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Iechyd Cyhoeddus
Cymru
Public Health
Wales

Name of Meeting
Board

Date of Meeting
26 September 2019

Agenda item:
6.1.260919

Integrated Performance Report

Executive lead:	Huw George, Deputy Chief Executive/ Executive Director Operations and Finance
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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
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Approval/Scrutiny route:	Business Executive Team (16 September 2019)
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Purpose

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

- Progress against our Strategic Priorities
- Operational performance including indicators within the NHS Wales Delivery Framework
- Financial performance – month 5 2019/20
- Workforce performance
- Quality – Putting Things Right

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
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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
- Operational performance including indicators within the NHS Wales Delivery Framework
- Financial performance – month 5 2019/20
- Workforce performance
- Quality – Putting Things Right

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



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.



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.



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.



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.



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

August 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: v1b



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Introduction

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



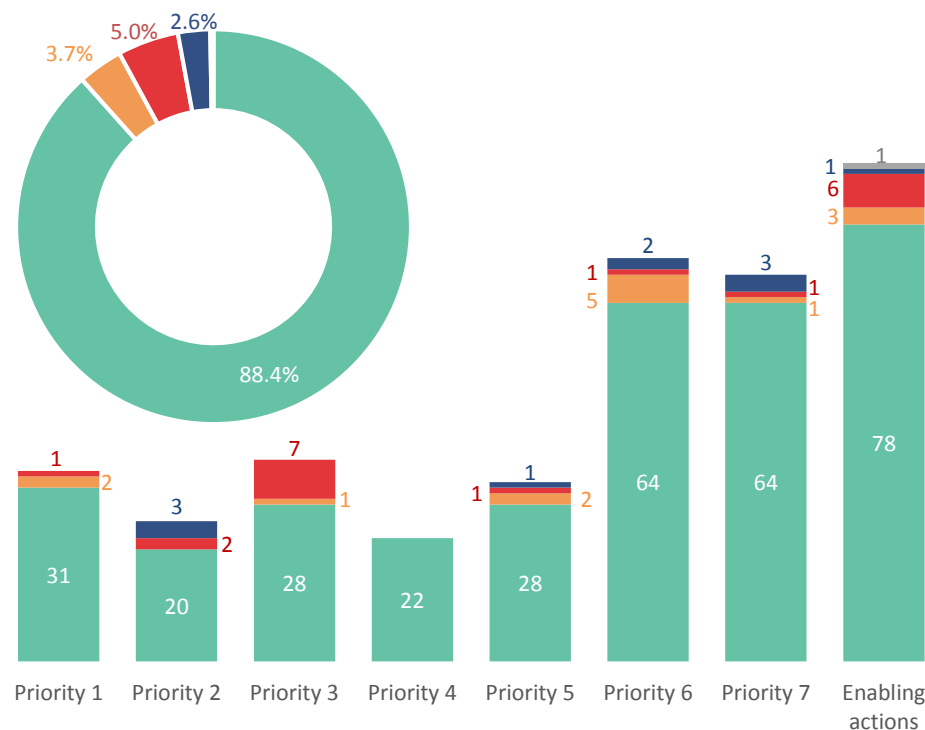
To secure this ambition, *Working to Achieve a Healthier Future for Wales* has seven priorities and each has defined:

- 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.

Progress across all Strategic Priorities

Summary of performance – August 2019



Performance improvements to note

- Notable improvements have been evident across a number of our screening services over the latest period, including:
 - Breast Test Wales round length is now within standard
 - Diabetic Eye Screening has for the second consecutive month met standard for letter results timeliness
 - Newborn Bloodspot Screening has met coverage standard for the second month and the avoidable repeat rate has continued the positive downward trend since April 2019
- All-Wales staph. aureus is at its lowest reported level and has achieved the national target

Status

Of the **380** actions being tracked this year, **88%** are being reported as on target for delivery throughout the remainder of the year. All strategic priorities are showing some level of delivery.

Review process

The new change control process has been implemented during August with 16 significant requests for change having been considered by the Strategic Priorities Coordination Group on behalf of the executive team and 19 changes for information.

Full details of the following requests for changes from strategic priority groups can be viewed [here](#):

- agreed changes for the period April to July 2019
- proposed changes for August 2019

The online Annual Plan 2019/20 reporting tool can be accessed [here](#)

Key Actions

- We will continue to embed the Change Control process across directorates and strategy priority groups with a particular focus on enabling functions
- Strategic Priorities Co-ordination Group to develop reporting arrangements
- During September / October, the development of the organisation's ambition to agree a set of Welsh outcomes or ambitions
- Take forward the People Strategy

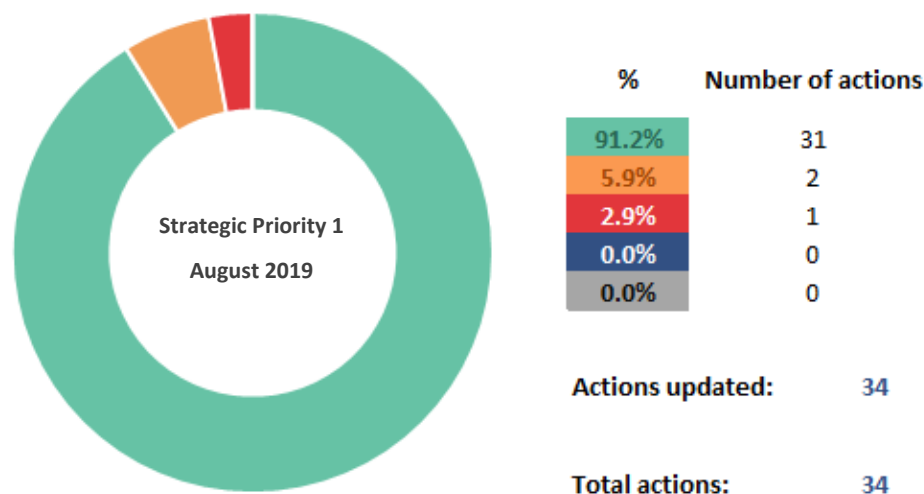
Future Actions

- Continue to develop further key components needed to implement the long term strategy
- Produce and agree the IMTP by December 2019

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 – August 2019



Annual Plan 2019/20

Good progress continues on the 34 actions with eight of these being completed on target. In August, a strategy to increase the reach of Healthy Working Wales to small and medium sized enterprises was completed (OP/15).

Reported Slippage

Relationship between health and educational outcomes (SO1.3) – this comprises two deliverables: work on the theory of change and also an evidence review. The latter activity has been delayed as a result of a workforce issue. However as the two actions run concurrently, the evidence review deadline can be changed, thereby aligning both actions to enable the delivery of a work programme (February 2020) (OP/18).

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 – August 2019



Actions updated: 25

Total actions: 25

Annual Plan 2019/20

Progress is variable across the three strategic objectives. Of the 25 actions, two have been completed. Eight actions have been approved through the [change process](#).

Reported Slippage

Tools to support employers manage sickness and promote wellbeing (SO2.3)

There has been further slippage reported in the production of the mapping report. This is the result of sickness absence and capacity issues within the team. Anticipated completion date is the end of quarter 3 (OP/43).

Progress affected by external dependency

Range of tools developed that support employers to effectively manage sickness absence and promote wellbeing (SO2.3) This action has been delayed whilst awaiting decision / direction from Welsh Government on the new model for Healthy Working Wales, which will inform the Implementation Plan (OP/44).

Supporting guidance and tools disseminated for schools (SO2.2) These actions are still on hold pending development and decisions being made at Welsh Government on the Whole Schools approach (OP/41 and OP/42).

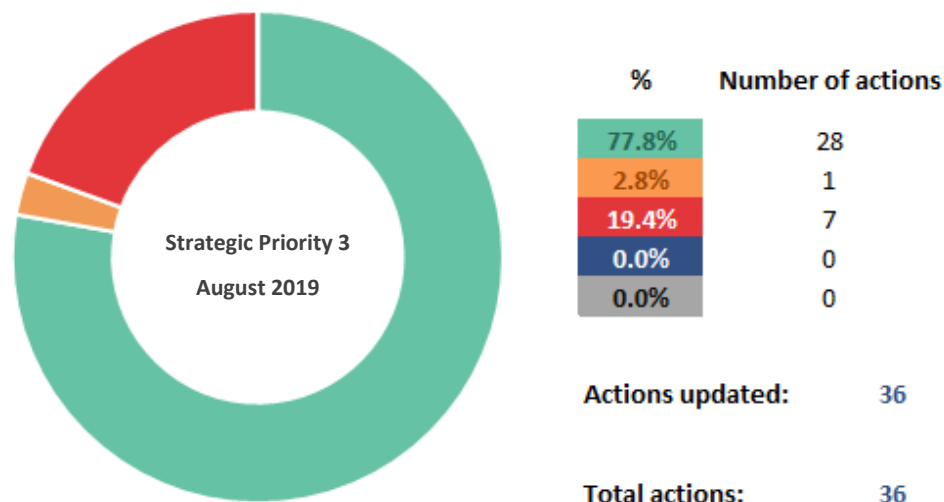
Promoting healthy behaviours

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 – August 2019



Annual Plan 2019/20

Of the 36 actions, progress remains steady, seven actions have been completed, including directory of new data sources being developed in August (SO/3.8; OP/81).

Reported Slippage

Of the seven actions reported as red, five changes to deadlines have been approved using the change control process. Details can be found in the [Change Request](#) form below. This month two further actions reported slippage:

Behaviour change knowledge and skills development plan ([SO3.9](#)) delays caused by issues in the communications plan which has impacted the survey software (OP/86) and training application (OP/87)

Potential for slippage was reported this month on the actions associated with the Behavioural analysis for outdoor play. This is under review though work is expected to be delivered on schedule.

Performance indicators

Help me Quit (2018/19)

% smoking population treated by smoking cessation service **3.2%** (5% target)

Stop Smoking Wales (Q1 2019/20)

% of treated smokers who are CO validated as successful **44.5%** (40% target)

% of treated smokers who have a CO reading at 4 weeks **72.2%** (80% target)

% of smokers that quit smoking at 4 weeks (self-reported) **61.6%** (50% target)

Average waiting time for an appointment (days) **10** (≤14 day target)

Full suite of smoking cessation data is available [here](#)

ACTION

- Additional burst of Help Me Quit social marketing activity is being planned for September/October to capitalise on 'Stoptober' (PHE Campaign) effect.
- Help Me Quit professional stakeholder communications plan and delivery plan produced.
- Production of 'making the case' infographics for priority stakeholders.
- Outline plans for development of Ottawa Model for Smoking Cessation in Wales presented to Tobacco Control Strategy Board.
- Final decision on SSW transfer for 1 October 2019 secured with Welsh Government. Project Board has undertaken preparatory work and regional meetings are ongoing with SSW teams.

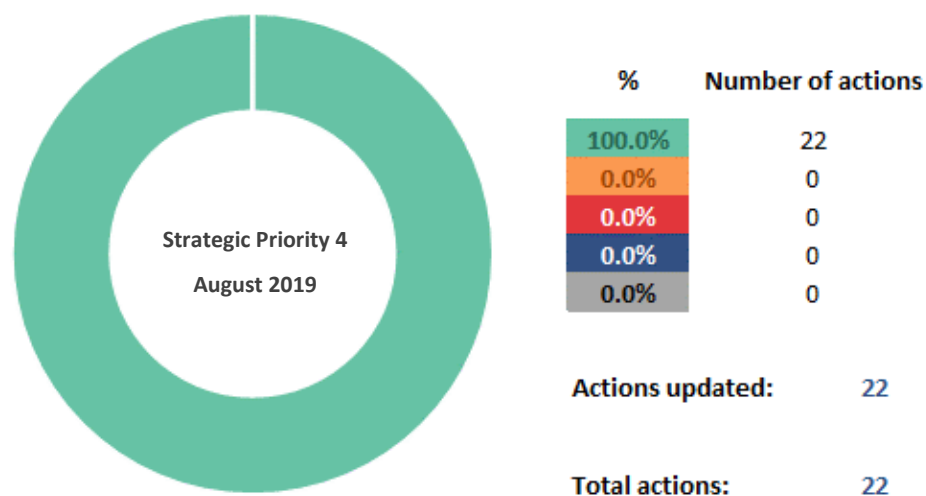
Securing a healthy future for the next generation



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

Summary of performance – August 2019



Annual Plan 2019/20

All activities are reported as being on track. Since the July report, five actions that had slipped were considered under the [change control process](#) and have been re-profiled.

Of the 22 actions, three have been completed to date, including in August organising regional train the trainer events for the 'Lift the Lip' Programme (OP/112).

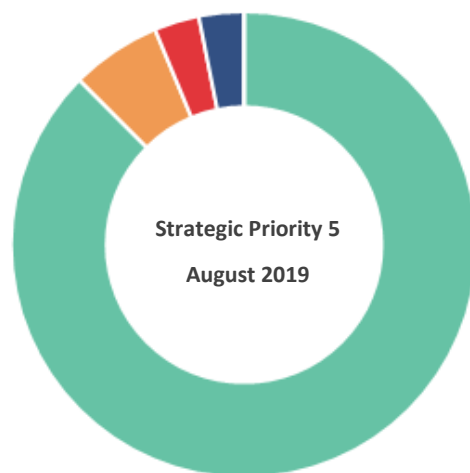
Protecting the public from infection and environmental threats to health



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 – August 2019



%	Number of actions
87.5%	28
6.3%	2
3.1%	1
3.1%	1
0.0%	0
Actions updated: 32	
Total actions: 32	

Annual Plan 2019/20

Good progress continues; of 32 actions, seven have been completed on target.

Reported slippage

Integrated surveillance systems and quality epidemiological support (SO5.2) caused by delay in funding and competing workloads. This month the strategic priority group will consider the implications of the delay (OP/129).

Potential delays have been signalled in two areas: early warning (flu communications (OP/137) and web portal development for AMR (RO/10). The strategic priority group will continue to monitor progress.

Progress affected by external dependency

Healthcare Associated Infection (SO5.2) actions largely on track. Owing to technical issues linking ICNet with Health Boards, delays are envisaged (OP/127)

Performance indicators

Healthcare Associated Infections (August 2019):

Clostridium difficile rate per 100,000	26.7	(≤25 per 100,000 target)
Staph aureus bacteraemia rate per 100,000	19.2	(≤20 per 100,000 target)
E. Coli bacteraemia rate per 100,000	91.8	(≤67 per 100,000 target)

Vaccination & Immunisation (Q1 19/20):

% children who received 3 doses of the '6 in 1' vaccine by age 1	95.8% (95% target)
% children who received 2 doses of the MMR vaccine by age 5	92.4% (95% target)

Full suite of data for HCAI, Vacc & Imms and Microbiology is available [here](#)

ACTION

Healthcare Associated Infections:

- Support to Swansea Bay UHB via an education / awareness session for ward matrons in October 2019.
- Visit arranged to Hywel Dda UHB in September 2019 to discuss antimicrobial policy changes and other antimicrobial stewardship support arrangements.
- Outbreak surveillance module released to the service - used for incident and outbreak reporting from September 2019 including for flu.

Vaccination & Immunisation:

- Production of Measles & Rubella Elimination Action Plan 2019-2021 which advocates NHS system wide changes to improve uptake of MMR and a national catch up campaign up to 25 years of age.
- Supporting all HBs with materials and surveillance products to support targeted improvement in areas of lowest uptake

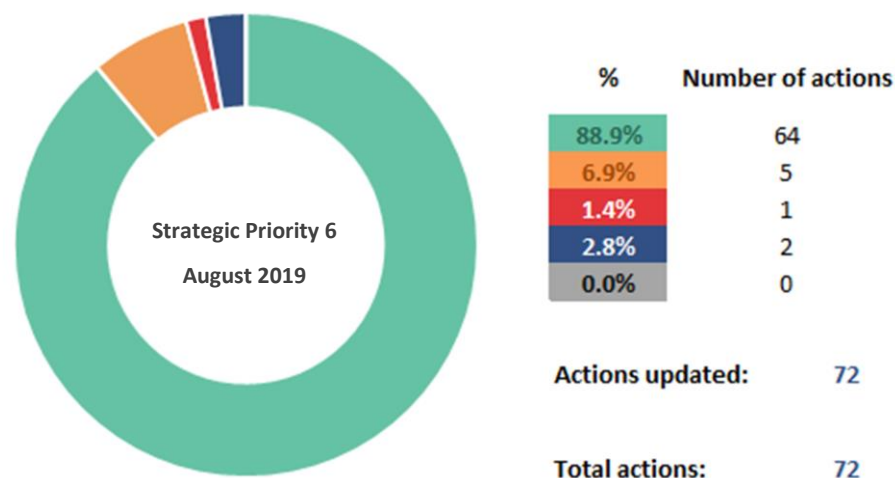
Supporting the development of a sustainable health and care system focused on prevention and early intervention

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 – August 2019



Performance indicators: highlights

Breast Test Wales – Round length (36 months)

94.3% ↑ 8.6% Above 90% standard

Diabetic Eye Screening Wales – Results letters printed within 3 week of screen date

99.7% ↓ 0.2% Above 85% standard

Newborn Bloodspot Screening Wales

Coverage 95.6% ↓ 0.1% Above 95% standard

Avoidable Repeat Rate 4.4% ↓ 1.6% Above ≤2% standard

AAA Screening Wales – Surveillance Uptake (small)

93.3% ↑ 4.4% Above 90% standard

Full suite of screening data available [here](#)

Annual Plan 2019/20

Of the 72 actions, 15 have been delivered on time with the NHS being supported with the Safeguarding Maturity Matrix self-assessment and improvement plans being completed in August. The majority of activities are reported as being on track.

Reported slippage

Cervical Screening Information System development (SO6.5) – gateway review completed and re-planning underway. Considered at the Strategic Priorities Coordination Group and will remain red until plans are approved in October (OP/188).

Potential slippage has been reported in four areas and these will be kept under review by the Strategic Priority groups to determine whether changes to the plans need to be considered: Care Home innovators (OP/164); Hypertension Framework (OP/195); and the impact of the National Exercise Referral Scheme (OP/198 and OP/199)

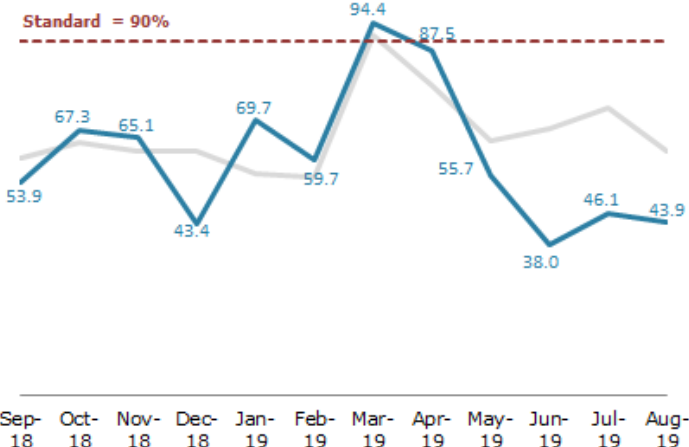
Progress affected by external dependency

A delay in the publication of NICE guidelines associated with Abdominal Aortic Aneurysm (AAA) has resulted in a delay in the planned development for AAA diagnosis and treatment. Once timescales are received, re-planning for the Wales Abdominal Aortic Aneurysm Screening Programme will commence (OP/187).

Performance indicators: key issues

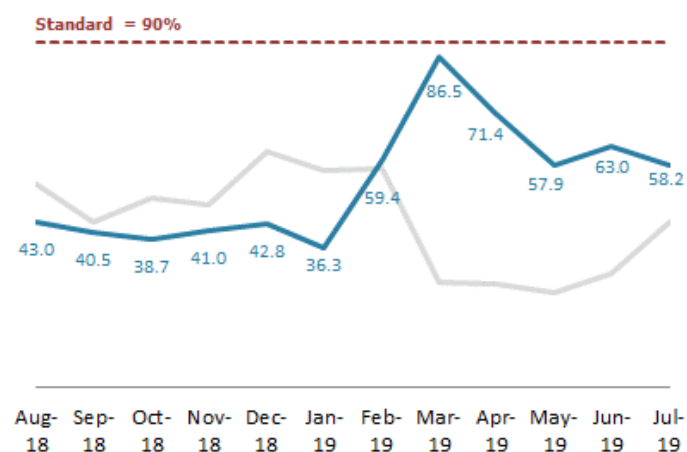
Breast Test Wales

Percentage of assessment invitations given within 3 weeks of scan



Bowel Screening Wales

Percentage waiting time for colonoscopy within 4 weeks of booking appointment



Assessment wait (days) by region

Area	Total Assess	<=21	%	>21	%	>28	%
North	87	67	77.0%	20	23.0%	2	2.3
South	292	162	55.5%	130	44.5%	11	3.8
West	145	1	0.7%	144	99.3%	122	84.1
Wales	524	230	43.9%	294	56.1%	135	25.8

ACTION

- Breast Radiologist recruited in the North West region
- New breast surgeon starting in Cwm Taf University Health Board
- Two additional film readers come on line in October 2019 and additional biopsy takers and film readers to be trained in North Wales.
- Job plans continue to be re worked in the West Wales region to provide further cover.

Further information available [here](#)

ACTION

- Bowel Screening Wales staff continue to attend Health Board meetings and conduct regular service review meetings with screening endoscopy teams.
- Recovery plans requested from the poorest performing Health Boards.
- Four medically trained Endoscopists are currently undertaking the process to achieve accreditation as Screening Endoscopists.
- Initiatives being considered include insourcing, outsourcing, streamlining of the accreditation process and collaborative working between Health Boards.
- From 6 September 2019 every participant within the eligible population will receive the new FIT test kit.

Further information available [here](#)

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 – August 2019



%	Number of actions
92.8%	64
1.4%	1
1.4%	1
4.3%	3
0.0%	0

Actions updated: 69

Total actions: 69

Annual Plan 2019/20

Good progress reported across the strategic objectives within this priority area. Of the 69 actions, 11 have been completed to date.

Reported Slippage

Understanding resilience (SO7.1) change request < 3 months The planned delivery of a discussion paper on the return on investment for community resilience has been delayed following discussions with World Health Organisation. The strategic priority group approved a change of two months to December 2019 (OP/219).

Develop and publish a revised Quality Improvement Guide (SO7.9) – currently awaiting approval of branding guidelines for Improvement Cymru. The strategic priority group approved a change of two months to November 2019 (OP/272).

Progress affected by external dependency

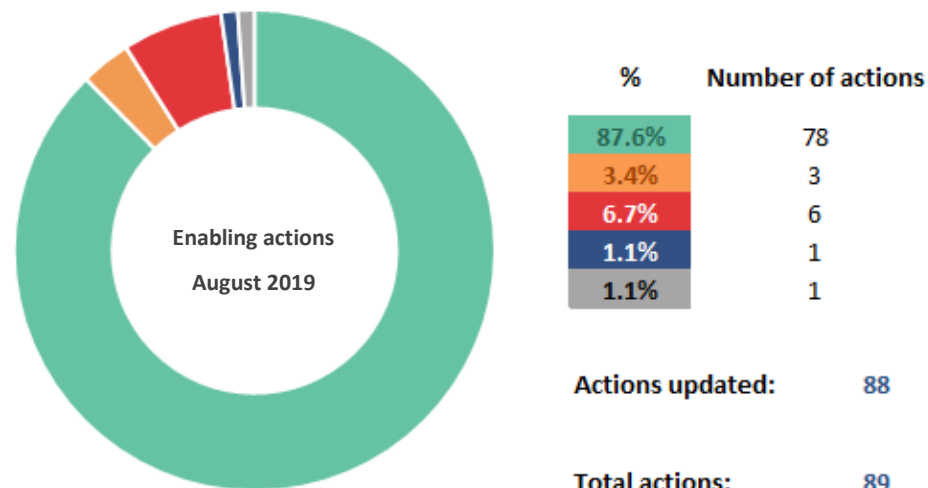
International health (SO/7.6) – owing to problems in loading onto Electronic Staff Record (ESR), this work will be delayed until early Q4. Following discussion at Strategic Priorities Coordination Group, this matter will be escalated to a national level (OP/259).

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 – August 2019



Annual Plan 2019/20

Steady progress has been made with 22 of the 89 actions now completed including in August: a workplace scheme defined and launched (OP/313) and a Heads of Profession Network established (RO/17).

Reported Slippage

Three areas are reporting slippage as follows:

Pilot tranche for Microsoft Office 365 - this national project pilot has been delayed by one month ([OP/295](#)). This will have a knock on effect on the scheduling of the first tranche of users (OP/296). Also, in terms of the national rollout of MS Office 365 which has been delayed, our organisational approach to engagement has been affected (OP/287).

Informatics review – there will be a slight delay (October) to the development of an implementation plan following the external review of the informatics function ([OP/299](#)).

Decision Making Framework – this will form part of a wide review of Board governance arrangements which will report in December ([RO/20](#)).

Youth Ambassadors programme was established by the Board in July 2019 as planned however implementation will take place over 2019/20 (OP/286).

1. Introduction and Context

The purpose of this report is to outline to the Executive Team and the Board the revenue and capital position for Public Health Wales as at 31 August 2019 (M05), which is also circulated to the Audit and Corporate Governance Committee. The content of this report is reflected in the Director of Finance commentary that has been submitted to Welsh Government on 12 September 2019 as part of the full financial monitoring return for Month 5.

2. Summary of Key Financial Performance

The cumulative reported position is a net surplus of £79k, and is summarised in the table below:

Target	Current Month	Year to Date	Year-end Forecast
Revenue financial target Deficit/(Surplus)	(52K)	(79K)	Breakeven
Capital financial target	(71K)	(394K)	Breakeven
Public Sector Payment Policy	97%	96.91%	>95%

Cumulative Position					
-£79K Surplus					
Income £'000		Pay £'000		Non-Pay £'000	
-£105K		-£467K		£492K	
Annual Budget	-£146.94M	Annual Budget	£92.70M	Annual Budget	£54.24M
YTD Budget	-£61.32M	YTD Budget	£37.89M	YTD Budget	£22.29M
YTD Actual	-£61.42M	YTD Actual	£37.42M	YTD Actual	£22.78M

2.1 Key Actions

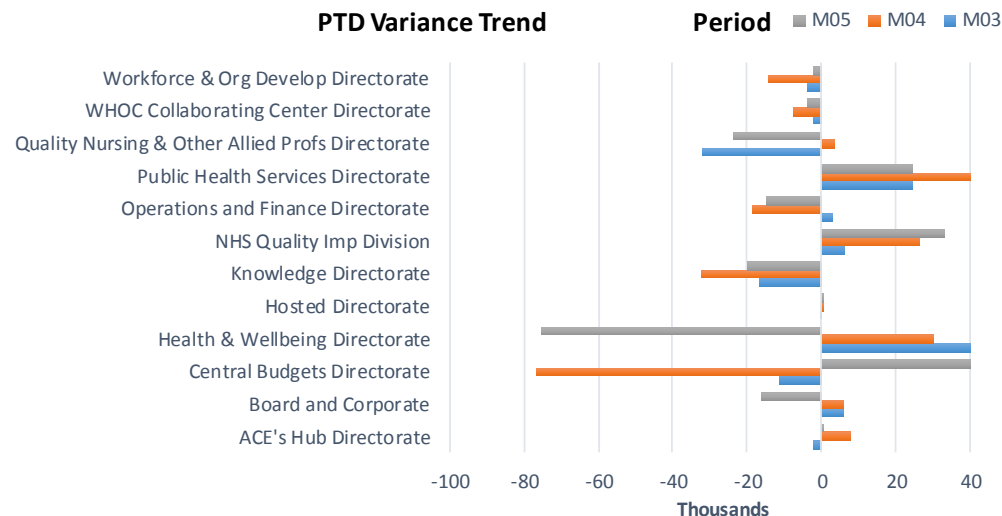
- The month-end position for Public Health Wales is a surplus of £79k. This consists of small variances across Public Health Wales that will be monitored as part of our ongoing budgetary control process.
- Directorate forecast positions for year-end have been prepared based on current pay projections and expenditure plans received. They will now be discussed in detail with Executive Directors and confirmed for month 6. This will involve ongoing monitoring to 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	% YTD Var / YTD Bud
Public Health Services Directorate	49,982	20,480	20,639	159	0.78%
NHS Quality Imp Division	3,716	1,524	1,605	81	5.29%
Hosted Directorate	0	-11	-11	0	-0.01%
ACE's Hub Directorate	100	40	40	0	0.00%
Board and Corporate	1,958	803	799	-4	-0.55%
Central Budgets Directorate	-95,362	-40,087	-40,095	-8	0.02%
WHOC Collaborating Center Directorate	2,027	757	746	-11	-1.41%
Operations and Finance Directorate	7,984	3,372	3,348	-24	-0.71%
Health & Wellbeing Directorate	21,717	8,891	8,844	-47	-0.53%
Workforce & Org Develop Directorate	1,559	660	609	-51	-7.68%
Knowledge Directorate	3,989	1,463	1,394	-69	-4.70%
Quality Nursing & Other Allied Profs Directc	2,329	966	861	-105	-10.87%
Grand Total	0	-1,143	-1,222	-79	6.91%

PTD Variance Trend



3.1 Key Actions

Key overspends reported in Month 5:

- Public Health Services Directorate – Over spend of £159k is due to the Microbiology division overspend of £362k. **ACTION:** the dedicated monthly finance meetings continue and collaborative working between Finance and Operational colleagues has produced a number of mitigating actions that have been discussed and agreed with the Executive Director. These now need to be implemented over the coming months to reduce the forecast over spend position.
- NHS Quality Improvement Directorate – Over spend of £81k, which relates to non-pay. The increase in non-pay spend is partly due to additional expenditure in preparation for 'The reinvigoration of 1000 Lives Improvement' – **ACTION:** Spending plans to be reviewed and additional funding allocation to be pursued to ensure that the additional expenditure incurred is recovered and a year-end breakeven position delivered.

Key underspends reported in Month 5:

- Quality Nursing & Other Allied Professionals Directorate – Under spend of £105k. This relates predominantly to pay underspends due to a number of vacancies. **ACTION:** Continue to monitor recruitment plans through to year-end to ensure accurately reflected in overall financial position of Directorate.
- Knowledge Directorate – Under spend of £69k. This is predominantly within pay and is the result of on-going vacancies.
- Workforce & Organisational Development Directorate – Under spend of £51k. This comprises of a pay underspend of £33k as a result of vacancies in the early part of the year and a non-pay underspend of £18k which predominantly relates to spend within Organisational Development not materialising as planned. **ACTION:** Spending plans to be reviewed to ensure an accurate forecast year-end position.

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

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.

Of this, £913k relates to the 1% savings target assigned to each Directorate. £257k of which was met by increased vacancy factors. Based on the Month 5 pay position the increased vacancy factors are being achieved and will continue to be monitored on a monthly basis. The remaining element of £656k was met by changes within staffing establishments and non-pay efficiencies. Whilst the relevant budgets have been reduced by the associated efficiencies, we need to monitor whether actual savings have been achieved as proposed. **ACTION:** Request that all Directorates provide an update on how efficiencies have been achieved.

4.1 Key Actions

We currently have £0.293m of unidentified recurrent savings (2020/21) 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 shared with Executives. A monthly update report is submitted to Executives each month on the current position on the individual schemes.

The latest update continues to show a significant unmet target within the Workforce work stream. Further work is required to ensure that all work streams deliver the recurrent position. **ACTION:** Senior Leadership Team to take a lead role in delivering the ongoing work programme, with a particular focus on the Travel and Subsistence work stream, and continue to actively pursue savings so we can invest recurrently as planned.

Organisational Work Stream	2019/20 Target £	2019/20 Plans £	2019/20 +/- £	Recurrent Target £	Recurrent Plans £	Recurrent +/- £
Workforce	50	51	1	261	7	-254
Estates and Accommodation	50	89	39	65	59	-7
Procurement	65	44	-21	131	105	-26
Total	165	184	19	457	171	-286

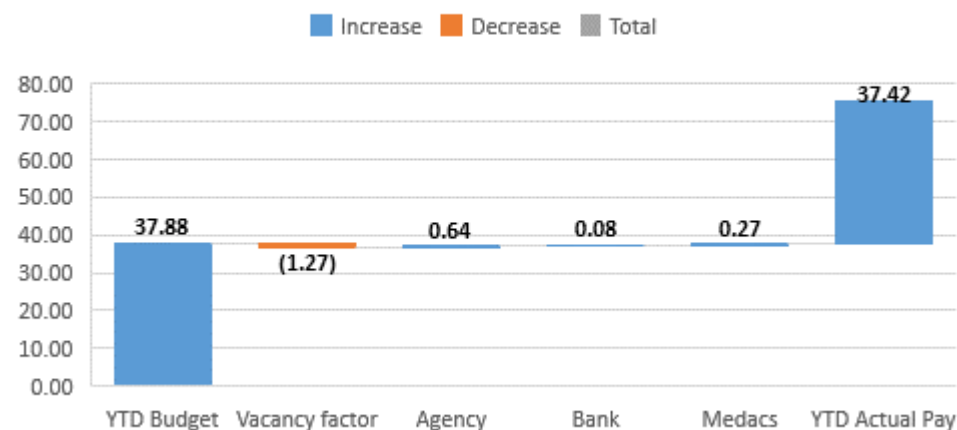
5. Pay Analysis

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

Pay Position By Directorate £'000

Directorate	Annual Budget	YTD Budget	YTD Actual	YTD Variance	% YTD Var / YTD Bud
Public Health Services Directorate	43,340	17,815	17,830	15	0.08%
Hosted Directorate	9,185	3,803	3,803	0	0.00%
ACE's Hub Directorate	459	191	189	-3	-1.31%
WHOC Collaborating Center Directorate	2,758	1,145	1,133	-12	-1.07%
Board and Corporate	1,908	777	760	-18	-2.26%
Workforce & Org Develop Directorate	1,516	640	607	-33	-5.18%
Operations and Finance Directorate	4,960	2,061	2,028	-33	-1.62%
NHS Quality Imp Division	4,014	1,631	1,594	-37	-2.28%
Knowledge Directorate	3,915	1,557	1,493	-64	-4.08%
Central Budgets Directorate	1,106	193	129	-64	-33.30%
Quality Nursing & Other Allied Profs Dire	2,194	917	827	-90	-9.83%
Health & Wellbeing Directorate	17,346	7,154	7,027	-128	-1.78%
Grand Total	92,703	37,885	37,418	-467	-1.23%

Cumulative Pay Bill - Workforce Trends



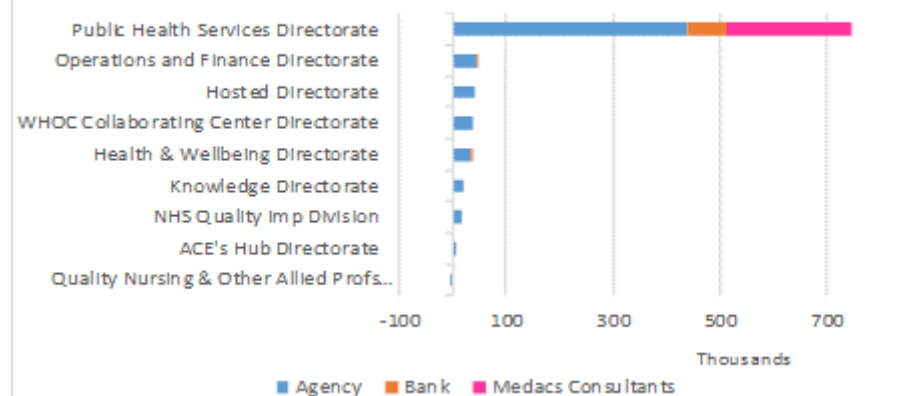
5.1 Key Actions

The overall pay position for Public Health Wales at month 5 is an underspend of £467k, this is after taking into account £1.274k negative budget for vacancy/turnover factor. Agency costs in month 5 are lower than the trend of 2018/19, equating to 1% (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 5 Public Health Services are overspending on pay by £15k a decrease of £68k from month 4. Microbiology are £401k overspent within which agency staff (Agency and Medacs consultants) are contributing an over spend of £325k. **ACTION:** As per 3.1 above, agency expenditure is included within the detailed financial forecast position and plans for cost mitigation and are to be implemented over the coming months.

Health & Wellbeing are underspending by £128k, an increase in underspend of £61k from month 4. This is predominantly due to a number of vacancies within the Local Public Health Teams which have in previous months been offset by one-off commitments.

Variable Pay By Directorate

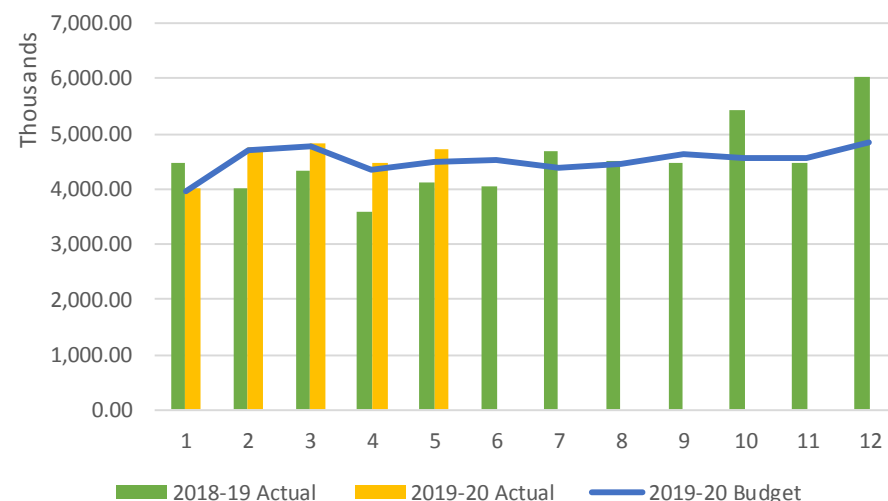


6. Non Pay Analysis

Non-Pay Position By Directorate £'000

Directorate	Annual Budget	YTD Budget	YTD Actual	YTD Variance	% YTD Var / YTD Bud
Public Health Services Directorate	28,341	11,758	12,010	251	2.14%
NHS Quality Imp Division	748	306	425	119	38.98%
Health & Wellbeing Directorate	7,036	2,796	2,877	81	2.88%
Central Budgets Directorate	4,038	1,598	1,649	51	3.20%
Board and Corporate	158	71	84	13	18.38%
Operations and Finance Directorate	3,392	1,449	1,459	9	0.65%
ACE's Hub Directorate	41	15	18	3	16.44%
WHOC Collaborating Center Directorate	654	211	212	2	0.77%
Hosted Directorate	8,867	3,718	3,718	0	0.00%
Knowledge Directorate	478	161	157	-4	-2.46%
Quality Nursing & Other Allied Profs Directori	181	68	53	-15	-21.87%
Workforce & Org Develop Directorate	300	136	118	-18	-13.01%
Grand Total	54,235	22,287	22,780	492	2.21%

Non Pay Run Rates



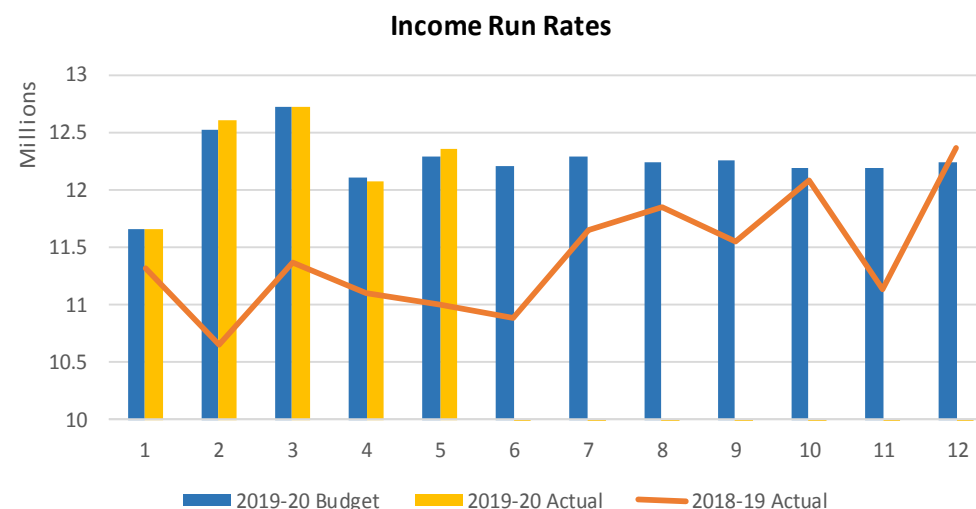
6.1 Key Actions

Non-pay has been profiled according to expenditure plans received to date. As at month 5 the key areas of overspend are

- Public Health Services – Over spend of £251k due largely to additional maintenance costs within Screening and Microbiology Divisions and additional courier costs following the reconfiguration of North Wales laboratory services. – **ACTION:** As per 3.1 above, non-pay expenditure is included within the detailed financial forecast position and plans for mitigation have been discussed and agreed with the Executive Director.
- NHS Quality Improvement Division – Over spend of £119k due to additional expenditure in preparation for ‘The reinvigoration of 1000 Lives Improvement’ – **ACTION:** As per 3.1 above, spending plans to be reviewed and monitored to ensure the additional expenditure incurred is recovered and a year-end breakeven position delivered.
- Health and Well Being Directorate – Over spend of £81k due to an overspend in the National Exercise Referral Scheme (NERS). **ACTION:** A NERS project review group is to be set up to look at monitoring return reviews in order to ensure that the programme delivers an overall breakeven position

7. Income Analysis

Income Position By Directorate £'000				
Directorate	Annual Budget	YTD Budget	YTD Actual	YTD Variance
Central Budgets Directorate	-100,506	-41,877	-41,872	5
Workforce & Org Develop Directorate	-257	-117	-116	0
Quality Nursing & Other Allied Profs Direc	-46	-19	-19	0
ACE's Hub Directorate	-400	-167	-167	-0
Hosted Directorate	-18,052	-7,533	-7,533	-0
Board and Corporate	-108	-45	-45	-0
WHOC Collaborating Center Directorate	-1,385	-599	-599	-0
Operations and Finance Directorate	-369	-139	-139	-0
Health & Wellbeing Directorate	-2,666	-1,060	-1,060	-0
Knowledge Directorate	-404	-254	-256	-1
NHS Quality Imp Division	-1,045	-413	-414	-1
Public Health Services Directorate	-21,700	-9,093	-9,200	-107
Grand Total	-146,938	-61,316	-61,420	-105



7.1 Key Actions

- The month 5 position of £105k of over achievement against income relates mainly to higher than budgeted activity levels associated with the Microbiology division.
- The income run rates reflect the increase in our allocation for 2019-20.

8. Forecast Position

Directorate forecasts have now been completed following the reporting of quarter 1 and the submission of future months expenditure plans. These will continue to be discussed in detail with Executive Directors to ensure that Public Health Wales delivers a breakeven position in accordance with its financial strategy and the assumptions within the IMTP.

The majority of Directorates and Divisions are broadly forecasting break-even positions with the exception of the Microbiology Division. Collaborative working between Finance and Operational colleagues has identified key areas of increasing spend and future risks along with some mitigating actions. Work is ongoing to ensure the Public Health Services Directorate achieves a break-even position by year-end which will be determined by the agreed month 6 forecast Directorate positions.

9. Balance Sheet

	Opening Balance 1/4/2019 £000s	Movement £000s	Closing Balance 31/08/19 £000s
Non-Current Assets			
Property, plant and equipment	11,352	145	11,497
Intangible assets	913	(1)	912
Trade and other receivables	327	136	463
Non-Current Assets sub total	12,592	280	12,872
Current Assets			
Inventories	569	(19)	550
Trade and other receivables	11,372	9,885	21,257
Cash and cash equivalents	5,146	3,288	8,434
Current Assets sub total	17,087	13,154	30,241
TOTAL ASSETS	29,679	13,434	43,113
Current Liabilities			
Trade and other payables	(12,219)	(13,645)	(25,864)
Provisions	(1,284)	489	(795)
Current Liabilities sub total	(13,503)	(13,156)	(26,659)
NET ASSETS LESS CURRENT	16,176	279	16,455
Non-Current Liabilities			
Trade and other payables	(1,004)	(157)	(1,161)
Provisions	(1,672)	(42)	(1,714)
Non-Current Liabilities sub	(2,676)	(199)	(2,875)
TOTAL ASSETS EMPLOYED	13,500	79	13,579
FINANCED BY: Taxpayers'			
PDC	12,469	0	12,469
Retained earnings	567	79	646
Revaluation reserve	464	0	464
TOTAL TAXPAYERS' EQUITY	13,500	79	13,579

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

Trade and other receivables has increased by £9.885m. We have raised our September core income invoice to Welsh Government in August, in accordance with new invoicing arrangements (£8.094m). This invoice remained outstanding at the end of August.

Cash and cash equivalents has increased by £3.288m. £1.667m of this variance is due to the timing of our tax and NI payments which are paid a month in arrears in year but settled in full by year end. In addition, at the end of August there were £0.970m of unapproved/unpaid NHS invoices relating to the NHS Welsh Health Collaborative. There has been a review of the approval process and scheme of delegation in this hosted organisation which has delayed payment of these invoices. This process has now been agreed and we expect to see the associated cash and payables balance decrease.

Trade and other payables have increased by £13.645m since the beginning of the year. This increase is predominantly related to the change in core income invoicing arrangements noted in the receivables variance explanation above. Month 6 core income invoiced in month 5 has been treated as deferred and will be held on the balance sheet until required in month 6. £1.882m is accrued pay and non-pay expenditure relating to the hosted organisations. £1.667m of the remaining variance relates to tax and NI payments as mentioned above.

Current provisions have reduced by £0.489m due to the settlement of clinical negligence claims and an HR case in year and small movements between current and non-current provisions as a result of changes in the estimated settlement date of clinical negligence cases.

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)	Breakeven
Reported in-month financial position - deficit/(surplus)	(£394k)

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

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

Excluding the Strategic project, 24 bids totalling £1,115k for discretionary funding have been approved. Of these, £145k has been spent YTD with a further £70k committed with purchase orders. Project managers are liaising with Procurement to initiate tendering processes for other projects. PHW are awaiting WG decisions around Screening Replacement programmes, before allocating the remaining £78k of discretionary funding.

11. Recommendations

The Board is asked to note the following:-

- financial position reported at month 5;
- forecasting work to ensure plans are on track to deliver a year-end break-even position in line with IMTP;
- additional work to review action plans and mitigating action for the financial position of the Microbiology Division;
- recurrent shortfall against the savings target of £1.371m, in particular the latest update showing a significant unmet target within the Workforce work stream, and
- status of the Capital Programme for 2019/20.

12. Action Register

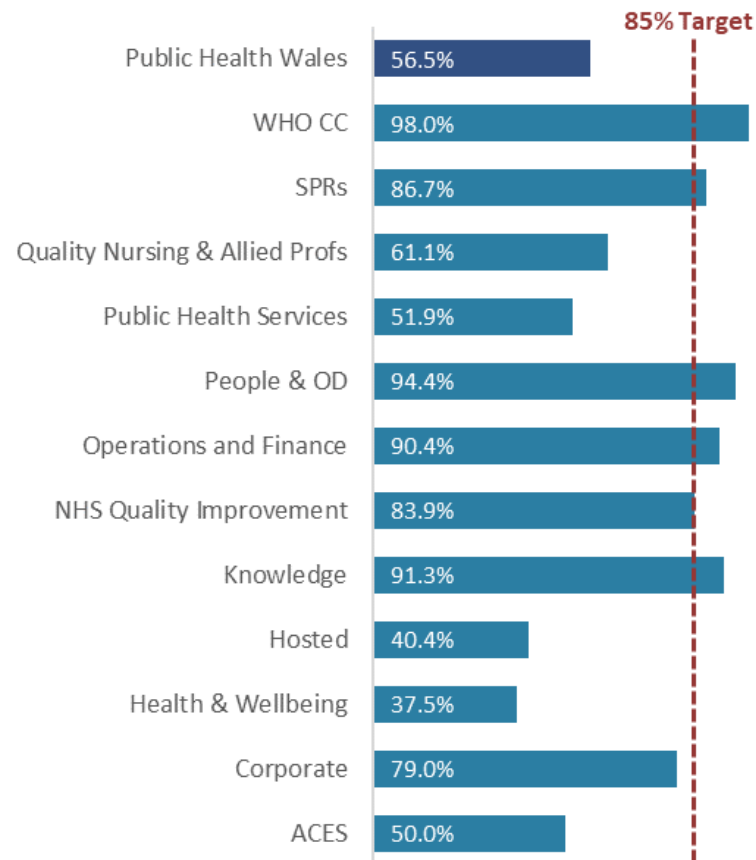
Posted On	ID ref	Area	Actions	Due Date	Update	Status
M03	3.1	Public Health Services Directorate	The dedicated monthly finance meetings have been established and a detailed action plan produced which focuses on those key areas of increasing spend.	Ongoing	The dedicated monthly finance meetings continue and collaborative working between Finance and Operational colleagues has produced a number of mitigating actions that have been discussed and agreed with the Executive Director. These now need to be implemented over the coming months to reduce the forecast over spend position.	Open Ongoing review and implementation of agreed mitigation plans
M03	4.1	Savings Plans – Organisational Efficiencies	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.	Ongoing	Update on organisational efficiency position presented to Senior Leadership Team 31 July Monthly progress report to be considered by Executives	Open Recurrent shortfall against the savings target of £1.371m. The latest update showing a significant unmet target within the Workforce work stream Ongoing review and monitoring required to ensure full year effect of savings delivered.
M03	5.1	Pay – Public Health Services Directorate	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.	Ongoing	Plans for mitigation have been discussed and agreed with the Executive Director and are to be implemented over the coming months.	Ongoing review and implementation of agreed mitigation plans

Posted On	ID ref	Area	Actions	Due Date	Update	Status
M03	3.1	Non-Pay – NHS Quality Improvement Directorate	Spending plans to be reviewed and additional funding allocation to be pursued to ensure that the additional expenditure incurred is recovered and a year-end breakeven position delivered.	Sept 2019	Directorate reviewing non pay spending plans with any changes to plan being updated for month 6	Open Ongoing review and monitoring
M03	6.1	Non-Pay – Health and Well Being Directorate	Review of expenditure plans to ensure future month profiles are correct.	Ongoing	Plans have been received and budgets profiled accordingly but expenditure has exceeded the cost profile. Plans for mitigation have been discussed and agreed with the Executive Director.	Open Ongoing review and monitoring
M05	3.1	Quality, Nursing, Allied Health Professionals	Monitor recruitment plans through to year-end to ensure accurately reflected in overall financial position of Directorate.	Ongoing	Monthly meeting continue with the Directorate to ensure accurate staff forecasts.	Ongoing
M05	3.1	Workforce & Organisational Development	Spending plans to be reviewed to ensure a forecasted breakeven position.	30 Sept		Open
M05	4.1	Savings – All Directorates	Request that all Directorates provide an update on how efficiencies have been achieved.	30 Sept		Open
M05	6.1	Non Pay – NHS Quality Improvement Directorate	As per 3.1 above, spending plans to be reviewed and monitored to ensure the additional expenditure incurred is recovered and a year-end breakeven position achieved.	30 Sept		Open
M05	6.1	Non Pay – Health & Wellbeing Directorate	A NERS project review group is to be set up to look at monitoring return reviews in order to identify underspends and bring back to a breakeven position.	30 Sept		Open

Overview of People Performance

Full People dashboard can be viewed [here](#)

Appraisal compliance



Summary

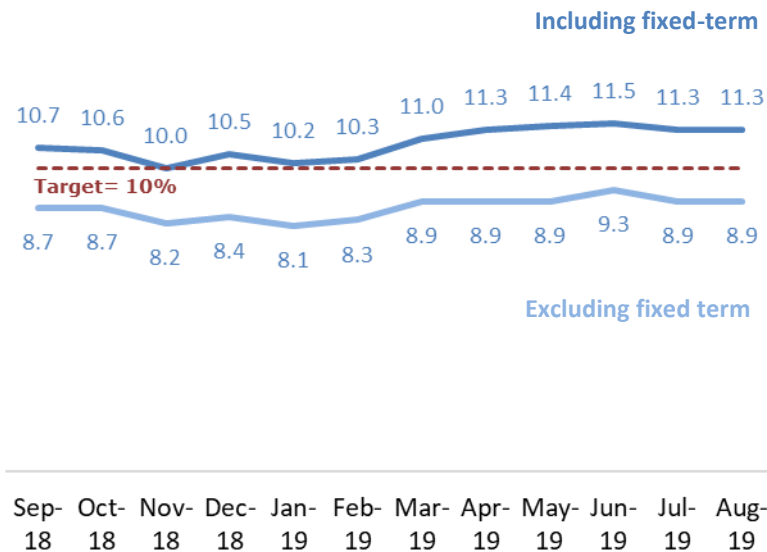
- As set out in the NHS Wales Delivery Framework 2019/2020 (outcome 87), 85% of staff must have participated in an appraisal/medical appraisal in the preceding rolling 12 month period, with the data sources being ESR and MARS respectively. Public Health Wales has set an internal target of 90%.
- As at the end of August 2019, ESR data shows that 57.89% 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 60.1%, an improvement from July 2019 but still significantly off target.

Key actions

- A list of all employees who do not have an appraisal recorded in ESR has been provided to the employing executive team member – this is to be cascaded to management teams, completed and returned to the OD and Learning team by 13th September.
- A temporary member of staff will input all returned data by the end of September, after which we will report nil recording as non-compliance.
- No further information has been received regarding the revised Pay Progression process, but we will update the business as soon as possible.

Overview of People Performance

Staff turnover, annual rolling rate (%)



Summary

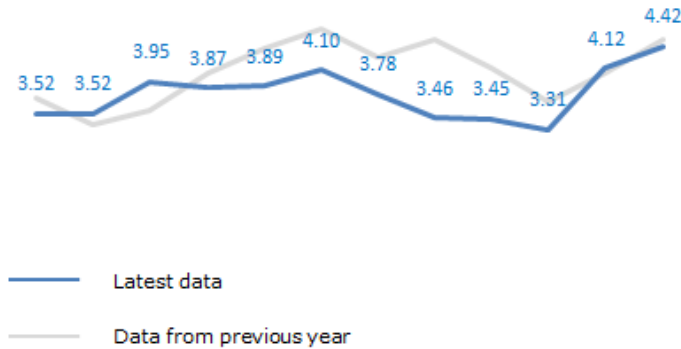
- Staff turnover for the rolling 12 months to 31 August 2019 is 11.3%. The annual turnover rate has been worsening since January 2019 (ranging between 10.2% and 11.5%) but has remained the same figure as last month for August.
- When fixed-term contracted staff and dismissals related to the end of fixed-term contracts are excluded, the rolling 12-month turnover figure for August 2019 is 8.9%, which is below the NHS best practice figure of 10%.
- There were 17 leavers in August (0.9% of the workforce), which is more than the number of leavers from the previous month (12 leavers in July) and more than the same period in 2018 (16 leavers in August 2018).
- Just under half of the leavers in August 2019 were due to Voluntary Resignation, with 4 of those moving to other NHS or Public Sector organisations.
- 6 of the 17 leavers were due to Retirement and were employed across various roles and Divisions. Over half of the leavers had been employed by Public Health Wales for 3 years or less.

Key actions

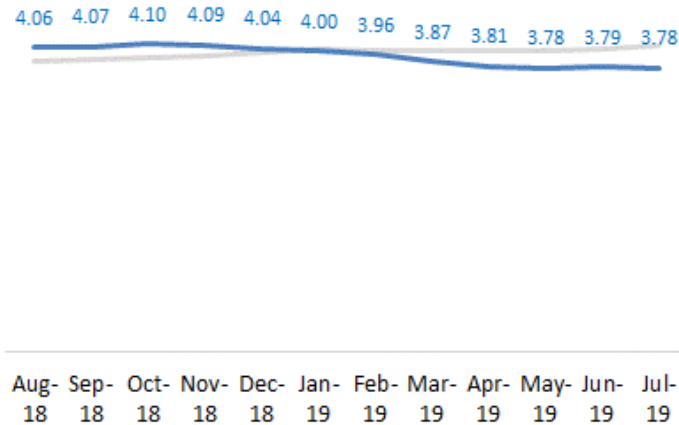
- A piece of work has been undertaken to fully understand what our current Employee Value Proposition (EVP) is and what our aspirational EVP will need to be, in order to recruit, develop and importantly retain the right workforce.
- In addition to the staff Survey and other research methods, views from our former workforce through our 'Former Colleague Review' have been sought in the form of a survey of all staff who left the organisation during the last financial year.
- It is anticipated that such data will help us identify why people join, stay and leave the organisation. It will then provide clear understanding of what we currently offer and what more we need to do in the future to attract and retain the right people and to reduce 'regrettable turnover'.

Overview of People Performance

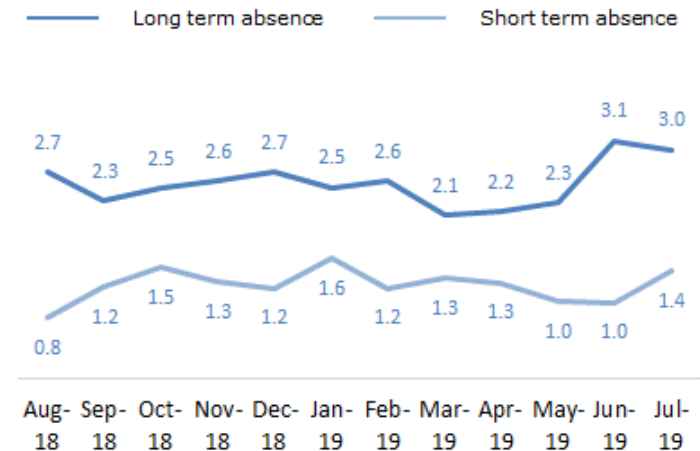
Sickness absence (%FTE), monthly rate



Sickness absence (%FTE), annual rolling rate



Long term and short term sickness absence



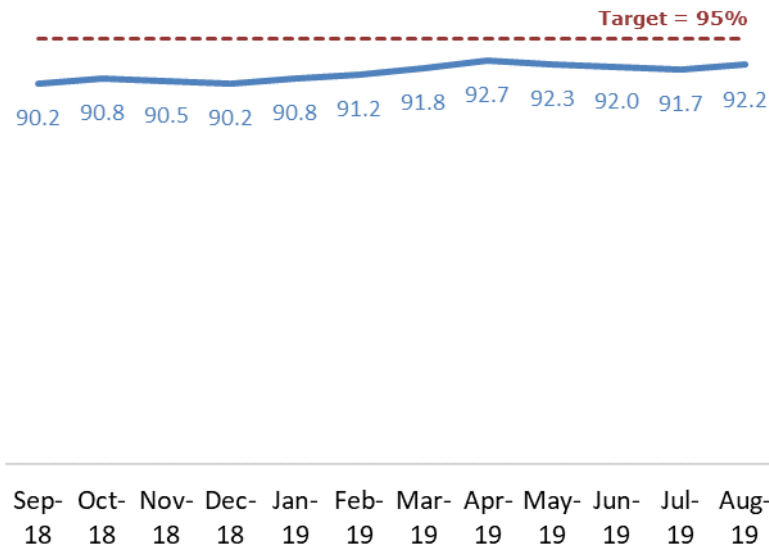
Summary

- The sickness absence figure for the rolling 12 months to 31 July 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 since January 2019.
- For the month of July 2019 however, the monthly sickness absence rate was 4.42% FTE, compared to 4.51% FTE from the same period last year. This month is the highest monthly figure over the last 12 months, the lowest figure was 3.31%FTE in May.
- Short-term sickness was 1.41% in July 2019; compared with 1.00% in June 2019.
- Long-term sickness was 3.00% in July 2019; compared with 3.12% in June 2019.
- Stress, anxiety and depression is the most common reason for absence in July for long-term sickness (38% of FTE Lost). Gastrointestinal problems is the most common reason for absence in July for short-term sickness (20% of FTE Lost) i.e. it accounts for the largest number of working days lost.

Key actions

- 32% of Line Managers have received Managing Attendance at Work Training, however the take up has reduced significantly resulting in some sessions being cancelled due to low numbers. The People & OD team are in the process of updating ESR to include this as mandated training for all Line Managers. This will enable us to have a more targeted approach to those who are showing as out of compliance.
- The operations team have scheduled visits to the Divisions with the highest sickness rates, to offer support for any HR issues they may have and to discuss the management of sickness absence.

Statutory & Mandatory Training Compliance (%)



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 August 2019 is:
 - 92.18% compliance with level one core subjects
 - 91.39% compliance including extended mandatory training
- Both data sets show an improvement since July 2019.

Key actions

- The Statutory and Mandatory Training Policy has been reviewed and will be out for consultation in September 2019. The revised document was well received at a recent policy workshop.
- The business must pay attention to guidance setting out how to observe future competence requirements; if no action is taken on competencies due to expire before the end of September, compliance with core skills will drop by approximately 7%.

Putting Things Right

Complaints	Target	2017 (1 Apr – 31 Aug)	2018 (1 Apr – 31 Aug)	2019 (1 Apr – 31 Aug)
Total number of formal complaints received	N/A	24	29	17
Number of complaints acknowledged within 2 working days	N/A	95.8%	96.5%	94.1%
Number of complaints responded to within 30 working days of receipt	75%	66.6%	55.1%	94.1%
Within a period exceeding 30 working days but within 6 months	N/A	33.4%	44.9%	5.9%
Number of informal complaints (on the spot) received	N/A	16	32	32
Serious Incidents				
Number of SI reported	N/A	0	0	3
Number of SIs not closed within 60 days	90%	N/A	N/A	0%
Summary <ul style="list-style-type: none"> One letter breached the 30 day response timescale and related to an interval cancer review. The highest number of formal complaints by type received this year is Clinical Treatment/Assessment. However, the reasons for the complaints vary. The highest number of information informal complaints received for the period 1 April 2019 – 31 August 2019 were in relation to attitude/behaviour. All complainants were contacted to discuss the issues raised and the outcome annotated for these concerns indicated that all were satisfied with the outcome. Two serious incidents have breached the 60 working day closure target and one serious incident is still within the 60 working day closure timescales and is currently being investigated. 				
Action <ul style="list-style-type: none"> Timescales for replying continue to be monitored on a weekly basis and emails are sent to service areas, functions and programmes to remind them of the response deadline to ensure that the 95% response timescales target set by the CEO is met. The audit to establish if actions identified as a result of lessons learned have been fully implemented has commenced. 				

Patient Safety Incidents	2017 (1 Apr – 31 Aug)	2018 (1 Apr – 31 Aug)	2019 (1 Apr – 31 Aug)
Number of Patient Safety Incidents	299	269	289
The % of incidents reported within the 2 working day timescale	49.1%	46.8%	49.8%
% of incidents reviewed within working days from reporting	54.5%	62.4%	64%
% of incidents closed within 30 working days	68.8%	62.8%	52.7%

Summary

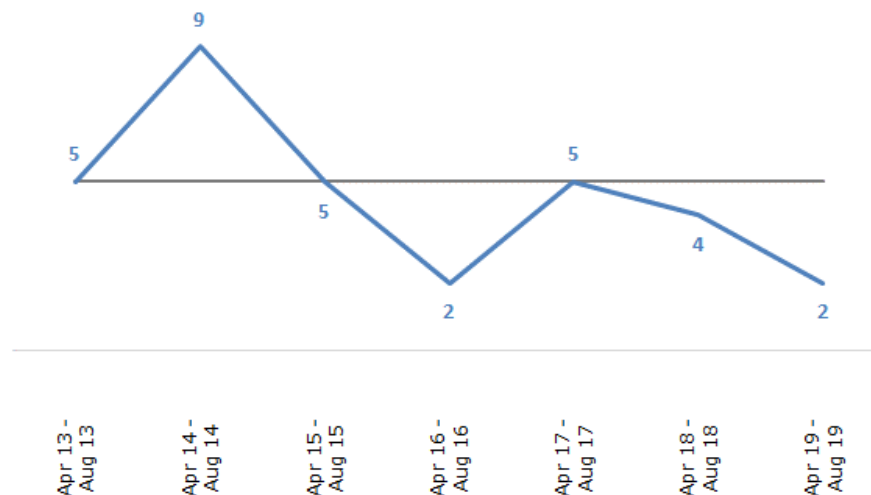
- The table above details the percentage of incidents reported / reviewed / closed within the target timescales compared to the same time in previous years.
- A variety of issues have been reported for the delays, including work pressures, staff shortages, incident notified from external source after 2 day reporting timescales, report delayed whilst remedial action is undertaken and time pressures
- Of the 164 incidents that are open at the time of drafting this report 52 remain within the 30 day closure timescales.
- The highest reported patient safety category was Laboratory Incident and the main sub category was Laboratory - Lost/Delayed Specimens and total 32.

Action

- A one month delay to the completion of the review of incident reporting form has been encountered due to issues with the system which Datix are addressing. The revised Incident Reporting Policy and Procedure will be published to coincide with the release of new incident form with a supporting implementation plan being rolled out.
- A paper in relation to incident reporting and lessons learnt will be received at the October 2019 Business Executive Team meeting.

Claims

Number of new claims were received for the period 01 April 2019 – 31 August 2019



Summary

- At the end of August 2019 the total number of confirmed and potential claims was 13.
- One case was closed during August 2019 as the case against the Trust was withdrawn.
- The aggregated value of both the confirmed and potential claim is £3,950,729.
- The anticipated Public Health Wales liability in respect of both confirmed and potential claims is £325,000.00

Action

- N/A

Compliments

- For the period 1 April 2019 –31 August 2019, a total of 707 compliments were received. The ratio of compliments to complaints for this period was 14:1.

Annex A

Annual Plan 2019/20 – Change Requests

Details of requests for changes from strategic priority groups covering:

- Agreed changes for the period April to July 2019
- Proposed changes in August 2019

Agreed changes for the period April to July 2019

Strategic objective	Area	Issues	Priority group meeting	Notes from SPCG Group
Strategic Priority 2 – Improving mental well-being and resilience				
Changes > 3 months				
SO2.1 OP/34 and OP/35	The National Conversation	Preparation work for this piece of work has been more complex than anticipated and alongside this; workforce issues have resulted in further slippage of this deliverable which was initially introduced in the 2018/19 plans. Key themes and goals to promote mental wellbeing are yet to be agreed with partners which has resulted in a delay in the production of the report arising from the initial testing and the final implementation plan for Phase 1 and 2.	13 May 2019 / 22 August 2019	It was noted that there is significant buy in from WG around this piece of work and that progress has been made over the last three months. Approved by SPCG
SO2.4 OP/52 and OP/53	Evaluation of education training in secondary schools	The initial delay to this evaluation report arose from a lack of engagement by one school. The report is now in draft and awaiting sign off but has been delayed by other priorities in the division. This is due to be finalised August 2019. This has had a knock on effect to another action to make recommendations to inform rollout.	22 August 2019	Approved by SPCG

Strategic objective	Area	Issues	Priority group meeting	Notes from SPCG Group
SO2.2 OP/41 and OP/42	Supporting guidance and tools disseminated around WNHSS mental wellbeing context, criteria, guidance and independent reference source for schools piloted with the coordinators of the Welsh Network of Healthy Schools schemes	This action was originally introduced in the 2018/19 plan. Work is currently underway by the WG Ministerial Group to consider a whole school approach to mental wellbeing. Work on this has been delayed in order for the product to align with national developments in the curriculum and inspection regime. No timescales have been indicated. As a consequence of this action there is also a delay in the design and publication of online resources on the whole school approach.	26 July 2019 and 22 August 2019	Timescales unavailable and dependent on WG. A meeting is required to resolve issues.
Changes < 3 months				
SO2.1 OP/38	Guidance on the Principles of Community Engagement for Empowerment published for stakeholders internal to Public Health Wales	Commencement of the commissioning of the professional design and publication of this action was caused due to sickness absence. This is due to complete August 2019	26 July 2019 / 22 August 2019	Action within PG tolerance
SO2.3 OP/43	Range of tools developed that support employers to effectively manage sickness absence and promote wellbeing	The delay producing a mapping report of the current materials / tools available to employers in Wales has had a knock on effect on the commencement of associated projects. This work should be completed by September 2019 in order for the implementation plan to be produced during Quarter 3 which will improve the quality of support the Healthy Settings Team can provide via the Healthy Working Wales Programme.	26 July 2019 / 22 August 2019	Action within PG tolerance

Strategic objective	Area	Issues	Priority group meeting	Notes from SPCG Group
Strategic Priority 3 – Promoting Healthy Behaviours				
Changes > 3 months				
SO3.4 OP/70	Recommendations for the national rollout of the Hands Up Survey produced	Challenges were encountered in undertaking the evidence review on factors that support or prevent children actively travelling to school. There has been a refocus on the approach to this piece of work in order to progress to completion.	01 August 2019	Approved by SPCG
SO3.1 RO/7	Tobacco control evidence reviews completed for the Tobacco Control Delivery Plan	This objective is rolled over from the 2018/19 plan. This area of work has been affected by unanticipated workload connected with the transfer of SSW	01 August 2019	Delivery of the overall programme is not affected by this delay Approved by SPCG
Changes < 3 months				
SO3.3 OP/65	Behavioural analysis for screen time completed	Change form submitted	02 September 2019	Action within PG tolerance
SO3.3 OP/66 YES	Behavioural analysis for sleep completed	Change form submitted	02 September 2019	Action within PG tolerance
SO3.6 OP/74	Priority areas for action to prevent alcohol related harm agreed with partners	The original workshop to commence this work was delayed due to the availability of partners and workforce issues. Further work is required to finalise the set of priorities and final approval from partners which is anticipated in October.	01 August 2019	Action within PG tolerance
SO3.7 OP/79 On hold	Priorities for action to prevent the use and harm from drugs agreed	Workforce issues have delayed the completion of the evidence review which has had a knock on effect on the development of the programme of work to prevent substance related harm. The failed recruitment process is being reviewed and outsourcing the piece of work has been rejected due to the number of objectives needed to be covered.	01 August 2019	Action within PG tolerance

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Strategic objective	Area	Issues	Priority group meeting	Notes from SPCG Group
SO3.1 OP/61	Stop smoking services successfully transferred to Health Boards	The preparation for transfer continues. This was delayed by confirmation from Welsh Government of the transfer. This has had an impact on staff wellbeing. Transfer due to be complete 01 October 2019	01 August 2019	Action within PG tolerance Back to SP3
Strategic Priority 4 – Securing a healthy future for the next generation				
Changes > 3 months				
SO4.4 OP/102 OP/103 OP/104 OP/105	Re-launched Healthy Pre-School Programme	Workforce issues within the Programme Team caused a delay with the scoping and commencement of the programme review report. This delayed start has a knock on effect on the agreed approach for options for the future delivery, monitoring and evaluation mechanisms and the implementation plan to support future delivery of the scheme.	19 July / August 2019	It is agreed that this programme of work continues to be at risk dependant on workforce the change has been approved but will need following up closely. Approved by SPCG
Changes < 3 months				
SO4.2 OP/96	Research and evaluation priorities and implementation plan for early years developed	Additional time was required to finalise the engagement plan and complete interviews. This work is delivered alongside the early years programme	19 July / August 2019 Action within PG tolerance	Back to SP4
Strategic Priority 6 – Supporting the development of a sustainable health and care system focused on prevention and early intervention				
Changes > 3 months				
SO6.5 OP/181	Review, Develop and Embed Quality Assurance Processes	Retendering of the existing outsourcing provider contract for results and invitation letters for DESW is awaited in order to progress technical measures to support implementation. Informatics are preparing content ahead of implementation and there is an effect of service capacity pressures. Tender award anticipated October with follow on work prior to launch.	19 August 2019	Approved by SPCG
SO6.5 OP/188	Development and implementation of	Development delays due to the volumes of work which had not been anticipated and	19 August 2019	Plans are currently in development with submission to the executive

Strategic objective	Area	Issues	Priority group meeting	Notes from SPCG Group
	essential components of CSIMS	delays receiving migration data and demographics from NWIS. There have been significant delays in this project. A new plan is anticipated for this piece of work to progress in August. The team are now working with Strategic Planning and Performance team DELIVERY 20/21 PLAN		team in October. It is anticipated that this will roll into 2020/2021 plans. Plans are also required to go through Strategic Priority Group 6. When approved there will then be a need for a change request.
SO6.1 OP/146	Support the development of planned care services / Complete support for existing specialty focus in dermatology, orthopaedics, ophthalmology, ENT and urology	The Welsh Government Planned Care Team will be developing a new specific support request to meet the new 1000 Lives delivery framework – there is no concrete date for solution as awaiting WG to scope and pass on work required.	19 August 2019	Continues to be reviewed by strategic priority group
Changes < 3 months				
6.2	Medicines safety	Engagement with stakeholder during the collaborative learning cycle has taken longer than anticipated but has proven invaluable. Engagement continues.	19 August 2019	Action within PG tolerance
6.8	General Dental Service Reform Programme	The delivery of the Public Engagement Survey report has been delayed due to the data collection contract or procured through Bangor University being unable to complete the report until January 2020.	19 August 2019 Action within PG tolerance	Back to SP6
Strategic Priority 7 – Building and mobilising knowledge and skills to improve health and wellbeing across Wales				
Changes > 3 months				
SO7.6 OP/259	Support provided to Asylum seekers and refugees' (ASR) and	Although the module has been developed the delay has been caused by the ESR systems team who are unable to load the module until Dec/Jan	15 August 2019	It was felt that the delay by the ESR central team was unacceptable due to this being a high profile issue. This would be discussed at the SPG

Strategic objective	Area	Issues	Priority group meeting	Notes from SPCG Group
	migrant's health program			Group meeting on 09 September and HG to be updated following this. SPCG requested further information prior
SO7.8 OP/273 OP/274	Quality Improvement Hubs	Scope of project has changed and a QI 'node' for NHS Wales' organisations will be appointed to whose work will map into hub action plans. This is dependent on WG funding. When funding received recruitment of Nodes will take place who will complete organisational diagnostics used to develop the maturity matrix action plans. The delivery of this action will need to be moved forward to annual plan 2020/21	15 August 2019	It was noted that all documentation is in place for this work. A meeting with Welsh Government is scheduled.
Changes < 3 months				
SO7.5	Develop and deliver a programme to strengthen impact evaluation across Public Health Wales	The evaluation plan for the First 1000 Days programme is in progress with work aligning the programme logic model to the evaluation plan. Although there is a delay it is identified that it is important that evaluation plan adds value to the programme.	01 August 2019 / 15 August 2019	Action within PG tolerance
SO7.7 OP/263 OP/265	Implementation of refreshed Knowledge Mobilisation Strategy	An agreed decision has been made to combine the products of 7.2 and 7.7 which has resulted in this request to align the dates of the delivery schedule.	01 August 2019	Action within PG tolerance
Other				
SO7.7	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 between	Due to the cost - this programme has been suspended	01 July 2019	suspended

Strategic objective	Area	Issues	Priority group meeting	Notes from SPCG Group
	practitioners, researchers, and policy makers. (Depending on the outcome of the Organisational Change Process)			

Area	Deliverable / Milestone	Issue	Proposed new Deadline
Enabling Functions			
Changes > 3 months			
Informatics OP/298	Innovation / re-plan 2 nd phase of SIMS (Screening Information Management Systems) project	The re-planning of CSIMS taking resources and the re-planning process is continuing. (This is also covered in SP6)	Plans are currently in development with submission to the executive team in October.
Communications OP/346	Set out strategy for national events	Dependency on other divisions regarding event planning and other dates has meant we have been unable to complete an organisation level events strategy. draft plan now complete	Approved by SPCG
Communications OP/355	Develop and implement social media strategy and plan	Dependent on 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. Media strategy now complete	New deadline September Approved by SPCG
Communications OP/356	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	Cause: Dependency on the setup of the new Behaviour Change Unit and difficulty establishing effective governance route. Impact: No impact to current campaigns. Terms of Reference (TOR) is in draft stage. Next steps: Input to TOR from internal stakeholders.	Approved by SPCG

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Area	Deliverable / Milestone	Issue	Proposed new Deadline
Enabling Functions			
Communications OP/357	Establish a communications network to coordinate visibility of Local Public Health Team campaigns activity	Key member of staff (Communications Officer in North Wales team) is leaving organisation which has meant that we've had to re-evaluate our approach to this deliverable.	New deadline September Approved by SPCG
Changes < 3 months			
Strategic Planning and Performance OP/324 and OP/325	PMO Intranet pages	PMO intranet pages have been delayed due to members of staff being seconded to Welsh Government to assist with Brexit preparedness. Pages will be launched in September.	September 2019
Communications OP/350	Create senior leaders and line manager channels	Delayed due to staff illness which has limited ability to improve internal comms. Plan submitted to SLT for August's agenda. Meanwhile, consulting managers, designing format and writing content.	Launch September 2019.
Communications OP/352	Establish Digital Communications team	Delay in job matching. Band 7 to be shortlisted on 4 September and interviews on 11 September (in September due to staff leave)	Recruit September 2019
Communications OP/353	Intranet refresh options appraisal	Dependent on decision from NHS Wales about rollout of M365. Has caused a delay to development of intranet options appraisal. Next steps: SWOT analysis of intranet options.	September 2019.
Other			
Finance OP/338	Investment Strategy / Identification of full savings required to support the recurrent impact of the investment bid prioritised	The recurrent savings target required from the organisational efficiency programme has not yet been identified in full. The four work stream recurrent action plans as presented to BET on 15 July are now being focussed upon and will be monitored through BET.	To continue with no change
Strategic Planning and Performance OP/281	Target Operating Model	Proposed work to procure external consultants to help develop a Target Operating Model has been reassessed and will not progress as planned initially. It is anticipated that this change will not affect the overall goal within the IMTP.	Suspended

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Proposed changes in August 2019

Strategic objective	Area	Issues	Priority group meeting	Current Status
Strategic Priority 1 – Influencing the wider determinants of health				
Changes > 3 months				
SO1.3 OP/18	Evidence synthesis on health and educational outcomes	Change requested due to confusion around who would carry out the evidence synthesis	15 August 2019	For review at SPCG 01.10.19
Other				
SO1.2 OP/15	HWW Strategy for reaching SMEs	Request for change of wording of the milestone from strategy to plan	15 August 2019	For review at SPCG 01.10.19 Back to SP1
Strategic Priority 2 – Improving mental well-being and resilience				
Changes > 3 months				
SO2.3 OP/43	Mapping report produced of the current materials/ tools available to employers in Wales to support them in managing sickness absence and promote mental wellbeing	Slippage is a result of workforce issues. Failure to complete this review will impact projects which build upon the findings of the review.	The next priority group meeting is on Wednesday 17 September	Will require approval at SPCG Back to SP2
Strategic Priority 3 – Promoting Healthy Behaviours				
SO3.9 OP/86 and OP/87	Behaviour change knowledge and skills development plan	Delays caused by issues in the communications plan which has impacted the survey software and training application	The next priority group meeting is on Monday 15 September	Back to SP3

Strategic objective	Area	Issues	Priority group meeting	Current Status
Strategic Priority 5 - Protecting the public from infection and environmental threats to health				
Changes > 3 months				
SO5.2 OP/129	Report on feasibility of whole-genome sequencing of Enterovirus isolates in Wales (Subject to funding)	Delay caused by funding and staff workload issues which has caused an issue in making a decision on the future use of WGS. Two of the four objectives in the WG proposal have been addressed.	The next priority group meeting is on Wednesday 17 September	Will require approval at SPCG Back to SP5
Strategic Priority 7 – Building and mobilising knowledge and skills to improve health and wellbeing across Wales				
Changes < 3 months				
SO7.1 OP/219	Discussion paper, in collaboration with WHO CC on return on investment for community resilience	Changes requested following discussions with WHO CC Venice Office on the topic of resilience asking for the focus to be aligned to the health equity drivers Title change has also been requested	09 September 2019	Approved at SPG. For information at Coordination group 01.10.19
SO7.8 OP/272	Develop and publish a revised Quality Improvement Guide	Delay caused as awaiting approval of Branding Guidelines for Improvement Cymru	09 September 2019	Approved at SPG. For information at Coordination group 01.10.19 Back to SP7
Enabling Functions				
Changes < 3 months				
Informatics	Pilot Tranche for Office 365	Change has been requested due to delays in the national project which will delay the pilot by one month	n/a	Approved at directorate level. For information at Coordination group 01.10.19
Informatics	Develop implementation plan following the recommendations arising from informatics review	Dialogue continues with Channel 3 and a further meeting is required with managers and then staff	n/a	Approved at directorate level. For information at Coordination group 01.10.19
Governance (Rolled over action)	Interactive version of Framework developed	Board secretary has been in post for a short time and wanted an opportunity to review our wider Board governance arrangements of which the decision making framework is part. Staff change has had an impact on priorities.		Approved at directorate level. For information at Coordination group 01.10.19

Performance data

Influencing the wider determinants of health

>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

Improving mental well-being and resilience

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

Promoting healthy behaviours

Help Me Quit	Annual target	Q3 18/19	Q4 18/19	Q1 19/20
% smoking population treated by smoking cessation services	5.0%	0.7%	1% (YTD=3.2%)	Not available
Stop Smoking Wales	Quarterly target	Q3 18/19	Q4 18/19	Q1 19/20
% of treated smokers who are carbon monoxide validated as successful	40%	44.2	48.7	44.5
% of treated smokers who have a carbon monoxide reading at 4 weeks	80%	65.6	73.4	72.2
% of treated smokers that quit smoking at 4 weeks (self reported)	50%	67.4	65.8	61.6
Average waiting time for an appointment in this month (days)	14	9	10	10
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

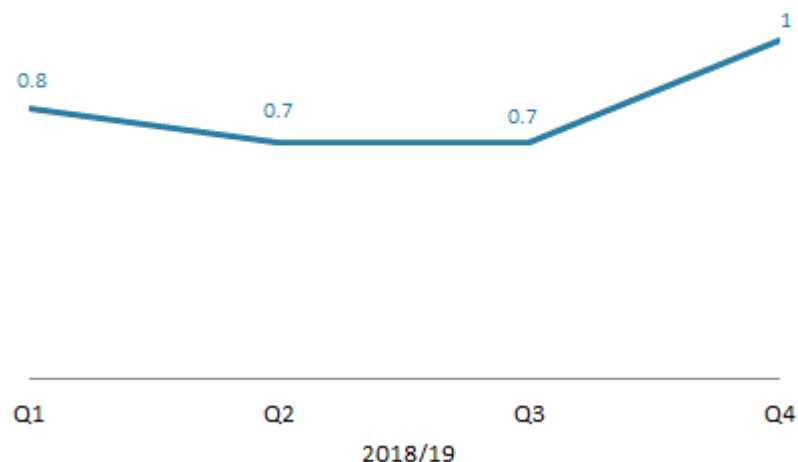
YTD = Year to date

Securing a healthy future for the next generation - No performance indicators currently being reported.

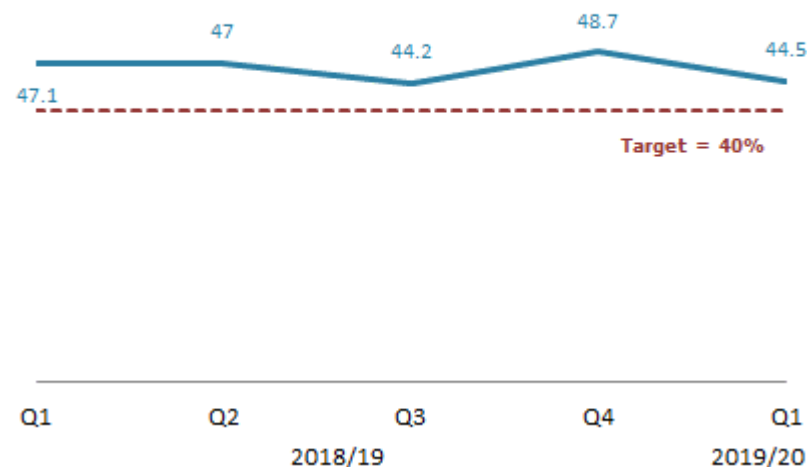
Smoking Cessation

Percentage of smoking population treated by smoking cessation services

Annual Target = 5%



Percentage of treated smokers who are carbon monoxide validated as successful



Summary

- At the end of 2018/19, a total of 3.2% of the smoking population was treated by smoking cessation services against an annual target of 5% (1% in quarter 4). Despite not achieving the target, the proportion of treated smokers in 2018/19 has increased for the fourth consecutive year, showing a 31% increase on throughput 5 years ago, and with record low numbers of smokers in the population.
- While the percentage of treated smokers who are carbon monoxide validated as successful reading at 4 weeks declined in quarter 1 2019/20 (from 48.7% to 44.5%), it remains above the 40% national target.

Key actions

- An additional burst of Help Me Quit social marketing activity is being planned for September/October to capitalise on 'Stoptober' (PHE Campaign) effect.
- Refreshed public facing Help Me Quit communications plan and brand assets distributed to Local Public Health Teams and Health Board Communications Leads.
- Outline plans for development of Ottawa Model for Smoking Cessation in Wales (to increase direct referrals into services following admission to hospital) presented to Tobacco Control Strategy Board.
- Final decision on the transfer of Stop Smoking Wales (SSW) for 1 October 2019 secured with Welsh Government. Project Board has undertaken preparatory work and regional meetings are ongoing with SSW teams.
- Local Health Board Operational Managers Group being established and will be led by Public Health Wales to ensure progress continues on the Help Me Quit integrated smoking cessation model post SSW transfer.

Protecting the public from infection and environmental threats to health

■ >10% below target

■ Within 10% of target

■ Achieving target

■ Not applicable

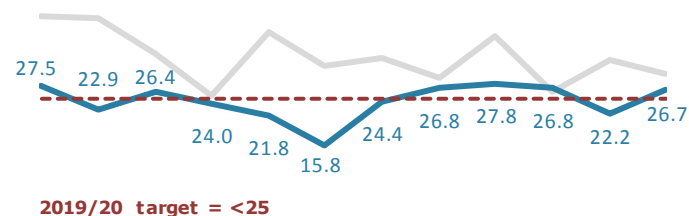
Vaccination† and Immunisation		Target ¹			
Influenza vaccination uptake among those aged 65+	75%	at 06 Mar 2019 68.2%	at 03 Apr 2019 68.3%	at 24 Apr 2019 68.2%	
Influenza vaccination uptake among the under 65s in high risk groups	55%	43.7%	44.0%	44.0%	
Influenza vaccination uptake among pregnant women	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	95.8%	Q3 18/19 95.7%	Q4 18/19 95.3%	Q1 19/20 95.8%	
Percentage of children who received two doses of the MMR vaccine by age 5	90.4%	94.3%	92.4%	92.4%	
Healthcare Associated Infections		Target ¹	Jun	Jul	Aug
Clostridium difficile rate (per 100,000 population)	25	26.8	22.2	26.7	
Staph aureus bacteraemia rate (per 100,000 population)	20	26.8	31.2	19.2	
E. Coli bacteraemia rate (per 100,000 population)	67	80.5	88.4	91.8	
Klebsiella sp bacteraemia rate (per 100,000 population) ⁵	10% annual reduction	20.6	24.5	26.7	
P. aeruginosa bacteraemia rate (per 100,000 population) ⁵		7.0	8.3	6.0	
Microbiology		Target ¹	Q3 18/19	Q4 18/19	Q1 19/20
UKAS status of accreditation to ISO 15189:2012	Accredited	Accredited	Accredited	Accredited	
EQA performance (Bacteriology)	95%	97%	89%	98%	
EQA performance (Virology)	95%	97%	100%	98%	
EQA performance (Specialist and reference units)	95%	100%	96%	98%	
EQA performance (Food, Water and Environmental Laboratories)	90%	100%	100%	98%	
Turnaround time compliance (Bacteriology)	95%	94%	95%	94%	
Turnaround time compliance (Virology)	95%	99%	94%	92%	
Turnaround time compliance (Specialist and reference units)	95%	98%	98%	98%	
Turnaround time compliance (Food, Water and Environmental Labs)	95%	98%	98%	97%	
Turnaround time compliance urgent samples (Bacteriology/Virology)	95%	Reported annually	93%	Reported annually	

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.

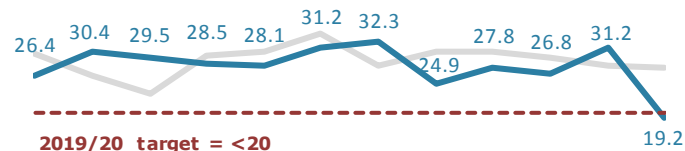
5. Klebsiella sp and P. aeruginosa Blood Stream Infections included following the release of the Welsh Government AMR & HCAI Improvement Goals for 2019-20 (WHC/2019/019).

Healthcare Associated Infections

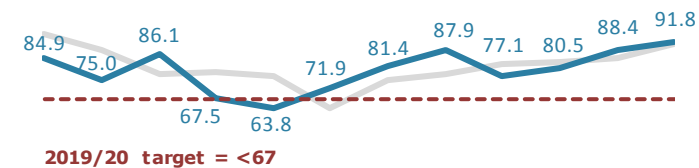
All-Wales *Clostridium difficile* rate per 100,000 population



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



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



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

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

Summary

- The *All-Wales Clostridium difficile* rate increased over the latest reporting period and currently stands at 26.7 per 100,000 in August 2019. While August figures have slipped above the revised national target (≤ 25 per 100,000), rates remain below 2018/19 figures.
- Staph. Aureus* rates have seen a marked improvement between July and August 2019 (from 31.2 to 19.2 per 100,000) and has now achieved target for the first time for over two years.
- E. coli* bacteraemia rates continue to increase from January (63.8 per 100,000) with August figures standing at 91.8 per 100,000. *E. coli* bacteraemia infections continue to fall short of achieving the national reduction expectations for 2019/20.

Key actions

- Arrangements made to provide support to Swansea Bay University Health Board via an education / awareness session for ward matrons in October 2019.
- Top ten bacteraemia surveillance table issued for the final time – this will be revised and developed to become the new drug-resistant infection surveillance as required under the UK AMR Strategy.
- Visit arranged to Hywel Dda University Health Board in September 2019 to discuss antimicrobial policy changes and other antimicrobial stewardship support arrangements.
- Influenza guidance for healthcare workers updated and published on our website in advance of this year's flu season.
- Outbreak surveillance module released to the service and now be in use. Resource to be used for incident and outbreak reporting from September 2019 including for flu.

Supporting the development of a sustainable health and care system focused on prevention and early intervention

National Exercise Referral Scheme	Target ¹	Q3 18/19	Q4 18/19	Q1 19/20
Number of referrals	5,875	7,449	8,601 (YTD=32,691)	7,890
Number of 1st consultations	4,075	4,298	5,314 (YTD=19,312)	4,822
Number of 16 week consultations	1,625	2,664	2,646 (YTD=10,284)	2,445
Breast Test Wales	Target ¹	Jun	Jul	Aug
Assessment invitations given within 3 weeks of screen	80%	38.0%	46.1%	43.9%
Normal results sent within 2 weeks of scan	95%	92.3%	93.4%	94.9%
% women invited within 36 months previous screen	90%	82.6%	85.7%	94.3%
Cervical Screening Wales				
Waiting time from sample being taken to screening test result being sent (4 weeks)	98%	96.1%	98.1%	98.5%
Coverage ²	76%	Not available	Not available	Not available
Bowel Screening Wales				
Coverage	58%	56.5%	55.2%	55.1%
Waiting time for colonoscopy	60%	63.0%	58.2%	Not available
Abdominal Aortic Aneurysm Screening Wales				
Small AAA surveillance uptake	90%	93.0%	88.9%	93.3%
Medium AAA surveillance uptake	90%	94.6%	97.5%	86.7%
Newborn Hearing Screening Wales				
% of babies who complete programme (within 4 weeks)	98%	98.6%	99.0%	Not available
Babies completing assessment procedure (by three months of age)	85%	94.3%	90.9%	Not available
Newborn Bloodspot Screening Wales				
Coverage (newborns)	95%	94.6%	95.7%	95.6%
Avoidable repeat rate	4.0%	7.6%	6.0%	4.4%
Diabetic Eye Screening Wales ³				
Coverage-Reported Result in the Last 12 Months	67%	69.2%	71.0%	70.6%
Results Letters Printed Within 3 Weeks of Screen Date	60%	38.5%	99.9%	99.7%

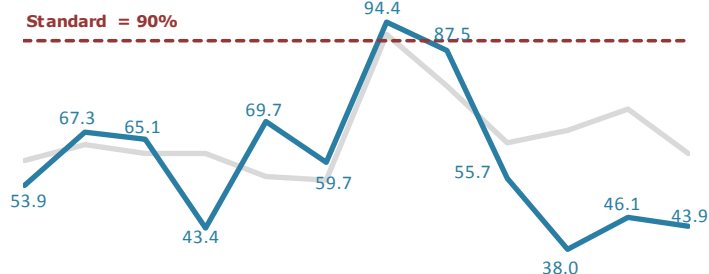
1. Data reported against 2019/20 targets, or where a performance trajectory has been agreed to facilitate reaching the target, the trajectory has been used as defined within the IMTP 2018-2021.

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.

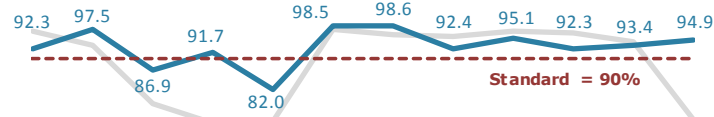
3. Diabetic Eye Screening Wales indicators reported from 2018/19.

Breast Test Wales

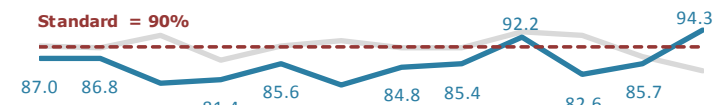
Percentage of assessment invitations given within 3 weeks of scan



Percentage of normal results sent within 2 weeks of scan



Percentage of women invited within 36 months of previous screen



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

Summary

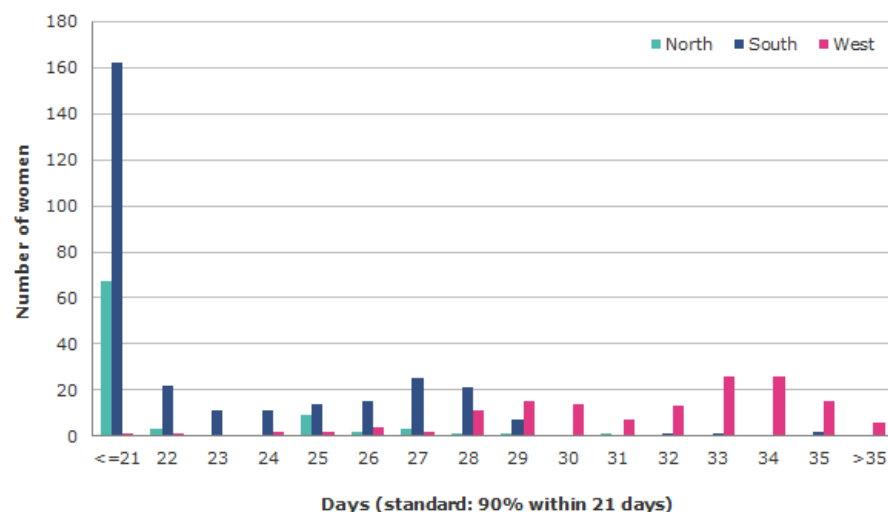
- Data for August 2019 shows that there has been a slight decrease in the *Percentage of assessment invitations given within 3 weeks of scan* and remains significantly below standard (43.9%, down from 46.1% in July 2019). Low medical staffing levels remain an issue across all regions, especially in West Wales where performance is sensitive to leave of any kind. Medical staffing vacancies remain in all regions. The South East Wales centre has increased the number of women being screened to gain round length, leading to an increase in the number requiring assessment.
- The *Percentage of normal results sent within 2 week of scan* continues to exceed the 90% standard for the seventh consecutive month. Data for August 2019 shows that 94.9% of normal results were sent within 2 weeks of scan.
- The *Percentage of women invited within 36 months of previous screen* has seen a marked improvement between July (85.7%) and August 2019 (94.3%). The indicator is now performing above the 90% standard for only the second time since June 2018.

Key actions

- Breast Radiologist recruited in the North West region and new breast surgeon starting in Cwm Taf University Health Board.
- Two additional film readers come on line in October 2019 and additional biopsy takers and film readers to be trained in North Wales.
- Job plans continue to be re worked in the West Wales region to provide further cover.
- A group has been formed within the programme to look at suitable work streams and interventions to improve uptake.
- Digital communication products will be evaluated over the next six months to assess their role and impact in the Breast Screening pathway, including SMS, MMS, digital letters and interactive digital media.

Breast Test Wales (cont'd)

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



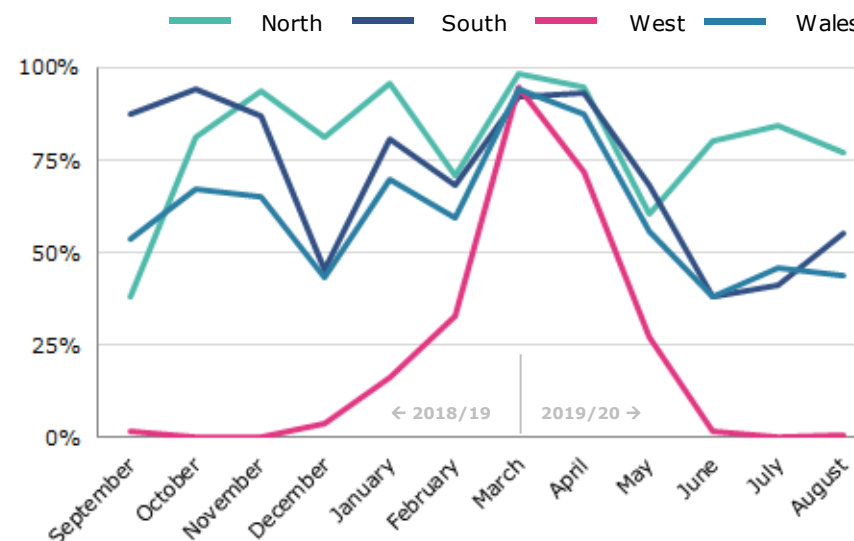
Summary of performance – August 2019

Data for August 2019 shows that at the national level, 43.9% of assessment invitations were given within 3 weeks of scan, a small decrease from last month (46.1%).

At the regional level this varies from 77% in North Wales (n=87), compared to less than 1% in the West Wales region (n=145) due to very low medical staffing levels.

Over 25% of assessment waits took longer than 28 days (84.1% in West Wales), with the longest having to wait over 35 days (n=6).

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

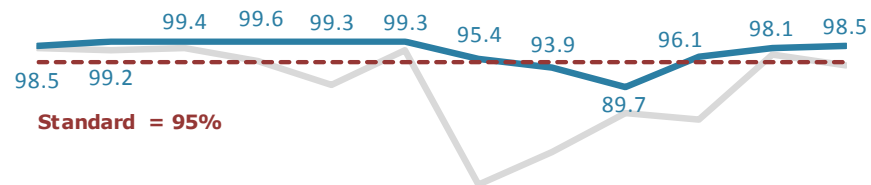


Assessment wait (days) by region							
Area	Total Assess	≤21	%	>21	%	>28	%
North	87	67	77.0%	20	23.0%	2	2.3
South	292	162	55.5%	130	44.5%	11	3.8
West	145	1	0.7%	144	99.3%	122	84.1
Wales	524	230	43.9%	294	56.1%	135	25.8

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	67	3	0	0	9	2	3	1	1	0	1	0	0	0	0	0
South	162	22	11	11	14	15	25	21	7	0	0	1	1	0	2	0
West	1	1	0	2	2	4	2	11	15	14	7	13	26	26	15	6
Wales	230	26	11	13	25	21	30	33	23	14	8	14	27	26	17	6

Cervical Screening Wales

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



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

Summary

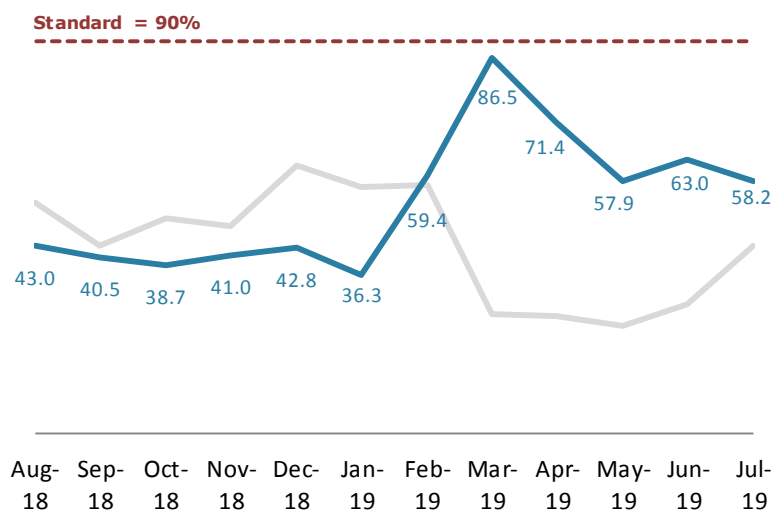
- Latest data shows that the *Percentage waiting time from sample being taken to screening test result being sent (4 weeks)* has risen from 98.1% in July to 98.5% in July 2019. The indicator remains above the 95% standard and continues to exceed performance levels seen at the same period last year.

Key actions

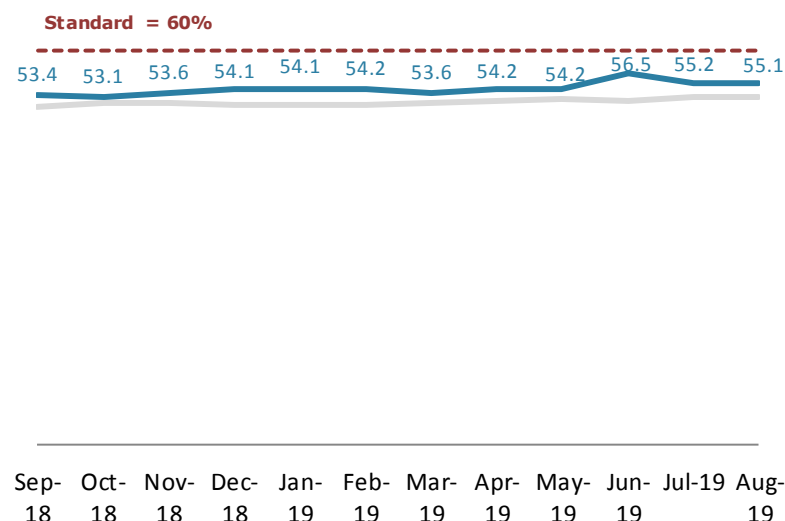
- N/A

Bowel Screening Wales

Percentage waiting time for colonoscopy within 4 weeks of booking appointment



Bowel Screening coverage



Summary

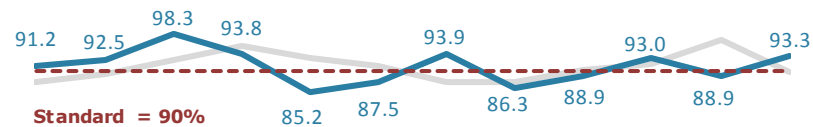
- Percentage waiting time for colonoscopy within 4 weeks of booking appointment declined slightly over the latest reporting period (from 63% in June to 58.2% in July 2019) and remains below the 90% national standard. Performance has seen an overall decline since March 2019 (86.5%). Recruitment to fill posts in Health Boards remains challenging, and is having an impact on availability of new candidates to go through the screening accreditation process, resulting in insufficient staff available to undertake screening and symptomatic colonoscopies.
- Bowel Screening coverage during August 2019 was 55.2%. Coverage is yet to exceed the 60% standard and is currently just short of the 58% trajectory that has been set by Public Health Wales. Underperformance remains due to suboptimal response to invitation, lack of awareness, difficult access and issues surrounding completion of the test.

Key actions

- Bowel Screening Wales (BSW) staff continue to attend Health Board meetings and conduct regular service review meetings with screening endoscopy teams.
- Recovery plans requested from the poorest performing Health Boards.
- Four medically trained Endoscopists are currently undertaking the process to achieve accreditation as Screening Endoscopists.
- Initiatives being considered include insourcing, outsourcing, streamlining of the accreditation process and collaborative working between Health Boards.
- From 6 September 2019 every participant within the eligible population will receive the new FIT test kit.
- Establishment of a BSW uptake group and employment of fixed-term appointments to help the programme better understand barriers to uptake and increase awareness of bowel screening in primary care.

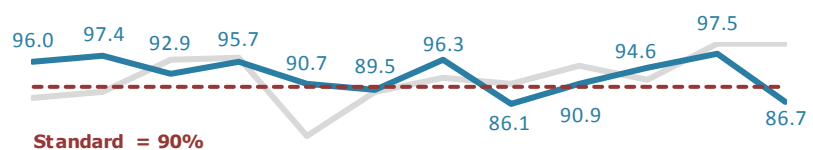
Abdominal Aortic Aneurysm

Percentage of Small Abdominal Aortic Aneurysm surveillance uptake



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

Percentage of Medium Abdominal Aortic Aneurysm surveillance uptake



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

Summary

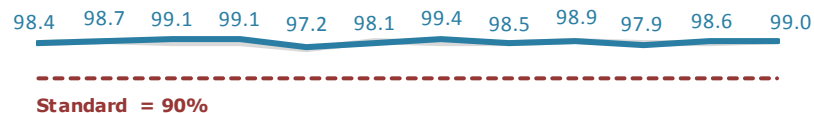
- The *Percentage of Small Abdominal Aortic Aneurysm surveillance uptake* improved over the latest reporting period (from 88.9% to 93.3%) and is now above the 90% standard.
- The *Percentage of Medium Abdominal Aortic Aneurysm surveillance uptake* saw a near 11% decline between July (97.5%) and August 2019 (86.7%) and is now below standard for the first time since April 2019. A reduction in surveillance uptake in August 2019 was based on a very small number of cases (≤ 10 cases).

Key actions

- Regional co-ordinators are informed of any men missing surveillance appointments and make contact if an appropriate appointment cannot be arranged ASAP.
- Planned Abdominal Aortic Aneurysm Information Management System (ASIMS) improvement to ensure automatic recall for service users on surveillance within the acceptable tolerances.

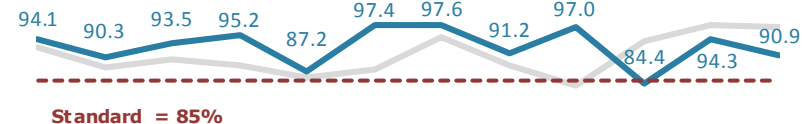
Newborn Hearing Screening

Percentage of well babies who complete screening within 4 weeks



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

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



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

Summary

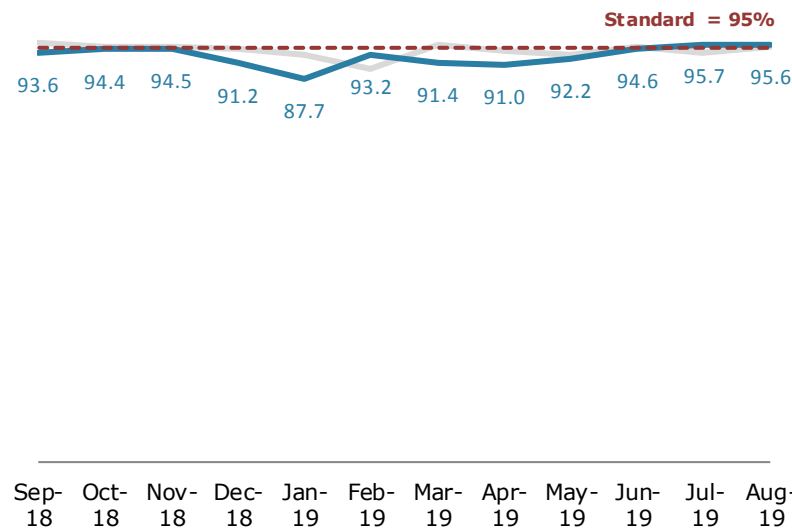
- The *Percentage of well babies who complete screening within 4 weeks* saw a marginal increase of 0.4% in August 2019 and remains above the 90% standard at 99%.
- Following a near 10% improvement in June 2019, the *Percentage of babies completing the assessment procedure by 3 months of age* dropped to 90.9% in July 2019. The indicator remains above the 85% national standard.

Key actions

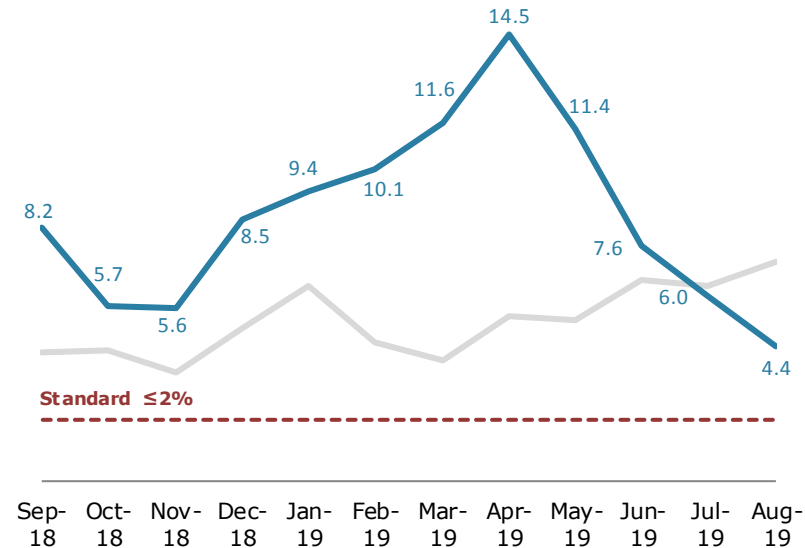
- N/A

Newborn Bloodspot Screening

Newborn bloodspot screening coverage



Newborn bloodspot screening avoidable repeat rate



Summary

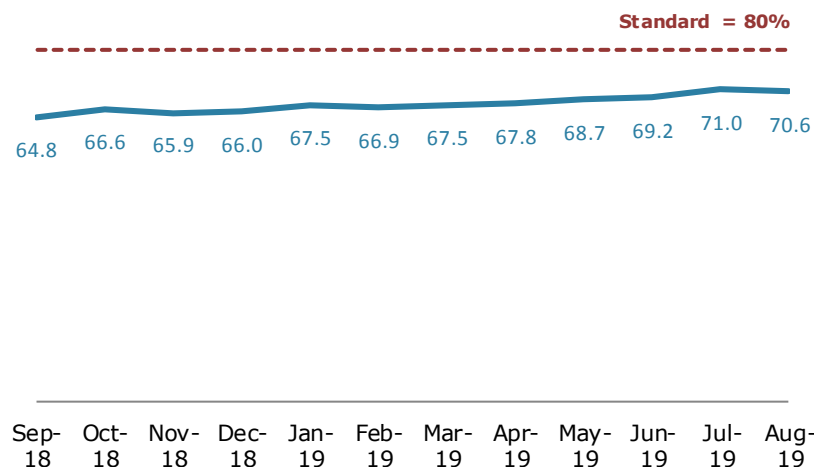
- *Newborn bloodspot screening coverage* remains above the 95% standard in August 2019. A gradual improving trend has been evident since April 2019 with latest data currently at 95.6% and is consistent with year-on-year figures.
- A positive trend continues to be evident for *Newborn bloodspot screening avoidable repeat rate* since a peak of 14.5% in April 2019. Latest data for August 2019 shows that avoidable repeat rate has reduced for the fourth consecutive month and most recently fell from 6% in July to 4.4% in August 2019. While the avoidable repeat rate remains short of achieving the ≤2% standard, reducing avoidable repeats remains a focus for the programme. The significant improvement is a result of the actions take forward by programme working with the health boards and laboratory.

Key actions

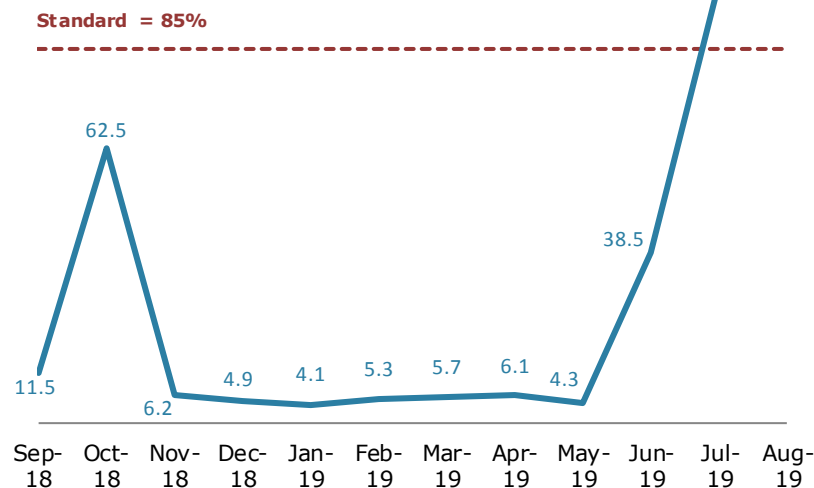
- The Programme continues to roll-out sample quality training sessions in Health Boards. There is a focus on special care baby units and ward staff as these areas are having the highest poor quality rates.
- Stronger working relationships between governance leads and laboratory have been established.
- The Programme continues to work with the laboratory to identify and follow up sample quality issues.
- Multi-disciplinary task and finish group meet on a monthly basis to tackle sample quality.
- Betsi Cadwalder University Health Board are exploring NBS champions and the approach is currently working well. A report will be developed to outline this approach.
- Monthly reports of poor quality and problem samples sent to governance leads and Heads of Midwifery.

Diabetic Eye Screening Wales

Coverage - Reported result in the last 12 months



Results letters printed within 3 weeks of screen date



Summary

- Latest data for Diabetic Eye Screening Coverage stands at 70.6% in August 2019 (down 0.4% from last month). As previously reported, Coverage has consistently performed below the 80% standard for a number of years, predominantly as a result of demand and capacity mis-matches within the service in certain geographical areas and significant annual demand growth. The service has seen a continued slow upward trend since early 2018.
- Following the significant improvement of 95.6% seen in the percentage of Results letters printed within 3 weeks of screen date between May (4.3%) and July 2019 (99.9%), August 2019 has been maintained with virtually all results letters being printed within target timescales (99.7%). Improvements in performance has been maintained for a number of factors – new members of staff achieved the milestone of independent grading at a primary level ahead of schedule which has increased capacity of the team. There has also been changes made to the way in which workflow is managed within the grading team. The impact of earlier system changes are also being realised. Method of working remains under review to ensure stability.

Key actions

- The ongoing service restructure will support efforts to engage with Health Board colleagues but this is a complex and lengthy task
- Programme Manager will join the service in November and will work with Health Boards to identify appropriate screening venues which meet the service needs and are strategically sited to serve a broader population area to maximise screening flexibility and staff time.
- Working with colleagues in 1000 Lives to develop a simulation model to test alternative service flows to support demand and capacity planning and are considering targeted interventions in certain venues to address barriers to attendance.

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Indicator		Timeframe			Target Source (as relevant)
Headcount		Jun-19	Jul-19	Aug-19	
Headcount (does not include Bank and Agency staff)		1,824	1,841	1,848	
Full time equivalents (FTE)		1,626.98	1,644.65	1,651.68	
Contractual Status		Jun-19	Jul-19	Aug-19	
Permanent		1,658	1,665	1,665	
Fixed term contracts		166	176	183	
Bank staff		47	45	45	
Agency workers		37	44	38	
TOTAL		1,908	1,930	1,931	
Staff Turnover		Target	Jun-19	Jul-19	Aug-19
Rolling 12 month staff turnover		10%	11.5%	11.3%	11.3% NHS Best Practice
Rolling 12 month staff turnover excluding Fixed-term staff			9.3%	8.9%	8.9%
Monthly turnover rate			1.0%	0.7%	0.9%
Monthly turnover rate excluding Fixed-term staff			1.0%	0.5%	0.8%
Starters and Leavers			Jun-19	Jul-19	Aug-19
Starters Headcount			13	25	26
Leavers Headcount			19	12	17
Time to Hire		Target	Jun-19	Jul-19	Aug-19
Time from vacancy requested to conditional offer letter issued (days)		44	39.1	36.4	Not available NWSSP Target
Live Vacancies (by days open - July 19 data)		Actual	< 44	44 - 55	> 55
Live Vacancies		56	48	3	5
Sickness Absence		Target	Jun-19	Jul-19	Aug-19
Monthly sickness absence rate (% FTE)		3.25%	4.12%	4.42%	Not available Internal Target
Rolling 12 month period sickness absence rate (% FTE)		3.25%	3.79%	3.78%	Not available Internal Target
Short term sickness absence rate (% FTE)			1.00%	1.41%	Not available
Long term sickness absence rate (% FTE)			3.12%	3.00%	Not available

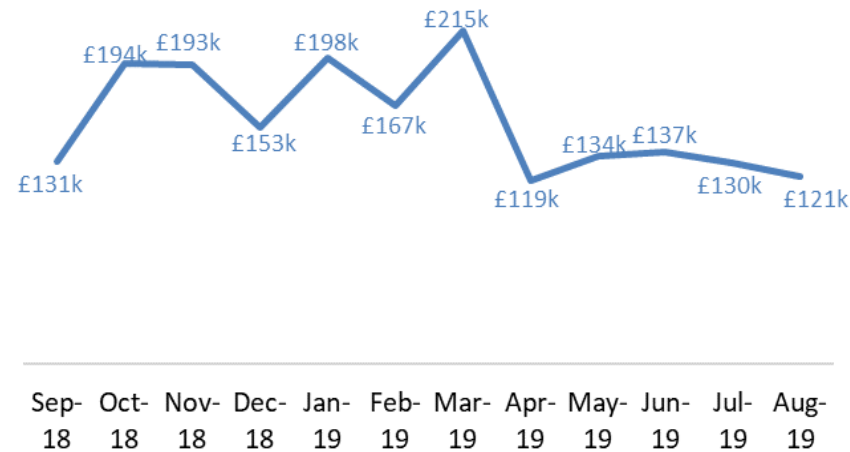
People Dashboard (Continued)

Statutory and Mandatory Training		Target	Jun-19	Jul-19	Aug-19	
Training Compliance with core competencies		95%	91.95%	91.74%	92.18%	Internal Target
Training Compliance including extended competencies			90.97%	90.90%	91.39%	
Appraisals		Target	Jun-19	Jul-19	Aug-19	
My Contribution Appraisal completed within previous 12 months		85%	57.51%	57.13%	57.89%	WG Target
Medical Revalidation Appraisal completed within previous 15 months					100.00%	
Combined Appraisal % (under review)					60.10%	
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				Aug-18	Aug-19	
Male				23%	23%	
Female				77%	77%	
Black, Asian and Minority Ethnic (BAME) Staff				Aug-18	Aug-19	
BAME				4%	5%	
White				74%	76%	
Not Declared/Unspecified				22%	19%	
Disability				Aug-18	Aug-19	
Yes				3%	3%	
No				59%	63%	
Not Declared/Unspecified				38%	34%	

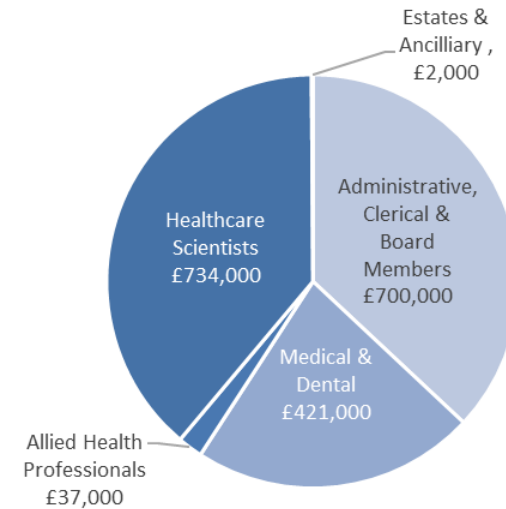
Agency spend

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Monthly agency spend



Rolling 12 months agency spend by category, September 2018 to August 2019



Summary

- Total agency spend has decreased from £130K in July 2019 to £121K in August 2019, with actual costs for the year to date at £640K, equating to 1.7% of total pay expenditure (1.6% 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 'Medical & Dental' from £9K in July to £8K in August, and in 'Administrative, Clerical & Board Members' from £64K to £45K.
- There has been an increase in expenditure in the category 'Healthcare Scientists' from £57K in July to £69K in August.

Key actions

- Work is being undertaken reviewing the Administrative and Clerical Agency usage across the Directorates (due for completion at the end of September) and Business Partners will be working with the associated Directors and Business Managers to explore a reduction in usage. Business Partners have also been providing additional scrutiny on business cases requiring agency use and exploring alternative options.

END