

Performance and Insight Report

November 2023



Key Performance Indicator Summary

Section 1: Governance and Accountability



People Governance	In Focus	Target	Latest Period	Committee
12m Rolling Sickness Absence FTE %		>3.25%	4%	People & OD
Statutory and Mandatory Training		85%	91%	
Appraisal Compliance	🎯	85%	76%	
Diversity ESR Data		N/A	72%	
Financial Governance				
Revenue Position Forecast		Breakeven	Breakeven	Audit & Corporate Governance
Capital Year-End Position		Breakeven	Breakeven	
Agency Spend, % of Total Pay Bill		>3.4%	2%	
Public Sector Payment Policy (PSPP)		95%	97%	
Information Governance				
Freedom of Information Request		Within 20-Days	3 exceeded	Audit & Corporate Governance
Subject Access Request		1 Month Average	0 exceeded	
Personal Data Breaches Reported (Escalated)		N/A	7 (1)	
Mandatory Information Governance Training		85%	89%	
Clinical Governance				
Duty Of Candour Incidents (to amend to moderate or above harm from Jan 24) – In Month (YTD)	🎯	N/A	0 (2)	Quality, Safety and Improvement
Number of externally reported incidents (NRI's, EWI, RIDDOR, IRMER) – In Month (YTD)	🎯	N/A	0 (14)	
Incident Closure Compliance*		85%	69%	
Formal Complaints – Acknowledgment within 5 working days*		75% WG 95% PHW	100%	
Formal Complaints – Closure within 5 working days*		75% WG 95% PHW	100%	
Informal Complaints - In Month (YTD)		N/A	7 (109)	

*Note Incident require 30 working days for closure, therefore this data pertains to October 2023

🎯 Click on the Focus Area Icon for additional assurance

Key: RAG Status

🔴 >10% outside target 🟡 Within 10% of target 🟢 Achieving target 🟠 Not applicable / TBC



Key Performance Indicator Summary

Section 2: Strategy and Delivery



IMTP Milestone Reporting	In Focus	Target	Latest Period	
IMTP Milestones currently green or complete		N/A	94%	Board
Climate Change				
Carbon Emissions 22/23		Net Zero by 2030	17.165m (Kg.CO2E)	Knowledge, Research and Information Committee
Service Delivery				
Screening Services				
BTW Assessment invitations (3 weeks)		90%	25%	Quality, Safety & Improvement
BTW Normal results sent (2 weeks of scan)		90%	91%	
BTW Round Length (Invited within 36 months)		90%	31%	
BSW Coverage		90%	64%	
BSW Waiting time for index colonoscopy		60%	28%	
DESW Coverage (12 Months)		80%	31%	
DESW Results Letters Printed (3 Weeks)		85%	100%	
Vaccination and Immunisation <i>(Health Board delivery)</i>				
Influenza vaccination uptake among those aged 65+		75%	68%	Quality, Safety & Improvement
Influenza vaccination uptake among the under 65s in high risk groups		55%	34%	
Influenza vaccination uptake among healthcare workers		60%	26%	
Influenza vaccination uptake among Public Health Wales staff		N/A	44%	
Influenza vaccination uptake among Public Health Wales front line staff		75%	44%	
Percentage of children who received 3 doses of the '6 in 1' vaccine by age 1		95%	94%	
Percentage of children who received two doses of the MMR vaccine by age 5		95%	89%	
Percentage of girls receiving the HPV vaccination by age 15		90%	86%	
Percentage of children who received '4 in 1' Pre-School Booster with 2nd MMR dose by age 5		95%	89%	

*Note Incident require 30 working days for closure, therefore this data pertains to October 2023

Click on the Focus Area Icon for additional assurance

Key: RAG Status

■ >10% outside target ■ Within 10% of target ■ Achieving target ■ Not applicable / TBC



Key Performance Indicator Summary

Section 2: Strategy and Delivery



Service Delivery

Healthcare Associated Infections (Health Board delivery)	In Focus	Target	Latest Period	
Clostridium difficile rate (per 100,000 population)		25%	38%	Quality, Safety & Improvement
Staph aureus bacteraemia rate (per 100,000 population)		20%	27%	
E. Coli bacteraemia rate (per 100,000 population)		67%	75%	
Klebsiella sp bacteraemia rate (per 100,000 population)		10% Annual Reduction	24%	
P. Aeruginosa bacteraemia rate (per 100,000 population)			5%	
Microbiology				
EQA performance (Bacteriology)		97%	94%	Quality, Safety & Improvement
EQA performance (Virology)		100%	98%	
EQA performance (Specialist and reference units)			99%	
EQA performance (Food, Water and Environmental Laboratories)		98%	99%	
Turnaround time compliance (Bacteriology)		95%	92%	
Turnaround time compliance (Virology)			99%	
Turnaround time compliance (Specialist and reference units)			100%	
Turnaround time compliance (Food, Water and Environmental Labs)			99%	

*Note Incident require 30 working days for closure, therefore this data pertains to October 2023

📍 Click on the Focus Area Icon for additional assurance

Key: RAG Status

■ >10% outside target ■ Within 10% of target ■ Achieving target ■ Not applicable / TBC



People Governance



Financial Governance



Corporate &
Information
Governance and Risks



Clinical Governance,
Quality, Safety and
Improvement



IMTP Milestone
Delivery & Strategic
Programmes



Climate Change



Service Delivery

Governance and Accountability



People Governance

Section 1: Governance and Accountability



Sickness Absence



Decreased by **0.35%** in November 2023
Seasonal increases are expected in November but this year's figure is lower than the figures recorded for the last 3 years

12 Month Rolling Absence



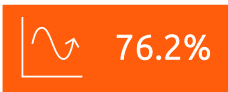
Remains **above** the national target with a range of circa 4%-4.5% evident over the past two years.



Appraisal and Development Reviews



Continues to remain **below** the NHS Wales target.



Achieving appraisal compliance remains a **challenge** for the organisation with limited improvement shown over the last 12 months.

Additional assurance is provided in the focus area on pages 7-8.

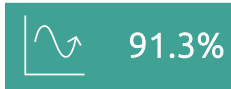


IN FOCUS

Statutory and Mandatory Training



Remains **above** target in November 2023.



All Directorates with the exception of Board and Corporate (73.1%) are **exceeding target**.

The modules reporting lowest completion are Foundations in Improvement (70.6%) and Paul Rudd Learning Disability Awareness Training (80.8%).

Equality and Diversity

We encourage all staff to record their diversity data in ESR so that we can use the data effectively and ensure we are meeting the needs of our workforce



This is the current percentage of completed Diversity data recorded for our staff. We have seen a **15% improvement** in data completeness in the last 4 years.



In Focus: Appraisal and Development Reviews

Section 1: Governance and Accountability

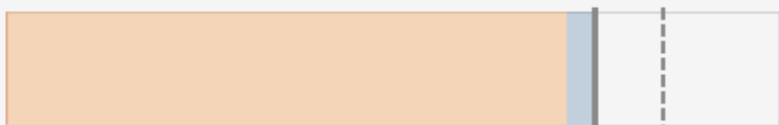


Compliance Performance

Challenges remain to achieve compliance against the 85% Welsh Government target and our 90% organisational ambition. The national compliance target is set at 85% to allow for staff who are unable to participate in appraisals (e.g. staff on maternity leave, secondees).

Improvement Actions detailed on the next page have helped to improve overall compliance this month from 73.9% to 76.2% (2.3% increase). Compliance is at risk to fall over the next 3 months if appraisals fail to be undertaken and recorded on ESR (indicated by the blue section below).

76.2%
of reviews completed within 12 months
vs a target of 85%



Grey – current compliance — vs target
Blue – appraisals due in next 3 months

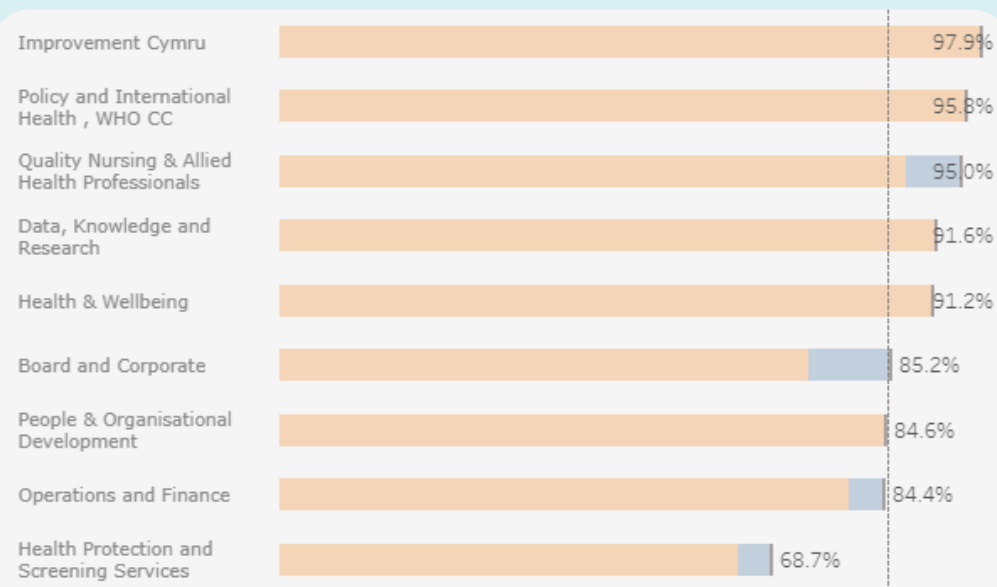
[Dashboard](#)

Compliance by Directorate

Latest figures show that six Directorates are achieving compliance with the national target.

There is also a significant range in compliance across our Directorates ranging from a high of 97.9% in Improvement Cymru to a low of 68.7% in Health Protection and Screening Services.

Board and Corporate has the greatest risk to compliance over the next 3 months in percentage terms if appraisals fail to be undertaken.





In Focus: Appraisal and Development Reviews

Section 1: Governance and Accountability



Improvement Actions

My Contribution remains a key part of our Corporate Induction resources and the Line Manager Induction Pathway. The My Contribution Policy was recently reviewed and has now been approved by the People and OD committee. Communications related to mid-year reviews have also been shared with managers and staff.



Toolkit Review and Quality Audit (planned for Quarter 3 and 4)

The My Contribution Toolkit and SharePoint Pages review is underway to ensure that content is still relevant and fit for purpose. The review started in October 2023 and improvements identified, including the development of new guides to recording ESR dates in ESR, strengthening links to Being our Best and My Contribution Form. These improvements will be actioned over the coming months with a launch of the new SharePoint Pages scheduled for February 2024 ready for end of year reviews.

Following the results from the NHS Staff Survey which closed on Monday 27th November, we will consider a sample survey to measure the quality of My Contribution conversations. This will help inform what further action is required to support line managers and their direct reports with My Contribution. (Quarter 4)



Compliance improvement activity (immediate action)

Following the identification of priority areas within Health Protection and Screening Services (where compliance is low) the team are working with them to understand barriers to undertaking and recording My Contribution and to identify, and offer, further support as required. Further analysis is being taken forward, looking at non-compliance across Pay Bands, Staff Groups, and the number of direct reports per manager.

The Learning and Development team are supporting Screening colleagues with completing appraisals in ESR, and the P&OD Partnering team have sent out reminders to colleagues in HPSS about the ESR drop in sessions held twice a month. The Partners will also be having regular meetings with the HPSS Business Operations team in the new year, to look at people metrics, trends and interventions.



Financial Governance

Section 1: Governance and Accountability



Revenue Position



Break-even

-£120k
YTD£0k
Forecast

The year end forecast is to deliver our statutory duty to **breakeven**.

Capital Position

£2.3m
Allocation£2.3m
Forecast£0.7m
Committed

The capital forecast is **breakeven** with 28% of our allocation committed at month 8. The strategic allocation increased by £0.5m during month 8.

Agency Spend as A Percentage of Total Pay Bill

Below
3.4%2.1%
YTD2.1%
Forecast

Forecast to deliver the year-on-year reduction target

Public Sector Payment Policy (PSP)



95%

96.7%
YTD>95%
Forecast

Expected to deliver the statutory target for the remainder of the year.

NHS Wales Financial Position

An invoice has been received from Welsh Government for Public Health Wales' agreed £4.221m savings contribution to the NHS Wales position and this is due to be paid in December.

We will continue to review our financial forecast and spending plans to ensure that Public Health Wales delivers a breakeven position in accordance with its financial strategy and the assumptions within the IMTP

At Risk Income

Welsh Government have **confirmed £0.979m** Screening Recovery funding for 2023/24. No funding is expected for 2024/25.

Recurrent allocations for the 2022/23 and 2023/24 pay awards have not yet been confirmed by Welsh Government and are still outstanding.

*Click to access the latest detailed
report*

[Finance Report](#)



Corporate & Information Governance and Risks

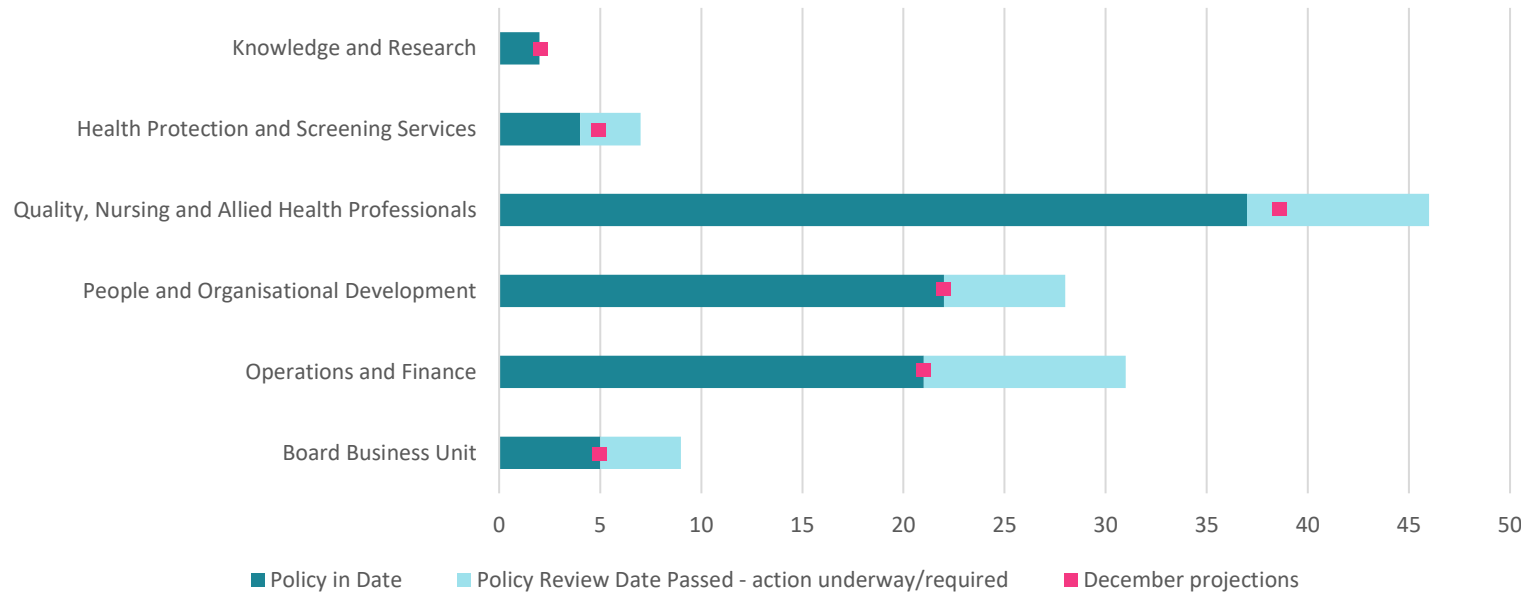
Section 1: Governance and Accountability



Corporate Governance

Corporate Policies Compliance

24 Policies / procedures are currently out to consultation/ going through the approval process (numbers that are either out to consultation, or awaiting a meeting for final approval)



Between October to November

- 4 QNAHPs policies approved (Oct)
- 1 HPSS policy approved (Oct)
- 8 People and OD policies approved (Nov)

December Projections

- QNAHPs plan to add 3 new policies and approve 4 (please note, of the 4, 3 are already in date so won't improve the out of review date figures)
- HPSS plan to approve 2 policies

Overview

- Operations and Finance (10) and QNAHPs (9) have the most out of date compliance (as People and OD improved).



Corporate & Information Governance and Risks

Section 1: Governance and Accountability



Corporate Governance

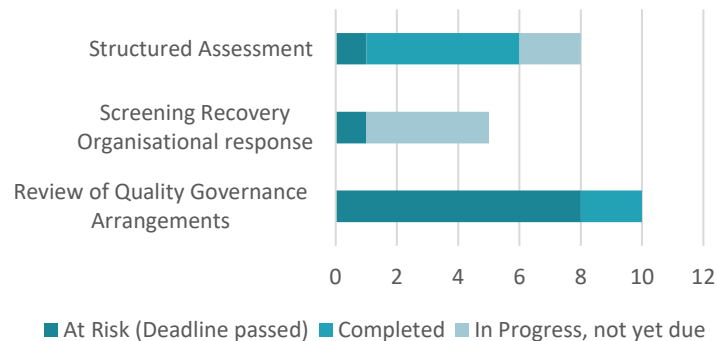
Audit data updated quarterly

Wales Health Circular Compliance

For the period 1-30 November 2023:

	November 2023
Number of WHC received	4
Current total for this year	33 of which 23 are confirmed applicable to PHW
Total in progress	4 (not yet confirmed whether applicable to PHW)
Total confirmed compliance	22

External Audit Actions



Total of 10 overdue actions of which 8 relate to Review of Quality Governance Arrangements

Internal Audits



Actions



The limited assurance relates to the **Population Health Grants Management audit** and has 10 management actions, of which 4 are completed, 1 is in progress, and 5 are passed deadline dates and are being reviewed by the leadership team.



Corporate & Information Governance and Risks

Section 1: Governance and Accountability



Information Governance

Freedom of Information Act

22 requests were received in October 2023.



20 days

Two requests remain open and are overdue, awaiting response from department.



3

exceeded

The average response time is 18 days.

Additional resource has now been recruited to help improve compliance.

Data Protection (Subject Access) Requests



1 month

Four requests were received and responded to in October 2023.



0

exceeded

The average response time during the period was 14 days.

Personal Data Breaches

Reported	Escalated
7	1

One data breaches required reporting to the Information Commissioner (ICO).

Breach - Cervical screening results letter sent to wrong address

Action – data subject notified, apology given, letter resent, original letter destroyed.

ICO confirmed **no further action needed**

Mandatory Information Governance Training



85%



89%

Organisation-wide compliance with Information Governance mandatory training **exceeds** the national target.



Corporate & Information Governance and Risks

Section 1: Governance and Accountability



Strategic Risks

Please note this update relates to November 2023 in line with production of the bi-monthly Strategic Risk Register report

Click to access the latest detailed review



	Strategic Risk	Current Score	Target Score	Risk Update
1	There is a risk of worsening health in the population of Wales, particularly among vulnerable populations	20	9	Risk remains unchanged – progress being made across all actions. Risk will be reviewed in quarter 3, following appointment of new National Director for Health and Wellbeing.
2	There is a risk of ineffective system-wide efforts to improve health and wellbeing by organisations across public, private and third sectors	16	6	Risk remains unchanged – progress being made across all actions. Risk will be reviewed in quarter 3, following appointment of new National Director for Health and Wellbeing.
3	There is a risk that people in Wales are insufficiently engaged and enabled on action they can take to improve their health and wellbeing	12	6	Current risk remains unchanged – progress being made across all actions.
4	There is a risk of weakness in our organisational health, including our culture, capacity, capabilities and governance. Caused by sub-optimal leadership, management and engagement	16	6	Risk description, risk owners overview assessment and existing controls updated to incorporate risks identified by the Public Inquiry Programme Board. Actions updated.
5	There is a risk that we insufficiently prevent, plan for and respond to emerging external threats to public health	12	6	Progress being made – current risk score remains unchanged. Two additional sources of assurance have been identified against control 5.4
6	There is a risk that we fail to deliver excellent public health services, including on screening, infection and health protection	9	6	The current risk is at inherent score and remains unchanged. This risk is reviewed monthly.
7	There is a risk to delivery of public health services and the inappropriate release of confidential data	20	12	The current risk is at inherent score and remains unchanged.

Corporate Risks

The Leadership Team has reviewed the 2022/23 Corporate Risk register against the revised Strategic Risk Register and an update was considered at Business Executive Team in September.



Clinical Governance, Quality, Safety and Improvement

Section 1: Governance and Accountability



Duty of Candour Incidents, Nationally Reportable Incidents & Early Warning Incidents

Incidents Reported in November

173

No Duty of Candour cases reported
No Nationally Reportable Incidents reported
No Early Warning Incidents reported
173 total incidents reported, slightly above 12-month average of 169. See dashboard for further detail.



Dashboard

Incident Management



An improvement in overall performance in October compared to the 63% (96) closed within 30 days during September 2023.



30 days

As of 5 December 2023, there are a total of 93 incidents with an 'open' status of more than 30 days in Datix. The oldest incident being in Cervical Screening Wales (November 2022), which has now been reported as an Early Warning. 2% (4) of these incidents were closed between 31-41 days as a result of delays during the investigation process requiring liaison with external /partners or agencies.



IN FOCUS

Complaints

Formal	Informal
0	7

Informal – Five within Screening Services, one in Health Improvement and one in Estates. Marginally below the 12-month average of 8.

57% (four) of the informal complaints were responded to within the target timescale of two working days. Three (43%) missed the timeframe, however, were responded to within the Public Services Ombudsman target of 10 working days



Dashboard

Compliments

November
51

The ratio of compliments to formal and informal complaints is currently 7.3:1. This is slightly higher than the 6.1:1 ratio in October.

Claims

YTD	Cn	Potential
8	18	4

No new claims received in November

Redress

November
1

One new Redress case was opened by Cervical Screening Wales. This case is following an interval cancer review.



In Focus: Incident Management

Section 1: Governance and Accountability



Early Warning Incidents

There were no Early Warning Incidents reported in November.

The investigation for Cervical Screening Wales (CSW) Incident ID1410 (Previous Early Warning reported September 2023) is now complete. The investigation identified a number of discharges from both the Countess of Chester Hospital (England) and Betsi Cadwaladr University Health Board had been made without all of the required clinical information consistently provided to enable a safe discharge. 55 out of 2,346 patient cases were found to have had a delayed screening invitation or referral to colposcopy. To date, no harms have been identified. This is our oldest open incident and is now due for closure.



Nationally Reportable Incidents

No new NRIs were reported in November.

The response to the NRI reported in October in relation to Bowel Screening Wales has been concluded with the incident investigation report and improvement plan now complete. The approved NRI Outcome form has been submitted to the NHS Executive.

14 participants were sent a bowel screening invitation and test kit with a tailored apology letter. The results from returned test kits will be monitored for six months to identify any potential harm and initiation of Duty of Candour process. Any results which require further investigations will be highlighted to the central nursing team for ongoing monitoring. As of 5 December 2023, no harms have been identified.



Microbiology Incidents

Focused communication has continued with Microbiology colleagues to review incidents and the identification of themes and trends. As a result, permissions for microbiology incidents have been amended to allow senior leads access to review all incidents from the time of reporting. Senior leads are continuing to monitor the quality of reporting and investigations in conjunction with CG and PTR teams to address reporting issues.



Cervical Screening Incidents

Ongoing improvement work with Cervical Screening Wales includes:

Engagement: A Data and Quality Improvement Workshop was held with CSW on 30th November. The workshop was very well received and has instigated further work in the provision of causal factors analysis and developing managing Datix notifications guidance.

Retrospective review: A provisional dashboard has been created and demonstrated to CSW in November. Further refinements are underway following a meeting with CSW and Informatics to improve data collection.

Quality and Clinical Audit: The audit of contributory factors in sample process failures has been completed by the quality lead for CSW. Results are currently being analysed with the findings to be compiled in a report shortly.



People Governance



Financial Governance



Corporate &
Information
Governance and Risks



Clinical Governance,
Quality, Safety and
Improvement



IMTP Milestone
Delivery & Strategic
Programmes



Climate Change



Service Delivery

Strategy and Delivery



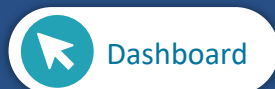
IMTP Milestone Delivery & Strategic Programmes

Section 2: Strategy and Delivery



Request for Change – Approval Required

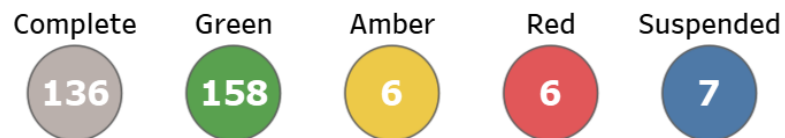
A total of 11 RFCs have been submitted for approval this month. No significant impact has been identified to the delivery of these with the exception of Help me Quit (see above). The Executive Team are asked to consider and approve the proposed changes



Click to review the *requests for change*

IMTP Delivery

As at month 8, we have completed delivery of 44% of IMTP milestones. Of the remaining milestones, 158 are reporting as green and on track

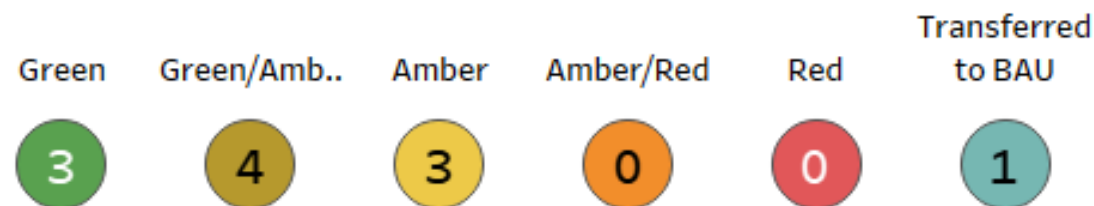


Each of the 6 milestones reporting red have submitted an RFC to extend the delivery date/amend the scope, which will result in them moving green next month. No significant impact has been identified and all anticipate completion by 31 March 2024.

In relation to the 6 amber milestones, there are delays to supporting the move of the cancer register and analysis function to the Canisc replacement due to dependencies on DHCW, which have been escalated. A revised delivery date cannot be currently confirmed. In addition, the Help me Quit system database is now likely to be delayed until Q1 24/25, which has financial and reputation implications that will need to be mitigated

IMTP - Strategic Change Programmes

The current Delivery Confidence Assessment for programmes is set out below.



The Health Improvement Patient Administration System Programme has moved from Green/Amber to Amber this month due to a delay to Release 1 and a risk of delayed delivery to Release 2. A strategic review of the programme is being held to reconfirm delivery milestones.

Two additional programmes remain amber. The Aligning to National Immunisation Framework Programme is awaiting the outcome of the sustainable funding case discussed with Welsh Government in November. In addition, the Infection Services Redesign Programme is currently reviewing two key projects (Virology and Hot Labs).

Following agreement, the COVID-19 Public Inquiry Programme has now moved to operational delivery and will no longer be reported as part of our strategic change programmes.



IMTP Milestone Delivery & Strategic Programmes

Section 2: Strategy and Delivery



Figure 1: Percentage of milestones due in Q3 and Q4, split by directorate

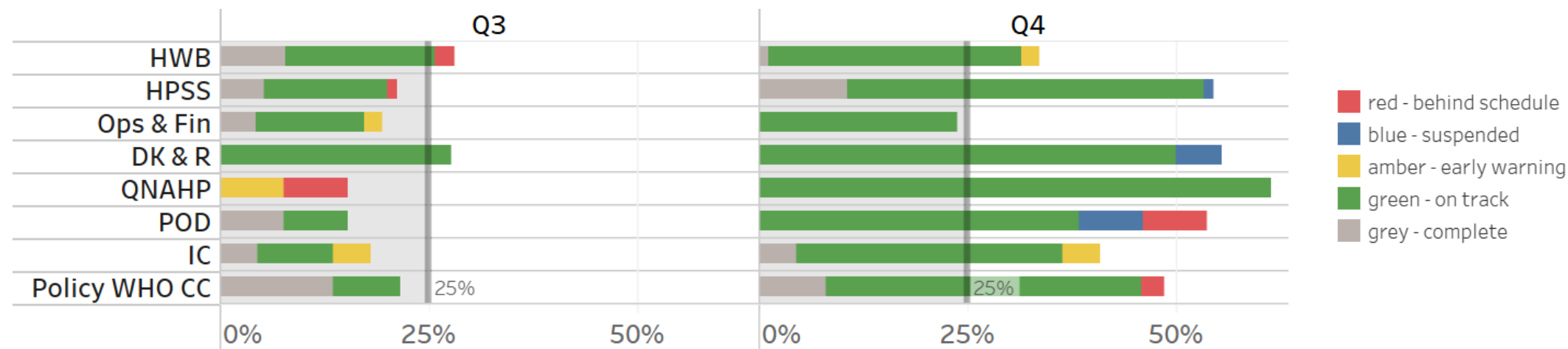


Figure 1 shows a breakdown of IMTP milestones by directorate and RAG status, for quarters 3 and 4.

The majority of Q3 milestones are still to be delivered in the one month remaining of the quarter, and most are currently reporting as on track. The red milestones each have submitted a request for change to extend the delivery date into Q4.

The chart also shows that the proportion of milestones due in Q4 remains high. This will increase further once this RFCs are processed. The majority of these milestones are currently reported as green by directorates and therefore it is anticipated that they will be completed by agreed delivery dates.

The month 9 report will contain further analysis and a look ahead to the expected year end milestone position.



Climate Change

Section 2: Strategy and Delivery



Quarterly reporting cycle

Please note this section is updated on a quarterly basis with the next update available in **January 2024**.

The latest update is available in the [Performance and Insight Report](#) (p. 21-22) considered at our Board meeting in November 2023.





Service Delivery

Section 2: Strategy and Delivery



Screening Services

The Bowel Screening Programme continued its optimisation and started inviting people aged 51-54 years olds and increase the sensitivity of the FIT test from 4 October 2023.

Challenges remain to achieve timeliness standards in breast screening and diabetic eye screening which have not fully recovered from impact of pandemic. Additional assurance for these screening programmes are included.

Bowel Screening



60%



28.3%

Bowel screening timeliness **colonoscopy** remains below the 60% standard at 28.3% in October.

This component of the pathway is delivered by Health boards and is under active review with the average waiting time was 8 weeks (range 4-13 weeks).

Breast Screening

Please note this update relates to October data due to a technical issue which is being investigated by the infrastructure team.



90%



24.9%

Normal results met standard at 91.3% of results within 2 weeks whilst timeliness of **assessment within 3 weeks** remains below standard at 24.9%.

Constraints in breast care nursing in South East has impacted capacity for assessment despite cross regional working and health board support. Plans are in action to improve resilience of team.



90%



30.8%

Round length within 36 months continues to fall short of standard at 30.8% against the 90% standard but is continuing to show improvement in line with plans.

Additional information is provided in the focus area on page 21



IN FOCUS

Diabetic Eye Screening



80%



31.3%

Diabetic Eye Screening **coverage of reported results in last 12 months** remains lower than standard at 31.3%.

To help reduce the backlog screening has continued to been undertaken on Tenovus vans to improve access in areas that venues have been difficult to find. The programme is taking forward the transformation work plan including actions presented in a paper considered at BET in June.



85%



100.0%

The timeliness of the **results letters within 3 weeks** of screen has improved and is now overachieving standard at 100.0%.

Additional information is provided in the focus area on page 22



IN FOCUS



In Focus: Breast Screening Recovery

Section 2: Strategy and Delivery



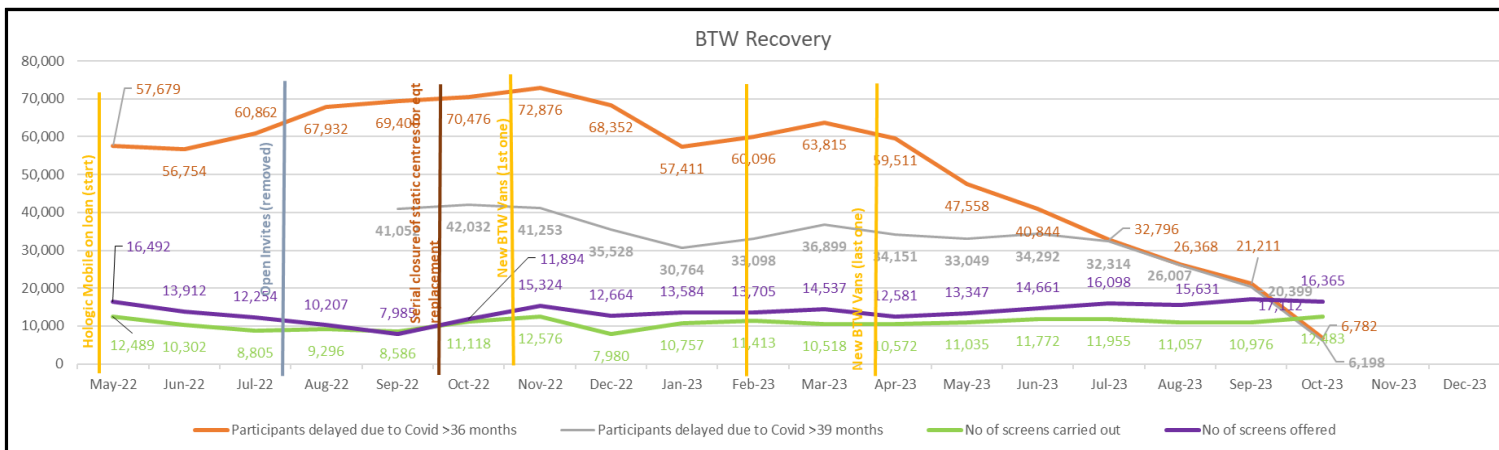
Recovery Plan

Recovery plan is underway for the programme to increase the screening activity above pre-COVID levels and maintain these to fully recover. Recovery plan is progressing well with backlog reducing.

Detailed round length activity plan in place for all regions.

Mitigation of identified risks – continue to progress the recovery plan to recover the timeliness of screening offer and return to round length. Plan progressing well and backlog reducing significantly.

BTW Recovery



Timescales for recovery: Quarter 2 2024/25

A whole screening round is required to measure the impact of any intervention on round length.

Actions all underway

- Staffing levels – maintaining increased establishment of screening posts ; continue established bank of previous staff to support capacity; screening at weekend; continued support from clinical staff working across the regions including enabling overtime in line with covid recovery; and recruitment of vacant medical positions (joint posts with Health Boards).
- Screening mobiles located in areas of longest waits to focus activity to reduce round length
- Work with Digital and Improvement Cymru colleagues has reviewed backlog in detail to check all those in backlog are still eligible and remove duplicates and to check that round length plan is optimised.
- Failsafe lists for longest waits to focus on reducing round length.
- Continue to work with Health Boards to inform capacity planning assumptions across Surgery, Pathology and Oncology to support the whole patient pathway.
- Risks are mitigated by screening those at higher risk from when service was reinstated and ensuring new eligible participants are invited before age 53 years.



In Focus: Diabetic Eye Screening Recovery

Section 2: Strategy and Delivery



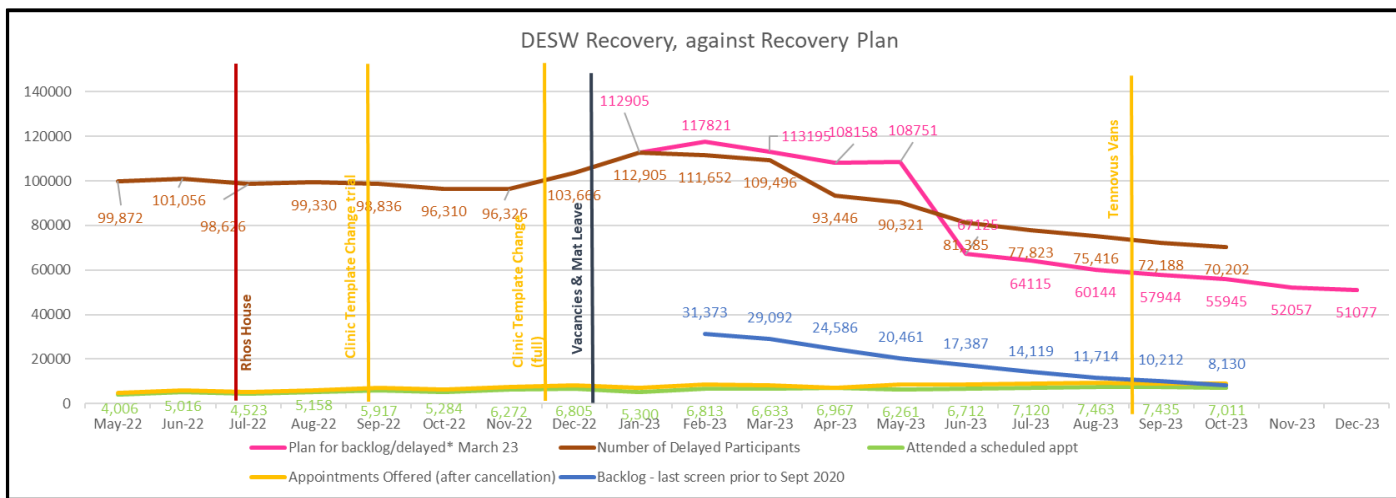
Recovery Plan

The recovery plan is underway for the programme, and this is by taking forward two strategic approaches which is to **optimise** the current service provision to support recovery and **transform** the service to put in place a sustainable service model.

Transformation required as there is a significant numbers of new referrals with over 1200 new referrals per month and as high as 1800 in some months impacting recovery action.

Low risk recall pathway implemented in June 2023 which is a significant transformation of the programme.

DESW Recovery



Actions all underway

- Implementation of Low-risk recall pathway from June 2023
- A second screening dedicated venue has been completed in Llanishen, Cardiff and since May has enabled improved venue provision for Cardiff and local area
- Staffing levels – Recruitment to screening posts to maintain staffing levels with focus on increasing photographer roles to enable flexibility and improved capacity
- Clinic templates adjusted to increase screening appointments
- Ensuring that longest waiting participants are given appointments as a priority and directly contacting them to explore most convenient appointment
- Information included in screening invitation explaining why venue may be different from previous and encouraging attendance
- Working with Tenovus to provide service in areas still difficult to offer due to venue availability with screening offered on two vans from October 23 to March 24
- Outsourcing of screening invitations letters and main result letters to realign pathway team workload to more value-added tasks
- Development of transformation plan and detailed roadmap which has been agreed and supported by Business Executive Team with finances identified



Service Delivery

Section 2: Strategy and Delivery



Microbiology

Please note Microbiology indicators are reported on a quarterly basis.
See latest available update below as at Quarter 2 2023/24

All non-COVID microbiology indicators remain above or within 3% of respective targets at quarter 2 2023/24. EQA performance for Bacteriology and turnaround time compliance for Bacteriology showing a reduction in performance in-month.

EQA performance for Bacteriology



97%

Technical issues with supplier resulted in very few bacteriology EQA results. Possible attainable scores very low in scoring system with dropped points in 3 labs across network for parasitology.



94%

Quality assurance of samples not at adequate level. Clinical decisions are undertaken for patient samples and referral to specialist laboratories when required so no impact for patients.

Action: Review of EQA scheme to assess suitability for Rapid Testing and Network group review of parasitology EQA (3-month timescale).

Turnaround time for Bacteriology



95%

Availability of staff at weekends affecting performance resulting in prioritisation of more urgent samples with high volume. Non urgent delayed by 1-2 days.



92%

Extended processing for some samples as required and an analyser breakdown and software installation in Cardiff laboratory totalling 6 days also caused backlogs and subsequent minor delays.

Action: Progress with development of trainee biomedical staff and on-going monitoring and quarterly reporting to the Senior Management Team.

Vaccination and Immunisation

Influenza surveillance

Current levels of
influenza activity:

Baseline

Trend:

Increasing

Update:

COVID-19 cases continue to be detected in patients in hospitals. RSV activity in children under 5 years decreased but remains at 'very high' intensity levels

Influenza vaccination uptake

PHW holds a system lead role and is not responsible for vaccination delivery.

Influenza and acute respiratory infection surveillance information continues to be reported in a timely manner (latest weekly [report](#) up to end 11 December 2023).

While overall influenza activity remains at baseline levels, there is an upward trend in recent weeks.

As at 5 December 2023, latest influenza vaccine uptake amongst those aged 65 years and older showed 68.2% were vaccinated (up from 56.5%), with uptake for clinical risk groups at 33.8% (up from 24.3%). Uptake for NHS Wales staff increased by 13.4% to 25.8% over the latest reporting period, and for front-line staff by 12.8% to 25%.

Provisional data as at 8 December 2023, showed that 44.8% of Public Health Wales staff had received the influenza vaccination (43.5% frontline; 44.9% non-frontline)



Weekly Influenza
Vaccination Report



Service Delivery

Section 2: Strategy and Delivery



Healthcare Associated Infections



HCAI Dashboard

Additional filters for Table 1.

Select month or FY

Current FY

Select organism group

All organisms

< than same period last FY

= same period last FY

> than same period last FY

	C. difficile	MRSA bacteraemia	MSSA bacteraemia	E. coli bacteraemia	Klebsiella sp bacteraemia	P. aeruginosa bacteraemia
Aneurin Bevan UHB	37.11	1.25	18.05	59.68	23.82	3.26
Betsi Cadwaladr UHB	39.88	1.28	22.18	79.97	23.89	5.76
Cardiff and Vale UHB	22	2.08	32.41	69.57	24.38	4.46
Cwm Taf Morgannwg UHB	30.01	2.33	31.01	89.7	26.68	4.33
Hywel Dda UHB	48.5	3.08	25.79	108.54	25.4	8.47
Powys THB	15.79	0	1.13	2.26	0	0
Swansea Bay UHB	62.54	1.15	36.07	73.28	24.17	6.14
Velindre NHST						
Wales	38.05	1.75	25.56	75.48	23.8	5.02

System Leadership Role

PHW holds a system lead role in relation to healthcare associated infections and is not operationally accountable for delivery of HCAI target levels, which are the responsibility of Health Boards.

Reporting of HCAI figures via the new HCAI dashboard continues to be provided to our key partners in a timely manner. Health Boards are responsible for the reduction of HCAI rates in line with national reduction expectation targets set out in the mandated NHS Wales Performance Framework.

Latest all-Wales year-to-date surveillance figures reported by Health Boards/Trusts in Wales showed that the following compared to the equivalent period in 2022/23:

- ❖ Klebsiella sp bacteraemia has a reported rate of 23.80 per 100,000 (7% higher)
- ❖ E. Coli bacteraemia has a reported rate of 75.48 per 100,000 in Wales (8% higher)
- ❖ P. aeruginosa bacteraemia has a reported rate of 5.02 per 100,000 (24% lower)
- ❖ S. aureus bacteraemia has a reported rate of 27.31 per 100,000 (2% lower)
- ❖ C. difficile has a reported rate of 38.05 per 100,000 (1% higher)

The HARP workplan covers three component functions of the programme and cross programme work, covering AMS, IPC and Surveillance. Examples of key success include:

- ❖ Delivery of new Carbapenemase-producing organisms (CPO) surveillance
- ❖ Addition of Antimicrobial Resistance data to Antimicrobial Data Library – Llygad
- ❖ Development of new landing page for HARP website
- ❖ Recovery of surveillance programmes post COVID-19
- ❖ Development of IPC workbooks for social care
- ❖ Re-establishment of UTI improvement Group and HCAI delivery Board
- ❖ Re-procurement of IPC Case Management System for Wales
- ❖ AMR Steering Board and AMR – Delivery Board also meeting again
- ❖ Refreshed Clinically Significant Resistant Organism (CSARO) IPC guidance
- ❖ Delivery of IPC and Antimicrobial Stewardship forums

*Gweithio gyda'n gilydd
i greu Cymru iachach*

Working together
for a healthier Wales