Performance and Insight Report

August 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

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Key Performance Indicator Summary

People Governance	In Focus	Target	Aug-24	Committee
12m Rolling Sickness Absence FTE %		<3.25%	4.01%	
Statutory and Mandatory Training		85%	91.4%	People & OD
Appraisal Compliance	◎	85%	85.6%	
Diversity ESR Data		N/A	75%	
Financial Governance			**Aug-24**	
Revenue Position Forecast		Breakeven	Breakeven	
Capital Year-End Position		Breakeven	Breakeven	Audit & Corporate Governance
Agency Spend, % of Total Pay Bill		<2.1%	1.5%	
Public Sector Payment Policy (PSPP)		95%	97.95%	
Information Governance			**Jul-24**	
Freedom of Information Request		Within 20-Days	3 exceeded	
Subject Access Request		1 Month Average	1 exceeded	Audit & Corporate Governance
Personal Data Breaches Reported (Escalated)		N/A	3 (0)	
Mandatory Information Goverance Training		85%	90%	
Clinical Governance			**Aug-24**	
Moderate or above harm incidents (YTD)*		N/A	6 (37)	
Number of externally reported incidents (NRI's, EWI, RIDDOR, IRMER) - In Month - (Rolling 12m)		N/A	2 (8)	
Incident Closure Compliance**		85% PHW	54%	
Formal Complaints - Acknowledged within 5 working days**		75% WG / 95% PHW	100%	Quality, Safety and Improvement
Formal Complaints – Responded to within 30 working days**		75% WG / 95% PHW	50%	
Informal Complaints – In Month (Rolling 12m)		N/A	1 (119)	

*This data is YTD from 1 April 2024.
**Note Incidents and Complaints require 30 working days for closure, therefore this data pertains to June 2024

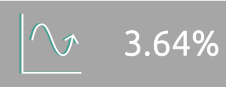Key: RAG Status   ◎ Click on the Focus Area Icon for additional assurance

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

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People Governance

Sickness Absence

3.64%

Decreased by **0.40%** in August 2024.
Sickness absence has reduced as expected for this time of year, and is lower than the figure reported last year (3.98%)

12 Month Rolling Absence

3.25%

4.0%

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

Appraisal and Development Reviews

85%

85.6%

Currently **above** the NHS Wales target.

We have achieved the Welsh Government appraisal compliance target for the first time. In the last 8 months there has been a 7.4% improvement across the organisation.

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

In Focus

Statutory and Mandatory Training

85%

91.4%

Remains **above** target in August 2024.

All Directorates with the exception of Board and Corporate (81%) are **exceeding target**.

Modules reporting lowest completion are Foundations in Improvement (82.1%), which was introduced as a mandatory training e-learning module from April 2024.

Equality and Diversity

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

75%

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.

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In Focus: Appraisal and Development Reviews

Compliance Performance

For the first time since we began recording and reporting on Appraisal compliance, we have achieved 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 August, there has been another significant increase in compliance from 84.3% to 85.6% (1.3% increase). Compliance is at risk of falling under compliance over the next 3 months if appraisals fail to be undertaken. This will have the most impact on People & OD and Health & Wellbeing Directorates, who have the highest percentage of appraisals that are due soon.

85.6%
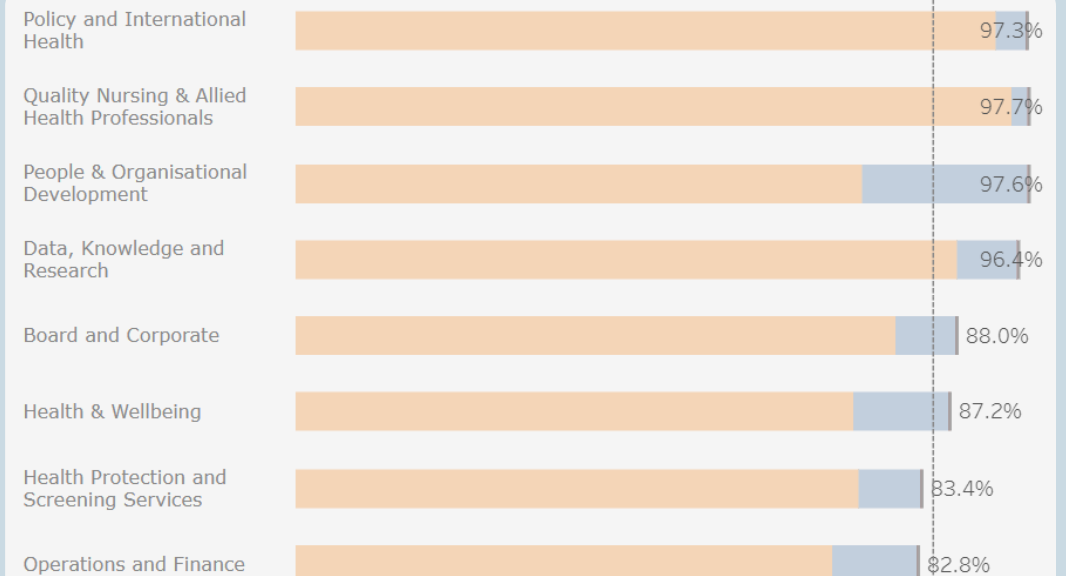of reviews completed within 12 months
vs a target of 85%
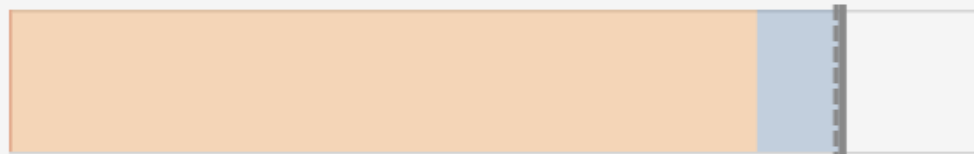
Grey – current compliance ━━ vs target ▪▪▪▪
Blue – appraisals due in next 3 months

Dashboard

Compliance by Directorate

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

There is also a significant range in compliance across our Directorates ranging from 97.3% in Policy and International Health to 82.8% in Operations and Finance. Board and Corporate are now in compliance increasing from 84% to 88%.

Directorate	Compliance
Policy and International Health	97.3%
Quality Nursing & Allied Health Professionals	97.7%
People & Organisational Development	97.6%
Data, Knowledge and Research	96.4%
Board and Corporate	88.0%
Health & Wellbeing	87.2%
Health Protection and Screening Services	83.4%
Operations and Finance	82.8%

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Financial Governance

Revenue Position

Break-even	-£65k YTD	£0k Forecast

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

Capital Position

£2.969m Allocation	£210k 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. £210k 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 (PSPP)

95%	97.95% YTD	>95% Forecast

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

COVID-19

- COVID testing costs are £0.833m above the COVID testing funding allocation at month 5.
- This overspend has been offset with £0.438m of slippage against COVID sustainability funding leaving a net COVID-19 overspend position of £0.395m at month 5.
- This has been reported to Welsh Government as an assumed allocation. A complete briefing has been shared with Welsh Government this month and further discussions are now planned

Bowel Screening Optimisation

- £1.13m of our £5.411m optimisation funding for 2024/25 is no longer expected to be utilised.
- This is based on revised modelling following the reduction in colonoscopy demand.
- It has previously been discussed with Welsh Government colleagues that our allocation will be adjusted to reflect the revised modelling. This will be discussed in light of the Covid pressures noted above.

*Click to access further detail in the latest Finance Board Report*

Finance Report

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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)

Legend: ■ In Date ■ Out of Date ■ Next month's projections
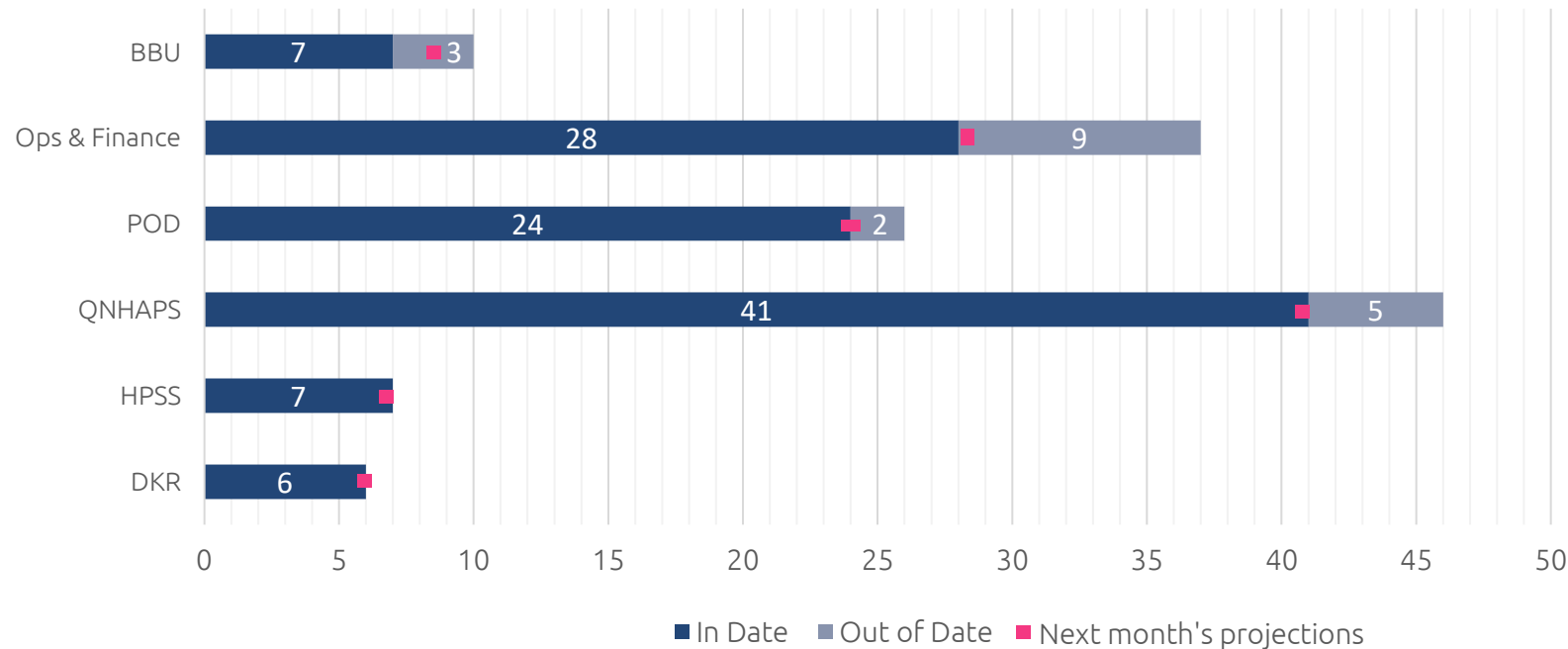
In August 2024:
- 1 QNAHPS policy was approved by the Leadership Team

Overview:
- The divisions with the most policies out of compliance are Operations and Finance and Quality and Nursing

- Approval compliance is projected to increase month on month.

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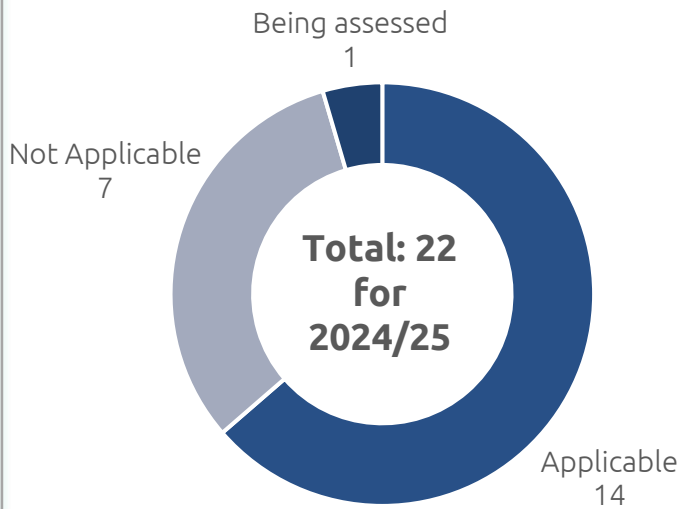# Corporate and Information Governance

Audit data updated quarterly (Next update in January 2025)

Corporate Governance

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

Being assessed
1

Not Applicable
7

Total: 22 for 2024/25

Applicable
14

Of those applicable:

1	13

- In progress
- Confirmed compliance

- Three WHC s have been received this month and have been assessed. One was not applicable (WHC 2024/34 – Directions to apply the National Framework for the Commissioning of Care and Support in Wales: Code of Practice to local health boards and NHS trusts – August 2024). One was applicable (WHC 2024/33 – The Winter Respiratory Programme 2024/25). One is being assessed Oxygen Cylinders – Regulation 28 Report and Patient Safety Notice (PSN) 042. (WHC 2024/36).

- Three WHCs were closed WHC 2024/31, WHC 2024/33 and WHC 2024/34

One WHC is currently in progress with implementation, which is due to be fully implemented by the end of September.

Internal and External Audit (Reported to September Audit and Corporate Governance Committee)

The Audit and Corporate Governance Committee considered the following Audit reports at its meeting on 10 September 2024:

- Internal Audit: Board Assurance Framework (Substantial)

The report contained one recommendation following the Audit.

The recommendation will be added to the Audit Action Tracker and progress with implementation reviewed on a quarterly basis by the Leadership Team and Audit and Corporate Governance Committee.

The next update is due at the January 2025 meeting.

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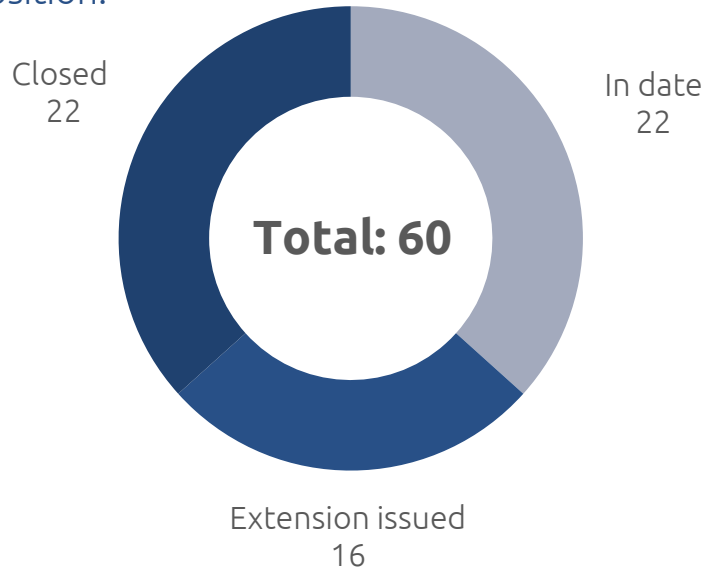*Audit data updated quarterly
(Next update in January 2025)*

Corporate Governance

Audit Recommandations Implementation – August Position

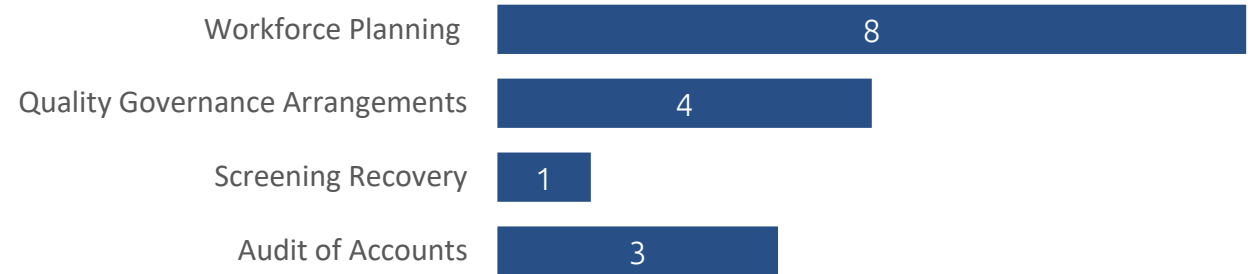In August, the Leadership Team reviewed the current updates on the Audit Recommendations.

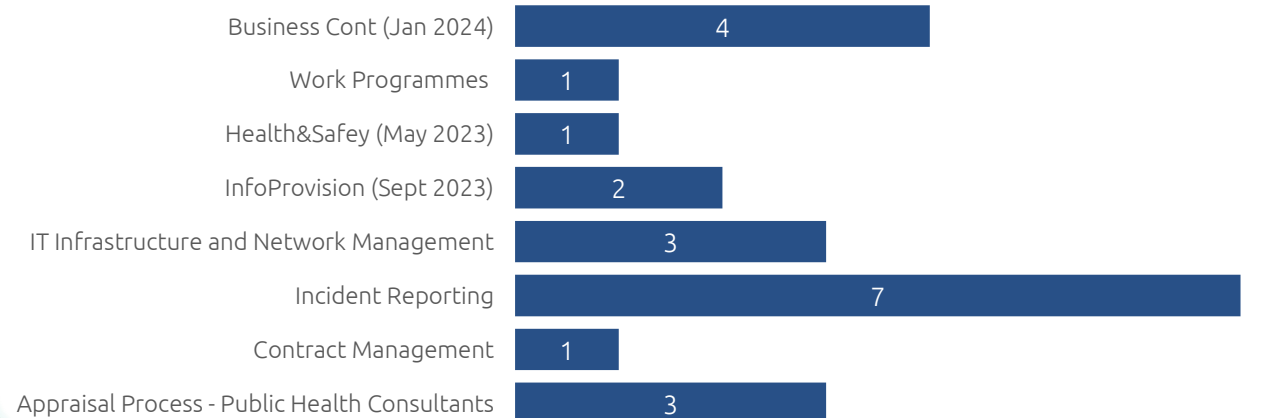Following this review, below is a summary of the current overall position:

Closed
22

In date
22

Total: 60

Extension issued
16

Current Position

External Audit

Current number of open actions:

Workforce Planning	8
Quality Governance Arrangements	4
Screening Recovery	1
Audit of Accounts	3

Internal Audit

Current number of open actions:

Business Cont (Jan 2024)	4
Work Programmes	1
Health&Safey (May 2023)	1
InfoProvision (Sept 2023)	2
IT Infrastructure and Network Management	3
Incident Reporting	7
Contract Management	1
Appraisal Process - Public Health Consultants	3

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Information Governance

Freedom of Information Act

20 days

3 exceeded

19 requests were received in July 2024.

3 exceeded the **20-working** day timescale to respond. One is on hold awaiting clarification.

Complex and larger requests take longer to complete, especially when the information requested is sourced from multiple directorates. The average response time is 16 days. Out of the 3 that were out of the 20-working day timescale two were only out by 3 days.

Data Protection (Subject Access) Requests

1 month

1 exceeded

4 requests were received in July 2024.
2 were responded to within 1 calendar month.
1 request remains open waiting for proof of entitlement.
1 request for personal data relating to a food poisoning case on Tarian exceeded the deadline due to the complex nature of the request.

Personal Data Breaches

Reported	Escalated
3	0

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

Breach 1 – Member of staff logged into an account of another staff member
Action – Risk assessment confirmed as not ICO reportable as no personal data was disclosed outside of the team.

Breach 2 – Result letter sent to incorrect address
Action – This is a result of a known issue that DHCW are investigating. Letter was returned unopened, no risk to privacy has occurred and does not meet the requirements to report to the ICO.

Breach 3 – Email sent to a personal email address instead of work email in error
Action – There is no evidence that the email was intercepted and does not meet the requirement to report to the ICO.

Mandatory Information Governance Training

85%

90%

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

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Clinical Governance, Quality, Safety and Improvement

Externally Reportable Incidents

- No Nationally Reportable Incidents reported

- No Early Warning Incidents reported

- No Duty of Candour incidents reported this month.
One new Duty of Candour incident was identified in Breast Test Wales. An investigation has been completed and the Duty of Candour process followed.

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

Incidents

Incident Numbers (Rolling 12m to August 24)	Reported in August
1,973	167 (median 163)

As of **3 September**, there are a total of **68** reported overdue incidents in Datix that are overdue with an 'open' status of more than 30 working days.

This has increased very slightly by **1** incident compared to the 67 open in July 2024. The areas with the largest numbers of overdue incidents are Cervical Screening Wales **(40)**, Microbiology **(9)**, Diabetic Eye Screening **(7)** and Breast Test Wales **(6)**.

Dashboard

Overdue Incident Progression (March – August 2024)
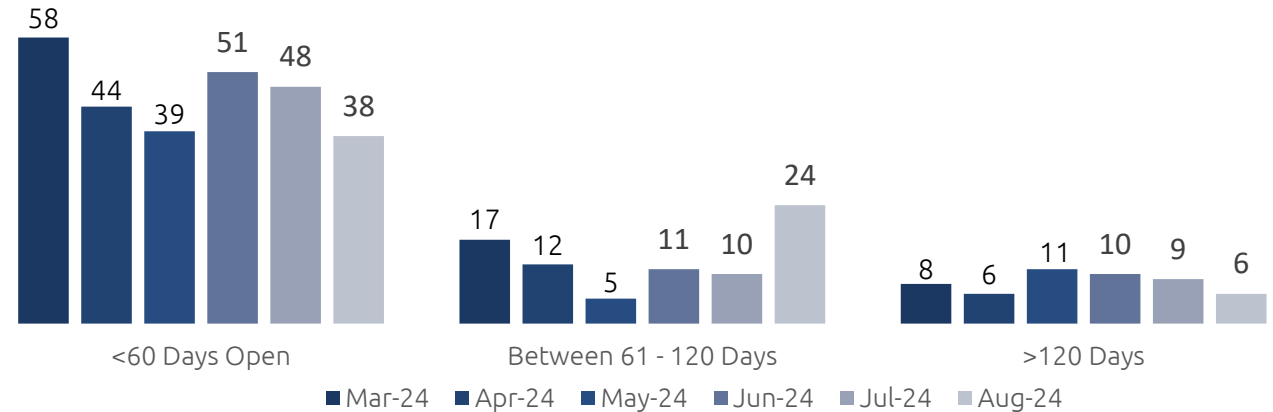
The PTR Team continue to circulate the overdue incident numbers weekly and are working directly with Incident Managers and Investigators to support further improvement.

4 of the 6 incidents that are overdue by more than 120 days, are incidents that require work to be undertaken by web developers. Meeting held with Integrated Governance and Digital Experience to understand capacity issues and establish risk around longest overdue incidents. Deadline of 30th September agreed for closing these incidents.

Incident Levels of Harm

Level of Harm	Count
None	60
Low	101
Moderate	6

6 incidents were reported in August as Moderate harm. These were reported in the following areas:

- Breast Test Wales **(2)**, Microbiology **(2)**, Diabetic Eye Screening **(1)** and Safeguarding **(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.

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Clinical Governance, Quality, Safety and Improvement

Complaints, Claims and Redress

Complaints (Rolling 12m)	Formal (August)	Informal (August)
Formal - 33 Informal - 119	3 (median 3)	1 (median 10)

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

• Bowel Screening Wales **(1)**, Cervical Screening Wales **(1)** and Breast Test Wales **(1)**

The **one informal complaint** was received in Diabetic Eye Screening Wales.

Claims

August 2024	No new claims received.
0	Of the ongoing claims, there are 20 confirmed claims, and seven potential claims.

Redress

August 2024	One new Redress case was received in Breast Test Wales.
1	There are currently seven ongoing Redress cases, four are within Cervical Screening Wales and three within Breast Test Wales.

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Key Performance Indicator Summary

Screening Services	In Focus	Standard	Jul-24	Committee
Bowel Screening Wales – Waiting time for index colonoscopy (Health Board Delivery)		90%	16.6%	
Cervial Screening Wales – Waiting time for colposcopy appointment (8 weeks)		90%	94.1%	
Breast Test Wales – Assessment invitations (3 weeks)		90%	Aug-24	Quality, Safety and Improvement
			23.9%	
Diabetic Eye Screening Wales – Coverage (12 Months)		80%	40.6%	
Abdominal Aortic Aneurysm – Timely referral to elective vascular network (MTD)		100%	100%	
Infection Services			**Jul-24**	
Total Microbiology Rejection Rates		<5%	5.1%	
Total Microbiology Diagnostic Sample Requests		*TBC	176,965	Quality, Safety and Improvement
Blood Culture - Collected to Incubation SMI <4hrs		<4hrs	70%	
Blood Culture - Received (PHW Laboratory) to Incubation		*TBC	99.4%	
Health Protection			**Jul-24**	
Test and Post (STI self-sampling) – Test Turnaround Times		100%	99.95%	
Response times by priority - Urgent (<4 hours)		90%	97%	
Response times by priority - High (<24 hours)		90%	93%	Quality, Safety and Improvement
Response times by priority - Medium (<48 hours)		90%	94%	
Compliance to surveillance reporting schedules		90%	92%	
Data, Knowledge and Research			**Quarter 1**	
Number of Major Breaches		0 Major Breaches	0 Breaches	
Number of Minor Breaches		Downward trend of Minor Breaches	1 Breach	Audit & Corporate Governance Knowledge, Research and Information
Percentage of publications without breaches		100%	67%	
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	
Whole School Approach – Proportion of schools with an Action in Place (All schools)		80%	53%	Knowledge, Research and Information Quality, Safety and Improvement
Whole School Approach – Proportion of schools with an Action in Place (Secondary schools)		100%	84%	
Policy and International Health				
Indicators and targets to be developed where applicable				

*N.B. Additional performance indicators reported on the Performance & Assurance Dashboard, including screening and turnaround times for infection services

Key: RAG Status
■ >10% outside target ■ Within 10% of target ■ Achieving target ■ Not applicable / TBC

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Health Protection and Screening Services

Screening Services

Latest activity

Screening services continue to work towards delivering excellent services.

Regarding Newborn Bloodspot Screening, good progress has been made as part of a review of the bloodspot card design, with feedback received from a wide range of stakeholders.

It is anticipated that the adjustments will reduce the amount of data completion errors and improve efficiency of data inputting by the laboratory.

In terms of Bowel Screening Wales, Electronic Test Requesting for FIT symptomatic is going well.

In addition, there is now a working electronic process in place with England around sharing cervical screening histories.

Bowel Screening - Colonoscopy within 4 weeks of booking SSP appointment

90%

16.6%

Timeliness remains below the 90% standard in July 2024.
As at 30/08/24, BSW colonoscopy hospital waiting times range from 5 to 16 weeks.

There is a continual focus by the programme and Health Boards are being supported to improve through:
- Regular review meetings
- Support with in-sourcing, with accredited personnel
- Demand prediction

Dashboard

Breast Screening - Assessment invitations within 3 weeks of screen

90%

23.9%

This remains below the 90% standard in August 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. As recovery has been achieved this increased demand will reduce.

The round length continues to improve.

Activity being undertaken to improve performance include:
- Working to increase assessment clinic capacity
- Putting in temporary staffing to assist with nursing gaps

Dashboard

Cervical Screening - Colposcopy appointment within 8 weeks of a direct referral

90%

94.1%

Timeliness 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.
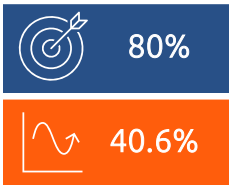
Improvement noted in month as predicted.

Dashboard

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Screening Services

Diabetic Eye Screening - Coverage of Reported Results in Last 12 Months

80%

40.6%

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 40.0% to 40.6%.

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. The programme will run the first Saturday clinic on 14 September and first evening clinic 18 September.

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.

In terms of uptake, the percentage of eligible participants who have attended a screening invitation was reported above target in July 24 at 80.3%, which is an increase from 77.9% the previous month.
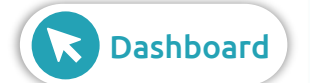
Dashboard

Abdominal Aortic Aneurysm Screening - Timely Referral to Elective
Vascular Network Multidisciplinary Team (MDT)

100%

100%
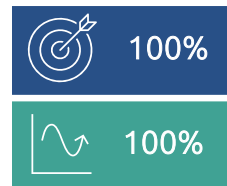
A key measure for referring men once a large or very large aneurysm has been detected during a scan.

It is positive to report that the service has achieved target in month, increasing from 50% to 100%. This being due to increased quality assurance capacity compared to previous months.
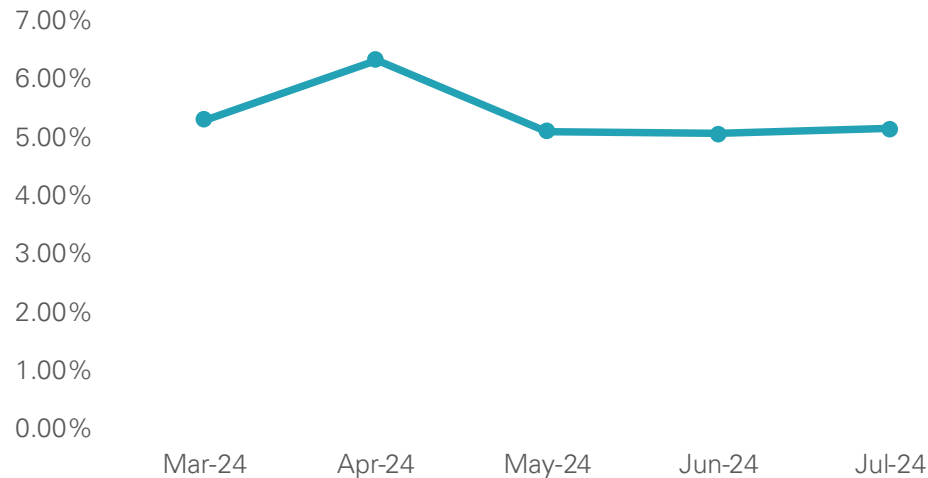
Dashboard

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Infection Services

Total Microbiology Rejection Rates
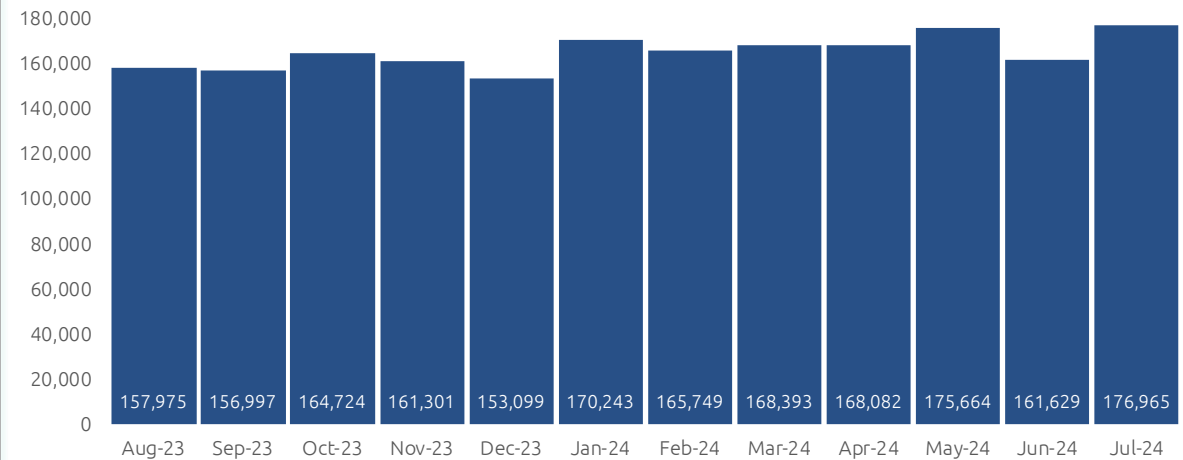

🎯	**<5%**
📈	**5.1%**

Diagnostic testing rejection rates are 5.1% in July out 176,965 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 remain primarily as receiving 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. For samples that require an urgent result the communications are done urgently to ensure a repeat sample as soon as possible.

Total Microbiology Diagnostic Sample Requests

Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
157,975	156,997	164,724	161,301	153,099	170,243	165,749	168,393	168,082	175,664	161,629	176,965

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 176,000 request in July 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
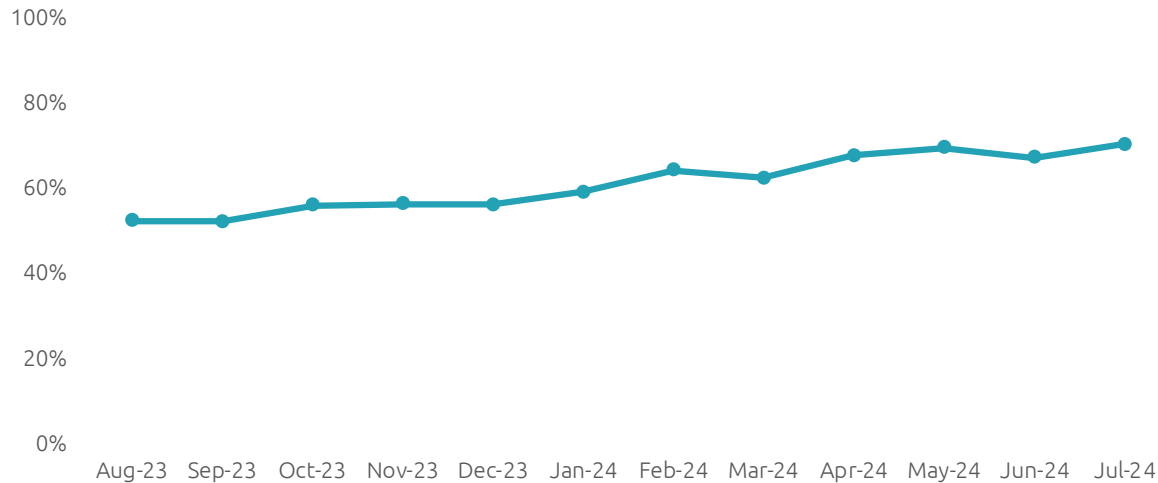
*Target to be developed

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Infection Services

Blood Culture - Collected to Incubation SMI <4hrs
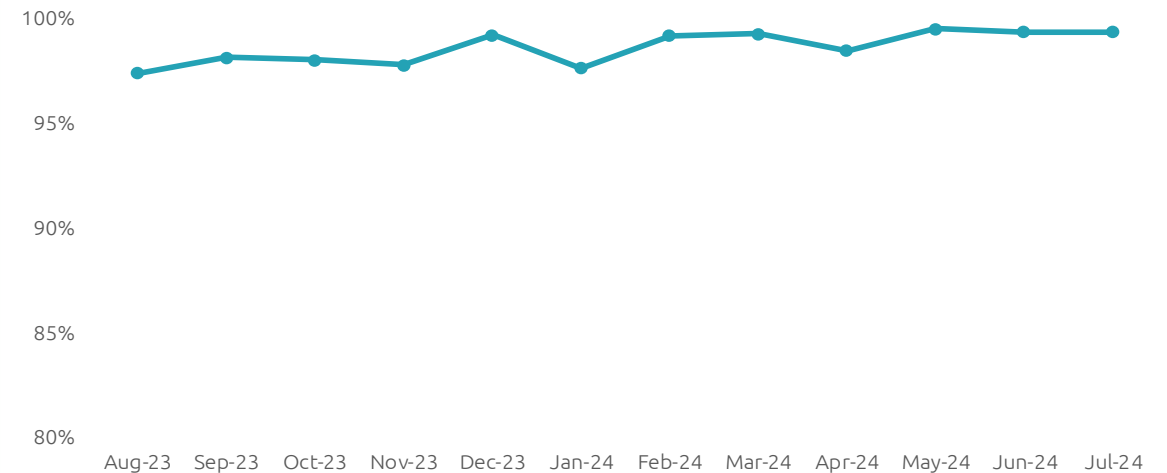

🎯 **<4 hrs**	
📈 **70%**	

- 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 to prevent sample degradation.

- 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

🎯 ***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 99.4% 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 99.4% of samples are incubated appropriately

*PHW specific target to be developed

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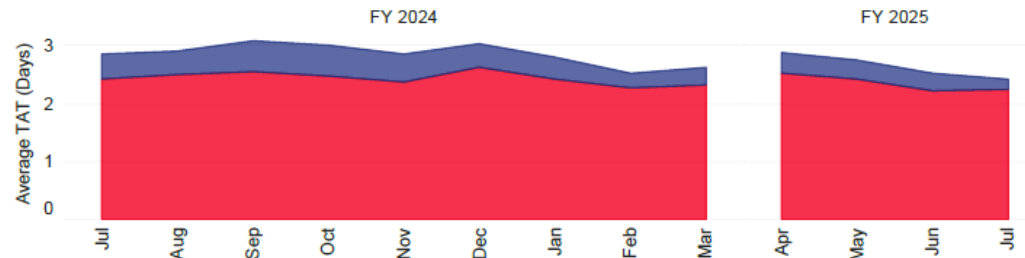# Health Protection and Screening Services

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.


- Turnaround times for STI testing are important in identifying infection as soon as possible so that it can be treated to prevent harm to the individual's health and onward transmission to others

- 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
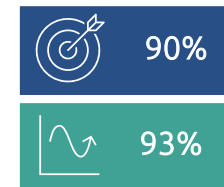
100%

99.95%
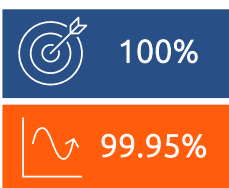
- Actions to improve:
  - Ongoing monthly monitoring
  - Work to determine the nature of turnaround delay; to consider whether due to reflex testing for Lymphogranuloma venereum, or postal delay
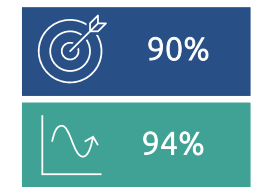
AWARe Response Times by Priority

Urgent (<4 hours)

90%

97%

High (<24 hrs)

90%

93%

Medium (<48 hrs)

90%

94%
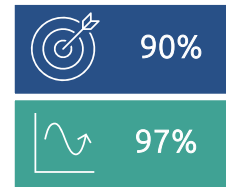
- Driven by the expert rules, responding to communicable disease cases within these priority level timescales is an important performance indicator because it ensures the necessary public health actions are initiated in a timely manner

- Response time performance currently has exceeded all priority level targets

Compliance to Surveillance Reporting Schedules (%)

90%

92%
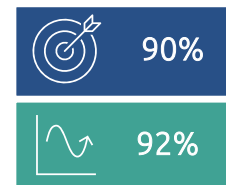
- Compliance to surveillance reporting schedules is an important indicator because timely and proactive communication in relation to communicable diseases is key in protecting the health of the population of Wales.

- Performance has currently exceeded the 90% standard

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Data, Knowledge and Research - Overview Section

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	4	4	6	4	3			
Number of major breaches	0	0	0	0	0			
Number of minor breaches	1	1	0	2	1			

Note, includes statistical & analytical publications only. Previous version included evidence publications

Major breaches are:

- Not publishing on time
- Statistical error affecting headline data
- Statistical error likely to have affected how users would act on or interpret the data
- Pre-release going to wrong person(s)
- Any kind of political interference

Any other type of breach is defined as minor

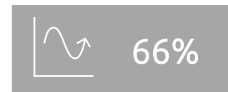Breaches addressed by:

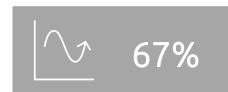- Quality control processes to minimise the risk of re-occurrence.

0 Major Breaches

0 Breaches

Satisfaction and impact

66% 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%)

67% 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%)

100%
20% 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.

Organisational Research & 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			

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Data, Knowledge and Research - Impact Survey, May 2023
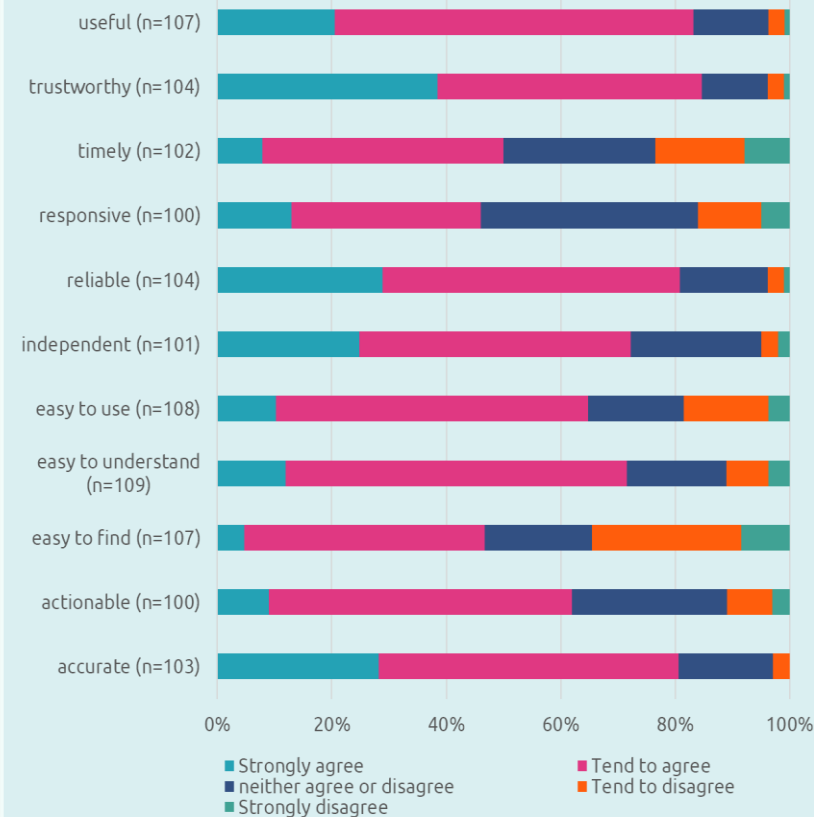
- 152 external stakeholders responded to our annual impact survey between April and May 2023

- Covers all data, analysis and research products within PHW. They were distributed across sectors as follows:

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

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

67% — 67% of respondents reported a positive impact of our work on decisions
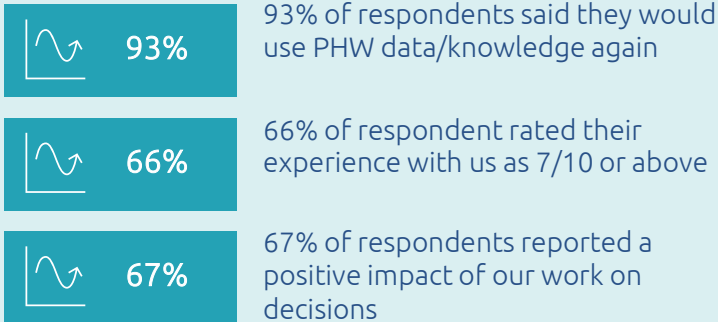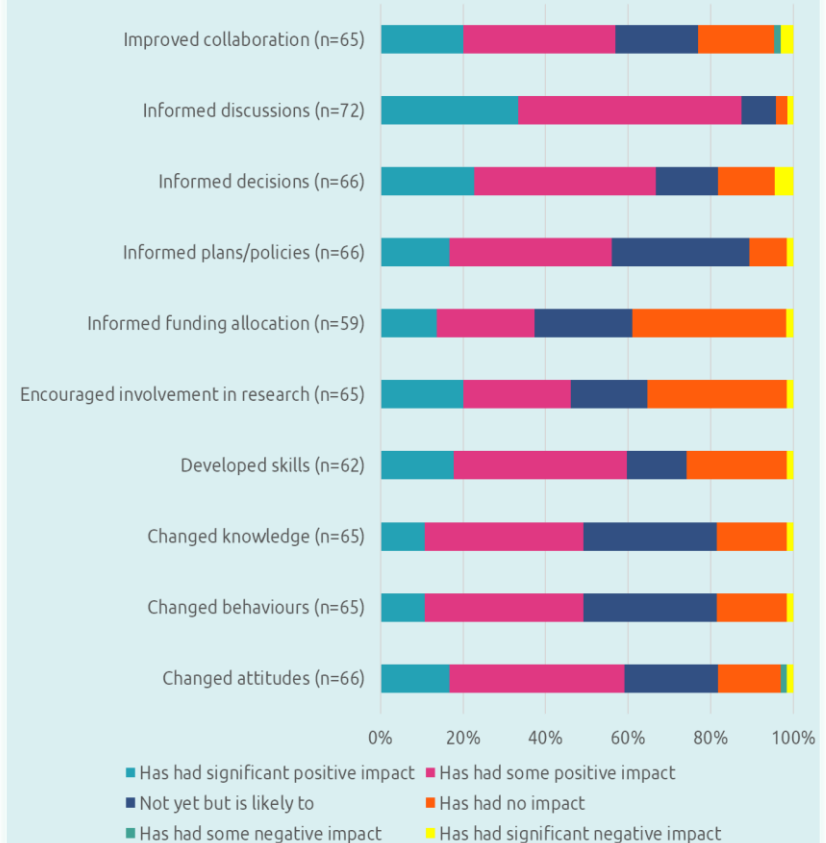
Actions planned or already underway to support increased impact of our work include:

- 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:

Legend:
- Strongly agree
- neither agree or disagree
- Strongly disagree
- Tend to agree
- Tend to disagree

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

Legend:
- Has had significant positive impact
- Not yet but is likely to
- Has had some negative impact
- Has had some positive impact
- Has had no impact
- Has had significant negative impact

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Policy and International Health

Title: No One Left Behind

Strategic Priority: Promoting mental & social wellbeing

The need:

- Social connections play a vital role in shaping health and well-being and can contribute to overall health inequalities.

- Understanding the challenges and opportunities presented by future trends on our social connectedness is important in addressing health inequalities going forward.
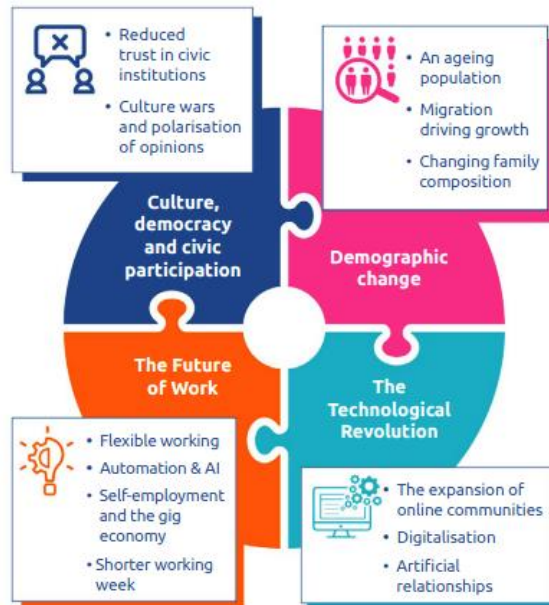
What we did:

- Futures methods were used to explore the potential impact of future trends on social connectedness in Wales.

- A report and survey on priority trends was published in July 2024.

Impact and next steps:

- Publication of the report has resulted in new relationships with stakeholders including We Mind the Gap – Wrexham, Birch Tree Associates and The Older People's Commissioners Office.

- Feedback includes: *'I think there is a lot we can use here to support our Communities Policy thinking'* – Welsh Government

- Good media engagement – ITV Wales News at Six, Global Radio, BBC Radio Cymru, 3 local newspapers, in-house social media all covered the report.

- A webinar is planned for September 2024 through Public Health Network Cymru to share results of the survey, findings of the report and implications for policy. Key stakeholders will be part of the webinar panel.

- A workshop will be delivered on the future of tenant participation in social housing at TPAS Cymru conference 14/11

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Policy and International Health

Title: Health Impact Assessment and Social Return on Investment – capturing the health impacts and social value of public health

Strategic Priority: Supporting a sustainable health and care system

The need:

- Making the case for shifting budgets and increasing funding in public health by illustrating the full health, social, economic and environmental value of public health services and interventions is imperative to enable sustainable, inclusive, value-based policies, investments and actions.

What we did:

- As part of the on-going series of quarterly Wales Health Impact Assessment Support Unit (WHIASU) HIA network events, which have an international audience, a webinar was delivered collaboratively by WHIASU and the Social Value and Economics Unit on 28 August 2024.

- The webinar demonstrated how HIA can be used alongside Social Return on Investment and provided an opportunity to discuss how the work can be developed and further applied in practice to help make the case for investment / reallocation of budgets across the NHS and other organisations in Wales.

- This work has also been published in two per reviewed research journals.

Impact and next steps

- The webinar attracted an international audience, with 41 participants from Wales, England, Ireland, Scotland, Spain, Canada and the WHO Europe Bonn office. The report has been downloaded 148 times and adds to the 1,106 WHIASU downloads in the last 6 months.

- Attendees' formal feedback on the webinar was extremely positive.

- The SROI and HIA study is part of the overall WHIASU workplan. Between July 2023 and April 2024 WHIASU received 138 queries and requests, including for advice on SROI and HIA. The requests come from national public health institutes including from Portugal and Ireland. There have also been presentations to agencies in New Zealand and Ireland as well as to IANPHI and WHO. In Wales, Welsh Government and Local Health Boards, as well as other Directorates in Public Health Wales have sought advice from WHIASU.

- Between July 2023 to present, WHIASU has had 1,833 webpage views, accounting for almost 1 in 5 engagements with the Policy and International Health Directorate.
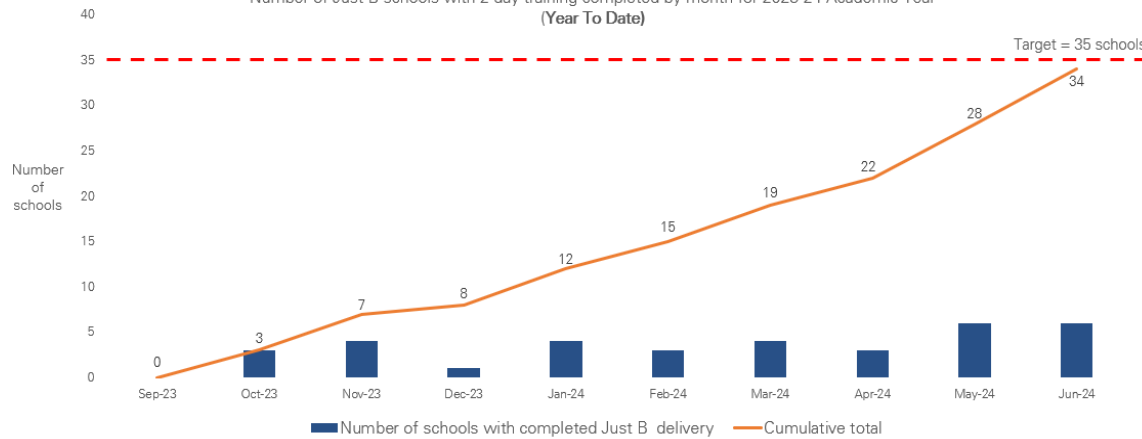
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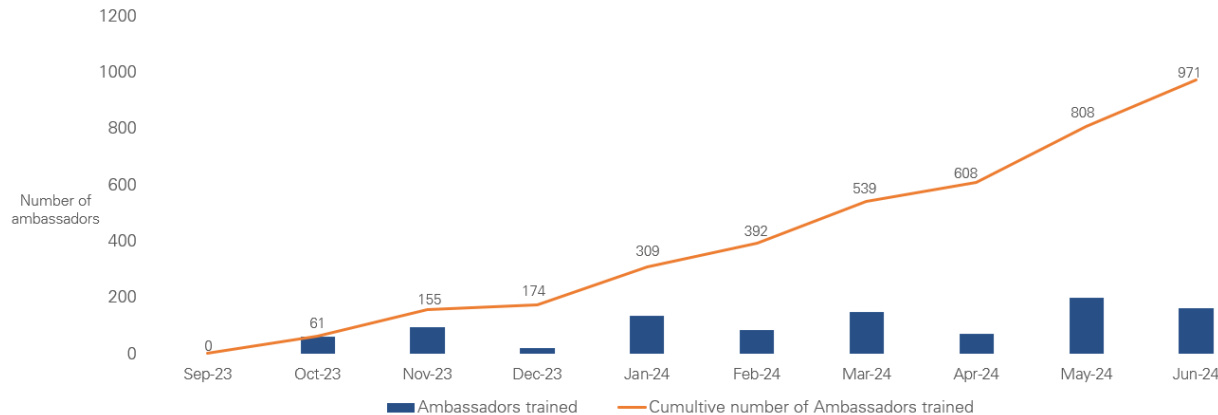# Health and Wellbeing

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 8 pupils in secondary schools with the highest smoking rates.

- The programme restarted in the 2023/24 school year following the pandemic with an initial target of 35 schools, of which 34 schools participated.

- We plan to progress to normal delivery levels of 50 – 60 schools in the next academic year (Sep 24 - Jul 25).

- The programme trains peer ambassadors and just under 1000 young people have directly benefited from the training during the year.

- No schools were trained during July or August 2024. Delivery will re-commence in Sept 2024 and activity will be reported monthly from Sept 24 – Mar 25.
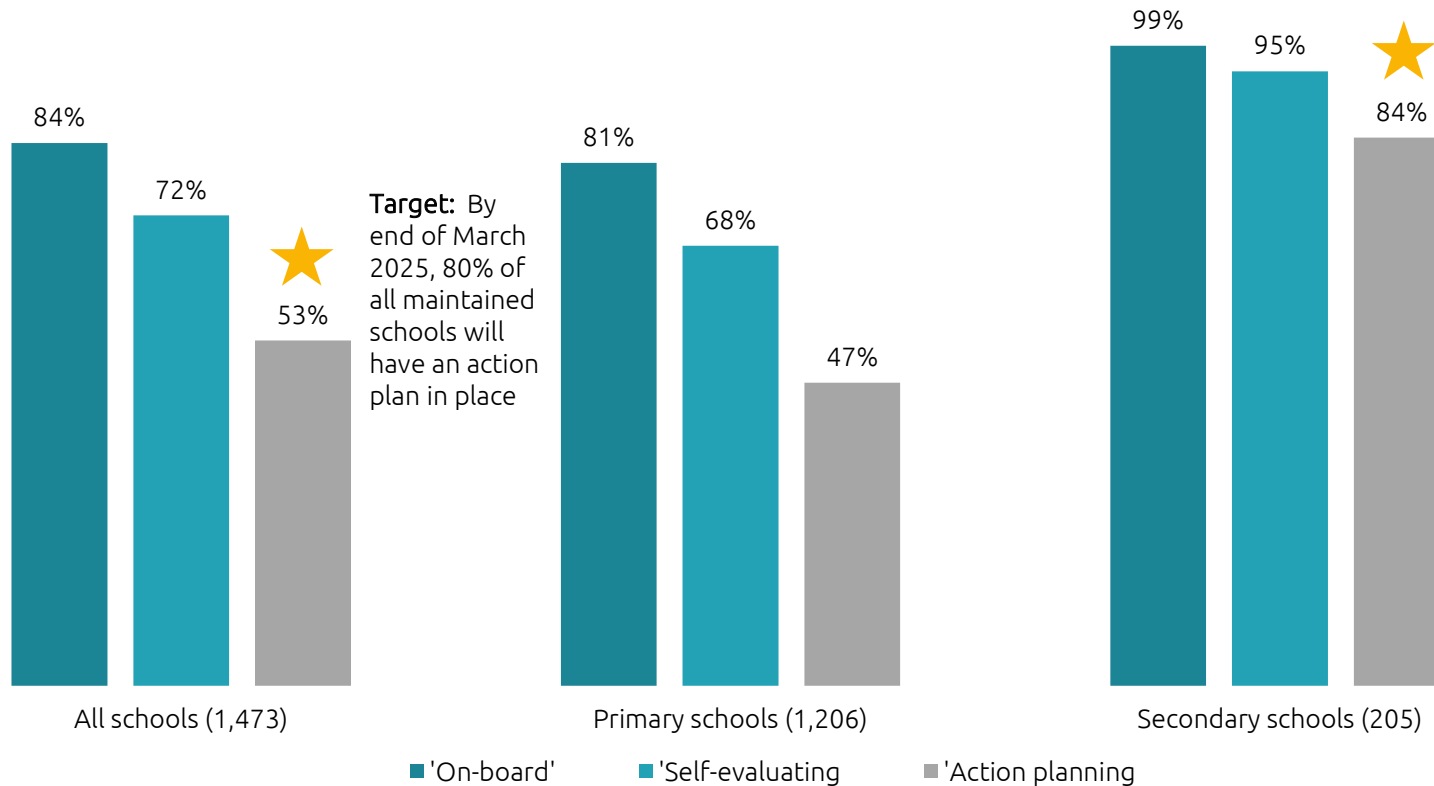
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Health and Wellbeing

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: 04.09.24)

All schools (1,473)
- 'On-board': 84%
- 'Self-evaluating: 72%
- 'Action planning: 53%

Primary schools (1,206)
- 'On-board': 81%
- 'Self-evaluating: 68%
- 'Action planning: 47%

Secondary schools (205)
- 'On-board': 99%
- 'Self-evaluating: 95%
- 'Action planning: 84%

Target: By end of March 2025, 80% of all maintained schools will have an action plan in place

Legend:
- 'On-board'
- 'Self-evaluating
- 'Action planning

Target: By end March 2025, 100% of all maintained schools with secondary aged learners will have an action plan in place

'On-board' is where a school has responded to an active offer of support, started to engage with their Implementation Coordinator (or Healthy Schools Coordinator) and has had the process of self-evaluating explained (it does not necessarily mean that they have started self-evaluating).

'Self-evaluating' means the school has started either the PHW self-evaluation tool (SET) or another tool.

'Action Planning' is where a school has entered a continuous improvement and planning cycle. The schools continually review the SET, develop their action plans and then add/remove actions when needed. It is a continuous process.

As a school-based programme, delivery does not take place during school holidays. From Sept 24 to Mar 25, activity will be reported on a monthly basis.
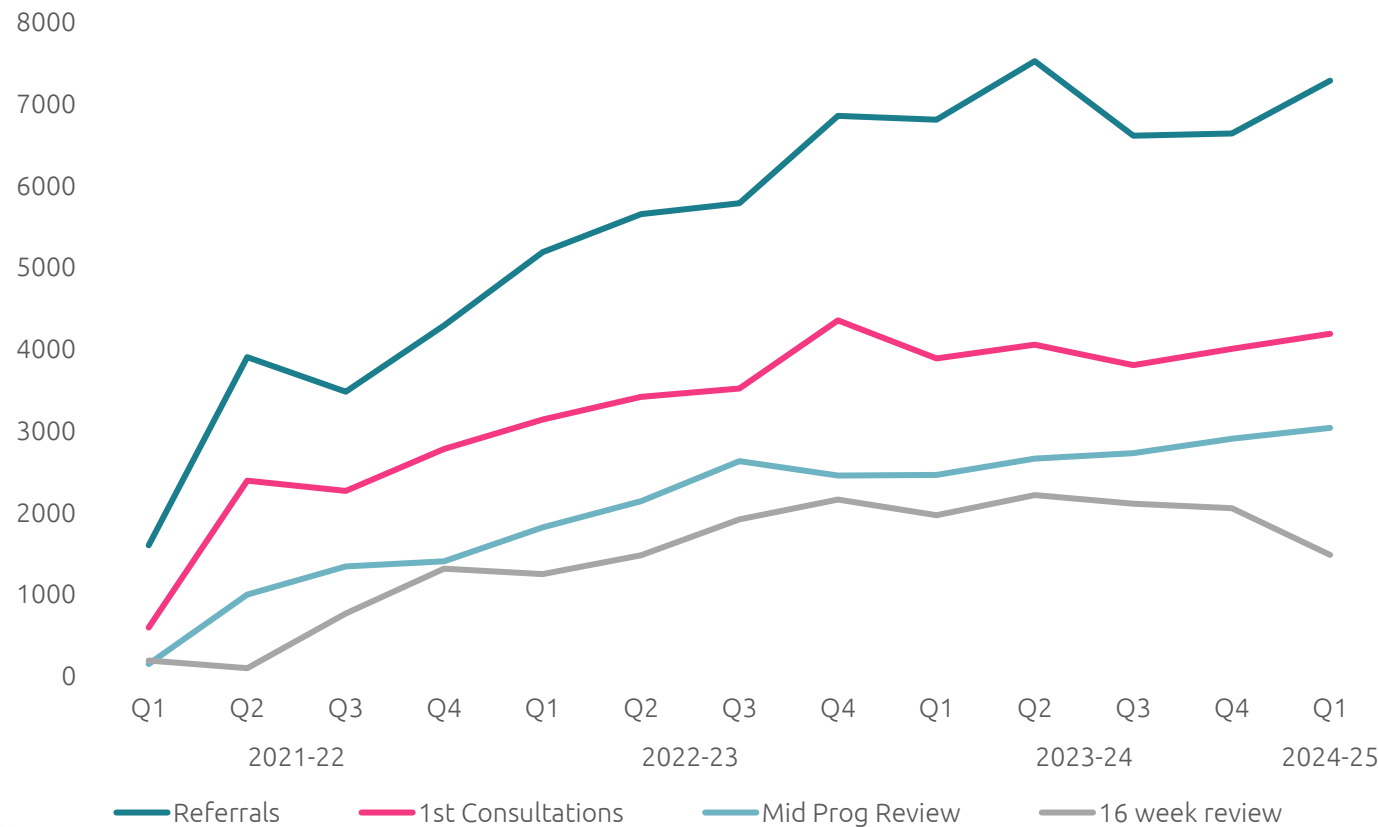
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Health and Wellbeing

National Exercise Referral Programme

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

Legend: Referrals — 1st Consultations — Mid Prog Review — 16 week review

- The National Exercise Referral Programme (NERS) is delivered by Local Authority Leisure Services and Leisure Trusts across Wales in each of the 22 areas.

- The data shows the total no. referrals to the NERS Programme over time (per quarter) and over a specific time period, no. 1st consultations held, no. mid programme reviews held and no. 16 week reviews/completers programme.

- This allows Public Health Wales to monitor information at these points in the programme, and the attrition rate as clients progress through the Programme.

- 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.

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In Focus: 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.
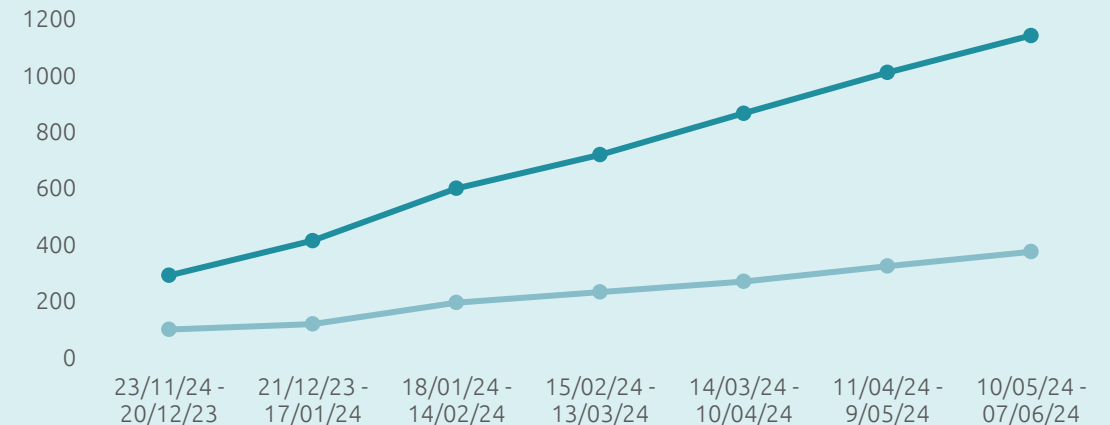
The team have engaged extensively with Health Board teams working on the 3 P's initiative. While all Health Boards have offered support there has been limited willingness to build the tool systematically into communication preferring to add a link to a website or mention the tool in telephone contact. 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

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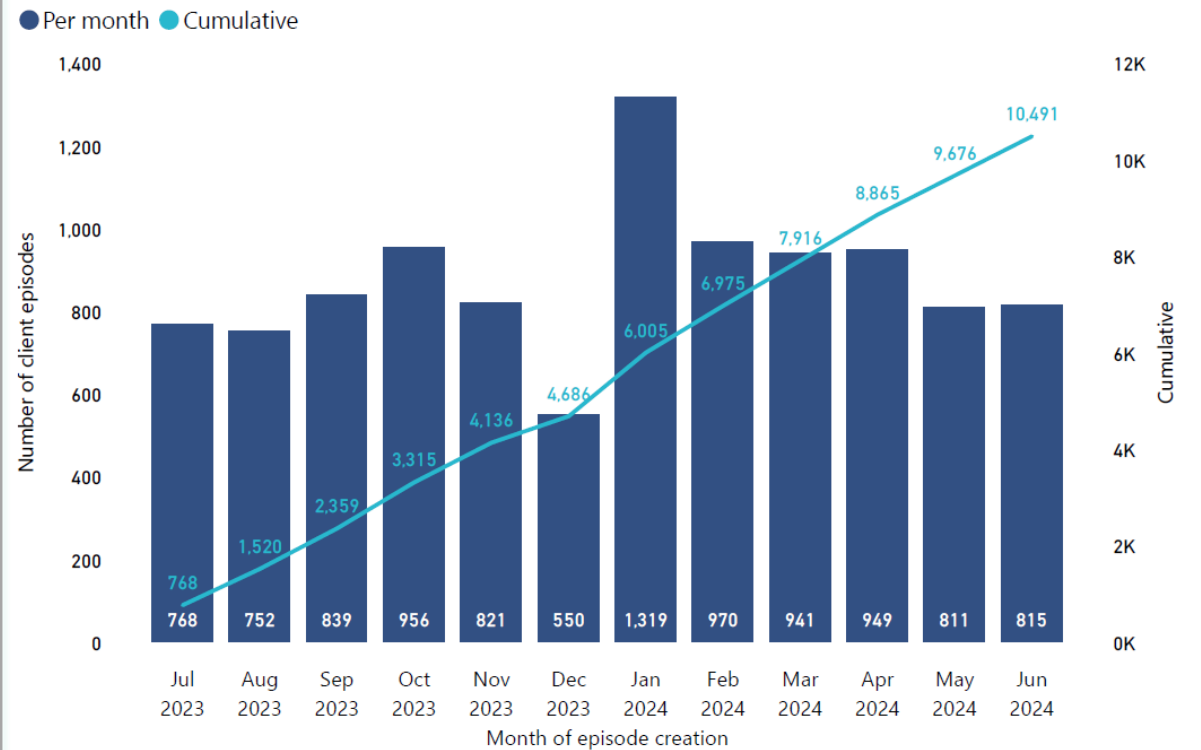# Health and Wellbeing

Help Me Quit

Number of inbound calls to the Hub

The Help Me Quit Hub has created almost 10,500 client episodes in the 12 months to the end of June, as expected the level of activity has a seasonal pattern and increases during levels of social marketing activity.

All referrals were contacted within two days in line with the service target in the 12 months to June.

The National Telephone Support Service provides additional capacity to support local service delivery and has supported 576 smokers in the 12 months to the end of June achieving 4 week quit rates (self-reported) in excess of the national target of 35%.

Number of client episodes created by the Hub

Legend: ● Per month ● Cumulative

Month	Per month	Cumulative
Jul 2023	768	768
Aug 2023	752	1,520
Sep 2023	839	2,359
Oct 2023	956	3,315
Nov 2023	821	4,136
Dec 2023	550	4,686
Jan 2024	1,319	6,005
Feb 2024	970	6,975
Mar 2024	941	7,916
Apr 2024	949	8,865
May 2024	811	9,676
Jun 2024	815	10,491

X-axis: Month of episode creation
Y-axis (left): Number of client episodes
Y-axis (right): Cumulative

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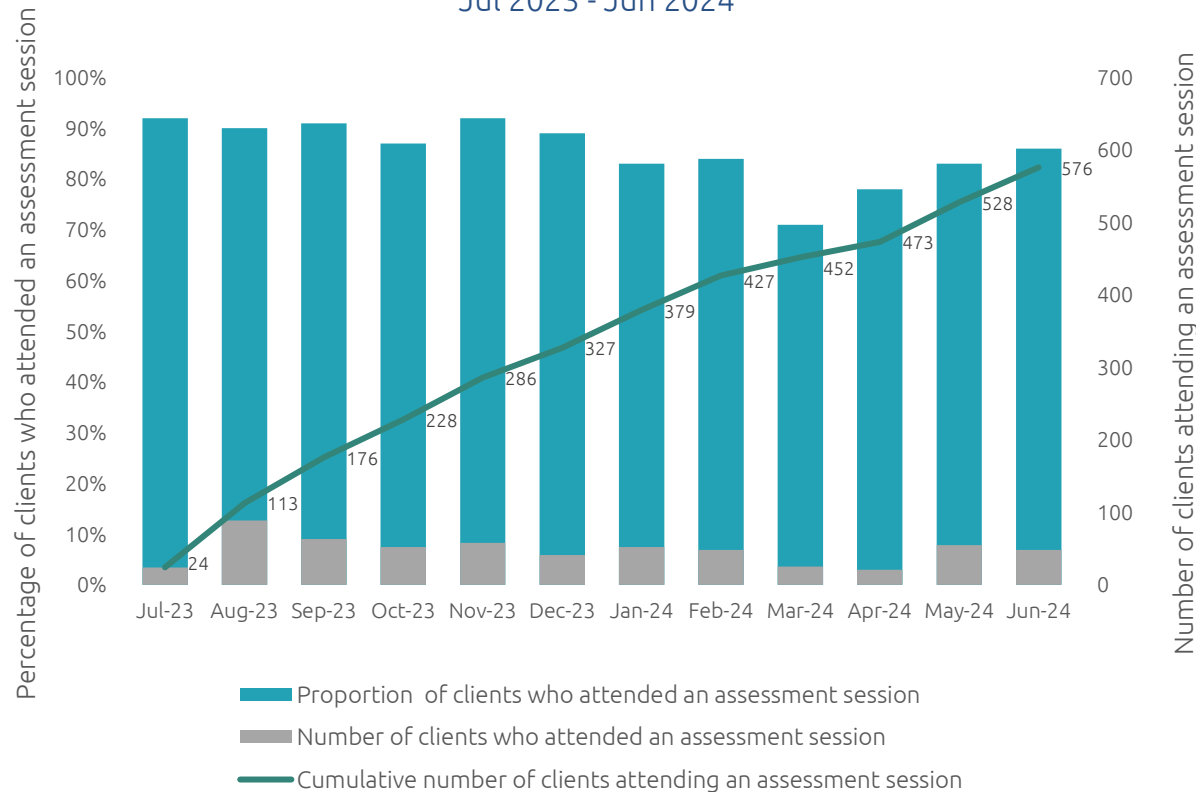Service Delivery
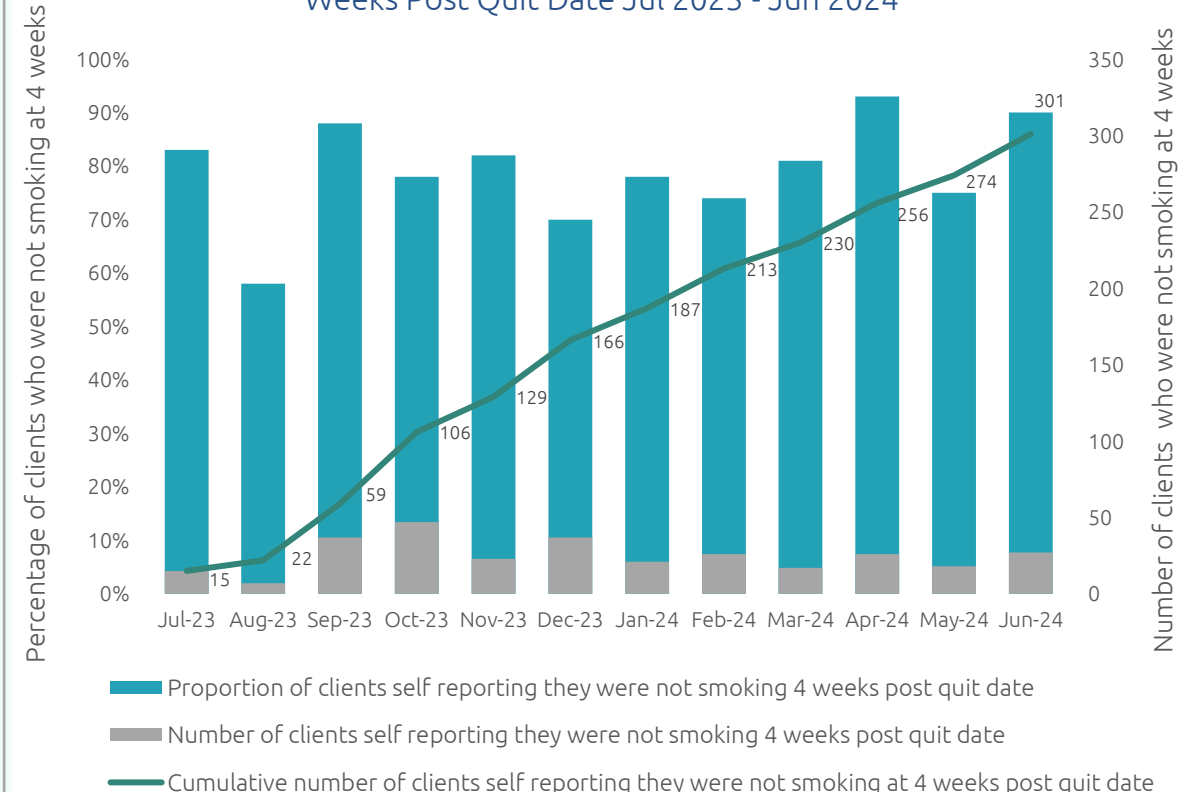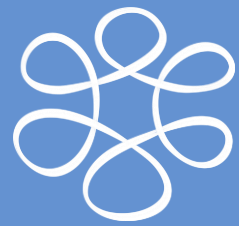
Section 3
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Health and Wellbeing

Help Me Quit

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

Percentage of clients who attended an assessment session (left axis) / Number of clients attending an assessment session (right axis)

Cumulative values: Jul-23: 24, Aug-23: 113, Sep-23: 176, Oct-23: 228, Nov-23: 286, Dec-23: 327, Jan-24: 379, Feb-24: 427, Mar-24: 452, Apr-24: 473, May-24: 528, Jun-24: 576

Legend:
- Proportion of clients who attended an assessment session
- Number of clients who attended an assessment session
- Cumulative number of clients attending an assessment session

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

Percentage of clients who were not smoking at 4 weeks (left axis) / Number of clients who were not smoking at 4 weeks (right axis)

Cumulative values: Jul-23: 15, Aug-23: 22, Sep-23: 59, Oct-23: 106, Nov-23: 129, Dec-23: 166, Jan-24: 187, Feb-24: 213, Mar-24: 230, Apr-24: 256, May-24: 274, Jun-24: 301

Legend:
- Proportion of clients self reporting they were not smoking 4 weeks post quit date
- Number of clients self reporting they were not smoking 4 weeks post quit date
- Cumulative number of clients self reporting they were not smoking at 4 weeks post quit date

Section 3
Strategy Delivery

Section 1
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Key Performance Indicator Summary

Strategic Plan	In Focus	Target	Aug-24	Committee
Strategic Plan – Percentage of milestones currently green or complete		N/A	89.6%	
Strategic Plan – Percentage of milestones currently red		N/A	2.92%	
Request for Change (RFC) – Number of milestones submitted for approval		N/A	7	
Strategic Priority 1 – Wider determinants		N/A	88.9%	
Strategic Priority 2 – Promoting mental and social wellbeing		N/A	88.9%	
Strategic Priority 3 – Promoting healthy behaviours		N/A	83.3%	Board
Strategic Priority 4 – Sustainable health and care system		N/A	95.3%	
Strategic Priority 5 – Excellent public health services		N/A	81.4%	
Strategic Priority 6 – Climate change		N/A	90.0%	
Strategic Change Programmes – Percentage of milestones currently green/amber		N/A	100%	
Strategic Change Programmes – Percentage of milestones currently red		N/A	0%	

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Strategic Plan Milestone Delivery

Strategic Priority Delivery Status

| 192 Green ▼8 | 11 Amber ▲3 | 7 Red ▼1 | 23 Completed ▲4 | 5 Suspended ▲2 | 2 Closed ▲0 |

Request for Change

A total of 7 RFCs have been approved this month.

🖱️ **Dashboard**

By Strategic Priority

- Wider determinants
- Mental and social well-being
- Healthy behaviours
- Sustainable health and care system
- Excellent public health services
- Climate change
- Enabling delivery
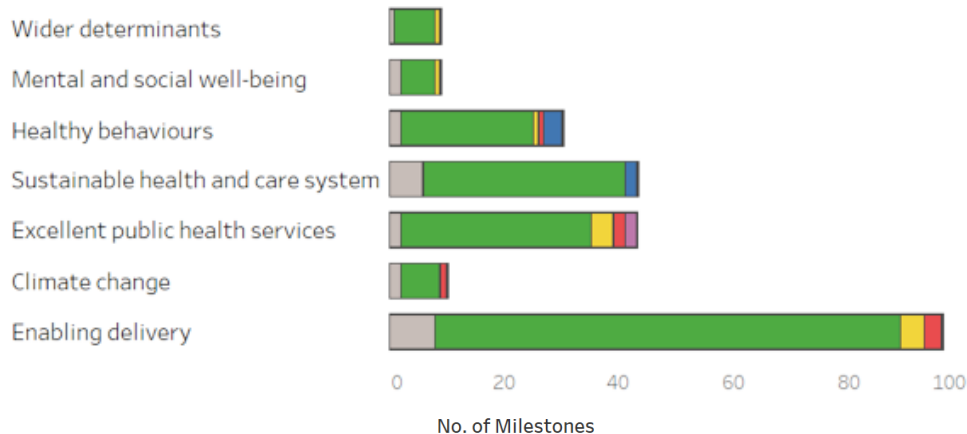
No. of Milestones

As at month 5 of IMTP 2024/25, 90% of milestones are on track to deliver as planned.

4 of the 11 amber milestones come under Excellent Public Health, and 4 under Enabling Delivery. All represent early warning of a risk to delivery as planned and work is under way to review plans and closely monitor progress in order to bring back on track.

6 of the 7 red milestones have RFC's to extend the delivery date by an average of 3 months and the 7th milestone is likely to submit an RFC next month, following a meeting with DHCW to re-plan. The reasons for the changes mainly cite external dependencies and resource issues.

The transfer of the Grange hospital hot lab to Aneurin Bevan remains uncertain awaiting a decision from ABUHB, meaning further uncertainty for staff. This milestone was originally due to be delivered in March 2024.
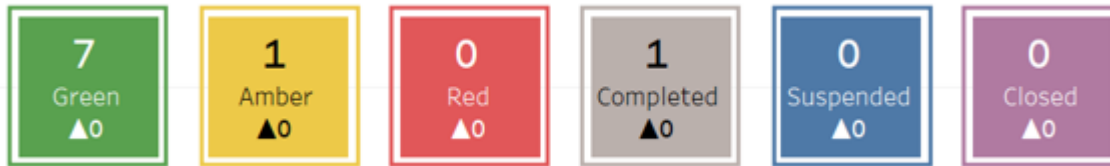
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Strategic Plan Milestone Delivery

Strategic Priority 1 – Wider determinants

Current Delivery Status

7 Green ▲0	1 Amber ▲0	0 Red ▲0	1 Completed ▲0	0 Suspended ▲0	0 Closed ▲0

By Directorate

HWB chart (0–10 scale)

Changes to Plan

Date change chart

1 Total RFC's 2024/25
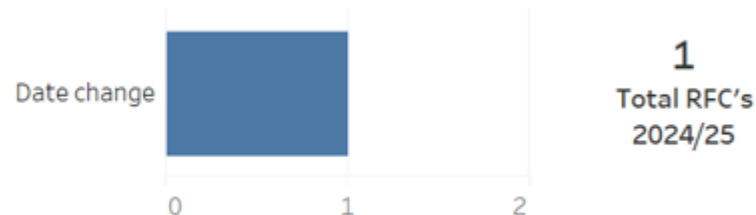
Strategic Priority Overview

- Strengthening working across organisation on child poverty and with Welsh Government team
- Looking to establish Programme Board to bring work together as route map comes to completion
- Strengthened common approaches to framing building blocks of health and taking forward our organisational approach to health inequalities

2025 Route Map Development

- Strong cross organisational engagement in route map development, using futures tools
- Overarching focus on poverty with three themes: people, place and system drivers
- Route map near completion

Issues/Risks

- Scale of challenge remains substantial in a time of financial constraint across public services
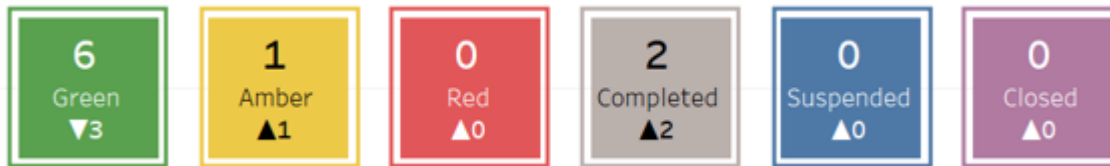- Ambition of current route map beyond existing resources

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Strategic Plan Milestone Delivery

Strategic Priority 2 – Promoting mental and social wellbeing

Current Delivery Status

Green ▼3	Amber ▲1	Red ▲0	Completed ▲2	Suspended ▲0	Closed ▲0
6	1	0	2	0	0

By Directorate

Changes to Plan

Date change

2
Total RFC's
2024/25

1
RFC's in August
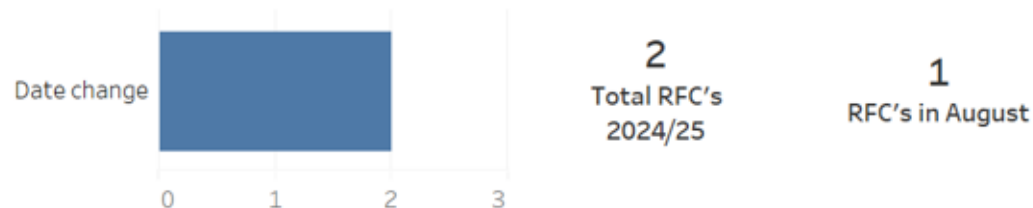
Strategic Priority Overview

- Working closely with Welsh Government regarding the Mental Wellbeing component of the Mental Health Strategy
- Renewed strategic focus on first 1000 days/early years, new relationships with Government leads
- Strategic work in partnership with Directors of Public Health to describe a 'best start in life' in Wales

2025 Route Map Development

- Conditions for change relating to each of the key outcomes have been identified along with the key actions to achieve those changes
- Current stage focusing on describing Public Health Wales role in delivering those actions
- Review of key actions & alignment with other strategic priorities and to the strategic objectives, phased over IMTP cycles

Issues/Risks

- Significant work is needed to complete road map and finding capacity is challenging but the potential benefits to longer term cross organisational work will be significant

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Strategic Plan Milestone Delivery

Strategic Priority 3 – Promoting healthy behaviours

Current Delivery Status

23 Green ▼2	1 Amber ▲1	1 Red ▲1	2 Completed ▲0	3 Suspended ▲0	0 Closed ▲0

By Directorate

Changes to Plan

5 Total RFC's 2024/25

1 RFC's in August
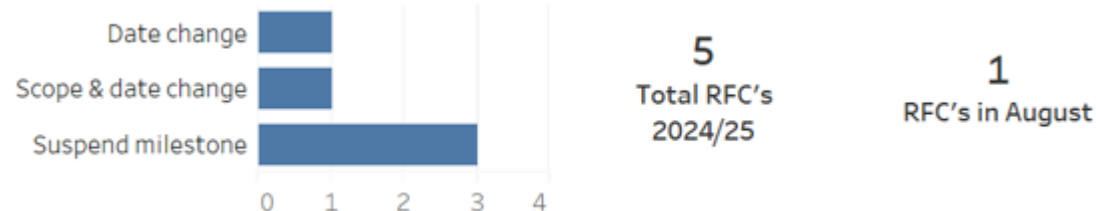
Strategic Priority Overview

- Ongoing support to the development of the First Ministers National Mission on Obesity
- Significant work to support proposed legislation on Tobacco and Vaping
- Ongoing work across UK nations in relation to proposed gambling levy

2025 Route Map Development

- Conditions for improvements in outcomes identified
- Key actions identified and current work to identify Public Health Wales contribution to delivering change
- Cross Organisational Strategic work on Substance Use ongoing which will contribute to route map
- Cross organisational work on Commercial Determinants ongoing

Issues/Risks

- System risks in relation to short term funding for key delivery areas within this priority
- Unrealistic expectations on the scale and pace of change given the complexity of determinants and system resources and capacity to deliver
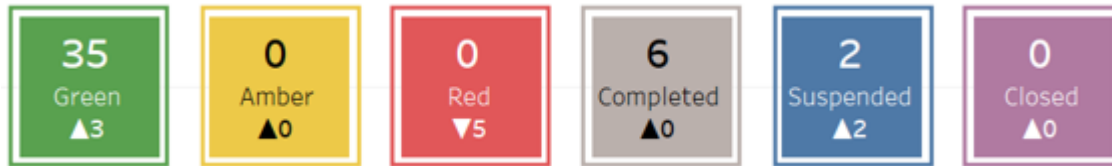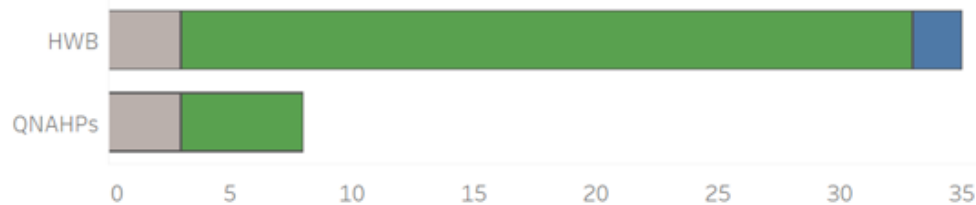
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Section 1
Governance and Accountability

Section 2
Service Delivery

Section 3
Strategy Delivery

Strategic Plan Milestone Delivery

Strategic Priority 4 - Sustainable health and care system

Current Delivery Status

35 Green ▲3	0 Amber ▲0	0 Red ▼5	6 Completed ▲0	2 Suspended ▲2	0 Closed ▲0

By Directorate

Changes to Plan

5
Total RFC's
2024/25
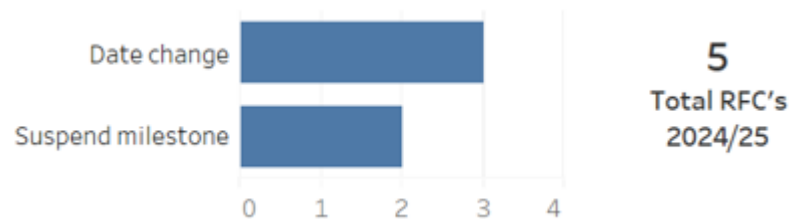
Strategic Priority Overview

- Reducing Health Inequalities through Primary Care, Healthcare Public Health, Prevention Based Health and Care and Tacking Diabetes programmes established; governance arrangements in place
- Newly established Public Health Economics & Value (PHEV) team cross directorate engagement underway to inform future work plan and priority delivery
- Oral Health deep dive at Quality, Safety and Improvement Committee on 16th September

2025 Route Map Development

- Internal PHW route map workshops held; cross directorate engagement underway to co-produce route map
- Extensive system engagement underway on healthcare public health, prevention based health and care and reducing health inequalities in primary care to ensure system alignment. Significant work on engaging key national peer groups done and more needed
- Discussions with NHS Executive and Welsh Government to ensure alignment with national work underway to review Primary Care Model for Wales, integrated health and care, national safeguarding services and future primary care service model and configuration across Wales

Issues/Risks

- Key risk is internal capacity to deliver the requirements to the timescales expected, ensuring full engagement across directorates
- External risk re clarity, alignment & traction with the external national work the model & configuration of sustainable health & care services across Wales

Section 1
Governance and Accountability

Section 2
Service Delivery

Section 3
Strategy Delivery

Strategic Plan Milestone Delivery

Strategic Priority 5 – Excellent public health services

Current Delivery Status

33 Green ▼1	4 Amber ▼1	2 Red ▲2	2 Completed ▲0	0 Suspended ▲0	2 Closed ▲0

By Directorate

Changes to Plan

7
Total RFC's
2024/25

2
RFC's in August
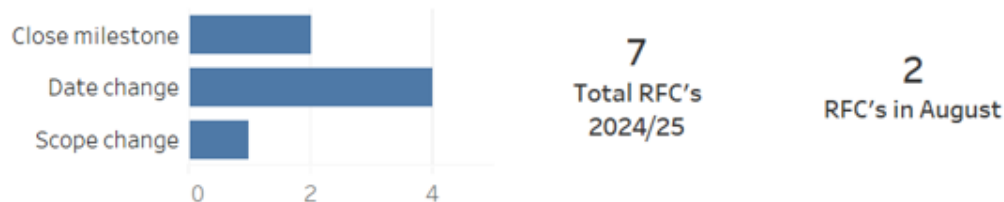
Strategic Priority Overview

- Looking to establish governance which takes into account synergy between Duty of Quality and Excellent Public Health Services
- Developing revised strategic objectives using the STEEP to support cross-division/directorate working
- Establishing a focus on transformation towards person centred services

2025 Route Map Development

- Strong engagement through workshops has achieved draft revised strategic objectives
- Route map development progressing, need additional cross organisation engagement to populate milestones
- Key barriers being identified which are common to multiple services will should facilitate collaboration

Issues/Risks

- EPHS could be viewed as a PHSS directorate specific priority which would miss the opportunity for collaboration and transformation
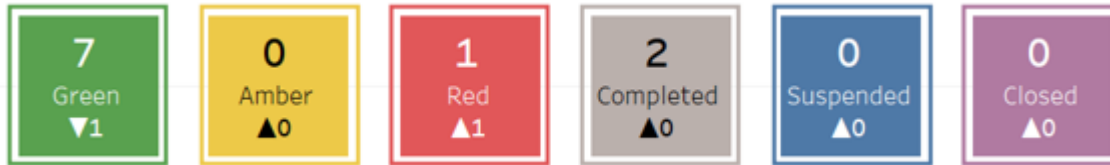- Key dependencies for transformation may not be achieved and restrict the ability to deliver
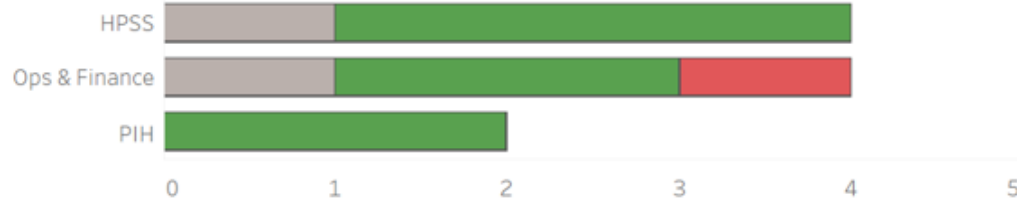
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Section 1
Governance and Accountability

Section 2
Service Delivery

Section 3
Strategy Delivery

Strategic Plan Milestone Delivery

Strategic Priority 6 – Climate change

Current Delivery Status

| 7 Green ▼1 | 0 Amber ▲0 | 1 Red ▲1 | 2 Completed ▲0 | 0 Suspended ▲0 | 0 Closed ▲0 |

By Directorate

Changes to Plan

1 Total RFC's 2024/25

1 RFC's in August

Strategic Priority Overview

- Surveillance sub-group fully operational, with webinar delivered outlining organisational commitment
- Significant work underway communicating with the public and partners on extreme weather events and their health impacts
- Final stages of developing research and development approach, building on insights from workshops and partner engagement

2025 Route Map Development

- Route map near completion, following pan-organisational input
- Developed an accompanying document, providing detail of the work and links to policy context

Issues/Risks

- Current focus on mitigating climate change impacts potentially at expense of adaptation strategies; mitigations are in place
- Successful implementation of route map relies on partner organisations to engage at comparable pace and scale

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Section 1
Governance and Accountability

Section 2
Service Delivery

Section 3
Strategy Delivery

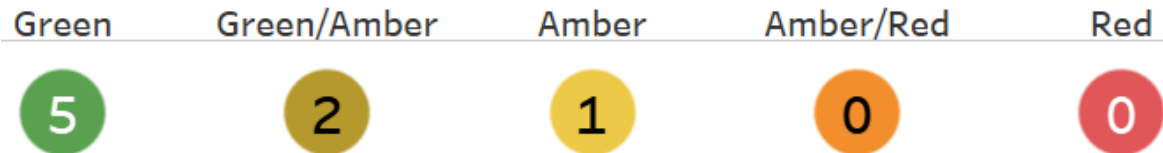# Strategic Change Programmes

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.

Dashboard

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

Green	Green/Amber	Amber	Amber/Red	Red
5	2	1	0	0

Key Information

Overall, delivery confidence across strategic change programmes is broadly unchanged since last month.

The NHS Executive programme achieved a successful transfer-in of Tec Cymru on 02/09/24 as planned, reflecting strong partnership working with NHSe and ABUHB. The programme is now continuing until 31/03/24 to enable a full review of the current hosting agreement to take place.

DESW Transformation has successfully implemented e-referral for GPs and is shortly due to commence Saturday and weekend clinics.

Newborn Screening Re-platforming has now been set up as change project due to the criticality of stabilising the existing system and migrating to a more secure platform.

Programme Detail

	Programme Name	Jun	Jul	Aug
1	Diabetic Eye Screening Transformation Progra..	G/A	G	G
	Establishment of NHS Executive Programme	G/A	G/A	G
	National Targeted Lung Cancer Screening Busin..	G	G	G
	Tackling Diabetes Together Programme	G/A	G/A	G/A
2	Health Protection Systems Development	G	G	G
	Newborn Screening Re-platforming			A
	Records Management System	G	G	G
	Web Transformation	A	G/A	G/A