



# PERFORMANCE AND ASSURANCE REPORT

August 2020

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## 1. Executive Summary

The newly developed Performance and Assurance Dashboard highlights the latest available performance across a number of key areas within the organisation in an interactive format. The dashboard and this supporting narrative gives the Executive Team and Board timely and robust performance information to provide assurance during our enhanced response to the COVID-19 pandemic. This executive summary shows the key areas identified from latest available data to help stimulate discussion and inform decision making.

The interactive performance dashboard can be accessed via the following link:

### **[Performance and Assurance Dashboard](#)**

#### Finance

The cumulative reported position at month 5 is a net surplus of £21k, and currently anticipating a breakeven position. Our latest position includes costs directly related to our COVID-19 response and our anticipated income from Welsh Government (£309k). Performance for our Public Sector Payment Policy remains strong following a small increase to 97%.

Total spend on COVID-19 to date is £13.046m of which £1.125m has been met from within our centrally held budgets. £540k from pay underspends and £735k from non-pay reductions in spend and internal investment slippage and (£60k) of unmet savings. In addition, £218k has been met from external funding in respect of Genomics sequencing tests, leaving £11.613m of additional income received from Welsh Government.

Microbiology division has overspent in month 5 by £771k, which has been offset by underspends in Screening (£397k), Health Protection (£307k), SPR (£55k) and Public Health Services Corporate (£13k) divisions. Public Health Services Directorate will need to ensure that a break-even plan for the Directorate is maintained for the full year forecast.

#### Workforce

In relation to COVID-19 related staff absence, 29 members of staff are currently reported as being absent from work; with figures attributed to those caring for dependants, being symptomatic, self-isolating/shielding or being unfit for work. Two thirds of those reported as being absent relate to staff self-isolating/shielding, which is consistent with figures over recent months. Public Health Services (11 staff) showed the highest number of absence due to a COVID-19 related reason which is in line with the proportion of staff members within the Directorate. With regards to COVID-19 related absence by pay grade, bands 4-7 remain the highest grades affected by the COVID-19 pandemic.

With regard to wider sickness absence across the organisation, latest figures show a continuing improving trend in monthly sickness rates (from 2.64% in July to 2.24% in

August 2020). Anxiety, stress, depression and other psychiatric illnesses continue to be the most frequent sickness absence reasons over the last four quarters.

### COVID-19 surveillance

Latest figures (8 September 2020) showed that since the start of the pandemic there have been over 18,800 COVID-19 cases recorded in Wales, over 617,000 tests carried out and approximately 378,000 individuals tested. The cumulative number of suspected COVID-19 deaths reported to Public Health Wales was 1,597 (up from 1,588 reported on 10 August 2020).

At an all-Wales level, an upward trend in daily cases has been observed since the last reporting period. Daily cases are now >90 per day compared to early August where daily case numbers varied between 5 and 38. Specifically over the last 7 days (based on reporting date of 8 September 2020), Aneurin Bevan UHB reported the highest case incidence (34.0 per 100,000 population) compared to Hywel Dda University Health Board being the lowest (7.2 per 100,000). At the local authority level, Caerphilly reported the highest incidence rate (93.9 per 100,000) - which has resulted in local lockdown measures being introduced - followed by Merthyr Tydfil (51.4 per 100,000) and Rhondda Cynon Taf (41.4 per 100,000). Monmouthshire, Anglesey and Ceredigion local authorities reported the lowest case incidence rates (all below 5 per 100,000).

### Newborn screening

Our newborn bloodspot and newborn hearing screening programmes continue to show strong levels of performance despite the continued challenges of the COVID-19 pandemic. Both newborn bloodspot coverage (96.5%) and avoidable repeat rate (1.6%) continue to achieve the national standard in August 2020. Latest figures showed that newborn hearing screening babies completing screening within 4 weeks remained above standard at 98%; all Health Boards have continued to achieve the 90% national standard for over two years. Improvements were also evident for babies completing their assessment by 3 months - now above standard at 85.1%. This reflects the support being provided by audiology colleagues in community settings and the increasing number of babies being screened in hospitals.

### Vaccination uptake

Key childhood vaccination rates continue to be monitored by our Vaccine Preventable Disease Programme (VDPD) during the COVID-19 pandemic. Performance across key indicators remained strong in Quarter 1 2020/21. The percentage of children who received three doses of the '6 in 1' vaccine by age 1 continues to exceed target at 96.2% (up 0.7%). Uptake for children who received two doses of the MMR vaccine by age 5 remained stable over the latest period and stood at 92.4%. The VDPD team will continue to monitor vaccine uptake, disease rates and service factors and initiate appropriate responses.

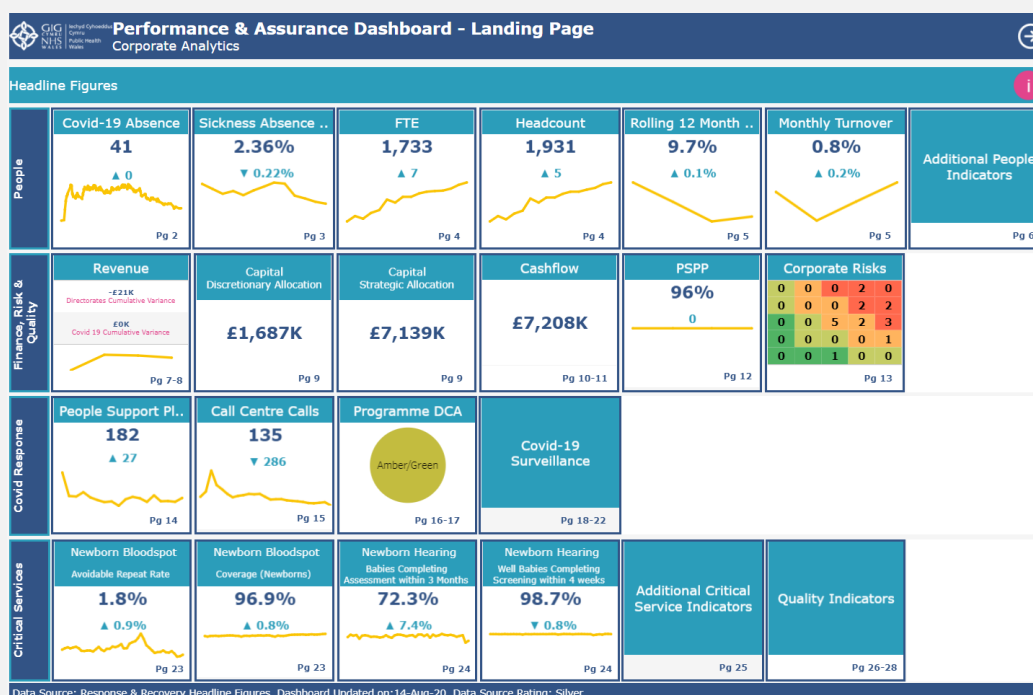
## 2. Introduction

This report provides a summary of key information including performance highlights, trends and issues and should be read in conjunction with our new Performance and Assurance Dashboard which provides a summary of key information including performance highlights, trends and issues. The Performance and Assurance Report replaces our existing Integrated Performance Report.

The Performance and Assurance Dashboard can be accessed via the following link:

### [Performance and Assurance Dashboard](#)

By accessing the interactive dashboard, the user is taken to a performance 'landing page' which highlights a summary of performance data across each area. Users can choose to interact with the data by navigating to a specific topic area by selecting the appropriate 'tile' of choice.



Please note that in light of significant organisational wide support being provided to the COVID-19 response, some performance-related information may not be available at the time of reporting. It is intended that the Performance and Assurance Dashboard will be iteratively developed further over the coming months, in line with our organisational plan for recovery, and will reflect further areas of performance as our services are reactivated.

In developing our Performance and Assurance Dashboard, we have worked to recognised quality standards. Each data sources used to create one of our interactive dashboards is assessed and given a rating (Gold, Silver, Bronze). This is detailed at the bottom of each dashboard, along with the specific data source and when the information was extracted.

Any data source that does not meet the standard is not included until improvement have been made.

The dashboards have been developed to recognised Alteryx and Tableau (our business intelligence tools) standards. This relates to not only how we have visualised the information provided but also in terms of the data flows that sit behind each dashboard.

### **3. COVID-19 response**

#### **COVID-19 surveillance**

Data correct as of 15 September 2020 showed that since the start of the pandemic there have been 19,880 COVID-19 cases recorded in Wales, 682,997 tests carried out and 426,512 individuals tested. The cumulative number of suspected COVID-19 deaths reported to Public Health Wales was 1,597, compared to 1,588 reported last month (10 August 2020).

At the national level, an upward trend has been observed since the final week in August regarding daily case numbers. Daily cases are now 100+ per day compared to early August where the daily case number varied between 5 and 38. It should be noted that the number of testing episodes per day has increased over the same period.

At the Health Board level, since the pandemic started, the case incidence for Cwm Taf UHB is 802.0 per 100,000 population (the highest) compared to 340.6 cases per 100,000 population in Hywel Dda UHB (the lowest).

Looking specifically at the last 7 days (based on 15 September 2020), Cwm Taf UHB had the highest case incidence (56.4 per 100,000 population) compared to Hywel Dda UHB which reported the lowest (4.6 per 100,000). For the same period, data at the local authority level showed that Caerphilly (83.4 per 100,000) and Rhondda Cynon Taf (82.1 per 100,000) reported the highest incidence rates followed by Newport (47.8 per 100,000) and Merthyr Tydfil (39.8 per 100,000). Monmouthshire, Pembrokeshire and Ceredigion reported the lowest case incidence rates (all below 5 per 100,000).

The largest proportion of tests (43.6%) are categorised as "NHS Wales – Other"; this category mostly includes tests requested by outpatient departments, enclosed settings, community testing and occupational health departments. Home tests have accounted for 11.7% of tests carried out (the lowest proportion). It is important to note that individuals may be tested more than once for COVID-19. Information presented is based on 6-week episode periods. If an individual is tested more than once within a 6-week period they are only counted once and if any of their results are positive, that is the result that is presented.

Further information including the latest available data can be found using the following Public Health Wales Rapid COVID-19 surveillance link (*publically available*):

**[Public Health Wales Rapid COVID-19 Surveillance](#)**

## Response Implementation Plan

The Health Protection Response Programme Delivery Confidence Assessment (DCA), as at 9 September 2020, remains amber/green. As a result, successful delivery of stage 2 of the programme appears probable.

### Programme

Following approval by Gold, changes agreed to the plan as part of the re-baselining exercise have been incorporated into the latest workstream sitreps. An update on additional changes within surveillance and quality, safety, information governance and risk is provided in the latest update considered by Gold.

Work has continued, as part of the planning around the next phase of the response, to further develop and implement the national health protection specialist response. Further detail on the work undertaken over the last period, including engagement with staff, is available in the contract tracing sitrep.

### Workstreams

A number of operational issues are being managed by the contract tracing workstream. In addition, support has been requested in relation to decisions over the re-mobilisation of staff currently supporting the response, and Gold have been asked to consider these issues.

A number of issues continue to be reported through the sampling and testing workstream sitrep, including as a result of the recent Welsh Government decision to redirect testing activity to Lighthouse Laboratories and the effect it will have on current arrangements for stock control and supply of test kits.

## 4. Finance

### Summary - Month 5

The month-end position for Public Health Wales is a net surplus of £21k. This position includes anticipated income from Welsh Government of £309k broken down as follows:

- £141k Digital strategy
- £168k Healthier Wales (Early years prevention)

As part of our financial plans for 2020/21 it has been agreed that pay underspends, a number of non-pay budgets, and the internal investment fund will be held centrally to contribute to the additional costs incurred as a result of COVID-19. Total spend on COVID-19 to date is £13.046m of which £1.215m has been met from within Public Health Wales centrally held budgets. £540k from pay underspends and £735k from non pay reductions in spend and internal investment slippage and (£60k) of unmet savings, in addition £218k has been met from external funding in respect of Genomics sequencing tests, leaving £11.613m of additional income received from Welsh Government.

## Public Health Services Directorate

Microbiology division has overspent in month 5 by £771k, this overspend has been offset by underspends in Screening division of £397k, Health Protection division of £307k, SPR Division of £55k and Public Health Services Corporate division of £13k. Public Health Services Directorate will need to ensure that a break-even plan for the Directorate is maintained for the full year forecast.

## Status of Long Term and Service Level Agreements

As a result of the COVID-19 pandemic, All Wales Directors of Finance (DoFs) agreed a funds flow approach for Quarter 1 that was on the premise of keeping NHS Wales operating through giving stability to providers with the financial risk and significant opportunity costs sitting with commissioners. For Public Health Wales this meant that NHS Long Term Agreements and Service Level Agreements were essentially “block” agreements and would not generate a performance cost variation. Recognising that service activity is likely to be low during the initial phases of Quarter 2 any financial arrangements should recognise the joint provider/commissioner risks, and structured with a view to incentivise delivery whilst fairly managing risks for providers and commissioners. Therefore All Wales DoFs have agreed to extend the approach agreed for Quarter 1 into Quarter 2. Quarter 3 arrangements will be considered by All Wales DoFs during September 2020.

## Savings / Organisational Efficiencies

Public Health Wales savings strategy for 2020/21, as set out in the Integrated Medium Term Plan, was £1.350m, made up of 1% directorate savings and 0.5% organisational efficiencies.

Of the £900k relating to the 1% savings target assigned to each directorate, £74k was met by increased vacancy factors. Based on the Month 5 pay position the increased vacancy factors are being achieved and will continue to be monitored on a monthly basis. The remaining element of £826k was met by changes within staffing establishments (£75k) non-pay efficiencies (£670k) and income generation (£80k).

Of the £450k relating to organisational efficiencies, £120k related to savings linked to VERs in 19/20 and was achieved in Month 1. The remaining efficiencies are linked to procurement efficiencies (£105k), salary sacrifice schemes (£40k) and yet to be identified red schemes (£185k). Due to COVID-19 priorities, the remaining efficiencies have been re-classified as red schemes (£330k).

## Investments

There will be slippage against investment within Public Health Wales due to delays in the allocation of internal investment funding as a result of COVID-19.

Owing to the inability of our directorates to pursue investment, £514k of months 1 – 5 investment slippage has been used to form part of Public Health Wales overall financial commitment to supporting the COVID-19 response. There are on-going discussions with Welsh Government on additional funding they may provide to contribute to our COVID-19 costs.



## Capital

Public Health Wales capital funding for 2020/21 totals £9.826m, split as follows:

- Discretionary £1.687m. Capital allocations have been applied following the submission of bids through: the completion of a Statement of Need; urgent requests to support the COVID-19 response; and through an awareness of capital needs in respect of IT and COVID-19 recovery plans that are yet to be confirmed.
- Strategic £8.139m in respect of COVID-19 is an increase of £5m for the Imperial Park 5 project, £4m project costs and £1m contingency.
- A business case has been approved relating to creating resilience in Microbiology with funding of £2.365m due.

## Balance Sheet

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

### Non-Current Assets

Property, plant and equipment has increased by £6.677m. This reflects the net position of our capital purchases to month 5. The majority of this (£6.174m) being on COVID-19 projects.

### Current Assets

Stock has increased by £13.930m due to purchases of COVID-19 consumables for Cardiff laboratories. We expect the stock balance to decrease over the coming months as testing progresses. The cash position has increased by £5.877m since the beginning of the year. The month 6 core income was received during month 5 which has resulted in this increase.

### Current liabilities

Current trade and other payables has increased by £20.300m. Welsh Government deferred core income of £12.651m is included in this balance. There are also significant accruals in relation to purchase orders related to COVID-19 for consumables (£1.9m). Other notable accruals include £1.4m depreciation charges, £1.1m Screening LTA accruals and pay and non-pay expenditure accruals within the NHS Wales Health Collaborative (£0.978m).

The increase in provisions of £0.857m is primarily due to 3 new clinical negligence cases in June 20/21. The Trust is only liable for £75k of the increase in provision (the first £25k of payments on each case) with the remainder being reimbursed by the Welsh Risk Pool.

### Public Dividend Capital

The Public Dividend Capital (PDC) balance has increased by £5.423m since the beginning of the year. Welsh Government has provided upfront PDC to fund the build of the laboratory at Imperial Park, Newport.



## Agency spend

Year to date agency expenditure is 1.8% of total pay spend. The year to date agency expenditure percentage of total pay spend is currently comparable to 2019/20 year-end position of 2%. There has been an increase due to COVID-19 of £0.120m year to date. Excluding this expenditure, the percentage would reduce to 1.7% of which is comparable to this time last year.

## 5. Workforce

### COVID-19 absence

Latest data (8 August 2020) shows that there are currently 29 members of staff that are recorded as absent from work, and the absence relates to COVID-19. Absence could be due to caring for dependants, being symptomatic, self-isolating/shielding or being unfit for work. Over the course of the pandemic, this compares to a high of 83 recorded 30 March 2020 to a low of 17 recorded on 19 & 22 March 2020.

### Sickness absence dashboard

Sickness absence for August 2020 was 2.24%, this is the lowest monthly sickness absence figure on record and is considerably lower than the target set at <3.25%.

Public Health Services (11 staff) showed the highest number of absence due to a COVID-19 related reason which is in line with the proportion of staff members within the Directorate. With regards to COVID-19 related absence by pay grade, bands 4-7 remain the highest grades affected by the COVID-19 pandemic.

Anxiety/stress/depression/other psychiatric illnesses have been the top sickness absence reason for the last 4 quarters i.e. quarter 2 2019/20 – quarter 1 2020/21. Chest and Respiratory problems have moved to the second highest reason for sickness in the last quarter with 466 FTE Days lost.

### Staff Turnover dashboard

Staff Turnover for August 2020 was 0.7% whilst the rolling 12 month turnover figure was 9.3%. This is below the best practice target of 10%.

### People Support Plus dashboard

There were 782 calls received in August 2020, which is an increase on the previous month (758 calls), and nearly 90% of those calls have been resolved within 5 working days.

Queries relating to recruitment have generated the highest amount of calls since People Support Plus was launched at the end of March.

The People Team are continuing to analyse the types of calls received from across the organisation to enhance the tools and resources currently available to managers and staff.

## Statutory and Mandatory Training Compliance

Compliance is sitting comfortably above the Welsh Government target of 85% at 89.9% in August 2020, but remains below the internal target of 95%. Work continues to commission and arrange advanced manual handling, violence and aggression training as well as Adult and Paediatric Basic Life Support, expediting the latter to ensure peer vaccinators are ready to deliver the staff flu programme.

## Appraisal Compliance

My Contribution compliance has increased to just over 70% as at the end of August and is likely to increase further after People and OD have entered all data returned to them. Actions within the plan aligned to the Internal Audit in 2019/2020 are on track.

## 6. Quality

### Complaints

During the reporting period, a total of 6 formal complaints were received of which 4 were acknowledged within the target time of 2 working days. The low rate of acknowledgement was due to resource issues within the Risk and Information Governance team. For complaints responded to within the 30 working day target, the low performance figure (33%) is due to the fact that none of the outstanding complaints are yet due for response and so have not exceeded the 30 working day target.

### Compliments

There were 9 compliments received in August 2020.

### Serious incidents

No serious incidents were reported in August 2020.

### Incidents

During August 2020 there were a total of 154 incidents reported. Although the ratio of COVID-19 to non COVID-19 incidents has risen slightly, (out of the 154 incidents reported, 16% (26) were linked in some way to COVID-19 compared to 11% (20) last month), there has been a slight fall in incident reporting overall through August. Information Governance incidents have fallen from 17 down to 11. Patient / service user incidents have risen from 35 last month to 51 although the overall trend over the past 12 months is downwards. This month there were only 6 incidents with a moderate impact, and no reported incidents with a major impact.

## Claims

At the end of August 2020 the total number of confirmed and potential clinical negligence claims was 18. One of the potential Cervical Screening Wales claims has moved over to the confirmed claims as we are now treating the correspondence from the Claimant Solicitors as a formal letter of claim. The aggregated value of the confirmed claims is £2,813,491.18. The anticipated Public Health Wales liability in respect of confirmed claims is £250,000.00. The significant increase in aggregate value of potential claims is a result of a claim that is anticipated which will have a shared liability with a Health Board. Lessons learnt relating to any settled claims are shared via the Quality, Safety and Improvement Committee via the quarterly claims report.

## 7. Risk

Our corporate risk register shows the risk scores and mitigating actions for each of our 18 risks. Each risk has a control and risk action plan.

The dashboard demonstrates that, as at September 2020, the current risk exposure remains above the target level for the majority (13) of our corporate risks. Five risks continue to be managed to target exposure levels, and relate to the following areas:

- Delivery of screening services in light of COVID-19 response
- Legislative reporting and other non-compliance e.g. PTR, annual report
- Staff well-being/welfare due to being mobilised in response to the pandemic
- Increase in sickness absence across all Public Health Wales locations
- Business critical staff being unable to work from home

## 8. Delivering our key services

A key priority for us throughout our enhanced response to the pandemic has been to maintain performance within our critical services alongside providing continued support to the wider NHS Wales. The following section provides the latest available data for our newborn hearing and newborn bloodspot screening programmes, all-Wales vaccination uptake, and the latest picture of healthcare associated infections as part of our role to provide timely surveillance information to support NHS Wales organisations.

### Newborn Bloodspot Screening

Newborn bloodspot screening coverage remains above national standard in August 2020 at 96.5%. Only Powys Teaching Health Board fell slightly short of achieving the 95% standard at 93.6%. Performance has remained consistent across the latest 12 month period, with year-on-year figures up by almost 3%. Latest figures show that newborn bloodspot screening avoidable repeat rate continues to achieve the  $\leq 2\%$  standard in August at 1.6%. Variation continues to be seen across Health Boards. Only Swansea Bay UHB (3.2%) and Cardiff and Vale UHB (2.6%) reported being above the  $\leq 2\%$  national standard set, whilst Hywel Dda UHB reported the lowest avoidable repeat rate (0.4%).

The consistency shown during the pandemic is a reflection of the hard work of screening colleagues in midwifery working with programme coordinators to maintain standards.

### Newborn Hearing Screening

Our newborn hearing screening service continues to show strong levels of performance despite the continued challenges of the COVID-19 pandemic. Latest figures showed that babies completing screening within 4 weeks remained above standard at 98%. All Health Boards have continued to achieve the 90% national standard for over two years. At an all-Wales level, improvements continue to be evident for babies completing their assessment by 3 months - now above standard at 85.1% (up nearly 13% from the previous period). Performance at Health Board level is not reported for this indicator due to the potential risk of disclosure. Performance improvements reflect the support being provided by audiology colleagues in community settings and the increasing number of babies being screened in hospitals.

### Vaccination and Immunisation

Essential immunisation services have continued to be delivered during the COVID-19 pandemic. While service delivery has been adapted, uptake of key children's programmes has been monitored monthly and surveillance of vaccine preventable diseases continues. This has been supported by policy, contractual and professional communications.

With regards to mandatory childhood vaccination indicators set out by the Welsh Government, performance across key indicators remained positive in Quarter 1 2020/21. The percentage of children who received three doses of the '6 in 1' vaccine by age 1 continues to exceed target at 96.2%; a slight increase of 0.7% compared to the previous quarter. Uptake for children who received two doses of the MMR vaccine by age 5 was maintained over the latest period and stood at 92.4% (slightly below the 95% target). Our Vaccine Preventable Disease Programme will continue to monitor vaccine uptake, disease rates and service factors and initiate appropriate responses.

It is important to note that, although childhood vaccination continued to be offered in primary care, invitations issued as normal and immunisation programmes prioritised by Welsh Government (WHC 2020 006, 31/03/2020), and public messaging from 27 March by Public Health Wales supported this, some parents may not have understood, some may have been fearful to attend and some may have been correctly self-isolating/shielding in line with the COVID-19 advice, so unable to bring children for vaccination.

### Healthcare Associated Infections

The Healthcare Associated Infection, Antimicrobial Resistance & Prescribing Programme (HARP) supports the NHS in Wales to reduce the burden of Healthcare Associated Infections (HCAI) associated infections and antibiotic resistance across Wales. This is delivered through feedback of surveillance data and the promotion of appropriate antimicrobial prescribing and interventions to prevent the spread of infections.

COVID-19 response continues to be the main focus of work for Health Protection/Communicable Disease Surveillance Centre including the HARP team. The ongoing COVID-19 response work includes the three Senior Scientists on the team and

their associated analysts being drawn into provision of COVID-19 surveillance data and surveillance rotas. This has made any “business as usual” HCAI and AMR work very challenging to deliver.

Latest figures for August 2020 showed that, with the exception of *E. coli* bacteraemia, all other HCAI indicators increased over the latest period. All mandatory indicators continue to fall short of achieving respective national reduction expectations. All-Wales *C. difficile*, in particular, has seen a sharp increase from 28.5 per 100,000 population to 39.0 per 100,000. This is the highest rate recorded for *C. difficile* since October 2017. The HARP team continues to provide advice and support to Health Boards and Trusts in relation to rises in *C. difficile* infections seen.

In relation to COVID-19 related HCAI/AMR surveillance, hospital onset COVID-19 infection surveillance is now available on the following Admissions dashboard:

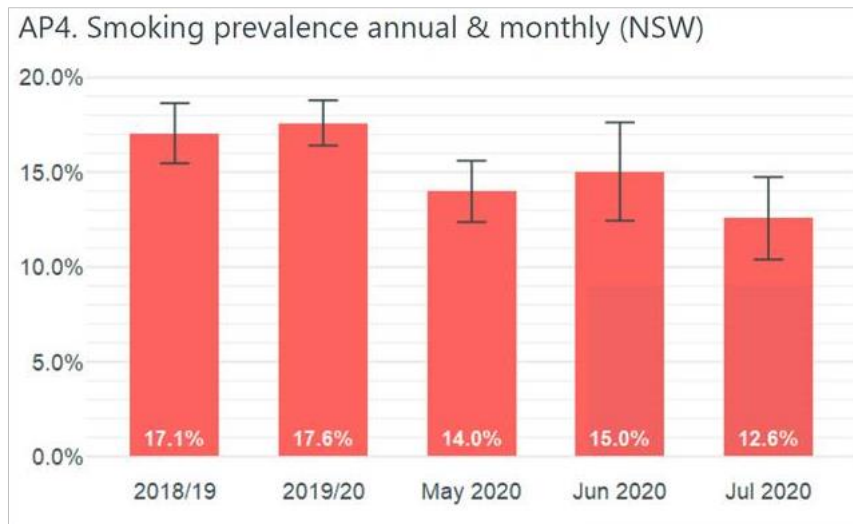
### **COVID-19 Surveillance Admission Indicators**

#### **Help Me Quit**

Latest data for Help Me Quit was not available at the time of reporting. Delays continue to be experienced for reporting the percentage of the smoking population treated by smoking cessation services due to the pandemic. Further updates will be provided as and when data is made available by Welsh Government.

Health Boards in Wales are currently unable to carry out CO-validation for assessing smoking cessation as they are unable to deliver cessation services face-to-face at this stage due to the pandemic. Validation of quits is not possible due to the risks associated with collection of expired air readings in community settings. It has now been confirmed that for 2020/21, Welsh Government will not be assessing performance against the CO-validation 40% target. Work is being carried out by Public Health Wales to investigate alternative ways of establishing if a patient has successfully stopped smoking. This work is likely to take some time to implement and timescales are currently unknown as to when a replacement measure will be available.

At a more strategic level, the following data from the (now monthly) National Survey for Wales shows that a statistically significant reduction in people reporting that they smoke since the full year 2019/20 survey was evident.



## 9. Conclusion

Access to high quality, timely and robust performance information is essential in providing assurance to our Executive Team and Board on our ongoing COVID-19 response, delivery of public health services and statutory responsibilities. A key element of the arrangements set out as part of our organisational recovery is the development of our new interactive Performance and Assurance Dashboard and supporting narrative. The newly developed dashboard provides an update on the latest available performance across the organisation to aid effective and efficient decision making. In line with our response to the pandemic, further enhancements will be made over the coming weeks and months, as our services and programmes are reactivated.