



PUBLIC HEALTH WALES

PERFORMANCE AND INSIGHT REPORT

OCTOBER 2022



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Key Performance and Insight Summary

Theme 1: Maintaining a healthy and sustainable workforce – Pages 3 to 7

- Sickness absence has remained stable over the last three months with latest data for October 2022 at 4.17%, and the 12-month rolling sickness absence at 4.5%. The highest rates of sickness absence for October 2022 were within Health Improvement (7.4%), and Microbiology (5.3%).
- Around a third of Public Health Wales staff have received the flu vaccine with uptake among front-line slightly lower at 32.3% (up from 25.4% and 26.3% respectively at the same period last year). Nearly 40% of staff have received the COVID-19 booster with uptake at 45.6% for front-line staff.
- Appraisal compliance for October 2022 has increased to 69.5%, reflecting a 12% improvement since April 2022. Compliance remains below the 85% WG target.
- Compliance with the core suite of statutory and mandatory training remains above the 85% Welsh Government target at 89.6% (up 0.5% in-month).
- The new Diversity dashboard has been developed to better understand which groups are under-represented within Directorates. A session has been held with the People and OD Partners to demonstrate how the dashboards can assist with workforce planning and their role with this.

Theme 2: Achieving value and impact – Pages 8 to 9

- The cumulative reported position for Public Health Wales at month 7 2022/23 is a net surplus of £192k (£80k in-month), with an anticipated breakeven position at year-end. The surplus is a combination of variances across a number of Directorates associated with the movement against spending plans at month 7.
- Our capital funding for 2022/23 totals £6.444m with year to date spend at £1.963m. Capital funding is made up of £1.158m discretionary funding and £5.286m strategic funding. £2.973m of Strategic capital relates to Public Health Wales with the remaining £2.313m relating to the NHS Collaborative.
- Forecast capital spend is £4.481m in Months 8-12 (of which £2.041m of orders have already been placed) in addition to our year to date spend of £1.963m in order to deliver our breakeven position at year-end.
- Performance for our year to date Public Sector Payment Policy is above the statutory target at 96.43% (96.16% in month 7) and is expected to remain above target.
- Year to date agency spend as a percentage of total pay equates to 3.3% with a year-end forecast of 3.4%.

Theme 3: Organisational quality and access to high quality services – Pages 10 to 16

- No significant COVID-19 incidents or outbreaks have been reported this month. Lateral flow positivity and incidence show a slight decrease with the focus remaining on rolling out the autumn booster. No new variants have been detected but close watch being kept on other sub-lineages such as BQ.1 and BA.2.75.
- Changes are being put in place following a slight drop to 86% within 12 hours turnaround compliance for non-rapids reflecting some issues of flow of low numbers into IP5 rather than more local laboratories.
- Screening recovery plans continue to be progressed and active mitigation undertaken to maintain service provision. The planned Royal Mail strikes in November will cause considerable disruption to timeliness of receipt of newborn bloodspot screening cards and urgent consideration of alternative delivery method is being made to mitigate and reduce clinical risk to newborn babies. There is also a risk of increased bowel screening sample reject rate due to transport delays.
- Performance for agreed non-COVID microbiology indicators continues to be positive at quarter 2 2022/23 with all indicators achieving or within 10% of target.
- The Strategic Risk Register and the Corporate Risk Register are being continually updated to determine the risk scores, controls and actions. A delivery confidence assessment has been included in the report and further work will be undertaken to ensure mitigating actions are up to date and being progressed.

Theme 4: Improved population health and well-being – Page 17 to 22

- Good progress was reported against our Strategic Plan in month 7. 96% of milestones were reported as on track or complete, 2% of milestones flagged as having potential to fall behind schedule, and 3% of milestones behind schedule. Nine milestones were completed in-month with 10 RFCs being submitted (page 20-22).
- A number of key deliverables undertaken by our WHO CC and Health and Well-being Directorates from April to October 2022 are highlighted on pages 17-18.

Theme 1: Maintaining a healthy and sustainable workforce

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

Sickness Absence

Sickness absence for October 2022 was 4.17% which is a slight increase from 4.16% in the previous month, with the rolling 12 month figure at 4.50%.

'Anxiety/stress/depression/other psychiatric illnesses' remains as the most frequent sickness absence reason (highest number of FTE days lost) and accounted for over 3,167 FTE days lost during quarter 2. The second highest recorded absence reason during quarter 2 is 'Infectious Diseases' which accounts for 1,181 FTE days lost.

The highest rates of sickness absence for October 2022 are within Health Improvement (7.44%), and Microbiology (5.34%).

In addition to delivering training to Line Managers on the application of the MAAW Policy, the POD Advisory Team have also supported those areas with the highest rates of sickness absences with targeted interventions to help manage sickness absence in their areas. These have included delivery of bespoke training sessions and support to improve compliance rates.

COVID-19 Absence

The latest available data indicates that we currently have 12 staff absent due to COVID. Absences related to COVID continue to be closely monitored.

The advice regarding the management of COVID related absence and the financial arrangements regarding sick pay has changed over the course of the pandemic. The POD Advisory team have communicated these changes to Line Managers and have ensured that all related absences are managed in accordance with the latest guidance.

Sickness absence monthly trend (%)



Theme 1: Maintaining a healthy and sustainable workforce

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

Staff Flu and COVID-19 Vaccine Uptake

A new Influenza and COVID-19 autumn booster vaccine uptake dashboard in Public Health Wales staff has been developed by the Health Protection Division. Latest available data shows:

Influenza vaccine uptake – Around a third (33.2%) of Public Health Wales staff have received the flu vaccine (763 out of 2,298 staff), with uptake for front-line staff slightly lower at 32.3% against a target ambition of 75% (uptake was 25.4% and 26.3% respectively during the same period last year). Flu vaccine uptake is highest amongst the Corporate, Operations and Finance, and Quality, Nursing and Allied Health Professionals (QNAHPs) Directorates.

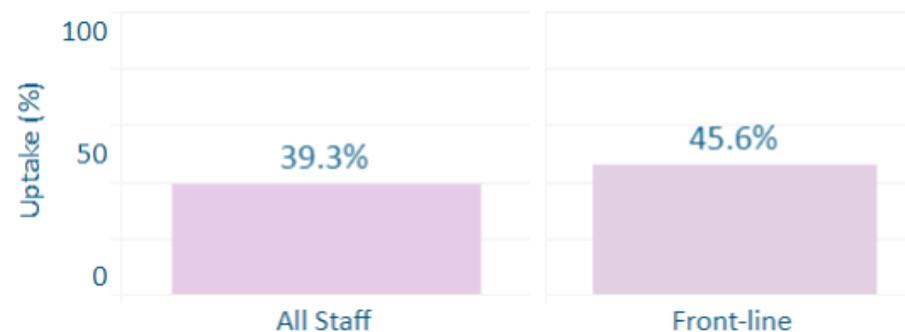
COVID-19 vaccine uptake – Around 40% of Public Health Wales staff have received COVID-19 vaccine, with uptake over 45% for front-line staff. COVID-19 vaccine uptake is highest amongst Health Protection and Screening Services, QNAHPs and People & OD Directorates.

Please note that the dashboard is based on staff who are employed by Public Health Wales, 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.

Influenza vaccine uptake



COVID-19 vaccine uptake



Theme 1: Maintaining a healthy and sustainable workforce

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

	Target	2021/22	August 2022	September 2022	October 2022	Link to PAD
Statutory measures	Statutory and Mandatory compliance	85%	87.1%	88.4%	88.9%	● 89.5%
	Appraisal compliance	85%	56.9%	65.0%	66.7%	● 69.5%

Statutory and Mandatory Training

Compliance with the core suite of statutory and mandatory training remains just above the Welsh Government target of 85% and continues to be at risk of falling below, as well as not showing any significant improvement.

People and OD are carrying out two ESR drop in sessions per month, for anyone experiencing issues accessing e-learning. We are currently reviewing the Statutory and Mandatory Training Policy, including reviewing the number of additional mandatory training subjects being carried out by Public Health Wales staff.

Appraisal and Development Reviews

The 12-month rolling compliance for My Contribution appraisals is currently at 69.5% against the Welsh Government target of 85%.

With pay progression coming into force in October 2022, part of the criteria to be put forward for an increment is staff needing to have an appraisal date entered into ESR within the last 12 months, which has had a positive impact on appraisal compliance figures.

Entering pay progression and appraisal dates into ESR will also be covered in the twice monthly ESR drop-in sessions. Further Pay Progression drop-in sessions will be arranged in due course.

Theme 1: Maintaining a healthy and sustainable workforce

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

Staff Turnover

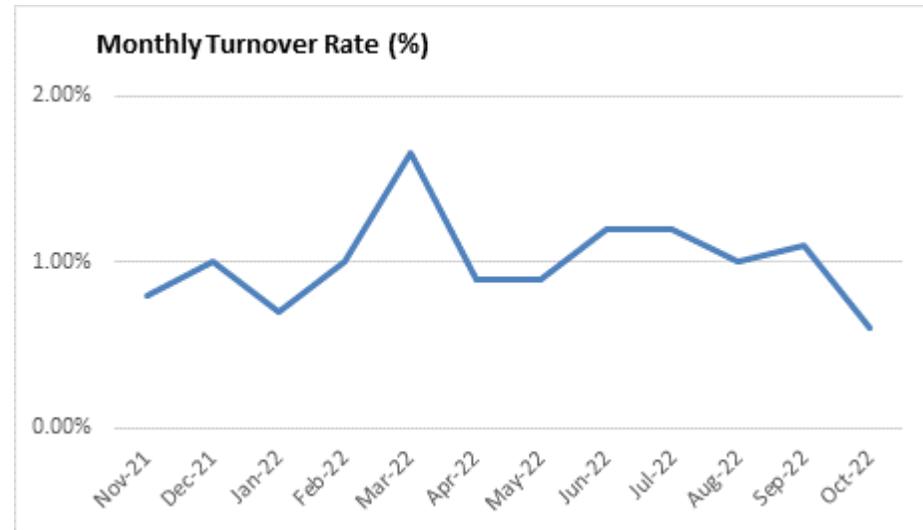
Staff turnover for October 2022 was 0.6%. The rolling 12-month turnover to 31 October 2022 was 11.9%.

In addition to ESR data, we are currently analyzing survey data of new starters and leavers, as well as monitoring labour market trends. This is being undertaken via our Approach to Starters and Leavers culminating in dashboards that will enable the organisation to examine and identify correlations in the data, supporting the development on initiatives/interventions to reduce unwanted turnover and maximize our saleability as an employer of choice. A paper will be submitted to BET for December and People and OD Committee in January, to provide context to the work and the impact it will have.

The work data will also be one of many components fed into the Employee Value Proposition work.

We have begun a partnership with Arden University who will analyse data from those who apply, shortlist and are offered roles – through focus groups and further analysis, enable us to understand population wise who we recruit, who we appeal to, who we don't appeal to and thus develop and refine our approach to attraction.

Policy development work is ongoing to reflect the culture we aspire to create; we want policies to go beyond legal compliance and reinforce the fact that we truly value our staff and want to create an environment where they can thrive.



Staff Movements

For October 2022, there were 14 leavers and 20 new starters. In terms of internal promotions in October, there were 20 employees who moved to a higher pay band.

The majority of those were promoted within their own team, with a small number moving to other teams across the organisation.

Theme 1: Maintaining a healthy and sustainable workforce

Theme 1C: Supporting Equality, Diversity and Inclusion

Diversity

At the end of 2021, a request was made by our Board to develop Directorate level diversity data so that individual Directorates could understand which groups were under-represented in their areas, and enable them to address this through workforce planning and targeted recruitment.

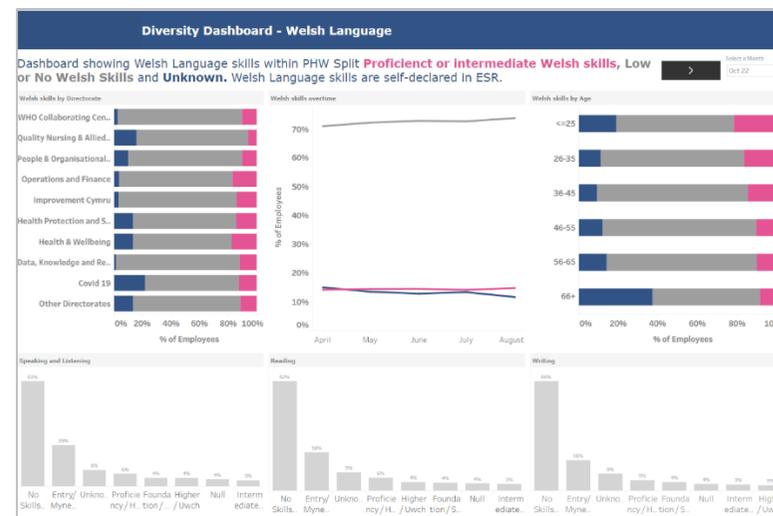
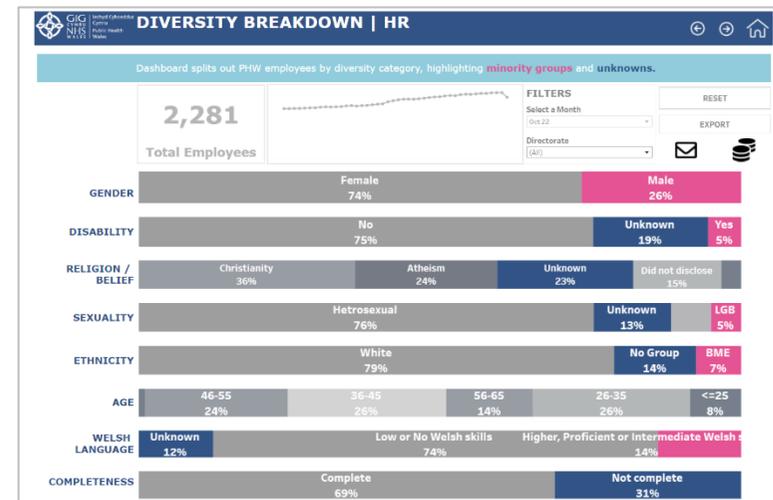
The dashboards were presented to the Executive Team and People and OD Committee at the beginning of October 2022.

The insight provided by the dashboards will support the development of a programme of work to help us secure a future healthy workforce which reflects the diversity of Wales, enabling us to meet our Strategic Equality Objectives and achieve the outcomes set out in the Welsh Government action plans on Race, LGBT+ and Disability. A session was held recently with the People and OD Partners to demonstrate how the dashboards can assist with workforce planning and their role with this.

Welsh Language

As part of the Diversity Dashboard, we have developed further insight on Welsh Language data. The latest available data show that 17% of our staff have recorded their Welsh Language Listening/Speaking skills at Level 2 (Foundation) or above.

This will assist us with identifying gaps and ensure sufficient Welsh Language capacity, as well as meeting the commitments set out in the 'More Than Just Words' Action Plan.



Theme 2: Delivering Value and Impact

Theme 2: Delivering against our agreed budgets

Statutory measures

	Month 5	Month 6	Month 7	YTD 2022/23	Year-end forecast	Link to PAD
Revenue financial target	(£48k)	(£11k)	(£80k)	(£192k)	Breakeven	
Capital financial target	£6.540m	£6.566m	£6.444m	£1.963m	Breakeven	
Public Sector Payment Policy (PSPP)	96.50%	97.21%	96.16%	96.43%	>95%	
Agency Spend as a % of Total Pay	2.7%	2.3%	2.9%	3.3%	3.4%	

Financial Summary – Month 7 2022/23

- The cumulative reported position for Public Health Wales is a net surplus of £192k (£80k in month), with an anticipated breakeven position at year-end.
- The surplus at Month 7 is a combination of variances across a number of Directorates associated with the movement against spending plans at Month 7.
- The month 7 revenue position is being supported by £10.028m of non-recurrent COVID funding as shown in the table opposite.
- Our capital funding for 2022/23 totals £6.444m with year to date spend at £1.963m. Capital funding is made up of £1.158m discretionary funding and £5.286m strategic funding. £2.973m of Strategic capital relates to Public Health Wales with the remaining £2.313m relating to our hosted organisation, namely The NHS Collaborative.
- Major capital schemes include Breast Screening Imaging Equipment £2.909m and The NHS Collaborative LINC System £2.054m.
- Performance for our year to date Public Sector Payment Policy remains above the statutory target at 96.43% (96.16% in month 7).
- Further information on our latest financial position can be found in the accompanying 2022/23 Financial Position report.

Non-Recurrent Welsh Government COVID-19 Funding Supporting Month 7 Position

Funding Item	Actual Apr-Oct 22 £'000
Additional Operational Expenditure	
Test	8.703
Trace	0.505
Vaccination Programme	0.788
PPE	0.032
Total Operational Expenditure	10.028
Funding	
Assumed Welsh Government Funding	--10.028
Total Funding	-10.028

Since the submission of our month 1 return, the figure for Welsh Government funding for Covid-19 has changed from £48.314m to £18.769m reflecting revised forecast costs for 2022/23.

Theme 2: Delivering Value and Impact

Theme 2: Delivering against our agreed budgets

Revenue Forecast – Month 7

- Public Health Wales’ forecast year-end revenue position is breakeven.
- The following Welsh Government COVID-19 funding is anticipated within the forecast:

PHW - COVID-19 Summary	Actual Apr-22 to Oct-22 £000	Forecast Nov-22 - Mar-23 £000	TOTAL 2022/23 £000
Additional Costs			
Test Trace Protect			
COVID-19 Laboratory Testing	7,527	5,678	13,205
Genomics Sequencing	565	466	1,031
TAT & Resilience - Non COVID-19 Rapid Testing	303	1,372	1,675
TAT & Resilience - Platform Maintenance	308	205	513
TTP Contact Tracing	505	295	800
TOTAL TTP	9,208	8,016	17,224
Other			
Vaccination Programme	788	702	1,490
PPE	32	23	55
Total Gross Additional Cost	10,028	8,741	18,769

- Further information on our latest financial position can be found in the accompanying 2022/23 Finance Position report.

Capital Forecast – Month 7

Capital Category	Total YTD Apr - Oct	Forecast Nov - Mar	Total 2022/23
Discretionary	595	563	1.158
Strategic - PHW	641	2.332	2.973
Strategic - Hosted	727	1.586	2.313
Total	1.963	4.481	6.444

- Our forecast is to breakeven against our £6.444m capital funding for 2022/23.
- We are forecasting to spend £4.481m in Months 8-12 (of which £2.041m of orders have already been placed) in addition to our year to date spend of £1.963m in order to deliver our breakeven position at year-end.

PSPP Forecast – Month 7

- 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.

Agency Spend as a % of Total Pay

- Year to date agency spend as a percentage of total pay equates to 3.3% with a year-end forecast of 3.4%.

Theme 3: Organisational quality and access to high quality services

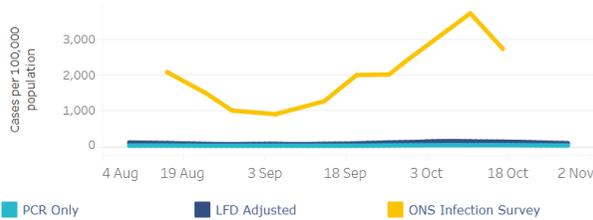
Theme 3A: COVID-19 Summary

COVID-19 high level summary

Epidemiology

Adjusted case episode rates (PCR and LFD, up to 29 Oct 2022), compared with cases estimated by the ONS infection survey (up to 17 Oct 2022)

Comparison of adjusted case episode rates (PCR and LFD episodes) per 100,000 population compared to the total cases estimated by the ONS infection survey



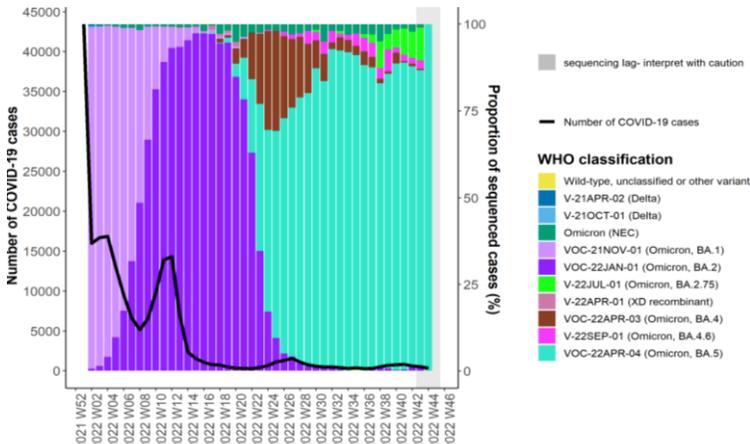
- Current trend is downwards, but not clear whether this will continue

Rolling 7-day hospital admissions of COVID-19 cases in Wales, by age group, up to 6 Nov 2022



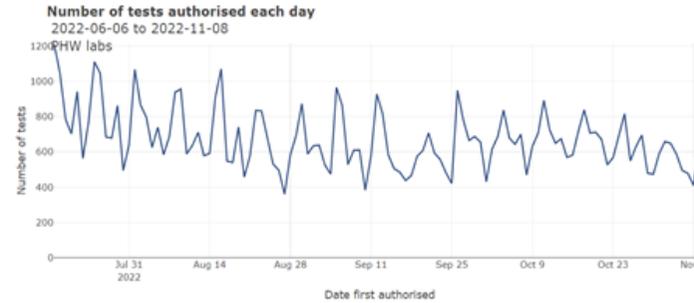
- Hospital admissions have risen in recent weeks, but are now starting to decline

Variant summary: Of sequenced cases, % typed as each variant in Wales (to week 44, ending 4 Nov 2022)



- Omicron BA.5 remains the dominant variant. Other subvariants are circulating with no clear new dominant, but taking note of the gradual increase in BA.2.75

Testing



Summary

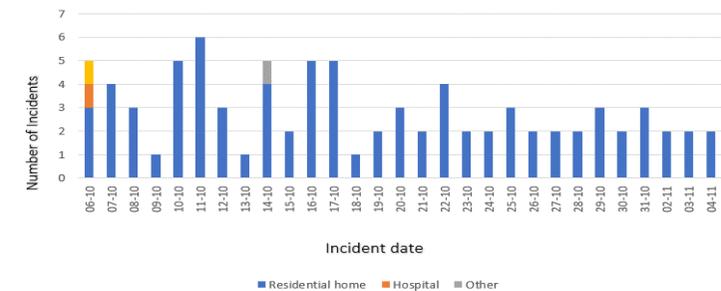
Daily activity remains unchanged at ~600 tests.

Standards for TAT % compliance:

- Slight drop to 86% within 12 hours for non-rapids achieved. Reflecting some issues of flow of low numbers into IP5 rather than more local labs. Changes being put in place to improve.
- 90% within 4 hours for rapids achieved

Incidents continue to be reported in closed settings, with some reports of localized incidents affecting hospital wards.

Incidents and Outbreaks



As we progress into autumn/winter it is anticipated that we will see increased numbers of respiratory incidents arise.

Summary of significant incidents and outbreaks

- No significant COVID-19 incidents or outbreaks reported this month.

Developments

- Lateral flow positivity & incidence show a slight decrease. Focus remains on rolling out autumn booster.
- No new variants have been detected. Current wave is driven largely by Omicron BA.5 variant. Close watch being kept on other sub-lineages such as BQ.1, and BA 2.75

Theme 3: Organisational quality and access to high quality services

Theme 3B: Access to high quality services

Screening Services

Recovery plans continue to be progressed and active mitigation undertaken to maintain service provision despite issues such as postal strikes and train strikes. The planned Royal Mail strikes in November 2022 would have caused considerable disruption to the timeliness of receipt of the newborn bloodspot screening cards with clinical risk to newborns. An urgent alternative delivery method has been implemented with a courier and programme has worked with Health Boards to implement this significant change in very quick timescales.

The strikes will also impact bowel screening samples timeliness and there is a risk of an increase in reject rates due to time taken for samples to reach the laboratory. Information has been added to websites to explain there may be some delay to receiving invitation and results letters due to the strikes. Mitigation work is now starting to manage the anticipated nursing strikes.

Breast Screening has continued to implement the equipment replacement programme and two of the new mobiles have been received and operational. The other mobiles are planned to be received by end of March 2023 and as they come into operational this will help with recovery as reduces the breakdown of old mobiles which is significant. The timeliness of the reading and assessment is and will remain challenging due to high screening activity and long term sickness. The normal results timeliness has improved this month and meets standards. The average round length remains just under 44 months and the programme will take a long time to fully recover the round length of 3 years.

Cervical Screening new information management system for the programme (CSIMS) continues to work well. The timeliness of results is being maintained. The social media communication campaign to build trust and to ensure the correct messaging about human papillomavirus (HPV), cervical screening and the interval change was presented to Quality Screening and Improvement Committee in October 2022. Work continues to manage re-procurement of equipment in the laboratory and is progressing to plan.

Bowel Screening number of kits being returned continues to be good with uptake continuing at a high level and timelines of results is excellent. The optimisation of the programme and inviting 55, 56 and 57 is going well. Waiting times for the Specialist Screening Practitioner assessment is within standard and colonoscopy component of the pathway is under active review and for 10 of the local centres ranges from 4 weeks to 9 weeks with two centres at 17 weeks.

Antenatal Screening continue to be in close contact with maternity services to support around guidance on flexibility in the pathway where possible due to their staffing constraints.

Newborn Hearing Screening continues to be actively managed and timeliness maintained. The IT systems that ensures failsafe for the programme needs upgrading and is down for periods of time which is impacting workflows.

Newborn Bloodspot Screening coverage has been maintained and avoidable repeat rate below 2% which is remarkable with our colleagues in midwifery under considerable pressure. The programme has worked to put in place an alternative delivery method to mitigate risk of a delay in identifying a newborn baby with a clinically significant condition due to planned Royal Mail strikes

Diabetic Eye Screening remains the most challenging programme to recover the backlog due to it being annual screening and a very large eligible population which continues to increase by about 1000 participants each month. The programme is implementing new clinic templates which will improve capacity further but still not to pre-covid levels. The programme is taking forward transformation workplan. Contracts and plan are progressing well with new screening site in Cardiff which will support recovery.

Wales Abdominal Aortic Aneurysm Screening additional screening is being undertaken and focused work to reduce backlog with additional clinics in specific areas. Compared to pre pandemic, activity is higher, uptake higher and DNA is lower. All additional screening staff as set out in the recovery plan are near completing their training which will support recovery. Screening at the new screening venue in Mountain Ash is well received by participants and staff.

Theme 3: Organisational quality and access to high quality services

Theme 3B: Access to high quality services

Healthcare Associated Infections (Health Board/Trust targets)

Latest all-Wales HCAI figures continue to be reported to Welsh Government and our NHS Wales partners in a timely manner. Latest data shows a varied picture across all-Wales rates with trends continuing to be monitored closely. Both *C. difficile* and *E. Coli* bacteraemia have seen gradual improvements over the past quarter, whilst increasing rates have been evident for *Staph Aureus* bacteraemia over the same time period.

With the exception *Staph Aureus* bacteraemia, all mandated all-Wales HCAI indicators are falling outside respective national reduction expectation target levels. Health Boards/Trusts continue to experience challenges in achieving agreed targets for 2022/23, with only Aneurin Bevan and Cardiff & Vale UHBs on trajectory to achieve respective reduction expectation targets for *E. Coli* bacteraemia and *P. aeruginosa* bacteraemia.

Latest surveillance figures reported by Health Boards/Trusts in Wales showed that:

- 708 *C. difficile* have been reported since April 2022, approximately 2% more than the equivalent period in 2021/22.
- 533 *Staph Aureus* bacteraemia have been reported since April 2022, approximately 8% more than the equivalent period in 2021/22.
- 1,291 *E. Coli* bacteraemia have been reported since April 2022, approximately 4% fewer than the equivalent period in 2021/22.
- 399 *Klebsiella sp* bacteraemia (includes *E. aerogenes* bacteraemia from April 2019 onwards) have been reported since April 2022, approximately 8% more than the equivalent period in 2021/22.
- 120 *P. aeruginosa* bacteraemia have been reported since April 2022, equivalent to the same period in 2021/22.

Healthcare Associated Infections (Cont'd)

The HCAI and AMR Programme (HARP) continues to provide COVID-19 and non COVID-19 related advice and support to partners including Welsh Government and NHS Wales organisations. This includes the production of monthly [HCAI/AMR surveillance data](#) including Health Board/Trust progress against achieving respective [reduction expectation targets](#).

Microbiology – Non-COVID-19 activity

Performance for agreed non-COVID microbiology indicators continues to be positive across the majority of reported indicators. All reported indicators remain above or within 10% of respective target levels for quarters 1 and 2 2022/23.

Whilst performance for the latest quarter was slightly down compared with quarter 1 2022/23, performance remains strong overall, especially in light of the pandemic response. Latest figures highlight a small number of areas where challenges remain with performance being actively monitored. These include turnaround times for Bacteriology (compliance down from 93% to 91% against a target of 95%).

Compliance is below standard due to delays in processing for some high volume specimen types received over weekends, where staff shortages mean other key specimens are given priority for testing. Other factors include required additional sample processing, extended incubation and reference laboratory reporting. Impact is minimal as the delay is related to non-urgent samples.

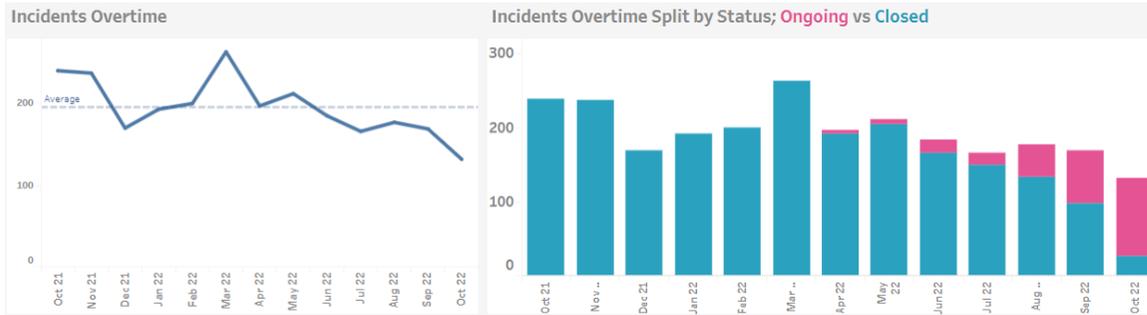
Whilst performance is slightly below the 95% standard, the microbiology team is undertaking ongoing monitoring and review of current work patterns. Work will also be progressed aligned with the development of trainee biomedical scientist staff.

Theme 3: Organisational quality and access to high quality services

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

Quality and Improvement

Incidents



A total of 131 incidents were reported in October 2022, which is a reduction from the 168 reported in September 2022. Of the incidents reported 97% were within the Health Protection and Screening Directorate, which is a reduction from the 99% reported in Health and Wellbeing in the previous month.

Incident themes

Most of the incidents in October 2022 relate to submissions from Cervical Screening Wales (34%), Microbiology (32%) and Diabetic Eye Screening services (14%). The five highest incidents by type recorded in Datix for October 2022 were as follows:

- Assessment, Investigation, Diagnosis – 54% (71)
(Highest sub categories: No sample taker code on form and specimen mislabelled or unlabeled)
- Equipment, Devices – 9% (12)
(Sub category: 10 Failure of equipment; 1 failure of medical device; 1 equipment use error)
- Records, Information – 7% (9)
- Information Technology- 6% (8)
- Communication – 5% (6)

September Incident Performance

Public Health Wales' investigation and closure target for incidents is set to 30 working days. As such, the incidents reported in this reporting period (October 2022) are still within an acceptable open status range.

September Incident performance (cont'd)

During September 2022, 54% (89) of incidents were closed within the 30-day target period, a change in performance from 58% the previous month. 5% (8) of incidents were closed outside of the 30-day again a slight reduction in overall performance compared to 7% last month. Reasons for incidents exceeding the target time is both a delay in the investigation taking place and a delay in the incidents being approved for closure by Incident Managers/Divisional Leads.

41% (69) of incidents have an overdue status and remain open. 27 out of 69 incidents have had the investigation completed and are in 'Awaiting Closure' status. Of the remaining 42 incidents, 18 remain with a 'Management Review' status indicating an investigation has not been started and 24 remain with an 'Under Investigation' status. As a result, the Putting Things Right team has been working with identified teams to clarify both the timescales and requirements for conducting the management review. Further interventions include attendance at Senior Management Team meetings to discuss performance and co-creation of improved standard operating procedures in addition to working with key Divisional staff. It is anticipated that improvements will be seen from January 2023 as a result of this targeted approach and that the numbers exceeding the closure timeframe will start to reduce accordingly.

Actions undertaken to improve incident performance:

At present there is no overall organisational procedure that meets the needs of individual services. The Putting Things Right Team continue to work with teams to ensure locally held standard operating procedures (SOP's) are in existence within Divisions and provide greater clarity for both staff and managers and their obligations in terms of the procedure and responsibilities for incident management. This includes ensuring that teams have SOP's which clearly identify which staff are responsible for conducting management reviews/ implementing actions and closing incidents within required timescales. This work has commenced in Diabetic Eye Screening, Microbiology and Cervical Screening and will be rolled out to other teams during the coming months.

Quality and Improvement

Current Incident Numbers

As of the 4 November 2022, there are a total of 142 incidents that have an open status of more than 30 days in the Datix incident management system. These figures are not reflected in the dashboard due to the retrospective nature of incident reporting. This figure relates to all incidents that have been reported more than 30 days ago with the oldest incident remaining open reported dated back to April 2022. It is noted that 60% of incidents outstanding from April have now been closed and the remaining are being actively discussed and progressed.

The highest number of open incidents are within Cervical Screening Wales (CSW). Targeted work continues with this service to understand why their incidents remain overdue and to support resolution. Progress is being made, with a reduction in the oldest number of open incidents being seen and it is anticipated further improvements in this area will be seen over the next few months.

Nationally Reportable Incidents

There were no Nationally Reportable Incidents reported in October 2022.

No Surprises Incidents

There were no No Surprises Incidents reported in October 2022.

Formal and Informal Complaints

The latest figures for October 2022 show that two **formal** complaints were reported, within Health Protection and Screening Services. Both complaints were received in Breast Test Wales, with one relating to a delay in receiving screening results and the other relating to communication issues.

The figures for October 2022 also show that four **informal** complaints were received, all within Health Protection and Screening Services. Two were received in Abdominal Aortic Aneurysm Screening and two within Diabetic Eye Screening Wales. Three out of four informal complaints were resolved locally within the 48 hour target and one within 72 hours.

In line with agreed compliance reporting requirements, both complaints received during September 2022 were acknowledged within 48 hours target (100%). One of these complaints was responded to within the 30-working day timeframe and the other complaint for Health Protection exceeded the time frame by one day due to an amendment resulting from the Quality Assurance process.

Compliments

In October 2022, 73 compliments were received. This is an increase from 67 received in September. The ratio of compliments to formal complaints in October 2022 is 36:1.

Claims

No new claims were received in October 2022. There are currently 18 confirmed claims open and three potential claims. 95% of claims relate to Health Protection and Screening Services with 5% related to the WHO Collaboration Centre.

Theme 3: Organisational quality and access to high quality services

Theme 3C: Achieving high quality and risk management in our organization

Risk Management

The Strategic Risk Register and the Corporate Risk Register are being continually updated to determine the risk scores, controls and actions.

The **Strategic Risk Register** is currently displaying six risks, which have approved risk appetites and delivery confidence assessments.

<p>Strategic Risk 1 - There is a risk that Public Health Wales will not be sufficiently focused, agile and responsive in discharging our functions</p>	<p>The controls in place relate to teams or meetings that discuss the topic of the risk. One control is assured at the highest level of assurance, the remaining at a BET level or are currently not indicated. A number of actions have been identified and completed during this reporting period. Assurance can be taken in the robust process in place to monitor and respond to potential emerging geopolitical, socio-economic and health threats.</p>
<p>Strategic Risk 2 - There is a risk that Public Health Wales will not deliver its plans for delivering excellent services for population screening, health protection and infection</p>	<p>Risk 2 is the only risk in which the DCA is indicated to be green rather than amber. This is due to the delivery of excellent services continuing to be an overarching priority. The controls have been fully refreshed and cover a wide range of topics, many of which are assured at the higher levels of Committee(s) and Board. The actions identified relate to internal changes to screening, health protection, microbiology and clinical infection services to address the external environment creating the risk and are actively progressing, providing the assurance that the risk is being managed.</p>
<p>Strategic Risk 3 - There is a risk that we will not manage organisational change well</p>	<p>It would appear that the controls in place are operating effectively to reduce the risk. Planned actions are being progressed, noting the interdependencies with other functional areas across the organisation. The majority of the actions are due to be delivered by the end of the financial year which should have a significant impact on the risk.</p>

<p>Strategic Risk 4 - There is a risk that we are unable to attract and retain the required professional workforce</p>	<p>The controls in place are owned by all Executives rather than one designated area so it is important to ensure the controls are coordinated. There are a number of actions which are due to be completed by the end of the financial year with a number dependent on each other.</p>
<p>Strategic Risk 5 - There is a risk that we will fail to exploit data to inform and direct public health action and interventions</p>	<p>There are a number of actions in place and assured at the highest level, however they appear not to be having an impact on the risk (score). The number of actions that were previously identified now have gaps in controls indicated to which they are addressing. With the recruitment of all investment posts, it is expected to have a notable impact on the risk going forward.</p>
<p>Strategic Risk 6 - There is a risk that PHW will suffer a cyber-attack on its IT systems of such magnitude that it will be unable to maintain core business and public facing services</p>	<p>There are a number of controls in place addressing IT security broadly including a Cyber Security update report being reviewed at Board level. There are a wide range of actions that the organisation has been pursuing over the past 15 months to effectively manage the risk.</p>

Theme 3: Organisational quality and access to high quality services

Theme 3C: Achieving high quality and risk management in our organization

Risk Management

The **Corporate Risk Register** is currently displaying six risks with updates as follows:

<p>Corporate Risk 203 - DESW is unable to provide an accurate and quality-assured programme to the diabetic population of Wales, and to transform the service to provide quality-assured programme for the increasing diabetic population.</p>	<p>The risk has a number of controls in place however they do not appear to be reducing the risk (score). There is only one action identified which has progressed over the last 12 months i.e. working with partners to increase the number of clinic locations. The new clinic pilot project is progressing well and as this work continues, the risk should be appropriately addressed.</p>	<p>Corporate Risk 301 - There is a risk that we will not deliver our IMTP due to challenges involved in securing resources at the right time, at the right cost, with the right skills</p>	<p>This risk is new, following the refresh of the Corporate Risk Register and activities have already progressed in order to reduce the risk. A tender processed for EVP work has already been completed.</p>
<p>Corporate Risk 207 - There is a risk that Public Health Wales will fail to meet the requirements of The Health and Social Care (Quality and Engagement) (Wales) Act (2020)</p>	<p>The risk has a number of controls in place however they do not appear to be reducing the risk (score). A number of preparatory scoping activities have been completed however further progress on the remaining actions has been impacted by the delays associated with the publication of the Duty of Quality and Duty of Candour which is outside the control of the organisation.</p>	<p>Corporate Risk 208 - There is a risk that Health Protection and Screening Services will not be able to deliver high quality services in North Wales Infection division as they are struggling to recruit and retain sufficient medical and clinical staff</p>	<p>The risk has a number of controls in place however they do not appear to be reducing the risk (score). Many of the actions have been progressing for over a year with one action paused (single on-call for Microbiology). The action relating to the provision of funding for Agency Consultants has been resolved for the next financial year but beyond this period funding remains uncertain and therefore does not reduce the risk.</p>
<p>Corporate Risk 206 - Risk that individual and team performance and development is not aligned with the organisation's strategic and operational priorities</p>	<p>The controls in place appear to be having a positive impact on reducing the risk. A notable progression this month is the improvement in appraisal compliance providing the organisation with quantitative data. The action to carry out a quality audit on appraisals to ascertain that the performance is indeed aligned to the priorities remains important to further reduce the risk.</p>	<p>Corporate Risk 302 - There is a risk that PHW will be unable to deliver key capital projects detailed within our IMTP, deliver our planned capital replacement programme or undertake remedial works for our services and estate.</p>	<p>This risk is new following the re-refresh of the Corporate Risk Register and as such has not been submitted to the Board previously. However, a number of controls have been identified and the one action is completed. It is proposed that this risk will be considered by BET in December for closure.</p>

Key Milestones - WHO CC

- Public consultation and launch of the co-produced National Trauma Practice Framework for Wales, attended by Deputy Ministers for Social Care and Mental Health & Well-being
- Behavioural Science Unit for Health and Well-being launched with input from CMO and UK President of the Association of Directors of Public Health
- International Horizon Scanning and Learning reports on COVID-19 and priority public health topics produced bi-monthly to inform policy and practice in Wales
- WHESRI Decomposition Analysis launched to inform and support health equity solutions
- Cost of Living Crisis as a public health issues work, including 1) presentations to NHS Chairs, Welsh Government Officials Group; Ministerial Subgroup with FM and Health Minister present; 2) Report published with significant media interest
- WHO All-Regions for Health Network webinar on 'The Cost of Living Crisis: Implications for Public Health and the identification of Solutions' held
- Analysis on models of response to support young people affected by homelessness
- Mental well-being impact assessment of the COVID-19 impact on young people
- Articles published on the relationship between adverse childhood experiences and perpetration of child physical punishment; and sexual health outcomes
- 'Social Value Database and Simulator' for public health developed to help inform investing in prevention and show the wellbeing impact of public health programmes
- Report on the findings of a survey on public views of climate change and health in Wales
- De-carbonisation action plan developed and submitted to Welsh Government
- Resources for environmental sustainability including: SIFT Healthy Environment toolkit workshop resource; Circular Economies and Sustainable Health and Wellbeing in Wales; Resources for Sustainable Health, Communities and Climate Change in a Future Wales
- Survey completed with staff in Public Bodies on their skills, knowledge and confidence in planning and taking action on the health and wellbeing impacts of climate change
- Presentation to Cwm Taf Morgannwg Health and Housing, to progress a work programme on housing and health
- Triple challenge reports on the impact of COVID-19, Brexit and climate change on health and well-being in Wales with two spotlights on food security and rural communities
- Evidence and advocacy on trade and health including publications on regional funding in Wales and participation in global infectious disease prevention; and membership of Welsh Government groups, bringing a public health perspective to trade discussions

Key Milestones - Health and Well-being

Wider Determinants of Health

- Supported Ministerial priorities of free school meals and early years and childcare offer, as part of Building a Healthier Wales collaboration Healthy Weight Healthy Wales
- Developed and released guide for increasing participation in fair work as a route to health, well-being and equity for regional and local partners (~1k unique views)
- Supported implementation and evaluation of income maximisation pilot as part of a Building a Healthier Wales to support young people through the impact of the pandemic (1000+ young people advised, income gains of £500k+, improved wellbeing)

Tobacco Control

- Completed a rapid review of support to smokers during pregnancy and identified opportunities for improvement
- Completed evidence gathering on the acceptability and evidence base for extension of smoke free public places to promote denormalisation
- Established the Help Me Quit for/in Hospital programme to optimise the potential of a secondary care contact to promote quit attempts

Healthy Weight

- Published resources supporting dissemination of findings on building understanding of the role of socio-economic factors play in driving inequalities in pregnancy outcomes
- Active Travel - developed a minimum dataset to enable consistent monitoring and continuous improvement in the All Wales Weight Management Pathway
- Developed a level 1 digital offer for the All Wales Weight Management pathway. Completed the first Hands Up Travel to School Survey in primary schools
- [Primary Care Obesity Prevention](#): Needs Assessment & Behavioural Insights and Obesity Prevention Action Plan published
- Developed proposals for reform of the Welsh Network of Healthy School Schemes & undertaken a review of school meal standards in primary schools

Mental Health and Emotional Well-being

- Completed the What Works Toolkit pilot phase to support the Whole School Approach to Mental and Emotional Wellbeing
- New Healthy Working Wales website content has been launched in relation to two important topics: mental health and wellbeing and the cost of living crisis
- Published [Social Prescribing Interfaces report](#) in August 2022

Oral Health Improvement

- [Designed to Smile](#) programme restarted; PHW released a new data collection tool in July to collate and produce annual report. Planning for the Dental Epidemiology Survey of 5 year old children in Wales in the advanced stages

Dental Reform

- Learning from GDS Reform Programme, advice to WG/HBs on safe recovery of NHS dental services focused on prevention. Ongoing work on workforce and training, evaluation including Principles of Care evaluation and communication activities

Diabetes Prevention

- Leading on All Wales Diabetes Prevention Programme ([AWDPP](#)) to reduce burden of disease from type 2 diabetes and impact on NHS. Programme launched by Minister in June; AWDPP Protocol Eye Health Care
- Eye Health Care - provided advice & guidance to an HEIW Fellow producing an All Wales Eye Health Needs Assessment. Ongoing work with the Optometry Contract Reform Implementation Board & relevant sub group

Primary Care

- Accelerated Cluster Development monitoring and evaluation [plan](#) formulated, supported by Cluster Development Framework ([CDF](#))
- National Climate Emergency National Programme Board - system leadership and behavioural insights offered for safe use and disposal of inhalers across Wales. Discussion paper drafted and evidence review commenced to support this work.
- Veterans and Ex-Service Personnel Health guidance [published](#) on Primary Care
- All Wales Diabetes Prevention Programme - EIA and equity workstream supporting equitable access and uptake. Collaboration with PHW R&E to undertake process, value and outcome evaluation with external academic tender

Supporting Health and Care Workforce

- Public Health Network Cymru continues to develop as a resource for professionals looking to improve population health including increased membership
- Collaboration with HEIW to develop a skills and competency framework, address the education and training needs of different workforce groups
- Discussion [paper](#) developed to inform future Cluster Leadership development programme being progressed by HEIW
- Engagement events for community pharmacy, optometry, Nursing and AHP stakeholders to support the development of Professional Collaboratives

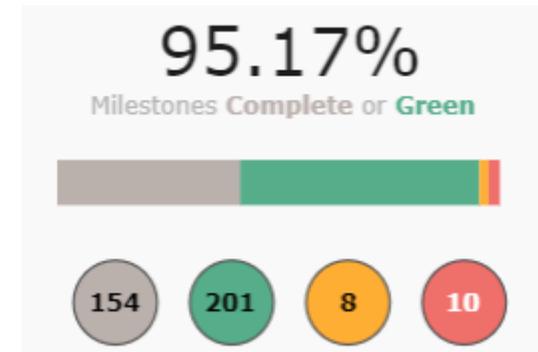
Strategic Plan – Month 7 Summary

The number of milestones contained in our Strategic Plan (2022-2025) reduced to 373 in month 7 owing to three milestones moving into 2023/24 plan. These requests were submitted through the request for change process in month 6.

Good progress continues to be reported with 54% (201) milestones on track, 41% (154) milestones complete, 2% (8) of milestones have the potential to fall behind schedule and 3% (10) rated red and behind schedule. Across all directorates 9 milestones were completed in month 7, of which four were delivered ahead of schedule. Four milestones owned by Informatics have the potential to fall behind schedule owing to external dependencies.

Ten requests for change were submitted for approval in month 7, please see request for change summary in Appendix A below. Six requests for change requested a date change: three owing to external factors; two owing to workforce issues and one to Data Protection Impact Assessment lag. One milestone linked to *the Active school travel route* and one milestone linked to the delay in establishing *a new screening venue* have requested a roll over into 2023 / 24 plan. A request has been received to suspend a milestone linked to the *establishment of a screening site in West Wales*, which means that it will not be possible to achieve three new sites this year. A scope change has been requested for a milestone to *establish a medium-to long-term investment planning process for sustainably funding skills education and training* that is dependent on the workforce planning and job families areas of work.

Further information on progress against delivering our milestones within our Strategic Plan can be viewed here 



Milestone overview by Directorate

	G	A	R	C
Data, Knowledge and Research	14			20
Health & Wellbeing	48		2	17
Health Protection and Screening Services	42	1	2	38
Improvement Cymru	19		1	9
Operations and Finance	22	4		27
People & Organisational Development	14	3	2	9
Quality Nursing & Allied Health Professionals	17		2	17
WHO Collaborating Centre	25		1	17

Strategic Plan Milestones - Request for Change Summary

Directorate	Deliverable / Milestone	Change Type	Original date	Proposed date	Reason	Impact
WHO CC	IMTPM_017 Publication produced or event held to support understanding of the links between trade, health and well-being	Date Change	31/10/22	30/11/2022	Delayed until 23rd November due to the availability of the PHNC team to support the event	3 week delay to the webinar being held but no major impact identified
Health and Wellbeing	IMTPM_040 Walkability and cycleability to school data analysis report produced	Date change	31/03/23	31/03/2023	The progress to develop a resource that estimates the proportion of children who could feasibly actively travel to school has been affected by capacity in the system to support the work. Unfortunately PHW analytical colleagues were unable to support the work, which meant engaging with external stakeholders in DataMapWales (DMW). However, despite promising conversations over the first half of the year, it became clear that the team at DMW did not have the capacity to complete the work to our deadline, which was partly due to data quality issues that arose during their initial scoping activities. We have however found a positive way forward, and are now partnering with GIS mapping specialists at Swansea University who have access to the required data via the SAIL Databank and are keen to work with us to develop the resource. The change in approach does mean however that the milestone will now be achieved at the end of March 2023.	There will not be a negative impact on the system. The development of the resource is supported by key stakeholders and the Active Travel Board, but they understand the issues with capacity in the system. The priority is that the resource that is developed is as useful as possible, rather than delivery by the original milestone.
Health and Wellbeing	IMTPM_041 Active School Route to Improvement Pilots report produced	Date change	31/03/23	30/06/2023 This milestone will need to be rolled over into next years plan (closed in this plan)	The above milestone is a key action within the Active School Travel Route to Improvement national plan, which was agreed by the Active Travel Board in November 2021. However, since then, the structure and strategic direction of the Active Travel Board has been under discussion. This has resulted in a pause to the formation of the proposed Active School	There will not be a negative impact on the change in milestone delivery date. It is important that this work is taken forward carefully with stakeholders, with certainty over the strategic direction of the Active Travel Board, in order to make the most impact on population health in Wales.

Strategic Plan Milestones - Request for Change Summary

					Travel National Strategic Group, due to oversee the taking forward of actions within the Active School Travel national plan. This, and the delay in the development of the mapping resource (IMTP_040) which is to be a key component of the proposed pilot work, means that the milestone needs to be pushed back.	
Health Protection and Screening Services	IMTPM_182 Second new screening venue established as part of an ongoing estates programme to improve accessibility and offer to participants and support recovery and sustainable delivery	Date Change	31/12/22	30/04/2023 This milestone will need to be rolled over into next years plan (closed in this plan)	The second new screening venue has progressed well (Kimberly House in Llanishen Cardiff) and the contract signed recently but the previous estimated start date is not feasible. The current estimation is that this will be established early in the new financial year. Work will continue as planned this financial year.	This means that we don't have the increase in screening capacity in the Cardiff area from December 2022 but work is progressing well and this is hoped to be implemented from April 2023 so a few months delay.
Health Protection and Screening Services	IMTPM_188 Third new screening venue established as part of an ongoing estates programme to improve accessibility and offer to participants and support recovery and sustainably delivery	Suspend Milestone	31/03/23	-	The aim was for three screening venues to be established this year; two in South East (Mountain Ash and Cardiff) and one in the West. This was an ambitious aim but was feasible. However the venue in the West fell through as the building identified was withdrawn from sale and it has not been possible to identify another building or funding source. Therefore it will not be possible to achieve three new sites this year as planned.	This will mean that the availability of screening venues will not improve in the West as we had hoped.
Improvement Cymru	IMTPM_205 Proof of concept computer simulation flow models to support coaching developed	Date change	31/12/22	31/03/2023	Inability to gain access to all key stakeholders to discuss the requirements of the simulation models.	The impact is delayed availability; however, it is critical to ensure that all requirements have been gathered.
People and Organisational Development	IMTPM_323 Assess current and ideal cultures (anticipating approval)	Date change	31/12/22	31/03/2023	Investment confirmed October 2022 (and Board engaged same time). DPIA lag will mean we are unable to undertake the assessment until Q4.	No impact

Strategic Plan Milestones - Request for Change Summary

People and Organisational Development	IMTPM_342 Established a medium- to long-term investment planning process for sustainably funding skills education and training	Scope change	30/09/22	-	Whilst we have identified ways to enable us to better capture current investment in learning and development, future plans and processes for sustainable investment in skills, education and training are very much dependent on activity such as workforce planning and job families approach. With this the case we need to reframe the scope of the objective and align to interdependent work.	By aligning to workforce planning and job families approach we can ensure that sustainable processes for funding learning and development activity are closely aligned to ongoing approaches to identifying learning needs at directorate and division level and by job family.
Quality Nursing and Allied Health Professionals	IMTPM_372 Clinical Supervision Framework developed	Date change	31/10/22	31/12/2022	Staff sickness and additional consultation required due to feedback received. Next Steps: finalise; submit for further consultation period of 28 days.	Delay in publication of final Clinical Supervision Framework
Quality Nursing and Allied Health Professionals	IMTPM_381 Review of post Covid-19 practices and establishing lessons learnt to drive quality and improvement initiatives in line with the Code of Practice for the Prevention and Control of Healthcare Associated Infections 2014	Date change	31/12/22	31/03/2023	Workload demand plus post holder not in post during the pandemic, will need to seek further assistance. Next Steps: meet with PHW colleagues to establish any unidentified learning Timescales: due to Flu Campaign workload and prioritisation of policies, work likely to commence December 2022.	May miss salient learning not already identified via IPC measures

Annex A. IMTP Accountability Conditions

Summary of progress against our IMTP Accountability Conditions

Public Health Wales is required to provide regular updates on progress made against the IMTP accountability conditions that were set out as part of the approval of our Integrated Medium Term Plan 2022-25. The accountability conditions form an integral part of internal monitoring and Board assurance. The accountability conditions will also form the basis of the discussions at our upcoming mid-year Joint Executive Team (JET) meeting with Welsh Government on 19 December 2022, alongside other planning and delivery meetings throughout the year.

1. Screening

Ensure the screening programme is delivered and funding to support this work is monitored appropriately

The Screening Division priorities are delivering the screening programmes with active management to mitigate issues such as strikes; recovering the delay in the remaining three screening programmes from impact of the pandemic; and continuing to develop the screening programmes. The Division presented an update on recovery to IQPD in October 2022 and additional information is also available on page 11.

Key updates on the programmes include:

- **Bowel Screening Programme** fully recovered by October 2021. Uptake levels are at 66% and optimisation of the programme is continuing as planned with ages 55, 56 and 57 started to be invited from October 2022.
- **Cervical Screening Programme** fully recovered by December 2021. New IT system implemented in September 2022. Successful communication campaign completed in August to ensure the correct messaging about human papillomavirus (HPV).
- **Breast Screening Programme** recovery is progressing but full recovery will take until 2025. Recovery has been impacted by key clinical staff vacancies, pandemic, and screening mobile breakdowns. The average round length remains just under 44 months.
- **Wales Abdominal Aortic Aneurysm screening** is due to recover by the end of the financial year. Compared to pre pandemic, activity is higher, uptake higher and DNA is lower.
- **Diabetic Eye Screening Programme** has not yet recovered the delay due to the pandemic. This programme remains the most challenging programme to recover due to the very large and continually increasing eligible population. Transformation programme to enable recovery and establish sustainable service model.
- **Antenatal, Newborn Hearing and Newborn Bloodspot programmes** were not paused and continue to deliver in line with high performance standards.

2. Workforce

(a) Demonstrate that workforce recruitment exercises are achieved, and specialist roles are filled to support delivery of the IMTP

- Verbal update to be provided

(b) Ensure mitigating actions are developed and agreed by the board to ensure plan is delivered

- Verbal update to be provided

Annex A. IMTP Accountability Conditions

3. Programme for Government

Demonstrate that key requirements in Programme for Government are planned and delivered:

(a) Sexual Health and HIV

Public Health Wales (PHW) has been a partner in the development of the HIV Action Plan which has been consulted upon widely and is being reviewed in line with the responses received. Key actions include:

PHW lead responsibility

- A case management surveillance system, overseen by Public Health Wales, will be funded and established to support clinical management and improve shared care. It will facilitate real-time data collection and timely publication and will ensure decision makers can measure their achievements against ambitions.
- Continue to deliver, develop and evaluate the “Ask me about PrEP” programme in Wales.
- PHW, working with Fast Track Cymru collaborative networks and the voluntary and community sectors, will continue to support the wider use of, and diverse access to, PrEP (including the different regimens and formulations in development), through ongoing awareness raising for both the general public and healthcare staff.
- PHW will ensure that the online testing will continue to be made more accessible by the provision of sustainable funding for the existing online testing service including an option for rapid test and “click and collect” services. The online testing will be promoted more widely by PHW to tackle inequalities and the user journey improved.
- Those living with HIV will be empowered to better self-manage their health through participation in the Positive Self-Management Programme (PSMP) provided by EPP Cymru.
- PHW, working with partner organisations and people living with HIV, will introduce and promote an annual Wellbeing Survey of People Living with HIV to monitor whether change has been affected and is effective.

Shared system responsibility

- A plan will be developed with Fast Track Cymru, health boards and voluntary & community partners to ensure no individual or community will be left behind when it comes to testing. This will include community HIV testing kits through community groups, faith communities and support services to reach the needs of underserved populations.
- In collaboration with health boards and GP clusters the GP “Texting for testing” pilot, which has operated successfully in certain areas of Cardiff, will be extended more widely throughout Wales.
- A national peer support programme for Wales will be commissioned by Welsh Government in the autumn of 2022, following the conclusion of research work carried out by Cardiff University on the potential principles and structures of such a programme.

Annex A. IMTP Accountability Conditions

(b) Development and delivery of a cohesive approach to public health system leadership on climate change

Public Health Wales has a role to play in leading mitigation and adaptation to protect and improve the health of the population in relation to the climate emergency. There is also a corporate role for the organisation, as part of the wider NHS, to take action to reduce our contribution to climate change.

To support the delivery of both of these roles in a more constructive, collaborative and cohesive way Public Health Wales has established a Climate Change Programme Group with contributions from all of the key domains of the organisation. This builds on existing work and includes the decarbonisation plan (lead by the policy team of the WHOCC), the Climate Change HIA (lead by the policy team of the WHO CC), the work of the behavioural science cell (Health Improvement) and work to develop climate and extreme weather surveillance, as well as respond to extreme weather events (Health Protection). The cross organisational approach will provide a clearer strategic direction for future work, with informed decision making and prioritisation, and therefore resource management.

A comprehensive update on decarbonisation actions and developments has been provided to Welsh Government as part of PHW's submission of the new Decarbonisation Qualitative return in September 2022. Welsh Government feedback on our submission has been included in Annex B.

Additionally Public Health Wales have worked closely with the Future Generations Commissioner and led developments across primary care including:

- Attendance, participation and ongoing public health advice offered to the Approaches to Healthcare sub group of the Climate Emergency National Programme Board.
- System leadership, public health input and behavioural insights for use and disposal of inhalers across Wales and identifying and influencing opportunities and drivers to enable primary care to act.
- Established an internal network known as the PHW decarbonisation, environmental sustainability, and climate change collaborative (DESCCC).
- A [Greener Primary Care Wales Framework and Award Scheme](#) developed by the Primary Care Division in collaboration with key partners and launched in June 2021 with support from the Minister HSS, Minister Climate Change and WBfG Commissioner.
- The Public Health Wales Health and Sustainability Hub is supporting system change through championing the WFG Act and working closely with the wider NHS, other public bodies and cross-sector stakeholder organisations. The Hub has produced resources and tools for environmental sustainability including: SIFT Healthy Environment toolkit workshop resource; Circular Economies and Sustainable Health and Wellbeing in Wales; Resources for Sustainable Health
- We have worked with the Future Generations Commissioner to co-produce a resource for policy and decision makers to involve communities in climate change action 'Communities and Climate Change in A Future Wales'

(c) Delivery of key commitments relating to obesity, tobacco, and mental health and wellbeing

- See update of key deliverables on page 18

Annex A. IMTP Accountability Conditions

4. Financial

Regularly monitor the assumptions i.e. future testing policies for Wales, underpinning the plan – any changes must trigger immediate revised projections and discussions with Board and Welsh Government

- Assumptions underpinning the financial projections are regularly monitored, updated and communicated to Welsh Government.
- Monthly forecasting process recalculates and reports latest projections for services across the whole organisation revisiting underlying assumptions.
- Projections are reported to Board and Audit Committee and communicated to Welsh Government through finance MMR, Finance Delivery Unit reviews, Joint Executive Team reviews and clear channels of communication with Finance Delivery Unit and Welsh Government enable significant changes to be communicated outside of formal reporting processes.
- Testing projections are based on Welsh Government testing policy applied to latest activity levels, anticipated seasonal variation and specialist intelligence in relation to other factors which impact future testing levels.
- Public Health Wales undertakes continuous dialogue with Welsh Government in relation to our testing forecast and any changes to the forecast are preceded by such discussions to ensure such changes are anticipated by Welsh Government and there are no surprises.

5. Vaccination

Demonstrate how the transformational approach to vaccination in the future will impact on the IMTP and PHW's support for NHS Wales

- Publication of the National Immunisation Framework moves transformation programme into an implementation phase
- Working closely with Delivery Unit and Welsh Government vaccination team to describe governance structures and responsibilities
- IMTP actions already had focus on increasing co-production in the production of public information, so IMTP goals already contribute directly to transformative approach.
- Major revisions to HPV, Shingles and Paediatric schedule will provide opportunity to develop and pilot a co-production model during revisions to the UK schedule
- Co-production will be with both public, 3rd sector and NHS partners to ensure needs are understood and addressed.
- PHW Vaccine Preventable Disease Programme developing a medium term strategy to address the needs of the national immunisation framework, and will conduct a size and shape review to ensure that the programme transforms to ensure it is fit for purpose going forward.
- SBAR presented to Health Protection SMT on the content and implication of the national immunisation framework.

Annex B. NHS Wales Performance Framework 2022/23 – Qualitative Returns

Welsh Government Summary of RAG assessments (Mid-year 2022/23)

The table below summarises feedback received from Welsh Government related to the mandated submission of qualitative measures within the NHS Performance Framework 2022/23. Policy leads within Welsh Government have provided an assessment of the information provided by Public Health Wales on embedding the principles of Foundational Economy and progress against the de-carbonisation action plan, assigned a RAG score to indicate progress and provided feedback as noted below.

Measure: Progress of NHS Wales' contribution to de-carbonisation as outlined in the organisation's plan					
Organisation	RAG Status		Reason for RAG Status (31.08.22)	Areas Done Well (31.08.22)	Areas for Improvement (31.08.22)
	31.08.22	31.03.23			
Public Health Wales			Report provides some evidence of progress on initial stages, however, much of the work is in its infancy and/or focused on fact-finding. There is more work for PHW to do in joining-up and co-ordinating activity across the organisation to drive their own decarbonisation activity and deliver against system-wide commitments in their IMTP.	<p>Refurbishment of Clwydian House: As part of the strip out works £5,950 in value has been donated to the community, 1,890kg CO2e avoided and 2,250kg diverted from landfill. The fit out incorporates principles of circular economy, such as carpet tiles and furniture. Shower installed and bike racks to allow for green travel. All work was completed by a Wrexham builder keeping the costs in Wales, with 80% of the workforce from Wales.</p> <p>'Work How it works best' trial - This is a 12 month trial to provide staff with choice and flexibility for how they work. Trial is currently ongoing and an evaluation will be completed by the end of March 2023 to inform future ways of working across Public Health Wales and an opportunity to look at options for buildings across the estate as and when leases are due to expire. Where this is not the case, options to use the space differently are being considered. Staff are also encouraged to use shared working spaces and public sector hubs across Wales, reducing the need to travel and adopt more sustainable travel options.</p> <p>Implemented a range of staff engagement programmes linked to their DAP resulting in Green advocates, new intranet pages, carbon literacy training, development of online workshop to support teams embedding decarbonisation activities within their individual action plans and online resources (which have been shared beyond PHW). Also, engagement activity on active and sustainable travel including the development of a sustainable travel toolkit.</p>	Good initial progress against a range of initiatives but many seem to be in the fact-finding stage rather than being implemented. Pace of change needs to increase.
Measure: Evidence of NHS Wales advancing its understanding and role within the foundational economy via the delivery of the Foundational Economy in Health and Social Services 2021-2022 Programme					
Public Health Wales			Strong evidence of understanding PHWs role in enabling the NHS to understand FE through its evidence and policy support. Evidence of applying this to PHW delivery in terms of 'Procurement' and 'Place' activity. No outcome given on how many people PHW have taken in through employment schemes such as Kickstart/apprenticeships.	Committed to a FE Strategic Plan as part of review of long-term strategy. Developing evidence and policy support (WHO, finance indicators) for the NHS.	