 GIG CYMRU NHS WALES	Iechyd Cyhoeddus Cymru Public Health Wales	Name of Meeting Board Date of Meeting 26 March 2020 Agenda item: 6.2.260320
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Integrated Performance Report

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

Approval/Scrutiny route:	Business Executive Team (16 March 2020)
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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 11 2019/20
- Workforce performance
- Quality – Putting Things Right

*Please note that in light of significant organisational wide support being provided to the COVID-19 response, some performance related information was not available at the time of reporting.

Recommendation:

APPROVE <input type="checkbox"/>	CONSIDER <input checked="" type="checkbox"/>	RECOMMEND <input type="checkbox"/>	ADOPT <input type="checkbox"/>	ASSURANCE <input checked="" type="checkbox"/>
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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 11 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

February 2020

Report authors:

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

Version: v1a



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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

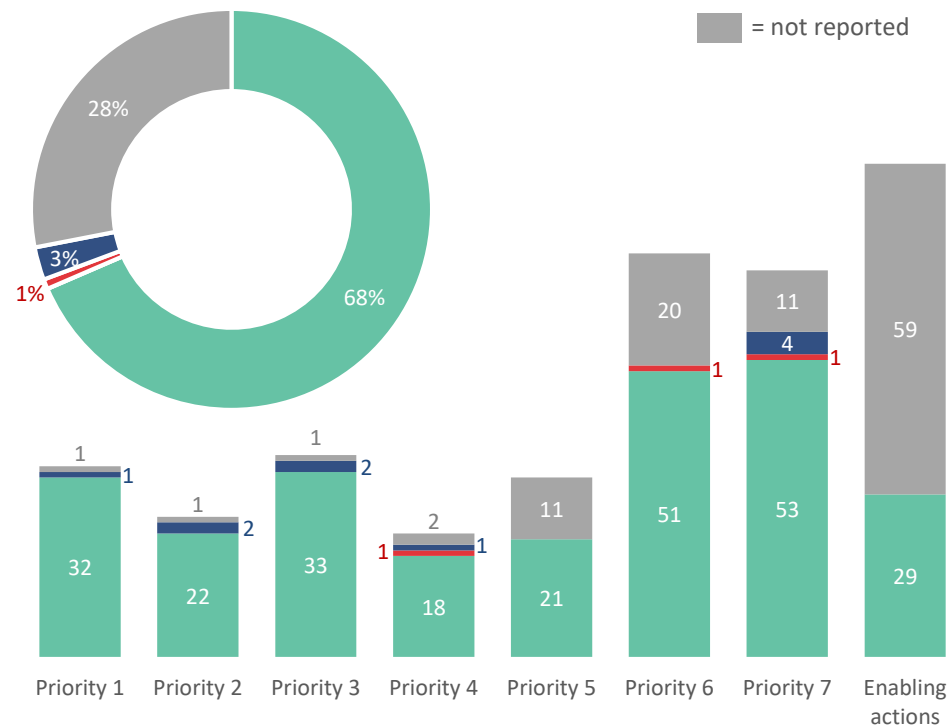


To secure this ambition, *Working to Achieve a Healthier Future for Wales* has seven priorities and each has defined:

- 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

Summary of performance

Progress across all Strategic Priorities – February 2020



Performance highlights to note

- Month 11 revenue position is a small surplus of £4K, and currently anticipating a breakeven position at year end
- Number of complaints responded to within 2 working days remains at 100%; all nine complaints received in February remain within the 30 day target
- Treated smokers who are CO validated as successful exceeded target in Q3
- Breast Test Wales normal results sent (2 weeks) is now above standard in February (up 22.2% from January)
- Cervical Screening test result waits (4 wks) has returned to standard at 95.4%
- Performance remains positive for reported All-Wales vaccination rates at Q3

Status

Of the 378 change activities being tracked this year, 68% are being reported as on target for delivery by March 2020 (88% reported last month). Whilst good progress has been reported across Strategic Priorities 1-4, the unprecedented response to the COVID-19 outbreak has had a direct impact on the ability of a number of our priority areas to meet agreed milestones. In particular, this is being acutely felt across Strategic Priorities 5 and our enabling functions where work has been suspended.

Review process

Following the rapid mobilisation of our people across the organisation, a decision was made to stand down the Strategic Priority Coordination Group (SPCG) in February and March. Requests for change from Priority Groups have therefore not been submitted to the SPCG for consideration / approval. The situation will continue to be monitored.

Key Actions in February / March

- COVID-19 response has resulted in a shift in priority across the organisation
- Strategic Priority Group and Coordination Group meetings postponed due to organisation wide COVID-19 response
- Review IMTP and Annual Plan to consider areas where slippage this year might affect dependencies in the IMTP

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

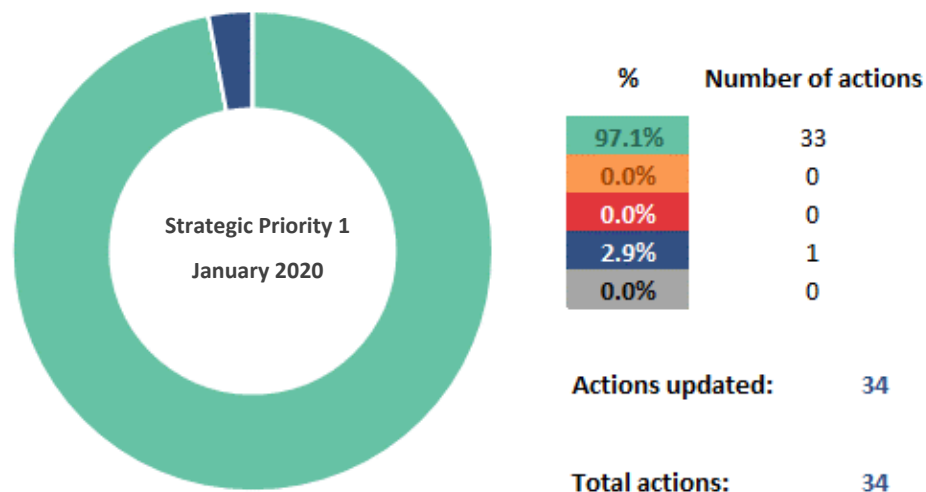
Performance challenges to note

- Monthly agency spend increased from £193K to £242K in February 2020
- Although improvements were evident in-month, Bowel Screening Wales colonoscopy and Breast Test Wales assessment waits remain below standard
- All-Wales C. difficile, Staph. aureus and E. Coli bacteraemia rates are above respective national targets for February 2020
- % treated smokers by smoking cessation services is below target in Q2 19/20
- Time to hire period increased from 42 days to nearly 49 days in January
- In-month sickness absence rates worsened over the latest reporting period
- Number of incidents increased between December (130) and February (213)

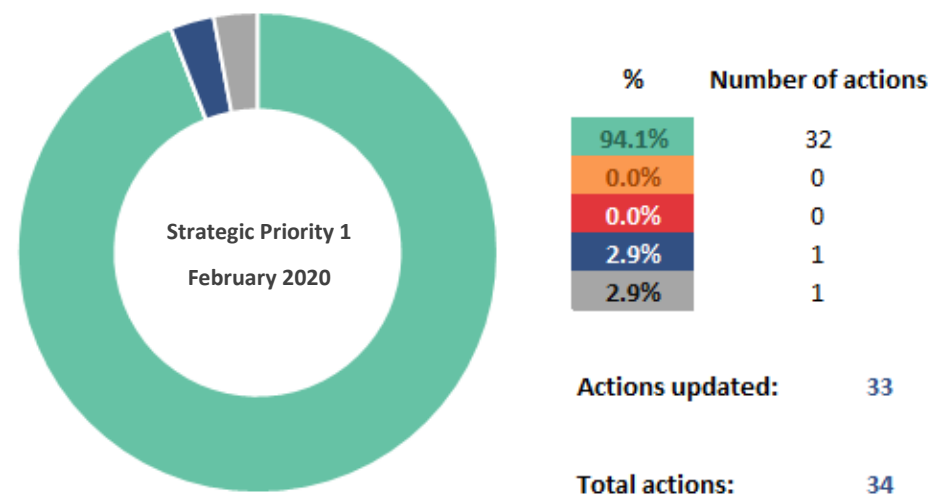
By 2030, we will:

- 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 – January 2020



Summary of performance – February 2020



Improving mental well-being and resilience



By 2030, we will:

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

Summary of performance – January 2020



%	Number of actions
88.0%	22
0.0%	0
0.0%	0
12.0%	3
0.0%	0

Actions updated: 25

Total actions: 25

Summary of performance – February 2020



%	Number of actions
88.0%	22
0.0%	0
0.0%	0
8.0%	2
4.0%	1

Actions updated: 24

Total actions: 25

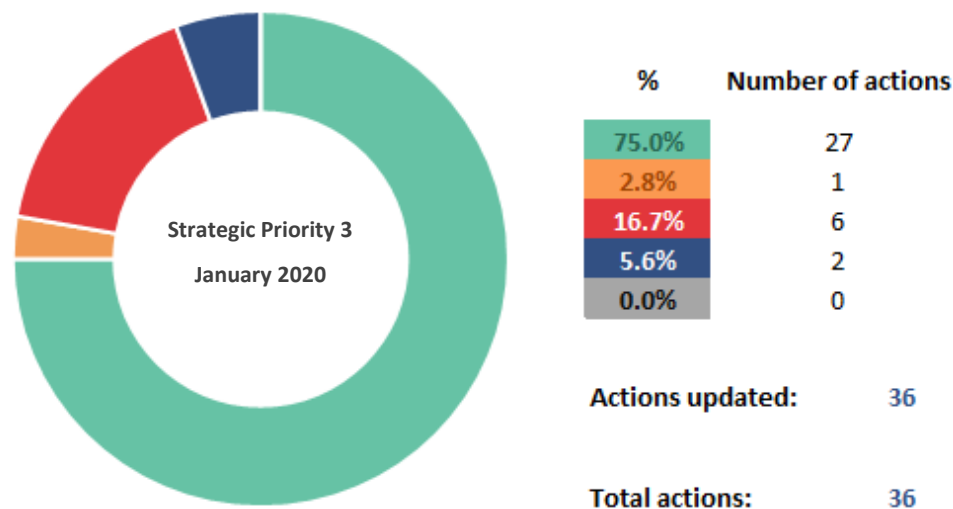
Promoting healthy behaviours

Promoting
healthy
behaviours

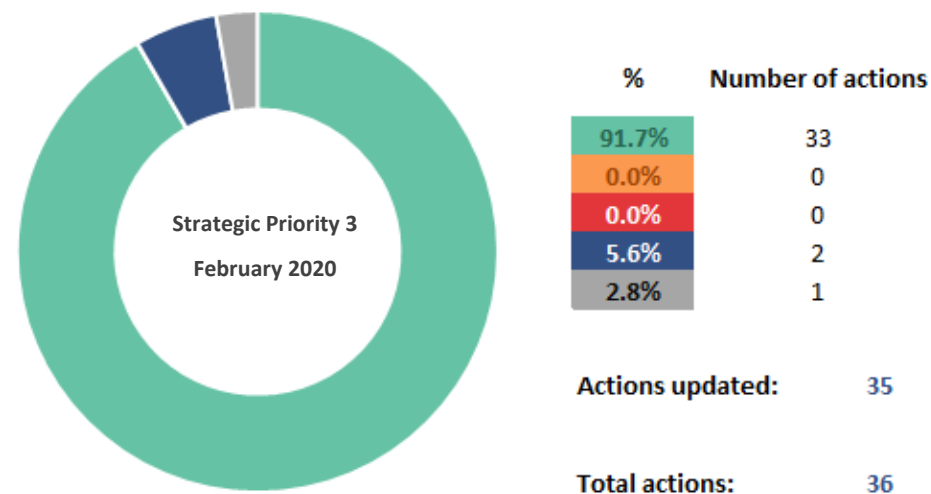
By 2030, we will:

- 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 – January 2020



Summary of performance – February 2020



Performance indicators

Help me Quit

	Quarter 1	Quarter 2	Quarter 3	Quarterly target
% smoking population treated by smoking cessation service	0.95%	0.84%	Not available	(1.25% target)
% of treated smokers who are CO validated as successful	44.5%	47.1%	43.1%	(40% target)

* Stop Smoking Wales specific indicators no longer reported following transfer of service to Health Boards.

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

Securing a healthy future for the next generation

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 – January 2020



%	Number of actions
86.4%	19
0.0%	0
13.6%	3
0.0%	0
0.0%	0

Actions updated: 22

Total actions: 22

Summary of performance – February 2020



%	Number of actions
81.8%	18
0.0%	0
4.5%	1
4.5%	1
9.1%	2

Actions updated: 20

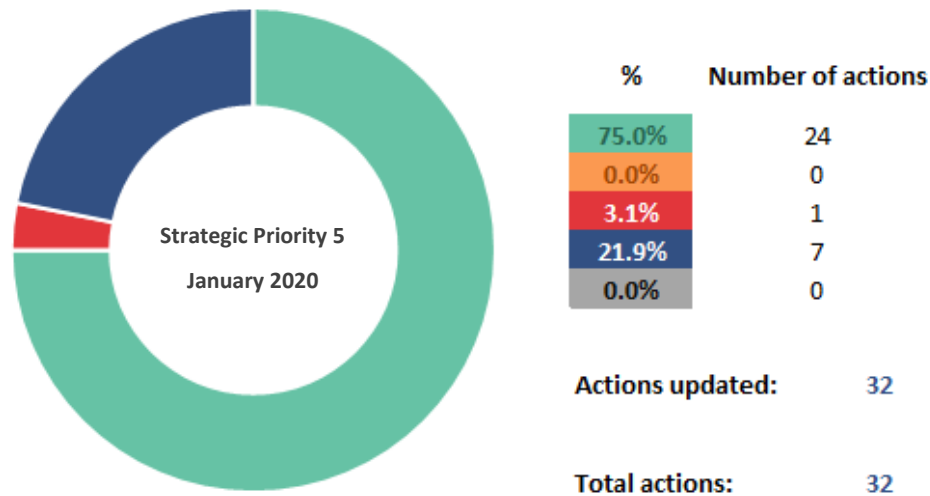
Total actions: 22

Protecting the public from infection and environmental threats to health

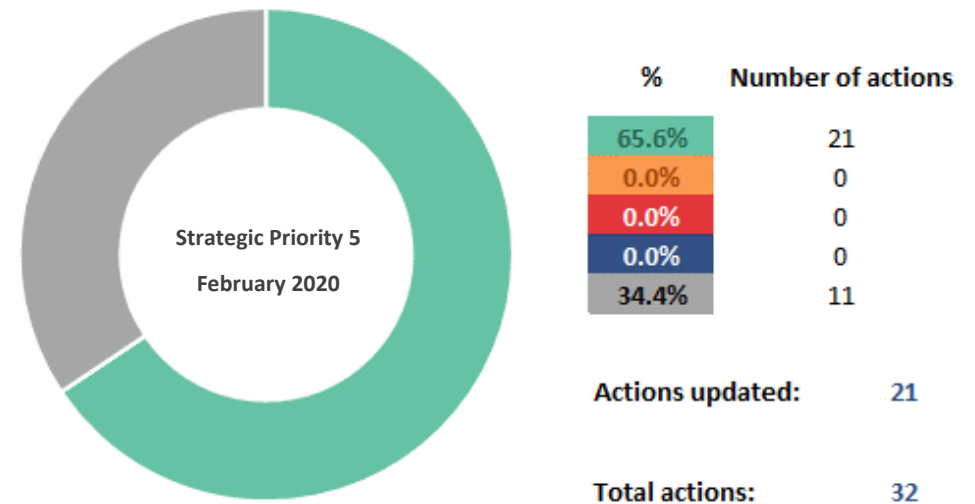
By 2030, we will:

- 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 – January 2020



Summary of performance – February 2020



Performance indicators

Healthcare Associated Infections (February 2020)

Clostridium difficile rate	26.7 per 100,000	▲ 2.6	Outside of ≤25 target
Staph aureus rate	24.2 per 100,000	▼ 7.4	Outside of ≤20 target
E.Coli bacteraemia rate	80.8 per 100,000	▲ 5.6	Outside of ≤67 target

Vaccination & Immunisation (Q3 2019/20)

% children who received 3 doses of the '6 in 1' by age 1	95.9%	(96.3% target)
% children who received 2 doses of MMR vaccine by age 5	92.3%	(90.8% target)

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

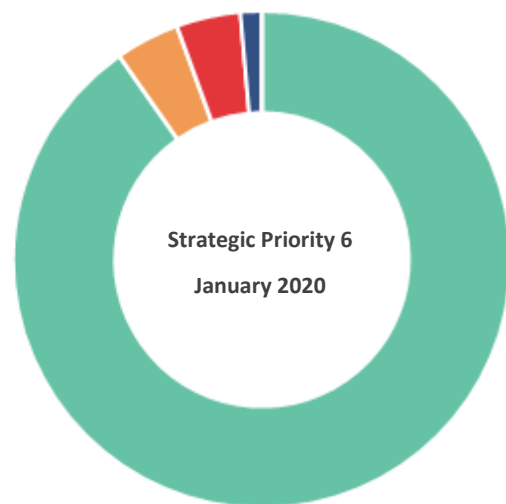
Supporting the development of a sustainable health and care system focused on prevention and early intervention

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 – January 2020



%	Number of actions
90.3%	65
4.2%	3
4.2%	3
1.4%	1
0.0%	0

Actions updated: 72

Total actions: 72

Summary of performance – February 2020



%	Number of actions
70.8%	51
0.0%	0
1.4%	1
0.0%	0
27.8%	20

Actions updated: 52

Total actions: 72

Performance indicators: highlights

Breast Test Wales – Normal results sent within 2 weeks of screen

99.0% ↑ 22.2% Above 90% standard

Breast Test Wales – Round length (36 months)

89.9% ↑ 3.3% Below 90% standard

Cervical Screening Wales – Waiting time for screening test results (4 weeks)

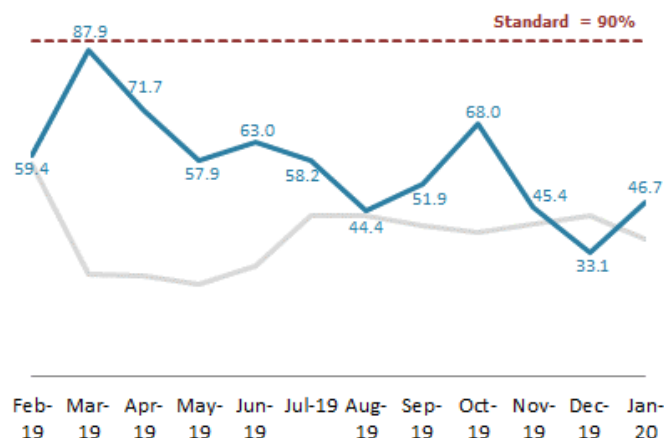
95.4% ↑ 1.2% Above 95% standard

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

Performance indicators: challenges

Bowel Screening Wales

Percentage waiting time for colonoscopy within 4 weeks of booking appointment



Cause

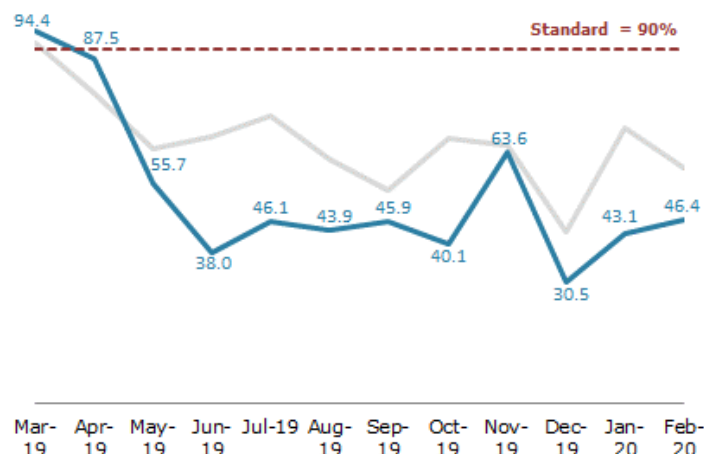
- Waiting times for colonoscopy continues to perform below national standard due to a lack of capacity in endoscopy, including ongoing issues with symptomatic services
- Recruitment to fill consultant posts in Health Boards remains challenging impacting on the number of screening colonoscopists available to undertake screening endoscopy lists

Action

- Work ongoing with health boards that consistently underperform
- Recently completed a round of service review meetings with all seven health boards in Wales, where performance is discussed
- Ongoing monitoring of progress against Health Board recovery plans
- Implementation of the new polyp surveillance guidelines should release significant capacity in the system
- Two new screening colonoscopists are being assessed in March 2020
- Plans for an additional four screening colonoscopists to undergo accreditation during 2020

Breast Test Wales

Percentage of assessment invitations given within 3 weeks of scan



Cause

- Low medical staffing levels due to annual leave, professional leave, maternity leave and sickness continue to impact on performance
- West Wales has very low medical staffing levels; performance is very sensitive to leave of any kind.
- Medical staffing vacancy in West Wales region
- Back log of film reading in WW has increased the wait to assessment in this region

Action

- Additional staff being trained to support the service in the medium term
- North Wales providing film reading support to West Wales region
- Weekly escalation meetings have been scheduled for the West Wales Centre to further manage the assessment pathway.
- Clinics dynamically managed to ensure best utilisation of slots taking into account the case mix and cancellations

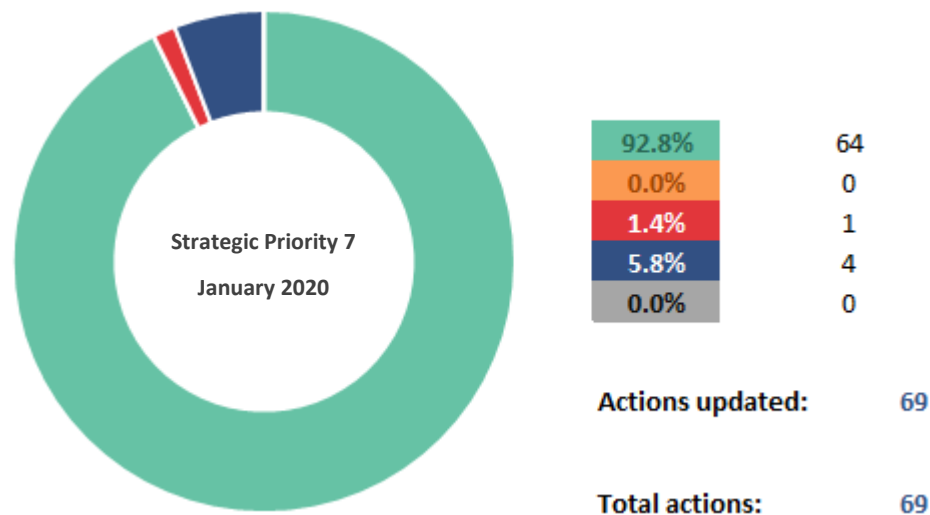
Building and mobilising knowledge and skills to improve health and well-being across Wales

Building
& mobilising
knowledge and
skills to improve
health and well-
being across
Wales

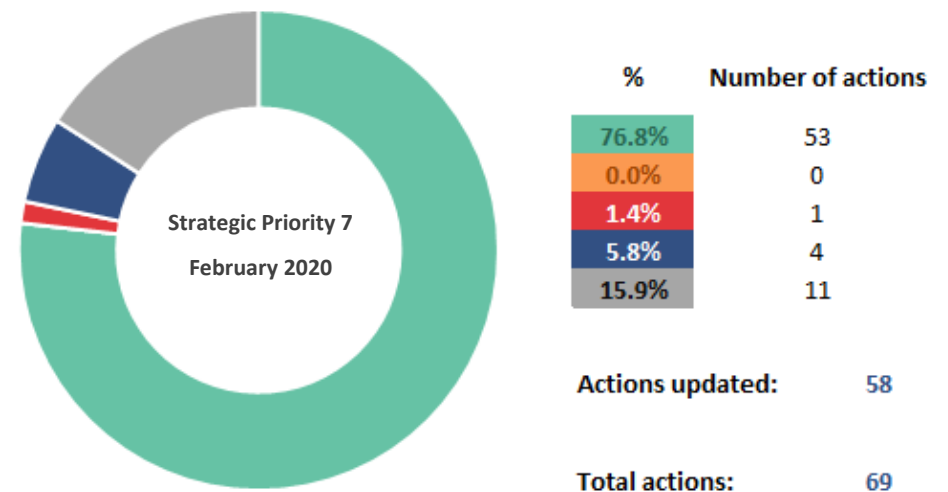
By 2030, we will:

- 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 – January 2020



Summary of performance – February 2020

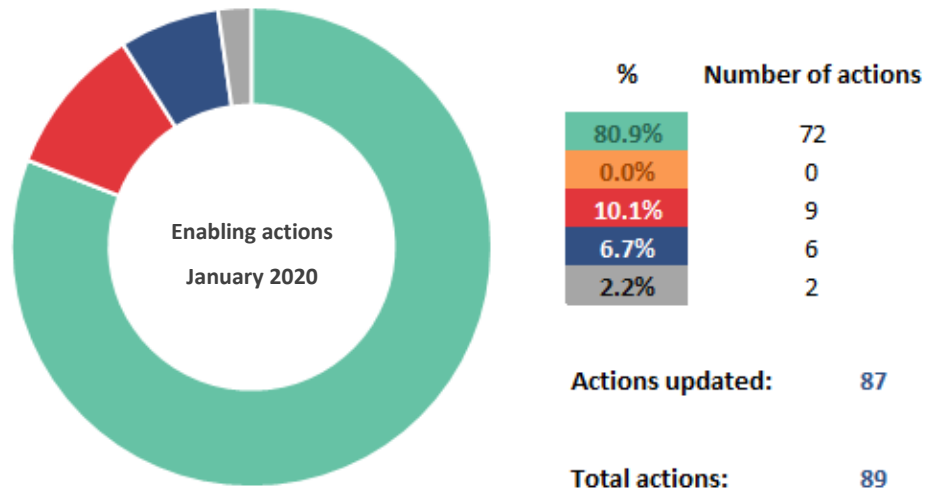


Enabling delivery of our strategic priorities

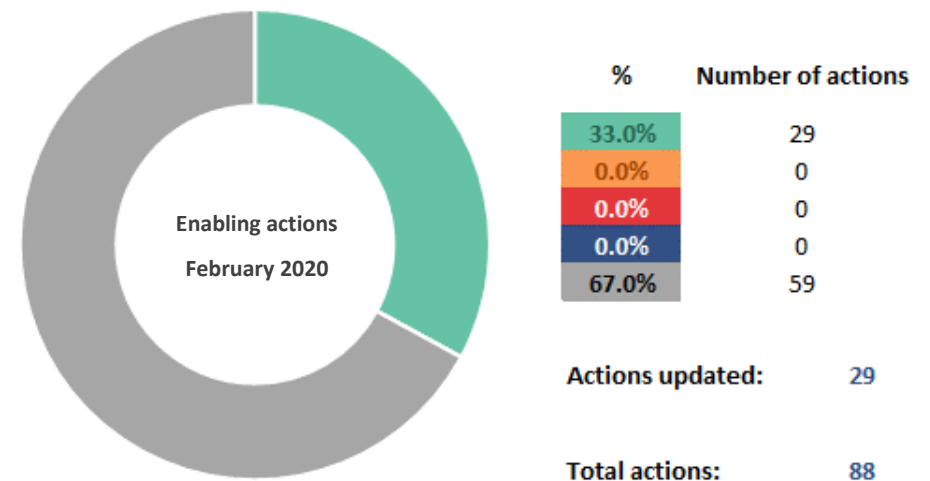
We are supported by a number of internal enabling functions whose work is critical to delivering our seven strategic priorities. The enabling functions support the organisation through:

- 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 – January 2020



Summary of performance – February 2020



Overview of Financial Performance – Month 11 2019/20

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 29th February 2020 (M11), 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 12th March 2020 as part of the full financial monitoring return for Month 11.

2. Summary of Key Financial Performance

The cumulative reported position is a net surplus of £4k, and is summarised in the table below:

Cumulative Position

Target	Current Month	Year to Date	Year-end Forecast
Revenue financial target Deficit/(Surplus)	54K	(4K)	Breakeven
Capital financial target	(33K)	(533K)	Breakeven
Public Sector Payment Policy	96%	96.40%	>95%

-£4K Surplus

Income £'000

£222K

Annual Budget	-£150.09M
YTD Budget	-£135.65M
YTD Actual	-£135.87M

Pay £'000

-£1,369K

Annual Budget	£93.65M
YTD Budget	£85.17M
YTD Actual	£83.80M

Non-Pay £'000

£1,587K

Annual Budget	£56.45M
YTD Budget	£50.47M
YTD Actual	£52.06M

2.1 Key Actions

- The month-end position for Public Health Wales is a surplus of £4k. This consists of variances across Public Health Wales that will be monitored as part of our ongoing budgetary control process. The month-end position includes £0.156m of costs directly related to the Trust's Coronavirus response. This additional expenditure has currently been managed within our M11 position
- Directorate forecast positions for year-end have been completed and agreed with Executive Directors as part of the mid- year reviews. Assurance has been received to confirm that Directorates have robust spending plans in place for M12 in order to deliver the agreed year-end forecast of break-even. Following correspondence with Welsh Government on COVID19, a schedule of all the costs are being compiled for their consideration of additional funding to enable the Trust to maintain its year-end forecast break-even position.

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	51,393	46,358	46,843	485	1.05%
Central Budgets Directorate	-96,957	-87,495	-87,322	173	-0.20%
Operations and Finance Directorate	8,197	7,526	7,546	21	0.27%
WHOC Collaborating Center Directorate	2,187	1,886	1,892	6	0.32%
NHS Quality Imp Division	3,721	3,386	3,388	2	0.06%
Hosted Directorate	0	-71	-71	0	0.00%
ACE's Hub Directorate	100	86	86	-0	0.00%
Board and Corporate	1,981	1,815	1,786	-29	-1.62%
Workforce & Org Develop Directorate	1,624	1,492	1,449	-43	-2.87%
Quality Nursing & Other Allied Profs Direc	2,283	2,086	1,951	-135	-6.46%
Knowledge Directorate	4,021	3,560	3,359	-201	-5.65%
Health & Wellbeing Directorate	21,451	19,371	19,089	-282	-1.46%
Grand Total	0	0	-4	-4	0.00%

Financial Position By Income Pay Non Pay £'000

Row Labels	Income	Pay	Non Pay	Grand Total
Public Health Services Directorate	-201	-310	996	485
Central Budgets Directorate	-9	-45	227	173
Operations and Finance Directorate	-3	-83	106	21
WHOC Collaborating Center Directorate	0	-38	44	6
NHS Quality Imp Division	-1	-26	29	2
Hosted Directorate	-0	-0	0	0
ACE's Hub Directorate	0	-2	2	-0
Board and Corporate	-1	-17	-12	-29
Workforce & Org Develop Directorate	-3	-31	-9	-43
Quality Nursing & Other Allied Profs Direc	-4	-159	28	-135
Knowledge Directorate	-1	-241	41	-201
Health & Wellbeing Directorate	-0	-416	134	-282
Grand Total	-222	-1,369	1,587	-4

3.1 Key Actions

Key overspends reported in Month 11:

- Public Health Services Directorate – this position shows an increase in the cumulative overspend from M10 to £485k at M11. This is largely due to additional costs incurred on COVID19 of £156k, which are included in the position. The month 11 position is after the release of funding as agreed as part of the mitigating actions against spending pressures within Microbiology and after reflecting the outcome of a February 2020 stock take. **ACTION:** After the release of funding and stock take adjustments a breakeven position was anticipated for month 11. Non-pay spend in Microbiology along with the COVID19 expenditure are the main reasons for the deviation from the plan, and work is ongoing to identify further mitigating actions to deliver as close to a breakeven position as possible.
- Central Budgets – Over spend of £485k is predominantly due to a provision for the payment of Voluntary Early Release Scheme (VERs) and a reduction in our expected levels of VAT recovery for 2019/20. The Central Budgets are being managed as part of a number of financial risks and opportunities reported on following the declaration of the Directorate forecasts and investment slippage to manage the overall Trust position. Please refer to section 8.

Key underspends reported in Month 11 are all in respect of vacancies and delayed recruitment plans within the following Directorates:

- Health & Wellbeing Directorate – Under spend of £282k is mainly due to Local Public Health Team vacancies plus the vacant Deputy Director post.
- Knowledge Directorate – Under spend of £201k is due to vacancies within most of the divisions across the Directorate.
- Quality, Nursing & Other Allied Professionals – Under spend of £135k. This relates predominantly to pay underspends due to a number of vacancies.

ACTION: these underspends are consistent with the Directorate forecasts for recruitment. These underspends have now been factored into the overall management of the financial 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 achieved for 2019/20 are £1.177m.

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 11 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: Continue to work with Directorate leads to ensure that the efficiencies are being delivered on an ongoing basis.

4.1 Key Actions

Organisational Work Stream	2019/20 Target £	2019/20 Plans £	2019/20 +/- £	Recurrent Target £	Recurrent Plans £	Recurrent +/- £
Workforce	50	50	0	50	50	0
Estates and Accommodation	50	50	0	50	50	0
Procurement	65	65	0	65	65	0
Total	165	165	0	165	165	0

The latest update confirms that the Trust has met the Organisational efficiency target of £165k for 2019/20. The current position for 2020/21 reports a range of savings schemes identified as Green/Amber totalling £265k. Further work is required to ensure that further pipeline schemes are progressed to deliver the gap of £185k.

ACTION: Continue to work on the 2020/21 efficiency savings. Audit Corporate Governance Committee will receive an update at the next meeting to be held on the 19th March 2020.

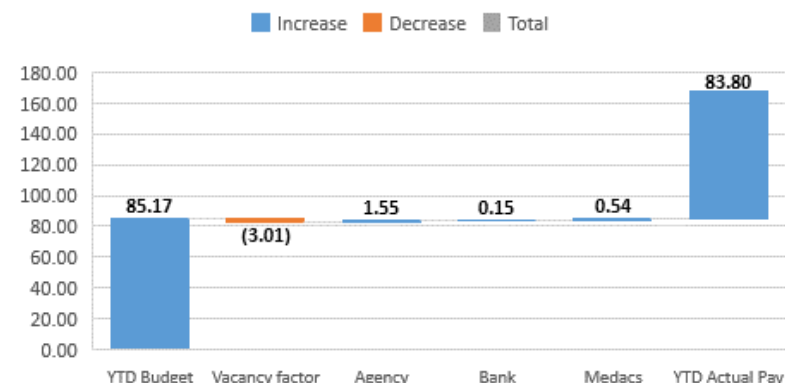
5. Pay Analysis

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
Hosted Directorate	9,611	7,876	7,876	-0	0.00%
ACE's Hub Directorate	377	319	319	-0	0.00%
Board and Corporate	1,911	1,588	1,572	-16	-1.01%
WHOC Collaborating Center Directorate	2,913	2,397	2,378	-19	-0.80%
NHS Quality Imp Division	4,124	3,397	3,375	-23	-0.67%
Workforce & Org Develop Directorate	1,536	1,293	1,262	-31	-2.40%
Central Budgets Directorate	912	762	714	-49	-6.38%
Operations and Finance Directorate	5,208	4,216	4,139	-77	-1.82%
Quality Nursing & Other Allied Profs Dir	2,145	1,772	1,631	-141	-7.96%
Knowledge Directorate	3,958	3,257	3,045	-212	-6.51%
Health & Wellbeing Directorate	16,903	14,160	13,768	-392	-2.77%
Public Health Services Directorate	44,591	36,629	36,199	-430	-1.17%
Grand Total	94,189	77,667	76,277	-1,390	-1.79%

Cumulative Pay Bill - Workforce Trends



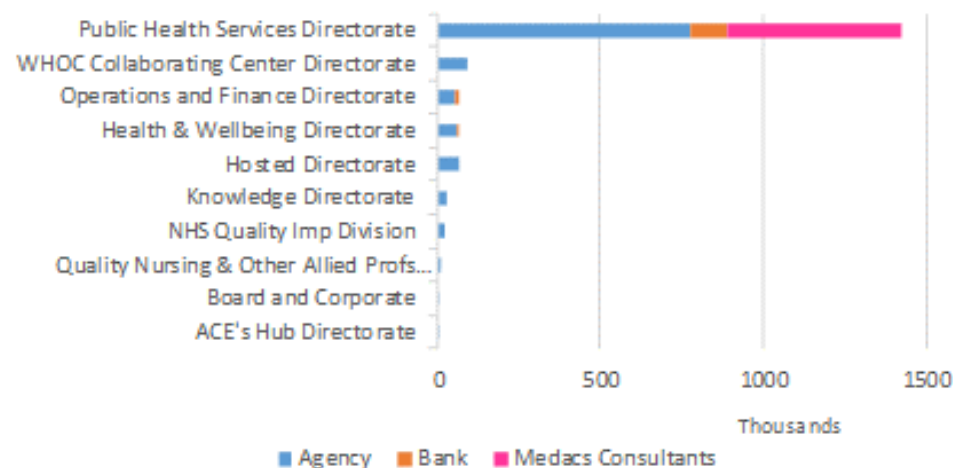
5.1 Key Actions

The overall pay position for Public Health Wales at month 11 is an underspend of £1,369m, this is after taking into account £3.01m negative budget for vacancy/turnover factor. Agency costs in month 11 are higher than the trend of 2018/19, equating to 3.2% (2018/19 – 2.6%) of total pay expenditure. Our year to date agency expenditure is 1.8% of total pay spend. In month 11 expenditure increased to 3.2% due to an increase in agency spend in the following areas:

- NHS Wales Health Collaborative – agency spend relating to the Laboratory Information Network Cymru (LINC) programme has been moved from capital to revenue in month.
- Public Health Services – agency spend incurred to support the Coronavirus response.
- WHO Collaborating Centre – Expenditure on Early Years and Prevention research projects

As at month 11 Public Health Services are underspending on pay by £310k largely as a result of Screening under spending by £390k. This is due to vacancies within Breast Test Wales and Diabetic Eye Screening and recruitment is continuing within both these Programmes. Additional pay costs of £123k incurred as a result of the response to Covid-19 are also included within the Public Health Services position. Release of agreed funding to mitigate pressures in Biomedical Scientists and Consultants workforce within microbiology has offset previous pay overspends. **ACTION:** Continue to monitor Directorate vacancies and recruitment plans to ensure an accurate reflection within the year-end financial position. Health & Wellbeing, Knowledge and Quality, Nursing and Other Allied Professions are underspending by £416k, £241k and £159k respectively. Please refer to 3.1 for details. **ACTION:** As per 3.1

Variable Pay By Directorate

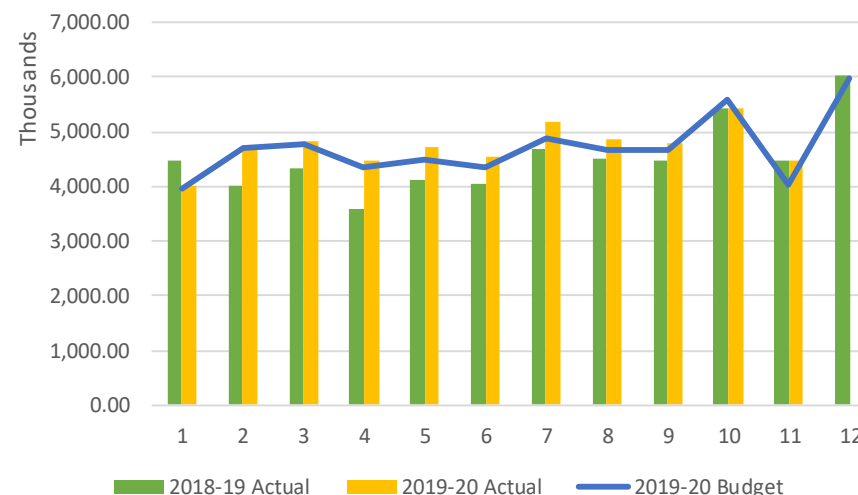


6. Non Pay Analysis

Non-Pay Position By Directorate £'000

Directorate	Annual Budget	YTD Budget	YTD Actual	YTD Variance	% YTD Var / YTD Bud
Public Health Services Directorate	29,353	26,494	27,490	996	3.76%
Central Budgets Directorate	3,857	3,602	3,829	227	6.30%
Health & Wellbeing Directorate	7,463	6,482	6,616	134	2.07%
Operations and Finance Directorate	3,571	3,278	3,385	106	3.24%
WHOC Collaborating Center Directorate	709	556	600	44	7.93%
Knowledge Directorate	589	456	498	41	9.09%
NHS Quality Imp Division	1,320	1,084	1,112	29	2.67%
Quality Nursing & Other Allied Profs Director	185	171	199	28	16.38%
ACE's Hub Directorate	123	104	106	2	1.87%
Hosted Directorate	8,749	7,756	7,756	0	0.00%
Workforce & Org Develop Directorate	350	328	319	-9	-2.83%
Board and Corporate	177	165	153	-12	-7.12%
Grand Total	56,447	50,475	52,062	1,587	3.14%

Non Pay Run Rates



6.1 Key Actions

Non-pay has been profiled according to expenditure plans received to date. As at month 11 the key areas of overspends are:

- Public Health Services – Over spend of £996k. Within Microbiology the main non-pay over spends are £212k on North Wales courier costs, £99k on equipment maintenance, £68k on laboratory consumables and £130k on Divisional Management. Within the Screening Division Breast Test Wales are reporting an over spend of £277k against non-pay due to increased running and maintenance costs for the ageing mobile units as well as the British Telecom and equipment maintenance costs, whilst Diabetic Eye Screening are also reporting an over spend of £72k on IT equipment for new staff, translation and vehicle maintenance. The position also includes spend of £33k for Covid-19 test kits and other associated items. **ACTION:** As per 3.1 above, further work is being undertaken to investigate the Microbiology non-pay position and to identify further mitigating actions to deliver as close to a breakeven position as possible.
- Central Budgets – Over spend of £227k. As per point 3.1, this position reflects a number of financial risks and opportunities reported following the month 9 review of Directorate forecasts and slippage on investment bids expenditure plans. Please refer to section 8.
- Health & Wellbeing Directorate – Over spend of £134k. The majority of this overspend is within the Primary Care division and is a result of reinvestment plans for pay slippage.

7. Income Analysis

Income Position By Directorate £'000				
Directorate	Annual Budget	YTD Budget	YTD Actual	YTD Variance
WHOC Collaborating Center Directorate	-1,442	-1,326	-1,326	0
ACE's Hub Directorate	-400	-367	-367	0
Hosted Directorate	-18,112	-16,350	-16,350	0
Health & Wellbeing Directorate	-2,668	-2,415	-2,415	0
NHS Quality Imp Division	-1,719	-1,454	-1,454	0
Board and Corporate	-108	-99	-100	0
Knowledge Directorate	-527	-502	-504	-1
Workforce & Org Develop Directorate	-262	-250	-253	-3
Operations and Finance Directorate	-579	-412	-415	-3
Quality Nursing & Other Allied Profs Dir	-46	-42	-46	-4
Central Budgets Directorate	-101,718	-91,934	-91,943	-9
Public Health Services Directorate	-22,512	-20,496	-20,697	-201
Grand Total	-150,092	-135,646	-135,869	-222

7.1 Key Actions

The month 11 position of £222k of over achievement against income relates mainly to Public Health Services. Education & Training income is higher than budgeted across the Microbiology and Screening Divisions. Screening has also received additional funding from Health Education and Improvement Wales to develop the Screening diploma and from the Moondance Foundation in order to increase uptake of bowel screening and reduce inequalities across Wales.

8. Forecast Position and Investment Status

Directorate	Month 9 Year End Forecasts 19/20 £000's	Remaining investment monies to transfer @ Month 11 £000's
1000 Lives	0	15
Health & Wellbeing	-124	64
Knowledge Directorate	-94	0
Ops & Finance	0	9
People & OD	1	77
Quality, Nursing & Allied Health Prof	-71	3
WHO Collaborating Centre	0	7
Board & Corporate	0	0
Public Health Services	0	0
Grand Total	-289	175

The Trust is forecasting a year-end breakeven outturn. Following the month 9 Directorate returns, Directors have provided assurance that they have robust spending plans in place for M12 in order to deliver the agreed year-end forecasts.

The M11 position includes £0.156m of costs directly related to the Trust's Coronavirus response. This additional expenditure has currently been managed within our M11 position. Following correspondence with Welsh Government, a schedule of all the costs are being compiled for their consideration of additional funding to enable the Trust to maintain its year-end forecast break-even position

ACTION: To liaise with Welsh Government regarding the costs incurred in respect of COVID19, and continue to monitor the forecast spending plans to ensure delivery of the agreed year-end position.

9. Balance Sheet

	Opening Balance 1/4/2019 £000s	Movement £000s	Closing Balance 29/02/20 £000s
Non-Current Assets			
Property, plant and equipment	11,352	(891)	10,461
Intangible assets	913	(184)	729
Trade and other receivables	327	465	792
Non-Current Assets sub total	12,592	(610)	11,982
Current Assets			
Inventories	569	156	725
Trade and other receivables	11,372	14,805	26,177
Cash and cash equivalents	5,146	1,842	6,988
Current Assets sub total	17,087	16,803	33,890
TOTAL ASSETS	29,679	16,193	45,872
Current Liabilities			
Trade and other payables	(12,219)	(16,534)	(28,753)
Provisions	(1,284)	952	(332)
Current Liabilities sub total	(13,503)	(15,583)	(29,086)
NET ASSETS LESS CURRENT	16,176	610	16,876
Non-Current Liabilities			
Trade and other payables	(1,004)	(346)	(1,350)
Provisions	(1,672)	(213)	(1,885)
Non-Current Liabilities sub	(2,676)	(559)	(3,235)
TOTAL ASSETS EMPLOYED	13,500	51	13,551
FINANCED BY: Taxpayers'			
PDC	12,469	0	12,469
Retained earnings	567	4	571
Revaluation reserve	464	47	511
TOTAL TAXPAYERS' EQUITY	13,500	51	13,551

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

Property, plant and equipment has decreased by £1.075m. M1-11 actual depreciation was posted in M11. Up to this point, depreciation had been accrued (and included in other payables). We expect non-current assets to increase before year-end as our capital spending plans are executed.

Current trade and other receivables has increased by £14.805m. £8.173m of the variance relates to the PHW M12 core income invoice which is was raised in M11 and remained outstanding at the end of the month. £3.500m of the variance is due to accrued income for the NHS Welsh Health Collaborative (£2.013m) and Microbiology (£1.487m). This is predominantly SLA accrued income. £3.339m of the variance relates to outstanding core income invoices raised in M11 for the Collaborative and Finance Delivery Unit.

Cash and cash equivalents has increased by £1.842m. This is mainly as a result of the timing of our tax and NI payments (£1.725m), which are paid a month in arrears in year but settled in full by year end.

Current trade and other payables has increased by £16.534m since the beginning of the year. £8.173m of this variance relates to the M12 core income which has been invoiced in M11 and has been treated as deferred until required in M12. Accrued pay and non pay expenditure for the Collaborative makes up £2.183m of the movement and £1.078m is deferred income for the Collaborative. £1.382m of PHW M11 core income has been treated as deferred. Most of the remaining movement relates to accrued expenditure for National Exercise Referral Scheme (NERS) (£1.453m). £1.725m of the movement relates to timing of tax and NI payments as mentioned above.

Current provisions have reduced by £0.952m due to the settlement of clinical negligence claims and an HR case in year and 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)	(£435k)

Public Health Wales capital funding for 2019/20 totals £3.740m, split as follows:-

- Discretionary £1.148m
- Strategic £2.592m, which is in respect of CSIMs year 4, Digital Priorities Investment Fund, WAAASP Equipment Replacement, Screening Mammography Equipment and Laboratory Information Network Cymru.

Excluding the Strategic projects, 30 bids totalling £1.148m for discretionary funding have been approved. Of these,

- £0.618m has been spent YTD
- £0.350m committed with purchase orders
- £0.180m Procurement input received, no purchase orders raised as at month 11 but expected in month 12. Included in this is £114k for CISCO switch software licence upgrades.

ACTION: Capital team to work closely with Project managers and Procurement to ensure Capital schemes are delivered within the financial year and their capital allocations.

11. Recommendations

The Board is asked to note the following:-

- financial position reported at month 11;
- the agreed forecasts and position on investments;
- status of the Capital Programme for 2019/20.

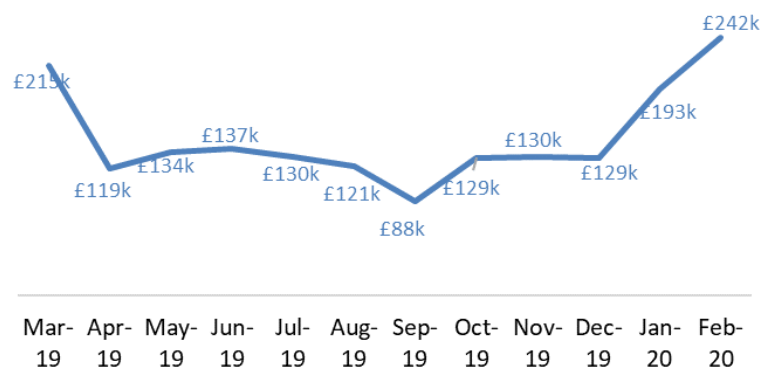
12. Action Register

The following action register lists the open actions with previous actions closed and removed to a closed action register, which is available on request.

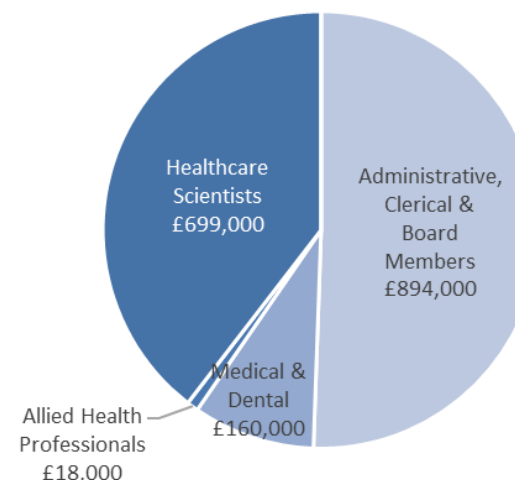
Posted On	ID ref	Area	Actions	Due Date	Update	Status
M03	3.1	Public Health Services Directorate	The dedicated monthly finance meetings have been established and a detailed action plan produced which focuses on those key areas of increasing spend.	Ongoing	After the release of funding and stock take adjustments, a breakeven position was anticipated for month 11. Work is on-going to identify further mitigating actions to deliver as close to a breakeven position as possible.	Open Ongoing review
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	Continue to work with Directorate leads to ensure that the efficiencies are being delivered on an on-going basis Continue to work on the 2020/21 efficiency savings. Audit Corporate Governance Committee will receive a detailed report at the next meeting to be held on the 19 th March 2020.	Open
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	Continue to monitor Directorate vacancies and recruitment plans to ensure an accurate reflection within the year-end financial position	Ongoing review and monitoring

Posted On	ID ref	Area	Actions	Due Date	Update	Status
M05	3.1	Quality, Nursing, Allied Health Professionals Health and Wellbeing Directorate Knowledge	Monitor recruitment plans through to year-end to ensure accurately reflected in overall financial position of Directorate.	Ongoing	Pay underspends are consistent with the Directorate forecasts for recruitment. These underspends have now been factored into the overall management of the financial position.	Ongoing
M09	10.1	Capital	Capital team to work closely with Project managers and Procurement to ensure Capital schemes are delivered within the financial year and within their capital allocations.	Ongoing		Open
M10	8.1	Forecast & Investment Status	Continue to monitor the forecast spending plans to ensure delivery of the agreed year-end position.		To liaise with Welsh Government regarding the costs incurred in respect of COVID-19 and continue to monitor the forecast spending plans to ensure delivery of the agreed year-end position	Open

Monthly agency spend



Rolling 12 months agency spend by category, March 2019 to February 2020



Summary

- Total agency spend has increased from £193K in January 2020 to £242K in February 2020, with actual costs for the year to date at £1.55M, equating to 1.9% of total pay expenditure (3.2% in-month). This is higher than agency spend in 2018/19 (2.6% of total pay).
- There has been an increase in expenditure in the categories 'Administrative, Clerical & Board Members' from £88K in January 2020 to £198K in February 2020, in 'Medical and Dental' from £8K to £9K and in 'Allied Health Professionals' from £0K to £6K. There has been a decrease in expenditure in the category 'Healthcare Scientists' from £97K to £29K.

Key actions

- All agency cases are reviewed by Finance and People Business Partners and scrutinised by the Establishment Control Panel to ensure alternatives have been explored before agency workers are engaged.
- As we approach year end we have had a number of short-term vacancies arise, and so agency workers have been engaged in order to ensure continued delivery up to the end of the financial year.

Overview of People Performance

Indicator		Timeframe			Target Source (as relevant)
Headcount		Dec-19	Jan-20	Feb-20	
Headcount (does not include Bank and Agency staff)		1,887	1,897	1,901	
Full time equivalents (FTE)		1,690.59	1,700.25	1,702.86	
Contractual Status		Dec-19	Jan-20	Feb-20	
Permanent		1,700	1,702	1,703	
Fixed term contracts		187	195	198	
Bank staff		43	34	34	
Agency workers		38	49	53	
TOTAL		1,968	1,980	1,988	
Staff Turnover		Target	Dec-19	Jan-20	Feb-20
Rolling 12 month staff turnover		10%	10.9%	10.7%	10.7% NHS Best Practice
Rolling 12 month staff turnover excluding Fixed-term staff			8.9%	8.9%	8.9%
Rolling 12 month Regrettable Turnover			6.1%	6.0%	5.9%
Monthly turnover rate			1.2%	0.5%	0.6%
Monthly turnover rate excluding Fixed-term staff			0.9%	0.5%	0.5%
Starters and Leavers			Dec-19	Jan-20	Feb-20
Starters Headcount			18	24	17
Leavers Headcount			22	10	12
Time to Hire		Target	Dec-19	Jan-20	Feb-20
Time from vacancy requested to conditional offer letter issued (days)		44	42.3	48.9	Not available NWSSP Target
Live Vacancies (by days open - January 2020 data)		Actual	< 44	44 - 55	> 55
Live Vacancies		25	15	1	9
Sickness Absence		Target	Dec-19	Jan-20	Feb-20
Monthly sickness absence rate (% FTE)		3.25%	3.78%	4.16%	Not available Internal Target
Rolling 12 month period sickness absence rate (% FTE)		3.25%	3.74%	3.74%	Not available Internal Target
Short term sickness absence rate (% FTE)			1.37%	2.01%	Not available
Long term sickness absence rate (% FTE)			2.41%	2.15%	Not available

Overview of People Performance

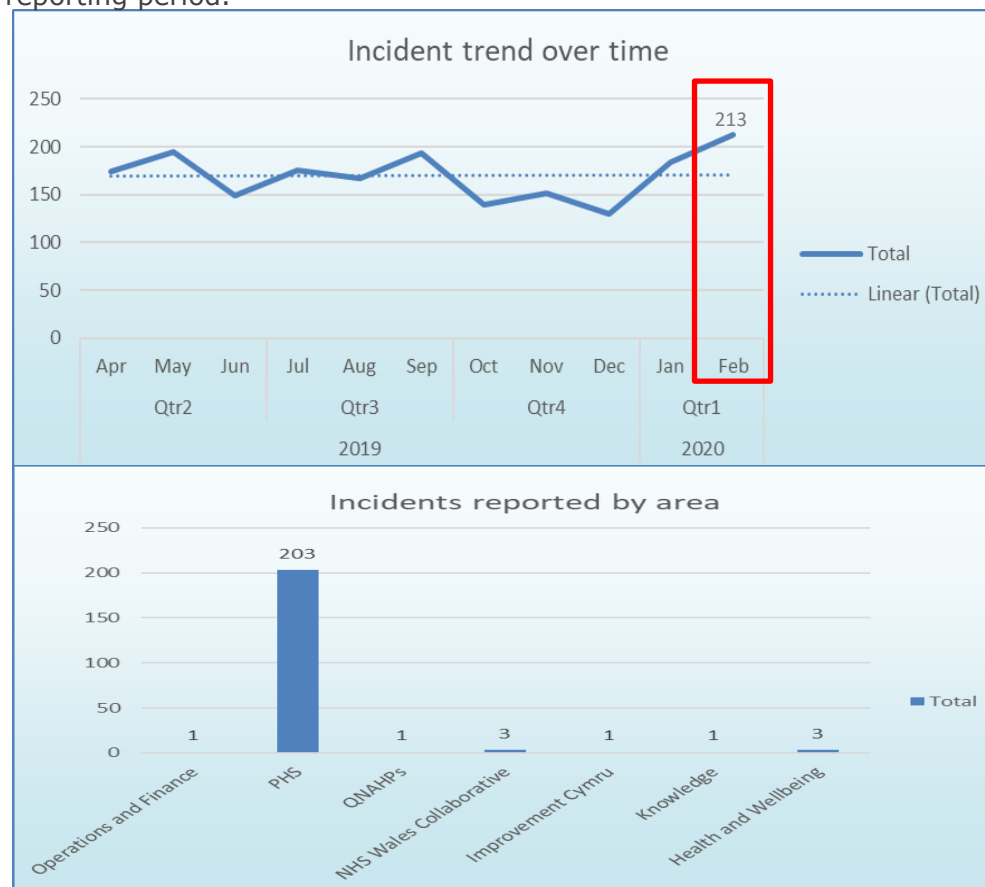
Statutory and Mandatory Training		Target	Dec-19	Jan-20	Feb-20	
Training Compliance with core competencies		95%	88.67%	89.47%	89.91%	Internal Target
Training Compliance including extended competencies			89.27%	90.05%	90.46%	
Appraisals		Target	Dec-19	Jan-20	Feb-20	
My Contribution Appraisal completed within previous 12 months		85%	77.67%	77.50%	75.50%	WG Target
Medical Revalidation Appraisal completed within previous 15 months					Not available	
Combined Appraisal % (under review)					Not available	
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				Feb-19	Feb-20	
Male				23%	23%	
Female				77%	77%	
Black, Asian and Minority Ethnic (BAME) Staff				Feb-19	Feb-20	
BAME				4%	5%	
White				76%	77%	
Not Declared/Unspecified				20%	18%	
Disability				Feb-19	Feb-20	
Yes				3%	4%	
No				61%	66%	
Not Declared/Unspecified				36%	30%	
Welsh Language Skill Level Declaration			Dec-19	Jan-20	Feb-20	
Listening/Speaking Welsh			87%	88%	89%	
Reading Welsh			84%	85%	87%	
Writing Welsh			84%	85%	87%	

Putting Things Right – Performance against tier 1 targets

Complaints	Target	February 2020
Total number of formal complaints received for the period 1 – 29 February 2020	-	9
Number (%) of complaints acknowledged within 2 working days	95% (PHW)	9
Number (%) of complaints responded to within 30 working days of receipt	75% (WG) 95% (PHW)	0*
Number (%) of complaints responded to Within a period exceeding 30 working days but within 6 months	-	0
Number of informal complaints (on the spot) received	-	4
Serious Incidents		
Number of serious incidents reported	-	0
Number of serious incidents not closed within 60 days	0%	0
Summary <ul style="list-style-type: none"> During the reporting period, a total of 9 formal complaints were received and all were acknowledged within the target time of 2 working days. *All formal complaints received during the reporting period are still under investigation, but remain within the target response time of 30 working days. Additionally 4 'on the spot' complaints were received and dealt with. No serious incidents were reported to Welsh Government. 		
Compliments <ul style="list-style-type: none"> For the period 1 – 29 February 2020, a total of 139 compliments were received. The ratio of compliments to complaints for this period was 10:1. 		
Action <ul style="list-style-type: none"> The responsibility for reporting compliance against tier 1 targets has now been delegated to the Chief Risk Officer, and is reported in full in the Quarterly Putting Things Right report. 		

Incident Reporting activity

- Through the reporting period there were a total of 213 incidents reported. The first chart shows the incident reporting trend over the financial year with the current reporting period highlighted, whereas the second chart shows the incidents reported by Directorate for the current reporting period.



Summary

- It will be noted that almost all of the incidents occur within Public Health Services, which is to be expected due to the clinical nature of their activities.
- There were 213 incidents reported during the reporting period which shows a continuing upward trend. This was anticipated following the introduction of new measures to improve and strengthen the incident reporting process.

Claims

	February 2020
Current number of confirmed claims	10
Current number of potential claims	7
Current number of redress cases	1
New claims received in month	0
Number of claims closed in month	0
New redress cases received in month	1
Number of redress cases closed in month	0
Number of Settled Claims in this reporting period	0
Aggregate value of confirmed claims in progress	£4,086,823.68
Aggregate value of potential claims	£5,990,000.00
Aggregate value of confirmed and potential claims	£10,076,823.68
Anticipated Public Health Wales Liability in respect of confirmed claims	£250,000

Summary

- At the end of February 2020 the total number of confirmed and potential clinical negligence claims was 17.
- The aggregated value of the confirmed claims is £4,086,823.68.
- The anticipated Public Health Wales liability in respect of both confirmed and potential claims is £250,000.
- The significant increase in aggregate value of potential claims is a result of a claim that is anticipated which will have a shared liability with a Health Board.
- Internal Audit provided substantial assurance for the Financial Management of Claims.

Action

- Lessons learnt relating to any settled claims are shared via the Quality, Safety and Improvement Committee via the quarterly claims report.

Performance data

Influencing the wider determinants of health

 >10% below target

 Within 10% of target

 Achieving target

 Not applicable

Healthy Working Wales	Annual Target	Q1 19/20	Q2 19/20	Q3 19/20
Organisations completing a CHS mock assessment	25	1	6	3
Private sector organisations completing a mock assessment	5	0	2	2
Organisations completing a full assessment	25	2	5	3
Private sector organisations completing a full assessment	5	0	1	1
Organisations achieving a Small Workplace Health Award	100	1	10	10

Improving mental well-being and resilience

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Welsh Network of Healthy Schools	Annual Target	Q1 19/20	Q2 19/20	Q3 19/20
Schools achieving level 1 - 5 award	180	45	54	41
Schools undertaking National Quality Award	50	17	2	2

Promoting healthy behaviours

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Help Me Quit	Annual target	Q1 19/20	Q2 19/20	Q3 19/20
% smoking population treated by smoking cessation services	5.0%	0.95%	0.84%	Not available
% of treated smokers who are carbon monoxide validated as successful	40%	44.5%	47.1%	43.1%
Stop Smoking Wales	Quarterly target	Q1 19/20	Q2 19/20	Q3 19/20
% of treated smokers who have a carbon monoxide reading at 4 weeks	80%	61.6%	63.7%	No longer reported
% of treated smokers that quit smoking at 4 weeks (self reported)	50%	72.2%	74.2%	
Average waiting time for an appointment in this month (days)	14	10	9	
Smoking Prevention Programme	Annual Target	Q1 19/20	Q2 19/20	Q3 19/20
Number of secondary schools targeted	60	16	0	23

YTD = Year to date

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

Performance data

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+	70.2%	at 12 Jan 2020 67.6%	at 16 Feb 2020 69.0%	at 1 March 2020 69.2%	
Influenza vaccination uptake among the under 65s in high risk groups	49.5%	40.7%	43.5%	43.9%	
Influenza vaccination uptake among pregnant women	74.2%	Reported annually	Reported annually	Reported annually	
Influenza vaccination uptake among healthcare workers	60.2%	56.1%	57.8%	57.8%	
Influenza vaccination uptake among Public Health Wales staff	N/A	63.8%	Not available	Not available	
Influenza vaccination uptake among Public Health Wales front line staff	70%	52.9%	66.8%	67.7%	
Percentage of children who received 3 doses of the '6 in 1' vaccine by age 1	96.3%	Q1 19/20 95.8%	Q2 19/20 95.1%	Q3 19/20 95.9%	
Percentage of children who received two doses of the MMR vaccine by age 5	90.8%	92.4%	92.4%	92.3%	
Healthcare Associated Infections		Target ¹	Dec	Jan	Feb
Clostridium difficile rate (per 100,000 population)	25	26.0	24.1	26.7	
Staph aureus bacteraemia rate (per 100,000 population)	20	27.5	31.6	24.2	
E. Coli bacteraemia rate (per 100,000 population)	67	74.9	75.2	80.8	
Klebsiella sp bacteraemia rate (per 100,000 population) *	10% annual reduction	18.8	16.6	24.2	
P. aeruginosa bacteraemia rate (per 100,000 population) *		7.2	6.4	6.7	
Microbiology		Target ¹	Q1 19/20	Q2 19/20	Q3 19/20
UKAS status of accreditation to ISO 15189:2012	Accredited	Accredited	Accredited	Accredited	
EQA performance (Bacteriology)	95%	98%	94%	96%	
EQA performance (Virology)	95%	98%	98%	96%	
EQA performance (Specialist and reference units)	95%	98%	97%	100%	
EQA performance (Food, Water and Environmental Laboratories)	90%	98%	99%	100%	
Turnaround time compliance (Bacteriology)	95%	94%	94%	93%	
Turnaround time compliance (Virology)	95%	92%	96%	93%	
Turnaround time compliance (Specialist and reference units)	95%	98%	99%	99%	
Turnaround time compliance (Food, Water and Environmental Labs)	95%	97%	98%	98%	
Turnaround time compliance urgent samples (Bacteriology/Virology)	95%	Reported annually	Reported annually	Reported annually	

* 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).

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

National Exercise Referral Scheme		Target ¹	Q1 19/20	Q2 19/20	Q3 19/20
Number of referrals		5,875	7,890	8,083	7,435
Number of 1st consultations		4,075	4,822	4,872	4,422
Number of 16 week consultations		1,625	2,445	2,582	2,376
Breast Test Wales		Target ¹	Nov	Dec	Jan
Assessment invitations given within 3 weeks of screen		90%	63.6%	30.5%	43.1%
Normal results sent within 2 weeks of scan		95%	81.9%	79.4%	76.8%
% women invited within 36 months previous screen		90%	88.7%	77.2%	86.6%
Cervical Screening Wales					
Waiting time from sample being taken to screening test result being sent (4 weeks)		98%	96.8%	97.5%	94.2%
Coverage ²		80%	Not available	Not available	Not available
Bowel Screening Wales					
Coverage		62%	56.6%	56.9%	57.3%
Waiting time for colonoscopy		70%	45.4%	33.1%	Not available
Abdominal Aortic Aneurysm Screening Wales					
Small AAA surveillance uptake		90%	93.2%	88.9%	90.9%
Medium AAA surveillance uptake		90%	90.5%	97.9%	90.7%
Newborn Hearing Screening Wales					
% of babies who complete programme (within 4 weeks)		98%	98.4%	94.9%	Not available
Babies completing assessment procedure (by three months of age)		85%	94.6%	96.4%	Not available
Newborn Bloodspot Screening Wales					
Coverage (newborns)		95%	95.8%	94.2%	95.1%
Avoidable repeat rate		3.0%	3.5%	4.4%	3.3%
Diabetic Eye Screening Wales ³					
Coverage-Reported Result in the Last 12 Months		68%	66.8%	66.1%	63.5%
Results Letters Printed Within 3 Weeks of Screen Date		80%	100.0%	100.0%	99.8%

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.

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END