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Public Health
Wales

Performance and Insight Report

July 2024



Report Overview

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

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



Section 1 Governance and Accountability

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



Section 2 Service Delivery

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



Section 3 Strategy Delivery

This section provides information and assurance for the delivery of our strategic plan including **IMTP Milestone Delivery**, Progress against our **Strategic Change Programmes** and updates for our six **strategic priorities**



Section 1

Governance and Accountability



Key Performance Indicator Summary



People Governance	In Focus	Target	Jul-24	Committee
12m Rolling Sickness Absence FTE %		<3.25%	4.00%	People & OD
Statutory and Mandatory Training		85%	91.1%	
Appraisal Compliance		85%	84.3%	
Diversity ESR Data		N/A	75%	
Financial Governance			Jul-24	
Revenue Position Forecast		Breakeven	Breakeven	Audit & Corporate Governance
Capital Year-End Position		Breakeven	Breakeven	
Agency Spend, % of Total Pay Bill		<2.1%	1.5%	
Public Sector Payment Policy (PSPP)		95%	97.83%	
Information Governance			Jun-24	
Freedom of Information Request		Within 20-Days	4 exceeded	Audit & Corporate Governance
Subject Access Request		1 Month Average	0 exceeded	
Personal Data Breaches Reported (Escalated)		N/A	4 (0)	
Mandatory Information Governance Training		85%	89%	
Clinical Governance			Jul-24	
Moderate or above harm incidents (YTD)*		N/A	8 (31)	Quality, Safety and Improvement
Number of externally reported incidents (NRI's, EWI, RIDDOR, IRMER) - In Month - (Rolling 12m)		N/A	2 (8)	
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	60%	
Informal Complaints – In Month (Rolling 12m)		N/A	7 (120)	

*This data is YTD from 1 April 2024.

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

Key: RAG Status

Click on the Focus Area Icon for additional assurance

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



People Governance



Sickness Absence



Increased by **0.25%** in July 2024. Sickness absence has reduced as expected for this time of year, but is slightly higher than the figure reported last year (3.36%)

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 July 2024. All Directorates with the exception of Board and Corporate (79.6%) are **exceeding** target.

Modules reporting lowest completion are Foundations in Improvement (81%), which was introduced as a mandatory training e-learning module from April 2024.



Appraisal and Development Reviews



Remains slightly **below** the NHS Wales target.



Achieving appraisal compliance remains a challenge. In the last 8 months there has been a 6.7% 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 17% increase in data completeness in the last 4 years.



In Focus: Appraisal and Development Reviews

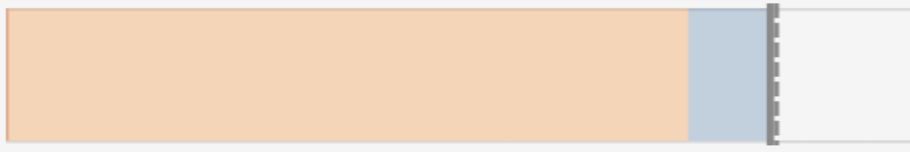


Compliance Performance

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 July, there has been a significant increase in compliance from 80.9% to 84.3% (3.4% increase). 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.

84.3%
of reviews completed within 12 months
vs a target of 85%



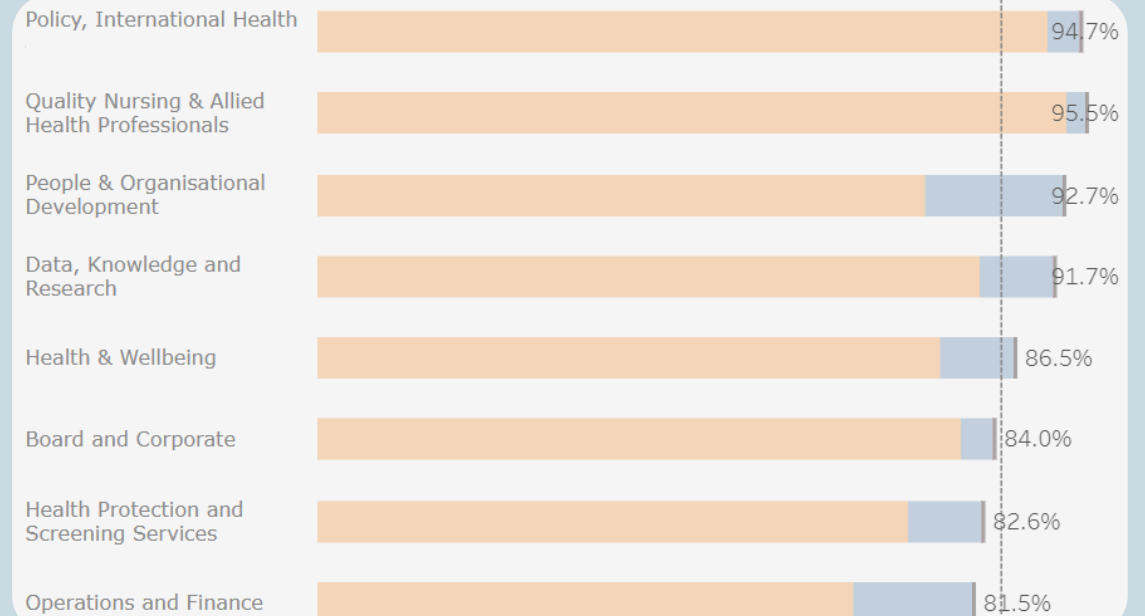
Grey – current compliance — vs target
Blue – appraisals due in next 3 months



Compliance by Directorate

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

There is also a significant range in compliance across our Directorates ranging from 94.7% in Policy and International Health to 81.5% in Operations and Finance. Quality, Nursing & Allied Health Professionals are now in compliance increasing from 81.8% to 95.5%.





In Focus: Appraisal and Development Reviews



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 published and promoted in April 2024. 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 others who are not compliant.



Toolkit Review and Quality Audit (continued in quarter 2)

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 OD 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 were launched at the end of June and will continue to be promoted over the coming months. Next steps will be considered alongside the results from the Staff Survey.



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 is still just below the organisational target.

Compliance improvement activity is now required for Board and Corporate and Operations and Finance. Directorates not delivering the target will need to develop and commit to a recovery trajectory. The People and OD team are working with Directorates to understand barriers to undertaking and recording My Contribution and to offer further support as required.



Financial Governance



Revenue Position



Break-even



-£123k
YTD



£0k
Forecast

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

Capital Position



£2.969m
Allocation



£149k
YTD Spend



£2.969m
Forecast

The capital forecast is breakeven. This is made up of a discretionary allocation of £1.58m and strategic allocation of £1.38m. £149k has been spent year to date in line with our capital plan.

Agency Spend as A Percentage of Total Pay Bill



Below
2.1%



1.5%
YTD



1.4%
Forecast

Forecast to deliver the year-on-year reduction target

Public Sector Payment Policy (PSP)



95%



97.83%
YTD



>95%
Forecast

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

Directorate Spending Plans

Updated directorate spending plans were received by directorates in month 4 and budgets have been reprofiled on this basis.

Investments

Slippage on investments has resulted in £150k planned spend being reprofiled to month 12. The majority of this is due to the revised spending plans in relation to the Diabetes investment

COVID-19

COVID testing costs are £0.641m above the COVID testing funding allocation at month 4. This represents a 42% increase on the same period last year. This overspend has been offset with £0.389m of slippage against COVID sustainability funding leaving a net COVID-19 overspend position of £0.252m at month 4. Action to address the overspend position is being taken forward by colleagues for discussion with Welsh Government.

Click to access further detail in the latest Finance Board Report





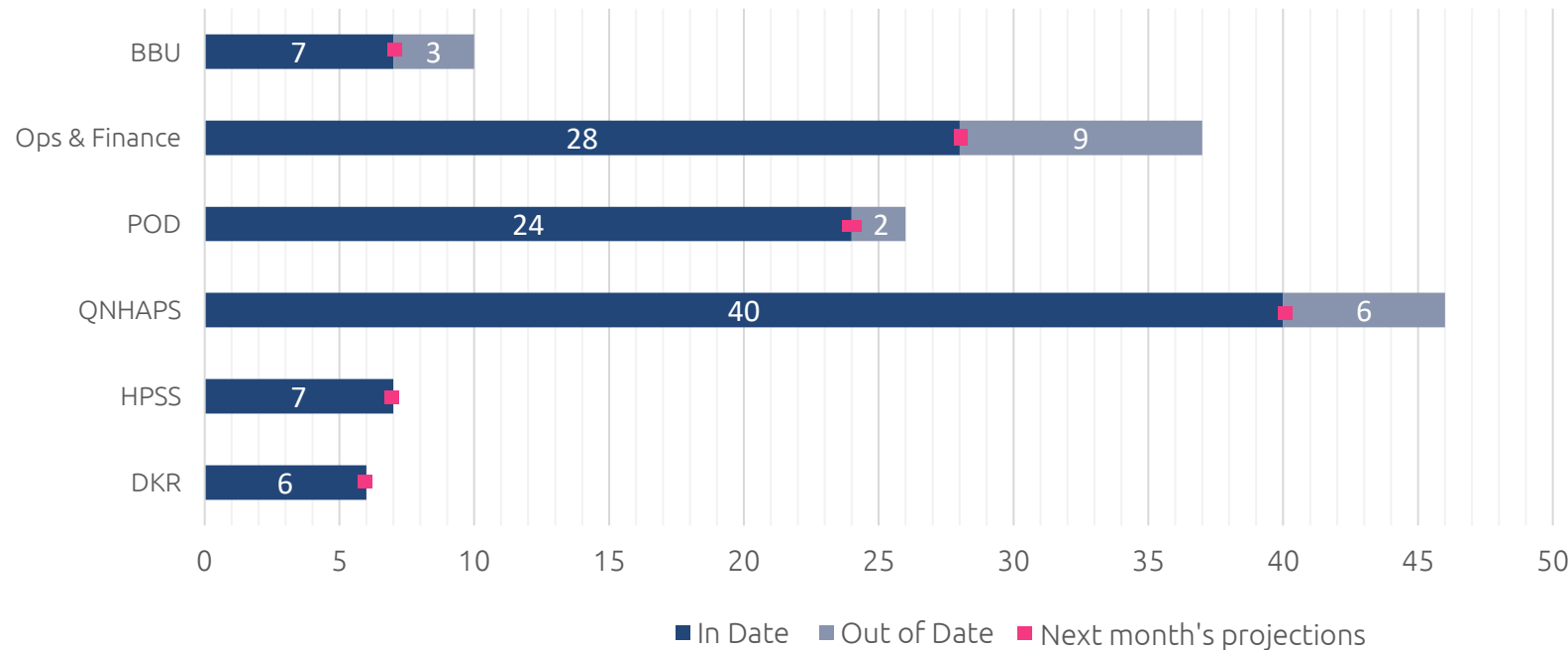
Corporate and Information Governance



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 July 2024:

- Two policies were approved in July, both within QNAPS.
- One POD Policy was removed and replaced with an All-Wales Version.

August 2024 Projections:

- 0 policies due to be approved in August

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

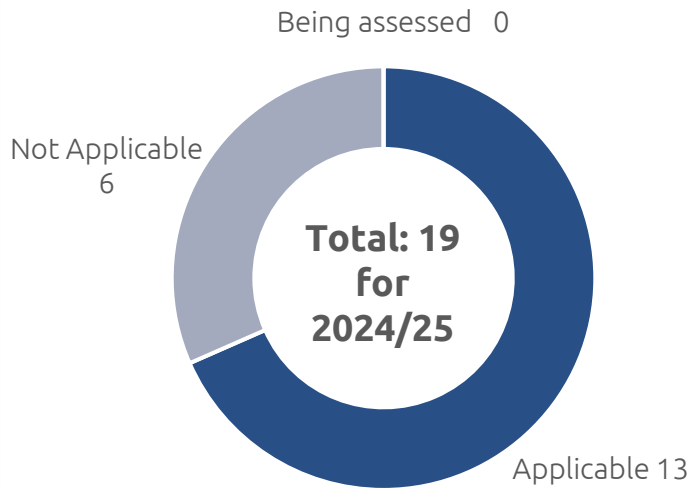


Corporate and Information Governance



Corporate Governance

Wales Health Circular Compliance For the Period 01 - 31 July 2024:



- One WHC has been received this month and has been assessed as not applicable. (WHC 2024/30 – Published Weight Management Medication Pathway)

Two WHCs are currently in progress with implementation:

- Introduction of new NHS Wales vaccination programmes against respiratory syncytial virus (RSV) (WHC 2024/32) – Due to be fully implemented by September.
- Agency Workforce Reduction Programme and Control Framework 2024-25 (WHC 2024/31) is due to be fully implemented by August.

Internal and External Audit

Audit data reported quarterly – next update due in September 2024.



Corporate and Information Governance



Information Governance

Freedom of Information Act

 20 days

 4 exceeded

15 requests were received in June 2024.


4 exceeded the **20-working** day timescale to respond.

The average response time is **19** days. We are always looking for ways to streamline and improve upon processes with the Directorates, but some complex FOI requests require information from other organisations.

Of the **4** that went over the deadline, **3** were awaiting cross directorate information and approval and **1** delay pending information from another organisation.

Data Protection (Subject Access) Requests

 1 month

 0 exceeded

1 request were received in June 2024 and was responded to within 1 calendar month (**11** days).

The request was from an individual asking for their GP records and was advised to contact their Health Board.

Personal Data Breaches

Reported	Escalated
4	0

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

Data breach 1) Results sent to a member of the public's home address as hospital address was manually added incorrectly.

Data breach 2) Interview pack left on printer.

Data breach 3) Loss of Z Drive folder which included personal data.

Data breach 4) Mix up of two patients resulted in next of kin informed of diagnosis which was incorrect.

Mandatory Information Governance Training

 85%

 89%

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



Clinical Governance, Quality, Safety and Improvement



Externally Reportable Incidents

- One Nationally Reportable and One Early Warning incident reported:

An incident occurred within Diabetic eye Screening Wales that was both Nationally Reportable and an Early Warning Incident. The incident relates to a number of re-referrals (115) to the programme that were not actioned appropriately for some time leading to delays in retinal screening. However, of these referrals 93 were not actually diabetic.

- No Duty of Candour incidents reported this month.

There is one ongoing case undergoing joint investigation with Cardiff and Vale University Health Board.

Incidents

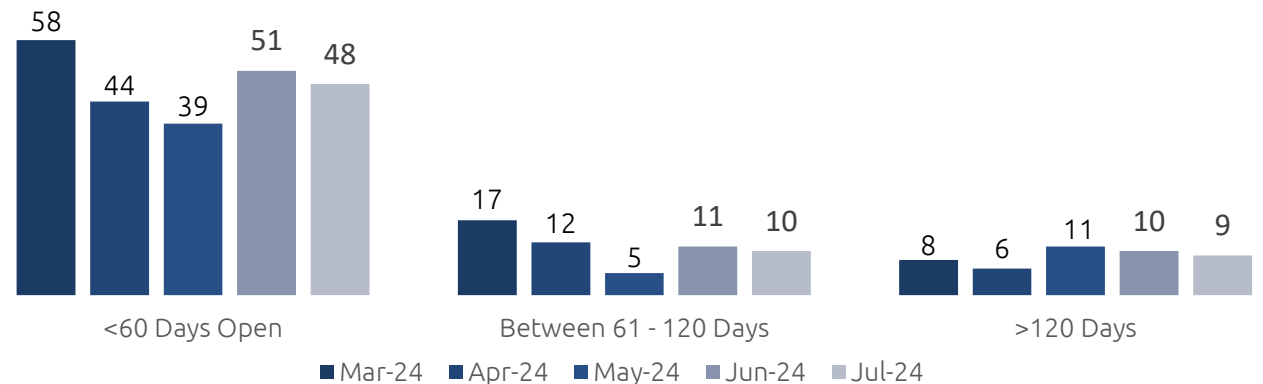
Incident Numbers (Rolling 12m to July 24)	Reported in July
1,976	203 (median 163)

As of **6 August**, there are a total of **67** reported overdue incidents in Datix that are overdue with an 'open' status of more than 30 working days.

This has reduced slightly by **5** incidents compared to the 72 open in June 2024. The areas with the largest numbers of overdue incidents are Cervical Screening Wales (**41**), Infection Services (**12**), Diabetic Eye Screening (**5**) and Breast Test Wales (**5**).



Overdue Incident Progression (March – July 2024)



The PTR Team continue to circulate the overdue incident numbers weekly and are working directly with Incident Managers and Investigators to support further improvement.

50% of the incidents that are overdue by more than 120 days, are incidents that require work to be undertaken by web developers. Delays are due to competing work pressures. An Incident Management Team meeting has been convened regarding these and a report being complied

Incident Levels of Harm

Level of Harm	Count
None	85
Low	110
Moderate	8

8 incidents were reported in July as Moderate harm. These were reported in the following areas:

- Infection Services (**5**), Breast Test Wales (**2**) and Diabetic Eye Screening (**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 regraded following investigation.



Clinical Governance, Quality, Safety and Improvement



Complaints, Claims and Redress

Complaints (Rolling 12m)	Formal (July)	Informal (July)
Formal - 32 Informal - 120	5 (median 2)	7 (median 10)

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

- Diabetic Eye Screening Wales (2), Bowel Screening Wales (2) and Breast Test Wales (1)

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

- Breast Test Wales (3), Diabetic Eye Screening (1), Health Protection (1), Cervical Screening (1), and Newborn Hearing Screening Wales (1)

Claims

July 2024	Claims
1	One new claim was received in Cervical Screening Wales. Of the ongoing claims, there are 20 confirmed claims, and seven potential claims.

Redress

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



Section 2 Service Delivery





Key Performance Indicator Summary



Screening Services	In Focus	Standard	Jun-24	Committee
Bowel Screening Wales – Waiting time for index colonoscopy (<i>Health Board Delivery</i>)		90%	14.8%	Quality, Safety and Improvement
Cervical Screening Wales – Waiting time for colposcopy appointment (8 weeks)		90%	89.1%	
Breast Test Wales – Assessment invitations (3 weeks)		90%	Jul-24 21.4%	
Diabetic Eye Screening Wales – Coverage (12 Months)		90%	40.0%	
Abdominal Aortic Aneurysm – Timely referral to elective vascular network (MTD)		100%	50%	
Health Protection			Jul-24	
Test and Post (STI self-sampling) – Test Turnaround Times		100%	99.95%	Quality, Safety and Improvement
Data, Knowledge and Research			Quarter 1	
Percentage of publications without breaches		100%	67%	Knowledge, Research and Information
Percentage of user follow up to DKR products		100%	20%	
Health & Wellbeing			Jun-24	
JUSTB – Number of Schools with 2-day training completed (YTD)		35 Schools	34	Board
Whole School Approach – Proportion of schools with an Action in Place (All schools)		80%	53%	
Whole School Approach – Proportion of schools with an Action in Place (Secondary schools)		100%	84%	
Help Me Quit – Referrals who received first call attempt within 2 working days (Hub)		90%	96%	
Policy and International Health				
Indicators and targets to be developed where applicable				

Key: RAG Status

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



Health Protection and Screening Services



Screening Services

Latest activity

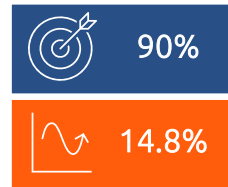
Screening services continue to work towards delivering excellent services.

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

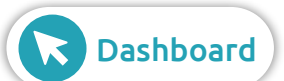


Timeliness for **colonoscopy within 4 weeks of booking SSP appointment** remains below the 90% standard in June 2024.

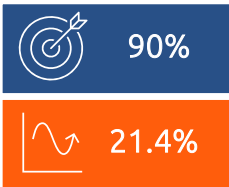
The 12-month trend shows between 10% and 31% of FIT positive screening participants received their screening colonoscopy within the 4-week period.

Health boards are being supported to improve through:

- Regular review meetings
- Support with in-sourcing, with accredited personnel
- Demand prediction



Breast Screening



Assessment invitations within 3 weeks of screen remains below the 90% standard in July 2024, with challenges evident to sustain improvements in performance.

Increased invitations to recover backlog during the pandemic has resulted in a greater demand for assessment.

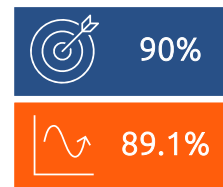
Medical workforce staffing issues particularly in North Wales have also led to extended waits for assessment.

Activity being undertaken to improve performance include:

- Working to increase assessment clinic capacity
- Putting in temporary staffing to assist with nursing gaps



Cervical Screening



Timeliness of **colposcopy appointment within 8 weeks of a direct referral** is key to ensuring early examination of any abnormal cell changes to the cervix and tissue.

This includes appointments offered within 8 weeks where the individual has failed to attend or has cancelled and rebooked an appointment.

Performance over the last 12 month has remained strong with only May and June 2024 data falling below the 90% standard.

Performance appears to be affected by seasonal variation, in month. This is predicted to improve going forward.





Health Protection and Screening Services



Screening Services

Diabetic Eye Screening

Coverage of Reported Results in Last 12 Months



Diabetic Eye Screening coverage of reported results in last 12 months remains lower than standard, but a slight increase on the previous month was noted from 38.8% to 40.0%.



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.

Implementation of the OCP process from September will offer extended hours for participants.

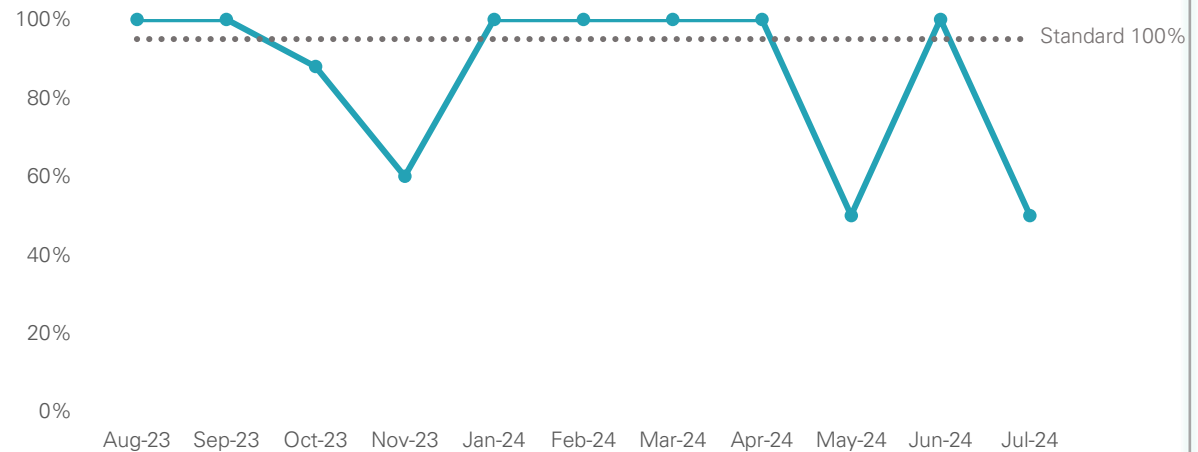
Going forward, measurement of coverage will require a data validation process to ensure figures are correct. This is because the introduction of the low-risk recall pathway results in a different timeliness parameter. This work is underway.

Currently, to measure the patient centredness of the service we are using uptake as the indicator of choice.



Abdominal Aortic Aneurysm Screening

Timely Referral to Elective Vascular Network Multidisciplinary Team (MDT)



Timely referral to elective vascular network MDT is a key measure for referring men once a large or very large aneurysm has been detected during a scan.



Very small numbers of men being referred accounts for some of the fluctuation in the monthly performance which is evident in July 2024.

The programme has ongoing work with the coordinators around improvement to timeliness.

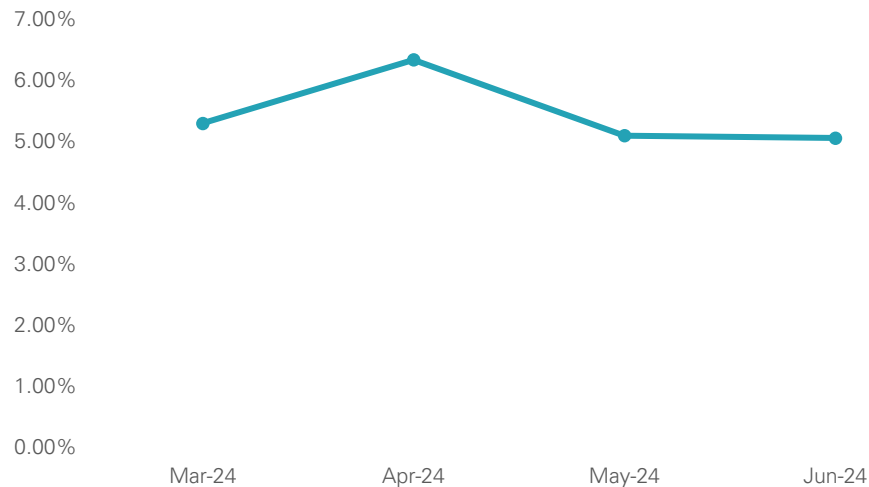


Health Protection and Screening Services



Infection Services

Total Microbiology Rejection Rates



*TBC



5.1%

*Target to be developed

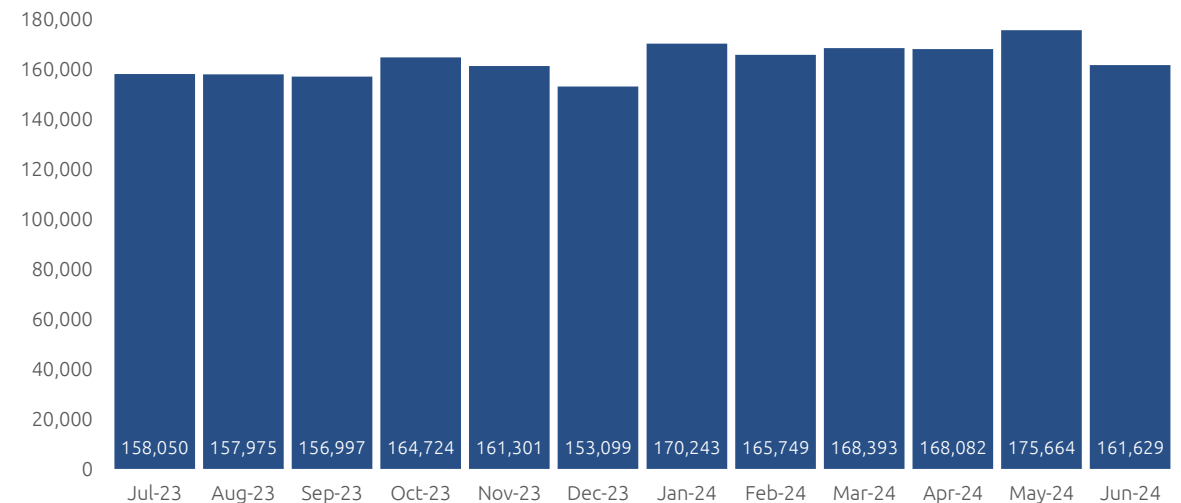
Diagnostic testing rejection rates are 5.1% in June out 161,629 total sample requests.

Samples are rejected in compliance with SOPs to ensure appropriate testing and sample type are tested in line with our UKAS accredited tests. The impact of rejected samples is a delay to patient results.

The main causes of rejected samples are incorrect sample types, leaking/broken samples or incomplete clinical information.

Actions to improve rejection rates include appropriate comments informing users of the reason for rejections and indicating appropriate actions from the service users.

Total Microbiology Diagnostic Sample Requests



The total numbers of Microbiology Diagnostic Sample requests has consistently been >150,000 requests per month for the previous 12 months with a peak of 161,000 request in June 2024 and a consistently higher number of the latter 6 months

The unpredictability of COVID/Respiratory outbreaks and subsequent testing adds uncertainty in testing numbers

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

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

*Target to be developed

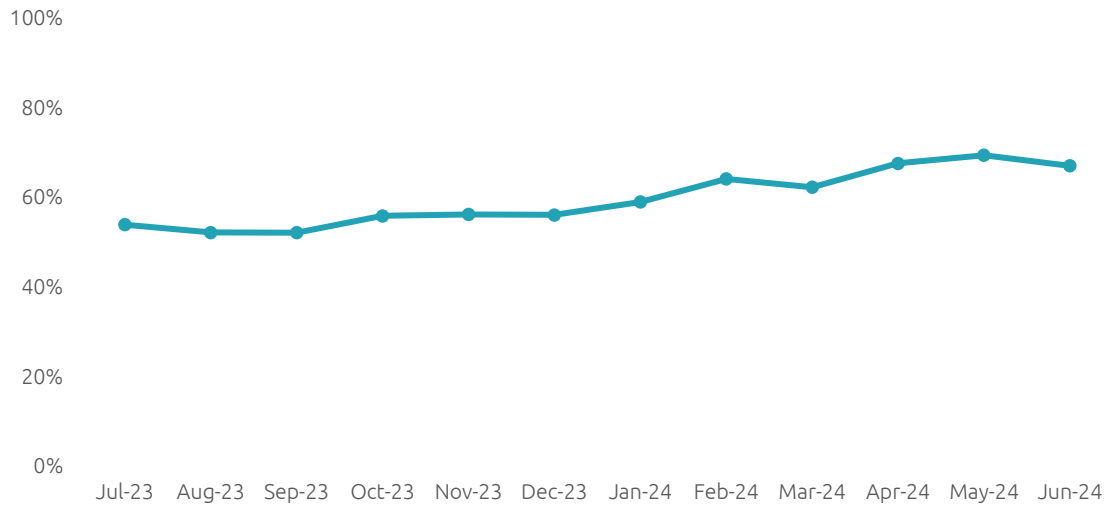


Health Protection and Screening Services



Infection Services

Blood Culture - Collected to Incubation SMI <4hrs

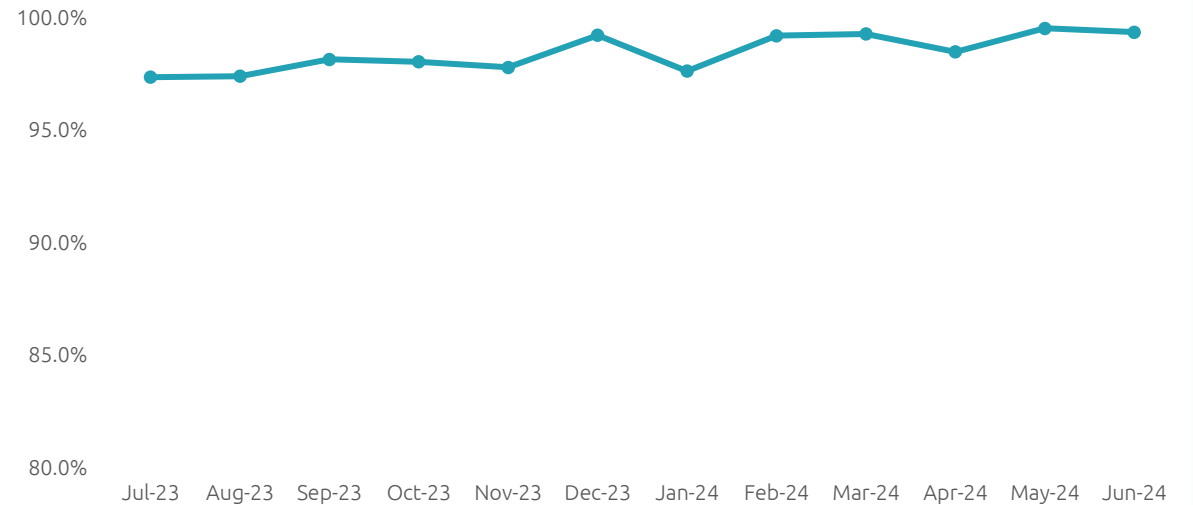


<4 hrs

67%

- Blood cultures are particularly important samples to support the management of sepsis. The 4-hour target from collection to incubation as recommended in the UK Standards for Microbiological Investigations is key to being able to allow accurate and timely clinical diagnosis.
- Performance is impacted by Health Board collection and delivery of samples to the laboratory service.
- Challenges remain between collection time to receipt by PHW and samples with no data. These are caused by 35% of requests showing no time collected data

Blood Culture - Received (PHW Laboratory) to Incubation (<4hrs)



***TBC**

99.4%

- To better analyse PHW's performance contribution towards the 4 hour target we report on timeliness of specimen received by PHW laboratory to incubation onto Blood Culture analysers.
- PHW has steadily improved to 99.5% delivery against the 4-hour target over the past 12 months.
- The SMI states all samples should be incubated within 4hrs of receipt
- The time taken for the sample to get to the laboratory from the ward locations remains the biggest challenge. Internally as the data shows, once received 99.5% of samples are incubated appropriately

*PHW specific target to be developed



Health Protection and Screening Services

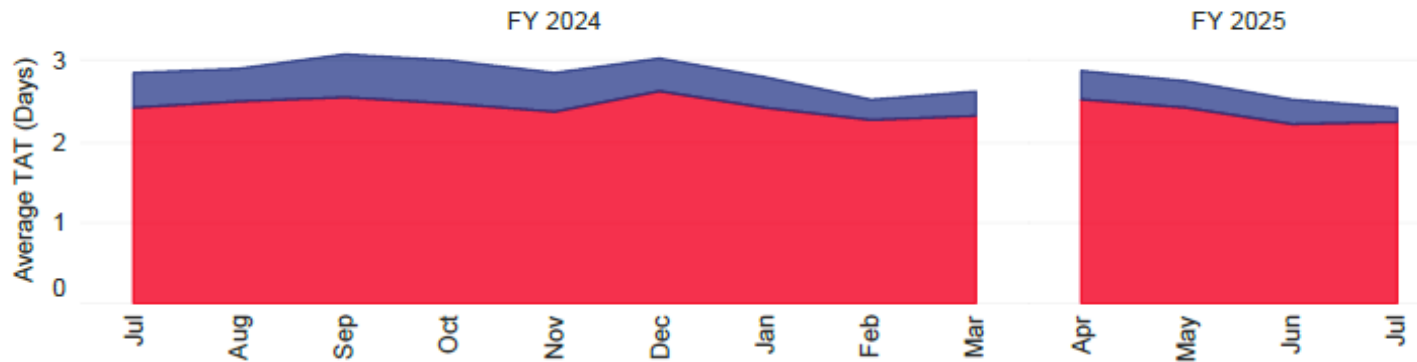


Health Protection

Test and Post – STI self-sampling

Test Turnaround Times

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



100%

99.95%

- In July 2024, 99.95% requests met the 7-day turnaround time standard
- 3 requests of 6115 total requests (0.05%) did not meet the 7-day TAT standard
- 6115 total requests equated to 36,776 tests being undertaken
- Actions to improve:
 - Ongoing monthly monitoring
 - Work to determine the nature of turnaround delay; to consider whether due to reflex testing for Lymphogranuloma venereum, or postal delay

Short-Term Indicator Development

- Within AWARe, investigations are ongoing into Tarian’s present ability to record response times for cases, measured against defined standards
- Work is underway within CDSC to provide a single measure which demonstrates whether reporting requirements are being met with regard to number and timeliness.

Long-Term Indicator Development

- Development work has been requested for Tarian. This will enable a more thorough measure of whether the responses to incidents/outbreaks are compliant.
- Environmental Health are transitioning to Tarian which will allow for robust and detailed reporting once the requested development is complete.



Data, Knowledge and Research



Statistical and analytical publications – Quarterly

Quality and compliance with the Code of Practice for Statistics

	2023/24				2024/25			
	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar
Number of publications	9	4	8	5	3			
Number of breaches	1	1	0	2	1			
Number of publications with breaches	1	1	0	2	1			

Breaches are:

- Errors corrected after publication
- Not published as publicly scheduled, including not published

Breaches addressed by:

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



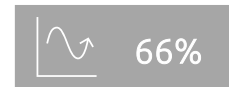
Target % of statistical and analytical publications have no breaches



% publications without breaches

	2023/24				2024/25			
	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar
	89	75	100	60	67			

Satisfaction and impact



Of external users rated their experience with us as 7/10 or above (based on data from May 2023, update due Oct 2024; target 100%)



Of external users reported some positive impact of our knowledge and information products on decision (based on data from May 2023, update due Oct 2024; target 100%)



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



Research and Evaluation - Quarterly

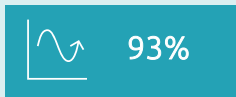
	2023/24				2024/25			
	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar
No. research grant applications submitted (PHW is Chief Investigator or partner).	4	6	5	8	3			
Research grant income to PHW (£)	222k	41k	102k	122k	550k			
No. personal development research awards.	1	0	0	2	0			
No.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



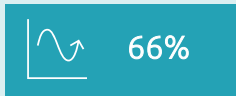
Data, Knowledge and Research - Impact Survey, May 2023



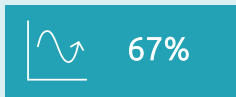
- 152 external stakeholders responded to our annual impact survey between April and May 2023
- They were distributed across sectors as follows:



93% of respondents said they would use PHW data/knowledge again



66% of respondent rated their experience with us as 7/10 or above

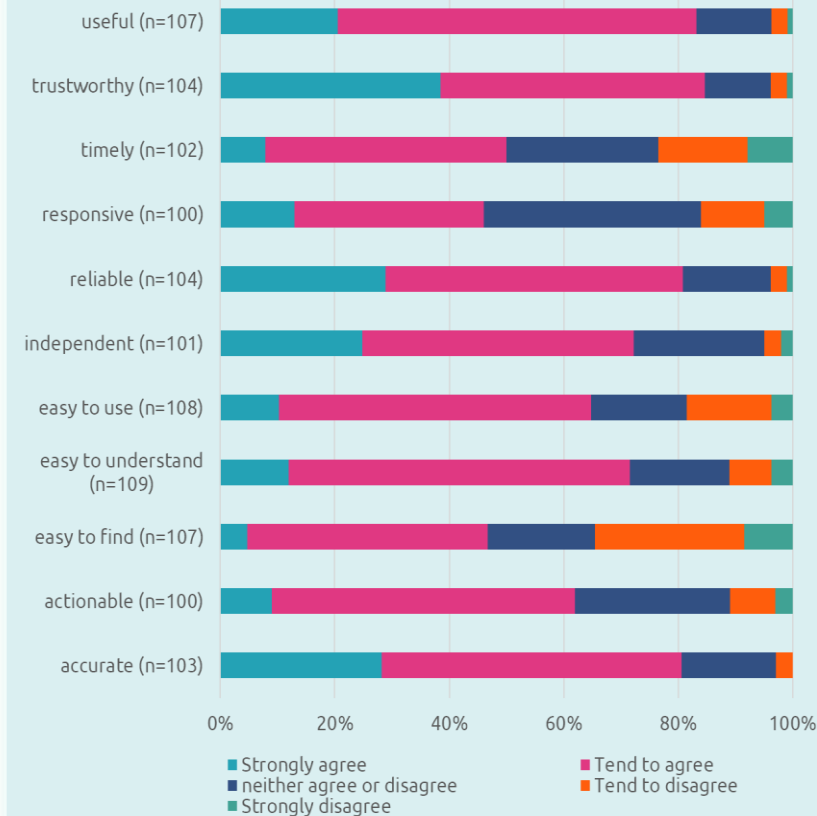


67% of respondents reported a positive impact of our work on decisions

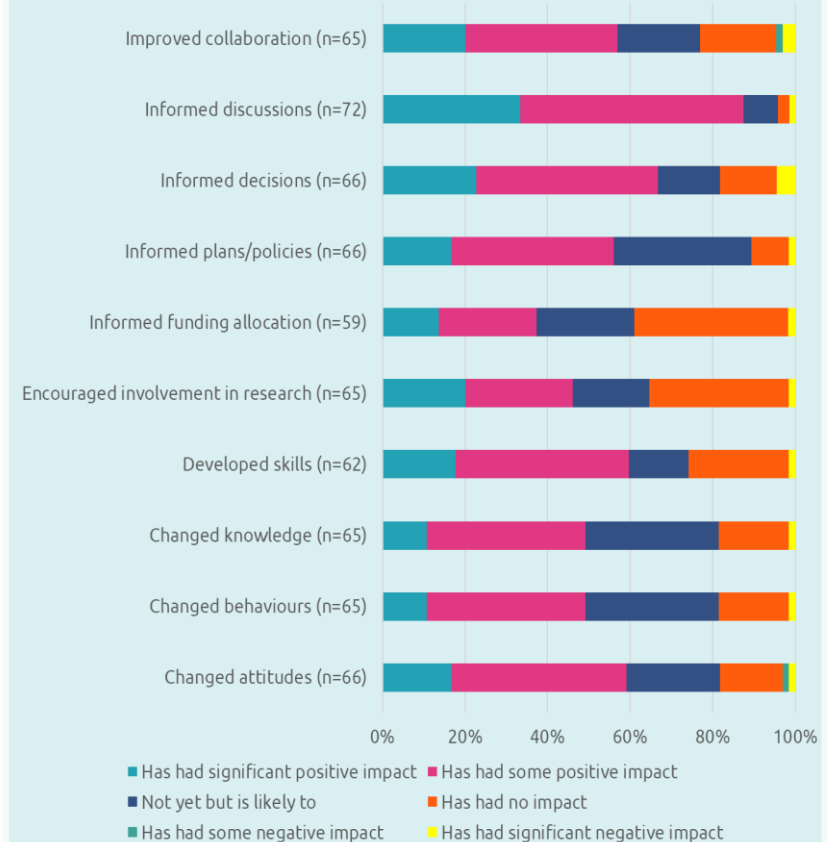
Actions planned or already underway to support increased impact of our work include:

- Repeat survey carried out July 2024 (reporting Oct '24)
- Development of a vision for Public Health Wales as part of the Long-Term Strategy.
- Initiation of website discovery work and subsequent Web Transformation Programme.
- Development of Content Design standards.
- Establishment of the PHW Publication Standards and associated working group.
- Development of a User Engagement toolkit.
- Establishment of a User Research team.

To what extent did respondents agree that Public Health Wales information products are:



Has the data/knowledge you obtained impacted your work in any of the following ways?





Policy and International Health



International Horizon Scanning and Learning Reports: April 2023 - March 2024

The need

- The reports provide a high-level summary of international learning and countries' best practice on priority public health issues, identified by key stakeholders, such as Welsh Government and NHS Execs to inform public health policy and practice in Wales.
- Reports are produced quarterly (every two months over 2022-24) with an annual Summary Calendar summarising key findings and country insights over the year.

What we did

- In July, a Summary Calendar was published covering the five reports released in 2023-2024.

5

reports
2023-2024

- Universal primary free school meals
- Mental well-being of refugees and asylum seekers
- Five essential conditions for health equity
- Embedding prevention in primary and community care
- Impact of poverty on babies, children and young people

- Report no.49 was published on 17th July focusing on the commercial determinants of health for children and young people.

Impact



Reports featured in resources and conferences including the European Public Health Conference 2023 and the [Nursing in Practice newsletter](#)



Positive feedback from PHW, Senedd Research, Welsh Government and the World Health Organization, for example:

"This report highlights the disturbing impact of commercial strategies on population health across a wide range of industries. Identifying the strategic approaches countries have taken to counter that impact is a very welcome contribution to our work in addressing those impacts"
(PHW)

Next steps

- Report no. 50 will be produced in September in response to a request from the COVID-19 inquiry team focusing on the impact of COVID-19 on older people in care homes
- Evaluation survey underway to understand impact and identify areas for improvement. Early figures (n=12) suggest:
 - 71% think the evidence is well presented
 - 100% think the reports are somewhat relevant to their work



Policy and International Health



Charter for International Partnerships Implementation Toolkit

The need

- The International Health Coordination Centre's (IHCC) updated [Charter for International Partnerships Implementation Toolkit](#) was published in June 2024
- Engagement with partners across NHS Wales, academia and third sector will support translation of the Charter into operational practice ensuring that principles and values of the NHS are reflected in all international health activity
- The Toolkit has been developed and refreshed from lessons learned, compiling examples of best practice and providing a governance framework to support international health activity

What we did

- Published the toolkit on 25th June 2024
- In July, engagement with stakeholders in Wales and internationally allowed sharing of good practice

Impact

- Positive feedback from the Future Generations Commissioner's Office, the NHS Confederation and the WHO Venice Office.
- Invitations for presentations, at Hub Cymru Africa's Global Solidarity Summit in September and the Faculty of Public Health' Global Health Committee in October.

Next steps

- Further engagement on the Charter for International Partnerships Implementation Toolkit, including an IHCC 'Roadshow'

NHS International Health Activity Group

The need

- The International Health Coordination Centre's (IHCC) NHS International Health Activity Group was established in January 2023 as a cross-NHS Wales platform for outreach and involvement related to international and global health work
- Members include NHS Wales Health Boards and Trusts, academia, third sector, Hub Cymru Africa and Welsh Government.

What we did

- In July, the latest quarterly meeting of the Group was held
- Members updated on international health activities and discussed joint working opportunities

37
members
July 2024

Impact

- Meeting held with expanded membership including representation from the Future Generations Commissioner's Office
- Group membership increased from 19 members in January 2023, when it was established, to 37 members in July 2024
- Showcasing Public Health Wales' International Health activities at conferences including Hub Cymru Africa and at university lectures including Cardiff University's Global Health module.
- Builds on success of facilitating the Four Nations Public Health Forum in September 2023 and May 2024.

Next steps

- Plans to expand stakeholder reach of the International Health Newsletter, September issue



Policy and International Health



Policy Advocacy and Communicating with Policymakers training

The need

- Policy advocacy seeks to influence those who have power to make policy change.
- Training will up-skill staff to advocate for public health.

What we did

- In July, the third set of online, interactive training was delivered on *policy advocacy for public health* and *communicating with policymakers*.
- The July training followed training sessions delivered in February and March 2024.

Impact

Mentimeter feedback before and after training shows (see graph)



Improvement in perceived importance of policy advocacy to achieving the LTS



Improvement in consideration of policy advocacy in work areas



Improvement in confidence about doing policy advocacy.

72

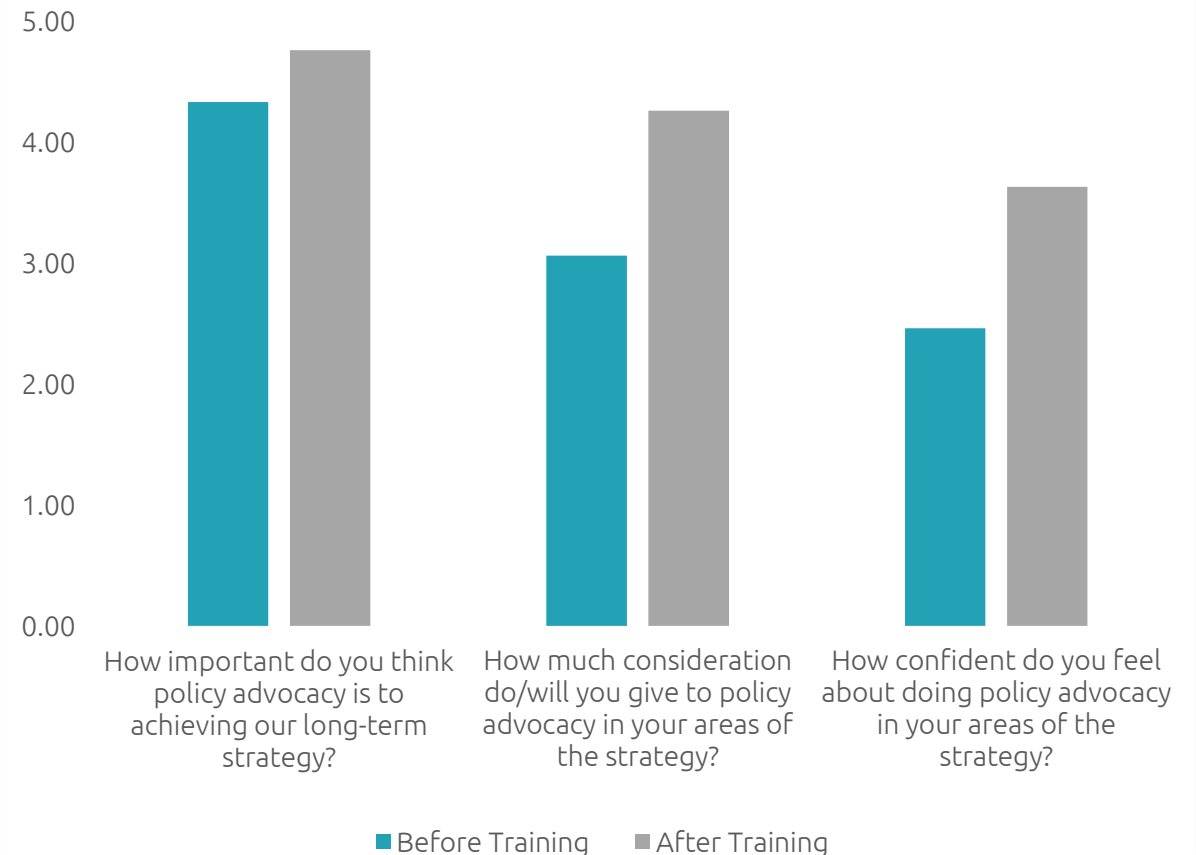
staff attended
Feb, Mar, Jul 2024

Next steps

- Further training during 2024-2025 (date TBD)
- Bespoke training in development, in response to staff requests
- Work underway to strengthen our organisational policy advocacy function

Policy Advocacy Training Feedback (Feb, Mar & Jul)

Scores out of 5, averaged across the three deliveries



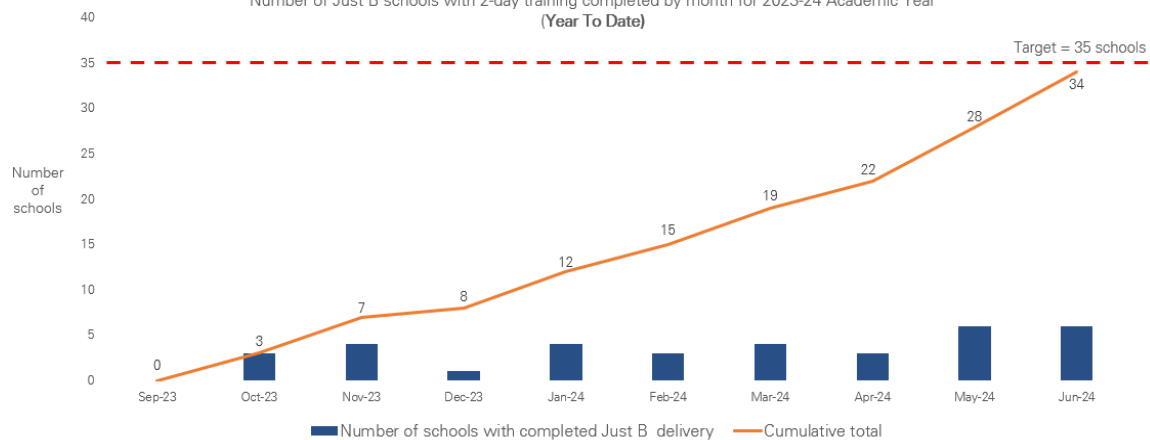


Health and Wellbeing

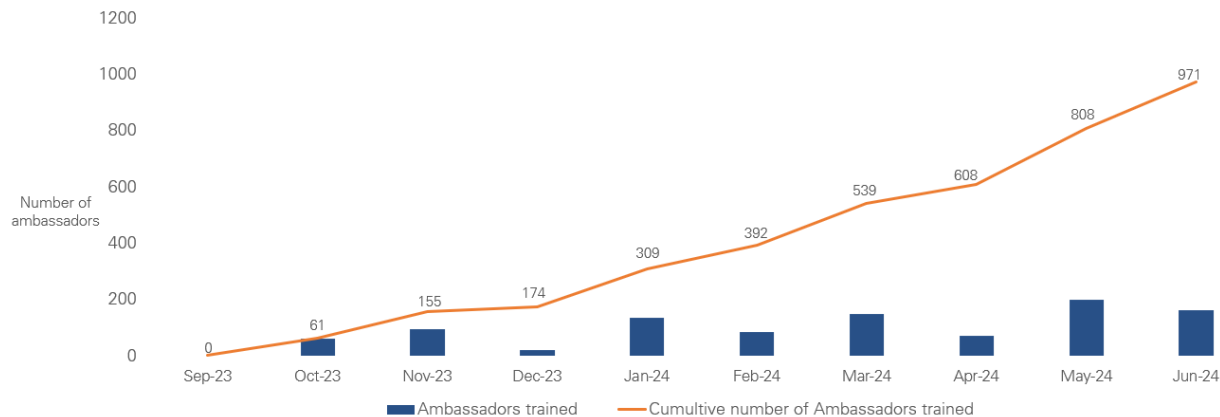


JUSTB / BYW BYWYD

Number of Just B schools with 2-day training completed by month for 2023-24 Academic Year (Year To Date)



Number of Just B Ambassadors trained by month for Academic Year 2023-24 (Year To Date)



- JUSTB/BYW BYWYD is an evidence based smoking prevention programme that utilises peer influence and networks to disseminate smoke free norms.
- The programme is delivered to Year 7 pupils in secondary schools with the highest smoking rates.
- The programme only restarted following the pandemic in the 2023/24 school year with an initial target of 35 schools of which 34 schools participated.
- It is hoped to progress to normal delivery levels of 50 – 60 schools in the next academic year.
- The programme trains peer ambassadors and just under 1000 young people have directly benefited from the training during the year.



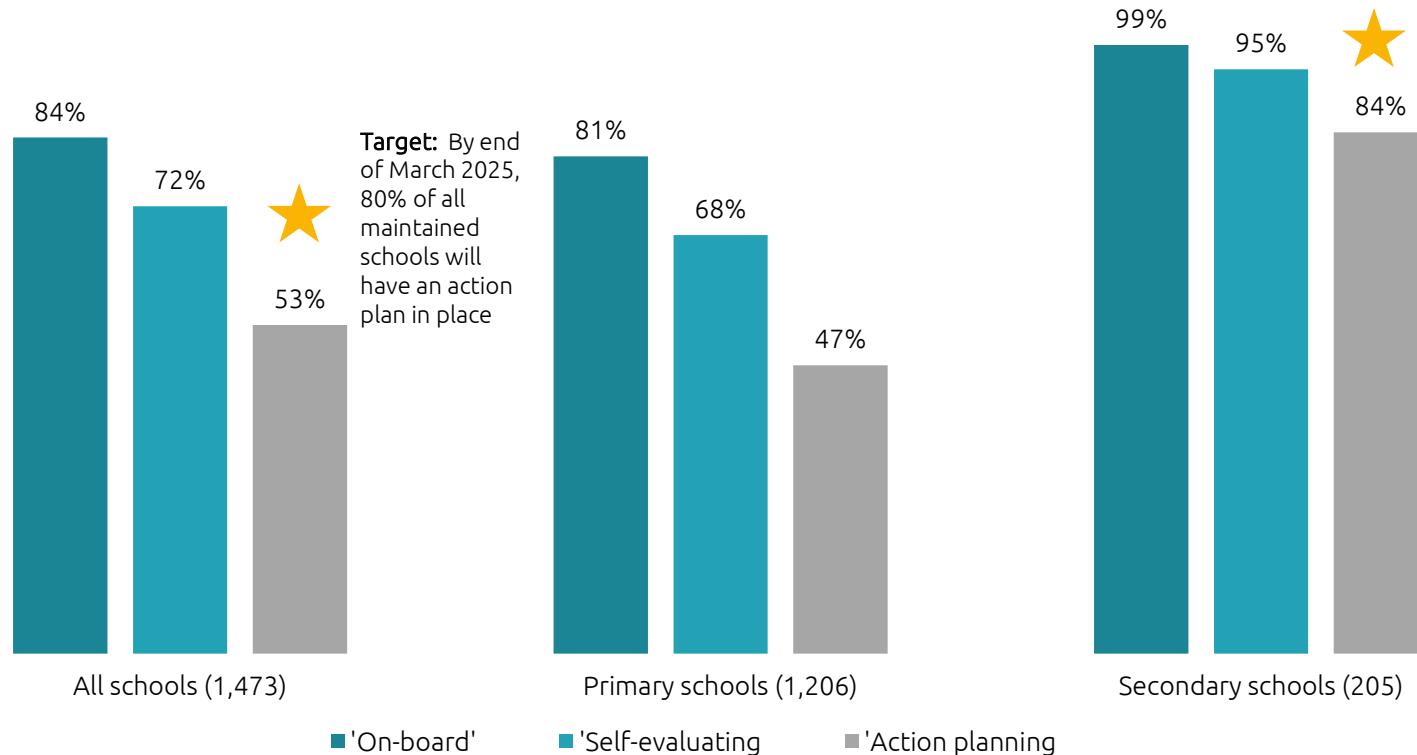


Health and Wellbeing



Whole School Approach to Emotional and Mental Wellbeing

Proportion of schools 'on-board', self-evaluating, or action planning as part of their Whole-School Approach to Emotional and Mental Well-being (date: 30.07.24)



- 'On-board' is defined as schools who have engaged with Implementation Co-ordinators and WNHWPS Co-ordinators and, as a minimum, have received support to commence self-evaluation.

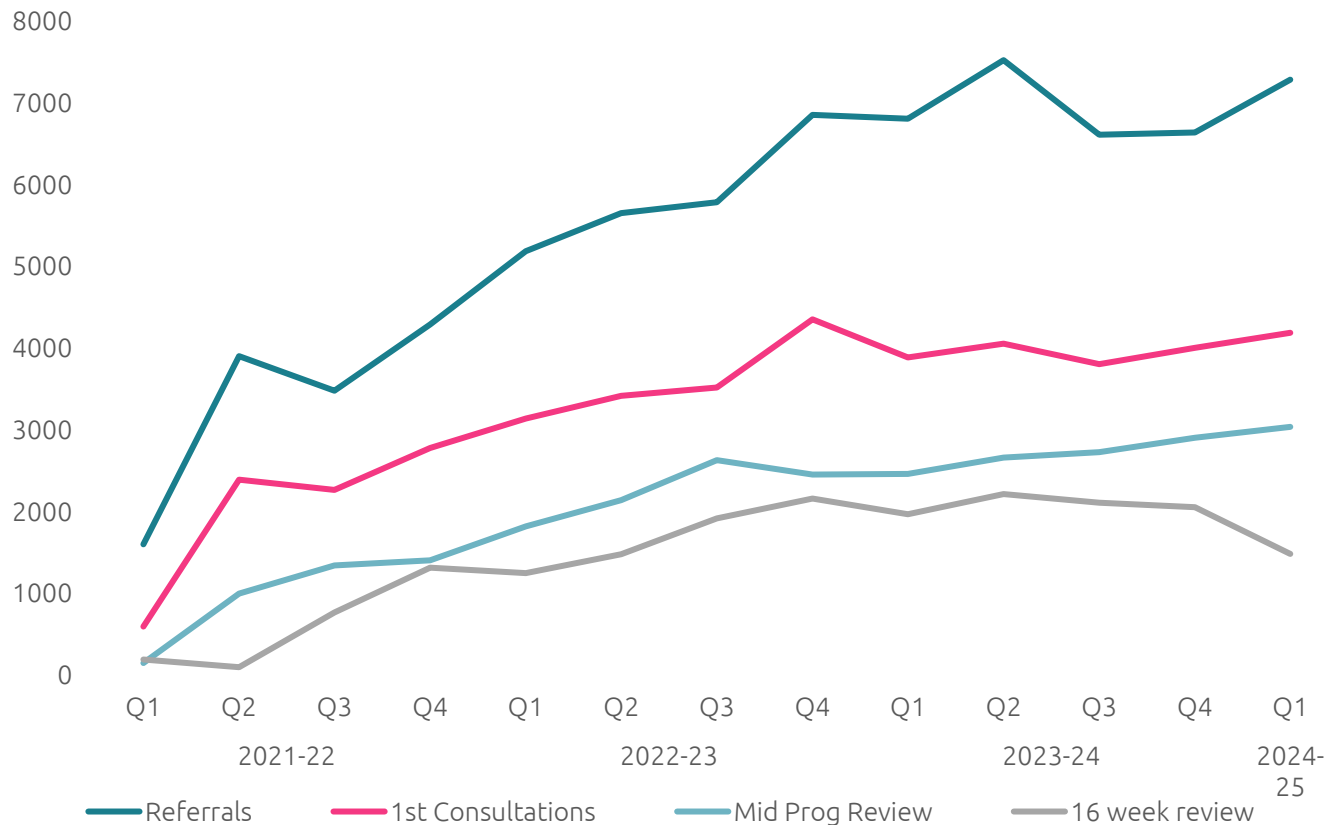


Health and Wellbeing



National Exercise Referral Programme

National Exercise Referral Scheme (NERS) referrals and engagement, Wales, Apr 2021-Jun 2024



- The National Exercise Referral Programme (NERS) is delivered by Local Authority Leisure Services and Leisure Trusts across Wales in each of the 22 areas.
- It provides a structured programme of exercise for those individuals who are at risk of long-term conditions or who already have a long-term condition and who are sedentary.
- A range of outcomes are measured depending on the pathway being followed.
- Please note that each of the measures reflects a different population group and should not be compared with each other.
- As part of the improvement programme a new data system has been implemented and as this is embedded additional outcome data will become more routinely available.





In Focus: Add to Your Life

YCHWANEGU
AT FYWYD



ADD TO
YOUR LIFE



Add to Your Life

Public Health Wales was asked by the Cabinet Secretary to consider how we could support work to optimise health and wellbeing for those people waiting for NHS care. In responding to this request, we rapidly re-purposed the Add to Your Life tool which had previously been developed to provide an online health check.

Working with DHCW the tool was recommissioned and adapted to meet the needs of a different audience. We undertook insight work with people waiting for care to assess the acceptability of the approach and tested the tool in development with potential users. The new tool was reintroduced in the Autumn 2023.

Use of the tool is dependent on promotion by Health Boards preferably as a systematic component of the care pathway, for example inclusion and signposting in correspondence confirming receipt of referral or on joining a waiting list for diagnostics or treatment.

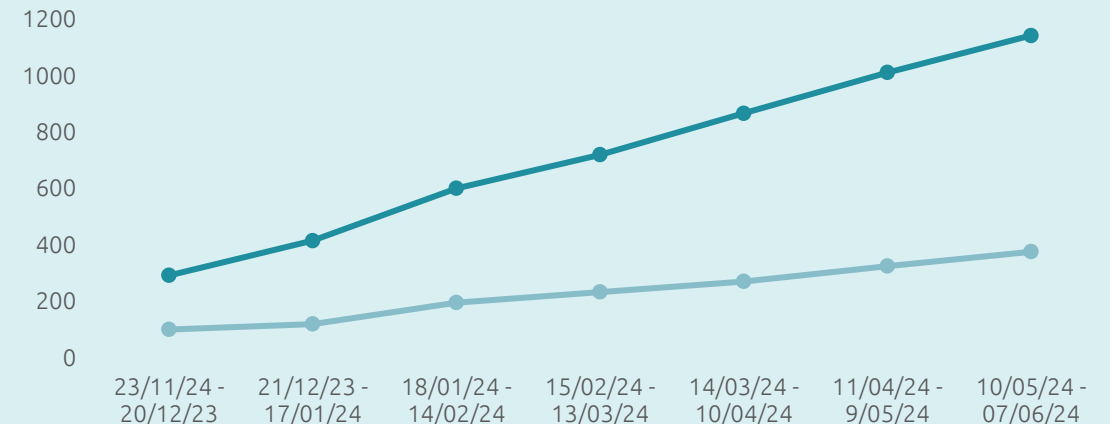
The team have engaged extensively with Health Board teams working on the 3 P's initiative. While all Health Boards have offered support there has been limited willingness to build the tool systematically into communication preferring to add a link to a website or mention the tool in telephone contact. As a result, uptake of the tool has been disappointing to date. There is an evidence base behind this type of approach, but meaningful change is dependent on scale, the effect size is small, but this can be meaningful if scale is achieved.

Currently this leaves a number of challenges. Firstly, the availability of DHCW to undertake the ongoing development work in a timely way and the extent to which we wish to continue to invest time in the tool without wider system engagement and support.

Compliance by Directorate

- Continue with a strategic partnership with Betsi Cadwalladr UHB (BCUHB) who have begun the process of systematic use of the tool to establish what could be achieved
- Working the Behaviour Change Unit on their Behaviourally Informed Communication Initiative in partnership with (BCUHB) to help Health Boards optimise communication to increase uptake
- Agree a programme of development work with DHCW
- Review and improve the tool content to reflect user feedback
- Engage with Welsh Government Policy Leads on future direction

Cumulative uptake of Add to Your Life - Number of Assessments Attempted and Completed 23/11/24 - 7/6/24





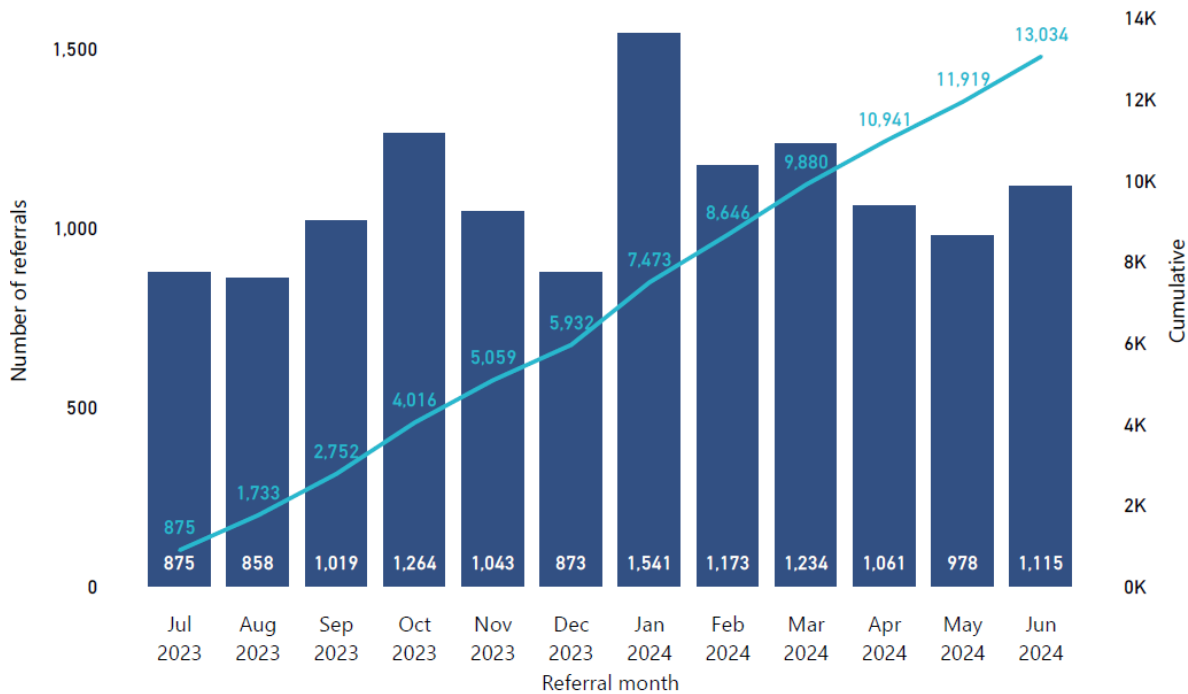
Health and Wellbeing



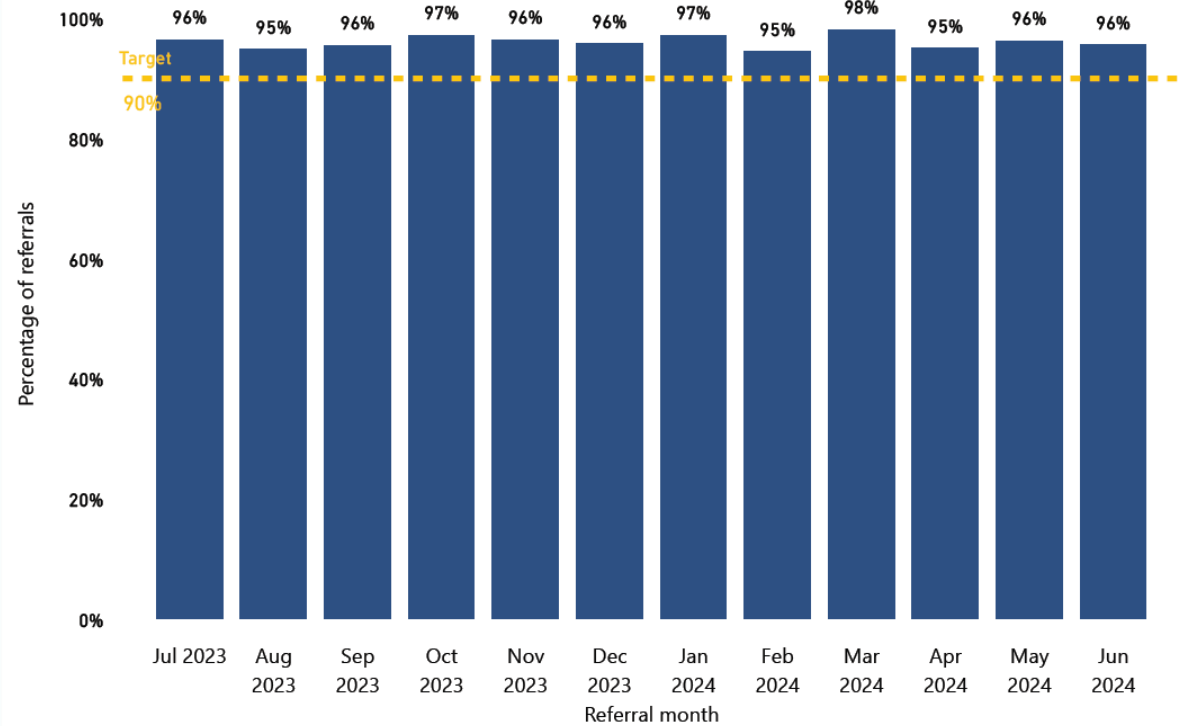
Help Me Quit

Number of referrals the Hub was responsible for contacting

● Per month ● Cumulative



Referrals who received first call attempt within 2 working days (Hub)



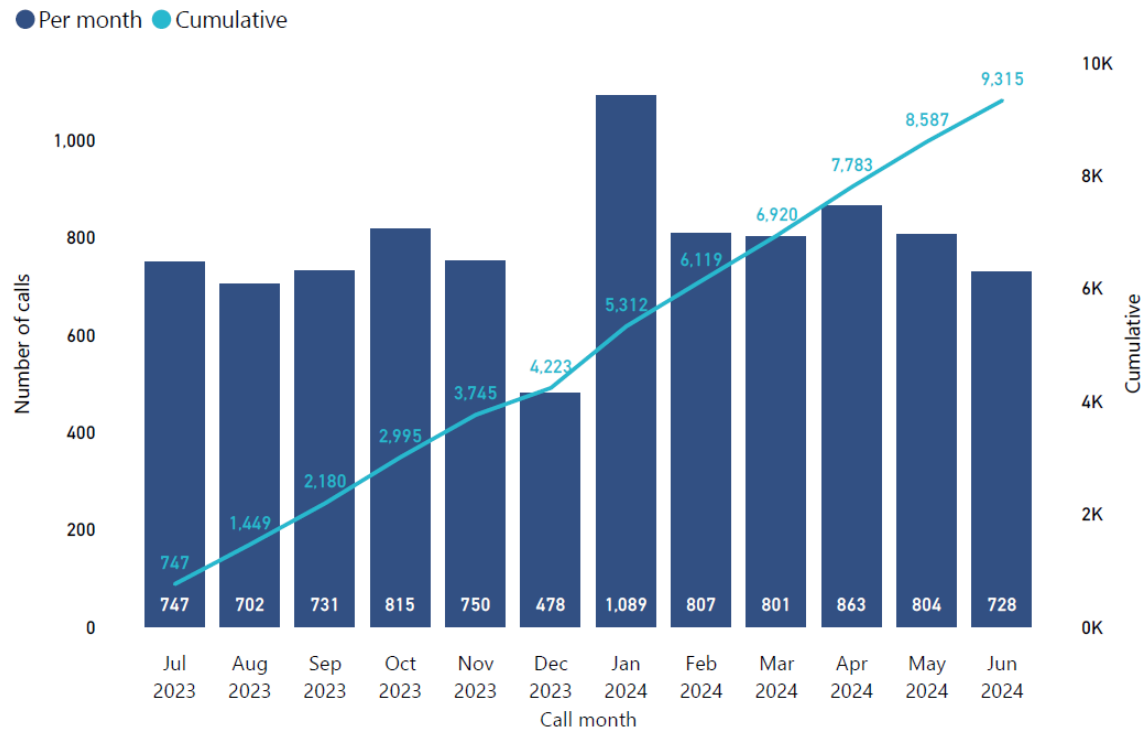


Health and Wellbeing

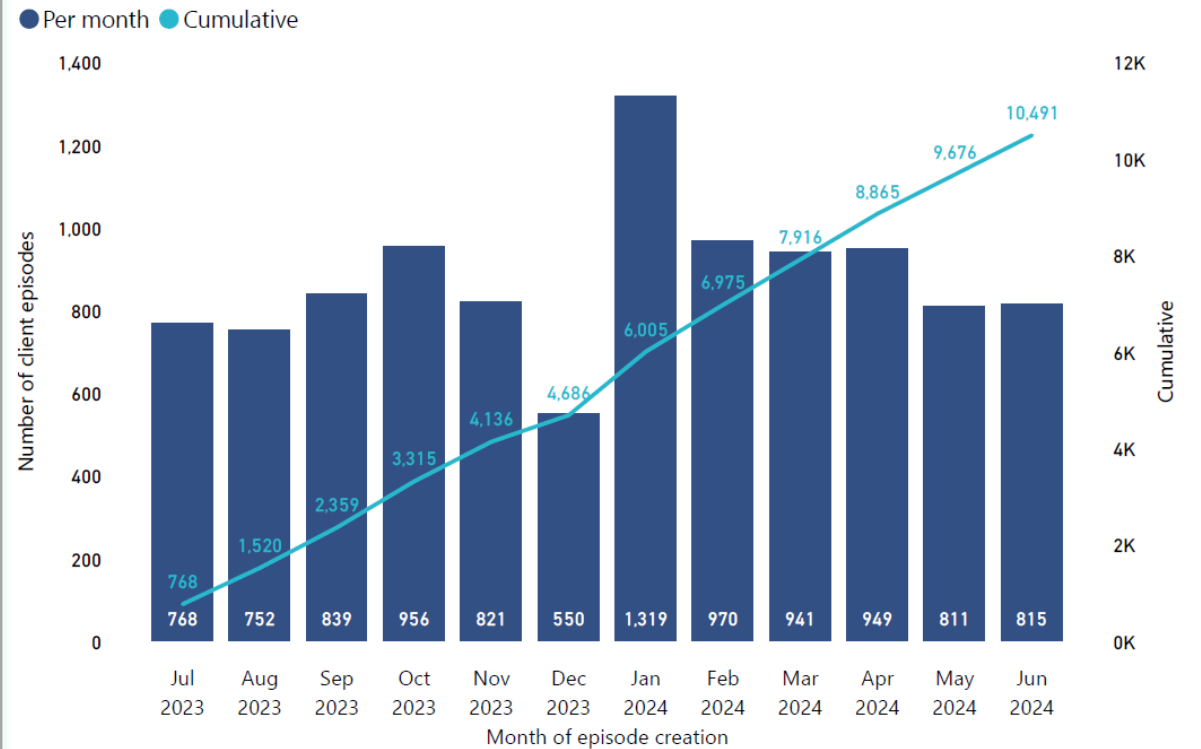


Help Me Quit

Number of inbound calls to the Hub



Number of client episodes created by the Hub



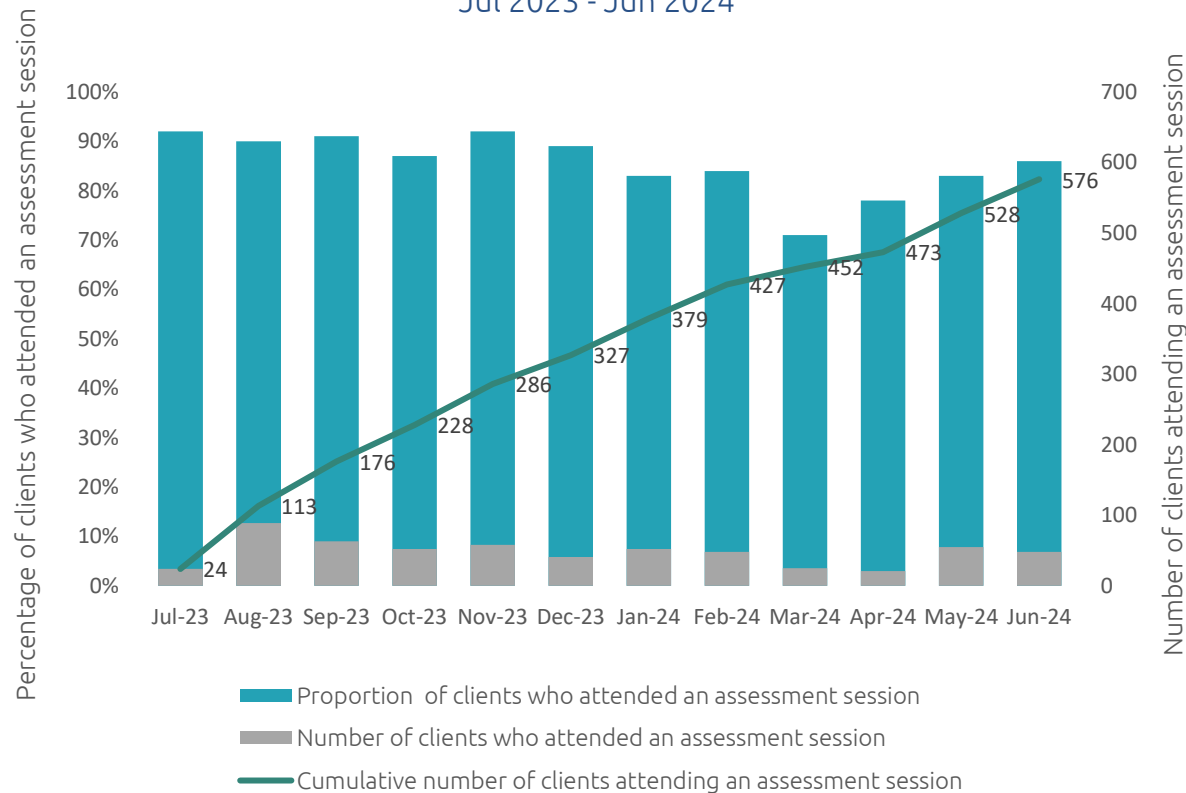


Health and Wellbeing

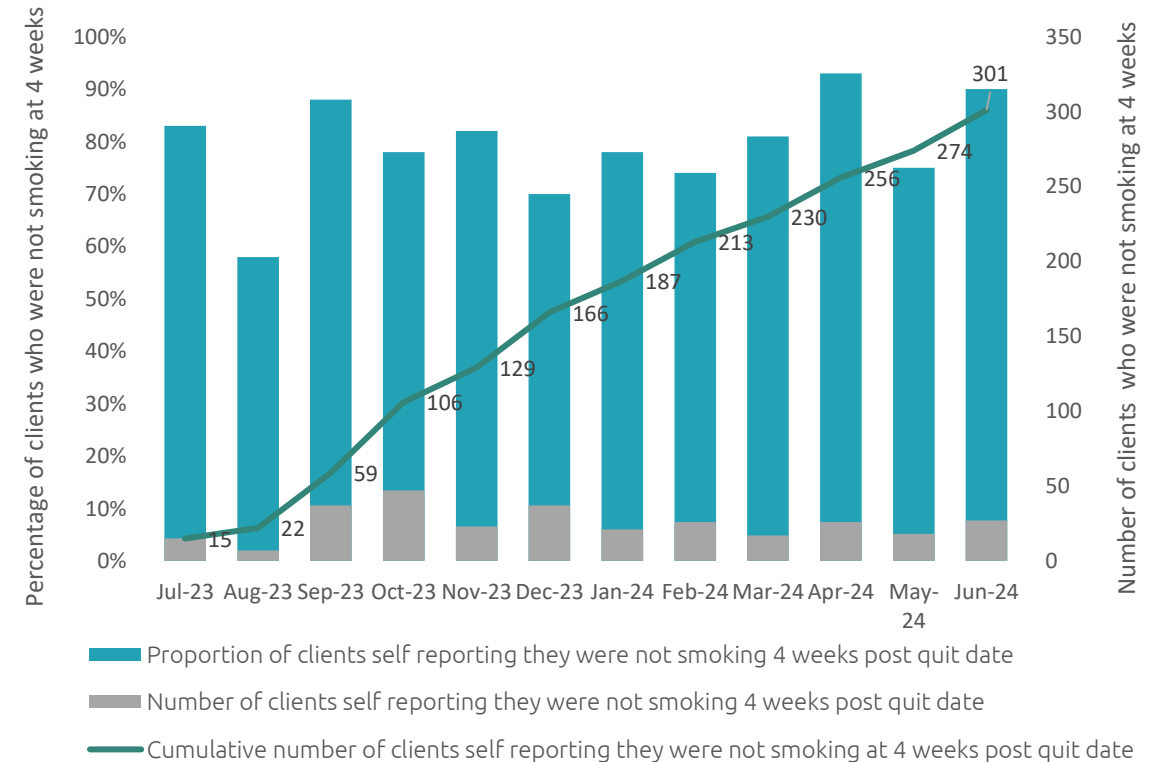


Help Me Quit

National Telephone Support Service (NTSS) Number and Percentage of Clients Attending an Assessment Session Jul 2023 - Jun 2024



National Telephone Support Service (NTSS) Number and Percentage of Clients Self Reporting they have Quit Smoking 4 Weeks Post Quit Date Jul 2023 - Jun 2024



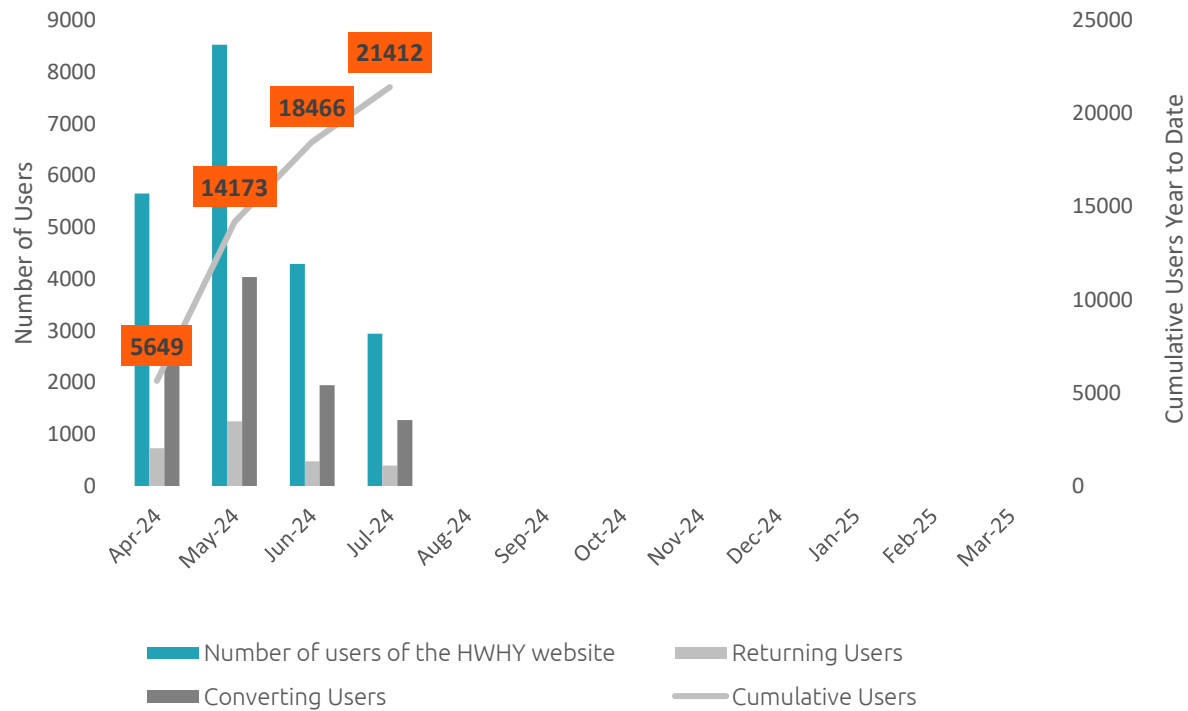


Health and Wellbeing

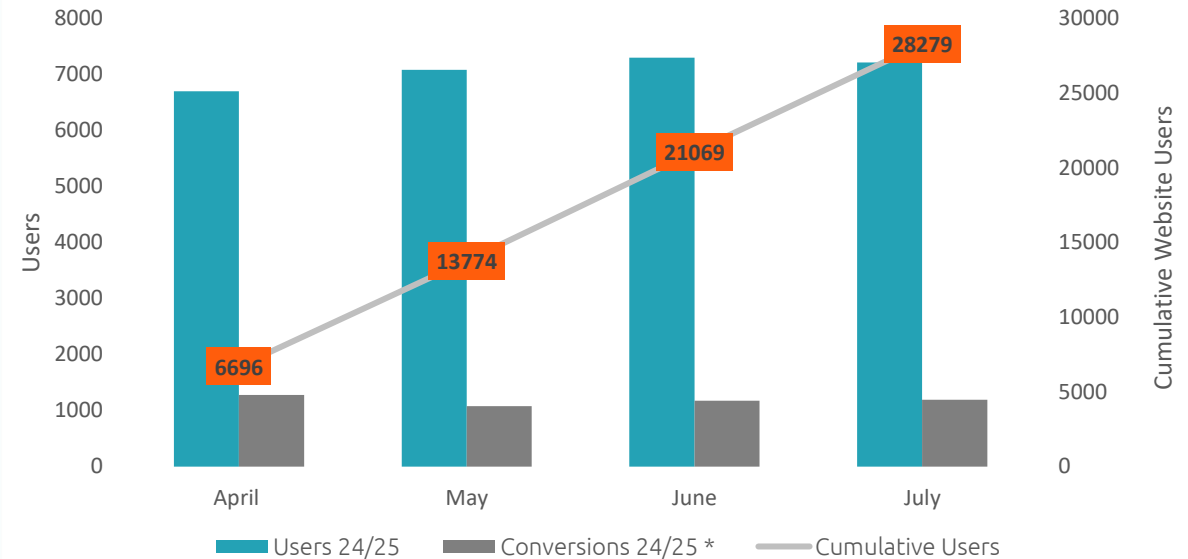


Digital Services

Total Users, Returning Users and Converting Users of the Healthy Weight Healthy You Website 2024/5



Users of the HMQ Website and Conversions * 2024-5



* A conversion is a website user who requests follow up of calls the Hub



Section 3
Strategy Delivery





Key Performance Indicator Summary



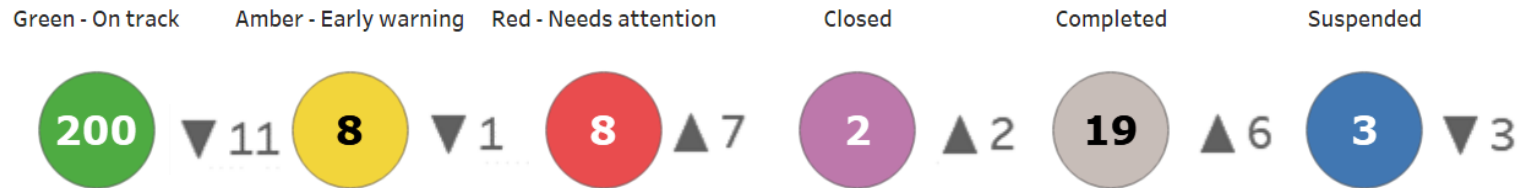
Strategic Plan	In Focus	Target	Jul-24	Committee
Strategic Plan – Percentage of milestones currently green or complete		N/A	91.3%	Board
Strategic Plan – Percentage of milestones currently red		N/A	3.33%	Board
Request for Change (RFC) – Number of milestones submitted for approval		N/A	8	Board
Strategic Change Programmes – Percentage of milestones currently green/amber		N/A	100%	Board
Strategic Change Programmes – Percentage of milestones currently red		N/A	0%	Board
Climate Change			Quarter 4	
Carbon Emissions (Based on 2022/23 figure)		Net Zero by 2030	17.165m (Kg.C02E)	Board



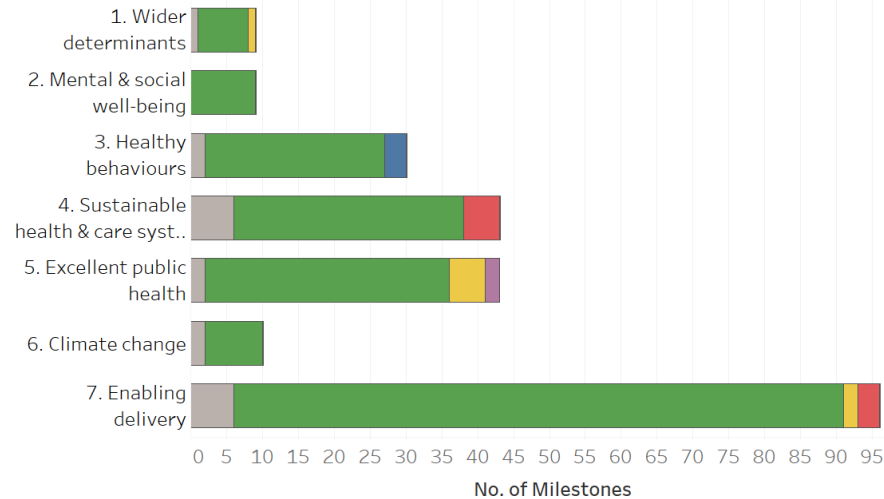
Strategic Plan Milestone Delivery



Strategic Priority Delivery Status



By Strategic Priority



An overview of our strategic priority delivery as set out within our IMTP is provided above, including comparisons to the month 3 position. It shows significant progress has been made in the delivery of each of our strategic priorities, with 91% of milestones on track to be delivered as planned.

An additional 6 milestones were completed this month, which brings to total for 2024/25 to 19. This is in line with the overall profile of our plan with the majority of milestones due for completion in quarters 3 and 4.

2 red milestones are linked within our 'Supporting Healthy Behaviours' resource work which have requested they are suspended until quarter 1 2025/26 due to resourcing and re-prioritisation. In addition, 1 milestone has requested a scope change to reflect the change in AHP accountability and the remaining 5 have all requested to extend the delivery date until later in 2024/25.

There are also currently 8 milestones reporting as amber. 3 of these have already moved the original delivery date to later this year but uncertainty remains due to external dependencies.

Request for Change – Approval Required

A total of 8 RFCs have been submitted for approval this month. The Executive Team are asked to consider and approve the proposed changes (see Annex A, Cover Paper)





Strategic Change Programmes

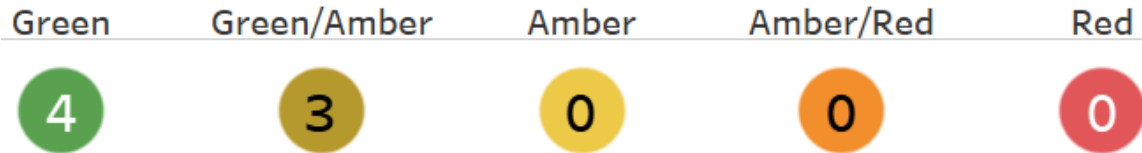


Strategic Change Programmes Overview

Each Strategic Programme reports a monthly Delivery Confidence Assessment (DCA) for overall programme delivery. Detail on all programmes, including tier 3, is available on the Performance and Assurance dashboard.



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



Key Information

Web Transformation status has increased to Green/ Amber as key deliverables were completed on time which are required to procure a new content management system. Decisions on procurement and finance are now required from BET on 21/8.

Diabetic Eye Screening Transformation has returned to Green due to achievement of two programme milestones – OCP completion and the introduction of e-referral – although implementation of a new mid-Wales service base has been delayed until January 2025 owing to recruitment difficulties.

HIPAS programme (Tier 3) was subject to a Gate 0 assurance review (strategic assessment) undertaken by the PMO, which identified that successful delivery of the programme appears unachievable (DCA red status). The Executive Director of Health and Well-Being is now leading a process to identify options for the future of the programme.

Programme Detail

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



Climate Change



Quarterly reporting cycle

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

The latest update is available in the [Performance and Insight Report](#) (p. 21) considered at our Board meeting in July 2024.





GIG
CYMRU
NHS
WALES

Iechyd Cyhoeddus
Cymru
Public Health
Wales

*Gweithio gyda'n gilydd
i greu Cymru iachach*

**Working together
for a healthier Wales**