 <p>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 Breast 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 Dean Phillips, Head of Programme, Breast Test Wales</p>
<p>Purpose To provide assurance on the current performance of the Breast Screening Programme in Wales (BTW) programme, to focus on timeliness of assessment appointments as the main area of challenge and provide assurance on 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 breast screening programme in line with delivery of excellent public health services to the population in Wales. • Note the current breast screening performance position and areas requiring improvement. • Note and support the improvement plan and associated actions. 				



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 breast 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 breast screening programme that is being delivered to the population in Wales and provides assurance on the implementation plans in place to improve.



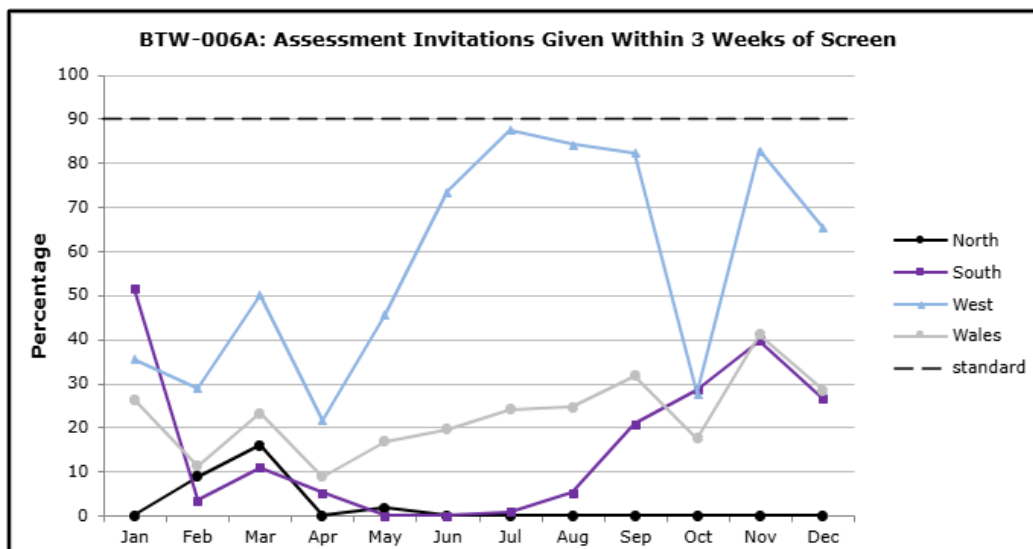
1. Purpose

To provide assurance on the current performance of the Breast Screening Programme in Wales (BTW) programme, to focus on timeliness of assessment appointments as the main area of challenge and provide assurance on the actions being undertaken to address this. The paper contains background information for the programme to provide context.

2. Summary of Current Breast Screening Assessment Performance and Improvement Action in Place

Breast Screening – Improvement Plan: Restore Timely Assessment Clinics 90% of Assessment invitations within 3 weeks of screen

This timeliness standard is not met. 28.3% of participants had their assessment invitations within 3 weeks of their screening mammogram in December 2025 report. Timeliness is key to ensuring early detection of breast cancer and meeting single cancer pathway targets.



There is a backlog in the North region with waits for assessment of over 11 weeks. Surgical sickness absence resulted in the cancellation of assessment clinics in BTW Wrexham for 6 months which were reinstated in July 2025. This created a large backlog which has not yet been resolved. There remains a critical clinical shortage in North Wales which is impacting reading and lack of resilience of surgical support which is impacting assessment capacity. Discussions are ongoing with BCU HB. Four clinical members of staff are being trained with one recently qualified and two expected to be qualified by May 2026. West and South are not meeting standard with longest waits up to 5 weeks.



Objective: Restore Timely Assessment Clinics

Recovery Trajectory:

- South and West Wales: February 2026
- North Wales July 2026

Delivery Confidence: Medium

Assumptions will require BCU funded additional assessment activity to support North Wales recovery.

Key Actions:

Improve Reading Timeliness in North Region

- West/South Region supporting reading for North – in place.
- Improve cross-site reporting – workflow meeting Feb 2026.
- Explore additional reading activity – Jan 2026.
- Network connectivity issues resolved – in place to be monitored effective Jan 2026.
- Train 4 readers in North Region: 1 qualified Dec 2025, 2 expected by May 2026 (sufficient capacity June 2026).

Improve timeliness of Assessment Clinics

- West/South: impact of delays due to Christmas leave; recovery expected Feb 2026.
- North Wales: 11-week wait; backlog of 93 women.
- BCU scoping and planning and funding additional clinics by March 2026. Aimed for 60 women seen in additional clinics to reduce wait to 5 weeks by March 2026.
- Maintain core assessment capacity; avoid cancellations.
- Radiological-led clinics in Wrexham when surgical leave. This not currently possible in Llandudno.
- Pathway constraints and sustainable and resilient surgical provision concerns escalated to BCU CEO/MD; discussions ongoing.

Breast Screening Review

- PHW review conducted late 2025.
- Report due Spring 2026.

Next Steps

- West/South to restore timeliness and support North reading recovery
- Work with BCU to deliver additional assessment clinics by March 2026
- Continue discussions on sustainable surgical provision in North Region
- Ensure planned assessment clinics proceed without cancellations



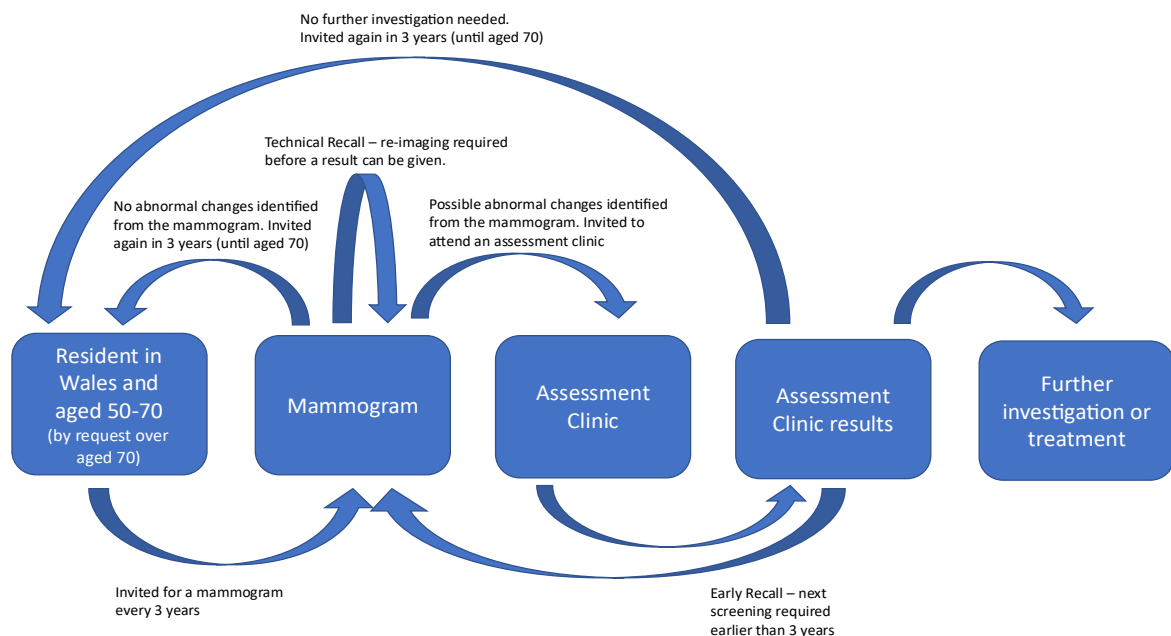
3. Background and Context

Aim of the Breast Screening Programme - The aim of breast screening programme is to reduce mortality rates by identifying breast cancer in its early stages, often before symptoms appear. Breast Test Wales delivers the national population-based breast screening programme for Wales. It is responsible for the screening pathway up to a diagnosis of breast cancer when the participants are transferred to the health boards for treatment of the screen-detected cancer.

Breast Screening Pathway - Women aged 50 to 70 years old who are resident in Wales and registered with a General Practitioner, are invited for a mammogram (X-ray of the breasts) every three years. Screening is offered either on a mobile unit in their locality or at one of the centres in Llandudno, Wrexham, Swansea or Cardiff. If there are any abnormalities observed on the mammogram the woman is invited to an assessment clinic for further tests. Breast Screening screens over 110,000 women each year.

Participants over the age of 70 are able to self- refer for a mammogram. BTW delivers the family history screening service for participants identified at higher risk of breast cancer. BTW coordinates the call/recall and assessment for the very high-risk MRI service (currently being rolled out across Wales).

Fig 1 Pathway for Breast Screening



The end-to-end pathway includes:

- Call/recall and invitation of eligible population
- Mammography (mobile and static)
- Double reading and arbitration or consensus of screening mammogram
- Result communication to women screened

- Assessment clinics (possible abnormal changes identified)
- Referral to Health Boards into treatment (diagnosis of cancer)
- Interval cancer review and quality assurance
- Governance, audit and learning

4. Service Delivery Arrangements

Pathway Element	Delivery Model
Call/recall	Direct PHW (BTW)
Issuing of screening invitations	Delivered by PHW via a third-party supplier
Mammography	Direct PHW (BTW)
Image reading/arbitration	Direct PHW (BTW)
Assessment clinics	Direct PHW (BTW)
Other diagnostic procedures	Health Boards
Treatment	Health Boards
QA, audit, ICR	PHW (BTW)

Public Health Wales, Breast Test Wales is responsible up to the point of breast cancer diagnosis when the participant care is taken up by the health board for further tests (if required) and treatment. Breast Test Wales purchases sessions for the Health Boards of named surgeons, radiologists and pathologists, specialising in breast diagnosis and treatment. The consultants work together as multi-disciplinary teams within each of Breast Test Wales' centres. The surgeons attend the radiologically lead assessment clinics, MDT and results clinic and usual practice is then to undertake surgical treatment for the women they have seen in their clinic.

5. Quality Assurance Framework and STEEP Alignment – The quality assurance of the screening programme is delivered directly by BTW 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 assessment clinics).
- Evaluation of individual level performance data (e.g. evaluation of radiologist and radiographer film reading performance and numbers; evaluation of breast surgeon QA data; training and sign off of film readers).
- Completion of training course for assistant practitioner, mammography training for radiographers and advance practice radiographer training.
- IR(ME)R Employer Procedures and Work Instructions for screening mammograms. Health Inspectorate Wales inspections and notification of incidents with reporting process in place.
- Targeted auditing of programme functions (e.g. IR(ME)R audits, consent audits and Infection Prevention Control audits).
- Investigation and review of programme-level risks, incidents and concerns.

- Routine use of failsafe and safety-netting procedures.
- Evaluation of service user experience, concerns and complaints.

STEEP Domain	Key Measures
Safe	Interval cancer audits. Screening environment and equipment, adverse incident monitoring and investigation; screening capacity and timeliness; national audits; IP&C audits; individual performance monitoring.
Timely	Time to result, time to assessment, round length.
Effective	Cancer detection, recall rates.
Efficient	Clinic utilisation, backlog reduction.
Equitable	Uptake by region/deprivation/gender; accessible services and communication.
Person-centred	Complaints, feedback, communication methods.

6. Current Performance Overview

Breast Screening Uptake and Coverage: Uptake of breast screening just under 70% standard - Uptake 69.2% December 2025. Latest annual coverage figures to be published shortly meets standard at 70%.	Amber
Timeliness: 90% of Normal breast screening results sent within 2 weeks of screen. Standard consistently overachieved in South and West Region but not met in North Region.	Amber
90% of Assessment invitation given within 3 weeks of screen. Standard not met with average waits 3 weeks in West, 3.5 weeks in South and 8.4 weeks in North.	Red
90% of round length within 36 months of previous screen is not met with average round length 35.7 months in North, 35.3 months in South and 36.4 months in West.	Amber
Screening Outcome: Cancer Detection Rates standards are overachieved: Invasive cancer detection rate for prevalent screen 5.5 per 1000 screens against standard of 3.6 per 1000 screens Invasive cancer detection rate for incident screen 6.3 per 1000 screens against standard of 4.1 per 1000 screens.	Green

7. Impact of Delay of Assessment invitation given within 3 weeks.

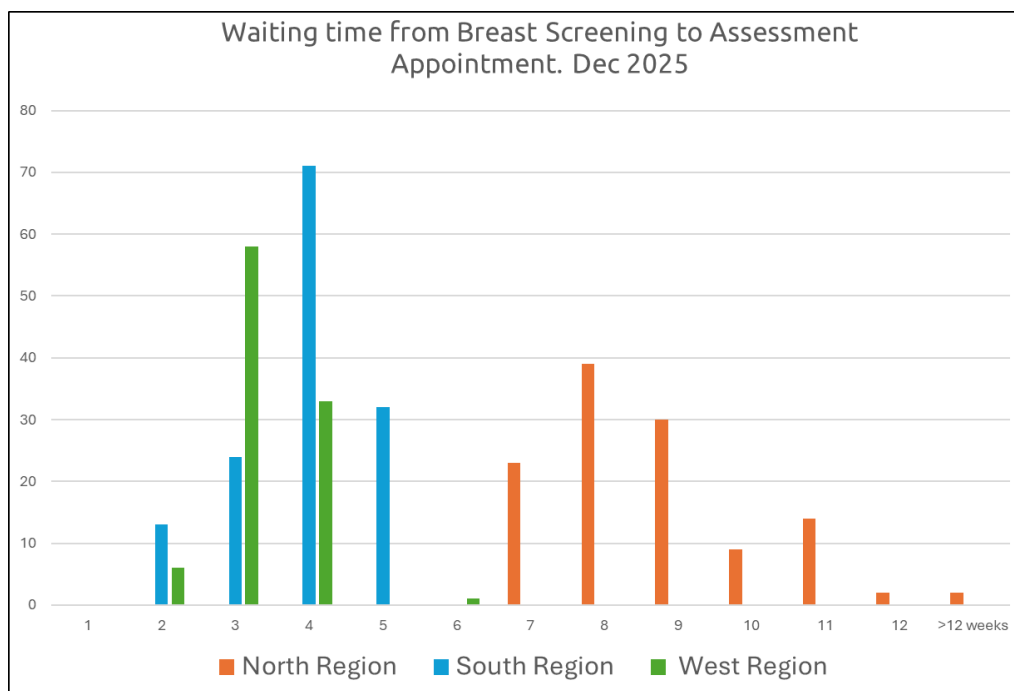
The breast screening pathway is a key route for breast cancer diagnosis in Wales with 1,300 screen detected breast cancer diagnosis each year. The screening route is included in the single cancer pathway targets with the point of suspicion being the date of arbitration of the screening mammogram and decision to bring to assessment clinic. A delay to assessment can therefore impact the timeliness of diagnosis and first treatment targets.

South and West Wales consistently overachieve standard of offering 90% assessment date within 2 weeks of date of arbitration which is point of suspicion on single cancer pathway with 95% in South and 100% in West. North do not meet standard with 56% achievement of standard. This wait is impacting achieving the single cancer targets for treatment.

The impact is also that women may be anxious waiting for their screening results longer than expected in North Wales. This causes increased number of calls from women asking for screening results that pathway staff take, which increases workload. There is an impact on morale of staff working with delay and backlog.

There have been complaints and concerns from women concerned about the wait for their results and for time taken to be invited to assessment clinic.

8. Assessment of Timeliness of Breast Screening Assessment



Significant shortages in the medical workforce at the breast screening north centre has limited capacity for image reading, result reporting, and clinic assessments.



Reduced surgical workforce availability, has led to delays in the pathway which are not constraints in place in other regions. Due to surgeon on long term sick leave, there was 6 months when no assessment clinics took place in Wrexham centre. Assessment clinics continued in Llandudno. Assessment clinics were reinstated in Wrexham from middle of July 2025.

Constraints in how assessment clinics are able to be staffed in North Wales with no radiology lead assessment clinics been able to be taken forward in Llandudno (in contrast to other regions and Wrexham) results in cancelled clinics and this has impacted recovery This has been raised at Medical Director level directly with BCU Medical Director and backlog and resilience of surgical capacity in North Wales escalated to CEO.

9. Improvement Plan to Improve Timeliness of Assessment Clinics

Objective: Improve Timeliness of Assessment Clinics

Recovery Trajectory:

- South and West Wales – February 2026.
- North Wales – 6 months - July 2026

Delivery Confidence: Medium

Key Actions:

Improve Reading Timeliness in North Region

- Standard is met consistently in South and West Region. Recovery in North expected March 2026 with sufficient sustainable capacity with trained staff in place from June 2026.
- West and South Region undertaking reading for North Region. In place
- Improve cross site reporting to improve efficiency. All Wales workflow meeting February 2026
- Explore additional reading activity January 2026
- Address network connectivity speed issues in North Wales that are impacting on reading volumes – resolved December 2025
- Training of additional clinical staff to undertake reading in North Wales. 4 staff being trained – one staff qualified reader December 2025 and two expected to be qualified by May 2026. This will restore reading capacity in North Wales fully from June 2026.

Improve timelines of Assessment Clinics

- **West and South Region** – current timelines Jan 2026 - 4 weeks due to impact of leave over Christmas. Staff returning from sick leave and reduced planned annual leave in January 2026. Single handed radiological lead assessment clinic



used if require maintaining assessment throughput in the absence of an attending surgeon. Action to work to recover timeliness by February 2026.

- **North Wales** – Current timelines Jan 2026 – 11 weeks to assessment clinic due to backlog and further impact of leave over Christmas. Backlog of 93 women waiting for assessment.
- BCU are in process of agreeing to fund additional assessment clinics to reduce backlog of women waiting for assessment by end of March. Initial plan to explore implementation of 3 additional day clinics to reduce backlog by 60 and reduce waits to assessment to 5 weeks.
- Work to ensure the core assessment capacity is maintained and planned core assessment clinics not cancelled. Single handed radiological lead assessment clinic used in Wrexham in the absence of an attending surgeon. This model currently not possible in Llandudno due to lack of agreed pathway for surgery with health board.
- Raised issues of surgical resilience and restrictions in pathway to BCU CEO and MD. Awaiting response. In discussion with Cancer Network Manager to reduce backlog and put in place sustainable surgical provision.

Breast Screening Review

- PHW Breast Screening Review undertaken in late 2025 with document review, staff discussions, focus groups and survey. Report with recommendations expected Spring 2026.

Next Steps

- West and South regions to work to recovery timeliness and support reading capacity for North Wales.
- Programme leads to work closely with BCU to put in place additional assessment clinics by end of March to improve timeliness for assessment.
- Continue discussions with BCU to improve resilience of surgical support to assessment clinics and pathway for surgical treatment for participants who attend radiological lead assessment clinics across whole region.
- Ensuring planned assessment clinics are not cancelled to maintain capacity.

10. Other key workstreams to improve key performance indicators

10.1 Round Length

90% of women whose first offered appointment is within 36 months of their previous screen (or invite if did not take up previous offer).

Objective: Restore compliance with the 36-month screening round.

Actions:

- Review round length calculation and validate data.
- Round length modelling and prioritisation in place.
- Improve reliability of breast screening mobiles – IMT in place at exec level.
- Short-term extended working patterns. (would require additional funding).



Timescale: 6–12 months

Delivery Confidence: Medium

10.2 Workforce Sustainability

Objective: Improve resilience and sustainability.

Actions:

- Implement a medium-term workforce plan.
- Expand advanced practice and training breast clinician roles
- Strengthen training and succession planning.
- Explore cross-regional staffing and operational models.
- Improve retention through flexibility, training and development.

Timescale: 12–36 months

Delivery Confidence: Medium–Low

10.3 Equity of Uptake

Objective: Reduce inequalities in access and increase uptake.

Actions:

- Analyse uptake by deprivation, geography and population group.
- Targeted communications and community engagement.
- Collaboration with primary care and community organisations.
- Optimisation of mobile locations and appointment flexibility.

Timescale: 6–12 months

Delivery Confidence: Medium

11. Risks and Mitigations

Risk	Impact	Mitigation
Workforce shortages	Delays, quality risk	Training, role redesign, retention (requires funding)
Cost pressures	Limits capacity expansion	Phased prioritisation
Reputational risk	Reduced confidence	Transparency and engagement

12. Innovation

- Exploration of Contrast Enhanced Mammography (CEM).
- Advanced practice and breast clinician roles.
- Developing implementation plan to trail the DetectedX radiology learning platform to support accuracy, specificity and sensitivity in mammography image reading.



13. Financial Implications

The improvement plan is being delivered within existing financial constraints where possible. Some actions (temporary clinics, extended working, training expansion) would require short-term investment and will be subject to prioritisation and business case approval. A comprehensive workforce strategy will need to be underpinned by a commitment to medium and longer term funding as budgets to support workforce training and development have been removed from programme as part of cost saving measures.

14. Workforce Implications

The improvement plan is highly dependent on workforce availability and funding, particularly in medical and assessment roles. This remains the most significant delivery risk.

15. Equality, Health Inequalities and Welsh Language

The improvement plan explicitly addresses equity of access and seeks to reduce inequalities in uptake. No adverse impact on Welsh language standards has been identified.

16. Governance and Assurance

Progress against the improvement plan will be monitored through:

- Programme governance and reporting,
- Performance dashboards,
- Risk registers,
- Incident and complaint monitoring,
- Regular updates to the Screening Division and Board.

17. Summary

BTW is responsible for the delivery and quality assurance of the organised breast 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 requires improvement especially in North Region. The screening programme has identified service improvement innovations that will help to improve the performance in this area, although it is acknowledged that these will require a coordinated approach and working closely with BCU Health Board.

18. Recommendation:

The Committee is asked to:

- Receive **assurance** that there is a focus on working to deliver quality breast screening programme in line with delivery of excellent public health services to the population in Wales.



- **Note** the current breast screening performance position and areas requiring improvement.
- **Note** and support the improvement plan and associated actions.