



**PUBLIC HEALTH WALES**  
**PERFORMANCE AND INSIGHT REPORT**

DECEMBER 2021



**GIG**  
CYMRU  
**NHS**  
WALES

lechyd Cyhoeddus  
Cymru  
Public Health  
Wales

## Executive Summary

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

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

Alongside the Performance and Assurance Dashboard (PAD), this report will provide assurance and support the Board and committees in discharging their responsibilities. The information has also been aligned to the Welsh Government's *A Healthier Wales* and the NHS Delivery Framework.

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

The report summarises performance at a given point in time and therefore may not reflect the current pressures and demands placed on the organisation in light of the Omicron variant, both in terms of our Health Protection response and any potential impact on delivering our key services such as our Screening programmes. The developing situation will continue to be monitored closely, working alongside Welsh Government and key stakeholders as we remain committed to protecting the population of Wales.

Key points to consider this month:

- The organisation continues to prioritise the ongoing response to COVID-19, reactivation of essential public health services and functions, and the health and well-being of our staff. This is reflected in the latest Operational Plan update, which has been updated to highlight the pausing or extension of a number of key milestones, particularly associated with the review of our long-term strategy.
- Staff sickness absence for December 2021 was 3.99%. However, these figures don't reflect absence related to the new Omicron variant, which has been experienced in January 2022. Challenges related to staff absence remain within localised areas of service delivery which is being actively monitored.

- 79% of Public Health Wales staff have been given the COVID-19 booster vaccination (up from 54% last month), including 81% of front-line workers (up from 73%).
- Our cumulative reported position is a net surplus of £73k ((10k) in-month), with an anticipated breakeven position at year-end. Our capital funding for 2021/22 totals £10.142m with year to date spend at £1.916m. Our Public Sector Payment Policy continues to achieve the statutory target at 96.2%.
- Screening is being maintained and actively managed in line with agreed recovery plans to preserve clinics with an increased number of staff absence due to Omnicom wave of the pandemic. Recruitment to additional screening staff to enable a sustained increase in screening activity has progressed and additional staff recruited.
- Whilst improvement was evident across a number of reported All-Wales healthcare associated infection rates over the latest period, the majority of Health Boards are not on track to achieve national reduction expectation targets for 2021/22.
- Overdue incidents within Cervical Screening have significantly reduced since the introduction of dedicated resource since October 2021. Additional support is currently being provided to the Diabetic Eye Screening Programme.

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

- Introducing benchmarking data, comparing our performance with other NHS organisations and Trusts to assist in providing assurance.
- Introducing statistical process control (SPC) charts as an approach to informing performance assurance, which will support the implementation of our Quality and Improvement Strategy.
- Refreshing and developing key performance indicators aligned to our outcomes, including the introduction of Ministerial outcome indicators as part of the phased roll out by Welsh Government in 2022/23.
- Carrying out analytical 'deep dives' into key performance areas, commissioned through a blended approach from the Board, Executive colleagues and the Performance and Corporate Analytics functions.

## Key Performance and Insight Summary

### Theme 1: Maintaining a healthy and sustainable workforce – Pages 3 to 6

- Staff sickness absence was 3.99% for December 2021. Sickness absence will continue to be monitored closely in light of the developing Omicron variant as latest figures may not fully reflect the impact across the organisation due to the lag in reporting.
- Sickness absence in localised areas of the organisation continues to be monitored with high levels seen across some areas of service delivery including screening.
- 79% of Public Health Wales staff have been given the COVID-19 booster vaccination, (up from 54% last month), including 81% of front-line workers (up from 73%).
- Statutory and Mandatory training (87.3%) and Appraisal compliance (60.6%) have remained stable over the latest period.
- Monthly staff turnover was maintained at around 1% during December 2021 with the rolling 12-month turnover to 31 December 2021 at 11.6%. To ensure that the organisation understands more about staff who join, continue to work and leave, a new approach to capturing, reviewing and making recommendations upon what matters to the workforce will be implemented from 1 February 2022.

### Theme 2: Achieving value and impact – Pages 7 to 8

- The cumulative reported position for Public Health Wales is a net surplus of £73k ((£10k) in-month) with an anticipated breakeven position at year-end. Risks and opportunities continue to be managed through the year to date.
- We are forecasting to spend £8.226m in months 10 – 12 in addition to our year to date spend of 1.916m in order to deliver our breakeven position at year end.
- Our capital funding for 2021/22 totals £10.142m with year to date spend at £1.916m. Our capital funding has increased from £10.045m in month 8 due to an increase in Genomic funding of £97k.
- The PSPP target has been consistently achieved for the year to date and is expected to continue to exceed the 95% target for the remainder of the year.

### Theme 3: Organisational quality and access to high quality services – Pages 9 to 13

- Screening programmes are being maintained and actively managed in line with agreed recovery plans to preserve clinics with an increased number of staff absence due to the Omicron wave of the pandemic. Recruitment of additional screening staff to enable a sustained increase in screening activity has progressed and additional staff recruited.
- Following the implementation of the UK National Screening Committee recommendation and Welsh Government agreed policy to invite women aged 25 to 49 years every 5 years for routine cervical screening if they have a HPV negative result, the issue will be discussed at a Senedd debate on 19 January after a strong public reaction and a petition set up to reverse the decision.
- Whilst all-Wales HCAI rates had shown general improvement in-month, challenges remain across Health Boards to achieve agreed national reduction expectations.
- Four formal complaints were received in December 2021 within Health Protection and Screening Services. Three out of four (75%) were acknowledged within the target two working days. All four complaints are currently still being investigated and the 30 working day timescale has not yet passed.
- Improvements have been evident in reducing the number of overdue incidents in Cervical Screening following dedicated resource since October 2021. Additional support is currently being given to reduce overdue incidents for the Diabetic Eye Screening programme.

### Theme 4: Improved population health and well-being – Page 14

- Our ongoing response to COVID-19, reactivation of essential public health services and functions, and focus on staff health and well-being are reflected in our latest Operational Plan update, which includes the pausing or extension of a number of key milestones, particularly associated with the review of our long-term strategy.
- Performance against our Operational Plan has remained positive at the end of December 2021, with 88% of milestones complete or on track for completion with just 11% of milestones unlikely to deliver against expected timescales. Reviewing dependencies and managing resource will be critical to delivery in quarter 4.

## Theme 1: Maintaining a healthy and sustainable workforce

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

#### Sickness Absence

Sickness absence for December 2021 was 3.99% which is a decrease from 4.54% in the previous month, with the rolling 12 month figure at 3.89%. However, it is important to note that the latest figures may not take into account the full impact of the Omicron variant due to a lag in reporting.

'Anxiety/stress/depression/other psychiatric illnesses' remains as the most frequent sickness absence reason (highest number of FTE days lost) and accounted for over 2,806 FTE days lost during quarter 2. The second highest recorded absence reason during quarter 3 is 'Cold, Cough, Flu' which accounts for 454 FTE days lost.

In terms of our services, the highest rates of sickness absence for December 2021 are within the Health Protection and Screening Services Directorate, with the sickness figure for Screening being 7.05% and Microbiology 5.68%.

Over the last 3 months, the average number of days for a sickness episode to be recorded on ESR is 12-13 days. It is vital that we have access to absence data as close to 'real-time' as possible in order for the organisation to understand specific work pressures and provide the required support.

Communication will be developed to remind Line Managers of the importance of capturing this information in a timely way. This will be shared via the Line Managers Update and through the Business Leads group.

#### COVID-19 Absence

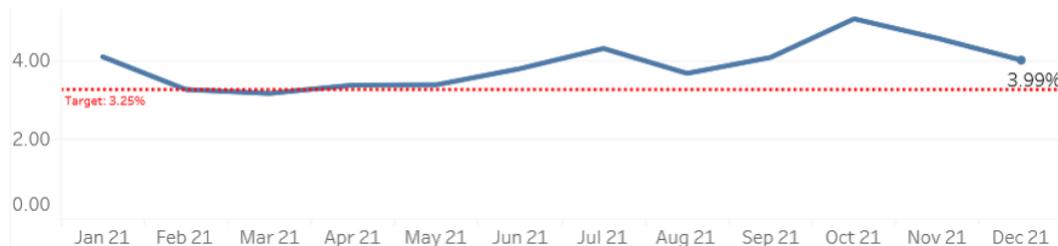
The number of COVID-19-related absences at the end of December 2021 has increased to 25, following a decrease in November 2021.

The majority of those absences are for staff who are unfit for work due to COVID-19 (20 staff), with a small number of staff recorded as self-isolating (<5 staff).

There is some concern that not all cases of, or related to COVID-19, are currently being recorded by managers across the organisation, particularly where employees ability to work is not affected.

The communication related to timely recording of staff absences will also remind line managers of the requirement to record all COVID-19 related cases.

#### Sickness absence monthly trend (%)



## Theme 1: Maintaining a healthy and sustainable workforce

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

#### Staff COVID-19 Vaccination

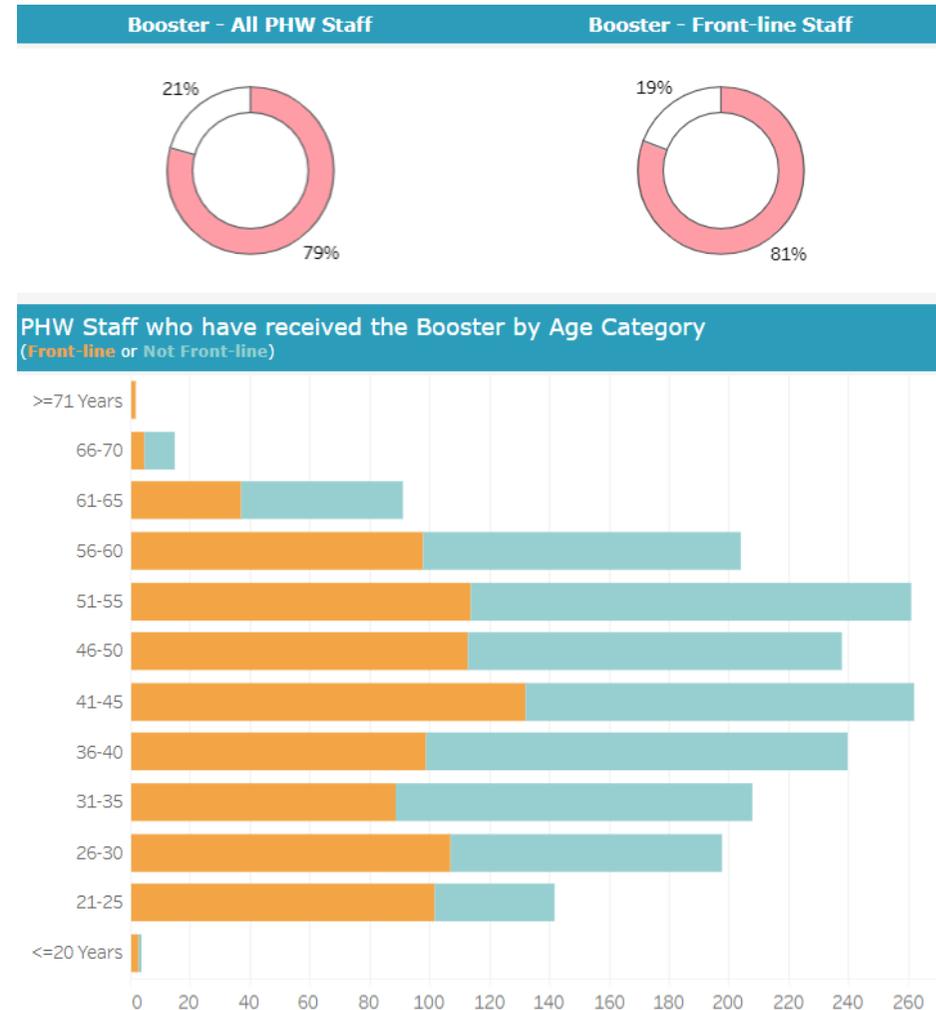
The updated staff COVID-19 vaccination dashboard shows that 2,214 current Public Health Wales employees have been given their first dose, which is 94% of our total workforce. 2,192 members of staff are now fully vaccinated (93%).

**Front-line workers** – Based on the refreshed Front-line list, 1,062 have been given their first dose, which is 95% of our front-line workers. 1,049 front-line workers are now fully vaccinated (94%).

**Booster vaccinations** – Latest available data shows that 1,865 current Public Health Wales employees have been given the booster (79%). In terms of Front-line workers, 901 staff have been given the booster vaccination (81%).

Please note that the dashboard is based on staff who are employed by Public Health Wales as of today, so the total number of staff vaccinated will fluctuate as new starters join the organisation as well as when employees leave the organisation.

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



## Theme 1: Maintaining a healthy and sustainable workforce

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

	Target	2020/21	Oct 2021	Nov 2021	Dec 2021	Link to PAD
Statutory measures	Statutory and Mandatory compliance	85%	87.2%	87.2%	87.6%	● 87.3%
	Appraisal compliance	90%	69.9%	60.7%	59.6%	● 60.6%

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

#### Statutory and Mandatory Training

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

People and OD are carrying out two drop-in sessions per month for anyone experiencing issues accessing e-learning, the last session took place 23<sup>rd</sup> December, with 6 staff members joining the session.

The next session is taking place on 13 January 2022 and a reminder will be sent out to all staff and their managers via communications. Classroom sessions for advanced statutory and mandatory training continues with restrictions in place.

#### Appraisal and Development Reviews

The 12-month rolling compliance for My Contribution appraisals is currently at 60.6% against the Welsh Government target of 85%.

To date, only 60 staff members have completed the My Contribution e-learning. Managers are also given the opportunity to join one of the ESR drop-in sessions if they need assistance entering appraisal details into ESR.

Communications relating to mid-year reviews will be developed in February 2022.

## Theme 1: Maintaining a healthy and sustainable workforce

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

#### Staff Turnover

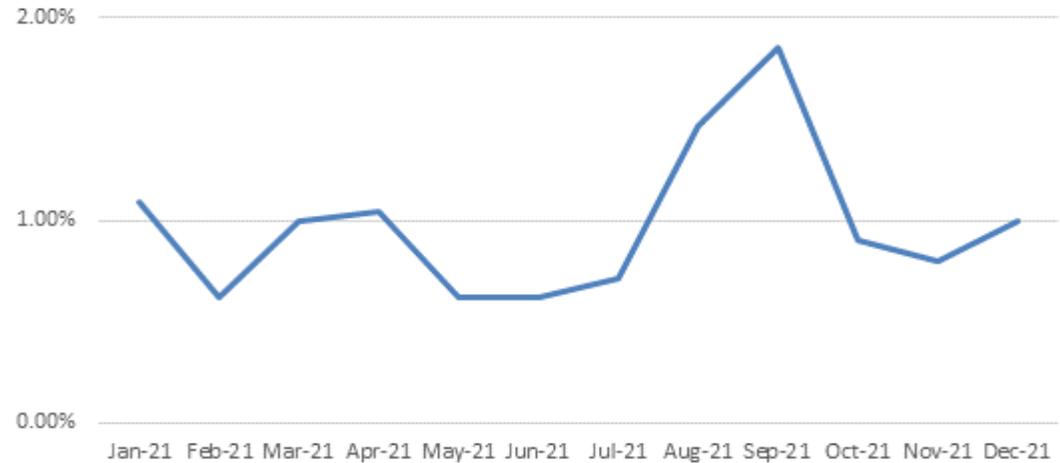
Staff Turnover for December 2021 was 1%, compared with 0.8% in November 2021. The rolling 12-month turnover to 31 December 2021 was reported as 11.6%.

In Quarter 3, the most frequently reported reason for leaving was identified as 'Promotion', with 16 staff citing this as their reason for leaving. This is extremely positive as we continue to support our workforce to develop and progress.

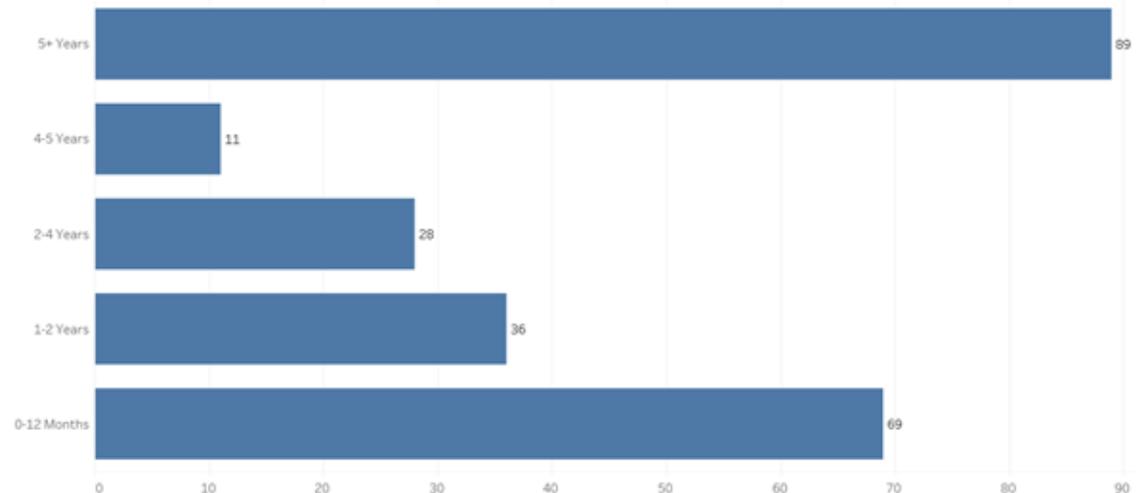
To ensure the organisation truly understands more about those who join, continue to work and leave, a new approach to capturing, reviewing and making recommendations upon what matters to the workforce will be implemented from 1 February 2022.

The triangulated approach of analysing collectively the key themes resulting from (i) an On-boarding survey, (ii) Staff survey and (iii) Exit survey, will provide greater understanding of the views of the workforce at crucial points in their respective employment with the organisation, enabling us to build upon the positive aspects and develop those that will shape our employee value proposition and the aim of becoming an employer of choice.

Monthly Turnover Rate (%)



Leavers by length of service (1 January 2021 to 31 December 2021)



## Theme 2: Delivering Value and Impact

### Theme 2: Delivering against our agreed budgets

	Month 7	Month 8	Month 9	YTD 2021/22	Year-end forecast	Link to PAD
<b>Revenue financial target</b>	(£8k)	(£6k)	(£10k)	(£73k)	Breakeven	
<b>Capital financial target</b>	£9.134m	£10.045m	£10.142m	£1.916m	Breakeven	
<b>Public Sector Payment Policy (PSPP)</b>	97%	97%	97%	 96.2%	>95%	

Statutory measures

### Financial Summary – Month 9

- The cumulative reported position for Public Health Wales is a net surplus of £73k ((£10k) in-month), with an anticipated breakeven position at year-end.
- The month 9 revenue position is being supported by £52.695m of non-recurrent COVID-19 funding as shown in the table opposite.
- Our capital funding for 2021/22 totals £10.142m with year to date spend at £1.916m.
- Capital funding is made up of £1.58m discretionary funding and £8.562m strategic funding with a number of business cases having been approved and significant capital developments being delivered in 2021/22.
- Our capital funding has increased from £10.045m in month 8 due to an increase in Genomic funding of £97k.
- Major capital schemes include Breast Screening Imaging Equipment (£4.769m), the Maldi ToF Analyser replacement £1.27m and The NHS Collaborative LINC System (£1.331m).
- Performance for our year to date Public Sector Payment Policy remains above the statutory target at 96.24% (97% in month 9).
- Further information on our latest financial position can be found in the accompanying 2021/22 Financial Position report.

### Non-Recurrent WG COVID-19 Funding Supporting Month 9 Position

Funding Item	Total YTD Apr - Dec £'000
Test Trace Protect - Non-Pay	39,300
Genomics Sequencing	3,771
Microbiology Lab IP5	584
TAT & Resilience	4,237
Online Testing for STIs	2,046
Mass Vaccination programme	921
TTP Contact Tracing	1,250
Screening Recovery	586
<b>Total Funding</b>	<b>52,695</b>

- Staff have been permanently recruited into the above developments.

## Theme 2: Delivering Value and Impact

### Theme 2: Delivering against our agreed budgets

#### Revenue Forecast – Month 9

- Public Health Wales' forecast year end revenue position is breakeven:

Directorate	Year-End Forecast @ MTh 9 £000s
Board & Corporate	2
Health & Wellbeing	-327
Improvement Cymru	-511
Knowledge	-30
Ops & Finance	49
People & OD	0
Health Protection & Screening Services	-250
QNAPs	-18
WHO CC	0
Population Health	0
Covid-19 Response	0
Central Budgets	1,085
<b>Total PHW Position</b>	<b>0</b>

- Risks and opportunities have been managed through the year to date. Testing variability as the most significant risk for the remainder of the year.
- £74.095m non-recurrent Welsh Government COVID-19 funding is anticipated within the forecast.
- Staff have been permanently recruited into a number of COVID funded developments. We are awaiting confirmation that funding for these approved developments is included within our core allocation for 2022/23.

#### Capital Forecast – Month 9

Capital Category	Total YTD Apr – Dec	Forecast Jan -Mar	Total 2021/22
Discretionary	393	1,187	1,580
Strategic	1,523	7,039	8,592
<b>Total</b>	<b>1,916</b>	<b>8,226</b>	<b>10,142</b>

- Our forecast is to breakeven against our £10.142m capital funding for 2021/22.
- We are forecasting to spend £8.226m in months 10 – 12 in addition to our year to date spend of 1.916m in order to deliver our breakeven position at year end.

#### PSPP Forecast – Month 9

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

### Theme 3: Organisational quality and access to high quality services

#### Theme 3A: Access to high quality services

##### Screening Services

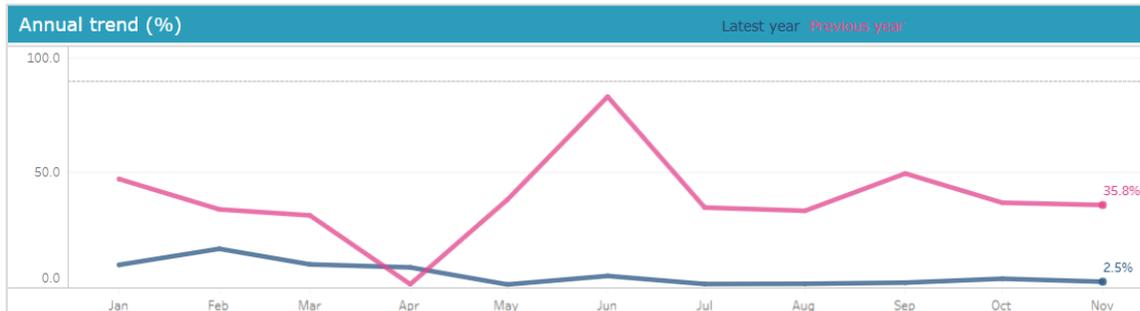
Screening is being maintained and actively managed in line with agreed recovery plans to preserve clinics with an increased number of staff absence due to the Omicron wave of the pandemic. Recruitment to additional screening staff to enable a sustained increase in screening activity has progressed and additional staff recruited.

Improvements in the number of women that can be accommodated in Breast Screening clinics were made in October and November 2021 due to improvements to the flow of the clinics and increased number of screening. There was a reduction in screening in December 2021 due to planned winter maintenance of the mobiles and less clinics due to bank holidays.

There are currently delays for the assessment of women screened in West Wales due to surgical capacity in the Health Board as a result of staff absence and vacancies in clinical posts in Health Boards. The programme is in active communication with Health Boards. One Health Board has returned to usual capacity following staff returning from leave but other Health Boards has vacancies in staff and discussions are ongoing to address this capacity.

The number of Bowel Screening kits being returned is good with uptake increased compared to pre pandemic and levelling at about 66% uptake. However, there continues to be significant delays in Bowel Screening participants progressing to have their screening colonoscopy (range is from 7 to 18 weeks). The programme is working with health board colleagues and there has been good engagement and some improvement recently. Some of the wait is for the Specialty Screening Practitioner assessment and additional staff are being recruited and a pilot to improve pathway timeliness underway in one health board is promising. The Chief Medical Officer wrote to each Chief Executive Officer on 18 November 2021 highlighting areas of concern and outlining actions required to resolve the delay which is proving helpful.

##### Bowel Screening Waiting Time for Index Colonoscopy



Antenatal Screening Wales have been in close contact with maternity services over the Omicron wave of the pandemic to support around guidance on flexibility in the pathway where possible due to their staffing constraints. The Newborn Hearing Screening service has worked hard to maintain continuity throughout the pandemic. Screening continues to be actively managed with an increased number of staff absence. Newborn Bloodspot Screening coverage and avoidable repeat rate has been positive throughout, even though colleagues in midwifery are under considerable pressure.

Diabetic Eye Screening remains the most challenging programme to recover backlog due to it being annual screening and a large population. Since November 2021, invitation letters have been sent out offering participants identified at low risk of diabetic retinopathy a retinal review with optometry. Over 160 optometrists have agreed to support this novel pathway and each local authority is represented. Active recruitment and weekend working is ongoing to support service improvement.

Screening services continue to explore with partners options around increasing clinic locations which will aid recovery. We are working to have specific locations that are within our remit so that we can provide a sustainable service offer. Welsh Blood continue to support our provision by enabling us to use their vans which demonstrates a positive example of partnership working.

Cervical Screening invitations have continued to be sent out monthly and we have now recovered the delay for routine invitations which was caused by the pandemic in line with our recovery plans. The number of samples being received by the laboratory is at sustained high levels. The timeliness of the results process is not within standard and this is a combination of high volumes of samples being received and staffing constraints. The programme has recently recruited new member of staff who has cytology experience which will improve resilience in the medium term.

At the start of January 2022, the programme implemented the UK National Screening Committee recommendation and Welsh Government agreed policy to invite women aged 25 to 49 years every 5 years for routine cervical screening if they have HPV negative result. This change was communicated to stakeholders in December 2021 and proactive press release and social media on 4 January 2022. There has been a strong negative reaction from the public to this change and a petition set up to request this change to be reversed. This will be discussed at a Senedd debate on 19 January 2022.

## Theme 3: Organisational quality and access to high quality services

### Theme 3A: Access to high quality services

#### Healthcare Associated Infections (Health Board/Trust targets)

All-Wales healthcare associated infection (HCAI) rates had generally shown an improvement across mandated indicators over the latest reporting period. However, the vast changes in service delivery across healthcare in Wales during the pandemic continues to have an impact on Health Boards/Trusts achieving agreed national reduction expectation targets for 2021/22.

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

- 868 *C. difficile* have been reported since April 2021, approximately 28% more than the equivalent period in 2020/21.
- 630 *Staph Aureus* bacteraemia have been reported since April 2021, approximately 10% more than the equivalent period in 2020/21.
- 1,662 *E. Coli* bacteraemia have been reported since April 2021, approximately 16% more than the equivalent period in 2020/21.
- 471 *Klebsiella sp* bacteraemia (includes *E. aerogenes* bacteraemia from April 2019 onwards) have been reported since April 2021, approximately 7% more than the equivalent period in 2020/21.
- 154 *P. aeruginosa* bacteraemia have been reported since April 2021, approximately 24% more than the equivalent period in 2020/21.

The HCAI and AMR Programme (HARP) continues to provide COVID-19 and non COVID-19 related advice and support to Welsh Government and NHS Wales organisations.

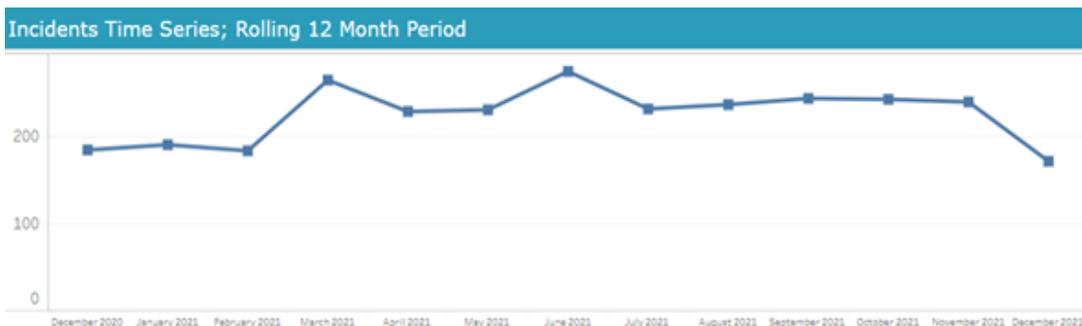
This includes the production of monthly [HCAI/AMR surveillance data](#) including Health Board/Trust progress against achieving [reduction expectation targets](#).

In addition work continues to:

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

Quality and Improvement

Incidents



A total of 171 incidents were reported in December 2021. 95.9% (164) of these are within the Health Protection and Screening Directorate.

The organisation’s investigation and closure target for incidents is set to 30 working days. As such, the incidents reported in this reporting period (December 2021) are still within an acceptable open status.

With regards to the closure rate in November 2021, 26.2% of incidents are overdue/still open (improvement from 33.5% in October 2021), 68.8% were closed within the 30 day target (improvement from 66.5% in October 2021) and 5% were closed outside the 30 day target (up from 0% in October 2021 and due to a combination of complex investigations taking longer than 30 days and staff capacity to undertake investigations).

Incident themes

The majority of incident types in December 2021 relate to reporting in Microbiology and the Cervical Screening labs. These incidents are predominantly incorrect reporting of results/client/patient management, and lost/delayed Specimens. The second highest recorded incident type is error-non incidents logged by Cervical Screening and relate to sample taker errors which occur within health boards.

Current Incident Numbers

As of the 6 January 2022, there are a total of 216 incidents that have been open for more than 30 days. These figures are not reflected in the dashboard due to the retrospective nature of reporting. This figure covers all incidents that have been reported more than 30 days ago and the oldest incident still remaining open was reported on the 14 October 2019. The Concerns Team is supporting Diabetic Eye Screening Wales to resolve outstanding incidents with work commencing in December.

These open incidents are predominantly within the Screening Division and continue to be impacted by recovery and winter pressures. The Concerns Team now have a dedicated resource to support the appropriate closure of open incidents and are working closely with services in this area. The table below demonstrates the impact of this work for Cervical Screening Wales.

Total number of overdue incidents	October 2021	November 2021	December 2021	January 2022
Cervical Screening Wales	248	95	68	49
Diabetic Eye Screening Wales	64	102	110	108*

In summary:

- The dedicated resource has supported Cervical Screening since October 2021 and significantly reduced the overdue incidents for the programme
- In December 2021, this resource began working with Diabetic Eye Screening Wales to reduce their overdue incidents. The impact of this work is expected over the coming months and consideration needs to be given to the Christmas period, which will inevitably cause an increase in numbers due to staff leave
- \*The increase of Diabetic Eye Screening Wales incidents is due to staff capacity to complete this work and staff changes at a senior management level. The additional resource should assist this area with a significant reduction of overdue incidents as demonstrated within Cervical Screening previously.

### Theme 3: Organisational quality and access to high quality services

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

#### Quality and Improvement

##### Nationally Reportable Incidents

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

##### No Surprises Incidents

There were no 'No Surprises Incident' (NS) reported to Welsh Government in December 2021.

##### Formal Complaints

Four formal complaints were received in December 2021, all within Health Protection and Screening Services. Three out of four (75%) were acknowledged within the target two working days. One Breast Test Wales complaint was acknowledged on working day three due to a delay in the letter of complaint being processed appropriately. All four complaints are currently still being investigated and the 30 working day timescale has not yet passed. Two complaints are currently going through the Quality Assurance process and two are still under investigation.

##### Monthly and 12-month rolling compliance for complaints

Formal Complaints - Key Metrics			
4 Formal Complaints Received in December 2021	60% Complaints Responded to within 30 working days Oct 20 - Oct 21	75% Complaints Responded to within 30 working days Oct 21	PHW Target 95%  Welsh Gov Target 75%
	77% Complaints Acknowledged within 2 working days Oct 20 - Oct 21	100% Complaints Acknowledged within 2 working days Oct 21	PHW Target 95%

##### Themes and Trends for December

- Diabetic Eye Screening Wales – One complaint was received in relation to staff attitude at appointment, following a similar staff attitude complaint received in November 2021.
- Bowel Screening Wales – One complaint was received in relation to the process of private colonoscopy results not being accepted by the Bowel Screening programme due to the high standard of testing required for screening. One complaint was received in relation to the known printing error on result letters for which learning and improvements have already been applied. This includes additional checks for letter printing being produced and a change in process whereby large batches of letters are no longer split into small batches for printing
- Breast Test Wales – One complaint was received in relation to communication issues during a screening appointment. Further mammograms were required but this was not explained to the service user.

All complaints received during October 2021 were acknowledged within 48 hours (100%). Six out of eight (75%) of these complaints were responded to in 30 working day timeframe.

Of the overdue complaints, one Breast Test Wales complaint was responded to four working days outside of the timeframe due to redress investigations taking place. Another Breast Test Wales complaint is currently ongoing due to redress investigations and a medical expert has been instructed. This is entirely reasonable due to the requirement of further investigations.

#### Quality and Improvement

##### *Compliments*

In December 2021, 156 compliments were received. These compliments were in relation to:

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

The ratio of compliments to formal complaints has decreased from 64:1 in November to 39:1 in December 2021.

##### *Claims*

One new claim was received in December 2021.

This claim was made against Breast Test Wales and in relation to a failure to perform further assessments following screening in 2017 and failure to recall following screening in 2018. This claim was expected and Legal and Risk are now instructed.

There are currently 19 confirmed claims and 8 potential claims, 95% relating to Health Protection and Screening Services and 5% related to the WHO Collaboration Centre.

#### Risk Management

There are four strategic risks, all of which are assigned to an Executive Director for management. All risks have been fully updated within the last month, including the action plans, the controls status assessment and the Delivery Confidence Assessment.

With the exception of Strategic Risk 2, the controls and actions identified will mitigate the risk to the required level but some issues remain outstanding that require addressing. Therefore, actions have been identified and are in place to ensure that the risk is mitigated in line with the organisation's risk appetite and a number of updates were approved at a Business Executive Team meeting in January 2022 which are subject to a separate paper (Update on Strategic Risk Register / Corporate Risk Register). Strategic Risk 2 is considered more likely to achieve its desired outcomes.

The Corporate Risk Register has again been reviewed by all risk owners. The eight risks all remain current although it was agreed by the Board that further work was to be done on Risk 207 (Quality) and this is currently being progressed by the risk owner.

Work will be undertaken over the coming months to develop a Strategic Risk dashboard as part of the suite of interactive dashboards in the PAD.

### Operational Plan Summary

We continue to prioritise our ongoing response to COVID-19, reactivation of essential public health services and functions, and the health and well-being of our staff.

This is reflected in the latest Operational Plan update, which has been updated to highlight the pausing or extension of a number of key milestones, particularly associated with the review of our long-term strategy. In addition, a number of milestones, particularly relating to our COVID-19 response, have key external dependencies which have resulted in delays to original delivery dates. This is reflected in the submission of a number of requests for change, including revised delivery dates.

A review of response milestones will be undertaken in light of the Omicron variant, including the impact of external dependencies. This will be discussed by the Health Protection and Screening Directorate Leadership Team in January/February 2022 and potentially result in the submission of additional change requests.

As at December 2021, performance for our Operational Plan continues to remain positive, with 88% of milestones rated as complete or on track for completion (rated Green) and just 11% rated Red (9 milestones). Moving into the final quarter of the year, with a number of milestones sharing the same delivery date, reviewing dependencies and managing resource will be critical to delivering to time and scope.

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

### Operational Plan progress by priority area

Milestone overview by Priority Area					
Response	0	0	5	11	0
	-2	0	0	2	0
Population Health	10	0	3	2	0
	-5	0	3	2	0
Organisational Learning	4	0	0	6	0
	-1	0	-1	2	0
Enabling Recovery	17	1	1	20	2
	-5	1	-2	5	1