



PERFORMANCE AND ASSURANCE REPORT

April 2021

Report authors:

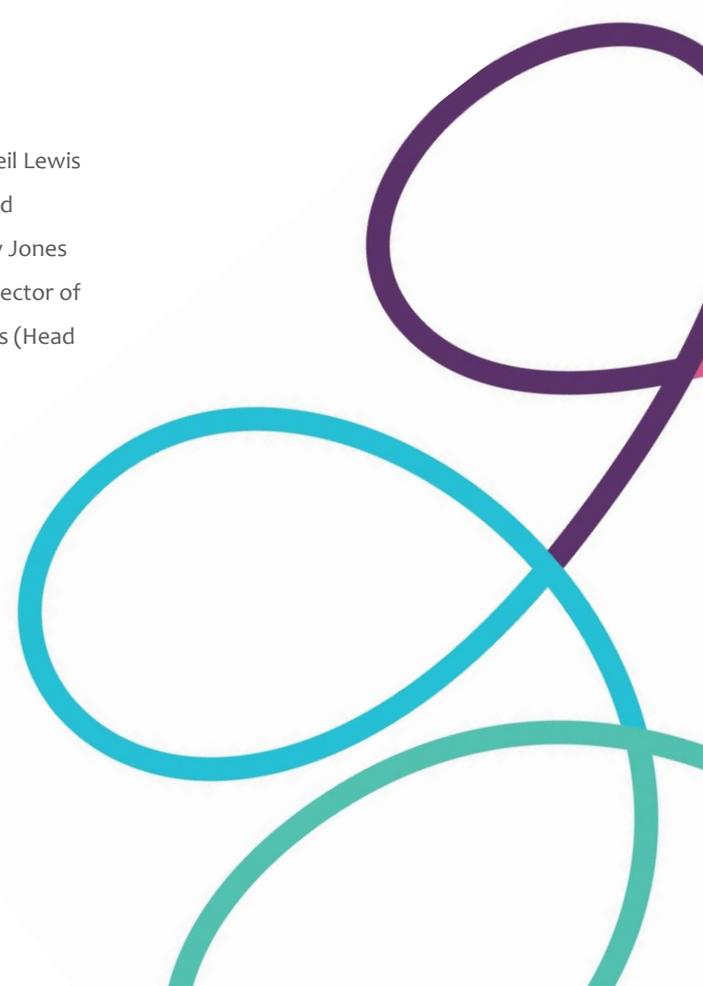
Huw George (Deputy Chief Executive and Director of Operations & Finance); Neil Lewis (Director of People and Organisation Development); Rhiannon Beaumont-Wood (Executive Director of Quality Nursing and Allied Health Professionals); Andrew Jones (Interim Executive Director of Public Health Services; Angela Fisher (Deputy Director of Finance); Sally Attwood (Deputy Director of Operations & Finance), Ioan Francis (Head of Performance)

Version: v1b



GIG
CYMRU
NHS
WALES

Iechyd Cyhoeddus
Cymru
Public Health
Wales



1. Executive Summary

The Performance and Assurance Dashboard highlights the latest available performance across a number of key areas within the organisation in an interactive format.

Launched in April 2021, version 3 of the Performance and Assurance Dashboard sees the iterative development of additional interactive dashboards for key areas of organisational performance. This includes:

- Staff COVID-19 Vaccination dashboard (enhancements)
- Cervical Screening dashboard; and
- Bowel Screening dashboard

The dashboard and this supporting narrative gives the Executive Team and Board timely and robust performance information to provide assurance during our enhanced response to the COVID-19 pandemic. This executive summary shows the key areas identified from latest available data to help stimulate discussion and inform decision making.

The interactive performance dashboard can be accessed via the following link:

[Performance and Assurance Dashboard](#)

Workforce

Latest data shows that there were 9 members of staff recorded as absent from work for reasons related to COVID-19 and is the lowest level reported during the pandemic. This overall decline in the number of staff recorded as absent is in line with the reduction in case numbers being reported across Wales. The monthly sickness absence rate remained static over the latest period at 3.1% which is in line with the 12-month rolling average rate and continues to achieve the national target. 'Anxiety/stress/depression/other psychiatric illnesses' remain the most frequently recorded sickness absence reasons (1,847 FTE days lost in Quarter 4). The People & OD Team are delivering remote training sessions twice monthly on the Managing Attendance at Work policy to provide managers with the skills and knowledge to appropriately support team members during periods of sickness absence. The team are also monitoring the uptake of well-being support services including Occupational Health and Care First.

My Contribution appraisals taking place has fallen again this month, currently at 68.85% against the Welsh Government target of 85%. A brief to support year-end discussions was developed and communicated in February 2021, and will be emphasised further in an in-development Reflection and Reconnection toolkit. All managers were given a cascade objective of 90% compliance in September 2021, and exception reports have been requested from all directorates below target.

With the conclusion of the 2020/21 reporting year, it was agreed that both the People Support Plus Dashboard and the Call Centre Dashboard were to be removed from the PAD. Both dashboards have helped provide assurances regarding our Covid-19 response over

the past 12 months, however, no longer require executive review. The People Support Plus dashboard will be utilised at an operational level to improve our services.

Finance

The cumulative reported position at month 1 is a net surplus of £20k, and currently anticipating a breakeven position. Performance for our Public Sector Payment Policy is strong in month 1 at 95% and is achieving the statutory target.

As per our financial plan and budgetary control framework 2021/22 we will continue to remove in month pay underspends from Directorate positions and review non-pay spending plans of Directorates and redirect resources as required to deal with the ongoing impact of COVID-19. Budgets associated with pay underspends have not been re-directed for month 1 but will be removed from month 2.

Further detailed information on Public Health Wales' month 1 position can be found in the accompanying paper entitled *2021/22 Overview of Financial Performance*. The content of this report is reflected in the Director of Finance commentary that was submitted to Welsh Government on 14 May 2021 as part of the full financial monitoring return for month 1.

Operational Plan

The Operational Plan for 2021/22 went live in April 2021, with 86% of milestones rated as Green, 6% Complete and 8% as Amber or Red. Both Red milestones sit within the Priority Area, *Enabling Recovery* and relate to the Quality and Improvement Strategy as well as the Digital Strategy. It is expected that both will now be delivered at a rescheduled date.

Staff COVID-19 Vaccination Dashboard

Latest available data as at 9 May 2021 shows that 1,891 current Public Health Wales employees (up from 1,586 on 11 April) have been given their first dose (from 71% to 84% of our workforce) and 1,097 employees (up from 975) are now fully vaccinated (from 44% to 49%). 875 front-line workers (up from 865) have been given their first dose (from 90% to 91%), with 812 front-line workers (up from 770) now fully vaccinated (from 80% to 85%). These figures do not include all staff who have been vaccinated in England but work continues with the aim of including these vaccinations into WIS. Further detailed information including the recent addition of staff not vaccinated by age group and uptake levels by division can be viewed in the online interactive dashboard.

Key services

Latest performance across our screening programmes remains positive with several indicators showing sustained or improved performance. However, as previously reported, challenges remain in some areas as a result of the pausing of services due to the pandemic. Due to the nature of these indicators, recovery will inevitably take longer due to backlogs and work continues to expedite improvements across our services through recovery planning and robust monitoring of performance. During the latest reporting period, notable achievements were evident for our newborn screening programmes with all reported indicators exceeding respective national standards.

Microbiology External Quality Assessment performance remained positive for all reported indicators over the latest quarter and are above or within 10% of operational targets. Year end performance for turnaround time compliance for urgent samples (Bacteriology/

Virology) saw an improvement from 92.5% in 2019/20 to 95% in 2020/21. Issues remain with the upgrade to the 'DeepSee 2' system which has affected the team's ability to access accurate information and report quarterly turnaround times for the second quarter in succession. The issue has been escalated to Digital Health and Care Wales who are continuing to work on a resolution.

Latest healthcare associated infection figures continued to show a general increase in all-Wales HCAI rates across the majority of reported indicators during April 2021. While all-Wales C. difficile and Staph Aureus bacteraemia saw modest increases, E. Coli bacteraemia and P. aeruginosa bacteraemia both saw greater increases in all-Wales rates.

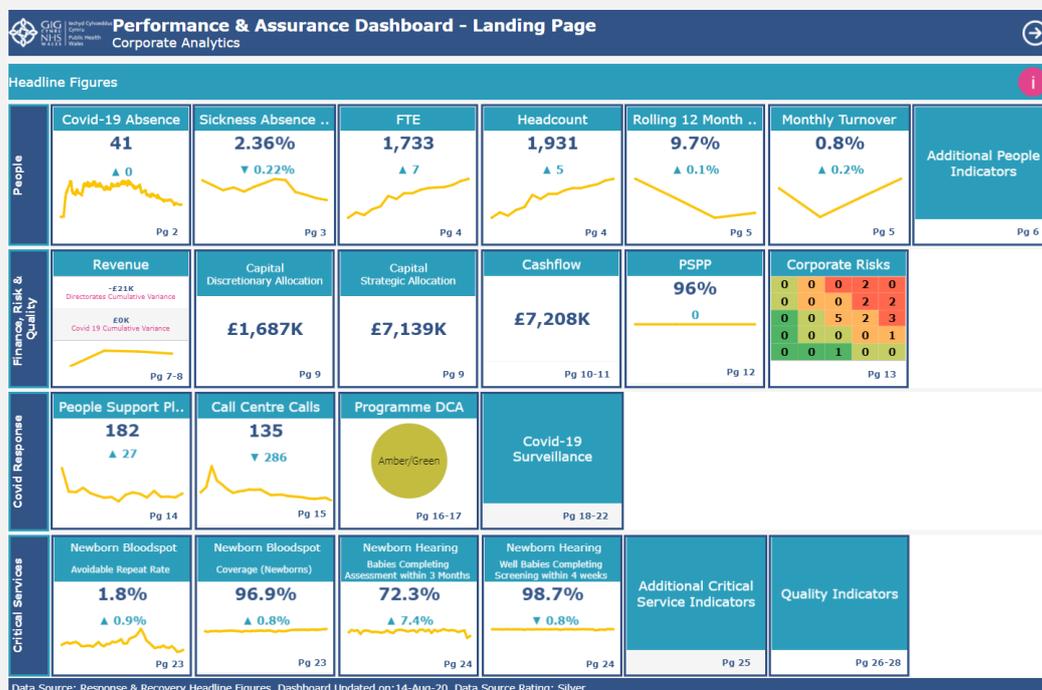
2. Introduction

This report provides a summary of key information including performance highlights, trends and issues and should be read in conjunction with our new Performance and Assurance

The Performance and Assurance Dashboard can be accessed via the following link:

[Performance and Assurance Dashboard](#)

By accessing the interactive dashboard, the user is taken to a performance 'landing page' which highlights a summary of performance data across each area. Users can choose to interact with the data by navigating to a specific topic area by selecting the appropriate 'tile' of choice.



Assurance Dashboard which provides a summary of key information including performance highlights, trends and issues. The Performance and Assurance Report replaces our existing Integrated Performance Report.

Please note that in light of significant organisational wide support being provided to the COVID-19 response, some performance-related information remains unavailable at the time of reporting.

It is intended that the Performance and Assurance Dashboard will continue to be iteratively developed further over the coming months, in line with our organisational plan for recovery, and will reflect further areas of performance as our services are reactivated.

In developing our Performance and Assurance Dashboard, we have worked to recognised quality standards. Each data sources used to create one of our interactive dashboards is assessed and given a rating (Gold, Silver, Bronze). This is detailed at the bottom of each dashboard, along with the specific data source and when the information was extracted. Any data source that does not meet the standard is not included until improvement have been made.

The dashboards have been developed to recognised Alteryx and Tableau (our business intelligence tools) standards. This relates to not only how we have visualised the information provided but also in terms of the data flows that sit behind each dashboard.

3. Workforce

COVID-19 absence

Latest data (5 May 2021) shows that there are 9 members of staff recorded as absent from work for reasons related to COVID-19. Absence could be due to caring for dependants, being symptomatic, self-isolating or being unfit for work. Over the course of the pandemic, we have seen a high of 83 staff recorded absent on 30 March 2020 and a low of 9 staff recorded absent on 5 May 2021.

The People & OD Team continue to monitor each new absence recorded for a reason related to COVID-19 and offer advice to line managers in how best to support any affected team member.

Sickness absence dashboard

Sickness absence for April 2021 was 3.11% which is a small decrease from the previous month (3.12% was the final figure for February 2021), and the rolling 12 month figure was 3.15%.

'Anxiety/stress/depression/other psychiatric illnesses' has been the most frequently recorded sickness absence reason (highest number of FTE days lost) for the last four quarters and in the latest quarter accounted for 1,847 FTE days lost. 'Chest & Respiratory problems' and 'Infectious Diseases' have remained in the Top 10 sickness absence reasons for the latest quarter. Both of these reasons for absence are used for Covid-related absence and account for 1020 FTE days lost in the latest quarter. The highest number of absences are within our Public Health Services Directorate with 3.80% for the rolling 12 months.

The People & OD Team are delivering remote training sessions twice monthly on the MAAW policy. This training is mandatory for all Line Managers across the organisation and is

designed to provide managers with the skills and knowledge to appropriately support their team members during periods of sickness absence. We are also monitoring the uptake of our wellbeing support services including Occupational Health and Care First.

Workforce Profile Dashboard

At the end of April 2021 our headcount was 2,140 (1,939.1 WTE), which is an increase of 230 WTE (13.5%) since April 2020.

Significant work has been undertaken during this period to identify baseline and enhanced staffing requirements to ensure a robust workforce model to support the continued delivery of the organisation's pandemic response.

Targeted recruitment and mobilisation to support the pandemic response continues to ensure that each priority area has a plan to secure the resources required, as well as reducing our dependency on agency or bank workers.

Staff Turnover dashboard

Staff Turnover for April 2021 was 0.9% (0.9% in March 2021) whilst the rolling 12 month turnover figure was 8.9%. This is below the best practice target of 10%. In the current quarter, the top reason for leaving was identified as 'Promotion' with 11 staff citing this as their reason for leaving.

Statutory and Mandatory Training Compliance

Compliance with the core suite of level one statutory/mandatory training remains marginally above the Welsh Government target of 85% and will fall further unless action is taken. Wales-wide issues with e-learning courses in ESR have been resolved, but shouldn't be considered a significant contributory factor to low compliance – compliance has been gradually falling for months. Whilst not reported through this medium, compliance with Basic Life Support and some Manual Handling training requirements remain low owing to training cancelled at short notice in December 2020.

Following discussion with the Health and Safety Group in April 2021, a commissioning and planning process is underway to restart higher level training. We emphasise that there remains a real and not insignificant risk of injury or harm to staff and service users and subsequent organisational liability.

Appraisal Compliance

The rolling number of My Contribution appraisals taking place has fallen again this month, currently at 68.85% against the Welsh Government target of 85%. A brief to support year-end discussions was developed and communicated in February 2021, and will be emphasised further in an in-development Reflection and Reconnection toolkit. All managers were given a cascade objective of 90% compliance in September 2021, and exception reports are required from all directorates below target every quarter; these are not consistently received. Pay Progression has been deferred nationally until September 2021, after which individuals with no recorded appraisal in the preceding 12 months and/or

managers whose team are not 100% compliant, will not progress through to the next pay step.

COVID-19 Workforce Risk Assessment

The Personal Risk Assessment tool was rolled out to all staff in Public Health Wales in June 2020. The tool aims to identify high-risk individuals in high-risk settings so that action can be taken to adapt their workplace or move them into a lower risk environment, such as working from home. The risk assessment has been included as a competency on ESR and will enable further monitoring and reporting.

We continue to send out reminders to staff via the Intranet and daily Staff Bulletin, asking them to undertake or update the risk assessment, and that this is the only method of identifying clinically extremely vulnerable (CEV) staff who are eligible to be prioritised for a Covid Vaccination. Detailed guidance has also been issued on how to update ESR with risk assessment scores, and the need for Managers to approve it. Individual support has been provided to people who have contacted the team to advise of technical issues they have experienced.

At the end of April 2021, 55% of our workforce have recorded their COVID-19 Risk Assessment Score in ESR, which is an improvement from the figure that was reported at the end of March 2021 (52%).

The Business Leads and Wellbeing and Engagement Partnership Group have been updated with current completion rates and are working with individuals in the directorates to ensure compliance.

Recruitment

For the latest available data (March 2021), the target of 44 days has been met for the Recruitment indicator 'Time from vacancy requested to conditional offer letter issued (37.2 days). No COVID essential posts are included in this data. This data covers non-essential posts only.

Response-related recruitment continues and has been reported separately.

4. Finance

Summary

The purpose of this report is to provide a high-level summary of the month 1 2021/22 revenue and capital financial performance for Public Health Wales to the Executive Team and the Board. The following table highlights the performance against the key revenue and capital financial targets.

Target	Current Month	Year to Date	Year-end Forecast	Traffic Light
Revenue financial target Deficit/(Surplus)	(20K)	(20K)	Breakeven	
Capital financial target	253k	116k	Breakeven	
Public Sector Payment Policy	95%	95.45%	>95%	

The month-end position for Public Health Wales is a net surplus of £20k and anticipating breakeven position. The Public Sector Payment Policy statutory target has been achieved for month 1 at 95%.

As per our financial plan and budgetary control framework 2021/22 we will continue to remove in month pay underspends from Directorate positions and review non-pay spending plans of Directorates and redirect resources as required to deal with the ongoing impact of COVID-19. Budgets associated with pay underspends have not been re-directed for month 1 but will be removed from month 2.

Further detailed information on Public Health Wales' month 1 position can be found in the accompanying paper entitled *2021/22 Overview of Financial Performance*. The content of this report is reflected in the Director of Finance commentary that was submitted to Welsh Government on 14 May 2021 as part of the full financial monitoring return for month 1.

5. Operational Plan

The Operational Plan for 2021/22 went live in April 2021, with 86% of milestones rated as Green, 6% Complete and 8% as Amber or Red. Both Red milestones sit within the Priority Area, *Enabling Recovery* and relate to the Quality and Improvement Strategy as well as the Digital Strategy. It is expected that both will now be delivered at a rescheduled date.

6. COVID-19 response

COVID-19 surveillance

Data correct as of 16 April 2021 showed that since the start of the pandemic there have been 212,041 COVID-19 cases recorded in Wales (up from 210,681 on 16 April), 3,445,992 tests carried out (up from 3,177,499 tests) and 2,003,726 individuals tested (up from 1,883,869 over the same period).

At a national level, daily case rates continue to show a sustained decline in the trend following a high of over 3,500 daily cases on 29 December 2020. The national lockdown measures implemented since the Christmas period has resulted in a positive shift in the number of daily cases being reported. However, it is important to note that there is a continued risk that new variants of coronavirus could lead to further increases in

transmission in Wales as well as the possibility of increases in case numbers owing to the continued easing of lockdown measures.

At the Health Board level, since the pandemic started, the case incidence for Cwm Taf UHB was reported as 9,074.8 cases per 100,000 population (the highest; up from 9,046.2 per 100,000 on 16 April) compared to 3,168.3 cases per 100,000 population in Powys THB (the lowest; up from 3,130.6 on 16 April).

Focusing specifically on the last 7 days (2–8 May 2021), Cardiff and Vale UHB (12.6 per 100,000) followed by Aneurin Bevan UHB and Powys THB (both 11.3 per 100,000) reported the highest case incidence, whilst Cwm Taf UHB reported the lowest (5.3 per 100,000). For the same period, data at the local authority level showed that Newport (27.8 per 100,000) reported the highest incidence rate, followed by Cardiff (15.5 per 100,000). Blaenau Gwent (1.4 per 100,000) and Anglesey (2.9 per 100,000) local authorities reported the lowest case incidence rates over the same period.

The cumulative number of suspected COVID-19 deaths reported to Public Health Wales was 5,558, compared to 5,535 reported last month (16 April 2021). With regards to the latest daily all-Wales uptake of the COVID-19 vaccine, 1,975,820 individuals have received a first dose of the vaccine (up from 1,640,045) with 877,756 individuals receiving a two dose course of the COVID-19 vaccine (up from 559,888). It is important to note that this represents a cumulative daily snapshot in vaccinations given and recorded electronically as at 22:00 on the previous day (12 May at time of reporting). Data entry at the time of reporting will be incomplete, and the number of people vaccinated will be higher.

Further information including the latest available data can be found using the following Public Health Wales Rapid COVID-19 surveillance link (*publically available*):

[Public Health Wales Rapid COVID-19 Surveillance](#)

Staff COVID-19 Vaccination Dashboard

A Public Health Wales staff COVID-19 vaccination dashboard has been developed to help monitor vaccine uptake levels across the organisation, with particular emphasis on key priority groups at this early stage of roll-out. Further iterative developments will be undertaken in the coming weeks.

Based on data extracted from the Welsh Immunisation System (WIS) on 9 May, the dashboard shows that 1,891 current PHW employees have been given their first dose, which is 84% of our total workforce. 1097 Public Health Wales employees are now fully vaccinated (49%).

In terms of our front-line workers, 875 have been given their first dose, which is 91% of our front-line workers. 812 front-line workers are now fully vaccinated (85%).

These figures do not include all staff who have been vaccinated in England. There is work ongoing to include the English vaccinations into WIS.

Please note that ongoing data entry means that the true number of vaccinations given is likely to be higher.

7. Delivering our key services

A key priority for us throughout our enhanced response to the pandemic has been to maintain performance within our critical services alongside providing continued support to the wider NHS Wales. The following section provides the latest available information for our screening programmes, microbiology service, and the latest picture of healthcare associated infections as part of our role to provide timely surveillance information to support NHS Wales organisations.

Screening Programmes

It is evident that the coronavirus pandemic has had a direct impact on our population based screening programmes. This is as a result of the pause introduced across the majority of programmes at the start of the pandemic, reduced capacity once programmes restarted, and a lower uptake of participants especially for the diabetic eye screening programme. Latest figures showed performance across our reported screening indicators remained positive on the whole with several indicators showing sustained or improved performance. Challenges remain in some areas as previously reported and work in being undertaken by the Screening Division to consider backlogs due to the pause, and plans to recover services to pre-covid levels.

Due to Covid safe processes, Breast Test Wales continue to screen less women per month. Work on interventions to reduce DNAs and new ways of appointing women is working well and this is improving efficiency of the clinics. The programme screened 7,619 women in April 2021. The timeliness of women through the screening process is currently good with timeliness of results excellent and invitation to assessments within 3 weeks a little lower than previous month but nearly all women (99.8%) were within 4 weeks. Whilst round length (36 months) will not be met for a considerable amount of time, a slow and steady improvement is evident (3.3% in February to 10.1% in April 2021).

Performance for Cervical Screening waiting time from sample being taken to screening test result being sent saw a slight decrease over the latest period. The number of samples being received by the laboratory is now more than usual numbers received pre-covid. The timeliness of the process is good but due to the volume of tests there are some constraints in the cytology timeliness currently due to staff availability. Trained staff are prioritising cytology workload with close monitoring of timeliness underway. The recovery plan agreed with GPC Wales colleagues continues and have sent out communication to all practices, sexual health clinics and colposcopy clinics to outline. The plan aims to recover the programme in a phased way that doesn't overload primary care or secondary care with recovery by December 2021.

There continues to be delays in Bowel Screening participants progressing to have their screening colonoscopy and for several health boards the wait is considerable (down from 16.7% in February to 10% in March). The programme are working with health board colleagues and this matter has been raised at the national endoscopy board and approaches across the system are being discussed to reduce these delays. From 12 March

2021, as the second peak reduced, the programme has increased the number of invitations to 7,800 a week to slowly reduce backlog. If this level is maintained then it is anticipated that the programme will be recovered by December 2021. The number of bowel screening kits being returned is good with uptake showing signs of a significant increase compared to pre pandemic. The continued optimisation of the Bowel Screening Programme in the context of the pandemic was set out in a letter from Public Health Wales' Chief Executive to the Director General Health and Social Services/NHS Wales Chief Executive on 13 May 2021. Plans to further optimise the bowel screening programme have been supported by Welsh Government and preparation is underway to start this later on this year (date to be confirmed but likely October 2021).

Both small and medium AAA surveillance uptake saw decreases over the latest period (1% and 6.4%, respectively). Work is continuing on processes to reduce DNA such as phone calls to men pre attendance which is working well and the screening clinics are well attended. Work is also continuing to increase clinic locations which will aid recovery. There remains no delay for men on surveillance and are currently offering primary screening to eligible men who are delayed in their offer.

Diabetic Eye Screening Wales (DESW) remains the most challenging programme to recover backlog due to the pandemic. The programme continues to experience fewer participants being able to be screened per clinic. Fewer than 50% (circa 40 venues from a pre-Covid figure of 100+) of the venues used prior to Covid are currently available to host screening clinics. Alternative sites including Rodney Parade Rugby stadium in Newport, Parc Y Scarlets in Llanelli and the Wales Millennium Centre in Cardiff Bay are currently being used for clinical delivery. Discussions are underway to explore the feasibility of clinics being held at University settings. DESW (and WAAASP) are actively seeking alternative venues in a number of other areas where insufficient clinic venue capacity exists to serve the local eligible populations. This is integral to the Covid recovery plan and is currently focussed on the Bridgend, Neath and Caerphilly areas where a variety of settings are being sought. There are likely to be additional funding requirements linked to establishing and running these venues.

When the service was restarted, participants were categorised in terms of risk of sight threatening retinopathy and those with highest risk and new referrals offered screening as first priority. The programme has now progressed to offer participants who had previously been identified with background retinopathy and all who identified as type 1 diabetic. The timeliness of results to participants who have been screened remains excellent.

Latest figures for our newborn screening programmes remains extremely positive. Newborn hearing screeners have continued to screen on the wards and clinics in the community have been running again since August 2020. The service has worked hard to maintain the service during staff shortages and limitations around clinic availability. Babies completing assessment within 3 months of age (91.9%) and babies completing the programme within 4 weeks (94.7%) are above national standard. Performance for Newborn bloodspot screening coverage (97.4%) and avoidable repeat rate (1.2%) continues to be excellent, with avoidable repeats achieving the 2% standard in April 2021.

Microbiology

A full complement of Microbiology data remains unavailable for Quarter 4 2020/21 owing to continued system upgrade issues. Following an upgrade to the new 'DeepSee 2' system, the team have been unable to access accurate information which has been identified as a pan Wales issue. This has resulted in the inability to report turnaround times for our quarterly reported microbiology indicators. The problem has been escalated to Digital Health and Care Wales who are continuing to work on a resolution following a system rebuild.

Performance for External Quality Assessments (EQA) remains positive on the whole for all reported indicators. All EQA indicators maintained performance or improved over the latest quarter and remain above or within 10% of operational targets.

Year end performance for turnaround time compliance for urgent samples (Bacteriology/Virology) saw an improvement from 92.5% in 2019/20 to 95% in 2020/21. Two delays were noted due to workload pressures for Covid-19 specimens. Transport delays from requestor to receipt in laboratory and discrepancies in request/sample have also been noted. The 2021-2022 audit is due to take place in June/July 2021.

Healthcare Associated Infections (HCAI)

A general increase in HCAI rates remained apparent in April 2021 across the majority of reported indicators. All-Wales *C. difficile* (28.9 per 100,000) and Staph Aureus bacteraemia (27.0 per 100,000) saw modest increases in rates whilst *E. Coli* bacteraemia (from 67.2 to 78.0 per 100,000) and *P. aeruginosa* bacteraemia (from 2.6 to 8.1 per 100,000) both saw larger increases in rates. Only *Klebsiella* sp bacteraemia saw an improvement in-month (from 25.8 to 14.7 per 100,000). The increases seen across all-Wales HCAI rates are likely to be as a result of greater activity in hospital settings owing to the resumption of some services as the pandemic begins to ease. Whilst the HARP team continues to provide advice and support to Health Boards and Trusts in relation to HCAI rates, focus remains on our response to COVID-19.

Further information in relation to COVID-19 related HCAI/AMR surveillance, hospital onset COVID-19 infection surveillance is available on the following hospital admissions dashboard:

[COVID-19 Surveillance Admission Indicators](#)

8. Quality

The quality dashboard includes latest available information on incidents, serious incidents, complaints and claims, and provides a greater breadth of information across this key area for our organisation.

As previously reported, whilst the data quality has been assessed as bronze, further work will be undertaken in relation to the implementation of the OFWCMS to extract data from Datix into the Performance and Assurance Dashboard. We are continuing to work with the All Wales OFWCMS Implementation Team to ensure that we can generate effective and meaningful reporting following the system's implementation later this year. We are also continuing to work with Datix users across the organisation to improve compliance with Datix procedures which will in turn improve data quality.

Incidents

A total of 228 incidents were reported on Datix in April 2021. 97% (221) were reported within Public Health Services, which is the norm for incident reporting. There are currently 258 incidents that remain open after 30 days, which is a fall from last month's figure of 344. The Risk and Information Governance team are working with Directorates to try to reduce this number and this is also now being addressed in readiness for the Once for Wales Concerns Management System roll out through the PHW Project Board.

Serious Incidents

In the Performance and Assurance Dashboard, Serious Incidents and No Surprises incidents are shown where they were reported to Welsh Government during the relevant reporting period, which does not necessarily reflect the date on which the incident occurred.

In April 2021 no Serious Incident / No Surprises reports were made to Welsh Government. This is the second month in succession when no incidents have been reported.

Claims

One new potential claim was reported in April 2021, which related to Breast Test Wales.

Complaints

There were 10 formal complaints raised in the reporting period. Eight complaints (80%) were acknowledged within the target 48 hours. All are currently under investigation. Whilst seven of the complaints were regarding completely different issues, three were recorded that related to advice and guidance issued regarding care homes. It is acknowledged that Care Home guidance has been a theme of complaints, work is underway to understand more about why this is.

9. Risk

All 16 risks on the Corporate Risk Register have been reviewed in line with policy and updates provided and where appropriate, changes have been made to the risk descriptions.

All risks have now been updated since the start of the year. Nine risks have been updated within the past month. Six risks have been updated since the start of the year. A review is currently underway of all strategic risks, which will likely result in changes to the Corporate Risk profile.

10. Conclusion

Access to high quality, timely and robust performance information is essential in providing assurance to our Executive Team and Board on our ongoing COVID-19 response, delivery of public health services and statutory responsibilities. A key element of the arrangements set out as part of our organisational recovery is the development of our new interactive Performance and Assurance Dashboard and supporting narrative. Our online dashboard provides an update on the latest available performance across the organisation to aid effective and efficient decision making. In line with our response to the pandemic, further enhancements will be made over the coming weeks and months, as our services and programmes are reactivated.