



PERFORMANCE AND ASSURANCE REPORT

February 2021

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1. Executive Summary

The Performance and Assurance Dashboard highlights the latest available performance across a number of key areas within the organisation in an interactive format. Launched in January 2021, version 2 of the Performance and Assurance Dashboard sees the iterative development of additional interactive dashboards for key areas of organisational performance. 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](#)

Workforce

The overall decline in absence related to COVID-19 since December 2020 continues to be apparent with latest data as at 8 March 2021 showing 19 staff members absent (down from 31 as reported last month). This compares to a high of 83 staff recorded absent due to a COVID-19 related reason on 30 March 2020. All current cases have been recorded in South Wales and include staff members caring for dependants, being symptomatic, self-isolating or being unfit for work. The monthly sickness absence rate continues to decrease and currently stands at 2.85% for February 2021. The 12-month rolling rate has now fallen just below the national 3.25% target. The People & OD Team have now delivered remote MAAW training to 82 Line Managers. As this is mandatory training for Line Managers, all those who have not yet attended have been asked to book themselves on to a session.

Our COVID-19 Workforce Risk Assessment compliance continues to decline and has fallen from 62.9% in December 2020 to 43.7% in February 2021. The decrease in compliance can mainly be attributed to the 6-month review, where some staff have not yet updated their risk level. Communications and guidance have been circulated to staff, reminding them to undertake or update the risk assessment, as this is the only method of identifying clinically extremely vulnerable staff who are eligible to be prioritised for a COVID-19 Vaccination. Latest available figures show that the average 'time to hire' has achieved the 44 day target for the second consecutive month.

Finance

The cumulative reported position at month 11 is a net surplus of £21k (£0 in-month), and currently anticipating a breakeven position. This position includes £41.956m of costs directly related to the Trust's COVID-19 response. Performance for our Public Sector Payment Policy remains positive in month 11 at 96% (96.3% year to date).

The main variance at month 11 is within central budgets. Due to the exceptional need to realign budgets at the midpoint in 2020/21, as a result of the impact of COVID-19 on our operations, the central budgets are being used to manage a number of financial risks and

opportunities. These include the effects of budget realignments, investment slippage, Digital priority commitments and creditor write back.

Further detailed information on Public Health Wales' month 11 position can be found in the accompanying paper entitled *2020/21 Financial Position* and Appendix 1 monitoring return. This detailed report is also circulated to the Audit and Corporate Governance Committee. The content of this report is reflected in the Director of Finance commentary that was submitted to Welsh Government on 11 March 2021 as part of the full financial monitoring return for month 11.

Operational Plan

As at March 2021, 88% of milestones are being reported as Green or Completed which is consistent with the past three months. The remaining milestones see 7% reported as Red (down from 10%) and 4% reported as Amber (up from 2%). Nine requests for change have been submitted for approval, three of which related directly to the Digital Strategy with the decision to align all strategy launches. Three milestones were also suspended in the last month. Due to the refresh currently underway on the Operational Plan for 2021/22 it has been decided that the Public Health Wales Outcome work will have to be paused. These milestones will be re-profiled as part of the launch of the new plan.

Staff COVID-19 Vaccination Dashboard

Latest available data as at 7 March 2021 shows that 1,143 Public Health Wales employees have been vaccinated from a total of 2,231 (51% of our workforce). Over 820 front-line workers have been vaccinated (85% of eligible workforce). Further detailed information including levels of vaccine delivery by NHS Wales organisation and a breakdown of uptake by division can be found in section 6 below. It is important to note that ongoing data entry means that the true number of vaccinations given is likely to be higher.

Key services

Performance across the majority of our screening programmes remains positive on the whole. However, challenges remain in some areas as a result of the ongoing challenges related to the pausing services due to the pandemic. Due to the nature of these indicators, recovery will inevitably take longer and therefore discussions are underway to ensure reported indicators are meaningful to help monitor recovery. Any proposed changes to indicators will be shared with the Executive Team and Board for approval.

Key childhood vaccination and influenza vaccine uptake continues to be monitored closely by our Vaccine Preventable Disease Programme. Uptake of routine childhood vaccinations in Quarter 2 2020/21 remains high, despite the pandemic. Latest surveillance data shows that uptake of three doses of the '6 in 1' vaccine was 95.2% this quarter, with uptake for children who received two doses of the MMR vaccine by age 5 maintained at 92.1%. Latest reported data for influenza vaccinations shows that uptake amongst those aged 65 and over (76.5%), those aged under 65 years in a clinical risk group (51.0%), and NHS Wales frontline staff (65.2%) continue to rise, with nearly 63% of Public Health Wales frontline staff having received the influenza vaccination.

Latest HCAI figures for February 2021 remained positive with improvements seen in four of the five reported HCAI indicators. Only *C. difficile* showed a reduction in performance

over the latest reporting period, increasing from 21.0 to 27.8 per 100,000 and has now fallen outside national target levels for the first time since September 2020.

Serious Incidents

There was one Serious Incident (SI) reported to Welsh Government that relates to a Cervical Screening incident first identified on the 26 April 2019. This should have been reported to the Delivery Unit in Welsh Government in November 2020, however due to an error in the internal reporting process this wasn't reported until February 2021. The incident related to the colposcopy referral pathway for low grade cell changes where there is a presence of Human Papilloma Virus (HPV), but where there were no cell changes on the Cytology (Cytology negative). Please note that this SI is not reflected in the dashboard due to the historic nature of the incident and parameters set for our reporting. Please see section 8 for information on the no surprises event reported to Welsh Government.

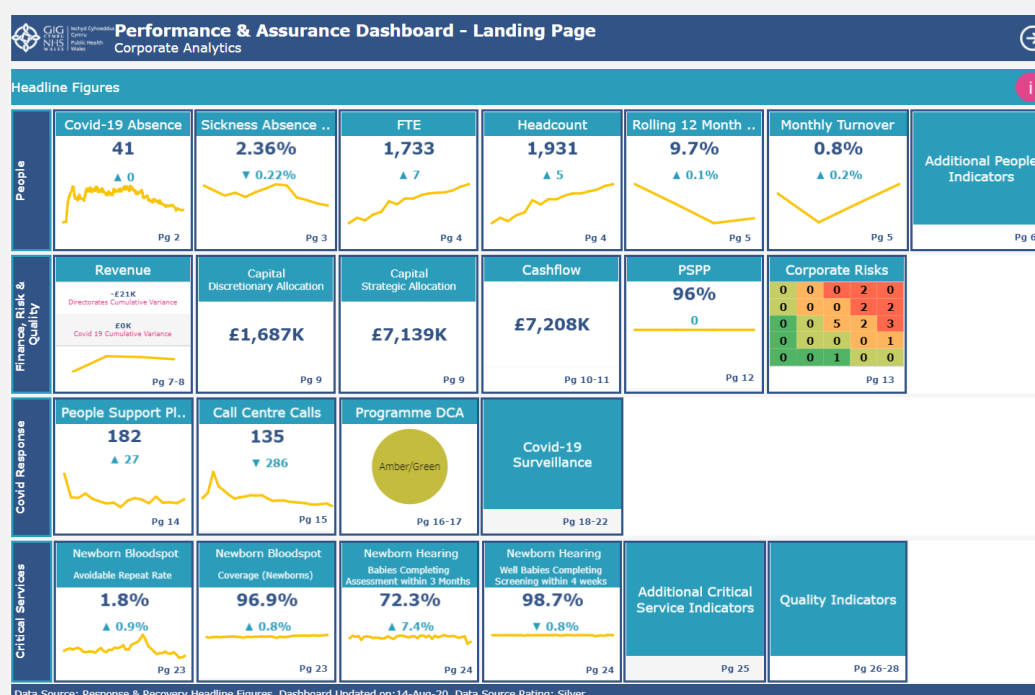
2. Introduction

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

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.



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.

Please note that in light of significant organisational wide support being provided to the COVID-19 response, some performance-related information remains unavailable at the time of reporting.

It is intended that the Performance and Assurance Dashboard will continue to 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. Workforce

COVID-19 absence

Latest data (8 March 2021) shows that there are 19 members of staff recorded as absent from work for reasons related to COVID-19. Absence could be due to caring for dependants, being symptomatic, self-isolating or being unfit for work. Over the course of the pandemic, we have seen a high of 83 staff recorded absent on 30 March 2020 and a low of 16 staff recorded absent on 7 March 2021.

A very small number of staff are currently absent with 'Long Covid' (absent for 12 months or more). The People & OD team are supporting Line Managers to manage absences in line with the Managing Attendance at Work (MAAW) policy.

Sickness absence dashboard

Sickness absence for February 2021 was 2.85% which shows a decrease from the previous month (3.96% for end of January 2021), and the rolling 12 month figure was 3.24%.

'Anxiety/stress/depression/other psychiatric illnesses' remains the most frequent sickness absence reason (highest number of FTE days lost) for the last four quarters and in the latest quarter accounted for 2,072 FTE days lost. The most noticeable change in the latest quarter when compared with the previous quarter is absence related to 'Chest & Respiratory problems' and 'Infectious Diseases'. Both of these reasons for absence are used for Covid-related absence and account for 1,110 FTE days lost in the latest quarter. The highest number of absences are within our Public Health Services Directorate with 3.97% for the rolling 12 months.

The People & OD Team have now delivered remote MAAW training to 82 Line Managers. As this is mandatory training for Line Managers, all those who have not yet attended have been asked to book themselves on to a session.

Workforce Profile Dashboard

At the end of February 2021 our headcount was 2,126 (1,927.4 WTE), which is a year-on-year increase of 222 WTE (12.0%).

Significant work has been undertaken during this period to identify baseline and enhanced staffing requirements to ensure a robust workforce model to support the continued delivery of the organisation's pandemic response.

Targeted recruitment and mobilisation to support the pandemic response continues to ensure that each priority area has a plan to secure the resources required, as well as reducing our dependency on agency or bank workers.

Staff Turnover dashboard

Staff Turnover for February 2021 was 0.6% (1.2% in January 2021) whilst the rolling 12 month turnover figure was 9.2%. This is below the best practice target of 10%. In the current quarter, the top reason for leaving was identified as 'Promotion' with 7 staff citing this as their reason for leaving the organisation.

People Support Plus dashboard

There were 921 calls received in February 2021 that originated from our own organisation, which is a decrease from the previous month (1,039 calls received in January 2021). All calls raised were received via email. 91% of the 921 calls received in February were resolved within 5 working days.

There has been a significant increase in calls in relation to Annual Leave Carry-Over and organisational development. The team are working to identify current themes coming through the system. A communication has been sent out to all staff as a reminder of what queries the ESR Hub can help with.

Statutory and Mandatory Training Compliance

Compliance with the core suite of statutory/mandatory training remains just above the Welsh Government target of 85% and is likely to fall below unless action is taken. All minimum level courses are available online via ESR, itself available as an app off the network. Issues reported last month have been rectified and all programmes are available.

Advanced level Basic Life Support and some Manual Handling training remain cancelled for the remainder of this financial year owing to the potential risks of bringing staff/facilitators into the workplace, even with measures in place and PPE available. Information has been provided to the Health and Safety Group for consideration ahead of re-starting training.

Appraisal Compliance

The rolling number of My Contribution appraisals taking place has fallen again this month, currently standing at 69.5% against the Welsh Government target of 85%. The denominator automatically excludes colleagues joining within the previous three months and as such, the challenge doesn't rest with our recent recruitment drives. An approach to completing end of year discussions, along with a guide for managers, was published in February 2021 and reminders will be issued within the Manager's Brief in March 2021. From the seven directorates asked to provide high-level exception reports in January, only three were received.

COVID-19 Workforce Risk Assessment

The Personal Risk Assessment tool has been rolled out to all staff in Public Health Wales. The tool aims to identify high-risk individuals in high-risk settings so that action can be taken to adapt their workplace or move them into a lower risk environment, such as working from home. The risk assessment has been included as a competency on ESR and will enable further monitoring and reporting.

At the end of February 2021, 44% of our workforce have recorded their COVID-19 Risk Assessment Score in ESR, which is a decrease from the figure that was reported at the end of January 2021 (54%). The decrease in compliance can mainly be attributed to the 6-month review, where some staff have not yet updated their risk level. We are continuing to encourage staff and managers to complete this.

Communications have been sent out regularly to staff via the Intranet and daily Staff Bulletin, reminding staff to undertake or update the risk assessment, and that this is the only method of identifying clinically extremely vulnerable (CEV) staff who are eligible to be prioritised for a Covid Vaccination. Detailed guidance has also been issued on how to update ESR with risk assessment scores, and the need for Managers to approve it. Individual support has been provided to people who have contacted the team to advise of technical issues they have experienced. Business Leads have also been updated with current completion rates and are working with individuals in the directorates to ensure compliance.

Recruitment

For the latest available data (January 2021), the target of 44 days has been met for time from vacancy requested to conditional offer letter issued (44 days). No COVID essential posts are included in this data and the data covers non-essential posts only. Response-related recruitment continues and has been reported separately.

4. Finance

Summary

The Public Health Wales financial position, as at 28 February 2021, is a net surplus of £21k. This position includes £41.956m of costs directly related to the COVID-19 response, of which:

- £3.008m has been met from within Public Health Wales budgets to cover the following costs as follows:
 - £1.235m from pay underspends;
 - £1.501m from non-pay reductions in spend and internal investment slippage, and
 - £0.272m from the re-purposing of the investment funding from the National Health Protection Service
- £0.928m has been met from external funding in respect of Genomics sequencing tests of £0.875m and platform validation of £0.053m, with
- £38.020m of additional funding from Welsh Government covering:
 - Pay (Quarters 1 & 2) £2.330m;
 - Testing strategy £31.012m;
 - Genomics sequencing £1.423m;
 - IP5 Laboratory Pay £0.659m;
 - Hot Laboratory, Resilience and improved turnaround times Pay £1.039m;
 - Flu Programme £0.127m;
 - £1.115m Online Testing for STIs;
 - Institute of Clinical Science and Technology PPE guidance £0.125m; and
 - COVID-19 Vaccination Programme £0.190m.

The following table highlights performance against the key revenue and capital financial targets.

Target	Current Month	Year to Date	Year-end Forecast
Revenue financial target Deficit/(Surplus)	0	(21K)	Breakeven
Capital financial target	11.955m	10.690m	Breakeven
Public Sector Payment Policy	96%	96.26%	>95%

The main variance at month 11 is within central budgets. Due to the exceptional need to realign budgets at the midpoint in 2020/21, as a result of the impact of COVID-19 on our operations, the central budgets are being used to manage a number of financial risks and opportunities. These include the effects of budget realignments, investment slippage, Digital priority commitments and creditor write back.

Further detailed information on Public Health Wales' month 11 position can be found in the accompanying paper entitled *2020/21 Financial Position* and Appendix 1 monitoring return. This detailed report is also circulated to the Audit and Corporate Governance Committee. The content of this report is reflected in the Director of Finance commentary that was submitted to Welsh Government on 11 March 2021 as part of the full financial monitoring return for month 11.

5. Operational Plan

As at March 2021, 88% of milestones are being reported as Green or Completed, a position that hasn't changed for the past 3 months. The remaining milestones see 7% reported as Red, a decrease from 10% previously, and 4% reported as Amber, an increase from 2%.

Nine requests for change have been submitted for approval, three of which related directly to the Digital Strategy. It has been decided to align all strategy launches and consequently this sees the Digital Strategy delivery dates "moved to the right". Three milestones were also suspended in the last month.

Due to the refresh currently underway on the Operational Plan for 2021/22 it has been decided that the Public Health Wales Outcome work will have to be paused. These milestones will be re-profiled as part of the launch of the new plan.

6. COVID-19 response

COVID-19 surveillance

Data correct as of 11 March 2021 showed that since the start of the pandemic there have been 205,978 COVID-19 cases recorded in Wales (up from 198,362 on 11 February), 2,829,189 tests carried out (up from 2,550,653) and 1,709,845 individuals tested (up from 1,557,808).

At a national level, daily case rates showed a sustained decline in the trend following a high of over 3,500 daily cases on 29 December 2020. The national lockdown measures in place since the Christmas period has resulted in a positive shift in the number of daily cases being reported. However, it is important to note that there is a continued risk that new variants of coronavirus could lead to further increases in transmission in Wales.

At the Health Board level, since the pandemic started, the case incidence for Cwm Taf UHB is 8,925.2 cases per 100,000 population (the highest; up from 8,739.3 on 11 February) compared to 3,048.3 cases per 100,000 population in Powys THB (the lowest; up from 2,802.1 on 11 February).

Focusing specifically on the last 7 days (1–7 March 2021), Betsi Cadwaladr (62.3 per 100,000) followed by Aneurin Bevan UHB (39.4 per 100,000) reported the highest case incidence, whilst Hywel Dda UHB reported the lowest (23.5 per 100,000). For the same period, data at the local authority level showed that Merthyr Tydfil (104.4 per 100,000) reported the highest incidence rate, followed by Anglesey (77.1 per 100,000) and Conwy (68.3 per 100,000). Ceredigion local authority reported the lowest case incidence rates over the same period (9.6 per 100,000; down from 38.5 per 100,000).

The cumulative number of suspected COVID-19 deaths reported to Public Health Wales was 5,436, compared to 5,084 reported last month (11 February 2021). With regards to the latest daily all-Wales uptake of the COVID-19 vaccine, 1,056,787 individuals have received a first dose of the vaccine (up from 715,944) with 237,357 individuals receiving a two dose course of the COVID-19 vaccine (up from 4,010). It is important to note that this represents a cumulative daily snapshot in vaccinations given and recorded electronically as at 22:00 on the previous day (10 March at time of reporting). Data entry

at the time of reporting will be incomplete, and the number of people vaccinated will be higher.

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](#)

Staff COVID-19 Vaccination Dashboard

A Public Health Wales staff COVID-19 vaccination dashboard has been developed to help monitor vaccine uptake levels across the organisation, with particular emphasis on key priority groups at this early stage of roll-out. Further iterative developments will be undertaken in the coming weeks.

Key messages as at 08 March include:

- The updated dashboard shows that **1,143** current Public Health Wales employees have been given their first vaccination, which is **51%** of our total workforce
- **85%** of our front-line workers have been vaccinated (**824** front-line employees). *Please note that we are currently encountering some data quality issues with the front-line vaccination data, so the true number of vaccinated staff is likely to be higher. We are working with NWIS and the Surveillance team to resolve these data issues.*
- In addition, **709** of our employees have received their second dose, which is **31%** of our total workforce. **62%** of our front-line workers have received their second dose.
- It is important to note that ongoing data entry means that the true number of vaccinations given is likely to be higher.

7. 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 information for our screening programmes, all-Wales childhood vaccination and influenza uptake, and the latest picture of healthcare associated infections as part of our role to provide timely surveillance information to support NHS Wales organisations.

Screening Programmes

Performance across the majority of our screening programmes remains positive on the whole. However, challenges remain in some areas as a result of the ongoing challenges

related to the pausing services due to the pandemic. Due to the nature of these indicators, recovery will inevitably take longer and therefore discussions are underway to ensure reported indicators are meaningful to help monitor recovery. Any proposed changes to indicators will be shared with the Executive Team and Board for approval.

Due to Covid safe processes, Breast Test Wales continues to see less women a month (circa 7,000), compared to the usual figure of around 10,000. It is therefore very challenging to catch up with the women who are delayed. The programme is working on interventions to reduce DNAs and piloting new ways of appointing women by sending open invitations that will allow more choice for the women. This is working well and the efficiency of the screening clinics improved.

It has previously been reported that the round length indicator of 36 months will not be met for a considerable amount of time due to the nature of the indicator needing to be 'reset' once a woman is invited back again in 36 months. Discussions continue around the inclusion of a longer measure of round length in the interim in order to measure our progress. The timeliness of the women through the screening process is working well although the assessment invitations timeliness are becoming more challenging as the number of women we screen increases (currently 57.2%). The service will continue to work hard to keep the service timely.

Performance for Cervical Screening waiting time from sample being taken to screening test result being sent has improved over the latest period (from 86.9% to 93.6%). The timeliness of the process is excellent due to the ongoing hard work of laboratory and pathway staff during challenging times. The programme is discussing the recovery plan of the programme with GPC Wales colleagues and to ensure recovery of the programme in a phased way that doesn't overload primary care or secondary care.

Bowel Screening has now caught up on the delay of new participants entering the system (aged 60 years) and those participants who are being recalled are delayed by just under 18 weeks. The programme continues to work closely with health boards to monitor delays in colonoscopy (currently 9.9%). This is very challenging situation but several health boards continue to maintain timeliness where others are finding this more challenging.

From 12 March, as the second peak has reduced, the programme has increased the number of invitations to 7,800 a week (up from circa 6,000) which should start to slowly reduce the backlog. The number of bowel screening kits being returned is good and in February uptake was at the highest level it has been since the start of the programme. Timeliness of the bowel screening results remains excellent owing to the excellent work of laboratory and pathway staff.

For AAA Screening, due to the changes in pathway fewer men are able to be screened per clinic and fewer locations are available compared to pre-Covid. The programme is working on processes to reduce DNA such as phone calls to men pre-attendance which is working well and the screening clinics are well attended. Work is being undertaken to increase clinic locations and secured fixed sites to use at several stadiums across Wales and started screening from the Wales Millennium Centre in Cardiff which has been well received. There is no delay for men on surveillance and are currently offering primary screening to eligible men who are delayed in their offer.

As previously reported for Diabetic Eye Screening, fewer participants are able to be screened per clinic and much fewer locations are available compared to pre-Covid. Work

continues to increase clinic locations and have secured fixed sites to use at several stadiums across Wales, including delivering clinics from Wales Millennium Centre 5 days a week which has been well received.

This will be the most challenging programme to recover backlog as it is annual screening; high DNA in those invited currently and large population. When the service was restarted the participants were categorised in terms of risk of sight threatening retinopathy and those with highest risk and new referrals offered screening as first priority. For many areas in Wales, the programme has progressed to offer participants who had previously been identified with background retinopathy and all who identified as type 1 diabetic.

Newborn screening programmes have continued throughout the pandemic and latest figures show a positive picture across many of the reported indicators. Newborn hearing screeners have continued to screen on the wards and clinics in the community have been running again since August 2020. The service has worked hard to maintain the service during staff shortages and limitations around clinic availability. Performance for Newborn bloodspot screening coverage and avoidable repeat rate continues to be strong, even though colleagues in midwifery have been under pressure.

Vaccination and Immunisation

Essential vaccination and immunisation services have continued to be delivered during the COVID-19 pandemic. While service delivery has had to be adapted, uptake of key children's programmes and influenza vaccine uptake continues to be monitored routinely, and surveillance of vaccine preventable diseases continues.

Uptake of routine childhood vaccinations in Quarter 3 2020/21 remained high, despite the pandemic. For one year old children in Wales, uptake of all routine immunisations remained above 95% this quarter, with the exception of rotavirus. Uptake of three doses of the '6 in 1' vaccine was 95.2% this quarter and was 95% or higher in five of the seven health boards and in 15 of the 22 local authority areas. Uptake for children who received two doses of the MMR vaccine by age 5 was also maintained at 92.1% (slightly below the 95% target). In addition to the usual support and system leadership, the VPDP team continues to implement enhanced surveillance to monitor any impact of COVID-19 and national restrictions on uptake or timeliness of vaccinations in children up to 5 years of age.

Latest available data for influenza vaccinations shows that uptake amongst those aged 65 and over is 76.5% (up from 71.9%). Vaccine uptake amongst those aged under 65 years in a clinical risk group has shown a marked improvement at 51.0%. Supporting flu vaccination in under 65 years in clinical risk groups and in health and social care workers has included producing printed and online information resources, communication assets for social media, working with influencers and supporting heads of professions directly. Vaccine uptake amongst NHS Wales frontline staff is currently at 65.2% (62.7% for Public Health Wales frontline staff at 27 February 2021).

Healthcare Associated Infections

Latest figures for February 2021 remains positive with improvements seen across all reported HCAI indicators with the exception of C. difficile. All-Wales E. Coli bacteraemia

(down from 54.4 to 50.3 per 100,000) and Klebsiella sp. Bacteraemia (down from 26.3 to 17.0 per 100,000) in particular showed improvements in performance over the latest period. E. Coli bacteraemia continues to achieve national reduction expectation levels.

The all-Wales C. difficile rate has now fallen outside target levels for the first time since September 2020 with latest figures for February 2021 at 27.8 per 100,000. Year-on year C. difficile performance remains relatively consistent with 2019/20 figures.

Whilst the HARP team continues to provide advice and support to Health Boards and Trusts in relation to HCAI rates, focus remains on our enhanced response to COVID-19.

Further information in relation to COVID-19 related HCAI/AMR surveillance, hospital onset COVID-19 infection surveillance is available on the following hospital admissions dashboard:

[COVID-19 Surveillance Admission Indicators](#)

8. Quality

As part of the Phase 2 release of the Performance and Assurance Dashboard, an interactive quality dashboard was introduced. The dashboard includes latest available information on incidents, serious incidents, complaints and claims, and provides a greater breadth of information across this key area for our organisation.

As previously reported, whilst the data quality has been assessed as bronze, further work will be undertaken in relation to the implementation of the OFWCMS to extract data from Datix into the Performance and Assurance Dashboard. We are continuing to work with the All Wales OFWCMS Implementation Team to ensure that we can generate effective and meaningful reporting following the system's implementation later this year. We are also working with Datix users across Public Health Wales to improve compliance with Datix procedures which will in turn improve data quality.

Serious Incidents

There was one Serious Incident reported to Welsh Government that related to incidents reported in February 2021. This occurred in Cervical Screening, and relates to an incident first identified on the 26 April 2019. This should have been reported to the Delivery Unit in Welsh Government in November 2020, however due an error in the internal reporting process this was reported in February 2021.

The incident was in relation to the colposcopy referral pathway for low grade cell changes where there is a presence of Human Papilloma Virus (HPV), but where there were no cell changes on the Cytology (Cytology negative).

Please note that this serious incident is not reflected in the online dashboard due to the historic nature of the incident and the parameters set for our reporting.

No Surprises

There was one No Surprises which have been to Welsh Government in this reporting period, this is in relation to the Diabetic Eye Screening Programme.

Claims

Three new potential claims were reported in February 2021, all of which are related to Breast Test Wales.

Complaints

There were 11 formal complaints raised in the reporting period. Nine of them (82%) were acknowledged within the target 48 hours and all are currently under investigation.

9. Risk

All 16 risks associated with Covid-19 have now been reviewed in line with policy and updates provided. Where appropriate, changes have been made to the risk descriptions and scores.

All risks have been updated since October of last year.

- One risk has been updated within the past month
- Thirteen risks have been updated in the past 2 months
- Two risks have not been updated since October 2020.

However a total of 14 risks now have overdue actions which need to be prioritised for review and these will be considered by BET for any requirements for changes to actions and achievable target dates to be agreed.

10. 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.