



PUBLIC HEALTH WALES

PERFORMANCE AND INSIGHT REPORT

JUNE 2022



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Public Health
Wales

Key Performance and Insight Summary

Theme 1: Maintaining a healthy and sustainable workforce – Pages 3 to 6

- Following a general declining trend in sickness absence since January 2022, latest figures show a small increase over the latest period (3.9% in-month), with the 12-month rolling sickness absence at 4.4%. The highest rates continue to be evident in Health Improvement (7%), Screening (6%) and Microbiology (5.6%).
- The increase in overall staff sickness absence is likely associated with the sharp increase in COVID-19 related absences seen at the start of July 2022. Latest available data suggests that there are currently 27 staff absent due to COVID-19, reflecting the general increase in case numbers seen in the community.
- There were 26 staff leavers and 27 new starters in June 2022, with just over a quarter of leavers moving to another organisation due to a promotion. There were 12 internal promotions during the same period, with the vast majority being promoted within their own team.
- Appraisal compliance for June 2022 saw a modest increase to 58.5% (up 2.7%) but remains some way short of achieving the 85% Welsh Government target.

Theme 2: Achieving value and impact – Pages 7

- The cumulative reported position for Public Health Wales at month 3 2022/23 is a net surplus of £61k, with an anticipated breakeven position at year-end.
- The month 3 revenue position is being supported by £5.540m of non-recurrent COVID-19 funding.
- Our capital funding for 2022/23 totals £6.590m with year to date spend at £0.319m. Capital funding is made up of £1.158m discretionary funding and £5.432m strategic funding. The amount of strategic capital relating to the NHS Collaborative has reduced in month from £4.204m to £2.313m, a reduction of £1.891m following discussions with Welsh Government to reduce the allocation in line with current available capital.
- Performance for our year to date Public Sector Payment Policy is above the statutory target at 96.3% (95% in month 3).

Theme 3: Organisational quality and access to high quality services – Pages 8 to 13

- An increase in the number of COVID-19 incidents have been reported in closed settings, predominantly in care homes as well as some prisons in Wales. This rise reflects the general increase in case numbers reported in the community. Testing activity is currently ~1300 tests per day across all laboratories with average in-lab turnaround times at 6 and 2 hours for main and hot lab functions, respectively. The COVID Transition Group has now been stood down and the Living with COVID: Proposal for Communicable Disease Control in an Endemic State document is currently being finalised.
- Screening programmes continue to be delivered and recovery plans progressed. From 30 June 2022, programmes have reinstated strongly encouraging use of masks in screening clinics for both staff and participants due to raising COVID-19 levels in line with Health Boards. Breast Test Wales timeliness of reading and assessment remains challenging with high screening activity, staff sickness due to COVID-19 and accommodating the implementation of the equipment replacement programme. The new screening venue in Mountain Ash is now operational which is very positive and screening clinics are progressing well.
- Routine childhood vaccinations in quarter 4 showed that for children aged one, uptake of the “6 in 1” vaccination was below 95% for the first time since 2008.
- There was one No Surprises Incident reported to Welsh Government in June 2022. This related to a data breach in the Health Protection Directorate and is currently under investigation.
- One new potential clinical negligence claim was received in June 2022, relating to clinical assessment within Breast Test Wales.

Theme 4: Improved population health and well-being – Page 14 to 15

- Our Strategic Plan contains 381 milestones. At month 3, good progress was reported with 19% of milestones complete, 75% of milestones reported as on track, 2% of milestones flagged as having potential to fall behind schedule, and 4% of milestones behind schedule. A total of 59 milestones were completed in-month.
- Following the Board development session in June 2022, a summary of the Public Health Rapid Overview Dashboard is presented on page 15 with a focus on Wider Determinants of Health. The range of work we are undertaking and are being developed is highlighted as we better understand the impacts and work with partners.

Theme 1: Maintaining a healthy and sustainable workforce

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

Sickness Absence

Sickness absence for June 2022 was 3.89% which is a slight increase from 3.73% in the previous month, with the rolling 12 month figure at 4.35%.

'Anxiety/stress/depression/other psychiatric illnesses' remains as the most frequent sickness absence reason (highest number of FTE days lost) and accounted for over 2,310 FTE days lost during quarter 4. The second highest recorded absence reason during quarter 4 is 'Infectious Diseases' which accounts for 1,159 FTE days lost.

The highest rates of sickness absence for June 2022 were reported within Health Improvement (7.0%), Screening (6.0%) and Microbiology (5.6%).

Screening and Microbiology services have had consistently high rates of sickness absence over the past few months. The People & OD Advisory team have been working with these areas to identify and put in place mechanisms to help with management of sickness absence, in particular around appropriate and consistent application of the All-Wales Managing Attendance at Work policy.

Long and short term sickness absence

For those staff reported as absent due to sickness in June 2022, 23% of staff were absent with long term sickness and 77% with short term sickness.

The People & OD Advisory Team provided case management support to 73 long term sickness cases throughout the month of June 2022. Support included advice regarding Occupational Health referrals, amended duties, and phased returns.

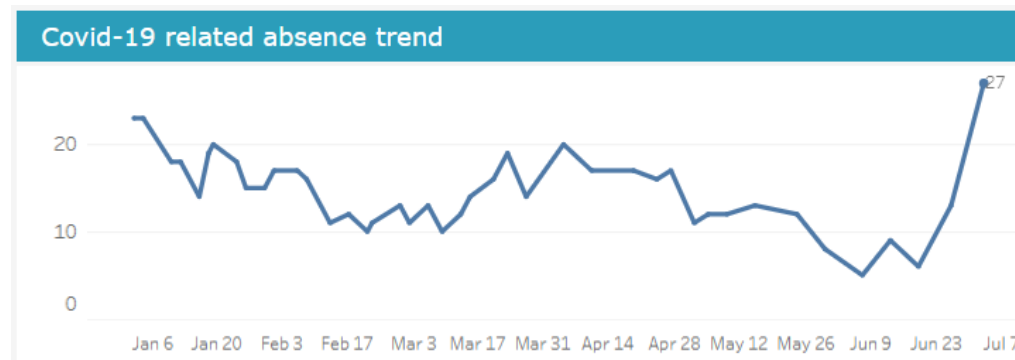
COVID-19 Absence

COVID-19-related staff absences during the majority of June was stable, but started to increase at the end of the month and into the beginning of July. The latest available data indicates that there are currently 27 staff absent due to COVID-19. This rise reflects the general increase in case numbers seen in the community. Absences related to COVID-19 will be closely monitored.

COVID-19 sickness absence arrangements were extended until 30 June 2022. Full pay including enhancements continued to be paid from the first day of COVID-19 sickness absence for up to six months. In addition, arrangements for individuals on long term absence were also extended meaning that any half pay provisions will not come into effect from today and arrangements for full pay extended until 30 June 2022.

There are currently five members of staff on long term sickness absence as a result of long COVID. Each case is being supported by a member of the People & OD Advisory team.

COVID-19 related sickness absence monthly trend (%)



Theme 1: Maintaining a healthy and sustainable workforce

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

Staff COVID-19 Vaccination

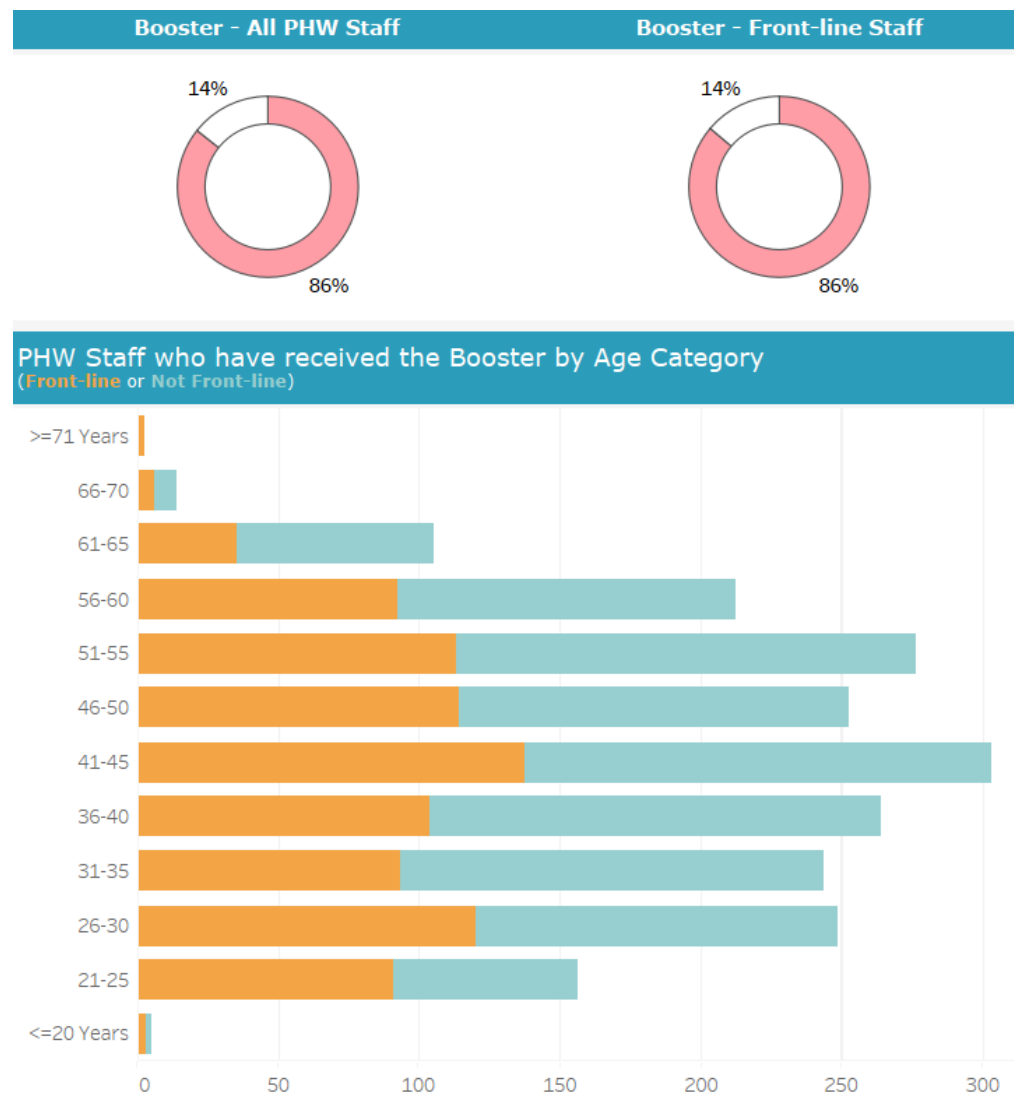
The latest staff COVID-19 vaccination dashboard shows that 2,281 current Public Health Wales employees have been given their first dose, which is 94% of our total workforce. 2,243 members of staff are now fully vaccinated (93%).

Front-line workers – Based on the refreshed front-line list, 1,012 have been given their first dose, which is 96% of our front-line workers. 1,003 front-line workers are now fully vaccinated (95%).

Booster vaccinations – Latest available data shows that 2,080 current Public Health Wales employees have been given the booster (86%). In terms of front-line workers, 910 staff members have been given the booster vaccination (86%).


Please note that the dashboard is based on staff who are employed by Public Health Wales as reported on 6 June 2022, 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.



Theme 1: Maintaining a healthy and sustainable workforce

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

Statutory measures		Target	2021/22	April 2022	May 2022	June 2022	Link to PAD
	Statutory and Mandatory compliance	85%	87.1%	87.3%	86.8%	● 87.7%	
	Appraisal compliance	85%	56.9%	52.7%	55.8%	● 58.5%	

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 on Friday 15 July and dates have been communicated via our SharePoint pages and weekly e-mails to staff and managers across the organisation.

Appraisal and Development Reviews

The 12-month rolling compliance for My Contribution appraisals is currently at 58.5% 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, this should therefore have a positive impact on appraisal compliance figures.

Further Pay Progression communications have been issued to staff and managers this week. 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 June 2022 was 1.2%, which is an increase when compared with the figure reported for May 2022 (0.9%). The rolling 12-month turnover to 31 June 2022 was 13.8%.

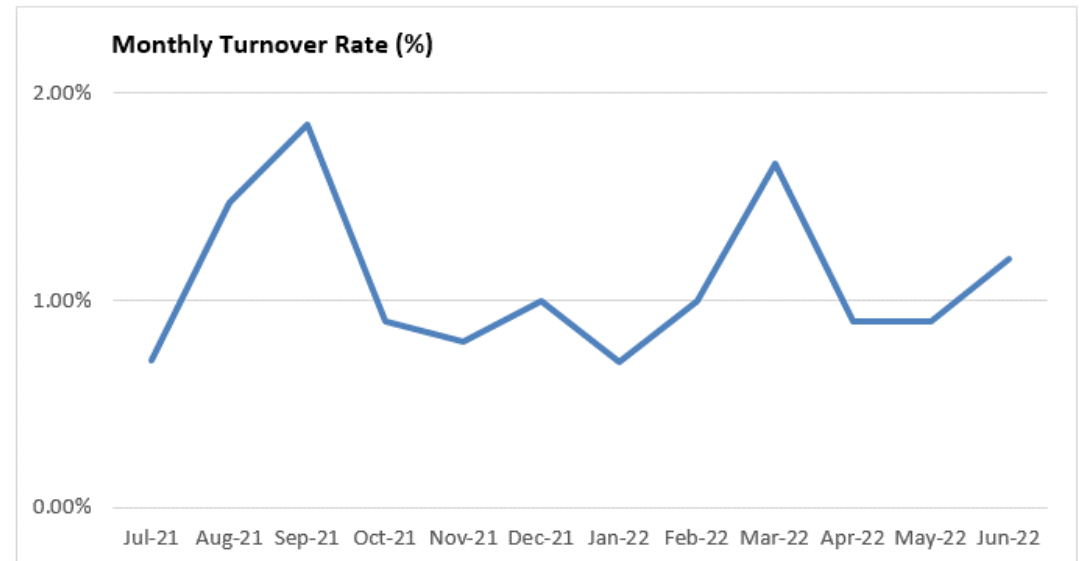
In Quarter 4, the most frequently reported reason for leaving was identified as 'Promotion' with 19 staff citing this as their reason for leaving, this is extremely positive as we continue to support our workforce to develop and progress.

To ensure we have a further level of detail about those who join, continue to work and leave PHW, we are currently undertaking additional analysis of this data as well as the labour market more broadly. 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, enabling the development on initiatives / interventions to reduce unwanted turnover and maximise our saleability as an employer of choice.

The work data will also be one of many components fed into the Employee Value Proposition work which is currently out to tender for prospective bidders.

Staff Movements

For June 2022, there were 26 leavers and 27 new starters. Just over a quarter of the leavers gave a leaving reason of 'Promotion'. In terms of internal promotions in June, there were 12 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.



Theme 2: Delivering Value and Impact

Theme 2: Delivering against our agreed budgets

Statutory measures

	Month 1	Month 2	Month 3	YTD 2022/23	Year-end forecast	Link to PAD
Revenue financial target	(£39k)	(£39k)	(£22k)	(£61k)	Breakeven	GO
Capital financial target	£8.212m	£8.481m	£6.590m	£0.319m	Breakeven	GO
Public Sector Payment Policy (PSPP)	96%	97%	95%	96.3%	>95%	GO

Financial Summary – Month 3 2022/23

- The cumulative reported position for Public Health Wales is a net surplus of £61k ((£22k) in month), with an anticipated breakeven position at year-end.
- The month 3 revenue position is being supported by £5.540m of non-recurrent COVID funding as shown in the table opposite.
- Our capital funding for 2022/23 totals £6.590m with year to date spend at £0.319m. Capital funding is made up of £1.158m discretionary funding and £5.432m strategic funding. £3.119m of Strategic capital relates to Public Health Wales with the remaining £2.313m relating to our Hosted Organisation, namely The NHS Collaborative.
- The amount of Strategic capital relating to the NHS Collaborative has reduced in month from £4.204m to £2.313m, a reduction of £1.891m following discussions with Welsh Government to reduce the allocation in line with current available capital.
- Public Health Wales Discretionary Allocation has reduced from the £1.580m in previous years. Welsh Government have applied a 24% reduction in discretionary allocations across the NHS in Wales during 2022/23.
- Major capital schemes include Breast Screening Imaging Equipment £3.075m and The NHS Collaborative LINC System £2.054m.
- Performance for our year to date Public Sector Payment Policy remains above the statutory target at 96.3% (95% in month 3).
- 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 3 Position

Funding Item	Actual Apr-Jun 22 £'000
Additional Operational Expenditure	
Test	5.032
Trace	0.272
Vaccination Programme	0.218
PPE	0.018
Total Operational Expenditure	5.540
Funding	
Assumed Welsh Government Funding	-5.540
Total Funding	-5.540

Theme 3: Organisational quality and access to high quality services

Theme 3A: COVID-19 Update

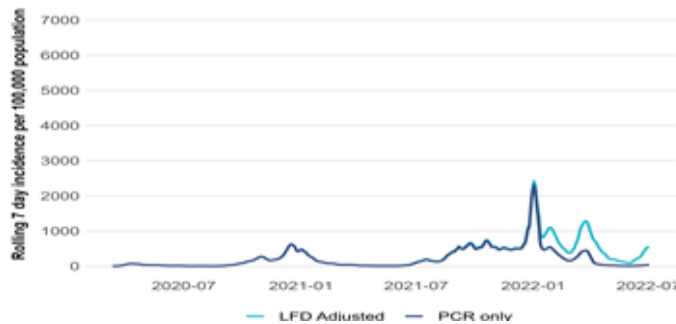
COVID-19 high level summary

Epidemiology

As the COVID testing policy has evolved, Public Health Wales has modified data reporting accordingly, including increased emphasis on monitoring outcomes such as hospital admissions.

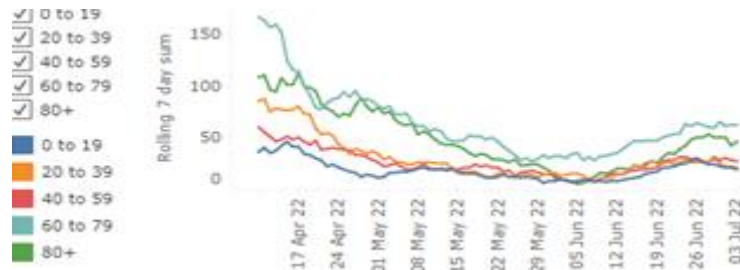
Confirmed cases (from diagnostic testing available to PHW for Wales residents) – as of 6 July 2022

Incidence as calculated by testing data on Welsh residents



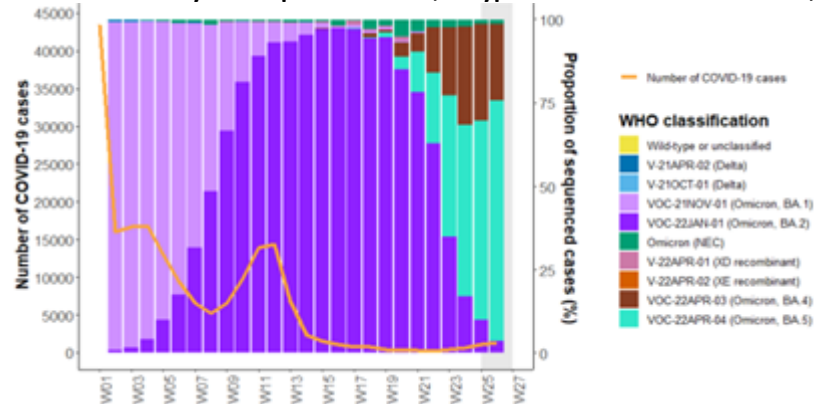
Interpret with caution, as testing is not currently available at a high level

Rolling 7-day hospital admissions of COVID-19 cases in Wales, by age group, up to 3 July 2022



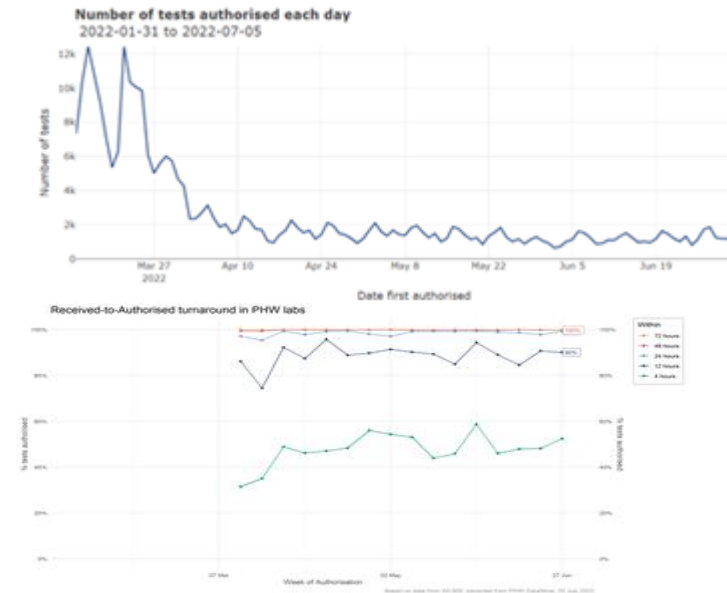
There is a rise in hospital admissions in the older age bands

Variant summary: Of sequenced cases, % typed as each variant in Wales, up to 3 July 2022



The Omicron BA.5 and BA.4 subvariants are dominant (note there is a lag in sequencing data)

Testing



Summary

Activity is currently ~1300 tests per day across all labs.

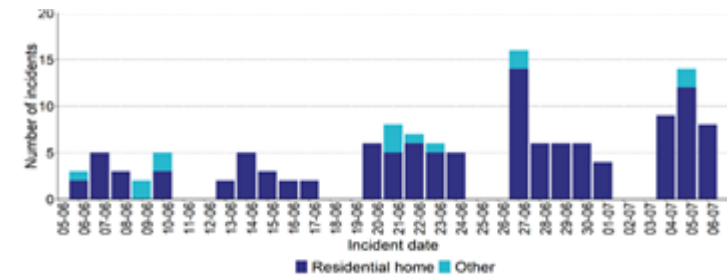
Average in-lab turnaround times (TAT) are 6 and 2 hours for main and hot lab functions respectively.

Individual Health Board levels are consistent in pattern and trend as All Wales.

Standards for TAT % compliance:

90% within 12 hours for non-rapids Achieved
90% within 4 hours for rapids Achieved

Incidents and Outbreaks



New acute respiratory/suspected COVID-19 outbreaks and incidents logged in Tarian as at 08/06/2022.

Summary of significant incidents and outbreaks

This month has seen an increase in numbers of incidents reported in closed settings, predominantly in care homes as well as some prisons in Wales. This rise reflects the general increase in case numbers seen in the community. At present there are no large-scale incidents of note.

Developments

- The COVID Transition Group has now been stood down and the Living with COVID: Proposal for Communicable Disease Control in an Endemic State document is currently being finalised. With increasing case rate currently COVID CCG and COVID-Ex have been amalgamated to a once weekly IMT to meet on a Thursday and consider the latest weekly COVID surveillance update.
- The Integrated respiratory surveillance business plan was submitted to Welsh Government, some feedback/questions received back and the team are responding.
- COVID surveillance outputs are now reported on a weekly basis every Thursday.

Theme 3: Organisational quality and access to high quality services

Theme 3B: Access to high quality services

Screening Services

All Screening programmes continue to be delivered across Wales. Recovery plans continue to be progressed and active management undertaken to maintain all possible clinics. From 30 June 2022 programmes have reinstated strongly encouraging use of masks in screening clinics for both staff and participants due to raising COVID-19 levels in line with health boards. The new screening venue in Mountain Ash is now operational which is very positive and screening clinics are progressing well.

Breast Screening has continued to implement the equipment replacement programme with our Cardiff site currently being undertaken. An additional mobile has been provided to support maintained activity over the equipment replacement programme implementation which is providing additional capacity. The mobile replacement is progressing as planned with expected new mobiles received from March 2023. The timeliness of the reading and assessment remains challenging with high screening activity, staff sickness due to COVID-19 and accommodating the equipment replacement programme.

Cervical Screening invitations continue to be sent out with no delay and the number of samples being received by the laboratory continues at sustained levels. The timeliness of the results process improved this month. The social media communication campaign was launched at the end of June 2022 to build trust and to ensure the correct messaging about human papillomavirus (HPV), cervical screening and the interval change. Testing of the messaging with key groups was undertaken and the feedback of the campaign has been positive. Work continues to manage procurement of equipment in the laboratory and is now progressing.

Bowel Screening number of kits being returned continues to be good with uptake continuing at high level and timelines of results is excellent and reject rate very low. There continues to be delays in Bowel Screening participants progressing to have their screening colonoscopy but this has shown improvement (range is from 7 to 15 weeks). There continues to be improvement with the pre-assessment part of the pathway with all health boards 2 weeks and 5 days or less. This is due to increase in staff recruitment and the programme working with health boards to pilot an improved process. Two new screening colonoscopists have recently achieved accreditation which is very positive.

The programme continues to work closely with health board colleagues and the national endoscopy programme for sustainable improvements and is progressing in line with plans for next steps in optimisation in October 2022 when 55, 56 and 57 years old will be included.

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. There are continues to be constraints in some health boards.

Newborn Hearing Screening continues to work hard to maintain continuity throughout the pandemic. Screening continues to be actively managed and timeliness maintained. The new screening venue has been well received by participants and staff.

Newborn Bloodspot Screening coverage continues has been maintained and avoidable repeat rate remaining very low which is remarkable with our colleagues in midwifery under considerable pressure.

Diabetic Eye Screening remains the most challenging programme to recover backlog due to it being annual screening and a very large eligible population which continues to increase by about 1,000 participants each month. The novel optometry pathway that was undertaken from November 2021 to March 2022 has been evaluated. The programme is taking forward transformation and project board is established and discovery work undertaken with Public Health Data, Knowledge and Research and a commissioned company informing work. Screening has started at the new screening venue in Mountain Ash and this will enable improved availability and also an ability to test out some of the potential good ideas from the discovery work. The optimisation of the IT system has recently been successfully upgraded which will allow less manual processes.

Wales Abdominal Aortic Aneurysm Screening continue to explore with partners options around increasing clinic locations which will aid recovery. Additional screening will be undertaken in Tenovus vans in Cardiff and on weekends in Breast Test Wales in Cathedral Road to reduce backlog. Compared to pre pandemic, activity is higher, uptake higher and DNA is lower. All additional screening staff as set out in the recovery plan are completing training which will support recovery. Screening has started at the new screening venue in Mountain Ash and this will enable improved availability.

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 generally show modest fluctuations across most of the mandated indicators over the latest period. E.Coli bacteraemia remains the only reported rate below target levels in-month, whilst the P.aeruginosa bacteraemia rate has increased from 4.2 to 9.2 per 100,000 population since the start of 2022/23. The changes in service delivery across healthcare in Wales during the pandemic continue to have an impact on Health Boards/Trusts achieving agreed targets for 2021/22 (2022/23 national reduction expectation targets yet to be agreed).

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

- 255 C. difficile have been reported since April 2022, approximately 1% more than the equivalent period in 2021/22.
- 241 Staph Aureus bacteraemia have been reported since April 2022, approximately 19% more than the equivalent period in 2021/22.
- 523 E. Coli bacteraemia have been reported since April 2022, approximately 10% fewer than the equivalent period in 2021/22.
- 138 Klebsiella sp bacteraemia (includes E. aerogenes bacteraemia from April 2019 onwards) have been reported since April 2022, approximately 9% fewer than the equivalent period in 2021/22.
- 50 P. aeruginosa bacteraemia have been reported since April 2022, approximately 4% more 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 quarter 4 COVER report (January to March 2022) shows that for children at one year of age, uptake of the “6 in 1” vaccination was below 95% for the first time since 2008. Uptake ranged by Health Board from 92.4% (Cardiff and Vale UHB) to 96.9% (Cwm Taf Morgannwg UHB) and by Local Authority from 92.0% (Cardiff) to 98.7% (Merthyr Tydfil). Three of the seven Health Boards and 11 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 90.8%. Coverage of two doses of MMR ranged by Health Board from 87.4% (Hywel Dda UHB) to 94.4% (Powys THB) and by Local Authority from 86.5% (Pembrokeshire) to 94.4% (Powys).

Influenza surveillance

[Influenza and acute respiratory infection](#) surveillance information continues to be reported on a weekly basis with current levels of activity reported as low and stable. Confirmed influenza case numbers increased during April and May 2022, and include community cases confirmed in sentinel GPs. This is later than usual seasonal activity, at low levels.

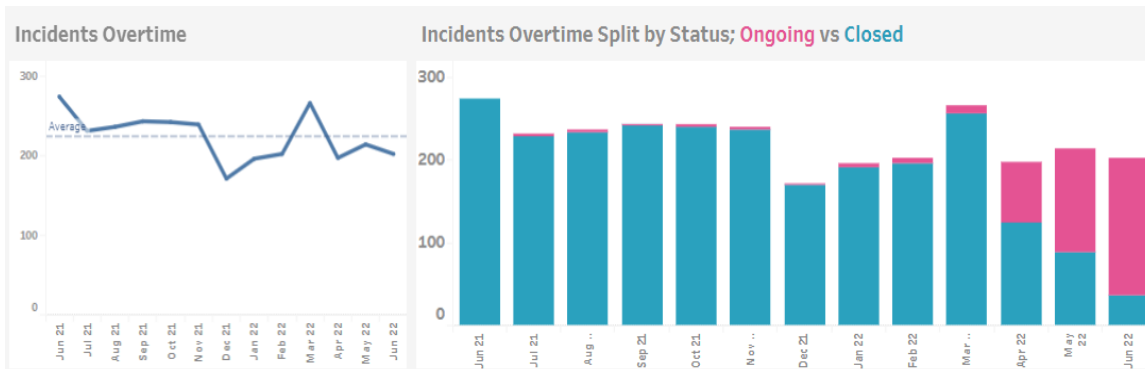
On 6 April 2022, latest mandated data shows that for those aged 65 years and older, 78% were vaccinated. Latest influenza vaccine uptake for clinical risk groups was 48.2%. Uptake for NHS Wales staff (55.7%) and front-line staff (57.2%) saw modest increases over the latest reporting period.

Theme 3: Organisational quality and access to high quality services

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

Quality and Improvement

Incidents



A total of 202 incidents were reported in June 2022. 99% of these are within the Health Protection and Screening Directorate.

The organisational target to investigate and close incidents is at 30 working days. As such, the incidents reported in this reporting period (June 2022) are still within an acceptable time frame and currently remain with an open status

With regards to the closure rate in May 2022, 58% of incidents are overdue/still open, 35% were closed within the 30 day target and 7% were closed outside the 30 day target. The overdue incidents are being proactively managed to achieve deadlines however despite this, the incidents remain open due to operational capacity issues and the prioritisation of Datix management.

Incident themes

The majority of incident types in June 2022 relate to reporting functions in Microbiology, Diabetic Eye Screening and Cervical Screening laboratories.

Nationally Reportable Incidents

There were no Nationally Reportable Incidents reported to the Delivery Unit in June 2022.

No Surprises Incidents

There was one No Surprises Incident (NS) reported to Welsh Government in June 2022. This related to a data breach in the Health Protection Directorate and is currently under investigation.

Current Incident Numbers

As of the 1st July 2022, a total of 67 incidents remain open exceeding the 30 days threshold. These figures are not reflected within the dashboard due to the retrospective nature of incident reporting. This figure includes all incidents that have been reported more than 30 days ago with the oldest incident remaining open reported on the 7th January 2022.

These open incidents are predominantly within the Health Protection and Screening Services.

Theme 3: Organisational quality and access to high quality services

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

Quality and Improvement

Formal Complaints



Three formal complaints were reported in June 2022, all within Health Protection and Screening Services.

All three complaints (100%) were acknowledged within the two working day timeframe. All three complaints are ongoing and are within the 30 working day timeframe.

Themes and trends for June 2022

There were three complaints reported in June 2022, which is a decrease from the five reported in May 2022. Two complaints were related to the Screening division and one for Health Protection. A complaint theme emerging in June included appointment issues with one complaint relating to the cancellation of an appointment and another relating to a delay in receiving an appointment/referral.

In line with agreed compliance reporting shown in the dashboard above, three out of three (100%) complaints received during June 2022 were acknowledged within 48 hours. Three out of three (100%) of these complaints were responded to in 30 working day timeframe.

Compliments

In June 2022, 316 compliments were received, which is a significant increase from 40 received in May 2022.

90% of these compliments were reported in Bowel Screening Wales.

These compliments were in relation to:

- Positive comments about the service
- Positive attitude/behaviour of staff

The ratio of compliments to formal complaints has significantly improved to 105:1 for June 2022 from 8:1 in May 2022.

Claims

One new potential clinical negligence claim was received in June 2022, relating to clinical assessment within Breast Test Wales.

There are now currently 19 confirmed claims and four potential claims to date this year with 96% of claims against Health Protection and Screening Services and 4% against the WHO Collaboration Centre.

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

Risk Management

The Strategic Risk Register details the six new Strategic Risks that have been approved by the Board. Work is ongoing to determine the risk scores, controls and actions to work towards the target risk.

These are the highest level risks that could prevent the organisation from delivering on its strategic priorities:

There is a risk that Public Health Wales will not be sufficiently focused, agile and responsive in discharging our functions, caused by the unpredictable and changing nature of the current and emerging geopolitical, socio-economic and health threats, resulting in an inability to tackle the population health challenges in a sustainable way.
There is a risk that Public Health Wales will not deliver its plans for delivering high quality, safe and effective services for population screening, health protection and infection caused by uncertainty of the impact of current and future health threats and lack of specialist workforce, resulting in inability to prioritise service delivery and transform models of care.
There is a risk that we will not manage organisational change well, caused by multiple change programmes being implemented simultaneously, but in isolation, and insufficient time to effectively engage an exhausted workforce, resulting in high levels of sickness absence, vacancies, staff turnover and stress.
There is a risk that we are unable to attract and retain the required skills, knowledge and experience caused by skill shortages and increased pressures on staff, which has been exacerbated by the Covid-19 pandemic, resulting in there being insufficient capability and capacity to deliver our plans.
There is a risk that we will fail to exploit data to inform and direct public health action and interventions. This will be caused by data being held in silos, difficulty accessing the data and inability to access to provide the impact on public health. This will result in worse public health outcomes in Wales and increased information governance risk within Public Health Wales
There is a risk that Public Health Wales 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. This will be caused by our inability to keep pace with the technological advances of cyber criminals and will result in statutory functions not being met and public safety being seriously compromised

The [Corporate Risk Register](#) is in the process of being refreshed now the Strategic Risk Register has been renewed. The work on the Corporate Risk Register will be completed in the next few weeks.

Operational Plan Month 3 Summary (Quarter 1 2022/23)

Updates for June 2022 show the position at the end of Quarter 1 2022/23 of reporting for our Strategic Plan (2022-2025). Updates were coordinated by staff across the organisation and submitted in a timely manner.

The strategic plan contains 381 milestones and at month 3, good progress is being reported with 75% (287) of milestones on track, and 19% (72) complete. 2% (7) have the potential to fall behind schedule and 4% (15) are rated red and behind schedule. 59 milestones were completed in month 3.

A new request for change process was introduced in month 3 and 10 requests for change were submitted. Some milestones that are reported as behind schedule are still being re planned and we anticipate that requests for change for these will be received in month 4 updates.

The main reasons for slippage are owing to staffing issues and external influences. One milestone has requested a scope change as the work has expanded following a successful investment bid and one milestone has been asked to close as this is a duplicate milestone linked to the roll out of the Directorate and Divisional dashboard.

Further information on our Operational Plan performance can be viewed [here](#)

Operational Plan Progress by Directorate

Milestone overview by Directorate

	G	A	R	C
Data, Knowledge and Research	22	2	1	9
Health & Wellbeing	58	1	3	6
Health Protection and Screening Services	57		5	23
Improvement Cymru	25	1	2	2
Operations and Finance	42	3	1	8
People & Organisational Development	23		2	6
Quality Nursing & Allied Health Professionals	25		1	10
WHO Collaborating Centre	35			8

Public Health Rapid Overview Dashboard

In the June Board development session, we promised to bring forward the latest data from the [Public Health Rapid Overview Dashboard](#). We are working to incrementally bring this in. This month the focus is on the [wider determinants of health](#), where the latest data shows:

- 1) The working age employment rate in Wales has started to fall and is now at 73.7%, below all other regions and nations of the UK other than the North East of England and Northern Ireland. Unemployment in Wales has begun to rise
- 2) Real wage growth within the UK is declining as inflation is rising quicker than wages
- 3) The latest evidence shows that those living in more deprived areas are experiencing higher inflation than those in the least deprived areas

Public Health Wales has recognised the importance of ensuring we take a Public Health approach to the cost of living and are currently developing a co-ordinated response covering:

- How we support our staff – for example: signposting to support available; utilising Work Where it Works Best to reduce costs to staff
- How we deliver our services – for example supporting accessibility of venues
- How we work with partners across the system – for example: Fair Work; working with PSBs on health inequalities as they develop Local Needs Assessments
- How we work with Welsh Government – for example we are supporting the implementation of the Free Schools Meals policy
- How we mitigate impacts through healthy behaviours – for example actions to deliver Healthy Weight, Healthy Wales are sensitive to the cost of living impacts
- How we use advocacy, evidence and intelligence – for example the use of rapid, real-time monitoring

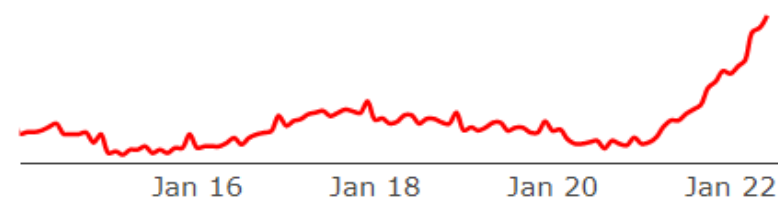
These are designed to give evidence of the range of work we are undertaking and are being developed more fully as we understand the impacts, and work with partners.

For the next Board meeting, we will have more fully integrated the dashboard into the reporting.

Wider Determinants of Health

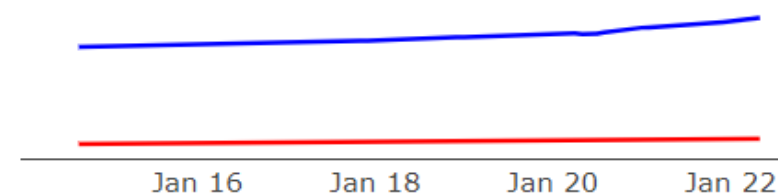
Consumer Price Index, 12-month rate, UK

8.2% as of 06/2022



Monthly pay for 10th and 90th percentile, UK

£690 (10th) & £4951 (90th) as of 05/2022



Number of payrolled employees

1,296,296 as of 06/2022

