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Public Health  
Wales

# Performance and Insight Report

October 2024



# Report Overview

Our refreshed **Performance and Insight Report** focuses on delivering actionable insights and assurance whilst identifying areas for further improvement.

The report focuses on our performance across the following key sections.



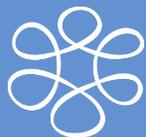
## Section 1 Governance and Accountability

This section provides information and assurance for a number of areas key corporate accountability including **People Governance, Finance Governance and Corporate & Information Governance**



## Section 2 Service Delivery

This section provides information and assurance for the activities that our services carry out on a day-to-day basis including our **Health Protection and Screening Services, Health and Wellbeing services, Policy and International Health** and our **Data, Knowledge and Research services**



## Section 3 Strategy Delivery

This section provides information and assurance for the delivery of our strategic plan including **IMTP Milestone Delivery**, progress against our **Strategic Change Programmes** and updates for our six **strategic priorities**



## Section 1

# Governance and Accountability



# Key Performance Indicator Summary



People Governance	In Focus	Target	Oct-24	Committee
12m Rolling Sickness Absence FTE %		<3.25%	<b>4.10%</b>	People & OD
Statutory and Mandatory Training		85%	<b>91.4%</b>	
Appraisal Compliance		85%	<b>84.3%</b>	
Diversity ESR Data		N/A	<b>75%</b>	
Financial Governance			Oct-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>1.5%</b>	
Public Sector Payment Policy (PSPP)		95%	<b>98.17%</b>	
Information Governance			Sep-24	
Freedom of Information Request		Within 20-Days	<b>3 exceeded</b>	Audit & Corporate Governance
Subject Access Request		1 Month Average	<b>0 exceeded</b>	
Personal Data Breaches Reported (Escalated)		N/A	<b>0 (0)</b>	
Mandatory Information Governance Training		85%	<b>89%</b>	
Clinical Governance			Oct-24	
Moderate or above harm incidents (YTD)*		N/A	<b>3 (43)</b>	Quality, Safety and Improvement
Number of externally reported incidents (NRI's, EWI, RIDDOR, IRMER) - In Month - (Rolling 12m)		N/A	<b>2 (11)</b>	
Incident Closure Compliance**		85% PHW	<b>74%</b>	
Formal Complaints - Acknowledged within 5 working days**		75% WG 95% PHW	<b>80%</b>	
Formal Complaints – Responded to within 30 working days**		75% WG 95% PHW	<b>100%</b>	
Informal Complaints – In Month (Rolling 12m)		N/A	<b>7 (107)</b>	

\*This data is YTD from 1 April 2024.

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

Key: RAG Status

Click on the Focus Area Icon for additional assurance

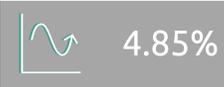
■ >10% outside target ■ Within 10% of target ■ Achieving target ■ Not applicable / TBC



# People Governance



## Sickness Absence



Increased by **0.69%** in October 2024. Sickness absence has increased as expected for this time of year and is the highest monthly figure since December 2022.



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

## 12 Month Rolling Absence



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



## Statutory and Mandatory Training



Remains **above** target in October 2024.



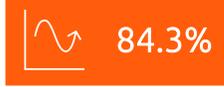
All Directorates are **exceeding target** for the first time this financial year.

Modules reporting lowest completion are *Foundations in Improvement* (82.8%), which was introduced as a mandatory training e-learning module from April 2024.

## Appraisal and Development Reviews



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



This follows a period of 3 months where the organisation has been above the target for the first time.

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



## Equality and Diversity

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



This is the current percentage of completed Diversity data recorded for our staff. We have seen a **17% increase** in data completeness in the last 4 years.



# In Focus: Appraisal and Development Reviews



## Compliance Performance

Appraisal compliance has dropped just below the Welsh Government target, which is set at 85% to allow for staff who are unable to participate in appraisals (e.g. staff on maternity leave, secondees). This follows a period of 3 months where we have been above target.

For October, the compliance figure has dropped from 86.4% to 84.3% (2.1% decrease). Compliance is at risk of falling under compliance over the next 3 months if appraisals fail to be undertaken. This will have the most impact on the Board and Corporate and People & OD Directorates, who have the highest percentage of appraisals that are due soon.

**84.3%**

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



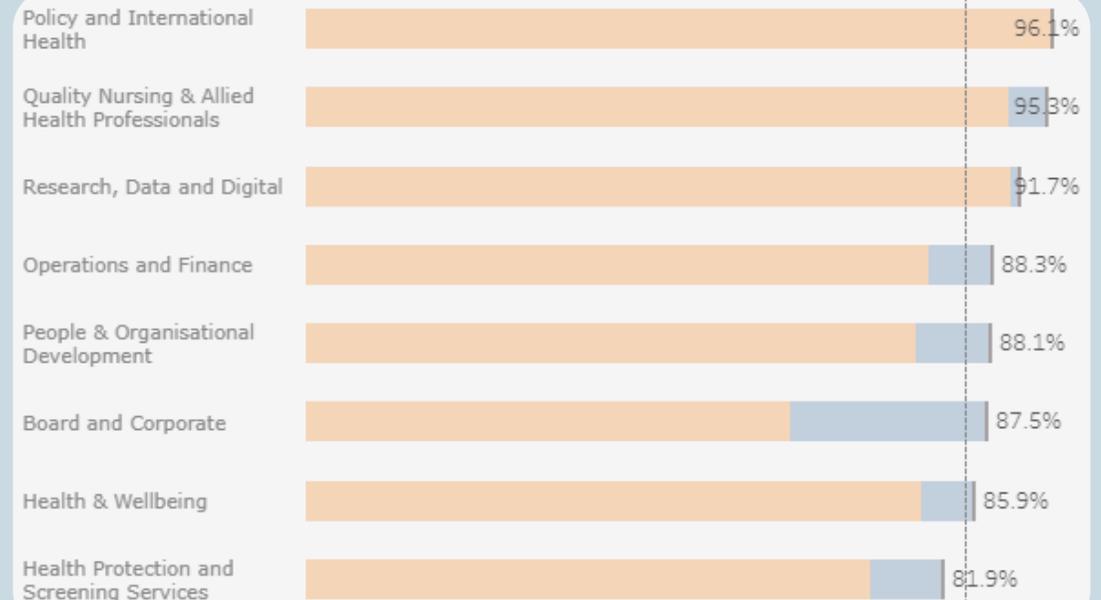
Grey – current compliance — vs target .....  
Blue – appraisals due in next 3 months



## Compliance by Directorate

Latest figures show that seven Directorates are achieving compliance with the national target, with one Directorate below target levels. Directorates not delivering the target will need to develop and commit to a recovery trajectory. The People and OD team are working with Directorates to understand barriers to undertaking and recording My Contribution and to offer further support as required.

There is also a significant range in compliance across our Directorates ranging from 96.1% in Policy and International Health to 81.9% in Health Protection and Screening Services.





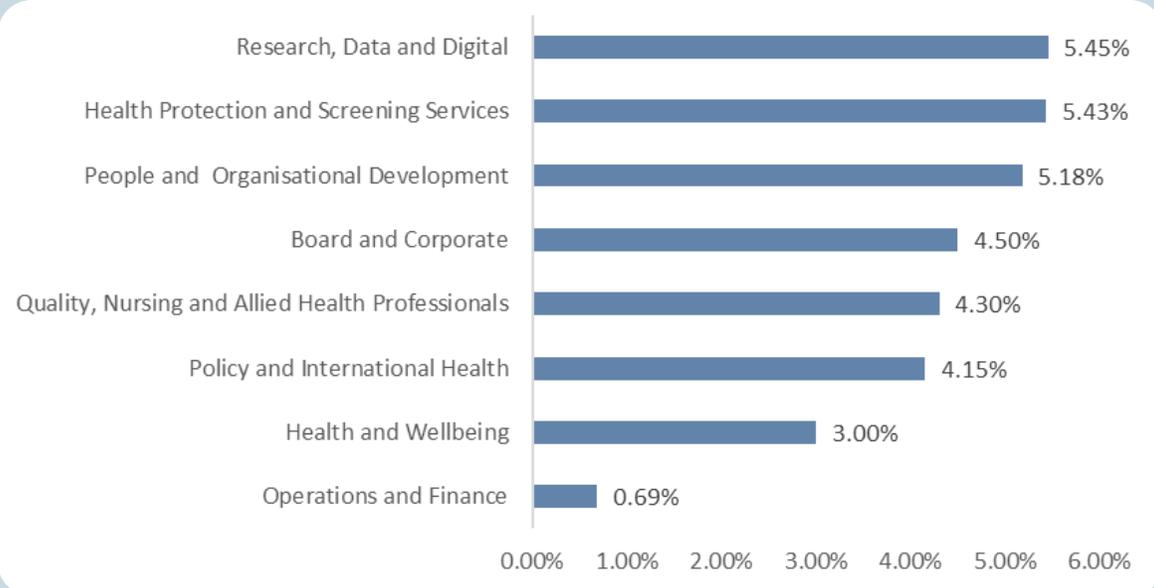
# In Focus: Sickness Absence



## Sickness Absence by Directorate

We have identified an increase in Sickness Absence for October, which has risen to the highest monthly figure since December 2022 (4.85%).

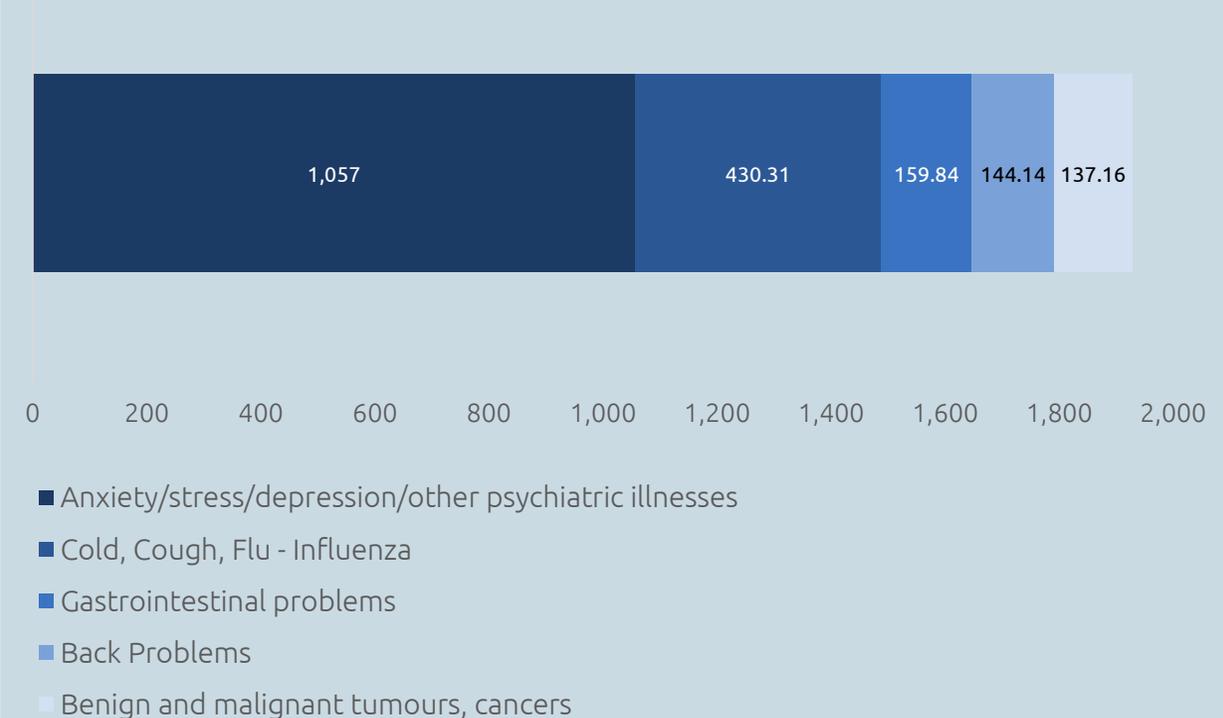
We will need to closely monitor this data over the coming months, as we move into the winter period. The breakdown by Directorate for October 2024 is provided below.



## Sickness Absence by Absence Reason

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

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





## In Focus: Sickness Absence



### Advice and Support

The People and OD team are now offering pre-bookable 1:1 HR Clinics to all Line Managers which provide an opportunity to receive advice and support in the management of absence issues. These Clinics are 30-minute sessions bookable via Teams.

### Training

The People and OD team continue to deliver Managing Attendance at Work training (MAAW) to Line Managers.

A meeting is planned to take place at the end of November 2024 with colleagues from other NHS Wales organisations to review and finalise the e-learning module for MAAW. It is anticipated that this will be rolled out in early 2025.

### Data Analysis

The People and OD team is currently working with the Research, Data and Digital Directorate to undertake some more detailed analysis of their sickness absence data.

This includes looking at reasons for absence, length of absence and compliance with sickness absence management procedures.

An action plan will be agreed to help drive improvements. A similar approach will be undertaken with other Directorates where absence figures remain above the target (3.25%).



# Financial Governance



## Revenue Position



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

## Capital Position



The capital forecast is **breakeven**. This is made up of a discretionary allocation of £1.55m and strategic allocation of £1.64m. £1.2m has been spent year to date in line with our capital plan.

## Agency Spend as A Percentage of Total Pay Bill



Forecast to deliver the year-on-year reduction target

## Public Sector Payment Policy (PSP)



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

## COVID-19

- COVID testing costs are £0.993m above the COVID testing funding allocation at month 7. This overspend has been offset with £0.471m of slippage against COVID sustainability funding leaving a net COVID-19 overspend position of £0.522m at month 7.
- The following table summarises the COVID-19 forecast position based on the likely case; this includes the impact of revised Bowel Screening optimisation modelling of £1.130m and securing a testing kit discount of £0.229m. Further mitigating actions to address the current net overspend forecast of £0.277m have been discussed with Welsh Government.

Programme	M1-M7 Variance £m	Year end Likely Forecast £m
Respiratory Testing	+0.993	+2.200
Core Sustainability	-0.471	-0.564
<b>Net Respiratory</b>	<b>+0.522</b>	<b>+1.636</b>
FIT Optimisation	-0.522	-1.130
Procurement bulk discount negotiated Oct 2024	Nil	-0.229
<b>Net Total</b>	<b>nil</b>	<b>+0.277</b>

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





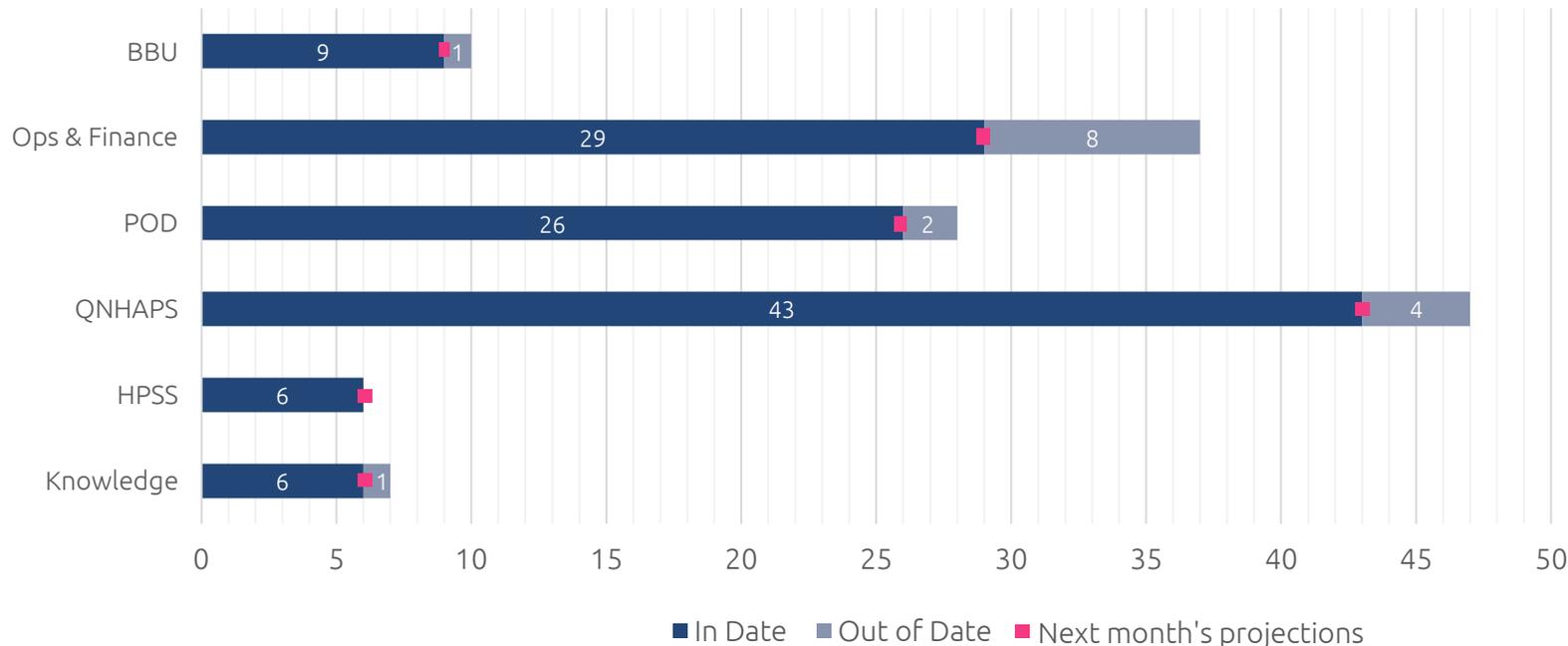
# Corporate and Information Governance



## Corporate Governance

### Corporate Policies Compliance

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



#### In October 2024:

- 1 People & OD policy and 1 Ops and Finance Policy was approved
- 1 All Wales policy was approved by the People & OD Committee

#### Overview:

- The divisions with the most policies out of compliance are Ops and Finance.
- Approval compliance is projected to increase month on month



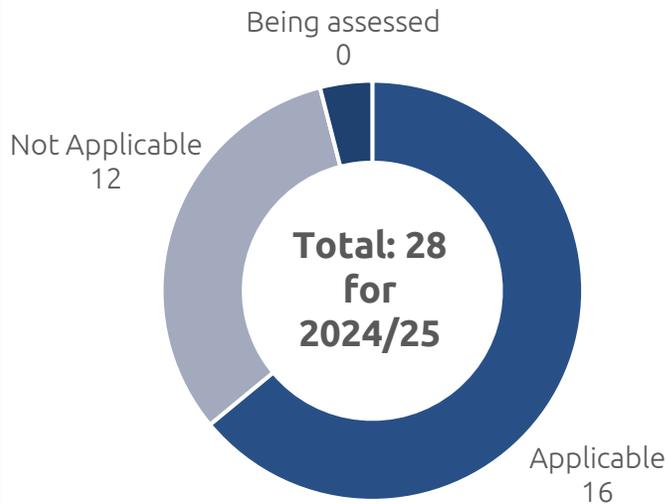
# Corporate and Information Governance



## Corporate Governance

### Wales Health Circular (WHC) Compliance

For the Period 01 - 30 October 2024:



- 3 WHC s have been received this month all were assessed and were found to be not applicable to PHW.
- 1 WHC was closed, WHC 2024/038- AMR & HCAI Improvement Goals for 2024-2025.

### Internal and External Audit

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



# Corporate and Information Governance



## Information Governance

### Freedom of Information Act



13 requests were received in September 2024. 3 exceeded the 20-working day response target.

One of the 3 that has exceeded the 20-working day timescale is not complete due to issues understanding where the information required is held within the organisation. Out of the 12 that are complete the average response time is 17 days.

Directorates are consistently reminded of the need to ensure compliance with response deadlines when possible.

### Data Protection (Subject Access) Requests



1 request was received in September 2024.

The request was for screening records and was responded to within 1 calendar month.

### Personal Data Breaches

Reported	Escalated
0	0

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

Breach – Nil

Action – N/A

ICO Response – N/A

### Mandatory Information Governance Training



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



# Clinical Governance, Quality, Safety and Improvement



## Externally Reportable Incidents

- One Nationally Reportable Incident was reported in Microbiology. *This incident is a joint incident with Cardiff and Vale University Health Board and relates to antibiotic prescribing on discharge.*
- No Early Warning Incidents reported
- No Duty of Candour incidents reported

## Incidents

Incident Numbers (Rolling 12m to October 24)	Reported in October
2,016	194 (median 169)

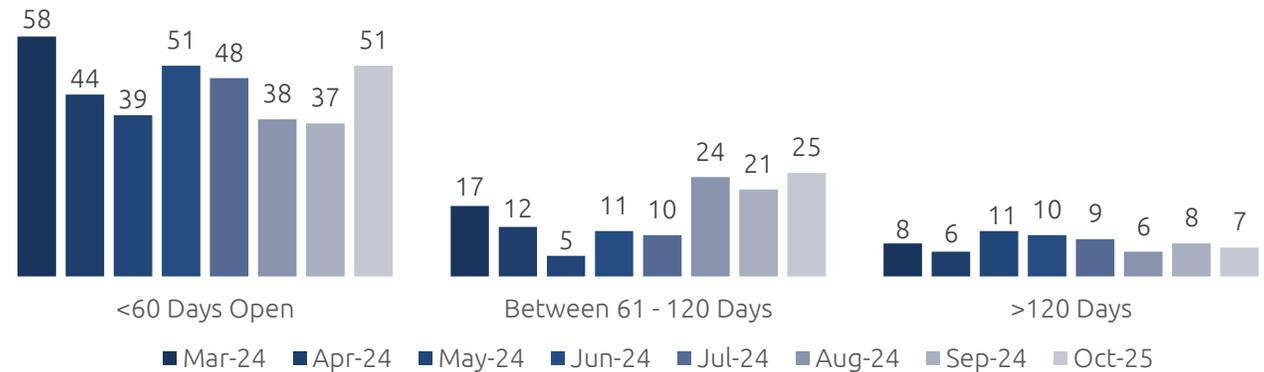
As of **5th November**, there are a total of **83** overdue incidents in Datix that with an 'open' status of more than 30 working days.

This is an increase compared to the 66 open in September 2024. The areas with the largest numbers of overdue incidents are Cervical Screening Wales (**53**), Microbiology (**11**), Diabetic Eye Screening (**14**) and Microbiology (**7**).

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



## Overdue Incident Progression (March – October 2024)



The PTR Team continue to circulate overdue incident numbers weekly and are working with Incident Managers and Investigators to support further improvement with incident closure rates.

In addition, service areas are now receiving notification of incidents at 20-29 days in attempt to prevent the incident becoming overdue.

2 of the 4 longest overdue incidents have been closed this month.

## Incident Levels of Harm

Level of Harm	Count
None	84
Low	107
Moderate	2
Severe	1

3 moderate or above harm incidents were reported in October. These were reported in the following areas:

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

All 3 incidents have been downgraded to No or Low harm following completion of the investigations.



# In Focus: Incident Closure



## Updated Process for Oversight and Management of Incident Closure:

- An overdue incident report is generated on a weekly basis and reviewed by the PTR team. The reports are for incidents that are over 30 working days and incidents that are 20-29 working days.
- This is then shared with the service areas. Each service area has designated leads for the monitoring of overdue incidents, both operationally and clinically.
- The services areas are asked for updates on their incidents and if they require any support to close them. The PTR team and NQIG team have a monthly meeting with areas to offer support including the management of incidents.
- Complex overdue incidents are shared with the senior NQIG team for escalation and support in working with the service areas to close them down.
- There is variability in the monthly closure rates as some service areas have limited staff who have permission to close incidents down and as such is influenced by staff availability.

## Assurance:

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

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

No. of incidents closed in September	152
Closed in < 30 days	112
Closed 31 – 60 days	24
Closed 61 – 120 days	14
Closed 120 days+	2 (133, 276 days)



# Clinical Governance, Quality, Safety and Improvement



## Complaints

Complaints (Rolling 12m)	Formal (October)	Informal (October)
Formal - 33 Informal - 107	2 (median 3)	7 (median 8)

The **2 formal complaints** were received in the following areas:

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

The **7 informal complaints** were received in the following areas:

- Diabetic Eye Screening Wales (3), Bowel Screening Wales (2), Breast Test Wales (1) and Cervical Screening Wales (1)

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



## Claims

October 2024	Details
1	1 new claim received in Cervical Screening Wales. Of the ongoing claims, there are 24 confirmed claims, and 5 potential claims.

## Redress

October 2024	Details
0	No new Redress cases were received in October. There are currently 6 ongoing Redress cases, 3 are within Cervical Screening Wales and 3 within Breast Test Wales



# Section 2 Service Delivery





# Key Performance Indicator Summary



Screening Services	In Focus	Standard	Sep-24	Committee
Bowel Screening Wales – Waiting time for index colonoscopy (Health Board Delivery)		90%	20.6%	Quality, Safety and Improvement
Cervical Screening Wales – Waiting time for colposcopy appointment (8 weeks) (Health Board Delivery)		90%	95.2%	
Breast Test Wales – Assessment invitations (3 weeks)		90%	Oct-24 7.7%	
Diabetic Eye Screening Wales – Coverage (12 Months)		80%	40.5%	
Abdominal Aortic Aneurysm – Timely referral to elective vascular network (MTD)		100%	100%	
Infection Services			Sep-24	Quality, Safety and Improvement
Total Microbiology Rejection Rates		<5%	5.2%	
Total Microbiology Diagnostic Sample Requests		*TBC	158,457	
Blood Culture - Collected to Incubation SMI <4hrs		<4hrs	68%	
Blood Culture - Received (PHW Laboratory) to Incubation		*TBC	99.7%	
Health Protection			Sep-24	Quality, Safety and Improvement
Compliance to surveillance reporting schedules		90%	98%	
Test and Post (STI self-sampling) – Test Turnaround Times		100%	Oct-24 100%	
Response times by priority - Urgent (<4 hours)		90%	100%	
Response times by priority - High (<24 hours)		90%	100%	
Response times by priority - Medium (<48 hours)		90%	100%	
Research Data & Digital			Quarter 2	Audit & Corporate Governance Knowledge, Research and Information
Number of Major Breaches		0 Major Breaches	0 Breaches	
Number of Minor Breaches		Downward trend of Minor Breaches	0 Breaches	
Percentage of publications without breaches		100%	67%	
Percentage of user follow up to DKR products		100%	20%	
Health & Wellbeing			Oct-24	Knowledge, Research and Information Quality, Safety and Improvement
JUSTB – Number of Schools with 2-day training completed by month (YTD)		35 Schools	6 (8)	
Whole School Approach – Proportion of schools with an Action in Place (All schools)		80%	61.2%	
Whole School Approach – Proportion of schools with an Action in Place (Secondary schools)		100%	88.3%	
Policy and International Health				
Indicators and targets to be developed where applicable				

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

Key: RAG Status

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



# Health Protection and Screening Services



## Screening Services

### Latest activity

Constructive Integrated Quality, Planning & Delivery meeting with Welsh Government (performance meeting) with thanks extended to all for the work on optimisation for bowel screening.

Approval received for decontamination cabinets for breast screening and this method can now be put in place.

BSW is providing bespoke mentorship for aspiring screening Colonoscopies and is working with the NHS Executive to produce a regular Patient Tracking List (PTL) that will help the Health Board tracking and operational teams plan screening capacity more efficiently and effectively.

### Bowel Screening - Colonoscopy within 4 weeks of booking SSP appointment



Timeliness remains below the 90% standard in September 2024.

As of 8 November 2024, the average waiting time for a screening colonoscopy was 6.5 weeks (an improvement on 7 weeks in October). The waiting time ranged from 3 to 9 weeks across the 13 screening centres. In addition to the ongoing monthly service review meetings is the approval of in-source Colonoscopists and demand modelling.



### Breast Screening - Assessment invitations within 3 weeks of screen

This remains below the 90% standard in October 2024.

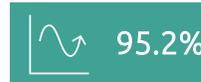
Key steps being taken to improve:



- Saturday Clinics are being booked subject to staffing
- Clinic bookings are optimised to ensure all slots are booked and short notice appointments are offered
- Single handed clinics are taken forward if no surgeon is available to prevent cancellations
- New Radiologist appointed; further Radiologist appointment anticipated in the New Year
- Waiting times for assessment are expected to improve during November and December



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



Timeliness remains above the 90% standard in September 2024.

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

8-week referrals are made following:

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





# In Focus: Breast Test Wales Assessment Waits



## Current Challenges:

Breast Screening Programme has been inviting more than usual numbers to recover the backlog and impact from the pandemic. This peak of activity has not fully completed through the assessment pathway. There are national shortages of skilled clinical staff to undertake reading, arbitration and assessment clinics and this is most marked in North Wales. A joint radiologist post with Betsi Cadwaladr UHB has not been able to secure a suitable applicant following resignation of substantive Radiologist (Llandudno). There is only one substantive Radiologist across BTW in North Wales. One part time Locum consultant in Llandudno and Locum consultant in Wrexham currently on maternity leave. BTW clinical staffing in North Wales mostly training or recently qualified. There is no expected clinical impact of delay to assessment. Women invited for assessment are sent their invitation shortly before their appointment to reduce time they are worried before attending clinic.

## Current Actions

### BTW North

- There are currently 42 Women waiting for assessment in Llandudno, 30 in Wrexham.
- Saturday Clinics are being booked subject to staffing.
- Clinic bookings are optimised to ensure all slots are booked and short notice appointments are offered.
- Single handed clinics are taken forward if no surgeon is available to prevent cancellations.
- The rate of screening in BTW North can be safely reduced slightly which will enable the timeliness of assessment to improve. This will not impact on the 36 month round length target for the region.

### BTW South

- New Radiologist appointed.
- Further Radiologist appointment anticipated in the New Year.
- Waiting times for assessment in BTW Southeast are expected to improve through November and December SPARs.
- Currently no women waiting for assessment.

### BTW West

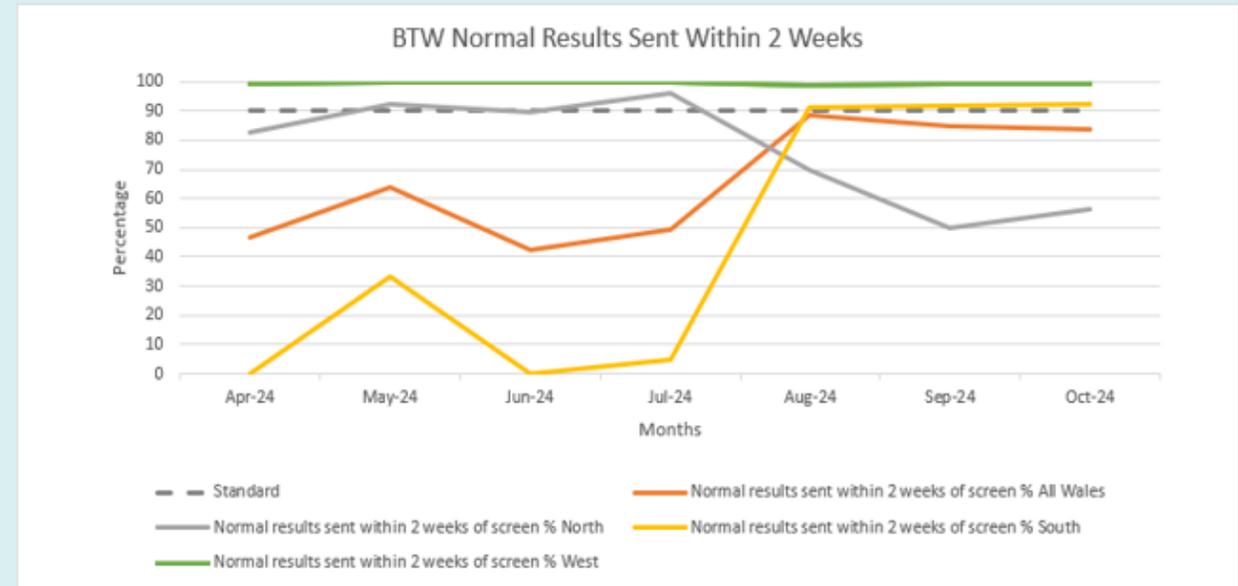
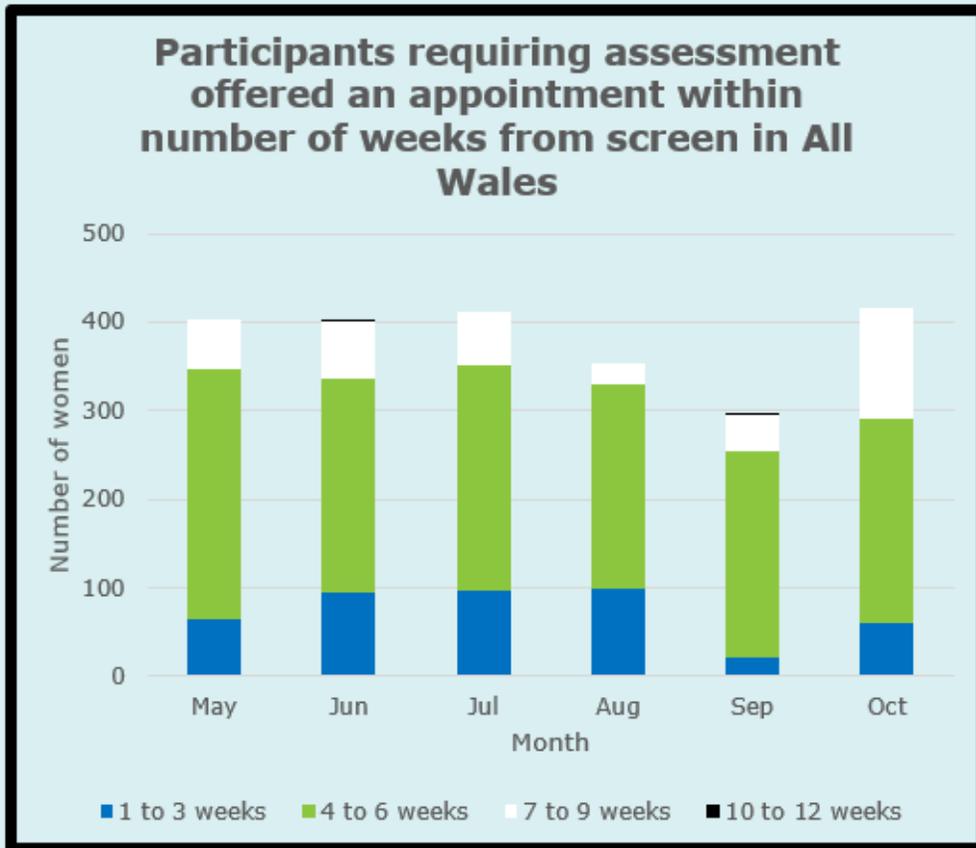
- No current medical vacancy.
- The variation in monthly performance for this region is closely related to medical leave. At time of writing there are no significant concerns with this region.



# In Focus: Breast Test Wales Assessment Waits



## Current Challenges:



**Criteria:** The percentage of women who are sent a normal result within 2 weeks of being screened

**Standard:**  $\geq 90\%$  of normal results sent within 2 weeks of screen



# In Focus: Bowel Screening Wales Colonoscopy Waits



## Current Issues and Challenges:

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

## Impact:

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

## Current Actions:

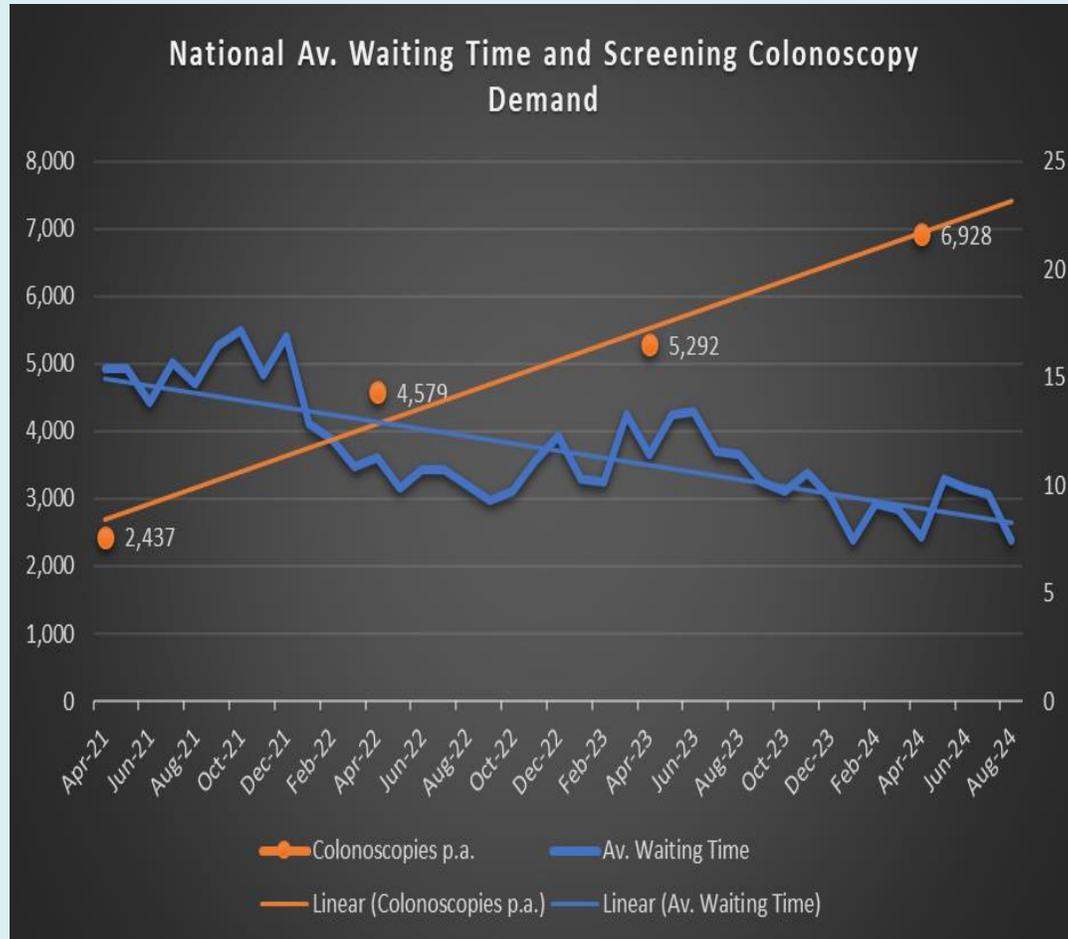
- BSW meets monthly with all the endoscopy teams to discuss screening waiting times and screening capacity
- The screening programme is expanding the pool of accredited Screening Colonoscopists and has increased Specialist Screening Practitioner resource to help meet the screening demand
- BSW works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



# In Focus: Breast Test Wales Assessment Waits



## Current Challenges:



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



# Health Protection and Screening Services



## Screening Services

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



80%



40.5%

To help reduce the backlog screening has continued to be undertaken on Tenovus vans to improve access in areas that venues have been difficult to find. Low Risk Recall still remains above the 80% KPI and the coverage for annual recall remaining steady at 40% for October 2024.

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

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

In terms of uptake, the percentage of eligible participants who have attended a screening invitation was reported in October 24 as 79.5%.



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



100%



100%

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

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



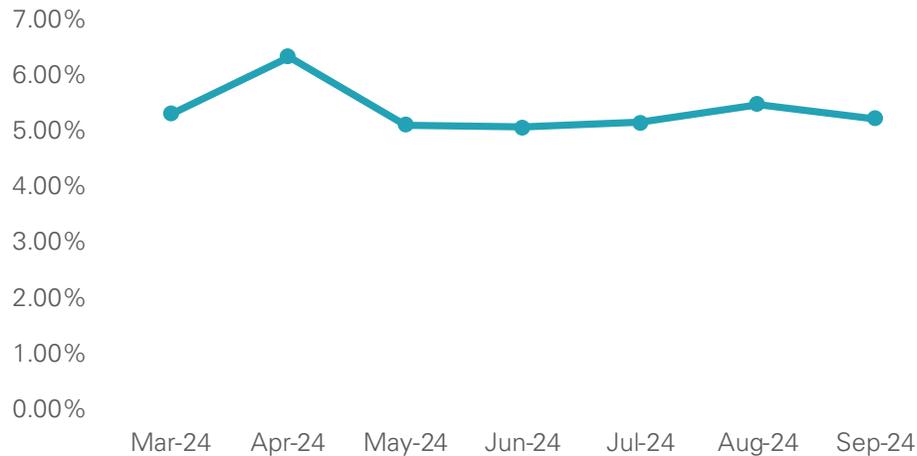


# Health Protection and Screening Services



## Infection Services

### Total Microbiology Rejection Rates



Diagnostic testing rejection rates are 5.22% in September out of 158,457 total sample requests. Samples are rejected in compliance with SOPs to ensure appropriate testing and sample type are tested in line with our UKAS accredited tests. The impact of rejected samples can delay patient results but can prevent incorrect reporting.

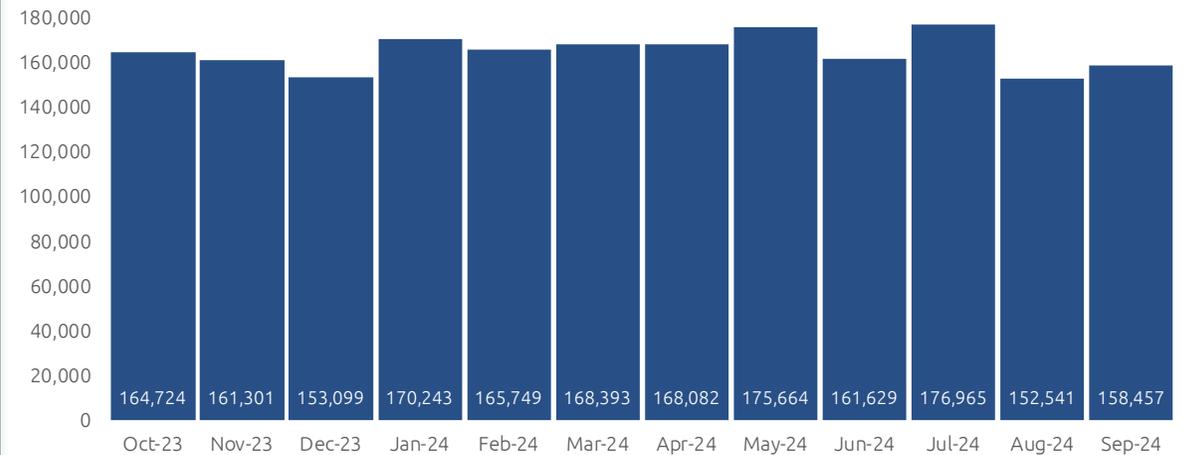
<5%

5.2%

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

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

### Total Microbiology Diagnostic Sample Requests



The total numbers of Microbiology Diagnostic Sample requests has consistently been >150,000 requests per month for the previous 12 months. September 2024 shows an increase from August up to 158,457 requests and fits with the expected decrease in August 2024.

COVID/Respiratory outbreaks remain unpredictable.

We expect to see some fluctuations in request numbers due to factors including –

- Seasonal trends/Summer/Winter
- Outbreaks including respiratory viruses, gastrointestinal pathogens, HAI's

\*Target to be developed

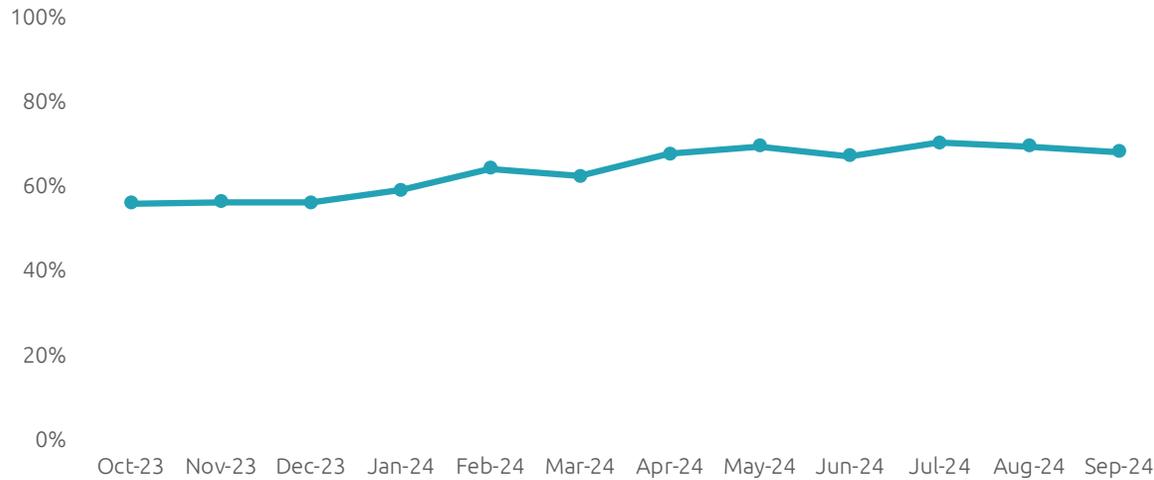


# Health Protection and Screening Services



## Infection Services

### Blood Culture - Collected to Incubation SMI <4hrs

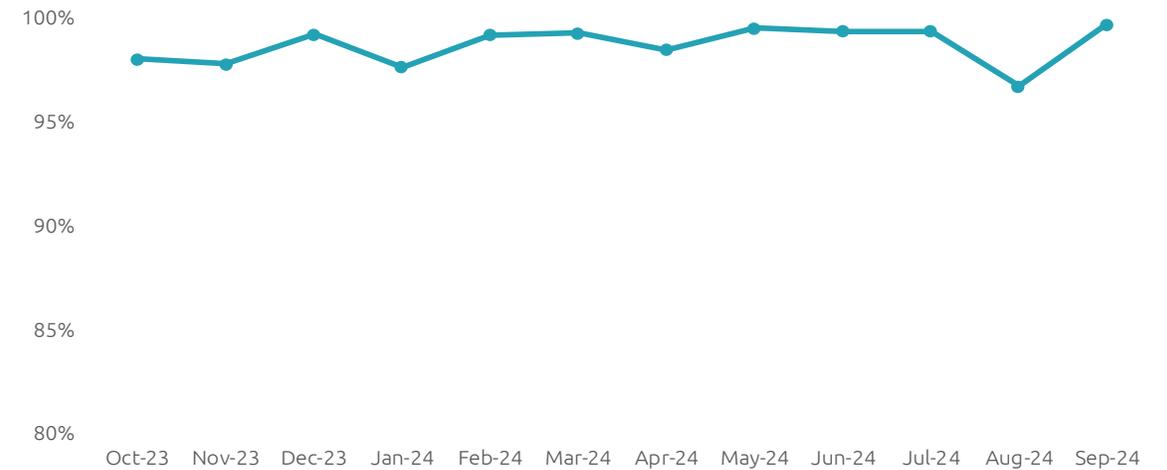


<4 hrs

68%

- Blood cultures are particularly important samples to support the management of sepsis. The 4-hour target from collection to incubation as recommended in the UK Standards for Microbiological Investigations is key to being able to allow accurate and timely clinical diagnosis to prevent sample degradation.
- Performance is impacted by Health Board collection and delivery of samples to the laboratory service and communication continues to improve this.
- Challenges remain between collection time to receipt by PHW and samples with no data. These are caused by 34% of requests showing no time collected data, of which we have little control.

### Blood Culture - Received (PHW Laboratory) to Incubation



\*TBC

99.7%

\*PHW specific target to be developed

- To better analyse PHW's performance contribution towards the 4 hour target we report on timeliness of specimen received by PHW laboratory to incubation onto Blood Culture analysers.
- PHW had steadily improved to 99.7% delivery against the 4-hour target over the past 12 months.
- The SMI states all samples should be incubated within 4hrs of receipt
- The time taken for the sample to get to the laboratory from the ward locations remains the biggest challenge. Internally as the data shows, once received 99.7% of samples are incubated appropriately.



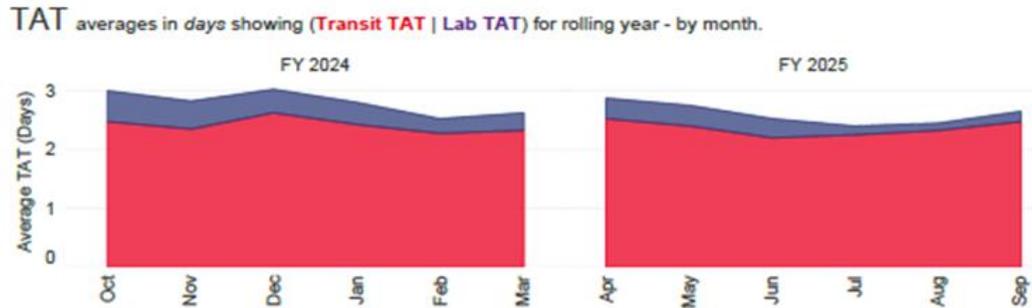
# Health Protection and Screening Services



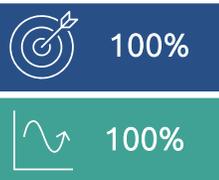
## Health Protection

### Test and Post – STI self-sampling

#### Test Turnaround Times



- Turnaround times for STI testing are important in identifying infection as soon as possible so that it can be treated to prevent damage to the individual's health and onward transmission to partners
- In October 2024, 100% met the 7-day turnaround standard
- 1 requests of 6337 total requests (0.02%) did not meet the 7-day TAT standard
- 6337 total requests equated to 38,786 tests being undertaken

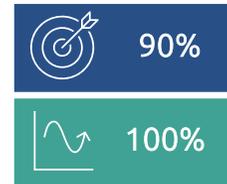


- Actions to improve:
  - Ongoing monthly monitoring – TAT beyond 7 days was result of reflex testing for LGV

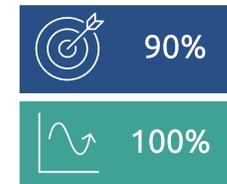
\* N.B. October figures unavailable due to availability of data within required deadlines

### AWARe Response Times by Priority

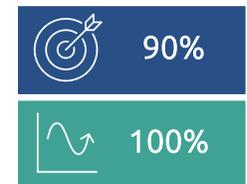
#### Urgent (<4 hours)



#### High (<24 hrs)

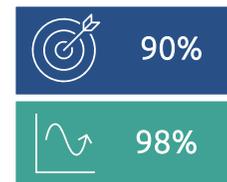


#### Medium (<48 hrs)



- Driven by the expert rules, responding to communicable disease cases within these priority level timescales is an important performance indicator because it ensures the necessary public health actions are initiated in a timely manner
- In October 2024, response time performance currently has exceeded all priority level targets

### Compliance to Surveillance Reporting Schedules (%)



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



# Research Data & Digital - Overview Section



## Statistical and Analytical Publications\* - Quarterly

Quality and compliance with the Code of Practice for Statistics

	2023/24				2024/25			
	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar
Number of publications	4	4	6	4	3	7		
Number of major breaches	0	0	0	0	0	0		
Number of minor breaches	1	1	0	2	1	0		

**Major** breaches are:

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

Any other type of breach is defined as **minor**

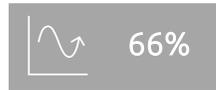
Breaches addressed by:

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

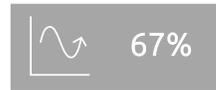
0 Major Breaches

0 Breaches

## Satisfaction and Impact



Of external users rated their experience with us as 7/10 or above (based on data from May 2023, update due Oct 2024; target 100%)



Of external users reported some positive impact of our knowledge and information products on decision (based on data from May 2023, update due Oct 2024; target 100%)



5 of 25 (20%) of RD&D products have had individualised user follow up in 2023/24, up from 0 in 2022/23. RD&D aims to achieve a 100% user follow up rate for its major products going forward as part of the PHW approach to monitoring impact.



## Organisational Research & Evaluation - Quarterly

	2023/24				2024/25			
	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar
No. research grant applications submitted (PHW is Chief Investigator or partner).	4	6	5	8	3	3		
Research grant income to PHW (£)	222k	41k	102k	122k	550k	125K		
No. personal development research awards.	1	0	0	2	0	0		
No. peer reviewed publications (PHW affiliated).	29	21	39	25	28	14		
No. evaluations completed.	1	2	1	1	1	1		



# Policy and International Health



## Informing and Mobilising Partners and Advocating for Action

### The Inverse Care Law - Health Equity webinar

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

In October, the Welsh Health Equity Status Report initiative (WHESRI) team delivered the *Inverse Care Law in Wales: A Way Forward webinar*, hosted by Public Health Network Cymru (PHNC).

- Formed part of the WHESRI initiative to stimulate discussion on 'What works to improve health equity?'
- Highlighted learning from a pilot led by Betsi Cadwaladr University Health Board to kickstart a whole system approach to tackle local health inequalities.
- 58 participants, with highest representation from Health Boards.

#### Feedback: The Inverse Care Law webinar

- "Really informative and great to hear the impactful and innovative work being done across Wales"
- "...this was really powerful"

#### Next steps to impact - WHESRI

#### Advocating for action to improve and protect health and reduce health inequalities

- WHESRI team working closely with Welsh Government to develop an approach which highlights key actions the NHS can take on health inequalities and the wider system.

### Launch of Consultations Hub

- **Strategic Priority:** Enabling the delivery of our strategy

[Consultations Hub](#) launched in September aims to:

- Enable policy advocacy across Public Health Wales through coordination of consultation responses
- Promote quality and strategic alignment of consultation responses, and support co-production across teams where required
- Collate data on submissions to inform performance measures

#### Our impact: Welsh Government's Child Poverty Strategy

- Effective coordination of PHW's consultation response to Welsh Government's updated Child Poverty Strategy (2024)
  - Increased focus on impact of child poverty on health inequalities and importance of first 1,000 days in the Child Poverty Strategy
  - Development of meaningful relationships with Welsh Government poverty team
  - Supporting Welsh Government with activities to better implement the Child Poverty Strategy
  - PHW invited to sit on the Expert Reference Group to develop the Child Poverty Strategy Framework



# Policy and International Health



## Informing and Mobilising Partners and Advocating for Action

### Prevention of violence and adverse childhood experiences (ACEs)

- **Strategic Priority:** Promoting mental and social wellbeing

Internationally recognised programme including:

- National ACEs surveys.
- Economic modelling of costs of ACEs to health.
- Systematic evidence reviews of what works to prevent ACEs and violence.

Long-standing collaboration with World Health Organization (WHO) violence prevention teams including co-production of a State-of-the-Art report on tackling ACEs and publication of handbook for professionals and organisations.

**Our impact:** Mobilising our evidence to prevent ACEs and violence

- **Over 200 citations** including Welsh Government's NHS in 10+ years and the Home Office's *National Statement of Expectations for commissioning Violence against Women and Girls services*.
- **Informing and mobilising professionals and organisations** with guidance on implementing prevention, building resilience, and developing trauma-informed organisations, sectors and systems.
- **Supporting international policy and programmes** e.g., United Nations Convention on the Rights of the Child and attainment of Sustainable Development Goals (SDGs).

**Our impact:** Safety 2024 world conference, September 2024

Specialist Projects Team and Public Health Collaborating Unit colleagues attended Safety 2024, the 15th World Conference on Injury Prevention and Safety Promotion, co-hosted by the WHO.

- **Invited member** of a State-of-the-Art panel on violence prevention, demonstrating international profile
- **Mobilising knowledge** with international experts to advocate for action to prevent violence
- **Advancing global safety promotion** and promoting equitable and sustainable strategies for violence prevention

**Next steps to impact**

**Mobilising partners and advocating for action**

- Presenting Public Health Wales evidence at Alcohol Action Ireland's (AAI) *End the Silence 2024* and the Lancet's UK *Public Health Science* Conference

**Supporting implementation** of WHO's global INSPIRE package and **supporting nations** to achieve the sustainable development goal target of ending all violence against children.

- Forthcoming publication and dissemination of co-produced social determinants framework for preventing violence against children



# Policy and International Health



## Informing and Mobilising Partners and Advocating for Action

### Engaging Men and Boys in Violence Prevention Toolkit

- **Strategic Priority:** Promoting mental and social wellbeing

Toolkit builds on the [Wales Without Violence Framework](#) and brings together academic evidence and professional expertise to support the development of inclusive, accessible and engaging programmes for men and boys.

**Our impact:** Enabling a public health approach to violence prevention

- **Informing prevention and early intervention** work in the perpetrator and public space gender-based harassment work-streams of the Violence Against Women, Domestic Abuse and Sexual Violence (VAWDASV) Blueprint to shape deliverables.
- **Informing and mobilising professionals, policy leads and practitioners** to prioritise prevention and early intervention in their work to deliver the VAWDASV Plan and Serious Violence Duty by focusing on root cause with a practical tool that is the first of its kind.
- **Advocating for, and supporting organisations** in Wales, devolved and non-devolved to embed a public health approach to primary violence prevention, and take practical action to meet requirements of Welsh and UK legislation including to tackle misogyny in anticipation of legislation to make misogyny a hate crime and an act of extremism.

### Mobilising our resources - Reach of the Toolkit

Toolkit signposted on South Wales Police intranet and shared to external networks by

- VAWDASV Blueprint
- Older People's Commissioners Office
- Safer Communities Network

### Next steps to impact

#### Mobilising partners and advocating for action on the prevention of VAWDASV

- **Integrating learning** into the VAWDASV Blueprint's approach to engaging men and boys in VAWDASV prevention to ensure there are practical ways to implement interventions in the primary prevention space
- **Exchanging knowledge** with international partners to develop shared wisdom on what works to prevent violence and embedding a public health approach
- **Supporting pan-Wales knowledge sharing and learning** through an event to highlight best practice in line with Toolkit recommendations to ensure scale up of what works to a national level
- **Supporting local partnerships** to embed learning from the Toolkit into violence prevention strategies as part of VAWDASV work and Serious Violence Duty commitments to support meeting the requirements placed on them by the duty to prevent violence in their area

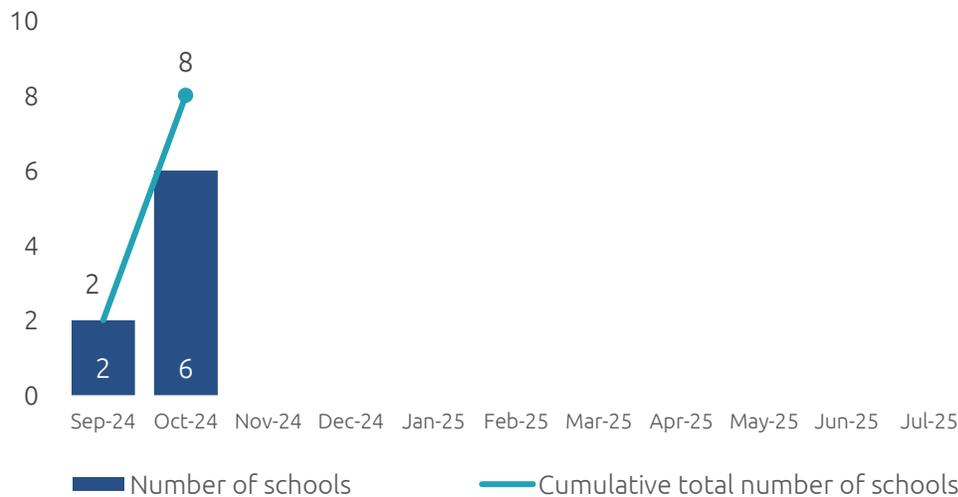


# Health and Wellbeing



## JUSTB / BYW BYWYD

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



Number of Just B Ambassadors trained by month for academic year 2024-24 (Year to date)



- JUSTB/BYW BYWYD is an evidence based smoking prevention programme that utilises peer influence and networks to disseminate smoke free norms.
- The programme is delivered to Year 8 pupils in secondary schools with the highest smoking rates.
- The new academic school year has planned to progress to normal delivery levels of 40-50 schools. Recruitment is challenging with schools perceiving smoking to be less of an issue than vaping. We are working with Directors of Public Health to secure their support in local recruitment.

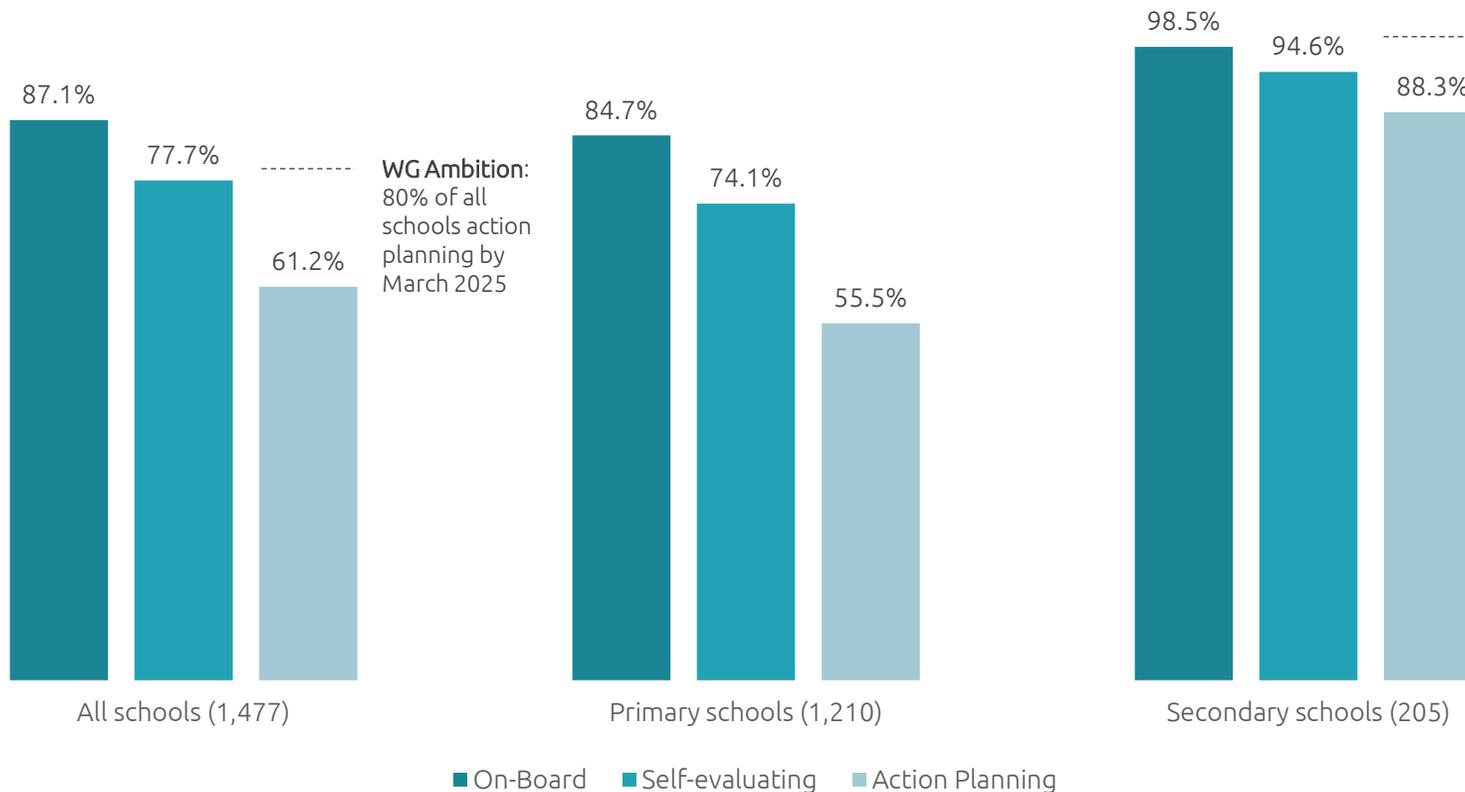


# Health and Wellbeing



## Whole School Approach to Emotional and Mental Wellbeing

Proportion of schools 'on-board', self-evaluating, or action planning as part of their Whole-School Approach to Emotional and Mental Well-being (Date: 02/10/24)



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

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

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

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

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

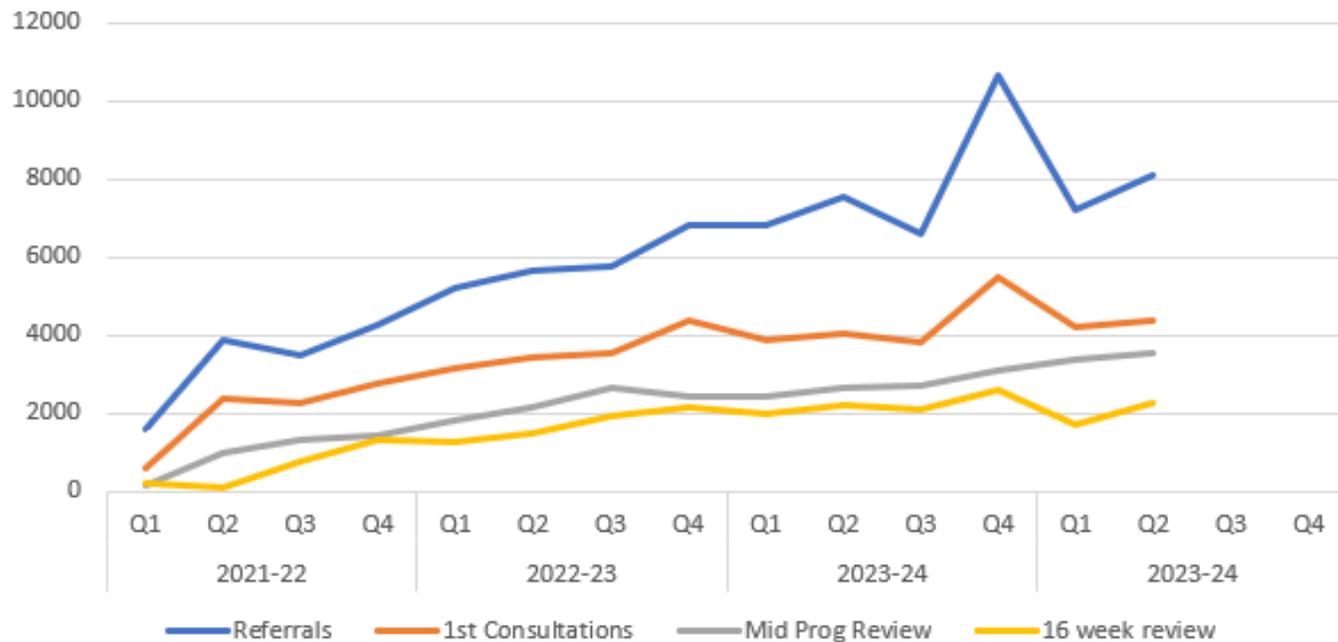


# Health and Wellbeing



## National Exercise Referral Programme

All Wales (NERS) Reporting 2021-2024



- The National Exercise Referral Programme (NERS) is delivered by Local Authority Leisure Services and Leisure Trusts across Wales in each of the 22 areas.
- The data shows the total no. referrals to the NERS Programme over time (per quarter) and over a specific time period, no. 1st consultations held, no. mid programme reviews held and no. 16 week reviews/completers programme.
- Please note that each of the measures reflects a different population group and should not be compared with each other.
- As part of the improvement programme a new data system has been implemented and as this is embedded additional outcome data will become more routinely available.
- The drop in referrals seen in Q3 of 2023-24, followed by a peak in Q4, is due to a delay in processing of referrals when switching to the new electronic referral system (HIPAS) at this time.



# Health and Wellbeing



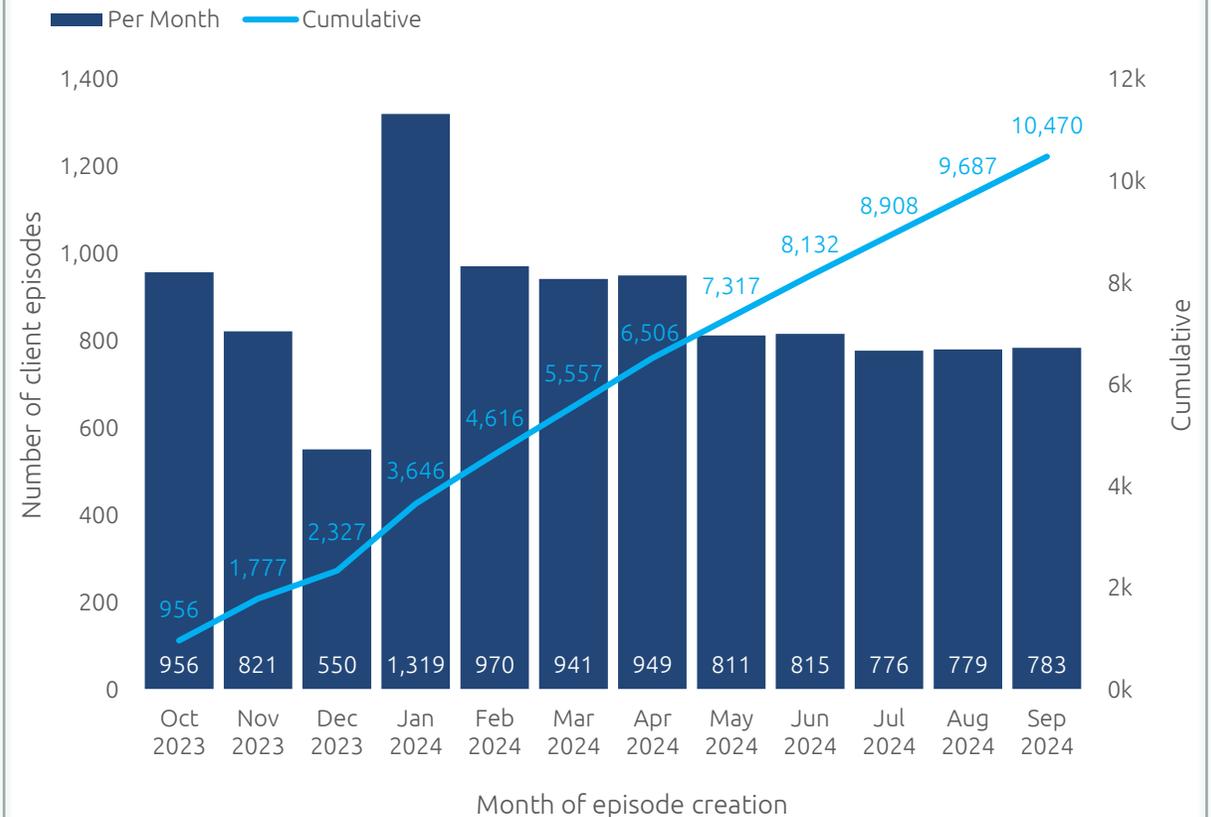
## Help Me Quit

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

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

The National Telephone Support Service provides additional capacity to support local service delivery and has supported 516 smokers in the 12 months to the end of September achieving 4 week quit rates (self-reported) in excess of the national target of 35%.

Number of client episodes created by the Hub



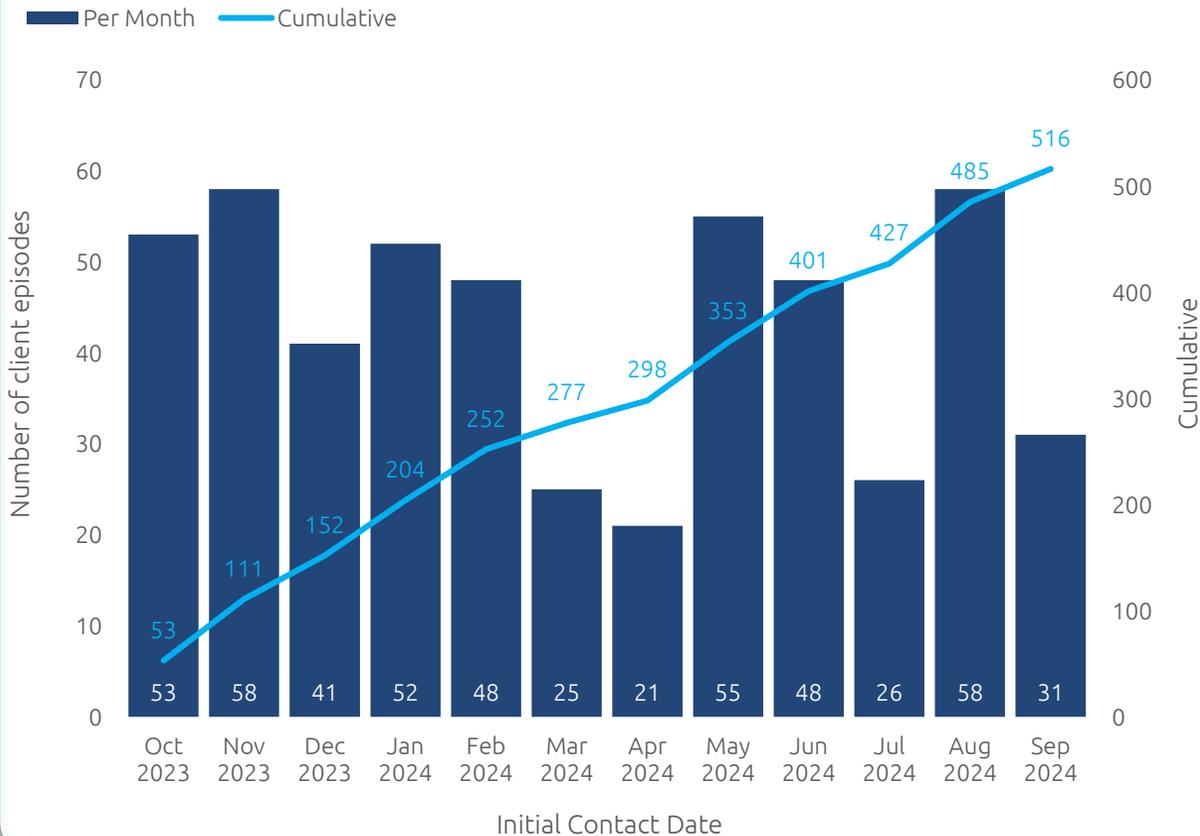


# Health and Wellbeing

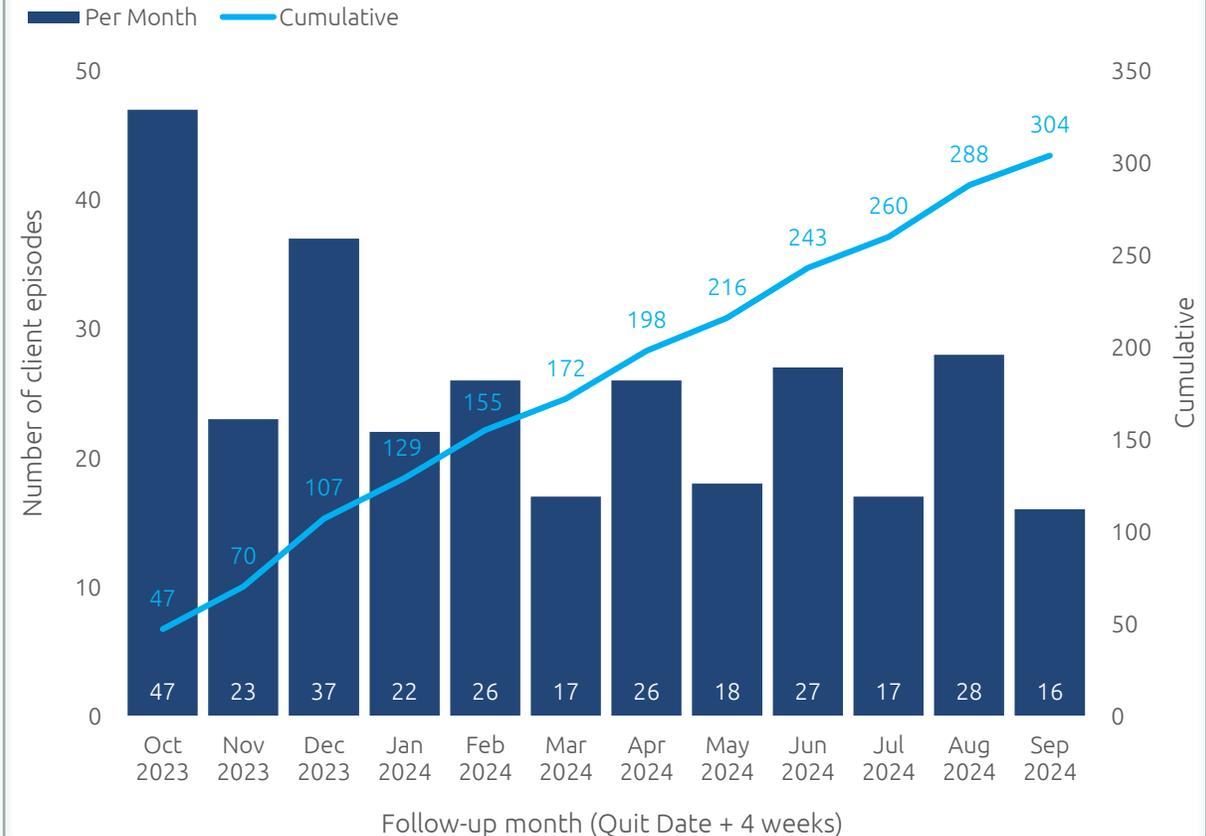


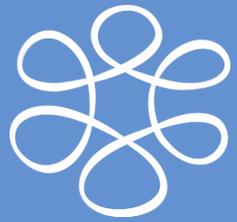
## Help Me Quit

Number of clients who attend an assessment session (NTSS)



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





**Section 3**  
**Strategy Delivery**





# Key Performance Indicator Summary



Strategic Plan	In Focus	Target	Oct-24	Committee
Strategic Plan – Percentage of milestones currently green or complete		N/A	<b>87.9%</b>	Board
Strategic Plan – Percentage of milestones currently red		N/A	<b>5.0%</b>	
Request for Change (RFC) – Number of milestones submitted for approval		N/A	<b>13</b>	
Strategic Priority 1 – Wider determinants		N/A	<b>77.8%</b>	
Strategic Priority 2 – Promoting mental and social wellbeing		N/A	<b>100%</b>	
Strategic Priority 3 – Promoting healthy behaviours		N/A	<b>66.7%</b>	
Strategic Priority 4 – Sustainable health and care system		N/A	<b>95.3%</b>	
Strategic Priority 5 – Excellent public health services		N/A	<b>81.4%</b>	
Strategic Priority 6 – Climate change		N/A	<b>100%</b>	
Strategic Change Programmes – Percentage of milestones currently green/amber		N/A	<b>77.8%</b>	
Strategic Change Programmes – Percentage of milestones currently red		N/A	<b>0%</b>	



# Strategic Plan Milestone Delivery



## Strategic Priority Delivery Status

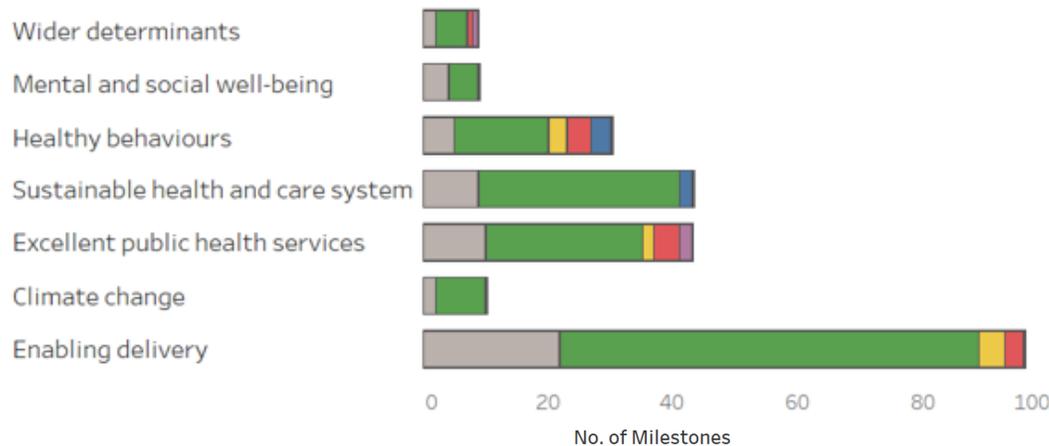


## Request for Change

A total of 13 RFCs have been approved this month.



## By Strategic Priority



As of October 2024, a total of 54 milestones have been completed. Key milestones completed within this period include establishment of the Hapus Delivery Network, implementation of development proposal for the hot lab future service model, extension to Newborn Hearing Screening Wales testing and the successful delivery of the staff conference. The majority of remaining milestones (86%) are reporting Green reflecting good progress in delivering our plan.

The 20 milestones reporting as amber or red are mainly within our Healthy behaviours, Excellent Public Health Services and Enabling Delivery priorities. Issues identified largely relate to external dependencies and internal re-prioritisation.

13 RFCs have been submitted this month, which is above the average of 7 per month. Health & Wellbeing Directorate (HWB) has undertaken a re-planning exercise to align with the draft route maps and along with increased demands to respond to Welsh Government priorities. This has resulted in the submission of 6 RFC's, including 4 requests to suspend milestones.

An overview of the impact of in-year plan changes is provided in the In Focus section of this month's report.



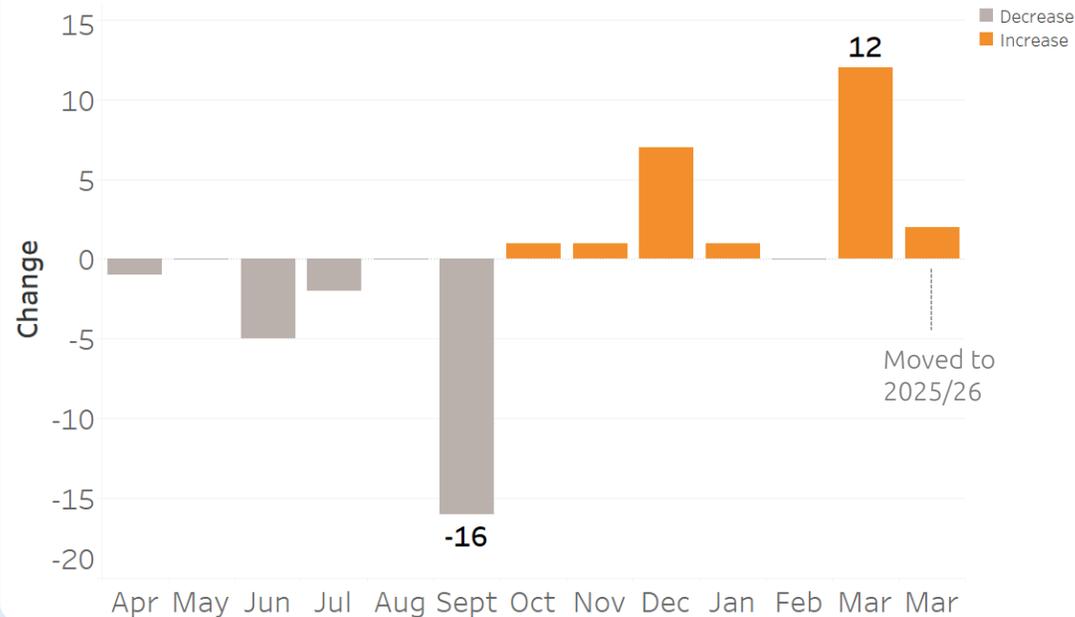
# In Focus: IMTP 2024/25 – Changes to Baseline Plan



## In-Year Changes

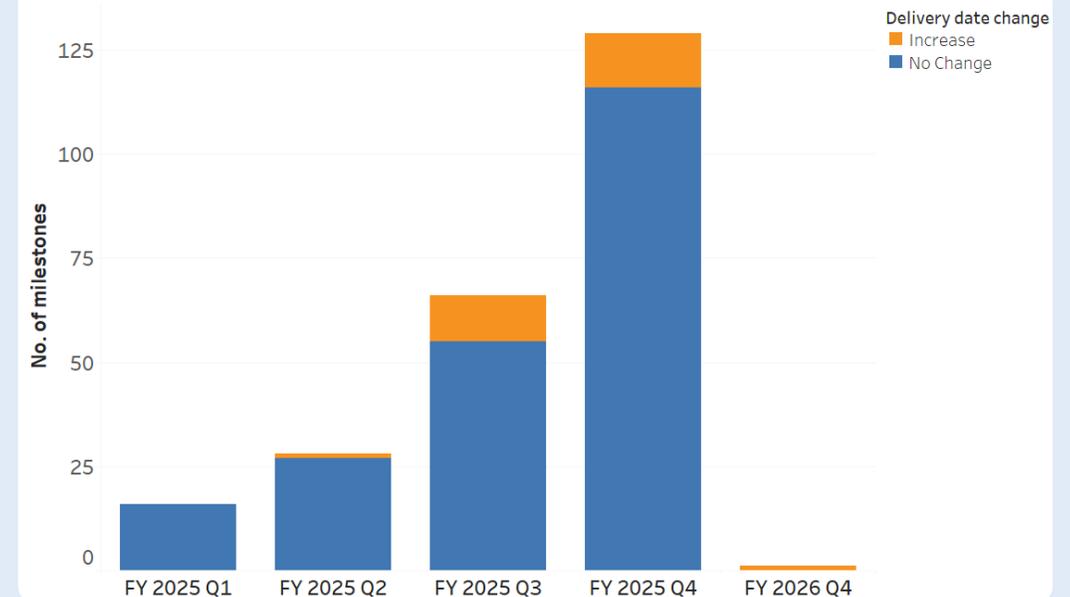
There have been 48 requests for change in the year to-date, which has impacted 20% of milestones. Most of these changes are to extend the delivery date, which has resulted in a shift of milestones completion dates to later in the year. Figure 1 below shows the move of milestones from original due dates (grey) to revised due dates (orange).

Figure 1: Movement of Delivery Dates



In-year changes have resulted in an increased number of milestones being delivered in quarters 3 and 4. The main reasons for these changes are external dependencies and internal re-prioritisation. Figure 2 shows the total number of milestones remaining for delivery in 2024/25, with the orange sections highlighting where milestone delivery has increased.

Figure 2: Impact of Overall Profile



Delivery confidence remains high for most milestones, which are currently reporting green. Discussions have taken place as part of our mid year directorates reviews to provide additional assurance on delivery by the end of March.



# Strategic Plan Milestone Delivery



## Strategic Priority 1 – Wider determinants

### Current Delivery Status



### By Directorate



### Changes to Plan



### Strategic Priority Overview

- Strengthening work across organisation on child poverty and with Welsh Government team
- Looking to establish future coordination arrangements as route map comes to completion
- One milestone request for closure to focus on early support for route map

### 2025 Route Map Development

- Continued cross organisational engagement on route map – testing and considering infrastructure required
- Overarching challenge on poverty – refining to prioritise child poverty
- Refining themes and steps

### Issues/Risks

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

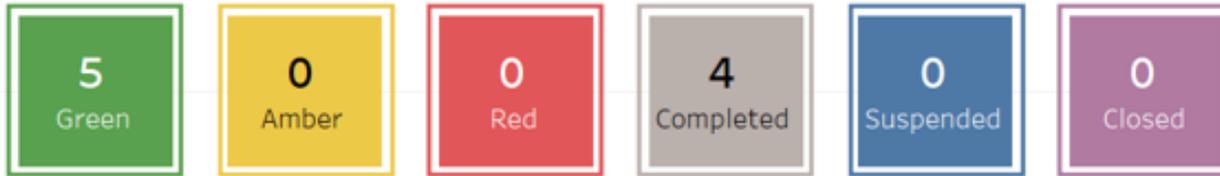


# Strategic Plan Milestone Delivery

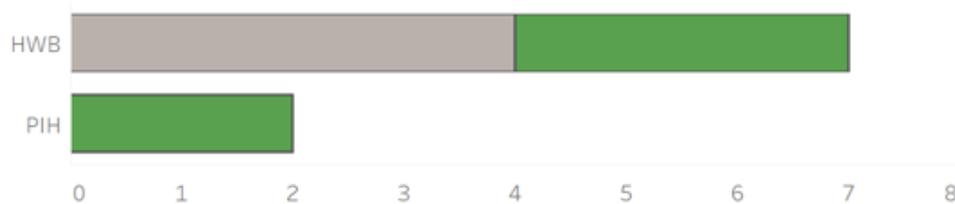


## Strategic Priority 2 – Promoting mental and social wellbeing

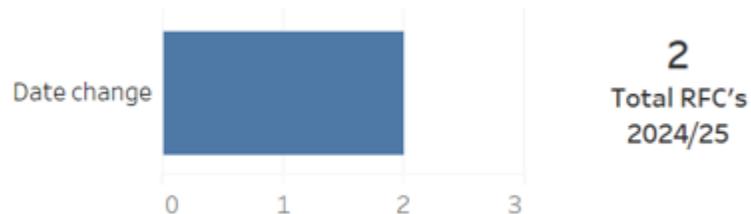
### Current Delivery Status



### By Directorate



### Changes to Plan



### Strategic Priority Overview

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

### 2025 Route Map Development

- Progress continues in relation to the route map milestones, a series of strategic themes have been identified and milestones are being mapped across IMTP cycles.

### Issues/Risks

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



# Strategic Plan Milestone Delivery



## Strategic Priority 3 – Promoting healthy behaviours

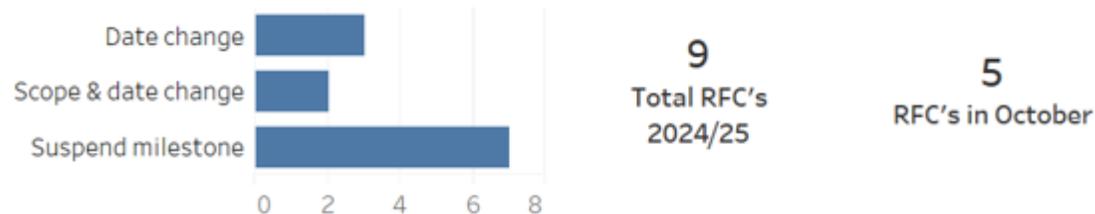
### Current Delivery Status



### By Directorate



### Changes to Plan



### Strategic Priority Overview

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

### 2025 Route Map Development

- Reviewing key actions identified to deliver SP3 based on feedback from SBET, milestones across IMTP phases in development
- Cross organisational work on Commercial Determinants ongoing, draft report from Stirling expected shortly which will form the basis of a strategic programme of work

### Issues/Risks

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



# Strategic Plan Milestone Delivery



## Strategic Priority 4 - Sustainable health and care system

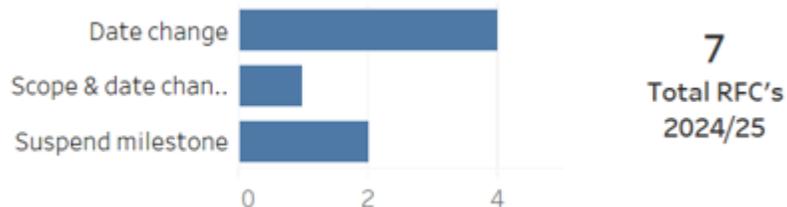
### Current Delivery Status



### By Directorate



### Changes to Plan



### Strategic Priority Overview

- National Safeguarding Week is taking place from 11-15 November across Public Health Wales with a programme of learning opportunities highlighting that safeguarding is everyone's responsibility
- All Wales Diabetes Prevention Programme (AWDPP) national reports due to be published on World Diabetes Day on 14th November – Year Two Activity Report, Equity Tool and Patient Reported Experience Measures (PREM) report
- Work to develop the national approach to Population Healthcare and Integrated Health and Care to be presented to Strategic Business Executive team on 13th November
- Two reports were published in October, detailing two national oral health improvement programmes overseen by the Dental Public Health team [Designed to Smile](#) and [Gwên am Byth Programme](#)

### 2025 Route Map Development

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

### Issues/Risks

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



# Strategic Plan Milestone Delivery

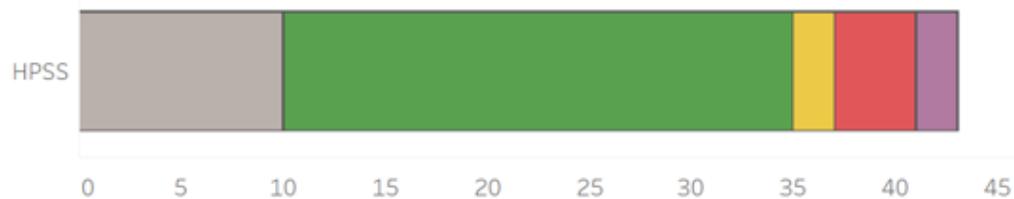


## Strategic Priority 5 – Excellent public health services

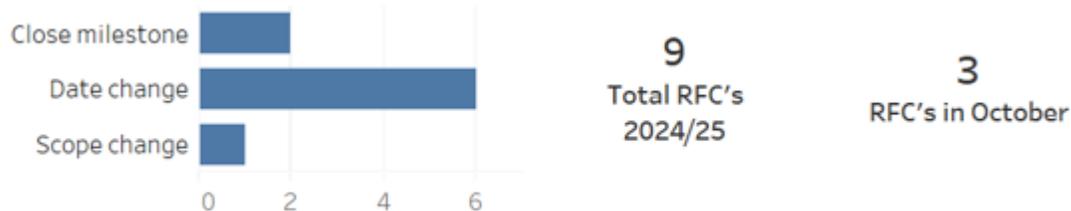
### Current Delivery Status



### By Directorate



### Changes to Plan



### Strategic Priority Overview

- Refreshed governance with oversight through the Quality Oversight Group agreed which will align the priority to the requirements in the Duty of Quality.
- Good progress made on developing revised strategic objectives using STEEEP to support cross-division/directorate working

### 2025 Route Map Development

- Excellent cross organisation engagement via face to face and virtual workshops, the outputs of which are being crafted into draft revised strategic objectives and route maps
- Additional resource identified to support ongoing development and refinement
- Key challenges and opportunities being identified which are common to multiple services should facilitate collaboration

### Issues/Risks

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



# Strategic Plan Milestone Delivery

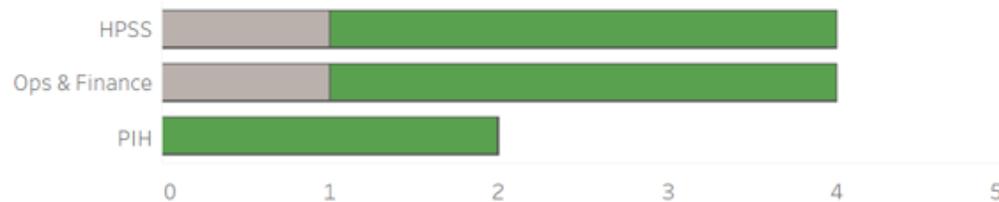


## Strategic Priority 6 – Climate change

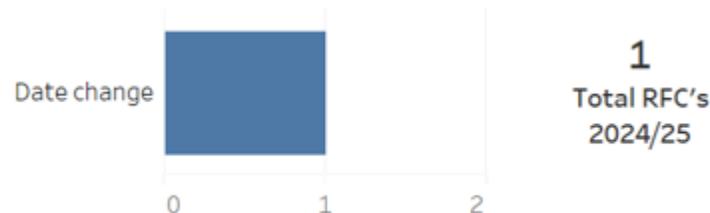
### Current Delivery Status



### By Directorate



### Changes to Plan



### Strategic Priority Overview

- PHW hosted a session on the public health impacts of climate change at Wales Climate Week
- Developed important links with ONS Climate and Global Health epidemiologists. Further partnership development underway to identify areas of collaboration
- Biodiversity Action Plan 2024-2027 was approved at BET
- Working to bring back the popular staff wellbeing programme 'veg on the ledge' at CQ2
- Strategic lead attending COP29 as a virtual participant on behalf of the Faculty of Public Health

### 2025 Route Map Development

- Climate Change Programme Board recently reviewed an updated version of the route map, on target to meet deadlines

### Issues/Risks

- Lack of job profiles for climate related roles remains a concern that is impacting recruitment.



# Strategic Change Programmes



## Strategic Change Programmes Overview

A high-level summary of latest DCA status for Tier 1 & 2 programmes, as of October 2024, is provided below. A number of the Programmes have changed DCA this month, a summary of key changes is provided below.



## Key Information

**Health Protection Systems Development** the status moves from Green to Amber due to the Programme Board's decision to shift from an open-source to a bespoke solution for cost and benefit reasons. A Full Business Case is being drafted to reflect this change, and a contract extension for the current Alpha phase may be needed to complete all deliverables.

**Newborn Screening Re-platforming** status moves from Amber to Amber-Red due to procurement delays, but assurance is given that contract award and approval are imminent, and delivery remains achievable in-year.

**Tackling Diabetes Together Programme** moves from Green/ Amber to Amber owing to a delay in developing workstream plans. An updated plan will be taken Programme Board on the 19th December.

The **National Targeted Lung Cancer Screening Business case** status moves from Green to Green-Amber due to the project team fixed-term funding ending in March 2025, impacting continuity. Ongoing discussions internally and with Welsh Government are focused on securing longer-term funding.

The **Web Transformation programme** remains Green. Following BET approval of the Outline Business Case, Empeyan Digital have been appointed through the CCS G-Cloud Framework to deliver the remainder of the programme. The Beta phase is now underway.

An independent assurance review of the **DESW programme** has recently been undertaken by the Strategy and Planning Division. The report and recommendations are currently being reviewed by the SRO for sign-off.

## Programme Detail

Programme Name	Aug	Sept	Oct
1 Diabetic Eye Screening Transformation Programme	G	G	G
	G	G	G
	G	G	G/A
	G/A	G/A	A
	G/A	G/A	A
2 Health Protection Systems Development	G	G	A
	A	A	A/R
	G	G	G
	G/A	G	G



GIG  
CYMRU  
NHS  
WALES

Iechyd Cyhoeddus  
Cymru  
Public Health  
Wales

*Gweithio gyda'n gilydd  
i greu Cymru iachach*

**Working together  
for a healthier Wales**