



PUBLIC HEALTH WALES

PERFORMANCE AND INSIGHT REPORT

ANNEX

**NHS Wales Performance Framework 2022/23 -
Implications for PHW performance reporting**

AUGUST 2022



**GIG
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**Iechyd Cyhoeddus
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Public Health
Wales**

Key Performance and Insight Summary

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

- Sickness absence decreased in August 2022 to 3.99% from the 5.82% recorded in the previous month. Short term sickness accounts for 61% of absence with short term sickness accounting for 39% of staff absences. The People & OD Advisory Team are continuing to run training sessions on the application of the Managing Attendance at Work Policy with 475 line managers having undertaken the training to date.
- A steady reduction in the number of COVID-19-related absences was evident throughout August 2022. From 1 July 2022 the management of COVID-19 sickness absence was brought in line with the Managing Attendance at Work policy.
- Discussions are progressing with Digital Health and Care Wales (DHCW) to refresh staff data for the Welsh Immunisation System which will allow us to re-start the reporting of Staff Vaccine uptake for COVID-19 Boosters and Influenza.
- Compliance with the core suite of statutory and mandatory training remains above the 85% Welsh Government target at 88.4% (up 0.4% in-month).
- Appraisal compliance for August 2022 has increased by over 4% to 65% 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 5 2022/23 is a net surplus of £122k, with an anticipated breakeven position at year-end.
- The month 5 revenue position is being supported by £8.251m of non-recurrent COVID-19 funding.
- Our capital funding for 2022/23 totals £6.540m with year to date spend at £1.060m. Capital funding is made up of £1.158m discretionary funding and £5.382m strategic funding.
- Major capital schemes include Breast Screening Imaging Equipment £3.025m and The NHS Collaborative LINC System £2.054m.
- Performance for our year to date Public Sector Payment Policy is above the statutory target at 96.3% (96.5% in month 5).

Theme 3: Organisational quality and access to high quality services – Pages 8 to 14

- COVID-19 testing activity is currently ~1000 tests per day across all laboratories with average in-lab turnaround times above target. The COVID-19 Transition Plan is being finalised for sign off by the COVID Management Team in September 2022. It describes our proposed response to COVID-19 during an endemic phase.
- Screening services continue to be progressed in line with recovery plans and appointments have been rearranged due to the bank holiday being held for Queen Elizabeth's funeral on 19 September. The Cervical Screening Information System is progressing well and will be a major achievement with go live on 20 September.
- Routine childhood vaccinations in quarter 1 2022/23 showed that for children aged one, uptake of the "6 in 1" vaccination remained below the 95% target at 94%. In children reaching five years of age this quarter, coverage of two doses of MMR was 90.7%, down 0.1% from the previous quarter.
- At 7 September 2022, a total of 148 incidents are being reported as open for more than 30 days in the Datix incident management system with the highest being reported in Cervical Screening. This is a deteriorating position and actions are being taken forward to support Divisions to manage their incidents promptly.
- One Nationally Reportable Incident was reported to the NHS Delivery Unit in August 2022 in relation to a Bowel Screening participant being placed on the incorrect surveillance pathway in 2020. One No Surprises Incident was also reported during the same period, relating to a Cervical Screening Wales failsafe review.

Theme 4: Improved population health and well-being – Page 15 to 16

- Good progress continues to be reported against our Strategic Plan in month 5. 23% of milestones were reported as complete, 73% of milestones on track, 3% of milestones flagged as having potential to fall behind schedule, and 1% of milestones behind schedule. A total of seven milestones were completed in month 5.
- The importance of ensuring we take a public health approach to the cost of living continues and are currently developing an integrated approach, overseen by a cross-Directorate Cost of Living Crisis Co-ordination Group. Our focus going forward is identifying our priority actions to mitigate further widening of health inequity.

Theme 1: Maintaining a healthy and sustainable workforce

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

Sickness Absence

Sickness absence for August 2022 was 3.99% which is a decrease from 5.82% in the previous month, with the rolling 12 month figure at 4.56%.

'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 August 2022 are within Health Improvement (6.19%), Microbiology (5.78%) and Screening (5.40%).

The People & OD Advisory Team are continuing to run training sessions on the application of the Managing Attendance at Work Policy. This training provides Line Managers with the information they need to be able to manage both long and short term absences. To date 475 Line Managers have undertaken the training.

Long and short term sickness absence

For August 2022, of those staff absent due to sickness, 39% of staff were off with long term sickness and 61% with short term sickness.

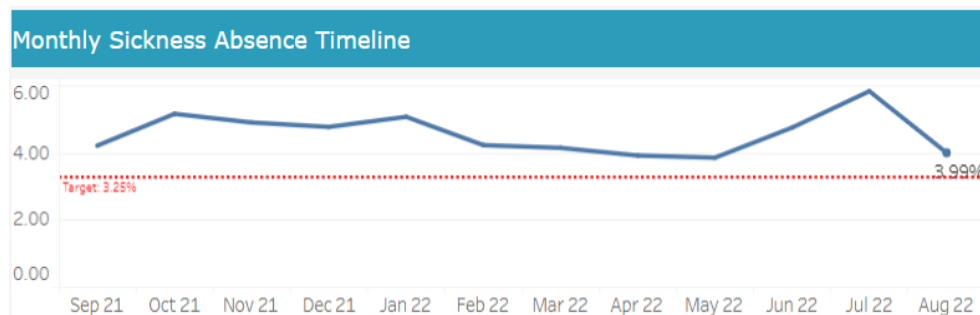
The People & OD Advisory team are currently supporting the management of 35 long term cases. The longest absence from work currently is as a result of Long Covid.

COVID-19 Absence

We have seen a steady reduction in the number of COVID-19-related absences throughout August. The latest available data indicates that we currently have <10 staff absent due to COVID. Absences related to COVID continue to be closely monitored.

From the 1 July 2022 the management of COVID sickness absence was brought in line with the Managing Attendance at Work policy.

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%).

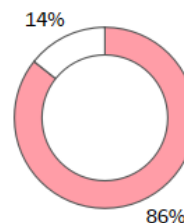
Booster vaccinations – Latest available data shows that 2,080 current Public Health Wales employees have been given the booster (86%). In terms of front-line workers, 910 staff members have been given the booster vaccination (86%).

Please note that the dashboard is based on staff who are employed by Public Health Wales, 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.

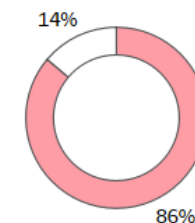
Discussions are progressing with DHCW to refresh staff data for the Welsh Immunisation System (WIS). We are currently co-ordinating a data collection exercise across Public Health Wales to update our lists of staff who are defined as 'Front-line'.

This information, along with new Starters and Leavers will be uploaded into WIS over the coming months, which will allow us to re-start the reporting of Staff Vaccine uptake for Covid Boosters and Influenza.

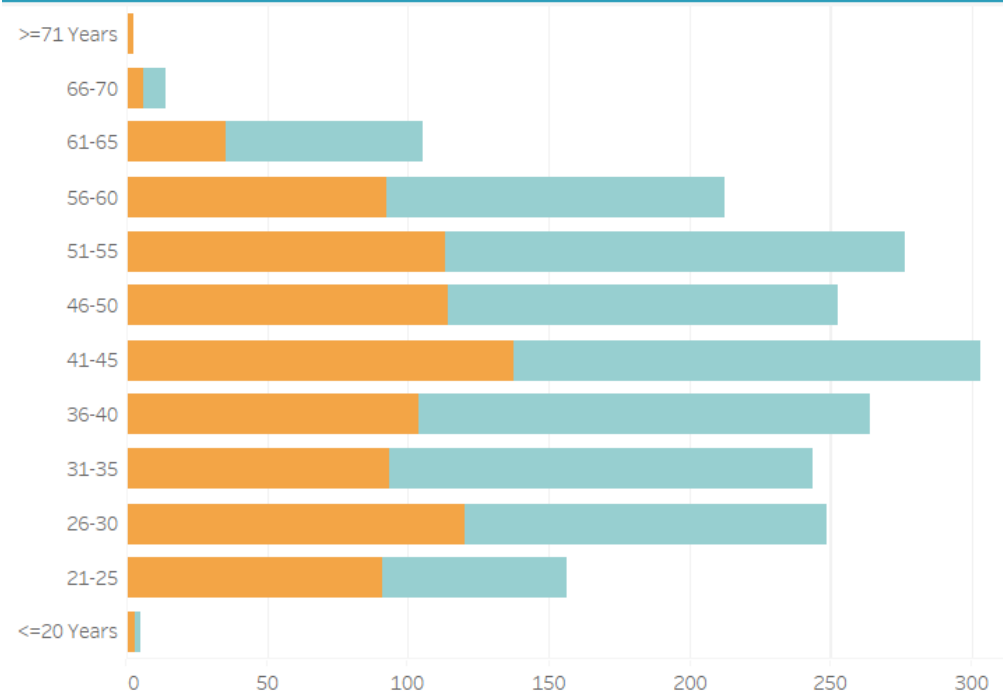
Booster - All PHW Staff



Booster - Front-line Staff




PHW Staff who have received the Booster by Age Category
(Front-line or Not Front-line)



Theme 1: Maintaining a healthy and sustainable workforce

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

Statutory measures		Target	2021/22	June 2022	July 2022	August 2022	Link to PAD
	Statutory and Mandatory compliance	85%	87.1%	87.7%	88.0%	● 88.4%	
	Appraisal compliance	85%	56.9%	58.5%	60.9%	● 65.0%	

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.

Appraisal and Development Reviews

The 12-month rolling compliance for My Contribution appraisals is currently at 65.03% 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.

Entering pay progression and appraisal dates into ESR will also be covered in the twice-monthly ESR drop in sessions. Pay Progression drop-in sessions have also been arranged by the People and OD team, which will take place during September 2022.

Theme 1: Maintaining a healthy and sustainable workforce

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

Staff Turnover

Staff Turnover for August 2022 was 1%, which is a decrease when compared with the previous month (1.2%). The rolling 12-month turnover to 31 August 2022 was 14%.

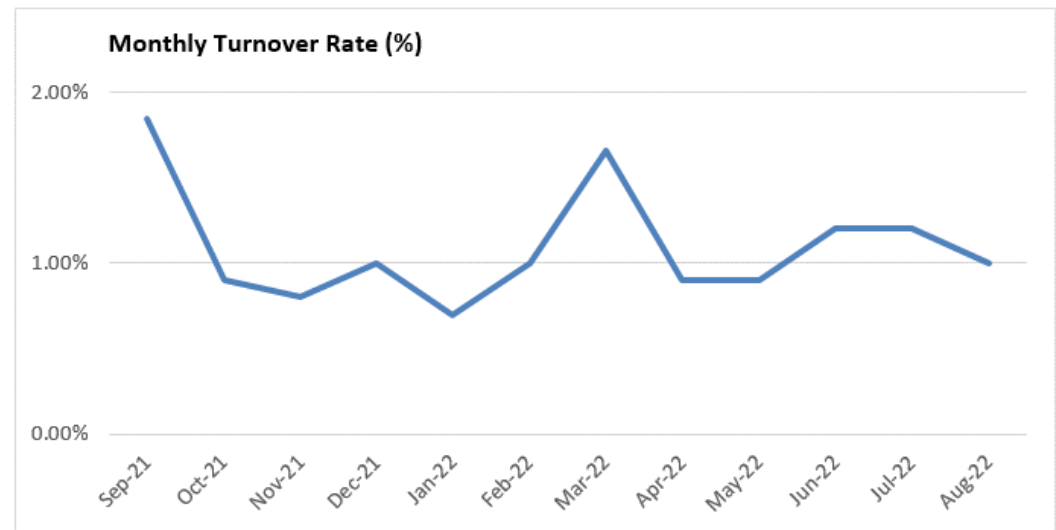
In addition to ESR data, we are currently analysing survey data of new starters and leavers, as well as monitoring labour market trends. This is being undertaken via our Approach to Starters and Leavers culminating in dashboards that will enable the organisation to examine and identify correlations in the data, supporting the development on initiatives/interventions to reduce unwanted turnover and maximise our saleability as an employer of choice.

The work data will also be one of many components fed into the Employee Value Proposition work.

Staff Movements

For August 2022, there were 26 leavers and 38 new starters. 16 of the leavers gave a leaving reason of 'Voluntary Resignation'.

In terms of internal promotions in August 2022, 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 3	Month 4	Month 5	YTD 2022/23	Year-end forecast	Link to PAD
Revenue financial target	(£22k)	(£12k)	(£48k)	(£122k)	Breakeven	GO
Capital financial target	£6.590m	£6.540m	£6.540m	£1.060m	Breakeven	GO
Public Sector Payment Policy (PSPP)	95%	96.1%	96.5%	● 96.3%	>95%	GO

Financial Summary – Month 5 2022/23

- The cumulative reported position for Public Health Wales is a net surplus of £122k ((£48k) in month), with an anticipated breakeven position at year-end.
- The month 5 revenue position is being supported by £8.251m of non-recurrent COVID funding as shown in the adjacent table.
- Our capital funding for 2022/23 totals £6.540m with year to date spend at £1.060m. Capital funding is made up of £1.158m discretionary funding and £5.382m strategic funding. £3.069m 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 £3.025m 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% (96.5% in month 5).
- 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 5 Position

Funding Item	Actual Apr-Aug 22 £'000
Additional Operational Expenditure	
Test	7.486
Trace	0.390
Vaccination Programme	0.349
PPE	0.026
Total Operational Expenditure	8.251
Funding	
Assumed Welsh Government Funding	-8.251
Total Funding	-8.251

Theme 3: Organisational quality and access to high quality services

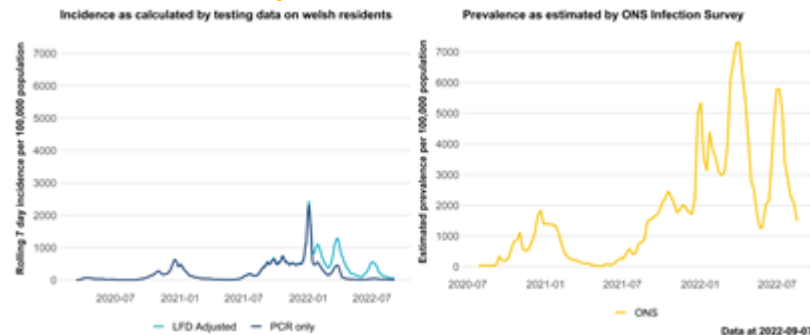
Theme 3A: COVID-19 Update

COVID-19 high level summary

Epidemiology

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

Adjusted case episode as of 7 September 2022 (PCR and LFD), compared with cases estimated by the ONS infection survey



- Interpret with caution, as testing is not currently available at a high level.
- The data indicate that rates are continuing to decline

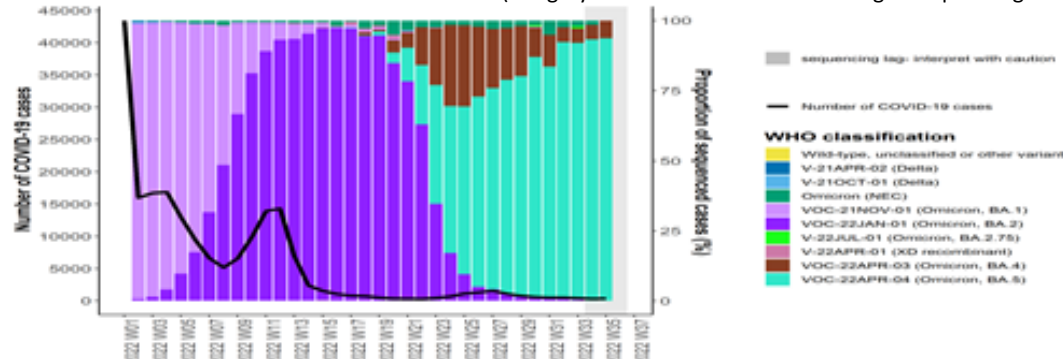
Rolling 7-day hospital admissions of COVID-19 cases in Wales, by age group, up to 4 Sept 2022



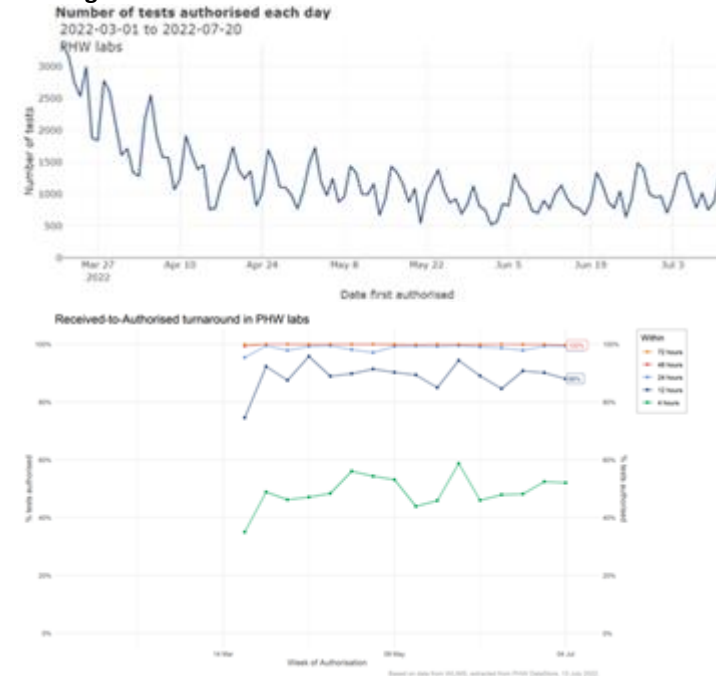
- Hospital admissions are overall not rising; but noted an uptick in the 60-79yr age band – this does not seem to be sustained, and will continue to be closely monitored.

Variant summary: Of sequenced cases, % typed as each variant in Wales (up to week 35, ending 4 Sept 2022)

- Omicron BA.5 remains the dominant subvariant (the grey shaded section indicates a lag in sequencing data)



Testing



Summary

Activity is currently ~1000 tests per day across all labs (predominantly symptomatic via rapid molecular).

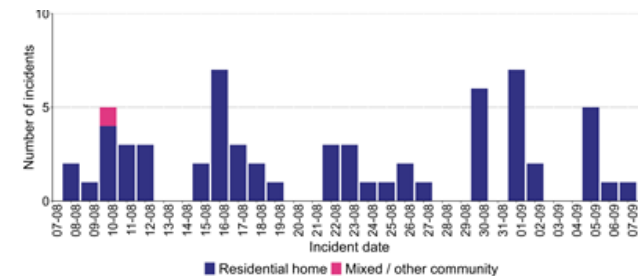
Turnaround times remain above target.

Due to a Dashboard issue, unable to update trend charts but alternate data provides assurance that there has been no change.

Standards for TAT % compliance:

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

Incidents and Outbreaks



Summary of significant incidents and outbreaks

- In addition to ARI outbreaks, there are ongoing incidents and outbreaks related to Monkeypox, E.coli STEC, Avian Influenza and Tuberculosis. The details of those are in the slide set that were shared at BET.

Developments

- The COVID Transition Plan is being finalised for sign off by the COVID Management Team in early September. It describes PHW's proposed response to COVID during an endemic phase.
- The decision on the integrated respiratory illness surveillance business case proposal is to be confirmed by Welsh Government. Early indications suggest funding for COVID testing and genomics, with a small fund available for development.

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 mitigation undertaken to maintain service provision despite issues such as postal strikes and train strikes. The new screening venue in Mountain Ash launch went well in August 2022. Participants with appointments for screening on the 19 September 2022, which is now a bank holiday held for Queen Elizabeth's funeral, have had their screening appointment rescheduled.

Breast Screening has continued to implement the equipment replacement programme and the static sites replacement is near completion. An additional mobile has been provided to support maintained activity over the equipment replacement programme implementation is providing additional capacity in South East. The mobile replacement is progressing as planned and first replacement mobile due shortly. The timeliness of the reading and assessment is and will remain challenging due to high screening activity, long term sickness and accommodating the equipment replacement. The average round length remains 44 months and the programme will take a long time to fully recover the round length of 3 years.

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 again this month with 95% receiving result within 4 weeks of screen. The social media communication campaign to build trust and to ensure the correct messaging about human papillomavirus (HPV), cervical screening and the interval change was completed in August and went in line with expectations and will be evaluated. Work continues to manage procurement of equipment in the laboratory and is progressing to plan. The Cervical Screening Information System is progressing in line with plan to go live and we are currently in the cut over plan with go live on 20 September. This is a very significant and complex piece of work for the programme and IT and is a major achievement.

Bowel Screening number of kits being returned continues to be good with uptake continuing at high level and timelines of results is excellent. There was a very small increase in rejected test kits this month (0.2%) due to kit sent in when passed the expiry date. The laboratory has adapted around the post strikes to ensure timeliness has been maintained through the peaks and troughs of the deliveries. Waiting times for the colonoscopy component of the pathway range from 3 weeks to 12 weeks across Wales.

When combined with the SSP waits, the total time a screen positive participant is waiting for their index screening colonoscopy procedure ranges from 7 to 12 weeks, with one outlier at 17 weeks. There has been significant improvement in one health board who has cleared holding list and reduce waiting times from 20 weeks to 5 weeks. Two candidates recently achieved accreditation and are now screening colonoscopists which adds to the capacity. The programme continues to working closely with health board colleagues and the national endoscopy programme for sustainable improvements and is progressing in line with plans for next step in optimisation in October 2022 when 55,56 and 57 years old will be included. The implementation and communication plan is being finalised.

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

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 has been maintained and avoidable repeat rate remaining within standard which is remarkable with our colleagues in midwifery under considerable pressure. The newborn screening laboratory in Cardiff and Vale has put in place plans around service provision to mitigate delays in receiving the bloodspot cards due to the postal strikes. This included staff working over the weekend, liaising closely with the postal service and going to collect the cards directly from the postal service. The programme worked with maternity services to ensure high quality cards completed to mitigate any impact of requiring a repeat card.

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 1000 participants each month. The programme is taking forward transformation work and the ideas from the discovery work. Screening is working well at the screening venue in Mountain Ash with screening available daily with two clinics in operation on some days.

Wales Abdominal Aortic Aneurysm Screening – additional screening is being undertaken on Tenovus vans in Cardiff and on weekend 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 near completing their training which will support recovery. Screening at the new screening venue in Mountain Ash is well received.

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 sustained increase for both *C. difficile* and *E. Coli* bacteraemia over the last four months with trends continuing to be monitored closely. Conversely, *Staph Aureus* bacteraemia has shown a continued improvement over the same period.

With *E. Coli* bacteraemia reported as the only mandated HCAI indicator within 10% of target, Health Boards/Trusts continue to experience challenges in 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:

- 498 *C. difficile* have been reported since April 2022, approximately 2% more than the equivalent period in 2021/22.
- 378 *Staph Aureus* bacteraemia have been reported since April 2022, approximately 12% more than the equivalent period in 2021/22.
- 905 *E. Coli* bacteraemia have been reported since April 2022, approximately 8% fewer than the equivalent period in 2021/22.
- 264 *Klebsiella* sp bacteraemia (includes *E. aerogenes* bacteraemia from April 2019 onwards) have been reported since April 2022, approximately 6% more than the equivalent period in 2021/22.
- 82 *P. aeruginosa* bacteraemia have been reported since April 2022, equivalent to the same 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 Management Framework (formerly NHS Wales Delivery Framework).

Latest COVER data reported for the quarter (April to June 2022) shows that for children at one year of age, uptake of the “6 in 1” vaccination was 94.0%, down from the 94.9% reported in quarter 4 2021/22. Uptake fell below 95% for only the second time since 2008.

In children reaching five years of age this quarter, coverage of two doses of MMR was 90.7%, slightly down on the 90.8% seen during the previous quarter.

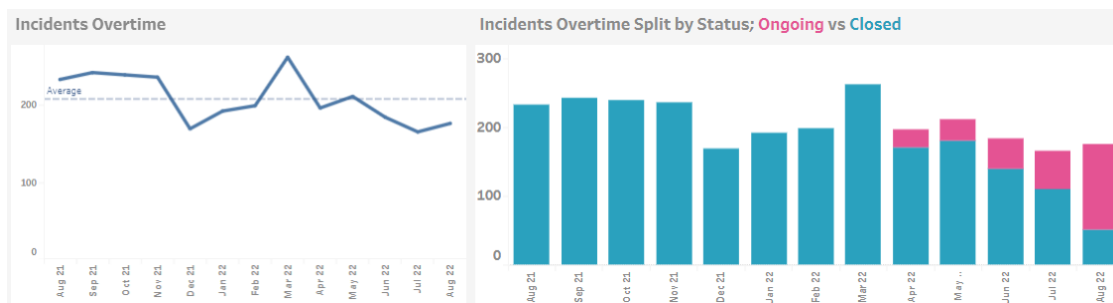
Further information including uptake by geographical region will be provided in next month’s report following the full release of the latest COVER 143 report.

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 176 incidents were reported in August 2022. 99% of these were within the Health Protection and Screening Directorate.

Incident themes

The majority of incident types in August 2022 relate to submissions from the Microbiology, Diabetic Eye Screening and Cervical Screening laboratories. The five highest incidents by type for August 2022 are:

- Assessment, Investigation, Diagnosis – 59% (104)
- Equipment, Devices – 10% (18)
- Accident, Injury – 9% (15)
- Records, Information – 4% (7)
- Communication – 3% (4)

July Incident performance

The organisational target to investigate and close incidents is set at 30 working days. As such, the incidents reported in August 2022 are still within an acceptable time period and currently have an open status.

July Incident performance (cont'd)

During July 2022, 59% (97) of incidents were closed within the 30 day target period and 8% (13) were closed outside the 30-day target, with closing dates ranging from 31 to 41 days. Reasons for incidents exceeding the target time is both a delay in the investigation taking place and a delay in the incidents being approved for closure.

33% (55) of July incidents are now overdue and remain open. 16 out of 55 incidents have a completed investigation and are in 'Awaiting Closure' status. Of the remaining 39 incidents, 22 remain in 'Management Review' status indicating an investigation has not started and 17 remain in Under Investigation status.

Current Incident Numbers

As of 7 September 2022, there are a total of 148 incidents open for more than 30 days in the Datix incident management system. This is a deteriorating position and includes all incidents that have been reported more than 30 days ago with the oldest incident remaining open reported back in April 2022.

Actions by the Putting Things Right (PTR) team, to address this problem include requesting why these incidents remain open and that they are urgently progressed, yet despite these actions it remains an area of concern. Further actions are being taken this month to support Divisions to manage their incidents promptly and include scheduling meetings with teams to discuss their processes for dealing with incidents to ensure processes are clear and as streamlined as possible.

The highest number of open incidents are with in Cervical Screening Wales (CSW). CSW have confirmed that their incident investigations have been delayed due to staff shortages during August 2022 and the prioritisation of the testing of Cervical Screening Information Management System (CSIMS), which is being introduced mid-September 2022.

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

Quality and Improvement

Nationally Reportable Incidents

There was one Nationally Reportable Incident reported to the Delivery Unit in August 2022, involving Bowel Screening Wales.

This related to a screening participant being placed on a wrong surveillance pathway in 2020. The issue was that the screening participant was originally placed onto the colonoscopy surveillance pathway in 2018. However, following review of this participant’s screening pathway and application of the new British Society of Gastroenterology (BSG) surveillance guidelines, the pathway was incorrectly changed on the 27 February 2020 from requiring a surveillance colonoscopy to being placed onto the routine screening recall pathway. The error was identified on 24 November 2021, and the pathway corrected the same day.

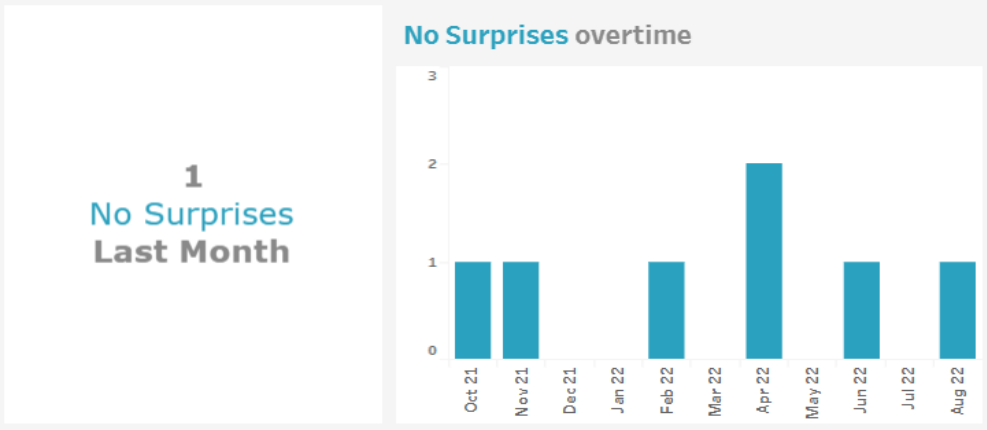
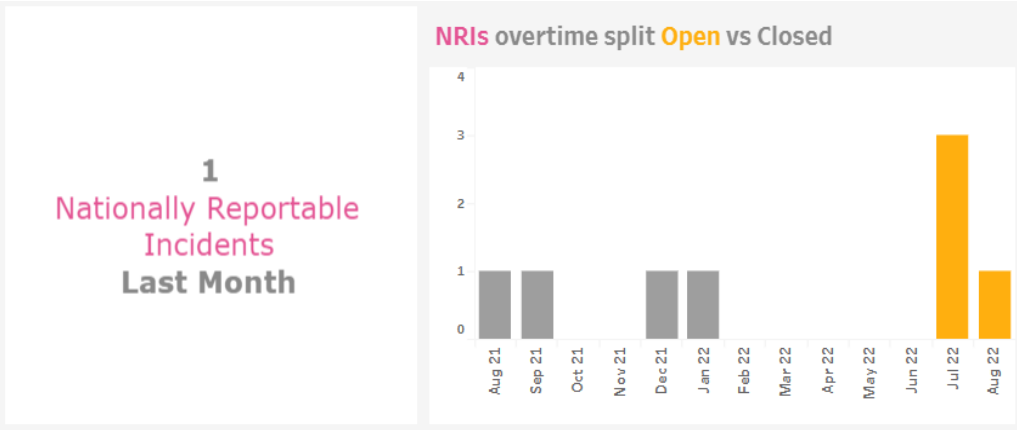
The participant was subsequently diagnosed with rectal cancer at a symptomatic colonoscopy procedure undertaken in March 2022. The result of the incorrect pathway being assigned to the patient meant there was a delay in diagnosis of bowel cancer. This incident is currently under investigation and the participant is under care of the Health Board for treatment of their cancer.

No Surprises Incidents

There was one No Surprises Incident (NS) reported to Welsh Government in August 2022, relating to Cervical Screening Wales.

The incident concerned a failsafe review which identified several participants who tested positive for the Human Papillomavirus (HPV) with a cytology negative result who had not potentially been referred to colposcopy in line with current care pathway. The cohort of women involved were in the main, participants who had extended periods between their cervical screening appointments.

An Incident Management Team (IMT) was convened on discovery of the error and identified corrective actions to be taken which included contacting the service users impacted and a reactive press statement was prepared.



Theme 3: Organisational quality and access to high quality services

Quality and Improvement

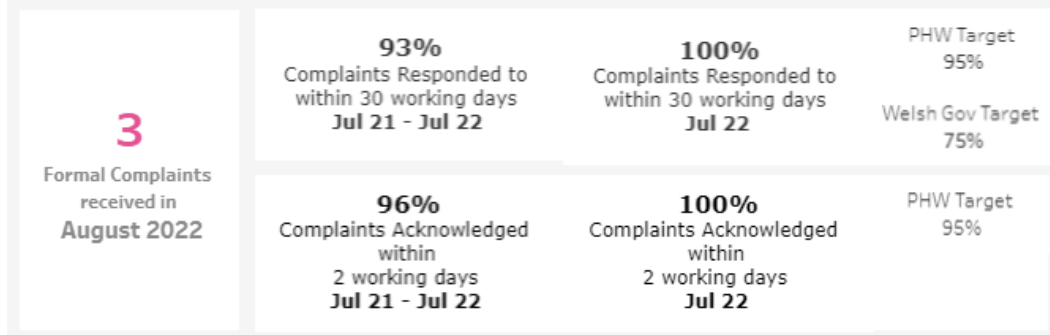
Formal Complaints

The latest figures for August 2022 show that three formal complaints were received during the month all relating to Health Protection and Screening Services. Two of these complaints were for Breast Test Wales and the other Health Protection.

The complaint reasons identified were Confidentiality (relating to a Health Protection Data Breach), Communication Issues and Appointments Issues. This is a slight increase from the two complaints reported in July 2022.

All complaints (100%) were acknowledged within the two working day timeframe following receipt. These complaints are currently ongoing and remain within the 30-working day timescale.

Formal Complaints - Key Metrics



Compliments

In August 2022, 258 compliments were received across Public Health Wales, a decrease of 82 compared to the 340 received in July 2022.

These compliments were in relation to:

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

The ratio of compliments to formal complaints has decreased to 86:1 in August 2022 compared to 170:1 in July 2022.

Claims

One new clinical negligence claim was received in August 2022, for Cervical Screening Wales. This relates to misreporting of cervical smears and is currently under investigation.

There are now 19 confirmed claims in progress and a further three potential claims. 95% (22) of claims relate to Health Protection and Screening Services and 5% (1) relate to the World Health Collaboration (WHO) Collaboration Centre. One claim was closed in August 2022.

Theme 3: Organisational quality and access to high quality services

Risk Management

The Strategic Risk Register and the [Corporate Risk Register](#) are being continually updated to determine the risk scores, controls and actions.

The Strategic Risk Register is currently displaying six risks as displayed in the table, which have approved risk appetites and delivery confidence assessments. During the month the delivery confidence for risk three changed from Amber/Red to Amber.

Risk Description	Risk Appetite	Delivery Confidence Assessment
1. 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.	Willing	Amber
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 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.	Cautious	Amber
3. 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.	Willing	Amber

Implementation of the Risk Management Development plan is progressing, with all risks in Datix now displaying on the Directorate and Divisional Dashboards.

Risk Description	Risk Appetite	Delivery Confidence Assessment
4. There is a risk that we are unable to attract and retain the required professional workforce 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.	Willing	Amber
5. 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.	Willing	Amber
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. 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.	Willing	Amber


Operational Plan Month 5 Summary

The number of milestones contained in our Strategic Plan (2022-2025) reduced to 377 in month 5 due to the closure of a milestone linked to the FIT test procurement process and a date change which will roll over a milestone into our 2023/24 plan around the evaluation of behaviour change resource. Both requests were submitted through the formal request for change process in month 4.

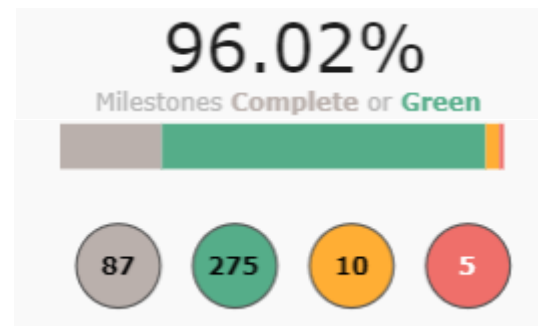
Good progress continues to be reported with 73% (275) milestones on track, 23% (87) milestones complete. Three percent (10) of milestones have the potential to fall behind schedule and 1% (5) rated red and behind schedule. Seven milestones were completed in month 5 including the portfolio of evidence submitted for reassessment under the Cultural Competence Certificate Scheme. This piece of work was originally due for delivery on 31/03/2023 but during initial assessment, was forwarded straight to independent verifiers for marking.

Five requests for change were submitted for approval in month 5. Three milestones requested a date change: two of which were owing to resourcing issues (one internal and one external) and one linked to the re-scoping of a key piece of work linked to the long term strategy review.

One milestone requested a scope change to allow a different approach to a project to be taken forward, thus enabling greater cross-organisational working. A request was received to close a milestone as a commercial partner failed to deliver the needs of the organisation and the contract is to be cancelled.

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

Operational Plan Progress – Month 5



Milestone overview by Directorate

	G	A	R	C
Data, Knowledge and Research	23	1		10
Health & Wellbeing	60		1	7
Health Protection and Screening Services	58		1	25
Improvement Cymru	26			3
Operations and Finance	32	5	2	14
People & Organisational Development	20	3		7
Quality Nursing & Allied Health Professionals	24	1		11
WHO Collaborating Centre	32		1	10

Public Health Rapid Overview Dashboard

It was agreed in June 2022 to provide latest data from the [Public Health Rapid Overview Dashboard](#) with the aim of incrementally bringing this insight into our reporting arrangements. In this report we have focussed on the evidence around the cost-of-living crisis. The latest data on the [wider determinants](#) of health shows:

- 1) The number of people needing referrals or another form of charitable support has already exceeded the rate for 2020 and 2019. Citizens Advice have helped more people in July 2022 than any other year.
- 2) Over 80%, or more than 4 in 5, of adults report that they are worried about the cost of living in Great Britain.
- 3) One in five people aged 30-49 report having less money available to spend on food. This is likely to have an impact on healthy eating habits within families, given that more healthy foods are estimated to be nearly three times as expensive per calorie as less healthy foods ([Food Foundation report](#), July 2022)

Please note that the chart data covers the period before the new Prime Minister was confirmed and an energy price cap of £2,500 was announced.

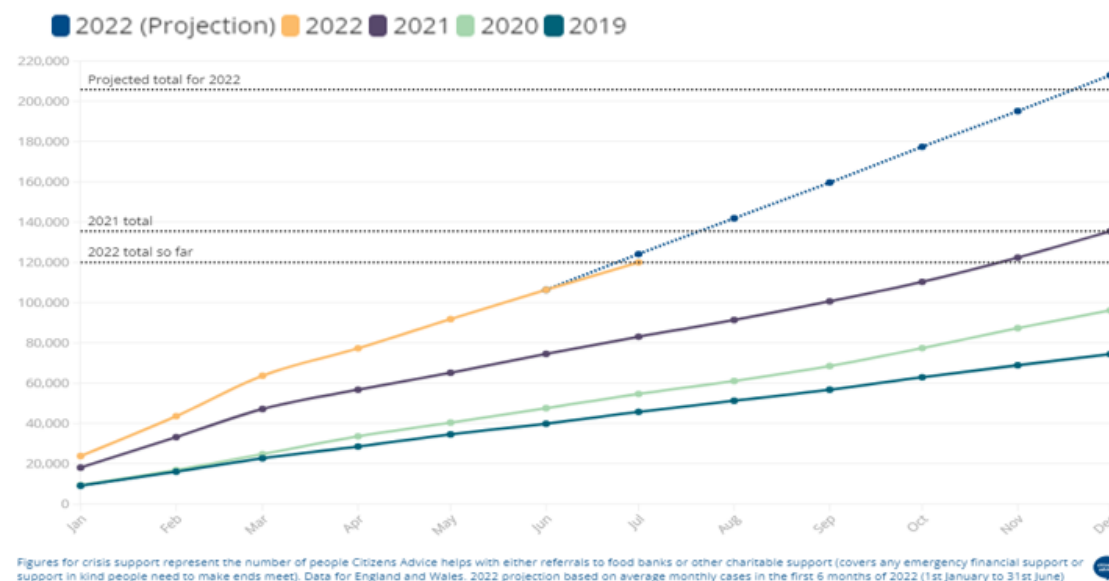
Public Health Wales has recognised the importance of ensuring we take a Public Health approach to the cost of living and are currently developing an integrated approach, overseen by a cross-Directorate Cost of Living Crisis Co-ordination Group.

The Group meets on a weekly basis in order to progress our organisational response at pace, and to provide strategic direction and co-ordination. Currently our response covers:

- 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 engaging with PSBs on health inequalities as they develop Local Needs Assessments. PHW is working with Neath Port Talbot to identify areas that will require most support this winter.
- 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

Our focus going forward is identifying our priority actions to mitigate further widening of health inequity. To support this, we have developed a report 'The Cost of Living Crisis in Wales. A Public Health Lens' (currently in draft) to provide a framework for response.

Cumulative number of people helped by Citizens Advice Bureau with crisis support



Adults reporting to be worried about the cost of living, GB, as of 11/09/2022

