 <p>GIG CYMRU NHS WALES Iechyd Cyhoeddus Cymru Public Health Wales</p>	<p>Name of Meeting Quality, Safety and Improvement Committee</p> <p>Date of Meeting 24 February 2026</p> <p>Agenda item: 6</p>
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<p align="center">Screening Programmes Assurance and Improvement Report Bowel Screening</p>	
<p>Executive lead:</p>	<p>Professor Fu-Meng Khaw, National Director Health Protection and Screening Services Executive Medical Director</p>
<p>Author:</p>	<p>Sharon Hillier, Director Screening Division Graham Brown; Consultant in Public Health lead for Bowel Screening Wales Steve Court, Head of Programme for Bowel Screening Wales.</p>
<p>Purpose</p>	
<p>To provide assurance on the current performance of the Bowel Screening Wales (BSW) programme, to focus on screening colonoscopy timeliness as the main area of challenge and provide assurance into the actions being undertaken to address this.</p>	

<p>Recommendation:</p>				
<p align="center">APPROVE <input type="checkbox"/></p>	<p align="center">CONSIDER <input type="checkbox"/></p>	<p align="center">RECOMMEND <input type="checkbox"/></p>	<p align="center">ADOPT <input type="checkbox"/></p>	<p align="center">ASSURANCE <input checked="" type="checkbox"/></p>
<p>The Committee is asked to:</p> <ul style="list-style-type: none"> • Receive assurance that there is a focus on working to deliver quality bowel screening programmes in line with delivery of excellent public health services to the population in Wales. • Note the current screening colonoscopy performance position and areas requiring improvement. • Note and support the improvement plan and associated actions. • Support continued engagement with health boards on screening colonoscopy capacity and timeliness of procedures. 				



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 bowel screening programme that is being delivered and provides assurance on the plans in place to improve.
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	To note there are financial constraints identified 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 bowel screening programme that is being delivered to the population in Wales and provides assurance on the implementation plans in place to improve.



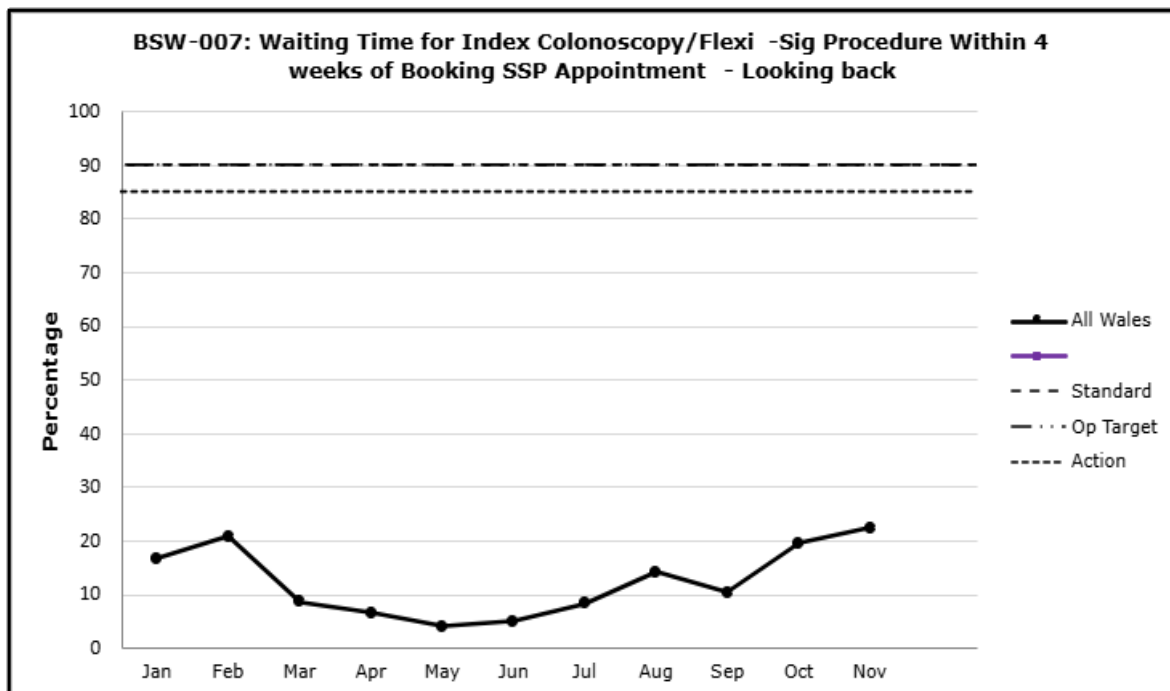
1. Purpose

To provide assurance on the current performance of the Bowel Screening Wales (BSW) programme, to focus on screening colonoscopy timeliness as the main area of challenge and provide assurance into the actions being undertaken to address this. The paper contains background information for the programme to provide context.

2. Summary of Current Colonoscopy Performance and Improvement Actions in Place

Current Performance Bowel Screening – 90% of participants waiting time for index colonoscopy within 4 weeks of booking SSP appointment

This timeliness standard is not met. 22.5% of participants had their colonoscopy within the standard in December 2025 report. PHW commissions screening colonoscopy from all seven Health Boards in Wales. Timeliness is key for early detection of bowel cancer and meeting single cancer pathway targets.



As of 16 January 26, the average waiting time for a screening colonoscopy is 9 weeks and 2 days. The waiting time ranged from 4 weeks and 4 days to 16 weeks and 6 days across the 14 screening centres. Specialist Screening Practitioner waiting time is within standard.

Health Board	LAC (Hospital)	Waiting time SP assessment	Waiting time colonoscopy with holding lists	Total waiting time
Aneurin Bevan UHB	Ysbyty Ystrad Fawr	0 weeks 6 days	15 weeks 3 days	16 weeks 2 days
Swansea Bay UHB	Singleton / Morriston	0 weeks 4 days	14 weeks 5 days	15 weeks 2 days
	Prince Philip (SBU)	1 weeks 4 days	11 weeks 2 days	12 weeks 6 days
Betsi Cadwaladr UHB	Ysbyty Gwynedd	0 weeks 4 days	6 weeks 0 days	6 weeks 4 days
	Glan Clwyd	0 weeks 4 days	7 weeks 4 days	8 weeks 1 days
	Wrexham Maelor	1 weeks 0 days	5 weeks 0 days	6 weeks 0 days
Cardiff and Vale UHB	Llandough	1 weeks 5 days	3 weeks 4 days	5 weeks 2 days
Cwm Taf Morgannwg UHB	Royal Glamorgan	0 weeks 6 days	15 weeks 5 days	16 weeks 4 days
	Prince Charles	0 weeks 6 days	16 weeks 0 days	16 weeks 6 days
Hywel Dda UHB	Glangwili	2 weeks 0 days	2 weeks 5 days	4 weeks 5 days
	Withybush	1 weeks 3 days	5 weeks 3 days	6 weeks 6 days
	Bronglais	0 weeks 6 days	3 weeks 5 days	4 weeks 4 days
	Prince Philip (HDU)	0 weeks 6 days	3 weeks 5 days	4 weeks 4 days
Powys Teaching HB	Brecon	0 weeks 4 days	4 weeks 1 days	4 weeks 5 days

Improvement Plan: Restore Timely Access to Screening Colonoscopy

Recovery Trajectory: Timescale: 6–12 months

Key Actions

BSW to continue regular meetings with the seven health board endoscopy teams to advocate for screening participants, discuss local actions to reduce waiting times and increase screening colonoscopy capacity.

Continue using the Bowel Screening Patient Tracking List (PTL) dashboard and planning tool and embed these resources within health board planning and cancer tracking functions, including as part of single cancer pathway performance monitoring.

Review and streamline JAG accreditation process and provide bespoke screening mentorship sessions for candidates.

Progress five candidates currently in accreditation for JAG assessment (April–May 2026). Encourage recruitment and training of non-medical Clinical Endoscopists (supported by BSW mentorship).

Investigate opportunities for strengthening regional working to improve service resilience.

Establish a BTW-lead national support mechanism to assist centres with prolonged staff shortages.

Backlog Distribution & Recovery in 6 months.

Utilise the bespoke data dashboard developed with NHS Performance and Improvement to track waiting participants and manage backlog. The following additional lists would need to be undertaken by the Health Board over 6 months. Currently 683 participants waiting >28 days.

Health Board	Weekly Lists (Current modelled demand)	Participants >28 Days	Additional Lists Needed	Weekly Lists to Clear Backlog (26 weeks)	Total Weekly Lists Required
AB	12	229	58	2	14
BCU	15	108	27	1	16
C&V	9	71	18	<1	10
CTM	9	112	28	1	10
HD	10	36	9	<1	11
Pow	3	22	6	<1	4
SB	7	102	26	1	8

Next Steps

- Establish a formal 'Colonoscopy Project' in collaboration with seven health boards, National Endoscopy Programme, and NHS Performance and Improvement.
- Investigate options to improve resilience and efficiency across the screening colonoscopy pathway.

3. Background and Context

Aim of the Bowel Screening Programme – The aim of the BSW programme is to reduce the mortality and morbidity associated with bowel cancer by diagnosing cancers at an early, treatable, stage and by preventing cancers developing by detecting and removing pre-cancerous polyps from the bowel. BSW is responsible for the screening pathway up to a diagnosis of bowel cancer, when these patients are transferred to the health boards for treatment of the screen-detected cancer.

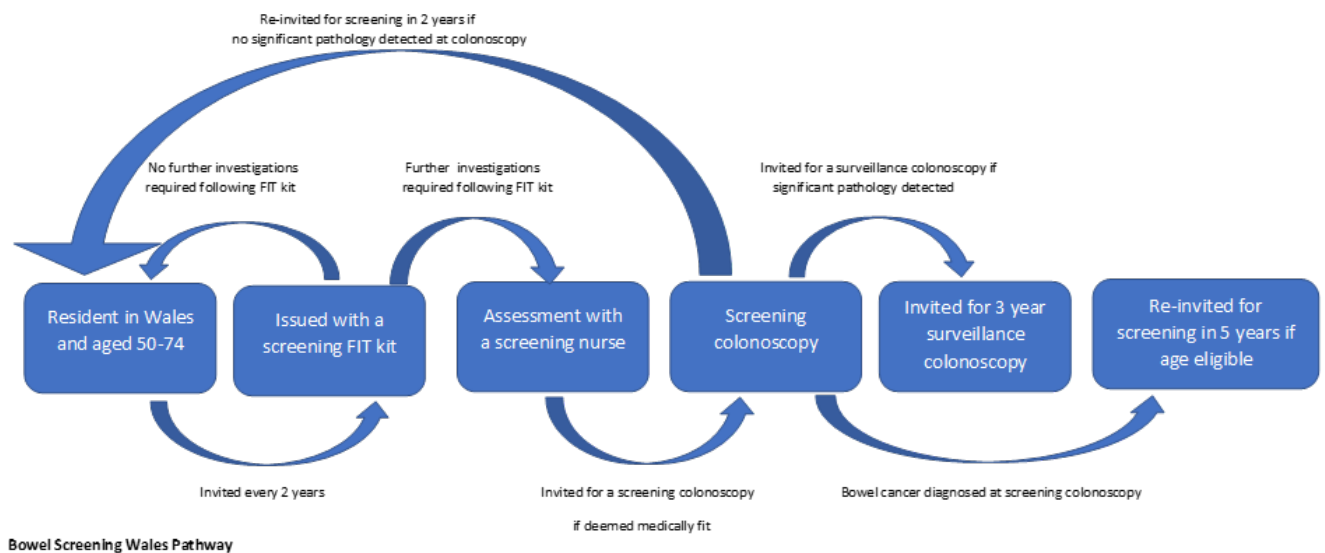
BSW Pathway - BSW invites individuals aged 50-74 who are resident and registered with a GP in Wales for bowel cancer screening every two years. The invitation pack containing the screening faecal immunochemical test (FIT) kit is posted to the



individuals' home address for home sample collection and return postage to the central screening laboratory for analysis to detect trace amounts of blood in the faecal sample.

Participants who test negative on the screening FIT require no further investigations and are re-invited for screening two years later (whilst between the eligible screening age of 50-74). Those who test positive and have blood in the faeces above the screening threshold require further investigations and are offered a screening colonoscopy in their local health board Endoscopy department. Depending on the findings at colonoscopy, participants are either returned to routine 2-year FIT screening, placed onto a 3-year colonoscopy surveillance programme, or referred to the multi-disciplinary team following a diagnosis of cancer. Patients diagnosed with bowel cancer are then re-invited for screening in 5 years.

Figure 1 Bowel Screening Wales Pathway



Optimisation of the Bowel Cancer Screening Programme – Following the successful thirteen-month COVID-related recovery of the bowel cancer screening programme by September 2021, BSW embarked on a plan to optimise the screening programme in Wales in response to the UK National Screening Committee’s recommendation (2018). This 4-year plan involved a staged expansion of the eligible screening age from 60-74 to 50-74 and a two-stage improvement in the sensitivity of the screening FIT between October 2021 and July 2025. This has resulted in an 80% increase in the annual number of screening invitations issued, with approximately 520,000 people currently invited each year. This has improved early diagnosis of bowel cancer with a doubling of the number of people diagnosed with screen detected cancer and a three-fold increase in those having pre-cancerous polyps detected and removed through screening programme.

Commissioning Arrangements –PHW commissions screening colonoscopy from all seven Health Boards in Wales via a Long-Term Agreement (LTA), with tariff-based funding provided for core screening capacity as determined by an established and shared screening demand model.

Prior to colonoscopy, all screening FIT-positive participants undergo a telephone-based pre-colonoscopy assessment with a bowel screening Specialist Screening Practitioner (SSP) to determine medical fitness and adjust any medication; this is also a commissioned service provided by the health boards.

The quantity of commissioned screening colonoscopy delivered by each health board is a key performance metric that is monitored and shared and discussed with the health boards on a regular basis. Consistent delivery of this funded core colonoscopy capacity should be sufficient to ensure screening colonoscopy is provided in a timely manner and within the BSW timeliness standards. However, most health boards are unable to provide the require screening capacity to meet the commissioned and funded demand, with compliance rates ranging from 68%-93% across five health boards with currently CTM meeting the demand, whilst Hywel Dda currently exceeds the commissioned level of activity (111%).

4. Service Delivery Arrangements

Some elements of the BSW pathway are delivered directly by PHW or outsourced to a third-party supplier, whilst others are commissioned directly from secondary care (health boards) as described below:

Pathway Element	Delivery Model
Issuing of screening invitations (kits)	Delivered by PHW (BSW) via a third-party supplier
Postage of kits	Royal Mail
Laboratory testing	Direct by the PHW Screening Laboratory
Postage of results (via Royal Mail)	Negative result letters – by PHW via a third-party supplier
	Positive result letters – directly by PHW (BSW)
Telephone helpline to the public	Direct by PHW (BSW)
Pre-colonoscopy assessment	Delivered by the health boards as a commissioned service
Screening colonoscopy	By the health boards as a commissioned service

Pathway Element	Delivery Model
Treatment of screen-detected cancer	Delivered by the health boards – not commissioned by the programme.

5. Quality Assurance Framework and STEEP Alignment

The quality assurance of the screening programme is delivered directly by BSW using a mixture of assessment tools. These include:

- monthly monitoring of programme-wide key performance indicator data (e.g. screening uptake rates, cancer detection rates and timeliness of screening colonoscopy)
- evaluation of individual level performance data (e.g. evaluation of individual Screening Colonoscopist and Pathologist data)
- targeted auditing of programme functions (e.g. screening and colonoscopy surveillance pathways)
- investigation and review of programme-level risks, incidents and concerns
- routine use of failsafe and safety-netting procedures
- annual service review meetings with the commissioned services
- regular evaluation of service user experience
- monthly performance-related meetings with each of the seven health board endoscopy teams
- rotational three-yearly formal quality assurance visits to each of the seven health boards where screening-related operational delivery and performance is evaluated against each of the Duty of Quality STEEP quality domains (see table below) and provides a formal report to the relevant health board Chief Executive Officer.

STEEP Domain	Key Measures
Safe	Screening environment and equipment, adverse incident monitoring and investigation; screening capacity and timeliness; comfort scores at colonoscopy; endoscopy decontamination services and national audits; IP&C audits; individual performance monitoring
Timely	Waiting time to pre-colonoscopy assessment (BSW standard 14 days) Waiting time to screening colonoscopy (BSW standard 14 days from pre-assessment date)
Effective	Screening FIT positive and reject rates; Cancer, polyp and adenoma detection rates at colonoscopy; adherence to national guidance and standard operating procedures; service-level audits

STEEEP Domain	Key Measures
Efficient	Compliance rates against commissioned activity; effective service planning; minimisation of repeat colonoscopy procedures; skill mix and implementation of prudent healthcare principles
Equitable	Uptake by region/deprivation/gender; accessible services and communication; timeliness of procedures
Person-centred	Complaints, incidents and participant experience feedback

6. Current Overview Against Programme Key Performance Indicators

Bowel Screening Uptake and Coverage: Uptake and coverage of bowel screening exceed the 60% minimum standard (uptake 65% and coverage 62% in November 2025)	Green
Timeliness: Laboratory Testing of the Screening FIT – 100% of screening FIT samples tested within the BSW 7-day standard	Green
Waiting time for pre-colonoscopy assessment – all centres are currently meeting the BSW 14-day standard (average waiting time of 6 days, range across the 14 screening centres 3-11 days)	Green
Waiting time for screening colonoscopy – all 14 screening endoscopy units are currently outside the BSW 28-day total waiting time standard (average waiting time of 59 days, range 17-121 days across the 14 centres)	Red
Screening Outcome: Detection Rates at Colonoscopy (all in line with expectations of the revised screening population aged 50-74): Cancer Detection Rate – 6% Polyp Detection Rate – 71% Adenoma Detection Rate – 56%	Green

7. Impact of Delay for Screening Colonoscopy

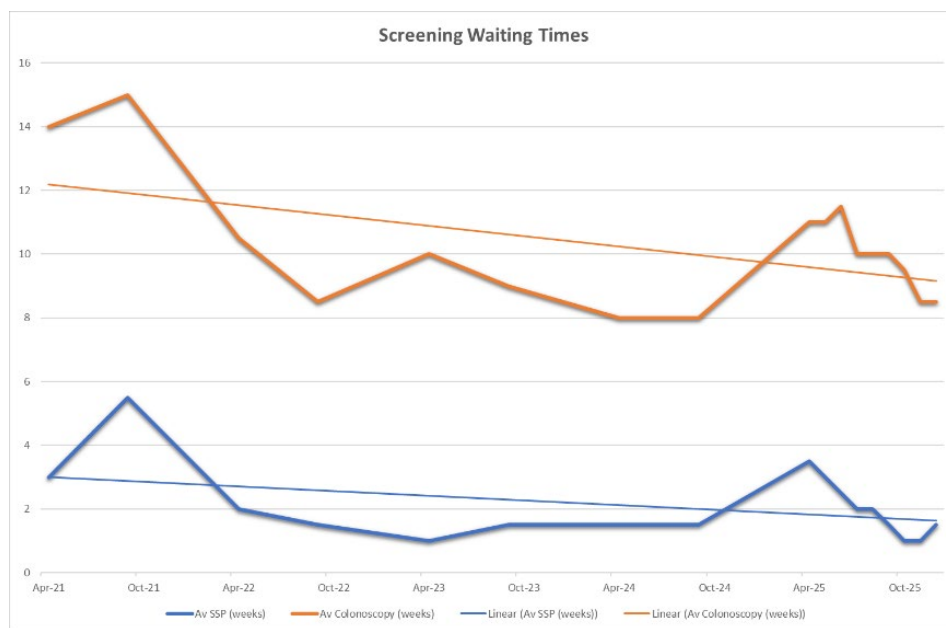
Studies conducted in the wake of the 2020 pandemic demonstrated that patients who are FIT positive experience clinical harm as had higher incidence of bowel



cancer and disease progression when waiting times for colonoscopy exceed 26 weeks.^{1,2} Whilst the screening waits are currently below 26 weeks in Wales, prolonged waiting times for colonoscopy could result in adverse disease outcomes for some participants if they are nearing the stage of disease progression sooner than 26 weeks. Prolonged waiting times for screening colonoscopy also introduce avoidable anxiety amongst screen-positive participants, some of whom are waiting more than 15-16 weeks currently for a screening colonoscopy in some health boards.

8. Assessment of Timeliness of Screening Colonoscopy

Demand for screening colonoscopy has increased as expected following the expansion of the bowel screening programme since 2021. This gradual increase in demand over the 4-year period has been modelled and communicated to the health boards and has been fully funded via the LTA commissioning process. Despite this increase in demand for colonoscopy, the average waiting time for both pre-colonoscopy assessment by the screening nurses and screening colonoscopy have decreased over this time period from 15 weeks in 2021 to 8-9 weeks currently.



However, the 28-day BSW timeliness standard for screening colonoscopy remains challenged across all seven health boards. The lack of core screening colonoscopy capacity results in screening participants who require further investigations waiting for a prolonged time for screening colonoscopy. Some participants breach the 62-day Suspected Cancer Pathway time to treatment standard for the colonoscopy element alone.

As a result 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 took place over the summer 2025 and were well attended with an open, constructive and solution focused discussion.

All health boards were 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.

Whilst prolonged waiting times can in part be attributed to the ongoing legacy of the COVID pandemic in secondary care, other confounding factors are also contributing to the prolonged waiting times and the health boards' inability to provide consistent core capacity to meet the demand for screening colonoscopy:

- an insufficient number of accredited Screening Colonoscopists in some health boards
- inability to backfill cancelled screening colonoscopy lists
- accredited Screening Colonoscopists job plans not prioritised for screening colonoscopy and performing other clinical roles outside of endoscopy or undertaking non-screening colonoscopy
- training to the desired level to meet the requirements of JAG accreditation is a lengthy process, which is known to act as a barrier for some aspiring Screening Colonoscopist to start the training process
- the complex nature of screening cases also acts as a deterrent to some aspiring candidates, preferring instead to concentrate solely on less complex non-screening colonoscopy
- lack of screening Clinical Endoscopists, with just two JAG accredited individuals currently practicing in Wales
- there has also been a lack of forward planning within endoscopy to meet the anticipated and communicated increase in demand from screening optimisation that has contributed to the lack of core screening capacity
- endoscopy theatre capacity is limited, and screening competes in the same physical environment as non-screening endoscopy for access to these theatres and endoscopy nursing staff
- as each health board is challenged, albeit to differing degrees, there is an inability to provide mutual aid between health boards to assist those who are experiencing longer waits for screening colonoscopy. This is compounded by some participants choosing to wait longer for their procedure in their local hospital and a reluctance amongst to travel further for a timelier colonoscopy



- whilst the waiting time for the pre-colonoscopy assessments commissioned by HB are currently all within the BSW 14-day standard, this element of the service is dependent on a sufficient number of screening nurses to perform the assessments and is highly susceptible to staff absence (especially prolonged absence) within the nursing teams, meaning waiting times can escalate quickly during periods of staff shortages

These factors have resulted in a lack of core screening colonoscopy capacity in every health board to meet the ongoing demand. Consequently, every health board is relying on insourcing providers and/or the use of waiting time initiatives to provide additional screening lists and backfill lost lists caused by staff absence to increase their core capacity to meet the demand screening colonoscopy. Both options are unsustainable in the medium-long term and options to increase core capacity with in-house resources are required to provide and maintain a timely bowel cancer screening colonoscopy service.

The CE to CE meetings were key to identification of common themes and have informed the Improvement Plan. Recognising that success will be reliant on actions taken by Health Board as this is a commissioned service and not under PHW control.

9. Improvement Plan to Improve Timeliness of Screening Colonoscopy

Objective: Restore timely access to screening colonoscopy

Recovery Trajectory: Timescale: 6-12 months

Delivery Confidence: Medium

Actions:

- BSW to continue to meet regularly with the seven health board endoscopy teams to advocate for screening participants, discuss local actions to reduce waiting times and increase screening colonoscopy capacity
- continue to use the business intelligence provided by the bowel screening Patient Tracking List (PTL) dashboard and associated planning tool for endoscopy and ensure these resources are embedded within the health board planning and cancer tracking functions
- BSW to review and streamline the JAG accreditation process and assist training of candidates by providing bespoke screening mentorship sessions
- continue to progress the five candidates currently in the accreditation process for JAG assessment in April-May 2026
- encourage health boards to recruit and train non-medical Clinical Endoscopists to undertake screening colonoscopy (supported by BSW organised mentorship)
- investigate the opportunities regional working may be able to offer to improve screening colonoscopy service resilience

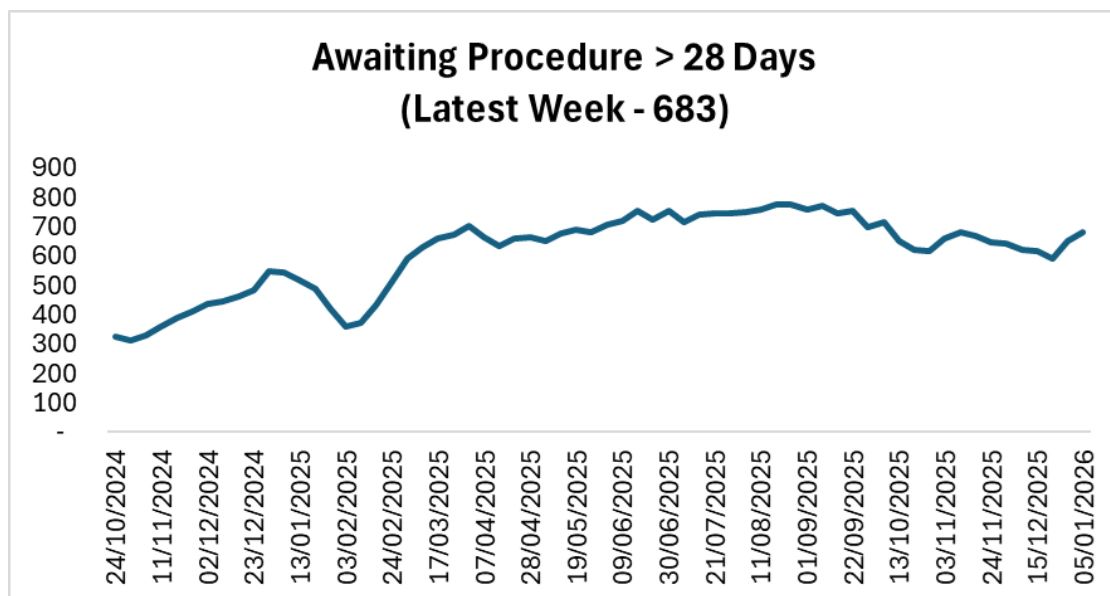


- increase the resilience of the pre-colonoscopy assessment process by establishing a national support mechanism to provide practical support to screening centres experiencing prolonged staff shortages

Capacity required to recover the Backlog of Participants waiting for Screening Colonoscopy within 6 months.

BSW has collaborated with NHS Performance and Improvement to develop a bespoke data dashboard that details the number of screening participants waiting at each stage of the screening colonoscopy pathway and this resource and associated planning tool kit is available to endoscopy and the cancer planning teams in each health board.

Evaluation of this dashboard data demonstrates that **683 screening participants are currently waiting more than 28 days for their colonoscopy in Wales.**



Removal of this 683-screening case backlog will require an additional 171 screening lists (equivalent to 86 additional theatre days) across Wales.

To achieve this in six months, across Wales colonoscopy will need to undertake an additional three to four endoscopy theatre days to screening colonoscopy each week to clear the 683 case backlog. There will also need to meet the ongoing weekly screening demand to ensure cases are not added to the backlog.

The distribution of participants breaching the 28-day standard is not even across the health boards, however, with the largest proportion (33% of cases; 229 participants) residing in the Aneurin Bevan UHB catchment area and just 3% in Powys. Consequently, the recovery and the number of additional colonoscopy lists required

to clear the backlog of cases will vary depending on the local situation in each health board as detailed below:

	Modelled weekly 4-person lists to meet the demand [a]	Participants exceeding the 28-day standard	Number of additional lists required to clear the backlog	Number of weekly lists to clear the backlog in 26 weeks [b]	Total number of weekly lists required over 26 weeks [a+b]
AB	12	229	58	2	14
BCU	15	108	27	1	16
C&V	9	71	18	<1	10
CTM	9	112	28	1	10
HD	10	36	9	<1	11
Pow	3	22	6	<1	4
SB	7	102	26	1	8

Note: 3 participants have not been allocated to a health board on the PTL

In response to the recent round of senior Executive meetings held between PHW and each of the seven health boards during the summer, BSW plans to formally establish a 'colonoscopy project' to work in collaboration with the seven health boards and external partners, such as the National Endoscopy Programme and NHS Performance and Improvement, to investigate a range of options to improve service resilience and increase efficiencies across the screening colonoscopy pathway in order to improve timeliness for screening participants sustainably.

10. Risks and Mitigations

Risk	Impact	Mitigation
Prolonged waiting time for screening colonoscopy	Poorer disease outcomes if wait 26 weeks or longer and increased levels of anxiety	Investigate all options to provide sufficient resilient core screening colonoscopy capacity to meet the anticipated demand
Unplanned absence leading to insufficient SSP capacity	Prolonged waiting time for pre-colonoscopy assessment which will adversely impact on the overall timeliness for colonoscopy	Provide assistance from within the central BSW nursing team and seek support from other health board SSP teams in Wales

Risk	Impact	Mitigation
Unplanned absence within the Screening Colonoscopist	Cancellation of screening colonoscopy lists as there is an inability to backfill the list	Investigate options to increase the quantity of accredited Screening Colonoscopists and prioritise these individuals for screening colonoscopy
Insufficient number of accredited Screening Colonoscopists and lack of core screening colonoscopy capacity	Prolonged waits for colonoscopy leading to potential adverse effects on health outcomes and increased anxiety for those waiting	Continued dialogue with the health boards, use of the demand and capacity tools to assist service planning, review of options to improve resilience and increase screening capacity in the health boards. Review and streamlining of the JAG accreditation process and encourage the routine provision of training lists in health boards
Cost pressures (PHW and HBs)	PHW - Limits capacity of the BSW team to perform routine programme functions and limits options for service improvement HBs - Limits health boards' ability to provide short-term measures such as insourcing or WLIs	PHW - De-prioritisation of certain operational tasks and reduction in the quantity of service improvement initiatives HBs – need to remove reliance on costly insourcing or WLIs
Reputational risk	Reduced confidence in the programme due to prolonged waiting times for further investigations	Transparency with the public and engagement with the commissioned service providers

11. Other Innovations and Service Improvements across the whole of BSW

- Investigation of evidence-based initiatives to reduce inequalities.
- Implementation of the BSW equity plan.
- Exploring initiatives to reduce the number of avoidable repeat colonoscopies.
- Extended use of non-medical roles across the bowel screening pathway.
- Investigation of the potential role of digital pathology in bowel screening.



- Initiatives to reduce the quantity of traditional hard-copy letters and leaflets within the programme to reduce the environmental impact and the need for postage (will provide cost savings also).
- Collaboration with the Cardiff Local Authority National Support team to explore barriers to the completion of the screening test kit.
- CRUK-funded project to explore the use of Pathway Navigators to directly consult with screening participants to determine the barriers to non-attendance at screening colonoscopy (recently ceased due lack of programme funding to extend the project past the funded project phase).

12. Financial Implications

The financial implications of the innovations are not fully understood, it is expected that some requiring additional funding (e.g. Pathway Navigator role and elements of the proposed 'colonoscopy project'), others being cost-neutral and others potentially realising cost savings (e.g. reduction of postage). The finances associated with any significant changes in service delivery to increase resilience and capacity within endoscopy will need to be determined as part of the project proposal for this substantive piece of work. Under-activity against commissioned activity will be monitored in 26/27 with plans to recover costs.

13. Workforce Implications

Any improvement plan within bowel screening is dependent on there being sufficient staff to scope, develop, introduce and evaluate any service improvement initiatives balancing workload with programme delivery. Recognising work on financial recovery plan in place and transformation required.

Improvements within colonoscopy are dependent on sufficient accredited Screening Colonoscopies and registered screening nurses to meet the anticipated demand. Short or long-term absences and retirements within these clinical staff groups have the potential to severely impact on any recovery plan.

14. Equality, Health Inequalities and Welsh Language

The improvement plan explicitly addresses equity of access and seeks to reduce inequalities associated with the timeliness of screening colonoscopy. No adverse impact on Welsh language standards has been identified.

15. Governance and Assurance

Progress against the improvement plan will be monitored through:

- Bowel Screening Wales Programme Board and Screening Senior Management Team (plus proposed Colonoscopy Project Board), Screening Division Senior Management Team and Directorate Management Team and Business Executive Team.



- Performance dashboards and key performance indicator data.
- Risk registers.
- Incident and complaint monitoring.

16. Summary

BSW is responsible for the delivery and quality assurance of the organised bowel cancer screening programme and works in close collaboration with key partners to deliver effective screening to the eligible population in Wales. Performance against agreed key performance indicators is satisfactory, although timeliness for screening colonoscopy remains challenged across Wales. The screening programme has identified service improvement innovations that could help to improve the performance in this area, although it is acknowledged that these will require a coordinated approach, collaboration with partners, may prove challenging to introduce and will require time and resources to implement.

17. Recommendation:

The Committee is asked to:

- Receive **assurance** that there is a focus on working to deliver quality bowel screening programmes in line with delivery of excellent public health services to the population in Wales.
- **Note** the current screening colonoscopy performance position and areas requiring improvement.
- **Note** and support the improvement plan and associated actions.
- Support continued engagement with health boards on screening colonoscopy capacity and timeliness of procedures.

18. References:

1. Brenner, D.R., Carbonell, C., Xu, L., Nemecek, N. and Yang, H., 2024. Association between time to colonoscopy after positive fecal testing and colorectal cancer outcomes in Alberta, Canada. *Journal of Medical Screening*, 31(4), pp.232-238. [Association Between Time to Colonoscopy After Positive Fecal Testing and Colorectal Cancer Outcomes: A Systematic Review - ScienceDirect](#)
2. Pellisé, M., 2020. The COVID-19 pandemic and colorectal cancer prevention: God tempers the wind to the shorn lamb. *Endoscopy*, 52(10), pp.877-878. [Thieme E-Journals - Endoscopy / Full Text](#)