



GIG  
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Iechyd Cyhoeddus  
Cymru  
Public Health  
Wales

# Performance and Insight Report

April 2024



# Key Performance Indicator Summary

## Section 1: Governance and Accountability



People Governance	In Focus	Target	Apr-24	Committee
12m Rolling Sickness Absence FTE %		<3.25%	<b>3.96%</b>	People & OD
Statutory and Mandatory Training		85%	<b>90.1%</b>	
Appraisal Compliance		85%	<b>79.2%</b>	
Diversity ESR Data		N/A	<b>74%</b>	
Financial Governance			Apr-24	
Revenue Position Forecast		Breakeven	<b>Breakeven</b>	Audit & Corporate Governance
Capital Year-End Position		Breakeven	<b>Breakeven</b>	
Agency Spend, % of Total Pay Bill		<2.1%	<b>1.4%</b>	
Public Sector Payment Policy (PSPP)		95%	<b>N/A</b>	
Information Governance			Mar-24	
Freedom of Information Request		Within 20-Days	<b>3 exceeded</b>	Audit & Corporate Governance
Subject Access Request		1 Month Average	<b>1 exceeded</b>	
Personal Data Breaches Reported (Escalated)		N/A	<b>1 (0)</b>	
Mandatory Information Governance Training		85%	<b>88%</b>	
Clinical Governance			Apr-24	
Moderate or above harm incidents (YTD)*		N/A	<b>6 (6)</b>	Quality, Safety and Improvement
Number of externally reported incidents (NRI's, EWI, RIDDOR, IRMER) - In Month - (Rolling 12m)		N/A	<b>1 (5)</b>	
Incident Closure Compliance**		85% PHW	<b>59%</b>	
Formal Complaints - Acknowledged within 5 working days**		75% WG	<b>100%</b>	
		95% PHW		
Formal Complaints – Responded to within 30 working days**		75% WG	<b>100%</b>	
		95% PHW		
Informal Complaints – In Month (Rolling 12m)		N/A	<b>13 (126)</b>	

\* This data is YTD from 1 April 2024.

\*\*Note Incidents and Complaints require 30 working days for closure, therefore this data pertains to **February 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



# Key Performance Indicator Summary

## Section 2: Strategy and Delivery



IMTP Milestone Reporting	In Focus	Target	Apr-24	Committee
IMTP Milestones currently green or complete		N/A	96%	Board
Climate Change				
			Quarter 4	
Carbon Emissions (Based on 2022/23 figure)		Net Zero by 2030	17.165m (Kg.CO2E)	Knowledge, Research and Information Committee
Service Delivery				
Screening Services				
		Standard	Apr-24	
Breast Test Wales - Assessment invitations (3 weeks)	🎯	90%	30.8%	Quality, Safety & Improvement
Breast Test Wales - Normal results sent (2 weeks of scan)		90%	46.8%	
Breast Test Wales - Round Length (Invited within 36 months)		90%	55.5%	
Bowel Screening Wales - Coverage		60%	65.3%	
Bowel Screening Wales - Waiting time for index colonoscopy (Health Board Delivery)		90%	31.1%	
Diabetic Eye Screening Wales - Coverage (12 Months)	🎯	80%	37.1%	
Diabetic Eye Screening Wales - Results Letters Printed (3 Weeks)		85%	100.0%	
Vaccination and Immunisation - PHW has system lead role, Health Board Delivery				
		Target	Apr-24	
Influenza vaccination uptake among those aged 65+		75%	72.5%	Quality, Safety & Improvement
Influenza vaccination uptake among the under 65s in high risk groups		55%	39.1%	
Influenza vaccination uptake among healthcare workers		60%	40.8%	
Percentage of children who received 3 doses of the '6 in 1' vaccine by age 1		95%	Quarter 3 94.5%	
Percentage of children who received two doses of the MMR vaccine by age 5		95%	89.3%	
Percentage of girls receiving the HPV vaccination by age 15		90%	77.3%	
Percentage of children who received '4 in 1' Pre-School Booster with 2nd MMR dose by age 5		95%	89.6%	

Key: RAG Status

■ >10% outside target
■ Within 10% of target
■ Achieving target
■ Not applicable / TBC
🎯 Click on the Focus Area Icon for additional assurance



# Key Performance Indicator Summary

## Section 2: Strategy and Delivery



### Service Delivery

#### Healthcare Associated Infections - PHW has system lead role, Health Board Delivery

	In Focus	Target	Apr-24	Committee
Clostridium difficile rate (per 100,000 population)		25%	<b>48.2%</b>	Quality, Safety & Improvement
Staph aureus bacteraemia rate (per 100,000 population)		20%	<b>31.1%</b>	
E. Coli bacteraemia rate (per 100,000 population)		67%	<b>69.5%</b>	
Klebsiella sp bacteraemia rate (per 100,000 population)		10% Annual Reduction	<b>22.9%</b>	
P. Aeruginosa bacteraemia rate (per 100,000 population)			<b>3.5%</b>	

### Microbiology

			Quarter 4	
EQA performance (Bacteriology)		97%	<b>95.0%</b>	Quality, Safety & Improvement
EQA performance (Virology)		100%	<b>97.0%</b>	
EQA performance (Specialist and reference units)			<b>97.0%</b>	
EQA performance (Food, Water and Environmental Laboratories)		98%	<b>98.0%</b>	
Turnaround time compliance (Bacteriology)		95%	<b>94.0%</b>	
Turnaround time compliance (Virology)			<b>99.0%</b>	
Turnaround time compliance (Specialist and reference units)			<b>100.0%</b>	
Turnaround time compliance (Food, Water and Environmental Labs)			<b>97.0%</b>	
Annual Urgent Sample Turnaround Time		97%	<b>81.0%</b>	

Key: RAG Status

■ >10% outside target 
 ■ Within 10% of target 
 ■ Achieving target 
 ■ Not applicable / TBC 
 Click on the Focus Area Icon for additional assurance



People Governance



Financial Governance



Corporate &  
Information  
Governance and Risks



Clinical Governance,  
Quality, Safety and  
Improvement



IMTP Milestone  
Delivery & Strategic  
Programmes



Climate Change



Service Delivery

# Governance and Accountability

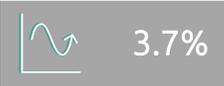


# People Governance

## Section 1: Governance and Accountability



### Sickness Absence



Decreased by **0.25%** in April 2024. Seasonal increases were expected in April, but this year's figure is lower than the figures recorded for the last 3 years

### 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 April 2024. All Directorates with the exception of Board and Corporate (74.6%) are **exceeding** target.



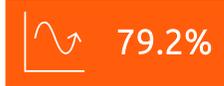
Modules reporting lowest completion are Duty of Quality (76.5%) and Foundations in Improvement (76.8%).

A new mandatory Duty of Quality training e-learning module has been introduced with compliance being taken into account from April 2024.

### Appraisal and Development Reviews



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



Achieving appraisal compliance remains a challenge. In the last 6 months there has been a 2% improvement across the organisation.

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



### Equality and Diversity

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



This is the current percentage of completed Diversity data recorded for our staff. We have seen a 16% increase in data completeness in the last 4 years.



# In Focus: Appraisal and Development Reviews

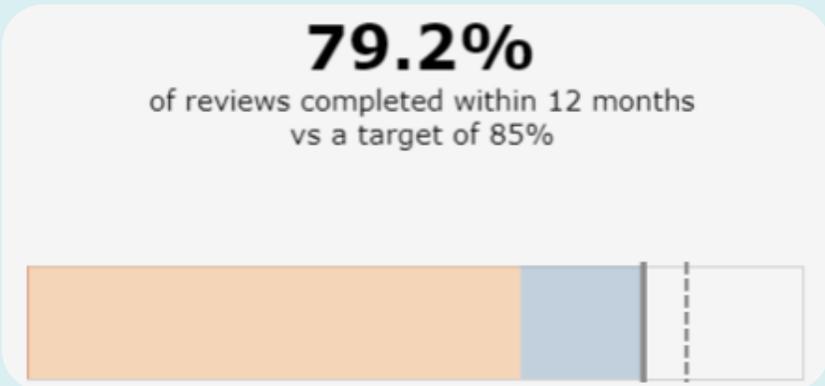
Section 1: Governance and Accountability



## Compliance Performance

Challenges remain to achieve compliance against the Welsh Government target, which is set at 85% to allow for staff who are unable to participate in appraisals (e.g. staff on maternity leave, secondees).

For April, there has been a decrease in compliance from 82.1% to 79.2% (2.9% decrease). Although compliance has decreased, the improvement actions detailed on the next page have helped to improve overall compliance over the last 3 months due to retrospective entries of appraisal dates.



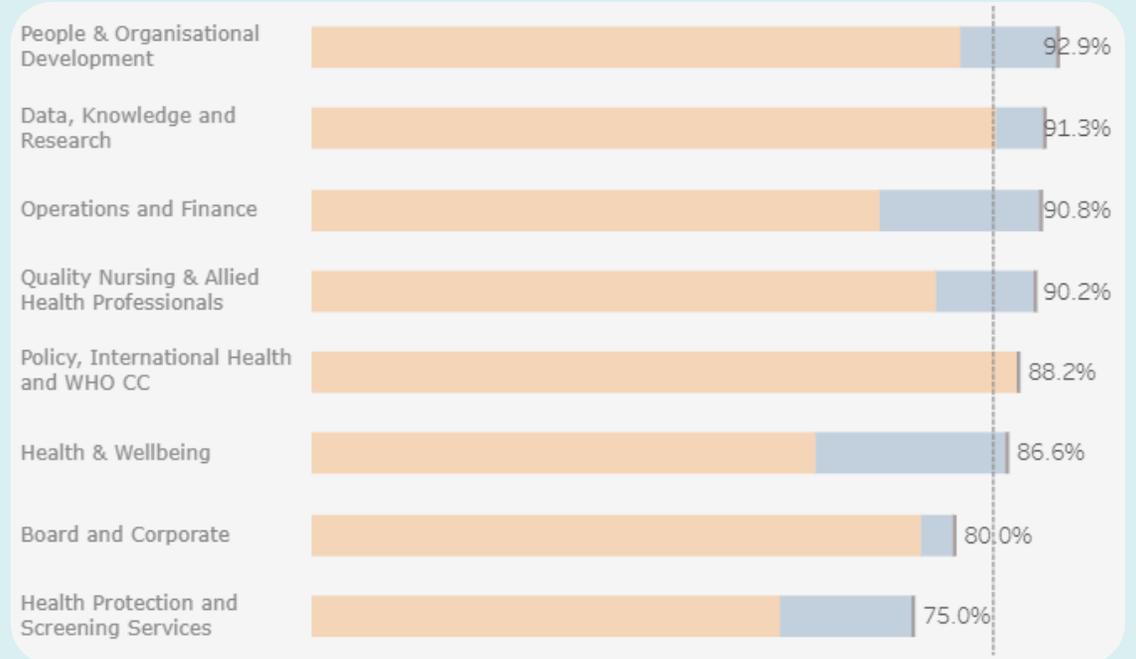
Grey – current compliance — vs target .....  
Blue – appraisals due in next 3 months



## Compliance by Directorate

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

There is also a significant range in compliance across our Directorates ranging from 92.9% in People and Organisational Development to 75% in Health Protection and Screening Services.





# In Focus: Appraisal and Development Reviews

## Section 1: Governance and Accountability



### Improvement Actions

My Contribution remains a key part of our Corporate Induction resources and the Line Manager Induction Pathway. The My Contribution Policy was recently reviewed and has now been approved by the People and OD committee. The committee have also scrutinised compliance and are assured that measures are in place across Health Protection and Screening Services Directorate to continue with the recent improvements detailed below.



#### Toolkit Review and Quality Audit (continued in quarter 1)

Following a review, together with feedback received from colleagues across the organisation and with an ambition to incorporate stronger links to our Being Our Best Behaviour Framework, the People and OD Team updated the My Contribution Toolkit which launched in April 2024. There is a new revised My Contribution form, Toolkit, SharePoint intranet page and supporting resources. A feedback form and questionnaire is available for managers and employees to provide comments on the resources and to give feedback on their My Contribution experience.

My Contribution was discussed within the Leading with Impact Workshops which is about how we collectively shape our team climate and our shared culture at Public Health Wales. The 3-hour virtual by default workshop was offered to all people managers with options to attend one session throughout February to April 2024. Insights about the value of My Contribution were gathered during the sessions using Menti and will be reviewed as part of the Leading with Impact Evaluation phase.

Following the results from the NHS Staff Survey which closed on 27 November 2023, we will consider a sample survey to measure the quality of My Contribution conversations. This will help inform what further action is required to support line managers and their direct reports with My Contribution (NHS Staff Survey results not expected until May 2024).



#### Compliance improvement activity (immediate action)

The Learning and Development Team and People and OD Partnering Team continue to work with Health Protection and Screening Services (HPSS) on completing appraisals in ESR, through providing breakdown data and the ESR drop-in sessions held twice a month. The POD Systems team are working closely with the HPSS Business Operations Manager to provide regular real-time data and insight to help identify those teams that may require additional support.

The collaboration work described above has resulted in a 10% improvement in Appraisal Compliance across HPSS over the last 6 months.

The People and OD team are also working with other Directorates to understand barriers to undertaking and recording My Contribution and to offer further support as required. Appraisal compliance across the whole organisation has increased by 8% over the same period.

Directorates not delivering the target will need to develop and commit to a recovery trajectory. Based on current forecasts, the organisation will meet the target of 85% by the end of July 2024.



# Financial Governance

Section 1: Governance and Accountability



## Revenue Position



Break-even



-£45k  
YTD



£0k  
Forecast

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

## Capital Position



£2.774m  
Allocation



£2.774m  
Forecast

The capital forecast is **breakeven**. This is made up of a discretionary allocation of £1.58m and strategic allocation of £1.19m.

## Agency Spend as A Percentage of Total Pay Bill



Below  
2.1%



1.4%  
YTD



1.7%  
Forecast

Forecast to deliver the year-on-year reduction target

## Public Sector Payment Policy (PSPP)

Performance on our Public Sector Payment Policy will be reported on from Month 2 onwards in line with the Welsh Government reporting requirements

## Revenue Position Outlook

The surplus at Month 1 is a combination of small variances across a number of Directorates. Expenditure plans will be scrutinised as part of the regular review and monitoring of the Directorate financial performance and delivery of their break-even positions.

*Click to access the latest detailed report*





# Corporate & Information Governance and Risks

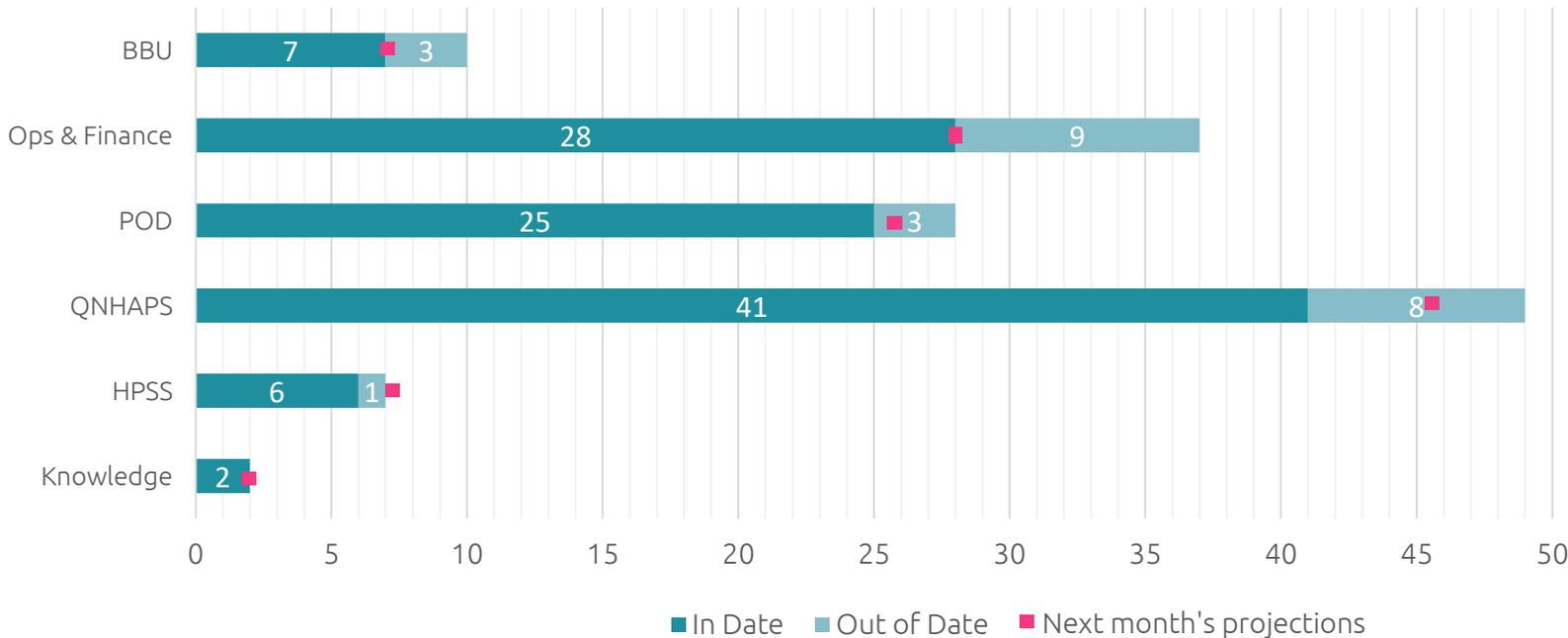
## Section 1: Governance and Accountability



## Corporate Governance

### Corporate Policies Compliance

11 Policies / procedures are currently out to [consultation](#) / going through the approval process (numbers that are either out to consultation, or awaiting a meeting for final approval)



#### During April 2024:

- 3 Policies were approved: 2 from the Quality, Nursing and Allied Health Professional (QNAHPs) Directorate and 1 from the Operations and Finance Directorate.

#### May 2024 Projections:

- QNAHPs plan to approve 5 policies
- Health Protection Screening Services plan to approve 2 policies
- People and OD Directorate plans to approve 1 new policy

#### Overview:

- The divisions with the most policies out of compliance are Operations & Finance and QNHAPS
- Approval compliance is projected to increase month on month
- 1 new All Wales Policy is expected to be approved in May 2024



# Corporate & Information Governance and Risks

Section 1: Governance and Accountability

Audit data reported on a quarterly basis.

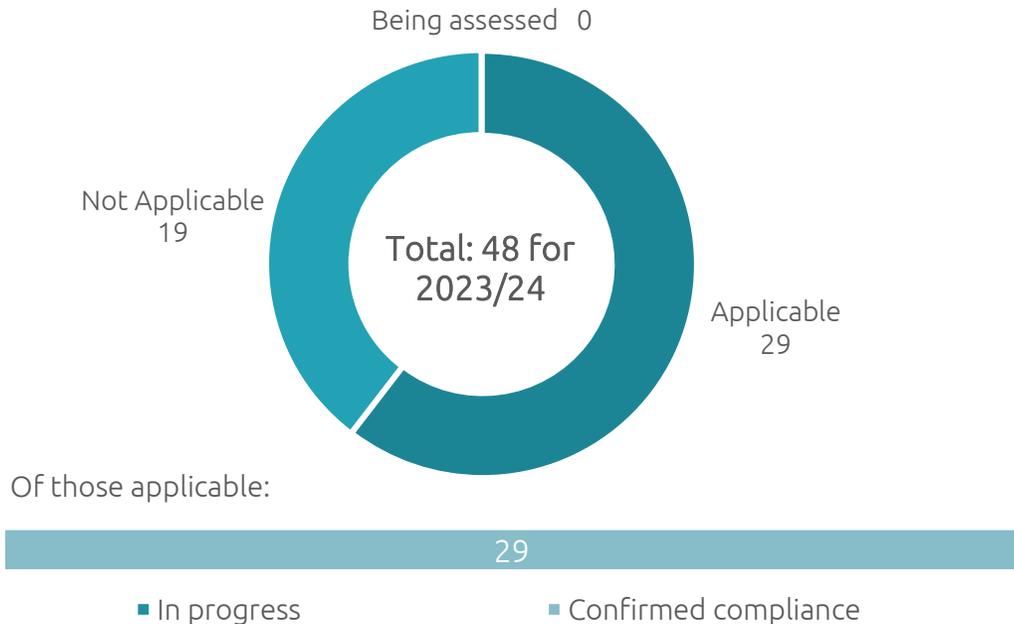


## Corporate Governance

### Wales Health Circular Compliance 2023/24 Summary

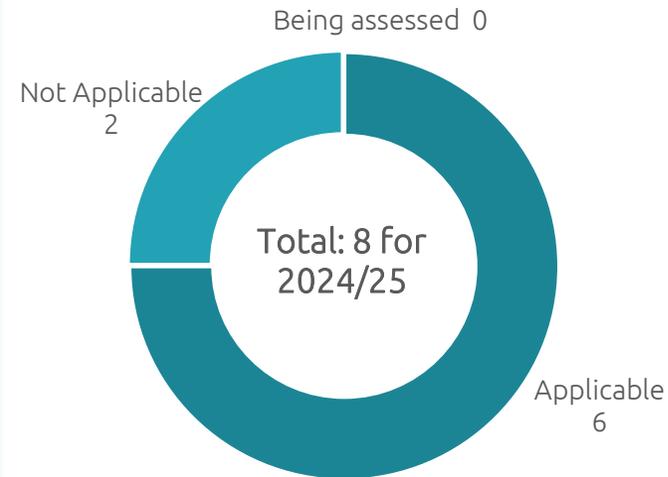
All WHCs received in 2023/24 have been enacted. Our compliance against each of the WHCs are reported within the Annual Governance Statement.

For the period 1 – 30 April 2024:



### Wales Health Circular Compliance - 2024/25

For the period 1 – 30 April 2024:



- 8 new WHCs received this month for 2024/25. 6 of which were applicable
- 3 of the 6 applicable WHCs were confirmed compliant this month

Of those applicable:



### Audit Reports

There is no Audit activity to report to Board for April 2024, the next meeting of the Audit and Corporate Governance Committee is on 9 May 2024.



# Corporate & Information Governance and Risks

Section 1: Governance and Accountability



## Information Governance

### Freedom of Information Act



24 requests were received in March 2024.



3 exceeded the 20-working day timescale due to respond. Due to the fact some FOI requests are very complex and administratively burdensome for the directorate concerned, they therefore take longer to process than more straightforward requests.

The average response time is 16 days. Directorates are consistently reminded of the need to ensure compliance with response deadlines when possible.

### Data Protection (Subject Access) Requests



4 requests were received in March 2024.



2 were responded to within 1 calendar month.

1 request remains open waiting for clarification from the requestor's solicitor. 1 request exceeded the deadline due to the complex nature of the request and required director approval to release.

### Personal Data Breaches

Reported	Escalated
1	0

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

**Breach** – Teams meeting invite sent to Q Lab members which included personal email addresses. This was then used by a Q Lab member for a different purpose.

**Action** – Invitations were recalled and event organisers are looking into alternative ways to invite members to events.

**ICO Response** – Not ICO reportable.

### Mandatory Information Governance Training



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





# Corporate & Information Governance and Risks

## Section 1: Governance and Accountability



### Strategic Risks

*Click to access the latest detailed review*



	Strategic Risk	Current Score	Target Score	Risk Update
1	There is a risk of worsening health in the population of Wales, particularly among vulnerable populations	20	9	<p>The current strategic risks are reflected from the Strategic Risk Report that was presented to BET in May 2024 and subsequently the Quality, Safety &amp; Improvement (QSI) Committee on 20 May 2024.</p> <p>The Strategic Risks that are routinely reported to the QSI Committee have been extensively refined and as a result, a decision was taken to amalgamate SRR 5 and 6 to establish a new, combined risk descriptor, referenced in the table on this slide. In doing this, a robust assessment of key internal controls and actions plans has been undertaken and many actions have been completed and some controls enhanced and strengthened further. This has reduced the number of Strategic level risks from 7 to 6.</p> <p>The Business Executive Team (BET) is due to receive the draft Risk Appetite Framework at its meeting on 29 May 2024. Subject to BET level endorsement, the framework is scheduled to be presented to the Board at its July 2024 meeting, alongside the Strategic and Corporate Risk Registers.</p> <p>Further development work in relation to risk reporting will be taken forward. This will incorporate local, Divisional level reporting up to Strategic level reporting. The intention is to demonstrate trends and themes emerging across the organisation to ensure a truly integrated risk management approach is embedded.</p>
2	There is a risk of ineffective system-wide efforts to improve health and wellbeing by organisations across public, private and third sectors	16	6	
3	There is a risk that people in Wales are insufficiently engaged and enabled on action they can take to improve their health and wellbeing.	16	6	
4	There is a risk of weakness in our organisational health, including our culture, capacity, capabilities and governance.	16	6	
5	Failure to deliver excellent public health services on screening, infection, health protection and Emergency Planning Resilience and Response (EPRR) and comply with the Duty of Quality	9	6	
6	There is a risk to delivery of public health services and the inappropriate release of confidential data	20	12	



# Corporate & Information Governance and Risks

## Section 1: Governance and Accountability



### Corporate Risks

*Click to access the latest detailed review*



	Corporate Risk	Current Score	Target Score	Risk Update
1541	There is a safeguarding risk that organizational DBS checks do not prevent unsuitable people from working with vulnerable groups, including children, therefore placing them at risk of harm, abuse and neglect.	12	3	<p>The Corporate risks displayed are those that will be submitted to the Leadership Team in May 2024. In the previous month, the following points are noted:</p> <ul style="list-style-type: none"> <li>1541 – An audit of compliance with DBS checks has been completed with the findings awaiting consideration at the Safeguarding Group.</li> <li>1593 – Ownership of the risk has transferred from Improvement Cymru to QNAHP's.</li> <li>1614 – Initial assessment of risk remains outstanding as such no target score identified.</li> <li>1531 – Following review at the DDDA, current risk score remains the same due to the organisation remaining siloed regarding data management &amp; usage; a skills gap for Cloud based activities; and awaiting recruitment of key individuals specifically for cyber and data management.</li> <li>1533 – The increase demand for requests continues, but investment bid has been written and are pending review prior to submission.</li> </ul> <p>The following risk has been closed:</p> <ul style="list-style-type: none"> <li>1554 - There is a risk arising from an ISSUE that changes to alerting processes will mean that PHW stop receiving emergency and major incident (E or MI) alerts. This risk has been closed as the system has been extensively tested, the SOP for response amended to reflect the change in alerting process with changes communicated to colleagues.</li> </ul>
1593	There is a risk that we are unable to demonstrate that the quality standards and the Duty of Quality are embedded in all aspects of PHW business.	12	6	
1596	There is a risk that the organisation may not have the capacity or resources necessary to effectively deliver the long-term strategic plan	12	8	
1614	There is a risk that PHW cannot take assurance that NHS Executive are carrying out its functions in accordance with legal and statutory obligations. Current hosting agreement provides for only an annual accountability report which does not provide sufficient assurance across the year.	9	-	
1531	There is a risk that we will fail to exploit data to inform and direct public health action and interventions.	20	12	
1533	There is a risk of reputational damage and failure to effectively implement the HIA statutory regulations that form part of the Public Health (Wales) Act which requires the Public Health Wales to give assistance to other public bodies carrying out health impact assessments	16	4	



# Clinical Governance, Quality, Safety and Improvement

## Section 1: Governance and Accountability



### Externally Reportable Incidents

No Nationally Reportable Incidents reported

No Duty of Candour incidents reported - *There is one ongoing case undergoing joint investigation with Cardiff and Vale University Health Board.*

**One** Early Warning Incident reported – The incident was reported by Breast Test Wales following a notification from NHS England who had identified a cohort of individuals who they have not invited for annual breast screening in line with national guidelines. The screening programme is working with NHS England to ensure that any individuals affected and reside in Wales are followed up appropriately.

### Incidents

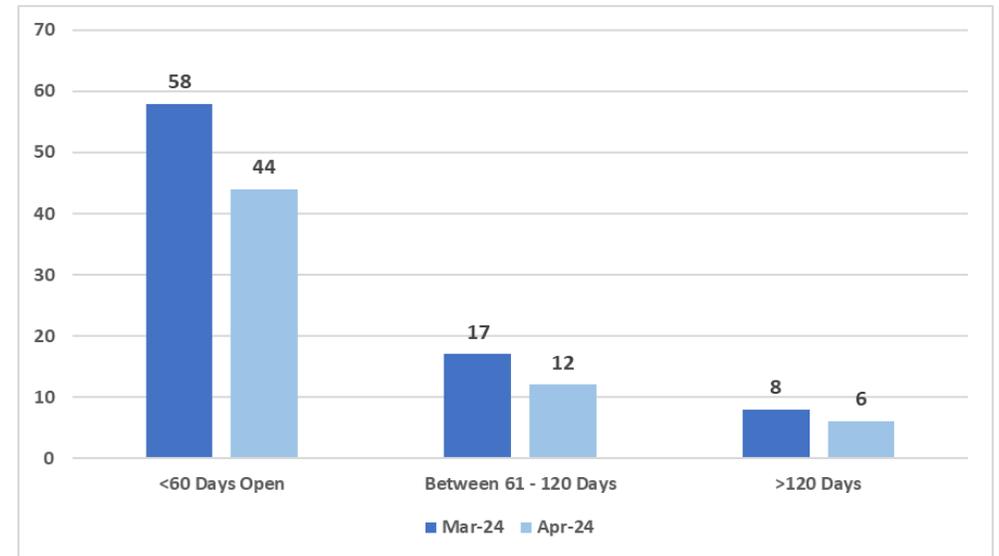
Incident Numbers (Rolling 12m to Apr 24)	Reported in April
1,896	174 (median 158)

As of 2nd May 2024, there are a total of **62** reported incidents in Datix with an ‘open’ status of more than 30 working days.

This is a reduction of 21 incidents since March. However, it is important to note that from 1 April 2024, the calculation for overdue incidents has been amended to 30 *working* days from 30 total days.



### Overdue Incident Progression – March – April 2024



### Incident Levels of Harm

Level of Harm	Count
None	78
Low	90
Moderate	6

Six incidents were reported in April as Moderate harm, these were reported in the following areas:

- Breast Test Wales (2), Microbiology (2), Cervical Screening Wales (1) and Health Protection (1)

This is the reporter's initial assessment of harm. Any Moderate or above harm incidents are reviewed by the PTR Team and may be downgraded post investigation.



# Clinical Governance, Quality, Safety and Improvement

## Section 1: Governance and Accountability



### Complaints, Claims and Redress

Complaints (Rolling 12m)	Formal (Apr)	Informal (Apr)
Formal - 25 Informal - 126	0 (median 2)	12 (median 11)

The 12 informal complaints were received in the following areas:

- 6 in Breast Test Wales
- 4 in Diabetic Eye Screening Wales
- 1 in Cervical Screening Wales
- 1 in Health Protection

### Claims

April 2024	
0	No new claims were received in April. Of the ongoing claims, there are 18 confirmed claims, and seven potential claims.

### Redress

April 2024	
0	No new Redress cases were received in April. There are currently 6 ongoing Redress cases, 4 are within Cervical Screening Wales and two within Breast Test Wales.

### Duty of Candour Training Figures

Duty of Candour is a mandatory training module for 328 staff within Public Health Wales.

As of April 2024, 16.5% of staff have completed their eLearning training module on ESR. However, it should be noted that there has been a recording issue identified pertaining to this module.

304 staff within Public Health Wales have received bespoke Duty of Candour training from the Putting Things Right team.

Engagement with the Learning and Development team has led to further communications being sent out to encourage staff to complete their training with an accompanying guide to ensure training is recorded on the ESR system.



People Governance



Financial Governance



Corporate &  
Information  
Governance and Risks



Clinical Governance,  
Quality, Safety and  
Improvement



IMTP Milestone  
Delivery & Strategic  
Programmes



Climate Change



Service Delivery

# Strategy and Delivery



# IMTP Milestone Delivery & Strategic Programmes

## Section 2: Strategy and Delivery



### IMTP Delivery

As at month 1, 96% of our year 1 milestones are on track. A summary is provided below:



All milestones reporting as amber are due to external dependencies and engagement is ongoing with the external partners to clarify plans and potentially reschedule, where re-profiling is necessary.

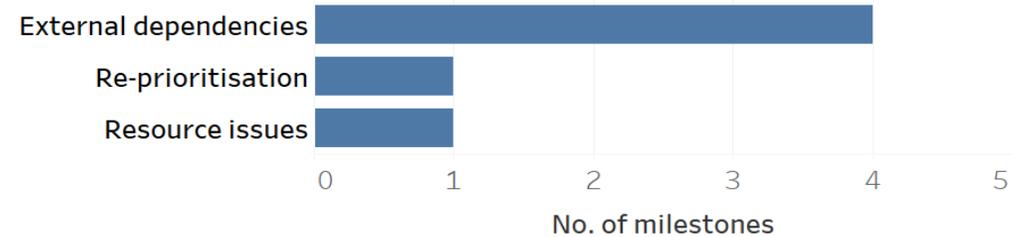
'Developed and implemented electronic test referrals for cervical screening Wales' is reporting as red and has submitted an RFC to extend the delivery date to 31/03/2026. This delay of approx. 15 months from the original timescale is due to DHCW dependencies and will have a direct impact on services. The risk has been escalated to HPSS DMT. It should be noted that 3 of the 9 non-green milestones are at risk, at least in part, due to DHCW dependencies.

The remaining 2 red milestones ('Published an All-Wales Management Pathway for Pregnancy' and 'Implemented Provision of MRI surveillance for women identified at high risk of breast cancer') are rollover milestones from our 2023/24 plan. Both have submitted an RFC to move delivery until 31st March 2025 due to resources being prioritised in other areas. There is a risk that the second milestone could roll into next year and requires further replanning in the coming months.

### Dependencies and changes

In month 1 of the plan there have been a total of 6 requests for change submitted. 5 are requesting to extend the delivery date, including 1 requesting to rollover into next years' plan with a new delivery date of March 2026.

The most common reason for change is external dependencies, with DHCW named on 3 milestones. This was discussed at DDDA on 13th May, which recognised the need to improve prioritisation and planning with DHCW and confirmed that mapping was underway to identify all strategic and technical touchpoints between both organisations.



There are an additional 4 suspended milestones that rolled over from last year's IMTP and are currently being replanned. These will be reviewed and included at the end of Q1.

### Request for Change – Approval Required

The Executive Team are asked to consider and approve the proposed changes, details of which can be found in the dashboard.



Click to review the requests for change



# IMTP Milestone Delivery & Strategic Programmes

Section 2: Strategy and Delivery

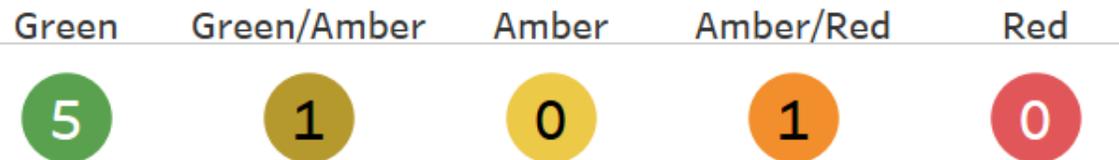


## Strategic Change Programmes Overview

Our key change programmes have been refreshed for 2024-27 in line with our approved IMTP. There are now 9 change programmes (4 tier 1, 3 tier 2 and 2 tier 3), which are:

- **Tier 1:** Tackling Diabetes Together; National Lung Cancer Screening; Diabetic Eye Screening Transformation; Establishment of NHS Executive
- **Tier 2:** Record Management System; Health Protection Systems Development, Web Transformation
- **Tier 3:** Health Improvement Patient Administration System; Web Transformation; Infection Services Redesign

Tier 1 and Tier 2 programmes will continue to report a monthly Delivery Confidence Assessment (DCA). This is the first DCA reporting month for the FY 2024/25 and overall delivery confidence of our strategic change programmes is high, as represented below:



## Strategic Change Programmes Detail

Key information is provided here, with further detail on all programmes available on the Performance and Assurance dashboard.

**Web transformation** delivery confidence is now **Amber/Red**. This reflects four critical issues that need to be resolved, relating to the preferred technical platform, re-branding of sub-sites, programme resourcing, and how existing websites and development activity will be onboarded to the new model.

These issues were presented at Project Board and are scheduled for discussion at Strategic Executive Team this month.

**Tackling Diabetes Together Programme** is at **Green/Amber** reflecting that this complex, system-wide programme remains at definitional stage and is still in the process of securing resources and defining benefits. The programme has recently approved a PID and has now initiated all 6 workstreams.

The Programme Board met for the first time in April 2024. It includes representatives from a range of key stakeholder organisations/groups. Significant progress has been made including the establishment of four health board Local Advance Delivery Areas.



# Climate Change

Section 2: Strategy and Delivery



Quarterly reporting cycle

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

The latest update is available in the [Performance and Insight Report](#) (p. 22-24) considered at our Board meeting in April 2024.





# Service Delivery

## Section 2: Strategy and Delivery



### Screening Services

Screening services continue to work towards delivering excellent services. Team working hard to mitigate service disruption for events such as industrial action.

Challenges remain to achieve timeliness standards in breast screening and diabetic eye screening which have not fully recovered from impact of pandemic.

Additional assurance for these screening programmes are included.

### Bowel Screening



Bowel screening timeliness for **colonoscopy** remains below the 90% standard of participants who are fit for colonoscopy offered procedure within 4 weeks of phoning to book their Specialist Screening Practitioner appointment. An increase to 31.1% was noted in April 2024. This component of the pathway is delivered by Health boards and is under active review with the waiting time for colonoscopy ranging from 1 to 14 weeks as at 3 May 2024.

### Breast Screening



**Normal results sent within 2 weeks** did not meet standard in April 2024, with another slight reduction in month at 46.8%. Timeliness of assessment within 3 weeks remains below the 90% standard but again showed a slight increase in month at 30.8%.

This is due to constraints in capacity for reading and assessment and staffing levels in medical secretary especially in South East region. Cross regional support in place.

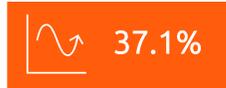


**Round length within 36 months** continues to fall short of the 90% standard, reporting in month at 55.5%, in line with plans.

Average round length for April is 37 months. Recovery is on target to be achieved by the end of June 2024.



### Diabetic Eye Screening



Diabetic Eye Screening **coverage of reported results in last 12 months** remains lower than standard, but a further slight increase on previous month was noted at 37.1%.

To help reduce the backlog screening has continued to be undertaken on Tenovus vans to improve access in areas that venues have been difficult to find. The programme is taking forward the transformation work plan including actions presented to our Executive Team in June 2023.



The timeliness of the **results letters within 3 weeks of screen** consistently overachieves standard at 100% in April 2024.





# In Focus: Breast Screening Recovery

## Section 2: Strategy and Delivery



### Recovery Plan

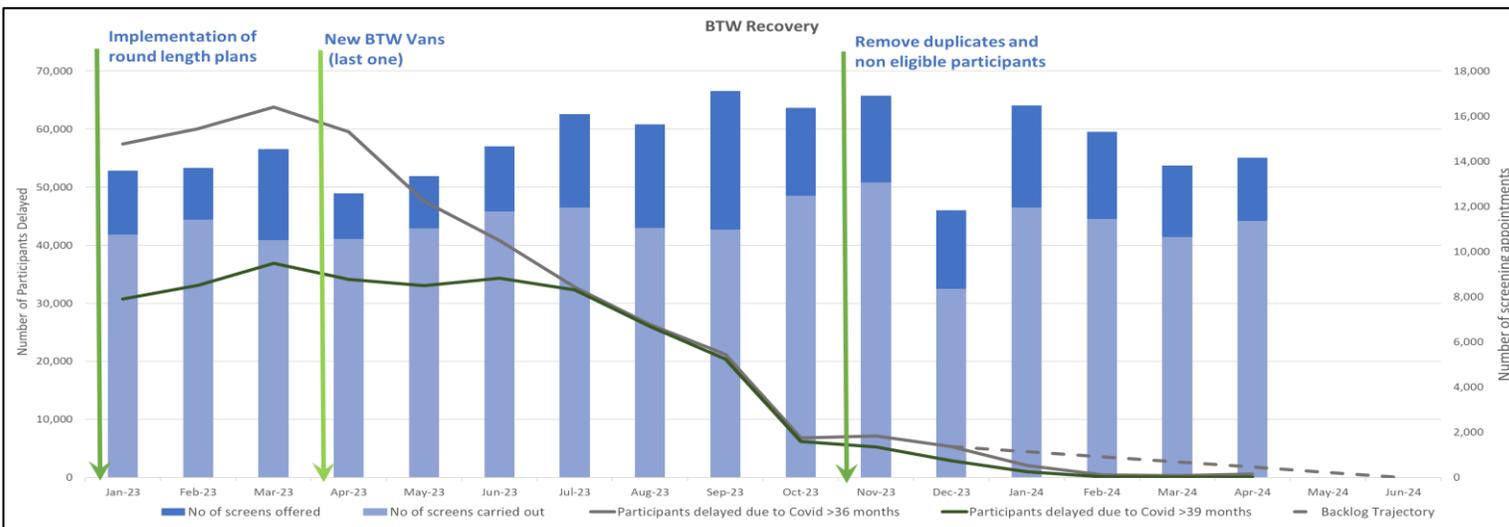
Recovery plan is underway for the programme to increase the screening activity above pre-COVID levels and maintain these to fully recover. Recovery plan is progressing with excellent progress.

Detailed round length activity plan in place for all regions. The trajectory is detailed to reflect a zero-backlog position by the end of June 2024.

Mitigation of identified risks – continue to progress the recovery plan to recover the timeliness of screening offer and return to round length. Plan progressing well and backlog reducing significantly

### Actions all underway

- Staffing levels – maintaining increased establishment of screening posts; continue established bank of previous staff to support capacity; screening at weekend; continued support from clinical staff working across the regions including enabling overtime in line with covid recovery; and recruitment of vacant medical positions (joint posts with Health Boards)
- Screening mobiles located in areas of longest waits to focus activity to reduce round length
- Work with Digital and Improvement Cymru colleagues has completed and reviewed backlog in detail to check all those in backlog are still eligible and remove duplicates and to check that round length plan is optimised. Backlog has significantly reduced
- Failsafe lists for longest waits to focus on reducing round length
- Continue to work with Health Boards to inform capacity planning assumptions across Surgery, Pathology and Oncology to support the whole patient pathway
- Risks are mitigated by screening those at higher risk from when service was reinstated and ensuring new eligible participants are invited before age 53 years



### Timescales for recovery: Quarter 2 2024/25

A whole screening round is required to measure the impact of any intervention on round length.



# In Focus: Diabetic Eye Screening Recovery

## Section 2: Strategy and Delivery



### Recovery Plan

The recovery plan is underway for the programme, and this is by taking forward two strategic approaches: optimise the current service provision to support recovery and transform the service to put in place a sustainable service model.

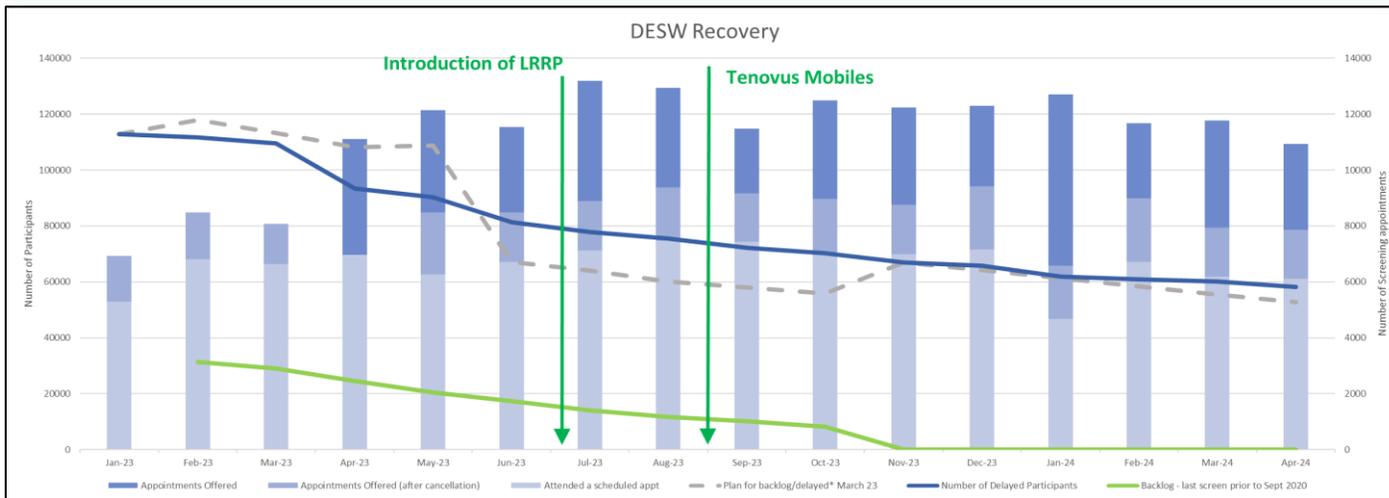
The backlog position has fully recovered with all eligible participants offered screening since the pandemic. Recovery of timeliness for screening offer includes trajectory of improvement to 31 March 2024, based as an average achievement over the previous 6 months. The service is progressing plans to introduce demand and capacity processes which will better inform modelling going forward.

Transformation required as there is a significant numbers of new referrals with over 1200 new referrals per month and as high as 1800 in some months impacting recovery action.

Low risk recall pathway implemented in June 2023 which is a significant transformation of the programme.

### Actions all underway

- Implementation of Low-risk recall pathway from June 2023
- Facility colleagues are leading around exploring DESW clinics being included in the proposed wellbeing hwb in Carmarthen. Additionally, and regarding mid-Wales accommodation, the lease has been agreed and is being progressed to completion. This in line with the ongoing transformation work to improve access to screening services, as well as employment of the local team.
- Staffing levels – Recruitment to screening posts to maintain staffing levels with focus on increasing photographer roles to enable flexibility and improved capacity. Recruitment to transformation posts progressing
- Clinic templates adjusted to increase screening appointments
- Ensuring that longest waiting participants are given appointments as a priority and directly contacting them to explore most convenient appointment. Information included in screening invitation explaining why venue may be different from previous and encouraging attendance.
- Working with Tenovus to provide service in areas still difficult to offer due to venue availability with screening offered on two vans from October 2023.
- Outsourcing of screening invitations letters and main result letters to realign pathway team workload to more value-added tasks
- Development of transformation plan and detailed roadmap which has been agreed and supported by Business Executive Team with finances identified within Health Protection and Screening





# Service Delivery

## Section 2: Strategy and Delivery



### Microbiology

Please note Microbiology indicators are reported on a quarterly basis. This update relates to Quarter 4 2023/24

The majority of the non-COVID microbiology indicators remain above or very close to achieving respective target levels as at quarter 4 2023/24.

Annual Urgent Sample Turnaround Time experienced challenges in achieving the annual target level of 97% following a 3% year-on-year decrease to 81%. Additional assurance to improve performance is provided below:



#### Annual Urgent Sample Turnaround Time



97%



81%

**Cause:** Delays in transport to testing laboratory in Singleton hospital from two main off-site locations (Theatre and trauma/orthopaedics) within Swansea Bay Health Board area. Evidence points that transport (within hours) and bed managers (out of hours and weekends) are often not contacted to be able to arrange transport appropriately.

All other Health Board areas were within the 4 hour target and all samples were processed within 4 hours of receipt

**Impact:** Delays in reporting of some urgent samples.

**Next steps:** New process in development with clinical engagement to Health Board departments to instruct users how to facilitate and ensure effective processing, communication and hopefully better quality results, better patient outcomes and efficient flow within busy department. Timescales: Engagement ongoing. Monitoring at next audit (6 months).

### Vaccination and Immunisation

#### Influenza surveillance

Current levels of influenza activity:	Low
Trend:	Decreasing
Update:	Influenza circulating is now returning to low levels. COVID-19 cases have increased since week 16. Detections of Mycoplasma pneumoniae remain elevated and recent weeks have seen increases in adenovirus and RSV

#### Influenza vaccination uptake

Public Health Wales holds a system lead role and is not responsible for vaccination delivery.

Influenza and acute respiratory infection surveillance information continues to be reported in a timely manner (latest weekly [report](#) up to end 12 May 2024).

As at 23 April 2024, latest influenza vaccine uptake amongst those aged 65 years and older showed 72.5% were vaccinated (up from 72.4%), with uptake for clinical risk groups at 39.1% (up from 39%).

Uptake for NHS Wales staff increased by 36.7% to 40.8% over the latest reporting period, and for front-line staff by 36.4% to 40.5%.







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Cymru  
Public Health  
Wales

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for a healthier Wales**