PERFORMANCE AND ASSURANCE REPORT

December 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.

Version 2 of the Performance and Assurance Dashboard is being launched this month. This sees the iterative development of additional interactive dashboard for key areas of organisational performance. This includes:

- Operational Plan for 2020/21 (launched in November 2020)
- COVID-19 vaccination uptake
- Quality dashboard
- Additional developments to our finance dashboards
- Breast Test Wales dashboard

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

A small rise in sickness absence was evident over the latest reporting period with the latest figure for December 2020 being 3.46% (12-month rolling average, 3.3%). 'Anxiety/stress/depression/other psychiatric illnesses' remain the most common sickness absence reasons for the last four quarters and in the latest quarter accounted for 2,013 FTE days lost. The most noticeable change over the latest quarter was increases in absence rates related to 'Chest & Respiratory problems' and 'Infectious Diseases'. Both classifications are used for reporting covid-related absence and accounted for 926 FTE days lost over the latest quarter. This correlates with the increase in covid-related absence seen over the Christmas period. The People and OD Team will commence delivery of 'Managing Attendance at Work' training again in February to support managers in managing sickness absence. This will also include absences related to Covid-19.

Staff headcount continues to rise with latest data for December 2020 at 2,078 (1,880.3 WTE), an increase of 189.7 WTE (11.2%) since the same period last year. 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.

The average 'time to hire' improved between October (51 days) and November 2020 (44 days). The two outliers that were detailed in last month's report have now been concluded, which has brought the data back in line with target timescales. No Covid-19 essential posts are included in this data and covers non-essential posts only.

Finance

The cumulative reported position at month 9 is a net surplus of £36k (£13k in-month), and currently anticipating a breakeven position. This position includes £28.906 of costs directly related to the Trust's COVID-19 response. Performance for our Public Sector Payment Policy has improved in month 9 at 97% (96.3% year to date).

The main variance at month 9 is within Public Health Services. Microbiology Division has overspent in month 9 by £1.653m, mainly due to the underachievement against income targets and pay pressures in medical staffing in North Wales. The overspend has been partially offset by underspends in Screening Division of £864k, Health Protection Division of £415k, SPR Division of £112k and Public Health Services Corporate Division of £43k resulting in a net Directorate month 9 overspend of £219k. Public Health Services Directorate will continue to work towards a year-end break-even plan.

Further detailed information on Public Health Wales' month 9 position can be found in the accompanying *2020/21 Financial Position* and Appendix 1 monitoring return. This detailed report outlines the financial position for Public Health Wales as at 31 December 2020, and the financial forecast at 14 January 2021, which includes the position on COVID-19.

Operational Plan

As at January 2021, 88 % of milestones are being reported as Green or Completed. This is an increase from 79% in December 2020. The remaining milestones are reported as amber (8%) and red (4%). Eight requests for change have been submitted for approval, including 5 from the Response Programme. All changes relate to the delivery date being 'moved to the right'.

Key services

Despite ongoing challenges related to our Covid-19 response, strong performance levels remain across a number of our key services.

At an all-Wales level, our Newborn Screening Programmes have maintained standard for reported indicators with only Newborn Bloodspot avoidable repeat rate falling outside standard at 2.6%. Breast Test Wales assessment invitations within 3 weeks (96.6%) and normal results within 3 weeks (98.4%) remain above national standards, as well as Cervical Screening waiting time to test result (96%) and Diabetic Eye Screening results letters printed within 3 weeks (99.7%).

Whilst performance remains positive on the whole, it is evident that the pause in delivery has also had a direct impact on performance, with particular challenges seen in Breast Test Wales round length (5.4%), Bowel Screening waiting time for colonoscopy (35.9%), and Diabetic Eye Screening coverage (14.2%). Further work will be undertaken to ensure that reported indicators are meaningful in light of the time it will take to recover services to pre-Covid levels.

In light of current pressures, screening programmes have been asked to consider options aimed at reducing pressure on Health Boards. For example, Bowel Screening reduced weekly invitations from 7,800 to 6,000 for the end of December and through January. This will result in a 23% reduction in colonoscopies and a 29% reduction from our planned increased invitations. Whilst the new level of invitations won't reduce screening backlog, it will not add to it either. This will reduce the number of referrals into colonoscopy during late January/early February and will hopefully allow some capacity to catch up on any delayed procedures. This has been communicated to colonoscopy services and has been positively received.

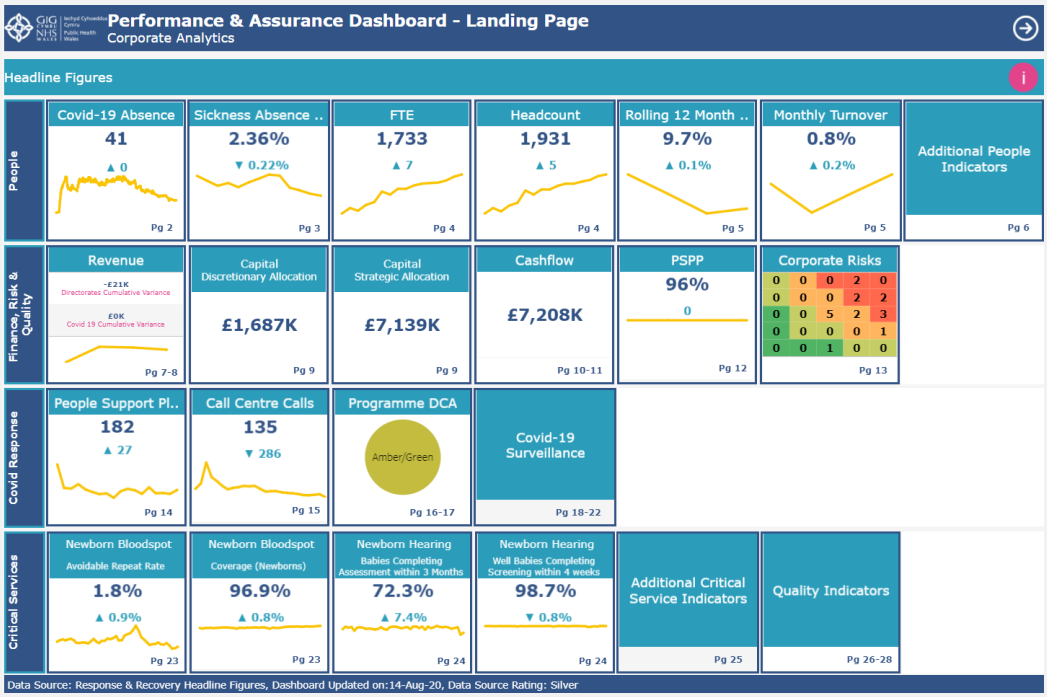
2. Introduction

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 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 (7th January 2021) shows that there are 32 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 17 staff recorded absent on 19 & 22 March 2020 respectively.

The People and OD Team are continuing to monitor any new COVID cases and make contact with the respective line managers to offer support and they continue to case manage each long term sickness absence.

Sickness absence dashboard

Sickness absence for December 2020 was 3.46% which is an increase from the previous month (3.24% was the final figure for November 2020), and the rolling 12 month figure was 3.33%.

'Anxiety/stress/depression/other psychiatric illnesses' remain the top sickness absence reason (highest number of FTE days lost) for the last four quarters and in the latest quarter accounted for 2,013 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 926 FTE days lost in the latest quarter.

The People and OD Team are starting to deliver 'Managing Attendance at Work' training again in February to support managers in managing sickness absence. This will also include absences related to Covid-19.

Workforce Profile Dashboard

At the end of December 2020 our headcount was 2,078 (1,880.3 WTE), which is an increase of 189.7 WTE (11.2%) since December 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 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 December 2020 was 0.4% (0.6% in November 2020) whilst the rolling 12 month turnover figure was 8.5%. This is below the best practice target of 10%. In the current quarter, the top reason for leaving was identified as 'Promotion' with seven staff citing this as their reason for leaving.

People Support Plus dashboard

As explained in last month's report, 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 the organisation. There were 761 calls received in December 2020 which is an increase from the previous month (662 calls received in November 2020) and 99% of those calls were received via email. 86% of the 761 calls received in December were resolved within 5 working days.

There have been an increase in calls in relation to Annual Leave Carry-Over, and the team are working to identify current themes coming through the system.

Statutory and Mandatory Training Compliance

Compliance with both the core and extended suite of statutory and mandatory training has fallen again this month, and we are likely to fall below the Welsh Government target of 85%. All minimum level courses are available online via ESR, itself available as an app off the network. Advanced level Basic Life Support and some Manual Handling training must be delivered (and assessed) in a classroom setting and these have been cancelled owing to the potential risks of bringing staff/facilitators into the workplace, even with measures in place and PPE available. In this context, compliance is likely to be impacted owing to the lack of available opportunities, however we will reiterate the need to complete minimum level e-learning in lieu of full, advanced training.

Appraisal Compliance

The rolling number of appraisals taking place has fallen again this month, following the increased levels of activity recorded over the summer in order to achieve, or work towards achieving, the Welsh Government target of 85% and delivering the actions agreed as a result of the Internal Audit. The denominator automatically excludes colleagues joining

within the previous three months and as such, the challenge doesn't rest with our recent recruitment drives. A full breakdown by individual will be provided at the beginning of January in line with agreed reporting sets, and directorates with compliance under 90% will be asked to provide an exception report, and further communications will be provided in February ahead of year-end discussions.

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. Further communications went out to staff via the Intranet and daily Staff Bulletin on 3 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.

At the end of December 2020, 63% 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 November (67%). The decrease in compliance can mainly be attributed to the 6-month review, where some staff have not yet updated their risk level.

The Business Leads have been updated with current completion rates and are working with individuals in the directorates to ensure compliance. Staff are being encouraged to complete these risk assessments, particularly with the return of shielding for Clinically Extremely Vulnerable people, and to assist us in identifying priority groups for the vaccination roll out.

Recruitment

For the latest available data (November 2020), the target of 44 days has been met for the Recruitment indicator 'Time from vacancy requested to conditional offer letter issued. No COVID essential posts are included in this data. This data covers non-essential posts only.

The two outliers that were detailed in last month's report have now been concluded, which has brought the data more in line with expected timescales.

Response-related recruitment continues and has been reported separately.

Staff COVID-19 Vaccination Dashboard

A Public Health Wales staff COVID-19 vaccination dashboard has been developed as part of the PAD this month 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.

4. Finance

Summary

The Public Health Wales financial position, as at 31 December, is a net surplus of £36k. This position includes £28.906m of costs directly related to the COVID-19 response, of which:

- £2.077m has been met from within Public Health Wales budgets as follows:
  - £857k from pay underspends;
  - £1.136m from non-pay reductions in spend and internal investment slippage;
  - £193k from the re-purposing of the investment funding from the National Health Protection Service, and
  - (£109k) of unmet savings,
- £495k has been met from external funding in respect of Genomics sequencing tests and platform validation, with
- £26.334m of additional funding from Welsh Government covering pay (Quarters 1 & 2) £2.330m, testing strategy £21.637m, Genomics sequencing £1.127m, IP5 Laboratory £0.310m, Hot Laboratory, Resilience and improved turnaround times £0.358m, Flu Programme £0.083m, £0.365m Online Testing for STIs, Institute of Clinical Science and Technology PPE guidance £0.124m.

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)	**(13K)**	**(36K)**	**Breakeven**
Capital financial target	**1.489m**	**1.181m**	**Breakeven**
Public Sector Payment Policy	**97%**	**96.33%**	**>95%**

The main variance at month 9 is within Public Health Services. Microbiology Division has overspent to month 9 by £1.653m, this overspend has been partially offset by underspends in Screening Division of £864k, Health Protection Division of £415k, SPR Division of £112k and Public Health Services Corporate Division of £43k resulting in a net directorate month 9 overspend of £219k. Public Health Services Directorate will continue to work towards an overall year-end break-even plan.

Further detailed information on Public Health Wales' month 9 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 14 January 2021 as part of the full financial monitoring return for month 9.

5. Operational Plan

As at January 2021, 88 % of milestones are being reported as Green or Completed. This is an increase from 79% in December 2020. The remaining milestones are reported as amber (8%) and red (4%).

Eight requests for change have been submitted for approval, including five from the Response Programme. All changes relate to the delivery date being 'moved to the right' and are highlighted in the online interactive dashboard.

6. COVID-19 surveillance

Data correct as of 14 January 2021 showed that since the start of the pandemic there have been 177,864 COVID-19 cases recorded in Wales (up from 98,232 on 10 December), 2,223,850 tests carried out (up from 1,652,967) and 1,412,758 individuals tested (up from 1,050,043).

At a national level, daily case rates exceeded 3,500 in December, with provisional data at the start of January fluctuating around 2,000. While there are positive signs that the case rates in much of Wales are falling following the latest national lockdown measures, there remains concern that the trajectory could change quickly, with a risk that new variants of coronavirus could lead to further increases in transmission in Wales in the coming weeks.

At the Health Board level, since the pandemic started, the case incidence for Cwm Taf UHB is 8,185.5 cases per 100,000 population (the highest; up from 4,598.8 on 10 December) compared to 2,279.6 cases per 100,000 population in Powys THB (the lowest; up from 1,274.6 on 10 December).

Focusing specifically on the last 7 days (4–10 January 2021), Cwm Taf UHB (450.0 per 100,000) and Betsi Cadwaladr UHB (446.6 per 100,000) reported the highest case incidence, whilst Powys THB reported the lowest (199.3 per 100,000). For the same period, data at the local authority level showed that Wrexham (867.9 per 100,000) reported the highest incidence rate, followed by Flintshire (624.0 per 100,000) and Bridgend (523.6 per 100,000). Anglesey and Ceredigion reported the lowest case incidence rates over the same period (below 160 per 100,000).

The cumulative number of suspected COVID-19 deaths reported to Public Health Wales was 4,171, compared to 2,818 reported last month (10 December 2020). With regards to the latest daily all-Wales uptake of the COVID-19 vaccine, 126,375 individuals have received a first dose of the vaccine with 129 individuals receiving a two dose course of the COVID-19 vaccine. 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 (13 January 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

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, 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

High levels of performance continues to be maintained across the majority of our screening programmes. Following the reinstatement of screening programmes, additional indicators have been included in the Performance and Assurance Dashboard to help monitor performance and support service recovery, including the development of a new Breast Test Wales interactive dashboard. AAA indicators are expected to be reported from next month due to capacity challenges. In light of ongoing pressures due to the pandemic, screening programmes have been asked to consider options aimed at reducing pressure on health boards. Further information is detailed below.

At an all-Wales level, our Newborn Screening programme continues to show strong levels of performance with all reported indicators achieving national standards over the latest period. Only Newborn Bloodspot avoidable repeat rate is falling outside standard at 2.6% in December.

Breast Test Wales assessment invitations within 3 weeks (96.6%) and normal results within 3 weeks (98.4%) remain above national standards. However, it is evident that the pause in delivery will have an ongoing effect on the performance of some indicators, with reducing round length (36 months) particularly challenging due to being able to screen fewer women following changes made to be covid secure. Given that round length will only be reset the next time a women is invited to attend, and therefore the standard will not be met for a considerable time, it may be more appropriate to consider reporting a more meaningful round length measure and discussions will take place to this end.

Approximately 7,000 to 8,000 breast screens are currently taking place per month compared to usual 10,000-11,000 due to Covid-safe pathways. Therefore referrals to health boards are reduced to around 70% of usual levels. Due to planned winter services on breast screening mobiles there was reduced activity in December which will reduce referrals in January. No other planned slow down or pause will take place as this will affect the round length even further and identification of women with breast cancer.

Performance for Cervical Screening waiting time from sample being taken to screening test result being sent continues to exceed standard in December 2020 at 96%. The numbers of invitations sent are back to pre-covid levels and the number of samples being received by the laboratory are back up to usual numbers received pre-covid. The programme has been receiving around 3,000 to 3,500 samples per week. The timeliness of the process is excellent and that is to the credit of the laboratory and pathway staff working hard in difficult times. Staff have worked weekends to reduce waits when staff shortages have been experienced.

In December, discussions were undertaken with GPC Wales and Welsh Government's primary care lead, to discuss catch up for routine invitations. It was agreed that this could not occur currently due to the pressure in primary care, and therefore we will remain 4 months behind and will maintain this position over next few months to reduce pressure. November and December invitation runs did not include reminders (which was due to the pause in invitations during the first wave) so less invitations were sent than usual which will reduce pressure on services in January.

Bowel Screening 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 on routine recall are now being invited. The programme has 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 19 weeks. Approximately 5,000 kits are being received each week which is back to pre-covid levels and uptake rate is very encouraging considering the ongoing pandemic.

Latest data for all-Wales waiting time for colonoscopy remains below standard at 35.9%. The programme continues to work closely with health boards to monitor delays in colonoscopy with regular meetings taking place to support them to find solutions to improve if they have backlogs. This is a very challenging situation but several health boards are maintaining timeliness where others are finding this more challenging.

Due to the existing position, and to ease pressure on health boards, the programme took the decision to reduce the weekly invitations from 7,800 to 6,000 for the end of December and through January. This will result in a 23% reduction in colonoscopies and a 29% reduction from our planned increased invitations. Whilst the new level of invitations won't reduce screening backlog, it will not add to it either. This will reduce the number of referrals into colonoscopy during late January/early February and will hopefully allow some capacity to catch up on any delayed procedures. This has been communicated to colonoscopy services and has been positively received.

Diabetic Eye Screening restarted inviting participants to attend for screening in September 2020. The first priority was participants at higher risk of retinopathy. This included pregnant and post-partum diabetic women, newly referred participants, surveillance participants and participants with previously identified retinopathy at defined level. Whilst performance levels are showing a mixed picture across reported indicators – coverage remaining below standard at 14.2%, and results letters printed within 3 weeks above standard at 99.7% - diabetic eye screening will be the most challenging programme to recover backlog as an annual screening, high DNA in those invited and a large population.

Due to the changes in the pathway fewer participants are able to be screened per clinic and much fewer locations are available compared to pre-covid. As less people are able to

be seen per clinic, and the number of DNA to the invitations sent, latest figures show that the programme is working at approximately 50% of the number of referrals pre-covid. As all health boards are accepting referrals, no further action is required at this time. The programme continues work to increase clinic locations and has secured fixed sites to use at several stadiums across Wales. In addition, the programme in collaborating with the Arts Council of Wales to explore sites that may be available.

Healthcare Associated Infections

Latest figures for December 2020 continue to show encouraging signs of improved performance in HCAI rates. Both C. difficile (23.3 per 100,000) and E. Coli bacteraemia (51.0 per 100,000) continue to achieve respective target levels. In particular, the all-Wales E. Coli bacteraemia rate saw a notable improvement from the previous month (down from 58.9 per 100,000), remaining within target levels for the third month in succession.

Whilst Staph. aureus (26.3 per 100,000) remains outside target levels, improvements were evident in-month (down from 27.1 per 1000,000). The P. aeruginosa bacteraemia rate, down from 5.8 to 3.4 per 100,000 population also showed improvement in the all-Wales rate.

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

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 has been introduced which supersedes the static view previously shown. 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.

It is important to note that, 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.

Incidents

We are starting to produce quality information on incidents which is reported quarterly to the Quality, Safety and Improvement Committee, but this currently requires a manual extraction from Datix as there is no facility to extract the data for the dashboard.

Serious Incidents

One no surprises report was sent to Welsh Government in December 2020 which relates to a failsafe problem within Bowel Screening. The description reads thus…

'A Bowel Screening sample was tested without being received onto BSIMS. When this occurs there is no result to authorise as the sample needs to be received into BSIMS for a result to be reported. As this sample was known not to be received the laboratory allowed the failsafe to pick up the issue. The failsafe didn't identify the sample as not being received. On further checking of the failsafe it was found that the script was faulty. '

Claims

There were three new claims raised during December 2020. Details of claims are included in the quarterly claims report received by the Quality, Safety and Improvement Committee.

Complaints

The complaints data was discussed at the Business Executive Team meeting on 20 January 2021 and queries were raised around the completeness of the data. Further work has since been undertaken and the data updated including a subsequent 3 new complaints reported, revising the total from 6 current and open complaints to 9.

Please note that the time series data captured in the Performance and Assurance Dashboard is for the 12 months to the end of December 2020. However the % figures for performance (reported on the landing page and complaints dashboard) do not apply to the latest month (December), nor do they apply to the year in the accompanying trend chart, they apply to the rolling 12 months up to 31/10/20. This is due to the need for a 2 month lag to be built in to the reporting as otherwise incidents will be reported as out of compliance when they are not due for closure.

9. Risk

This Performance and Assurance Dashboard includes a summary of the corporate risks which can be found on the Corporate Risk Register. There remains 8 Covid related and 7 non-Covid related risks although it must be noted that the Corporate Risk Register is a dynamic document and this position may have changed since the time of writing. It will

be noticed that there are some instances where the current risk position and the target still represent a significant gap and/or the residual risk score is moving very slowly. It is frequently the case with higher level risks that the control environment changes slowly due to the corporate / strategic nature of the controls being developed as part of the risk action plan.

As previously reported, the Corporate Risk Register is under review by the Chief Risk Officer, who will support the Executive Team to ensure that the current risk exposure is properly understood and to determine whether or not target risk scores remain achievable and relevant in the current climate, and if any of the current identified actions need to be changed or expedited.

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.