

Appendix 1 - Draft HPSS Service Review Framework – Breast Screening Programme in Wales

Introduction

This service evaluation framework has been developed to support a structured and evidence-informed approach to quality assurance and improvement within the breast screening programme. The Duty of Quality placed on all health care providers is underpinned by the need for robust quality assurance and Quality Management Systems (QMS) which can lead to evidence informed improvements to ensure consistent, high-quality care is delivered across the national programme. The intention is to use the Service Review Framework to undertake a thorough review of pathway performance and overall programme governance.

The framework is designed not only to drive local service improvements but also to foster consistency through shared learning and collaboration. By categorising service delivery into levels of excellent, good, acceptable, and sub-optimal practice, it provides a clear and actionable foundation for targeted support and development. While primarily focused on the Breast Screening Programme, in developing next steps it will also consider implications for the wider screening system to ensure improvements are aligned and not made in isolation.

Importantly, this approach to review will serve as a **proof of concept** for a scalable model that can be adapted across other services, ensuring a unified approach to systematic service review across the organisation.

Excellent screening services can be defined through the Duty of Quality domains with screening services required to apply the domains across their programmes. Screening services have considered how the Duty of Quality domains can be applied and developed a screening service specific STEEEP framework:

- Safe: We offer high quality services, where each screening programme works to a set of quality standards
- Timely: We aim to invite people on time, in line with our standards, and send information and results without delay

- Effective: Screening services are delivered in line with recommendations from the UK National Screening Committee
- Efficient: We make the best use of the resources we have to improve people's health and get the best value for money
- Equitable: We aim to give everyone equal and fair access to the screening test they can benefit from
- People-centred: We aim to treat everyone respectfully and as individuals, recognising that people have their own needs, values and preferences.

Strategic Aim

To ensure consistent quality in breast screening programme across the full pathway by systematically reviewing and understanding performance, identifying areas of excellent, good, acceptable, and sub-optimal practice and delivery, promoting adherence to standards, disseminating best practices, and fostering collaborative development across the service.

It is expected the outputs of the review will inform a series of steps and action plan. This will be agreed post the review and any action will need to include assessment of impact and benefits realisation of actions.

Delivery objectives:

1. To comprehensively review and analyse the performance of the current breast screening programme pathway, including end to end pathway performance, ensuring a deep understanding of factors affecting quality and identifying opportunities for improvement.
2. To review and strengthen strategic and operational governance structures across the entire screening pathway, ensuring they are clearly defined, effective, aligned with Public Health Wales' and Welsh Government strategic priorities and aligned with Public Health Wales' organisation design principles. This to include:
 - Governance, leadership and management interface between the programme and the leadership team for Screening Services Division (SLT), HPSS Directorate Management Team (HPSS DMT) and Public Health Wales
 - The identification, management and escalation of risks and issues
 - Performance tracking by the programme, Screening Services SLT and HPSS DMT

3. To rigorously assess compliance with national minimum standards, identify areas of variance, and actively support professionals in addressing gaps and enhancing the quality and consistency of service delivery and quality control as part of the QMS.
4. To develop a prioritised service improvement plan based on evidence from performance reviews, standards assessments, and best practice and service user insights, ensuring targeted, measurable, and sustainable enhancements across the screening programme.
5. To systematically gather, evaluate, and build expertise in best practices, ensuring effective dissemination and implementation across all screening programmes to drive continuous improvement.
6. To facilitate the sharing of insights, experiences, and current challenges across other screening programmes, contributing meaningfully to national dialogue and the evolution of service delivery and practice.
7. To test the tools and methodology of this review as a proof of concept for a scalable quality assurance and improvement model that can be adapted and applied across other national screening programmes / service delivery areas.
8. To identify areas of good practice and celebrate successes to support the development of a positive culture and sharing these with the programme and more widely across the organisation.

Review approach

To ensure effective delivery, there will be a cross organisation “review leadership team” established with a blend of people internal (HPSS) and external (PHW wide) to deliver the activity. All HPSS leadership members will be external to Screening Services Division, the review leadership team will include representation from other Directorates with relevant skills and experience which will also support accessing of relevant information in some areas of the review (e.g. finance, digital, quality). Opportunities for external peer review, such as from another UK nation’s screening programme) and external expertise, e.g. NHS Performance and Improvement expertise in patient waiting times, will be explored and included if feasible

The team will work with the screening programme for a defined period, estimated to be 12 - 16 weeks due to the size and complexity of the service area. The initial focus will be a desktop review of existing data and information followed by interviews

and/or focus groups with identified individuals. It is planned that the commencement of this process will be in September 2025 with the establishment of the review leadership team. The review will utilise project management principles and documentation in line with the organisation standards. The team will initially use the evaluation framework to develop the necessary resources, adopting an internal audit style approach to evaluate the lines of enquiry against agreed assurance standards and the duty of quality domains. It is envisaged that the knowledge and skills required for the review team would cover the following areas:

- Public health
- Operations (corporate, business, delivery)
- Service technical / specialist
- Clinical
- People and Organisational Development
- Finance
- Quality
- Digital
- Estates and Facilities

It is recognised that the review leadership team will need to draw on colleagues with specific specialist knowledge and skills.

The review leadership team will ensure the review is conducted objectively, taking a neutral posture and will develop a comprehensive report based on the entire review framework. It will also ensure the review is manageable, prioritised, timely and a focused on actionable outcomes.

This report will include recommendations, and the Executive Team will receive this report and guide the prioritisation process. The review team will liaise with Screening Services Division to ensure mitigation of any impact on service delivery of undertaking the review and wellbeing support for staff involved in the programme review.

Review and report governance

The review is commissioned by the National Director for Health Protection and Screening/Medical Director, with outputs reported through existing governance structures to BET and the Board.

The Review Leadership Team will comprise:

- **Assistant Director of Operations, Health Protection and Screening Services** and **Deputy National Director Health Protection and Screening Services** (co-leads)

They will lead a cross-organisation review leadership team resourced from within existing capacity:

- **Senior member of the HPSS operations team** from outside the Screening Services Division – dedicated coordinator
- **Senior management colleague** from outside the Directorate, with relevant public health expertise
- **Senior colleague from Strategy and Planning Division**
- **Senior colleague from Nursing, Quality, Improvement and Governance Division.**
- **Senior colleague from Finance Division**
- **Senior colleague from People and Organisational Development Directorate**
- **Senior colleague from Data Digital and Knowledge Directorate**

Recognising that this review needs to be delivered from existing resources, except for a dedicated coordinator and project support provided by HPSS (external to Screening Services Division) it is acknowledged that these senior colleagues will need to accommodate this activity into their existing roles. We hope that the executive team will support the leadership team members to have the flexibility to identify relevant specialist resources from within their functional areas.

Improvement Delivery Governance

As detailed above, any improvement plan implementation could require a change in resource and governance which will be informed by the nature and scale of the report findings and recommendations. This will be reviewed with the Executive team at planning stage.

Review Framework

The framework adopts the domains and enablers within the duty of quality. This will ensure that the report can detail areas of strength and where developments are required in order that excellent screening services can be delivered. The framework aligns with the PHW organisational definitions of quality and provides a consistent framework that will ensure it can be replicated within other programmes. It should be noted as this new framework is untested, an iterative approach will be taken throughout the review.

Quality domains/ enablers	Theme (including Screening Pathway Elements)	Description	Lines of appreciative enquiry
Safe	Identification of Cohort	To ensure that all eligible people are identified to be offered screening.	<ul style="list-style-type: none"> • Collaborative working with digital services and DHCW • Management of incidents including cross organisational, cross-border and UK-wide incidents. • Failsafes for cohort identification
Safe	Quality and Minimising Harm	Minimising the harms of screening in those who are screened as well as those who are not.	<ul style="list-style-type: none"> • Safeguarding • Safe Environments • IR(ME)R • Infection Prevention and Control • Medicines Management • Medical Devices Management • Consent • Risk Management • Records Management • Safety Standards • Incident reporting and management • Complaints reporting and complaints and claims management • Audit including internal, external and clinical • Shared learning and improvement culture • Staff training and support

Quality domains/ enablers	Theme (including Screening Pathway Elements)	Description	Lines of appreciative enquiry
Safe	Governance	Screening programme is appropriately managed.	<ul style="list-style-type: none"> • Governance structure • Routes of assurance • Strategic oversight and direction
Timely	Uptake	People are invited on time, in line with our standards and sent information and results without delay	<ul style="list-style-type: none"> • Stakeholder management • Publication and report standards • Access to services • Provision of appointments and pre appointment and appointment management • Results reporting (professional and patient) • Patient query response • Referral pathways • Performance standards monitoring and review • Innovation and use of technology to improve services • Audit and risk management
Effective	The Screening Test	The process from mammogram to reporting the screening result and through to diagnosis of breast cancer is delivered in line with UKNSC recommendations	<ul style="list-style-type: none"> • Delivery and monitoring of performance standards • Geographical variation in performance • Efficiencies in service delivery including DNA rates • Accessibility of service delivery • Suitability and functionality of equipment • Strategic workforce planning • Operational deployment of resources
Effective	Intervention and Treatment	Interventions following the screening test, and is	<ul style="list-style-type: none"> • Operational data to inform delivery • Effective relationships with Health Boards in provision of treatment

Quality domains/ enablers	Theme (including Screening Pathway Elements)	Description	Lines of appreciative enquiry
		linked to the minimising harm theme	<ul style="list-style-type: none"> • Effective monitoring of Health Board operational delivery
Effective	Strategy and Planning	Screening services are delivering in line with UKNSC recommendations and evidence base	<ul style="list-style-type: none"> • Strategic alignment with PHW priorities • Service development and improvement plan • Horizon scanning for UK NSC recommendations • Research and evaluation capacity and engagement • Academic and research partner engagement • Learning systems and process to implement preventative action/lessons learnt
Person centred/ Effective	Estates	Assess the suitability of Facilities, including their accessibility and inclusion, capacity and utilisation, maintenance and upkeep, environmental sustainability and future-proofing	<ul style="list-style-type: none"> • Location and accessibility of services (including timing of clinics and travel requirements of participants) • Suitability and fit for purpose • Capacity for service delivery including strategic planning • Risk management of facilities • Sustainability
Efficient	Financial Governance and Performance	Screening programme finance is appropriately managed.	<ul style="list-style-type: none"> • Effective and transparent financial management • Sustainable funding model • Procurement and contract management • Financial performance management • Financial risk management • Cost effectiveness and value for money
Equitable	Uptake	Maximising uptake in those who want	<ul style="list-style-type: none"> • Improving uptake and improving Equity of uptake

Quality domains/ enablers	Theme (including Screening Pathway Elements)	Description	Lines of appreciative enquiry
		screening, ensuring that screening is timely, acceptable and does not promote health inequalities.	<ul style="list-style-type: none"> • Data and monitoring (including survey's and qualitative sources of insight) on equitable uptake • Equitable opportunity through appointment management • Strategic equity approach • Third sector stakeholder engagement and management • Equity action plan
Person Centred	User Experience	Using stakeholder feedback to improve the service	<ul style="list-style-type: none"> • Service user engagement, feedback and lived experience • Improvement plan from service user feedback • Service user feedback from across screening pathway including assessment • Co-production & design in service delivery
Person Centred	Engagement with population	Informing all eligible people about the screening test and subsequent pathway in a timely and accessible manner and involving users in service development	<ul style="list-style-type: none"> • Accessible information and resources • Communication routes to programme and clinical teams • Methods of communications to service users (at all points in the pathway) • Co-production of information and resources
Leadership	Programme Structure	To ensure that the programme structure enables safe, effective and efficient delivery of the screening programme to the population	<ul style="list-style-type: none"> • Programme structure and organisation • Leadership and strategic direction • Decision-making and accountability • Management approach • Training and support for leaders and managers • Strategic workforce planning including succession planning
Workforce	Culture, People and Workforce	Training and competence of staff	<ul style="list-style-type: none"> • Roles and responsibilities of staff across Wales • Workforce planning and development

Quality domains/ enablers	Theme (including Screening Pathway Elements)	Description	Lines of appreciative enquiry
			<ul style="list-style-type: none"> • Staff engagement, wellbeing, and development • Staff capability and competency • Staff training, support and access to CPD • Alignment with Health Board workforce planning and development • Staff communication • Team culture
Culture	Culture, People and Workforce	Ensuring a supportive environment which enables people to deliver excellent services.	<ul style="list-style-type: none"> • Inclusive culture • Psychological safety • Speaking up safely • Staff development and experience
Information	Digital	Ensuring appropriate IT systems are in place to support the screening pathway and audit.	<ul style="list-style-type: none"> • Optimisation of digital and data services • Reliability and suitability of information systems • Integration and interoperability of information systems • Issue and risk management of digital errors and incidents • Safety of digital systems • Development and monitoring of digital solutions
Whole Systems Approach	Commissioning	The programme manages the services it commissions and works across professional boundaries	<ul style="list-style-type: none"> • Integration and communication with primary care • Integration and communication with Health Boards • Management of commissioned services • Availability and utility of system / population data to demonstrate service impact
Whole Systems	End to End pathway	The programme is part of a wider screening	<ul style="list-style-type: none"> • End to End service user pathway performance

Quality domains/ enablers	Theme (including Screening Pathway Elements)	Description	Lines of appreciative enquiry
Approach/ Effective	performance and improvement/ Wider screening ecosystem improvements	ecosystem and while it consists of several steps/stages, and requires an end to end review in addition to more focused review that also considers broader implication.	<ul style="list-style-type: none"> • Innovation/practice in other screening programmes relevant to BTW. • Opportunities to pilot innovation developed as part of the Lung cancer screening initiation programme (or other screening programmes) • Opportunities for improvement/innovation relevant to all screening programmes