



GIG
CYMRU
NHS
WALES

Iechyd Cyhoeddus
Cymru
Public Health
Wales

Performance and Insight Report

December 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%	3.9%	People & OD
Statutory and Mandatory Training		85%	91.3%	
Appraisal Compliance		85%	77.3%	
Diversity ESR Data		N/A	73%	
Financial Governance				
Revenue Position Forecast		Breakeven	Breakeven	Audit & Corporate Governance
Capital Year-End Position		Breakeven	Breakeven	
Agency Spend, % of Total Pay Bill		<3.4%	2.0%	
Public Sector Payment Policy (PSPP)		95%	96.8%	
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	6 (0)	
Mandatory Information Governance Training		85%	89%	
Clinical Governance				
Moderate or above harm incidents (YTD)*		N/A	0 (9)	Quality, Safety and Improvement
Number of externally reported incidents (NRI's, EWI, RIDDOR, IRMER) - In Month - (Rolling 12m)		N/A	0 (12)	
Incident Closure Compliance*		85%	73%	
Formal Complaints - Acknowledged within 5 working days**		75% WG 95% PHW	100%	
Formal Complaints – Responded to within 30 working days**		75% WG 95% PHW	100%	
Informal Complaints – In Month (Rolling 12m)		N/A	5 (113)	

*As of 1 April 2023, Duty of Candour became legislation. This data is YTD from 1 April 2023.

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

Key: RAG Status

Click on the Focus Area Icon for additional assurance

>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	96%	Board
Climate Change				
Carbon Emissions 22/23		Net Zero by 2030	17.165m (Kg.C02E)	Knowledge, Research and Information Committee
Service Delivery				
Screening Services				
BTW Assessment invitations (3 weeks)		90%	38%	Quality, Safety & Improvement
BTW Normal results sent (2 weeks of scan)		90%	48%	
BTW Round Length (Invited within 36 months)		90%	29%	
BSW Coverage		90%	64%	
BSW Waiting time for index colonoscopy		60%	19%	
DESW Coverage (12 Months)		80%	32%	Quality, Safety & Improvement
DESW Results Letters Printed (3 Weeks)		85%	99.9%	
Vaccination and Immunisation - PHW has system lead role, Health Board Delivery				
Influenza vaccination uptake among those aged 65+		75%	71%	Quality, Safety & Improvement
Influenza vaccination uptake among the under 65s in high risk groups		55%	37%	
Influenza vaccination uptake among healthcare workers		60%	34%	
Influenza vaccination uptake among Public Health Wales staff		N/A	47%	
Influenza vaccination uptake among Public Health Wales front line staff		75%	48%	
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%	

Key: RAG Status

■ >10% outside target
 ■ Within 10% of target
 ■ Achieving target
 ■ Not applicable / TBC
 Click on the Focus Area Icon for additional assurance



Key Performance Indicator Summary

Section 2: Strategy and Delivery



Service Delivery

Healthcare Associated Infections - PHW has system lead role, 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%	

Key: RAG Status

■ >10% outside target
 ■ Within 10% of target
 ■ Achieving target
 ■ Not applicable / TBC
 Click on the Focus Area Icon for additional assurance



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 **0.66%** in December 2023. Seasonal increases are expected in December but this year's figure is lower than the figures recorded for the last 4 years.

12 Month Rolling Absence



Remains **above** the national target and has fluctuated around 4% over the past two years.



Statutory and Mandatory Training



Remains **above** target in December 2023. All Directorates with the exception of Board and Corporate (75.6%) are **exceeding target**.



The modules reporting lowest completion are Foundations in Improvement (72.2%) and Paul Rudd Learning Disability Awareness Training (82.2%).

A new mandatory Duty of Quality training e-learning module has been introduced with compliance being taken into account from April 2024.

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.



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).

Although there has been a slight drop in compliance for December, the Improvement Actions detailed on the next page have helped to improve overall compliance over the last 3 months due to retrospective entries of Appraisal dates.

77.3%

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 five Directorates are achieving compliance with the national target.

There is also a significant range in compliance across our Directorates ranging from a high of 96.9% in Improvement Cymru to a low of 70.4% in Health Protection and Screening Services.

However, there is a risk that Improvement Cymru falls out of 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 (continued in quarter 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 appraisal 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 27 November 2023, 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. Appraisal Compliance will be examined in more detail at the upcoming People and OD Committee in February, which will include a deep dive into the Health Protection and Screening Services data.

Further analysis is being taken forward, looking at non-compliance across pay bands, staff groups, and the number of direct reports per manager. The analysis will be completed during Quarter 4, aligned to the phase 2 improvement work, with the aim to include performance trajectories from 2024/25 to drive improvements towards our target.

The Learning and Development Team are exploring how we can incorporate Medical Appraisals into our compliance data, and are also supporting Screening colleagues with completing appraisals in ESR, and the People & 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



-£20k YTD



£0k Forecast

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

Capital Position



£2.728m Allocation



£2.728m Forecast



£1m Committed

The capital forecast is **breakeven** with 37% of our allocation committed at month 9. The strategic allocation increased by £0.4m during month 9.

Agency Spend as A Percentage of Total Pay Bill



Below 3.4%



2.0% YTD



2.0% Forecast

Forecast to deliver the year-on-year reduction target

Public Sector Payment Policy (PSPP)



95%



96.78% YTD



>95% Forecast

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

At Risk Income

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

Year End Position

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

Click to access the latest detailed report





Corporate & Information Governance and Risks

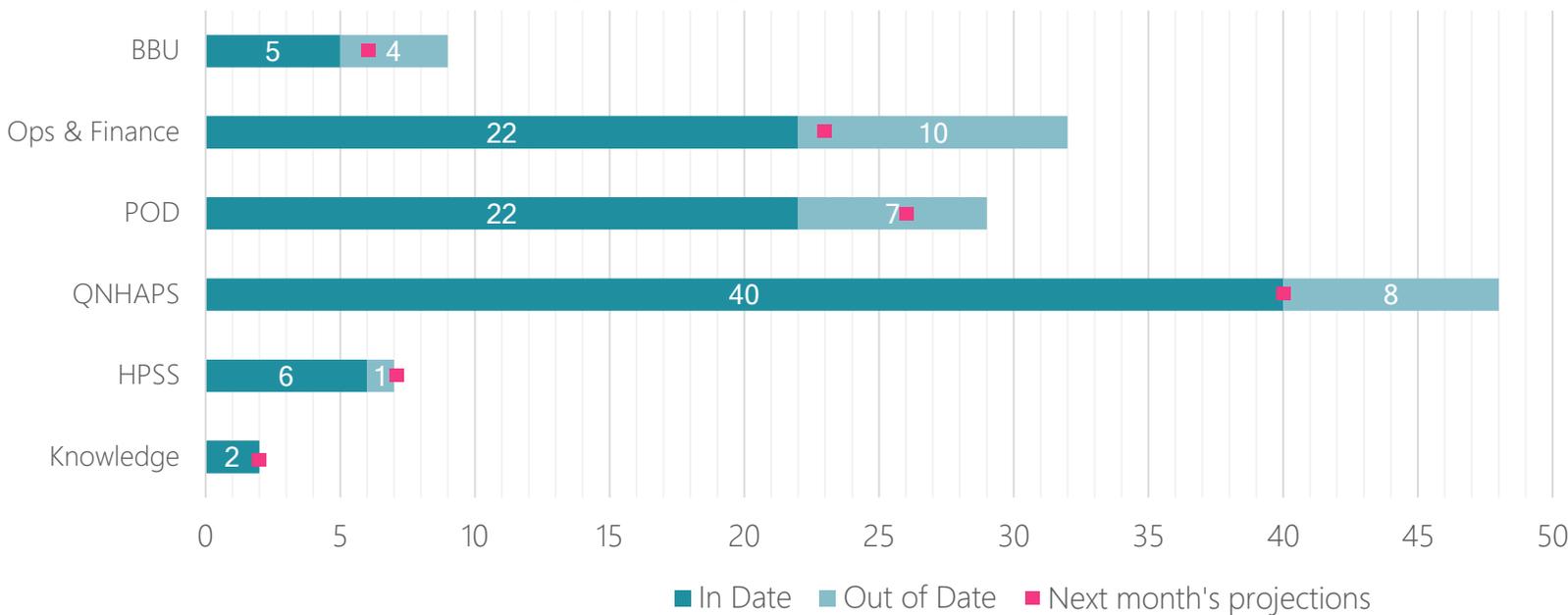
Section 1: Governance and Accountability



Corporate Governance

Corporate Policies Compliance

13 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)



Since November

- 9 Policies were approved in December including 6 from the Quality, Nursing and Allied Health Professionals Directorate, and 3 from the Health Protection and Screening Services Directorate.

January Projections

- The Board Business Unit and Health Protection Screening Services will each approve 1 policy
- People and OD plan to approve 3 policies
- Ops and Finance to approve 2 out of date procedure, and add one new procedure.

Overview

- The divisions with the most policies out of compliance are QNAHPs and Ops and Finance
- Approval compliance is projected to increase month on month
- No change is expected on All Wales Policies



Corporate & Information Governance and Risks

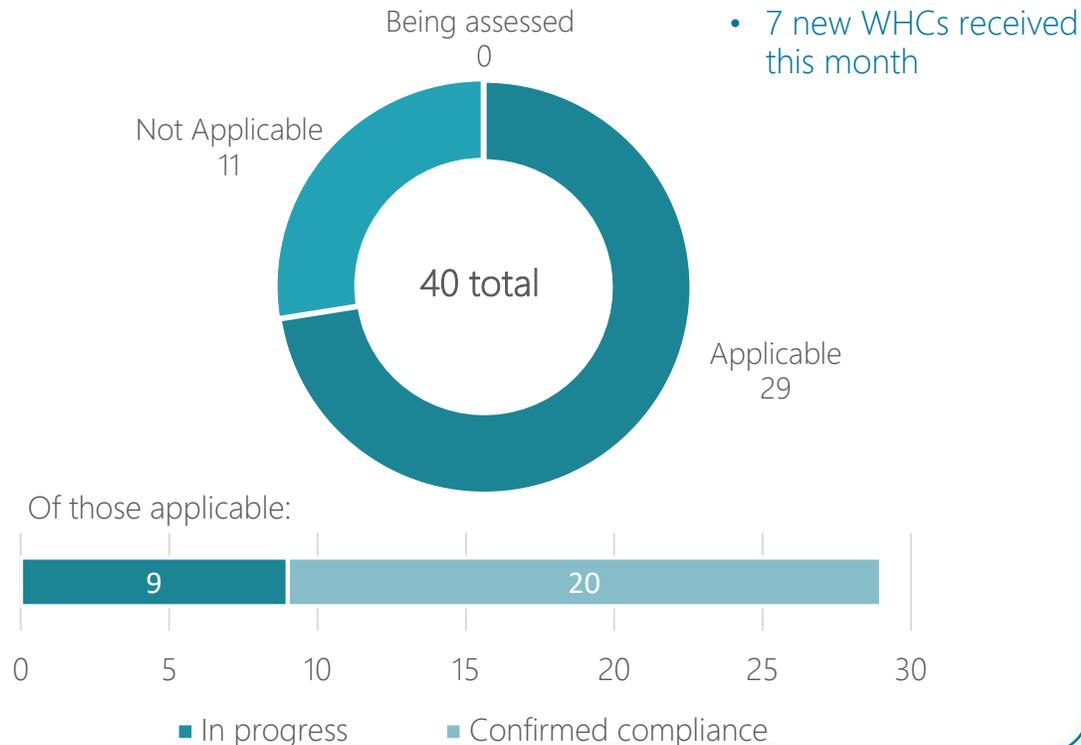
Section 1: Governance and Accountability



Corporate Governance

Wales Health Circular Compliance

For the period 01 – 31 December 2023:



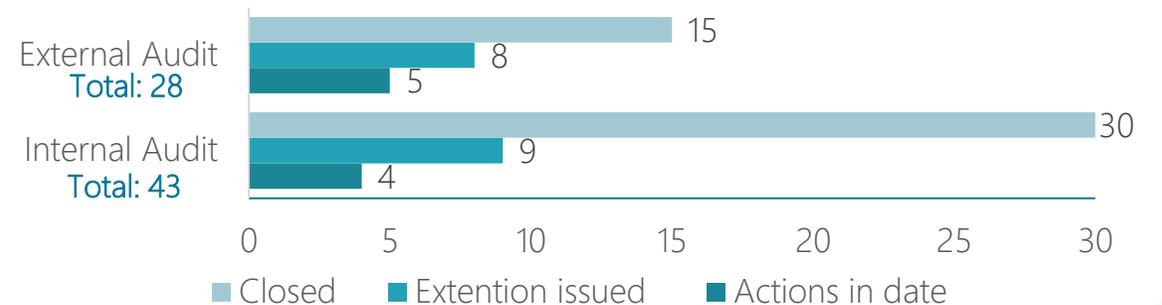
External and Internal Audit Recommendations



In November / December, the Leadership Team completed a deep dive into the Audit Recommendations, providing an in-depth review of recommendations. The review included reflection on the following:

- The relevance of the action and whether the situation had changed since the report was issued.
- An update that provided assurance on how the action was being managed.
- Consideration of the timescales for extensions to dates and the level of confidence that the extended deadline was realistic and achievable.
- Risks of actions where deadlines had passed and how are these being addressed / mitigated.

Following this review, below is a summary of the current overall position:





In Focus: External Audit Recommendations

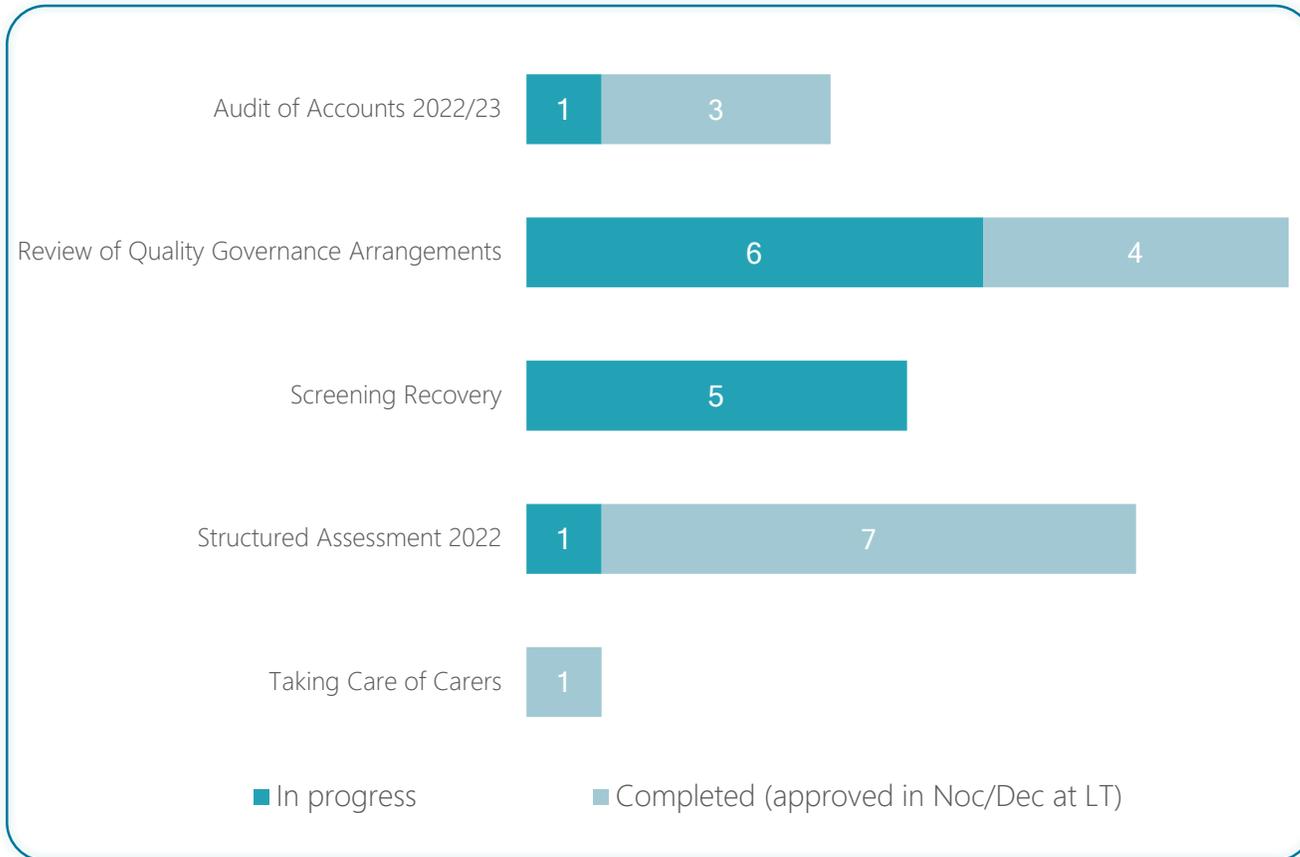
Section 1: Governance and Accountability



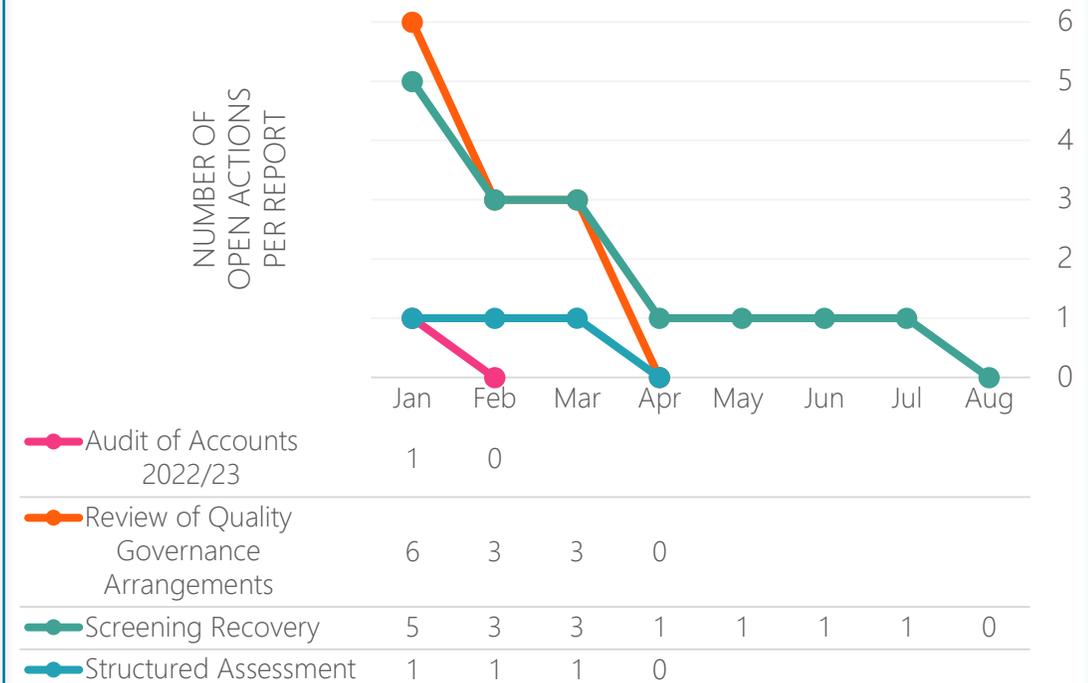
Current position as of 07 December 2023

Audit data updated quarterly

Detailed report being provided to ACGC on 29 January 2024



Trajectory for closure of Open External Audit Actions



* No recommendations are currently past the revised deadlines, as the deadlines were all reviewed and revised deadline dates approved following the deep dive .



In Focus: External Audit Recommendations

Section 1: Governance and Accountability



Current position as of 07 December 2023

Audit data updated quarterly

Detailed report being provided to ACGC on 29 January 2024

Review of Quality Governance Arrangements

- The 6 open actions have all been reviewed as part of the deep dive, revised target dates have been approved for all 6 actions.
- 3 of the actions were being reviewed as part of a paper on the refresh of the 'Our approach to engagement' which is being presented to BET in January 2024. This will provide a steer on the direction of travel for the development and implementation of the framework.
- As part of the deep dive, Leadership Team approved extension for the implementation of the revised framework, but noted that the timescale for full implementation was dependant on the discussion and direction from BET. A further update this in February 2024 is planned to review the timescales in more detail, and how the implementation would be embedded across the organisation.
- 1 action in relation to the review of the Equality and Quality Impact Assessments was extended to March as an interim extension, pending the outcome of a review of the process. Leadership Team have asked for a report following this review, at which point it will review the implementation timescales to ensure realistic.
- 1 action was due to be completed by December 2023 relating to the development of a procedure for Standing operating procedures at a local directorate level. Since the update on 07 December 2023, this has now been through the approval process.
- 1 action relating to data was being taken forward as part of a workshop held by the Digital, Data Design Authority to establish further information to help determine the future approach for a stakeholder database.

Structured Assessment

- 1 open action in progress by the original date (due 31 March 2024) regarding engagement which is being taken forward as part of the work on 'Our Approach to Engagement'. This is on the agenda of BET and QSIC in February for an update on progress.

Audit of Accounts 2022/23

- 1 open action relates to the development of several financial control documents. The original deadline for these was October 2023: Leadership Team approved an extension to end of January noting these documents were in the final stages of approval and scheduled on the ACGC agenda for approval on 29 January.

Screening Recovery

- The actions are all in progress by the original date, the appropriate action is in place to complete by the target date.
- One action was due in December 2023, related to the reporting to QSIC on screening has now been completed since the update on 07 December 2023, following a workshop at the Dec QSIC meeting.

Two further reports from Audit Wales are currently being finalised and due to be reported to ACGC in January 2024: **Workforce Planning Arrangements and the Structured Assessment 2023**



In Focus: Internal Audit Recommendations

Section 1: Governance and Accountability

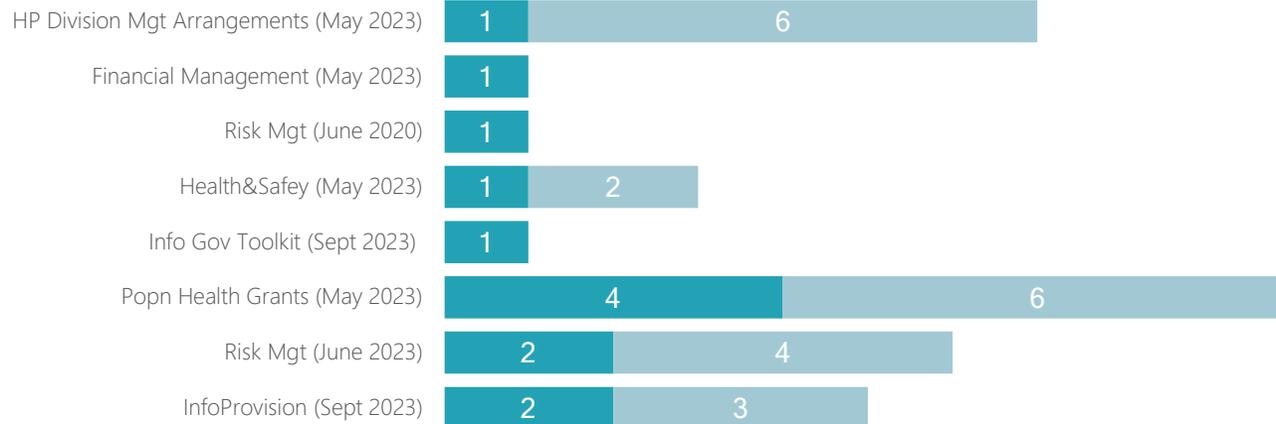


Current position as of 07 December 2023

Audit data updated quarterly

Detailed report being provided to ACGC on 29 January 2024

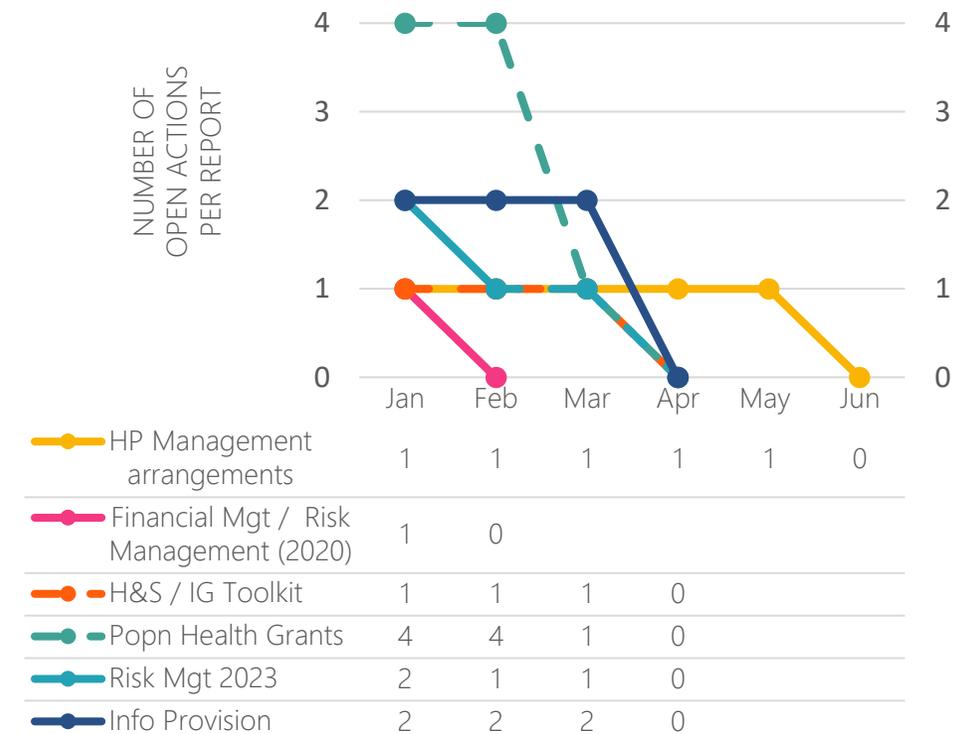
Reports with open actions:



Reports with no open actions:



Trajectory for closure of Open Internal Audit Actions



* No recommendations are currently past the revised deadlines, as the deadlines were all reviewed and revised deadline dates approved following the deep dive .



In Focus: Internal Audit Recommendations

Section 1: Governance and Accountability



Audit data updated quarterly

Current position as of 07 December 2023

Risk Management 2020 (Reasonable Assurance)

- 1 open action, relating to the development to improve the identification and management of risk across the Health and Wellbeing Directorate. This was paused during the pandemic and organisational changes.
- This has recommenced as part of the Risk Development action plan.
- LT approved an extension to the end of January noting that there has been substantial progress to improve and embed the risk processes within HWB, and the extension requested was to fully complete the wider risk review work.

Risk Management 2023 (Reasonable Assurance)

- Actions relate to refreshing the Directorate level risk process, use of datix and the escalation of risk, and increasing capacity through the appointment of Head of risk.
- Original dates for the two actions was in August / September, which have been delayed due to the recruitment of the Head of Risk Post.

Health Protection Division Management arrangements (Substantial Assurance)

- 1 action open, due to be completed by the end of May in line with the original target date.

Information Provision (Reasonable Assurance)

- 2 actions open, due to be completed by the end of March in line with the original target date.

Population Health Grants (Limited Assurance)

- The changes recommended in the original audit have been implemented and reviewed and reaudited within the team. This has highlighted further work that needs to be undertaken to ensure that all processes and documentation align to the revised process. This work will be undertaken and completed by the end of February 2023 in time for the next grant period.
- One action not due to be completed until March in line with the original target date.

IG Toolkit (Reasonable Assurance)

- Action relates to the submission of a toolkit, was due to be completed by March 2023, delays due to competing pressures within the team. Action is underway to progress this by the extended target date of end of March 2024.

Health and Safety (Reasonable Assurance)

- Action relates to the review of policies, this is in progress and is being overseen by the Health and Safety Group. Original date was end of Quarter 1 2023/24, extended to the end of Quarter 4.

Financial Management (Substantial Assurance)

- 1 action relates to the review of the Budgetary Control Framework – this will be submitted for approval to ACGC on 29 January 2024.



Corporate & Information Governance and Risks

Section 1: Governance and Accountability



Information Governance

Freedom of Information Act



20 days

22 requests were received in November 2023.



3 exceeded

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

Due to the fact some FOI requests are very complex and administratively burdensome for the directorate concerned, they therefore take longer to process than more straightforward requests. The average response time is 16 days. Directorates are consistently reminded of the need to ensure compliance with response deadlines when possible.

Additional resource has now been recruited to help improve compliance.

Data Protection (Subject Access) Requests



1 month

Seven requests were received and responded to in November 2023.



0 exceeded

The average response time during the period was nine days.

Personal Data Breaches

Reported	Escalated
6	0

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

Breach - Nil

Action – Nil

ICO Response – N/A

Mandatory Information Governance Training



85%

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



89%



Corporate & Information Governance and Risks

Section 1: Governance and Accountability



Strategic Risks

Please note this update relates to January 2024 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	The Board revised the Strategic Risk Register to reflect the re-refresh of the Long Term Strategy and the revised strategic risks were approved by the Board on 25 May 2023. As of January 2024, the risks and scores remain the same. The Board is undertaking an assurance deep dive into the management of risk across Public Health Wales at the Board meeting on 25 January 2024. This will include in depth scrutiny of each of the Strategic Risks, receipt of a revised Corporate Risk Register which has been developed by the Leadership Team, and assurance mapping of the relationship between each Strategic Risk, the Strategic Objectives and Corporate Risks. In addition, Public Health Wales have commissioned Grant Thornton to provide specialist support in delivering the Risk Management Development Plan.
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	
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	
4	There is a risk of weakness in our organisational health, including our culture, capacity, capabilities and governance.	16	6	
5	There is a risk that we insufficiently prevent, plan for and respond to emerging external threats to public health	12	6	
6	There is a risk that we fail to deliver excellent public health services, including on screening, infection and health protection	9	6	
7	There is a risk to delivery of public health services and the inappropriate release of confidential data	20	12	

Corporate Risks

The Leadership Team reviewed and updated the Corporate Risk Register against the revised Strategic Risk Register and the update was considered at Business Executive Team in September. A further updated Corporate Risk Register will be presented to the Board on 25 January 2024.



Clinical Governance, Quality, Safety and Improvement

Section 1: Governance and Accountability



Externally Reportable Incidents

No Nationally Reportable Incident reported

No Early Warning Incidents reported

No Duty of Candour (DoC) Incidents

Incidents

Incident Numbers (Rolling 12m) Dec 22 - Dec 23	Reported in December
1,992	137 (median 152)



As of 03 January 2024, there are a total of **81** incidents in Datix with an 'open' status of more than 30 days. This is an improvement from the 93 incidents that were open in November 2023.

The oldest incident is in Cervical Screening Wales (November 2022), which has now been reported as an Early Warning Incident and is being managed accordingly.

Overdue incident figures are circulated on a weekly basis to service leads. Since W/C 18 December 2023, Cervical Screening overdue incidents have reduced by 48%, this is due to close engagement between the PTR Team and Quality Lead within CSW.

Additional assurance on various areas are provided in the focus area on pages 19-21.



Complaints



Complaints (Rolling 12m)	Formal (Dec)	Informal (Dec)
Formal - 32 Informal - 113	2 (median 2)	5 (median 8)

Formal – Two received. One in Health Protection and one in Diabetic Eye Screening Wales.

Informal – Two in Breast Test Wales, One in Bowel Screening Wales, one in Diabetic Eye Screening Wales and one in Health Protection.

Both formal complaints (100%) were acknowledged within the five working day timeframe and are now under investigation.

80% (four) informal complaints were responded to within the target timescale of two working days. One (20%) missed the timeframe but was responded to on working day four.

Compliments

December
39

The ratio of compliments to complaints is currently 39:7. This compares to 51 compliments in November and a ratio of compliments to complaints in November of 73:1.

Claims

Confirmed	Potential
17	5

One new potential claim was received in December 2023 in Cervical Screening Wales. No formal allegations have been received.

Redress

December
0

No new Redress cases were received in December.



In Focus: Incident Management

Section 1: Governance and Accountability



Duty of Candour (DoC) Incidents

There were no new DOC cases reported in December. There are two ongoing cases undergoing joint investigations with other NHS Wales organisations.

Cardiff and Vale (CVUHB)

This incident recorded by CVUHB as a Nationally Reportable Incident due to the severity of the incident relates to an ongoing incident that has been reported in previous reports; update below.

PHW continues to support CVUHB with the ongoing investigation and to identify the learning and remedial actions. The final DOC learning report will be submitted jointly by CVUHB and PHW.

Digital Health and Care Wales (DHCW)

An issue was identified by microbiology on 7th November 2023 regarding the Laboratory Information Management System (LIMS). Clostridium difficile samples which had been sent for reference testing within the Anaerobic reference Unit, results had not been released to the requesting GPs.

A joint investigation is in progress with DHCW having overarching responsibility for the support and management of LIMS. Findings to date are that approx. 3.5k samples have been impacted. The LIMS system issue was rectified on 5th December and has been tested to confirm results are now being correctly released. A retrospective review is underway to assess whether any patient harm has been caused due to the failure to communicate sample results.



Update on Early Warning (CSW)

The investigation and manual review of records for Cervical Screening Wales (CSW) Incident ID1410 which was submitted as an Early Warning to Welsh Government in September 2023 and is now complete.

The Incident identified that a number of Wales screening participants were discharged from Colposcopy in both the Countess of Chester Hospital in England, and Betsi Cadwaladr University Health Board, without consistently providing all the required clinical information to enable approval of a safe discharge. Consequently, discharges potentially had been inappropriate, with 2346 participant records requiring manual review.

The investigation is now complete and the investigation report and action plan are awaiting sign off from the programme director. The estimated timescale for this to be completed is the week commencing 8/1/24.

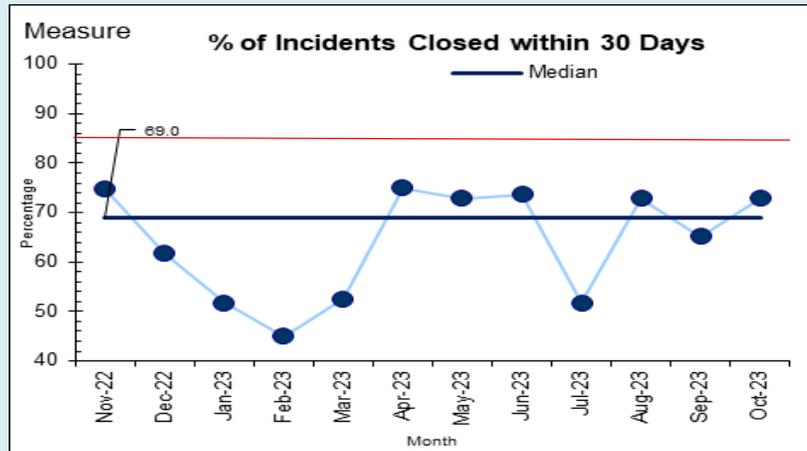


In Focus: Incident Management

Section 1: Governance and Accountability



Incident Closure Rates



85%

Trend - Median 69%

Due to the PTR requirement of 30 working day closure timeframe and to allow for accurate data, we are basing our figures on a 12-month analysis from November 2022 to October 2023. Incidents reported in November 2023 will be reported in the coming month (January 2024).

Improved performance was noted between April 2023 to June 2023 however this was not sustained with a reduction noted in July. This was attributed to staffing availability in Screening Services.

Performance has subsequently improved between August 2023 and October 2023. The PTR and Quality Team will continue to monitor and support areas to achieve target closure rates.



**WG – 75%
PHW – 95%**

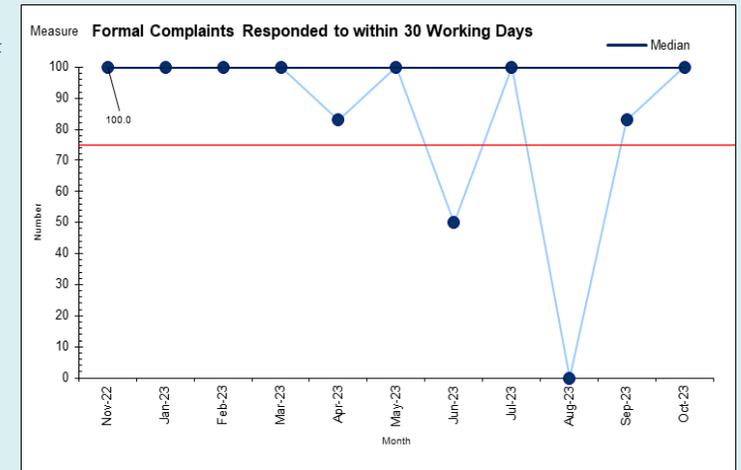
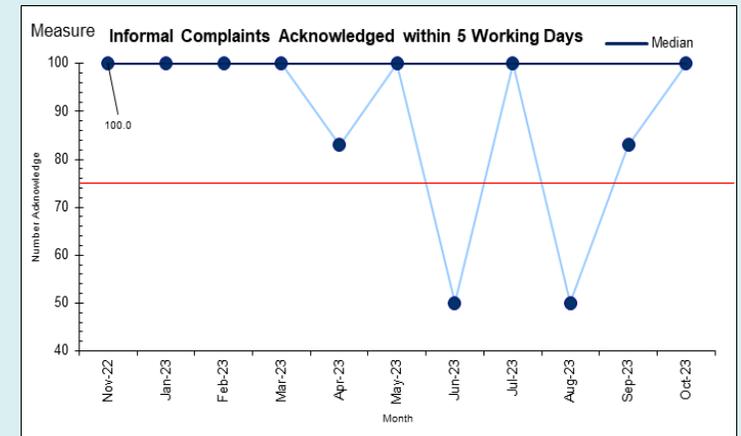
Trend - Median 100%

December 2022 has been masked from the data as there were no formal complaints received.

There was an overall drop in performance in both June and August 2023. Two formal complaints were received one of which required translation and the other required extensive investigation as this was informal complaint that progressed to a formal complaint.

The trend for both response rates is at 100%. The PTR team will continue to support areas to maintain response rates in line with the targets.

Formal Complaints Response Rates



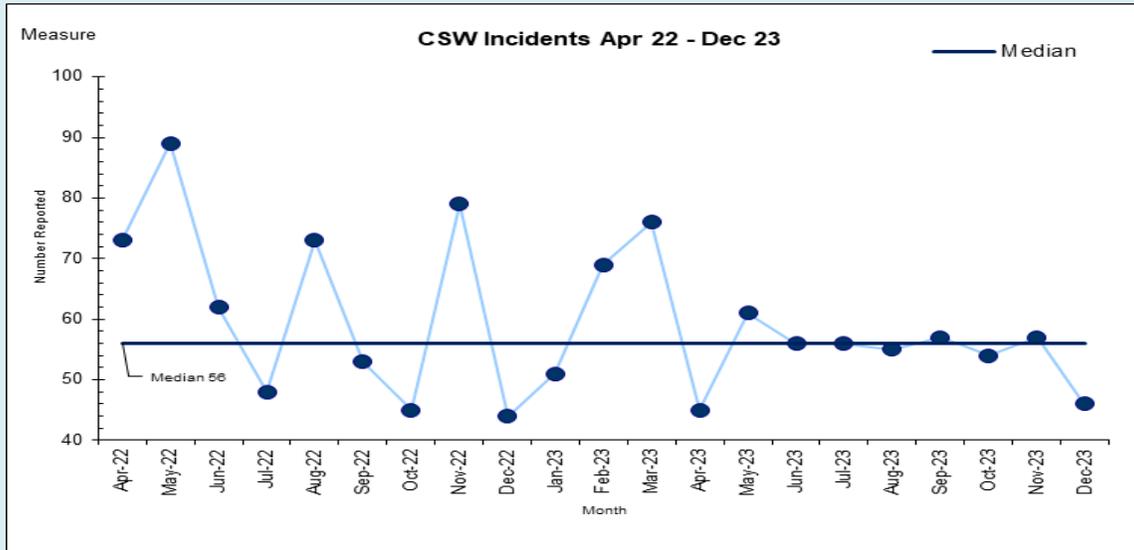


In Focus: Incident Management

Section 1: Governance and Accountability



Cervical Screening Wales Improvement Work



CSW analysis - Median incident per month 56

There is less variation in incident reporting and improved data quality between May 2023 to December 2023 which has been influenced by the improvement work carried out by the PTR, Quality and CSW teams. This work remains ongoing, along with monitoring to ensure sustained improvement.



Additional Improvement Work

- The PTR and Quality team continue to analyse all incidents where the incident sub-category was reported as 'Other'. PHW Incidents recorded as 'Other' where alternative categories were not available have been submitted to the Once for Wales Datix Team and will be discussed at the All-Wales Coding Workstream in January 2024.
- This work provides us with an opportunity to identify where PHW specific codes are missing from the Datix Incident Management System and will allow for improvement in data capture.
- A refresh of the PHW staff hierarchy within Datix has been completed by the Central Once for Wales Team. The remaining work is due to be completed by the end of March 2024 and will include the NHS Executive hierarchy structures.
- Training Offer – Level 1 Datix Incident and Complaint training sessions continue to be offered monthly across the organisation in addition bespoke training is available. It should be noted that in December, 15 individuals received Datix training.



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



IMTP Delivery

Completed **177** An additional 41 milestones were completed in month 9, bringing the total complete 177, which is 57% of the plan.

Green **120** Of the remaining milestones, 120 are reporting as green and on track for delivery by the end of the year.

Amber **2** The 2 amber milestones each have an RFC to change the date/scope. This includes the Grange Hospital Hot Lab staff transfer to ABUHB being delayed by 3 months. The second milestone for school meals cashless payment feasibility study has no significant impact.

Red **6** 5 of the 6 red milestones each have an RFC to change the date/scope, 3 of which move delivery into next year. The 1 remaining red will submit an RFC next month once replanned. No risks or significant impact of these changes have been identified.

Suspended **5** There is no significant impact on the 5 suspended milestones. However, the National Conversation about Wellbeing remains suspended to allow for completion of design elements and the development of a robust delivery plan. One previously suspended milestone has returned to green following a funding agreement from WG to initiate the national lung cancer screening programme.

Additional information is provided in the focus area on page 24



Request for Change Milestones

A total of 9 Request for Change were submitted to the Business Executive Team for approval this month



Click to review the requests for change

IMTP - Strategic Change Programmes

Based on the latest monthly Delivery Confidence Assessments (DCAs), overall delivery confidence is high, with 8 out of 10 programmes reporting green or green/amber status. The current status of each programme is set out below



- Health Improvement Patient Administration System (HIPAS) has gone live for National Exercise Referral (including electronic referral from GPs). Therefore, status has moved from amber to green/amber.
- DESW Transformation has moved from amber/green to amber due to the need to secure capital funding for the DESW IT system and continuing delays in securing a Mid Wales base.
- Aligning to the National Immunisation Framework remains amber whilst the uncertainty of funding for VPDP continues leading to pressure on the workforce. The Head of Programme has requested clarification of funding expectations from Welsh Government so that VPDP can plan for the future.



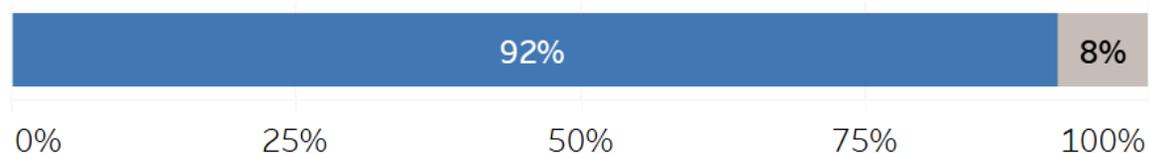
In Focus: IMTP Milestone Delivery

Section 2: Strategy and Delivery



Projected Year-end IMTP 2023/24 Milestones Status

Figure 1: Projected IMTP 2023/24 Milestone Completion Rate

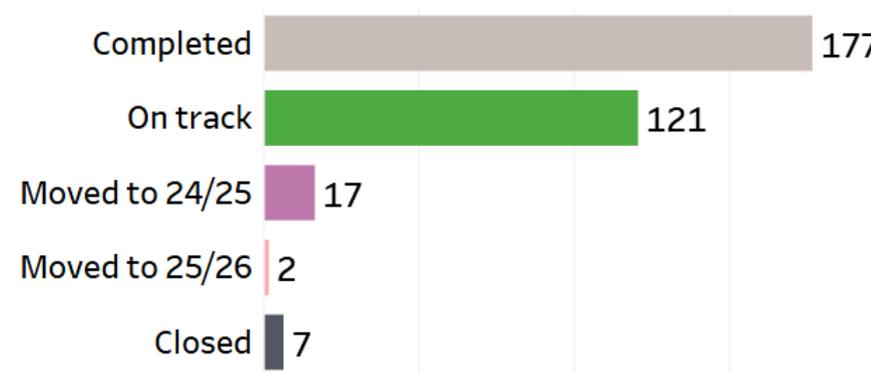


The baseline IMTP 2023/24 plan contains 307 milestones. An additional 17 milestones that weren't completed in the 2022/23 IMTP rolled over into 2023/24, and bring the milestones total to **324**.

Figure 1 shows the outcome of our assessment: **92%** are projected to be completed by 31 March 2024, which is a total of **298** milestones. This represents significant progress in delivering year 1 of our strategy and successfully delivering our IMTP 2023/24.

Figure 2 breaks this down by status, and includes the 177 already completed, and the 121 milestones we have assurance are on track and will complete by 31 March 2024.

Figure 2: Projected delivery status of IMTP 2023/24 baseline milestones



The **26** milestones that are projected will not complete this financial year have had, or will have, in year requests to change the delivery date, scope or to close altogether.

A total of **19** milestones are now planned to be delivered in years 2 and 3, mainly due to outstanding dependencies and re-prioritisation based on resource constraints.

The **7** closed milestones have no significant impact and were removed from the plan either to be managed at an operational level, to be re-planned in future or to remove duplication.

A detailed list of the 26 milestones can be viewed in **ANNEX A** of the **Cover Paper** (pages 6-8)



Climate Change

Section 2: Strategy and Delivery



Quarterly reporting cycle

Key progress to date

Action	Result
IQPD Deep Dive undertaken with Welsh Government	<ul style="list-style-type: none"> Develop a shared understanding of complexities of the agenda Clarify arrangements for handling Welsh Government commissions Discuss proposals for climate change and health surveillance
Climate change and environmental health deep dive undertaken with the Knowledge, Research and Information Committee in December 2023	<ul style="list-style-type: none"> Overview of the research priorities and opportunities Greater clarity for the development of the climate change roadmap
Lead Climate Change Consultant attended COP28 as a virtual participant via the Faculty of Public Health, and then presented at a FPH de-briefing event about 'what is next for Public Health' following COP28	<ul style="list-style-type: none"> Discuss with public health workforce across the UK about opportunities and challenges, with a specific focus on the need to be ready for a warming scenario of 2-3 degrees Internal and PHS discussion about modelling projections and joint working
Colleagues from Policy and International Health, and Health and Wellbeing hosted a webinar on 'protecting health and wellbeing in the climate crisis' via Public Health Network Cymru	<ul style="list-style-type: none"> Drew on expertise from across the system Provided practical advice to colleagues in Wales working with PSBs about how to develop their local climate change adaptation plans
Deputy Chief Exec/ Exec Director of Ops & Finance hosted a workshop with colleagues from PHW during Wales Climate Week in December 2023	<ul style="list-style-type: none"> Highlighted our public health approach to tackling climate change Overview of our strategy, findings from our survey about what do people in Wales think about climate change Overview of our health impact assessment and primary care work Over 70 participants joined



Climate Change

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Quarterly reporting cycle

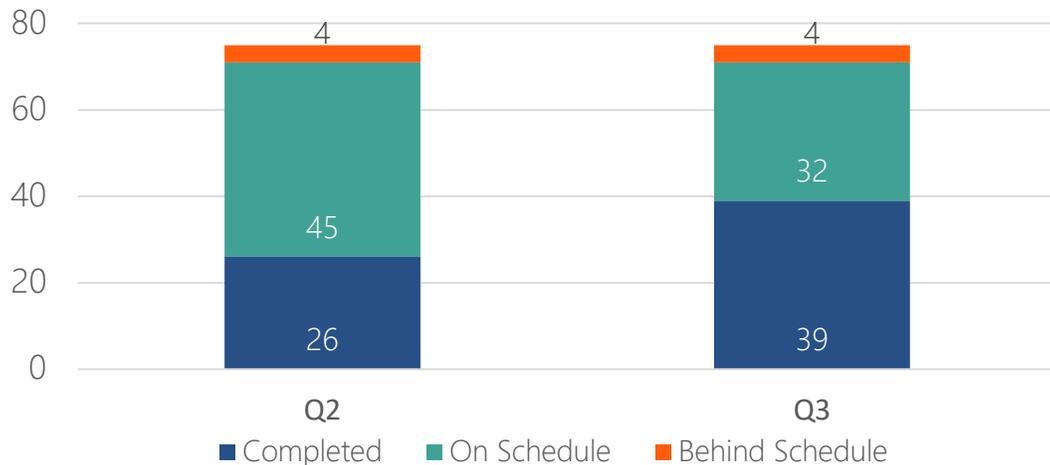
Decarbonisation in Public Health Wales

Net zero 2030

17.165m Kg/C02e

Public Health Wales is required to deliver a net zero position on carbon emissions by 2030 to support Welsh Government's ambition of achieving a net zero NHS Wales.

Our Decarbonisation Action Plan published in April 2022 contains 75 actions. The latest Decarbonisation Progress Report January 2024 shows 13 actions were completed in the last quarter:



The actions falling behind schedule are primarily due to new ways of working, the nature of PHW's estate across Wales, and access to funding.

Decarbonisation Action Plan

Public Health Wales is required to update and refresh its Decarbonisation Action Plan every two years and the next version is due to be approved alongside the Integrated Medium Term Plan in March 2024.

Action	Date
Plan development and drafting	November 2023 – January 2024
Draft plan shared with Climate Change Programme Board	16 January 2024
PHW Decarbonisation Plan 2024-2026 approved by Climate Change Programme Board	February 2024
PHW Decarbonisation Plan 2024-2026 approved by Executive Team	20 March 2024
PHW Decarbonisation Plan 2024-2026 approved by Board	28 March 2024

Wider work

The Innovation & Improvement Hub launched a climate change challenge on **SimplyDo**, an idea-sharing portal. See the *InFocus* page for more details.





In Focus: Climate Change Challenge - SimplyDo

Section 2: Strategy and Delivery



“Help us make climate change a part of everyone’s work”

From 27 September to 24 November 2023 the Innovation & Improvement Hub, with support from the Health & Sustainability Hub and Climate Change Programme Board, **launched a climate change challenge on SimplyDo**, an idea-sharing portal.

The results were:



Ideas ranged from **car sharing, reducing milk waste, reducing single-use plastics and digital carbon footprint, solar panels to training and workshops**, as well as many more.

Although the climate change challenge is now closed to new ideas, PHW staff can still register on the platform to view and like the ideas as well as leave comments, be involved and track the progress of each individual idea submitted <https://phw.simplydo.co.uk>

Our Project Review Group reviewed and scored the ideas. **19 ideas are currently being progressed.**

Examples include:

Working with facilities in procuring recycled and recyclable stationery.

Working with facilities to prepare an events room to stock all conference/workshop/ events stationery and equipment to avoid duplication of items.

PHW had already identified and begun work on the following ideas which the I&I Hub is providing funding for:

Reducing single-use plastic usage from Microbiology labs by trialling a piece of equipment called ‘Bacti-zapper’ to sterilise equipment rather than disposing after one use. Depending on the success of the trial these can be rolled out across all PHW Microbiology labs across Wales.

Working with the Health & Sustainability Hub in determining availability of **climate change training and workshops** for all PHW staff.



Service Delivery

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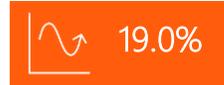


Screening Services

Screening services continue to work towards delivering excellent services. Improvements continue such as bowel screening programme optimisation. Team working hard to mitigate service disruption for events such as industrial action and weather challenges.

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



Bowel screening timeliness **colonoscopy** remains below the 60% standard at 19.0% in November 2023.

This component of the pathway is delivered by Health boards and is under active review with the average waiting time was 6 weeks (range 1-10 weeks).

Breast Screening



Normal results met has not met standard for the last two months. Timeliness of **assessment within 3 weeks** has improved but remains below standard at 38.2%.

This is due to constraints in capacity for reading and assessment and low staffing levels in medical secretary especially in South East region. Recent successful recruitment progressing and cross regional support.

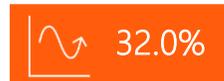


Round length within 36 months continues to fall short of standard at 29.1% against the 90% standard but is continuing to show improvement in line with plans.

Additional information is provided in the focus area on page 29



Diabetic Eye Screening



Diabetic Eye Screening **coverage of reported results in last 12 months** remains lower than standard at 32.0%.

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 2023.



The timeliness of the **results letters within 3 weeks** of screen has improved and is now overachieving standard at 99.9%.

Additional information is provided in the focus area on page 30





In Focus: Breast Screening Recovery

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Recovery Plan

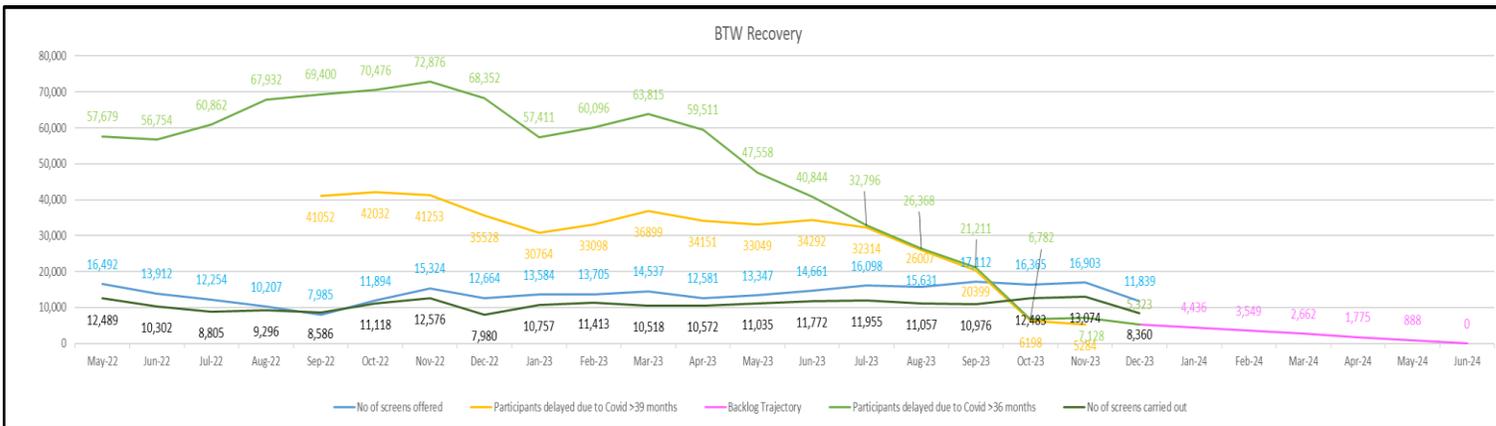
Recovery plan is underway for the programme to increase the screening activity above pre-COVID levels and maintain these to fully recover. Recovery plan is progressing well. In December 2023 backlog has further reduced to 5,323 participants waiting more than 36 months

Detailed round length activity plan in place for all regions. The trajectory is detailed to reflect a zero-backlog position by the end of June 2024

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.

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. Backlog has significantly reduced.
- 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.



Timescales for recovery: Quarter 2 2024/25

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



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.

The backlog position has fully recovered with all eligible participants offered screening since the pandemic. Recovery of timeliness for screening offer includes trajectory of improvement to 31 March 2024, based as an average achievement over the previous 6 months. The service is progressing plans to introduce demand and capacity processes which will better inform modelling going forward.

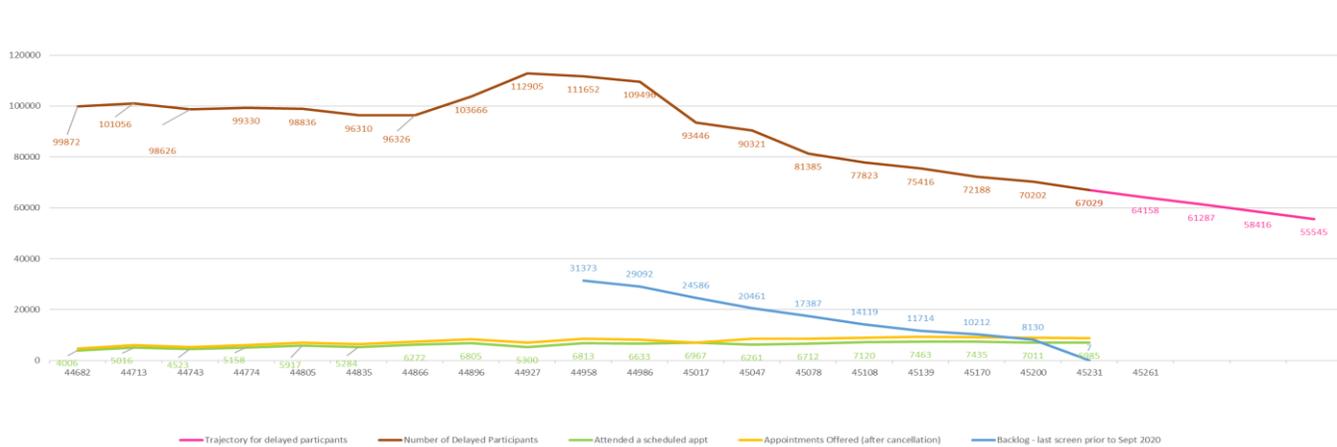
Transformation required as there is a significant numbers of new referrals with over 1200 new referrals per month and as high as 1800 in some months impacting recovery action.

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

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 2023 to March 2024
- 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

DESW Recovery, against Recovery Plan





Service Delivery

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Microbiology

Please note Microbiology indicators are reported on a quarterly basis. This update relates to Quarter 2 2023/24

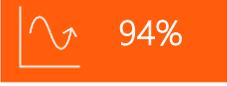
All non-COVID microbiology indicators remain above or within 3% of respective targets at quarter 2 2023/24. EQA performance for Bacteriology and turnaround time compliance for Bacteriology showing a reduction in performance in-month.

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:	Low
Trend:	Increasing
Update:	COVID-19 cases have increased in recent weeks. RSV activity in children under 5 years have decreased but remains at 'medium' 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 07 January 2024).

As at 02 January 2024, latest influenza vaccine uptake amongst those aged 65 years and older showed 70.6% were vaccinated (up from 68.2%), with uptake for clinical risk groups at 36.6% (up from 33.8%). Uptake for NHS Wales staff increased by 25.8% to 33.8% over the latest reporting period, and for front-line staff by 25% to 33.5%.

Provisional data as at 27 December 2023, showed that 47.1% of Public Health Wales staff had received the influenza vaccination (48.4% frontline; 45.8% non-frontline)





Service Delivery

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Healthcare Associated Infections



Additional filters for Table 1.		C. difficile	MRSA bacteraemia	MSSA bacteraemia	E. coli bacteraemia	Klebsiella sp bacteraemia	P. aeruginosa bacteraemia
Select month or FY							
Current FY							
Select organism group							
All organisms							
	Aneurin Bevan UHB	36.71	1.11	18.02	60.29	23.58	4
	Betsi Cadwaladr UHB	39.17	1.14	23.65	79.66	24.22	5.49
	Cardiff and Vale UHB	21.1	2.11	31.39	72.02	24.27	4.22
	Cwm Taf Morgannwg UHB	30.77	2.07	29.59	86.98	27.52	4.14
	Hywel Dda UHB	47.13	3.07	26.3	106.55	26.3	7.85
	Powys THB	18.01	0	1	2	0	0
	Swansea Bay UHB	62.64	1.7	37.11	69.11	23.49	6.47
	Velindre NHST						
	Wales	37.75	1.72	25.7	74.78	23.93	5

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 23.93 per 100,000 (7% higher)
- ❖ E. Coli bacteraemia has a reported rate of 74.78 per 100,000 in Wales (10% higher)
- ❖ P. aeruginosa bacteraemia has a reported rate of 5 per 100,000 (19% lower)
- ❖ S. aureus bacteraemia has a reported rate of 27.42 per 100,000 (1% lower)
- ❖ C. difficile has a reported rate of 37.75 per 100,000 (2% 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



GIG
CYMRU
NHS
WALES

Iechyd Cyhoeddus
Cymru
Public Health
Wales

*Gweithio gyda'n gilydd
i greu Cymru iachach*

Working together
for a healthier Wales