



PUBLIC HEALTH WALES

PERFORMANCE AND INSIGHT REPORT

MAY 2023



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WALES

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Public Health
Wales

Key Performance and Insight Summary

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

- Sickness absence decreased from 3.65% to 2.89% over the latest reporting period, with the rolling 12-month figure also decreasing at 4.38%. Short term sickness absence accounted for 69% of absences in May 2023, in line with the previous month. Anxiety/Stress/Depression remains the most frequently reported sickness absence reasons.
- There is no longer a requirement for Public Health Wales to report staff sickness absence levels related to COVID-19 to Welsh Government on a monthly basis.
- Compliance with the core suite of statutory and mandatory training remained above the 85% Welsh Government target at 90.9% (up 0.8% in-month), whilst appraisal compliance was reported at 72% in May 2023, up from 70% when compared to the previous two months.
- Staff turnover remained stable in May 2023 (0.9%) with the rolling 12-month turnover to 31 May 2023 at 10.6%. Phase one of our work to deliver a compelling and impactful Employee Value Proposition (Our People Promise) has been completed with positive responses indicated during early testing.
- We are currently awaiting the final notice from the Welsh Language Commissioner on the investigation regarding breaches of the Welsh Language Standards across a number of our websites. We are continuing to liaise with departments to address the issues raised and develop processes to avoid future issues.

Theme 2: Achieving value and impact – Pages 7 to 8

- The cumulative reported position for Public Health Wales at Month 2 2023/24 is a net surplus of £52k, with an anticipated breakeven position at year-end. The month 2 revenue position is being supported by £1.903m of non-recurrent COVID-19 funding as shown in the table opposite.
- Our capital funding for 2023/24 is made up of £1.233m discretionary funding and £0.575m strategic funding, with an overall capital allocation for 2023/24 of £1.808m. Strategic capital includes £0.340m for decarbonisation schemes and £0.185m for fire compliance works approved by the Estates Funding Advisory Board (EFAB). These bids were approved on the basis of a 30% contribution, £0.158m, from Public Health Wales' discretionary capital funding.
- Performance on our Public Sector Payment Policy (PSPP) will be reported on from Month 3 onwards in line with the Welsh Government reporting requirements.
- Year to date agency spend as a percentage of total pay equates to 2.8% with a year-end forecast of 3.0%.

Theme 3: Organisational quality and access to high quality services – Pages 9 to 16

- COVID-19 adjusted case rates and hospital admissions have remained at low levels over recent weeks. Testing activity remains consistent at circa 250 per day with respective targets being met. Work has begun in stepping down the rapid mortality surveillance of SARS-CoV-2 to integrate with usual activity and reporting.
- Latest COVER data shows that uptake of immunisations in infants remained broadly stable, with uptake of 3 doses of "6 in 1" slightly below the 95% target at 94.7%. Uptake of two doses of MMR vaccine remains the lowest of all vaccinations, with children receiving two doses of MMR by age 5 decreasing slightly from 90.2% to 89.4%.
- Reporting of HCAI figures has now recommenced for 2023/24 and will continue to be provided to Welsh Government and our NHS Wales partners in a timely manner. The new HCAI dashboards for 2023/24 will be published from 19 June and the normal reporting schedule of on or before the 7th of the month will resume from July 2023.
- A new dedicated screening centre opened in Llanishen, Cardiff in May 2023 and this is working well offering screening appointments for Diabetic Eye Screening, Aneurysm Screening and Newborn Hearing Screening. Recovery plans continue to be progressed and active mitigation undertaken to maintain service provision.
- The Strategic Risk Register has been revised to reflect the refresh of the Long Term Strategy and was approved on 25 May 2023. It currently displays seven risks, which have approved risk appetites and delivery confidence assessments. The Leadership Team is reviewing the Corporate Risk Register against the revised Strategic Risk Register.
- With Duty of Candour (DoC) regulations coming into effect on 1 April 2023, and an implementation group formed to ensure we were prepared for its implementation, training has been provided to clinical staff during the previous quarter with a DoC Policy and Procedure written to support the application and management of the duty.

Theme 4: Improved population health and well-being – Page 17

- Good progress is being reported in the delivery of IMTP milestones in Month 2 with 89% (288) milestones on track, 4% (14) complete, 2% (6) having the potential to fall behind schedule and 3% (10) rated red and behind schedule. 1% (4) of milestones are suspended owing to awaiting confirmation of funding and external factors.
- Twelve requests for change were received for approval in Month 2 and of these, 10 were to change the delivery date and two were to suspend milestones. The overall impact of delivery date changes means that there are currently 7 fewer milestones due to be delivered in Quarter 1 and two fewer milestones in each of Quarters 2 and 3.

Theme 1: Maintaining a healthy and sustainable workforce

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

Sickness Absence

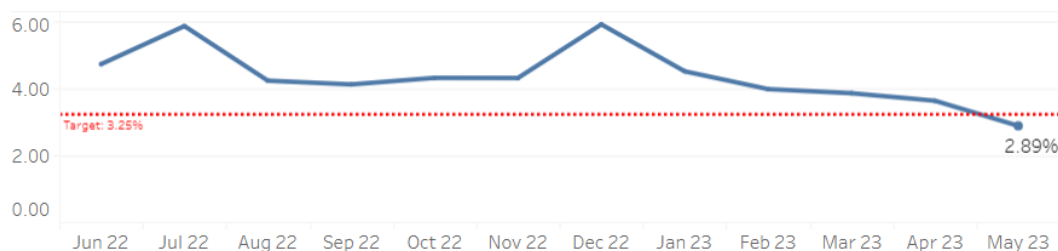
Sickness absence for May 2023 was 2.89% which is a decrease from 3.65% in the previous month. There has also been a decrease in the rolling 12-month figure, down from 4.53% to 4.38%.

Short term sickness absence accounts for 69% of absences in May which is the same figure reported for April.

Anxiety/Stress/Depression remains the most frequently reported reason for Absence accounting for 2,827 FTE days lost in Quarter 4. It has remained the most frequently reported reason for absence since Quarter 1.

The People & OD Directorate continue to work with Line Managers to ensure they are able to support the wellbeing of their staff, particularly promoting the benefits of Work How it Works Best and compassionate management in relation to sickness absence.

Sickness absence monthly trend (%)



The People & OD Advisory team are also linking in with the People & OD Partners to identify Directorate specific interventions or initiatives that may be required to reduce staff sickness or improve well-being.

COVID-19 Absence


The latest available data indicates that we currently have <5 staff absent due to COVID. Absences related to COVID continue to be closely monitored.

The number of new COVID related absences remains relatively low but the POD Advisory team continue to support the management of cases of long-term absence as a result of COVID and to provide guidance in line with the most up to date guidance.

There is no longer a requirement for Public Health Wales to report staff sickness absence levels related to COVID-19 to Welsh Government on a monthly basis. Due to the very low numbers involved, the COVID-19 absence has been removed from the Performance and Assurance Dashboard but internal data will continue to be monitored closely by the People & OD team and the dashboard reinstated if required.

Theme 1: Maintaining a healthy and sustainable workforce

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

Statutory measures		Target	2021/22	March 2023	April 2023	May 2023	Link to PAD
	Statutory and Mandatory compliance	85%	87.1%	90.5%	90.1%	● 90.9%	
	Appraisal compliance	85%	56.9%	70%	70%	● 72%	

**Interactive dashboards to be developed as part of future iterative developments to the Performance & Assurance dashboard*

Statutory and Mandatory Training

Compliance with the core suite of statutory and mandatory training has increased slightly this month and still remains above the Welsh Government target of 85%.

Any e-learning queries can be directed to the ESR All Wales Support Team, in addition the People and OD are carrying out two ESR drop-in sessions per month, for anyone experiencing issues accessing e-learning. The next session is due to take place Thursday 15 June and the sessions have been well attended to date.

Appraisal and Development Reviews

The 12-month rolling compliance for My Contribution appraisals is currently at 72% against the Welsh Government target of 85%.

Pay Progression was reintroduced in October 2022, and part of the criteria put forward for an increment is staff needing to have an appraisal date entered into ESR within the last 12 months. We have seen that this is having a positive impact on appraisal compliance figures.

Entering pay progression and appraisal dates into ESR are covered in the twice monthly ESR drop-in session and Pay Progression drop-in sessions.

Theme 1: Maintaining a healthy and sustainable workforce

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

Staff Turnover

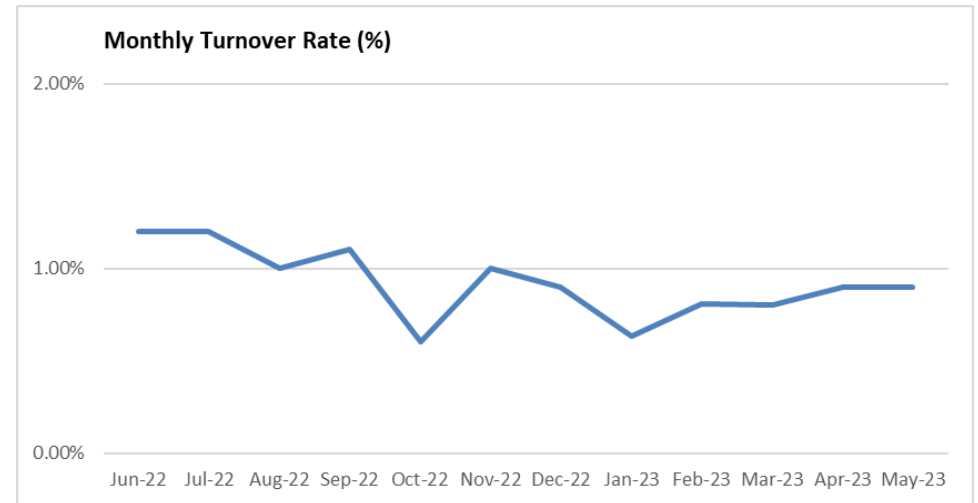
Staff Turnover for May 2023 was 0.9%. The rolling 12-month turnover to 31 May 2023 was 10.6%.

In addition to the data collected via ESR, as well as continuing to monitoring labour market trends, the newly devised surveys for new starters and leavers has begun collecting data that will be analysed quarterly.

The top three reasons sighted for leaving the organisation as reported via ESR were 'Promotion', 'Unknown' (more insights to be gained from the exit questionnaires) and 'capability'.

Although ESR data is valuable, it is the Exit Questionnaire data that will allow for more deeper understanding. An example of one particular insight gained from the exit questionnaire upon how valued an employee felt prior to leaving can be seen in the responses from the question 'I felt my contribution was valued by my manager/team/organisation?' where 5 Strongly Agree; 5 Agreed; 2 Neither Agreed or Disagreed; 2 Disagreed; 2 Strongly Disagreed. Insights into such responses can be analysed alongside insights across the organisation and deeper dives to understand more upon the culture within the organisation and where further work will be needed to develop the organisation into a true employer of choice.

We continue to work through some Information Governance and legal aspects upon our proposed partnership with Arden University. Due to unforeseen delays upon contracts, we are anticipating outcomes in November. Our colleagues at Arden University will be analysing data from those who apply, shortlist and are offered roles with our organisation – through focus groups and further analysis. The findings will enable the organisation to understand population wise who we recruit, who we appeal to, and who we don't appeal to, therefore developing and refining our approach to attraction meaning we can build interventions to ensure we attract, develop and retain a workforce that truly represents the diverse population.



Staff Movements

For May 2023, there were 20 leavers and 23 new starters. In terms of internal promotions in May, there were 12 employees who moved to a higher pay band. The majority of those were promoted within their own team, with a small number moving to other teams across the organisation.

We have now completed phase one of our work to deliver a compelling and impactful Employee Value Proposition, also known as our 'People Promise'. Early testing of the people promise, with a wide range of colleagues has returned highly favorable responses. The next phase of work will concentrate on creating the culture and environment where that promise is consistently delivered throughout the whole of the employee lifecycle.

Theme 1: Maintaining a healthy and sustainable workforce

Theme 1C: Supporting Equality, Diversity and Inclusion

Diversity

Brett Wrightbrook joined the Employee Experience Team in May on a 6 month secondment from the Vaccine Preventable Disease Programme, to undertake the Employee Wellbeing and Engagement Role.

We held our first Networks Conference in May 2023. This was an in person event, with around 100 people attending, and has received lots of positive feedback.

We have continued to engage with internal and external stakeholders in order to get feedback for our Strategic Equality Objectives for 2024-28. Draft objectives are being developed for consideration in a Board Workshop at the end of June 2023.

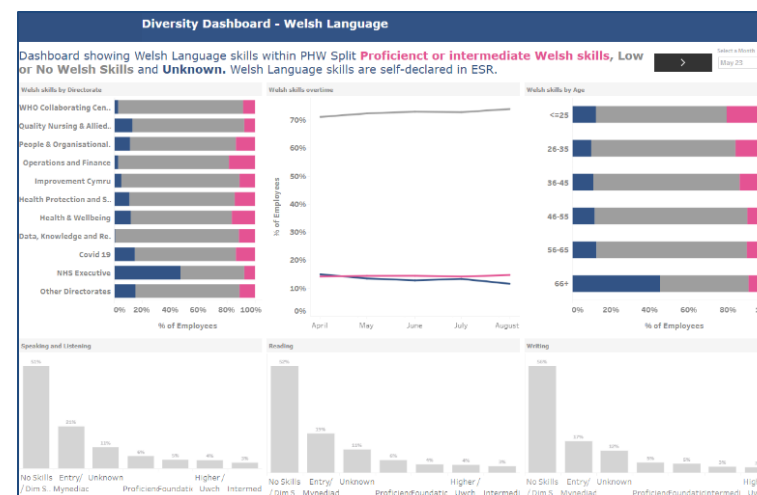
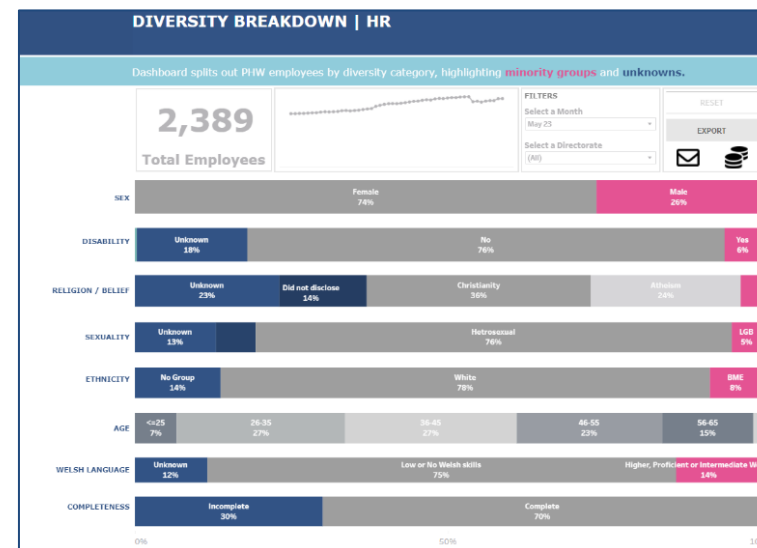
We will also be marching in the parade at Pride Cymru on 17 June 2023, with a number of staff from across the organisation getting involved.

Welsh Language

As part of the Diversity Dashboard, we have developed further insight on Welsh Language data. The latest available data shows that 18% of our staff have recorded their Welsh Language Listening/Speaking skills at Level 2 (Foundation) or above.

In recent months we have received two Welsh Language complaints. One on a tweet about Hayfever linking to NHS England information, and the other around Welsh Language training. Both of these complaints have been resolved with no further action required.

We are currently awaiting the final notice from the Welsh Language Commissioner on the investigation that we have been notified of, which links to our websites. We are continuing to liaise with departments to address the issues raised and develop processes to avoid future issues.



Theme 2: Delivering Value and Impact

Theme 2: Delivering against our agreed budgets

	Month 1	Month 2	YTD 2023/24	Year-end forecast	Link to PAD
Revenue financial target	(£50k)	(£1.7k)	(£52k)	Breakeven	PAD
Capital financial target	£0	£302k	£8k	Breakeven	PAD
Public Sector Payment Policy (PSPP)	n/a	n/a	n/a	>95%	PAD
Agency Spend as a % of Total Pay	2.7%	2.9%	2.8%	3.0%	

Financial Summary – Month 2

- The cumulative reported position for Public Health Wales is a net surplus of £52k, with an anticipated breakeven position at year-end.
- The month 2 revenue position is being supported by £1.903m of non-recurrent COVID-19 funding as shown in the table opposite.
- Our capital funding for 2023/24 is made up of £1.233m discretionary funding and £0.575m strategic funding.
- Strategic capital includes £0.340m for decarbonisation schemes and £0.185m for fire compliance works approved by the Estates Funding Advisory Board (EFAB). These bids were approved on the basis of a 30% contribution, £0.158m, from Public Health Wales' discretionary capital funding. £0.158m has now been removed from our discretionary capital allocation and applied to our strategic capital allocation. Our revised discretionary allocation is £1.233m and our revised strategic allocation is £0.575m with an overall capital allocation for 2023/24 of £1.808m.
- Performance on our Public Sector Payment Policy will be reported on from Month 3 onwards in line with the Welsh Government reporting requirements.
- Further information on our latest financial position can be found in the accompanying 2023/24 Financial Position report.

Non-Recurrent Welsh Government COVID-19 Funding Supporting Month 2 Position

Funding Item	Actual Apr-23 to May 23 £'000
Additional Operational Expenditure	
COVID-19 laboratory Testing	1,354
Non COVID-19 Rapid Testing	185
COVID-19 related Pathogen Genomics	141
Health Protection team COVID-19	21
Vaccination Programme	150
Integrated Surveillance	53
Total Operational Expenditure	1,903
Funding	
Assumed Welsh Government Funding	-1,903
Total Funding	-1,903

Theme 2: Delivering Value and Impact

Theme 2: Delivering against our agreed budgets

Revenue Forecast – Month 2

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

PHW - COVID-19 Summary	Actual Apr-23 to May-23 £000	Forecast Jun-23 to Mar-24 £000	TOTAL 2023/24 £000
Additional Costs			
COVID-19 Laboratory Testing	1,354	7,021	8,375
Non COVID-19 Rapid Testing & Platform Maintenance	185	2,711	2,896
COVID-19 Related Pathogen Genomics	141	905	1,046
Health Protection Team Covid-19	21	379	400
Integrated Surveillance	53	2,670	2,723
Vaccination Programme	149	1,341	1,490
Total Gross Additional Cost	1,903	15,027	16,930

- Further information on our latest financial position can be found in the accompanying 2023/24 Finance Position report.

Capital Forecast – Month 2

Capital Category	Total YTD Apr-23 to May -23 £m	Forecast Jun-23 to Mar-24 £m	Total 2023/24 £m
Discretionary	7	1.226	1.233
Strategic	1	0.574	0.575
Total	8	1.808	1.808

- Our current capital allocation is £1.808m after contributing 30% of our discretionary capital funding towards the strategic EFAB schemes.
- The capital forecast is to achieve a break-even capital position.

PSPP Forecast – Month 1

- Performance against the PSPP target will be reported on from Month 3 onwards in line with reporting requirements. It is anticipated that compliance will continue to exceed the 95% target for 2023/24.

Agency Spend as a % of Total Pay

- Year to date agency spend as a percentage of total pay equates to 2.8% with a year-end forecast of 3.0%.

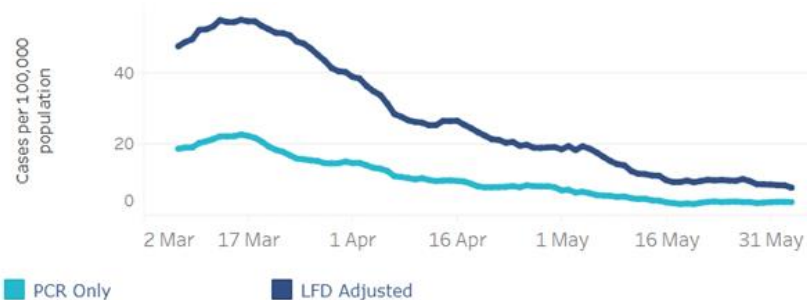
Theme 3: Organisational quality and access to high quality services

Theme 3A: COVID-19 Summary

COVID-19 high-level summary: Epidemiology

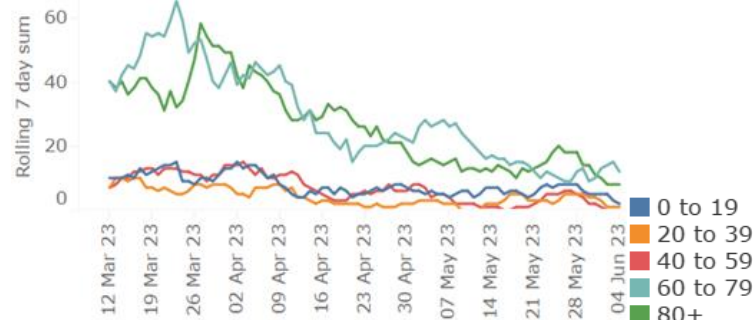
PCR confirmed and LFD adjusted case episode rates, up to 03 June 2023

- The adjusted case rates have remained at a low level over recent weeks.



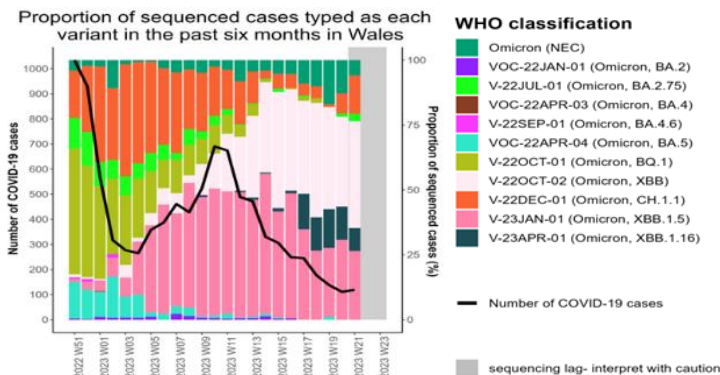
Rolling 7-day hospital admissions of COVID-19 cases in Wales, by age group, up to 31 May 2023

- Admissions are at low levels

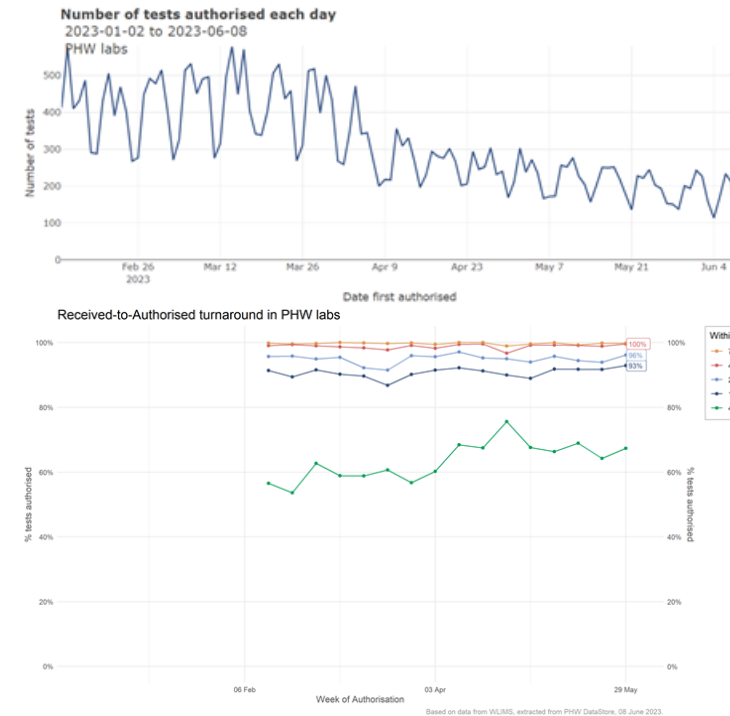


Variants: Of sequenced cases, % typed as each variant (data as at 06 June 2023)

- Multiple Omicron variants are co-circulating, with XBB.1.5 and XBB currently dominant



Testing



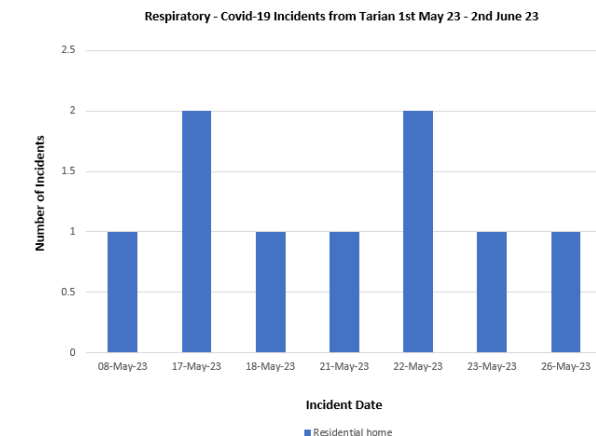
Summary

Testing activity remains consistent ~ 250/day

Standards for TAT % compliance:

- Over 90% within 12 hours for non-rapids achieved.
- 95% within 4 hours for rapids achieved in hot labs

Incidents and Outbreaks



COVID-19 and influenza incidents levels remain relatively stable

Summary of significant incidents and outbreaks

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

Developments

- Work has begun in stepping down the rapid mortality surveillance of SARS-CoV-2 to integrate with usual activity and reporting.

Theme 3: Organisational quality and access to high quality services

Theme 3B: Access to high quality services

Vaccination and Immunisation

The [COVER report](#) continues to highlight the likely impact of disruptions throughout the COVID-19 pandemic on uptake during 2020-2021, affecting different age-groups to different extents.

For the January to March 2023 quarter, uptake of immunisations in infants remained broadly stable. Uptake of the complete three-dose course of “6 in 1” and two doses of MenB vaccine by the first birthday remain slightly below 95%. Uptake of PCV in infants remained above 95%.

Uptake of vaccinations reported on at two years also remained stable. Coverage of one dose of MMR at two years increased slightly to 93.4% compared to 93.0% in the previous quarter.

The proportion of children who were up to date with their routine immunisations by four years increased this quarter. Uptake of two doses of MMR vaccine remains the lowest of all vaccinations included in this composite measure. The proportion of children who were up to date with their routine immunisations by five years decreased slightly. There is wide variation in uptake between health board areas.

Although there were improvements in coverage of those immunisations due in 2021-22 School Year 9. Uptake of Td/IPV, MenACWY and HPV vaccination in this cohort remains lower than previous years. Catch-up should continue to be encouraged throughout the 2022-23 school year. Of all the teenage vaccines, uptake of the HPV vaccine appears to be the most impacted by school interruptions during the pandemic. Uptake of the second dose in 2021-22 school year 9 children is currently 70.8%. MMR coverage in teenagers remains stable, although fewer catch-up doses were given in schools during the 2020-21 and 2021-22 academic years compared to previously.

Healthcare Associated Infections (Health Board/Trust targets)

Reporting of HCAI figures has recommenced for 2023/24 and latest available data will continue to be provided to Welsh Government and our NHS Wales partners in a timely manner in line with agreed expectations.

The new HCAI dashboards for 2023/24 including progress against achieving national reduction expectation targets will be published from the 19th June, with the normal reporting schedule of on or before the 7th of the month being resumed from July 2023.

Latest available data shows a varied picture across all-Wales rates at the start of 2023/34 with trends continuing to be monitored closely by the HCAI and AMR Programme team (HARP). All mandated HCAI indicators with the exception of Staph aureus bacteraemia and Klebsiella sp bacteraemia have reported increases in rates over the latest reporting period.

All mandated all-Wales HCAI indicators currently fall outside respective national reduction expectation targets, with all Health Boards/Trusts continuing to experience challenges in achieving agreed targets that were set for 2022/23.

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

Theme 3: Organisational quality and access to high quality services

Theme 3B: Access to high quality services

Screening Services

Recovery plans continue to be progressed and active mitigation undertaken to maintain service provision. A new dedicated screening centre opened in Llanishen, Cardiff in May and this is working well offering screening appointments for Diabetic Eye Screening, Aneurysm Screening and Newborn Hearing Screening.

Breast Screening The standard for normal results improved in May and met standard at 92.1% of results within 2 weeks and number of screening undertaken was high at 11,035. The timeliness of the reading and assessment will remain challenging, and the standard was not met in May with 37.5% of participants having assessment within 3 weeks of screening. This is due to high screening activity and staff constraints, plans are progressing in the South East region which will improve short and medium term. The average round length has slightly reduced to 43.6 months and 6.8% of participants are being screened within 36 months. Detailed round length plans are in place and improvement is starting to come through as expected over the summer period but the programme will take a long time to fully recover the round length of 3 years [estimated at April 2025 but aimed to be earlier].

Cervical Screening The timeliness of results is just below standard in May at 87.4% results being sent within 4 weeks. Implementation of the new equipment in the laboratory was implemented on 11 April which was a significant undertaking and close working with the laboratory and programme has mitigated impacting timeliness of the results as much as possible.

Bowel Screening. The coverage of the programme is 62.9% at the latest report in May. The optimisation of the programme with the invitation of 55, 56 and 57 is going well. The number of screening FIT kits analysed has increased and the laboratory tested 28,516 screening kits in May 2023. Timeliness of analysis and issue of results remains excellent (100% within 7 days). Waiting times for the Specialist Screening Practitioner assessment is within standard for all health boards and colonoscopy component of the pathway is under active review and the range is 5-21 weeks (average total wait for index colonoscopy 12 weeks). Colonoscopy timeliness standard is not being met with 11% of colonoscopy within 4 weeks across Wales. Regular discussions with Health Board that has longest delays in place and BSW central nursing team actively supporting them to reduce waits for SSP assessment. The programme remains on plan to continue to optimise the programme.

Antenatal Screening continue to be in close contact with maternity services to support around guidance on flexibility in the pathway where possible due to their staffing constraints. Consultation on review of Antenatal Screening Wales standard was recently completed and had excellent engagement.

Newborn Hearing Screening timeliness of newborn babies completing the screening programme was met at 96.9% and the timeliness of newborn babies who need assessment meeting standard at 87%. The IT systems that ensures failsafe for the programme needs upgrading and continues to be down for periods of time which is impacting workflows and this has been escalated and timescales and approach for resolution discussed. Clinics offered from the new screening centre in Llanishen which have been well received by parents.

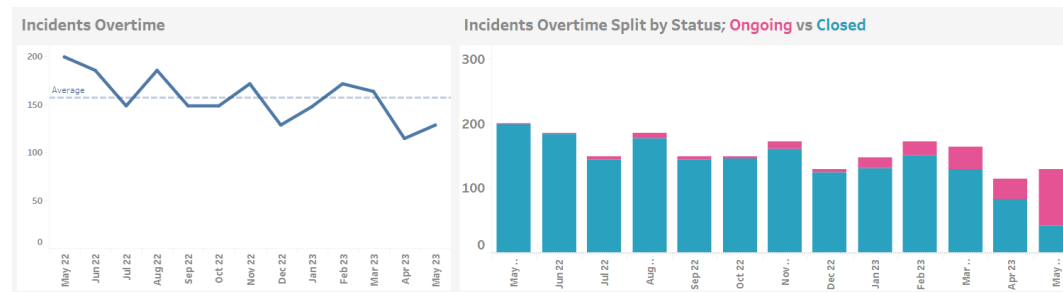
Newborn Bloodspot Screening coverage has been maintained and meets standard at 95.8% and avoidable repeat rate has reduced this month to 3.9%. The programme is working with maternity service to address this and develop tools to improve. The programme implemented an alternative delivery method to mitigate risk of a delay in identifying a newborn baby with a clinically significant condition due to Royal Mail strikes. This has been evaluated and work underway to put this in place sustainably.

Diabetic Eye Screening remains the most challenging programme to recover the backlog due to it being annual screening and a very large eligible population which continues to increase by approximately 1,000 participants each month. The coverage remains significantly lower than the standard at 33.5%. The programme is taking forward the transformation workplan. Screening started to be offered at the new screening site in Cardiff which has been well received. The timeliness of the results letters within 3 weeks of screen has improved this month to 56.9% within standard. This remains due to limitations with staffing due to absence, staff retraining after leave and vacancies. This is being actively worked to resolve with three vacancies appointed to this month.

Wales Abdominal Aortic Aneurysm screening. The programme continues to focus clinics to ensure the offer of screening is timely. The first screening at new centre in Cardiff went well this month. Surveillance uptake is nearly within standard for small aneurysms at 82.1% and within standard for medium aneurysms at 91.4%.

Quality and Improvement

Incidents



A total of 172 incidents were reported in May 2023, an increase of 53 compared to the previous month. It should be noted that 51 of the incidents in May related to Cervical Screening Wales (CSW) smear sample anomalies incidents which are not directly attributable to Public Health Wales (PHW) direct services.

Of the total number of incidents reported in May, 92% occurred within the Health Protection and Screening Directorate. The remaining incidents were reported in Quality, Nursing and Allied Health Professionals' (9), People and Organisational Development (2), Operations and Finance (1), Health and Wellbeing (1) and Data, Knowledge, and Research (1).

It should be noted that all nine incidents reported within the Quality, Nursing and Allied Health Professionals Directorate relate to safeguarding incidents that occurred outside of PHW but were reported to PHW by a member of the public via the complaint's mailbox or telephone line.

Incident Themes

The majority of the incidents reported in May relate to submissions received from Cervical Screening Wales (35%), Microbiology (33%) and Diabetic Eye Screening services (13%).

The highest incidents by type recorded in Datix for May 2023 were from Microbiology and Diabetic Eye Screening were as follows:

Assessment, Investigation, Diagnosis – 43 Incidents

- Harm Levels – None (13) Low (30)

Information Technology – 7 Incidents

- Harm Levels – None (3) Low (4)

Equipment, Devices – 5 Incidents

- Harm Levels – None (5) Low (0)

Retrospective April and Open Incident Performance Review

The PHW investigation and closure target for incidents is set at 30 working days. As such, the incidents reported in May 2023 remain within an acceptable closure timeframe and an 'open' status.

During April 2023, 67% (80) of incidents were closed within the 30-day target period, this is an improvement in performance compared to the 48% closed within the 30-day target in April 2023. 13% (15) of incidents were closed outside of the 30-day target with a closing date ranging from 31-44 days. The main reasons for these incidents exceeding the target closure time include delays to the investigation taking place and delays in the incident's approval for closure by Incident Managers/Divisional Leads. This continues to be a recurring theme and the Putting Things Right (PTR) team are working closely with managers to improve this position.

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

Quality and Improvement

Retrospective April and Open Incident Performance Review (cont'd)

20% (24) of the current incidents have an ‘overdue status’ and remain open. Of the 24 incidents, 71% (17) remain under investigation and 25% (6) have a completed investigation are awaiting closure. One incident (4%) remains open with a ‘Management Review’ status indicating an investigation has not yet commenced. The PTR Team actively chase incidents within the ‘Management review’ status on a weekly basis to ensure an investigator is assigned and an investigation begins promptly.

As of the 7 June 2023, there are a total of 117 incidents in Datix that have an ‘open’ status for more than 30 days. This figure relates to all incidents that have been reported more than 30 days ago with the oldest open incident dating back to April 2022. This incident relates to a data breach regarding missing records at the Temple of Peace site. This investigation has finalised and is in the process of being closed in the coming month.

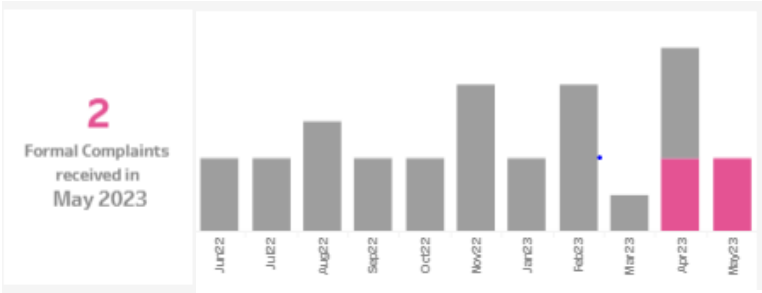
Nationally Reportable Incidents (NRI)

There were no Nationally Reportable Incidents reported in May 2023.

No Surprises Incidents (NS)

There were no ‘No Surprises’ Incidents reported in May 2023.

Formal Complaints



The latest figures for May 2023 show that two formal complaints were received in the following areas:

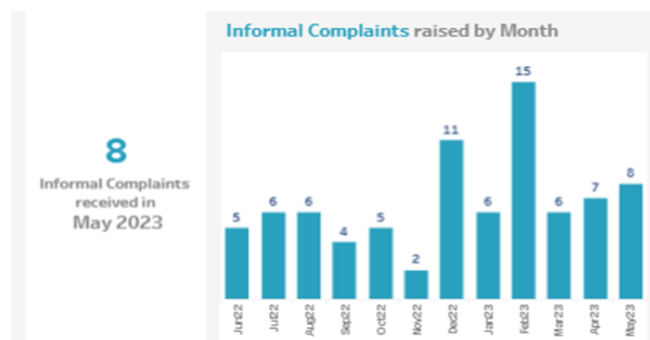
- Breast Test Wales (1)
- Diabetic Eye Screening Wales (1)

One complaint was received in Breast Test Wales as a service user raised concerns that they had not been informed of a benign lump during their previous screening appointments, feeling that even if the lump was not concerning, they should have been informed. The investigation has concluded that Breast Test Wales acted in line with their normal practice and procedures and did not inform the service user or recall them for further investigations due to the benign/non-cancerous nature of the lump. This complaint response is now progressing through the Quality Assurance process.

One complaint was received in Diabetic Eye Screening Wales regarding dissatisfaction with the backlog of Diabetic Eye Screening and dissatisfaction with the lack of screening venues in the service user’s local area. This complaint is currently under investigation.

Quality and Improvement

Informal Complaints



The figures for May 2023 also show that a total of eight informal complaints were received. These complaints were received in the following areas:

- Diabetic Eye Screening Wales (3)
- Breast Test Wales (2)
- Cervical Screening Wales (1)
- Abdominal Aortic Aneurysm Screening Wales (1)
- Bowel Screening Wales (1)

63% (5) of informal complaints were resolved locally within the 48-hour target. 37% (3) were resolved outside of the 48-hour target due to the requirement for further investigations and being unable to contact the complainant during the 48-hour timescale.

Retrospective March Complaint Performance Review

All five formal complaints received in April 2023 were acknowledged within the 5 working day target and responded to within the 30-working day target.

One complaint was received in Bowel Screening Wales in relation to dissatisfaction with the Bowel Screening cut off age of 75. The investigator has concluded that this complaint is not upheld. A response was issued to the complainant outlining that the evidence does not currently support offering bowel screening to participants who are aged 75 and over.

Retrospective March Complaint Performance Review (cont'd)

One complaint was received in Diabetic Eye Screening Wales regarding the attitude of a staff member when they attended for their appointment. The service user felt uncomfortable at their appointment and left without being screened. They subsequently received a Did Not Attend (DNA) letter, which they expressed dissatisfaction with. The investigation concluded that the complaint is upheld and the Did Not Attend has been removed from the service user's record.

A complaint was received in Cervical Screening Wales after a member of the public received invitation letters to their address for multiple individuals who do not reside there. This incident was raised with Digital Health and Care Wales (DHCW), who reported that the incident had resulted from a previously known IT issue which had been corrected during 2022 as part of a data cleansing task by DHCW. This issue has now been corrected and the complaint upheld.

A complaint was received in Communications and Health and Wellbeing regarding Public Health Wales compliance with the Welsh Language Standards on our public facing website. The investigation concluded that this complaint was upheld, and amendments have been made to the PHW website following receipt of this complaint.

A Newborn Hearing Screening Wales (NBHSW) complaint was received after a screening appointment letter was sent to the family of a baby who very sadly passed away shortly after birth. The investigation concluded that this complaint was upheld. As a result of this complaint, the health board involved have updated their neonatal death protocol to provide NBHSW with early notification of neonatal deaths.

Quality and Improvement

Compliments

During the month of May 2023, there were 66 compliments recorded in the Civica system.

69.7% of compliments reported were provided by members of the public (service user), 27.2% being received by non-Public Health professionals and the remaining compliments from PHW Employees and others.

Compliments were themed as beyond the level of care expected or anticipated (25.7%), communication (27.2%), going the extra mile (6.06%) and demonstrating empathy (1.5%). This month 39.3% of compliments were listed as other and upon investigation the resulting themes were reflective of this presented above.

The ratio of compliments to complaints for May 2023 is 5:33.

The Screening division presents the largest area of compliments recording. As a result, support has recently been provided to Microbiology which has contributed to an increase in the number of compliments reported through Civica. At present, there are still significant public facing areas who do not record any compliments. The Lead for Service User Experience is engaging with these areas to support the recording of compliments and develop further use of the Civica platform.

Directorate	Number of Survey Responses
Microbiology	4
Screening Division	62

Claims

One new potential Clinical Negligence claim was received in May 2023 in Bowel Screening Wales. Currently, there are 21 confirmed claims open and four potential claims. Of the 21 confirmed claims, four of these claims relate to personal injury (three of which are staff claims), nine relate to Cervical Screening Wales, five Breast Test Wales, one Microbiology, one Bowel Screening Wales and one Health Protection. Of the three potential claims, three relate to Breast Test Wales and one relates to Bowel Screening Wales.

Redress

There were no new Redress cases opened in April 2023.

There is one ongoing Redress case in Health Protection and relates to the outcome of the Llwynhendy external Investigation Report. The Redress case relates to a complaint about the length of time it took the TB screening process in Llwynhendy. A review is underway of their management as part of the outbreak incident.

Duty of Candour

Duty of Candour regulations came into effect in Wales on 1st April 2023 and a Duty of Candour implementation group was formed to ensure that PHW was fully prepared for its implementation. Training has been provided to clinical staff throughout March, April and May 2023 and a Duty of Candour Policy and Procedure has also been written to support the staff with the application and management of the duty.

Duty of Candour Cases

Public Health Wales currently has one Duty of Candour incident within the Screening Division. The first Duty of Candour decision meeting took place on 4th April 2023, where it was agreed that Duty of Candour applied, and the Duty of Candour process is now being progressed.

Theme 3: Organisational quality and access to high quality services

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

Risk

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

The Board revised the Strategic Risk Register to reflect the re-refresh of the Long Term Strategy. The revised strategic risks were approved by the Board on 25 May 2023 and currently displays seven risks, which have approved risk appetites and delivery confidence assessments.

A process is underway to cross reference the 2022/23 Strategic Risk Register and the refreshed risk register (2023/24) with any outstanding actions either being transferred across to the latter, closed down, or de-escalated to the Corporate Risk Register.

The Leadership Team is reviewing the 2022/23 Corporate Risk Register against the revised Strategic Risk Register. They will confirm whether the risks remain current, or whether they require amendment or updating in light of the revised Strategic Risk Register.

Risk 1	There is a risk of worsening health in the population of Wales, particularly among vulnerable populations <i>Caused by</i> the cumulative effects of current socio-economic, environmental and wider public health challenges and failure to influence the embedding of health in all policies <i>Resulting in</i> a widening gap in healthy life expectancy
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Risk 2	There is a risk of ineffective system-wide efforts to improve health and wellbeing by organisations across public, private and third sectors. <i>Caused by</i> misaligned system-wide efforts and leadership, and weaknesses in partnership working. <i>Resulting in</i> worsening health outcomes and suboptimal use of limited public resources.
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Risk 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. <i>Caused by</i> failure to provide people with sufficient quality information, motivation, choice and access to timely advice and services. <i>Resulting in</i> people feeling they are limited in exercising control over their health and wellbeing and avoidable poor health outcomes
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Risk 4	There is a risk of weakness in our organisational health, including our culture, capacity, capabilities and governance. <i>Caused by</i> sub-optimal leadership, management and engagement. <i>Resulting in</i> low staff wellbeing and morale, failure to recruit and retain our staff and ineffective performance across one or more of our strategic priorities.
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Risk 5	There is a risk that we insufficiently prevent, plan for and respond to emerging external threats to public health. <i>Caused by</i> insufficient horizon scanning, forecasting, use of data/digital tools and planning/training/exercising for response. <i>Resulting in</i> suboptimal responses to near-term incidents (including but not limited to infectious disease) and longer-term emerging risks to public health.
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Risk 6	There is a risk that we fail to deliver excellent public health services, including on screening, infection and health protection. <i>Caused by</i> weakness in clinical and health protection processes, specialist workforce capacity and capabilities, innovation and/or capital investment. <i>Resulting in</i> inadequate provision, responsiveness or uptake of services, poor individual patient and population outcomes and failure to meet quality standards.
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Risk 7	There is a risk to delivery of public health services and the inappropriate release of confidential data. <i>Caused by</i> a cyber-incident or a result of internal and external threats and weaknesses in the robustness of our IT systems and our behaviors, resulting in disruption of business continuity, potential significant data loss and data breaches.
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IMTP 2023/24 – Month 2 Reporting

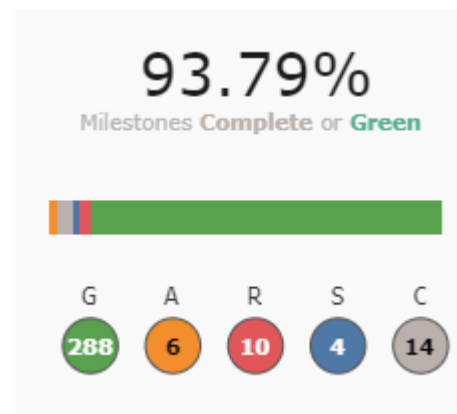
Good progress is being reported across the organisation with 89% (288) milestones on track, 4% (14) milestones complete, 2% (6) have the potential to fall behind schedule and 3% (10) rated red and behind schedule. One percent (4) milestones are suspended owing to awaiting confirmation of WG funding and external factors.

Twelve requests for change were received in month 2:

- ten requests for a date change, owing to several factors including additional work being needed (4) and external dependencies (2) and two requests to suspend milestones both owing to external factors.
- two requests to suspend milestones both owing to external factors.

The overall impact of delivery date changes so far this year means that there are currently 7 fewer milestones due to be delivered in Quarter 1 than originally planned, and two fewer milestones in each of Quarters 2 and 3. These milestones are spread fairly evenly over the remaining 3 quarters, moving by an average of 3.9 months.

Further detail can be seen in the [Performance and Assurance Dashboard](#) (PAD).

**Milestone overview by Directorate**

	G	A	R	S	C
Data, Knowledge & Research	15		1	1	1
Health & Wellbeing	79	2	3		5
Health Protection and Screening Services	72			2	2
Improvement Cymru	20	1		1	1
Operations and Finance	44	1	2		2
People & Organisational Development	11	2	1		1
Quality Nursing & Allied Health Professionals	12		1		
WHO Collaborating Centre	35		2		2