



GIG
CYMRU
NHS
WALES

Iechyd Cyhoeddus
Cymru
Public Health
Wales

Performance and Insight Report

May 2024



Key Performance Indicator Summary

Section 1: Governance and Accountability



People Governance	In Focus	Target	May-24	Committee
12m Rolling Sickness Absence FTE %		<3.25%	3.96%	People & OD
Statutory and Mandatory Training		85%	90.4%	
Appraisal Compliance	🎯	85%	78.4%	
Diversity ESR Data		N/A	74%	
Financial Governance			May-24	
Revenue Position Forecast		Breakeven	Breakeven	Audit & Corporate Governance
Capital Year-End Position		Breakeven	Breakeven	
Agency Spend, % of Total Pay Bill		<2.1%	1.6%	
Public Sector Payment Policy (PSPP)		95%	97.86%	
Information Governance			Apr-24	
Freedom of Information Request		Within 20-Days	10 exceeded	Audit & Corporate Governance
Subject Access Request		1 Month Average	0 exceeded	
Personal Data Breaches Reported (Escalated)		N/A	1 (0)	
Mandatory Information Governance Training		85%	89%	
Clinical Governance			May-24	
Moderate or above harm incidents (YTD)*		N/A	7 (13)	Quality, Safety and Improvement
Number of externally reported incidents (NRI's, EWI, RIDDOR, IRMER) - In Month - (Rolling 12m)		N/A	2 (7)	
Incident Closure Compliance**		85% PHW	51%	
Formal Complaints - Acknowledged within 5 working days**		75% WG 95% PHW	100%	
Formal Complaints – Responded to within 30 working days**		75% WG 95% PHW	100%	
Informal Complaints – In Month (Rolling 12m)		N/A	8 (127)	

* This data is YTD from 1 April 2024.

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

Key: RAG Status

🎯 Click on the Focus Area Icon for additional assurance

🔴 >10% outside target 🟡 Within 10% of target 🟢 Achieving target 🟠 Not applicable / TBC



Key Performance Indicator Summary

Section 2: Strategy and Delivery



IMTP Milestone Reporting	In Focus	Target	May-24	Committee
IMTP Milestones currently green or complete		N/A	96%	Board
Climate Change			Quarter 4	
Carbon Emissions (Based on 2022/23 figure)		Net Zero by 2030	17.165m (Kg.CO2E)	Knowledge, Research and Information Committee
Service Delivery				
Screening Services		Standard	May-24	
Breast Test Wales - Assessment invitations (3 weeks)	🎯	90%	11.6%	Quality, Safety & Improvement
Breast Test Wales - Normal results sent (2 weeks of scan)	🎯	90%	63.8%	
Breast Test Wales - Round Length (Invited within 36 months)		90%	62.1%	
Bowel Screening Wales - Coverage		60%	64.8%	
Bowel Screening Wales - Waiting time for index colonoscopy (Health Board Delivery)		90%	14.7%	
Diabetic Eye Screening Wales - Coverage (12 Months)	🎯	80%	37.8%	
Diabetic Eye Screening Wales - Results Letters Printed (3 Weeks)	🎯	85%	99.9%	
Vaccination and Immunisation - PHW has system lead role, Health Board Delivery		Target	Apr-24	
Influenza vaccination uptake among those aged 65+		75%	72.5%	Quality, Safety & Improvement
Influenza vaccination uptake among the under 65s in high risk groups		55%	39.1%	
Influenza vaccination uptake among healthcare workers		60%	40.8%	
Percentage of children who received 3 doses of the '6 in 1' vaccine by age 1		95%	Quarter 4 94.0%	
Percentage of children who received two doses of the MMR vaccine by age 5		95%	89.6%	
Percentage of girls receiving the HPV vaccination by age 15		90%	77.4%	
Percentage of children who received '4 in 1' Pre-School Booster with 2nd MMR dose by age 5		95%	89.8%	

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	May-24	Committee
Clostridium difficile rate (per 100,000 population)		25%	48.0%	Quality, Safety & Improvement
Staph aureus bacteraemia rate (per 100,000 population)		20%	31.3%	
E. Coli bacteraemia rate (per 100,000 population)		67%	70.5%	
Klebsiella sp bacteraemia rate (per 100,000 population)		10% Annual Reduction	21.2%	
P. Aeruginosa bacteraemia rate (per 100,000 population)			4.4%	
Microbiology			Quarter 4	
EQA performance (Bacteriology)		97%	95.0%	Quality, Safety & Improvement
EQA performance (Virology)		100%	97.0%	
EQA performance (Specialist and reference units)			97.0%	
EQA performance (Food, Water and Environmental Laboratories)		98%	98.0%	
Turnaround time compliance (Bacteriology)		95%	94.0%	
Turnaround time compliance (Virology)			99.0%	
Turnaround time compliance (Specialist and reference units)			100.0%	
Turnaround time compliance (Food, Water and Environmental Labs)			97.0%	
Annual Urgent Sample Turnaround Time		97%	81.0%	

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 **0.78%** in May 2024. Seasonal increases were expected in May, but this year's figure is lower than the figures recorded for the last 3 years

12 Month Rolling Absence



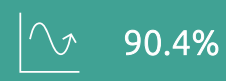
Remains **above** the national target and has fluctuated around 4% over the past two years.



Statutory and Mandatory Training



Remains **above** target in May 2024. All Directorates with the exception of Board and Corporate (72.2%) are **exceeding** target.



Modules reporting lowest completion are Foundations in Improvement (78.5%) and Duty of Quality (80.2%), which was introduced as a mandatory training e-learning module from April 2024.

Appraisal and Development Reviews



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



Achieving appraisal compliance remains a challenge. In the last 8 months there has been a 2.5% improvement across the organisation.

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



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 16% increase in data completeness in the last 4 years.



In Focus: Appraisal and Development Reviews

Section 1: Governance and Accountability



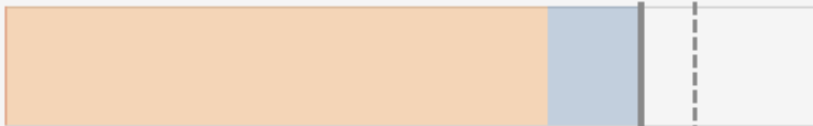
Compliance Performance

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

For May, there has been a decrease in compliance from 81.3% to 78.4% (2.9% decrease). Although compliance has decreased, the improvement actions detailed on the next page have helped to improve overall compliance over the last 6 months due to retrospective entries of appraisal dates.

78.4%

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



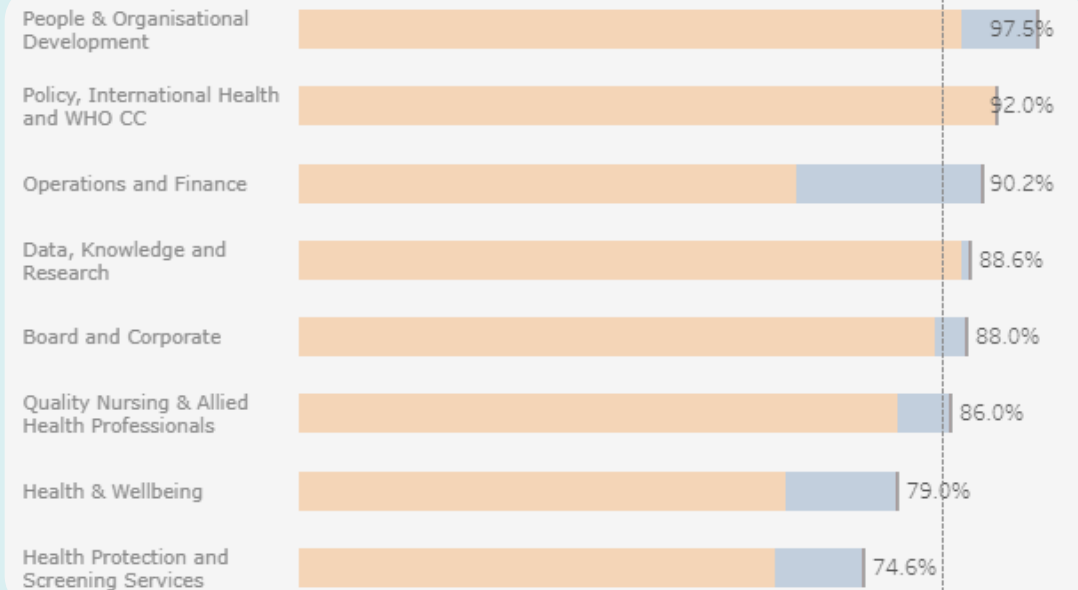
Grey – current compliance — vs target
Blue – appraisals due in next 3 months



Compliance by Directorate

Latest figures show that six Directorates are achieving compliance with the national target, with two Directorates below target levels.

There is also a significant range in compliance across our Directorates ranging from 97.5% in People and Organisational Development to 74.6% in Health Protection and Screening Services. Health and Wellbeing are now out of compliance after falling from 86.6% to 79%.





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. Following a review of the My Contribution Policy last year, updated My Contribution SharePoint pages were recently published and promoted. The People and OD Committee have also scrutinised compliance and are assured that measures are in place across Health Protection and Screening Services Directorate to continue with the recent improvements detailed below. Measures should now be extended to Health and Wellbeing.



Toolkit Review and Quality Audit (continued in quarter 1)

Following a review, together with feedback received from colleagues across the organisation and with an ambition to incorporate stronger links to our Being Our Best Behaviour Framework, the People and OD Team updated the My Contribution Toolkit which launched in April 2024. There is a new revised My Contribution form, Toolkit, SharePoint intranet page and supporting resources. Initial feedback on the revised resources suggests further improvement is needed and People and Organisational Development are now considering how this can be factored into the workplan for Q3/Q4 2024/25.

My Contribution was discussed within the Leading with Impact Workshops as part of how we collectively shape our team climate and our shared insights about the value of My Contribution and informal one-to-ones and to what extent individuals' needs were met, showed most room for improvement in terms of support for professional development, followed by frequency of conversations. Building trust and investing in relationships are qualities that need to be as present in the informal, opportunistic conversations as much as the more formal, scheduled 1:1s.

Building on Leading with Impact, bitesize learning resources are to be launched at the end of June. Next steps will be considered alongside the results from the Staff Survey which have been delayed.



Compliance improvement activity (immediate action)

The Learning and Development Team and People and OD Partnering Team continue to work with Health Protection and Screening Services (HPSS) on completing appraisals in ESR, through providing breakdown data and the ESR drop-in sessions held twice a month. The POD Systems team are working closely with the HPSS Business Operations Manager to provide regular real-time data and insight to help identify those teams that may require additional support.

Whilst the collaboration work described above resulted in a 10% improvement in Appraisal Compliance across HPSS over a 6-month period, compliance has dipped to below the organisational target in the last month. Health and Wellbeing has also dipped below the target and this may be linked to how the first of two formal conversations each usually takes place at the start of the performance year (or within 6-8 months of starting a new job) and at the mid-year point with the dates captured in ESR.

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

Directorates not delivering the target will need to develop and commit to a recovery trajectory.



Financial Governance

Section 1: Governance and Accountability



Revenue Position



Break-even



-£70k
YTD



£0k
Forecast

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

Capital Position



£2.774m
Allocation



£2.774m
Forecast



£2.774m
Committed

The capital forecast is breakeven. This is made up of a discretionary allocation of £1.58m and strategic allocation of £1.19m.

Agency Spend as A Percentage of Total Pay Bill



Below
2.1%



1.6%
YTD



1.5%
Forecast

Forecast to deliver the year-on-year reduction target

Public Sector Payment Policy (PSP)



95%



97.86%
YTD



>95%
Forecast

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

Investments

£2.5m of investments have been approved for 2024/25. Details are provided in the Month 2 Finance Report.

Spending Plans and Budget Profiling

Last year we introduced a revised Budgetary Control Framework that enabled Directorates to manage in-year slippage on plans. This recognises that plans change, that business does not take place in equal 12th and that in-year unplanned urgent needs arise. In this instance, budget is re-profiled in line with revised plans to recognise that the expenditure will take place later in the year

At month 2 £625k of budget has been re-profiled to later in the year by directorates. £203k of this relates to non-pay timing issues still expected to be spent for original intended purpose. The remaining £422k relates to pay slippage, which will require additional plans to spend.

Click to access the latest detailed report





Corporate & Information Governance and Risks

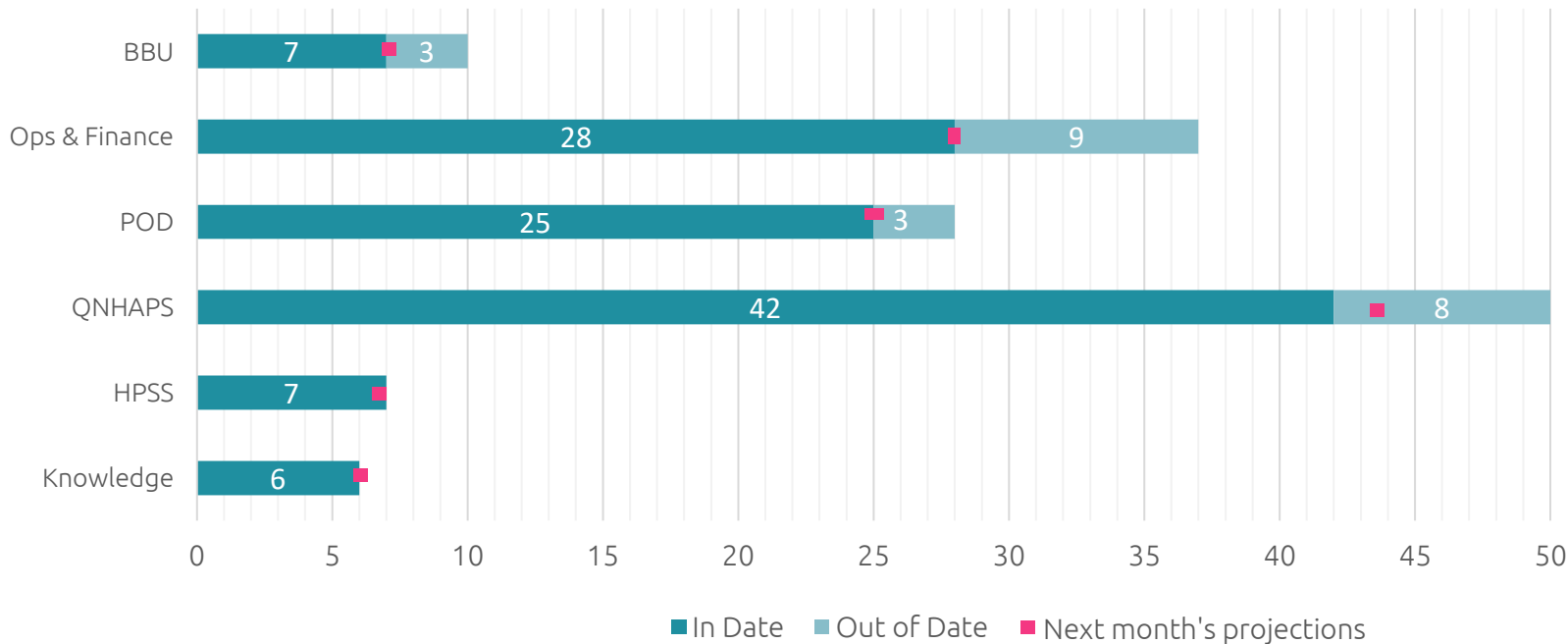
Section 1: Governance and Accountability



Corporate Governance

Corporate Policies Compliance

6 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)



During May 2024:

- 6 Policies were approved : 5 from the QNHAP Directorate and 1 from the Health Protection Screening Services Directorate

June 2024 Projections:

- No policies are due to be approved in June, however there are 2 policies due to be approved in July.

Overview:

- The divisions with the most policies out of compliance are Ops and Finance and QNHAPS
- Approval compliance is projected to increase month on month



Corporate & Information Governance and Risks

Section 1: Governance and Accountability

Audit data reported on a quarterly basis.



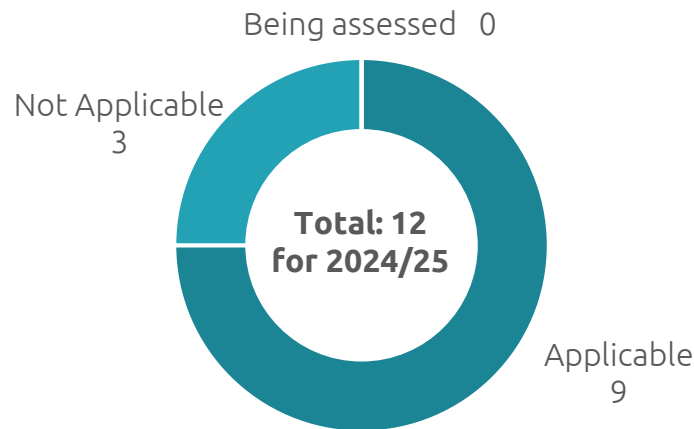
Corporate Governance

Wales Health Circular Compliance

For the Period 01 - 31 May 2024:

All WHCs received in 2023/24 have been enacted. Our compliance against each of the WHCs are reported within the Annual Governance Statement.

For the period 1 – 30 April 2024:



- 4 new WHCs received in May 2024. 3 of which were applicable
- 5 applicable WHCs were confirmed compliant this month

Of those applicable:

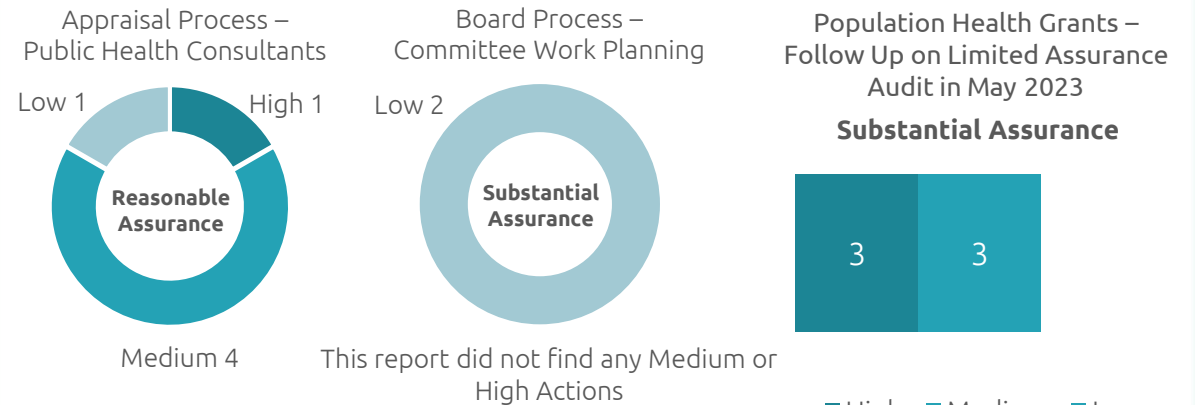


■ In progress ■ Confirmed compliance

New Audit Reports

For the Period 01 - 31 May 2024:

Three Internal Audit reports were reported to Audit and Corporate Governance Committee in May:



There were no new External Audit Reports reported to the Audit and Corporate Governance Committee in May 2024.

■ High ■ Medium ■ Low
All 6 Actions (3 High, 3 Medium) from the Limited Assurance Internal Audit Report have been addressed, no further recommendations



Corporate & Information Governance and Risks

Section 1: Governance and Accountability

Audit data reported on a quarterly basis.

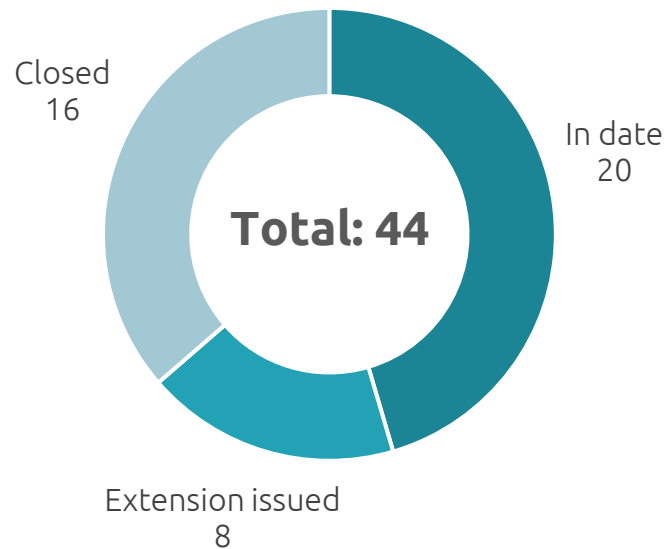


Corporate Governance

Audit Recommendations Implementation – May Position

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

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



Current Position

External Audit

Current number of open actions:

Workforce Planning

9

Screening Recovery

2

Quality Governance Arrangements

4

Internal Audit

Current number of open actions:

Business Cont (Jan 2024)

5

Work Programmes

4

Health Protection Divisional Management Arrangements (May 2023)

1

Health&Safey (May 2023)

1

InfoProvision (Sept 2023)

2



Corporate & Information Governance and Risks

Section 1: Governance and Accountability



Information Governance

Freedom of Information Act

25 requests were received in April 2024.

10 exceeded the 20-working day target response deadline.

This is 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 20 days. Directorates are consistently reminded of the need to ensure compliance with response deadlines when possible.

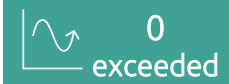


Data Protection (Subject Access) Requests

3 requests were received in April 2024.

2 were responded to within 1 calendar month.

1 request is outstanding but will be closed as proof of entitlement was not received.



Personal Data Breaches

Reported	Escalated
1	0

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

Breach – Email sent containing results using reply all was automatically adding a member of staff from BCU.

Action – An unexplained IT issue but staff should be mindful and to check when using reply all facility.

ICO Response – N/A following Algorithm 3 – Release of Personal Data NOT into Public Domain, the information was released within the NHS and can safely be deleted. No reporting to ICO or data subjects required.

Mandatory Information Governance Training



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



Corporate & Information Governance and Risks

Section 1: Governance and Accountability



Strategic Risks

[Click to access the latest detailed review](#)



	Strategic Risk	Current Score	Target Score	Risk Update
1	Risk of: Widening gap in healthy life expectancy of population of Wales Due to: Cumulative effects of socio-economic, environmental and wider public health challenges	20	9	A substantial number of programmes are underway on this programme of work, but an overarching assessment of where we are on healthy life expectancy is needed. A key starting point will be a clear, shared and owned assessment of what the organisation's role in reducing health inequalities is, and how we work with other systems. The current IMTP refresh is an opportunity to conduct that assessment in part.
2	Risk of: Worsening health outcomes for the population of Wales Due to: Misaligned system-wide efforts and leadership and weaknesses in partnership working	16	6	There is not yet sufficient strategic agreement to align collective efforts between the third sector and Public Health Wales. Discussion has commenced with WCVA which needs to translate into a meaningful collaboration with an underpinning MOU to reflect the intention of better alignment and partnership working.
3	Risk of: The organisation failing to effectively engage with the public in relation to their health and wellbeing. Due to: Failure to build relationships with stakeholders, communities and our service users; not having or utilising tools and resources to support engagement; a lack of workforce commitment, skills and capacity; and failure to monitor and evaluate the impact of engagement.	16	6	There is ongoing positive progress on our actions to progress this agenda. Many of the actions to address gaps in our controls for 2023-24 have been incorporated into our strategic plan for 2024-27.
4	Risk of: Worsening organisational health, and an inability to recruit and retain high calibre staff, performance manage accountable officers in pursuit of strategic priorities, low staff morale and wellbeing. Due to: Lack of organisational leadership and governance, progress towards ideal culture, ability to engage employees	16	6	Following a BET discussion in May about the timing of a review of the risk score POD will work with risk management to identify trigger measures linked to staff survey, culture assessment and other data sets that will this.
5	Risk of: Failure to deliver excellent public health services on screening, infection, health protection and Emergency Planning Resilience and Response (EPRR) and comply with the Duty of Quality Due to: Weakness in systems and processes, specialist workforce capacity and capabilities and innovative practice.	9	6	This risk is an amalgamation of previous risks 5 and 6. Significant review has been undertaken, as a result a number of previously agreed action plans have now become internal controls and new action plans have been developed, alongside closure of completed actions.
6	Risk of: Disruption to services and/or loss of confidential data in conjunction with a failure to exploit appropriate data to inform relevant public health actions. Due to: Cyber incident, other external factors, weaknesses in systems and processes, silo working and lack of strategic oversight of data outputs.	20	12	A new action was proposed and endorsed by BET in May 2024 relating to development of new firewalls following appropriate funding allocation, which will replace existing legacy firewalls.



Corporate & Information Governance and Risks

Section 1: Governance and Accountability



Corporate Risks

[Click to access the latest detailed review](#)



	Corporate Risk	Current Score	Target Score	Risk Update
1541	There is a safeguarding risk that organizational DBS checks do not prevent unsuitable people from working with vulnerable groups, including children, therefore placing them at risk of harm, abuse and neglect.	12	3	An audit of compliance with DBS checks has been completed with the findings awaiting consideration at the Safeguarding Group.
1593	There is a risk that we are unable to demonstrate that the quality standards and the Duty of Quality are embedded in all aspects of PHW business.	12	6	Ownership of the risk has transferred from Improvement Cymru to QNAHP's.
1596	There is a risk that the organisation may not have the capacity or resources necessary to effectively deliver the long-term strategic plan	12	8	An update on this risk is being considered at POD SMT on 21/05 in readiness for the next submission in July.
1614	There is a risk that PHW Board and Committees cannot take sufficient assurance that the NHS Wales Executive is carrying out its functions in accordance within the governance framework of PHW. The current hosting agreement provides for an annual accountability report and for RO / AO meetings which may not provide sufficient assurance across the year	9	6	Progress is being made to agree the Assurance schedule and agree with the NHS Executive, to map out the frequency and detail required to provide assurance on a regular basis to align with PHW requirements. Reporting based on this schedule will commence in July to QSIC and Sept to ACGC.
1531	There is a risk that we will fail to exploit data to inform and direct public health action and interventions.	20	12	Following review at the DDDA, current risk score remains the same due to the organisation remaining siloed regarding data management & usage; a skills gap for Cloud based activities; and awaiting recruitment of key individuals specifically for cyber and data management.
1533	There is a risk of reputational damage and failure to effectively implement the HIA statutory regulations that form part of the Public Health (Wales) Act which requires the Public Health Wales to give assistance to other public bodies carrying out health impact assessments	16	4	The increase demand for requests continues, but investment bid has been written and are pending review prior to submission.
1544	There is a risk arising from an ISSUE that changes to alerting processes will mean that PHW stop receiving emergency and major incident (E or MI) alerts.	N/A	N/A	This risk has been closed as the system has been extensively tested, the SOP for response amended to reflect the change in alerting process with changes communicated to colleagues.



Clinical Governance, Quality, Safety and Improvement

Section 1: Governance and Accountability



Externally Reportable Incidents

One Nationally Reportable Incident and one Early Warning Incident reported.

An incident occurred within Microbiology that was both Nationally Reportable and an Early Warning incident. The incident relates to the incorrect reporting of a number of positive results.

No Duty of Candour incidents reported - *There is one ongoing case undergoing joint investigation with Cardiff and Vale UHB.*

Incidents

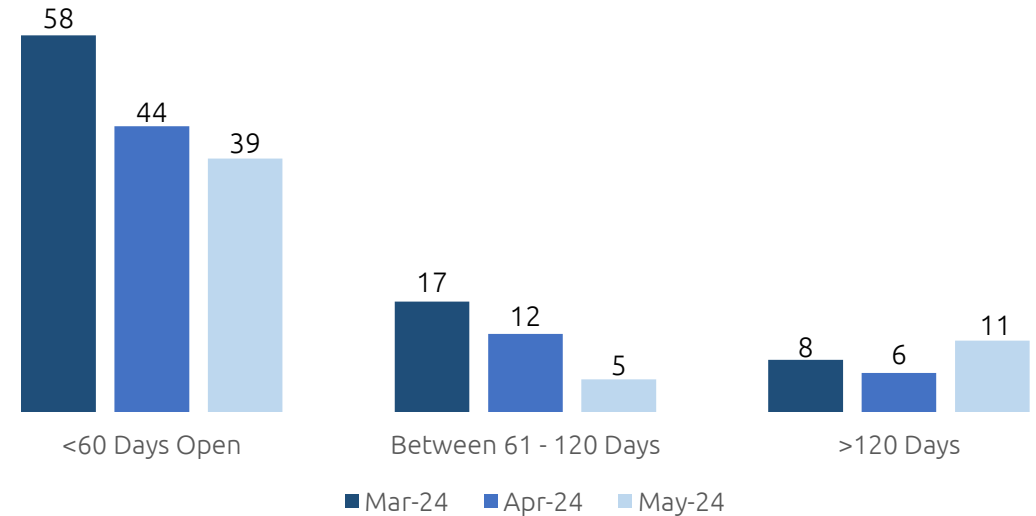
Incident Numbers (Rolling 12m to May 24)	Reported in May
1,925	201

As of 3 June, there are a total of 55 reported incidents in Datix with an 'open' status of more than 30 working days.

This is a reduction of 7 incidents from the 66 open in April 2024. Diabetic Eye Screening have reduced their number of open incidents by 87.5%, with just 1 incident now remaining overdue in the programme.



Overdue Incident Progression (March – May 2024)



Incident Levels of Harm

Level of Harm	Count
None	79
Low	115
Moderate	7

7 incidents were reported in May as Moderate harm, These were reported in the following areas:

- Microbiology (3), Cervical Screening Wales (1), Breast Test Wales (1), Infection, Prevention & Control (1) and Health Protection (1)

This is the reporter's initial assessment of harm. Any Moderate or above harm incidents are reviewed by the PTR Team and may be downgraded post investigation.



Clinical Governance, Quality, Safety and Improvement

Section 1: Governance and Accountability



Complaints, Claims and Redress

Complaints (Rolling 12m)	Formal (May)	Informal (May)
Formal - 30 Informal - 127	6 (median 2)	8 (median 11)

The six **formal** complaints were received in the following areas:

- Cervical Screening (2), Health Protection (2), Microbiology (1) and Breast Test Wales (1)

The eight **informal** complaints were received in the following areas:

- Diabetic Eye Screening (3), Breast Test Wales (1), Health Protection (1), Cervical Screening (1), Microbiology (1) and Health Improvement (1).

Claims

May 2024	
0	No new claims were received in May. Of the ongoing claims, there are 18 confirmed claims, and seven potential claims.

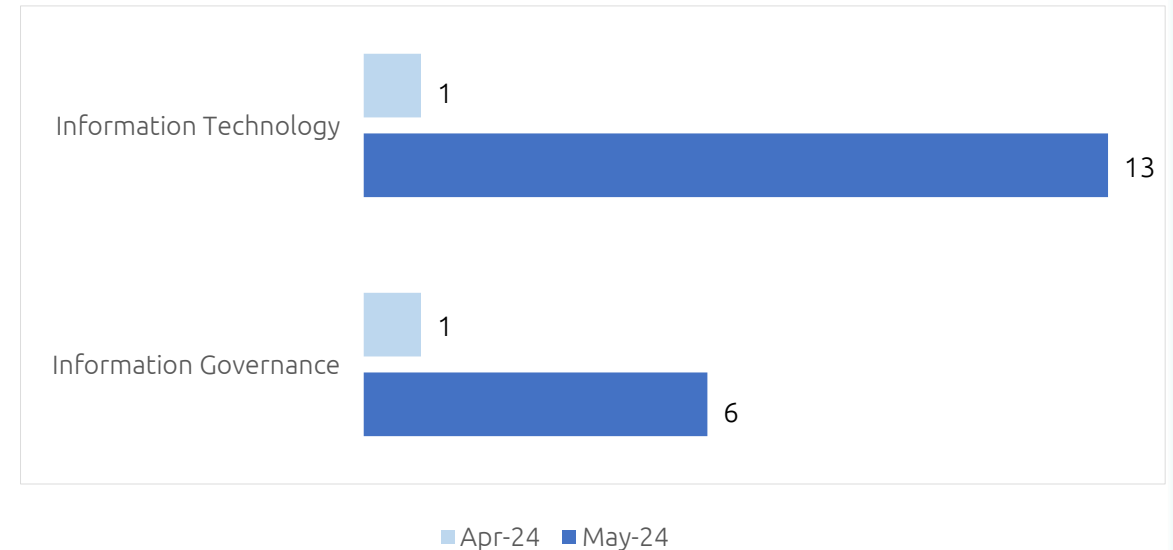
Redress

May 2024	
0	No new Redress cases were received in May. There are currently six ongoing Redress cases, four are within Cervical Screening Wales and two within Breast Test Wales.

Information Technology and Information Governance Incidents

Of the incidents reported in May, we have identified an increase in incidents relating to Information Technology and Information Governance. This increase is largely due to errors occurring on the Cervical Screening Information Management System (CSIMS), including letters being sent to incorrect addresses and incorrect participants. There is a meeting scheduled for relevant stakeholders to discuss on 18 June 2024.

The chart below shows the increase in these incidents from April.





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 2 of IMTP 2024/27, 96% of milestones are on track to deliver as planned. A summary of the latest position is provided here:

Completed

4

An additional 3 milestones were completed this month, bringing the total milestones completed so far this year to 4.

Green -
On track

223

There are currently 223 IMTP milestones reporting as on track to deliver as planned.

Amber - Early warning

7

There are currently 7 milestones reporting as amber with no significant impact, although 2 milestones, were both amber last month and have therefore submitted RFCs to extend the delivery date by 3 months. Despite the RFC they remain amber due to external dependencies

Red - Needs attention

2

There are two red milestones this month. Both have submitted requests for change. A request has been made to suspend one of these pending further discussions with stakeholders. no significant impact has been identified with the second, which will now be delivered in quarter 3 (rather than quarter 2).

Request for Change – Approval Required

A total of 4 RFCs have been submitted for approval this month. The Executive Team are asked to consider and approve the proposed changes



Dashboard

Click to review the requests for change



IMTP Milestone Delivery & Strategic Programmes

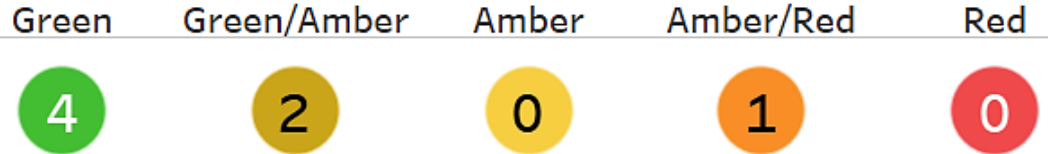
Section 2: Strategy and Delivery



Strategic Change Programmes Overview

Each Strategic Programme reports a monthly Delivery Confidence Assessment (DCA) for overall programme delivery. Detail on all programmes is available on the Performance and Assurance dashboard.

A high-level summary of latest DCA status for Tier 1 and 2 programmes, as at May 2024, is provided below.



Key Information

Web transformation continues to report **Amber/Red** to reflect significant risks as it seeks to transition from an Alpha to a Beta phase. These relate to 1) the need for a decision on a content management system (CMS) and 2) continuing funding.

To address these risks, the Programme Board has agreed for the supplier to undertake further technical work to inform a CMS decision over the next 6-8 weeks, for a comprehensive finance plan to be taken to the July board, and for an additional branding workstream to be established.

Programme Detail

Tier	Programme Name	Mar	Apr	May
Tier 1	Diabetic Eye Screening Transformation Programme	G/A	G	G
	Establishment of NHS Executive Programme	G	G	G/A
	National Targeted Lung Cancer Screening Business Case		G	G
	Tackling Diabetes Together Programme		G/A	G/A
Tier 2	Health Protection Systems Development		G	G
	Records Management System	G	G	G
	Web Transformation	A	A/R	A/R



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 July 2024.

The latest update is available in the [Performance and Insight Report](#) (p. 22-24) considered at our Board meeting in April 2024.





Service Delivery

Section 2: Strategy and Delivery

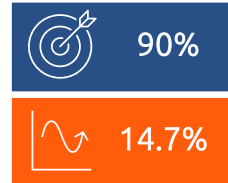


Screening Services

Screening services continue to work towards delivering excellent services. Recent improvements in May include new antenatal screening pathway introduced across Wales for women with a RhD (rhesus) negative blood group. This new cell-free fetal DNA (cffDNA) blood test accurately predicts if the baby in their womb is RhD negative or RhD positive.

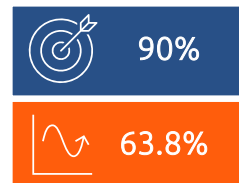
Around 2,000 fewer women in Wales will not require a routine anti-D injection during their pregnancy as a result of the new pathway. This reduces unnecessary use of this blood product and ensuring supplies of anti-D injections are kept for those who need it.

Bowel Screening



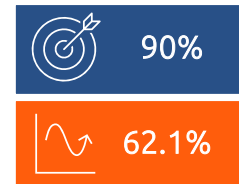
Bowel screening timeliness for **colonoscopy** remains below the 90% standard of participants who are fit for colonoscopy offered procedure within 4 weeks of phoning to book their Specialist Screening Practitioner appointment. 14.7% was reported in April, compared to 31.1% in March. This component of the pathway is delivered by Health boards and where required, discussions have taken place with screening services and Health Boards to agree their recovery plans. Current waiting time for colonoscopy ranges from 5 to 15 weeks.

Breast Screening



Normal results sent within 2 weeks did not meet standard in May 2024, however an increase from 46.8% to 63.8% was positively noted. Timeliness of assessment within 3 weeks remains below the 90% standard showing a decrease in month from 30.8% to 11.6%.

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

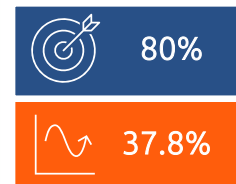


Round length within 36 months continues to fall short of the 90% standard, but further positive improvements were noted in month from 55.5% to 62.1%, in line with plans.

Average round length for April is 37 months. Average round length for May is 36 months. Recovery is on target to be achieved by the end of June 2024.

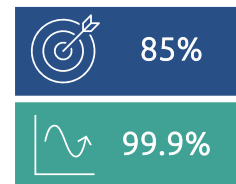


Diabetic Eye Screening



Diabetic Eye Screening **coverage of reported results in last 12 months** remains lower than standard, but a slight increase on previous month was noted from 37.1% to 37.8%.

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 to our Executive Team in June 2023.



The timeliness of the **results letters within 3 weeks of screen** consistently overachieves standard at 99.9% in May 2024.





In Focus: Breast Screening Recovery

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Recovery Plan

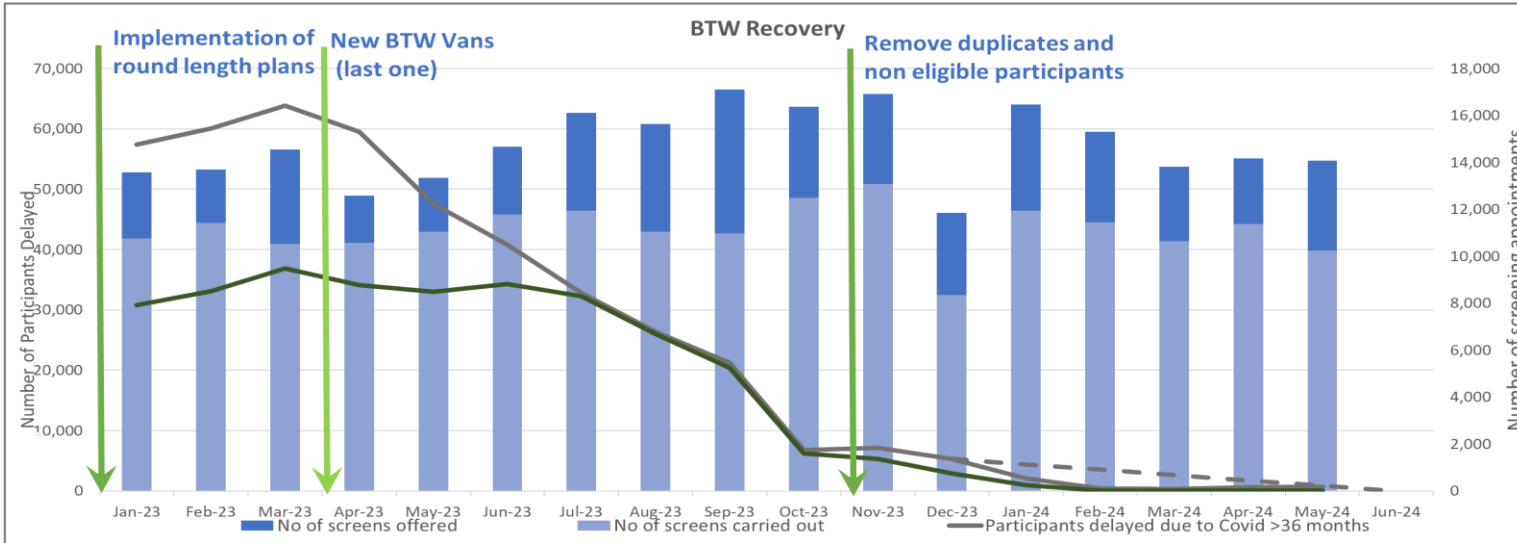
Recovery plan is underway for the programme to increase the screening activity above pre-COVID levels and maintain these to fully recover. Recovery plan is progressing with excellent progress.

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.

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



Timescales for recovery: Quarter 2 2024/25

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



In Focus: Diabetic Eye Screening

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Update

Diabetic Eye Screening programme has recovered to pre-covid status. The backlog arising from the pause as a result of COVID was cleared in November 2023 and waiting times for those recalled for follow-up screening match pre-pandemic situation.

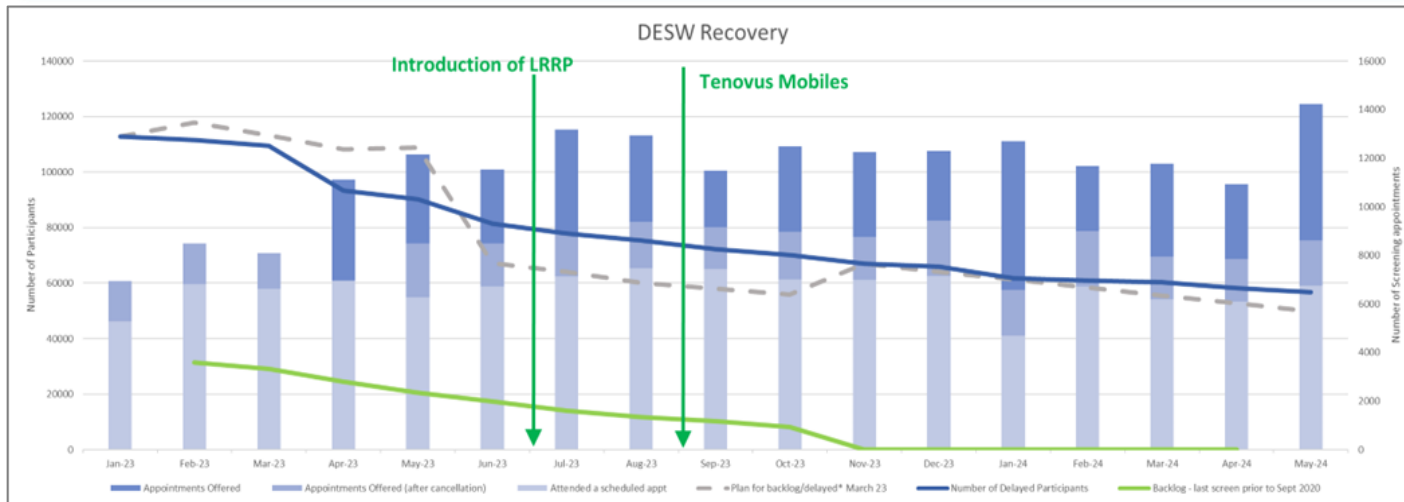
The improvement plan remains underway for the programme, and this is by taking forward two strategic approaches: optimise the current service provision and transform the service to put in place a sustainable service model.

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. The service is progressing plans to introduce demand and capacity processes which will better inform modelling going forward.

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. Facilities leads exploring DESW clinics being included in proposed wellbeing hwb in Carmarthen.
- 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 posts progressing with staff to mid Wales venue.
- 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.
- 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 within Health Protection and Screening





Service Delivery

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Microbiology

Please note Microbiology indicators are reported on a quarterly basis. This update relates to Quarter 4 2023/24

The majority of the non-COVID microbiology indicators remain above or very close to achieving respective target levels as at quarter 4 2023/24.

Annual Urgent Sample Turnaround Time experienced challenges in achieving the annual target level of 97% following a 3% year-on-year decrease to 81%. Additional assurance to improve performance is provided below:



Annual Urgent Sample Turnaround Time



Cause: Delays in transport to testing laboratory in Singleton hospital from two main off-site locations (Theatre and trauma/orthopaedics) within Swansea Bay Health Board area. Evidence points that transport (within hours) and bed managers (out of hours and weekends) are often not contacted to be able to arrange transport appropriately.



All other Health Board areas were within the 4-hour target and all samples were processed within 4 hours of receipt

Impact: Delays in reporting of some urgent samples.

Next steps: New process in development with clinical engagement to Health Board departments to instruct users how to facilitate and ensure effective processing, communication and hopefully better-quality results, better patient outcomes and efficient flow within busy department. Timescales: Engagement ongoing. Monitoring at next audit (6 months).

Vaccination and Immunisation

Childhood Immunisation

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

The latest COVER 150 report shows that for the January to March 2024 quarter, uptake of the complete three dose course of "6 in 1" remained below the 95% target for the ninth consecutive quarter, slightly decreasing by 0.5% to 94%.

The proportion of children who were up to date with their routine immunisations by five years remained relatively stable. Although there have been some quarterly fluctuations, the long-term trend in coverage of two doses of MMR by five years of age has been gradually decreasing since the first quarter of 2021.

The percentage of girls receiving the HPV vaccination by age 15 is slightly higher this quarter, increasing from 77.3% to 77.4%.

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 09 June 2024).

As at 23 April 2024, latest influenza vaccine uptake amongst those aged 65 years and older showed 72.5% were vaccinated (up from 72.3%), with uptake for clinical risk groups at 39.1% (up from 38.9%).





Service Delivery

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[HCAI Dashboard](#)

Healthcare Associated Infections

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							
■ < than same period last FY							
■ = same period last FY							
■ > than same period last FY							
	Aneurin Bevan UHB	49.58	1.01	25.29	64.75	25.29	8.09
	Betsi Cadwaladr UHB	46.95	2.61	25.21	86.08	10.43	0
	Cardiff and Vale UHB	42.61	1.18	37.87	61.54	26.04	3.55
	Cwm Taf Morgannwg UHB	37.73	0	41.77	82.2	25.6	5.39
	Hywel Dda UHB	57.49	1.55	31.08	88.57	15.54	10.88
	Powys THB	35.75	0	4.47	0	0	0
	Swansea Bay UHB	60.86	1.56	28.09	54.62	32.77	1.56
	Velindre NHST						
	Wales	47.96	1.34	30	70.5	21.21	4.39

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 2023/24:

- ❖ Klebsiella sp bacteraemia has a reported rate of 21.2 per 100,000 (11% lower)
- ❖ E. Coli bacteraemia has a reported rate of 70.5 per 100,000 in Wales (8% lower)
- ❖ P. aeruginosa bacteraemia has a reported rate of 4.4 per 100,000 (15% lower)
- ❖ S. aureus bacteraemia has a reported rate of 31.3 per 100,000 (31% higher)
- ❖ C. difficile has a reported rate of 48.0 per 100,000 (35% 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



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Public Health
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*Gweithio gyda'n gilydd
i greu Cymru iachach*

**Working together
for a healthier Wales**