

# Performance and Insight Report

January 2024

---



# Key Performance Indicator Summary

## Section 1: Governance and Accountability



People Governance	In Focus	Target	Jan-24	Committee
12m Rolling Sickness Absence FTE %		<3.25%	<b>3.84%</b>	People & OD
Statutory and Mandatory Training		85%	<b>91.4%</b>	
Appraisal Compliance		85%	<b>79.4%</b>	
Diversity ESR Data		N/A	<b>73%</b>	
Financial Governance			Jan-24	
Revenue Position Forecast		Breakeven	<b>Breakeven</b>	Audit & Corporate Governance
Capital Year-End Position		Breakeven	<b>Breakeven</b>	
Agency Spend, % of Total Pay Bill		<3.4%	<b>2.0%</b>	
Public Sector Payment Policy (PSPP)		95%	<b>96.77%</b>	
Information Governance			Dec-23	
Freedom of Information Request		Within 20-Days	<b>7 exceeded</b>	Audit & Corporate Governance
Subject Access Request		1 Month Average	<b>1 exceeded</b>	
Personal Data Breaches Reported (Escalated)		N/A	<b>3 (0)</b>	
Mandatory Information Governance Training		85%	<b>89%</b>	
Clinical Governance			Jan-24	
Moderate or above harm incidents (YTD)*		N/A	<b>2 (12)</b>	Quality, Safety and Improvement
Number of externally reported incidents (NRI's, EWI, RIDDOR, IRMER) - In Month - (Rolling 12m)		N/A	<b>0 (8)</b>	
Incident Closure Compliance*		85% PHW	<b>62%</b>	
Formal Complaints - Acknowledged within 5 working days**		75% WG 95% PHW	<b>N/A (0 received in November)</b>	
Formal Complaints – Responded to within 30 working days**		75% WG 95% PHW	<b>N/A (0 received in November)</b>	
Informal Complaints – In Month (Rolling 12m)		N/A	<b>14 (116)</b>	

\*As of 1 April 2023, Duty of Candour became legislation. This data is YTD from 1 April 2023.

\*\*Note Incidents and Complaints require 30 working days for closure, therefore this data pertains to November 2023

Key: RAG Status

Click on the Focus Area Icon for additional assurance

**Red** >10% outside target **Yellow** Within 10% of target **Green** Achieving target **Blue** Not applicable / TBC



# Key Performance Indicator Summary

## Section 2: Strategy and Delivery



IMTP Milestone Reporting	In Focus	Target	Jan-24	
IMTP Milestones currently green or complete		N/A	97%	Board
Climate Change			Quarter 3	
Carbon Emissions 22/23		Net Zero by 2030	17.165m (Kg.CO2E)	Knowledge, Research and Information Committee
Service Delivery				
Screening Services			Jan-24	
Breast Test Wales - Assessment invitations (3 weeks)		90%	38.3%	Quality, Safety & Improvement
Breast Test Wales - Normal results sent (2 weeks of scan)		90%	39.5%	
Breast Test Wales - Round Length (Invited within 36 months)		90%	45.0%	
Bowel Screening Wales - Coverage		60%	64.3%	
Bowel Screening Wales - Waiting time for index colonoscopy (Health Board Delivery)		90%	22.9%	
Diabetic Eye Screening Wales - Coverage (12 Months)		80%	33.4%	
Diabetic Eye Screening Wales - Results Letters Printed (3 Weeks)		85%	99.8%	
Vaccination and Immunisation - PHW has system lead role, Health Board Delivery			Jan-24	
Influenza vaccination uptake among those aged 65+		75%	71.5%	Quality, Safety & Improvement
Influenza vaccination uptake among the under 65s in high risk groups		55%	37.9%	
Influenza vaccination uptake among healthcare workers		60%	33.8%	
Influenza vaccination uptake among Public Health Wales staff		N/A	47.7%	
Influenza vaccination uptake among Public Health Wales front line staff		75%	49.0%	
Percentage of children who received 3 doses of the '6 in 1' vaccine by age 1		95%	Quarter 3 93.8%	
Percentage of children who received two doses of the MMR vaccine by age 5		95%	88.9%	
Percentage of girls receiving the HPV vaccination by age 15		90%	85.6%	
Percentage of children who received '4 in 1' Pre-School Booster with 2nd MMR dose by age 5		95%	89.2%	

Key: RAG Status

■ >10% outside target
■ Within 10% of 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

#### Healthcare Associated Infections - PHW has system lead role, Health Board Delivery

	In Focus	Target	Jan-24	
Clostridium difficile rate (per 100,000 population)		25%	<b>38.1%</b>	Quality, Safety & Improvement
Staph aureus bacteraemia rate (per 100,000 population)		20%	<b>28.2%</b>	
E. Coli bacteraemia rate (per 100,000 population)		67%	<b>74.4%</b>	
Klebsiella sp bacteraemia rate (per 100,000 population)		10% Annual Reduction	<b>24.0%</b>	
P. Aeruginosa bacteraemia rate (per 100,000 population)			<b>5.0%</b>	

### Microbiology

			Quarter 3	
EQA performance (Bacteriology)		97%	<b>87.0%</b>	Quality, Safety & Improvement
EQA performance (Virology)		100%	<b>96.0%</b>	
EQA performance (Specialist and reference units)			<b>100.0%</b>	
EQA performance (Food, Water and Environmental Laboratories)		98%	<b>97.8%</b>	
Turnaround time compliance (Bacteriology)		95%	<b>93.8%</b>	
Turnaround time compliance (Virology)			<b>99.4%</b>	
Turnaround time compliance (Specialist and reference units)			<b>99.2%</b>	
Turnaround time compliance (Food, Water and Environmental Labs)			<b>97.9%</b>	

Key: RAG Status

■ >10% outside target
■ Within 10% of 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



Decreased by **1.07%** in January 2024  
Seasonal increases are expected in January but this year's figure is lower than the figures recorded for the last 10 years

### 12 Month Rolling Absence



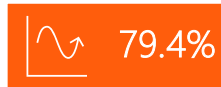
Remains **above** the national target and has fluctuated around 4% over the past two years.



### Appraisal and Development Reviews



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



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

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



### Statutory and Mandatory Training



Remains **above** target in January 2023.  
All Directorates with the exception of Board and Corporate (74.3%) are **exceeding target**.



The modules reporting lowest completion are Foundations in Improvement (73.7%) and Paul Rudd Learning Disability Awareness Training (83.7%).

A new mandatory Duty of Quality training e-learning module has been introduced with compliance being taken into account from April 2024.

### Equality and Diversity

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



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



# In Focus: Appraisal and Development Reviews

## Section 1: Governance and Accountability

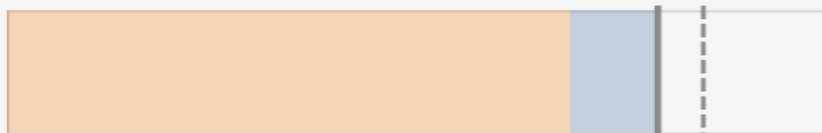


### Compliance Performance

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).

For January, there has been an increase in compliance from 77.3% to 79.4% (2.1% increase), the Improvement Actions detailed on the next page have helped to improve overall compliance over the last 3 months due to retrospective entries of Appraisal dates.

**79.4%**  
of reviews completed within 12 months  
vs a target of 85%



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

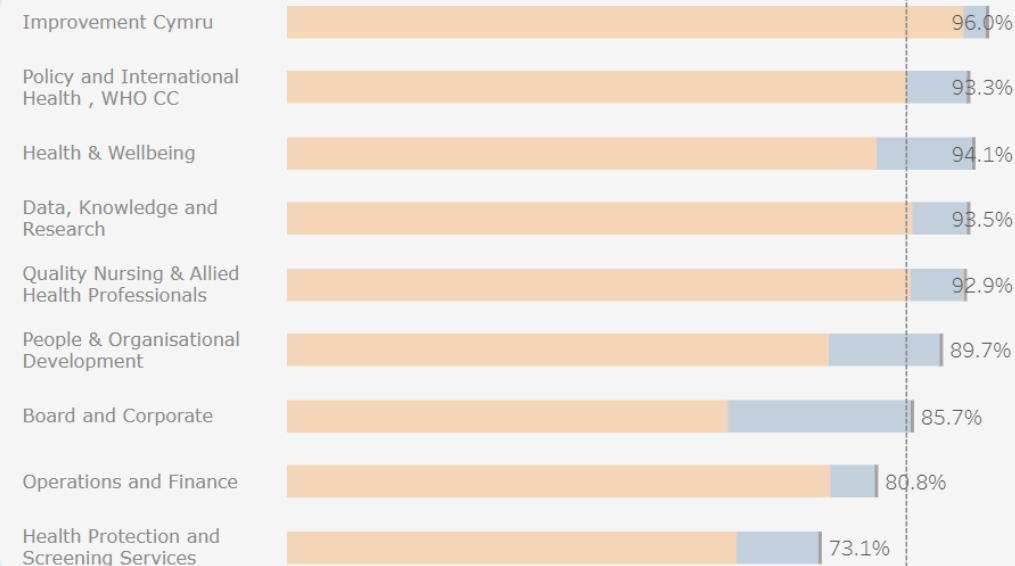
[Dashboard](#)

### Compliance by Directorate

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

There is also a significant range in compliance across our Directorates ranging from a high of 96% in Improvement Cymru to a low of 73.1% in Health Protection and Screening Services.

A reduction in the percentage of appraisal compliance may be evident if staff fail to undertake and recorded appraisals on ESR due in the next 3 months.







# 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 (continued in quarter 4)

The My Contribution Toolkit and SharePoint Pages review is underway to ensure that content is still relevant and fit for purpose. The review started in October 2023 with improvements identified, including the development of new guides to recording appraisal dates in ESR, strengthening links to Being our Best and My Contribution Form. These improvements will continue to be actioned with a launch of the new SharePoint Pages scheduled for March 2024 ready for end of year reviews.

My Contribution is discussed within the Leading with Impact Workshops which is about how we collectively shape our team climate and our shared culture at Public Health Wales. The 3-hour virtual by default workshop is offered to all people managers with options to attend one session throughout February to April 2024.

Following the results from the NHS Staff Survey which closed on 27 November 2023, 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 (NHS Staff Survey results not expected until April/May 2024).



#### Compliance improvement activity (immediate action)

The Workforce Systems team have recently established a monthly insight group that includes representatives from each team within the People and OD Directorate. The group will collectively analyse the workforce performance dashboards as well as more detailed reports, to promote a pro-active method of identifying trends, areas of concern and identifying any required interventions or actions.

The Learning and Development Team and People and OD Partnering Team are supporting Screening and Infections/ Microbiology colleagues with completing appraisals in ESR, through providing breakdown data and through the ESR drop-in sessions held twice a month. The team are working closely with the HPSS Business Operations Manager to fully understand what support colleagues need and what the People and OD team can help with.

The People and OD team are also working with other Directorates to understand barriers to undertaking and recording My Contribution and to offer further support as required.





# Financial Governance

## Section 1: Governance and Accountability



### Revenue Position



Break-even

-£66k  
YTD£0k  
Forecast

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

### Capital Position

£2.592m  
Allocation£2.592m  
Forecast£2.365m  
Committed

The capital forecast is **breakeven** with 91% of our allocation committed at month 10. The strategic allocation decreased by £136k during month 10.

### Agency Spend as A Percentage of Total Pay Bill

Below  
3.4%2.0%  
YTD2.0%  
Forecast

Forecast to deliver the year-on-year reduction target

### Public Sector Payment Policy (PSPP)



95%

96.77%  
YTD>95%  
Forecast

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

### Contribution to All Wales Financial Position

A further £0.5m has been identified to return to Welsh Government to contribute to the all-Wales Financial position, taking the total PHW contribution for 2024/25 to £4.7m. The £500k is a result of excess bank interest, a reduction in SLA charges and a technical accounting treatment adjustment.

### At Risk Income

NHS wide recurrent allocations in relation to 2022/23 and 2023/24 pay awards are still outstanding. We are in correspondence with Welsh Government in respect of these allocations and information has been provided for Welsh Government to conclude the review process.

### Year-end Position

We will continue to review our spending plans and monitor our financial forecast closely during the final quarter of 2023/24 to ensure that Public Health Wales delivers a breakeven position in accordance with its financial strategy and the assumptions within the IMTP

*Click to access the latest detailed  
report*





# Corporate & Information Governance and Risks

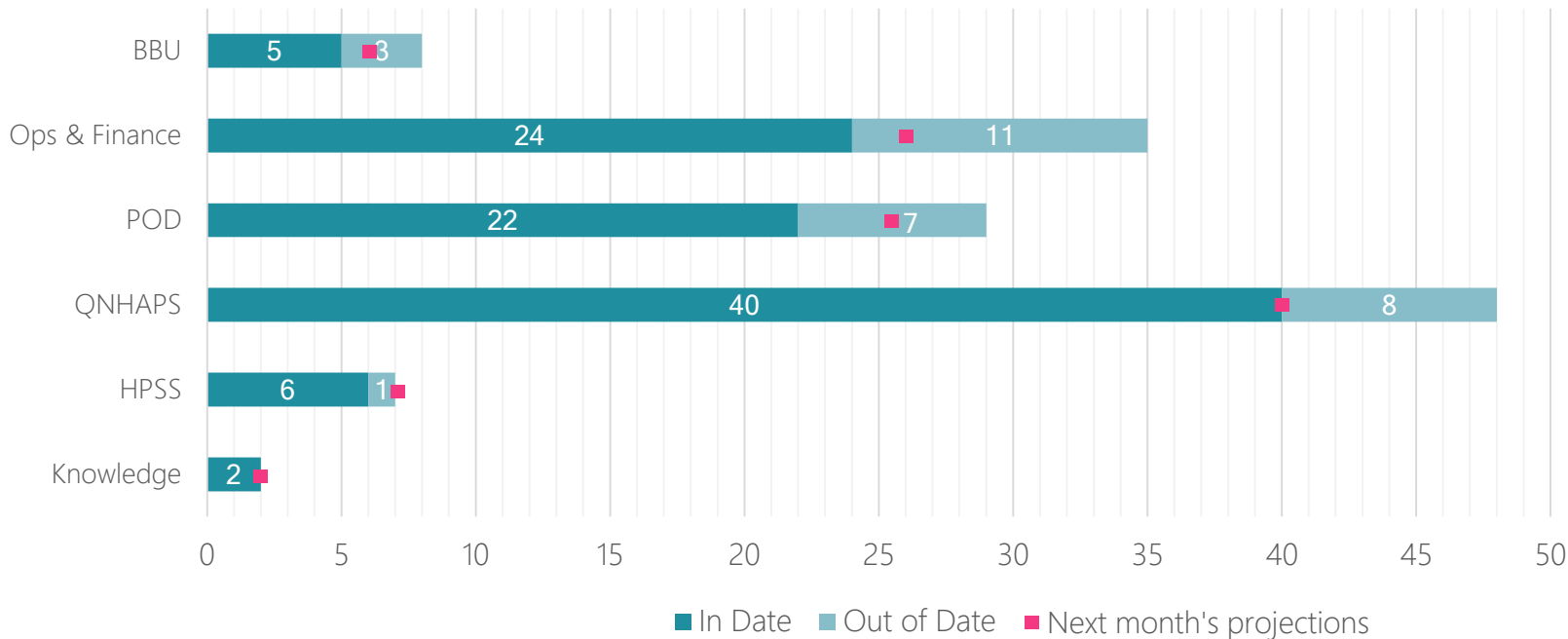
## Section 1: Governance and Accountability



## Corporate Governance

### Corporate Policies Compliance

14 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 December 2023:

- 4 Policies (3 new and 1 out of date) were approved in January, all from the Ops and Finance Directorate

#### February 2024 Projections:

- The Board Business Unit and Health Protection Screening Services will each approve 1 policy
- People and OD plan to approve 2 policies
- Ops and Finance plan to approve 3 policies

#### Overview:

- The divisions with the most policies out of compliance are Ops and Finance and QNHAP
- Approval compliance is projected to increase month on month
- 2 All Wales Policies are due to be approved



# Corporate & Information Governance and Risks

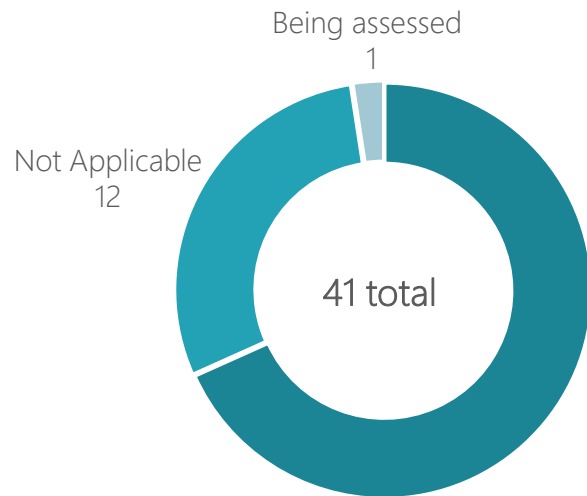
## Section 1: Governance and Accountability



## Corporate Governance

### Wales Health Circular Compliance

For the period 01 – 31 January 2024:



- 1 new WHC received this month – WHC 2024 001
- 1 WHC was confirmed compliant this month - WHC 2023 046

Of those applicable:

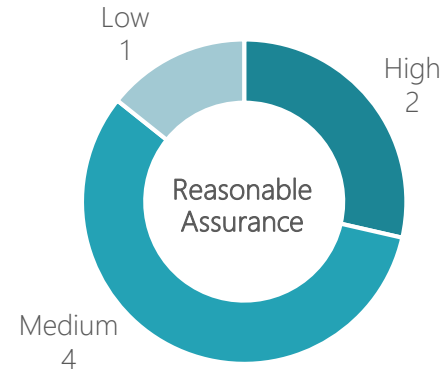


### Audit Reports January 2024

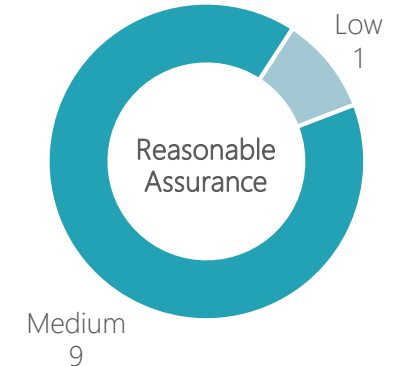
**New Audit Reports** - the following reports were reported to Audit and Corporate Governance Committee in January 2024:

#### Internal Audit Reports

Business Continuity and Technical Resilience



Financial Use of Procurement Cards



#### External Audit Reports

Workforce Planning

12

Structured Assessment

6



# Corporate & Information Governance and Risks

## Section 1: Governance and Accountability

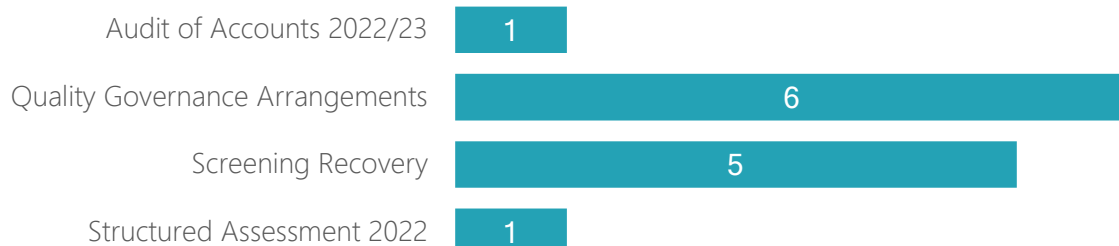
Audit data updated quarterly  
(Next update in March 2024)



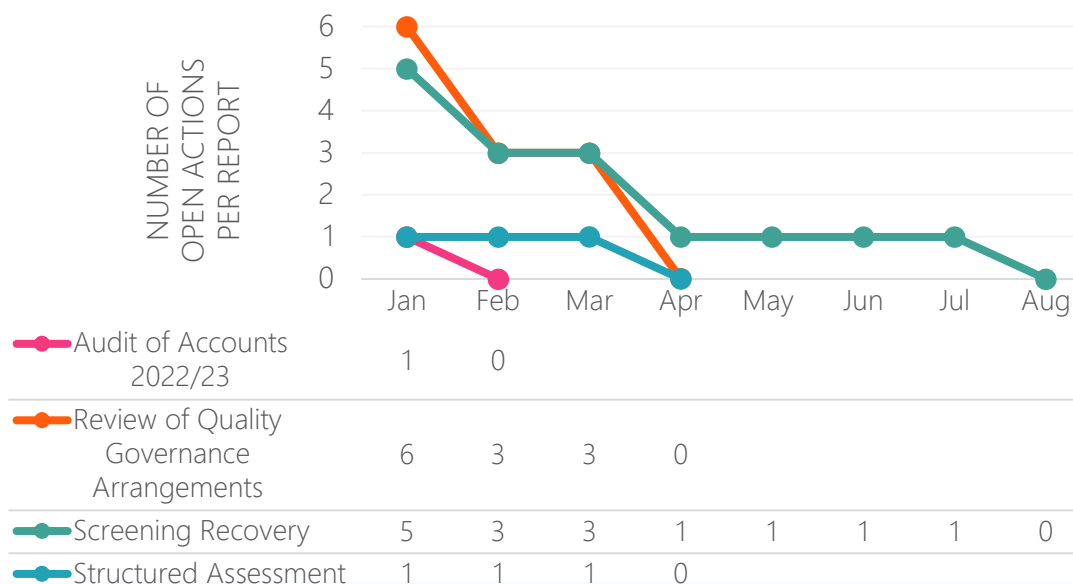
### Audit Recommendations Implementation

#### External Audit

Current number of open actions:

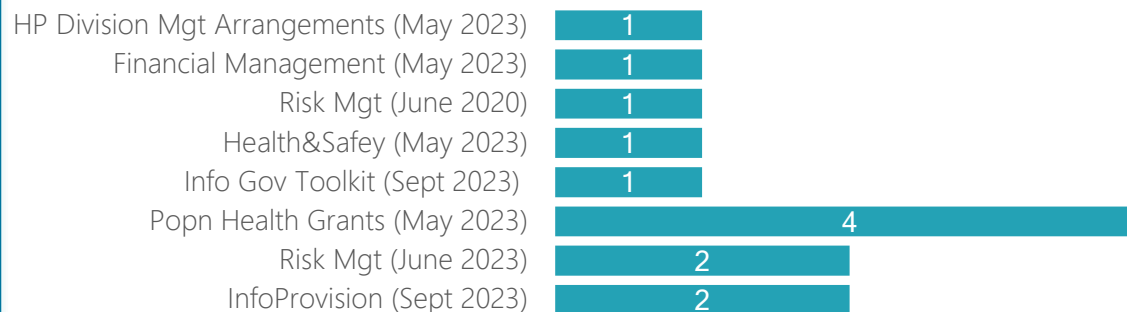


#### Trajectory for closure of Open External Audit Actions

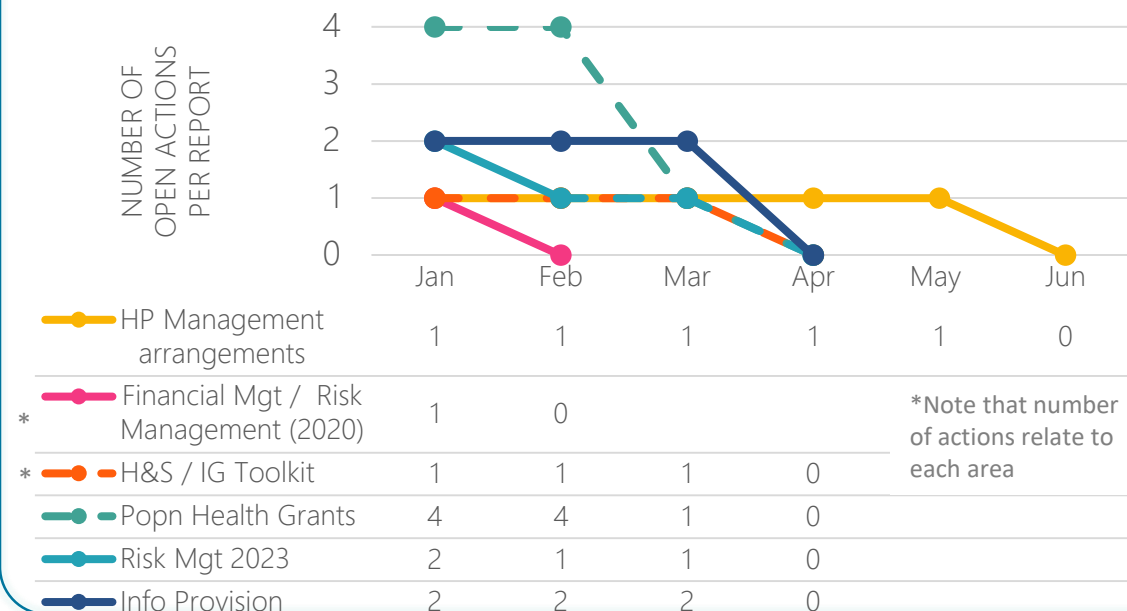


### Internal Audit

Current number of open actions:



#### Trajectory for closure of Open Internal Audit Actions



\*Note that number of actions relate to each area



# Corporate & Information Governance and Risks

## Section 1: Governance and Accountability



## Information Governance

### Freedom of Information Act



20 days



7 exceeded

14 requests were received in December 2023.

**Seven** exceeded the 20 working day timescale due to respond.

Due to the fact some FOI requests are very complex and administratively burdensome for the directorate concerned, they therefore take longer to process than more straightforward requests. The average response time is 19 days. Directorates are consistently reminded of the need to ensure compliance with response deadlines when possible.

### Data Protection (Subject Access) Requests



1 month



1 exceeded

**Seven** requests were received and responded to in December 2023.

The average response time during the period was **nine days**.

### Personal Data Breaches

Reported	Escalated
3	0

**Zero** data breaches required reporting to the Information Commissioner (ICO) in December 2023.

Breach - Nil

Action – Nil

ICO Response – N/A

### Mandatory Information Governance Training



85%



89%

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



# Corporate & Information Governance and Risks

## Section 1: Governance and Accountability



### Strategic Risks

*Please note this update relates to January 2024 in line with production of the bi-monthly Strategic Risk Register report. No changes to risk scoring*

*Click to access the latest detailed review*



	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	<p>Business Executive Team is currently reframing the Strategic Risks to ensure they align to the revised IMTP. The risk scoring will also be revised accordingly.</p> <p>Discussions are due to take place at the IMTP workshop with Business Executive Team on 15 February 2024 to progress this work.</p> <p>The Head of Risk started on 5 February 2024.</p>
2	There is a risk of ineffective system-wide efforts to improve health and wellbeing by organisations across public, private and third sectors	16	6	
3	There is a risk that people in Wales are insufficiently engaged and enabled on action they can take to improve their health and wellbeing	12	6	
4	There is a risk of weakness in our organisational health, including our culture, capacity, capabilities and governance.	16	6	
5	There is a risk that we insufficiently prevent, plan for and respond to emerging external threats to public health	12	6	
6	There is a risk that we fail to deliver excellent public health services, including on screening, infection and health protection	9	6	
7	There is a risk to delivery of public health services and the inappropriate release of confidential data	20	12	

### Corporate Risks

An updated Corporate Risk Register was presented to the Board on 25 January 2024. Leadership Team is continuing to refine the Corporate Risk Register with the aim of incorporating into future insights reports.



# Clinical Governance, Quality, Safety and Improvement

## Section 1: Governance and Accountability



### Externally Reportable Incidents

No Nationally Reportable Incident reported

No Early Warning Incidents reported

No Duty of Candour (DoC) Incidents (*Two ongoing cases undergoing joint investigations with other NHS Wales organisations*)

### Incidents

Incident Numbers (Rolling 12m to Jan 24)	Reported in January
2,017	158 (median 158)

[Dashboard](#)

As of 6 February 2024, 106 incidents reported in Datix with an 'open' status of more than 30 days, an increase from 81 in December 2023.

Of these, 27 (25%) have been open for more than 120 days with the oldest being open for 363 days. 9 (8%) have been open for between 90-120 days, 25 (24%) open for between 60-90 days and 45 (42%) open for less than 60 days.

The oldest open incident is in relation to an Informatics issue in Cervical Screening Wales and was reported in February 2023. Engagement has occurred with Digital Services to support CSW to conclude and close this incident.

*Additional assurance on various areas are provided in the focus area on pages 16-17.*

[In Focus](#)

### Complaints and Compliments

Complaints (Rolling 12m)	Formal (Jan)	Informal (Jan)
Formal - 33 Informal - 116	0 (median 2)	14 (median 8)

#### Informal Complaints -

- **Five** in Diabetic Eye Screening Wales
- **Four** in Breast Test Wales
- **Three** in Bowel Screening Wales
- **One** in Cervical Screening Wales
- **One** in Communications

71% (10) informal complaints were responded to within the target timescale of two working days. Four (29%) missed the target, however, were all responded to by working day five. PHW received **26** compliments in January 2024.

[In Focus](#)

### Claims

Confirmed	Potential
16	6

One new potential claim was received in January 2024 in Cervical Screening Wales.

#### Of the ongoing Claims –

- **Nine** relate to Cervical Screening Wales
- **Seven** in Breast Test Wales
- **Two** in Bowel Screening Wales,
- **Two** in Microbiology,
- **One** each in Newborn Hearing Screening & Policy and International Health

### Redress

January
4

Four new Redress cases were received in January 2024.

There are currently seven ongoing Redress cases, four are within Cervical Screening Wales and three within Breast Test Wales.





# In Focus: Incident Management

## Section 1: Governance and Accountability



### Incident Levels of Harm

Upon reporting an incident on the Datix system, the reporter is required to assess and classify the level of harm in line with the Putting Things Right harm framework. The reporter's levels of harm for incidents reported in January are as follows:

None	87
Low	69
Moderate	2
<b>Total</b>	<b>158</b>

Two incidents within Microbiology have been reported as Moderate harm. Incidents reviewed by the PTR Team to review the assessment of harm.

Investigations remain ongoing with the relevant teams to determine whether Duty of Candour will apply to these incidents, or whether the harm level should be downgraded. The PTR Team are monitoring these incidents and providing support to the areas to ensure a timely investigation.



### Improvement Work

- Commissioned systems-based learning to be delivered to the organisation to support the delivery of quality investigations.
- Refreshing Level 2 Incident training, following a systems-based approach, and aligns with the STEEP principles of Duty of Quality.
- Facilitated Complaints Training from the Public Services Ombudsman for Wales (PSOW) in January 2024. 20 complaint investigators throughout PHW attended the training which focused on Good Complaints Handling. The PSOW are due to return to PHW at the end of February to deliver a further session and the offer of training from the PSOW is ongoing.
- Monthly Quality meetings underway with the Health Protection and Screening Services' directorate to complete a combined review of quality data and enable learning/improvements.
- Level 1 Datix Incident and Complaint training sessions continue to be offered monthly across the organisation, in addition bespoke training.
- In January, 15 individuals received Level 1 Datix training. A total of 747 staff have now received Level 1 training provided by the PTR Team (34% of the organisation). A further 3 individuals received Duty of Candour training.



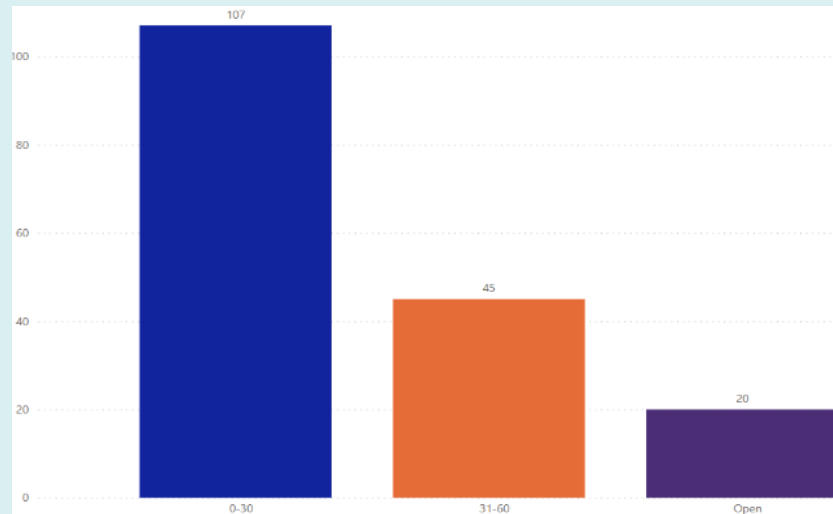
# In Focus: Incident Management

## Section 1: Governance and Accountability

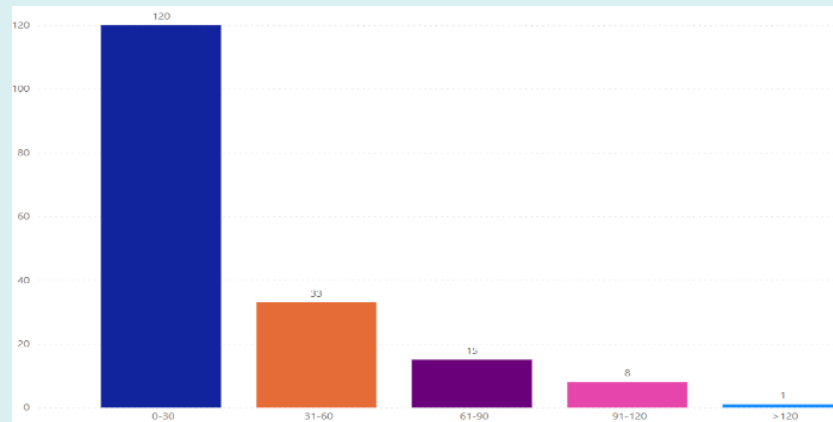


### Retrospective November Incident Performance

In November 2023, 107 (62%) incidents were closed within the target 30 days. 45 (26%) were closed within 60 days and 20 (12%) remain open.

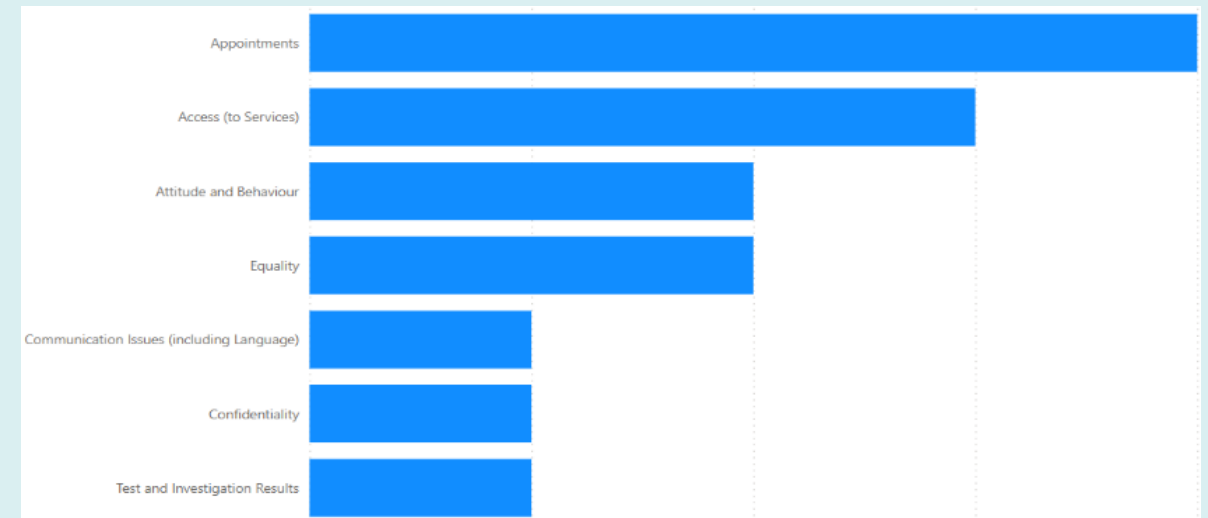


Compared to November 2022 where 120 (68%), 33 (19%) closed in 60 days, 15 (8%) were closed within 90 day, 8 (4%) were closed between 90-120 days and 1 (1%) was closed over 120 days.



### Complaint Themes

The themes of the complaints reported in January 2024 are as follows:



The two main themes for January complaints are **Appointments** and **Access to Services**. The **appointment complaints** commonly relate to venue locations and journey time for service users. The **Access complaints** commonly relate to dissatisfaction from service users outside of the parameters for screening programmes or access to screening due to equality issues.

An Equality Group has now been established within the QNAHP' s directorate to discuss concerns on a monthly basis with the aim of improving the experience for all service users.



People Governance



Financial Governance



Corporate & Information  
Governance and Risks



Clinical Governance,  
Quality, Safety and  
Improvement



IMTP Milestone  
Delivery & Strategic  
Programmes



Climate Change



Service Delivery

# Strategy and Delivery



# IMTP Milestone Delivery & Strategic Programmes

## Section 2: Strategy and Delivery



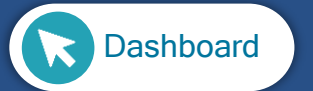
### IMTP Delivery

As at month 10, the latest IMTP updates are in line with our plan deep-dive, which was held in December 2023. We are projected to deliver approx. 92% of our milestones by end March 2024. A summary of the latest position is provided below:

Completed	191	An additional 14 milestones were completed in month 9. This brings the total number complete to 191 (63% of the plan).
Green	104	Of the remaining milestones, 104 are reporting as green and on track for delivery by the end of the financial year.
Amber	1	The amber milestone has an RFC to delay the implementation of the new health protection operating model. An extension has been requested to allow further engagement with teams. No significant impact has been identified.
Red	6	All of the 6 red milestones have an RFC to change the delivery date or suspend the milestone, with each milestone now expected to be delivered next year. 3 of these were already identified in the deep-dive analysis last month. No risks or significant impact of these changes have been identified.
Suspended	3	Of the 3 remaining suspended milestones there is no significant impact on services expected.

### Request for Change Milestones

A total of 9 RFCs have been submitted for approval this month. The Executive Team are asked to consider and approve the proposed changes



*Click to review the requests for change*

### IMTP - Strategic Change Programmes

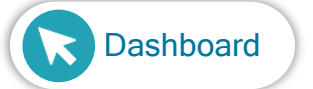
Based on the latest monthly Delivery Confidence Assessments (DCAs), overall delivery confidence is high, with 8 out of 10 programmes reporting green or green/amber status. The current status of each programme is set out below:

Green	Green/Amb..	Amber	Amber/Red	Red
2	6	2	0	0

DESW Transformation remains amber due to continuing delays in identifying a suitable base for the Mid Wales Screening Team. The impact will be that it will take two months longer, as a minimum, to improve service capacity and accessibility.

Aligning to the National Immunisation Framework remains amber whilst key decisions on vaccine rollout and funding beyond March 2024 are awaited from Welsh Government. As a result, it is not yet possible to plan for new vaccine roll-out, or to activate recruitment plans for additional staff.

*Click to access the latest Strategic Change Programme Dashboard*





# Climate Change

Section 2: Strategy and Delivery



Quarterly reporting cycle

Please note this section is updated on a quarterly basis with the new update available in April 2024.

The latest update is available in the [Performance and Insight Report](#) (p. 25-27) considered at our Board meeting in January 2024.





# Service Delivery

## Section 2: Strategy and Delivery



### Screening Services

Screening services continue to work towards delivering excellent services. Team working hard to mitigate service disruption for events such as industrial action and weather challenges.

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.

### Breast Screening



90%



38.3%

Normal results sent has not met standard for the last two months. Timeliness of **assessment within 3 weeks** has improved but remains below standard at 38.3%.

This is due to constraints in capacity for reading and assessment and staffing levels in medical secretary especially in South East region. Cross regional support in place.



90%



45%

**Round length within 36 months** continues to fall short of standard at 45% against the 90% standard but is showing positive improvement in line with plans.



In Focus

### Bowel Screening



90%



22.9%

Bowel screening timeliness **colonoscopy** remains below the 90% standard at 22.9% in December 2023.

This component of the pathway is delivered by Health boards and is under active review with the average waiting time at 7 weeks (range 1-10 weeks).

### Diabetic Eye Screening



80%



33.4%

Diabetic Eye Screening **coverage of reported results in last 12 months** remains lower than standard at 33.4%.

To help reduce the backlog screening has continued to be 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 2023.



85%



99.8%

The timeliness of the **results letters within 3 weeks** of screen has improved and is now overachieving standard at 99.8%.



In Focus





# In Focus: Breast Screening Recovery

## Section 2: Strategy and Delivery

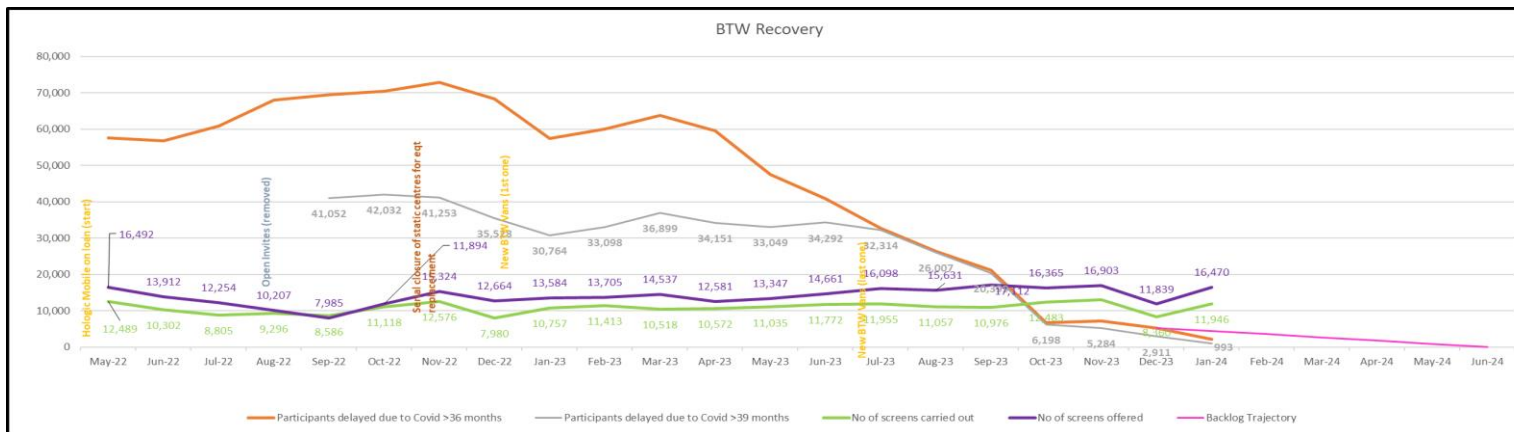


### Recovery Plan

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 with excellent progress. In January 2024 backlog has further reduced to 2,108 participants waiting longer than 36 months for their breast screening of which 993 are waiting longer than 39 months

Detailed round length activity plan in place for all regions. The trajectory is detailed to reflect a zero-backlog position by the end of June 2024

Mitigation of identified risks – continue to progress the recovery plan to recover the timeliness of screening offer and return to round length. Plan progressing well and backlog reducing significantly



### Timescales for recovery: Quarter 2 2024/25

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

### Actions all underway



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



Work with Digital and Improvement Cymru colleagues has completed and reviewed backlog in detail to check all those in backlog are still eligible and remove duplicates and to check that round length plan is optimised. Backlog has significantly reduced



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



Risks are mitigated by screening those at higher risk from when service was reinstated and ensuring new eligible participants are invited before age 53 years





# 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.

The backlog position has fully recovered with all eligible participants offered screening since the pandemic. Recovery of timeliness for screening offer includes trajectory of improvement to 31 March 2024, based as an average achievement over the previous 6 months. The service is progressing plans to introduce demand and capacity processes which will better inform modelling going forward.

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.

### Actions all underway



Implementation of Low-risk recall pathway from June 2023



A second screening dedicated venue has been completed in Llanishen, Cardiff



Staffing levels – Recruitment to screening posts to maintain staffing levels with focus on increasing photographer roles to enable flexibility and improved capacity. Recruitment to transformation post progressing



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 due to venue availability with screening offered on two vans from October 2023 to March 2024

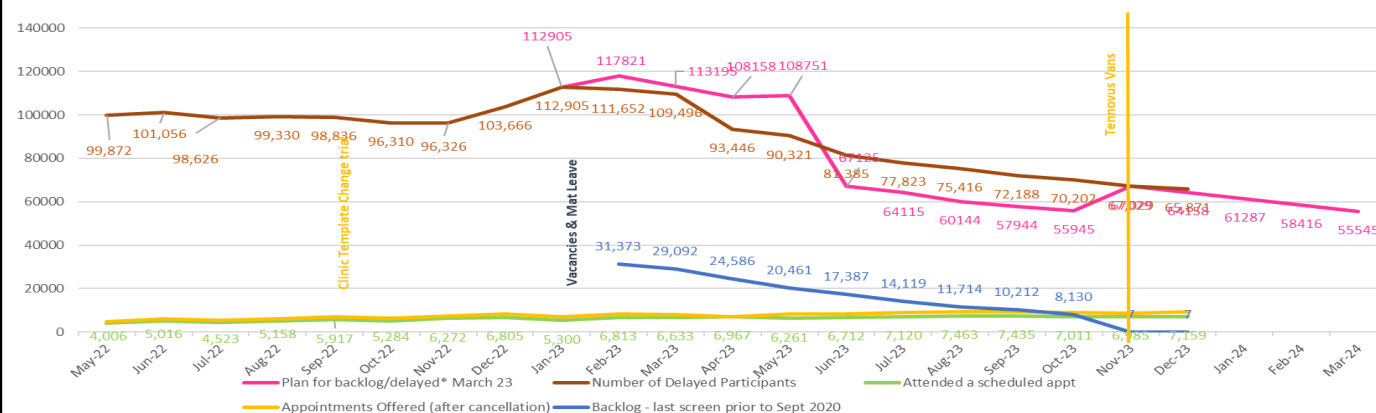


Outsourcing of screening invitations letters and main result letters to realign pathway team workload to more value-added tasks



Development of transformation plan and detailed roadmap which has been agreed and supported by Business Executive Team, with finances identified from within Health Protection and Screening

DESW Recovery, against Recovery Plan





# Service Delivery

## Section 2: Strategy and Delivery



### Microbiology

*Please note Microbiology indicators are reported on a quarterly basis.  
This update relates to Quarter 3 2023/24*

The majority of the non-COVID microbiology indicators remain above or very close to achieving respective target levels as at quarter 3 2023/24.

EQA performance for Bacteriology however continues to experience challenges in achieving target levels following a 7% decline during the latest period. Additional assurance to improve performance is provided below:



#### EQA performance for Bacteriology



97%



87%

**Cause:** Very few bacteriology EQA results returned due to technical issues with main supplier. Dropped points for a number of different distributions all with low possible scores (parasitology, C.diff and general bacteriology). Although correct processes are followed according to SOPs and SMIs, regular loss of points is incurred due to non-speciation of organisms.

Only one distribution returned for December 2023 with low possible points (maximum 8) and all 8 points dropped in one laboratory due to a mix up with reporting as options available are unclear.

**Impact:** Quality assurance for some sample types not at adequate level. Clinical decisions are undertaken for patient samples and referral to specialist laboratories when required so no impact for patients.

**Next steps:** Update Standard Operating Procedures with clear instruction of EQA (NEQAS) results submission. Timescales: 3 months.

### Vaccination and Immunisation

#### Influenza surveillance

Current levels of  
influenza activity:

Low

Trend:

Increasing

Update:

Influenza is circulating. COVID-19 cases were stable in the most recent weeks. RSV activity in children under 5 years has remained at low intensity levels.

#### Influenza vaccination uptake

Public Health Wales holds a system lead role and is not responsible for vaccination delivery.

Influenza and acute respiratory infection surveillance information continues to be reported in a timely manner (latest weekly [report](#) up to end 04 February 2024).

As at 30 January 2024, latest influenza vaccine uptake amongst those aged 65 years and older showed 71.5% were vaccinated (up from 70.6%), with uptake for clinical risk groups at 37.9% (up from 36.6%). Uptake for NHS Wales staff remained at 33.8% compared to the previous reporting period, including front-line staff at 33.5%.

Provisional data as at 22 January 2024 showed that 47.7% of Public Health Wales staff had received the influenza vaccination (49% frontline; 46.3% non-frontline).

There is a range in vaccination uptake across our Directorates from a high of 58.8% in Quality Nursing & Allied Health Professionals to a low of 42% in the WHO Collaborating Centre.



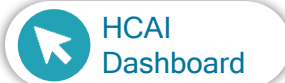


# Service Delivery

## Section 2: Strategy and Delivery



## Healthcare Associated Infections



### Additional filters for Table 1.

#### Select month or FY

Current FY

#### Select organism group

All organisms

&lt; than same period last FY

= same period last FY

&gt; than same period last FY

	C. difficile	MRSA bacteraemia	MSSA bacteraemia	E. coli bacteraemia	Klebsiella sp bacteraemia	P. aeruginosa bacteraemia
Aneurin Bevan UHB	36.2	1.42	20.43	61.08	23.66	4.04
Betsi Cadwaladr UHB	40.15	1.04	25.37	81.16	24.68	5.39
Cardiff and Vale UHB	20.58	2.37	30.05	69.55	24.37	4.02
Cwm Taf Morgannwg UHB	30.17	1.89	30.71	86.2	26.67	4.31
Hywel Dda UHB	48.76	2.8	26.4	104.67	25.78	8.39
Powys THB	20.55	0	0.89	1.79	0	0
Swansea Bay UHB	64.26	2.18	36.81	69.25	24.95	6.24
Velindre NHST						
Wales	38.12	1.8	26.43	74.44	24.02	5

## System Leadership Role

PHW holds a system lead role in relation to healthcare associated infections and is not operationally accountable for delivery of HCAI target levels, which are the responsibility of Health Boards.

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 by Welsh Government 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 24.0 per 100,000 (7% higher)
- ❖ E. Coli bacteraemia has a reported rate of 74.4 per 100,000 in Wales (9% higher)
- ❖ P. aeruginosa bacteraemia has a reported rate of 5.0 per 100,000 (17% lower)
- ❖ S. aureus bacteraemia has a reported rate of 28.2 per 100,000 (1% higher)
- ❖ C. difficile has a reported rate of 38.1 per 100,000 (1% higher)

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

*Gweithio gyda'n gilydd  
i greu Cymru iachach*

Working together  
for a healthier Wales