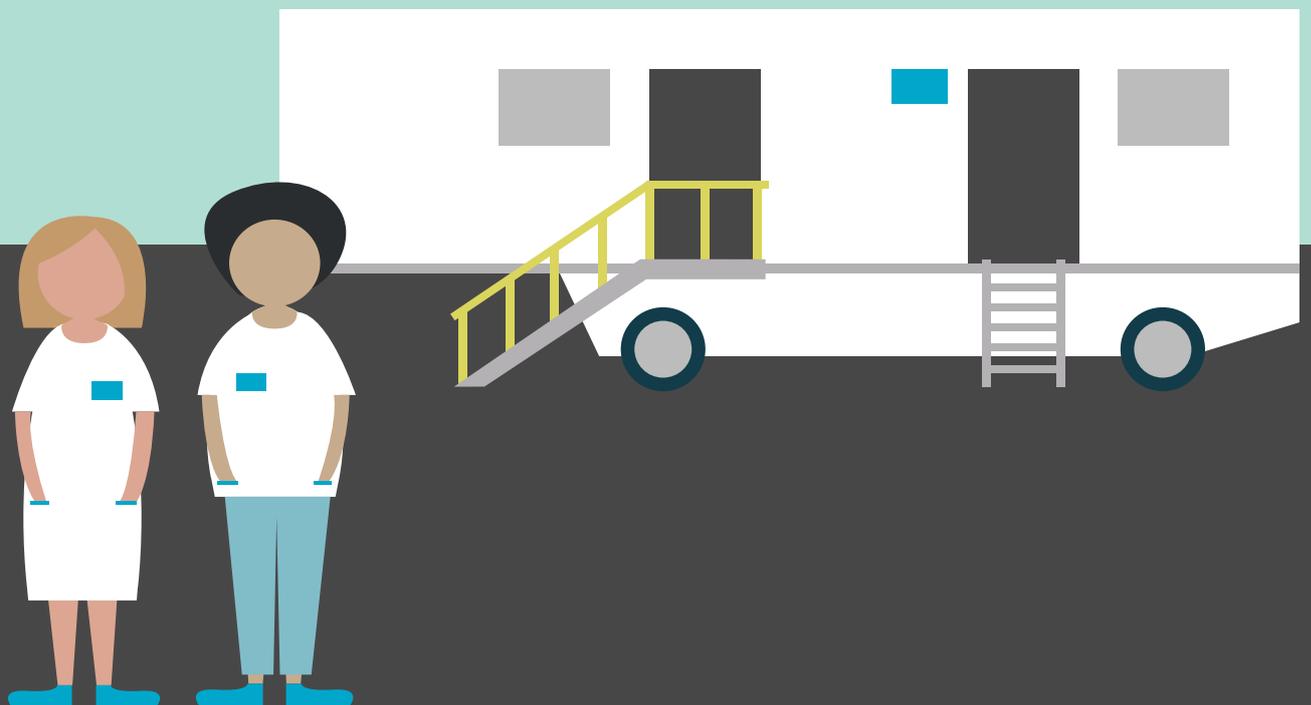


Local Review:

Public Health Wales

Assessment of how the breast screening process is managed in a timely manner for women who have an abnormal screening mammogram



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Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales

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To check that people in Wales receive good quality healthcare.

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We place patients at the heart of what we do.

We are:

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- Objective
- Caring
- Collaborative
- Authoritative

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Through our work we aim to:

Provide assurance:

Provide an independent view on the quality of care.

Promote improvement:

Encourage improvement through reporting and sharing of good practice.

Influence policy and standards:

Use what we find to influence policy, standards and practice.



Foreword

As part of the local review programme for 2019/20 we committed to undertake a review into Breast Test Wales. This is the division within Public Health Wales that provides the National Health Service (NHS) breast screening programme in Wales.

At time of writing, health and care services across Wales have had to rise to meet the challenges of a global pandemic, Covid-19. This has introduced unique and unprecedented pressures on the system that will continue through the winter months. Services have adapted, changed and expanded to cope with these pressures and the response across Wales has to be commended.

It is important to highlight that this review and fieldwork were undertaken prior to the COVID-19 pandemic and publication of this report delayed due to measures we took to reduce the burden of our work on services during the height of the pandemic. As such, our review has not examined in any way how Public Health Wales has undertaken its role, or responded during the pandemic.

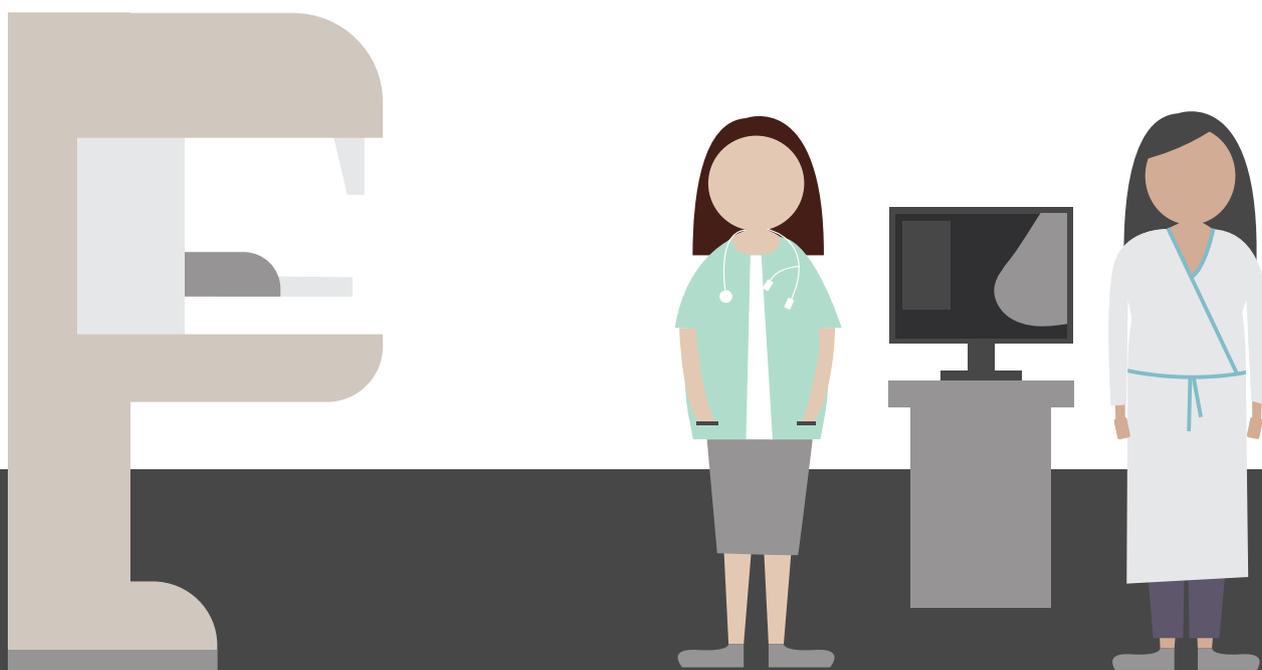
The purpose for the review is to assess whether Breast Test Wales manages its breast screening process in a timely manner, for women who have an abnormality identified during their mammogram¹. The rationale for this is that a minimal wait for follow-up investigations and results should be maintained, to reduce the anxiety and distress that women may experience.

It is important to highlight that Breast Test Wales provides national screening for all women between the ages of 50 and 70. Screening is also offered to women who have been assessed by the Genetics Service and found to have an increased risk of developing breast cancer. It is therefore a separate service to the breast care services provided within the local health boards, where women will present symptomatically to their General Practitioner and be referred to the hospital.

In addition, only a very small proportion of women who are recalled for further investigation within the Breast Test Wales programme receive a positive diagnosis of breast cancer. Therefore for most of the women with an abnormal result from screening, any delays in further investigations and results may result in anxiety and distress, rather than a delayed cancer diagnosis and subsequent treatment.

This report aims to highlight key themes, good practice and any recommendations for improvement within the national Breast Screening Programme in Wales.

We would like to express our sincere thanks to all of the staff within Public Health Wales who participated in this review, and to the women who participated and shared their views and experiences with us. The views and opinions from both the women and staff, have been considered to help develop our findings and recommendations.



¹ A mammogram is a x ray picture of the breast

Summary

This report explains the findings from the review into how Breast Test Wales ensures the breast screening process is managed in a timely manner, for women who have an abnormality identified during their mammogram. The key findings from the review are as follows.

We found arrangements were in place to help ensure women who are recalled to attend an assessment clinic, have a good experience. The feedback we received from women was very positive, and recognised the kind and caring nature of the staff as a main strength of the service. There is a comprehensive range of information available, to help women know what to expect at their appointments for both the initial mammogram and assessment clinic. We also found that women have the opportunity to provide feedback on how the service can be improved. However, there are significant differences between geographical regions in the timeliness of follow up care that women across Wales receive.

We found a very strong team ethos amongst the staff and morale was generally high however, vacancies in essential staff groups is putting additional pressure on some staff. The workforce pressures are most prevalent in West and South East Wales. This is due to a lack of medical staff to run assessment clinics and insufficient radiographers² to take initial screening mammograms. The medical staffing issue relates to a national shortage of radiologists, and the lack of radiographers is due to limited backfill where qualified radiographers have been promoted into advanced roles.

The service has responded to these issues by taking a collaborative approach to share staff between the South East and West Wales regions. However, whilst these arrangements are well established the medical staffing shortages has resulted in long standing issues in the timeliness of care, particularly for women living in West Wales. It was positive to find that a new process has been introduced, where staff based in the North Wales region complete a large proportion of the mammogram image reading for the West Wales region, which has had a significant improvement on the timeliness of care. However, we found there is not a long term workforce plan in place to ensure future proofing and resilience, and the service is largely viewed as a regional rather than national service.

We found the service is well organised and underpinned by a range of detailed administrative processes and procedures. There are robust internal controls in place to minimise any errors to ensure women received the correct result, and the staff who we spoke with were very confident in these arrangements. However, there may be an opportunity to further streamline the internal controls for assurance to reduce the burden on the administrative teams. We also found the detailed processes and procedures differ between the geographical regions, and whilst in some cases this is justified, there is a potential benefit to standardising these where possible. The service must also ensure there is a more consistent and systematic way of recording and sharing changes to the processes and procedures.

We found there were generally clear lines of accountability across the service and most staff felt well supported in their roles. Robust arrangements were in place to monitor quality within the radiology teams, and well embedded processes were also in place to review performance at an operational and strategic level. However, the timeliness of arranging assessment clinics, and the subsequent delays in providing appointments for women to attend has been a longstanding issue.



² A description of the main responsibilities for radiologists and radiographers is provided in a table on page eight of the report.

Background

Breast Test Wales provides breast cancer screening to all women aged between 50 and 70 who live in Wales and are registered with a General Practitioner. In addition, women aged 70 and above can self-refer into the programme, and this cohort represents approximately five percent of all women who are screened each year.

The primary objective for Breast Test Wales is shown below:

“The main aim of the breast screening programme is to reduce morbidity and mortality from breast cancer. This is by early detection of cancer enabling prompt treatment”³.

The service is delivered across Wales via four static centres, and eleven mobile units. The centres are located in Llandudno, Wrexham, Swansea and Cardiff. The service is divided into three main geographical regions, which includes the centres and mobile units. These are North Wales (Llandudno and the satellite Wrexham centre), West Wales (Swansea centre) and South East Wales (Cardiff centre).

Overview of the Breast Screening Process

All women aged between 50 and 70 are sent a letter to invite them for a mammogram every three years. In 2018/19 more than 145,000 women were invited for screening, and nearly 115,000 of those women attended and were screened.

The mammogram is read to identify any potential abnormalities. This is completed by either medical staff or senior radiographers, who have undertaken advanced training in image reading⁴. Two independent readings are always carried out by different members of staff, who do not have any knowledge of each other's outcome.

Where either one or both of the image readers identifies an abnormality, a third reading is completed, which is done via a process of arbitration or consensus. These are described in more detail in the workforce section of the report.

If the mammogram shows no abnormality, the women are recalled back for another mammogram in three years.

Where an abnormality is identified, the women are invited to attend an assessment clinic for further tests. This may include further mammographic images, an ultrasound or a biopsy⁵. In 2018/19 around four percent of the women screened were recalled to attend an assessment clinic.

If a biopsy is carried out, the results will be reviewed via pathology and discussed at a multidisciplinary meeting where appropriate. If the outcome of the further investigation is benign (non-cancerous), the woman is recalled back for another mammogram in three years.

If the outcome is malignant (cancerous) the woman is transferred on to the local health board for treatment. In 2018/19 1,076 cancers were detected, which represents approximately one per cent of all women screened, and 20 percent of all women who were recalled for assessment.

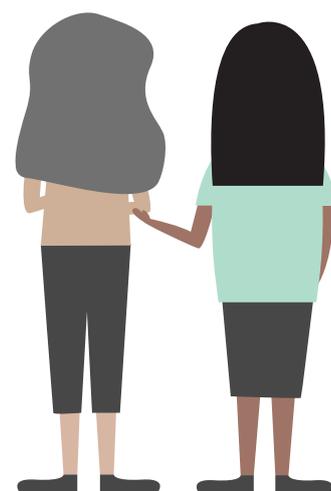
National Standards

Breast Test Wales follows the NHS National Breast Screening Programme Standards⁶. The standards include a set of 18 measures that include minimum thresholds, which are used to set the lowest level of performance across a range of areas, to ensure patient safety and service effectiveness.

One of the 18 measures is the percentage of women who are offered an appointment at an assessment centre, within three weeks of attendance at the initial screening mammogram. The rationale for the measure states:

“It is important to minimise anxiety in women who need to attend further screening tests to obtain a definitive malignant, benign or normal diagnosis.”

When the standards were originally introduced in April 2017 a threshold of 90 percent was set for this measure. In England this was revised in July 2019⁷ and increased to 98 percent, however this has not been adopted in Wales and the threshold of 90 percent is used to measure performance.



³ <https://phw.nhs.wales/files/screening-division-reports/screening-division-annual-report-jan-2020/>

⁴ Image readers look at the mammogram pictures to identify if the x-ray is clear or if it shows any potential abnormalities.

⁵ A biopsy is where a sample of cells are taken and tested to identify cancerous cells. The biopsy may be either a vacuum assisted biopsy or stereo core biopsy.

⁶ <https://www.gov.uk/government/publications/breast-screening-consolidated-programme-standards>

⁷ <https://www.gov.uk/government/publications/breast-screening-consolidated-programme-standards/breast-screening-supporting-information>

During our initial meetings with Public Health Wales to determine the scope of the review, we were informed the performance across Wales was significantly below the threshold, and at August 2019 the national result was 44 percent. We were advised this was due to longstanding workforce challenges, which included a national shortage of Radiologists, and it was a particular issue in the West Wales region. We found the regional data for August 2019 showed 145 women in West Wales were recalled to attend an assessment clinic, however, only one woman received an offer of an appointment within three weeks of the initial screening mammogram.

Breast Test Wales Workforce

Breast Test Wales consists of a multidisciplinary staff team that includes medical, nursing and radiography professionals. It is important to highlight that there is a cross over in the skill mix between some of the roles, in particular the staff who can run assessment clinics on their own, and the staff who can interpret or read the mammograms. These factors have been identified in the table below, along with the main responsibility for each role:

Staff group	Role	Main Responsibility	Interpret Mammograms	Leads Assessment Clinic
Medical	Radiologist	Specialist doctor who has undertaken advanced training in diagnostic radiology and in this instance specialised in breast imaging.	Y	Y
	Breast Clinician	Specialist doctor who has undertaken advanced training in breast imaging.	Y	Y
Radiography	Consultant Radiographer	Specialist Radiographer who has undertaken advanced training to be able to interpret images, examine patients, carry out ultrasounds, biopsies, provide diagnosis, and lead assessment clinics.	Y	Y
	Advanced Practitioner	Radiographer who has trained further to carry out image interpretation and / or biopsy taking. They cannot work in clinic without a Radiologist or Consultant Radiographer.	Y	N
	Radiographer	Allied Health Professional who works on the screening vans, and in assessment clinics carrying out additional imaging. They do not interpret images.	N	N
	Assistant Practitioner	Health care assistant trained in mammographic imaging, who is able to work on a screening van when supervised by a Radiographer. Also involved in administration of image interpretation in the centres.	N	N
	Clinical Image Support Worker	Health care assistant trained to support staff in clinic.	N	N
Nursing	Breast Care Nurse	Nursing staff who support women and provide information where a woman is recalled to an assessment clinic.	N	N
	Breast Clinic Nurse	Nurse who supports clinician in nursing duties and chaperoning in the clinics.	N	N
Admin	Breast Screening Office and Medical Secretaries	Responsible for sending out letters to women, arranging assessment clinics and managing correspondence.	N	N

What we did

Focus of review

As previously highlighted, the purpose of our review was to assess how Breast Test Wales ensures the breast screening process is managed in a timely manner, for women who have an abnormal screening mammogram. To achieve this, we explored the following main themes:

- **Quality of experience** – including overall experience, timely care, information and communication and learning from feedback
- **Workforce arrangements** – including the structure of the service, image reporting process and response to current challenges
- **Administrative processes** – including assessment clinics administration, internal control mechanisms and a review of standard operating procedures
- **Governance** – including accountability and how Public Health Wales ensures it is aware of issues, takes action and monitors performance.

Scope

We considered the pathway of women from the initial screening appointment, up to where a decision is made regarding transfer onto the health board for treatment.

The following areas were outside the scope of the review:

- The process for inviting women to initial screening appointments
- Promotion and update of Breast Test Wales screening services
- Provision of results to women who have an initial clear mammogram and are recalled back in three years
- The point of handover, where care is transferred from Breast Test Wales to the local health board.

Methodology

To assess the areas detailed above we held interviews with a range of staff during February 2020, and completed a review of relevant documents, performance data and statistics.

During our fieldwork, we spoke with strategic and operational staff based in the Public Health Wales headquarters, and staff in the regional breast screening centres in Cardiff, Llandudno and Swansea. We asked staff to complete an anonymous online questionnaire to provide their views and experiences on working for Breast Test Wales. This is referred to as the staff survey in the report, and was available for staff to complete online during February 2020.

We also created a questionnaire for women to complete to capture their views on the service received. Breast Test Wales staff helped to facilitate sending a letter to all women who had been recalled to an assessment clinic for further tests, during October, November and December 2019, and who had received a benign outcome (cancer was not identified). This is referred to as the client survey in the report, and was available for women to complete either in hard copy or online during February 2020.

In our review we considered how the service met the Health and Care Standards (2015)⁸. We have referenced the relevant standard against each of the recommendations as shown in the management response action plan in Appendix A. Further details about how HIW inspects the NHS and independent healthcare services can be found on our website⁹.

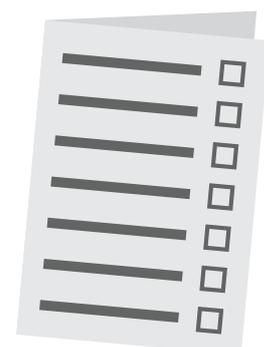
Participation in the Review

We wrote to 1,066 women who had been recalled to an assessment clinic and received a benign outcome, and received 621 completed questionnaires. This represented a 58 percent response rate to the letter.

In the questionnaire, we asked women to identify which geographical region their assessment centre was located in. The breakdown of responses per region were South East Wales 51 percent, North Wales 25 percent, West Wales 22 percent, and two percent of respondents did not provide an answer to this question.

We received 74 responses to the staff survey, and asked staff which geographical region was their usual place of work. The breakdown of staff responses per region was South East 27 percent, North Wales 50 percent, West Wales 20 percent, and three percent of respondents did not provide an answer to this question.

In the staff survey, we provided an option for staff to state if the question was not applicable to their role. For example, a member of the administrative teams would not be able to comment on the process of image interpretation. To ensure the statistics are meaningful, we have removed any respondents in this category from the analysis.



⁸ <https://gov.wales/health-and-care-standards>

⁹ <https://hiw.org.uk/inspect-healthcare>

What we found

Quality of Experience

We found arrangements were in place to help ensure women who are recalled to attend an assessment clinic, have a good experience. The feedback we received from women was very positive, and recognised the kind and caring nature of the staff as a main strength of the service. There is a comprehensive range of information to help women know what to expect at their appointments, along with the opportunity to provide feedback on how the service can be improved. However, there are significant differences between geographical regions in the timeliness of care that women across Wales receive.

The experience of being recalled to attend an assessment clinic for further investigation can cause significant anxiety for women, particularly as women are asymptomatic and may be otherwise healthy. It is therefore vital to ensure women are given the best possible experience, in order to reduce anxiety and minimise distress. This should include a positive overall experience, timely care, access to appropriate information and the opportunity to provide feedback on their experience.



Overall Experience

Women were very positive about the overall experience of being recalled to attend an assessment clinic. In our client survey, 89 percent of respondents rated their overall experience as excellent, and 98 percent said the staff always treated them with dignity and respect. The comments provided by women in the survey were very positive, which

included many comments praising the professionalism and caring nature of the staff who work in the service.

The word cloud above illustrates the most common words that women used to describe their experience.

"Excellent service. Very informative and friendly staff. I felt they did everything they possibly could to make the experience as comfortable as they could."

"The service was professional and the staff were extremely kind and helpful which certainly made a stressful time a better experience"

"You have (in my experience) the most respectful and courteous staff who made what was initially an upsetting experience (re-call) as straight forward as possible. Thank you all."

"Right from moment I arrived, everything was explained to me what I was about to experience. All staff treated me with the caring and utmost respect to put me at ease. As you can imagine I was really scared."

"Receiving a follow-up letter is very stressful, however all the staff - receptionists, nurses and consultants are so kind and caring you are soon put at ease. You are treated with respect by all."

Views of women who accessed the service

During our fieldwork it was very apparent that the staff were deeply invested in the service, and many who we spoke with, showed a great deal of empathy towards the anxiety that women will experience. This included staff from all areas of the service, such as medical, radiography, nursing and administration staff. The results from the staff survey were also very positive, where 97 percent of respondents agreed or strongly agreed that they are satisfied with the quality of service they give to women. However, there were some comments from staff, mainly in the West Wales region who indicated staff shortages may, at times, have an impact upon care. The issue of staffing is covered in greater detail in the following section on workforce.

"The care given to women by all staff is excellent."

"I enjoy my work at Breast Test Wales because I am confident that I can and do provide a safe and effective service to my patients, with a supportive and responsive management team behind me, and an excellent team of staff alongside me."

"I am proud of being part of a team that deals with ladies recalled for further examinations and tests in a caring and empathetic way. I get great job satisfaction being able to support women at a time of great anxiety."

Views of staff who work in the service

It was widely recognised by the staff who we spoke with that receiving a letter to attend an assessment clinic is a shock, and it can be very upsetting for the women. To help support women through this process we found that Breast Care Nurses were in post in each centre to provide support and reassurance to women. This support was available from the point a woman is recalled to attend an assessment clinic, up to the transfer of care to the local health board, if treatment is required. It was positive to note that the Breast Care Nurses, as well as other staff groups placed an emphasis on delivering a client based approach to their work.

It was also positive to find that in 2018, the Breast Care Nurses across Wales established a set of ten Breast Nurse Care Standards¹⁰ for care, based on Public Health England guidance. These outline what women who access the service can expect, for example, providing women with information on their outcome and breast awareness information.

We found that between January and May 2019, an audit was carried out within the Swansea screening centre to evaluate if the ten standards were being met, and the results were very positive. Feedback from the Breast Care Nurse survey highlighted the professional and compassionate care that women received. It also identified a number of improvements that will help enhance the experience for women, which included providing refreshments for women when waiting for results and ensuring there is a secondary point of contact for women to contact, in the event of their Breast Care Nurse being unavailable or on leave.

Some of the Breast Care Nurses who we spoke with, raised concerns that there is sometimes confusion from women with a positive cancer diagnosis on who to contact. This was at the point in which care is transferred from Breast Test Wales to the local health board for treatment. This was because women do not always fully understand the process and difference in roles between the Breast Care Nurses in Breast Test Wales, and those within the health boards.

Recommendations

Public Health Wales should:

Replicate the Breast Care Nurse audit of national standards across all regions.

Develop documentation for women with a positive cancer diagnosis to clearly identify the care and treatment pathway, including signposting women to a point of contact at each stage.

¹⁰ <http://www.breasttestwales.wales.nhs.uk/sitesplus/documents/1025/Breast%20Care%20Nursing%20Standards.pdf>

Timely Care

Inviting women to attend an assessment clinic in a timely manner is a fundamental factor that will affect the anxiety a woman will experience. As previously highlighted, the national standard used to monitor this is the proportion of women who are offered their first assessment clinic appointment within three weeks of the initial screening appointment. We found a very mixed picture across Wales, with a significant difference between the results of individual geographical regions.

In our client survey 67 percent of respondents waited up to three weeks from their initial mammogram to first being offered an assessment clinic appointment, 19 percent waited between three and four weeks and 14 percent waited more than four weeks. These results were more positive than the results that we reviewed in the Breast Test Wales performance reports, however the figure of 67 percent is well below the national standard of 98 percent. Therefore, many women are waiting beyond the three week target and may consequently have increased anxiety. The regional results from our survey are provided in the following table:

Region	Up to three weeks	Between three and four weeks
North Wales	83%	12%
South East Wales	69%	21%
West Wales	44%	23%

In addition to the above results, nine of the respondents stated they had waited six weeks or more in between appointments, which included seven women from the West Wales region. Although this is a very small number from the overall 621 responses, we received some comments relating to the need for a shorter waiting time. This included the following comments from women who stated their assessment centre was located in West Wales.

“Nine weeks of anxiety and stress from initial screening date to final assessment date.”

“Maybe shorter time from first screening to second letter advising you a follow up appointment is needed.”

“Shorten the waiting time from initial screen to hearing results - e.g. all clear or further appointment needed.”

Views of women who accessed the service in West Wales

Although the results from our client survey showed one third of women waited more than three weeks for their first offered assessment clinic appointment, in the staff survey, 91 percent of respondents said they felt that overall, Breast Test Wales provides a timely service to women. However, some comments highlighted staff shortages are a barrier in providing timely care to women, which were largely from staff in the West Wales region. Additionally, several staff across Wales felt that the five minutes timescale for the initial screening appointment was not long enough, and could mean the initial screening appointment will feel rushed.

“The staff work hard as a team to cover the workload and keep the service delivering results in a timely manner.”

“As a result of not enough clinical staff, avoidable waiting times of up to 8 weeks for an assessment appointment was observed. The lack of radiology staff to read and arbitrate in Swansea affects the process of being able to book women into assessment clinics.”

“Although I am satisfied with the quality of care I provide to clients, the 5 minute appointment slots often make my practice look and feel rushed.”

Views of staff who work in the service



When we discussed performance against the national standard with senior managers we found that staff were very aware of the timeliness issue and the impact that any delays can have on women's anxiety. Staff also told us they were not complacent with the timeliness, and recognised that the regional differences did mean the service was inconsistent across Wales in this respect. We learned that many approaches had been trialled to address the longstanding workforce challenges and minimise delays. However, the fundamental barrier to timely care was due to a lack of radiology staff and the inability to recruit to West Wales.

During our fieldwork it was positive to find that a new process for cross-centre reading between North Wales and West Wales had been implemented, which had resulted in all women in the West Wales region receiving an appointment within the three week standard. This is covered in greater detail along with the workforce challenges in the following section on workforce.

Information and Communication

Overall, the results on communication in our client survey were positive, with 95 percent of respondents stating they were informed on how long they would have to wait before finding out the result of the initial mammogram. When we spoke with staff from the West Wales region regarding the extended delays, it was positive to find that women were kept informed via notices in the screening vans and regional centre. In addition, the radiography staff told us they inform women when there are delays, to help mitigate any additional anxiety during the period of waiting for a result.

In our survey, 15 percent of respondents said they were not given contact details if they needed any advice or if they had concerns. This was following both their initial screening and assessment clinic appointments. However, staff told us that women are routinely provided with points of contact. Therefore the service may wish to consider how this information is conveyed to women and in what format, to help reduce any on-going anxiety following the appointment.

Information Provision

We spoke with staff regarding the information that is provided to women who attend screening, and who are recalled to assessment centres. This included the main leaflets¹¹ below:

- **NHS Breast Screening Helping You Decide** – Sent to women when they are invited to their initial screening mammogram. It outlines the benefits and risks of screening to help women make an informed choice whether or not to attend

- **Reasons Why You Need Another Test** – Sent to women who are recalled to attend an assessment clinic. It outlines the main tests and investigations that may be offered
- **Breast Screening Explained: Family History** - Sent to women who are identified and invited for screening through the Family History Programme. It outlines similar information to the Helping You Decide leaflet
- **Be Breast Aware** – Sent to women who have clear mammograms and are recalled to attend screening again in three years. It outlines general breast cancer awareness advice.

We found the leaflets were clearly written and provided enough detail to ensure women are well informed before their appointment. Additionally, in our client survey, 87 percent of respondents said they were provided with enough information to understand what to expect at the initial screening appointment and assessment clinic. However, some staff we spoke with raised concerns on the timescales quoted within the Helping You Decide leaflet.

In this leaflet it states women will receive a results letter within two weeks. However, the two week target is the national standard for sending a letter following a clear scan only, rather than a letter to attend an assessment clinic. This could therefore unfairly raise women's expectations, and lead to additional anxiety by setting timescales that will not be achieved, if a woman is recalled to an assessment centre. Staff also highlighted the timescales quoted in the Family History leaflet as correct, where it states the aim is to send a results letter within three weeks of the initial screening appointment.



¹¹ <http://www.breasttestwales.wales.nhs.uk/leaflets>

In our client survey we asked women to identify anything that could be changed to improve the experience for other women. Although the number of suggestions was low, the two main themes were the wording of the assessment clinic invitation letter and information regarding parking.

We found a brief standardised letter was used across Wales to invite women to an assessment centre, which did not contain any specific personal information on the reason for being recalled. Staff told us the letter only contains minimal information to help avoid increased anxiety, which included a sentence in bold that stated:

“Four out of five women are given a normal result after more tests”

However, seven of the respondents to our client survey suggested the wording in the letter could be less alarming, in order to help reduce anxiety.

“The wording on the recall letter is very ambiguous. Although my outcome was ok, I was very worried until the appointment. I understand that you have to cover a wide range of symptoms, it’s still a frightening letter.”

“The letter sent to invite the patient for the assessment clinic could be worded in a less alarming way. I waited a week between receiving the letter and the appointment. During that time I didn’t sleep, couldn’t eat, lost about 5lb in weight due to worry.”

“The call back letter, I found, was too general with no information about what was wrong with the initial screening, meaning my whole family spent, more than a week anxiously fearing the worst. The information contained with the call back letter is far from reassuring and, in my opinion, causes a great deal of anguish for all who receive it.”

Views of women who accessed the service

It may help address women’s anxiety if the wording used in the letter was carefully reviewed to provide reassurance before the follow-up appointment, for example, by stating examples of why someone may be recalled. The service may also wish to consider engaging with existing clients to gather their views.

We reviewed the additional information that is provided with the invitation covering letter, and found helpful information was included on directions to the screening centre and where to park. However, some of the staff who we spoke with from the West Wales region, raised significant concerns regarding the lack of onsite parking and the impact this has on women’s anxiety. The staff told us women often arrive to their appointment very anxious and stressed, due to the difficulty in finding a parking space and rushing to the appointment.

Nine of the respondents who completed the client survey highlighted concerns relating to parking, which covered each of the three geographical regions.

“My only criticism would be parking - letter stated ample parking but there were no spaces so I had to search nearby roads.”

“Parking at the assessment centre is a big issue. It would be a good idea to inform participants to give themselves sufficient time to park prior to their appointment.”

“No problems at all with the screening and follow up but the car parking at the screening centre in Wrexham is inadequate.”

Views of women who accessed the service

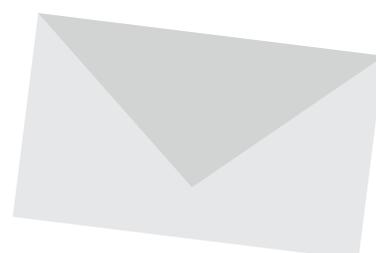
Recommendations

Public Health Wales should:

Update the text in the leaflet literature to ensure the appropriate timescales for sending results to women are included.

Review the wording on the recall invitation letter to make the wording less alarming and more reassuring for women.

Expand the information that is provided on parking to include various options of where to park and how long it may take to find a space.



Communication and Capacity to Consent

Women are required to provide informed consent at their appointment prior to screening taking place. Informed consent involves the radiographer, who undertakes the screening, providing the woman with an overview of the screening procedure, the likely benefits and any risks involved in the screening, which could involve the need for further investigations or treatments. In order for the informed consent to be valid, the radiographer must be assured that the woman understands this information and therefore has the capacity¹² to make that decision.

It was positive to find that a mechanism had been introduced at the West Wales centre, which had been replicated across the whole service. This is, to ensure that the small number of women who are unable to provide consent due to lack of capacity, could still receive their screen in line with the principle of best interests, and with the involvement of partners or carers. This is important in ensuring that all groups of women are screened in an appropriate and timely manner.

Language Needs

As a public organisation in Wales, Public Health Wales has a duty to comply with the Welsh Language Standards¹³. We recognise that this is particularly important for women accessing Breast Test Wales service, who may prefer to speak with staff in their first language when attending assessments and receiving results.

It was positive to find that there was a range of bi-lingual information available to women, as well as the use of the laith Gwaith¹⁴ logo on staff lanyards and posters in reception to indicate the availability of Welsh speaking staff. We also saw the Language Line¹⁵ interpreting facility was available for use on the day of an appointment, when a women's spoken language was neither English nor Welsh.

We were however told, that the availability of Welsh speaking administrative staff in the West and South East Wales regions has been a workforce challenge, due to the high level of proficiency required for recently advertised vacancies, which remain unfilled. We were told that whilst allowances in proficiency had been made for clinical and specialist staff roles, none had been made for this group of staff.

Listening and Learning from Feedback

We found good arrangements were in place to capture and review feedback from women at different parts of the screening pathway. This process consisted of two different paper surveys, which were available for women to complete at the initial screening appointment and the assessment clinic appointment. It was positive to find that the initial screening appointment survey had been updated in January 2020, to ensure the information being captured was relevant and useful. We reviewed both surveys and found they provided a good range of questions to capture women's views on their experience. The surveys also included questions for suggestions of how the service can be improved.

The survey results were very positive, and we found the information was reviewed in detail via the Local Management Groups, which are described in the Governance section of the report. However, staff told us many of the common issues raised cannot be changed, such as no toilets on the mobile screening vans, and lack of parking facilities. Also, the actual number of completed surveys was very low, at approximately 20 per month for the initial screening appointment and five per month for the assessment clinic. When we spoke with staff, we were advised the surveys are optional and not overly promoted to women. This is in recognition of the fact many women are anxious and want to leave straight after the appointment, rather than stay and complete a feedback form. The service may wish to consider exploring alternative formats for the surveys such as online, to make the surveys more accessible and potentially increase the number of responses.

From the data made available to us, we noted the number of formal concerns and complaints submitted by women to Public Health Wales about Breast Test Wales was very low¹⁶. We saw evidence to confirm that any informal comments or concerns made to the service are again low in number and we were assured that these are resolved through an appropriate programme management and local centre management structure.

¹² Capacity as defined by the Mental Capacity Act 2005

¹³ The standards help to ensure clarity and consistency for Welsh speakers on what they can expect from public services in Wales

¹⁴ The laith Gwaith logo is a way for staff and organisation's to display

¹⁵ <https://www.languageline.com/uk>

¹⁶ Putting Things Right, 2018/2019 data for Breast Test Wales: 0.01% (17) of women screened resulted in a concern or complaint being submitted.

Workforce Arrangements

We found a very strong team ethos amongst the staff and morale is generally high however, vacancies in essential staff groups is putting additional pressure on some staff. The workforce pressures are most prevalent in West and South East Wales, where there is a lack of medical staff to run assessment clinics and radiographer capacity to take initial screening mammograms. Well established arrangements exist to share staff between the two regions to help address these issues. A new process has been recently introduced for the North Wales region to complete a proportion of the image reading from West Wales, and this has had a significant improvement on the timeliness of care. However, there is not a long term workforce plan in place to ensure future proofing and resilience, and the service is largely viewed as a regional rather than national service.

Women who access breast screening services in Wales should expect to receive timely and effective care, which is underpinned and delivered by a sufficiently resourced, trained and sustainable workforce. It is expected that leadership and management ensures that, where workforce challenges arise, these are met with robust plans and actions to prevent a negative impact upon women, to alleviate pressures on existing workforce and to futureproof service delivery.

Structure of the Service

During our fieldwork we found that the staff we spoke with were very passionate about providing a good experience, and timely service to women. However, some concerns were raised with us by staff in relation to recruitment and retention. The overall staff view in each of the three centres is summarised as:

- **North Wales Region** – There were sufficient staff in place to deliver a timely service to women. Some staff told us the current workforce capacity was the best it had been in many years, which included the recent appointment of a new Radiologist.
- **South East Wales Region** – Currently there is generally a sufficient number of staff, however, there were significant concerns regarding the imminent retirements of a number of medical staff, some of whom were working on a retire and return basis. Specific concerns were also raised regarding the staff shortages in radiographers available to work on the screening vans, which was due to radiographers undertaking specialist training to work in the assessment clinics, and there had been very limited backfill.

- **West Wales Region** – Due to the very small numbers of medical staff based in the centre the service was very fragile, and this arrangement was longstanding due to an inability to recruit medical staff. However, the flexibility of staff and a new cross-centre approach to image reading is helping to mitigate delays.

Overall, in our staff survey 59 percent of staff felt the service was sustainable. However, at a regional level the results for this question were 77 percent of staff in North Wales, 43 percent of staff in West Wales and only 33 percent of staff in South East Wales. Many of the staff who we spoke with raised concerns regarding how the service can be delivered in the long term, with some staff describing the current situation as a workforce crisis.



A key issue that was highlighted, was the lack of available radiologists in both Wales and the UK. Also, linked to this point, it was highlighted that the radiologists' capacity is reduced, as all have split contracts with the health board to work on both the symptomatic and screening side of the service. Staff from the West Wales and South East Wales regions told us that in recent years there had been several attempts to appoint a joint radiologist with the respective local health boards, however the appointments had all been unsuccessful due to a lack of applicants and suitable candidates.

The results in our staff survey showed a significant difference between regions in how staff felt regarding the workforce capacity, which mirrored what staff told us during the fieldwork. In our survey 92 percent of the staff from the North Wales region felt there were enough staff to deliver safe and effective care, however this was significantly lower at 53 percent in South East and West Wales. Similarly 92 percent of staff from North Wales felt the current staffing and skill mix was sufficient, compared to only 47 percent in South East and West Wales. In addition, 93 percent of staff in West Wales and 30 percent of staff in South East Wales felt the staffing levels were insufficient to meet imaging and reporting demands at the centre.

A number of staff, predominantly from the West Wales region, told us that the image and reporting process is affected by staff shortages, which can result in delays to provide women with results due to the lack of available staff to undertake readings.

"Unfilled vacancies dating back to at least ten years, clinicians leaving and retirement has had an effect on the reading process. There is not enough radiology cover with the right amount of balance between practitioners and radiologists."

"We only have one radiologist in Swansea, who works part time with us. Although Cardiff and North Wales are currently supporting us with our reporting, it would be great for the centre to have another one or two radiologists to also support clinics."

"Insufficient number of image readers - no flexibility in the system to cover holiday periods etc.... Lack of consultant radiologists - particularly as there will be retirements in the next few years."

Views from staff who work in the service

It was clear during the fieldwork and from comments in the staff survey that colleagues at all levels of the service work well together to deliver a positive service for women. However, staff also told us that the workforce challenges can result in additional pressure and stress and have a detrimental effect on staff wellbeing.

"Workforce shortages means that it can be extremely stressful running clinics on short numbers of staff."

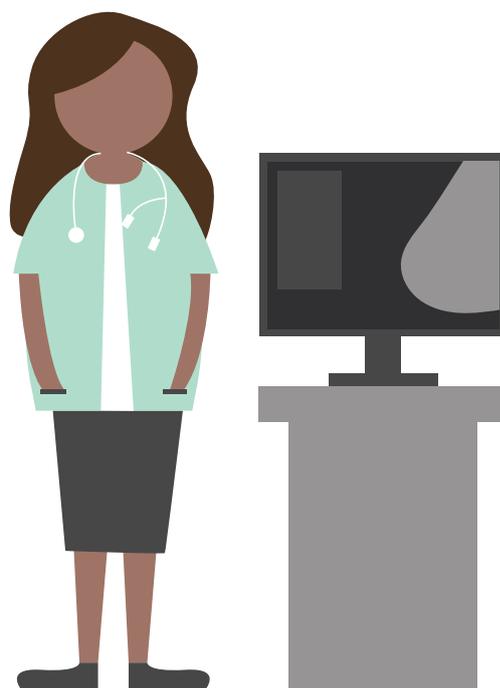
"This [shortage] has led to lower numbers of staff in the clinical setting and increasing workload and stress amongst colleagues."

"Morale can suffer when understaffing continue for a while..."

"Staffing is often left short...but staff are under pressure to keep the service running regardless."

Views from staff who work in the service

During our fieldwork, a very common theme that emerged from senior and medical staff, relating to the inability to recruit Breast Clinicians. The reason for this is considered to be directly linked to the discontinuation of the Specialist and Associate Specialist (SAS) pay scales in Wales. In other UK nations, such as England, this pay scale remains as an option as a means of salary negotiation for healthcare organisations. As a result, the service in Wales, is unable to match salary expectations and consequently, SAS clinicians opt to work elsewhere, owing to their demand. Staff told us the Breast Clinician roles are highly experienced and valued, and can directly help to deliver a timely service to women by providing additional capacity to run assessment centres.



Arbitration and Consensus

As previously highlighted, when an abnormality is identified in either the first or second reading of a mammogram, a third reading is always completed to determine if a woman should be recalled to attend an assessment clinic. The third reading can be done via a process of either arbitration or consensus, and this process also differs between the regional screening centres:

- **Consensus** – A group of image readers convene to review the mammogram readings in order to reach a collective decision. This method is performed in the North Wales region.
- **Arbitration** – An individual, usually a radiologist will perform a final reading. This method is performed in the West Wales and South East Wales regions.

Both of these options can be affected by workforce difficulties. Consensus can be difficult to progress with limited staff availability, whereas arbitration can be affected by the lack of radiologist capacity to make a final decision. Despite this, the results from the staff survey were positive, where 86 percent of staff agree that the process of image interpretation, including double reporting and arbitration, is efficient and effective. During our fieldwork we found that over the past two years a lot of the arbitration from the Swansea centre had been undertaken in Cardiff, to provide support and additional capacity due to the lack of medical staff in Swansea.

Although consensus and arbitration are equally valid methods of completing the third reading, we found there was a general view from the staff who we spoke with that consensus is desirable and may be more effective. This is because it may result in a lower recall rate for women due to collective decision making and shared learning, and is also helpful in team cohesion and ongoing staff development. Some staff felt it would be beneficial to use consensus across all regions as less women may be recalled and therefore less women may experience unnecessary anxiety. However, in order to facilitate consensus there needs to be sufficient number of staff, and therefore it is not feasible in all regions.

Response to Workforce Challenges

During our fieldwork we found that both management and operational staff were very aware of the workforce issues, and this was reflected in the staff survey, where 90 percent of staff felt that their managers are aware of the current challenges to service delivery. It was positive to find that overall, 85 percent of staff in the survey said their managers were taking action to address the challenges, however 33 percent of the staff in the Cardiff centre did not agree with this statement.

Advanced Practice

We found that the service has been developed in line with current practice using a four tier model of staff. This includes band four assistant practitioners who perform mammograms under the supervision of a registered radiographer, and the development of advanced practice among the radiographers. The advanced practice involves developing band six radiographers to become band seven advanced practitioners, who undertake additional training that includes image interpretation, biopsy taking and ultrasound. The service also employs consultant radiographers, which is a possible development opportunity following the appropriate training, for the band seven advanced practitioners. The consultant radiographers are able to examine patients, provide diagnosis and lead assessment clinics.

During our interviews we found there appeared to be a general consensus amongst medical staff and the senior management that there should be a mixed economy of staff. The rationale for this was to balance the skills of medical staff alongside consultant radiographers, to ensure the service sustainable and of a high quality. However, a number of the staff we spoke with told us that there has historically been a nervousness amongst some medical staff regarding the move towards more consultant radiographers running assessment clinics. The reason for this was mainly due to the fact the consultant radiographers may still need some advice and support from medical staff.

Many of the staff we spoke with told us that the ongoing development of advanced practice was a main strength of the service. The radiographers described an active push in recent years towards advanced practice, and told us they felt very supported and encouraged to undertake the additional training required. However, it was highlighted that the ongoing development of band six radiographers to become band seven advanced practitioners, had left a deficit in this band that had not been backfilled. The staff told us this created additional pressure on the remaining band six radiographers and the assistant practitioners. We found this issue was more prevalent in the Cardiff centre.

Overall, 88 percent of respondents in the staff survey said the staffing model used for initial screening is the best use of time for all grades of staff. In addition, it was positive to find that during our fieldwork many of the staff we spoke with in each of the centres, praised the capability and work of the assistant practitioners. It was highlighted that individuals in these roles were unable to progress beyond a band four role due to the scope of practice, the required radiographer qualification and registration with the Health and Care Professions Council as advised by the Society of Radiographers. This framework states that an assistant practitioner is unable to work on a screening van or within a centre without being supervised by a registered radiographer.

Cross Centre Reading

Following discussions with staff, we found a general view that effective collaboration between the Swansea and Cardiff Centres had been ongoing for at least two years. Some staff told us they felt as if the two centres were slowly becoming one main centre, as the staff groups were being shared. This process involves the sharing of staff groups and has involved medical staff in the Cardiff centre providing capacity for the arbitration process, and also on occasion holding assessment clinics in Swansea. We also found that band seven Advanced Practitioners from Swansea were providing support in first readings for the Cardiff Centre. In addition, we also found the Radiography Manager in Swansea had been providing management cover to radiography staff across both sites due to long term sickness in Cardiff.

During our fieldwork, it was very positive to find that an initiative had been introduced in January 2020 for the Llandudno centre to provide reading support to the Swansea Centre. This involved the Llandudno centre taking a large proportion of the reading for Swansea, which included four to five days of screening at approximately 250 sets of images per week. The process consisted of sending images from Swansea to Llandudno via the Picture Archive and Communications System, which is managed centrally. The entire reading process of first, second and third reading if needed via consensus was completed by staff based in the Llandudno centre. We were provided with updated figures during our fieldwork, which showed that in February 2020, all women from the Swansea centre who had been invited to attend an assessment clinic, had been invited within the three week national standard.

When we spoke with staff regarding the new process, staff were generally positive and felt it was working well. However, there were very mixed views from staff in both the Llandudno and Swansea centres, on whether it was a short term fix or a long term arrangement. This therefore needs to be clarified as part of the workforce strategy.

We also received mixed comments from staff when we asked whether they felt Breast Test Wales operated as a national or regional service. Some of the staff who we spoke with were very positive, stating cross centre working was the only way to ensure the service was sustainable. Some staff even suggested the ideal scenario could be to develop a new regional super centre between Cardiff and Swansea. However, it was highlighted that some staff within the service are very wedded to a regional model of North, South East and West Wales. We found this during our interviews, where some staff told us it felt very much a feeling of 'them and us' between centres. It was also highlighted that whilst a national model may bring overall benefits in terms of timeliness, it also dilutes the local accountability and ownership for a region, and can be difficult to identify exactly who has influenced the women's outcome.

Recommendations

Public Health Wales should:

Develop a firm position on the new arrangement of sharing reading from the Swansea Centre to the Llandudno centre, including how long the arrangement will be in place.

Explore the issues identified of why some staff feel there is a divide between regions.



Workforce Plan

We found that there was no current workforce plan in place, however work to create one had started. The staff we spoke with had mixed views on this, with some stating they were not aware of a long term plan, and others recognising there had been some work done. In addition, many staff told us they felt the focus was on short term crisis management of the staffing vacancies to keep the service running, rather than a longer term view of how the service should be delivered.

During our fieldwork we were provided with a first draft of a new workforce plan. This was an update on a previous plan that was now out of date, which outlined the approach and risks. We were told that the plan would be developed further and later taken to the Programme Board and Divisional Senior Management Team for review and sign off. Since the workforce plan was a draft in progress, we could not fully review it. However, we did find that it specifically highlighted the fundamental point regarding a lack of staff to run assessment clinics, to meet the three week national standard for recall to assessment. In addition, the draft specifically identified the lack of backfill of band six radiographers as risks to the service. It was positive to find that the draft workforce plan highlighted the cross site reporting of mammograms as a key requirement in delivering the service.

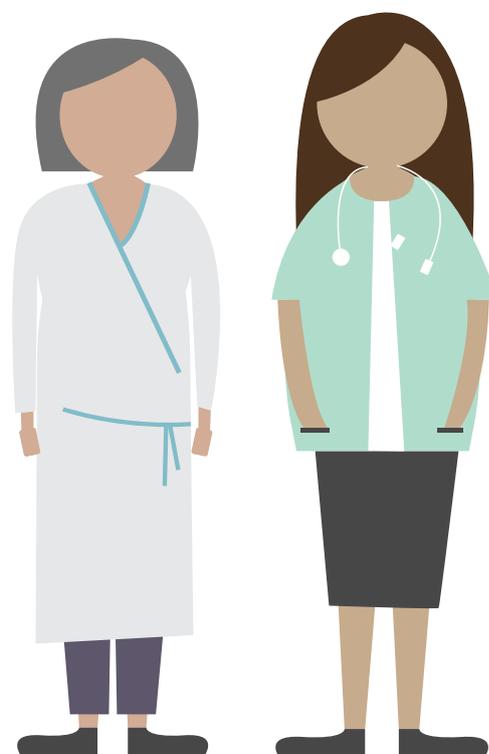
When we spoke with senior managers regarding the long term strategic approach for the service, we learnt that a report had been taken to the NHS Wales Health Collaborative Executive Group¹⁷ in May 2019. The report built on work carried out in 2013 via the National Imagine Programme Board¹⁸ to develop options in response to the radiology workforce challenges in breast screening. The report highlighted that the combination of retirements and reduced radiologist capacity, would threaten the ability to deliver a timely service to women in both health board breast services and the national screening service. The proposed recommendation was for an integrated service model that is delivered regionally across health boards. We were advised that a Programme Manager has been appointed by the NHS Wales Health Collaborative Executive Group to scope this work.

We are of the view that a clear, workforce plan must be produced as a matter of urgency, particularly given the workforce issues relating to radiologists were considered in 2013. This includes taking into account potential developments from the scoping work that is being undertaken via the NHS Wales Health Collaborative Executive Group.

Recommendations

Public Health Wales should:

Develop and implement a workforce plan to set out the short, medium and long term goals, of how the workforce capacity issues will be managed to deliver a timely service. This should be shared with staff at all levels of the service to capture their views and input.



¹⁷ <https://phw.nhs.wales/services-and-teams/nhs-wales-health-collaborative>

¹⁸ The National Imaging Programme Board was created in 2010 as the primary source of advice, knowledge and expertise for the planning of diagnostic radiology services in Wales.

Training and Development

Overall, the responses to training and development in our staff survey were positive. Eighty-six percent of staff agreed, that they are able to undertake training and development, and 92 percent of staff felt supported by managers to undertake training to support them in their role. However, some concerns were highlighted by staff from North Wales, who told us the availability and access to training in that region could be improved.

“Training is difficult to access as there is not enough available courses to attend in North Wales. Feel the North is not catered for regarding development etc.”

“Training opportunities in North Wales, whilst there, are not as readily available as training/development for the staff who work in South East Wales and events are often cancelled.”

“I think a lot of training could be done online or through Skype. We seem to miss out on lots of opportunities in North Wales as they don't seem to filter through to the North.”

Views from staff who work in the service

Despite the high percentage of positive comments in our staff survey, a number of staff told us that staff shortages impact upon training and development needs. For example, allowing staff the time to attend training, the lack of available staff to cover work, and at times, work tasks having to take priority over training needs.

Some staff, particularly assistant practitioners, told us they feel there is a gap in training and development in order to support their progression. This is difficult given the scope of practice recommended by the Society of Radiographers¹⁹, but the service could explore what additional training or development this staff group feel is required, and how this would enable staff to develop further.

We also found that there is no current strategy for teaching and training in place, and some staff felt there was not a holistic strategic view of teaching and training across Wales. However, between teams there is an annual training manager meeting, and softer patient focused skills are updated through clinical update training. It was positive to find that within the initial clinical mammography training, there is a clear focus on clinical compassion, which can help support women who are experiencing anxiety.

Staff told us that students in Wales who are currently undertaking their undergraduate radiography degree, do not attend Breast Test Wales as part of their training. However, it was positive to note that there were established links with Welsh universities, and the service had recently given a presentation to third year radiography students at Cardiff University, which was very well received and had generated interest in the service.

Recommendations

Public Health Wales should:

Explore opportunities to ensure sufficient training and development opportunities are available for all staff in the North Wales region and wider service.

Explore opportunities to establish additional training and development opportunities for assistant practitioners.

Develop a strategy for teaching and training that takes account of all roles across each of the geographical regions.



¹⁹ <https://www.sor.org/learning/document-library/code-conduct-and-ethics/1-scope-professional-practice>

Royal College of Radiologists Global Fellows Programme

We were informed that the service is exploring the potential of participating in the Global Fellows Programme for clinical radiology, which is a collaborative development between the NHS, Royal College of Radiologists, Apollo Radiology International and the University Hospitals of Morecambe Bay²⁰. Appointing Global Radiologists could help to increase capacity within services, such as Breast Test Wales.

The programme would recruit competent radiologists to work in the NHS on an 'earn, learn, return' basis for a period of three years, in order to develop a specialist interest while delivering service work. However, some of the medical staff we spoke with identified the risk of this minimising opportunities for local trainees to join the service, due to a lack of resource to recruit and train.

Artificial Intelligence

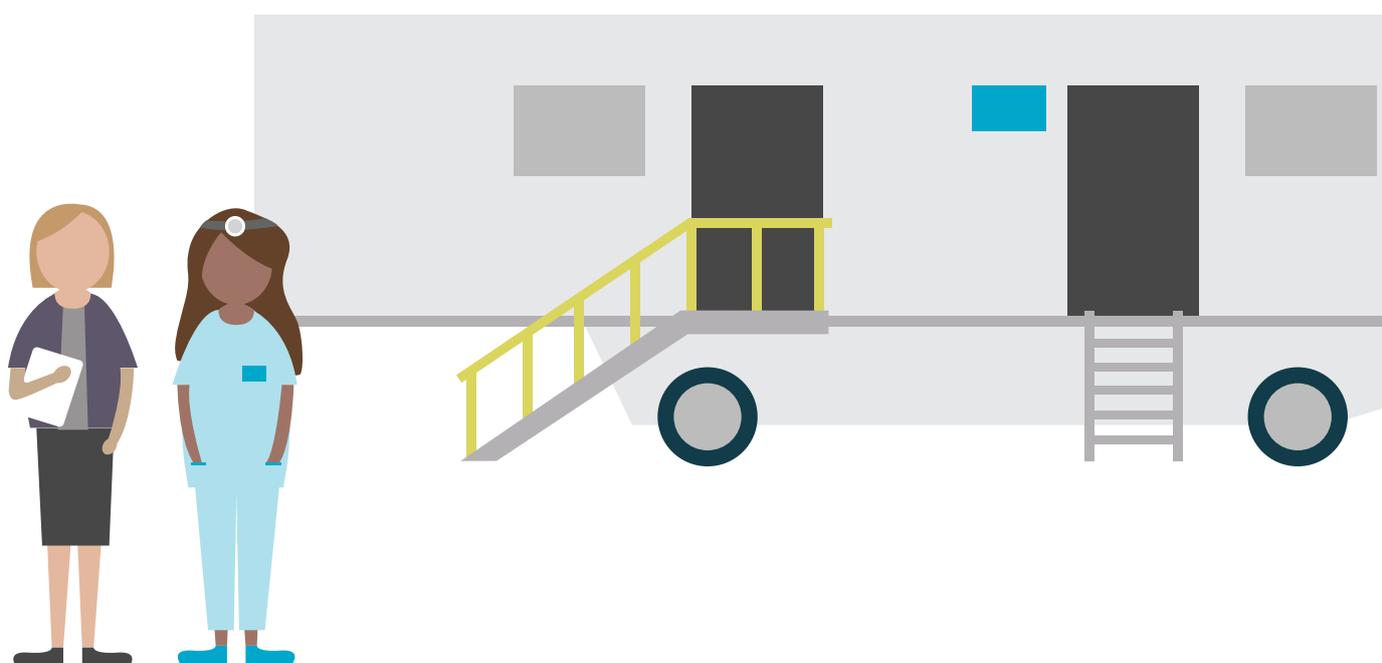
We found the service is in the early stages of exploring emerging technologies for Artificial Intelligence (AI) screening, and the staff who we spoke with were very enthusiastic about the future of AI in breast screening. Given the combination of workforce issues and a rising

demand for screening services, new technology may be well-placed to ease these pressures. However, it is important to acknowledge that AI is not a replacement for staff, but a tool which is to be used alongside teams. Whilst AI may be a vision in the long term, it does not have the ability to solve any short to medium workforce issues facing the service

Recruitment Incentives

During our fieldwork we asked if the service has considered the use of golden hello incentive payments²¹ for the vacant medical positions, in order to make the roles more attractive and to help attract new staff. We found that this has not been considered, and was not something the service would likely consider, due to the risk of not recruiting the most appropriate candidate, and the pay inequality that may result with the existing medical staff.

This method has been used elsewhere in the UK in other sectors where there is a challenge to recruit medical specialists, for example, in Pathology, and it has been well received. Given the critical nature of the medical staffing situation in Breast Test Wales, this is something the service should potentially reconsider.



²⁰ <https://www.rcr.ac.uk/clinical-radiology/being-consultant/working-uk/global-radiologists-earn-learn-and-return-scheme>

²¹ A lump sum payment to help attract new staff into the service.

Administrative Processes and Procedures

We found the service is well organised and underpinned by a range of detailed administrative processes and procedures. There are robust internal controls in place to minimise any errors and the staff are very confident in these arrangements, although there may be an opportunity to further streamline the internal controls to reduce the burden on the administrative teams. The detailed processes and procedures differ between the geographical regions and whilst in some cases this is justified, there is a potential benefit to standardise these where possible. The service must also ensure there is a more consistent and systematic way of recording and sharing changes to the processes and procedures.

Robust administrative processes are fundamentally important to ensure that the screening pathway promotes a quality experience for women, whilst ensuring safe, effective and timely care. The processes should be clearly documented and fit for purpose, with regular reviews in place to ensure best practice is implemented. Where service delivery issues are found or where standards are not being met, the service must ensure that its processes adapt to the meet the needs the women undergoing screening.

Initial Screening and Assessment Clinic Appointments

In our staff survey, the results were very positive for questions regarding the processes and procedures that were in place for both the initial mammogram and assessment clinic appointments. For the initial screening appointment, 94 percent of staff felt it is well designed and efficient, and 96 percent felt there are enough appointments available for women. For the assessment clinic 98 percent of staff felt it is well designed and efficient, and 97 percent felt there are enough appointments available for women.

We found the service was well organised and underpinned by many manual and process driven tasks. This included the use of envelope packing machines to send letters, and paper forms to track and monitor women as they progress through the pathway alongside the use of National Breast Screening System to record outcomes of appointments.

The main teams responsible for administration were the Breast Screening Office and Medical Secretaries. The main tasks were divided in each centre whereby the Breast Screening Office send out the initial invitations for screening and normal results letters, and the Medical Secretaries manage the assessment clinic process of

booking appointments, sending letters and managing all related correspondence where women are referred on to the health board for treatment. We found the two teams worked closely together and there were very good working relationships between the staff groups in each of the three centres we visited.

It was positive to find that the impact on women's anxiety was clearly being considered in the timescales that were in place for sending out letters. We found the initial screening invitation letter was sent three weeks before the appointment, and the assessment clinic invitation letter was only sent one week in advance. Staff told us that the reason for the one week timescale, was to strike a balance between having enough notice to attend, against a prolonged wait that may cause more worry and anxiety.

We spoke with staff regarding the process when a woman wants to change their appointment, and found that although this is actively discouraged, it does sometimes result in women arriving on the wrong date and time for appointments. We were advised that sometimes women who are very worried will phone the screening centre to try and delay their appointment, and when this happens the

staff aim to calm women's anxiety, and are often successful in encouraging women to retain their original appointment.

We were informed by some staff however, that there are occasions where women arrive and state to have rescheduled an appointment over the phone, and there has been confusion between what they think and what was recorded at the centre. Although this does not happen often, staff told us it can unduly add pressure as the service will attempt to see the woman on that day, rather than turning them away. We found that whilst women who reschedule their appointment are asked if they would like a new appointment letter, many will decline. Breast Test Wales should consider the appropriateness of always sending a new appointment letter to prevent misunderstandings.

During our fieldwork some staff told us the process for informing women of their initial appointment could be improved through better use of technology, such as text messaging. This may help limit the number of women failing to attend their appointment or arriving on the wrong day, as a means of a reminder to their original letter. This would also help to streamline the administrative burden on staff.

"We could do better. There needs to be a more modern approach to scheduling appointments using text messaging which our programme is looking into as this is slightly more complex than in the Health Boards."

"A system of reminding women of their appointment, such as text may prevent appointments being missed. As the appointments are sent out three weeks before, life sometimes gets in the way and the appointment can be forgotten."

"Many ladies do not turn up - we need better means of communicating and reminding them of their appointments."

"Definitely need to move into the 21st century and identify means for clients to e-book appointments, text reminders to clients and become less paper dependent regarding bookings."

Views from staff who work in the service

Recommendations

Public Health Wales should:

Explore all options to utilise digital technology to invite and remind women of appointments dates and times, which includes when appointments are rescheduled.



Internal Controls

We found there was a range of internal controls in place for assurance to minimise errors, and ensure the correct result was sent to the correct woman. The staff who we spoke with told us they felt very confident in the processes that were in place, which had been proven over many years to be highly effective and reliable. We found this involved the use of multiple check points throughout the administrative processes, which included a series of failsafe measures to ensure that every woman booked into a screening clinic was accounted for, and received the correct result. It was positive to find that annual audits of each centre were carried out by a different centre manager to identify potential risks and issues, which included an audit of the failsafe mechanisms in place.

Many of the staff told us the comprehensive range of internal controls had resulted in the administrative processes and procedures becoming very labour intensive and repetitive. In addition, some staff felt that although the internal controls were valued the processes could be streamlined to become more efficient. We were informed that the service is currently exploring if the printing of letters can be outsourced to create additional capacity for staff in the administrative teams.

We were advised that sometimes a woman will contact the centre where she had had a normal reading, but has developed a cancer in the three year period following routine recall. This is a known risk within a three year screening programme. Staff told us that in this situation, for what is classed as an interval cancer, the Clinical Lead Radiologist in each centre will be informed. This will result in a full case review to establish if it was a true interval or a near miss, and a detailed report will be produced for the Head of Programme.

Standard Operating Processes and Procedures

We found an overarching quality manual was in place that sets out the high level operating procedures across the service, which sat above a suite of very detailed processes and procedures for the administrative teams. The suite of procedures included centre specific step by step instructions for all key administrative processes.

It was positive to find standardised letters and templates, and the same target timescales were used across all regions to ensure there was a level of consistency in the standard of communication that women received across Wales. However, we found that many of the processes and procedures were unique to each centre.

The staff told us the reason for this was that local administrative arrangements had been developed over time, and each region had specific medical roles in place, for example, for assessment clinics in South East Wales there was a dedicated biopsy team with set roles for biopsy takers, whereas in the North a more generic approach was used.

There was a strong view from some staff we spoke with that although different local processes are equally valid it can potentially cause some confusion for the administrative staff. This is particularly important due to the move towards more cross centre reading where different centres have varying supporting processes.

We found the quality manual was reviewed regularly via a group that included the head of programme and lead centre manager, however there were mixed views amongst staff regarding how often the supporting processes and procedures were reviewed. Staff told us any changes to the quality manual or supporting procedures were normally communicated through line managers via an email as and when the changes were made. We reviewed the quality manual and suite of supporting procedures and found there was no version control in place to record the dates and detail of any changes, or who had seen the updates.

Recommendations

Public Health Wales should:

Review the merits of the different local arrangements for administrative processes and standardise the processes where possible.

Introduce a consistent and systematic process of reviewing, updating and disseminating changes to the processes and procedures. This should also include the use of version control.



Governance

We found there are generally clear lines of accountability across the service and most staff feel well supported in their roles. Robust arrangements are in place to monitor quality within the radiology teams and well embedded processes are in place to review performance at an operational and strategic level. However, the timeliness of arranging assessment clinics and the subsequent delays in inviting women to attend has been a longstanding issue.

Effective governance arrangements are important in ensuring the quality and effectiveness of services, and to identify any emerging issues and trends which need to be acted upon

Accountability

We found there were clear lines of accountability and staff told us they understood their roles and responsibilities. There was a Programme Board in place that reported to the director of screening division. The Programme Board was responsible for the planning, operational management and delivery of the breast screening programme. We reviewed the terms of reference for the group and found the remit also included the review of performance against standards and the identification of any required actions. The Board was chaired by the head of programme and included leads from each of the specialties in the service. This included the business manager, who had overall responsibility for the management of all the regional screening centres. Staff who attend the Programme Board told us the quarterly meetings were very helpful to review performance and workforce issues were regularly discussed.

Prior to the Programme Board meetings, a Local Management Group meet monthly in each of the centres. The purpose of these groups is to review performance, results from surveys and any Datix²² notifications, or complaints and feedback. We found that all staff groups were represented in the Local Management Groups, and the staff who we spoke with told us they felt the meetings were very useful. It was positive to find a combined Local Management Group had been established 18 months ago between the Cardiff and Swansea centres to support collaboration, where meetings are held every three months.

We found there were designated radiologist clinical leads in each centre, who had overall responsibility for the clinical

matters, and provided professional medical advice to the head of programme. It was positive to find the staff in the centres were very complimentary of the support and guidance provided by the clinical leads. Also, many of the staff we spoke with praised the Head of Programme, and described the excellent level of support that was provided to each of the regional centres.

We found there were specific leads and line managers for the groups of staff in each centre. This included a centre manager and deputy manager who oversees the work of the assessment (medical secretaries) and administration teams. However, ongoing staff absence had resulted in the need for long term arrangements to share management in some areas. This included the Swansea centre manager who provided overall management to both the Swansea and Cardiff centres, and the radiographer manager from the Swansea centre, who provided management to the radiographer teams in Swansea and Cardiff. Although the staff who we spoke with were generally positive about these arrangements, some of the comments in the staff survey highlighted concerns regarding ongoing line management absence. In addition, we received some staff comments from the Wrexham centre, who felt the Wrexham centre may be overlooked.

²² Datix is a bespoke incident management system that can support practices with recording and analysis of Significant Events.

Overall, in our staff survey 75 percent of respondents felt that communication between senior management and staff was effective. At a regional level the results were 83 percent North Wales, 67 percent in West Wales and 65 percent in South East Wales. The service may wish to consider these results in any future internal staff survey or team meetings. We received many positive comments in the survey, which stated Breast Test Wales is a good place to work. In addition, the staff we spoke with told us they felt very well supported in their roles and were happy within the workplace. It was evident from our discussions that the staff took a great deal of pride in their work.

“Breast Test Wales is a great place to work, there is a low turnover of staff, I believe this is because most people are happy in their work and are happy with the support they get from Management.”

“Working within Breast Test Wales presents many daily challenges, most of which were not present when I started my career. Despite this I firmly believe that in the main it is a friendly place to work and that, certainly in our own unit, we have a friendly, professional and supportive atmosphere.”

“Breast Test Wales is a great place to work with dedicated staff who always put the patient first.”

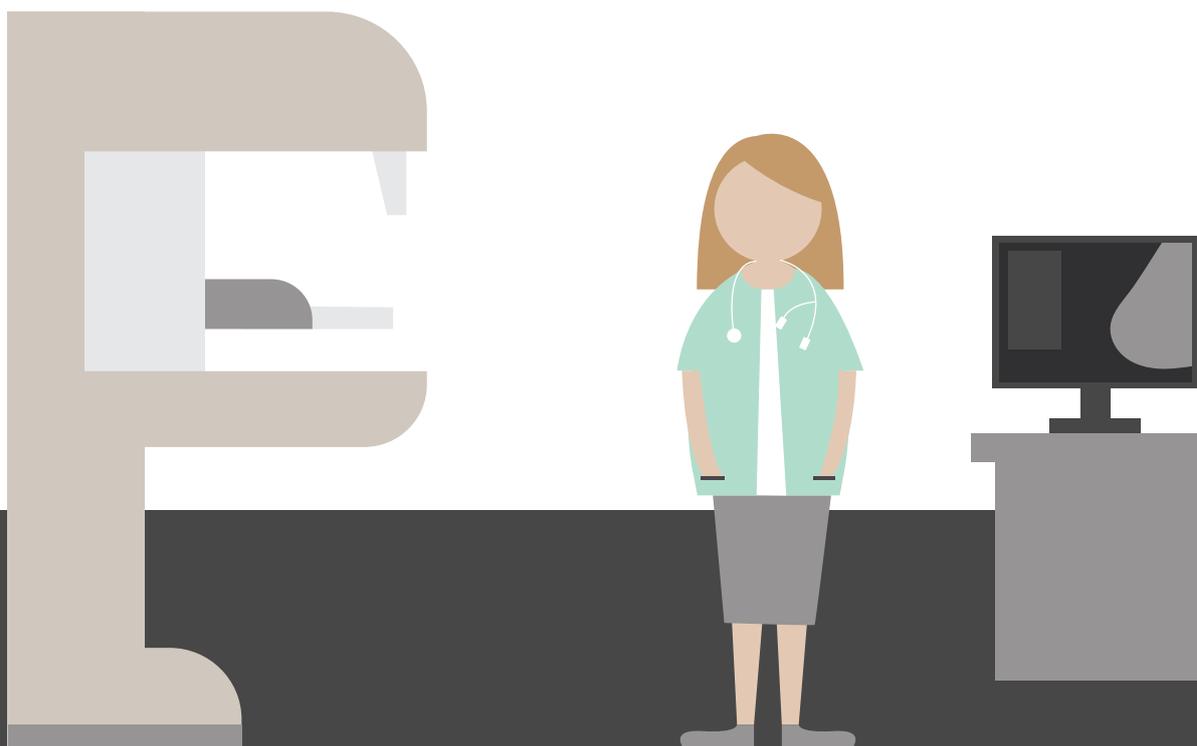
Views from staff who work in the service

We also asked staff a series of questions regarding their view on reporting errors, near misses and incidents. This is important as learning from incidents and near misses is crucial in providing a safe, effective and forward thinking service, and leads to better outcomes for women. Overall, the results were very positive, where 99 percent of respondents said they would feel comfortable to report any errors, near misses and incidents, and 96 percent felt they were actively encouraged to report such incidents. In addition, 91 percent of staff said managers share any learning from the incidents. However, some staff stated the positive feedback from praises and compliments is not always circulated, and there should be more focus on the positive alongside the negative feedback, to help boost morale.

Recommendations

Public Health Wales should:

Ensure mechanisms are in place to regularly share positive feedback in a systematic manner to all staff across the service.



Performance and Quality

We found there were robust performance management arrangements in place, which included regular reporting across a range of key performance indicators, at an overall service and individual centre level. This includes the integrated performance report, which is produced every two months and reviewed at the Public Health Wales Board meetings. The Board meetings are attended by the chair, chief executive, executive and non-executive directors.

The purpose of the integrated performance report is to provide an update on key areas from the programmes within the screening division, which for Breast Test Wales includes reporting on the timeliness of assessment clinic appointments as a key indicator for the service. We found the report includes a good narrative to explain what actions were being undertaken, however, the performance issues in West Wales relating to timely assessment clinic appointments are long standing. The senior managers who we spoke with told us that although they were concerned with the poor performance in West Wales and were attempting to put actions in place to mitigate any delays, there were other programmes in the wider screening division that were classed as higher risk and greater concern, such as Diabetic Eye Screening Wales²³.

We found detailed performance reports were reviewed at the quarterly Programme Board meetings and monthly Local Management Group meetings. This involved reviewing the Screening Performance Activity Report (SPAR) report. The staff we spoke with told us the SPAR data is reviewed in detail, which includes key performance indicators for the timeliness of arranging assessment clinics, along with other indicators from the national standards. We found the reports were clear, and provided colour coding to easily show if results were above, close or well below target. However, we found that the target used for the timeliness of assessment clinic appointments was 90 percent rather than the current standard of 98 percent in England.

When we discussed this with management staff we were advised the target of 98 percent was not used as the current performance was significantly below this value, and therefore the target of 90 percent was more appropriate. However, the new process for cross-centre reading between North Wales and West Wales has demonstrated success in improving the result for this measure, and therefore the national minimum standard of 98 percent should be used.

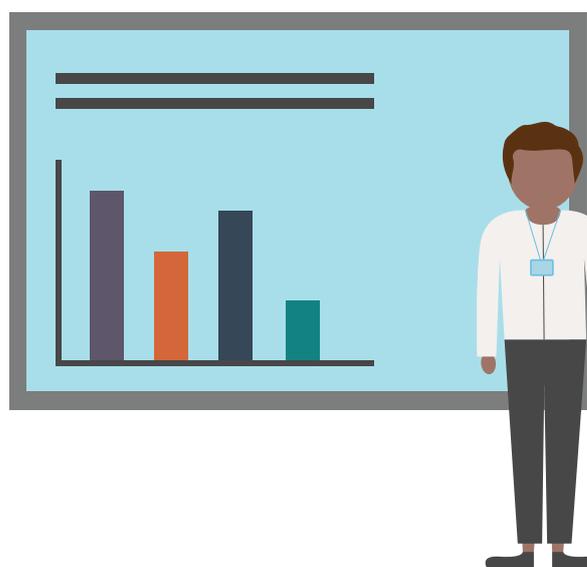
Recommendations

Public Health Wales should:

Align the target for the proportion of women who are offered their first assessment clinic appointment within three weeks of the initial screening appointment, with the national minimum standard of 98%.

We found there was strong leadership for Quality Assurance (QA) from the QA lead, and robust arrangements were in place to monitor quality within the radiology teams. This included a six monthly quality monitoring report, and an annual conference to compare performance and quality across the three regions. It was positive to find that work had started towards developing a quality and improvement strategy.

We also found that as part of the quality arrangements, all staff who complete image reading are provided with a comprehensive breakdown of their reading statistics twice a year, for example, recall rate and cancer detection rate. The results are also reviewed by the QA lead who identifies any outliers, and engages with the clinical lead to discuss any issues. It was positive to hear that this helps support training and to ensure the proportion of women coming through the clinics are warranted, as to minimise the number of women who are unnecessarily recalled back to attend an assessment clinic.



²³ Diabetic Eye Screening Wales is an all Wales service designed to detect sight threatening diabetic retinopathy at an early stage before visual loss occurs, thereby ensuring early treatment and preventing loss of vision.

Conclusion

Our review of Breast Test Wales has identified some issues regarding the timeliness of care that women experience when accessing the service. However it was very positive to find that overall, women who were recalled to attend an assessment centre and had an abnormal screening mammogram, had an excellent experience. It was clear that helping to mitigate women's anxiety through the process was considered the greatest importance by the staff. In addition, the staff were caring, dedicated and passionate about providing the best possible service for women. However, we identified workforce challenges which highlights an inequality across Wales based on where women live, which affects the timeliness of care received.

We found the service has been managing the long term workforce challenges by sharing staff and mammogram reading between the screening centres in South East and West Wales. It was very encouraging to find that a new process had been recently introduced, whereby the North Wales centre will complete a large proportion of the reading for West Wales. This has resulted in a significant improvement in how long women were waiting for an assessment clinic appointment in west Wales. However, it was unclear if this was a sustainable long term arrangement, as it has the potential of creating additional pressures on other regions under the current regional model.

During our conversations with staff, it was apparent that although Breast Test Wales is a national service, it is largely delivered on a regional model. However, we found the direction of travel for the service appears to be moving towards a more holistic all Wales model, to help ensure the timeliness and consistency of service delivery. A new workforce plan was in the very early stages of development, and this should be progressed at pace. Once completed, the plan should be regularly reviewed within the wider Public Health Wales governance structure.

We found there were strong assurance arrangements in place to ensure women received the correct result and were accounted for. In addition, there were robust processes in place to monitor service performance and quality. However, there is an opportunity to streamline and standardise some internal processes, to improve the efficiency and consistency of core administrative processes.



What next?

We expect Public Health Wales to carefully consider the recommendations from this review, and complete the management response action plan in Appendix A. We hope this information will be used to further improve the service provided by Breast Test Wales, and to inform further work and investigation around the areas we have highlighted.

During our fieldwork some of the staff we spoke with raised concerns regarding a potential inequity amongst groups of women and across demographic profiles, for example, how deprivation, geographical location and ethnicity can influence access to screening services. Whilst this fell outside the scope of this review, the equitable provision and uptake of breast screening services across Wales could benefit from further investigation by other bodies.



Appendix A - Management response action plan

As a result of the findings from this review, we have identified the following recommendations in the table below. A section is included to show what actions will be taken by Public Health Wales to address each of the recommendations.

Health and Care Standard: 3.3 Quality Improvement, Research and Innovation

Recommendation

Replicate the Breast Care Nurse audit of national standards across all regions.

Action	Responsible Officer	Timescale
To undertake further annual audit of breast care nursing national standards in the South East region during 2021 and North region during 2022, as previously agreed at BTW programme board To report on the above to BTW programme board and identify areas for improvement, sharing the learning across Wales	Head of Nursing	2021,2022



Health and Care Standard : 4.2 Patient Information**Recommendation**

Develop documentation for women with a positive cancer diagnosis to clearly identify the care and treatment pathway, including signposting women to a point of contact at each stage.

Action	Responsible Officer	Timescale
Service user literature to be reviewed and updated. Head of Nursing and Breast Care Nurses to review with public information group.	Head of Nursing	March 2021

Recommendation

Update the text in the leaflet literature to ensure the appropriate timescales for sending results to women are included.

Action	Responsible Officer	Timescale
Update Service User literature (Helping You Decide Leaflet) to reflect standard wait times for results for each stage of the pathway.	Screening Programme Pathway Manager	March 2021

Recommendation

Review the wording on the recall invitation letter to make the wording less alarming and more reassuring for women.

Action	Responsible Officer	Timescale
BTW Public Information Group to review in conjunction with Screening Engagement Team with review and sign off from QA and clinical leads groups.	Screening Programme Pathway Manager	Dec 20

Recommendation

Expand the information that is provided on parking to include various options of where to park and how long it may take to find a space.

Action	Responsible Officer	Timescale
Each screening centre to review local information sheet and detail parking options and timescales.	Screening Programme Pathway Manager	Sept 20

Health and Care Standard : 5.1 Timely Access**Recommendation**

Develop a firm position on the new arrangement of sharing reading from the Swansea Centre to the Llandudno centre, including how long the arrangement will be in place.

Action	Responsible Officer	Timescale
Agenda discussion item for August BTW Programme Board to agree timescales	Head of Programme	August 2020

Health and Care Standard : 7.1 Workforce**Recommendation**

Explore the issues identified of why some staff feel there is a divide between regions.

Action	Responsible Officer	Timescale
Local Management Groups will explore opportunities for cross region staff collaboration. Item to be added to Local Management Group meeting agenda, sub groups to be formed as necessary with staff side involvement to implement agreed initiatives.	Centre Coordinators & Head of Programme	March 2021

Recommendation

Develop and implement a workforce plan to set out the short, medium and long term goals, of how the workforce capacity issues will be managed to deliver a timely service. This should be shared with staff at all levels of the service to capture their views and input.

Action	Responsible Officer	Timescale
Current draft workforce plan to be updated to reflect current position, setting out ambitious for short, medium and long terms actions, this is then to be circulated for comment via local management group meetings across all regions.	Head of Programme	December 2020

Recommendation

Explore opportunities to ensure sufficient training and development opportunities are available for all staff in the North Wales region and wider service.

Action	Responsible Officer	Timescale
The Screening Workforce Development manager in conjunction with the Risk Health and Safety and Clinical Governance Manager for Screening are working with the Organisational Development and Learning Team to facilitate video conferencing training for staff to access. External training companies have been approached to deliver these sessions via video conferencing facilities	Screening Workforce Development Manager – Philipa Bassett	Jan 2021

Recommendation

Explore opportunities to establish additional training and development opportunities for assistant practitioners.

Action	Responsible Officer	Timescale
Establish task and finish group to explore opportunities for Assistant Practitioners, Produce recommendations to be considered by BTW Programme Board	Regional Radiography Managers	March 2021

Recommendation

Develop a strategy for teaching and training that takes account of all roles across each of the geographical regions.

Action	Responsible Officer	Timescale
The Screening Workforce Development manager in conjunction with the Risk Health and Safety and Clinical Governance Manager for Screening are working with the Organisational Development and Learning Team to facilitate video conferencing training for staff to access. It is hoped that following the pilot and feedback from those involved that we will be able to utilise this delivery method in the future to ensure that staff are able to access the training in a timely manner. Thought will need to be given to ensure that staff who are based in different geographical regions are not disadvantaged by receiving training via videoconferencing and that there is an equity of provision in areas where historically, training has been a challenge to access.	Screening Workforce Development Manager – Philipa Bassett	Jan 2021

Health and Care Standard : Governance, Leadership and Accountability**Recommendation**

Explore all options to utilise digital technology to invite and remind women of appointments dates and times, which includes when appointments are rescheduled.

Action	Responsible Officer	Timescale
A business case is currently being developed with the aim of implementing a text reminder service for BTW Submission to Business Executive Team planned for September 2020.	Screening Business Team General Manager	September 2020

Recommendation

Review the merits of the different local arrangements for administrative processes and standardise the processes where possible.

Action	Responsible Officer	Timescale
Admin sub group to identify areas of non-standardisation across admin processes and review and revise in conjunction with relevant teams.	Screening Pathways Programme Manager	December 2020

Recommendation

Introduce a consistent and systematic process of reviewing, updating and disseminating changes to the processes and procedures. This should also include the use of version control.

Action	Responsible Officer	Timescale
Processes and procedures are held in the BTW Quality Manual, as the quality manual is updated and reviewed it will be stored onto the document management system (SharePoint) where version control is automatically added. It will be held in electronic form. The Quality Manual will be review and updated quarterly by the Quality Manual Review group.	Head of Programme Breast Test Wales	Current and ongoing

Recommendation

Ensure mechanisms are in place to regularly share positive feedback in a systematic manner to all staff across the service.

Action	Responsible Officer	Timescale
<p>Current process</p> <ul style="list-style-type: none"> - all compliments received via comment sheets are collated, entered onto Datix, and reports tabled at Local Management Group, Programme Board and team meetings and displayed on notice boards. - All compliments received via letter/card locally are entered onto Datix, reported at Local Management Group meetings, and copies provided to the team/individual and lime manager. - All compliments received via central route – director office/website. All Wales secretary enter onto Datix. - All compliments on Datix are tabled at BTW Programme Board <p>Review current process via BTW Programme Board, item to be added to agenda for September 2020 meeting</p>	Screening Pathways Programme Manager	Sept 20

Recommendation

Align the target for the proportion of women who are offered their first assessment clinic appointment within three weeks of the initial screening appointment, with the national minimum standard of 98%.

Action	Responsible Officer	Timescale
<p>Post COVID, the demand and capacity for assessment will be monitored by the Local Management Groups in each region to ensure that film reading and booking assessment clinic appointments is optimised. Assessment will need to be monitored and optimised in line with the relaxation of social distancing as it changes. The BTW Programme Board will provide management oversight at an all Wales level as the programme enters a recovery phase following the pause due to the pandemic.</p>	Head of Programme	October 2020

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