GIG CYMRU NHS WALES | Iechyd Cyhoeddus Cymru Public Health Wales

Performance and Insight Report

October 2023

Key Performance Indicator Summary

Section 1: Governance and Accountability

People Governance	In Focus	Target	Actual (Month 7)	Committee
12m Rolling Sickness Absence FTE %		below 3.25%	4%	People & OD
Statutory and Mandatory Training		85%	91%	
Appraisal Compliance		85%	74%	
Diversity ESR Data		N/A	72%	
Financial Governance				
Revenue Position Forecast		Breakeven	Breakeven	Audit & Corporate Governance
Capital Year-End Position		Breakeven	Breakeven	
Agency Spend, % of Total Pay Bill		below 3.4%	2%	
PSPP		95%	97%	
Information Governance				
Freedom of Information Request Response		Response within 20-Days	4 exceeded	Audit & Corporate Governance
Subject Access Request Response		1 Month Average Response	0 exceeded	
Personal Data Breaches Reported (Escalated)		N/A	5 (0)	
Mandatory Information Goverance Training		85%	90%	
Clinical Governance				
Duty Of Candour Incidents		0	0	Quality, Safety & Improvement
Number of Incidents Reported		N/A	96	
Complaints Formal		N/A	1	
Complaints Informal		N/A	10	

Key: RAG Status

Outside target | Achieving target | Not applicable / TBC

Click on the Focus Area Icon for additional assurance

Key Performance Indicator Summary

Section 2: Strategy and Delivery

IMTP Milestone Reporting	In Focus	Target	Actual (Month 7)	Committee
IMTP Milestones currently green or complete		N/A	90%	Board
Climate Change				
Carbon Emissions 22/23		Net Zero by 2030	17.165m (Kg.C02E)	Knowledge, Research & Information Committee
Service Delivery				
Screening Services				
BTW Assessment invitations (3 weeks)		90%	25%	Quality, Safety & Improvement
BTW Normal results sent (2 weeks of scan)		90%	91%	
BTW Round Length (Invited within 36 months)		90%	31%	
BSW Coverage		90%	64%	
BSW Waiting time for index colonoscopy		60%	21%	
DESW Coverage (12 Months)		80%	30%	
DESW Results Letters Printed (3 Weeks)		85%	100%	
Vaccination and Immunisation				
Influenza vaccination uptake among those aged 65+		75%	57%	Quality, Safety & Improvement
Influenza vaccination uptake among the under 65s in high risk groups		55%	24%	
Influenza vaccination uptake among healthcare workers		60%	12%	
Percentage of children who received 3 doses of the '6 in 1' vaccine by age 1		95%	94%	
Percentage of children who received two doses of the MMR vaccine by age 5		95%	89%	
Percentage of girls receiving the HPV vaccination by age 15		90%	85%	
Percentage of children who received '4 in 1' Pre-School Booster with 2nd MMR dose by age 5		95%	90%	

Key: RAG Status

Outside target | Achieving target | Not applicable / TBC

Click on the Focus Area Icon for additional assurance

Key Performance Indicator Summary

Section 2: Strategy and Delivery

Service Delivery	In Focus	Target	Actual (Month 7)	Committee
Healthcare Associated Infections				
Clostridium difficile rate (per 100,000 population)		25%	43%	Quality, Safety & Improvement
Staph aureus bacteraemia rate (per 100,000 population)		20%	24%	
E. Coli bacteraemia rate (per 100,000 population)		67%	65%	
Klebsiella sp bacteraemia rate (per 100,000 population)		10% Annual Reduction	29%	
P. Aeruginosa bacteraemia rate (per 100,000 population)			6%	
Microbiology				
EQA performance (Bacteriology)		97%	94%	Quality, Safety & Improvement
EQA performance (Virology)		100%	98%	
EQA performance (Specialist and reference units)			99%	
EQA performance (Food, Water and Environmental Laboratories)		98%	99%	
Turnaround time compliance (Bacteriology)		95%	92%	
Turnaround time compliance (Virology)			99%	
Turnaround time compliance (Specialist and reference units)			100%	
Turnaround time compliance (Food, Water and Environmental Labs)			99%	

Key: RAG Status

Outside target | Achieving target | Not applicable / TBC

Click on the Focus Area Icon for additional assurance

People Governance | Financial Governance | Corporate & Information Governance and Risks | Clinical Governance, Quality, Safety and Improvement | IMTP Milestone Delivery & Strategic Programmes | Climate Change | Service Delivery

Governance and Accountability

People Governance

Section 1: Governance and Accountability

Sickness Absence

4.1%

Increased by **0.4%** in October 2023
Seasonal increases are expected in October but this years figure is lower than the figures recorded for the last 3 years

12 Month Rolling Absence

3.25%

4.0%

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

Appraisal and Development Reviews

85%

73.9%

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

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

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

IN FOCUS

Statutory and Mandatory Training

85%

91.4%

Remains **above** target in October 2023.

All Directorates with the exception of Board and Corporate (74.9%) are **exceeding target**.

The modules reporting lowest completion are Foundations in Improvement (69.4%) and Paul Rudd Learning Disability Awareness Training (79.9%).

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 our meeting the needs of our workforce

72%

This is the current percentage of completed Diversity data recorded for our staff. We have seen a 15% **improvement** in data completeness in the last 4 years.

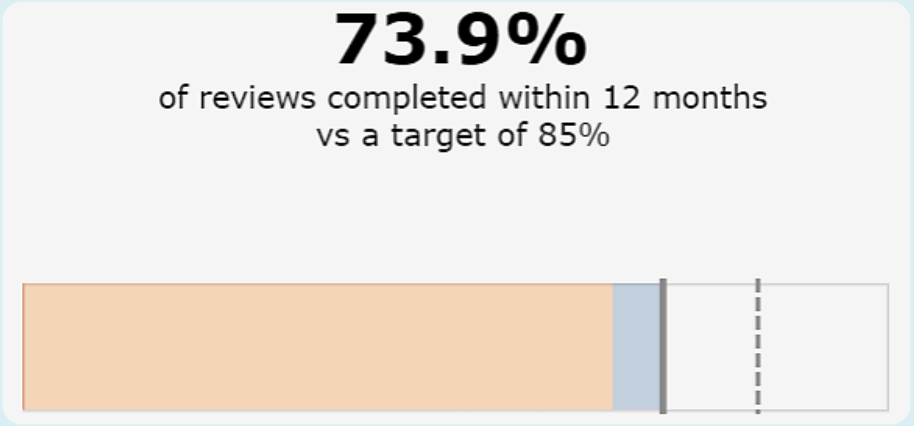
In Focus: Appraisal and Development Reviews

Section 1: Governance and Accountability

Compliance Performance

Challenges remain to achieve compliance against the 85% Welsh Government target and our 90% organisational ambition. The national compliance target is set at 85% to allow for staff who are unable to participate in appraisals (e.g. staff on maternity leave, secondees).

Limited improvement continues to be shown and has remained relatively static since the re-introduction of pay progression in Autumn 2022. Compliance is at risk to fall further over the next 3 months if appraisals fail to be undertaken and recorded on ESR (indicated by the blue section below).



Grey – current compliance — vs target ····

Blue – appraisals due in next 3 months

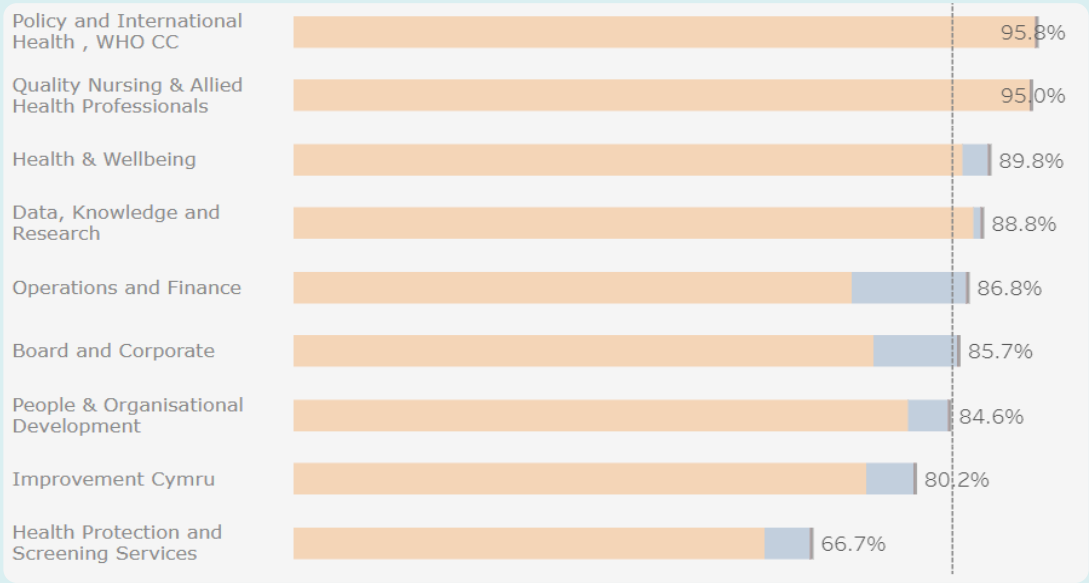
Dashboard

Compliance by Directorate

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

There is also a significant range in compliance across our Directorates ranging from a high of 95.8% in Policy and International Health, WHO Collaborating Centre to a low of 66.7% in Health Protection and Screening Services.

Operations and Finance has the greatest risk to compliance over the next 3 months if appraisals fail to be undertaken.



In Focus: Appraisal and Development Reviews

Section 1: Governance and Accountability

Improvement Actions

My Contribution remains a key part of our Corporate Induction resources and the Line Manager Induction Pathway. The My Contribution Policy was recently reviewed and has now been approved by the People and OD committee. Communications related to mid-year reviews have also been shared with managers and staff.

Toolkit Review and Quality Audit
(planned for Quarter 3 and 4)

The My Contribution Toolkit review is underway to ensure that content is still relevant and fit for purpose. Any required improvements, including the development of new resources, will be actioned over the coming months. (Starting October 2023)

Following the results from the NHS Staff Survey which will close on Monday 27th November, we will consider a sample survey to measure the quality of My Contribution conversations. This will help inform what further action is required to support line managers and their direct reports with My Contribution. (Quarter 4)

Compliance improvement activity
(immediate action)

The Workforce Systems team have recently met with Learning & Development team colleagues to share analysis on appraisal activity trends. We have identified priority areas within Health Protection and Screening Services (where compliance is low) and will work with them to understand barriers to undertaking and recording My Contribution and to identify, and offer, further support as required.

By the end of November, we will complete further analysis to identify potential reasons for non-compliance. This will include analysis across Pay Bands, Staff Groups, and the number of direct reports per manager. This analysis will be shared with the People Business Partners, who will develop Action plans and improvement targets with the areas identified as having low compliance.

Financial Governance

Section 1: Governance and Accountability

Revenue Position

Break-even	-£120k YTD	£0k Forecast

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

Capital Position

£1.8m Allocation	£1.8m Forecast	£0.63m Committed

The capital forecast is **breakeven** with 35% of our allocation committed at month 7. This is in line with the capital spending plan.

Agency Spend as A Percentage of Total Pay Bill

Below 3.4%	2.2% YTD	2.2% Forecast

Forecast to deliver the year-on-year reduction target

Public Sector Payment Policy (PSPP)

95%	96.72% YTD	>95% Forecast

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

NHS Wales Financial Position

Following the communication received from the NHS Wales Chief Executive regarding the financial pressures across NHS Wales, the Trust submitted its proposition for potential savings of £3.453m on 11th August. A subsequent update was submitted on 27th October **increasing PHW's savings contribution to £4.221m**.

We will continue to review our financial forecast and spending plans to ensure that Public Health Wales delivers a breakeven position in accordance with its financial strategy and the assumptions within the IMTP

At Risk Income

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

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

Click to access the latest detailed report

Finance Report

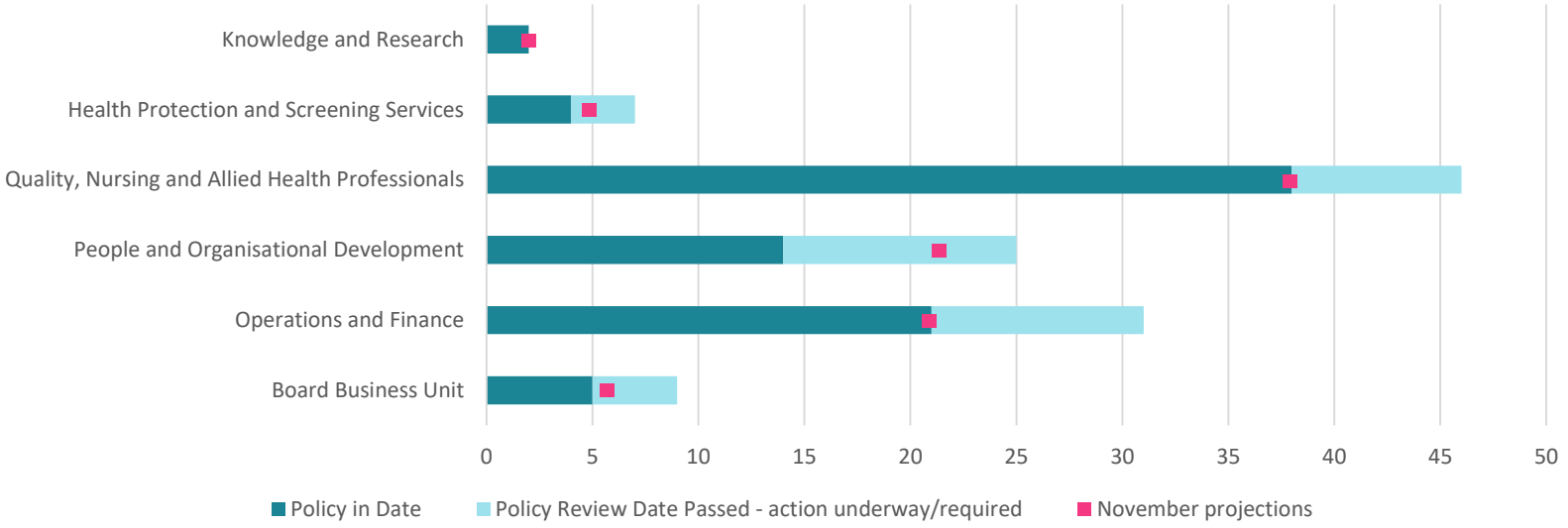
Corporate & Information Governance and Risks

Section 1: Governance and Accountability

Corporate Governance

Corporate Policies Compliance

24 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)



Since September

- 3 Operations and Finance policies have been approved

November Projections

- The Board Business Unit and Health Protection Screening Services will each approved 1 policy
- People and OD plan to approve 8 policies
- 2 new QNAHPs policies will be added

Overview

- The divisions with the most policies out of compliance are QNAHPs and People and OD
- Approval compliance is projected to increase month on month
- No change is expected on All Wales Policies

Corporate & Information Governance and Risks

Section 1: Governance and Accountability

Corporate Governance

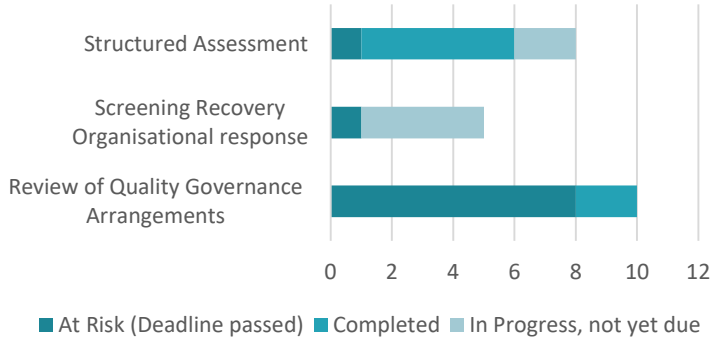
Audit data updated quarterly

Wales Health Circular Compliance

For the period 1-31 October 2023:

	October
Number of WHC received	2
Current total for this year	29 of which 25 are applicable to PHW
Total in progress	6
Total confirmed compliance	19

External Audit Actions



Total of 10 overdue actions of which 8 relate to Review of Quality Governance Arrangements

Internal Audits

The limited assurance relates to the Population Health Grants Management audit and has 10 management actions, of which 4 are completed, 1 is in progress, and 5 are passed deadline dates and are being reviewed by the leadership team.

Corporate & Information Governance and Risks

Section 1: Governance and Accountability

Information Governance

Freedom of Information Act

18 requests were received in September 2023.

20 days

4 exceeded

One of the delayed responses has been granted an extended response time due to the complex nature of the request.
The average response time is 17 days.

Additional resource has now been recruited to help improve compliance.

Data Protection (Subject Access) Requests

Two requests were received in September 2023.

1 month

0 exceeded

The average response time during the period was 11 days.

Personal Data Breaches

Reported	Escalated
5	0

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

Mandatory Information Governance Training

85%

90%

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

Trend data not available for month 7. Further analysis to be introduced from month 8

Corporate & Information Governance and Risks

Section 1: Governance and Accountability

Strategic Risks

Click to access the latest detailed review

Strategic Risk Register

	Strategic Risk	Current Score	Target Score	Risk Update
1	There is a risk of worsening health in the population of Wales, particularly among vulnerable populations	20	9	Risk remains unchanged – progress being made across all actions. Risk will be reviewed in quarter 3, following appointment of new National Director for Health and Wellbeing.
2	There is a risk of ineffective system-wide efforts to improve health and wellbeing by organisations across public, private and third sectors	16	6	Risk remains unchanged – progress being made across all actions. Risk will be reviewed in quarter 3, following appointment of new National Director for Health and Wellbeing.
3	There is a risk that people in Wales are insufficiently engaged and enabled on action they can take to improve their health and wellbeing	12	6	Current risk remains unchanged – progress being made across all actions.
4	There is a risk of weakness in our organisational health, including our culture, capacity, capabilities and governance. Caused by sub-optimal leadership, management and engagement	16	6	Risk description, risk owners overview assessment and existing controls updated to incorporate risks identified by the Public Inquiry Programme Board. Actions updated.
5	There is a risk that we insufficiently prevent, plan for and respond to emerging external threats to public health	12	6	Progress being made – current risk score remains unchanged. Two additional sources of assurance have been identified against control 5.4
6	There is a risk that we fail to deliver excellent public health services, including on screening, infection and health protection	9	6	The current risk is at inherent score and remains unchanged. This risk is reviewed monthly.
7	There is a risk to delivery of public health services and the inappropriate release of confidential data	20	12	The current risk is at inherent score and remains unchanged.

Corporate Risks

The Leadership Team has reviewed the 2022/23 Corporate Risk register against the revised Strategic Risk Register and an update was considered at Business Executive Team in September.

Clinical Governance, Quality, Safety and Improvement

Section 1: Governance and Accountability

Clinical Governance Framework

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

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

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

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

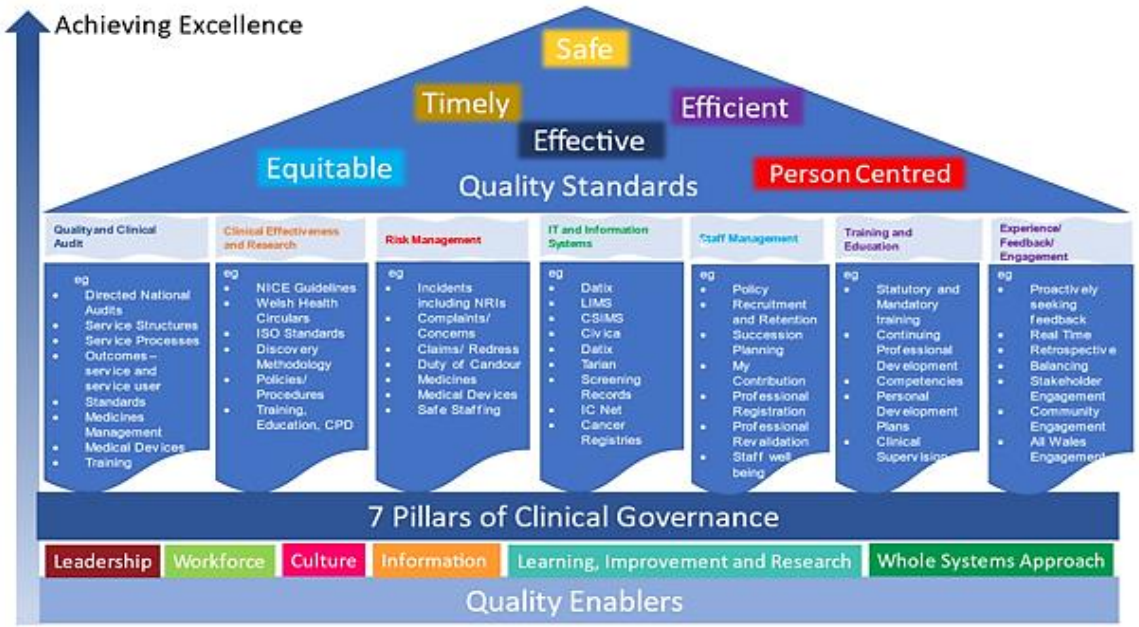
The Framework will require a period of implementation and will shape the basis of our clinical governance performance reporting. Directorates will ensure that they have agreed clinical governance measures and agreed data sets in place to monitor performance.

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

How will we know we're accountable?

Clinical Governance Framework implementation plan to be developed.

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



Clinical Governance, Quality, Safety and Improvement

Section 1: Governance and Accountability

Duty of Candour Incidents

Incidents
0

There were No DOC cases reported in October.

Nationally Reportable Incidents & Early Warning Incidents

Total Incidents Reported in October
152

One Nationally Reportable Incident reported
No Early Warning Incidents reported

IN FOCUS

Incident Management

63% (96) Closed

30 days

A reduction in overall performance compared to the 74% (119) closed within 30 days in August 2023.

As of 11 November 2023, there are a total of **69** incidents in Datix with an 'open' status of more than 30 days. The oldest incident is in Cervical Screening Wales (November 2022), which has now been reported as an Early Warning.

18% (27) of incidents were closed between 31-44 days, with the delays as a resulting from the investigation requiring liaison with external /partners or agencies.

Complaints

Formal	Informal
1	10

Formal - One complaint in Diabetic Eye Screening acknowledged within 5-day target.

Informal – Seven within Screening Services, One in Data, Knowledge and Research and One in Health Improvement.
80% responded to within 2-day target.

Compliments

October
67

The ratio of compliments to total complaints was 6:1. This compares to 38 compliments in August and a ratio of 2:1

Claims

Confirmed	Potential
18	5

No new claims received in October.

Redress

October
0

No new Redress cases reported in October

In Focus: Incident Management

Section 1: Governance and Accountability

Duty of Candour Incidents

There were no new DOC cases reported in October. There is one ongoing joint case with Cardiff and Vale University Health Board (CVUHB). This incident has also been recorded by CVUHB as a Nationally Reportable Incident as the incident itself is severe.

PHW continues to support CVUHB with the ongoing investigation and to identify the learning and remedial actions. The final DOC learning report will be submitted by CVUHB as the principal providing NHS body.

Nationally Reportable Incidents

One NRI was reported in October by Bowel Screening Wales (BSW). BSW identified 30 individuals who had failed to receive their scheduled bowel screening invitation, with delays ranging from three months to five years.

An incident management team was established to investigate further. The errors related to two cohorts of individuals
Cohort A – errors associated with reopening episodes for individuals who had moved out of but then returned to Wales
Cohort B - Errors associated with manually enabling screening invitations for individuals in long stay residential facilities.

Bowel Screening Wales are now finalising an investigation report and improvement plan for this incident.

Microbiology Incidents

We continue to see an increase in the number of microbiology incidents referred on to the Legal Support Manager from sample processing errors, to ensure no adverse outcomes have occurred and for consideration of Duty of Candour.

Focused meetings have taken place and continue with Microbiology colleagues to review these incidents and the identification of themes and trends. As a result, permissions for microbiology incidents have been amended to allow senior leads access to review incidents from the time of reporting.

Cervical Screening Incidents

Ongoing improvement work with Cervical Screening Wales includes:

Retrospective review and data analysis of rejected samples over a 5-year period to identify sample takers/ GP Practices/ Health Boards numbers.

Quality and Clinical Audit: The audit of the contributory factors in sample process failures is being undertaken by the quality lead for CSW and will be complete by Q3. Additional small-scale audit undertaken in the south-east region.

Engagement: An engagement session is planned focusing on Data quality and analysis is scheduled for 30th November with CSW

Strategy and Delivery

IMTP Milestone Delivery & Strategic Programmes

Section 2: Strategy and Delivery

IMTP - Progress against delivery

Complete	Green	Amber	Red	Suspend.
121	176	5	6	8

As at month 7, we have completed delivery of 121 IMTP milestones, which demonstrates good progress. There are a small number of milestones reporting red and amber, which are being managed by respective directorates and do not indicate any significant wider deliver issues at this stage.

90% of remaining milestones are reported as green by directorates, which indicates that they will be completed by the agreed delivery date. An overview of remaining milestones for completion by directorate and current RAG rating is provided in figure 1.

*Click to access the latest **breakdown of milestones*** Dashboard

An analysis of the year to-date shows that milestones are unlikely to move from green to amber or red until 1 month (or less) before the delivery date. This potentially reduces our ability to mitigate any associated risks.

It is recommended that each directorate undertakes an assessment of remaining milestones to ensure that they are on track and deliverable to agreed timescales.

*Click to review the **requests for change*** Dashboard

IMTP – Changes to The Plan

We have a significant number of milestones due for completion in March 2024 (see figures 2 and 3). This number has grown by 18 milestones in-year as the plan has moved to the right due to requests for date changes.

7 requests for change have been submitted for approval this month. This includes 4 to extend the original delivery date, 1 scope change and 2 closures. The Executive Team are asked to consider and approve the proposed changes submitted for month 7.

IMTP - Strategic Change Programmes

The current Delivery Confidence Assessment for our 11 change programmes is set out below. It shows that the majority of programmes are reporting as green or amber/green, which indicates good progress for completion by agreed delivery dates.

Green	Green/Amber	Amber	Amber/Red	Red
4	5	2	0	0

*Click to access the latest **Strategic Change Programme Dashboard*** Dashboard

In Focus: IMTP Milestone Progress & Key Achievements

Section 2: Strategy and Delivery

Figure 3: Percentage of milestones due in each quarter, split by directorate and current RAG status

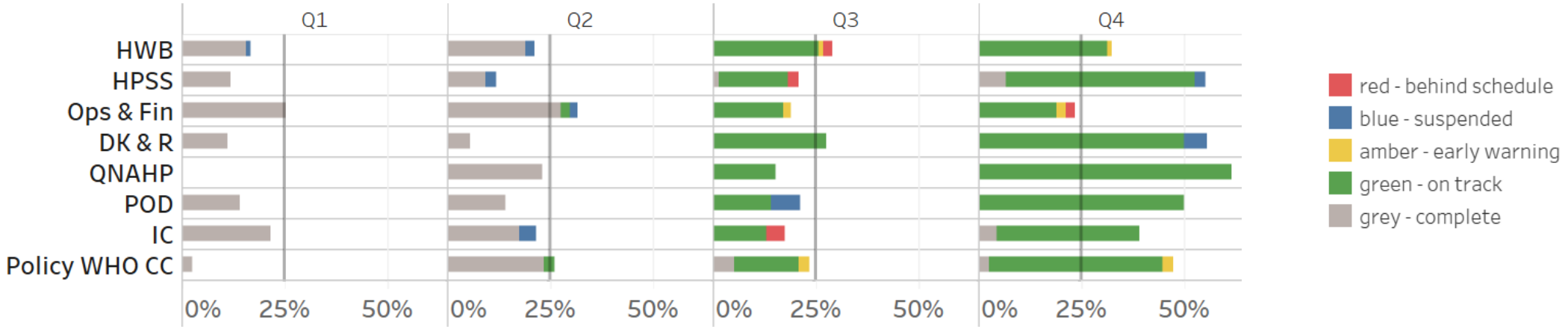


Figure 1 shows a breakdown of IMTP milestones by directorate and delivery quarter. It shows that:

- the majority of remaining milestones for completion are currently reporting as green and on track for completion by respective directorates
- for the majority of directorates, the main delivery period is in quarter 4, with a number delivered 50% or more of their total milestones

This means that accurate monthly RAG reporting is essential to ensure any risks to delivery can be mitigated. An analysis of the year to-date shows that milestones are unlikely to move from green to amber/red until 1 month (or less) before the delivery date, which significantly reduces our ability to mitigate any risks associated with delivery.

Action: We recommend that in month 8 each directorate undertakes an assessment of remaining milestones to ensure that they are on track and deliverable to agreed timescales.

In Focus: IMTP Milestone Delivery

Section 2: Strategy and Delivery

Impact of in year- movement and projections

Figure 2 shows the number of IMTP milestones for delivery in each quarter. It shows that we currently have 132 milestones due to be completed in quarter 4. The vast majority of these are currently being reported as green by directorates.

Figure 3 compares the number of milestones by quarter in our baselined plan, with the number in our current plan. It shows that the number of milestones due for completion in quarter 4 has increased by 18 when compared to our original plan as a result of requests for change.

If current trends related to requests for change continue, there is a risk that we could see approx. 50 additional milestones revise their delivery date during the remainder of the year. This risks further increasing pressure on quarter 4 and could potentially lead to approx. 30 milestones not being delivered in 2023/24.

It is recommended that this is considered as part of the proposed directorate milestone review.

Figure 2: Number of IMTP milestones due by quarter

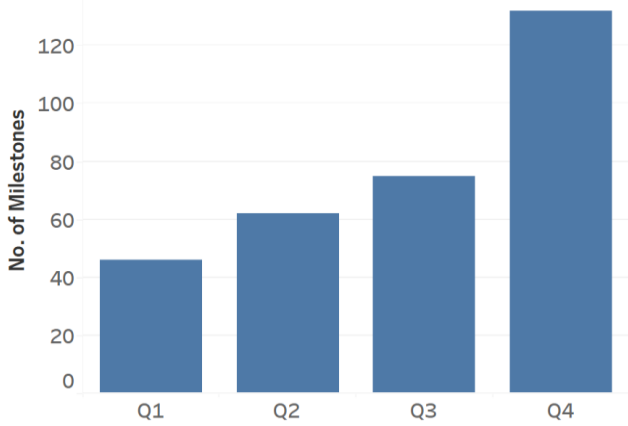
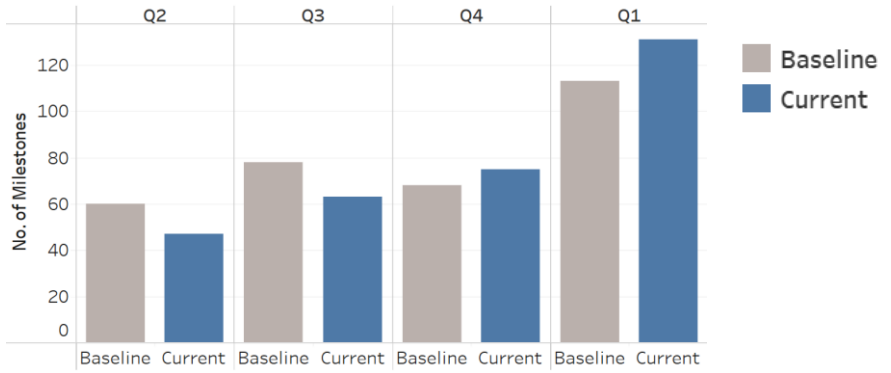


Figure 3: Number of IMTP milestones due by quarter (baseline plan compared to current plan)



Climate Change

Section 2: Strategy and Delivery

Quarterly reporting cycle

Decarbonisation in Public Health Wales

Net zero 2030

17.165m Kg/C02e

Public Health Wales is required to deliver a net **zero** position on carbon emissions by **2030** to support Welsh Government' s ambition of achieving a net zero NHS Wales.

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

IN FOCUS

Our **Decarbonisation Action Plan** published in April 2022 contains 75 actions. The latest Decarbonisation Progress Report July 2023 shows:

Completed	On Schedule	Behind Schedule
26	45	4

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

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

Climate Change as a System Leader

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

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

Key progress to date includes:

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

Development of Climate Change Programme Board, including broader engagement across Directorates, refining of vision and developing a roadmap to get us to our 2035 vision.

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

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

Climate Change and Environmental Health deep dive scheduled for Knowledge, Research and Information Committee in December.

In Focus: Decarbonisation

Section 2: Strategy and Delivery

Decarbonisation Measurement

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

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

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

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

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

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

Decarbonisation Action Plan Progress

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

Of the four actions behind schedule in our plan, two are associated with waste management, one with the provision of EV charging across PHW's sites and one with the impact of agile working on business travel. Further detail including revised delivery dates has been set out in the Decarbonisation Progress Report July 2023.

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

Service Delivery

Section 2: Strategy and Delivery

Screening Services

The Bowel Screening Programme continued its optimisation and started inviting people aged 51-54 years olds and increase the sensitivity of the FIT test from 4 October 2023.

Challenges remain to achieve timeliness standards in breast screening and diabetic eye screening which have not fully recovered from impact of pandemic. Additional assurance for these screening programmes are included.

Bowel Screening

60%

20.9%

Bowel screening timeliness **colonoscopy** remains below the 60% standard at 20.9% in September.

This component of the pathway is delivered by Health boards and is under active review with the average waiting time was 8 weeks (range 4-13 weeks).

Breast Screening

90%

24.9%

Normal results met standard at 91.3% of results within 2 weeks whilst timeliness of **assessment within 3 weeks** remains below standard at 24.9%.

Constraints in breast care nursing in South East has impacted capacity for assessment despite cross regional working and health board support. Plans are in action to improve resilience of team.

90%

30.8%

Round length within 36 months continues to fall short of standard at 30.8% against the 90% standard but is continuing to show improvement in line with plans.

Additional information is provided in the focus area on pages 24-25.

IN FOCUS

Diabetic Eye Screening

80%

30.0%

Diabetic Eye Screening **coverage of reported results in last 12 months** remains lower than standard at 30.0%.

To help reduce the backlog screening has continued to been undertaken on Tenovus vans to improve access in areas that venues have been difficult to find. The programme is taking forward the transformation work plan including actions presented in a paper considered at BET in June.

85%

99.9%

The timeliness of the **results letters within 3 weeks** of screen has improved and is now overachieving standard at 99.9%.

Additional information is provided in the focus area on pages 26-27.

IN FOCUS

In Focus: Breast Screening Recovery

Section 2: Strategy and Delivery

Current Position

Programme inviting on average 16,302 participants per month over past 4 months and undertaking on average 11,618 screens per month. Average round length has reduced to 42.0 month in October.

Backlog which is defined as any eligible woman who has not had screening mammography within 36 months and 1 day of previous screen or invitation is reducing rapidly and is 8,102 in October (comparison 40,844 in June).

Of which 7,493 women have not had screening mammography within 39 months and 1 day of previous screen.

Current constraints to recovery

- Workforce

Constraints in workforce capacity directly impact capacity and the end to end screening pathway. Difficulty experienced in recruiting to specialist clinical staff affecting timeliness of reading, arbitration and assessment clinics.

Clinical staffing has improved in the South East but North Wales is at risk due to retirement and lack of suitable replacement for Llandudno centre.

- Surgical Capacity

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

Risks associated with delays

- Clinical – An extended round length will increase the number of interval breast cancers. Breast cancers detected at a later stage are associated with greater morbidity and mortality.
- Reputational – There is the risk of adverse publicity around the service provision round length.
- Legal Challenge – There is the risk of litigation secondary to delayed diagnosis

In Focus: Breast Screening Recovery

Section 2: Strategy and Delivery

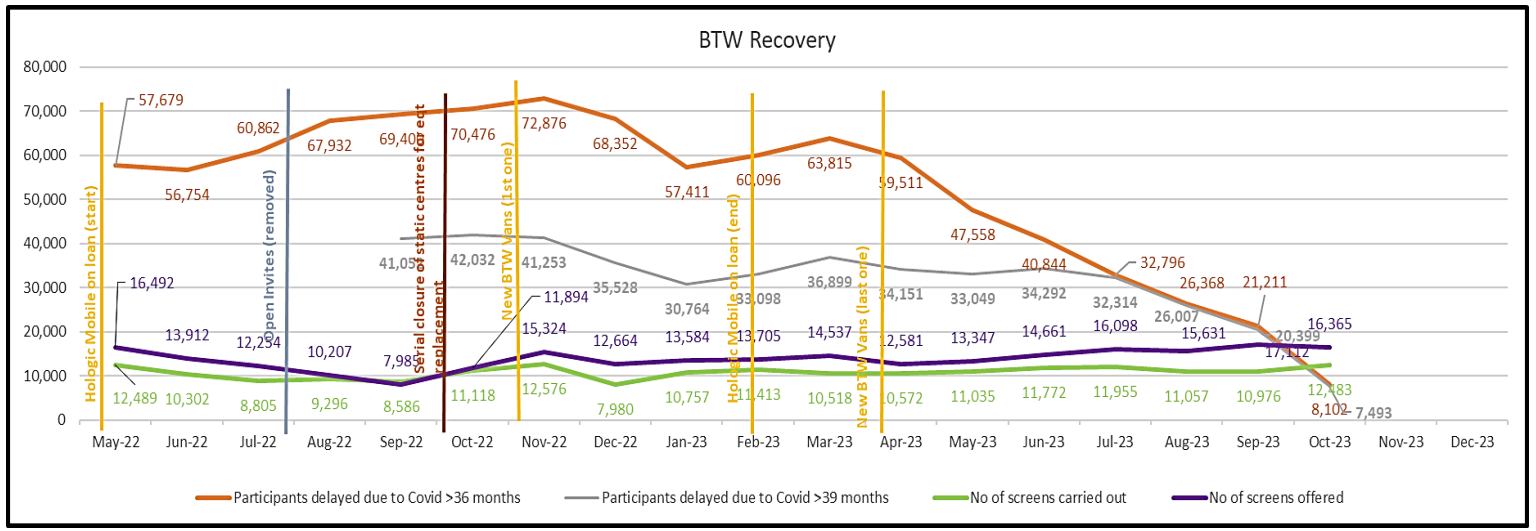
Recovery Plan

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

Detailed round length activity plan in place for all regions.

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

BTW Recovery



Actions

- Staffing levels – maintaining increased establishment of screening posts ; continue established bank of previous staff to support capacity; screening at weekend; continued support from clinical staff working across the regions including enabling overtime in line with covid recovery; and recruitment of vacant medical positions (joint posts with Health Boards).
- Screening mobiles located in areas of longest waits to focus activity to reduce round length
- Failsafe lists for longest waits to focus on reducing round length.
- Continue to work with Health Boards to inform capacity planning assumptions across Surgery, Pathology and Oncology to support the whole patient pathway.

Timescales for Recovery

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

Work currently underway with Digital and Improvement Cymru colleagues to review backlog in detail to refresh plan.

In Focus: Diabetic Eye Screening Recovery

Section 2: Strategy and Delivery

Current Position

Programme inviting on average 12,258 participants per month over past 5 months and undertaking on average 7,148 screens per month.

Delayed participant which is defined as any eligible participant who has not had their screening offer within 12 months and 1 day of their previous screen or invitation is reducing steadily and is 70,202 in October compared to 93,446 in April.

Backlog which is defined as participants who last screening offer was prior to September 2020 when programme restarted. This has reduced to 8,130 in October 2023.

Current constraints to recovery

- Workforce Capacity

Constraints in workforce capacity directly impact capacity and although all steps were taken to increase screening workforce capacity this has remained a key constraint. Sickness absence has remained high within the service.

- Venue Capacity

Venue capacity remains the most significant impact to recovery as areas that have good venue availability have recovered whereas areas where venue capacity remains limited have the longest waits.

Risks associated with delays

- Clinical – An extended round length will increase the number of cases where diabetic retinopathy is not identified at an early stage.
- Reputational – There is the risk of adverse publicity around the service provision.
- Legal Challenge – There is the risk of litigation secondary to delayed diagnosis.
- Risks are mitigated by screening those at higher risk when service was reinstated; ensuring new registrants are invited within standard; pregnant women are invited in line with increased surveillance pathway; and surveillance participants invited in line with pathway. Healthcare staff who have concerns of their patients diabetic control are able to contact programme and the participants screening appointment can be expedited.

In Focus: Diabetic Eye Screening Recovery

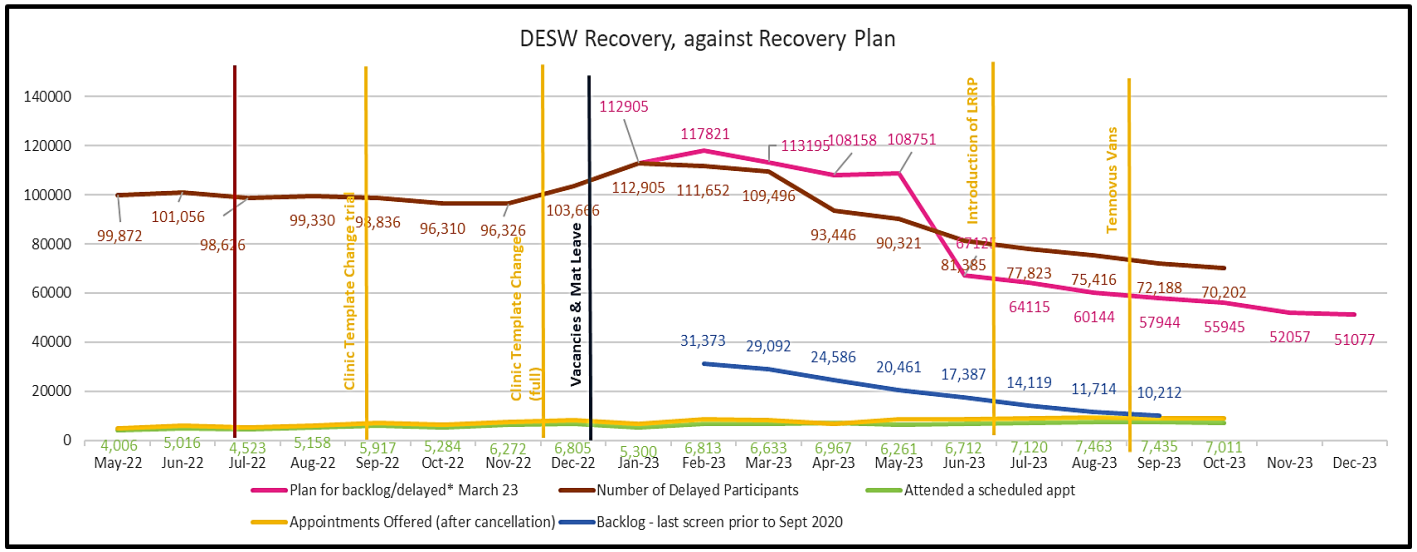
Section 2: Strategy and Delivery

Recovery Plan

The recovery plan is underway for the programme, and this is by taking forward two strategic approaches which is to **optimise** the current service provision to support recovery and **transform** the service to put in place a sustainable service model.

Transformation required as there is a significant numbers of new referrals with over 1200 new referrals per month and as high as 1800 in some months impacting recovery action.
Low risk recall pathway implemented in June 2023 which is a significant transformation of the programme.

DESW Recovery



Actions

- Implementation of Low-risk recall pathway from June 2023
- A second screening dedicated venue has been completed in Llanishen, Cardiff and since May has enabled improved venue provision for Cardiff and local area
- Staffing levels – Recruitment to screening posts to maintain staffing levels with focus on increasing photographer roles to enable flexibility and improved capacity
- Clinic templates adjusted to increase screening appointments
- Ensuring that longest waiting participants are given appointments as a priority and directly contacting them to explore most convenient appointment
- Information included in screening invitation explaining why venue may be different from previous and encouraging attendance
- Working with Tenovus to provide service in areas still difficult to offer in – screening offered on two vans from October 23 to March 24
- Outsourcing of screening invitations letters and main result letters to realign pathway team workload to more value-added tasks
- Development of transformation plan and detailed roadmap which has been agreed and supported by Business Executive Team.

Service Delivery

Section 2: Strategy and Delivery

Microbiology

All non-COVID microbiology indicators remain above or within 3% of respective targets at quarter 2 2023/24. EQA performance for Bacteriology and turnaround time compliance for Bacteriology showing a reduction in performance in-month.

EQA performance for Bacteriology

97%

Technical issues with supplier resulted in very few bacteriology EQA results. Possible attainable scores very low in scoring system with dropped points in 3 labs across network for parasitology.

94%

Quality assurance of samples not at adequate level. Clinical decisions are undertaken for patient samples and referral to specialist laboratories when required so no impact for patients.

Action: Review of EQA scheme to assess suitability for Rapid Testing and Network group review of parasitology EQA (3-month timescale).

Turnaround time for Bacteriology

95%

Availability of staff at weekends affecting performance resulting in prioritisation of more urgent samples with high volume. Non urgent delayed by 1-2 days.

92%

Extended processing for some samples as required and an analyser breakdown and software installation in Cardiff laboratory totalling 6 days also caused backlogs and subsequent minor delays.

Action: Progress with development of trainee biomedical staff and on-going monitoring and quarterly reporting to the Senior Management Team.

Vaccination and Immunisation

Influenza surveillance

Current levels of influenza activity:	Baseline
Trend:	Stable
Update:	COVID-19 cases continue to be detected in patients in hospitals. RSV activity in children under 5 years decreased but remains at 'very high' intensity levels

Influenza vaccination uptake

Influenza and acute respiratory infection surveillance information continues to be reported in a timely manner (latest weekly report up to end 8 November 2023).

Confirmed RSV case incidence in children aged under 5 further increased in the most recent week and remains at very high intensity levels (compared to historic levels before 2021). 146.9 confirmed cases per 100,000 in this age group.

As at 31 October 2023, latest influenza vaccine uptake amongst those aged 65 years and older showed 56.5% were vaccinated, with uptake for clinical risk groups at 24.3%.

Uptake for NHS Wales staff (12.4%) remained static and front-line staff (12.2%) saw a modest increase over the latest reporting period.

Weekly Influenza Vaccination Report

Service Delivery

Section 2: Strategy and Delivery

Healthcare Associated Infections

HCAI Dashboard

Additional filters for Table 1.

Select month or FY: Current FY

Select organism group: All organisms

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

	C. difficile	MRSA bacteraemia	MSSA bacteraemia	E. coli bacteraemia	Klebsiella sp bacteraemia	P. aeruginosa bacteraemia
Aneurin Bevan UHB	35.17	0.86	17.73	57.75	23.73	3.43
Betsi Cadwaladr UHB	39.63	0.97	22.13	78.05	22.37	6.32
Cardiff and Vale UHB	23.05	2.37	29.15	66.78	24.41	5.09
Cwm Taf Morgannwg UHB	30.42	1.9	31.94	90.87	26.61	4.56
Hywel Dda UHB	45.64	3.07	25.01	106.64	25.45	8.34
Powys THB	18	0	0	2.57	0	0
Swansea Bay UHB	56.87	2.62	35	69.56	24.06	6.12
Velindre NHST						
Wales	36.91	1.78	24.82	73.76	23.47	5.29

System Leadership Role

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

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

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

- Klebsiella sp bacteraemia has a reported rate of 23.47 per 100,000 (9% higher)
- E. Coli bacteraemia has a reported rate of 73.76 per 100,000 in Wales (6% higher)
- P. aeruginosa bacteraemia has a reported rate of 5.29 per 100,000 (18% lower)
- S. aureus bacteraemia has a reported rate of 26.06 per 100,000 (8% lower)
- C. difficile has a reported rate of 36.91 per 100,000 (4% lower)

The HARP workplan covers three component functions of the programme and cross programme work, covering AMS, IPC and Surveillance. Examples of key success include:

- Delivery of new Carbapenemase-producing organisms (CPO) surveillance
- Addition of Antimicrobial Resistance data to Antimicrobial Data Library – Llygad
- Development of new landing page for HARP website
- Recovery of surveillance programmes post COVID-19
- Development of IPC workbooks for social care
- Re-establishment of UTI improvement Group and HCAI delivery Board
- Re-procurement of IPC Case Management System for Wales
- AMR Steering Board and AMR – Delivery Board also meeting again
- Refreshed Clinically Significant Resistant Organism (CSARO) IPC guidance
- Delivery of IPC and Antimicrobial Stewardship forums

GIG CYMRU NHS WALES
Iechyd Cyhoeddus Cymru
Public Health Wales

Gweithio gyda'n gilydd i greu Cymru iachach

Working together for a healthier Wales