



GIG
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Iechyd Cyhoeddus
Cymru
Public Health
Wales

Performance and Insight Report

June 2024





Key Performance Indicator Summary

Section 1: Governance and Accountability



People Governance	In Focus	Target	Jun-24	Committee
12m Rolling Sickness Absence FTE %		<3.25%	4.00%	People & OD
Statutory and Mandatory Training		85%	90.6%	
Appraisal Compliance		85%	80.9%	
Diversity ESR Data		N/A	74%	
Financial Governance			Jun-24	
Revenue Position Forecast		Breakeven	Breakeven	Audit & Corporate Governance
Capital Year-End Position		Breakeven	Breakeven	
Agency Spend, % of Total Pay Bill		<2.1%	1.4%	
Public Sector Payment Policy (PSPP)		95%	97.96%	
Information Governance			May-24	
Freedom of Information Request		Within 20-Days	4 exceeded	Audit & Corporate Governance
Subject Access Request		1 Month Average	0 exceeded	
Personal Data Breaches Reported (Escalated)		N/A	10 (3)	
Mandatory Information Governance Training		85%	89%	
Clinical Governance			Jun-24	
Moderate or above harm incidents (YTD)*		N/A	11 (24)	Quality, Safety and Improvement
Number of externally reported incidents (NRI's, EWI, RIDDOR, IRMER) - In Month - (Rolling 12m)		N/A	0 (6)	
Incident Closure Compliance**		85% PHW	47%	
Formal Complaints - Acknowledged within 5 working days**		75% WG 95% PHW	100% (1 Received)	
Formal Complaints – Responded to within 30 working days**		75% WG 95% PHW	0% (1 Received)	
Informal Complaints – In Month (Rolling 12m)		N/A	8 (125)	

*This data is YTD from 1 April 2024.

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

Key: RAG Status

Click on the Focus Area Icon for additional assurance

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



Key Performance Indicator Summary

Section 2: Strategy and Delivery



IMTP Milestone Reporting	In Focus	Target	Jun-24	Committee
IMTP Milestones currently green or complete		N/A	93%	Board
Climate Change				
Quarter 4				
Carbon Emissions (Based on 2022/23 figure)		Net Zero by 2030	17.165m (Kg.CO2E)	Knowledge, Research and Information Committee
Service Delivery				
Vaccination and Immunisation - PHW has system lead role, Health Board Delivery*				
Apr-24				
Influenza vaccination uptake among those aged 65+		75%	72.5%	Quality, Safety & Improvement
Influenza vaccination uptake among the under 65s in high risk groups		55%	39.1%	
Influenza vaccination uptake among healthcare workers		60%	40.8%	
Percentage of children who received 3 doses of the '6 in 1' vaccine by age 1		95%	Quarter 4 94.0%	
Percentage of children who received two doses of the MMR vaccine by age 5		95%	89.6%	
Percentage of girls receiving the HPV vaccination by age 15		90%	77.4%	
Percentage of children who received '4 in 1' Pre-School Booster with 2nd MMR dose by age 5		95%	89.8%	
Healthcare Associated Infections - PHW has system lead role, Health Board Delivery*				
Jun-24				
Clostridium difficile rate (per 100,000 population)		25%	48.7%	Quality, Safety & Improvement
Staph aureus bacteraemia rate (per 100,000 population)		20%	30.2%	
E. Coli bacteraemia rate (per 100,000 population)		67%	67.1%	
Klebsiella sp bacteraemia rate (per 100,000 population)		10% Annual Reduction	21.8%	
P. Aeruginosa bacteraemia rate (per 100,000 population)			4.5%	

*Work will be undertaken in the coming weeks to report relevant Vaccination, Immunisation and Healthcare Associated Infections indicators within the Public Health Rapid Overview Dashboard as responsibility for delivery sits with Health Boards and not Public Health Wales.



People Governance



Financial Governance



Corporate & Information
Governance and Risks



Clinical Governance,
Quality, Safety and
Improvement



IMTP Milestone
Delivery & Strategic
Programmes



Climate Change



Service Delivery

Governance and Accountability



People Governance

Section 1: Governance and Accountability



Sickness Absence



Decreased by **0.12%** in June 2024. Sickness absence has reduced as expected for this time of year, but is slightly higher than the figure reported last year (3.21%)

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 June 2024.

All Directorates with the exception of Board and Corporate (78.2%) are **exceeding target**.



Modules reporting lowest completion are Foundations in Improvement (79.5%) and Duty of Quality (83.0%), which was introduced as a mandatory training e-learning module from April 2024.

Appraisal and Development Reviews



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



Achieving appraisal compliance remains a challenge. In the last 8 months there has been a 4.4% improvement across the organisation.

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



Equality and Diversity

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



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



In Focus: Appraisal and Development Reviews

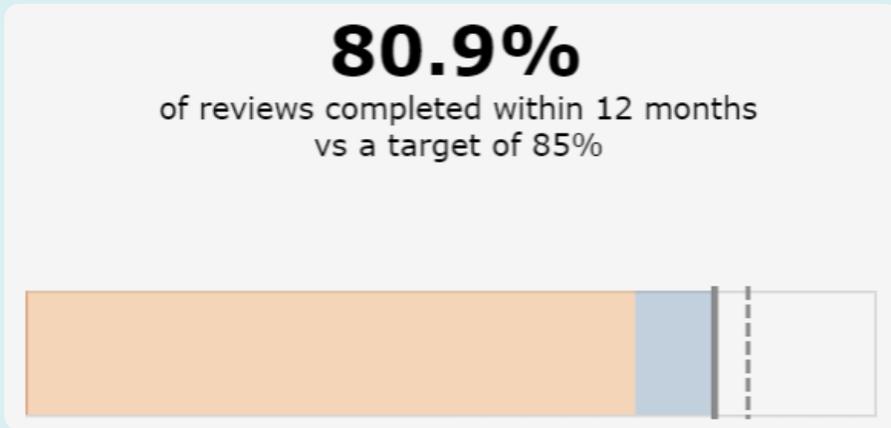
Section 1: Governance and Accountability



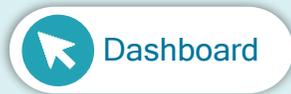
Compliance Performance

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

For June, there has been an increase in compliance from 78.4% to 80.9% (2.5% increase). The improvement actions detailed on the next page have helped to improve overall compliance over the last 6 months due to retrospective entries of appraisal dates.



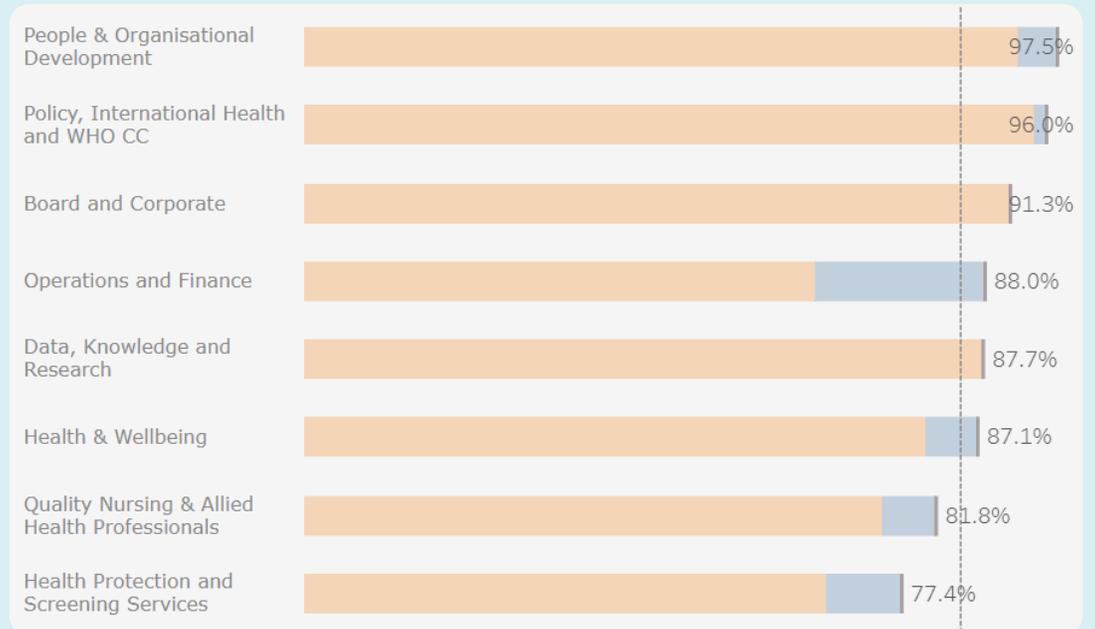
Grey – current compliance — vs target
Blue – appraisals due in next 3 months



Compliance by Directorate

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

There is also a significant range in compliance across our Directorates ranging from 97.5% in People and Organisational Development to 77.4% in Health Protection and Screening Services. Health and Wellbeing are now in compliance increasing from 79% to 87.1%.





In Focus: Appraisal and Development Reviews

Section 1: Governance and Accountability



Improvement Actions

My Contribution remains a key part of our Corporate Induction resources and the Line Manager Induction Pathway. Following a review of the My Contribution Policy last year, updated My Contribution SharePoint pages were published and promoted in April 2024. The People and OD Committee have also scrutinised compliance and are **assured** that measures are in place across Health Protection and Screening Services Directorate to continue with the recent improvements detailed below. Measures should now be extended to others who are not compliant.



Toolkit Review and Quality Audit (continued in quarter 2)

Following a review, together with feedback received from colleagues across the organisation and with an ambition to incorporate stronger links to our Being Our Best Behaviour Framework, the People and OD Team updated the My Contribution Toolkit which launched in April 2024. There is a new revised My Contribution form, Toolkit, SharePoint intranet page and supporting resources. Initial feedback on the revised resources suggests further improvement is needed and People and OD are now considering how this can be factored into the workplan for Q3/Q4 2024/25.

My Contribution was discussed within the Leading with Impact Workshops as part of how we collectively shape our team climate and our shared insights about the value of My Contribution and informal one-to-ones and to what extent individuals 'needs were met, showed most room for improvement in terms of support for professional development, followed by frequency of conversations. Building trust and investing in relationships are qualities that need to be as present in the informal, opportunistic conversations as much as the more formal, scheduled 1:1s.

Building on Leading with Impact, bitesize learning resources were launched at the end of June and will continue to be promoted over the coming months. Next steps will be considered alongside the results from the Staff Survey.



Compliance improvement activity (immediate action)

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

Whilst the collaboration work described above resulted in a 10% improvement in Appraisal Compliance across HPSS over a 6-month period, compliance has dipped to below the organisational target in the last month. Health and Wellbeing had also dipped below the target, and this may be linked to how the first of two formal conversations each usually takes place at the start of the performance year (or within 6-8 months of starting a new job) and at the mid-year point with the dates captured in ESR. In the last month we have seen an improvement in compliant for Health and Wellbeing suggesting that this was in fact the case.

Compliance improvement activity is now required for Quality, Nursing and Allied Health Professionals. 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.



Financial Governance

Section 1: Governance and Accountability



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 £1.58m and strategic allocation of £1.19m. Please note, this excludes NHS Executive capital allocation of £129k.

Agency Spend as A Percentage of Total Pay Bill



Forecast to deliver the year-on-year reduction target

Public Sector Payment Policy (PSPP)



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

Investments

As reported last month, the allocation of each investment scheme has been based on plans submitted and funding allocated during month 3. Details are provided in the Month 3 Finance Report.

Spending Plans and Budget Profiling

As referenced last month, in accordance with the revised Budgetary Control Framework, which reflects an increasing devolvement of responsibility to Directorates, and as such, in year variances will stay with Directorates as long as robust financial plans are developed for the spend. In this instance, budget is re-profiled in line with revised plans to recognise that the expenditure will take place later in the year.

At month 3 £756k of budget has been re-profiled to later in the year as the result of pay slippage by directorates. This is an increase of £334k on the month 2 position of £422k.

Click to access the latest detailed report





Corporate & Information Governance and Risks

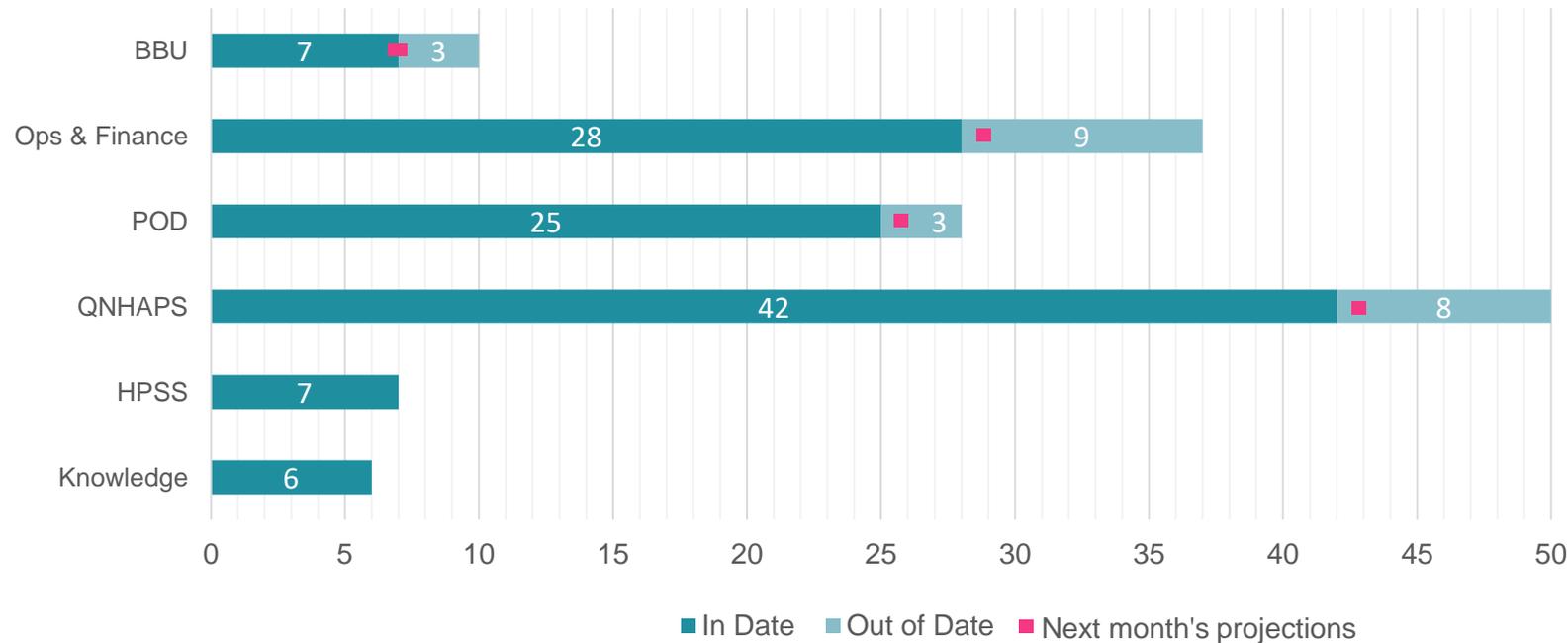
Section 1: Governance and Accountability



Corporate Governance

Corporate Policies Compliance

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



During June 2024:

- No policies were approved.

July 2024 Projections:

- 3 policies due to be approved in July – One each for Ops and Finance, QNAPS and POD.

Overview:

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



Corporate & Information Governance and Risks

Section 1: Governance and Accountability

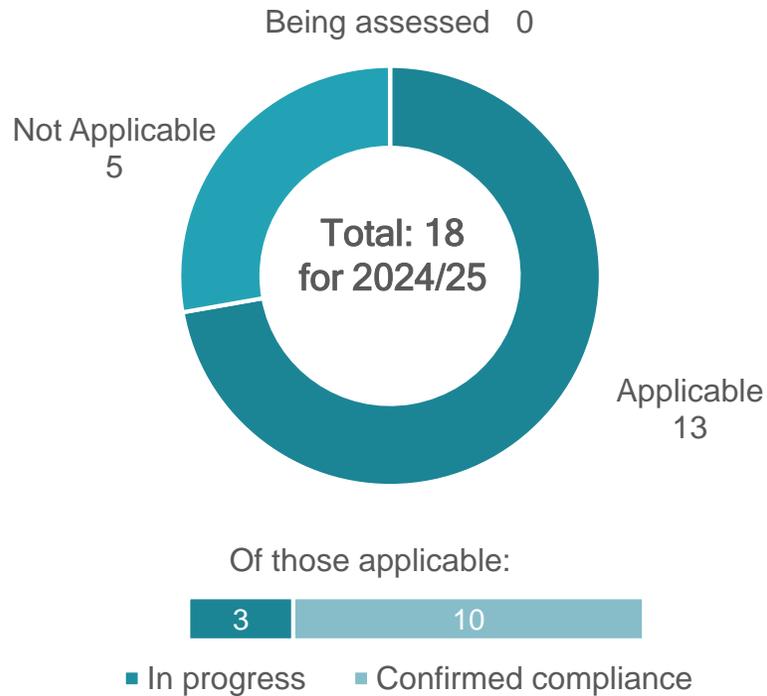


*Audit data updated quarterly
(Next update in September 2024)*

Corporate Governance

Wales Health Circular Compliance

For the Period 01 - 31 June 2024:



External Audit

The Audit and Corporate Governance Committee considered Audit of Accounts Report for 2023/24.

The Report noted the intention to issue an un-qualified Audit Opinion on this year's accounts.

The report contained 4 recommendations following the Audit. These recommendations will be added to the Audit Action Tracker and progress with implementation reviewed on a quarterly basis by the Leadership Team and Audit and Corporate Governance Committee.

The next update is due at the September meeting.



Corporate & Information Governance and Risks

Section 1: Governance and Accountability

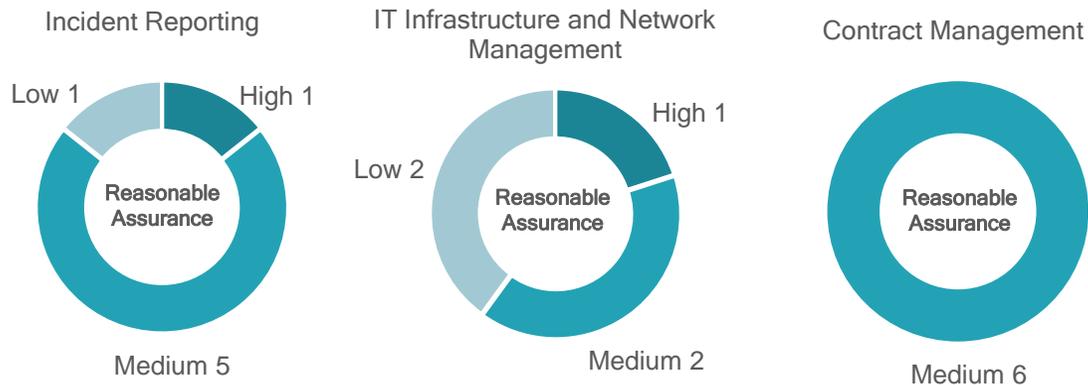


*Audit data updated quarterly
(Next update in September 2024)*

Corporate Governance

Internal Audit - Reports from the 2023/24 Internal Audit Work Plan

Three Internal Audit reports were reported to Audit and Corporate Governance Committee in July 2024:



Internal Audit Reports- Year End Position

The Committee considered the Final Head of Internal Audit Opinion for 2023/24.

Summary of Reports received 2023/24:

Substantial Assurance	Reasonable Assurance
<ul style="list-style-type: none"> Welsh risk pool claims process Follow up - Population health grants management Board assurance - Committee work planning 	<ul style="list-style-type: none"> Work programmes IT infrastructure and network management Business continuity and technical resilience Finance - Use of procurement cards Appraisal process - Consultants employed by Public Health Wales Incident reporting Contracts management
Limited Assurance	Advisory/Non-Opinion
N/A	N/A
No Assurance	
N/A	

Overall Head of Internal Opinion for PHW in 2023/24:

Reasonable assurance

The Board can take **Reasonable Assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance with low to moderate impact on residual risk exposure until resolved.



Corporate & Information Governance and Risks

Section 1: Governance and Accountability



Information Governance

Freedom of Information Act

20 days

4 exceeded

13 requests were received in May 2024, one of which related to the NHS Executive.

4 requests exceeded the **20-working** day timescale to respond.

The average response time is **18** days. Directorates are consistently reminded of the need to ensure compliance with response deadlines when possible

Of the **4** that went over the deadline, **3** were awaiting approval to send out the response and **1** delay from the department providing the information.

Data Protection (Subject Access) Requests

1 month

0 exceeded

2 requests were received in May 2024.

2 were responded to within **1** calendar month.

Requests were for access to medical information.

The average response time is **13** days.

Personal Data Breaches

Reported	Escalated
10	3

3 data breaches required reporting to the Information Commissioner (ICO), one of which related to the NHS Executive

Breaches – Cervical Screening incidents (2) (see in focus slide for further information); Spreadsheet containing personal data sent over insecure channel (Hotmail) (1)

Action – Email recalled and have been deleted from 6 of the 8 participants, within 30 minutes and were not shared beyond this point (including the email sent to the Hotmail account).

ICO Response – No further action

Mandatory Information Governance Training

85%

89%

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



Corporate & Information Governance and Risks

Section 1: Governance and Accountability



Strategic Risks - Reported to Business Executive Team (BET) every other month (next reporting date is 15th July)

[Click to access the latest detailed review](#)



	Strategic Risk	Current Score	Target Score	Risk Update
1	Risk of: Widening gap in healthy life expectancy of population of Wales Due to: Cumulative effects of socio-economic, environmental and wider public health challenges	20	9	A substantial number of programmes are underway on this programme of work, but an overarching assessment of where we are on healthy life expectancy is needed. A key starting point will be a clear, shared and owned assessment of what the organisation's role in reducing health inequalities is, and how we work with other systems. The current IMTP refresh is an opportunity to conduct that assessment in part.
2	Risk of: Worsening health outcomes for the population of Wales Due to: Misaligned system-wide efforts and leadership and weaknesses in partnership working	16	6	There is not yet sufficient strategic agreement to align collective efforts between the third sector and Public Health Wales. Discussion has commenced with WCVA which needs to translate into a meaningful collaboration with an underpinning MOU to reflect the intention of better alignment and partnership working.
3	Risk of: The organisation failing to effectively engage with the public in relation to their health and wellbeing. Due to: Failure to build relationships with stakeholders, communities and our service users; not having or utilising tools and resources to support engagement; a lack of workforce commitment, skills and capacity; and failure to monitor and evaluate the impact of engagement.	16	6	There is ongoing positive progress on our actions to progress this agenda. Many of the actions to address gaps in our controls for 2023-24 have been incorporated into our strategic plan for 2024-27.
4	Risk of: Worsening organisational health, and an inability to recruit and retain high calibre staff, performance manage accountable officers in pursuit of strategic priorities, low staff morale and wellbeing. Due to: Lack of organisational leadership and governance, progress towards ideal culture, ability to engage employees	16	6	Following a BET discussion in May about the timing of a review of the risk score POD will work with risk management to identify trigger measures linked to staff survey, culture assessment and other data sets that will this.
5	Risk of: Failure to deliver excellent public health services on screening, infection, health protection and Emergency Planning Resilience and Response (EPRR) and comply with the Duty of Quality Due to: Weakness in systems and processes, specialist workforce capacity and capabilities and innovative practice.	9	6	This risk is an amalgamation of previous risks 5 and 6. Significant review has been undertaken, as a result a number of previously agreed action plans have now become internal controls and new action plans have been developed, alongside closure of completed actions.
6	Risk of: Disruption to services and/or loss of confidential data in conjunction with a failure to exploit appropriate data to inform relevant public health actions. Due to: Cyber incident, other external factors, weaknesses in systems and processes, silo working and lack of strategic oversight of data outputs.	20	12	A new action was proposed and endorsed by BET in May 2024 relating to development of new firewalls following appropriate funding allocation, which will replace existing legacy firewalls.



Corporate & Information Governance and Risks

Section 1: Governance and Accountability



Corporate Risks - Reported to Leadership Team every other month (next reporting date is 18th July)

[Click to access the latest detailed review](#)



	Corporate Risk	Current Score	Target Score	Risk Update
1541	There is a safeguarding risk that organizational DBS checks do not prevent unsuitable people from working with vulnerable groups, including children, therefore placing them at risk of harm, abuse and neglect.	12	3	An audit of compliance with DBS checks has been completed with the findings awaiting consideration at the Safeguarding Group.
1593	There is a risk that we are unable to demonstrate that the quality standards and the Duty of Quality are embedded in all aspects of PHW business.	12	6	Ownership of the risk has transferred from Improvement Cymru to QNAHP's.
1596	There is a risk that the organisation may not have the capacity or resources necessary to effectively deliver the long-term strategic plan	12	8	An update on this risk is being considered at POD SMT on 21/05 in readiness for the next submission in July.
1614	There is a risk that PHW cannot take assurance that NHS Executive are carrying out its functions in accordance with legal and statutory obligations. Current hosting agreement provides for only an annual accountability report which does not provide sufficient assurance across the year.	9	-	The Initial assessment of risk was outstanding as such no target score identified. An update will be provided in readiness for next submission in July.
1531	There is a risk that we will fail to exploit data to inform and direct public health action and interventions.	20	12	Following review at the DDDA, current risk score remains the same due to the organisation remaining siloed regarding data management & usage; a skills gap for Cloud based activities; and awaiting recruitment of key individuals specifically for cyber and data management.
1533	There is a risk of reputational damage and failure to effectively implement the HIA statutory regulations that form part of the Public Health (Wales) Act which requires the Public Health Wales to give assistance to other public bodies carrying out health impact assessments	16	4	The increase demand for requests continues, but investment bid has been written and are pending review prior to submission.
1544	There is a risk arising from an ISSUE that changes to alerting processes will mean that PHW stop receiving emergency and major incident (E or MI) alerts.	N/A	N/A	This risk has been closed as the system has been extensively tested, the SOP for response amended to reflect the change in alerting process with changes communicated to colleagues.



Clinical Governance, Quality, Safety and Improvement

Section 1: Governance and Accountability



Externally Reportable Incidents

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

There is one ongoing case undergoing joint investigation with Cardiff and Vale University Health Board.

Incidents

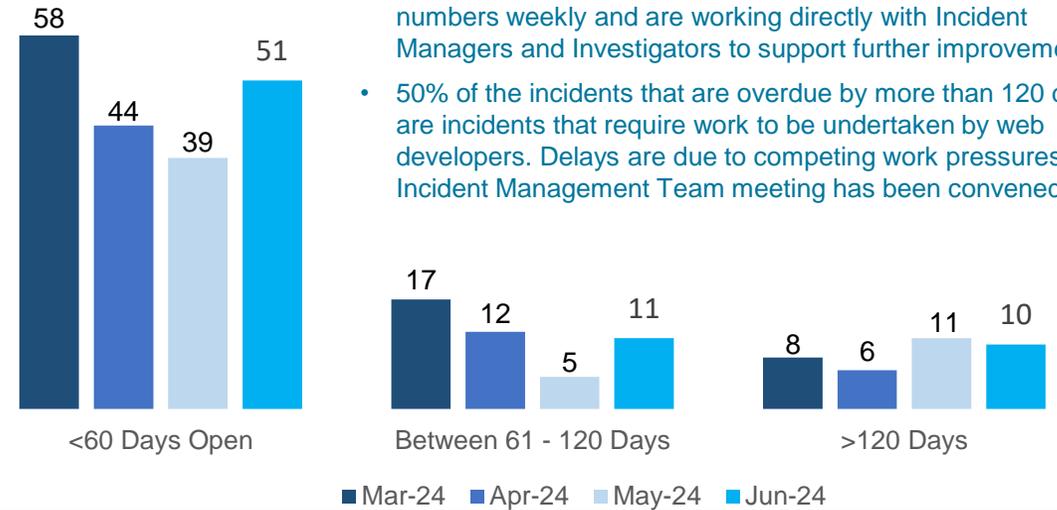
Incident Numbers (Rolling 12m to June 24)	Reported in June
1,916	140 (median 157)

As of **30th June**, there are a total of **72** reported incidents in Datix with an 'open' status of more than 30 working days.

This is an increase of **17** incidents from the 55 open in May 2024. An increase in overdue incidents has been seen in Cervical Screening Wales (47 open), Microbiology (13 open) and Diabetic Eye Screening Wales (5 open).



Overdue Incident Progression (March - June 2024)



- The PTR Team continue to circulate the overdue incident numbers weekly and are working directly with Incident Managers and Investigators to support further improvement.
- 50% of the incidents that are overdue by more than 120 days, are incidents that require work to be undertaken by web developers. Delays are due to competing work pressures. An Incident Management Team meeting has been convened.

Incident Levels of Harm

Level of Harm	Count
None	79
Low	115
Moderate	10
Severe	1

11 incidents were reported in June as Moderate or Severe harm. These were reported in the following areas:

- Microbiology (**5**), Diabetic Eye Screening (**2**), Health Protection (**2**), Newborn Hearing Screening (**1**) and Breast Test Wales (**1**)

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



Clinical Governance, Quality, Safety and Improvement

Section 1: Governance and Accountability



Complaints, Claims and Redress

Complaints (Rolling 12m)	Formal (June)	Informal (June)
Formal - 31 Informal - 117	4 (median 2)	8 (median 11)

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

- Breast Test Wales (2), Microbiology (1) and Corporate (1)

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

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

Claims

June 2024
1

One new claim was received in Cervical Screening Wales.
Of the ongoing claims, there are 19 confirmed claims, and seven potential claims.

Redress

June 2024
0

No new Redress cases were received in June.
There are currently six ongoing Redress cases, four are within Cervical Screening Wales and two within Breast Test Wales.



People Governance



Financial Governance



Corporate & Information
Governance and Risks



Clinical Governance,
Quality, Safety and
Improvement



IMTP Milestone
Delivery & Strategic
Programmes



Climate Change



Service Delivery



Strategy and Delivery



IMTP Milestone Delivery

Section 2: Strategy and Delivery



IMTP Delivery

As at month 3 of IMTP 2024/25, 93% of milestones are on track to deliver as planned.

A summary of the latest position is provided here:

Completed

13

An additional 9 milestones were completed this month, bringing the total completed to 13. This represents 5% of the 2023/24 plan.

Green - On track

211

There are currently 211 IMTP milestones reporting as on track to deliver as planned.

Request for Change - Approval Required

A total of 5 RFCs have been submitted for approval this month. The Executive Team are asked to consider and approve the proposed changes



Dashboard

Click to review the requests for change

Amber - Early warning

9

There are currently 9 milestones reporting as amber. Among these, 1 milestone relating to minimal standards for health and wellbeing promoting schools in Wales submitted an RFC to suspend, 1 milestone might have financial implications, and 2 could pose reputational risks. 3 milestones continue to be amber despite having an RFC approved to extend their delivery dates.

Red - Needs attention

1

There is 1 red milestone this month. *Development of a vaccination comms strategy* has submitted an RFC to extend the delivery date by 2 months to allow more time for approval from external partners. No significant impact is expected.

Suspended

6

Of the 6 suspended milestones, 1 has submitted an RFC to resume work. The revised plan aims to deliver this milestone by 31/12/2024.

2 milestones have submitted an RFC to close altogether. Both relate to sexual health services and were originally part of last years' IMTP. The reason for closure in both cases is that project scope requires a revisit. The last 3 milestones are to remain suspended and will provide an update at the end of Q2.



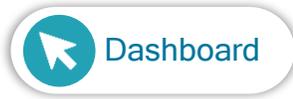
Strategic Change Programmes

Section 2: Strategy and Delivery



Strategic Change Programmes Overview

Each Strategic Programme reports a monthly Delivery Confidence Assessment (DCA) for overall programme delivery. Detail on all programmes is available on the Performance and Assurance dashboard.



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



Key Information

Diabetic Eye Screening Transformation Programme has changed to **Green/Amber** following unsuccessful recruitment to the new mid-Wales team. Recruitment is supporting rework of the job advert and exploring other options for advertising.

Web Transformation Programme has improved to **Amber**. There are still critical risks however the mitigations put in place have moved significantly since last month and are now impacting in the reduction in level of risk.

NHS Executive continues to report **Green/Amber** to reflect that NHSe approval of the proposed assurance framework is still outstanding and a new risk that NHSe will not be compliant with PHW risk management policies and procedures. Both risks will be raised at the next NHSe Board on 11th July.

Tackling Diabetes continues to report **Green/ Amber**, which reflects financial slippage due to delayed recruitment. The programme is currently looking at options for reallocating resources.

Programme Detail

Tier	Programme Name	Apr	May	Jun
1	Diabetic Eye Screening Transformation Programme	G	G	G/A
	Establishment of NHS Executive Programme	G	G/A	G/A
	National Targeted Lung Cancer Screening Business Case	G	G	G
	Tackling Diabetes Together Programme	G/A	G/A	G/A
2	Health Protection Systems Development	G	G	G
	Records Management System	G	G	G
	Web Transformation	A/R	A/R	A



Climate Change

Section 2: Strategy and Delivery



Quarterly reporting cycle

Key progress Quarter 1

Action	Impact/Outcome
Webinar on the Health Impacts of Climate Change in Wales, examining the evidence base and identifying future opportunities	<ul style="list-style-type: none"> Over 70 people attended from a range of professional backgrounds in Wales Has led to follow up discussions on how we can develop a wellbeing economy and climate economics workstream in partnership with academic institutions Feedback from event is directly shaping our research agenda on climate and health in Wales
Development of climate change research agenda	<ul style="list-style-type: none"> Scoping review completed on the impacts of flood early warning systems Recruitment due to start shortly for a climate and health research co-ordinator
First meeting of the Climate Change Surveillance Sub-Group	<ul style="list-style-type: none"> Development of a suite of surveillance products (in draft) that can be used to understand the current baseline of climate impacts on health Working closely with other public health agencies, nationally and internationally via IANPHI to ensure we are aligned with wider system developments
Development of the Climate Change roadmap	<ul style="list-style-type: none"> Engagement from across PHW with a focus on what steps we want to take over the next few years to achieve our strategic aims by 2035 Due to be published in September following engagement and feedback
Continued engagement with UK Health Security Agency and Public Health Scotland	<ul style="list-style-type: none"> Development of 4 Nations steering group on developing climate health impact indicators UK Health Security Agency/Devolved Governments Strategic engagement board meeting deep dive on climate change Scoping options for a data deep dive with the Turing Institute on climate projections and their impact on health



Climate Change

Section 2: Strategy and Delivery



Quarterly reporting cycle

Decarbonisation in Public Health Wales

Key achievements from Quarter 1 2024/25

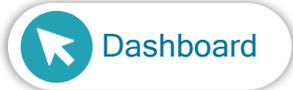
Two actions have been completed from the Decarbonisation and Sustainability Action Plan 2024-26

- **Incorporate our Decarbonisation and Sustainability Plan within Public Health Wales Integrated Medium-Term Plan (IMTP) reporting process.**- Reporting dashboard has been developed and aligned with IMTP process to ensure consistency of reporting
- **Process developed to capture emissions data for all forms of staff business travel (including train, bus, ferry, air, car – single occupancy, car – car sharing etc.)** - An automated and digital process has been developed to capture all requests, which will now record all train and air travel. The process has been tested by Policy and International Health Directorate and will be rolled out from 22 July 2024

Public Health Wales Decarbonisation Action Plan Qualitative Review 2023-24 assessed by Welsh Government Programme Team as **Amber**

- Recognition of the number of actions completed, those on track for delivery within the agreed timescales and a reduced number behind schedule compared to last year's end of year report.
- Priorities that require attention and progress in 2024-25: Engage with Decarbonisation Reporting Team (Shared Services) to provide a more comprehensive reporting of risk management within decarbonisation reporting returns to provide greater assurance.

Progress on milestones in Public Health Wales Decarbonisation and Sustainability Plan



Action Status – June 2024



By Workstream

	Null	Green	Amber	Red	Completed
Approaches to delivering our services		8	0	0	1
Buildings and our estate		9	0	0	0
Carbon Management		9	0	0	0
Procurement	1	12	0	0	0
Transport and travel		7	0	0	1



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i greu Cymru iachach*

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