



GIG  
CYMRU  
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WALES

Iechyd Cyhoeddus  
Cymru  
Public Health  
Wales

# Performance and Insight Report

February 2024



# Key Performance Indicator Summary

## Section 1: Governance and Accountability



People Governance	In Focus	Target	Feb-24	Committee
12m Rolling Sickness Absence FTE %		<3.25%	<b>3.83%</b>	People & OD
Statutory and Mandatory Training		85%	<b>91.2%</b>	
Appraisal Compliance		85%	<b>81.5%</b>	
Diversity ESR Data		N/A	<b>73%</b>	
Financial Governance			Feb-24	
Revenue Position Forecast		Breakeven	<b>Breakeven</b>	Audit & Corporate Governance
Capital Year-End Position		Breakeven	<b>Breakeven</b>	
Agency Spend, % of Total Pay Bill		<3.4%	<b>2.2%</b>	
Public Sector Payment Policy (PSPP)		95%	<b>96.73%</b>	
Information Governance			Jan-24	
Freedom of Information Request		Within 20-Days	<b>9 exceeded</b>	Audit & Corporate Governance
Subject Access Request		1 Month Average	<b>0 exceeded</b>	
Personal Data Breaches Reported (Escalated)		N/A	<b>1 (0)</b>	
Mandatory Information Governance Training		85%	<b>89%</b>	
Clinical Governance			Feb-24	
Moderate or above harm incidents (YTD)*		N/A	<b>2 (12)</b>	Quality, Safety and Improvement
Number of externally reported incidents (NRI's, EWI, RIDDOR, IRMER) - In Month - (Rolling 12m)		N/A	<b>1 (6)</b>	
Incident Closure Compliance**		85% PHW	<b>59%</b>	
Formal Complaints - Acknowledged within 5 working days**		75% WG 95% PHW	<b>100%</b>	
Formal Complaints – Responded to within 30 working days**		75% WG 95% PHW	<b>66%</b>	
Informal Complaints – In Month (Rolling 12m)		N/A	<b>16 (127)</b>	

\*As of 1 April 2023, Duty of Candour became legislation. This data is YTD from 1 April 2023.

\*\*Note Incidents and Complaints require 30 working days for closure, therefore this data pertains to **December 2023**

Key: RAG Status

Click on the Focus Area Icon for additional assurance

>10% outside target Within 10% of target Achieving target Not applicable / TBC



# Key Performance Indicator Summary

## Section 2: Strategy and Delivery



IMTP Milestone Reporting	In Focus	Target	Feb-24	Committee
IMTP Milestones currently green or complete		N/A	94%	Board
Climate Change			Quarter 3	
Carbon Emissions 22/23		Net Zero by 2030	17.165m (Kg.C02E)	Knowledge, Research and Information Committee
Service Delivery				
Screening Services			Feb-24	
Breast Test Wales - Assessment invitations (3 weeks)		90%	29.9%	Quality, Safety & Improvement
Breast Test Wales - Normal results sent (2 weeks of scan)		90%	50.3%	
Breast Test Wales - Round Length (Invited within 36 months)		90%	48.1%	
Bowel Screening Wales - Coverage		60%	64.7%	
Bowel Screening Wales - Waiting time for index colonoscopy (Health Board Delivery)		90%	22.5%	
Diabetic Eye Screening Wales - Coverage (12 Months)		80%	34.0%	
Diabetic Eye Screening Wales - Results Letters Printed (3 Weeks)		85%	99.9%	
Vaccination and Immunisation - PHW has system lead role, Health Board Delivery			Feb-24	
Influenza vaccination uptake among those aged 65+		75%	72.3%	Quality, Safety & Improvement
Influenza vaccination uptake among the under 65s in high risk groups		55%	38.9%	
Influenza vaccination uptake among healthcare workers		60%	36.3%	
Percentage of children who received 3 doses of the '6 in 1' vaccine by age 1		95%	Quarter 3 94.5%	
Percentage of children who received two doses of the MMR vaccine by age 5		95%	89.3%	
Percentage of girls receiving the HPV vaccination by age 15		90%	77.3%	
Percentage of children who received '4 in 1' Pre-School Booster with 2nd MMR dose by age 5		95%	89.6%	

Key: RAG Status

■ >10% outside target
■ Within 10% of target
■ Achieving target
■ Not applicable / TBC
 Click on the Focus Area Icon for additional assurance



# Key Performance Indicator Summary

## Section 2: Strategy and Delivery



Service Delivery				
Healthcare Associated Infections - PHW has system lead role, Health Board Delivery	In Focus	Target	Feb-24	Committee
Clostridium difficile rate (per 100,000 population)		25%	<b>38.8%</b>	Quality, Safety & Improvement
Staph aureus bacteraemia rate (per 100,000 population)		20%	<b>27.7%</b>	
E. Coli bacteraemia rate (per 100,000 population)		67%	<b>73.9%</b>	
Klebsiella sp bacteraemia rate (per 100,000 population)		10% Annual Reduction	<b>23.9%</b>	
P. Aeruginosa bacteraemia rate (per 100,000 population)			<b>4.7%</b>	
Microbiology			Quarter 3	
EQA performance (Bacteriology)		97%	<b>87.0%</b>	Quality, Safety & Improvement
EQA performance (Virology)		100%	<b>96.0%</b>	
EQA performance (Specialist and reference units)			<b>100.0%</b>	
EQA performance (Food, Water and Environmental Laboratories)		98%	<b>97.8%</b>	
Turnaround time compliance (Bacteriology)		95%	<b>93.8%</b>	
Turnaround time compliance (Virology)			<b>99.4%</b>	
Turnaround time compliance (Specialist and reference units)			<b>99.2%</b>	
Turnaround time compliance (Food, Water and Environmental Labs)			<b>97.9%</b>	

Key: RAG Status

■ >10% outside target
 ■ Within 10% of target
 ■ Achieving target
 ■ Not applicable / TBC
 🎯 Click on the Focus Area Icon for additional assurance



People Governance



Financial Governance



Corporate &  
Information  
Governance and Risks



Clinical Governance,  
Quality, Safety and  
Improvement



IMTP Milestone  
Delivery & Strategic  
Programmes



Climate Change



Service Delivery

# Governance and Accountability

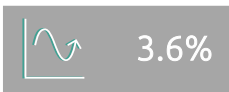


# People Governance

## Section 1: Governance and Accountability



### Sickness Absence



Increased by **0.14%** in February 2024  
Seasonal increases were expected in February but this year's figure is lower than the figures recorded for the last 3 years

### 12 Month Rolling Absence



Remains **above** the national target and has fluctuated around 4% over the past two years.



### Statutory and Mandatory Training



Remains **above** target in February 2023.  
All Directorates with the exception of Board and Corporate (72.9%) are **exceeding target**.



The modules reporting lowest completion are Foundations in Improvement (75.2%) and Paul Rudd Learning Disability Awareness Training (84.7%).

A new mandatory Duty of Quality training e-learning module has been introduced with compliance being taken into account from April 2024.

### Appraisal and Development Reviews



Continues to remain **below** the NHS Wales target.



Achieving appraisal compliance remains a challenge but in the last 6 months there has been an 8% improvement across the organisation.

*Additional assurance is provided in the focus area on pages 7-8.*



### Equality and Diversity

We encourage all staff to record their diversity data in ESR so that we can use the data effectively and ensure we are meeting the needs of our workforce



This is the current percentage of completed Diversity data recorded for our staff. We have seen a 15% increase in data completeness in the last 4 years.



# In Focus: Appraisal and Development Reviews

## Section 1: Governance and Accountability



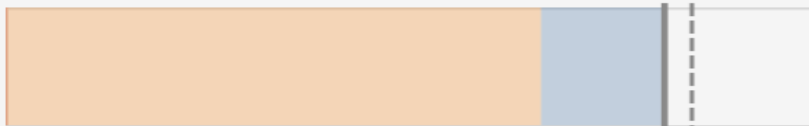
### Compliance Performance

Challenges remain to achieve compliance against the 85% Welsh Government target and our 90% organisational ambition. The national compliance target is set at 85% to allow for staff who are unable to participate in appraisals (e.g. staff on maternity leave, secondees).

For February, there has been an increase in compliance from 80.9% to 81.5% (0.6% increase). The improvement actions detailed on the next page have helped to improve overall compliance over the last 3 months due to retrospective entries of appraisal dates.

# 81.5%

of reviews completed within 12 months vs a target of 85%



Grey – current compliance vs target  
Blue – appraisals due in next 3 months

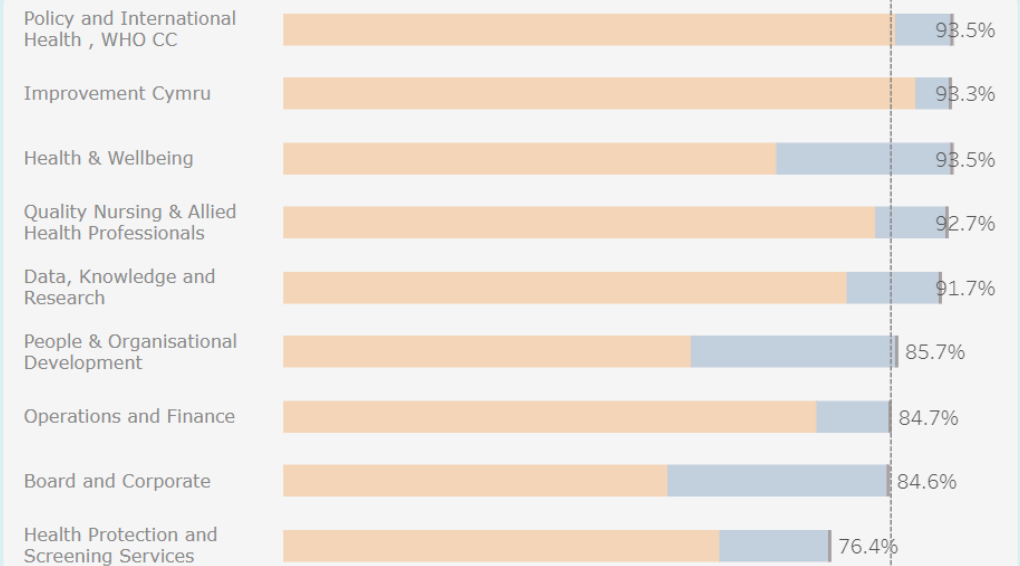
[Dashboard](#)

### Compliance by Directorate

Latest figures show that six Directorates are achieving compliance with the national target, with two Directorates less than 0.5% below target levels.

There is also a significant range in compliance across our Directorates ranging from 93.5% in Policy and International Health, WHO Collaborating Centre to 76.4% in Health Protection and Screening Services.

As we near the end of 2023/24, managers will need to ensure that year-end appraisals are undertaken to ensure compliance remains on a positive trajectory.





# In Focus: Appraisal and Development Reviews

## Section 1: Governance and Accountability



### Improvement Actions

My Contribution remains a key part of our Corporate Induction resources and the Line Manager Induction Pathway. The My Contribution Policy was recently reviewed and has now been approved by the People and OD committee.



#### Toolkit Review and Quality Audit (continued in quarter 4)

The My Contribution Toolkit and SharePoint Pages review is underway to ensure that content is still relevant and fit for purpose. The review started in October 2023 with improvements identified, including the development of new guides to recording appraisal dates in ESR, strengthening links to Being our Best and My Contribution Form. These improvements will continue to be actioned with a launch of the new SharePoint Pages scheduled for March 2024 ready for end of year reviews.

My Contribution is discussed within the Leading with Impact Workshops which is about how we collectively shape our team climate and our shared culture at Public Health Wales. The 3-hour virtual by default workshop is offered to all people managers with options to attend one session throughout February to April 2024.

Following the results from the NHS Staff Survey which closed on 27 November 2023, we will consider a sample survey to measure the quality of My Contribution conversations. This will help inform what further action is required to support line managers and their direct reports with My Contribution (NHS Staff Survey results not expected until April/May 2024).



#### Compliance improvement activity (immediate action)

The Workforce Systems team have recently established a monthly insight group that includes representatives from each team within the People and OD Directorate. The group will collectively analyse the workforce performance dashboards as well as more detailed reports, to promote a pro-active method of identifying trends, areas of concern and identifying any required interventions or actions.

The Learning and Development Team and People and OD Partnering Team are supporting Screening and Infections/ Microbiology colleagues with completing appraisals in ESR, through providing breakdown data and through the ESR drop-in sessions held twice a month. The team are working closely with the HPSS Business Operations Manager to fully understand what support colleagues need and what the People and OD team can help with.

The People and OD team are also working with other Directorates to understand barriers to undertaking and recording My Contribution and to offer further support as required.

Directorates not delivering the target will need to develop and commit to a recovery trajectory



# Financial Governance

## Section 1: Governance and Accountability



### Revenue Position



Break-even



-£105k  
YTD



£0k  
Forecast

The year end forecast is to deliver our statutory duty to **breakeven**.

### Capital Position



£2.508m  
Allocation



£2.508m  
Forecast



£2.373m  
Committed

The capital forecast is **breakeven** with 95% of our allocation committed at month 11. The strategic allocation decreased by £84k during month 11.

### Agency Spend as A Percentage of Total Pay Bill



Below  
3.4%



2.2%  
YTD



2.2%  
Forecast

Forecast to deliver the year-on-year reduction target

### Public Sector Payment Policy (PSPP)



95%



96.73%  
YTD



>95%  
Forecast

Expected to deliver the statutory target for the remainder of the year.

### Contribution to All Wales Financial Position

£4.221m of non-recurring benefits were returned to Welsh Government in January to support the all Wales financial position. In addition to this, further non-recurring benefits of £500k were identified because of excess bank interest, a reduction in SLA charges and a technical accounting treatment adjustment. This funding has also now been returned in February to Welsh Government.

*Click to access the latest detailed report*





# Corporate & Information Governance and Risks

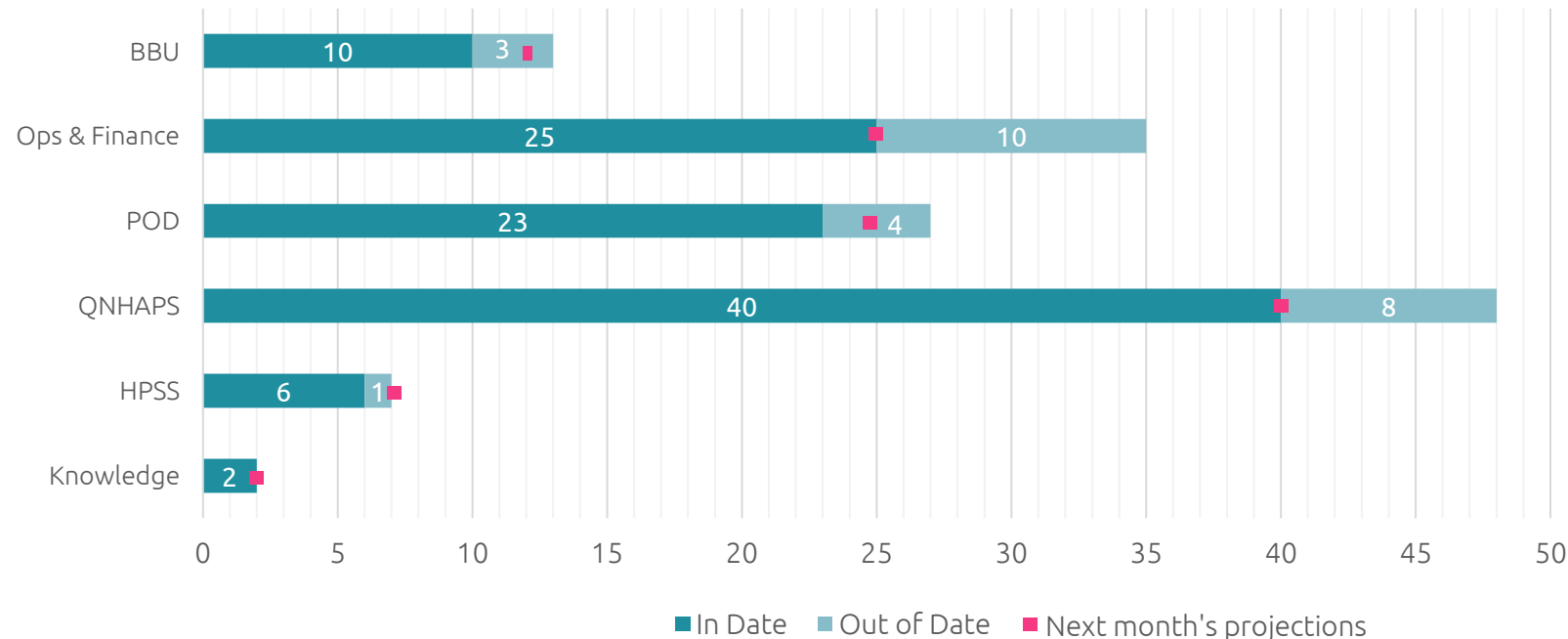
## Section 1: Governance and Accountability



## Corporate Governance

### Corporate Policies Compliance

12 Policies / procedures are currently out to consultation/ going through the approval process (numbers that are either out to consultation, or awaiting a meeting for final approval)



#### Since January 2024:

- 8 Policies (4 new and 4 out of date) were approved in January: 3 from the Ops and Finance Directorate, 3 from the Board Business Unit and 2 from People and OD Directorate.

#### March 2024 Projections:

- The Board Business Unit and People and OD plan to each approve 2 policies
- Health Protection Screening Services plans to approve 1 policy

#### Overview:

- The divisions with the most policies out of compliance are Ops and Finance and QNHAP
- Approval compliance is projected to increase month on month
- 2 of the 8 policies approved in February were All Wales Policies



# Corporate & Information Governance and Risks

## Section 1: Governance and Accountability

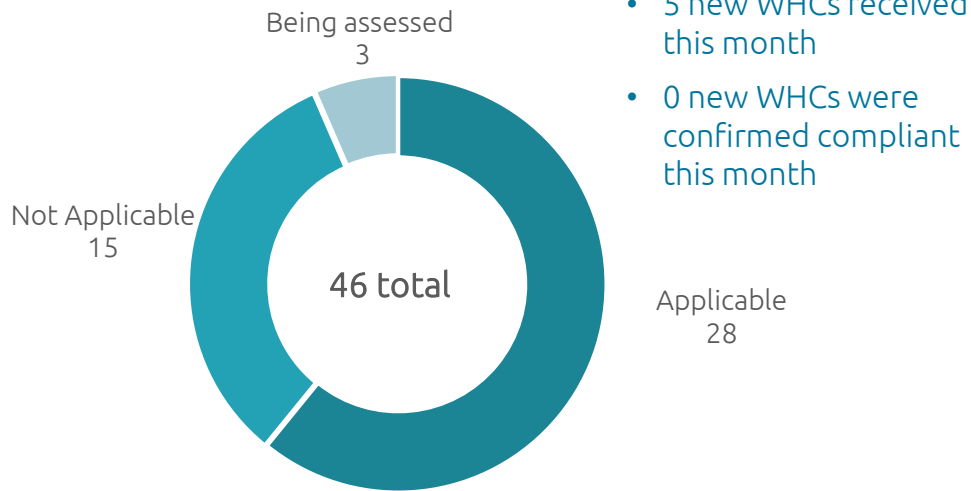
Audit data reported on a quarterly basis. The next quarterly update is due to be reported in April 2024



## Corporate Governance

### Wales Health Circular Compliance

For the period 01 – 29 February 2024:



- 5 new WHCs received this month
- 0 new WHCs were confirmed compliant this month

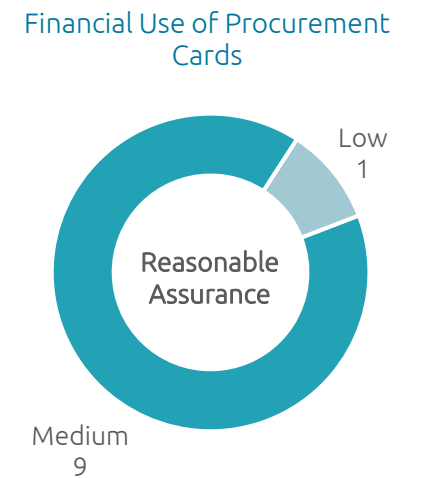
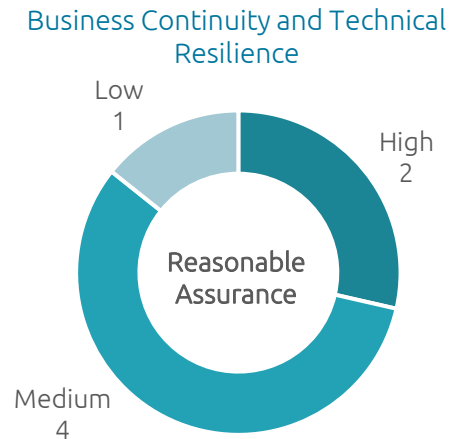
Of those applicable:



### Audit Reports

New Audit Reports - the following reports were reported to Audit and Corporate Governance Committee in January 2024:

#### Internal Audit Reports



#### External Audit Reports





# Corporate & Information Governance and Risks

## Section 1: Governance and Accountability

Audit data reported on a quarterly basis. The next quarterly update is due to be reported in April 2024



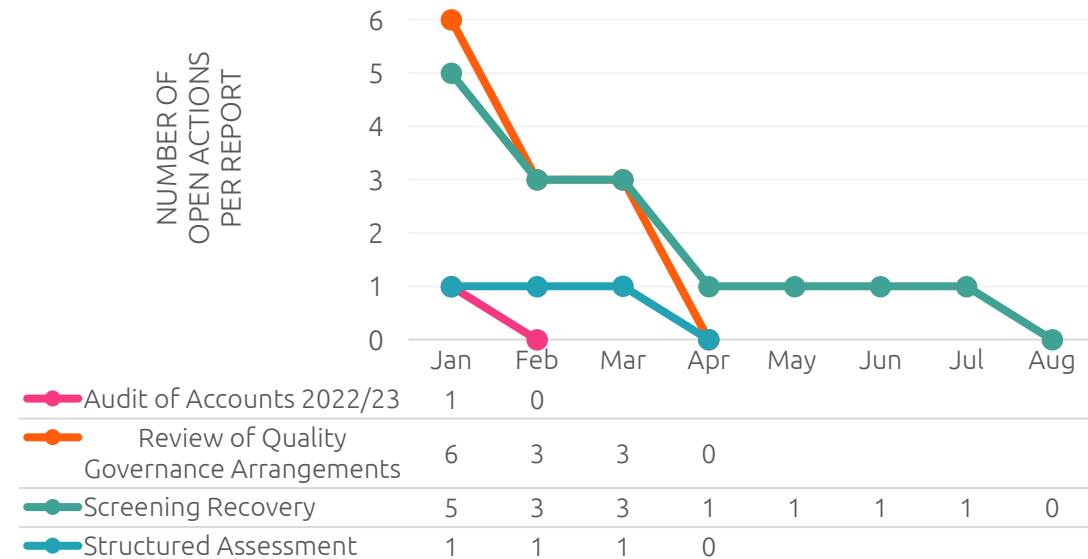
### Audit Recommendations Implementation

#### External Audit

Current number of open actions:



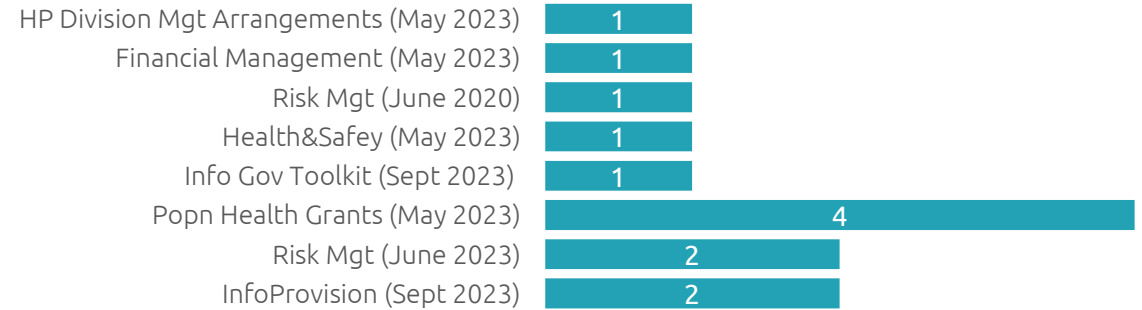
#### Trajectory for closure of Open External Audit Actions



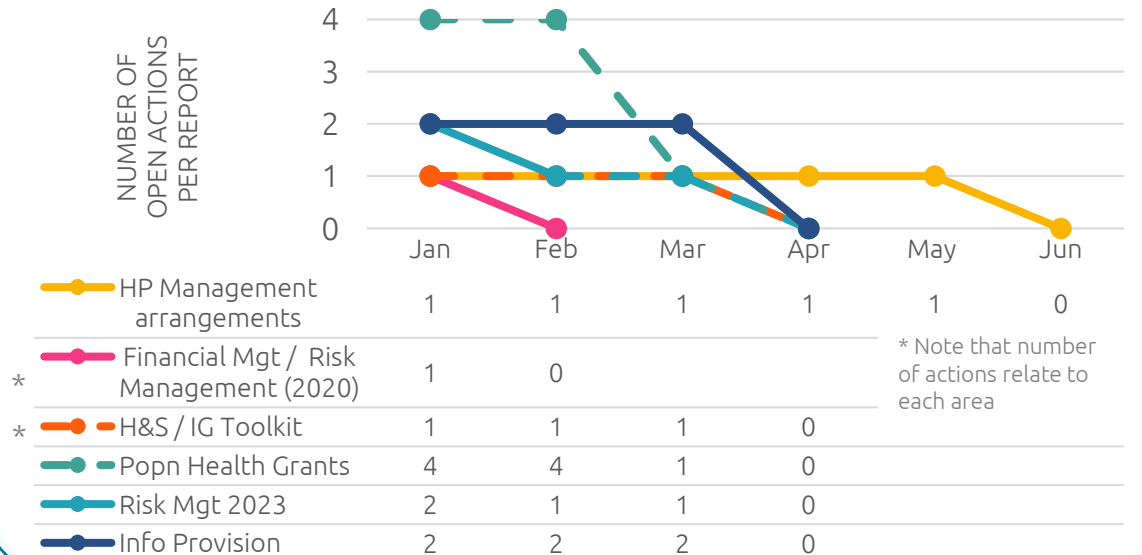
### Internal Audit

Current number of open actions:

#### This analysis does not include the two new January internal audits



#### Trajectory for closure of Open Internal Audit Actions





# Corporate & Information Governance and Risks

Section 1: Governance and Accountability



## Information Governance

### Freedom of Information Act



24 requests were received in January 2024.

Eight exceeded the 20 working day timescale due to respond, with **one** request still outstanding as IG Service are awaiting for the department to provide the information.

One request is currently on hold awaiting clarification from the requestor before we can proceed with the request.

The trend of requests received since the low point in summer 2022 is still rising with the average response time being **17 days**. Directorates are consistently reminded of the need to ensure compliance with response deadlines when possible.

### Data Protection (Subject Access) Requests



Six requests were received and responded to in January 2024.

The average response time during the period was **four days**.

### Personal Data Breaches

Reported	Escalated
1	0

One personal data breach occurred where test results were provided over the telephone but ID was not provided. However, this was not ICO reportable.

Breach - Nil

Action – Nil

ICO Response – N/A

Zero data breaches required reporting to the Information Commissioner (ICO) in January 2024.

### Mandatory Information Governance Training



Organisation-wide compliance with Information Governance mandatory training **exceeds** the national target although one area (Corporate) has been out of compliance for some considerable time and remains an area of focus for improvement.



# Corporate & Information Governance and Risks

## Section 1: Governance and Accountability



### Strategic Risks

*Click to access the latest detailed review*



	Strategic Risk	Current Score	Target Score	Risk Update
1	There is a risk of worsening health in the population of Wales, particularly among vulnerable populations	20	9	<p>Since the last reporting period, the strategic risk scores have not changed. Following the IMTP session that took place on 15 February 2024 with Executive Team, the strategic risks have been refocussed to describe the risks through a Public Health Wales' perspective.</p> <p>Engagement took place with Executive risk sponsors during this process and all have agreed to the reframed risk descriptors. Following consideration at the Business Executive Team on 19 March 2024, the refocussed risks will be presented to the Board on 28 March 2024 for final endorsement.</p> <p>Significant work has been undertaken with Grant Thornton colleagues in developing a risk appetite framework for the organisation. It is anticipated that this will be presented to the Risk Assurance Network and Leadership Team by mid-April 2024.</p> <p>A revised reporting template is also in development with support from Grant Thornton colleagues which will underpin the risk management approach across the organisation.</p>
2	There is a risk of ineffective system-wide efforts to improve health and wellbeing by organisations across public, private and third sectors	16	6	
3	There is a risk that people in Wales are insufficiently engaged and enabled on action they can take to improve their health and wellbeing	12	6	
4	There is a risk of weakness in our organisational health, including our culture, capacity, capabilities and governance.	16	6	
5	There is a risk that we insufficiently prevent, plan for and respond to emerging external threats to public health	12	6	
6	There is a risk that we fail to deliver excellent public health services, including on screening, infection and health protection	9	6	
7	There is a risk to delivery of public health services and the inappropriate release of confidential data	20	12	



# Corporate & Information Governance and Risks

## Section 1: Governance and Accountability



### Corporate Risks

[Click to access the latest detailed review](#)



	Corporate Risk	Current Score	Target Score	Risk Update
1541	There is a safeguarding risk that organizational DBS checks do not prevent unsuitable people from working with vulnerable groups, including children, therefore placing them at risk of harm, abuse and neglect.	12	3	<p>The Corporate risks displayed are those that were approved by the Leadership Team in January 2024.</p> <p>The following risk movements have been proposed for consideration by the Leadership Team in March 2024:</p> <ul style="list-style-type: none"> <li>Risk 1462 is proposed to be de-escalated onto a Divisional Risk Register.</li> <li>Risk 1533 is proposed to be escalated from a Directorate Risk Register to the Corporate Risk Register and relates to potential reputational damage and failure to effectively implement the HIA statutory regulations which form part of the Public Health (Wales) Act.</li> <li>A new risk is proposed to be accepted onto the Corporate Risk Register relating to the organisation being unable to take assurance that NHS Executive are carrying out their functions in accordance with it legal and statutory obligations.</li> </ul>
1554	There is a risk arising from an ISSUE that changes to alerting processes will mean that PHW stop receiving alerts for emergencies and major incidents (E or MI).	20	8	
1593	There is a risk that we are unable to demonstrate that the quality standards and the Duty of Quality are embedded in all aspects of PHW business.	16	6	
1596	There is a risk that the organisation may not have the capacity or resources necessary to effectively deliver the long-term strategic plan. This risk arises from a challenging political and financial landscape, which includes staff time being redirected to contribute to the (Covid) public enquiry and an unstable industrial relations climate, which may strain existing resources, lead to burnout among the team, and hinder our ability to achieve the strategic objectives.	16	8	
1462	There is a risk arising from an ISSUE that the current cameras and IT equipment being used for clinical work in the Diabetic Eye Screening Wales Programme will fail due to asset age and insufficient stock available as back-up equipment.	12	6	
1531	There is a risk that we will fail to exploit data to inform and direct public health action and interventions.	20	12	



# Clinical Governance, Quality, Safety and Improvement

## Section 1: Governance and Accountability



### Externally Reportable Incidents

No Nationally Reportable or Early Warning Incidents reported

No Duty of Candour incidents reported - *There are two ongoing cases undergoing joint investigations with other NHS Wales' organisations.*

### Incidents

Incident Numbers (Rolling 12m to Feb 24)	Reported in February
2,036	156 (median 158)



As of 5 March 2024, 71 reported incidents in Datix with an 'open' status of 30+ days (33% reduction on 106 overdue in January 2024). PTR team aim to reduce overdue incidents by 10% per month.

Improvement seen in closure of incidents in Cervical Screening Wales (CSW) with a 55% reduction in overdue incidents since the beginning of February 2024. Focused effort by the PTR Team and the CSW Quality Lead has supported a reduction in the overall numbers open.

Of the 71 incidents, 10 (14%) have been open for more than 120 days with the oldest being open for 390 days.

Improvement in the number of overdue incidents over 120 days (60% reduction from the 27 in January). Four (6%) have been open for between 90 - 120 days. 21 (29%) have been open for between 60 - 90 days and 36 (51%) have been open for less than 60 days.

Oldest open incident was reported in February 2023 and relates to an issue with the migration to the Cervical Screening Informatics System (CSIMS).

Participants were placed on a three year recall instead of five year recall. The incident remains open while the system developers try to resolve the pathway status issue.



### Complaints and Compliments

Complaints (Rolling 12m)	Formal (Feb)	Informal (Feb)
Formal - 34 Informal - 127	2 (median 2)	16 (median 10)

#### Informal Complaints

Six in Diabetic Eye Screening Wales  
Five in Breast Test Wales  
Two in Cervical Screening Wales  
Three across other screening programmes

Two formal complaints were received, one in Breast Test Wales and one in People & OD. Both complaints were acknowledged within the 5 working day target and are now under investigation.

63% (10) informal complaints were responded to within the target timescale of two working days. 37% (6) missed the target due to a delay in making successful contact with complainants and delays in receiving consent. We received 97 compliments in February 2024.

### Claims

Confirmed	Potential
17	6

One new claim was received in February 2024 against Breast Test Wales.

Of the ongoing Claims (in the table opposite):

Nine relate to Cervical Screening Wales  
Eight in Breast Test Wales  
Six across the rest of the organisation

### Redress

February
1

One new Redress case was received in January 2024. There are currently eight ongoing Redress cases, four are within Cervical Screening Wales and four within Breast Test Wales.



# In Focus: Incident Management

## Section 1: Governance and Accountability



### Incident Levels of Harm

Upon reporting an incident on the Datix system, the reporter is required to assess and classify the level of harm that occurred in line with the Putting Things Right harm framework. The reporter's levels of harm for incidents reported in February are as follows:

Level of Harm	Count
None	93
Low	62
Moderate	1

One incident in Microbiology was reported as Moderate harm.

This incident has been reviewed by the PTR Team to verify the level of harm and investigations remain ongoing with the relevant teams to determine whether Duty of Candour is applicable to this incident, or whether the harm level should be downgraded.

The PTR Team continue to oversee this incident, providing support to the area to ensure a timely investigation.



### Improvement Work

- PTR Team refining the internal processes for the dissemination of Safety Alerts to ensure the correct people within directorates and divisions are notified and the appropriate actions are taken.
- Collaborative work to improve the sharing of information between Microbiology in North Wales, and the Betsi Cadwaladr University Health Board (BCUHB) Laboratories. This improved process, which routes incidents through the BCUHB Patient Safety team, will provide greater assurance that incidents are being managed in a timely way, and that any incidents where Duty of Candour may need to be triggered, are assessed more promptly.
- Working with Datix Cymru on a Datix issue impacting systems globally, where person affected information has disappeared from records. PTR team have reviewed and amended all historic records going back to the implementation of Datix Cloud in 2022, and receiving daily updates from Datix Cymru regarding any new affected records (none since issue was identified). Failsafe approach also implemented to ensure that Datix records are safely maintained.
- Service User Experience team reviewing information on the public facing Complaints page, so that members of the public are directed to the correct NHS organisation or service to make their concern known and limit the number of enquiries/complaints that PHW receive that are not related to our services.
- Level 1 Datix Incident and Complaint training sessions continue to be offered monthly, in addition bespoke training is also available.
- In January, **26** individuals received Level 1 Datix incident training, including a bespoke session with Microbiology in Cardiff. A total of **791** staff have now received Level 1 incident training provided by the PTR Team (**36%** of Public Health Wales staff).



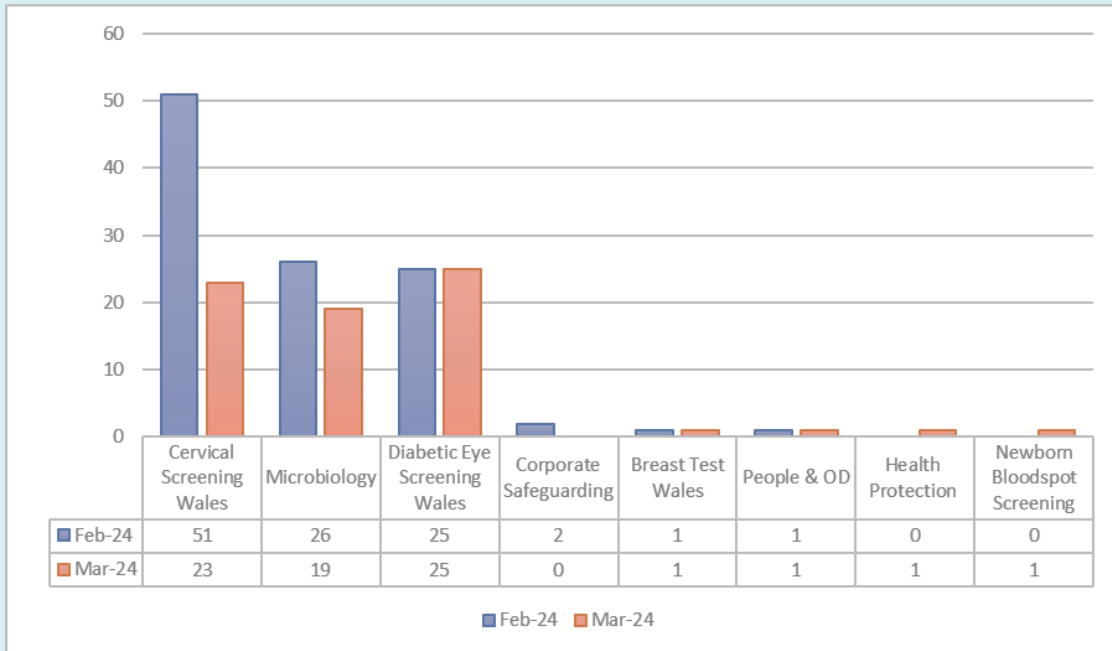
# In Focus: Incident Management

## Section 1: Governance and Accountability



### Overdue Incident Performance

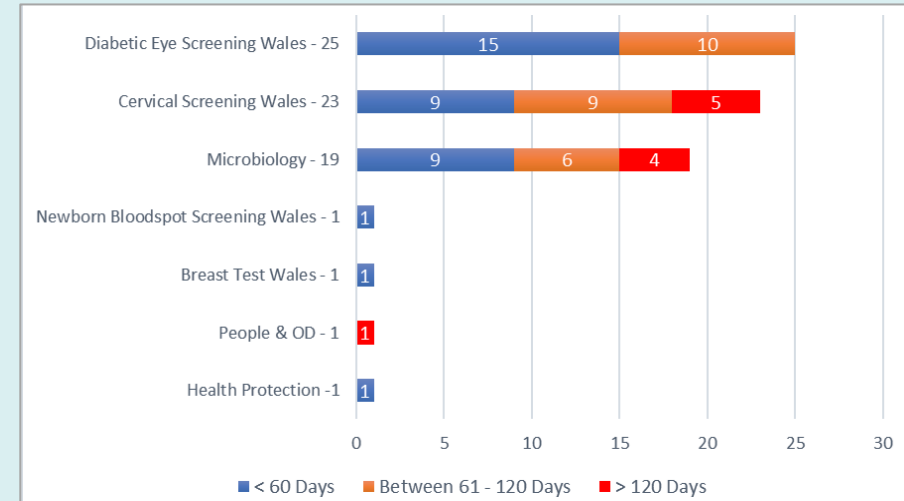
During February there has been a significant improvement in the number of overdue incidents being closed on the Datix system (106 down to 71 that remain open). Below is a comparison of open incident figures from 6 February 2024 to 6 March 2024.



### Remaining Overdue Incidents

The PTR Team acknowledge the efforts of areas across the organisation to make significant progress with closing overdue incidents. However, 71 overdue incidents remain and still require timely action.

The remaining overdue incidents are in the following areas:



Focused engagement has taken place with Cervical Screening Wales to reduce their overall number of overdue incidents. The PTR Team also continue to circulate the overdue incident numbers weekly to areas and are working directly with Incident Managers and Investigators to support further improvement.



People Governance



Financial Governance



Corporate &  
Information  
Governance and Risks



Clinical Governance,  
Quality, Safety and  
Improvement



IMTP Milestone  
Delivery & Strategic  
Programmes



Climate Change



Service Delivery

# Strategy and Delivery



# IMTP Milestone Delivery & Strategic Programmes

## Section 2: Strategy and Delivery



### IMTP Delivery

As at month 11, we are projected to deliver approx. 90% of our original baseline plan by the end March 2024. Further detail provided in the *In Focus* section. A summary of the latest position is provided below:

- Complete** **205** An additional 15 milestones were completed in month 10. This brings the total number complete to 205 (69% of the current plan).
- Green** **87** Of the remaining milestones, 87 are reporting as green and on track for delivery by the end of the financial year.
- Amber** **1** Transition of Abdominal Aortic Aneurysm and Bowel Screening Services to new digital services is currently amber due to a dependency on DHCW to deploy.
- Red** **3** The 3 red milestones each have an RFC to extend the delivery date, 2 of which have no significant impact on services. Further discussions have taken place following Executive Team queries around the replacement of Canisc and a revised delivery date of December 2025 has been submitted.
- Suspended** **5** Of the 5 suspended milestones there is no significant impact on services anticipated.

### Request for Change Milestones

A total of 4 RFCs have been submitted for approval this month. The Executive Team are asked to consider and approve the proposed changes



*Click to review the requests for change*

### IMTP - Strategic Change Programmes

Based on the latest monthly Delivery Confidence Assessments (DCAs), overall delivery confidence across tier 1 programmes is high, with 9 out of 10 programmes reporting green or green/amber status. Both Establishment of NHS Executive and DESW programme are reporting an improved status this month. However, the National Immunisation Framework has moved to amber/red.

The current status of each programme is set out below:

Green	Green/Am..	Amber	Amber/Red	Red
<b>3</b>	<b>6</b>	<b>0</b>	<b>1</b>	<b>0</b>

Aligning to the National Immunisation Framework status has moved from Amber to Amber/Red due to the impact of delayed confirmation of funding (now received) on existing fixed-term posts and planned recruitment. As mitigation, 3-month contract extensions have been issued and a Directorate approach is being pursued to ensure that recruitment progress is maintained. These actions should minimise any impact on programme delivery, which will reduce as vacancies are filled.

*Click to access the latest Strategic Change Programme Dashboard*





# IMTP Milestone Delivery & Strategic Programmes

## Section 2: Strategy and Delivery



### Projected Yearend IMTP 23/24 Milestones Status

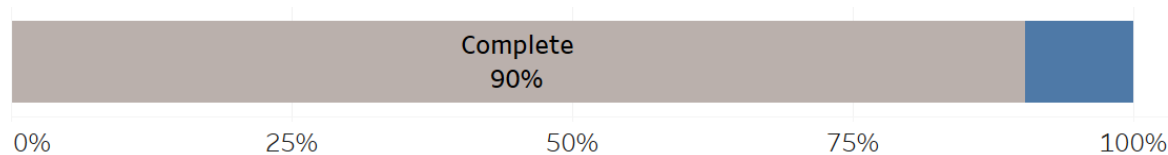


Figure 1: Projected IMTP 23/24 Milestone Completion Rate

For each milestone in the baseline IMTP 23/34, we have projected the status as at 31/03/2024 based on the latest directorate milestone updates.

The baseline IMTP 2023/24 plan contains 307 milestones. An additional 17 milestones that weren't completed in the 2022/23 IMTP rolled over into 2023/24 bringing the milestones total to 324.

Figure 1 shows that 90% of milestones are projected to be completed by 31/03/2024, which is a total of 293 milestones. This represents significant progress in delivering year 1 of our strategy and successfully delivering our IMTP 23/24.

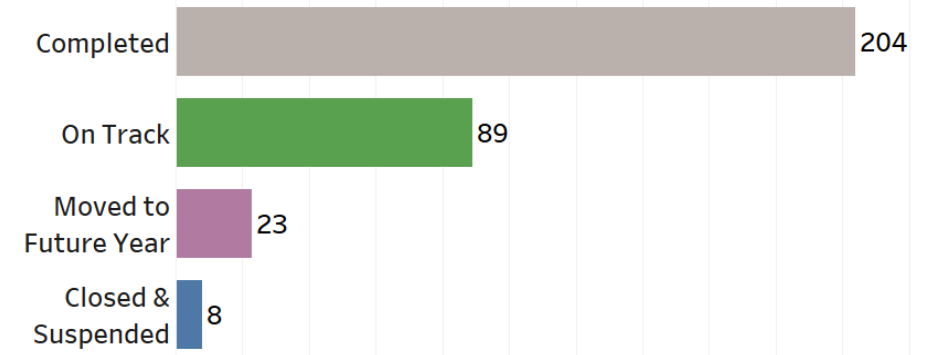


Figure 2 shows this by status. It shows 204 milestones are already completed and 89 are on track for completion by 31/03/2024.

The 31 milestones that are not projected to be completed this financial year have had in year requests to suspend, change the delivery date, change scope or to close altogether. 23 of these are planned to be delivered in 24/25 or 25/26 and will be included in our IMTP for 2024/27, these have been delayed due to external dependencies or re-prioritisation based on resource constraints/agreement with stakeholders.

The 8 closed milestones have no significant impact and were removed from the plan either to be managed at an operational level, to be re-planned in future or to remove duplication.



# Climate Change

Section 2: Strategy and Delivery



Quarterly reporting cycle

Please note this section is updated on a quarterly basis with the new update available in April 2024.

The latest update is available in the [Performance and Insight Report](#) (p. 25-27) considered at our Board meeting in January 2024.





# Service Delivery

## Section 2: Strategy and Delivery



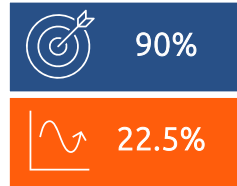
### Screening Services

Screening services continue to work towards delivering excellent services. Team working hard to mitigate service disruption for events such as industrial action.

Challenges remain to achieve timeliness standards in breast screening and diabetic eye screening which have not fully recovered from impact of pandemic.

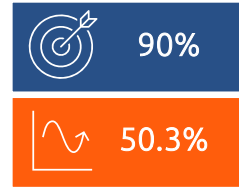
Additional assurance for these screening programmes are included.

### Bowel Screening



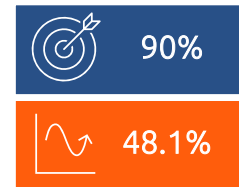
Bowel screening timeliness for **colonoscopy** remains below the 90% standard of participants who are fit for colonoscopy offered procedure within 4 weeks of phoning to book their Specialist Screening Practitioner appointment. This was 22.5% in January 2024. This component of the pathway is delivered by Health boards and is under active review with the waiting time for colonoscopy ranging from 2 to 12 weeks.

### Breast Screening



**Normal results sent within 2 weeks** did not meet standard in February 2024 but has improved this month to 50.3%. Timeliness of assessment within 3 weeks remains below the 90% standard at 29.9%.

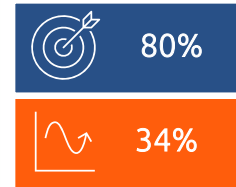
This is due to constraints in capacity for reading and assessment and staffing levels in medical secretary especially in South East region. Cross regional support in place.



**Round length within 36 months** continues to fall short of the 90% standard at 48.1% but is continuing to show positive improvement in line with plans. Recovery is on target to be achieved by the end of June 2024.

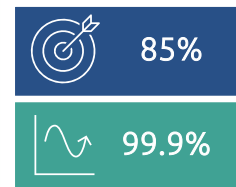


### Diabetic Eye Screening



Diabetic Eye Screening **coverage of reported results in last 12 months** remains lower than standard at 34 %.

To help reduce the backlog screening has continued to be undertaken on Tenovus vans to improve access in areas that venues have been difficult to find. The programme is taking forward the transformation work plan including actions presented to our Executive Team in June 2023.



The timeliness of the **results letters within 3 weeks of screen** consistently overachieves standard at 99.9% in February 2024.





# In Focus: Breast Screening Recovery

## Section 2: Strategy and Delivery



### Recovery Plan

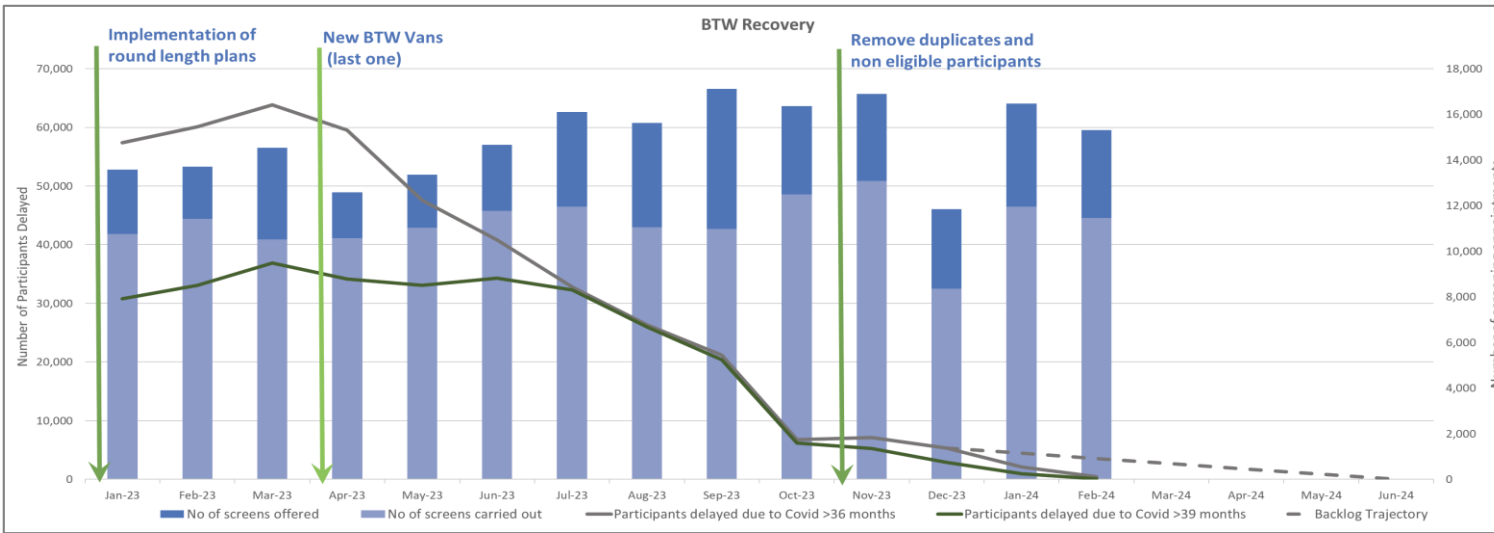
Recovery plan is underway for the programme to increase the screening activity above pre-COVID levels and maintain these to fully recover. Recovery plan is progressing with excellent progress.

Detailed round length activity plan in place for all regions. The trajectory is detailed to reflect a zero-backlog position by the end of June 2024

Mitigation of identified risks – continue to progress the recovery plan to recover the timeliness of screening offer and return to round length. Plan progressing well and backlog reducing significantly

### Actions all underway

- Staffing levels – maintaining increased establishment of screening posts; continue established bank of previous staff to support capacity; screening at weekend; continued support from clinical staff working across the regions including enabling overtime in line with covid recovery; and recruitment of vacant medical positions (joint posts with Health Boards)
- Screening mobiles located in areas of longest waits to focus activity to reduce round length
- Work with Digital and Improvement Cymru colleagues has completed and reviewed backlog in detail to check all those in backlog are still eligible and remove duplicates and to check that round length plan is optimised. Backlog has significantly reduced
- Failsafe lists for longest waits to focus on reducing round length
- Continue to work with Health Boards to inform capacity planning assumptions across Surgery, Pathology and Oncology to support the whole patient pathway
- Risks are mitigated by screening those at higher risk from when service was reinstated and ensuring new eligible participants are invited before age 53 years



### Timescales for recovery: Quarter 2 2024/25

A whole screening round is required to measure the impact of any intervention on round length.



# In Focus: Diabetic Eye Screening Recovery

## Section 2: Strategy and Delivery



### Recovery Plan

The recovery plan is underway for the programme, and this is by taking forward two strategic approaches: optimise the current service provision to support recovery and transform the service to put in place a sustainable service model.

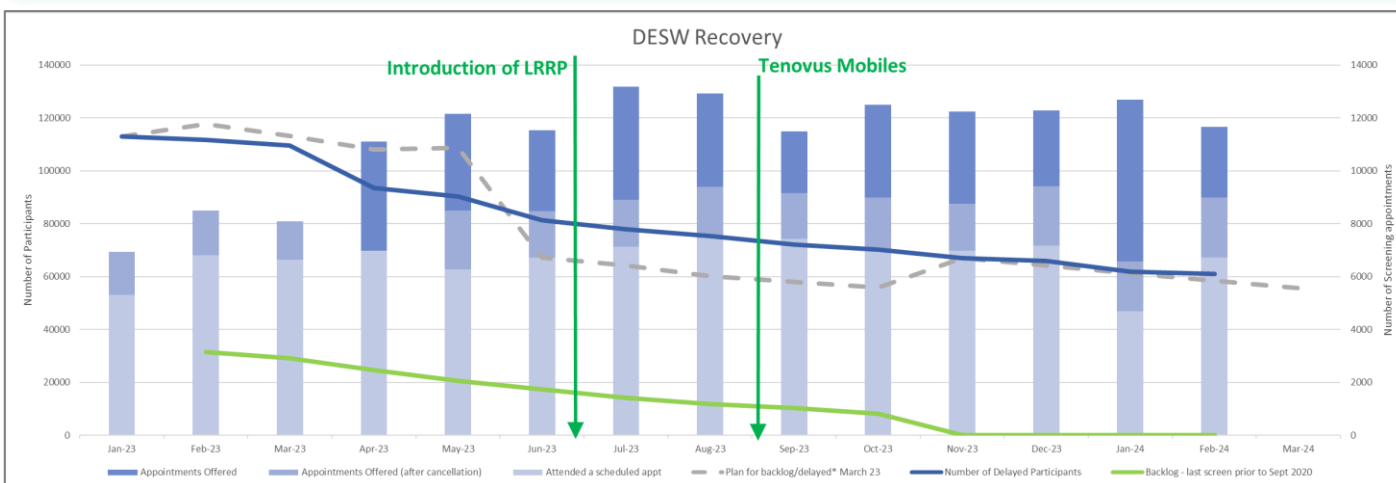
The backlog position has fully recovered with all eligible participants offered screening since the pandemic. Recovery of timeliness for screening offer includes trajectory of improvement to 31 March 2024, based as an average achievement over the previous 6 months. The service is progressing plans to introduce demand and capacity processes which will better inform modelling going forward.

Transformation required as there is a significant numbers of new referrals with over 1200 new referrals per month and as high as 1800 in some months impacting recovery action.

Low risk recall pathway implemented in June 2023 which is a significant transformation of the programme.

### Actions all underway

- Implementation of Low-risk recall pathway from June 2023
- A second screening dedicated venue has been completed in Llanishen, Cardiff. Facilities leads exploring DESW clinics being included in proposed wellbeing hwb in Carmarthen.
- Staffing levels – Recruitment to screening posts to maintain staffing levels with focus on increasing photographer roles to enable flexibility and improved capacity. Recruitment to transformation post progressing
- Clinic templates adjusted to increase screening appointments
- Ensuring that longest waiting participants are given appointments as a priority and directly contacting them to explore most convenient appointment
- Information included in screening invitation explaining why venue may be different from previous and encouraging attendance
- Working with Tenovus to provide service in areas still difficult to offer due to venue availability with screening offered on two vans from October 2023 to March 2024
- Outsourcing of screening invitations letters and main result letters to realign pathway team workload to more value-added tasks
- Development of transformation plan and detailed roadmap which has been agreed and supported by Business Executive Team with finances identified within Health Protection and Screening





# Service Delivery

## Section 2: Strategy and Delivery



### Microbiology

Please note Microbiology indicators are reported on a quarterly basis. This update relates to Quarter 3 2023/24

The majority of the non-COVID microbiology indicators remain above or very close to achieving respective target levels as at quarter 3 2023/24.

EQA performance for Bacteriology however continues to experience challenges in achieving target levels following a 7% decline during the latest period. Additional assurance to improve performance is provided below:



#### EQA performance for Bacteriology



97%



87%

**Cause:** Very few bacteriology EQA results returned due to technical issues with main supplier. Dropped points for a number of different distributions all with low possible scores (parasitology, C.diff and general bacteriology). Although correct processes are followed according to SOPs and SMIs, regular loss of points is incurred due to non-speciation of organisms.

Only one distribution returned for December 2023 with low possible points (maximum 8) and all 8 points dropped in one laboratory due to a mix up with reporting as options available are unclear.

**Impact:** Quality assurance for some sample types not at adequate level. Clinical decisions are undertaken for patient samples and referral to specialist laboratories when required so no impact for patients.

**Next steps:** Update Standard Operating Procedures with clear instruction of EQA (NEQAS) results submission. Timescales: 3 months.

### Vaccination and Immunisation

#### Childhood Immunisation

Public Health Wales holds a system lead role and is not responsible for vaccination delivery which is led by Health Boards.

The latest COVER 149 report shows that for the October to December 2023 quarter, uptake of the complete three-dose course of “6 in 1” remained below the 95% target for the eighth consecutive quarter, although increased by 0.7% to 94.5%.

The proportion of children who were up to date with their routine immunisations by five years remained relatively stable with variation in uptake between health board areas.

The percentage of girls receiving the HPV vaccination by age 15 is lower this quarter, decreasing from 85.6% to 77.3%.

#### Influenza vaccination uptake

Influenza and acute respiratory infection surveillance information continues to be reported in a timely manner (latest weekly [report](#) up to end 10 March 2024).

As at 5 March 2024, latest influenza vaccine uptake amongst those aged 65 years and older showed 72.3% were vaccinated (up from 71.5%), with uptake for clinical risk groups at 38.9% (up from 37.9%).

Uptake for NHS Wales staff increased from 33.8% to 36.3% over the latest period, and for front line staff from 33.5% to 36.1%.





# Service Delivery

## Section 2: Strategy and Delivery



## Healthcare Associated Infections



Additional filters for Table 1.		C. difficile	MRSA bacteraemia	MSSA bacteraemia	E. coli bacteraemia	Klebsiella sp bacteraemia	P. aeruginosa bacteraemia
<b>Select month or FY</b>							
Current FY							
<b>Select organism group</b>							
All organisms							
< than same period last FY							
= same period last FY							
> than same period last FY							
	Aneurin Bevan UHB	37.87	1.66	20.32	59.86	22.72	4.06
	Betsi Cadwaladr UHB	42.23	0.95	25.88	81.44	23.81	4.92
	Cardiff and Vale UHB	20.31	2.59	29.61	69.15	24.63	3.89
	Cwm Taf Morgannwg UHB	29.28	1.97	28.79	85.38	27.31	4.43
	Hywel Dda UHB	47.95	2.55	24.68	103.84	26.38	7.66
	Powys THB	20.4	0	0.82	1.63	0	0
	Swansea Bay UHB	64.68	1.99	35.9	68.1	25.36	5.7
	Velindre NHST						
	Wales	38.76	1.81	25.85	73.86	23.93	4.74

### System Leadership Role

PHW holds a system lead role in relation to healthcare associated infections and is not operationally accountable for delivery of HCAI target levels, which are the responsibility of Health Boards.

Reporting of HCAI figures via the new HCAI dashboard continues to be provided to our key partners in a timely manner. Health Boards are responsible for the reduction of HCAI rates in line with national reduction expectation targets set out by Welsh Government in the mandated NHS Wales Performance Framework.

Latest all-Wales year-to-date surveillance figures reported by Health Boards/Trusts in Wales showed that the following compared to the equivalent period in 2022/23:

- ❖ Klebsiella sp bacteraemia has a reported rate of 23.9 per 100,000 (7% higher)
- ❖ E. Coli bacteraemia has a reported rate of 73.9 per 100,000 in Wales (9% higher)
- ❖ P. aeruginosa bacteraemia has a reported rate of 4.7 per 100,000 (24% lower)
- ❖ S. aureus bacteraemia has a reported rate of 27.7 per 100,000 (1% lower)
- ❖ C. difficile has a reported rate of 38.8 per 100,000 (4% higher)

The HARP workplan covers three component functions of the programme and cross programme work, covering AMS, IPC and Surveillance. Examples of key success include:

- ❖ Delivery of new Carbapenemase-producing organisms (CPO) surveillance
- ❖ Addition of Antimicrobial Resistance data to Antimicrobial Data Library – Llygad
- ❖ Development of new landing page for HARP website
- ❖ Recovery of surveillance programmes post COVID-19
- ❖ Development of IPC workbooks for social care
- ❖ Re-establishment of UTI improvement Group and HCAI delivery Board
- ❖ Re-procurement of IPC Case Management System for Wales
- ❖ AMR Steering Board and AMR – Delivery Board also meeting again
- ❖ Refreshed Clinically Significant Resistant Organism (CSARO) IPC guidance
- ❖ Delivery of IPC and Antimicrobial Stewardship forums



GIG  
CYMRU  
NHS  
WALES

Iechyd Cyhoeddus  
Cymru  
Public Health  
Wales

*Gweithio gyda'n gilydd  
i greu Cymru iachach*

**Working together  
for a healthier Wales**