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Public Health
Wales

Performance and Insight Report

July 2023

Key Performance and Insight Summary

Section 1: Governance and Accountability

Board and Corporate Governance - Pages 4 to 5

- The Board approved the Annual Report, including the Annual Accounts on 27 July 2023, before being submitted to the Auditor General and Welsh Government at the end of July 2023.
- During the latest Board meeting, the Young Ambassadors presented their priorities and their 'asks' of the Board which focused on how we can work together to improve Mental Health and Wellbeing, address Substance Abuse and promote Sexual Health and Healthy Relationships.
- The Board has supported a proposal to test a number of new ways of working within the Quality, Safety and Improvement Committee, as part of our high performing Board model. Work includes streamlining the reporting process, support through additional clarity on expectations and improved feedback loop, and supporting the organisation.
- The Leadership Team is reviewing the 2022/23 Corporate Risk Register against the revised Strategic Risk Register. This review will confirm whether the risks remain current, or whether they require amendment or updating in light of the revised Strategic Risk Register.

Financial Governance - Pages 6 to 7

- The cumulative reported position for Public Health Wales at month 4 2023/24 is a net surplus of £157k, with an anticipated breakeven position at year-end. The month 4 revenue position is being supported by £3.770m of non-recurrent COVID-19 funding.
- Our capital funding for 2023/24 is made up of £1.233m discretionary funding and £0.576m strategic funding, with an overall capital allocation for 2023/24 of £1.809m. Total capital committed via Purchase orders at month 4 is £396k which combined with actual spend equates to approximately 24% of overall capital allocation. A capital discretionary allocation of £210k relating to our Hosted Organisation, namely The NHS Executive, has been agreed and in final stages of approval with Welsh Government.
- Performance on our Public Sector Payment Policy (PSPP) remains above statutory target at 96.90% (96.87% in month 4) and is expected to continue to exceed the 95% target for the remainder of the year.
- Year to date agency spend as a percentage of total pay equates to 2.5% with a year-end forecast of 2.5%.

Workforce Governance - Pages 8 to 11

- Sickness absence increased from 3.10% to 3.36% over the latest reporting period, with the rolling 12-month figure decreasing at 4.03% (compared to an average rate of 6.6% for NHS Wales as a whole as at 31 March 2023). Short term sickness absence accounted for 74% of absences in July 2023, consistent with June 2023 data. Anxiety/Stress/Depression remains the most frequently reported sickness absence reasons with targeted work planned in this area planned by the People & OD team.
- Our new Employee Assistance Programme (EAP) has been launched in partnership with Vivup. This service is available to all Public Health Wales staff, and they offer confidential counselling and advice on a wide range of work and personal issues.
- Compliance with the core suite of statutory and mandatory training remained above the 85% Welsh Government target at 91.4% (up 0.2% in-month), whilst appraisal compliance was reported at 70% in July 2023, down from 72% compared to the previous two months.
- The draft Strategic Equality Objectives have been finalised, and are now out to public consultation until 1st November 2023 – this is a legal requirement under the Public Sector Equality Duties (2012).
- We have continued to liaise with colleagues across the organisation to develop our response to the Welsh Language Commissioner, on their recent investigation. The response will be ready early August for approval, so that it can be translated and sent to the Welsh Language Commissioner by the deadline of the 9 September 2023.

Key Performance and Insight Summary

Quality and Service Delivery - Pages 12 to 19

- COVID-19 rates and hospital admissions have remained at low levels but with a slight uptick over recent weeks. Testing activity remains consistent at circa 200 per day with respective targets being met. TATS remain good, balancing activity and efficiency. Separate review confirms that the Hot Labs are achieving over 95% of tests within 4 hours.
- The latest HCAI surveillance dashboard for 2023/24 continues to be reported to Welsh Government and NHS Wales partners in a timely manner to help drive improvements in the reduction of HCAI rates. Latest quarterly data shows variation across HCAI rates, notably Klebsiella sp bacteraemia 23% higher than the equivalent period last year and MRSA bacteraemia 31% lower than the same period in 2022/23.
- Performance for agreed non-COVID microbiology indicators remained positive at quarter 1 2023/24 with all reported indicators above or within 5% of respective targets. Work continues to drive improvements in bacteriology turnaround times with quarterly monitoring and full network peer review of specimen testing by test set commenced
- The Bowel screening colonoscopy component of the pathway is under active review and the range is 3-14 weeks. Regular discussions are taking place with two Health Boards that have the longest delays with plans being developed to address. Over 90% of GP practices have now confirmed to opt into GP endorsed bowel screening letters.
- The Diabetic Eye screening programme successfully implemented the low risk recall pathway in June 2023. Participants whose last two diabetic eye screening showed no sign of diabetic eye disease will now be safely screened every two years instead of every year, with everyone else being screened as usual. The programme worked closely with key stakeholders to inform the communication approach and messaging which has been well received.
- Four formal complaints was received in July 2023 relating to Diabetic Eye Screening Wales (3) and Newborn Hearing Screening Wales (1). All complaints were acknowledged within the five working day timescale and are now under investigation or progressing through the Quality Assurance process.
- There were no Nationally Reportable or No Surprises Incidents reported in July 2023.

Section 2: Strategy Delivery

Progress against delivery of IMTP milestones - Pages 20 to 26

- Month 4 of IMTP 23/24 reporting shows 93.5% of all milestones are currently reported as green or complete, a reduction of 1.3% from last month. There were an additional 8 milestones completed, bringing the total complete to 62 milestones, approximately 19% of the plan.
- Nine additional milestones moved to a RAG status of Amber or Red this month. The majority of these milestones are currently scheduled to be delivered in Quarter 2.
- Thirteen requests for change were received in month 4. Annex A provides the rationale for these, which the Executive Team are asked to consider and approve.
- So far this year 12% of milestones have received an RFC, which is an average of 10.8 requests per month. There have been 23 milestone date changes, moving delivery to later in the year. As a result, there are now on average 10 additional milestones in each of the remaining quarters for 2023/24.
- Annex A provides a detailed summary of key IMTP milestones in focus at Month 4. These include milestones that have fallen behind schedule (Red), milestones with the potential to fall behind schedule (Amber), milestones that have been closed (Green) and milestones with no request for change submitted (Amber).

As part of the development of the Board Assurance Framework, work is ongoing to map the areas of the Performance and Insight Report to the Board level assurance arrangements, and to consider how we can reflect the assurance considered at Committee level. This will include mapping across the elements of our performance reporting to the Committee's work plans to provide a full assurance picture to the Board for each area and will identify any gaps in assurance / reporting arrangements.

Whilst this work is ongoing, we have added reference to the remit area for each of the themes within the Performance and Insight Report, to signal where the Board/Committee level assurance sits in terms of the Committee remits, which we will then use as a basis for the review of Board level assurance.

Governance and Accountability

Section 1: Governance and Accountability

Board and Corporate Governance

Board Level Governance

Annual Report 2022/23

The Board approved the Annual Report, including the Annual Accounts on 27 Jul 2023. These were then submitted to the Auditor General and Welsh Government on 31 July 2023.

Young Ambassadors Board Attendance

On 27 July the Young Ambassadors presented their priorities and their 'asks' of the Board which focused on how we can work together to improve Mental Health and Wellbeing, address Substance Abuse and promote Sexual Health and Healthy Relationships.

New ways of Working - QSIC pilot

Following the discussion at the June Board Development session, as part of our work towards a high performing Board model, the Board supported a proposal to test a number of new ways of working within the Quality, Safety and Improvement Committee.

This included:

- Streamlining the report writing process
- Adapting the cover paper to reflect specific requirements
- Support for contributors, through clarity on expectations
- Improvement in respect of the feedback loop
- Focus on how the Board / Committees could support the organisation.

This is currently underway with the development of a revised Chairs brief, and an agenda setting briefing document to issue to report writers to provide extra clarity on the points above. Updates on this will be provided to the Board as part of the Committee Chairs regular report.

Non-Executive Director Recruitment

Recruitment is currently underway to the vacancy Non-Executive Director Post, with specific experience and expertise in the Equality and Diversity field. The advert is live on the [Welsh Government Public Appointments website](#).

Corporate Governance

Corporate Policies, Procedures and Other Written Control Documents

The following Policies / Procedures have been approved:

- Putting Things Right Policy
- Putting Things Right Redress Procedure
- Prevent Policy and Referral Process
- Return and Retire Scheme

Internal and External Audit

There have been no reports issued this month.

Section 1: Governance and Accountability

Board and Corporate Governance

Risk

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

The Strategic Risk Register has recently been refreshed with BET currently continuing to identify controls, assurances and actions plans.

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	New risk approved by Board on 25th March 2023. Delivery confidence assessment remains amber with all actions on track. Risk owner updated to National Director of Knowledge and Research acting as interim Director of Health and Wellbeing.
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.	New risk approved by Board on 25th March 2023. Delivery confidence assessment remains amber with all but two actions remaining on track. Two actions on hold pending arrival in post of National Director of Health and Well-being. Risk owner updated to National Director of Knowledge and Research acting as interim Director of Health and Wellbeing.
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	New risk approved by Board on 25th March 2023. Delivery confidence assessment remains amber with all actions on track.

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

Risk 4	There is a risk of weakness in our organisational health, including our culture, capacity, capabilities and governance. Caused by sub-optimal leadership, management and engagement. Resulting in low staff wellbeing and morale, failure to recruit and retain our staff and ineffective performance across one or more of our strategic priorities.	New risk approved by Board on 25th March 2023. Delivery confidence assessment remains amber with all actions on track.
Risk 5	There is a risk that we insufficiently prevent, plan for and respond to emerging external threats to public health. Caused by insufficient horizon scanning, forecasting, use of data/digital tools and planning/training/exercising for response. Resulting in suboptimal responses to near-term incidents (including but not limited to infectious disease) and longer-term emerging risks to public health.	New risk approved by Board on 25th March 2023. Delivery confidence assessment remains amber with all actions on track.
Risk 6	There is a risk that we fail to deliver excellent public health services, including on screening, infection and health protection. Caused by weakness in clinical and health protection processes, specialist workforce capacity and capabilities, innovation and/or capital investment. Resulting in inadequate provision, responsiveness or uptake of services, poor individual patient and population outcomes and failure to meet quality standards.	New risk approved by Board on 25th March 2023. Delivery confidence assessment remains green with all actions on track.
Risk 7	There is a risk of a cyber-incident that materially affects our delivery of public health services or leads to inappropriate release of confidential data. Caused by Threats to or weaknesses in our IT systems and our behaviours. Resulting in Disruption of business continuity and significant data loss and data breaches.	New risk approved by Board on 25th March 2023. Delivery confidence assessment remains amber with all actions on track.

Section 1: Governance and Accountability

Financial Governance

	Month 2	Month 3	Month 4	YTD 2023/24	Year-end forecast	Link to PAD
Revenue financial target	(£1.7k)	(£10.8k)	(£95k)	(£157k)	Breakeven	🔗
Capital financial target	£302k	£452k	£603k	£32k	Breakeven	🔗
Public Sector Payment Policy (PSPP)	n/a	97.27%	96.87%	● 96.90%	>95%	🔗
Agency Spend as a % of Total Pay	2.9%	1.9%	2.5%	2.5%	2.6%	

Financial Summary – Month 4

- The cumulative reported position for Public Health Wales is a net surplus of £157k, with an anticipated breakeven position at year-end.
- The month 4 revenue position is being supported by £3.770m of non-recurrent COVID funding as shown in the table opposite.
- Our capital funding for 2023/24 totals £1.809m, £1.233m discretionary funding and £0.576m strategic funding. The Executive approved the discretionary capital plan for 2023/24 in June 2023.
- Total capital spend at month 4 is £32k, which equates to approximately 2% of the overall capital allocation. Total capital committed via Purchase orders at month 4 is £396k, which combined with actual spend equates to approximately 24% of overall capital allocation. There remains a clear finance focus to ensure a breakeven position is maintained throughout 2023/24.
- A capital discretionary allocation of £210k relating to our Hosted Organisation, namely The NHS Executive has been agreed and in final stages of approval with Welsh Government. This will be separately identified, reported on and managed by NHSE.
- Performance for our year to date Public Sector Payment Policy remains above the statutory target at 96.90% (96.87% in month 4).
- Further information on our latest financial position can be found in the accompanying 2023/24 Financial Position report.

Non-Recurrent WG COVID-19 Funding Supporting Month 4 Position

Funding Item	Actual Apr-23 to Jul-23 £'000
Additional Operational Expenditure	
COVID-19 laboratory Testing	2.645
Non COVID-19 Rapid Testing	0.359
Covid related Pathogen Genomics	0.237
Health Protection team COVID-19	0.053
Integrated Surveillance	0.080
Vaccination Programme	0.396
Total Operational Expenditure	3.770
Funding	
Assumed Welsh Government Funding	-3.770
Total Funding	-3.770

Section 1: Governance and Accountability

Financial Governance

Revenue Forecast – Month 4

- Public Health Wales’ forecast year-end revenue position is breakeven.
- The following WG COVID funding is anticipated within the forecast:

PHW - COVID-19 Summary	Actual Apr-23 to Jul-23 £000	Forecast Aug-23 to Mar-24 £000	TOTAL 2023/24 £000
Additional Costs			
COVID-19 Laboratory Testing	2.645	6.001	8.646
Non COVID-19 Rapid Testing & Platform Maintenance	0.359	2.370	2.729
Covid Related Pathogen Genomics	0.237	0.756	0.993
Health Protection Team Covid-19	0.053	0.362	0.415
Integrated Surveillance	0.080	1.146	1.226
Vaccination Programme	0.396	1.094	1.490
Total Gross Additional Cost	3.770	11.729	15.499

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

Capital Forecast – Month 4

Capital Category	Total YTD Apr-23 to Jul -23 £m	Forecast Aug-23 to Mar-24 £m	Total 2023/24 £m
Discretionary	0.017	1.216	1.233
Strategic	0.016	0.560	0.576
Total	0.032	1.776	1.809

- Our current capital allocation is £1.809m, £1.233m of discretionary allocation and £0.576m of Strategic Capital.
- The capital forecast is to achieve a break-even capital position.

PSPP Forecast – Month 4

The PSPP target has been achieved for the year to date and is expected to continue to exceed the 95% target for the remainder of the year.

Agency Spend as a % of Total Pay

Year to date agency spend as a percentage of total pay equates to 2.5% with a year-end forecast of 2.5%.

Workforce Governance

Sickness Absence

Sickness absence for July 2023 was 3.36% which is an increase from 3.10% in the previous month. The rolling 12 month figure for July 2023 is 4.03%. This can be compared to an average rate of 6.6% for NHS Wales as a whole (12 months ending 31 March 2023).

Short term sickness absence accounts for 74% of absences in July which is the same as the figure reported for June.

Anxiety/Stress/Depression remains the number 1 reason for Absence accounting for 2,560 FTE days lost in Quarter 1 23/24. Musculoskeletal Problems is now the 2nd highest reason for Absence in Quarter 1, accounting for 503 FTE days lost.

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 taking a more targeted approach to long term sickness; early contact will be made with managers and tools will be utilised from the managing attendance at work policy, such as the therapeutic return, which encourage employees to stay in touch with their teams whilst they are off work.

The people support team are working with the POD advisors on managing frequent absence, and ensuring managers are compliant with policy. The team will start undertaking audits and recommending proactive solutions where there is frequent absence.

There will also be some focused work with absences related to stress/anxiety, where the POD Officer and Advisors will ensure the Workplace Stress Risk Assessment tool is utilised, and where necessary, earlier referral to occupational health teams.

We have recently launched our new Employee Assistance Programme (EAP) in partnership with Vivup. This service is available to all Public Health Wales staff, and they offer confidential counselling and advice on a wide range of work and personal issues.

Section 1: Governance and Accountability

Workforce Governance

	Target	2022/23	May 2023	June 2023	July 2023	Link to PAD	
Statutory measures	Statutory and Mandatory compliance	85%	90.1%	90.9%	91.2%	● 91.4%	
	Appraisal compliance	90%	70%	72%	72%	● 70%	

**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 10th August and the sessions have been well attended to date.

Appraisal and Development Reviews

The 12-month rolling compliance for My Contribution (MYC) appraisals is currently at 70% 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. Whilst this has had a positive impact on appraisal compliance figures over recent months, further work is needed to drive up compliance across the organisation.

The Learning & Development team are currently taking forward the following actions:

- Communications about mid-year MYC reviews scheduled for September 2023.
- My Contribution covered in corporate Induction resources and Line Manager Induction Pathway.
- My Contribution Policy recently reviewed and consultation now in progress.
- Review of MYC Toolkit starting in September 2023. To include stakeholder engagement via Leadership Team, Business & Planning Leads and via POD Partnering Team. Review to explore revising existing resources in the toolkit and producing new ones as required e.g. video on recording dates on ESR.

Section 1: Governance and Accountability

Workforce Governance

Staff Turnover

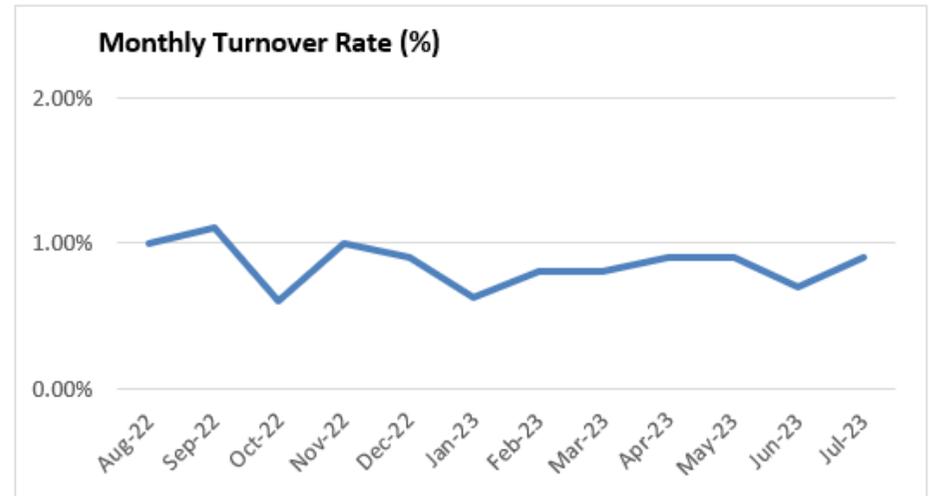
Staff Turnover for July 2023 was 0.9%. The rolling 12-month turnover to 31 July 2023 was 11.1%.

In addition to the data collected via ESR, as well as continuing to monitor labour market trends, the newly devised surveys for new starters and leavers is being analysed quarterly.

Although there is only limited data available for Q2 and to avoid identification, currently the top two reasons sighted for leaving during Q2 as reported via ESR are Unknown and 'Promotion'. The top three reasons sighted for leaving the organisation during Q1 as reported via ESR were 'Promotion', 'Unknown', Relocation, end of Fixed term Contract and Retired. Work is being undertaken to breakdown the 'Unknown' section which is currently an un-editable option within ESR.

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 engaged and involved an employee felt during their employment can be seen in the responses from the question *'I was able to make suggestions to improve the work of my department/team? My job gave me a sense of belonging?'* where 21% Strongly Agreed; 45% Agreed; 21% Neither Agreed or Disagreed; 13% Disagreed; 0% 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.



Staff Movements

For July 2023, there were 20 leavers and 23 new starters. In terms of internal promotions in July, there were 23 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 continue our focus on creating the culture and environment where our people promise is consistently delivered throughout the whole of the employee lifecycle. This will be enabled by investment in leadership and management for all managers across Public Health Wales

Section 1: Governance and Accountability

Workforce Governance

Diversity

The draft Strategic Equality Objectives have been finalised, and are now out to public consultation until 1st November 2023 – this is a legal requirement under the Public Sector Equality Duties (2012).

The updated policy on Transitioning in the Workplace has been discussed in a policy workshop, and comments from staff integrated into the document. This is now on the consultations database.

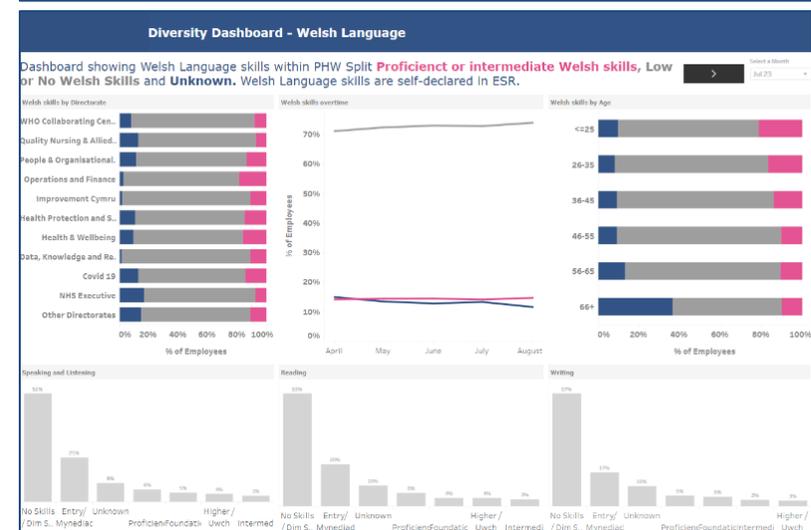
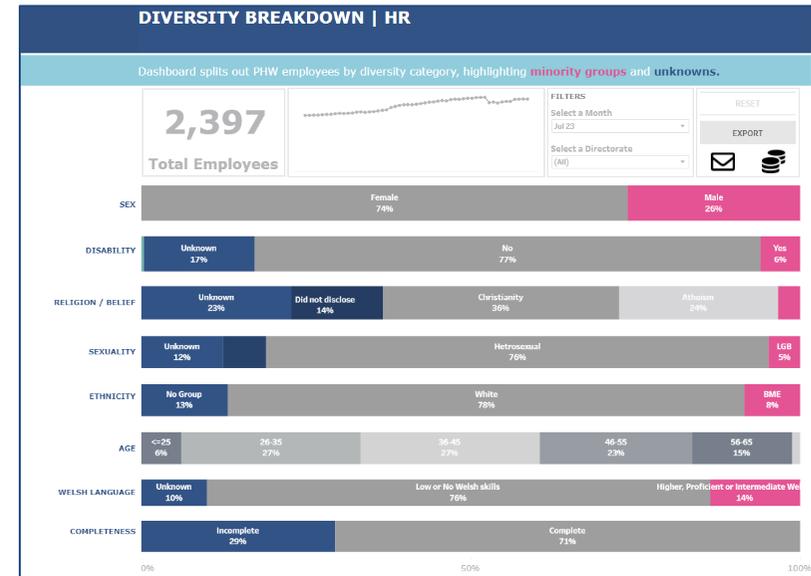
We welcomed two new Co Chairs for the Enfys Network recently: Karl Whitcombe and Graham Brown. They are excited to take up this challenge and have a number of ideas to refresh the network. We are also pleased to learn that Paul Veysey has agreed to be the Executive Sponsor of the We Care Network.

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.

We have continued to liaise with colleagues across the organisation to develop our response to the Welsh Language Commissioner, on their recent investigation. The response will be ready early August for approval, so that it can be translated and sent to the WLC by the deadline of the 9th September.

The current Translation Framework contract ended on the 31st July, but as we had not been notified of this change, we have liaised with Procurement to get an additional 12 month extension whilst we decide on arrangements going forward. An options paper is currently being prepared for BET in September, then we will work towards implementing new arrangements.



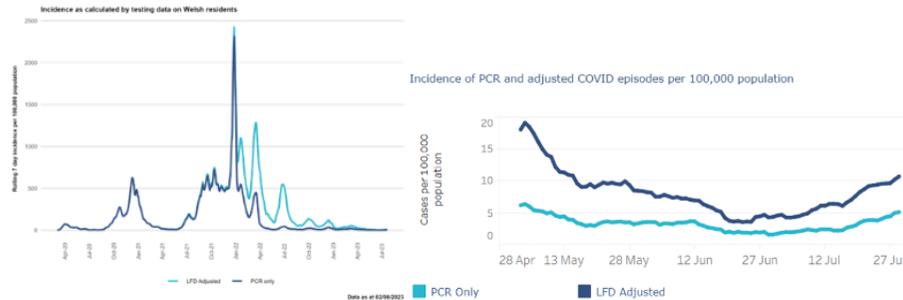
Section 1: Governance and Accountability

COVID-19 Summary

COVID-19 high-level summary: Epidemiology

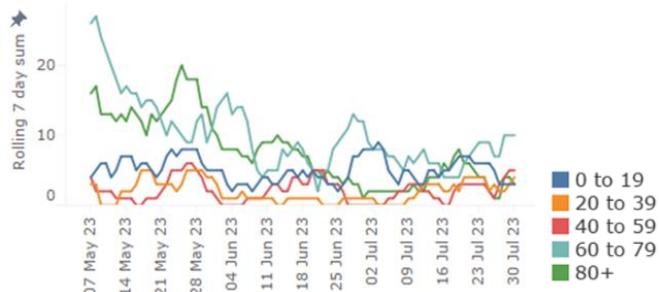
PCR confirmed and LFD adjusted case episode rates, up to 29 July 2023

- Case rates are at low levels (left panel), but with a recent slight uptick (right panel).



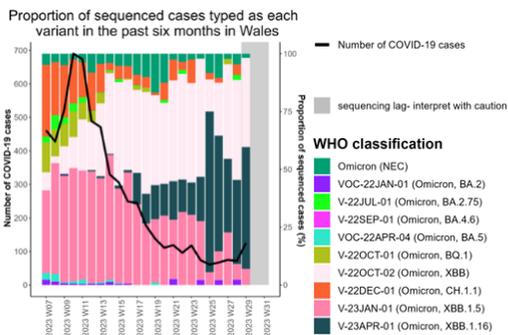
Rolling 7-day hospital admissions of COVID-19 cases in Wales, by age group, up to 30 July 2023

- Admissions remain at low levels overall (a possible rise in the 60-79-year age group to be monitored).

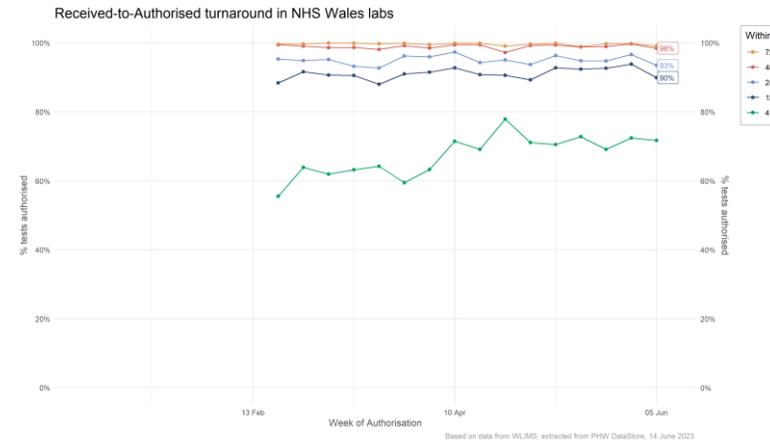
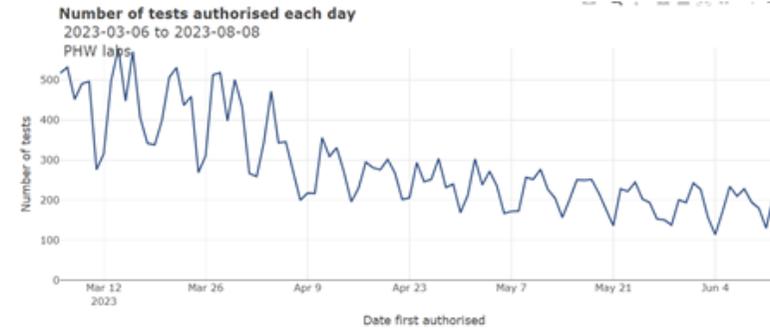


Variants: Of sequenced cases, % typed as each variant (data as at 01 Aug 2023)

- Multiple Omicron variants co-circulating: XBB and XBB.1.16 currently dominant



Testing



Summary

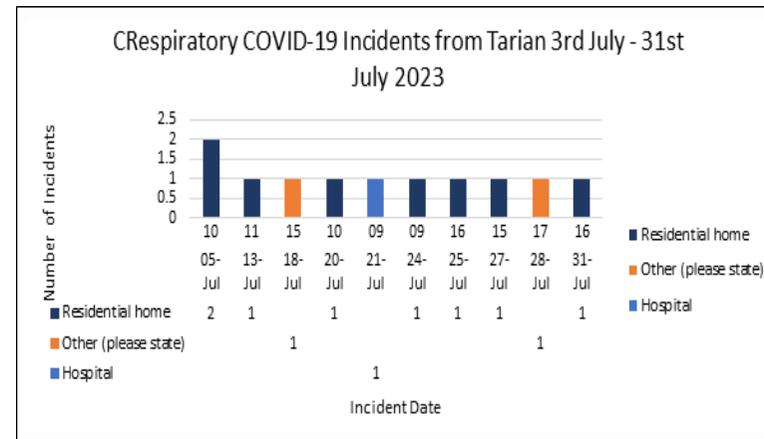
Testing activity remains consistent ~ 200/day.

TATS remain good, balancing activity and efficiency. The four hour TAT in the graph is a measure of all tests and not just the hot lab testing. Separate review confirms that the Hot Labs are achieving over 95% of tests within 4 hours.

Standards for TAT % compliance:

- Over 95% 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 incidents or outbreaks

Section 1: Governance and Accountability

Healthcare Associated Infections

Healthcare Associated Infections (Health Board/Trust targets)

Table 1. Current FY rate per 100,000 population of specimens by HB, Apr - Jul 23

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	29.59	1	16.05	60.18	21.06	3.51
	Betsi Cadwaladr UHB	39.67	0	23.46	72.94	18.34	4.27
	Cardiff and Vale UHB	22.6	1.78	31.52	66.01	26.16	3.57
	Cwm Taf Morgannwg UHB	22.67	2.67	30.01	94.03	24.01	3.33
	Hywel Dda UHB	39.26	3.08	24.63	117.78	28.48	10.78
	Powys THB	11.28	0	0	4.51	0	0
	Swansea Bay UHB	52.18	3.07	39.14	75.2	20.72	6.14
	Velindre NHST						
	Wales	33.03	1.7	25.37	75.63	22.05	4.73

The dashboard is currently only available to NHS staff, while the HCAI and AMR Programme (HARP) team finalise the data and format. The team will continue to provide COVID-19 and non COVID-19 related advice and support to partners including Welsh Government and NHS Wales organisations in 2023/24.

The new [HCAI dashboards](#) for 2023/24 was published in late June 2023, with the normal reporting schedule resumed from July 2023. Reporting of HCAI figures continues to be provided to Welsh Government and our NHS Wales partners in a timely manner in line with agreed expectations.

Data is available in this dashboard from 2020/21 as hospital admission data (used to calculate onset) is only available in ICNET from this time. Historical financial year data from 2010/11 will be included in a separate dashboard to be published this month. Reduction expectation progress will also be added once the Welsh Health Circular has been published.

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

- E. Coli bacteraemia has a reported rate of 75.63 per 100,000 in Wales from April to July 2023, approximately 13% higher than the equivalent period in 2022/23, and is currently the highest reported bacterium rate
- Klebsiella sp bacteraemia (22.05 per 100,000) from April to July 2023, approximately 23% higher than the equivalent period in 2022/23
- S. aureus bacteraemia (27.07 per 100,000) is approximately 10% lower than the equivalent period in 2022/23
- MRSA bacteraemia rate (1.7 per 100,000) is approximately 31% lower than the equivalent period in 2022/23
- MSSA bacteraemia rate (25.37 per 100,000) is approximately 8% lower than the equivalent period in 2022/23
- P. aeruginosa bacteraemia (4.73 per 100,000) is approximately 19% lower than the equivalent period in 2022/23

Microbiology – Non-COVID-19 activity

Performance for agreed non-COVID microbiology indicators remained positive at quarter 1 2023/24 with all reported indicators above or within 5% of respective target levels.

The majority of reported indicators either saw improvements in performance or remained static, with only EQA performance for Virology (96%, down 3%) and turnaround time compliance for food, water and environmental labs (98%, down 1%) showing a reduction in performance in-month.

Notable improvements in performance were evident for EQA performance for Bacteriology and Specialist and reference units (both up 3%).

Work continues to be delivered to improve turnaround time compliance for bacteriology (94%). Gradual performance improvement have been evident over the last 12 months. However, some samples require extended culture/processing and referral to reference laboratories for identification/typing. Processing at weekends for some high volume, non-urgent specimens e.g. sputum are still delayed due to insufficient trained staff available. Some non-urgent results have been delayed, the majority (83%) of which by 1-2 days only.

The team will continue quarterly monitoring and full network peer review of specimen testing by test set has now commenced.

Section 1: Governance and Accountability

Screening Services

Breast Screening - The standard for normal results did not meet standard at 77% of results within 2 weeks whilst timeliness of the reading and assessment remains challenging with the standard not being met in July at 33.9% of participants having assessment within 3 weeks of screening. Whilst the number of breast screening undertaken was as planned (~ 12,000) as we work towards fully recovering the programme, it is recognised that the sustained high volume of screening each month may be susceptible to challenges around staff availability and capacity in the reading and assessment part of the pathway which has an effect on timeliness of results. 98% of participants requiring assessment are however offered an appointment within 2 weeks of an abnormal result. The average round length remains at 44.1 months and 6.2% of participants are being screened within 36 months. Work has been taken forward to increase staffing capacity wherever possible and detailed round length plans are in place with improvement starting to come through as expected over the summer period with a reduction in number of participants delayed. However 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 July at 91.8% results being sent within 4 weeks. The timeliness of the cervical screening result is affected by the time taken for cytology review of the slides that at HPV positive as a result of staffing constraints in the cytology trained staff. This is due to annual leave and unexpected sickness absence of trained staff, coupled with the increased HPV positivity rate due to the move to a different HPV testing platform. Staff are returning from leave which will improve the timeliness. Implementation of the new equipment continues to work well and as anticipated has a higher HPV positivity rate due to the different test which creates increased cytology workload. Work plan in place to mitigated impacting timeliness of the results as much as possible.

Bowel Screening - The coverage of the programme is 63.7% at the latest report in July. The optimisation of the programme with the invitation of 55, 56 and 57 is going well. The number of screening FIT kits analysed remains high. Timeliness of analysis and issue of results remains excellent (100% within 7 days). Waiting times for the Specialist Screening Practitioner assessment is mostly within standard but three health boards are over 3 weeks. The colonoscopy component of the pathway is under active review and the range is 3 - 14 weeks. Regular discussions with two Health Boards that have the longest delays in place and they are sharing the plans developed to address. Over 90% of GP practices have now confirmed opted into GP endorsed bowel screening letters. 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.

Newborn Hearing Screening - The latest timeliness of newborn babies completing the screening programme is met at 96.8% in June and the timeliness of newborn babies who need assessment meeting standard at 89.5%. 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 new screening centre in Llanishen which have been well received by parents.

Newborn Bloodspot Screening - coverage has been maintained and meets standard at 95.2% and avoidable repeat rate does not meet standard at 4.5%. The programme is working with maternity service to address this and developed tools to improve. Virtual drop in sessions for sample takers have been held and well received. Courier service remains to be working well.

Diabetic Eye Screening - successfully implemented the low risk recall pathway in June. Participant whose last two diabetic eye screening showed no sign of diabetic eye disease will now be safely screened every two years instead of every year. Everyone else will be screened as usual. The programme worked closely with key stakeholders to inform the communication approach and messaging which has been well received. The coverage remains significantly lower than the standard at 25.5%. The programme is taking forward transformation work plan and paper discussed at BET in June and work taken forward from actions. Four new screening locations in Aneurin Bevan have been secured which supports offer locally. The timeliness of the results letters within 3 weeks of screen has improved and is 83.4% within standard. This remains due to limitations with staffing due to absence, staff retraining after leave and vacancies.

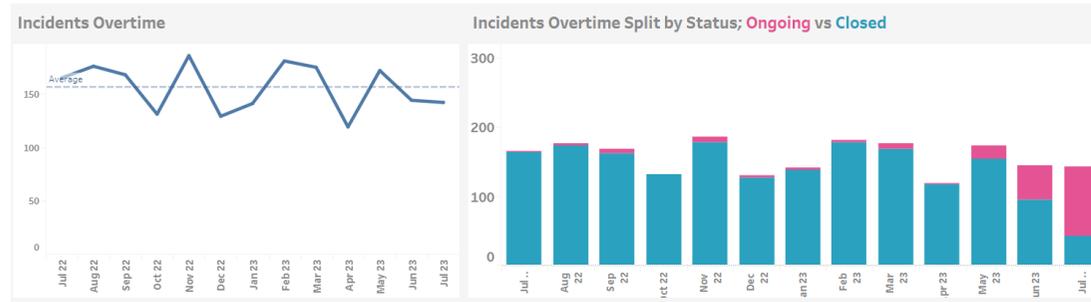
Wales Abdominal Aortic Aneurysm screening - The programme continues to focus clinics to ensure the offer of screening is timely. A new venue in Pontypool has been secured which will improve accessibility. Surveillance uptake is not within standard for small aneurysms at 86.4% and is for medium aneurysms at 90.9%.

Section 1: Governance and Accountability

Quality and Improvement

Quality and Improvement

Incidents



A total of 142 incidents were reported in July 2023, a minimal reduction of two compared to the previous month (144). It should be noted that of the July incidents, 44 related to Cervical Screening Wales (CSW) smear sample anomalies incidents which are not directly attributable to Public Health Wales (PHW) direct services but relate to those that PHW commission.

As a result of the level of sustained reporting of these smear sample anomalies, improvement continues to address and reduce the occurrence of these type of errors. This improvement work includes strengthening sample taker training as part of contractual agreements, progressing work on a sample taker card, as well as identification, and classification of incident types within the Datix system to improve theme analysis and data quality. In addition, bi-weekly meetings of the CSW Quality Working Group and the Putting Things Right team are taking place focusing on the use of the code 'other' to reduce its use and to apply alternative coding to improve data quality and analysis.

Of the total number of incidents reported in July, 96% occurred within the Health Protection and Screening Directorate. The remaining incidents were reported in Quality, Nursing and Allied Health Professionals' (5) and Data, Knowledge & Research (1).

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

Incident Themes

The majority of the reported July incidents relate to submissions received from Cervical Screening Wales (40%), Diabetic Eye Screening services (27%) and Microbiology (20%).

The highest incidents by type recorded in the Datix incident management system for July 2023 were from Microbiology and Diabetic Eye Screening were as follows:

Assessment, Investigation, Diagnosis – 25 Incidents

- Harm Levels – None (13) Low (12)

Accident, Injury – 8 Incidents

- Harm Levels – None (1) Low (7)

Communication – 8 Incidents

- Harm Levels – None (2) Low (6)

Retrospective April and Open Incident Performance Review

The Public Health Wales (PHW) investigation and closure target for incident management is set at 30 working days. As such, the incidents reported in this reporting period (July 2023) remain within an acceptable closure timeframe and an 'open' status.

During June 2023, 62% (89) of incidents were closed within the 30-day target period, this is a slight reduction in performance compared to the 65% closed within the 30-day target in May 2023. Closure rates within designated timeframes have remained static around 66% since April. This month 4% (6) of incidents were closed outside of the 30-day target with a closing date ranging from 31-37 days. The main reasons for the six incidents exceeding the target closure time include delays in 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 PTR team are working closely with Managers to improve this.

Quality and Improvement

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

34% (49) of the current incidents have an 'overdue status' and remain open. Of the 49 incidents, 12 (24%) remain under investigation and 31 (63%) have a completed investigation are awaiting closure. Six incidents (13%) remain open with a 'Management Review' status indicating an investigation has not yet commenced.

As of the 7 August 2023, there are a total of 84 incidents in Datix that have an 'open' status for more than 30 days, which is a significant reduction from 117 which were outstanding in June. This figure relates to all incidents that have been reported more than 30 days ago with the oldest open incident dating back to September 2022. This incident is being actively managed, and a meeting was had in August with the Clinical Lead to discuss the incident in more detail. Following this meeting the Incident Investigator has been contacted and asked to complete the incident record and closure by the middle of August.

Work has been ongoing in the PTR Team to review the historic incidents and complete the necessary documentation for closure. This has involved working with Screening programmes to complete and submit outcome forms for outstanding Nationally reportable incidents and ensuring these are supported with comprehensive investigation reports and action plans. A total of six outcome forms were submitted for Bowel Screening Wales, one for Diabetic Eye Screening and one for Breast Test Wales between June and July.

A report of all open overdue incidents is run on a weekly basis by the PTR Team and shared with the Datix Super Users for each service area. The distribution list for circulating these incidents has also been extended to other senior members of Directorates to support with incident management closure. The ongoing overdue incidents are also shared monthly in the Datix Working Group and requests made to close overdue incidents is shared in the monthly PTR Newsletter.

The PTR Team have also initiated a review of the current reporting hierarchy and configuration within the Datix system. This is to ensure that the reporting and escalation structure of each Directorate is correct so that and the appropriate individuals are receiving Datix incident notifications, actioning them efficiently and progressing with appropriate actions for closure promptly. This is in addition to the routine actions taken by the PTR team to improve incident management which includes, offering incident and complaint Datix training sessions across the organisation. In July, the PTR team delivered a bespoke face-to-face training session for Breast Test Wales which saw 30 staff attend, increasing staff awareness and confidence to report incidents and complaints on the Datix system.

Quality and Clinical Governance

Work is ongoing to support the Putting Things Right team and wider organisation regarding incident categorisation. Early reviews and recommendations continue to ensure the most appropriate coding option is used in conjunction with highlighting incidents which require review by the Legal Support Manager for consideration of Duty of Candour.

This month there has been an increase in reporting relating to accessibility issues particularly for those attending for Diabetic Eye Screening (DESW) with additional needs (e.g. wheelchair access, moving and handling assistance and access to British Sign Language [BSL] interpreters/access to sites for BSL uses who are required to use intercom systems in some locations). These incidents are now leading to complaints into Public Health Wales. The Quality and Clinical Governance Manager and Head of Putting Things Right have had discussions with the Lead for Stakeholder Engagement in DESW to discuss and highlight these incidents and concerns. A further meeting is planned with Senior Nurses in DESW on 9 Aug 2023 to support improvement work.

Section 1: Governance and Accountability

Quality and Improvement

Quality and Clinical Governance (cont'd)

Ongoing work to support the Medical Devices Management Group and wider organisation to improve the quality of coding of medical device incidents. A retrospective review has been undertaken and will be working with those areas to review/analyse highlighted incidents and recode where appropriate. Early review and recommendation is also being undertaken for any equipment/ device incident to ensure the most appropriate coding option is used.

Working in collaboration with Cervical Screening Wales there is planned audit activity scheduled in quarter three to review the contributory factors for reasons why there are failures in the process of sample taking resulting in samples being rejected, to address and focus improvement activity.

Quality and Improvement

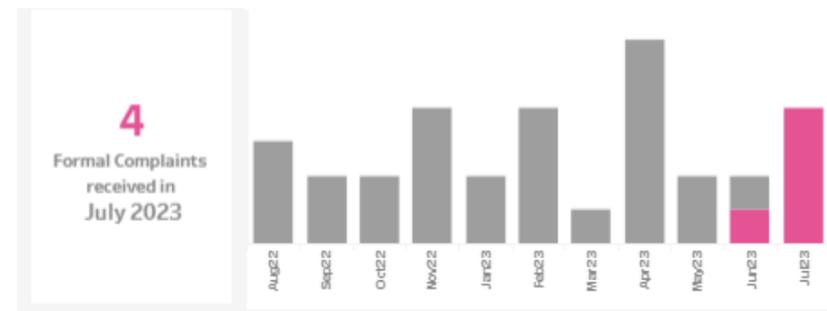
Nationally Reportable Incidents (NRI)

There were no Nationally Reportable Incidents reported in July 2023.

No Surprises Incidents (NS)

There were no 'No Surprises' Incidents reported in July 2023.

Formal Complaints



The latest figures for July 2023 show that four **formal** complaints were received in the following areas:

- Diabetic Eye Screening Wales (3)
- Newborn Hearing Screening Wales (1)

All complaints were acknowledged within the five working day timescale and are now under investigation or progressing through the Quality Assurance process.

One complaint received in Diabetic Eye Screening Wales related to a service user receiving an appointment letter for a clinic location over 90 miles away from their home. The service user attended the appointment which involved a five hour train journey, from their home in Llanelli to Welshpool. The investigation has concluded that this complaint is upheld and the appointment should not have offered at that location and was due to an administration error. Administration procedure have subsequently been reviewed and the case example shared with the team concerned to support learning.

The complainant has been offered re-imburement for their travel as part of their complaint.

A further complaint was received by Diabetic Eye Screening Wales from a participant who is dissatisfied with the screening appointment location that they have been invited to. This complaint is under investigation.

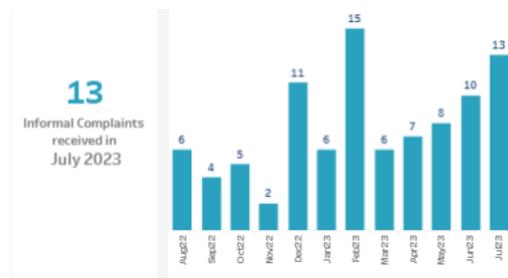
Quality and Improvement

Formal Complaints (cont'd)

Two complaints received by Diabetic Eye Screening Wales related to dissatisfaction with screening appointment locations and appointment scheduling during working hours. This complaint is currently under investigation.

A complaint was received by Newborn Hearing Screening from a child's mother raising concerns about their child's hearing test that was completed soon after birth. The child has since been diagnosed as deaf in one ear. The matter was investigated and concluded that this complaint is not upheld as the test was conducted in accordance with New Born Hearing Screening Wales protocols and signposting. This complaint response is progressing through the quality assurance process.

Informal Complaints



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

- Abdominal Aortic Aneurysm Screening Wales (1)
- Bowel Screening Wales (1)
- Breast Test Wales (2)
- Diabetic Eye Screening Wales (8)
- Health Protection (1)

Informal Complaints (cont'd)

62% (8) informal complaints were resolved locally within the 48-hour target. 38% (5) were resolved outside of the 48-hour target due to the requirement for further enquiries and also being unable to contact the complainant during the 48-hour timescale.

Retrospective June Complaint Performance Review

There were two formal complaints received in June 2023.

Both complaints were responded to within the 30-working day target. One complaint acknowledgement was missed due to delay in the complaint being logged on Datix and highlighted to the Putting Things Right team.

One complaint was received in Diabetic Eye Screening Wales from a service users husband who was dissatisfied with the screening appointment location his wife was invited to. The investigation concluded that this complaint was upheld.

One complaint received in Cervical Screening Wales related to a participant receiving telephone calls to arrange cervical screening appointments. The investigation found that the telephone number for a GP practice was incorrectly recorded by one digit, in the data feed from Digital Health Care Wales (DHCW) leading to the participants telephone number being supplied as the GP's number on the cervical screening invitation letters.

The investigation upheld the complaint and DHCW corrected the problem.

Section 1: Governance and Accountability

Quality and Improvement

Quality and Improvement

Compliments

During the month of July 2023, there were 85 compliments recorded in the Civica system.

92.94% of compliments reported were provided by members of the public (service users) with 5.88% from stakeholder/partner organisations and 1.18% from our staff group.

The Compliments, by theme, include 'beyond the level of care expected or anticipated' (87.06%), 'going the extra mile' (1.18%), 'dignity and respect' (1.18%) and 'communication' (3.53%). This month, 7.06% of compliments were listed as 'other'. Upon investigation, it is evident that these compliments should not have been coded using the 'other' theme as more accurate coding themes are available. This has been shared with service areas to support accurate reporting in the future.

The ratio of compliments to complaints for July 2023 is 21:1.

The Screening division remains the largest area for compliment recording.

Directorate	Number of Survey Responses
Screening Division	85

Claims

There were no new claims received in July 2023.

Currently, there are 20 confirmed claims open and three potential claims. Of the 20 confirmed claims, four of these claims relate to personal injury (three of which are staff claims), eight relate to Cervical Screening Wales, four Breast Test Wales, two Bowel Screening Wales, one Microbiology, and one Health Protection. All three potential claims relate to Breast Test Wales.

Redress

There were two new Redress cases opened in July 2023.

One Redress case was received in Bowel Screening Wales with concerns raised by a participant's family following the participants negative FIT test result shortly before they died. This case is currently under investigation with Bowel Screening Wales.

One Redress case received in Breast Test Wales alleges a misinterpretation of their previous mammogram . This case is currently under investigation with Breast Test Wales.

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 the length of time it took the TB screening process in Llwynhendy to notify those potentially affected in the community. 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 1 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 to June 2023 and will continue monthly. Also, a Duty of Candour Policy and Procedure is available 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 in the Screening Division. The Duty of Candour process was implemented, the incident investigated and is now complete with Datix record closed.

Strategy Delivery

Progress against delivery of IMTP milestones

IMTP 2023/24 – Month 3 Reporting

Overview

As at Month 4 of [IMTP 23/24 reporting](#), we are reporting 93.5% of all milestones are currently reported as green or complete. This is a reduction of 1.3% from last month.

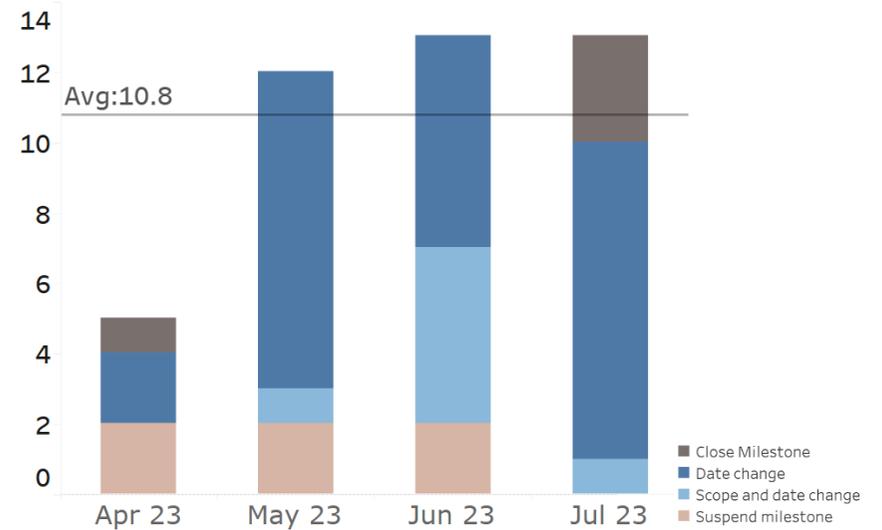
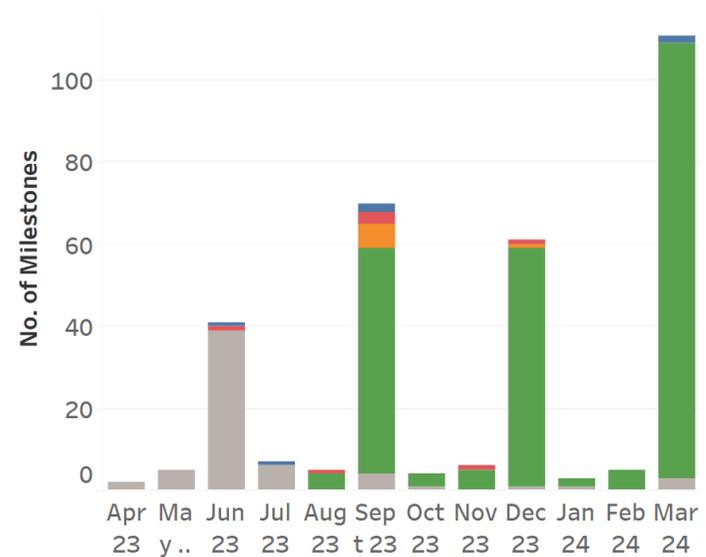
An additional 8 milestones were completed this month, which brings the total to 62 milestones, 19.31% of the plan.

Nine additional milestones moved to a RAG status of Amber or Red this month. The majority of these milestones are currently scheduled to be delivered in Q2.

Thirteen requests for change were received in month 4.

Annex A provides the rationale for these, which the Executive Team are asked to consider and approve.

See **Annex** for further details.



Progress against delivery of IMTP milestones

IMTP 2023/24 – Month 4 Reporting

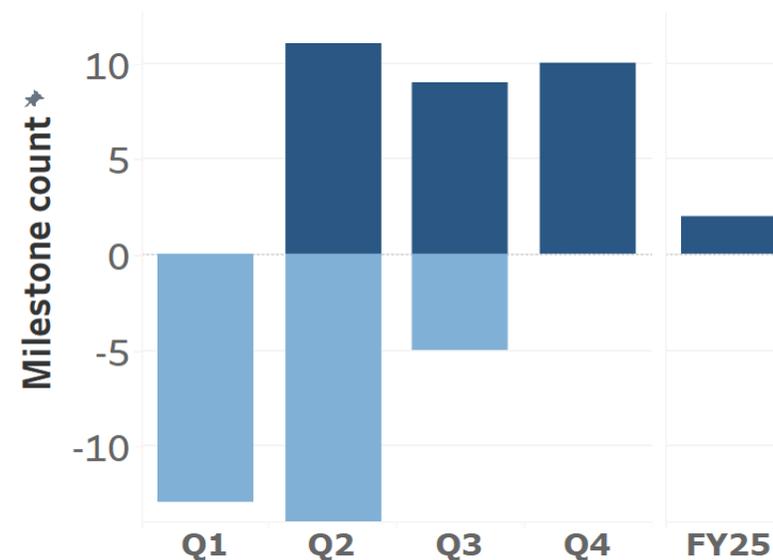
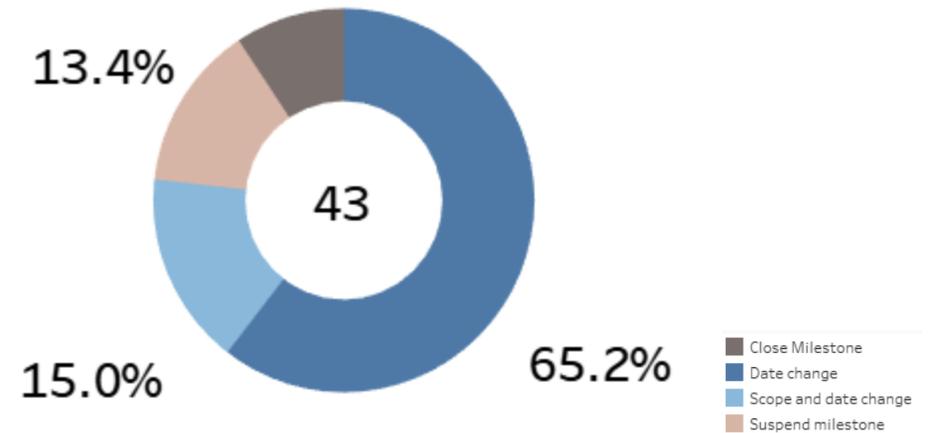
Insights

So far this year 12% of milestones have received an RFC, which is an average of 10.8 per month.

There have been 23 milestone date changes, which has resulted in delivery moving to later in the year or next financial year. The impact of these date changes is shown in the next chart.

As a result, there are now on average 10 additional milestones in each of the remaining quarters for 2023/24.

The light blue bar shows the reduction of milestones with delivery dates in the relevant quarter, and the dark blue above show the increase in each quarter.



Annex - Progress against delivery of IMTP milestones

Month 4 IMTP Milestones in Focus

Requests for change submitted for approval

Priority area	Milestone	BRAGG Status	Request for Change Submitted for Approval	Mitigation Action
Milestone has fallen behind schedule				
Delivering excellent public health services to protect the public and maximise population health outcomes	Developed and implemented workforce planning for breast screening programme focused on addressing clinical gaps in North Wales (30/09/23)	Red	Date change to 31/03/24	Delay in recruitment to the vacant Breast Clinician (5 sessions) post in the Llandudno area following withdrawal of candidate. Work needs to be undertaken with Betsi Cadwalader to identify suitable candidates. Reduced medical workforce will impact on overall Screening Activity in North Wales which may lead to a possible reduction in screening activity (mainly July and August). A locum radiologist will be in post from 01 August 2023 and a 0.8 wte trainee breast clinician will be in post from 04 September 2023.
Enabling the successful delivery of our strategy	ISO 140001 accreditation fully achieved within Public Health Wales	Red	Date change to 31/03/25	Following ISO 14001 Accreditation being achieved for three of our sites, given the amount of work required to become accredited, this will not be possible to cover Screening and Microbiology. A paper for consideration outlining the next steps will be considered by the leadership team in September 2023.
Promoting Healthy Behaviours	Epidemiology and Harms from cannabis report published (30/06/23)	Red	Date change to 29/12/23	Additional work has been commissioned to supplement routinely available data which has caused a delay in finalising this work. Work is now underway.
Supporting the development of a sustainable health and care system focused on prevention and early intervention	Launched behaviour change toolkit and supported spread of safety improvements in the Safe Care Collaborative (30/09/23)	Red	Scope and date change to 28/02/24	A redesigned workplan for the delivery of this intervention has pushed timescales further back in the year to ensure the correct engagement and response to the systems winter pressures. As a result there will be greater ability to be able to engage target audience in scoping activities in order to launch and then evaluate the toolkit. Workforce plans to support ongoing work and building capacity are in development.

Section 2: Strategy Delivery

Annex - Progress against delivery of IMTP milestones

Month 4 IMTP Milestones in Focus

Priority area	Milestone	BRAGG Status	Request for Change Submitted for Approval	Mitigation Action
Milestone has fallen behind schedule				
Enabling the successful delivery of our strategy	International Health Strategy refreshed supporting international learning and community of practice across the organisation (31/08/23)	Red	Date change to 30/11/23	The IH strategy has been reviewed by SBET with feedback being actioned. The content will be ready in word format by in time for BET and Board approval in September as per the organisations approach to enabling strategies but publication will be later to allow time for the document to be designed and translated.
Enabling the successful delivery of our strategy	Embedded stakeholder engagement offer for internal clients to ensure consistent stakeholder management and engagement principle are applied across the organisation for key service changes, announcements and OD change (01/09/23)	Red	Date change to 30/09/23	Delivery more likely to be end of Q2 because of annual leave and other urgent news teamwork. There will be no operational impact
Enabling the successful delivery of our strategy	Refreshed and revived Management and Leadership Framework launched (31/12/2023) Rollover milestone	Red	Date change to 31/03/2024	This framework will be shaped by the evaluation of the pilot of the PHW leadership and management academy. This pilot will not end until Jan 2024 and then needs to be evaluated.

Annex - Progress against delivery of IMTP milestones

Month 4 IMTP Milestones in Focus

Priority area	Milestone	BRAGG Status	Request for Change Submitted for Approval	Mitigation Action
Milestone has the potential to fall behind schedule				
Promoting Healthy Behaviours	Report published on maximising the opportunity of the school meals system to promote population health and reducing inequalities (30/09/23)	Amber	Date change to 30/11/23	Initial report has been received but further work is needed, along with a range of challenges relating to the national oversight of the review of school food regulations have resulted in unexpected delays. This has caused a delay in producing this product which has limited impact due to the delay in the Welsh Government programme.
Promoting Healthy Behaviours	Piloted an evidence-based assessment tool for the healthy weight pathway (30/09/23)	Amber	Date change to 24/11/23	This work requires the completion of a review, which has not yet been finalised, due to late return of information from health boards and due to other priorities in relation to the Food Environment Legislation. There will be a slight delay in commencing the work the impact is not thought to be material
Enabling the successful delivery of our strategy	Developed a strategic and systemic approach to employee engagement which is evidence based and an action plan for how this will be delivered. (29/12/23)	Amber	Date change to 31/03/24	The date of the all Wales NHS staff survey has been pushed back to Autumn 2023 meaning the work which needs to be undertaken to meet this milestone won't commence until Q4 . Work on other elements of the systematic approach is ongoing - culture for example.

Month 4 IMTP Milestones in Focus

Priority area	Milestone	BRAGG Status	Request for Change Submitted for Approval	Mitigation Action
Closed Milestones				
Tackling the public health effects of climate change	Promoted and embedded the Public Health Wales Decarbonisation Action Plan within the organisation, to ensure trajectory towards Welsh Government ambition of achieving net zero by 2030 (30/09/23)	Green	Close milestone	This is a duplicate milestone and closing this milestone will have no impact on the work.
Enabling the successful delivery of our strategy	Undertaken the NHS Wales Staff Survey and develop required organisational actions, in partnership with staff side colleagues, staff networks and directorate/divisional leads (31/03/24) Rollover milestone	Green	Close milestone	This is a duplicate milestone as this has been incorporated in our 23/26 plan. Closing this milestone will have no impact on the work.
Enabling the successful delivery of our strategy	Reviewed our processes and policies to identify areas of tension and opportunity with the management and leadership framework (31/03/24) Rollover milestone	Green	Close milestone	This is a duplicate milestone as this has been incorporated in our 23/26 plan. Closing this milestone will have no impact on the work.

Annex - Progress against delivery of IMTP milestones

Month 4 IMTP Milestones in Focus

For information - milestone updates showing an amber status (no request for change submitted)

Priority area	Milestone	BRAGG Status	Mitigation Action
Milestone updates with no request for change submitted			
Supporting the development of a sustainable health and care system focused on prevention and early intervention	Publish 'Meeting health & well-being needs through social prescribing' outputs (30/09/23)	Amber	Welsh Government may ask for publication to be delayed to align with the publication of other products
Enabling the successful delivery of our strategy	Developed Real Time Suspected Suicide Surveillance reporting capabilities and rapid analytical pipelines (30/09/23)	Amber	The suite of products are on track. The pipelines are dependent on the delivery and outcomes of the RTSSS Alpha stage work. the Alpha has not yet commenced but is planned to run up to the end Oct 2023 – this activity therefore impacts the delivery of this milestone. The structured project plan is in place and lessons learned and outcomes from the Alpha will be incorporated as required. Regular review of all activities will be prioritised. Potential for delay of delivery into Quarter 3.
Enabling the successful delivery of our strategy	Aligned quality infrastructure to new quality stan First wave of I&I hub Improvement Coaching Completed (30/09/23)	Amber	Work still ongoing to align quality infrastructure to quality standards and new clinical governance framework going to QSIC for agreement. (I&I Hub coaching on track). This could lead to a delay in implementing quality standards across the organisation. Timescales to be agreed following QSIC approval of new plan.
Supporting the development of a sustainable health and care system focused on prevention and early intervention	Delivery of Improvement Cymru Communications & Engagement Strategy Rollover milestone	Amber	There is a capacity issue within Improvement Cymru owing to prioritising NHS Executive and Maternity Neonatal communications activity. A business case to support the increase in capacity in the comms team has been developed and is being reviewed by leadership team. There has also been a delay in finalising workforce plans owing to unexpected absence in the business and planning team



GIG
CYMRU
NHS
WALES

Iechyd Cyhoeddus
Cymru
Public Health
Wales

*Gweithio gyda'n gilydd
i greu Cymru iachach*

*Working together
for a healthier Wales*