



GIG
CYMRU
NHS
WALES

Iechyd Cyhoeddus
Cymru
Public Health
Wales

Performance and Insight Report

September 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	Sep-24	Committee
12m Rolling Sickness Absence FTE %		<3.25%	4.00%	People & OD
Statutory and Mandatory Training		85%	91.4%	
Appraisal Compliance		85%	85.6%	
Diversity ESR Data		N/A	75%	
Financial Governance			Sep-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%	97.97%	
Information Governance			Aug-24	
Freedom of Information Request		Within 20-Days	7 exceeded	Audit & Corporate Governance
Subject Access Request		1 Month Average	1 exceeded	
Personal Data Breaches Reported (Escalated)		N/A	0 (0)	
Mandatory Information Governance Training		85%	89%	
Clinical Governance			Sep-24	
Moderate or above harm incidents (YTD)*		N/A	3 (28)	Quality, Safety and Improvement
Number of externally reported incidents (NRI's, EWI, RIDDOR, IRMER) - In Month - (Rolling 12m)		N/A	0 (4)	
Incident Closure Compliance**		85% PHW	82%	
Formal Complaints - Acknowledged within 5 working days**		75% WG 95% PHW	100%	
Formal Complaints – Responded to within 30 working days**		75% WG 95% PHW	100%	
Informal Complaints – In Month (Rolling 12m)		N/A	3 (111)	

*This data is YTD from 1 April 2024.

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

Key: RAG Status

Click on the Focus Area Icon for additional assurance

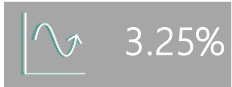
■ >10% outside target ■ Within 10% of target ■ Achieving target ■ Not applicable / TBC



People Governance



Sickness Absence



Decreased by **0.78%** in September 2024. Sickness absence has **reduced** as expected for this time of year and is lower than the figure reported last year (3.77%).

12 Month Rolling Absence



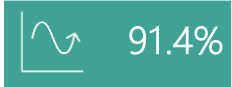
Remains **above** the national target and has fluctuated around 4% over the past two years.



Statutory and Mandatory Training



Remains **above** target in September 2024. All Directorates with the exception of Board and Corporate (84%) are **exceeding target**.



The training module reporting lowest completion is *Foundations in Improvement* (82.5%), which was introduced as a mandatory training e-learning module from April 2024.

Appraisal and Development Reviews



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



In the last 12 months there has been a 7.2% improvement across the organisation.

Additional assurance is provided in the focus area on page 6.



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

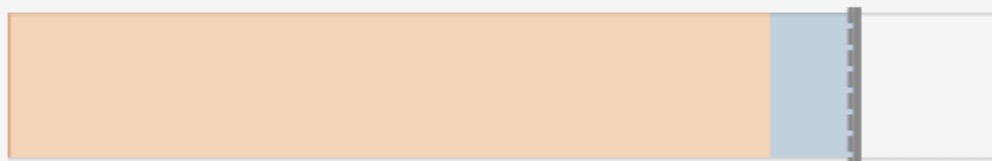


Compliance Performance

For the second 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 September, compliance has remained the same figure at 85.6%. 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, Health & Wellbeing and Board and Corporate 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%



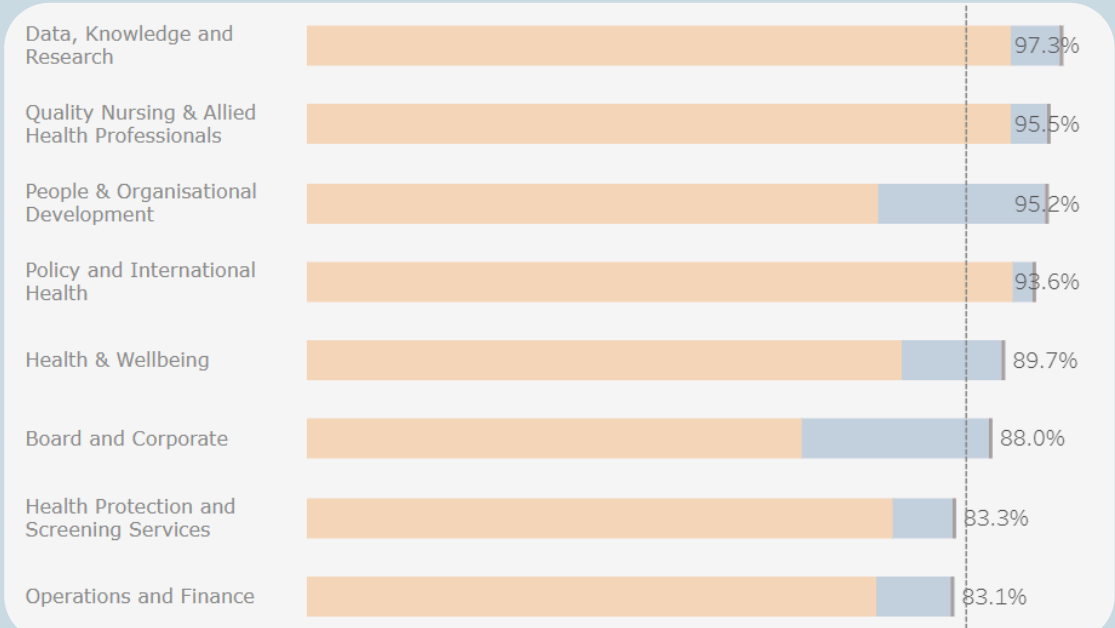
Grey – current compliance — vs target
Blue – appraisals due in next 3 months



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 Data, Knowledge and Research to 83.1% in Operations and Finance.





Financial Governance



Revenue Position



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

Capital Position



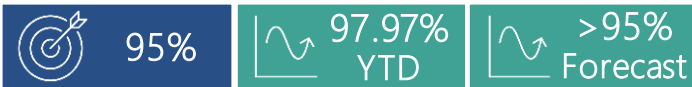
The capital forecast is **breakeven**. This is made up of a discretionary allocation of £1.58m and strategic allocation of £939k. £1.6m has been spent year to date in line with our capital plan.

Agency Spend as A Percentage of Total Pay Bill



Forecast to deliver the year-on-year reduction target

Public Sector Payment Policy (PSPP)



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

COVID-19

- COVID testing costs are £0.856m above the COVID testing funding allocation at month 6. This overspend has been offset with £0.416m of slippage against COVID sustainability funding leaving a net COVID-19 overspend position of £0.440m at month 6.
- The COVID-19 Forecast to year end has been discussed with Welsh Government. The following table summarises the position based on the likely case; this includes the re-purposing of the in-year underspend on FIT optimisation of £1.130m. Further mitigating actions to address the current net overspend forecast of £0.506m have been discussed with Welsh Government

Programme	M1-M6 Variance £m	Likely Case £m
Respiratory Testing	0.856	2.200
Core Sustainability	-0.416	-0.564
COVID-19 Forecast	0.440	1.636
FIT Optimisation	Nil (assumed), 1.130 assumed hand back	-1.130
Revised COVID-19 Forecast	0.440	0.506

Click to access further detail in the latest Finance Board Report





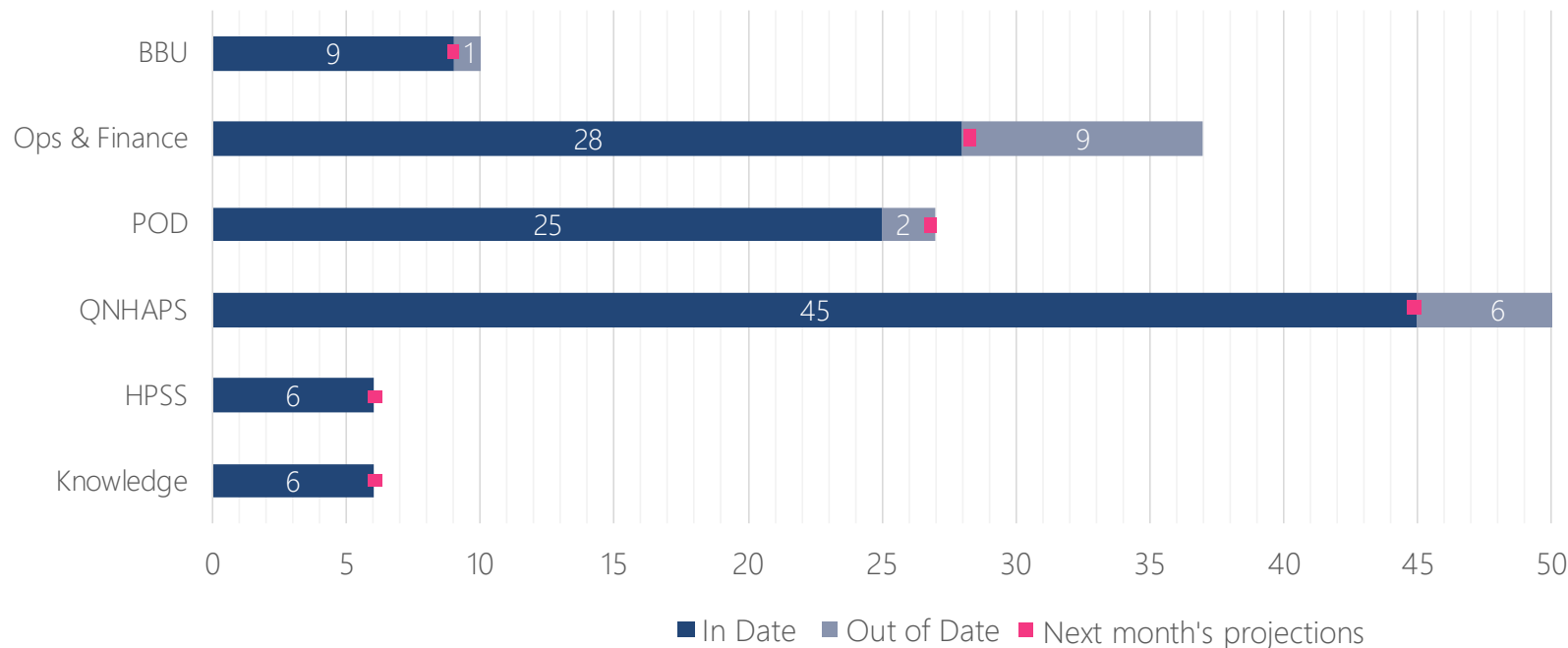
Corporate and Information Governance



Corporate Governance

Corporate Policies Compliance

11 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)



In September 2024:

- 2 BBU policies were approved by the Board
- 1 All Wales policy was approved by the Audit and Corporate Governance Committee.

Overview:

- The Directorates with the most policies out of compliance are Operations and Finance and Quality and Nursing
- Approval compliance is projected to increase month on month



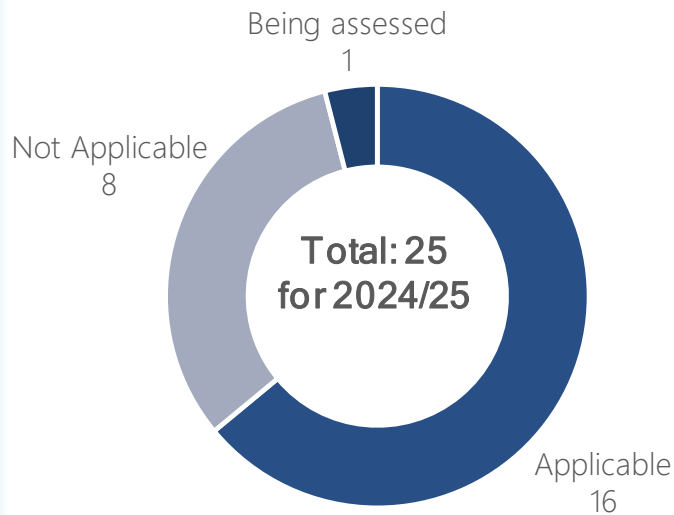
Corporate and Information Governance



Corporate Governance

Wales Health Circular Compliance

For the Period 01 - 30 September 2024:



Of those applicable:



■ In progress ■ Confirmed compliance

- Three WHCs have been received this month and have been assessed. One is being assessed (WHC 2024/35 – Standardising the management of acute deterioration). Two were applicable (WHC 2024/37 – Winter Respiratory Framework 2024/25 and WHC 2024/38 – AMR & HCAI Improvement Goals for 2024-25).
- One WHC was closed, WHC 2024/036 - Oxygen Cylinders – Regulation 28 Report and Patient Safety Notice (PSN) 042. It was not applicable.
- One WHC is currently in progress with implementation, which is due to be fully implemented by the end of October (WHC 2024/32 - Introduction of new NHS Wales vaccination programmes against respiratory syncytial virus (RSV)).

Internal and External Audit

Audit information is updated on a quarterly basis. The next update is due at the January 2025 meeting.



Corporate and Information Governance



Information Governance

Freedom of Information Act



21 requests were received in August 2024. 3 of these are on hold awaiting clarification from the requesters.

Out of the 18 not on hold, 2 are not complete and are both over the 20-working day timescale. From these 18; 7 exceeded the 20-working day timescale (including the 3 not yet sent).

For the 16 that have been completed, the average response time is 18 days.

Data Protection (Subject Access) Requests



3 requests were received in August 2024. 2 were responded to within one calendar month.

1 request remains open and has exceeded the deadline. This is due to a delay in the Information Governance team receiving the request from the department.

Personal Data Breaches

Reported	Escalated
0	0

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

Mandatory Information Governance Training



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



Clinical Governance, Quality, Safety and Improvement



Externally Reportable Incidents

- No Nationally Reportable Incidents reported
- No Early Warning Incidents reported
- 1 Duty of Candour incident reported this month.

At the end of September, following a joint investigation between Cardiff and Vale UHB and PHW, it was identified that an incident in Microbiology and Cardiff and Vale triggered the Duty of Candour.

Incidents

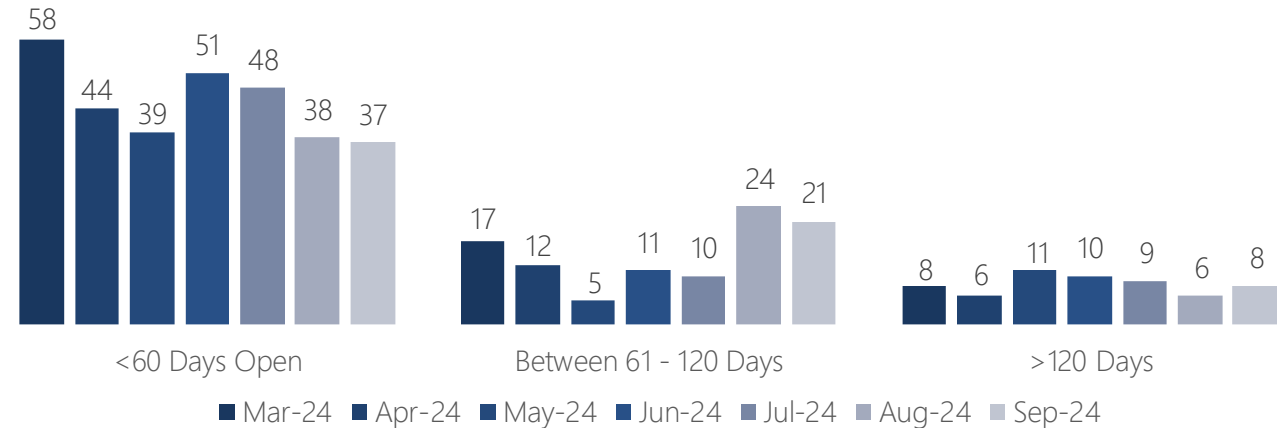
Incident Numbers (Rolling 12m to September 24)	Reported in September
1,993	174 (median 167)

As of **1st October**, there are a total of **66** reported incidents in Datix that are overdue with an 'open' status of more than 30 working days.

This has decreased very slightly by 2 incidents compared to the 68 open in August 2024. The areas with the largest numbers of overdue incidents are Cervical Screening Wales (38), Microbiology (11), Diabetic Eye Screening (7) and Breast Test Wales (6).



Overdue Incident Progression (March - September 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.

3 of the 8 incidents that are overdue by more than 120 days, are incidents that require work to be undertaken by web developers and actions by Cervical Screening Wales to facilitate closure. Executive Director for QNAHPs continues to have oversight and monitoring of incident progression.

Incident Levels of Harm

Level of Harm	Count
None	80
Low	91
Moderate	3

3 incidents were reported in September as Moderate harm. These were reported in the following areas:

- Breast Test Wales (2), Cervical (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

Complaints (Rolling 12m)	Formal (September)	Informal (September)
Formal - 32 Informal - 111	3 (median 3)	3 (median 3)

The **3 formal complaints** were received in the following areas:

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

The **3 informal complaints** were all received in Diabetic Eye Screening Wales.

Claims

September 2024	1
1 new claim received in Cervical Screening Wales.	
Of the ongoing claims, there are 22 confirmed claims, and 5 potential claims.	

Redress

September 2024	0
No new Redress cases were received in September.	
There are currently 9 ongoing Redress cases, 5 are within Cervical Screening Wales and 4 within Breast Test Wales.	



Section 2
Service Delivery





Key Performance Indicator Summary



Screening Services	In Focus	Standard	Aug-24	Committee
Bowel Screening Wales – Waiting time for index colonoscopy (Health Board Delivery)		90%	14.6%	Quality, Safety and Improvement
Cervical Screening Wales – Waiting time for colposcopy appointment (8 weeks)		90%	96.0%	
Breast Test Wales – Assessment invitations (3 weeks)		90%	Sep-24 4.4%	
Diabetic Eye Screening Wales – Coverage (12 Months)		80%	40.4%	
Abdominal Aortic Aneurysm – Timely referral to elective vascular network (MTD)		100%	100%	
Infection Services			Aug-24	
Total Microbiology Rejection Rates		<5%	5.5%	Quality, Safety and Improvement
Total Microbiology Diagnostic Sample Requests		*TBC	152,541	
Blood Culture - Collected to Incubation SMI <4hrs		<4hrs	69%	
Blood Culture - Received (PHW Laboratory) to Incubation		*TBC	96.7%	
Health Protection			Aug-24	
Compliance to surveillance reporting schedules		90%	94%	Quality, Safety and Improvement
Test and Post (STI self-sampling) – Test Turnaround Times		100%	Sep-24 99.9%	
Response times by priority - Urgent (<4 hours)		90%	100%	
Response times by priority - High (<24 hours)		90%	100%	
Response times by priority - Medium (<48 hours)		90%	100%	
Data, Knowledge and Research			Quarter 2	
Number of Major Breaches		0 Major Breaches	0 Breaches	Audit & Corporate Governance Knowledge, Research and Information
Number of Minor Breaches		Downward trend of Minor Breaches	0 Breaches	
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	Knowledge, Research and Information Quality, Safety and Improvement
Whole School Approach – Proportion of schools with an Action in Place (All schools)		80%	55.7%	
Whole School Approach – Proportion of schools with an Action in Place (Secondary schools)		100%	85.9%	
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



Health Protection and Screening Services



Screening Services

Latest activity

Screening services continue to work towards delivering excellent services.

From October, Bowel Screening Wales has expanded the programme to invite 50-year-olds and improved sensitivity of the test. The programme is now offering screening fully in line with UKNSC recommendation. There was good coverage of the change in the media and excellent social media content.

Diabetic Eye Screening has implemented new cameras across the service and has started Saturday and evening clinics.

The Newborn Hearing Screening Programme has celebrated its 20th anniversary with an in person All Wales meeting.

Bowel Screening - Colonoscopy within 4 weeks of booking SSP appointment

Timeliness remains below the 90% standard in August 24 in 10 of the 13 local assessment centres in Wales. As at 04/10/24, BSW Colonoscopy waiting times range from 3 to 13 weeks, with screen positive participants waiting 7 weeks on average for their screening colonoscopy.



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



Breast Screening - Assessment invitations within 3 weeks of screen

Activity being undertaken to improve performance include:



- Nursing establishment has recovered to allow clinics to proceed as per template
- Short notice appointments are offered to backfill clinics and utilise all available appointment slots
- Cross cover is in place where possible to avoid clinic cancellations due to medical staffing
- New Radiologist appointment in SEW region
- 2 new breast surgeons in place supporting assessment clinics in West Wales region



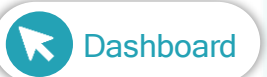
Cervical Screening - Colposcopy appointment within 8 weeks of a direct referral

Timeliness is key to ensuring early examination of any abnormal cell changes to the cervix and tissue.



8-week referrals are made following:

- 3 x HPV positive cytology negative/inadequate results
- HPV positive, Low Grade Dyskaryosis result
- All first offered appointments following referral are included in the 8-week figures, whether taken/attended or not





Health Protection and Screening Services



Screening Services

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



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. In terms of the Low-Risk Recall Pathway the service is within target in all regions of Wales, with an all-Wales achievement of 84.8%.

The service is also now regularly running 4 clinics across Wales on one evening a week (day changes depending on where the clinics are run), and 4 clinics on every other Saturday. Evaluation for this work is being undertaken – we will analysis participant feedback, staff feedback, uptake, DNAs etc. The first quarterly review of this project to be produced in early January 2025.

New cameras have been implemented into the Programme and a drop in the number of inadequate outcomes has been noted, which will reduce the number of participants recalled for a 2nd appointment, as well as reduce the number of referrals into Hospital Eye Services. In terms of uptake, the percentage of eligible participants who have attended a screening invitation was reported in August 24 as 79.2%.



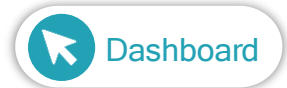
Abdominal Aortic Aneurysm Screening - Timely Referral to Elective

Vascular Network Multidisciplinary Team (MDT)



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

Positively, the service continues to achieve against target.



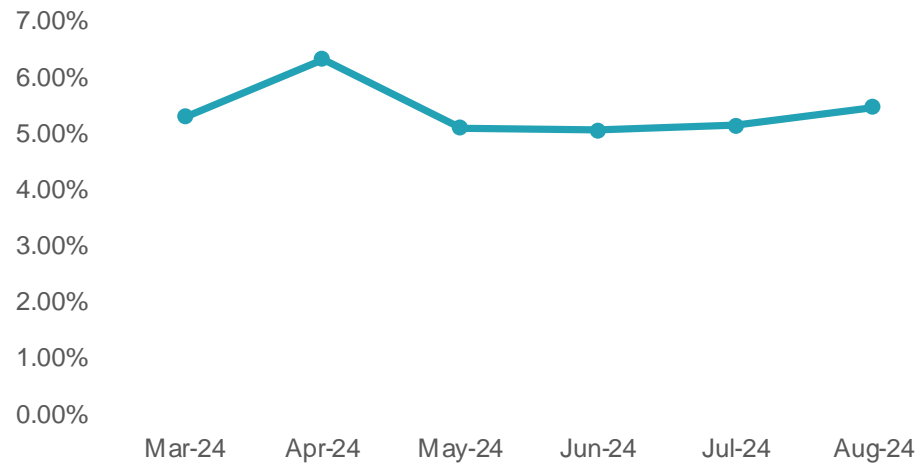


Health Protection and Screening Services



Infection Services

Total Microbiology Rejection Rates



Diagnostic testing rejection rates are 5.5% in August out of 152,541 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.



<5%

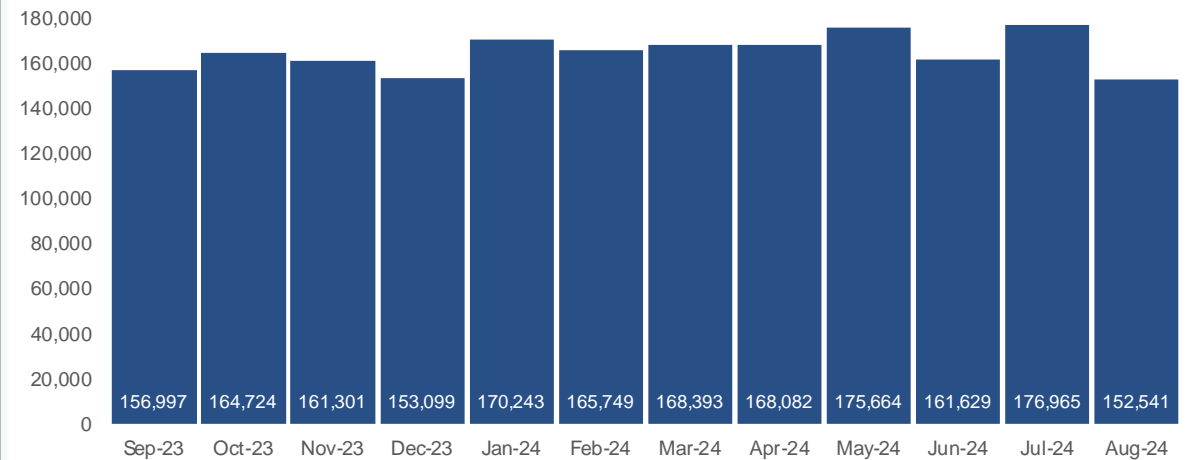


5.5%

The main causes of rejected samples remains primarily as receiving incorrect sample types, leaking/broken samples or incomplete clinical information. The laboratory only reject samples when appropriate as per the SOP.

Users are indicated of reasons for rejection via appropriate comments indicating required actions. For any rejected sample where a rejection will have an immediate adverse outcome on patient care, requestors are informed immediately and repeat appropriate samples requested.

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. August 2024 showed a reduction in sample requests at 152,000 requests in August 2024 which is a recognised seasonal trend year on year.

COVID/Respiratory outbreaks remain unpredictable but there has been a reduction for August 2024 as per the above.

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

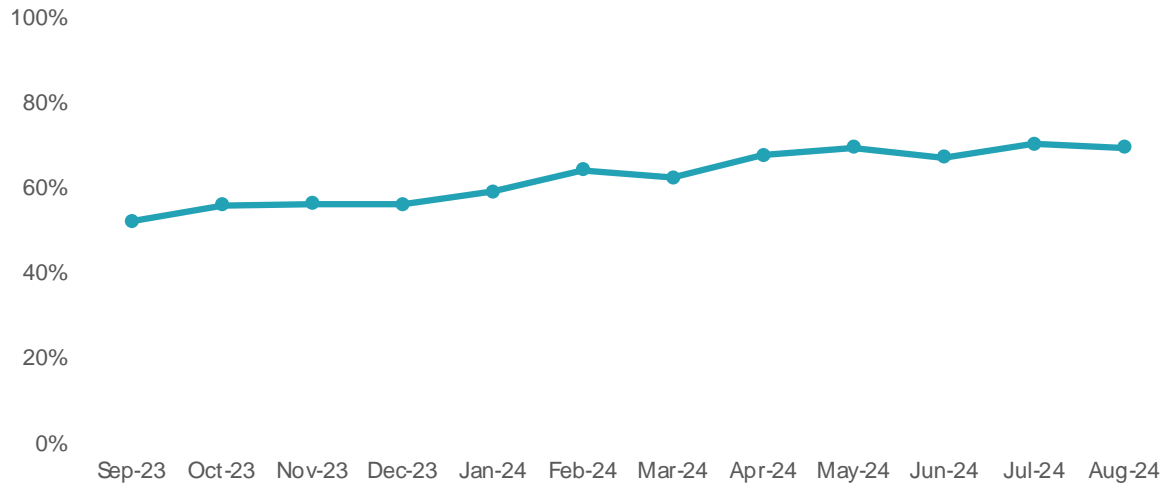


Health Protection and Screening Services



Infection Services

Blood Culture - Collected to Incubation SMI <4hrs

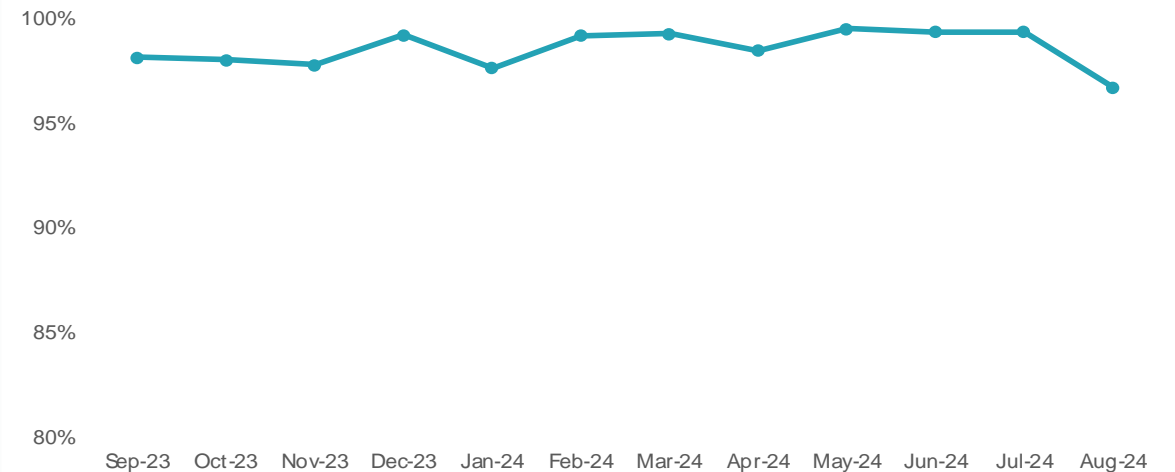


<4 hrs

69%

- 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 and communication continues to improve this.
- Challenges remain between collection time to receipt by PHW and samples with no data. These are caused by 32% of requests showing no time collected data, of which we have little control.

Blood Culture - Received (PHW Laboratory) to Incubation



*TBC

96.7%

*PHW specific target to be developed

- 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 decreased to 96.7% delivery against the 4-hour target over the past 12 months with 3.3% of samples taking longer than 4 hours.
- 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 96.7% of samples are incubated appropriately.



Health Protection and Screening Services



Health Protection

Test and Post - STI self-sampling

Test Turnaround Times

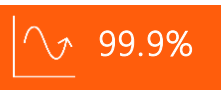
TAT averages in days showing (Transit TAT | Lab TAT) for rolling year - by month.



- Turnaround times for STI testing are important in identifying infection as soon as possible so that it can be treated to prevent damage to the individual's health and onward transmission to partners
- In September 2024, 99.9% met the 7-day turnaround standard
- 7 requests of 5930 total requests (0.1%) did not meet the 7-day TAT standard
- 5930 total requests equated to 36,478 tests being undertaken

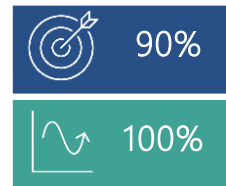


- Actions to improve:
 - Ongoing monthly monitoring

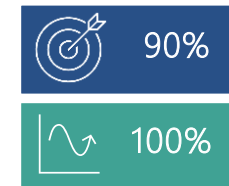


AWARe Response Times by Priority

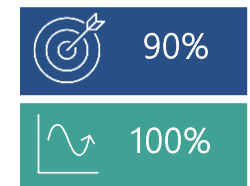
Urgent (<4 hours)



High (<24 hrs)



Medium (<48 hrs)



- 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
- In September 2024, response time performance currently has exceeded all priority level targets

Compliance to Surveillance Reporting Schedules (%)



- In August 2024, reporting is currently above the expected target however we are exploring methods to enable this process to become automated, which would allow us identify areas for improvement.
- Work ongoing with the migration to Sharepoint and how we can utilise its functionality to provide further insight into stakeholder engagement.



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	4	4	6	4	3	7		
Number of major breaches	0	0	0	0	0	0		
Number of minor breaches	1	1	0	2	1	0		

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

0 Major Breaches

0 Breaches

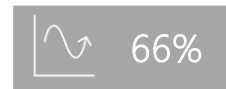
Any other type of breach is defined as **Minor breaches**.

- Minor breaches target: downward trend

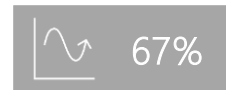
Breaches addressed by:

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

Satisfaction and impact: PHW data, research and analysis products



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.



PHW-wide 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	3		
Research grant income to PHW (£)	222k	41k	102k	122k	550k	125K		
No. personal development research awards.	1	0	0	2	0	0		
No. peer reviewed publications (PHW affiliated).	29	21	39	25	28	14		
No. evaluations completed.	1	2	1	1	2	1		



Policy and International Health



Informing and Mobilising our Partners and Advocating for Action

Spatial Planning and Health

- **Strategic Priority:** Influencing the wider determinants of health

Long-standing programme of work led by the Wales Health Impact Assessment Support Unit (WHIASU) in collaboration with Public Health Wales colleagues and planning colleagues from other organisations in Wales, such as health boards and local authorities, since 2008.

- With WHIASU advice, HIAs undertaken at partner organisations, including Cardiff and Vale UHB and Cardiff, Bridgend and Wrexham councils, which have informed decisions on Local Development Plans (LDPs).
- Advocacy resulting in inclusion of HIA in Planning Policy Wales, the Local Development Plan Manual and the National Planning Framework 'Future Wales', contributing toward creating healthy places and reducing health inequalities.
- Supporting the Wellbeing of Future Generations (Wales) Act and wellbeing goals

Annual Planning and Health events held since 2017. This year's event (February 2024) focused on **health service policies** (see infographic for stakeholder feedback).

- 141 attendees, the majority from local authorities (66) and Public Health Wales (22).
- 68% said they would find further information on the topic, 84% would discuss content of the event with colleagues to inform action.
- 37 new Public Health Network Cymru members as a result of the event.

What one word would you use to describe this event (Feb 2024)?



- In September, WHIASU co-organised an in-person event focused on **the planning system and the Out of Home food environment**, building on the Planning and Health event organised by WHIASU (February 2024). Led by the Whole Systems to Healthy Weight team, WHIASU contributed to the organisation and delivery of the day.
- Over 40 attendees including from the Food Standards Agency, Health Boards, Royal Town Planning Institute, and Welsh Government (Planning and Healthy Weight and Food).



Policy and International Health



Informing and Mobilising our Partners and Advocating for Action

Improving health and wellbeing in Wales through stronger social connections

- **Strategic Priority:** Influencing the wider determinants of health

A multi-team programme of work exploring social connection and its association with health and wellbeing and its contribution to health inequalities in Wales.

Publication of 'Building the social relationships of older people in Wales: challenges and opportunities', June 2023.

- Advocated for action through identification of policies and practice which promote, sustain and strengthen older people's social relationships and networks.

Publication of 'No-one left behind', July 2024.

- Informed partners of the impact of future trends on social connections and communities in Wales.
- Informing communities policy in Wales.
- Strong media engagement – ITV Wales News at Six, Global Radio, BBC Radio Cymru, local newspapers, in-house social media.
- Established relationships with key stakeholders including the Office of the Older People's Commissioner.

- It has led to the development of a further report on social connection in Wales, to align with recommendations of the anticipated global report from the WHO Commission on Social Connection, expected to be published in 2025/6.
- Follow-up work planned to explore links between Age Friendly Wales and Wellbeing Capital.
- Follow-up opportunity to run a workshop at the Tenant Participatory Advisory Service (TPAS Cymru).

In September, presented to partners on the future of social capital at a Public Health Network Cymru (PHCU) webinar, co-presented with the Office of the Older People's Commissioner.

- Informed partners of opportunities and challenges to future social connectedness.
- Gave practical approaches to support social connection and relevant policy and legislative levers in Wales.
- Featured in the PHCU September e-bulletin to partners about projects using a social capital approach to shape health and wellbeing and improve health inequalities in Wales.



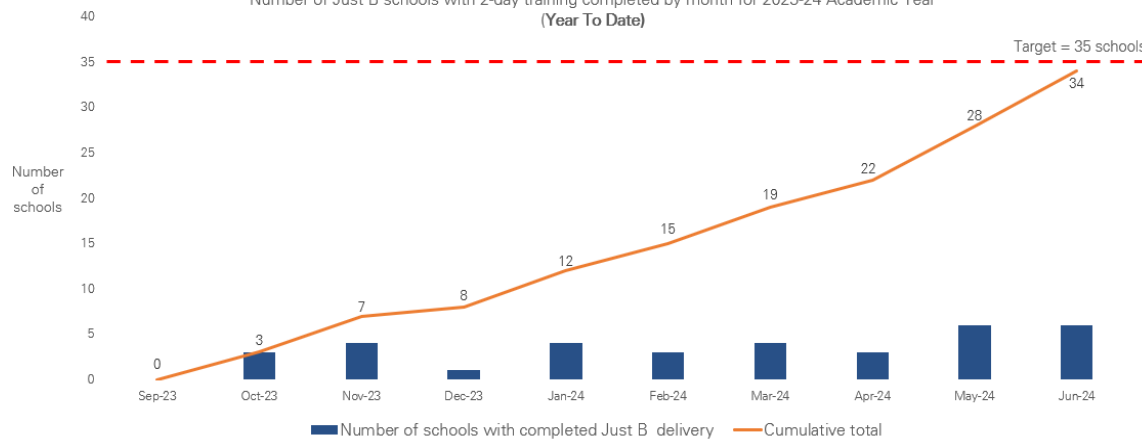
Health and Wellbeing

Note: Update not validated due to late receipt

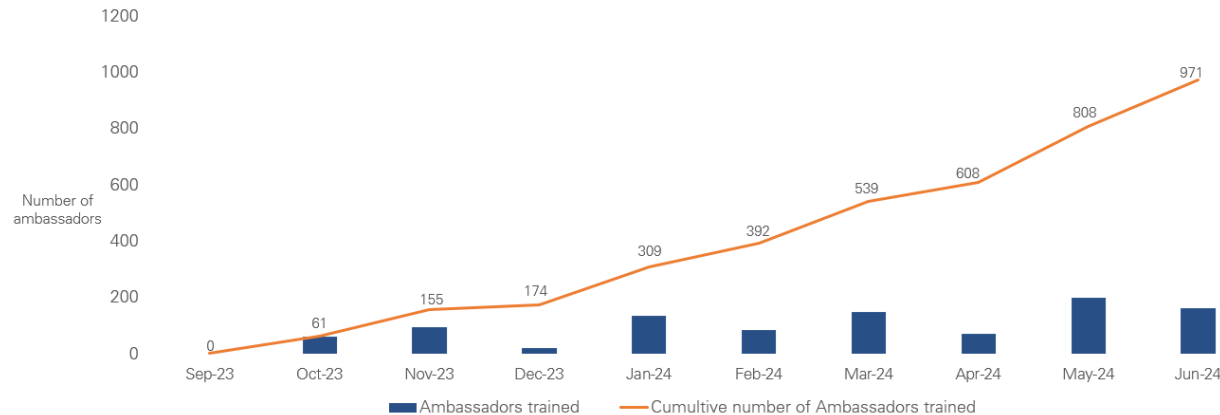


JUSTB / BYW BYWYD

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 40-50 schools in the next academic year (Sep 24 - Jul 25).
- Recruitment is challenging with schools perceiving smoking to be less of an issue than vaping.
- The programme trains peer ambassadors and just under 1000 young people directly benefited from the training during 2023/24
- No schools were trained during July or August 2024. Delivery re-commenced in the new school term with 2 schools trained during September. Activity will be reported monthly from Oct 24 - July 25.



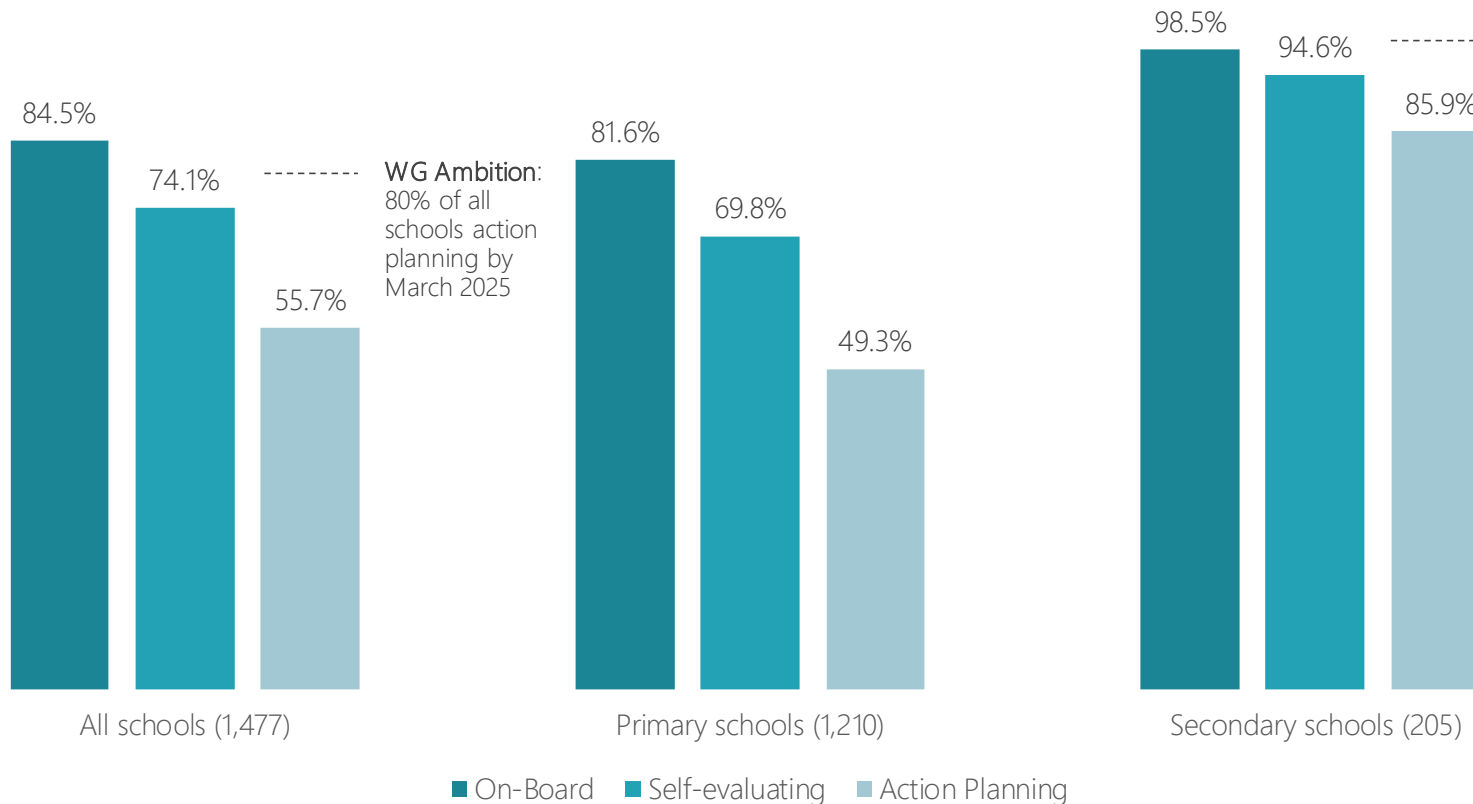
Health and Wellbeing

Note: Update not validated due to late receipt



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: 02/10/24)



'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.



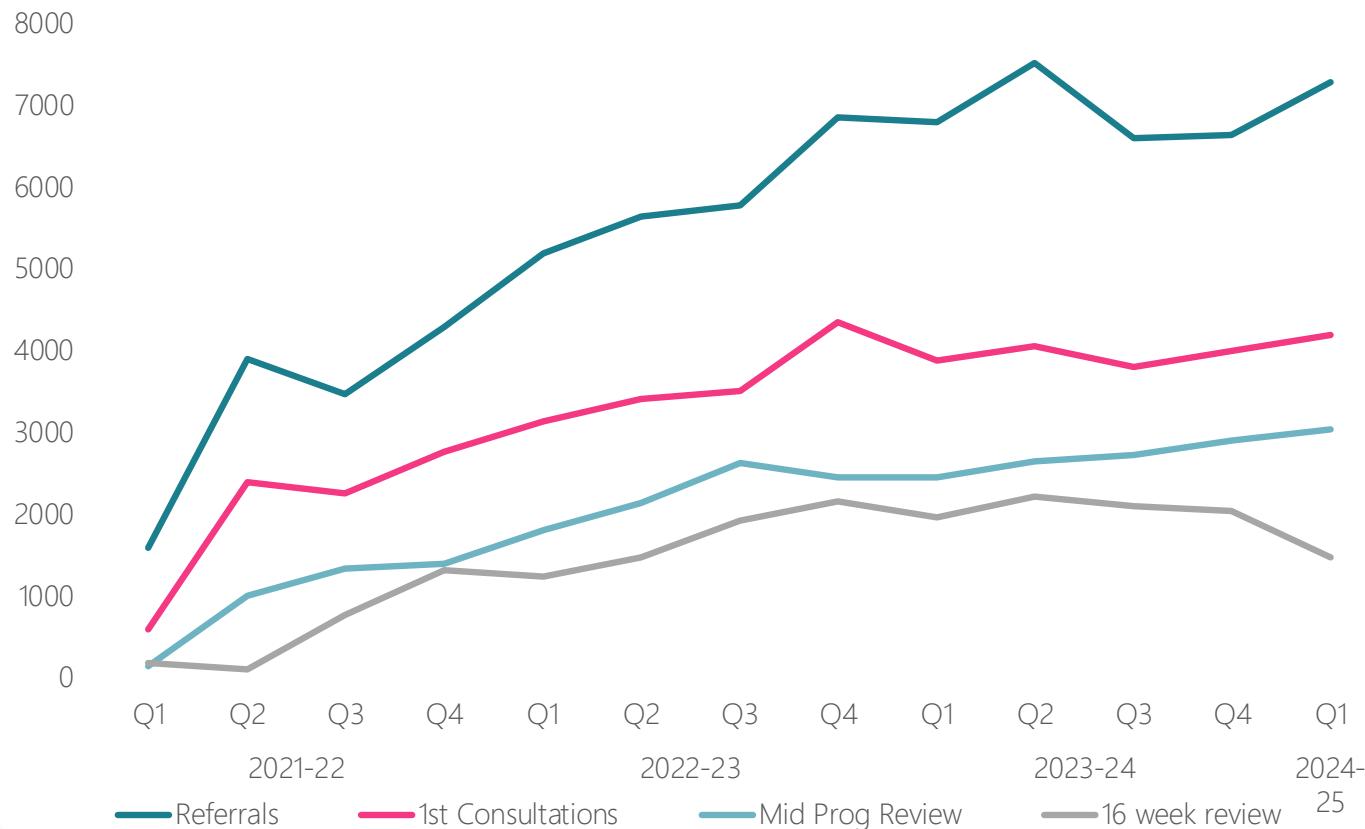
Health and Wellbeing

Note: Update not validated due to late receipt



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.
- 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.



In Focus: Add to Your Life

Note: Update not validated due to late receipt



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





Health and Wellbeing

Note: Update not validated due to late receipt



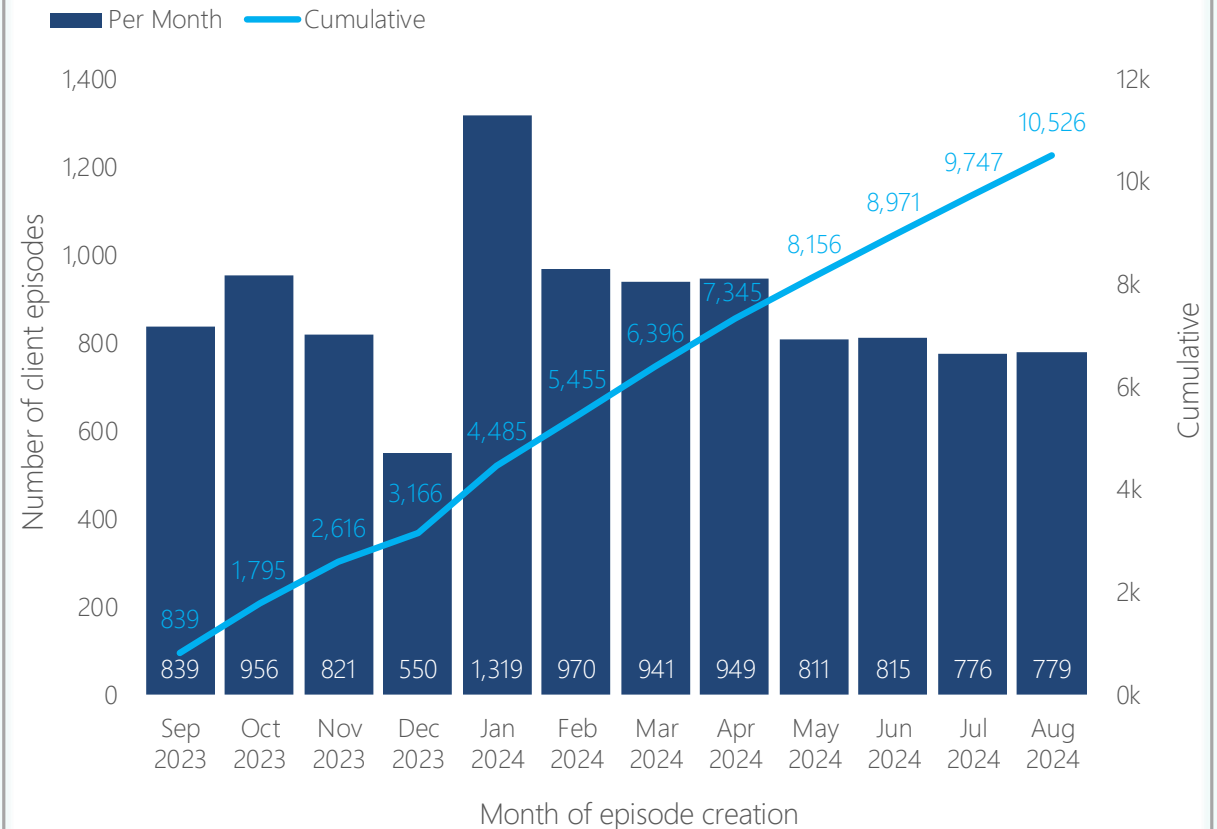
Help Me Quit

The HMQ 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 567 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





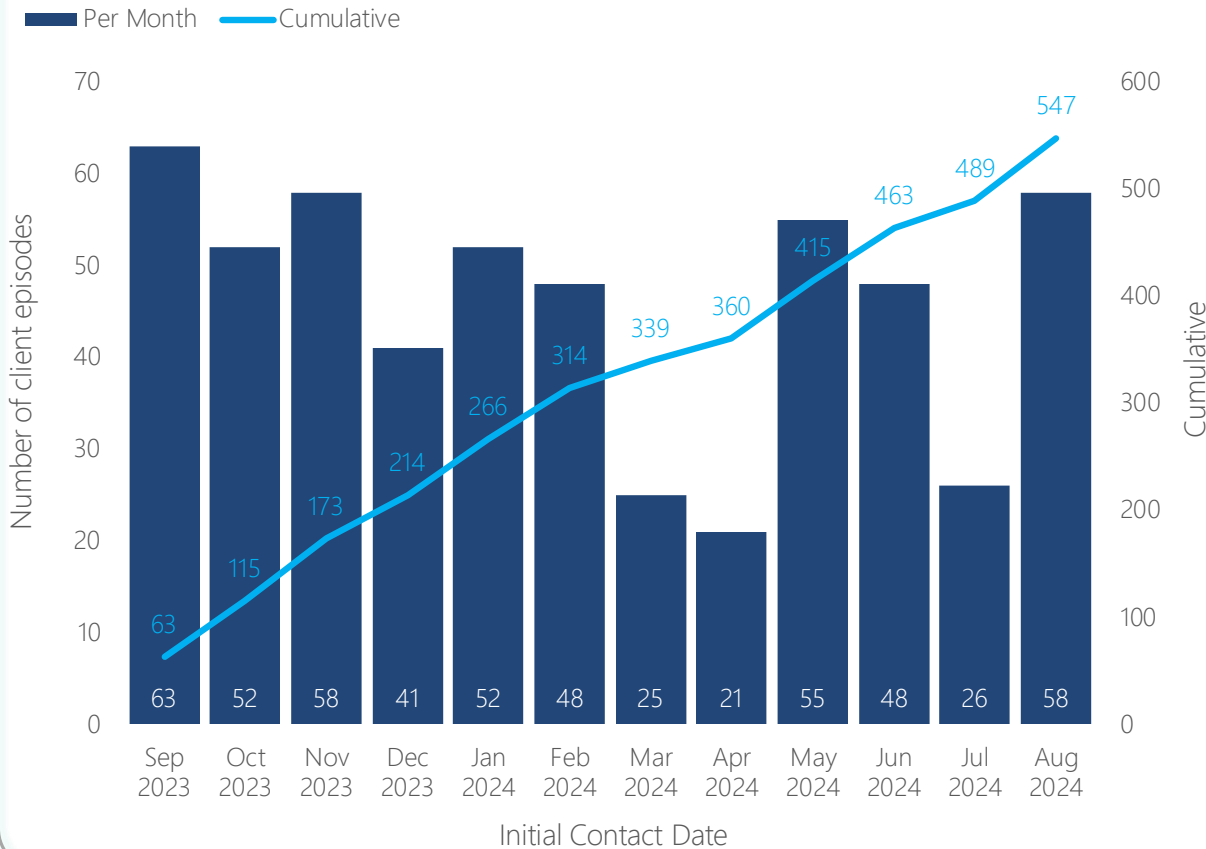
Health and Wellbeing

Note: Update not validated due to late receipt

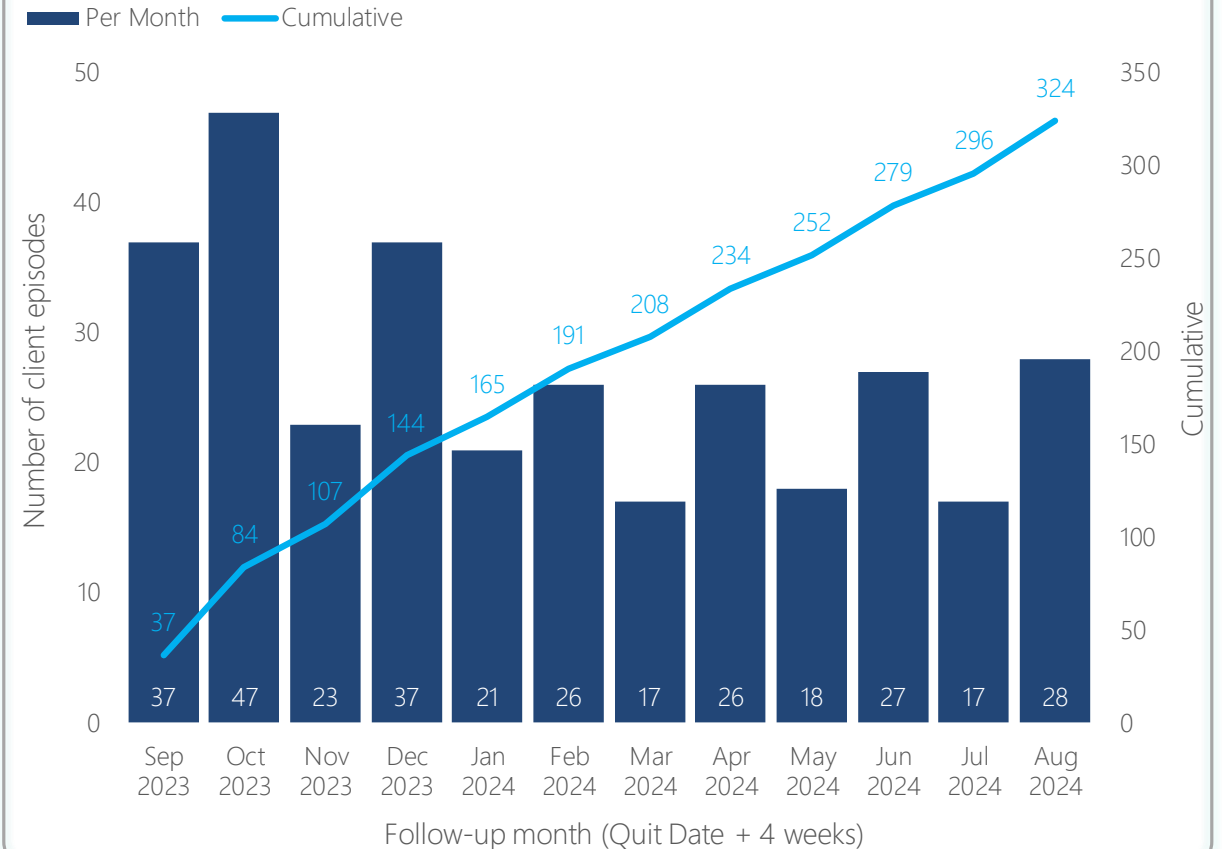


Help Me Quit

Number of clients who attend an assessment session (NTSS)



Number of clients who reported they were smoke free 4 weeks after their quit date (NTSS)





Section 3
Strategy Delivery





Key Performance Indicator Summary



Strategic Plan	In Focus	Target	Sep-24	Committee
Strategic Plan – Percentage of milestones currently green or complete		N/A	86.3%	Board
Strategic Plan – Percentage of milestones currently red		N/A	2.50%	
Request for Change (RFC) – Number of milestones submitted for approval		N/A	9	
Strategic Priority 1 – Wider determinants		N/A	88.9%	
Strategic Priority 2 – Promoting mental and social wellbeing		N/A	100%	
Strategic Priority 3 – Promoting healthy behaviours		N/A	73.3%	
Strategic Priority 4 – Sustainable health and care system		N/A	88.4%	
Strategic Priority 5 – Excellent public health services		N/A	76.7%	
Strategic Priority 6 – Climate change		N/A	100%	
Strategic Change Programmes – Percentage of milestones currently green/amber		N/A	100%	
Strategic Change Programmes – Percentage of milestones currently red		N/A	0%	



Strategic Plan Milestone Delivery

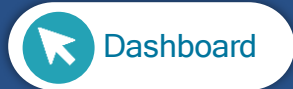


Strategic Priority Delivery Status

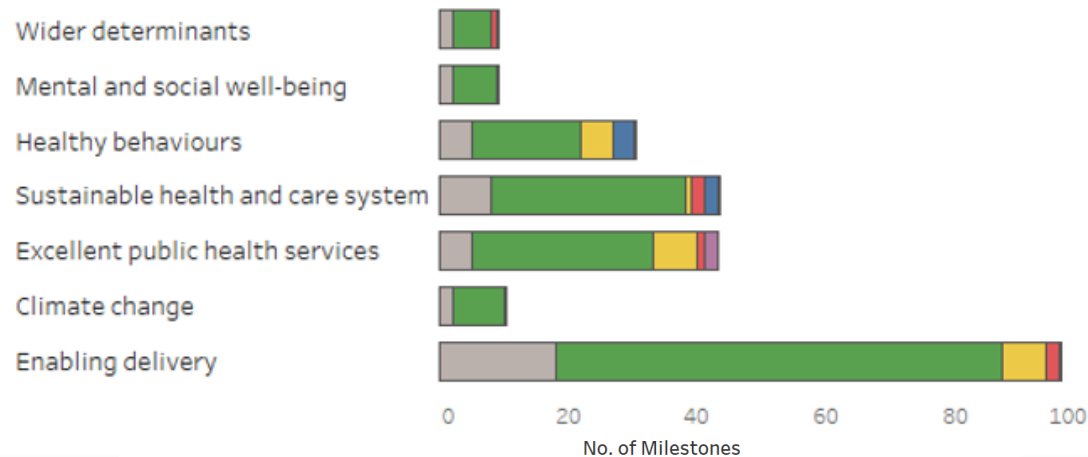


Request for Change

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).



By Strategic Priority



As at month 6, 90% of milestones are on track to deliver as planned by 31/03/25.

There has been an increase in the number of red and amber milestones this month, which reflects the proximity of delivery dates. Enabling Delivery and the Excellent Public Health Services priority are reporting the highest number of non-green milestones, (9 and 8 respectively), although this is still a small number in the context of our overall number of milestones.

9 milestones have submitted an RFC this month, with 6 of these requesting an extension to the delivery date to the end of March 2025. The most common reason stated is resource issues. 5 of the 26 non-green milestones highlight DHCW dependencies as a factor.

4 of the 6 red milestones have RFC's to extend the delivery date. One milestone has an RFC to close as it is a duplicate of another milestone.



Strategic Plan Milestone Delivery



Strategic Priority 1 - Wider determinants

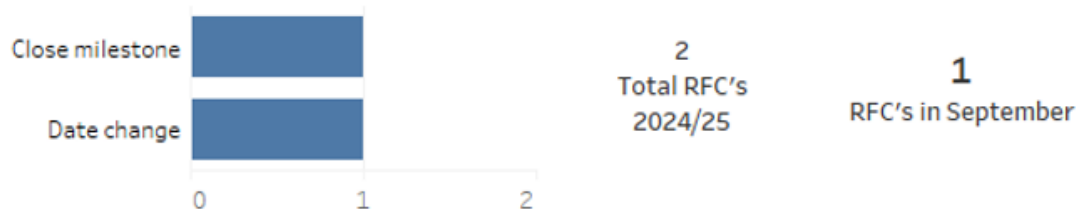
Current Delivery Status



By Directorate



Changes to Plan



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
- All milestones on track- red milestone relates to duplicate from last year with a request to close this month

2025 Route Map Development

- Overarching focus on poverty with three themes: people, place and system drivers
- Strong cross organisational engagement in route map development, using futures tools
- Further work planned to test road map and consider infrastructure needed

Issues/Risks

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

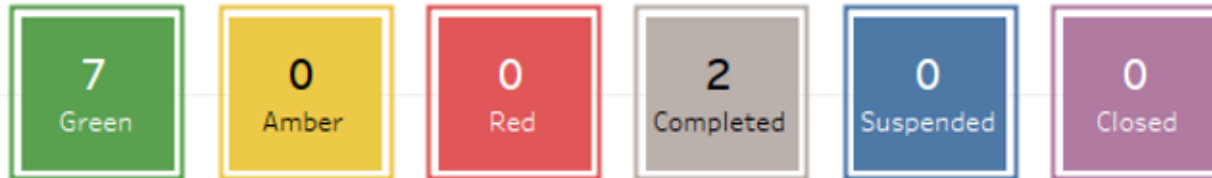


Strategic Plan Milestone Delivery



Strategic Priority 2 - Promoting mental and social wellbeing

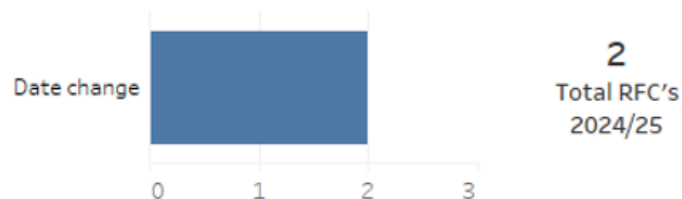
Current Delivery Status



By Directorate



Changes to Plan



Strategic Priority Overview

- Hapus programme developing partnerships and networks to facilitate a national conversation on mental wellbeing
- F1000D programme identifying opportunities to improve the early years data landscape in Wales within SP2 and 25/26 IMTP activity
- Continue to work closely with Welsh Government regarding the Mental Wellbeing component of the Mental Health Strategy

2025 Route Map Development

- Reviewing key actions identified to deliver SP2 based on feedback from SBET.
- Continuing to work across strategic priority leads to identify 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

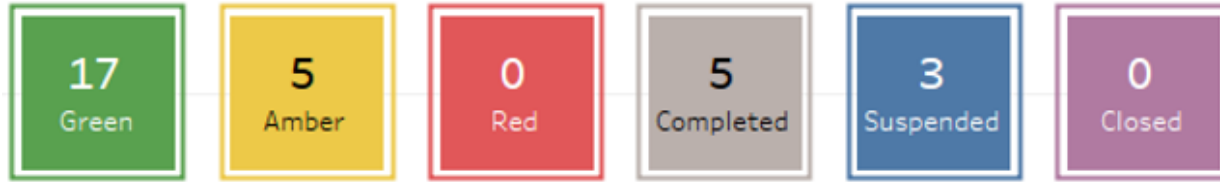


Strategic Plan Milestone Delivery



Strategic Priority 3 - Promoting healthy behaviours

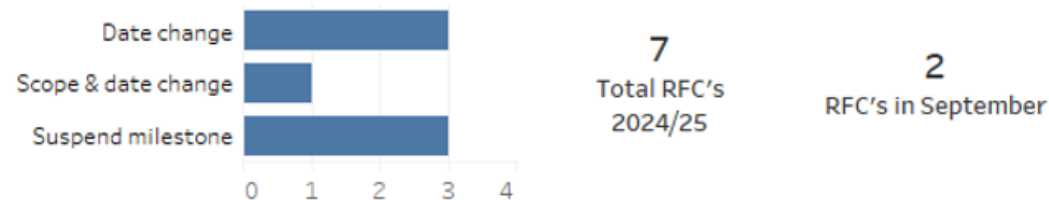
Current Delivery Status



By Directorate



Changes to Plan



Strategic Priority Overview

- Working closely with Welsh Government to develop revised Healthy Eating in School Regulations
- Ongoing support to the development of the First Ministers National Mission on Obesity
- Ongoing work across UK nations in relation to proposed gambling levy

2025 Route Map Development

- Reviewing key actions identified to deliver SP3 based on feedback from SBET
- 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

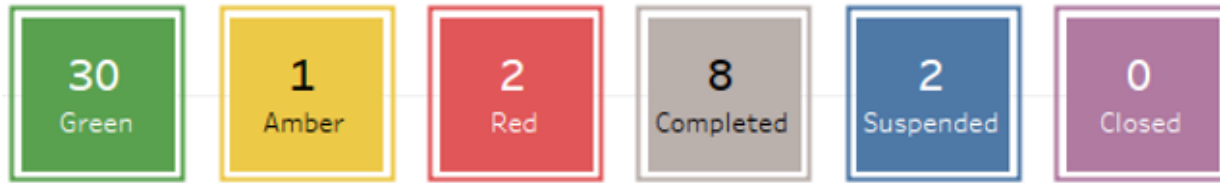


Strategic Plan Milestone Delivery

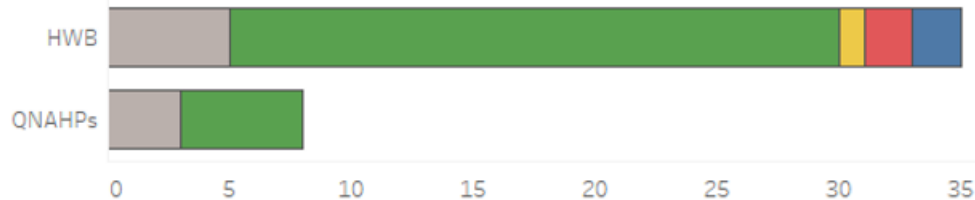


Strategic Priority 4 - Sustainable health and care system

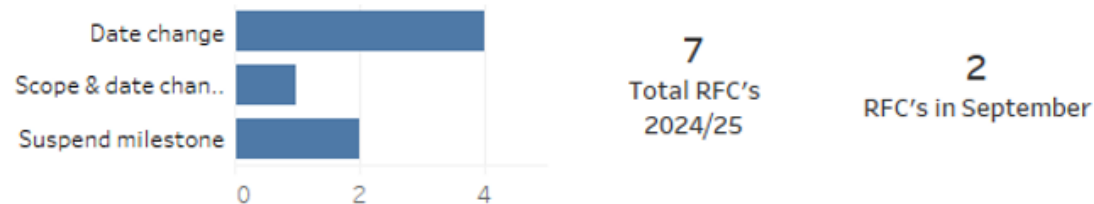
Current Delivery Status



By Directorate



Changes to Plan



Strategic Priority Overview

- National Safeguarding Service deep dive learning event took place on 19th September with a focus on understanding professional curiosity and what an improved approach would look like. Evaluation feedback has been incredibly positive.
- All-Wales Safeguarding Clinical Supervision guidance is complete; NHS Wales Safeguarding Network publication is planned for early October 2024.
- Reducing Health Inequalities through Primary Care stakeholder workshops held to co-produce action plan
- Public Health Economics & Value (PHEV) team – successful recruitment establishing the team; TOC process, and cross-organisational, NHS and international engagement underway to inform strategic work plan and priorities

2025 Route Map Development

- Collective BET discussion on route map development
- Route map development work continues, workshops planned through Nov / December
- Route map development linked to work to articulate what a *Public Health approach to Primary and Community Care by 2035 should look like*. Non-recurrent investment secured to progress phase one of this work.

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



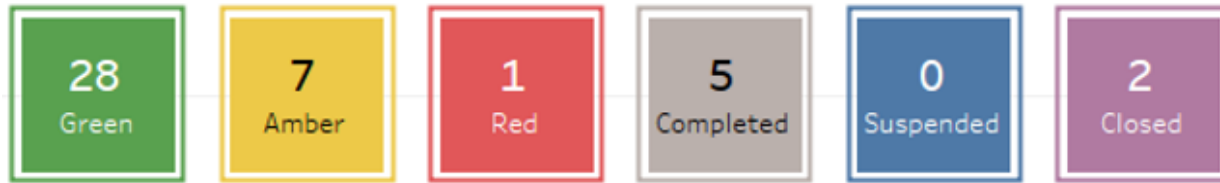
Strategic Plan Milestone Delivery

Note: Narrative update
as at month 5 reporting



Strategic Priority 5 - Excellent public health services

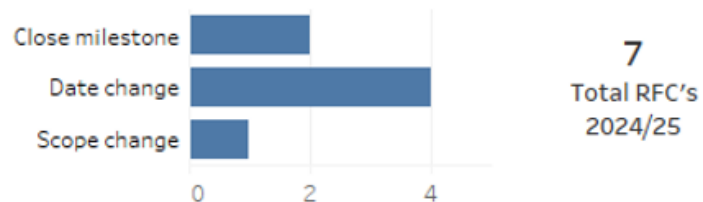
Current Delivery Status



By Directorate



Changes to Plan



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

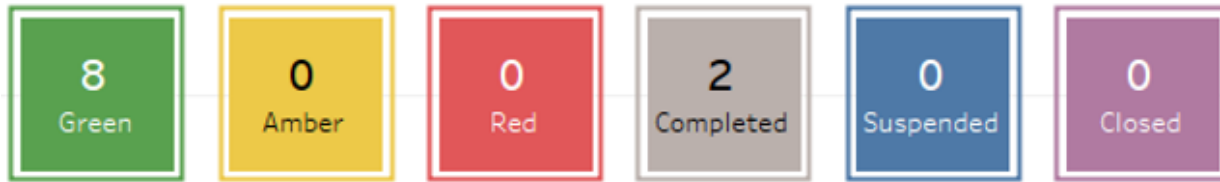


Strategic Plan Milestone Delivery

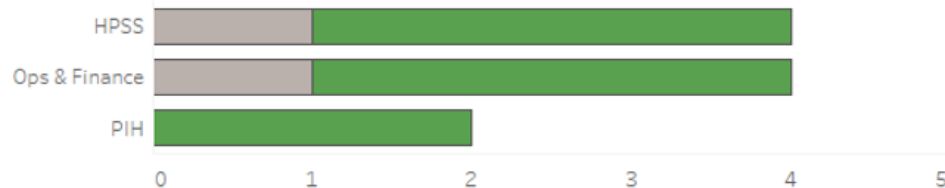


Strategic Priority 6 - Climate change

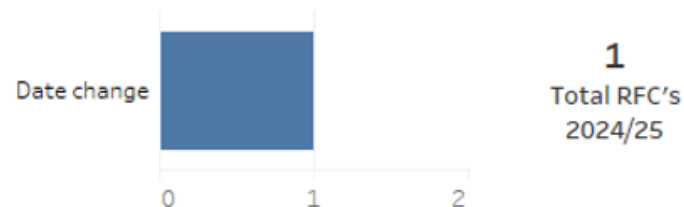
Current Delivery Status



By Directorate



Changes to Plan



Strategic Priority Overview

- Facilitated and supported a meeting between colleagues from PHW, Welsh Government and WHO colleagues in Italy, Flanders and Sweden looking at climate adaptation and mitigation - sharing learning of what works in different countries
- Continued engagement with broader UK Public Health Institutes around the development of climate change surveillance metrics and heat mortality methodology
- BeSci work underway to look at extreme weather messaging

2025 Route Map Development

- Climate Change Programme Board participated in a facilitated workshop to identify gaps and areas for development in the route map
- Further meetings planned for November to finalise the route map

Issues/Risks

- Recently attempted to recruit to a Climate Change researcher post which has been significantly delayed due to challenges in the wider NHS around availability of people who can undertake Job Evaluation Questionnaires. Lack of job profiles for climate related roles which may cause delays in future



Strategic Change Programmes

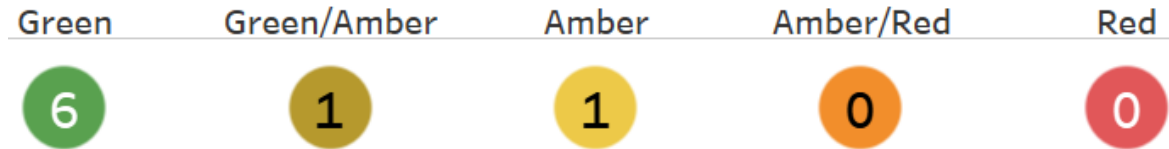


Strategic Change Programmes Overview

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 September 2024, is provided below.



Key Information

Overall, delivery confidence across strategic change programmes is high.

Newborn Screening Re-platforming remains at Amber due to the urgency of this work and a supplier not yet being in place, however the procurement for this is on track.

Tackling Diabetes Together remains on Amber-Green owing to a delay in developing a 25-26 programme plan.

The **Web Transformation programme** status has improved to Green following approval of an outline business case. A supplier for the Beta phase of the programme is now being procured.

The Alpha phase of **Health Protection Systems Development** is now underway, a Programme Board is now established, and a dedicated programme manager has been appointed.

Following the successful transfer of Tec Cymru into the **NHS Executive**, work is now taking place to review and update the hosting agreement and review the NHSe board structure.

The **Records Management programme** has now engaged all Directorates on adopting SharePoint. It is likely that some directorates will need additional time to complete local implementation, which has been allowed for in project planning.

Programme Detail

Programme Name	Jul	Aug	Sept
1 Diabetic Eye Screening Transformation Progr..	G	G	G
Establishment of NHS Executive Programme	G/A	G	G
National Targeted Lung Cancer Screenin..	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	A
Records Management System	G	G	G
Web Transformation	G/A	G/A	G



GIG
CYMRU
NHS
WALES

Iechyd Cyhoeddus
Cymru
Public Health
Wales

*Gweithio gyda'n gilydd
i greu Cymru iachach*

Working together
for a healthier Wales