

Agenda

11:30 - 11:35 1. Welcome and Apologies / Croeso ac Ymddiheuriadau

5 min

(5 mins)

Pippa Britton

Chair / Cadeirydd

Apologies/Ymddiheuriadau:

- **Meng Khaw**

*National Director of Health Protection and Screening Services and Executive Medical Director / Cyfarwyddwr
Cenedlaethol Gwasanaethau Diogelu Iechyd a Sgrinio a Chyfarwyddwr Meddygol Gweithredol*

11:35 - 11:35 2. Declarations of Interest / Datgan Buddiannau

0 min

Pippa Britton

Chair / Cadeirydd

11:35 - 14:05 3. Board Assurance Framework / Fframwaith Sicrwydd y Bwrdd





150 min

3.1. Chief Executive's Report / Adroddiad y Prif Weithredwr

11:35 - 11:50 (15 mins)

Tracey Cooper

Chief Executive / Prif Weithredwr

-  3.1 PHW 2025_01_30 - CE Report 01.2025.pdf (8 pages)
-  3.1 PHW 2025_01_30 - Attachment - JET Executive Summary - PHW Mid Year 2024-25 - 3.12.24.pdf (21 pages)
-  3.1 PHW 2025_01_30 - Attachment TC.JP.JET.04.12.24.pdf (8 pages)
-  3.1 PHW 2025_01_30 - Combined Directorate Reports.pdf (26 pages)

3.2. Latest Public Health Overview / Trosolwg Iechyd Y Cyhoedd Diwedderiaf

11:50 - 12:10 (20 mins)

Iain Bell

National Director for Public Health Knowledge and Research / Cyfarwyddwr Cenedlaethol Gwybodaeth Iechyd Cyhoeddus ac Ymchwil





-  3.2 PHW 2025_01_30 - Rapid Overview Dashboard.pdf (50 pages)

3.3. Integrated Performance Report (Month 9), Finance Report and Strategic Risk Register / Adroddiad Perfformiad Integredig (Mis 9), Adroddiad Ariannol

12:10 - 13:00 (50 mins)

Huw George

Circulate Appendix to Budget report via email to Board. (2023-24 MMR)

-  3.3 PHW 2025_01_30 - Board Report - Finance Month M9.pdf (18 pages)
-  3.3 PHW 2025_01_30 - Performance Report Cover Paper - Month 9 - Board.pdf (9 pages)
-  3.3 PHW 2025_01_30 - Performance & Insight Report M9.pdf (49 pages)
-  3.3 PHW 2025_01_30 - Health inequalities data 080125.pdf (37 pages)

Break / Egwyl

(30 minutes)

13:00 - 13:30

3.4. Committees of the Board: Report from Committee Chairs / Pwyllgorau'r Bwrdd: Adroddiad gan Gadeiryddion y Pwyllgorau

13:30 - 13:40 *(10 mins)*

Committee Chairs / Cadeiryddion Pwyllgorau

-  3.4 PHW 2025_01_30 - Committee Chairs Report for Board.pdf (8 pages)

3.5. Summary of Corporate Policies / Crynodeb o Bolisiau Corfforaethol

13:40 - 13:45 *(5 mins)*

Paul Veysey

Board Secretary and Head of Board Business Unit / Ysgrifennydd y Bwrdd a Phennaeth Uned Fusnes y Bwrdd

-  3.5 PHW 2025_01_30 - Annual Corporate Policy Update to LT and Board Jan 2025.pdf (12 pages)

3.6. Ionising Radiation Breast Test Wales (BTW) Improvement Notice / Hysbysiad Gwella Ymbelydredd Ïoneiddio Bron Brawf Cymru (BTW)

13:45- 14:00 *15 mins*

Tom Fowler

Deputy National Director, Health Protection and Screening Services / Dirprwy Cyfarwyddwr Cenedlaethol, Gwasanaethau Diogelu Iechyd a Sgrinio

Sharon Hillier

Director Screening Division / Gyfarwyddwr Adran Sgrinio

-  3.6 PHW 2025_01_30 - HIW IR(ME)R inspection briefing.pdf (67 pages)

3.7. Structured Assessment / Aseiad Strwythuredig

14:00 - 14:05 *5 mins*

Paul Veysey

Board Secretary and Head of Board Business Unit / Ysgrifennydd y Bwrdd a Phennaeth Uned Fusnes y Bwrdd

-  3.7 PHW 2025_01_30 - PHW Structured Assessment 2024 Report.pdf (30 pages)

14:05 - 14:15
10 min




4. Items for Approval / Eitemau i'w Cymeradwyo

4.1. Minutes and Action Log from the Board Meeting and Annual General Meeting (28 November 2024/ Cofnodion a Log Gweithredu o Gyfarfod y Bwrdd ar (28 Tachwedd 2024)

14:05 - 14:10 *5 mins*

Paul Veysey

Board Secretary and Head of Board Business Unit / Ysgrifennydd y Bwrdd a Phennaeth Uned Fusnes y Bwrdd


-  4.1 PHW 2025_01_30 - Unconfirmed Public Session Board Minutes 28 November 2024.pdf (10 pages)
-  4.1 PHW 2025_01_30 - Unconfirmed Public Session Board Minutes 28 November 2024-CYMRAEG.pdf (10 pages)
-  4.1 PHW 2025_01_30 - Open Action Log.pdf (1 pages)

4.2. Ratification of Chairs Action / Common Seal/ Cadarnhau Cam Gweithredu'r Cadeirydd /Sêl Gyffredin

14:10 - 14:15 5 mins

Paul Veysey

Board Secretary and Head of Board Business Unit / Ysgrifennydd y Bwrdd a Phennaeth Uned Fusnes y Bwrdd

-  4.2 PHW 2025_01_30 - Ratification of Chairs Action and use of Common Seal.pdf (4 pages)

14:15 - 14:20 5. Items for Noting / Eitemau i'w Nodi

5 min

14:15 - 14:20

5.1. Private Chair's Report (28 November 2024) / Adroddiad y Cadeirydd (28 Tachwedd 2024)


-  5.1 PHW 2025_01_30 - Private Board Chairs Report from 28 November 2024.pdf (2 pages)

5.2. Board Forward Plan / Blaengynllun y Bwrdd

5.3. Private Board Papers / Papurau Bwrdd Preifat

Any papers from the Private session that can be published will be added here on the day of the meeting/ Bydd unrhyw bapurau o'r sesiwn Breifat y gellir eu cyhoeddi yn cael eu hychwanegu yma ar ddiwrnod y cyfarfod.

5.4. Audit Wales Annual Report / Adroddiad Blynyddol Archwilio Cymru

-  5.4 PHW 2025_01_30 - PHW_Annual_Audit_Report_2024.pdf (22 pages)

14:20 - 14:20 6. Date of Next Formal Meeting of the Board / Dyddiad y Cyfarfod Ffurfiol Nesaf o'r Bwrdd

0 min

26 March 2025 / 26 Mawrth 2025

Chief Executive Board Report January 2025

1 Welcome to our New Chairperson

I would like to start the report by welcoming Pippa Britton as our new Chairperson who joined us on the 1 December 2024 and has already immersed herself in all that is Public Health Wales. Pippa will bring an enormous amount of experience with her passion and experience for sport and physical activity and her experience in a wide range of Boards – croeso Pippa.

I would also like to thank Nick Elliott once more, for his exceptional time as Interim Chairperson last year before Pippa joined us – diolch yn fawr iawn Nick.

2 Mid-Year Joint Executive Team Accountability Meeting with the Welsh Government

On the 10 December 2024 we had our mid-year Joint Executive Team (JET) accountability meeting with Judith Paget, Director General for Health, Social Care and Early Years Group/Chief Executive NHS Wales, and their senior team in the Welsh Government. This was a positive and constructive meeting with the appropriate scrutiny by Welsh Government colleagues and we covered a wide range of areas including performance to mid-year, supporting the delivery of Ministerial priorities and our strategic approach.

The covering letter and summary document that we submitted to the Welsh Government for the purpose of the meeting are attached.

3 Meeting with the Cabinet Secretary for Health and Social Care and the Minister for Mental Health and Wellbeing

On the 17 December 2024, our Chairperson, Professor Jim McManus, our National Director of Health and Wellbeing, Professor Fu-Meng Khaw, our National Director of Health protection and Screening Services/Medical Director and I, had our quarterly meeting with Jeremy Miles, MS, Cabinet Secretary for Health and Social Care, and Sarah Murphy, MS, Minister for Mental Health and Wellbeing.

This was a positive meeting, and we covered a wide range of subjects including an update on infectious diseases, a discussion on shifting to prevention with a focus on diabetes and healthy weight, an update on mental health and wellbeing and international health.

4 Visit by the World Health Organization

On the 16 December 2024, Chris Brown, Head of the World Health Organization's (WHO) European Office for Investment for Health and Development and Yannish

Naik, Technical Officer, Economy of Wellbeing, WHO, visited Public Health Wales and the Welsh Government. The visit was part of the series of meetings in support of the Memorandum of Understanding between WHO Europe and the Welsh Government, Wales as one of the leading nations in the Wellbeing Economy and also to visit members of our WHO Collaborating Centre in Public Health Wales and other colleagues.

This was a very productive visit and, in addition to meeting a number of Executives, Pippa Britton and our WHO Collaborating Centre team in Public Health Wales, we accompanied our WHO colleagues in meetings with:

- Rebecca Evans MS, Cabinet Secretary for Economy, Energy and Planning
- Judith Paget, Director General for Health, Social Care and Early Years Group/Chief Executive NHS Wales
- Sir Frank Atherton, Chief Medical Officer
- Tom Nicholls, Chief Economist
- Officials from Health and Social Services, Economy and International Relations in the Welsh Government
- Marie Brousseau-Navarro, Deputy Future Generations Commissioner.

5 World Health Organization Report: Country Deep Dive on Wales and the Wellbeing Economy

In November 2024, the World Health Organization (WHO) published a report that was co-produced by Public Health Wales "*Country deep dive on the well-being economy: Wales*. This is as part of the delivery of a [Memorandum of Understanding](#) between the WHO and the Welsh Government to strengthen cooperation in the areas of health equity and rights, investing in health and well-being, and achieving health and prosperity for all through building well-being economies in Wales and across the European Region.

The report highlights how Wales has placed sustainable development and well-being at the cornerstone of its economy. It shows Wales' innovative approaches to build a well-being economy not just in budgets and laws, but also in the engagement of communities and in the design of services. One of the key findings of the report is the role of health and public health in the development of the well-being economy agenda. For example, through work on the wider determinants of health and inequalities and the holistic and inclusive view of (public) health care, practice, policy and research. It spotlights work led by us, such as social prescribing and the *Time to Talk Public Health* survey. The deep dive report highlights both the drivers and barriers Wales has encountered on this path and offers inspiration for other countries looking to move towards value-based policy making, as promoted globally by the United Nations Pact for the Future.

The report builds on WHO's work to capture experiences from Finland, Iceland, Scotland and Wales - nations that have committed to becoming well-being economies and are leading this agenda at European and global levels. Public Health Wales and its WHO Collaborating Centre on Investment for Health and Well-being, is working with the WHO European Office for Investment for Health and

Development to establish Wales as a live innovation site for the Wellbeing Economy Initiative.

The report was launched at the inaugural Wellbeing Economy Cymru festival of Ideas on the 18 November 2024 at the main plenary, followed by a “Health in the Well-being Economy” workshop with participation from the Welsh Government, NHS and third sector.

The launch of the report was commended by Eluned Morgan, First Minister of Wales and WHO Well-being Economy Champion.

The direct link to the report can be found here: [Wales’s commitment to becoming a well-being economy spotlighted by WHO report](#)

6 Investing in a Healthier Wales: Prioritising Prevention

Putting in place effective programmes to prevent poor health offers great value for money. Prevention initiatives such as early years education, vaccination programmes, smoking cessation and support for carers can deliver excellent value for money - with an average return of £14 for every £1 invested in them. They also keep people healthier and address inequalities.

With the current population health challenges that we face as a nation, it is more important than ever to prioritise public funding into prevention measures. It could help to reverse the decline in the nation’s health, address the root causes of inequalities and enable the people of Wales to live longer, healthier and happier lives.

People in the poorest areas of Wales live on average, 17 less healthy years of life compared to people in the wealthiest places and, the cost of health inequalities to acute NHS services in Wales is a massive £322 million per year. In addition, the data reveals other alarming statistics around health inequalities:

- In 2022-2023, around a quarter (24.8 per cent) of children aged 4-5 years in Wales were overweight or obese. Children living in the most affluent areas in Wales are more likely to have a healthy weight.
- People living in the most deprived communities are nearly four times more likely to die from avoidable causes (3.7 times for males and 3.8 times for females).

While these statistics are stark, they can be addressed and change can happen. By focusing long-term investment on large-scale prevention programmes that have a high potential for success across the country, significant progress can be made in reversing the inequalities that lie at the heart of ill-health in Wales.

In this context, on the 15 January 2025, we published a report *Investing in a Healthier Wales: Prioritising Prevention*. The report was developed by our Policy and International Health team, with support from other colleagues across the organisation, and looks at the most recent evidence that focuses on the prevention

interventions that provide the greatest impact on health outcomes and the biggest return on investment.

The report looks at successful programmes from three stages of life: *early years and children*, *healthy adults* and *healthy ageing* and identifies specific action that deliver real benefits to communities. These include:

- Breastfeeding support programmes can help save the NHS £50 million a year by improving mental health and reducing hospital admissions.
- Targeted group sport activities aimed at increasing physical activity show returns of between £1.91 and £22.37 per £1 invested.
- Taking a holistic approach to maintaining good health in older age through activities like fall prevention programmes, promotion of independent living and community engagement can generate a return of up to £5.18 for every £1 invested.

The report is in the form of an infographic, an executive summary and the full report and can be found here [Investing in a Healthier Wales: prioritising prevention - World Health Organization Collaborating Centre On Investment for Health and Well-being](#)

7 Evidence to the Equality and Human Justice Senedd Committee's Inquiry on Fuel Poverty in Wales

On the 9 December 2024, Dr Sumina Azam, our National Director of Policy and International Health, and Rebecca Hill, Senior Public Health Specialist, provided oral evidence to the Equality and Social Justice Committee's Inquiry on fuel poverty in Wales. The Committee focused on the understanding of fuel poverty in Wales today, the potential impact of changes to eligibility criteria for the Winter Fuel Payment on fuel poverty and the impact of the new Warm Homes Programme.

The evidence session provided an opportunity to present work undertaken by Public Health Wales on housing and health and fuel poverty. The Committee was presented with evidence regarding the contribution of cold homes to health inequalities; the need for up-to-date fuel poverty statistics to better understand its scale and impacts, particularly given considerations around climate change and rising energy costs; the importance of a joined-up approach to housing and health and the need for monitoring and evaluation of actions to address the broader public health impacts of living in fuel poverty.

8 Exercise ERIS

Cyber-attacks on the health and social care system is detailed the [National Risk Register for 2023](#). In an increasingly digitised health and social care system, technology and data are critical to providing effective care. Cyber security - that is, the protection of devices, services and networks and the information on them from theft or damage, is an essential enabler of that care, assuring the safety of

patients and of people and their families drawing on care in the community (service users).

The health and social care system remains a target for cyber criminals. Recently, there have been numerous instances where cyber-attacks have disrupted the running of services, at times with significant financial consequences.

While it is unlikely that a cyber incident would bring down all the separate systems supporting direct and indirect care, interdependencies between them means that organisations must account for at least some degree of cascading risk.

Public Health Wales is no more or less vulnerable than any of NHS Wales organisation, and therefore the scale of impact - both direct and indirect - from a cyber-attack is potentially huge.

Consequently, Exercise ERIS was an internal organisational exercise held on the 24 October 2024, to explore the response to and recovery from a significant digital disruption at Public Health Wales. The exercise involved a wide range of senior leaders from across the organisation to explore our readiness for, and response to, any such attack. A series of actions arose from the exercise which was found to be extremely helpful across the breadth of our services.

9 The NHS Wales 2024 Award for Team Culture

Public Health Wales, together with partners across health boards, have been charged with the delivering of Hepatitis C elimination. Micro-elimination in high prevalence settings such as prison estates is seen as an effective strategy for meeting the WHO Hepatitis C elimination targets by 2030.

Our Wales Specialist Virology Centre (WSVC) supports the delivery of Hepatitis C elimination through the implementation of rapid point of care testing (POCT) services across Wales. In July 2021, a two-tiered POCT pathway, including mouth swabs for Hepatitis C antibody testing and rapid PCR to identify active infections, was implemented by Louise Davies, our POCT Lead, in order to support the elimination agenda by rapidly testing all new admissions on arrival.

Our WSVC has since worked collaboratively with health care teams in Betsi Cadwaladr University Health Board (BCU) and the *Hepatitis C Trust*, to achieve micro-elimination at HMP, Berwyn, which is the largest prison in England and Wales. The team was awarded the '*NHS Wales 2024 award for team culture*' which recognised our multi-disciplinary team working to achieve this.

This is a fantastic achievement and many congratulations to Louise, our WSVC team and our BCU and Hepatitis C Trust colleagues.

10 Update on the UK COVID-19 Public Inquiry

The following provides an update on the current activities of the organisation in relation to the UK COVID-19 Public Inquiry up to the 8 January 2025.

10.1 Module 1 (Resilience and Preparedness)

The Inquiry published its first report on the 18 July 2024 and work has started internally to progress the recommendations.

10.2 Modules 2 (Core UK Government Decision Making) and 2B (Core Welsh Government Decision Making)

The Public Hearings for Module 2, 2A, 2B and 2C have now concluded.

As advised in my previous update, the Inquiry is considering all evidence provided (documentary and oral) and the closing submissions which were provided by the core participants with a view to preparing its report and recommendations. The Inquiry has started drafting its report, which will likely include findings and recommendations from each of the Module 2 investigations from across the UK. We are not aware of when the re[port will be published.

10.3 Module 3 (Impact on Healthcare Systems)

The Public Hearings for this Module started on the 9 September 2024 and are due to conclude on the 28 November 2024. Professor Fu-Meng Khaw, our National Director of Health Protection and Screening Services/Medical Director, gave evidence for us to the Inquiry on the 5 November 2024, supported by our legal team, and I would like to express my very big thanks to Meng for representing us and for taking the time needed to prepare for the evidence session.

As with previous modules, the public hearing is being monitored internally with daily reports and relevant documents from the Public Inquiry website being circulated, highlighting areas of interest and any references to Public Health Wales. Following the conclusion of the hearings, consideration will be given as to whether any supplemental statements should be provided by Public Health Wales to clarify any issues which may have arisen.

10.4 Module 4 (Vaccines and Therapeutics)

Public Health Wales is a Core Participant for Module 4. To date, Public Health Wales has provided detailed evidence to the Inquiry and will continue to support any requests made.

The Inquiry continues to release evidence onto the evidence platform in relatively large batches, and now at an increased frequency, and the triage process in place for reviewing each batch of evidence is working well. We continue to monitor internal expert/administrative support capacity to review the evidence disclosed, in anticipation of the Inquiry releasing more frequent batches of evidence in the run up to the commencement of the public hearings.

The public hearings for this module are scheduled to commence on the 14 January 2025 and conclude on the 30 January 2024. Public Health Wales may be called to provide oral witness evidence at this hearing.

10.5 Module 5 (Procurement)

Public Health Wales is not a Core Participant for this module. The PI Response Team continue to support the response to requests from the Inquiry Team. Public hearings are due to commence on the 3 March 2025 and will end on the 3 April 2025.

10.6 Module 6 (Care Sector)

Public Health Wales is a Core Participant for Module 6. It is anticipated the Inquiry will require significant input and evidence from Public Health Wales in order to investigate this module and our PI Response team, and key colleagues from across the organisation, continue to populate and collate information and documents in this area.

Disclosure from the Inquiry has now commenced through its Relativity platform. As with Module 4, the PI Response Team has a triage process in place for reviewing each batch as it arrives, with the aim of reviewing relevant evidence identified through the triage process without delay.

Public hearings are scheduled to commence on the 30 June 2025 and conclude on the 31 July 2025. Public Health Wales may be called to provide oral witness evidence at this hearing. Legal support is in place for the public hearing and legal conferences will be arranged in due course.

10.7 Module 7 (Test, Trace and Isolate)

Public Health Wales is a core participant for Module 7. As with Module 6, it is anticipated the Inquiry will require significant input and evidence from Public Health Wales in order to investigate this module. Work continues to collate relevant information and evidence for this Module and Corporate Witnesses have been identified.

Disclosure from the Inquiry has also commenced through its Relativity platform. The Module 7 public hearings are due to commence on the 12 May 2025 and conclude on the 30 May 2025.

10.8 Module 8 (Children and Young People)

Public Health Wales is not a Core Participant in the Module but we continue to monitor this Module's progress and any amendments to its provisional scope, to ensure that the decision not to apply for Core Participant status remains valid. In anticipation that Public Health Wales will be called on to support the Inquiry's investigation in this Module, our PI Response Team has provisionally identified a core group of individuals who may be able assist in the collation of information and evidence. Public hearings for this module are expected to take place in Autumn 2025.

10.9 Module 9 (Economic Response)

Public Health Wales is not a Core Participant in this Module. Noting the focus of this module, we are not anticipating a high level of involvement with the Inquiry. Public hearings for this module are expected to commence in Winter 2025.

10.10 Impact on Society

This Module opened on the 17 September 2024 and is the Public Inquiry's final module. This module will examine the impact of Covid-19 on the population of the UK with a particular focus on key workers, the most vulnerable, the bereaved, mental health and wellbeing and will also seek to identify where societal strengths, resilience and or innovation reduced any adverse impact.

Following care consideration of the Module's Provisional Scope at our PI Steering Group and the Board's PI Sub-Committee, a decision has been made not to apply for core participant status in this module. The Inquiry has not yet confirmed when the public hearings for this module will take place, although based on the current timetable, we are expecting it to be in early 2026.

Recommendation

The Board is asked to receive this information.

Tracey Cooper

CHIEF EXECUTIVE



GIG
CYMRU
NHS
WALES

Iechyd Cyhoeddus
Cymru
Public Health
Wales

Joint Executive Team

Public Health Wales

10 December 2024



Agenda Item

Supporting Document

PART A - Mid-year Reflections And Forward Look

Organisational reflections on first six months and focus on the remainder of the year

1. Progress against agreed plan 2024/25
2. Risks to delivery
3. Progress against accountability conditions

- ANNEX A: Summary of key successes & embedding WFGA
- ANNEX B: Month 6 Enhanced Performance Report (including accountability conditions) & Performance Dashboard
- ANNEX C: Month 6 Finance Report
- ANNEX D: Strategic Risk Update

4. Supporting the delivery of Ministerial expectations

- a. Cutting NHS waiting times
- b. Mental health
- c. Services for women's health
- d. Population health and obesity

- ANNEX E: Women's health consultation response

PART B - Strategic Approach

1. Quality Management System (QMS) including the 2023/24 Duty of Quality Annual Report
2. How have you embedded the principles of equality, diversity and inclusion across the organisation
3. Clinical strategy/clinical services plan
4. Workforce and recruitment challenges and solutions

- [Duty of Quality Annual Report 2023/24](#)
- [Strategic Equality Plan and Objectives 2024-28](#)
- ANNEX F: Analysis of staff turnover in HPSS

PART A: Mid-year Reflections And Forward Look

Organisational reflections on first six months, and focus for the remainder of the year



- Our people have again been instrumental in everything we have delivered in the first half of 2024/25 with 89% of the actions to date completed or on track
- We have delivered across the breadth of our public health functions with an increased focus on delivery and impact with some major developments achieved and maintaining focus on our core business as usual activities
- We have continued to focus on delivering excellent public health services with 72% of the organisation specifically geared to frontline service delivery.
 - Examples include: 385,000 screening participants in total, 750,000 number of microbiology tests undertaken, 9,400 number of genomes sequenced, and significant health protection activity (160 incidents, 6,725 cases and over 5,000 total calls, 14 training events)
- We have had a significant focus on culture, leadership and wellbeing across the organisation and pleased to have a current participation of 60% with the NHS staff survey
- We were delighted to be awarded Gold with distinction in the Diverse Cymru cultural competence awards
- We reported a mid-year revenue position of £165k underspend at month 6 and a breakeven forecast. This will deliver our statutory duty to breakeven over a rolling 3-year period. Further detail can be found in ANNEX C – Finance Report
- We have continued to progress our Long Term Strategy through the development of our Strategic Priority Route Maps which map the journey to deliver our single strategic outcome to increase healthy life expectancy and reduce the inequality gap by 2035



Sone Achievement Highlights (also Appendix **XXXXX**) [Tracey to lead]

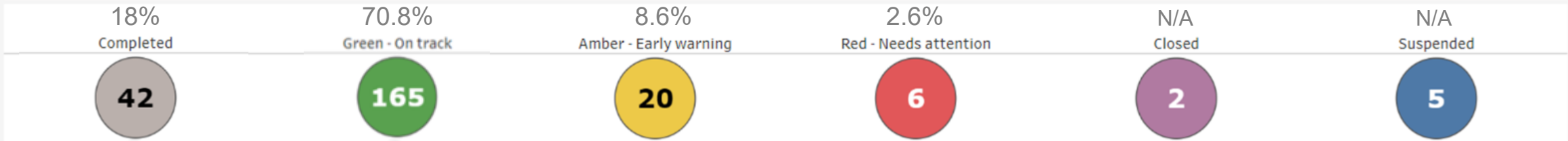
- Bowel Screening Wales – completion of bowel screening optimisation expanding the range from 50 to 75 years
- Successful delivery of the Breast Cohort Selection Tool removing our reliance on NHAIS for breast screening. New automation processes started in DESW which has reduced the number of paper referrals to a minimum, and significantly reduced the email referrals
- Mpox response – prompt response to the potential threat of mpox through rapid exercising of internal and external response arrangements and establishment of preparedness structures
- Tobacco Control Policy – significant work by the Tobacco Team in support of Welsh Government in development and implementation of legislation
- Developing a national approach to Prevention – published '[Prevention-Based Health and Care \(PBHC\) Framework](#)', which identifies fundamental components needed to shift the health and care system towards a prevention-based approach
- Prevalence of disease projections, including diabetes, cancer, cardiovascular, respiratory and musculoskeletal disease work widely shared, with CEOs, the Minister, Directors of Public Health and Directors of Planning
- Further strengthening our international health role: influencer in the Wellbeing Economy, organising a visit by RIVM and Dutch Ministry of Health. Refreshed IHCC Charter for International Health Partnerships Implementation Toolkit
- 31st in the Stonewall Workplace Equality Index and named as one of the Top 5 employers for LGBTQ+ equality in Wales
- 50+ colleagues have been successful in becoming accredited Cultural Advocates, this is to support our ongoing culture work



1 Progress Against Agreed Plan 2024/2025



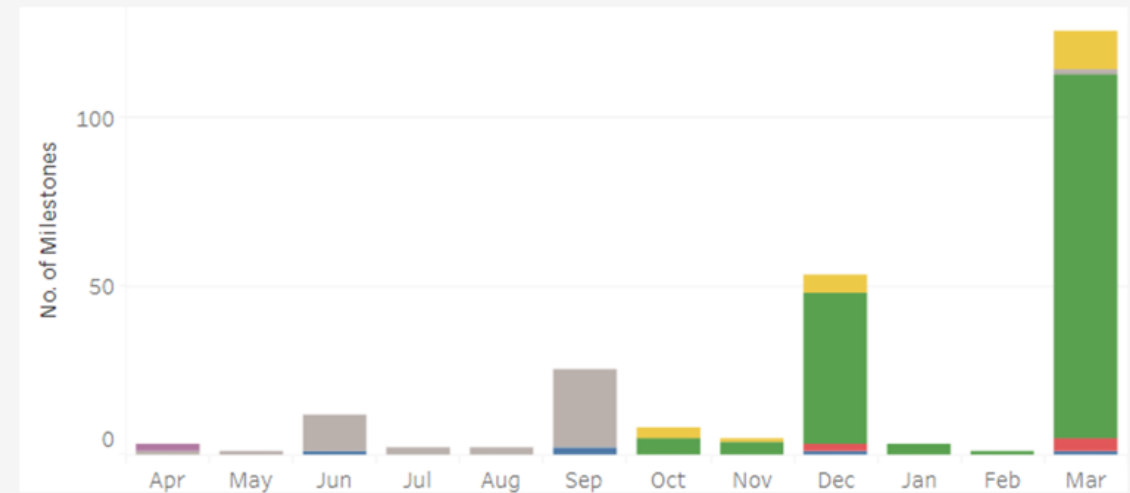
IMTP Milestone Status - September



By Priority Area

	Completed	Green - On tr..	Amber - Earl..	Red - Needs a..	Closed	Suspended
1. Wider determinants	2	6	0	1	0	0
2. Mental & social well-being	2	7	0	0	0	0
3. Healthy behaviours	5	17	5	0	0	3
4. Sustainable health & care sys..	8	30	1	2	0	2
5. Excellent public health	5	28	7	1	2	0
6. Climate change	2	8	0	0	0	0
7. Enabling delivery	18	69	7	2	0	0

By Delivery Date



- **89%** of IMTP milestones delivered or green at month 6 (**excluding closed and suspended milestones*)
- Further details contained in ANNEX B - Month 6 Performance Report (pp. 30-37)



1 Key Performance Indicator Summary – Service Delivery



Screening Services	In Focus	Standard	Aug-24	Committee
Bowel Screening Wales – Waiting time for index colonoscopy (Health Board Delivery)		90%	14.6%	Quality, Safety and Improvement
Cervical Screening Wales – Waiting time for colposcopy appointment (8 weeks)		90%	96.0%	
Breast Test Wales – Assessment invitations (3 weeks)		90%	Sep-24 4.4%	
Diabetic Eye Screening Wales – Coverage (12 Months)		80%	40.4%	
Abdominal Aortic Aneurysm – Timely referral to elective vascular network (MTD)		100%	100%	
Infection Services			Aug-24	
Total Microbiology Rejection Rates		<5%	5.5%	Quality, Safety and Improvement
Total Microbiology Diagnostic Sample Requests		*TBC	152,541	
Blood Culture - Collected to Incubation SMI <4hrs		<4hrs	69%	
Blood Culture - Received (PHW Laboratory) to Incubation		*TBC	96.7%	
Health Protection			Aug-24	
Compliance to surveillance reporting schedules		90%	94%	Quality, Safety and Improvement
Test and Post (STI self-sampling) – Test Turnaround Times		100%	Sep-24 99.9%	
Response times by priority - Urgent (<4 hours)		90%	100%	
Response times by priority - High (<24 hours)		90%	100%	
Response times by priority - Medium (<48 hours)		90%	100%	
Data, Knowledge and Research			Quarter 2	
Number of Major Breaches		0 Major Breaches	0 Breaches	Audit & Corporate Governance Knowledge, Research and Information
Number of Minor Breaches		Downward trend of Minor Breaches	0 Breaches	
Percentage of publications without breaches		100%	67%	
Percentage of user follow up to DKR products		100%	20%	
Health & Wellbeing			Jun-24	
JUSTB – Number of Schools with 2-day training completed (YTD)		35 Schools	34	Knowledge, Research and Information Quality, Safety and Improvement
Whole School Approach – Proportion of schools with an Action in Place (All schools)		80%	55.7%	
Whole School Approach – Proportion of schools with an Action in Place (Secondary schools)		100%	85.9%	
Policy and International Health				
Indicators and targets to be developed where applicable				

Please note the table above only highlights a small selection of service related performance indicators. Additional KPIs are reported on the Performance & Assurance Dashboard, including Workforce, Finance and Quality KPIs – see ANNEX B Performance Report

Key: RAG Status

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



2 Risks to Service Delivery



- **Service Delivery Risks:**
 - Bowel Cancer Screening – wait times for colonoscopy are variable and unacceptably long owing to demand for endoscopy services.
 - Environmental Public Health services – review of MoU arrangements with UKHSA [Meng to lead]
- **HIA adoption :** risks in the inability to support other public bodies and organisations to implement Welsh Government HIA regulations due to a potential high level of demand for support and advice from PHW [Sumina lead]
- **Financial risks:** Non-recurrent funding risks associated with ongoing delivery of Health Improvement Programmes, COVID testing, Lung Cancer Screening [Huw to lead]
- **Digital Risks:**
 - Large number of digital dependencies often with DHCW – this has led to challenges in delivering some aspects of our plan
 - Dependency on Audit Plus where we engage with DHCW over our needs and helping ensure the solution for the future meets our needs while also ensuring we have business continuity plans in place [Iain to lead]
- **Workforce risks:** as highlighted in the Strategic Risk and Corporate Risk Registers [Neil to lead]



3 Progress Against Accountability Conditions



- Good progress made against the accountability conditions. Further information available in ANNEX B, pages 39-45

Accountability conditions

- Continue to demonstrate leadership role in supporting NHS Wales improve public health, ensuring prevention and health protection are at the forefront of planning; **[Jim/Meng to lead]**
- Continue to support primary care developments and the prevention agenda; **[Jim to lead]**
- Maximises contribution to the achievement of the Six Goals programme, particularly goals 1, 2 and 6: **[Jim to lead]**
 - Coordination planning and support for populations at greater risk of needing urgent or emergency care
 - Signposting people with urgent care needs to the right place first time
 - Home first approach and reduce the risk of readmission
- Offer appropriate support to the strategic integrated vaccination programme for Wales; **[Meng to lead]**
- Deliver in line with the Mandate Letter, achieving delivery of the key areas identified **[Huw to lead]**



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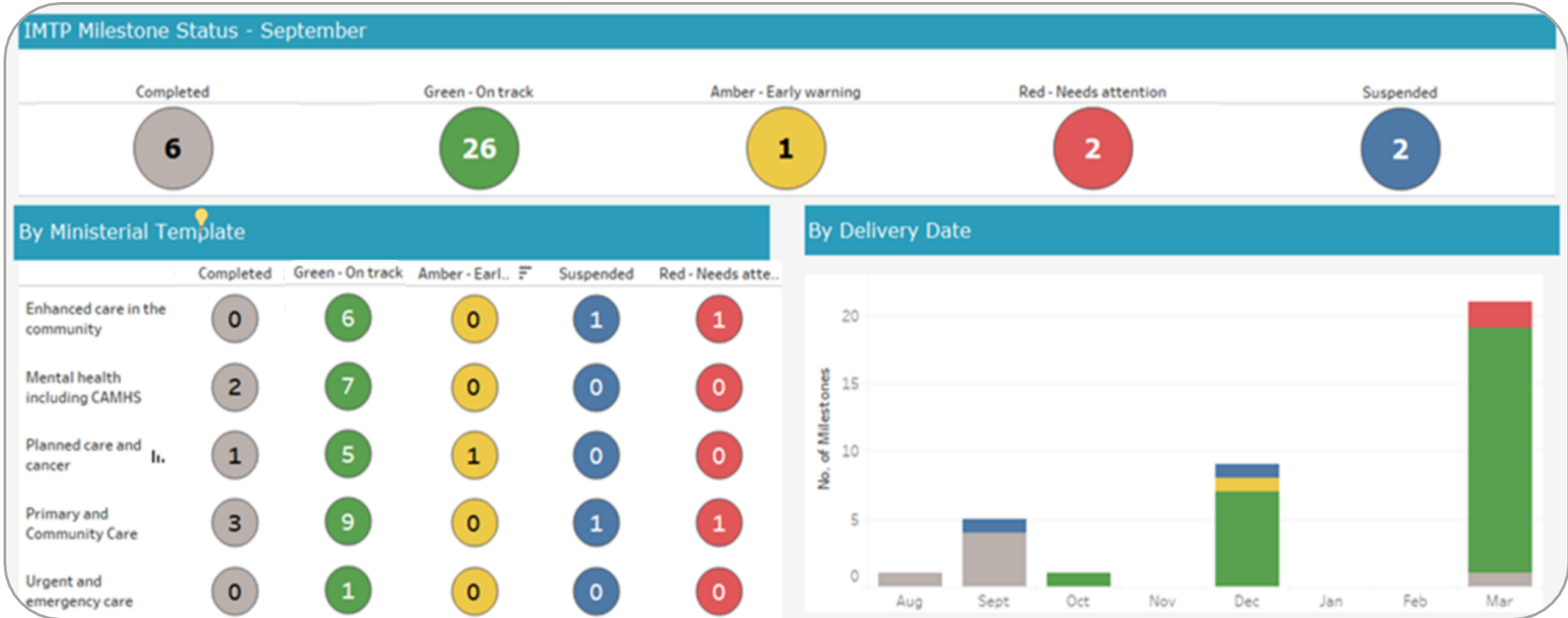


PART A - Mid-year Reflections And Forward Look

4 Supporting the Delivery of Ministerial Expectations



4 Supporting the Delivery of Ministerial Expectations



- **37** of our IMTP milestones align to our Ministerial expectations (**note that only major milestones mapped as part of IMTP Ministerial Priority template submission, as agreed with WG Planning colleagues*)
- **86%** of milestones delivered or green at month 6



4 Supporting the Delivery of Ministerial expectations



a. Cutting NHS Waiting Times [Meng to Lead]

All Screening Programmes have recovered from impact of the pandemic

From March 2021 plans to recover programmes have been put in place to address both impact of pause and also the reduced activity following reinstatement due to covid safe pathways. Activity was increased over usual to recover the screening programmes which required additional resource.

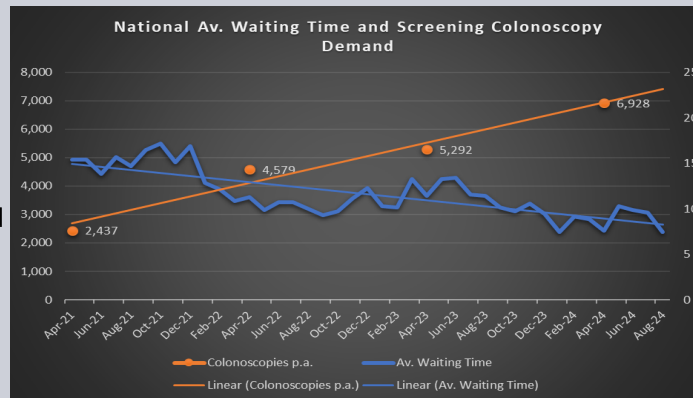
- Bowel Screening recovered backlog Oct 2021
- Cervical Screening recovered backlog Dec 2021
- Wales Abdominal Aortic Aneurysm recovered backlog March 2023
- Diabetic Screening Programme recovered backlog November 2023
- Breast Screening Programme recovered backlog July 2024

WCISU published latest incidence data on cancers – [Cancer Incidence in Wales, 2002-2021.docx \(live.com\)](#) shows that breast and bowel cancer diagnosis rate has recovered in 21/22 after the impact of the pandemic. This is not the pattern seen with the other cancers and report considers that reinstatement of the screening programmes contributed to the recovery.

Current focus on timeliness for the cancer screening pathway

Bowel Screening Colonoscopy Waits

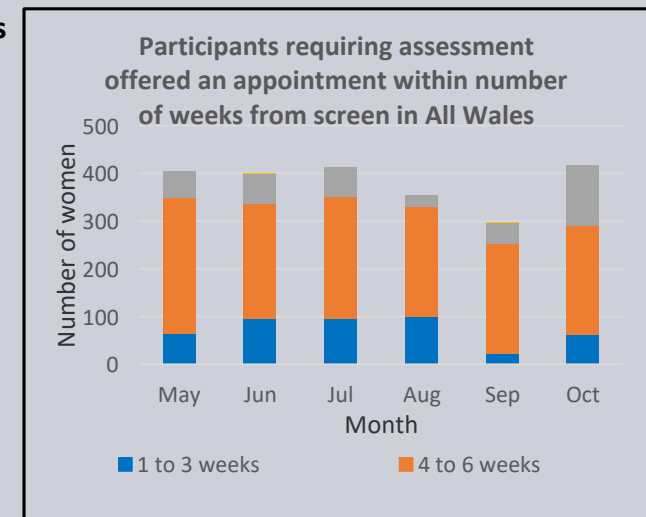
- Colonoscopy capacity across Wales is challenged to meet demand and reduce existing backlogs for both symptomatic and screening activity
- Optimisation of bowel screening (in a phased approach since 2021) has resulted in increased demand on colonoscopy services.
- This increased demand has been funded and in line with expectations based on modelling that shared with Health Boards



Waiting times for screening colonoscopy remain outside the Bowel Screening Programme 4-week standard in most local assessment centres in Wales. currently range 2-11 weeks (average of 6 weeks and 4 days)

Breast Screening Assessment Waits

- There are national shortages of skilled clinical staff to undertake reading, arbitration and assessment clinics and this is most marked in North Wales.
- Steps are being taken to improve timeliness and this expected to improve over next two months.
- There is no expected clinical impact of delay to assessment or impact timeliness from point of suspicion in the pathway.
- Women invited for assessment are sent their invitation shortly before their appointment to reduce time they are worried before attending clinic





b. Mental Health and Mental Wellbeing [Jim to lead]

Mapping and understanding mental health and wellbeing priorities for Wales

- Working with the Network to deliver a CAMHS Service needs assessment by March 2025
- Undertaking an end-to-end pathway Substance Use Needs Assessment by April 2025
- Convened system group to understand and quantify changes in young people's mental health and identify interventions
- Published our research on mental wellbeing in Wales

Helping the system put high-value interventions in place

- Working with NHS Exec to mainstream CAMHS in reach to schools following joint review by April 2025
- Devising a high value CAMHS pathway and interventions menu for the Network (underway)
- Devised a model for the National Attendance Task Force to take a public mental wellbeing approach to school attendance
- Advised on priorities for new Mental Health Strategy for Wales

Implementing our programmes for mental health and well-being

- 98% of Secondary schools and 88% of all schools are signed up to the Whole School Approach to Mental and Emotional Wellbeing with 88% of secondary schools and 61% of all schools currently writing action plans.
- Implementing the national Trauma-informed Framework with Traumatic Stress Wales
- Increased sign ups from Criminal Justice system and Further Education to using Trauma and ACE informed approaches
- Launched Hapus National Conversation to increase public knowledge and skills on taking care of our mental wellbeing



c. Services for Women's Health **[Meng to Lead]**

Breast Screening Programme

- The breast screening programme recovered backlog of participants delayed over 36 months in line with expected timescales by July 2024

Cervical Screening Wales

- Taking work forward with DHCW around electronic test request for cervical screening samples
- Scoping work with vaccination on feasible timescales for elimination of cervical cancer in Wales in line with World Health Organisation targets

Antenatal Screening Wales

- Implemented and evaluating new pathway for Pregnant women with RhD negative blood group. Offered a cell-free DNA blood test to accurately predict if their baby is RhD negative or RhD positive. This reduces unnecessary blood products for women whose babies are RhD negative

Vaccination

- Facilitated the launch of the maternal RSV programme in September 2024
- Engagement with services supporting pregnant women to gain insight and support improved vaccine uptake

Sexual health

- Improving access to sexual health testing (online and through community services/settings e.g. domestic abuse support services), as well as condoms and PrEP
- Working collaboratively to understand and reduce barriers to accessing contraception e.g. tackling misinformation by ensuring information is accurate and reliable, and supporting service providers with LARC provision
- Supporting work on the priorities for sexual health in Wales, which will align with the Women's Health Plan

Above programmes are supported by dedicated workplans around equity and access (Inclusion Health, Vacc Equity, Screening Equity)

Further examples of some of our wider work are highlighted in ANNEX E – PHW consultation response on The Women's Health Plan 2025-2035



d. Population Health and Obesity [Jim to Lead]

System Leadership –

- **Prevention across Health and Social Care** - Work with national Peer Groups and Settings on: Healthcare Public Health Approach; *Tackling Diabetes Together*; *Prevention Based Health and Care*; *Healthy Weight Healthy Wales*
- **Shaping Places for Wellbeing** launched with every Public Service Board signed up to work on determinants of health

Diabetes – Launched *Tackling Diabetes Together*. [MyDesmond](#) - digital self management app available across Wales. Launched “lived experience” project on improving care pathways with Diabetes UK Cymru. Agreement for Diabetes bundle of 8 into IQPD reviews. Healthy Weight support pack to health and social care staff. Funded 5 local pilots to improve pathways and outcomes. Co-ordinating roll out of All Wales Diabetes Programme

Obesity – Advised WG on cost and options for weight loss medications. Drafted guidance for WG on Ultra processed foods. Helped design and deliver series of CS-chaired Roundtables on Obesity and drafting refreshed Action Plan with WG, provided tools for planners to address hot food takeaways. New national digital system for National Exercise Referral Scheme

First 1000 Days – Immunisation, Vaccination & Screening. Shared Framework for Early Years with UHBs finalised. *Every Child* booklets covering pregnancy to age 2 published and distributed by midwives and health visitors. Also available as digital e-books from www.everychildwales.co.uk Final two resources covering Ages 2-7 finalised

School Health – Drafting and testing new *School Meals Standards* and regulations; developed whole school approach to food that takes a ‘*One Health*’ approach. Finalised draft minimum standards for health and wellbeing promoting schools. Commenced system engagement on them. Whole School Approach has good performance and is covered in Mental Health and Wellbeing Slide

Tobacco Control – Significant input to government on legislation and implementation options. Vaping and Young People Incident Group

Substance Misuse – Cross-Directorate Board with shared priorities for a “One PHW” approach to substance misuse with an underpinning action plan working with WG and DsPH. We will deliver a population *Health Needs Assessment* by April 2025



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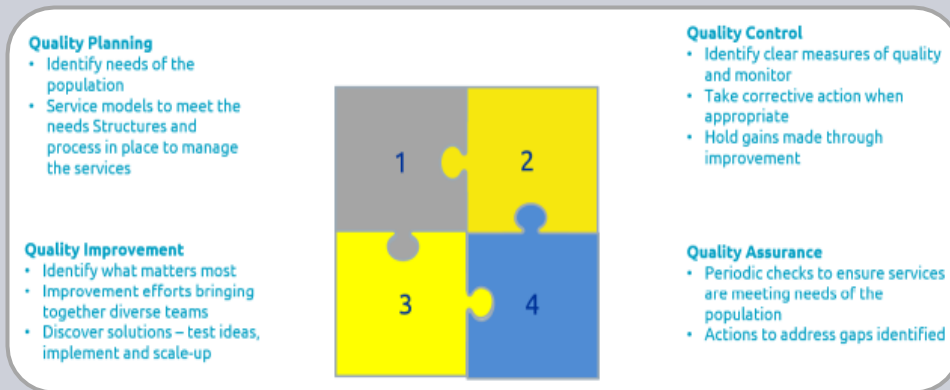
PART B : Strategic Approach



1. Quality Management System including the 2023/24 Duty of Quality Annual Report [Claire to lead]-

Quality Management System

Refreshed our shared purpose and vision, so our people understand the direction of travel for the organisation focusing on quality, and learning



Established Quality Oversight Group with an operational remit for quality and shared learning

Commenced a baseline self- assessment against the Quality Standards using KLOE -
Developed a prototype Quality Impact Assessment to inform planning and due to be piloted shortly, aim for Board sign off early next year

Reviewed the visual management system support quality monitoring and reporting with redevelopment taking place

Reconfigured our Improvement and Innovation Hub to build improvement capability and capacity across PHW

Revision of quality assurance processes to meet service user needs along with regulatory requirements.

Annual Quality Report

Published in July 2024

Over 40 case studies across the 12 Health and Care Quality Standards to illustrate how we comply with the Duty of Quality key achievements from 2023-24 reviewed through a quality lens Highlights areas for improvement and key learning identified during the year





2. Embedding the principles of equality, diversity and inclusion across the organisation [Neil to lead]

- Our Strategic Equality Plan 2024-28 was published in April 2024 and WRES actions have been integrated into it
- Accredited as a Living Wage Employer
- Trained 22 volunteers from our Staff Diversity Networks in Recruitment and Selection to achieve greater diversity in the hiring process
- Established a new Staff Network for Neurodiverse colleagues
- Appointed a Non-Executive Director with a specific remit around Equality, Diversity and Inclusion
- Awarded Gold level with Distinction (the highest level in the scheme) for Cultural Competence
- Disability Confident Leader, and a champion for Disability
- Placed 31st in the UK Stonewall Workplace Equality Index
- Recruited additional Welsh Speaking Staff to offer Welsh Clinical Consultations



3. Clinical strategy / Clinical services plan **[Claire/Meng to lead]**

Delivering Excellent Services

Taking a cross organisational approach to the development of a strategic route map and the Duty through the lens of STEEEP



Safe

Systematic programme for cleaning and decontamination practice and National Cleaning Standards
National FGM pathway
Improvements implemented in response to the Improvement Notice following the HIW inspection of compliance with the use of ionising radiation IR(ME)R regulation in Breast Test Wales

Timely

Response to outbreaks, standards in the All-Wales Communicable Disease Outbreak Plan and consistent achievement of AWARe response times by priority standards to all enquiries
AAA programme consistent achievement of timely referral to elective vascular network MDT

Effective

Managing Concerns Processes, improving liaison between the service user and service ensuring a more person centred and effective response by PHW. Achieving substantial assurance from a recent WRP PTR audit.
Work with Health Boards to maintain focus on reducing CSW sample rejection rates.

Efficient

Consistent achievement of compliance to surveillance reporting schedules.
Turnaround rates in microbiology

Equitable

Health Protection Inequalities Programme
Screening Equity Programme including access, inequity and cultural competence

Person-centredness

Cross organisation collaboration on service user engagement and creation of Service User Experience group
National LAC CIVICA survey



4. Workforce and recruitment challenges and solutions [Neil to lead]

- We continue to experience challenges recruiting scarce skills such as: Radiologists and Breast Clinicians; Consultants in Microbiology and Infectious Disease; Health Protection specialists such as Consultants in Communicable Disease Control; some specialist nursing roles; Public Health Practitioner roles; Health Economists and Biomedical Scientists
- Like many sectors across the UK, we experience specific challenges with specialist including cybersecurity, analysts and bioinformaticians
- We are utilising strategic workforce planning and job families to identify solutions, including the use of advanced practice; re-profiling of teams; and the introduction of new technology
- We are undertaking targeted activity to expand access and cultivate diversity in our workforce, including:
 - Collaboration with Welsh universities to broaden candidate pools and foster pathways for school leavers, graduates/undergraduates
 - Engagement at job fairs, particularly in Microbiology/Infection Services, connecting with potential candidates and showcasing opportunities across our organisation and the wider Welsh NHS
- Our work on Nursing and Midwifery retention, funded by HEIW, is providing valuable insight into actions to address employee experience and turnover
- We have implemented dashboards for retention insights and continue to develop culture-centric recruitment and selection practice.
- We are refreshing our People Strategy to align with our Long-Term Strategy

Further information available in ANNEX F - Analysis of staff turnover in Health Protection & Screening Services



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*Gweithio gyda'n gilydd
i greu Cymru iachach*

Working together
for a healthier Wales

Iechyd Cyhoeddus Cymru
Rhif 2 Capital Quarter, Stryd Tyndall,
Caerdydd CF10 4BZ

Public Health Wales
2 Capital Quarter, Tyndall Street,
Cardiff CF10 4BZ

Tracey Cooper
☎ Llinell Uniongyrchol/ Dir Line: 02920 104300
Ebost/ Email: tracey.cooper3@wales.nhs.uk

Judith Paget
Director General Health and Social Services/
NHS Wales Chief Executive
Health and Social Services Group

Our Ref: TC.JP.JET.041224

4 December 2024

Dear Judith,

Public Health Wales Mid-Year Joint Executive Team Meeting

Thank you for your recent letter inviting us to our mid-year Joint Executive Team (JET) meeting on the 10 December 2024. We are looking forward to the opportunity to provide a summary of the mid-year position, reflecting on our achievements and our areas of risk, and looking ahead to the remainder of the year. We will also provide an overview of our progress against the 2024-2027 Integrated Medium-Term Plan (IMTP) and our accountability conditions. As requested in the invite letter, within our presentation and supporting information we have included updates on how we are supporting the delivery of Ministerial priorities; our approach to Quality, Equality, Diversity, and Inclusion; our clinical services plan and our workforce and recruitment challenges.

After seven years, our Chair, Jan Williams, left us to start her new role as Chair of Swansea Bay University Health Board, in June 2024. Jan was amazing over her time with us, supporting the Board, the Executives, and the whole organisation in the most challenging of circumstances. Her stewardship enabled the ongoing development and maturity in Board business, and she has championed our people right across the organisation, particularly as a champion, ally and advocate of equality, diversity, and inclusion. I would also like to express my enormous gratitude to Nick Elliot, our Interim Chairperson since April 2024. Nick has been excellent in the role and has provided very strong continuity over the last six months in addition to providing invaluable support to me.

1 Significant Achievements during 2024/2025 to date

Within the first six months of 2024/2025 we have delivered across the breadth of our public health functions with an increased focus on delivery and impact. We have continued to focus on delivering excellent public health services with 72% of the organisation specifically geared to frontline service delivery. Including screening 385,000 participants in total, 750,000 microbiology tests undertaken, 9,400 genomes sequenced, and significant health protection activity (160 incidents, 6,725 cases and over 5,000 total calls, 14 training events).

We have also led, delivered on, and engaged with partners across all our strategic priorities in the delivery of our Integrated Medium-Term Plan for 2024/2025. This has included the ministerial priorities that relate to us. Details of our achievements and progress are included within the supporting pack and I have provided some highlights of these below:

1.1 Screening Programmes

In April 2024, we marked the tenth anniversary of the Newborn Bloodspot Screening Wales Programme (NBSW) being delivered as a national programme. During the ten years of the programme, it has screened over 322,500 babies. Over 600 babies with suspected rare conditions have been identified and referred for specialist diagnosis and treatment to prevent serious illness, permanent disability and, in some cases, death.

From the 9 October 2024, we commenced our next phase of optimisation of the bowel screening programme and began to invite participants aged 50 years for screening for the first time. The programme will be rolled out to the new eligible age group gradually over the next 10 months. In addition to this, we have lowered the positive threshold level of the test which will increase the sensitivity of the test to better detect bowel cancer in those who are at risk.

It is pleasing to report that all screening programmes have now recovered the participant backlog from the impact of the pandemic, with Breast Screening Programme completing the recovery in July 2024. However, we do continue to have challenges in the overall pathway in a number of screening programmes including Breast Test Wales and Bowel Screening Wales. This is due to a number of reasons including workforce challenges and commissioning services from health boards.

1.2 Vaping Incident Response Group

In April we published the final report of the *Vaping in Young People Incident Response Group (IRG)*. The Group was established in the summer of 2023, in response to concerns raised across the system about the rise in vaping by young people and particularly problematic vape use which was impacting on wellbeing and learning.

The approach taken was a novel one in utilising methods normally applied to communicable disease or environmental incidents to a non-communicable disease issue. The advantage of this way of working is that a more rapid response can be achieved in situations where there is limited published evidence. In this case, the IRG brought together representatives from across the public sector to conduct a series of investigations which was able to confirm that vaping was a significant problem. A series of recommendations were made which have fed into proposed legislation on vaping.

1.3 Prevention Based Health and Care (PBHC)

On the 20 May, as part of the work to support a sustainable health and care system, we launched the *Prevention-Based Health and Care (PBHC) Framework* with system partners. This work is designed to create a shared understanding of the components required to embed prevention in the health and care system. The framework aims to help those working in the health and care system to identify:

- What action is required from their own and other parts of the system, to achieve the common goal.
- Interdependencies that need to be navigated and opportunities for alignment within the health and care system.
- Who they need to collaborate with to take a systematic and coordinated approach, to optimise their collective impact.

1.4 Building a Public Health Value and Economics Unit

To bring greater focus on delivering value and help to progress the Wellbeing Economy in Wales, we brought together our health economics and social value work. This supports the work of the renewed Welsh Government and World Health Organization (WHO) Memorandum of Understanding. We created a new post, Head of Health Economics and Value, and were delighted to welcome Dr Jo Charles to this role.

We delivered a Value in Public Health masterclasses, with more than 80 in attendance, which focused on building skills in measuring social value and wellbeing impact. The interactive webinar enhanced understanding of the wider social, economic, and environmental value of public health through the application of Social Value and related return on investment.

1.5 Directory of Education and Training in Inclusion Health and Health Professionals

Collaborating with the National Inclusion Health Nurses Network, the Inequalities team in our Primary Care Division, developed an education and training directory in Inclusion Health for health professionals. This is designed to help healthcare professionals identify currently available education and training opportunities to help them meet the knowledge base of inclusion in health and health inequalities.

1.6 The 21st Welsh Immunisation Conference

World Immunisation Week 2024, was marked in Wales by the 21st Welsh Immunisation Conference. This conference, with over 150 delegates from across vaccination and public health teams in Wales, was held for the first time at our Head Office at Capital Quarter 2, Cardiff. The conference was opened in the morning by Eluned Morgan, in her role at the time as Cabinet Secretary for Health and Social Services, and the afternoon session by Sir Frank Atherton, Chief Medical Officer. Their attendance was very much appreciated by colleagues at the conference.

It was great to be able to recognise the dedication and hard work of vaccination teams that supported the pandemic and helped return to a state of normality, but also look forward positively to new advances which will ensure that vaccination goes on to save many millions more lives in Wales and across the world. Presentations included Professor Sir Andrew Pollard, Chair of the Joint Committee on Vaccinations, and immunisation, giving a keynote talk on respiratory syncytial virus and Professor Adam Finn describing the harms of varicella infection. Dr Siddhartha Datta, from WHO Europe provided an insight into WHO thinking on vaccine equity.

The conference also saw the 2nd annual Vaccination Saves Lives Awards. The efforts of individuals and teams from across Wales were recognised, and the ceremony culminated in a lifetime achievement award to Nicola Meredith, former Lead Nurse of Influenza within the Vaccine Preventable Disease Programme.

1.7 Workplace Equality Index, Stonewall

This year, we were delighted to have been ranked 31st most inclusive LGBTQ+ employer in the UK, by the charity Stonewall in its annual Workplace Equality Index (WEI). Stonewall's annual WEI ranks the top 100 most inclusive employers across the UK as part of the charity's commitment to supporting employers to create workplaces for LGBTQ+ people. As well as being named as a Gold Award Employer, we are in the Top five LGBTQ+ inclusive employers in Wales and the only Welsh NHS employer in the Top 100. We have made progress from being ranked 64th in 2022, which demonstrates the advances we have made.

We have an excellent staff network, Enfys, which has a significant impact supporting us in our journey to be an inclusive organisation, and I would like to say thank you to our People and Organisational Development Team and our Enfys network for helping to achieve the progress made over the last year.

1.8 Greener Primary Care Wales

Our Primary Care Team were successful in winning the Healthier Wales award at the NHS Wales Sustainability Conference and Awards held on the 13 June, out of approximately 90 entries, and separately have had a case study Award Scheme to Engage Primary Care Workers on low carbon sustainable practice in Wales published by the Alliance for Transformative Action on Climate Change and Health.

1.9 Mpox Clade 1 Outbreak and Preparedness

On the 14 August, the Director General of the World Health Organization declared the increase in mpox cases in the Democratic Republic of the Congo (DRC), and its expansion to neighbouring countries, constituted a Public Health Emergency of International Concern (PHEIC). This outbreak was being driven by MPXV Clade1 and classified as a High Consequence Infectious Disease in the UK.

We agreed with Welsh Government colleagues the need for co-ordinated action within Wales and across the four UK nations, to prepare the system in Wales to respond. We established an internal response mechanism in the organisation and collaborated with partners, including the NHS, local authorities, Welsh Government and the NHS Executive, on the following activities:

- 27 August: system-wide briefing led by us for health boards, including updates from us and Welsh Government on the known epidemiology, diagnostics, preparedness activity and guidance.
- 28 August: our own internal mpox exercise
- 5 September: all-Wales mpox exercise to test clinical and Health Protections response pathways (nearly 200 attendees)
- 9 September: testing in Wales went live with Clade testing in Cardiff. Mpox testing began roll out to the network.

There is particular focus on developing four nations ways of working to coordinate the response, particularly with the UK Health Security Agency and other public health organisations, including work at a UK level to procure vaccine for potential outbreak response and for routine immunisation of those at risk.

Mirroring the incident response structures outlined in the All-Wales Communicable Disease Plan, the Welsh Government, in consultation with us, has established a High Consequence Infectious Disease Preparedness Group to plan and prepare NHS Wales and the wider health and social care system for the management of any confirmed case(s). This is jointly chaired between us and the NHS Executive.

2 Additional Areas of Focus

2.1 UK COVID-19 Public Inquiry

I would like to thank everyone across the organisation who has been involved in our response to the UK COVID-19 Public Inquiry. It has taken a substantial amount of time for the organisation and for specific individuals who continue to give of their time to respond to the Inquiry's requests. We are very aware that for some of our staff, the process of going back through evidence of what took place during the intense phases of the pandemic, can be re-traumatising and we are therefore continuing to support the wellbeing and welfare for our people who are more directly involved. The following is a summary of our current activities in relation to the UK COVID-19 Public Inquiry:

- **Module 1 Resilience and Preparedness** – the Inquiry published its first report on the 18 July and work has started internally to progress recommendations.
- **Modules 2 Core UK Government Decision Making and 2B Core Welsh Government Decision Making** – The Public Hearing for Module 2, 2A, 2B and 2C have now concluded. It is not yet known when we can expect to receive the published report.
- **Module 3 Impact on Healthcare Systems** – The Public Hearings for this Module started on the 9 September and concluded on the 28 November. Professor Fu-Meng Khaw, our National Director of Health Protection and Screening Services/Medical Director, gave evidence for us to the Inquiry on the 5 November 2024.
- **Module 4 Vaccines and Therapeutics** – we are a core participant for this module and have provided detailed evidence to the Inquiry. The public hearings for this module are scheduled to commence on the 14 January 2025 and conclude on the 30 January 2024. We may be called to provide oral witness evidence at this hearing.
- **Module 5 Procurement**- we are not a Core Participant for this module. Public hearings are due to commence on the 3 March 2025 and will end on the 3 April 2025.
- **Module 6 Care Sector** – we are a core participant for this module and working alongside the Inquiry legal team in preparation for a request for evidence as it is anticipated that the Inquiry will require significant input and evidence from us. Public hearings are scheduled to commence on the 30 June 2025 and conclude on the 31 July 2025.
- **Module 7 Test Trace and Isolate** – we are a core participant for this module, and it is anticipated that Inquiry will require significant input and evidence from us to investigate this module. Public hearings are due to commence on the 12 May 2025 and conclude on the 30 May 2025.
- **Module 8 Children and Young People** – we are not a core participant in this module, but we will monitor the Module’s progress. Public hearings are expected to take place Autumn 2025.
- **Module 9 Economic Response** – we are not a core participant in this module and not anticipating a high level of involvement with the Public Inquiry
- **Module 10 Impact on Society** – this module opened on the 17 September 2024 and is the Public Inquiry’s final module. We have not applied for core participant status in this module.

We continue to ensure that we are ready to respond to, and provide, any information the Inquiry requests in an open and transparent manner including the multiple statements that we are responding to at any given time.

2.2 NHS Executive

The establishment of the NHS Executive has been a key programme of work. It continues to receive substantial support from colleagues from Public Health Wales in our Finance, People and Organisational Development, Board Business Unit, Information Governance and Risk, IT/Digital, Improvement Cymru and Communications Teams.

We are continuing to work with colleagues in the NHS Executive, and the Welsh Government, in the ongoing development and bedding in of a number of areas including organisational development and assurance.

2.3 Our Long-Term Strategy

We continue to deliver against our strategy, '*Working Together for a Healthier Wales.*' Our Strategic Plan (IMTP) sets out the actions for each of our six strategic priorities. As at month six, significant progress has been made delivering our plan, with 86% of milestones reporting as on track or completed. The supporting papers highlight several key accomplishments achieved during the first six months of this year.

The development of our IMTP 2024-2027, was guided by the Minister's priorities for NHS Wales and focuses on the support and public health expertise that we provide to the broader system. Additionally, our plan details how we will achieve the objectives set out in our Mandate Letter. As set out within the papers, good progress has been made in delivering key public health initiatives, including Tackling Diabetes Together and the continued development of our screening programmes.

We are also developing strategic priority 'route maps' for each of our priorities, which outline the key milestones to deliver our overarching strategic outcome of increasing healthy life expectancy and reducing the inequality gap between now and 2035 to ensure that we have maximum impact. These route maps will drive delivery across our six priorities, and in support of Ministerial Priorities, through working with key partners and by leveraging the skills and experience of our staff. They set out our delivery role across the breadth of work focused on informing, advocating, mobilising and directly delivering.

Finally, I would like to thank our exceptionally talented and committed staff throughout the organisation who continue to go above and beyond to protect and improve health and well-being for our people in Wales and, of course, the ongoing strong leadership of all of my Executive and Non-Executive colleagues. I would also like to thank you, and all our Welsh Government colleagues who we continue to work closely with, for all of your support during the year.

I have enclosed our **JET submission** and **supporting papers**, including **Annex F** to update you on the progress against the actions from our end of year meeting on 14 June 2024. I am sure we will have the opportunity to discuss many of the areas highlighted during our JET meeting.

I look forward to our discussions on the 10 December and please let me know if you require any further information in advance of the meeting.

Yours sincerely,



Dr Tracey Cooper
Prif Weithredwr
Chief Executive

Rydym yn croesawu gohebiaeth yn Gymraeg. Byddwn yn ateb yn Gymraeg heb oedi.

We welcome correspondence in Welsh. We will respond in Welsh without delay.

DIRECTORATE REPORT TO BUSINESS EXECUTIVE TEAM AND BOARD

Directorate:	Public Health Research, Data and Digital
Executive Lead:	Iain Bell
Reporting Month:	Dec 2024
Business Executive Team Meeting Date:	15 January 2025
Board Meeting Date:	30 January 2025

Overview of Key Activities During the Month

- Real Time Suspected Suicide Surveillance (RTSSS) - publication on 10 December 2024 of second annual surveillance report of *Deaths by suspected suicide April 2023 - March 2024*. Presentations to stakeholders at the three regional suicide and self-harm prevention fora between 10 and 18 December.
- Submission of the Health Research Authority (HRA) Ethics application for the Tackling Diabetes Together qualitative insights work to obtain approval for the study to commence.
- Published summary of prevalence of non-communicable disease and cancer incidence in Wales – trends and 10-year projections – 10 December 2024. Work continuing on further disease prevalence publications scheduled for the first quarter of 2025.
- Published the latest rapid cancer pathology data within the Cancer Reporting Tool
- Published phase two of Child Measurement Programme dashboard, adding data for Wales deprivation 5^{ths} and comparative UK nations data – 12th December.
- Work nearing completion on developing a set of data publication standards to be adopted across PHW.
- Work ongoing for phase two of our Primary Care Clusters analysis, a set of summary profiles to complement the dashboard launched last September.



- CARIS Team – Placement student presented childhood rare diseases analysis coupled with patient story to the Rare Disease Implementation Network (Wales). Single disease focus (Epidermolysis Bullosa, a rare skin condition) that stimulated broader strategic discussions - 17 December 2024.

Successes

- Beaufort Research successfully appointed and have commenced work on the Tackling Diabetes Together qualitative insights work.
- Outcome evaluation of the 22-23 winter vaccines campaign complete. Findings were presented at the Lancet conference.
- Launch of the internal PHW Disability and Carers survey on the 9th of December 2024.
- Rapid evidence review published on interventions to support the health and wellbeing of people on the obesity waiting lists in Wales.
<https://phw.nhs.wales/news/interventions-that-can-support-the-health-and-well-being-of-people-with-obesity-on-healthcare-waiting-lists/>
- Evidence support provided to Welsh Government to support their round table discussions around the use of weight loss drugs
- NDAP pilot – cancer statistics: Imported cancer data into the GCP NDAP environment using big query which allowed analysts to build reports using Google Looker. User managed notebooks were also used to run R code.
- The PHW Research and Evaluation Conference for 2024 took place in CQ2 with over 100 delegates attending. There were oral and poster presentations from across the organisation and in partnership with academic stakeholders. Feedback from the conference has so far been excellent and we look forward to the next one in 2025.
- A workshop was held on Strategy Priority 2 as part of the development of the Cardiff University – Public Health Wales strategic partnership
- A Band 7 Research Coordinator (Climate Change) has been recruited to work between PHW – HEIs to support PHWs priorities in this priority area.

Any Concerns being managed:

None.



Forward Look of key activities for next month

- Digital diabetes discovery – contract to be awarded to start work on this in mid-January
- Cloud development – contract to be awarded to start work on further development of our cloud infrastructure and upskilling mid January
- Evaluation Community of Practice event on the use of AI in Evaluation to be held on the 16th of January 2025.
- Presentation of Covid Learning Event findings to BET in January.
- Completion of the baseline Hapus Strategic Partnership Evaluation as well as the evaluation of the CVUHB Prehab to Rehab programme.

DIRECTORATE REPORT TO BUSINESS EXECUTIVE TEAM AND BOARD

Directorate:	Health and Wellbeing
Executive Lead:	Jim McManus
Reporting Month:	December 2024
Business Executive Team Meeting Date:	15 January 2025
Board Meeting Date:	30 January 2025

Overview of Key Activities During the Month

Health Improvement Division

Nutrition and Obesity

- The Nutrition and Obesity team produced a weight management medication briefing paper for Welsh Government for the Ministerial Round table on weight management medication. NICE recommendations include delivery for new medication in primary care with potential costs to services arising from medications estimated at 28% of England's medicines budget with added costs to the NHS arising from service capacity to deliver.
- The Nutrition and Obesity team also presented their work on an infant feeding quantitative data framework for Wales and consistent indicators for collection across the 4 nations to the UK Chief Nursing Officers Forum. The Forum acknowledged the importance of this work and its potential to enhance understanding of how differing policy approaches impact outcomes. The 4 Nations committed to integrating the agreed indicators and definitions into their data frameworks as opportunities arise.

Tobacco Control Programme

- The Tobacco Control Programme published the [Young People and Vaping Information for Parents and Carers](#) which provides up-to-date information on the health impacts of vaping and youth vaping rates in Wales. The guidance offers practical advice on identifying signs of vaping and initiating conversations with children. The publication secured good coverage in Welsh digital press as well as a TV interview for Newyddion S4C.
- The Tobacco Control Programme is re-running its multi-award nominated campaign which promotes the Help Me Quit (HMQ) service for its final burst which runs from 26th December – 2nd February to encourage quitting smoking in the new year. The campaign has a multi-channel approach including TV, out-of-home and digital advertising.

Mental Wellbeing Programme

- The Mental Wellbeing team presented at the PHW R&E conference on the insights gathered to inform the Hapus programme, from community workshops to more formal research and national surveys and how these have been used to develop our Equality Impact Assessment Action Plan.

First 1000 Days

- The First 1000 Days Programme has been a collaborator on a successful funding bid to enable a James Lind Alliance Priority Setting Partnership to be established. The PSP aims to identify the research priorities for community interventions focused on the social and emotional development of babies, toddlers and pre-school children and their families. NIHR is interested in funding research which addresses any of the PSP priorities through its ongoing call for research, and as such the PSP process presents an opportunity to increase funded research in this area.

Primary Care Division

Prevention in Health and Care

- Ongoing work with Cardiff and Vale to establish health board's gestational diabetes (GDM) pathway to AWDPP. Skills and knowledge programme for social prescribing practitioners, underpinned by [The Competence Framework for Social Prescribing Practitioners in Wales](#) in development. Engagement with CAHMS lead to explore how social prescribing could support children and young people's mental health. Bangor University commissioned to deliver Insight Study into Health Behaviours that affect engagement with services for CVD Prevention. Protocol and action plan drafted. Continued planning of face-to-face workshop to co-design the Prevention Based Health and Care Action plan (being held 22nd January). Further development of PBHC Report with input from social care stakeholders

Environmentally Sustainable Health and Care

- Greener Primary Care Wales Expert Group meeting held 4 December to inform 2025 and 2026 of the Scheme. Chaired by Clare Jenkins, PHW Board Vice Chair. Ongoing work progressing to understand the impact in terms of carbon savings attributed to the action's practices have completed in the Greener Primary Care Wales and tools to measure practice carbon footprints. Paper submitted for peer review journal with Cardiff Metropolitan University, project being explored with the Finance Delivery Unit, NHS Executive and separately with Cardiff University School of Pharmacy, to understand the financial impact of changing therapy to lower global warming inhalers.

Public Health driven Primary and Community Care system by 2035

- Planning underway for round table events in February, including stakeholder analysis, evidence searches for key areas of primary and community care. Steering group for the work scoped; first meeting January. Finalised questions for the PHW Time to Talk survey (due February 2025) with the aim of gathering public insight.

Reducing Health Inequalities through Primary Care

- Health equity and Inclusion Health [toolkit](#) is published and shared with stakeholders. Task and finish groups established to scope the development of a safer surgeries pilot. Work progressing to coproduce a Health Inequalities Action Framework for Primary Care.

Transformation in Primary Care

- Primary Care Model for Wales Evaluation Self Reflection component for 2025/26 approach confirmed. Realist evaluation being scoped.

Dental Public Health

- Meeting with Chief Dental Officer for Wales; discussed various dental public health topics including need for digital resources for dental public health programmes and beyond. A joint Dental Epidemiology Programme planning session between the Welsh Oral Health Information Unit (WOHIU) and Dental Public Health team took place on 13th of December to scope plan for 25/26.

Wider Determinants of Health

Shaping Places for Well-being in Wales

- Final workshop with the poverty and inequalities learning group to undertake participatory systems mapping. Conducted interviews with learning group members for evaluation and undertook initial analysis. Engaged with Welsh Government, Future Generations Commissioners Office, Co Production Network to describe a package of support for PSBs. Further developed SPWW webpage. Planned local level engagement with each PSB/region in the new year. Planned systems mapping analysis workshops for February. Review of Programme Advisory Board members.

Building a Healthier Wales

- Held quarterly BaHW Coordination Group Meeting including a presentation from Dr Sumain Azam on the forthcoming 'Investing in Prevention' report and an update on actions to address Child Poverty by the BaHW Planning Team.

- Agreed a new format for Coordination Group meetings in 2025, using 'an audience with' format of invited speakers and workshops, with comms packages to be provided to group members following each meeting. Collaboration Needs Assessment: literature review completed, delivery plan on target.

Public Health Network Cymru

- Produced and shared "look back 2024" e-bulletin and 'save the date' for conference
- Planning with Health Improvement Division for PHNC conference and contacts made with WG and other speakers. Preparation for Advisory group meeting.

Community of Interest

- Invitations sent out for second session from colleagues in PHW Policy team on communication with policymakers. Leadership Group membership review commenced.

Successes

- [Shaping Places for Well-being in Wales](#) Programme Resources published.
- Public Health Network Cymru hosted webinar: '*Supporting postnatal weight management*' end of Nov - 82 people attended. Direct quote: "Perfect organisation in a timely manner. Quality evidence provided".
- Public Health Network Cymru: Agreement from the WG Minister for Mental Health and Wellbeing to attend and speak at PHNC conference.
- Two posters presented at the PHW Research Conference 2 December 2024; *How primary care can increase its impact in tackling climate change* and *Behavioural insight into patient and community pharmacy views about inhaler disposal and recycling*
- Inclusion of Prevention-Based Women's Health chapter in [Women's Health Plan](#) published in December 2024, including PHW Prevention-Based Health and Care framework
- Presentation to AHP Dementia Network on Prevention-Based Health and Care approach to dementia prevention.
- Inequalities and Inclusion Health team has developed three simple tools to support those working in or with primary care to embed and consider equity during planning. ([Reducing Health Inequalities through Primary Care - Primary Care One](#))
- Entries for the [NHS Wales Sustainability Awards 2025](#) have opened. Primary Care Division is sponsoring two new award categories this year: Greener Primary Care and Prevention in Healthcare.

Any Concerns being managed:

All Wales Diabetes Prevention Programme (AWDPP)

- **AWDPP:** Audit plus availability for Wales is a key risk for AWDPP programme to capture data for monitoring and national reporting. Vacant lead dietitian post continues to place pressures on delivery of national programme. Confirmation of core HWHW £1m AWDPP funding beyond March 2025 still awaited from WG; impacting on service delivery as HBs are not proceeding to recruit to fixed term posts and serving notice to existing post holders on fixed term contracts. Issue has been escalated to WG.

- **Dental Public Health:** Lack of resources for roll out of digital consent for dental public health programmes remains a concern. Discussed this with the Chief Dental Officer for Wales in December. All Wales dental Quality Assurance Self-Assessment (QAS) hosted on the Caforb provided DHCW. PHW provide national co-ordination for the QAS system and annual process. Health Boards' dental practice advisors assess the completed self-assessment and generate report for their relevant Health Board Q&S committees/groups. DHCW agreed to develop a report generation functionality for Health Boards. In our recent meeting with the relevant DHCW team, we were informed that it is likely that they will not be able to deliver it within the agreed timeframe. The QAS closes for self assessment on 9th of Jan but the functionality for report generation for HBs is looking unlikely to be ready. It is likely that Health Boards may submit a formal complaint if DHCW are unable to deliver this report generation functionality before 9th January.

Health Improvement Grant Programmes:

- Ongoing uncertainty around renewal of funding for key Welsh Government funded programmes is challenging and impacting on delivery of outcomes due to loss of staff who are not being replaced.

Forward Look of key activities for next month

Health Improvement Division

- Launch of re-designed HMQ website based upon behavioural insight.
- The HWW team will present at the Social Care Wales event on 20th January as part of their Well-being Week 2025, promoting our free digital offer dedicated to improving workplace health and preventing ill-health in all organisations in Wales and why supporting employees with long-term health conditions is a health topic all social care employees should address.

Primary Care Division

- Oral Health of 12 year-old Children report 2023/24 due to be published on 27th January.
- Publication of Antibiotic prescribing in dentistry in Wales
- Addressing the health and wellbeing needs of Asylum Seeker & Refugees webinar being held on 30th January [link to register](#).
- Workshop to codesign Prevention Based Health and Care (PBHC) Action Plan 22nd January. Final edits to PBHC framework report and case study report ready for publication.
- Greener Primary Care - Participate in Stakeholder panel at the *Bridging the Gap* event in January. Plan for Spread & Scale NHS Leadership day – February 2025.
- Deliver Asylum Seeker & Refugee Public Health Webinar 30th January.
- Re-launch Greener Primary Care scheme for year 4. Review all actions and updating platform for 2025 including updated/new resources following feedback from the Expert Group.
- Develop next steps for work on prospective model for the AWDPP using QI approach. Continue to engage with WG re funding for 2025/26.
- Submit ethics application for insight study into health behaviours that affect engagement with services for CVD prevention. Develop plan for workshops to enable stakeholder input to shape directions for future CVD prevention activity in Wales.
- Stakeholder engagement with key partners across Wales to develop recommendations report regarding *The Future of Health Checks in Wales*.
- Development of communications and online tool, for the second cycle of the cluster self-reflection process. Refresh of the PCMW Maturity matrix. Exploratory work with the Research and Evaluation team, PHW, to develop a feasibility study of the use of person reported experience measures (PREM) in primary and community care in HDDUHB, the findings of which will inform a future national roll-out
- Commission provider to support the development of an Inclusion and Prison Health Training, Education and Competency Framework.

Wider Determinants Unit

Public Health Network Cymru

- Conference planning (no webinars to be held in January)
- Confirmation of conference agenda and speakers/presenters
- Advisory Group meeting 15 January

Shaping Places for Well-being in Wales

- Regional/local level meetings with learning group members to consider how they might bring participatory systems mapping back to their PSBs
- The next Programme Advisory Board will take place on Tuesday 14 January
- Continue analysis of participatory systems maps in preparation for analysis workshops in February

DIRECTORATE REPORT TO BUSINESS EXECUTIVE TEAM AND BOARD

Directorate:	Operations and Finance
Executive Lead:	Huw George
Reporting Month:	December 2024
Business Executive Team Meeting Date:	15 January 2025
Board Meeting Date:	30 January 2025

Overview of Key Activities During the Month

Communications

- Web Transformation Programme achieved a significant milestone with the signoff of the overarching design prototypes and site architecture.

Finance and Performance

- PHW JET mid-year review meeting with Welsh Government successfully undertaken on 10 December.
- First draft of 2025-26 budget setting and non-pay spending plans completed on 13 December in preparation for the IMTP and new financial year.
- New costing analyst started in post as part of our additional temporary resource until 31st march and commenced costing improvement project which should give a greater focus on value for money.

Strategy and Planning

- First draft IMTP milestones and key dependency information shared with all directorates via interactive dashboards to support plan feasibility discussions.
- Tackling Diabetes Together planning workshop held to inform development of 2025/26 programme plan.
- Work commenced to refresh the NHS Executive hosting agreement.
- Draft Project & Programme Management Standards shared with key groups for feedback.

Digital Services

- Completion and troubleshooting issues with the rollout of upgrades to National Breast Screening System (NBSS) servers, daybooks, and PCs across breast screening sites.
- Ongoing meetings with suppliers to procure network and backup infrastructure improvements.
- Establishing codes of connection to enable contractors to connect to the Newborn Screening platform to deliver the re-platforming project.
- Further improvements to network infrastructure across the PHW estate

Estates

- Provision of significant support to Public Health Wales Screening Services to support the safe introduction of new camera use in Diabetic Eye

Screening and to support Breast Test Wales mobile screening service with their unit's operating procedures.

Successes

Finance and Performance

- PHW JET mid-year review
- Our Finance graduate trainee passed their second professional accountancy exam in December.

Estates

- Completed two weeks (11 sessions) of staff engagement activity aimed at informing the development of the North Wales administrative estate. Staff complimentary of the approach adopted and the commencement of action aimed at improving their working environments.
- Tender Award made to Contractor for conversion works to support the relocation of Diabetic Eye Screening service from Llys Britannia to Llys Castan, North Wales.

Communications

- Evaluation of HIV Testing Week campaign was completed in December, indicating strong overall results. The campaign exceeded expectations in engaging with diverse groups. Most notably, it achieved the highest-ever level of engagement with Black and Asian communities in Wales—a groundbreaking milestone. The campaign drove over 22,000 visits to the Sexual Health Wales website to order test kits, with more than 16,000 directly linked to campaign promotional materials.

Strategy and Planning

- Key engagement sessions delivered on our draft Strategic Priority Route Maps, including Board, Leadership Forum and the Inequalities Steering Group.
- Key programme milestones delivered for web transformation programme, including agreement of main site 'go live' criteria and approval of content migration plan.

Digital Services

- Rollout of WIFI improvements at CQ2

Any Concerns being managed:

Estates

- Dialogue continues with CQ2 landlord relating to building service charges.

Communications

- We have secured short term resource to complete a number of tasks in Q4, though these arrangements will end on 31 March 2025 so we will need to ensure.

Forward Look of key activities for next month

Communications

- Planning for Welsh Public Health Conference 2025 is underway and in the next period we will be seeking to engage with representatives across directorates to commence content development.
- The first Leadership Forum of 2025 is planned for 29 January, bringing together senior leaders to develop our staff engagement and organisational culture.

Finance and Performance

- Performance Team to develop intranet article sharing directorate successes from mid-year reviews.
- Launch of first process improvement project on staffing
- Launch of business transformation project on development of Microsoft Forms automated finance form process.
- Working with Audit Wales to commence interim audit for final accounts which will support and enhance our end of year audit accounts process.

Strategy and Planning

- Cross organisational workshop to discuss draft IMTP, dependencies and feasibility to be held on 14 January.

Digital Services

- Working with suppliers to deliver the Newborn Screening re-platforming project.
- Implement a Firewall replacement at CQ2.
- Progress procurement of the strategic capital infrastructure improvements (Network and Backup).
- Further work to plan the Microsoft Surface Hub replacement programme.

Estates & Facilities

- Work to commence for conversion works to support the relocation of Diabetic Eye Screening service from Llys Britannia to Llys Castan, North Wales.
- Work to commence to replace roof at Breast Test Wales, Swansea.
- Production of emergent themes from North Wales Engagement activity aimed at informing the development and enhancement of the North Wales Administrative estate. The themes will be used to inform proposals for staff to review and consider.



DIRECTORATE REPORT TO BUSINESS EXECUTIVE TEAM AND BOARD

Directorate:	Health Protection and Screening Services Directorate
Executive Lead:	Meng Khaw
Reporting Month:	December
Business Executive Team Meeting Date:	15 January 2025
Board Meeting Date:	30 January 2025

Overview of Key Activities During the Month

Cross Directorate

- Route maps were developed and submitted within tight deadlines.

Health Protection Division (HP)

- Attended the European Scientific Conference on Applied Infectious Disease Epidemiology (ESCAIDE) conference including several abstracts presented by the Communicable Disease Surveillance Centre (CDSC) team.
- The Vaccine Preventable Disease Programme (VPDP) team presented at the Healthy Sustainable Pre-Schools Settings (HSPSS) National meeting, providing clinical insight into vaccine misinformation history and discussing vaccines with families.
- Discussions initiated with Welsh Government (WG) and the Case Review Co-ordinators Group to establish a new system for national tracking of drug related deaths in Wales.
- Ongoing engagement supporting community concerns linked to Withyhedge landfill site, including attendance at public meetings and briefings to elected representatives.
- Tender awarded for the discovery phase of the Sexual Health Digital Case Management System.
- Continued preparation and response to the MPOX UK incident with follow up calls to residents of Wales being conducted.

Infection Services Division

- Successful verification of new Mycobacteria Growth Indicator Tube instrument (MGIT) for the Welsh Centre for Mycobacteria (WCM) with future deliveries planned.

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- Lone worker sessions completed for University Hospital Wales laboratory staff by the Emergency Preparedness, Resilience and Response (EPRR) Team.
- Development of a Network wide Research and Development meeting to collate all research and evaluation studies, share information, support research needs and enhance research collaboration with wider Health Protection colleagues.
- Working with Cardiff and Vale University Health Board (CAVUHB) to progress installation of the CCTV and access control system in the University Hospital Wales laboratory following the successful capital funding bid.
- The Toxoplasma Reference Unit are supporting the development of a National External Quality Assurance Scheme (NEQAS) Toxoplasma DNA scheme.
- Contribution by the Cryptosporidium Reference Unit on UK Boil Water advice which will soon be published on the UK Government website.

Screening Division

- Key documentation for The Radiology Informatics System Procurement (RISP) and Picture Archiving and Communication System (PACs) replacement work has been signed and work is progressing.
- All Wales Medical Director Deep Dive meeting on Lung Cancer Screening.

Emergency Preparedness, Resilience and Response (EPRR)

- Collaborating with People and Organisational Development and the Health and Wellbeing Directorate to deliver a revised version of Exercise ERIS.
- Analysing data from the Health Prepared Wales Conference, producing learning resources, a review pack and develop themes for 2025.
- Collaborating with Welsh Government in planning for Exercise PEAGUSUS; the Tier 1 national pandemic preparedness exercise.
- Representation across multiple fora including the Wales Resilience Partnership Team, the Wales Countermeasures Oversight Board, the CONTEST Cymru Board, as well as Pandemic Preparedness, mpox, NHS Wales groups such as system resilience, strategic, coordination and 'hazard specific' local resilience forum (LRF) groups.
- Engaging with partners in early planning phases of Exercise CONSOLIDATION, testing the multi-agency response to and recovery from a terror attack at a crowded event.
- Initiation/coordination of Public Health Wales engagement to support the multiagency major incident response to Storm BERT across Wales and the discovery of unexploded ordinance in Pembrokeshire.

Office of the Medical Director (OMD)

- Electronic job (e-job) planning sessions undertaken in groups and as one-to-ones.
- Commencement of negotiations with the Pharmacy Team at Cardiff and Vale University Health Board in relation to a Service Level Agreement supporting Public Health Wales with Medicines Management.

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- Collaborating with Health Education and Improvement Wales (HEIW) on the Allied Health Professionals student placement project.

Successes

Health Protection Division (HP)

- Twelve members of the Business and Operations Team successfully completed a bespoke Critical Leadership Programme designed for the team in conjunction with the University of South Wales.
- Approval was received via Data Protection Impact Assessments (DPIA) for short message service (SMS) communication in Tarian and Electronic Notification of Infectious Diseases (ENOIDS) from general practitioners (GPs).
- Phase one of the *Cryptosporidium* multiple loci variable-number tandem repeat analysis (MLVA) typing clustering completed in collaboration with the *Cryptosporidium* Reference Unit. Phase one focused on developing tools to group cases where individuals have the same characteristics as other cases, which could suggest common transmission pathways. When appropriate, the health protection team are notified of these case clusters to enable timely and effective health protection action. Phase two is currently in progress with colleagues from the Gastrointestinal Infections and Zoonoses team. This phase involves using the MLVA profiles to detect clusters of cases in Wales. The health protection team will be notified when cases with the same MLVA profile are identified, supported by epidemiological evidence of common exposures, allowing for appropriate action to be taken.

Infection Services Division

- Twenty members of staff have successfully completed a number of qualifications some of which include; Fellow of the Royal College of Pathologist (FRCPath) Part 1 and 2, Clinical Scientist, Specialist Diploma in Medical Microbiology, Specialist Diploma in Virology, Institute of Biomedical Science (IBMS) Certificates of Competence and Achievements.

Screening Division

- Well received presentation on Optimisation of Bowel Screening at the Chief Medical Officer Health Protection Advisory Group.
- Progression of the Newborn Screening System re-platforming, with the contract being agreed and signed by the supplier and Public Health Wales.
- Testing has commenced with the Health Boards on the new Cancer Network Information System (CaNISC) replacement system.
- Following the submission of additional evidence and clarification on three points raised by the Health Inspectorate Wales, the improvement notice on Breast Test Wales, Llandudno has been lifted.

Emergency Preparedness, Resilience and Response (EPRR)

- Public Health Wales adopted the Charter for Families Bereaved through Public Tragedy (also known as the Hillsborough Charter), supporting the

principles operationally (in particular principle 1) to the extent our statutory functions and role allow.

- Successfully completed work to collate and analyse data from phases one and two of staff-wide facilitated learning events for COVID to produce actionable recommendations (phase three).
- Successfully delivered internal training for Operational and Tactical roles in the Public Health Wales Emergency Response Plan V3.1, and a series of Lone Working training/awareness events for Infection Services.
- Represented Public Health Wales in Exercise WAVE for a Control of Major Accident Hazards (COMAH) site, and Exercise VIPER – a Hazardous Materials (HAZMAT) exercise with partners in the North Wales area.
- Successfully led system-wide debriefs for the NHS on the collective response to the train crash in Powys and Exercise NITAZENE, exploring the response to an increase in harms relating to the emergence of synthetic opioid in Wales.

Office of the Medical Director (OMD)

- Successful Public Health Specialty Training Conference held in Wrexham.
- Two members of the OMD team are now trained as Case Investigators for any Upholding Professional Standards in Wales (UPSW) cases.
- Regulated Professions audit signed off, this was a collaborative project between the OMD and the Nursing, Quality and Integrated Governance (NQIG) Directorate.
- Appraisal and Revalidation Policy approved and published by the UK Public Health Register (UKPHR).
- All actions from the Appraisal and Revalidation Audit conducted in January 2024 have now been completed and closed.

Any Concerns being Managed

Health Protection Division

- Ongoing issues with the Welsh Emerging Drugs and Identification of Novel Substances (WEDINOS) Information Management System (WIMS) system leading to a recent incident and system failure.
- Working with the Research, Data and Digital Division and Digital Health Care Wales on risks from loss of Audit Plus, anticipated March 2025. Potential lack of syndromic surveillance and vaccine surveillance data from GPs.
- Ongoing issues with the Out of Hours (OOH) service delivery model due to grievance.

Infection Services Division

- Following the unsuccessful first round of interviews for the Band 7 Health and Safety Lead with Singleton Laboratory team. The Division is now experiencing recruitment delays necessitating continued support from the Central Training and Health and Safety team.

- Staff sickness issues in the Reference laboratory being discussed with the People and Organisational Development team.
- Institute of Biomedical Science (IBMS) assessor availability is causing delays with staff achieving their relevant qualifications in a timely manner.
- Significant leak in Wrexham Microbiology which has raised specific concerns around that estate.

Screening Division

- Staffing capacity remains an issue in the North Region for Breast Test Wales.
- All previously reported concerns remain unchanged regarding user acceptance testing (UAT) for the laboratory information management system (LIMS) 2.0 and Colonoscopy waiting times.

Emergency Preparedness, Resilience and Response (EPRR)

- It was anticipated that the release of the UK Pandemic Guidance would happen during quarter 3 of 2024-2025 but it's yet to be released and it's uncertain as to when this might occur. Public Health Wales has consistently fed back on all draft documents, but it's unclear how comments have been addressed in Draft 05. Concerns remain that the commentary provided reflects changes required to systems, structures and terminology that is synonymous with the system in Wales and other devolved nations, and when this goes out for wider consultation, without addressing these points it will make that process less effective as an engagement activity outside England.
- Responses to the COVID inquiry module 01 recommendations required within six months on the report being published. Public Health Wales is not identified as a 'recommendation owner' but has recently supported Welsh Government by providing a narrative illustrating work undertaken post-COVID and highlighted gaps which remain in relation to some of the recommendations.

Office of the Medical Director (OMD)

- Disparity relating to Tier 1 locum rota payments between multi-professional and medical and dental consultants.

Forward Look of key activities for next month

Health Protection Division

- Implementation of new Divisional recruitment processes designed to be more efficient and effective, which includes communication and training for all appropriate HP staff
- Health Protection Team Service Review being undertaken by an independent consultant in Public Health Wales.
- Ongoing discussions on Tuberculosis (TB) action plan in preparation for World TB Day Symposium on 24th March 2025.
- Annual report to be published on the inequalities in routine childhood vaccinations.

- Mid-programme report to be published on the inequalities in 2024 COVID-19 vaccination uptake.
- Mental Health First Aid Training to be held over the coming months.

Infection Services Division

- Setting and submission of the Divisions Integrated Medium-Term Plan (IMTP) milestones for 2025-28.
- Bone Joint Infection (BJI) Change Control Notification (CCN) for charging the Health Boards to be issued via a Service Level Agreement (SLA) met with limited resistance. The charge will be added to Contract Monitoring Report (CMR) for 2025-26.
- Sexual Transmitted Syndromic Infection Polymerase Chain Reaction (PCR) (includes but not exclusively mpox virus) testing cascaded to all regions and contract change notice (CCN) being drawn up to issue to Health Boards.
- Identify cost savings and budget setting for 2025-26, including the review of vacant posts to enable refinement of establishment in conjunction with Finance colleagues.

Screening Division

- Continued progression with the implementation of the Very High Risk (VHR) MRI breast screening, with letters being sent out to Health Boards confirming implementation timescales.

Emergency Preparedness, Resilience and Response (EPRR)

- Prepare to deliver internal training sessions for the Watchkeeper and Loggist roles in the PHW Emergency Response Plan V3.1.
- On behalf of the International Association of National Public Health Institutes (IANPHI); continue to develop the Public Health Wales Proposal; 'Building Bridges to Resilience: Identifying International Good Practice Principles in Applying Health Promotion to Emergency Preparedness and Response.'
- Prepare to deliver the final report following the staff-wide facilitated learning events for Covid to the Business Executive Team.
- Preparing to chair the Four Nations EPRR Group and attend the UK Health Protection Oversight Group and the Wales Communicable Disease Subgroup.
- Ongoing work on phase two of the Public Health Wales and University College London Project (inequalities in EPRR) regarding arranging community workshops.
- Support the organisation in response to the recommendations from COVID inquiry (Module 01).
- Continued EPRR support to preparation of information for COVID inquiry (new modules).
- Begin working collaboratively with Public Health Wales Communications Team and Welsh Government to develop and exercise for crisis communications across Wales.

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Office of the Medical Director (OMD)

- Attendance at the in-person Revalidation Manager/Appraisal Lead meeting.
- Allied Health Professionals Network meeting scheduled with two speakers from the Health and Care Professionals Council (HCPC) relating to professional standards and maintaining professional competence.
- Member of OMD attending Case Manager training for Upholding Professional Standards in Wales (UPSW) training.
- Continuing collaborative working with People and Organisational Development (POD) and Health Protection to resolve Tier 1 local rota payment disparity.
- First joint meeting with the OMD and Nursing, Quality and Integrated Governance (NQIG) directorate relating to activities for Regulated Professions, ensuring consistency of approach and offer.
- Finalisation of the service level agreement (SLA) between Public Health Wales and the Pharmacy Team at Cardiff and Vale UHB.
- Job planning training in partnership with the British Medical Association (BMA).
- Discussion with Health Education and Improvement Wales (HEIW), Hywel Dda University Health Board and Public Health Wales relating to public health practitioner apprenticeships.
- Exploration work to begin with NQIG colleagues in relation to clinical supervision and peer review activities.



DIRECTORATE REPORT TO BUSINESS EXECUTIVE TEAM AND BOARD

Directorate:	Nursing, Quality and Integrated Governance
Executive Lead:	Claire Birchall, Executive Director
Reporting Month:	December 2024
Business Executive Team Meeting Date:	15 January 2025
Board Meeting Date:	30 January 2025

Overview of Key Activities During the Month

Risk Management: a review of strategic objective route maps to clarify links between plans and risks has been undertaken.

Records Management: continued roll out of Sharepoint records management across the organisation in line with the implementation schedule. Records Management Internal audit (draft) - reasonable assurance

Public Health Wales Nursing & Midwifery Conference: preparatory work for the Conference in May 2025 has commenced and key speakers have been secured. Any Board member is welcome to join us.

Integrated Medium Term Plan (IMTP): the first cut of the Nursing, Quality and Integrated Governance (NQIG) Directorate IMTP sections were drafted and submitted.

Public Health Wales Internal Nursing & Midwifery Bulletin: the first [bulletin](#) was published.

Improvement and Innovation Hub: recruitment to the I&I Hub vacancies has now completed.

National Safeguarding Service (NSS): recommendations of the Strengthening Safeguarding in Health Review commissioned by the Chief Nursing Officer, Welsh Government, have been agreed and the NSS will play a key role in delivery. The Once for Wales Safeguarding Module (DATIX) implementation work has raised awareness of the need for a national multi-agency single referral / reporting form. This work is being led by the Wales Safeguarding Procedures Board, supported by NSS.

Successes

Welsh Risk Pool Concerns Assessment: a report by the Welsh Risk Pool Safety and Learning Team was received by Public Health Wales which set out Substantial Assurance in respect of:

- Management of Concerns (Incidents)
- Redress Case Management
- Claims Case Management
- Inquest Process
- Organisational Learning and Learning from Events
- Reimbursement Process.

With Reasonable Assurance in respect of:

- Management of Concerns (Complaints and Enquiries)
- Internal Audit – Duty of Candour.

The overall assurance rating for the report is Reasonable with several recommendations made.

Improved Group 1 Violence Against Women, Domestic Abuse and Sexual Violence (VAWDASV) Safeguarding Training Compliance: Group 1 VAWDASV training reported just below 90% within the National Training Framework Annual Report, with Public Health Wales showing the highest compliance level compared to other Health Boards and Trusts.

National Safeguarding Service: the All Wales Female Genital Mutilation clinical pathway and audit tool has been approved, published and cascaded to NHS Wales.

Any Concerns being managed:

Public Health Wales Flu Campaign: front line staff flu vaccination uptake this year, along with our ability to report this data accurately due to the multiple Service Level Agreements and digital systems in use for data capture.

Incident Closure Rates: delayed incident closure rates within designated timeframes.

National Safeguarding Service: continues to consider options in relation to required Designated Doctor sessions.

Forward Look of key activities for next month

Integrated Governance: a soft launch of the Governance Hub pilot project will commence.

Risk Management: consideration of potential changes to strategic risks following the assessment of strategic objective route maps will be undertaken.

Risk Management: a draft revised Risk Management Policy will be issued for consultation.

Information Governance: revised Information Asset Owner / Information Asset Management training will be rolled out.

Information Governance: the revised Freedom of Information request procedure will be published and communicated.

Records Management: we will continue the roll out of Sharepoint records management across the organisation in line with the implementation schedule.

Putting Things Right (PTR): a review will be undertaken of the draft revised PTR Guidance and implications for Public Health Wales.

SMS Survey Pilot: launch of a SMS survey pilot within Diabetic Eye Screening Wales to capture service user feedback.

Annual Quality Report: completion and review of the 'STEEP' (Safe, Timely, Effective, Efficient, Equitable, Person Centred) self-assessments to inform the annual quality report.

National Safeguarding Service: the all Wales Network Work Plan development for 2025/26 is in progress and will be presented to the Chief Nursing Officer and Executive Directors of Nursing in January 2025.

Completion and distribution of work with NHS Executive to consider Safeguarding concerns in line with Patient Safety Incident Reporting and Early Warning Notification.



DIRECTORATE REPORT TO BUSINESS EXECUTIVE TEAM AND BOARD

Directorate:	Operations and Finance
Executive Lead:	Huw George
Reporting Month:	December 2024
Business Executive Team Meeting Date:	15 January 2025
Board Meeting Date:	30 January 2025

Overview of Key Activities During the Month
<p>Communications</p> <ul style="list-style-type: none"> Web Transformation Programme achieved a significant milestone with the signoff of the overarching design prototypes and site architecture. <p>Finance and Performance</p> <ul style="list-style-type: none"> PHW JET mid-year review meeting with Welsh Government successfully undertaken on 10 December. First draft of 2025-26 budget setting and non-pay spending plans completed on 13 December in preparation for the IMTP and new financial year. New costing analyst started in post as part of our additional temporary resource until 31st march and commenced costing improvement project which should give a greater focus on value for money. <p>Strategy and Planning</p> <ul style="list-style-type: none"> First draft IMTP milestones and key dependency information shared with all directorates via interactive dashboards to support plan feasibility discussions. Tackling Diabetes Together planning workshop held to inform development of 2025/26 programme plan. Work commenced to refresh the NHS Executive hosting agreement. Draft Project & Programme Management Standards shared with key groups for feedback. <p>Digital Services</p> <ul style="list-style-type: none"> Completion and troubleshooting issues with the rollout of upgrades to National Breast Screening System (NBSS) servers, daybooks, and PCs across breast screening sites. Ongoing meetings with suppliers to procure network and backup infrastructure improvements. Establishing codes of connection to enable contractors to connect to the Newborn Screening platform to deliver the re-platforming project. Further improvements to network infrastructure across the PHW estate <p>Estates</p> <ul style="list-style-type: none"> Provision of significant support to Public Health Wales Screening Services to support the safe introduction of new camera use in Diabetic Eye

Date: December 2024	Version: 1	Page: 1 of 3
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Screening and to support Breast Test Wales mobile screening service with their unit's operating procedures.

Successes

Finance and Performance

- PHW JET mid-year review
- Our Finance graduate trainee passed their second professional accountancy exam in December.

Estates

- Completed two weeks (11 sessions) of staff engagement activity aimed at informing the development of the North Wales administrative estate. Staff complimentary of the approach adopted and the commencement of action aimed at improving their working environments.
- Tender Award made to Contractor for conversion works to support the relocation of Diabetic Eye Screening service from Llys Britannia to Llys Castan, North Wales.

Communications

- Evaluation of HIV Testing Week campaign was completed in December, indicating strong overall results. The campaign exceeded expectations in engaging with diverse groups. Most notably, it achieved the highest-ever level of engagement with Black and Asian communities in Wales—a groundbreaking milestone. The campaign drove over 22,000 visits to the Sexual Health Wales website to order test kits, with more than 16,000 directly linked to campaign promotional materials.

Strategy and Planning

- Key engagement sessions delivered on our draft Strategic Priority Route Maps, including Board, Leadership Forum and the Inequalities Steering Group.
- Key programme milestones delivered for web transformation programme, including agreement of main site 'go live' criteria and approval of content migration plan.

Digital Services

- Rollout of WIFI improvements at CQ2

Any Concerns being managed:

Estates

- Dialogue continues with CQ2 landlord relating to building service charges.

Communications

- We have secured short term resource to complete a number of tasks in Q4, though these arrangements will end on 31 March 2025 so we will need to ensure.

Forward Look of key activities for next month

Communications

- Planning for Welsh Public Health Conference 2025 is underway and in the next period we will be seeking to engage with representatives across directorates to commence content development.
- The first Leadership Forum of 2025 is planned for 29 January, bringing together senior leaders to develop our staff engagement and organisational culture.

Finance and Performance

- Performance Team to develop intranet article sharing directorate successes from mid-year reviews.
- Launch of first process improvement project on staffing
- Launch of business transformation project on development of Microsoft Forms automated finance form process.
- Working with Audit Wales to commence interim audit for final accounts which will support and enhance our end of year audit accounts process.

Strategy and Planning

- Cross organisational workshop to discuss draft IMTP, dependencies and feasibility to be held on 14 January.

Digital Services

- Working with suppliers to deliver the Newborn Screening re-platforming project.
- Implement a Firewall replacement at CQ2.
- Progress procurement of the strategic capital infrastructure improvements (Network and Backup).
- Further work to plan the Microsoft Surface Hub replacement programme.

Estates & Facilities

- Work to commence for conversion works to support the relocation of Diabetic Eye Screening service from Llys Britannia to Llys Castan, North Wales.
- Work to commence to replace roof at Breast Test Wales, Swansea.
- Production of emergent themes from North Wales Engagement activity aimed at informing the development and enhancement of the North Wales Administrative estate. The themes will be used to inform proposals for staff to review and consider.



DIRECTORATE REPORT TO BUSINESS EXECUTIVE TEAM AND BOARD

Directorate:	Policy and International Health
Executive Lead:	Sumina Azam
Reporting Month:	December 2024 (M09)
Business Executive Team Meeting Date:	15 January 2025
Board Meeting Date:	30 January 2025

Overview of Key Activities During the Month

'Realist Ripple Effect Mapping (RREM)' of Behavioural Science Unit activity

To understand impact, the Behavioural Science Unit commissioned an external organisation to undertake Realist Ripple Effects Mapping (RREM). The results indicate that the Unit's approaches to developing relationships and imparting behavioural science concepts across the system had built confidence and capability in applying behavioural science in stakeholders. Time, capacity, and practical application were identified as barriers for applying behavioural science through everyday practice. The Unit also learned more about what can be done to continue to improve activity, output and impact.

Health and Sustainability Hub

Our Green Advocates Network took place on 11 December and focused on energy efficiency at work and at home. We were joined by an expert from the Welsh Government Energy Service who shared top tips to help colleagues reduce their energy use and reduce their environmental impact whilst working from home.

Academic Journal Paper – HIA and stakeholder and community participation in Wales from 2005-2020

This academic paper is the first long term analysis of stakeholder and community participation in HIA and highlights the benefits and value that participation brings to both the projects, policies and plans and the participants themselves.

[Analysing the value, benefits and barriers to stakeholder and community participation in health impact assessments \(HIAs\) in Wales from 2005 to 2020 - World Health Organization Collaborating Centre On Investment for Health and Well-being](#)

The 29th Regions for Health Network Meeting, Trieste Italy

Sir Frank Atherton CMO, and Professor Jo Peden attended the 29th Annual meeting of the Regions for Health Network (RHN) in Trieste, Italy. The RHN, established in 1992, serves as a platform for over 40 regions and member states in the WHO European Region to collaborate and share experiences to enhance both population and individual health and well-being. PHW showcased the Welsh Health Equity Solutions Platform, as one of Wales successes.

WHO Venice Office visit to Wales, Cardiff

The WHOCC together with Welsh Government facilitated and hosted a WHO European Office for Investment for Health and Development (Venice Office) country mission to Wales as part of our long-standing collaboration in the areas of health, well-being economy, and health equity, implementing the Welsh Government/ WHO Europe MOU. Its purpose was to re-enforce our successful partnership and discuss key synergies, priorities and future activities of mutual benefit progressing healthy prosperous lives for all in Wales, leaving no one behind. The WHO Venice Office was represented by Ms Chris Brown, Head of the WHO Venice Office, and Dr Yannish Naik, Lead for the WHO Wellbeing Economy Initiative and included meetings with the Cabinet Secretary for Economy, Energy and Planning, NHS Chief Exec, CMO, Heads of PH Protection, International Relations, Foundational Economy and Future Economy, Public Health Wales Chief Exec, executive team and relevant leads.

Successes

Behavioural Science learning and development session for the Wellbeing of Future Generations Commissioner's Team:

The Behavioural Science Unit provided a learning and development session for Commissioner's Team to support the use of behavioural science in the Commissioner's report in 2025. The session was delivered to the Mission Leads (Cymru Can 2023) and Report authors and it is anticipated this work will lead to building behavioural science in the implementation of the recommendations, with the aim of increasing impact.

Health and Sustainability Hub:

A new Biodiversity Action Plan (2024-27) for PHW has been approved and published. The plan sets out how PHW is taking action to maintain and enhance biodiversity and promote the resilience of ecosystems. The plan reviews the importance of biodiversity to health and wellbeing and the challenges presented by the current nature crisis. A summary of what has been achieved since the last Biodiversity Action Plan was published in 2019 is also included along with the actions planned for the next 3 years.

Any Concerns being managed:

Nil for this period

Forward Look of key activities for next month

HIA workshop - Health Impact of rising temperatures for waste and recycling collection in Wales:

WHIASU are working in collaboration with Welsh Government to co-facilitate a participatory HIA workshop. The workshop will be attended by a range of key stakeholders from a variety of organisations, with results informing future strategy for waste and recycling collections in local authorities.

International Horizon Scanning Report – Obesity, January 2025:

This report will be published in mid-January, requested and informed by PHW's Lead and Welsh Government. It focuses on fiscal levers to address obesity, looking at implementation across different countries, modalities, challenges, outcomes measured, and evidence of effect.

Time to Talk Public Health - November 2024 Survey:

The November 2024 survey will be the 12th Time to Talk Public Health survey to be delivered. The topics of the survey will include: healthy life expectancy, health services, vaccines and stop and search. The topic areas have been submitted by teams in Health Intelligence, Wales Violence Prevention Unit, Health Protection and Welsh Government. The report of the findings will include population level findings and a demographic breakdown of results will be made available on SharePoint. The communications plan will be determined following production of the report.

Part 2: Policy Advocacy Training for Wider Determinants of Health Community of Interest

The Polisi Team will deliver 'communicating for policy impact' training to the Wider Determinants of Health Community of Interest to demonstrate how policy advocacy can lead to improved health outcomes and can encourage systems thinking. This training will enable local public health teams to develop policy advocacy knowledge and skills in order to maximise the policy impact of work ongoing across their organisations.

Investing in a Healthier Wales Report:

This report sets out the extent to which poor health costs the NHS in Wales each year and outlines preventative measures that can be taken to improve health, reduce health inequalities and provide a positive return on investment to the wider public sector system in Wales.

WHQ Article on the Future of Healthy Homes

The Polisi team will publish an article in Welsh Housing Quarterly, an independent housing and regeneration magazine with a large readership of housing associations, those

working within the sector and landlords. The article summarises the Polisi team’s approach to advocating for healthier homes in Wales including a write-up of key findings from the team’s “future of healthy homes” workshop, which hosted nearly 50 stakeholders on the 27 November 2024.

Wales Public Health Rapid Overview Dashboard



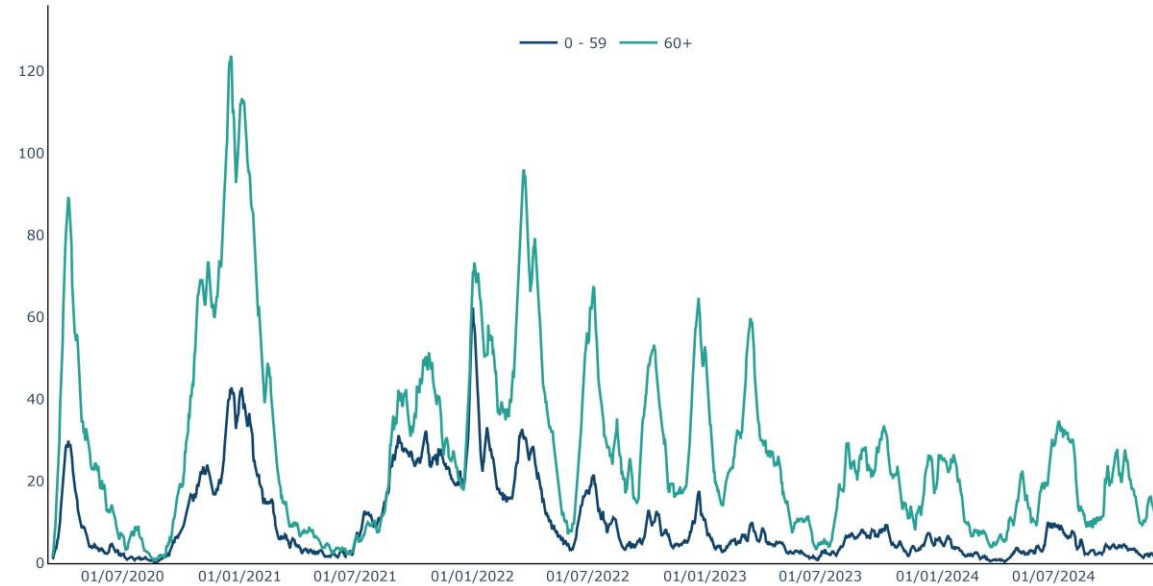
GIG
CYMRU
NHS
WALES

Iechyd Cyhoeddus
Cymru
Public Health
Wales

Communicable disease

COVID-19 hospitalised cases by age group, 7 day rolling average, persons all ages, Wales, 07/03/2020 to 22/12/2024

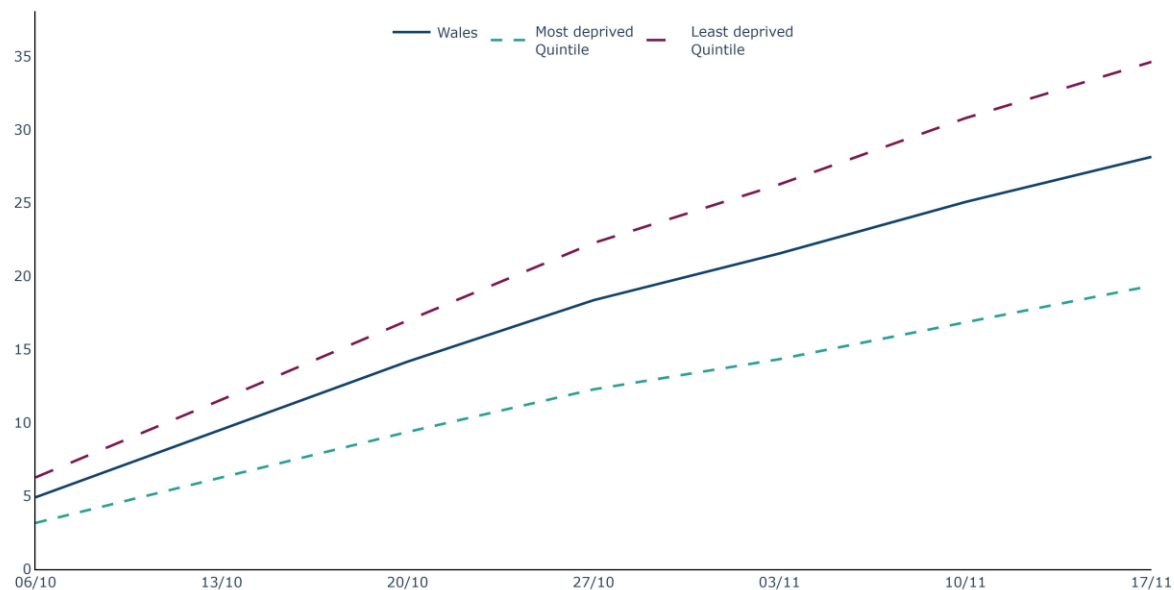
Produced by PHW, using PHW Datastore & ICNET (PHW)



Communicable disease

Autumn 2024 COVID booster coverage by deprivation fifth, percentage, all eligible persons*, Wales, 06/10/2024 to 17/11/2024

Produced by PHW, using WIS (PHW) & WIMD 2019 (WG)

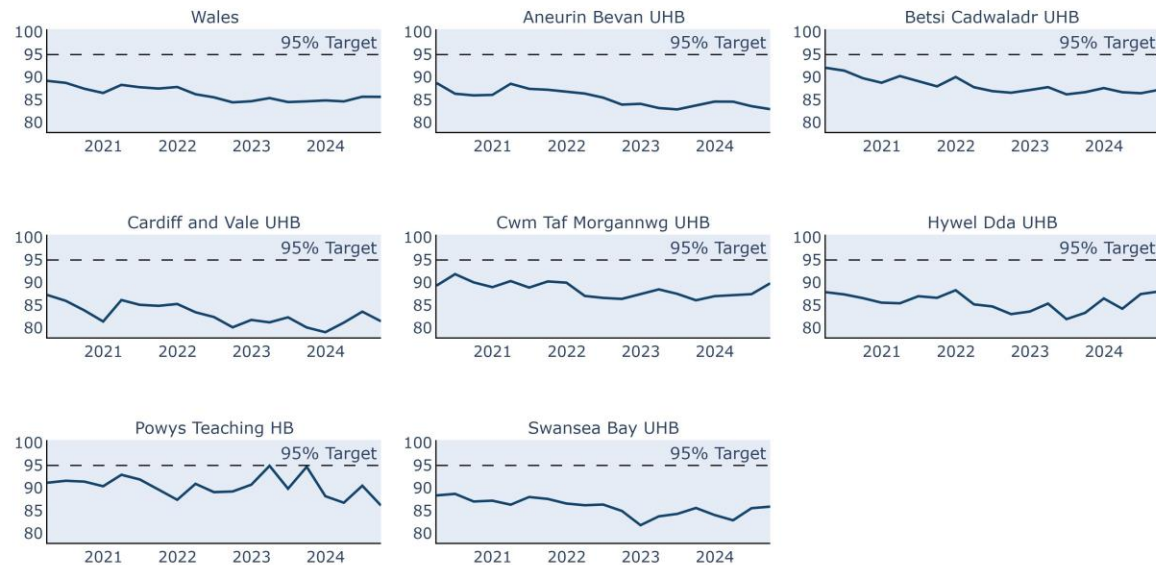


* Groups eligible for the vaccination are: those aged 65+, frontline health and social care workers, those aged 16 to 64 years who are carers, care home residents and staff, immunosuppressed.

Communicable disease

Up to date* childhood immunisation, percentage, children aged 4 years, Wales health boards, 03/2020 to 09/2024

Produced by PHW, using NCCHD (DHCW)

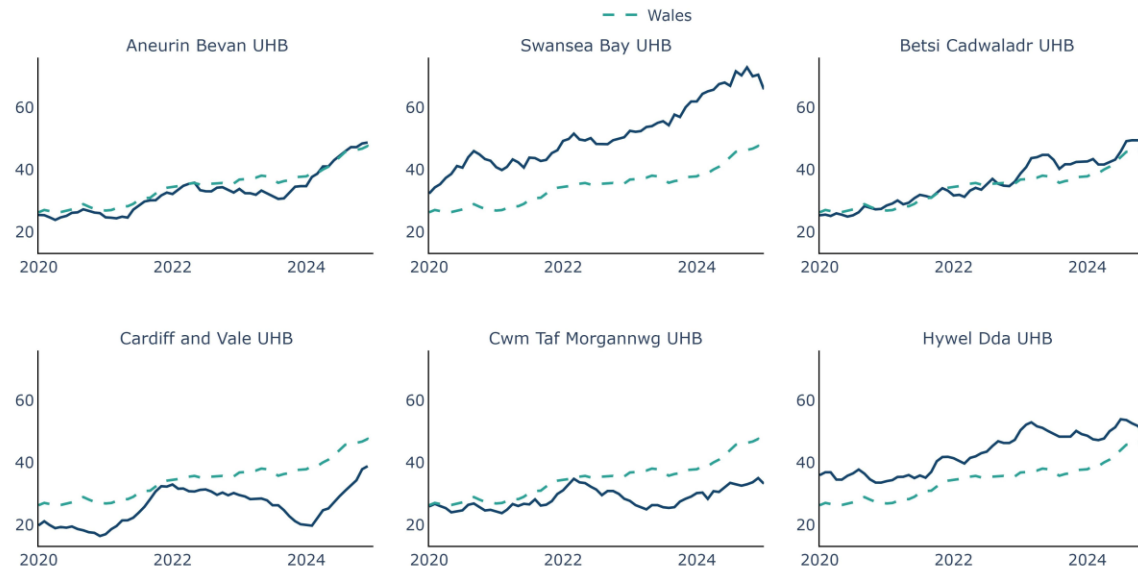


* Up to date refers to a completed 4 in 1 pre-school booster, Hib/MenC booster and second MMR dose by four years of age.

Communicable disease

Healthcare associated *C. difficile* infections, 12 month rolling rate per 100,000, persons aged 2+, Wales health boards*, 01/2020 to 01/2025

Produced by PHW, using HCAI (CDSC)

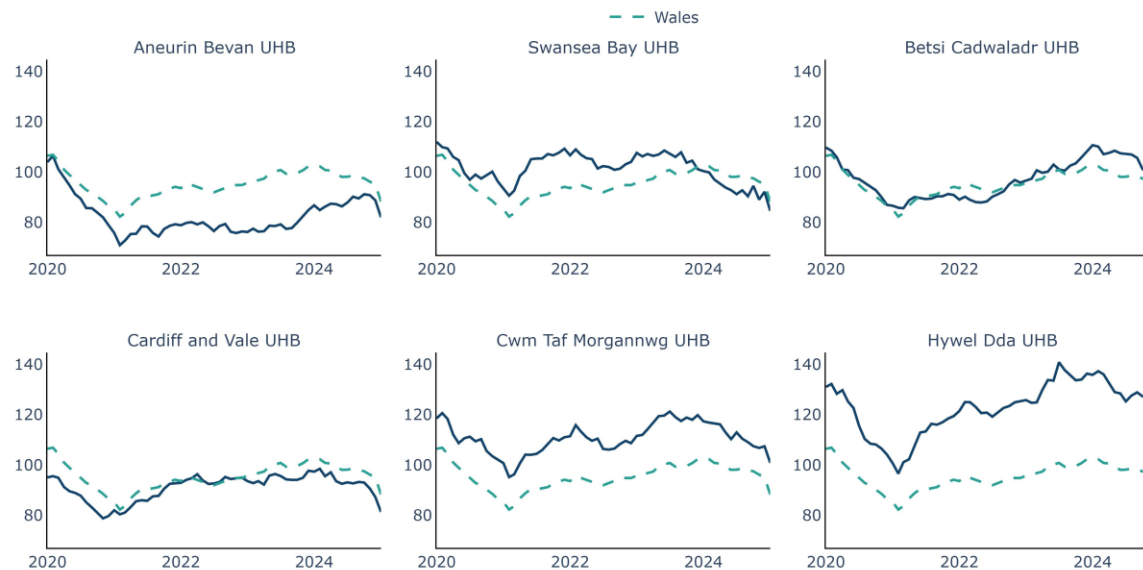


* Please note that data for Powys THB and Velindre NHST has been suppressed due to small numbers.

Communicable disease

Healthcare associated Gram Negative Bacteraemia (GNB) infections, 12 month rolling rate per 100,000, persons all ages, Wales health boards*, 01/2020 to 01/2025

Produced by PHW, using HCAI (CDSC)

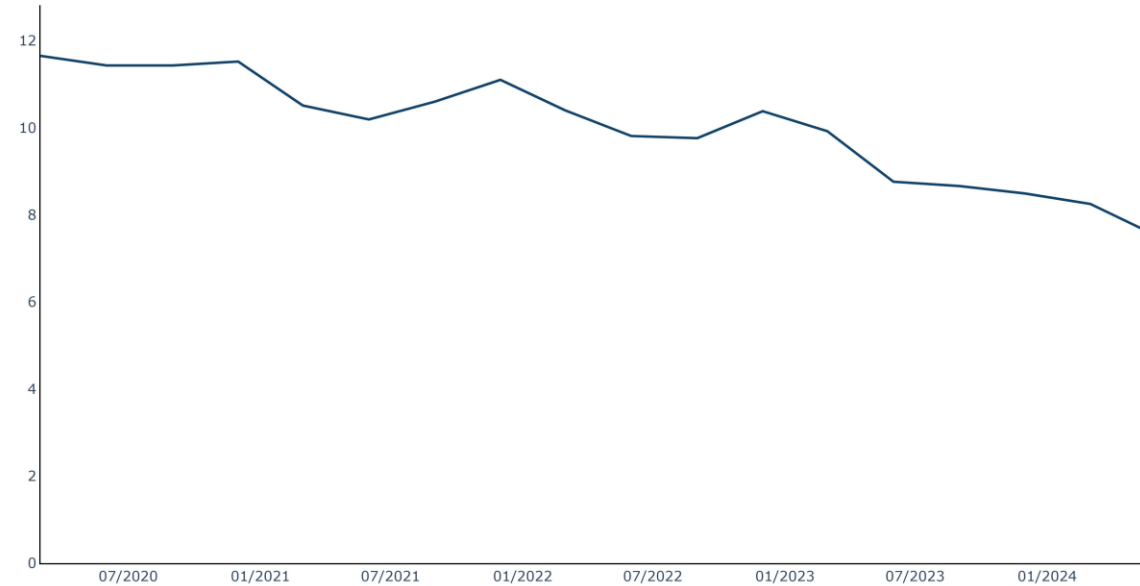


* Please note that data for Powys THB and Velindre NHST has been suppressed due to small numbers.

Communicable disease

4C* antimicrobial usage in Primary Care, items per 1,000 patients, Wales, 03/2020 to 06/2024 (3 month period ending)

Produced by PHW, using Antibiotic Data Library (HARP)

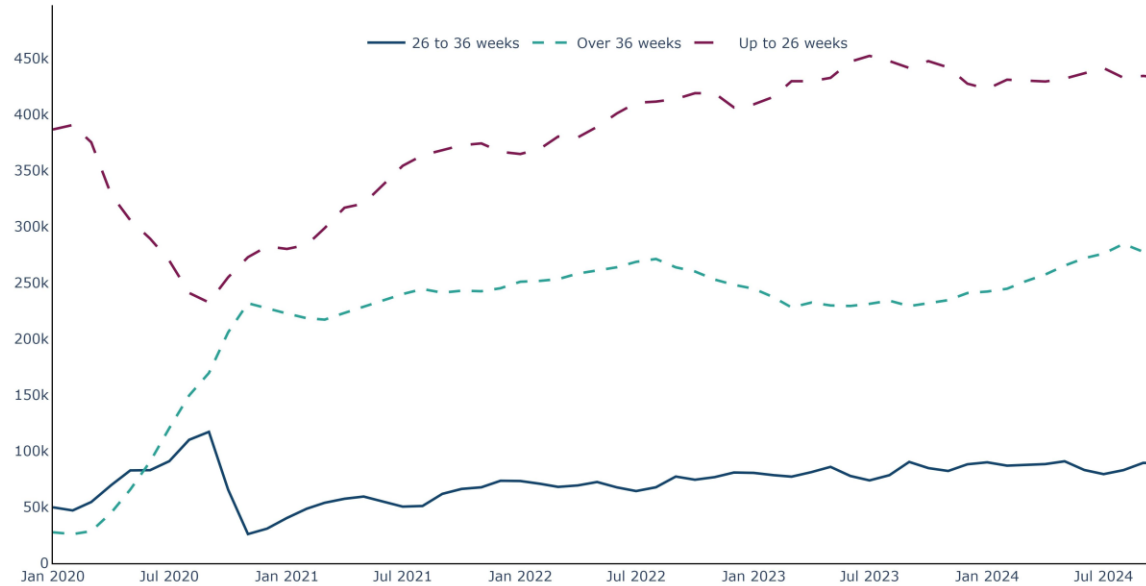


* 4C antimicrobials* refers collectively to the following four broad-spectrum antibiotics, or groups of antibiotics: co-amoxiclav, cephalosporins, fluoroquinolones and clindamycin.

System ability to respond

Patient pathways waiting to start treatment by weeks waiting, count, persons all ages, Wales, 01/2019 to 10/2024

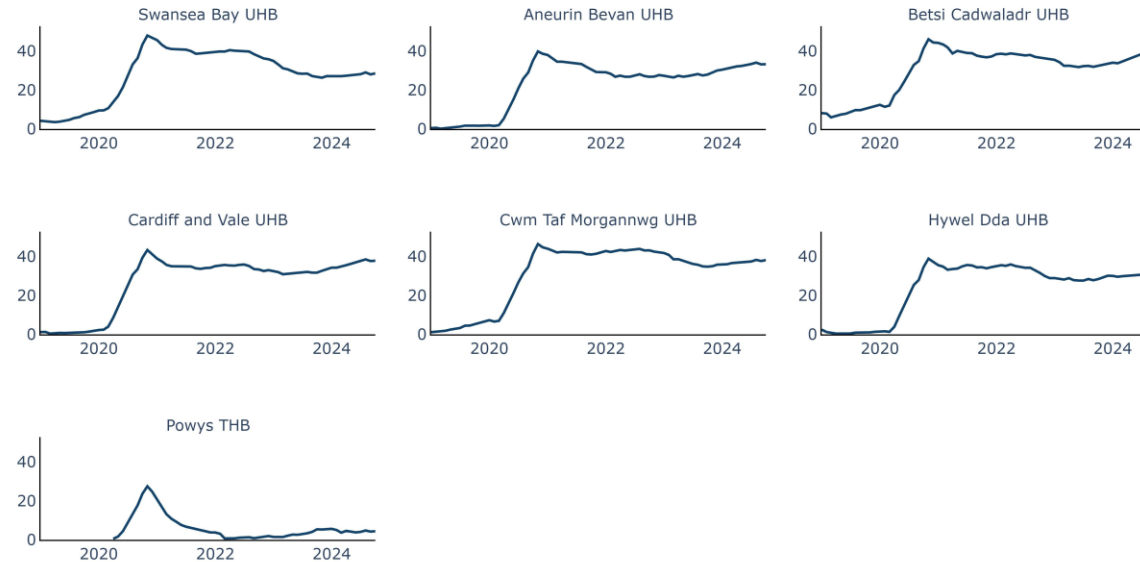
Produced by PHW, using RTT (Stats Wales)



System ability to respond

Patient pathways waiting over 36 weeks to start treatment by health board, percentage, persons all ages, Wales, 01/2019 to 10/2024

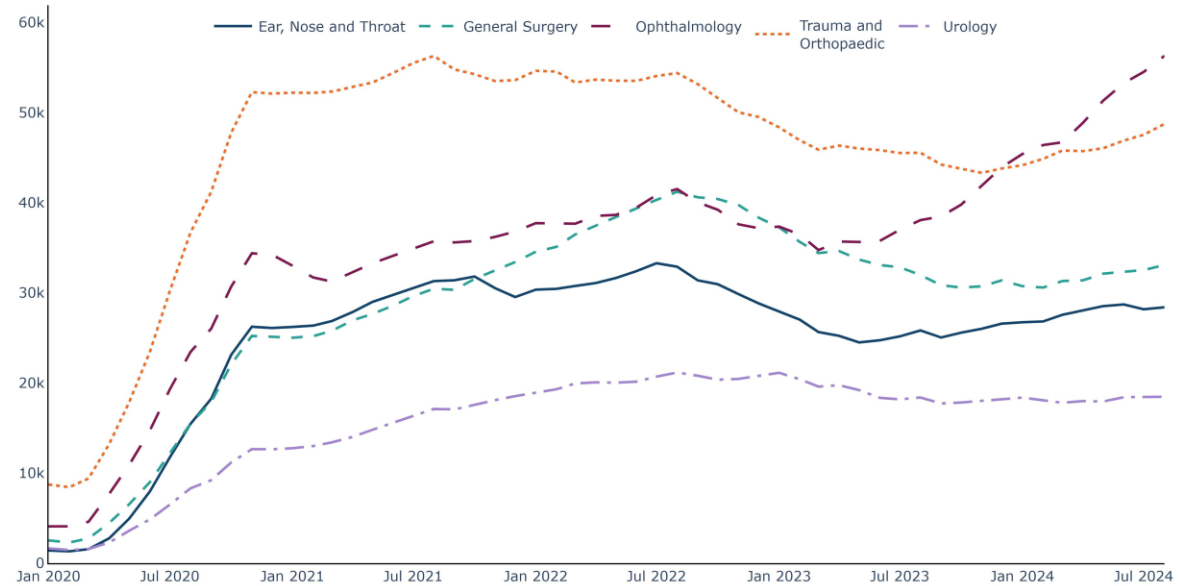
Produced by PHW, using RTT (Stats Wales)



System ability to respond

Patient pathways waiting over 36 weeks to start treatment by specialty, count, persons all ages, Wales, 01/2019 to 08/2024

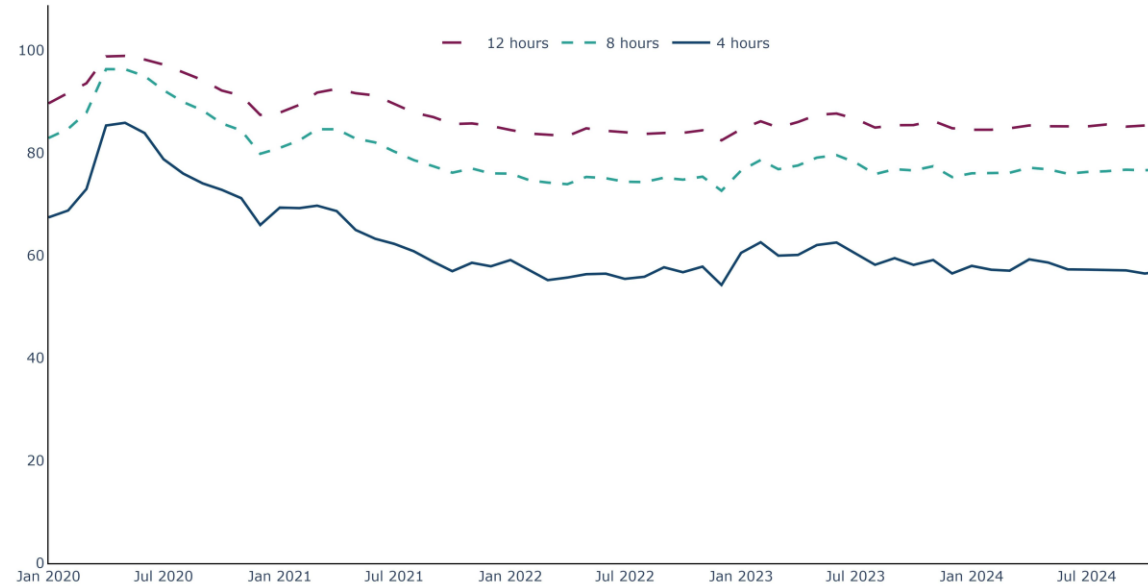
Produced by PHW, using RTT (Stats Wales)



System ability to respond

Major emergency department performance against 4, 8 and 12 hour waiting time targets, percentage, Wales, 01/2019 to 11/2024

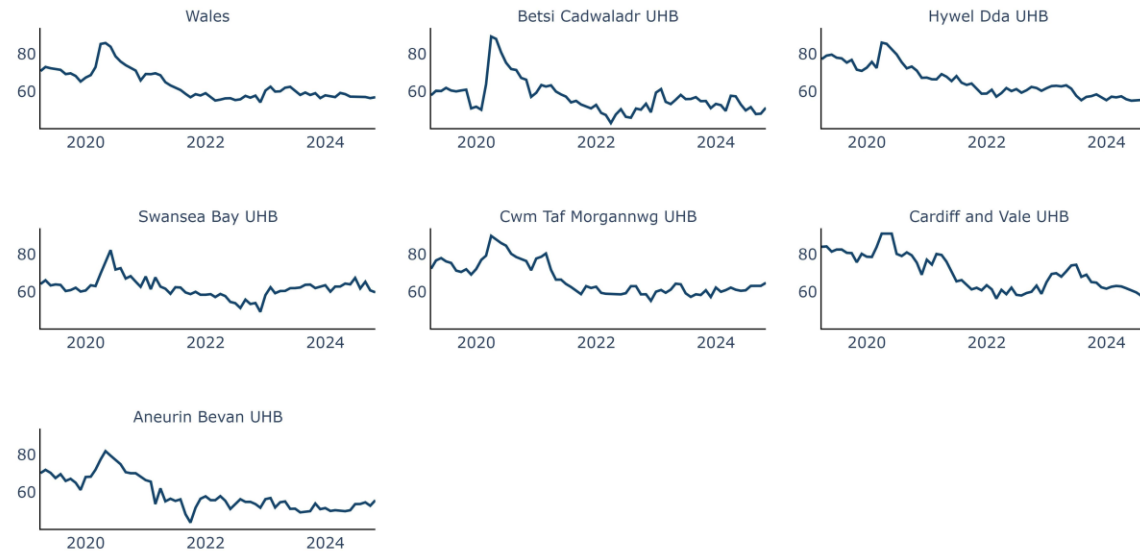
Produced by PHW, using EDDS (DHCW)



System ability to respond

Major emergency department performance against 4 hour waiting time target, percentage, Wales health boards*, 04/2019 to 11/2024

Produced by PHW, using EDDS (DHCW)



* Please note that Powys THB does not manage any major emergency departments.

System ability to respond

Lost ambulance hours resulting from delayed handover of the patient to the facility*, count, Wales, 01/2020 to 11/2024

Produced by PHW, using WAST

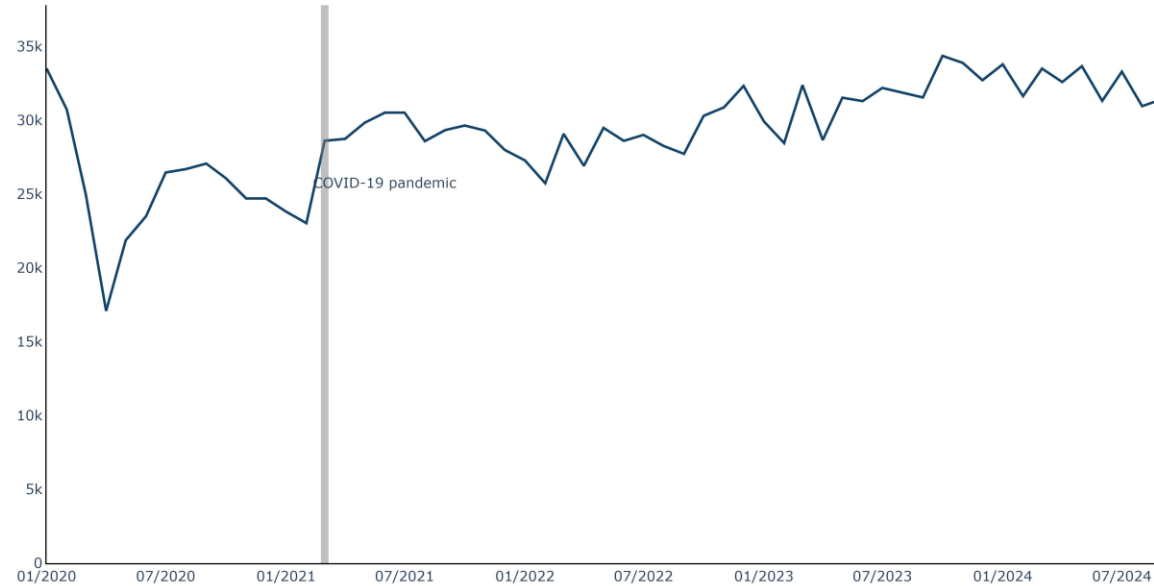


* This indicator refers to lost hours resulting from delayed handover of the patient to the facility when the notification to handover is over 15 minutes.

System ability to respond

Emergency hospital admissions (including both inpatient and daycase admissions), by month, count, persons all ages, Wales, 01/2020 to 09/2024

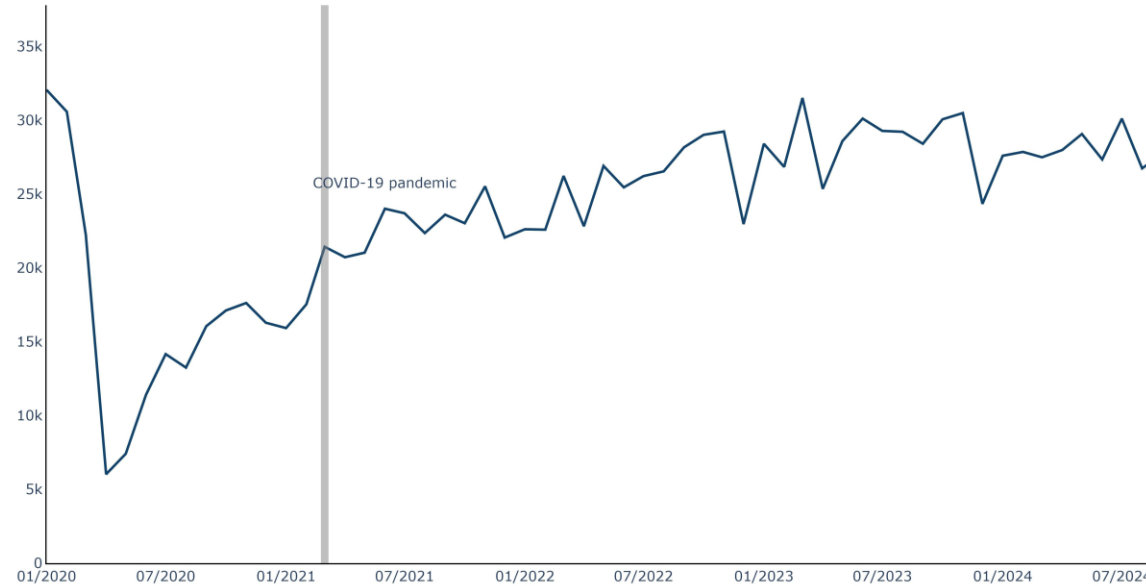
Produced by PHW, using PEDW (DHCW)



System ability to respond

Elective hospital admissions (including both inpatient and daycase admissions), by month, count, persons all ages, Wales, 01/2020 to 09/2024

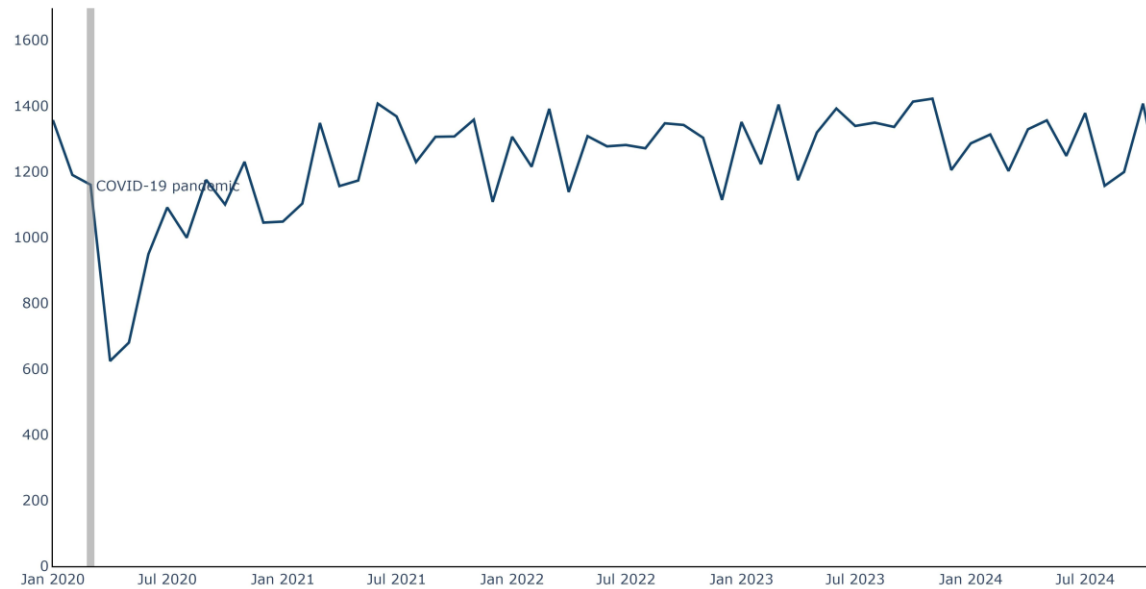
Produced by PHW, using PEDW (DHCW)



System ability to respond

Patients with a pathology sample indicating any primary site cancer (excl NMSC*), count, persons all ages, Wales, 01/2018 to 11/2024

Produced by PHW, using LIMS (PHW)



* Non-melanoma skin cancer

Mortality

All cause avoidable mortality, crude rates per 100,000, persons aged under 75, Wales, 01/2020 to 10/2024

Produced by PHW, using PHM & MYE (ONS)



Mortality

All cause avoidable mortality, European age-standardised rate per 100,000, persons aged under 75, Wales, 01/2020 to 10/2024

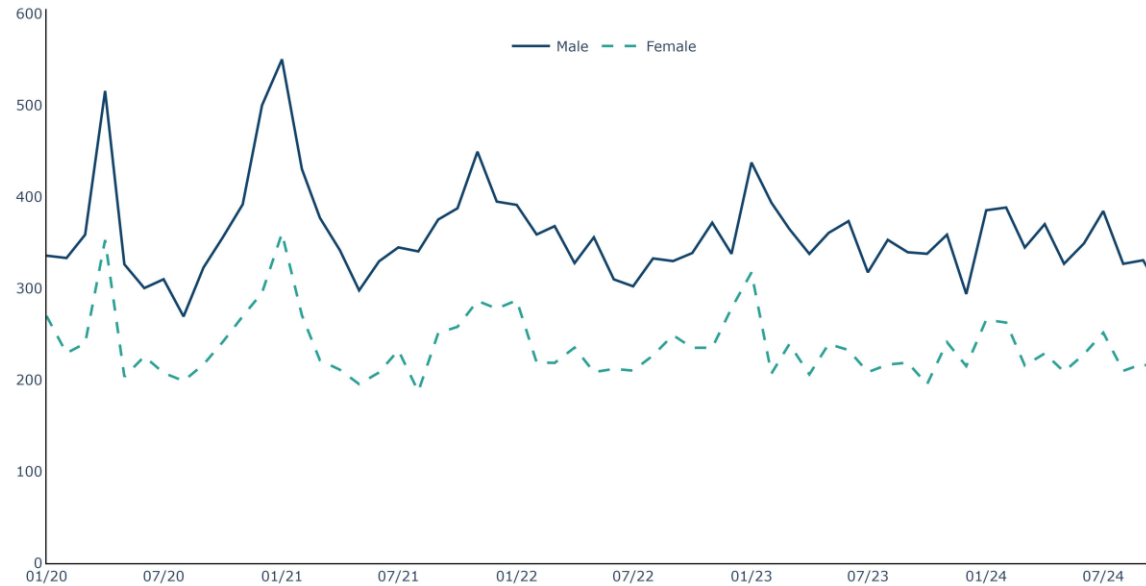
Produced by PHW, using PHM & MYE (ONS)



Mortality

All cause avoidable mortality, crude rates per 100,000, males and females aged under 75, Wales, 01/2020 to 10/2024

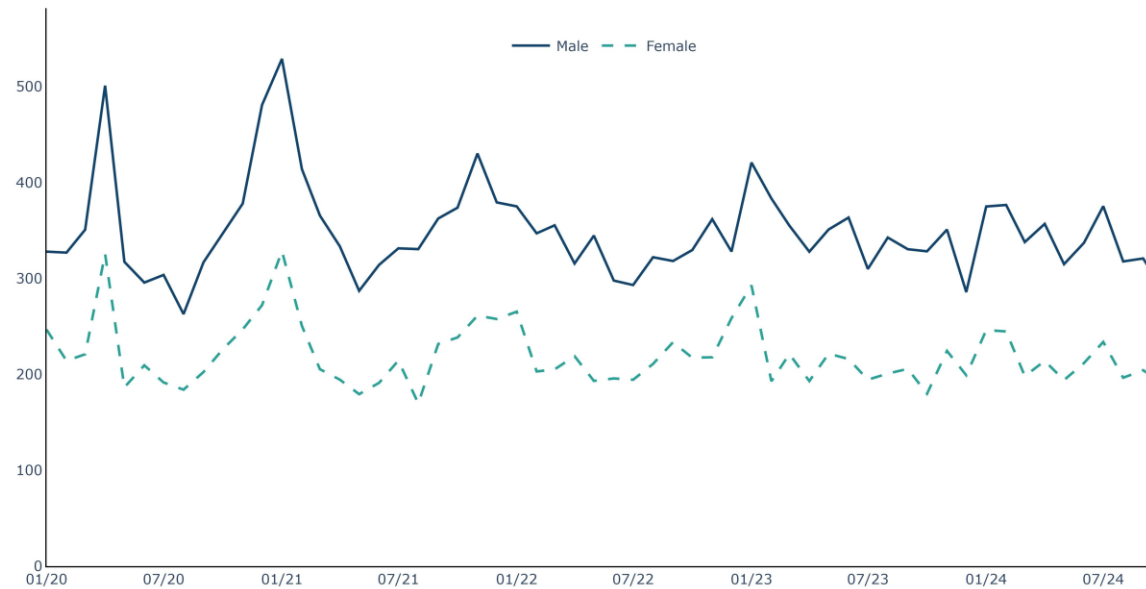
Produced by PHW, using PHM & MYE (ONS)



Mortality

All cause avoidable mortality, European age-standardised rate per 100,000, males and females aged under 75, Wales, 01/2020 to 10/2024

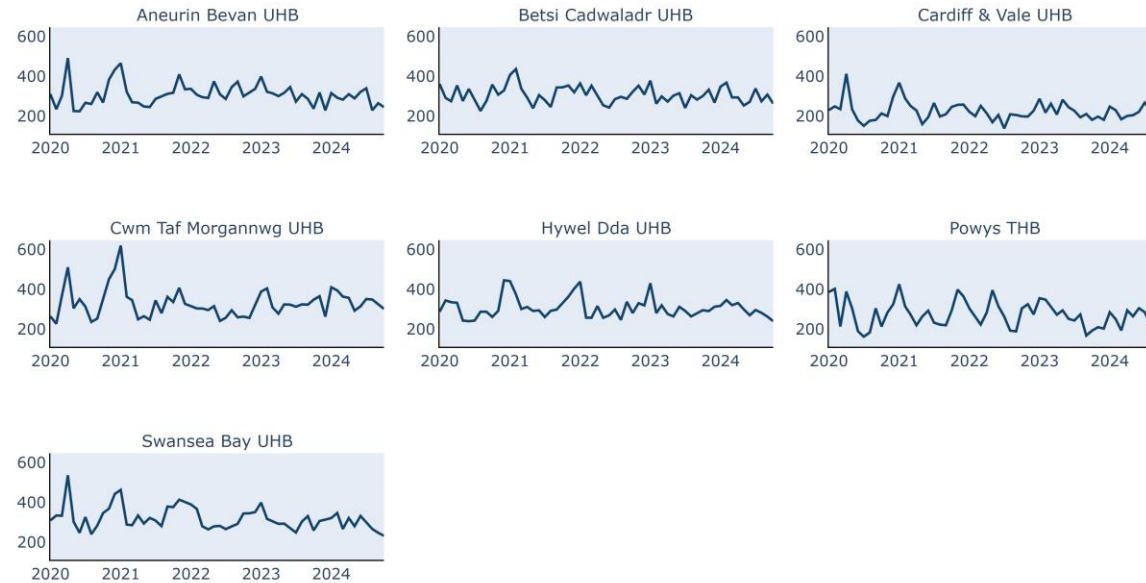
Produced by PHW, using PHM & MYE (ONS)



Mortality

All cause avoidable mortality, crude rates per 100,000, persons aged under 75, Wales health boards, 01/2020 to 10/2024

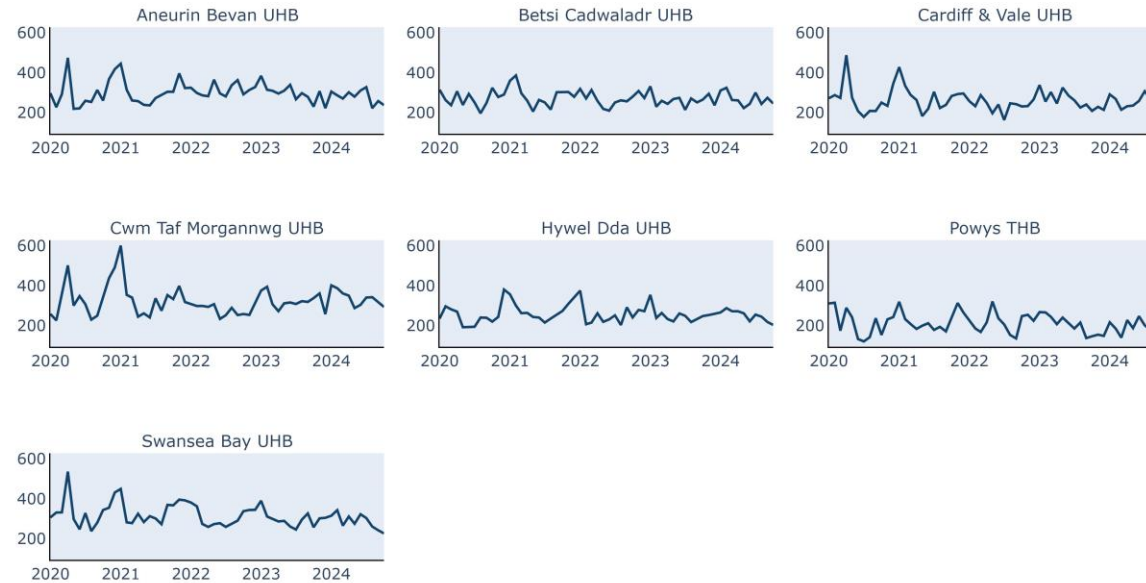
Produced by PHW, using PHM & MYE (ONS)



Mortality

All cause avoidable mortality, European age-standardised rate per 100,000, persons aged under 75, Wales health boards, 01/2020 to 10/2024

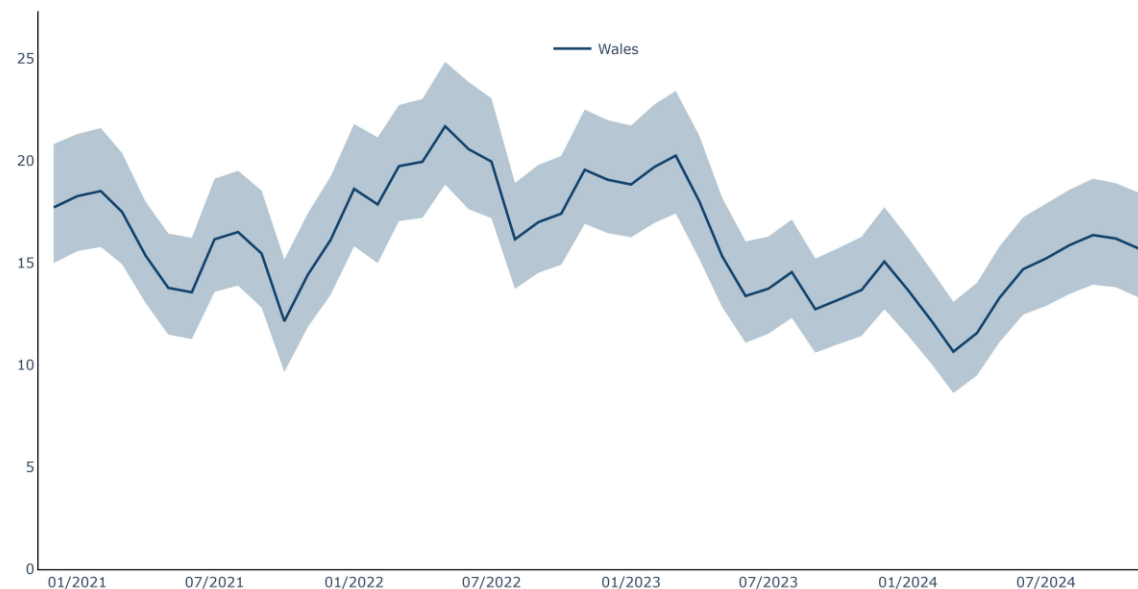
Produced by PHW, using PHM & MYE (ONS)



Healthy behaviours and wellbeing

Adults reporting to smoke, percentage, persons aged 18+, Wales, 12/2020 to 11/2024 (rolling 3 month ending)

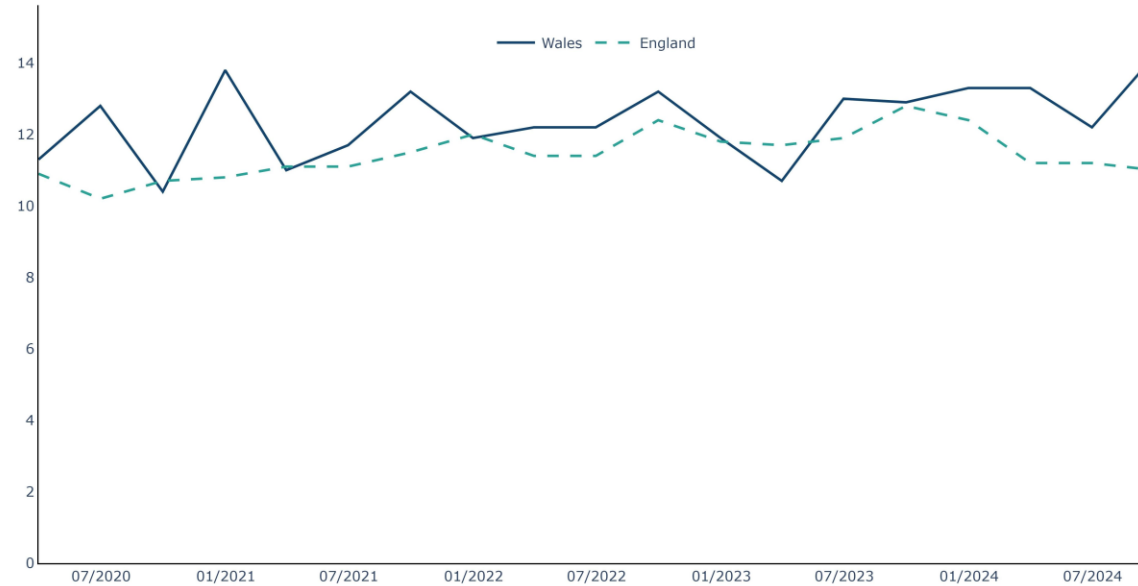
Produced by PHW, using UCL Tobacco Research Group



Healthy behaviours and wellbeing

Average number of drinks consumed in a 7-day period, persons aged 18+, Wales and England, 03/2020 to 09/2024

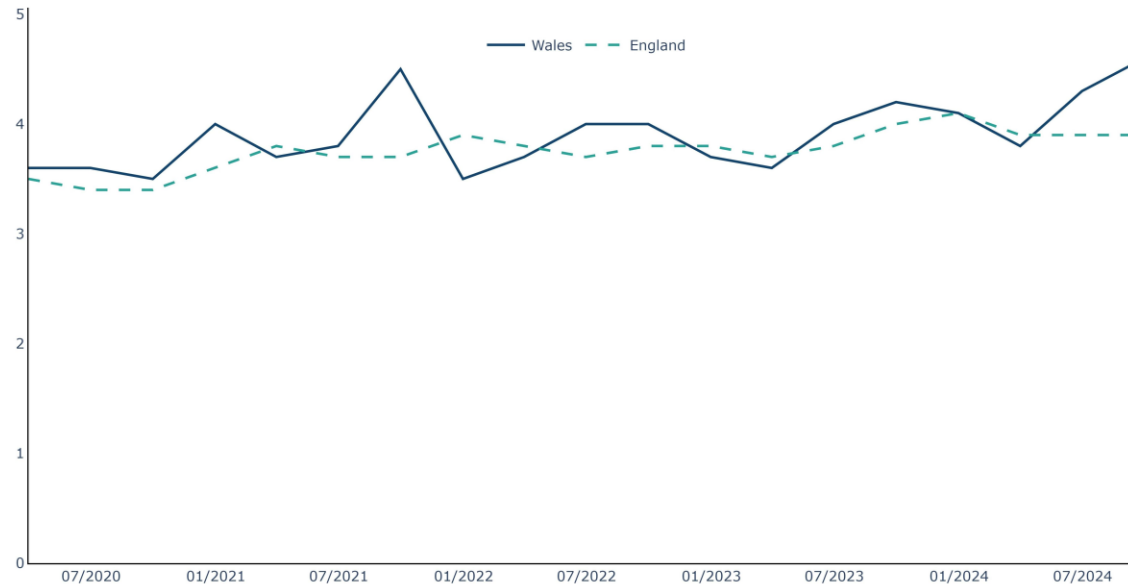
Source: PHW analysis of Kantar Worldpanel data



Healthy behaviours and wellbeing

Average number of drinks per occasion, persons aged 18+, Wales and England, 03/2020 to 09/2024

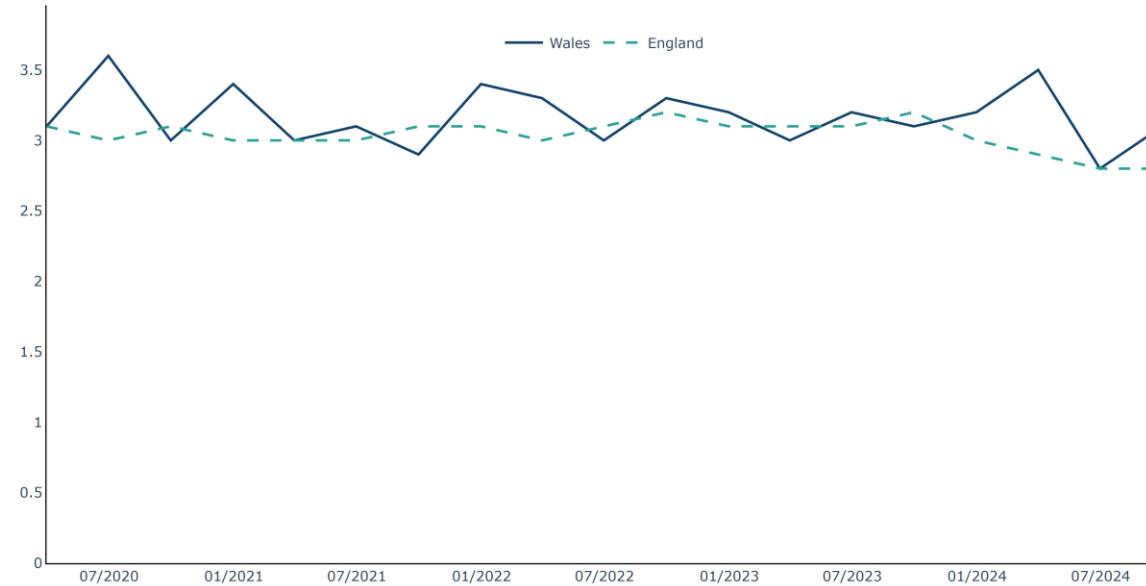
Source: PHW analysis of Kantar Worldpanel data



Healthy behaviours and wellbeing

Average number of drinking occasions in a 7-day period, persons aged 18+, Wales and England, 03/2020 to 09/2024

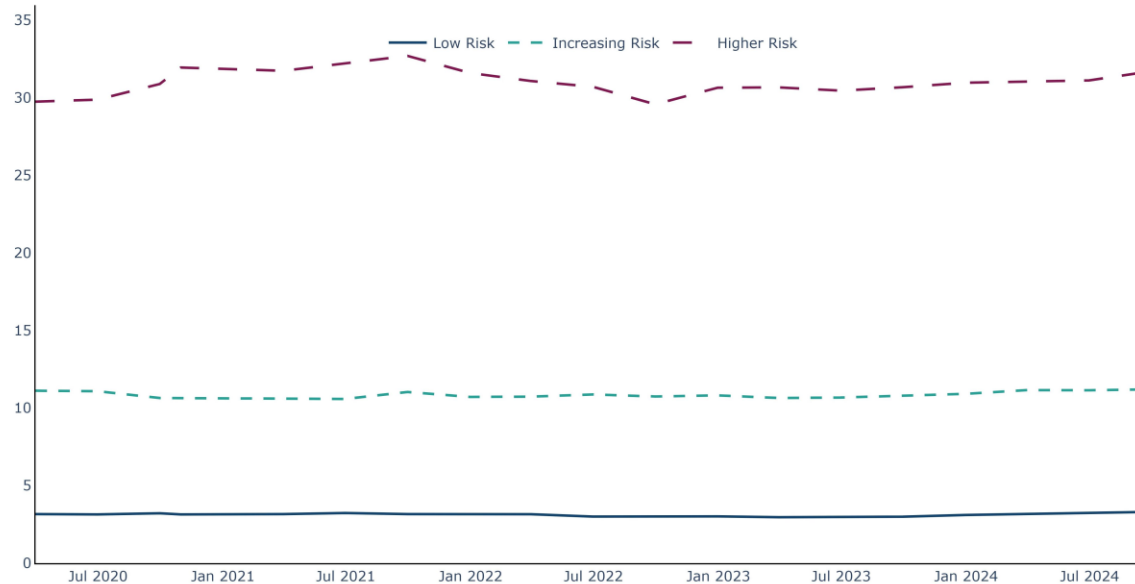
Source: PHW analysis of Kantar Worldpanel data



Healthy behaviours and wellbeing

Average number of drinks consumed in a 7-day period by risk classification, persons aged 18+, Wales, 03/2020 to 09/2024

Source: PHW analysis of Kantar Worldpanel data



Healthy behaviours and wellbeing

Average number of drinking occasions in a 7-day period by risk classification, persons aged 18+, Wales, 03/2020 to 09/2024

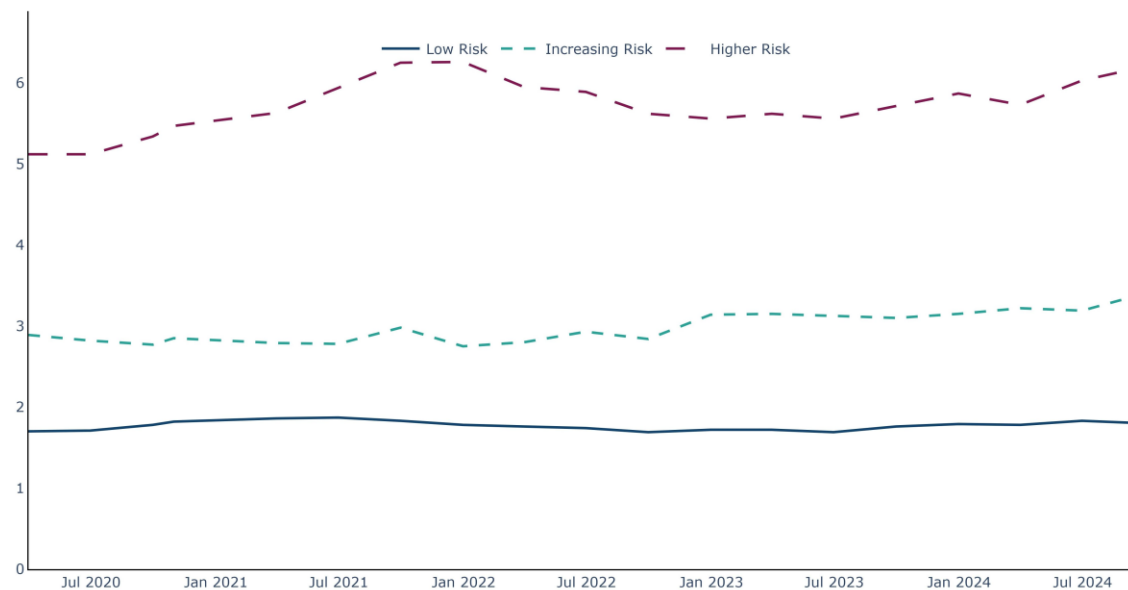
Source: PHW analysis of Kantar Worldpanel data



Healthy behaviours and wellbeing

Average number of drinks per occasion by risk classification, persons aged 18+, Wales, 03/2020 to 09/2024

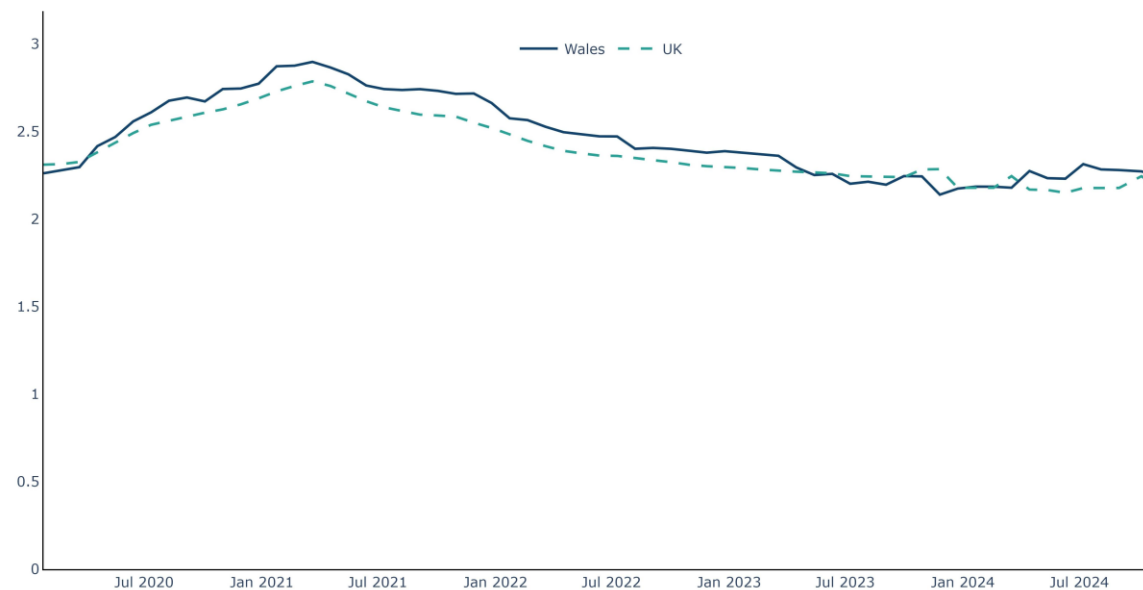
Source: PHW analysis of Kantar Worldpanel data



Healthy behaviours and wellbeing

Average number of servings of fruit and vegetables per day, persons all ages, Wales and UK, 06/2019 to 11/2024

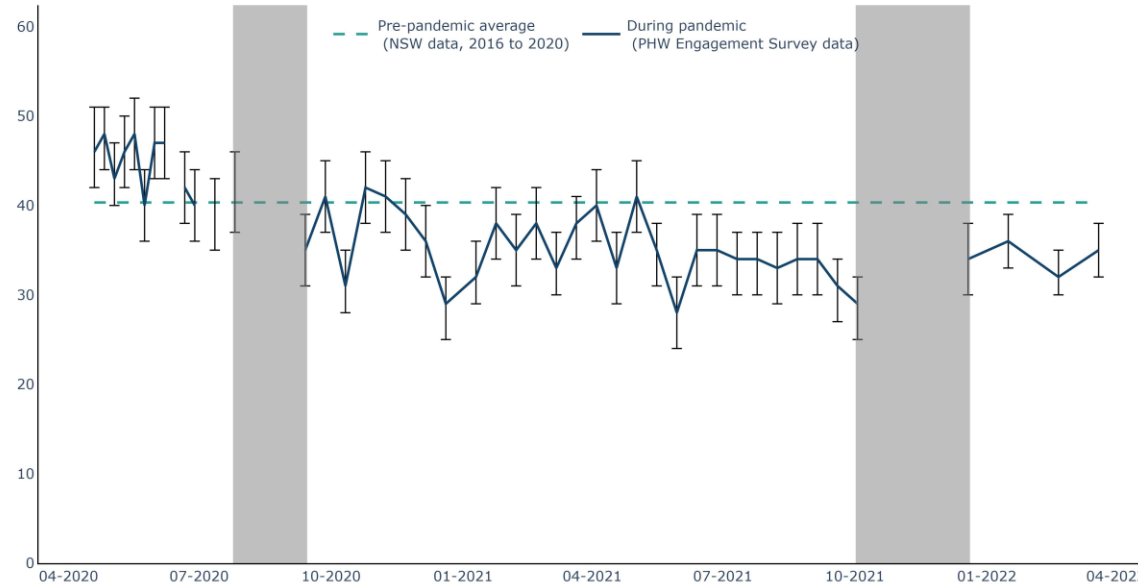
Source: PHW analysis of Kantar Worldpanel data



Healthy behaviours and wellbeing

Adults who are physically active for at least 30 minutes on 5-7 days in the previous week*, percentage, persons aged 18+, Wales, 2020-04-19 and 2022-03-20

Produced by PHW, using NSW (WG) & PES (PHW)

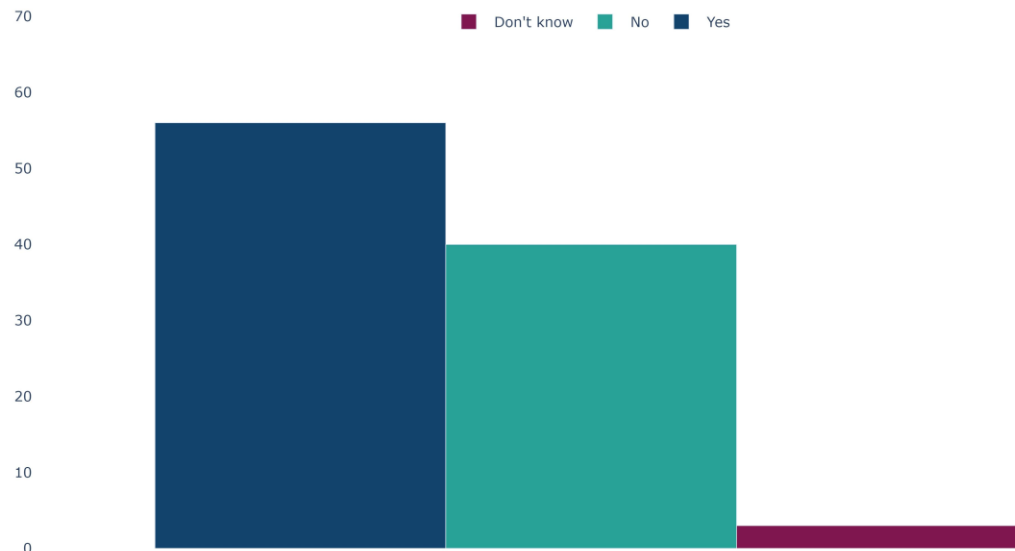


* The greyed out area shows where the survey was paused.

Healthy behaviours and wellbeing

Persons reporting to have met physical activity guidelines per week*, percentage, persons aged 16+, Wales, April 2023

Produced by PHW, using Time to Talk Public Health Survey (PHW)

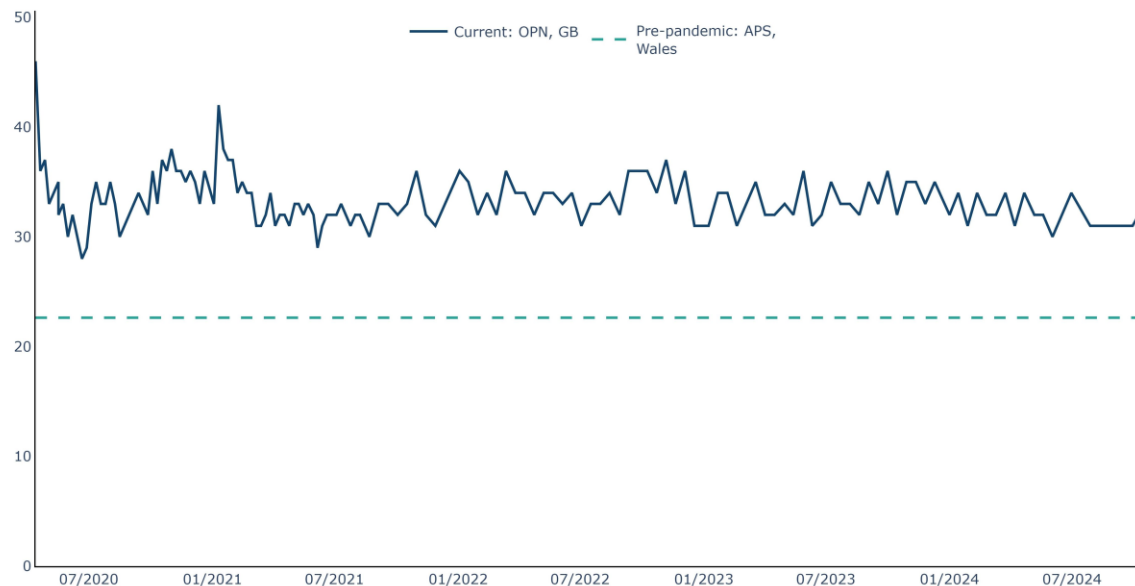


* The responses are from the following question: Over the past week, have you done either of the following? Guidelines are 150 minutes of moderate or 75 minutes vigorous physical activity per week

Healthy behaviours and wellbeing

Persons reporting high levels of anxiety, percentage, persons aged 16+, Great Britain (OPN) & Wales (APS), current: 13/04/20 to 27/10/24 & pre-pandemic: 2019/20

Produced by PHW, using OPN & APS (ONS)

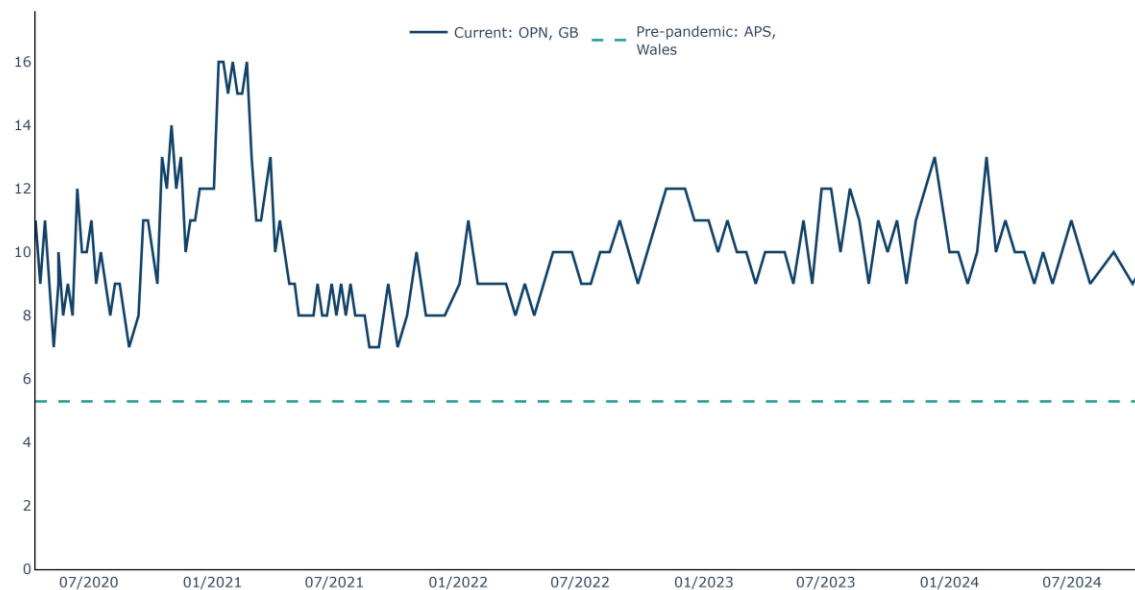


High levels of anxiety refer to responses that score 6-10 when asked 'Overall, how anxious did you feel yesterday?' Where 0 is 'not at all anxious' and 10 is 'completely anxious'.

Healthy behaviours and wellbeing

Persons reporting low life satisfaction, percentage, persons aged 16+, Great Britain (OPN) & Wales (APS), current: 13/04/20 to 27/10/24 & pre-pandemic: 2019/20

Produced by PHW, using OPN & APS (ONS)

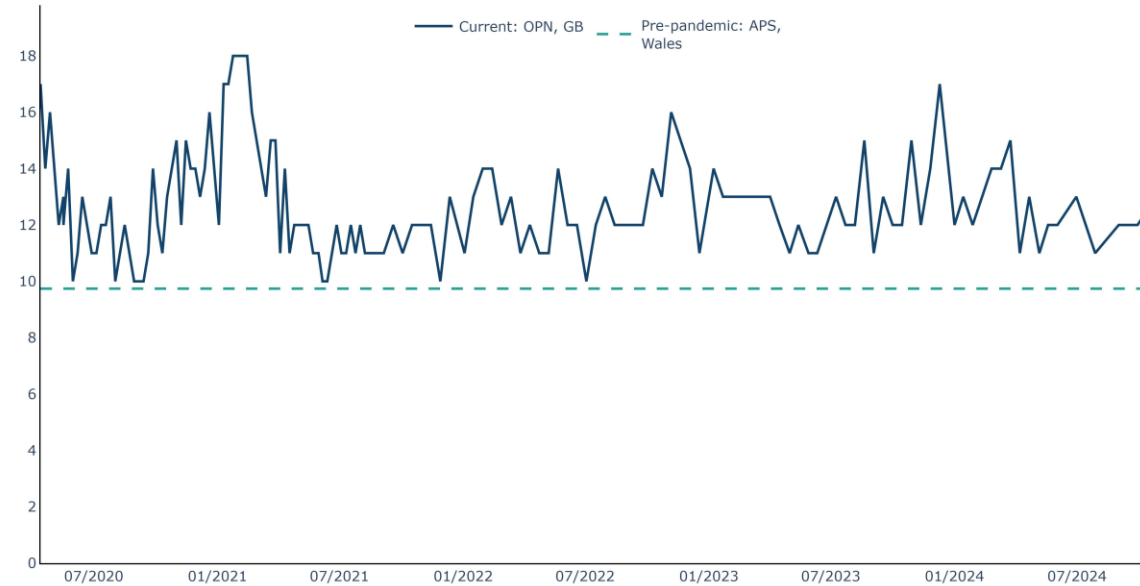


Low life satisfaction refer to responses that score 0-4 when asked 'Overall, how satisfied are you with your life nowadays?' Where 0 is 'not at all satisfied' and 10 is 'completely satisfied'.

Healthy behaviours and wellbeing

Persons reporting low levels of happiness, percentage, persons aged 16+, Great Britain (OPN) & Wales (APS), current: 13/04/20 to 27/10/24 & pre-pandemic: 2019/20

Produced by PHW, using OPN & APS (ONS)

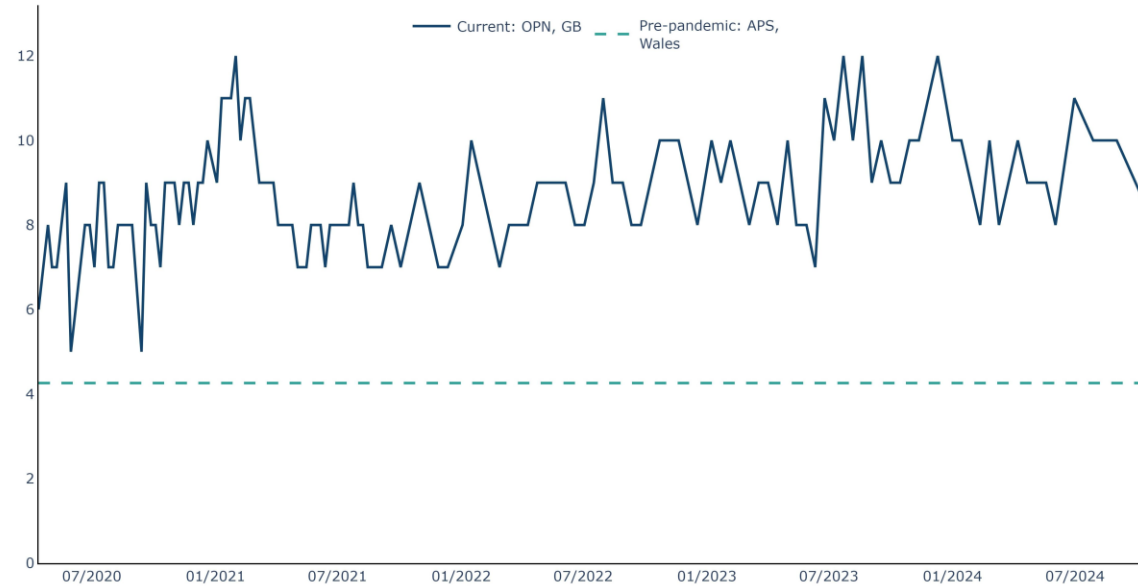


Low levels of happiness refer to responses that score 0-4 when asked 'Overall, how happy did you feel yesterday?' Where 0 is 'not at all happy' and 10 is 'completely happy'.

Healthy behaviours and wellbeing

Persons reporting low levels of feeling worthwhile, percentage, persons aged 16+, Great Britain (OPN) & Wales (APS), current: 13/04/20 to 27/10/24 & pre-pandemic: 2019/20

Produced by PHW, using OPN & APS (ONS)

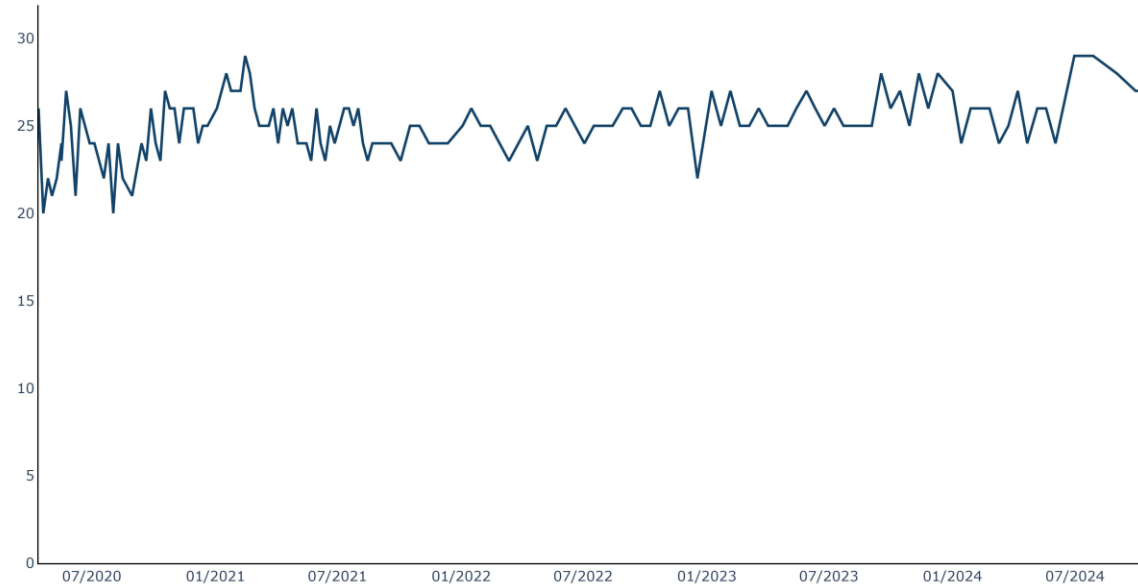


Low levels of feeling that things done in life are worthwhile refer to responses that score 0-4 when asked 'Overall, to what extent do you feel that the things you do in your life are worthwhile?' Where 0 is 'not at all' and 10 is 'completely'.

Healthy behaviours and wellbeing

Persons reporting feeling lonely always, often, or some of the time, percentage, persons aged 16+, Great Britain (OPN), 13/04/20 to 27/10/24

Produced by PHW, using OPN (ONS)

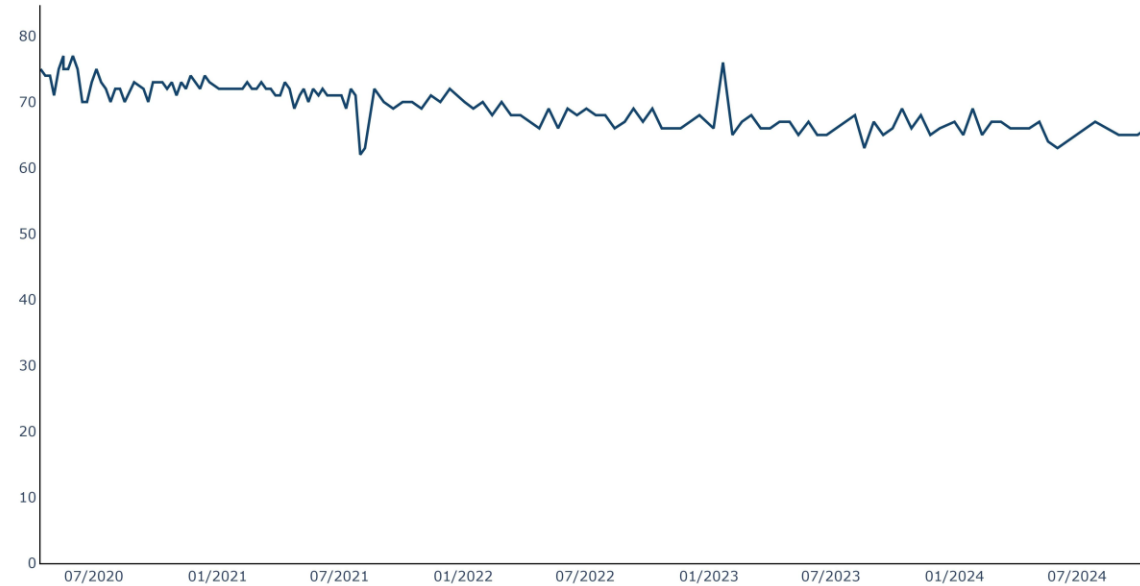


When asked 'How often do you feel lonely?' responses included often or always, some of the time, occasionally, hardly ever, never.

Healthy behaviours and wellbeing

Persons reporting good or very good health, percentage, persons aged 16+, Great Britain (OPN),
13/04/20 to 27/10/24

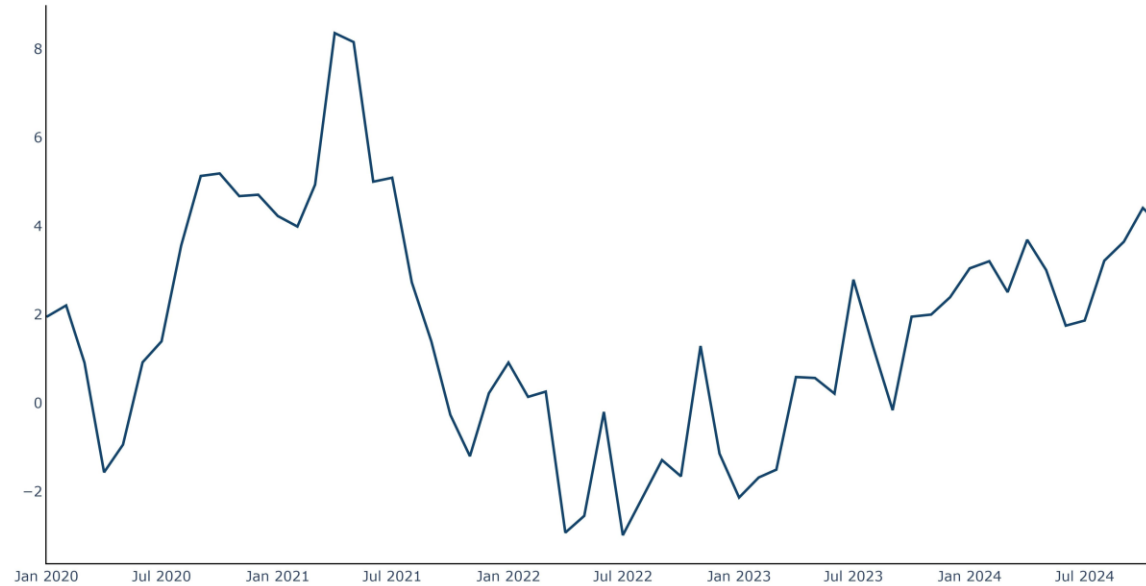
Produced by PHW, using OPN (ONS)



Wider Determinants

Seasonally adjusted real median pay growth rate (Wales), percentage, 01/2020 to 11/2024

Produced by PHW, using PAYE real time information & CPIH* (ONS)

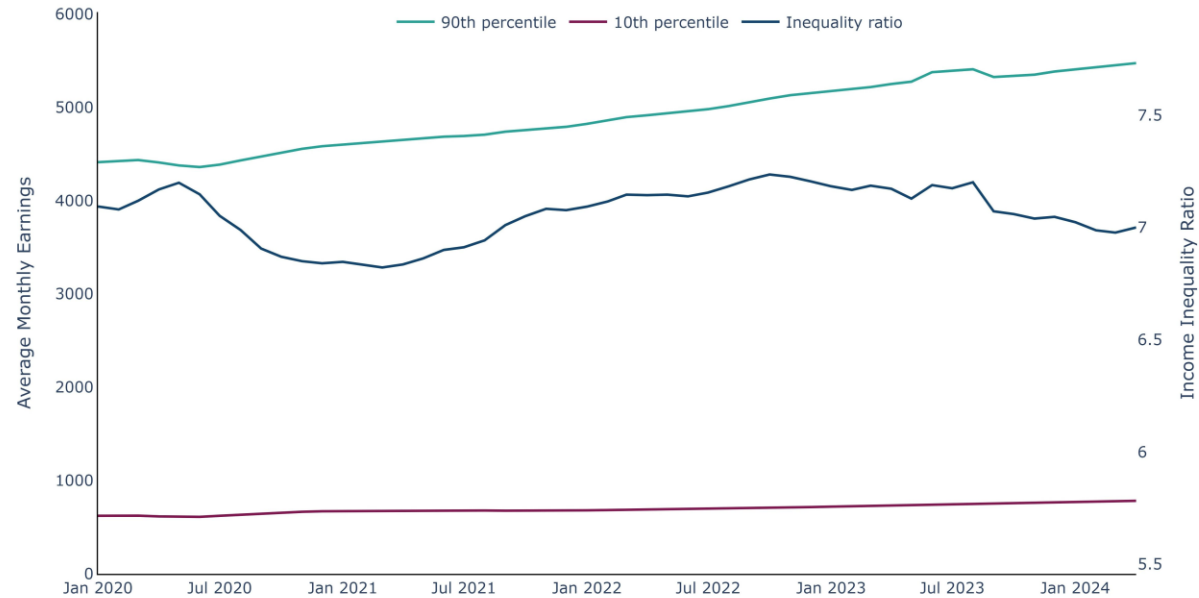


* Consumer Price Index including owner occupiers' housing costs (CPIH)

Wider Determinants

Seasonally adjusted 90th and 10th percentile pay and inequality ratio, United Kingdom, 01/2020 to 04/2024

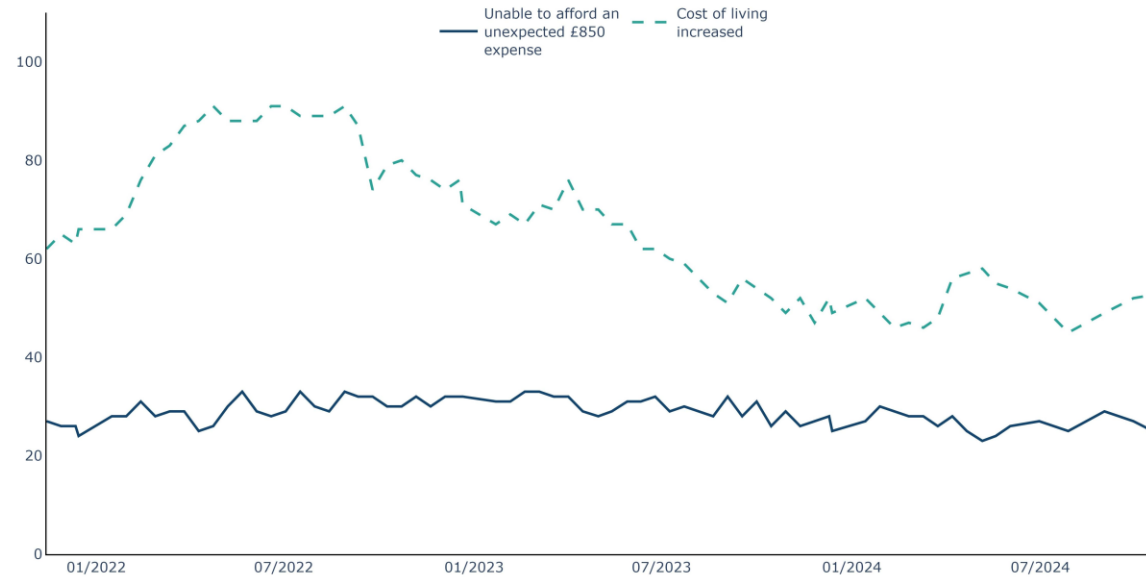
Produced by PHW, using PAYE real time information (ONS)



Wider Determinants

Public opinions on the cost of living, percentage, persons aged 16+, Great Britain, 14/11/2021 to 27/10/2024

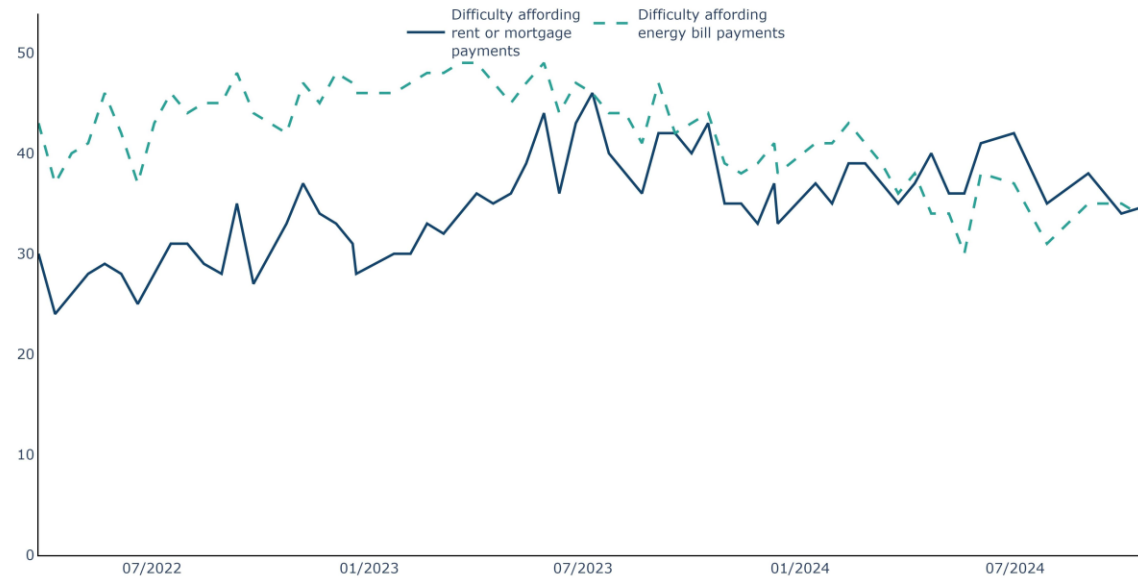
Produced by PHW, using OPN (ONS)



Wider Determinants

Public opinions on household finances, percentage, persons aged 16+, Great Britain, 27/03/2022 to 27/10/2024

Produced by PHW, using OPN (ONS)

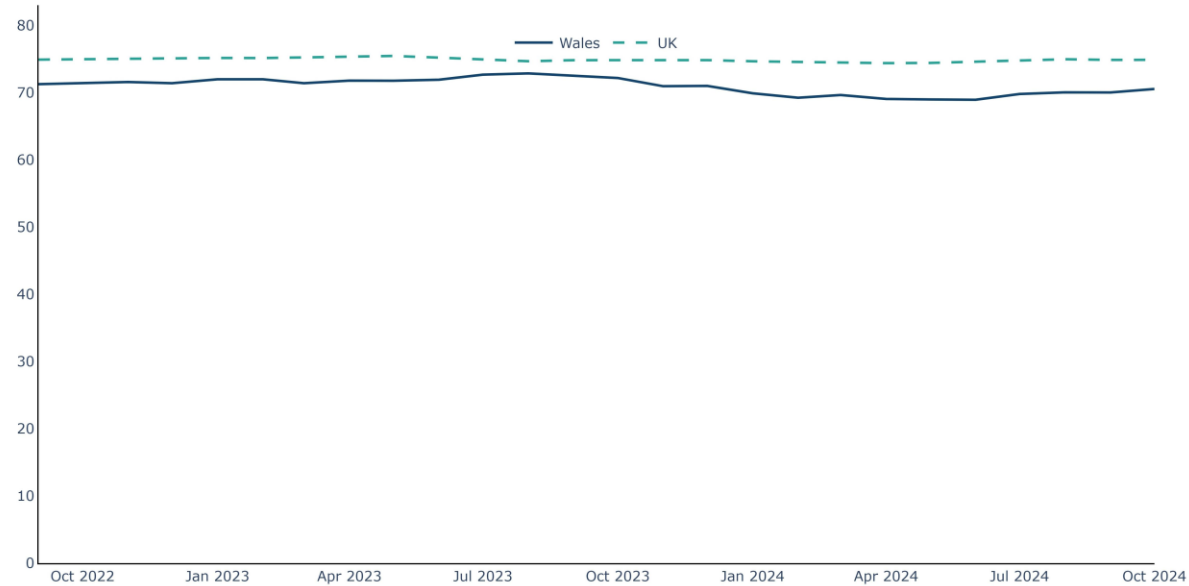


Percentage of adults currently paying rent, mortgage or energy bills reporting that it is very or somewhat difficult to afford these payments.

Wider Determinants

Seasonally adjusted employment rate, percentage, persons aged 16-64, Wales and UK, 09/2022 to 10/2024 (rolling 3 month ending)

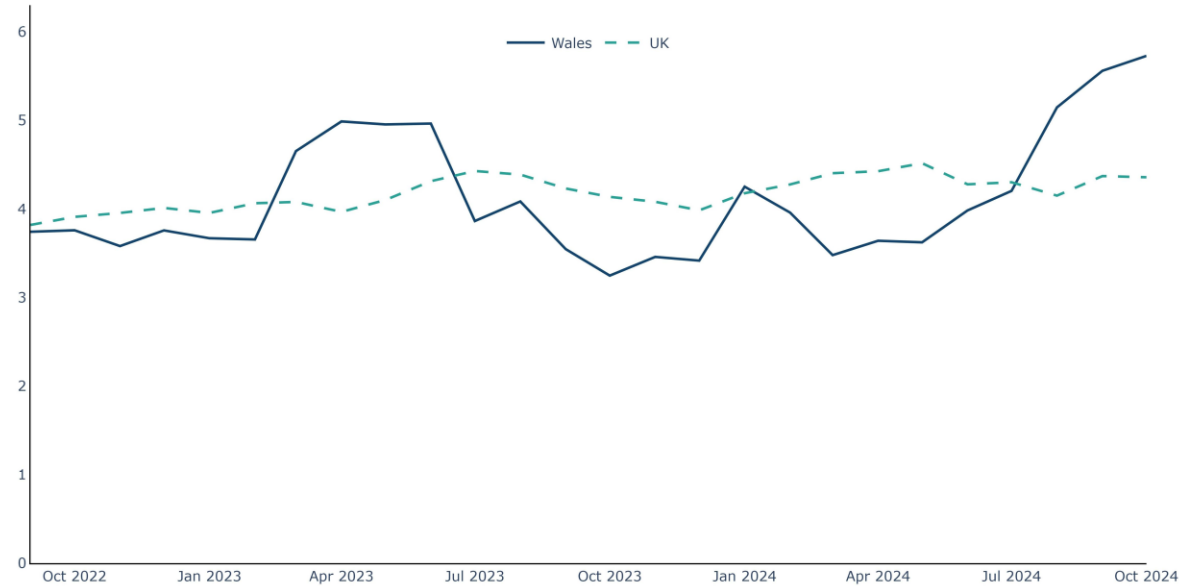
Produced by PHW, using LFS (ONS)



Wider Determinants

Seasonally adjusted unemployment rate, percentage, persons aged 16-64, Wales and UK, 09/2022 to 10/2024 (rolling 3 month ending)

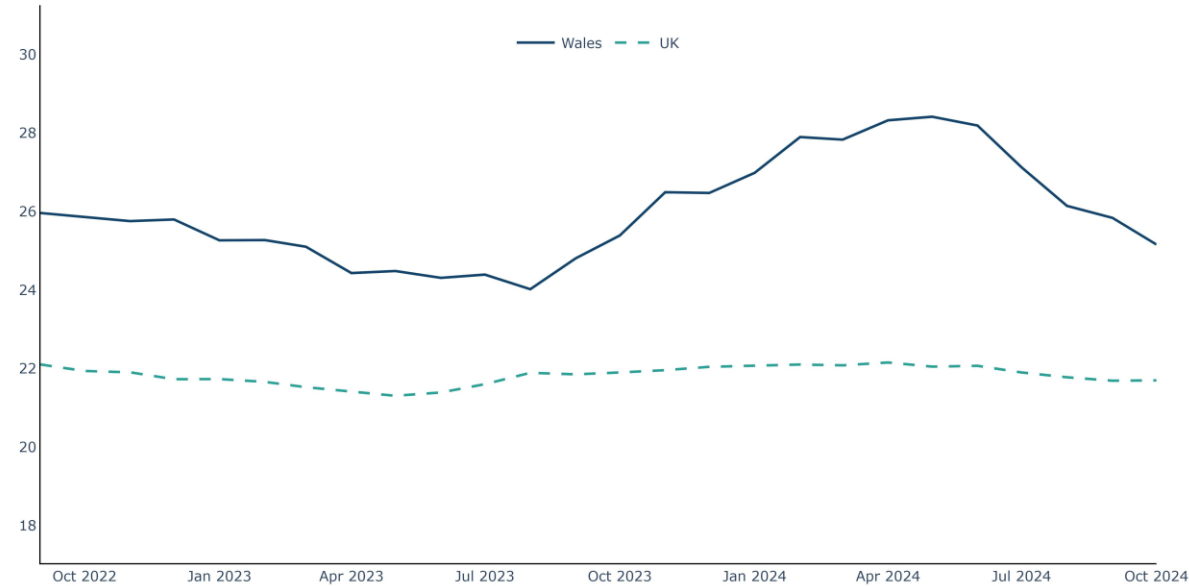
Produced by PHW, using LFS, (ONS)



Wider Determinants

Seasonally adjusted economic inactivity rate, percentage, persons aged 16-64, Wales and UK, 09/2022 to 10/2024 (rolling 3 month ending)

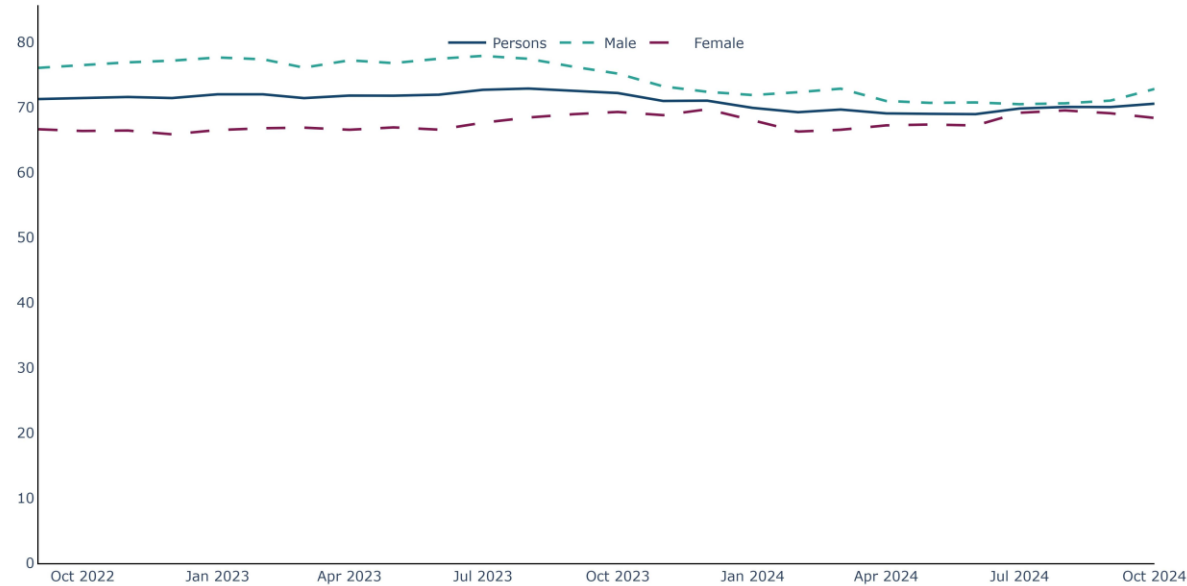
Produced by PHW, using LFS (ONS)



Wider Determinants

Seasonally adjusted employment rate, percentage, persons, males and females aged 16-64, Wales, 09/2022 to 10/2024 (rolling 3 month ending)

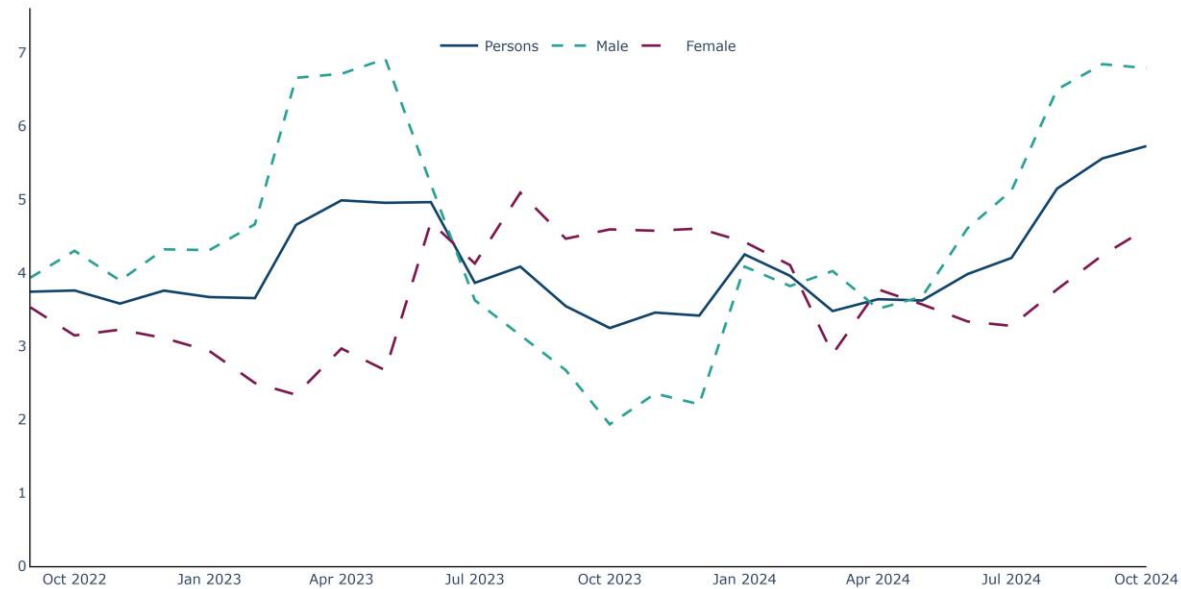
Produced by PHW, using LFS (ONS)



Wider Determinants

Seasonally adjusted unemployment rate, percentage, persons, males and females aged 16-64, Wales, 09/2022 to 10/2024 (rolling 3 month ending)

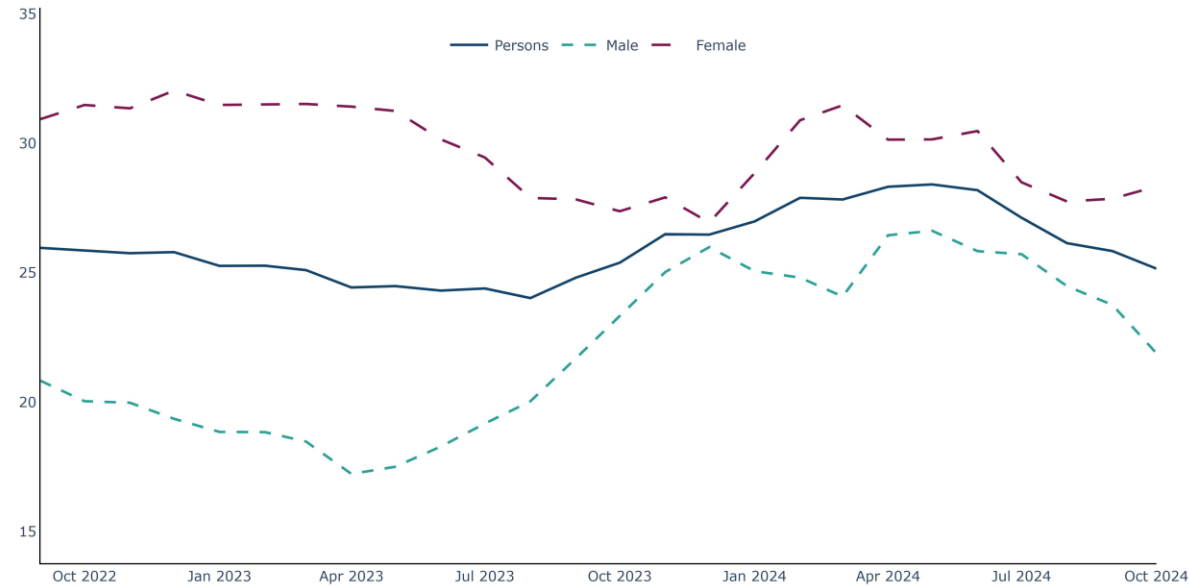
Produced by PHW, using LFS, (ONS)



Wider Determinants

Seasonally adjusted economic inactivity rate, percentage, persons, males and females aged 16-64, Wales, 09/2022 to 10/2024 (rolling 3 month ending)

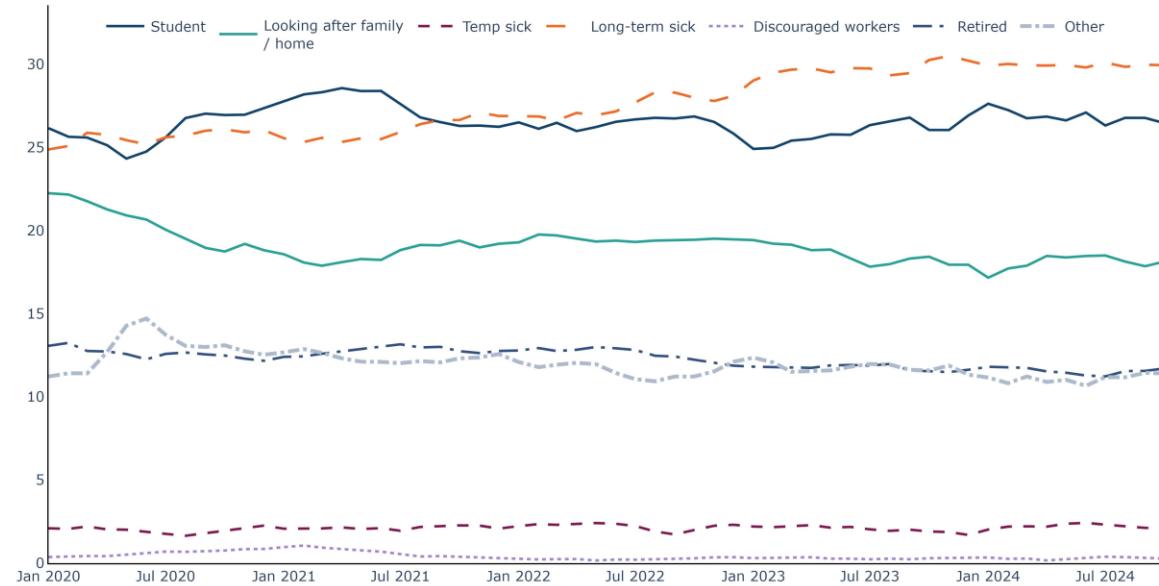
Produced by PHW, using LFS (ONS)



Wider Determinants

Economic inactivity rate by reason, percentage, persons aged 16-64, United Kingdom, 01/2019 to 10/2024

Produced by PHW, using LFS (ONS)

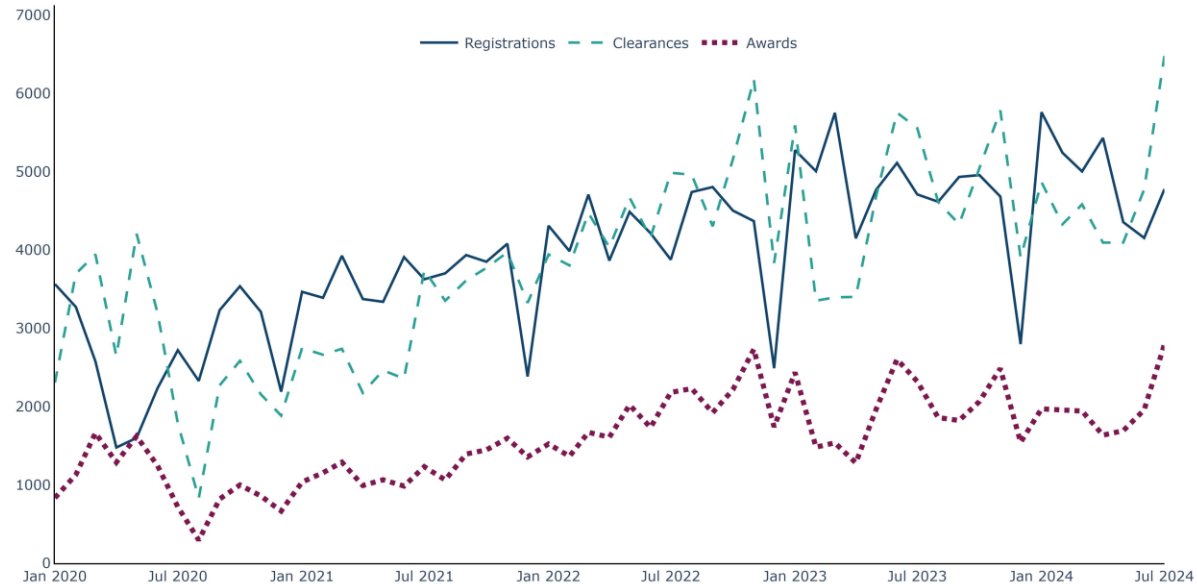


Discouraged workers are those who are not looking for work because they believe no jobs are available. Other reasons include people who are waiting the results of a job application, have not yet started looking for work, do not need or want employment, have given an uncategorised reason for being economically inactive, or have not given a reason for being economically inactive.

Wider Determinants

New claims under normal rules of Personal Independence Payment (PIP)*, counts, persons aged 16-64, Wales, 01/2019 to 07/2024

Produced by PHW, using DWP



* A registration is where a claimant makes an application to PIP. A clearance signifies the completion of a PIP claim: DWP makes a decision on the entitlement or the claim is withdrawn/cancelled. Awarded means the Department have made a decision to award the claim.

2024/25 Financial Position

Executive lead:	Huw George, Deputy Chief Executive and Executive Defector of Finance and Operations
Author:	Angela Williams, Deputy Director, and Head of Finance Ruth Maddern, Head of Financial Planning

Approval/Scrutiny route:	Business Executive Team
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Purpose
The purpose of this report is to outline to the Executive Team and the Board the revenue and capital position as of 31 December 2024 (M9), which includes the position on COVID-19.

Recommendation:				
APPROVE <input type="checkbox"/>	CONSIDER <input checked="" type="checkbox"/>	RECOMMEND <input type="checkbox"/>	ADOPT <input type="checkbox"/>	ASSURANCE <input type="checkbox"/>

CONSIDER the financial position of Public Health Wales as of 31 December 2024.

Link to Public Health Wales Strategic Plan	
Public Health Wales has an agreed strategic plan, which has identified seven strategic priorities and well-being objectives.	
This report contributes to the following:	
Strategic Priority/Well-being Objective	All Strategic Priorities/Well-being Objectives
Strategic Priority/Well-being Objective	All Strategic Priorities/Well-being Objectives

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Strategic Priority/Well-being Objective	All Strategic Priorities/Well-being Objectives
Summary impact analysis	
Equality and Health Impact Assessment	Not Applicable
Risk and Assurance	All financial risks are reflected in the paper
Health and Care Standards	This report supports and/or takes into account the Health and Care Standards for NHS Wales Quality Themes
	Governance, Leadership and Accountability
	Theme 7 - Staff and Resources
	Choose an item.
Financial implications	Financial information included in the paper
People implications	Not applicable

1. Introduction and Context

The purpose of this report is to provide an update to the Executive Team and the Board on the revenue and capital position for Public Health Wales 31 December 2024 (M9). The content of this report is reflected in the Director of Finance commentary that has been submitted to Welsh Government on 14 January 2025 as part of the full financial monitoring return for Month 9. The monitoring returns are included at **Appendix B**

The following table highlights the performance against the key revenue and capital financial targets.

Target	Current Month	Year to Date	Year-end Forecast
Revenue financial target Deficit/(Surplus)	£35k	(£164k)	Breakeven
Capital Position	£61k	£1,441k	Breakeven
Public Sector Payment Policy	98.82%	98.37%	>95%
Agency Spend as % of Total Pay	1.7%	1.5%	<2.1%

The cumulative reported position for Public Health Wales is a net surplus of £164k.

Overview of Financial Performance at Month 9

Financial Performance by Directorate

Table A outlines the financial performance by Directorate.

Table A

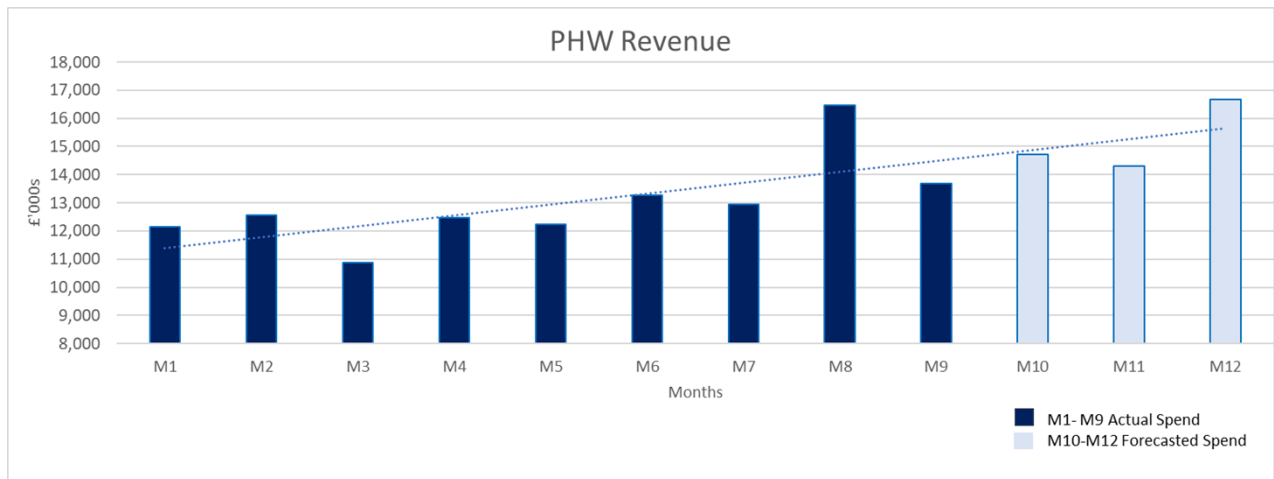
Directorate	Annual Budget £000s	YTD Budget £000s	YTD Actual £000s	YTD Variance £000s	% YTD Variance
Board and Corporate	2,642	2,068	2,022	-46	-2.20%
Central Budgets	-299	-621	-602	19	-3.07%
Covid 19	8,132	5,478	5,478	0	0.00%
Operations and Finance	11,814	8,587	8,528	-59	-0.69%
Health Protection and Screening Services	97,347	72,591	72,650	58	0.08%
Health & Wellbeing	21,513	14,607	14,550	-57	-0.39%
People & Organisational Development	3,514	2,384	2,357	-28	-1.16%
Policy and International Health	6,083	4,045	4,042	-3	-0.08%
Research, Data and Digital	7,817	4,930	4,917	-13	-0.26%
Nursing, Quality & Integrated Governance	3,912	2,727	2,692	-35	-1.30%
Directorate Total	162,475	116,796	116,632	-164	

As the table above indicates, the surplus at Month 9 is a combination of small under and overspends across several Directorates.

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Costs associated with the Public Inquiry are included within the Board and Corporate Directorate. The total spend at Month 9 is £340k.

The following graph illustrates actual year to date monthly spend and planned spend for the remainder of the financial year. This illustrates the actual run rate to month 9 and the forecast run rate based on the break-even spending plans received.

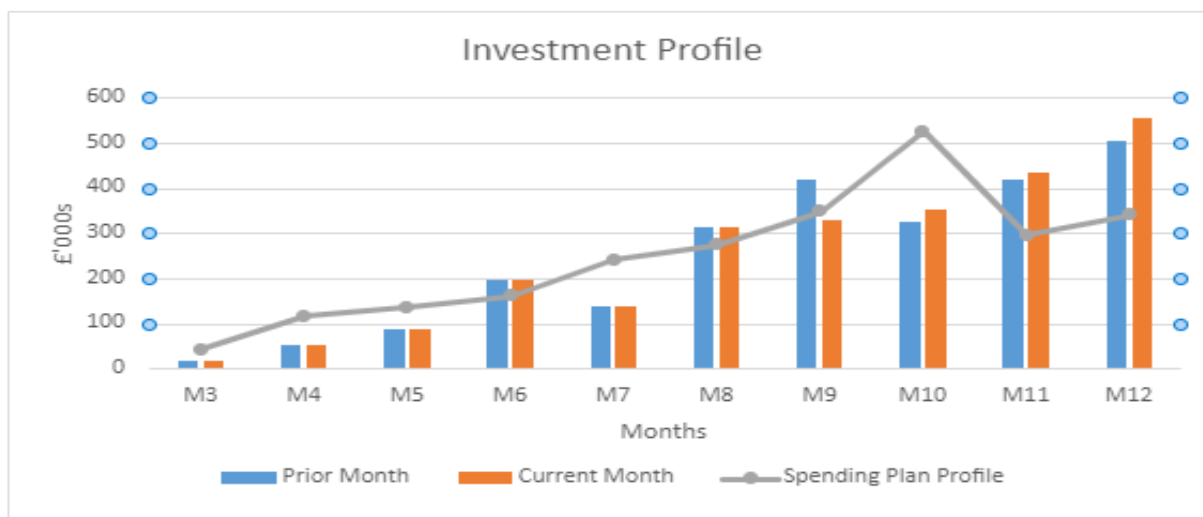


The increase in actual costs in Month 8 represents the wage awards and associated pay arrears backdated to April 24. Whilst Month 10 remains in line with original spending profile, Month 11 profiled spend is less than originally anticipated with the associated spend reprofiled to Month 12. Assurance has been provided from Directorates that the agreed year end forecasted position will be delivered.

Investments

Each investment scheme has had funding allocated based on spending plans submitted. Directorates are responsible for managing slippage in relation to each scheme and ensuring that any investment funding allocated is fully utilised on that scheme and within the relevant financial year.

Directorates are required on a monthly basis to report actual expenditure against each scheme, demonstrating how any slippage is to be reinvested in delivering the original scheme purpose. Through the monitoring process, if the level of slippage identified is such that the purpose, aims and objectives of the scheme are undeliverable, the investment funding will be returned centrally to be repurposed at the earliest opportunity. **Appendix A** shows actual spend against plan at Month 9 by Investment Scheme and summarised in the following graph.



The graph illustrates the original spending plan profile at Month 3, the revised profile at Month 8 (Prior Month) and the current profile at Month 9 (Current Month). The current profile of expenditure has changed with £88k moved out of month 9 with £27k, £14k and £27k reprofiled in months 10, 11 and 12 respectively.

The movement is due to investment schemes within Health and Wellbeing and Policy and International Health. Health & Wellbeing have moved £43k into future months due to a one-month contract delay. Policy and International Health have moved £43k into future months predominantly due to a procurement delay in commissioning work associated with an Influencing Policy scheme. We continue to work with the Directorates on the assurance of the re-profiled plans.

Outstanding Allocations and Transfers

We have an anticipated pay allocation for the 2023/24 and 2024/25 pay awards of £6.367m following a detailed pay modelling exercise. We continue to work with Welsh Government to finalise the allocation, we are anticipating confirmation by end of January 2025.

The Trust received an allocation of £5.411m for 2024/25 in relation to Bowel Screening Optimisation. The allocation was based on modelling conducted by the service. The modelling has been revised following the changes in age and sensitivity criteria which has impacted on the spend profile with a forecast underutilisation of £1.13m in 2024/25. Following discussions with Welsh Government the £1.13m available on a non-recurrent basis in 2024/25 will be re-purposed to reduce the Covid pressures noted below.

Covid-19

Our funding for COVID-19 is £10.489m, which includes non-recurrent funding of £6.560m to support COVID-19 testing plus £3.929m of recurrent COVID sustainability funding. **Table B** below shows breakdown of expenditure, budget and testing activity at Month 9.

Table B

	M1-M8	M9	M1-M9
Actual Tests	86,346	15,105	101,451
Forecast Tests	67,275	12,762	80,037
Variance (Tests)	19,071	2,343	21,414
Expenditure (£m)	4.717	0.760	5.477
Budget (£m)	3.762	0.799	4.561
Variance (£m)	0.955	-0.039	0.916
Less:			
Core Slippage (£m)	-0.553	0.111	-0.442
Repurposed FIT funding (£m)	-0.402	-0.072	-0.474
Adjusted Variance (£m)	0.000	0.000	0.000

COVID-19 testing Expenditure in month 9 was £0.760m with actual testing episodes in December totalling 15,105, which was an average of 487 per day. This compares to an average of 380 per day in November. The cumulative position to Month 9 was £0.916m over the COVID-19 testing funding allocation.

The increase in testing is due to a change in clinical pathway which can result in a single request requiring multiple tests (approx. 17% of all activity), a Pertussis outbreak, a Mycoplasma event, general reduction in immunity and increased epidemiology.

A review of the COVID-19 sustainability funding element at Month 9 identified slippage of £0.442m, which, as per the conditions set by Welsh Government, has been offset against the Month 9 COVID-19 testing overspend to Month 9 of £0.916m. The reported net position on COVID-19 as at Month 9 is therefore an overspend of £0.474m.

We continue to liaise with Welsh Government on the COVID-19 expenditure and regularly discuss forecast year end position. The following table summarises the revised year end forecast based on the likely case which is now a surplus of £0.248m. Following actions, that were discussed and agreed with Welsh Government, the year-end forecast has improved from an overspend of £0.277m reported at Month 8. This is due to.

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- reductions in volume of 3,899 tests (£0.211m).
- price reductions/discounts estimated to be (£0.530m).
- removal of a double counting of consumables bulk discount of £0.229m.

The forecast includes the re-purposing of the FIT optimisation funding of £1.130m and offsetting Core sustainability funding of £0.564m by year end. **Table C** below shows the month 9 year-end forecast.

Table C

Item	Original Most Likely YE Forecast £m	M1-M9 Expenditure £m	Updated YE Forecast £m
Testing costs (net of bulk discount)	7.876	4.987	7.351
Maintenance	0.543	0.407	0.543
NWSSP costs	0.112	0.084	0.112
Net Costs	8.531	5.478	8.006
Non-Core funding (excl. Surge Team)	-6.560	-4.562	-6.560
Testing Overspend	1.971	0.916	1.446
Core slippage	-0.564	-0.442	-0.564
Net Respiratory Overspend	1.407	0.474	0.882
FIT optimisation - repurposed funding	-1.130	-0.474	-1.130
Pressure/(Surplus)	0.277	nil	-0.248

Capital

Public Health Wales capital funding for 2024/25 totals £3.511m, which includes £1.452m of Discretionary capital and £2.059m of Strategic capital. Our discretionary capital allocation reduced by £102k in month 9.

We requested a Discretionary allocation transfer of £102k to Hywel Dda Health Board to correctly account for an approved Infection Services scheme. The scheme was for the refurbishment of a microbiology laboratory in Glangwili General Hospital This funding transfer requested was approved by Welsh Government and actioned in Month 9.

Table D provides a summary of discretionary and strategic schemes, with a more detailed breakdown in **Appendix C**, with the graph illustrating the profile of planned spend.

Table D:

Service Area	2024/25 Allocation £000s	Year to date spend 2024/25 £000s	Delivery Estimate Q4 £000s	Committed via PO £000s
Discretionary				
Contingency	222	2	219	0
Digital Services	546	263	283	0
Estates	160	94	66	40
Infection Services	252	52	200	149
Screening Division	273	264	9	1
	1,452	675	777	191
Strategic				
Digital Services	738	0	738	0
Estates	157	8	149	28
Screening Division	1,164	740	420	0
Total Strategic	2,059	748	1,307	28
Total Public Health Wales Capital	3,511	1,423	2,084	219

Service Area	2024/25 Allocation £000s	Year to date spend 2024/25 £000s	Delivery Estimate Q4 £000s	Committed via PO £000s
NHS Executive	100	0		0
Total Discretionary	100	0	100	0
Total Hosted Discretionary	100	0	100	0
Strategic				
Slippage on ICT Equip for NHSE	29	17	12	0
Total Strategic	29	17	12	0
Total Hosted Capital	129	17	112	0
Grand Total	3,640	1,441	2,196	219

There remains £1.865m of expenditure uncommitted by purchase order, £1.279m strategic and £0.586m discretionary.

The strategic total of £1.279m is predominantly due to two additional strategic capital allocations received in year. £0.700m for digital schemes relating to back up infrastructure and replacement of network switches and £0.420m for 5 replacement ultrasound machines within Breast Test Wales. Due to the timings in which these allocations were received, the capital plan is set for delivery within quarter 4.

The discretionary total of £0.586m is as follows.

- £150k of discretionary allocation assigned to digital services is being re-directed to cover an increase in costs associated with the back-up infrastructure.

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- £219k of contingency is now being prioritised to support our IT replacement programme, the review of the screening estate in North Wales with the remaining balance to be set aside for the over £5k review in quarter 4.
- £50k for Infection Services schemes, purchase order is due to be raised mid-January with installation of equipment expected 6th of February 2025.
- £147k on Estates schemes, awaiting new suppliers to be set up on Oracle with purchase orders raised in January. Assurance has been provided that works will be completed by the end of March.

The NHS Executive Capital allocation will be discussed with the NHS Executive and Welsh Government colleagues to determine if there is a plan to fully utilise or return to Welsh Government.

Resource is now being redirected to ensure that the schemes at procurement stage are reviewed on a weekly basis through to completion.

Balance Sheet

The Balance Sheet, or Statement of Financial Position, reports the assets, liabilities, and reserves of the organisation at a specific point in time. **Table E** provides a summary as of 31 December 2024.

Table E – Balance Sheet as of 31 December 2024

	Opening Balance 1/4/2024 £000s	Movement £000s	Closing Balance 31/12/2024 £000s
Non-Current Assets			
Property, plant and equipment	32,164	-2,681	29,483
Intangible assets	888	-241	647
Trade and other receivables	40	3,269	3,309
Non-Current Assets sub total	33,092	347	33,439
Current Assets			
Inventories	1,167	84	1,251
Trade and other receivables	23,273	18,105	41,378
Cash and cash equivalents	13,905	1,295	15,200
Current Assets sub total	38,345	19,484	57,829
TOTAL ASSETS	71,437	19,832	91,269
Current Liabilities			
Trade and other payables	-29,584	-18,698	-48,282
Borrowings	-2,138	177	-1,961
Provisions	-4,040	189	-3,851
Current Liabilities sub total	-35,762	-18,333	-54,095

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NET ASSETS LESS CURRENT LIABILITIES	35,675	1,499	37,174
Non-Current Liabilities			
Trade and other payables	0	0	0
Borrowings	-6,000	496	-5,504
Provisions	-2,211	-1,732	-3,943
Non-Current Liabilities sub total	-8,211	-1,236	-9,447
TOTAL ASSETS EMPLOYED	27,464	263	27,727
FINANCED BY: Taxpayers' Equity			
PDC	22,077	-0	22,077
Retained earnings	4,221	169	4,390
Revaluation reserve	1,166	94	1,260
TOTAL TAXPAYERS' EQUITY	27,464	263	27,727

Non-Current Assets

Property, plant and equipment and intangible assets have reduced in total by £2.92m since year end due to the net effect of year to date depreciation charges offset by capital additions.

Non-current trade and other receivables has increased by £3.269m since the beginning of the year. This is due to the change in settlement date for an existing clinical negligence case.

Current Assets

Current trade and other receivables for PHW and NHS Executive has increased overall by £18.105m this financial year.

The PHW balance includes the January core income invoice (billed in advance) totalling £11.102m. There is also an increase of £1.866m for the Welsh Risk Pool receivable due to changes to clinical negligence claims. This is offset by a reduction of £8.4m of receivables for PHW due to timing of payments being made.

For the NHS Executive balance there has been an increase of £13.6m of accrued income due from Welsh Government increasing the receivable figure, this is due to invoices being raised quarterly in arrears. Quarter 3 invoices are due to be raised later this month.

Current liabilities

Current trade and other payables have increased by £18.698m. This is mainly due to deferred Welsh Government income of £11.102m for January which has been raised in advance and £5.268m remaining of the core income billed for December but not yet required. There are also amounts

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due to be paid over for Tax, NI and pension of £5.2m which were nil as at 31 March 2024.

Non-Current Liabilities

The overall provision for clinical negligence has increased by £1.604m since the beginning of the financial year due to two new claims and changes in existing provisions. The non-current provision has increased by £1.464m due to the timing of these settlements.

Conclusion

The Board is asked to note the following:

- Month 9 reported surplus financial position of £164k;
- Directorate spending plans and the profile of spend;
- Investments status for Month 9;
- Status of the Capital Programme, strategic and discretionary, for 2024/25, and
- Balance Sheet, or the Statement of Financial Position as of 31 December 2024

Appendices

Appendix A - 2024/25 Investment spending plan against Month 9 Year to date spend.

Directorate	Scheme Name	Cost Item	Original Forecast Spend to M9	Actual Spend to M9	Movement	Explanation of plan movements
Board & Corporate	Governance Hub	Band 7	28,327	31,900	-3,573	On Track
Data, Knowledge & Research	Digital Route Map, NDR, Cloud and Automation	B5, B7 x2 and B8 x2	81,391	81,391	0	On Track
Data, Knowledge & Research	Digital Route Map, NDR, Cloud and Automation	Health Protection Alpha project funding	0	147,918	-147,918	Initially profiled in M10 only, rephased in line with revised spending plan
Data, Knowledge & Research	Newborn Screening Project Manager B7 FTC for 6/12	Band 7	14,164	9,442	4,722	On Track
Data, Knowledge & Research	WCISU Registration Officer B5 – FTC for 6/12	Band 5 Fixed Term Contract for 6 months	8,926	8,926	0	
Health & Wellbeing	Diabetes Programme of Prevention	Behavioural Science Specialist	38,958	9,297	29,661	Confirmed start date of 4th Nov due to 8 week notice period and prebooked A/L
Health & Wellbeing	Diabetes Programme of Prevention	Senior Practice Nurse	17,679	14,734	2,945	Diabetes Programme - revised spending plan
Health & Wellbeing	Diabetes Programme of Prevention	Clinical Advisor	19,600	20,997	-1,397	Diabetes Programme - revised spending plan
Health & Wellbeing	Diabetes Programme of Prevention	Senior Workplace Health Advisor	38,958	15,947	23,011	Start Date 23/09/2024
Health & Wellbeing	Diabetes Programme of Prevention	Communications & Engagement Mgr.	38,958	20,044	18,914	Diabetes Programme - revised spending plan
Health & Wellbeing	Diabetes Programme of Prevention	Data Acquisition	7,000	2,722	4,278	Recharge confirmed as 0.2wte for 3 months wef Sept (as per NHSE info)
Health & Wellbeing	Diabetes Programme of Prevention	Public Health Evaluation Lead	16,254	0	16,254	
Health & Wellbeing	Diabetes Programme of Prevention	Programme Director	63,251	30,652	32,599	Now looking to recruit a full time 8d (possible secondment for 18 months while longer term recruitment happens etc) so 8d full time built into costs from Dec
Health & Wellbeing	Diabetes Programme of Prevention	Programme Management Support	24,993	10,461	14,532	Start Date 18/09/2024

Health & Wellbeing	Diabetes Programme of Prevention	Comms and Engagement Strategy - Agency Commissioned	41,716	0	41,716	Diabetes Programme - revised spending plan
Health & Wellbeing	Diabetes Programme of Prevention	Qualitative Insights	80,000	0	80,000	Slight delay in completion of procurement
Health & Wellbeing	Diabetes Programme of Prevention	Travel	500	640	-140	Diabetes Programme - revised spending plan
Health & Wellbeing	Diabetes Programme of Prevention	Scheme - C&V HB - PBMA	0	2,500	-2,500	As per grant allocation schedule
Health & Wellbeing	Diabetes Programme of Prevention	Scheme - BC HB - Scheme - CTM HB	0	15,000	-15,000	As per grant allocation schedule
Health & Wellbeing	Diabetes Programme of Prevention	- Co-produce intervention to optimise patient activation	0	10,000	-10,000	As per grant allocation schedule
Health & Wellbeing	Diabetes Programme of Prevention	Scheme - AB HB - Cardio Renal Scheme - CTM Bid	0	18,250	-18,250	As per grant allocation schedule
Health & Wellbeing	Diabetes Programme of Prevention	1 (Support for Care Process Compliance)	0	12,275	-12,275	
Health & Wellbeing	Facilitated Coaching	(blank)	30,000	6,800	23,200	Reprofile of spending plan
Health & Wellbeing	Primary Care Prevention - Clinical Risk Factors		20,000	0	20,000	Revised phasing in M7
Health Protection & Screening Services	Business continuity and EPRR arrangements	Band 4	11,154	11,154	0	On Track. New appointments commenced Sept 24
Health Protection & Screening Services	Business continuity and EPRR arrangements	Band 6	14,930	14,930	0	On Track. New appointments commenced Sept 24
Health Protection & Screening Services	Screening Research Unit with Cardiff University	Band 7 (becomes 50% funded from 2025/26)	14,164	4,721	9,443	Update M6 -new starters to commence 04/12
Health Protection & Screening Services	Screening Research Unit with Cardiff University	Band 8A	16,256	5,419	10,837	Update M6 -new starters to commence 04/12
Health Protection & Screening Services	Screening Research Unit with Cardiff University	Dedicated Analytical support	667	667	0	On Track. New appointments to commence Oct 24
Health Protection & Screening Services	Screening Engagement Events	(blank)	2,000		2,000	Change in profile M5 as per Liz Cooper (Aug 24)
Health Protection & Screening Services	Clinical Supervision and Preceptorship.	180 hrs of Band 7	3,531	2,649	882	This will sit in screening and will commence Nov 24
Operations & Finance	Conference Facilitation	Band 5	8,926	2772	6,154	
Operations & Finance	Web Transformation	TBC	100,000	114,937	-14,937	Spend re-profiled based on new plans received in M5
People & OD	Culture and Leadership Hub - Reserve Funding Pending Further Detail	TBC	0	60,906	-60,906	Phasing in as expenditure incurred
People & OD	DBS Checks	Band 5	7,011	7,011	0	On Track

People & OD	DBS Checks	Audit of PHW posts to review DBS requirements	12,253	0	12,253	All moved to M12 as only now going through procurement
People & OD	Business Improvement & Automation	Band 8C	52,153	43,843	8,310	Forecasting from July for now but likely to be re-profile once had update on plans.
People & OD	Business Improvement & Automation	TBC	25,000	8,128	16,872	This will be an 8a - temp profile until confirmed plans
People & OD	Additional POD Business Partnering for HPSS	(blank)	15,500	19,375	-3,875	More likely to be a band 6
Policy & International Health	Behavioural Change	Band 6	22,395	14,855	7,540	phased as Inv request M4 to M12
Policy & International Health	Behavioural Change	Band 7	28,327	17,148	11,179	phased as Inv request M4 to M12
Policy & International Health	Behavioural Change	Band 8A	65,021	43,347	21,674	phased as Inv request M4 to M12
Policy & International Health	Behavioural Change	Non-Pay	0	45,643	-45,643	
Policy & International Health	Climate Change	Consultant	20,887	27,381	-6,494	per spending plan draft
Policy & International Health	Climate Change	Band 4	5,916	5,916	0	per spending plan draft
Policy & International Health	Climate Change	Band 6	18,660	0	18,660	per spending plan draft
Policy & International Health	Climate Change	Band 7	10,964	0	10,964	per spending plan draft
Policy & International Health	Climate Change	Agency	3,407	3,408	-1	per spending plan draft
Policy & International Health	Climate Change	Travel & Subsistence	2500	0	2,500	per spending plan draft
Policy & International Health	Climate Change	Consultancy	75,000	70000	5,000	per spending plan draft
Policy & International Health	Climate Change	Translations	0	7,500	-7,500	per spending plan draft
Policy & International Health	Climate Change	Design	0	2,880	-2,880	per spending plan draft
Policy & International Health	HIA Implementation	Band 6	22,392	12,132	10,260	phased as Inv request M1 to M12
Policy & International Health	HIA Implementation	Band 7	16,998	21,604	-4,606	phased as Inv request M4 to M12

Policy & International Health	HIA Implementation	Band 8A	27,090	17,554	9,536	Use £5,418 for June (and for May) in agency
Policy & International Health	HIA Implementation	Agency	5,418	11,830	-6,412	Use some of Band 8a in here
Policy & International Health	HIA Implementation	Non-Pay	5,500	7,764	-2,264	
Policy & International Health	Influencing Legislative Context	Band 7	28,326	7,605	20,721	phased as Inv request M4 to M12
Policy & International Health	Influencing Legislative Context	Band 8A	32,508	16,043	16,465	phased as Inv request M4 to M12
Policy & International Health	Influencing Legislative Context	Band 8B	37,734	0	37,734	Commissioning Influencing Policy to start in M10
Policy & International Health	Support for Health Inequality Narrative and workstream development	Band 6	13,188	10,936	2,252	Band 6 cost for 9 MThs
Quality, Nursing & Allied Health Professionals (QNAPs)	Audit and Quality Management System	Software/licenses	6,000	4,600	1,400	
Quality, Nursing & Allied Health Professionals (QNAPs)	Diabetes Engagement Officer	Band 7	23,606	18,885	4,721	Starting 1st Oct - 8A 0.6wte, remainder being used for Agency to assist
Grand Total			1,326,057	1,133,439	192,618	

Appendix B: Full financial monitoring return for Month 9. Attached.

Appendix C: Detailed discretionary and strategic capital schemes.

Service Area	Details	2024/25 Allocation £000s	Year to date spend 2024/25 £000s	Delivery Estimate Q4 £000s	Committed via PO £000s
Discretionary					
Contingency	Contingency - Yet to be allocated	222	2	219	
Estates	Fire Compliance Works (b/f from 24/25 EFAB)	53	13	40	40
Estates	IT Equipment to support DESW Mid Wales Admin Office	4	4	0	
Estates	Relocation of Help Me Quit Hub/Enquiry Room	11	11	0	
Estates	Refurbish estate is North Wales - Llys Castan	26	0	26	

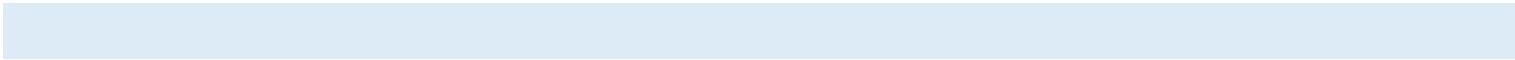
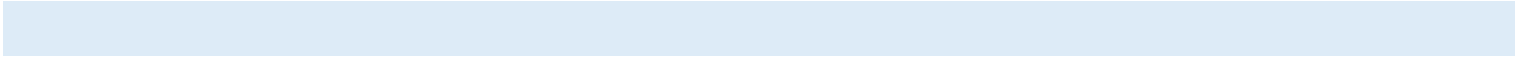
Estates	New Boiler BTW Swansea	41	41	0	
Estates	Door Automation Works at CQ2	25	25	0	
Digital Services	Phone System Security	18	0	18	
Digital Services	Endpoint Central Server Replacement & Resilience	20	0	20	
Digital Services	Replacement of Wi-Fi infrastructure	60	0	60	
Digital Services	Server Room Works	35	0	35	
Digital Services	Genomics IT Equipment	5	5	0	
Digital Services	Phase 1 Replacement PCs - Batch 1	142	142	0	
Digital Services	Phase 2 Replacement PCs - Laptops (x97) and monitors (x100)	110	110	0	
Digital Services	Increase in costs to Backup (discretionary funds)	150	0	150	
Health & Wellbeing	6 x New laptops to replace desktop PC	6	6	0	
Infection Services	8 x Class II Safety Cabinets	94	11	83	83
Infection Services	QuantStudio 5 thermal cyler	32	32	0	
Infection Services	Anaerobic workstation - UKARU Cardiff	63	0	63	66
Infection Services	Microscope with Camera	8	8	0	
Infection Services	Anaerobic workstation Glan Clwyd	54	0	54	
Screening Division	Chronos decontamination cabinets x 6	130	130	0	
Screening Division	OptiMize Software Development work	105	105	0	
Screening Division	Removal of canopy on all mobile units	22	22	0	
Screening Division	IT equipment for a hot desk arrangement	3	3	0	
Screening Division	Work to counselling room BTW Cardiff	5	4	1	1
Screening Division	Concertina partition wall in Magden Park	8	0	8	


Total Discretionary PHW		1,452	675	777	191
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Strategic					
Screening Division	Replacement of Camera for the Diabetic Eye Screening Wales Service	744	740	0	0
Digital Services	DPIF - RISP (local infrastructure)	38	0	38	0
Estates	Backlog Maintenance 24-25 - Improvement works to BTW Swansea (repairs to roof, new storage space and new changing are)	157	8	149	28
Digital Services	Year-end funding October 2024 - Network switches and data backup replacement	700	0	700	0

Screening Division	Replace 5 ultrasound machines BTW	420	0	420	0
Total Strategic PHW		2,059	748	1,307	28
Total Public Health Wales Capital		3,511	1,423	2,084	219

Service Area	Details	2024/25 Allocation £000s	Year to date spend 2024/25 £000s	Delivery Estimate Q3	Committed via PO £000s
NHS Executive	NHS Executive	100	0	100,000	0
Total Discretionary Hosted		100	0	100	0
NHS Executive	Slippage on ICT Equip for NHS Executive	29	17	11500	0
Total Strategic Hosted		29	17	12	0
Total Hosted Capital		129	17	112	0
Grand Total		3,640	1,441	2,196	219



 <p> GIG CYMRU NHS WALES </p>	<p>Iechyd Cyhoeddus Cymru Public Health Wales</p>	<p>Name of Meeting Board</p> <p>Date of Meeting 30 January 2024</p> <p>Agenda item: 3.3</p>
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Performance and Insight Report - December 2024	
Executive lead:	Huw George, Deputy Chief Executive/ Executive Director Operations and Finance
Authors:	Angela Williams, Deputy Director Operations and Finance; Neil Stoodley, Head of Financial Intelligence, Value and Impact; Ioan Francis, Head of Performance
Contributors:	Directorate submissions approved by relevant Director
Approval/Scrutiny route:	Strategic Business Executive Team

Purpose
<p>Our refreshed Performance and Insight Report focuses on delivering actionable insights and assurance whilst identifying areas for further improvement across the following key sections;</p> <ul style="list-style-type: none"> ❖ <i>Governance and Accountability</i>, including: <ul style="list-style-type: none"> ○ People Governance; Financial Governance; Board and Corporate Governance; and Clinical Governance, Quality, Safety and Improvement ❖ <i>Service Delivery</i>, including: <ul style="list-style-type: none"> ○ Health Protection and Screening Services; Health and Wellbeing (<i>monthly</i>); Policy and International Health; Data, Knowledge and Research (<i>bi-monthly</i>) ❖ <i>Strategy and Delivery</i>, including: <ul style="list-style-type: none"> ○ Progress against our Strategic Plan Milestones and Strategic Change Programmes <p>The report is designed to be read in conjunction with the Performance and Assurance Dashboard.</p>

Recommendation:				
APPROVE <input type="checkbox"/>	CONSIDER <input checked="" type="checkbox"/>	RECOMMEND <input type="checkbox"/>	ADOPT <input type="checkbox"/>	ASSURANCE <input checked="" type="checkbox"/>

<p>The Board is asked to:</p> <ul style="list-style-type: none"> • Consider and Receive assurance on the organisation’s performance and governance arrangements, progress against delivering its strategy including delivery/recovery of key services and programmes • Consider and Receive assurance on the new update introduced on inequalities, including the organisational approach to the Health Inequalities Programme and the work being undertaken by the Data, Analysis and Evaluation Sub-Group

<p>Link to Public Health Wales Strategic Plan</p> <p>Public Health Wales has an agreed strategic plan, which has identified seven strategic priorities and well-being objectives.</p> <p>This report contributes to the following:</p>

Strategic Priority/Well-being Objective	All Strategic Priorities/Well-being Objectives
Summary impact analysis	
Equality and Health Impact Assessment	An Equality and Health Impact Assessment is not required. Equality and Health Impact Assessments will be completed as part of delivery of the specific actions within the Plan.
Risk and Assurance	Our Strategic Risks are detailed within Our Strategic Plan and progress reported in a separate Board paper.
Health and Care Standards	This report supports and/or takes into account the Health and Care Standards for NHS Wales Quality Themes All themes Governance, Leadership and Accountability
Financial implications	An update on the organisation's financial performance is enclosed and in the accompanying Finance Board Report.
People implications	An update on the organisation's people performance is enclosed.

Purpose

Our refreshed Performance and Insight Report focuses on delivering actionable insights and assurance whilst identifying areas for further improvement.

The Performance and Insight Report is designed to be read in conjunction with the [Performance and Assurance Dashboard \(PAD\)](#).




The PAD provides data visualisations, trend information and more detailed visual analysis on a full suite of performance indicators.

In addition to the Performance and Insight Report and the PAD, Public Health Wales also produces a Directorate and Divisional Dashboard (DADD) which provides a more granular level of detail and drilldown for directorates and divisions to be able to monitor and manage their performance against a number of performance indicators. The DADD does not form part of our performance reporting to Board.

This report also provides the mechanism for The Business Executive Team to **approve change requests** for our Integrated Medium Term Plan milestones. This is covered on page 39 of the report including a direct link to the change request PAD dashboard which contains further information about each change request submitted for approval.

Structure of The Report

The report is made up of three sections:

	Section 1 Governance and Accountability	This section provides information and assurance for a number of areas key corporate accountability including People Governance, Finance Governance and Corporate & Information Governance
	Section 2 Service Delivery	This section provides information and assurance for the activities that our services carry out on a day-to-day basis including our Health Protection and Screening Services, Health and Wellbeing services, Policy and International Health and our Data, Knowledge and Research services
	Section 3 Strategy Delivery	This section provides information and assurance for the delivery of our strategic plan including IMTP Milestone Delivery, Progress against our Strategic Change Programmes and updates for our six strategic priorities

Each of the three sections comprises of a summary **performance indicator table**, a high-level **Overview** for each governance theme, focusing on compliance against our statutory, mandated or other key reporting requirements. Where required, governance themes may be supported by an **In Focus** section. This section aims to provide additional assurance to our Board where challenges in our performance have been identified, and the actions set out to address underperformance and drive improvement.

Enhanced navigation is provided throughout the report, and access to all governance themes can be made via the hyperlinked icons in the banner at the top of each page. In addition access to relevant **In Focus** areas or additional documents and **dashboards within the PAD** is through the buttons accessible within the report. Examples of icons are provided below:



Performance update at Month 9

Following the completion of the phase 2 improvement work to strengthen our performance reporting to include the introduction of new areas of the organisation into our report, work will continue to be undertaken to improve existing reporting during phase 3. This will include the need to strengthen how we demonstrate our impact and assurance reporting to Board, aligned with our approach to enhancing performance management across the organisation.

An initial area of change is the introduction of highlighting a small number of key performance issues within the cover paper. These focus on areas where we have seen, or continue to see, challenges in achieving required performance levels. The Board are signposted to the relevant section of the Insights Report for additional assurance.

Key performance areas to highlight at month 9 include:

- **Sickness absence** 12-month rolling rate remains above target at 4.2% in December, largely unchanged from last month. In-month sickness absence has fallen by 0.86% to 4.5% during the latest period. Higher absence levels are expected during the winter period. The People & OD team continue to provide ongoing advice and support to the wider organisation, learning and development opportunities including the introduction of a series of masterclasses for managers from February, and supporting requests for additional data analysis from Directorates. Further details are provided on pages 7-8.

- **Freedom of Information (FOI) response** compliance improved in November with 3 requests from 22 exceeding the 20-working day timescale to respond. This is down from the 6 requests from a total of 14 falling outside the required timescale during the previous period. However, this remains a key focus area for the organisation as challenges with very complex and time consuming FOI requests continue to affect response times. Additional assurance including details of the process of managing FOI requests, revised escalation process and weekly performance management meetings are detailed on page 14.
- **Incident closure rates** saw an improvement in December with 38 overdue incidents being closed, leaving 32 with an open status compared to the 70 in November. The number of incidents remaining open for <60 days (49 down to 24 incidents), between 61 – 120 days (12 down to 4 incidents) and incidents remaining open for >120 days (from 9 to 4 incidents) all improved. A total of 253 incidents were closed in December, up from 199 in November. However, sustaining improvement in incident closure rates remains a challenge for certain parts of the organisation. Further assurance including latest data and an updated process for the oversight and management of incident closures, are detailed on pages 15-16.
- **Breast screening assessment waits within 3 weeks** (37.8% up from 28.3%) and timeliness of **Bowel Screening colonoscopy within 4 weeks** (32.5% up from 30.2%) have both shown improvements in performance over the latest period, however continue to fall short of achieving respective 90% national standards. A summary of steps being undertaken to support improvements in performance across both screening programmes are detailed on page 20. Further details including current challenges, impact and actions to support improvement in performance are provided on pages 21-23.

Inequalities reporting

Following agreement at a recent Board meeting, the month 9 report has introduced a new update on inequalities. An update on work related to inequalities will be reported bi-monthly, in line with formal Board meetings.

Latest information on the organisational approach to the Health Inequalities Programme and the Data, Analysis and Evaluation Sub-Group is provided in section 3, page 47. Additional data analysis related to inequalities in health is also provided in a detailed supplementary document, with the key messages and latest data covering cancer and immunisation highlighted on page 48 of the insight report.

This new addition to the insight report will develop iteratively over the coming months. This will ensure that the Board receives sufficient assurance in relation to the work that is being undertaken across Public

Health Wales, as well as in our role to support the wider system.

Strategic Plan

Requests for change for approval

Eight Strategic Plan milestone requests for change were approved in month 9 as set out in Annex A below.

Conclusion

The Board is asked to:

- **Consider and Receive assurance** on the organisation's performance and governance arrangements, progress against delivering its strategy including delivery/recovery of key services and programmes
- **Consider and Receive assurance** on the new update introduced on inequalities, including the organisational approach to the Health Inequalities Programme and the work being undertaken by the Data, Analysis and Evaluation Sub-Group

ANNEX A – Strategic Plan Milestones

Requests for change submitted for approval at month 9

Directorate & Priority Area	Milestone	Status	Original Delivery Date	Request for Change Submitted for Approval	Cause, Impact and Next Steps
Nursing, Quality & Integrated Governance <i>Sustainable health & care system</i>	Worked with the Executive Directors of Nursing and the Office of the Chief Nursing Officer, Welsh Government, to craft the NHS Safeguarding Network Work Plan 2025/26.		31/12/2024	Date change to 28/02/2025	Cause: The delay is due to the change of date of the Chief Nursing Officer/Executive Directors of Nursing meeting which is needed for strategic input into the Work Plan Impact: No delay to development of the Work Plan ready for 2025/2026 delivery Next steps: NSS Director to attend the next scheduled meeting in late January to gain input into the work plan
Operations & Finance <i>Enabling delivery</i>	ISO 140001 accreditation fully achieved within Public Health Wales		30/03/2025	Suspend milestone	Cause: Resource constraints to progress this and roll out across the organisation have meant that there has been no further progress. PHW was re-accredited in June 2024 for its main sites- CQ2, Matrix House and Caerleon. Impact: We will not achieve full accreditation in 2024/25. To achieve full accreditation, we will require input and support from Screening and Microbiology. A proposed approach as developed in early 2024 however this will need to be revisited. Next steps: Revisit previous proposed approach and undertake further engagement with Screening and Microbiology. We will also discuss with Green Triangle who support us achieving the accreditation to see how we extend the scope.
Health & Wellbeing <i>Healthy behaviours</i>	Launched minimum standards for Health and Wellbeing Promoting Schools in Wales		29/09/2024	Close milestone	Cause: Changes in Ministerial roles has resulted in delays in securing formal agreement to commence work on engaging with the wider system on the proposed Minimum Standards. Impact: Public Health Wales role is to engage with the system to refine the Minimum Standards which may then be subject to ratification or further consultation by Government. This means that the final publication of the standards is to be delayed.

Directorate & Priority Area	Milestone	Status	Original Delivery Date	Request for Change Submitted for Approval	Cause, Impact and Next Steps
					Next steps: There is ongoing dialogue with officials to secure formal agreement on the next phase of the process. In addition, we will continue to work with them to finalise the next phase of the process
Health & Wellbeing <i>Healthy behaviours</i>	Made recommendations to the wider system for initial action to prevent gambling related harm		30/03/2025	Close milestone	Cause: The UK government aims to table legislation to enact the statutory levy before the end of this financial year with the levy being collected from the middle of next financial year with the programme to be in place in the financial year 26/27. The details on what this will look like is still unknown, so it is not actionable in this current year. Impact: not actionable in this current year. Next Steps: re-plan next year
Health & Wellbeing <i>Healthy behaviours</i>	Made recommendations to the wider system for a measurement framework to capture activity and impact in relation to Making Every Contact Count		31/12/2024	Date change to 30/03/2025	Cause: Low response to engagement workshop and survey from local MECC leads to gather information and consensus for recommendations Impact: Draft paper completed but needs further discussion with MECC leads and more detail before final recommendations for evaluation framework are made, therefore paper delayed until completion of 2nd workshop. Next Steps: Updating of paper in January 2025 with further survey results, and 2nd workshop February 2025 to finalise recommendations for paper.
Research, Data & Digital <i>Enabling delivery</i>	Have developed a pipeline of automation work for the organisation.		31/12/2024	Date change to 30/03/2025	Cause: Lack of resource / sick leave so failing to progress as fast as anticipated Impact: Automation backlog still requires validation Next steps: Pick up the new year, and align with the cloud work so that a process is developed
Operations & Finance <i>Enabling delivery</i>	Evaluated environmentally friendly cooling for air con replacements		31/12/2024	Date change to 30/03/2025	Cause: Issue with servicing platform - estates are working on this. Impact: This will delay implementation, so end date needs to be changed to 31 March 2025 Next Steps: Estates to progress

Directorate & Priority Area	Milestone	Status	Original Delivery Date	Request for Change Submitted for Approval	Cause, Impact and Next Steps
Research, Data & Digital <i>Enabling delivery</i>	Whole system understanding and response to children and young people mental health and wellbeing informed by linked data research programme.		31/12/2024	Date change to 30/03/2025	<p>Cause: This is an overarching milestone that is dependent upon 2 other IMTP deliverables which are due for completion 31/03/2025.</p> <p>Impact: As this milestone has other deliverables associated, we cannot complete this by the designated due date.</p> <p>Next Steps: The 2 associated milestones are on track for delivery, however until they are delivered this milestone date needs to be amended to meet those so they are aligned.</p>



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Public Health
Wales

Performance and Insight Report

December 2024



Report Overview

Our refreshed **Performance and Insight Report** focuses on delivering actionable insights and assurance whilst identifying areas for further improvement.

The report focuses on our performance across the following key sections.



Section 1 Governance and Accountability

This section provides information and assurance for a number of areas key corporate accountability including **People Governance, Finance Governance and Corporate & Information Governance**



Section 2 Service Delivery

This section provides information and assurance for the activities that our services carry out on a day-to-day basis including our **Health Protection and Screening Services, Health and Wellbeing services, Policy and International Health** and our **Research, Data and Digital services**



Section 3 Strategy Delivery

This section provides information and assurance for the delivery of our strategic plan including **IMTP Milestone Delivery**, progress against our **Strategic Change Programmes** and updates for our six **strategic priorities**. The section also includes **Inequalities**.



Section 1

Governance and Accountability



Key Performance Indicator Summary



People Governance	In Focus	Target	Dec-24	Committee
12m Rolling Sickness Absence FTE %		<3.25%	4.20%	People & OD
Statutory and Mandatory Training		85%	92.3%	
Appraisal Compliance		85%	84.8%	
Diversity ESR Data		N/A	76%	
Financial Governance			Dec-24	
Revenue Position Forecast		Breakeven	Breakeven	Audit & Corporate Governance
Capital Year-End Position		Breakeven	Breakeven	
Agency Spend, % of Total Pay Bill		<2.1%	1.5%	
Public Sector Payment Policy (PSPP)		95%	98.37%	
Information Governance			Nov-24	
Freedom of Information Request		Within 20-Days	3 exceeded	Audit & Corporate Governance
Subject Access Request		1 Month Average	0 exceeded	
Personal Data Breaches Reported (Escalated)		N/A	6 (0)	
Mandatory Information Governance Training		85%	89%	
Clinical Governance			Dec-24	
Moderate or above harm incidents (YTD)*		N/A	5 (60)	Quality, Safety and Improvement
Number of externally reported incidents (NRI's, EWI, RIDDOR, IRMER) - In Month - (Rolling 12m)		N/A	2 (11)	
Incident Closure Compliance**		85% PHW	61%	
Formal Complaints - Acknowledged within 5 working days**		75% WG 95% PHW	100%	
Formal Complaints – Responded to within 30 working days**		75% WG 95% PHW	100%	
Informal Complaints – In Month (Rolling 12m)		N/A	4 (103)	

*This data is YTD from 1 April 2024.

**Note Incidents and Complaints require 30 working days for closure, therefore this data pertains to October 2024.

Key: RAG Status Click on the Focus Area Icon for additional assurance

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



People Governance



Sickness Absence



Decreased by **0.86%** in December 2024. There have been seasonal increases in Sickness Absence over the winter period, and the latest figure is comparable to December 2023.

12 Month Rolling Absence



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

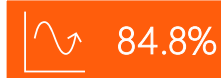


Additional assurance is provided in the focus area on pages 7 & 8.

Appraisal and Development Reviews



Has fallen just slightly **below** the NHS Wales target.



This follows a period of 5 months where the organisation has been above the target.

Additional assurance is provided in the focus area on page 6.



Statutory and Mandatory Training



Remains **above** target in December 2024.



All Directorates continue to **exceed target** within the financial year.

The module reporting lowest completion is *Foundations in Improvement* (84.3%), which was introduced as a mandatory training e-learning module from April 2024.

Equality and Diversity

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



This is the current percentage of completed Diversity data recorded for our staff. We have continued to see an **increase** in data completeness over the past 4 years.



In Focus: Appraisal and Development Reviews

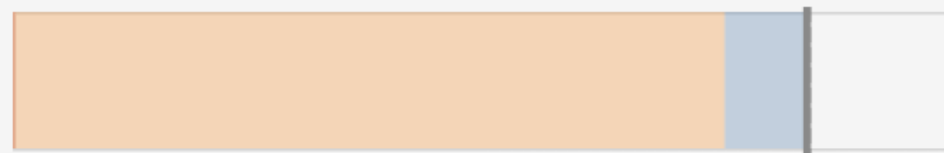


Compliance Performance

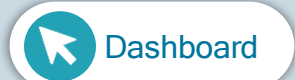
Appraisal compliance has dropped just slightly below the Welsh Government target, which is set at 85% to allow for staff who are unable to participate in appraisals (e.g. staff on maternity leave, secondees). This follows a period of 5 months where we have been above target (note – reported retrospectively taking into account updated data being reported following the monthly refresh).

Compliance is at risk of falling under compliance over the next 3 months if appraisals fail to be undertaken. This will have the most impact on the Health Protection & Screening Services and Board & Corporate Directorates, who have the highest percentage of appraisals that are due soon.

84.8%
of reviews completed within 12 months
vs a target of 85%



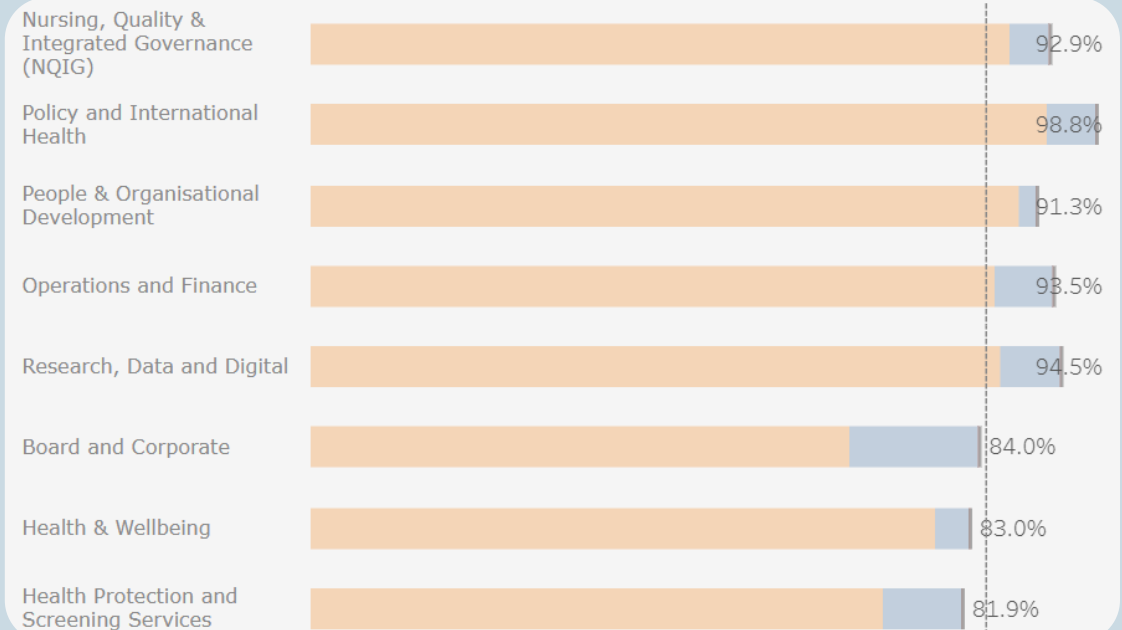
Grey – current compliance — vs target
Blue – appraisals due in next 3 months



Compliance by Directorate

Latest figures show that five Directorates are achieving compliance with the national target, with three Directorates below target levels. Directorates not delivering the target will need to develop and commit to a recovery trajectory. The People and OD team are working with Directorates to understand barriers to undertaking and recording My Contribution and to offer further support as required.

There is also a significant range in compliance across our Directorates ranging from 98.8% in Policy and International Health to 81.9% in Health Protection and Screening Services.





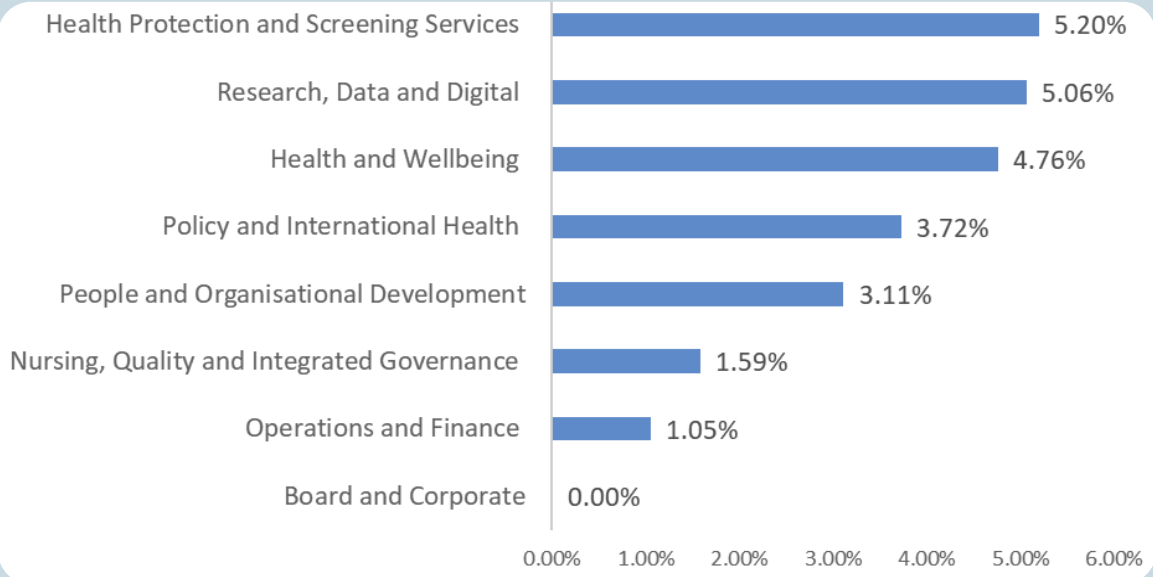
In Focus: Sickness Absence



Sickness Absence by Directorate

A decrease in sickness absence has been reported in December, falling from 5.3% in November to 4.5% in December.

The People & OD team will closely monitor this data over the coming months, as the organisation moves through the winter period. The breakdown by Directorate for December 2024 is provided below.



Sickness Absence by Absence Reason

When focussing on Absence Reasons over the same period, the top 5 reasons for sickness absence are shown in the chart below.

Anxiety/stress/depression/other psychiatric illnesses has consistently been the number 1 reason for sickness absence across NHS Wales, and we have seen an increase of FTE days lost related to Cold, Cough, Flu – Influenza.



- S10 Anxiety/stress/depression/other psychiatric illnesses
- S13 Cold, Cough, Flu - Influenza
- S98 Other known causes - not elsewhere classified
- S12 Other musculoskeletal problems
- S25 Gastrointestinal problems



In Focus: Sickness Absence



Advice and Support

On-site visits and HR clinics are in place to provide an opportunity to meet with managers to discuss any absence issues and identify opportunities to improve the management of sickness absences in their teams.

The supporting template documents, e.g. for sickness notification and return to work discussions, continue to be accessed regularly by colleagues and managers via the intranet and the new 'all-in-one' guides have been launched to provide a first port of call for managers and individuals, to help navigate the various stages of the policy.

The All-Wales Managing Attendance at Work (MAAW) Policy is currently being reviewed to ensure it is up to date and in keeping with an increasingly person-centred policy approach which supports the health and wellbeing of employees in the workplace to sustain their attendance at work.

Data Analysis

Sickness absence data and accompanying insights have been provided to the Research, Data and Digital Directorate, and to Policy and International Health to help inform local management of any sickness absences.

Learning and Development

The People and OD team is finalising the content for a Managing Attendance at Work (MAAW) 'masterclass' development session which will be available from February 2025.

The People and OD team hope to reinforce the importance of [MAAW learning and development](#) for all managers. Development sessions will run monthly for the remainder of 2024/25 and one-to-one advice and support is also available through [HR clinics](#) or via [People Support](#).



Financial Governance



Revenue Position



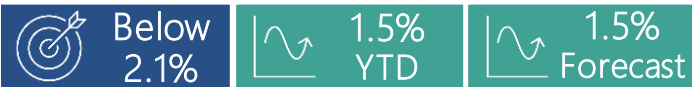
The year end forecast is to deliver our statutory duty to **breakeven**.

Capital Position



The capital forecast is **breakeven**. Funding is made up of a discretionary allocation of £1.45m and strategic allocation of £2.06m. £2.09m remains unspent with purchase orders having been raised for £0.22m of the £2.09m.

Agency Spend as A Percentage of Total Pay Bill



Forecast to deliver the year-on-year reduction target

Public Sector Payment Policy (PSPP)



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

Risks/Issues

- We have an anticipated pay allocation for the 2023/24 and 2024/25 pay awards of £6.367m following a detailed pay modelling exercise. We continue to work with Welsh Government to finalise the allocation, we are anticipating confirmation by end of January 2025.
- The net impact of the COVID-19 forecast position and revised Bowel Screening optimisation modelling of has moved from a forecast overspend of £0.277m to an under spend of £0.248m. We continue to monitor and work closely with Welsh Government colleagues.
- Whilst plans are in place to fully utilise our capital allocation, a significant amount of the £2.09m unspent allocation does not yet have purchase orders raised.

Click to access further detail in the latest Finance Board Report





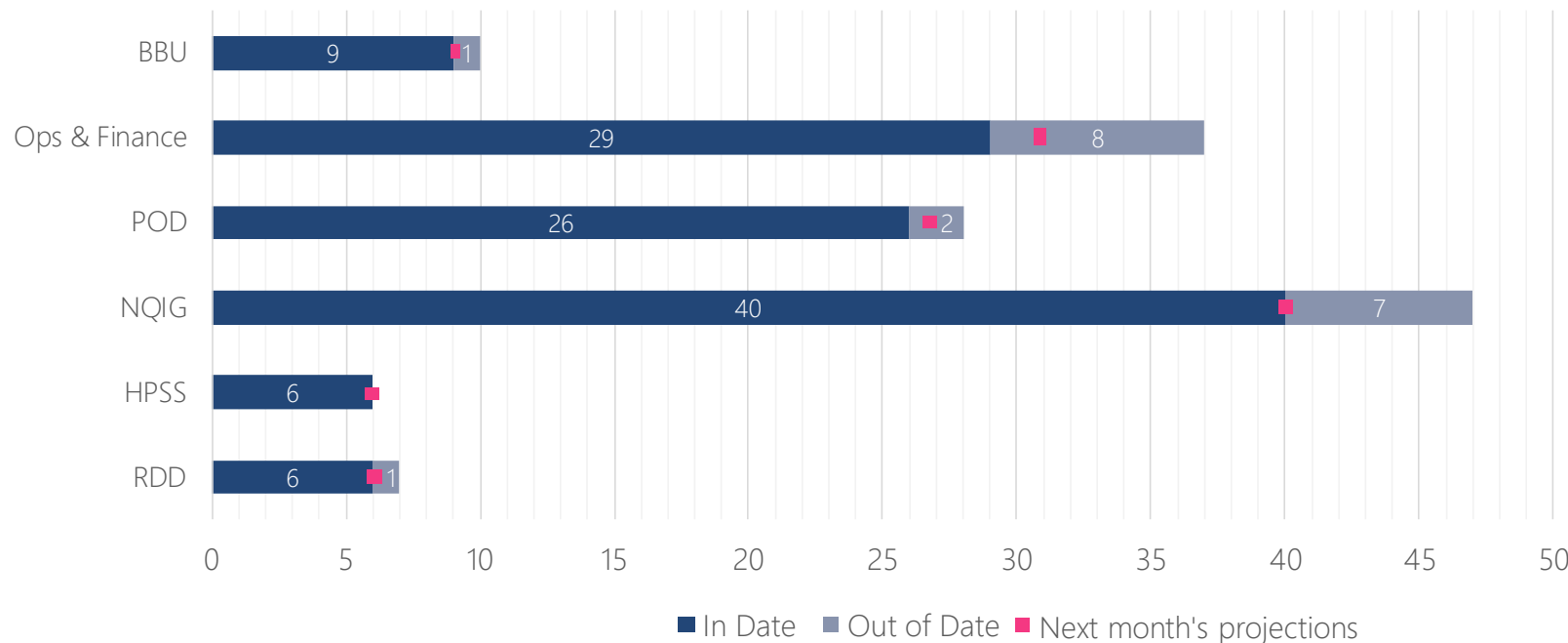
Corporate and Information Governance



Corporate Governance

Corporate Policies Compliance

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



In December 2024:

- No policies were approved.
- A number of policies have begun the approval process and are expected to be issued for final approval in January and February.

Overview:

- The divisions with the most policies out of compliance are Ops and Finance and Nursing, Quality and Integrated Governance.



Corporate and Information Governance

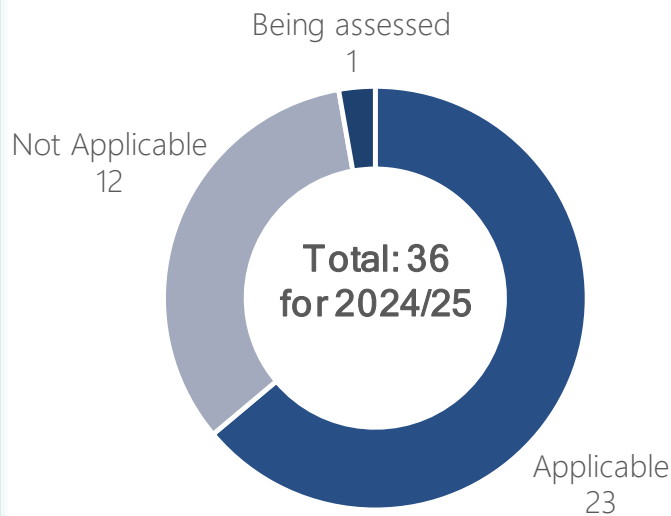
Audit data updated quarterly
(Next update in April 2025)



Corporate Governance

Wales Health Circular (WHC) Compliance

For the Period 01 - 31 December 2024:



- 3 WHCs were received this month, all were assessed and were found to be applicable to PHW, 1 received in November was still being assessed.
- *The Organisation did not close any WHCs in December 2025*

Of those applicable:



■ In progress ■ Confirmed compliance

Internal and External Audit

Reporting to January Audit and Corporate Governance Committee

The Audit and Corporate Governance Committee considered the following Audit reports at its meeting on 14 January 2025:

Internal Audit:

- Research and Evaluation Strategy (Reasonable Assurance)
- Health and Wellbeing Directorate – Financial Planning (Reasonable Assurance)
- Duty of Candour (Reasonable Assurance)
- Records Management (Reasonable Assurance)
- Digital and Data Strategy (Reasonable Assurance)

External Audit:

- Financial Efficiencies
- Structured Assessment
- Wellbeing Objectives

The report's recommendations, following the Audit and Corporate Government Committee's meeting has been added to the Audit Action Tracker and progress with implementation reviewed on a quarterly basis by the Leadership Team and Audit and Corporate Governance Committee.



Corporate and Information Governance

Audit data updated quarterly
(Next update in April 2025)

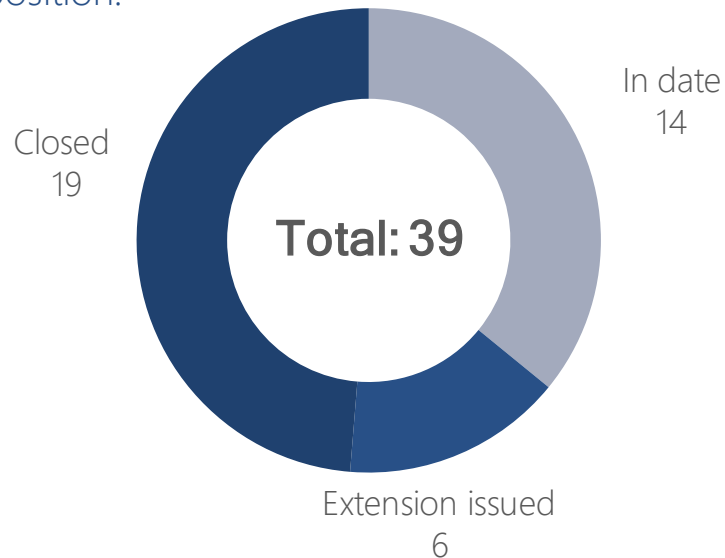


Corporate Governance

Audit Recommendations Implementation - December Position

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

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



Current Position

External Audit

Current number of open actions:

Workforce Planning

8

Quality Governance Arrangements

2

Internal Audit

Current number of open actions:

Business Cont (Jan 2024)

3

Work Programmes

1

Health&Safety (May 2023)

1

InfoProvision (Sept 2023)

1

IT Infrastructure and Network Management

3

Board Assurance Framework

1



Corporate and Information Governance



Information Governance

Freedom of Information Act



Additional assurance is provided in the focus area on page 13.

20 days

3 exceeded

22 requests were received in November 2024. 3 requests were not compliant with the 20-working day target.

2 were delayed internally by 1 and 2 days respectively and 1 is still outstanding (Microbiology). Information Governance have escalated to the Clinical Lead for Microbiology for resolution.

The final request required a Public Interest Test for which up to a further 20 working days is permitted under the FOI Act and so does not represent a non-compliance against the Act.

Data Protection (Subject Access) Requests

1 month

0 exceeded

2 requests were received in November 2024.

Both requests were compliant with the 1 calendar month target.

Personal Data Breaches

Reported	Escalated
6	0

0 data breaches required escalation to the Information Commissioner (ICO).

Breach – Nil

Action – N/A

ICO Response – N/A

Mandatory Information Governance Training

85%

89%

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



In Focus: Freedom of information



Process for Management of Freedom Information Requests:

- Information Governance Service forward FOI requests to the respective Directorate with a reminder of the 15-day response deadline back to Information Governance (to enable final response collation and sign off within the statutory 20-day deadline).
- Information Governance Service prompt outstanding responses at 10 days.
- Complex, time consuming requests managed through Information Governance in consultation with relevant department(s) and information requestor.
- Response sign off through Head of the Information Governance Service and Head of Communications with escalation to SIRO/Exec Director/CEO where required.

Assurance:

- Revised escalation process is planned.
- Weekly performance management meeting will be chaired by the SIRO/Director of NQIG.
- Escalation will now go to respective Executive Director when deadlines are approaching.
- Directorates will be required to identify lead person for responding to each request.
- Proactive advice and timeline reminders will continue to be provided by the Information Governance Service.



Clinical Governance, Quality, Safety and Improvement



Externally Reportable Incidents - December update

- No Nationally Reportable Incidents reported
- No Early Warning Incidents reported
- No Duty of Candour incidents reported

Incidents

Incident Numbers (Rolling 12m to December 24)	Reported in December
2,107	195 (median 168)

At the end of December there are **195** incidents with an open status. **32** of these have been open for more than 30 working days against a target of 30 working days and therefore have an overdue status.

Significant improvement has been made with closure rates this month with **38** overdue incidents being closed, leaving **32** with an open status compared to the **70** in November 2024.

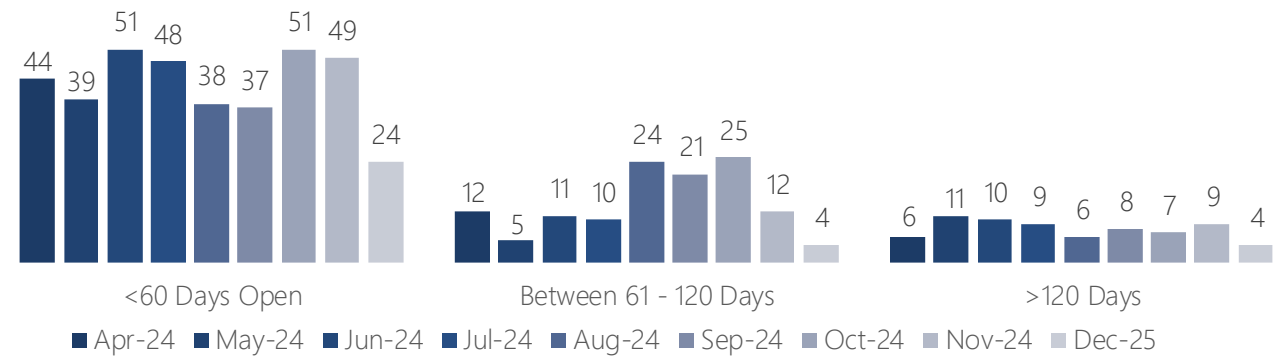
The largest numbers of remaining overdue incidents are within Cervical Screening Wales (**11**), Diabetic Eye Screening (**9**), Microbiology (**4**) and Breast Test Wales (**4**).

It should also be noted that of the **38** closed this month, **5** had been open for a significant amount of time and were some of the longest overdue incidents. There are **4** remaining incidents with an open status of more than 120 days.



Trend analysis and comparison to historic performance is included in the PAD

Overdue Incident Progression (April - December 2024)



Ongoing work to address the performance of incident closure rates continues with a weekly overdue incident report generated and reviewed by the PTR team. DESW have recently revised internal processes for incident management to enable, timely incidents closures.

Cervical Screening Wales are reviewing their internal closure processes and identify additional incident managers to support with incident closure management.

Additional assurance is provided in the focus area on page 16.



Incident Levels of Harm

Level of Harm	Count
None	96
Low	97
Moderate	5

5 moderate or above harm incidents were reported in December. These were reported in the following areas:

- Bowel Screening Wales (**1**), Breast Test Wales (**1**), Microbiology (**1**), Digital Services (**1**), Estates and Health and Safety (**1**).

3 of these incidents have been re-categorised to 'No' or 'Low harm' following investigation with 2 remaining under investigation.



In Focus: Incident Closure



Updated Process for Oversight and Management of Incident Closure:

- An overdue incident report is generated weekly and reviewed by the PTR team. This report details incidents that have been open over 30 working days and incidents that are at open for 20-29 working days. The data is then shared with the service designated operational and clinical leads for the reviewing and ongoing management.
- Update requests are made to the service areas weekly and support offered where barriers to achieving closure are identified. In addition, monthly meetings are scheduled with service areas for support incident management and closure.
- Any complex overdue incidents identified are escalated to NOIG senior managers and targeted support provided to enable closure where barriers have been identified.
- Currently monthly closure rates are variable due to staff availability and also the limited number of staff who manage incident closure in some service areas.
- Joint working continues with the Office of the Medical Director (OMD) to support the safe and timely closure of overdue incidents.
- An escalation framework is being devised to support the safe and timely closure of incidents.

No. of incidents closed in November	199
Closed in < 30 days	117
Closed 31 – 60 days	60
Closed 61 – 120 days	19
Closed 120 days+	3 (125, 308, 452 days)

Assurance:

- Divisions that have the highest number of overdue incidents are developing new processes to manage incident closures. In the interim these areas are undertaking a targeted response to address the overdue incidents.
- A 'Learning from Events' group will shortly be initiated with Executive support to share learning from patient/service user safety events and incidents.
- 253 incidents have been closed in December compared to 199 in November. 7 of these incidents have been open for more than 100 days.

No. of incidents closed in December	253
Closed in < 30 days	170
Closed 31 – 60 days	63
Closed 61 – 120 days	14
Closed 120 days+	6 (122 – 224 days)



Clinical Governance, Quality, Safety and Improvement



Complaints

Complaints (Rolling 12m)	Formal (December)	Informal (December)
Formal - 35 Informal - 103	1 (median 3)	4 (median 7)

1 formal complaint was received in December for Cervical Screening Wales. The complaint has been acknowledged within the 5 working day target and is now under investigation.

4 informal complaints were received in the following areas:

- Breast Test Wales (3) and Bowel Screening Wales (1)

100% (4) of these informal complaints were resolved in the target of 2 working days.

Trend analysis and comparison to historic performance is included in the PAD



Claims

December 2024	1 new claim was received in December.
1	Of the ongoing claims (30), there are 25 confirmed claims, and 5 potential claims.

Redress

December 2024	No new Redress cases were received during December.
0	There are currently 5 ongoing Redress cases, 3 are within Breast Test Wales and 2 in Cervical Screening Wales. All redress cases are being progressed in line with the PTR regulations in a timely manner.



Section 2 Service Delivery



Key Performance Indicator Summary



Screening Services	In Focus	Standard	Nov-24	Committee
Cervical Screening Wales – Waiting time for colposcopy appointment (8 weeks) (Health Board Delivery)		90%	99.7%	Quality, Safety and Improvement
Bowel Screening Wales – Waiting time for index colonoscopy (Health Board Delivery)		90%	32.5%	
Breast Test Wales – Assessment invitations (3 weeks)		90%	Dec-24 37.8%	
Diabetic Eye Screening Wales – Coverage (12 Months)		80%	40.7%	
Abdominal Aortic Aneurysm – Timely referral to elective vascular network (MTD)		100%	100%	
Infection Services			Nov-24	Quality, Safety and Improvement
Total Microbiology Rejection Rates		<5%	5.4%	
Total Microbiology Diagnostic Sample Requests		*TBC	168,181	
Blood Culture - Collected to Incubation SMI <4hrs		<4hrs	67.3%	
Blood Culture - Received (PHW Laboratory) to Incubation		*TBC	99.8%	
Health Protection			Nov-24	Quality, Safety and Improvement
Test and Post (STI self-sampling) – Test Turnaround Times		100%	100%	
Response times by priority - Urgent (<4 hours)		90%	100%	
Response times by priority - High (<24 hours)		90%	100%	
Response times by priority - Medium (<48 hours)		90%	100%	
Compliance to surveillance reporting schedules		90%	98%	
Research Data & Digital			Quarter 3	Audit & Corporate Governance Knowledge, Research and Information
Number of Major Breaches		0 Major Breaches	0 Breaches	
Number of Minor Breaches		Downward trend of Minor Breaches	1 Breaches	
Percentage of publications without breaches		100%	76%	
Percentage of user follow up to RDD products		100%	20%	
Health & Wellbeing			Dec-24	Knowledge, Research and Information Quality, Safety and Improvement
JUSTB – Number of Schools with 2-day training completed by month (YTD)		35 Schools	3 (15)	
Whole School Approach – Proportion of schools with an Action in Place (All schools)		80%	66%	
Whole School Approach – Proportion of schools with an Action in Place (Secondary schools)		100%	89%	
Help Me Quit – 4-week self-reporting quit rate (NTSS)		35%	68%	
Policy and International Health				
Indicators and targets to be developed where applicable				

*N.B. Additional performance indicators reported on the Performance & Assurance Dashboard, including screening turnaround times for infection services

Key: RAG Status

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



Health Protection and Screening Services



Screening Services

Latest activity

- Breast screening assessment waits improving.
- The number of inadequate images captured in Diabetic Eye Screening has halved since introducing the new cameras. The inadequate rate is currently 6% and decreased from 12%.
- RISP and PACs replacement work progressing still, working to go live this financial year. Clear communication of key issues for company to resolve.

Cervical Screening - Colposcopy appointment within 8 weeks of a direct referral



Timeliness remains above the 90% standard in November 2024.



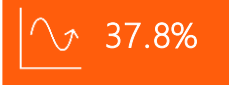
Timeliness is key to ensuring early examination of any abnormal cell changes to the cervix and tissue.



Breast Screening - Assessment invitations within 3 weeks of screen

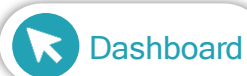
This remains below the 90% standard in December 2024.

West region has been impacted by clinics cancelled due to building works in centre.



Key steps being taken :

- Across all regions - Clinic bookings are optimised to ensure all slots are booked and short notice appointments are offered.
- Single handed clinics are taken forward if no surgeon is available to prevent cancellations
- North Region – Additional Saturday assessment clinic planned.



Bowel Screening - Colonoscopy within 4 weeks of booking SSP appointment

Timeliness remains below the 90% standard in November 2024.



As of 6 January 2025, the average waiting time for a screening colonoscopy was 7 weeks 2 days (compared to 6 weeks 3 days in December). The waiting time ranged from 3 to 11 weeks across the 13 screening centres, with 4 centres offering colonoscopy procedures within the 4-week BSW waiting time standard.

In addition to the ongoing monthly service review meetings, an accreditation mentorship day is taking place on Saturday 11th January with a JAG assessment being held on Saturday 25th January 2025.





In Focus: Breast Test Wales Assessment Waits



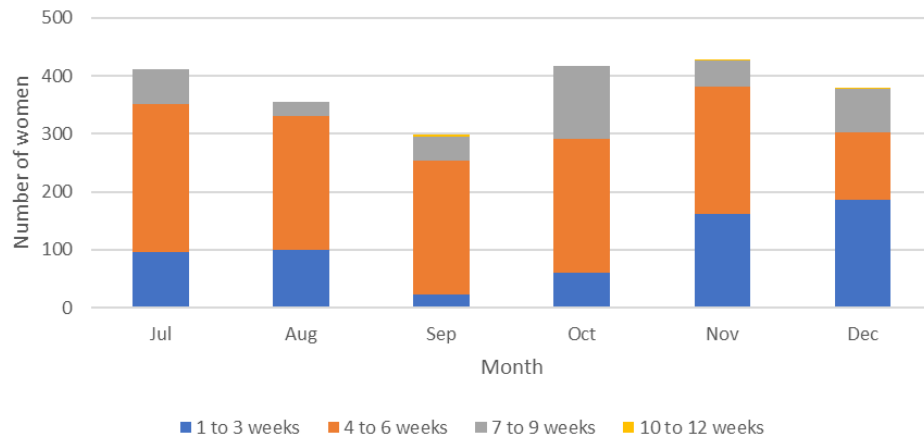
Current Challenges:

Breast Screening Programme has been inviting more than usual numbers to recover the backlog and impact from the pandemic. This peak of activity has not been fully completed through the assessment pathway. There are national shortages of skilled clinical staff to undertake reading, arbitration and assessment clinics and this is mostly marked in North Wales. A joint radiologist post with Betsi Cadwaladr UHB has not been able to secure a suitable applicant following resignation of substantive Radiologist (Llandudno).

There is only one substantive Radiologist across BTW in North Wales. One part time Locum consultant in Llandudno and Locum consultant in Wrexham currently on maternity leave. BTW clinical staffing in North Wales are mostly training or recently qualified. There is no expected clinical impact of delay to assessment. Women invited for assessment are sent their invitation shortly before their appointment to reduce time they are worried before attending clinic.

In December, 37.8% met standard of being invited to assessment clinic within 3 weeks of screening.

Participants requiring assessment offered an appointment within number of weeks from screen in Wales



BTW North

- Additional Saturday clinic is being planned –Jan date had to be rearranged
- Clinic bookings are optimised to ensure all slots are booked and short notice appointments are offered.
- Single handed clinics are taken forward if no surgeon is available to prevent cancellations.
- The rate of screening in BTW North can be safely reduced slightly which will enable the timeliness of assessment to improve. This will not impact on the 36-month round length target for the region.
- Waiting times for assessment are improving.

BTW South

- Further Radiologist appointment in the New Year.
- Waiting times for assessment in BTW South improving

BTW West

- No significant concerns with this region.
- Clinics have had to be cancelled due to planned building work in reception and entrance
- Timeliness will improve once this delay is recovered from.



In Focus: Bowel Screening Wales Colonoscopy Waits



Current Issues and Challenges:

- Colonoscopy capacity across Wales is challenged, with insufficient Colonoscopists, theatre space and nursing staff to meet demand and reduce existing backlogs. Since 2021, BSW has successfully optimised the screening programme, which has resulted in a significant increase in screening colonoscopy demand.
- Optimisation of bowel screening (in a phased approach since 2021) has resulted in increased demand on colonoscopy services. This has been in line with expectations based on modelling that was shared with Health Boards well in advance of the first phase.
- Whilst the expected increase demand from screening has been funded (via BSW) for Health Boards, there has also been an increase in demand from other sources and colonoscopy capacity has not kept pace.

Impact:

- Waiting times for screening colonoscopy remain outside the BSW 4-week standard in a number of local assessment centres in Wales and range from 1-12 weeks (average of 7.0 weeks).
- Despite the almost 300% increase in demand resulting from optimisation of the screening programme, the average waiting time for screening colonoscopy has reduced over this 4-year period, from an average wait of 15 weeks in April 2021 to 7 weeks by August 2024

Current Actions:

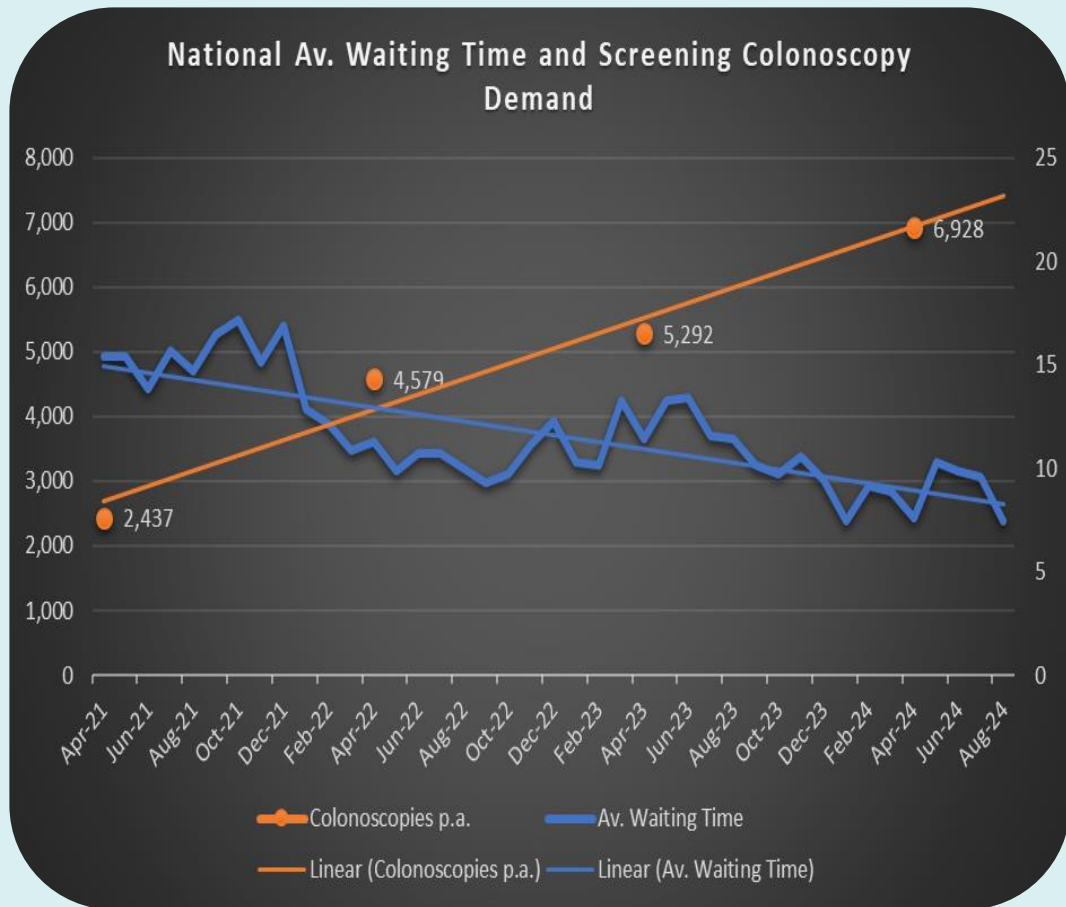
- BSW meets monthly with all the endoscopy teams to discuss screening waiting times and screening capacity
- The screening programme is expanding the pool of accredited Screening Colonoscopists and has increased Specialist Screening Practitioner resources to help meet the screening demand
- BSW works closely with the Health Boards to enable quality assured insourcing colonoscopy.
- The Business Team routinely meet with the health boards to monitor activity aligned to commissioned capacity via the Long-Term Agreements.



In Focus: Bowel Screening Wales Colonoscopy Waits



Trend data and latest waits - January 2025



Local Assessment Centre	Waiting time SSP assessment	Waiting time colonoscopy	Total waiting time
1	2 weeks 3 days	4 weeks 1 day	6 weeks 4 days
2	1 week 4 days	1 week 6 days	3 weeks 3 days
3	0 weeks 6 days	0 weeks 5 days	1 week 4 days
4	2 weeks 4 days	8 weeks 3 days	11 weeks 0 days
5	1 week 5 days	4 weeks 4 days	6 weeks 2 days
6	1 week 6 days	5 weeks 2 days	7 weeks 1 day
7	0 weeks 3 days	5 weeks 0 days	5 weeks 3 days
8	2 weeks 6 days	9 weeks 4 days	12 weeks 3 days
9	2 weeks 6 days	9 weeks 0 days	11 weeks 6 days
10	3 weeks 0 days	2 weeks 5 days	5 weeks 5 days
11	4 weeks 4 days	1 week 6 days	6 weeks 3 days
12	3 weeks 3 days	6 weeks 5 days	10 weeks 1 day
13	0 weeks 3 days	3 weeks 1 day	3 weeks 4 days

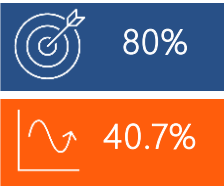


Health Protection and Screening Services



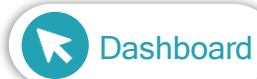
Screening Services

Diabetic Eye Screening - Coverage of Reported Results in Last 12 Months



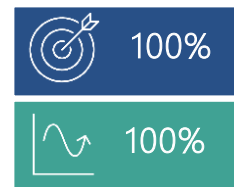
Coverage at 12 months for annual recall remains stable at 40.7%. There has been a steady increase in coverage at 24 months to 66%. This reflects the improving round length for screening and more timely recall of participants with 88% now invited within 24 months. As round length and recall standards improve this will be reflected in increased coverage. Uptake of eye screening is above standard at 81.7% demonstrating that participants are taking up their screening appointments

The number of inadequate images captured in Diabetic Eye Screening has halved since introducing the new cameras. The inadequate rate is currently 6% and decreased from 12%. This will improve capacity as this reduces need for further appointments.



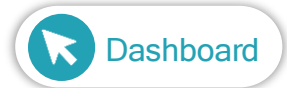
Abdominal Aortic Aneurysm Screening - Timely Referral to Elective

Vascular Network Multidisciplinary Team (MDT)



A key measure for referring men once a large or very large aneurysm has been detected during a scan.

Positively, the service continues to achieve against target for December 2024.



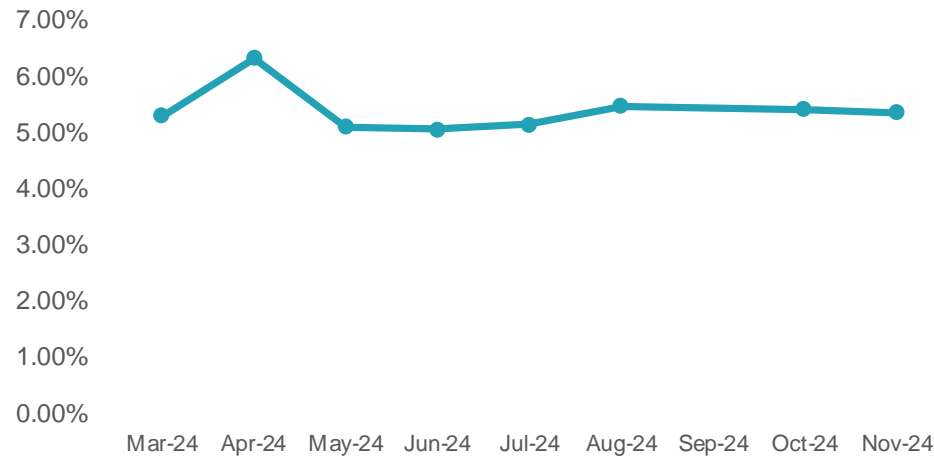


Health Protection and Screening Services



Infection Services

Total Microbiology Rejection Rates



<5%

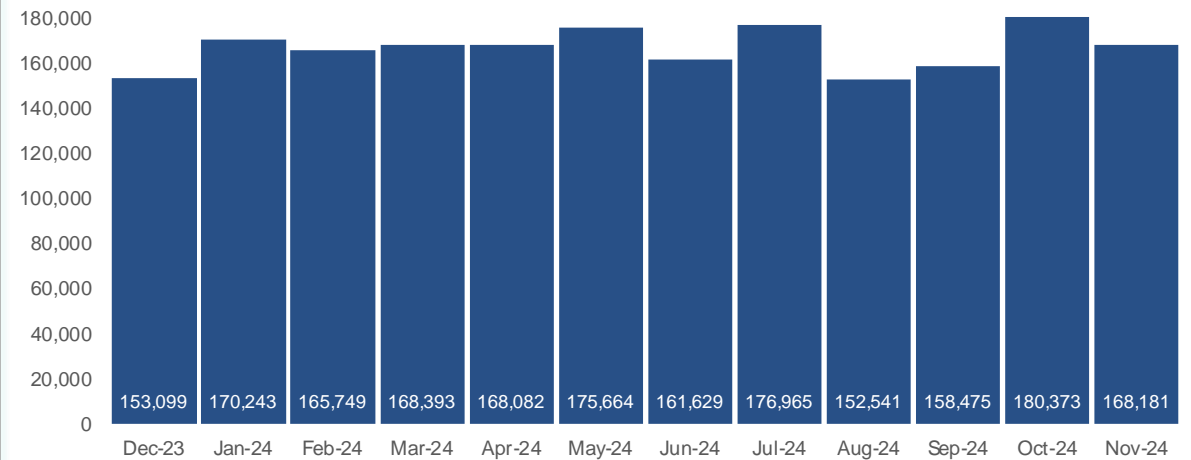
5.4%

Diagnostic testing rejection rates are 5.36% in November out of 168,181 total sample requests. The impact of rejected samples is twofold as whilst there is a delay patient results, it prevents incorrect reporting and sample rejection is completed in line with agreed SOP' s.

The main causes of rejected samples consistently remains as receiving incorrect sample types, leaking/broken samples or incomplete clinical information.

Influencing requestor habits is key to improving rejection rates and work in the division continues with the quality team to understand rejection rates.

Total Microbiology Diagnostic Sample Requests



The total numbers of Microbiology Diagnostic Sample requests has consistently been >150,000 requests per month for the previous 12 months. November 2024 shows a decrease from October to 168,181.

COVID/Respiratory outbreaks remain unpredictable but as predicted respiratory infection diagnosis have increased through the Winter period.

We expect to see some fluctuations in request numbers due to factors including –

- Seasonal trends/Summer/Winter
- Outbreaks including respiratory viruses, gastrointestinal pathogens, HAI' s

*Target to be developed

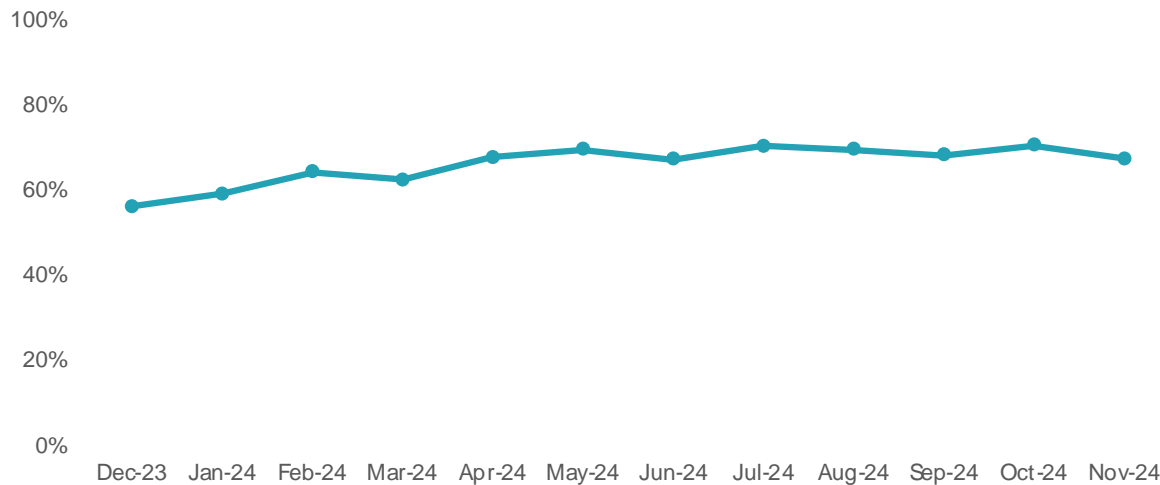


Health Protection and Screening Services



Infection Services

Blood Culture - Collected to Incubation SMI <4hrs

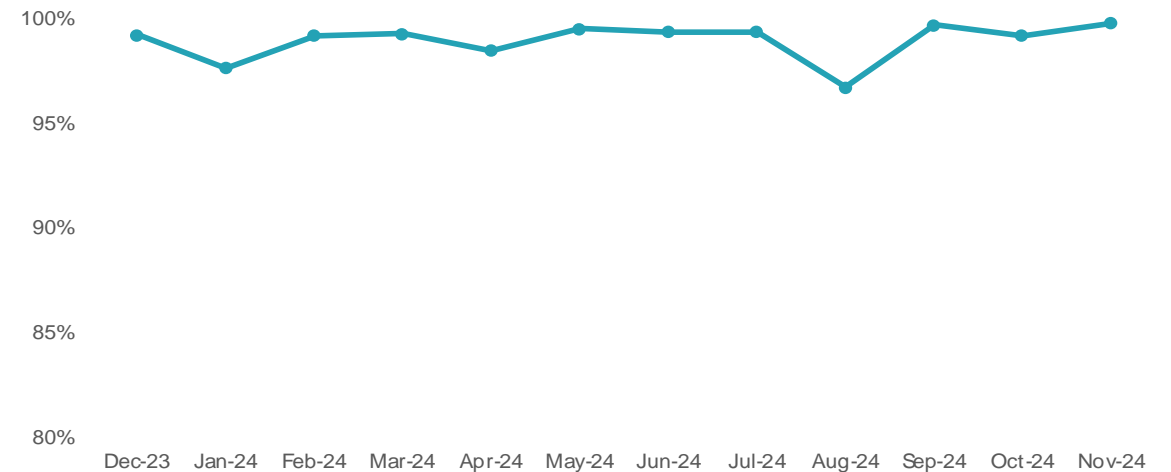


<4 hrs

67.3%

- Blood cultures are important samples to support the management of sepsis. The 4-hour target from collection to incubation as recommended in the UK Standards for Microbiological Investigations is key to being able to allow accurate and timely clinical diagnosis to prevent sample degradation.
- Performance is impacted by Health Board collection and delivery of samples to the laboratory service and communication continues to improve this with a slight decrease for November.
- Challenges remain between collection time to receipt by PHW and samples with no data.

Blood Culture - Received (PHW Laboratory) to Incubation



***TBC**

99.8%

*PHW specific target to be developed

- To better analyse PHW' s performance contribution towards the 4 hour target we report on timeliness of specimen received by PHW laboratory to incubation onto Blood Culture analysers.
- 99.8% of blood culture samples are incubated in line with the 4-hour target. The SMI states all samples should be incubated within 4hrs of receipt and we are nearly at 100%.
- The time taken for the sample to get to the laboratory from the ward locations remains the biggest challenge, but we are confident that internal laboratory processes are efficient.



Health Protection and Screening Services



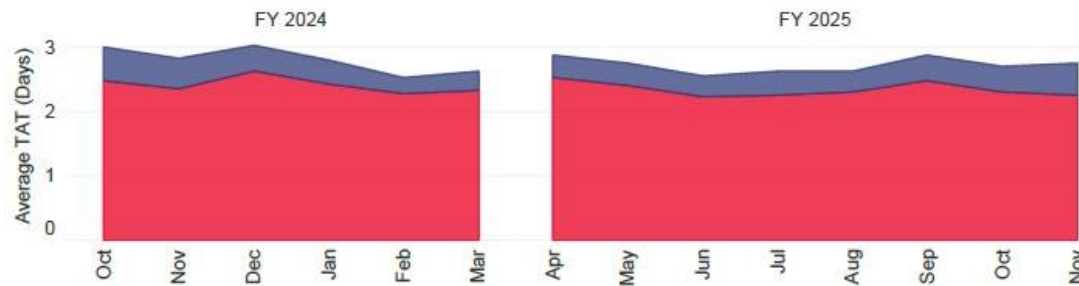
Health Protection

Test and Post - STI self-sampling

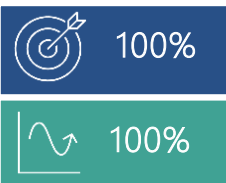
* N.B. TAT – Turnaround times

Test Turnaround Times

TAT averages in days showing (Transit TAT | Lab TAT) for rolling year - by month.



- Turnaround times for STI testing are important in identifying infection as soon as possible so that it can be treated to prevent damage to the individual's health and onward transmission to partners
- In November 2024, 100% met the 7-day turnaround standard
- 4 requests of 4527 total requests (0.09%) did not meet the 7-day TAT standard
- 4527 total requests equated to 28,080 tests being undertaken

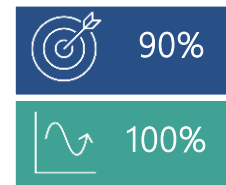


- Actions to improve:
 - Ongoing monthly monitoring – TAT beyond 7 days was result of reflex testing for LGV

* N.B. Latest figures unavailable due to availability of data within required deadlines

AWARe Response Times by Priority

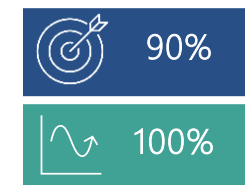
Urgent (<4 hours)



High (<24 hrs)

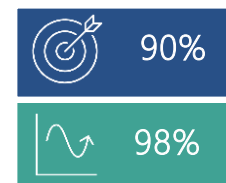


Medium (<48 hrs)



- Driven by the expert rules, responding to communicable disease cases within these priority level timescales is an important performance indicator because it ensures the necessary public health actions are initiated in a timely manner
- In November 2024, response time performance currently has exceeded all priority level targets

Compliance to Surveillance Reporting Schedules (%)



- In November 2024, reporting is currently above the expected target however we are continuing to explore methods to enable this process to become automated.



Research, Data & Digital - Overview Section



Statistical and Analytical Publications - Quarterly

Quality and compliance with the Code of Practice for Statistics

	2023/24				2024/25			
	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar
Number of publications	4	4	6	4	3	7	7	
Number of major breaches	0	0	0	0	0	0	0	
Number of minor breaches	1	1	0	2	1	0	1	

Major breaches are:

- Not publishing on time
- Statistical error affecting headline data
- Statistical error likely to have affected how users would act on or interpret the data
- Pre-release going to wrong person(s)
- Any kind of political interference

Any other type of breach is defined as **minor**

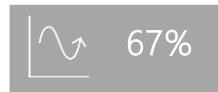
Breaches addressed by:

- Quality control processes to minimise the risk of re-occurrence.

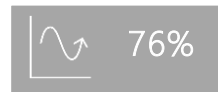
0 Major Breaches

0 Breaches

Satisfaction and Impact



Of external users rated their experience with us as 7/10 or above (based on data from June 2024; target 100%)



Of external users reported some positive impact of our knowledge and information products on decision (based on data from June 2024; target 100%)



5 of 25 (20%) of RDD products have had individualised user follow ups in 2023/24, up from 0 in 2022/23. RDD aims to achieve a 100% user follow up rate for its major products going forward as part of the PHW approach to monitoring impact.



Additional assurance is provided in the focus area on page 29.

Organisational Research & Evaluation - Quarterly

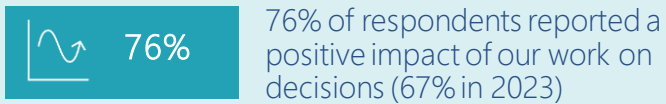
	2023/24				2024/25			
	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar
No. research grant applications submitted (PHW is Chief Investigator or partner).	4	6	5	8	3	3	6	
Research grant income to PHW (£)	222k	41k	102k	122k	550k	125K	369K	
No. personal development research awards.	1	0	0	2	0	0	0	
No. peer reviewed publications (PHW affiliated).	29	21	39	25	28	14	24	
No. evaluations completed.	1	2	1	1	1	1	1	



Research, Data & Digital - Impact survey June 2024



- 287 external stakeholders responded to our annual impact survey between June and July 2024
- Covers all data, analysis and research products within PHW. They were distributed across sectors as follows:



Actions planned or already underway to support increased impact of our work include:

- Web Transformation Programme
- Implement Content Design and Publication standards
- Further exploration of PHW User Engagement
- Involve stakeholders in prioritisation and advance announcement of up-and-coming publications

"Question 13. How satisfied are you with the following product type produced by Public Health Wales?", count, observed percentage, all external respondents¹, Wales, 2024

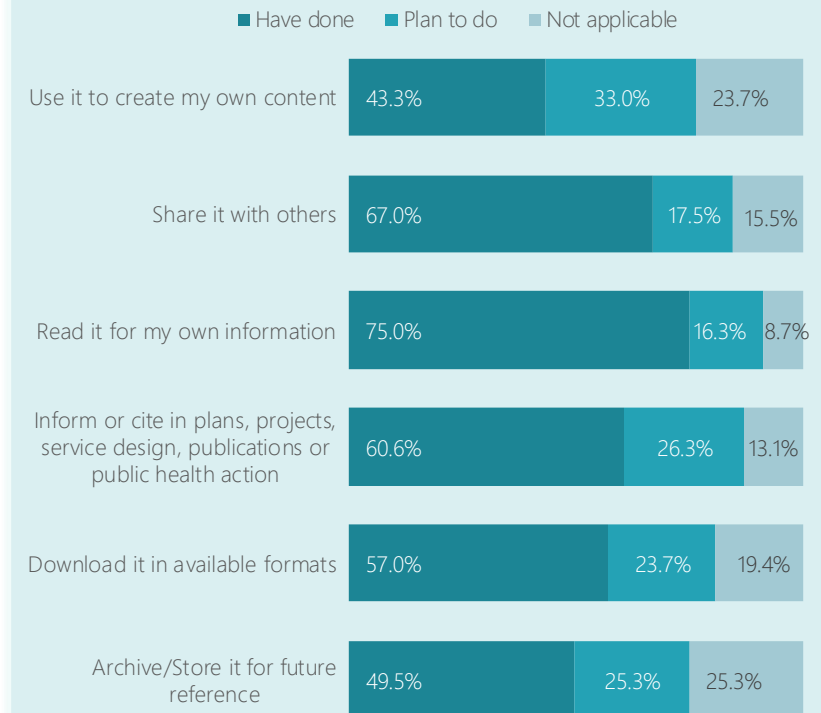
Products	Very satisfied/satisfied
Analytical reports and Official Statistics	76%
Data dashboards	57%
Evaluation reports	66%
Executive summaries or key messages	67%
Guidance and guidelines	62%
Health Impact Assessments (HIA)	59%
Infographics	70%
Information leaflets about services or programmes	64%
Interactive webpages	57%
Newsletters and updates	66%
Peer review publications	48%
Raw data and metadata	50%
Research reports	71%
Slide decks and presentations	63%
Social media content	59%
Systematic & rapid evidence reviews	61%
Toolkits	60%

Produced by Public Health Wales Observatory, using Public Health Wales Annual Survey 2024

¹All public health staff response and missing responses removed from this analysis to show only external respondent groups.

Percentages are calculated using respondents who had used the products

"Question 20. What have you done, or will you do, with the data and knowledge you obtain from these product/s?¹, distinct count, percentage, all external respondents², Wales, 2024



Produced by Public Health Wales Observatory, using Public Health Wales Annual Survey 2024

¹This question allowed respondents to give multiple answers

²All public health staff response and missing responses removed from this analysis to show only external respondent groups. Total count of respondents for this question = 102



Policy and International Health



Informing and Mobilising Partners and Advocating for Action

Twenty Years of the Wales Health Impact Assessment Unit (WHIASU)

- **Strategic Priority:** Influencing the wider determinants of health

WHIASU has celebrated 20 years of providing guidance, training, resources and information on the practice of HIA and of leading the way in enabling the integration of HIA into policy at local, regional and national levels.

Impact: Examples of HIA uptake and WHIASU role in statutory regulations

- [Vibrant and viable places HIA:](#) WHIASU support led to significant amounts of funding being awarded to three key areas of deprivation in Wales (Bridgend, Conwy and Wrexham).
- [Public Health \(Wales\) Act 2017:](#) WHIASU played a key role to HIA becoming statutory and forming the regulations.
- [Brexit HIA:](#) WHIASU informed and influenced Welsh Government actions and aiming to prepare and respond to Brexit.
- [COVID-19 HIA:](#) WHIASU HIA replicated internationally by Iceland, Austria and Australia.
- [Climate change HIA:](#) Informed strategic priority to tackle the public health effects of climate change and informed Welsh Government Adaptation Plan and the Climate Change Committee's Climate Change Risk Assessment 4.

See [case studies](#) of public bodies in Wales that have followed WHIASU HIA guidance.

See [key milestones and publications over 20 years](#) of WHIASU advancing HIA as a vital tool for healthier decision-making and reducing health inequalities.

Public Health Economics and Value (PHEV) team progression *Well-being Economy*

- **Strategic Priority:** Influencing the wider determinants of health

Impact: Mobilising partners and advocating for Public Health on the well-being Economy (WBE) agenda in Wales and beyond

[WBE Deep Dive for Wales](#)

- Published as one of only four global leader nations by the [WHO WBE initiative](#) and delivering to the Welsh Government - WHO Memorandum of Understanding.
- Featured Public Health Wales role in advancing this agenda globally and establishing Wales as a live innovation site.
- Informed other countries, regions and cities' uptake by sharing Wales' innovative work.
- Contributing to implementing WHO Resolution on the [Economics of health for all](#).
- Recognised in a [WHO news item](#) including a quote from Wales's First Minister, [appointed a WHO Champion for the WBE Initiative](#) through our joint work.

[Wellbeing Economy Cymru Festival of Ideas](#) co-organised by PHEV team

- Promoted Public Health Wales brand and work, including a PHW stand.
- 700 individuals registered; 35+ participated in our Health in the Well-being Economy session with high-level panellists from NHS public health and finance, and third sector. The session generated high interest, initiating cross-sector follow up.

[WHO Venice Office visit to Wales](#), 16 December 2024

- Following 8+ years of joint work, the Head of the WHO Venice Office visited Wales to reinforce and progress our successful Wales/PHW-WHO partnership.
- Meetings with the Cabinet Secretary for Economy, Energy and Planning, NHS Chief Executive, CMO, Heads of International Relations, Foundational Economy and PHW Leads.



Policy and International Health



Informing and Mobilising Partners and Advocating for Action

Health and Sustainability

- **Strategic Priority:** Tackling public health effects of climate change

Recent progress and impact of the Health and Sustainability Hub has included:

- Leading development of the **climate change strategic route map**, that sets out our PHW vision for delivering our strategic priority on tackling the public health impacts of climate change
- Supporting teams across PHW to use our **Healthy Environment workshop** which identifies actions to reduce our environmental impact.
- Supporting the development of PHW's **Travel Policy** to highlight the need to encourage and support more sustainable business travel for staff.
- Led the development of the Health themed day for **Wales Climate Week**.

Impact: Wales Climate Week and Healthy Environment workshop

Engaging audiences

- Health themed day during Wales Climate Week featured 6 staff from 3 directorates and reached 357 initial viewers
- Promotional video received 2,100 views, making it PHWs' most watched content of November, with a 13% engagement rate (double the industry standard)

Driving action

- To date, 80 staff have participated in the Healthy Environment workshops, resulting in the creation of 11 action plans to advance decarbonisation, biodiversity and resource efficiency

Two years of Time to Talk Public Health

- **Strategic Priority:** Enabling the delivery of our strategy

TTPH has marked two years since its establishment as a pilot in 2022. In its first 24 months, TTPH has:

- Delivered **12 surveys** and achieved 15,000 survey responses.
- Provided **insights into attitudes, views and behaviours** of the public in Wales on a broad range of public health topics
- Demonstrated excellent **cross-organisational working**, with teams in all directorates working with the TTPH team on question development.

Impact: Example work programmes supported by TTPH public engagement Informing and mobilising our partners and supporting delivery of evidence-informed services

- Delivery of new vaccine programmes
- Development of parenting information resources
- Development of a Primary Care Obesity Prevention Action Plan
- Informing multi-partner efforts on de-stigmatisation in health
- Supporting an Emergency Department Quality Statement
- Supporting the Non-Emergency Patient Transport Service Future Vision

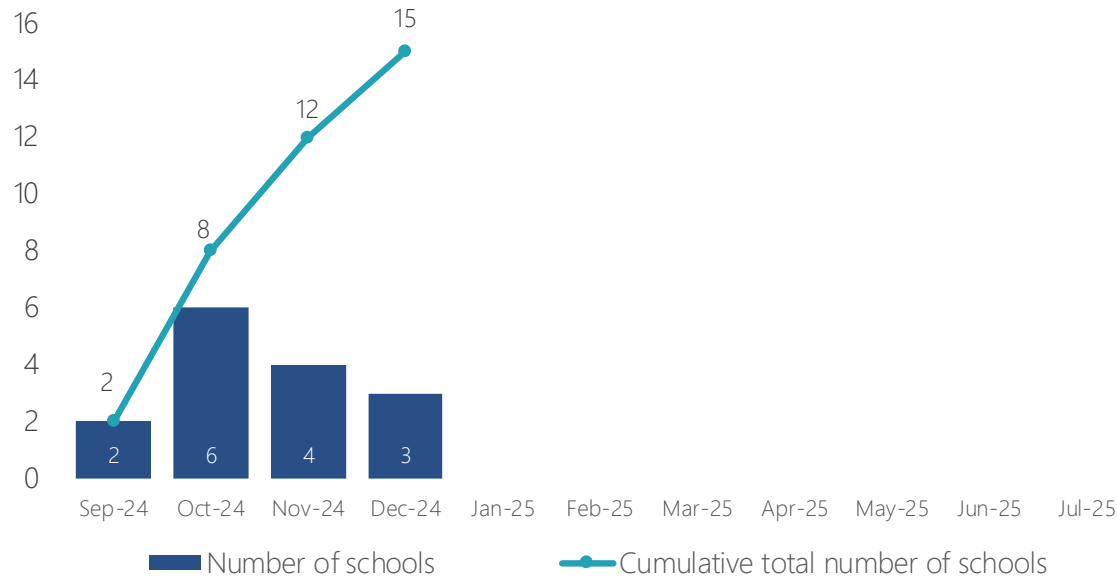


Health and Wellbeing

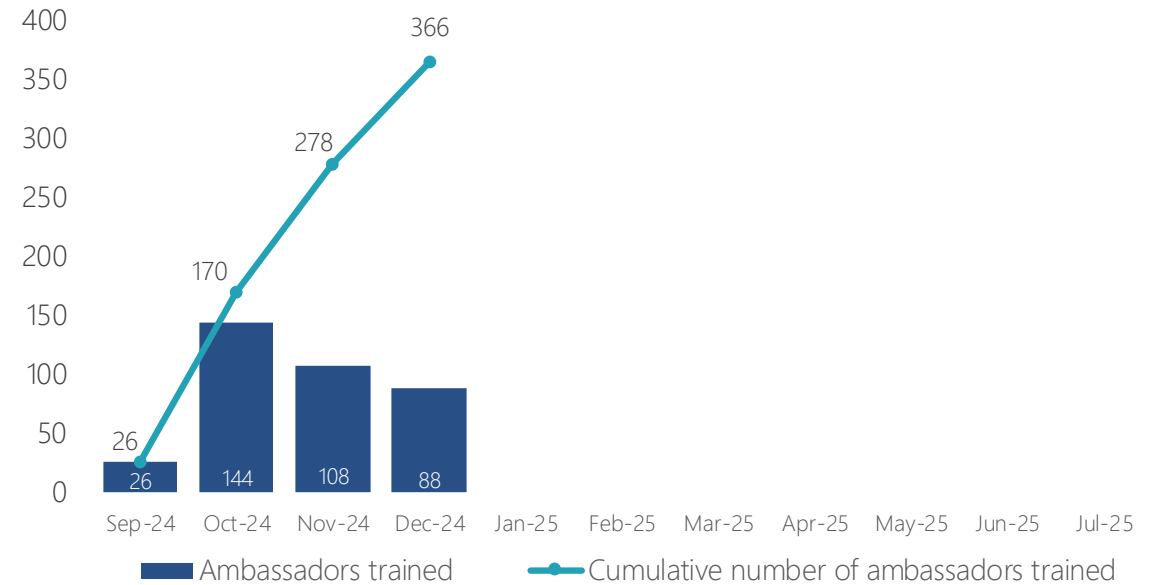


JUSTB/ BYW BYWYD

Number of Just B Schools with 2-day training completed by month for 2024-25 academic year



Number of Just B Ambassadors trained by month for academic year 2024-25 (Year to date)



- JUSTB/BYW BYWYD is an evidence based smoking prevention programme that utilises peer influence and networks to disseminate smoke free norms.
- The programme is delivered to Year 8 pupils in secondary schools with the highest smoking rates.
- The new academic school year has planned to progress to normal delivery levels of 40-50 schools. Recruitment is challenging with schools perceiving smoking to be less of an issue than vaping. We are working with DsPH to secure their support in local recruitment.

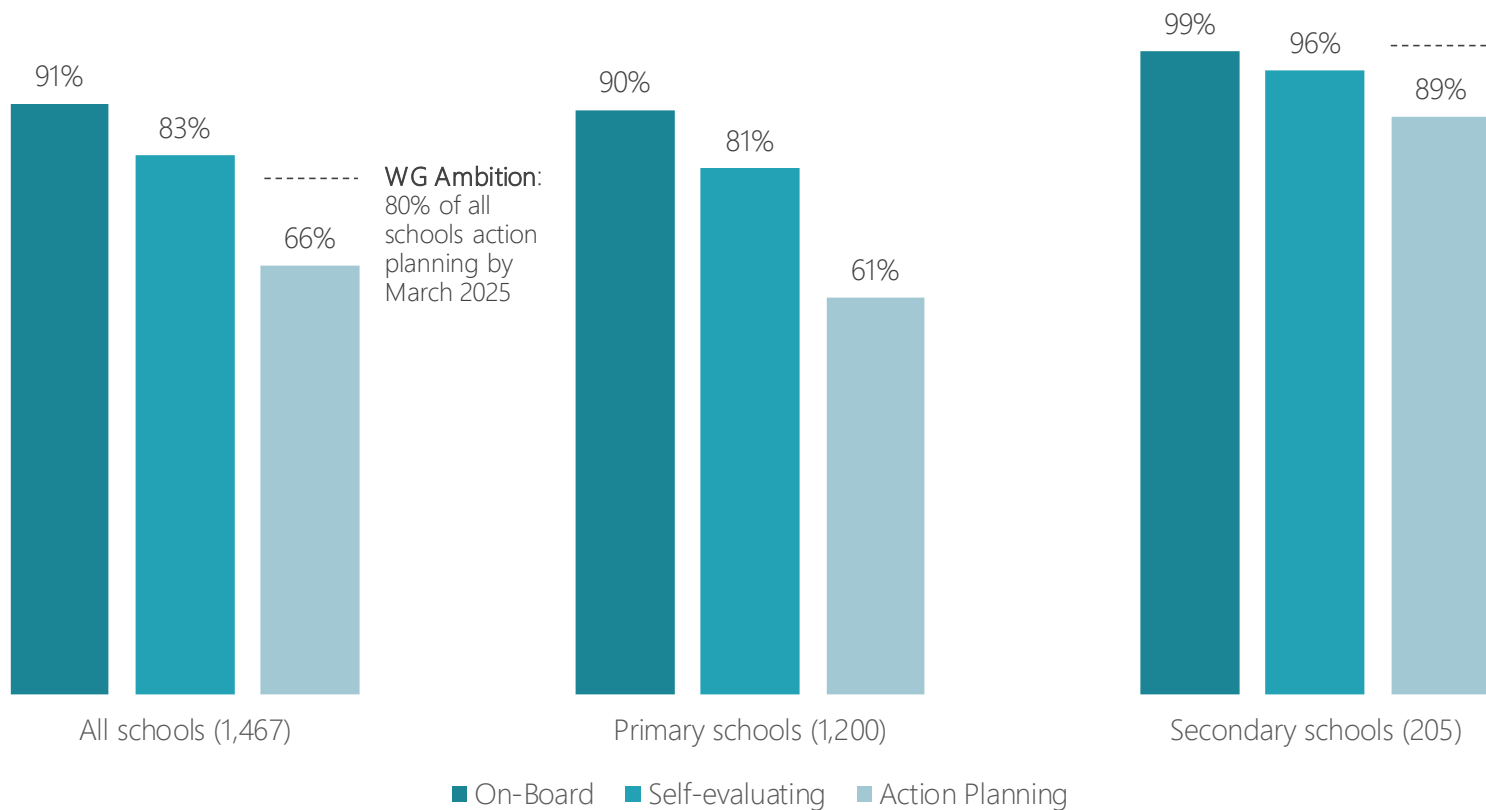


Health and Wellbeing



Whole School Approach to Emotional and Mental Wellbeing

Proportion of schools 'on-board', self-evaluating, or action planning as part of their Whole-School Approach to Emotional and Mental Well-being (Date: 03/01/25)



Public Health Wales is accountable for the strategic oversight of the programme, direct support to schools is the responsibility of Health Board DsPH

WG Ambition: 100% of secondary schools action planning by March 2025

'On-board' is where a school has responded to an active offer of support, started to engage with their Implementation Coordinator (or Healthy Schools Coordinator) and has had the process of self-evaluating explained (it does not necessarily mean that they have started self-evaluating).

'Self-evaluating' means the school has started either the PHW self-evaluation tool (SET) or another tool.

'Action Planning' is where a school has entered a continuous improvement and planning cycle. The schools continually review the SET, develop their action plans and then add/remove actions when needed. It is a continuous process.

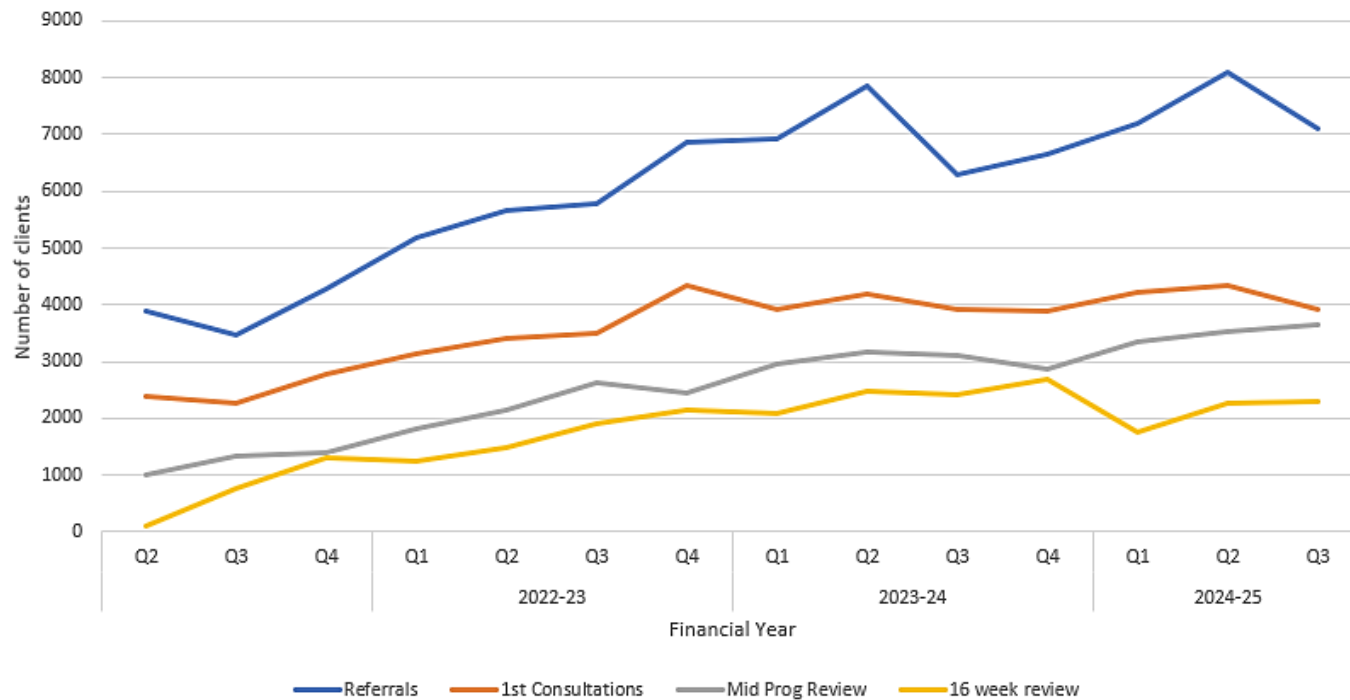


Health and Wellbeing



National Exercise Referral Programme

All Wales (NERS) Reporting 2021-2024



- The National Exercise Referral Programme (NERS) is delivered by Local Authority Leisure Services and Leisure Trusts across Wales in each of the 22 areas.
- The data shows the total no. referrals to the NERS Programme over time (per quarter) and over a specific time period, no. 1st consultations held, no. mid programme reviews held and no. 16 week reviews/completers programme.
- Please note that each of the measures reflects a different population group and should not be compared with each other.
- As part of the improvement programme a new data system has been implemented and as this is embedded additional outcome data it will become more routinely available.
- The drop in referrals seen in Q3 of 2023-24, followed by a peak in Q4, is due to a delay in processing of referrals when switching to the new electronic referral system (HIPAS) at this time.
- Q3 data for 2024-25 is correct as of 31/12/24 and therefore may rise slightly if there have been any delays in updating HIPAS with December 2024 data.



Health and Wellbeing



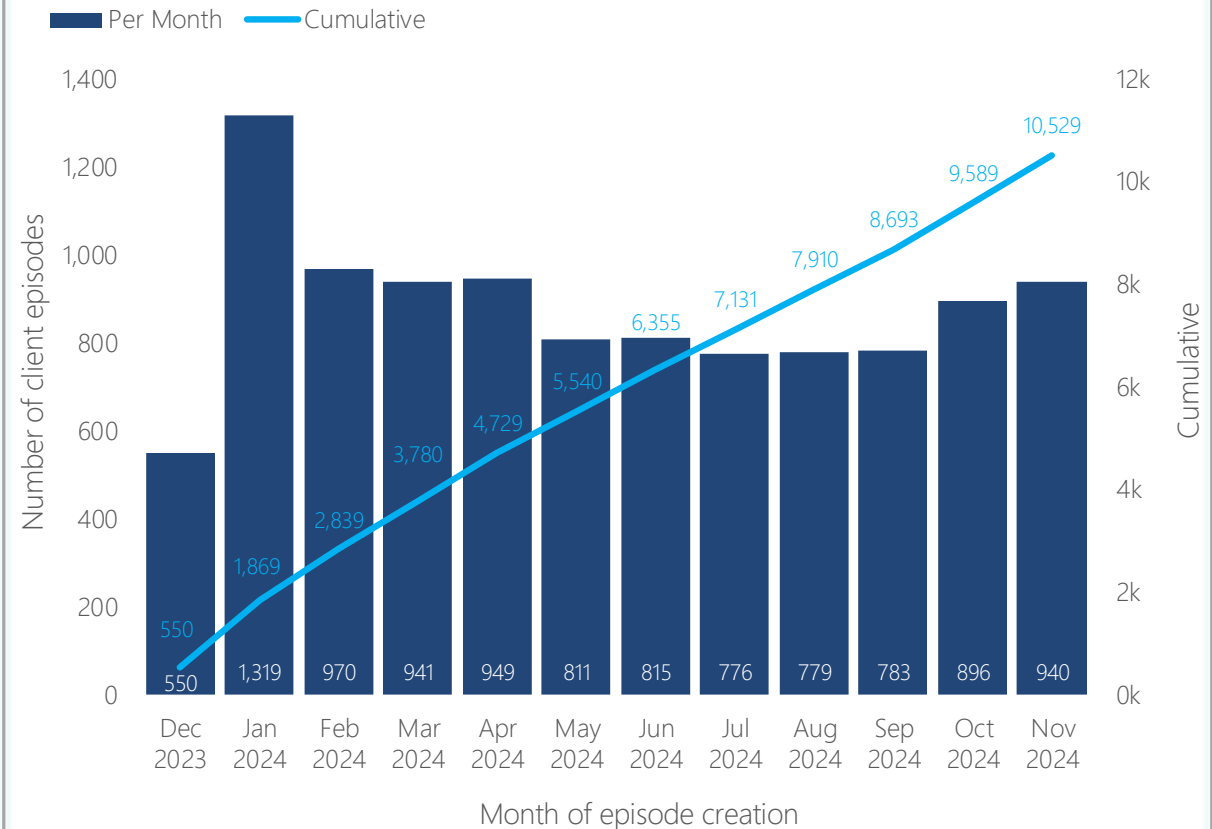
Help Me Quit

The HMQ Hub has created over 10,500 client episodes in the 12 months to the end of November. As expected, the level of activity has a seasonal pattern and increases during levels of social marketing activity.

All referrals were contacted within two working days in line with the service target in the 12 months to November.

The National Telephone Support Service provides additional capacity to support local service delivery and has supported 527 smokers in the 12 months to the end of November, achieving 4 week quit rates (self-reported) in excess of the national target of 35%.

Number of client episodes created by the Hub



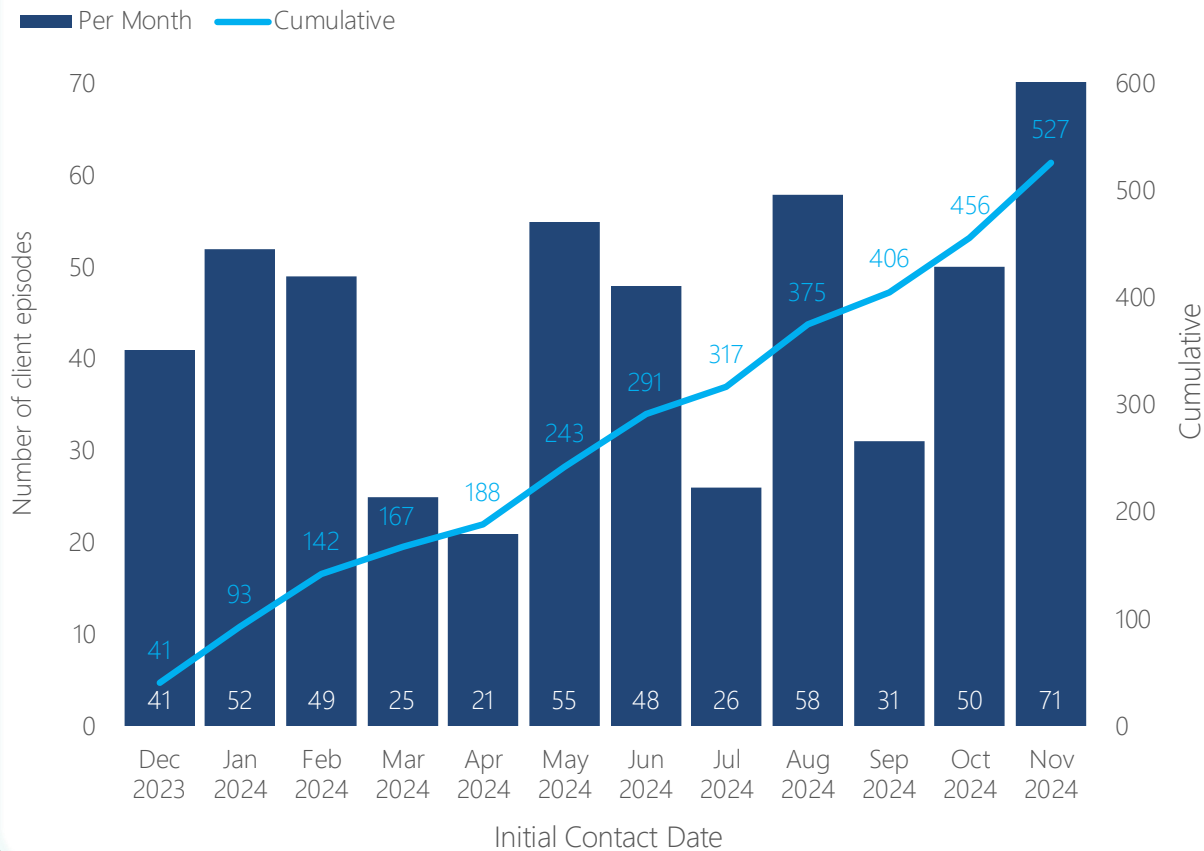


Health and Wellbeing

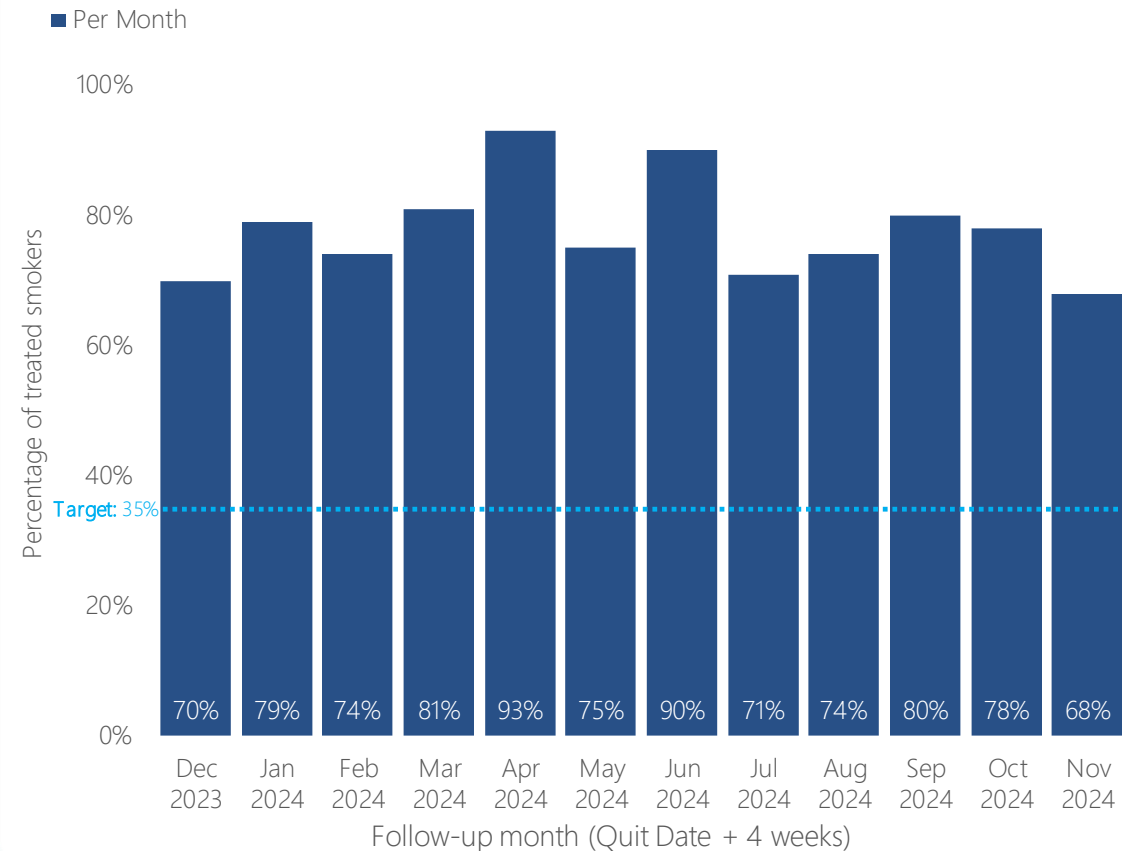


Help Me Quit

Number of clients who attend an assessment session (NTSS)



4-week self-reporting quit rate (NTSS)





Section 3 Strategy Delivery



Key Performance Indicator Summary



Strategic Plan	In Focus	Target	Dec-24	Committee
Strategic Plan – Percentage of milestones currently green or complete		N/A	86.9%	Board
Strategic Plan – Percentage of milestones currently red		N/A	3.8%	
Request for Change (RFC) – Number of milestones submitted for approval		N/A	8	
Strategic Priority 1 – Wider determinants		N/A	77.8%	
Strategic Priority 2 – Promoting mental and social wellbeing		N/A	100%	
Strategic Priority 3 – Promoting healthy behaviours		N/A	57.1%	
Strategic Priority 4 – Sustainable health and care system		N/A	93.0%	
Strategic Priority 5 – Excellent public health services		N/A	85.7%	
Strategic Priority 6 – Climate change		N/A	100%	
Strategic Change Programmes – Percentage of milestones currently green/amber		N/A	87.5%	
Strategic Change Programmes – Percentage of milestones currently red		N/A	0%	

**The impact of two Requests for Change are currently under review by the Executive Team and will be updated on the 24th January*



Strategic Plan Milestone Delivery

**The impact of two Requests for Change are currently under review by the Executive Team and will be updated on the 24th January*

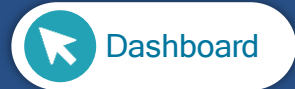


Strategic Priority Delivery Status

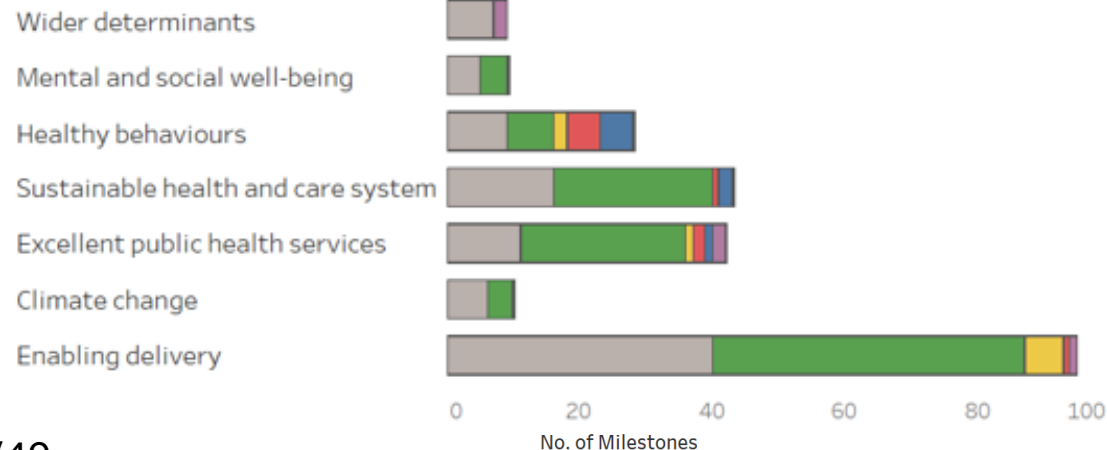


Request for Change

A total of 8 Requests for Change have been approved this month.



By Strategic Priority



As at the end December 2024, a total of 94 milestones have been completed. Of the remaining milestones, the majority are on track to be delivered in March 2024.

By Strategic Priority, the 18 milestones reporting as amber or red are within Healthy Behaviours, Excellent Public Health Services and Enabling Delivery. This includes 4 milestones that have been amber or red all year, each one dependent on external stakeholders to progress. Other non-green milestones also cite external dependencies as the cause, with resource issues also commonly noted.

8 RFCs have been submitted this month. This includes 2 requests to close previously suspended milestones where changes in ministerial roles and the UK government have delayed progress. They will be re-planned once further detail is defined.

There was one request to suspend a milestone; 'ISO 140001 accreditation fully achieved within Public Health Wales' requires input and support from Screening and Microbiology to agree proposed approach and take forward in the next financial year.

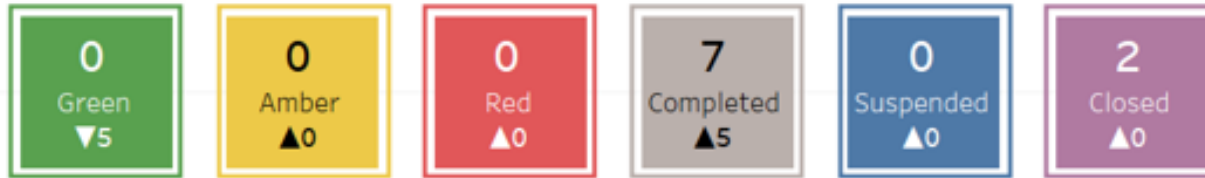


Strategic Plan Milestone Delivery



Strategic Priority 1 - Wider determinants

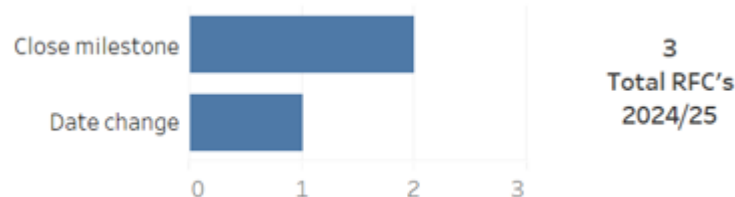
Current Delivery Status



By Directorate



Changes to Plan



Strategic Priority Overview

- Supporting HIA regulations (WHIASU): regulations now at final stages and due to be laid before the Senedd. Preparations for implementation of the regulations are ongoing.
- Milestones complete include Shaping places: resources, mapping, baseline evaluation; Scoping disability and employment (HWW) and child poverty actions commenced from Building a Healthier Wales task and finish group
- Workshop on healthy homes with nearly 50 stakeholders from across sectors and Government, with the aim of advocating for healthy homes for children and families living in poverty

2025 Route Map Development

- Development of infrastructure theme for route map
- Specifying where we lead and where we are collaborators
- Reviewing feedback from board and leadership group

Issues/Risks

- Scale of challenge remains substantial in a time of financial constraint across public services
- Ambition of current route map beyond existing resources

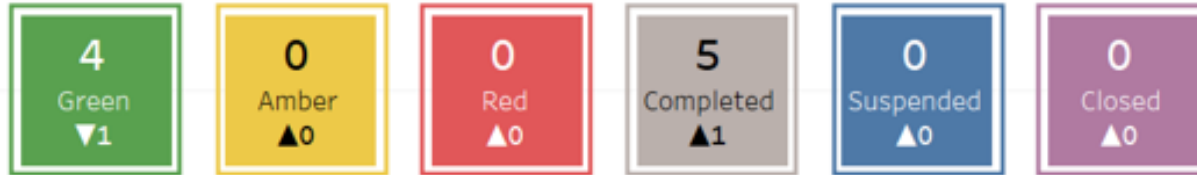


Strategic Plan Milestone Delivery



Strategic Priority 2 - Promoting mental and social wellbeing

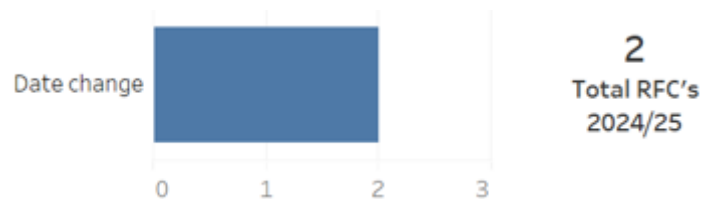
Current Delivery Status



By Directorate



Changes to Plan



Strategic Priority Overview

- Hapus programme continuing implementation
- First 1000 Days recommendations for Best Start in Life being finalised
- Working closely with Welsh Government regarding the Mental Wellbeing component of the Mental Health Strategy
- Co-working with MHS and Network on needs assessment and pathway review for CAMHS

2025 Route Map Development

- Route maps being updated following feedback from Leadership forum, for Strategic Executive meeting in February 2024.
- Identified gaps being prioritised ready for 2025-26

Issues/Risks

- Alignment with WG policy and strategy in key areas is a potential risk and requires ongoing collaboration and dialogue



Strategic Plan Milestone Delivery

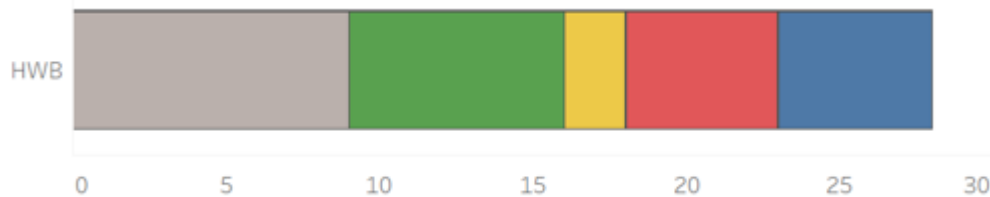


Strategic Priority 3 - Promoting healthy behaviours

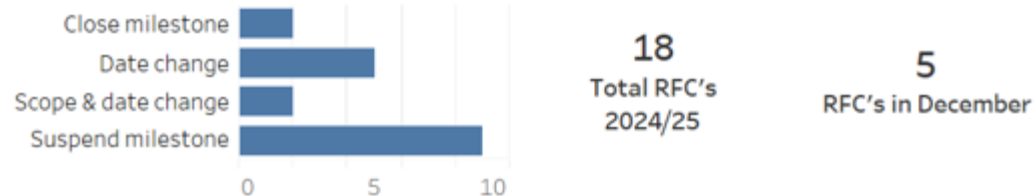
Current Delivery Status



By Directorate



Changes to Plan



Strategic Priority Overview

- Staff seconded into WG to support development and delivery of the Healthy Eating in School Regulations
- Completed implications and options work for WG on cost-implementation issues of NICE guidance on weight loss drugs
- Work for WG on proposed programme of work to reduce gambling related harm completed
- Substance Misuse Needs Assessment progressing well

2025 Route Map Development

- Reviewing key actions identified to deliver SP3 based on feedback from Board and Leadership Forum
- Areas not yet completed being developed as a priority

Issues/Risks

- System risks in relation to short term funding for key delivery areas within this priority
- Unrealistic expectations on the scale and pace of change given the complexity of determinants and system resources and capacity to deliver



Strategic Plan Milestone Delivery

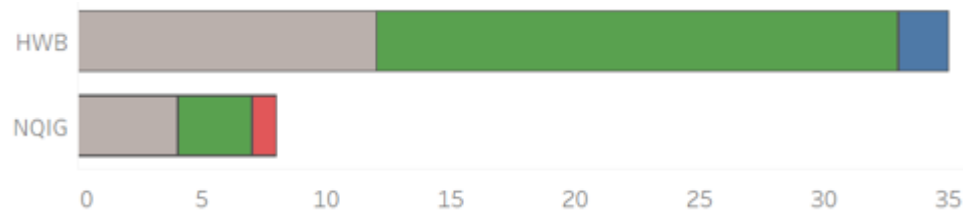


Strategic Priority 4 - Sustainable health and care system

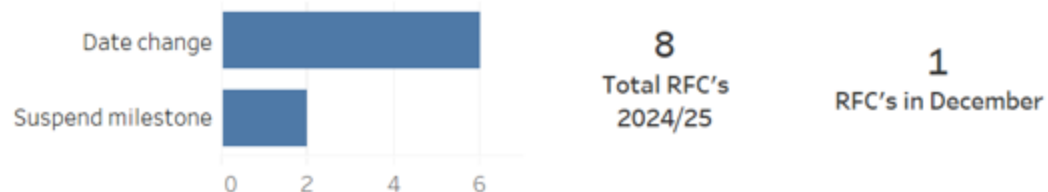
Current Delivery Status



By Directorate



Changes to Plan



Strategic Priority Overview

- **National Safeguarding week** mid-November. Launched All Wales Safeguarding Supervision Guidance; the importance of Professional Curiosity in Safeguarding; and hearing the voice of children and young people in planning and shaping specialist health services for Looked After Children. Over 200 candidates attended sessions across the week.
- [AWDPP 'Two Years On' reports](#) (Service User PREMS report, AWDPP Equity Toolkit, AWDPP Activity report) published on World Diabetes Day 14th Nov.
- Addressing the health and wellbeing needs of Gypsy, Traveller, and Roma Communities [Webinar](#) delivered.
- Co-authored [Exploring the equity of distribution of general medical services funding allocations in Wales: a time-series analysis](#)

2025 Route Map Development

- Board Development session in December. Feedback from the session being incorporated into next draft of the route map for consideration by SBET in February.
- Route map development linked to work to articulate what a Public Health approach to Primary and Community Care by 2035 should look like. Round table discussions scheduled for January.

Issues/Risks

- Key risk is internal capacity to deliver the requirements to the timescales expected, ensuring full engagement across directorates
- External risk re clarity, alignment & traction with the external national work the model & configuration of sustainable health & care services across Wales

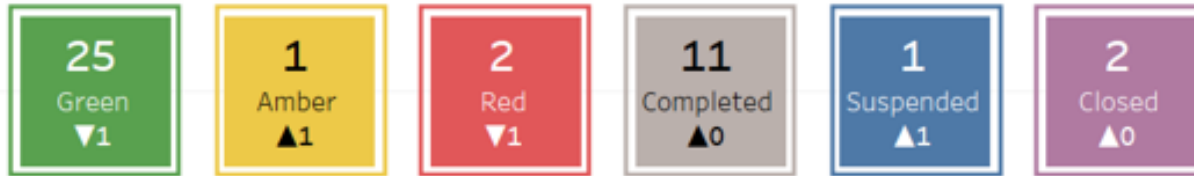


Strategic Plan Milestone Delivery

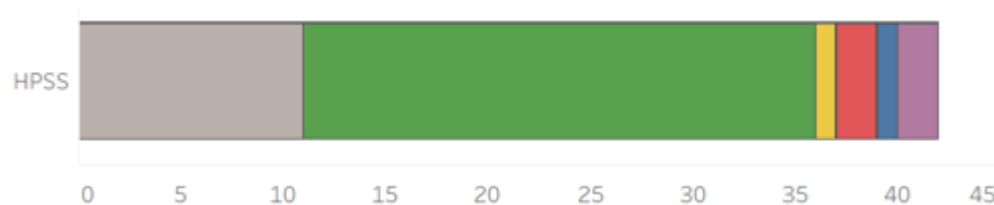


Strategic Priority 5 - Excellent public health services

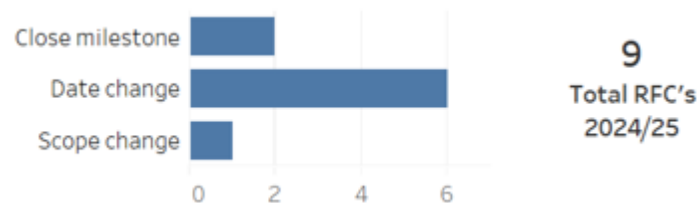
Current Delivery Status



By Directorate



Changes to Plan



Strategic Priority Overview

- Governance agreed with Quality Oversight Group taking responsibility for cross cutting aspects of the roadmap, whilst current governance arrangements for services are retained for service or directorate specific actions.

2025 Route Map Development

- Refining route map after feedback from leadership forum and board engagement including:
 - Clearer narrative on role of PHW in delivery of services
 - Partnerships in service delivery nationally and internationally
 - Improved clarity on scope and vision
- Developing a more strategic view of the route map milestones and objectives.

Issues/Risks

- Risk remains that EPHS will be viewed as limited to HPSS and other direct public facing services, missing opportunity to include internal / enabling services.



Strategic Plan Milestone Delivery



Strategic Priority 6 - Climate change

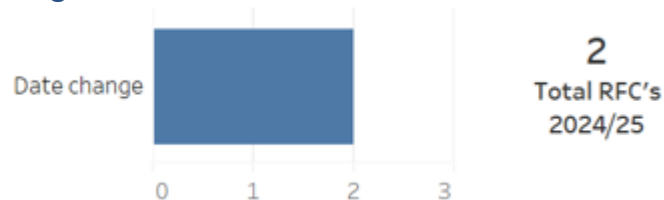
Current Delivery Status



By Directorate



Changes to Plan



Strategic Priority Overview

- Secured a tender with a Cardiff-based organisation to advance and refine our messaging on adverse weather.
- Successfully appointed a Band 7 coordinator to lead and strengthen our climate change research agenda and academic partnerships.
- Established international collaboration with the Public Health Institute in India, fostering shared learning and paving the way for future joint initiatives.

2025 Route Map Development

- Climate Change Programme Board recently reviewed an updated version of the route map, on target to meet deadlines

Issues/Risks

- N/A



Strategic Change Programmes



Strategic Change Programmes Overview

A high-level summary of latest DCA status for Tier 1 & 2 programmes, as of December 2024, is provided below. A summary of key changes is provided below.



Key Information

Newborn Screening Re-platforming has moved to Amber/Red. The current discovery phase is behind schedule due to information security and licensing issues, which may also increase cost. Discussions are underway with finance and the project plan is being reviewed to mitigate the impact of potential project overrun into the next financial year.

Tackling Diabetes Together Programme continues to report Amber, following a workshop on December 3rd, the programme identified four themes for 25/26. The list of projects within each theme will be presented to the board on February 17th for approval, with a detailed plan to follow.

National Targeted Lung Screening continues to report Green/ Amber. Following significant engagement with Health Boards over the last month and further options appraisal work, the programme needs to finalise an Outline Business Case for submission to Welsh Government at the end of March.

Health Protection System Development improved to Amber/Green. The Alpha phase has been extended to 31/01/2025 due to ongoing development of an Outline Business Case, which is being prepared for Board approval on 9th January 2025 and Executive and Board sign-off in late January 2025. Continuation into Beta depends on Welsh Government approval of capital funding for the Tarian replacement.

Diabetic Eye Screening Transformation Programme has improved from Amber to Amber/Green. The programme is on track to deliver its 24/25 milestones and all new Transformation roles are filled and will start by mid-January.

Programme Detail

Programme Name	Oct	Nov	Dec
1 Diabetic Eye Screening Transformation Program..	G	A	G/A
Establishment of NHS Executive Programme	G	G	G
National Targeted Lung Cancer Screening Busine..	G/A	G/A	G/A
Tackling Diabetes Together Programme	A	A	A
2 Health Protection Systems Development	A	A	G/A
Newborn Screening Re-platforming	A/R	A	A/R
Records Management System	G	G	G
Web Transformation	G	G	G



Inequalities



Organisational Approach to Health Inequalities Programme

- Co-ordinated activity is taking place across the organisation with a focus on health inequalities.
- We have agreement on a single organisational definition of health inequalities which is outlined in an upcoming publication 'Our Approach to Health Inequalities'.
- Steering group has worked with the Strategy team to further develop Long Term Strategy Route maps, providing focus on health inequalities.
- Theory of change model has been developed for health inequalities.
- SimplyDo challenge to all Public Health Wales staff on 'How do we make health inequalities part of everyone's work? 14 ideas were received, with 7 being taken forward for further consideration.
- Formation of 'Data, analysis & Evaluation' subgroup and a task and finish group to develop a health inequalities framework, suitable to the context of Public Health Wales.

Our Approach to Health Inequalities

Purpose
This narrative describes what health inequalities are and what causes them. It sets out the role Public Health Wales plays in tackling health inequalities. This narrative is intended for Public Health Wales staff to facilitate engagement and discussion.

Background
Everyone in Wales should have the opportunity to be healthy. However, too many people have poor health and live shorter lives. To build a healthier future for Wales, we need the right building blocks in place: good quality homes, fair work, enough money, safe and nurturing childhoods, and strong relationships.
In too many parts of Wales these building blocks are not strong enough or they are missing altogether. These differences in health often arise early in our lives and can worsen over our lifetime.

Figure 1: The building blocks of health

They affect our mental well-being, behaviours, exposure to environmental harms and infections and access to services. All of these can further increase health inequalities and can affect our ability to adapt to, and recover from, the challenges we face. Our experience of these building blocks are influenced by commercial forces, political priorities and the unequal distribution of income, wealth and power.

But: It does not have to be this way. We can change this so that more people in Wales have a better chance to live longer and healthier lives.

The diagram shows six building blocks: Education, Transport, Fair work, Strong relationships, Safe and nurturing childhoods, and Good quality homes. Each block is represented by an icon and a brief description.

Health Inequalities | Data, analysis & evaluation subgroup

Aim

- Monitor and analyse inequalities in our services and products; ensure health inequalities data informs our decisions and actions and that of our stakeholders

Inequalities data outputs

- Public Health Outcomes Framework (PHOF) & Rapid Overview Dashboard
- SAIL data - inequalities in vaccinations, cancer, screening outcomes

Data challenges

- No access to Primary Care or Census data
- SAIL / small areas estimation / modelling fills some gaps, but financial cost, and not optimal for regular reporting
- Some groups poorly reported on in any data set e.g. homeless

Next steps

- Data sub-group established & Lead analyst in post
- Inequalities monitoring for strategic priorities
- Cancer inequalities (Phase 2 – May 2025)
- HR inequalities report (March 2025)
- Child Measurement Programme (TBD)
- Explore breakdowns of Kantar behaviour data (nutrition, alcohol)
- Further inequalities analysis of PHOF

Latest data analysis in relation to inequalities in health is provided in a detailed supplementary document, with the key messages and latest data covering cancer and immunisation highlighted on page 48 below.



Summary of inequalities in health data



Cancer

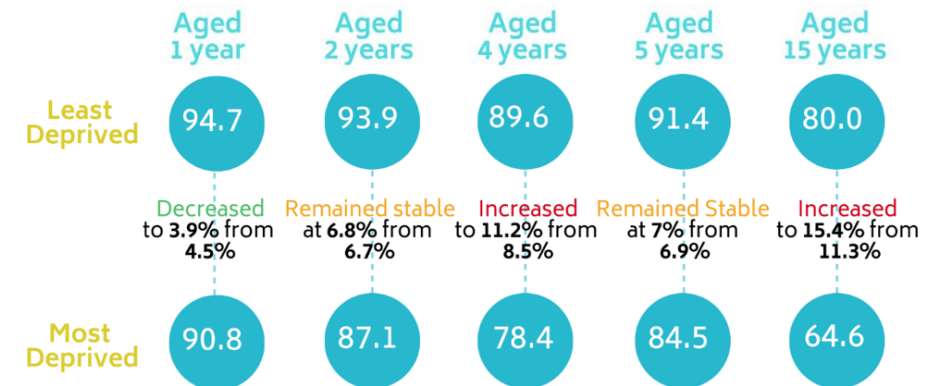
- Even after adjusting for age, the **White** ethnic group has the highest rate of cancer diagnoses
- Different ethnicities have higher rates of different types of cancer:
 - Mixed/Multiple ethnic group – lung cancer is more common (also have the highest smoking rates of all ethnicities)
 - Black ethnic groups – prostate cancer is more common
 - Asian ethnic groups – breast cancer is more common
- **Overcrowding** is a risk – after adjusting for age, cancer rates are highest in those with fewer rooms than required, likely an impact of deprivation (1,535 per 100,000 compared to 291 in those with the ideal number of rooms)
- People in jobs requiring **lower levels of education** have higher rates of cancer diagnoses
- Early-stage diagnosis (stages 1 and 2) is more likely for people in administrative and secretarial and professional jobs (approximately 52%), and less likely for people in **process, plant and machine operation jobs** (40%)

COVID booster vaccination

- In all groups eligible for a COVID booster vaccine in spring 2024, those living in **more deprived areas** were less likely to receive a vaccine than those in less deprived areas
- Less than half of adults aged 75 and over in the most deprived areas received a booster
- Less than half of eligible people living in the bottom 40% of areas received a booster in spring 2024
- Across all eligibility groups, white people were substantially more likely to receive a booster than people of **non-White ethnicities**. Only 19% of eligible people in the **Black** ethnic group received a booster vaccination

Childhood immunisation

- Children living in the most deprived areas are much less likely to be up to date with their routine vaccinations than those in the least deprived areas
- For some age groups, this gap has widened:



Routine immunisation coverage in the least and most deprived areas by age group in 2022/23, showing change since 2021/22

- Our **analysis of MMR coverage** shows that despite 94% receiving 1 dose, only 88% of children from **families who do not speak English nor Welsh** have received 2 doses, compared to 97% overall
- Only 84% of children who are **first registered with a GP when they are in secondary school** have received 2 doses of MMR
- Children in the following groups are also less likely to have received 2 doses of MMR:
 - Have attended a special school
 - Eligible for free school meals
 - Mother is older (36+) or younger (18 or under)
 - Black ethnicity



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*Gweithio gyda'n gilydd
i greu Cymru iachach*

Working together
for a healthier Wales



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Inequalities data in Health

Our approach to tackling the issue of lack of equalities data

1. Background

2. Short-term work

1. Cancer
2. Vaccinations

1. Longer-term approach

2. Summary

Aim

Identify inequalities in cancer incidence rates in Wales by socio-demographic factors at the individual level.

Method

Anonymous linkage of the **WCISU population-based cancer registry data** to individual level **ONS Census 2011 data** within the SAIL Databank.



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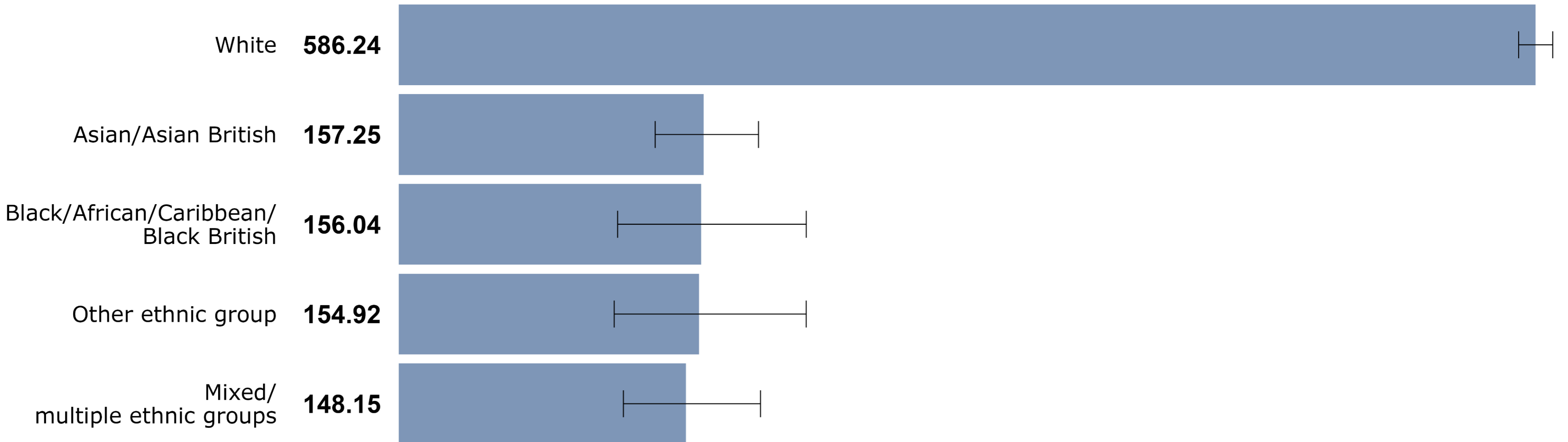
Ethnicity Results

Crude rates

Before accounting for age, rates in the **white ethnic group** are significantly **higher** than any other ethnic group.

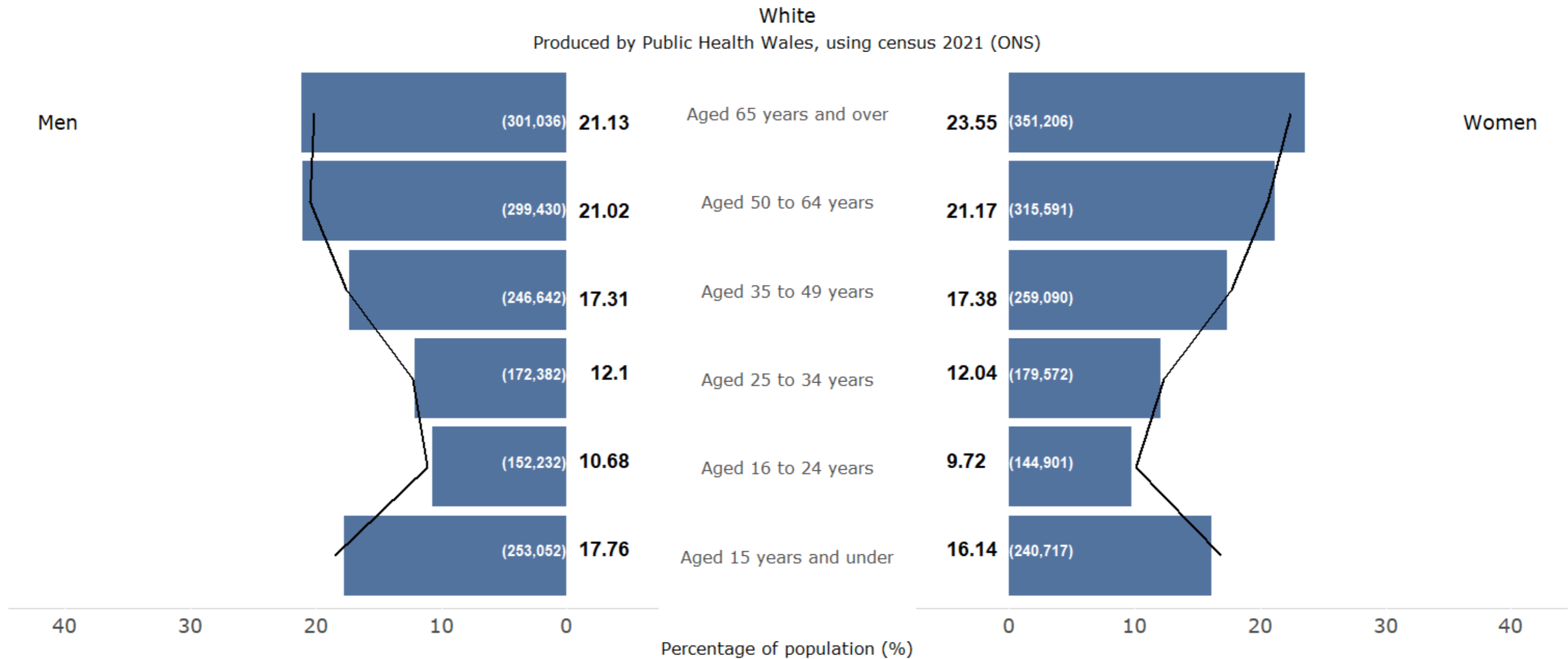
Cancer incidence, All malignancies excluding NMSC, crude rate per 100,000, Persons, 2020, by ethnic group

Produced by Public Health Wales, using cancer registration data (WCISU), PHM & MYE (ONS), census11 (ONS, access via SAIL) & census21 (ONS)



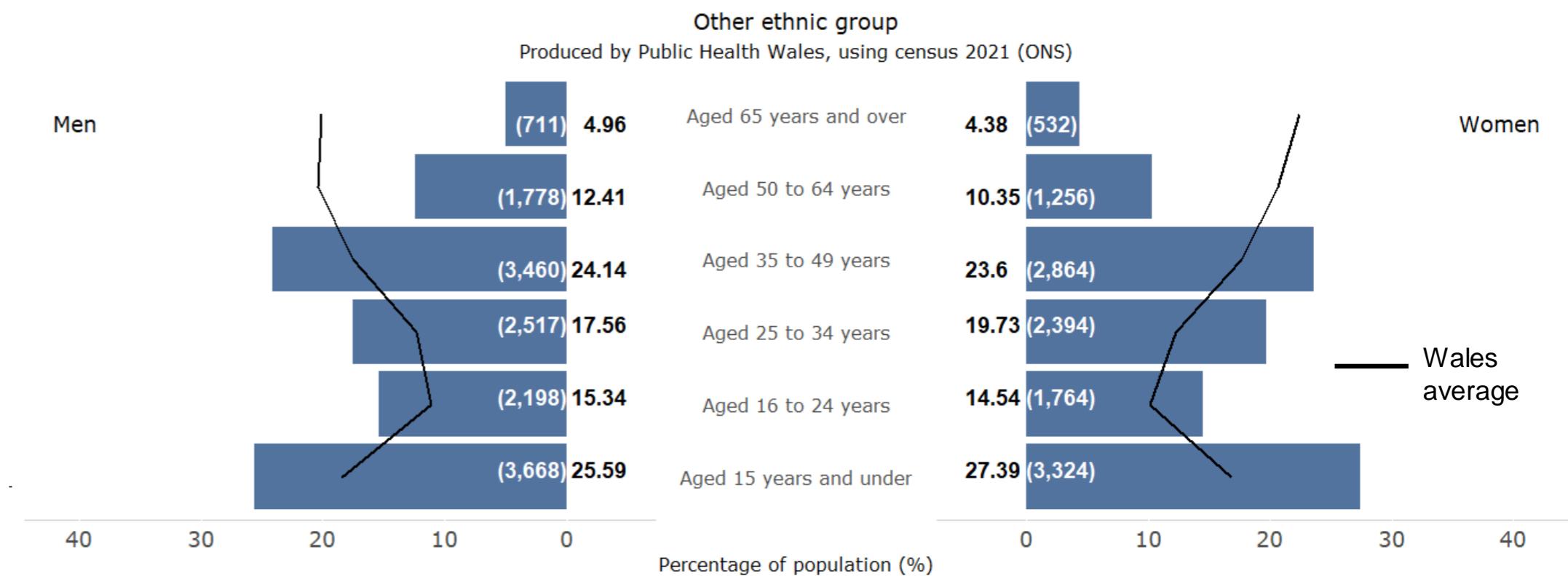
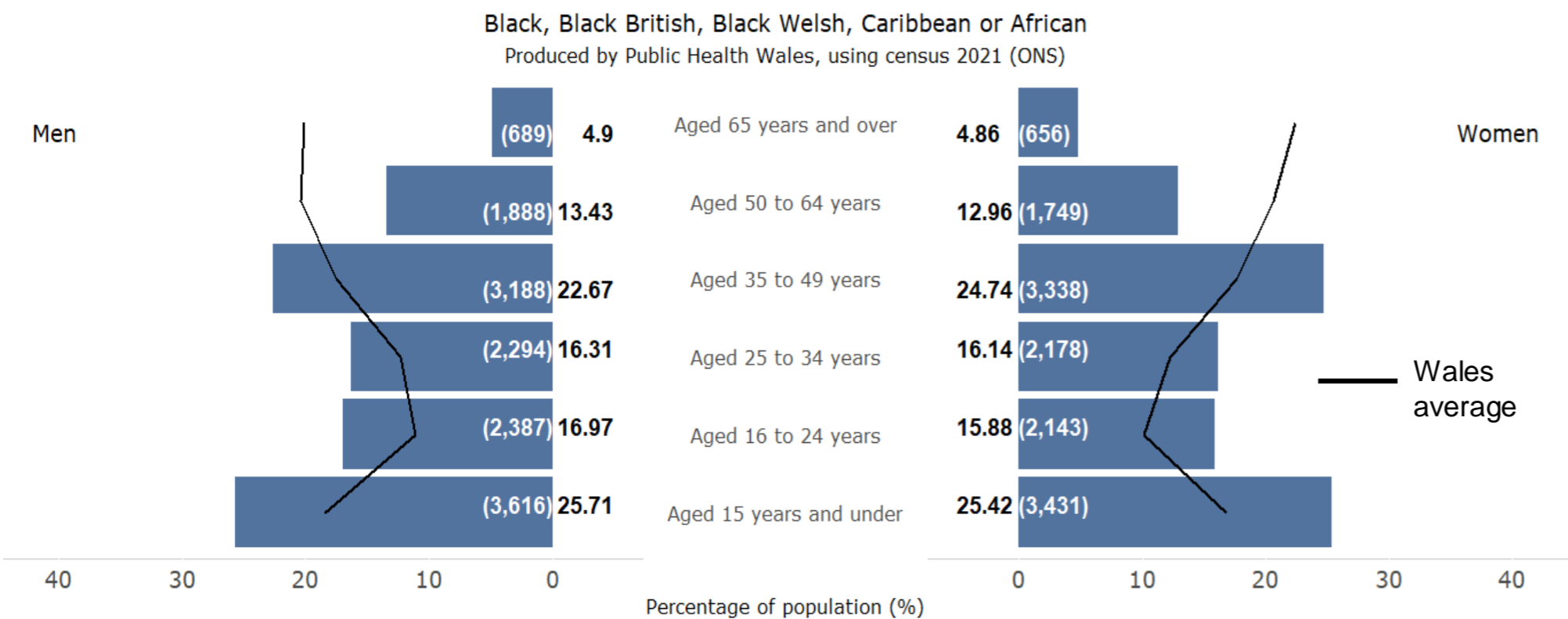
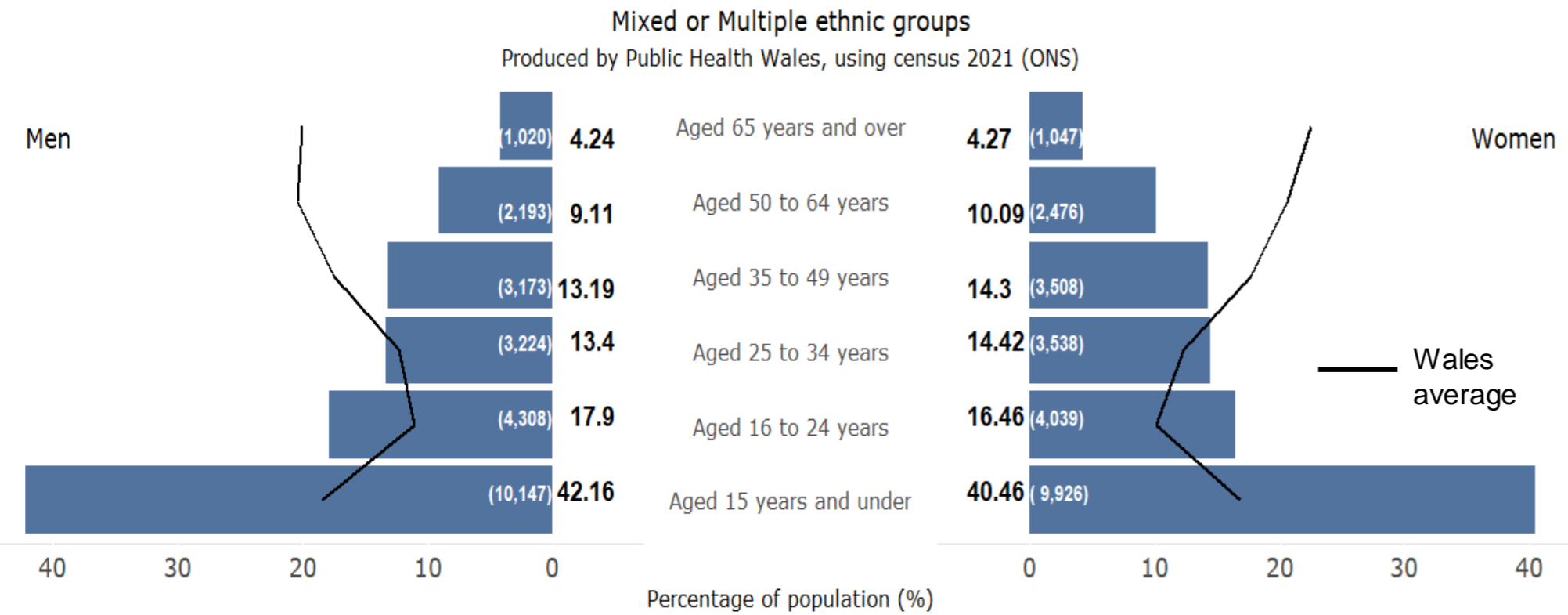
Percentage population by ethnic group and age-group, 2021

The white ethnic group is the largest population and has the highest percentage of people in the older age categories.



Percentage population by ethnic group and age-group, 2021

All other ethnic groups have much younger age-structure.

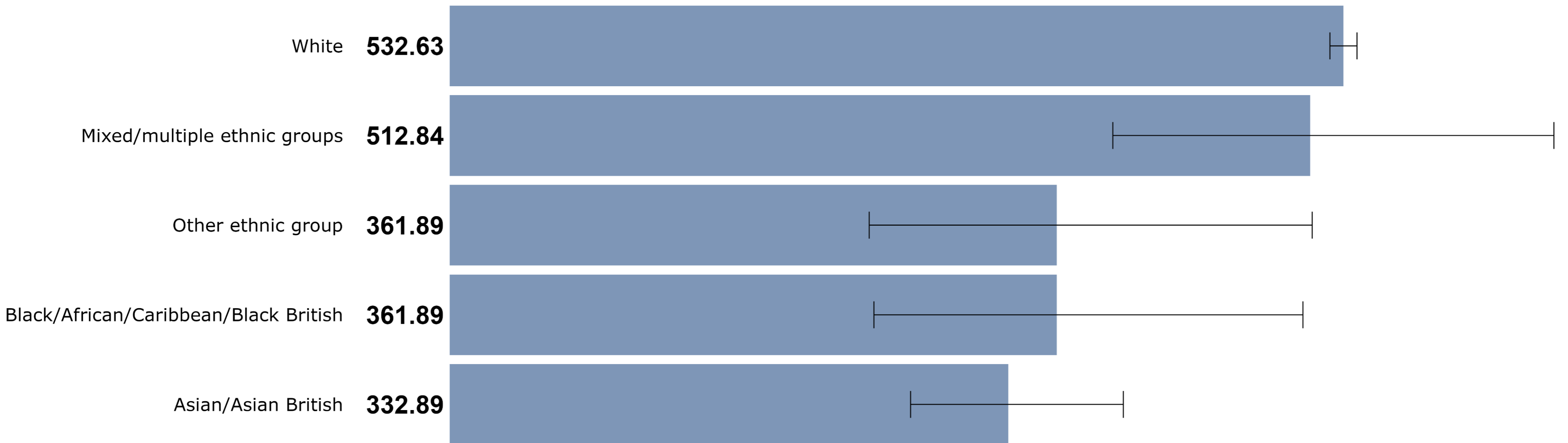


Age-standardised rates

Even after adjusting for age, rates remain **highest** in the **white ethnic group**, followed closely by mixed/multiple.

Cancer incidence, All malignancies excluding NMSC, EASR per 100,000, Persons, 2020, by ethnic group

Produced by Public Health Wales, using cancer registration data (WCISU), PHM & MYE (ONS), census11 (ONS, access via SAIL) & census21 (ONS)



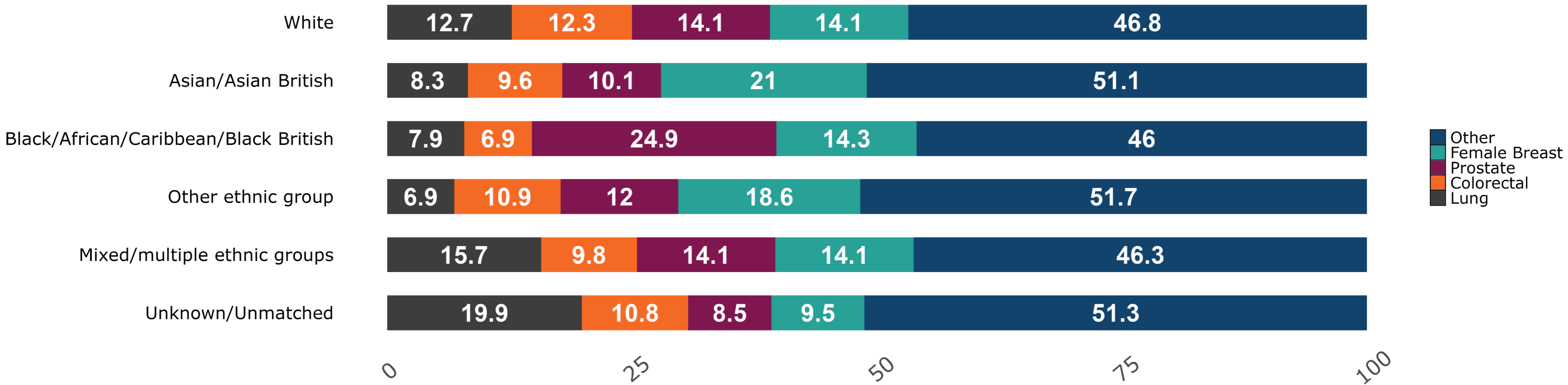
Cancer type by ethnic group

Mixed/Multiple ethnic group - lung cancer is more common*

Black/African/Caribbean/Black British - prostate cancer is more common*

All malignancies excluding NMSC, proportion of each cancer type by ethnicity, persons, all ages, Wales, 2011-2020

Produced by Public Health Wales, using cancer registration data (WCISU) and census data (ONS, access via SAIL)

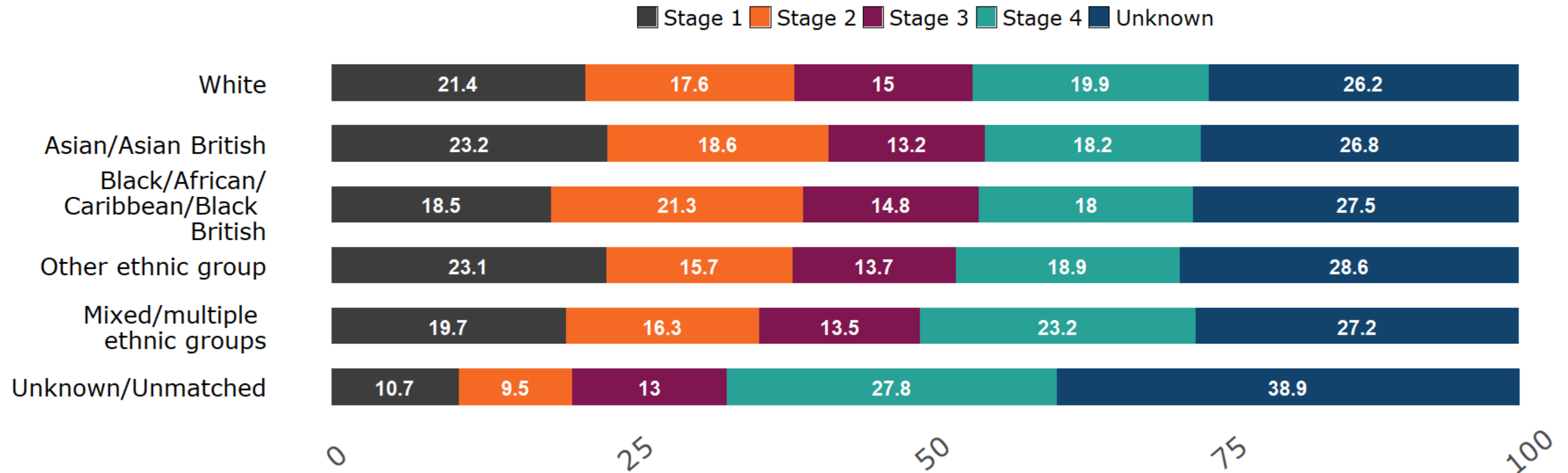


*than other types of cancer

Stage by ethnic group

All malignancies excluding NMSC, Persons, all ages, Wales, 2011-2020

Produced by Public Health Wales, using cancer registration data (WCISU) and census data (ONS, access via SAIL)



Conclusion: Ethnicity

The **white** ethnic group has **highest incidence** after adjusting for age.

In the distribution of cancers within ethnic group:

Mixed/Multiple ethnic group - **lung** cancer is more common than other cancer types

Black/African/Caribbean/Black British - **prostate** cancer is more common than other cancer types

Some evidence to suggest the percentage of **early diagnosis** is **slightly better** for the **Asian/Asian British** group and **slightly worse** for the **Mixed/multiple** group, further analysis is required.



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Overcrowding Results

Conclusion: Overcrowding

Crude rates are significantly **higher** in those with **1 spare room**, likely reflecting the impact of age.

After adjusting for age, rates are **highest** in those with **fewer rooms than required**, likely reflecting the impact of deprivation.



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Occupation Results

Conclusion: Occupation

Generally, rates are significantly **higher** in those with jobs requiring **lower-standards of education**.

Process, plant and machine operatives have **lowest** proportions of diagnoses at **early stage**.

Administrative and secretarial and **Professional** occupations have **highest** proportions of diagnoses at **early stage**.

Next steps: Phase 2

- Use Census 2021 data for proportions
- Multivariate analysis to consider confounders
- Assess more protected characteristics
- Link to screening data and mortality data to understand outcomes by protected characteristic



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VPDP update on inequalities

18/07/2024

COVID-19 vaccine equality surveillance

Spring booster 2024

- Two reports – mid-program, end of program
- Summarises equality of vaccination coverage for the 3 eligible groups, according to:
 - Sex
 - Rurality/ urbanicity
 - Deprivation
 - Ethnic group
- National report and a break down for each health board
- Analyses conducted in VPDP SAIL project area, due to insufficient of ethnic group data in WIS

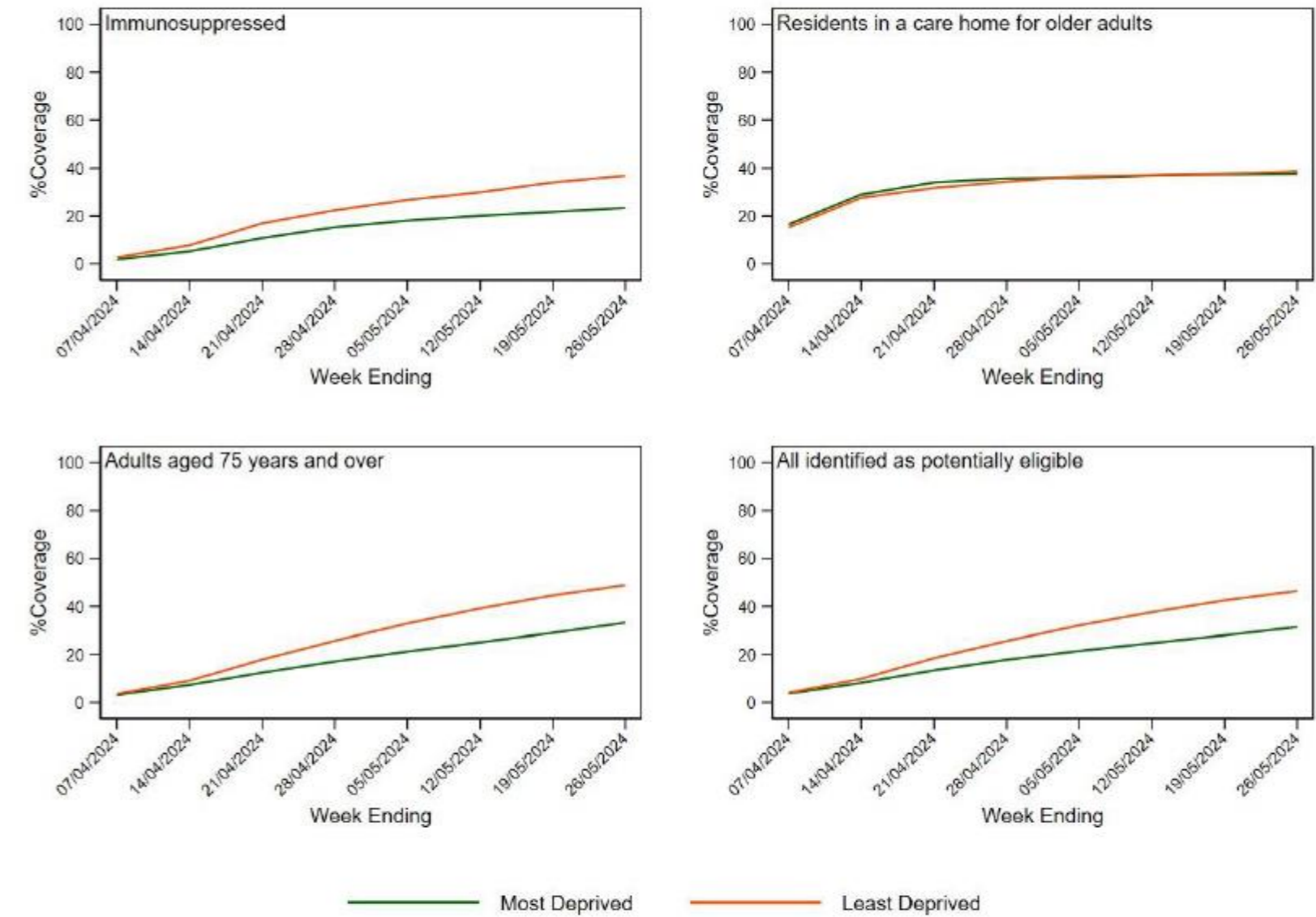
COVID-19 vaccine equality

Latest spring booster report

Table 1.3: Coverage of 2024 Spring COVID-19 vaccination in eligible groups by deprivation quintile (eligibility groups are not mutually exclusive)

Eligible Group	Quintile of deprivation of area of residence (WIMD)	Denominator	Vaccinated (n)	Uptake (%)	95% CI
Individuals aged 6 months and over who are immunosuppressed	1- Most deprived	16,299	4,811	29.5	(29.3-30.2)
	2	17,514	6,138	35.0	(34.8-35.8)
	3	19,406	6,996	36.1	(35.8-36.7)
	4	19,749	7,955	40.3	(40-41)
	5 -Least deprived	18,725	8,516	45.5	(45.2-46.2)
Residents in a care home for older adults	1- Most deprived	2,599	2,034	78.3	(77.7-79.8)
	2	3,725	2,945	79.1	(78.6-80.4)
	3	3,506	2,743	78.2	(77.7-79.6)
	4	3,567	2,777	77.9	(77.4-79.2)
	5 -Least deprived	3,286	2,681	81.6	(81.1-82.9)
Adults aged 75 years and over	1- Most deprived	48,597	24,069	49.5	(49.4-50)
	2	63,009	33,613	53.3	(53.2-53.7)
	3	74,881	41,070	54.8	(54.7-55.2)
	4	83,047	48,462	58.4	(58.2-58.7)
	5 -Least deprived	84,813	56,211	66.3	(66.2-66.6)
All identified as potentially eligible	1- Most deprived	62,240	27,515	44.2	(44.1-44.6)
	2	77,063	37,780	49.0	(48.9-49.4)
	3	89,789	45,469	50.6	(50.5-51)
	4	97,943	53,333	54.5	(54.3-54.8)
	5 -Least deprived	98,532	61,272	62.2	(62.1-62.5)

Figure 1.3 Trends in weekly coverage of the COVID-19 2024 Spring COVID-19 vaccine eligible groups in Wales: most deprived quintile of LSOAs vs. least deprived quintile of LSOAs



NB: Percentage coverage per week is calculated out of the living population as at the end of each week

COVID-19 vaccine equality

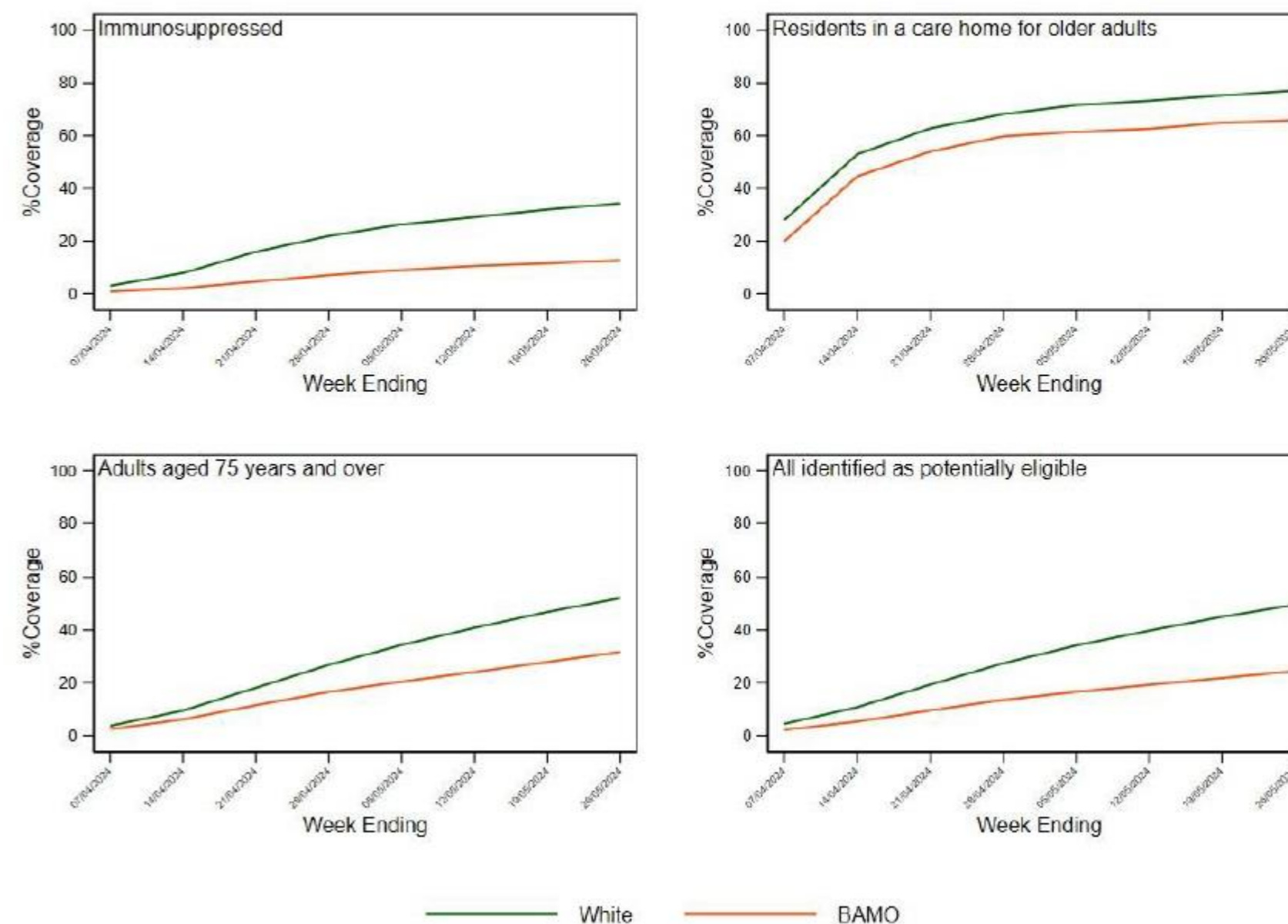
Latest spring booster report

Table 1.4: Coverage of 2024 Spring COVID-19 vaccination in eligible groups by ethnic group (eligibility groups are not mutually exclusive)

Eligible groups	Ethnic Group	Denominator	Uptake (%)	95% CI
Individuals aged 6 months and over who are immunosuppressed	White	81,900	38.8	(38.7-39.1)
	Black	700	12.0	(11.1-14.9)
	Asian	1,400	16.8	(16.2-19)
	Mixed	1,100	18.5	(17.7-21.1)
	Other	300	11.7	(10.4-16.1)
	Unknown	7,900	32.1	(31.8-33.2)
Residents in a care home for older adults	White	15,200	79.1	(78.9-79.8)
	Black	100	66.6	(55.9-86.7)
	Asian	100	65.2	(59.2-78.6)
	Mixed	200	67.3	(63.6-76.3)
	Other	100	66.6	(44.7-95.7)
	Unknown	1,400	75.3	(74.5-77.6)
Adults aged 75 years and over	White	327,200	58.5	(58.5-58.7)
	Black	600	26.7	(25.3-30.7)
	Asian	2,100	38.5	(37.8-40.7)
	Mixed	1,200	43.3	(42.4-46.2)
	Other	500	32.3	(30.7-37.1)
	Unknown	29,200	43.4	(43.3-44)
All identified as potentially eligible	White	389,500	54.2	(54.2-54.4)
	Black	1,100	18.8	(18-21.3)
	Asian	3,400	29.9	(29.4-31.5)
	Mixed	2,200	31.4	(30.8-33.5)
	Other	700	23.7	(22.6-27.1)
	Unknown	35,900	40.5	(40.4-41.1)

NB: Denominators were rounded up to the nearest 100 whilst percentages were rounded up to the nearest whole numbers to with SAIL statistical disclosure control requirements

Figure 1.4: Trends in weekly coverage of the COVID-19 2024 Spring vaccination in eligible groups in Wales: combined White ethnic groups (White) vs combined Black, Asian, Mixed and Other ethnic groups (BAMO)



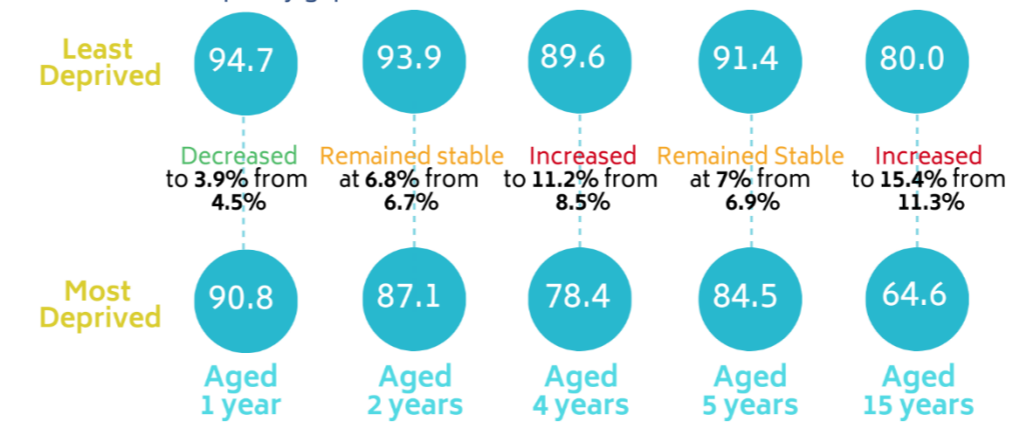
Surveillance of equality in childhood vaccination uptake

- Annual report on disparities in uptake by HB, geography and deprivation quintile in preparation

Inequalities in Childhood Immunisations 2022-23

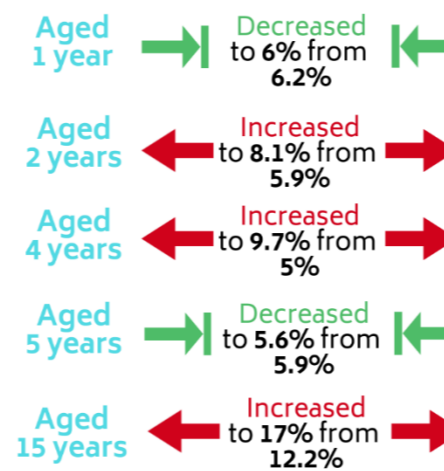
Socio-Economic Inequalities

The percentage of children up to date with routine immunisations varies between the most-deprived and least-deprived areas in Wales and compared to 2021-22 the inequality gap has:

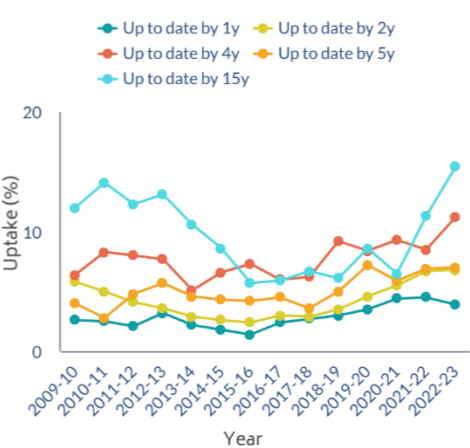


Health Board Variation

Compared to 2021-22:



The inequality gap between quintiles of highest and lowest deprivation percentages



Routine catch-up activities play an important role in increasing vaccine uptake and reducing inequalities

In development

- Analysis of multiple dimensions of inequalities in vaccination uptake data
- Building on developments for COVID-19 and MMR, shingles analysis in draft, HPV in development



Article

Determinants of Equity in Coverage of Measles-Containing Vaccines in Wales, UK, during the Elimination Era

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Abstract: In the context of the WHO's measles and rubella elimination targets and European Immunization Agenda 2030, this large cross-sectional study aimed to identify inequalities in measles vaccination coverage in Wales, UK. The vaccination status of individuals aged 2 to 25 years of age, alive and resident in Wales as of 31 August 2021, was ascertained through linkage of the National Community Child Health Database and primary care data. A series of predictor variables were derived from five national datasets and all analysis was carried out in the Secure Anonymised Information Linkage Databank at Swansea University. In these 648,895 individuals, coverage of the first dose of measles-containing vaccine (due at 12–13 months of age) was 97.1%, and coverage of the second dose (due at 3 years and 4 months) in 4 to 25-year-olds was 93.8%. In multivariable analysis, excluding 0.7% with known refusal, the strongest association with being unvaccinated was birth order (families with six or more children) and being born outside of the UK. Living in a deprived area, being eligible for free school meals, a lower level of maternal education, and having a recorded language other than English or Welsh were also associated with lower coverage. Some of these factors may also be associated with refusal. This knowledge can be used to target future interventions and prioritise areas for catch up in a time of limited resource.

Keywords: vaccination; immunisation; socioeconomic factors; measles; MMR; measles, mumps and rubella vaccine



Citation: Perry, M.; Cottrell, S.; Gravenor, M.B.; Griffiths, L. Determinants of Equity in Coverage of Measles-Containing Vaccines in Wales, UK, during the Elimination Era. *Vaccines* **2023**, *11*, 680. <https://doi.org/10.3390/vaccines11030680>

MMR analysis: <https://www.mdpi.com/2076-393X/11/3/680>

Characteristic	Category	One Dose of Measles-Containing Vaccine (4–25 Year Olds)					Two Doses of Measles-Containing Vaccine (4–25 Year Olds)				
		Vaccinated (n)	Population (n)	Uptake (%)	OR (95% CI)	aOR (95% CI)	Vaccinated (n)	Population (n)	Uptake (%)	OR (95% CI)	aOR (95% CI)
Gender	Male	213,518	215,626	99.0	Baseline	Baseline	208,567	215,626	96.7	Baseline	Baseline
	Female	202,068	203,779	99.2	1.17 (1.09–1.24)	1.11 (1.03–1.18)	197,973	203,779	97.2	1.15 (1.11–1.20)	1.11 (1.07–1.15)
Age cohort	Primary school (4–11)	132,916	133,857	99.3	Baseline	Baseline	130,258	133,857	97.3	Baseline	Baseline
	Secondary school (12–16)	109,335	110,028	99.4	1.12 (1.01–1.23)	1.38 (1.24–1.52)	107,809	110,028	98.0	1.34 (1.27–1.42)	1.60 (1.51–1.69)
	College (17–18)	40,779	41,175	99.0	0.73 (0.65–0.82)	0.90 (0.80–1.02)	39,946	41,175	97.0	0.90 (0.84–0.96)	1.08 (1.01–1.16)
	University (19–21)	54,384	55,079	98.7	0.55 (0.50–0.61)	0.70 (0.63–0.78)	52,902	55,079	96.0	0.67 (0.64–0.71)	0.83 (0.78–0.88)
	Young adults (22–25)	78,172	79,266	98.6	0.51 (0.46–0.55)	0.66 (0.60–0.73)	75,625	79,266	95.4	0.57 (0.55–0.60)	0.73 (0.69–0.77)
Health board of residence	HB1	81,805	82,299	99.4	Baseline	Baseline	80,763	82,299	98.1	Baseline	Baseline
	HB2	57,912	58,599	98.8	0.51 (0.45–0.57)	0.51 (0.45–0.57)	56,282	58,599	96.0	0.46 (0.43–0.49)	0.46 (0.43–0.49)
	HB3	43,403	44,002	98.6	0.44 (0.39–0.49)	0.44 (0.39–0.49)	42,355	44,002	96.3	0.49 (0.46–0.52)	0.47 (0.44–0.50)
	HB4	6801	6902	98.5	0.41 (0.33–0.51)	0.38 (0.31–0.48)	6636	6902	96.1	0.47 (0.42–0.54)	0.45 (0.39–0.51)
	HB5	76,485	77,197	99.1	0.65 (0.58–0.73)	0.62 (0.55–0.69)	74,573	77,197	96.6	0.54 (0.51–0.58)	0.54 (0.51–0.58)
	HB6	79,422	80,048	99.2	0.77 (0.68–0.86)	0.76 (0.68–0.86)	77,768	80,048	97.2	0.65 (0.61–0.69)	0.66 (0.62–0.71)
	HB7	69,758	70,358	99.1	0.70 (0.62–0.79)	0.80 (0.71–0.91)	68,163	70,358	96.9	0.59 (0.55–0.63)	0.64 (0.60–0.68)
Deprivation quintile of residence	Most deprived	97,159	98,266	98.9	Baseline	Baseline	94,183	98,266	95.8	Baseline	Baseline
	2	87,377	88,209	99.1	1.20 (1.09–1.31)	1.06 (0.97–1.17)	85,432	88,209	96.9	1.33 (1.27–1.40)	1.15 (1.09–1.21)
	3	75,674	76,343	99.1	1.29 (1.17–1.42)	1.10 (1.00–1.23)	74,185	76,343	97.2	1.49 (1.41–1.57)	1.16 (1.10–1.23)
	4	72,632	73,239	99.2	1.36 (1.23–1.51)	1.11 (0.99–1.23)	71,339	73,239	97.4	1.63 (1.54–1.72)	1.18 (1.11–1.26)
	Least deprived	82,744	83,348	99.3	1.56 (1.41–1.73)	1.13 (1.01–1.26)	81,401	83,348	97.7	1.81 (1.72–1.91)	1.22 (1.15–1.30)
Ethnic group	White	392,908	396,329	99.1	Baseline	Baseline	384,621	396,329	97.0	Baseline	Baseline
	Other	1817	1868	97.3	0.31 (0.24–0.42)	1.08 (0.77–1.54)	1745	1868	93.4	0.43 (0.36–0.52)	1.08 (0.86–1.36)
	Asian	9762	9900	98.6	0.62 (0.52–0.73)	1.58 (1.27–1.97)	9473	9900	95.7	0.68 (0.61–0.75)	1.31 (1.14–1.50)
	Mixed	9201	9338	98.5	0.58 (0.49–0.70)	0.76 (0.64–0.92)	8920	9338	95.5	0.65 (0.59–0.72)	0.78 (0.71–0.87)
	Black	1898	1970	96.3	0.23 (0.18–0.29)	0.99 (0.75–1.33)	1781	1970	90.4	0.29 (0.25–0.33)	0.92 (0.77–1.11)
Comorbidity score	0	328,434	331,538	99.1	Baseline	Baseline	32,1268	331,538	96.9	Baseline	Baseline
	1	79,664	80,288	99.2	1.21 (1.11–1.32)	1.17 (1.07–1.28)	77,985	80,288	97.1	1.08 (1.03–1.13)	1.10 (1.05–1.16)
	2	5353	5404	99.1	0.99 (0.76–1.33)	1.03 (0.78–1.39)	5209	5404	96.4	0.85 (0.74–0.99)	0.95 (0.82–1.10)
	3+	2135	2175	98.2	0.50 (0.37–0.70)	0.58 (0.42–0.81)	2078	2175	95.5	0.68 (0.56–0.85)	0.87 (0.71–1.09)
Age first registered with primary care GP in Wales	At birth	358,121	360,620	99.3	Baseline	Baseline	351,458	360,620	97.5	Baseline	Baseline
	Young child (2–3)	33,881	34,335	98.7	0.52 (0.47–0.58)	0.70 (0.63–0.78)	32,798	34,335	95.5	0.56 (0.53–0.59)	0.69 (0.65–0.73)
	Primary school (4–11)	11,535	12,120	95.2	0.14 (0.13–0.15)	0.31 (0.27–0.35)	10,663	12,120	88.0	0.19 (0.18–0.20)	0.36 (0.33–0.39)
	Secondary school (12–16)	1609	1761	91.4	0.07 (0.06–0.09)	0.16 (0.13–0.20)	1472	1761	83.6	0.13 (0.12–0.15)	0.25 (0.22–0.29)
	College (17–18)	672	691	97.3	0.25 (0.16–0.40)	0.37 (0.24–0.61)	645	691	93.3	0.37 (0.27–0.50)	0.53 (0.39–0.73)
	University (19–21)	5266	5330	98.8	0.57 (0.45–0.74)	0.70 (0.54–0.91)	5133	5330	96.3	0.68 (0.59–0.79)	0.78 (0.68–0.91)
Young adult (22–25)	4502	4548	99.0	0.68 (0.52–0.93)	0.84 (0.63–1.15)	4371	4548	96.1	0.64 (0.55–0.75)	0.77 (0.66–0.90)	

Characteristic	Category	One Dose of Measles-Containing Vaccine (4–25 Year Olds)					Two Doses of Measles-Containing Vaccine (4–25 Year Olds)				
		Vaccinated (n)	Population (n)	Uptake (%)	OR (95% CI)	aOR (95% CI)	Vaccinated (n)	Population (n)	Uptake (%)	OR (95% CI)	aOR (95% CI)
Mother's age at delivery	Under 17	2987	3002	99.5	1.69 (1.05–2.95)	1.91 (1.18–3.37)	2905	3002	96.8	0.90 (0.74–1.11)	0.97 (0.79–1.20)
	17–18	14,508	14,610	99.3	1.21 (0.99–1.49)	1.30 (1.05–1.62)	14,143	14,610	96.8	0.91 (0.83–1.01)	0.92 (0.83–1.02)
	19–20	26,875	27,051	99.3	1.30 (1.11–1.53)	1.33 (1.13–1.58)	26,293	27,051	97.2	1.04 (0.97–1.13)	1.03 (0.95–1.13)
	21–25	95,435	96,284	99.1	0.95 (0.87–1.05)	1.02 (0.93–1.12)	93,125	96,284	96.7	0.89 (0.85–0.93)	0.92 (0.88–0.97)
	26–30	125,482	126,548	99.2	Baseline	Baseline	122,849	126,548	97.1	Baseline	Baseline
	31–35	102,444	103,414	99.1	0.90 (0.82–0.98)	0.88 (0.80–0.96)	100,419	103,414	97.1	1.01 (0.96–1.06)	0.99 (0.94–1.04)
	36–40	41,039	41,555	98.8	0.68 (0.61–0.75)	0.70 (0.63–0.78)	40,176	41,555	96.7	0.88 (0.82–0.93)	0.91 (0.85–0.97)
	Over 40	6816	6941	98.2	0.46 (0.39–0.56)	0.60 (0.49–0.73)	6630	6941	95.5	0.64 (0.57–0.72)	0.79 (0.70–0.90)
Birth order	First born	160,101	160,931	99.5	Baseline	Baseline	157,847	160,931	98.1	Baseline	Baseline
	Second born	182,014	183,880	99.0	0.51 (0.47–0.55)	0.74 (0.68–0.81)	177,856	183,880	96.7	0.58 (0.55–0.60)	0.70 (0.66–0.73)
	Third born	48,304	48,845	98.9	0.46 (0.42–0.52)	0.54 (0.49–0.61)	46,895	48,845	96.0	0.47 (0.44–0.50)	0.50 (0.47–0.53)
	Forth born	16,425	16,726	98.2	0.28 (0.25–0.32)	0.37 (0.32–0.43)	15,713	16,726	93.9	0.30 (0.28–0.33)	0.35 (0.33–0.38)
	Fifth born	5506	5658	97.3	0.19 (0.16–0.22)	0.27 (0.23–0.33)	5209	5658	92.1	0.23 (0.20–0.25)	0.29 (0.26–0.32)
	Sixth or more	3236	3365	96.2	0.13 (0.11–0.16)	0.21 (0.17–0.26)	3020	3365	89.7	0.17 (0.15–0.19)	0.23 (0.20–0.26)
Total primary care GP visits 1 September 2020 to 31 August 2021	None	38,114	38,843	98.1	Baseline	Baseline	36,931	38,843	95.1	Baseline	Baseline
	1–2	114,209	115,168	99.2	2.28 (2.07–2.51)	2.18 (1.97–2.41)	111,863	115,168	97.1	1.75 (1.65–1.86)	1.72 (1.62–1.83)
	3–4	72,737	73,290	99.2	2.52 (2.25–2.81)	2.53 (2.25–2.84)	71,298	73,290	97.3	1.85 (1.74–1.98)	1.92 (1.80–2.05)
	5–9	90,044	90,745	99.2	2.46 (2.21–2.73)	2.52 (2.26–2.81)	88,290	90,745	97.3	1.86 (1.75–1.98)	1.98 (1.86–2.11)
	10–14	40,422	40,743	99.2	2.41 (2.11–2.75)	2.64 (2.30–3.04)	39,565	40,743	97.1	1.74 (1.62–1.87)	1.97 (1.82–2.13)
	15–19	23,819	23,992	99.3	2.63 (2.24–3.12)	3.06 (2.57–3.65)	23,298	23,992	97.1	1.74 (1.59–1.90)	2.09 (1.91–2.30)
	20–24	13,989	14,122	99.1	2.01 (1.68–2.43)	2.43 (2.01–2.97)	13,632	14,122	96.5	1.44 (1.30–1.60)	1.82 (1.64–2.03)
	25–49	19,737	19,952	98.9	1.76 (1.51–2.05)	2.31 (1.96–2.74)	19,222	19,952	96.3	1.36 (1.25–1.49)	1.88 (1.71–2.07)
50+	2515	2550	98.6	1.37 (0.99–1.97)	2.12 (1.51–3.09)	2441	2550	95.7	1.16 (0.96–1.42)	1.90 (1.55–2.35)	
Recorded language English or Welsh	No	5525	5863	94.2	Baseline	Baseline	5170	5863	88.2	Baseline	Baseline
	Yes	410,061	413,542	99.2	7.21 (6.41–8.07)	1.71 (1.44–2.03)	401,370	413,542	97.1	4.42 (4.07–4.79)	1.33 (1.18–1.49)
Ever eligible for free school meals	No	296,942	299,262	99.2	Baseline	Baseline	291,750	299,262	97.5	Baseline	Baseline
	Yes	118,644	120,143	98.8	0.62 (0.58–0.66)	0.73 (0.68–0.79)	114,790	120,143	95.5	0.55 (0.53–0.57)	0.73 (0.70–0.76)
Ever attended a special school	No	410,837	414,573	99.1	Baseline	Baseline	402,105	414,573	97.0	Baseline	Baseline
	Yes	4749	4832	98.3	0.52 (0.42–0.65)	0.67 (0.53–0.85)	4435	4832	91.8	0.35 (0.31–0.38)	0.43 (0.39–0.48)
Mother's highest qualification	None	59,223	60,034	98.6	Baseline	Baseline	57,107	60,034	95.1	Baseline	Baseline
	A-levels	63,435	63,907	99.3	1.84 (1.64–2.06)	1.12 (0.99–1.27)	62,375	63,907	97.6	2.09 (1.96–2.22)	1.25 (1.17–1.34)
	GCSE/O-Level high grades	85,168	85,779	99.3	1.91 (1.72–2.12)	1.25 (1.12–1.40)	83,527	85,779	97.4	1.90 (1.80–2.01)	1.25 (1.17–1.32)
	GCSE/O-Level any grades	74,792	75,459	99.1	1.54 (1.39–1.70)	1.10 (0.99–1.22)	72,997	75,459	96.7	1.52 (1.44–1.61)	1.11 (1.04–1.17)
	Degree	120,598	121,585	99.2	1.67 (1.52–1.84)	1.10 (0.98–1.23)	118,564	121,585	97.5	2.01 (1.91–2.12)	1.18 (1.11–1.26)
	Apprenticeship	2965	2999	98.9	1.19 (0.86–1.72)	0.83 (0.59–1.20)	2910	2999	97.0	1.68 (1.36–2.09)	1.12 (0.91–1.40)
	Other	9405	9642	97.5	0.54 (0.47–0.63)	0.97 (0.82–1.16)	9060	9642	94.0	0.80 (0.73–0.88)	1.06 (0.95–1.17)

Staff engagement

- Survey of GPs on shingles invitation methods
- Survey of School Nursing teams on perceived barriers to HPV
- Working with health boards on targeted MMR catch-up in underserved groups
- Working with health boards to assess the impact of forthcoming vaccination changes
 - E.g. 2025 changes to childhood schedule

Public engagement/ resource

- BSL videos on COVID-19 spring booster
- Coproduced video resources on teenage vaccinations and information for [people with learning disabilities](#)
- Attitudinal surveys on vaccine confidence

Working with the service

- Vaccine Equity Network workshop on coproduction of interventions to improve uptake in poorly served groups
- Wales Vaccine Equity Group (National steering committee)
- Workshops on childhood vaccination schedule changes
- Vaccine literacy project of the National Immunisation Framework
- Work with health boards on local engagement work, developing and evaluating interventions to improve uptake and reduce inequalities
- Encouraging local teams to share good practice, including around intervention development, through the Wales vaccine evidence repository

Policy

- Winter Respiratory Virus Welsh Health Circulars
 - People experiencing homelessness
- Measles Elimination current catch-up
- Measles Elimination next step WHC

Longer-term – make this routine

1. NHS Wales App for data collection
2. Flow of data from GP registration and NHS Wales App
3. Mandate usage of NHS number on all systems, everywhere
4. Get into NDR and make analysis routine

Annex – detailed charts on rooms and occupation for cancer analysis

Caveats

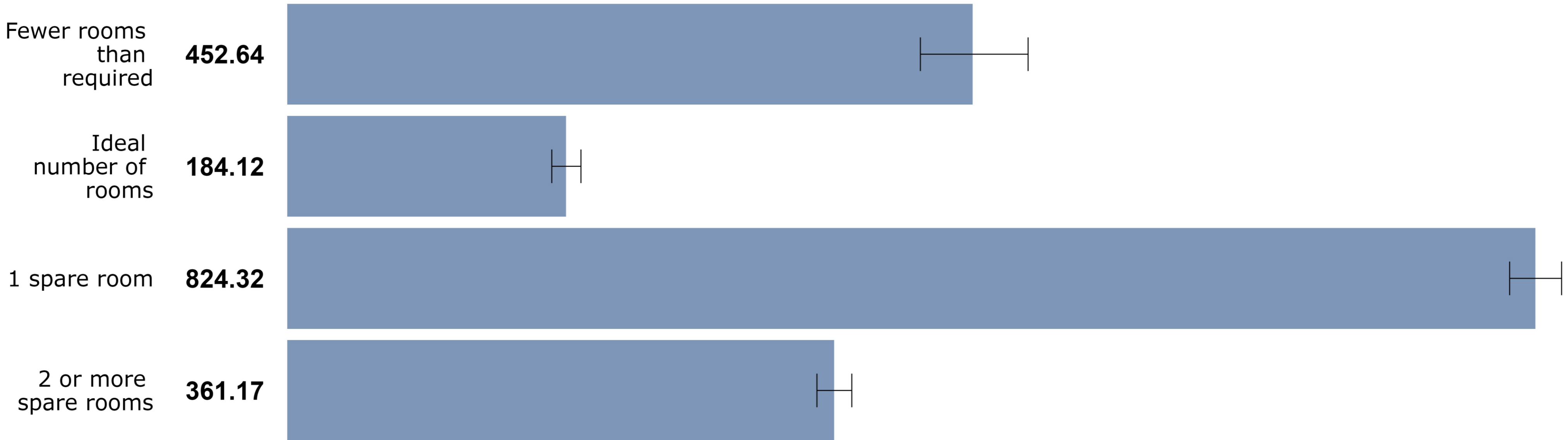
- SAIL's ethnicity spine table was used to identify ethnicity for 12.4% of cases where there was no ethnicity recorded in the Census11 data or where cancer cases didn't map to a Census11 record.
- The cancer diagnosis data covers 2011-2020, with cases being assigned variables based on the 2011 census. For the calculation of crude and age-standardised rates, the numerator counts were based on the 2011 census or ethnicity spine, and denominator counts based on the 2021 census results as it was the only available data. As some demographic characteristics can change over a 10-year period, the different timeframes for each dataset should be considered when interpreting the results.
- Some outputs are suppressed for privacy disclosure control.
- Rates are calculated for 2020, because this was closest year of cancer data to the 2021 census data. 2020 had fewer diagnoses than usual due to the COVID pandemic and was an unprecedentedly atypical year. This should be considered when interpreting the results.

Crude rates

Before accounting for age, rates in the those with **1 spare room** are significantly **higher** than any other group.

Cancer incidence, All malignancies excluding NMSC, crude rate per 100,000, Persons, 2020, by number of bedrooms

Produced by Public Health Wales, using cancer registration data (WCISU), PHM & MYE (ONS), census11 (ONS, access via SAIL) & census21 (ONS)

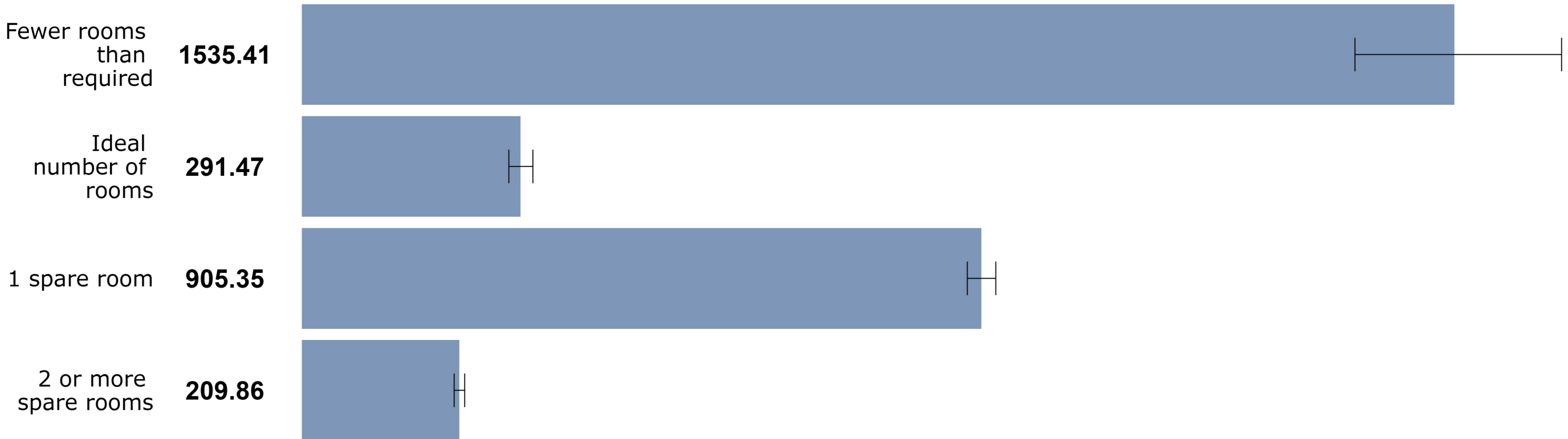


Age-standardised rates

Rates for those with **fewer rooms than required** is considerably **higher** than the other groups, and **lowest** in those with **2 or more spare rooms**

Cancer incidence, All malignancies excluding NMSC, EASR per 100,000, Persons, 2020, by number of bedrooms

Produced by Public Health Wales, using cancer registration data (WCISU), PHM & MYE (ONS), census11 (ONS, access via SAIL) & census21 (ONS)



Stage by number of bedrooms

Fewer unknown stages in those with ideal number of rooms.

All malignancies excluding NMSC, Persons, all ages, Wales, 2011-2020

Produced by Public Health Wales, using cancer registration data (WCISU) and census data (ONS, access via SAIL)



Table 2: General nature of qualifications, training and experience for occupations in SOC2010 major groups

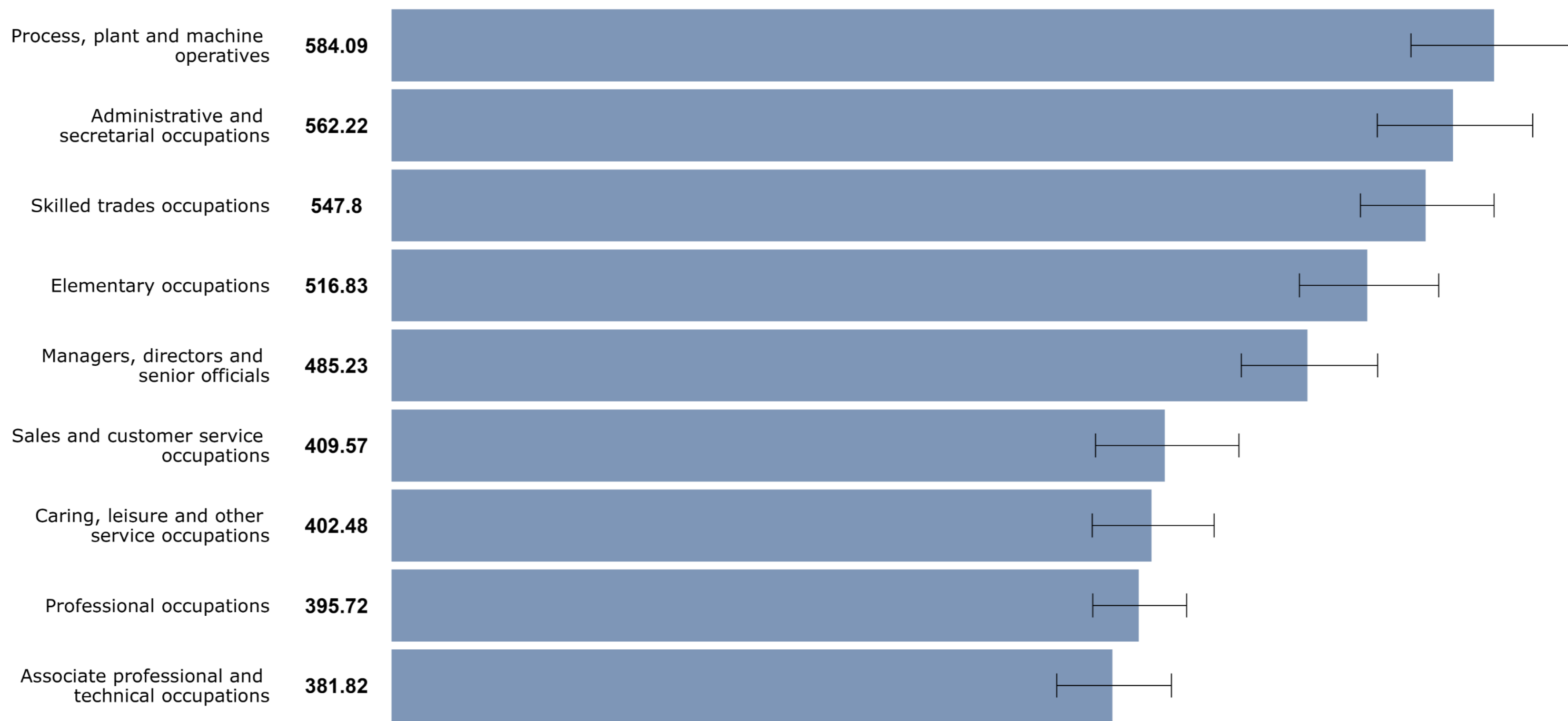
Major group	General nature of qualifications, training and experience for occupations in the major group
Managers, directors and senior officials	A significant amount of knowledge and experience of the production processes and service requirements associated with the efficient functioning of organisations and businesses.
Professional occupations	A degree or equivalent qualification, with some occupations requiring postgraduate qualifications and/or a formal period of experience-related training.
Associate professional and technical occupations	An associated high-level vocational qualification, often involving a substantial period of full-time training or further study. Some additional task-related training is usually provided through a formal period of induction.
Administrative and secretarial occupations	A good standard of general education. Certain occupations will require further additional vocational training to a well-defined standard (e.g. office skills).
Skilled trades occupations	A substantial period of training, often provided by means of a work based training programme.
Caring, leisure and other service occupations	A good standard of general education. Certain occupations will require further additional vocational training, often provided by means of a work-based training programme.
Sales and customer service occupations	A general education and a programme of work-based training related to Sales procedures. Some occupations require additional specific technical knowledge but are included in this major group because the primary task involves selling.
Process, plant and machine operatives	The knowledge and experience necessary to operate vehicles and other mobile and stationary machinery, to operate and monitor industrial plant and equipment, to assemble products from component parts according to strict rules and procedures and subject assembled parts to routine tests. Most occupations in this major group will specify a minimum standard of competence for associated tasks and will have a related period of formal training.
Elementary occupations	Occupations classified at this level will usually require a minimum general level of education (that is, that which is acquired by the end of the period of compulsory education). Some occupations at this level will also have short periods of work-related training in areas such as health and safety, food hygiene, and customer service requirements.

Crude rates: active occupation

Generally, rates are significantly **higher** in those with jobs requiring **lower-standards of education**.

Cancer incidence, All malignancies excluding NMSC, crude rate per 100,000, Persons, 2020, by active occupation

Produced by Public Health Wales, using cancer registration data (WCISU), PHM & MYE (ONS), census11 (ONS, access via SAIL) & census21 (ONS)

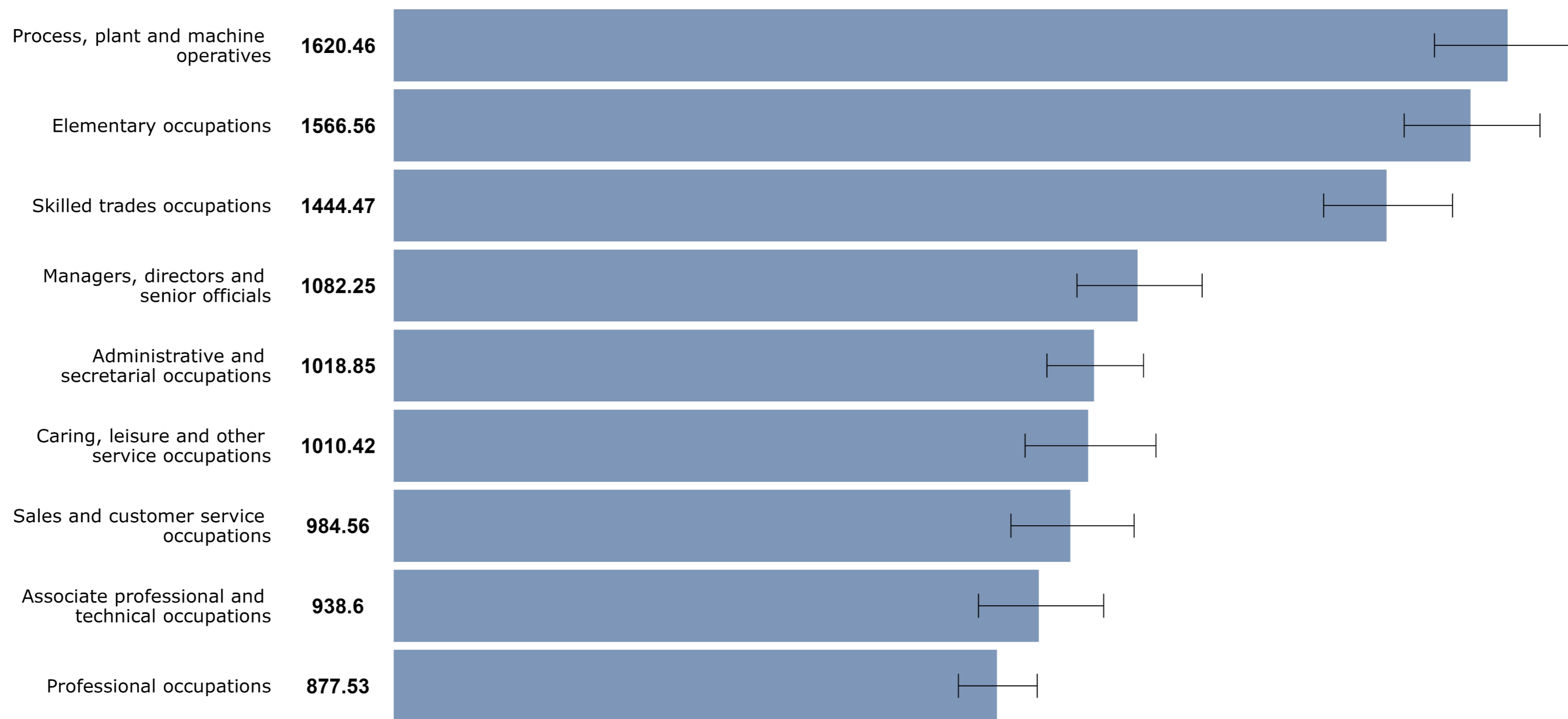


Crude rates: retired occupation

Generally, rates are significantly **higher** in those with jobs requiring **lower-standards of education**.

Cancer incidence, All malignancies excluding NMSC, crude rate per 100,000, Persons, 2020, by retired occupation

Produced by Public Health Wales, using cancer registration data (WCISU), PHM & MYE (ONS), census11 (ONS, access via SAIL) & census21 (ONS)

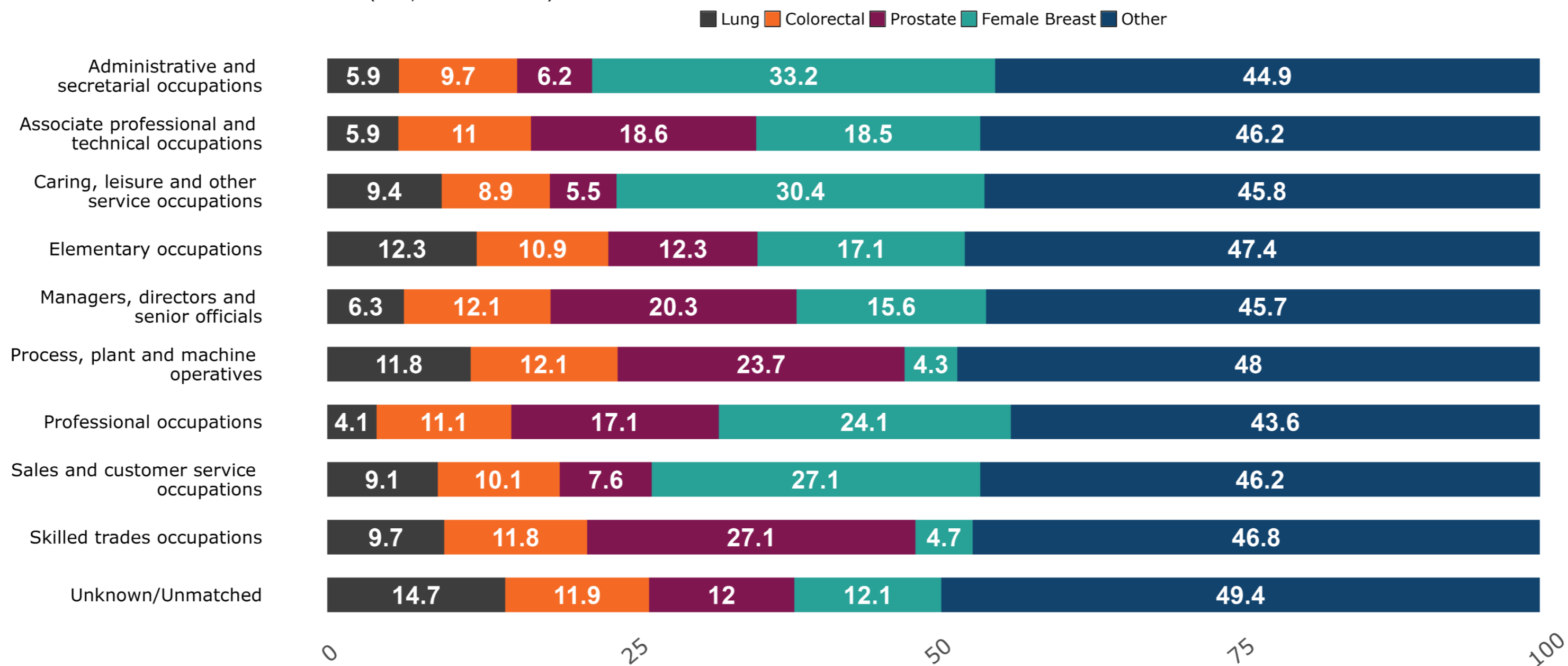


Cancer type by active occupation

Female breast cancer is more common than other cancer types in occupation groups that are female dominant.
Prostate cancer is more common than other cancer types in occupation groups that are male dominant.

All malignancies excluding NMSC, proportion of each cancer type by active occupation, persons, all ages, Wales, 2011-2020

Produced by Public Health Wales, using cancer registration data (WCISU) and census data (ONS, access via SAIL)



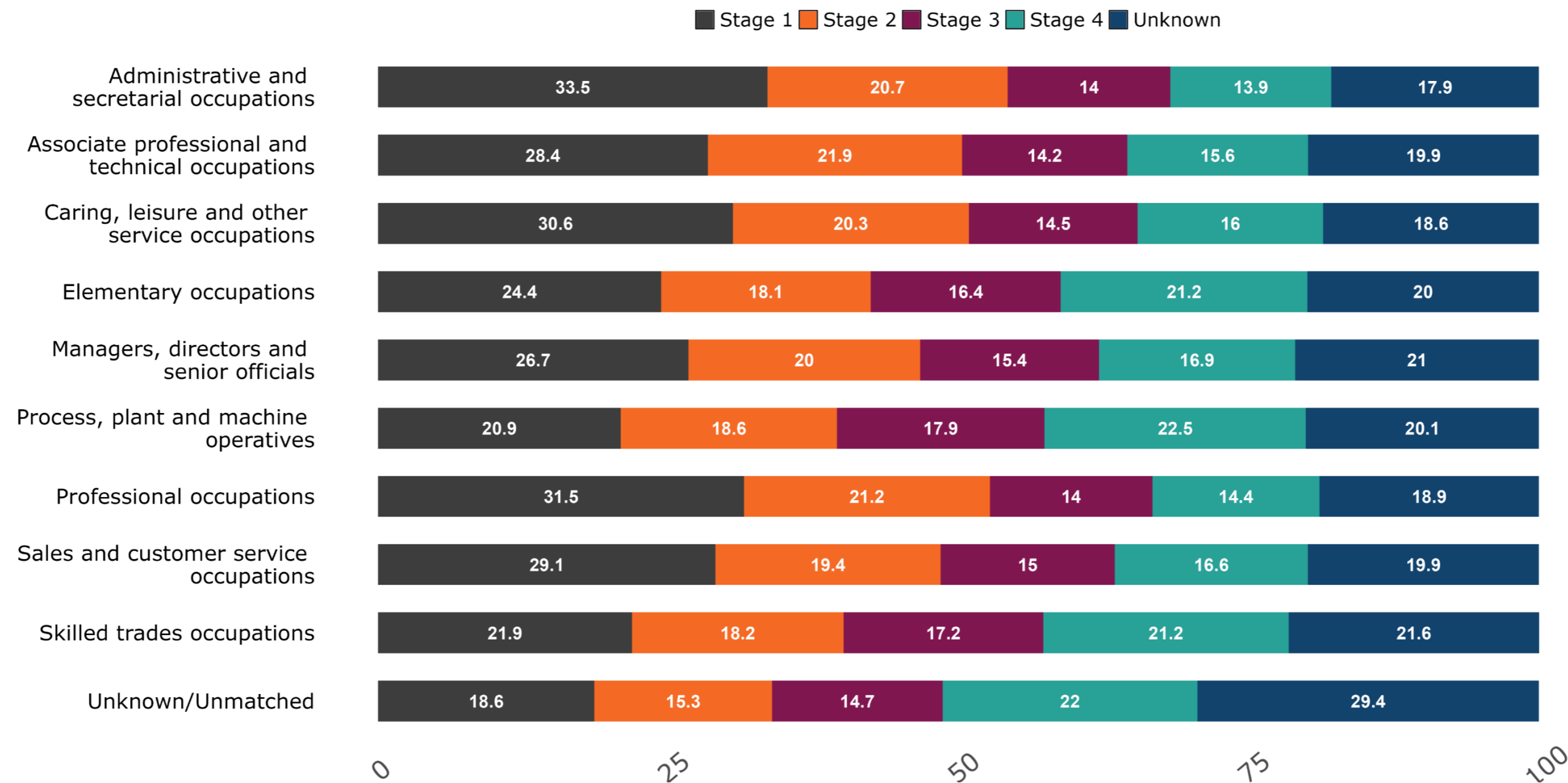
Stage by active occupation

Process, plant and machine operatives have **lowest** proportions of diagnoses at **early stage***


Administrative and secretarial and Professional occupations have **highest** proportions of diagnoses at **early stage***

All malignancies excluding NMSC, Persons, active occupation, all ages, Wales, 2011-2020

Produced by Public Health Wales, using cancer registration data (WCISU) and census data (ONS, access via SAIL)



*stage1 and stage2

 <p> GIG CYMRU NHS WALES </p> <p> Iechyd Cyhoeddus Cymru Public Health Wales </p>	<p> Name of Meeting Board </p> <p> Date of Meeting 30 January 2025 </p> <p> Agenda item: 3.4 </p>
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Composite Committee Report for Board			
Reporting Committee	Chair	Lead Executive Director	Date of meeting
Quality, Safety and Improvement Committee	Diane Crone	Claire Birchall, Executive Director Quality and Nursing and Integrated Governance Meng Khaw, National Director Health Protection and Screening, Executive Medical Director.	25 November 2024*
People and Organisational Development Committee	Kate Young	Neil Lewis, Director of People and Organisational Development	No meetings since previous report.
Audit and Corporate Governance Committee	Nick Elliott	Huw George, Deputy Chief Executive, Executive Director Operations and Finance Paul Veysey, Board Secretary and Head of Board Business Unit	14 January 2025
Knowledge, Research and Information Committee	Siân Griffiths	Iain Bell, National Director Public Health Data and Knowledge	05 December 2024
<p><i>Links to the agenda and papers for these meetings are included on the dates above.</i></p> <p><i>*A verbal update on the 25 November 2024 Quality, Safety and Improvement Committee meeting was given at the 28 November 2024 Board meeting.</i></p>			



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Executive Summary

This report covers the period since the Board last met on 28 November 2024.

A detailed summary of the matters considered at each of the Committee meeting is contained in Section 1 below.

Cross Committee Working

As part of the development of the Cross Committee working, this report has been updated to include a summary of any issues raised within the work of the Committee where there is an impact on the other Committees. This has been included at section 2.

Section 1: Summary of the Committee Meeting since last reported to Board on 28 November 2024

Summary of key matters considered by the Committee and any related decisions made:

Quality, Safety and Improvement Committee (25 November 2024)

The Committee:

- Considered the Quality Governance Report which covered Putting Things Right, Patient and Service User Experience (including compliments and complaints themes), Safeguarding and IPC updates and took **assurance** that appropriate governance was in place to ensure safe, timely, effective, equitable, efficient, and person-centred services.
- **Considered** an in-depth presentation on Breast Cancer Assessment Times following an action at the September Board meeting to review concerns into Breast Cancer Assessment Times. The Committee noted:
 - the improving picture across the South and East regions, whilst North Wales remained of concern, and the actions underway to improve assessment times which included increased weekend clinics and optimised bookings.
 - and discussed the steps taken to address the shortage of skilled clinical staffing in North Wales in the short and long term, including recruitment efforts and support from existing clinical staff from the southern region.
- Took **assurance** on the effective management of Strategic and Corporate Risks within the remit of the Committee.
- Took **assurance** on the mid-year progress of quality and clinical audits and noted the planned introduction of a digital audit platform that would improve the tracking and visibility of audits.
- Took **assurance** that appropriate measures were in place to monitor Health and Safety compliance and to address areas identified for improvement.
- Took **assurance** on the prioritisation and progress being made to review policies, procedures and other written control documents within the remit of the Committee, noting that 90% of these policies were in date.
- Took **assurance** on the NHS Executive compliance related to Health and Safety and Datix, and noted that there were no nationally reportable incidents, complaints, claims or safeguarding matters.
- **Noted** the contents of the audit action recommendation tracker within the remit of the Committee.

Audit and Corporate Governance Committee (14 January 2025)

The Committee:

- Took **assurance** from the Internal Audit Progress Report
- Received the following Internal Audit Final Reports:



- Research and Evaluation Strategy (Reasonable Assurance)
- Health and Wellbeing Directorate – Financial Planning (Reasonable Assurance)
- Duty of Candour (Reasonable Assurance)
- Records Management (Reasonable Assurance)
- Digital and Data Strategy (Reasonable Assurance)
- **Considered** the Audit Wales Plan.
- **Noted** the Audit Wales Update.
- Considered an update on the Audit Recommendations Tracker and noted the progress with the implementation of actions. The Committee **considered** the review and decisions taken by the Leadership Team on 10 December 2024 and took **assurance** on the progress with the implementation of actions resulting from Audit within Public Health Wales.
- **Received** the Strategic Risk Register in full for information, with the Strategic Risk within the Committee’s remit (Risk 6) being considered in private session.
- **Considered** the Corporate Risk Register within the Committee’s remit and took **assurance** on the management of Corporate risks within the remit of the Committee.
- **Noted** the updates associated with objectives of the Risk Management Development Plan and **approved** the revised deadline dates for action implementation.
- Took **assurance** from the Information Governance Performance Report and that the Records Management SharePoint Implementation Programme was on track with the implementation plan.
- Took **assurance** that the Trust has an appropriate plan in place for the production of the Financial Statements and Accountability Report for 2024/25 in line with the statutory deadlines.

Knowledge, Research and Information Committee (05 December 2024)

The Committee:

- **Considered** a Deep Dive into work undertaken regarding strategic priority two concerning mental health and wellbeing indicators and took **assurance** that the team were using the correct approach to identify the gaps within the data.
- **Considered** the findings and suggested actions of the Annual Public Health Wales Monitoring Impact Survey.
- **Considered** an update on Promoting Healthy Behaviours on addictive behaviours since the presentation received in December 2023, and took **assurance** that work had continued to strengthen and build on the use of data, evidence and research to inform Public Health action.
- **Considered** an update on the Climate Change research agenda.
- **Considered** a 6-month update on the Progress on Implementation of the Research and Evaluation Strategy and took **assurance** on its progress.
- **Considered** an overview of the work undertaken to review incidents reported from the Cervical Screening Information Management System and noted that the full report would be brought to the March Committee meeting.
- **Considered** updated Strategic Risk 1 and 2 and **took assurance** on the management of risks within the remit of the Committee.



- **Considered** the Corporate Risk Register within the Committee’s remit and **took assurance** on the management of Corporate risks within the remit of the Committee.
- Took **assurance** on the prioritisation and progress being made to review policies, procedures and other written control documents within the remit of the Committee.

Delegated action taken by committees:
Quality, Safety and Improvement Committee (25 November 2024)
None.
Audit and Corporate Governance Committee (14 January 2025)
The Committee: <ul style="list-style-type: none"> • Approved the Procedure for management of SLAs and Grant Payments • Approved the All Wales Recovery of Overpayments Policy • Approved the Information Security Policy
Knowledge, Research and Information Committee (05 December 2024)
None.

Key risks and issues/matters of concern of which the Board needs to be made aware:
Quality, Safety and Improvement Committee (25 November 2024)
The Committee considered a presentation on Breast Cancer Assessment Times which was in response to a request from the Board at its September meeting to consider the data distribution of the assessment times and any potential implications in greater detail. A summary of the discussion is available within the key matters section and a more detailed account within section 4.4 of the unconfirmed Committee meeting minutes .
Audit and Corporate Governance Committee (14 January 2025)
None.
Knowledge, Research and Information Committee (05 December 2024)
None.



Section 2: Cross Committee Working Summary

Summarise any considerations by Committees relating the identified cross cutting areas, such as dealing with those remitted items between committee, any escalation of the cross Committee working criteria.

Cross Committee Issues	
Information Governance	None.
Internal and External Audit	<p>At ACGC in January, the Committee received a number of Internal Audit final reports where findings were relevant to the work of the other Committees.</p> <p>The following reports will be circulated to relevant Committees for reference:</p> <p>KRIC:</p> <ul style="list-style-type: none"> ○ Research and Evaluation Strategy (Reasonable Assurance) ○ Digital and Data Strategy (Reasonable Assurance) <p>QSIC:</p> <ul style="list-style-type: none"> ○ Duty of Candour (Reasonable Assurance)
Workforce	At ACGC there was discussion around a system for Job planning, and it was agreed that this would be discussed at the next meeting of the Cross Committee Chairs scheduled for 30 January.
Risk	There is a risk on the Corporate Risk Register (safeguarding risk 1654) regarding DBS checks for Staff. This is being overseen by the People and OD Committee, however QSIC has considered an update on progress to address the risk as part of the Quality Governance Performance Report at its November meeting and requested a further update at its February meeting. This is on track for February and the outcome will be communicated with the PODC to consider as part of their review of the CRR.
Data and Digital	None.
Service Delivery	None.
Clinical audit	QSIC Took assurance on the mid-year progress of quality and clinical audits and noted the planned introduction of a digital audit platform that would improve the tracking and visibility of



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audits. ACGC's remit it to ensure there is an effective system for Quality and Clinical Audit in place, with QSIC remitted assurance on the detail of the plan and its implementation.



Section 3: Dates of next Committee Meetings

Date of next Committee meetings	
The next scheduled Committee meetings are as follows: (please note these are subject to change):	
Knowledge, Research and Information Committee	4 March 2025
Audit and Corporate Governance Committee	10 March 2025
Quality, Safety and Improvement Committee	4 February 2025
People and Organisational Development Committee	10 February 2025

 <p> GIG CYMRU NHS WALES </p> <p> Iechyd Cyhoeddus Cymru Public Health Wales </p>	<p> Name of Meeting Board </p> <p> Date of Meeting 30 January 2025 </p> <p> Agenda item: 3.5 </p>
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<h2>Corporate Policies and Procedures – Annual Compliance Report</h2>	
Executive lead:	Paul Veysey, Board Secretary and Head of Board Business Unit
Author:	Liz Blayney, Deputy Board Secretary and Deputy Head of Board Business Unit

Approval/Scrutiny route:	Leadership Team- 23 January 2024
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Purpose
<p>The report provides the Leadership Team and Board with an annual update on the status of the Corporate policies, procedures and other written control documents across the organisation.</p> <p>Appendix 1 (a-f) is an extract taken from the Corporate Policy, Procedures and Other Written Control Documents register and shows the status of documents as of 20 January 2025.</p>

Recommendation:				
APPROVE <input type="checkbox"/>	CONSIDER <input type="checkbox"/>	RECOMMEND <input type="checkbox"/>	ADOPT <input type="checkbox"/>	ASSURANCE <input checked="" type="checkbox"/>
<p>The Board are asked to:</p> <ul style="list-style-type: none"> Take assurance on the prioritisation and progress being made to review policies, procedures and other written control documents. 				



Link to Public Health Wales [Strategic Plan](#)

Public Health Wales has an agreed strategic plan, which has identified seven strategic priorities and well-being objectives.

This report contributes to the following:

Strategic Priority/Well-being Objective	All Strategic Priorities/Well-being Objectives
--	--

Summary impact analysis

Equality and Health Impact Assessment	An Equality and Health Impact Assessment is not required in support of this report. An impact assessment should be undertaken for each of the respective policies when they are developed or reviewed.
Risk and Assurance	A risk assessment has been undertaken for each policy which has passed its review date. These are captured in the accompanying register (see Appendix 1) and a summary is detailed below.
Health and Social Care (Quality and Engagement) (Wales) Act	Corporate Policies and Procedures support the implementation of the act ensuring its embedded into our processes.
Financial implications	Not applicable
People implications	Not applicable



1. Purpose / situation

The report provides the Leadership Team and Board with an update on the status of the policies, procedures and other written control documents (policies) across the organisation.

Appendix 1 is an extract taken from the central Policy and Control Document Register and shows the status of documents as at 20 January 2025.

1. Background

The Board approved a new organisation-wide [Policy and Written Control Documents Policy and Procedure](#) in July 2022. All new/revised documents are now developed and approved in accordance with the provisions and processes set out in these documents.

The procedure specifies that the Register will be reported annually to the Board.

The Leadership Team consider a compliance report on a quarterly basis. The Leadership Team last considered the report at its meeting on 21 November 2024.

Each Committee also received quarterly compliance reports for the Policies within their remit.

This provides the Board and Committees with assurance that policies, procedures and other written control documents are being developed and maintained.

2. Description/Assessment

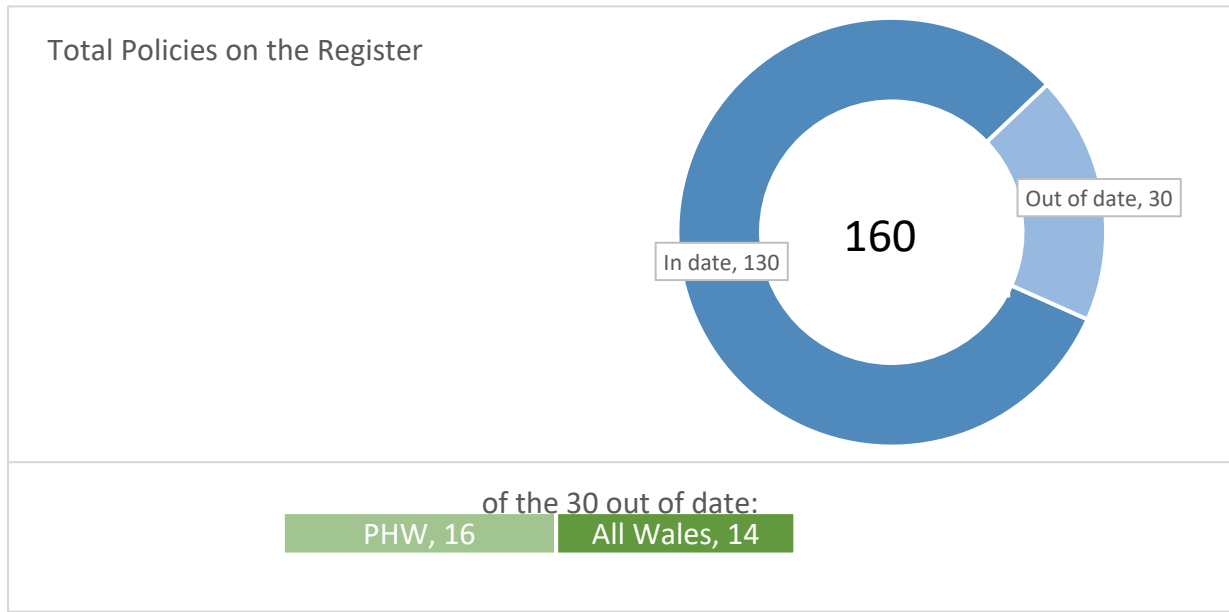
There are 160 policies and other written control documents on the Corporate Policy, Procedures and Other Written Control Documents register.

Executive colleagues responsible for the policies due for review are aware and taking active steps to ensure policies/procedures are reviewed and appropriate approval sought.

Work is ongoing to review the overall policy list with each lead to review the number of policies on the register and look to reduce and combine where possible.

Current Position

As of 20 January 2024, 130 (81%) policies/procedures are in date and 30 (19%) are out of review date.



Of the 30 policies and procedures that are currently out of date, 16 (53%) are Public Health Wales policies and 14 (47%) are pending the review of an All Wales Policy.

Since the Board last considered an update at the January 2024 Board meeting, 11 new policies/procedures have been developed and 30 existing policies/procedures were reviewed and approved.

All Wales Policies

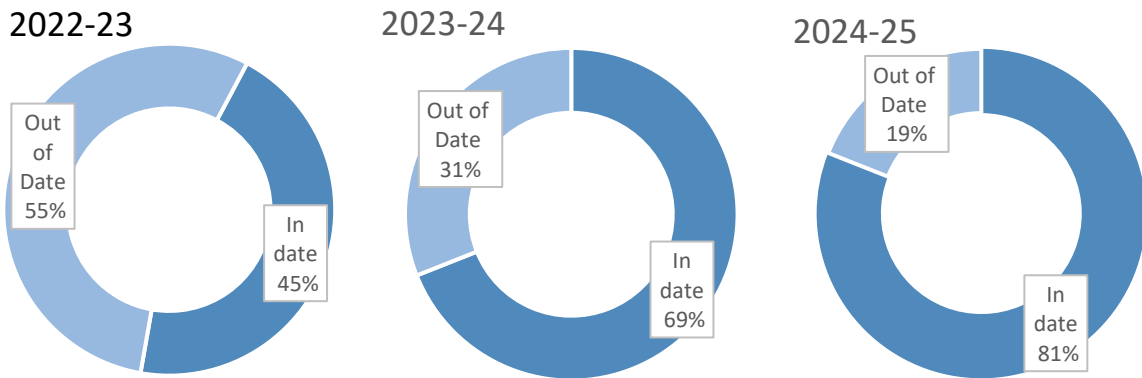
On the 8 June 2023, the Welsh Partnership Forum Business Committee agreed to a new approach to the review of All Wales People policies and procedures and therefore 11 of the All Wales policies due for review are marked as extant. Policies that are out of date are still valid, and the requirement to follow these remains in place.

Comparison (All Wales and PHW Policies) : Position 2025

January 2024 - 69% of policies were in date

January 2025 - 81% of policies are in date

The current position for 2024/25 highlights continued improvement for the third year running. This is a testament to the efforts made by all Directorates across the Organisation to continue to improve their review of policies during 2024/25.



Breakdown of 2025 data by Directorate

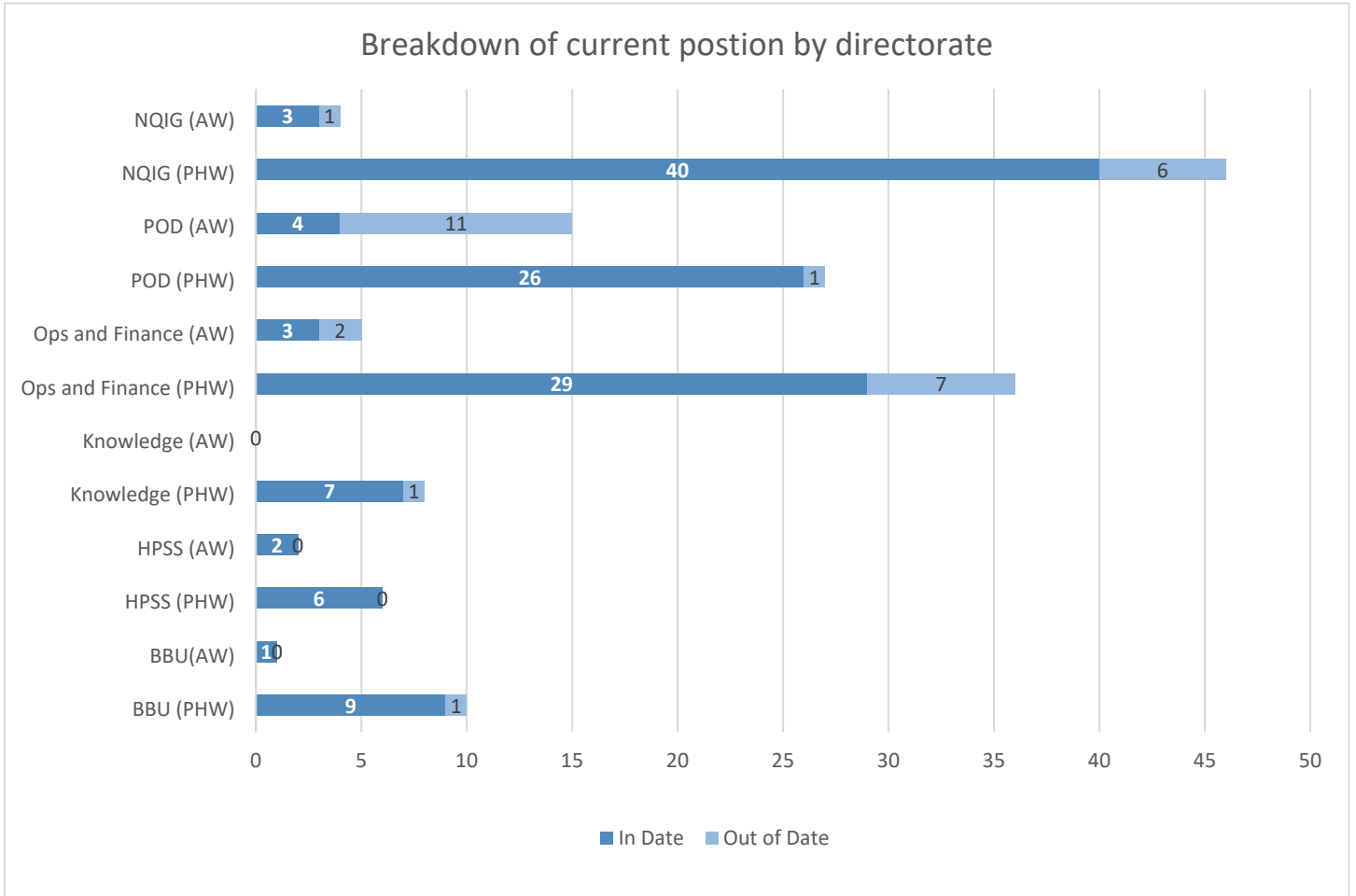
For all of the policies due for review, the Executive Leads provide updates on a quarterly basis on the progress to review the documents.

As part of this update, they also provide a risk level (Low, moderate or high) to indicate the level of risk associated with the policy not being reviewed and update.

Policies that are out of date are still valid, and the requirement to follow these remains in place.

A full copy of the register is provided at appendix 1, broken down by Directorate for ease of reference:

The following provides a summary of this data:



Risk Assessments

For each policy/procedure that is out of date, the Executive Lead provides an assessment of the risk level (Low, moderate or high) to indicate the level of risk associated with the policy not being reviewed and update.

Policy review status	Policy not yet approved but low risk presented	Policy not yet approved and moderate risk presented.	Policy not yet approved and high risk presented.	Risk assessment awaited	Number of Policies
Date passed	28	2	0	0	30

The two identified as moderate risk are:

Title	Current Position	Expected approval date
Joint Working Framework	This is currently under review and it is anticipated that this will be presented to the Board for approval in May 2025	30 May 2025 Board
Social Media Policy (All Wales)	HEIW are leading on this and the following update has been received from their Head of Comms who will also update us directly when there is some progress made: 'We've engaged on the draft recommendations for a revised policy and have collated the responses. We're now working on a draft revised version based on the recommendations. This will initially be shared with colleagues in IG, Digital and legal to complete new sections in relation to their areas. Unfortunately, due to staff resources and competing demands we're unable to dedicate resources solely to this work but things are progressing.'	All Wales Policy – No update available on timing. Interim PHW local guidelines are in place and are current and in date

Current Progress

A number of policies are in the progress of being reviewed, and at least 3 are scheduled for approval between now and the end of March 2025. The dates of the relevant meetings have been included in the updates provided.

These include the:

- Outbreak Management Policy
- Recruitment and Selection Policy
- Information Governance Policy

3. Recommendation

The Board are asked to:

- Take **assurance** on the prioritisation and progress being made to review policies, procedures and other written control documents.

Appendix 1

Summary – Breakdown of data

			2023-24			2024-25		
			Total	In date	Out of date	Total	In date	Out of Date
Appendix A	Board Business Unit (BBU)	PHW	9	5	4		9	1
		All Wales	1	1	0		1	0
Appendix B	Health Protection and Screening (HPSS)	PHW	7	6	1		6	0
		All Wales	0	0	0		2	0
Appendix C	Knowledge	PHW	2	2	0		7	1
		All Wales	0	0	0		0	0
Appendix D	Operations and Finance	PHW	32	22	10		29	7
		All Wales	2	0	2		3	2
Appendix E	People and OD (POD)	PHW	29	22	7		26	1
		All Wales	13	2	11 extant		4	11 extant
Appendix F	Nursing, Quality and Information Governance (NQIG)	PHW	48	40	8		40	6
		All Wales	7	3	4		3	1
			150	103	47	160	130	30

The following provides a breakdown of the 30 PHW Policies/Procedures that are currently out of date including the expected approval date for review:

Board Business Unit :

Policy		Update	Expected Approval date;
PHW/SCD13	Joint Working Framework	This is currently under review and on track to be presented to the Board for approval in March 2024	28 March 2024

Knowledge & Research Directorate:

Policy		Update	Expected Approval date;
AW16/CD03	Small numbers publishing guidance	This policy has moved to the Head of Digital and an update is awaited.	

Operations and Finance:

Policy		Update	Expected Approval date;
PHW63	Waste management policy	Policy and Procedure will be finalised for translation ahead of consultation end of January 2025. As soon as Translation is completed the procedure will be published for consultation.	02 June 2025 QSIC
PHW63-TP01	Waste management procedure		
PHW57	Bomb Threat and Suspicious Packages Procedure	Drafting remains to be finalised - This will be undertaken and concluded during February further to which the Procedures will be sent for translation and on completion will be published for consultation.	April 2025 H&S Group
PHW58	Security procedure		
Black125	Environmental Policy	January 2025: The need for a revised policy has now been identified and the drafting will be undertaken by the our ISO advisory consultant during Q1 & Q2 further to which the Policy will be sent for translation and on completion will be published for consultation.	27 Nov 2025 Board
Black123	Mobile Phone Policy	Migration work has now completed transition and teething issues experienced with ordering / provision / utilisation for overseas use and billing have been resolved. Completion of the final draft will be by end of February.	15 July 2025 PODC
PHW/STP04	Office 365 Acceptable Use Procedure	A review is planned to look to include the introduction of AI to the M365 product suite.	22 May 2025 LT
AW14	Social Media Policy	HEIW are leading on this and the following update has been received from their Head of Comms who will also update us directly when there is some progress made: 'We've engaged on the draft recommendations for a revised policy and have collated the responses. We're now working on a draft revised version based on the recommendations. This will initially be shared with colleagues in IG, Digital and legal to complete new sections in relation to their areas. Unfortunately, due to staff resources and competing demands we're unable to dedicate resources solely to this work but things are progressing.'	TBC

AW22	Lease Car /Pool Vehicle Policy	Steve Withers, Assistant Dir. of Employment services (NWSSP) advised he has received no update on approval of this All-Wales policy. There is no change to the Policy other than admin changes and is awaiting sign off.	TBC
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People and OD:

Policy	Update	Expected Approval date;
PHW50	Recruitment and selection policy	This Policy has been updated and is with the Leadership Team for endorsement to the PODC for final approval
		17 February 2025 PODC

NQIG :


Policy	Update	Expected Approval date;
PHW56	Risk Management Policy	Awaiting formal endorsement of the risk appetite framework (Nov 2024) to update and for clarity on the National position regarding the Datix Web module which is due later in the year. Hoping to be able to review the policy and procedure following the above, so likely to be reviewed in January 2025, with consultation to follow.
PHW56/TP01	Risk Management Procedure	
AW16	Information Governance Policy	Policy has been finalised and is due to commence the approval process
AW16/TP02	Remote Working Procedure	This will follow the approval of the PHW Information Governance Policy.
PHW46	Uniform/Dress code policy	We are still waiting for the Welsh Government Policy to be published. Once this has been published, the PHW policy will be reviewed and updated. Following review and consultation, it will not be likely that the PHW policy will be ready for approval until March 2025.
PHW40 &	Outbreak Management Policy	Endorsed by the Infection Prevention Control (IPC) Group in November 2024 and due for approval at QSIC February 2025.
		10 March 2025 ACGC
		17 April 2025 LT
		31 March 2025
		04 February 2025 QSIC



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PHW40/TP01	Outbreak Management Procedure	A request will be made to archive the procedure at the 4 th February QSIC meeting	04 February 2025 QSIC
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 <p> GIG CYMRU NHS WALES </p> <p> Iechyd Cyhoeddus Cymru Public Health Wales </p>	<p> Name of Meeting Business Executive Team Meeting Date of Meeting 15th January 2025 Agenda item: 3.3 </p>
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Health Inspectorate Wales Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) inspection at Breast Test Wales

Executive lead:	Fu Meng Khaw National Director, Health Protection and Screening Services and Executive Medical Director
Author:	Sharon Hillier, Director Screening Division, Public Health Wales Dean Phillips, Head of Programme Breast Test Wales, Public Health Wales

Approval/Scrutiny route:	Fu Meng Khaw
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<p> Purpose The paper is a cover note to provide summary of the outcome and progress against action plan following the Health Inspectorate Wales Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) inspection at Breast Test Wales, Llandudno, on 28 and 29 August 2024. </p>

Recommendation:				
APPROVE <input type="checkbox"/>	CONSIDER <input type="checkbox"/>	RECOMMEND <input type="checkbox"/>	ADOPT <input type="checkbox"/>	ASSURANCE X
<p> The Board is asked to: Receive assurance that Public Health Wales has addressed the actions as raised by Health Inspectorate Wales Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) inspection at Breast Test Wales, Llandudno, on 28 and 29 August 2024. </p>				

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Link to Public Health Wales [Strategic Plan](#)

Public Health Wales has an agreed strategic plan, which has identified seven strategic priorities and well-being objectives.

This report contributes to the following:

Strategic Priority/Well-being Objective	4 - Delivering excellent public health services
Strategic Priority/Well-being Objective	Choose an item.
Strategic Priority/Well-being Objective	Choose an item.

Summary impact analysis

Equality and Health Impact Assessment	Not applicable
Risk and Assurance	There was a risk that the timescales set in the action plan would not be achievable as they were ambitious to complete revision, approval and implementation. However the team across Wales has worked exceptionally to complete the actions in the timescales set.
Health and Social Care (Quality and Engagement) (Wales) Act	Improvement in the Employer Procedures that has been undertaken will improve quality of service as these are more accessible and clearer and align to the clinical practice undertaken.
Financial implications	Not applicable
People implications	There is insufficient staff resource for quality assurance or quality improvement within the breast screening workforce. Therefore staff are undertaking this work within their current busy roles. Exploration of how this can be strengthened is being taken forward but will be dependent on funding.

1. Purpose / situation

The paper is a cover note to provide a summary of the outcome and progress against the action plan following the Health Inspectorate Wales Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) inspection at Breast Test Wales, Llandudno.

2. Background

Healthcare Inspectorate Wales (HIW) conducted an announced Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) inspection at Breast Test Wales, Llandudno, on 28 and 29 August 2024.

The inspection focused on the following areas:

- Quality of patient experience
- Delivery of safe and effective care, with an emphasis on compliance with IR(ME)R legislation
- Quality of management and leadership

The report acknowledges positive aspects regarding the service and recognises that participants are satisfied with their experience at Breast Test Wales, with respondents rating the service as 'good' or very good'.

Following the inspection, HIW identified that the service was not fully compliant with the Ionising Radiation (Medical Exposure) Regulations 2017 (IR(ME)R) at the time of their inspection. An improvement notice was issued, highlighting the need for urgent updates to our procedure guidance and its implementation in practice.

3. Description/Assessment

The programme takes the responsibilities around the regulations very seriously, and staff have fully taken on board the learning from the inspection. The programme team worked quickly and effectively to address all concerns raised in the report.

The programme has reviewed, approved, and implemented new Employer's Procedures document, 12 detailed Employer Procedures, and the accompanying Work Instructions. Staff with IR(ME)R responsibilities have confirmed that they have read and understood the documents and have attended training sessions and these have been implemented.

All actions that were set out in the immediate action plan have been addressed, in line with the timescales set out in the plan.

Healthcare Inspectorate Wales has confirmed that the Improvement Notice on the IR(ME)R regulations was lifted on 10 December 2024. HIW was assured of the actions PHW has taken to ensure compliance with the regulations.

Health Inspectorate Wales published the report on Friday 13 December 2024, and this contained the detail on the improvement plan and the actions taken by the programme.

The published report is attached to the end of this paper.

HIW is planning to conduct a full re-inspection in the first quarter of 2025/26 to gain further assurance that our Employers Procedures are continually reviewed, and clinical practice is in accordance with them.

4. Recommendation

The Board is asked to:

Receive assurance that Public Health Wales has addressed the actions as raised by Health Inspectorate Wales Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) inspection at Breast Test Wales, Llandudno, on 28 and 29 August 2024.

Ionising Radiation (Medical Exposure) Regulations Inspection Report (Announced)

Breast Test Wales , Llandudno , Public
Health Wales

Inspection date: 28 and 29 August 2024

Publication date: 13 December 2024





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Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales

Our purpose

To check that healthcare services are provided in a way which maximises the health and wellbeing of people

Our values

We place people at the heart of what we do.

We are:

- Independent - we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and diversity through our work
- Proportionate - we are agile and we carry out our work where it matters most

Our goal

To be a trusted voice which influences and drives improvement in healthcare

Our priorities

- We will focus on the quality of healthcare provided to people and communities as they access, use and move between services.
- We will adapt our approach to ensure we are responsive to emerging risks to patient safety
- We will work collaboratively to drive system and service improvement within healthcare
- We will support and develop our workforce to enable them, and the organisation, to deliver our priorities.





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1. What we did

Full details on how we conduct Ionising Radiation (Medical Exposure) Regulations inspections can be found on our [website](#).

Healthcare Inspectorate Wales (HIW) completed an announced Ionising Radiation (Medical Exposure) Regulations inspection of Breast Test Wales, Llandudno, Public Health Wales on 28 and 29 August 2024. During our inspection we looked at how the department complied with the Regulations and met the Health and Care Quality Standards.

Our team for the inspection comprised of two HIW Senior Healthcare Inspectors and two Senior Clinical Officers from the Medical Exposures Group (MEG) of the UK Health Security Agency (UKHSA), who acted in an advisory capacity. A Senior Healthcare Inspector led the team.

During the inspection we invited people to complete a questionnaire to tell us about their experience of using the service. We also invited staff to complete a questionnaire to tell us their views on working for the service. A total of 36 questionnaires were completed by clients who have used the service and 10 were completed by staff. Feedback and some of the comments we received appear throughout the report.

Where present, quotes in this publication may have been translated from their original language.

Note the inspection findings relate to the point in time that the inspection was undertaken.

2. Summary of inspection

Our inspection found that, although there were positive aspects identified regarding this service and clients were satisfied with their experience at Breast Test Wales, the service was not fully compliant with Ionising Radiation (Medical Exposure) Regulations 2017 (IR(ME)R).

We were not assured that the Employer had fulfilled their duty to provide a framework through written procedures, protocols and quality assurance programmes for duty holders to undertake their functions. Consequently, there



was a risk that controls to ensure patient safety might be insufficient, potentially leading to errors or harm. HIW issued an Improvement Notice under Section 21 of Health and Safety at Work etc Act 1974. The Trust has fully engaged with HIW to resolve the issues and as a result of evidence reviewed by HIW, the Improvement Notice was lifted on 10 December 2024. More information and the full Improvement Notice Plan is provided in Appendix B of this report.

Quality of Patient Experience

Overall summary:

Clients provided positive feedback about their experiences of attending Breast Test Wales, Llandudno. We found staff treated clients with courtesy, respect and kindness. We also found staff provided care in a way that protected and promoted client’s rights.

This is what we recommend the service can improve:

- Improve information available to clients on opportunities to feedback using national programmes
- Display “you said, we did” information to show how feedback has been used to improve the service.

This is what the service did well:

- Clients provided positive feedback and comments about the attitude and approach of the staff looking after them
- Commitment to Welsh language information and provision of Welsh language care
- Provision of a wide range of health promotion information.

Delivery of Safe and Effective Care

Overall summary:

We found some arrangements in place to provide people with safe and effective care. Staff we spoke with were aware of the trust policies and procedures in relation to safeguarding. The setting was clean, tidy and free from clutter. Rooms were modern, well-appointed and equipment was in good working order.

However, we found Breast Test Wales Llandudno was not fully compliant with Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2017.

Improvement Notice:



We noted the Employer's Procedures were not comprehensive, ratified or accessible to staff. This meant there was a risk that controls to ensure client safety may be lacking, resulting in potential for error or harm.

The full Improvement Notice Action Plan is provided in Appendix B of this report.

This is what the service did well:

- Commissioning and testing of new equipment
- Quality assurance programme for equipment
- Well maintained, clean, modern and welcoming environment free from obvious hazards to those visiting the setting
- Safeguarding arrangements.

Quality of Management and Leadership

Overall summary:

We received the completed Self-Assessment Form (SAF) and associated documentation in a timely manner.

The Chief Executive of Public Health Wales is the designated employer under IR(ME)R 2017. The trust was not able to demonstrate a clear structure or lines of reporting and accountability under IR(ME)R during the inspection.

The governance arrangements described in the SAF appeared to have failed in the implementation of IR(ME)R related to policies and procedures.

Improvement Notice:

- Policies, procedures and documentation were not ratified or accessible to staff.
- Insufficient duty holder understanding and knowledge of IR(ME)R 2017
- Insufficient evidence of training and competency for specific practical aspects.

The full Improvement Notice Plan is provided in Appendix B of this report.

This is what we recommend the service can improve:

- Some staff told us that they did not feel involved in decisions made about their work.

This is what the service did well:

- NHS mandatory training compliance



- Appraisal rates for staff
- Understanding of Duty of Candour. |

3. What we found

Quality of Patient Experience

Patient feedback

HIW issued online and paper questionnaires to obtain the views of clients that used this service to complement the HIW inspection in August 2024. In total, we received 36 responses from clients at this setting. Responses were mostly positive across all areas, with all who answered rating the service as ‘very good’ or ‘good.’ Not all respondents completed the questionnaire to the end and some questions were skipped throughout. An example comment we received about the service included.

“A great service, hardly had to wait, very professional.”

Person-centred

Health promotion

There were bilingual (English and Welsh) posters displayed that provided information to those attending for screening to advise staff if they may be pregnant or breastfeeding. We saw health promotion material displayed in the waiting areas within the department. This included information on the benefits of not smoking, reducing risks of breast cancer, being breast aware etc.

Dignified and respectful care

There were suitable arrangements in place to promote client privacy. All but one respondent who answered the questionnaire confirmed that:

- Staff treated them with dignity and respect
- Measures were taken to protect their privacy
- They were able to speak to staff about their procedure without being overheard by other patients
- Staff listened to them.



Individualised care

All but one respondent felt they were involved as much as they wanted to be in decisions about their treatment and that staff explained what they were doing.

Clients we spoke with were also complimentary about their care.

Timely

Timely care

Staff we spoke with explained the arrangements in place for communicating screening appointments.

Clients attended for screening on the second day of our inspection, and no delays to appointments were seen on that day. There was a sign displayed in the waiting area to let staff know if there is a delay to their appointment time.

Equitable

Communication and language

The Welsh language was well promoted within the department. We saw bilingual posters in Welsh and English with information clearly displayed within the department. We saw clear bilingual signage in place to direct visitors to the department. Some staff members told us that they were Welsh speakers and some staff were also learning Welsh.

Staff we spoke with described some of the arrangements in place to help people with hearing difficulties and those whose first language was not English. There was a hearing loop available in the main reception. All staff that we spoke with were aware of how to access translation services if needed to support clients using the service. Staff confirmed that a mobile device was available to support translation for patients whose first language was not English or Welsh.

We saw some information displayed on how to feedback on care including multiple QR codes. Staff members that we spoke with were able to confirm how they would deal with feedback, both positive and negative. We were informed that clients could complain via the NHS Wales Putting Things Right process. However, there was no Putting Things Right poster on display in the department.

There was no information displayed about Llais, the national, independent body set up to give the people of Wales a stronger voice in their health and social care services. There was also no “You said, we did” board or similar displayed to indicate how the service has taken action on any feedback received.

Breast Test Wales, Llandudno must ensure that the relevant posters are displayed on the following:

- Llais
- Putting Things Right
- You said, we did information.

Rights and equality

We found client rights were protected and promoted in the department. Staff explained the arrangements in place to make the service accessible to all, such as wheelchair access. The department was accessible with wide doors, clear corridors and spacious screening rooms. Breast screening equipment was adjustable to examine those that were unable to stand at breast screening appointments. Staff members confirmed that longer appointments were available for those clients that needed extra support.

We were told that equality and diversity training for all staff was mandatory, and we saw training records that indicated a high level of compliance. All staff we spoke with confirmed they had completed this course online. Staff we spoke with had a good awareness of their responsibilities in protecting and promoting patient rights when attending the department. They were able to confirm the arrangements in place to promote equality and diversity in the organisation.

All staff that answered the HIW survey said they had fair and equal access to workplace opportunities and that the workplace was supportive of equality and diversity.

Delivery of Safe and Effective Care

Compliance with The Ionising Radiation (Medical Exposure) Regulations 2017

Employer's Duties: establishment of general procedures, protocols and quality assurance programmes

Procedures and protocols

Documentation was provided in advance of the inspection as part of the completed Self-Assessment Form (SAF).

We reviewed all IR(ME)R documentation submitted in advance of the inspection and spoke to duty holders and senior management to confirm understanding of processes and practice. Overall, we found that the policies and procedures were:

- lacking formally agreed ratification
- only available to staff in draft / awaiting update format
- lengthy and difficult for staff to locate and follow
- not always easily accessible to duty holders (especially those working on the mobile units)
- not always aligned with clinical practice
- not always reflective of current recommended best practice
- not always read and complied with consistently by all duty holders.

One example regarding ratification processes involved the Radiation Safety Policy which was submitted in advance of the inspection. We noted the review and publication dates were documented as 'TBC' on this submitted policy. A different Radiation Safety Policy was provided to the inspection team during inspection. There were discrepancies between the two documents regarding the groups responsible for approving policies and supporting policies which could not be clarified by the service.

We noted Employer's Procedures were not comprehensive, ratified or accessible to staff. This meant there was a risk that controls to ensure patient safety may be lacking, resulting in potential for error or harm.

Healthcare Inspectorate Wales (HIW) was not assured that the Employer had fulfilled their duty to provide a framework through written procedures, protocols and quality assurance programmes for duty holders to undertake

their functions. HIW issued an Improvement Notice under Section 21 of Health and Safety at Work etc. Act 1974. More information is provided in Appendix B of this report.

Employer’s Procedures that are required under IR(ME)R 2017 were only available in draft form, located within a draft Radiation Safety Procedures document V21. This document was submitted in advance of the inspection and marked as “under review” and dated 7 December 2021.

Employer’s Procedures did not provide clear instructions of how and when a process should be carried out and did not always identify who was responsible for carrying out tasks. The Employer’s Procedures referred the reader to additional documentation for detail that should have been included in the procedure. The supporting documentation was found to be lengthy and difficult to follow.

Documentation did not accurately reflect the clinical practice within the setting. Staff members that we spoke with were unable to confirm, when questioned, where the Employer’s Procedures were available for their reference. This meant they were not always able to confirm the process for carrying out tasks in relation to the IR(ME)R roles. Staff members while working on the mobile mammography units were unable to access the Employer’s Procedures due to the lack of internet/intranet access installed on the mobile units.

Specific feedback in relation to individual Employer’s Procedures and documentation was shared as part of the review of the SAF during the inspection and highlighted throughout this report. This included detailed suggestions for improvement. **Due to the number of suggestions covered, the Employer is required to act on specific feedback shared in the SAF meeting during the inspection, in relation to the updating of each Employer’s Procedure.**

The IR(ME)R documentation reviewed did not routinely include a consistent and systematic process for the review, update and dissemination of changes. In a HIW local review of breast screening services at Breast Test Wales in 2020, there was a recommendation to “*introduce a consistent and systematic process of reviewing and updated and dissemination of changes to processes and policies, this should include the use of version control*”. It was disappointing to note that at the time of this inspection, this remained incomplete and this recommendation had not been actioned.

The quality assurance of policies and procedures was covered in the Improvement Notice issued to Breast Test Wales in relation to compliance with IR(ME)R 2017. More information is included in the Improvement Notice Plan in Appendix B.

Referral process and guidelines

We reviewed the referral process and guidelines as part of the SAF review. This information was limited and there were no referral criteria for screening patients available. There was a lack of clarity from the documentation reviewed and conversations with staff and managers around referral guidelines and processes.

On discussion with the service, clients received an invitation letter which was generated by the National Breast Screening System (NBSS). This invite, which serves as the referral, includes an appointment date and time and is issued by the head of the programme, although the invite letter was not signed by the referrer. The head of programme is entitled as the referrer for screening.

Where a client required an appointment with the assessment clinic or was called for a technical recall, the operator carrying out the clinical evaluation acted as the referrer. On review of the record keeping, there was no evidence of a referral form for this process and therefore no evidence of an identifiable referrer.

The issues related to referral process and guidelines were covered in the Improvement Notice issued to Breast Test Wales in relation to compliance with IR(ME)R 2017. More information is included in the Improvement Notice Plan in Appendix B of this report.

The Employer must review and document the referral process.

The referral process must be reviewed to include the following:

- a process to provide the referrer with access to established referral guidelines
- evidence of referral guidelines for screening mammography
- a process for document control and record retention of primary source information to support IR(ME)R compliance audits
- evidence of individual referral for biopsy patients and assessment clinic
- a referrer signature on the screening invitation letter.

Diagnostic reference levels (DRL)

Staff we spoke with were able to confirm that they were using local diagnostic reference level (LDRL) for screening mammography. DRL charts were displayed on the notice boards in both mammography rooms.

We reviewed the Employer's Procedure for DRLs and noted that it detailed the LDRL for equipment that was no longer in use (Philips MicroDose). The Employer's Procedure did not reference the LDRL for tomosynthesis, that was confirmed by the Medical Physics Experts (MPEs) to be in place and in use. Staff that we spoke with were unaware of the LDRL for tomosynthesis.

The Employer must update the Employer's Procedure in relation to DRLs to reflect the current DRLs in use. This must include the tomosynthesis DRL.

Medical research

We were told that there were no medical research trials related to exposures involving the department currently.

Entitlement

We reviewed the Employer's Procedure for entitlement. This procedure was limited in scope with elements missing.

We reviewed the entitlement records of assistant practitioners, radiographers, advanced practice radiographers, radiologists and clinicians during the inspection. We identified inconsistencies and errors that included:

- the Employer's Procedure lacked the necessary detail to ensure a consistent process for the entitlement of duty holders
- a lack of evidence of a regular review period of entitlement
- a lack of training records or competency assessments provided to underpin entitlement for a breast clinician
- inadequate training records or competency assessments available for equipment quality control (QC) (level A testing)
- a fragmented approach to the entitlement process
- inconsistencies in how duty holders were made aware of their roles and responsibilities under IR(ME)R
- inconsistent documentation review in place for staff to evidence their current entitlement and scope of practice.

We were told that entitlement was reviewed during the annual appraisal. It was highlighted to the service currently there was no evidence that entitlement had been reviewed. The service was advised to establish a system to record when entitlement had been reviewed and make appropriate changes to the entitlement form to capture this.

The issues related to entitlement were covered in the Improvement Notice issued to Breast Test Wales in relation to compliance with IR(ME)R 2017. More information is included in the Improvement Notice and plan in Appendix B of this report.

The head of programme at Breast Test Wales entitled the MPEs. There was a competency matrix that was shared with Breast Test Wales. This matrix was used as assurance during the process of entitlement specifically for the MPEs.

Patient identification

We reviewed the Employer’s Procedure relating to patient identification. This lacked sufficient detail on how identification should be carried out, by whom and how and where this should be recorded. During the inspection we spoke with operators and asked them to confirm the procedure for patient identification, who completed each element, where the questions were asked and how this information was recorded and retained. Discussions with staff revealed inconsistencies in how each member documented the completion of identification checks.

Due to the lack of detail within the Employer’s Procedure, this practical aspect was being carried out in an inconsistent manner. There was no clear process of document retention to support IR(ME)R compliance audits. As a result, the employer cannot ensure written procedures are complied with in relation to patient identification and therefore these processes were not compliant with IR(ME)R 2017.

The Employer is required to update the Employer’s Procedure and ensure a robust process is in place for carrying out and recording identification checks. Due to the lack of clarity and detail in the Employer’s Procedure, limited documentary evidence available for review and inconsistent processes described HIW issued an Improvement Notice. **The issues related to patient identification were covered in the Improvement Notice issued to Breast Test Wales in relation to compliance with IR(ME)R 2017. More information is included in the Improvement Notice Plan in Appendix B of this report.**



Individuals of childbearing potential (pregnancy enquiries)

The evidence provided in the SAF submitted by the setting showed that there was an Employer's Procedure in place for making enquiries of individuals of childbearing potential. We reviewed the procedure and discussed with relevant staff. We noted gaps including the following:

- The procedure did not state what duty holder was responsible for performing pregnancy check for family history, Hodgkin's surveillance
- Clients were also not actively asked if they were breastfeeding, despite the local quality manual stating the potential impact on diagnostic quality
- The procedure did not indicate where these discussions were recorded.

The Employer must review and update the Employer's Procedure related to individuals of childbearing potential and update it in line with best practice.

Communicating Benefits and risks information

As part of the evaluation of the SAF, it was confirmed that every client invited for routine breast screening received a copy of the NHS Breast Screening leaflet 'Helping You Decide.'

Every client invited for screening within the family history programme received a copy of the Breast Test Wales leaflet 'Breast screening explained.' These leaflets set out the benefits and risks of breast screening, including the risks from radiation.

Most staff that we spoke with confirmed that there was a language line for translation services, if required. The service was currently testing a handheld translation device on the mobile units, which had been well received.

Clinical evaluation

We reviewed the SAF and confirmed there were appropriate processes for clinical evaluation. Each set of screening mammograms was double blind read by an approved reader (who may be a Consultant Radiologist, Breast Clinician, Consultant Radiographer or Advanced Practitioner Radiographer). The evaluation was recorded on the breast screening computer system (NBSS). In the case where clients had been recalled by one or both readers, the imaging was reviewed again and consensus reached to establish if the recall should stand. A clinical assessment sheet was completed and filed in the client notes.

Assessment images were evaluated during the assessment clinic and recorded in the clinic notes.

Non-medical imaging exposures

The service confirmed they do not carry out non-medical imaging exposures.

Employer's duties: clinical audit

The process for clinical audit programme was shared along with examples through the completed SAF. We saw that the clinical audit programme is broadly aligned with the NHS Breast Screening Programme (NHSBSP) standards. The audit programme was informed by the review of the quality assurance data each year.

This helped focus on aspects of the service which required further attention. Discussions regarding audit results are captured through the meeting minutes that were reviewed.

Some of the clinical audits reviewed during the inspection were found to be inconsistent in how audit findings were presented and lacked evidence of in-depth analysis of results.

The development of a consistent process for audit and carrying out in-depth analysis will assist staff in closing the feedback loop to drive service improvements.

The employer must ensure that there is a standardised approach to the reporting of audits, the learning actions to be implemented in the audit results and whether there is a need for reaudit.

The department did not perform any IR(ME)R compliance audits. Staff confirmed during the inspection that consistent and documented evidence is not routinely retained to support effective audit of IR(ME)R compliance.

The employer must ensure an appropriate process for retention of IR(ME)R documentation and appropriate IR(ME)R compliance audits are commenced, completed and results and learning disseminated appropriately.

Employer's duties: accidental or unintended exposures

Staff we spoke with were able to describe processes for reporting radiation incidents related to accidental or unintended exposures.

We were told that any radiation incidents were logged on the Datix system and reported to the medical physics team, who would offer advice and confirm if the incident was notifiable to HIW. All learning was shared initially with the individual involved in the incident through an informal conversation and feedback via the Datix system. Senior staff in the department confirmed that all incidents, near misses, compliments and complaints were discussed at staff meetings. Any identified actions required were taken forward independently. It was unclear if the IR(ME)R employer was informed of non-notifiable incidents, near misses or trends.

There are two separate services in Wales; breast screening and the symptomatic service and the IT systems are separate.

There was a potential risk of duplicate referrals, where a client would receive an invite for screening, despite being on the symptomatic pathway which would not be documented in the breast screening administrative systems.

The service stated that operators did not have access to previous imaging undertaken by symptomatic service in the Health Board and that they relied on the client providing this information accurately as to mammograms received in the last six months. There was no process in place for checking previous imaging history undertaken by the Health Board if the client was unable to confirm this information. We did not see evidence to confirm that this verbal confirmation was recorded or retained for future reference. **The issues related to previous imaging information were covered in the Improvement Notice issued to Breast Test Wales in relation to compliance with IR(ME)R 2017. More information is included in the Improvement Notice Plan in Appendix B of this report.**

We reviewed evidence that confirmed incidents were brought to the annual meeting of the radiation protection group (RPG). Datix incidents are also discussed at the programme board. At the annual RPG meeting the MPEs presented a summary of incidents that had occurred and listed by theme.

Learning was shared through staff meetings. We were told that anything which required urgent dissemination would be communicated via alternative methods.

During discussions with management, it was noted there was no formal overarching trend analysis reports for incidents and near misses. However, incidents were discussed in minuted meetings.



The Employer must consider performing trend analysis of incidents and near misses with comparisons to previous time periods to support the service identifying potential trends in incidents and near misses.

On review of the Radiation Safety Procedures related to accidental and unintended exposures we noted that the guidance was to “*report any incidents involving a (suspected) dose to the patient more than three times the expected amount.*” The service noted that this does not reflect current practice within the organisation. We advised that this is also not in keeping with current Significant Accidental or Unintended Exposures (SAUE) guidance and this required updating.

The wording ‘exposure suspected to be greater than intended’ is not in keeping with current terminology. The setting was advised to update this in line with SAUE guidance and consider using the term ‘significant accidental and unintended exposures.’ Furthermore, within the Radiation Safety Procedures, section C9.4 there was reference to the criteria for notification, but this did not provide reference to current SAUE guidance. It advised contacting the MPE.

Due to the range of concerns highlighted on review of the documentation and processes related to accidental and unintended exposures, the Employer is required to undertake a whole scale review and update of this procedure. The Employer must review and update this Employer’s procedure in line with current guidance.

Duties of referrer, practitioner and operator

We reviewed the Employer’s Procedure and Radiation Safety Procedure which included the entitlement of referrers, practitioners and operators to carry out their duties. This Employer’s Procedure needs to be more robust and include the following:

- how duty holders were made aware of their roles and responsibilities under IR(ME)R
- how training and competencies were assessed and signed off
- how staff evidenced their entitlement and scope of practice
- a review period for entitlement across all duty holders.

Staff, at all levels that we spoke with, were not always aware of their duty holder roles and responsibilities under IR(ME)R and the general understanding of IR(ME)R across all levels was found to be insufficient. **The issues related to duty holder understanding of IR(ME)R were covered in the Improvement**



Notice issued to Breast Test Wales in relation to compliance with IR(ME)R 2017. More information is included in the Improvement Notice Plan in Appendix B.

Justification of individual exposures

We reviewed the document ‘Justification Guidelines’ and suggested the setting change the title to ‘Authorisation Guidelines’ to support staff understanding of authorisation. This document also lacked control measures such as version number and review date.

Our discussions with staff showed there was some confusion around the use and purpose of the authorisation guidelines that were in place.

The SAF described the process for authorisation and how this should be recorded. Where the practitioner had delegated authorisation to the IR(ME)R operator, there was a guideline that detailed the authorisation criteria for the operator. The service stated that authorisation was recorded on the assessment clinic note. During inspection of record keeping, this was found not be to the case and staff could not demonstrate evidence of authorisation.

During staff discussions it became apparent there was a lack of understanding regarding the process for justification and authorisation amongst staff that we spoke with across all staff groups. During the review of record keeping, there was no recorded evidence of justification and authorisation of referrals for screening, assessment clinic and technical recalls. As a result, it was not possible to determine if justification had occurred or identify the duty holder who performed this task. Due to the lack of evidence of authorisation, it was not possible for staff to carry out audits on compliance in this area.

The Employer must ensure staff have a clear understanding of the process for justification and authorisation. Evidence of authorisation must be recorded and audited to ensure compliance with IR(ME)R.

Optimisation

We were told that practitioners and operators ensured doses were as low as reasonably practical (ALARP) via a number of factors. The SAF confirmed that mammography techniques followed national standards.

The medical physics service performed an annual patient dose surveys to confirm that doses received by the client on each piece of equipment were in line with local and national DRLs.



We reviewed evidence that confirmed a Quality Assurance (QA) programme and planned maintenance were in place to ensure that equipment performance met national standards.

Equipment was commissioned with support from the manufacturer to optimise exposures from the outset. Exposure protocols were displayed in each room to guide operators.

Carers or comforters

An Employer's Procedure was in place to provide advice and guidance on exposures to carers and comforters. We reviewed this document and found it did not have sufficient detail, and it did not match clinical practice.

Duty holders we spoke with could not consistently confirm the process for the identification and recording of a carer or comforter exposure. During the inspection it became apparent that clinical practice did not align with the procedures in relation to what was recorded regarding the carer and comforter. In relation to recording details of the carer or comforter, only the relationship to the client was recorded. Therefore, the annual dose constraint for the carer and comforter could not be applied as they could not be retrospectively identified.

The Employer must review and update the carers and comforters Employer's Procedure to ensure compliance with IR(ME)R and clinical practice.

Expert advice

We confirmed the employer had appointed and entitled a Medical Physics Experts (MPEs) to provide advice on radiation protection matters and compliance with IR(ME)R 2017.

Staff we spoke with said they could access expert advice, when required. It was positive to note the involvement made by the MPEs, who were clearly engaged with the department despite not being on site daily.

We noted that Medical Physics support was good. This was evidenced by their involvement in a range of groups and committees, as well as advising staff when required. MPEs were an integral part of QC testing, procurement and commissioning of equipment at Breast Test Wales. They had also been responsible for the establishment of a local DRL for tomosynthesis.

Equipment: general duties of the employer

We reviewed an equipment inventory that indicated that all X-ray equipment used in Breast Test Wales, Llandudno was installed in 2022/2023. This equipment inventory complied with regulatory requirements.

The commissioning and testing of new equipment was described and appropriate forms and processes were reviewed. It was confirmed that medical physics commissioned the equipment. During commissioning, medical physics and radiographers performed consecutive testing over three days. The readings from these tests were used to establish baselines for future quality testing. The baselines are reviewed following installation of a new tube or detector, recalibration or software updates.

Within the equipment QC records, there was a dashboard to identify any failures or gaps in testing. Medical physics reviewed these dashboards on a weekly basis. The support from medical physics in this area was seen as notable good practice.

The service had a handover form, which was a modified version of the Association of Healthcare Technology Providers for Imaging, Radiotherapy and Care (AXREM) form, adjusted to the needs of the service. We reviewed an Employer's Procedure to ensure the quality assurance (QA) programme of equipment was followed. There was good evidence of the QA programme being carried out and documented.

Safe

Risk management

During a tour of the department, we noted there was new equipment and found the environment appeared well maintained, modern and in a good state of repair. It offered a bright, clean, clear and welcoming environment for patients. We did not identify any obvious hazards to the health and safety of patients and other individuals visiting the department.

Signage was clearly displayed to alert patients and visitors not to enter controlled areas where ionising radiation was being used.

Infection prevention and control (IPC) and decontamination

We found suitable IPC and decontamination arrangements were in place. All areas accessible by patients were visibly clean and free of clutter. The

equipment was also visibly clean and staff described suitable cleaning and decontamination procedures.

Personal protective equipment (PPE) was available within the facility and staff we spoke with confirmed they had access to suitable PPE and this was readily available. We also saw cleaning wipes to decontaminate shared equipment and staff demonstrated a good understanding of their role in this regard.

All patients who completed the questionnaire said that, in their opinion, the department was clean and IPC measures were being followed.

All staff who responded to the questionnaire thought there were appropriate IPC procedures in place, that appropriate PPE was supplied and used, and that the environment allowed for effective infection control. All staff agreed there was an effective cleaning schedule in place.

We reviewed training records that showed that staff had completed mandatory IPC training. Staff we spoke with were aware of their responsibilities in relation to IPC and decontamination.

Safeguarding of children and safeguarding adults

Staff we spoke with were aware of the Public Health Wales safeguarding policies and procedures and where to access these. They were also able to describe the actions they would take if they had a safeguarding concern.

We checked a sample of five staff records and these confirmed that the appropriate level of safeguarding training had been completed.

Effective

Patient records

We did not find suitable arrangements in place for the management of records used within the department. Systems, processes and forms reviewed did not support IR(ME)R compliance. **The issues related to referral process and associated record retention were covered in the Improvement Notice issued to Breast Test Wales in relation to compliance with IR(ME)R 2017. More information is included in the Improvement Notice Plan in Appendix B of this report.**

As part of the inspection, we attempted to review client referral records. In some instances, the inspection team were unable to appraise current or past



client referral documentation, as the primary source information was not retained under the client’s file. Therefore, it would not be possible for the Employer to audit IR(ME)R compliance with systems, processes and forms that were inspected, as the documentation was not available.

The records that were available for review were limited and incomplete. All records we reviewed documented inconsistencies with identification checks. It was not possible from the limited documentation seen, to identify who carried out each aspect of the exposure. The forms and processes in place made client record keeping difficult and confusing for staff to complete. Some staff described additional checks that are performed in advance of the exposure; however, these checks were not detailed in the Employer’s Procedures and not recorded in a consistent way on the SASP2 form.

We were informed that Breast Test Wales North Wales had an internal shared drive where assessment forms and letters that are shared with the GP are stored. This was a folder only accessible to the Breast Test Wales service.

Digital Information was not accessible to staff working on mobile mammography units without sufficient Wi-Fi coverage to access the shared drive or other documentation or procedures stored electronically.

It was confirmed that each Breast Test Wales site had their own shared drive. Upon review and interrogation of the shared drive available to staff at Breast Test Wales Llandudno, it was not possible for staff to search the documentation due to the way it was saved.

The issues related to availability of Employer’s Procedures and other information being readily available to all duty holders were covered in the Improvement Notice issued to Breast Test Wales in relation to compliance with IR(ME)R 2017. More information is included in the Improvement Notice Plan in Appendix B of this report.

Paper documentation was used throughout the patient journey. Staff we spoke with were unable to confirm retention of documentation processes

The Employer must review document and clinical information guidance to ensure that patient information is stored and retained in accordance with local policy and the General Data Protections Regulation.



Efficient

Efficient

All staff we spoke with confirmed that systems and processes in place at Breast Test Wales, Llandudno were consistent across the three Breast Test Wales sites and that improvements made to processes and procedures at one site would be reflected in the other sites.

The Employer must ensure that improvements are consistently implemented throughout Breast Test Wales.



Quality of Management and Leadership

Staff feedback

HIW issued an online questionnaire to obtain staff views on services carried out at Breast Test Wales, Llandudno and their experience of working there. In total, we received 10 responses from staff. Not all respondents completed the questionnaire to the end and questions were skipped throughout.

Leadership

Governance and leadership

It was confirmed that the Chief Executive of Public Health Wales was the designated employer under IR(ME)R and had overall responsibility for ensuring the regulations were complied with. Where appropriate, the employer had delegated tasks to other professionals working in the NHS Trust to implement IR(ME)R.

We were provided with details of the organisational structure for both Breast Test Wales and Public Health Wales in the documentation supplied in advance of this inspection.

It was difficult to establish clear lines of reporting and responsibilities under IR(ME)R as the completed SAF indicated that these roles were outlined in the Radiation Safety Policy that was also submitted in advance of the inspection. This document was noted as 'draft', and this draft document was available to staff via their online system.

Senior staff confirmed that formal processes were in place to consider and ratify policies and procedures through the Quality Safety Improvement Committee (QSIC) and that these documents are available to staff. The Chief Executive sat on the QSIC and they were aware of the policy sign off through this committee. Whilst we were told that this process was place, in practice this process appeared to have failed in the implementation of IR(ME)R related to policies and procedures, as they were not ratified through this committee.

The issues related to the use of policies, procedures and documentation that have not been ratified were covered in the Improvement Notice issued to Breast Test Wales in relation to compliance with IR(ME)R 2017. More



information is included in the Improvement Notice Plan in Appendix B of this report.

Workforce

Skilled and enabled workforce

IR(ME)R duty holders that we spoke with did not have adequate understanding and knowledge of IR(ME)R or how the regulation fully applies in clinical practice. The IR(ME)R framework should provide support for staff and ensure safety for clients. Staff were not always aware of the framework within which they were working.

The issues related to duty holder understanding and knowledge of IR(ME)R 2017 were covered in the Improvement Notice issued to Breast Test Wales in relation to compliance with IR(ME)R 2017. More information is included in the Improvement Notice Plan in Appendix B of this report.

In relation to IR(ME)R training, there were insufficient records documenting training and competency for operators regarding the use and testing of equipment. There was no evidence of training records and competency sign off for operators carrying out QC testing on equipment, and no evidence of equipment training for the breast clinician.

The issues related to training and competency were covered in the Improvement Notice issued to Breast Test Wales in relation to compliance with IR(ME)R 2017. More information is included in the Improvement Notice Plan in Appendix B of this report.

We reviewed the training programme and training logs for mammographers and confirmed this was in place.

We reviewed training compliance in relation to NHS Trust mandatory training and confirmed training compliance levels of over 80% for the department. There was an appropriate system in place for the monitoring of the training compliance.

All staff that we spoke with and those that completed the questionnaire confirmed that in the last 12 months, they had an appraisal, annual review or development review of their work. Senior staff confirmed that the compliance with appraisals was over 74% and that dates were booked for those who had not completed their appraisal.



All staff we spoke with confirmed that they knew and understood the Duty of Candour. This was also confirmed in the questionnaire where all staff agreed that they knew and understand the Duty of Candour and understood their role in meeting the Duty of Candour standards.

All staff we spoke with, and those that completed the questionnaire, confirmed that they felt that there were enough staff for them to do their job properly and that they were able to meet the conflicting demands on their time at work.

Culture

People engagement, feedback and learning

Feedback from staff we spoke with about the culture in Breast Test Wales was broadly positive. Individual staff members confirmed that Breast Test Wales was a positive place to work in and that the support of their peers and direct line managers was supportive.

All staff we spoke with confirmed that senior staff were approachable and visible. Senior staff confirmed a wide range of processes and meetings in place to disseminate information and updates to staff. These include team meetings, email bulletins and via online applications.

In the staff questionnaire half of those answering indicated that they did not feel involved in deciding on changes introduced that affected their work.

Breast Test Wales, Llandudno is required to reflect on responses from staff suggesting that they do not feel involved in decision that affect their work and inform HIW of the actions it will take to address this.

4. Next steps

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection



- Appendix B: Includes any immediate concerns regarding patient safety and regulatory compliance where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking
- Appendix C: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

The improvement plans should:

- Clearly state how the findings identified will be addressed
- Ensure actions taken in response to the issues identified are specific, measurable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed
- Ensure required evidence against stated actions is provided to HIW within three months of the inspection.

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's [website](#).

Appendix A - Summary of concerns resolved during the inspection

The table below summaries the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

Immediate concerns Identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
No immediate concerns were resolved during the inspection			

Appendix B - Improvement Notice Plan

Service: Breast Test Wales, Llandudno

Date of inspection: 28 and 29 August 2024

The table below includes any immediate non-compliance concerns about patient safety identified during the inspection where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking.

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
<p>1. The Employer is required to provide HIW with specific details about the action taken to ensure that all the Employer’s Procedures are:</p> <ul style="list-style-type: none"> • Revised and updated to ensure that they are reflective of current clinical practice • Agreed and ratified prior to making these readily available to all duty holders • Read and complied by all duty holders. <p>Timescale for completion 23 September 2024</p>	<p>Regulation 6 Schedule 2 (1)</p>	<p>Working group stood up 6 September on receipt of the improvement plan. Daily stand ups put in place.</p> <p>Review and updating of the Employer’s Procedures started 7 September. Working group has updated the documents in line with the framework: Breast screening: guidance on implementation of Ionising Radiation (Medical Exposure) Regulations (2017) – GOV.UK (www.gov.uk) documentation.</p> <p>This has included detail currently included in the Radiation Safety Procedures and the IR(ME)R related process in the current Quality Manual. This documentation are separate documents including overarching Employer’s Procedures document and 12 detailed Employer Procedures and contain all of the IR(ME)R related processes in one place.</p>	<p>SH</p>	<p>Completed by 23 September</p> <p>Employer’s Procedures document revised and updated to ensure that they are reflective of current clinical practice. These were agreed and ratified on 23 September and sent to all IR(ME)R duty holders on the 23 September.</p>

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
		<p>This has included improvements to:</p> <ul style="list-style-type: none"> • documented timelines for record retention • documented evidence of identification of the individual to be exposed or who had carried out this task • process to document evidence of justification or authorisation records held for retrospective analysis or review • process for evidence of individual referral for biopsy patients or assessment clinic • evidence of referral criteria for screening mammography <p>Email has been sent to all Duty Holders on Tuesday 17 September to explain feedback from HIW inspection and requirement for urgent action and that new Employer Procedures will be sent via email on 23 September.</p> <p>Staff meeting held in one region to discuss approach and discuss changes to gain feedback to inform development of the documentation. Review and update was completed by 23 September.</p> <ul style="list-style-type: none"> • Agreed and ratified prior to making these readily available to all duty holders - completed on 23 September 		

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
		To meet timescales for agreed and ratification process the documents were reviewed by		

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
		<p>National Director Health Protection and Screening Services and Executive Medical Director and Chief Executive and after taking on board changes, approved on Monday 23 September by Chief Executive and employer under IR(ME)R.</p> <ul style="list-style-type: none"> Read and complied by all duty holders- 23 September <p>To meet timescales Employer Procedures were sent out via email on Monday 23 September to all duty holders and request confirmation of receipt and have read the documents by 27 September. This will be followed up promptly for staff on leave and if staff have not yet confirmed receipt. Paper copies made available on mobiles and in static sites across Wales. Duty holders have been asked to feedback any questions or comments on the documents to their line manager which will be collated centrally to inform any revisions.</p> <p>Staff training meetings are taking place across the regions from 24 September to 9 October to ensure consistency of messaging and checking understanding of revised procedures and process changes to enable safe implementation. This will be delivered by Radiography Managers to their regional teams. This will include refresher training on IR(ME)R regulations, staff roles under</p>		

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
		<p>the regulation for duty holders and how to access procedures and relevant information. This will also include an informal assessment to check staff understanding of the regulations and their application in their role as duty holders under IR(ME)R.</p> <p>This action is links to the action under Improvement 7 and will allow opportunity to discuss these in team meetings and that will ensure consistency of messaging and checking understanding of revised procedures and process changes to enable safe implementation.</p>		
<p>2. The Employer is required to provide HIW with specific details regarding the review of policies and procedures, this must include quality control measures.</p> <p>Timescale for completion 23 September 2024</p>	<p>Regulation 6 (5) (b) Schedule 2(1)(d)</p>	<p>This detail is included in the reviewed and updated Employer’s Procedures (EP1) so the process is clear and can be audited</p> <p>This has included improvements in:</p> <ul style="list-style-type: none"> • documented quality assurance and ratification processes • 	SH	Completed by 23 September

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
<p>3. The Employer is required to provide HIW with assurance that the referral process is compliant with IR(ME)R.</p> <p>Timescale for completion 23 September 2024</p>	<p>Regulation 6 (5) (a) Regulation 10(5)</p>	<p>Action completed in the review and updated Employer Procedures</p> <p>This has included improvements to:</p> <ul style="list-style-type: none"> • documented timelines for record retention • documented evidence of identification of the individual to be exposed or who had carried out this task • evidence of justification or authorisation records held for retrospective analysis or review • evidence of individual referral for biopsy patients or assessment clinic • evidence of referral criteria for screening mammography <p>This requires changes on the IT system (NBSS) and the SASP2 form. Changes made to process for recording identification check; pregnancy and breast feeding check; and changes to terminology from mammographer to IR(ME)R operator. These changes were agreed 10 September by working group and requested to digital team on 11 September. Digital team agreed to prioritise on 11 September and have implemented changes to the SASP2 form by 23 September.</p> <p>Digital implementation will be by end of October as checks are required on the IT system to ensure change is safely implemented, this includes</p>	<p>SH</p>	<p>Completed by 23 September except for the digital changes which will be completed by end of October to ensure implemented safely.</p>

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
		<p>changes that are needed to daybook for implementation on NBSS on the mobiles.</p> <p>Until the IT system is fully implemented the SASP2 form will capture the information and this will be retained in line with procedure.</p>		
<p>4. The Employer is required to provide HIW with specific details about the action taken to ensure that Governance arrangements are in place and robust for this service.</p> <p>Timescale for completion 4 November 2024</p>	<p>Regulation 6</p>	<p>The reviewed and updated Employer Procedures have been approved by CEO as Employer under IR(ME)R. These will be shared with Radiation Protection Group, Breast Test Wales Programme Board (completed 25 September); Senior Management Team Screening Division (1 October) and Directorate Management Team.</p> <p>The review date for this first version of the documentation is March 2025 to ensure an earlier review process to check that these are working well or if any feedback for review or changes.</p> <p>When the documents are reviewed in the future this will come through the following governance process:</p> <ul style="list-style-type: none"> • Standard review process: <p>All IR(ME)R employer procedures and protocols will be reviewed every 2 years by the Radiography Managers, Head of Programme and the Medical</p>	<p>SH</p>	<p>On plan to meet timescales. Staff meetings planned from 24 September to 9 October to run sessions on updated procedures. Review and audit of implementation by 4 November</p>

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
		<p>Physics Expert (MPE). A standard item on the Medical Physics Group and Radiation Protection group will be to identify which procedures and protocols will be reviewed in the following yearly cycle. The reviewed procedures and protocols will be considered and approved at the Radiation Protection Group.</p> <p>The reviewed procedures and protocols will then be considered and approved by Breast Test Wales Programme Board. These will be the escalated to the Screening Division Senior Management Team chaired by the Director of Screening and then the Directorate Management Team chaired by National Director Health Protection and Screening Services and Executive Medical Director. The reviewed procedures and protocols will then escalate to the CEO for final approval in their role of IR(ME)R Employer.</p> <ul style="list-style-type: none"> • Legislation changes outside of the standard review schedule: <p>The Medical Physics Expert will inform the chair of the Radiation Protection Group of any changes in IR(ME)R legislation and guidance which will require a review of the procedures or protocols more promptly than the planned scheduled review.</p>		

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
		<p>The Head of Programme will inform the chair of the Radiation Protection Group of any learning or updated guidance from other UK country Breast Screening Programme which may prompt a review of the procedures of protocols more promptly than the planned scheduled review.</p> <p>Reviews will also take place as necessary following staff feedback, changes in equipment or new techniques, or learning from incidents.</p> <p>Staff meeting are planned from 24 September to 9 October on updated procedures to ensure understanding and consistent practice and enable opportunity for feedback from staff and review of the Employer Procedures in practice.</p> <p>Audit plan developed and implemented to check compliance across pathway by duty holders to be completed by 4 November</p> <p>protocols more promptly than the planned scheduled review.</p> <p>Reviews will also take place as necessary following staff feedback, changes in equipment or new techniques, or learning from incidents.</p> <p>Staff meeting are planned from 24 September to 9 October on updated procedures to ensure</p>		

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
		<p>understanding and consistent practice and enable opportunity for feedback from staff and review of the Employer Procedures in practice.</p> <p>Audit plan developed and implemented to check compliance across pathway by duty holders to be completed by 4 November.</p>		
<p>5. The Employer is required to provide HIW with evidence of up to date records for all relevant training undertaken by operators in regard to adequate training and competency for use of equipment and testing.</p> <p>Timescale for completion 23 September 2024</p>	<p>Regulation 6 (3) (b) Regulation 17 (4) Schedule 3</p>	<p>This has been actioned and includes improvements to</p> <ul style="list-style-type: none"> • evidence of training records and competency for operators carrying out Quality Control testing on equipment • evidence of equipment training for breast clinician 	<p>DP</p>	<p>Completed by 23 September</p>

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
<p>6. The Employer is required to provide HIW with evidence of a robust documented process for the review of entitlement of duty holders.</p> <p>Timescale for completion 23 September 2024</p>	<p>Regulation 6 (1) Schedule 2 (1) (b)</p>	<p>Action has been completed in the review and updated Employer Procedures by 23 September .</p> <p>This has included improvement to</p> <ul style="list-style-type: none"> • evidence of regular review of entitlement <p>The Regional Radiography Managers hold the entitlement and competency records documenting IR(ME)R duty holders. Training and competency records will be held for individuals and also in an overall spreadsheet detailing a competency matrix. These are to be reviewed annually or more frequently if there are changes to entitlement.</p>	<p>SH</p>	<p>Completed by 23 September. Employer's Procedures document revised and updated to ensure that they are reflective of current clinical practice.</p>
<p>7. The Employer is required to provide HIW with assurance of adequate understanding and knowledge of IR(ME)R by duty holders to carry out their duties.</p> <p>Timescale for completion 7 October 2024</p>	<p>Regulation 6 (2), regulation 6 (3) (b) & Schedule 3</p>	<p>Action will be completed in the review and updated of the Employer Procedures and sharing the agreed and ratified documents with duty holders.</p> <p>Staff training meetings have been planned across the regions from 24 September to 9 October and that will ensure consistency of messaging and checking understanding of revised procedures and process changes to enable safe implementation.</p> <p>The training will be undertaken by the Regional Managers with their direct team and this will cover all IR(ME)R duty holders and there will be follow up for staff on leave. This will include refresher training on IR(ME)R regulations,</p>	<p>DP</p>	<p>Regional training staff meetings planned from 24 September to 9 October. Timescales for completion 9 October (due to planned staff meeting arranged around clinics)</p>

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
		<p>informed by MPE , staff roles under the regulation for duty holders, detailed review and explanation of the overarching Employer's Procedures document and 12 detailed Employer Procedures and how to access procedures and relevant information. An informal assessment will be undertaken by staff to check their understanding following the training. The aim of the sessions will be that IR(ME)R duty holders understand the IR(ME)R framework and how they apply this in their role in Breast Screening.</p> <p>Annual update training will be put in place and discussing this with our colleagues in RPS to cover update training to all duty holders in BTW to cover</p> <ul style="list-style-type: none"> • Current / updates to legislation • Responsibilities of duty holders • Employer procedures 		

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
<p>8. The Employer is required to provide HIW with assurance that measures are in place to allow for the review of previous diagnostic information or medical records prior to the justification of the exposure.</p> <p>Timescale for completion 23 September 2024</p>	<p>Regulation 10 (5) Regulation 11(4)</p>	<ul style="list-style-type: none"> • evidence of justification or authorisation records held for retrospective analysis or review • evidence of individual referral for biopsy patients or assessment clinic • evidence of referral criteria for screening mammography <p>The SASP2 form details the last screening mammogram and the IR(ME)R Operator checks the date of the last screening mammogram is not within last 6 months. If the mammogram is a technical recall then this is likely to be within the last 6 months.</p> <p>The review of previous diagnosis information of medical records prior to the justification of the exposure is not currently feasible for mammograms that have been undertaken in the symptomatic service in the Health Boards in Wales.</p> <p>In the guidance document n Breast screening: guidance on implementation of Ionising Radiation (Medical Exposure) Regulations (2017) - GOV.UK (www.gov.uk):</p> <p><i>The referral process for breast screening is different to an individual imaging referral requested by a healthcare professional. Women are invited for screening if they meet the</i></p>	<p>SH</p>	<p>Employer’s Procedures document revised and updated to ensure that they are reflective of current clinical practice. Completed.</p> <p>To mitigate further against the risk of a screening participant having a mammogram within 6 months of a previous symptomatic mammogram the process around checks will be reviewed and strengthened taking into account the guidance above.</p> <p>This will include reaching out to other breast screening programme in UK to explore their processes to mitigate this risk (in process); discussing the access to Health Board PACs system that breast screening doesn’t current have</p>

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
		<p><i>referral criteria in accordance with the national service specification. The screening invitation letter must be issued/signed by a registered healthcare professional, entitled by the employer as a referrer.</i></p> <p><i>Each breast screening service must have referral guidelines which outline the set criteria by which a woman is eligible for breast screening and should also include clear processes for dealing with exceptions.</i></p> <p><i>A mammogram may be performed for routine invitations when:</i></p> <ul style="list-style-type: none"> <i>• the woman is registered with a GP practice</i> <i>• the woman is aged between 50 and up to 71 birthday</i> <i>• a minimum of 6 months has elapsed since a previous mammogram</i> <i>• the woman has not had a bi-lateral mastectomy</i> <p><i>The mammographer carrying out the examination will ask the woman when and where they had their last mammogram, and if known, the date and discussion must be documented. Verbal confirmation is sufficient and does not routinely require further checks. If the time since last mammogram is greater than 6 months, the mammographer will continue with the breast screening examination.</i></p>		<p>ability to access; exploring if can systematically put in place a process if woman is unsure of date of previous symptomatic mammogram for staff on mobile to phone BTW staff to request them to check with either Health Board or on PACs if available.</p> <p>This will be undertaken by 4 November in line with Improvement Action 4</p>

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
		<p><i>This is in line with current practice in Breast Test Wales. This detail has been included in the review and updating of the overarching Employer's Procedures document and the detailed Employer Procedures.</i></p> <p><i>It is currently not possible to introduce checks on symptomatic mammogram information for the breast screening service in Wales as the services is currently not able to access all of the Health Board PACs systems and Screening Mobiles do not have network connectivity.</i></p> <p><i>Work to understand how these issues can be addressed will include</i></p> <ul style="list-style-type: none"> <i>• Exploring how access to all Welsh Health Board PACs systems. Implementation of new PACS system across Wales is currently planned. PHW implementation is expected by March 2025 with full implementation roll out across Wales expected to take a further 2 years. Understanding how this initiative could be used to address the issue is a priority area.</i> <i>• Secure IT connection to mobiles - technical solution that is cyber secure and feasible - signal issues in some sites in Wales.</i> <i>• Procurement and resources for secure IT connection</i> <i>• Information Governance approval processes to allow staff to have justified reason</i> 		

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
		<p><i>to access information as this will be on individual basis</i></p> <ul style="list-style-type: none"> <i>Feasible process to ensure checking information work within running of the screening clinic and does not introduce delays to participants.</i> <p><i>Work to explore and scope this solution can be taken forward but this will need to align to timescales as detailed above.</i></p> <p><i>To mitigate against the risk of a screening participant having a mammogram within 6 months of a previous symptomatic mammogram the IR(ME)R Operator will ask the woman if she has had a mammogram previously and if so when this was. This will be documented on the SASP2 form and on the NBSS IT system when changes implemented.</i></p> <p><i>If woman is unsure of date of previous symptomatic mammogram then the mammogram will not be undertaken until the date has been confirmed.</i></p> <p><i>To mitigate against the risk of a screening participant having a mammogram within 6 months of a previous symptomatic mammogram the process around checks will be reviewed and strengthened taking into account the guidance above.</i></p>		

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
		<p><i>This will include reaching out to other breast screening programme in UK to explore their processes to mitigate this risk; discussing the access to Health Board PACs system that breast screening doesn't current have ability to access; exploring if can systematically put in place a process if women is unsure of date of previous symptomatic mammogram for staff on mobile to phone BTW staff to request them to check with either Health Board or on PACs if available.</i></p>		

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative: 

Name (print): Dr Sharon Hillier

Job role: Director of Screening Division, Public Health Wales

Date: 27/09/24

Appendix C - Improvement plan

Service: **Breast Test Wales**

Date of inspection: **28 and 29 August 2024**

The table below includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Risk/finding/issue	Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
1. Some QR codes were seen for people to feedback, however there was not specific information related to Llais (patient experience) or NHS Wales Putting things right. There was also no information on what improvements / changes have been made as a result of feedback.	<p>The Employer must, ensure that the relevant posters are displayed on the following:</p> <ul style="list-style-type: none"> Llais “Putting things right” You said, we did information. 	Person Centred	<p>‘Putting things right posters’ are already displayed across mobiles and static sites.</p> <p>The service will ensure there are posters displayed on the mobiles and static sites on Llais; and information on improvements that have been made as result of feedback</p>	Regional Radiology Managers	To be completed within one month

2.	DRLs that were reviewed did not reference current DRLs in use.	The Employer must update the Employer's Procedure in relation to DRLs and LDRLs to reflect the current DRLs in use. This must include the tomosynthesis DRL.	Regulation 6 Schedule 5 (c)	<p>Employer's Procedures document have been revised and updated.</p> <p>The specific document is: Breast Test Wales Employer Procedure 7 (EP7). Procedure to use and review the diagnostic reference levels.</p> <p>This includes tomosynthesis DRL.</p>	Completed	<p>This action is completed</p> <p>These were agreed and ratified on 23 September and sent to all IR(ME)R duty holders on the 23 September.</p>
3.	The Employer's Procedure related to individuals of childbearing potential was not in line with best practice and did not match clinical practice.	The Employer must review and update the Employer's Procedure related to individuals of childbearing potential and update it in line with best practice.	Regulation 6 Schedule 8	<p>Employer's Procedures document have been revised and updated.</p> <p>The specific document is: Breast Test Wales Employer Procedure 4 (EP4). Procedure to establish if a participant of childbearing potential is pregnant or breastfeeding</p>	Completed	<p>This action is completed</p> <p>These were agreed and ratified on 23 September and sent to all IR(ME)R duty holders on the 23 September.</p>

4.	Some of the clinical audits reviewed during the	The employer must ensure that there is a standardised approach to	Regulation 7	The audits will be in line with the PHW policy and templates.	This action is in place	This action is in place
	inspection were found to be inconsistent in how audit findings were presented and lacked evidence of in-depth analysis of results.	the reporting of audits, the learning actions to be implemented in the audit results and whether there is a need for reaudit.		https://phw.nhs.wales/aboutus/policies-andprocedures/policies-andproceduresdocuments/clinicalgovernance-and-infectioncontrol-policies/quality-andclinical-audit-procedure/ This has already been actioned for the audits undertaken relating to the implementation of the revised and updated Employer Procedures		

5.	The related CSAUE and SAUE (accidental and unintended exposures) incidents was not in line with current guidance	Employer is required to undertake a whole scale review and update of this procedure. The Employer must review and update this Employer procedure in line with current guidance.	Regulation 8	Employer's Procedures document have been revised and updated. The specific document is: Breast Test Wales Employer Procedure 11 (EP11). Procedure to follow for a significant accidental or unintended exposure.	Completed	This action is completed These were agreed and ratified on 23 September and sent to all IR(ME)R duty holders on the 23 September.
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<p>The Employer should consider performing trend analysis of incidents and near misses with comparisons to previous time periods to support the service identifying potential trends in incidents and near misses.</p>	<p>Regulation 8</p>	<p>This will be taken forward and trend analysis of Datix incidents related to IR(ME)R regulations will be undertaken for the programme</p> <p>All incidents are reviewed at the minuted technical assurance meetings and the Radiation Protection Committee. This will now include near misses.</p> <p>Clarification on what would be considered as a trend from HIW perspective would be helpful if this can be provided.</p>	<p>Regional Radiography managers working with RPS colleagues and colleagues in integrated governance in the nursing, quality and integrated governance (NQIG) directorate.</p>	<p>This action to be completed within 3 months</p>
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<p>There was a lack of understanding regarding the process for justification and authorisation amongst staff that we spoke with</p>	<p>The Employer must ensure staff have a clear understanding of the process for justification and authorisation. Evidence of authorisation must be recorded and</p>	<p>Regulation 11 Schedule (1) (b)</p>	<p>Employer's Procedures document have been revised and updated.</p> <p>The specific document is: Breast Test Wales Employer Procedure 2(EP2). Procedure to identify individuals entitled to act as IR(ME)R</p>	<p>Completed</p>	<p>Completed</p>
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<p>across all staff groups. During the review of record keeping, there was no recorded evidence of justification and authorisation of referrals for screening, assessment clinic and technical recalls .</p>	<p>audited to ensure compliance with IR(ME)R.</p>		<p>Referrer, Practitioner and Operator for exposures</p> <p>This required changes on the IT system (NBSS) and the SASP2 form. Changes have been made to process for recording identification check; pregnancy and breast feeding check; and changes to terminology from mammographer to IR(ME)R operator. These changes have been made to the paper copy of the SASP2 form and the IT changes have been made and implemented on the static sites. Digital work is in progress and this is required before the IT changes are in place on the mobiles.</p> <p>Detailed work instructions have also been developed which are aligned with the Employer Procedures and provide the detailed process for staff to follow.</p>	
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				The specific work instruction is Breast Test Wales Work Instruction 7 (WI 7) Performing Screening Mammograms.		
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6.	<p>We confirmed that current or past patient referral documentation, as the primary source information was not retained under the client's file. Staff were unable to confirm processes in relation to the retention of information storage and retention. Historic mammography film files were stored in an outbuilding which was also used for staff and clinical meetings. It was not clear what the plans</p>	<p>The Employer must review document and clinical information guidance and ensure that patient information is retained, stored and destroyed appropriately and in accordance with the General Data Protections Regulation.</p>	<p>Regulation (10) Schedule 5</p>	<p>The referral document is retained as the paper SASP2 are completed, retained and then scanned. Once the IT changes are fully implemented for the mobiles then this information will be retained on the IT system.</p> <p>The films are stored in line with the retention guidance and they are culled appropriately.</p> <p>We will ensure the partition in the space is drawn and locked to address this.</p>	<p>Regional Radiography Managers working with Digital colleagues</p> <p>Regional Radiography Manager</p>	<p>Implementation of the IT changes for the mobiles expected by the end of the calendar year</p>
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	were for storage of these films and it appeared inappropriate to store these documents with access to staff that attended meetings there.					
7.	During the inspection it was confirmed that processes in place at Breast Test Wales, Llandudno were also in place across other sites of Breast Test Wales.	The Employer must ensure that improvements required are consistently implemented throughout Breast Test Wales.	Regulation 6	All of the actions completed have been completed across the three regions in Wales.	Completed	Completed
8.	Individual Employer's Procedures and documentation was shared as part of the review of the SAF during the inspection and	Due to the number of suggestions covered, the Employer is required to act on specific feedback shared in the SAF meeting during the inspection, in relation to	Regulation 6 Schedule 2 (1)	Review and updating of the Employer's Procedures has been undertaken. This is in line with Breast screening: guidance on implementation of Ionising Radiation (Medical Exposure) Regulations (2017) - GOV.UK	Completed	Completed

				www.gov.uk documentation.		
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<p>highlighted throughout this report. Detailed feedback was given during inspection.</p>	<p>the updating of each Employer's Procedure.</p>		<p>The documentation are separate documents including overarching Employer's Procedures document and 12 detailed Employer Procedures and contain all of the IR(ME)R related processes in one place.</p> <p>This has included improvements to:</p> <ul style="list-style-type: none"> • documented timelines for record retention • documented evidence of identification of the individual to be exposed or who had carried out this task • process to document evidence of justification or authorisation records held for retrospective analysis or review • process for evidence of individual referral for biopsy patients or assessment clinic 		
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				<ul style="list-style-type: none"> evidence of referral criteria for screening mammography <p>Employer Procedures were sent out via email on Monday 23 September to all duty holders and request confirmation of receipt and have read the documents.</p> <p>Paper copies made available on mobiles and in static sites across Wales. Duty holders were asked to feedback any questions or comments on the documents to their line manager which would be collated centrally to inform any revisions.</p> <p>Staff training meetings took place across the regions from 24 September to 9 October to ensure consistency of messaging and checking understanding of revised procedures and process changes to enable safe implementation. This was delivered by Radiography</p>		
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				<p>Managers to their regional teams. This included refresher training on IR(ME)R regulations, staff roles under the regulation for duty holders and how to access procedures and relevant information.</p> <p>Additional training sessions have taken place (29 October and 4 November) for staff who were not able to attend the previous sessions.</p> <p>Detailed work instructions have also been developed which are aligned with the Employer Procedures and provide the detailed process for staff to follow.</p> <p>Audit plan developed and implemented to check compliance across pathway by IR(ME)R duty holders</p>		
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9.	Responses from the staff survey, indicated that staff did not feel involved in decision making.	Breast Test Wales, Llandudno is required to reflect on responses from staff suggesting that they do not feel involved in	Effective	We will reflect on this feedback and consider this with other methods of feedback that have undertaken including the staff survey at organisation	Head of Programme	Identify actions and take forward within 3 months.
		decision that affect their work and inform HIW of the actions it will take to address this.		level which has shared results recently and will take forward to improve.		

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative

Name (print): Dr Sharon Hillier

Job role: Director of Screening Division, Public Health Wales

Date: 08/11/2024

Structured Assessment 2024 – Public Health Wales NHS Trust

Audit year: 2024

Date issued: December 2024

Document reference: 4622A2024

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Summary report

About this report

- 1 This report sets out the findings from the Auditor General's 2024 structured assessment work at Public Health Wales NHS Trust (the Trust). Our structured assessment work is designed to help discharge the Auditor General's statutory requirement under section 61 of the Public Audit (Wales) Act 2004 to be satisfied that NHS bodies have made proper arrangements to secure economy, efficiency, and effectiveness in their use of resources.
- 2 Our 2024 structured assessment work took place at a time when NHS bodies were continuing to respond to a broader set of challenges associated with the cost-of-living crisis, the climate emergency, inflationary pressures on public finances, workforce shortages, and an ageing estate. In addition, NHS bodies are still dealing with the legacy of the COVID-19 pandemic. More than ever, therefore, NHS bodies and their Boards need to have sound corporate governance arrangements that can provide assurance to themselves, the public, and key stakeholders that the necessary action is being taken to deliver high-quality, safe and responsive services, and that public money is being spent wisely.
- 3 The key focus of the work has been on the Trust's corporate arrangements for ensuring that resources are used efficiently, effectively, and economically, with a specific focus on:
 - board transparency, cohesion, and effectiveness;
 - corporate systems of assurance;
 - corporate approach to planning; and
 - corporate approach to financial management.We have not reviewed the Trust's operational arrangements as part of this work.
- 4 Our work has been informed by our previous structured assessment work, which has been developed and refined over several years. It has also been informed by:
 - model Standing Orders, Reservation and Delegation of Powers;
 - model Standing Financial Instructions;
 - relevant Welsh Government health circulars and guidance;
 - the Good Governance Guide for NHS Wales Boards (Second Edition); and
 - other relevant good practice guides.We undertook our work between October and December 2024. The methods we used to deliver our work are summarised in **Appendix 1**. Our work was conducted in accordance with the auditing standards set by the International Organization of Supreme Audit Institutions.
- 5 We also provide an update in this report on the Trust's progress in addressing outstanding recommendations identified in previous structured assessment reports in **Appendix 2**.

Key findings

- 6 Overall, we found that **the Trust has effective arrangements to ensure good governance, with sound approaches in place to develop and monitor its plans and manage its finances. However, there remains a need to improve the timeliness of some committee meetings and develop a more comprehensive approach to assurance mapping as part of its Board Assurance Framework.**
- we considered whether the Trust's Board conducts its business appropriately, effectively, and transparently. We found that **the Board and its committees continue to operate well, and maintain a good focus on public transparency, hearing from staff and service users, and continuous improvement. The Board remains cohesive and changes in membership have been managed well. The quality of papers is generally of a good standard with appropriate action being taken to improve this further. The Trust should still review the timing of its committee meetings to ensure they are of sufficient frequency and adequately support the flow of assurances to the Board.**
 - we considered whether the Trust has a sound corporate approach to managing risks, performance, and the quality and safety of services. We found that **the Trust is continuing to strengthen its corporate systems of assurance related to risk, performance, and tracking recommendations and associated scrutiny. However, the Trust still needs to identify all sources of assurance on the effectiveness of its arrangements to manage its strategic risks and achieve its organisational objectives.**
 - we considered whether the Trust has a sound corporate approach to producing strategies and corporate plans and overseeing their delivery. We found that **the Trust has a sound approach to developing and monitoring the delivery of Integrated Medium-Term Plans but there is scope to further strengthen its approach to demonstrating impact.**
 - we considered whether the Trust has a sound corporate approach to managing its financial resources. We found that **the Trust continues to have a sound approach to managing its financial resources.**

Recommendations

- 7 Whilst we have not made any new recommendations this year, there remains work to do to ensure that recommendations from previous years are addressed in full (see **Appendix 2**).

Detailed report

Board transparency, effectiveness, and cohesion

- 8 We considered whether the Trust's Board conducts its business appropriately, effectively, and transparently.
- 9 We found that **the Board and its committees continue to operate well, and maintain a good focus on public transparency, hearing from staff and service users, and continuous improvement. The Board remains cohesive and changes in membership have been managed well. The quality of papers is generally of a good standard with appropriate action being taken to improve this further. The Trust should still review the timing of its committee meetings to ensure they are of sufficient frequency and adequately support the flow of assurances to the Board.**

Public transparency of Board business

- 10 We considered whether the Board promotes and demonstrates a commitment to public transparency of board and committee business. We were specifically looking for evidence of Board and committee:
- meetings that are accessible to the public;
 - papers being made publicly available in advance of meetings; and
 - business and decision-making being conducted transparently.
- 11 We found that **the Board continues to be committed to conducting its business transparently.**
- 12 The Trust continues to demonstrate a strong commitment to public transparency. Board meetings are livestreamed, which the public can observe virtually, with recordings made available on the Trust's website shortly afterwards. Dates of Board meetings are published well in advance and opportunities exist for members of the public to attend in person should they wish. Board papers are published on the Trust's website seven days in advance of meetings. Recordings and unconfirmed minutes of Board meetings are made available on the website usually within the 28-day target the Trust has set itself.
- 13 Board business is conducted in line with the Trust's etiquette policy which sets out the values and cultures expected of Board members. Translation arrangements are in place to enable Board members and attendees to communicate in Welsh if they attend meetings in person. However, the Trust is still unable to arrange simultaneous translation for those viewing meetings online on Teams.
- 14 We continue to observe open and candid discussions in public Board and committee meetings. In line with its own Protocol for Matters Discussed in Private, the Trust minimises the use of private Board and committee sessions, reserving these for confidential and sensitive matters only. In 2024, the Trust switched the order of public and private Board meetings, with the private meeting now taking place first. This has enabled Board members to consider whether items scheduled

to be discussed in private should be moved to the later public meeting, if appropriate to do so. A summary of matters discussed in private is presented through the Chairs Update in public Board meetings. Chairs Actions are kept to a minimum and noted in writing at the next available meeting.

- 15 Last year, we reported that the Trust considered Audit and Corporate Governance Committee (ACGC) meetings to be private for all its business due to historical Welsh Government guidance. Although the Trust published papers deemed suitable for public access following ACGC meetings, the arrangement was out of line with all other NHS bodies in Wales. Since the start of the current financial year, the Trust has run separate public and private sessions of its ACGC (see **Appendix 2 R1 2023**). Public committee meetings are not live streamed or recorded, however, meeting papers are published seven days in advance of meetings. The Trust aims to publish unconfirmed minutes within 28 days of meetings.
- 16 Information is also shared with the Board between meetings via briefings, with a summary of the information shared noted in the subsequent Chair's Update to Board. Some reports are also shared with Board members between meetings. We reported in our previous two structured assessment reports that a key report, specifically the Month 12 financial position, was not in the public domain as it was shared with Board members between Board meetings. This year, the report was made available on the Trust's website (see **Appendix 2 R6d 2022**). However, it would be preferable for this to be formally received in a Board meeting to provide the opportunity for discussion on the year-end financial position and any associated learning.

Arrangements to support the conduct of Board business

- 17 We considered whether there are proper and transparent arrangements in place to support the effective conduct of Board and committee business. We were specifically looking for evidence of formal, up-to-date and publicly available:
- Reservation and Delegation of Powers and Scheme of Delegation in place, which clearly sets out accountabilities;
 - Standing Orders (SOs) and Standing Financial Instructions (SFIs) in place, along with evidence of compliance; and
 - policies and procedures in place to promote and ensure probity and propriety.
- 18 We found that **the Board continues to have effective arrangements to support the conduct of its business.**
- 19 The Trust has up-to-date and accessible Standing Orders, Scheme of Delegation, and Standing Financial Instructions in place with evidence of compliance. The Trust reviews these documents on a regular basis. The Standing Orders and Scheme of Delegation were last updated in May 2024, and endorsed by ACGC and subsequently approved by the Board in their May meetings. The Standing Orders and Scheme of Delegation were updated to reflect changes to the Welsh

Government's Model Standing Orders¹. The latest versions of the Standing Orders and Standing Financial Instructions are available on the Trust's website. Internal reports² and our audit of accounts work over the last year indicate that key control frameworks are routinely complied with.

- 20 Bi-annual updates are provided to the ACGC on the arrangements for managing declarations of interest, gifts and hospitality, compliance with Welsh Health Circulars, and updating policies. The most recent update was provided in September 2024. The Declarations of Interest, Gifts, and Hospitality Registers are up-to-date and available on the Trust's website. We routinely observed declarations of interest taken at the start of Board and committee meetings as a standing item.
- 21 Considerable progress has been made to ensure that all policies are updated and available on the Trust's website. Bi-annual updates are provided to each committee setting out the review status for each policy assigned to that committee. All out-of-date policies are risk assessed. Based on the latest updates to the relevant committees³, of 80 policies, 17 were out-of-date. Of those 17 policies, 12 are all-Wales policies which were reliant on national updates. The Welsh Government has confirmed that all out-of-date all-Wales policies remain extant. Our review of the Trust's website found that all the latest versions of the Trust's policies are accessible.

Effectiveness of Board and committee meetings

- 22 We considered whether Board and committee meetings are conducted appropriately and effectively. We were specifically looking for evidence of:
- an appropriate, integrated, and well-functioning committee structure in place, which is aligned to key strategic priorities and risks, reflects relevant guidance, and helps discharge statutory requirements;
 - Board and committee agendas and work programmes covering all aspects of their respective Terms of Reference as well as being shaped on an ongoing basis by the Board Assurance Framework;
 - well-chaired Board and committee meetings that follow agreed processes, with members observing meeting etiquette and providing a good balance of scrutiny, support, and challenge; and

¹ In April 2024, the NHS Wales Joint Commissioning Committee replaced the Emergency Ambulance Services Committee, the Welsh Health Specialised Services Committee and the National Collaborative Commissioning Unit.

² Routine ACGC reports on procurement, losses and special payments, counter fraud and registers of interest, gifts, and hospitality.

³ Received in September or October 2024 depending on the timing of committee meetings.

- committees receiving and acting on required assurances and providing timely and appropriate assurances to the Board.
- 23 We found that **the Board and committees are generally operating effectively. The Trust should still review the timing of its committee meetings to ensure they are of sufficient frequency and adequately support the flow of assurances to the Board.**
- 24 The Board and its committees continue to work well. There have been no substantive changes to the committee structure or their remits since our previous structured assessment report. Terms of Reference for each committee are reviewed and approved at least annually. Workplans are in place and reflect the breadth of Board and committee business. Executive leads and committee chairs work together to develop workplans and meeting agendas. The Trust makes it clear that workplans are indicative and will be confirmed during the agenda setting process. In September 2024, the Trust received a substantial assurance rating from Internal Audit on ‘Board Assurance – Committee Work Planning’.
- 25 Board and committee meetings are chaired well. During 2024, there have been changes to the Board Chair and some committee chairs. These changes have been managed well, and all committee chairs reported good support from the lead executive(s) for their relevant committees. Despite carrying Non-Executive Director (NED) vacancies throughout the year, the Trust has managed quoracy of its meetings (see **paragraph 48**).
- 26 We observed good levels of scrutiny, support, and challenge in Board and committee meetings. Pre-meetings and a new Chair’s Brief enable meeting chairs to be clear about how items are to be presented and provide clear instructions on their purpose and what is required from attendees. The Trust told us there has been a positive shift in the focus of scrutiny to outcomes and impact due to improvements both to the clarity of purpose of meeting items and the quality of items presented (see **paragraphs 32 to 34**).
- 27 There continue to be clear flows of information across committees and to Board. During 2024, consideration has been given to cross-cutting agenda items that are discussed by more than one committee and for these items, the role of each committee clarified.
- 28 We reported last year that the timing of committees is problematic, with scope to consider the timing of committee meetings alongside Board meetings to overcome the issues we identified. This year, we found there remains:
- Some substantial time gaps between meetings, specifically the September and January ACGC meetings, and the October and February People and Organisational Development Committee (PODC) meetings.
 - Some tight time gaps between some Quality, Safety and Improvement Committee (QSIC) meetings and Board meetings, resulting in four occasions in 2024 where verbal updates of committee meetings were provided to the Board and subsequently (written) duplications in assurance received in the following Board meeting.

- Variation in the timeliness of when quarterly and bi-annual reports are received by committee, with ACGC receiving quarterly updates generally two months later than QSIC.

29 When we made our recommendation to review the timing of meetings in our 2023 structured assessment report, the Trust had already scheduled its Board and committee meetings for 2024-25. During 2024, the Trust has concentrated on ensuring that the flows of information from committee meetings to the Board keeps Board members informed and updated on matters raised in those meetings. The Composite Committee Report⁴ has been refined to provide more consistency on the format and matters included in the report for each committee. The Trust told us it has aimed to avoid or minimise the use of verbal updates, and the Composite Committee Report contains a link to unconfirmed minutes for meetings which are too close to the Board meeting to enable a written update to be included. The Trust told us it will consider further refinements to the scheduling of committees in 2025-26, namely the QSIC and ACGC committee meetings (see **Appendix 2 R2 2023**).

Quality and timeliness of Board and committee papers

- 30 We considered whether the Board and committees receive timely, high-quality information that supports effective scrutiny, assurance, and decision making. We were specifically looking for evidence of clear and timely Board and committee papers that contain the necessary / appropriate level of information needed for effective decision making, scrutiny, and assurance.
- 31 We found that **Board and committee papers are generally of a good standard, with good use of interactive tools. Where opportunities for enhancing the quality of papers have been identified, the Trust is taking appropriate action to make the necessary improvements.**
- 32 The Board continues to receive timely and clear information that supports effective decision making, scrutiny, and challenge. Last year, we found that whilst presentations are clear, they did not always set out what is expected of the Board or committee receiving the presentation. This year, the Trust told us that clear instructions are given to people presenting to Board and committee meetings, in terms of timing and what needs to be covered in slides, such as the purpose of the presentation and what the ask of the Board or committee is. We reviewed each of the slide sets used in Board and committee meetings in 2024. Most, but not all, made clear the purpose of the presentation either in an accompanying cover sheet, or in the slides themselves. The Trust should consider whether using cover sheets for all slide sets would help Board members and members of the public better understand the purpose of the presentation. However, contrary to last year, we found that all PODC and Knowledge, Research and Information Committee (KRIC)

⁴ The Composite Committee Report provides a summary to the Board of key matters considered and related decisions made by each committee since the previous Board meeting.

meeting papers in 2024 included cover sheets for all relevant agenda items, including presentations (see **Appendix 2 R6c 2022**).

- 33 Last year, we found that some committee papers were lengthy and needed more focus on key matters. The Trust has piloted work to improve the quality of reports prepared for QSIC meetings to ensure that the information meets the needs of the committee members. The pilot focused on being clear on the information required, the time required for discussion, and the most appropriate format for presentation. A brief has been provided to lead executives and is used to assess agenda papers prior to the meeting. A template was developed for deep dives received by QSIC to provide a standardised report format and to encourage focus on what matters, key risks, and impact. The Trust told us that it feels that there has been a vast improvement in papers presented to QSIC and they are now more focused. Information quality is reviewed at the end of each QSIC meeting to identify any learning points. The pilot has concluded, and the approach will be rolled out to the other committees in 2025.
- 34 Where possible, the Trust aims to incorporate related items in a single committee report to gain efficiency of time. For example, for QSIC the Trust has merged related governance items into a single report, and committee meeting highlight reports to Board are provided as a single agenda item. This approach also helps to support triangulation of related information.
- 35 Last year, we reported that the Trust was aiming to pilot an approach - the Governance Hub - to strengthen cover papers by providing assurance to Board members that all relevant governance aspects have been considered. The Governance Hub is intended to be a central point for authors of papers to seek advice on all required governance aspects at the outset, such as compliance with legislation and information governance needs. The pilot of the Governance Hub was intended to commence in early 2024, however, it is still in development. The Trust told us it wants to ensure that the Governance Hub is fully ready before launch. Once launched, it should enable discussions at Board and committee meetings to be focused on the content and next steps, rather than seeking assurance that all governance requirements have been considered.
- 36 The Trust continues to make good use of interactive tools, such as its Performance Assurance Dashboard and its Public Health Dashboard, during the year. The Trust's Performance and Insight Report also sets out very clearly a snapshot of performance across the totality of the Trust's business using infographics.

Board commitment to hearing from patients/service users and staff

- 37 We considered whether the Board promotes and demonstrates a commitment to hearing from patients/service users and staff. We were specifically looking for evidence of the Board using a range of suitable approaches to hear from a diversity of patients/service users, the public and staff.

- 38 We found that **the Board has continued to strengthen its commitment and approach to hearing from staff and service users.**
- 39 Staff representatives continue to attend all Board and committee meetings. The Board also periodically receives information from the Trust's staff network groups, and network representatives were invited to join the Board for lunch after the September 2024 Board meeting. In addition, Board members continue to take opportunities to engage with staff around the margins of Board and committee meetings. To facilitate this, the Trust holds Board meetings in other locations rather than just the Cardiff headquarters. For example, the Trust took the opportunity to arrange a tour for Board members around the Pathogen Genomics Unit and to meet staff in its November 2024 Board meeting.
- 40 All NEDs were invited to attend the all-staff conference in October 2024, and most did so. Discussions continue to take place on how to enable the Board to hear from a wider range of staff, acknowledging the distinct services that the Trust has, and the dispersion of services and Board members geographically.
- 41 Mechanisms for staff engagement are routinely considered at PODC meetings and the findings of engagement activities presented to the committee. Routine updates are provided to the PODC on the Local Partnership Forum, and in July 2024, the Committee received assurance on action being taken to address findings from the NHS Staff Survey 2023. We continue to observe active engagement in meetings, with Board members taking staff views seriously and acting on concerns.
- 42 The Board has established several mechanisms to hear from service users and the wider population. The Trust's Time to Talk Public Health Panel of 2,500 residents from across Wales meets monthly to share views on a range of topics. The findings from the monthly panel reviews inform relevant Board and committee business. The Board continues to engage positively with its Young Ambassador Programme.
- 43 Findings from other engagement mechanisms are included in committee business, for example, the annual consideration by KRIC of results from the impact survey of the Trust's data, analysis, and research products. QSIC routinely considers the quarterly Putting Things Right report which includes complaints and concerns. Several of these aspects are included in the Performance Assurance Dashboard, which is also routinely considered by QSIC and the Board.
- 44 The Trust considers how to receive feedback more routinely on how other partners, most notably the wider NHS Wales and local authorities, perceive the services that they receive from the Trust. The Trust held a joint board development session with a Cwm Taf Morgannwg University Health Board in June 2024, with a focus on diabetes care and prevention, and continues to seek opportunities to invite partners from NHS and local authorities to Board meetings. We will consider the Trust's approach to hearing from service users and stakeholders further in our 2025 follow-up of the recommendations we made as part of our [Review of Quality Governance Arrangements](#) at the Trust in 2022 (see **Appendix 2 R4 2022**).

Board cohesiveness and commitment to continuous improvement

- 45 We considered whether the Board is stable and cohesive and demonstrates a commitment to continuous improvement. We were specifically looking for evidence of:
- a stable and cohesive Board with a cadre of senior leaders who have the appropriate capacity, skills, and experience;
 - the Board and its committees regularly reviewing their effectiveness and using the findings to inform and support continuous improvement; and
 - a relevant programme of Board development, support, and training in place.
- 46 We found that **the Board continues to be cohesive, with a strong focus on development and improvement. Changes in Board membership have been well managed and brought a new energy and fresh perspective.**
- 47 Changes in the Executive team have been managed well with a substantive appointment made in August 2024 to the Director of Quality, Nursing and Allied Health Professionals role (following holding the role on an interim arrangement for the previous year). The Chief Executive Officer also stepped back from their role for two months early in 2024 to prepare for the extensive nature of the Trust's involvement in the UK Covid-19 inquiry. Appropriate interim arrangements were established to provide cover.
- 48 The Trust continues to have a strong Board with a diverse portfolio of skills and experience across different sectors. There has been significant change in the NED cohort since our previous report, with the departure of the Board Chair (May 2024), the Vice Chair (February 2024), and two NEDs (February and September 2024), of which one had been on secondment to another health body for a year previously. The Trust managed these changes well, particularly due to the unexpected nature of some of the departures. The ACGC Chair was appointed by the Cabinet Secretary for Health and Social Care to be the interim Board Chair until December 2024, pending the recruitment of a substantive chair and a NED stepped in to cover the ACGC Chair role, also on an interim basis. A new NED was appointed at the end of 2023 and a new Vice Chair was appointed in May 2024. NEDs have also provided cover to committees to ensure quoracy is maintained. There is still one NED role for which recruitment was underway at the time of reporting.
- 49 The Trust told us that the changes have brought new energy and perspectives to the Board. The Board has had a strong focus on becoming a high-performing Board over the last twelve months, aiming to build upon the development programme in 2023. The Board also continues to demonstrate its commitment to ongoing improvement by reviewing committee effectiveness annually and implementing improvements. Committee chairs also continue to routinely seek feedback at every meeting, and the Chair and Board Secretary routinely reflect how the Board is working after each meeting.

50 The Trust's Board Business Unit has developed a local induction programme to support new NEDs and provided a range of Board development opportunities throughout the year. Last year we recommended that the NEDs meet periodically to share experiences and learn from each other. The NEDs have held an initial meeting to determine how the NEDs Peer Group meetings will work and who should attend. It was agreed that all NEDs will attend, along with the Board Business Unit members. Meetings are due to start in January 2025 and the group will meet bimonthly (see **Appendix 2 R3 2023**).

Corporate systems of assurance

51 We considered whether the Trust has a sound corporate approach to managing risks, performance, and the quality and safety of services.

52 We found that **the Trust continues to strengthen its corporate systems of assurance, with good oversight and scrutiny of risks and performance provided by the Board and its committees. However, the Trust still needs to identify all sources of assurance on the effectiveness of its arrangements to manage its strategic risks and achieve its organisational objectives.**

Corporate approach to overseeing strategic and corporate risks

53 We considered whether the Trust has a sound corporate approach to identifying, overseeing, and scrutinising strategic risks to the delivery of strategic objectives. We were specifically looking for evidence of:

- an up-to-date and publicly available Board Assurance Framework (BAF) in place, which brings together all the relevant information on the risks to achieving the organisation's strategic objectives;
- the Board actively owning, reviewing, updating, and using the BAF to oversee, scrutinise, and address strategic risks;
- an appropriate and up-to-date risk management framework in place, which is underpinned by clear policies, procedures, and roles and responsibilities; and
- the Board providing effective oversight and scrutiny of the effectiveness of the risk management system and corporate risks.

54 We found that **the Trust is continuing to strengthen its approach to risk management, with Board and committee oversight of strategic and corporate risks improving. However, the Trust still needs to identify all sources of assurance on the effectiveness of its arrangements to manage its strategic risks and achieve its organisational objectives.**

55 The Trust reviewed its BAF in March 2024, and it was approved by the Board in its May 2024 meeting. However, the BAF in its current form describes the Trust's

corporate governance arrangements. As a result, the timing of the review allowed the Trust to consider the changes made to the Model Standing Orders and committee Terms of Reference with minor changes made to the assurance mapping, Consideration was also given to hosting arrangements, commissioning arrangements, and service delivery and engagement.

- 56 The Trust's Strategic Risk Register is what we would consider to be a traditional BAF⁵. The Trust refreshed its Strategic Risk Register in January 2024, and it now includes signposting to related corporate risks at the request of Board members. Last year, we reported that opportunities remained to improve the Strategic Risk Register in terms of articulating the sources of assurance more clearly using the three lines of defence model⁶. This continues to be the case, with current and planned assurances (to close gaps in control) largely based on internal operational sources which would be categorised as first lines of defence using the model (see **Appendix 2 R2b 2022**). However, the Trust plans to articulate the sources of assurance for all three lines of defence during 2025. Until the sources of assurance are set out in full, the committees are unable to provide oversight of the controls and the sources of assurance underpinning each strategic risk and scrutinise the Trust's progress in addressing any gaps (see **Appendix 2 R2d 2022**).
- 57 In a workshop in February 2024, the Executive Team refocused the strategic risks alongside the development of the organisation's 2024-27 Integrated Medium-Term Plan (IMTP) and mapped them to the Trust's strategic priorities (as set out in the IMTP) to ensure they are comprehensive. The six strategic risks were approved by the Board in March 2024. The strategic risks were reframed with the aim of limiting them to cover what is within the control of the Trust to influence and shape. However, the Trust intends to further refine the articulation of its strategic risks to ensure they do not encapsulate those areas which require partners to deliver. The Board will revisit the strategic risks in a board development session in February 2025 alongside a review of the risk appetite statement.
- 58 The Board receives the Strategic Risk Register three times a year. The summary report clearly identifies any changes in controls since the last update and provides a delivery confidence assurance rating. Last year, we reported that with five of the six strategic risks were assigned to QSIC, it placed a heavy burden on the committee. In 2024, the strategic risks were redistributed amongst committees, with three committees now assigned risks to oversee and scrutinise. The Terms of Reference of KRIC have been updated to include the committee's new responsibility to scrutinise two strategic risks.

⁵ As defined by RSM UK Group and NHS Providers, we would consider a Board Assurance Framework as a key document used to record and report an organisation's key strategic objectives, risks, controls, and assurances to the Board.

⁶ The three lines of defence model enables sources of assurance to be categorised, increasing the independence and objectivity of assurance at the third level.

- 59 The Trust received a substantial assurance rating from the Internal Audit on 'Board Assurance – Strategic Risk' in September 2024.
- 60 Unlike other NHS bodies, the Corporate Risk Register is delegated to the Leadership Team which sits below the Business Executive Team (BET). In other NHS bodies, the Corporate Risk Register is owned by the Board, with the Operational Risk Register the responsibility of the executive team.
- 61 The Board and committees considered the Corporate Risk Register at its January and September 2024 meetings (see **Appendix 2 R4 2023**). Whilst there was a lot of information included on each risk, there were no SMART⁷ actions included on the Board and committee report. However, the latest version of the Corporate Risk Register, shared at the November 2024 QSIC meeting included a short description on actions planned or underway to help the Trust meet the target risk score, the due dates and progress made to date.
- 62 The ACGC continues to maintain good oversight of the Trust's risk management arrangements, with routine updates received on progress against the Trust's three-year Risk Management Development Plan. In 2022, the Trust split the role of Chief Risk Officer into two posts, creating a new Head of Risk Management post. It took time to recruit to the post, following some unsuccessful recruitment rounds. However, the post was filled in 2024. The extra capacity has enabled the Trust to ensure there is more support for leads with responsibility for managing operational risk.

Corporate approach to overseeing organisational performance

- 63 We considered whether the Trust has a sound corporate approach to identifying, overseeing, and scrutinising organisational performance. We were specifically looking for evidence of:
- an appropriate, comprehensive, and up-to-date performance management framework in place, underpinned by clear roles and responsibilities; and
 - the Board and committees providing effective oversight and scrutiny of organisational performance.
- 64 We found that **the Trust continues to have good and improving performance management arrangements, with the Board providing effective oversight and scrutiny of performance.**
- 65 The Trust continues to have effective performance management arrangements. The Performance Assurance Dashboard continues to develop following ongoing feedback, along with the Performance and Insight Report. The Trust has also developed its Public Health Dashboard. All of these are reported regularly to the Board and relevant committees, and continue to provide clear, accessible, and

⁷ Specific, measurable, achievable, relevant, and time-bound

meaningful data on key performance indicators across the breadth of the Trust's business.

- 66 The Performance and Insight Report now includes three sections - governance and accountability, service delivery, and strategy delivery. New performance indicators have been developed in the service delivery section.
- 67 The Directorate and Divisional Assurance Dashboards are well established and continue to support performance management arrangements at an operational level.
- 68 The Board and committees continue to provide effective oversight and scrutiny of the Trust's performance. Due to the improvements made to the Performance and Insight Report, discussions in meetings are more focused on the key performance issues, rather than the report format.

Corporate approach to overseeing the quality and safety of services

- 69 We will consider the Trust's corporate approach to overseeing and scrutinising the quality and safety of services in 2025 as part of our separate follow-up review of the Trust's progress in addressing the recommendations we made in our [2022 Review of Quality Governance Arrangements](#).

Corporate approach to tracking recommendations

- 70 We considered whether the Trust has a sound corporate approach to overseeing and scrutinising systems for tracking progress to address audit and review recommendations. We were specifically looking for evidence of appropriate and effective systems in place for tracking responses to audit and other review recommendations in a timely manner.
- 71 We found that **the Trust's corporate arrangements for tracking progress to address audit recommendations have improved although there remains opportunity to improve central oversight of other types of recommendations.**
- 72 The ACGC has an internal and external audit log to monitor progress against recommendations. At the end of 2023, the BET delegated the monitoring of the log to the Leadership Team. The Leadership Team undertook a deep dive review of all outstanding recommendations to understand progress against each action, the risks associated with actions past their deadline, as well as to consider whether any extension requests were appropriate and realistic. The log is monitored by the Leadership Team on a quarterly basis and now reported to the ACGC quarterly, rather than biannually as in previous years. The log provides the Board and committee members with the latest updates on progress to implement actions to address internal and external audit recommendations. It also outlines changes agreed by the Leadership Team for the closure of completed actions and extensions to implementation dates. Unlike in previous years, greater clarity is now

provided on the reasons for requesting extensions to target dates for implementing actions. Other committees receive the audit log to note progress against recommendations relevant to their areas of business (see **Appendix 2 R5 2023**).

- 73 Progress to meet clinical audit recommendation target dates continues to be reported every six months to QSIC. Last year, we found that whilst the Trust continued to have a central log to track progress against clinical audit recommendations, the information was collated manually. There was no process for centrally tracking recommendations from clinical audit reviews or other types of reviews, and the required information was held within the relevant directorates. We recommended the Trust track all recommendations centrally. The Trust has approved funding for a digital solution⁸ for clinical audit recommendations, and it is anticipated that a system will be available for implementation by Quarter 4 of 2024-25. The Trust told us that there are limited reviews undertaken by others (such as other regulators) and generally these reports would be considered by the Board or a relevant committee. Nonetheless, we remain of the view that there should be a central tool for tracking progress to address all recommendations because this provides an additional layer of assurance, and it also better supports triangulation of recommendations on themes arising across reports (see **Appendix 2 R6 2023**).

Corporate approach to planning

- 74 We considered whether the Trust has a sound corporate approach to producing strategies and corporate plans and overseeing their delivery.
- 75 We found that **the Trust has a sound approach to developing and monitoring the delivery of Integrated Medium-Term Plans but there is a scope to further strengthen its approach to demonstrating the impact of its key corporate strategies and plans.**

Corporate approach to producing strategies and plans

- 76 We considered whether the Trust has a sound corporate approach to producing, overseeing, and scrutinising the development of strategies and corporate plans. We were specifically looking for evidence of:
- appropriate and effective corporate arrangements in place for developing and producing the IMTP, and other corporate plans; and
 - the Board appropriately scrutinising the IMTP and other corporate plans prior to their approval.
- 77 We found that **the Trust has sound arrangements for developing Integrated Medium-Term Plans, supported with good Board engagement.**

⁸ Audit management and tracking tools utilise dashboards to give intelligence and enable staff to update progress in real time thus reducing the burden on governance teams as it automates many of the processes, such as asking for progress updates.

- 78 We discussed the Trust’s approach to developing its long-term strategy in our previous Structured Assessment. The Trust hasn’t produced any key corporate strategies and plans this year, The Trust continues to have sound arrangements for developing and producing its IMTP. Set within the context of its new long-term strategy, the Trust started developing its 2024-27 IMTP in October 2023. Development of the IMTP was initially informed by a review of existing progress made against each strategic priority in the previous IMTP. IMTP development continues to be through close working with members of the Finance and People and Organisational Development Teams and lead directors, with oversight maintained by BET.
- 79 Engagement across the organisation helped to develop key actions for inclusion in the plan. A series of workshops were held for each strategic priority to focus on the 2035 ambitions set out in the long-term strategy, and the steps needed to be undertaken in the next 3 years. Several cross organisational workshops were held to review the plan, and assess its overall feasibility, and identify key dependencies. The Board was involved in the development of the IMTP through briefing sessions, and formally approved the plan in March 2024. The IMTP was submitted to the Welsh Government within the required timeframe and received Ministerial approval in August 2024.
- 80 The approach for developing the 2025-28 IMTP commenced in October 2024. The Trust is developing a route map for each of the six strategic priorities which will set out the milestones for delivery over the short- to long-term delivery and inform IMTP development.
- 81 Our review of the Trust’s arrangements for setting and monitoring the delivery of its well-being objectives⁹ under the 2015 Well-being of Future Generations (Wales) Act will be published in 2025.

Corporate approach to overseeing the delivery of strategies and plans

- 82 We considered whether the Trust has a sound corporate approach to overseeing and scrutinising the implementation and delivery of corporate plans. We were specifically looking for evidence of:
- corporate plans, including the IMTP, containing clear strategic priorities and SMART milestones, targets, and outcomes that aid monitoring and reporting; and
 - the Board appropriately monitoring the implementation and delivery of corporate plans, including the IMTP.

⁹ The Trust’s well-being objectives are also the strategic objectives.

- 83 We found that **the Trust continues to have good arrangements for monitoring and scrutinising delivery of its plans and strategies but there is a scope to further strengthen its approach to demonstrating impact.**
- 84 The Trust has strengthened its approach to measuring and demonstrating the impact of its 2024-27 IMTP. The IMTP sets out 43 priorities to support the delivery of the six strategic objectives and the strategic change programmes. Each of the 43 IMTP priorities have clear deliverables and milestones. The IMTP also contains outcomes or outputs which are closely aligned with the priorities; however, the outcomes are not measurable. Consequently, it is difficult to assess whether in delivering the priority, the intended impact has been achieved or not. The work to develop route maps for each of the Trust's six strategic objectives (see **paragraph 80**) should enable it to set out the intended impact, the stepping stones for delivery over each objective's lifespan, and the impact trajectory. This approach will enable the Trust to agree outcome measures to support the priorities set out in its IMTPs over the short- to medium-term. Non-executive directors continue to challenge whether the Trust could develop more measures to support effective monitoring of the delivery of the strategic priorities.
- 85 The Trust has good arrangements for monitoring delivery of its IMTPs. The BET is responsible for overseeing the strategic priorities set out in IMTPs, with each assigned to an executive lead. The Board and committees monitor and scrutinise their delivery. Progress against IMTP milestones continues to be reported monthly to the Board and BET via the Performance Assurance Dashboard. The Performance and Insight Report also sets out high-level progress to date and risks to delivery. The Directorate and Divisional Assurance Dashboards are also used to monitor oversight at an operational level. These arrangements provide clear insight into the delivery of milestones and enable the Board to track progress. More broadly, the Trust continues to have good arrangements to monitor other plans and strategies via relevant committees.

Corporate approach to managing financial resources

- 86 We considered whether the Trust has a sound corporate approach to managing its financial resources.
- 87 We found that **the Trust continues to have a sound approach to managing its financial resources.**

Financial objectives

- 88 We considered whether the Trust has a sound corporate approach to meeting its key financial objectives. We were specifically looking for evidence of the organisation;

- meeting its financial objectives and duties for 2023-24, and the rolling three-year period of 2021-22 to 2023-24; and
- being on course to meet its objectives and duties in 2024-25.

89 We found that **the Trust met its financial duties in 2023-24 and is forecasting to break even in 2024-25.**

90 The Trust met its financial duties to break even for the financial year 2023-24, with a small revenue and capital surplus of £51,000 and £22,000, respectively. The Trust also met its financial duties for the rolling three-year period 2021-24, with a cumulative surplus of £279,000. In 2023-24, the Trust delivered planned savings of £3.174 million resulting from savings to pay and non-pay expenditure. The Trust also met the NHS Wales target to pay 95% of non-NHS contracts within 30 days.

91 As at Month 6 2024-25, the Trust was on track to deliver its forecast of a break-even position at the end of the financial year and for the rolling three-year period 2022-25.

Corporate approach to financial planning

92 We considered whether the Trust has a sound corporate approach to overseeing and scrutinising financial planning. We were specifically looking for evidence of:

- clear and robust corporate financial planning arrangements in place;
- the Board appropriately scrutinising financial plans prior to their approval;
- sustainable, realistic, and accurately costed savings and cost improvement plans in place which are designed to support financial sustainability and service transformation; and
- the Board appropriately scrutinising savings and cost improvement plans prior to their approval.

93 We found that **the Trust continues to have a sound approach to financial planning and delivering savings.**

94 The Trust has a clear and balanced Financial Plan for 2024-27 which was approved by the Board in March 2024. The plan underpins the Trust's 2024-27 IMTP and clearly sets out the Trust's financial principles and roles and responsibilities. The plan is kept under regular review to ensure it remains up to date.

95 The Trust has a savings scheme in place for 2024-25 totalling £3.6 million (£2.8 million recurrent and £0.8 million non-recurrent) for the financial year. Our 2024 Review of Cost Improvement Arrangements reviewed the Trust's approach to identifying, delivering, and monitoring financial savings. The review found that the Trust has clear arrangements for identifying and delivering its cost improvement opportunities and monitoring its overall financial position. The Trust has set a savings target to achieve the Welsh Government's efficiency target but also to create an internal investment fund. The Trust has good arrangements in place to

prioritise how the investment fund is used, ensuring that spending is aligned with its strategic priorities/objectives and high-risk areas of the Trust's business.

Corporate approach to financial management

- 96 We considered whether the Trust has a sound corporate approach to overseeing and scrutinising financial management. We were specifically looking for evidence of:
- effective controls in place that ensure compliance with Standing Financial Instructions and Schemes of Reservation and Delegation;
 - the Board maintaining appropriate oversight of arrangements and performance relating to single tender actions, special payments, losses, and counter-fraud;
 - effective financial management arrangements in place which enable the Board to understand cost drivers and how they impact on the delivery of strategic objectives; and
 - the organisation's financial statements for 2023-24 were submitted on time, contained no material misstatements, and received a clean audit opinion.
- 97 We found that **the Trust continues to have good financial controls in place with appropriate oversight maintained by the Audit and Corporate Governance Committee.**
- 98 The Trust continues to have robust processes in place to ensure compliance with statutory instruments, and to report and challenge breaches. As discussed in **paragraph 19**, the Standing Financial Instructions and Schemes of Delegation have been reviewed and approved by the Board. The number of single tender actions, and losses and special payments are routinely scrutinised by the ACGC.
- 99 The Trust continues to have good controls in place to manage its finances and maintain oversight of the financial position at a directorate level. The Financial Plan very clearly sets out the Trust's funding assumptions, cost pressures and directorate budget allocations. Budgets are agreed with each directorate at the start of the year, and arrangements continue to include quarterly financial review meetings with each directorate.
- 100 The Trust submitted good quality draft financial statements as per the required timescales, which were considered by the ACGC and Board in July 2024. Our audit identified one non-material misstatement which was uncorrected but had no impact on the bottom line. We issued an unqualified opinion in respect of the truth and fairness of the accounts, and an unqualified regulatory opinion.

Board oversight of financial performance

- 101 We considered whether the Board appropriately oversees and scrutinises financial performance. We were specifically looking for evidence of the Board:

- receiving accurate, transparent, and timely reports on financial performance, as well as the key financial challenges, risks, and mitigating actions; and
- appropriately scrutinising the ongoing assessments of the organisation's financial position.

102 We found that **the Trust continues to have good arrangements to monitor and report its financial position.**

103 The Trust continues to produce comprehensive financial reports. A detailed Financial Position Report is presented at every Board meeting with good scrutiny and challenge. The report continues to set out a clear overview of revenue, the forecast position, capital spending, and payment of non-NHS invoices. Financial performance is also included in the Performance Assurance Dashboard and summarised in the Performance and Insight Report.

Appendix 1

Audit methods

Exhibit 2 below sets out the methods we used to deliver this work. Our evidence is limited to the information drawn from the methods below.

Exhibit 2: audit methods

Element of audit approach	Description
Observations	<p>We observed Board meetings as well as meetings of the following committees:</p> <ul style="list-style-type: none">• Audit and Corporate Governance Committee;• Quality, Safety and Improvement Committee; and• Knowledge, Research and Information Committee:
Documents	<p>We reviewed a range of documents, including:</p> <ul style="list-style-type: none">• Board and Committee Terms of Reference, work programmes, agendas, papers, and minutes;• key governance documents, including Schemes of Delegation, Standing Orders, Standing Financial Instructions, Registers of Interest, and Registers of Gifts and Hospitality;• key organisational strategies and plans, including the IMTP;• key risk management documents, including the Board Assurance Framework and Corporate Risk Register;• key reports relating to organisational performance and finances;• Annual Report, including the Annual Governance Statement;• relevant policies and procedures; and

Element of audit approach	Description
	<ul style="list-style-type: none"> • reports prepared by the Internal Audit Service, Health Inspectorate Wales, Local Counter-Fraud Service, and other relevant external bodies.
Interviews	<p>We interviewed the following Senior Officers and Independent Members:</p> <ul style="list-style-type: none"> • Interim Chair of the Board; • Chief Executive Officer; • Board Secretary and Head of Board Business Unit, and Deputy Board Secretary and Board Governance Manager; • Deputy Chief Executive and Director of Finance and Operations, and Deputy Director of Operations and Finance; and • Executive Director of Nursing, Quality and Integrated Governance, Assistant Director of Integrated Governance and Head of Risk Management.

Appendix 2

Progress made on previous-year recommendations

Exhibit 3 below sets out the progress made by the Trust in implementing recommendations from previous structured assessment reports.

Exhibit 3: progress against previous year recommendations

Recommendation	Description of progress
<p>Audit and Corporate Governance Committee (2023)</p> <p>R1 In line with all other NHS bodies in Wales, the Trust should make its Audit and Corporate Governance Committee a public meeting to improve transparency, with only matters of a sensitive nature reserved for a private meeting. In doing so, the Trust should ensure that the papers for the committee are published on its website seven days in advance of meetings.</p>	<p>Completed – see paragraph 15</p>
<p>Scheduling of committee meetings (2023)</p> <p>R2 The Trust should improve the scheduling of all its committee meetings to ensure timelier flows of information to and from Board, to reduce the need for verbal assurances to Board, and to provide more consistency when committees receive quarterly and bi-annual reports. Consideration of short additional meetings to cover specific agenda items should also be made.</p>	<p>Ongoing – see paragraph 29</p>

Recommendation	Description of progress
<p>Non-Executive Director development (2023)</p> <p>R3 The Trust should periodically bring together all the Non-Executive Directors to provide opportunity for them to share experiences and to learn from each other.</p>	<p>Completed – see paragraph 50</p>
<p>Corporate risk reporting (2023)</p> <p>R4 The Trust should ensure that the Board and its committees receive the updated Corporate Risk Register as soon as possible, and that workplans ensure more regular consideration of the register throughout the year.</p>	<p>Completed – see paragraph 61</p>
<p>Audit and review tracking (2023)</p> <p>R5 The Trust needs to ensure that its committees have regular oversight of progress against internal and external audit recommendations relevant to the remit of the committees, with the Audit and Corporate Governance Committee maintaining regular oversight of all recommendations.</p>	<p>Completed – see paragraph 72</p>
<p>Audit and review tracking (2023)</p> <p>R6 The Trust should develop a central log of recommendations arising for other reviews to enable corporate oversight of progress.</p>	<p>Ongoing – see paragraph 73</p>

Recommendation	Description of progress
<p>Systems of assurance (2022)</p> <p>R2 The Trust currently lacks a comprehensive Board Assurance Framework and there are currently several gaps in the Trust’s sources of assurance. As part of the review of its long-term strategy, the Trust should develop a clear Board Assurance Framework. The Board Assurance Framework should:</p> <ul style="list-style-type: none"> b) include all relevant controls and sources of assurance for Board and committees; and d) be used to inform Board and committee workplans. 	<p>Parts a) and c) of this recommendation were assessed as complete in our 2023 structured assessment.</p> <p>Ongoing – see paragraph 56</p> <p>Ongoing – see paragraph 56</p>
<p>Opportunities to hear from staff and service users (2022)</p> <p>R4 There are opportunities to include staff and user feedback more routinely in committee meetings, incorporating feedback from broader users of the Trust’s services, such as NHS and local government bodies. In developing its approach to seeking, and providing assurance on, feedback, the Trust should incorporate capturing a broader perspective of views on how its services are received.</p>	<p>Not assessed. This will be considered as part of our follow-up review of the Trust’s progress in addressing the recommendations from our 2022 Review of Quality Governance Arrangements.</p>
<p>Improving transparency of Board and committee business (2022)</p> <p>R6 We identified opportunities for the Trust to improve its administration of Board and committee business. The Trust should:</p> <ul style="list-style-type: none"> c) ensure that cover sheets are used for all Board and committee papers to summarise key issues and explain what Board members are being asked to do; and d) ensure that briefings provided outside of the formal Board meetings are put in the public domain. 	<p>Parts a) and b) of this recommendation were assessed as complete in our 2023 structured assessment.</p> <p>Completed – see paragraph 32</p> <p>Completed – see paragraph 16</p>

Recommendation	Description of progress
<p>Improving oversight of asset management (2021)</p> <p>R4 The Trust has not set out its strategic approach to managing its buildings (both owned and leased) and other physical assets. As part of the long-term strategy review, the Trust should set out its strategic approach to ensuring that its buildings and assets support delivery of its strategic priorities, maximising efficiency, and effective use.</p>	<p>Not assessed, to be considered as part of the 2025 Audit Programme.</p>



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We welcome correspondence and telephone calls in Welsh and English.
Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg.

Unconfirmed Minutes of the Board Meeting on 28 November 2024
Held in PenGU and electronically via Microsoft Teams
Livestreamed on the Internet

Present:		
Nick Elliott	(NE)	Interim Chair
Tracey Cooper	(TC)	Chief Executive
Sumina Azam	(SA)	National Director of Policy, and International Health
Iain Bell	(IB)	National Director for Public Health Knowledge and Research
Claire Birchall	(CB)	Executive Director of Quality, Nursing and Integrated Governance
Diane Crone	(DC)	Non-Executive Director (University) and Chair of Quality, Safety and Improvement Committee
Huw George	(HG)	Deputy Chief Executive, Executive Director Operations and Finance
Sian Griffiths	(SG)	Non-Executive Director (Public Health) and Chair of the Knowledge, Research and Information Committee
Meng Khaw	(MK)	National Director Health Protection and Screening Services, Executive Medical Director
Tamsin Ramasut	(TR)	Non-Executive Director (Equality and Diversity)
Kate Young	(KY)	Non-Executive Director (Third Sector) and Chair of the People and Organisational Development Committee
In Attendance:		
Liz Blayney	(LB)	Deputy Board Secretary and Deputy Head of the Board Business Unit
Tom Connor	(TCo)	Head of Public Health Genomics Programme (For item 3.2)
Joanne Watkins	(JW)	Senior Bio Medical Scientist and Deputy Head of the Pathogen Genomics Unit (For item 3.2)
Dr Catie Williams	(CW)	Senior Bioinformatician (For item 3.2)
Jim McManus	(JM)	National Director of Health and Wellbeing
Neil Lewis	(NL)	Director of People and Organisational Development
Huw Williams	(HW)	Head of Emergency Preparedness and Response (for item 4.6)
Paul Veysey	(PV)	Board Secretary and Head of the Board Business Unit
Apologies:		
Claire Sullivan	(CS)	Staff Side Representative
Clare Jenkins	(CJ)	Vice Chair of the Board

The meeting commenced at 11:35

PHW 2024.11.28/1	Welcome and Apologies
<p>NE welcomed everyone to the meeting which was being held in person at the Pathogen Genomics Unit (PenGu), extending a warm welcome to those observing the proceedings online.</p> <p>The Board noted apologies as listed above.</p>	
PHW 2024.11.28/2	Declarations of Interest
<p>NE sought Declarations of Interest other than those recorded already on the Declarations of Interest Register. There were none.</p>	
PHW 2024.11.28/3	Board Assurance Framework
PHW 2024.11.28/3.1	Chief Executive's Report
<p>Introducing the Chief Executive's Report, TC took the report as read and drew attention to a few key highlights:</p> <ul style="list-style-type: none"> • Staff conference held in North and South Wales. • Bowel Screening change to screening age range to start at 50. • Reference to a number of awards achieved across the organisation. • Update on the current position with the Covid-19 Public Inquiry. • SA added detail on the World Health Organisation (WHO) report recently published and co-produced by Public Health Wales '<i>Country deep dive on the well-being - Wales</i>'. The report built on the WHO's work to capture the experiences of Finland, Iceland, Scotland and Wales as nations that had committed to becoming well-being economies and were leading this agenda at European and global levels. • TC extended her thanks to NE for his role as Interim Chair from June 2024. <p>KY asked about the rationale for Public Health Wales not being a core participant for the Covid-19 Inquiry module relating to the impact on Society. PV explained that each module had a specific line of enquiry that Public Health Wales assessed how it met these. This module focused on the impact on society rather than the role of public organisations.</p> <p>The Board noted the Chief Executive's Report and took assurance from the Report and the discussions at the Board meeting.</p>	
PHW 2024.11.28/3.2	Pathogen Genomics
<p>Introducing the presentation, MK explained the formation of the partnership between Cardiff and Vale University Health Board, Cardiff University and Public Health Wales, and the establishment of the Pathogen Genomics Unit at Cardiff Edge. At the outset, a Public Health Wales Genomics Service was established to provide a clinical service to the people of Wales which would allow screening for rare conditions where early detection was known to have beneficial outcomes for the patient.</p> <p>PenGU operate four ISO accredited pathogen genomics services in Wales and built and maintained the open source software which was used to generate millions of SARS-CoV-2 genomes globally. Increased staff levels now allow the sequencing of 2,000 genomes per</p>	

week; a ten fold increase since the start of the Covid-19 pandemic. The service benefits thousands of Welsh patients a year and underpinned better diagnostic, outbreak management and surveillance. In one year, the service would generate and analyse more than five times the amount of data held by the Library of Congress.

The PenGU had six individual units:

- HIV Resistance Testing (an ISO accredited service)
- Welsh Centre for Mycobacteria (an ISO accredited service)
- Anaerobic Reference Unit (an ISO accredited service)
- Covid-19 (an ISO accredited service)
- Specialist Antimicrobial; and Chemotherapy Unit
- Specialist Virology Unit

Recent achievements noted were:

- The release of a new influenza bioinformatics pipeline
- Development and completion of a new bioinformatics audit procedure (first audit completed)
- Recruitment of two bioinformaticians
- Hosting and evaluation of ClearLab Dx platform win association with AB Scientific.

The Unit currently had external collaborations with:

- Portsmouth University to deliver a training package.
- Hosting a final year Scientist Training Programme in bioinformatics.
- Institute of Biomedical Science providing specialist portfolio development in molecular pathology.
- HEIW, to deliver a structured framework for genomics workforce.
- Lodestone, a four nation approach to improve TB lineage and resistance.
- PHA4GE, an international collaboration to develop best practices and pathogen specific guidance documentation.
- Welcome grant to develop ISO in a box, a collaboration between Cardiff University and The University of South Africa.

SG enquired about the team's strategic plan in 5 years; JW thought that a 10 year vision would involve sequencing in laboratories nearer to the patient and the use of equipment which would reduce sequencing timescale down from 24 hours to seven. In ten years, time, the amount of information available from sequencing was likely be able to deliver a front line sequencing service, this would be the goal and ensuring the workforce was up to the level to achieve this standard in the shorter term. TCo advised that the system had been developed as a modular system to allow the addition of services one at a time. It could be more sustainable where it is needed with gradual expansion.

MK agreed that within five years, the practical application of the human outcomes and the exploration of the host and pathogen relationship would be important and the ability to predict the impact of a bacteria on a human and to explore the public health implications would be beneficial.

CB suggested that the evidence here would be used to develop further the health care quality standards assessment. She also highlighted the importance of considering the role of nurses to link to prevention and to provide the education and training. JH assured the

Board that ongoing inhouse work to develop and deliver training and learning modules would provide the education required.

TR enquired whether the quicker diagnostic aspect of this work ensured a quicker response to facilitate the service provided to patients. JH advised the Board that the training provided to all levels of the Unit ensured that the service was clinically driven and input at each level ensured the most efficient turnaround and most up to date treatment for patients.

TC and NE thanked everyone for their work at PenGU.

PHW 2024.11.28/3.3	Latest Public Health Overview
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IB introduced the latest Public Health Overview Dashboard, highlighting that:

- Under Communicable Disease, the Healthcare Acquired Infections (HCAI) live online data had been updated.
- The Swansea Bay *C.difficile* data had been updated, demonstrating a definite decline in rates over the summer period.
- The system ability to respond data highlighted the deterioration of the wait list situation (waiting times 36 weeks were now the highest in the series) which demonstrated pressures on the system.
- There was a stable picture across avoidable mortality data, including healthy behaviours, smoking, drinking and wellbeing indicators and wider determinants in terms of income growth and the impact of the cost of the living crisis.
- There was caution around the labour market data, including the quality of data. IB had triangulated data where possible which showed a slightly improved labour market scenario across the U.K, however Wales was not improving at the same rate. IB advised that he was working with HG to further consider this area and had taken onboard previously given feedback from Board members.

NE thanked IB for the update and highlighted that a stable line was not always the desired outcome where improvements or reductions were required across areas. NE then invited any comments or questions.

Reflecting on the HCAI and *C.difficile* data, MK highlighted the work of the HARP team to improve data accuracy and the positive trend of reducing the use of microbials within primary care to help reduce HCAI's and antimicrobial resistance. MK also commented on the low vaccination rates and noted work underway to advise Welsh Government and support the implementation of the vaccine programme, including across Health Boards in future years.

In considering the healthy behaviours and wellbeing data, SG noted that there had been no significant change around loneliness following Covid-19 / lockdown and this was still a significant challenge. NE agreed and cross referenced the Organisations Long Term Strategy, noting the role and part that our Organisation and other third-party Organisations had to play in this area.

JM advised that his team had reflected on the dashboard and considered three big areas for future consideration: system capacity and particular populations, particularly the intersection of how Organisations can join up and offer value, issues of health behaviours,

mobilising the system to move into social movements in relation to our Integrated Medium Term Plan (IMTP), including providing fast interventions around healthy behaviours and economic activity.

Board members went on to have a wide-ranging discussion on economic activity.

KY commented that pay growth data could be skewed, and commented on the need to be mindful that there had been no pay growth in the third sector.

TR queried any correlation between an increase in unemployment rates and an increase in uptake and registration for benefits, including Personal Independence Payments (PIP). IB confirmed that further research was planned to consider the increase in unemployment rates.

SA queried whether the labour force survey had any bearing on economic activity data. IB advised that if the resolution foundation survey was right, it would imply a shift in the level of economic inactivity. IB highlighted that there were very high rates of economic inactivity along with ill health driving economic inactivity, accelerated by the pandemic and noted the need for the Organisation to consider what support it could provide.

TR commented on our approach to supporting community networks, noting the Organisations reliance on them a big pillar of delivery of our IMTP. NE and TC recognised their importance and TC suggested a meeting of KY, TR, JM, SA to consider the model of engagement and overarching approach in this area to support them.

The Board **discussed** and **scrutinised** the Rapid Overview Dashboard Report and **noted** the specific areas of data analysis underway.

PHW 2024.11.28/3.4	Integrated Performance Report (Month 7), Finance Report and Strategic Risk Register
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HG noted no major changes within the Performance report layout and noted that work was underway to address previously raised concerns regarding the need to include data on inequalities; a new format of the report would be brought to the January Board meeting that would include a new inequalities section that would focus on data and connected narratives. HG also noted a review underway into the best reporting frequency for the sections within the report.

HG noted the work undertaken in the service delivery section of the report to address previous questions from the Board around measuring impact effectively across some delivery areas. HG highlighted that 88% of secondary schools had completed uptake of the whole school approach to emotional well-being, despite this being a voluntary programme.

KY noted a point in the report around schools perceiving smoking as a less pressing issue than vaping and suggested that discussions may be needed to address this due to the casual link between smoking and vaping.

HG highlighted that for the strategy delivery 87.9% were complete, which was lower than achieved last year and would be monitored. HG also noted an increase in the number of changed requests had increased to 13, and that this along with information from the

delivery confidence assessments of the strategic change programmes suggested that work completion was shifting to later in the year and that scrutiny was required to ensure that they would be completed. The Board took confidence from the management/scrutiny of the programmes but suggested that reviews may be needed into the reasons behind the delays, such as delays from external partners. IB confirmed that a focus of the Digital and Data Design Authority was to look at regularly reviewing dependencies on external partners for digital solutions so that issues can be escalated earlier.

For the Finance report, HG noted that there were no major changes but that a small underspend had been reported. HG highlighted that this was in part due to the release of contingency funds that had not been used, and that expenditure plans were being monitored to ensure that procurement plans were completed by the end of Quarter 4.

The Board **considered** and **took assurance** on the organisation's performance and governance arrangements, progress against delivering its strategy including delivery/recovery of key services and programmes.

Break

PHW 2024.11.28/3.5 **Committees of the Board: Report from Committee Chairs**

DC provided a verbal update from the Quality, Safety and Improvement Committee meeting held on 25 November 2024; highlighting that the following reports had been considered:

- Quality Governance Performance quarterly report.
- Quality and Clinical Audit mid year update.
- Health and Safety quarterly Report.
- Strategic and Corporate Risk Registers.
- An in-depth presentation on Breast Cancer Assessment Times, which was an action from the September Board meeting.

DC confirmed that a more detailed update would be provided as part of the written report at the next Board meeting.

The Board noted the People and Organisational Development Committee update from the 21 October 2024 meeting.

The Board **noted** the report and **took assurance** from the content and the updates provided at the meeting.

PHW 2024.11.28/4 **Items for Approval**

PHW 2024.11.28/4.1 **Minutes and Action Log from the Board Meeting and Annual General Meeting (26 September 2024)**

Board **approved** both the Minutes of the Board Meeting and the Notes of the Annual General Meeting held on 26 September 2024 as accurate records of the meetings.

The Board **considered** the open Actions on the Action Log and approved the closure of completed actions.

PHW 2024.11.28/4.2 **Strategic Risk Register**

CB provided an overview of the Strategic Risk Register and highlighted that there were no changes to the current risk scores for strategic risks 1-5. CB also noted the work

undertaken to review any overdue deadlines or deadlines that needed to be adjusted due to new actions or cases of work in order to provide assurance to the Board, and an assessment of the Corporate Risk Register due to changes in the reporting of the register.

Strategic Risk 1

- CB noted that the risk score was unlikely to change due to its alignment with the long-term strategy.
- The Board welcomed the accompanying diagram for the added clarity to this risk.
- The Board acknowledged that the risk did not fully reflect the ability of Public Health Wales to put controls in place and take actions.
- JM/SA/CB were asked to review this risk to ensure the correct focus of this risk.

Action: JM/SA/CB

Strategic Risk 2

- Risk score remained unchanged.
- CB noted the aim to see a change by March 2025 due to assurance provided from work on Directorate route maps as part of the IMPT.
- CB highlighted that this work has involved improvement work with Directors across Public Health Wales, and that this had faced some challenges with deadlines and capacity.
- KY questioned whether this work would have enough progress to provide a comprehensive update, JM advised that the deadline for this risk would be moved to March 2026 due to the amount of work required.
- KY also questioned whether the children/young people affected by this work were receiving updates or whether this was just supplied to the third-sector organisations. CB noted that the expertise of third-sector organisations had been used in this work, and that this concern would be taken away.

Strategic Risk 3

- CB noted significant updates to the risk actions, which had been reviewed by the Quality, Safety and Improvement Committee in September 2024.

Strategic Risk 4

- CB noted the aim for a change in the risk score by June 2025 and commended the delivery of the staff survey across Public Health Wales.
- NL noted that this risk would be revisited after the survey results and the impact of work on culture had been analysed.

Strategic Risk 5

- The risk score remained unchanged.
- CB noted that this was the lowest risk score and that mitigating actions were in place.

The Board **considered** and **approved** the change requests to the Strategic Risks.

PHW 2024.11.28/4.3

Ratification of Chairs Action

Board **noted** there was one occasion where Chairs Action was taken to **approve** a three year call-off contract to Empyrean Digital Limited for the delivery of the Beta phase of the web transformation programme for a total value of £651,953 plus VAT.

Board **noted** that there had been no use of the Common Seal to report to the Board.

Board **ratified** the Chair's Action and took **assurance** that the action was taken in accordance with Section 8 of the Standing Orders.

PHW 2024.11.28/4.4	Local Partnership Forum - Partnership Working Arrangements
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PV provided an overview of the staff representation issues at Board / Board Committees and presented updated Terms of Reference for the Local Partnership Forum (LPF) to allow the formation of a sub-group of the LPF from which staff representatives for Board and Committees could be elected. Terms of Reference for the sub-group were also presented to the Board.

PV highlighted the proposals were not ideal and the preference of the Board should be for a united Staff Side Committee, representing all who wished to take part, to facilitate strong partnership working with the Board.

In terms of setting the context PV explained the current Staff Side Committee's terms of reference had not been updated since 2019, and one recognised union has withdrawn as a result, rendering Staff Side no longer fully representative.

In May 2023, the Board approved changes to partnership working, requiring updates to the Staff Side Committee's terms of reference and the provision of a register of elected representatives. Those changes were to be implemented by September 2023 but, despite a high level of input, Staff Side has not delivered those requirements.

PV set out multiple attempts to engage with Staff Side representatives to update the terms of reference identifying that on 17 September 2024 meeting of the LPF, PV made it clear that should the changes not be implemented by the end of October 2024, the proposals before the Board at this meeting would be brought forward. PV offered to meet the Staff Side Chair to assist but the Chair did not respond to set a date. The October timeline was not met.

The proposed changes were therefore presented to a meeting of the LPF on 14 November 2024 to discuss the proposals. Ahead of this meeting PV identified the Chair of Staff Side (who was Co-Chair of the LPF) did not attend the agenda setting meeting on 24 October 2024. Draft Agendas were shared by e-mail and the documents were shared on 7 November 2024 with the Chair of Staff Side and subsequently with all members of the LPF.

The meeting took place, more time was requested but this request was refused due to the time that had elapsed. The matter went to a vote of the LPF, whereupon the Chair of Staff Side withdrew from the meeting with their union representatives and quoracy was lost. The matter therefore defaulted to the Board for determination.

PV confirmed the proposed changes had been presented to the Executive Team, who were supportive of the changes proposed.

NL updated that at 10:10am on the day of Board, a collective grievance from 4 trade unions of Staff Side (Unite, GMB, SoR and RCN) had been received, raising concerns about the

proposals before the Board. NL echoed the comments made by PV and emphasised the hard work that has gone in to avoid the proposed changes becoming necessary.

NE confirmed the Board needed and wanted excellent engagement with their staff and this area was only one area of engagement. NE identified we do have excellent representation, such as CS attending Board, but we do need to address this issue. NE confirmed the grievance had been received whilst the Board was in session so there had been no time to digest it.

KY reinforced the comments made and from her time on the People and OD Committee, she was aware of the efforts that had been made to rectify the position. KY considered the Board needed a mechanism to facilitate staff representation and the proposal before the Board in the context set does achieve that. KY felt it was important to keep a door open to allow Staff Side to correct their position but, until that time, the proposals were appropriate.

NE suggested the Board should agree the proposals presented today but if the opportunity arose to correct the position more collaboratively in the time available prior to implementation, that should be encouraged.

Board **considered** the current status of partnership working at Board and, in the context of the comments above, **approved** the revised Terms of Reference of the LPF, **approved** the establishment of a Partnership Working Sub-Committee of the LPF and **approved** the draft Terms of Reference of the Partnership Working Sub-Committee of the LPF.

PHW 2024.11.28/4.5	WITS Collaboration Agreement
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PV provided an overview of the Wales Interpretation and Translation Services (WITS) collaboration agreement, highlighting it was initially established in 2017, allowing Public Health Wales to access interpretation services for consultations in various languages in partnership with other public bodies.

PV identified the current agreement required annual extensions. The proposed Deed of Variation presented to the Board would allow the agreement to continue indefinitely unless specific termination clauses are invoked, thus negating the need to annually renew the Deed.

Board **approved** for sealing of the proposed Deed of Variation.

PHW 2024.11.28/4.6	Hillsborough Charter
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HW presented the Hillsborough Charter highlighting the Charter was for the Bereaved and was based upon the recommendations following the Hillsborough disaster in 1989. It set out six commitments for public sector organisations and emergency services in response to emergencies and major incidents, to ensure a coordinated approach is taken, putting the bereaved at its heart.

HW identified Public Health Wales already embodied many of these principles in its culture and approach and the emergency services across Wales, led by South Wales Police, were coordinating the signatories to the document, with formal completion expected early next year.

MK clarified that some of the Charter obligations were beyond our role as a public health organisation but confirmed he and the team would work to ensure the Charter was adopted within the correct context for our organisation at an operational level.

Board **considered** the detail contained within this report, the Charter and its six commitments and **adopted** the charter at PHW, subject to the comments made by MK about role and scope.

Board **approved** PHW engagement in a continued dialogue with partners across Wales to understand how we can collectively contribute to delivery on the commitments in the Charter through the local resilience fora.

PHW 2024.11.28/5	Items for Noting
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PHW 2024.11.28/5.1	Private Chair's Report
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The Board **noted** the Private Chair's Report.

PHW 2024.11.28/5.2	Board Forward Plan
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The Board **noted** the Board Forward Plan.

PHW 2024.11.28/5.3	Private Board papers
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None.

PHW 2024.11.28/6	Date of Next Formal Meeting of the Board
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NE thanked everyone for their contributions to the meeting.

The next meeting would be held on 30 January 2025.

The meeting closed at **14:25**

**Cofnodion sydd heb eu cadarnhau o'r Cyfarfod Bwrdd a gynhaliwyd
ar 28 Tachwedd 2024**

**Cynhaliwyd y cyfarfod yn yr Uned Genomeg Pathogen (PenGU)
ac ar-lein trwy Microsoft Teams**

Wedi'i ffrydio'n fyw ar y Rhyngwrwyd

Yn bresennol:		
Nick Elliott	(NE)	Cadeirydd Dros Dro
Tracey Cooper	(TC)	Prif Weithredwr
Sumina Azam	(SA)	Cyfarwyddwr Cenedlaethol Polisi ac Iechyd Rhyngwladol
Iain Bell	(IB)	Cyfarwyddwr Cenedlaethol Gwybodaeth ac Ymchwil Iechyd y Cyhoedd
Claire Birchall	(CB)	Cyfarwyddwr Gweithredol Ansawdd, Nyrso a Llywodraethu Integredig
Diane Crone	(DC)	Cyfarwyddwr Anweithredol (Prifysgol) a Chadeirydd y Pwyllgor Ansawdd, Diogelwch a Gwella
Huw George	(HG)	Dirprwy Brif Weithredwr, Cyfarwyddwr Gweithredol Gweithrediadau a Chyllid
Sian Griffiths	(SG)	Cyfarwyddwr Anweithredol (Iechyd y Cyhoedd) a Chadeirydd y Pwyllgor Gwybodaeth ac Ymchwil
Meng Khaw	(MK)	Cyfarwyddwr Cenedlaethol Gwasanaethau Diogel Iechyd a Sgrinio, Cyfarwyddwr Meddygol Gweithredol.
Tamsin Ramasut	(TR)	Cyfarwyddwr Anweithredol (Cydraddoldeb ac Amrywiaeth)
Kate Young	(KY)	Cyfarwyddwr Anweithredol (Trydydd Sector) a Chadeirydd y Pwyllgor Pobl a Datblygu Sefydliadol
Yn Bresennol:		
Liz Blayney	(LB)	Dirprwy Ysgrifennydd y Bwrdd a Dirprwy Bennaeth Uned Fusnes y Bwrdd
Tom Connor	(TCO)	Pennaeth Rhaglen Genomeg Iechyd y Cyhoedd (Ar gyfer eitem 3.2)
Joanne Watkins	(JW)	Uwch Wyddonydd Biofeddygol a Dirprwy Bennaeth yr Uned Genomeg Pathogen (Ar gyfer eitem 3.2)
Dr Catie Williams	(CW)	Uwch Fiowybodegydd (Ar gyfer eitem 3.2)
Jim McManus	(JM)	Cyfarwyddwr Cenedlaethol Iechyd a Llesiant
Neil Lewis	(NL)	Cyfarwyddwr y Gweithlu a Datblygu Sefydliadol
Huw Williams	(HW)	Pennaeth Parodwydd ac Ymateb i Argyfwng (Ar gyfer eitem 4.6)
Paul Veysey	(PV)	Ysgrifennydd y Bwrdd a Phennaeth Uned Fusnes y Bwrdd
Ymddiheuriadau:		
Claire Sullivan	(CS)	Cynrychiolydd Ochr Staff

Clare Jenkins	(CJ)	Is-gadeirydd y Bwrdd
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Dechreuodd y cyfarfod am 11:35

ICC 2024.11.28/1	Croeso ac Ymddiheuriadau
<p>Croesawodd NE bawb i'r cyfarfod a gynhaliwyd wyneb yn wyneb yn yr Uned Genomeg Pathogen (PenGu). Estynnwyd groeso cynnes i'r rhai a oedd yn arsylwi'r sesiwn ar-lein.</p> <p>Nododd y Bwrdd yr ymddiheuriadau a restrir uchod.</p>	
ICC 2024.11.28/2	Datganiadau o Fuddiant
<p>Gofynnodd NE am Ddatganiadau o Fuddiannau heblaw'r rhai a gofnodwyd eisoes ar y Gofrestr Datganiadau o Fuddiant. Nid oedd unrhyw ddatganiadau eraill.</p>	
ICC 2024.11.28/3	Fframwaith Sicrwydd y Bwrdd
ICC 2024.11.28/3.1	Adroddiad y Prif Swyddog Gweithredol
<p>Wrth gyflwyno Adroddiad y Prif Weithredwr, cymerodd TC fod yr adroddiad yn gywir ac fe dynnodd sylw at rai uchafbwyntiau allweddol:</p> <ul style="list-style-type: none"> • Cynhadledd staff a gynhaliwyd yng Ngogledd a De Cymru. • Newid ystod oedran Sgrinio Coluddion i ddechrau yn 50 oed. • Gwobrau a gyflawnwyd ar draws y sefydliad. • Diweddariad ar sefyllfa bresennol Ymchwiliad Cyhoeddus Covid-19. • Ychwanegodd SA fanylion adroddiad Sefydliad Iechyd y Byd (WHO) a gyhoeddwyd yn ddiweddar ac a gynhyrchwyd ar y cyd gan Iechyd Cyhoeddus Cymru 'Archwiliad Manwl o Wlad ar yr Economi Llesiant Cymru' Adeiladodd yr adroddiad ar waith Sefydliad Iechyd y Byd i gasglu profiadau o'r Ffindir, Gwlad yr Iâ, yr Alban a Chymru fel cenhedloedd a oedd wedi ymrwmo i ddod yn economïau llesiant ac a oedd yn gyfrifol am arwain yr agenda hon ar lefelau Ewropeaidd a byd-eang. • Diolchodd TC i NE am ei rôl fel Cadeirydd Dros Dro o fis Mehefin 2024. <p>Gofynnodd KY am y sail resymegol bod Iechyd Cyhoeddus Cymru ddim yn gyfranogwr craidd ar gyfer modiwl Ymchwiliad Covid-19 yn ymwneud â'r effaith ar Gymdeithas. Esboniodd PV fod gan bob modiwl lwybr ymholi penodol yr oedd Iechyd Cyhoeddus Cymru yn asesu sut yr oedd yn bodloni'r rhain. Roedd y modiwl hwn yn canolbwyntio ar yr effaith ar gymdeithas yn hytrach na rôl sefydliadau cyhoeddus.</p> <p>Nododd y Bwrdd Adroddiad y Prif Weithredwr a chymerodd sicrwydd o'r Adroddiad a'r trafodaethau yng nghyfarfod y Bwrdd.</p>	
ICC 2024.11.28/3.2	Genomeg Pathogenau
<p>Ar ddechrau ei gyflwyniad, esboniodd MK ffurfio'r bartneriaeth rhwng Bwrdd Iechyd Prifysgol Caerdydd a'r Fro, Prifysgol Caerdydd ac Iechyd Cyhoeddus Cymru, a sefydlu'r Uned Genomeg Pathogen yn Cardiff Edge. O'r cychwyn cyntaf, sefydlwyd Gwasanaeth Genomeg Iechyd Cyhoeddus Cymru i ddarparu gwasanaeth clinigol i bobl Cymru a fyddai'n caniatáu sgrinio ar gyfer cyflyrau prin lle'r oedd yn hysbys bod darganfod yn gynnar yn arwain at ganlyniadau buddiol i'r claf.</p> <p>Mae PenGU yn gweithredu pedwar gwasanaeth genomeg pathogenau achrededig ISO yng Nghymru. Mae wedi adeiladu a chynnal y feddalwedd ffynhonnell agored a ddefnyddiwyd i</p>	

gynhyrchu miliynau o genomau SARS-CoV-2 yn fyd-eang. Mae lefelau staff uwch bellach yn caniatáu dilyniannu 2,000 o genomau yr wythnos; cynnydd o ddeg gwaith yn fwy ers dechrau pandemig Covid-19. Mae'r gwasanaeth o fudd i filoedd o gleifion Cymru y flwyddyn ac roedd yn sail i well dulliau diagnostig, rheoli achosion a gwyliadwriaeth. Mewn un flwyddyn, byddai'r gwasanaeth yn cynhyrchu ac yn dadansoddi mwy na phum gwaith swm y data a gedwir gan Lyfrgell y Gyngres.

Roedd gan PenGU chwe uned unigol:

- Profion Gwrthsafiad HIV (gwasanaeth achrededig Y Sefydliad Rhyngwladol er Safoni)
- Canolfan Mycobacteria Cymru (gwasanaeth achrededig Y Sefydliad Rhyngwladol er Safoni)
- Uned Cyfeirio Anaerobig (gwasanaeth achrededig Y Sefydliad Rhyngwladol er Safoni)
- Covid-19 (gwasanaeth achrededig Y Sefydliad Rhyngwladol er Safoni)
- Uned Gwrthficrobaidd Arbenigol; a Chemotherapi
- Uned Firoleg Arbenigol

Y cyflawniadau diweddar a nodwyd oedd:

- Rhyddhau piblinell biowybodeg fflw newydd
- Datblygu a chwblhau gweithdrefn archwilio biowybodeg newydd (archwiliad cyntaf wedi'i gwblhau)
- Recriwtio dau fiowybodegydd
- Mae cynnal a gwerthuso platfform ClearLab Dx yn ennill cysylltiad ag AB Scientific.

Roedd gan yr Uned gydweithrediad allanol ar hyn o bryd gyda:

- Phrifysgol Portsmouth i gyflwyno pecyn hyfforddi.
- Cynnal Rhaglen Hyfforddi Gwyddonwyr blwyddyn olaf ym maes biowybodeg.
- Sefydliad Gwyddoniaeth Biofeddygol yn darparu datblygiad portffolio arbenigol ym maes patholeg foleciwlaidd.
- AaGIC, i ddarparu fframwaith strwythuredig ar gyfer gweithlu genomeg.
- Lodestone, dull pedair gwlad o wella llinach ac ymwrthedd TB.
- PHA4GE, cydweithrediad rhyngwladol i ddatblygu arferion gorau a dogfennaeth canllaw penodol i bathogenau.
- Grant croeso i ddatblygu Y Sefydliad Rhyngwladol er Safoni mewn bocs, cydweithrediad rhwng Prifysgol Caerdydd a Phrifysgol De Affrica.

Holodd SG am gynllun strategol y tîm ymhen 5 mlynedd. Roedd JW o'r farn y byddai gwledigaeth 10 mlynedd yn golygu dilyniannu mewn labordai yn nes at y claf a defnyddio offer a fyddai'n lleihau'r amserlen ddilyniannu o 24 awr i saith. Ymhen deng mlynedd, roedd y swm o wybodaeth oedd ar gael o ddilyniannu yn debygol o allu darparu gwasanaeth dilyniannu rheng flaen. Dyma fyddai'r nod, a sicrhau bod y gweithlu yn barod i gyrraedd y safon yn y tymor byrrach. Dywedodd TCo fod y system wedi'i datblygu fel system fodiwlaid i ganiatáu ychwanegu un gwasanaeth ar y tro. Gallai fod yn fwy cynaliadwy pan fo angen ehangu graddol.

Cytunodd MK y byddai cymhwyso'r canlyniadau dynol yn ymarferol ac archwilio'r berthynas lletyol a phathogen yn bwysig o fewn pum mlynedd. Byddai'r gallu i ragweld effaith bacteria ar berson ac archwilio goblygiadau iechyd y cyhoedd yn fuddiol.

Awgrymodd CB y byddai'r dystiolaeth yma'n cael ei defnyddio i ddatblygu'r asesiad safonau ansawdd gofal iechyd ymhellach. Tynnodd sylw hefyd at bwysigrwydd ystyried rôl nyrsys i gysylltu ag atal ac i ddarparu addysg a hyfforddiant. Sicrhaodd JH y Bwrdd y byddai gwaith mewol parhaus i ddatblygu a chyflwyno modiwlau hyfforddi a dysgu yn darparu'r addysg angenrheidiol.

Holodd TR os oedd yr agwedd ddiagnostig gyflymach ar y gwaith hwn yn sicrhau ymateb cyflymach i hwyluso'r gwasanaeth a ddarperir i gleifion. Dywedodd JH wrth y Bwrdd fod yr hyfforddiant a ddarparwyd i bob lefel o'r Uned yn sicrhau bod y gwasanaeth yn cael ei yrru'n glinigol a bod mewnbwn ar bob lefel yn sicrhau'r trosiant mwyaf effeithlon a'r driniaeth fwyaf diweddar i gleifion.

Diolchodd TC ac NE i bawb am eu gwaith yn PenGU.

ICC 2024.11.28/3.3

Trosolwg Diweddaraf Iechyd y Cyhoedd

Cyflwynodd IB y Dangosfwrdd Trosolwg Iechyd y Cyhoedd diweddaraf, ac amlygodd y canlynol:

- O dan Clefydau Trosglwyddadwy, roedd data byw ar-lein Heintiau a Gafwyd drwy Ofal Iechyd (HCAI) wedi'u diweddarau.
- Roedd data *C.difficile* Bae Abertawe wedi'u diweddarau, ac yn dangos gostyngiad pendant mewn cyfraddau dros gyfnod y haf.
- Roedd gallu'r system i ymateb i ddata yn amlygu dirywiad yn sefyllfa'r rhestr aros (amseroedd aros 36 wythnos oedd yr uchaf yn y gyfres erbyn hyn) a oedd yn dangos pwysau ar y system.
- Roedd darlun sefydlog ar draws data marwolaethau y gellir eu hosgoi, yn cynnwys ymddygiad iach, dangosyddion ysmegu, yfed a llesiant a phenderfynyddion ehangach o ran twf incwm ac effaith yr argyfwng costau byw.
- Roedd angen bod yn ofalus ynghylch data'r farchnad lafur, gan gynnwys ansawdd y data. Roedd IB wedi triongli data lle'r oedd hynny'n bosibl a oedd yn dangos sefyllfa'r marchnad lafur ychydig yn well ar draws y DU, ond nid oedd Cymru'n gwella ar yr un gyfradd. Dywedodd IB ei fod yn gweithio gyda HG i ystyried y maes hwn ymhellach a'i fod wedi ystyried adborth a roddwyd yn flaenorol gan aelodau'r Bwrdd.

Diolchodd NE i IB am y diweddariad a thynnodd sylw at y ffaith nad oedd llinell sefydlog bob amser yn ganlyniad dymunol lle roedd angen gwelliannau neu ostyngiadau ar draws meysydd. Yna gofynnodd NE a oedd gan rywun sylwadau neu gwestiynau.

Gan adlewyrchu ar ddata HCAI a *C.difficile*, amlygodd MK waith y tîm HARP i wella cywirdeb data a'r duedd gadarnhaol o leihau'r defnydd o ficrobau o fewn gofal sylfaenol i helpu i leihau heintiau a gafwyd drwy ofal iechyd ac ymwrthedd gwrthficrobaidd. Soniodd MK hefyd am y cyfraddau brechu isel a nododd waith sydd ar y gweill i gynghori Llywodraeth Cymru a chefnogi gweithrediad y rhaglen frechu. Roedd hyn yn cynnwys gwaith ar draws Byrddau Iechyd yn y blynyddoedd i ddod.

Wrth ystyried y data ymddygiadau iach a llesiant, nododd SG na fu unrhyw newid sylweddol o ran unigrwydd yn dilyn Covid-19 / cyfyngiadau symud a bod hyn yn parhau'n her sylweddol. Cytunodd NE a chroesgyfeiriodd Strategaeth Hirdymor y Sefydliad, gan nodi'r rôl a'r rhan yr oedd gan ein Sefydliad a Sefydliadau trydydd parti eraill i'w chwarae yn y maes hwn.

Dyweddodd JM fod ei dîm wedi myfyrio ar y dangosfwrdd ac wedi ystyried tri maes mawr i'w hystyried yn y dyfodol: gallu'r system a phoblogaethau penodol, yn enwedig y croesdoriad o ran sut y gall Sefydliadau gydgyssylltu a chynnig gwerth, materion ymddygiad iechyd, ysgogi'r system i symud i faes cymdeithasol, datblygiadau mewn perthynas â'n Cynllun Tymor Canolig Integredig (IMTP), a chynnwys darparu ymyriadau cyflym ynghylch ymddygiad iach a gweithgarwch economaidd.

Aeth aelodau'r Bwrdd ymlaen i gael trafodaeth eang ar weithgarwch economaidd.

Dyweddodd KY y mae'n bosibl bod data twf cyflog wedi gwyro, a gwnaeth sylwadau ar yr angen i fod yn ymwybodol na fu unrhyw dwf mewn cyflogau yn y trydydd sector.

Holodd TR am y gydberthynas rhwng cynnydd mewn cyfraddau diweithdra a chynnydd yn y nifer sy'n hawlio a chofrestru ar gyfer budd-daliadau, a oedd yn cynnwys Taliadau Annibyniaeth Bersonol (PIP). Cadarnhaodd IB fod ymchwil pellach wedi'i gynllunio i ystyried y cynnydd mewn cyfraddau diweithdra.

Holodd SA a oedd yr arolwg o'r gweithlu yn effeithio o gwbl ar ddata gweithgarwch economaidd. Dywedodd IB pe bai arolwg y Resolution Foundation yn gywir, y byddai'n awgrymu newid yn lefel yr anweithgarwch economaidd. Tynnodd IB sylw at y ffaith bod cyfraddau uchel iawn o anweithgarwch economaidd ynghyd ag afiechyd yn ysgogi anweithgarwch economaidd, a gyflymwyd gan y pandemig. Nododd yr angen i'r Sefydliad ystyried pa gymorth y gallai ei ddarparu.

Gwnaeth TR sylw ar ein dull o gefnogi rhwydweithiau cymunedol, a nododd bod y Sefydliadau'n dibynnu arnynt fel piler mawr ar gyfer cyflawni ein Cynllun Tymor Canolig Integredig. Cydnabu NE a TC eu pwysigrwydd ac awgrymodd TC bod KY, TR, JM, SA yn cwrdd i ystyried y model ymgysylltu a dull gweithredu cyffredinol yn y maes hwn i'w cefnogi.

Bu'r Bwrdd yn trafod ac yn trafod ar Adroddiad y Dangosfwrdd Trosolwg Cyflym a nododd y meysydd penodol o ddadansoddi data sydd ar y gweill.

ICC 2024.11.28/3-4

**Adroddiad Perfformiad Integredig (Mis 7), Adroddiad
Cyllid a Chofrestr Risg Strategol**

Ni nododd HG newid mawr o fewn gosodiad yr adroddiad Perfformiad. Nododd fod gwaith ar y gweill i fynd i'r afael â phryderon a godwyd yn flaenorol ynghylch yr angen i gynnwys data ar anghydraddoldebau; byddai fformat newydd o'r adroddiad yn cael ei gyflwyno i gyfarfod y Bwrdd ym mis Ionawr a fyddai'n cynnwys adran anghydraddoldebau newydd a fyddai'n canolbwyntio ar ddata a naratifau cysylltiedig. Nododd HG hefyd adolygiad oedd ar y gweill i'r amllder adrodd gorau ar gyfer yr adrannau yn yr adroddiad.

Nododd HG y gwaith a wnaed yn yr adran cyflenwi gwasanaeth yr adroddiad i fynd i'r afael â chwestiynau blaenorol gan y Bwrdd ynghylch mesur effaith yn effeithiol ar draws rhai meysydd darparu. Amlygodd HG fod 88% o ysgolion uwchradd wedi cwblhau'r defnydd o'r dull ysgol gyfan at les emosïynol, er mai rhaglen wirfoddol oedd hon.

Nododd KY bwynt yn yr adroddiad ynghylch ysgolion yn gweld ysmegu fel mater llai dybryd na fepio ac awgrymodd y gallai fod angen trafodaethau i fynd i'r afael â hyn oherwydd y cysylltiad achlysurol rhwng y ddau.

Amlygodd HG fod 87.9% wedi'u cwblhau ar gyfer cyflawni'r strategaeth, a oedd yn is na'r hyn a gyflawnwyd y llynedd ac y byddai'n cael ei fonitro. Nododd HG hefyd fod cynnydd yn nifer y ceisiadau wedi'u newid wedi cynyddu i 13, a bod hyn ynghyd â gwybodaeth o'r asesiadau hyder cyflawni o'r rhaglenni newid strategol yn awgrymu bod y gwaith a gwblhawyd yn symud i hwyrach yn y flwyddyn a bod angen craffu i sicrhau y byddent yn cael eu cwblhau. Cymerodd y Bwrdd hyder gan reolwyr/craffu'r rhaglenni ond awgrymodd y gallai fod angen adolygu'r rhesymau dros yr oedi, megis oedi gan bartneriaid allanol. Cadarnhaodd IB mai ffocws yr Awdurdod Digidol a Dylunio Data oedd edrych ar adolygu dibyniaethau ar bartneriaid allanol yn rheolaidd am datrysiadau digidol fel y gellir codi materion yn gynt.

Ar gyfer yr adroddiad Cyllid, nododd HG nad oedd unrhyw newidiadau mawr ond bod tanwariant bychan wedi ei adrodd. Amlygodd HG fod hyn yn rhannol oherwydd rhyddhau arian wrth gefn nad oedd wedi'i ddefnyddio, a bod cynlluniau gwariant yn cael eu monitro i sicrhau bod cynlluniau caffael yn cael eu cwblhau erbyn diwedd Chwarter 4.

Bu'r Bwrdd yn ystyried perfformiad a threfniadau llywodraethu'r sefydliad, a chynnydd yn erbyn cyflawni ei strategaeth, gan gynnwys darparu'r adennill gwasanaethau a rhaglenni allweddol. **Cymerodd** y Bwrdd **sicrwydd** ynghylch hynny.

Egwyl

ICC 2024.11.28/3.5

Pwyllgorau'r Bwrdd: Adroddiad gan Gadeiryddion y Pwyllgorau

Darparodd DC ddiweddariad ar lafar o gyfarfod y Pwyllgor Ansawdd, Diogelwch a Gwella a gynhaliwyd ar 25 Tachwedd 2024. Amlygodd bod yr adroddiadau canlynol wedi'u hystyried:

- Adroddiad chwarterol Perfformiad Llywodraethu Ansawdd.
- Diweddariad canol blwyddyn Archwilio Ansawdd a Chlinigol.
- Adroddiad chwarterol Iechyd a Diogelwch.
- Cofrestrau Risg Strategol a Chorfforaethol.
- Cyflwyniad manwl ar Amseroedd Asesu Canser y Fron, a oedd yn gam gweithredu o gyfarfod y Bwrdd ym mis Medi.

Cadarnhaodd DC y byddai diweddariad manylach yn cael ei ddarparu fel rhan o'r adroddiad ysgrifenedig yng nghyfarfod nesaf y Bwrdd.

Nododd y Bwrdd ddiweddariad y Pwyllgor Pobl a Datblygu Sefydliadol o gyfarfod 21 Hydref 2024.

Nododd y Bwrdd yr adroddiad a **chymerodd sicrwydd** o'r cynnwys a'r diweddariadau a ddarparwyd yn y cyfarfod.

ICC 2024.11.28/4

Eitemau i'w Cymeradwyo

ICC 2024.11.28/4.1

Cofnodion a Log Gweithredu o Gyfarfod y Bwrdd a'r Cyfarfod Cyffredinol Blynnyddol (26 Medi 2024)

Cymeradwyodd y Bwrdd Gofnodion Cyfarfod y Bwrdd a Nodiadau'r Cyfarfod Cyffredinol Blynnyddol a gynhaliwyd ar 26 Medi 2024 fel cofnodion cywir o'r cyfarfodydd.

Rhoddodd y Bwrdd **ystyriaeth** i'r Camau Gweithredu agored ar y Log Gweithredu. Cymeradwywyd cau'r camau gweithredu a gwblhawyd.

ICC 2024.11.28/4.2

Cofrestr Risgiau Strategol

Darparodd CB drosolwg o'r Gofrestr Risg Strategol a thynnodd sylw at y ffaith nad oedd unrhyw newidiadau i'r sgoriau risg presennol ar gyfer risgiau strategol 1-5. Nododd CB hefyd y gwaith a wnaed i adolygu unrhyw derfynau amser nad oeddent wedi eu cyrraedd neu derfynau amser yr oedd angen eu haddasu oherwydd camau gweithredu newydd neu achosion o waith. Roedd hyn er mwyn rhoi sicrwydd i'r Bwrdd, ac asesiad o'r Gofrestr Risg Gorfforaethol oherwydd newidiadau yn yr adroddiadau ar y gofrestr.

Risg Strategol 1

- Nododd CB fod y sgôr risg yn annhebygol o newid oherwydd ei aliniad a'r strategaeth hirdymor.
- Croesawodd y Bwrdd y diagram atodol am yr eglurder ychwanegol i'r risg hon.
- Roedd y Bwrdd yn cydnabod nad oedd y risg yn adlewyrchu'n llawn allu Iechyd Cyhoeddus Cymru i roi rheolaethau ar waith a chymryd camau gweithredu.
- Gofynnwyd i JM/SA/CB i adolygu'r risg hon er mwyn sicrhau ffocws cywir y risg hon.
Cam Gweithredu: JM/SA/CB

Risg Strategol 2

- Nid oedd y sgôr risg wedi newid.
- Nododd CB y nod i weld newid erbyn mis Mawrth 2025 oherwydd sicrwydd a ddarparwyd o waith ar fapiau llwybr y Cyfarwyddiaeth fel rhan o'r Cynllun Tymor Canolig Integredig (IMPT).
- Tynnodd CB sylw at y ffaith bod y gwaith hwn wedi cynnwys gwaith gwella gyda Chyfarwyddwyr ar draws Iechyd Cyhoeddus Cymru, a bod hyn wedi wynebu rhai heriau o ran terfynau amser a galluedd.
- Gofynnodd KY a fyddai digon o gynnydd yn y gwaith hwn i ddarparu diweddariad cynhwysfawr. Dywedodd JM y byddai'r dyddiad cau ar gyfer y risg hon yn cael ei symud i fis Mawrth 2026 oherwydd maint y gwaith sydd ei angen ei wneud.
- Holodd KY hefyd a oedd y plant/pobl ifanc yr effeithiwyd arnynt gan y gwaith hwn yn derbyn diweddariadau neu a oedd hyn yn cael ei gyflenwi i'r sefydliadau trydydd sector yn unig. Nododd CB fod arbenigedd sefydliadau trydydd sector wedi'i ddefnyddio yn y gwaith hwn, ac y byddai'r pryder hwn yn cael ei ddileu.

Risg Strategol 3

- Nododd CB ddiweddariadau sylweddol i'r camau risg, a oedd wedi'u hadolygu gan y Pwyllgor Ansawdd, Diogelwch a Gwella ym mis Medi 2024.

Risg Strategol 4

- Nododd CB y nod ar gyfer newid yn y sgôr risg erbyn Mehefin 2025. Canmolodd y gwaith o gyflawni'r arolwg staff ar draws Iechyd Cyhoeddus Cymru.
- Nododd NL y byddai'r risg hon yn cael ei hailystyried ar ôl canlyniadau'r arolwg a bod effaith y gwaith ar ddiwylliant wedi'i ddadansoddi.

Risg Strategol 5

- Parhaodd y sgôr risg heb ei newid.
- Nododd CB mai dyma'r sgôr risg isaf a bod camau lliniaru ar waith.

Ystyriodd a chymeradwyodd y Bwrdd y ceisiadau newid i'r Risgiau Strategol.

ICC 2024.11.28/4.3

Cadarnhau Cam Gweithredu'r Cadeirydd

Nododd y Bwrdd fod yna un achlysur lle cymerwyd camau gan Gadeiryddion i gymeradwyo contract yn ôl y gofyn tair blynedd i Empyrean Digital Limited ar gyfer cyflawni cam Beta y rhaglen trawsnewid gwe am gyfanswm gwerth £651,953 ynghyd â TAW.

Nododd y Bwrdd na fu unrhyw ddefnydd o'r Sêl Gyffredin i adrodd i'r Bwrdd.

Cadarnhaodd y Bwrdd Gam Gweithredu'r Cadeirydd a chymerodd **sicrwydd** bod y camau wedi'u cymryd yn unol ag Adran 8 o'r Rheolau Sefydlog.

ICC 2024.11.28/4.4

Fforwm Partneriaeth Lleol - Trefniadau Gweithio mewn Partneriaeth

Darparodd PV drosolwg o'r materion cynrychiolaeth staff ar Pwyllgorau'r Bwrdd a'r Bwrdd a chyflwynodd Gylch Gorchwyl wedi'i ddiweddarau ar gyfer y Fforwm Partneriaeth Lleol (LPF) i ganiatáu ffurfio is-grŵp o'r Fforwm Partneriaeth Lleol y gallai cynrychiolwyr staff etholedig ar gyfer y Bwrdd a Phwyllgorau fod yn rhan ohono. Cyflwynwyd Cylch Gorchwyl yr is-grŵp i'r Bwrdd hefyd.

Amlygodd PV nad oedd y cynigion yn ddelfrydol ac y dydai'r Bwrdd fod yn ffafrio Pwyllgor Ochr Staff unedig, yn cynrychioli pawb sy'n dymuno cymryd rhan, er mwyn hwyluso gwaith partneriaeth cryf gyda'r Bwrdd.

O ran gosod y cyd-destun eglurodd PV nad oedd cylch gorchwyl y Pwyllgor Ochr Staff presennol wedi'i ddiweddarau er 2019, ac mae un undeb cydnabyddedig wedi tynnu'n ôl o ganlyniad i hynny. Golyga hyn nad yw Ochr Staff yn gwbl gynrychioliadol mwyach.

Ym mis Mai 2023, cymeradwyodd y Bwrdd newidiadau i weithio mewn partneriaeth, a oedd yn gofyn am ddiweddariadau i gylch gorchwyl y Pwyllgor Ochr Staff a darparu cofrestr o gynrychiolwyr etholedig. Roedd y newidiadau hynny i'w rhoi ar waith erbyn mis Medi 2023 ond, er gwaethaf lefel uchel o fewnbwn, nid yw Ochr Staff wedi cyflawni'r gofynion hynny.

Nododd PV sawl ymgais i ymgysylltu â chynrychiolwyr Ochr Staff i ddiweddarau'r cylch gorchwyl gan nodi, ar 17 Medi 2024, y gwnaeth PV yn glir, pe na bai'r newidiadau'n cael eu gweithredu erbyn diwedd mis Hydref 2024, y byddai'r cynigion cyn y Bwrdd yn y cyfarfod hwn yn cael eu dwyn ymlaen. Cynigiodd PV gwrdd â Chadeirydd Ochr Staff i gynorthwyo ond ni ymatebodd y Cadeirydd i drefnu dyddiad. Ni chyflawnwyd amserlen mis Hydref.

Felly, cafodd y newidiadau arfaethedig eu cyflwyno i gyfarfod o'r Fforwm Partneriaeth Lleol ar 14 Tachwedd 2024 i drafod y cynigion. Cyn y cyfarfod hwn nododd PV nad oedd Cadeirydd Ochr Staff (a oedd yn Gyd-Gadeirydd Fforwm Partneriaeth Lleol) yn bresennol yn y cyfarfod gosod agenda ar 24 Hydref 2024. Rhannwyd yr Agendâu drafft trwy e-bost a rhannwyd y dogfennau ar 7 Tachwedd 2024 gyda'r Cadeirydd Ochr Staff ac wedi hynny gyda holl aelodau'r Fforwm Partneriaeth Lleol.

Cynhaliwyd y cyfarfod, a gofynnwyd am fwy o amser ond gwrthodwyd y cais hwn oherwydd yr amser a aeth heibio. Aeth y mater i bleidlais gan y Fforwm Partneriaeth Lleol, ac ar hynny

gadawodd Cadeirydd Ochr Staff y cyfarfod gyda'u cynrychiolwyr undeb a chollwyd cworwm. Roedd y mater felly yn ddiodyn i'r Bwrdd benderfynu arno.

Cadarnhaodd PV fod y newidiadau arfaethedig wedi'u cyflwyno i'r Tîm Gweithredol, a oedd yn cefnogi'r newidiadau arfaethedig.

Diweddarodd NL fod cwyn gyfunol gan 4 undeb llafur o Ochr Staff (Unite, GMB, SoR ac RCN) wedi dod i law am 10:10am ar ddiwrnod y Bwrdd, a chodwyd pryderon am y cynigion gerbron y Bwrdd. Adleisiodd NL y sylwadau a wnaed gan PV a phwysleisiodd y gwaith caled sydd wedi'i wneud i atal y newidiadau arfaethedig rhag dod yn angenrheidiol.

Cadarnhaodd NE fod angen ac eisiau ymgysylltu rhagorol ar y Bwrdd gyda'u staff a dim ond un maes o ymgysylltu oedd hwn. Nododd NE fod gennym gynrychiolaeth ragorol, megis CS yn mynychu'r Bwrdd, ond mae angen i ni fynd i'r afael â'r mater hwn. Cadarnhaodd NE fod y gŵyn wedi dod i law tra roedd y Bwrdd mewn sesiwn felly nacherwyd amser i'w ystyried.

Ategodd KY y sylwadau a wnaed ac o'i hamser ar y Pwyllgor Pobl a Datblygu Sefydliadol, roedd yn ymwybodol o'r ymdrechion a wnaed i unioni'r sefyllfa. Roedd KY o'r farn bod angen mecanwaith ar y Bwrdd i hwyluso cynrychiolaeth staff ac mae'r cynnig sydd gerbron y Bwrdd yn y cyd-destun a osodwyd yn cyflawni hynny. Teimlai KY ei bod yn bwysig cadw drws ar agor er mwyn caniatáu i Ochr Staff gywiro eu sefyllfa ond, tan hynny, roedd y cynigion yn briodol.

Awgrymodd NE y dylai'r Bwrdd gytuno ar y cynigion a gyflwynwyd heddiw ond pe bai'r cyfle'n codi i unioni'r sefyllfa yn fwy cydweithredol yn yr amser sydd ar gael cyn gweithredu, dylid annog hynny.

Ystyriodd y Bwrdd statws presennol gweithio mewn partneriaeth yn y Bwrdd ac, yng nghydstun y sylwadau uchod, **cymeradwywyd** Gylch Gorchwyl diwygiedig y Fforwm Partneriaeth Lleol a **chymeradwywyd** sefydlu Is-Bwyllgor Gwaith Partneriaeth o'r Fforwm Partneriaeth Lleol. **Cymeradwywyd** drafft Cylch Gorchwyl Is-Bwyllgor Gwaith Partneriaeth y Fforwm Partneriaeth Lleol.

ICC 2024.11.28/4.5	Cytundeb Cydweithio Gwasanaeth Cyfieithu Cymru (WITS)
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Darparodd PV drosolwg o gytundeb cydweithredu Gwasanaeth Cyfieithu Cymru. Amlygodd ei fod wedi'i sefydlu'n wreiddiol yn 2017, ac yn caniatáu i Iechyd Cyhoeddus Cymru gael mynediad at wasanaethau cyfieithu ar y pryd ar gyfer ymgynghoriadau mewn ieithoedd amlywiol mewn partneriaeth â chyrrff cyhoeddus eraill.

Nododd PV fod y cytundeb presennol angen estyniadau blynyddol. Byddai'r Weithred Amrywio arfaethedig a gyflwynir i'r Bwrdd yn caniatáu i'r cytundeb barhau am gyfnod amhenodol oni bai bod cymalau terfynu penodol yn cael eu gweithredu, ac felly yn negyddu'r angen i adnewyddu'r Weithred yn flynyddol.

Cymeradwyodd y Bwrdd i selio'r Weithred Amrywio arfaethedig.

ICC 2024.11.28/4.6	Siarter Hillsborough
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Cyflwynodd HW Siarter Hillsborough gan amlygu bod y Siarter ar gyfer y Galarwyr ac yn seiliedig ar yr argymhellion yn dilyn trychineb Hillsborough ym 1989. Roedd yn nodi chwe

ymrwymiad ar gyfer sefydliadau'r sector cyhoeddus a'r gwasanaethau brys mewn ymateb i argyfyngau a digwyddiadau mawr, er mwyn sicrhau bod dull cydgyssylltiedig yn cael ei ddefnyddio, gan roi'r rhai mewn profedigaeth wrth ei wraidd.

Nododd HW fod Iechyd Cyhoeddus Cymru eisoes yn ymgorffori llawer o'r egwyddorion hyn yn ei ddiwylliant a'i ddull gweithredu a bod y gwasanaethau brys ledled Cymru, dan arweiniad Heddlu De Cymru, yn cydlynu'r llofnodwyr i'r ddogfen. Disgwylir ei chwblhau'n ffurfiol yn gynnar y flwyddyn nesaf.

Eglurodd MK fod rhai o rwymedigaethau'r Siarter y tu hwnt i'n rôl fel sefydliad iechyd y cyhoedd ond cadarnhaodd y byddai ef a'r tîm yn gweithio i sicrhau bod y Siarter yn cael ei ddefnyddio o fewn y cyd-destun cywir ar gyfer ein sefydliad ar lefel weithredol.

Rhoddodd y Bwrdd **ystyriaeth** i fanylion yr adroddiad hwn, y Siarter a'i chwe ymrwymiad a ddefnyddiodd y siarter yn Iechyd Cyhoeddus Cymru, yn amodol ar y sylwadau a wnaed gan MK am rôl a chwmpas.

Cymeradwyodd y Bwrdd ymgysylltiad Iechyd Cyhoeddus Cymru mewn deialog barhaus â phartneriaid ledled Cymru i ddeall sut y gallwn gyfrannu ar y cyd at gyflawni'r ymrwymadau yn y Siarter drwy'r fforymau cadernid lleol.

ICC 2024.11.28/5	Eitemau i'w Nodi
ICC 2024.11.28/5.1	Adroddiad Preifat y Cadeirydd
Nododd y Bwrdd Adroddiad Preifat y Cadeirydd.	
ICC 2024.11.28/5.2	Blaengynllun y Bwrdd
Nododd y Bwrdd Flaengynllun y Bwrdd.	
ICC 2024.11.28/5.3	Rapurau Preifat y Bwrdd
Dim.	
ICC 2024.11.28/6	Dyddiad y Cyfarfod Bwrdd Ffurfiol Nesaf
Diolchodd NE i bawb am eu cyfraniadau i'r cyfarfod.	
Cynhelir y cyfarfod nesaf ar 30 Ionawr 2025.	
Daeth y cyfarfod i ben am 14:25	

RAG Rating/Status	
At risk	Red - Action date passed or revised date needed
On track	Yellow - Action on target to be completed by agreed/revised date
Complete	Green - Action complete
No longer needed	Blue - Action to be removed and/or replaced by new action

FORMAL BOARD								
Meeting Item Reference	Action Reference	Lead	Meeting Item Title	Details of action	Update on progress	Original target date	Revised target date	RAG rating/Status


OPEN ACTIONS FOR REVIEW

None.

OPEN ACTIONS - IN PROGRESS BUT NOT YET DUE								
PHW 2024.11.30/4.1	PHW2024/22	4.1		Strategic Risk 1: JM/SA/CB were asked to review this risk to ensure the correct focus of this risk.	January update: this is in progress and is being considered as part of the ongoing review of risk by the Executive Team. The Strategic Risk register is next due to be presented to Board in March 2025.	26-Mar-25		On Track

ACTIONS RECOMMENDED TO BE CLOSED AT 30 JANUARY 2025 MEETING

None.

 <p> GIG CYMRU NHS WALES </p> <p> Iechyd Cyhoeddus Cymru Public Health Wales </p>	Name of Meeting Board
	Date of Meeting 30 January 2025 4.2

Ratification of Chair's Action and affixing of the Public Health Wales NHS Trusts' seal

Executive lead:	Paul Veysey, Board Secretary and Head of Board Business Unit
Author:	Liz Blayney, Deputy Board Secretary and Deputy Head of Board Business Unit

Approval/Scrutiny route:	Paul Veysey, Board Secretary and Head of Board Business Unit
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Purpose

This report advises of agreements that have required the affixing of the Public Health Wales NHS Trusts' seal and identified any Chair's Actions that have been taken by the Chair of the Board.

Recommendation:				
RATIFY <input checked="" type="checkbox"/>	CONSIDER <input type="checkbox"/>	RECOMMEN D <input type="checkbox"/>	ADOPT <input type="checkbox"/>	ASSURANC E <input checked="" type="checkbox"/>

Recommendation

The Board is asked to:

- **Note** have been no occasion where Chairs Action was taken since the November Board meeting;
- **Note** that there has been one use of the Common Seal to report to the Board:
 - Deed of Variation for the Wales Interpretation and Translation Services Collaboration Agreement.
- Take **assurance** that the action was taken in accordance with Section 8 of the Standing Orders.

Link to Public Health Wales [Strategic Plan](#)

Public Health Wales has an agreed strategic plan, which has identified seven strategic priorities and well-being objectives.

This report contributes to all 7 of the Strategic Priorities and Well-being Objectives.

Summary impact analysis

Equality and Health Impact Assessment	A specific Equality and Health Impact Assessment (EHIA) is not required in support of this report.
Risk and Assurance	In line with the Standing Orders an assurance report should be provided to the Board detailing the affixing of the common seal. The report also provides assurance that when Chair's action is taken it is taken in line with the Standing Orders.
Health and Care Standards	This report supports and/or takes into account the Health and Care Standards for NHS Wales Quality Themes Governance, Leadership and Accountability
Financial implications	There are no financial implications as a result of approval of this report.
People implications	There are no people implications as a result of approval of this report.

Purpose / situation

This report advises of agreements that have required the affixing of the Public Health Wales NHS Trusts' seal and identified any Chair's Actions that have been taken by the Chair of the Board.

Background

2.1 Chair's Action

In accordance with Section 2.1 of the Standing Orders there may occasionally be circumstances where decisions that would normally be made by the Board need to be taken between scheduled meetings, and it is not practicable to call a meeting of the Board. In these circumstances, the Chair and the Chief Executive, supported by the Board Secretary as appropriate, may deal with matters on behalf of the board – after first consulting with at least two other Non-Executive Directors.

2.2 Affixing of the Common Seal

In accordance with Section 8 of the Standing Orders, the Public Health Wales NHS Trust Common Seal may be affixed and entered onto the Register of Sealing when the entry is signed by the Chair and the Chief Executive, and is witnessed by the Board Secretary and Head of Board Business Unit.

Description/Assessment

3.1 Chair's Action

There have been no occasions since the last report where Chair's Action was taken on behalf of the Board.

3.2 Affixing of the Common Seal

There has been one use of the Common Seal to report to the Board.

At the Board meeting on 28 November 2024, the Board approved a deed of variation to Deed of Variation for the Wales Interpretation and Translation Services Collaboration Agreement. The agreement was to allow translation services to be accessed and utilised within our screening services.

The approved variation took away the need to enter into Deed every time the agreement needs to be extended. Under the revised provisions, the agreement shall auto renew annually. No other changes had been made to the agreement.

Following Board approval, the deed was affixed with the common seal in line with the requirements under standing orders.

Recommendation

The Board is asked to:

- **Note** have been no occasion where Chairs Action was taken since the November Board meeting;
- **Note** that there has been one use of the Common Seal to report to the Board:
 - Deed of Variation for the Wales Interpretation and Translation Services Collaboration Agreement.
- Take **assurance** that the action was taken in accordance with Section 8 of the Standing Orders.

 <p> GIG CYMRU NHS WALES </p> <p> Iechyd Cyhoeddus Cymru Public Health Wales </p>	<p> Name of Meeting Board </p> <p> Date of Meeting 30 January 2025 </p> <p> Agenda item: 5.1 </p>
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Chair’s Report to the Board concerning the matters considered in the Private Board meeting of the 28 November 2024	
Chair	Nick Elliott, Interim Chair (From 1 June– 30 November 2024)
Date of last meeting	28 November 2024

Summary of the key matters that the Board considered when meeting in private session, on 28 November 2024, together with any related decisions made:
<p>In line with Public Health Wales’ Standing Orders, the Board conducts its meetings in public. Public Health Wales’ Standing Orders make provision, at paragraph 7.5.2, for the Board to meet and discuss certain matters in private.</p> <p>The Public Bodies Act (Admission to Meetings) Act 1960, section 1 (2) provides the legal basis for such Private Board Meetings to ensure that the matters under consideration are not prejudicial to the public interest – that they do not cause undue harm or influence the public unfairly.</p> <p>Public Health Wales has a Protocol for Reserving Matters to a Private Board (or Committee) meeting, which can be seen here - https://phw.nhs.wales/about-us/board-and-executive-team/protocol-for-private-meetings/</p> <p>This Chair’s Report is a standing agenda item, for the purposes of transparency and accountability. This report sets out the matters that the Board considered during the Private Board meeting of the 28 November 2024.</p> <p>The Standing Financial Instructions confirm that any financial decisions above £500,000 are a matter for the Board and require Board approval. Further details about financial delegations can be seen in Public Health Wales’ Standing Financial Instructions.</p> <p>The Board approved:</p> <ul style="list-style-type: none"> • The award of the Newborn Bloodspot Courier contract to CitySprint UK Ltd. • The replacement of the current automated liquid handling platforms via the reagent rental procurement route. • The contract award via Single Tender Waiver to MAST Group. • The minutes and action logs of the Private Board meeting on the 26 September 2024. • The notes of the Board Development session on the 31 October 2024.

Summary of the key matters that the Board considered when meeting in private session, on 28 November 2024, together with any related decisions made:

- **agreed to support** the proposal to enter into negotiations to establish a World Health Organisation (WHO) Collaborating Centre for Data and Digital Health Equity and noted that this matter would be presented to the Board for a decision once the negotiations had completed.

The Board:

- **Considered** an update on current health issues and the staff flu vaccination programme.
- **Considered** a Local Partnership Forum update.
- **Considered** an update on the Ionising Radiation Breast Test Wales Health Inspectorate Wales (HIW) inspection.
- Took **assurance** from the report and the work of the Board Committees.
- Took **assurance** on the management of cyber security strategic risks.

Summary of communication items circulated to Board members electronically (via e-mail) since the last Board meeting held on 28 November 2024

Public Health Wales has a system of Board-level communications outside formal meetings, to ensure that directors have up to date information and to support the Board in discharging its role.

A summary of information sent to the Board since the September Board meeting (up to 22 January 2025) was as follows:

- Weekly Comms Forward Look information sheets
- November Board minutes for review
- Latest version of a report 'Investing in a Healthier Wales'
- Joint Executive Team (JET) pack
- Notification on lifting of Healthcare Inspectorate Wales Improvement Notice on Breast Test Wales
- Month 8 Finance, Performance and Insight Reports
- Mpox Virus information
- Newborn Screening Value For Money brief

Annual Audit Report 2024 – Public Health Wales NHS Trust

Audit year: 2024

Date issued: January 2025

Document reference: 4655A2025

Purpose of this document

This document is a draft supplied in confidence solely for the purpose of verifying the accuracy and completeness of the information contained in it and to obtain views on the conclusions reached.

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Mae'r ddogfen hon hefyd ar gael yn Gymraeg. This document is also available in Welsh.

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Summary report

About this report

- 1 This report summarises the findings from my 2024 audit work at Public Health Wales NHS Trust (the Trust) undertaken to fulfil my responsibilities under the Public Audit (Wales) Act 2004. That Act requires me to:
 - examine and certify the accounts submitted to me by the Trust, and to lay them before the Senedd;
 - satisfy myself that expenditure and income have been applied to the purposes intended and are in accordance with authorities; and
 - satisfy myself that the Trust has made proper arrangements for securing economy, efficiency, and effectiveness in its use of resources.
- 2 I report my overall findings under the following headings:
 - Audit of accounts
 - Arrangements for securing economy, efficiency, and effectiveness in the use of resources
- 3 This year's audit work took place at a time when NHS bodies were continuing to respond to a broad set of challenges associated with the cost-of-living crisis, the climate emergency, inflationary pressures on public finances, workforce shortages, and an ageing estate. In addition, NHS bodies are still dealing with the legacy of the COVID-19 pandemic. My work programme, therefore, was designed to best assure the people of Wales that public funds are well managed.
- 4 We largely continued to work and engage remotely where possible using technology, but some on-site audit work resumed where it was appropriate to do so. This inevitably had an impact on how we deliver audit work but has also helped to embed positive changes in our ways of working.
- 5 The audited accounts submission deadline was shortened by two weeks from the previous year to 15 July 2024. The financial statements were certified on 12 July 2024, meaning the deadline was met. This reflects a great collective effort by both my staff and the Trust's officers.
- 6 The focus and approach of my performance audit work continues to be aligned to the post-pandemic challenges facing the NHS in Wales and is conducted in line with INTOSAI¹ auditing standards.
- 7 This report is a summary of the issues presented in more detailed reports to the Trust this year (see **Appendix 1**). I also include a summary of the status of work still underway, but not yet completed.

¹ INTOSAI (International Organisation of Supreme Audit Institutions) is a global umbrella organisation for the performance audit community. It is a non-governmental organisation with special consultative status with the Economic and Social Council (ECOSOC) of the United Nations.

- 8 **Appendix 2** presents the latest estimate of the audit fee that I will need to charge to cover the costs of undertaking my work, compared to the original fee set out in the 2024 Audit Plan.
- 9 **Appendix 3** sets out the audit of accounts risks set out in my 2024 Audit Plan and how they were addressed through the audit.
- 10 The Executive Team have agreed the factual accuracy of this report. We presented it to the Board on 30 January 2025. We strongly encourage the Trust to arrange its wider publication. We will make the report available to the public on the [Audit Wales website](#) after the Board have considered it.
- 11 I would like to thank the Trust's staff and members for their help and co-operation throughout my audit.

Key messages

Audit of accounts

- 12 I concluded that the Trust's accounts were properly prepared and materially accurate and issued an unqualified audit opinion on them. My work did not identify any material weaknesses in internal controls (as relevant to my audit) however, I brought some issues to the attention of officers and the Audit and Corporate Governance Committee (ACGC).
- 13 I identified no material financial transactions within the Trust's 2023-24 accounts that were not in accordance with authorities or not used for the purpose intended, and so I have issued an unqualified opinion on the regularity of the financial transactions within the Trust's 2023-24 accounts.
- 14 I placed no substantive report alongside my opinion this year as there were no issues to report.

Arrangements for securing efficiency, effectiveness, and economy in the use of resources

- 15 My programme of performance audit work has led me to draw the following conclusions:
- the Trust has effective arrangements to ensure good governance, with sound approaches in place to develop and monitor its plans and manage its finances. However, there remains a need to improve the timeliness of some committee meetings and develop a more comprehensive approach to assurance mapping as part of its Board Assurance Framework.
 - the Trust has clear arrangements for identifying and delivering its cost improvement opportunities and monitoring its overall financial position. However, uncertainty around inflationary uplift funding presents risks that will need to be managed in the medium to long-term.

16 These findings are explored further in the following section of this report.

Detailed report

Audit of accounts

- 17 Preparing annual accounts is an essential part of demonstrating the stewardship of public money. The accounts show the organisation's financial performance and set out its net assets, net operating costs, gains and losses, and cash flows. My annual audit of those accounts provides an opinion on both their accuracy and the proper use ('regularity') of public monies.
- 18 My 2024 Audit Plan set out the key risks for audit of the accounts for 2023-24 and these are detailed along with how they were addressed in **Exhibit 4, Appendix 3**.
- 19 My responsibilities in auditing the accounts are described in my [Statement of Responsibilities](#) publications, which are available on the [Audit Wales website](#).

Accuracy and preparation of the 2023-24 accounts

- 20 I concluded that the Trust's accounts were properly prepared and materially accurate and issued an unqualified audit opinion on them. My work did not identify any material weaknesses in internal controls (as relevant to my audit) however, I brought some issues to the attention of officers and the Audit and Corporate Governance Committee (ACGC) for improvement.
- 21 The Trust submitted their draft accounts within the required deadline. The accounts, and supported working papers, were of good quality, and officers of the Trust provided us with an appropriate level of support and engagement to enable us to complete the audit on a timely basis.
- 22 I must report issues arising from my work to those charged with governance (the Audit Committee) for consideration before I issue my audit opinion on the accounts. My Financial Audit Engagement Lead reported these issues on 10 July 2024. **Exhibit 1** summarises the key issues set out in that report.

Exhibit 1: issues reported to the Audit Committee

Issue	Auditors' comments
Uncorrected misstatements	We identified one non-material misstatement in the accounts that remained uncorrected in relation to overstated Property Plant and Equipment valuations. The accounts included the valuations of some equipment assets that the Trust had been unable to demonstrate as still being owned by the Trust and have not been disposed. The maximum impact of this error is such that opening Gross Book values are overstated by £889,000 and the Net Book Values on 31 March 2024 by £127,000. The overall impact of

Issue	Auditors' comments
	this misstatement was therefore not material and had no impact on our audit opinion.
Corrected misstatements	There were several adjustments to the financial statements, none of which had a material impact.
Other significant issues	There were no other significant issues identified.

- 23 I also undertook a review of the Whole of Government Accounts return. I concluded that the counterparty consolidation information was consistent with the Trust's financial position on 31 March 2024 and the return was prepared in accordance with the Treasury's instructions.

Regularity of financial transactions

- 24 The Trust's financial transactions must be in accordance with the authorities that govern them. It must have the powers to receive income and incur expenditure. Our work reviews these powers and tests that there are no material elements of income or expenditure which the Trust does not have the powers to receive or incur.
- 25 I identified no material financial transactions within the Trust's 2023-24 accounts that were not in accordance with authorities or not used for the purpose intended, and so I have issued an unqualified opinion on the regularity of the financial transactions within the Trust's 2023-24 accounts.
- 26 I placed no substantive report on the accounts alongside my opinion this year as there were no issues to report.
- 27 I have the power to place a substantive report on the Trust's accounts alongside my opinions where I want to highlight issues. Where the Trust fails one of its financial duties – to break even over a three-year period and to have an approved three-year plan in place – or my opinion is qualified, I will issue a substantive report.
- 28 The Trust met both of its financial duties, and my opinions were unqualified, so I did not issue such a report for these issues.

Arrangements for securing efficiency, effectiveness, and economy in the use of resources

- 29 I have a statutory requirement to satisfy myself that the Trust has proper arrangements in place to secure efficiency, effectiveness, and economy in the use of resources. I have undertaken a range of performance audit work at the Trust over the last 12 months to help me discharge that responsibility. This work has involved:
- undertaking a structured assessment of the Trust's corporate arrangements for ensuring that resources are used efficiently, effectively, and economically; and
 - reviewing the effectiveness of the Trust's cost savings arrangements; and
- 30 My conclusions based on this work are set out below.

Structured assessment

- 31 My 2024 structured assessment work took place at a time when NHS bodies were continuing to respond to a broader set of challenges associated with the cost-of-living crisis, the climate emergency, inflationary pressures on public finances, workforce shortages, and an ageing estate. In addition, NHS bodies are still dealing with the legacy of the COVID-19 pandemic. More than ever, therefore, NHS bodies and their Boards need to have sound corporate governance arrangements that can provide assurance to themselves, the public, and key stakeholders that the necessary action is being taken to deliver high-quality, safe, and responsive services, and that public money is being spent wisely.
- 32 My team focussed on the Trust's corporate arrangements for ensuring that resources are used efficiently, effectively, and economically, with a specific focus on: Board transparency, effectiveness, and cohesion; corporate systems of assurance; corporate approach to planning; and corporate approach to managing financial resources. Auditors also paid attention to progress made to address previous recommendations.

Board transparency, effectiveness, and cohesion

- 33 My work considered whether the Trust's Board conducts its business appropriately, effectively, and transparently. I paid particular attention to:
- Public transparency of Board business
 - Arrangements to support the conduct of Board business
 - Board and committee structure, business, meetings, and flows of assurance
 - Board commitment to hearing from staff, users, other stakeholders
 - Board skills, experiences, cohesiveness, and commitment to improvement

- 34 My work found that **the Board and its committees continue to operate well, and maintain a good focus on public transparency, hearing from staff and service users, and continuous improvement. The Board remains cohesive and changes in membership have been managed well. The quality of papers is generally of a good standard with appropriate action being taken to improve this further. The Trust should still review the timing of its committee meetings to ensure they are of sufficient frequency and adequately support the flow of assurances to the Board.**
- 35 The Board continues to be committed to conducting its business transparently. Board meetings are livestreamed, the public can observe virtually, and recordings are made available on the Trust's website shortly afterwards. Meeting dates and papers are published well in advance. Board business is conducted in line with the Trust's etiquette policy which sets out the values and cultures expected of attendees. We continue to observe open and candid discussions in public Board and committee meetings. The Trust minimises the use of private Board and committee sessions, reserving these for confidential and sensitive matters only.
- 36 The Board continues to have effective arrangements to support the conduct of its business. The Trust has up-to-date and accessible Standing Orders, Scheme of Delegation, and Standing Financial Instructions in place with evidence of compliance. Bi-annual updates are provided to the ACGC on the arrangements for managing declarations of interest, gifts and hospitality, compliance with Welsh Health Circulars, and updating policies. Considerable progress has been made to ensure that all policies are updated and available on the Trust's website.
- 37 The Board and committees are generally operating effectively. There have been no substantive changes to the committee structure or their remits in the last 12 months. Terms of Reference for each committee are reviewed and approved at least annually. Workplans are in place and reflect the breadth of Board and committee business. Board and committee meetings are chaired well. We observed good levels of scrutiny, support, and challenge in Board and committee meetings. There continue to be clear flows of information across committees and to Board. The Trust should still review the timing of its committee meetings to ensure they are of sufficient frequency and adequately support the flow of assurances to the Board.
- 38 The Board continues to receive timely and clear information that supports effective decision making, scrutiny, and challenge. The Trust continues to make good use of interactive tools, such as its Performance Assurance Dashboard and its Public Health Dashboard. Where opportunities for enhancing the quality of papers have been identified, the Trust is taking appropriate action to make the necessary improvements. The Trust has piloted work to improve the quality of reports prepared for Quality, Safety, and Improvement Committee (QSIC) meetings to ensure that the information meets the needs of the committee members. The pilot focused on being clear on the information required, the time required for discussion, and the most appropriate format for presentation.

- 39 The Board has continued to strengthen its commitment and approach to hearing from staff and service users. Staff representatives continue to attend all Board and committee meetings. The Board also periodically receives information from the Trust's staff network groups, and Board members continue to take opportunities to engage with staff around the margins of Board and committee meetings. Mechanisms for staff engagement are routinely considered at People and Organisational Development Committee meetings and the findings of engagement activities presented to the committee. The Board has established several mechanisms to hear from service users and the wider population, and findings from other engagement mechanisms are included in committee business.
- 40 The Board continues to be cohesive, with a strong focus on development and improvement. The Trust continues to have a strong Board with a diverse portfolio of skills and experience across different sectors. Changes in Board membership have been well managed and brought a new energy and fresh perspective. The Trust's Board Business Unit has developed a local induction programme to support new Non-Executive Directors and provided a range of Board development opportunities throughout the year.

Corporate systems of assurance

- 41 My work considered whether the Trust has a sound corporate approach to managing risks, performance, and the quality and safety of services. I paid particular attention to the organisation's arrangements for:
- overseeing strategic and corporate risks;
 - overseeing organisational performance;
 - overseeing the quality and safety of services; and
 - tracking recommendations.
- 42 My work found that **the Trust is continuing to strengthen its corporate systems of assurance related to risk, performance, and tracking recommendations and associated scrutiny. However, the Trust still needs to identify all sources of assurance on the effectiveness of its arrangements to manage its strategic risks and achieve its organisational objectives.**
- 43 The Trust is continuing to strengthen its approach to risk management, with Board and committee oversight of strategic and corporate risks improving. However, the Trust still needs to identify all sources of assurance on the effectiveness of its arrangements to manage its strategic risks and achieve its organisational objectives. The Trust refreshed its Strategic Risk Register in January 2024, and it now includes signposting to related corporate risks. Current and planned assurances (to close gaps in control) however, continue to be in the main limited to internal operational sources which would be categorised as first lines of defence.
- 44 The Trust continues to have good and improving performance management arrangements, with the Board providing effective oversight and scrutiny of performance. The Performance Assurance Dashboard, Performance and Insight Report and Public Health Dashboard continue to improve. All are reported regularly

to the Board and relevant committees, and continue to provide clear, accessible, and meaningful data on key performance indicators across the breadth of the Trust's business.

- 45 The Trust's corporate arrangements for tracking progress to address audit recommendations have improved, although there remains opportunity to improve central oversight of other types of recommendations. The ACGC has a log to monitor progress against internal and external audit recommendations. Monitoring of the audit log has been delegated to the Leadership Team who undertook a deep dive review of all outstanding recommendations. The review provided an understanding of progress against each action, the risks associated with actions past their deadline and included consideration of whether any extension requests were appropriate and realistic. Progress to meet clinical audit recommendation target dates continue to be reported every six months to QSIC. There remains no process for centrally tracking recommendations from clinical audit reviews or other types of reviews, with the required information held separately within the relevant directorates.

Corporate approach to planning

- 46 My work considered whether the Trust has a sound corporate approach to planning. I paid particular attention to the organisation's arrangements for:
- producing and overseeing the development of strategies and corporate plans, including the Integrated Medium-Term Plan (IMTP); and
 - overseeing the delivery of corporate strategies and plans.
- 47 My work found that **the Trust has a sound approach to developing and monitoring the delivery of Integrated Medium-Term Plans but there is scope to further strengthen its approach to demonstrating impact.**
- 48 The Trust has sound arrangements for developing IMTPs, supported with good Board engagement. Set within the context of its new long-term strategy, the Trust started developing its 2024-27 IMTP in October 2023. Engagement across the organisation helped to develop key actions for inclusion in the plan. The Board was involved in the development of the IMTP, and formally approved the plan in March 2024. The IMTP was submitted to the Welsh Government within the required timeframe and received Ministerial approval in August 2024. The 2025-28 IMTP commenced development in October 2024. The Trust is developing a route map for each of its six strategic priorities to set out the milestones for delivery over the short- to long-term delivery and inform annual IMTP development.
- 49 The Trust continues to have good arrangements for monitoring and scrutinising delivery of its plans and strategies but there is a scope to further strengthen its approach to demonstrating impact. The Trust has strengthened its approach to measuring and demonstrating the impact of its 2024-27 IMTP. The IMTP sets out 43 priorities to support the delivery of the six strategic objectives and the strategic change programmes. Each IMTP priority has clear deliverables and milestones and intended outcomes or outputs. However, the outcomes are not measurable.

Consequently, it is difficult to assess whether in delivering the priority, the intended impact has been achieved or not. The approach for monitoring and scrutinising plans and strategies remains strong. The Business Executive Team (BET) is responsible for overseeing the strategic priorities set out in IMTPs, with each assigned to an executive lead. The Board and committees monitor and scrutinise their delivery. Progress against IMTP milestones continues to be reported monthly to the Board and BET via the Performance Assurance Dashboard.

Corporate approach to managing financial resources

50 My work considered whether the Trust has a sound corporate approach to managing its financial resources. I paid particular attention to the organisation's arrangements for:

- achieving its financial objectives;
- overseeing financial planning;
- overseeing financial management; and
- overseeing financial performance.

51 My work found that **the Trust continues to have a sound approach to managing its financial resources.**

52 The Trust met its financial duties in 2023-24 and is forecasting to break even in 2024-25. The Trust also met its financial duties for the rolling three-year period 2021-24, with a cumulative surplus of £279,000.

53 The Trust continues to have a sound approach to financial planning and delivering savings. The Trust has a clear and balanced Financial Plan for 2024-27 which was approved by the Board in March 2024.

54 The Trust continues to have robust processes in place to ensure compliance with statutory instruments, and to report and challenge breaches. The Trust also continues to have good controls in place to manage its finances and maintain oversight of the financial position at a directorate level. The Trust submitted good quality draft financial statements as per the required timescales, which were considered by the ACGC and Board in July 2024.

55 The Trust continues to have good arrangements to monitor and report its financial position. Comprehensive financial reports are presented to every Board meeting with good scrutiny and challenge. Financial performance is also included in the Performance Assurance Dashboard and summarised in the Performance and Insight Report.

Review of cost savings arrangements

56 My review examined whether the Trust has an effective approach to identifying, delivering, and monitoring sustainable cost savings opportunities. It considered the impact these arrangements had on the Trust's 2023-24 year-end position and highlighted where arrangements may need to be strengthened for 2024-25 and beyond.

- 57 My work found that **the Trust has clear arrangements for identifying and delivering its cost improvement opportunities and monitoring its overall financial position. However, uncertainty around inflationary uplift funding presents risks that will need to be managed in the medium to long-term.**
- 58 The Trust has a good understanding of its cost drivers which are clearly set out in its 2024-27 Financial Plan and Budget Strategy. The Trust acknowledges the challenging financial environment in which the organisation, and the wider NHS in Wales, is operating and developed its 2024-25 revenue plan in line with principles set by the Welsh Government. In future years, the Trust has assumed it will receive an uplift for non-pay inflation and cost pressures but given this has not been confirmed, the Trust will need to keep its medium- to long-term financial position under close review.
- 59 The Trust has a good track record of delivering its overall savings targets with a high proportion of the savings delivered being recurrent. In addition, in 2023-24, the Trust was able to rapidly identify additional savings totalling £4.2 million in response to the Welsh Government's request for health bodies to support an improvement in the overall NHS Wales financial position. The Trust has good arrangements in place for turning its high-level savings requirements into deployable savings plans.
- 60 The Trust has good arrangements for monitoring and overseeing its overall financial performance with comprehensive reports routinely presented to each Board meeting and subject to good scrutiny and challenge. The Trust routinely monitors its key financial risks.

Appendix 1

Reports issued since my last annual audit report

Exhibit 2: reports issued since my last annual audit report

The following table lists the reports issued to the Trust in 2024.

Report	Date
Financial audit reports	
Audit of Financial Statements Report	10 July 2024
Opinion on the Financial Statements	12 July 2024
Performance audit reports	
Structured Assessment 2024	December 2024
Review of Cost Savings Arrangements	December 2024
Other	
2024 Audit Plan	May 2024

My wider programme of national value-for-money studies in 2024 included reviews that focused on the NHS and pan-public-sector topics. These studies are typically funded through the Welsh Consolidated Fund and are presented to the Public Accounts Committee to support its scrutiny of public expenditure. Reports are available on the [Audit Wales website](#).

Exhibit 3: performance audit work still underway

There are several performance audits that are still underway at the Trust. These are shown in the following table, with the estimated dates for completion of the work.

Report	Estimated completion date
Review of the Arrangements for Setting and Monitoring Well-being Objectives	January 2025
Follow-up Review of Quality Governance	May 2025
Review of Digital Transformation	May 2025

Appendix 2

Audit fee

The 2024 Audit Plan set out the proposed audit fee of £196,389 (excluding VAT). My latest estimate of the actual fee, on the basis that some work remains in progress, is that the actual cost of delivering our audit is lower than this estimated fee and so a small refund will be issued to the Trust once the audit is complete.

In addition to the fee set out above, the audit work undertaken on the shared services provided to the Trust by the NHS Wales Shared Services Partnership cost £641.

Appendix 3

Audit of accounts risks

Exhibit 4: audit of accounts risks

My 2024 Audit Plan set out the risks of material misstatement and/or irregularity for the audit of the Trust's 2023-24 accounts. The table below lists these risks and sets out how they were addressed as part of the audit.

Audit risk	Proposed audit response	Work done and outcome
<p>Management Override The risk of management override of controls is present in all entities. Due to the unpredictable way in which such override could occur, it is viewed as a significant risk [ISA 240.32-33].</p>	<p>The audit team will:</p> <ul style="list-style-type: none"> • test the appropriateness of journal entries and other adjustments made in preparing the financial statements; • review accounting estimates for bias; and • evaluate the rationale for any significant transactions outside the normal course of business. 	<p>Planned audit work completed and no issues arising.</p>
<p>Break-even Duty NHS Trusts have a financial duty to break even over a three-year rolling period. Although the Trust is forecasting a break-even position for year-end, this duty increases the risk that management judgements and estimates included in the financial statements could be biased to achieve the financial duty. Where the Trust fails this financial duty,</p>	<p>We will focus our testing on areas of the financial statements which could contain reporting bias.</p>	<p>The Trust achieved its break-even duty – no issues arising.</p>

Audit risk	Proposed audit response	Work done and outcome
<p>we will place a substantive report on the financial statements highlighting the failure.</p>		
<p>Related Parties and Senior Officer Remuneration</p> <p>I judge some of the disclosures in the financial statements, such as related parties and the remuneration of senior officers and Board Members, to be material by nature, with a far lower level of materiality. These disclosures are therefore inherently prone to material misstatement.</p> <p>The risk of error is further heightened as:</p> <ul style="list-style-type: none"> • errors were identified within both disclosure notes during our 2022-23 audit; and • there have been some temporary changes to the Senior Management Structure of the Trust during 2023-24 that will require disclosure in the financial statements. 	<p>We will enhance my examination of these areas of disclosure, that are considered to be material by nature, to ensure that they are complete and accurate.</p>	<p>A small number of adjustments were made to these disclosures as a result of our audit work.</p>
<p>Classification of Income and Expenditure</p> <p>We identified material classification errors within the 2022-23 financial statements. Management corrected these errors and agreed to address this as part of the 2023-24 accounts production process to avoid similar</p>	<p>The audit team will follow up the action taken by the Trust and undertake related audit testing to ensure that this matter has been addressed in the 2023-24 financial statements.</p>	<p>Our audit work was completed as planned and there were no issues arising.</p>

Audit risk	Proposed audit response	Work done and outcome
misclassification errors re-occurring.		
<p>Hosting arrangement - NHS Executive</p> <p>During 2023-24, there has been an expansion in the Trust's role as the host body of the NHS Executive because of additional functions transferring from Swansea Bay University Health Board. The related assets, liabilities, income, and expenditure of the NHS Executive will need to be reflected in the Trust's accounts.</p>	<p>We will undertake audit testing to ensure the assets, liabilities, income, and expenditure of the NHS Executive are correctly accounted for within the Trust's 2023-24 financial statements and that the associated supporting disclosures are correct.</p>	<p>Our audit work was completed as planned and there were no issues arising.</p>



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We welcome correspondence and telephone calls in Welsh and English.
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