 <p> GIG CYMRU NHS WALES </p> <p> Iechyd Cyhoeddus Cymru Public Health Wales </p>	<p>Name of Meeting Board</p> <p>Date of Meeting 28 September 2023</p> <p>Agenda item: 3.4</p>
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Performance and Insights Report - August 2023

Executive lead:	Huw George, Deputy Chief Executive/ Executive Director Operations and Finance
Authors/Contributors:	Huw George, Deputy Chief Executive and Executive Director of Operations and Finance; Meng Khaw, National Director of Screening & Health Protection; Neil Lewis, Director of People and Organisational Development; Angela Cook, Assistant Director of Quality, Nursing and Other Allied Health Professionals; Angela Williams, Deputy Director of Operations and Finance; Ioan Francis, Head of Performance

Approval/Scrutiny route:	Business Executive Team (20 September 2023)
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Purpose

Our refreshed Performance and Insight Report focuses on delivering actionable insights and assurance whilst identifying areas for further improvement across the following key themes;

- ❖ Governance and Accountability; including Board and Corporate Governance, Financial Governance, Workforce Governance, Quality and Improvement, and Service Delivery
- ❖ Strategy Delivery; including progress against our IMTP Milestones

The report is designed to be read in conjunction with the Performance and Assurance Dashboard.

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

The Board is asked to:

- **Consider and Receive assurance** on the organisation’s progress against delivering its strategy including delivery/recovery of key services and programmes.



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
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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 the Performance and Insights Report and supporting PAD dashboard.
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.

Key Performance and Insight Summary

Board and Corporate Governance - Pages 4 to 5

- There have been no Internal Audit reports issued this month. Three External Audits have been received and considered by the Audit and Corporate Governance Committee (ACGC), including: Structured Assessment 2022 – Management Responses; Annual Audit Report 2022; and Public Health Wales Screening Review and Management Responses. The actions from both Internal and External Audit Reports will be included in the Audit Action Tracker and the implementation of actions will be monitored by ACGC going forward.
- The quarterly review of the Corporate Policies, Procedures and Other Written Control Documents Register is in progress and updates will be provided to the Leadership Team and all Board Committees in September and October 2023. Three Policies/Procedures have been approved this month.
- The Bi-Annual Update on Declarations of Interest has been presented to the Audit and Corporate Governance Committee on 19 September along with the Gifts and Hospitality Register. Both registers are live and published on the website.

Financial Governance - Page 6

- The cumulative reported position for Public Health Wales at month 5 2023/24 is a net surplus of £10k, with an anticipated breakeven position at year-end. The month 5 revenue position is being supported by £4.771m of non-recurrent COVID-19 funding.
- Our capital funding for 2023/24 is made up of £1.233m discretionary funding and £0.576m strategic funding, with an overall capital allocation for 2023/24 of £1.809m. Total capital committed via Purchase orders at month 5 is £367k which combined with actual spend equates to approximately 24% of overall capital allocation. A capital discretionary allocation of £210k relating to our Hosted Organisation, namely the NHS Executive, has been agreed and in final stages of approval with Welsh Government.
- Performance on our Public Sector Payment Policy (PSP) remains above statutory target at 96.71% (95.9% in month 5) and is expected to continue to exceed the 95% target for the remainder of the year.
- Year to date agency spend as a percentage of total pay equates to 2.5% with a year-end forecast to deliver the target of a 12 month reduction.
- Following the recent communication received from the NHS Wales Chief Executive regarding financial pressures across NHS Wales, we have concluded our financial assessment and identified a number of additional non-recurring savings schemes, which will be available directly to help the NHS Wales position.

Workforce Governance - Pages 7 to 10

- While monthly sickness absence levels have remained static at 3.41% during the latest quarter, we continue to see a stabilising picture since the end of 2022 when absence levels peaked at near 6%, close to the current average NHS Wales absence rate. The 12-month rolling sickness absence continues to fall outside the 3.25% Welsh Government target at around 4% but this is expected to improve given the lagging nature of the indicator.
- Compliance with the core suite of statutory and mandatory training remained above the 85% Welsh Government target at 92.2%.
- Appraisal compliance remains below the 85% NHS Wales target at 72.2% and continues to be a significant challenge for the organisation. The trend for appraisal compliance has remained largely static over the last 12 months with limited improvement shown. The My Contribution Policy was recently reviewed and a consultation is open until 27 September 2023. Actions to drive improvement include communications on mid-year reviews scheduled for September, a review of the MYC toolkit starting in October, and a quality audit of My Contribution planned for quarter 4.

Key Performance and Insight Summary

Quality and Service Delivery - Pages 11 to 18

- COVID-19 and influenza incidents are increasing in the UK with 37 cases of BA.2.86 being reported in the UK but 0 reported in Wales to date. Testing activity remains consistent at ~200 per day with turnaround standard compliance being met. No significant incidents or outbreaks to report during the latest period.
- Diabetic Eye Screening coverage remains significantly lower than the 80% standard at 27.1%. To help reduce the backlog and support improvement in coverage, Tenovus vans will be used from September 2023 onwards to improve the offer in locations that venues are difficult to secure.
- Challenges remain across our reported breast screening measures as they continue to recover to achieve respective standards. Whilst screening activity is high, the timeliness of the reading and assessment to achieve agreed standards remains challenging due to the impact of staffing constraints. 99% of participants requiring assessment are offered an appointment within 2 weeks of an abnormal result. Detailed round length plans are in place and improvement is starting to come through with the average round length reduced slightly at 43.8 months.
- Bowel screening colonoscopy remains challenging to achieve standard at 18.3% in July. This component of the pathway is under active review with the range at 2 - 13 weeks. Regular discussions are in place with the two Health Boards that has the longest delays and plans are being actioned to make improvements.
- There were no Nationally Reportable Incidents or No Surprises Incidents reported in August 2023.
- One Duty of Candour incident was reported in the Screening Division. The Duty of Candour process was implemented, the incident investigated and is now complete with the Datix record closed.
- Of the 103 incidents with a current 'open' status of more than 30 days, the oldest incident is in Cervical Screening Wales and dates back to November 2022. As the investigation progressed it was identified that this incident should be reported to Welsh Government. An Incident Management Team is being set up in September and consideration is also being made as to whether a joint investigation is required with a cross border NHS organisation.

Section 2: Strategy Delivery

Progress against delivery of IMTP milestones - Pages 20 to 24

- Good progress is being shown in the delivery of our IMTP at Month 5 with over 92% of all milestones currently reported as green or complete. There were an additional three milestones completed in-month, bringing the total complete to 68 milestones, just over 21% of the plan.
- Four additional milestones have moved to a RAG status of Amber or Red this month. The majority of all non-green milestones are currently scheduled to be delivered in September 2023.
- We continue to see requests for change (RFC) submissions on a monthly basis with a total of 15 RFC proposals received in Month 5. Annex A provides a detailed rationale for the causes and implications of these requests. The Executive Team are asked to consider and approve these requests.
- So far this year 16% of milestones have received an RFC. There have been 45 milestone date changes, moving delivery to later in the year or into next financial year. As a result, there are now on average 13 additional milestones in each of the remaining quarters for 2023/24.
- Annex A provides a detailed summary of key IMTP milestones in focus at Month 5. These include milestones that have fallen behind schedule (Red), milestones with the potential to fall behind schedule (Amber), milestones that have been closed (Green) and milestones with no request for change submitted (Amber).

Governance and Accountability

Board and Corporate Governance

Board Level Governance

Declarations of Interest

The Bi Annual Update on Declarations of Interest has been presented to the Audit and Corporate Governance Committee (19 September) along with the Gifts and Hospitality Register. Both registers are live and published on the website.

There are two items to report in the Gifts and Hospitality Register since the Committee last reviewed in March 2023. These relate to the 2022/23 year.

Corporate Policies, Procedures and Other Written Control Documents

The quarterly review of the Corporate Policies, Procedures and Other Written Control Documents Register is in progress and updates will be provided to the Leadership Team and all Board Committees in September / October 2023.

The following Policies / Procedures have been approved this month:

- Employer Pension Contributions – Alternative Payment Policy (Revised Version).
- Return and Retire Scheme
- Research Misconduct Policy and Procedure.

Audit

Internal Audit

There have been no reports issued this month.

External Audit

The following External Audits have been received and considered by ACGC:

- Structured Assessment 2022 – Management Responses. The Committee has previously considered the Structured Assessment from Audit Wales, and will be considering the Public Health Wales Management Response and associated actions at the September Meeting.
- Annual Audit Report 2022
- Public Health Wales Screening Review and Management Responses.

The actions from both Internal and External Audit Reports will be included in the Audit Action Tracker and the implementation of actions will be monitored by ACGC going forward.

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

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

Section 1: Governance and Accountability

Board and Corporate Governance

Managing Risk

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

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

Risk 1	There is a risk of worsening health in the population of Wales, particularly among vulnerable populations <i>Caused by</i> the cumulative effects of current socio-economic, environmental and wider public health challenges and failure to influence the embedding of health in all policies <i>Resulting in</i> a widening gap in healthy life expectancy	Current risk remains unchanged – progress satisfactory across all actions.
Risk 2	There is a risk of ineffective system-wide efforts to improve health and wellbeing by organisations across public, private and third sectors. Caused by misaligned system-wide efforts and leadership, and weaknesses in partnership working. Resulting in worsening health outcomes and suboptimal use of limited public resources.	Current risk remains unchanged – progress satisfactory across all actions.
Risk 3	There is a risk that people in Wales are insufficiently engaged and enabled on action they can take to improve their health and wellbeing. Caused by failure to provide people with sufficient quality information, motivation, choice and access to timely advice and services. Resulting in people feeling they are limited in exercising control over their health and wellbeing and avoidable poor health outcomes	Current risk remains unchanged – progress satisfactory across all actions.

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

Risk 4	There is a risk of weakness in our organisational health, including our culture, capacity, capabilities and governance. Caused by sub-optimal leadership, management and engagement. Resulting in low staff wellbeing and morale, failure to recruit and retain our staff and ineffective performance across one or more of our strategic priorities.	Current risk remains unchanged – progress satisfactory across all actions.
Risk 5	There is a risk that we insufficiently prevent, plan for and respond to emerging external threats to public health. Caused by insufficient horizon scanning, forecasting, use of data/digital tools and planning/training/exercising for response. Resulting in suboptimal responses to near-term incidents (including but not limited to infectious disease) and longer-term emerging risks to public health.	Current risk remains unchanged – progress satisfactory across all actions.
Risk 6	There is a risk that we fail to deliver excellent public health services, including on screening, infection and health protection. Caused by weakness in clinical and health protection processes, specialist workforce capacity and capabilities, innovation and/or capital investment. Resulting in inadequate provision, responsiveness or uptake of services, poor individual patient and population outcomes and failure to meet quality standards.	The current risk score is at the inherent risk level and remains unchanged.
Risk 7	There is a risk to delivery of public health services and the inappropriate release of confidential data. Caused by a cyber-incident or a result of internal and external threats and weaknesses in the robustness of our IT systems and our behaviours, resulting in disruption of business continuity, potential significant data loss and data breaches.	The current risk score is at the inherent risk level and remains unchanged.

Section 1: Governance and Accountability

Financial Governance

	Month 3	Month 4	Month 5	YTD 2023/24	Year-end forecast	Link to PAD
Revenue financial target	(£10.8k)	(£95k)	147.9k	(9.5k)	Breakeven	
Capital financial target	£452k	£603k	£754k	£69k	Breakeven	
Public Sector Payment Policy (PSPP)	97.27%	96.87%	95.9%	96.71%	>95%	
Agency Spend as a % of Total Pay	1.9%	2.5%	2.7%	2.5%	<3.4%	

Financial Summary – Month 5

- The cumulative reported position for Public Health Wales is a net surplus of £10k, with an anticipated breakeven position at year-end.
- The month 5 revenue position is being supported by £4.771m of non-recurrent COVID funding. The full year forecast spend and funding requirement for COVID-19 is £14.771m
- Our capital funding for 2023/24 totals £1.809m, £1.233m discretionary funding and £0.576m strategic funding. The Executive approved the discretionary capital plan for 2023/24 in June 2023.
- Total capital spend at month 5 is £69k, which equates to approximately 4% of the overall capital allocation. Total capital committed via Purchase orders at month 5 is £367k, which combined with actual spend equates to approximately 24% of overall capital allocation. Our capital forecast is break-even against our allocation and there remains a clear finance focus to ensure delivery of this throughout 2023/24.
- A capital discretionary allocation of £210k relating to our Hosted Organisation, namely the NHS Executive has been agreed and in final stages of approval with Welsh Government. This will be separately identified, reported on and managed by NHS Executive.
- Performance for our year to date Public Sector Payment Policy remains above the statutory target at 96.71% (95.9% in month 5). Performance is forecast to continue to exceed the 95% target for the remainder of the year.
- Year to date agency spend as a percentage of total pay equates to 2.5% with a year-end forecast to deliver the target of a 12 month reduction. This target equates to 3.4% based on last year’s agency usage.
- Following the recent communication received from the NHS Wales Chief Executive regarding the financial pressures across NHS Wales, we have concluded our financial assessment. We have identified a number of additional non-recurring savings schemes, which will be available directly to help the NHS Wales position.
- Our Board approved IMTP and Budget Strategy for 2023/24, includes non-confirmed Welsh Government funding for our ongoing screening programme recovery, as a result of the Covid-19 pandemic. This is £979k for 2023/24 and £934k for 2024/25 and represents both a significant clinical and financial risk to service users and Public Health Wales.
- Further information on our latest financial position can be found in the accompanying 2023/24 Financial Position report.

Workforce Governance

Sickness Absence

Sickness absence for August 2023 was 3.41% which is a decrease from 3.59% in the previous month. The rolling 12 month figure for August 2023 is 3.98%. This can be compared to an average rate of 6.6% for NHS Wales as a whole (12 months ending 31 March 2023).

Short term sickness absence accounts for 75% of absences in August which is slightly higher than the figure reported for July (74%).

Anxiety/Stress/Depression remains the number 1 reason for Absence accounting for 2,561 FTE days lost in Quarter 1 23/24. Musculoskeletal Problems is now the 2nd highest reason for Absence in Quarter 1, accounting for 503 FTE days lost.

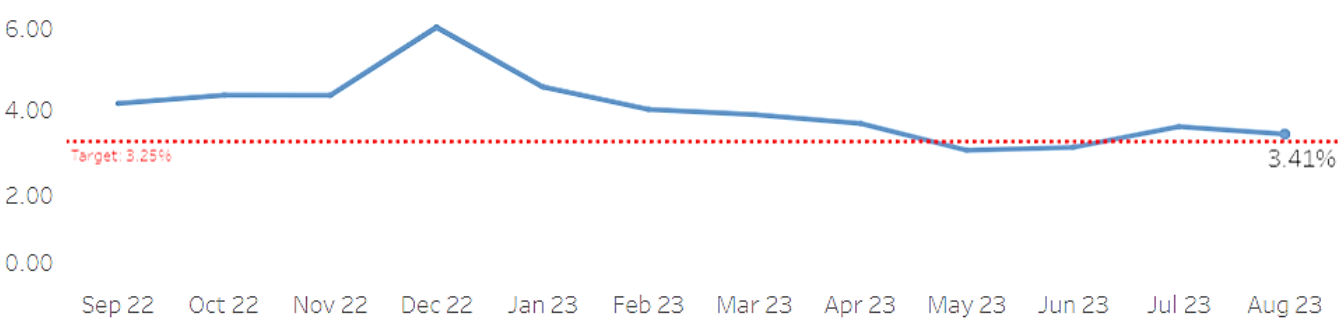
The People & OD Directorate continue to support colleagues to implement the All Wales Managing Attendance at Work Policy.

There has been a drop in long term sickness, which is being attributed to more detailed work being undertaken by the People and OD Advisory Team. A focus is being made on early contact with managers where long term sickness begins, to assist colleagues to return to work sooner. Conversely, for those who have been absent for nine months or longer, the team are discussing what alternative options there are to either assist colleagues to return to work, where there may be other opportunities (redeployment) within the organisation or where other formal routes may need to be taken.

There are 422 colleagues who have reached a prompt within the review periods; the team will focus their efforts in ensuring colleagues are being supported through the process where there is frequent absence.

Stress and anxiety related absence continues to be the main reason why colleagues are too unwell to attend work; the POD Officer and Advisors will ensure the Workplace Stress Risk Assessment tool is utilised, and where necessary, earlier referral to occupational health teams.

Sickness absence monthly trend (%)



Section 1: Governance and Accountability

Workforce Governance

	Target	2022/23	June 2023	July 2023	August 2023	Link to PAD
Statutory measures	Statutory and Mandatory compliance	85%	90.1%	91.2%	91.4%	● 92.1%
	Appraisal compliance	90%	70%	72%	70%	● 72%

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

Statutory and Mandatory Training

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

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

Appraisal and Development Reviews

The 12-month rolling compliance for My Contribution appraisals is currently at 72.2% against the Welsh Government target of 85%. Pay progression came into force in October 2022 meaning that, to be put forward for an increment, staff need to have an appraisal date entered into ESR within the last 12 months. Entering pay progression and appraisal dates into ESR will also be covered in the twice monthly ESR drop in sessions.

My Contribution is covered in Corporate Induction resources and the Line Manager Induction Pathway. The My Contribution Policy was recently reviewed and the consultation is open until 27 September 2023.

Additional activity is underway/planned to try to increase MYC compliance including:

- **Communications about mid-year reviews scheduled for September** - An intranet news article will be published to remind all staff that My Contribution mid-year reviews are due and that the My Contribution Toolkit, e-learning, SharePoint pages and drop-in sessions are available to support the process of having reviews and recording dates in ESR.
- **Review of the My Contribution Toolkit starting in October** - The My Contribution Toolkit will be reviewed and engaged on to ensure that content is still relevant and fit for purpose. Any required improvements, including the development of new resources, will be actioned over the coming months.
- **Quality Audit planned for Q4** - We will survey a sample of the organisation to measure the quality of My Contribution conversations and inform what further action is required to support line managers and their direct reports with My Contribution.

Section 1: Governance and Accountability

Workforce Governance

Staff Turnover

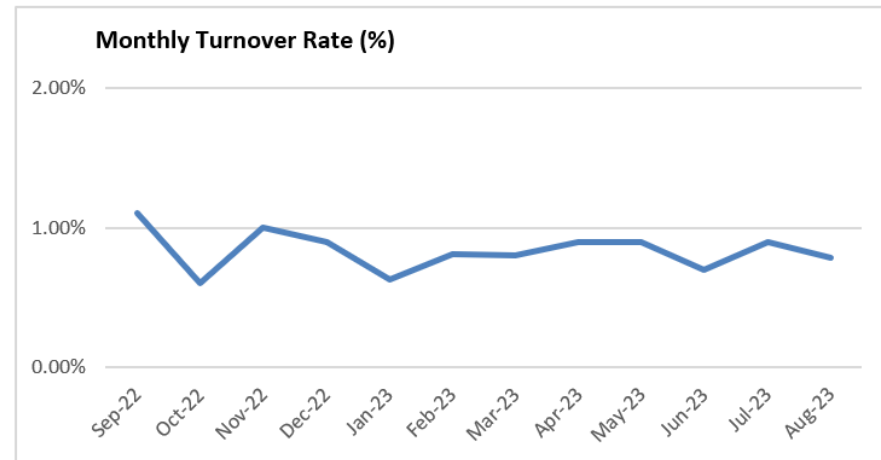
Staff Turnover for August 2023 was 0.8%. The rolling 12-month turnover to 31 August 2023 was 10.7%.

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

Approaching the end of Q2 and to avoid identification, currently the top two reasons sighted for leaving during Q2 (not the full quarter) as reported via ESR are Unknown and 'Promotion'. The top three reasons sighted for leaving the organisation during Q1 as reported via ESR were 'Promotion', 'Unknown', Relocation, end of Fixed term Contract and Retired. Work is being undertaken to breakdown the 'Unknown' section which is currently an un-editable option within ESR.

Although ESR data is valuable, it is the Exit Questionnaire data that will allow for more deeper understanding and with effect from October will be integrated within the suit of dashboards. An example of one particular insight gained from the exit questionnaire upon whether the individual felt **the organisation provided opportunities for flexible working patterns?** where 37% Strongly Agreed; 44% Agreed; 16% Neither Agreed or Disagreed; 0% Disagreed; 3% Strongly Disagreed.

Insights into such responses can be analysed alongside insights across the organisation and deeper dives to understand more about the culture within the organisation and where further work will be needed to develop the organisation into a true employer of choice.



Staff Movements

For August 2023, there were 18 leavers and 12 new starters. In terms of internal promotions in August, there were 14 employees who moved to a higher pay band. The majority of those were promoted within their own team, with a small number moving to other teams across the organisation.

We continue our focus on creating the culture and environment where our people promise is consistently delivered throughout the whole of the employee lifecycle. This will be enabled by investment in leadership and management for all managers across Public Health Wales

Diversity

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

The Trans Inclusion Policy is now out for staff consultation and will be updated accordingly if we receive relevant feedback.

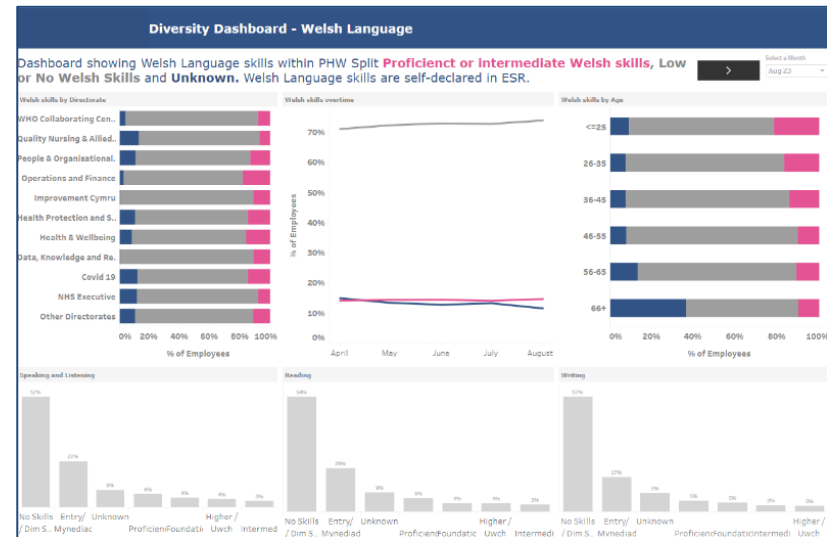
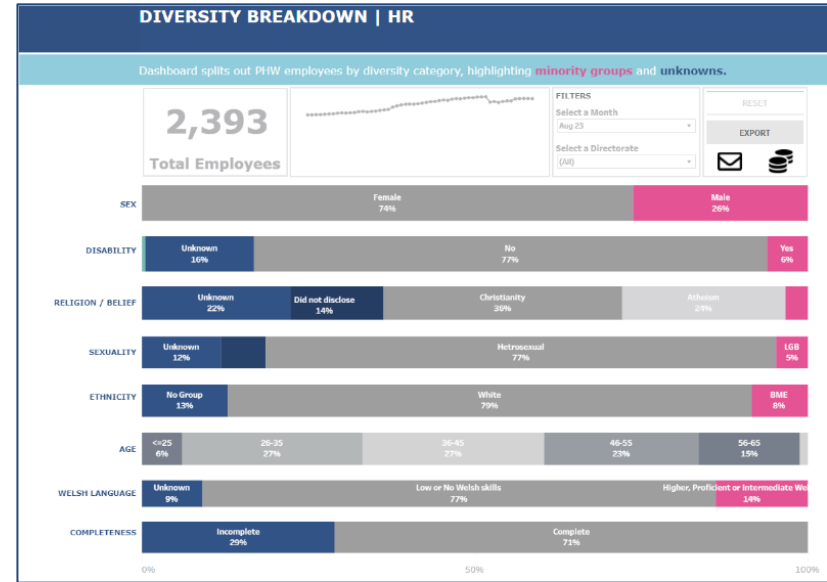
We have successfully been awarded the gold attainment level for the Cultural Competence Assessment with Diverse Cymru which demonstrates the fantastic work that has been done over the past year which has benefited ethnic minority staff and the wider organisation.

Welsh Language

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

We have continued to liaise with colleagues across the organisation to develop our response to the Welsh Language Commissioner, on their recent investigation. The response has now been drafted and submitted to the Welsh Language Commissioner’s Office by the deadline of 9th September.

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



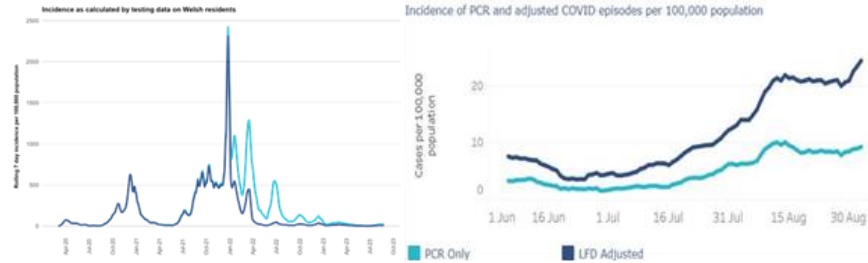
Section 1: Governance and Accountability

COVID-19 Summary

COVID-19 high-level summary: Epidemiology

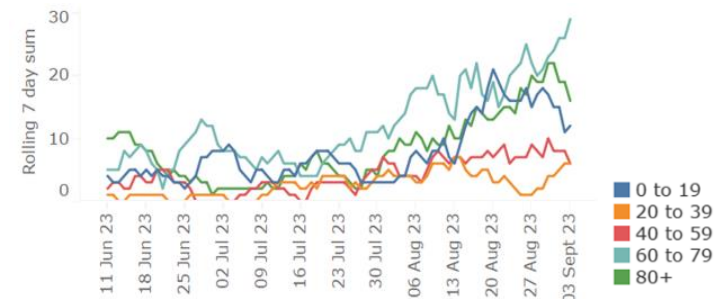
PCR confirmed and LFD adjusted case episode rates, up to 06 Sept

- Rates are at low levels on the long-term view (left panel); but ticking upwards in recent weeks (right panel).



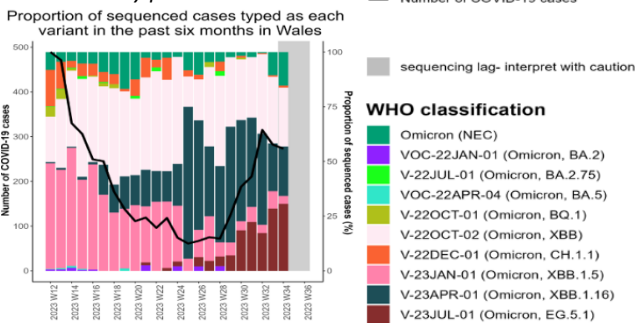
Rolling 7-day hospital admissions of COVID-19 cases in Wales, by age group, up to 03 Sept 2023

- After recent rises admissions rates are now mostly declining, though not yet in the 60-79 age group

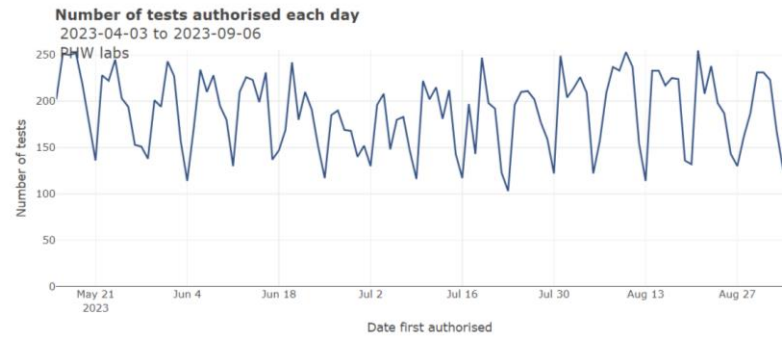


Variants: Of sequenced cases, % typed as each variant (data as at 05 Sept 2023)

- Multiple Omicron variants co-circulating: XBB and XBB.1.16, as well as EG.5.1 are currently prominent



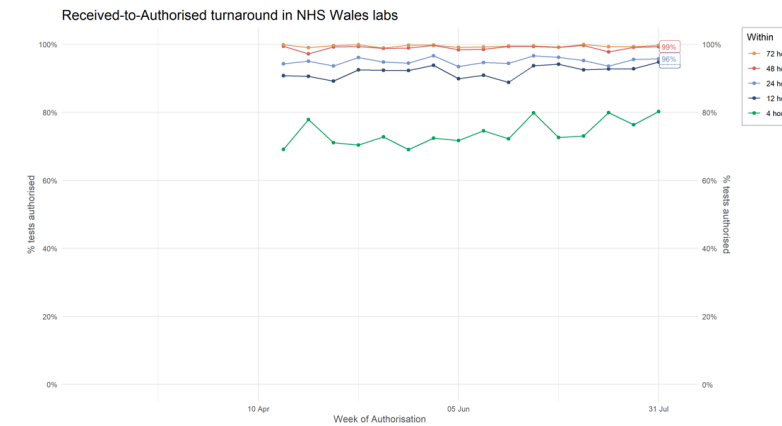
Testing



Summary

Testing activity remains consistent ~ 200/day.

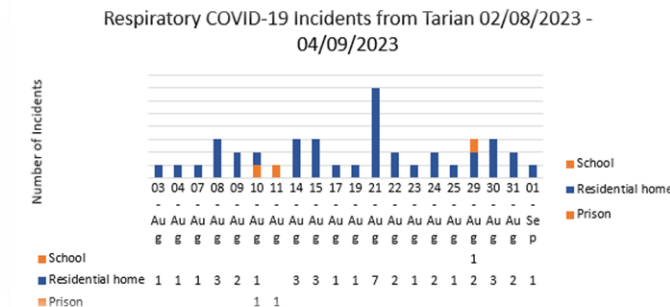
TATS remain good, balancing activity and efficiency. The four hour TAT in the graph is a measure of all tests and not just the hot lab testing. Separate review confirms that the Hot Labs are achieving over 95% of tests within 4 hours.



Standards for TAT % compliance:

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

Incidents and Outbreaks



COVID-19 and influenza incidents levels are increasing.

Increase in admissions of older people BA.2.86 - 37 cases across UK, trickle of new cases. There have been 0 cases in Wales to date. No significant changes

Summary of significant incidents and outbreaks

No significant incidents or outbreaks

Section 1: Governance and Accountability

Healthcare Associated Infections

Healthcare Associated Infections (Health Board/Trust targets)

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

Additional filters for Table 1.		C. difficile	MRSA bacteraemia	MSSA bacteraemia	E. coli bacteraemia	Klebsiella sp bacteraemia	P. aeruginosa bacteraemia
Select month or FY							
Current FY							
Select organism group							
All organisms							
	Aneurin Bevan UHB	30.79	0.8	14.8	57.98	19.99	4
	Betsi Cadwaladr UHB	37.07	0.34	22.79	73.46	20.07	5.1
	Cardiff and Vale UHB	23.23	2.37	31.77	65.91	23.71	4.27
	Cwm Taf Morgannwg UHB	24.46	2.66	29.78	91.47	23.93	2.66
	Hywel Dda UHB	41.13	2.46	24.55	114.17	26.39	8.59
	Powys THB	10.79	0	0	3.6	0	0
	Swansea Bay UHB	52.01	3.06	37.32	76.49	22.64	6.12
	Velindre NHST						
	Wales	33.21	1.74	24.75	74.57	21.81	4.75

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

Following the release of the AMR & HCAI Improvement Goals for 2023/24 Welsh Health Circular, the 2023/24 Reduction Expectation progress report will be issued in mid-September and will continue to be updated monthly from October 2023 onwards.

The HCAI and AMR Programme (HARP) team provides ongoing COVID-19 and non COVID-19 related advice and support to Welsh Government and our NHS Wales partners in 2023/24 in line with agreed expectations.

Reporting of HCAI figures via the new [HCAI dashboard](#) continues to be provided to our key partners in a timely manner. In addition to being accessible within the NHS, the HARP team has also developed a [public facing HCAI dashboard](#) for external partners.

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

- Klebsiella sp bacteraemia has a reported rate of 21.81 per 100,000, approximately 9% higher than the equivalent period last year
- E. Coli bacteraemia has a reported rate of 74.57 per 100,000 in Wales, approximately 8% higher than the equivalent period last year

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

- P. aeruginosa bacteraemia has a reported rate of 4.75 per 100,000, approximately 24% lower than the equivalent period last year
- C. difficile has a reported rate of 33.21 per 100,000, approximately 12% lower than the equivalent period last year
- S. aureus bacteraemia has a reported rate of 26.49 per 100,000, approximately 7% lower than the equivalent period last year

Vaccination and Immunisation

Surveillance of uptake and equality of routine childhood vaccinations in Wales is carried out by our Vaccine Preventable Disease Programme through the national COVER scheme in Wales (Coverage of Vaccination Evaluation Rapidly).

The latest [COVER 147 report](#) shows that for the April to June 2023 quarter, uptake of immunisations in infants by the first birthday was broadly stable, however uptake of the complete three-dose course of "6 in 1" decreased slightly and remained below 95%, for the sixth consecutive quarter.

The proportion of children who were up to date with their routine immunisations by four years decreased this quarter from 85.4% to 84.5% with coverage varying by health board. Uptake of two doses of MMR vaccine remains the lowest of all vaccinations included in this composite measure. The proportion of children who were up to date with their routine immunisations by five years also decreased and there is wide variation in uptake between health board areas.

In line with the mandated NHS Wales Performance Framework for 2023/24, two new performance measures have been introduced to our Performance and Assurance Dashboard. The percentage of girls receiving the HPV vaccination by age 15 (85.3%) and the percentage of children who received '4 in 1' Pre-School Booster with 2nd MMR dose by age 5 (89.7%) fell slightly short of their respective targets of 90% and 95%.

Section 1: Governance and Accountability

Screening Services

Breast Screening The number of screening undertaken in August remained high at 11,057. The standard for normal results did not meet the 90% standard at 44% of results within 2 weeks. The timeliness of the reading and assessment remains challenging and in August 24% of participants had assessments within 3 weeks of screening. This is due to high screening activity and staff constraints. 99% of participants requiring assessment are offered an appointment within 2 weeks of an abnormal result. The average round length has reduced slightly at 43.8 months and 12.4% of participants were screened within 36 months of previous screen. Detailed round length plans are in place and improvement is starting to come through as expected over the summer period with a reduction in number of participants delayed, but the programme will take a long time to fully recover the round length of 3 years [estimated at April 2025 but aimed to be earlier].

Cervical Screening The timeliness of results is just below standard in July at 91.4% results being sent within 4 weeks. Implementation of the new equipment continues to work well and as anticipated has a higher HPV positivity rate due to the different test which creates increased cytology workload. Work plans continue to mitigate impacting timeliness of the results as much as possible.

Bowel Screening The coverage of the programme is 63.4% at the latest report in August. The optimisation of the programme with the invitation of 55, 56 and 57 is going well. The number of screening FIT kits analysed remains high. Timeliness of analysis and issue of results remains excellent (100% within 7 days). Waiting times for the Specialist Screening Practitioner assessment is mostly within standard but one health boards is 3 weeks and 4 days. The colonoscopy component of the pathway is under active review and the range is 2 - 13 weeks. Regular discussions with two Health Boards that have the longest delays and plans are being actioned to make improvements. Over 90% of GP practices have now confirmed opted into GP endorsed bowel screening letters. The programme remains on plan to continue to optimise the programme.

Antenatal Screening continue to be in close contact with maternity services to support around guidance on flexibility in the pathway where possible due to their staffing constraints.

Newborn Hearing Screening The latest timeliness of newborn babies completing the screening programme is met at 97.7% in June and the timeliness of newborn babies who need assessment meeting standard at 94.7%. The IT systems that ensures failsafe for the programme needs upgrading and continues to be down for periods of time which is impacting workflows. This has been escalated with DHCW and timescales and approach for resolution discussed.

Newborn Bloodspot Screening coverage has been maintained and just below standard at 94.9% and avoidable repeat rate does not meet standard at 3.8% but has improved. The programme is working with maternity service to address this and developed tools to improve. Virtual drop in sessions for sample takers have been held and well received. Courier service remains to be working well.

Diabetic Eye Screening continuing to successfully implement the low risk recall pathway. Participant whose last two diabetic eye screening showed no sign of diabetic eye disease will be safely screened every two years instead of every year. Everyone else will be screened as usual. The programme worked closely with key stakeholders to inform the communication approach and messaging continues to be well received. The coverage remains significantly lower than the standard at 27.1%. The programme is taking forward transformation work plan with an update paper on the roadmap submitted to the Business Executive Team in September 2023. Delayed participant numbers are reducing and Tenovus vans will be used from September 2023 to improve offer in locations that venues are difficult to secure which will further reduce backlog. The timeliness of the results letters within 3 weeks of screen has improved and is now back within standard at 95.2%.

Wales Abdominal Aortic Aneurysm screening The programme continues to focus clinics to ensure the offer of screening is timely. Surveillance uptake is within standard for small aneurysms at 93.5% and is for medium aneurysms at 93.0%.

Section 1: Governance and Accountability

Quality and Improvement

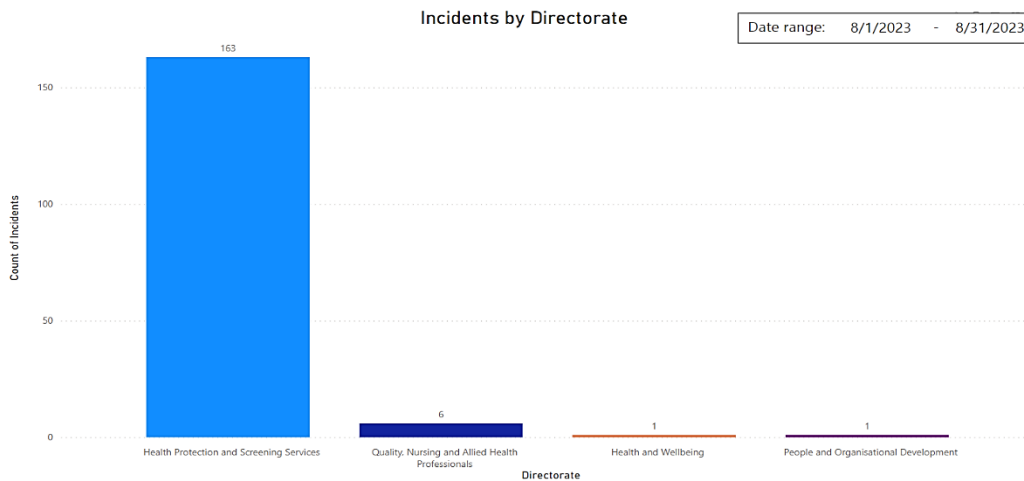
Quality and Improvement

Incidents

A total of 171 incidents were reported in August 2023, an increase compared to the previous month (142), of which 51 relate to Cervical Screening Wales (CSW) smear sample anomalies incidents which are not directly attributable to Public Health Wales (PHW) direct services but relate to those that PHW commission.

As a result of the level of sustained reporting of these smear sample anomalies, improvement work is ongoing to try to reduce the occurrence of these types of errors. A workshop is planned for October, with the aim of standardising coding, improving data capture and strengthening overall processes. In addition, bi-monthly cross-functional teams continue to focus on other areas of improvement in alignment with the organisations Duty of Quality obligations.

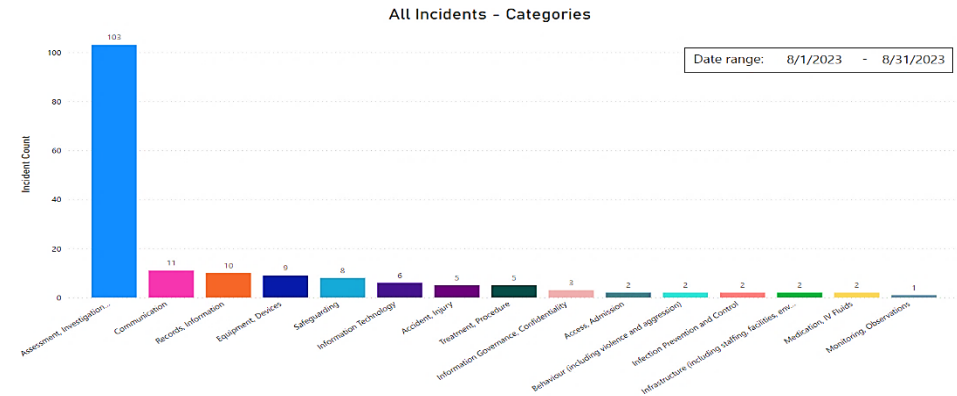
Incidents reported in August 2023 were reported in the following Directorates:



It should be noted that all six incidents reported within the Quality, Nursing and Allied Health Professionals Directorate relate to safeguarding type incidents that occurred outside of PHW and were reported to PHW by a member of the public via the complaint's mailbox or telephone. All incidents were referred to the Named Lead for Safeguarding and appropriately managed in line with safeguarding requirements.

Incident Themes

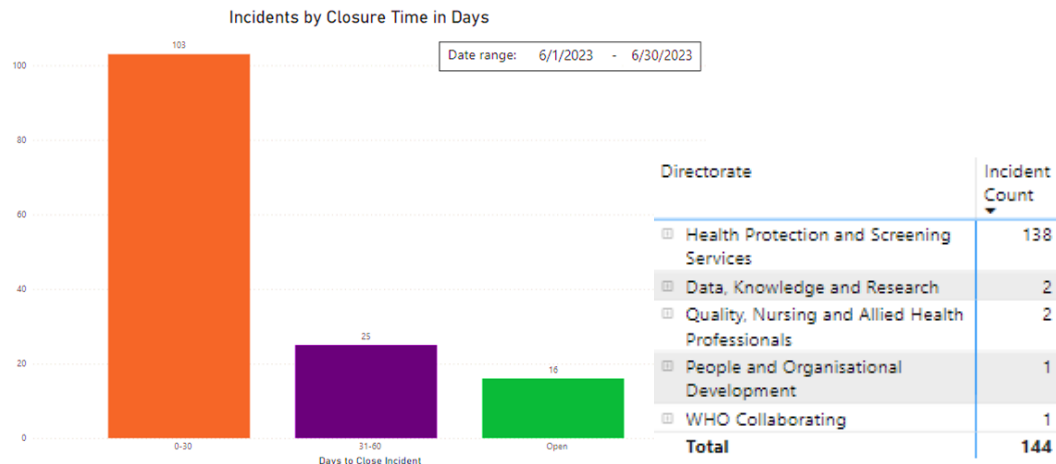
The highest reported incident categories for August are as follows:



Retrospective June and July Open Incident Performance Review

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

The charts below demonstrate the closure rate of incidents reported in June and July retrospectively.

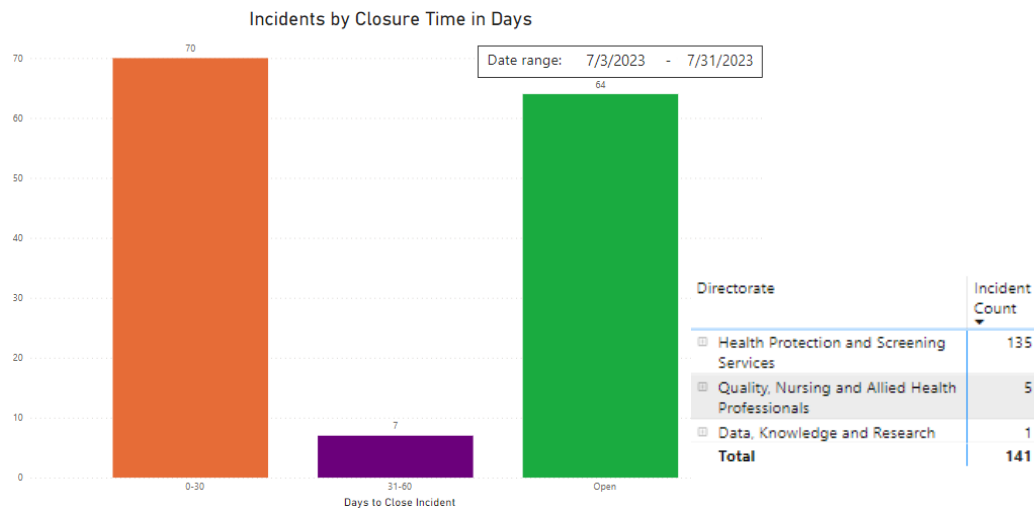


Section 1: Governance and Accountability

Quality and Improvement

Quality and Improvement

Retrospective June and July Open Incident Performance Review (cont'd)



Key themes:

- In July, 49% of incidents were closed within the 30-day target period, which is a drop in performance compared to the 62% closed in June 2023.
- In July, 5% (7) of incidents were closed between 31-60 days. The main reasons for these incidents exceeding the target closure timeframe include delays in the investigation taking place and delays in the incident's approval for closure by Incident Managers/Divisional Leads. Closure timeframes during the summer months appear to have been impacted by annual leave of key staff and work is required to ensure appropriate permissions are in place for those deputising to review and manage.
- The PTR team now meet regularly with teams who have the oldest overdue incidents to understand the progress being made and to address any challenges to progressing with the incident management.

Current Incidents Status

- In September 2023, 103 incidents in Datix that have an 'open' status for more than 30 days, which is an increase from the 84 that remained open in July 2023
- This figure relates to all incidents that have been reported more than 30 days ago with the oldest open incident dating back to November 2022
- The oldest incident is in Cervical Screening Wales is being actively managed. As the investigation progressed it was identified that this incident should be reported to Welsh Government. An Incident Management Team (IMT) is being set up in September and consideration is also being made as to whether a joint investigation is required with a cross border NHS organisation.

Improvement Work

The PTR Team have initiated a review of the current reporting hierarchy and configuration within the Datix Cloud system. This will ensure that the reporting and escalation structure for incidents and complaints for each Directorate is correct so that the appropriate individuals are receiving Datix notifications, actioning them efficiently and progressing with appropriate actions to enable closure promptly.

This work is in addition to the routine actions taken by the PTR team to improve incident management which includes offering incident and complaint Datix training sessions across the organisation. It should be noted that in August, the PTR Team trained 62 staff members in total, which included two bespoke sessions within Breast Test Wales (North Wales) and the Communicable Disease Inclusion Health Programme (CDIHP).

Section 1: Governance and Accountability

Quality and Improvement

Quality and Clinical Governance

In addition, ongoing work continues to support the correct incident categorisation within the Datix system. Early reviews and recommendations continue to ensure the most appropriate coding option is used; in conjunction with highlighting incidents which require review by the Legal Support Manager for consideration of Duty of Candour.

During this month there continues to be an increased reporting relating to accessibility issues notably for those attending for Diabetic Eye Screening (DESW) with additional needs (e.g., wheelchair access, moving and handling assistance and access to British Sign Language (BSL) interpreters/ access to sites for BSL uses who are required to use intercom systems in some locations). These incidents were discussed with the Senior Nurses and as a result a monthly forum to discuss themes and trends in data and identify the improvement work will be established.

In August, there were four incidents in DESW relating to interpreter services not being available for screening appointments. As a result the Head of Service has agreed to undertake a focused review of these incidents to establish if all booking processes for interpreters were followed. In addition, working in collaboration with Cervical Screening Wales (CSW) there is planned clinical audit activity scheduled in Quarter 3 to review the contributory factors in sample process failures resulting in samples being rejected, to inform improvement activity.

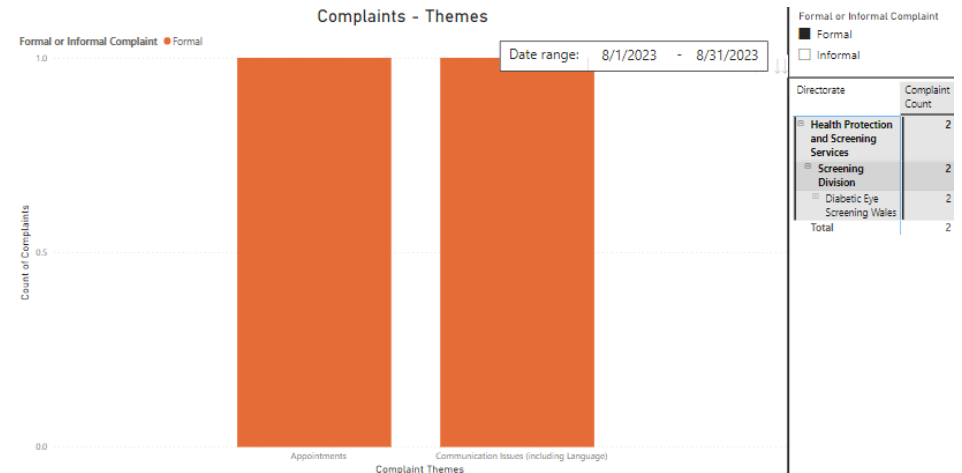
Nationally Reportable Incidents (NRI)

There were no Nationally Reportable Incidents reported in August 2023.

No Surprises Incidents (NS)

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

Formal Complaints



The latest figures for August 2023 show that two formal complaints were received in Diabetic Eye Screening Wales.

One complaint (50%) was acknowledged within the five working day timescale. One complaint acknowledgement was missed due to the acknowledgement letter requiring Polish translation. The acknowledgement letter for this complaint was issued on working day eight.

One complaint was received from a family member of a Diabetic Eye Screening service user regarding their distressing experience at their screening appointment.

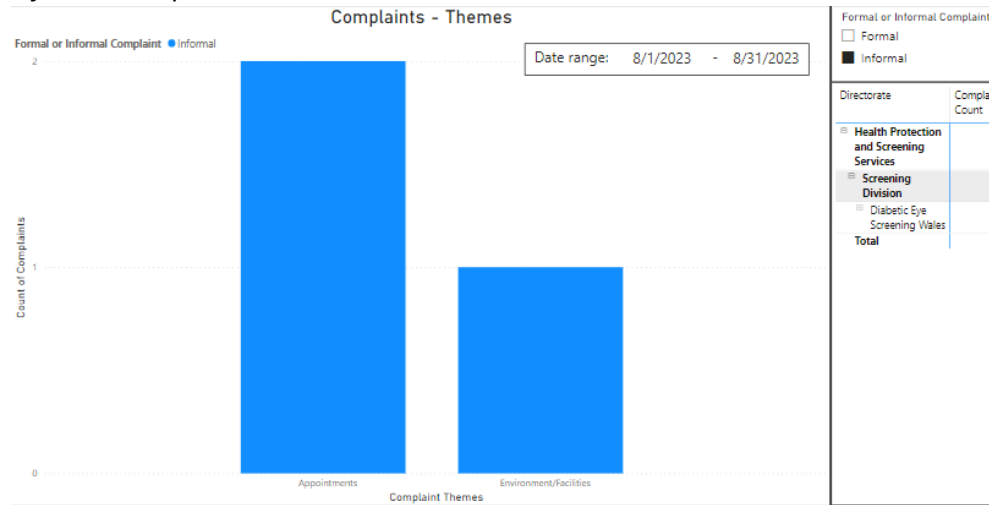
A further complaint was raised in Diabetic Eye Screening from a service user who was dissatisfied with being unable to contact the programme by phone due to a staff training event. Despite initial attempts to resolve their concerns the individual remained dissatisfied following an Early Resolution attempt.

Section 1: Governance and Accountability

Quality and Improvement

Quality and Improvement

Informal Complaints



The figures for August 2023 also show that a total of three informal complaints were received within Diabetic Eye Screening Wales.

Two informal complaints were resolved locally within the 48-hour target and one remains open as DESW have been unsuccessful in contacting the complainant at present.

Retrospective July Complaint Performance Review

There were four formal complaints received in July 2023.

All four complaints were acknowledged within the five working day timeframe and responded to within the 30 working day timeframe.

Three complaints were received by Diabetic Eye Screening Wales relating to dissatisfaction with screening appointment locations and scheduling appointments during working hours. All investigations concluded that the complaints were upheld.

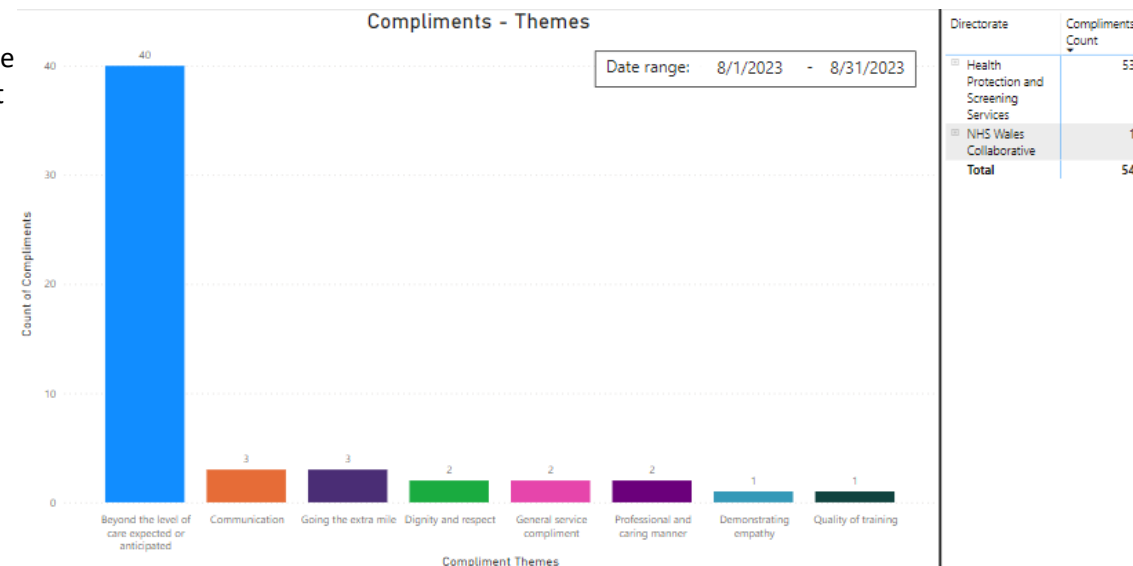
Retrospective July Complaint Performance Review (cont'd)

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

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

The investigation upheld the complaint and DHCW corrected the problem.

Compliments



Section 1: Governance and Accountability

Quality and Improvement

Quality and Improvement

Compliments (cont'd)

- During the month of August 2023, there were 54 (including one from the NHS Collaborative) compliments recorded in the Civica system.
- 90.74% of compliments reported were provided by members of the public (service users) with 3.70% from stakeholder/partner organisations and 3.70% from our staff
- The Compliments, by theme, include 'beyond the level of care expected or anticipated' (40), 'going the extra mile' (3), 'communication' (3) and 'dignity and respect' (2).
- 11% of compliments were listed as 'other' and upon investigation it is evident that more suitable coding themes should have been utilised. Appropriate corrective action and follow up will be completed to prevent future occurrences.

Directorate	Compliment Count	Complaint Count	Compliments : Complaints Ratio
Health Protection and Screening Services	53	5	26.50
NHS Wales Collaborative	1		
Total	54	5	27.00

The ratio of compliments to formal complaints for August 2023 is 27:1

Claims

There was one new potential claim received in August 2023 in Cervical Screening Wales. Currently, there are 18 confirmed claims open and four potential claims, three of these claims relate to personal injury, seven relate to Cervical Screening Wales, four Breast Test Wales, two Bowel Screening Wales, one Microbiology, and one Health Protection. Three potential claims relate to Breast Test Wales and one Cervical Screening Wales.

Redress

There were no new Redress cases received in August 2023.

There is one ongoing Redress case in Bowel Screening Wales with concerns raised by a participant's family following the participants negative faecal immunochemical test (FIT) result shortly before they died. This case is currently going through the Quality Assurance process.

There is one ongoing Redress case in Health Protection and relates to the outcome of the Llwynhendy external Investigation Report. The Redress case relates to the length of time it took the TB screening process in Llwynhendy to notify those potentially affected in the community. This case is currently going through the Quality Assurance process.

Duty of Candour

Duty of Candour regulations came into effect in Wales on 1 April 2023 and a Duty of Candour implementation group was formed to ensure that PHW was fully prepared for its implementation. Training has been provided to clinical staff throughout March to June 2023 and will continue monthly. In addition, a Duty of Candour Policy and Procedure is available to support the staff with the application and management of the duty.

Duty of Candour Cases

Public Health Wales has currently received one Duty of Candour incident in the Screening Division. The Duty of Candour process was implemented, the incident investigated and is now complete with the Datix record closed.

Strategy Delivery

Section 2: Strategy Delivery

Progress against delivery of IMTP milestones

IMTP 2023/24 – Month 5 Reporting

Overview

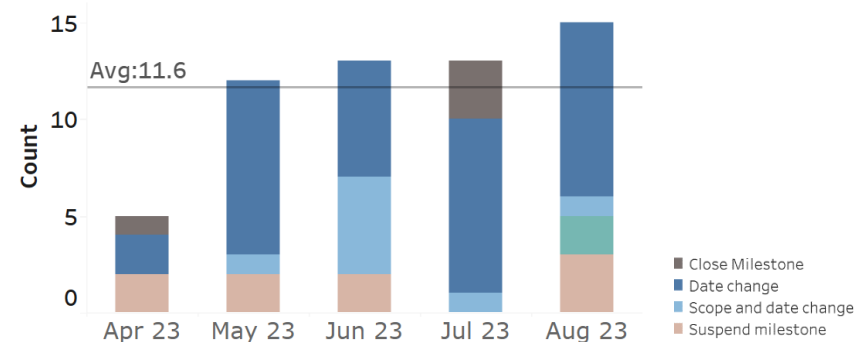
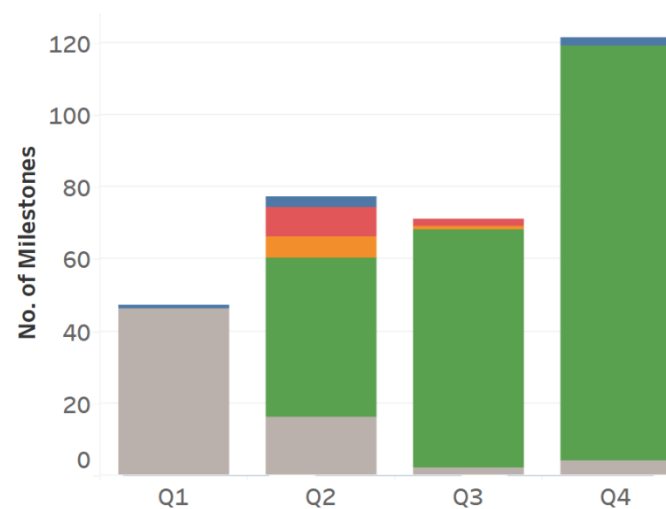
As at Month 5 of [IMTP 23/24 reporting](#), we are reporting 92.4% of all milestones are currently reported as green or complete. This is a reduction of 1.1% from last month.

An additional 3 milestones were completed this month, which brings the total to 68 milestones, 21.45% of the plan.

Four additional milestones moved to a RAG status of Amber or Red this month. The majority of all non-green milestones are currently scheduled to be delivered in September.

Fifteen requests for change were received in month 5.

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



Section 2: Strategy Delivery

Progress against delivery of IMTP milestones

IMTP 2023/24 – Month 5 Reporting

Insights

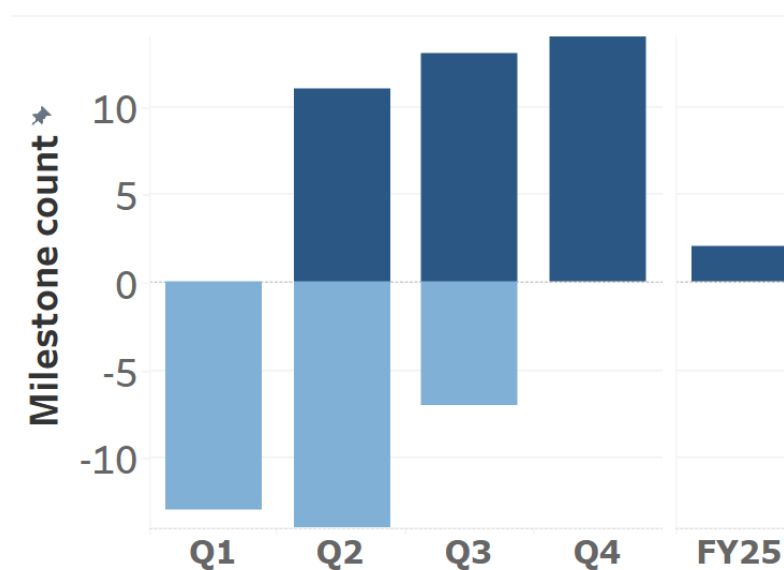
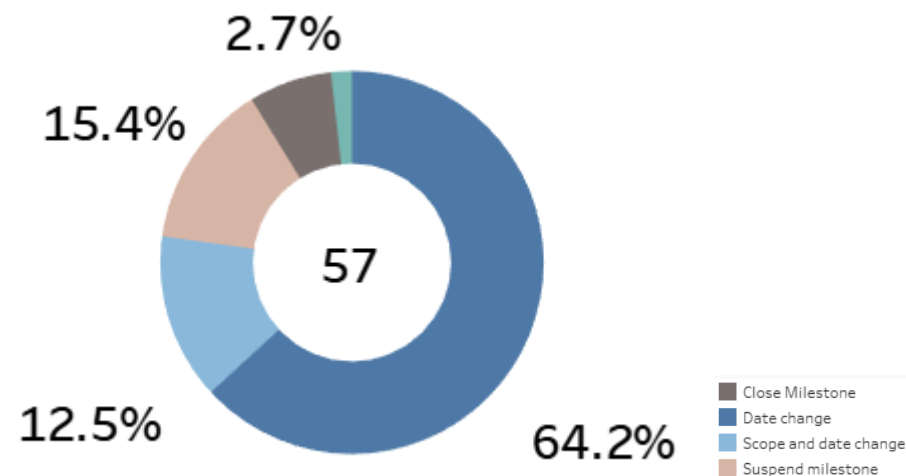
So far this year, 16% of all milestones have received an RFC.

There have been 45 RFCs for date changes, which has resulted in delivery moving to later in the year or into next financial year. The impact of these date changes is shown in the next chart.

As a result of the changing delivery dates, there are now an additional 13 milestones due to be delivered in Quarter 3, and 17 in Quarter 4.

50% of all date change RFCs have been requested within 1 month of the original delivery date, and so we are expecting further date changes to be requested this month against the 66 milestones due to be delivered in September.

This will cause further pressure in Quarter 3 and Quarter 4, and could have an impact on all milestones still to be delivered this year.



Section 2: Strategy Delivery

Annex - Progress against delivery of IMTP milestones

Month 5 IMTP Milestones in Focus

Requests for change submitted for approval

Priority area	Milestone	BRAGG Status	Request for Change Submitted for Approval	Mitigation Action
Milestone has fallen behind schedule				
Supporting the development of a sustainable health and care system focused on prevention and early intervention	'Value in Public Health' masterclass delivered to help build organisational and NHS capability in assessing holistic value and well-being impact (31/12/23)	Red	Date change to 31/01/24	The masterclass will now be held as a virtual session in the last week of January 2024 in order to maximise attendance by our key stakeholders. In addition, there are current resource limitations on the team due to a B6 vacancy which needs to be recruited to enable the masterclass to be planned effectively. There will be no negative impact.
Supporting the development of a sustainable health and care system focused on prevention and early intervention	Delivery of Improvement Cymru Communications & Engagement Strategy (30/09/23) Rollover milestone	Red	Date change to 31/12/23	Ongoing capacity issue within the IC Communications team due to prioritising NHS Exec and Mat Neo Comms activity. The longer-term capacity and structure of the team is being considered and a business case is being drafted
Enabling the successful delivery of our strategy	Developed and implemented our approach to commissioning and resourcing to support organisational change	Red	Date change to 31/10/23	The underpinning principles and frameworks have been developed and are in use. Additional time is sought to finalise the development of the supporting resources required to fully implement our approach. These supporting resources cover the whole cycle of activity, ranging from contracting documentation, e forms, workflows, toolkits, collation of resources into one single point, through to evaluation to enable measurement and the impact of interventions undertaken. As these resources are developed, we're piloting them. We also plan to further refine and enhance our approach as these new ways of working evolve and get incorporated into our BAU activity. The request for an additional month will provide the opportunity to finalise and produce better quality 'products' that will enable us to effectively undertake our newly developed approach. The cause in a nutshell is underestimating the time and resource needed to complete this work to the standard required (in the context of competing priorities)
Enabling the successful delivery of our strategy	Identified the skills required across Public Health Wales to deliver our strategic objectives and will be developing plans to address these (29/12/23)	Red	Request to suspend the milestone	As a result of the need to review PHW spending plans and budgets for 2023-24 and identify where money can be handed back to reduce the wider NHS deficit there has been a shift in the scope of workforce planning activity meaning the focus is now on identifying critical roles and developing interventions to manage associated risks. The scope of Workforce Planning activity for 2023-24 will be limited to enabling directorates to better understand and plan for the management of critical roles during a period of increased financial pressure.

Section 2: Strategy Delivery

Annex - Progress against delivery of IMTP milestones

Month 5 IMTP Milestones in Focus

Priority area	Milestone	BRAGG Status	Request for Change Submitted for Approval	Mitigation Action
Milestone has fallen behind schedule				
Enabling the successful delivery of our strategy	Developed Real Time Suspected Suicide Surveillance reporting capabilities and rapid analytical pipelines (30/09/23)	Red	Date change to 29/03/24	Suite of products underway. Monthly reports being produced. Annual report likely to be delayed until October. Rapid analytical pipelines dependent on delivery and outcomes of the RTSSS Discovery and Alpha work. the RTSSS Discovery has commenced and Alpha is planned to run to the end of October. The timeline of the development of pipelines is dependent on the outcome of the Alpha.
Enabling the successful delivery of our strategy	Evidenced all strategic decisions and commissioning and hosting arrangement are made through a quality lens. (30/09/23)	Red	Date change to 31/03/24	The original due date was based on the Quality and Safety Programme RoadMap but there have been delays in issuing some of the support information for implementing some of the actions. Activity is underway to progress the milestone as part of existing work and timelines. Milestone delayed but this does not impact the overarching Duty of Quality requirement to produce an annual report. The revised trajectory is also in keeping with progress being made by other NHS organisations in this area.
Enabling the successful delivery of our strategy	Aligned quality infrastructure to new quality stan First wave of I&I hub Improvement Coaching Completed (30/09/23)	Red	Split the milestone and allocate new lead and date change to 31/03/24 for the quality element	This is made up of two separate milestones which need to be split out. The original due date was based on the Quality and Safety Programme RoadMap but there have been delays in issuing some of the support information for implementing some of the actions. Activity is underway to progress the milestone as part of existing work and timelines. Milestone delayed but this does not impact the overarching Duty of Quality requirement to produce an annual report. The revised trajectory is also in keeping with progress being made by other NHS organisations in this area. Work is underway with a paper linking Duty of Healthcare Quality Standards to the Clinical Governance Framework going to QSIC next month. Work has also commenced with Health Protection and Screening Services to begin looking at the new Standards, with a view to moving to other directorates thereafter. Proposed milestones: 1. Aligned quality infrastructure to new quality standards - Angela Cook - 31.03.24 2. First wave of I&I hub Improvement Coaching Completed - Felicity Hamer - complete
Enabling the successful delivery of our strategy	Proposed operating model for change communications to align with wider change support offer across Operations and Finance (30/09/23)	Red	Request to suspend the milestone	This milestone has dependencies on other work which has been delayed of clarity on approach not currently available. Once this has been resolved then the work will resume. Likelihood is it will take place in 2024-25

Section 2: Strategy Delivery

Annex - Progress against delivery of IMTP milestones

Month 5 IMTP Milestones in Focus

Priority area	Milestone	BRAGG Status	Request for Change Submitted for Approval	Mitigation Action
Milestone has the potential to fall behind schedule				
Promoting Healthy Behaviours	Developed and agreed a national thematic framework for a whole school approach to physical activity (30/09/23)	Amber	Date change to 01/12/23	Work has been ongoing with a multi-agency partnership but there has been a change in focus which has resulted in a slight delay. Minor impact on implementation
Supporting the development of a sustainable health and care system focused on prevention and early intervention	System in place to support for the monitoring and evaluation of Primary Care Model for Wales (PCMW)	Amber	Date change to 31/03/24	As a result of capacity issues within the wider system and the need to ensure effective stakeholder engagement, the timescales for this work will be longer than originally estimated. As a result the work will not be complete until the end of the year. Although this milestone will not be completed until the end of the year, work to support the monitoring and evaluation of the PCMW will be ongoing and the rescheduling will have a negligible impact on other milestones.
Enabling the successful delivery of our strategy	Organisational design principles produced which enable the delivery of our strategic objectives (29/12/23)	Amber	Date change to 31/03/24	In undertaking the review of Directorate milestones as a whole, we reviewed the activity, resourcing, interdependencies and sequencing involved for all our initiatives; aligned to the new Long Term Strategy, developments on other significant pieces of work e.g. culture, Quality as an Organisational Strategy etc. This particular milestone activity will have an impact on optimal shape of the organisation, through the application of agreed organisation design principles, which will subsequently help inform decision making. It's one of the key pieces of work that will contribute towards organisational effectiveness that will continue over year 2 and 3. The review enabled a stocktake that led to the development of an updated end to end plan. The update plan will ensure appropriate levels of engagement to enable the delivery of 'quality' products which in this case are agreed design principles
Enabling the successful delivery of our strategy	Through workforce planning we will have provided a holistic view of our current and critical roles of which, plans containing solutions and likely interventions will have been worked through to provide assurance upon the workforce required to deliver upon our priorities (29/09/23)	Amber	Scope and date change to 31/03/24	<p>Due to the financial position and additional asks upon the directorates, much of the immediate workforce element is likely to change. This will enable the directorates to better understand what they require under increased financial pressure to continue on current path.</p> <p>In addition please remove the word 'and' from between the words 'workforce' and 'critical' to now read; IMTPM_209 Provided a holistic view of our current, anticipated workforce critical roles of which, clear plans containing solutions and interventions worked through to provide assurance upon the workforce required to deliver upon our priorities</p>

Section 2: Strategy Delivery

Annex - Progress against delivery of IMTP milestones

Month 5 IMTP Milestones in Focus

Priority area	Milestone	BRAGG Status	Request for Change Submitted for Approval	Mitigation Action
Milestone has the potential to fall behind schedule				
Enabling the successful delivery of our strategy	Co-produced research and evaluation programme supporting refreshed mental health strategy (30/09/23)	Amber	Scope and date change to 31/12/23	Due to changes in staff and a short period of vacancy. Also data collection has been delayed for the young people and mental health research which has impacted on the programme. The baseline data needed to inform the co-produced programme has been delayed so this has had a knock-on effect.

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

Priority area	Milestone	BRAGG Status	Mitigation Action
Milestone updates with no request for change submitted			
Promoting Healthy Behaviours	Developed a long term strategic social marketing approach for tobacco control and Help Me Quit (HMQ) (30/09/23)	Red	A delay to the completion of the first phase of this project - this IMTP commitment is a dependency on the first stage. No impact on finance or other commitments. Previous planned programme of work reprofiled to reflect delayed start. It is anticipated that a request for change will be submitted to change the date to 31/12/23
Supporting the development of a sustainable health and care system focused on prevention and early intervention	Publish 'Meeting health & well-being needs through social prescribing' outputs (30/09/23)	Red	Given the central role of language in these publications, focus groups with Welsh speakers have uncovered that the Welsh translation of some of the terms related to social prescribing is contentious. This has been escalated through the Welsh Language office in Welsh Government who are trying to urgently reach a conclusion but until this has been concluded we may be delayed in progressing the publication in Welsh. The main impact will be not meeting stakeholder expectations. If the report is published by the end of the calendar year the impact will be minimal. We will continue to liaise closely with Welsh Government on the progress with the Welsh translation. It is anticipated that a request for change will be submitted to change the date to 31/12/23
Delivering excellent public health services to protect the public and maximise population health outcomes	Started implementation of new centralised sexual health infection testing service at IP5 including postal service (30/09/23)	Amber	Challenges regarding IT interfacing and contractual clarifications. Potential delay in transfer of online testing to PHW Infection services (although service provided via Drs Laboratory). Community testing will continue unaffected. SRO and project team reviewing the options with advice expected to HP and Infection SMT's mid September 2023. Timescales to be confirmed
Delivering excellent public health services to protect the public and maximise population health outcomes	Collaborated with Health Protection Services to develop a service offer for repatriating self-sampling sexual health infection diagnostics service (30/09/23)	Amber	Challenges regarding IT interfacing and contractual clarifications. Potential delay in transfer of online testing to PHW Infection Services (although service provided via Drs Laboratory). Community testing will continue unaffected. SRO and project team reviewing the options with advice expected to HP and Infection SMT's mid September 2023. Timescales to be confirmed



GIG
CYMRU
NHS
WALES

Iechyd Cyhoeddus
Cymru
Public Health
Wales

*Gweithio gyda'n gilydd
i greu Cymru iachach*

*Working together
for a healthier Wales*