



PUBLIC HEALTH WALES
PERFORMANCE AND INSIGHT REPORT
Part One – Performance in 2021/22

MID-TERM SUMMARY REPORT - OCTOBER 2021



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Executive Summary

Our Performance and Insights Report has been developed to provide actionable insights and identifying areas of concern across our four key performance themes:

- **Maintaining a healthy and sustainable workforce**
- **Delivering value and impact**
- **Organisational quality and access to high quality services**
- **Improved population health and well-being**

The latest Performance and Insights Report provides a mid-term position of performance for our Board, whilst addressing key areas of focus for our mid-year **Joint Executive Team (JET)** meeting with Welsh Government on 30 November 2021. The report has been enhanced to provide a focus on our **Performance in 2021/22** and **Plans for the remainder of 2021/22**, which captures key information to inform Board and JET discussions.

Our **Response to the Ministerial Priorities** and our **Plans for 2022/23** onwards form part of the second half of the JET discussion and is addressed in the accompanying JET presentation. This key document will form the basis of our JET submission, alongside the Performance and Insight Report and Annex A (Performance and Assurance Dashboard PDF) and Annex B (NHS Wales Minimum Dataset for Quarter 2 2021/22).

The latest Performance and Assurance Dashboard (PAD) can be accessed by Board using the following [Link](#) (internal only) or by selecting the following symbol , thus enabling direct access to the latest available performance information.

Key points to consider in this month's PAD are listed below:

- 91% of Operational Plan milestones are reported as complete or on track for completion as at October 2021. 9% of milestones are reported as behind schedule and unlikely to meet respective delivery timeframes.
- Staff sickness absence has increased over the latest period (4.3%) with particular challenges identified within parts of service delivery. Staff turnover figures have returned to average levels in October 2021 following an increase recorded over the previous two months.

- Our cumulative reported position is a net surplus of £57k ((£8k) in-month), with an anticipated breakeven position at year-end. Our capital funding for 2021/22 totals £9.134m with year to date spend at 1.593m.
- The total number of PCR tests authorised by our laboratories since April has increased from around 20,000 tests per week to over 30,000 in September 2021. During this time interval the median in-lab turnaround time for PHW labs is 5 hours. The variation of the interquartile range has increased through August and into recent weeks due to significant platform issues across the network. These have improved and would expect this to be reflected in subsequent performance.
- Performance continues to be monitored for Screening programmes in line with agreed recovery plans – latest data can be found in *Annex A pages 21-27*. Challenges remain in some programmes where staff absences are high. Recruitment of additional staff is ongoing. Our newborn screening programmes have continued to meet national target levels over the course of 2021/22.
- One No Surprises Incident was reported to Welsh Government in October 2021 in relation to a number of staff within the DESW contracting COVID-19 in the workplace. Investigations are ongoing.

Further insights from the latest PAD can be found on page 2 – *Key Performance and Insights summary*. Similar to the development of the PAD, we will also iteratively enhance the Performance and Insights Report, making improvements over the course of the next few months, including a number of new features:

- Introducing benchmarking data, comparing our performance with other NHS organisations and Trusts to assist in providing assurance.
- Introducing statistical process control (SPC) charts as an approach to informing performance assurance, which will support the implementation of our Quality and Improvement Strategy.
- Refreshing and developing key performance indicators aligned to outcomes by the end of 2021/22.
- Carrying out analytical 'deep dives' into key performance areas, commissioned through a blended approach from the Board, Executive colleagues and the Performance and Corporate Analytics functions.

Key Performance and Insight Summary

Theme 1: Maintaining a healthy and sustainable workforce – Pages 3 to 5

- Staff sickness absence over the latest quarter was higher, with October 2021 recorded as the highest in 19 months at 4.3%.
- Sickness absence rates in particular areas of the organisation are being monitored closely with Screening Services recording 7.7% over the latest period.
- COVID-19-related absences in the current financial year has remained relatively low when compared to the previous year, but latest figures show a slight increase at the end of October 2021.
- Statutory and Mandatory training (87.2%) and Appraisal compliance (60.7%) has remained stable over the latest period although action is required to increase appraisal compliance in the Health & Well-being and Health Protection and Screening Services which reflect our largest Directorates.
- Monthly staff turnover has returned to average levels in the latest period following an increase over the previous two months. The majority of leavers during 2021/22 were reported as having over 5 years or less than 12 months experience.

Theme 2: Achieving value and impact – Pages 6

- The cumulative reported position for Public Health Wales is a net surplus of £57k ((£8k) in-month) with an anticipated breakeven position at year-end.
- Our capital funding for 2021/22 totals £9.134m with year to date spend at £1.593m. Capital funding is made up of £1.58m discretionary funding and £7.554m strategic funding with a number of business cases having been approved and significant capital developments being delivered in 2021/22.
- Major capital schemes include Breast Screening Imaging Equipment (£3.842m), the Maldi ToF Analyser replacement (£1.27m) and The NHS Collaborative LINC System (£1.331m).
- Year-to-date Public Sector Payment Policy remains above the statutory target at 96.3% (97% in month 7).
- COVID-19 testing spend to month 7 is slightly above forecast levels, with non-COVID rapid testing spend below forecast levels.

Theme 3: Organisational quality and access to high quality services – Pages 7 to 12

- Performance has remained strong for our Newborn Bloodspot and Newborn Hearing programmes throughout 2021/22.
- Challenges remain for Breast Test Wales and Diabetic Eye Screening due to high sickness absence and staff unable to undertake clinical roles due to contact with COVID cases. Work is underway to explore funding additional sessions for clinical staff and weekend working being undertaken to improve performance.
- Total PCR tests authorised by Public Health Wales laboratories increased from around 20,000 tests per week in April to over 30,000 in September 2021. During this time interval the median in-lab turnaround time for PHW labs is 5 hours. The variation of the interquartile range has increased through August and into recent weeks due to significant platform issues across the network. These have improved and would expect this to be reflected in subsequent performance.
- Non-COVID testing activity remains overall positive in the latest quarter although turnaround time compliance for Bacteriology and Virology has declined somewhat due to workload pressures and staff shortages on weekends in Cardiff, Swansea and Rhyl laboratories with COVID-19 related work also taking priority.
- Latest 12-month rolling compliance for formal complaints show 64% were acknowledged within 2 working days and 87.5% responded to within 30 working days.
- One No Surprises Incident was reported to Welsh Government in October 2021 in relation to a number of staff within DESW contracting COVID-19 in the workplace

Theme 4: Improved population health and well-being – Pages 13

- Performance against our Operational Plan has remained positive throughout 2021/22, with 91% of milestones complete or on track for completion.
- Our Population Health priority remained on track to deliver against identified milestones at the end of September 2021.
- Of the 7 (9%) of milestones rated as behind schedule, 5 are overdue, all of which are owned by the Response priority area and primarily relate to COVID-19 testing and surveillance. Requests for Change need to be completed for these milestones, including revised delivery dates.
- The agreed closure of the Reactivation work stream, due to the return of normal Directorate accountability, has now been reflected in the report.

Theme 1: Maintaining a healthy and sustainable workforce

Theme 1A: Reducing staff sickness and improving well-being

Sickness absence - Annex A, page 3

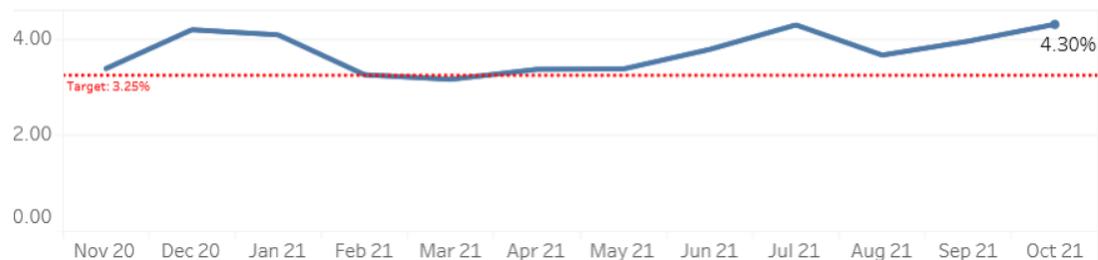
Sickness absence for October 2021 was 4.3% which is an increase from 3.95% in the previous month, with the rolling 12 month figure at 3.74%.

'Anxiety/stress/depression/other psychiatric illnesses' remains as the most frequent sickness absence reason (highest number of FTE days lost) and accounted for over 2,681 FTE days lost during quarter 2. The second highest recorded absence reason during quarter 2 is 'Infectious Diseases' which accounts for 454 FTE days lost.

When focusing on sickness absence since 1 April 2021, the data shows consistency with seasonal trends when compared to the past 5 years. However, sickness absence during quarter 2 2021/22 was higher than typical sickness absence rates for the organisation, with October 2021 figures recorded as the highest monthly absence rate for 19 months.

Further analysis of the latest quarter has shown that Screening Services had particularly high staff sickness levels, with October 2021 monthly sickness absence at 7.73%.

Sickness absence monthly trend (%)



Well-being Support

There is a considerable body of well-being support available to managers and staff including access to toolkits, self-help packages and support programmes.

The Well-being and Engagement Partnership Group ensures a coordinated and integrated approach to the organisation's achievement in this area.

COVID-19 Absence - Annex A, page 2

The number of COVID-19-related absences in the current financial year has remained relatively low when compared to the previous year, but latest figures show a slight increase at the end of October 2021.

The majority of those absences are for staff who are unfit for work due to COVID-19 (12), with a small number of staff self-isolating (<5).

The People and OD Team continue to monitor each new absence recorded for a reason related to COVID-19 and offer advice to Line Managers as to how best to support individuals in their teams.

Theme 1: Maintaining a healthy and sustainable workforce

Theme 1B: Our staff are highly trained and feel supported

		Target	2020/21	Aug 2021	Sep 2021	Oct 2021	Link to PAD
Statutory measures	Statutory and Mandatory compliance	85%	87.2%	87.5%	87%	● 87.2%	
	Appraisal compliance	90%	69.9%	62.2%	60.7%	● 60.7%	

**Interactive dashboards to be developed as part of future iterative developments to the Performance & Assurance dashboard*

Statutory and Mandatory Training - Annex A, page 7

Compliance with the core suite of statutory and mandatory training remains above the Welsh Government target of 85%.

The People and OD team are carrying out a second TEAMS drop in session on 18 November 2021 for Health Protection and Screening Services who are experiencing issues accessing e-learning. The team has also arranged to carry out two drop in sessions per month starting in December 2021 for the rest of the organisation.

Benchmarking data for Statutory and Mandatory Training compliance is not currently available via ESR but we are exploring this development.

Appraisal and Development Reviews Annex A, page 7

The 12-month rolling compliance for My Contribution appraisals is currently at 60.7% against the Welsh Government target of 85%. The lowest compliance is recorded within Health and Well-being and Health Protection and Screening Services which reflect our largest Directorates.

My Contribution e-learning is now available via ESR for all staff to access, with records updated manually by People and OD on a weekly basis. To date 49 staff members have completed My Contribution e-learning.

Theme 1: Maintaining a healthy and sustainable workforce

Theme 1B: Our staff are highly trained and feel supported

Staff Turnover - Annex A, page 5

Staff Turnover for October 2021 was 0.9%, compared with 1.85% in September 2021. Following a steady increase in staff turnover during Quarter 2 2021/22, the rolling 12-month turnover to 31 October 2021 was reported as 11%. In Quarter 2, the most frequently reported reason for leaving was identified as 'Promotion' with 23 staff citing this as their reason for leaving. This is extremely positive as we continue to support our workforce to develop and progress.

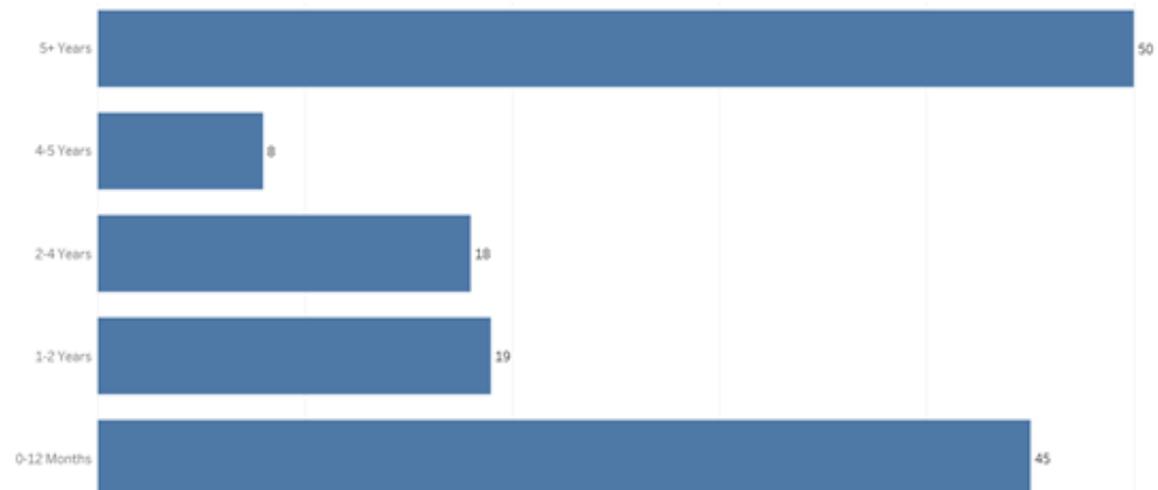
Whilst the NHS Wales Staff Survey of 2020 focused on 4 themes; (i) Engagement, (ii) Friends and Family, (iii) Immediate Experience of Work, (iv) Bullying and Harassment, there remains much to understand around what motivates people to join the organisation, the decisions that lead to them leaving and whether there are anomalies in the demographic make-up of those joining and/or leaving us.

We are currently triangulating the findings with those from the NHS Wales Staff Survey to help shape our employee value proposition and make the organisation a truly great place to work.

Monthly Turnover Rate (%)



Leavers by length of service (1 April to 31 October 2021) - Annex A, page 5



Theme 2: Delivering Value and Impact

Theme 2: Delivering against our agreed budgets

Statutory measures

	Month 5	Month 6	Month 7	YTD 2021/22	Year-end forecast	Link to PAD
Revenue financial target	£31k	(£13k)	(£8k)	(£57k)	Breakeven	
Capital financial target	£3.299m	£3.959m	£5.328m	£1.593m	Breakeven	
Public Sector Payment Policy (PSPP)	97%	96%	97%	96.3%	>95%	

Financial Summary – Month 7 (Annex A, pages 8-13)

- The cumulative reported position for Public Health Wales is a net surplus of £57k ((£8k) in-month), with an anticipated breakeven position at year-end.
- The surplus at month 7 is a combination of small variances across a number of Directorates.
- Our capital funding for 2021/22 totals £9.134m with year to date spend at 1.593m.
- Capital funding is made up of £1.58m discretionary funding and £7.554m strategic funding with a number of business cases having been approved and significant capital developments being delivered in 2021/22.
- Major capital schemes include Breast Screening Imaging Equipment (£3.842m), the Maldi ToF Analyser replacement £1.27m and The NHS Collaborative LINC System (£1.331m).
- Performance for our year to date Public Sector Payment Policy remains above the statutory target at 96.3% (97% in month 7).
- Further information on our latest financial position can be found in the accompanying 2021/22 Financial Position report.

Non-Recurrent WG COVID-19 Funding Supporting Month 7 Position

Funding Item	Total YTD April - Oct
	£'000
Test Trace Protect - Non-Pay	30,127
Genomics Sequencing	2,445
Microbiology Lab IP5	437
TAT & Resilience	3,258
Online Testing for STIs	1,600
Mass Vaccination programme	700
TTP Contact Tracing	1,022
Total	39,589

- COVID-19 testing spend to month 7 is slightly above forecast levels, with non-COVID-19 rapid testing spend below forecast levels.
- Staff have been permanently recruited into the above developments.

Theme 3: Organisational quality and access to high quality services

Theme 3A: Access to high quality services

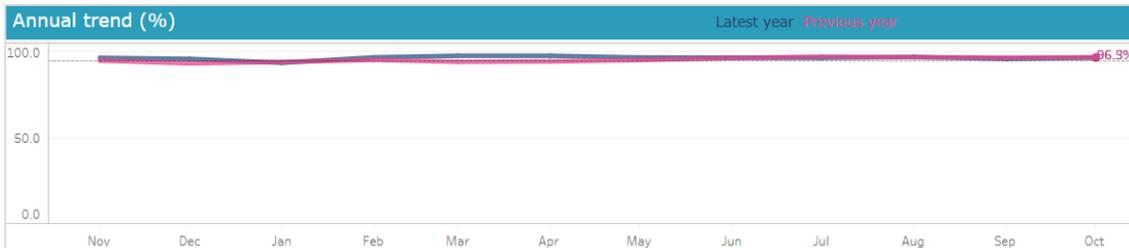
Screening Services - Annex A, pages 21-27

Screening programmes have continued to be offered since their reinstatement. Performance in 2021/22 has shown a mixed picture, with constraints to recover programmes continuing to impact recovery in some areas. These include the reduced numbers of participants being able to be offered screening in each clinic due to COVID safe pathways; limitations in availability of clinic locations; and reduction in staff availability.

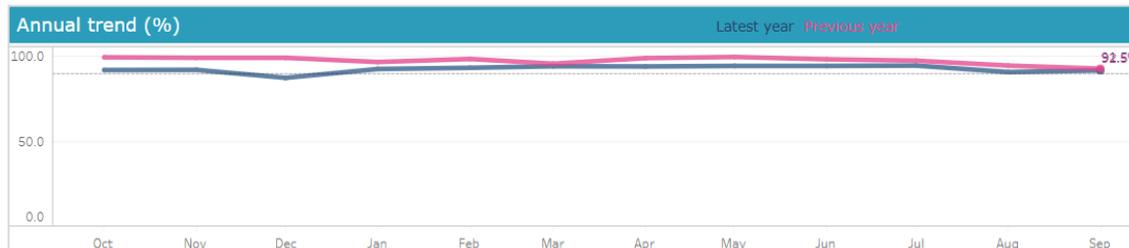
A recovery plan has been developed that identified forecast underspend within screening revenue budgets, due for example to reductions in spend as a result of lower than normal running costs. Additional funding was required to be able to support the recovery plan in full (£1.1 million) which was approved by Welsh Government.

Latest figures show that performance remains positive for both newborn screening programmes that continued throughout the pandemic. Newborn bloodspot coverage and avoidable repeat rate continues to achieve respective national standards, whilst performance has also been strong for our newborn hearing programme throughout.

Newborn Bloodspot Coverage (Newborns) - Annex A, page 21



Newborn Hearing Well babies completing screening within 4 weeks - Annex A, pages 22



There remains however ongoing challenges to achieve/ sustain agreed organisational targets and national standards across some of our programmes. Breast Test Wales activity levels continue to be affected by staff sickness and staff not being able to undertake clinical roles due to contact with COVID cases. Low staffing levels due to sickness absence is also evident in the Diabetic Eye Screening programme and challenges remain around access to suitable venues.

The approaches being undertaken by screening programmes to increase activity include:

- Additional staffing and extra hours undertaken by existing staff
- Establishing screening venues to improve accessibility and offer to participants and support recovery and sustainably delivery— 3 venues in South Wales progressing
- Supporting additional recovery of diabetic eye screening through external retinal review by optometrists offered to participants identified as low risk
- Triage process for screening participants to support COVID safe pathways which have resulted in reduced DNA rates and improved use of clinic appointment in aneurysm screening
- Open invitation process used in diabetic eye screening to support improved use of clinic appointments due to reduced availability of locations and slots.
- Use of non-clinical venues to deliver screening such as arts and sport venue and working with NHS partners and charities to use mobiles to deliver
- Open invitation process used for prevalent round in breast screening to enable participants to book convenient appointment to reduce DNA

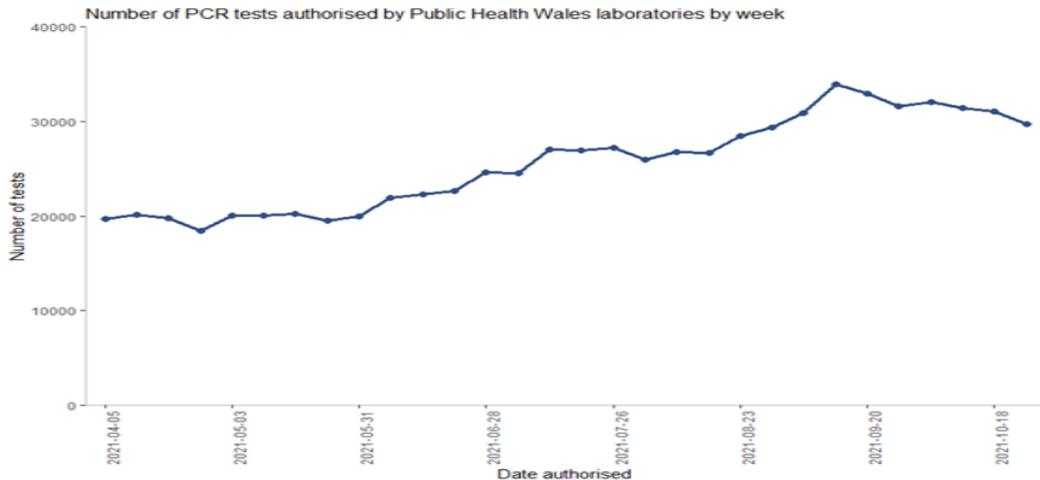
Year-to-date activity for screening programmes has also been captured in the refreshed Minimum Dataset (Annex B) which also provides a forecast of expected performance until year-end.

Theme 3: Organisational quality and access to high quality services

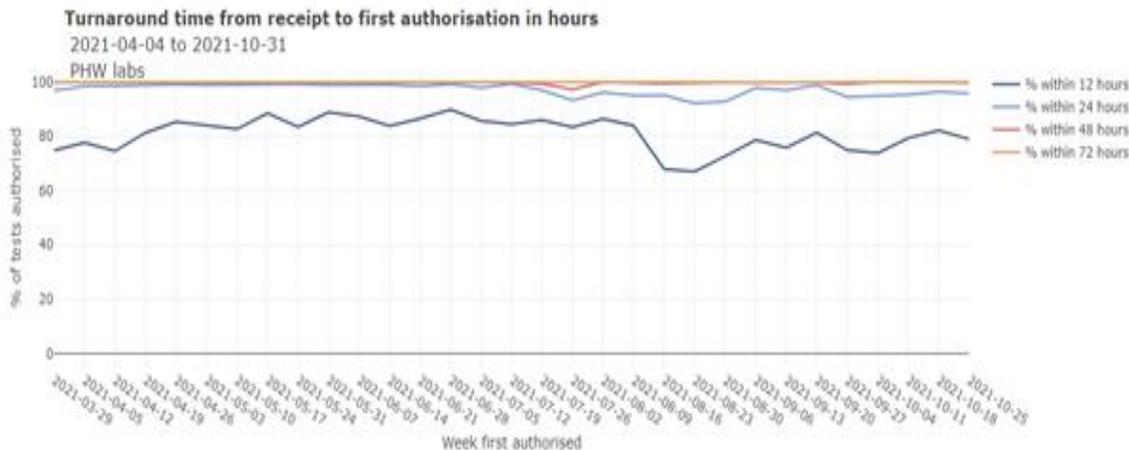
Theme 3A: Access to high quality services

Microbiology – COVID-19 testing activity and turnaround performance

The total number of PCR tests authorised by Public Health Wales laboratories since April 2021 has increased from around 20,000 tests per week to over 30,000 in September 2021.



During this time interval the median in-lab turnaround time for PHW labs is 5 hours. The variation of the interquartile range has increased through August and into recent weeks due to significant platform issues across the network. These have improved and would expect this to be reflected in subsequent performance.



Microbiology – Non-COVID-19 activity (Annex A, page 28)

Microbiology performance continues to be positive overall during the first half of 2021/22. All reported indicators remaining above or within 10% of respective target levels.

Whilst performance during the first quarter was especially encouraging in light of the pandemic response, latest figures in Quarter 2 2021/22 highlight a small number of areas of challenge where a small reduction in compliance was evident. These include turnaround times for Bacteriology and Virology and further detailed information is provided below:

Turnaround time compliance - Bacteriology

Heavy workload and staff shortages over weekends has impacted turnaround time compliance in Cardiff, Swansea and Rhyl laboratories with COVID-19 related work taking priority effecting some non-urgent specimens e.g. sputums, skin/superficial wounds.

Turnaround time compliance - Virology

An increased requirement to use platform for COVID-19 testing due to issues with PE stock. COVID-19 testing is prioritised over CT/NG samples. Furthermore, there have been delays in the referral of samples to testing laboratories with the majority of delays due to the transport of samples across Wales and weekend work priorities.

External Quality Assessments (EQA) - Bacteriology

Poor results for parasitology EQA. Minor errors resulting in significant decline in overall scoring as only low points available in the scoring system. Please note that results for EQA performance for Bacteriology in September are not yet available.

Public Health Wales Pathogen Genomics Unit

Pathogen genomics has grown significantly within Public Health Wales in the last 12-18 months, exemplified by the contribution of genomics to the COVID-19 pandemic response. Data being generated by the PHW Pathogen Genomics Unit has found uses as part of the pandemic response at every level; from managing individual patients and informing contact tracing up to providing Wales-wide views of the pandemic to advise and inform policy makers.

Over the course of the pandemic, Wales has cemented itself as a world leader in the area of clinical pathogen genomics, and this excellence translates to benefits for the patients and public of Wales. The PHW Pathogen Genomics Unit provides a set of world-leading clinical pathogen genomics services, and, in March 2020, began sequencing of SARS-CoV-2 cases following instruction from GOLD. Since then, PHW Pathogen Genomics has played a key role in the Welsh and wider UK COVID-19 pandemic response, having now sequenced over 100,000 genomes for SARS-CoV-2.

The performance of the PHW Pathogen Genomics Unit is remarkable given its small size (less than 15 members of permanent staff) and sequencing volume. The measure of the performance of the PHW Pathogen Genomics Unit is found in the fact that over the course of the COVID-19 pandemic, Wales has consistently been amongst the top nations in the world for absolute number of SARS-CoV-2 genomes sequenced and also for proportion of cases sequenced.

Public Health Wales will establish a Public Health Genomics Programme to strengthen the delivery of the pathogen genomics service across a range of infections, explore the opportunities of closer alliance with the All Wales Clinical Genomics Service through co-location at Coryton, and establish a roadmap to enable the further development and management of this capability.

Healthcare Associated Infections (Health Board/Trust Targets) - Annex A, p.28

All-Wales healthcare associated infection (HCAI) rates continue to show a gradual increase in 2021/22 across the majority of mandated indicators reported, although latest figures show a relatively stable picture.

Latest surveillance figures reported by health boards/Trusts in Wales showed that:

- 693 *C. difficile* have been reported since April 2021, approximately 23% more than the equivalent period in 2020/21.
- 494 *Staph Aureus* bacteraemia have been reported since April 2021, approximately 14% more than the equivalent period in 2020/21.
- 1,340 *E. Coli* bacteraemia have been reported since April 2021, approximately 17% more than the equivalent period in 2020/21.
- 370 *Klebsiella sp* bacteraemia (includes *E. aerogenes* bacteraemia from April 2019 onwards) have been reported since April 2021, approximately 11% more than the equivalent period in 2020/21.
- 120 *P. aeruginosa* bacteraemia have been reported since April 2021, approximately 20% more than the equivalent period in 2020/21.

It is important to note that the vast changes in service delivery across healthcare in Wales during the pandemic and in particular the cancellation of elective services for significant periods have impacted on the HCAI data, and may reflect the 17% average increase over the equivalent period in 2020/21.

The focus of work undertaken by the HCAI and AMR Programme (HARP) since April 2021 has centred on the following:

- COVID-19 related HCAI and AMR surveillance
- COVID-19 IP&C support
- HCAI IPC work
- HCAI and AMR Surveillance – “returning to core business”
- Antimicrobial Prescribing advice and support
- HCAI / IP&C advice and support

Theme 3: Organisational quality and access to high quality services

Theme 3B: Achieving high quality and risk management in our organisation

Quality and Improvement

Incidents (Annex A, page 15)

A total of 242 incidents were reported in October 2021. 98% of these are within the Health Protection and Screening Directorate. The organisation's investigation and closure target for incidents is set to the 30 working days as per the Welsh government target. As such, the incidents reported in this month's reporting period (October 2021) are still within an acceptable open status.

With regards to the closure rate in September, 30% of incidents are overdue/still open, 65% were closed within the 30 day target and 5% were closed outside the 30 day target.

As of the 3rd November 2021, there are a total of 227 incidents that have been open for more than 30 days. These figures are not reflected in the dashboard due to the retrospective nature of reporting. This figure covers all incidents that have been reported more than 30 days ago.

These open incidents are mainly within the screening division and continue to be impacted by recovery. We continue to work to support the closure of open incidents and the Concerns team have now secured resource to assist with the review and closure of overdue incidents. This work has now commenced and there has been a 67% reduction (248 in September 2021 to 82 in October 2021) in the numbers of overdue incidents for Cervical Screening Wales, since September 2021.

Cervical Screening Wales Incidents September to October and headline figure for Incidents

Month	Open Incident Records (over 30 days)	Overall incident number for Health Protection & Screening Services
September 2021	248	308
October 2021	82	387
November 2021	91	227

It is noted that the number of overdue incidents for November remains higher than October currently as this report is being produced midway through the month.

This additional resource has been initially focused on supporting Cervical Screening Wales, which is the highest contributor of overdue incidents for closure. This is primarily due to the fact that many of their incidents are linked to smear taker errors, where there is often a delay in finalising the investigation and closing the incident record due to the involvement of the Health Boards. The additional resource will shortly be moved to focus on Diabetic Eye Screening Wales, to support the closure of overdue incidents in that programme as they are the second highest contributor of overdue incidents.

In the long-term, it is anticipated that the numbers of overdue incidents for closure will remain relatively low leaving those incident investigations that are complex and require a comprehensive investigation which are likely to exceed the timescale for closure. It should be noted that winter pressures on staff and annual leave over the Christmas period will have an impact on the numbers of incidents that will be closed. It is anticipated that the number of incidents overdue for closure will reduce by an estimated 20% by the end of December, with the ongoing support of Divisions to assist with this workload.

Nationally Reportable Incidents

There were no Nationally Reportable Incidents (NRI) reported to the Delivery Unit in October 2021.

No Surprises Incidents (Annex A, page 16)

There was one No Surprises Incident (NS) reported to Welsh Government in October 2021. This was in relation to a number of staff within the Diabetic Eye Screening Programme based in the Treforest offices contracting COVID-19 in the workplace. The investigation to date suggests this is as a consequence of a staff member receiving a false negative and continuing to attend the workplace. The false negative was as a result of the wider lab issue in an Immensa lab in the north of England, where in excess of 4,000 false negative results were given out mainly affecting the Cwm Taf Morganwg and Aneurin Bevan University Health Board areas of Wales. This incident is still currently under investigation.

Theme 3: Organisational quality and access to high quality services

Theme 3B: Achieving high quality and risk management in our organisation

Quality and Improvement

Formal Complaints (Annex A, page 18)

In line with agreed compliance reporting shown in the dashboard below, all complaints received during August 2021 were acknowledged within 48 hours (100%). Two complaints were responded to outside of the 30 working day deadline (67%).

One Cervical Screening Wales complaint was delayed due to the need for redress investigations to take place and the second missed complaint related to Diabetic Eye Screening Wales where amendments during the Quality Assurance process resulted in a 1 working day breach of the deadline.

Monthly and 12-month rolling compliance for complaints



* Compliance reporting for complaints takes into consideration required lag period

Latest figures for October 2021 show that eight formal complaints were reported within Health Protection and Screening Services. All eight complaints were acknowledged within the target 48 hours. Of the complaints received in October 2021, four relate to Screening Wide services, three relate to Breast Test Wales and one relates to Diabetic Eye Screening Wales.

Themes and Trends

Four of the complaints received in October relate to dissatisfaction with a British Sign Language video regarding Screening Services published on the PHW YouTube channel. Two Breast Test Wales complaints received in October 2021 were Interval Cancer Review requests.

Over the months of September and October, the number of Equality and Language related complaints received has increased with a total number of seven out of 16 complaints relating to this complaint type. Four of these complaints relate to issues with a British sign language video which was published on PHW's YouTube channel, one in relation to communication with a deaf screening participant and another due to alleged racial issues during a screening appointment. The final complaint in this area relates to inclusivity of smear tests for those who don't identify as female.

The number of complaints in relation to Health Protection have decreased over the months of September and October with a total of two complaints received, in comparison to a total of five Health Protection complaints received across the months of July and August.

The Concerns team are currently completing a wider piece of work to better identify key themes and trends for learning and improvement.

Compliments

In September 260 compliments were received and this increased to 277 in October 2021. These compliments were in relation to:

- Positive attitude/ behaviour of staff
- Positive comments about service
- Professionalism of staff
- Timeliness of results

The ratio of compliments to formal complaints has increased from 32:1 from September to 34:1 in October.

Theme 3: Organisational quality and access to high quality services

Theme 3B: Achieving high quality and risk management in our organisation

Risk Management

Strategic Risks

The Public Health Wales Board conducted a review of the organisation's strategic risks, and in June 2021 agreed the five risks that needed to be included on the Strategic Risk Register. The Board on the 30 September also agreed to de-escalate Strategic Risk Two on to the Corporate Risk Register, reflecting the change in context of the response and reactivation. It was agreed this de-escalation would include a further period of assessment of the risk, including consideration of how risks relating to innovation and improvement will be best managed.

As a result, there are now four risks on the strategic risk register:

- Strategic Risk 1. Inability to sustain the COVID-19 response
- Strategic Risk 2. Fail to deliver effective and timely system leadership
- Strategic Risk 3. Suffer a cyber-attack on IT systems
- Strategic Risk 4. Fail to support and protect the health, well-being, welfare and resilience of our staff

Corporate Risks (Annex A, page 14)

On 21 September 2021, in a dedicated risk session the Executive Team discussed and agreed revisions to be made to the Corporate Risk Register. In summary:

- There are now eight Corporate Risks;
- Nine risks have been removed from the register as they were considered to be suitable for de-escalation to Directorate level and one has been removed as the risk is no longer likely to occur;
- Two risks from Health Protection and Screening Services have been reviewed and are retained on the register, as have two risks from People and Organisational Development;
- One risk is included having been de-escalated from the Strategic Risk Register (SRR2);
- Three new Corporate Risks have been added covering the ability to respond to the forthcoming public inquiry; the ability to properly exploit data; and the ability to effectively manage the organisational change process.

Corporate and Finance Audit Reports

Internal Audit 2021/22

- 61% of audit programme complete or underway
- June 2021 – Head of Internal Audit Opinion (2020/21) (Reasonable Assurance)
- June 2021 – Additional Hours and Overtime Payments (Limited Assurance)
- July 2021 – Internal Audit Report – Staff Wellbeing (Reasonable Assurance)
- Sept 2021 – Internal Audit Report – Operational Plan (Substantial Assurance)
- Sept 2021 – IT Business Continuity - (Reasonable Assurance)

Note: There were no limited assurance internal Audit reports received during 2020/21.

Internal Audit Advisory Reports

- April 2021 – Governance Arrangements during COVID-10 Pandemic – Follow Up Advisory Report Review
- Collaborative review: Management and governance of the implementation groups' funding allocations (2020/21 – Advisory Report)

Audit Wales

- June 2021 – Audit Wales Annual Opinion (ISA 260) (Unqualified)
- Structured Assessment 2021/22, draft report contains 2 low risk actions

Operational Plan Summary *(Annex A, pages 19-20)*

As at the month of October 2021, performance for our Operational Plan has remained positive throughout the financial year. **91% of milestones are complete** (32 milestones rated Grey) or **on track for completion** (34 milestones rated Green). Only 9% (7 milestones rated Red) are reported as behind schedule and unlikely to be delivered to their agreed scope or timeframe.

Overall progress for our **Population Health** priority area remains positive with all but one milestone on track for completion by their respective delivery dates.

Milestones rated as Green are largely due to be delivered in the final quarter of the financial year, therefore careful management of dependencies and resource will be required to ensure all are delivered to scope and time. Of the 7 milestones rated Red, 5 milestones are owned by the Response priority area and primarily relate to COVID-19 testing and surveillance.

Over the course of the first 6 months, 25 Requests for Change were submitted, primarily related to changes to delivery date, with the majority of these being made by the priority group Enabling Recovery (17).

As noted last month, following the closure of the Reactivation work stream, due to the return of normal Directorate accountability, it has since been agreed that they will no longer report against their milestones.

Further information on our Operational Plan performance and details of the requests for change submitted can be viewed here 

Operational Plan progress by priority area

Milestone overview by Priority Area					
Response	2	0	5	9	0
	0	0	0	0	0
Population Health	13	0	1	1	0
	-2	0	1	1	0
Organisational Learning	4	0	1	5	0
	-1	0	0	1	0
Enabling Recovery	15	0	0	17	7
	-7	0	-3	2	6



PUBLIC HEALTH WALES
PERFORMANCE AND INSIGHT REPORT
Part Two – Plans for the Remainder of
2021/22

MID-TERM SUMMARY REPORT - OCTOBER 2021



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Public Health
Wales

Summary

This section of Our Performance and Insights Report focuses on our plans for the remainder of the year and sets out our plans across our four key performance themes:

- Maintaining a healthy and sustainable workforce
- Delivering value and impact
- Organisational quality and access to high quality services
- Improved population health and well-being

The latest Performance and Insights Report provides a mid-term position of performance for our Board, whilst addressing key areas of focus for our mid-year Joint Executive Team (JET) meeting with Welsh Government on 30 November 2021. The report has been enhanced to provide a focus on our performance in 2021/22 and plans for the remainder of 2021/22, which captures key information to inform Board and JET discussions.

Key aspects of our plans for the remainder of 2021/22 are identified below:

- A number of plans are being progressed for the remainder of 2021/22 focused on staff wellbeing, including: our staff wellbeing survey, Diversity and Inclusion Training and the development of our 'Work Where Works Best' approach. We will also work with medical staff to improve Medical Engagement Scale results through facilitated discussions and collectively identifying solutions.
- We continue to support and develop our staff through plans to roll-out a Management and Leadership Development Programme and the implementation of a Business Process Improvement Programme.
- We are forecasting to breakeven on our revenue positions at year end. It should be noted that this forecast includes £74.654m of non-recurrent COVID funding.
- We are forecasting a breakeven capital position against our £9.134m funding. This includes delivery of some significant strategic capital schemes including Breast Screening Imaging Equipment (£3.842m) and Maldi ToF Analyser Replacement (£1.27m)
- Screening recovery is due to continue for the remainder of 2021/22 and beyond. Activity levels across all programmes are above pre-pandemic levels (as at October 2021), with the exception of Diabetic Eye Screening Wales. Diabetic Eye Screening Wales is planned to exceed pre-pandemic levels in quarter 3 in line with recovery plan
- £1.1m Welsh Government recovery funding contributing to the cost of recovery over the remainder of 2021/22. In addition to increased staffing and clinics, recovery is also being delivered through improved practices to increase efficiency, including: outsourced mailing, telephone triage and open invitations.
- Our Health Protection and Microbiology services form a significant aspect of our COVID/Winter Plans. There are 6 key elements to our approach:
 - Effective and timely vaccination programmes and other pharmaceutical interventions
 - Comprehensive surveillance programme that provides timely intelligence and supports the public health system to take action to reduce harm
 - Sampling and testing strategy supported by prioritised whole genome sequencing
 - Contact-tracing model which covers warning and informing and targets high-risk settings
 - Guidance on management of respiratory outbreaks for vulnerable settings such as health and social care
 - Effective communication, supporting the public to reduce personal risk
- We will continue to deliver a number of aspects of our Quality agenda including implementation of The Health and Social Care (Quality and Engagement) (Wales) Act 2020, completion of Health and Care Standards and implementation of our Integrated Governance Model.
- We have 39 Operational Plan milestones are due to be delivered in the remainder of the year, with 95% currently rated as on target (green).
- We have a number of Population Health and Wellbeing deliverables planned for the remainder of the year covering a wide range of target areas including obesity, diabetes, mental health and children and families.

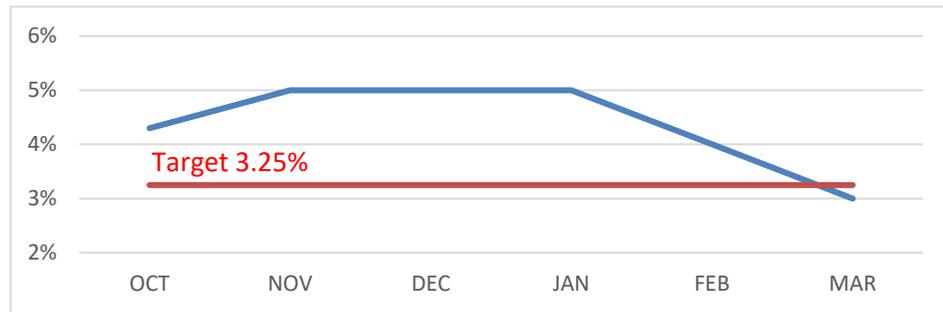
Theme 1: Maintaining a healthy and sustainable workforce

Theme 1A: Reducing staff sickness and improving well-being

Staff Sickness

Staff sickness has increased to 4.3% in October and is expected to further increase to 5% over the winter months as seasonal illnesses impact our workforce.

We anticipate this to reduce within target levels as we begin to exit winter in February and March



Staff Well-being

We are planning to deliver a number of staff wellbeing initiatives over the remainder of the year:

- Staff Wellbeing Survey being run in quarter 3. Organisation to review results, respond and develop initiatives from quarter 4.
- Expanded rollout of “Creating a Kinder Culture sessions across the organisation, focusing on engagement, wellbeing and encouraging people to talk through any concerns
- Rollout of Diversity and Inclusion Training planned in quarter 4
- “Work Where it Works Best” approach being developed, focusing on engaging staff and helping them pilot and co-create new agile ways of working – giving increased choice so staff can better balance work & life and positively contribute to health and wellbeing.

Theme 1B: Our staff are highly trained and feel supported

Continued Development of the Public Health Wales Workforce

- Commission and deliver a suite of leadership and management development to support and enable our managers to lead to the best of their ability in a changing and sometimes difficult environment, building on Our Conversation and Work Where it Works Best.
- Trial an approach to agile working, retaining the innovative ways of working which worked well during the pandemic.
- Roll out of Directorate Assurance Dashboard to drive workforce discussion with senior teams and promote improved evidence-based decision making.
- Implement a business process improvement programme to improve service delivery in relation to workforce information, advice and guidance, case management, learning and development, organisational development and design support to managers
- Accelerate work to further the equality, diversity and inclusion agenda, including Welsh Language.

Support Organisational Change in Public Health Wales

- Transfer of colleagues in Local Public Health Teams to the Health Boards and commencement of work to bring together two directorates with a focus on population health and well-being into one combined directorate.
- Support the organisation to balance the continued Health Protection response work and full recovery of services, including supporting significant organisational development activity and re-organisation.
- Respond to stakeholder feedback for more strategic input on organisation development and design, put policy on a strategic footing, enhance the use of analytics and insights to inform people decisions and simplify and streamline operational support.

Theme 1: Maintaining a healthy and sustainable workforce

Theme 1B: Our staff are highly trained and feel supported

Staff Turnover and Recruitment

Recruitment activity has increased across Public Health Wales with the additional investment in a number of Microbiology and Health Protection Services.

The most significant recruitment project is in relation to The Health Protection Business Case posts with the following updates on plans for the remainder of the year:

- 78% of 128 Health Protection Business Cases posts appointed to at end of October 2021.
- 100% recruitment of posts planned to be delivered by April 2022.
- Substantial audit assurance provided for our systems and controls in place for recruitment arising from the Health Protection business case.

These developments contribute to further increasing Public Health Wales' total workforce with our total workforce expected to exceed 2,100 WTE by March 2022

Public Health Wales Total WTE



Development of the People and Organisational Development (OD) Team

- Implement the new People and OD structure which places Business Partnering at the heart of the model. True partnering will support Directorates, integrating the workforce and OD support at a strategic level, supported by but separated from the operation people and OD work.

- Recruitment to Assistant Director positions underway and the process for managers and subject leads will commence end of Q3
- Complete staffing of structure by end of Q4

Revenue Forecast – Month 7

- Public Health Wales’ forecast year end revenue position is breakeven.
- Risks and opportunities have been managed through the first six months of the year leaving testing variability as the only significant risk remaining for the rest of the year.
- The following WG COVID funding is anticipated within the forecast:

COVID-19 Non-recurrent Funding 2021/22	Total YTD Apr - Oct	Forecast Nov - Mar	TOTAL 2021/22
	£'000	£'000	£'000
Test Trace Protect - Non-Pay	30,127	22,458	52,585
Genomics Sequencing	2,445	5,288	7,733
Microbiology Lab IP5	437	393	830
TAT & Resilience	3,258	2,616	5,874
Online Testing for STIs	1,600	1,382	2,982
Mass Vaccination programme	700	652	1,352
TTP Contact Tracing	1,022	978	2,000
Screening Recovery Funding	0	1,100	1,100
Total	39,589	34,867	74,456

- Staff have been permanently recruited into these developments, however funding has not been confirmed on a recurrent basis.
- Further information on our latest financial position can be found in the accompanying 2021/22 Financial Position report.

Capital Forecast – Month 7

Capital Category	Total YTD Apr - Oct	Forecast Nov -Mar	Total 2021/22
Discretionary	339	1,241	1,580
Strategic	1,254	6,300	7,554
Total	1,593	7,541	9,134

- Our forecast is to breakeven against our £9.134m capital funding for 2021/22.
- We are forecasting to spend £7.541m in month 8 – 12 in addition to our year to date spend of 1.593m in order to deliver our breakeven position at year end.

PSPP Forecast – Month 7

Non-NHS

- The PSPP target has been consistently achieved for the year to date and is expected to continue to exceed the 95% target for the remainder of the year.

NHS

- NHS PSPP is an area we still need to improve on, although our YTD performance has improved compared to the same period last year.
- We will work with services ahead of the Christmas break to ensure delegated arrangements are in place to cover staff on annual leave.
- An all Wales NHS invoice task and finish group has been stepped back up to continue trying to improve NHS PSPP across Wales and we will ensure there is Public Health Wales representation on this group.

Theme 3: Organisational quality and access to high quality services

Theme 3A: Access to high quality services

Recovery of Screening Services

Screening services are continuing to recover from the impacts of the temporary pause to some of the population based screening programmes in 2020 and the constraints which programmes have faced since their re-start. Programme constraints include reduced numbers of participants being able to be offered screening in each clinic due to COVID safe pathways; limitations in availability of clinic locations; and reduction in staff availability.

Services will need to operate at over 100% of their pre COVID run rate to continue to recover the programmes. The approaches of increasing activity include:

- Additional staffing.
- Additional hours undertaken by existing staff.
- Increasing number of clinic venues and efficiency with existing venues.
- Increased invitation numbers with associated in-year increase in consumables.
- Improving practices to increase efficiency e.g. outsourced mailing, telephone triage and open invitations

£1.1m of Screening Recovery Funding has been agreed by WG and is contributing to the recovery programme and delivering the increased activity required over the remainder of the year.

The **Diabetic Eye Screening Wales Programme** has faced significant constraints impacting its activity during recovery and faces significant challenges in order to fully recover. The following additional plans have been identified as key to recovery:

- In the short-term, supporting additional recovery of Diabetic Eye Screening Wales through external retinal review by optometrists offered to participants identified as low risk
- In the long-term, establishing a Diabetic Eye Screening Wales transformation programme taking a 'Discovery', 'Design' and 'Implementation' phased approach to establish a patient-centred sustainable service model

Annex B (MDS) provides an update at quarter 2 of the forecast performance of reported screening indicators up until the end of March 2021.

Programme	Pre-pandemic Activity Levels Reached?	Planned Recovery Period	Dependencies
Cervical Screening	Yes – from Mar 2021	2 Months (Dec 2021)	Recovery is dependent on cervical screening capacity in Primary Care. Laboratory capacity to process and review cytology of HPV positive samples. Continued LHB colposcopy capacity.
Bowel Screening	Yes – from Mar 2021	N/A	The Programme has now recovered as at October 2021.
Breast Screening	Yes – from Oct 2021	36 – 48 months	To meet the objectives the following criteria need to be met – <ol style="list-style-type: none"> 1. Social distancing measures will need to be relaxed to release further capacity in phase 2 – updated UK guidelines in review 2. Able to recruit additional staff and current staff willing to work additional hours.
Abdominal Aortic Aneurysm Screening	Yes from Feb 2021	18 months	Continued staffing available to undertake screening due to high COVID levels. Availability of screening locations to undertake screening.
Diabetic Eye Screening Wales	No – planned to reach in Qtr 3	Minimum 24 months	<ol style="list-style-type: none"> 1. Social distancing measures will need to be relaxed to release further capacity in phase 2 2. Continued provision of existing clinic venues and increased venues 3. Support from information system company and IT support to enable a move to outsourced printing. 4. Securing funding to outsource retinal review

Theme 3: Organisational quality and access to high quality services

Theme 3A: Access to high quality services

COVID/Winter Plans

Assessment of Health Protection Threats - Winter 2021/22

In the situation where social mixing and social contact return towards pre-pandemic norms, it is expected that winter 2021 to 2022 will be the first winter in the UK when seasonal influenza virus and other respiratory viruses will co-circulate alongside COVID-19. There is already emerging evidence to support this as through the ICU surveillance reports.

Seasonal influenza and COVID-19 viruses have the potential to add substantially to the winter pressures usually faced by the NHS, particularly if infection waves from both viruses coincide. The timing and magnitude of potential influenza and COVID-19 infection waves for winter 2021 to 2022 are currently unknown, but some mathematical modelling indicates the 2021 to 2022 influenza season could be up to 50% greater than that seen in previous seasons.

Health Protection and Microbiology Services Response

The Strategic aim of the Welsh Government Respiratory Response plan is to reduce harm of COVID-19 and influenza infections, including by reducing cases where possible. This to be achieved through:

- Effective and timely vaccination programmes and other pharmaceutical interventions.
- Comprehensive surveillance programme that provides timely intelligence and supports the public health system to take action to reduce harm.
- Sampling and testing strategy supported by prioritised whole genome sequencing
- Contact-tracing model which covers warning and informing and targets high-risk settings
- Guidance on management of respiratory outbreaks for vulnerable settings such as health and social care.
- Effective communication, supporting the public to reduce personal risk

Vaccination and Immunisation

For 2021/22 the traditional seasonal flu campaign has been brought under the umbrella of the Vaccination Saves Lives (VSL) campaign, to ensure consistency with other vaccine programmes, and to capitalise on the public awareness of this brand generated from COVID-19. This is being run as a joint respiratory campaign covering flu and COVID-19 vaccinations across the autumn and winter.

The proposed co-ordinated strategy for 21/22 was successfully launched on 28 September 2021 and has three stated aims:

- To maximise COVID-19 and flu vaccine availability, awareness and acceptability in the population of Wales in order to promote maximise vaccine uptake.
- To reduce inequalities in COVID-19 and flu vaccine uptake through public and professional engagement to understand barriers to vaccine uptake and targeted interventions to address these.
- To ensure, wherever possible, that targeted communications address all appropriate vaccines within the VSL brand.

A dedicated 'Communication plan' for the Winter Respiratory Campaign has also been put in place.

Surveillance and Information Sharing

Surveillance of influenza remains a priority, even with the advent of SARS-CoV-2, as the overall burden of morbidity and mortality is comparable, with epidemics occurring on an annual basis. Without robust influenza surveillance, decisions around triggering use of antivirals for treatment and prophylaxis of flu in the community may be delayed.

Theme 3: Organisational quality and access to high quality services

Theme 3A: Access to high quality services

Timely detection to type and clade level is important in alerting to specific influenza viruses and associated impact on different settings (e.g. the impact of drifted influenza A (H3N2) clades on residential care homes) and informing future vaccine composition.

Public Health Wales has therefore identified and advised that community surveillance for influenza and other respiratory viruses needs to be strengthened. This has been reflected in the WG Respiratory Response Plan.

Role of whole genome sequencing to support COVID-19 and Influenza programme

Genome sequencing is the only way to characterise new SARS-CoV-2 variants, and to unambiguously track and identify their arrival and spread in Wales. This winter, other pathogens (such as influenza) will also be an increasingly important pressure on the NHS, and the considerable benefits from sequencing these other key pathogens are being considered alongside the allocation of capacity for sequencing SARS-CoV-2.

The Pathogen Genomics Unit (PenGU) is a world-beating service, which will continue to be a key component of our health protection response to COVID. As part of ongoing work to realise the ambitions of the WG Precision Medicine Strategy, PenGU will form stronger links with the All Wales Medical Genomics Service and Wales Gene Park. A formal Public Health Genomics programme will be established in Public Health Wales to take this forward.

Health Protection Response ‘Operating Model’

The team are engaging particularly with Local Authority / Directors of Public Protection (DPPW)/ Environmental Health practitioners and a joint workshop is proposed in November.

The proposed operation model will also now be further assessed in the context of the WG Respiratory Response plan. In particular collaborative joint working with Environmental Health practitioners is planned to review current Standard Operating procedures e.g. for health and social care and other priority settings

Microbiology (Testing and Infection Management of Respiratory Disease)

This winter, the Welsh Government ‘Respiratory Response plan’ has required that we will maintain widespread community testing.

NHS Wales COVID standing testing capacity which can be delivered without surge and redirection of resources is 8,100 tests per day. There is the option to increase this to up to 15,000 tests per day but this would require cessation of other testing services including screening

there are additional risks posed this winter from influenza and other respiratory pathogens, and as such there will be an increase in testing for some high-risk groups by using tests which can detect a range of viruses including influenza and COVID-19 (known as multiplex testing whereas a test for a single target is known as a singleplex).

Infection Prevention and Control (IP&C)

In preparation for winter 2021-22 an updated UK COVID-19 IP&C guidance document has been produced and circulated for consultation and engagement.

In addition to development guidance, the team have also been engaged in providing advice to ‘front line’ services. The new CNO Wales has also requested support for Health Board “walk through exercises” and IP&C expert advice as we transition through this winter.

Public Health Wales COVID-19 Guidance Group

As we move into Winter 2021-22 the guidance group is focussing on updating care home guidance and all the associated SOPs and supplementary information linked to this guidance, to support the care home sector in managing SARS CoV-2 infection alongside the other respiratory viruses and winter pressures. Also updating education sector related guidance; and TTP related SOPs

Quality

The Health and Social Care (Quality and Engagement) (Wales) Act 2020 ('the Quality Act')

The Health and Social Care (Quality and Engagement) (Wales) Act 2020 ('the Quality Act') will be in shadow form by October 2022 and enacted in April 2023. The Act is underpinned by two Frameworks; Quality and Safety Framework: Learning and Improving, and National Clinical Framework: A Learning Health and Care System.

- In preparation for the implications of the Health and Social Care (Quality and Engagement) (Wales) Act 2020 ('the Quality Act') which will be in shadow form by October 2022, Public Health Wales published its Quality and Improvement Strategy, which was approved by the Board in May 2021.
- A formal Programme Board has been convened and the inaugural meeting was held in October 2021; further meetings have been diarised to the end of March 2022.
- At the inaugural meeting, the Programme Board considered the detailed Year 1 Implementation Plan which is subject to appropriate governance and accountability for the delivery of the identified objectives and provides a detailed Year One road map with measurable milestones and a high level outline for Years Two and Three.
- Several NHS Wales workstreams are supporting the implementation of the Act and Public Wales is represented on all these workstreams.

Health and Care Standards

The Health and Care Standards (2015) are a key part of the current Welsh Government quality assurance system within NHS Wales and therefore Public Health Wales needs to demonstrate how it considers and applies these standards on a continuous basis and in the annual reporting cycle. The Standards provide a common framework to support NHS Wales, in achieving high quality standards of quality and effectiveness across all NHS settings

Public Health Wales has an established process through which self-assessments are undertaken. Each Standard is self-assessed to establish current compliance, determine progress and to identify any improvement actions that are required to meet the standard or improve on the current situation. Learning from service users and staff about what went well and what could be improved, is integral to the process.

Timelines for completion:

- Directorates to review and update the Health and Care Standards Template – 14 January 2022
- Peer Review Day at Capital Quarter, Cardiff – 27 January 2022
- Directorates to collate changes following feedback from peer review and update Template; feedback form to be completed to document whether the suggested amendments are accepted or not; completed report for sign off - 24 February 2022
- Organisational report presented to the Business Executive Team - 15 March 2022
- Paper prepared and presented to the Quality, Safety and Improvement Committee – May 2022.

Quality and Improvement

Integrated Governance Model and Pilots

The adoption of an Integrated Governance Model was identified as a key enabler for Public Health Wales becoming a high performing organisation and in reaching our next level of maturity. Integrated governance provides a holistic and joined-up approach to our processes, procedures and reporting as well as culture, competency to support effective governance structures.

- An Integrated Governance Model has been developed, which was approved by the Public Health Wales Board in February 2021.
- The Model has been piloted in two areas of the organisation in order to test the Model's practical applicability to Public Health Wales and help to identify improvements to the way in which the organisation works. The findings from the pilots will be incorporated into an Implementation Plan.
- Further work has been undertaken to complement the pilots with a focus on the integration of information governance across the organisation.
- The findings of this piece of work plus the pilots, along with recommendations will be reported to the Business Executive Team in December 2021 and the next available Audit and Corporate Governance Committee meeting.

Healthcare Associated Infections

- Restarting the AMR Delivery Board and the All Wales Antimicrobial Guideline Group and establish agreed work plans.
- Developing the Worldwide and European awareness campaigns, focusing on key priorities for Wales.
- Continued contribution to the UK-wide COVID-19 IP&C cell, currently chaired by the HCAI/AMR lead in Public Health Wales.
- Establish a Community and Primary Care group for IP&C to link with community leads to support care homes, focusing initially on UTI prevention

Risk Management

Strategic and Corporate Risks

After a recent review of our Strategic and Corporate Risks both registers have been updated with The Organisation now holding four Strategic Risks and eight Corporate Risks. Our Strategic Risks along with along with a selection of the planned actions to mitigate them are listed below:

Strategic Risk	Planned Actions
Inability to sustain the COVID-19 response	Continued recruitment programme for Microbiology and Phase 2 of the Health Protection expansion plan
Fail to deliver effective and timely system leadership	Amalgamation of the WHO CC and Health and Wellbeing Directorate and delivery of the three year IMTP
Suffer a cyber-attack on IT systems	Renewing legacy systems with replacement systems where possible and implementation of active block mode in Cisco Identity Services Engine (ISE)
Fail to support and protect the health, well-being, welfare and resilience of our staff	Flexible, innovative and effective working patterns and conditions and an implemented corporate approach to succession planning and talent management

In addition to the risk registers, a significant piece of work is underway to introduce a Risk Management Development Plan. The intention of the plan is to consolidate the good work that has been done over the past five years including the reports received from internal audit, to learn lessons from the way risk has been managed throughout the pandemic and to take Public Health Wales further along the journey to becoming a high performing organisation in terms of its risk management arrangements. The plan, which is due to be signed off by the Executive Team in December, includes work on risk appetite, training and development at all levels, and the introduction of the Risk module from the Once for Wales Concerns Management System.

Theme 4: Improved Population Health and Well-being

Theme 4: Improved Population Health and Well-being

Operational Plan Summary

Looking ahead to the remaining months of the Financial Year, we have 39 milestones due to be delivered, with the majority (89%) due between February and March.

With this being the case, careful management of both dependencies and resource will be critical in ensuring all are delivered to scope and time. However, as it stands, delivery confidence is high, with 95% of those due to be delivered in the latter part of the year rated Green.

Of those due to be delivered, there is a particular focus on Population Health, with the delivery of a number of key pieces of analysis, covering areas such as the impact of COVID-19 on unpaid carers and the impact of COVID-19 on mental wellbeing. Separately, considerable effort will be given to establishing and strengthening Wales' position with regards to influencing a fairer and sustainable response to health inequalities, as well as championing investment in the "economy of wellbeing" with a clear focus on supporting vulnerable populations.

We currently have 5 milestones overdue, and these were planned to be delivered before September. These are all owned by the Response Priority and primarily relate to improvements in turnaround of samples within Test and Trace, implementation of a National Results system and new services for vaccine hesitancy. Requests for Change are due, and consequently will be replanned for later in the Financial Year.

Key Deliverables on Population Health & Wellbeing for the Remainder of 2021/22

Co-ordination of £3.8m Pacesetter Programme, including **preventive focus on obesity and pre-diabetes pathway** work and environmental sustainability schemes

Implementation of a children and families pilot in three Health Boards to address inequalities in healthy weight in the early years

Working with social care, Regional Partnership Boards and the third sector to **coordinate the delivery of Connected Communities Social Prescribing deliverables**

Implementation of the Whole School Approach to Mental and Emotional Well-being and the Whole System Approach to a Healthy Weight in Wales

Progressing a new series of health economics reports on the Cost of Health Inequality to the NHS in Wales - to publish first report and dashboard on Cost Associated with Inequalities in Hospital Service Utilisation to the NHS in Wales

National coordination of Design to Smile

Progressing the Welsh Health Equity Status Report initiative (WHESri) with the WHO and Welsh Gov - to publish second report on Health Equity Gap Decomposition Analysis for Wales

Produce Public Health Wales' Decarbonisation Delivery Plan; measure Public Health Wales' Carbon footprint research project; and support our Health Education role in delivering the NHS Wales Decarbonisation Strategic Delivery Plan.

PCD lead on **All Wales Diabetes Prevention Programme (AWDPP)** to reduce burden of disease from type 2 diabetes and impact on NHS

ANNEX A – Performance and Assurance Dashboard (pdf)

See accompanying document containing visuals depicted from the latest Performance and Assurance Dashboard, including information relating to:

- Our Workforce
- Finance
- Organisational Quality
- Corporate Risks
- Progress against our Operational Plan
- Service delivery

Work will be taken forward by Directorates by the end of March 2022 to refresh / develop performance indicators to ensure that performance is reflected across the breadth of the organisation.

ANNEX B – NHS Wales Minimum Dataset (MDS)

The Minimum Dataset has been refreshed and contains the following updates at Quarter 2 2021/22:

- Workforce YTD activity and forecast until year-end
- Screening YTD activity and forecast until year-end
- Microbiology (tests related to sexual health) activity and forecast until year-end (see Total Activity tab, row 32)

Updates were not provided for subsequent areas as either not applicable to Public Health Wales or have been captured as part of the latest Finance MMR submission.