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Review of Management Arrangements within the Screening Division

Public Health Wales NHS Trust

Issued: January 2013

Document reference: 629A2012

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Context

1. Public Health Wales NHS Trust (the Trust) was established on 1 October 2009. As a new organisation, the Trust had to put in place organisational structures and to establish management arrangements for governance and accountability, as well as arrangements to secure the effective use of resources. Governance arrangements needed to incorporate performance management, quality assurance and risk management.
2. One of the Trust's high-level strategic objectives is to 'reduce illness and death through the management and development of evidence based screening programmes'. Screening programmes are an important public health initiative that allows for the early detection and treatment of potential health problems.
3. The Welsh Government and the three other countries of the UK are able to determine their own screening policies. However, all four countries belong to the UK National Screening Committee (UKNSC). The Wales Screening Committee (WSC), established in 2011, provides advice to the Minister for Health and Social Services, Welsh Government and the NHS about screening policy in Wales. The WSC's advice takes into account guidance and advice from the UKNSC.
4. The Screening Division sits within the Trust's Public Health Services Directorate. It is currently responsible for the management and delivery of five national population-based screening programmes on behalf of the Welsh Government. These programmes are: Bowel Screening Wales (BSW), Breast Test Wales (BTW), Cervical Screening Wales (CSW), Newborn Hearing Screening Wales (NBHSW) and Antenatal Screening Wales (ASW). A new screening service, the Wales Abdominal Aortic Aneurism Screening Programme (WAAASP), is being developed with roll-out expected in 2013 while the existing Newborn Bloodspot Screening Wales (NBSW) has been expanded and recently brought into Public Health Wales.
5. Our annual organisational review of corporate arrangements over the last two years found that the Trust has continued to strengthen its governance arrangements but there is scope to make further progress. This is important, more than ever, with unprecedented financial and service delivery challenges now facing the NHS in Wales.
6. If these challenges are to be met, it will be important that plans are robust and deliverable and going forward they will need to focus increasingly on the more difficult areas of recurring savings and reducing costs by reforming and reshaping services. The challenge the Trust faces is typified within the Screening Division, where screening programmes are well established but expectations are changing. New screening programmes and technologies are being introduced, which will impact on delivery. Consequently, there is a much stronger need to secure efficiencies and economies of scale across the screening programmes.

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7. Our review, which was carried out between August and September 2012, considered the following question: 'Are the Screening Division's management arrangements effective?' The scope of our review covered the overall structure, the arrangements for sharing and using information, the arrangements for managing risk and quality and the planning processes in relation to goal setting, as well as financial and workforce planning. This review focuses on three of the five national screening programmes, namely BSW, BTW and CSW.

Our main findings

8. Our main conclusion is that many of the Screening Division's lines of accountability are overly complex and blurred, many are duplicated, and business planning arrangements are not always fully aligned across programmes. We reached this conclusion because:
- Lines of accountability within the Division and its screening programmes are overly complex and resource intensive, which will not be sustainable going forward:
 - there are clear lines of accountability within the Division's senior management structure but greater clarity is needed around the Director's role outside of the Trust;
 - overlapping responsibilities within programme delivery structures are blurring lines of accountability and could be streamlined; and
 - the current number of meetings is excessive and will not be sustainable going forward.
 - While performance, quality and risk are effectively monitored, these arrangements are often duplicated and are overly complicated:
 - the Division's performance management arrangements are extensive and sometimes duplicated with complex reporting lines to the governance and assurance groups;
 - there are comprehensive arrangements for monitoring the quality of screening services; and
 - the Division's risk management arrangements are overly complicated and could be streamlined, strengthening the role of the Screening Division Executive team (SDE) in the process.
 - While workforce plans identify the key challenges, business plans are not sufficiently aligned across the Division:
 - there is a clear line of sight between programme objectives and those of the Trust, but there is not a clear line of sight with the Trust's strategic actions;
 - while budget management arrangements are effective, more could be done to benchmark costs across current programmes; and

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- workforce planning arrangements are effective in meeting challenges of new and changing services.

Recommendations

We have made the following recommendations to Public Health Wales.

R1 Greater clarity is needed around the Divisional Directors role outside the Trust in relation to the WSC and when representing the Welsh Government at the UKNSC. The Trust should clarify the delegated responsibility held by the Director of Screening, on behalf of the Trust, at the UKNSC and the WSC.

R2 The functions and lines of accountability within the programme governance structures should be streamlined to reduce overlaps. The Trust should ensure there is a clear separation between the operational and governance responsibilities of these groups and that of the SDE.

R3 The programme governance and accountability structures are overly complex and could be streamlined based on the changes to BSW structures. The Division should ensure that arrangements for BTW and CSW are equally streamlined and effective.

R4 There is scope to improve the integration of information used to monitor performance and quality. The Trust should take the opportunity to integrate management information to provide a more rounded view of performance by including service user experience and lessons learned.

R5 The lines of accountability in relation to risk management can be blurred. The Division needs to streamline its current arrangements for risk management with the SDE taking full responsibility for risk management.

R6 The risks set out in the Division's risk register are not clearly linked to the Division's objectives. The Division should strengthen its current arrangements to ensure that risks are effectively identified, managed and reduced.

R7 Business plans are not sufficiently aligned across the Division. The Division should consider:

- putting in place a planning structure that clearly aligns the Division's strategic goals with the Trusts' strategic goals;
- enhancing the clarity of the business planning process by supporting programmes to clearly align programme operational actions with division strategic actions;
- supporting heads of programmes to write business plans that have measurable outcomes and to use the divisions strength in information management to inform these outcomes;
- ensuring that, where appropriate, measurable outcomes from cross programme services, e.g. nursing and laboratories, are included in the business planning process; and
- providing business planning training for heads of programmes and division leads to support them to develop skills in business planning.

R8 It is unclear what impact the work in supporting the Welsh Government in developing services has on Division resources and whether there is sufficient oversight of this work by the Trust Board. The Trust should ensure that the Board members have oversight of the project work undertaken by the Screening Division on behalf of the WSC and to implement a system to monitor the demand and its impact.

R9 Although the costs of some elements of screening programmes are known, the Division should continue to routinely benchmark its programmes as part of a process to ensure efficient and effective use of resources.

Lines of accountability within the Division and its screening programmes are overly complex and resource intensive, which will not be sustainable going forward

There are clear lines of accountability within the Division's senior management structure but greater clarity is needed around the Director's role outside of the Trust

9. The Division is led by a Director and a SDE. The SDE is responsible for developing strategic direction for the Division. The Divisional Director is managerially and professionally accountable to the Executive Director of Public Health Services who is, in turn, accountable to the Trust's Chief Executive.
10. The SDE comprises the following:
 - Deputy Director of Screening;
 - the five heads of programmes;
 - Programme leads for programmes in development;
 - Head of Nursing;
 - Assistant Director of Finance (PHW);
 - HR Officer;
 - Head of Administration;
 - Head of Laboratory Services;
 - Human Resources Manager for the Division
 - Head of Informatics for Screening; and
 - Divisional General Manager.
11. The Division's Director, Deputy Director and Divisional General Manager meet with members of Trust's Executive Team every six months to review service and financial performance, as well as risk management, and other relevant business, such as the post project report on the implementation of digital mammography.
12. The Director also reports both professionally and, on behalf of the Trust, to the WSC on the performance of the screening programmes. At times, the Director may be required to represent Welsh Government at the UKNSC meetings. This dual role as Trust representative, responsible for Trust resources, and Professional Adviser, responsible for commissioning recommendations, is a potential conflict of interest. It is essential that the Trust is clear what delegated responsibilities the Director holds, and how these responsibilities are discharged.

13. Furthermore, the WSC has responsibility for oversight of strategic planning and the implementation of screening programmes. Similar responsibilities are held by the Trust Board. These dual responsibilities can blur lines of accountability for the Division. These blurred lines have been recognised by stakeholders and the WSC’s terms of reference are currently being reviewed.

Overlapping responsibilities within programme delivery structures are blurring lines of accountability and could be streamlined

14. Delivery programme structures are specific for each programme and the similarities and differences are illustrated in Exhibit 1. In addition to the Trust’s delivery arrangements, both CSW and BSW work in conjunction with the Welsh health boards to deliver the service in their locality. These delivery arrangements are governed by long-term agreements (LTAs) between the Trust and the respective health board.

Exhibit 1: The main features of three screening programmes

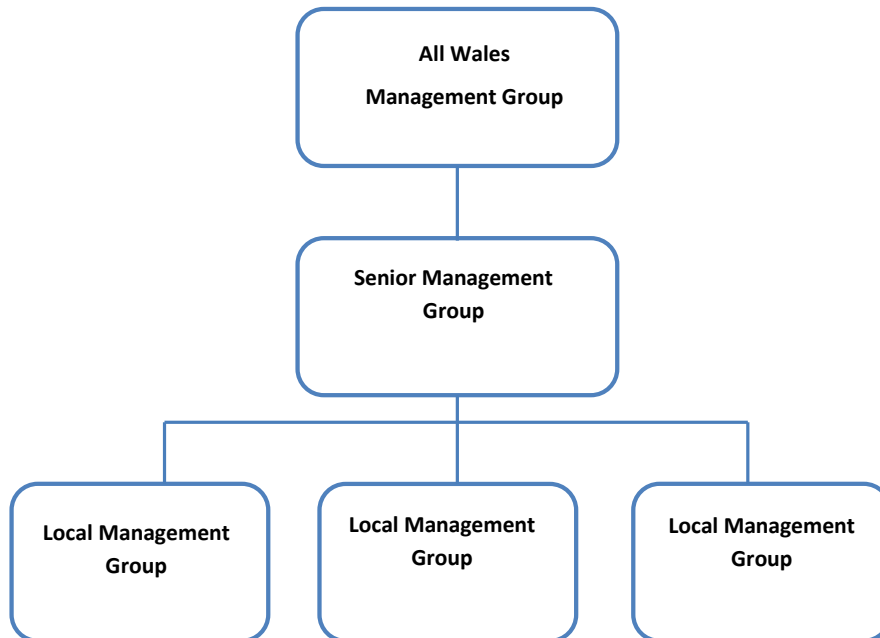
Feature	Breast Test Wales	Cervical Screening Wales	Bowel Screening Wales
Programme organisation	The BTW programme is divided into three geographical areas.	CSW is a programme that crosses organisational and professional boundaries.	BSW is a programme that crosses organisational and professional boundaries.
Delivery model	The BTW is delivered through the co-ordination of administrative, clinical and laboratory services. The service is provided at the three centres: Cardiff; Swansea; and Llandudno (with a satellite centre in Wrexham). Ten mobile units also work across Wales to support these centres. The mobile units visit over 100 sites moving to pre-agreed locations throughout Wales on a three year cycle.	CSW is delivered through the co-ordination of administrative, clinical and laboratory services.	BSW is delivered through the co-ordination of administrative, clinical and laboratory services.

Feature	Breast Test Wales	Cervical Screening Wales	Bowel Screening Wales
Staffing	All staff who deliver the BTW programme are employed by the Trust either directly or on honorary contracts.	Clinical services are provided by primary care practitioners who take smears by health boards staff contracted via LTA for colposcopy services and by nursing staff employed by the Trust.	Clinical services for colonoscopy, surgery and radiology are provided by staff contracted via LTA from the health boards and by nursing staff employed by the Trust.
Administration	Administrative service staff are employed by the Trust. These staff operate the call and recall invitation and result process for screening, as well as the appointment reception and result processes for women recalled to assessment and referred for treatment.	The administrative service staff are employed by the Trust. These staff enter and verify smear results, issue results and directly refer women into colposcopy service. Routine invitation letter printing and postage is contracted out to a third party.	The administrative service staff are employed by the Trust. These staff operate the call and recall invitation process to screening and arrange appointments with Specialist Screening Practitioners across Wales. Routine invitation letter printing and postage is contracted out to a third party.
Laboratory services	Breast histopathology samples are processed and reported in three Health Boards in Wales.	Smear samples are processed at the centralised laboratory services at Magden Park.	Faecal occult blood samples are processed at the centralised laboratory services at Magden Park.
Diagnostics	Films are read at the three BTW centres.	The smears are screened by the Trust's laboratory services in Magden Park and by health board laboratories, local to the GP practice. Data on smears and outcomes are processed by laboratory services.	There are 14 local assessment centres where patients who test positive are managed. The Specialist Screening Practitioners are employed by the Health Boards but are accountable to BSW for the screening elements of their roles.

Source: *Public Health Wales*

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15. The BTW was the first screening service to be established in 1988 and its programme delivery structure has provided the template for subsequent programmes. Each programme has a quality manual, which sets out the management and organisational structures, lines of accountability and quality standards for the programme.
 16. Each of the five screening programmes has a hierarchical management structure with a Head of Programme reporting to the Director. Where possible duplication has been avoided and there are some shared posts within the SDE that cut across the programmes. These posts include:
 - Head of Nursing;
 - Head of Administration;
 - Associate Director of Finance
 - Divisional General Manager
 - Head of Laboratory Services; and
 - Head of Informatics for Screening.
 17. There are line management relationships within the programmes linking the Divisional Director with all directly employed staff, as well as those staff providing sessional contracts for a specific programme. For example, the consultant radiologist, surgeon and pathologist within BTW either have a substantive contract with NHS health boards and honorary contracts with BTW, or a substantive contract with the Trust and honorary LHB contract. The Divisional Director undertakes appraisal and job planning interviews with each of the eleven medical staff employed by the division. Job planning is carried out by the Head of Programme in tandem with the partner Health Board where appropriate. The Divisional Director has also written to the medical directors of all health boards to agree a process to clearly identify job planning arrangements that ensures commitments and expectations are clearly set out for both parties for those consultants providing sessions to individual programmes.
 18. In addition to the hierarchal management structure for each programme, the BTW, CSW and NBHSW programmes have three levels of governance and accountability, which are illustrated in [Exhibit 2](#).

Exhibit 2: Internal programme governance and accountability structure



Source: Public Health Wales

- 19.** The All Wales Management Groups (AWMG) for each programme is described as the main decision making body dealing with strategic issues at an all-Wales level, as well as providing programme management and scrutinising service quality, performance and health and safety. The AWMGs comprise of senior staff from within the Screening Division. The AWMG for each programme meets quarterly and is chaired by the Divisional Director or Deputy Director.
- 20.** The Senior Management Group (SMG) is a sub-group of the AWMG. It is a management and representative group responsible for operational management and programme planning and delivery. The SMG meets monthly, except in months when the AWMG meets. Group membership is dependent upon the programme.
- 21.** Local multi-professional co-ordinating groups (LMG) provide regional co-ordination of programmes in North Wales, Mid and West Wales and South East Wales. These groups have delegated responsibility for local operational management and programme planning.

22. The intervals at which the LMGs meet vary. The BTW groups meets monthly, while the CSW meets quarterly. LMGs membership is drawn from the different sectors delivering the constituent parts of the individual screening programmes. These multi-professional multi-organisation groups ensure local ownership and understanding of the programme. The composition of each LMG varies to reflect the differences between programmes. **Exhibit 3** sets out the membership of the LMGs for BTW and CSW. The CSW LMG is chaired by the relevant Regional Programme coordinator who is also a member of AWMG. The Heads of Programmes for BTW and CSW also attend their programme’s LMGs. If they are unable to attend for any reason another AWMG member may attend in their place. It is not clear why this needs to be done, which suggests that reporting arrangements are not effective between the LMG and the SMG and to the AWMG. In addition, this is also resource intensive.

Exhibit 3: Typical membership of the Local Management Groups

Breast Test Wales LMG member	Cervical Screening Wales LMG members
<ul style="list-style-type: none"> • The programme manager • The local lead consultant radiologist • The centre co-ordinator • The local radiography manager • The local senior breast care nurse • A screening promotion officer • The local office supervisor • In attendance: The Head of Programme 	<ul style="list-style-type: none"> • The manager from the local Cervical Screening Administration Department (CSAD) and clerical support • A regional nurse co-ordinator • The lead pathologist from each service • The lead colposcopist from each service • A GP member

Source: *Public Health Wales*

23. The LMG structure within the BSW has recently changed, with SMG assuming these responsibilities because there was little or no commonality in issues between the 14 local assessment centres. The Quality Manual for the BSW has not yet been updated to reflect this change in programme management structure and responsibilities. The Division indicates that these new arrangements are working well. This suggests that there may be potential to streamline some of the structures or operations of other programmes.
24. The current programme structures are complex and often appear to duplicate functions between their governance role and operational delivery provided by the management structure within each programme and the Division (**Exhibit 4**). Some of the responsibilities of the AWMG are mirrored in the responsibilities of the SDE. The Division will need to clearly separate the strategic role of AWMG from the governance role of the SDE. This suggests that there is potential to streamline the current arrangements and lessen the demand on resources. The Division has indicated that it is beginning to review how it can streamline its current programme management structures, as well as developing the role of the SDE and its interface with the AWMGs.

Exhibit 4: Three levels of programme governance and accountability

Activity	AWMG	SMG	LMGs
Policy	Assessing the impact of policy changes on individual screening programmes.	Implementing policies and strategies determined by the AWMG.	Solving policy implementation problems at a local level.
	Considering national and local (health board) programme issues and corrective action.		
	Setting the strategic direction for the screening programme.		
	Advising the Screening Services Director when approving final policies, ratifying changes and additions to standards, protocols and business cases.	Considering service plans. Considering health promotion issues. Considering staffing requirements and recruitment.	
	Responsible for plans for the screening programme.		
	Approving operational policy.	Considering issues identified by AWMG and the LMGs.	Providing advice to the SMG on all aspects of the programme.
Clinical Governance and risk management	Considering clinical governance and risk management.	Considering clinical governance and risk management issues.	Considering clinical governance and risk management issues at a local level.
	Having an oversight of risk across the division.	Identifying and managing risks.	Escalating risks and issues to the SMG. Receiving regular reports on all aspects of the service from health boards.
Performance management	Agreeing all-Wales performance indicators	Reviewing performance against standards and identifying actions.	Facilitating and monitoring implementation of all Wales policy, standards and procedures at a local level in relation to individual programmes.

Activity	AWMG	SMG	LMGs
	Receiving detailed quarterly reports performance reports on all aspects of the screening programme.		Facilitating the sharing of good practice between local services.
Quality	Reviewing quality issues highlighted by audits of screening programmes and responsible for agreeing corrective action.	Receiving, reviewing and agreeing new and updated documents for referral to AWMG. Responsible for implementing corrective action for identified quality deficiencies.	Co-ordination of the provision and evaluation of staff training.
Financial management	Financial monitoring.	Receiving financial reports and considering financial issues.	
Information governance	Responsible for information governance issues.	Considering information governance issues.	Consultation on the development and updating of public and professional information.
Other	Receiving reports from national groups and assessing relevance to the programme.		Providing a forum for multidisciplinary discussion and user representation.
			Undertaking specific projects on behalf of the programme as invited by the SMG.

The current number of meetings is excessive and will not be sustainable going forward

25. The current structures for screening programmes provide excessive oversight and there is a high resource cost. The introduction of two new programmes (WAAASP and NBSW) and the potential for more programmes in the future raises the question whether this linear governance and accountability structure is sustainable for the Division.
26. The current arrangements mean that any one individual member of the SDE could potentially attend up to 30 to 40 meetings annually, which does not include other responsibilities, such as performance management, risk management, quality management and task and finish groups.

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27. The number of meetings that an individual attends can be indeterminate. However, there is considerable overlap in the AWMG and SDE membership, and in the agendas of individual programme AWMGs. The Division acknowledges that these overlaps has an impact on capacity going forward and is considering alternatives.
 28. In addition to the programme meetings, the PLA with the Welsh Government also requires the Divisional Director to attend up to nine meetings annually. These include:
 - WSC – six meetings;
 - UKNSC – up to three meetings;
 29. The Division General Manager also meets monthly on an informal basis with Welsh Government officials to brief on any issues identified, particularly on issues that need a cross organisational approach.

While performance, quality and risk are effectively monitored, these arrangements are often duplicated and are overly complicated

The Division's performance management arrangements are extensive and sometimes duplicated with complex reporting lines to the governance and assurance groups

30. Within the Division, there are a number of groups with oversight of performance, including the AWMG and the individual governance and accountability groups. In addition to this oversight, the Division has a risk management group where risk management issues are reviewed ([paragraph 41](#)).
31. These arrangements duplicate some of the direct management accountability with the heads of programme responsible for performance and held to account by the Divisional Director. The AWMG for each programme is responsible for monitoring programme delivery against targets and standards with the SDE retaining overall responsibility for oversight of performance against targets and standards and reporting performance to the Quality and Safety Committee and to the Welsh Government.
32. Key measures of performance are set out in the Programme Level Agreement (PLA). Screening Performance Activity Reports (SPAR) set out the monitored performance of each programme and across the service as required by the PLAs. Performance against the PLA forms part of the joint executive team meetings between the Welsh Government and the Trust's executive team.
33. Key performance indicators are also collected to provide comparative data across the UK. Performance is also benchmarked nationally via UK audits. Data are submitted to the Policy Research Unit in Cancer Awareness, Screening and Early Diagnosis at the Wolfson Institute for four country analysis. For reasons of confidentiality, this comparative performance is often not reported to the Board.

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34. There is a large volume of good quality data available at an operational and strategic level, which enables managers to effectively manage performance issues. Current reporting arrangements for each of the governance and accountability groups within each screening programme are being realigned with the new SPAR reports. This realignment should enable each of these groups to have the necessary information for their function.
 35. The Director prepares a regular update report on screening services, which from December 2011 the Executive Director of Public Health Services has summarised in a report to the Board. These Board reports provide information on directorate's activities and quality and safety issues for each of the divisions. Prior to this date, there was no regular report on screening services to the Board.
 36. In early 2012, the Quality & Safety Committee started work to agree the information it needs to monitor quality, safety and performance. The Committee regularly receives and scrutinises SPARs in relation to BTW, CSW and BSW. These reports set out performance for each programme against the PLA targets and, where performance has declined, the Committee has sought to understand the reasons. There may be scope to increase the breadth of the reports to the Committee by integrating information on service user experience, quality and safety and lessons learned to provide a more rounded view of performance. The scope and content of SPAR reports depends on managing the tension to produce reports as soon as data are available, which may be some weeks after the period under review, and the time taken to add additional narrative.

There are comprehensive arrangements for monitoring the quality of screening services

37. The quality assurance responsibilities of the Trust and the Screening Division are clearly set out in the quality manual for each programme. In addition to this, there is external accreditation, for example, Clinical Pathology Accreditation (CPA) for the laboratories. Currently, the laboratory services at Magden Park are working towards achieving this accreditation.
38. The quality manuals specify the UK and local screening service standards required for each programme irrespective of which organisation is contributing to the delivery of the service. The quality manuals include the standing operational procedures for each programme.

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39. Each screening programme employs suitably qualified clinicians in the role of a Quality Assurance Advisor, who are professionally accountable to the Director of Screening Services. While the Quality Assurance Advisor is responsible for advising on the quality in their particular discipline, the head of programme is responsible for the quality of service delivered. Responsibilities of Quality Assurance Advisors also include providing advice to the AWMG, SMG and LMGs, and supporting clinical quality visits and investigations across Wales. These visits are led by the head of programme or the Director of Screening Services, depending on the programme. Each screening programme has a quality assurance structure in place and related issues are reported to the programme's AWMG. For example, each LMG of BTW has a technical quality assurance group, which meets three to four times per year to discuss matters relating to both physical and radiographic quality.
 40. The quality manual for each programme includes a section on acquiring feedback from service users. There is evidence that the Screening Division acts upon feedback to improve services.
 41. Similar to the management arrangements, there is a risk of duplicating and blurring of responsibilities across the governance and accountability structures and the operational management responsibility. For example the duplication of technical quality assurance groups, e.g. in BTW, could be reviewed in light of the need to revisit the number of meetings held within the division.

The Division's risk management arrangements are overly complicated and could be streamlined, strengthening the role of the Screening Division Executive team in the process

42. Alongside the SDE, the Division has a risk management group that oversees risk management of all screening programmes. This group's membership is an appropriate mix of senior managers, most of whom attend SDE, with the addition of corporate support managers. It is unclear what additional benefits a separate risk management group provides over and above SDE scrutiny. The heads of programme are already responsible for managing risk at a programme level and are already accountable to SDE and the Divisional Director.
43. Currently, the Division's Risk Management and Clinical Governance Co-ordinator attends and reports to the Trust's risk management group. The Trust's risk management group reports in turn to the Quality and Safety Committee. In addition to these arrangements, the Division's risk management group also reports to the programme AWMGs, once again blurring lines of accountability.
44. The quality manual for each programme clearly sets out the risk management process. This is supported by the Trust's Datix risk management system, which enables risks, incidents and near misses to be recorded for each programme.

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45. While the Division has systems to identify and monitor risks, these may not be sufficiently robust. The risks set out in the Screening Division's Risk Register are not clearly linked to the Division's high-level objectives, such as that for stakeholder access to timely, quality and efficient services (or the seven core objectives set out in the PLA). There are a number of long-standing risks with little apparent movement in risk rating. In May 2012, 33 risks were identified on the risk register but it is not clear how many of the 33 risks are still open. Thirteen risks were opened between 2007 and 2009 and the risk rating is unchanged for five of the 13 risks. Although this may be wholly appropriate, 13 of these risks were identified before the Trust was established. The Division needs to assess whether the controls and mitigating actions are still appropriate or effective. Furthermore, the Division's risk register is incomplete with planned actions to mitigate the risks set out for only ten of the 33 risks.
 46. Issues emerging from the Divisional Risk Register are only overseen by the Trust's risk management group as part of the corporate risk management system. At times, divisional risks may be escalated to the corporate risk register, which all board members will see. However, at times, senior managers have felt that the Board may not be fully aware of the impact of some risks.
 47. A mandatory 'lessons learnt' field has recently been added to the Datix system to ensure that lessons learnt are available to local and senior management groups. There is evidence that there is regular monitoring of lessons learnt.

While workforce plans identify the key challenges, business plans are not sufficiently aligned across the Division

There is a clear line of sight between programme objectives and those of the Trust, but there is not a clear line of sight with Trust's strategic actions

48. The Screening Division operates in a dynamic environment with constant changes in knowledge and technology. This requires the Division to have robust planning arrangements in place. Planning is influenced both by the strategic demands of the Trust and national priorities. [Exhibit 5](#) sets out examples of just a small number of the current planning demands placed on the services included within the scope of this review.

Exhibit 5: Examples of issues impacting on the Screening Division

Programme	Issue
Bowel Screening Wales	<ul style="list-style-type: none"> An expansion of the service to screen women and men aged from 50 to 60 years. BSW is piloting a national complex polyp registry, multidisciplinary team and national referral centre. Currently the team is offering the option of colonoscopic complex polyp removal for patients in Wales.
Breast Test Wales	A multi-million pound digital mammography project is being implemented in Wales. The West and South East Wales services are now live and North Wales is currently in progress.
Cervical Screening Wales	CSW, like cervical screening programmes throughout the world, is entering a period of change from being a predominantly cytology led programme to one reliant on automation and testing for the causative virus (HPV). The evidence suggests that the introduction of HPV vaccination for girls means that premalignant change will become relatively uncommon. Current cytological testing using microscopy and highly trained staff will eventually become a second line test to automated HPV testing.
Wales Abdominal Aortic Aneurysm Screening Programme	Responding to the evidence base and the national advice in introducing a WAAASP screening programme for all eligible Welsh resident men for screening at age 65. While most men will have a one-off screen, there will also be surveillance for men with aneurysms and referral to vascular services for treatment.

Source: *Public Health Wales*

49. When the Screening Division became part of the Trust in October 2009, it already had in place a three-year strategic business plan (2009-12). This plan was written when the Division was part of its predecessor body. This plan reflected a number of key technological changes, namely the need to introduce digital mammography for breast screening. The Division's strategic goals for 2012-15 are unchanged from the goals defined in the 2009-12 strategic business plan and are not clearly aligned with the strategic actions required to deliver the Trust's objective in relation to screening (Exhibit 6). There are clear benefits in aligning the Screening Division strategic goals to the Trust strategic actions to ensure a better line of sight for planning and monitoring.

Exhibit 6: Comparison of Public Health Wales strategic objective and strategic actions with the Screening Division's strategic objectives

Public Health Wales strategic objective	Public Health Wales strategic actions	Screening Division strategic objectives
1. Reduce illness and death by delivering evidence based screening programmes	1. Working innovatively, systematically, ethically, effectively and on the basis of evidence to achieve measurable outcomes. 2. Empowering people, communities and agencies. 3. Working collaboratively by building and maintaining strong and effective partnerships with other agencies and the public. 4. Building and developing public health expertise and capacity across agencies 5. Influencing government policy. 6. Providing health intelligence to guide and underpin public health action. 7. Working with academics to improve the evidence base for taking public health action. 8. Developing information systems which promote more effective working.	1. Stakeholder access to timely, quality and efficient services. 2. Technological changes and developments. 3. Information Management. 4. Workforce Development. 5. Finance and efficiencies. 6. Development and implementation of additional programmes.

Source: Public Health Wales

50. In addition to the Trust's business planning requirements, the Division and Director have responsibility to support the work of the Welsh Government in developing services. However, it is unclear what impact this has on resources across the Division, or whether the Trust Board has sufficient sight of these demands and outcomes. The Division has indicated that work is underway to assess this impact and to ensure that any findings are fed into the review of the WSC's terms of reference (paragraph 13).

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51. In addition to this arrangement, the programme AWMGs, at the request of the WSC, can establish their own task and finish groups, for example, the task and finish group to look at the options to extend the eligibility criteria for BSW. These place significant demands on the Division's resources and it remains unclear how the Trust Board has sufficient oversight of the impact of the task and finish groups' recommendations.
 52. The Trust's new planning and performance framework will require the Division to develop an annual operational plan that specifies the activity to be undertaken in support of the Trust's strategic delivery plan for screening programmes. This plan will also incorporate the activity outlined within the PLA. The requirement to produce an annual operational plan is not new and historically, the Division's operational plan has been developed by the Divisional General Manager.
 53. Under the current arrangements, the heads of each screening programme, in conjunction with the SMG and AWMG, develop their own operational plans. These plans are shared with the Trust Executive team for sign off. In future, programme level operational plans will be focussed around need identified in the SPAR reports.
 54. As part of the review, we looked at the operational plans for BSW, BTW and CSW. As with the alignment of divisional objectives with corporate objectives, programme objectives are not aligned with divisional objectives. We also identified for the 2012-13 planning round, the templates used for planning reinforces this non-alignment. As a consequence, programme objectives are not always prioritised and many are not measurable, for example 'to plan new efficiencies to meet the required cost improvements'. The Division has indicated that the process used in 2012-13 was an interim arrangement pending the development of the SPAR reports to which the operational plans will in future be expected to align.
 55. Furthermore, plans are not always integrated between the different programmes, which use shared resources, for example the staffing implications for nursing and laboratory services. The SDE need to ensure that divisional planning arrangements clearly address these cross service issues.

While budget management arrangements are effective, more could be done to benchmark costs across current programmes

56. The high-level budget arrangements for the Screening Division are set out in the Trust's financial strategy. The 2012-13 budget for the Screening Division totals £32,041,949, with required efficiency savings of £499,000. This sum excludes the budget for new programmes and other developments. The Division's financial plan is, in essence, an expenditure plan. Budgets are allocated by programme with pooled budgets available for business services, laboratory services, nursing and administration. The largest proportion of the budget is held by Business Services in order to finance the LTAs with Health Boards. The LTAs for each health board detail clinical governance and legal liability, targets, activity and costs, all of which are updated yearly.

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57. Overall responsibility for financial management rests with the heads of programme and the SDE. However, the SMGs, as the operational management groups, are expected to implement policies within budget and take ownership for this responsibility. In addition, the SMGs generate ideas for improving service efficiency. Finance is a standing agenda item for the meetings of the programme SMGs and it would be valuable if aspects of value for money were also included.
 58. Heads of programmes hold staff budgets and a small amount of other budget for training, special advisers and similar costs. Detailed planning documents for the WAAASP clearly show that the arrangements currently in place for current screening programmes will be mirrored in this new programme.
 59. In 2011-12, the Screening Division was able to provide services at a cost below budget. The reasons for this were multi-factorial but due, in part, to BTW not operating at full capacity as digital mammography services were implemented across South Wales. At times, the Division's budget has been underspent on pay but it is not clear what impact vacancies is having on service delivery or whether these posts are necessary.
 60. The Screening Division has a history of benchmarking the costs of some of its services, as part of its planning arrangements. Elements of each programme provided by health boards in Wales have been extensively benchmarked over the past 10 years. A recent benchmarking exercise identified that the cost per case for colposcopy services varied between comparable health boards, which resulted in adjustments to health board LTAs. Attempts to benchmark costs against other national screening programmes across the UK have not proved possible because the programme structures are not strictly comparable. Going forward it will be increasingly important to benchmark as many aspects of the current screening programmes as possible to ensure value for money is achieved.

Workforce planning arrangements are effective in meeting new and changing services

61. The changing nature of screening services has implications for the workforce planning. For example, the introduction of liquid based cytology means fewer staff will be needed for cervical screening. The needs of the Screening Division, and hence screening programmes, are set out consistently in a number of workforce documents. The Trust's overarching workforce plan recognises the changing needs of the service.
62. The workforce plan highlights the need to build capacity, particularly in developing new services, such as WAAASP. The need to recruit screening technicians and assistant practitioners is highlighted, as is the need to develop an education programme to support the cervical screening nurse colposcopists in an advanced practice role.
63. Redeployment and delivering efficiencies are also addressed in the workforce plan. For example, the introduction of digital mammography changed the required skill mix in services provided by BTW, which allowed the staff to be redeployed to the developing WAAASP.

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- 64.** New technologies, such as digital mammography, lead to changes in working practices and services changes are modelled pre and post implementation. The Trust took the opportunity to review all the job descriptions in consultation with staff and the trade unions, with job descriptions re-written to reflect the changing nature of the service. The Trust also works closely with partner health boards when planning new and different services to ensure workforce issues are well managed and service integrity maintained.



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