Integrated Performance Report

Executive lead:	Huw George, Deputy Chief Executive/ Executive Director Operations and Finance
Author:	Huw George, Deputy Chief Executive and Director of Operations and Finance; Phil Bushby, Director of People and Organisational Development; Sian Bolton, Acting Director of Quality Nursing and Other Allied Health Professionals; Angela Fisher, Deputy Director of Finance; Ioan Francis, Head of Performance

Approval/Scrutiny route:	Business Executive Team (15 July 2019)

Purpose
The purpose of this report is to provide an update on Public Health Wales' performance, including: • Integrated Performance Report including Quarter 1 2019/20 progress against annual plan, Health & Care Standards and quality indicator performance – Huw George

Recommendation:				
APPROVE ☐	CONSIDER ☒	RECOMMEND ☐	ADOPT ☐	ASSURANCE ☒
The Board is asked to: • **Discuss** and scrutinise the paper and provide feedback and comments				

Link to Public Health Wales Strategic Plan

Public Health Wales has an agreed strategic plan, which has identified seven strategic priorities and well-being objectives.

In order for Public Health Wales to deliver our strategic plan, effective performance management arrangements need to be in place to monitor and report on progress against achieving our strategic priorities to improve health outcomes. This intelligence is used to draw the Board's attention to areas of underperformance and is fundamental for effective and efficient decision making.

This report contributes to the following:

Strategic Priority/Well-being Objective	All Strategic Priorities/Well-being Objectives

Summary impact analysis	
Equality and Health Impact Assessment	An Equality and Health Impact Assessment is not required. Equality and Health Impact Assessments will be completed as part of delivery of the specific actions within the Plan.
Risk and Assurance	Our Strategic Risks are detailed within Our Strategic Plan
Health and Care Standards	This report supports and/or takes into account the Health and Care Standards for NHS Wales Quality Themes All themes
Financial implications	An update on the organisation's financial performance is enclosed
People implications	An update on the organisation's people performance is enclosed

1. Purpose / situation

The purpose of the Integrated Performance Report is to provide the Board with an update on Public Health Wales' performance, including:

- Progress against our strategic priorities at Quarter 1 2019/20
- Operational performance including indicators within the NHS Wales Delivery Framework
- Financial performance – month 3 2019/20
- Workforce performance
- Quality performance including progress against Health & Care Standards and Quality Indicators at Quarter 1 2019/20

2. Background

The Integrated Performance Report is discussed and scrutinised at each Board meeting as part of the regular agenda items.

3. Description/Assessment

A summary of key performance highlights and key performance issues by Strategic Priority area is provided in the main body of the report, and is supported by supplementary information in Annex A of the Integrated Performance Report.

3.1 Well-being of Future Generations (Wales) Act 2015

Hirdymor — Long Term
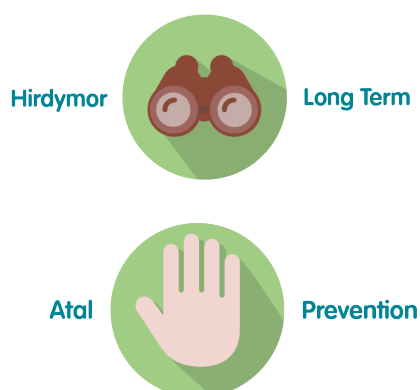
Ensures Public Health Wales is able to successfully monitor the delivery of its Long Term Strategy and Integrated Medium Term Plan. Areas of underperformance can be identified with earlier intelligence to aid decision making.

Atal — Prevention

Effective and efficient decision making by Senior Managers, Executive Team and the Board is paramount to successful performance of the organisation in order for it to achieve its purpose, whilst preventing the potential to cause harm through underperformance.

| Integreiddio | Integration |

The development of Public Health Wales' Long Term Strategy and Integrated Medium Term Plan was grounded in collaboration and integration across our workforce. To demonstrate that the organisation is achieving what it set out to achieve over the short, medium and long term, high quality monitoring and reporting of information is essential through the integrated performance report.

| Cydweithio | Collaboration |

Reporting of data and information through the integrated performance report requires collaboration across the organisation to ensure timely delivery of key service, quality, workforce and financial data. The potential for the development of business intelligence tools will require close working relationships with Directorates and especially Informatics to maximise potential.

| Cynnwys | Involvement |

To ensure compliance with the Welsh Audit Office Structured Assessment, agreeing and reporting Division / Directorate level performance measures will require involvement across the full breadth of the organisation. Monitoring and reporting against the strategic plan will involve working closely with staff to ensure accurate and timely intelligence for the Executive Team and Board.

4.   Recommendation

The Public Health Wales Board is asked to:

• **Discuss** and scrutinise the paper and provide feedback and comments

INTEGRATED PERFORMANCE REPORT

June 2019

Report authors:

Huw George (Deputy Chief Executive and Director of Operations and Finance); Phil Bushby (Director of People and Organisation Development); Rhiannon Beaumont-Wood (Executive Director of Quality Nursing and Allied Health Professionals); Angela Fisher (Deputy Director of Finance); Ioan Francis (Head of Performance)

Version: v1a

GIG CYMRU NHS WALES | Iechyd Cyhoeddus Cymru Public Health Wales

To support the delivery of our Long Term Strategy, we actively monitor progress against our strategic priorities. The Integrated Performance Report provides a comprehensive overview of our strategic and operational performance, set alongside our people, quality and financial performance. Where possible, the following report is presented through the lens of our seven long term priorities for 2018-2030. As we look to develop outcome goals, and realign our people and resources to support the delivery of our strategy, we will further develop and strengthen our performance reporting so that it aligns with the proposed shift towards a more devolved model, as defined by our Long Term Strategy.

Our ambition for the people of Wales is that by 2030 they will:

- have a more equal chance of living a fulfilling life, free from preventable ill health
- know how to support their families' mental well-being, that supports everyone to be mentally healthy citizens with greater resilience and a greater level of mental well-being
- live in an environment and society in which healthy choices are the easy choices; and in a Wales where
- more children will have achieved their full potential

We want a Wales with:

- reduced infections and which is prepared for and able to deal with the expected effects of climate change
- where the balance has shifted from hospital to community based care; reduced burden of disease from long term conditions with reduced incidence, improved early detection and survival outcomes; and also a Wales where
- population health services and interventions are based on world class intelligence and analysis, giving maximum return on investment
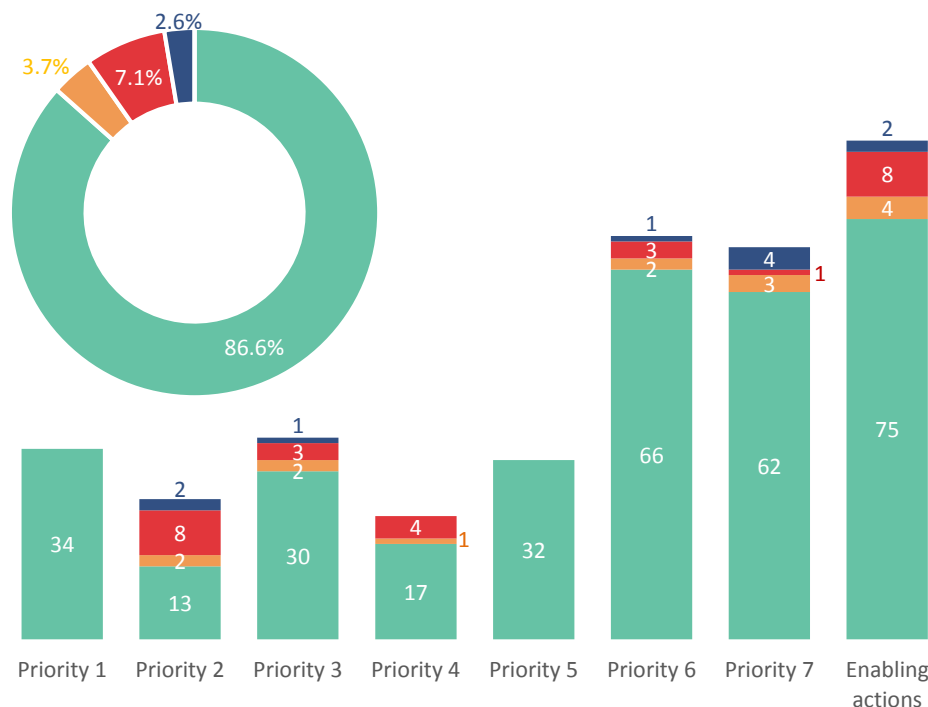

To secure this ambition, *Working to Achieve a Healthier Future for Wales* has seven priorities and each has defined:

- the difference we will have made by 2030
- how we will work
- medium term objectives to 2022
- a product map providing a blueprint for delivery
- short term (annual) plans

Annex A comprises the digest of information from which this summary report is derived.

2

Summary of performance – June 2019 (Quarter 1)

Progress
- Good progress continues to be reported at the end of Quarter 1 as reflected in the summary charts which shows that **87% of planned work is on target (329 actions).** This is a slight decline since the last reporting period (92%, 348 actions).

Slippage
- **3.7% (14 actions)** were reported as being behind schedule but anticipate completion within target timescales (up from 11 actions).
- **7.1% (27 actions)** were reported as being behind schedule (up from 14 actions).
- **2.6% (10 actions)** have not progressed as responsibility for the action now sits outside of Public Health Wales' control.

Review process
- Directorates update on progress against plans which are reviewed by the seven Strategic Priority Groups on a monthly basis when relevant issues affecting progress are considered.

The online Annual Plan 2019/20 reporting tool can be accessed here

Key Actions – Quarter 2 2019/20
- All strategic priority groups will be focussing on developing measurable outcomes and measures to be agreed in September 2019.
- Inaugural meeting of a new Strategic Priorities Coordination Group to be held on 23 July 2019 to further strengthen governance and provide high level co-ordination across the priorities and enabling functions.
- Strategic Priorities Coordination Group will provide regular reports to the Executive Team.

Future Actions
- Continuing work on aligning budgets to priorities, some non-pay budgets to be realigned by March 2019.
- Continuing work on various components to support the implementation of the Long Term Strategy such as new ways of working, Value and Impact Framework.
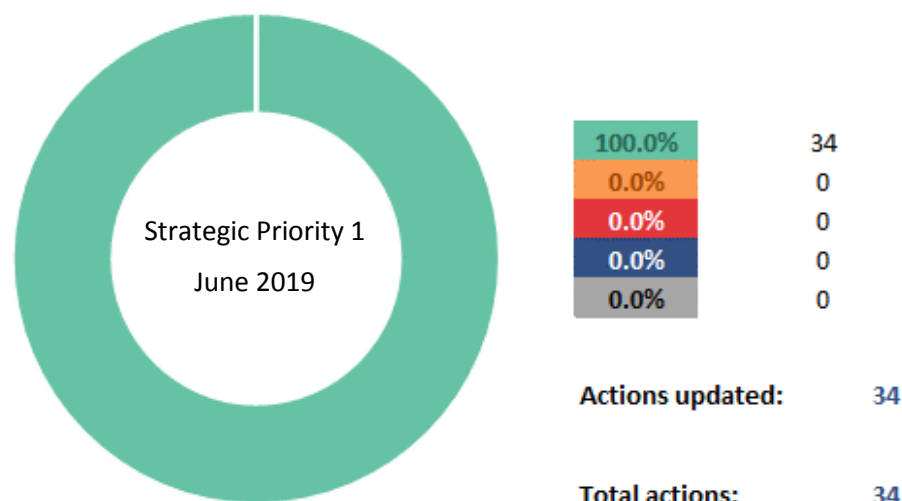
Strategic Priority 1: Influencing the wider determinants of health

By 2030, we will:

- have a learning environment in schools and other educational settings that better improve health
- have established the sustainable development principle as a way of working and we are enabling high quality Health Impact Assessment across Wales
- have influenced the main employers in Wales to create good work, maintain employment and invest in staff health and well-being
- be a leading source of advice and evidence on the wider determinants of health to key decision makers
- have improved the quality and accessibility of housing in Wales through an innovative health and housing partnership
- have worked with partners to maximise the potential of the built and natural environment to improve health and well-being

Summary of performance – June 2019 (Quarter 1)

Strategic Priority 1
June 2019

100.0%	34
0.0%	0
0.0%	0
0.0%	0
0.0%	0

Actions updated: 34

Total actions: 34

Annual Plan 2019/20

- 100% of actions (34) are being reported as being on track to be completed by target timescales.

Actions completed

- List of evidence based interventions identified for housing and air quality (link to SO 5.3) (May 2019; OP/02, SO1.1).
- Evidence questions agreed for two wider determinants areas (June 2019; OP/06, SO1.1).
- Joint Action for Health Equity Europe Country Assessment (Work Package 7) (May & June 2019; OP/22, SO1.4).

Performance indicators – Quarter 1 2019/20

Healthy Working Wales	2018/19	Q1	Target
Organisations competing a CHS mock assessment	30	1	25
Private sector organisations completing mock assessment	15	0	5
Organisations completing a full assessment	38	1	25
Private sector organisations	15	0	5

Further information available [here](#)

Performance indicators - key issues

Healthy Working Wales	2018/19	Q1	Target
Organisations achieving a Small Workplace Health Award	78	1	100

ACTION: HWW external assessors not appointed by WG until 31 May 2019 and did not start until mid-June. A total of 22 were waiting for assessments during this time. Assessments are already booked in and have now commenced, including for major organisations such as Welsh Government and Public Health Wales.
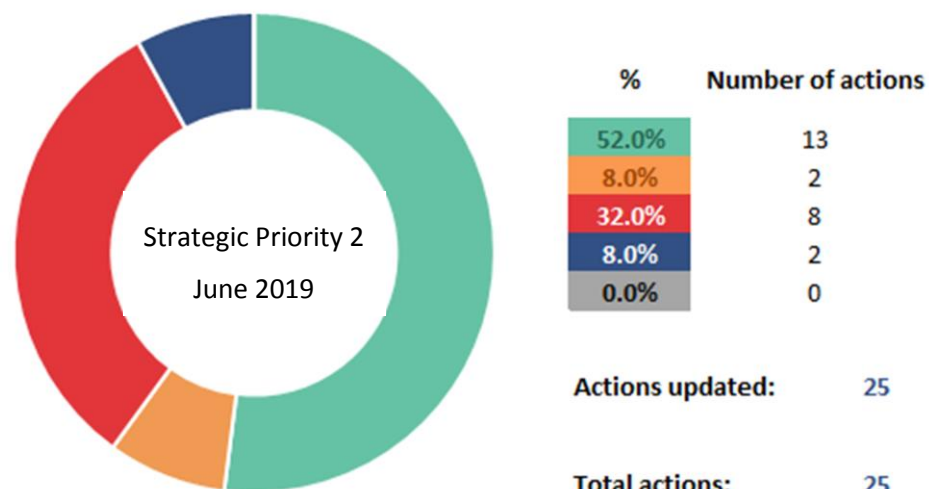
Improving
mental
well-being and
resilience

By 2030, we will:

- be leading an ongoing national conversation on what is important to the public and what helps us to attain better mental well-being
- be responding to the ever changing social and economic environment and working with our partners to stimulate collective action to improve outcomes
- be actively monitoring the mental well-being of the population and are using this to influence policy, strategy and programmes
- have supported partners in promoting mental well-being and resilience including reducing the impact of ACEs / trauma
- have facilitated a trauma and resilience informed Wales – aiming to break generational cycles of poor mental and physical health outcomes

Summary of performance – June 2019 (Quarter 1)

Strategic Priority 2
June 2019

%	Number of actions
52.0%	13
8.0%	2
32.0%	8
8.0%	2
0.0%	0

Actions updated: 25

Total actions: 25

Performance indicators – Quarter 1 2019/20

Welsh Network of Healthy Schools	2018/19	Q1 19/20	Target
Schools achieving level 1 – 5 award	**218**	45	180
Schools achieving the National Quality Award	**21**	17	35

Further information available [here](#)

Annual Plan 2019/20

- Less progress is being reported with only 52% of actions (13) on target to be completed (down from 64%). 32% of actions (8) are behind schedule and not anticipated to be completed on time (up from 17%). Causes for reported slippage include staff capacity, workload prioritisation and a procurement delay.

Actions completed in June 2019

- Mental well-being profile: Collaborative working to develop sector specific training and organisational development (OP/46, SO2.4)
- Training for Policing and Criminal Justice: Pilot the feasibility of a single integrated front door to services supporting vulnerability in and out of hours (OP/50, SO2.4).
- Priorities agreed for promoting mental health and well-being across the population (RO/6, SO2.1)

Actions not completed in June 2019

- Key themes and goals of the National Conversation to promote mental wellbeing ([OP/34, SO2.1](#)).
- Guidance on the Principles of Community Engagement for Empowerment ([OP/38, SO2.1](#)).
- Mapping report produced of tools available to employers to support managing sickness absence and promote mental wellbeing ([OP/43, SO2.3](#)).
- Evaluation of education training in secondary schools: Make recommendations to inform roll out ([OP/52, S02.2](#)).

Progress affected by external dependency

- WNHSS mental wellbeing context, criteria, guidance and independent reference source for schools piloted with the coordinators of the Welsh Network of Healthy Schools schemes (June 2019; [OP/41, SO2.2](#)).
- Resources on whole school approaches to mental wellbeing and resilience designed and published online (September 2019; [OP/42, SO2.2](#)).

Strategic Priority 3: Promoting healthy behaviours

By 2030, we will:

- work with Welsh Government and others to deliver year on year increases in the proportion of children and young people who are smoke free and help an increasing number of smokers to quit
- have significantly increased the proportion of children and young people in Wales who are a healthy weight when they start school and into adulthood
- work to create co-ordinated action across the whole system to support healthy food choices and promote a more active Wales
- have changed social norms about the acceptability of a range of health harming behaviours

Summary of performance – June 2019 (Quarter 1)

%	Number of actions
83.3%	30
5.6%	2
8.3%	3
2.8%	1
0.0%	0

Actions updated: 36

Total actions: 36
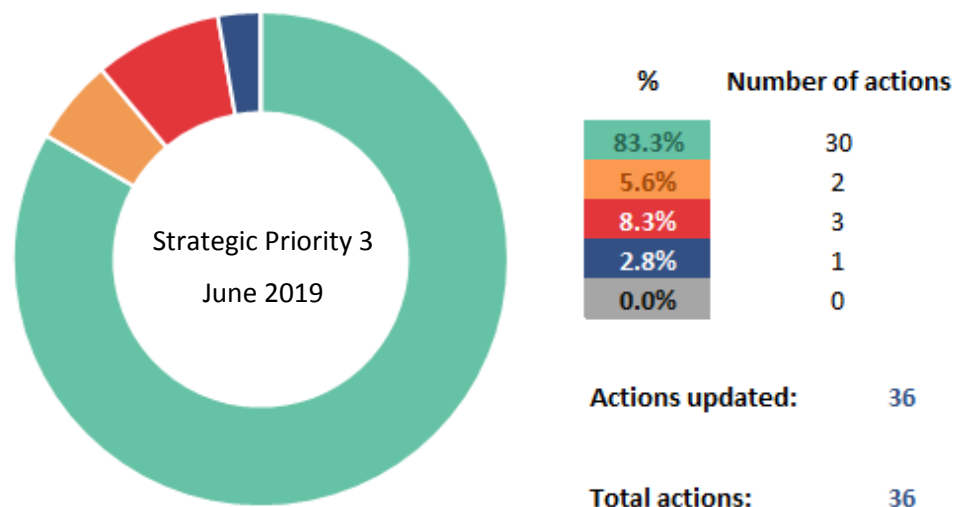
Performance indicators – Quarter 1 2019/20

Smoking Prevention Programme	2018/19	Q1 19/20	Target
Number of secondary schools targeted	**58**	16	60

Further information available here

Annual Plan 2019/20

- Good progress is being reported with 83% of actions (30) on target to be completed on time (down from 92%). Causes for reported slippage were owing to workforce related issues.

Actions completed in June 2019

- Common minimum data set for all Help Me Quit providers agreed (OP/58, SO3.1).
- Help Me Quit minimum service standards agreed (OP/59, SO3.1).
- Vision and scoping document produced for the Physical Activity Observatory (OP/72, SO3.5).
- Beta web-based resource on tobacco developed (OP/72, SO3.5).
- Mechanisms for better health promotion information provision for the people of Wales agreed with stakeholders (OP/90, SO3.10).

Actions not completed

- Evidence review on factors that support or prevent children actively travelling to school (May 2019; OP/70, SO3.4).

Actions behind schedule

- Behavioural analysis for screen time (September 2019; OP/65, SO3.3).
- Behavioural analysis for sleep completed (September 2019; OP/71, SO3.4).
- Evidence review on effective interventions to prevent substance related harm completed (December 2019; OP/78, SO3.7).

Progress affected by external dependency

- Stop Smoking Services transfer to Health Boards (September 2019; OP/61, SO3.1). Awaiting Ministerial decision.

By 2030, we will:

- seek to ensure that every child has the best start in life and will have promoted and supported an integrated population based support system for all parents and families
- have increased the proportion of settings that take action to promote health in early years
- have worked with partners to reduce abuse and neglect of children

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Summary of performance – June 2019 (Quarter 1)

77.3%	17
4.5%	1
18.2%	4
0.0%	0
0.0%	0

Strategic Priority 4
June 2019

Actions updated: 22

Total actions: 22
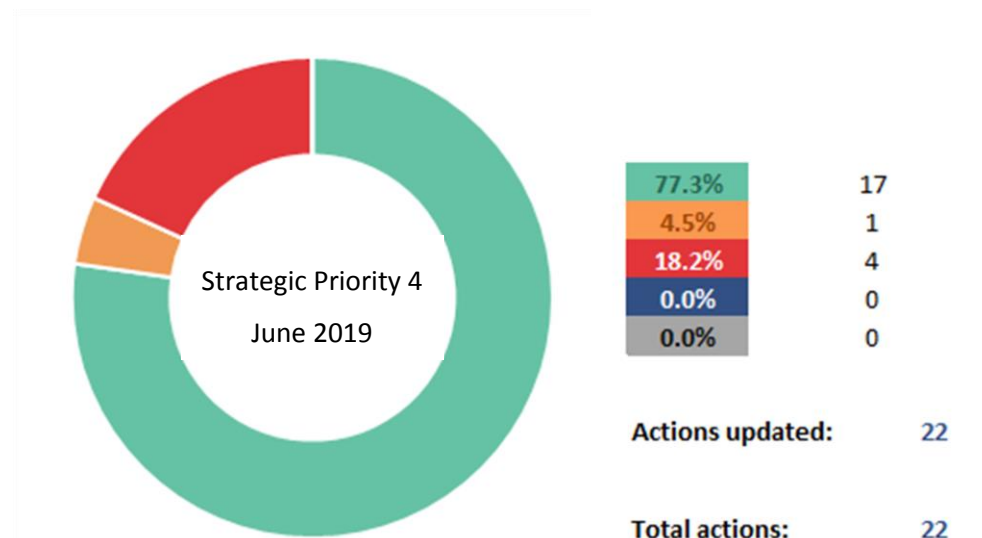
Annual Plan 2019/20

- Seventy-seven percent of actions (17) were on target to be completed by agreed timescales. This has fallen from 100% during the last reporting period.
- Causes for reported slippage were a delayed start to a planned exercise; and the knock on effect on a programme owing to a lack of capacity.

Actions completed
- No actions were due to be delivered in June 2019

Actions behind schedule
- Undertake comprehensive research prioritization exercise for the early years (linked to priority 7.1) (July 2019; OP/96, SO4.2).
- Healthy Pre-School programme review report produced (July 2019; OP/102, SO4.4).
- Options for future delivery of the Healthy Pre-School programme developed and agreed approach identified (August 2019; OP/103, SO4.4).
- Monitoring and evaluation mechanisms for the Healthy Pre School programme agreed (November 2019; OP/104, SO4.4).
- Implementation plan to support future delivery of the Healthy Pre-School scheme produced (November 2019; OP/105, SO4.4).

Strategic Priority 5: Protecting the public from infection and environmental threats to health

By 2030, we will:

- have contributed significantly to reductions in morbidity and mortality linked to infections
- be collating and utilising health data sourced across the health and care system to direct prevention activities and identify earlier opportunities for intervention (timely diagnosis and appropriate treatment)
- have established strengthened capacity in Wales for early warning, risk reduction and management of national and global health risks
- be recognised as system leaders for healthcare associated infections and antimicrobial resistance
- have worked with partners to reduce mortality and morbidity attributed to factors such as the impact of climate change and air pollution

Summary of performance – June 2019 (Quarter 1)

%	Number of actions
100.0%	32
0.0%	0
0.0%	0
0.0%	0
0.0%	0

Actions updated: 32

Total actions: 32
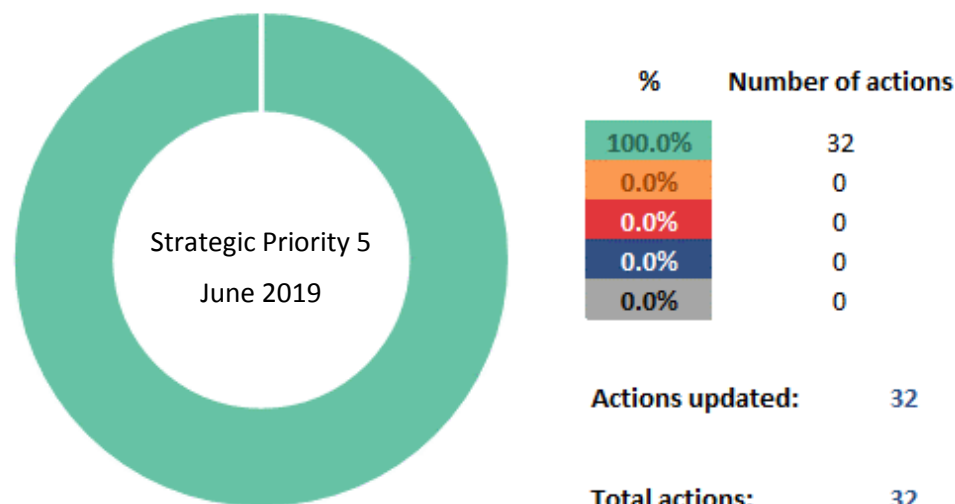
Annual Plan 2019/20

- Good progress continues to be reported in June 2019 with 100% of actions (32) on track to be completed by target timescales.

Actions completed in June 2019

- Development and reporting of Antimicrobial Resistance & Consumption surveillance & improvement goals (OP/123, SO5.2)
- Develop and provide an epidemiological Quarterly report to the Board for Health protection (OP/128, SO5.2)
- Perform audit and produce report on compliance with operating procedures for four communicable diseases (OP/132, SO5.2)
- Identify high level service specification of a new all Wales sexual health case management system (Subject to funding) (OP/134, SO5.2)
- Evaluate and assess results from pilot for online access to community molecular testing for CT/GC dry swab testing (OP/136, SO5.2)
- Continue meningococcal carriage study recruitment/follow-up/vaccination. Wave 3 report to Health Protection SMT (OP/140, SO5.2)

Performance indicators – June 2019

Clostrium difficile rate	**26.9 per 100,000**	⬇ 1.1	Above ≤26 target
Staph aureus rate	**26.9 per 100,000**	⬇ 1.1	Above ≤20 target
E.Coli bacteraemia rate	**80.8 per 100,000**	⬆ 3.0	Above ≤67 target

Full suite of data on HCAI, Vacc & Imms & Microbiology is available here

ACTION:

- Welsh Health Circular issued on 8 July 2019 detailing the improvement goals for HCAI & AMR to be delivered by Health Boards and Trusts in Wales for 2019-20.
- Support provided at the Quality and Delivery meeting between Welsh Government and Hywel Dda UHB on 28 June 2019.
- Supported a Period of Increased Incidence meeting at Withybush, Hywel Dda UHB on 1 July 2019.
- Further support has also been requested from Aneurin Bevan UHB.
- First surveillance dashboard incorporating new targets published in August 2019.
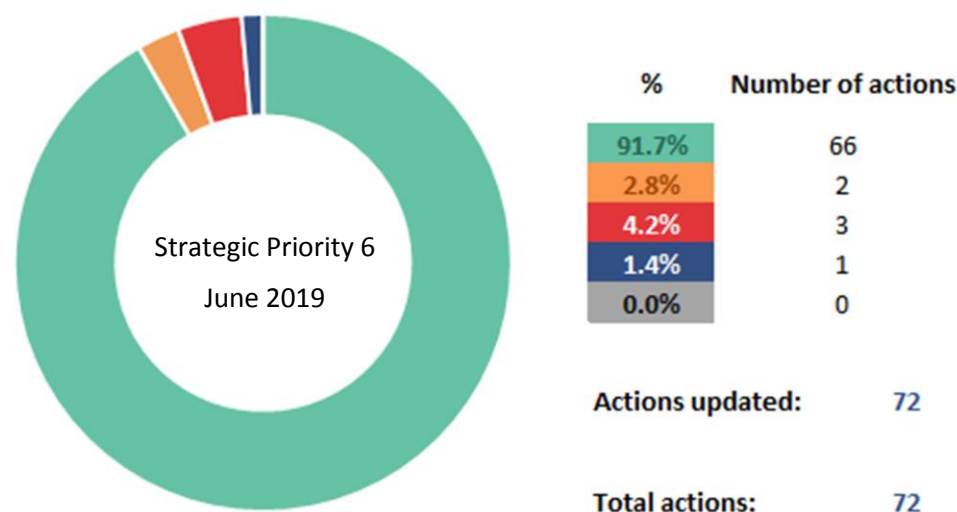
Further information available here

Strategic Priority 6: Supporting the development of a sustainable health and care system focused on prevention and early intervention

By 2030, we will:

- maximise opportunities to prevent disease through health service interactions with patients
- increase disease prevention and earlier intervention through approaches to maintain and improve focus on national population-based screening programmes. When disease is detected, pathways of care will be seamless
- reduce variation and inequality in care and harm in its deliver
- support care moving closer to the home and centre it round patients and carers

Summary of performance – June 2019 (Quarter 1)

%	Number of actions
91.7%	66
2.8%	2
4.2%	3
1.4%	1
0.0%	0

Actions updated: 72

Total actions: 72

Annual Plan 2019/20

- Good progress is being reported with 92% of actions (66) on track to be completed on time. All Actions (8) that were due to be delivered in June 2019 were reported as being completed, including one rolled-over action (RO/11, SO6.6). Causes of reported slippage include problems with re-tendering for a new system, the pace at which stakeholders were able to engage with programmes, and workforce capacity issues.

Selection of actions completed in June 2019

- Develop an Emergency Laparotomy Cymru data dashboard (OP/149, SO6.2)
- Develop and implement new management structure for DESW (OP/176, SO6.5)
- Proof of concept for Primary Care Needs Assessment released (OP/192, SO6.6)
- Publish Cluster Leadership Handbook (OP/204, SO6.7)
- Knowledge and skills framework for having effective behaviour change conversations agreed (OP/204, SO6.7)

Actions behind schedule

- DESW: Complete process of outsourcing of results and invitation letters (July 2019; OP/181, SO6.5).
- Complete the Medicines Safety Collaborative learning cycle (Sept 2019; OP/156, SO6.2).
- CSW: Develop and implement essential components of CSIMS and begin development of 'desirable' content (Sept 2019; OP/188, SO6.5).
- Complete Single Cancer Pathway learning cycle (Sept 2019; OP/158, SO6.2).
- Establish Frequent Attender services in all emergency departments (November 2019; OP/144, SO6.1).

Progress affected by external dependency

- Complete support for existing specialty focus in dermatology, orthopaedics, ophthalmology, ENT and urology (March 2020; OP/146, SO6.1).

Performance indicators: highlights

Cervical Screening waiting time from sample to test result being sent - **96.1%**

⬆ 6.4% Above 95% standard

Abdominal Aortic Aneurysm surveillance uptake (medium) – **94.6%**

⬆ 3.7% Above 90% standard

Abdominal Aortic Aneurysm surveillance uptake (small) - **93.0%**

⬆ 4.1% Above 90% standard

Diabetic Eye Screening results letters printed within 3 weeks of screen – **38.5%**

⬆ 34.2% Below 85% standard

Further information available here

Performance indicators: key issues

Breast Test Wales

Percentage of assessment invitations given within 3 weeks of scan

Standard = 90%

94.4
87.5
72.9
62.0
67.3
65.1
69.7
53.9
59.7
43.4
55.7
38.0

| Jul-18 | Aug-18 | Sep-18 | Oct-18 | Nov-18 | Dec-18 | Jan-19 | Feb-19 | Mar-19 | Apr-19 | May-19 | Jun-19 |

Area	Total Assess	<=21	%	>21	%	>28	%
			Assessment wait (days) by region				
North	101	81	80.2%	20	19.8%	2	2.0
South	266	101	38.0%	165	62.0%	10	3.8
West	117	2	1.7%	115	98.3%	49	41.9
Wales	**484**	**184**	**38.0%**	**300**	**62.0%**	**61**	**12.6**

- 17.7% decline in assessment waits continues to be associated with low medical staffing levels and performance is sensitive to leave of any kind.

Key Actions
- Additional Breast Clinician and Advanced Practice Radiographers are being trained to support the service.
- Radiologist recruited in North Wales – commences September 2019.
- Additional activity on weekends in certain regions will be utilised if necessary to allow mobiles to move to the next location in line with plan.

Further information available here

Bowel Screening Wales

Percentage waiting time for colonoscopy within 4 weeks of booking appointment

Standard = 90%

86.5
71.4
57.9
59.4
29.8
43.4
43.0
41.6
38.7
41.0
42.6
36.0

| Jun-18 | Jul-18 | Aug-18 | Sep-18 | Oct-18 | Nov-18 | Dec-18 | Jan-19 | Feb-19 | Mar-19 | Apr-19 | May-19 |

Waiting times for colonoscopy continues to be due to a lack of capacity in endoscopy, including ongoing issues with symptomatic services.

Key Actions
- Welsh Government has established a National Endoscopy Programme that is tasked to investigate options to tackle capacity in the whole of Endoscopy within Wales over the medium to long term.
- National Endoscopy Programme is scheduled to propose a resilient solution to endoscopy capacity by April 2021.
- Continued work with Health Boards to investigate all options to increase capacity in endoscopy, including conducting regular service review meetings with screening endoscopy teams.
- Initiatives being considered include insourcing, outsourcing and collaborative working between Health Boards.
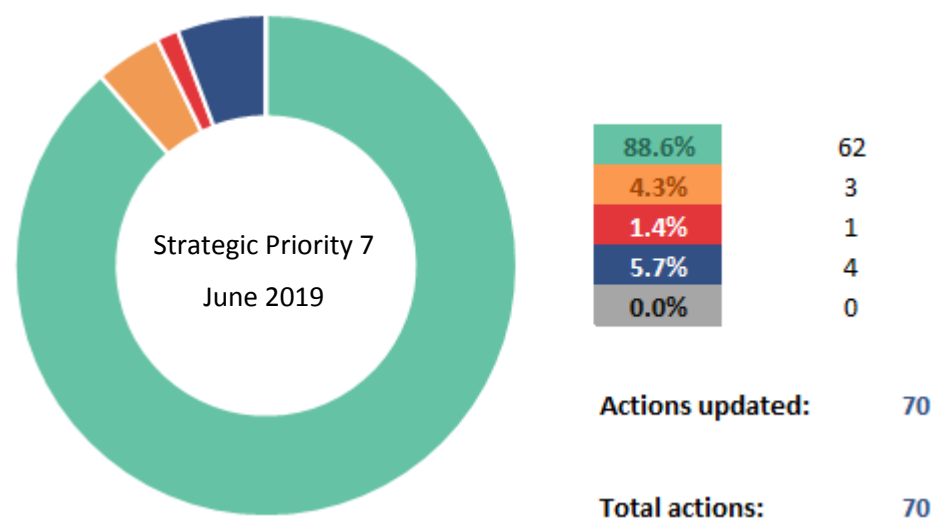
Further information available here

Strategic Priority 7: Building and mobilising knowledge and skills to improve health and well-being across Wales

By 2030, we will:

- have a thriving research and development environment, drawing from and contributing to the best international evidence, attracting diverse investment and employing research talent from around the world
- be an international exemplar and trusted national resource in the use of evidence and intelligence to inform decision making for health
- be a recognised lead in the mobilisation of knowledge for population health, through system wide leadership
- have influenced key decision makers through a knowledge - informed, health impact, future-focused and sustainable approach

Summary of performance – June 2019 (Quarter 1)

88.6%	62
4.3%	3
1.4%	1
5.7%	4
0.0%	0

Actions updated: 70

Total actions: 70

Progress outside PHW control

- Online parenting resource for asylum seekers and refugees in Wales launched (June 2019; OP/257, SO7.6)
- ASR 'Treat me Fairly' online module for NHS Staff launched (Sep 2019; OP/259, SO7.6)
- Support hubs to develop and deliver maturity matrix action plans (June 2019 & March 2020; OP/273 & OP/274, SO7.8)

Annual Plan 2019/20

- In June 2019, good progress is being reported with 89% of actions (62) on target to be completed on time.
- Several areas have not progressed as they are constrained by external dependencies.

Actions completed

- Workshop for cross-organisational engagement in agreeing conceptual framework for new operating model for knowledge mobilisation (May 2019; OP/230, SO7.2)
- SROI extended balance sheet programme of work established (June 2019; OP/242, SO7.5)

Actions behind schedule

- Evaluation plan for the first 1000 days programme (July 2019; OP/246, SO7.5). No exception report received.
- Population health standards for key partners – PID and tender document (May 2019; OP/278, SO7.9).
- Population health standards for key partners – Tender for evidence review and stakeholder (July 2019; OP/279, SO7.9).
- Business case for a Massive Open Online Course (MOOC): Investing for Health & Wellbeing (March 2020; OP/260, SO7.7).

Enabling delivery of our strategic priorities

We are supported by a number of internal enabling functions whose work is critical to delivering our seven strategic priorities. The enabling functions support the organisation through:

- Developing a future operating model for the organisation
- Supporting the implementation of the Well-being of Future Generations Act
- Promoting knowledge and intelligence
- Developing our digital and information systems
- Ensuring that we have a safe and appropriate environment

- Developing our people and organisation
- Transforming planning and implementation of change
- Delivering quality and measuring our impact
- Ensuring our financial behaviours encourage, incentivise and add value
- Communicating effectively with our people, partners and the public

Summary of performance – June 2019 (Quarter 1)

%	Number of actions
84.3%	75
4.5%	4
9.0%	8
2.2%	2
0.0%	0

Actions updated: 89

Total actions: 89
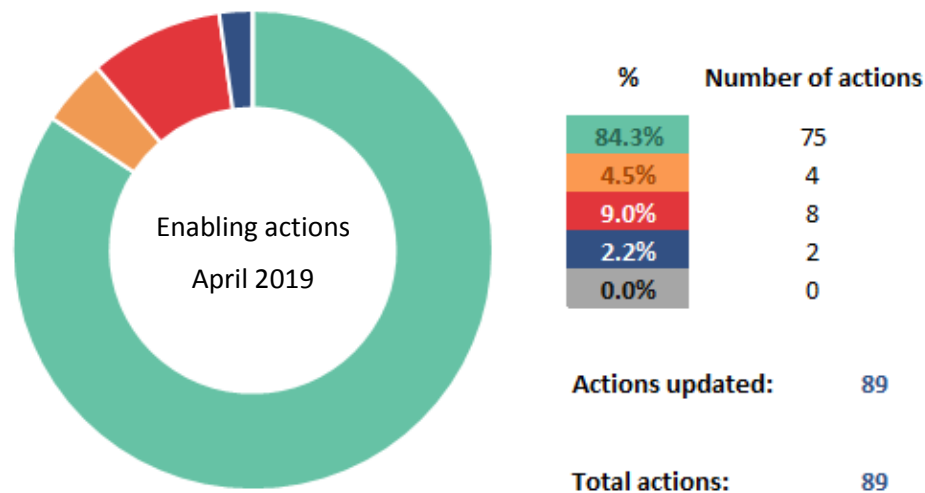
Progress affected by external dependency

- Social Marketing strategy (June 2019; RO/22, SO.8)
- Standing Orders – Annual Review (September 2019; RO/26, SO.8)

Annual Plan 2019/20

- Eighty-four percent of actions (75) are being reported as being on track to be completed (down from 92%). Eleven actions were due to be delivered in June 2019 with only 6 being completed on time (including one rolled-over action).
- Causes of reported slippage were associated with scheduling and preparatory work and also workforce issues.

Actions completed in June 2019

- iPad support integrated into AirWatch allowable devices list (OP/292, SO8.3)
- Establish an in-house Mediation Network (OP/314, SO8.5)
- Identify and implement a new approach to increase organisational quality improvement / impact activity (OP/329, SO8.7)
- Robust mechanism in place for the allocation of investment bids, ongoing monitoring of usage of funds & investment benefits (OP/339, SO8.8)
- Staff Conference delivered (OP/349, SO8.9)
- Explore and outline the development of the Employer Brand (RO/16, SO.8)

Actions not completed in June 2019

- Consultation exercise to agree and publish the Strategic Equality Objectives and Plan for 2020-2024 (OP/306, SO8.5).
- Communications senior leaders and line manager channels (OP/350, SO8.9)
- Establish Digital Communications team (OP/352, SO8.9)
- Establish an Awareness campaigns guidance committee (OP/356, SO8.9)

1. Introduction and Context

The purpose of this report is to outline to the Executive Team and the Board the Month 03 revenue and capital position for Public Health Wales. The content of this report is reflected in the Director of Finance commentary that has been submitted to Welsh Government on 11th July 2019 as part of the full financial monitoring return for Month 3.

2. Summary of Key Financial Performance

The cumulative reported position is a net surplus of £47k, and is summarised in the table below:

Target	Current Month	Year to Date	Year-end Forecast	Traffic Light
Revenue financial target Deficit/(Surplus)	14K	(47K)	Breakeven	🟢
Capital financial target	(92K)	(239K)	Breakeven	🟢
Public Sector Payment Policy	98%	96.97%	>95%	🟢

Cumulative Position

-£47K Surplus

	Income £'000	Pay £'000	Non-Pay £'000
	-£83K	**-£115K**	**£150K**
Annual Budget	-£146.39M	£92.42M	£53.97M
YTD Budget	-£36.92M	£22.63M	£13.44M
YTD Actual	-£37.00M	£22.52M	£13.59M

Note: Arrows represent trend from previous month.

2.1 Key Actions

- The month-end position for Public Health Wales is a surplus of £47k. This consists of small variances across Public Health Wales that will be monitored as part of our ongoing budgetary control process.
- Directorate forecast positions for year-end are being reviewed and updated based on pay projections and expenditure plans received and an update will be included in this report from month 4. Monitoring of these will then commence with a focus on any action required to ensure that Public Health Wales delivers a forecast breakeven position in accordance with its financial strategy and the assumptions within the IMTP.

3. Financial Performance by Directorate

Financial Position By Directorate £'000

Directorate	Annual Budget	YTD Budget	YTD Actual	YTD Variance
Public Health Services Directorate	49,843	12,280	12,319	39
Central Budgets Directorate	-94,833	-24,162	-24,140	22
NHS Quality Imp Division	3,717	930	952	21
Operations and Finance Directorate	7,797	2,013	2,022	9
Board and Corporate	1,957	476	481	5
WHOC Collaborating Center Directorate	1,961	484	485	0
Hosted Directorate	0	-14	-14	-0
Health & Wellbeing Directorate	21,696	5,316	5,314	-2
ACE's Hub Directorate	100	25	17	-8
Knowledge Directorate	3,880	829	813	-16
Workforce & Org Develop Directorate	1,569	400	366	-34
Quality Nursing & Other Allied Profs Directo	2,313	582	498	-85
Grand Total	**0**	**-839**	**-887**	**-47**

PTD Variance Trend — Period — M03 M02 M01
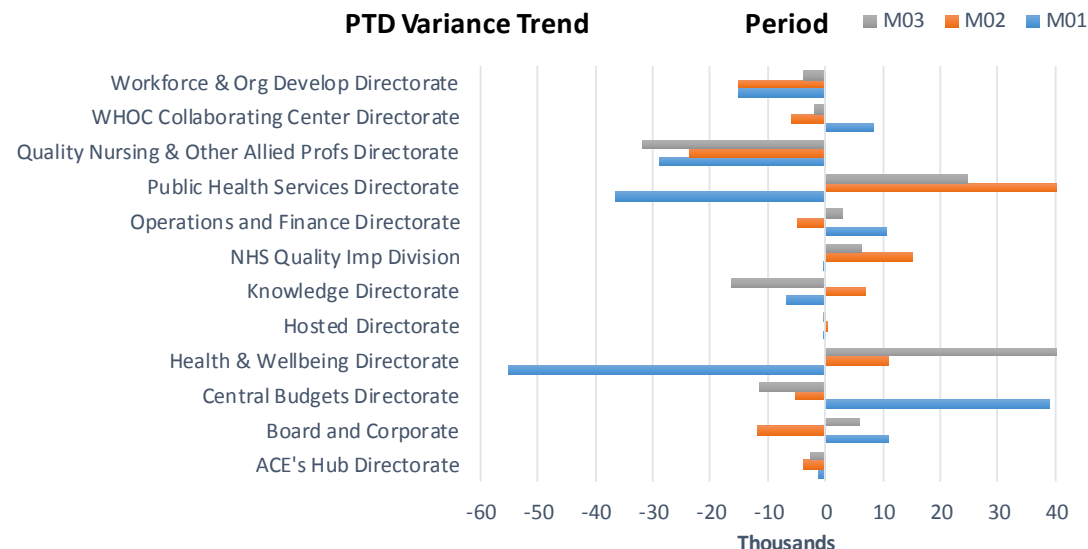
3.1 Key Actions

- Following the re-phasing of budgets based on expenditure plans received for 2019/20, it is expected that all Directorates will deliver a breakeven position. This requires savings to be met in full.
- Key overspends reported in Month 3:
  - Public Health Services Directorate – Over spend of £15k due to the Microbiology divisional overspend of £94k. The overall position for Public Health Services Directorate has increased by £58k from the month 1 reported position of £36k under spent – **ACTION:** the dedicated monthly finance meetings have been established and a detailed action plan produced which focuses on those key areas of increasing spend.
  - Central Budgets overspend of £22k relate to Welsh Risk Pool payments – **NO ACTION REQUIRED:** this relates to the timing of payments for the first £25k made and during the first quarter.
  - NHS Quality Improvement Division – Over spend of £21k, which relates to non-pay. The non-pay spending plans have been at end of month 3 – **ACTION:** Spending plans to be reviewed and profiled accordingly during month 4.

4.   Savings

Recurrent Savings By Directorate £'000

Directorate	Annual Savings £'000
Public Health Services	472
Organisational Efficiency	458
Health & Wellbeing	247
Ops & Finance	77
NHS Quality Improvement	36
Policy, Research & International Development	24
Quality, Nursing & Other Allied Health Professionals	23
Board & Corporate	18
Workforce & OD	15
Ace's Hub	1
Grand Total	1,371

Savings Profile 19/20
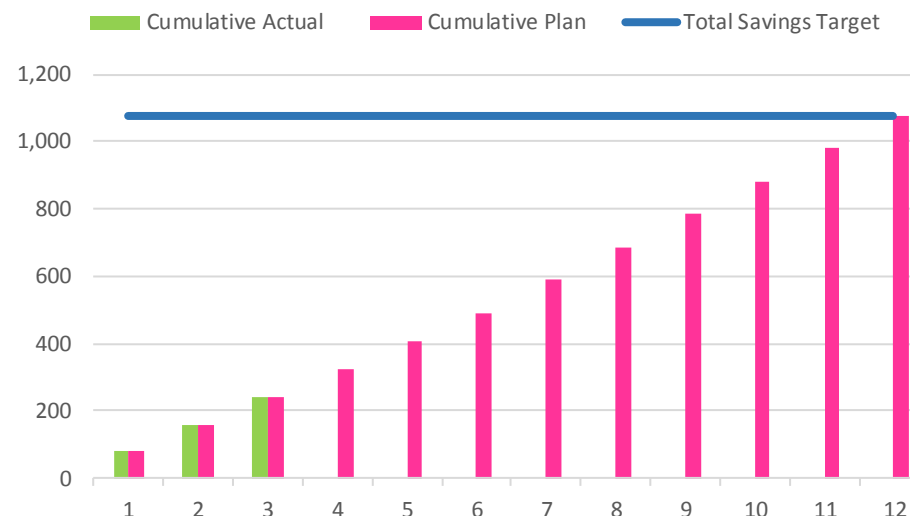
4.1   Key Actions

The savings target needed in order to deliver the full investment programme on a recurrent basis is £1.371m. However, due to the profiling of the expenditure plans of the investment bids then the savings required for 2019/20 are £1.078m. We currently have £0.293m of unidentified recurrent savings associated with the Organisational efficiency work streams. A detailed report on the progress of each of the Organisational efficiency work streams has been completed and includes the current position on the individual schemes.

ACTION: Senior Leadership Team to take a lead role in delivering the ongoing work programme and continue to actively pursue savings so we can invest recurrently as planned.

5. Pay Analysis

Further information on Agency Spend can be viewed [here](#)

Pay Position By Directorate £'000

Directorate	Annual Budget	YTD Budget	YTD Actual	YTD Variance
Public Health Services Directorate	43,088	10,622	10,718	96
WHOC Collaborating Center Directorate	2,656	676	685	10
Hosted Directorate	9,055	2,258	2,258	-0
NHS Quality Imp Division	4,108	1,032	1,027	-6
Board and Corporate	1,908	458	452	-6
ACE's Hub Directorate	459	115	106	-8
Central Budgets Directorate	1,496	76	68	-9
Operations and Finance Directorate	4,899	1,236	1,224	-12
Knowledge Directorate	3,780	939	922	-18
Workforce & Org Develop Directorate	1,560	396	365	-31
Health & Wellbeing Directorate	17,220	4,274	4,218	-57
Quality Nursing & Other Allied Profs Directo	2,195	553	478	-75
Grand Total	**92,425**	**22,634**	**22,520**	**-115**

Cumulative Pay Bill - Workforce Trends
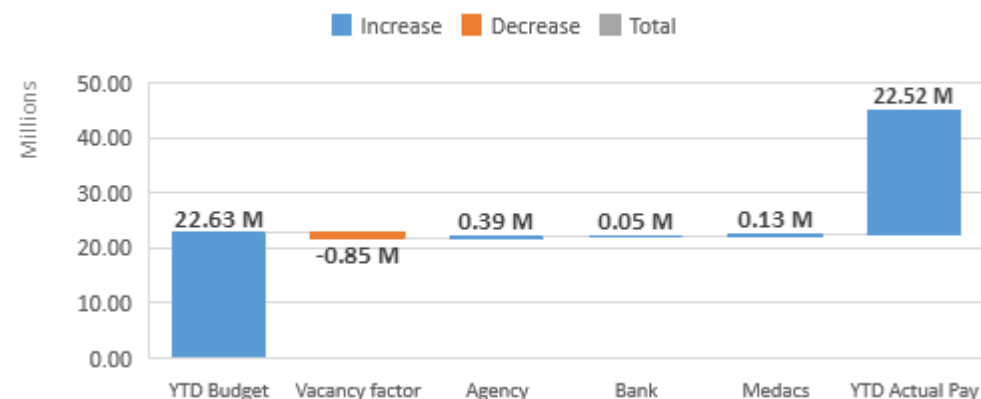
5.1 Key Actions

The overall pay position for Public Health Wales at month 3 is an underspend of £115k, this is after taking into account £850k negative budget for vacancy/turnover factor.

Agency costs in month 3 are lower than the trend of 2018/19, equating to 1.7% (2018/19 – 2.9%) of total pay expenditure. This is mainly in respect of the way we are now reporting the two microbiology consultants employed to work in North Wales, which are now directly engaged.

As at month 3 Public Health Services are overspending on pay by £96k, of which variable pay (Agency, Bank & Medacs Consultants) totals £437k.

ACTION: As per 3.1 above, agency expenditure is included within the action plans that forms part of the dedicated monthly finance meetings with Public Health Services Directorate.

Variable Pay By Directorate
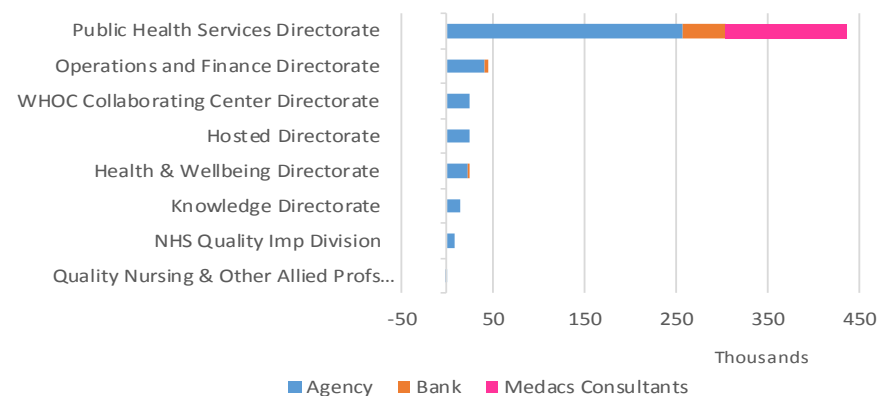
6.   Non Pay Analysis

Non-Pay Position By Directorate £'000

Directorate	Annual Budget	YTD Budget	YTD Actual	YTD Variance
Health & Wellbeing Directorate	7,004	1,663	1,719	57
NHS Quality Imp Division	698	175	208	33
Public Health Services Directorate	28,190	7,110	7,136	26
Central Budgets Directorate	4,177	888	910	22
Operations and Finance Directorate	3,269	858	879	20
Board and Corporate	157	45	57	11
Knowledge Directorate	482	76	78	2
ACE's Hub Directorate	41	10	11	0
Hosted Directorate	8,789	2,321	2,321	-0
Workforce & Org Develop Directorate	324	90	87	-3
WHOC Collaborating Center Directorate	672	166	157	-9
Quality Nursing & Other Allied Profs Directo	164	41	31	-10
Grand Total	**53,967**	**13,442**	**13,593**	**150**

Non Pay Run Rates
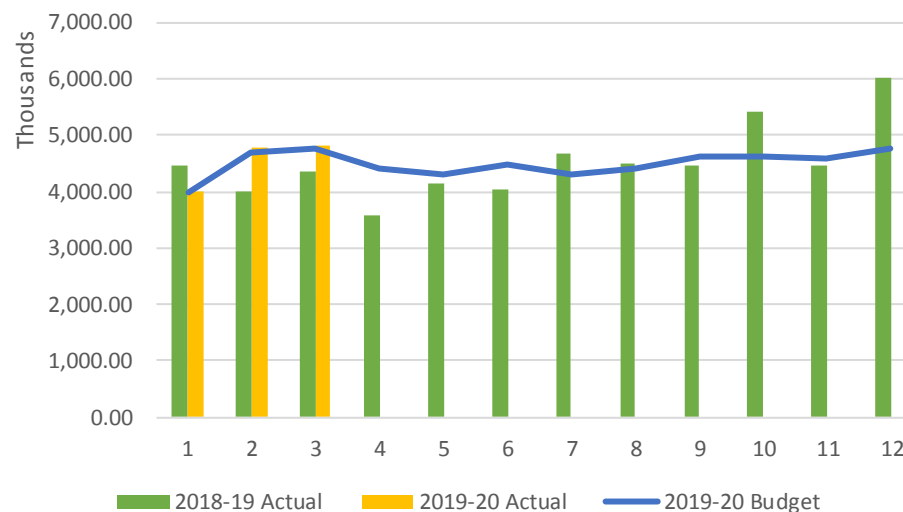
6.1   Key Actions

Non-pay has been profiled according to expenditure plans received to date. As at month 3 the key areas of overspend are:

- NHS Quality Improvement Division – Over spend of £22k linked to expenditure profiles, non-pay spending plans received at end of month 3 – **ACTION**: see action 3.1 above
- Health and Well Being Directorate – Over spend of £57k related to expenditure incurred not on plan. **ACTION**: review of expenditure plans to ensure future month profiles are correct.

7. Income Analysis

Income Position By Directorate £'000

Directorate	Annual Budget	YTD Budget	YTD Actual	YTD Variance
Central Budgets Directorate	-100,506	-25,126	-25,118	9
Operations and Finance Directorate	-371	-81	-80	0
Hosted Directorate	-17,844	-4,593	-4,593	-0
ACE's Hub Directorate	-400	-100	-100	-0
Quality Nursing & Other Allied Profs Directc	-46	-12	-12	-0
Board and Corporate	-108	-27	-27	-0
WHOC Collaborating Center Directorate	-1,367	-357	-357	-0
Workforce & Org Develop Directorate	-315	-85	-85	-0
Knowledge Directorate	-382	-186	-186	-1
Health & Wellbeing Directorate	-2,528	-621	-623	-2
NHS Quality Imp Division	-1,090	-277	-283	-6
Public Health Services Directorate	-21,436	-5,452	-5,535	-82
Grand Total	**-146,392**	**-36,916**	**-36,999**	**-83**

Income Run Rates
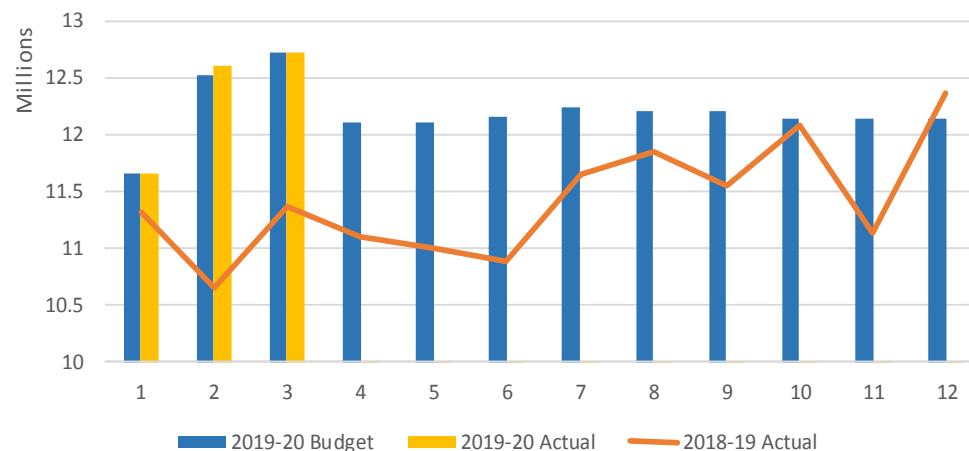
7.1 Key Actions

- The month 3 position of £83k of over achievement against income relates to higher than budgeted income due to increased activity levels associated with the Microbiology division.
- The income run rates reflect the increase in our allocation for 2019-20.

8. Forecast Position

Public Health Wales is currently anticipating a breakeven position, in line with the 2019/20 budget setting process and detailed work of the Integrated Medium Term Plan (IMTP).

Detailed reporting on Directorate forecasts are now being finalised following completion of quarter 1, and will be included in this report from month 4.

9.   Balance Sheet

	Opening Balance 1/4/2019 £000s	Movement £000s	Closing Balance 30/06/19 £000s
Non-Current Assets			
Property, plant and equipment	11,352	84	11,436
Intangible assets	913	(1)	912
Trade and other receivables	327	(327)	0
Non-Current Assets sub total	**12,592**	**(244)**	**12,348**
Current Assets			
Inventories	569	(17)	552
Trade and other receivables	11,372	2,828	14,200
Cash and cash equivalents	5,146	2,615	7,761
Current Assets sub total	**17,087**	**5,426**	**22,513**
TOTAL ASSETS	**29,679**	**5,182**	**34,861**
Current Liabilities			
Trade and other payables	(12,219)	(5,329)	(17,548)
Provisions	(1,284)	(43)	(1,327)
Current Liabilities sub total	**(13,503)**	**(5,372)**	**(18,875)**
NET ASSETS LESS CURRENT	**16,176**	**(190)**	**15,986**
Non-Current Liabilities			
Trade and other payables	(1,004)	(95)	(1,099)
Provisions	(1,672)	332	(1,340)
Non-Current Liabilities sub	**(2,676)**	**237**	**(2,439)**
TOTAL ASSETS EMPLOYED	**13,500**	**47**	**13,547**
FINANCED BY: Taxpayers'			
PDC	12,469	0	12,469
Retained earnings	567	47	614
Revaluation reserve	464	0	464
TOTAL TAXPAYERS' EQUITY	**13,500**	**47**	**13,547**

The Balance Sheet, or Statement of Financial Position, reports the assets, liabilities and reserves of the organisation at a specific point in time.

Since the beginning of the year non-current trade receivables have reduced to £0. This is as a result of a change in the estimated settlement date of a clinical negligence claim meaning it has moved from non-current to current.

Current trade and other receivables have increased by £2.83m since the beginning of the year. £1.2m of this relates to Welsh Government. The month 1 and 2 NHS Welsh Health Collaborative core income invoice was raised at the end of May (£1.2m) which remained outstanding at the end of June. The remainder of the variance is comprised of £1.0m which is accrued Collaboratives income for Q1 (predominantly NHS contributions towards Laboratory Information Network Cymru - LINC) and £0.33m is the movement of the clinical negligence case noted above moving from non-current to current.

Cash and cash equivalents has increased by £2.62m. This is expected to fall in July following settlement of the quarterly SLA payables mentioned below.

Trade and other payables have increased by £5.33m since the beginning of the year. £1.6m of this relates to tax and NI payments which are processed in the following month to which they relate. However, at the beginning of the year there were no outstanding payments. The remaining variance of £3.73m relates to an increase in NHS accrued expenditure. Quarterly SLA invoices have been received in June following finalised agreements with other NHS organisations. These are expected to be settled in July. This is consistent with the payables variance at month 3 in 2018-19.

Non-current provisions have reduced by £0.33m due to the settlement of clinical negligence claims in Q1. The Trust is due income from the Welsh Risk Pool to cover these payments.

10.   Capital

Capital KPIs: To ensure that costs do not exceed the Capital resource limit set by Welsh Government	Value £'000
Current reported year end forecast - deficit/(surplus) - forecast green	Breakeven
Reported in-month financial position - deficit/(surplus) - forecast green	(£239k)

Public Health Wales capital funding for 2019/20 totals £1.293m, split as follows:-

➢ Discretionary £1.193m
➢ Strategic £0.100, which is in respect of CSIMs year 4

Excluding the Strategic project, 18 bids totalling £936k for discretionary funding were approved and ratified by the Board in June. Of these, £39k has been spent YTD with a further £24k committed with purchase orders. Project managers are liaising with Procurement to initiate tendering processes for other projects. The remaining £257k of discretionary funding will be allocated as further bids/information are submitted.

11.   Recommendations

The Board is asked to note:-

• The anticipated break-even position in line with IMTP and the work to ensure robust monitoring of forecast plans throughout the financial year.
• The recurrent shortfall against the savings target of £1.371m and the position against the organisational efficiency work streams.
• The status of the Capital Programme for 2019/20.

12.   Action Register

ID ref	Actions	Posted On	Due Date	Update	Status
3.1	NHS Quality Improvement Division – Over spend of £15k linked to expenditure profiles, non-pay spending plans are yet to be finalised – **ACTION**: Non-pay plans to be finalised by the Division and submitted prior to month 3 closedown.	M02	25 Jun	Plan received but not actioned in time for month 3 – will be profiled for month 4	Closed
3.1	Public Health Services Directorate – Over spend of £15k due to the Microbiology divisional overspend of £94k. The overall position for Public Health Services Directorate has increased significantly from the month 1 reported position of £36k under spent – **ACTION:** dedicated monthly finance meetings have been established and a detailed action plan produced which focuses on those key areas of increasing spend.	M02	13 Jun	PHS Finance meeting held on 13 June	Open Next PHS Finance meeting 29 July
4.1	Detailed report to follow setting out the progress of each of the Organisational Efficiency work streams, to include the current status on the individual schemes being progressed, actions required and the timescales for delivery.	M02	15 July	Report on progress prepared for consideration by Business Executive Team 15 July	Open Ongoing review and monitoring required
5.1	As at month 2 Public Health Services are overspending on pay by £75k, of which variable pay (Agency, Bank & Medacs Consultants) totals £283k. **ACTION**: As per 3.1 above, agency expenditure is included within the action plans that forms part of the dedicated monthly finance meetings with Public Health Services Directorate.	M02	13 Jun	PHS Finance meeting held 13 June	Open Next PHS Finance meeting 29 July
6.1	All outstanding non-pay expenditure plans to be submitted to Finance during Month 3.	M02	30 Jun	The majority of non-pay spending plans have been received. There are 3 outstanding but they are relatively small non pay budgets	Open
6.1	To closely monitor the non-pay run rates planned for 2019/20 given the planned change in expenditure profile to that in 2018/19.	M02	30 Jun	Ongoing monitoring on a monthly basis, this will be reflected in the forecasts going forward.	Open Ongoing review and monitoring

Overview of People Performance

Appraisal compliance

85% Target

Directorate	Compliance
Public Health Wales	53.9%
WHOC	88.0%
SPRs Directorate	100.0%
Quality Nursing & Allied…	61.8%
Public Health Services…	51.6%
People & OD Directorate	87.5%
Operations and Finance…	77.5%
NHS Quality Improvement…	92.6%
Knowledge Directorate	55.3%
Hosted Directorate	41.0%
Health & Wellbeing…	36.6%
Corporate Directorate	88.9%
ACES Directorate	66.7%
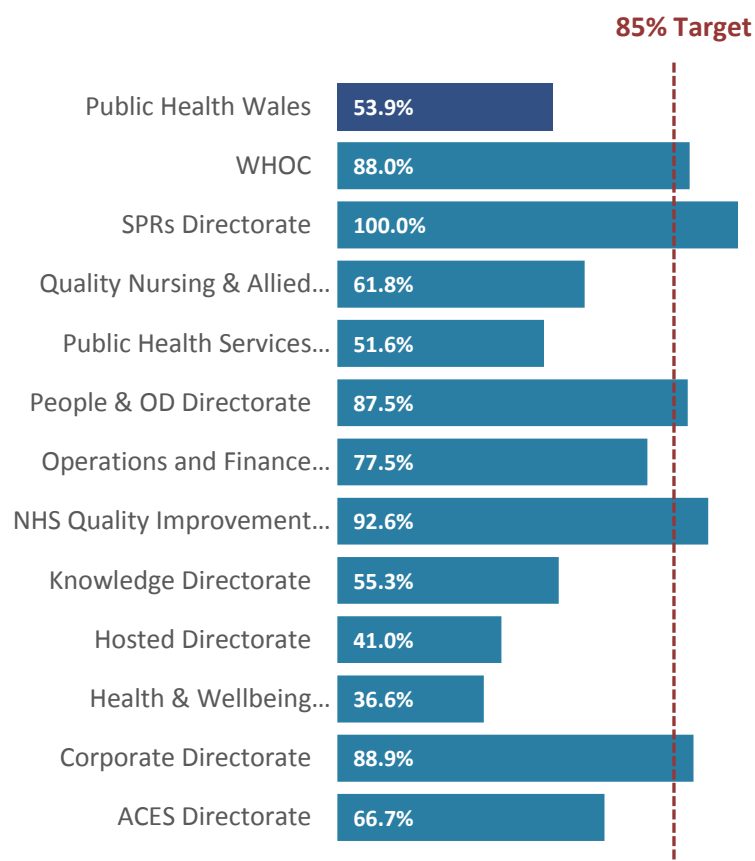
Summary

- As set out in the NHS Wales Delivery Framework 2019/2020 (outcome 87), 85% of staff must have participated in an appraisal/medical appraisal in the preceding rolling 12 month period, with the data sources being ESR and MARS respectively. Public Health Wales has set an internal target of 90%.

- As at the end of May 2019, ESR data shows that 54.01% non-medical staff had participated in an appraisal and 100% medical staff had participated in a medical appraisal

- This provides an overall appraisal rate of 56.46% during the time where we would expect a significant increase following year-end reviews: recent data provided to the business shows that 75% of teams are below the national target.

Key actions

- The revised All-Wales Pay Progression Policy presented at Welsh Partnership Forum in June 2019, with its draft for allowing pay to progress including a recorded appraisal in the last 12 months and for line managers, all staff having a recorded appraisal.

- Executive Team colleagues have been asked to include appraisal compliance in their objectives from April 2019, with a recommendation that all managers have a broad 'people management' objective to ensure monitoring happens throughout the year and accountability is retained.

- A new training video has recently been published on the intranet to assist managers in recording appraisals in ESR.

Staff turnover, annual rolling rate (%)

10.2 10.2 10.6 10.7 10.6 10.0 10.5 10.2 10.3 11.0 11.3 11.4

Target= 10%

Jun-18 Jul-18 Aug-18 Sep-18 Oct-18 Nov-18 Dec-18 Jan-19 Feb-19 Mar-19 Apr-19 May-19
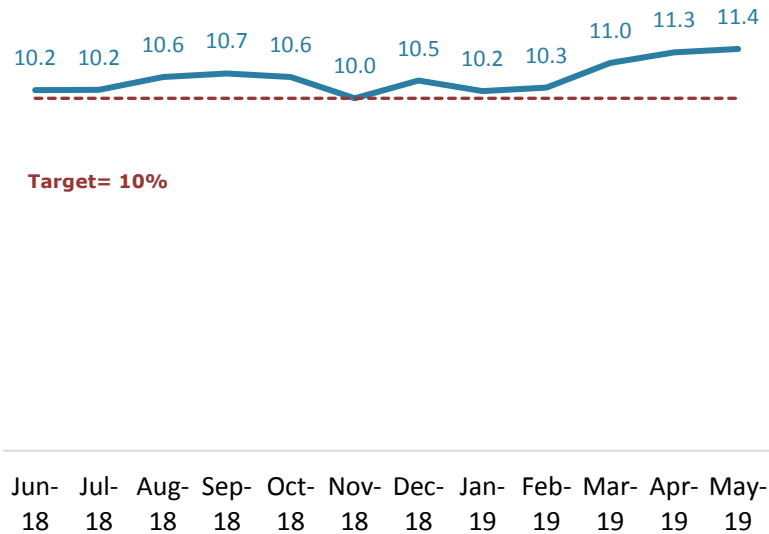
Summary

- Staff turnover (12-month figure) has been worsening since January 2019 and has risen to 11.4% in May 2019, (1.4% above the NHS Wales 'best practice' target of 10%). Monthly turnover for May is 0.8%, which has improved when compared with April (1%).
- When fixed term contracted staff and dismissals related to the end of fixed term contracts are excluded, the rolling 12-month turnover figure for May 2019 is 8.9%
- There were 14 leavers in May, which is less than the figure from the previous month (18 leavers in April) and more than the same period in 2018 (12 leavers in May 2018). 10 of the 14 leavers were due to Retirement. 10 leavers were employed in roles at Bands 6 or above.

Key actions

- A revised procedure for the management of fixed term contracts is going to the Local Partnership Forum in August.
- Improvement of the redeployment process will allow for those on fixed-term contracts to be more proactively engaged in searching for permanent opportunities within PHW.

Sickness absence (%FTE), monthly rate

4.06
4.51
3.52 3.52
3.95
3.86 3.89
4.10
3.75
3.48 3.45
3.27

— Latest data

— Data from previous year

Jun-18 Jul-18 Aug-18 Sep-18 Oct-18 Nov-18 Dec-18 Jan-19 Feb-19 Mar-19 Apr-19 May-19
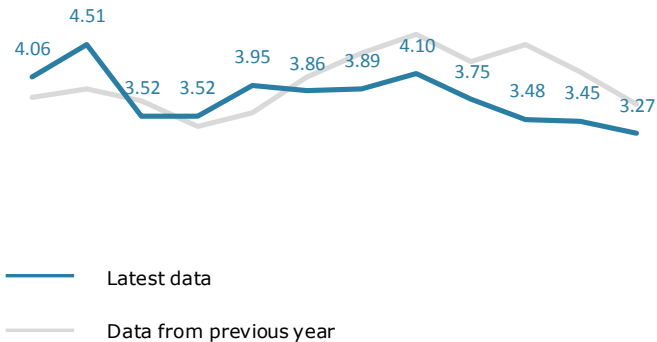
Sickness absence (%FTE), annual rolling rate

4.03
4.08 4.06 4.07
4.10 4.09
4.04
4.00
3.96
3.87
3.82
3.78

Jun-18 Jul-18 Aug-18 Sep-18 Oct-18 Nov-18 Dec-18 Jan-19 Feb-19 Mar-19 Apr-19 May-19
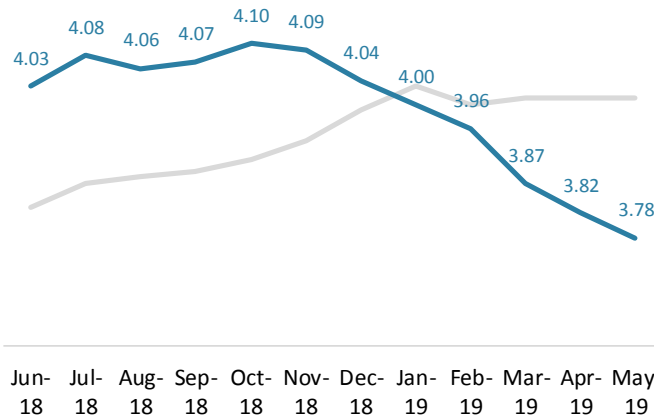
Long term and short term sickness absence (%FTE)

3.2 3.3
2.7
2.3
2.5 2.6 2.7
2.5 2.6
2.1 2.2 2.1

0.9
1.2
0.9
1.3
1.5
1.3 1.2
1.6
1.2
1.3 1.3 1.2

— Long term absence   — Short term absence

Jun-18 Jul-18 Aug-18 Sep-18 Oct-18 Nov-18 Dec-18 Jan-19 Feb-19 Mar-19 Apr-19 May-19
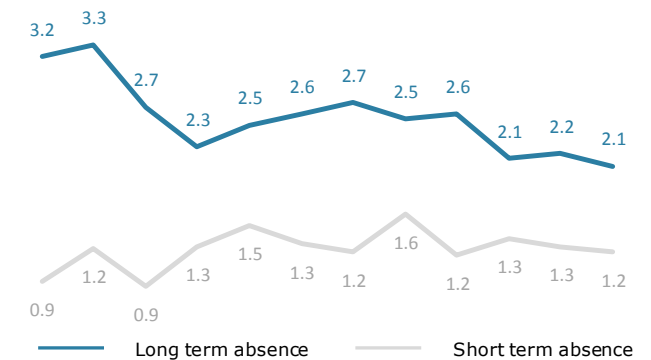
Summary

- The sickness absence figure for the rolling 12 months to 31 May 2019 was 3.78% FTE. The rate of absence over a rolling 12 month has remained around 4% FTE for the past year but has been improving over the last few months. Stress, anxiety and depression is the most common reason for absence, i.e. it accounts for the largest number of working days lost.
- In May 2019, the monthly sickness absence rate was 3.27% FTE, an improvement from 3.68% in the same period last year.
- Short-term sickness was 1.20% in May 2019; compared with 1.26% in April 2019.
- Long-term sickness was 2.07% in May 2019; compared with 2.19% in April 2019.

Key actions

- 32% of the line managers identified as requiring training for the new Managing Attendance at work policy have now received the training, with further training dates scheduled for the rest of the year. This figure was 20% last month.
- The number of absences recorded with no absence reason has increased slightly this month, so we have completed further analysis to target the areas that may require further support.

Statutory & Mandatory Training Compliance (%)

Target = 95%

88.4 89.1 89.7 90.2 90.8 90.5 90.2 90.8 91.2 91.8 92.7 92.3

Jun-18 Jul-18 Aug-18 Sep-18 Oct-18 Nov-18 Dec-18 Jan-19 Feb-19 Mar-19 Apr-19 May-19
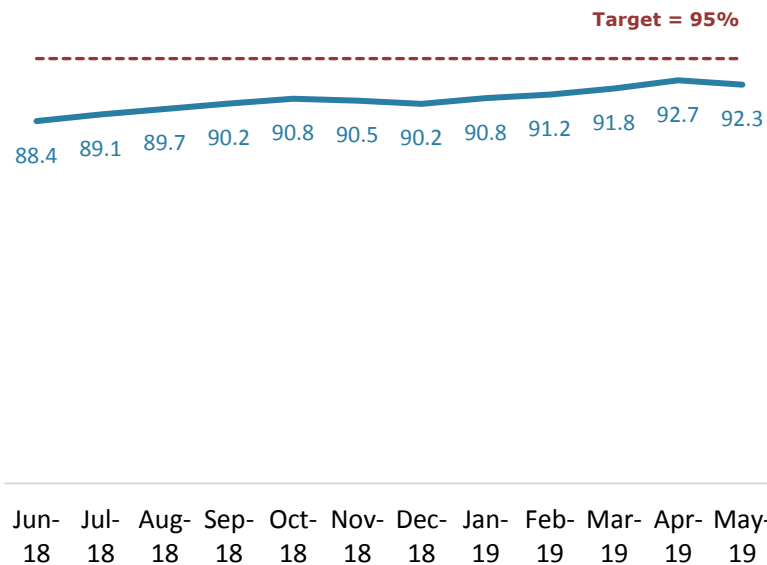
Summary

- Compliance with level one core statutory and mandatory training subjects is set as a minimum of 85% in the NHS Wales Delivery Framework 2019/2020 (outcome 90). This has been increased to an internal target of 95% against all statutory/mandatory training.
- The compliance rate as at end of May 2019 is:
    - 92.25% compliance with level one core subjects
    - 91.24% compliance including extended mandatory training
- Both data sets show a slight decrease since April.

Key actions

- We will continue to report compliance to the organisation monthly, with by-colleague breakdowns provided quarterly.
- Furthermore, we will recommend that from April, all managers are required to put compliance measures into their own objectives to ensure individual-level accountability sits with the relevant roles.
- My Contribution audit processes will be developed in Q2 2019, which will also look to capture where increments have been earned where compliance has not been achieved.

Complaints	2016 (1 Apr – 30 June)	2017 (1 Apr – 30 June)	2018 (1 Apr – 30 June)	2019 (1 Apr – 30 June)
Total of Formal Complaints for the Period 01 April –30 June 2019 compared to the same months in previous years	**10**	**13**	**11**	**10**
No. of concerns acknowledged within 2 working days	60%	92%	100%	90%
No. of concerns responded to within 30 working days of receipt	50%	77%	64%	90%
Within a period exceeding 30 working days but within 6 months	50%	23%	36%	10%
No of informal complaints (on the spot) received	5	9	18	11

Summary

For the period 01 April 2019 – 30 June 2019, a total of 10 formal complaints were received, of which 90% (9) were responded to within the 30 working day timescale target and1 responses exceeded this target as delays were encountered with the joint investigation with the Health Board. In addition 11 on the spot complaints were received.

The organisation's overall performance for the period 1 April 2019 - 30 June 2019 for acknowledging and responding to concerns is as follows:

•   Acknowledgement within 2 working days: 90%
•   Responding within 30 working days: 90%

A holding letter was sent to advise the complainant of the delay in responding which was due to a joint investigation being undertaken with Health Board.

In addition a further 11 complaints were dealt with via local resolution ('on the spot').

Claims

No new claims were receieved for the period 01 April 2019 – 30 June 2019
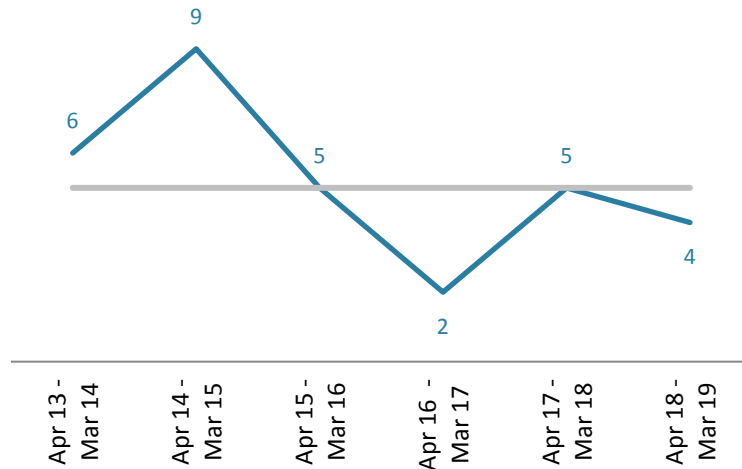
Patient Safety Incidents

Number of Patient Safety incidents received from 01 April 2019 – 30 June 2019 compared to the same period for the previous years
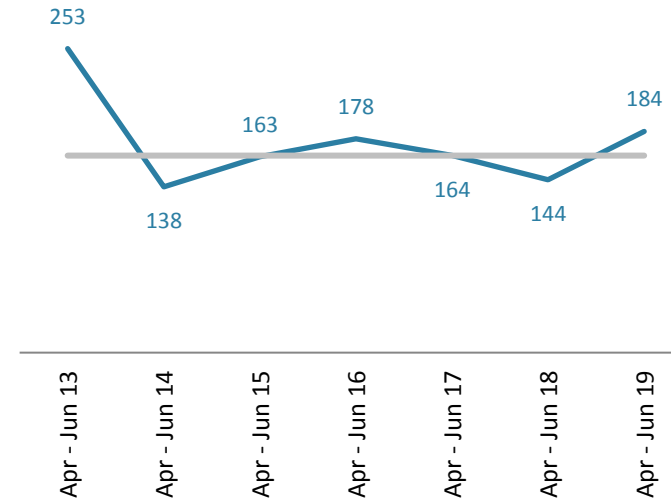
Summary

- Up to the end of June 2019, no new claims were received.
- A review of the number of patients and client incidents suggests that the number of patient safety incidents remains relatively stable.
- The ratio of compliments to concerns received for the period 1 April 2019 –30 June 19 2019 is 16:1

Compliments

For the period 1 April 2019 –30 June 2019, a total of 344 compliments were received. The ratio of compliments to complaints for this period is 16:1.

Health & Care Standards – Quarter 1 2019/20

Summary of performance
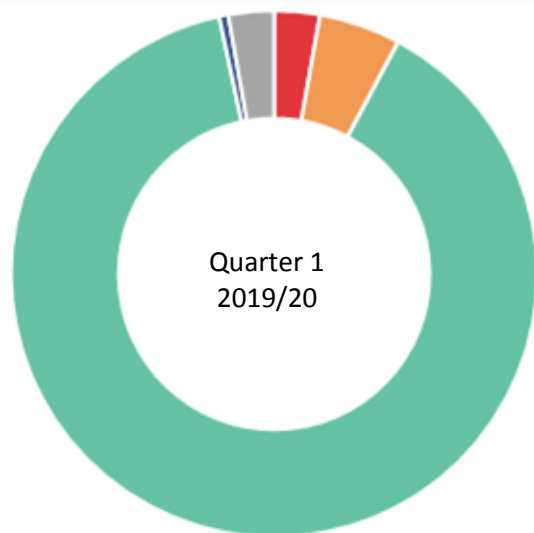
Quarter 1
2019/20

RAG status at Quarter 1:

%	Number of actions
88.8%	159
5.0%	9
2.8%	5
0.6%	1
2.8%	5

Actions updated:	174
Total actions:	179

Progress

At the end of quarter 1 actions identified as part of the 2019-20 Health and Care Standard self-assessment: 88.8% (159 actions-green) were on track or completed; 5.0% (9-amber) actions were behind schedule but are due to be completed within the agreed timescale; 0.6% (1 action) was not progressed as identified outside of Public Health Wales remit; 2.8% (5) actions were not updated despite reminders being sent and 2.8% (5-red) were identified as behind schedule/ will not be completed within timescale.

Slippage

The reasons identified by Directorates for actions that are unlikely to be completed within the agreed timeframe include: Capacity to deliver/ lack of resources, pressures of workload and an unrealistic target.

Key Actions

Directorates need to consider the improvements that are identified as part of the health and care standard self-assessment and judge if they are deliverable within the timeframe. It is sugested that Directorates link improvements to the actions identified within their annual plan.

Health & Care Standards exception reports can be viewed here

Summary of performance
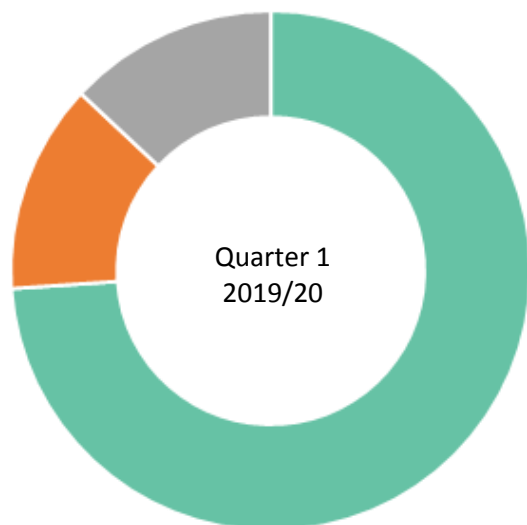
Quarter 1
2019/20

RAG status at Quarter 1

%	Number of actions
73.9%	17
13.0%	3
0.0%	0
0.0%	0
13.0%	3

Indicators updated:	20
Total:	23

Progress

This is the second year that Quality and Impact Indicators have been reported. At the end of quarter 1 actions identified for the 2019-20 Quality Indicators: 73.0% (17 actions-green) were on track or completed;13.0% (3) actions were not updated despite reminders being sent 13.0% (3-amber) actions were behind schedule but are due to be completed within the agreed timescale.

Slippage

The reasons identified by Directorates for actions that are behind schedule but due to be completed within agreed timescales include: an unrealistic target, complex cross organisational investigation which can take longer than the 60 working day timeframe and the awaited development of All Wales Policies.

Key Actions

It is sugested that Directorates link Quality and Impact Indicators to their annual plan.

Full Quality Indicator Dashboard can be viewed here

Annex A – Digest

Strategic Priority 1

No actions are currently behind schedule.

Strategic Priority 2

Ref	Strategic Objective	Deliverable	Directorate	Division	Action lead	Milestone	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Exception report (Jun-19) (Cause, Impact, Next steps, Timescale)
OP/34	2.1	Implement phase 1 of the National Conversation	Health and Well-being	Health Improvement	Su Mably	Key themes and goals of the National Conversation to promote mental wellbeing agreed with Strategic partners			✓										**Cause:** This objective has been affected by significant staff capacity issues within the team resulting from a number of causes, including long term sickness. **Next Steps:** The Director of Health Improvement has reviewed priorities within the division and is working to more clearly understand the problems within the team. Resource has now been redeployed from another area to support this milestone and work will be prioritised in July. **Impact:** Failure to complete this work on time has impacted upon the progression of the National Conversation. **Timescales:** A reprofile will be requested as soon as the corporate process for re-profiling is clarified, with a view to this work being completed by the end of Quarter 3.

Strategic Priority 2 (continued)

Ref	Strategic Objective	Deliverable	Directorate	Division	Action lead	Milestone	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Exception report (Jun-19) (Cause, Impact, Next steps, Timescale)
OP/35	2.1	Implement phase 1 of the National Conversation	Health and Well-being	Health Improvement	Su Mably	Report produced on themes arising from the initial testing of the National Conversation to promote mental wellbeing	■	■	■	✔									**Cause:** The preparatory work to commence the National Conversation is key to its success and is more involved than initially anticipated. This will delay the commencement of the initial testing phase and thus the production of this report. **Impact:** Reputational risk if the National Conversation does not proceed with momentum; needs to be balanced with ensuring that the planning and preparation is appropriate. **Next Steps:** Request a re-profiling of the Annual Plan milestone to allow for approprite preparation time. **Timescales:** Subject to a future request for reprofiling in accordance with corporate process, this work will be completed during Quarter 1 2020/21.
OP/36	2.1	Implement phase 1 of the National Conversation	Health and Well-being	Health Improvement	Su Mably	Final implementation plan agreed for phase 1 and 2 of a programme to promote mental wellbeing	■	■	■				✔						**Cause:** The preparatory work to commence the National Conversation is more involved than initially anticipated. This will delay the commencement of the initial testing phase and the associated outputs from this Phase. **Impact:** The reputational risk if this National Conversation does not proceed with momentum needs to be balanced with ensuring that sufficent preparation is undertaken. **Next Steps:** A reprofile will be requested as soon as the corporate process for reprofiling is clarified. This will permit the appropriate planning of the initial phase, the delivery of this phase and the reporting of it. **Timescales:** Should agreement be given to reprofiling this action, the implementation plan should be prepared for agreement and delivery in Quarter 1 2020/21.

Strategic Priority 2 (continued)

Ref	Strategic Objective	Deliverable	Directorate	Division	Action lead	Milestone	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Exception report (Jun-19) (Cause, Impact, Next steps, Timescale)
OP/38	2.1	Implement the Principles for Community Engagement for Empowerment	Health and Well-being	Health Improvement	Su Mably	Guidance on the Principles of Community Engagement for Empowerment published for stakeholders internal to Public Health Wales			✓										**Cause:** The content is complete but the necessary commissioning of the design and publication elements has been delayed. This work has been commissioned and is underway. **Impact:** This delay in producing the guidance is not anticipated to have a notable detrimental impact and discussions with stakeholders to promote and apply the Principles are continuing during the design and publication period. **Next Steps:** A contractor has been appointed, an inception meeting has been held and the design work is underway. **Timescales:** The work should be completed in the first half of Quarter 2.
OP/41	2.2	Supporting guidance and tools disseminated	Health and Well-being	Health Improvement	Su Mably	WNHSS mental wellbeing context, criteria, guidance and independent reference source for schools piloted with the coordinators of the Welsh Network of Healthy Schools schemes			✓										**Cause:** The timing of and approach to this work needs to be cognisant of the work underway in the WG Ministerial Group to consider a whole school approach to mental wellbeing. **Impact:** The delay in this work is necessary to allow for external developments and discussions to take place. To press ahead with this work in isolation could lead to challenge by the Ministerial Task group and result in a product that is not aligned to national developments in the curriculum and inspection regime. **Next Steps:** A reprofile of this action will be requested as soon as the corporate process for reprofiling is clarified, to allow for the dependency on external developments. **Timescales:** Subject to external developments.

Ref	Strategic Objective	Deliverable	Directorate	Division	Action lead	Milestone	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Exception report (Jun-19) (Cause, Impact, Next steps, Timescale)
OP/42	2.2	Supporting guidance and tools disseminated	Health and Well-being	Health Improvement	Su Mably	Resources on whole school approaches to mental wellbeing and resilience designed and published online	■	■	■			✓							**Cause:** The timing of and approach to this work needs to be cognisant of the work underway in the WG Ministerial Group to consider a whole school approach to mental wellbeing. **Impact:** The delay in this work is necessary to allow for external developments and discussions to take place. To press ahead with this work in isolation could lead to challenge by the Ministerial Task group and result in a product that is not aligned to national developments in the curriculum and inspection regime. **Next Steps:** A reprofile of this action will be requested as soon as the corporate process for reprofiling is clarified, to allow for the dependency on external developments. **Timescales:** Subject to external developments.
OP/43	2.3	Range of tools developed that support employers to effectively manage sickness absence and promote wellbeing	Health and Well-being	Health Improvement	Su Mably	Mapping report produced of the current materials/ tools available to employers in Wales to support them in managing sickness absence and promote mental wellbeing	■	■	✓										**Cause:** A minor slippage in timescales at the end of May has been esacerbated by unanticipated sick leave on the part of the key individual undertaking this work. **Impact:** Failure to complete this project to time has an impact on the projects that build upon the findings of this review, including OP43 and the work of the Healthy Settings Team. **Next Steps:** The work to complete the first stage of the project, an evidence review, has recommenced before the end of Quarter 1. **Timescales:** Intention is to complete this work early in Quarter 2 to allow commencement of associated projects.

Strategic Priority 2 (continued)

Ref	Strategic Objective	Deliverable	Directorate	Division	Action lead	Milestone	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Exception report (Jun-19) (Cause, Impact, Next steps, Timescale)
OP/44	2.3	Range of tools developed that support employers to effectively manage sickness absence and promote wellbeing	Health and Well-being	Health Improvement	Su Mably	Implementation plan produced for employer support activity in promoting mental wellbeing	(green)	(green)	(orange)			✓							**Cause:** There is a dependency on OP/43 which is delayed (evidence review at OP43.1 and resources mapping at OP43.2). Once these are completed a plan can be developed within the stated timescale. **Impact:** Any delay in providing the Healthy Working Wales programme with an offer for employers in Wales will have a potential reputational risk and opportunity costs. **Next Steps:** Subject to successful completion of OP43.1 and OP/43.2 **Timescales:** Subject to successful completion of OP43.1 and OP43.2, seek to prepare the plan in August 2019.
OP/45	2.4	Supported Public Service Boards in the delivery of ACE focused well-being objectives	ACE Hub	ACE Hub	Joanne Hopkins	Working with Cwm Taf to develop a 'live lab' approach to ACE awareness	(red) ✓	(red)	(red)										Cause: This work was being led by a member of the Hub who has now left. The work is a collaboration with the Future Generations Commissioners Office and a recent retructure has impacted delivery. Impact: Delay inntaking forward this work. Next steps: Conversation with Gofal, who recruited the hub lead to arrange a secondment agreement to continue this work - agreed with HR. Meeting to take place in early June. Timescale: work to begin to be progressed again from July.

Strategic Priority 2 (continued)

Ref	Strategic Objective	Deliverable	Directorate	Division	Action lead	Milestone	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Exception report (Jun-19) (Cause, Impact, Next steps, Timescale)
OP/52	2.4	Evaluation of education training in secondary schools	ACE Hub	ACE Hub	Joanne Hopkins	Evaluation report to be completed in March for publication in April for three pilot areas	✓												Cause: Evaluation write up underway, but there has been some slippage of publication due to lack of information from a particular school. Write up continues by the reserach team but first draft has been delayed by other priorities Impact: The school has now been removed from the study.The delay has a knock on to the implementation of recommendations Next steps:The first draft is being reviewed and will be sent around for comment as soon as possible. Timescale: Publication now expected by August.
OP/53	2.4	Evaluation of education training in secondary schools	ACE Hub	ACE Hub	Joanne Hopkins	Make recommendations to inform roll out			✓										Cause: Evaluation write up underway, but there has been some slippage of publication due to lack of information from a particular school. Write up continues by the reserach team but first draft has been delayed by other priorities Impact: The school has now been removed from the study.The delay has a knock on to the implementation of recommendations Next steps:The first draft is being reviewed and will be sent around for comment as soon as possible. Timescale: Publication now expected by August.

Strategic Priority 2 (continued)

Ref	Strategic Objective	Deliverable	Directorate	Division	Action lead	Milestone	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Exception report (Jun-19) (Cause, Impact, Next steps, Timescale)
OP/54	2.4	Evaluation of education training in secondary schools	ACE Hub	ACE Hub	Joanne Hopkins	Phased roll out starting post evaluation	■	■	■									✔	Cause: Evaluation write up underway, but there has been some slippage of publication due to lack of information from a particular school. Write up continues by the reserach team but first draft has been delayed by other priorities Impact: The school has now been removed from the study.The delay has a knock on to the implementation of recommendations Next steps:The first draft is being reviewed and will be sent around for comment as soon as possible. Timescale: Publication now expected by August.

Ref	Strategic Objective	Deliverable	Directorate	Division	Action lead	Milestone	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Exception report (Jun-19) (Cause, Impact, Next steps, Timescale)
OP/61	3.1	Stop Smoking Services successfully transferred to Health Boards	Health and Well-being	Health Improvement	Ashley Gould	Stop Smoking Services successfully transferred to Health Boards						✓							**Cause:** Preparation for transfer is continuing. Final confirmation of transfer from Welsh Government has still not arrived. **Impact:** There is potentially a delay in the anticipated transfer date, but it could still take place by the Annual Plan target date of September 2019. Staff anxiety is a further implication of the delay. **Next Steps:** PHW will continue preparatory work, and support WG to secure confirmation of a transfer date. **Timescales:** Target date - September 2019
OP/65	3.3	Behavioural analyses for: pregnancy; pre-pregnancy; outdoor play; sleep and screen time completed to inform action	Health and Well-being	Health Improvement	Lucy O'Loughlin	Behavioural analysis for screen time completed						✓							**Cause:** Delay in starting due to unexpected long-term sickness absence. **Impact:** The delay may impact on delivery of the behavioural analysis against a September deadline. More will be known in July. **Next steps:** Work has commenced in June. **Timescales:** The aim is to recover the delivery timetable by the end of July. If not, a reprofile will be requested once the corporate process for reprofiling has been clarified.

Strategic Priority 3 (continued)

Ref	Strategic Objective	Deliverable	Directorate	Division	Action lead	Milestone	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Exception report (Jun-19) (Cause, Impact, Next steps, Timescale)
OP/66	3.3	Behavioural analyses for: pregnancy; pre-pregnancy; outdoor play; sleep and screen time completed to inform action	Health and Well-being	Health Improvement	Lucy O'Loughlin	Behavioural analysis for sleep completed						✓							**Cause:** This has been delayed as time has been invested in understanding the process and developing an approach that will speed up the delivery of other evidence reviews to be delivered as Annual Plan milestones. Work is now underway. **Impact:** The delay may impact on delivery of the behavioural analysis against a September deadline. More will be known in July. **Next steps:** Work has commenced in June. **Timescales:** The aim is to recover the delivery timetable by the end of July. If not, a reprofile will be requested once the corporate process for reprofiling has been clarified.
OP/70	3.4	Recommendations for the national rollout of the Hands Up Survey produced	Health and Well-being	Health Improvement	Karen Thompson	Evidence review on factors that support or prevent children actively travelling to school completed			✓										**Cause:** Challenges were encountered in undertaking the work which is subject to review within the Division. **Impact:** There will be a delay in completing this work and this may have an impact on other subsequent objectives. **Next steps:** The Director of Health Improvement is working with this team to refocus the approach. **Timelines:** This work is unlikely to be complete before the end of September 2019. A reprofile will be requested as soon as the corporate process for reprofiling is clarified.

Strategic Priority 3 (continued)

Ref	Strategic Objective	Deliverable	Directorate	Division	Action lead	Milestone	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Exception report (Jun-19) (Cause, Impact, Next steps, Timescale)
OP/78	3.7	Priorities for action to prevent the use and harm from drugs agreed	Health and Well-being	Health Improvement	Natalie Field	Evidence review on effective interventions to prevent substance related harm completed									✓				**Cause:** Lack of staff capacity following failure to recruit a Principal Public Health Practitioner. **Impact:** Delay in completing this evidence review will impact on the development of a programme of work to prevent substance related harm (OP/79). **Next steps:** Reasons for a failed recruitment process are being reviewed before a second attempt is made to recruit. A reprofile will be requested once the corporate process for reprofiling has been clarified. Consideration has been given to outsourcing some of the work that would relate to this role but this will not be feasible for all objectives. **Timescales:** Delivery is now expected in February 2020 against original expectatations for December 2019.
OP/79	3.7	Priorities for action to prevent the use and harm from drugs agreed	Health and Well-being	Health Improvement	Natalie Field	Programme of work to prevent substance related harm developed											✓		**Cause:** Delivery of this activity will be impacted by the Annual Plan milestone above (OP/79). **Impact:** Delay in beginning a programme of work to prevent substance related harm. **Next steps:** A reprofile will be requested, once the corporate process for reprofiling has been clarified. **Timescales:** One month delay on original timescale moving completion to March 2020.

Ref	Strategic Objective	Deliverable	Directorate	Division	Action lead	Milestone	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Exception report (Jun-19) (Cause, Impact, Next steps, Timescale)
OP/96	4.2	Research and evaluation priorities and implementation plan for early years developed	Knowledge Directorate	Research & Evaluation	Alisha Davies	Undertake comprehensive research prioritization exercise for the early years (linked to priority 7.1)				✓									Cause: Slow engagement from the programme lead, delayed start to the engagement exercise, and number of interview doubled Impact: Minimal. Next steps: New timeline for milestones to be discussed with the Strategic Priority Group in July. Timescale: Complete in October 2019
OP/102	4.4	Re-launched Healthy Pre-School Programme	Health and Well-being	Health Improvement	Mary-Ann McKibben	Healthy Pre-School programme review report produced				✓									**Cause:** A lack of capacity in the Programme team has caused a delay in fully scoping and starting the project. The Director of Health Improvement is working with this team to understand why. **Impact:** The delayed start of OP/102 will also impact on delivery of OP/103, OP/104 and OP/105. The review is focussed on the value and sustainability of the Healthy Pre-School Programme, and any change to the way the Programme is delivered will be delayed until this and the dependent Annual Plan milestones are complete. In the meantime, current operating arrangements and funding will continue. **Next steps:** Revised plans for the review are being prepared and a revised schedule and timescale will be presented to the Priority 4 group at its July meeting. **Timescale:** A reprofile will be requested once the corporate process for reprofiling has been clarified, moving the delivery date from July to December 2019, with a consequential delay to subsequent milestones.
OP/103	4.4		Health and Well-being	Health Improvement	Mary-Ann McKibben	Options for future delivery of the Healthy Pre-School programme developed and agreed approach identified					✓								
OP/104	4.4		Health and Well-being	Health Improvement	Mary-Ann McKibben	Monitoring and evaluation mechanisms for the Healthy Pre School programme agreed								✓					
OP/105	4.4		Health and Well-being	Health Improvement	Mary-Ann McKibben	Implementation plan to support future delivery of the Healthy Pre-School scheme produced								✓					

Strategic Priority 5

No actions are currently behind schedule.

Strategic Priority 6

Ref	Strategic Objective	Deliverable	Directorate	Division	Action lead	Milestone	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Exception report (Jun-19) (Cause, Impact, Next steps, Timescale)
OP/144	6.1	Support development of unscheduled care services	NHS Quality Improvement & Patient Safety	1000 Lives Improvement	Anna Sussex	Establish Frequent Attender services in all emergency departments								✓					Cause: Emergency dept in Princess of Wales hospital not currently engaging Impact: Unable to establish Frequent Attender services in all emergency depts Next steps: Start engaging with Princess of Wales hospital once new Welsh Government Unscheduled Care policy is issued which will mandate Frequent Attender services in each emergency dept Timescale: 3 months
OP/146	6.1	Support development of planned care services	NHS Quality Improvement & Patient Safety	1000 Lives Improvement	Margaret Rennocks	Complete support for existing specialty focus in dermatology, orthopaedics, ophthalmology, ENT and urology												✓	• Cause: The Welsh Government Planned Care Team will be developing a new specific support request to meet the new 1000 Lives Delivery Framework • Next Steps: 1000 Lives Improvement is available to support if requested by the Planned Care Team • Impact: No impact • Timescale: N/A

Strategic Priority 6 (continued)

Ref	Strategic Objective	Deliverable	Directorate	Division	Action lead	Milestone	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Exception report (Jun-19) (Cause, Impact, Next steps, Timescale)
OP/156	6.2	Medicines Safety	NHS Quality Improvement & Patient Safety	1000 Lives Improvement	Paul Gimson	Complete the Medicines Safety Collaborative learning cycle						✓							Cause: Engagement with stakeholders during the learning cycle has taken longer than anticipated but is proving invaluable. Impact: Delay in completing the learning cycle and launching the collaborative. Next steps: Continue engagement and amend timescale. Timescale: Completion of learning cycle and launch of Medicines Safety Collaborative scheduled for November 2019
OP/158	6.2	Single Cancer Pathway	NHS Quality Improvement & Patient Safety	1000 Lives Improvement	Iain Roberts	Complete Single Cancer Pathway learning cycle						✓							Cause: The learning cycle is taking place with Cwm Taf UHB. Initial progress is being made to help understand the work of their Radiology service and the constraints that slow down the flow of activity. Impact: The ability of the UHB to support change at pace means that this programme will move more slowly Next steps: An urgent need is to establish an improvement team within the department. This will be discussed on 2nd July. This team will attend a flow training session that 1000 Lives will support at the end of September 2019. Timescale: September 2019

Strategic Priority 6 (continued)

Ref	Strategic Objective	Deliverable	Directorate	Division	Action lead	Milestone	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Exception report (Jun-19) (Cause, Impact, Next steps, Timescale)
OP/181	6.5	Review, Develop and Embed Quality Assurance Processes	Public Health Services	Screening	Jude Kay	DESW: Complete process of outsourcing of results and invitation letters	■	■	■	✔									Cause: Retendering of existing outsourcing provider contract means that implementation has been delayed to avoid potential of duplicating work with 2 different providers within a matter of months. Next Steps: Await confirmation of new provider before progressing technical measures to support implementation. Impact: Service capacity remains under pressure due to time required to process service letters. Timescale: Tender award likely October 2019, information governance processes to be revisited with new supplier at this point. Implementation likely by end of March 2020.
OP/188	6.5	Programme, Project and Operational Deliverables	Public Health Services	Screening	Louise Dunk	CSW: Develop and implement essential components of CSIMS (Cervical Screening Information Management System) and begin development of 'desirable' content	■	■	■			✔							Cause: Development delays due to unexpected volume of work, combined with delays in receiving migration data/demographics from NWIS. Impact: Significant project delay - no effect on patients currently as existing system (NHAIS) still available. Next Steps: undergoing significant re-planning activities to understand what work is outstanding/the Informatics resource available. Re-planning will advise on a revised implementation date. Timescale: Aim to have a revised plan for the next SIMS Board meeting - 15 July 2019

Ref	Strategic Objective	Deliverable	Directorate	Division	Action lead	Milestone	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Exception report (Jun-19) (Cause, Impact, Next steps, Timescale)
OP/246	7.5	Develop and deliver a programme to strengthen impact evaluation across Public Health Wales.	Knowledge Directorate	Research & Evaluation	Alisha Davies	Evaluation plan delivered for the first 1000 days programme				✓									Cause: Delay due to the need for the programme team's revised logic model to be presented at the Programme Review Meeting on 17th May for feedback, and scheduled meeting had to be rearranged due to Board Development Session. Impact: Evaluation cannot begin until programme model defined Next steps: E&I Team continue to liaise with the Programme Lead to support the development of an evaluation plan Timescale: Evaluation review meeting to be arranged asap (expected to be completed September)
OP/257	7.6	Support provided to Asylum seekers and refugees' (ASR) and migrant's health program	WHO CC	International Health	Gill Richardson	Online parenting resource for asylum seekers and refugees in Wales launched			✓										Cause: Module developed, ESR systems team unable to load the module onto ESR until Dec/Jan Impact: Delays with lauching the module but no major impact Next Steps: Formal request through SP7 group to amend the timelines to start of Q4. Timescale: Dec 19/Jan20
OP/259	7.6		WHO CC	International Health	Gill Richardson	ASR 'Treat me Fairly' online module for NHS Staff launched						✓							Cause: Module developed, ESR systems team unable to load the module onto ESR until Dec/Jan Impact: Delays with lauching the module but no major impact Next Steps: Formal request through SP7 group to amend the timelines to start of Q4. Timescale: Dec 19/Jan20
OP/260	7.7	A range of events and resources on a breadth of public health topics, as identified by Public Health Network Cymru members with a focus on enabling knowledge exchange	WHO CC	Policy	Sumina Azam	Business case for a Massive Open Online Course (MOOC): Investing for Health & Wellbeing, depending on findings from scoping (including viable funding sources) carried out in 2018/19												✓	No exception report provided

Ref	Strategic Objective	Deliverable	Directorate	Division	Action lead	Milestone	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Exception report (Jun-19) (Cause, Impact, Next steps, Timescale)
OP/273	7.8	Quality Improvement Hubs	NHS Quality Improvement & Patient Safety	1000 Lives Improvement	Dominique Bird	Support hubs to develop their maturity matrix action plans			✓									✓	• Cause: Scope of project has changed. Will now recruit a QI 'node' for NHS Wales organisations whose work will map into hub action plans. Recruitment ongoing throughout 2019/20 but dependent on funding from Welsh Government which has not yet been received. • Next steps: When funding received from Welsh Government, recruitment of Nodes will take place who will complete organisational diagnostics used to develop the maturity matrix action plans • Impact: Delay to March 2020 • Timescale: March 2020
OP/274	7.8	Quality Improvement Hubs	NHS Quality Improvement & Patient Safety	1000 Lives Improvement	Dominique Bird	Support hubs to deliver their maturity matrix action plans												✓	This action will follow completion of OP/273 which now has a revised timescale of March 2020 and is dependent on Welsh Government funding. Request this action is rolled over to 2020/21
OP/278	7.9	Align the levers and drivers for good population health in Wales, through the development of population health standards for key partners	Health and Well-being	Health and Well-being	Jyoti Atri	PID and tender document agreed		✓											Cause: Late completion of OP278 Next steps: Aim to complete draft ITT by 20/7/19 Impact: Possible delay in completing OP280 Timescales: Likely that contract will be awarded now by 1/11/19
OP/279	7.9	Align the levers and drivers for good population health in Wales, through the development of population health standards for key partners	Health and Well-being	Health and Well-being	Jyoti Atri	Tender for evidence review and stakeholder				✓									Cause: Documents drafted and awaiting sign off from Chief Executive Next steps: Chief Executive reviewing 3/7/19 Impact: Possible late completion of OP/279 Timescales: Aim to achieve sign off by 10/7/20

Enabling delivery of our plan (continued)

Ref	Strategic Objective	Deliverable	Directorate	Division	Action lead	Milestone	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Exception report (Jun-19) (Cause, Impact, Next steps, Timescale)
OP/281	8.1	Operating Framework	Operations & Finance	Strategic Planning & Performance	Sally Attwood	Tender awarded to supplier to support development of a new Operating Framework for Public Health Wales	✓												Cause: Following further exploration of the transformation agenda, we have taken the opportunity to rethink our approach. Impact: Consideration of alternative options to the target operating model to take forward the tranformation agenda. Next Steps: Work continuing to be undertaken within the Operations and Finance Directorate to understand the transformation agenda. This includes the current reveiw of our priority arrangements, M365 implementation and how we embed matrix working across Public Health Wales Timescale: to be confirmed
OP/306	8.5	Strategic Equality Objectives	People & Organisational Development	Diversity, Inclusion & Welsh Language	Sarah Morgan	Undertake a Consultation exercise with stakeholders and the general public to agree and publish the Strategic Equality Objectives and Plan for 2020-2024. Consultation period end of June to end of September.			✓			✓							Cause: The consultation period moved to allow the Board to review the draft objectives prior to the public consultation, which is a 13 week consultation period. The Public Consultation events therefore had to move to mid October. Impact: This has little overall impact as the new objectives need to be published prior to 01/04/2020. Next Steps: Following the Board session on the 27/6/19, the formal consultation document will be on the Internet, opening the 13 week consultation period. The feedback will be analysed, final objectives identified and will come back to the Board for approval prior to publication. A findings report will be produced in line with the Public Sector Equality Duties, to explain how we arrived at the final objectives. Timescales: The objectives will be published within the deadline of the 01/04/2020

Enabling delivery of our plan (continued)

Ref	Strategic Objective	Deliverable	Directorate	Division	Action lead	Milestone	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Exception report (Jun-19) (Cause, Impact, Next steps, Timescale)
OP/334	8.7	An Information Governance Management system, which is auditable against the requirements of ISO27000 and aligned to National Cyber Security/ Information Governance standard	Quality, Nursing & Allied Health Professionals	Information Governance	John Lawson	Review of the procedures for release of information completed and new corporate approach developed.						✔							No exception report provided
OP/338	8.8	Investment Strategy	Operations & Finance	Finance	Angela Fisher	Identification of full savings required to support the recurrent impact of the investment bid prioritised	✔												Cause: The recurrent savings target required from the organisational efficiency programme have yet to be identified in full Impact: The 19/20 financial position is not impacted on. The 19/20 costs of the investment bids agreed are within the savings target identified for 19/20 Next Steps: Focus on the four work stream recurrent action plans (see OP337) Timescale:
OP/344	8.9	Building trust and credibility	Operations & Finance	Communications	Leah Morantz	Improve and embed media strategy						✔							Cause: Volume of media enquiries and support to ourbreaks in June combined with capacity pressure related to delivery of Annual Report have delayed publication of the final media protocols and SOPs; Impact: Delayed implementation. Next steps: finalise and publish SOPs and implement media training plan; Timescale: July 2019
OP/346	8.9	Engage hearts and minds of staff, stakeholder and partners	Operations & Finance	Communications	Leah Morantz	Set out strategy for national events	✔												Cause: Depedency on other divisions (PC, 1000 Lives) regarding event planning and dates has meant we've been unable to complete an organisation level events strategy. Impact: No impact to business plan or to WPHC. Next steps: Meetings are ongoing with key stakeholders. Deliverable is replanned for completion by end of July 2019. Timescale: Complete by July 2019

Enabling delivery of our plan (continued)

Ref	Strategic Objective	Deliverable	Directorate	Division	Action lead	Milestone	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Exception report (Jun-19) (Cause, Impact, Next steps, Timescale)
OP/350	8.9	Engage hearts and minds of staff, stakeholder and partners	Operations & Finance	Communications	Leah Morantz	Create senior leaders and line manager channels			✓										Cause: Delayed due to staff illness which had a detrimental impact on internal communications capacity. Impact: Delay to development of new internal communications channels which are critical to helping organisation in its transformation. Next steps: Proposed channel plan has been drafted, next step is to secure SLT and Exec awareness and support, then set up and test new channels by end of July. Timescale: Launch July 2019
OP/352	8.9	Engage hearts and minds of staff, stakeholder and partners	Operations & Finance	Communications	Leah Morantz	Establish Digital Communications team			✓										Cause: Delay in job matching of the Band 7 role. Impact: Delay to advertisement and recruitment which limits our ability to develop and improve digital communications. Next steps: Advertisement of the Band 7 role as subject to job matching on July Timescale: Appoint July 2019
OP/353	8.9		Operations & Finance	Communications	Leah Morantz	Intranet refresh options appraisal				✓									Cause: Dependent on decision from NHS Wales about rollout of M365. Impact: Delay to development of intranet options appraisal. Next steps: Combine this activity with rollout of M365, ensuring intranet requirements are captured as part of the rollout project. Timescale: July 2019

Enabling delivery of our plan (continued)

Ref	Strategic Objective	Deliverable	Directorate	Division	Action lead	Milestone	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Exception report (Jun-19) (Cause, Impact, Next steps, Timescale)
OP/355	8.9	Engage hearts and minds of staff, stakeholder and partners	Operations & Finance	Communications	Leah Morantz	Develop and implement social media strategy and plan		✔											Cause: Dependent on OP344, the Media Strategy, which is nearly complete and ready for implementation but which has been delayed due to capacity pressures from media bids and outbreaks. Impact: Short delay Next Steps: Continue with development of Media Strategy SOPs and coordinate Social Media strategy documents / Timescales: Completed by August 2019
OP/356	8.9	Engage hearts and minds of staff, stakeholder and partners	Operations & Finance	Communications	Leah Morantz	Establish an Awareness campaigns guidance committee, in partnership with new Behaviour Change Unit that works to ensure all campaigns supported by Public Health Wales align to a set of agreed principles, criterion and evaluation			✔										setup of the new Behaviour Change Unit and difficulty establishing effective governance route. Impact: No impact to current campaigns. TOR is in draft stage. Next steps: Input to TOR from
OP/357	8.9	Engage hearts and minds of staff, stakeholder and partners	Operations & Finance	Communications	Leah Morantz	Establish a communications network to coordinate visibility of Local Public Health Team campaigns activity		✔											Cause: Key person (Communications Officer in North Wales team) leaving organisation has meant that we've had to re-evaluate our approach to this deliverable. Impact: Continued lack of coordination and clarity about campaign activity across the LPHTs Next steps: review and reassess approach - seek new internal sponsor. Timescales: August 2019

Enabling delivery of our plan (continued)

Ref	Strategic Objective	Deliverable	Directorate	Division	Action lead	Milestone	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Exception report (Jun-19) (Cause, Impact, Next steps, Timescale)
RO/22	8	Social Marketing strategy agreed and published	Operations & Finance	Communications	Leah Morantz	Approved by Board			✓										Cause: This activty is replaced by Communications Strategy which has been produced. Board approval not required as this is a team level strategy. Impact: no impact. Next steps: close deliverable.
RO/26	8	Standing Orders	Governance	Governance	Helen Bushell	Annual Review completed						✓							Cause: Welsh Government is completed a review of Standing Orders for all NHS Wales organisations Impact: Current Standing Orders remain fit for purpose, so no negative impact expected Next Steps: When revised model standing orders are issued, Public Health Wales will ensure they reflect any local amendments that have been made previously and approval will be sought from Board Timescale: Expected to be ready for approval at Board meeting in September 2019

Performance data

Strategic Priority 1

	>10% below target	Within 10% of target	Achieving target	Not applicable

Healthy Working Wales	Annual Target	Q3 18/19	Q4 18/19	Q1 19/20
Organisations completing a CHS mock assessment	25	6	10 (YTD=30)	1
Private sector organisations completing a mock assessment	5	3	5 (YTD=15)	0
Organisations completing a full assessment	25	6	12 (YTD=38)	1
Private sector organisations completing a full assessment	5	4	3 (YTD=15)	0
Organisations achieving a Small Workplace Health Award	100	24	25 (YTD=78)	1

Strategic Priority 2

Welsh Network of Healthy Schools	Annual Target	Q3 18/19	Q4 18/19	Q1 19/20
Schools achieving level 1 - 5 award	180	18	37 (YTD=218)	45
Schools undertaking National Quality Award	50	5	1 (YTD=21)	17

Strategic Priority 3

Help Me Quit / Stop Smoking Wales	Quarterly target	Q2 18/19	Q3 18/19	Q4 18/19
% smoking population treated by smoking cessation services	1.0%	0.7%	0.7%	Not available
Average waiting time for an appointment in this month (days)	14	7	9	10
% of treated smokers who are carbon monoxide validated as successful	40%	47.0	44.2	48.7
% of treated smokers who have a carbon monoxide reading at 4 weeks	80%	69.0	65.6	73.4
% of treated smokers that quit smoking at 4 weeks (self reported)	50%	68.1	67.4	65.8

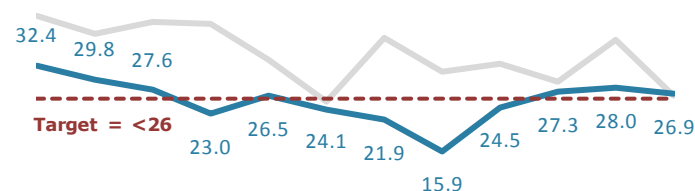| Smoking Prevention Programme	Annual Target	Q3 18/19	Q4 18/19	Q1 19/20
Number of secondary schools targeted	60	23	22 (YTD=58)	16

Strategic Priority 4 - No performance indicators currently being reported.
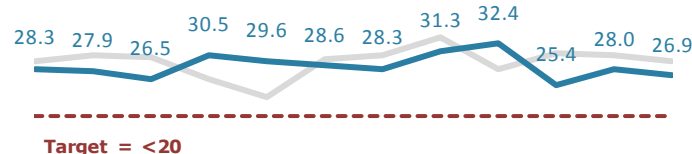
Strategic Priority 5

Vaccination† and Immunisation	Target[1]	at 06 Mar 2019	at 03 Apr 2019	at 24 Apr 2019
Influenza vaccination uptake among those aged 65+	75%	68.2%	68.3%	68.2%
Influenza vaccination uptake among the under 65s in high risk groups	55%	43.7%	44.0%	44.0%
Influenza vaccination uptake among pregnant women	Not available	12,057	12,504	12,440
Influenza vaccination uptake among healthcare workers	60%	53.5%	54.0%	55.5%
Percentage of children who received 3 doses of the '6 in 1' vaccine by age 1[4]	97%	Q2 18/19 95.3%	Q3 18/19 95.7%	Q4 18/19 95.3%
Percentage of children who received two doses of the MMR vaccine by age 5	96%	89.5%	94.3%	92.4%
Healthcare Associated Infections	Target[1]	Apr	May	Jun
Clostrium difficile rate (per 100,000 population)	26	27.3	28.0	26.9
Staph aureus bacteraemia rate (per 100,000 population)	20	25.4	28.0	26.9
E. Coli bacteraemia rate (per 100,000 population)	67	88.2	77.8	80.8
Microbiology	Target[1]	Q2 18/19	Q3 18/19	Q4 18/19
UKAS status of accreditation to ISO 15189:2012	Accredited	Accredited	Accredited	Accredited
EQA performance (Bacteriology)	90%	99%	97%	89%
EQA performance (Virology)	95%	98%	97%	100%
EQA performance (Specialist and reference units)	95%	99%	100%	96%
EQA performance (Food, Water and Environmental Laboratories)	90%	99%	100%	100%
Turnaround time compliance (Bacteriology)	95%	96%	94%	95%
Turnaround time compliance (Virology)	95%	99%	99%	94%
Turnaround time compliance (Molecular)	95%	98%	99%	99%
Turnaround time compliance (Specialist and reference units)	95%	98%	98%	98%
Turnaround time compliance (Food, Water and Environmental Labs)	95%	97%	98%	98%
Turnaround time compliance urgent samples (Bacteriology/Virology)	95%	Reported annually	Reported annually	93%
Non-Processed Samples (%) Bacteriology	2.0%	2.0%	2.0%	2.2%
Non-Processed Samples (%) Virology	2.1%	1.9%	1.7%	1.1%
Non-Processed Samples (%) Specialist and Reference Units	0.6%	0.0%	0.1%	0.0%

Healthcare Associated Infections

All-Wales *Clostridium difficile* rate per 100,000 population

Target = <26

Values (blue line): 32.4, 29.8, 27.6, 23.0, 26.5, 24.1, 21.9, 15.9, 24.5, 27.3, 28.0, 26.9

All-Wales *Staphylococcus aureus* rate per 100,000 population

Target = <20

Values (blue line): 28.3, 27.9, 26.5, 30.5, 29.6, 28.6, 28.3, 31.3, 32.4, 25.4, 28.0, 26.9

All-Wales *E. coli* bacteraemia rate per 100,000 population

Target = <67

Values (blue line): 85.5, 91.2, 85.3, 75.4, 86.4, 67.8, 64.1, 72.2, 81.8, 88.2, 77.8, 80.8

Months (all three charts): Jul-18, Aug-18, Sep-18, Oct-18, Nov-18, Dec-18, Jan-19, Feb-19, Mar-19, Apr-19, May-19, Jun-19
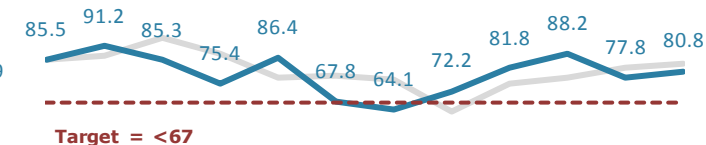
Summary
• Data for June 2019 shows that there has been a marginal decrease in both the *All-Wales Clostridium difficile* and the *All-Wales Staphylococcus aureus rate per 100,000 population*. Although rates have decreased, both indicators are underperforming and have not met their respective targets.
• The *All-Wales E. coli bacteraemia rate per 100,000 population* increased slightly during June 2019. 80.8 per 100,000 population compared to 77.8 per 100,000 population in May 2019.

Key actions
• The Welsh Health Circular (WHC/2019/019) was issued to the service on 08 July 2019. This details the improvement goals for health care associated infections and antimicrobial resistance to be delivered by the Health Boards and Trusts in Wales for 2019-20. The HARP team will now be able to publish Health Boards' progress against the improvement goals in our next issue of the surveillance dashboards in August.
• Attended the Quality and Delivery meeting of Welsh Government with Hywel Dda University Health Board on 28 June 2019.
• Supported a Period of Increased Incidence meeting at Withybush, Hywel Dda University Health Board on 01 July 2019.
• Further support has been requested from Aneurin Bevan University Health Board.
• Summer Infection Prevention & Control forum fully booked for 17 July 2019.

Strategic Priority 6

Indicator	Timeframe			
Breast Test Wales	Target[1]	Apr	May	Jun
Assessment invitations given within 3 weeks of screen	70%	87.5%	55.7%	38.0%
Normal results sent within 2 weeks of scan	95%	92.4%	95.1%	92.3%
% women invited within 36 months previous screen	90%	85.4%	92.2%	82.6%
Cervical Screening Wales				
Waiting time from sample being taken to screening test result being sent (4 weeks)	98%	93.9%	89.7%	96.1%
Coverage[2]	77%	Not available	Not available	Not available
Bowel Screening Wales				
Coverage	55%	54.2%	54.2%	54.1%
Waiting time for colonoscopy	55%	71.4%	57.9%	Not available
Abdominal Aortic Aneurysm Screening Wales				
Small AAA surveillance uptake	90%	86.3%	88.9%	93.0%
Medium AAA surveillance uptake	90%	86.1%	90.9%	94.6%
Newborn Hearing Screening Wales				
% of babies who complete programme (within 4 weeks)	98%	98.9%	98.0%	Not available
Babies completing assessment procedure (by three months of age)	85%	97.0%	81.3%	Not available
Newborn Bloodspot Screening Wales				
Coverage (newborns)	95%	91.0%	92.2%	94.6%
Avoidable repeat rate	4.0%	14.5%	11.4%	7.6%
Diabetic Eye Screening Wales[3]				
Coverage-Reported Result in the Last 12 Months	66%	67.8%	68.7%	69.2%
Results Letters Printed Within 3 Weeks of Screen Date	50%	6.1%	4.3%	38.5%

1. Data reported against 2018/19 targets, or where a performance trajectory has been agreed to facilitate reaching the target, the trajectory has been used as defined within the IMTP 2018-2021.
2. Cervical Screening Coverage is calculated at a fixed point in time (Jan 1st, Apr 1st, Jul 1st and Oct 1st). Due to a lead time in processing data, latest data is unavailable for two months following the fixed calculation dates aforementioned.
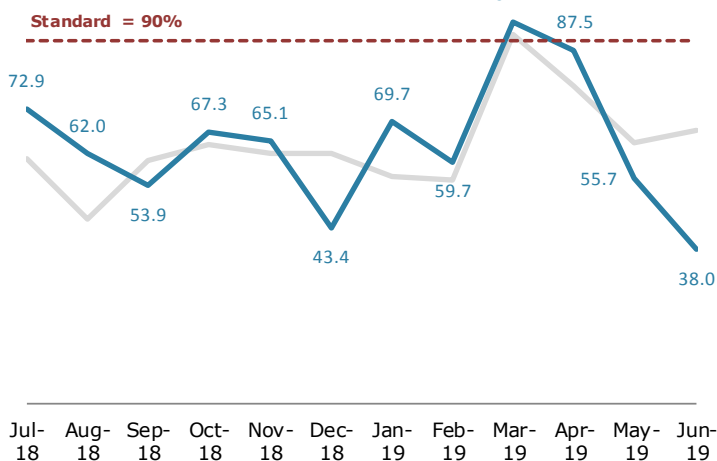3. New indicator included for 2018/19. Performance trajectories are to be confirmed by the DESW
4. A Hepatitis B containing vaccine replaced the '5 in 1' in 2017 making it the '6 in 1'. Change date is for children born after 01 August 2017 and so both '5 in 1' and '6 in 1' are currently reported. This will be the case until late 2019.
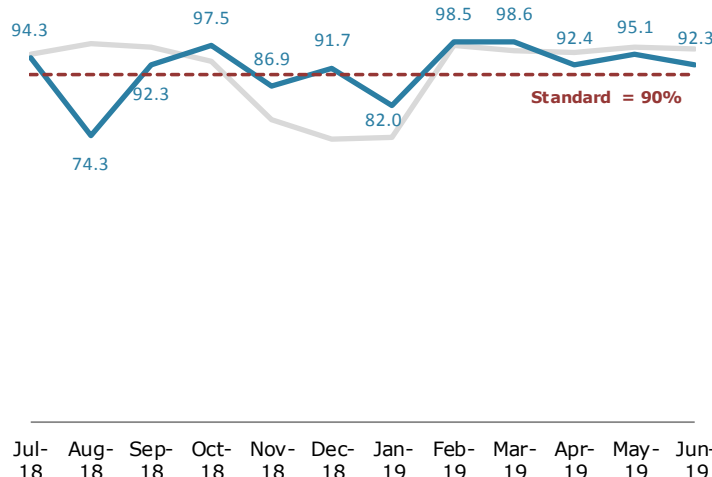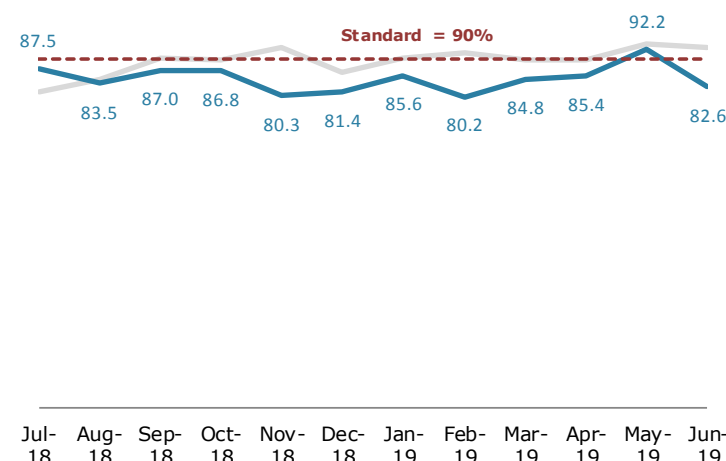YTD = Year to date

Breast Test Wales

Percentage of assessment invitations given within 3 weeks of scan

Standard = 90%

94.4
87.5
72.9
67.3
65.1
69.7
62.0
55.7
53.9
59.7
43.4
38.0

Jul-18 Aug-18 Sep-18 Oct-18 Nov-18 Dec-18 Jan-19 Feb-19 Mar-19 Apr-19 May-19 Jun-19

Percentage of normal results sent within 2 weeks of scan

94.3
97.5
98.5 98.6
91.7
92.4 95.1
86.9
92.3
92.3
82.0
74.3

Standard = 90%

Jul-18 Aug-18 Sep-18 Oct-18 Nov-18 Dec-18 Jan-19 Feb-19 Mar-19 Apr-19 May-19 Jun-19

Percentage of women invited within 36 months of previous screen

Standard = 90%

87.5
92.2
87.0 86.8
85.6
84.8 85.4
83.5
82.6
80.3 81.4
80.2

Jul-18 Aug-18 Sep-18 Oct-18 Nov-18 Dec-18 Jan-19 Feb-19 Mar-19 Apr-19 May-19 Jun-19
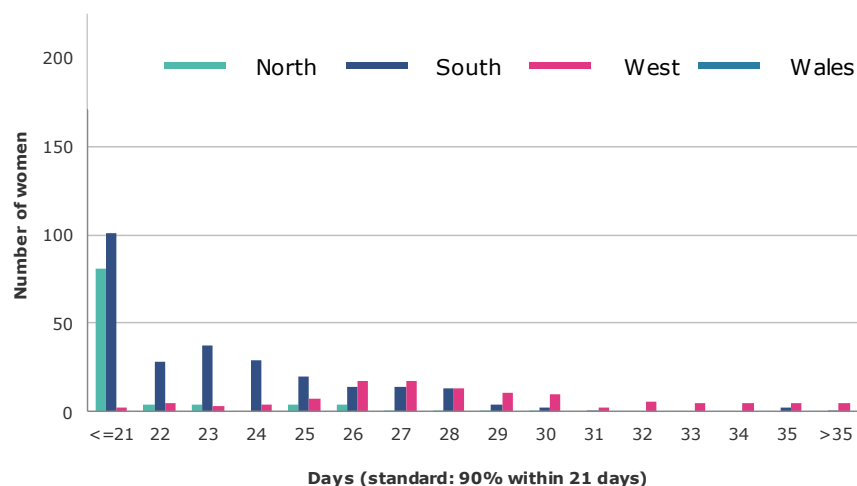
Summary

- Data for June 2019 shows that there has been a considerable decrease in the *Percentage of assessment invitations given within 3 weeks of scan*. 38% of assessment invitations were given within 3 weeks of scan, this compares to 55.7% in May 2019 and 87.5% in April 2019. Underperformance is due to low medical staffing levels – performance is sensitive to leave of any kind. There has also been a failure to recruit to a medical staffing vacancy. South East Wales centre has increased the number of women being screened to gain round length, this has led to an increase in the number requiring assessment.
- The *Percentage of normal results sent within 2 weeks of scan* continues to perform above the 90% standard. Data for June 2019 shows that 92.3% of normal results were sent within 2 weeks of scan.
- June 2019 data shows that there has been a decrease in the *Percentage of women invited within 36 months of previous screen*. 82.6% of women were invited within 36 months of previous screen, this compares to 92.2% of women during May 2019. The indicator is now performing below the 90% standard. Decrease in performance is due to an increase in the eligible population over last round that is extending site visit periods, as more screening days per site are being required. Suitable sites for basing mobiles are becoming harder to acquire resulting in mobiles being moved more frequently and a subsequent loss in appointment slots.

Key actions

- Additional Breast Clinician and Advanced Practice Radiographers are being trained to support the service.
- Radiologist recruited in North Wales – commences September 2019.
- The round length plan has recently been reviewed – all centres will monitor activity in line with plan.
- Additional activity on weekends in certain regions will be utilised if necessary to allow mobiles to move to the next location in line with plan.

Number of days from screen to assessment appointment by region – June 2019

Days (standard: 90% within 21 days)

Percentage of assessment invitations given within 3 weeks of scan, by region
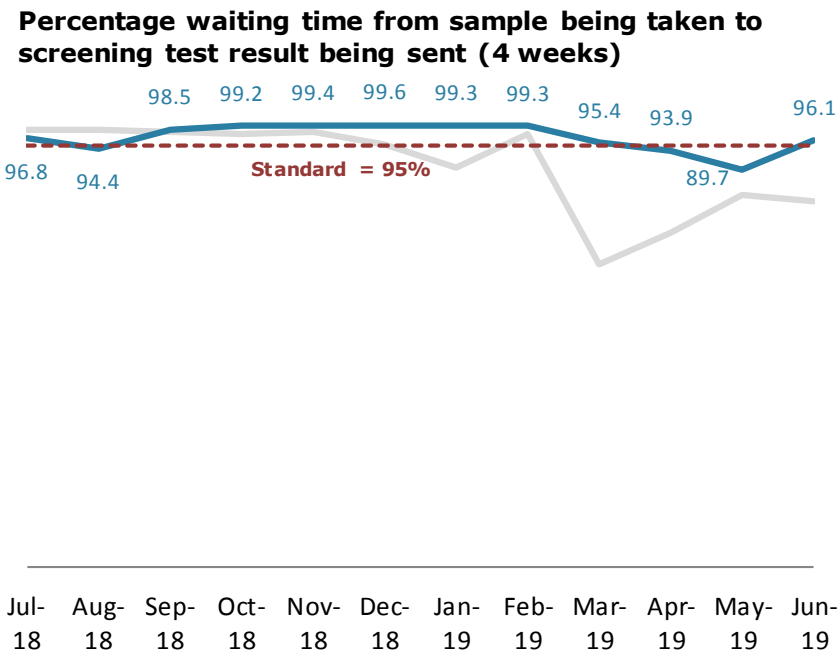

← 2018/19   2019/20 →
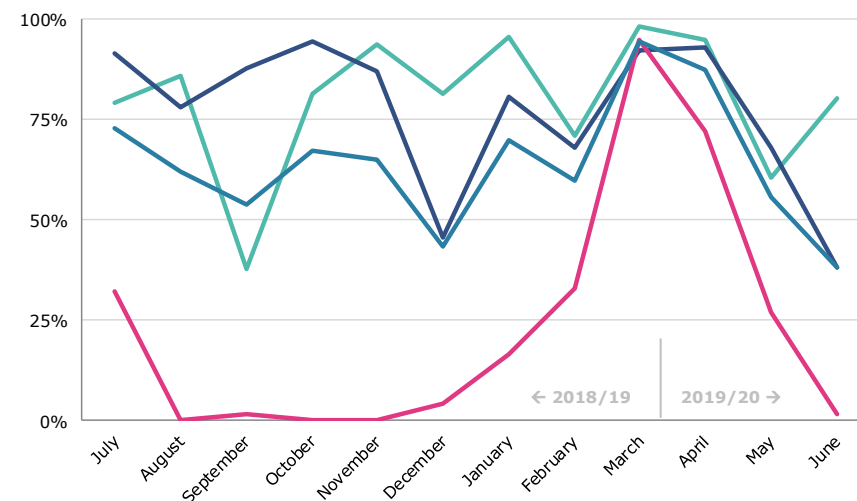
Summary of performance – June 2019

June 2019 data shows that 1.7% *of assessment invitations were given within 3 weeks of scan* in West Wales – this is 2 out of 117 service users. Performance of this indicator has declined since March 2019 where 95% of *assessment invitations were given within 3 weeks of scan*. A decline in performance has also been observed in the South (38%, compared to 68% during May 2019).

There has been an improvement in the North where 80% of assessment invitations were given within 3 weeks of scan, compared to 61% in May 2019.

Assessment wait (days) by region							
Area	Total Assess	<=21	%	>21	%	>28	%
North	101	81	80.2%	20	19.8%	2	2.0
South	266	101	38.0%	165	62.0%	10	3.8
West	117	2	1.7%	115	98.3%	49	41.9
Wales	**484**	**184**	**38.0%**	**300**	**62.0%**	**61**	**12.6**

Number of days from screen to assessment appointment by region															
Area	<=21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	>35
North	81	4	4	0	4	4	1	1	1	1	0	0	0	0	0	0
South	101	28	37	29	20	14	14	13	4	2	1	0	0	0	2	1
West	2	5	3	4	7	17	17	13	11	10	2	6	5	5	5	5
Wales	**184**	**37**	**44**	**33**	**31**	**35**	**32**	**27**	**16**	**13**	**3**	**6**	**5**	**5**	**7**	**6**

Note: reported month relate to those assessed in the previous month.

57

Percentage waiting time from sample being taken to screening test result being sent (4 weeks)

96.8   94.4   98.5   99.2   99.4   99.6   99.3   99.3   95.4   93.9   89.7   96.1

Standard = 95%

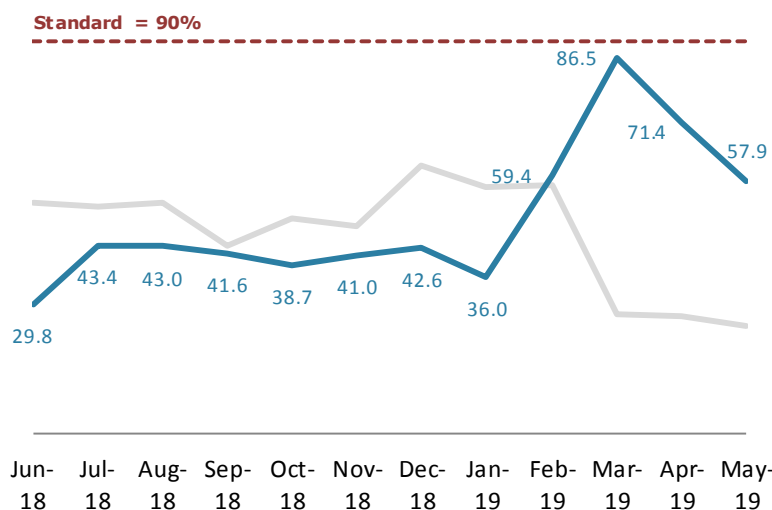| Jul- 18	Aug- 18	Sep- 18	Oct- 18	Nov- 18	Dec- 18	Jan- 19	Feb- 19	Mar- 19	Apr- 19	May- 19	Jun- 19

Summary

- Performance of the *Percentage waiting time from sample being taken to screening test result being sent (4 weeks)* improved during June 2019 (96.1%, up from 89.7% in May 2019). The indicator is now performing above the 95% standard.
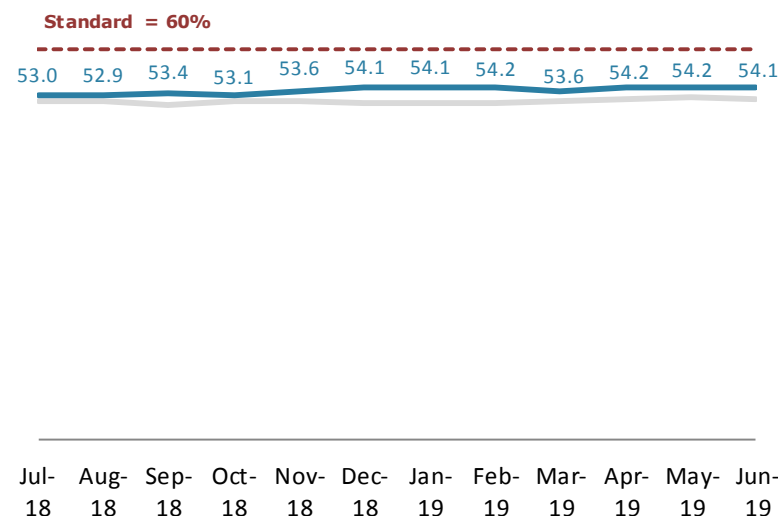
Key actions

- N/A

Bowel Screening Wales

Percentage waiting time for colonoscopy within 4 weeks of booking appointment

Standard = 90%

86.5
71.4
57.9
59.4
43.4
43.0
41.6
38.7
41.0
42.6
36.0
29.8

Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19

Bowel Screening coverage

Standard = 60%

53.0 52.9 53.4 53.1 53.6 54.1 54.1 54.2 53.6 54.2 54.2 54.1

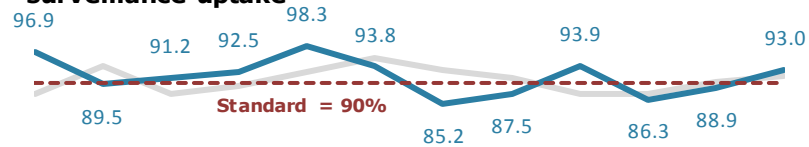| Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19

Summary

- Data for May 2019 shows that there has been a continued decline in performance of the *Percentage waiting time for colonoscopy within 4 week of booking appointment* (57.9%, down from 71.4% in April 2019). The indicator is performing below the 90% standard but is performing above the 55% target that has been set.
- There has been little change in the coverage of bowel screening. Data for June 2019 shows that coverage currently stands at 54.1%, this is below the 60% standard and just short of the 55% target. Underperformance is due to a suboptimal response to invitation. Lack of awareness, difficult access/ issues surrounding completion of the test.

Key actions

- Continued work with Health Board teams to investigate all options to increase capacity in endoscopy. This includes Bowel Screening Wales staff attending health board meetings and conducting regular service review meetings with screening endoscopy teams.
- Initiatives being considered are insourcing, outsourcing and collaborative working between Health Boards – initiative can assist in the short to medium term.
- Welsh Government have established a National Endoscopy Programme that is tasked to investigate options to tackle capacity in the whole of Endoscopy within Wales over the medium to long term.
- Continue to work closely with Health Boards to ensure screening timeliness remains high on their agenda.
- Work with the National Endoscopy Programme which is scheduled to propose a resilient solution to endoscopy capacity by April 2021.
- Programme is working closely with a charitable trust (the Moondance initiative) and will be advertising shortly for staff to work alongside primary care and third-party charitable partners with the aim of improving uptake, understanding barriers to participation and reducing inequalities.

Abdominal Aortic Aneurysm

Percentage of Small Abdominal Aortic Aneurysm surveillance uptake

96.9
91.2
98.3
92.5
93.8
93.9
93.0
89.5
Standard = 90%
85.2
87.5
86.3
88.9

Percentage of Medium Abdominal Aortic Aneurysm surveillance uptake
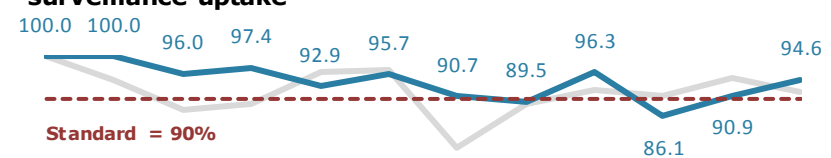
100.0   100.0
96.0   97.4
92.9
95.7
90.7
89.5
96.3
94.6
Standard = 90%
86.1
90.9

| Jul-18 | Aug-18 | Sep-18 | Oct-18 | Nov-18 | Dec-18 | Jan-19 | Feb-19 | Mar-19 | Apr-19 | May-19 | Jun-19 |

| Jul-18 | Aug-18 | Sep-18 | Oct-18 | Nov-18 | Dec-18 | Jan-19 | Feb-19 | Mar-19 | Apr-19 | May-19 | Jun-19 |

Summary

- Data for June 2019 shows that there has been improvements in both the *Percentage of Small Abdominal Aortic Aneurysm surveillance uptake* and *Percentage of Medium Abdominal Aortic Aneurysm surveillance uptake*. Both indicators are performing above the 90% standard.

Key actions

- N/A

Newborn Hearing Screening

Percentage of well babies who complete screening within 4 weeks

98.5 98.7 98.4 98.7 99.1 99.1 97.2 98.1 99.4 98.6 98.9 98.0
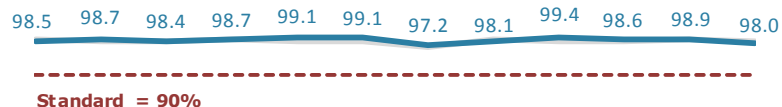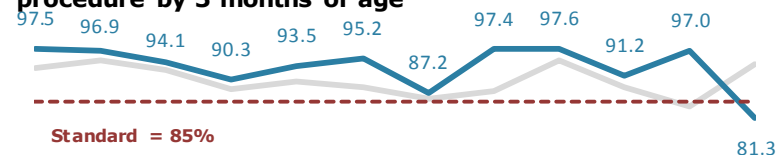
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Standard = 90%

| Jun-18 | Jul-18 | Aug-18 | Sep-18 | Oct-18 | Nov-18 | Dec-18 | Jan-19 | Feb-19 | Mar-19 | Apr-19 | May-19 |

Percentage of babies completing the assessment procedure by 3 months of age

97.5 96.9 94.1 90.3 93.5 95.2 87.2 97.4 97.6 91.2 97.0

81.3

- -

Standard = 85%

| Jun-18 | Jul-18 | Aug-18 | Sep-18 | Oct-18 | Nov-18 | Dec-18 | Jan-19 | Feb-19 | Mar-19 | Apr-19 | May-19 |

Summary

- The *Percentage of well babies who complete screening within 4 weeks* continues to perform above the 90% standard – data for May 2019 shows that 98% of well babies completed screening within 4 weeks.
- There has been a decline in performance in the *Percentage of babies completing the assessment procedure by 3 months of age* (81.3% in May 2019, down from 97% in April 2019). The indicator is now performing below the 85%. A small number of babies were too ill to complete the test and/ or are in other hospitals i.e. hospitals in England and are beyond the service reach of Newborn Hearing Screening Wales.

Key actions

- The progress of the babies concerned will be monitored on a case by case basis. Programme co-ordinators are liaising with the specific Health Boards.

Newborn Bloodspot Screening

Newborn bloodspot screening coverage

Standard = 95%

95.0 94.5 93.6 94.4 94.5 91.2 87.7 93.2 91.4 91.0 92.2 94.6

Jul-18 Aug-18 Sep-18 Oct-18 Nov-18 Dec-18 Jan-19 Feb-19 Mar-19 Apr-19 May-19 Jun-19

Newborn bloodspot screening avoidable repeat rate

14.5
11.6
10.1
9.4
8.2
7.1   8.5   11.4
6.3   7.6
      5.7
        5.6

Standard ≤2%

Jul-18 Aug-18 Sep-18 Oct-18 Nov-18 Dec-18 Jan-19 Feb-19 Mar-19 Apr-19 May-19 Jun-19
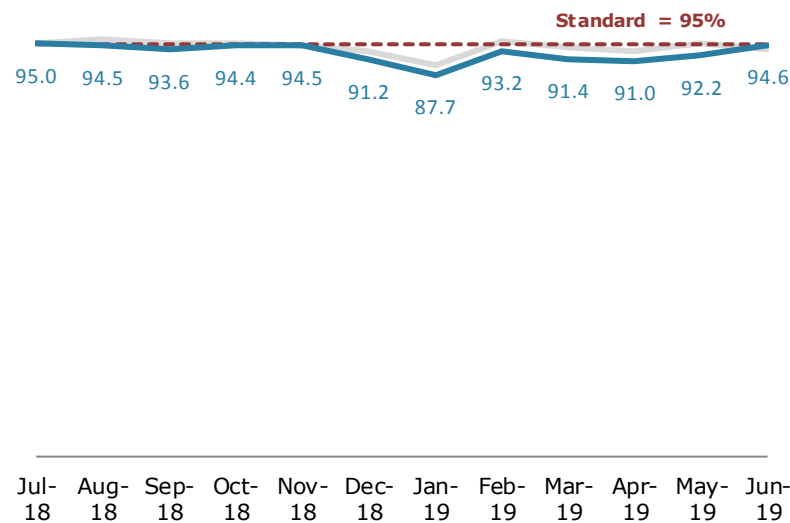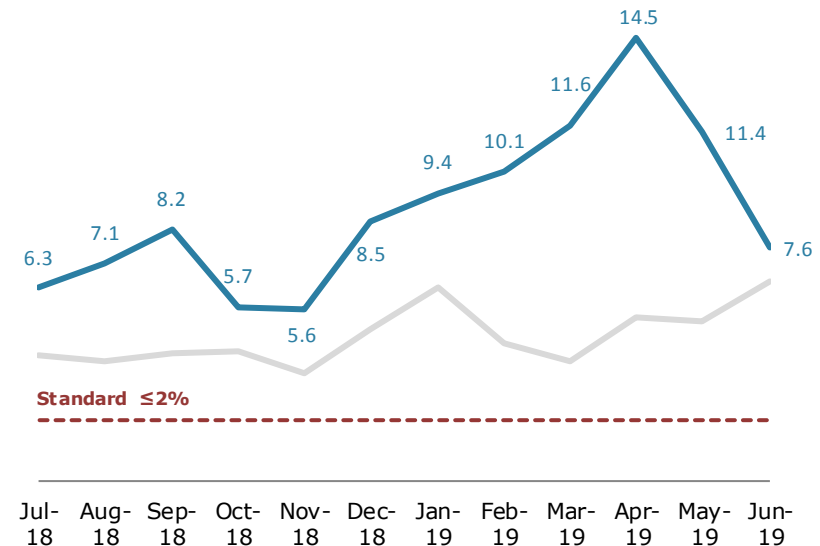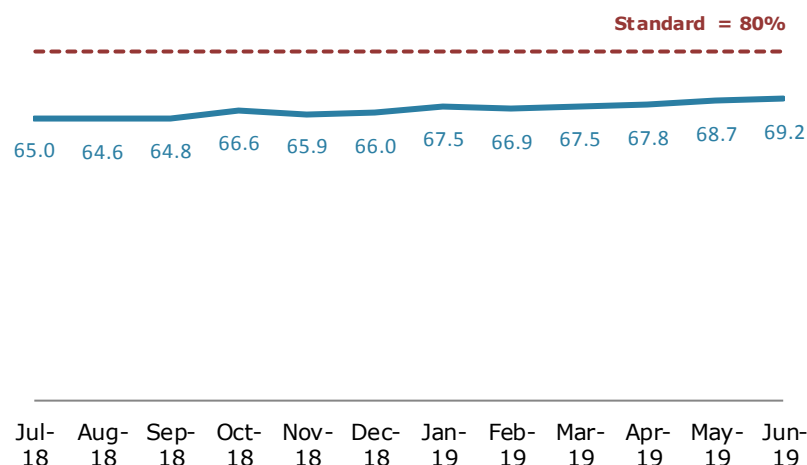
Summary

- The performance of *Newborn bloodspot screening coverage* is the highest it has been for 11 months (94.6% in June 2019) and is now performing in line with the 95% standard.
- Data for June 2019 shows that there has been a considerable improvement in the *Newborn bloodspot screening avoidable repeat rate* (7.6%, down from 11.4% in May 2019 and 14.5% in April 2019). Although improvements have been made the indicator is still underperforming and is falling short of the ≤2% standard. Underperformance is due to sample taker competency issues in obtaining good quality bloodspots at the right time, completing all the information on the card accurately and ensuring the card has not expired.

Key actions

- Head of Programme and Programme Manager are undertaking a project on IQT Silver to consider changes that can be made in special care baby units.
- Multi-disciplinary task and finish group has been established to tackle sample quality and meet monthly.
- Newborn Bloodspot Screening Wales is rolling out sample quality training sessions in Health Boards with a focus on special care baby units and ward staff as these areas are having the highest poor quality rates.
- Betsi Cadwaladr University Health Board are exploring a Newborn Bloodspot Screening champion – the approach is working well and the governance lead who has taken on the role has agreed to write a report on this approach.

Diabetic Eye Screening Wales

Coverage - Reported result in the last 12 months

Standard = 80%

65.0 64.6 64.8 66.6 65.9 66.0 67.5 66.9 67.5 67.8 68.7 69.2

Jul-18 Aug-18 Sep-18 Oct-18 Nov-18 Dec-18 Jan-19 Feb-19 Mar-19 Apr-19 May-19 Jun-19

Results letters printed within 3 weeks of screen date

Standard = 85%

73.1 67.5 11.5 62.5 6.2 4.9 4.1 5.3 5.7 6.1 4.3 38.5

Jul-18 Aug-18 Sep-18 Oct-18 Nov-18 Dec-18 Jan-19 Feb-19 Mar-19 Apr-19 May-19 Jun-19
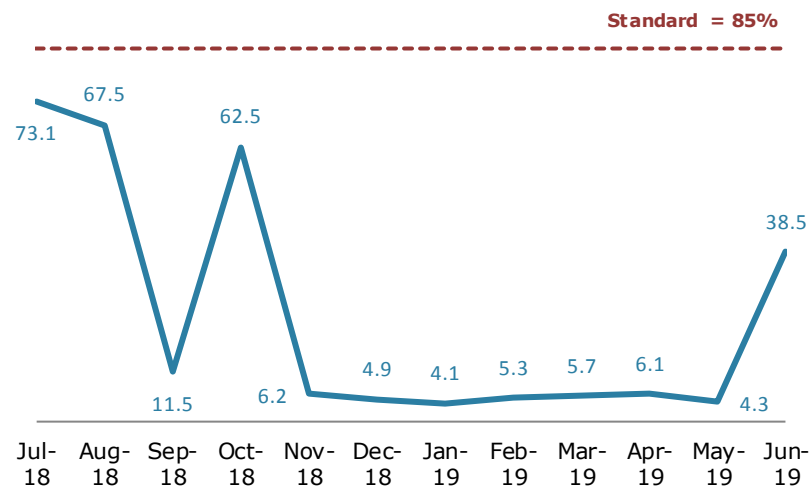
Summary

- There continues to be improvements in *Coverage – Reported result in the last 12 months* in Diabetic Eye Screening Wales. Coverage is now the highest it has been for at least 12 months (69.2% in June 2019). Although marginal improvements in performance continue to be made, the indicator is still underperforming and is below the 80% standard. Underperformance is due to a number of factors, predominantly demand and capacity mis-matches within the service in certain geographical areas.
- Data for June 2019 shows that there has been a significant increase in performance of *Results letters printed within 3 weeks of screen date* (38.5%, up from 4.3% in May 2019). Although a significant improvement has been made, performance is considerably below the 85% standard. Service workflow within the grading team does not align with demand, it is cumbersome and subject to unnecessary steps due to software configuration and historical working practices. Improvement in performance in June 2019 follows the mid-month implementation of a new workflow rota for the team and Grading processing a newly standardised number of images per eye, which supports work planning and aligns with clinical best practice.

Key actions

- Changes which support consistent offers of screening in a venue with the shortest wait based upon the programme's agreed reasonable travel distance are being tested with a cohort of participants.
- The recruitment of a new Programme Manager as part of a service restructure will support efforts to engage with Local Health Board colleagues to identify appropriate screening venues which meet the service needs.
- Continued analysis of workflow data – used to develop a productivity framework for the team.

People Dashboard

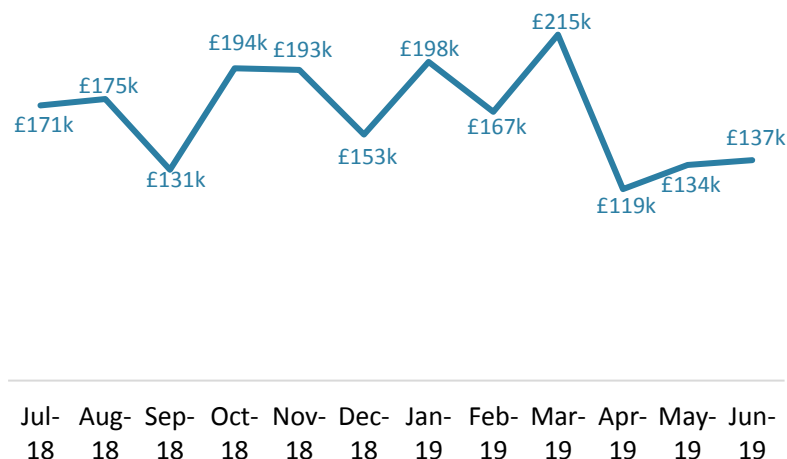| Indicator		Timeframe			Target Source
Headcount		Mar-19	Apr-19	May-19	(as relevant)
Headcount (does not include Bank and Agency staff)		1,819	1,818	1,834	
Full time equivalents (FTE)		1,617.32	1,619.85	1,635.16	
Contractual Status		Mar-19	Apr-19	May-19	
Permanent		1,654	1,660	1,669	
Fixed term contracts		165	158	165	
Bank staff		51	45	45	
Agency workers		41	39	39	
TOTAL		1,911	1,902	1,918	
Staff Turnover	Target	Mar-19	Apr-19	May-19	
Rolling 12 month staff turnover	10%	11.0%	11.3%	11.4%	NHS Best Practice
Rolling 12 month staff turnover excluding Fixed-term staff		8.9%	8.9%	8.9%	
Monthly turnover rate		1.6%	1.0%	0.8%	
Monthly turnover rate excluding Fixed-term staff		1.2%	0.7%	0.8%	
Starters and Leavers		Mar-19	Apr-19	May-19	
Starters Headcount		25	27	26	
Leavers Headcount		29	18	14	
Time to Hire	Target	Mar-19	Apr-19	May-19	
Time from vacancy requested to conditional offer letter issued (days)	44	38.2	31.6	44.30	NWSSP Target
Live Vacancies (by days open)	Actual	< 44	44 - 55	> 55	
Live Vacancies	52	33	10	9	
Sickness Absence	Target	Mar-19	Apr-19	May-19	
Monthly sickness absence rate (% FTE)	3.25%	3.48%	3.45%	3.27%	Internal Target
Rolling 12 month period sickness absence rate (% FTE)	3.25%	3.87%	3.82%	3.78%	Internal Target
Short term sickness absence rate (% FTE)		1.34%	1.26%	1.20%	
Long term sickness absence rate (% FTE)		2.14%	2.19%	2.07%	

People Dashboard (Continued)

Statutory and Mandatory Training	Target	Mar-19	Apr-19	May-19	
Training Compliance with core competencies	95%	91.82%	92.70%	92.25%	Internal Target
Training Compliance including extended competencies		90.21%	91.49%	91.24%	
Appraisals	Target	Mar-19	Apr-19	May-19	
My Contribution Appraisal completed within previous 12 months	85%	55.81%	54.82%	54.01%	WG Target
Medical Revalidation Appraisal completed within previous 15 months				100.00%	
Combined Appraisal % (under review)				56.46%	
Employee Engagement - Staff Survey		2013	2016	2018	
Intrinsic psychological engagement		3.88	3.90	3.97	
Ability to contribute towards improvement at work		3.54	3.48	3.77	
Staff advocacy and recommendation		3.70	3.79	3.85	
Overall Engagement Index Score		3.70	3.73	3.86	
Gender			May-18	May-19	
Male			23%	23%	
Female			77%	77%	
Black, Asian and Minority Ethnic (BAME) Staff			May-18	May-19	
BAME			4%	4%	
White			73%	76%	
Not Declared/Unspecified			23%	20%	
Disability			May-18	May-19	
Yes			3%	3%	
No			57%	62%	
Not Declared/Unspecified			40%	35%	

Agency spend

Monthly agency spend

| Jul-18 | Aug-18 | Sep-18 | Oct-18 | Nov-18 | Dec-18 | Jan-19 | Feb-19 | Mar-19 | Apr-19 | May-19 | Jun-19 |

£171k, £175k, £131k, £194k, £193k, £153k, £198k, £167k, £215k, £119k, £134k, £137k

Rolling 12 months agency spend by category, July 2018 to June 2019

- Estates & Ancilliary, £2,000
- Administrative, Clerical & Board Members £722,000
- Medical & Dental £521,000
- Allied Health Professionals £44,000
- Healthcare Scientists £699,000
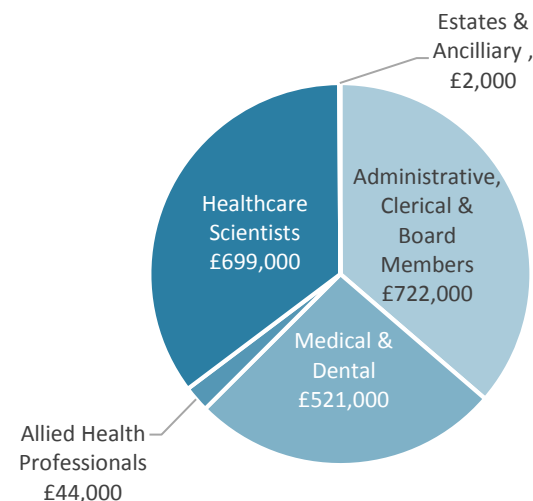
Summary

- Total agency spend has increased from £134K in May 2019 to £137K in June 2019, with actual costs for the year to date at £390K, equating to 1.8% of total pay expenditure (1.8% in-month). This is lower than agency spend in 2017/18 (2.6% of total pay).
- There has been a decrease in expenditure in the categories 'Administrative, Clerical & Board Members' from £64K in May to £55K in June, and in 'Allied Health Professionals' from £1K to 0. 'Medical and Dental' has remained the same (10K).
- There has been an increase in expenditure in the category 'Healthcare Scientists' from £58K in May to £73K in June.

Key actions

- Administrative and Clerical agency worker usage continues to be scrutinised through the Establishment Control Panel. Data continues to be reviewed and additional appropriate actions recommended to reduce agency expenditure where possible.
- Although costs in this category have decreased in the last month, expenditure in this area over the last 12 months accounts for 36% of all agency costs.

Quality Indicators Dashboard

Ref	Lead	Designation	Directorate	Indicator	Reporting timescale	Target	Q1	Q2	Q3	Q4	Exception report (Q1) (Cause, Impact, Next steps, Timescale)
Safety											
QI01	Helen Bushell	Board Secretary	Governance	Collation and analysis of staff concerns to identify any trends or hotspots (Whistleblowing)	Quarterly	100%					
QI02	John Lawson	Chief Risk Officer	QNAHP	Serious incidents are reported within 24 hours and investigations completed within 60 working days	Quarterly	90%					The system is currently being rebuilt and the system is going live 14 August
QI03	John Lawson	Chief Risk Officer	QNAHP	Develop and pilot risk management KPI	Annually	100%					
QI04	Karen Williams	Head of Corporate Workfroce	POD	All appointments to receive pre-employment checks, including: right to work; professional registration; occupational health assessments; DBS (as per the requirements of the post).	Annually	100%					
QI05	Sumina Azam	Consultant in PH	WHO CC	Welsh Impact Support Unit (WHIASU) will respond to all requests for direct assistance from Public Bodies within 5 working days'	Quarterly	100%					
Effective and Timely											
QI06	Eleanor Higgins	Corporate Governance Manager	Governance	Increase percentage of approved corporate/trust-wide policies and procedures which have not exceeded their review date (currently 70%)	Quarterly	75%					Cause: A number of policies have passed their review dates but are awaiting development of All Wales policies. In the interim, these policies will not be reviewed. The total number of in date policies is 73%. This excludes those PHW policies which are awaiting development of an All Wales polcy. If those are included then the total number of in date policies reduces to 65%. Impact: a risk assessment of all policies where the review date has passed has been completed by the appropriate Executive Director and a 'low risk' has been identified for each Next steps: The Board Business Unit will continue to work with policy leads and Executive Directors to bring more policies into date Timescale: Continue to see an improved position for Q2

Quality Indicators Dashboard (Continued)

Ref	Lead	Designation	Directorate	Indicator	Reporting timescale	Target	Q1	Q2	Q3	Q4	Exception report (Q1) (Cause, Impact, Next steps, Timescale)
QI07	Leah Morantz / Chris Jones	Head of Comms	Ops & Finance	Enquiries from public, government or stakeholders are acknowledged within 48 hours of the query being raised with a clear indication of a time frame for a response	Quarterly	100%					99.24%. 2 out of 278 enquiries were not responded to within the 48 hour timescales.
QI08	Giri Shankar	Professional Lead for Health Protection	Public Health Services	Outbreaks are responded to within the agreed timescales and surveillance undertaken to determine effectiveness of response	Quarterly	100%					
QI09	Alisha Davies	Head of Research	Research and Evaluation	A minimum of 2 programmes will be evaluated by the Evaluation and Impact Team (to gain an understanding of the impact of Public Health Wales Programmes)	Annually	100%					
Listening and Learning											
QI10	Helen Bushell	Board Secretary	Governance	Ensure the Board and its committees are operating in compliance with the relevant sections of the Public Health Wales' Standing Orders	Annually	100%					
QI11	Tim Hooper	Head of Business and Planning	H&WB	Planned products (as identified within the IMTP) have documented user involvement / feedback in their development	Quarterly	100%					
QI12	Lisa Whiteman	Organisarional Development	POD	Every employee to have had some form of performance and development review conversation (My Contribution, Job Planning) within the last 12 months.	Annually	100%					
QI13	Sian Bolton	Interim Director Knowledge	Knowledge	Complete a minimum of 2 case reviews/ lessons learnt (one from each Division)	Annually	100%					

Quality Indicators Dashboard (Continued)

Ref	Lead	Designation	Directorate	Indicator	Reporting timescale	Target	Q1	Q2	Q3	Q4	Exception report (Q1) (Cause, Impact, Next steps, Timescale)
Leadership and Culture											
QI14	Eleri Davies	Head of HCAI	PH Services	All Consultants have up to date Job Plans and relevant appraisals in place	Annually	100%					
QI15	Sarah Morgan	Diversity and Inclusion Manager	POD	Increase ranking in the Stonewall Workplace Equality Index y to place 173rd or higher in 2020	Annually	173rd or higher					
QI16	Tim Williams		POD	Management and Leadership Development Programme receive positive feedback	Annually	100%					
QI17	Linda Davies	Assistant Director QNAHP	QNAHP	Maintain and Increase flu uptake in the organisaiton from 62% to 65% in 2019-20	Annually	Complete					
QI18	Linda Davies	Assistant Director QNAHP	QNAHP	Developmentof the Youth Ambassador scheme	Annually	Complete					
QI19	Alisha Davies	Head of Research	Research and Evaluation	Cross –organisational Research, Evaluation and Development Implementation plan successfully developed	Annually	100%					
Impact											
QI20	Sally Attwood	Head of Strategic Planning & Performance	Ops & Finance	Sustainability, efficiency and energy use: A reduction in the organisations carbon footprint as set by the Welsh Government (2017/18 baseline: 2.424 tCO2e)	Annual	3% annual reduction					Public Health Wales achieved a 56.22% reduction in 2018/19 reducing from 2.424 tCO2e in 2017/18 to 1.061 tCO2e in 2018/19.
QI21	Mariana Dyakova	Consultant in PH	WHO CC	WHO CC annual report on progress – prepared by the WHO CC and signed off by the World Health Organisation	Annual	100%					
QI22	Mariana Dyakova	Consultant in PH	WHO CC	IHCC progress report / Charter implementation (biannual) - collected by the IHCC/International team through the CIG	Annual	100%					
QI23	Jane Rees	Employee Wellbeing Manager	POD	Achieve Platinum Corporate Health Standard 2020/21	Annual	Platinum CHS achieved 2020/21					

Back to Health & Care Standards report

Ref	Standard	Directorate	Division	Action lead	Improvement action	Q1	Q2	Q3	Q4	Exception report (Q1) (Cause, Impact, Next steps, Timescale)
HCS/01	Governance and Accountability	Quality, Nursing & AHPs	Quality and Nursing	Caroline Whittaker	Finalise and refine the Directorate Quality and Impact Indicators				✓	Cause: Performance and reporting indicators are currently being reviewed organisational wide. Next Steps: Following the consultation a decision will be made as to their development
HCS/08	Safe and Clinical Effective Care 3.1	Quality, Nursing & AHPs	Risk and Information Governance	John Lawson	Implement the Datix redesign in-line with the new incident policy and procedure				✓	Delays due to resources. System due to go live 14 August 2019
HCS/11	Record Keeping 3.5	Quality, Nursing & AHPs	Risk and Information Governance	John Lawson	Development of a records management system (links to Standard 3.4)				✓	This work requires resources as it is a significant piece of work
HCS/12	Dignified Care 4.1	Quality, Nursing & AHPs	Quality and Nursing	Linda Davies	Work with the Welsh Government and NHS Wales to improve deaf community accessibility to the concerns process				✓	This work is being taken forward with the listening and learning group in Welsh Government
HCS/13	Peoples rights 6.2	Quality, Nursing & AHPs	Quality and Nursing	Ian Smith	Deliver training on the All Wales Consent Policy to front facing staff				✓	The training delivery model is currently being reviewed.
HCS/23	Workforce: 7.1	Governance	Governance	Helen Bushell	Recruitment to fill vacant Corporate Governance position	✓				Interviews completed on 5 June 2019. Successful candidate expected to start end August/early September. Will be completed by end of Q2
HCS/24	Workforce: 7.1	Governance	Governance	Helen Bushell	Ensure re-structure of team within the wider Organisational Change Programme does not impact negatively on the work being completed by the team	✓				Re-structure delayed pending recruitment of Corporate Governance Manager. Work being completed by team is being prioritised accordingly

Ref	Standard	Directorate	Division	Action lead	Improvement action	Q1	Q2	Q3	Q4	Exception report (Q1) (Cause, Impact, Next steps, Timescale)
HCS/93	Communicating Effectively 3.2	Public Health Services	Screening	Catherine Floyd	Division: Responding to welsh language standards compliance notice	(red)		✓		Cause: (i) SD has insufficient Welsh speaking staff to enable us to comply with the Standard 50 & 52 (reception). (ii) SD are in the process of changing IT/processes and are unable to comply with Standard 7 (letters) in CSW and DESW (iii) SD has insufficient Welsh speaking staff to enable us to comply with the Standards 9, 10 and 16 in DESW, BTW, WAAASP and Newborn Hearing (when a person contacts a main telephone number). In addition, DESW is awaiting installation of a new telephony system. (iv) SD had not progressed Standard 4 & 5 (corresponding bilingually), alongside the organisation, given NWIS proposed solution.
HCS/97	Information Governance and Communication Technology 3.4	Public Health Services	Screening	Helen Clayton	Division: Start to bring all externally supported IT services in-house and virtualise where possible - ongoing programme of work over the next 2.5 years	(red)	(red)		✓	Development is taking longer than expected, delivery dates will slip, re-assessing priorities and workload within the team to bring more in house developers onto the project, timescales likely to be summer 2020.
HCS/105	Timely Access 5.1	Public Health Services	Screening	Jude Kay	DESW: Undertake DESW demand and capacity review of current clinic scheduling and booking processes	(orange)	✓			Demand and capacity review initiated, but may not be completed before the end of Q2 due to delays in appointing Programme Manager as part of service restructure. If delayed, anticipate completion in early Q3.

Ref	Standard	Directorate	Division	Action lead	Improvement action	Q1	Q2	Q3	Q4	Exception report (Q1) (Cause, Impact, Next steps, Timescale)
HCS/106	Planning Care to Promote Independence 6.1	Public Health Services	Screening	Jude Kay	Division: Scope plan for effective signposting/referral mechanism to Low Vision Service Wales for those patients who are substantially sight-impaired	✓				Cause: Named contact in LVSW for this work taking extended maternity leave, therefore delay to engagement on this action pending her return. Impact: delay in initiation - no direct service impact. Next steps: Commence work with LVSW following colleagues return to work. Timescales: Q3
HCS/117	Communicating Effectively 3.2	Public Health Services	Health Protection	David Heyburn	Procurement of social media monitoring software and completion of work to build social media response content bank	✓				Resources redirected to Llwynhendy TB outbreak. To be back on track for next quarter
HCS/141	Quality Improvement, Research and Innovation 3.3	Public Health Services	Microbiology	David Heyburn	Pseudomonas next generation gene sequencing to be completed	✓				Cause: Lack of capacity to support sufficient throughput in terms of library preparation/ sequencing/ bioinformatics analysis. Inconsistent sequence data quality. Initial contingency to deal with back log unsuccessfully implemented. Impact: Slow progress against work stream milestone Next Steps: Work stream leads/ senior management team/ pathogen genomics unit leads reviewing data/ processes and contingency plans Timescale: Meeting on 08/07/2019 to agree approach, timescales will depend on agreement.

Ref	Standard	Directorate	Division	Action lead	Improvement action	Q1	Q2	Q3	Q4	Exception report (Q1) (Cause, Impact, Next steps, Timescale)
HCS/160	Managing Risk and Promoting Health and Safety 2.1	Operations and Finance	Estates, Facilities & H&S	Chris Orr	Work with Strategy and Planning and Informatics in the development of Estates Strategy		✓			Cause: With the development of the long term strategy a similar approach has been agreed and is being applied to the Estates and digital strategies and aligning them to the long term strategy. Impact: There is no operational impact Next Steps: Scoping and engagement work has commenced and funding agreed through investment to take forward development of our estate in North and West Wales. Timescale: Scoping and plan for North Wales reconfigaration due to be completed by end of 2019 and following recommendations from Informatics review due ti be concluded in July 2019.
HCS/169	Governance and Accountability	People & Organisational Development	Organisational Development	Lisa Whiteman	Ensure all staff have clear objectives – My Contribution				✓	Cause: three team members not yet confirmed their objectives, two of whom have only recently joined Next steps: objective-setting meetings will be picked up in July to ensure all colleagues have confirmed objectives for 2019/2020 Impact: two colleagues are in their induction period and learning processes and policies, there is a limited impact on the delivery of work Timing: we expect all colleague to have confirmed objectives by the end of July 2019

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