



GIG
CYMRU
NHS
WALES

Iechyd Cyhoeddus
Cymru
Public Health
Wales

Performance and Insight Report

March 2024





Key Performance Indicator Summary

Section 1: Governance and Accountability



People Governance	In Focus	Target	Mar-24	Committee
12m Rolling Sickness Absence FTE %		<3.25%	3.84%	People & OD
Statutory and Mandatory Training		85%	91.2%	
Appraisal Compliance		85%	82.1%	
Diversity ESR Data		N/A	74%	
Financial Governance			Mar-24	
Due to agreed financial year-end timetables across NHS Wales, Public Health Wales' financial position for 2023/24 has yet to be confirmed				Audit & Corporate Governance
Information Governance			Feb-24	
Freedom of Information Request		Within 20-Days	3 exceeded	Audit & Corporate Governance
Subject Access Request		1 Month Average	2 exceeded	
Personal Data Breaches Reported (Escalated)		N/A	4 (1)	
Mandatory Information Governance Training		85%	89%	
Clinical Governance			Mar-24	
Moderate or above harm incidents (YTD)*		N/A	2 (7)	Quality, Safety and Improvement
Number of externally reported incidents (NRI's, EWI, RIDDOR, IRMER) - In Month - (Rolling 12m)		N/A	0 (5)	
Incident Closure Compliance**		85% PHW	72%	
Formal Complaints - Acknowledged within 5 working days**		75% WG 95% PHW	100%	
Formal Complaints – Responded to within 30 working days**		75% WG 95% PHW	82% (April to Mar 24)	
Informal Complaints – In Month (Rolling 12m)		N/A	13 (126)	

* 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.

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	Mar-24	Committee
IMTP Milestones currently green or complete		N/A	98%	Board
Climate Change			Quarter 4	
Carbon Emissions (Based on 2022/23 figure)		Net Zero by 2030	17.165m (Kg.CO2E)	Knowledge, Research and Information Committee
Service Delivery				
Screening Services		Standard	Mar-24	
Breast Test Wales - Assessment invitations (3 weeks)		90%	30.2%	Quality, Safety & Improvement
Breast Test Wales - Normal results sent (2 weeks of scan)		90%	47.5%	
Breast Test Wales - Round Length (Invited within 36 months)		90%	62.7%	
Bowel Screening Wales - Coverage		60%	64.8%	
Bowel Screening Wales - Waiting time for index colonoscopy (Health Board Delivery)		90%	25.2%	
Diabetic Eye Screening Wales - Coverage (12 Months)		80%	35.5%	
Diabetic Eye Screening Wales - Results Letters Printed (3 Weeks)		85%	99.9%	
Vaccination and Immunisation - PHW has system lead role, Health Board Delivery		Target	Mar-24	
Influenza vaccination uptake among those aged 65+		75%	72.4%	Quality, Safety & Improvement
Influenza vaccination uptake among the under 65s in high risk groups		55%	39.0%	
Influenza vaccination uptake among healthcare workers		60%	36.7%	
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	Mar-24	Committee
Clostridium difficile rate (per 100,000 population)		25%	38.9%	Quality, Safety & Improvement
Staph aureus bacteraemia rate (per 100,000 population)		20%	27.4%	
E. Coli bacteraemia rate (per 100,000 population)		67%	72.6%	
Klebsiella sp bacteraemia rate (per 100,000 population)		10% Annual Reduction	23.5%	
P. Aeruginosa bacteraemia rate (per 100,000 population)			4.6%	

Microbiology

Quarter 3

EQA performance (Bacteriology)		97%	87.0%	Quality, Safety & Improvement
EQA performance (Virology)		100%	96.0%	
EQA performance (Specialist and reference units)			100.0%	
EQA performance (Food, Water and Environmental Laboratories)		98%	97.8%	
Turnaround time compliance (Bacteriology)		95%	93.8%	
Turnaround time compliance (Virology)			99.4%	
Turnaround time compliance (Specialist and reference units)			99.2%	
Turnaround time compliance (Food, Water and Environmental Labs)			97.9%	

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



Decreased by **0.72%** in March 2024. Seasonal increases were expected in March but this year's figure is lower than the figures recorded for the last 3 years

12 Month Rolling Absence



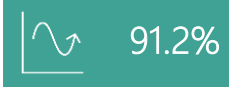
Remains **above** the national target and has fluctuated around 4% over the past two years.



Statutory and Mandatory Training



Remains **above** target in March 2024. All Directorates with the exception of Board and Corporate (72.9%) are **exceeding target**.



Modules reporting lowest completion are Foundations in Improvement (76.8%). 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 16% increase in data completeness in the last 4 years.



In Focus: Appraisal and Development Reviews

Section 1: Governance and Accountability



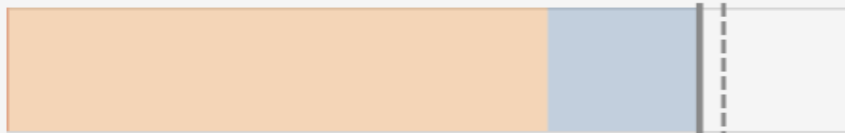
Compliance Performance

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

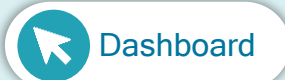
For March, there has been an increase in compliance from 81.5% to 82.1% (0.6% increase). The improvement actions detailed on the next page have helped to improve overall compliance by 2.2% over the last 3 months due to retrospective entries of appraisal dates.

82.1%

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



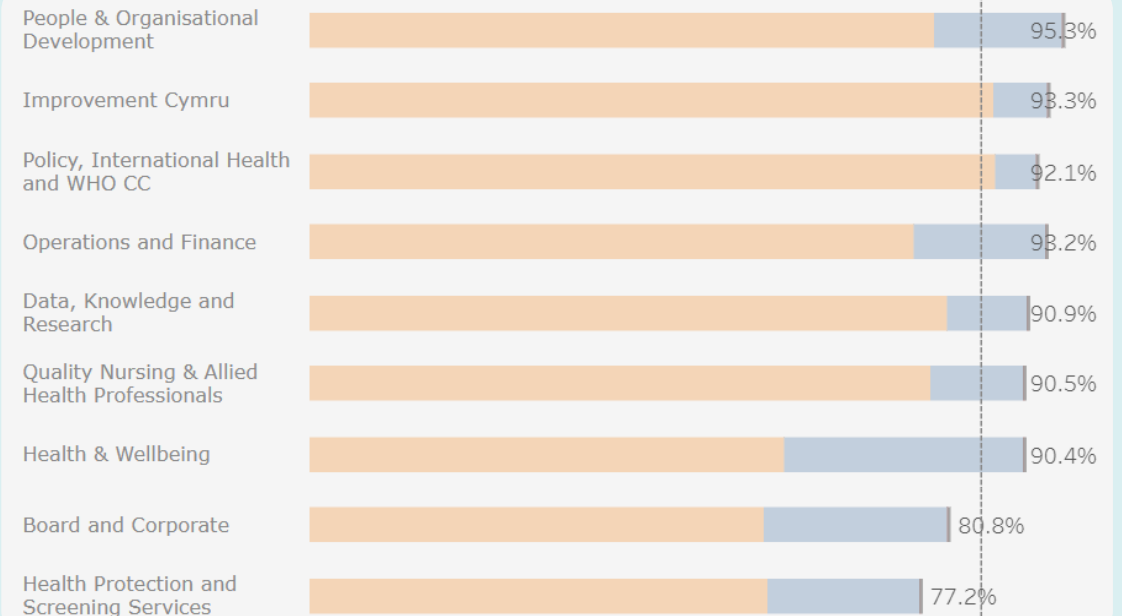
Grey – current compliance — vs target
Blue – appraisals due in next 3 months



Compliance by Directorate

Latest figures show that seven Directorates are achieving compliance with the national target, with two Directorates below target levels.

There is also a significant range in compliance across our Directorates ranging from 95.3% in People and Organisational Development to 77.2% in Health Protection and Screening Services.





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. The committee have also scrutinised compliance and are assured that measures are in place across Health Protection and Screening Services Directorate to continue with the recent improvements detailed below.



Toolkit Review and Quality Audit (continued in quarter 1)

Following a recent review, together with feedback received from colleagues across the organisation and with an ambition to incorporate stronger links to our Being Our Best Behaviour Framework, the People and OD Team updated the My Contribution Policy and developed resources. New guides have been developed to record appraisal dates in ESR and there is a new revised My Contribution form, Toolkit, SharePoint intranet page and supporting resources which have been launched ready for the end of year reviews. A feedback form and questionnaire is available for managers and employees to provide comments on the resources and to give feedback on their My Contribution experience.

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 Learning and Development Team and People and OD Partnering Team are working with Health Protection and Screening Services Directorate colleagues on completing appraisals in ESR, through providing breakdown data and the ESR drop-in sessions held twice a month. The POD Systems team are working closely with the HPSS Business Operations Manager to provide regular real-time data and insight to help identify those teams that may require additional support.

The collaboration work described above has resulted in a 10% improvement in Appraisal Compliance across HPSS over the last 6 months.

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. Appraisal compliance across the whole organisation has increased by 8% over the same period.

Directorates not delivering the target will need to develop and commit to a recovery trajectory. Based on current forecasts, the organisation will meet the target of 85% by the end of May 2024



Financial Governance

Section 1: Governance and Accountability



Financial Summary - 2023/24

Due to agreed financial year-end timetables across NHS Wales, Public Health Wales' financial position for 2023/24 has yet to be confirmed. Once finalised, our financial position at Month 12 will be formally reported to our Executive Team and Board in line with Audit Wales guidance.



Corporate & Information Governance and Risks

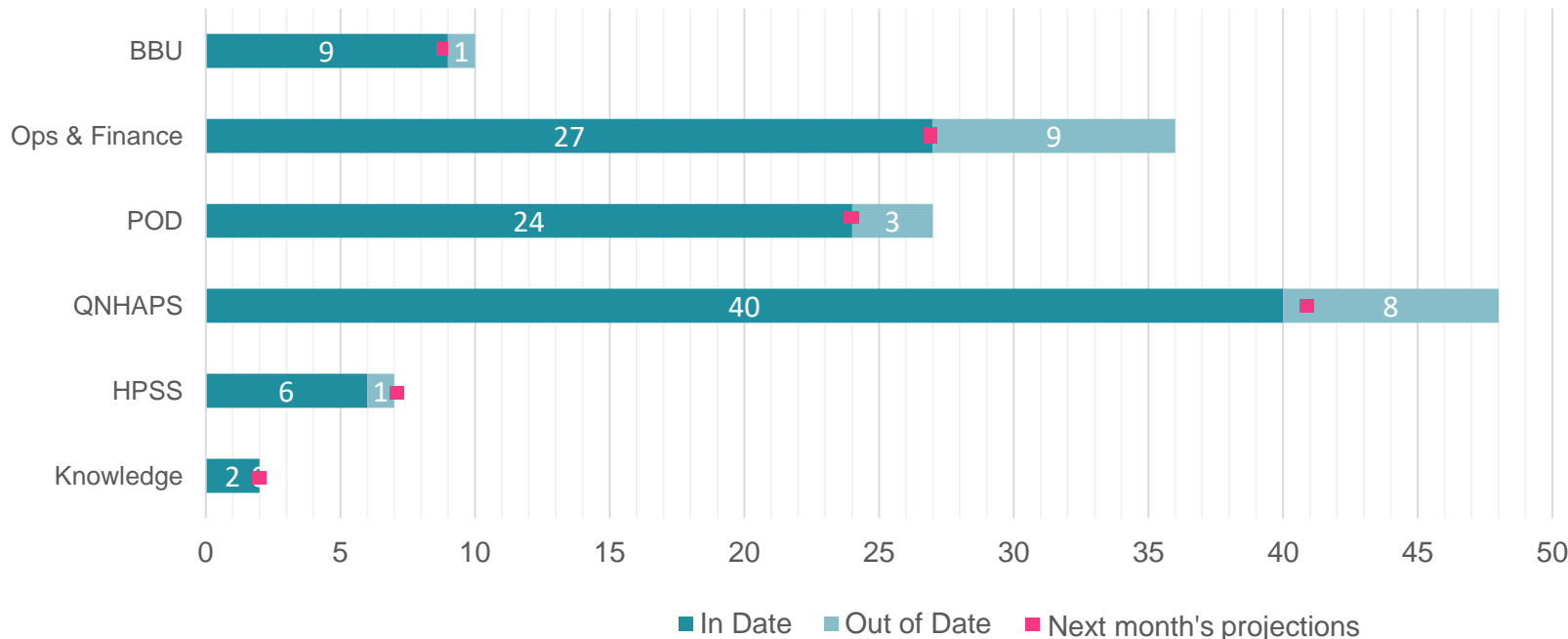
Section 1: Governance and Accountability



Corporate Governance

Corporate Policies Compliance

9 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)



During March 2024:

- 3 Policies were approved in March: 2 from the Board Business Unit and 1 from the People and OD Directorate.

April 2024 Projections:

- Quality, Nursing and Allied Health Professionals (QNAHPs) plan to approve 2 policies
- Health Protection Screening Services plan 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
- 1 new All Wales Policy is expected to be approved in April
- An annual compliance [report](#) was considered by our Board in January 2024. A further detailed compliance report is also due to be reported to our Leadership Team in May 2024 for assurance.



Corporate & Information Governance and Risks

Section 1: Governance and Accountability

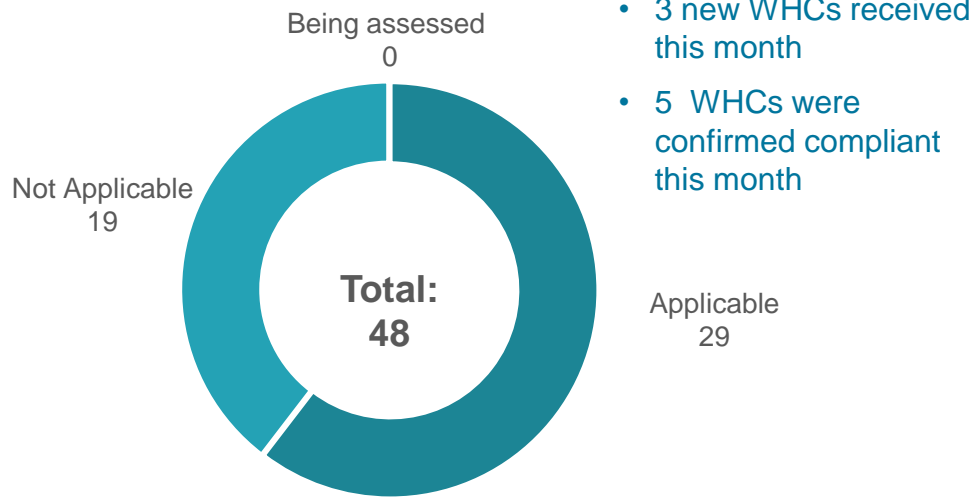
Audit data reported on a quarterly basis.



Corporate Governance

Wales Health Circular Compliance

For the period 01 – 31 March 2024:



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

Of those applicable:



Audit Reports March 2024

New Audit Reports - the following reports were reported to Audit and Corporate Governance Committee in March 2024. New internal audit actions will be considered by the Leadership Team next quarter and reported in the Month 2 insights report

Internal Audit Reports

Welsh Risk Pool Claims



Medium Audit Recommendation 1

Work Programmes



Medium Audit Recommendations 4

External Audit Reports - None



In Focus: Audit Recommendations

Section 1: Governance and Accountability

Audit data reported on a quarterly basis.

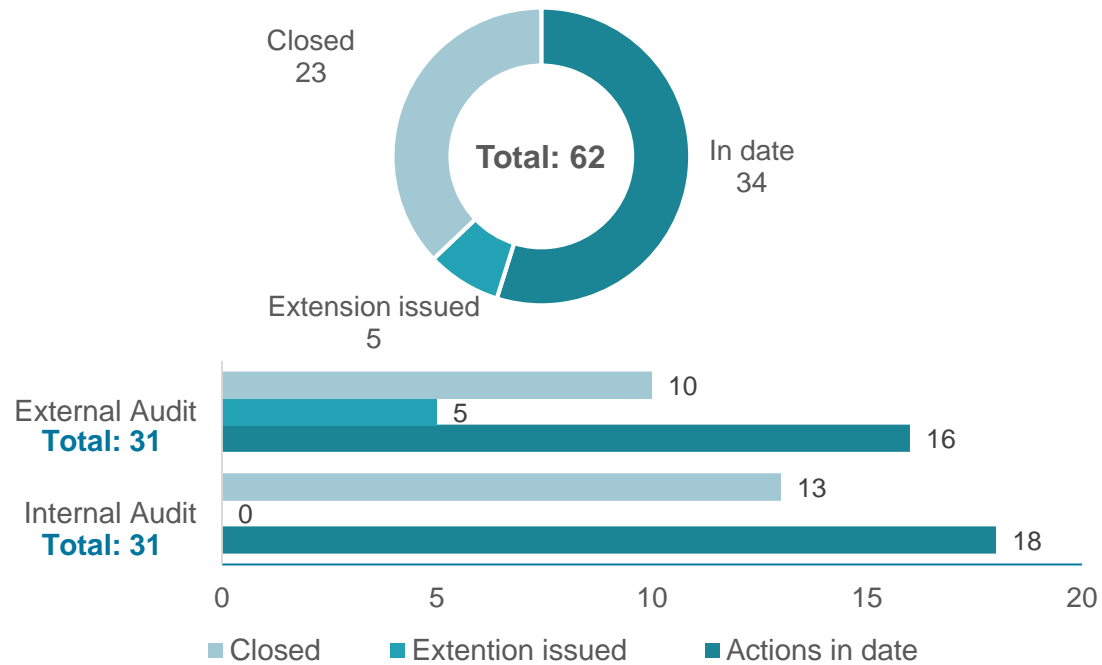


Audit Recommendations Implementation

March Position

In March, the Leadership Team reviewed the current updates on the Audit Recommendations.

Following this review, below is a summary of the current overall position:

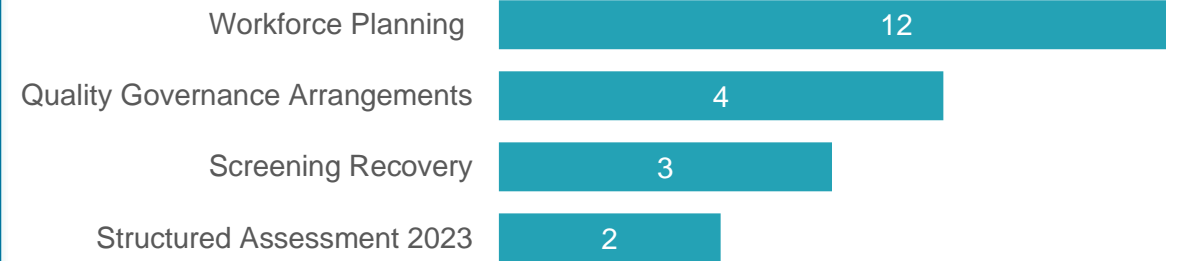


*Currently all actions in date following review by Leadership Team, and extensions issued where appropriate. Full paper submitted to Audit and Corporate Governance Committee on 19 March with further detail

Current Position

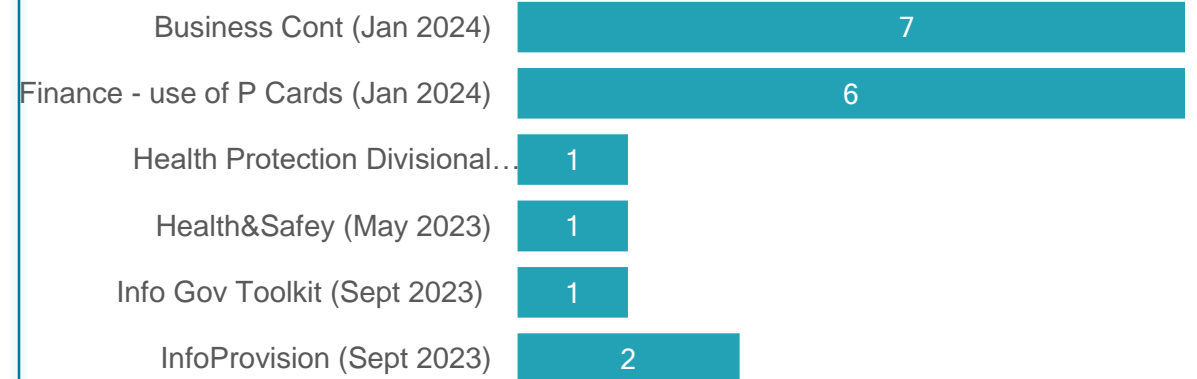
External Audit

Current number of open actions:



Internal Audit

Current number of open actions:





In Focus: Audit Recommendations

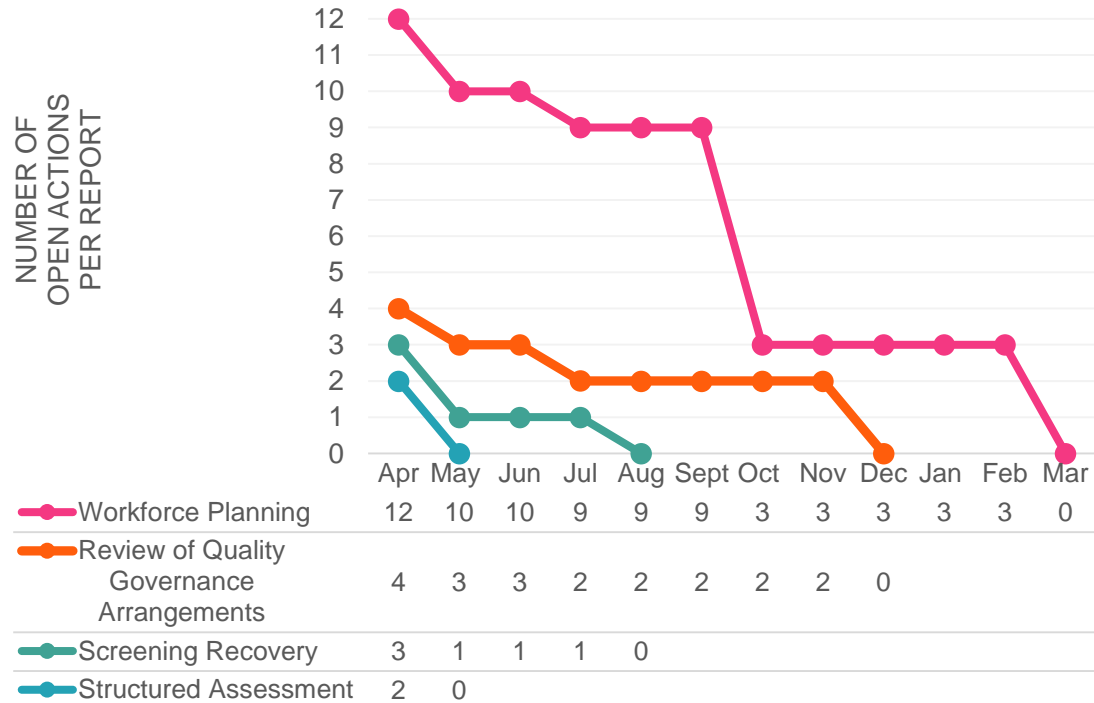
Section 1: Governance and Accountability

Audit data reported on a quarterly basis.

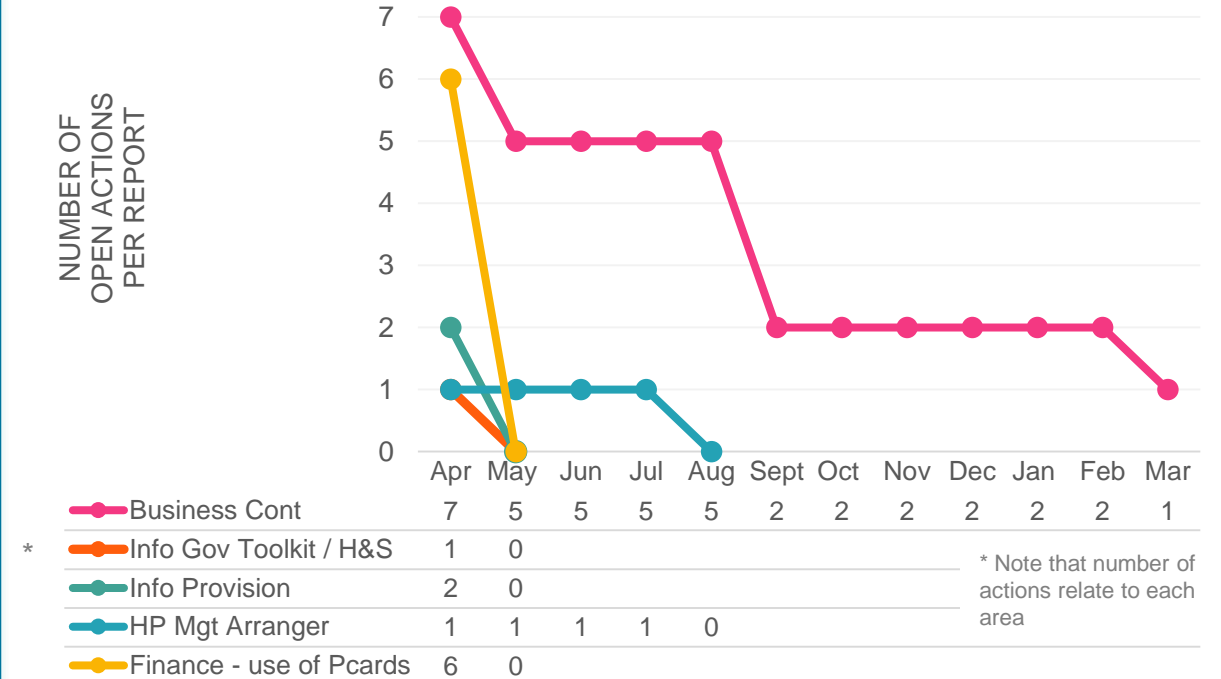


Audit Recommendations Implementation

Trajectory for closure of Open External Audit Actions



Trajectory for closure of Open Internal Audit Actions



*

* Note that number of actions relate to each area



Corporate & Information Governance and Risks

Section 1: Governance and Accountability



Information Governance

Freedom of Information Act

16 requests were received in February 2024.



Three exceeded the 20 working day timescale due to respond. Of which, exemptions were applied and two were within the extra 20 days allowance for the public interest test. The third being just over, took longer to determine the information was not held by PHW.

The average response time is 17 days. Directorates are consistently reminded of the need to ensure compliance with response deadlines when possible.

Data Protection (Subject Access) Requests



Four requests were received in February 2024.

Two were responded to within one calendar month. One went slightly over by two days due to the volume of information requested. One request remains open but is being treated as a complex request with an extended deadline of 26th May.

Personal Data Breaches

Reported	Escalated
4	1

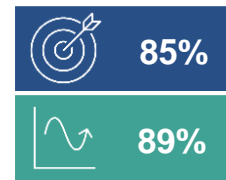
One data breach required reporting to the Information Commissioner (ICO).

Escalated Breach – One

Action – Personal information disclosed in error. Process has been replaced with a link to a Microsoft Form to prevent reoccurrence.

ICO Response – A/W response

Mandatory Information Governance Training



Organisation-wide compliance with Information Governance mandatory training exceeds the national target.



Corporate & Information Governance and Risks

Section 1: Governance and Accountability



Strategic Risks

Please note this update relates to March 2024 in line with production of the bi-monthly Strategic Risk Register report

[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>The current strategic risks are reflected from the Board report that was presented in March 2024. Following feedback received from the Board, further development work in relation to the ambition of SRR 1 and 2 will take place prior to May 2024 Board.</p> <p>Following comments received from the Chair of Audit and Corporate Governance Committee, further development work needs to be enabled on SRR7 to ensure the risk is accurately captured.</p> <p>Since the IMTP session at BET in February 2024, it was recognised that risk management needs to be incorporated into the process of strategic planning and in-roads have been established in this area.</p> <p>Refinement of both strategic and corporate risk reporting will continue to embed as outlined within the Risk Management Development Plan, and will be monitored through Leadership Group, BET and the Audit and Corporate Governance Committee.</p> <p>Alongside colleagues from Grant Thornton, a risk appetite framework has been developed and is anticipated to be launched across the organisation during Q1.</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	16	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 organisational 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 March 2024. In the last month, the following risk movements were approved:</p> <ul style="list-style-type: none"> Risk 1462 has been de-escalated onto a Divisional Risk Register. This risk relates to the asset ages and insufficient back up stock of cameras and IT equipment used for clinical work in DESW. Funding to procure replacements and maintenance has been received with target date for completion in April/May 2024. Risk 1533 has been escalated from the Directorate Risk Register to the Corporate Risk Register (further refinement to the description to be undertaken). *Risk 1614 is a new risk accepted onto the Corporate Risk Register and so hasn't been assessed fully yet.
1554	There is a risk arising from an ISSUE that changes to alerting processes will mean that PHW stop receiving emergency and major incident (E or MI) alerts.	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	16	8	
1614	There is a risk that PHW cannot take assurance that the NHS Wales Executive is carrying out its functions in accordance with legal and statutory obligations. Current hosting agreement provides for only an annual accountability report which does not provide sufficient assurance across the year.	9	*TBC	
1531	There is a risk that we will fail to exploit data to inform and direct public health action and interventions.	20	12	
1533	There is a risk of reputational damage and failure to effectively implement the HIA statutory regulations that form part of the Public Health (Wales) Act which requires the Public Health Wales to give assistance to other public bodies carrying out health impact assessments	16	4	



Clinical Governance, Quality, Safety and Improvement

Section 1: Governance and Accountability



Externally Reportable Incidents

No Nationally Reportable Incidents reported

No Early Warning Incidents reported

No Duty of Candour incidents reported - *There is one ongoing case undergoing joint investigation with Cardiff and Vale University Health Board.*

Incidents

Incident Numbers (Rolling 12m to Mar 24)	Reported in March
2,013	158 (median 158)



As of 3rd April 2024, there are a total of **83** reported incidents in Datix with an 'open' status of more than 30 days. This is an increase of 12 incidents since February.

Incident Levels of Harm

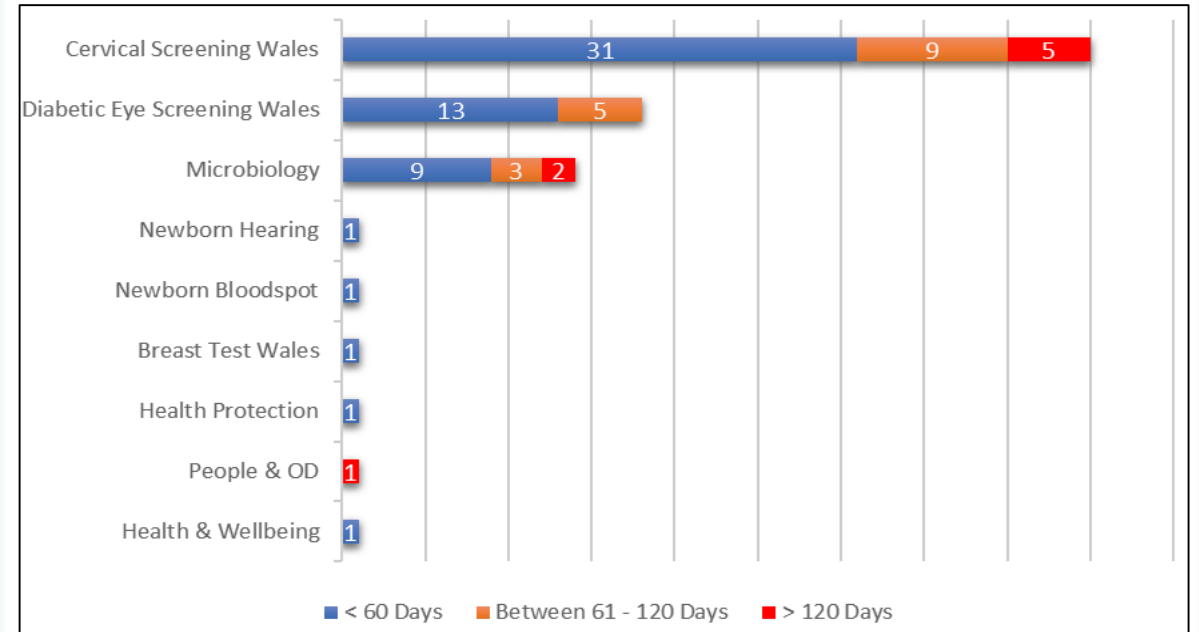
Level of Harm	Count
None	74
Low	82
Moderate	2

One incident in Microbiology and one incident in Health Protection were reported as Moderate harm in March.

Incidents reviewed by PTR Team and working with the areas to determine the level of harm and whether Duty of Candour is triggered.

Incident Management

83 overdue incidents remain and still require timely action in the following areas:



Open incident data is supplied weekly to Datix leads for each area and now includes Directorate senior staff and business leads to support closure management with real time learning. In addition, Level 2 Incident Investigation training has been revised in Quarter 4 to support investigation management and overall performance.



Clinical Governance, Quality, Safety and Improvement

Section 1: Governance and Accountability



Complaints, Claims and Redress

Complaints (Rolling 12m)	Formal (Mar)	Informal (Mar)
Formal - 32 Informal - 126	3 (median 2)	13 (median 10.5)

Formal Complaints:

Two in Diabetic Eye Screening Wales
One in Cervical Screening Wales

Informal Complaints:

Six in Diabetic Eye Screening Wales
Four in Breast Test Wales
One in Cervical Screening Wales
One in Bowel Screening Wales
One in Health and Wellbeing

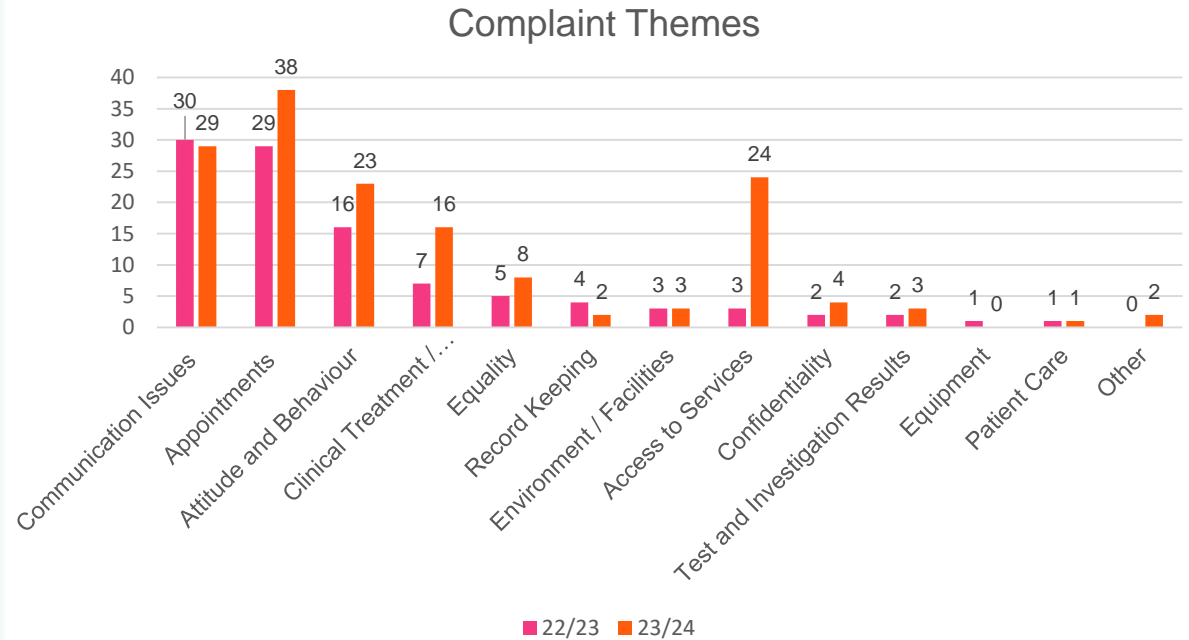
Claims

March 2024	Two new potential claims were received in March. Of the ongoing claims, there are 17 confirmed claims, and eight potential claims.
2	

Redress

March 2024	No new Redress cases were received in March 2024. There are currently 7 ongoing Redress cases, 4 are within Cervical Screening Wales and 3 within Breast Test Wales.
0	

Complaint Themes 2022/23 vs 2023/24





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

At the end of 2023/24 we have successfully completed the first year of our Long-Term Strategy, representing a significant achievement.

A summary of the year end position is provided below:

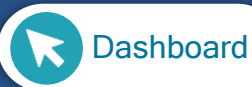
Complete **291** A further 86 milestones were completed in month12, bringing the annual total to 291. This represents significant progress and a successful year for delivery.

Red **2** The 2 remaining red milestones have submitted RFC's. One of which is delayed by just one month with no impact and the second, Abdominal Aortic Aneurysm and Bowel screening service transition work is further delayed to September 2024, the original delivery date was June 2022. The delay is due to DHCW dependencies and means continued use of software that is out of support.

Suspended **4** The 4 suspended milestones will all be rolled forward into the next year's plan, each requiring further planning or options appraisals to identify the best approach to take forward.

Request for Change - Approval Required

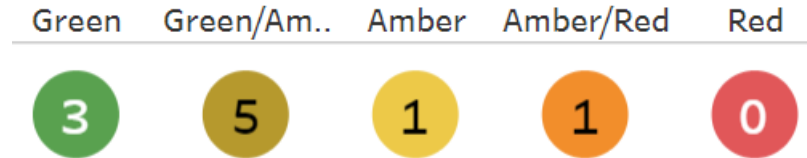
A total of 3 RFCs have been submitted for approval this month. The Executive Team are asked to consider and approve the proposed changes



Click to review the requests for change

IMTP - Strategic Change Programmes

Overall delivery confidence of our strategic change programmes remains fairly high, the current status of each programme is summarised below:



Phase 2 of the NHS Executive programme is reporting a green status with a further six NHS Wales programmes successfully transferring into the NHS Executive by 1 April 2024 as planned. Achieving this significant milestone has been complex and resource intensive, involving considerable partnership work.

Aligning to the National Immunisation Framework continues to report Amber/Red. Confirmation of funding for current and future posts has now been received after some delay, but recruitment remains behind schedule. There is now close working with enablers to progress recruitment at pace.

Web transformation programme status has moved from Green/Amber to Amber due to a number of milestones in the current Alpha phase being at amber (4) or red (3). In order to complete the Alpha phase, a programme stocktake has been undertaken to assess progress and review all current risks and issues. Additionally, four issues have been identified which are being escalated to SBET – client management system, brand, resource model and other PHW sites in development.

Click to access the latest **Strategic Change Programme Dashboard**





In Focus: IMTP Milestone Delivery

Section 2: Strategy and Delivery



Projected Year-end IMTP 2023/24 Milestones Status

We have successfully delivered IMTP 2023/24, representing significant progress towards delivery of our long-term strategy.

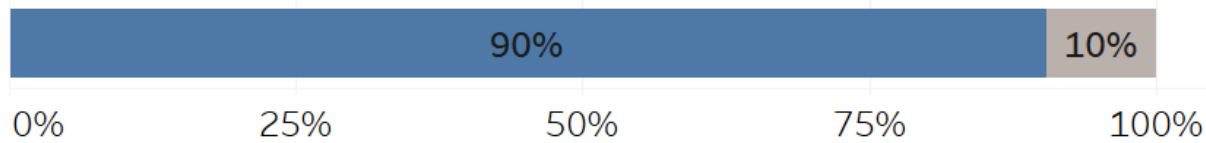


Figure 1: Projected IMTP 2023/24 Milestone Completion Rate

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 IMTP 2023/24 milestones completed by 31/03/2024, which is a total of **291** milestones.

This is a significant achievement and represents all the great work happening across the organisation.



Figure 2: Delivery status of IMTP 2023/24 baseline milestones

Figure 2 shows the breakdown by status.

The **32** milestones that did not complete this financial year have had in year requests to suspend, change the delivery date, change scope or to close altogether. **25** of these are planned to be delivered in 2024/25 or 25/26 and will be included in our IMTP for 2024/25. These have been delayed due to external dependencies or re-prioritisation based on resource constraints/agreement with stakeholders.

The **7** 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

Key progress Quarter 4

Action	Impact/Outcome
Addressing Single Use Plastics in our PHW Microbiology services report approved by BET and due to be published externally soon	<ul style="list-style-type: none"> Continued liaison with procurement and microbiology to identify further areas for single use plastic reduction, ultimately leading to a reduction in our carbon footprint
Consultant attendance at 2x climate surveillance workshops with international partners in January (one with the Turing Institute and one with UKHSA)	<ul style="list-style-type: none"> Development of research bid between PHW and Turing Institute to NIHR on realising the health co-benefits of the transition to net zero Greater collaboration with other UK Public Health agencies regarding the development of climate surveillance metrics and methods
Development of the Climate Change roadmap	<ul style="list-style-type: none"> Roadmaps are currently being developed for all strategic priority areas within PHW, outlining how we will achieve our ambitions set out in the Long Term Strategy
Exec and Consultant attendance at 4 Nations Climate and Health Meeting	<ul style="list-style-type: none"> Continued collaboration between 4N Public Health Agencies regarding climate change and health Agreement to strengthen collaboration regarding surveillance and future publications
Set up of the Climate Change Surveillance sub-group of the climate change programme board	<ul style="list-style-type: none"> New mechanism in place to monitor climate sensitive impacts on health, such as communicable diseases and temperature which will enable us to take timely appropriate public health action 4 new internal surveillance documents have been produced in readiness for the first meeting of the sub-group on 11th April Recruitment to two new surveillance posts to support this topic.



Climate Change

Section 2: Strategy and Delivery

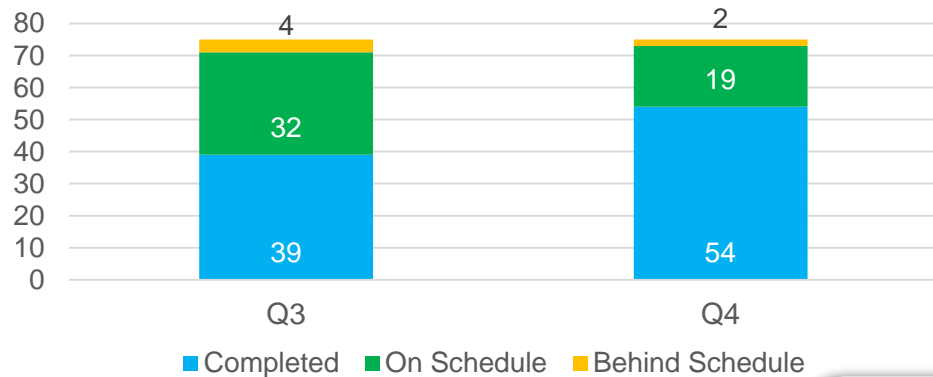


Quarterly reporting cycle

Decarbonisation in Public Health Wales

2022-24 Decarbonisation Action Plan

Our two year **Decarbonisation Action Plan** was published in 2022 and ran until March 2024. The plan contains 75 actions. Progress against the plan is shown below. Further detail can be found in the In Focus section and in the latest [Decarbonisation Progress Report April 2024](#).

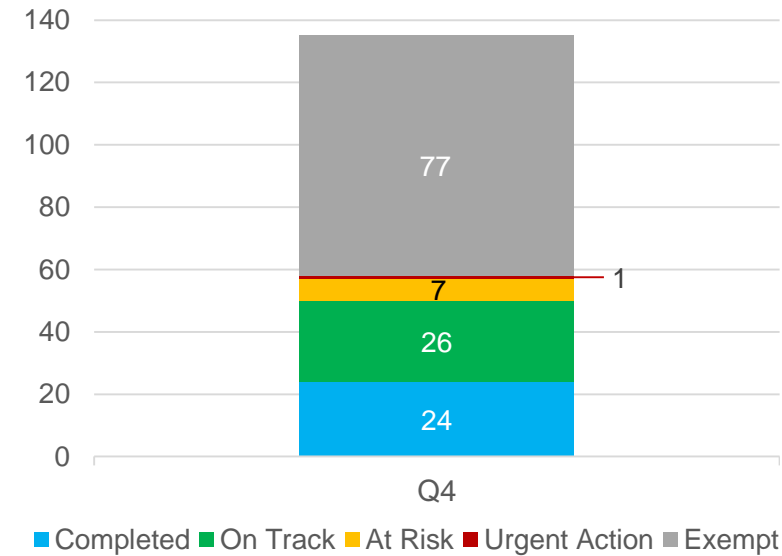


2024-26 Decarbonisation Action Plan

- Our 2022-24 [Decarbonisation and Sustainability Action Plan 2024-26](#) was approved by Board on 27 March 2024.
- Sustainable Development Principles and five ways of working outlined in WBFGA, in addition to engagement with staff across Public Health Wales have informed the development of the plan
- The plan incorporates action to take forward circular economy, foundational economy and biodiversity agendas
- The plan contains 49 decarbonisation actions to be delivered over the next 2 years

NHS Wales's Decarbonisation Strategic Delivery Plan

The latest NHS Wales Decarbonisation Strategic Delivery Plan shows:



- This national delivery plan has been developed to drive an ambitious but realistic reduction in carbon emissions from NHS Wales's operations.
- The Delivery Plan sets 135 actions across 46 initiatives for decarbonising NHS Wales
- The national delivery plan is refreshed on a quarterly basis, definitions of the RAG status are slightly different from definitions used within Public Health Wales



In Focus: Decarbonisation

Section 2: Strategy and Delivery



Public Health Wales Decarbonisation Action Plan - Key Achievements 2022-24

In summary of the progress, the Public Health Wales Decarbonisation Action Plan shows:

- **73 out of 75 actions** are completed or on schedule which equates to **97%** of the action plan
- **72% of actions** have been completed (an increase of 38% from January 2024)
- Of the **2 actions behind schedule**, one is associated with reviewing favourable waste disposal methods, another one is reviewing our current suppliers and choosing more environmentally friendly organisations, both actions due in March 2024
- The 2 actions behind schedule are primarily due to complexities in updating and revising the **existing Waste Management Policies** and the long process of **providing information** from several existing suppliers

NHS Wales's Decarbonisation Strategic Delivery Plan - Key Achievements

NHS Wales's Decarbonisation Strategic Delivery Plan shows:

- Of the **135** actions in the all Wales plan 58 are applicable to PHW.
- **50** of the 58 actions are complete or on schedule which equates to **86%**. **14%** are behind or at risk of falling behind schedule
- Only **1 requires urgent action**, the installation of effective building management systems (BMS) to optimise heating, cooling and ventilation systems. Due to the nature and variety of the premises including availability of fundings it's not feasible to install BMS systems across the whole estate nor possible to meet certain deadlines

Decarbonisation Action Plan 2024-26

Our Decarbonisation and Sustainability Plan for 2024-2026 succeeds the organisation's first plan for 2022-2024. The delivery of the 2024-26 action plan will focus on five areas:

- **Carbon Management**
 - **Buildings and our Estate**
 - **Transport and Travel**
 - **Procurement**
 - **Approaches to delivery of our services**
- Workstream leads and deputies will form part of revised Decarbonisation and Sustainability Group to oversee and drive forward implementation of the plan and report progress through the Climate Change Programme Board
 - Reporting progress against the plan to be incorporated into IMTP reporting process for 2024/25
 - Alongside the Decarbonisation and Sustainability Plan 2024-2026, a Sustainability Calendar for 2024/2025 has also been launched, providing ideas to help individuals and teams to take small actions throughout the year

Key activities in quarter 1 2024/25

- Commence development of a Travel Policy for Public Health Wales
- Revised Decarbonisation and Sustainability Group to be formed
- Collation of data to inform annual quantitate return for decarbonisation emissions to commence
- Communications Plan for decarbonisation to be finalised to inform ongoing engagement throughout 2024/25



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 a slight increase of 25.2% in February 2024. This component of the pathway is delivered by Health boards and is under active review with the waiting time for colonoscopy ranging from 3 to 11 weeks.

Breast Screening



Normal results sent within 2 weeks did not meet standard in March 2024, with a slight reduction of 47.5%. Timeliness of assessment within 3 weeks remains below the 90% standard but showed a slight increase in month at 30.2%.

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, but further positive improvements were noted in month at 62.7%, in line with plans.

Average round length for March is 37 months. 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, but a slight increase on previous month was noted at 35.5%.

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 March 2024.





In Focus: Breast Screening Recovery

Section 2: Strategy and Delivery



Recovery Plan

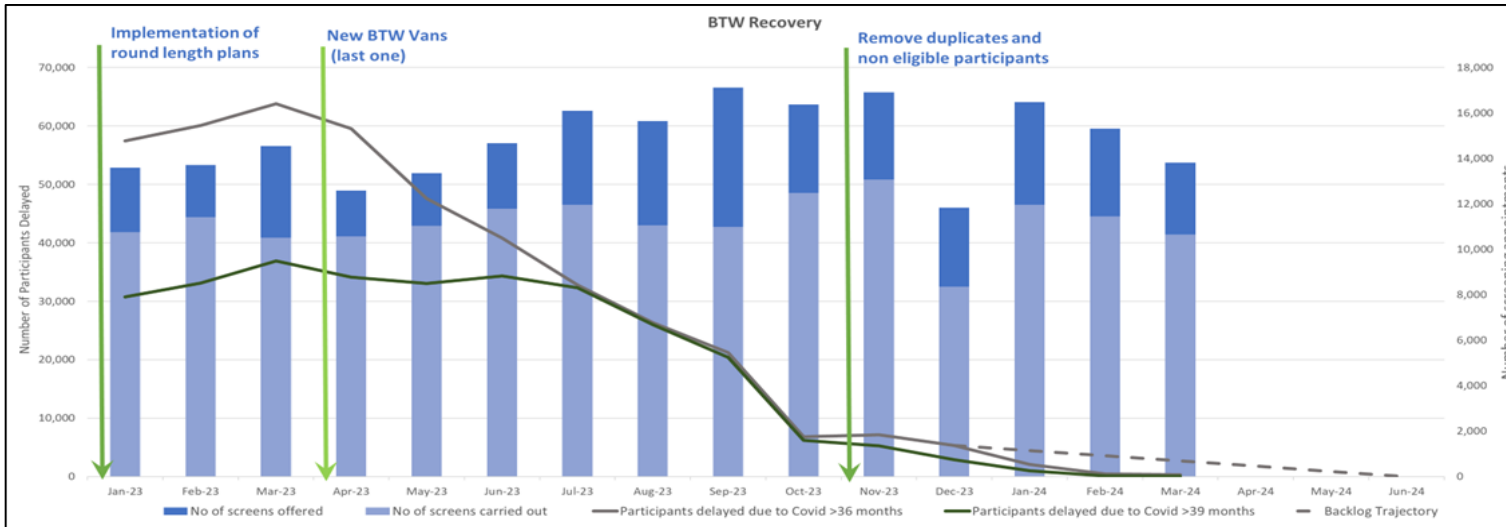
Recovery plan is underway for the programme to increase the screening activity above pre-COVID levels and maintain these to fully recover. Recovery plan is progressing with excellent progress.

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.

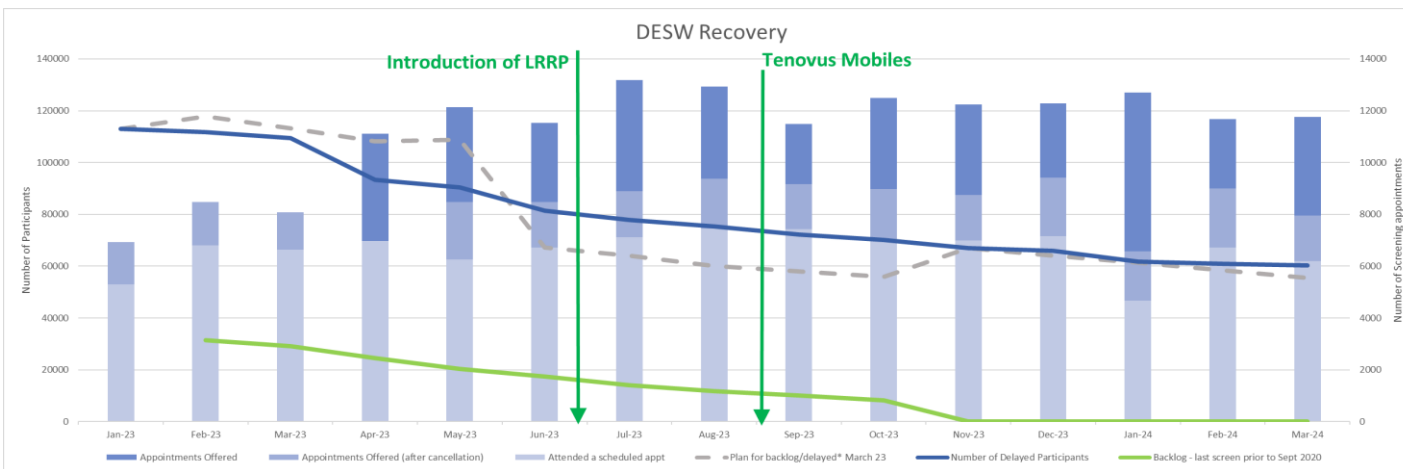
The backlog position has fully recovered with all eligible participants offered screening since the pandemic. Recovery of timeliness for screening offer includes trajectory of improvement to 31 March 2024, based as an average achievement over the previous 6 months. The service is progressing plans to 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 posts 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
- 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

Influenza surveillance

Current levels of influenza activity:	Low
Trend:	Decreasing
Update:	Influenza is circulating. COVID-19 cases have decreased in recent weeks. RSV activity in children under 5 years has remained at baseline intensity levels.

Influenza vaccination uptake

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

Influenza and acute respiratory infection surveillance information continues to be reported in a timely manner (latest weekly [report](#) up to end 07 April 2024).

As at 26 March 2024, latest influenza vaccine uptake amongst those aged 65 years and older showed 72.4% were vaccinated (up from 72.3%), with uptake for clinical risk groups at 39% (up from 38.9%).

Uptake for NHS Wales staff increased by 36.3% to 36.7% over the latest reporting period, and for front-line staff by 36.1% to 36.4%.



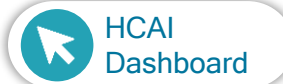


Service Delivery

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
Select month or FY							
Current FY							
Select organism group							
All organisms							
	Aneurin Bevan UHB	38.55	1.52	20.29	59.35	22.66	4.23
	Betsi Cadwaladr UHB	41.7	1.16	24.99	79.63	22.67	4.65
	Cardiff and Vale UHB	22.35	2.57	28.88	68.24	23.74	3.56
	Cwm Taf Morgannwg UHB	28.38	2.03	29.05	85.13	26.57	4.73
	Hywel Dda UHB	47.26	2.6	25.97	100.49	28.05	7.53
	Powys THB	18.67	0	0.75	1.49	0	0
	Swansea Bay UHB	65.2	1.83	34.95	67.02	24.51	5.22
	Velindre NHST						
	Wales	38.89	1.82	25.61	72.61	23.5	4.63

- < than same period last FY
- = same period last FY
- > than same period last FY

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 23.5 per 100,000 (4% higher)
- ❖ E. Coli bacteraemia has a reported rate of 72.6 per 100,000 in Wales (7% higher)
- ❖ P. aeruginosa bacteraemia has a reported rate of 4.6 per 100,000 (26% lower)
- ❖ S. aureus bacteraemia has a reported rate of 27.4 per 100,000 (2% lower)
- ❖ C. difficile has a reported rate of 38.9 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