		Name of Meeting
		Board
		Date of Meeting
		30 May 2019
		Agenda item:
		8.1.300519

Integrated Performance Report

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

Approval/Scrutiny route:	Business Executive Team (20 May 2019)

Purpose

The purpose of this report is to provide an update on Public Health Wales' performance, including:

- Integrated Performance Report to March 2019 including annual plan, Health & Care Standards and quality indicator quarterly performance – Huw George
- Year end 2018/19 Well-being of Future Generations (Wales) Act 2015 report – Mark Bellis
- Month 1 2019/20 Integrated Performance Report (April 2019) – Huw George

Recommendation:

APPROVE ☐	CONSIDER ☐	RECOMMEND ☐	ADOPT ☐	ASSURANCE ☒

The Board is asked to:

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

Link to Public Health Wales Strategic Plan

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

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

This report contributes to the following:

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

Summary impact analysis

Equality and Health Impact Assessment	An Equality and Health Impact Assessment is not required. Equality and Health Impact Assessments will be completed as part of delivery of the specific actions within the Plan.
Risk and Assurance	Our Strategic Risks are detailed within Our Strategic Plan
Health and Care Standards	This report supports and/or takes into account the Health and Care Standards for NHS Wales Quality Themes

All themes |
| **Financial implications** | An update on the organisation's financial performance is enclosed |
| **People implications** | An update on the organisation's people performance is enclosed |

1. Purpose / situation

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

- Operational performance including indicators within the NHS Wales Delivery Framework
- Annual plan quarterly performance
- People performance
- Quality performance
- Financial performance
- Well-being of Future Generations (Wales) Act 2015 and well-being objectives

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 is provided in sections 2 and 3 of the Integrated Performance Report. Each specific section (see 'Purpose' above) also provides a more detailed summary of key performance issues.

3.1 Well-being of Future Generations (Wales) Act 2015
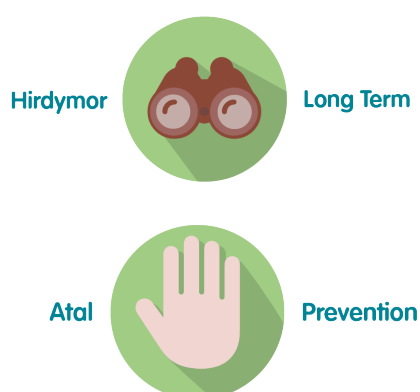
Ensures Public Health Wales is able to successfully monitor the delivery of its Long Term Strategy and Integrated Medium Term Plan. Areas of underperformance can be identified with earlier intelligence to aid decision making.

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.

Integreiddio Integration

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

Cydweithio Collaboration

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

Cynnwys Involvement

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

4.   Recommendation

The Public Health Wales Board is asked to:

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

Integrated Performance Report March 2019

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

Date: 12 April 2019	**Version:** v1c

Sponsoring Executive Director: Huw George

Who will present: Huw George

Date of Board meeting: 30 May 2019

Committee/Groups that have received or considered this paper:
Executive Team

The Board / Committee are asked to:

Approve the recommendation(s) proposed in the paper	
Discuss and scrutinise the paper and provide feedback and comments	√
Receive the paper for information only	

1 Introduction and Purpose

1.1 The purpose of this report is to provide an update on Public Health Wales' performance, including against:

- public health indicators within the NHS Wales Delivery Framework
- key service indicators
- progress against the Annual Plan, Health and Care Standards, and Quality Indicators at quarter 4 2018/19

1.2 An overview of performance indicators, including those that relate to public health within the NHS Delivery Framework, is provided within our monthly dashboard within the Operational Performance report.

1.3 The dashboard provides a summary of progress against our key performance indicators reported for this period and includes the latest available performance information. Targets stated in the dashboard are the agreed performance trajectories within our Strategic Plan. Trend charts have also been included throughout the report with the latest data (**blue trend line**) shown against the previous year (**grey trend line**).

1.4 This integrated report brings together the following performance reports:

- Operational performance – Huw George (Page 7)
- Annual Plan 2018/19 – Huw George (Page 22)
- People and Organisational Development – Phil Bushby (Page 54)
- Quality and impact report – Rhiannon Beaumont-Wood (Page 60)
- Financial performance – Huw George (Page 77)

1.5 Following agreement at the January 2019 Board meeting, this report contains a greater focus on the impact of underperformance in a number of our delivery areas. Work to strengthen this area of focus will continue in 2019/20, with changes likely to be introduced to the Integrated Performance Report to accommodate.

2 Performance Highlights

There are a number of key successes and achievements which the Board will wish to be aware of. These are set out below:

2.1 Breast Test Wales performance for assessment invitations given within 3 weeks of scan has seen a significant improvement over the last month. Following considerable work by the team, over 94% of women in Wales were invited within the 21 day target in March 2019 (up from 59.7% in February). Performance is now exceeding national standards for the first time since the same period last year. Of particular note, performance in the West Wales region saw a marked improvement (up from 32.8% to 94.9%).

2.2 Provisional year end financial performance is strong with the month 12 revenue position at a small surplus of £43k. The Public Sector Payment Policy target continued to be achieved with 96.05% of invoices paid within 30 days for March 2019.

2.3 Performance for Bowel screening waiting times for colonoscopy showed a 23% improvement between January (36.3%) and February 2019 (59.4%), although remains below the 90% standard. Led by the Programme Manager, work has focused on prioritising four areas: Engaging with Health Boards to understand key issues and help facilitate solutions; using the Long Term Agreement to support proper direction of funds; supporting Health Boards to use insourcing to reduce backlogs and waiting times; and encouraging cross Health Board links by bringing-in screening Endoscopists from neighbouring Health Boards. Work continues to generate interest in gastroenterologists and colorectal surgeons in becoming screening colonoscopists. Service review meetings continue and the end of the current round will have

taken-place in all Health Boards by end of July 2019. The attention from the programme and engagement with the health boards on the timeliness will be ongoing and part of the programmes routine workplan as this is a key performance measure as sustaining this will be challenging for the health boards due to symptomatic demand. The All-Wales endoscopy workstream has recently been established and this is key to enabling a sustainable endoscopy service for Wales.

2.4   Statutory and mandatory training compliance continues to exceed the 85% national target in February 2019 but remains slightly below the 95% organisational target. Training compliance has shown a continued improving trend during throughout 2018/19 (from 86.7% in March 2018 to 91.2% in February 2019). The People and OD team will recommend that from April 2019, all managers are required to include compliance measures into their own objectives to ensure individual-level accountability sits with the relevant roles.

2.5   Over 1,500 compliments have been received for the period 1 April 2018 – 31 March 2019. The ratio of compliments to complaints for the period is 25:1.

2.6   Performance for the Abdominal Aortic Aneurysm programme is now above the 90% national standard following an improvement over the last month. March 2019 uptake levels currently stand at 93.9% for small AAA surveillance uptake and 96.3% for medium AAA surveillance uptake.

2.7   Latest figures for sickness absence showed an improved picture over the latest period. Both monthly (from 4.04% to 3.56%) and annual rolling (from 3.99% to 3.93%) sickness absence rates decreased, with a reduction in long term (from 2.5% to 2.3%) and short term absence (1.6% to 1.2%) over the same period. Stress, anxiety and depression remain the most common causes of sickness absence (28.2%). Further to the recent launch of the All-Wales Managing Attendance at Work policy, the People team have developed dedicated intranet pages containing the new policy, templates, letters, and details of training dates.

2.8   A number of Health Improvement indicators have achieved respective annual targets in 2018/19. Only Welsh Network of Healthy Schools undertaking the National Quality Award (21 from 50), Smoking Prevention Programme secondary schools targeted (58 from 60), and Healthy Working Wales organisations achieving a Small Workplace Health Award (78 from 100) fell short of achieving respective annual targets.

3   Key Performance Issues and their impacts

This section looks at the key areas where performance is not currently achieving the target or standard. As a development in month 11, Directorates have started to highlight the impact of underperformance.

3.1   **Diabetic Eye Screening Wales** Results letters printed within 3 weeks of screen date has remained static in March 2019 at 5.7% (up from 5.3%), significantly below the 85% standard. A recent detailed analysis of performance in previous years has highlighted that the baseline year used to establish the standards initially for the service (2017) was an anomalous year compared to previous performance, and 2018 performance has returned to a pattern consistent with prior years. Underperformance continues to be due to a mismatch between reduced grading capacity and increasing service demand. Work is continuing to review workflow to balance grading volume with clinical urgency, with a change plan under development following analysis of the findings from a process mapping workshop. Re-training has been planned for photographers in April to standardise the volume of images captured per patient eye – this will enable greater predictability and standardisation of grading workflow, but will take time to be fully realised.

Impact: The delays in sending letters did not impact on the clinical management of patients, with the majority of cases being graded within 30 days of image capture. All cases were completed within 40 days.

3.2   **Agency staff expenditure** increased from £167k in February 2018 to £215k in March 2019, equating to 2.6% of total pay expenditure (2.6% in 2017/18), with actual costs for the year to date at £2.175M. Expenditure is primarily a result of difficulties in recruiting to key posts. Microbiology pay is showing an over spend against agency costs at £852k due to agency consultants in North Wales and agency biomedical scientists. In order to understand and address high agency costs, the People team have requested additional information from the Finance team following the increased expenditure in March 2019.

3.3   **Newborn Bloodspot Screening** avoidable repeat rate continues to increase. Since April 2018 (5.4%), performance has deteriorated and currently stands at 11.3% in March 2019. There continues to be variation in performance across Health Boards, and issues remain with sample taker competency in obtaining good quality bloodspots, completing all the information on the card accurately and ensuring the card has not expired. Poor technique is a major contributory factor and action taken has been focussed on improving sample takers skills in collecting samples, together with ensuring the use of appropriate lancets proven to be effective in obtaining good quality bloodspot samples. The Head of Programme and Programme Manager are undertaking a project on IQT silver to consider changes that can be made in special care baby units. The Programme have also highlighted to governance leads the benefits of them working together to establish an all-Wales procurement of a lancet type, proven to be effective in obtaining good quality bloodspot samples.

A task and finish team has been established and meeting monthly with representation with all key partners to improve the quality with expert advice on quality improvement from 1000 lives. Planned series of training sessions underway (April to July 2019) with health board teams; the laboratory is undertaking a review to benchmark practice of rejection in line with standards across the UK Laboratories and results to be shared June 2019; Regular feedback to Heads of Midwifery (at times this has been daily) on rejection rate. Work to continue with expectation to stabilise June and July 2019 and then see improvement from August 2019.

> **Impact:** An increasing repeat rate delays completing screening for babies, meaning a potential delay in the referral of babies into clinical care.

3.4   At the end of 2018/19, 63 formal **complaints** were received which shows an increase compared to the previous three years: 2015/16 (58 complaints), 2016/17 (45 complaints), and 2017/18 (54 complaints). The number of complaints received by the Screening Division rose in 2018/19 when compared to the previous three years. Whilst the number of concerns responded to within 2 working days has improved compared to last year (from 87% to 89%), response rates within the target 30 working days worsened from 69% to 61% over the same period. Delays were encountered due to a number of reasons, including: interval cancer reviews which can take longer than 30 days, delays in receiving consent, seeking expert opinion, and quality assurance process.

3.5 All **Healthcare Associated Infection** rates increased over the latest period, following an overall improving picture during recent months. Significant improvements have been especially evident for C.Difficile rates lately, and although an increase from 15.9 to 24.1 per 100,000 was seen last month, performance remains within target levels. Staph aureus and E.Coli bacteraemia rates remain above respective national targets (32.8 and 81.4 per 100,000, respectively). However, it is important to note that when compared to 2017/18 figures, infection rates have seen an overall improvement in C.Difficile (27% fewer cases), Staph aureus (24% fewer cases), and E.Coli bacteraemia (5% fewer cases). Expert support and advice continues to be provided for Aneurin Bevan and Cardiff and Vale University Health Boards, and the team have been contacted by Hywel Dda University Health Board for support with regard to C.Difficile. Furthermore, advice has been provided to Welsh Government with regard to Improvement Goals for HCAI & AMR reflecting the UK AMR strategy. It is expected that the Welsh Health Circular will be published before the end of April 2019.

> **Impact:** The effects of patients contracting a Healthcare Associated Infection includes acute and/or chronic illness, anxiety, longer stays in hospital, and a potentially reduced quality of life.

3.6 Our **time to hire** increased between January (39 days) and February 2019 (49.4 days) and is now outside the 44 day target timescale. Further analysis of the data suggests some exceptions have rolled over from the previous month which has directly impacted on performance in February. HR managers will highlight any vacancies that have rolled over and impacted upon the data identifying any measures that need to be taken to prevent a continuation.

> **Impact:** Not meeting the shortlisting timescales can have a knock on effect and delay start dates, potentially leading to additional pressures on teams and services.

The following section provides the Board with a summary of progress made against our Annual Plan 2018/19, Health and Care Standards, and Quality indicators as at the end of March 2019. Further work will be undertaken in 2019/20 to develop our ability to report progress against these areas, including strengthened analytics and monitoring arrangements.

4 Annual Plan 2018/19

4.1 At the end of quarter 4, good progress has been made against the 2018/19 annual plan with 274 actions (79%) being completed within stated timescales. Responsibility for 6% of actions (22 actions) now sits with an external agency as Public Health Wales has completed all required actions. Most progress has been made against priority 6 (Supporting the development of a sustainable health and care system focused on prevention and early intervention) with 88% of actions completed within agreed timescales.

4.2 Fifteen per cent of actions (52 actions) were reported as being behind schedule and will not be completed within agreed timescales. The main reasons for milestones being behind target at the end of the year include: staff vacancies/ team capacity (included in 44% of exceptions reports); external factors influencing progress (4%); decision chain creating delays (4%); general slippage (29%); and competing priorities/ internal reorganisation (19%).

4.3 Where actions have not been completed, pages 24-53 details the reasons behind the delays and how these actions will be taken forward in 2019/20.

5   Health and Care Standards

5.1   From the 220 actions identified as part of the 2017/18 Health and Care Standard self-assessment, 84.1% (185 actions) completed within target timescales which is in line with quarter 3 figures. Approximately 8% (18 actions) were identified as red and behind schedule (up from 5.9%), 5.5% were identified as blue and outside of Public Health Wales' remit (up from 2.7%), and 2.3% (5 actions) were not progressed (consistent with quarter 3 data).

5.2   The reasons identified by Directorates for actions that are behind schedule and will not be completed within the agreed timescales include: Capacity to deliver/ lack of resources; pressure of workload, unrealistic target, and potential for delay to 2019/20 to ensure information governance and provider issues are resolved.

5.3   Exception reports for actions that were not be completed within target timescales can be found on pages 67-76.

6   Quality indicators

6.1   The summary dashboard on pages 64-65 highlights a number of identified quality indicators as developed by each Directorate. The vast majority of these have been reported as green as they are on track or achieving respective targets.

6.2   Four indicators have been reported as being amber and not achieving agreed targets. One of these indicators relates to a reduction in the organisations carbon footprint and, at the time of reporting, this data is not available but will be reported in the Annual Report 2018/19. Although falling just 5% short of achieving the 75% target, there has been an increase in the percentage of improved corporate/ trust wide policies and procedures that have not exceeded their review date, which is now at 70% (an improvement on 62% last quarter). In addition one indicator relating to the acknowledgment of inquires being dealt with within 48 hours has dropped to 99.1% (two inquiries out of 228). All have now been dealt with. The remaining amber indicator relates to the rate of inappropriate referral to microbiology for urine analysis. This target has now been paused due to some ambiguity in the application of the criteria and the fact that national guidance on taking urine samples is in development.

6.3   Since the indicators were agreed, two indicators are no longer reported on as Welsh Government do not require this information.

Operational performance

The March 2019 performance dashboard includes updates against **35** of Public Health Wales' performance indicators (**10** indicators are **red**, **6** indicators are **amber**, **15** indicators are **green** and **4** indicators cannot be RAG rated).

Performance over the latest reporting period has shown a positive picture. Marked improvements have been observed, most notably in screening services. However, there has been continued underperformance, and in some cases a decline in performance. Details of which have been noted below.

Key issues arising during this period

- Data for March 2019 shows that there has been a continued decline in performance in the *Newborn bloodspot screening avoidable repeat rate*. The avoidable repeat rate is now 11.3%, this is considerably higher than the ≤2% standard and is the highest the repeat rate has been since at least August 2014. Continued underperformance is due to sample taker competency issues in obtaining good quality bloodspots at the right time, completing all the information on the card accurately and ensuring the card has not expired. Underperformance means a delay in completing screening for babies, with the potential delay in referral of babies into clinical care. Reducing the avoidable repeat rate remains a focus for the programme. The Head of Programme and Programme Manager are undertaking a project on IQT silver to consider changes that can be made in special care baby units. The service is also conducting sample quality training sessions in Health Boards (this is a rolling training programme).

- There continues to be significant underperformance for *Results letters printed within 3 weeks of screen date*. Latest data shows that 5.7% of results letters were printed within 3 weeks of the screen date, this is significantly lower than the 85% standard. As detailed in previous reports, underperformance is due to a mismatch between reduced grading capacity and increasing service demand. Underperformance has meant that patients have not received their results letters within appropriate timescales. It should be noted that the delay in sending these letters did not impact on the clinical management of these patients. As detailed in previous reports, two additional graders are being appointed from a January recruitment. Work is continuing to review workflow to balance grading volume with clinical urgency, with a change plan under development following analysis of the findings from a process mapping workshop. Re-training has been planned for photographers in April to standardise the volume of images captured per patient eye – this will enable greater predictability and standardisation of grading workflow, but will take time to be fully realised. It should be noted that the majority of cases were graded within 30 days of image capture, with all being completed within 40 days.

- Data for March 2019 shows that at an All-Wales level, there has been an increase in rates of Clostridium difficile, Staphylococcus aureus and E. coli bacteraemia. However, it should be recognised that C. difficile rates are within national target levels for March. Although rates have increased during the most recent reporting period, the current status is much improved on last year. When comparing performance in 2018/19 compared to 2017/18, Wales experienced 27% fewer cases of C. difficile disease, 24% fewer cases of MRSA bacteraemia and 5% fewer cases of E. coli bacteraemia. Support/ advice continues to be provided for Aneurin Bevan and Cardiff and Vale University Health Boards, and the team have been contacted by Hywel Dda University Health Board for support with regard to C.Difficile. Furthermore, advice has been provided to Welsh Government with regard to Improvement Goals for HCAI & AMR reflecting the UK AMR strategy. It is expected that the Welsh Health Circular will be published before the end of April 2019.

Performance dashboard – March 2019

The performance dashboard includes the latest available performance information. Further detail on specific service performance is provided within subsequent sections of this report.

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

Indicator	Timeframe			
Breast Test Wales	Target[1]	Jan	Feb	Mar
Assessment invitations given within 3 weeks of screen	90%	69.7%	59.7%	94.4%
Normal results sent within 2 weeks of scan	95%	82.0%	98.5%	98.6%
% women invited within 36 months previous screen	90%	85.6%	80.2%	84.8%
Cervical Screening Wales				
Waiting time from sample being taken to screening test result being sent (4 weeks)	95%	99.3%	99.3%	95.4%
Bowel Screening Wales				
Coverage	54%	54.1%	54.2%	53.6%
Waiting time for colonoscopy	70%	36.3%	59.4%	Not available
Abdominal Aortic Aneurysm Screening Wales				
Small AAA surveillance uptake	90%	85.2%	87.5%	93.9%
Medium AAA surveillance uptake	90%	90.7%	89.5%	96.3%
Newborn Hearing Screening Wales				
% of babies who complete programme (within 4 weeks)	98%	98.1%	99.6%	Not available
Babies completing assessment procedure (by three months of age)	85%	92.1%	95.3%	Not available
Newborn Bloodspot Screening Wales				
Coverage (newborns)	95%	87.7%	93.2%	91.4%
Avoidable repeat rate	3.0%	9.2%	9.8%	11.3%
Diabetic Eye Screening Wales[2]				
Coverage-Reported Result in the Last 12 Months	80%	67.5%	66.9%	67.5%
Results Letters Printed Within 3 Weeks of Screen Date	85%	4.1%	5.3%	5.7%
Vaccination and Immunisation	Target[1]			
Influenza vaccination uptake among those aged 65+	75%	at 06 Feb 2019 67.8%	at 06 Mar 2019 68.2%	at 03 Apr 2019 68.3%
Influenza vaccination uptake among the under 65s in high risk groups	55%	42.8%	43.7%	44.0%
Influenza vaccination uptake among pregnant women	Not available	10,987	12,057	12,504
Influenza vaccination uptake among healthcare workers	60%	52.1%	53.5%	54.0%

Performance dashboard – March 2019

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

Healthcare Associated Infections	Target[1]	Jan	Feb	Mar
Clostrium difficile rate (per 100,000 population)	26	21.9	15.9	24.1
Staph aureus bacteraemia rate (per 100,000 population)	20	28.3	31.3	32.8
E. Coli bacteraemia rate (per 100,000 population)	67	64.1	72.2	81.4
Smoking Prevention Programme	Annual Target	Q2 18/19	Q3 18/19	Q4 18/19
Number of secondary schools targeted	60	0	23	22 (YTD=58)
Welsh Network of Healthy Schools				
Schools achieving level 1 - 5 award	180	55	18	37 (YTD=218)
Schools undertaking National Quality Award	50	5	5	1 (YTD=21)
Healthy Working Wales	Annual Target	Q2 18/19	Q3 18/19	Q4 18/19
Organisations completing a CHS mock assessment	25	5	6	10 (YTD=30)
Private sector organisations completing a mock assessment	15	2	3	5 (YTD=15)
Organisations completing a full assessment	25	12	6	12 (YTD=38)
Private sector organisations completing a full assessment	5	5	4	3 (YTD=15)
Organisations achieving a Small Workplace Health Award	100	12	24	25 (YTD=78)
Organisation	Target[1]	Jan	Feb	Mar
Number of SUIs reported	N/A	0	0	0
SUI investigations completed within the timescales	90%	N/A	N/A	N/A
Number of written concerns/complaints received	N/A	1	7	9
Written concerns/complaints responded to within target timescales[3]	75%	0%	86%	N/A
% of medical staff revalidation appraisal (last 15 months)	100%	100%	100%	100%
Sickness absence rate (rolling 12 month period)	3.25%	Jan-18 to Dec-18 4.04%	Feb-18 to Jan-19 3.99%	Mar-18 to Feb-19 3.93%

1. Data reported against 2018/19 targets, or where a performance trajectory has been agreed to facilitate reaching the target, the trajectory has been used as defined within the IMTP 2018-2021.
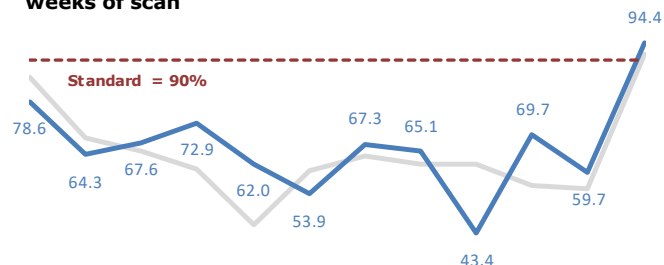2. New indicator included for 2018/19. Performance trajectories are to be confirmed by the DESW
3. Complaints received which remain open are still within the 30 working day response target and have not been included in the response percentage.
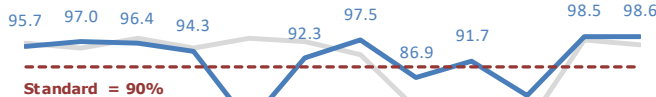YTD = Year to date

Breast Test Wales

Percentage of assessment invitations given within 3 weeks of scan

78.6 64.3 67.6 72.9 62.0 53.9 67.3 65.1 43.4 69.7 59.7 94.4

Standard = 90%

Percentage of normal results sent within 2 weeks of scan

95.7 97.0 96.4 94.3 74.3 92.3 97.5 86.9 91.7 82.0 98.5 98.6

Standard = 90%

Percentage of women invited within 36 months of previous screen

89.5 93.7 92.9 87.5 83.5 87.0 86.8 80.3 81.4 85.6 80.2 84.8

Standard = 90%
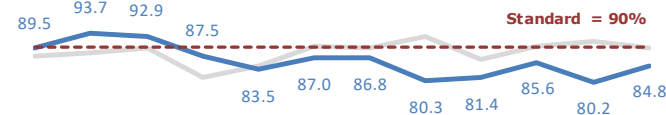
— Latest data

— Data from previous year

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

Summary of performance

- Data for March 2019 shows that there has been a significant improvement in performance of the *Percentage of assessment invitations given within 3 weeks of scan* indicator. 94.4% of assessment invitations were given within 3 weeks of scan, exceeding the 90% standard. The indicator is now within standard for the first time in a year, and is the highest it has been for the past 3 years.
- There has been little change in the performance of the *Percentage of normal results sent within 2 weeks of scan*, the indicator continues to exceed the 90% standard with 98.6% of normal results being sent within 2 weeks of scan.
- The *Percentage of women invited within 36 months of previous screen* improved during March 2019 (84.8%), this has improved by 4.8% on the previous month. However, the indicator continues to perform below the 90% standard. Underperformance is attributable to a number of factors. There has been an increase in the eligible population compared to last round, extending site visits, meaning more screening days are required and suitable sites for basing mobiles are becoming harder to acquire which results in mobiles being moved more frequently and a subsequent loss in appointment slots.

Actions to improve areas of underperformance

- There is a Breast Test Wales and screening engagement team work plan in place for 2018/19 to focus on low uptake areas.
- Continue to attempt to recruit medical staff in North Wales and West Wales.
- Develop advanced practice posts in North Wales to create capacity to enable greater numbers of women to be screened.
- West Wales and South East Wales have a fully corrected round length. The North Wales plan is currently being reviewed and has shown improvement. This will continue to be a focus for the next few months.

Number of days from screen to assessment appointment by region – March 2019
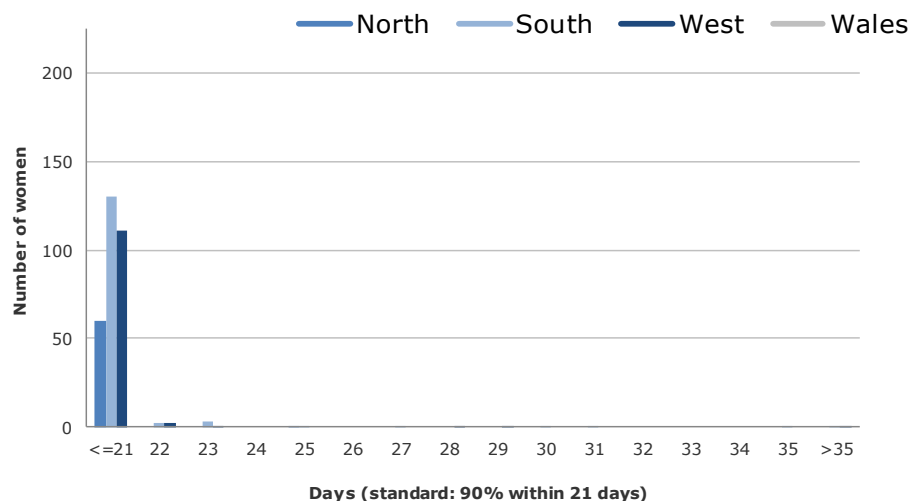
Percentage of assessment invitations given within 3 weeks of scan, by region, 2018-19
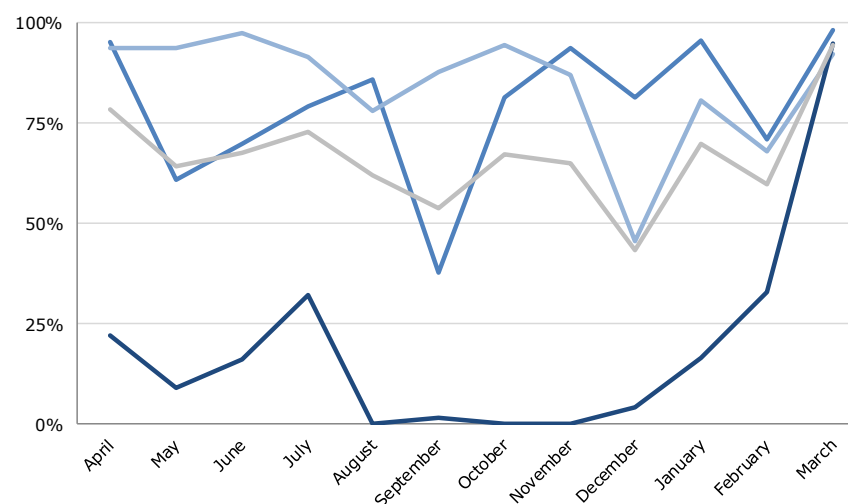
Summary of performance – March 2019

In March 2019, 94.4% of women in Wales waiting for an assessment appointment were invited within the 21 day target. This is a considerable improvement in performance compared to February 2019 where performance was 59.7%.

Improvements have been observed in all regions and all are performing above the 90% standard. The achievement in West Wales is testament to close and effective working of the Breast Test Wales team across sites.

	Assessment wait (days) by region						
Area	Total Assess	<=21	%	>21	%	>28	%
North	61	60	98.4%	1	1.6%	0	0.0
South	141	130	92.2%	11	7.8%	4	2.8
West	117	111	94.9%	6	5.1%	2	1.7
Wales	**319**	**301**	**94.4%**	**18**	**5.6%**	**6**	**1.9**

	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	60	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0
South	130	2	3	0	1	0	1	0	0	1	1	0	0	0	1	1
West	111	2	1	0	0	0	0	1	1	0	0	0	0	0	0	1
Wales	**301**	**4**	**4**	**0**	**2**	**0**	**1**	**1**	**1**	**1**	**1**	**0**	**0**	**0**	**1**	**2**

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

Cervical Screening Wales

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

Standard = 95%

75.2 83.6 82.6 96.8 94.4 98.5 99.2 99.4 99.6 99.3 99.3 95.4

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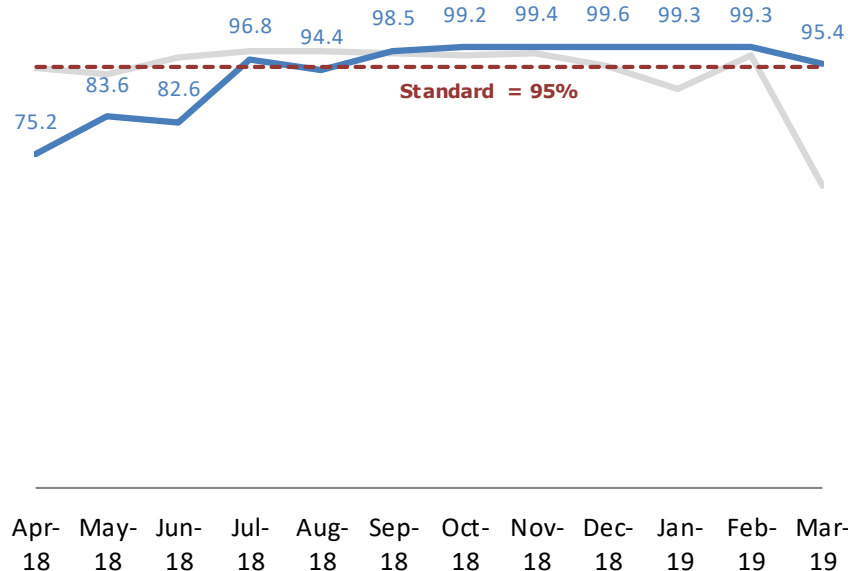
Summary of performance

- The performance of *Percentage waiting time from sample being taken to screening test result being sent (4 weeks)* declined slightly during March 2019. 95.4% of patients waited 4 weeks of less from sample being taken to screening test result being sent. This is a decline of 3.9% since February 2019. Although a decline has been observed, the indicator continues to perform above the 95% standard.

Actions to improve areas of underperformance

- N/A

Bowel Screening Wales

Percentage waiting time for colonoscopy within 4 weeks of booking appointment

Standard = 90%

59.4

43.6 42.7 40.5 38.7 41.0 42.8

36.3

27.4 27.2 24.8 29.0

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

Bowel Screening coverage

Standard = 60%

52.4 52.6 52.3 53.0 52.9 53.4 53.1 53.6 54.1 54.1 54.2 53.6

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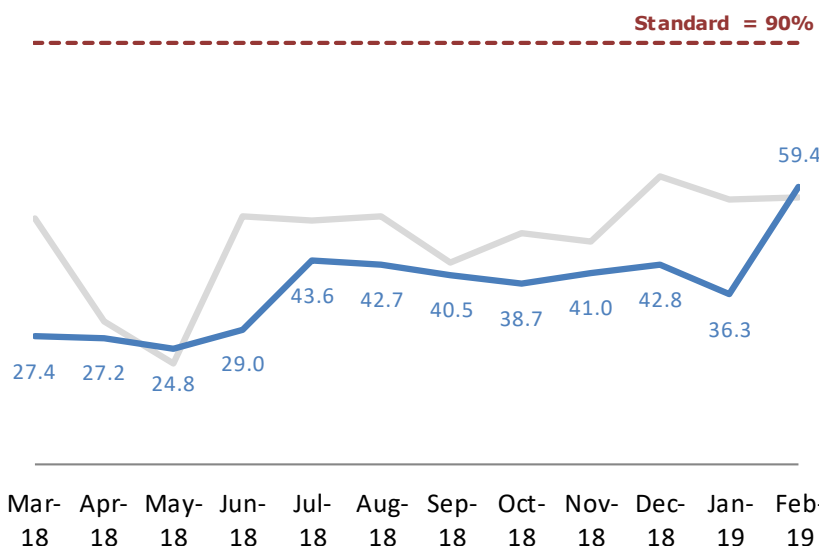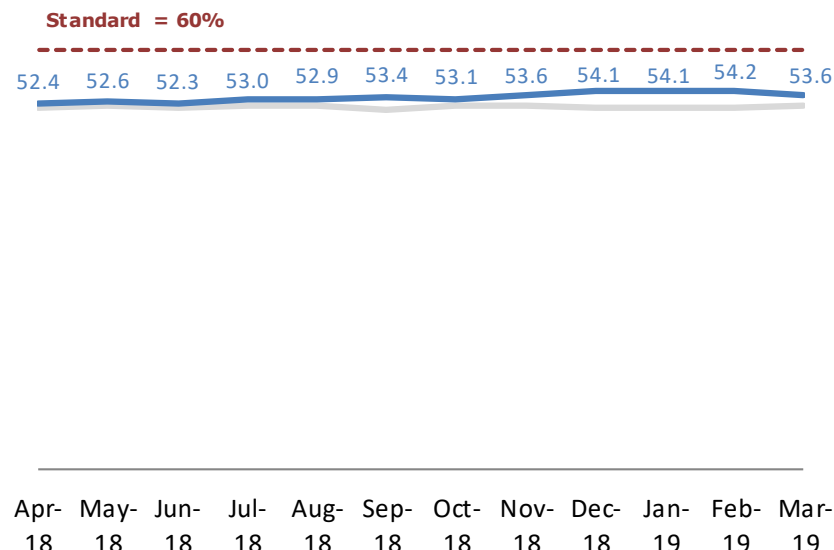
Summary of performance

- The *Percentage waiting time for colonoscopy within 4 weeks of booking appointment* improved considerably during February 2019 (59.4%, up by 23.1% since January 2019). Although, the indicator is performing considerably lower than the 90% standard. Latest data shows that performance is the highest it has been in over a year and has improved by 32.2% since the start of the year. Improvement can be attributed to engaging with health boards, using the long term agreement to support direction of funds, supporting health boards to support insourcing and encouraging cross-health board links. Underperformance is due to cancelled screening lists being replaced with symptomatic lists. Recruitment to fill consultant posts continues to be challenging and is impacting on the number of available endoscopy lists and bringing new candidates forward to become accredited screening colonoscopists.
- Data for March 2019 showed that there has been little change in *Bowel Screening Coverage* with coverage currently at 53.6%, there has been little change observed since the start of the year and the indicator continues to perform below the 60% standard. Underperformance is due to a suboptimal response to invitation.

Actions to improve areas of underperformance

- Concerted effort to generate interest in gastroenterologists and colorectal surgeons in becoming screening colonoscopists.
- Formal contract review meetings are ongoing with health boards.
- The National Endoscopy Programme had its inaugural board meeting in April. The programme will look at capacity and demand of all endoscopy services across Wales and look at workforce planning, intelligent use of FIT for symptomatic patients and all available approaches to generate more capacity for Wales and also to control demand.
- New FIT test is expected to increase uptake, the first kits were distributed on 30 January 2019. 1 in 28 invitations will come with a FIT kit until the summer, when it is expected that all participants will receive a FIT kit instead of a card-based FOB kit to complete.

Abdominal Aortic Aneurysm

Percentage of Small Abdominal Aortic Aneurysm surveillance uptake

87.5   96.9   91.2   92.5   98.3   93.8   93.9

90.0   91.5   89.5   Standard = 90%   85.2   87.5
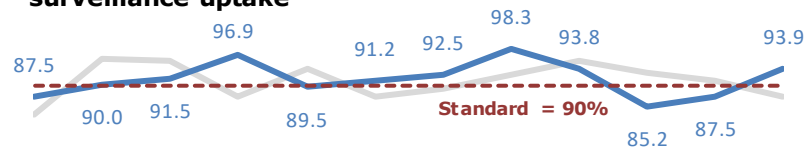
| Apr-18 | May-18 | Jun-18 | Jul-18 | Aug-18 | Sep-18 | Oct-18 | Nov-18 | Dec-18 | Jan-19 | Feb-19 | Mar-19 |

Percentage of Medium Abdominal Aortic Aneurysm surveillance uptake
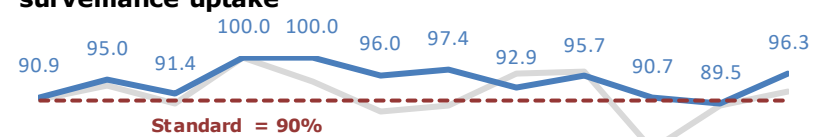
90.9   95.0   91.4   100.0   100.0   96.0   97.4   92.9   95.7   90.7   89.5   96.3

Standard = 90%

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

Summary of performance

- An increase in performance was observed during March 2019 for the *Percentage of Small Abdominal Aneurysm surveillance uptake*. Uptake is currently 93.9% and has increased by 6.4% since February 2019. Performance of the indicator is now exceeding the 90% standard and is 6.4% higher than uptake at the start of the year.
- Latest data shows that there has also been an improvement in the performance of *Percentage of Medium Abdominal Aortic Aneurysm surveillance uptake*. Uptake for March 2019 is 96.3%, exceeding the 90% standard. Performance of the indicator is now 6.8% higher than the start of the year.

Actions to improve areas of underperformance

- N/A

Newborn Hearing Screening

Percentage of well babies who complete screening within 4 weeks

98.2 98.8 98.4 98.5 98.7 98.4 98.7 99.1 99.1 97.2 98.1 99.6

Standard = 90%
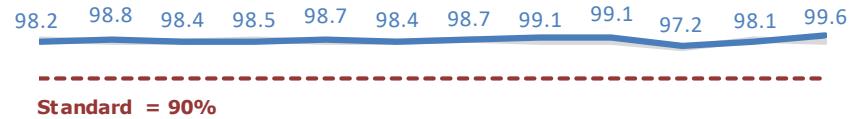
Mar-18 Apr-18 May-18 Jun-18 Jul-18 Aug-18 Sep-18 Oct-18 Nov-18 Dec-18 Jan-19 Feb-19

Percentage of babies completing the assessment procedure by 3 months of age
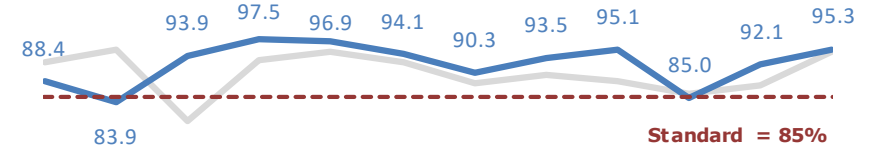
88.4 93.9 97.5 96.9 94.1 90.3 93.5 95.1 85.0 92.1 95.3

83.9

Standard = 85%

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

Summary of performance

- Data for February 2019 shows that 99.6% of well babies completed screening within 4 weeks, this is the highest performance of this indicator has been for the past year. Little change has been observed over the past 12 months and performance has continued to exceed the 90% standard.
- 95.3% of babies completed the assessment procedure by 3 months of age during February 2019. Performance has increased by 3.2% on the previous month and is exceeding the 85% standard. There has only been 1 instance where performance dipped marginally below the 85% standard over the past year and performance is now 6.9% higher compared to March 2018.

Actions to improve areas of underperformance

- N/A

Newborn Bloodspot Screening

Newborn bloodspot screening coverage

93.1 95.2 93.8 95.0 94.5 93.6 94.4 94.5 91.2 87.7 93.2 91.4

Standard = 95%
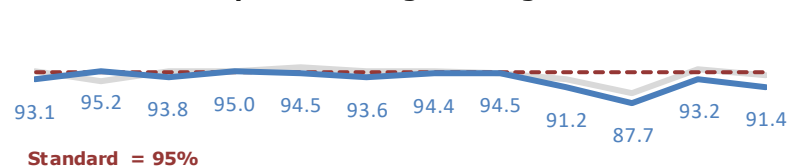
| Apr-18 | May-18 | Jun-18 | Jul-18 | Aug-18 | Sep-18 | Oct-18 | Nov-18 | Dec-18 | Jan-19 | Feb-19 | Mar-19 |

Newborn bloodspot screening avoidable repeat rate
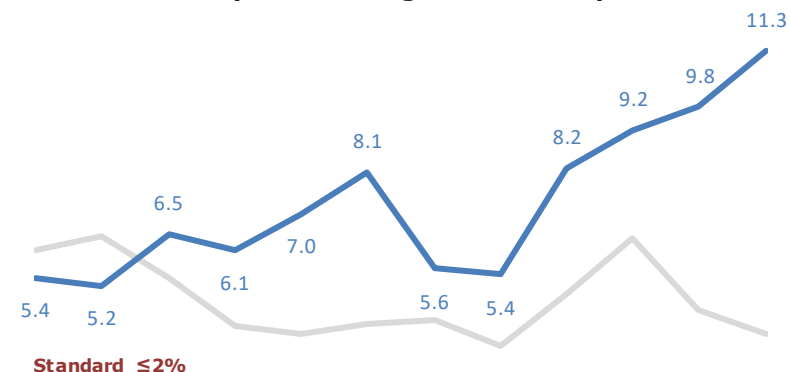
11.3
9.8
9.2
8.1 8.2
6.5
7.0
5.4 5.2 6.1 5.6 5.4

Standard ≤2%

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

Summary of performance

- A slight decline in performance in the *Newborn bloodspot screening coverage* was observed during March 2019. Coverage currently stands at 91.4% which means the indicator is currently performing below the 95% standard. Compared to the start of the year coverage has decreased by 1.7%. This performance indicator is an overall indicator of screening being undertaken on time, of sufficient quality and the bloodspot car being received by the laboratory promptly via the postal service.
- Data for March 2019 shows that the *Newborn bloodspot screening avoidable repeat rate* continues to increase. The avoidable repeat rate is currently 11.3% meaning the indicator is performing considerably poorer than the ≤2% standard. The avoidable repeat rate is the highest it has been since at least August 2014 and has increased by 5.9% since the start of the year. Underperformance is due to sample taker competency issues in obtaining good quality bloodspots at the right time, completing all the information on the card accurately and ensuring the card has not expired.

Actions to improve areas of underperformance

- Head of Programme and Programme Manager are undertaking a project on IQT silver to consider changes than can be made in special baby care units.
- Head of Programme, Director of Screening and Executive Director had discussion with regards to escalating the poor performance in this standard with health boards.
- Action plan has been developed to address areas of poor performance.
- Newborn Bloodspot Screening Wales rolling out sample quality training sessions in health boards.

Diabetic Eye Screening Wales

Coverage - Reported result in the last 12 months

Standard = 80%

65.5 64.9 64.9 65.0 64.6 64.8 66.6 65.9 66.0 67.5 66.9 67.5

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

Results letters printed within 3 weeks of screen date

Standard = 85%

62.5 76.4 39.2 73.1 67.5 11.5 62.5 6.2 4.9 4.1 5.3 5.7

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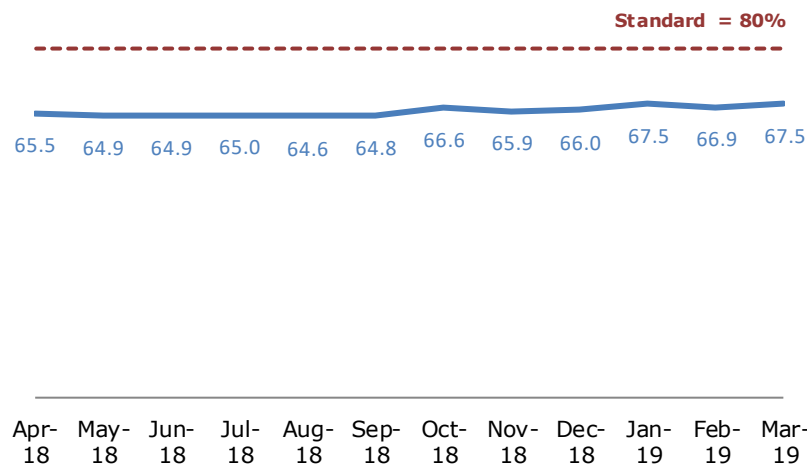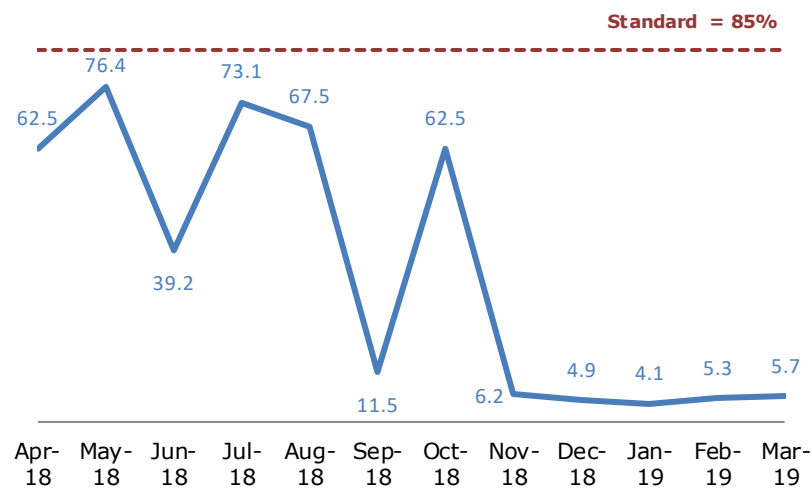
Summary of performance

- A marginal improvement in *Coverage – Reported result in the last 12 months* observed during March 2019. Coverage currently stands at 67.5%, this is the highest coverage has been for the past year. Figures for March continue to reflect a slow but steady improvement. However, the indicator continues to perform below the 80% standard. As detailed in previous reports, underperformance is due demand and capacity mis-matches within the service in certain geographical areas.
- The performance of the *Results letters printed within 3 weeks of screen date* continues to be significantly lower than the 85% standard. Data for March 2019 shows that 5.7% of *results letters were printed within 3 weeks of screen date*. This compares to 62.5% at the start of the year. Performance of the indicator has not met the 85% standard at any point in the past 12 months. As detailed in previous reports, underperformance is mainly due to demand and capacity mis-matches within the service in certain geographical areas.

Actions to improve areas of underperformance

- Analysis of waiting time and coverage on a clinic location basis continues to better align clinic availability in different areas with service demand. The service is in the process of finalising analysis of the impact of a limited trial of extended clinic days, to assess if a change in current service deliver in some areas may increase screening capacity and reduce waiting times in those areas where regular access to suitable screening venues remains problematic.
- Demand and capacity analysis in progress with the 1000 Lives team comparing performance between fixed and mobile sites to identify improvement actions and possible service change.
- Improvement of current provision will require a long term change programme, with the potential to dip further as working practices are amended.

Healthcare Associated Infections

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

29.2 37.3 26.5 32.4 29.8 27.6 23.0 26.5 24.1 21.9 15.9 24.1

Target = <26

Apr-18 May-18 Jun-18 Jul-18 Aug-18 Sep-18 Oct-18 Nov-18 Dec-18 Jan-19 Feb-19 Mar-19
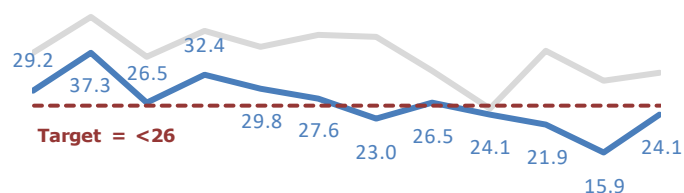
All-Wales *Staphylococcus aureus* rate per 100,000 population
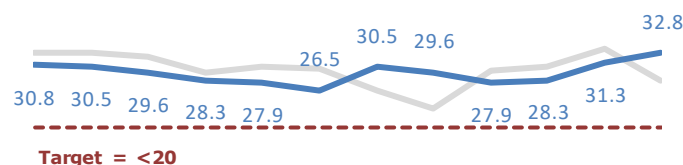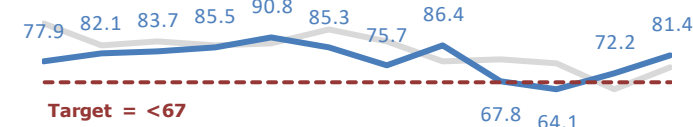
30.8 30.5 29.6 28.3 27.9 26.5 30.5 29.6 27.9 28.3 31.3 32.8

Target = <20

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

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

77.9 82.1 83.7 85.5 90.8 85.3 75.7 86.4 67.8 64.1 72.2 81.4

Target = <67

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

Summary of performance

- Data for March 2019 shows that the *All-Wales Clostridium difficile rate* has increased by 8.1 since February 2019. Although performance has decreased, the indicator continues to perform within the national target (<26 per 100,000 population). The past 12 months have shown an improving downward trend and the All-Wales *Clostridium difficile* rate is 5.2 per 100,000 lower in March 2019 compared to the start of the year.
- The *All-Wales Staphylococcus aureus rate* continues to fall short of achieving the <20 per 100,000 population target. Data for March 2019 shows that the current rate is 32.8 per 100,000, a slight increase since February 2019. Trend analysis shows that there has been little change since the start of the year.
- Data for March 2019 showed that the *All-Wales E. coli bacteraemia rate* continues to increase since last month. The rate is currently 81.4 per 100,000 population which is an increase of 9.2. Having met the national target in January, it is evident that the improvement in performance has not been sustained. Performance continues to fluctuate since the start of the year.
- When compared to 2017/18 there has been significant improvement across key infections. Of note all Health Boards are in a better position for *C. difficile* rates. Overall Wales has experienced 27% fewer cases of *C. difficile* disease, 24% fewer cases of MRSA bacteraemia and 5% fewer cases of *E. coli* bacteraemia in 2018-19 compared to 2017-18.

Actions to improve areas of underperformance

- Workshop/ discussion took place on 21 February with Aneurin Bevan University Health Board in support of improving *C. difficile*.
- Meeting due to take place with the Medical Director and Deputy Medical Director in early May to share data and analysis that has previously been shared with the Infection Prevention & Control, Microbiology and Pharmacy teams.
- Advice provided to Welsh Government with regard to Improvement Goals for HCAI & AMR reflecting the UK AMR Strategy.

Appendix 1 – Full Performance Dashboard

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

Indicator	Timeframe			
Breast Test Wales	Target[1]	Jan	Feb	Mar
Assessment invitations given within 3 weeks of screen	90%	69.7%	59.7%	94.4%
Normal results sent within 2 weeks of scan	95%	82.0%	98.5%	98.6%
% women invited within 36 months previous screen	90%	85.6%	80.2%	84.8%
Cervical Screening Wales				
Waiting time from sample being taken to screening test result being sent (4 weeks)	95%	99.3%	99.3%	95.4%
Coverage[2]	77%	Not available	Not available	Not available
Bowel Screening Wales				
Coverage	54%	54.1%	54.2%	53.6%
Waiting time for colonoscopy	70%	36.3%	59.4%	Not available
Abdominal Aortic Aneurysm Screening Wales				
Small AAA surveillance uptake	90%	85.2%	87.5%	93.9%
Medium AAA surveillance uptake	90%	90.7%	89.5%	96.3%
Newborn Hearing Screening Wales				
% of babies who complete programme (within 4 weeks)	98%	98.1%	99.6%	Not available
Babies completing assessment procedure (by three months of age)	85%	92.1%	95.3%	Not available
Newborn Bloodspot Screening Wales				
Coverage (newborns)	95%	87.7%	93.2%	91.4%
Avoidable repeat rate	3.0%	9.2%	9.8%	11.3%
Diabetic Eye Screening Wales[3]				
Coverage-Reported Result in the Last 12 Months	80%	67.5%	66.9%	67.5%
Results Letters Printed Within 3 Weeks of Screen Date	85%	4.1%	5.3%	5.7%
Vaccination and Immunisation	Target[1]			
Influenza vaccination uptake among those aged 65+	75%	at 06 Feb 2019 67.8%	at 06 Mar 2019 68.2%	at 03 Apr 2019 68.3%
Influenza vaccination uptake among the under 65s in high risk groups	55%	42.8%	43.7%	44.0%
Influenza vaccination uptake among pregnant women	Not available	10,987	12,057	12,504
Influenza vaccination uptake among healthcare workers	60%	52.1%	53.5%	54.0%
Percentage of children who received 3 doses of the '6 in 1' vaccine by age 1[4]	97%	Q1 18/19 95.5%	Q2 18/19 95.3%	Q3 18/19 95.7%
Percentage of children who received two doses of the MMR vaccine by age 5	96%	89.7%	89.5%	94.3%

Appendix 1 – Full Performance Dashboard

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

Healthcare Associated Infections	Target[1]	Jan	Feb	Mar
Clostrium difficile rate (per 100,000 population)	26	21.9	15.9	24.0
Staph aureus bacteraemia rate (per 100,000 population)	20	28.3	31.3	32.8
E. Coli bacteraemia rate (per 100,000 population)	67	64.1	72.2	81.4
Help Me Quit / Stop Smoking Wales	Quarterly target	Q1 18/19	Q2 18/19	Q3 18/19
% smoking population treated by smoking cessation services	1.0%	0.8%	0.7%	Not available
Average waiting time for an appointment in this month (days)	14	8	7	9
% of treated smokers who are carbon monoxide validated as successful	40%	47.1	47.0	44.2
% of treated smokers who have a carbon monoxide reading at 4 weeks	80%	70.5	69.0	65.6
% of treated smokers that quit smoking at 4 weeks (self reported)	50%	66.8	68.1	67.4
Smoking Prevention Programme	Annual Target	Q2 18/19	Q3 18/19	Q4 18/19
Number of secondary schools targeted	60	0	23	22 (YTD=58)
Welsh Network of Healthy Schools				
Schools achieving level 1 - 5 award	180	55	18	37 (YTD=218)
Schools undertaking National Quality Award	50	5	5	1 (YTD=21)
Healthy Working Wales	Annual Target	Q2 18/19	Q3 18/19	Q4 18/19
Organisations completing a CHS mock assessment	25	5	6	10 (YTD=30)
Private sector organisations completing a mock assessment	15	2	3	5 (YTD=15)
Organisations completing a full assessment	25	12	6	12 (YTD=38)
Private sector organisations completing a full assessment	5	5	4	3 (YTD=15)
Organisations achieving a Small Workplace Health Award	100	12	24	25 (YTD=78)
National Exercise Referral Scheme	Target[1]	Q1 18/19	Q2 18/19	Q3 18/19
Number of referrals	5,875	8,383	8,258	7,449
Number of 1st consultations	4,075	4,793	4,907	4,298
Number of 16 week consultations	1,625	2,510	2,464	2,664

Appendix 1 – Full Performance Dashboard

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

Microbiology	Target[1]	Q1 18/19	Q2 18/19	Q3 18/19
UKAS status of accreditation to ISO 15189:2012	Accredited	Accredited	Accredited	Accredited
EQA performance (Bacteriology)	90%	97%	99%	97%
EQA performance (Virology)	95%	100%	98%	97%
EQA performance (Specialist and reference units)	95%	99%	99%	100%
EQA performance (Food, Water and Environmental Laboratories)	90%	98%	99%	100%
Turnaround time compliance (Bacteriology)	95%	96%	96%	94%
Turnaround time compliance (Virology)	95%	93%	99%	99%
Turnaround time compliance (Molecular)	95%	97%	98%	99%
Turnaround time compliance (Specialist and reference units)	95%	98%	98%	98%
Turnaround time compliance (Food, Water and Environmental Labs)	95%	97%	97%	98%
Turnaround time compliance urgent samples (Bacteriology/Virology)	95%	Reported annually	Reported annually	Reported annually
Non-Processed Samples (%) Bacteriology	2.0%	2.5%	2.0%	2.0%
Non-Processed Samples (%) Virology	2.1%	2.4%	1.9%	1.7%
Non-Processed Samples (%) Specialist and Reference Units	0.6%	0.4%	0.0%	0.1%

Organisation	Target[1]	Jan	Feb	Mar
Number of SUIs reported	N/A	0	0	0
SUI investigations completed within the timescales	90%	N/A	N/A	N/A
Number of written concerns/complaints received	N/A	1	7	9
Written concerns/complaints responded to within target timescales[5]	75%	0%	86%	N/A
% of medical staff revalidation appraisal (last 15 months)	100%	100%	100%	100%
Sickness absence rate (rolling 12 month period)	3.25%	Jan-18 to Dec-18 4.04%	Feb-18 to Jan-19 3.99%	Mar-18 to Feb-19 3.93%

1. Data reported against 2018/19 targets, or where a performance trajectory has been agreed to facilitate reaching the target, the trajectory has been used as defined within the IMTP 2018-2021.
2. Cervical Screening Coverage is calculated at a fixed point in time (Jan 1st, Apr 1st, Jul 1st and Oct 1st). Due to a lead time in processing data, latest data is unavailable for two months following the fixed calculation dates aforementioned.
3. New indicator included for 2018/19. Performance trajectories are to be confirmed by the DESW
4. A Hepatitis B containing vaccine replaced the '5 in 1' in 2017 making it the '6 in 1'. Change date is for children born after 01 August 2017 and so both '5 in 1' and '6 in 1' are currently reported. This will be the case until late 2019.
5. Complaints received which remain open are still within the 30 working day response target and have not been included in the response percentage.
YTD = Year to date

Annual Plan Quarter 4 Update

At the end of March 2019 (Quarter 4), there has been little change in progress against the annual plan since quarter 3.

- 79% of actions (274 actions) have been completed.

- 15% of actions (52 actions) are behind schedule and will not be completed within agreed timescales.

- 6% of actions (22 actions) are not the responsibility of Public Health Wales, responsibility now sits with an external agency and Public Health Wales has completed all required actions.

- 88% of actions in the strategic priority *Supporting the development of a sustainable health and care system focused on prevention and early intervention* were completed within target timescales. This compares to 61% in the *Promoting healthy behaviours* strategic priority.

- The main reasons for milestone being behind target at the end of the year include;
    - Staff vacancies/ team capacity – included in 44% of exceptions reports
    - External factors influencing progress of action – included in 4%
    - Decision chain creating delays – included in 4%
    - General slippage – included in 29%
    - Competing priorities/ internal reorganisation – included in 19%

2018/19 Strategic priorities

1	Influencing the wider determinants of health
2	Improving mental well-being and building resilience
3	Promoting healthy behaviours
4	Securing a healthy future for the next generation through a focus on early years
5	Protecting the public from infection and environmental threats to health
6	Supporting the development of a sustainable health and care system focused on prevention and early intervention
7	Building and mobilising knowledge and skills to improve health and well-being across Wales

Annual Plan Quarter 4 Performance

The following charts summarise the progress against the annual plan actions at the end of quarter 4 2018/19.

Figure 1. Overall progress across all plans

Behind schedule and will not be completed within agreed timescales

Responsibility for action outside of PHW; 6.3% (22 actions)

14.9% (52 actions)

78.7% (274 actions)
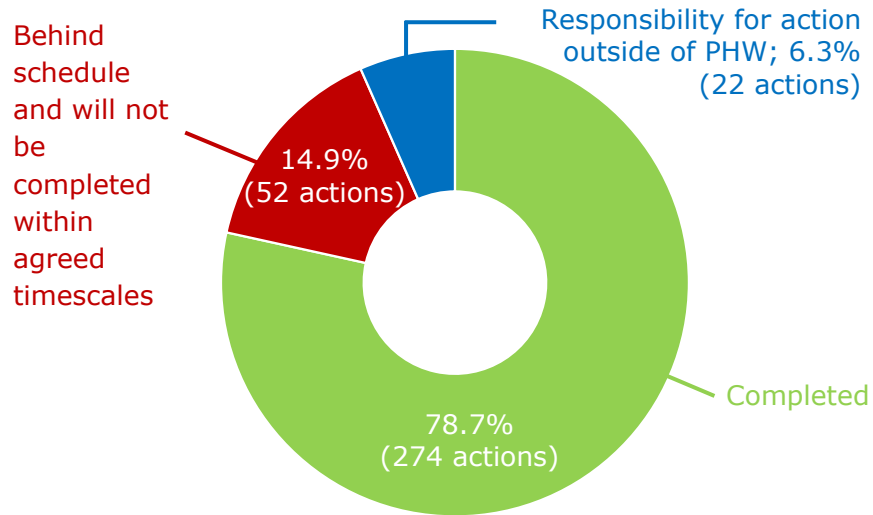
Completed

Figure 2. Progress against strategic priorities

								Supporting priorities
Priority 1	Priority 2	Priority 3	Priority 4	Priority 5	Priority 6	Priority 7		
4		1		1	4	5	6
5		11	2	3	5	5	18
28	3	19	13	21	64	44	74
	10						
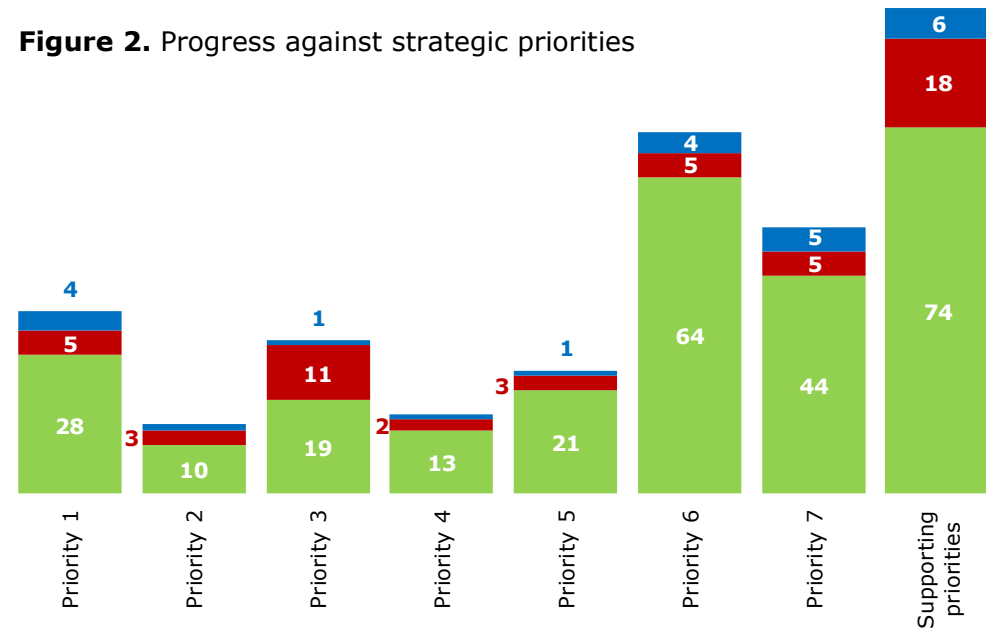
Figure 3. Actions not completed in Quarter 4 and rolling over

Actions closed; 6.8% (6 actions)

35.1% (26 actions)

Actions rolling over & monitored alongside Annual Plan

58.1% (43 actions)

Actions already captured as part of next year's plan
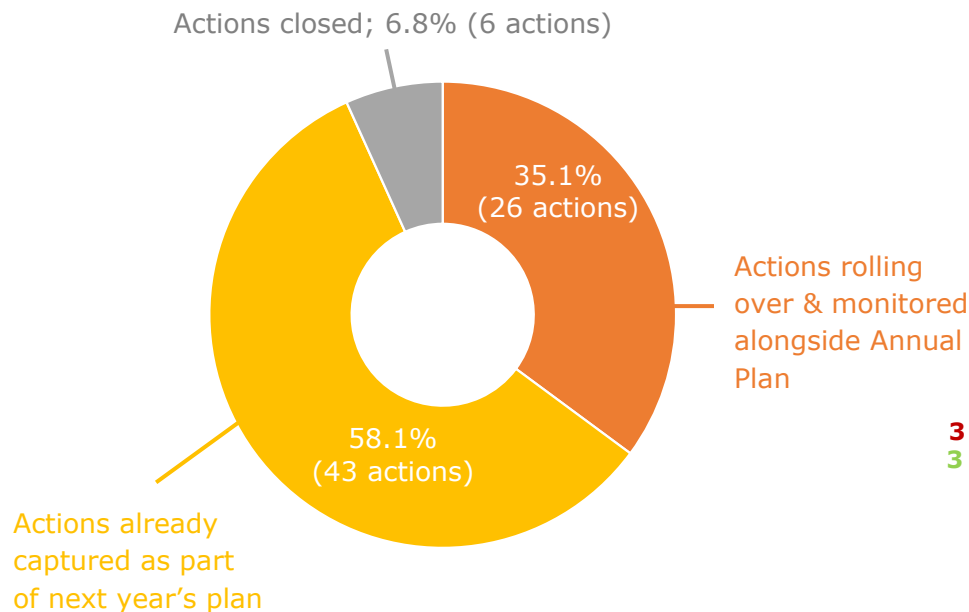
Figure 4. Progress by Directorate

Governance	Health and well-being	NHS QI, PS & 1000 Lives	Ops & Finance	People & OD	Policy, Research & ID	Public Health Services	Quality, Nursing & AHPs	ACEs
1	5	2	1		7	3	3	
3	27		9	4	1	5	3	
3	52	44	31	8	70	42	22	2

Annual Plan Exception Reports

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Ref	**Strategic Objective**	**Team**	**Milestone**	**Q1**	**Q2**	**Q3**	**Q4**	**Exception report**
OP/05	1.1	Health Intelligence	Project Initiation Document Produced			✓		**Cause**: Delay in recruiting Wider Determinants Consultant to lead this piece of work. Also as part of the development of the IMTP 2019/22 a change to this strategic objective was agreed. **Impact**: This has resulted in a change of approach to identify priorities for wider determinants. **Next steps**: This action is to be closed down and workshops held with wider stakeholders on wider determinants. **Timescales**: April 2019 Included in Annual Plan 2019/20, Ref: OP/01, SO 1.1
OP/06	1.1	Health Intelligence	Statement of intent and business case produced				✓	Linked to OP/05 **Timescales**: October 2019 Included in Annual Plan 2019/20, Ref: OP/03, SO 1.1
OP/13	1.2	Health Improvement	Plan developed to increase understanding of relationship between work and health			✓		**Cause**: Vacancy in Public Health Consultant post who will lead this developmental workstream, although now appointed **Impact**: This affected the implementation of this strand of work until late in Q3 **Next Steps**: Baseline work has now been commissioned and has commenced **Timescales**: February 2020 Included in Annual Plan 2019/20, Ref: OP/17, SO 1.2
OP/19	1.4	Health Improvement	Set of principles for Community Engagement for Empowerment agreed and published	✓				**Cause:** Publication has been delayed by the validation of the Principles in the Welsh Language and the production of guidance and case studies to support publication. **Impact:** The programme of work is continuing and the impact is minimal.

Annual Plan Exception Reports

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Ref	**Strategic Objective**	**Team**	**Milestone**	**Q1**	**Q2**	**Q3**	**Q4**	**Exception report**
								Next steps: Completion of the Welsh Language version and development of supporting guidance is underway. **Timescales:** June 2019 Included in Annual Plan 2019/20, Ref: OP/38, SO 2.1
OP/23	1.4	Policy	Report 1 published				✓	**Cause**: This is in draft but has been pushed back due to urgent Brexit related work from Welsh Government (mental wellbeing in farmers). **Impact**: There is unlikely to be any negative impact from this delay. **Next steps**: The report will be finalised in the next quarter **Timescales**: Publication is anticipated to be in May Rolled over, Ref: RO/2, SO 1.4
OP/39	2.1	Health Improvement	Priorities agreed for promoting mental health and well-being across the population				✓	**Cause**: There have been delays arising from capacity issues within the team which have now been addressed. **Impact**: delay in this work has implications for other parts of the mental wellbeing Programme and has introduced delays. **Next steps**: A case for action paper is being developed following a divisional workshop to scope this work at the end of January 2019 Concepts Paper to be produced in Q1 2019. **Timescales**: June 2019 Rolled over, Ref: RO/6, SO 2.1

Annual Plan Exception Reports

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OP/40	2.1	Health Improvement	Compelling case for collective action on mental wellbeing developed		✓			**Cause**: There have been delays to developing the National conversation due to capacity issues within the team which have now been addressed. **Impact**: delay in this work has implications for other parts of the mental wellbeing Programme and has introduced delays. **Next steps**: A case for action paper is being developed following a divisional workshop to scope this work at the end of January 2019 Concepts Paper to be produced before the end of March 2019. **Timescales**: June 2019 Included in Annual Plan 2019/20, Ref: OP34-36, SO 2.1
OP/46	2.3	Health Improvement	Partnership between primary healthcare and employers established to prevent people falling out of work as a result of ill health and priorities for action				✓	**Cause**: Dependent on new delivery model which was not developed due to lack of capacity and capability. **Impact**: Moderate impact as some progress has been made in developing training modules. **Next Steps**: Rescheduled to 2019/20. **Timescales**: September 2019 Included in Annual Plan 2019/20, Ref: OP/17, SO 1.2
OP/56	3.1	Health Improvement	Business case developed for use of social marketing to increase quit attempts developed.		✓			**Cause**: Preparatory work to underpin the Business Case has not progressed because of competing priorities, particularly ongoing work to transfer SSW to Health Boards by July 2019. **Impact**: Current marketing has/remains about attracting smokers to support services (as opposed to attempting a quit) - this can continue **Next Steps**: Fuller consideration needs to be given to the deliverability of this objective within the new context of probable service re-arrangement

Annual Plan Exception Reports

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Ref	Strategic Objective	Team	Milestone	Q1	Q2	Q3	Q4	Exception report
				🟩	🟥	🟥	🟥	**Timescales**: October 2019 Included in Annual Plan 2019/20, Ref: OP/59, SO 3.1
OP/57	3.1	Health Improvement	Tobacco control evidence reviews completed for the Tobacco Control Delivery Plan	🟩	🟩	🟥	🟥 ✓	**Cause**: Lack of capacity within Division and competing priorities **Impact**: Delayed delivery of report and options to address any findings. Welsh Government are aware, and comfortable with re-profiled project timelines. **Next steps**: Secure additional capacity to undertake evidence reviews **Timescales**: March 2020 Rolled over, Ref: RO/7, SO 3.1
OP/66	3.4	Health Improvement	Evidence review on factors influencing active travel to school completed	🟧	🟧	🟩	🟥 ✓	**Cause**: The initial scoping searches did not yield any comprehensive systematic reviews on the topic. This then led to a delay in the evidence synthesis protocol being approved. **Impact**: Delay in progressing the evidence review in line with the plan **Next Steps**: The work is underway **Timescales**: May 2019 Included in Annual Plan 2019/20, Ref: OP/70, SO 3.4
OP/70	3.5	Health Improvement	Common evaluation framework and tools for physical activity interventions in place	🟩	🟧	🟧	🟥 ✓	**Cause**: Capacity has been given to developing the Healthy and Active Fund (HAF) project evaluation toolkit. **Impact**: Delay in developing the common evaluation framework **Next Steps**: Feedback from the HAF Evaluation Toolkit to be collected to help inform the development of the common evaluation framework. **Timescales**: March 2020 Rolled over, Ref: R/O8, SO 3.5

Annual Plan Exception Reports

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Ref	Strategic Objective	Team	Milestone	Q1	Q2	Q3	Q4	Exception report
OP/72	3.6	Health Improvement	Priorities for collective action to reduce alcohol related harm agreed.				✓	**Cause**: There have been vacancies in key posts which have delayed progress. Locum appointment commenced end of Jan 2019. **Impact**: Delay in progressing work. **Next Steps**: Recruitment to vacant Programme Lead post in health Improvement (not yet advertised) and Locum Consultant appointed from Jan 2019. **Timescales**: February 2020 Included in Annual Plan 2019/20, Ref: OP/76, SO 3.6
OP/74	3.7	Health Improvement	Priorities for cross-organisational action on substance misuse prevention agreed				✓	**Cause**: Work is progressing through the shadow Programme Board however, there are vacancies in key posts which have delayed progress. Locum appointment commenced end of Jan 2019. **Impact**: Delay in progressing work. **Next Steps**: Recruitment to vacant Programme Lead post in health Improvement (not yet advertised) and Locum Consultant appointed from Jan 2019. **Timescales**: March 2020 Included in Annual Plan 2019/20, Ref: OP/80, SO 3.7
OP/78	3.9	Health Improvement	Current application of behaviour change theory across public health system described			✓		**Cause**: Delay in recruiting new Senior Behaviour Change Specialist post, as previously reported. Securing agreement for new JD and PS at job matching and consistency checking processes, along with the scarcity of eligible candidates in this emerging field in Wales and subsequent unsuccessful recruitment exercise has resulted in longer delay. **Impact**: Although systematic behavioural science capability development in PHW is delayed, demand-led training and development has been supplied across the

Annual Plan Exception Reports

table note								

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Ref	Strategic Objective	Team	Milestone	Q1	Q2	Q3	Q4	Exception report
								organisation and, it is still possible to realise IMTP commitments over the three years. Delay to undertaking training needs analysis (DP3.9.2; OP79) and recommending training and development (DP3.9.2.3). **Next steps**: Annual Plan includes this work for 2019/20. To address recruitment issue we are consulting with behavioural science academic colleagues on redevelopment of advert, JD and PS in addition to more tailored advertising channels with POD and academics. Re-advertise. **Timescales**: August 2019 Included in Annual Plan 2019/20, Ref: OP/86, SO 3.9
OP/79	3.9	Health Improvement	Training needs analysis completed				✓	**Cause**: Delay in recruiting new Senior Behaviour Change Specialist post, as previously reported. Securing agreement for new JD and PS at job matching and consistency checking processes, along with the scarcity of eligible candidates in this emerging field in Wales and subsequent unsuccessful recruitment exercise has resulted in longer delay. **Impact**: Although systematic behavioural science capability development in PHW is delayed, demand-led training and development has been supplied across the organisation and, it is still possible to realise IMTP commitments over the three years. Delay to developing recommendations for training and development (DP 3.9.2.3) **Next steps**: Annual Plan includes this work for 2019/20. To address recruitment issue we are consulting with behavioural science academic colleagues on

Annual Plan Exception Reports

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Ref	**Strategic Objective**	**Team**	**Milestone**	**Q1**	**Q2**	**Q3**	**Q4**	**Exception report**
								redevelopment of advert, JD and PS in addition to more tailored advertising channels with POD and academics. Re-advertise. Divert existing specialist capacity to this work in 2019/20. **Timescales**: August 2019 Included in Annual Plan 2019/20 Ref: OP/86, SO 3.9
OP/80	3.10	Health Improvement	Proposals for improving health promotion information to the public developed		✓			**Cause**: Previously reported disruption to routine public information provision: change of warehousing and logistics supplier following quality and contractual issues and coinciding with PHW being given responsibility for storage and distribution of all VPDP resources, required diversion of capacity from small team. **Impact**: Delay in delivering against 2018/19 Annual Plan milestones (OP 80, 81 and 82) but IMTP commitment to improve public health promotion information over the three years can still be achieved. **Next steps**: Included in Annual Plan 2019/20. Project Brief developed for March work allocation session. **Timescales**: September 2019 Included in Annual Plan 2019/20 Ref: OP/91, SO 3.10
OP/81	3.10	Health Improvement	Engagement event held with providers to identify opportunities for better information provision				✓	**Cause**: Previously reported disruption to routine public information provision: change of warehousing and logistics supplier following quality and contractual issues and coinciding with PHW being given responsibility for storage and distribution of all VPDP resources, required diversion of capacity from small team. **Impact**: Delay in delivering against 2018/19 Annual Plan milestones (OP81 and OP82) but IMTP commitment to

Annual Plan Exception Reports

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Ref	**Strategic Objective**	**Team**	**Milestone**	**Q1**	**Q2**	**Q3**	**Q4**	**Exception report**
								improve public health promotion information over the three years can still be achieved. **Next steps**: Included in Annual Plan 2019/20. Develop and deliver national stakeholder engagement event using stakeholder mapping and case for change already developed. **Timescales**: June 2019 (OP/90) Included in Annual Plan 2019/20 Ref: OP/90, SO 3.10
OP/82	3.10	Health Improvement	Principles for sharing content with key partners agreed				✓	**Cause**: Previously reported disruption to routine public information provision: change of warehousing and logistics supplier following quality and contractual issues and coinciding with PHW being given responsibility for storage and distribution of all VPDP resources, required diversion of capacity from small team **Impact**: Delay in delivering against this 2018/19 Annual Plan milestone but IMTP commitment to improve public health promotion information over the three years can still be achieved **Next steps**: Included in Annual Plan 2019/20. Develop and deliver national stakeholder engagement event using stakeholder mapping and case for change already developed **Timescales**: September 2019 (OP/90) Included in Annual Plan 2019/20 Ref: OP/90, SO 3.10
OP/90	4.3	Health Improvement	Priority risk and protective factors for the First 1000 Days programme outcomes				✓	**Cause**: The delay to identifying priority risk and protective factors for F1000D Programme Outcome 1 was initially caused by an unsuccessful competitive tender process, which failed to secure a provider because of the complexity of the review required. Further delays were

Annual Plan Exception Reports

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Ref	Strategic Objective	Team	Milestone	Q1	Q2	Q3	Q4	Exception report
			identified and communicated					incurred in agreeing a grant-funded model that better reflected the developmental nature of the review **Impact**: The impact of the delay is that risk and protective factors relevant to Programme Outcome 1 have not been communicated to key local stakeholders **Next steps**: Finalise agreement of a grant funded collaboration with FUSE Newcastle, an academic provider **Timescales**: October 2019 (OP/98) Included in Annual Plan 2019/20 Ref: OP/98, SO 4.3
OP/94	4.4	Health Improvement	Healthy Pre-School Scheme reviewed and refreshed				✓	**Cause**: Lack of capacity due to vacancies and long term sickness absence within team **Impact**: Reduced ability to support and promote this early years work **Next steps**: Consultant now in post and Co-ordinator role to be appointed in Q1 2019/20 **Timescales**: November 2019 Included in Annual Plan 2019/20 Ref: OP/102-103, SO 4.4
OP/101	5.1	Microbiology	Service specification produced inclusive of costing and needs analysis and sustainable microbiology laboratory model developed				✓	**Cause**: This has been superseded by work within the Transformation Board linked to the Business Model. **Impact**: Perpetuates current shortcomings in commissioning and funding arrangements **Next steps**: Business Model work is to be undertaken in new financial year and has programme of work. **Timescales**: Rolled over and included in Annual Plan 2019/20. High-level service modelling development and implementation by October 2019 (OP/115-116, Annual Plan 2019-20) and the National Health Protection Service Specification to be developed by March 2020 (OP/119, Annual Plan 2019-20).

Annual Plan Exception Reports

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								Included in Annual Plan 2019/20 Ref: OP115-116, SO 5.1
OP/102	5.1	Microbiology	Workforce development / education scoping exercise undertaken and report published			✓		**Cause**: This has been superseded by a Transformation Workstream - Workforce Model **Impact**: Delay in meeting timescale but more robust approach with oversight through Transformation Board. **Next steps**: Workstream to be established, agree ToR, etc. **Timescales**: Rolled over – not included in Annual Plan 2019/20. This will be complete by March 2020. Rolled over, Ref: RO/9, SO 5.1
OP/112	5.2	Health Protection	Web portal developed and annual point prevalence survey delivered.			✓		**Cause:** Annual Point prevalence survey completed. Web portal delay due to significant data quality issues found during testing. **Impact:** We have not been able to deliver the web-portal as initially promised in 2018/19. Issue raised at AMR Delivery Board and High level Steering Group. **Next Steps:** Analysis of Point Prevalence Survey will be published in 2019/20. Web-portal development currently focus of discussions between HARP team and IT and will be supported by the appointment of a short term IT contractor to work on the web-portal exclusively to deliver. **Timescales:** Rolled over and included in Annual Plan 2019/20. Web portal delivery in November 2019 (in conjunction with Point Prevalence analysis). Rolled over, Ref: RO/10, SO 5.2
OP/173	6.5	Screening	Informatics Solution (BSIMS) developed and tested			✓		**Cause:** Unavoidable delays to procurement due to legal challenge and subsequently delays to analyser being installed.

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				🟩	🟩	🟥	🟥	**Impact**: Delays in developers being able to work with specification and test updated BSIMS on analyser. However no delay for the start of the phased implementation on FIT as relied on manual entry. Subsequent work to development requests from the programme to NWIS have been satisfactorily completed and work ongoing with NWIS to implement analyser specification. **Next Steps**: Solution to work through phased implementation until summer 2019 has been agreed. Specification for analyser interface has been agreed by laboratory, CAD and informatics teams and is with NWIS. **Timescales**: Included in Annual Plan 2019/20 (included in developing our digital and information systems) to be delivered by September 2019. Included in Annual Plan 2019/20 (Included in developing our digital and information systems) Ref: OP/298, SO 8.3
OP/182	6.6	Health Improvement	Knowledge and skills framework for having effective behaviour change conversations agreed.	🟩	🟩	✓🟥	🟥	**Cause:** Chair agreed deadline would be extended for all MECC Leads to comment on final draft **Impact:** Minimal impact as Knowledge and Skills Framework will be signed off in Q1 2019 **Next Steps:** MECC National group to sign off at meeting end April 2019 **Timescales:** March 2020 Rolled over, Ref: RO/11, SO 6.6
OP/183	6.6	Health Improvement	Mechanisms for demonstrating the impact of Making Every Contact Count	🟩	🟧	🟧	✓🟥	**Cause:** Further meetings to progress were postponed by WG

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Ref	Strategic Objective	Team	Milestone	Q1	Q2	Q3	Q4	Exception report
								Impact: Delays in accessing existing mechanisms which can record behaviour change conversations in primary care **Next Steps:** New CPH to meet with previous CPH Lead MECC and Welsh Government to progress **Timescales:** February 2020 Included in Annual Plan 2019/20, Ref: OP/197, SO 6.6
OP/184	6.6	Quality, Nursing & AHPs	Support nurses and midwifes contribution to improving population health.				✓	**Cause:** the individual who had filled this fixed term position gained promotion external to PHW. Despite advertising for this position 3 times we have been unable to fill the position **Impact:** A specific focus on this work is not possible due to a lack of resources **Next Steps:** elements of this work are embedded within nursing curriculi and MECC **Timescales:** This specific piece of work will not be taken forward. Action to be closed. Action to be closed – not taken forward
OP/187	6.6	Health Improvement	Knowledge, skills and competencies required for NERS staff identified		✓			**Cause:** S4Health report recommendations were not fully endorsed by NERS Advisory Board **Impact:** Minimal impact as existing workforce/staff already trained/qualified **Next Steps:** Paper to be developed for next NERS Advisory Board, on how recommendations are taken forward to review the knowledge skills and competencies of existing NERS staff and Exercise Professionals **Timescales:** December 2020 (S.O 6.6) Rolled over, Ref: RO/12, SO 6.6

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Ref	**Strategic Objective**	**Team**	**Milestone**	**Q1**	**Q2**	**Q3**	**Q4**	**Exception report**
OP/212	7.4	Health Improvement	Development of new operating model, based on leading practice in data science		✓			**Cause**: Full development of new operating model design delayed due to organisational change **Impact**: Much progress has been already made within the Health Intelligence Division, further development of this will take place during next year **Next steps**: This action has been reprofiled into next years annual plan and will be led through the new Knowledge Directorate **Timescales**: Increase data science capacity and capability by September 2019, where the agenda will continue to be developed with further advance model using an agile approach by March 2020. Included in Annual Plan 2019/20, Ref: OP/237-239, SO 7.4
OP/213	7.4	Health Improvement	Further design, build and implementation of model				✓	**Cause**: Full development of new operating model design delayed due to organisational change **Impact**: Much progress has been already made within the Health Intelligence Division, further development of this will take place during next year **Next steps**: This action has been reprofiled into next years annual plan and will be led through the new Knowledge Directorate **Timescales**: Increase data science capacity and capability by September 2019, further advance model using an agile approach by March 2020. Included in Annual Plan 2019/20, Ref: OP/237-239, SO 7.4
OP/231	7.7	Informatics	Options appraisal completed			✓		**Cause**: Corporate Repository held up pending outcomes of the SHIFT project which is due to pass to the new Directorate and Director

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Ref	**Strategic Objective**	**Team**	**Milestone**	**Q1**	**Q2**	**Q3**	**Q4**	**Exception report**
								Impact: Activity on hold as the new Directorate will want to have input **Next steps**: SHIFT project to pass to new Directorate and Director when in post **Timescales**: anticipated in 2019 - definite times not known and potentially taken forward by Microsoft 365. Action to be closed. Action to be closed – not taken forward
OP/251	7.9	Health and Well-being	Evidence review and stakeholder engagement report published				✓	**Cause:** This work has not progressed as anticipated this year owing to a lack of resources and delays in establishing a steering group **Impact**: This work will now start from April 19 given that resources have been secured through a HWB 19/20 Investment Bid **Next steps**: Commission external provider to undertake work **Timescales:** March 2020 Included in Annual Plan 2019/20, Ref: OP/280, SO 7.9
OP/252	7.9	Health and Well-being	Detailed proposals for implementation of population health standards developed, based on the evidence base and stakeholder engagement developed				✓	**Cause:** Delay to start of OP251 **Impact:** Proposals will not be developed during 19/20 **Next Steps:** Commission external provider to undertake work **Timescales:** March 2020 Included in Annual Plan 2019/20, Ref: OP/280, SO 7.9
OP/254	Supporting the Well-being of	Centre for Equality and Human Rights	Survey undertaken and findings analysed				✓	**Cause:** This work will not be completed during 2018/19. CEHR is part of the Public Health Wales internal reorganisation and there are ongoing discussions with Welsh Government about their priorities for 2019/20.

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Ref	Strategic Objective	Team	Milestone	Q1	Q2	Q3	Q4		Exception report
	Future Generations Act								**Impact:** Objective will not be delivered **Next Steps:** Work plan will be reviewed next year, following conclusion of discussions with Welsh Government. **Timescales:** This work will not be delivered during 2018/19. This work will not be progressed. Action to be closed. Action to be closed – not taken forward
OP/271	Developing our Digital and Information Systems	Informatics	Draft enterprise architecture (SHIFT project)			✓			**Cause**: Corporate Repository held up pending outcomes of the SHIFT project which is due to pass to the new Directorate and Director **Impact**: Activity on hold as the new Directorate will want to have input **Next steps**: SHIFT project to pass to new Directorate and Director when in post **Timescales**: March 2020 Included in Annual Plan 2019/20, Ref: SO 7.4
OP/278	Ensuring that we have a safe and appropriate working environment	Estates, Facilities & H&S	Plan for further development of the Estates Strategy completed	✓					**Cause**: With the development of the long term strategy a similar approach has been agreed and is being applied to the Estates and digital strategies and aligning them to the long term strategy. **Impact**: There is no operational impact **Next Steps**: Scoping and engagement work has commenced and funding agreed through investment to take forward development of our estate in North and West Wales. **Timescales**: To be taken forward as part of target operating model and following recommendations from Informatics review taking place in June 2019.

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				🟥	🟥	🟥	🟥	Included in Annual Plan 2019/20, Ref: SO 8.4
OP/279	Ensuring that we have a safe and appropriate working environment	Estates, Facilities & H&S	Six facet survey on our freehold estate completed	🟩	🟧	✓		**Cause:** Original investment to undertake six facet survey was not agreed. Following further review it was decided this is no longer required. **Impact:** This is low risk as areas within six facet survey are being taken forward through Health and Safety and estates audits. This includes physical condition, statutory compliance and space utilisation. **Next steps:** Suggest this action is closed down. As mentioned above, these areas are being forwarded through alternative means**.** **Timescales:** Ongoing work will continue as per local plan. Action to be closed – not taken forward
OP/280	Ensuring that we have a safe and appropriate working environment	Estates, Facilities & H&S	Estates Strategy finalised and agreed	🟩	🟩	🟩	✓	See update for OP /278 Included in Annual Plan 2019/20, Ref: SO 8.4
OP/286	Developing our People and Organisation	Organisational Development	Develop an employer brand for Public Health Wales, making explicit the employee deal, with an aspiration to make Public Health Wales the employer of choice (December) and clarifying career paths both within our	🟩	🟩	✓	✓	**Cause**: The initial element of the milestone has been completed, but the second part 'milestone of career paths' is dependent upon the Heads of Profession work yet to be undertaken and commented elsewhere within the operational plan. **Next Steps**: Await the outcome of the Heads of Profession discussion **Impact**: Once we understand our professions and career paths, we'll be able understand what drives the professions and those who choose them, linking as such to

Annual Plan Exception Reports

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Ref	**Strategic Objective**	**Team**	**Milestone**	**Q1**	**Q2**	**Q3**	**Q4**	**Exception report**
			organisation and out of the wider NHS and economy (March).					the final understandings of our Employee Value Proposition (EVP). **Timescales**: March 2020. Rolled over, Ref: RO/16, SO8
OP/288	Developing our People and Organisation	Organisational Development	Heads of Profession network identified and established (November) and trained in the NHS Wales approach to strategic workforce planning (February)				✓	**Cause**: further development work required to engage SLT on the approach **Impact**: Owing to the 'light' approach to workforce planning in 2018/2019 and the establishment of HEIW, there wasn't the desire to nor education to support workforce planning by profession. **Next steps**: roles to be filled in the OD team with this being highlighted as priority work. Re-engage SLT by end of Q1 and/or in line with strategic plans to develop new/matrix ways of working **Timescales**: roles filled by end of April and attendance at May SLT (dates pending) Rolled over, Ref: RO/17, SO8
OP/289	Developing our People and Organisation	Organisational Development	Organisational approach to Succession Planning (September) and Talent Management (March) implemented, including relevant development opportunities and programmes such as shadowing (November),				✓	**Cause**: The pilot is effectively two months behind. The session had originally been scheduled for the Strategy & Planning Policy meeting in October, but was moved to December. With changes in the People / HR team the work was delayed and rolled into Q1 2019/2020. **Impact**: we are yet to have a picture of our succession map. **Next Steps**: All succession meetings have been set in respective diaries, with the talent planning calibration meeting to be scheduled for May / June 2019. **Timescales**: May / June for completion on the pilot approach

Annual Plan Exception Reports

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	**Red – Behind schedule and will not be completed within agreed timescales**
			secondments and apprenticeships					Rolled over, Ref: OP/316, SO8.5
OP/297	Supporting the Planning and Implementation of Change	Strategic Planning & Performance	Approach to programme management agreed		✓			**Cause**: Approximately one month behind due to additional support being provided from the team to both the NHS Brexit preparedness and the internal Public Health Wales Brexit response, this work has been delayed. **Impact**: Originally planned for completion in quarter 4 2018/19, this will now be completed by end of quarter one 2019/20 and is included in the Annual Plan 2019/20. **Next steps**: Develop a proposal for the Public Health Wales approach to programme management and present to Business Leads and agreement from SLT, prior to approval by Executive Team in June 2019. **Timescales**: End of Q1 2019/20. Implementation phase will commence immediately following approval. Included in Annual Plan 2019/20 Ref: OP/323, SO8.6
OP/312	Delivering Quality and Measuring Our Impact	Info Gov	Support the Governance Team in mapping and assessing "quality" of the sources of assurance to identify those which can be relied upon		✓			**Cause**: This requires considerable collaborative work between the Board Secretary and the as yet appointed A/D for Integrated Governance. This appointment is likely to be made in May 2019. **Impact**: A delay in the development and enhancement of the Board's assurance processes. **Next Steps**: Appointment of the A/D Integrated Governance **Timescales**: The appointment is expected to be made in May and it is anticipated that the assurance work will be completed by December 2019

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Red – Behind schedule and will not be completed within agreed timescales								
Ref	Strategic Objective	Team	Milestone	Q1	Q2	Q3	Q4	Exception report
								Rolled over, Ref: RO/19, SO8
OP/319	Delivering Quality and Measuring Our Impact	Governance	Interactive version of Framework developed		✓			**Cause**: Delay linked to resources within team. **Impact**: Delay in developing the interactive framework. **Next steps**: To make progress including linking with other areas to develop the information that will sit below the overarching framework **Timescales**: Expected completion date - 30 Sept 2019 Rolled over, Ref: RO/20, SO8
OP/324	Delivering Quality and Measuring Our Impact	Governance	Up to date Policies, Procedures and other Written Control Documents Management Procedure			✓		**Cause**: Delay linked to resources within team. **Impact**: Revision date on current version of the procedure is September 2019. **Next steps**: Initial review has been undertaken by Corporate Governance Manager. Further review and discussions scheduled to take place with Senior Leadership Team prior to being issued for consultation. **Timescales**: Expected completion date - quarter 2 2019/20 Rolled over, Ref: RO/21, SO8
OP/328	Ensuring our financial behaviours encourage, incentivise and add value	Finance	Options for income generation across Public Health Wales scoped including viability of a Commercial Unit			✓		**Cause**: Whilst work has commenced to look at other potential income generation options, this needs to be an element of the approach to value and impact. **Impact:** Income generation across PHW continues as per normal business. No impact on service delivery. **Next steps:** This will be included as part of the work on value and impact included in the annual plan 2019/20.

Annual Plan Exception Reports

Note: Milestones indicated as rolled over will be monitored alongside routine Annual Plan reporting arrangements

Red – Behind schedule and will not be completed within agreed timescales

Ref	Strategic Objective	Team	Milestone	Q1	Q2	Q3	Q4	Exception report
								Models for realignment of budgets, disinvestment / reinvestment and income generation to be scoped by December 2020. Action to be closed. **Timescales**: Models for realignment of budgets, disinvestment / reinvestment and income generation to be scoped by December 2020. Included in Annual Plan 2019/20 Ref: OP/341, SO8.8
OP/329	Ensuring our financial behaviours encourage, incentivise and add value	Finance	Agree implementation plan for income generation				✓	Linked to OP328. Included in Annual Plan 2019/20 Ref: OP/341, SO8.8
OP/342	Communicating effectively with our people, partners and the public	Comms	Approved by board			✓		**Cause:** Item requested by CMO. Interim document drafted by Health & Wellbeing and Communications for CMO. Letter sent to CMO April 2018 alongside: 'Annual Comms Overview', 'PHW Campaign overview' and 'Corporate Communications Team Offer'. Communications Team and Health and Wellbeing Directorate articulated an approach to behaviour change work and where this sits alongside other public campaigns: 'A Strategic Approach to Communications' completed September 2018. **Impact:** No risk to delivery of business objectives. **Next steps:** Draft Communications Strategy to be finalised and onward journey to be agreed. **Timescales:** Communications strategy to be completed by Q1 2019/20 Rolled over, Ref: RO/22, SO8

Annual Plan Exception Reports

Note: Milestones indicated as rolled over will be monitored alongside routine Annual Plan reporting arrangements								
Red – Behind schedule and will not be completed within agreed timescales								
Ref	**Strategic Objective**	**Team**	**Milestone**	**Q1**	**Q2**	**Q3**	**Q4**	**Exception report**
PHS/38 (rolled over from Annual Plan 17/18)	6b	Health Protection	Refresh the all Wales TB working group and produce and publish a TB control strategy for Wales				✓	**Cause:** Urgent Emergency response TIM training and exercise development preparing for Brexit prioritised over TB strategy, Prison TB outbreak and a number of very complex TB cases took priority in time allocated to TB work in job plan, Some delays in getting responses to drafts of recommendations from multiagency group **Impact:** Lack of a coherent TB strategy for Wales will delay the development of services and investment of resources to prevent and treat TB successfully, ultimately leading to more cases and more potentially preventable deaths **Next Steps:** TB group refresh complete. Several more meetings of the TB group are required to finalise amendments before completion. **Timescales:** Rolled over in Annual Plan 2019/20. Strategy in draft with sign off though Health Protection Advisory Board in July 2019 Rolled over, Ref: RO/23, SO8
P&OD/ 04 (rolled over from Annual Plan 17/18)	7e	Org. Dev	Map and publish the career structures for key professional groups (Timescales)				✓	Linked to OP/288 Action to be closed – not taken forward
GOV/ 04	7g	Governance	Develop and implement a plan of	✓				**Cause**: Non-Executive Director vacancies on the Board which is reliant on Welsh Government appointment.

Annual Plan Exception Reports

Note: Milestones indicated as rolled over will be monitored alongside routine Annual Plan reporting arrangements								
Red – Behind schedule and will not be completed within agreed timescales								
Ref	**Strategic Objective**	**Team**	**Milestone**	**Q1**	**Q2**	**Q3**	**Q4**	**Exception report**
(rolled over from Annual Plan 17/18)			Board visibility and accessibility					**Impact**: Whilst a specific plan has not been developed, there have been a number of positive actions undertaken during the year. For example, Chair's monthly message to staff, Executive Team weekly message, Board meeting are streamed live, Q&A session for staff held at the end of each Board meeting. **Next steps**: Agree Board visibility and accessibility plan. **Timescales**: September 2019 Rolled over, Ref: RO/24, SO8

Annual Plan Exception Reports

Blue - Responsibility for action now outside of Public Health Wales								
Ref	**Priority**	**Team**	**Action**	**Q1**	**Q2**	**Q3**	**Q4**	**Exception report**
OP/18	1.3	Health Improvement	Revised criteria for recognising achievement within the Welsh Network Healthy Schools Scheme agreed			✓		**Cause**: This work has been influenced by the establishment of the Ministerial Task and Finish Group on whole school approaches to mental health and wellbeing. As a result there are ongoing discussions with Welsh Government policy leads on the future direction of this work **Impact**: The delivery of the programme continues across Wales and work is also ongoing on options for future quality assessment and recognition for the scheme

				🟩	🟩	🟦	✔	**Next Steps**: A meeting is being planned for Q3 between Welsh Government Policy Leads, Public Health Wales and key stakeholders to agree a way forward **Timescales**: It is intended to reach agreement on future direction by Q4 for implementation in 2019/20 Rolled over.
OP/20	1.4	Health Improvement	Case for action on the role of power and empowerment in health outcomes published	🟩	🟥	🟦	✔	**Cause**: Following engagement with experts in this field we became aware of a piece of work that had been commissioned which would address this need and therefore have decided that this piece of work is no longer required **Impact**: Implementation of this work is delayed but there are not critical dependences awaiting final publication of work and we are engaged with the author **Next Steps**: Discussions held with research partner in Q3 with a view to gaining permissions to use research paper on release from peer review/ publication **Timescales**: Anticipated completion in Q2 2019 Rolled over.
OP/33	1.5	Policy	Draft Health Impact Assessment guidance developed	🟩	🟩	🟩	✔	**Cause**: We are awaiting Welsh Government to publish the regulations for the Public Health Act in order to develop the guidance. **Impact**: There will be no material impact **Next steps**: Await for Welsh Government to publish regulations **Timescales**: Dependent on Welsh Government Rolled over, Ref: OP/31, SO1.5
OP/34	1.5	Policy	New Health Impact Assessment guidance published	🟩	🟩	🟦	✔	**Link to OP/33** Rolled over, Ref: OP/31, SO1.5
OP/45	2.2	Health Improvement	Guidance and tools to support a whole school approach to mental	🟩	🟩	🟩	✔	**Cause**: There have been delays arising from the need to align this work with the Ministerial task and Finish

Ref	SO	Division	Milestone					Commentary
			well-being developed and disseminated	🟩	🟩	🟩	🟦	Group on a Whole School Approach to mental well-being. **Impact**: Work to develop the tools and guidance is nearing completion but cannot be shared for consultation, finalised or disseminated without due to dependency upon the workplan of the Ministerial Group. **Next Steps**: The Division will continue to engage with this Ministerial group at a number of levels to identify when the guidance and tools can be appropriately disseminated. **Timescales**: Dependent upon the workplan of the Ministerial Group Included in Annual Plan 2019/20 Ref: OP/42, SO2.2
OP/60	3.2	Health Improvement	Indicator and evaluation framework for Obesity Strategy developed	🟩	🟩	🟦 ✓		**Cause**: The Government Strategy Launch date was delayed until January 2019 and the consultation period will end 12 weeks after this. It is appropriate to develop an evaluation framework when in a position to understand any major changes proposed in the strategy. The final strategy will be published in October 2019 **Impact**: This change will not have any adverse impact **Next steps**: Indicator work is taking place and will be concluded post strategy consultation **Timescales**: January 2020 (S.O 3.2) Included in Annual Plan 2019/20
OP/89	4.2	Research	New research commissioned once funding identified	🟩	🟩	🟩	🟦 ✓	**Cause**: Change of approach to develop proposal within PHW lead by Research & Development Division, in collaboration with First 1000days and Cardiff University for external funding rather than commission. **Impact**: Beneficial impact – research led by PHW and capacity building internally. **Next steps**: RfPBB research application submitted and passed first stage. Awaiting final decision on funding.

								Timescales: The funding decision will be in May/ June 2019 Included in Annual Plan 2019/20
OP/107	5.2	Health Protection	ICNet roll-out completed including enhanced surveillance modules			✓		**Cause:** ICNetroll-out completed including enhanced surveillance modules –remains BLUE due to interfacing issues with other systems outside our control. **Impact:** Local System for Health Boards essentially up and running now. Main delay is now in the Enterprise Monitor overarching modules –but all are progressing. Outbreak surveillance in "testing"; CPO surveillance – specification agreed and with ICNet for consideration; SSI module awaiting Theatre System linkages; PPS module delivered. **Next Steps:** move into maintenance phase in new financial year **Timescales:** Included in Annual Plan 2019/20. Completion of roll out by May 2019, with interface actions absorbed within maintenance phase. Included in Annual Plan 2019/20
OP/138	6.2	1000 Lives	Develop measurement and evaluation framework		✓			**Cause**: Delay in ministerial approval of draft driver diagram; **Impact**: delay to project; **Next steps**: included in annual plan 2019/20 and becomes part of the new Medicines Safety Programme; **Timescales**: Medicines Safety Programmes established by March 2020 Included in Annual Plan 2019/20

OP/139	6.2	1000 Lives	Establish National Medicines Management Collaborative			✓		**Cause**: Delay in agreement by Welsh Government; **Impact**: Delay in establishing collaborative; **Next steps**: Included in annual plan 2019/20 and becomes part of the new Medicines Safety Programme Medicines Safety Programme established **Timescales**: by March 20 20 Included in Annual Plan 2019/20
OP/169	6.5	Screening	CSIMS Go Live			✓		**Cause**: The Demographic data from NWIS to populate and test system was not received until the end of November 2018, so testing of data flow was delayed compared to original planning. **Impact**: Although implementation of CSIMS has been delayed this has not impacted on roll out of HPV testing. **Next Steps**: the demographic testing has now concluded and user testing has started in March 2019. CSIMS development and implementation to be completed 2019/20 annual plan **Timescales**: Included in Annual Plan 2019/20. System with go live capability by end of September 2019. Included in Annual Plan 2019/20, Ref: SO6.5
OP/175	6.5	Screening	Local plans with Health Boards to manage capacity in Colonoscopy, Pathology, Radiology & Surgery for implementation of FIT developed and published				✓	**Cause**: Endoscopy services are under significant pressure and face capacity issues. As a result, not all Health Boards have yet been able to deliver a FIT implementation plan and those that have, have identified capacity gaps. **Impact**: Services are still under significant pressure to deliver timely services. There is potential for implementation of FIT to put services under even more pressure. **Next Steps**: Contract / LTA review meetings ongoing with all Health Boards to consider all possible interventions to improve capacity.

				🟩	🟦	🟦		✓	**Timescales**: Service review meetings held in Quarters 2-4. Marked improvement in timescales in colonoscopy waiting times. Initial action completed (April 2019) and now absorbed into ongoing operational business. National endoscopy programme has now started with a remit to improve capacity across Wales, however the impact is likely to result in medium to long-term sustainability of services. Included in Annual Plan 2019/20
OP/202	7.1	Research	New Research strategy launched	🟩	🟩	🟩		✓	**Cause**: Launch not possible until considered by newly established Board Committee. **Impact**: Delayed launch of strategy. **Next steps**: Paper going to Knowledge Research & Information Committee for consideration on 17th April. **Timescales**: Launch post 17th April 2019 Rolled over, Ref: RO/13, SO7.1
OP/210	7.3	Research	Working Group Established to take forward report implications	🟩	🟩	🟩		✓	**Cause**: Under review in order to align with new innovation workstreams **Impact**: Working group to be suspended until clarity on purpose and value. **Next steps**: Follow up with Innovation stream to inform next steps **Timescales**: to be actioned in Q1 201920 Rolled over, Ref: RO/14, SO7.3
OP/223	7.6	International Development	WHO CC Advocacy Toolkit produced and Launched	🟩	🟩	🟩	🟦	✓	**Cause**: The WHO requires additional time to review and approve due to unforeseen changes in the WHO Venice Office Director and new priorities and portfolio. **Impact**: Launch date has been pushed back to Q1 of 2019/20. **Next Steps**: Finalise content following comments from The WHO before **Timescales**: Product will be launched in May/June 2019. Included in Annual Plan 2019/20, Ref: OP/248, SO7.6

OP Ref	Theme	Division	Description					Details
OP/226	7.6	International Development	Charter Implementation Toolkit launch	🟩	🟩	🟩	✓	**Cause**: NHS Wales Chief Executives meeting agenda unable to accommodate until April **Impact**: Delay in final product translation, but mitigated with financial provision allocated **Next Steps**: Review product in light of CEO comments **Timescales**: soft launch with Charter Implementation group May/June 2019, followed by later publicity at the Charter celebration in Autumn 2019 (October) Rolled over, Ref: RO/15, SO7.6
OP/232	7.7	Health Intelligence	Evaluation report published on strategy implementation	🟩	✓	🟦		**Cause**: Evaluation is complete, however, finalisation and publishing delayed due to organisational redesign **Next steps**: Evaluation report to be taken through business exec and Knowledge, Research and Information Committee **Impact**: Delay in sharing findings of evaluation more widely, although in the meantime, learning can be incorporated into update of strategy planned for next year. **Timescales**: To be brought to business exec in Q1 19/20 and KRI committee in Q3. Included in Annual Plan 2019/20, Ref: SO7.7
OP/277	Developing our Digital and Information Systems	Informatics	Decision for the use of Tarian in Ireland	🟩	🟩	✓		**Cause:** Work has been undertaken to explore the potential use of Tarian in Eire. Currently awaiting decision from Ireland on next steps. **Impact:** No impact on Public Health Wales. **Next Steps:** Currently awaiting a decision from Eire. **Timescales:** Potential decision expected by November 2019 Included in Annual Plan 2019/20 Ref: OP/301, SO8.3
OP/284	Developing our People and Organisation	Quality, Nursing & AHPs	In conjunction with OD and Learning fully implement the	🟩	🟩	🟦	✓	**Cause**: A new Framework for Healthcare Scientists (HCS) has been developed and launched by Welsh Government which has meant that the approach of the work has needed to change

			Modernising Scientific Careers Framework					**Impact**: The delivery of the Framework required additional time and the proposed timeframe to develop specific modules and to implement them will be delayed. **Next Steps**: Continue to work with the Chief Scientific Officer (WG) and the Professional Lead for HCS (PHW) to develop and implement specific modules to support the Framework. We are in the process of mapping a number of the basic modules developed for the Health Care Support Worker Framework to this framework prior to developing specific modules for HCS. **Timescales**: It is anticipated that the development and implementation of these modules / pathways will take at least 12 months to 2 years. We are unable to provide a specific timescale as we are reliant on WG Included in Annual Plan 2019/20
OP/285	Developing our People and Organisation	Quality, Nursing & AHPs	Develop and implement the necessary training and development to support the implementations of any new Frameworks.				✓	**Link to OP/284** Included in Annual Plan 2019/20
OP/314	Delivering Quality and Measuring Our Impact	Information Governance	Public Health Wales will consistently return scores of 95% or more using the Information Governance Toolkit assessment				✓	**Cause**: Delay in roll out of the new IG Toolkit by NWIS **Impact**: No negative impact as Public Health Wales will continue to assure processes against the Caldicott Principles into Practice tool. **Next Steps** : Adoption of the IG Toolkit Pilot **Timescales**: Sept 19, but it is dependent on NWIS completing development as promised. Rolled over, Ref: OP/333, SO 8.7

| OP/323 | Delivering Quality and Measuring Our Impact | Governance | Annual Review of standing orders completed | | | | ✓ | **Cause**: Model Standing Orders under revision by Welsh Government
Impact: Potential delay in reviewing and revising standing orders
Next steps: First draft has been issued for comment to Board Secretaries. To await issuing of new Model Standing Orders by Welsh Government
Timescales: Reliant on external agency
Rolled over, Ref: RO/26, SO8 |

People and Organisational Development report

Key Issues

Staff Turnover

Staff turnover for the rolling 12 months to 28 February 2019 is 10.3%, a slight increase since January 2019 (10.2%). Annual turnover has shown little variation for the past 6 months, ranging between 10.0% and 10.7%.

Monthly turnover for the month of February 2019 is 0.7%, which is the same as in January 2019. When fixed term contracted staff and dismissals related to the end of fixed term contracts are excluded, the rolling 12-month turnover figure for February 2019 is 8.3%.

In relation to the reasons for leaving, members of the People Team will be working with the respective line managers to understand why some are recorded as 'unknown', and to provide guidance to support accurate data collection going forward.

Sickness Absence

The sickness absence figure for the rolling 12 months to 28 February 2019 was 3.93% FTE. The rate of absence over a rolling 12 month has remained around 4% FTE for the past year. Stress, anxiety and depression remains the most common reason for absence.

In February 2019, the monthly sickness absence rate was 3.56% FTE, an improvement from 4.27% FTE in the same period last year and the lowest February sickness absence rate for the last 6 years. The Trust's monthly sickness absence rate fluctuates from month to month in line with seasonal trends, ranging from a high of 4.51% in July 2018, to a low of 3.52% in August 2018.

Further to the recent launch of the All Wales Managing Attendance at Work policy, the People team have developed dedicated intranet pages containing the new policy, templates, letters, and details of training dates.

Appraisals

Our appraisal data for February has improved from 55.31% to 56.23%, with Medical and Dental compliance remaining at 100%. There remains a significant difference in the number of appraisals recorded and feedback received in the Staff Survey 2018, in which 80% respondents advised that they had participated in an appraisal in the preceding 12 months.

Executive Team colleagues have been asked to include appraisal compliance in their objectives from April 2019. An SBAR has been prepared for the Executive to consider and approve recommendations to address the reporting gap, however it should be noted that any exercise undertaken to centrally record data will be a one-off and managers remain accountable for future recording. The paper includes the recommendation that all managers have a broad 'people management' objective to ensure monitoring happens throughout the year and accountability is retained.

People and Organisational Development Dashboard

|	>10% below target		Within 10% of target		On target		Not applicable

Indicator		Timeframe			Target Source (as relevant)
Headcount		Dec-18	Jan-19	Feb-19	
Headcount (does not include Bank and Agency staff)		1,798	1,802	1,808	
Full time equivalents (FTE)		1,597.89	1,602.70	1,609.83	
Contractual Status		Dec-18	Jan-19	Feb-19	
Permanent		1,639	1,645	1,644	
Fixed term contracts		159	157	164	
Bank staff		53	54	52	
Agency workers		35	34	37	
TOTAL		1,886	1,889	1,897	
Staff Turnover	Target	Dec-18	Jan-19	Feb-19	
Rolling 12 month staff turnover	10%	10.5%	10.2%	10.3%	NHS Best Practice
Rolling 12 month staff turnover excluding Fixed-term staff		8.4%	8.2%	8.3%	
Monthly turnover rate		1.3%	0.7%	0.7%	
Monthly turnover rate excluding Fixed-term staff		1.0%	0.5%	0.6%	
Starters and Leavers		Dec-18	Jan-19	Feb-19	
Starters Headcount		14	18	21	
Leavers Headcount		23	12	12	
Time to Hire	Target	Dec-18	Jan-19	Feb-19	
Time from vacancy requested to conditional offer letter issued (days)	44	44.0	39.0	49.40	NWSSP Target
Live Vacancies (by days open)	Actual	< 44	44 - 55	> 55	
Live Vacancies	41	22	8	11	
Sickness Absence	Target	Dec-18	Jan-19	Feb-19	
Monthly sickness absence rate (% FTE)	3.25%	3.86%	4.04%	3.56%	Internal Target
Rolling 12 month period sickness absence rate (% FTE)	3.25%	4.04%	3.99%	3.93%	Internal Target
Short term sickness absence rate (% FTE)		1.19%	1.56%	1.23%	
Long term sickness absence rate (% FTE)		2.67%	2.48%	2.33%	
Statutory and Mandatory Training	Target	Dec-18	Jan-19	Feb-19	
Training Compliance with core competencies	95%	90.22%	90.80%	91.18%	Internal Target
Training Compliance including extended competencies		89.20%	89.65%	90.16%	
Appraisals	Target	Dec-18	Jan-19	Feb-19	
My Contribution Appraisal completed within previous 12 months	90%	54.93%	54.43%	55.00%	Internal Target
Medical Revalidation Appraisal completed within previous 15 months				100.00%	
Combined Appraisal % (under review)				56.23%	
Employee Engagement - Staff Survey		2013	2016	2018	
Intrinsic psychological engagement		3.88	3.90	3.97	
Ability to contribute towards improvement at work		3.54	3.48	3.77	
Staff advocacy and recommendation		3.70	3.79	3.85	
Overall Engagement Index Score		3.70	3.73	3.86	
Gender			Feb-18	Feb-19	
Male			23%	23%	
Female			77%	77%	
Black, Asian and Minority Ethnic (BAME) Staff			Feb-18	Feb-19	
BAME			3%	4%	
White			73%	76%	
Not Declared/Unspecified			24%	20%	
Disability			Feb-18	Feb-19	
Yes			3%	3%	
No			56%	61%	
Not Declared/Unspecified			41%	36%	

Staff Turnover, Starters and Leavers

Turnover rate (%)

11.1 10.7 10.6 10.2 10.2 10.6 10.7 10.6 10.0 10.5 10.2 10.3
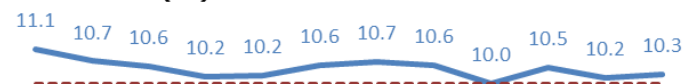
Target= 10%

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

Starters and Leavers

Month	Starters	Leavers
Mar-18	8	-17
Apr-18	37	-12
May-18	10	-12
Jun-18	16	-15
Jul-18	19	-16
Aug-18	23	-16
Sep-18	28	-22
Oct-18	31	-17
Nov-18	22	-10
Dec-18	14	-23
Jan-19	18	-12
Feb-19	21	-12
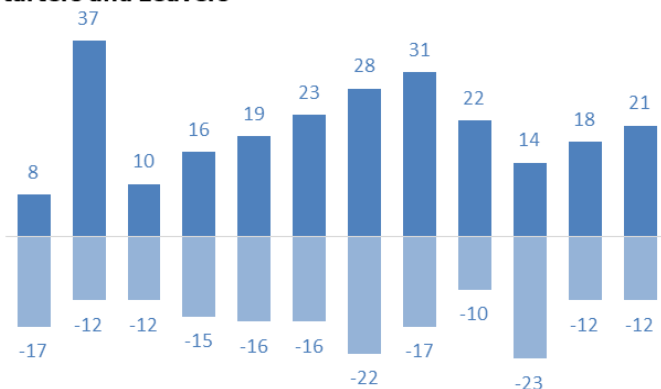
Leavers by length of service, 1 March 2018 to 28 February 2019

Length of service	Leavers
<1 Year	42
1 to 2 Years	28
2 to 5 Years	41
5 to 10 Years	32
10 to 15 Years	15
15 to 20 Years	18
20 to 25 Years	5
25 to 30 Years	3
>=30 Years	
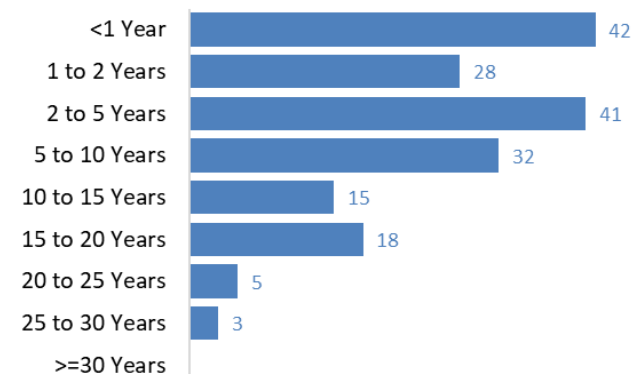
Summary of performance

- Staff turnover has remained fairly static for the last six months, and was 10.3% in February 2019, (0.3% above the NHS Wales 'best practice' target of 10%). Monthly turnover for February is 0.7%, which is the same as the previous month (1.3%).
- When fixed term contracted staff and dismissals related to the end of fixed term contracts are excluded, the rolling 12-month turnover figure for February 2019 is 8.3%
- There were 12 leavers in February, which is the same as the previous month but more than the same period in 2018 (9 leavers in February 2018). 9 of the 12 leavers were voluntary resignations. 8 of the 12 leavers were employed in roles at Bands 2-6.

Actions to improve performance

- Local workforce plans have been completed and the information has been incorporated into the 10 year organisational plan.
- During the first two weeks of April, letters will be sent out to all former colleagues who have left the organisation within the last 18 months, this information will help inform the review of the exit interview process.

Leavers from 1 March 2018 to 28 February 2019

Leaving Reason	Leavers
Voluntary Resignation	106
Retirement	45
End of Fixed Term Contract	23
Dismissal	5
Redundancy - Compulsory	2
Death in Service	2
Merged Org - Duplicate Record	1
Grand Total	184

Destination On Leaving	Leavers
NHS Organisation	53
Unknown	58
No Employment	35
Other Public Sector	11
Education Sector	8
Other Private Sector	4
Private Health/Social Care	4
Education/Training	2
Return to Practice	2
Self Employed	2
General Practice	2
Death in Service	1
Abroad - Non EU Country	1
Social Services	1
Grand Total	184

Sickness Absence

Sickness absence (%FTE), monthly rate

Latest data

Data from previous year

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

Values: 4.50, 4.13, 3.68, 4.06, 4.51, 3.52, 3.52, 3.96, 3.84, 3.86, 4.04, 3.56
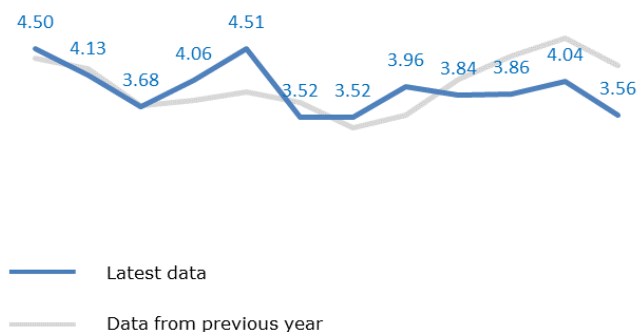
Sickness absence (%FTE), annual rolling rate

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

Values: 4.01, 4.01, 4.00, 4.03, 4.08, 4.06, 4.07, 4.10, 4.08, 4.04, 3.99, 3.93
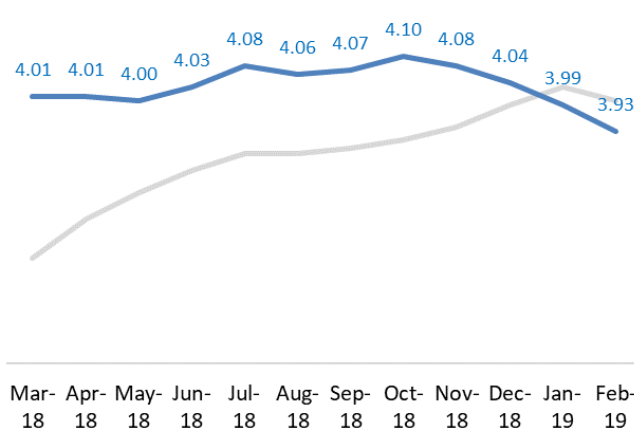
Long term and short term sickness absence (%FTE)

Long term absence values: 2.9, 3.1, 2.7, 3.1, 3.2, 2.6, 2.2, 2.4, 2.6, 2.7, 2.5, 2.3

Short term absence values: 1.6, 1.1, 0.9, 1.0, 1.3, 0.9, 1.4, 1.5, 1.3, 1.2, 1.6, 1.2

Long term absence — Short term absence

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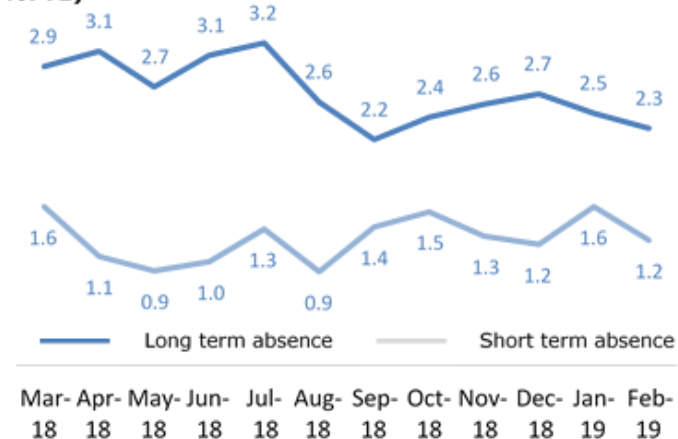
Summary of performance

- The sickness absence figure for the rolling 12 months to 28 February 2019 was 3.93% FTE. The rate of absence over a rolling 12 month has remained around 4% FTE for the past year. Stress, anxiety and depression is the most common reason for absence, i.e. it accounts for the largest number of working days lost.
- In February 2019, the monthly sickness absence rate was 3.56% FTE, an improvement from 4.27% in the same period last year.
- Short-term sickness was 1.23% in February 2019; compared with 1.56% in January 2019.
- Long-term sickness was 2.33% in February 2019; compared with 2.48% in January 2019.

Actions to improve performance

- Mandatory training for all line managers on the new Managing Attendance at work policy has been scheduled up until December 2019, with at least two sessions per month currently being delivered.
- The People team continue to proactively contact those line managers who have an employee on long term sickness absence to offer support and assist in the development of case plans.

Top 10 Sickness Absence Reasons (Absence FTE %)

Reason	Value
Anxiety/stress/depression/...	28.2
Other musculoskeletal...	9.8
Gastrointestinal problems	8.5
Unknown causes / Not...	7.8
Cold, Cough, Flu - Influenza	7.0
Other known causes - not...	5.7
Genitourinary &...	5.4
Benign and malignant...	5.3
Back Problems	3.9
Injury, fracture	3.0
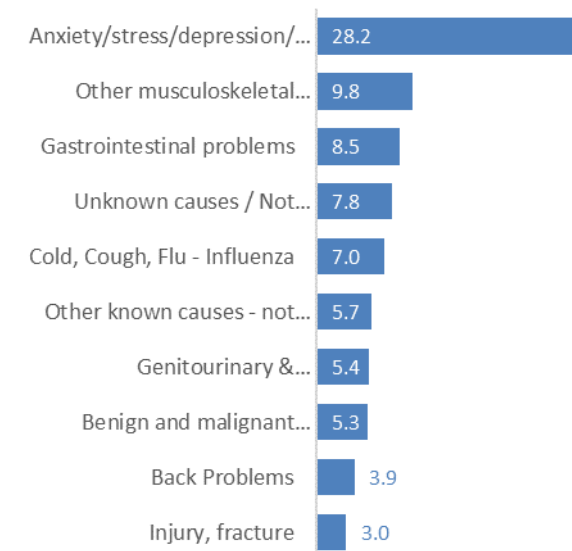
Statutory and Mandatory Training

Competence Name	Required	Achieved	Compliance
Equality, Diversity and Human Rights	1804	1667	92.41%
Fire Safety	1804	1647	91.30%
Health, Safety and Welfare	1804	1648	91.35%
Infection Prevention and Control	1804	1718	95.23%
Information Governance (Wales)	1804	1631	90.41%
Moving and Handling - Level 1	1804	1562	86.59%
Resuscitation - Level 1	1804	1601	88.75%
Safeguarding Adults - Level 1	1804	1618	89.69%
Safeguarding Children - Level 1	1804	1645	91.19%
Violence and Aggression (Wales) - Module A	1804	1717	95.18%

Directorate	Required	Achieved	Compliance
ACES Directorate	30	26	86.67%
Corporate Directorate	190	159	83.68%
Health & Wellbeing Directorate	4080	3787	92.82%
Hosted Directorate	830	764	92.05%
NHS Quality Improvement Directorate	590	539	91.36%
Operations and Finance Directorate	1050	963	91.71%
People & OD Directorate	310	303	97.74%
Policy Research & International Directorate	630	617	97.94%
Public Health Services Directorate	9790	8788	89.77%
Quality Nursing & Allied Profs Directorate	380	355	93.42%
SPRs Directorate	160	153	95.63%

Statutory & Mandatory Training Compliance (%)

Target = 95%

86.7 87.7 87.8 88.4 89.1 89.7 90.2 90.8 90.5 90.2 90.8 91.2

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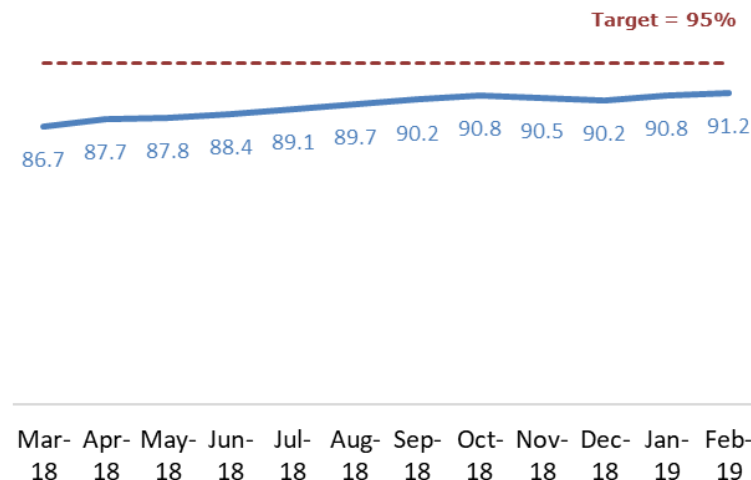
Summary of performance

- Compliance with level one statutory and mandatory training subjects in the core skills training framework is a key priority for the Welsh Government, with a tier one target compliance rate of 85%, although we have set a higher internal target for 95% compliance.
- The compliance rate as at end of February 2019 is 91.18% (which is marginally better than the 90.76% at end of January 2019). Extending reporting to include the four subjects mandated outside of the CSTF, compliance is 90.16%.

Actions to improve performance

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

Agency Spend

Monthly agency spend

Monthly agency spend line chart:
- Apr-18: £171k
- May-18: £214k
- Jun-18: £193k
- Jul-18: £171k
- Aug-18: £175k
- Sep-18: £131k
- Oct-18: £194k
- Nov-18: £193k
- Dec-18: £153k
- Jan-19: £198k
- Feb-19: £167k
- Mar-19: £215k
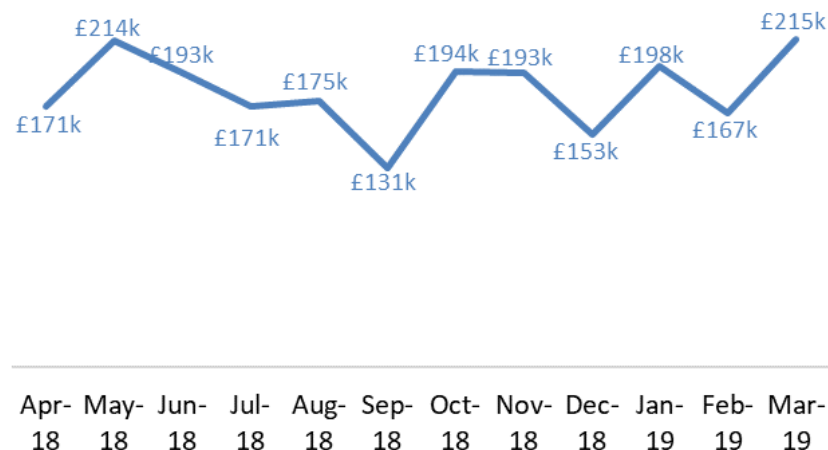
Rolling 12 months agency spend by category, April 2018 to March 2019

Pie chart categories:
- Estates & Ancilliary, £2,000
- Administrative, Clerical & Board Members £783,000
- Medical & Dental £692,000
- Allied Health Professionals £43,000
- Healthcare Scientists £656,000
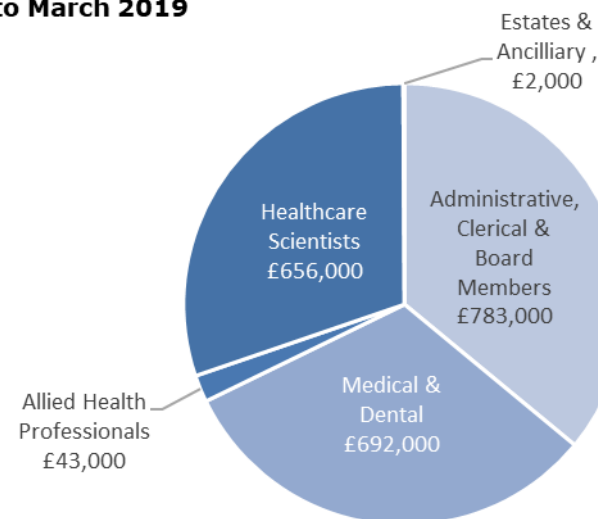
Summary of performance

- Total agency spend has increased from £167K in February 2019 to £215K in March 2019, with actual costs for the year to date at £2.175M, equating to 2.6% of total pay expenditure (3% in-month). This is consistent with agency spend in 2017/18 (2.6% of total pay).
- There has been an increase in expenditure in the categories 'Administrative, Clerical & Board Members' from £68K in February to £88K in March, 'Medical & Dental' from £42K to £61K, and in 'Healthcare Scientists' from £48K to £62K.
- There has been a decrease in expenditure in the 'Allied Health Professionals' category from £9K in February to £4K in March.

Actions to improve performance

- The People team have requested additional information from the Finance team to provide some more detail behind the increased expenditure in March 2019.
- All requirements for new Administrative and Clerical agency workers are scrutinised by Panel prior to engagement. Following review of the data requested, additional action will be recommended to reduce agency expenditure where possible.

Overview of Quality Performance

Putting Things Right – Handing Concerns (Complaints, Claims and Incidents)

Complaints: Between 1 April 2018 – 31 March 2019 a total of 63 formal complaints were received. The chart on page 62 compares the number of complaints received for the reporting period to the same period for previous years and indicate that it remains relatively stable. Of the complaints received in this period, 89% were acknowledged within 2 working days and 61% were responded to within the target timescales of 30 working days,

At the time of drafting this report the 9 formal complaints that remain open are still within the 30 working day response timescales target and have therefore not been included within the response % detailed above

In addition to the above 69 'on the spot' complaints were also reported via Datix for the period 1 April 2018 – 31 March 2019.

Compliments: For the period 1 April 2018 –31 March 2019, a total of 1,562 compliments were received. The ratio of compliments to complaints for this period is 25:1.

Claims: At the end of March 2019, there were 9 confirmed and 2 potential clinical negligence claims. The chart detailed on page 63 provides a comparison of new claims received for each financial year and indicates that the number of claims received remains stable.

Patient and Client Incidents: The trend analysis indicates that patient and client type incidents continue to be the highest reported. A review of the number of patient and client incidents for 01 April 2018 – 31 March 2019 compared to the same period in previous year indicates that although there has been a slight increase in the number of incidents reported they remain relatively stable.

Quality and Impact indicators: As outlined in the dashboard on pages 64-65, since the indicators were agreed two are no longer reported on as Welsh Government do not require this information. Of the remaining indicators 4 are reported as amber. One of these relates to a reduction in the organisations carbon footprint and this data is not available at the time of reporting but will be reported in the annual report 2018. There has been an increase in the percentage of improved corporate/ trust wide policies and procedures that have not exceeded their review date, which is now at 70% (an improvement on 62% last quarter} this is now only 5% short of the 75% target. In addition one indicator relating to the acknowledgment of inquires being dealt with within 48 hours has dropped to 99.1% (two inquiries out of 228). All have now been dealt with. The remaining amber indicator relates to the rate of inappropriate referral to microbiology for urine analysis. This target has now been paused due to some ambiguity in the application of the criteria and the fact that national guidance on taking urine samples is in development.

Health & Care Standards: The data on page 66 relates to the improvement actions identified as a result of Directorates' self-assessment against the Health and Care Standards. Directorates are required to report against progress of the actions on a quarterly basis. This is a summary view across the whole organisation.

From the 220 actions identified as part of the 2017-18 Health and Care Standard self-assessment: 84.1% (185 actions) were completed on target 2.3% (5 actions) were not progressed. Further details can be seen on page 76.

8.2% (18) were identified as red and behind schedule/ not completed, and 5.5% (12) were identified as blue and outside of Public Health Wales remit.

The reasons identified by Directorates for those standards that will not be completed within the agreed timeframe are as follows:
- Capacity to deliver; the lack of resources
- Pressures of workload
- Unrealistic target
- Information Governance / provider Issues.

Executive Directors are responsible for ensuring timely reporting of Directorate improvement actions are made and that any delegated responsibility is working effectively. Reminders have also been made by the QNAPS lead to the Business Leads and the Executive Directors to complete quarter 4 updates. Some difficulties continue to be encountered in achieving timely reporting across all Directorates. Going forward for 2019-20, further work will be done with Executive Directors and Directorates to identify how these reporting challenges can be overcome and how more synergy can be identified between Health and Care Standard Improvement actions and Quality and Impact Indicators.

In addition, Executive Directors will be requested to sign off quarterly improvement plan progress reports. Work will be undertaken to establish how this can be achieved in the 2019-20 Health and Care Standards Improvement Plan.

Putting Things Right

Number of formal complaints received from 01 April - 31 March 2019 compared to the same period for the previous years

- 92.8 UCL
- 83
- 71
- 62.5 Mean
- 58
- 54
- 63
- 45
- 32.2 LCL

Apr 13 - Mar 14 | Apr 14 - Mar 15 | Apr 15 - Mar 16 | Apr 16 - Mar 17 | Apr 17 - Mar 18 | Apr 18 - Mar 19
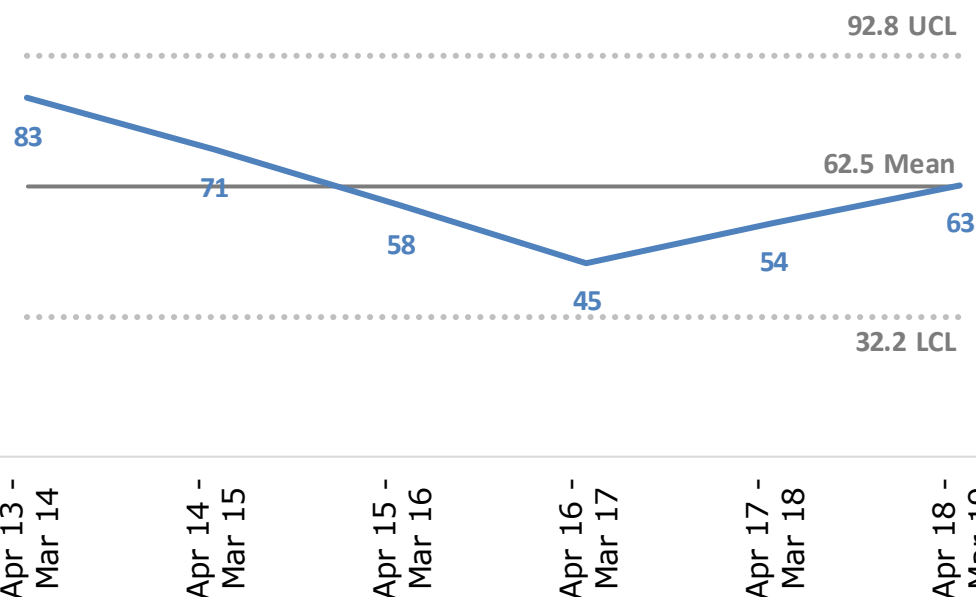
Number of complaints received by Division for the period 1 April 2015 – 31 March 2019

Legend: 2018-19 | 2017-18 | 2016-17 | 2015-16
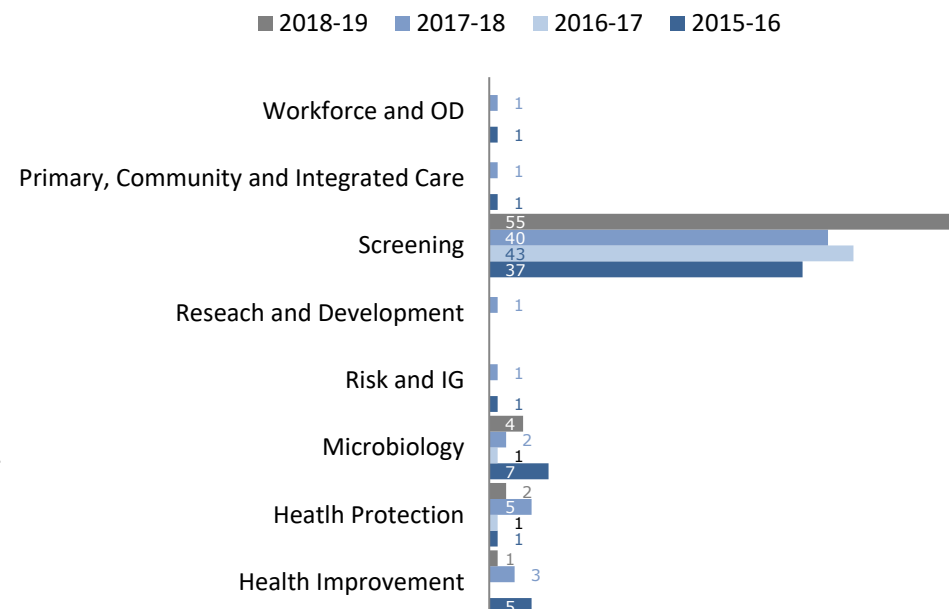
Complaints	2013 / 14 (1 Apr – 31 Mar)	2014 / 15 (1 Apr – 31 Mar)	2015 / 16 (1Apr – 31 Mar)	2016 / 17 (1 Apr – 31 Mar)	2017 / 18 (1 Apr – 31 Mar)	2018 / 19 (1 Apr – 31 Mar)
Total of Formal Concerns for the Period 01 April –28 February 2019 compared to the same months in previous years	**83**	**71**	**58**	**45**	**54**	**63**
No. of concerns acknowledged within 2 working days	89%	96%	91%	89%	87%	89%
No. of concerns responded to within 30 working days of receipt	83%	73%	66%	64%	69%	61%
Within a period exceeding 30 working days but within 6 months	17%	27%	34%	36%	31%	26%

Putting Things Right

Number of claims received, 01 April 2018 – 31 March 2019
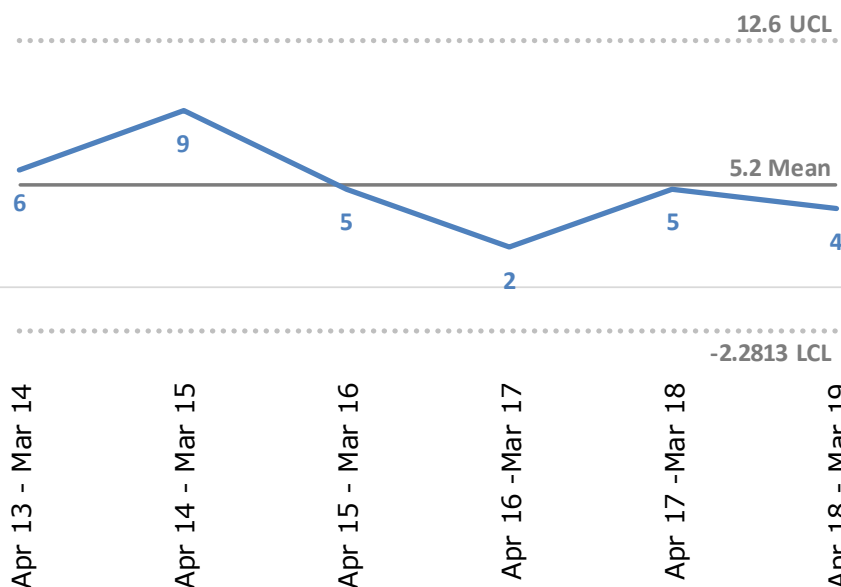
Number of Patient Safety incidents received from 01 Apr 2018 – 31 March 2019 compared to the same period for the previous years
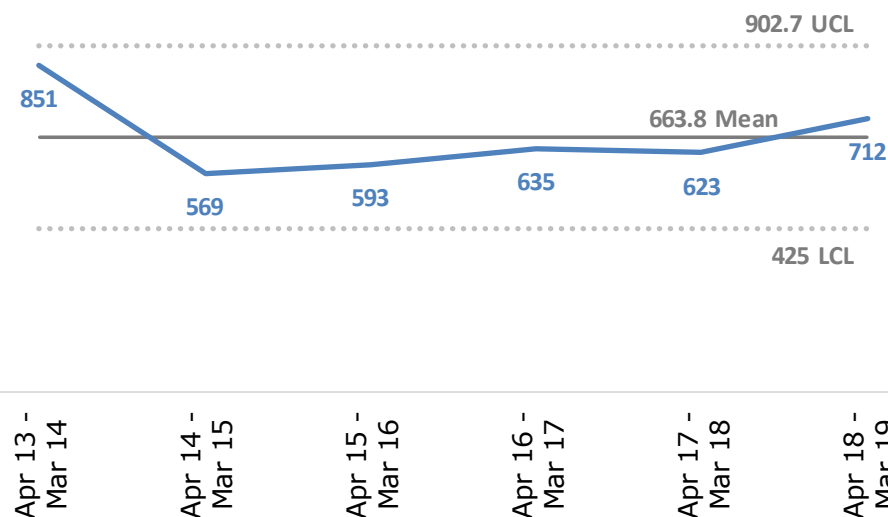
Summary

- For the period 01 April 2018 – 31 March 2019, a total of 63 formal complaints were received, of which 61% (33) were responded to within the 30 working day timescale target and responses exceeded this target. Delays were encountered due to:
  - interval cancer reviews which can take longer than 30 working days
  - delays in receiving consent
  - independent medical expert opinion being sought
  - prolonged investigations due to resource issues
  - delays in completing investigations
  - quality assurance process taking longer than 10 days.
- Up to the end of March 2019, 4 new claims have been received.
- A review of the number of patients and client incidents suggests that the number of patient safety incidents remains relatively stable.
- The ratio of compliments to concerns received for the period 1 April 2018 –31 March 2019 is 25:1

Quality Indicators Performance Dashboard

| | | Behind Schedule | | Early Warning | | On Track | |

Safety	Lead	Directorate	Indicator	Target	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Strategic Priority	Comment
						Timeframe				
QI01	Board Secretary	Governance	Staff concerns (whistleblowing): all Stage 2 and above concerns are logged on confidential database and responded to within agreed timescales (Procedure for NHS Staff to Raise Concerns)	100%	N/A	N/A	N/A	N/A	All	All correspondence received have been dealt with under people policies or other routes. They do not fall under category of staff concerns.
QI02	John Lawson	QNAHP	Serious incidents are reported within 24 hours and investigations completed within 60 working days	90%	N/A	100%	100%	100%	6	
QI03	Karen Williams	POD	All internal / external appointments will receive pre-employment checks, including: right to work; professional registration; occupational health assessments; DBS (as appropriate)	100%	100% (DBS only)	100%	Data not yet available		All	Can only monitor DBS as the rest is collated by Shared Services Q3 and Q4 figures not yet available
QI04	Gill Richardson	PRID	All major Public Health Wales research projects are compliant with the Research Governance Framework (UK Policy Framework for Health and Social Care Research)	No longer collected due to WG no longer capturing this information					7	

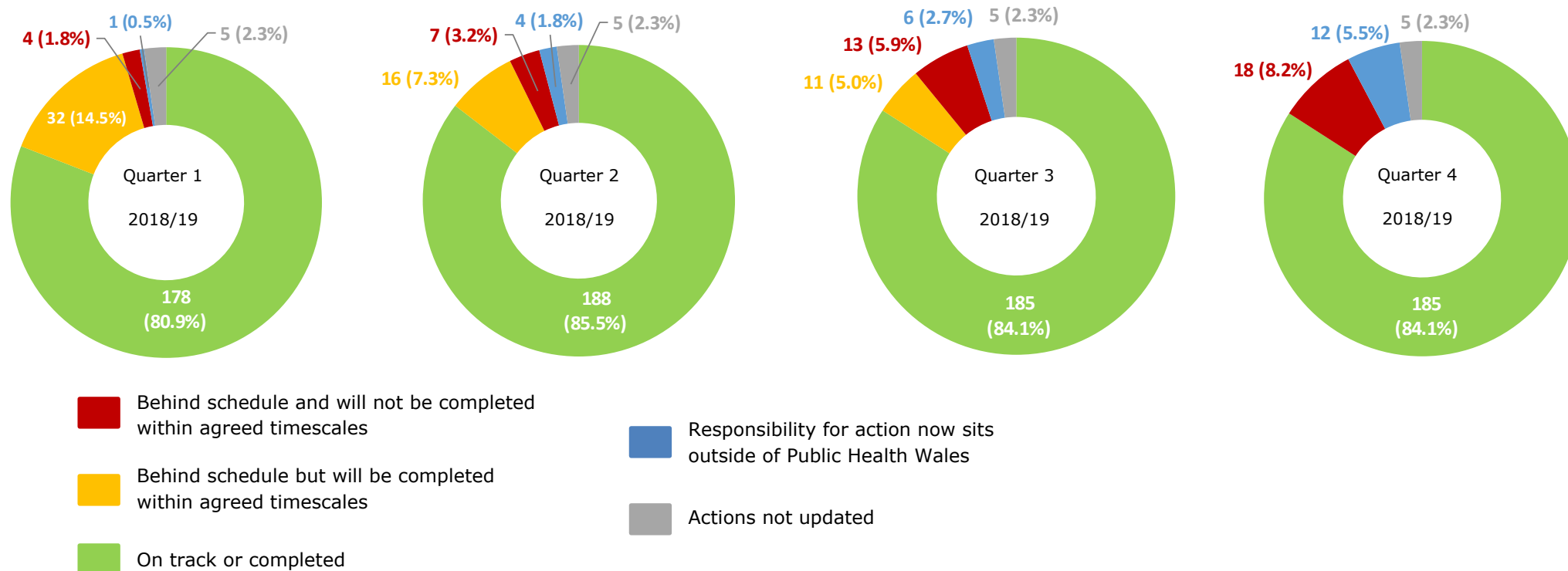| Effective and Timely				Target	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Strategic Priority	Comment
QI05	Board Secretary	Governance	Increase the percentage of approved corporate/trust-wide policies and procedures (excluding all Wales policies) which have not exceeded their review date	75%	43%	57%	62%	70%	All	All policies and procedures for which the review date has passed have undergone a risk assessment. This is reported to the relevant Board Committee. Each Committee scrutinises this to receive assurance that work is underway to bring the policies and procedures up to date.
QI06	Leah Morantz / Chris Jones	Ops & Finance	Enquiries from public, government or stakeholders are acknowledged within 48 hours of the query being raised with a clear indication of a time frame for a response	100%	100%	100%	100%	99.1%	All	In Q4 we received 228 message that required a response. 226 were responded to within 48hrs of receipt. All have now been responded to.
QI07	David Heyburn	PH Services	A reduction in the rate of inappropriate referral to Microbiology for urinalysis (Current level is 20%)	10% over 2 years	20%	35%	35%	35%	5	The trial in Cardiff has been halted due to some ambuiguities in application of the criteria. The pilot in North Wales continues - this is based on the work undertaken by the team in Hywel Dda to provide additional input into the commentary and guidance to referers for urinalysis. National guidance on taking urine specimens is in development and 1000Lives are looking at an improvement workstream with ABMUHB. As such this target is now paused whilst the situation is reviewed.
QI08	Giri Shankar	PH Services	Outbreaks are responded to within the agreed timescales and surveillance undertaken to determine effectiveness of response	100%	100%	100%	100%	100%	5	
QI09	Alisha Davies	PRID	Research permissions granted within 40 days, following a complete submission to Health and Care Research Wales Permissions Team	No longer collected due to WG no longer capturing this information					7	This QI is no longer relevant as the Welsh Government do not require this information
QI10	Linda Davies	QNAHP	Compliance with specific KPIs for Corporate Safeguarding and risk management and infection, prevention and control	100%	100%	100%	100%	100%	All	Compliance with specific KPIs for IPC and Safeguarding is on target. Risk Management KPIs are currently in development and will be piloted within the Directorate. The timescales for the completion of the pilot is the end of March 2019.

Quality Indicators Performance Dashboard

🟥 Behind Schedule   🟨 Early Warning   🟩 On Track

Listening and Learning

				Target	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Strategic Priority	Comment
QI11	Board Secretary	Governance	Ensure the Board and its committees are operating in compliance with the relevant sections of the Public Health Wales' Standing Orders	100%	Reported annually:			Data not yet available	All	Annual Governance Statement provides narrative on compliance of Board and Committees and will be reported to Audit and Corporate Governance Committee on 1 May 2019.
QI12	Tim Hooper	H&WB	Planned products (as identifed within the IMTP) have documented user involvement / feedback in their development	100%	100%	100%	100%	100%	1	
QI13	Lisa Whiteman	POD	Staff have a minimum of 2 formal My Contribution reviews per year, the first being in line with the organisational planning cycle	100%	Reported to Business Executive Team meeting				6	
QI14	Gill Richardson	PRID	Increase in the number of collaborative partnerships, e.g.: national, international enhancing scientific / thought advancement for Wales	20% increase	Reported annually:			40%	6	
QI15	Andrew Jones	PH Services	Improvements from severe or catastrophic concerns within Public Health Services (patient safety incidents, complaints and claims) are shared across the organisation and wider NHS as appropriate and lessons learnt demonstrated	100%	Reported to Quality, Safety and Improvement Committee				6	

Leadership and Culture

				Target	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Strategic Priority	Comment
QI16	Eleri Davies	PH Services	All Consultants have up to date Job Plans and relevant appraisals in place	100%	Reported annually:			100%	5	
QI17	Sarah Morgan	POD	Increase workplace equality index by 10% during 2018/19 (current position = 338th from 434 organisations)	10% Improvement	Reported annually:			173rd / 445	All	Placed 173rd in the Stonewall WEI for 2018/19. Improvement of 165 places (49%)
QI18	Lisa Whiteman	POD	Management and Leadership Development Programme receive positive feedback	100%	Reported annually:			100%	7	
QI19	Genevieve Riley	PRID	All major projects, for example any externally funded projects, those costing in excess of 20k or major IMTP deliverables, will have evaluation plans in place	100%	Reported annually:			100%	7	

Impact

				Target	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Strategic Priority	Comment
QI20	Ciaran Humphreys	H&WB	Evidence of influnce and impact of health intelligenc advice in relation to changes in major national and / or local policy e.g.: Well-being assessments, Obesity Strategy	100%	Reported annually:				1	
QI21	Sally Attwood	Ops & Finance	Sustainability, efficiency and energy use: A reduction in the organisations carbon footprint as set by the Welsh Government (2017/18 baseline: 2.424 tCO2e)	3% annual reduction	Reported annually:				6	Data being reported as part of the annual report 2018/19
QI22	Alisha Davies	PRID	Increase number of peer reviewed publications published in high impact journals (Impact factors are calculated yearly via the Journal Citation Reports (JCR) database)	10% annual increase	Reported annually:			57%	7	57% for period Jan 18 - Dec 18 as this is the period the data is collected.
QI23	Jane Rees	POD	The Silver Corporate Health Standard is achieved in 2018/19, and Platinum Standard by 2020	Silver 18/19	Silver CHS attained June 2018				3	
QI24	Aideen Naughton	QNAHP	Health Boards and NHS Trusts undertake the national pilot of Safeguarding Maturity Matrix	100%	Reported annually:			100%	6	100% HBs and NHS Trusts participated in the pilot and submitted improvement plans with 100% participation of Hbsand NHS Trusts in the peer review workshop November 2018.
QI25	Mike Fealey	Quality Improvement / Patient Safety	NHS wide work programmes undertaken include impact measures and subsequent evaluation	100%	100%	100%	100%		All	

Health & Care Standards Improvement Actions

Legend:

- ■ (red) Behind schedule and will not be completed within agreed timescales
- ■ (yellow) Behind schedule but will be completed within agreed timescales
- ■ (green) On track or completed
- ■ (blue) Responsibility for action now sits outside of Public Health Wales
- ■ (grey) Actions not updated

Quarter 1 2018/19: 4 (1.8%), 1 (0.5%), 5 (2.3%), 32 (14.5%), 178 (80.9%)

Quarter 2 2018/19: 7 (3.2%), 4 (1.8%), 5 (2.3%), 16 (7.3%), 188 (85.5%)

Quarter 3 2018/19: 6 (2.7%), 5 (2.3%), 13 (5.9%), 11 (5.0%), 185 (84.1%)

Quarter 4 2018/19: 12 (5.5%), 5 (2.3%), 18 (8.2%), 185 (84.1%)

Summary

- At the end of quarter 4, actions identified as part of the 2017-18 Health and Care Standard self-assessment: 2.3% (5 actions) were not progressed. 84.1% (185 actions) were completed on target. 8.2% (18 actions) were identified as red and behind schedule/ not completed, and 5.5% (12 actions) were identified as blue and outside of Public Health Wales remit. The reasons identified by Directorates for actions that have not been completed within the agreed timeframe include: Capacity to deliver/ lack of resources; pressures of workload, unrealistic target, and Information Governance / provider Issues.

Health & Care Standards Exception Reports

Red – Behind schedule and will not be completed within agreed timescales								
Ref	**Standard**	**Directorate**	**Improvement action**	**Q1**	**Q2**	**Q3**	**Q4**	**Exception report**
HSC/22	Record Keeping 3.5	Quality Nursing and AHPs	Development of a records management system (links to Standard 3.4)	🟩	🟩	🟧	🔴 ✓	This work is to be completed organisation wide and will require significant resources which we currently do not have
HCS/100	Health Protection, Promotion and Improvement 1.1	NHS Quality Improvement, Patient Safety & 1000 Lives	Increase compliance with statutory and mandatory training to organisational standard of 95%	🟩	🟩	🟩	🔴 ✓	1. Directorate was on track but some staff recently fell out of compliance so currently compliance stands at 93.26%. 2. Impact: Unable to achieve 95% compliance. 3. Next steps: Work with staff to achieve compliance. 4. Timescales: Ongoing
HCS/119	Falls Prevention 2.3	Public Health Services	DESW: Management process of Safe haven and known violent or aggressive patients	🟩	🟩	🟧 ✓	🔴	1. Process in place for service but under reconsideration on a cross programme basis. 2. Inconsistent management of aggressive patients 3. Participate in cross programme work to improve process 4. Early 2019/20
HCS/131	Information Governance and Communication Technology 3.4	Public Health Services	Scope options for the provision of colposcopy imaging software, alongside the national solution being developed.	🟧	🟧	🟧	🔴 ✓	Colposcopy clinics have been surveyed re future requirements. D/w business team has taken place and option to extend maintenance contract rather than replace kit is being explored.
HCS/140	Planning Care to Promote Independence: 6.1	Public Health Services	DESW: External printing transfer of records to printing company	🟧	🟧	🟧 ✓	🔴	1. PHW retender for service supplier during 2019/20, therefore implementation of DESW provision postponed until new supplier confirmed to avoid possible duplication of work. 2. Letter production remains in-house, reducing the capacity for admin team to deal with other call/recall functions

Health & Care Standards Exception Reports

				Red – Behind schedule and will not be completed within agreed timescales				
Ref	**Standard**	**Directorate**	**Improvement action**	**Q1**	**Q2**	**Q3**	**Q4**	**Exception report**
								3. Revisit implementation plan once new supplier known to ensure no change to planned working practices 4. Q3 2019/20 following new contract award
HCS/145	Workforce: 7.1	Public Health Services	Investigation needed to establish how many frontline staff have 'meet and greet' Welsh Language Skills and how staff are supported to learn or improve their Welsh language skills.	✓				1. On 30 November 2018 the organisation received its Welsh Language Standards Compliance notice. Public Health Wales is currently assessing its compliance against 112 standards, which cover areas beyond language skills of front line staff. 2. At this point Screening Division it seems unlikely that we will meet the 95 standards required of us by 30 May. 3. The next steps are to identify areas of concern at divisional level and prioritise, working closely with Caren Prys Jones, with the Directorate and Executive Team as significant elements within the standards need to be addressed at an organisational level not just within division. 4. We have completed our first assessment on 22.3.19, have begun implementation of the resulting action plan, which includes supporting staff in the Welsh language skills pertinent to their role. We will report to DLT on 16.4.19.
HCS/172	Managing Risk and Promoting Health and Safety 2.1	Public Health Services	Hazard lists for each laboratory (in the event of an incident) to be compiled			✓		1. Master list of hazards needed for every laboratory 2. May be a delay in recognising hazards if an emergency occurred 3. Tasked to H&S lead and deputy 4. Timescale increased to 12 months
HCS/178	Medical Devices, Equipment and	Public Health Services	Ensure all competency records are up to date		✓			1. Pressures of workload to ensure competencies are signed off. 2. No written assurance that some staff are competent to undertake tasks.

Health & Care Standards Exception Reports

				Red – Behind schedule and will not be completed within agreed timescales					
Ref	**Standard**	**Directorate**	**Improvement action**	**Q1**	**Q2**	**Q3**	**Q4**		**Exception report**
	Diagnostic Systems: 2.9			🟧	🟥	🟥	🟥		3. Coordinated network approach to competency assessment with a timescale set by Regional Training leads. Regular review of progress and reporting to Microbiology SMT. 4. Timescales are specific for each laboratory but a further 6 months is required and the target has been amended.
HCS/181	Quality Improvement, Research and Innovation 3.3	Public Health Services	Promote training to junior staff in research methods and scientific writing	🟧	🟧	✓ 🟥			1. Is linked to HCS1802. 2. Training and engagement will continue in a less structured manner 3. Establishment of Lead and Group towards end of Q3 and impact on HCS181 4. First meeting before end of June 2019
HCS/183	Timely Access: 5.1	Public Health Services	Improvement in numbers of samples with delayed processing at weekends and evenings	🟧	✓ 🟩	🟥	🟥		1. Lack of staff to fill rotas at weekends and evenings 2. Turnaround times are not being achieved in some laboratories although there are signs of improvements in some areas. 3. Staff are undergoing training and competency assessments in order to be able to work in areas where needed. Locum staff employed in some areas. 4. Ongoing monitoring and reporting to SMT
HCS/184	Workforce: 7.1	Public Health Services	Ensuring staff are up to date with completion of relevant competency assessments.	🟧	✓ 🟥	🟥	🟥		1. Pressures of workload to ensure competencies are signed off. 2. No written assurance that some staff are competent to undertake tasks. 3. Coordinated network approach to competency assessment with a timescale set by Regional Training leads. Regular review of progress and reporting to Microbiology SMT. 4. Timescales are specific for each laboratory but a further 6 months is required and the target has been amended.

Health & Care Standards Exception Reports

Ref	Standard	Directorate	Improvement action	Q1	Q2	Q3	Q4	Exception report
**Red – Behind schedule and will not be completed within agreed timescales**								
HCS/186	Workforce: 7.1	Public Health Services	Ensure staff schedule in 6 monthly My Contribution review		✓			1. Slippage in My Contribution reviews in some of the laboratories although some improvements also seen. Some staff are awaiting training 2. Backlog of reviews 3. Undertake training and schedule reviews 4. 6 months
HCS/194	Managing Risk and Promoting Health and Safety 2.1	Operations and Finance	Develop Estates and Health and Safety strategies.			✓		1. Cause: With the development of the long term strategy a similar approach has been agreed and is being applied to the Estates and digital strategies and aligning them to the long term strategy. A Health and Safety strategy has been drafted. 2. Impact: No operational impact 3. Next Steps: Scoping and engagement work has commenced for the long term Estates and Digital strategies. The Health and Safety Strategy will be presented to Health and Safety Group prior to approval. 4. Timescales: The long term estates and digital approach to be taken forward as part of target operating model and following recommendations from Informatics review taking place in June 2019. The Health and Safety strategy will be completed by Q1 2019/20.
HCS/198	Falls Prevention: 2.3	Operations and Finance	Implement Slip, Trip and Fall Procedure		✓			1. Cause: This action should have been planned for completion in Q4 as opposed to Q2 2. Impact: No operational service impact 3. Next Steps: Procedure is currently out for consultation and will be considered for approval by Health and Safety group on 4 June 2019. 4. Timescales: Published by end of quarter 1 2019/20
HCS/199	Medical Devices,	Operations and Finance	Initiate a process to provide comprehensive				✓	1. Cause: The request for a provider to undertake an audit of our assets across Public Health Wales was considered

Health & Care Standards Exception Reports

**Red – Behind schedule and will not be completed within agreed timescales**
Ref	**Standard**	**Directorate**	**Improvement action**	**Q1**	**Q2**	**Q3**	**Q4**	**Exception report**
	Equipment and Diagnostic Systems: 2.9		asset registration to ensure that assets are being actively monitored.	🟧	🟥	🟥	🟥	for investment in early 2018. The request was not agreed as it was determined there were already systems in place for managing our assets and the benefit of commissioning an external provider was not fully understood. 2. Impact: No operational impact. Public Health Wales maintains asset registers and each register has a manager who is responsible for the ongoing monitoring and updating. Through this mechanism any potential equipment failures and impacts to services are identified and mitigated as required. If issues are identified in year, these are considered by the Capital Planning Group (if over £5k and meets the definition of capital expenditure) and plans are re-prioritised accordingly. 3. Next steps: Action to be closed as alternative mechanisms are available (outlined above) to ensure assets are effectively monitored. 4. Timescales: Action to be closed.
HCS/201	Medical Devices, Equipment and Diagnostic Systems: 2.9	Operations and Finance	Identify process for pre-planned maintenance of equipment primarily in key areas	🟧	🟥	🟥 ✓		Dependent on HCS/1 99 (see above). Maintenance contracts in place for equipment. Working with procurement to capture all contracts for planned preventative maintenance. For all new equipment we ensure contracts are in place which include maintenance.
HCS/222	Managing Risk and Promoting Health and Safety 2.1	People and OD	Improve Statutory and Mandatory Training Compliance rates to 100%	🟩	🟩	🟥	🟥 ✓	Action needs to be closed - 100% target is not achievable (LTS, parental leave) and is over the internal target of 95%, monitored via IPR
HCS/224	Workforce: 7.1	People and OD	Identify / engage Professional Leads and establish Forums to support a pan-	🟩	🟩	🟧 ✓	🟥	1. Cause: further development work required to engage SLT on the approach – unable to table in Q4 owing to changes in the OD team structure and responsibilities 2. Next steps: roles to be filled in the OD team with this

Health & Care Standards Exception Reports

				Red – Behind schedule and will not be completed within agreed timescales				
Ref	Standard	Directorate	Improvement action	Q1	Q2	Q3	Q4	Exception report
			organisational approach to development following on from LNA					being highlighted as priority work. Re-engage SLT by end of Q1 and/or in line with strategic plans to develop new/matrix ways of working 3. Impact: Owing to the 'light' approach to workforce planning in 2018/2019 and the establishment of HEIW, there wasn't the desire to nor education to support workforce planning by profession. 4. Timescales: roles filled by end of April and attendance at May SLT (dates pending)

				Blue - Responsibility for action now outside of Public Health Wales				
Ref	Standard	Directorate	Improvement Action	Q1	Q2	Q3	Q4	Exception report
HCS/02	Governance and Accountability	Quality Nursing and AHPs	Evaluate CEHR project planning and impact using the logic model approach				✓	CEHR has now been dissolved as agreed with the Welsh Government. New actions will be identified as per QNAHP Directorate
HCS/24	Dignified Care 4.1	Quality Nursing and AHPs	Working with Public Health Wales to improve deaf communities accessibility to the concerns process			✓		This is now being taken forward on an All Wales basis by the listening and learning group

HSC/25	People's Rights 6.2	Quality Nursing and AHPs	Further embed the United Nations Conventions on the Rights of the Child (UNCRC) across the organisations by the means of developing an action plan following a series of workshops				✓	1. Cause: The Wellbeing of Future Generations Commissioner and the Children's Commissioner for Wales have developed an on-line toolkit for organisations to assess compliance. Further preparation and planning is required to agree an organisational approach. 2. Impact: Awaiting further correspondence with executive lead 3. Next Steps; Awaiting decision on the way forward 4. Timescale: decision for the way forward should be decided by the end of June
HSC/26	People's Rights 6.2	Quality Nursing and AHPs	Develop understanding of the Social Model of Disability and Independent Living Framework through a lunch and learn session				✓	This work has been commissioned from an external source and they have fallen behind schedule and is now anticipated in April 2019
HCS/30	Workforce: 7.1	Quality Nursing and AHPs	CEHR to further embed the Logic Model approach to continue to improve its contribution to project planning and evaluation				✓	CEHR has now been dissolved as agreed with the Welsh Government. New actions will be identified as per QNAHP Directorate.
HCS/32	Governance and Accountability	Governance	Explore software available for management of registers e.g. policy register			✓		1. Cause - Software being trialled by Shared Services and other NHS organisations. 2. Impact - Delay in implementing software for managing registers 3. Next Steps - Awaiting results of trial before progressing in Public Health Wales 4. Timescales - reliant on other agency
HCS/116	Managing Risk and Promoting	Public Health Services	DESW: Acknowledgement of			✓		1. Processes in place but inconsistent response by LHBs means that some referrals are still not acknowledged

	Health and Safety 2.1		receipt of referrals at Hospital Eye Service	🟩	🟩	🟧	🟦	2. Additional manual processes in place within DESW to ensure safe handover and address failure of acknowledgement by some services, with consequential impact on DESW staff time. 3. Continued engagement with LHB clinical colleagues via annual meeting to encourage good practice. Engagement with LHBs as part of wider LTA discussions to support more consistent responses. 4. Implementation in progress, expected full compliance during Q1 2019/20.
HCS/127	Information Governance and Communication Technology 3.4	Public Health Services	DATIX – ensure users understand and consistently use the data quality tick box, may need development to allow reports to be extracted using this data item	🟧	✓			DATIX is a national product that can only be changed nationally for all Health Boards. We've requested the functionality but we can't directly build it.
HCS/128	Information Governance and Communication Technology 3.4	Public Health Services	Identify, develop and implement a national solution to Validate GP registers with DESW	🟥			✓	Electronic solution under development via NWIS. DESW actively engaged with process but not leading on this.
HCS/150	Infection Prevention and Control (IPC) and Decontamination 2.4	Public Health Services	Clearer Occupational Health Policy for HCAI when staff working with public/patients and at risk environments. Occupational clearance and/or exclusion of infected staff needed, pathway to follow up of exposed staff,	🟦	✓			1. Cause: we have been unable to progress due to the responsibility of this work being held with the Health Boards 2. Impact: programme of work will be continuing outside of the sphere of Public Health Wales 3. Next steps: Public Health Wales will offer help and advice to the Health Boards where needed 4. Timescales: this area of work will not progress

ID	Standard	Owner	Action					Comments
			completed occupational assessment for vaccination and immunisation for visiting and new staff.					
HCS/171	Managing Risk and Promoting Health and Safety 2.1	Public Health Services	Delivery of Risk register training locally for Managers		✓			1. Datix module currently being reviewed. 2. Delay in provision of training. 3. Awaiting outcome of review although ongoing review of risks locally and at SMT. 4. Awaiting confirmation.
HCS/223	Information Governance and Communication Technology 3.4	People and OD	IG Training compliance				✓	Action needs to be closed - Information Governance and IT Security training compliance is recorded, monitored and reported within HCS/223

Health & Care Standards Exception Reports

				Grey– Not progressed					
Ref	**Standard**	**Directorate/ Division**	**Improvement action**	**Q1**	**Q2**	**Q3**	**Q4**	**Exception report**
HCS/203	Safe and Clinically Effective Care 3.1	Ops and Finance Comms	Review of the literature being made available for the public in a variety of easy read formats to assist individuals with sensory loss					Action closed. Communication team worked closely with the Service User Experience Lead to ensure all public documents are available in a variety of accessible formats. A review of literature was not required.
HCS/213	Learning and Listening from feedback 6.3	Ops and Finance Comms	Expand with the support of the Communications team to include all of the Directorate					Action closed due to uncertainty over the wording of the action.
HCS/23	Dignified Care 4.1	Quality Nursing & AHP	Link with the Listen and Learning Group to highlight the issues raised by BSL about the deaf community inaccessibility to the concerns process				✓	This was given an incorrect RAG rating which should have been Green. This work has now been completed.
HCS/202	Medical Devices Equipment and Diagnostic Systems 2.9	Quality Nursing & AHP	Audit compliance to procedure notes	✓				Action closed. Through the Estates Health and Safety Division and Health and Safety Group compliance with procedures is continually monitored and action taken accordingly.
HCS/113	Managing Risk and Promoting Health and Safety 2.1	Public Health Services Screening	Division-audit of lessons Learnt			✓		Interpreted in error as an area for improvement, whereas it is a method for improvement.

Overview of Finance performance – Month 12

1.   Introduction and Context

The purpose of this report is to provide a high-level summary of the 2018/19 revenue financial performance for Public Health Wales to the Executive Team and the Board. The year-end reporting deadline for accounts submission is 26th April 2019, followed by final audited accounts submission deadline of 31st May 2019. This means that this position is currently draft and when finalised, a detailed financial performance report will be submitted to Executive Team and the Board.

2.   Summary of Key Financial Performance

The attached report has been produced following submission of the unaudited position to Welsh Government as required on working day 5, and the table below highlights the performance against the key revenue financial targets.

Key Target	Projected Year End £000s	Cumulative to Date £000s	Risk
Balanced Revenue Outturn	Balance	£43k surplus	Green
Achievement of Planned Savings	£2.198m	£2.198m	Green
Public Sector Payment Policy (PSPP) 95% Target	95%	96.05%	Green

3.   Financial Position

The cumulative reported position is a net surplus of £43k, and is summarised in the table below:

Cumulative Financial Position

Type	Cumulative Budget £000s	Cumulative Actual £000s	Cumulative Variance £000s	% Variance
Income	-136,362	-137,000	-638	0.47%
Pay	84,383	82,821	-1,562	-1.89%
Non Pay	51,979	54,136	2,157	3.98%
Grand Total	0	-43	-43	

4. Financial Performance by Directorate

Directorate	Cumulative Budget £000s	Cumulative Actual £000s	Cumulative Variance £000s		Cumulative Variance M11 £000s
Public Health Services	46,938	47,292	354		393
Health and Wellbeing	24,679	24,398	-281		-563
Policy, Research & International Devt	2,499	2,488	-11		0
Quality Improvement and Patient Safety	3,673	3,673	0		-25
Quality Nursing and Other Allied Profs	2,310	2,209	-101		-134
Operations and Finance	7,688	7,717	29		82
Workforce and OD	1,541	1,517	-24		-89
Board and Corporate	1,764	1,765	1		-8
Central Budgets	-91,208	-91,216	-8		353
Hosted Organisations	0	-2	-2		0
ACE's Hub Directorate	116	116	0		-24
Grand Total	**0**	**-43**	**-43**		**-14**

Public Health Services: £ 354k over-spend

There are a number of significant variances contributing to the Public Health Services position. Microbiology Pay is showing an over spend against agency costs £852k due to agency consultants in North Wales and agency biomedical scientists. Microbiology Income is reporting an over-achievement (£156k) as a result of over-activity. Under-spends against pay in Screening (£321k) are due to challenges in recruiting consultants in Breast Test Wales and vacancies held in Diabetic Eye Screening pending a management restructure.

Health and Wellbeing: £281k under spent

The under spend can be attributed to a number of areas. Consultant vacancies throughout the year in the Local Public Health Teams (£266k), Primary Care underspend from Optometric Team (£38k), and (£64k) in Primary Care Management Team due to vacancies following a structure review early in the financial year. Slippage on planned expenditure (£75k) alongside the planned underspend on Health Improvement (£80k) have offset the over spend within the Health and Wellbeing Admin division 209k, which includes an element relating to the strategic review (SHIFT project).

Policy, Research and International Development: £11K under spent

This is as a result of planned expenditure being less than anticipated due to the accounting treatment of a prepayment.

Quality Improvement and Patient Safety: Break even

Quality Improvement and Patient Safety has broken even as per in year projections

Quality Nursing and Other Allied Professions: £101K under-spend

Pay is under-spent by (£212k), predominantly due to a number of vacancies within the Safeguarding Division and Centre for Equality Human Rights. Non-pay is over spent by £130k within the Nursing Division, and includes Royal College of Nursing sponsorship, Annual Quality Statement design and print, delivery of the PHW flu campaign and spend associated with the Youth Summit.

Operations and Finance: £29K over-spend

The overall Directorate position is an over spend of £29k. Pay is showing an under spend of (£96k) due to vacancies across all divisions. Non-pay is £130k over spent which is predominantly in Estates £120k, due to increased costs associated with Matrix House, St Davids and increased rates and service charges within CQ2.

People & Organisational Development Directorate: £24K under-spend

The overall Directorate position is an under spend of £24k. Pay is under spent (£28k) due to two vacant posts and a maternity leave.   Non pay is over spent by £6k due to funding a recruitment conference.

Board and Corporate: £1K over-spend

The overall position is an over spend of £1k. Pay underspends (£18k) due to a vacant band 7 and maternity leave have offset a non-pay over spend £19k due to recruitment costs for an Executive Board Member.

Central Budgets: £8K under-spend

The overall position is an under spend of £8k. Central Budgets include Core Income, Welsh Risk Pool, and Investment budgets. Included in this position are accruals for taxable expenses, VAT recovery on secondments and increased VAT liability following HMRC assessments.

Hosted Organisations/Adverse Child Experiences Hub

Public Health Wales hosts the NHS Wales Collaborative, Finance Delivery unit and ACEs hub, the position as at month 12 for each of the hosted organisations is breakeven.

5. Savings

As part of 2018/19 budget strategy each Directorate was tasked to find 1% cost reductions and efficiency savings from their overall budgets. The identified savings were removed from the budgets and re-invested to support Directorate plans. The total savings found equated to £2.198m and the table below sets out how these savings were re-invested.

Directorate	Savings Found	Investment
Board & Corp	-31	Re-investment in Board Development
Central	-449	Included as part of the investment funds as part of our budget strategy
Health & Wellbeing	-228	Pay - Additional WTEs of 5 (Health and Wellbeing Management 1, Health Improvement 1 & Health Intelligence 3) costing £193k. Non Pay - £35k re-invested to cover Winter pressures and additional software requirements
Ops & Finance	-97	2 new band 6 posts (Performance Analyst & Project Manager) and additional non pay spends
People & OD	-32	Additional non pay spends associated with Welsh Language Translation & Training, Graduate scheme, Values & Awards & the creation of a diversity & inclusion non pay budget
PHS	-1,208	Pay - Additional WTEs of 37.9 (Microbiology 27.4, Health Protection 4, Screening 6.5) costing £1.179m. Non pay - £249k re-invested across the Directorate to realign budgets to updated expenditure plans. Income - £220k additional income generation targets to better reflect activity levels.
PRID	-83	Contribution to Deputy Director and Policy Lead posts. Research into Stay Well and Time to Move initiatives
Quality & Service Improvement	-36	Re-invested to cover non pay pressures
Quality, Nursing & AHP	-35	New band 7 post
Grand Total	-2,198	

The final Financial Performance Report will include:-
- Details of financial performance, including the actual year-end outturn against forecast, by Directorate;
- Pay analysis, which include significant pay underspends and summary of agency expenditure;
- Balance sheet and cash flow summary including movement from opening balances,
- Summary of capital expenditure against plan.

End of year review of performance:

Well-being of Future Generations (Wales) Act 2015 and well-being objectives

Author: Richard Lewis, Ioan Francis, Cathy Weatherup, Malcolm Ward, Sumina Azam

Case studies: Tracy Black and Andrew Richardson

Date: 15 May 2019	**Version:** v1b

Publication/ Distribution:
Public Health Wales Board

Review Date: N/A

Purpose and Summary of Document:
To provide an update on Public Health Wales' response to the Well-being of Future Generations (Wales) Act 2015 and progress towards its well-being objectives, as part of the end of year (2018-19) Performance Report.

Work Plan reference:
Strategic Priority/Well-being Objective: 1, 2, 3, 4, 5, 6 and 7

1   Purpose

To provide an end of year update on Public Health Wales' response to the Well-being of Future Generations (Wales) Act 2015 and organisational progress against well-being objectives.

2   Background

The Well-being of Future Generations (WFG) Act came into effect on 1 April 2016. In March 2018, Public Health Wales merged its strategic priorities and organisational well-being objectives within the context of the new Long Term Strategy and alongside a refreshed well-being statement[1], which was subsequently highlighted as best practice by the Future Generations Commissioner.

Image: Public Health Wales' well-being statement

3   The Health and Sustainability Hub

The Health and Sustainability Hub supports Public Health Wales to meet its duties in the Act and to maximise opportunities afforded by the Act.

3.1   Supporting an organisational response
3.1.1 Raising awareness and understanding

The Hub undertakes considerable staff engagement to raise awareness and understanding of the opportunities and challenges of implementing the Act, for example through 75 'engagements' in 2018-19 across all Directorates;

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[1] Public Health Wales' Well-being Statement (2018): www.wales.nhs.uk/sitesplus/888/page/89658

by working closely with corporate leads for support functions; by presenting at the 'Welcome, Engage, Network, Develop' events; and through piloting two 'health and sustainability mini-market' events to engage colleagues in Microbiology Laboratories (University Hospital of Wales and Singleton Hospital). Further sessions are planned across Wales after reflecting on feedback.

3.1.2 Improving environmental sustainability

The Hub is supporting the delivery of Public Health Wales' environmental sustainability programme, including chairing the 'Leadership, Engagement and Learning' working group (one of the five working groups to implement the programme). Going forward, the environmental sustainability programme will benefit from support available to the public sector outlined in the Welsh Government's low carbon delivery plan ('*Prosperity for All: A Low Carbon Wales*', published March 2019), including a decarbonisation dashboard and toolkit. *A Low Carbon Wales* requires organisations to work towards a range of proposals including changing fleet vehicles to ultra-low emission and separating recyclable waste to comply with forthcoming regulations.

Spotlight on our environmental sustainability in 2018-19

- Creation of 'monitoring and evaluation' working group to report on baseline data and progress through initiatives
- Consolidation of energy suppliers from five companies to one provider, which will improve the collection of data and reporting
- 26 members of staff purchased bikes through the Cycle to Work Scheme (unchanged from 2017-18)

Annex 1 provides some further examples of activity being progressed through the programme.

3.1.3 Public Health Wales' Biodiversity Plan

The Hub has drafted and co-ordinated Public Health Wales' Biodiversity Plan ('*Making Space for Nature*') to maintain and enhance biodiversity and promote the resilience of ecosystems, which was approved by the Senior Leadership Team in March 2019. The plan is a statutory requirement in the Environment (Wales) Act 2016, and its delivery and reporting will also be supported by the Hub (the first report is required by the end of 2019).

3.2 Enabling a collaborative approach

3.2.1 Memorandum of Understanding with Natural Resources Wales

A Memorandum of Understanding has been developed between Natural Resources Wales and Public Health Wales to enable greater collaboration and to add value to existing ways of working, to support a joint approach to the delivery of well-being objectives. Following Board approval in March 2019, a work plan is being developed by a bilateral steering group.

3.2.2 Participating in wider networks

The Hub is participating in a range of networks to identify opportunities for working collaboratively to deliver shared outcomes, including Sustainable Development Co-ordinators' Cymru (SDCC+), National Public Bodies Network, and Cynnal Cymru-Sustain Wales.

The Hub collaborated with the Office of the Future Generations Commissioner and Betsi Cadwaladr University Health Board on a 'Live Lab' programme of work to explore the practical implications of the Act and support innovation, transformation, and organisational culture change. The 'Live Lab' collaboration is now focusing on the theme of childhood obesity, with input from a range of colleagues from across different Directorates in Public Health Wales.

4 How has the Act made a difference?

4.1 Measuring our progress to date

Strengthening performance management and reporting arrangements has been identified as one of the key areas for development to support delivery of our long term priorities. The decision to align the well-being objectives with our strategic priorities represents our statement of intent of how our organisation is responding to the public health challenges and opportunities that we face.

The stronger alignment allows our ongoing monitoring and reporting of the well-being objectives to show a clear link to how our organisation reflects its unique contribution to the seven well-being goals.

Figure 1 shows the latest performance against each of the well-being objectives/strategic priorities at the end of 2018/19. At least 80% of actions were completed for the following well-being objectives: *Securing a healthy future*; *Protecting the public*; *Health and care system focused on*

prevention; and *Building & mobilising knowledge and skills.* The proportion of actions completed ranged from 86% (*Health and care system focused on prevention) to* 61% (*Promoting healthy behaviours).*

We will continue to assess our progress in delivering our well-being objectives/strategic priorities as well as building on established organisational processes to strengthen our ability to reflect our contribution to the WFG Act.

Through our internal performance review arrangements, emphasis continues to be placed on how Directorates are embedding the 'five ways of working' in the WFG Act. We also highlight the progress that we make at our bi-annual Joint Executive Team accountability meetings with Welsh Government.

To strengthen our ability to report progress against the WFG Act, work will be taken forward through our refreshed Performance Management Framework. This sets out our expectations for performance delivery as well as our vision for performance management and reporting aligned to our long term priorities.

Figure 1: Performance against well-being objectives, 2018/19

■ Completed   ■ Not completed within agreed timescales   ■ Responsibility now sits with an external agency

Influencing the wider determinants of health

Well-being Objective 1

76% **14%** **11%**

37 actions

Improving mental well-being and resilience

Well-being Objective 2

71% **21%** **7%**

14 actions

Promoting healthy behaviours

Well-being Objective 3

61% **35%** **3%**

31 actions

Securing a healthy future

Well-being Objective 4

81% **13%** **6%**

16 actions

Protecting the public

Well-being Objective 5

84% **12%** **4%**

25 actions

Health and care system focused on prevention

Well-being Objective 6

86% **7%** **7%**

73 actions

Building & mobilising knowledge and skills

Well-being Objective 7

81% **9%** **9%**

54 actions

4.2   Case studies

Public Health Wales' end of year performance reviews have collected a number of case studies which provide examples of activities that contribute to embedding the sustainable development principle. These case studies are highlighted in *Annex 2*, alongside two more detailed examples (development of the 'National Infection Service for Wales' and the production of the '*Brexit* Health Impact Assessment').

5   Looking forward - Embedding sustainable development: everybody's business

In addition to ongoing communications, collaborations and engagement work across the organisation to further raise awareness and understanding of the Act, examples of broader work underway or planned to embed sustainable development include:

5.1   'Be the Change' movement/campaign

'Be the Change' e-guides and e-posters offer *sustainable steps* to challenge staff to reduce their negative impacts and maximise positive impacts across the well-being goals, and link to the organisation's supporting services and policies. The themes support the four pillars of sustainable development, and include a range of issues of both Welsh and global concern, with current products including:

e-guides

- '*Walking our talk*' – active and sustainable travel
- '*Reducing our waste measurements*' – reducing energy use and waste
- '*Creating inclusive workplaces*' – supporting diversity and inclusion
- '*Sustainability on the agenda*' – delivering sustainable meetings and events
- '*A healthy heritage*' – giving vibrancy to health and well-being through the arts, culture and Welsh language
- '*Cue card*' on the five sustainable ways of working

e-posters

- Procuring Fairtrade tea and coffee
- Consuming from reusable coffee cups
- 'Essentials' of Well-being of Future Generations (Wales) Act 2015
- Reducing/removing plastic items in the workplace

Image: A selection of 'Be the Change' e-guides

Further resources will be produced in 2019-20, including an e-guide to encourage all staff to support the delivery of the organisation's biodiversity plan.

The Hub has also co-organised some '*Act*ion' events to provide staff with unique opportunities to model a specific behaviour/s in the e-guides. Previous activities have covered multi-faith visits, British Sign Language introductory sessions, and group litter-picking for the 'Time to Move' physical activity initiative.

The team has also created the 'Well-being Goals Challenge', which challenges staff to seven days of modelling a sustainable behaviour, from a menu consisting of a low-carbon diet, reducing waste, green travel, and ethical consuming. Further events and challenges will be organised, following their popularity amongst teams across the organisation.

In light of the potential to reach the wider public sector workforce in Wales, the Hub is engaging other public bodies/organisations in this movement for individual-level behaviour change. The first 'Be the Change' collaboration

has been formed with the Welsh Government and Natural Resources Wales to co-produce an e-guide on biodiversity, which will have a potential audience of over 200 public authorities in Wales through the Environment Act.

5.2   SIFT tool

The Hub is continuing to develop the '*Sustainability Improvements for Teams*' (SIFT) tool following nine tests to-date in Public Health Wales, Betsi Cadwaladr, Aneurin Bevan and Swansea Bay University Health Boards. One test, with Sport Wales, presented an opportunity to examine whether the tool is effective in facilitating change in another sector. The tool was presented at the NHS Wales long-term planning event in March. A session was also held in April 2019 with the International Futures Forum to pilot a set of prompt cards which will provide teams with additional stretch, particularly for dealing with complexity.

5.3   Sustainable environments

In January, working with Natural Resources Wales, the Hub delivered a seminar (at University Hospital Llandough) around the opportunities for increasing access to green space on or near to NHS Wales land, for NHS Wales Directors of Planning, Directors of Public Health and Directors of Estates, alongside wider stakeholders. An e-guide has also been produced to support NHS Wales' health boards and trusts to comply with the Biodiversity Duty in the Environment Act.

5.4   Supporting 'long-term thinking and working'

A national conference, '*Shaping Our Future in Wales*' was held in March 2019, in collaboration with Public Health Network Cymru, Office of the Future Generations Commissioner and Welsh Government. The event was attended by decision makers in the public sector, with presentations including the Dutch National Institute for Public Health and the Environment, and the School of International Futures, alongside a series of workshops.

5.5 Contributing to a healthy heritage

Together with Public Health Network Cymru and the Arts Council of Wales, a number of events are being organised for arts and cultural organisations to showcase their sustainable development work and the links to maximising physical and mental health and well-being (to be held in Quarter 1 2019-20).

5.6 Literature Review

A literature review has been commissioned to provide a summary of the evidence and a guide for all public bodies within Wales, and any organisation internationally, seeking to respond to the challenge of making the five sustainable ways of working a reality. The report is due to be published in Quarter 1 2018-19.

5.7 Co-ordinating responses to Future Generations Commissioner

The Hub worked with the Strategy and Planning Team to complete the 'Self-Reflection Tool' to provide the Future Generations Commissioner with the organisation's progress towards meeting its well-being objectives, based on the 2017-18 Annual Report.

The Office of the Future Generations Commissioner's 'Art of the Possible' programme is a partnership approach to shining a light on work that is improving well-being in communities across Wales, and is divided into two main parts:

- '**Simple changes**' which consist of an initial 80 steps that organisations should action

- '**Journey checkers**' which set out the steps public bodies should take as they progress on their journey from the 'simple changes' above to 'being adventurous' to 'leading the way' (transformational change), applicable to each of the seven well-being goals and the 'involvement' way of working

The Hub has co-ordinated Public Health Wales' response to the consultation on the 'journey checkers', as well as providing an up-date on how the organisation is adopting the 'simple changes'. The team will continue to support Directorate Business Leads and the Strategy and Planning and Communication teams on 'Art of the Possible'. We consider that our 'Be the Change' e-resources complement 'Art of the Possible' in many ways and embrace the call for action at a number of levels, with a clear read across to our (internal) environmental sustainability programme.

5.8 Working with key stakeholders in Wales and Europe

The Hub is working with a number of teams in the Welsh Government to share learning and resources in responding to the Act, including advocating the adoption of the SIFT Tool and 'Be the Change' by a wider audience. This work also includes contributing to the voluntary national review on implementing the United Nations Sustainable Development Goals.

5.8.1 Joint Action on Health Equity Europe (JAHEE) Programme 2018-21

Wales has committed to participating in the Joint Action on Health Equity Europe (JAHEE) Programme over the next three years as part of its ongoing commitment to international engagement on the health inequalities agenda. Wales is the only UK country participating, with the Welsh Government leading on Wales' input. Public Health Wales is contributing to two work-packages on 'Governance' (being led by the Hub) and 'Health and Migration'.

A total of 25 countries are participating in JAHEE, which represents an important opportunity for countries to work jointly to address health inequalities and underlying wider determinants of health. The general objective of the project is to improve the health and well-being of EU citizens and achieve greater equity in health outcomes across all groups in society.

5.9 National Milestones consultation

At the start of the Act, Welsh Ministers set national indicators to measure progress towards achieving the well-being goals. Ministers must also set national milestones to show expectations of what the indicators should show at certain points in the future. The Welsh Government conducted a consultation exercise on setting these milestones, which closed in April. Public Health Wales' Observatory co-ordinated the organisation's response.

6 Recommendations

The Board is asked to:

- Note activity and progress in responding to the WFG Act and meeting the organisational well-being objectives
- Endorse and support the products being developed by the Hub for the organisation and wider public bodies

Annex 1: Examples of work in Public Health Wales' environmental sustainability programme

Working Groups are undertaking a range of activities including:

'Monitoring and Evaluation'

- Scoping work to report on three Public Health Wales measures (business miles, energy consumption and waste) in a user-friendly format for staff. The use of I.T. to communicate regular up-dates (for example, Microsoft Surface Hubs) is being explored.

'Leadership, Engagement and Learning'

- Communicating the 'Be the Change' resources to teams across the organisation, including local public health teams. Over 30 staff took part in the first 'Well-being Goals Challenge'.

'Green Travel'

- Developed green travel Intranet pages which include communication of supporting policies/services for staff: cycle to work scheme, 20p cycle and 5p car-passenger reimbursements for business mileage, and interest-free loans to purchase annual bus/train tickets.

'Plastics reduction'

- Working to reduce single-use plastics in Public Health Wales through procurement initiatives and a focus on reducing, reusing and recycling.

'Buildings, Energy and Waste'

- Review and improve current systems including energy providers, waste and refuse generation and disposal, and future planning for estates.

Additionally 'Sustainable procurement is being progressed through the 'Procurement Champions' internal group. The work-plan will include the sustainability of Public Health Wales' meetings and events'.

Annex 2: Case studies

1. National Infection Service for Wales (Public Health Services)

Long term	The work to stabilise and transform microbiology services is balancing the short-term needs to sustain the service with the long-term needs of the population of Wales. A new National Infection Service for Wales will address the infection and logistic challenges identified for the next decade, and deliver a world-class, exemplar, national service for the prevention, management and control of infection at individual patient, local community and all-Wales level.
Prevention	The key principles for an effective National Infection Service will be that it supports early and effective: • Prevention (and early intervention) of infection • Diagnosis of infection • Treatment of infection • Control of the spread of infection (including response to environmental public health hazards).
Integration	The new service will establish a national Infection Control Network integrating health protection and microbiology clinical services to deliver central and local support to Health Boards and Local Authorities. This will enhance the cross public service systems for the notification and control of infection. The service will also develop integrated teams responsible for infection prevention, infection management, infection control and surveillance.
Collaboration	The transformation will look to strengthen collaboration and joint-working across Wales, notably with Local Authority public protection, education and social services. The programme and its work-streams will be collaborative in approach. As it develops, the Transformation Board will also include other stakeholders, including Trade Union representatives and a Welsh Government representative.
Involvement	Stakeholder engagement is a defined work-stream within the programme. Stakeholder mapping is already underway and an engagement plan will be developed.

2. 'Brexit' Health Impact Assessment (Policy, Research and International Development Directorate)

Long term	The Health Impact Assessment (HIA) identified areas that will be impacted both in the short and long term.
Prevention	The aim of the HIA is to support the mitigation against negative impacts of 'Brexit' (as well as maximising opportunities).
Integration	The HIA considers "health" in the broadest sense, which includes all aspects of Wales' seven well-being goals.
Collaboration	The HIA was developed through collaboration across the organisation. A Steering Group was convened with members from a number of stakeholder organisations, including the Welsh Government.
Involvement	The HIA was participatory and included interviews with individuals, together with a workshop to obtain input from a range of wider stakeholders.
	Further information is available at: www.wales.nhs.uk/sitesplus/888/page/93592

3. Summary of cross-organisation case studies, from end of year performance reviews with Directorates

Our Directorates have provided short case studies on embedding the five ways of working in their end of year performance reviews. These summaries will be circulated to Board members for information following the conclusion of the performance meetings. The table below highlights

some of these examples of work which are applying the sustainable development principle in the WFG Act.

Directorate	Examples of five ways of working
Public Health Services	1. Hepatitis C Re-Engagement Project 2. Implementation of Rapid Respiratory Diagnostic Service for Microbiology Services 3. Developing a fit for purpose National Health Protection Service workforce of the future
Policy, Research and International Development	1. Refresh of the Research Strategy 2. Development of a research proposal examining well-being in nurses and midwives currently working in Wales 3. Health and Housing
NHS Quality Improvement, Patient Safety and 1000 Lives Improvement	1. Self-Management Programme 2. OBS Cymru 3. Emergency Laparotomy Collaborative
Quality, Nursing and Allied Health Professionals	1. Youth Summits and Youth Residential 2. Development of Risk Maturity Matrix 3. Piloting Level 1 British Sign Language Course for Public Health Wales staff
Health and Well-being	1. Tobacco Control – Help Me Quit 2. Primary Care – Integrated All Wales Primary Care Needs Assessment

	3. First 1000 days
People and Organisational Development	1. Corporate Health Standard 2. Stonewall 3. Welsh Language Standards
Operations and Finance	1. Public Health Wales Website 2. Staff Survey Action Plan 3. Newborn Bloodspot Screening test results – IT changes

Integrated Performance Report
April 2019

Authors: Huw George, Deputy Chief Executive and Director of Operations and Finance; Phil Bushby, Director of People and Organisational Development; Rhiannon Beaumont-Wood, Executive Director of Quality Nursing and Allied Health Professionals; Angela Fisher, Deputy Director of Finance; Ioan Francis, Head of Performance	
Date: 17 May 2019	**Version:** v1a
Sponsoring Executive Director: Huw George	
Who will present: Huw George	
Date of Board meeting: 30 May 2019	
Committee/Groups that have received or considered this paper: Executive Team	
The Board / Committee are asked to:	
Approve the recommendation(s) proposed in the paper	
Discuss and scrutinise the paper and provide feedback and comments	√
Receive the paper for information only	

1   Introduction and Purpose

1.1   The purpose of this report is to provide an update on Public Health Wales' performance, including against:

- public health indicators within the NHS Wales Delivery Framework
- key service indicators

1.2   An overview of performance indicators, including those that relate to public health within the NHS Delivery Framework, is provided within our monthly dashboard within the Operational Performance report.

1.3   The dashboard provides a summary of progress against our key performance indicators reported for this period and includes the latest available performance information. Targets stated in the dashboard are the agreed performance trajectories within our Strategic Plan.

1.4   This integrated performance report brings together a summary at month 1 of the following performance reports:

- Operational performance – Huw George (page 3)
- People and Organisational Development – Phil Bushby (page 7)
- Quality and impact report – Rhiannon Beaumont-Wood (page 10)
- Financial performance – Huw George (page 11)

1.5   As this is the month 1, April 2019, report it has been developed as a high level summary report. Detailed consideration will be given to all year end reports.

Operational performance

The April 2019 performance dashboard includes updates against **44** of Public Health Wales' performance indicators (**7** indicators are **red**, **12** indicators are **amber**, **19** indicators are **green** and **6** indicators cannot be RAG rated).

Key issues arising during this period

- Little change has been observed for Diabetic Eye Screening *results letters printed within 3 weeks of screen date* for Diabetic Eye Screening Wales during April 2019. 6.1% of letters were printed within 3 weeks of screen date, a marginal increase on the previous month where 5.7% of letters were printed. Underperformance continues to be due to a mismatch between reduced grading capacity and increasing service demand. Two additional whole time equivalent graders have now started in post which will provide additional capacity for the team within 6-9 months, however, it is anticipated that performance will drop during the training period because all trainee-reviewed cases require further review by occupationally competent Graders. The volume of images captured per patient eye has now been standardised, via reaffirmation of the clinical evidence base. This will enable greater predictability in grading workflow but will take time to be fully realised. Proposals to amend Grading workflow have been developed, and the change plan will be considered at the next DESW programme board. Improved performance of this indicator will not be visible for a minimum of 5 months.

- Data for April 2019 shows that there has been a continued increase in Newborn Bloodspot Screening *avoidable repeat rate*, and currently stands at 13.9%. This is considerably higher than the ≤2% national standard and is the highest the indicator has been in recent years. Underperformance in this area continues to be due to sample taker competency issues in obtaining good quality blood spots at the right time, completing all the information on the card accurately and ensuring the card has not expired. Reducing the avoidable repeat rate remains a focus for the programme. It is the responsibility of Health Board staff to undertake the newborn bloodspot test and therefore the standard obtained in taking this test is not within the direct control of Public Health Wales. A need for a stronger relationship between governance leads and the laboratories was recognised and all governance leads visited the laboratory at the beginning of April 2019.

- Data at 24 April 2019 shows that 44% of persons *under the age of 65 and in high risk groups* have received the influenza vaccination. This falls below the 55% target that has been set. In a change from last season, individuals with morbid obesity, but no other risks have been included in the denominator of this group for uptake calculations – this has led to a slight decline in overall uptake compared to last season. Circulation of influenza continues to decrease and there are now a very limited number of vaccines available locally. Extensive debriefing and feedback from key stakeholders has given insight into the many factors that may impact on vaccine uptake in this diverse group in Wales and this is influencing planning for the 2019/20 season.

Highlights during this period

- Data for March 2019 shows that there has been a continued improvement of over 27% in Bowel Screening *Waiting time for colonoscopy*. 86.5% of patients waited 4 weeks or less between booking the appointment and the procedure being undertaken. This has shown a marked increase between January (36.3%) and February 2019 (59.4%). Although the indicator is performing below the 90% standard, it is clear that recent improvements are being sustained thus far. There has been continued working with Health Boards around current activity and improving timeliness – this has included face to face meetings and regular contact maintained from our staff which has been a considerable resource. One Health Board has had a much improved engagement and improvement in timeliness following discussions at Executive level. Constructive meetings have been undertaken with two Health Boards who are consistently not reaching target. Lists have been undertaken in two Health Boards with external providers since Autumn 2018 and continue to take place as an interim arrangement. Performance is at its highest seen this year and the challenge for Health Boards will be to maintain this level of performance.

Performance Dashboard

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

Indicator	Timeframe			
Breast Test Wales	Target[1]	Feb	Mar	Apr
Assessment invitations given within 3 weeks of screen	70%	59.7%	94.4%	87.5%
Normal results sent within 2 weeks of scan	95%	98.5%	98.6%	92.4%
% women invited within 36 months previous screen	90%	80.2%	84.8%	85.4%
Cervical Screening Wales				
Waiting time from sample being taken to screening test result being sent (4 weeks)	98%	99.3%	95.4%	93.9%
Coverage[2]	77%	Not available	Not available	Not available
Bowel Screening Wales				
Coverage	55%	54.2%	53.6%	54.2%
Waiting time for colonoscopy	55%	59.4%	86.5%	Not available
Abdominal Aortic Aneurysm Screening Wales				
Small AAA surveillance uptake	90%	87.5%	93.9%	86.3%
Medium AAA surveillance uptake	90%	89.5%	96.3%	86.1%
Newborn Hearing Screening Wales				
% of babies who complete programme (within 4 weeks)	98%	99.4%	98.7%	Not available
Babies completing assessment procedure (by three months of age)	85%	97.6%	94.1%	Not available
Newborn Bloodspot Screening Wales				
Coverage (newborns)	95%	93.2%	91.4%	91.0%
Avoidable repeat rate	4.0%	9.8%	11.3%	13.9%
Diabetic Eye Screening Wales[3]				
Coverage-Reported Result in the Last 12 Months	66%	66.9%	67.5%	67.8%
Results Letters Printed Within 3 Weeks of Screen Date	50%	5.3%	5.7%	6.1%
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]	97%	Q1 18/19 95.5%	Q2 18/19 95.3%	Q3 18/19 95.7%
Percentage of children who received two doses of the MMR vaccine by age 5	96%	89.7%	89.5%	94.3%

Performance Dashboard

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

Healthcare Associated Infections	Target[1]	Feb	Mar	Apr
Clostrium difficile rate (per 100,000 population)	26	15.9	24.1	26.08*
Staph aureus bacteraemia rate (per 100,000 population)	20	31.3	32.8	24.92*
E. Coli bacteraemia rate (per 100,000 population)	67	72.2	81.4	88.3*
Help Me Quit / Stop Smoking Wales	Quarterly target	Q1 18/19	Q2 18/19	Q3 18/19
% smoking population treated by smoking cessation services	1.0%	0.8%	0.7%	Not available
Average waiting time for an appointment in this month (days)	14	8	7	9
% of treated smokers who are carbon monoxide validated as successful	40%	47.1	47.0	44.2
% of treated smokers who have a carbon monoxide reading at 4 weeks	80%	70.5	69.0	65.6
% of treated smokers that quit smoking at 4 weeks (self reported)	50%	66.8	68.1	67.4
Smoking Prevention Programme	Annual Target	Q2 18/19	Q3 18/19	Q4 18/19
Number of secondary schools targeted	60	0	23	22 *(YTD=58)*
Welsh Network of Healthy Schools				
Schools achieving level 1 - 5 award	180	55	18	37 *(YTD=218)*
Schools undertaking National Quality Award	50	5	5	1 *(YTD=21)*
Healthy Working Wales	Annual Target	Q2 18/19	Q3 18/19	Q4 18/19
Organisations completing a CHS mock assessment	25	5	6	10 *(YTD=30)*
Private sector organisations completing a mock assessment	15	2	3	5 *(YTD=15)*
Organisations completing a full assessment	25	12	6	12 *(YTD=38)*
Private sector organisations completing a full assessment	5	5	4	3 *(YTD=15)*
Organisations achieving a Small Workplace Health Award	100	12	24	25 *(YTD=78)*
National Exercise Referral Scheme	Target[1]	Q2 18/19	Q3 18/19	Q4 18/19
Number of referrals	5,875	8,258	7,449	8,601 *(YTD=32,691)*
Number of 1st consultations	4,075	4,907	4,298	5,314 *(YTD=19,312)*
Number of 16 week consultations	1,625	2,464	2,664	2,646 *(YTD=10,284)*

Performance Dashboard

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

Microbiology	Target[1]	Q2 18/19	Q3 18/19	Q4 18/19
UKAS status of accreditation to ISO 15189:2012	Accredited	Accredited	Accredited	Accredited
EQA performance (Bacteriology)	90%	99%	97%	89%
EQA performance (Virology)	95%	98%	97%	100%
EQA performance (Specialist and reference units)	95%	99%	100%	96%
EQA performance (Food, Water and Environmental Laboratories)	90%	99%	100%	100%
Turnaround time compliance (Bacteriology)	95%	96%	94%	95%
Turnaround time compliance (Virology)	95%	99%	99%	94%
Turnaround time compliance (Molecular)	95%	98%	99%	99%
Turnaround time compliance (Specialist and reference units)	95%	98%	98%	98%
Turnaround time compliance (Food, Water and Environmental Labs)	95%	97%	98%	98%
Turnaround time compliance urgent samples (Bacteriology/Virology)	95%	Reported annually	Reported annually	93%
Non-Processed Samples (%) Bacteriology	2.0%	2.0%	2.0%	2.2%
Non-Processed Samples (%) Virology	2.1%	1.9%	1.7%	1.1%
Non-Processed Samples (%) Specialist and Reference Units	0.6%	0.0%	0.1%	0.0%

Organisation	Target[1]	Feb	Mar	Apr
Number of SUIs reported	N/A	0	0	1
SUI investigations completed within the timescales	90%	N/A	N/A	N/A
Number of written concerns/complaints received	N/A	7	7	4
Written concerns/complaints responded to within target timescales[5]	75%	100%	N/A	0%
% of medical staff revalidation appraisal (last 15 months)	100%	100%	100%	100%
Sickness absence rate (rolling 12 month period)	3.25%	Feb-18 to Jan-19 4.00%	Mar-18 to Feb-19 3.96%	Apr-18 to Mar-19 3.87%

1. Data reported against 2018/19 targets, or where a performance trajectory has been agreed to facilitate reaching the target, the trajectory has been used as defined within the IMTP 2018-2021.
2. Cervical Screening Coverage is calculated at a fixed point in time (Jan 1st, Apr 1st, Jul 1st and Oct 1st). Due to a lead time in processing data, latest data is unavailable for two months following the fixed calculation dates aforementioned.
3. New indicator included for 2018/19. Performance trajectories are to be confirmed by the DESW
4. A Hepatitis B containing vaccine replaced the '5 in 1' in 2017 making it the '6 in 1'. Change date is for children born after 01 August 2017 and so both '5 in 1' and '6 in 1' are currently reported. This will be the case until late 2019.
5. Complaints received which remain open are still within the 30 working day response target and have not been included in the response percentage.
YTD = Year to date
*Data is provisional and may be subject to change.
†Results from two practices have been excluded from data analysis due to possible problems with data submission, investigations are currently taking place.

People and Organisational Development report

Key Issues

Staff Turnover

Staff turnover for the rolling 12 months to 31 March 2019 was 11%. Annual turnover has shown little variation for the past 6 months, ranging between 10% and 11%, but the higher than average figure for this month can be mainly attributed to a number of fixed-term contracts that have ended on the 31 March 2019, in line with the end of the financial year.

Monthly turnover for the month of March 2019 is 1.6%, which is more than double the figure for February (0.7%). When fixed term contracted staff and dismissals related to the end of fixed term contracts are excluded, the rolling 12-month turnover figure for March 2019 is 8.9%.

Monthly meetings are being held by the People team, reviewing all fixed-term contacts and linking in with the managers to ensure proactive support and management. The People team are in the process of developing a dedicated area on the Trust intranet around the management of fixed term contracts. This will include a 'how to guide', template letters and FAQs.

Sickness Absence

The sickness absence figure for the rolling 12 months to 31 March 2019 was 3.87% FTE. The rate of absence over a rolling 12 month has remained around 4% FTE for the past year. Stress, anxiety and depression remains the most common reason for absence.

In March 2019, the monthly sickness absence rate was 3.40% FTE, an improvement from 4.50% FTE in the same period last year and the lowest reported monthly figure for the last 18 months. The Trust's monthly sickness absence rate fluctuates from month to month in line with seasonal trends, ranging from a high of 4.51% in July 2018, to a low of 3.40% in March 2019.

Further to the recent launch of the All Wales Managing Attendance at Work policy, the People team have developed dedicated intranet pages containing the new policy, templates, letters, and details of training dates, and around 15% of our line managers have received the training with sessions arranged throughout the year.

Appraisals

Our appraisal data for March has improved slightly from 56.23% to 58.15%, with Medical and Dental compliance remaining at 100%.

Revised Pay Progression guidance due early-mid 2019 will set out that colleagues should not move up the incremental scale if they have not participated in an appraisal and line managers should not move up to their next increment, unless all direct reports have had an appraisal in the preceding 12 months.

People and Organisational Development Dashboard

■ >10% below target	■ Within 10% of target	■ On target	□ Not applicable

Indicator		Timeframe			Target Source (as relevant)
Headcount		Jan-19	Feb-19	Mar-19	
Headcount (does not include Bank and Agency staff)		1,802	1,808	1,819	
Full time equivalents (FTE)		1,602.70	1,609.47	1,617.52	
Contractual Status		Jan-19	Feb-19	Mar-19	
Permanent		1,646	1,645	1,653	
Fixed term contracts		156	163	166	
Bank staff		54	52	51	
Agency workers		34	37	41	
TOTAL		1,889	1,897	1,911	
Staff Turnover	Target	Jan-19	Feb-19	Mar-19	
Rolling 12 month staff turnover	10%	10.2%	10.3%	11.0%	NHS Best Practice
Rolling 12 month staff turnover excluding Fixed-term staff		8.1%	8.3%	8.9%	
Monthly turnover rate		0.7%	0.7%	1.6%	
Monthly turnover rate excluding Fixed-term staff		0.5%	0.6%	1.2%	
Starters and Leavers		Jan-19	Feb-19	Mar-19	
Starters Headcount		18	21	25	
Leavers Headcount		12	12	29	
Time to Hire	Target	Jan-19	Feb-19	Mar-19	
Time from vacancy requested to conditional offer letter issued (days)	44	39.0	49.4	38.20	NWSSP Target
Live Vacancies (by days open)	Actual	< 44	44 - 55	> 55	
Live Vacancies	31	23	4	4	
Sickness Absence	Target	Jan-19	Feb-19	Mar-19	
Monthly sickness absence rate (% FTE)	3.25%	4.13%	3.72%	3.40%	Internal Target
Rolling 12 month period sickness absence rate (% FTE)	3.25%	4.00%	3.96%	3.87%	Internal Target
Short term sickness absence rate (% FTE)		1.58%	1.15%	1.38%	
Long term sickness absence rate (% FTE)		2.54%	2.57%	2.01%	
Statutory and Mandatory Training	Target	Jan-19	Feb-19	Mar-19	
Training Compliance with core competencies	95%	90.80%	91.18%	91.82%	Internal Target
Training Compliance including extended competencies		89.65%	90.16%	90.21%	
Appraisals	Target	Jan-19	Feb-19	Mar-19	
My Contribution Appraisal completed within previous 12 months	90%	54.93%	54.43%	55.81%	Internal Target
Medical Revalidation Appraisal completed within previous 15 months				100.00%	
Combined Appraisal % (under review)				58.15%	
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			Mar-18	Mar-19	
Male			23%	23%	
Female			77%	77%	
Black, Asian and Minority Ethnic (BAME) Staff			Mar-18	Mar-19	
BAME			4%	4%	
White			73%	76%	
Not Declared/Unspecified			23%	20%	
Disability			Mar-18	Mar-19	
Yes			3%	3%	
No			56%	61%	
Not Declared/Unspecified			41%	36%	

Agency Spend

Monthly agency spend
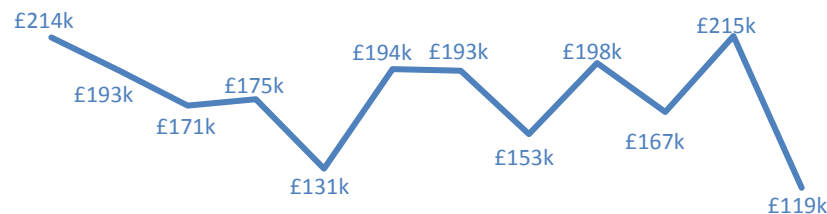
May-18 £214k, Jun-18 £193k, Jul-18 £171k, Aug-18 £175k, Sep-18 £131k, Oct-18 £194k, Nov-18 £193k, Dec-18 £153k, Jan-19 £198k, Feb-19 £167k, Mar-19 £215k, Apr-19 £119k

Rolling 12 months agency spend by category, May 2018 to April 2019

Estates & Ancilliary , £2,000
Healthcare Scientists £653,000
Administrative, Clerical & Board Members £787,000
Allied Health Professionals £43,000
Medical & Dental £639,000
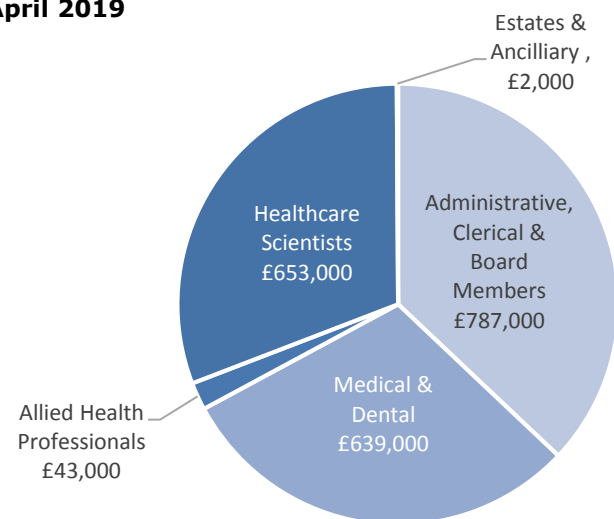
Summary of performance

- Total agency spend has decreased from £215K in March 2019 to £119K in April 2019. The significant drop in agency spend is due to a change in recording of agency spend relating to the two medic posts in North Wales, rather than a reduction in the actual spend. As of 2019/20 the weekly pay for the agency spend for the two medics has been excluded and is now coded to the substantive posts. Following this alteration in reporting the new trends will be monitored and appropriate actions taken.
- There has been a decrease in expenditure in the categories 'Administrative, Clerical & Board Members' from £88K in March to £53K in April, 'Medical & Dental' from £61K to £12K, and in 'Healthcare Scientists' from £62K to £50K.
- The expenditure in the 'Allied Health Professionals' category has remained at £4K in April.

Actions to improve performance

- All requirements for new Administrative and Clerical agency workers continue to be scrutinised by Panel prior to engagement. Data continues to be reviewed and additional appropriate actions recommended to reduce agency expenditure where possible.

Overview of Quality Performance

Putting Things Right – Handing Concerns (Complaints, Claims and Incidents)

Complaints: During April 2019 4 formal and 3 'on the spot' complaints were received. The number of formal and 'on the spot' (informal) concerns received in April 2018 was slightly lower compared to this period.

Compliments: During April 2019, a total of 11 compliments were received. Based on the April 2019 data the ratio of compliments to formal is 5.5:1.

Claims: At the end of April 2019, there were 9 open clinical negligence claims, and 2 potential claims being progressed.

Patient and Client Incidents: The most frequently recorded type of incidents on Datix is patient and client. During April 2019 a total of 59 patient and client incident were reported:

Screening Division   27
Microbiology Division   31

This is an increase compared to the same period in 2018, where 40 patient and client incidents were reported. For the reporting period the most frequently recorded incidents in the context of patient safety were laboratory incidents which totalled 25. A further analysis of the data for laboratory incidents indicates that the sub categories lost / delayed specimens was the highest reported incidents and a variety reasons for these events are recorded on Datix.

Overview of Finance performance – Month 01

1 Introduction and Context

The purpose of this report is to outline to the Executive Team and the Board the Month 1 revenue position for Public Health Wales. The content of this report is reflected in the Director of Finance commentary that has been submitted to Welsh Government on 14th May 2019 as part of the full financial monitoring return for Month 1.

As part of the changes to Welsh Governments Monthly Monitoring Returns for 2019/20 the following has been evaluated in support of this paper. The Director of Finance commentary, Table A, Tables C, C1, C2 & C3 and Table F will be made available to all members separately.

From month 2 this section of the Board report will be revised in line with the Finance Academy's 'Good Practice Guide on Financial Reporting to Boards'.

2 Financial Position

The cumulative reported position is a net surplus of £76k, and is summarised in the table below:

Cumulative Financial Position

Type	Cumulative Budget £000s	Cumulative Actual £000s	Cumulative Variance £000s	% Variance
Income	-11,668	-11,666	2	0.02%
Pay	7,697	7,598	-99	-1.31%
Non Pay	3,977	3,997	21	0.54%
Grand Total	**6**	**-71**	**-76**	

3 Financial Performance by Directorate

Directorate	Annual Budget £000s	Cumulative Budget £000s	Cumulative Actual £000s	Cumulative Variance £000s
Public Health Services	49,779	4,270	4,234	-36
Health and Wellbeing	21,725	1,803	1,748	-55
Knowledge	4,013	251	244	-7
WHOC Collaborating Centre Division	1,927	275	284	8
Quality Improvement and Patient Safety	3,719	312	311	-0
Quality Nursing and Other Allied Profs	2,315	197	168	-29
Operations and Finance	7,690	663	674	11
Workforce and OD	1,556	136	121	-15
Board and Corporate	1,828	153	164	11
Central Budgets	-94,650	-8,087	-8,048	39
Hosted Organisations	0	-8	-8	-0
ACE's Hub Directorate	100	42	40	-1

Grand Total		0	6	-69	-76

Public Health Services: £36k under-spend

Within the Public Health Services position for month 1 Microbiology is showing an over spend of £77k predominantly against pay budgets due to increased costs associated with consultants in North Wales and agency biomedical scientists. This is offset by under spends in other Divisions including £95k under spend for Health Protection and £11k under spend for Screening due to staff vacancies across the Divisions.

Health and Wellbeing: £55k under-spend

£50k of the month 1 underspend is within pay in the Local Public Health Teams, which are in the process of being recruited. The Directorate are currently working on finalising their non-pay expenditure plans.

World Health Organisation Collaborating Centre: £8k over–spend

Pay is overspent by £15k due to agency costs across Policy Division and Policy, Research and International Development Management. This is being partially offset by underspends on non-pay (£6k). The Directorate are currently working on finalising their non-pay expenditure plans.

Knowledge: £7k under-spend

Pay Underspends in the Division are due to a number of vacancies, which are currently being recruited to. The Directorate are currently working on finalising their non-pay expenditure plans.

Quality Improvement and Patient Safety: Breakeven

Quality Improvement and Patient Safety is breakeven with pay underspends as a result of vacancies being offset by non pay overspends. The Directorate are currently working on finalising their non-pay expenditure plans.

Quality Nursing and Other Allied Professions: £29k under spend

Pay is under-spent by (£20k), predominantly due to vacancies within the Safeguarding Division and Centre for Equality and Human Rights. Non-pay is under spent by £9k. Plans are being finalised to utilise the underspends following amendments to the staffing structure and a non-pay expenditure plan.

Operations and Finance: £11k over-spend

The overall Directorate position is an over spend of £11k. Pay is over spent by 8k predominantly due to agency costs within the finance Division, which are due to cease in June 2019. Non-pay is £3k over spent.

People and Organisational Development: £15k under-spend

The overall Directorate position is an under spend of £15k due to current staff vacancies, which are currently being recruited to. The Directorate are currently working on finalising their non-pay expenditure plans.

Board and Corporate: £11k over-spend

The overall position is an over spend of £11k this is due to the temporary costs of the interim arrangements. The Directorate are currently working on finalising their non-pay expenditure plans.

Central Budgets: £39k over-spend

Central Budgets include Core Income, Welsh Risk Pool, and Investment budgets. There are no unallocated reserves within this position, however the investment fund is being held and investment monies transferred in line with expenditure plans. Included in this position are accruals for taxable expenses and VAT liabilities following HMRC assessments. The current position does not require the full planned creditor write back and as such this budget appears as an overspend in the presentation of the figures.

Hosted Organisations/Adverse Child Experiences Hub: £1k under-spend

Public Health Wales hosts the NHS Wales Collaborative, Finance Delivery unit and ACEs hub. The position as at month 1 for the NHS Wales Collaborative and Finance Delivery Unit is breakeven, with a small underspend of £1k for the Adverse Child Experiences Hub.

4   Pay Analysis

The table below summarises the pay position by Directorate, and includes the analysis of the vacancy/turnover factor that is reported within the pay position for Month 1:-

Directorate	Total Pay Budget	Budget Excluding Vacancy Factor	Vacancy Factor	Budget Month 1	Actual Pay Month 1	Variance
	£000's	£000's	£000's	£000's	£000's	£000's
Board and Corporate	1,671	142	-2	140	151	12
Health & Wellbeing Directorate	17,218	1,526	-64	1,461	1,406	-55
NHS Quality Imp Division	4,101	358	-10	348	345	-4
Operations and Finance Directorate	4,793	422	-10	413	420	8
Public Health Services Directorate	42,641	3,855	-163	3,691	3,660	-31
Quality Nursing & Other Allied Profs Directorate	2,193	193	-6	186	166	-20
Workforce & Org Develop Directorate	1,555	137	-3	134	119	-15
Central Budgets Directorate	233	23	0	23	23	-0
WHO Collaborating Centre Directorate	2,472	217	0	217	231	14
Knowledge Directorate	3,918	349	-14	335	328	-7
Grand Total	80,794	7,222	-274	6,948	6,850	-98
ACES HUB Directorate	459	38		38	37	-1
Hosted Directorate	8,501	736	-25	711	711	0
Total	89,753	7,996	-299	7,697	7,598	-99

The overall pay position for Public Health Wales at month 1 is an underspend of £99k, this is after taking into account £299k negative budget for vacancy/turnover factor.

Agency and locum actual costs for the year to date are £0.119m, equating to 1.6% of total pay expenditure. This level has reduced from 2018/19 (2.6%), the main reason for the

reduced agency spend is two microbiology consultants working in North Wales being directly engaged.

5   Budget Phasing

The budgets for 2019/20 in the main have been uploaded in equal twelfths. However, there are several discreet budgets that have been phased differently in month 1 to reflect the timing of this expenditure. These include the following areas:

Area of Spend	Directorate	Phasing / Allocation
Investments	Central	March Only
Non Pay Pressures	Central	March Only
Healthy Schools & Healthy Preschools	Health & Wellbeing	March Only

6   NHS Wales Service Level Agreements (SLAs) and Long Term Agreements (LTAs)

Public Health Wales are working towards the deadline of 31st May for the sign off of all agreements. The current status is as follows:-

➢ The majority of microbiology SLAs cover a three year period. As these were agreed in either 2017/18 or 2018/19 they will not need to be renewed until 2020/21 or 2021/22. The exceptions are:
   • Betsi Cadwaladr UHB – new SLA has been drafted and we are working towards the 31st May deadline.
   • Swansea Bay UHB and Cwm Taff Morgannwg UHB – although the SLAs have not expired we are currently negotiating a re-apportionment following the recent change to boundaries.

➢ Screening SLAs have been drafted and we are working towards the 31st May deadline.

➢ The SLA with NWIS for the provision of ICT support is currently being discussed.

7   Savings

The savings target needed in order to achieve our investment plans for 2019/20 is £1.371m. Of the £1.371m, £293k of savings are yet to be identified. These schemes are being actively pursued, however, in order to maintain the breakeven plan, a number of the investment schemes identified in the investment strategy has been scaled down to cover the shortfall in the savings plan.

Delivery of these schemes will be monitored closely and reported on accordingly.

8   Forecast Position

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

The Finance Business Partners will work with Directorate and Divisional senior management to ensure that any changes to forecast plans are included in the detailed projections and that assumptions and risks associated with the figures are captured. This ensures that monthly changes to plans can be monitored closely, and reported to each senior management team as part of routine financial performance reporting.

9   Capital Programme

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

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

Bids have been invited from across Public Health Wales to access the discretionary capital funding. These bids will be reviewed by the Capital Planning group, and the list of approved bids will be ratified by Executive Board before commencement of schemes. Reporting on the capital programme agreed will commence from month 2.

10 Recommendations

The Board are asked to note:-

- The position as at month 1 is £76k under spent, however in line with IMTP we are anticipating a year end break even position. Throughout the year work will continue to ensure robust monitoring of forecast plans, including the savings target of £1.371m and the position against unidentified saving schemes of £293k.
- The status of the Capital Programme for 2019/20.

DIRECTOR OF FINANCE COMMENTARY

2019/20 - Month 01 (to April 30th 2019)

1. Actual Year to Date and Forecast Under / Overspend 2019/20 (Tables A, B & B2)

1.1.   The month-end position for Public Health Wales is a surplus of £76k. This is made up of small variances across the Trust that will continue to be monitored as part of our budgetary control process.

1.2.   We are projecting a balanced position at the year-end

1.3.   Public Health Wales hosts the NHS Wales Collaborative, Finance Delivery unit, the position as at month 1 for these hosted organisations is breakeven. Ace Hub is reporting a £1K underspent for month 1.

2. Underlying Position (Table A1)

2.1.   There is no underlying brought forward deficit position to report in table A1.

3. Monthly Positions (Table B)

3.1   Our full year depreciation charge is profiled in equal twelfths.

4. Net Expenditure Profile Analysis (Table B1)

4.1   There are no material deviations from equal twelfths phasing. However, there are several discreet budgets that are phased differently to reflect the timing of this expenditure. These include the following areas:

Area of Spend	Directorate	Phasing / Allocation
Investments	Central	Held in Month 12, released as expenditure schemes commence
Health & Wellbeing programmes	Health & Wellbeing	Quarterly to reflect invoicing patterns

Healthy Schools	Health & Wellbeing	Annual to reflect invoicing patterns

5. Agency/Locum (premium) Expenditure (Table B2 Section B/C)

5.1 Agency costs in month 1 are lower than the trend of 2018/19, equating to 1.6% of total pay expenditure. The main reason for the reduced agency spend is because two microbiology consultants working in North Wales are now directly engaged.

6. Saving Plans (Tables C, C1, C2 & C3)

6.1 No variance in month based on the forecast savings plans. Savings yet to be identified (red schemes) total £293k. These schemes are being actively pursued, however, in order to maintain the breakeven plan, a number of the investment schemes identified in the investment strategy will be scaled down to cover the shortfall in the savings plan.

7. Income Assumptions 2019/20 (Tables D & E)

7.1 The Agreement of Balances figures at month 12 2018/19 have been used to complete Table D except for Velindre and HEIW which have been mutually agreed. We expect an amendment to the Swansea Bay/Cwm Taf Morgannwg I&E assumptions for month 2.

7.2 An additional £466K revenue funding will be transferred to the core funding allocation for the Pathogen Genomics Unit for 2019/20 to allow key service developments to be implemented.

8. Health Care Agreements and Major Contracts

8.1 We are working towards the deadline for SLA sign-off by the end of May.

9. Risk Management (Table F)

9.1 As at month 01 we have included the £293k unidentified savings (red schemes), however, as noted in 6.1 above we have an action plan to mitigate this risk.

10. Statement of Financial Position and Aged Welsh NHS Debtors (Tables G & N)

10.1 Statement of Financial Position will be submitted from month 3 as per guidance.

11. Cash Flow Forecast (Table H)

11.1   Cash Flow Forecast will be submitted from month 2 as per guidance.

12. Public Sector Payment Compliance (Table I)

12.1   The cumulative PSPP position will be submitted quarterly as per guidance.

13. Capital Schemes and Other Developments (Tables J,K, & L)

13.1   Capital schemes and other developments will be submitted from month 2 onwards as per guidance.

13.2   In 2019/20 the Trust has approved capital funding of £1.293m from the latest CEL.

14. External Financing Limit (Table M)

14.1   The EFL table will be submitted from month 3 onwards as per guidance.

15. Other issues

15.1   The draft position for the Trust is a small surplus of £76k, which is in line with its financial strategy of breakeven.

15.2   I can confirm that the financial information reported in the monitoring return aligns to the financial details included within the Trust internal Board papers.

15.3   This month's Financial Monitoring Return (consisting of the Narrative, Table A, Tables C,C1,C2 & C3 and Table F) will be received by the Board at the Board meeting on 30th May 2019.

16. Authorisation:

16.1 In accordance with the Monitoring Return guidance the narrative is signed by both the Director of Finance and Chief Executive. When the Chief Executive is not available the Deputy Chief Executive and Executive Director of Operations and Finance will sign on their behalf and the Deputy Director of Finance will sign on behalf of the Deputy Chief Executive and Executive Director of Operations and Finance. When the Deputy Chief Executive and Executive Director of Operations and Finance is not available, the Deputy Director of Finance will sign of their behalf.

Huw George
Deputy Chief Executive and Executive Director of Operations and Finance

Tracey Cooper
Chief Executive

May 14th 2019

May 14th 2019

Trust

Table A - Movement of Opening Financial Plan to Forecast Outturn

This Table is currently showing 1 errors
Some errors will be resolved when complete rows have data or associated tables are completed
Line 11 should reflect the corresponding amounts included within the latest IMTP submission to WG
Lines 1 - 11 should not be adjusted after Month 1

		In Year Effect	Non Recurring	Recurring	FYE of Recurring
		£'000	£'000	£'000	£'000
1	Underlying Position b/fwd from Previous Year - as per 3 year plan (Surplus - Positive Value / Deficit - Negative Value)	0	0	0	0
2	New Cost Pressures - as per 3 year plan (Negative Value)	-6,418		-6,418	-6,418
3	**Opening Cost Pressures**	**-6,418**	**0**	**-6,418**	**-6,418**
4	Identified Savings Plan (Positive Value)	1,035	0	1,035	1,035
5	Savings / Mitigating Actions Yet To Be Identified (Positive Value)	293		336	336
6	Welsh Government Funding (Positive Value)	5,047		5,047	5,047
7	Net Income Generated (Positive Value)	43	43	0	0
8	Planned Accountancy Gains (Positive Value)	0	0	0	0
9	Release of Uncommitted Contingencies & Reserves (Positive Value)				
10					
11	**Opening Financial Plan**	**0**	**43**	**0**	**0**
12	Cost Pressures b/fwd from Previous Year - unidentified within 3 year plan (Negative Value)				
13	Opening Plan Savings - Forecast (Underachievement) / Overachievement	0	0	0	0
14	Additional In Year Identified Savings - Forecast (Positive Value)	0	0	0	0
15	Additional In Year Identified Accountancy Gains (Positive Value)	0	0	0	0
16	Additional Net Income Generated (Positive Value)	0	0	0	0
17	Non Identification of Savings / Mitigating Actions Yet To Be Identified in Opening Plan	-293	0	-336	-336
18	Release of Previously Committed Contingencies & Reserves (Positive Value)	293			
19	Additional In Year Welsh Government Funding (Positive Value)	0			
20		0			
21		0			
22		0			
23		0			
24		0			
25		0			
26		0			
27		0			
28		0			
29		0			
30		0			
31		0			
32		0			
33		0			
34		0			
35		0			
36		0			
37		0			
38	**Forecast Outturn (- Deficit / + Surplus)**	**0**	**43**	**-336**	**-336**

Trust

Table C - Identified Expenditure Savings Schemes (Excludes Income Generation and Accountancy Gains)

This Table is currently showing 0 errors

			1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	YTD as %age of FY	Assessment		Full In-Year forecast	
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			*YTD variance as %age of YTD Budget/Plan*	Green	Amber	non recurring	recurring
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000				£'000	£'000	£'000	£'000
1	CHC and Funded Nursing Care	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
2		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0
3		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
4	Commissioned Services	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
5		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0
6		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
7	Medicines Management (Primary & Secondary Care)	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
8		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0
9		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
10	Non Pay	Budget/Plan	46	46	46	46	46	46	60	60	60	60	60	60	46	641		641	0		
11		Actual/F'cast	46	46	46	46	46	46	60	60	60	60	60	60	46	641	7.22%	641	0	0	641
12		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%	0	0		
13	Pay	Budget/Plan	30	30	30	34	34	34	34	34	34	34	34	34	30	394		394	0		
14		Actual/F'cast	30	30	30	34	34	34	34	34	34	34	34	34	30	394	7.58%	394	0	0	394
15		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%	0	0		
16	Primary Care	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
17		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0
18		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
19	Total	Budget/Plan	76	76	76	80	80	80	94	94	94	94	94	94	76	1,035		1,035	0		
20		Actual/F'cast	76	76	76	80	80	80	94	94	94	94	94	94	76	1,035	7.36%	1,035	0	0	1,035
21		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%	0	0		

		1	2	3	4	5	6	7	8	9	10	11	12	
22	Variance in month	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
23	As percentage of FY actual/forecast	7.36%	7.36%	7.36%	7.74%	7.74%	7.74%	9.12%	9.12%	9.12%	9.12%	9.12%	9.12%	

Trust

Period : Apr 19

Table C1- Savings Schemes Pay Analysis

	Month	1 Apr £'000	2 May £'000	3 Jun £'000	4 Jul £'000	5 Aug £'000	6 Sep £'000	7 Oct £'000	8 Nov £'000	9 Dec £'000	10 Jan £'000	11 Feb £'000	12 Mar £'000	Total YTD	Full-year forecast	YTD as %age of FY / YTD variance as %age of YTD Budget/Plan	Green £'000	Amber £'000	non recurring £'000	recurring £'000
1 Changes in Staffing Establishment	Budget/Plan	26	26	26	30	30	30	30	30	30	30	30	30	26	344		344	0		
2	Actual/F'cast	26	26	26	30	30	30	30	30	30	30	30	30	26	344	7.47%	344	0	0	344
3	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%	0	0		
4 Variable Pay	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
5	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0
6	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
7 Locum	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
8	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0
9	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
10 Agency / Locum paid at a premium	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
11	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0
12	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
13 Changes in Bank Staff	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
14	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0
15	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
16 Other (Please Specify)	Budget/Plan	4	4	4	4	4	4	4	4	4	4	4	4	4	50		50	0		
17	Actual/F'cast	4	4	4	4	4	4	4	4	4	4	4	4	4	50	8.33%	50	0	0	50
18	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%	0	0		
19 Total	Budget/Plan	30	30	30	34	34	34	34	34	34	34	34	34	30	394		394	0		
20	Actual/F'cast	30	30	30	34	34	34	34	34	34	34	34	34	30	394	7.58%	394	0	0	394
21	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%	0	0		

Table C2- Savings Schemes Agency/Locum Paid at a Premium Analysis

	Month	1 Apr £'000	2 May £'000	3 Jun £'000	4 Jul £'000	5 Aug £'000	6 Sep £'000	7 Oct £'000	8 Nov £'000	9 Dec £'000	10 Jan £'000	11 Feb £'000	12 Mar £'000	Total YTD	Full-year forecast	YTD as %age of FY / YTD variance as %age of YTD Budget/Plan	Green £'000	Amber £'000	non recurring £'000	recurring £'000
1 Reduced usage of Agency/Locums paid at a premium	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
2	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0
3	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
4 Non Medical 'off contract' to 'on contract'	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
5	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0
6	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
7 Medical - Impact of Agency pay rate caps	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
8	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0
9	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
10 Other (Please Specify)	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
11	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0
12	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
13 Total	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
14	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0
15	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		

Full-Year Effect of Recurring Savings
£'000
0
0
0
641
394
0
1,035

Full-Year Effect of Recurring Savings
£'000
344
0
0
0
0
50
394

Full-Year Effect of Recurring Savings
£'000
0
0
0
0
0

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This Table is currently showing 0 errors

Table C3 - Savings Tracker

Summary of Forecast Savings (£000's)	Cash-Releasing Saving (Pay)	Cash-Releasing Saving (Non Pay)	Cost Avoidance	Savings Total	Income Generation	Accountancy Gains
Planned Care	0	0	0	**0**	0	0
Unscheduled Care	0	0	0	**0**	0	0
Primary and Community Care (Excl Prescribing)	0	0	0	**0**	0	0
Mental Health	0	0	0	**0**	0	0
Clinical Support	0	0	0	**0**	0	0
Non Clinical Support (Facilities/Estates/Corporate)	394	615	26	**1,035**	43	0
Commissioning	0	0	0	**0**	0	0
Across Service Areas	0	0	0	**0**	0	0
CHC	0	0	0	**0**	0	0
Prescribing	0	0	0	**0**	0	0
Medicines Management (Secondary Care)	0	0	0	**0**	0	0
Total	**394**	**615**	**26**	**1,035**	**43**	**0**

This Table is currently showing 0 errors

Summary of Forecast Savings (£000's)	Cash-Releasing Saving (Pay)	Cash-Releasing Saving (Non Pay)	Cost Avoidance	Savings Total	Income Generation	Accountancy Gains

Apr 19

Trust

Period : Apr 19

This Table is currently showing 0 errors

Table F - Risks	
Worst Case Reported Negative	Ok
Worst Case Risk Likelihood	Ok
Opportunities	
Reported positive	Ok
Likelihood of Opportunity Materialising	Ok
Worst Case Cannot be Improvement on Current Forecast	Ok
Opportunites equal in Best & Worst	Ok

Table F - Overview Of Key Risks / Opportunities Affecting Forecast Outturn

		FORECAST YEAR END			
		Worst Case	Likelihood	Best Case	Likelihood
		£'000		£'000	
	Current Reported Forecast Outturn	0		0	
	Risks (negative values)				
1	Non delivery of Saving Plans/CIPs	(293)	Low		
2	WHSSC Performance				
3	Other Contract Performance				
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
	Opportunities (positive values)				
23	Reduction in investments	293	Low	293	Low
24					
25					
26					
27					
28					
29					
30	**Total Risks /Opportunities**	0		293	
31	**Total Amended Forecast**	0		293	