focus committee scrutiny.

76 The screening recovery updates include descriptions of key clinical, reputational, and legal risks to programmes in recovery but do not explain what the Trust is doing to mitigate those risks. There is no risk rating or associated controls for the risks. QSIC has oversight of broader strategic register risks relating to screening and we found evidence of good challenge and scrutiny of those risks. However, the specific risks associated with recovery are not set out clearly enough for effective committee scrutiny. With clearer data on progress and risk management, the committee could have a better focus on the Trust's approach to mitigating risks to the population – such as prioritising participants (**Recommendation 4).**

Appendix 1

Screening standards

Exhibit 14 sets out the standards for frequency of screening and round length for the seven screening programmes run by the Trust.

Exhibit 14: screening programme coverage in Wales

Screening programme	Participants	Standards for frequency of screening/round length
AAA	Men invited on or after 65th birthday. Annual surveillance for men with small aneurysms and quarterly for medium aneurysms	• 80% of men are tested within four months of invitation • 80% of men are tested within 12 months of invitation • 90% of men with small aneurysms attend an annual surveillance appointment between 50 to 56 weeks of a previous successful scan • 90% of men with medium aneurysms attend a quarterly surveillance appointment within 11 to 15 weeks of a previous successful scan
Bowel	People aged between 55 and 74 years are invited to take a test every two years[1]	• 60% of people will participate in the screening programme within six months of invite • 60% of people will participate in the screening programme within the last 2.5 years
Breast	Women aged 50 to 70 every three years[2]	• 90% of women invited within 36 months of first invite or previous screen
Cervical	Women and people with a cervix aged 25 to 64 every five years[2]	• 80% of eligible people screened within the last 5.5 years

Screening programme	Participants	Standards for frequency of screening/round length
Diabetic eye	People with diabetes aged 12 and over annually[3]	• 80% of eligible patients screened within the last 12 months
New-born bloodspot	New-born babies	• Sample received in the laboratory within the first 14 days of birth
New-born hearing	New-born babies	• Within four weeks of birth

Appendix 2

Audit approach and methods

We conducted our review from November 2022 to April 2023. Our methods are set out below.

Document review

We reviewed relevant documents supplied by the Trust including:

- the Integrated Medium-Term Plan 2022-25, and the Annual Plan 2021-22;
- screening recovery plans, associated documents and trajectories;
- performance information;
- Board and committee papers;
- minutes of operational meetings within individual screening teams;
- screening risk assessments and risk reports; and
- documents relating to transforming Diabetic Eye Screening Wales.

Observations

We drew on our observations at Board, Quality, Safety and Improvement Committee and People and Organisational Development Committee during our annual cycle of audit work at the Trust for the years 2020-21, 2021-22 and 2022-23.

Interviews

We interviewed the following officials at the Trust:

- National Director of Health Protection and Screening Services and Executive Medical Director;
- Director of Screening Services;
- Heads of Programme for AAA, breast, and diabetic eye screening programmes;
- Optimisation Manager – Diabetic Eye Screening Wales;
- Transformation Manager – Diabetic Eye Screening Wales;
- Business Manager, Screening Division;
- Chair of the Trust's Quality, Safety, and Improvement Committee; and
- Chair of the People and Organisational Development Committee.

Data analysis

We reviewed the Trust's data on screening performance and progress against recovery trajectories.

Appendix 3

Analysis of key performance indicators

The following exhibits show key performance trends in the AAA, breast, and diabetic eye screening programmes from January 2018 to December 2022. The Trust monitors additional performance indicators which are not included here.

AAA screening programme

Exhibits 15 to 18 show gaps in performance information for some months in 2020 and 2021, which reflects the knock-on impact of pauses in the Trust sending out screening invitations in April 2020, which affects performance figures months later.

Exhibit 15: AAA screening uptake within four months of 65th birthday against 80% standard 2018 to 2022

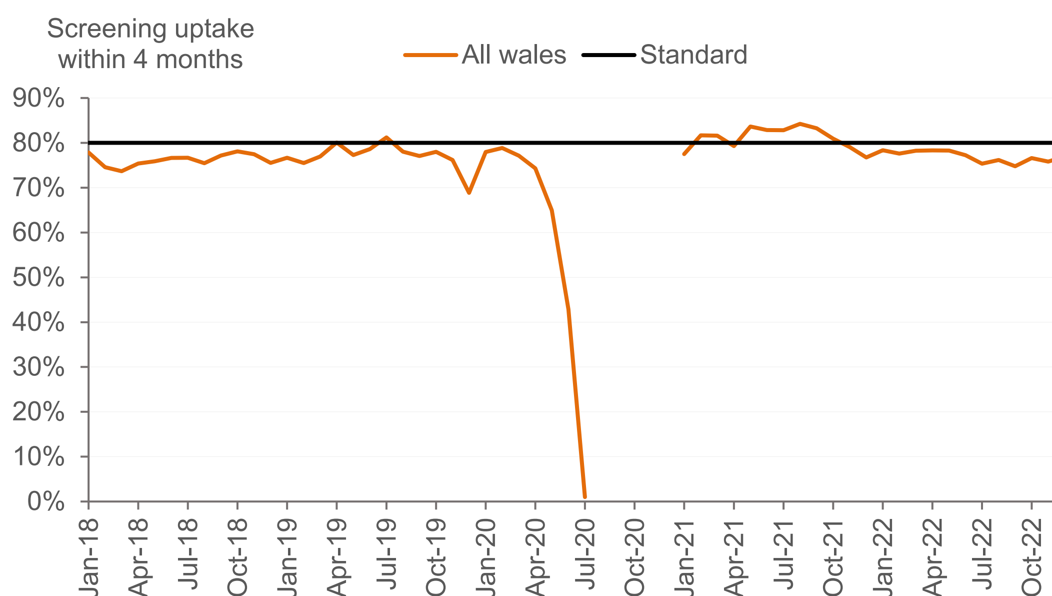

Exhibit 16: AAA screening uptake within 12 months of 65th birthday against 80% standard 2018 to 2022

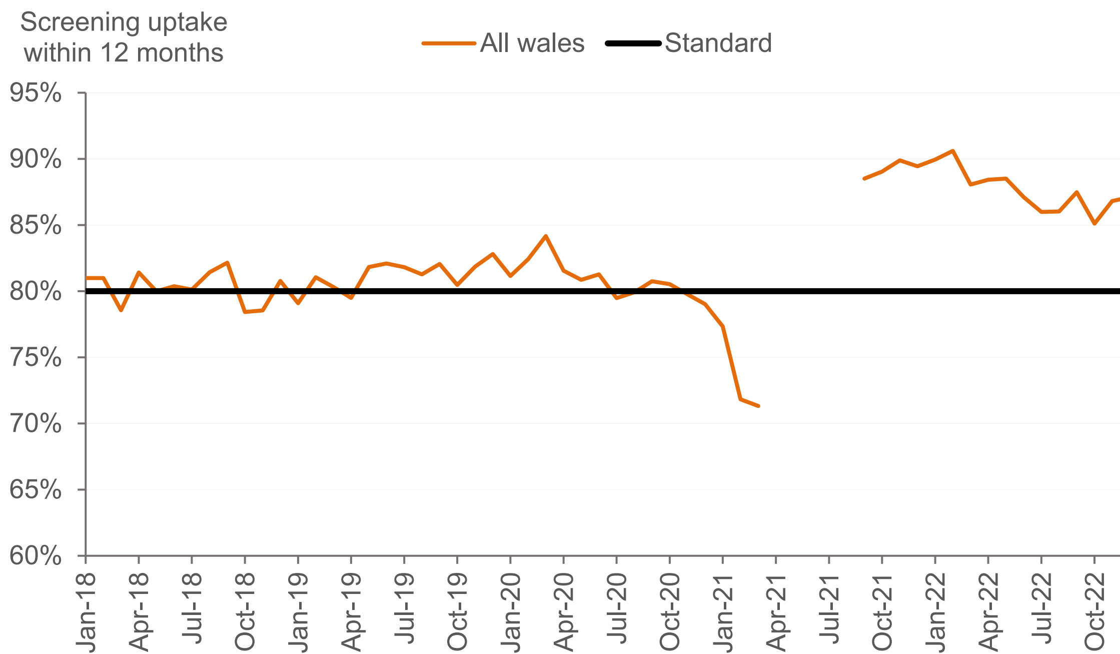

Exhibit source: Audit Wales analysis of the Trust’s data

Exhibit 17: small AAA surveillance uptake against 90% standard 2018 to 2022

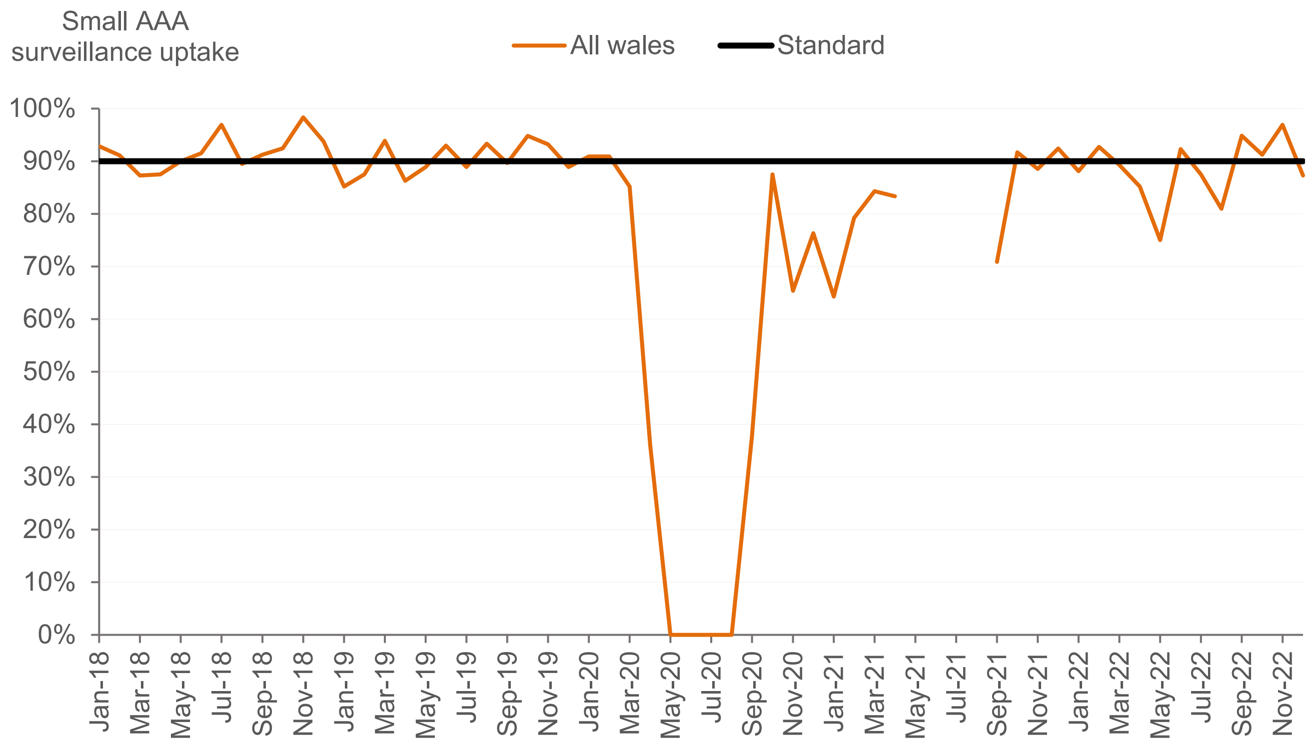

Exhibit source: Audit Wales analysis of the Trust's data

Exhibit 18: medium AAA surveillance uptake against 90% standard 2018 to 2022

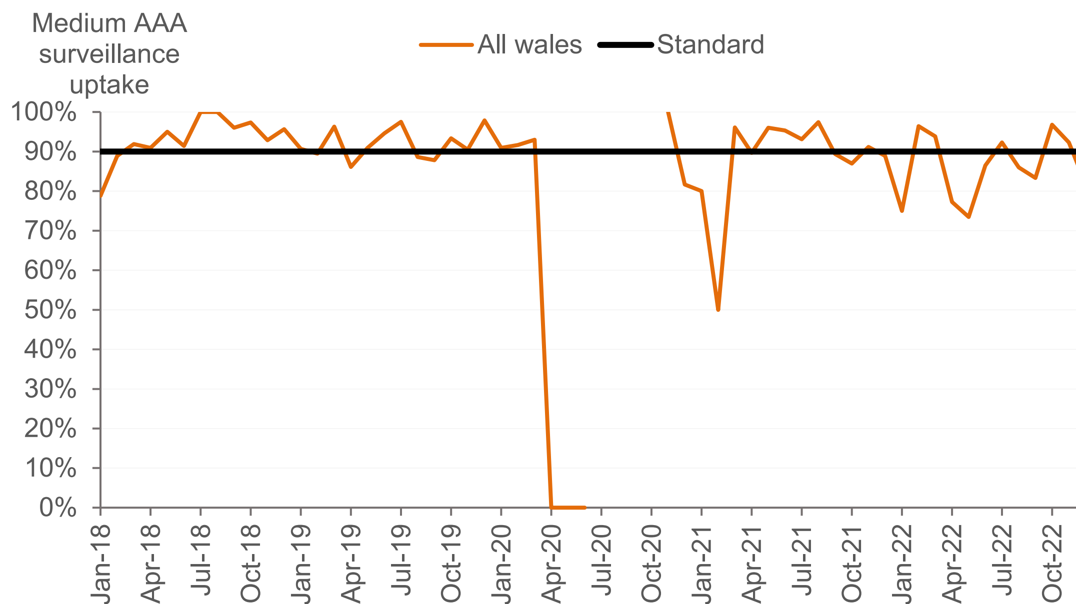

Exhibit source: Audit Wales analysis of the Trust's data

Breast screening programme

Exhibit 19: percentage of breast screening participants screened within 36 months round length standard 2018 to 2022

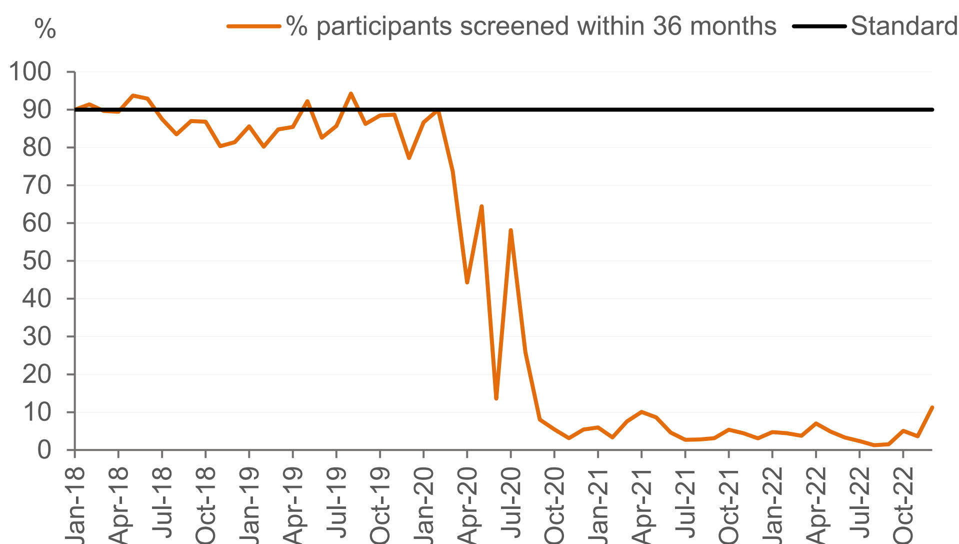

Exhibit source: Audit Wales analysis of the Trust's data

Exhibit 20: average breast screening round length against 36 months standard 2018 to 2022

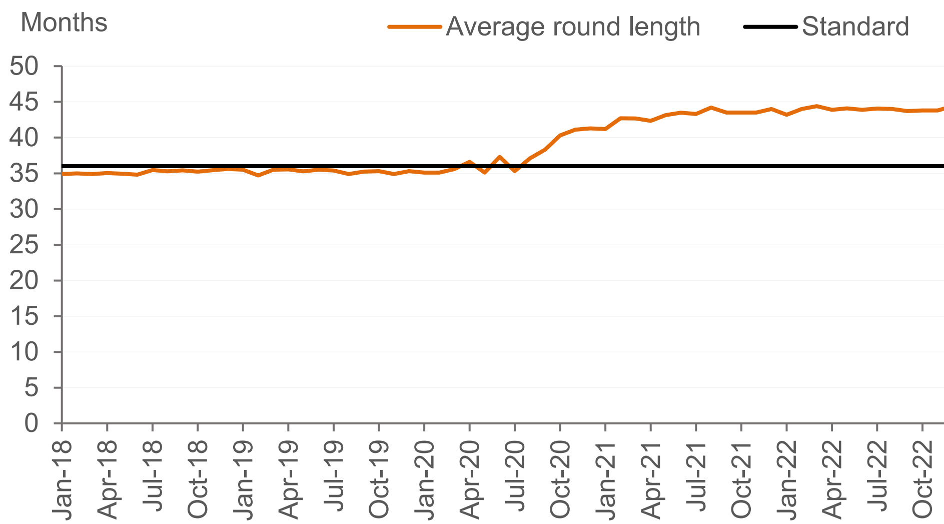

Exhibit source: Audit Wales analysis of the Trust's data

Diabetic eye screening programme

Exhibit 21: percentage of patients eligible for diabetic eye screening screened within 12 months against 80% standard 2018 to 2022

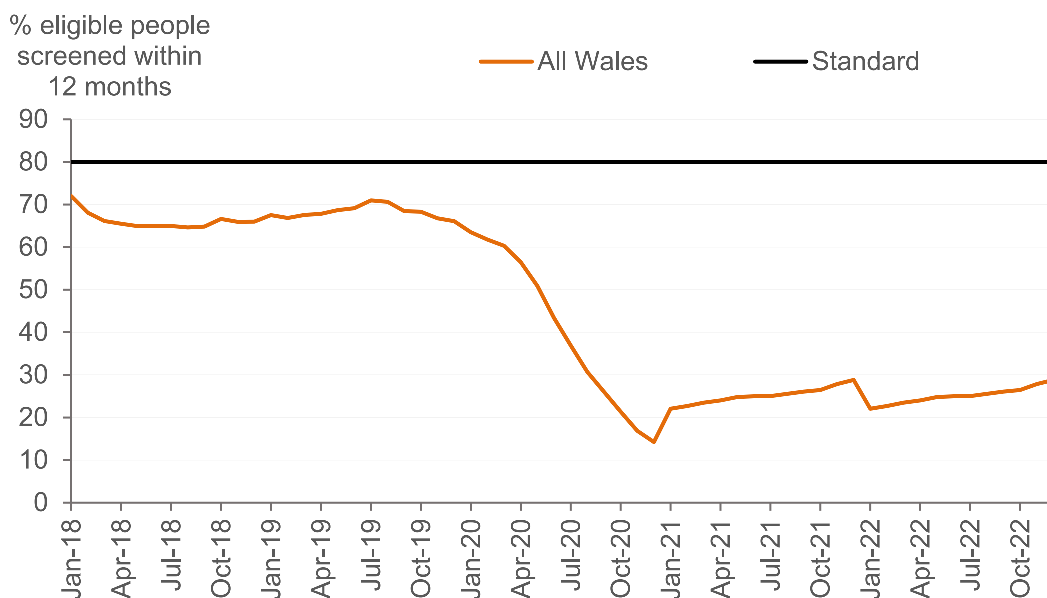

Exhibit source: Audit Wales analysis of the Trust's data

Exhibit 22: percentage of newly registered participants screened within 90 days against 80% standard 2018 to 2022

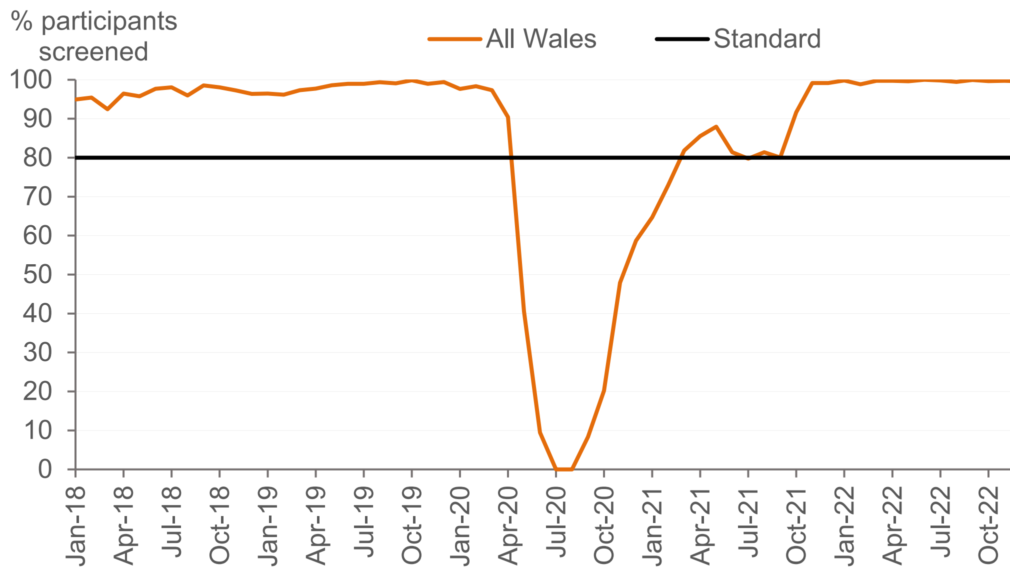

Exhibit source: Audit Wales analysis of the Trust's data

Appendix 4

Organisational response

Exhibit 23: organisational response

Ref	Recommendation	Organisational response Please set out here relevant commentary on the planned actions in response to the recommendations	Completion date Please set out by when the planned actions will be complete	Responsible officer (title)
R1	The Trust should improve planning to match capacity to demand to understand how realistic its recovery timescales are and inform future service planning across its screening services by: a) incorporating predictable variation in demand and capacity and estimates of the likely impact of recovery measures into recovery trajectories for the breast and diabetic eye screening programmes; b) providing training to upskill service managers in capacity planning to match current and medium-term demand; and c) developing tools and processes to model demand and capacity such as	The Trust has recently appointed to Head of Operations for Screening Division and the start date is being progressed. The Trust is currently recruiting a Deputy Head of Operations for the Screening Division. This will improve capacity for oversight and leadership around demand and capacity management for the two programmes that have not fully recovered yet around the business support. Work will be taken forward to address these recommendations. This will include working with colleagues in Knowledge Directorate and Improvement Cymru to explore potential tools and processes.	Expectation for Head of Operations to start from December 2023. Interview September for Deputy Head of Operations with expectation of appointment starting from Jan 2024. Progressed the recommendations by July 2024	Head of Operations for Screening Division

Ref	Recommendation	Organisational response Please set out here relevant commentary on the planned actions in response to the recommendations	Completion date Please set out by when the planned actions will be complete	Responsible officer (title)
	the support provided by the NHS Delivery Unit.			
R2	The Trust should review staff resources in the screening division with a view to ensuring there is sufficient capacity in respect of: a) staffing at public health consultant level; and b) business and informatics support for demand capacity planning and data analysis.	The Trust recognises that the public health consultant resource has been reduced over this period. The Trust has appointed a full-time public health consultant to bring the capacity back to pre-covid levels who started in June 2023. The Trust has invested in an additional consultant post through the investment fund and also realigned resources to increase consultant resource further. This is also in anticipation of the additional screening programme development and improved capacity around research and evaluation. Two consultant posts are currently being recruited and interview is 11 September. Expectation for Head of Operations to start from December 2023. The Trust has recently appointed to Head of Operations for Screening Division and start date is being progressed. The Trust is current recruiting a Deputy Head of Operations for Screening Division. This will	Interviews September with expectation of appointment from Dec 2023 or Jan 2024. Expectation for Head of Operations to start from December 2023. Interview September for	Director Screening Division

Ref	Recommendation	Organisational response Please set out here relevant commentary on the planned actions in response to the recommendations	Completion date Please set out by when the planned actions will be complete	Responsible officer (title)
		improve capacity for oversight and leadership around demand and capacity management for the two programmes that have not fully recovered yet around the business support. Business and informatics leads within PHW will work together to explore how we can develop a sustainable demand and capacity model.	Deputy Head of Operations with expectation of appointment starting from Jan 2024.	
R3	The Trust should evaluate the impact of its current community hubs on screening uptake rates and user experience and ensure it uses that evaluation to inform future planning.	The Trust agrees that evaluation of the dedicated screening hubs on user experience and DNA rates is a key task and will inform future planning. This will be taken forward for each of the programmes that screen from the venues. This work will include using established methods such as service user feedback using Civica; PHW user engagement tools such as Time to Talk; and aligned to work of the screening engagement team to address inequity.	End March 2024	Heads of Programme DESW, WAAASP and NBHSW
R4	The Trust should: a) review the data in its Performance Assurance Dashboard to consider incorporating useful information on	a) The Trust agrees that the data in the performance assurance dashboard needs to be reviewed. This work has started and will be part of the overall directorate	End March 2024 October 2023	Planning and Performance Manager Health Protection and

Ref	Recommendation	Organisational response Please set out here relevant commentary on the planned actions in response to the recommendations	Completion date Please set out by when the planned actions will be complete	Responsible officer (title)
	screening coverage, quality, and processes, and on recovery progress. The data should be supported by clear explanations of what is being measured and why it is important, either in the Dashboard, cover sheet or performance insight report. b) provide clear reports to QSIC on progress recovering breast and diabetic eye screening programmes and managing the risks associated with recovery. Reports should include progress completing recovery actions in the plan and reducing the backlogs.	review. The review will consider the feedback from this audit and develop the dashboard further. b) The Trust agrees that the QSIC reports should be clearer on progress completing recovery actions, reducing backlogs and managing risks around recovery. This feedback will be taken on board for reports going forward.		Screening Services Director Screening Division

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We welcome correspondence and telephone calls in Welsh and English.
Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg.