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Wales

Performance and Insight Report

November 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	Nov-24	Committee
12m Rolling Sickness Absence FTE %		<3.25%	4.10%	People & OD
Statutory and Mandatory Training		85%	91.8%	
Appraisal Compliance		85%	84.5%	
Diversity ESR Data		N/A	75%	
Financial Governance			Nov-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%	98.31%	
Information Governance			Oct-24	
Freedom of Information Request		Within 20-Days	6 exceeded	Audit & Corporate Governance
Subject Access Request		1 Month Average	0 exceeded	
Personal Data Breaches Reported (Escalated)		N/A	2 (0)	
Mandatory Information Governance Training		85%	88%	
Clinical Governance			Nov-24	
Moderate or above harm incidents (YTD)*		N/A	9 (52)	Quality, Safety and Improvement
Number of externally reported incidents (NRI's, EWI, RIDDOR, IRMER) - In Month - (Rolling 12m)		N/A	0 (12)	
Incident Closure Compliance**		85% PHW	63%	
Formal Complaints - Acknowledged within 5 working days**		75% WG 95% PHW	100%	
Formal Complaints – Responded to within 30 working days**		75% WG 95% PHW	67%	
Informal Complaints – In Month (Rolling 12m)		N/A	4 (103)	

*This data is YTD from 1 April 2024.

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

Key: RAG Status

Click on the Focus Area Icon for additional assurance

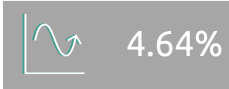
■ >10% outside target ■ Within 10% of target ■ Achieving target ■ Not applicable / TBC



People Governance



Sickness Absence



Decreased by **0.46%** in November 2024. Sickness absence has increased as expected for this time of year and is comparable to the figure from November 2023.

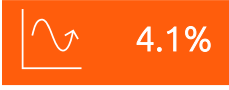


Additional assurance is provided in the focus area on pages 7 & 8.

12 Month Rolling Absence



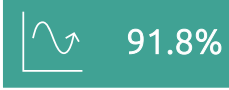
Remains **above** the national target and has fluctuated around 4% over the past two years.



Statutory and Mandatory Training



Remains **above** target in November 2024.



All Directorates continue to **exceed target** within the financial year.

The module reporting lowest completion is *Foundations in Improvement* (83.6%), which was introduced as a mandatory training e-learning module from April 2024.

Appraisal and Development Reviews



Has fallen just **below** the NHS Wales target.



This follows a period of 4 months where the organisation has been above the target.

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

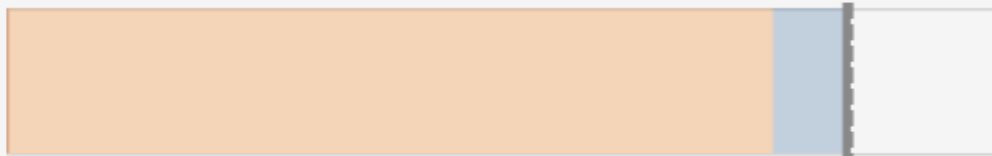


Compliance Performance

Appraisal compliance has dropped just below 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). This follows a period of 4 months where we have been above target (taking into account updated data being reported in November following the latest refresh).

For November, the compliance figure has dropped from 85.5% to 84.5% (1% decrease). 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 the Health Protection and Screening Services and Board and Corporate, who have the highest percentage of appraisals that are due soon.

84.5%
of reviews completed within 12 months
vs a target of 85%



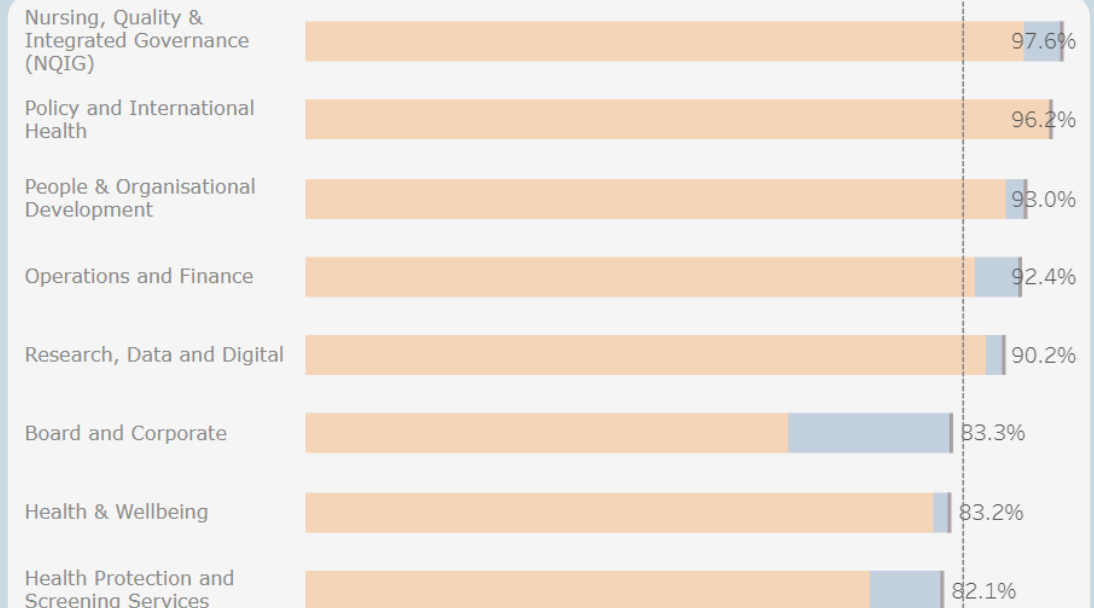
Grey – current compliance — vs target
Blue – appraisals due in next 3 months



Compliance by Directorate

Latest figures show that five Directorates are achieving compliance with the national target, with three Directorate 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 97.6% in Policy and International Health to 82.1% in Health Protection and Screening Services.





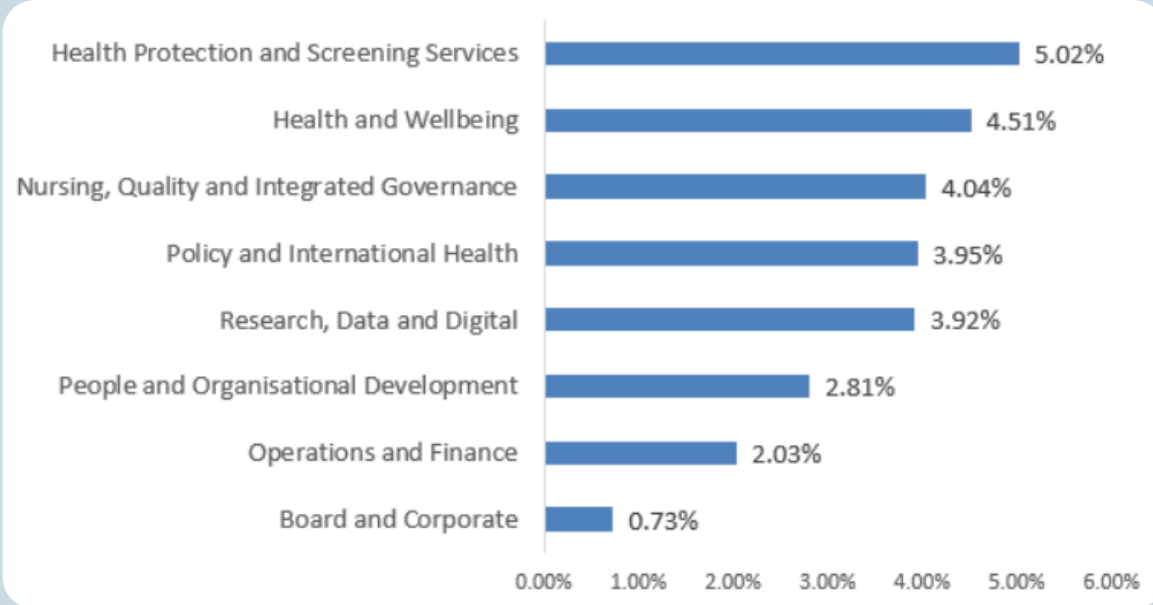
In Focus: Sickness Absence



Sickness Absence by Directorate

We have identified a decrease in Sickness Absence for November, which has fallen from 5.1% in October to 4.6% in November.

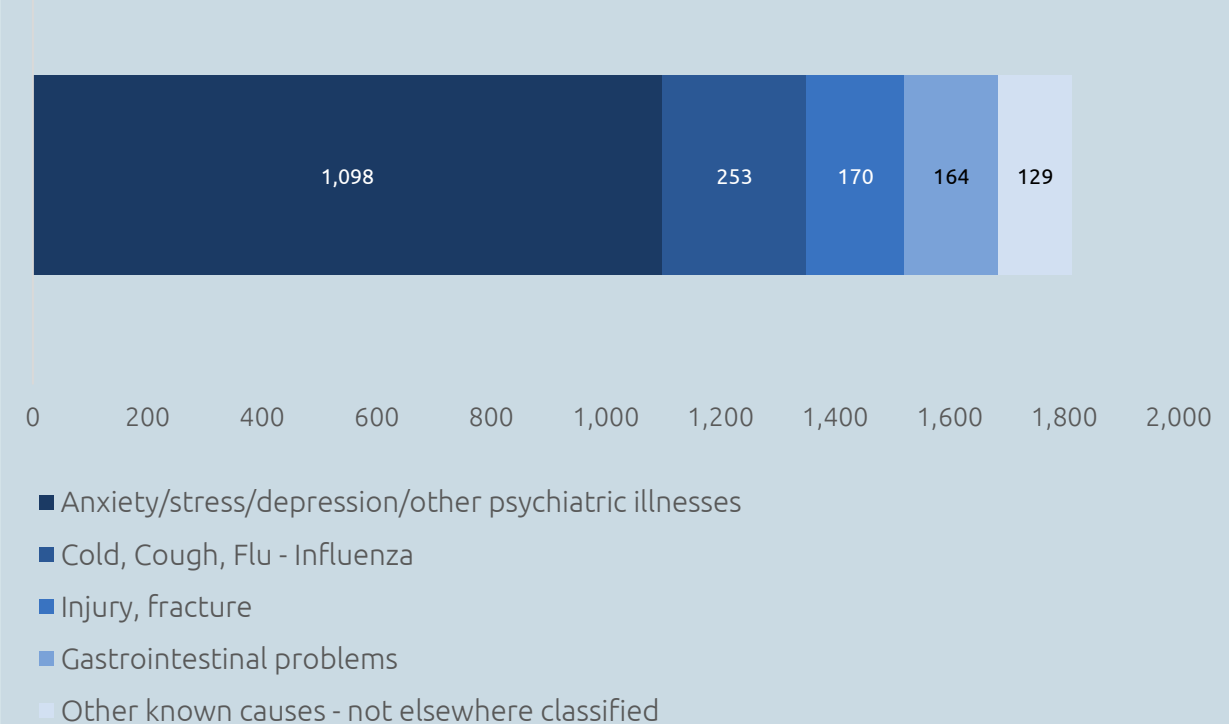
We will closely monitor this data over the coming months, as we move into the winter period. The breakdown by Directorate for November 2024 is provided below.



Sickness Absence by Absence Reason

When focussing on Absence Reasons over the same period, the top 5 reasons for sickness absence are shown in the chart below.

Anxiety/stress/depression/other psychiatric illnesses has consistently been the number 1 reason for sickness absence across NHS Wales, and we have seen an increase of FTE days lost related to Cold, Cough, Flu – Influenza.





In Focus: Sickness Absence



Advice and Support

On-site visits have been arranged with those parts of the organisation whose staff are predominantly based in a workplace i.e. labs/screening sites etc. These visits will provide an opportunity to meet with Managers to discuss any absence issues and to identify opportunities to reduce sickness absence rates in their teams. These visits are scheduled to begin in the New Year.

A new all-in-one guide to managing attendance has been produced for both managers and colleagues and is available on the Intranet.

Learning and Development

The People and OD Advisory team are developing a series of 'masterclasses' for managers, the first of which will be a case study of the management of a complex sickness absence case. These sessions will begin in February.

Data Analysis

Some data analysis has been provided to the Research, Data and Digital Directorate. In response to their increased absence rates, they have taken an action to include the discussion of sickness absence rates at each monthly DLT session. They have also communicated the importance of MAAW training to all of their people managers and have encouraged those who have not attended the training to book themselves on to a session.

Similar data has also been shared with Policy and International Health, and this will be followed up to agree any necessary actions.



Financial Governance



Revenue Position



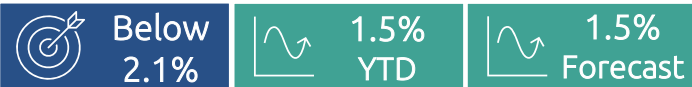
The year end forecast is to deliver our statutory duty to **breakeven**.

Capital Position



The capital forecast is **breakeven**. Funding is made up of a discretionary allocation of £1.55m and strategic allocation of £2.06m. £1.4m 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 £0.956m above the COVID testing funding allocation at month 8. This overspend has been offset with £0.553m of slippage against COVID sustainability funding leaving a net COVID-19 overspend position of £0.403m at month 8.
- The following table summarises the COVID-19 forecast position based on the likely case; this includes the impact of revised Bowel Screening optimisation modelling of £1.130m and securing a testing kit discount of £0.229m. Further mitigating actions to address the current net overspend forecast of £0.277m have been discussed with Welsh Government.

Programme	M1-M8 Variance £m	Year end Likely Forecast £m
Respiratory Testing	+0.956	+2.200
Core Sustainability	-0.553	-0.564
COVID-19 Forecast	+0.403	+1.636
FIT Optimisation	-0.343	-1.130
Procurement bulk discount negotiated Oct 2024	-0.060	-0.229
Revised COVID-19 Forecast	nil	+0.227

Click to access further detail in the latest Finance Board Report





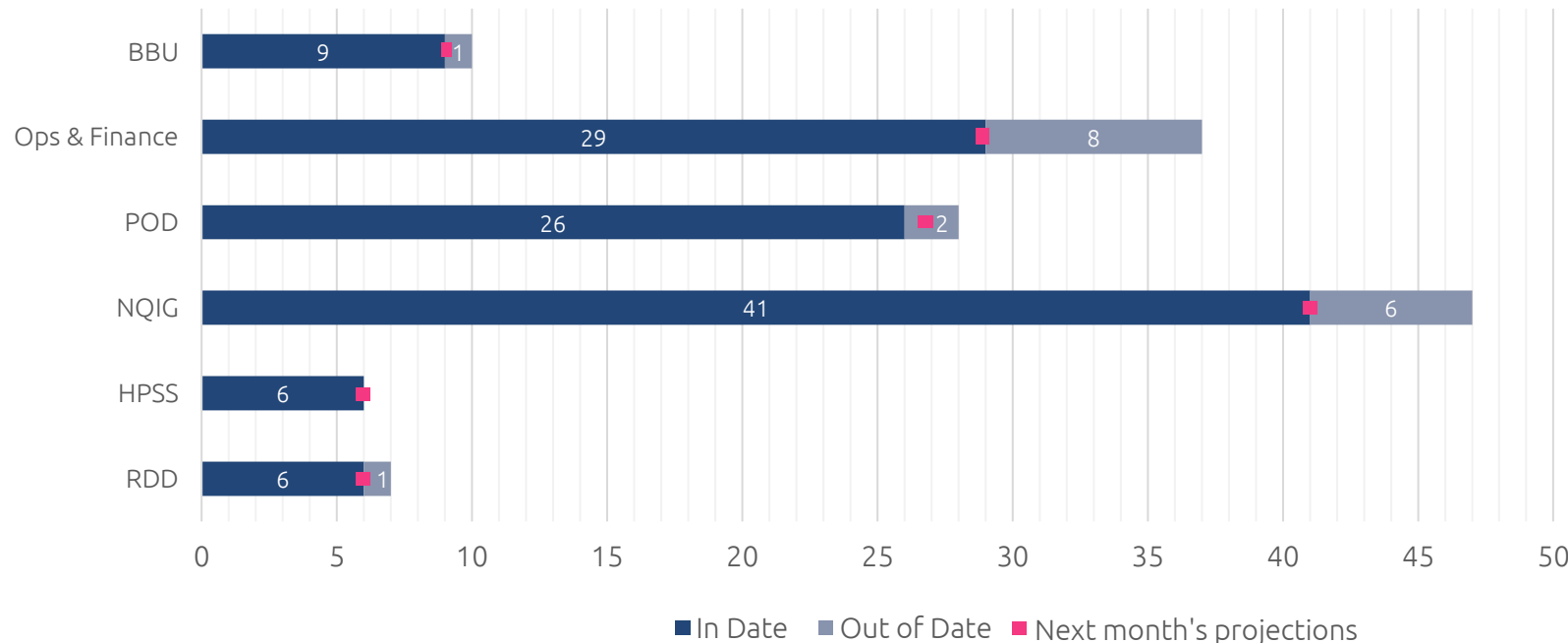
Corporate and Information Governance



Corporate Governance

Corporate Policies Compliance

12 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 November 2024:

- No policies were approved.
- A number of policies are under consultation and are expected to be issued for approval in January and February.

Overview:

- The divisions with the most policies out of compliance are Ops and Finance and Nursing, Quality and Integrated Governance.



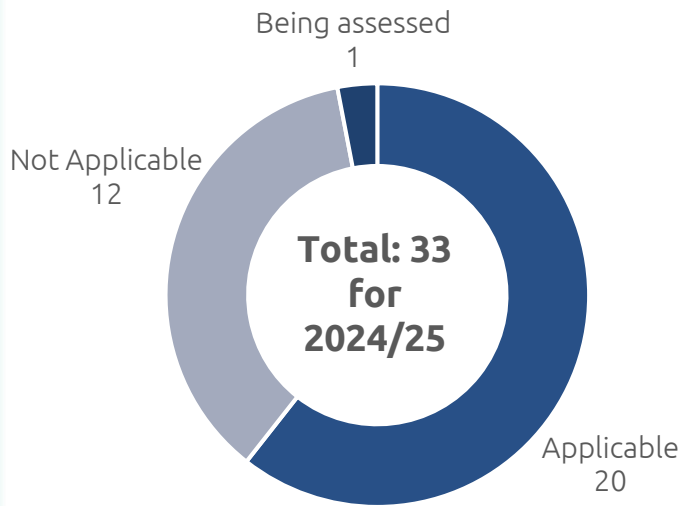
Corporate and Information Governance



Corporate Governance

Wales Health Circular (WHC) Compliance

For the Period 01 - 30 November 2024:



- 5 WHC s have been received this month all were assessed, 4 were found to be applicable to PHW and 1 is currently being assessed.
- 4 WHCs were closed, *WHC 2024/021, WHC 2024/32, WHC 2024/37 and WHC 2024/44.*
- Additionally, 1 previously issued WHC, *WHC 2024/030, Weight Management Pathway*, was amended and reissued. It remained not applicable.

Of those applicable:



■ In progress ■ Confirmed compliance

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



14 requests were received in **October 2024**.
6 exceeded the 20-working day timescale due to respond.



A revised escalation process to address compliance with response deadlines is being implemented.



In Focus

Additional assurance is provided in the focus area on page 13.

Department	Comments
WCISU & Health Intelligence	Clarification sought multiple times from the requester, required additional information to be added to response.
IT, Finance	Final response required additional review and update. Staff absences also contributed to delay.
WCISU & Health Intelligence	Clarification sought from requester. Staff absences also contributed to delay.
Communications	Revision of final response and adding updated information led to delay.
Multiple	Checking with multiple Directorates / Divisions to establish if and where the information was held.
Health Protection, Microbiology	Delay in receiving information requested.

Data Protection (Subject Access) Requests



2 requests were received in **October 2024**.
2 were responded to within 1 calendar month.



The requests were for:

- cervical screening audit report
- request for medical records (not held by PHW)

Personal Data Breaches

Reported	Escalated
2	0

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

Breach – Nil

Action – N/A

ICO Response – N/A

Mandatory Information Governance Training



A slight decline from the previous month. However, organisation-wide compliance with Information Governance mandatory training **exceeds** the national target.





In Focus: Freedom of information



Process for Management of Freedom Information Requests:

- Information Governance forward FOI requests to the respective Directorate with a reminder of the 15-day response deadline back to Information Governance (to enable final response collation and sign off within the statutory 20-day deadline).
- Information Governance prompt outstanding responses at 10 days.
- Complex, time consuming requests managed through Information Governance liaison with information requestor.
- Response sign off through Deputy SIRO and Head of Communications with escalation to SIRO/Exec Director/CEO where required.

Assurance:

- Revised escalation process
- Weekly performance management meeting chaired by the SIRO/Director of QNIG.
- Escalation to respective Executive Director when deadlines are approaching
- Directorates nominating FOI request 'handlers'.
- Proactive advice and timeline reminders from Information Governance.



Clinical Governance, Quality, Safety and Improvement



Externally Reportable Incidents - November update

- No Nationally Reportable Incidents reported
- No Early Warning Incidents reported
- No Duty of Candour incidents reported

Incidents

Incident Numbers (Rolling 12m to November 24)	Reported in November
2,045	202 (median 169)

As of end of November, there are **248** open incidents of which **70** are overdue incidents with an 'open' status of more than 30 working days.

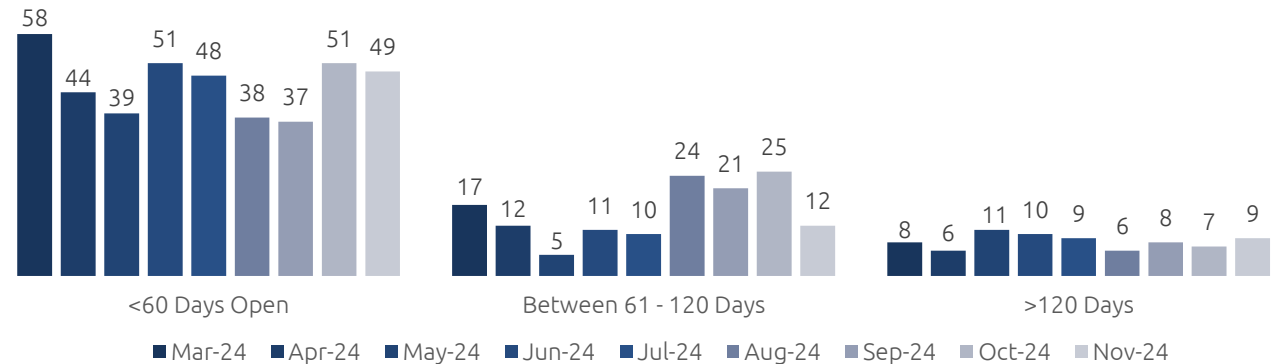
Improvement has been made in closure rates this month with 13 overdue incidents being closed leaving 70 open compared to the 83 in October 2024. The largest numbers of overdue incidents are within Cervical Screening Wales (**31**), Diabetic Eye Screening (**16**), Microbiology (**11**) and Breast Test Wales (**4**).

It should also be noted of the 13 closed this month, 8 were those with the longest overdue timeframes.

Trend analysis and comparison to historic performance is included in the PAD



Overdue Incident Progression (March – November 2024)



The PTR Team continue to circulate overdue incident numbers weekly to all service areas informing clinical and operational leads to review and respond. In addition, Incidents at the 20-29 days timepoint are now proactively shared with service areas in attempt to prevent the incidents breaching the 30-day target, becoming overdue.

DESW have recently revised internal processes for incident management to enable, timely incidents closures.

Cervical Screening Wales are reviewing their internal closure processes and identify additional incident managers to support incident closure management.

Incident Levels of Harm

Level of Harm	Count
None	96
Low	97
Moderate	9

9 moderate or above harm incidents were reported in November. These were reported in the following areas:

- Diabetic Eye Screening (**6**), Breast Test Wales (**2**), Corporate Safeguarding (**1**)

5 of these incidents have been recategorised to 'No' or 'Low harm' following completion of the investigation with 4 remaining under investigation.



In Focus: Incident Closure



Updated Process for Oversight and Management of Incident Closure:

- An overdue incident report is generated weekly and reviewed by the PTR team. This report details incidents that have been open over 30 working days and incidents that are at open for 20-29 working days. The data is then shared with the service designated operational and Clinical leads for the reviewing and ongoing management.
- Update requests are made to the service areas weekly and support offered where barriers to achieving closure are identified. In addition, monthly meetings are scheduled with service areas for support incident management and closure.
- Any complex overdue incidents identified are escalated to NQIG senior managers and targeted support provided to enable closure where barriers have been identified.
- Currently monthly closure rates are variable due to some service areas only having a limited number of staff who manage incident closure and staff availability.
- Joint working continues with the Office of the Medical Director (OMD) to support the safe and timely closure of overdue incidents.

Assurance:

- Divisions that have the highest number of overdue incidents are developing new processes to manage incident closures. In the interim the teams are undertaking a targeted response to address the overdue incidents.
- A 'Learning from Events' group will shortly be founded, with Executive support to share learning from incidents.
- 199 incidents have been closed in November compared to 160 in October. 8 of these incidents have been open for over 95 days.

No. of incidents closed in November	199
Closed in < 30 days	117
Closed 31 – 60 days	60
Closed 61 – 120 days	19
Closed 120 days+	3 (125, 308, 452 days)

No. of incidents closed in October	160
Closed in < 30 days	115
Closed 31 – 60 days	31
Closed 61 – 120 days	11
Closed 120 days+	3 (127, 175, 365 days)



Clinical Governance, Quality, Safety and Improvement



Complaints

Complaints (Rolling 12m)	Formal (November)	Informal (November)
Formal - 37 Informal - 103	4 (median 3)	4 (median 7)

4 formal complaints were received in November all in Diabetic Eye Screening Wales. 50% (2) were acknowledged in the target of 5 working days. 2 complaints did not achieve the target timeframe as the service area was attempting to resolve informally in the first instance.

1 complaint has been responded to within the 30-working day timeframe. The remaining 3 complaints are ongoing and are still within their 30-working day timeframe for response.

4 informal complaints were received in the following areas:

- Diabetic Eye Screening Wales (2), Breast Test Wales (1) and Policy and International Health (1)

75% (3) of these informal complaints were resolved in the target of 2 working days. One was responded to on working day 5 due to the service area not being able to contact the complainant.

Trend analysis and comparison to historic performance is included in the PAD



Claims

November 2024
0

No new claims received in November.

Of the ongoing claims (29), there are 24 confirmed claims, and 5 potential claims.

Redress

November 2024
0

No new Redress cases were received during November.

There are currently 6 ongoing Redress cases, 3 are within Cervical Screening Wales and 3 within Breast Test Wales. All redress cases are being progressed in line with the PTR regulations in a timely manner.



Section 2 Service Delivery





Key Performance Indicator Summary



Screening Services	In Focus	Standard	Oct-24	Committee
Bowel Screening Wales – Waiting time for index colonoscopy (Health Board Delivery)		90%	30.2%	Quality, Safety and Improvement
Cervical Screening Wales – Waiting time for colposcopy appointment (8 weeks) (Health Board Delivery)		90%	99.2%	
Breast Test Wales – Assessment invitations (3 weeks)		90%	Nov-24 28.3%	
Diabetic Eye Screening Wales – Coverage (12 Months)		80%	40.9%	
Abdominal Aortic Aneurysm – Timely referral to elective vascular network (MTD)		100%	100%	
Infection Services			Oct-24	
Total Microbiology Rejection Rates		<5%	5.4%	Quality, Safety and Improvement
Total Microbiology Diagnostic Sample Requests		*TBC	180,373	
Blood Culture - Collected to Incubation SMI <4hrs		<4hrs	70.3%	
Blood Culture - Received (PHW Laboratory) to Incubation		*TBC	99.2%	
Health Protection			Oct-24	
Compliance to surveillance reporting schedules		90%	90%	Quality, Safety and Improvement
Test and Post (STI self-sampling) – Test Turnaround Times		100%	Nov-24 100%	
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%	
Research Data & Digital			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			Nov-24	
JUSTB – Number of Schools with 2-day training completed by month (YTD)		35 Schools	4 (12)	Knowledge, Research and Information Quality, Safety and Improvement
Whole School Approach – Proportion of schools with an Action in Place (All schools)		80%	65%	
Whole School Approach – Proportion of schools with an Action in Place (Secondary schools)		100%	89%	
Help Me Quit – 4-week self-reporting quit rate (NTSS)		35%	78%	
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

- Presentation on Optimisation of Bowel Screening at Chief Medical Officer Health Protection Advisory Group was requested which was well received
- Newborn Screening System Re-platforming progressing with external supplier and project team established
- Testing of the replacement system for the current colposcopy management IT system (Canisc) has started with DHCW and Health Boards
- The scoping project reviewing how a lung cancer screening programme could be delivered in Wales in the future is progressing well with good engagement with key stakeholders to inform approach

Breast Screening - Assessment invitations within 3 weeks of screen

This remains below the 90% standard in November 2024.

This has improved from previous month, but further improvement needed. West region has been impacted by clinics cancelled due to building works in centre.



Key steps being taken :

- Across all regions - clinic bookings are optimised to ensure all slots are booked and short notice appointments are offered.
- Single handed clinics are taken forward if no surgeon is available to prevent cancellations
- North Region - Saturday clinic booked for January



Bowel Screening - Colonoscopy within 4 weeks of booking SSP appointment

Timeliness remains below the 90% standard in October 2024.



As of 6 December 2024, the average waiting time for a screening colonoscopy was 6.3 weeks (a slight improvement on 6.5 weeks in November). The waiting time ranged from 5 to 9 weeks across the 13 screening centres. In addition to the ongoing monthly service review meetings, mentorship and assessment days are planned by March 25 to increase the number of BSW accredited colonoscopists.



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

Timeliness remains above the 90% standard in October 2024.

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





In Focus: Breast Test Wales Assessment Waits



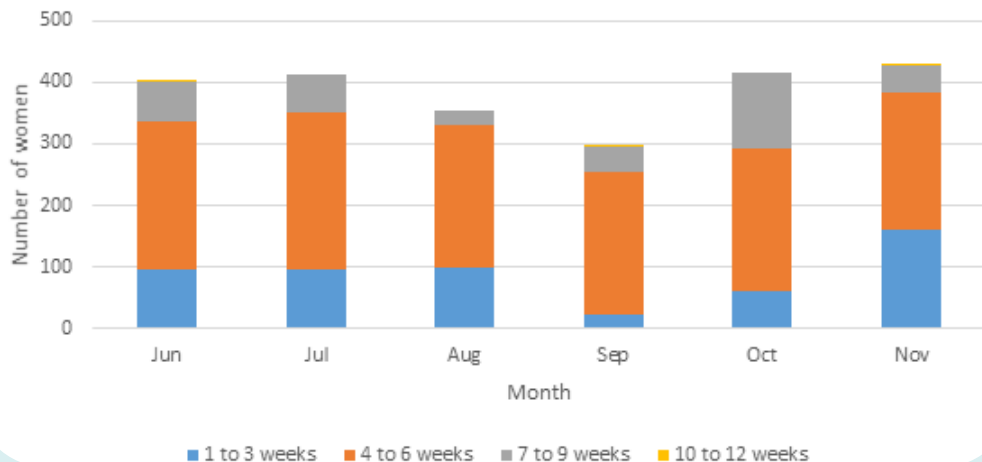
Current Challenges:

Breast Screening Programme has been inviting more than usual numbers to recover the backlog and impact from the pandemic. This peak of activity has not fully completed through the assessment pathway. There are national shortages of skilled clinical staff to undertake reading, arbitration and assessment clinics and this is most marked in North Wales. A joint radiologist post with Betsi Cadwaladr UHB has not been able to secure a suitable applicant following resignation of substantive Radiologist (Llandudno).

There is only one substantive Radiologist across BTW in North Wales. One part time Locum consultant in Llandudno and Locum consultant in Wrexham currently on maternity leave. BTW clinical staffing in North Wales mostly training or recently qualified. There is no expected clinical impact of delay to assessment. Women invited for assessment are sent their invitation shortly before their appointment to reduce time they are worried before attending clinic.

November 28.3% met standard of being invited to assessment clinic within 3 weeks of screening. 89% of women are seen between 1 and 6 weeks.

Participants requiring assessment offered an appointment within number of weeks from screen in Wales



BTW North

- Additional Saturday Clinic booked for 11 January
- Clinic bookings are optimised to ensure all slots are booked and short notice appointments are offered
- Single handed clinics are taken forward if no surgeon is available to prevent cancellations
- The rate of screening in BTW North can be safely reduced slightly which will enable the timeliness of assessment to improve. This will not impact on the 36-month round length target for the region

BTW South

- Further Radiologist appointment anticipated in the New Year.
- Waiting times for assessment in BTW South have improved in November

BTW West

- No significant concerns with this region
- Clinics have had to be cancelled due to planned building work in reception and entrance
- Timeliness will improve once this delay is recovered from



In Focus: Bowel Screening Wales Colonoscopy Waits



Current Issues and Challenges:

- Colonoscopy capacity across Wales is challenged, with insufficient Colonoscopists, theatre space and nursing staff to meet demand and reduce existing backlogs. Since 2021, BSW has successfully optimised the screening programme, which has resulted in a significant increase in screening colonoscopy demand
- Optimisation of bowel screening (in a phased approach since 2021) has resulted in increased demand on colonoscopy services. This has been in line with expectations based on modelling that was shared with Health Boards well in advance of the first phase
- Whilst the expected increase demand from screening has been funded (via BSW) for Health Boards, there has also been an increase in demand from other sources and colonoscopy capacity has not kept pace

Impact:

- Waiting times for screening colonoscopy remain outside the BSW 4-week standard in a number of local assessment centres in Wales and range from 2-12 weeks (average of 6 weeks)
- Despite the almost 300% increase in demand resulting from optimisation of the screening programme, the average waiting time for screening colonoscopy has reduced over this 4-year period, from an average wait of 15 weeks in April 2021 to 7 weeks by August 2024

Current Actions:

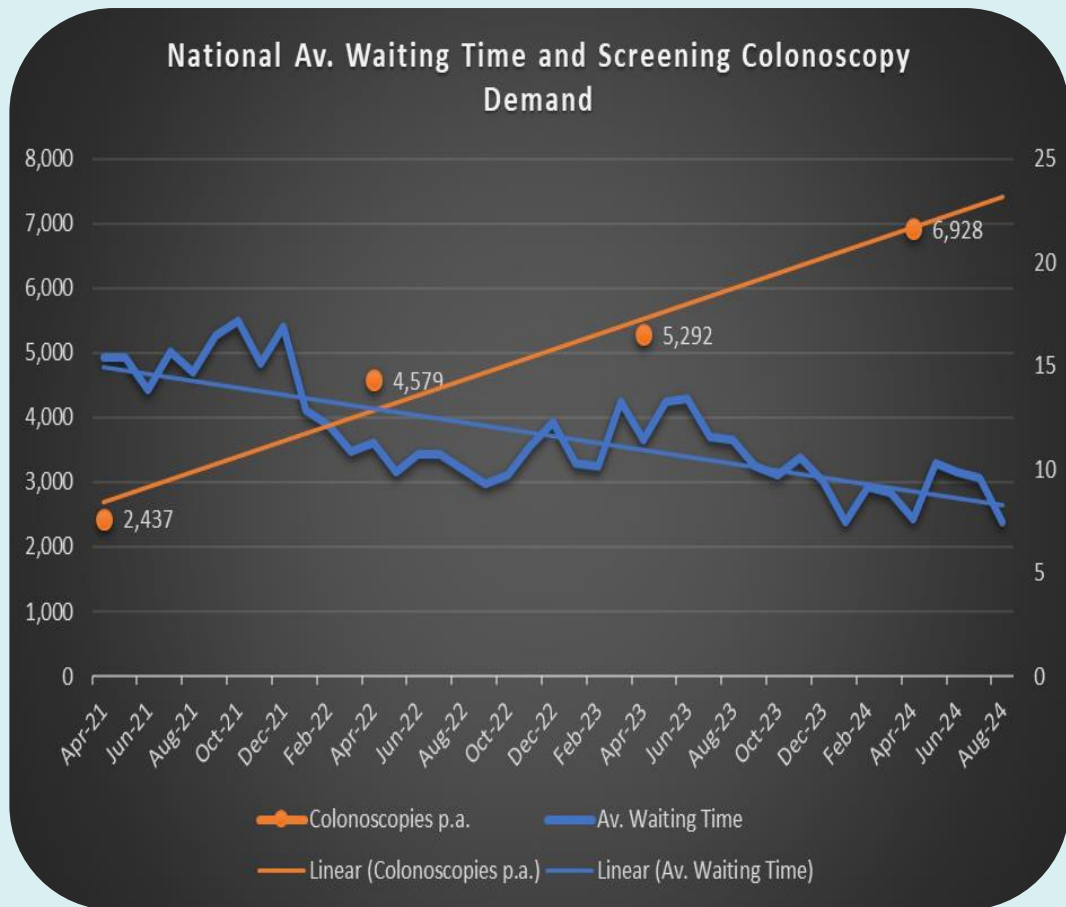
- BSW meets monthly with all the endoscopy teams to discuss screening waiting times and screening capacity
- The screening programme is expanding the pool of accredited Screening Colonoscopists and has increased Specialist Screening Practitioner resource to help meet the screening demand
- BSW works closely with the Health Boards to enable quality assured insourcing colonoscopy
- The Business Team routinely meet with the health boards to monitor activity aligned to commissioned capacity via the Long-Term Agreements



In Focus: Bowel Screening Wales Colonoscopy Waits



Trend data and latest waits - 6 December 2024



Local Assessment Centre	Waiting time SSP assessment	Waiting time colonoscopy	Total waiting time
1	1 weeks 5 days	5 weeks 2 days	7 weeks 0 days
2	1 weeks 3 days	3 weeks 4 days	5 weeks 0 days
3	1 weeks 5 days	4 weeks 5 days	6 weeks 3 days
4	1 weeks 4 days	9 weeks 5 days	11 weeks 2 days
5	1 weeks 4 days	10 weeks 1 days	11 weeks 5 days
6	1 weeks 5 days	7 weeks 1 days	8 weeks 6 days
7	0 weeks 5 days	6 weeks 2 days	7 weeks 0 days
8	3 weeks 3 days	9 weeks 2 days	12 weeks 5 days
9	3 weeks 3 days	11 weeks 4 days	15 weeks 0 days
10	3 weeks 0 days	5 weeks 0 days	8 weeks 0 days
11	4 weeks 4 days	4 weeks 6 days	9 weeks 3 days
12	4 weeks 3 days	6 weeks 2 days	10 weeks 5 days
13	2 weeks 0 days	5 weeks 1 days	7 weeks 1 days



Health Protection and Screening Services



Screening Services

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



80%



40.9%

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. Low Risk Recall still remains above the 80% KPI and the coverage for annual recall remaining steady at 40%.

The service continues to run 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. The clinics on Saturday 7 December were cancelled due to red weather warning across Wales. 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.

Further service improvement work is being undertaken, including the bedding in of the new camera technology – there has already been a 4% drop in the number of inadequate images captured, which will free up capacity in appointments and reduce the number of referrals into Hospital Eye Services.



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.

Positively, the service continues to achieve against target for November 2024.



Dashboard

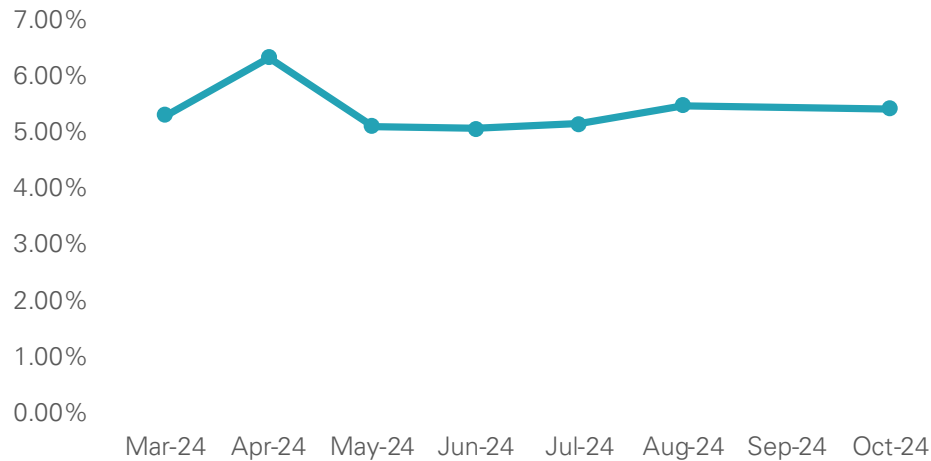


Health Protection and Screening Services



Infection Services

Total Microbiology Rejection Rates



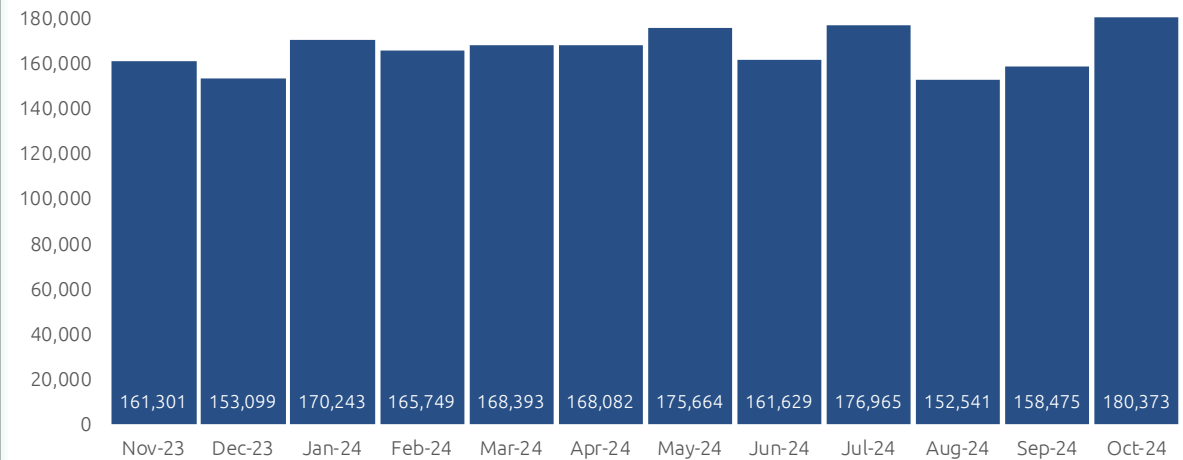
Diagnostic testing rejection rates are 5.42% in October out 180,373 total sample requests. Samples are rejected in compliance with SOPs to ensure appropriate testing and sample type are tested in line with our UKAS accredited tests. The impact of rejected samples can delay patient results but can prevent incorrect reporting.

<5%
 5.4%

The main causes of rejected samples consistently remains as receiving incorrect sample types, leaking/broken samples or incomplete clinical information.

Work in the division continues with the quality team to understand rejection rates and try to influence requestor change habits to prevent rejections based on poor clinical information or unnecessarily taken repeat samples.

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. October 2024 shows an increase from September up to 180,373 which is an anticipated increase for this time of year.

COVID/Respiratory outbreaks remain unpredictable.

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

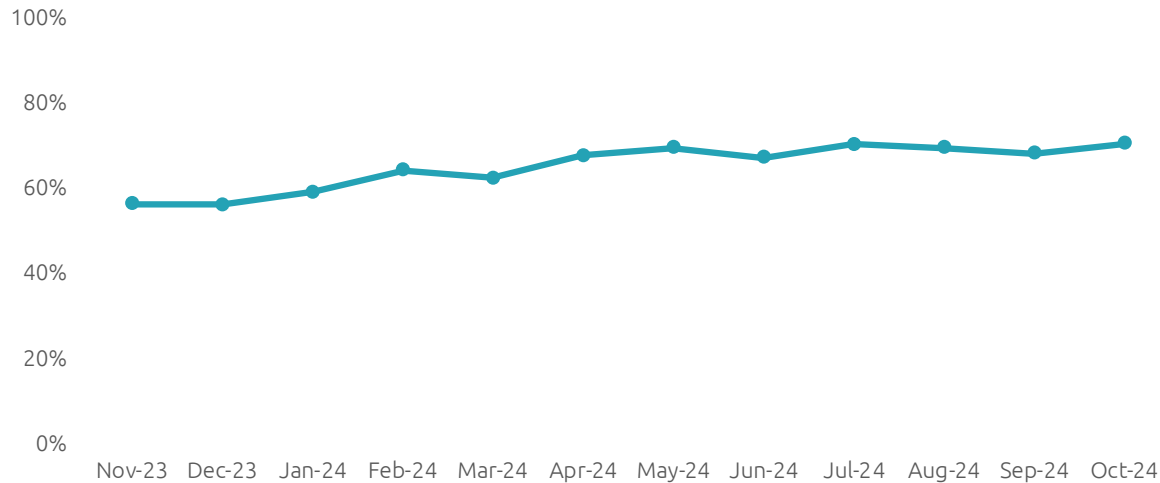


Health Protection and Screening Services



Infection Services

Blood Culture - Collected to Incubation SMI <4hrs

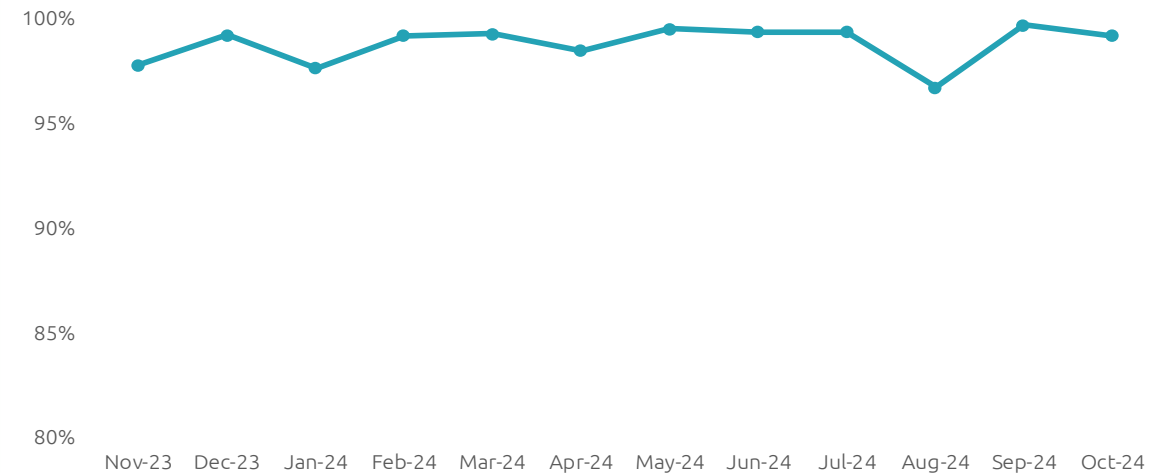


<4 hrs

70.3%

- 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.

Blood Culture - Received (PHW Laboratory) to Incubation



***TBC**

99.2%

*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.
- 99.17% of blood culture samples are incubated in line with the 4-hour target
- 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 99.17% of samples are incubated appropriately.



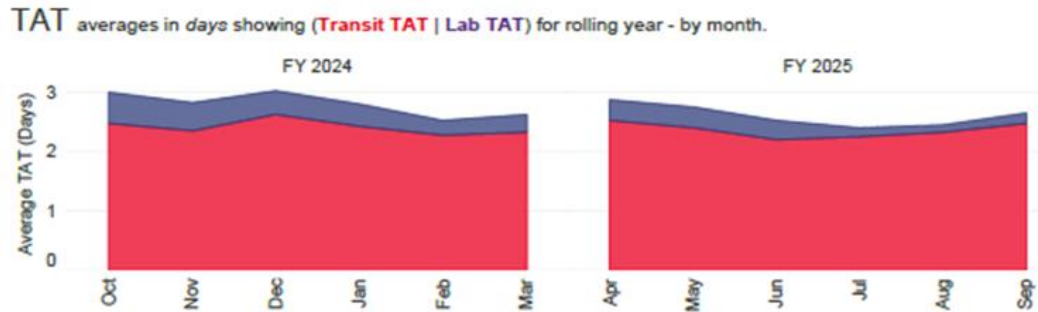
Health Protection and Screening Services



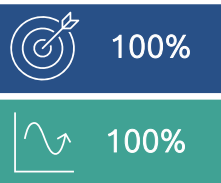
Health Protection

Test and Post – STI self-sampling

Test Turnaround Times



- 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 October 2024, 100% met the 7-day turnaround standard
- 1 request of 6337 total requests (0.02%) did not meet the 7-day TAT standard
- 6337 total requests equated to 38,786 tests being undertaken

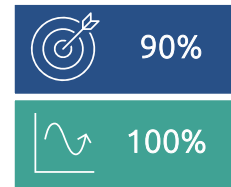


- Actions to improve:
 - Ongoing monthly monitoring – TAT beyond 7 days was result of reflex testing for LGV

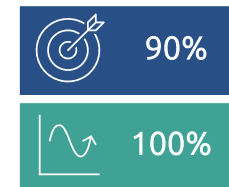
* N.B. Latest figures unavailable due to availability of data within required deadlines

AWARe Response Times by Priority

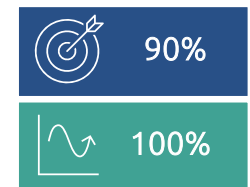
Urgent (<4 hours)



High (<24 hrs)

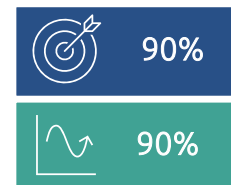


Medium (<48 hrs)



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

Compliance to Surveillance Reporting Schedules (%)



- In October 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.

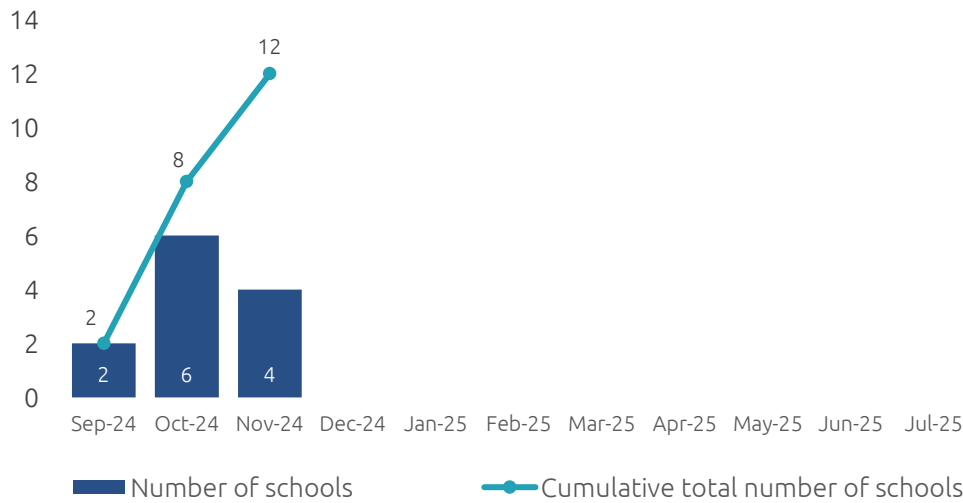


Health and Wellbeing

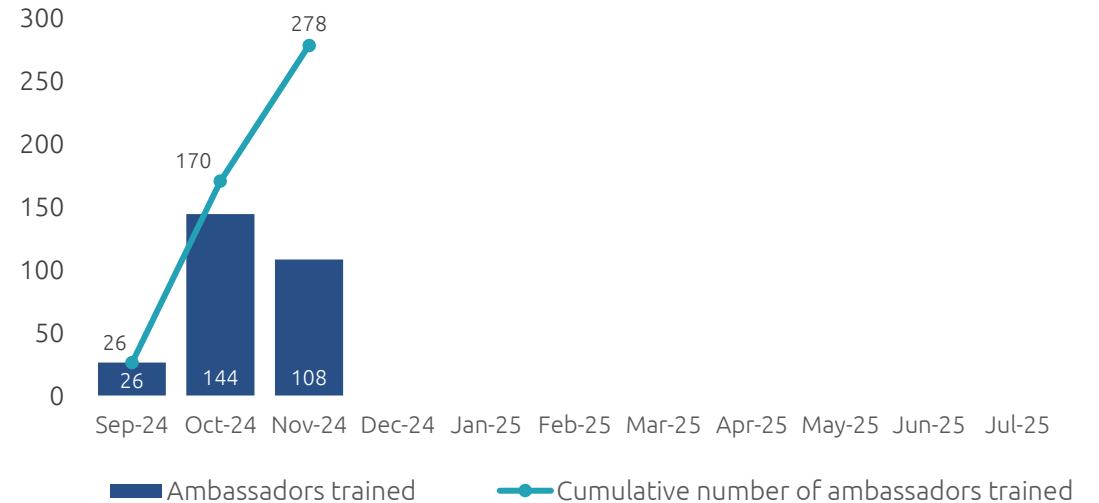


JUSTB / BYW BYWYD

Number of Just B Schools with 2-day training completed by month for 2024-25 academic year



Number of Just B Ambassadors trained by month for academic year 2024-25 (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 new academic school year has planned to progress to normal delivery levels of 40-50 schools. Recruitment is challenging with schools perceiving smoking to be less of an issue than vaping. We are working with DsPH to secure their support in local recruitment.

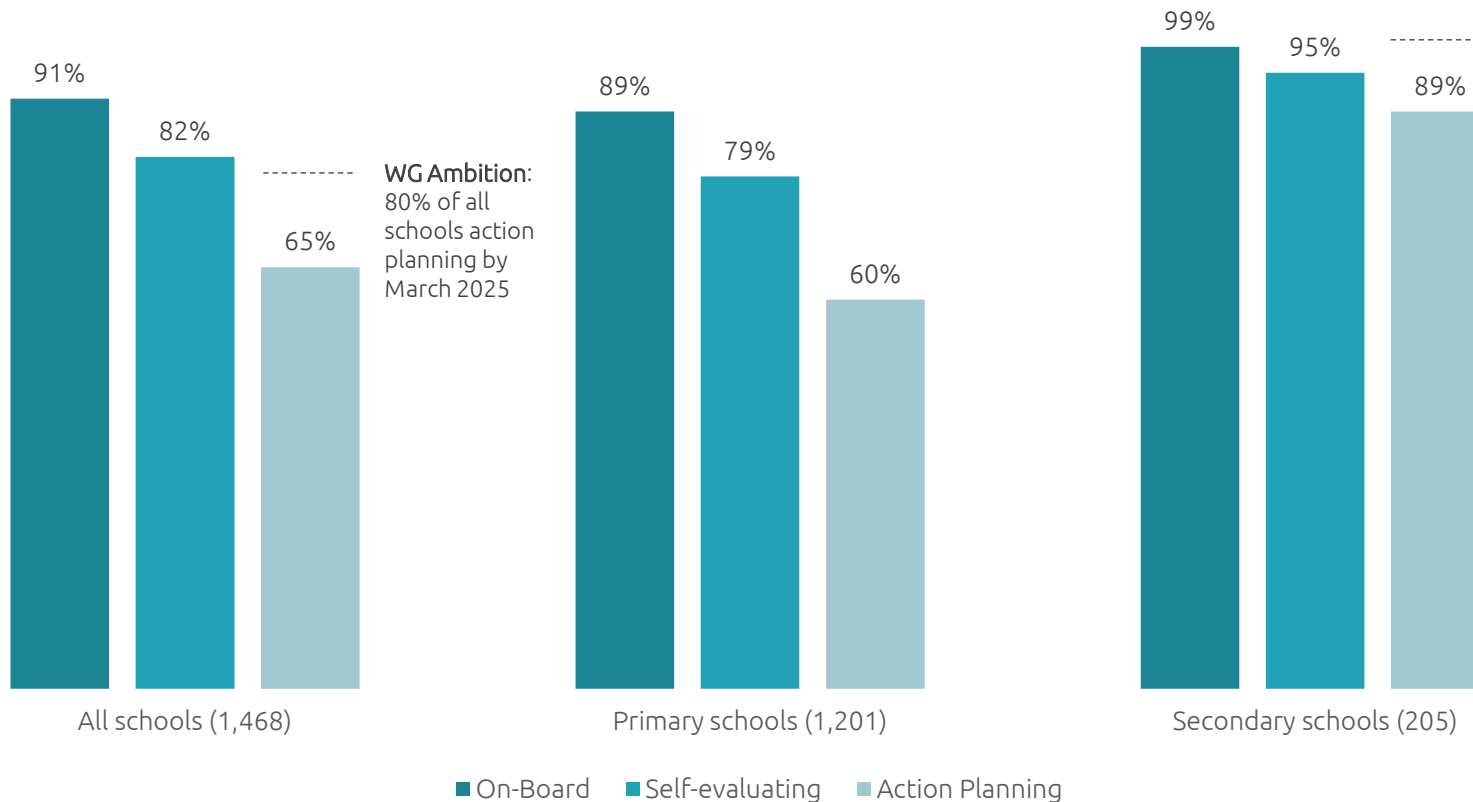


Health and Wellbeing



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: 04/12/24)



Public Health Wales is accountable for the strategic oversight of the programme, direct support to schools is the responsibility of Health Board DsPH

WG Ambition: 100% of secondary schools action planning by March 2025

'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



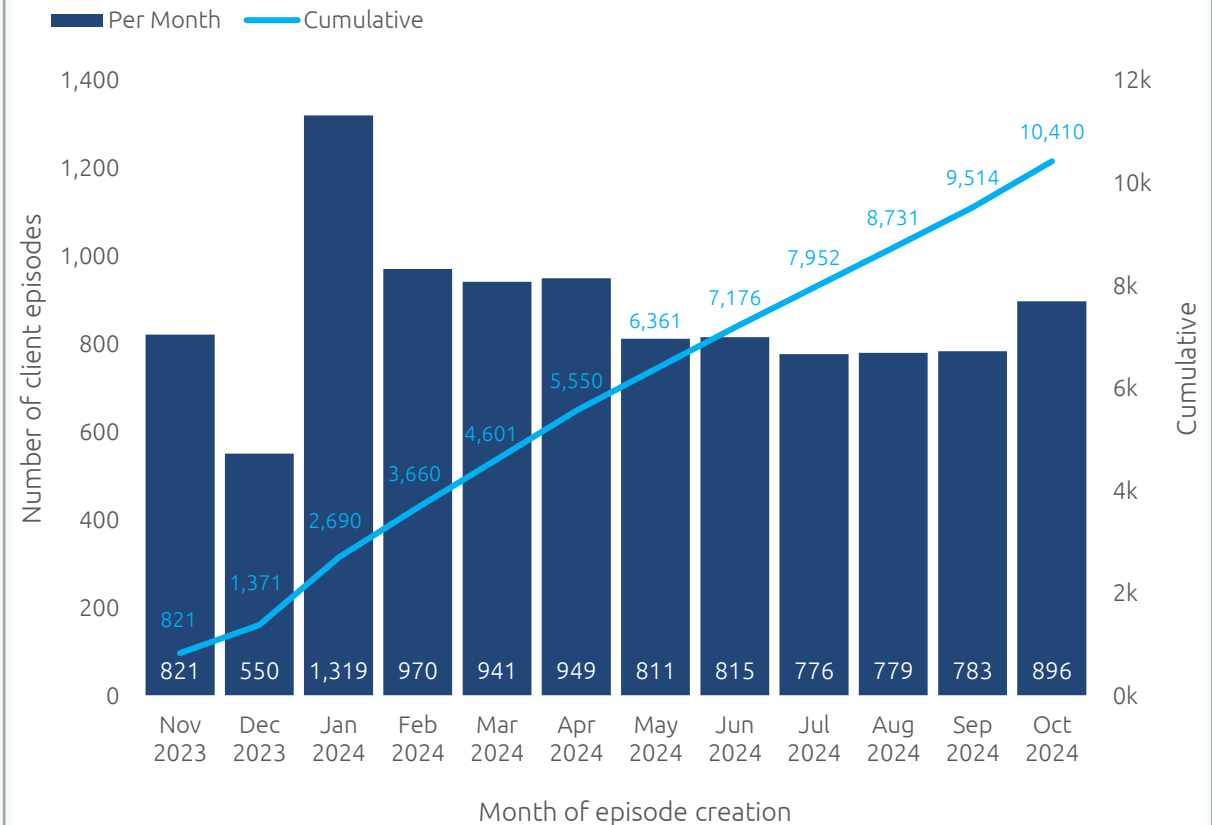
Help Me Quit

The HMQ Hub has created almost 10,500 client episodes in the 12 months to the end of October, 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 November.

The National Telephone Support Service provides additional capacity to support local service delivery and has supported 514 smokers in the 12 months to the end of October achieving 4 week quit rates (self-reported) in excess of the national target of 35%.

Number of client episodes created by the Hub



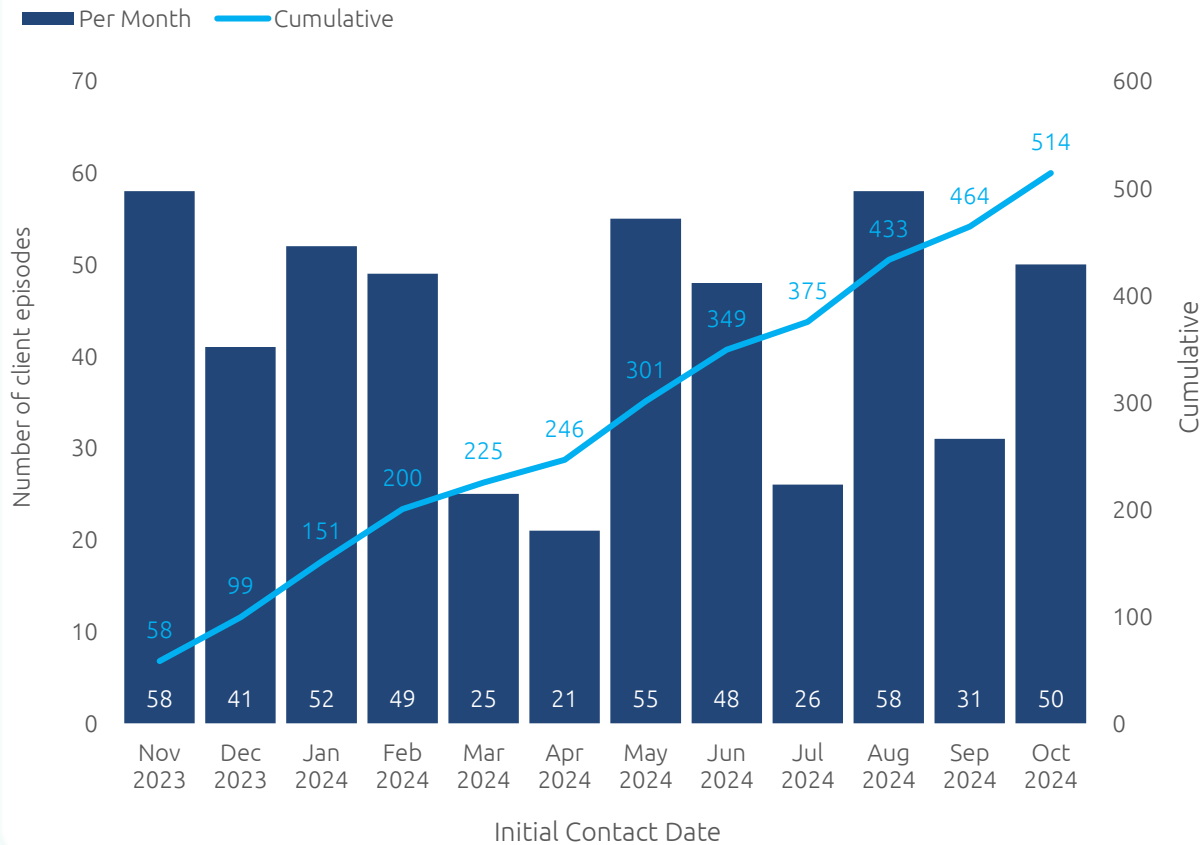


Health and Wellbeing

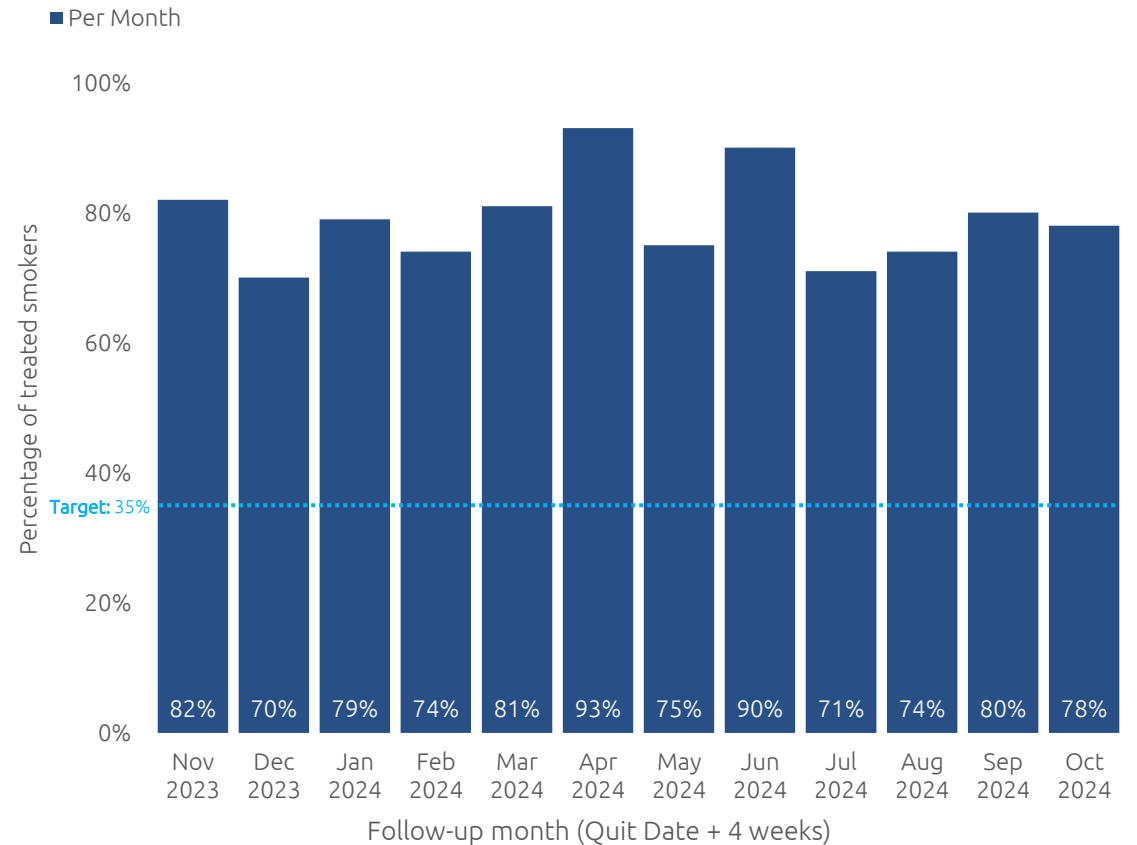


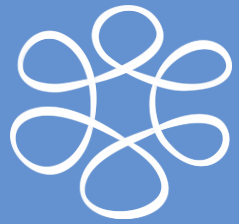
Help Me Quit

Number of clients who attend an assessment session (NTSS)



4-week self-reporting quit rate (NTSS)





Section 3
Strategy Delivery



Key Performance Indicator Summary



Strategic Plan	In Focus	Target	Nov-24	Committee
Strategic Plan – Percentage of milestones currently green or complete		N/A	87.8%	Board
Strategic Plan – Percentage of milestones currently red		N/A	3.8%	
Request for Change (RFC) – Number of milestones submitted for approval		N/A	9	
Strategic Priority 1 – Wider determinants		N/A	77.8%	
Strategic Priority 2 – Promoting mental and social wellbeing		N/A	100%	
Strategic Priority 3 – Promoting healthy behaviours		N/A	65.5%	
Strategic Priority 4 – Sustainable health and care system		N/A	95.3%	
Strategic Priority 5 – Excellent public health services		N/A	88.1%	
Strategic Priority 6 – Climate change		N/A	80%	
Strategic Change Programmes – Percentage of milestones currently green/amber		N/A	90.0%	
Strategic Change Programmes – Percentage of milestones currently red		N/A	0%	



Strategic Plan Milestone Delivery



Strategic Priority Delivery Status

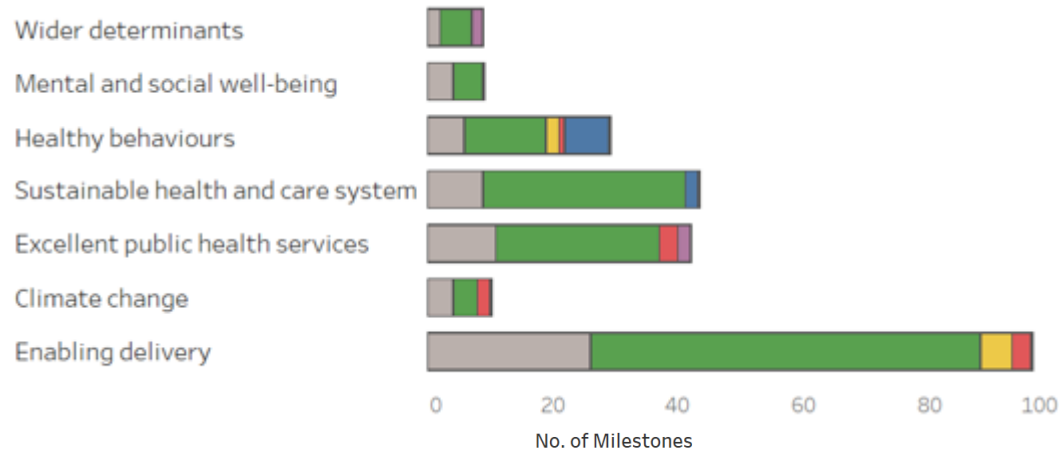


Request for Change

A total of 9 RFCs have been approved this month.



By Strategic Priority



As at November 2024, a total of 62 milestones have been completed. The majority of remaining milestones (84%) are reporting Green reflecting good progress in delivering our plan.

Of the 9 red milestones, 8 have submitted RFCs mainly to extend the delivery date. 2 of these change delivery into the next financial year, whilst the others will be moved to quarter 4. The most common reason for these changes is due to external dependencies.

For 2 of the milestones, 'confirmed the service requirements for ports and borders in Wales from our Food, Water and Environment laboratories' and 'Transferred Grange Hospital Hot Lab to Aneurin Bevan University Health Board responsibility' this will be the 3rd time that they have extended the delivery date this year. Both of these milestones have dependencies on external partners - Port Health and Aneurin Bevan Health Board respectively.

There is a request to combine to deliver of two milestones, which has resulted in a request to close one and change the scope of the other. This is focused around the All-Wales National Framework for Experience and PHW Service User Experience framework. Work has been replanned and combined into 1 milestone.

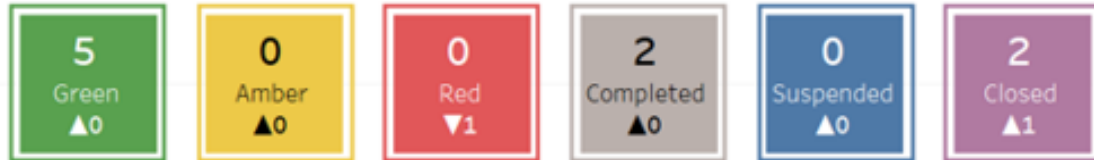


Strategic Plan Milestone Delivery



Strategic Priority 1 – Wider determinants

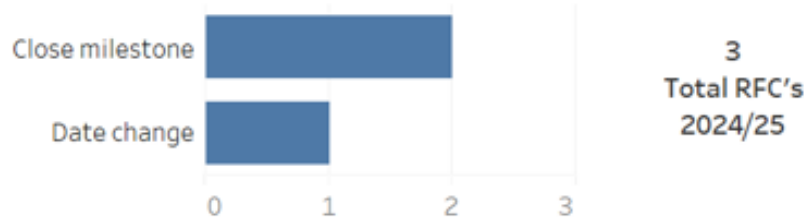
Current Delivery Status



By Directorate

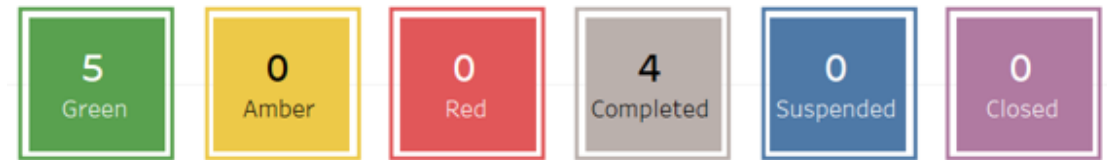


In Year Changes to Plan

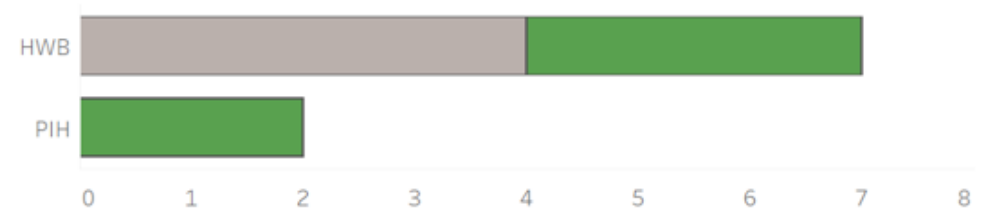


Strategic Priority 2 – Promoting mental and social wellbeing

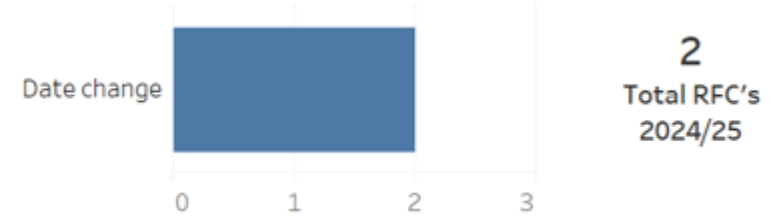
Current Delivery Status



By Directorate



In Year Changes to Plan





Strategic Plan Milestone Delivery



Strategic Priority 3 – Promoting healthy behaviours

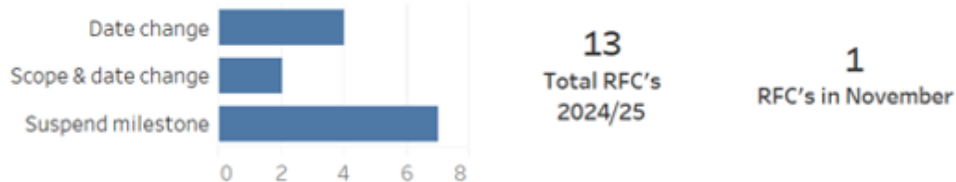
Current Delivery Status



By Directorate



In Year Changes to Plan

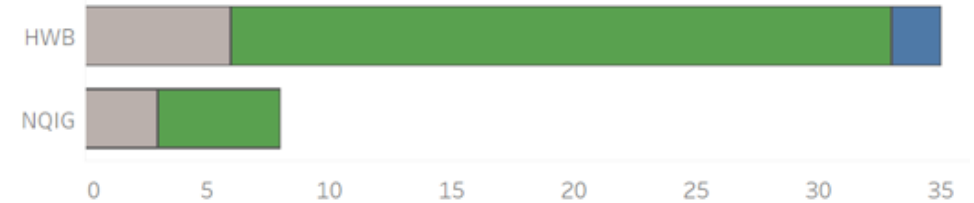


Strategic Priority 4 - Sustainable health and care system

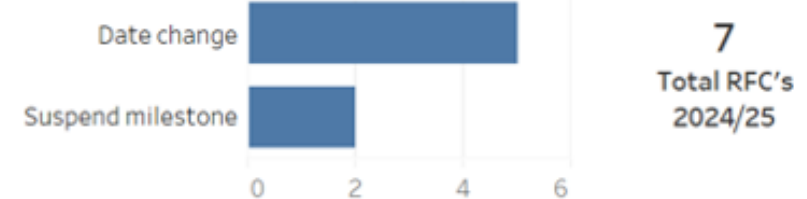
Current Delivery Status



By Directorate



In Year Changes to Plan





Strategic Plan Milestone Delivery



Strategic Priority 5 – Excellent public health services

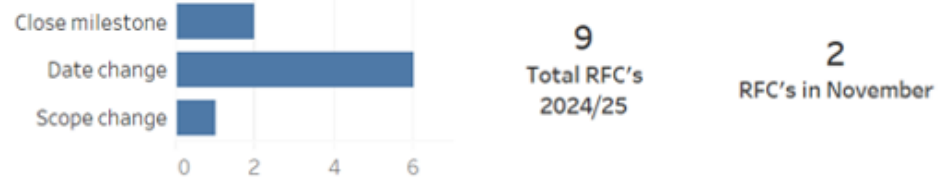
Current Delivery Status



By Directorate



In Year Changes to Plan

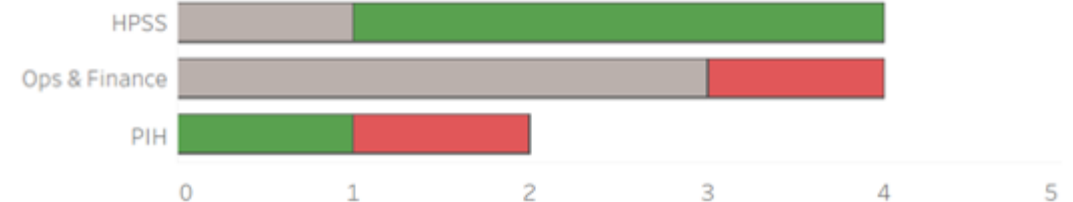


Strategic Priority 6 – Climate change

Current Delivery Status



By Directorate



In Year Changes to Plan





Strategic Change Programmes



Strategic Change Programmes Overview

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



Key Information

DESW Transformation Programme has moved from Green to Amber to reflect the outcome of a recent independent Assurance Review (Amber status) and allow for programme's digital requests to be properly assessed against the Screening Digital Roadmap. Meetings are ongoing between the programme and the digital team to agree 25/26 projects, which will be subject to DDDA approval. The shift to e-referral achieved this year has so far led to 70% of referrals being electronic, saving 9 administrative days per month.

Health Protection Systems Development remains at Amber. The current Alpha phase has been extended due to continuing development of a full business case. Continuation of the programme through to full implementation remains subject to Welsh Government approval of capital funding.

Newborn Screening Re-platforming status has improved from Amber/Red to Amber following contract sign off. Suppliers are being onboarded, and a Project Manager is now in place. Once a delivery plan is agreed, it should be possible to improve the status further.

The **National Targeted Lung Cancer Screening Business case** remains at Green/ Amber. Whilst the project has now had funding extended by Welsh Government, considerable work remains to complete and submit an outline business case by the end of March 25, with some elements (e.g. management of incidental findings) difficult to complete in that timeframe. There is currently significant engagement with service providers taking place on a range of topics.

Programme Detail

Programme Name	Sept	Oct	Nov
1 Diabetic Eye Screening Transformation Programme	G	G	A
Establishment of NHS Executive Programme	G	G	G
National Targeted Lung Cancer Screening Business Case	G	G/A	G/A
Tackling Diabetes Together Programme	G/A	A	A
2 Health Protection Systems Development	G	A	A
Newborn Screening Re-platforming	A	A/R	A
Records Management System	G	G	G
Web Transformation	G	G	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**