

 GIG CYMRU NHS WALES	Iechyd Cyhoeddus Cymru Public Health Wales	Name of Meeting Board Date of Meeting 28 November 2019 Agenda item: 7.1.281119
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Integrated Performance Report

Executive lead:	Huw George, Deputy Chief Executive/ Executive Director Operations and Finance
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Approval/Scrutiny route:	Business Executive Team (18 November 2019)

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 7 2019/20
- Workforce performance
- Quality – Putting Things Right

Recommendation:

APPROVE <input type="checkbox"/>	CONSIDER <input checked="" type="checkbox"/>	RECOMMEND <input type="checkbox"/>	ADOPT <input type="checkbox"/>	ASSURANCE <input checked="" type="checkbox"/>
The Board is asked to: <ul style="list-style-type: none"> • 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 7 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

October 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



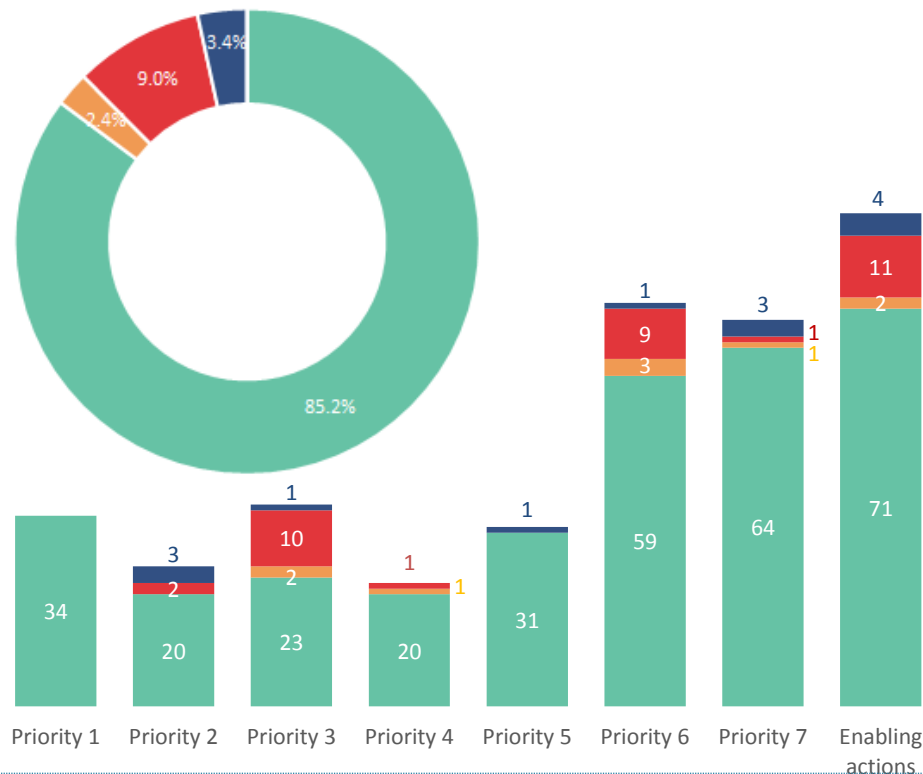
To secure this ambition, *Working to Achieve a Healthier Future for Wales* has seven priorities and each has defined:

- 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.

Summary of performance

Progress across all Strategic Priorities – October 2019



Performance highlights to note

- Month 7 revenue position is a small surplus of £55K, and currently anticipating a breakeven position at year end
- Number of complaints responded to within 30 working days is meeting target at 95%
- Good progress made with NERS at Q2 with all indicators exceeding target
- Both AAA surveillance uptake indicators are now above the 90% standard
- Newborn Hearing achieved 100% of babies completing the assessment procedure by 3 months of age for the first time since December 2016
- 100% of medical staff had participated in a medical appraisal at October

Status

Of the 378 actions being tracked this year, 85% are being reported as on target for delivery throughout the remainder of the year. All strategic priorities are showing some level of delivery with 29 actions completed during October.

Review process

Where changes to plans are anticipated, Strategic Priority Groups follow a change control process which supports decision making at the most appropriate level. Currently 23 actions are under consideration for making adjustments to deadlines. The status of these is:

Potential change	7
Change scheduled for discussion at Strategic Priority Group	4
Change to be considered at SPCG	12
Total	23

Full details of the requests for change can be viewed [here](#)

Key Actions

- Collaborative working with the Board on developing outcomes
- Agreeing the People Strategy
- Implementation plan for transforming enabling functions

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

Performance challenges to note

- Breast Test Wales assessment waits remain significantly below the 90% national standard at 40.1% due to ongoing medical staffing shortages
- Recruitment challenges continues to have an impact on Bowel Screening Wales waiting time for colonoscopy performance with September at 51.3%
- All-Wales C.difficile, Staph. aureus and E. Coli bacteraemia rates remain above national reduction expectations for October 2019
- Monthly agency spend has increased from £88K to £130K in October 2019
- My Contribution Appraisal compliance remains below the 85% target at 72.7% in October 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 – October 2019



%	Number of actions
100.0%	34
0.0%	0
0.0%	0
0.0%	0
0.0%	0

Actions updated: 34

Total actions: 34

Annual Plan 2019/20

Excellent progress continues on the 34 actions with 17 of these being completed on target.

In October, we:

- Completed work with stakeholders to prioritise evidence based interventions (OP/03)
- Learning from the report *Making a Difference: Housing and Health – A case for investment* disseminated to key stakeholders (OP/20)



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 – October 2019



%	Number of actions
80.0%	20
0.0%	0
8.0%	2
12.0%	3
0.0%	0

Actions updated: 25

Total actions: 25

Annual Plan 2019/20

Progress continues across the three strategic objectives. Of the 25 actions, eight have been completed including in October:

- Key themes and goals of the National Conversation to promote mental wellbeing agreed with Strategic partners (OP/34)
- Final implementation plan agreed for phase 1 and 2 of a programme to promote mental wellbeing (OP/36)

Reported Slippage

ACE Time training evaluated and report produced (OP/48) delay caused due to insufficient resource to complete **analysis**. Resources are now in place and the report will be finalised by the end November

Progress affected by external dependency

There are three actions where progress has been delayed owing to the need to await decisions from Welsh Government. These are: a reference source for schools piloted, the online publication on resources on the whole school approach to resilience and mental well-being and an implementation plan produced for employer support (OP/41, OP/42 and OP/44). The position is monitored in the Strategic Priorities Group and Strategic Priorities Coordination Group.

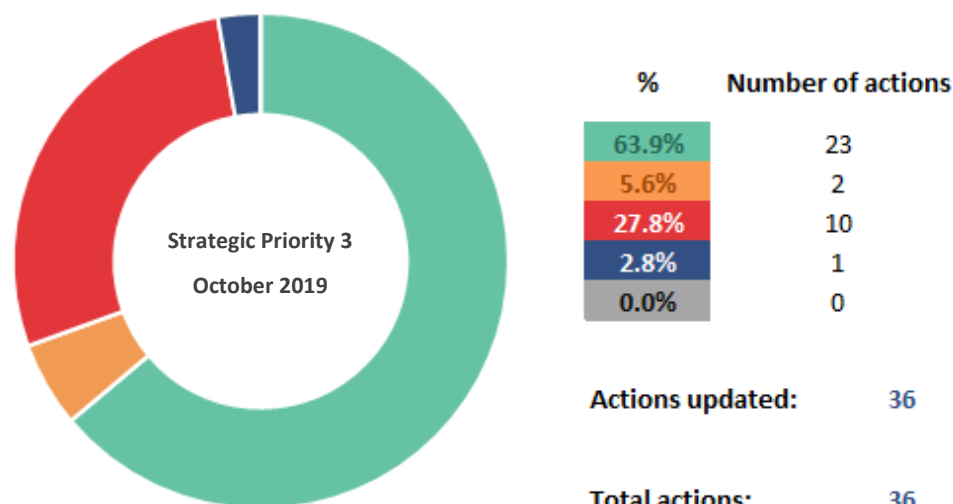
Promoting healthy behaviours

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 – October 2019



Progress affected by external dependency

- The planned launch in November of the tobacco web-based resource (OP/85) has been rescheduled to January as requested by Welsh Government (owing to the general election)
- Progress on the procurement of the Single Help Me Quit client management system (OP/60) has been affected negatively owing to the need to secure funding from Welsh Government.

Annual Plan 2019/20

Of the 36 actions, progress remains variable across the strategic objectives.

To date 11 actions have been completed including, during October:

- Stop Smoking Services successfully transferred to Health Boards (OP/61)
- Work with Government to produce a final Healthy Wales Healthy Weight Strategy (OP/64)

Reported Slippage

Resourcing issues have affected the planned substance misuse prevention programme (OP74 - 80). These are being worked through, in the meantime work on the programme is being reviewed and a deep dive paper will be considered at Board in November 2019.

Minor slippage has occurred in the following areas with new deadlines of November:

- Applied behavioural science training needs for Public Health Wales described (OP/87)
- Quality standards for health promotion information for public agreed (OP/91)

While there is potential for greater slippage on Tobacco Control Evidence Reviews however, as these products are required later in 2020/21, the impact of this delay is not material (RO/7).

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 – October 2019



%	Number of actions
90.9%	20
4.5%	1
4.5%	1
0.0%	0
0.0%	0

Actions updated: 22

Total actions: 22

Annual Plan 2019/20

Good progress continues to be made. Of the 22 actions, nine are reported as completed to date, including in October:

- Recommendations for effective formats and platforms to carry future parent information produced (OP/92)
- 'Evidence into practice' briefings and supporting communication tools produced to improve Outcomes 2 and 3 of the First 1000 Days Programme (OP/98)
- Implementation plan for the Infant Mental Health Framework developed (OP/101)
- Organise and run training and calibration exercise for 2019/2020 survey of school year 1 children (OP/111)

Reported Slippage

Comprehensive research prioritisation exercise for the early years (OP/96) – there is a delay owing to additional time needed to complete an evidence service review of identified themes following interviews and surveys which is to be considered by the Strategic Priority Group.

New parent information resources (OP/93) - the production of final drafts has been delayed. The Strategic Priority Group is considering the impact.

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 – October 2019



%	Number of actions
96.9%	31
0.0%	0
0.0%	0
3.1%	1
0.0%	0

Actions updated: 32

Total actions: 32

Annual Plan 2019/20

Good progress continues. Of 32 actions, 14 have been completed on target including in October:

- Microbiology Transformation Plan: High level service modelling for laboratories and integrating with Health Protection (OP/115 and OP/116)
- Complete Hepatitis C Virus re-engagement project (stage 1) to Identify and engage patients currently infected who might benefit from treatment (OP/130)
- Develop and share annual flu communications plan (2019-20) in collaboration with key partners (OP/137)

Progress affected by external dependency

As previously reported the development of Healthcare Associated Infection (OP/127) continues to be monitored by the Strategic Priority Group

Performance indicators – October 2019

C.difficile rate	34.2 per 100,000	↑ 4.7	Outside of ≤25 target
Staph aureus rate	27.5 per 100,000	↑ 0.3	Outside of ≤20 target
E.Coli bacteraemia rate	72.6 per 100,000	↓ 4.0	Outside of ≤67 target

Microbiology (Q2 2019/20)

The majority of performance indicators (75%) exceeded respective target levels at quarter 2 2019/20. Two indicators fell just short (1%) of achieving target: *EQA performance for Bacteriology*; and *Turnaround time compliance for Bacteriology*.

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

ACTION

Healthcare Associated Infections:

- Epidemiological support and specialist antimicrobial resistance / genome sequencing support being provided to Swansea Bay UHB with meeting held on 8 November 2019.
- Support offered through new healthcare epidemiology posts to all Health Boards.
- Joint work with 4-Nation colleagues progressing well on Drug Resistant Infection Burden surveillance.
- Leading on Refresh of Welsh Government's Code of Practice and Mobile Device Infection Prevention & Control Guidance.

Microbiology: Minimal impact as only non-urgent sample processing delayed. Continued monitoring and reporting of turnaround times to Senior Management Team

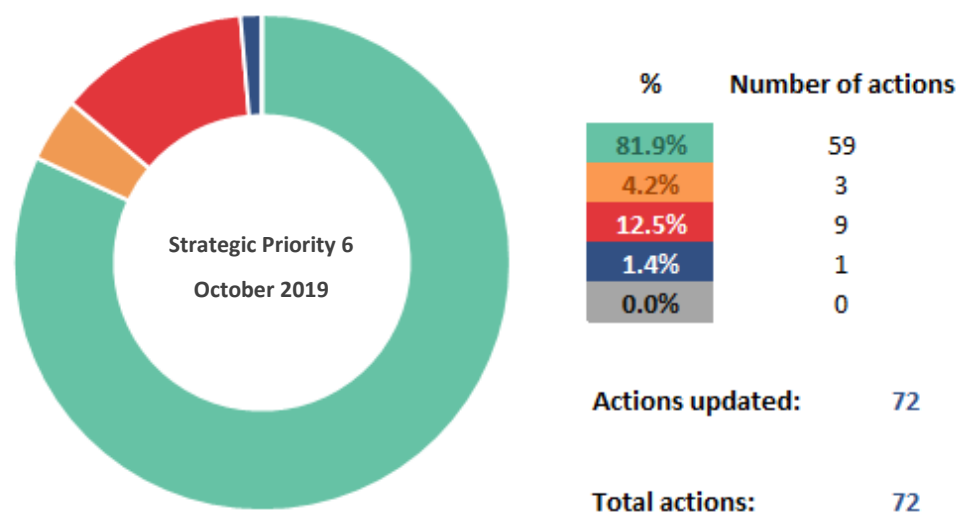
Supporting the development of a sustainable health and care system focused on prevention and early intervention

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 – October 2019



Performance indicators: highlights

Newborn Hearing Screening – *Babies completing assessment procedure by 3 month of age* **100%** ↑ 8.6% **Above 85% standard**

Abdominal Aortic Aneurysm
Surveillance uptake – Small **94.8%** ↑ 5.1% **Above 90% standard**
Surveillance uptake – Medium **93.3%** ↑ 5.5% **Above 90% standard**

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

National Exercise Referral Scheme (Q2 2019/20)

Number of referrals **8,083** **Above 5,875 quarterly target**
Number of 1st consultations **4,872** **Above 4,075 quarterly target**
Number of 16 week consultations **2,582** **Above 1,625 quarterly target**

Annual Plan 2019/20

Of the 72 actions, 26 have been delivered on time with six reported to have been delivered in October 2019:

- NBSW: project initiated to improve the avoidable repeat rate (OP/189)
- DESW: Operational efficiency work with 1000 Lives Improvement to improve operational efficiency and improved demand and capacity planning (OP/191);
- Mechanisms to demonstrate the impact of the National Exercise Referral Scheme (OP198);
- Confident Leaders course for Practice Managers commenced(OP/205);
- Prevention and wellbeing work stream of the national primary care strategic programme established / Prioritised work programme and reporting arrangements in place (OP/208)
- Increased participation in the General Dental Service Reform Programme (OP/210). Challenges may be experienced in achieving the new target by October 2020 if practices do not participate in the programme.

Reported slippage

Identify and implement improvements to existing failsafe system from the QA review (OP/179) a considerable delay was initially experienced in obtaining essential demographic information.

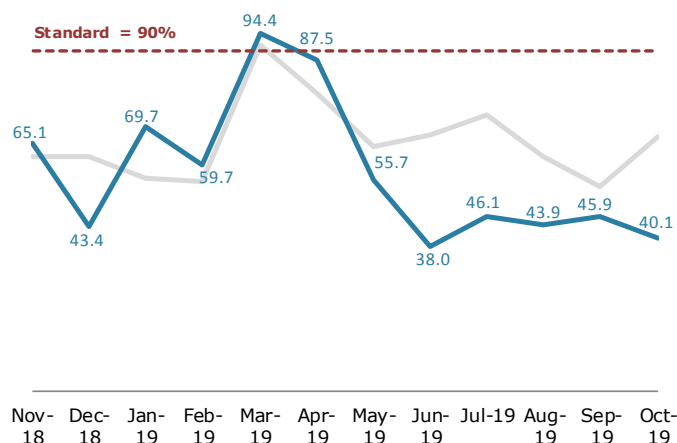
DESW: Complete process of outsourcing results and invitation letters (OP/181) IT supplier advises whole system upgrade. Strategic Priority Group considering impact.

Cervical Screening Information Management System (OP/188). Following gateway review estimation to go live is December 2020.

Performance indicators: challenges

Breast Test Wales

Percentage of assessment invitations given within 3 weeks of scan



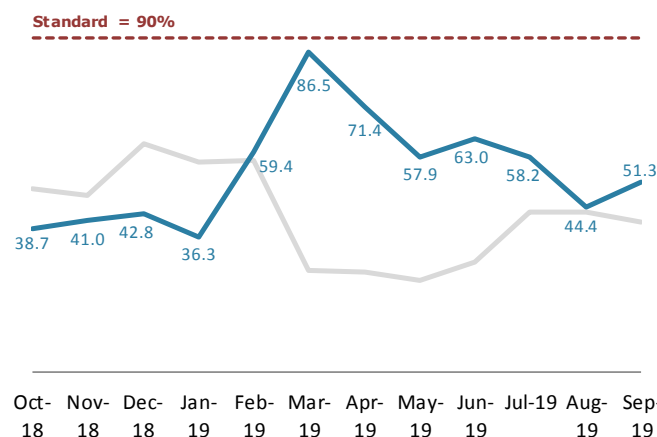
ACTION

- Additional assessment clinics have commenced in the West Wales region to reduce the overall waits.
- A Breast Clinician based in Cardiff will move their job plan to Swansea for the period December 2019 – February 2020 to provide further on-site support to reduce the assessment waits.
- Weekly escalation meetings have been scheduled for the West Wales Centre to further manage the assessment pathway.
- Breast Radiologist jointly appointed with Betsi Cadwaladr UHB for the North Wales region (commenced September 2019), two Radiographers will commence training this year to undertake assessment in North Wales (commenced September 2019).
- Two additional film readers due to come on line in October 2019.
- New breast surgeon starts in Cwm Taf UHB (commenced September 2019)

Further information available [here](#)

Bowel Screening Wales

Percentage waiting time for colonoscopy within 4 weeks of booking appointment



ACTION

- The Bowel Screening Wales programme continues to actively monitor those Health Boards underperforming for colonoscopy.
- The programme has received formal recovery plans from two of the three underperforming Health Boards, with the third plan undergoing internal verification before being released to the programme.
- Meetings will be held to monitor initiatives documented in the recovery plans are adhered to.
- Other initiatives being considered include: insourcing, outsourcing, streamlining of the accreditation process and collaborative working between HBs, and the adoption of the revised BSG polyp surveillance guidelines.
- The National Endoscopy Programme is scheduled to propose a resilient solution to endoscopy capacity by April 2021.

Further information available [here](#)

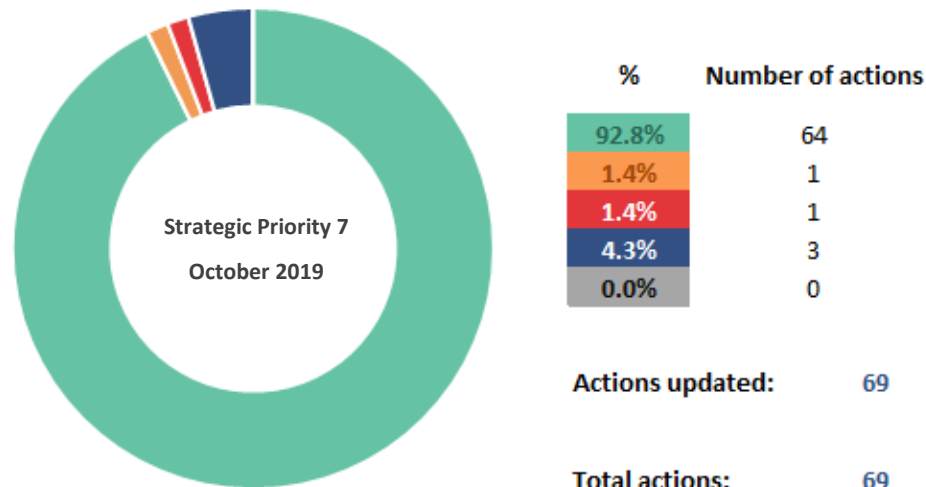
Building and mobilising knowledge and skills to improve health and well-being across Wales



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 – October 2019



Annual Plan 2019/20

Good progress continues across the strategic objectives within this priority area. Of the 69 actions, 22 are reported as being complete with four in October 2019, including:

- Engagement with public bodies to identify needs and preferences through event(s) / surveys / interviews. (OP/214)
- Evaluation plan delivered for the first 1000 days programme (OP/246)
- Support the Charter for International Health Partnerships in Wales implementation across the NHS / Charter celebration and recommitment event (OP/252)
- Charter for International Health Partnerships implementation / Charter Implementation Toolkit launch (RO/15)

Reported Slippage

Discussion paper, in collaboration with WHO CC on structural drivers for community resilience (OP/219) the milestone will not be delivered in 2019/20 as planned due to responding to Brexit related priorities at the request of Welsh Government.

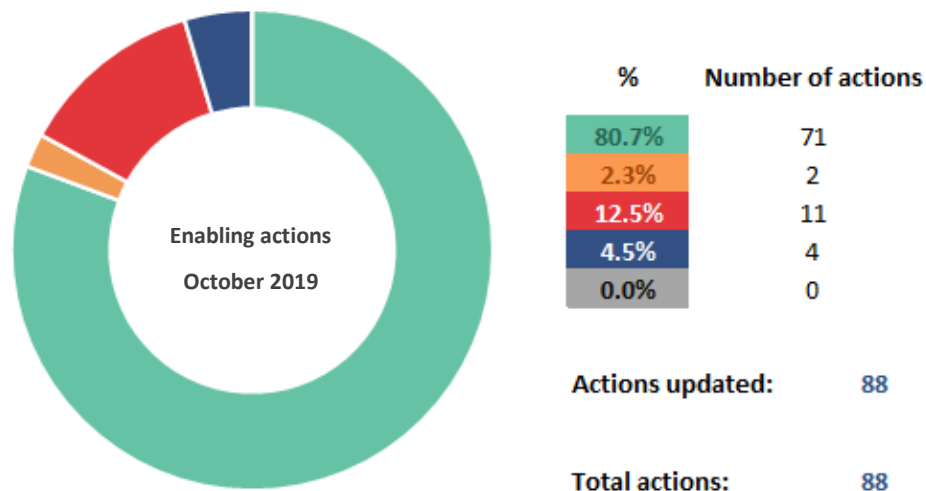
Scoping review on understanding the impact of globalisation on health and inequalities (WHO CC activity 7) (Sp1) (OP/220) awaiting update from WHO CC Venice office.

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 – October 2019



Annual Plan 2019/20

Steady progress has been made with 39 of the 88 actions now completed including four in October 2019.

Reported Slippage

- Creating a psychologically safe workplace (OP/315) – a wider approach on cultural indicators is being proposed. This work will be completed by March 2020 subject to approval by Strategic Priorities Coordination Group
- Develop a plan for population health approach to value from a financial perspective (OP/340) - the Head of Value and Impact is now in post and will progress this work.
- Strategy for national events (OP/346) a request for change is to be submitted to the SPCG in December
- Several deliverables for Quality, Nursing & Allied Health Professionals deliverables have been delayed and the implications are under review. Delivery is expected to be completed by March 2020 on the following:
- Youth Ambassadors Programme (OP/288); developing quality indicators aligned to strategic priorities (OP/330); Risk appetites developed across the organisation (OP/332); and a review of procedures for the release of information completed (OP/334)

Progress affected by external dependency

- Agree conditions for Tarian to be used in Ireland (OP/301)
- MS365 (OP/295 and 296) awaiting funding to enable pilot and first tranche to commence
- Align ESR Establishment figures with Financial Budgets (OP/308)

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 31st October 2019 (M07), 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 13th November 2019 as part of the full financial monitoring return for Month 7.

2. Summary of Key Financial Performance

The cumulative reported position is a net surplus of £55k, and is summarised in the table below:

Target	Current Month	Year to Date	Year-end Forecast
Revenue financial target Deficit/(Surplus)	(2K)	(55K)	Breakeven
Capital financial target	(40K)	(468K)	Breakeven
Public Sector Payment Policy	97%	96.82%	>95%

Cumulative Position					
-£55K Surplus					
Income £'000		Pay £'000		Non-Pay £'000	
-£80K		-£984K		£1009K	
Annual Budget	-£149.07M	Annual Budget	£93.97M	Annual Budget	£55.09M
YTD Budget	-£85.49M	YTD Budget	£53.98M	YTD Budget	£31.51M
YTD Actual	-£85.57M	YTD Actual	£53.00M	YTD Actual	£32.52M

2.1 Key Actions

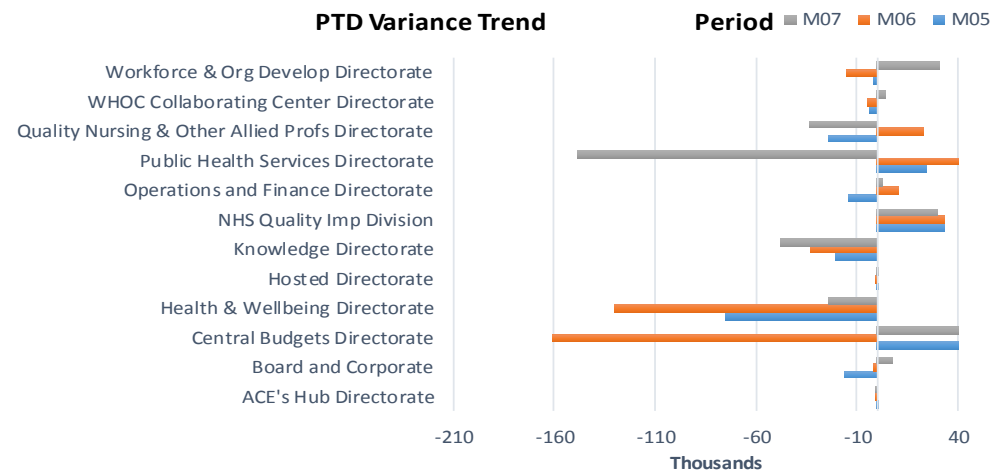
- The month-end position for Public Health Wales is a surplus of £55k. This consists of variances across Public Health Wales that will be monitored as part of our ongoing budgetary control process.
- Directorate forecast positions for year-end have been completed and agreed with Executive Directors as part of the mid- year reviews. Please refer to section 8.

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	51,416	29,122	29,437	315	1.08%
NHS Quality Imp Division	3,722	2,183	2,327	144	6.61%
Central Budgets Directorate	-96,455	-54,944	-54,936	9	-0.02%
Board and Corporate	1,962	1,135	1,137	2	0.17%
Hosted Directorate	0	-56	-56	0	0.00%
ACE's Hub Directorate	100	51	51	-0	0.00%
Operations and Finance Directorate	8,110	4,778	4,767	-11	-0.24%
WHOC Collaborating Center Directorate	2,079	1,115	1,103	-12	-1.03%
Workforce & Org Develop Directorate	1,616	952	917	-35	-3.65%
Quality Nursing & Other Allied Profs Direc	2,284	1,325	1,209	-116	-8.75%
Knowledge Directorate	3,999	2,134	1,985	-150	-7.02%
Health & Wellbeing Directorate	21,168	12,205	12,004	-201	-1.65%
Grand Total	0	0	-55	-55	0.00%

PTD Variance Trend



The movement in variance trend shown against:

* Central Budgets & Public Health Services is due to the agreed funding as per 3.1

*Health and Wellbeing – This is due to the re-profiling of budgets in line with expenditure plans and as per forecast position

3.1 Key Actions

Key overspends reported in Month 7:

- Public Health Services Directorate – Over spend of £315k is after the release of funding as agreed as part of the mitigating actions against spending pressures within Microbiology and to deliver a Directorate breakeven position **ACTION:** After the release of funding a breakeven position was anticipated for month 7. Further work is needed to better understand the non-pay position within Microbiology, the main reason for the deviation from the plan. A stocktake is scheduled to take place during November.
- NHS Quality Improvement Directorate – Over spend of £144k, which relates to non-pay. This relates to an increase in non-pay expenditure in preparation for 'The reinvigoration of 1000 Lives Improvement' – **ACTION:** Revised spending plans are still outstanding, these are needed to ensure that the additional expenditure incurred is recovered and a year-end breakeven position delivered.

Key underspends reported in Month 7 are all in respect of vacancies and delayed recruitment plans within the following Directorates:

- Health & Wellbeing Directorate – Under spend of £201k is mainly due to Local Public Health Team vacancies plus the vacant Deputy Director post.
- Knowledge Directorate – Under spend of £150k is due to vacancies in Observatory Analytical Team, Evidence Service and Welsh Cancer Intelligence and Surveillance Unit.
- Quality, Nursing & Other Allied Professionals – Under spend of £116k. This relates predominantly to pay underspends due to a number of vacancies.

ACTION: recruitment plans are constantly being revised and monitoring will continue to ensure an accurate reflection within the Directorates year-end financial positions.

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 7 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

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.

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	37	-28	131	144	13
Total	165	177	12	457	210	-247

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: The Workforce work stream lead is re-evaluating the current proposed efficiency schemes whilst seeking new opportunities to ensure that the full savings target is identified by 31st December 2019. Senior Leadership Team to hold a workshop in November to continue to actively pursue savings so we can invest recurrently as planned.

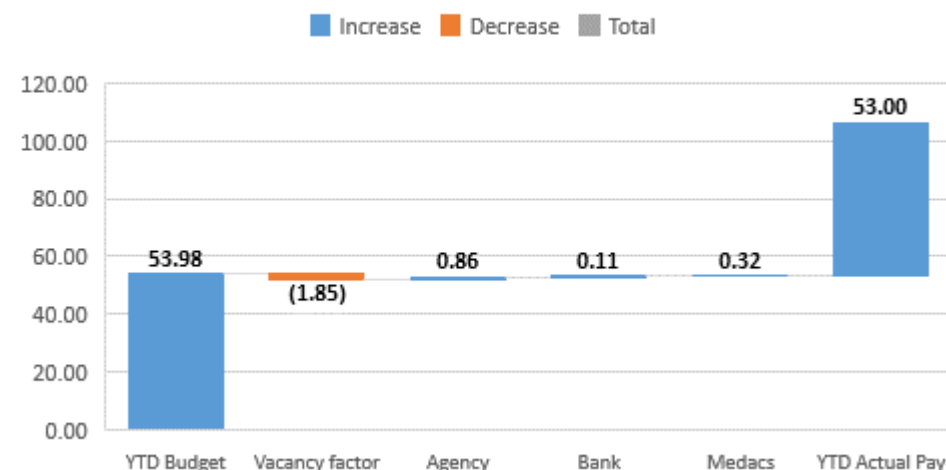
5. Pay Analysis

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

Pay Position By Directorate £'000

Directorate	Annual Budget	YTD Budget	YTD Actual	YTD Variance	% YTD Var / YTD Bud
ACE's Hub Directorate	377	233	233	0	0.00%
Hosted Directorate	9,477	5,421	5,421	0	0.00%
NHS Quality Imp Division	4,019	2,318	2,310	-8	-0.34%
WHOC Collaborating Center Directorate	2,792	1,621	1,606	-15	-0.92%
Board and Corporate	1,911	1,102	1,081	-21	-1.94%
Central Budgets Directorate	1,047	499	463	-36	-7.13%
Workforce & Org Develop Directorate	1,555	914	875	-40	-4.32%
Operations and Finance Directorate	5,057	2,916	2,871	-45	-1.54%
Quality Nursing & Other Allied Profs Dir	2,148	1,239	1,146	-93	-7.49%
Knowledge Directorate	3,925	2,219	2,086	-133	-5.99%
Health & Wellbeing Directorate	16,918	10,019	9,772	-248	-2.47%
Public Health Services Directorate	44,748	25,484	25,138	-346	-1.36%
Grand Total	93,975	53,984	53,001	-984	-1.82%

Cumulative Pay Bill - Workforce Trends



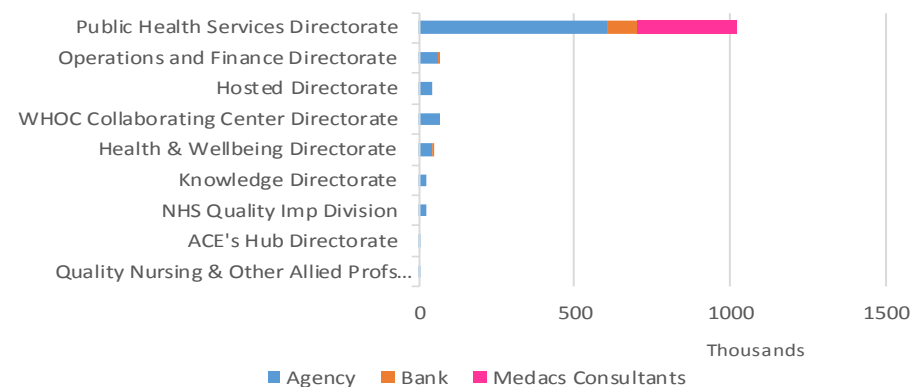
5.1 Key Actions

The overall pay position for Public Health Wales at month 7 is an underspend of £984k, this is after taking into account £1.85k negative budget for vacancy/turnover factor. Agency costs in month 7 are lower than the trend of 2018/19, equating to 1.6% (2018/19 – 2.6%) 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 7 Public Health Services are underspending on pay by £346k mainly as a result of Screening under spending by £264k. This is due to vacancies within Breast Test Wales and Diabetic Eye Screening. Recruitment is continuing within both these Programmes. There are also vacancies within Specialty Registrars and Health Protection that are contributing to the 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 are underspending by £248k, This is predominantly due to a number of vacancies within the Local Public Health Teams and the Deputy Director role. **ACTION:** As per 3.1

Variable Pay By Directorate

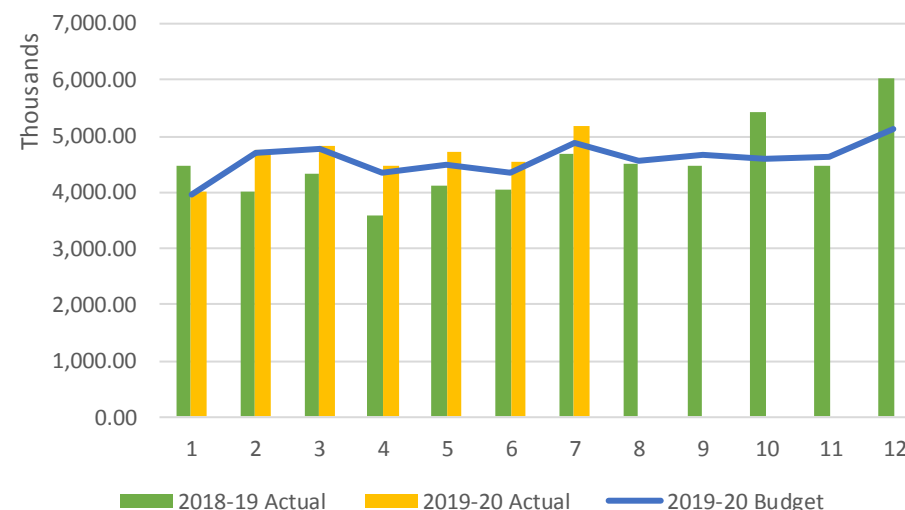


6. Non Pay Analysis

Non-Pay Position By Directorate £'000

Directorate	Annual Budget	YTD Budget	YTD Actual	YTD Variance	% YTD Var / YTD Bud
Public Health Services Directorate	28,660	16,585	17,325	740	4.46%
NHS Quality Imp Division	922	616	769	153	24.83%
Health & Wellbeing Directorate	7,083	3,899	3,947	47	1.21%
Operations and Finance Directorate	3,426	2,090	2,130	40	1.92%
Central Budgets Directorate	3,693	2,076	2,111	35	1.66%
Board and Corporate	158	96	120	24	24.92%
Workforce & Org Develop Directorate	318	200	206	6	2.76%
WHOC Collaborating Center Directorate	674	319	322	3	1.07%
Hosted Directorate	9,367	5,238	5,238	0	0.00%
ACE's Hub Directorate	123	52	52	-0	0.00%
Knowledge Directorate	490	225	209	-16	-6.91%
Quality Nursing & Other Allied Profs Director	182	113	90	-23	-20.39%
Grand Total	55,095	31,509	32,518	1,009	3.20%

Non Pay Run Rates



6.1 Key Actions

Non-pay has been profiled according to expenditure plans received to date. As at month 7 the key areas of overspend are:

- Public Health Services – Over spend of £740k. The significant variances include £335k in relation to Microbiology laboratory consumables following increased spending over the last 2 months. Further work is necessary to understand how much of this is a Brexit stock issue is, and therefore detailed stock takes are to be completed by each laboratory. Other over spends within Microbiology include £60k against North Wales couriers over and above the additional funding released, and equipment maintenance costs of £60k above year to date budget. Within the Screening Division Breast Test Wales are reporting an over spend of £193k against non-pay due to increased running and maintenance costs for the ageing mobile units along with British Telecom costs and equipment maintenance costs exceeding budgets. **ACTION:** As per 3.1 above, further work is being undertaken to better understand the movement in the Microbiology non-pay position for Month 7 and detailed stock takes will be carried out in November. As per 5.1 Directorate vacancies and recruitment plans will be monitored to ensure they are accurately reflected within the year-end financial position and contribute to delivering a breakeven position by year-end.
- NHS Quality Improvement Division – Over spend of £154k predominantly 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.

7. Income Analysis

Income Position By Directorate £'000

Directorate	Annual Budget	YTD Budget	YTD Actual	YTD Variance
Central Budgets Directorate	-101,194	-57,519	-57,510	10
Quality Nursing & Other Allied Profs Dir	-46	-27	-27	-0
ACE's Hub Directorate	-400	-233	-233	-0
Hosted Directorate	-18,844	-10,716	-10,716	-0
WHOC Collaborating Center Directorate	-1,387	-825	-825	-0
Board and Corporate	-108	-63	-64	-1
NHS Quality Imp Division	-1,219	-750	-751	-1
Workforce & Org Develop Directorate	-257	-163	-163	-1
Health & Wellbeing Directorate	-2,833	-1,714	-1,714	-1
Knowledge Directorate	-416	-309	-310	-1
Operations and Finance Directorate	-374	-228	-234	-7
Public Health Services Directorate	-21,992	-12,947	-13,026	-79
Grand Total	-149,070	-85,494	-85,574	-80

7.1 Key Actions

- The month 7 position of £80k of over achievement against income relates mainly to higher than budgeted activity levels associated with the Microbiology division.

8. Forecast Position

Directorate	Forecast year-end position as per Mid-Year Reviews
Health and Wellbeing	-124
Public Health Services	0
ACEs	0
Knowledge	-94
Quality Improvement	0
Board and Corp	-33
WHO CC	1
Quality Nursing	-66
Workforce and Organisational Dev.	1
Ops and Finance	0
Total	-316

Mid-year performance reviews took place during October, at which time Directorate year-end forecast positions were presented, discussed and agreed. The table summarises the agreed Directorate positions. This shows a year end under spend of £316k, Executive Directors have agreed that any approved requests for the Voluntary Early Release Scheme that will be finalised by 31st March can be met centrally against this surplus. Future months will involve monitoring of agreed year-end forecasts.

In addition to this, as part of the budget setting strategy for 2019/20 Public Health Wales identified an investment fund of £1.9m. Work is currently underway to finalise the status of these investments. From month 8 onwards we will be reporting on progress made against the investments.

9. Balance Sheet

	Opening Balance 1/4/2019 £000s	Movement £000s	Closing Balance 30/09/19 £000s
Non-Current Assets			
Property, plant and equipment	11,352	285	11,637
Intangible assets	913	(1)	912
Trade and other receivables	327	136	463
Non-Current Assets sub total	12,592	421	13,013
Current Assets			
Inventories	569	86	655
Trade and other receivables	11,372	11,176	22,548
Cash and cash equivalents	5,146	3,496	8,642
Current Assets sub total	17,087	14,758	31,845
TOTAL ASSETS	29,679	15,179	44,858
Current Liabilities			
Trade and other payables	(12,219)	(15,409)	(27,628)
Provisions	(1,284)	448	(836)
Current Liabilities sub total	(13,503)	(14,961)	(28,464)
NET ASSETS LESS CURRENT	16,176	218	16,394
Non-Current Liabilities			
Trade and other payables	(1,004)	(220)	(1,224)
Provisions	(1,672)	57	(1,615)
Non-Current Liabilities sub	(2,676)	(163)	(2,839)
TOTAL ASSETS EMPLOYED	13,500	55	13,555
FINANCED BY: Taxpayers'			
PDC	12,469	0	12,469
Retained earnings	567	55	622
Revaluation reserve	464	0	464
TOTAL TAXPAYERS' EQUITY	13,500	55	13,555

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

Current trade and other receivables has increased by £11.176m. We have raised our November core income invoice to Welsh Government in October, in accordance with new invoicing arrangements (£8.261m). This invoice remained outstanding at the end of October. £1.35m of the variance relates to accrued income for the NHS Wales Health Collaborative. £0.150m of this accrued income is for year to date contributions from MacMillan Cancer Support for Quality Tool Kit and Primary Care. £1.2m is accrued income for non-NHS contributions towards the Collaboratives programmes.

Cash and cash equivalents has increased by £3.496m. This is predominantly because of the timing of our tax and NI payments (£1.730m), which are paid a month in arrears during the year but settled in full by year end, and timing of NERS and WNHSS grant payments (£1.65m).

Current trade and other payables has increased by £15.409m since the beginning of the year. This increase is predominantly related to the change in core income invoicing arrangements noted in the current assets variance explanation above. Month 8 core income invoiced in month 7 has been treated as deferred and will be held on the balance sheet until required in month 8. £2.229m is accrued pay and non-pay expenditure relating to the NHS Wales Health Collaborative. £1.145m relates to accrued expenditure for National Exercise Referral Scheme (NERS) and £0.505m Welsh Network of Healthy Schools Schemes (WNHSS) grants. £1.730m of the remaining variance relates to tax and NI payments as mentioned above.

Current provisions have reduced by £0.449m due to the settlement of clinical negligence claims and an HR case in year and small movements between current and non-current provisions due to 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)	(£468k)

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 £1.120m for discretionary funding have been approved. Of these, £0.286m has been spent YTD with a further £0.061m committed with purchase orders. PHW are awaiting WG decisions around Screening Replacement programmes, before allocating the remaining £0.072m of discretionary funding. We are expecting additional allocations, further details will be provided in month 8. **ACTION:** Project managers are liaising with Procurement to initiate tendering processes for other projects. The scoping exercise for the replacement WAAASP ultra sound machines to be completed, for which £0.240m has been included in approved monies. Capital Planning Group to receive a detailed report for the next meeting in November.

11. Recommendations

The Board is asked to note the following:-

- financial position reported at month 7;
- the agreed forecasts;
- the additional work to ensure that the non-pay position within Microbiology is better understood;
- status of the Capital Programme for 2019/20.

12. Action Register

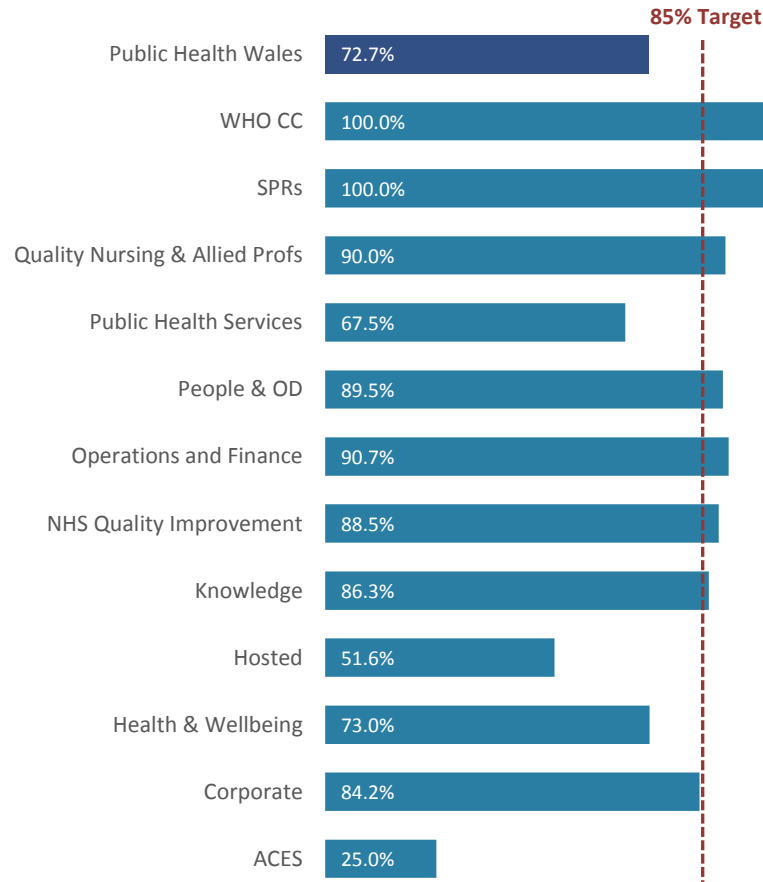
Posted On	ID ref	Area	Actions	Due Date	Update	Status
M03	3.1	Public Health Services Directorate	The dedicated monthly finance meetings have been established and a detailed action plan produced which focuses on those key areas of increasing spend.	Ongoing	After the release of funding a breakeven was anticipated for month 7. Further work is needed to better understand the non-pay position within Microbiology, which is the main reason for the deviation from the plan.	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	Monthly progress reports continue to be provided to the Executives for consideration. Continue to work with Directorate leads to ensure that the efficiencies are being delivered on an on-going basis. The Workforce work stream lead is re-evaluating the current proposed efficiency schemes whilst seeking new opportunities to ensure that the full savings target is identified by 31 st December 2019. Senior Leadership Team to hold a workshop in November to continue to actively pursue savings so we can invest recurrently as planned.	Open Recurrent shortfall against the savings target of £1.371m. The latest update showing a significant unmet target within the Workforce work stream
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
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.	Ongoing	Revised spending plans are still outstanding these are needed to ensure that the additional expenditure incurred is recovered and a year-end breakeven position delivered	Open Ongoing review and monitoring
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	Recruitment plans are constantly being revised and monitoring will continue to ensure an accurate reflection within the Directorates year-end position	Ongoing
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	Spending plans to be reviewed and monitored to ensure the additional expenditure incurred is recovered and a year-end breakeven position delivered.	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 Nov	This has yet to be actioned – will be reviewed as part of next quarter's return. Meeting expected to take place in November.	Open
M07	10.1	Capital	Project managers are liaising with Procurement to initiate tendering processes for other projects. The scoping exercise for the replacement WAAASP ultra sound machines to be completed, for which £0.240m has been included in approved monies. Capital Planning Group to receive a detailed report for the next meeting in November.	30 Nov		Open

Overview of People Performance

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

Appraisal compliance



Summary

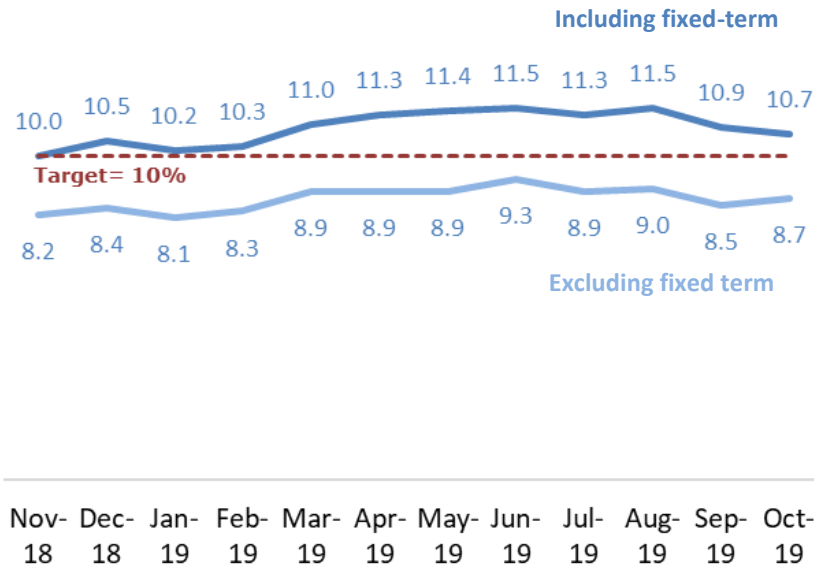
- As set out in the NHS Wales Delivery Framework 2019/2020 (outcome 87), 85% of staff must have participated in an appraisal/medical appraisal in the preceding rolling 12 month period, with the data sources being ESR and MARS respectively. Public Health Wales has set an internal target of 90%.
- As at the end of October 2019, ESR data shows that 72.7% 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 74.1%, still significantly below the Welsh Government target of 85%.

Key actions

- Quarter 2 2019/20 breakdowns have been provided to the Executive Team with a reminder of how to record appraisals going live via the intranet last month.
- At the recent Senior Leadership Team roadshow, prompt flyers on recording appraisals were available for staff to take.
- The Assistant Director of OD and Learning will write to each Executive with a list of staff with no recorded appraisal and ask for targeted interventions.

Overview of People Performance

Staff turnover, annual rolling rate (%)



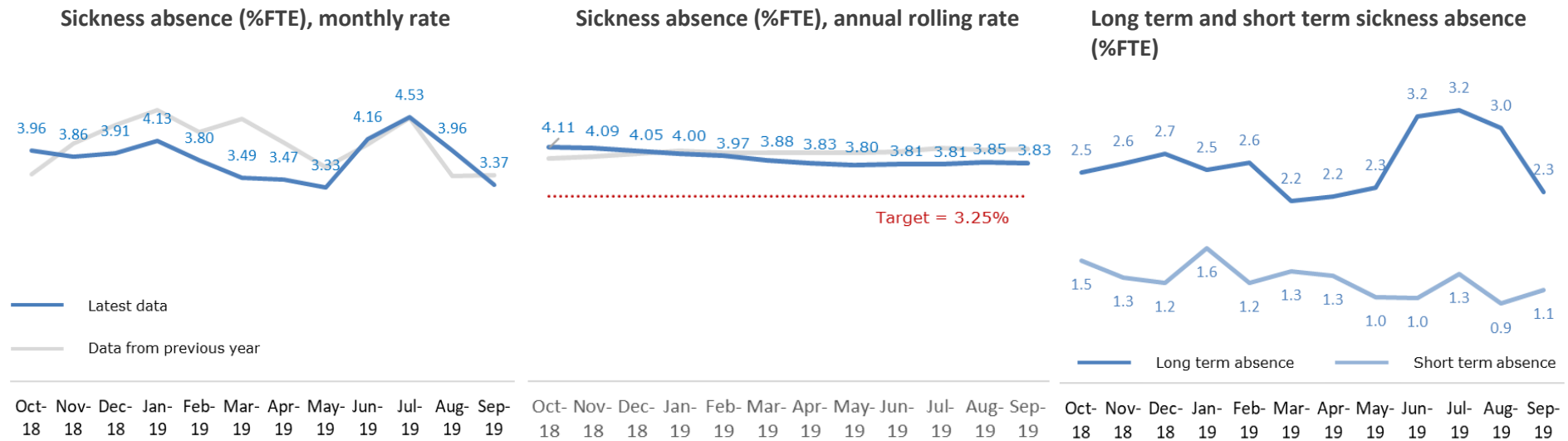
Summary

- We have excluded the transfer of the Stop Smoking Wales service to the Health Boards from our Leavers figures to provide a more accurate picture of our turnover data. For October 2019, the monthly turnover rate is 0.8%.
- Staff turnover for the rolling 12 months to 31 October 2019 is 10.7%, which is an improvement on recent months.
- When fixed-term contracted staff and dismissals related to the end of fixed-term contracts are excluded, the rolling 12-month turnover figure for October 2019 is 8.7%, which is below the NHS best practice figure of 10%.
- The Regrettable Turnover rate for the rolling 12 months to 31 October 2019 is 6.3%
- There were 14 leavers in October, which is less than the number of leavers from the previous month (47 leavers in September) and less than the same period in 2018 (16 leavers in October 2018).

Key actions

- Further evaluation of our Regrettable Turnover is underway to establish whether there are any particular trends in relation to why people are leaving the organisation.
- NHS Employers suggest that placing the candidate experience at the centre of recruitment, selection and onboarding is essential to reducing the turnover of newly employed staff. For that reason work is underway by the People and OD Team to look at our interview and assessment processes to ensure these are appropriate, robust and consistent.
- The People and OD Team are also reviewing the recruitment KPIs that we receive via the Trac system to see if there are any particular areas of the process where delays are being experienced and potential improvements could be made.

Overview of People Performance



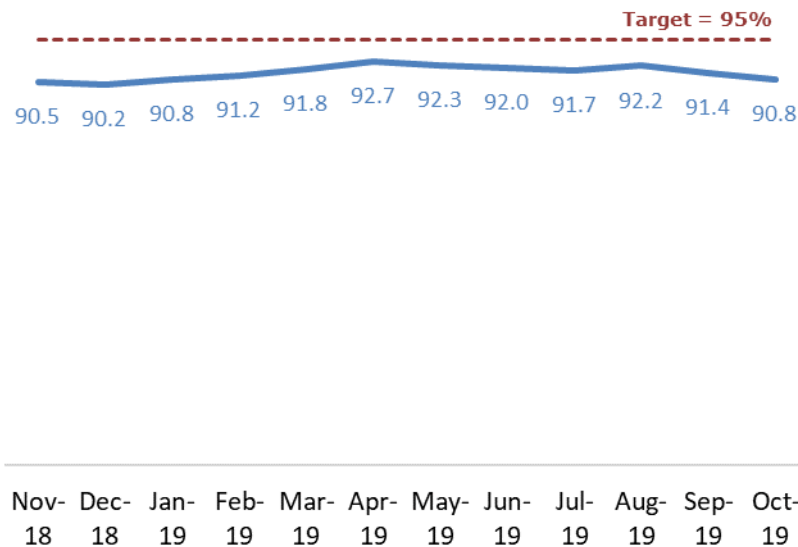
Summary

- The sickness absence figure for the rolling 12 months to 30 September 2019 was 3.83% 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 September 2019, the monthly sickness absence rate was 3.37% FTE, compared to 3.54% FTE from the same period last year. This is the best monthly figure since May 2019.
- Short-term sickness was 1.10% in September 2019; compared with 0.94% in August 2019.
- Long-term sickness was 2.27% in September 2019; compared with 3.03% in August 2019.
- The new monthly all-Wales target for September 2019 is 4.21% FTE and the 12-month rolling target is 4.75%. Therefore, in September 2019 the Trust achieved the all-Wales monthly and 12-month rolling targets.

Key actions

- The HR operational team are currently supporting 12 Long Term sickness cases – 4 of those have been absent for 6 months or more and consideration for termination is being explored.
- 60% of Line Managers have now received MAAW training (compared to 51% last month) and the HR operational team continue to deliver two training sessions per month.
- 6% of absence occurrences in September 2019 are recorded with an 'unknown' or 'unclassified' absence reason, which is an improvement from 8% in August. The People team will continue to follow up with line managers where reasons are not being recorded appropriately and encourage them to do so.

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 October 2019 is:
 - 90.8% compliance with level one core subjects
 - 90.4% compliance including extended mandatory training
- Both data sets show a further decrease since September 2019 for the second month in a row.

Key actions

- The business is reminded to pay attention to guidance setting out how to observe future competence requirements; if no action is taken the 1300+ competencies due to expire before the end of December (as well as those currently out of date), compliance across all mandated subjects will fall to 84.4%, below the WG target.
- The Statutory and Mandatory Training Policy will now go out to consultation in November.

Putting Things Right

Complaints	Target	2017 (1 Apr–31 Oct)	2018 (1 Apr–31 Oct)	2019 (1 Apr–31 Oct)
Total number of formal complaints received	N/A	31	41	21
Percentage of complaints acknowledged within 2 working days	N/A	93%	93%	95%
Percentage of complaints responded to within 30 working days of receipt	75%	71%	54%	95%
Percentage of complaints responded to within a period exceeding 30 working days but within 6 months	N/A	29%	46%	5%
Number of informal complaints (on the spot) received	N/A	21	45	39
Serious Incidents				
Number of SI reported	N/A	0	1	3
Number of SIs not closed within 60 days	90%	N/A	0	3
Summary <ul style="list-style-type: none"> One letter breached the 30 day response timescale and related to an interval cancer review. Two serious incidents have breached the 60 working day closure target due to complex investigations 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"> 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 Chief Executive can be met. An audit of lessons learnt in 2018/19, based on recurring themes and trends, has been undertaken to determine if the lessons learnt have been fully implemented. The report was received at the Business Executive Team in October 2019 and the Quality, Safety and Improvement Committee in November 2019. More work will be done to improve the appropriate closure of lessons learnt. The Concerns Team will work with programmes, functions and service areas to implement the recommendations within the audit report. 				

Putting Things Right

Patient Safety Incidents	2017 (1 Apr–31 Oct)	2018 (1 Apr–31 Oct)	2019 (1 Apr–31 Oct)
Number of Patient Safety Incidents	398	417	421
% of incidents reported within the 2 working day timescale	49%	46%	51%
% of incidents reviewed within 2 working days from reporting	54%	65%	51%
% of incidents closed within 30 working days	67%	63%	40%

Summary

- Patient and Client incidents continues to be the highest reported type on Datix.
- The table above details the percentage of Patient and Client 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 139 incidents that are open at the time of drafting this report, 54 remain within the 30 day closure timescales and have therefore not been included within the 30 day closure percentage.
- The Risk and Incident Manager post has been recruited to and the successful candidate commenced on the 1 November 2019.

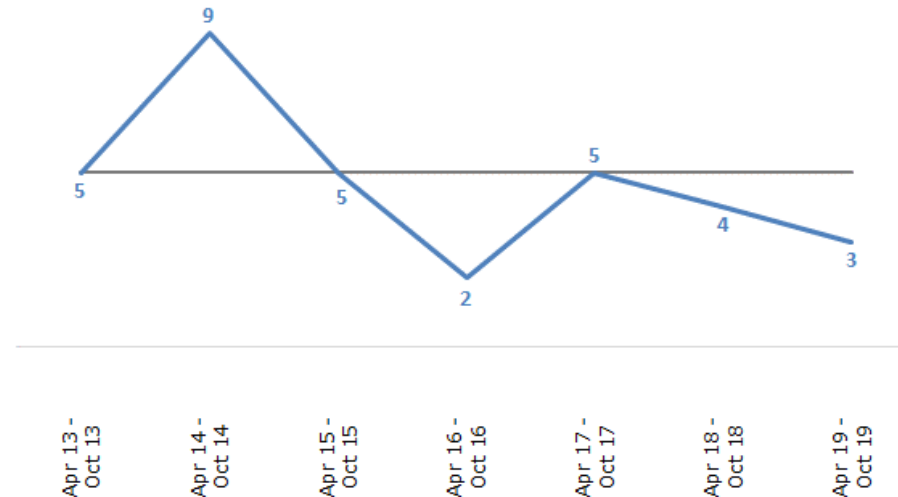
Action

The implementation plan for the Incident Management System will continue with the following deliverables anticipated by the end of Quarter 4 2019/20.

- Recruitment to vacancy for Incident Management Support Officer
- Presentation of draft revised 'PTR' report and dashboard
- Implementation of Quality Control process for Datix
- Reconciliation of outstanding incidents from legacy Datix system
- Migration of Serious Incident Management reporting to Sharepoint
- Establishment of PHW project team for implementation of the Once for Wales Concerns Management System

Claims

Number of new claims were received for the period 01 April 2019 – 31 October 2019 compared to the same period in previous years



Summary

- At the end of October 2019 the total number of confirmed and potential clinical negligence claims is 14.
- The aggregated value of the confirmed claims is £4,034,923.66.
- The anticipated Public Health Wales liability in respect of both confirmed and potential claims is £225,000.00

Action

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

Compliments

- For the period 1 April 2019 – 31 October 2019, a total of 800 compliments were received. The ratio of compliments to complaints for this period was 20:1.

Annex A

Annual Plan 2019/20 – Change Requests (October 2019)

Change scheduled for discussion at Strategic Priority Group		
Reference	Item	Who
OP/74 and OP/75	Priority areas for action to prevent alcohol related harm agreed with partners	Strategic Priority 3 Back to SP3
OP/76	Resource needs identified to deliver a programme of work for the prevention of population harm from alcohol, and a business case developed to secure them	Strategic Priority 3
OP77, OP/78 and OP/79	Priorities for action to prevent the use and harm from drugs agreed	Strategic Priority 3
OP/80	Business case produced to secure resources for the delivery of priority actions to prevent substance related harm	Strategic Priority 3
OP/86 and OP/87	Behaviour change knowledge and skills development plan for the specialist public health workforce completed	Strategic Priority 3
OP/91	Quality standards for health promotion information for the Welsh public agreed	Strategic Priority 3
OP/96	Undertake comprehensive research prioritization exercise for the early years (linked to priority 7.1)	Strategic Priority 4 Back to SP4

Change scheduled for consideration / information at Strategic Priorities Coordination Group				
Reference	Item	Who	Detail	Status
OP/219	Discussion paper, in collaboration with WHO CC on structural drivers for community resilience	Alisha Davies – Strategic Priority 7	Change form submitted to SPCG for consideration	for discussion at SPCG 03.12.19 Back to SP7
OP/298	Re-plan 2nd Phase of Screening Information Management Systems (SIMS) project	Informatics	Action in the process of re-planning – update to be presented at SPCG	for discussion at SPCG 03.12.19
OP/315	Organisational approach to creating a psychologically safe workplace designed	POD	Further information required	for discussion at SPCG 03.12.19

Change scheduled for consideration / information at Strategic Priorities Coordination Group				
Reference	Item	Who	Detail	Status
OP/340	Develop a plan for population health approach to value from a financial perspective	Finance	Change form submitted to SPCG for consideration	for discussion at SPCG 03.12.19

[Back to Enablers](#)

Potential change		
Reference	Item	Who
OP/48	Training for Policing and Criminal Justice / ACE Time training evaluated and report produced	Strategic Priority 2 Back to SP2
OP/179	Identify and implement improvements to existing failsafe system from the QA review (no timescale at present)	Strategic Priority 6
OP/181	DESW: Complete process of outsourcing of results and invitation letters (no timescale at present)	Strategic Priority 6
OP/188	CSW: Develop and implement essential components of CSIMS (Cervical Screening Information Management System) and begin development of 'desirable' content (no timescales at present)	Strategic Priority 6
OP/211	Annual report on the GDS reform programme produced - Although the Annual Report on the GDS reform programme has been written, the Chief Dental Officer has requested some amendments. (no timescale at present)	Strategic Priority 6 Back to SP6
OP/288	Organisational approach to engagement / Youth ambassadors programme established and implemented	Quality, Nursing & Allied Health Professionals
OP/295 and OP/296	Pilot and First Tranche for Office 365 - Unable to set a new date at the present time as we are still awaiting decision from the WG on the funding for technical posts.	Informatics
OP/330	Develop quality indicators aligned to the strategic priorities	Quality, Nursing & Allied Health Professionals
OP/332	Risk appetites developed for each Directorates/ Strategic Priority	Quality, Nursing & Allied Health Professionals
OP/334	Review of the procedures for release of information completed and new corporate approach developed.	Quality, Nursing & Allied Health Professionals
OP/346	Set out strategy for national events – awaiting change form	Communications Back to Enablers
RO/7	Tobacco control evidence reviews completed for the Tobacco Control Delivery Plan – rollover from 2018/19 plan	Strategic Priority 3 Back to SP3

Performance data

Influencing the wider determinants of health

 >10% below target

 Within 10% of target

 Achieving target

 Not applicable

Healthy Working Wales	Annual Target	Q4 18/19	Q1 19/20	Q2 19/20
Organisations completing a CHS mock assessment	25	10 (YTD=30)	1	2
Private sector organisations completing a mock assessment	5	5 (YTD=15)	0	1
Organisations completing a full assessment	25	12 (YTD=38)	1	5
Private sector organisations completing a full assessment	5	3 (YTD=15)	0	1
Organisations achieving a Small Workplace Health Award	100	25 (YTD=78)	1	10

Improving mental well-being and resilience

[Back to SP1](#)

Welsh Network of Healthy Schools	Annual Target	Q4 18/19	Q1 19/20	Q2 19/20
Schools achieving level 1 - 5 award	180	37 (YTD=218)	45	54
Schools undertaking National Quality Award	50	1 (YTD=21)	17	2

Promoting healthy behaviours

[Back to SP2](#)

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	Q4 18/19	Q1 19/20	Q2 19/20
Number of secondary schools targeted	60	22 (YTD=58)	16	0

YTD = Year to date

[Back to SP3](#)

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

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	Aug	Sep	Oct
Clostridium difficile rate (per 100,000 population)	25	27.8	29.5	34.2	
Staph aureus bacteraemia rate (per 100,000 population)	20	19.2	27.2	27.5	
E. Coli bacteraemia rate (per 100,000 population)	67	92.5	76.6	72.6	
Klebsiella sp bacteraemia rate (per 100,000 population) ⁵	10% annual reduction	27.1	22.5	18.1	
P. aeruginosa bacteraemia rate (per 100,000 population) ⁵		6.0	8.2	8.3	
Microbiology		Target ¹	Q4 18/19	Q1 19/20	Q2 19/20
UKAS status of accreditation to ISO 15189:2012	Accredited	Accredited	Accredited	Accredited	
EQA performance (Bacteriology)	95%	89%	98%	94%	
EQA performance (Virology)	95%	100%	98%	98%	
EQA performance (Specialist and reference units)	95%	96%	98%	97%	
EQA performance (Food, Water and Environmental Laboratories)	90%	100%	98%	99%	
Turnaround time compliance (Bacteriology)	95%	95%	94%	94%	
Turnaround time compliance (Virology)	95%	94%	92%	96%	
Turnaround time compliance (Specialist and reference units)	95%	98%	98%	99%	
Turnaround time compliance (Food, Water and Environmental Labs)	95%	98%	97%	98%	
Turnaround time compliance urgent samples (Bacteriology/Virology)	95%	93%	Reported annually	Reported annually	

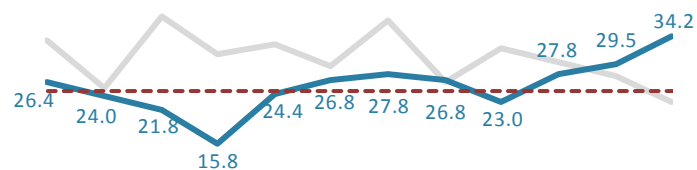
4. A Hepatitis B containing vaccine replaced the '5 in 1' in 2017 making it the '6 in 1'. Change date is for children born after 01 August 2017 and so both '5 in 1' and '6 in 1' are currently reported. This will be the case until late 2019.

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).

[Back to SP5](#)

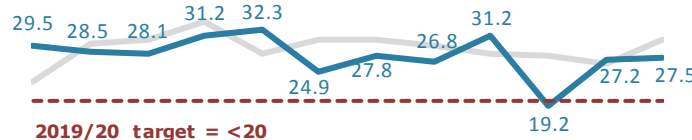
Healthcare Associated Infections

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



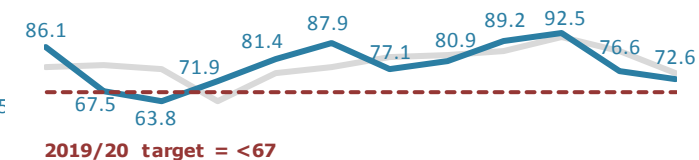
2019/20 target = <25

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



2019/20 target = <20

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



2019/20 target = <67

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

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

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

Summary

- The All-Wales *Clostridium difficile* rate continued to increase for the third successive month and currently stands at 34.2 per 100,000 in October 2019 (up from 23 per 100,000 in July). Following an overall improving picture, rates continue to be above national reduction expectations with only one Health Board (Aneurin Bevan UHB) on target to achieve their reduction expectation.
- Following the improvement in Staph. Aureus rates in August 2019 where the national target was achieved, latest data for October 2019 shows that performance has remained static over the latest reporting period (from 27.2 to 27.5 per 100,000).
- Improvements were evident for *E. coli* bacteraemia rates for the second consecutive month with rates falling from 92.5 per 100,000 in August to 72.6 per 100,000 in October 2019.
- None of the Health Boards are on target to achieve the reduction expectations for Staph. aureus or *E. coli* bacteraemia.

Key actions

- Epidemiological support and specialist antimicrobial resistance / genome sequencing support being provided to Swansea Bay UHB with meeting held on 8 November 2019.
- Provided offer of support through new healthcare epidemiology posts to all Health Boards.
- Joint work with 4-Nation colleagues progressing well on Drug Resistant Infection Burden surveillance.
- Leading on Refresh of Welsh Government's Code of Practice and Mobile Device Infection Prevention & Control Guidance.
- Continue to support Welsh Government's high level Steering Group for HCAI & AMR, chaired by the Chief Medical Officer.
- Work progressing to allow full interrogation of data from ICNET with greater access to data for Health Boards being requested.
- Website is being updated with new materials for use across Wales.

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

National Exercise Referral Scheme		Target ¹	Q4 18/19	Q1 19/20	Q2 19/20
Number of referrals		5,875	8,601 (YTD=32,691)	7,890	8,083
Number of 1st consultations		4,075	5,314 (YTD=19,312)	4,822	4,872
Number of 16 week consultations		1,625	2,646 (YTD=10,284)	2,445	2,582
Breast Test Wales		Target ¹	Aug	Sep	Oct
Assessment invitations given within 3 weeks of screen		85%	43.9%	45.9%	40.1%
Normal results sent within 2 weeks of scan		95%	94.9%	94.3%	95.4%
% women invited within 36 months previous screen		90%	94.3%	86.2%	88.5%
Cervical Screening Wales					
Waiting time from sample being taken to screening test result being sent (4 weeks)		98%	98.5%	97.1%	97.3%
Coverage ²		80%	Not available	Not available	Not available
Bowel Screening Wales					
Coverage		60%	55.1%	55.7%	56.5%
Waiting time for colonoscopy		65%	44.4%	51.3%	Not available
Abdominal Aortic Aneurysm Screening Wales					
Small AAA surveillance uptake		90%	93.3%	89.7%	94.8%
Medium AAA surveillance uptake		90%	88.6%	87.8%	93.3%
Newborn Hearing Screening Wales					
% of babies who complete programme (within 4 weeks)		98%	99.1%	98.9%	Not available
Babies completing assessment procedure (by three months of age)		85%	91.4%	100.0%	Not available
Newborn Bloodspot Screening Wales					
Coverage (newborns)		95%	95.6%	95.3%	95.2%
Avoidable repeat rate		4.0%	4.4%	2.9%	3.4%
Diabetic Eye Screening Wales ³					
Coverage-Reported Result in the Last 12 Months		67%	70.6%	68.4%	68.3%
Results Letters Printed Within 3 Weeks of Screen Date		70%	99.7%	99.9%	99.0%

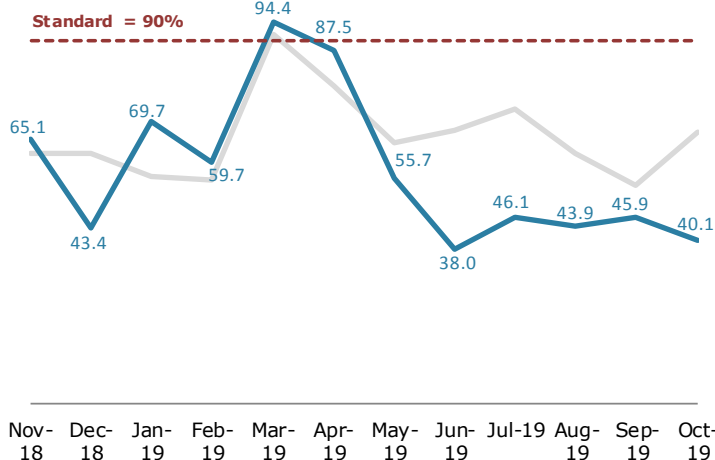
1. Data reported against 2019/20 targets, or where a performance trajectory has been agreed to facilitate reaching the target, the trajectory has been used as defined within the IMTP 2018-2021.

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.

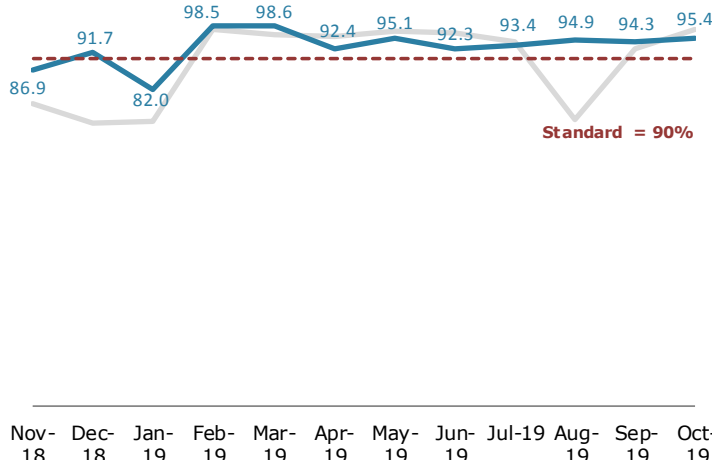
3. Diabetic Eye Screening Wales indicators reported from 2018/19.

Breast Test Wales

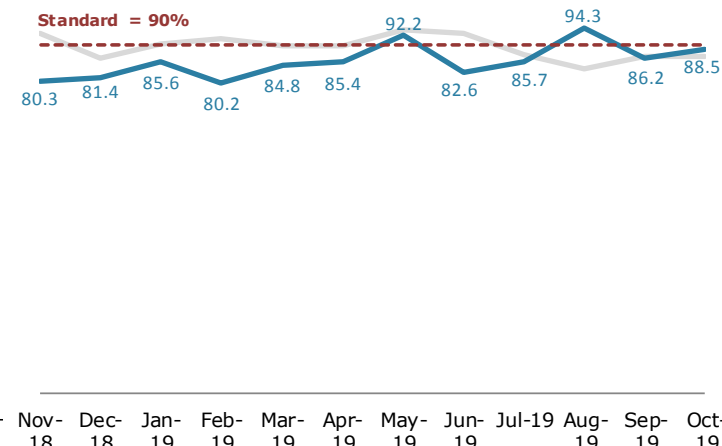
Percentage of assessment invitations given within 3 weeks of scan



Percentage of normal results sent within 2 weeks of scan



Percentage of women invited within 36 months of previous screen



Summary

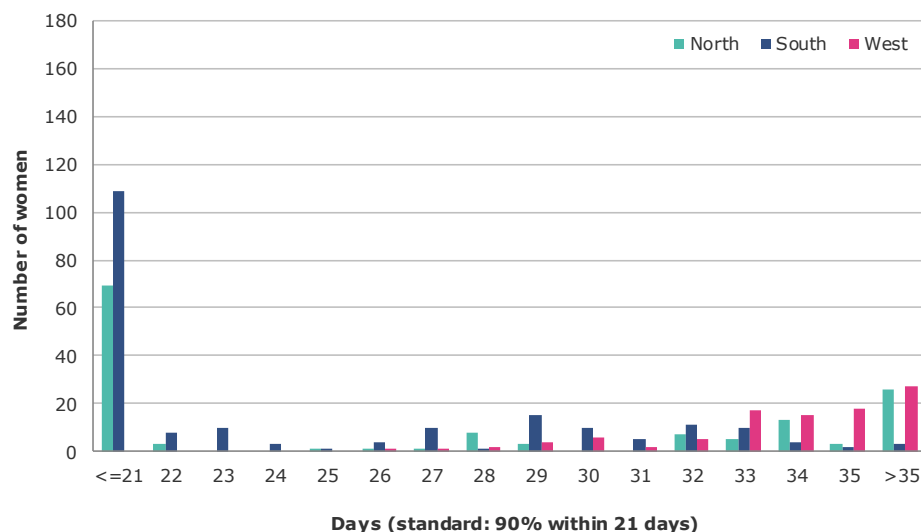
- Latest data for October 2019 shows a slight decrease in the *Percentage of assessment invitations given within 3 weeks of scan* with performance remaining significantly below standard (40.1%, down from 45.9% in September 2019). Medical staffing shortages remain across all regions. There are capacity issues in Health Boards (HB) across South Wales in regard to surgical and theatre capacity, preventing the service from assessing women faster as there are 8+ week waits in some HBs for operations. This means the surgeons who work in Breast Test Wales clinics will not take additional patients or patients that are out of their locality. In addition, the South East 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 standard for the ninth successive month at 95.4%.
- Although remaining slightly below the 90% standard, the *Percentage of women invited within 36 months of previous screen* has improved by 2.3% in October (88.5%). Suitable sites for basing mobiles are becoming harder to acquire and mobile screening units have suffered multiple breakdown over the reporting period. 99% of women are invited within 38 months of their previous screen.

Key actions

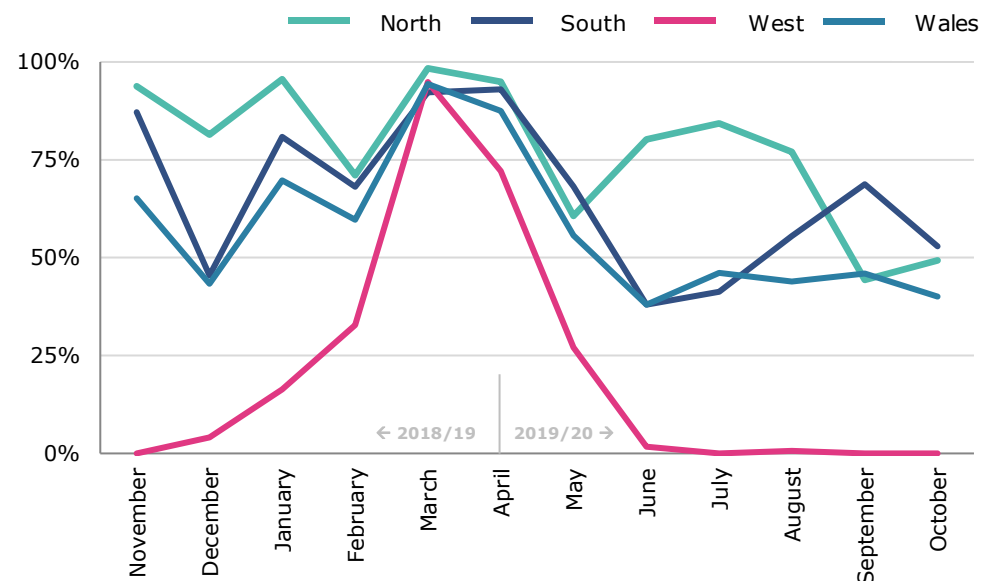
- Additional assessment clinics have commenced in the West Wales region to reduce the overall waits.
- Breast Clinician based in Cardiff will move their job plan to Swansea for the period December 2019 – February 2020 to provide further on-site support to reduce the assessment waits.
- Breast Radiologist jointly appointed with Betsi Cadwaladr UHB for the North Wales region (commenced September 2019)
- The round length plan has recently been reviewed; additional activity on weekends in certain regions will be utilised if necessary.
- Monitor performance over 12 month period, plan to be reviewed on a location by location basis as and when mobiles are moved.

Breast Test Wales (cont'd)

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



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



Summary of performance – October 2019

Data for October 2019 shows that at the national level, 40.1% of assessment invitations were given within 3 weeks of scan, a small decrease from last month (45.9%).

At the regional level this varies from 52.9% in South Wales (n=161), compared to 0% in the West Wales region due to very low medical staffing levels.

Over 47% of assessment waits took longer than 28 days (95.9% in West Wales), with 56 women having to wait over 35 days.

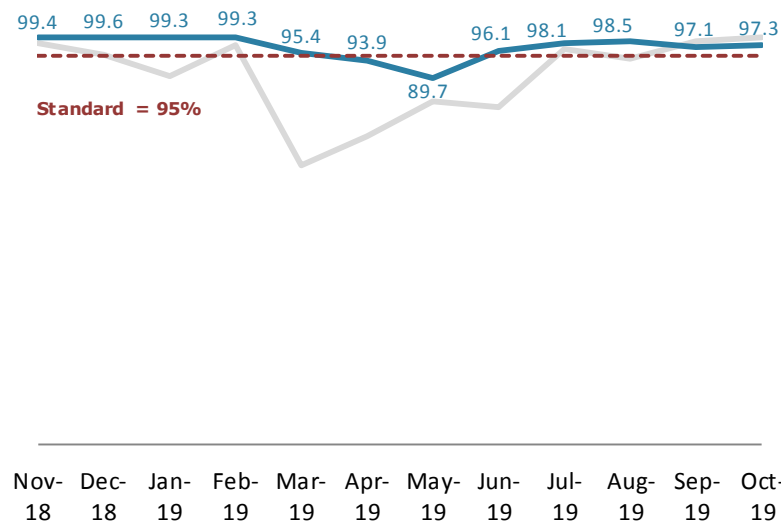
Assessment wait (days) by region

Area	Total Assess	Assessment wait (days) by region					
		<=21	%	>21	%	>28	%
North	140	69	49.3%	71	50.7%	57	40.7
South	206	109	52.9%	97	47.1%	60	29.1
West	98	0	0.0%	98	100.0%	94	95.9
Wales	444	178	40.1%	266	59.9%	211	47.5

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	69	3	0	0	1	1	1	8	3	0	0	7	5	13	3	26
South	109	8	10	3	1	4	10	1	15	10	5	11	10	4	2	3
West	0	0	0	0	0	1	1	2	4	6	2	5	17	15	18	27
Wales	178	11	10	3	2	6	12	11	22	16	7	23	32	32	23	56

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



Summary

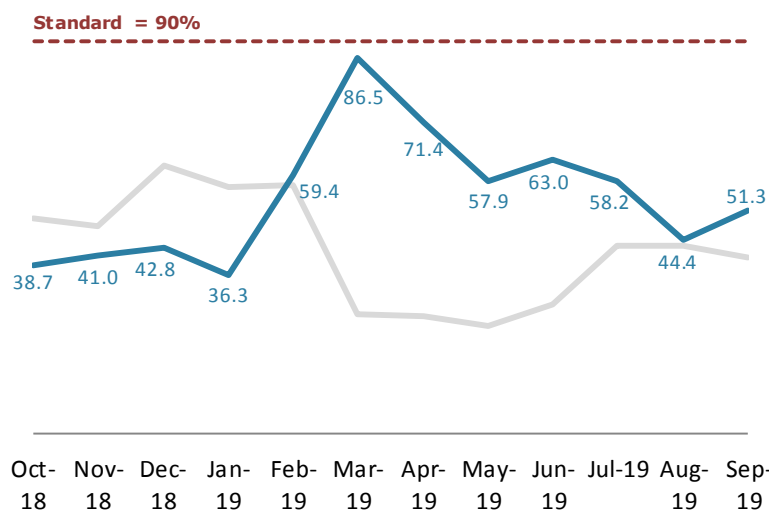
- The *Percentage waiting time from sample being taken to screening test result being sent (4 weeks)* saw a small increase between September (97.1%) and October 2019 (97.3%). The indicator has remained above the 95% standard for five consecutive months and continues to be in line with performance levels seen at the same period last year.

Key actions

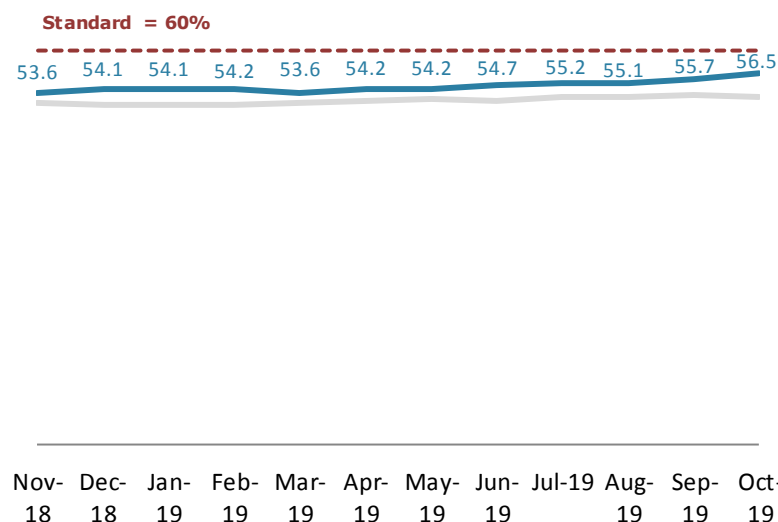
- N/A

Bowel Screening Wales

Percentage waiting time for colonoscopy within 4 weeks of booking appointment



Bowel Screening coverage



Summary

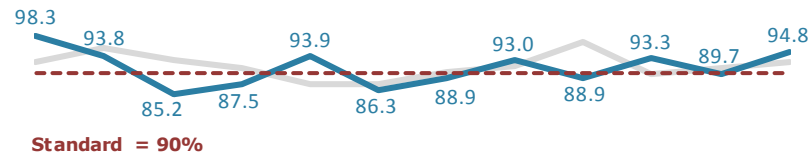
- Following the declining trend in waiting time for colonoscopy between March 2019 (86.5%) and August 2019 (44.4%), performance has improved slightly over the latest month at 51.3%. Performance remains significantly below the 90% national standard. As previously reported, recruitment to fill posts in Health Boards remains challenging, this has had 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. Welsh Government have established a National Endoscopy Programme that is tasked to investigate options to tackle capacity in the whole of Endoscopy within Wales over the medium to long term.
- Little variation continues to be reported for *Bowel Screening coverage* with latest data for October up 0.8% to 56.5%. Performance remains below the 60% national standard. It is anticipated that the recent introduction of the FIT screening test, which has been demonstrated to be more acceptable to participants as it requires just a single sample, will help to improve uptake levels in the future.

Key actions

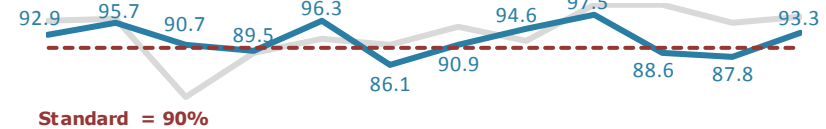
- The Bowel Screening Wales programme continues to actively monitor Health Boards (HB) underperforming for colonoscopy.
- Received formal recovery plans from two of the three underperforming HBs with the third plan undergoing internal verification before being released to the programme. Meetings will be held to monitor initiatives documented in the recovery plans are adhered to.
- Initiatives being considered include: insourcing, outsourcing, streamlining of the accreditation process and collaborative working between HBs, and the adoption of the revised BSG polyp surveillance guidelines.
- Initiatives to increase coverage include: assessing suitability and ease of use of the programme's literature for screening participants, collaborative working with third-party organisations such as Bowel Cancer UK, and the use of dedicated staff to raise awareness and better understand the barriers to participation.

Abdominal Aortic Aneurysm

Percentage of Small Abdominal Aortic Aneurysm surveillance uptake



Percentage of Medium Abdominal Aortic Aneurysm surveillance uptake



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

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

Summary

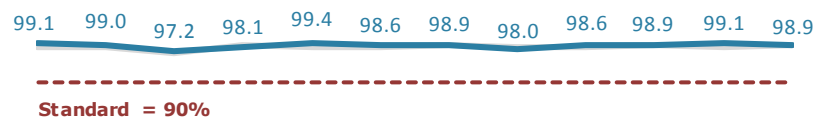
- Latest data for October 2019 shows that there has been improvements in both the *Percentage of Small Abdominal Aortic Aneurysm surveillance uptake* (up 5.1% to 94.5%) and the *Percentage of Medium Abdominal Aortic Aneurysm surveillance uptake* (up 5.5% to 93.3%).
- Both AAA indicators are now performing above the 90% national standard.

Key actions

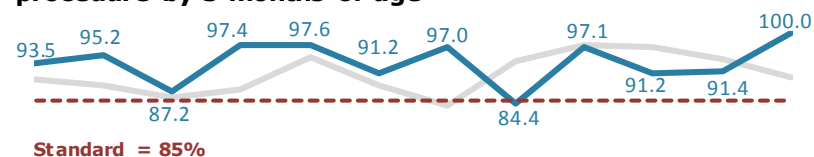
- N/A

Newborn Hearing Screening

Percentage of well babies who complete screening within 4 weeks



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



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

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

Summary

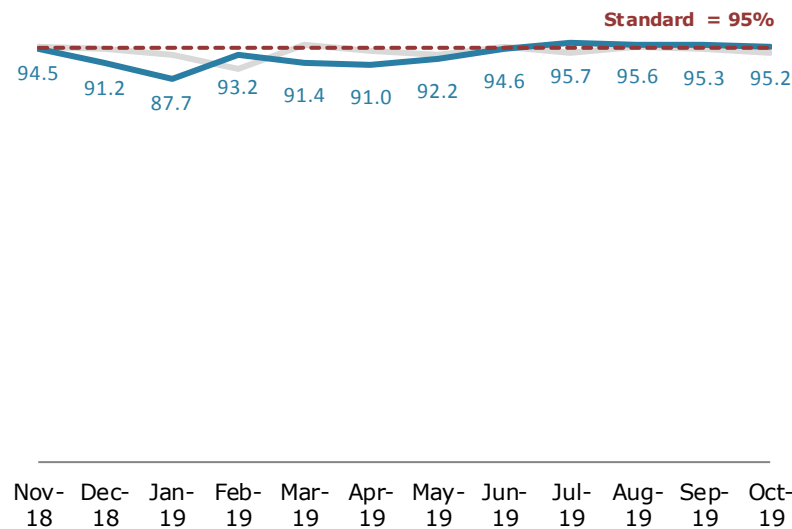
- The *Percentage of well babies who complete screening within 4 weeks* remains consistently above standard following a 0.2% decline in September 2019 at 98.9%.
- Latest performance for the *Percentage of babies completing the assessment procedure by 3 months of age* has achieved 100% for first time since December 2016 (up from 91.4% in August 2019). Performance continues to exceed the 85% standard for the fourth consecutive month.

Key actions

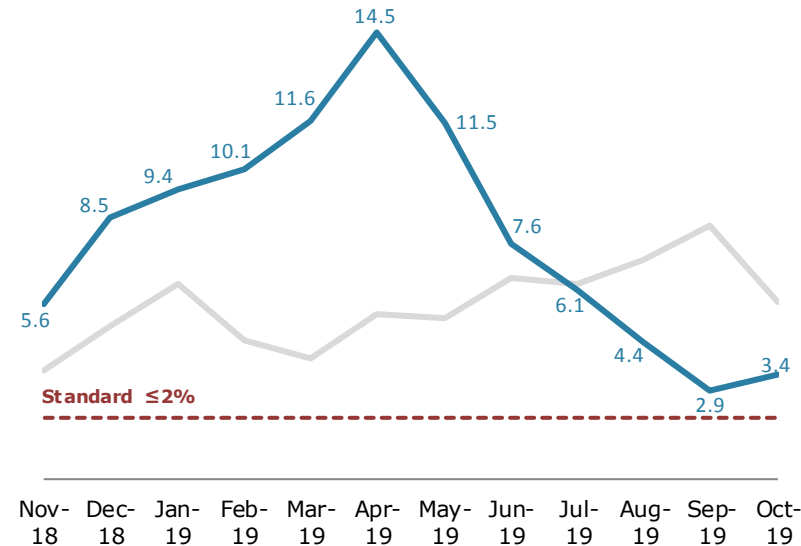
- N/A

Newborn Bloodspot Screening

Newborn bloodspot screening coverage



Newborn bloodspot screening avoidable repeat rate



Summary

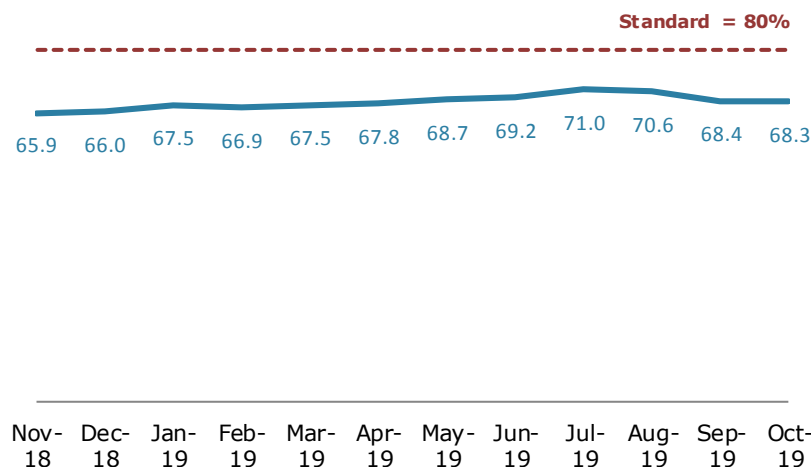
- Following the gradual improving trend since April 2019, Newborn bloodspot screening coverage remains above the 95% standard in October 2019 at 95.2%. Performance remains in line with year on year figures.
- Following the marked improvement in *Newborn bloodspot screening avoidable repeat rate* between April 2019 (14.5%) and September 2019 (2.9%), latest data for October 2019 shows a small increase in avoidable repeats to 3.4%. Whilst performance remains short of achieving the ≤2% standard, significant progress has been made in 2019/20. Although improvement is evident, issues remain in Health Boards obtaining good quality bloodspots at the right time, completing all the information on the card accurately and ensuring the card has not expired.

Key actions

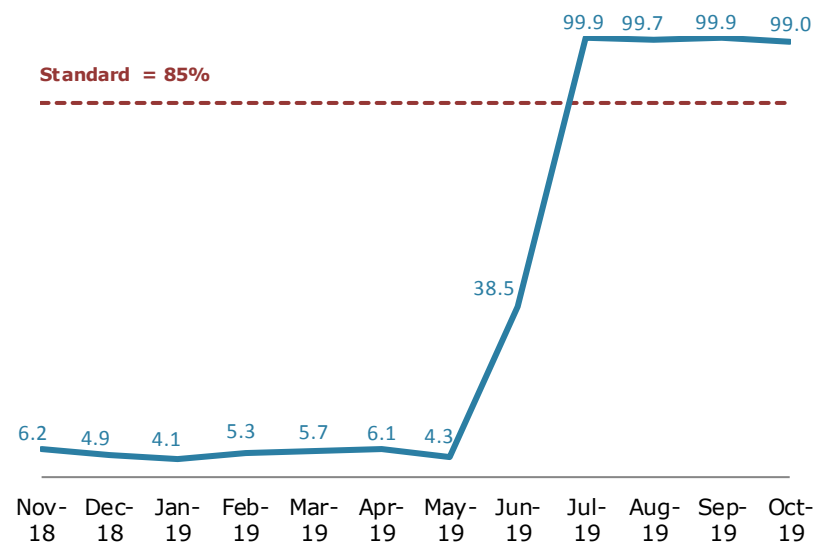
- New data card with key points to remember planned for launch at the Newborn Bloodspot Screening conference in November 2019.
- Interactive session planned at the conference for sample takers to cover improving sample quality.
- Sample quality training sessions being undertaken in Health Boards with a focus on special care baby units and ward staff as these areas have the highest poor quality rates.
- Two films have been developed by the Newborn Bloodspot Screening team and are available on the website for sample takers. The team will work with governance leads to encourage sample takers to watch the films.
- Monthly reports of poor quality and problem samples continue to be sent to governance leads and Heads of Midwifery.
- Action plans developed by governance leads in Health Boards.

Diabetic Eye Screening Wales

Coverage - Reported result in the last 12 months



Results letters printed within 3 weeks of screen date



Summary

- Diabetic Eye Screening Coverage has remained static over the latest period (from 68.4% in September to 68.3% in October 2019). Performance remains below the 80% standard and reflects reduced capacity in screening clinics due to vacancies and sickness absence. North Wales has been particularly impacted over the last 2 months. Additionally, continued long term sickness absence in the booking team has reduced capacity for the team to book further forward, impacting on how swiftly the longer waiting participants can be booked for screening.
- The percentage of Results letters printed within 3 weeks of screen date has remained above standard in October 2019 at 99.0% (down 0.9% on last month). Performance has remained stable for the fourth consecutive month following significant challenges in meeting standard since the start of 2018/19.

Key actions

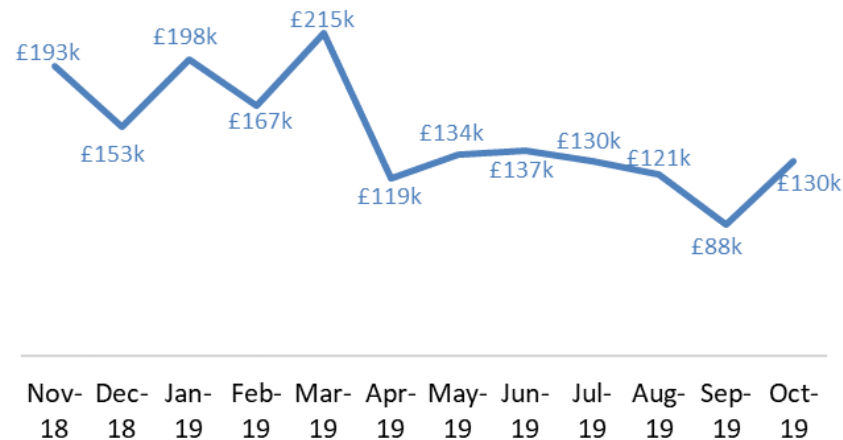
- Complex and lengthy task involving comprehensive demand and capacity analysis, reconsideration of clinic venues used and amendments to the service delivery model.
- The lead for the abovementioned work started in post at the beginning of November which will enable the pace of this vital analysis to increase.
- Undertaking a consultation to implement additional posts and substantially strengthen the regional management structure for the service and bolster screening clinic capacity.

Indicator		Timeframe			Target Source (as relevant)
Headcount		Aug-19	Sep-19	Oct-19	
Headcount (does not include Bank and Agency staff)		1,848	1,884	1,864	
Full time equivalents (FTE)		1,652.25	1,683.63	1,667.93	
Contractual Status		Aug-19	Sep-19	Oct-19	
Permanent		1,664	1,691	1,672	
Fixed term contracts		184	193	192	
Bank staff		45	46	46	
Agency workers		38	28	36	
TOTAL		1,931	1,958	1,946	
Staff Turnover		Target	Aug-19	Sep-19	Oct-19
Rolling 12 month staff turnover		10%	11.5%	10.9%	10.7% NHS Best Practice
Rolling 12 month staff turnover excluding Fixed-term staff			9.0%	8.5%	8.7%
Rolling 12 month Regrettable Turnover			6.3%	6.3%	6.3%
Monthly turnover rate			1.1%	0.7%	0.8%
Monthly turnover rate excluding Fixed-term staff			0.9%	2.4%	0.8%
Starters and Leavers			Aug-19	Sep-19	Oct-19
Starters Headcount			30	48	26
Leavers Headcount			20	47	14
Time to Hire		Target	Aug-19	Sep-19	Oct-19
Time from vacancy requested to conditional offer letter issued (days)		44	35.7	41.5	Not available NWSSP Target
Live Vacancies (by days open - August 19 data)		Actual	< 44	44 - 55	> 55
Live Vacancies		59	38	10	11
Sickness Absence		Target	Aug-19	Sep-19	Oct-19
Monthly sickness absence rate (% FTE)		3.25%	3.96%	3.37%	Not available Internal Target
Rolling 12 month period sickness absence rate (% FTE)		3.25%	3.85%	3.83%	Not available Internal Target
Short term sickness absence rate (% FTE)			0.94%	1.10%	Not available
Long term sickness absence rate (% FTE)			3.03%	2.27%	Not available

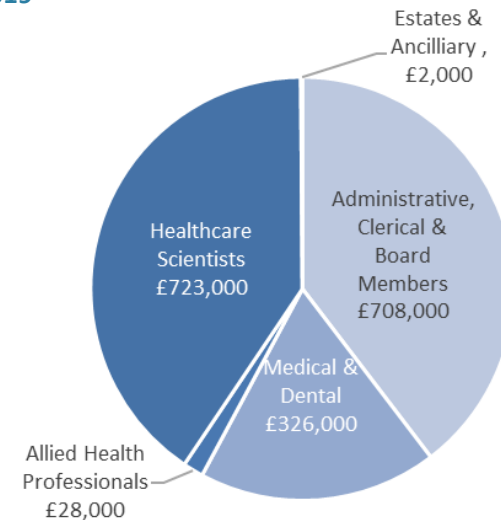
People Dashboard (Continued)

Statutory and Mandatory Training		Target	Aug-19	Sep-19	Oct-19	
Training Compliance with core competencies		95%	92.18%	91.40%	90.75%	Internal Target
Training Compliance including extended competencies			91.39%	90.99%	90.43%	
Appraisals		Target	Aug-19	Sep-19	Oct-19	
My Contribution Appraisal completed within previous 12 months		85%	57.89%	72.97%	72.65%	WG Target
Medical Revalidation Appraisal completed within previous 15 months					100.00%	
Combined Appraisal % (under review)					74.13%	
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				Oct-18	Oct-19	
Male				23%	23%	
Female				77%	77%	
Black, Asian and Minority Ethnic (BAME) Staff				Oct-18	Oct-19	
BAME				4%	5%	
White				75%	76%	
Not Declared/Unspecified				21%	19%	
Disability				Oct-18	Oct-19	
Yes				3%	3%	
No				60%	65%	
Not Declared/Unspecified				37%	32%	
Welsh Language Skill Level Declaration				Sep-19	Oct-19	
Listening/Speaking Welsh				83%	84%	
Reading Welsh				80%	81%	
Writing Welsh				80%	81%	

Monthly agency spend



Rolling 12 months agency spend by category, November 2018 to October 2019



Summary

- Total agency spend has increased from £88K in September 2019 to £130K in October 2019, with actual costs for the year to date at £857K, equating to 1.6% of total pay expenditure (1.6% in-month). This is lower than agency spend in 2018/19 (2.6% of total pay). 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.
- There has been an increase in expenditure in the categories 'Administrative, Clerical & Board Members' from £37K in September to £64K in October and in 'Healthcare Scientists' from £43K to £59K.
- There has been a decrease in expenditure in the category 'Medical & Dental' from £8K in September to £7K in October.

Key actions

- All agency cases are reviewed by Finance and People Business Partners and only sent through to Establishment Control Panel if there are robust cases for use and then these are scrutinised by the Panel to ensure all possible options have been explored before final approval.

END