PERFORMANCE AND ASSURANCE REPORT

October 2020

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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. 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

Latest data shows that 22 members of staff are currently reported as being absent from work due to a COVID-19 related reason. Whilst the total number is comparable with last month, it is evident that there has been an increase in staff members reported as being "unfit to work" due to a COVID-19 related reason, with nearly a third of absent staff classified in this category at the beginning on November. Whilst the recent increase seems to be in line with the rise in cases in the community more generally, the People & OD Team have been contacting line managers of absent staff to better understand the reasons and to identify if there is any further support or assistance they can offer.

Overall sickness absence across the organisation has also increased over the last month (from 2.5% to 3%) although remains below average for this time of year. The People & OD Team are currently analysing the latest sickness data to try and identify any patterns or areas of high incidence. In addition, they are engaging with line managers of staff who are absent due to Anxiety/stress/depression/other psychiatric illnesses in order to better understand the background and provide any specific advice or support they require.

At the end of October 2020, 66% of our workforce have recorded their COVID-19 Risk Assessment Score in ESR, which is an improvement from the figure that was reported at the end of September 2020 (59%).

Finance

The cumulative reported position at month 7 is a net surplus of £24k, and currently anticipating a breakeven position. This position includes £19.227m of costs directly related to the Trust's COVID-19 response. Performance for our Public Sector Payment Policy remains strong in month 7 at 97% (96.3% year to date).

The main variance at month 7 is within Public Health Services. Microbiology division has overspent in month 7 by £1.330m, this overspend has been partially offset by underspends in Screening division of £684k, Health Protection division of £358k, SPR division of £72k and Public Health Services Corporate division of £21k resulting in a Directorate month 7

overspend of £195k. Public Health Services Directorate will continue to work towards a year-end break-even plan.

Further information on our financial position is available in a separate paper presented to the Executive Team and Board entitled *2020/21 Financial Position* along with our Appendix 1 monitoring return. This detailed report outlines the financial position for Public Health Wales as at 31 October 2020, and the financial forecast at 12 November 2020, which includes the position on COVID-19.

Operational Plan

Following approval of the Operational Plan on 29 October 2020, a number of controls have been put in place to provide assurance around its delivery. A process has also been established for the management of change/variation against the approved Plan.

As at November 2020, 80% of the 119 milestones detailed within the Operational Plan are reported as either green (89) or completed (7). The majority of milestones reported as red or amber sit within the Health Protection Response, although this area accounts for the majority of milestones (17% reported as Red with a large proportion due for delivery within the first weeks of the plan).

Eight requests for change were submitted to the Business Executive Team for consideration in relation to changes to milestones. A request was also been submitted by the Service Reactivation Priority Area for changes to the agreed levels for Tobacco Control, Primary Care Hub and Active Travel. Requested changes were approved at the Business Executive Team meeting held on 16 November 2020. Further detail of these changes is provided in Annex A and Annex B.

Key services

High levels of performance continues to be maintained across the majority of our key services. At an all-Wales level, our newborn screening programme continues to achieve national standards with only newborn bloodspot avoidable repeat rate falling outside standard at 3% in October (up from 1.5%). This is a result of a small increase in the written errors on the card (e.g. NHS number or missing information) which has resulted in a small number of repeats needed. An update on our other screening programmes is provided in the main body of the report with latest available data due to be reported from next month once data processing and quality assurance checks have been completed.

Our microbiology service continues to provide substantial COVID-19 and non COVID-19 support to the organisation and wider NHS in Wales. Performance across our reported microbiology indicators remained strong during the second quarter of 2020/21, with only turnaround time compliance for Virology falling below target due to Covid-19 pressures. This situation will continue to be monitored on an ongoing basis.

Latest data for Healthcare Associated Infections showed a positive picture in October 2020. In particular, rates for C. difficile (24.8 per 100,000) and E. Coli bacteraemia (24.8 per 100,000) saw marked improvements and are now achieving national reduction expectation levels in October (down 14.4 and 13.9 per 100,000, respectively).

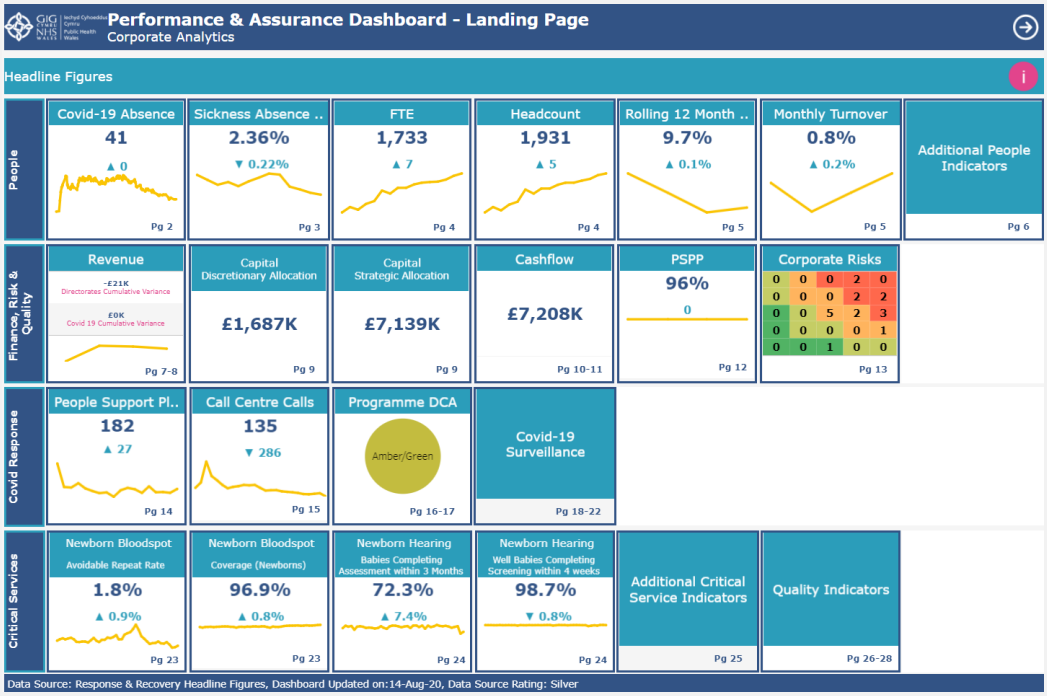
2. Introduction

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. Workforce

COVID-19 absence

Latest data (17 November 2020) shows that there are currently 22 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 and 22 March 2020.

There has been a spike of Covid-19 related sickness absences at the end of October 2020, which seems to be in line with an increase in the community more generally. The People & OD Team have been contacting line managers of absent staff to better understand the reasons and to identify if there is any further support or assistance they can offer.

Sickness absence dashboard

Sickness absence for October 2020 was 3.00% (up from 2.2% last month), and the rolling 12 month figure was 3.35%. The monthly figure shows a rise in sickness absence when compared with the previous 6 months but is still below the average for this time of year.

Anxiety/stress/depression/other psychiatric illnesses have been the top sickness absence reason for the last four quarters i.e. quarter 3 2019/20 – quarter 2 2020/21 and in the latest quarter accounted for 1870 FTE days lost. Back problems has moved to the second highest reason for sickness in the last quarter with 281 FTE days lost.

The People & OD Team are currently analysing the latest sickness data to try and identify any patterns or areas of high incidence. In addition, they are engaging with line managers of staff who are absent due to Anxiety/stress/depression/other psychiatric illnesses in order to better understand the background and provide any specific advice or support they require.

Workforce Profile Dashboard

At the end of October 2020 our headcount was 1975 (1775.9 wte), which is an increase of 102.1 wte when compared with October 2019.

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 work stream 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 October 2020 was 0.9% whilst the rolling 12 month turnover figure was 9.5%, therefore achieving the best practice target of 10%. In the current quarter, the top reason for leaving was identified as 'End of Fixed Term Contract' with eight members of staff sighting this as their reason for leaving.

People Support Plus dashboard

For this month's report we have made some changes to the dashboard to more accurately reflect the activity of the People Support Plus service.

We have removed any calls that originated outside of Public Health Wales e.g. Payroll and Recruitment services, so that the dashboard focusses on calls that came from within our organisation. There were 572 calls received in October 2020 and 99% of those calls were received via email.

The charts that show a breakdown of calls by Directorate and Classification have also been updated to only display the data for the latest month, which will allow us to analyse the types of queries our workforce are currently raising, as well as from which parts of the organisation.

Please note that the 'Calls by Directorate' chart currently shows that the People & OD Directorate raised 212 calls in October. This relates to calls that the People & OD Team have raised on behalf of employees and managers across the service so that they can be allocated to the appropriate team member. We are currently exploring the possibility of transferring these calls to the relevant Directorate so that the chart provides a more accurate picture of the number of calls raised from each area.

Statutory and Mandatory Training Compliance

Compliance has slipped further this month; the broader mandatory training programme in part due to the inclusion of Cyber Awareness training, but the core suite has slipped almost 1.5%. All training at this national minimum standard is available via e-learning, and the People & OD team are finalising the commissioning of higher-level training for the relevant Screening staff, with a programme in place by the end of this month. This has been delayed slightly by supplier availability and staff absence.

Appraisal Compliance

My Contribution compliance sits at 74.03%, with the Executive Team having received an update last week at both organisation and directorate level. The manager's objective has been communicated and, at the beginning of October, we asked all directors with compliance below the internal target of 90% to complete and return an exception report;

to date, three out of seven have been received. Audit and Assurance Services have commenced their follow up and field work should be completed by the end of November.

COVID-19 Workforce Risk Assessment

At the end of October 2020, 66% of our workforce have recorded their COVID 19 Risk Assessment Score in ESR, which is an improvement from the figure that was reported at the end of September (59%).

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. Further communications will be going out to staff via the Intranet in December, reminding them to undertake a review of the risk assessments they have undertaken, now that they have been in place for 6 months. This will also serve as a reminder to those who have not yet completed one to take action.

4. Finance

Summary

The Public Health Wales financial position as at 31st October is a net surplus of £24k. This position includes £19.227m of costs directly related to the COVID-19 response, of which:

- £1.592m has been met from within Public Health Wales budgets as follows:
  - £607k from pay underspends
  - £911k from non-pay reductions in spend and internal investment slippage
  - £73k from the re-purposing of the investment funding from the National Health Protection Service
- £267k has been met from external funding in respect of Genomics sequencing tests and platform validation, with
- £17.454m of additional funding from Welsh Government covering pay £2.330m, testing non-pay £14.220m, Genomics sequencing £0.604m, IP5 £0.119m, ICST PPE guidance £0.095m and £0.085m of unmet savings

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)	**(3K)**	**(24K)**	**Breakeven**
Capital financial target	**1.442m**	**2.583m**	**Breakeven**
Public Sector Payment Policy	**97%**	**96.33%**	**>95%**

The main variance at month 7 is within Public Health Services. Microbiology division has overspent in month 7 by £1.330m, this overspend has been partially offset by underspends in Screening division of £684k, Health Protection division of £358k, SPR Division of £72k and Public Health Services Corporate division of £21k resulting in a Directorate month 7 overspend of £195k. Public Health Services Directorate will continue to work towards a year-end break-even plan.

A further detailed Finance report entitled *2020/21 Financial Position* has been presented to the Executive Team and Board separately. This is accompanied by 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 12 November 2020 as part of the full financial monitoring return for month 7.

As previously reported, in order to provide additional context to our financial indicators, a Risk Assessment Rating has been introduced to our Performance and Assurance Dashboard (PAD), adopting a traditional RAG approach. This detail can be found on the Landing Page of the PAD. The heading for each financial indicator is now coloured by its indicative risk assessment RAG status. The introduction of this rating aims to highlight a number of uncertainties in these areas, despite strong performance to date.

5. Operational Plan

Following approval of Public Health Wales' Operational Plan by the Board on 29 October 2020, a number of controls have been put in place to provide assurance around its delivery. This includes the regular monitoring of progress against the delivery of milestones formally to BET and Board through updates within the PAD on a monthly basis. A process has also been established for the management of change/variation against the approved Plan.

As at November 2020, 80% of the 119 milestones detailed within the Operational Plan are reported as either green (89) or completed (7). The majority of milestones reported as red or amber sit within the Health Protection Response, although this area accounts for the majority of milestones. 17% of milestones within the Health Protection Response are rated as Red, although it should be noted that a number of milestones within this area were due for delivery within the first weeks of the plan.

Within the exception reports provided by the Health Protection Response, lack or limited resources is highlighted as a key issue in a number of cases. Issues associated with the mobilisation of resources from other priority areas (e.g. Population Health and Organisational Learning) to support surge arrangements within the response are also reflected in their milestone updates.

Eight requests for change in relation to changes to milestones were considered and subsequently agreed by the Executive Team on 16 November 2020. Seven of these were from the Health Protection Response and one was from the Organisational Learning priority. All changes submitted by the Health Response were to delivery dates, while the Organisational Learning priority requested the evaluation milestones is suspended, at this stage, as a result of resources being mobilised to support our response to COVID-19. Detail of these changes is provided in Annex A.

A request was also submitted by the Service Reactivation Priority Area for changes to the agreed levels for Tobacco Control, Primary Care Hub and Active Travel. Further detail on this is provided in Annex B.

6. COVID-19 surveillance

Data correct as of 17 November 2020 showed that since the start of the pandemic there have been 68,449 COVID-19 cases recorded in Wales (up from 33,041 at 14 October), 1,345,053 tests carried out (up from 977,596) and 853,951 individuals tested (up from 629,343). The cumulative number of suspected COVID-19 deaths reported to Public Health Wales was 2,284, compared to 1,698 reported last month (14 October 2020).

At the national level, an upward trend in daily case numbers has been evident over the past two months, with a high of around 1,500 daily cases seen at the end of October. Latest data shows that the increasing trend has slowed, with early signs of a reduction in daily cases at the start of November. Early indications suggest that the national 'firebreak' may have eased the increasing trend in daily case numbers but it should be noted that data over the past 5 days should be treated as provisional due to the fact that some tests take longer to be completed.

At the health board level, since the pandemic started, the case incidence for Cwm Taf UHB is 3,320.3 cases per 100,000 population (the highest; up from 1,490.5 on 14 October) compared to 941.6 cases per 100,000 population in Powys THB (the lowest; up from 464.4 on 14 October).

Focusing specifically on the last 7 days (9 November – 15 November), Cwm Taf UHB (239.2 per 100,000) and Swansea Bay UHB (237.0 per 100,000) reported the highest case incidence, whilst Powys THB reported the lowest (81.5 per 100,000). For the same period, data at the local authority level showed that Blaenau Gwent (334.9 per 100,000) reported the highest incidence rates, followed by Merthyr Tydfil (270.2 per 100,000) and Neath Port Talbot (263.1 per 100,000). Anglesey, Gwynedd and Conwy local authorities reported the lowest case incidence rates (below 50 per 100,000).

Latest data shows that the largest proportion of tests have been conducted in "Non-NHS Wales labs – Other" (45.7%), followed by "NHS Wales – Other" (32.7%). Home tests accounted for 11.1% of tests carried out and "NHS Wales – Hospitals" accounted for 10.5% (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

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, our microbiology service, 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 (newborns) has maintained performance above the national standard in October 2020 at 96.5%. Only Swansea Bay University Health Board fell slightly short of achieving the 95% standard at 94.8%. All-Wales year-on-year performance for this period is showing a 2.5% rise, with Hywel Dda UHB up by over 5%.

Latest data for newborn bloodspot screening avoidable repeat rate has increased from 1.5% to 3.0% in October 2020 and is now above the ≤2% standard for the first time since March 2020. The increase seen is as a result of a small rise in the written errors on the card – such as the NHS number or missing information – resulting in a small number of repeats needed and is not an increase in the poor quality samples taken. Variation continues across health boards with Powys THB reporting the highest (8.2%) and Betsi Cadwaladr UHB the lowest (1.3%) avoidable repeat rate.

During the pandemic, the team have followed up written errors or missing information on the card with the sample taker to try to reduce the number of repeats needed which remains challenging to resource sustainably. The team are meeting in November to discuss what actions can be taken forward to ensure that repeats remain as low as possible.

Newborn Hearing Screening

Latest figures for our reported newborn hearing indicators show a continued strong level of performance. Performance for babies completing screening within 4 weeks remains above the national standard at 94.4% with babies completing their assessment by 3 months also above standard at 86.7%. Whilst performance is down (4% and 13% respectively) when compared to the same period last year, the trend shown over recent months has remained positive on the whole, especially when considering the challenges of running a service during our response to the COVID-19 pandemic.

Reinstatement of Screening Programmes

A detailed restart plan has been implemented and all of the screening programmes have now been reinstated. Due to the data processing and quality assurance checks that are currently being undertaken across programmes, the latest available data will be reported in the Performance and Assurance Dashboard from next month, alongside any proposed revisions to a small number of operational targets as previously reported. The information below provides a summary for each programme since programmes were restarted.

Breast Test Wales restarted inviting women to attend for screening at the beginning of August. The first priority were women who were identified as high risk and we are now starting to invite women overdue their routine recall appointment. Screening has been offered at one of the static sites while the mobiles have been reconfigured to ensure

screening can be offered safely. Mobiles are due to start to be available from the middle of October to offer screening in community settings. Due to the changes in pathway to make it Covid-secure fewer women are able to be screened per clinic.

Bowel Screening Wales restarted sending invitations at the beginning of August to enable health boards time to clear their backlog of screening colonoscopy due to the pause. Participants who are overdue their routine recall are now being invited. The number of invitations sent are back to pre-covid levels.

Cervical Screening restarted sending invitations at the end of June firstly to women on early repeat as priority. Invitations have continued to be sent out monthly and women on routine recall are being invited. The numbers of invitations sent are back to pre-covid levels.

Wales Abdominal Aortic Aneurysm Screening restarted inviting surveillance men in August and are now inviting men who are overdue their primary screening offer.

Diabetic Eye Screening Wales restarted inviting high risk participants in September. This includes pregnant and post-partum diabetic women, newly referred participants, surveillance participants and participants with previously identified retinopathy at defined level.

One of the key constraints currently is the reduction in the availability of clinic venues to deliver the service. Diabetic Eye Screening Wales, Wales Abdominal Aortic Aneurysm Screening and elements of Newborn Hearing Screening Wales programmes are reliant on local health board venues as the screening teams bring equipment to deliver a local service health board residents. Improving access to venues is vital to be able to offer services to those that have had their screening delayed by the pandemic. The screening team are continuing to engage with partners to seek alternative venues to address this although it remains challenging.

Microbiology

Our microbiology service have seen a return to normal business levels of non-Covid activity as well as continuing to provide ongoing Covid testing to incidents and clusters across Wales. Outside of the day to day service delivery, the service has been focused on implementing the approved business case to establish 24/7 Covid testing at the three regional laboratories in Rhyl, Singleton and UHW, setting up six new hot labs at Prince Phillip, Morriston, Princess of Wales, Prince Charles, Llandough and Grange hospitals as well as the new high volume testing laboratory at Imperial Park (to provide PCR and antibody testing).

Performance across our reported microbiology indicators remained positive during the second quarter of 2020/21. Only turnaround time compliance for Virology failed to achieve target levels owing to COVID-19 pressures (UHW), hardware issues and a significant decline in GUM numbers since COVID-19 and hence having to batch samples (Rhyl). Although turnaround times are delayed, no clinical impact is anticipated as triaging is undertaken. The situation will be monitored on an ongoing basis and all chlamydia/GC NAAT testing is moving to Magden Parc so awaiting full batches will not be an issue.

The Food, Water and Environment, Specialist and National reference laboratories have also been subject to UKAS review and whilst awaiting final report are expected to continue their accreditation. Public Health Wales Genomics continues to be amongst the top performing global pathogen genomics services for COVID-19.

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.

Latest figures for October 2020 showed that, with the exception of Staph. aureus (25.5 per 100,000) and P. aeruginosa bacteraemia (6.4 per 100,000), all other reported HCAI indicators saw improvements over the latest period. In particular, C. difficile (24.8 per 100,000) and E. Coli bacteraemia (24.8 per 100,000) saw marked improvements and are now achieving national reduction expectation levels in October 2020 (down 14.4 and 13.9 per 100,000, respectively).

Whilst the HARP team continues to provide advice and support to Health Boards and Trusts in relation to rises in healthcare associated infections, any "business as usual" HCAI/AMR work remains very challenging to deliver during the current enhanced pandemic response.

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

Complaints

During the reporting period, a total of four formal complaints were received with 100% of compaints acknowledged within two working days. Of the four complaints received none are yet due for closure and three are still under investigation.

Compliments

There were 102 compliments received in October 2020 (ratio of compliments to formal complaints was 26:1).

Serious incidents

No serious incidents were reported in October 2020.

Incidents

During October 2020, there were a total of 254 incidents reported (up from 111). The total number of incidents reported in October has risen to a 12 month high, which reflects the fact that not only is Covid-19 work still ongoing and attracting incident reports but also the Screening Division is now back to almost pre-Covid operations.

The number of Covid-19 related incidents has increased this month from 17 to 38, however the ratio of Covid to non Covid incidents has remained the same at 15%. Information Governance incidents have fallen again to 9, and there was one Information Governance incident which constituted a reportable data breach. This has been reported to the Information Commissioners Office, it was reported as low risk to individuals and therefore reported to Welsh Government as a 'no surprises'. It is recognised that there is a potential for adverse publicity, in light of the recent Data Breach investigation and report published 12/11/20.

Patient / service user incidents have risen from 71 last month to 103 and the overall trend continues to rise. The increase is reflected in the increase in the number of incidents reported in the Screening Division as services are reactivated.

Below are three examples of the most robust lessons learned identified, which include staffing changes to a process, identification of systems to support the reduction of human error and changes to documentation.

ID	Description	Outcome of Investigation and Lessons Learned
16456	Growth on sensitivity plate (GNB) labelled B20e005220 didn't match growth on culture plates labelled B20e005220 which was a propioni, and the gram indicated it to be a GNB and culture plate labelled B20E005200 grew a GNB for which the gram indicated a propioni.	Locally, ruling now in place that ONLY ONE BMS to process entire blood cultures from start to finish, to avoid such events potentially happening again. (Recollection this had happened once before a while back too).
16492	Results from Aries not entered correctly as it's a manual process, so appears as blank to the service user	As reporting method is prone to human error, systems need to be in place to minimise risk, such as adequate staffing and second checks/worklists.
16677	Alerted by ref lab to 4 identical organism and resistance mechanism results from 4 unrelated patients from consecutive laboratory numbers over two hospital sites.	Local bench aid is being re-written to make it more clear to staff. Re-training for BSW staff to drive aseptic techniques and training materials will be generated to emphasise importance of testing and infection control implications of a positive CPO. This is all to be documented in the next bacteriology staff newsletter (in lieu of a staff meeting)

Claims

At the end of October 2020, the total number of confirmed and potential clinical negligence claims were 19. One Breast Test Wales claim has settled in full at the end of October 2020. The anticipated Public Health Wales liability in respect of confirmed claims is £300,000.00. 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. A £25,000 excess will be applied to the reimbursement of negligence claims settled by member health bodies under NHS Indemnity. Lessons learnt relating to any settled claims continue to be shared via the Quality, Safety and Improvement Committee via the quarterly claims report.

9. Risk

Our corporate risk register shows the risk scores and mitigating actions for each of our 17 risks. Each risk has a control and risk action plan. The dashboard demonstrates that, as at November 2020, the current risk exposure remains above the target level for the majority (13) of our corporate risks. Four 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
- 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

No changes were made to our corporate risks over the latest reporting period when considering month on month variance.

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.

Appendix A – Approved Changes 16.11.20

Priority Area	Milestone	Change request	Reason for change
Response	Governance and reporting arrangements for the Stage 3 Health Protection Response during Q3 October-December are finalised and activated	Change the milestone delivery date from 02/11/20 to 30/11/20	Stage 3 Governance and reporting arrangements for the specialist health protection response not yet agreed and activated. Dialogue ongoing with key stakeholders
Response	Alignment of the Specialist Health Protection response deliverables and future operating model incorporated into the Health Protection Business Case	Change the milestone delivery date from 30/10/20 to 20/11/20	Development of HP Business Case ongoing. Work to align the specialist health protection response deliverables and future operating model ongoing
Response	Develop and test behaviourally informed messaging for young people around COVID-safe behaviours	Change the milestone delivery date from 30/10/20 to 15/01/21	Behaviourally informed messaging has been developed and agreement secured to test with other WG output post firebreak through WG creative partners. R&E Division are supporting development of testing protocol. Work is on hold during firebreak with agreement of WG Communications colleagues
Response	Additional dedicated Consultant in Public Health and Practitioner workforce mobilised from the National Health Protection Response Cell into the Port Health team and new operating model in place	Change the milestone delivery date from 31/10/20 to 30/11/20	Milestone delivery date not achieved. Due to ongoing staff shortages in the NHPRC and requirement to operate at surge tier 2 Consultants and Practitioners in the NHPRC have not been able to be released to transfer into the guidance cell to date and it is unlikely that this transfer of staff resource will be achieved by 15/11/20

Response	Agreed protected pool of National Contact Centre staff (NCC) to deliver NCC function to end February 2021 with sufficient surge capacity	Change the milestone delivery date from 05/11/20 to 30/11/20	NCC staffing model and surge activation process agreed and endorsed by Gold. Baseline level of staffing secured through PHW mobilisation. (as at 05/11/20) baseline rotas fully populated until 21/12/20. However, insufficient staff identified to date at the tier 1 and tier 2 surge level required to fully populate the rota requirement should we need to trigger surge. Further mobilisation work needs to be completed to secure the pool of reservist staff
Response	Update and reissue the Public Health Wales Operating Framework for Test, Trace, Protect national response	Change the milestone delivery date from 05/11/20 to 20/11/20	This milestone has not been completed by the agreed delivery date due to insufficient staffing resource as staff time was prioritised to other critical work
Response	Develop technical specification for integration of SMS results into CRM and present to Welsh Government TTP Programme Board to commission NWIS to develop final specification for integration of results into the CRM	Change the milestone delivery date from 30/11/20 to 31/01/20	Due to the decision by Gold to support the 'Patient knows best' pilot the timeline will need to be re-profiled. An assessment of the scale of the work and resource required to support the pilot is currently being undertaken.
Organisational Learning	Evaluation	Postponement of milestone	Previously identified staff within R&E have been redeployed to support the organisational response

Appendix B - Service Reactivation – Priority Services Table

Technical change request

The following changes to the Service Reactivation section of the plan are requested, which are of a purely technical nature:

1. Change Tobacco Control from Current/ Agreed Level 0 to Current/ Agreed Level 1, to reflect tobacco control activity currently taking place. The current plan incorrectly states that no tobacco control activity is taking place.
2. Change Primary Care Hub from Agreed Level 0 to Agreed Level 1. The current plan incorrectly states that the Agreed Level is Level 0.
3. Change Active Travel from Agreed Level 0 to Agreed Level 1. The current plan incorrectly states that the Agreed Level is Level 0.

Reason for change

1. To ensure that the Current Level for all services in the plan is represented correctly.
2. To ensure that the statement in the plan that "all priority services should be maintained at their current level of operation" (p.33, PHW Operating Plan) is applied consistently.

Impact of change

Each of these functions is continuing to operate with the following staffing, which has already been factored into workforce planning for the Operating Plan. As non-screening functions, each of these functions may be required to commit further staff time to the Response, along with many other services.

- Tobacco Control - maintaining Tobacco Control at Level 1 will require 0.52 WTE staff in total, comprising 1 x Consultant (0.2 WTE), 1 x Principal Public Health Practitioner (0.2 WTE) and 1 x Health Promotion Practitioner (0.12). This work allocation is already reflected in the current workforce baseline for the Operational Plan.
- Primary Care Hub – delivery at Level 1 will require 3.4 WTE staff, including 0.6 WTE minimum of Consultant time (ideally 0.9 WTE), and 0.4 WTE of a Senior Public Health Practitioner. Assuming that Primary Care Hub will continue at Level 1, this time commitment has already been factored into Response planning for Q3. It should be noted however that Welsh Government grant funds the Hub by £380k annually in return for agreed deliverables, and this funding (and staff) would be placed directly at risk should this staff time be required for the Response.
- Active Travel – delivery at Level 1 will require 0.4 – 0.6 WTE of a Principal Health Promotion Practitioner, who is currently supporting the Contact Centre as an Operational Lead. This commitment is compatible with the Contact Centre support