

Performance and Insight Report

September 2023



People Governance



Financial Governance



Corporate & Information
Governance and Risks



Clinical Governance,
Quality, Safety and
Improvement



IMTP Milestone
Delivery & Strategic
Programmes



Climate Change



Service Delivery

Governance and Accountability



People Governance

Section 1: Governance and Accountability

Sickness Absence



Decreased by **0.41%** in September 2023
We continue to see an **improving trend** compared to the near 6% peak at the end of 2022.

12 Month Rolling Absence



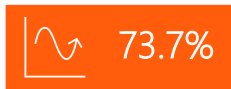
Remains **above** the national target with a range of circa 4%-4.5% evident over the past two years.



Appraisal and Development Reviews



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



Achieving appraisal compliance remains a **challenge** for the organisation with limited improvement shown over the last 12 months.

Additional assurance is provided in the focus area on pages 4-5.

**IN FOCUS**

Statutory and Mandatory Training



Remains **above** target in September 2023.



All Directorates with the exception of Board and Corporate (76.5%) are **exceeding target**.

The modules reporting lowest completion are Foundations in Improvement (67.6%) and Paul Rudd Learning Disability Awareness Training (77.9%).



In Focus: Appraisal and Development Reviews

Section 1: Governance and Accountability

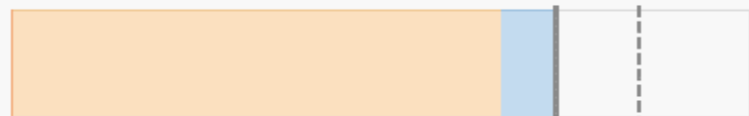
Compliance Performance

Challenges remain to achieve compliance against the 85% Welsh Government target and our 90% organisational ambition.

Whilst the re-introduction of pay progression had a positive impact temporarily in the Autumn 2022, limited improvement has been shown since.

Performance has remained relatively static since the start of 2023 as can be seen in the trend chart below.

73.7%
of reviews completed within 12 months
vs a target of 85%



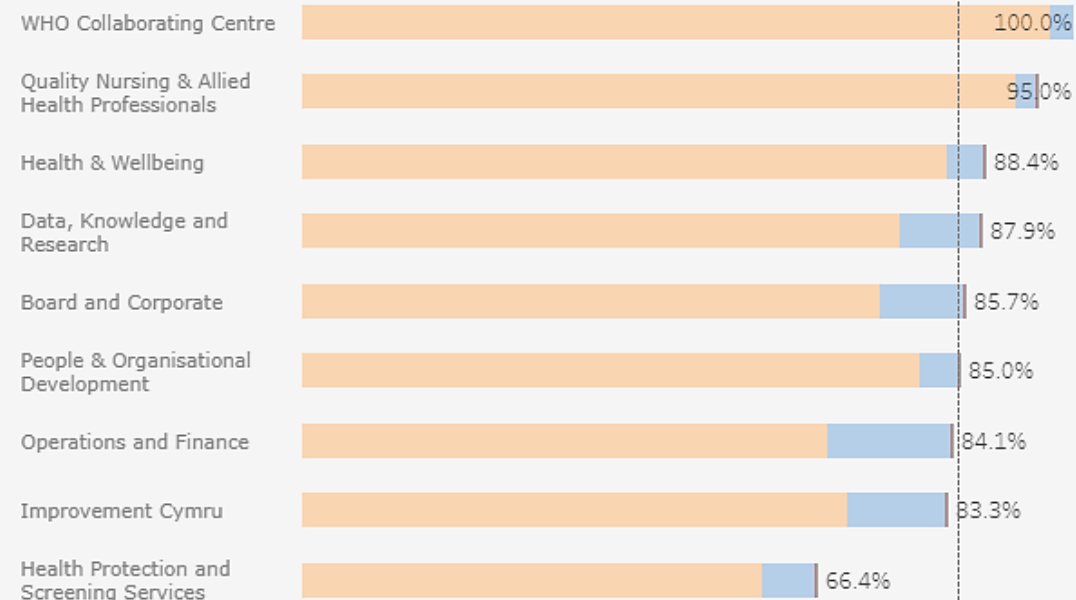
Grey lines – current compliance vs target
Blue – appraisals due in next 3 months

[Dashboard](#)

Compliance by Directorate

Latest figures show that only five Directorates are achieving compliance with the national target.

There is also a significant range in compliance across our Directorates ranging from a high of 100% in Policy and International Health, WHO Collaborating Centre to a low of 66.4% in Health Protection and Screening Services.





In Focus: Appraisal and Development Reviews

Section 1: Governance and Accountability

Improvement Actions

My Contribution remains a key part of our Corporate Induction resources and the Line Manager Induction Pathway. The My Contribution Policy was recently reviewed and is now in the approval phase.



Communications about mid-year reviews

Communications about mid-year reviews went out to managers on Wednesday 27th September and to all staff via the weekly newsletter on Monday 2nd October.

An intranet news article has also been published to remind all staff of the requirement to undertake My Contribution mid-year reviews and recording dates in ESR. Including info on:

- ❖ My Contribution Toolkit
- ❖ e-learning
- ❖ SharePoint pages
- ❖ drop-in sessions



Quality Audit (planned for Quarter 4)

We will survey a sample of the organisation to measure the quality of My Contribution conversations. This will help inform what further action is required to support line managers and their direct reports with My Contribution.

We will identify priority areas (where compliance is low) and work with them to understand barriers to undertaking and recording My Contribution and to identify, and offer, further support as required.



Review of the My Contribution Toolkit (starting in October 2023)

The My Contribution Toolkit review is underway to ensure that content is still relevant and fit for purpose.

Any required improvements, including the development of new resources, will be actioned over the coming months.

During October, the Workforce Systems team will undertake further analysis of appraisal activity trends to identify an appropriate improvement target for the end of the financial year. This analysis will be shared in next months report.



Financial Governance

Section 1: Governance and Accountability

Revenue Position



Break-even

-£124k
YTD£0k
Forecast

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

Capital Position

£1.8m
Allocation£1.8m
Forecast£0.62m
Committed

The capital forecast is **breakeven** with 34% of our allocation committed at month 6. This is in line with the capital spending plan.

Agency Spend as A Percentage of Total Pay Bill

Below
3.4%2.4%
YTD2.4%
Forecast

Forecast to deliver the year-on-year reduction target

Public Sector Payment Policy (PSPP)



95%

96.74%
YTD95%
Forecast

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

NHS Wales Financial Position

Following the communication from the NHS Wales Chief Executive regarding the financial pressures across NHS Wales, the Trust submitted its proposed **non-recurrent savings of £3.453m** on 11th August. The £3.453m is held centrally while we await a response from Welsh Government.

We will continue to review our financial forecast and our ability to consider further opportunities to support the wider NHS.

At Risk Income

Our financial plan continues to assume non-confirmed funding for Screening Recovery of **£0.979m** for 2023/24 and **£0.934m** for 2024/25.

Recurrent allocations for the 2022/23 and 2023/24 pay awards have not yet been confirmed by Welsh Government and are still outstanding.

*Click to access the latest
detailed report*

**FINANCE
REPORT**



Corporate & Information Governance and Risks

Section 1: Governance and Accountability

Corporate Governance

Annual General Meeting

The Annual General Meeting (AGM) of the Public Health Wales Board took place on 28 September 2023 which forms part of our statutory requirements.

Our Annual Report and Audited Accounts were presented at the AGM. It provided an opportunity to review our 2022/23 achievements across the breadth of our many roles and responsibilities, and in discussing the opportunities and challenges ahead.

Wales Health Circular Compliance

For the period 1-30 September 2023:

Number of WHC received	6
Current total for this year (1 April to 30 Sept)	27 of which 20 confirmed applicable to PHW
Total in progress	11
Total confirmed compliance	9

Corporate Policies Compliance

In total there are currently 19 of Policies / procedures out to [consultation](#) / going through the appraisal process.

Directorate	Total	In date
Board Business Unit	9	56%
Health Protection and Screening	7	43%
Knowledge	2	100%
Operations and Finance	31	58%
People and OD	25	56%
QNAPS	44	84%
Total for PHW Policies	118	67%
All Wales Policies	25	28%

Audit Assurance

The following Audits have been finalised this month:

- [Audit Wales Screening](#) and [management responses](#).
- [Audit Wales – Structured Assessment Management responses](#).
- [Internal Audit Progress Report against 2023/24 Work Plan \(Sept\)](#)
- [Progress Update on Actions for Population Health Grants Internal Audit Report \(Limited Assurance\)](#)



Corporate & Information Governance and Risks

Section 1: Governance and Accountability

Information Governance

Freedom of Information Act

18 requests were received in August 2023.



20 days



4
exceeded

Two of the delayed responses involved engaging exemptions which required the public interest test to be carried out, which means that the 20 day deadline can be extended.

Additional resource has now been recruited to help improve compliance.

Data Protection (Subject Access) Requests

Six requests were received in August 2023.



1 month



0
exceeded

The average response time during the period was 13 days.

Personal Data Breaches

Reported	Escalated
4	2

Two of the data breaches required reporting to the Information Commissioner (ICO)

Additional assurance is provided in the focus area on pages 9 -10



IN FOCUS

Mandatory Information Governance Training



85%



89%

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



In Focus: Personal Data Breaches

Section 1: Governance and Accountability

Two incidents were reported to the Information Commissioner during the latest quarter with no regulatory action required:



Supplier Data Security

This breach was reported when one of our suppliers went out of business without warning.

This was reported as a PDB as it was not possible to confirm the security of the data involved.

It was subsequently confirmed that all data are secure and the ICO was informed. The ICO have in turn confirmed no further action required by them.



Supplier Framework Document

This breach was reported for an error in handling a framework document for suppliers.

The ICO has been notified and we await their decision following their investigation.



In Focus: Personal Data Breaches

Section 1: Governance and Accountability

Key Challenges

There has been a steady increase in data breaches since reporting started in 2018. Whilst the complexity of investigations is a challenge, the inability to release staff across the organisation to carry out investigations and other Information Governance related incidents is a key issue for the organisation.

Investigating Officers have been sourced externally for recent incidents to ensure appropriate investigations are being completed.

The lack of available staff internally to undertake investigations impacts the timeliness of the learning available to inform improvement and enable the organisation to better deliver on its objectives.

One of the first queries raised by the Information Commissioner when investigating a data breach is to confirm the mandatory training status of people involved.

It is therefore important to ensure all staff have undertaken Information Governance mandatory training (89% compliance).

Improvement Actions

Whilst the vast majority of incidents are very low risk breaches of GDPR provisions, which present little or no risk to the data subjects.

The following recommendations have been approved by the Business Executive Team and actions have been taken forward to drive improvements and reduce the likelihood of data breaches further:

- 🎯 Improving security in the use of email
- 🎯 A more holistic approach to Information Governance and Security
- 🎯 A new Policy Framework for Information Governance
- 🎯 A new approach to Information Governance training

Following changes in January 2023 to the Datix incidents module, a new IG management review section is required to be completed for all incidents that have IG considerations.

A review of organisational mandatory IG training is currently underway.



Corporate & Information Governance and Risks

Section 1: Governance and Accountability

Strategic Risks

No risks have been identified for escalation or de-escalation at month 6 with the latest delivery confidence assessment for each risk below:

	Strategic Risk	Current Score	Target Score
1	There is a risk of worsening health in the population of Wales, particularly among vulnerable populations	20	9
2	There is a risk of ineffective system-wide efforts to improve health and wellbeing by organisations across public, private and third sectors	16	6
3	There is a risk that people in Wales are insufficiently engaged and enabled on action they can take to improve their health and wellbeing	12	6
4	There is a risk of weakness in our organisational health, including our culture, capacity, capabilities and governance. Caused by sub-optimal leadership, management and engagement	16	6
5	There is a risk that we insufficiently prevent, plan for and respond to emerging external threats to public health	12	6
6	There is a risk that we fail to deliver excellent public health services, including on screening, infection and health protection	9	6
7	There is a risk to delivery of public health services and the inappropriate release of confidential data	20	12

Corporate Risks

The Executive Team has delegated oversight of the Corporate Risk Register to the Leadership Team.

The current Corporate Risk Register details the six highest-level operational risks that are being managed on a day-to-day basis by Executive Directors.

The Leadership Team carried out a deep dive into these risks and a number of actions were agreed for follow-up by the Assistant Director of Integrated Governance. In addition to this a proposal is being drafted to ensure that there is clarity in the process for de-escalation and escalation of corporate risks going forward.

An update on both will be provided to the Executive Team in November. 2023.

*Click to access the latest
detailed review*



**STRATEGIC RISK
REGISTER**



Clinical Governance, Quality, Safety and Improvement

Section 1: Governance and Accountability

Clinical Governance Framework

Public Health Wales has developed a Clinical Governance Framework, approved by the Business Executive Team and Quality, Safety and Improvement Committee in September 2023.

Clinical Governance is a shared Executive level responsibility between the Executive Director of Quality, Nursing and Allied Health Professionals and the Executive Director for Health Protection and Screening Services and Medical Director.

Both will oversee the management of clinical governance arrangements in Public Health Wales. To be accountable for health and care quality arrangements, a health and care organisation is required to manage:

- ❖ the quality and safety of care and services provided by its staff
- ❖ the organisation for the ultimate purpose of continually assuring
- ❖ improving the quality and safety of services for the public.

The Framework will require a period of implementation and will shape the basis of our clinical governance performance reporting. Directorates will ensure that they have agreed clinical governance measures and agreed data sets in place to monitor performance.

We will monitor, report, and escalate indicators through our governance structures to ensure that appropriate action is taken at every level in terms of learning, improvement, and accountability.

How will we know we're accountable?

Clinical Governance Framework implementation plan to be developed.

Planned measures to be reported under the STEEP Quality Standards – Safe, Timely, Efficient, Effective, Equitable, Person Centred





Clinical Governance, Quality, Safety and Improvement

Section 1: Governance and Accountability

Duty of Candour Incidents

Incidents

1

Combined DOC case with the lead reporter and investigator Cardiff & Vale UHB

Nationally Reported Incidents & Early Warning Incidents

No Nationally Reportable or **no** Surprises Incidents

One Early Warning Incident reported

Incident Management

30
days

Improvement in performance compared to the 52% closed in August 2023.

74%
closed

79 incidents with a current 'open' status of more than 30 days, the oldest incident is in Cervical Screening Wales (November 2022), which has now been reported as an Early Warning.

9% (14) of incidents were closed between 31-60 days, with the delays resulting from investigation which often require liaison with external /partners or agencies.

Additional assurance on various areas are provided in the focus area on pages 14-16.

**IN FOCUS**

Complaints

Formal

6

Informal

10

Formal - Four in Diabetic Eye Screening, one in Policy & International Health, WHO Collaborating Centre and one in Breast Test Wales

Informal – Ten across screening services

Compliments

September

34

The ratio of compliments to formal complaints was **19:3**. This compares to 54 compliments in August and a ratio of 27:1

Claims

Confirmed

18

Potential

4

One new potential claim received in September in Cervical Screening Wales. This is in line with August data

Redress

September

1

One Redress case received in September compared to none during the previous month



In Focus: Incident Management

Section 1: Governance and Accountability



Duty of Candour Incident

One combined Duty of Candour (DOC) incident involving Public Health Wales in September 2023, with the lead reporter and investigator Cardiff and Vale University Health Board (CVUHB).

The DOC case relates to a patient admitted to CVUHB in September 2023 with unusual infection symptoms. Following admission it was reported that samples from this patient had tested positive for an organism since May 2023, and the clinical team responsible for the patient had not identified or acted upon.

There were missed opportunities by the microbiology team to highlight the result and provide specialist advice to the clinical team to interpret a result that is rarely encountered in clinical practice.

PHW continues to support CVUHB with the ongoing investigation and learning. The final DOC report and learning will be submitted by CVUHB.



Early Warning Incident

One Early Warning Incident reported in September 2023 which related to Cervical Screening Wales (CSW). In November 2022, a data quality assurance review was carried out which identified that there could potentially have been inappropriate discharges.

The review was expanded from the Countess of Chester Hospital (COCH) and it was established that staff were not following CSW standard operating procedures and that there were wider issues affecting Betsi Cadwaladr UHB colposcopy service.

As a result of this, 2,400 participant records were manually reviewed to ensure that their discharge from colposcopy was appropriate.

By August 2023, 2,320 records have been checked with no evidence of harm identified. The remaining 80 records are currently being reviewed, with 40 records requiring additional information from COCH and further 40 participants requiring clinical review to ensure they are being managed appropriately by the programme.



In Focus: Incident Management

Section 1: Governance and Accountability

Improvement activities underway:



Incident Categorisation

Work continues to support the correct **incident categorisation** within the Datix system.

Early reviews and recommendations continue to ensure the most appropriate coding option is used.



Incident Standardisation

Focused review undertaken in Diabetic Eye Screening of complaints received between June – August 2023. Issues identified included **standardising incidents** reporting for locations that are not suitable for participants and agreed to continue to monitor going forward.

Clinical Governance and PTR team to meet and take a proposed format forward of standardisation of incident categories to improve reporting/ triangulation of incidents and then disseminate to all teams.



In Focus: Incident Management

Section 1: Governance and Accountability



Microbiology Incidents

Increase in the number of **microbiology incidents** referred on to the Legal Support Manager due to sample processing errors, to ensure no adverse outcomes or for consideration of Duty of Candour.

Focused meeting with microbiology planned for 10 October 2023 to review these incidents and identification of themes and trends.



Cervical Screening Incidents

Ongoing improvement work with Cervical Screening Wales includes:



Retrospective review and data analysis of rejected samples over a 5-year period to identify sample takers/ GP Practices/ Health Boards numbers. Provisional dashboard shown to CSW, refinement of this dashboard is required.



Quality and Clinical Audit: Audit planned to review the contributory factors in sample process failures resulting in samples being rejected, to inform improvement activity. This is being undertaken by the quality lead for CSW and will be complete by Q3.



Quality and Clinical Audit: Small scale audit undertaken in the south-east region to assess the number of participants who had a sample rejected and had returned within 6 months for a repeat sample procedure.

Findings noted that the return rate at 6 months was poor. However due to very small sample size, CSW have agreed for audit to be further developed to include review those returning at 9 months, 12 months and spread across their other geographical areas.



People Governance



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Climate Change



Service Delivery

Strategy and Delivery



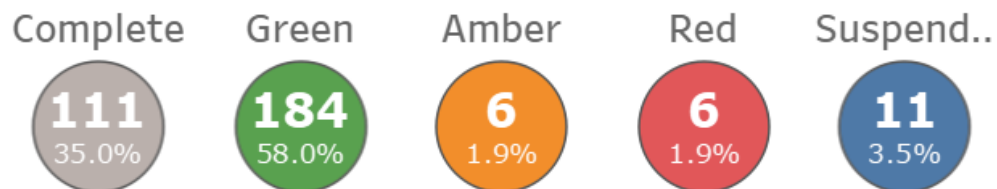
IMTP Milestone Delivery & Strategic Programmes

Section 2: Strategy and Delivery

Progress against delivery of IMTP Milestones

42 additional milestones were completed in September. This brings the year-to-date total completed milestones to 111 (35% of all milestones within the Plan).

Of the remaining milestones for completion, approx. 90% are currently reported as green. An overview of progress as at September 2023 is provided below. Further detail is provided in the PAD dashboard.



A total of 10 requests for change have been submitted for approval this month. This includes 5 of the 6 current red milestones, which have requested to extend the delivery date or change scope. It is anticipated the 1 remaining red milestone will submit and RFC in the next reporting month.

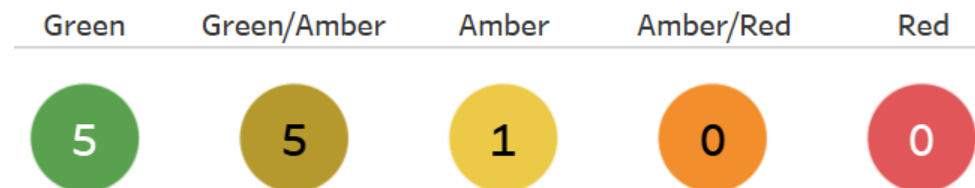
Click to review the **requests for change** which the Executive Team are asked to consider and approve.

[Dashboard](#)

Strategic Change Programmes

11 Tier 1/2 change programmes have been identified within our IMTP. From this month, each Programme will report a Delivery Confidence Assessment (DCA) to provide a holistic assessment of delivery covering all aspects of the programme.

Overall delivery confidence of our strategic change programmes is high with 10 out of 11 reporting a green or green/amber status. The current status of each programme is set out below.



In relation to the one programme reporting as amber, Aligning to the National Immunisation Framework Programme has flagged concerns about sustainable funding, which have been escalated to the National Director for Health Protection and Screening Services.

Click to access the latest
Strategic Change Programme
Dashboard

[Dashboard](#)



In Focus: IMTP Milestone Delivery

Section 2: Strategy and Delivery

Changes to Plan

A significant number of milestones within our baselined IMTP were identified for delivery in quarter 4 (see figure 1). In the first half of 2023/24, 18% of all milestones have received an RFC, with the majority of these requesting a date change. This has resulted in 52 milestones moving to later in the year or to the next financial year.

Figure 2 shows the in year movement of milestones - the light blue bar shows the original delivery quarter and the dark blue the new delivery quarter. This move to the right has resulted in an increase of 36 milestone due for delivery in the remaining two quarters further increasing the number of milestones due for delivery in the second half of the year.

Figure 1: Number of IMTP milestones due for delivery by quarter

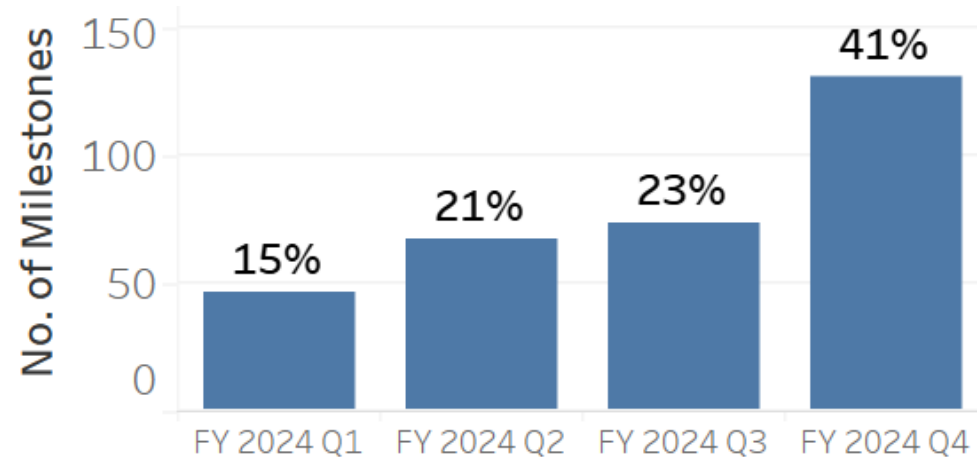
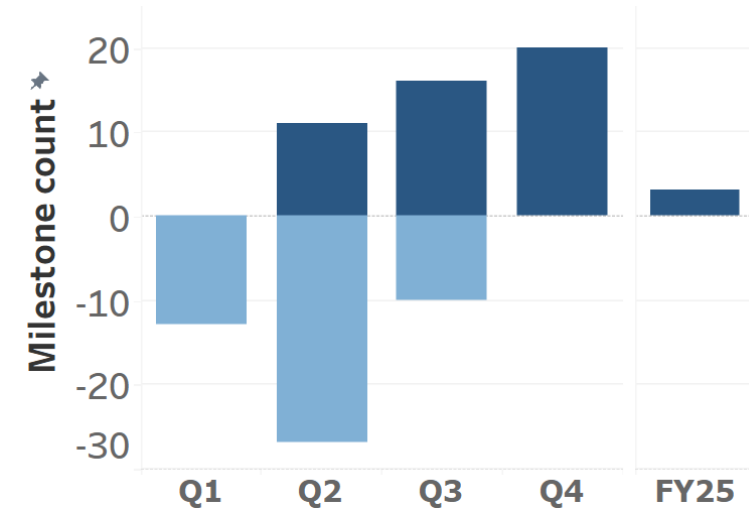


Figure 2: Milestone movement in year as a result of RFCs





In Focus: IMTP Milestone Progress & Key Achievements

Section 2: Strategy and Delivery

Health & Wellbeing

- ❖ Implementation of key action within PC Obesity Prevention Action Plan 2022-24
- ❖ Developed an implementation plan and governance arrangements for the maternal smoking cessation work stream of the Tobacco Control Delivery Plan 2022-2024
- ❖ Scoped and reviewed the suite of once for Wales solutions, resources and support for primary care and clusters
- ❖ Developed national monitoring tools for the All-Wales Diabetes Prevention Programme
- ❖ Published findings from insight and engagement work with communities on mental well-being

Health Protection & Screening Services

- ❖ Initiated syndromic testing commercial tender for rapid molecular testing including respiratory, Gastrointestinal (GI), Blood Borne Virus (BBV), T&O and Sexual Health related pathogens
- ❖ Stood up our Public Health Genomics Programme
- ❖ Progressed a vaccine equity strategy with expansion to additional vaccination programmes
- ❖ Implemented the Low-Risk Recall Pathway in Diabetic Eye Screening in line with UK NSC recommendations

Policy & International Health, WHO Collaborating Centre

- ❖ Developed resources to support Welsh public bodies to fulfil their Serious Violence Duty, including guidance on SNA, data analysis and violence monitoring
- ❖ Public Health Wales' first Social Return on Investment (SROI) completed to support sexual health prevention and enhance value-based approaches use across Wales
- ❖ Reported on the rising cost of living and health and well-being , informing public health policy and practice and the prevention of childhood adversity

Improvement Cymru

- ❖ Agreed training schedule with Cancer network
- ❖ Developed a plan on how Wales is represented and contributing to the UK improvement approach to safety
- ❖ First wave of Innovation and Improvement Hub launched

Enabling Functions

- ❖ Implemented research & evaluation strategy
- ❖ Completed the development, and gained agreement of a Clinical Governance Framework for Public Health Wales
- ❖ Digital, Data & Research Strategy agreed
- ❖ Articulated a compelling employee value proposition and a roadmap through which to deliver it



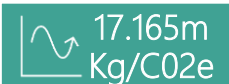
Climate Change

Section 2: Strategy and Delivery

Decarbonisation in Public Health Wales



Net zero
2030



17.165m
Kg/C02e

Over 90% of our emissions are generated by our supply chain. There are a number of caveats associated with the measurement of our emissions which are described within the decarbonisation focus area.

Our **Decarbonisation Action Plan** published in April 2024 contains 75 actions. The latest [Decarbonisation Progress Report July 2023](#) shows:

Completed	On Schedule	Behind Schedule
26	45	4

Our latest bi-annual Decarbonisation Qualitative Return was submitted to Welsh Government in April 2023 and received an **amber** progress rating. Feedback focused on a need for greater clarity on risk management and greater evidence on progress against The Action Plan.

The 2030 net zero target is an extremely challenging one and will require **significant change** in the way we think, operate and make decisions.



IN FOCUS

Climate Change as a System Leader

The World Health Organisation (WHO) declared climate change to be the single biggest health threat facing humanity (October 2021). The Welsh Government declared a Climate Emergency in 2019 supported by members of the Senedd.

As an organisation, we currently play a key role in a number of areas to address climate change and directorates across the organisation are delivering key work to lead and support the public health system.

Key progress to date includes:

Three of our nine IMTP milestones in relation to climate change have been completed as at the end of September 2023. The remaining six milestones are all RAG rated green

Development of Climate Change Programme Board, including broader engagement across Directorates and refining of vision

Publication and dissemination of the Climate Change Health Impact Assessment for Wales

Review of Climate Change surveillance for Wales undertaken, including engagement with key partners



In Focus: Decarbonisation

Section 2: Strategy and Delivery

Decarbonisation Measurement

Public Health Wales annually calculates and submits its carbon footprint to the Welsh Government against five key emission sources (Units of kgCO₂e):

Buildings	Transport	Waste	Supply Chain	Land Use
677k	780k	83k	15,625k	783k

Supply chain is the most significant emissions source, accounting for over 90% of emissions.

Public Health Wales follows the Welsh Government prescribed approach to calculating supply chain emissions. The Welsh Government have recognised that supply chain emissions are very uncertain, as they are based on a screening assessment method and that this estimate needs to be improved over time through the development of more accurate methods.

Our reported carbon footprint will be impacted by the following in future:

- Changes to non-recurrent expenditure, such as COVID spend.
- Organisation growth.
- Service transfers such as Improvement Cymru.
- Developing methodologies for emission categories we are currently unable to calculate such as PHW staff commuting.

Decarbonisation Action Plan Progress

Our Decarbonisation Action Plan is required to be refreshed every two years. Our current plan was created in April 2022 and work is underway to develop our 2024 refresh.

Of the **four actions behind schedule** in our plan, two are associated with waste management, one with the provision of EV charging across PHW's sites and one with the impact of agile working on business travel. Further detail including revised delivery dates can be found in the [Decarbonisation Progress Report July 2023](#).

It is not possible to quantify the emissions impact of the actions in our Decarbonisation Action Plan. The development of the refreshed plan for 2024 will consider how the impact of planned actions can be quantified and measured but this is likely to remain very challenging and



Service Delivery

Section 2: Strategy and Delivery

Screening Services

The Bowel Screening Programme continued its optimisation and started inviting people aged 51-54 years olds and increase the sensitivity of the FIT test from 4 October.

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

Bowel Screening

Bowel screening timeliness colonoscopy remains below the 60% standard at 20.6% in July. This component of the pathway is delivered by Health boards and is under active review with the range at 1 week and 2 days - 14 weeks across Wales.

Coverage of the programme continues to achieve standard at 63.2%.

Breast Screening

Normal results met standard at 90.7 % of results within 2 weeks whilst timeliness of the assessment remains below standard with 11.5% of participants having assessment within 3 weeks of screening. Constraints in breast care nursing in South East has impacted capacity for assessment despite cross regional working and health board support. Plans are in action to improve resilience of team.

Round length within 36 months continues to fall short of standard at 21.2% against the 90% standard but is showing improvement which will continue.

Additional information is provided in the focus area on pages 25-26.

**IN FOCUS**

Diabetic Eye Screening

Diabetic Eye Screening coverage of reported results in last 12 months remains lower than the 80% standard at 28.4%.

To help reduce the backlog screening has been undertaken on Tenovus vans from September to improve access in areas that venues have been difficult to find.

The programme is taking forward the transformation work plan including actions presented in a paper considered at BET in June.

The timeliness of the results letters within 3 weeks of screen has improved and is now overachieving standard at 99.7%.



In Focus: Breast Screening Recovery

Section 2: Strategy and Delivery

Current Position

Programme inviting on average 15,875 participants per month over past 4 months and undertaking on average 11,440 screens per month. Average round length has reduced to 42.6 month in September..

Backlog which is defined as any eligible woman who has not had screening mammography within 36 months and 1 day of previous screen or invitation is reducing steadily and is 21,211 in September (comparison 40,844 in June).

Of which 20,399 women have not had screening mammography within 39 months and 1 day of previous screen.

Risks associated with delays



Clinical – An extended round length will increase the number of interval breast cancers. Breast cancers detected at a later stage are associated with greater morbidity and mortality



Reputational – There is the risk of adverse publicity around the service provision round length



Legal Challenge – There is the risk of litigation secondary to delayed diagnosis

Constraints to Recovery



Workforce recovery

Constraints in workforce capacity directly impact capacity and the end-to-end screening pathway. Difficulty experienced in recruiting to specialist clinical staff affecting timeliness of reading, arbitration and assessment clinics. Clinical staffing has improved in the South East but North Wales is at risk due to retirement and lack of suitable replacement for Llandudno centre.



Surgical Capacity

The end-to-end pathway needs to be considered to ensure participants diagnosed with breast cancer have prompt treatment and surgery. Therefore, the surgical capacity within Health Boards is an important factor to ensure service do not get overwhelmed.



In Focus: Breast Screening Recovery

Section 2: Strategy and Delivery

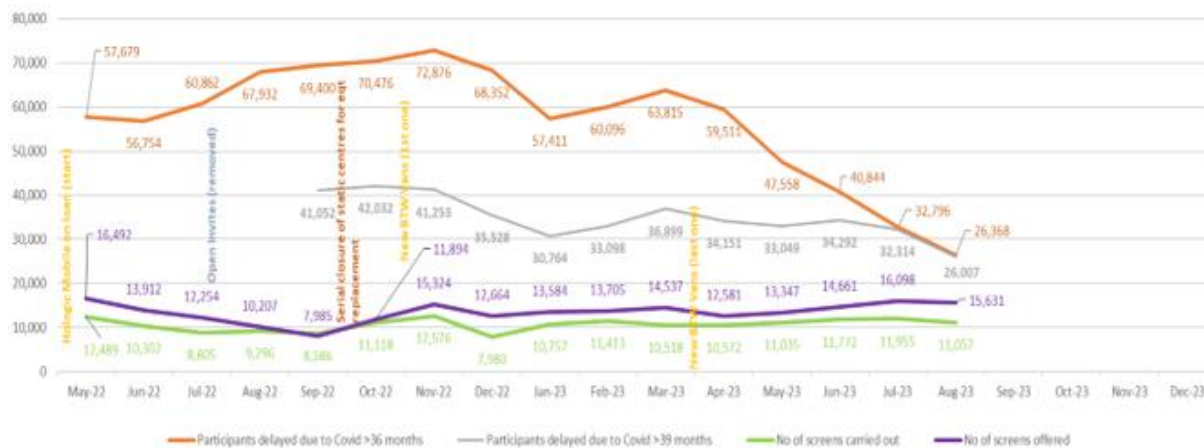
Recovery Plan

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

Detailed round length activity plan in place for all regions.

Mitigation of identified risks – continue to progress the recovery plan to recover the timeliness of screening offer and return to round length.

BTW Recovery



Actions



Staffing levels – maintaining increased establishment of screening posts ; continue established bank of previous staff to support capacity; screening at weekend; continued support from clinical staff working across the regions including enabling overtime in line with covid recovery; and recruitment of vacant medical positions (joint posts with Health Boards).



Screening mobiles located in areas of longest waits to focus activity to reduce round length



Failsafe lists for longest waits to focus on reducing round length.



Continue to work with Health Boards to inform capacity planning assumptions across Surgery, Pathology and Oncology to support the whole patient pathway.

Timescales for Recovery

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

If screening rates are maintained at the current level the backlog will be removed by **April 2025**. Work currently underway with Digital and Improvement Cymru colleagues to review backlog in detail to refresh plan.



Service Delivery

Section 2: Strategy and Delivery

Healthcare Associated Infections

Table 1. Current FY rate per 100,000 population of specimens by HB, Apr - Sep 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	32.77	1	17.72	58.51	21.06	3.68
	Betsi Cadwaladr UHB	38.96	0.85	23.6	77.06	20.47	6.26
	Cardiff and Vale UHB	22.99	2.78	29.73	67.79	22.99	5.15
	Cwm Taf Morgannwg UHB	27.57	2.22	31.57	92.03	24.01	3.56
	Hywel Dda UHB	45.16	2.57	24.12	108.8	28.23	8.21
	Powys THB	10.52	0	0	3.01	0	0
	Swansea Bay UHB	57.3	2.56	36.32	75.71	25.07	6.14
	Velindre NHST						
	Wales	35.53	1.83	25.24	75.09	22.46	5.17

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

System Leadership Role

The HCAI and AMR Programme (HARP) team provides ongoing COVID-19 and non COVID-19 related advice and support to Welsh Government and our NHS Wales partners including the production of a monthly HCAI dashboard

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

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

- ❖ Klebsiella sp bacteraemia has a reported rate of 22.46 per 100,000 (6% higher)
- ❖ E. Coli bacteraemia has a reported rate of 75.09 per 100,000 in Wales (7% higher)

The following all-Wales HCAI rates are reported as being lower than the equivalent year-to-date period in 2022/23:

- ❖ P. aeruginosa bacteraemia has a reported rate of 5.17 per 100,000 (15% lower)
- ❖ C. difficile has a reported rate of 35.53 per 100,000 (7% lower)
- ❖ S. aureus bacteraemia has a reported rate of 27.07 per 100,000 (4% lower)



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*Gweithio gyda'n gilydd
i greu Cymru iachach*

Working together
for a healthier Wales