



PUBLIC HEALTH WALES

PERFORMANCE AND INSIGHT REPORT

DECEMBER 2022



GIG
CYMRU
NHS
WALES

lechyd Cyhoeddus
Cymru
Public Health
Wales

Key Performance and Insight Summary

Theme 1: Maintaining a healthy and sustainable workforce – Pages 3 to 7

- Sickness absence increased from 4.19% to 5.39% in December 2022 following a stable period over the last four months, with the 12-month rolling sickness absence at 4.51%. The highest rates of sickness absence were within Screening (8.04%), Microbiology (6.95%) and the NHS Wales Collaborative (5.4%). Discussions are being undertaken to determine whether any targeted interventions are required to support the reduction of sickness absence in these areas.
- Around 47% of Public Health Wales staff have received the flu vaccine with uptake among front-line slightly lower at 46.4% (up from 43% and 41.3% respectively last month). Approximately 53% of staff have received the COVID-19 booster with uptake at over 58% for front-line staff.
- Appraisal compliance saw a slight decrease to 69.1% in December 2022, following the recent improving trend. Compliance remains below the 85% WG target.
- Compliance with the core suite of statutory and mandatory training remains above the 85% Welsh Government target at 90.1% (up 0.3% in-month). From 9 January 2023, the Paul Ridd – Learning Disability Awareness training has been mandated for all staff, and will be included in reporting from February 2023.
- The Annual Equality and Annual Workforce Diversity Reports were published at the end of 2022. The reports show an increase in the number of Black Asian and Minority Ethnic Staff, LGBTQ+ staff and Disabled staff in the organisation.

Theme 2: Achieving value and impact – Pages 8 to 9

- The cumulative reported position for Public Health Wales at month 9 2022/23 is a net surplus of £261k (£35k in-month), with an anticipated breakeven position at year-end. The surplus is a combination of higher than anticipated bank interest and variances across a number of Directorates against spending plans at month 9.
- Our capital funding for 2022/23 totals £6.827m with year to date spend at £3.222m. Capital funding is made up of £1.158m discretionary funding and £5.669m strategic funding. £3.356m of strategic capital relates to Public Health Wales with the remaining £2.313m relating to the NHS Wales Collaborative. Our current capital allocation is pending an adjustment to reflect the transfer of the LINC and RISP programmes to Digital Health and Care Wales (DHCW) on 1 January 2023 totaling £1.433m. Of the £3.605m remaining, £1.564m of additional orders have already been placed and £0.880m will transfer to DHCW.
- Performance for our year to date Public Sector Payment Policy is above the statutory target at 96.33% (96.13% in month 9) and is expected to remain above target.
- Year to date agency spend as a percentage of total pay equates to 3.3% with a year-end forecast of 3.3%.

Theme 3: Organisational quality and access to high quality services – Pages 10 to 18

- No significant COVID-19 incidents or outbreaks have been reported this month although multiple Omicron variants are co-circulating. The recent uptick in hospital admissions (mainly in 60+ age groups) appears to have plateaued. Turnaround compliance for non-rapids and rapids were 86% and 90%, respectively.
- Recovery plans continue to be progressed and active mitigation undertaken to maintain service provision despite ongoing strike action. Whilst business continuity plans have been effective, there was an increase in rejected bowel screening kits due to the length of time taken to reach the laboratory.
- Breast Screening has continued to implement the equipment replacement programme and four of the new mobiles have been received and operational. The other mobiles are planned to be received by end of March 2023, and will help with recovery as it reduces the breakdown of old mobiles which is significant.
- Latest childhood vaccination data showed that for children aged 1, uptake of the “6 in 1” vaccination remained below 95% at 94.7%, compared to 94% last quarter.
- One No Surprises incident was reported in December related to issues providing cervical screening history for participants who move between Wales and England.

Theme 4: Improved population health and well-being – Page 19

- Good progress continues to be reported against our Strategic Plan in month 9. 92.8% of milestones were reported as on track or complete, 2.8% of milestones flagged as having potential to fall behind schedule, and 4.4% of milestones behind schedule. Thirty milestones were completed in-month across all directorates.
- Sixteen requests for change (RFCs) were submitted in month 9 with 50% of these requesting a date change. Further information on all RFCs is available in the PAD.

Theme 1: Maintaining a healthy and sustainable workforce

Theme 1A: Reducing staff sickness and improving well-being

Sickness Absence

Sickness absence for December 2022 was 5.39% which is an increase from 4.19% in the previous month, with the rolling 12 month figure at 4.51%.

The highest rates of sickness absence for December 2022 across the Divisions are within Screening Services (8.04%), Microbiology (6.95%) and NHS Wales Health Collaborative (5.38%).

Training of Line Managers remains a priority to ensure they have the skills and knowledge to manage both short and long-term sickness absences. We have received confirmation that the e-learning module for MAAW has been agreed at a National level and should be made available within the coming months.

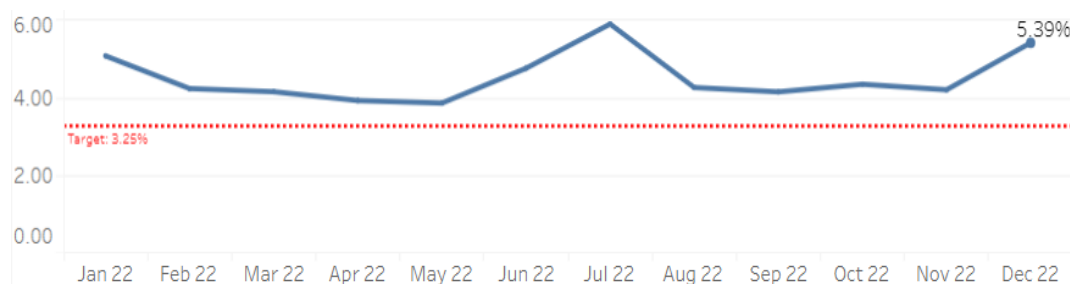
Discussions are being undertaken with Business Leads in Screening Services, Microbiology and the NHS Wales Health Collaborative to determine whether any targeted interventions are required to support the reduction of sickness absence in these areas.

COVID-19 Absence

The latest available data indicates that we currently have <10 staff absent due to COVID. Absences related to COVID continue to be closely monitored.

The number of new COVID related absences remains relatively low but the People and OD Advisory Team continue to support the management of cases of long term absence as a result of COVID.

Sickness absence monthly trend (%)



Theme 1: Maintaining a healthy and sustainable workforce

Theme 1A: Reducing staff sickness and improving well-being

Staff Flu and COVID-19 Vaccine Uptake

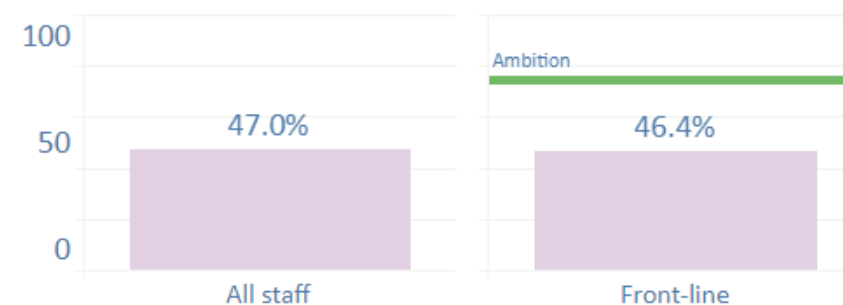
A new Influenza and COVID-19 autumn booster vaccine uptake dashboard in Public Health Wales staff has been developed by the Health Protection Division. Latest available data shows:

Influenza vaccine uptake – As at 9 January 2023, 47% of Public Health Wales staff have received the flu vaccine (1,080 out of 2,298 staff), up from 43% reported in the previous month. Uptake for front-line staff was slightly lower at 46.4% against a target ambition of 75% (up from 41.3%). Flu vaccine uptake was highest amongst Operations and Finance and People and Organisational Development directorates.

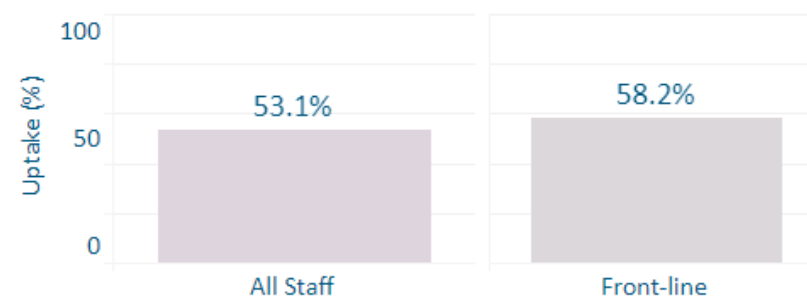
COVID-19 vaccine uptake – Around 53% of Public Health Wales staff have received COVID-19 vaccine, with uptake at 58.2% for front-line staff (up from 55.2%). COVID-19 vaccine uptake is highest amongst Health Protection and Screening Services and Quality, Nursing and Allied Health Professionals directorates.

Please note that the dashboard is based on staff who are employed by Public Health Wales, so the total number of staff vaccinated will fluctuate as new starters join the organisation as well as when employees leave the organisation. Ongoing data entry means that the true number of vaccinations given is likely to be higher.

Influenza vaccine uptake




COVID-19 vaccine uptake



Theme 1: Maintaining a healthy and sustainable workforce

Theme 1B: Our staff are highly trained and feel supported

| Statutory measures | | Target | 2021/22 | October 2022 | November 2022 | December 2022 | Link to PAD |
|--------------------|------------------------------------|--------|---------|--------------|---------------|---------------|---|
| | Statutory and Mandatory compliance | 85% | 87.1% | 89.5% | 89.8% | ● 90.1% |  |
| | Appraisal compliance | 85% | 56.9% | 69.5% | 69.5% | ● 69.1% | |

Statutory and Mandatory Training

Compliance with the core suite of statutory and mandatory training remains just above the Welsh Government target of 85% and continues to be at risk of falling below, as well as not showing any significant improvement.

People and OD are carrying out two ESR drop in sessions per month, for anyone experiencing issues accessing e-learning, the next session is due to take place Thursday 19 January 2023.

The new welsh language awareness e-learning course was introduced to all staff from 16 November 2022, meaning current compliance has dropped to 40.7% from October's reporting compliance of 92.3% (NHS Wales Shared Services will not start reporting this until March 2023 in acknowledgement of the need to focus on delivery).

IQT Bronze e-learning has also been removed due to an update, and is therefore currently unavailable for staff to complete. From 9 January 2023, the Paul Ridd – Learning Disability Awareness training has been mandated for all staff, and will be included in reporting from February 2023.

Appraisal and Development Reviews

The 12-month rolling compliance for My Contribution appraisals is currently at 69.1% against the Welsh Government target of 85%.

With pay progression coming into force in October 2022, part of the criteria to be put forward for an increment is staff needing to have an appraisal date entered into ESR within the last 12 months, which has had a positive impact on appraisal compliance figures.

Entering pay progression and appraisal dates into ESR will also be covered in the twice monthly ESR drop-in sessions.

Theme 1: Maintaining a healthy and sustainable workforce

Theme 1B: Our staff are highly trained and feel supported

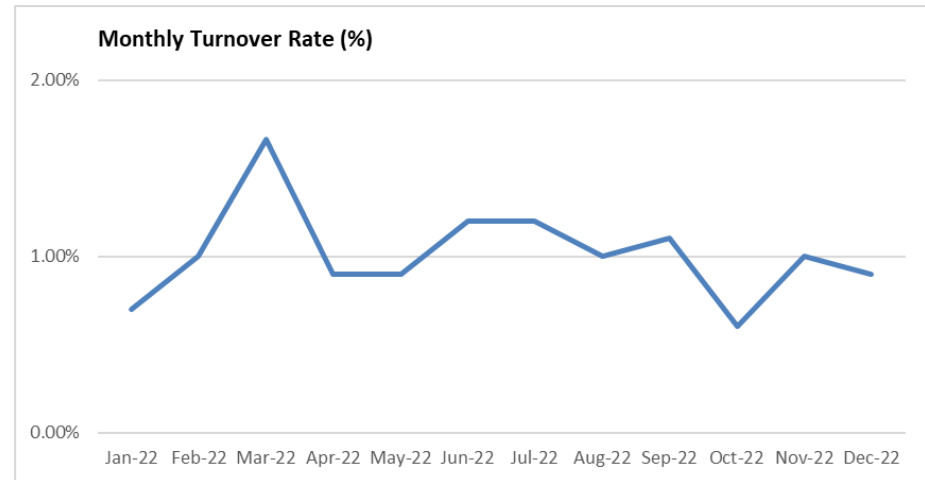
Staff Turnover

Staff Turnover for December 2022 was 0.9%. The rolling 12-month turnover to 31 December 2022 was 11.9%.

As reported last month, we will be updating the Staff Turnover dashboard so that users are able to view turnover rates by Planned or Unplanned leavers. We are awaiting the All-Wales definitions for Turnover to ensure consistency, and once confirmed we will incorporate the additional information into the dashboard.

In addition to ESR data, we are currently analysing survey data of new starters and leavers, as well as monitoring labour market trends. This is being undertaken via our Approach to Starters and Leavers culminating in dashboards that will enable the organisation to examine and identify correlations in the data, supporting the development on initiatives/ interventions to reduce unwanted turnover and maximise our saleability as an employer of choice. The People and OD Committee will be hearing an introductory update upon our work in January 2023 to provide context to the work and the impact it will have.

A partnership with Arden University is well underway. Our colleagues at Arden are currently analysing data from those who apply, shortlist and are offered roles with our organisation – through focus groups and further analysis, the results will enable us to understand population wise who we recruit, who we appeal to, who we don't appeal to and thus develop and refine our approach to attraction.



Staff Movements

For December 2022, there were 20 leavers and 18 new starters. In terms of internal promotions in December, there were 9 employees who moved to a higher pay band. The majority of those were promoted within their own team, with a small number moving to other teams across the organisation.

Work has commenced with Dragonfish Consultancy to understand more about our current Employee Value Proposition (EVP) and our aspirational EVP. A credible EVP or our 'People Promise' will enable the organisation to build a brand which will in turn positively impact upon those who choose to join, leave and think about working with our organisation in the future.

Theme 1: Maintaining a healthy and sustainable workforce

Theme 1C: Supporting Equality, Diversity and Inclusion

Diversity

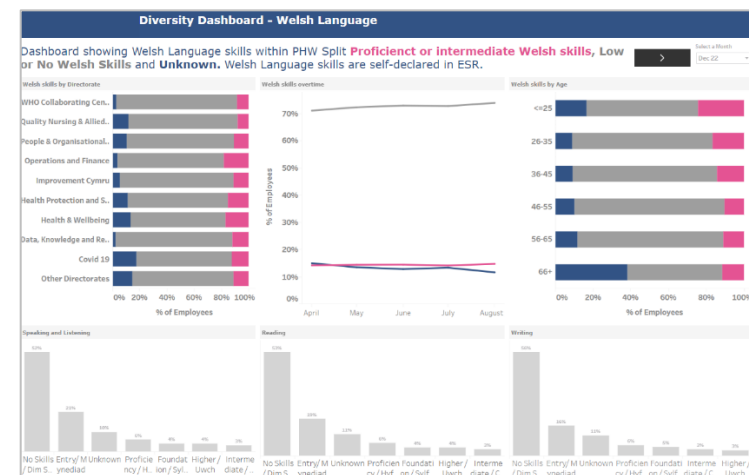
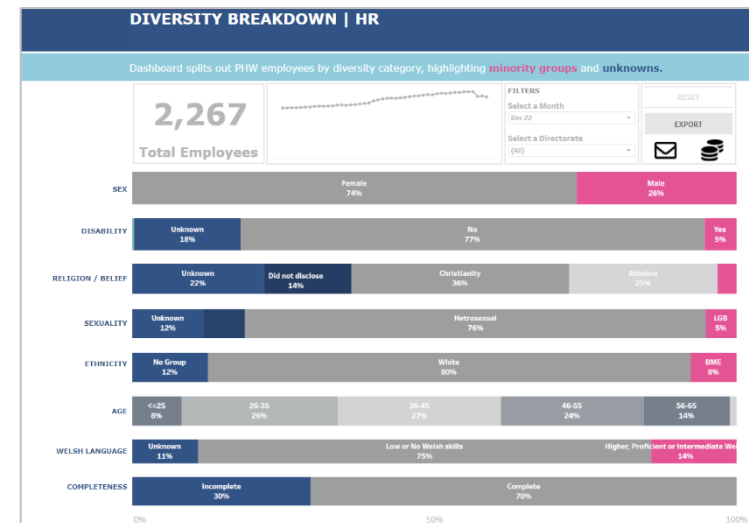
The Annual Equality and Annual Workforce Diversity Reports were published at the end of 2022. The reports show an increase in the number of Black Asian and Minority Ethnic Staff, LGBTQ+ staff and Disabled staff in the organization. Work continues to attract more diverse candidates into the organization and also to improve declaration rates.

The Gender Pay Gap Report has also been finalised and presented to the Business Executive Team. This will be published in February 2023. The mean pay gap has reduced from 16.1% in 2021 to 11.5% in 2022 which is in line with the objective set in our Strategic Equality Plan.

Welsh Language

As part of the Diversity Dashboard, we have developed further insight on Welsh Language data. The latest available data shows that 17% of our staff have recorded their Welsh Language Listening/Speaking skills at Level 2 (Foundation) or above.

This will assist us with identifying gaps and ensure sufficient Welsh Language capacity, as well as meeting the commitments set out in the 'More Than Just Words' Action Plan.



Theme 2: Delivering Value and Impact

Theme 2: Delivering against our agreed budgets

Statutory measures

| | Month 7 | Month 8 | Month 9 | YTD 2022/23 | Year-end forecast | Link to PAD |
|-------------------------------------|---------|---------|---------|-------------|-------------------|--------------------|
| Revenue financial target | (£80k) | (£35k) | (£35k) | (261k) | Breakeven | GO |
| Capital financial target | £6.444m | £4.296m | £5.120m | £3.222m | Breakeven | GO |
| Public Sector Payment Policy (PSPP) | 96.16% | 95.81% | 96.13% | 96.33% | >95% | GO |
| Agency Spend as a % of Total Pay | 2.9% | 3.3% | 3.3% | 3.3% | 3.3% | GO |

Financial Summary – Month 9 2022/23

- The cumulative reported position for Public Health Wales is a net surplus of £261k (£35k in month), with an anticipated breakeven position at year-end.
- The surplus at month 9 is a combination of higher than anticipated bank interest and variances across a number of Directorates associated with the movement against spending plans at month 9.
- The month 9 revenue position is being supported by £12.880m of non-recurrent COVID funding as shown in the table opposite.
- Our capital funding for 2022/23 totals £6.827m with year to date spend at £3.222m. Capital funding is made up of £1.158m discretionary funding and £5.669m strategic funding. £3.356m of Strategic capital relates to Public Health Wales with the remaining £2.313m relating to our Hosted Organisation, namely The NHS Collaborative.
- Major capital schemes include Breast Screening Imaging Equipment £2.909m and The NHS Collaborative LINC System £2.054m.
- Performance for our year to date Public Sector Payment Policy remains above the statutory target at 96.33% (96.13% in month 9).
- Further information on our latest financial position can be found in the accompanying 2022/23 Financial Position report.

Non-Recurrent Welsh Government COVID-19 Funding Supporting Month 9 Position

| Funding Item | Actual Apr-Dec 22 £'000 |
|---|----------------------------|
| Additional Operational Expenditure | |
| Test | 11.333 |
| Trace | 0.555 |
| Vaccination Programme | 0.949 |
| PPE | 0.043 |
| Total Operational Expenditure | 12.880 |
| Funding | |
| Assumed Welsh Government Funding | -12.880 |
| Total Funding | -12.880 |

- Since the submission of our month 1 return, the figure for Welsh Government funding for Covid-19 has changed from £48.314m to £17.550m reflecting revised forecast costs for 2022/23.

Theme 2: Delivering Value and Impact

Theme 2: Delivering against our agreed budgets

Revenue Forecast – Month 9

- Public Health Wales' forecast year-end revenue position is breakeven.
- The following Welsh Government COVID-19 funding is anticipated within the forecast:

| PHW - COVID-19 Summary | Actual Apr-22 to Dec- 22 £000 | Forecast Jan-23 - Mar-23 £000 | TOTAL 2022/23 £000 |
|---|---|--|--------------------------|
| Additional Costs | | | |
| Test Trace Protect | | | |
| COVID-19 Laboratory Testing | 9,856 | 3,847 | 13,703 |
| Genomics Sequencing | 717 | 235 | 952 |
| TAT & Resilience - Non COVID-19 Rapid Testing | 371 | 562 | 933 |
| TAT & Resilience - Platform Maintenance | 389 | 123 | 512 |
| TTP Contact Tracing | 555 | 80 | 635 |
| TOTAL TTP | 11,888 | 4,847 | 16,735 |
| Other | | | |
| Vaccination Programme | 949 | 541 | 1,490 |
| PPE | 43 | 15 | 58 |
| Total Gross Additional Cost | 12,880 | 5,403 | 18,283 |

- Further information on our latest financial position can be found in the accompanying 2022/23 Finance Position report.

Capital Forecast – Month 9

| Capital Category | Total YTD Apr – Dec £m | Forecast Jan – Mar £m | Total 2022/23 £m |
|--------------------|------------------------------|-----------------------------|------------------------|
| Discretionary | 0.610 | 0.548 | 1.158 |
| Strategic - PHW | 1.179 | 2.177 | 3.356 |
| Strategic - Hosted | 1.433 | 0.880 | 2.313 |
| Total | 3.222 | 3.605 | 6.827 |

- Our current capital allocation is £6.827m pending an adjustment to reflect the transfer of the LINC and RISP programmes to DHCW on 1 January 2023 totaling £1.433m.
- Expenditure to date totals £3.222m.
- Of the £3.605m remaining £1.564m of additional orders have already been placed and £0.880m will transfer to DHCW.
- There remains a focus to achieve a break-even capital position

PSPP Forecast – Month 9

- The PSPP target has been consistently achieved for the year to date and is expected to continue to exceed the 95% target for the remainder of the year.

Agency Spend as a % of Total Pay

- Year to date agency spend as a percentage of total pay equates to 3.3% with a year-end forecast of 3.3%.

Theme 3: Organisational quality and access to high quality services

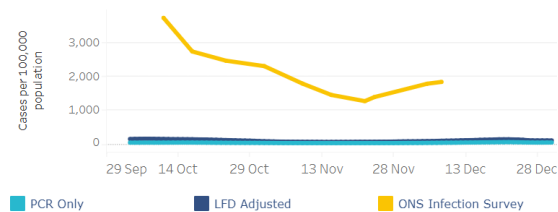
Theme 3A: COVID-19 Summary

COVID-19 high level summary

Epidemiology

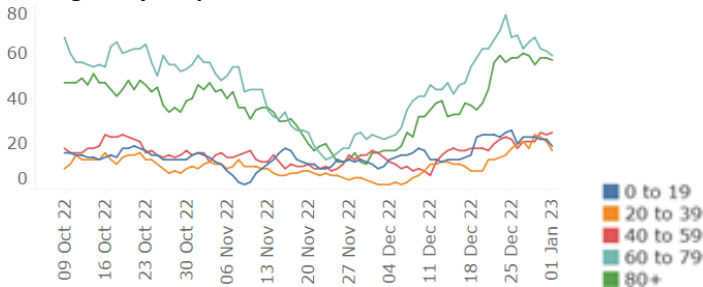
Adjusted case episode rates (PCR and LFD, up to 31 Dec 2022), compared with cases estimated by the ONS infection survey (up to 15 Nov 2022)

Comparison of adjusted case episode rates (PCR and LFD episodes) per 100,000 population compared to the total cases estimated by the ONS infection survey



- The adjusted case rates are stable (there is a December lag in the ONS data)

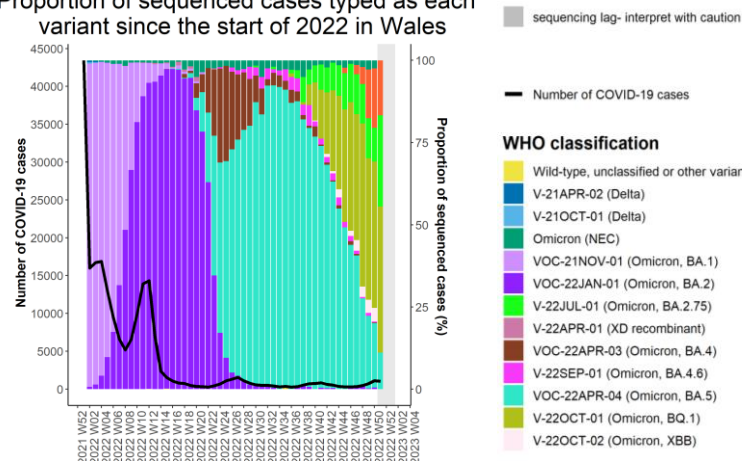
Rolling 7-day hospital admissions of COVID-19 cases in Wales, by age group, up to 1 Jan 2023



- The recent uptick (mainly in 60+ age groups) appears to have plateaued

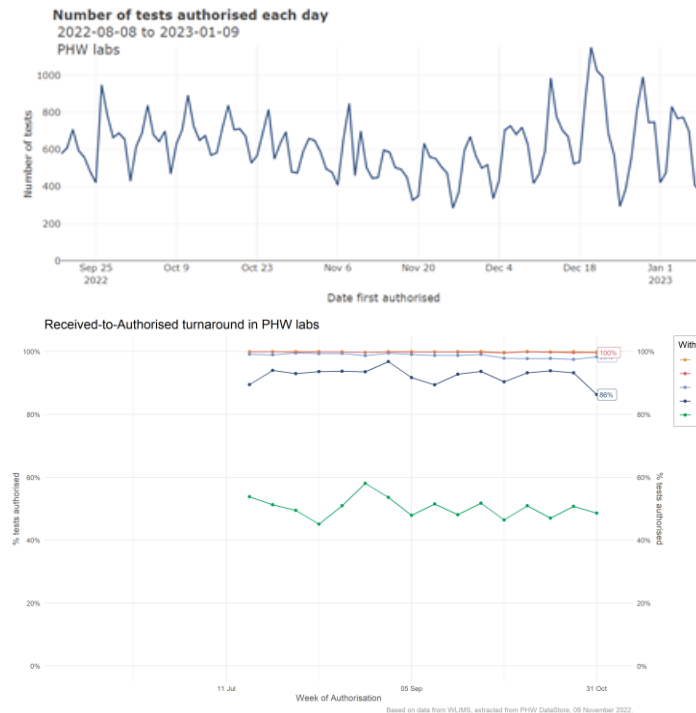
Variants: Of sequenced cases, % typed as each variant (data as at 3 Jan 2023)

Proportion of sequenced cases typed as each variant since the start of 2022 in Wales



- Multiple Omicron variants are co-circulating

Testing



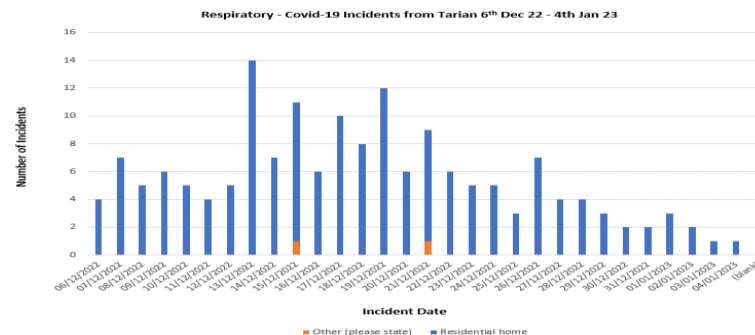
Summary

Increase in testing in line with respiratory season.

Standards for TAT % compliance:

- Remains 86% within 12 hours for non-rapids achieved.
- 90% within 4 hours for rapids achieved

Incidents and Outbreaks



Slight increase in both COVID-19 and influenza incidents. Levels remain relatively stable.

Rates of Influenza have increased in the community. It is likely these will result in increased incidents over the coming weeks.

Summary of significant incidents and outbreaks

- No significant COVID-19 incidents or outbreaks reported this month.

Developments

- TTT continues to support closed settings with incidents of COVID-19 with the workforce previously focused on mass contact tracing.

Theme 3: Organisational quality and access to high quality services

Theme 3B: Access to high quality services

Screening Services

Recovery plans continue to be progressed and active mitigation undertaken to maintain service provision despite issues such as postal strikes, train strikes and health care staff strikes. The alternative courier service put in place to mitigate the Royal Mail strikes for the Newborn Screening Programme is working well and has mitigated clinical risk to newborns. The strikes are also impacting bowel screening samples timeliness with peaks and troughs of complete kits being received. In December there was an increase in the number of kits that had to be rejected due to the length of time taken to reach the laboratory. Information is on the websites to explain there may be some delay to receiving invitation and results letters due to the strikes. Business continuity planning was undertaken to mitigate the planned RCN strike on the 15 and 20 December 2022. All screening programmes continued to be offered on those days but mitigation has been undertaken and some of the DESW clinics had to be cancelled.

Breast Screening has continued to implement the equipment replacement programme and four of the new mobiles have been received and operational. The other mobiles are planned to be received by end of March 2023 and, as they come into operation, this will help with recovery as it will reduce the breakdown of old mobiles which is significant. The standard for normal results was not met in December 2022 due to bank holidays and leave. The timeliness of the reading and assessment will remain challenging due to high screening activity and long term sickness; plans are in place in the South East region which will improve short and medium term. The average round length remains just under 44 months and the programme will take a long time to fully recover the round length of 3 years.

Bowel Screening number of kits being returned continues to be good with uptake continuing at a high level and timelines of results is excellent. There has been an increase in reject rates due to the postal strike which the programme is monitoring closely. The participants affected are sent another kit to complete. The optimisation of the programme and inviting of 55, 56 and 57 year old is going well with some of that age group now progressing through pathway to colonoscopy. Waiting times for the Specialist Screening Practitioner assessment is within standard and colonoscopy component of the pathway is under active review and for 10 of the local centres ranges from 3 weeks to 12 weeks with two centres at 16 weeks (plans are in place to improve this).

Cervical Screening timeliness of results is very good with over 95% of results being sent within expected timescales and meets standard. Work continues to manage re-procurement of equipment in the laboratory and is progressing to plan with the microbiology equipment moved.

Antenatal Screening continue to be in close contact with maternity services to support around guidance on flexibility in the pathway where possible due to their staffing constraints.

Newborn Hearing Screening continues to be actively managed and timeliness maintained. The IT systems that ensures failsafe for the programme needs upgrading and is down for periods of time which is impacting workflows and this has been escalated.

Newborn Bloodspot Screening coverage has been maintained and avoidable repeat rate remains low, although this month just above standard. The programme has worked to put in place an alternative delivery method to mitigate risk of a delay in identifying a newborn baby with a clinically significant condition due to planned Royal Mail strikes. This is being evaluated and has improved timeliness of card receipt at the laboratory.

Diabetic Eye Screening remains the most challenging programme to recover the backlog due to it being annual screening and a very large eligible population which continues to increase by about 1000 participants each month. The programme has implemented new clinic templates; some additional clinic venues that are being made available; and the programme are working to use mobile to provide services in areas that are difficult to identify venues. The programme is taking forward transformation work plan. Plans are progressing well with the new screening site in Cardiff which will support recovery.

Wales Abdominal Aortic Aneurysm Screening additional screening is being undertaken and focused work to reduce backlog with additional clinics in specific areas which is progressing well. Plans are progressing well with the new screening site in Cardiff which will support recovery.

Theme 3: Organisational quality and access to high quality services

Theme 3B: Access to high quality services

Healthcare Associated Infections (Health Board/Trust targets)

Latest all-Wales HCAI figures continue to be reported to Welsh Government and our NHS Wales partners in a timely manner. Latest data shows a varied picture across all-Wales rates with trends continuing to be monitored closely.

C. difficile continues to see gradual improvements over the past five months, reducing from 47.2 per 100,000 in August 2022 to 30.1 per 100,000 in December 2022. Improvement was also evident in E. Coli bacteraemia rates. However, with the exception of E. Coli bacteraemia, all mandated all-Wales HCAI indicators are falling outside respective national reduction expectation targets in the latest period. Health Boards/Trusts continue to experience challenges in achieving agreed targets for 2022/23.

Latest surveillance figures reported by Health Boards/Trusts in Wales showed that:

- 876 C. difficile have been reported since April 2022, approximately 1% more than the equivalent period in 2021/22.
- 663 Staph Aureus bacteraemia have been reported since April 2022, approximately 5% more than the equivalent period in 2021/22.
- 1,619 E. Coli bacteraemia have been reported since April 2022, approximately 3% fewer than the equivalent period in 2021/22.
- 532 Klebsiella sp bacteraemia (includes E. aerogenes bacteraemia from April 2019 onwards) have been reported since April 2022, approximately 13% more than the equivalent period in 2021/22.
- 148 P. aeruginosa bacteraemia have been reported since April 2022, approximately 4% fewer than the equivalent period in 2021/22.

The HCAI and AMR Programme (HARP) continues to provide COVID-19 and non COVID-19 related advice and support to partners including Welsh Government and NHS Wales organisations. This includes the production of monthly [HCAI/AMR surveillance data](#) including Health Board/Trust progress against achieving respective [reduction expectation targets](#).

Vaccination and Immunisation

Childhood Immunisation

Surveillance of uptake and equality of routine childhood vaccinations in Wales is carried out by Public Health Wales Vaccine Preventable Disease Programme through the national [COVER](#) scheme in Wales (Coverage of Vaccination Evaluation Rapidly). The summary below captures progress made against mandated indicators set out within the NHS Wales Performance Framework (formerly NHS Wales Delivery Framework).

Latest data reported in the [COVER 144 report](#) (July to September 2022) shows that for children at one year of age, uptake of the “6 in 1” vaccination remained below 95% at 94.7%, compared to 94.0% last quarter. Uptake ranged by Health Board from 94% (Cardiff and Vale UHB) to 96.8% (Cwm Taf Morgannwg UHB) and by Local Authority from 91.3% (Torfaen and Denbighshire) to 98.7% (Anglesey). One of the seven Health Boards and 8 of the 22 Local Authority areas achieved the target 95% uptake.

In children reaching five years of age this quarter, coverage of two doses of MMR was 90.0%. Coverage of two doses of MMR ranged by Health Board from 87.6% (Cardiff and Vale UHB) to 91.7% (Cwm Taf Morgannwg UHB) and by Local Authority from 86.6% (Carmarthenshire) to 95.5% (Anglesey).

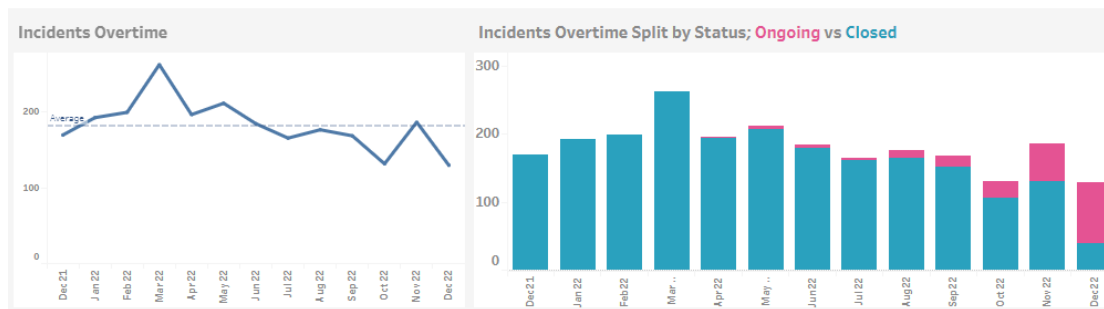
Influenza surveillance

[Influenza and acute respiratory infection](#) surveillance information continues to be reported on a weekly basis with [week 51 reporting](#) showing levels of activity reported as medium and increasing with 1,877 cases of influenza in Wales. As at 27 December 2022, latest mandated data shows that for those aged 65 years and older, 74.5% were vaccinated. Latest influenza vaccine uptake for clinical risk groups was 41.0%. Uptake for NHS Wales staff (41.6%) and front-line staff (41.3%) saw modest increases over the latest reporting period.

Latest weekly data in early January 2023 suggest that influenza continues to circulate in Wales, with medium levels of activity and a decreasing trend.

Quality and Improvement

Incidents



A total of 129 incidents were reported in December 2022, a decrease of 53 compared to the 182 reported in November 2022.

Overall Incidents Breakdown

Of the total number of incidents reported, 96% were within the Health Protection and Screening Directorates, with the remaining incidents reported in Health & Wellbeing, Operations and Finance and QNAHPs.

Incident Themes

Most of the incidents in December relate to submissions from Microbiology (37%), Cervical Screening Wales (34%) and Diabetic Eye Screening services (9%). The highest incidents by type recorded in Datix for December 2022 for Microbiology and Diabetic Eye Screening were as follows:

Assessment, Investigation, Diagnosis - 38 Incidents

- Microbiology (34) Screening (4)
- Harm Levels – None (21), Low (15), Moderate (2)

Both the Moderate Harm Level Incidents occurred within Microbiology. One incident related to a one-week delay in providing a test result and the other related to a one-week delay in processing a sample for testing.

Accident, Injury - 8 Incidents

- Microbiology (8) Screening (4)
- Harm Levels – None (1), Low (7)

Communication - 6 Incidents

- Screening (6)
- Harm Levels – None (6)

Records, Information - 6 Incidents

- Screening (6)
- Harm Levels – None (3), Low (2), Moderate (1)

One Moderate Harm Level Incident occurred within Diabetic Eye Screening Wales. The Incident relates to a 37-day delay in referring a participant to Hospital Eye Services.

It should be noted that of the December 2022 incidents, 42 related to Cervical Screening Wales (CSW) error non-incidents and work is underway to address these. An initial mapping exercise is scheduled for January 2023 in collaboration with the Quality, Nursing and Allied Health Professionals Directorate to understand the current CSW systems/ training pathways and identify areas for improvement to reduce these errors and impact on women presenting for screening.

In addition to this improvement work, an All Wales update is also anticipated from Datix Cymru regarding increased functionality to the Datix Cloud system. This will enable the reporting of incidents relating to other Health Boards/ Trusts services by PHW staff.

An update is expected in the New Year and this functionality will allow CSW to report their error non-incidents directly onto the Health Boards/ Trusts Datix systems rather than PHWs'.

Quality and Improvement

November 2022 Incident Numbers

Public Health Wales (PHW) investigation and closure target for incidents is set at 30 working days. As such, the incidents reported in December are still within an acceptable timeframe and have an open status.

During November, 66% (118) of incidents were closed within the 30-day target period, an improved position compared to 58% the previous month. 7% (12) of incidents were closed outside of the 30-day target. Closing dates range from 31-36 days and although a reduction on October, further improvement is still required in this area. The main reasons for the 12 incidents exceeding the target closure time are both a delay in the investigation taking place and a delay in the incidents being approved for closure by Incident Managers/Divisional Leads.

28% (50) of current incidents have an overdue status and remain open. 17 out of 50 incidents have had the investigation completed and have a status of 'Awaiting Closure'. Of the remaining 33 incidents, 5 remain open with a 'Management Review' status indicating an investigation has not yet commenced and a further 28 remain with an 'Under Investigation' status indicating in progress.

The Putting Things Right team continue to focus on these areas of work, supporting identified teams to accomplish more timely resolution and achievement of required incident management timescales. It is anticipated that improvements will now be seen as a result of this targeted approach and that the numbers exceeding the closure timeframe will start to reduce accordingly.

Current Incident Numbers Status

As of the 5 January 2023, there are a total of 118 incidents that have an open status of more than 30 days in the Datix incident management system. This figure relates to all incidents that have been reported more than 30 days ago with the oldest incident remaining open reported dated back to April 2022. There are now only two incidents remaining open from April 2022, this is an improved position from the five that were remaining last month. These remaining two open incidents are being actively discussed and progressed.

Nationally Reportable Incidents

There were no Nationally Reportable Incidents reported in December 2022.

No Surprises Incidents

There was **one** No Surprises Incidents reported in December 2022 relating to Cervical Screening Wales:

1. Datix Reference: 1483 (Cervical Screening Wales)

The Cervical Screening Information Management System (CSIMS) for the Cervical Screening programme in Wales went live successfully on the 20 September 2022. The development has been required as the current legacy system (NHAIS/Exeter system) used by the programme since 1986 is due to be decommissioned by England.

CSIMS is the pathway management system that is now used by the cervical screening programme to manage the call/recall, issuing of results letters and failsafe of people eligible for cervical screening in Wales. This has been undertaken by IT team in Public Health Wales and Cervical screening who have designed, developed, tested and implemented the new system.

Work has been underway with England for several years to work together to ensure that the cervical screening history for participants who move between Wales and England are shared to ensure that the participants are on the correct pathway. As about 1,000 participants move between the two countries each month an electronic method has been developed by NHS Digital (England) to reduce impact on staffing resources and avoid manual inputting of information.

The solution that had been developed, tested and approved had some identified issues when run and therefore was not able to be used. The relevant information has been shared electronically with England so that they have the screening histories, but they are having to be upload this manually to records.

Regular meetings are taking place to resolve this which are led by England and NHS Digital are working to develop the automated electronic method.

Quality and Improvement

Complaints

Formal Complaints



Informal Complaints



The latest figures for December 2022 show that no **formal** complaints were received.

The figures for December 2022 also show that a total of 9 **informal** complaints were received, within Health Protection and Screening Services, WHO Collaboration Centre and Operations and Finance. 89% (8) informal complaints were resolved locally within the 48-hour target. One WHO CC complaint missed the target as a result of the email complaint going directly into the survey team's 'junk' email mailbox leading to a delay in discovery and consequently responding to it.

November 2022 Formal Complaint Performance

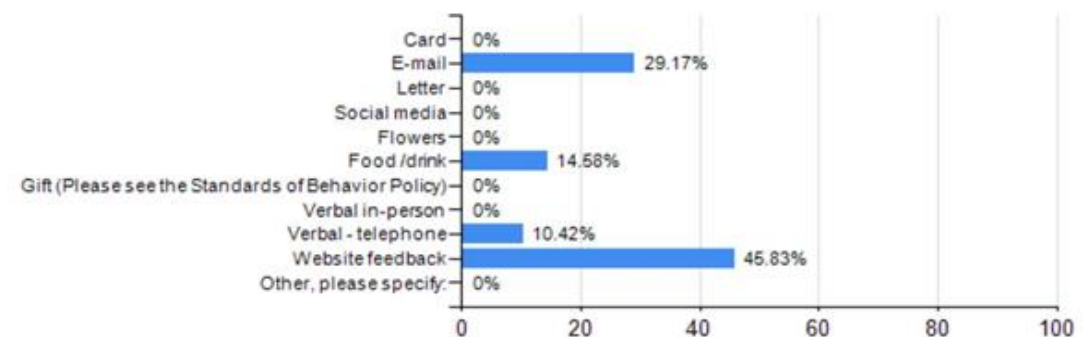
In line with agreed compliance reporting requirements, all four (100%) of the complaints received during November 2022 were acknowledged within 48 hours target. Four (100%) of these complaints were also responded to within the 30-working day timeframe.

Compliments

In December 2022, 48 compliments were received, which is a decrease from 74 received in November. Upon further review, the drop in reported compliments appears to be from the AAA screening programme. Whilst this is partly offset for the Directorate by an increase in new compliments from Newborn Hearing screening (22) the overall position for the screening Directorate is still a deficit of 26 compared to the previous month. This reduction may be attributable to the time of year and seasonal month, coupled with staff leave influencing factor overall performance and data capture.

Further analysis is planned to compare annual variations. Currently there is no mechanism for service users and the general public to leave direct compliments at the point of service. Both the previous Datix system and the new arrangements within Civica require and rely on staff to upload compliments as they are received within services.

Further analysis of December's compliments data demonstrates how compliments are currently received as shown in the chart below:



Quality and Improvement

Complaints (Cont'd)

A sample of the details captured within the compliment are provided below and continue to highlight the professionalism and commitment of Public Health Wales staff.

"Massive thank you to you, your team and Microbiology Operations Manager - Thank you everyone for dealing with this so efficiently and effectively. Teamwork makes the dream work."

"Following my AAA ultrasound appointment yesterday, I would like to commend the friendly, informative, and professional manner in which the screening was carried out. The young lady made me feel at ease and importantly advised me of the procedure and possible outcomes before conducting the scan, I would most definitely advise and recommend your service to anyone of the related age."

"The screener was brilliant. I had a letter promptly delivered but I was re-admitted. She came to find me even thou my form said my baby was under lights. She made a serious effort to get this test done for me so I didn't have to make another journey from Penarth to UHW and it was hugely appreciated."

Claims

No new claims were received during December 2022. One claim pertaining to Diabetic Eye Screening Wales was closed in December 2022. This claim related to one element of the screening process not being followed correctly. The claim was investigated and subsequently denied by Public Health Wales.

Currently, there are 17 confirmed claims open and two potential claims. 95% of these claims relate to Health Protection (2) and Screening Services (14) directorate and the remaining 5% related to the WHO Collaboration Centre (1).

Theme 3: Organisational quality and access to high quality services

Theme 3C: Achieving high quality and risk management in our organization

Risk Management

The Strategic Risk Register and the Corporate Risk Register are being continually updated to determine the risk scores, controls and actions.

| | |
|---|---|
| Strategic Risk 1 - There is a risk that Public Health Wales will not be sufficiently focused, agile and responsive in discharging our functions | The risk has been updated since it was last presented at BET. The assurance for one control relating to meetings with a number of International Association of National Public Health Institutes (IANPHI) European Institutes and Ukraine Public Health Institute have now ceased and are incorporated into a broader and more general engagement approach. A number of actions have been completed during this reporting period to strengthen the existing controls. Assurance can be taken in the robust process in place to monitor and respond to potential emerging geopolitical, socio-economic and health threats. |
| Strategic Risk 2 - There is a risk that Public Health Wales will not deliver its plans for delivering excellent services for population screening, health protection and infection | Risk 2 remains the only risk in which the DCA is indicated to be green rather than amber and has remained as so, since it was last reviewed at BET. This is due to the delivery of excellent services continuing to be an overarching priority. Following a full refresh of the controls and actions, these continue to be formally reviewed and actively progressed, providing assurance that the risk is being managed. |
| Strategic Risk 3 - There is a risk that we will not manage organisational change well | In order to manage the risk effectively, it is important to note the number of interdependencies with other functional areas. In response a number of workshops have been scheduled to enable the organisation to take assurance that there is oversight and informed decision making on proposed future change programmes and an agree approach to organisation design, commissioning and resourcing of organisational change work. |

The **Strategic Risk Register** is currently displaying six risks, which have approved risk appetites and delivery confidence assessments.

| | |
|---|--|
| Strategic Risk 4 - There is a risk that we are unable to attract and retain the required professional workforce | A significant amount of progress has been made during this reporting period in relation to the actions identified. With a number of actions due to be completed by the end of December, and the remaining by the end of the financial year, this should result in a notable change to the risk. |
| Strategic Risk 5 - There is a risk that we will fail to exploit data to inform and direct public health action and interventions | The gaps in controls to which a number of actions previously identified have now been included in the register for risk 5. This enables the organisation to take assurance that the actions, once completed will have an impact on the risk. A number of the actions relate to the recruitment of key roles and whilst the recruitment process has taken place, the benefits have yet to be realised until the individuals settle into their roles. As such the current risk score remains the same. |
| Strategic Risk 6 - There is a risk that PHW will suffer a cyber-attack on its IT systems of such magnitude that it will be unable to maintain core business and public facing services | Progress updates have now been included for September, October and November which has previously not been shared with BET to enable the organisation to take assurance that the risk is being managed appropriately. The due dates for all actions have been changed during this reporting period which should be considered. |

Theme 3: Organisational quality and access to high quality services

Theme 3C: Achieving high quality and risk management in our organization

Risk Management

The **Corporate Risk Register** is currently displaying six risks with updates as follows:

| | | | |
|---|---|--|--|
| Corporate Risk 203 - DESW is unable to provide an accurate and quality-assured programme to the diabetic population of Wales, and to transform the service to provide quality-assured programme for the increasing diabetic population | The risk remains the same with only one action identified. However, a paper was tabled at BET during this reporting period which provided a detailed progress update relating to the transformational work which enables the organisation to take assurance that the risk is being managed. | Corporate Risk 301 - There is a risk that we will not deliver our IMTP due to challenges involved in securing resources at the right time, at the right cost, with the right skills | Following the completion of the tender process for Employee Value Propositions in last month's submission, the consultancy organisation Dragonfish, have met with the Executive Team during this reporting period to provide BET with assurance that the action is being progressed effectively to have a positive impact on the risk. A number of other progress notes have been provided however it is noted that two actions are overdue. |
| Corporate Risk 207 - There is a risk that Public Health Wales will fail to meet the requirements of The Health and Social Care (Quality and Engagement) (Wales) Act (2020) | Progress for a number of actions has been achieved including PHW's response to the Welsh Government draft consultation document has been completed and submitted to the Business Executive Team. An organisational project plan to implement Duty of Candour is in place and on track. A Duty of Candour implementation group is in place and meet fortnightly at present. | Corporate Risk 208 - There is a risk that Health Protection and Screening Services will not be able to deliver high quality services in North Wales Infection division as they are struggling to recruit and retain sufficient medical and clinical staff | The action relating to single on-call for Microbiology remains on pause but noted that it will be revisited as part of 'Developing Excellent Services'. The action due date would benefit from being revised to enable BET to consider whether this delay is appropriate to manage the risk. The action relating to the provision of funding for Agency Consultants has been resolved for the next financial year but beyond this period funding remains uncertain and therefore does not reduce the risk. |
| Corporate Risk 206 - Risk that individual and team performance and development is not aligned with the organisation's strategic and operational priorities | Since April 2022, the organisation has seen a nearly 10% increase in Appraisal Compliance, from a figure of 57.7% at the start of the financial year. With pay progression coming into force in October 2022, part of the criteria to be put forward for an increment is staff needing to have an appraisal date entered into ESR within the last 12 months, which has had a positive impact on appraisal compliance figures. The action to carry out a quality audit on appraisals to ascertain that the performance is indeed aligned to the priorities remains important to further reduce the risk and it is noted that this has commenced during the reporting period. | Corporate Risk 302 - There is a risk that PHW will be unable to deliver key capital projects detailed within our IMTP, deliver our planned capital replacement programme or undertake remedial works for our services and estate | This risk is proposed to be removed altogether from any risk register in the organisation. The Capital plan for remainder of 22/23 has been finalised. Directorates/Divisions have been asked to prioritise their statements of need for consideration by Capital Planning Group. Directorates/Divisions have been informed of the outcome of this exercise and are progressing the agreed procurements as required. Our Capital forecast for 22/23 has also been submitted to Welsh Government on 31/10/22. |

Theme 4: Improved Population Health and Well-being


Strategic Plan – Month 9 Summary

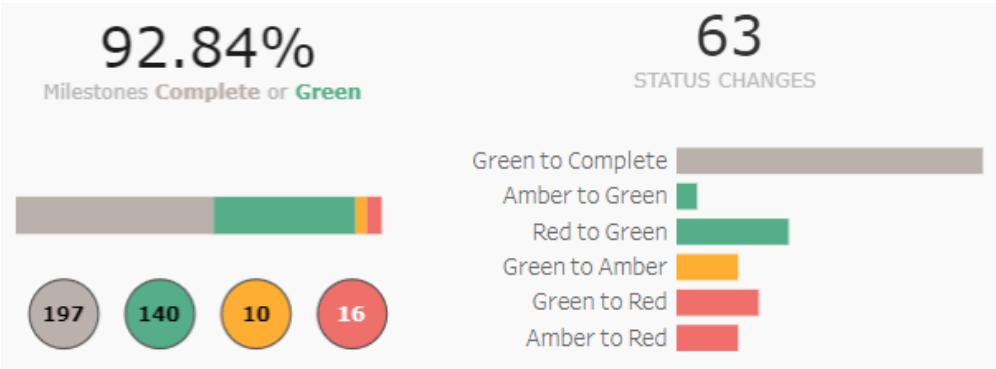
The number of milestones contained in our Strategic Plan (2022-2025) reduced to 363 in month 9 owing to five milestones moving into 2023/24 plan and one milestone being suspended. These requests were submitted through the request for change process in month 8.

Some progress continues to be reported with 38.6% (140) milestones on track, 54.3% (197) milestones complete, 2.8% (10) of milestones have the potential to fall behind schedule and 4.4% (16) rated red and behind schedule. Across all directorates 30 milestones were completed in month 9.

Sixteen requests for change were submitted for approval in month 9, detail can be seen in the Performance and Assurance Dashboard (PAD). Eight requests for change are asking for a date change of which: three were owing to staffing issues, three were submitted by People and OD that link to the completed Long Term Strategy review, three will be presented to Quality Safety and Improvement Committee in May 2023, and two owing to external factors. Various reasons were given for other date changes (please see the PAD for detail).

Four of the milestones have requested a change to 31 March 2023 and four have requested a roll over into the 2023/24 plan. Five requests have been received to suspend various milestones that will be developed in the 2023/26 plan.

Further information on progress against delivering our milestones within our Strategic Plan can be viewed here 



| Milestone overview by Directorate | | | | |
|---|----|---|---|----|
| | G | A | R | C |
| Data, Knowledge and Research | 7 | | 2 | 25 |
| Health & Wellbeing | 36 | 2 | | 25 |
| Health Protection and Screening Services | 24 | 3 | 1 | 53 |
| Improvement Cymru | 14 | 2 | 1 | 12 |
| Operations and Finance | 18 | 2 | 5 | 28 |
| People & Organisational Development | 9 | 1 | 2 | 12 |
| Quality Nursing & Allied Health Professionals | 12 | | 4 | 20 |
| WHO Collaborating Centre | 20 | | 1 | 22 |

Annex A. NHS Wales Minimum Dataset 2022/23

NHS Wales Minimum Dataset – Quarterly Submission

The NHS Wales Minimum Dataset has been refreshed and contains the following updates at Quarter 3 2022/23:

- Ministerial Priorities measures
- Workforce YTD and forecast
- Test Trace Protect – testing capacity
- Screening YTD and forecast
- Microbiology (tests related to sexual health) YTD and forecast

Updates have not been provided for other parts of the NHS Wales Minimum Dataset as they are either not applicable to Public Health Wales or have been captured as part of the latest Finance MMR submission, in line with guidance received from Welsh Government.

The updated NHS Wales Minimum Dataset was submitted to Welsh Government in line with the agreed deadline following the Business Executive Team meeting on 16 January 2023.