



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

FEBRUARY 2022



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

Iechyd Cyhoeddus  
Cymru  
Public Health  
Wales

## Executive Summary

Our Performance and Insights Report provides an overview of performance, including actionable insights and identifying areas for improvement, 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 provides assurance and supports the Board and committees in discharging their responsibilities. The key performance themes have 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.

Key points to consider this month:

- Progress against delivery of our Operational Plan remains positive at the end of February 2022, despite the recent focus surrounding the Omicron variant. 98% of our milestones are reported as complete or on track for completion and just 2% (1 indicator) reported as behind schedule. This milestone relates to the review of the People Strategy associated with the Long Term Strategy review, which has already been delayed in light of workforce pressures. A Request for Change is being submitted with the intention being that this milestone will be included as part of next year's plan. There are currently 34 milestones due to be delivered in the near future, and of these 73% are due to be delivered by 31 March 2022. With the majority of milestones rated as on track, we approach the end of the financial year in a positive position.
- Staff sickness absence decreased in February 2022 to 3.8%, down from 5.2% during the previous month. Long term sickness accounted for 2.35% with short term sickness at 1.45%, which is consistent with the higher levels of long term sickness absence seen over the rolling 12 months. Challenges relating to staff absence remain within localised areas of the organisation, particularly in Health and Well-being and Health Protection and Screening Services.

- Staff appraisal compliance remains some way short of achieving the 85% national target in February 2022. Year-end appraisal reminders will be issued this month and the People and OD team will also be reminding staff that Pay Progression will be implemented in full later this year, meaning that colleagues without an appraisal in the preceding 12 months may not receive an incremental pay increase.
- Our cumulative reported position is a net surplus of £84k (15k in-month), with an anticipated breakeven position at year-end. Of the £6.606m forecast strategic capital to be spent in Month 12, £5.122m has been committed against purchase orders with the remaining £1.484m made up of two NHS Collaborative schemes totaling £342k as well as the MalDi ToF Analyser replacement for £1.132m. Following a supplier challenge on the procurement process, the tender was re-issued. The evaluation, following the resubmission of the tender, has taken place and is due to be concluded in mid-March 2022 with the expectation that the procurement will be completed by 31 March 2022.
- Improvements were evident across the majority of screening indicators during the latest reporting period. Challenges remain in some areas including Breast Test Wales assessment waits and round length, Diabetic Eye Screening coverage and Bowel Screening waiting times for colonoscopy. Screening recovery plans continue to be progressed and services actively managed. Programmes will undertake preparation to move to at least one metre social distancing in line with current Infection Prevention and Control guidance to increase the number of participants in clinics to support further recovery.
- Coverage for most routine childhood vaccinations remained high and stable during the latest quarter with uptake of children receiving 3 doses of the '6 in 1' vaccine by age one above 95%. Coverage of two doses of MMR by age 5 was 90.0%, a slight decline from the previous quarter, ranging by Health Board from 86.0% in Cardiff and Vale UHB to 92.5% in Betsi Cadwaladr UHB. There remains the potential for resurgent infections following relaxation of restrictions on movement. Catch-up of routine vaccinations at every opportunity remains a priority in averting large outbreaks of vaccine-preventable infections.
- One No Surprises Incident was reported to Welsh Government in February 2022 relating to damage to an external storage facility following a storm, resulting in significant damage of a number of Public Health Wales health records. Although considered a very low clinical risk to patients as many records are over 9 years old, backed up electronically, and those that are not have lost their utility over time, the incident is under investigation and an Incident Management Team has been convened.

## Key Performance and Insight Summary

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

- Staff sickness absence decreased from 5% in January 2022 to 3.8% in February 2022. Challenges remain in some parts of the organisation with the highest absence rates evident in Health and Well-being and Health Protection and Screening Services which are being actively monitored.
- Appraisal compliance remains some way short of achieving the 85% national target at 58.9%. Year-end appraisal and Pay Progression implementation reminders will be issued to staff this month.
- Time to hire performance has fallen slightly outside target at 45.2 days, linked to a 50% increase in the Recruitment Team's workload due to the recruitment drive following the COVID-19 Recovery Funding. The situation is starting to stabilise following escalation and the Recruitment Team are now prioritising our work.

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

- The cumulative reported position for Public Health Wales is a net surplus of £84k (£15k in-month) with an anticipated breakeven position at year-end. Risks and opportunities continue to be managed through the year to date.
- Our capital funding for 2021/22 totals £10.165m with year to date spend at £2.788m. Capital funding is made up of £1.58m discretionary funding and £8.528m strategic funding. Of the £6.606m forecast strategic capital to be spent in Month 12, £5.122m has been committed against Purchase orders. The remaining £1.484m is made up of two NHS Collaborative schemes totaling £342k as well as the Maldi Tof Analyser replacement for £1.132m. Further information on our capital forecast to the end of the financial year is provided on page 8.
- 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 showed improvement across a number of indicators during the latest reporting period, however challenges remain in some areas of service delivery which are taking longer to recover to pre-pandemic levels. Preparation work is being undertaken by screening programmes to move to at least one metre social distancing in line with current Infection Prevention and Control guidance resulting in increased numbers of participants in clinics to support further recovery.
- Routine childhood vaccinations remained mostly high during the latest quarter with uptake of children receiving 3 doses of the '6 in 1' vaccine by age 1 above 95%.
- Following an improving trend in All-Wales HCAI rates over the past quarter, latest in-month figures showed an increase across all but one of the mandated indicators reported. Challenges remain across Health Boards to achieve agreed national reduction expectation targets for the 2021/22 financial year.
- Five formal complaints were received in February 2022, down from 19 in January 2022 linked to the extension to the Cervical Screening Wales routine screening interval period. The number of formal complaints have returned to expected levels when taking into account the annual trend for complaints received.
- One No Surprises Incident was reported to Welsh Government in February 2022 relating to damage to an external storage facility following a storm, which resulted in the significant damage of a number of Public Health Wales health records. Further information including actions undertaken can be found on page 11.

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

- Performance against our Operational Plan remained positive at the end of February 2022, with 98% of milestones complete or on track for completion. One milestone is behind schedule associated with the review of the People Strategy. A Request for Change is being submitted to be included as part of next year's plan.
- There are currently 34 milestones due to be delivered in the near future, and of these 73% are due to be delivered by 31 March 2022. With the majority of milestones rated as on track, we approach the end of the financial year in a positive position.

## Theme 1: Maintaining a healthy and sustainable workforce

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

#### Sickness Absence

Sickness absence for February 2022 was 3.81% which is a decrease from 5.02% in the previous month, with the rolling 12-month figure at 4.21%.

'Anxiety/stress/depression/other psychiatric illnesses' remains as the most frequent sickness absence reason (highest number of FTE days lost) and accounted for over 3,054 FTE days lost during quarter 3. The second highest recorded absence reason during quarter 3 is 'Chest & respiratory problems' which accounts for 874 FTE days lost.

In terms of our services, the highest rates of sickness absence for February 2022 are within Health Improvement (6.9%), and within the Health Protection and Screening Services Directorate, with the sickness figure for Microbiology being 6.4% and Screening 6.1%.

#### Sickness absence monthly trend (%)



#### Long and short term sickness

For February 2022, long term sickness accounted for 2.35% of absence total sickness absence and short term absence accounted for 1.45%. When taking into account the past 12 months, the split is comparable with long term sickness absence accounting for 2.85% and 1.36% for short term absence.

The HR Advisory team continue to provide individual case management support for all long term absences, this includes advice and guidance on Occupational Health referrals, reasonable adjustments and phased returns. They are also attending long term sickness absence meetings where appropriate. In cases where a return to work is not achievable the team also support with redeployment and ill-health retirements.

#### COVID-19 Absence

The number of COVID-19-related absences at the end of February 2022 have reduced to 13 with the majority reported as being unfit for work (<5 staff members isolating).

## Theme 1: Maintaining a healthy and sustainable workforce

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

#### Staff COVID-19 Vaccination

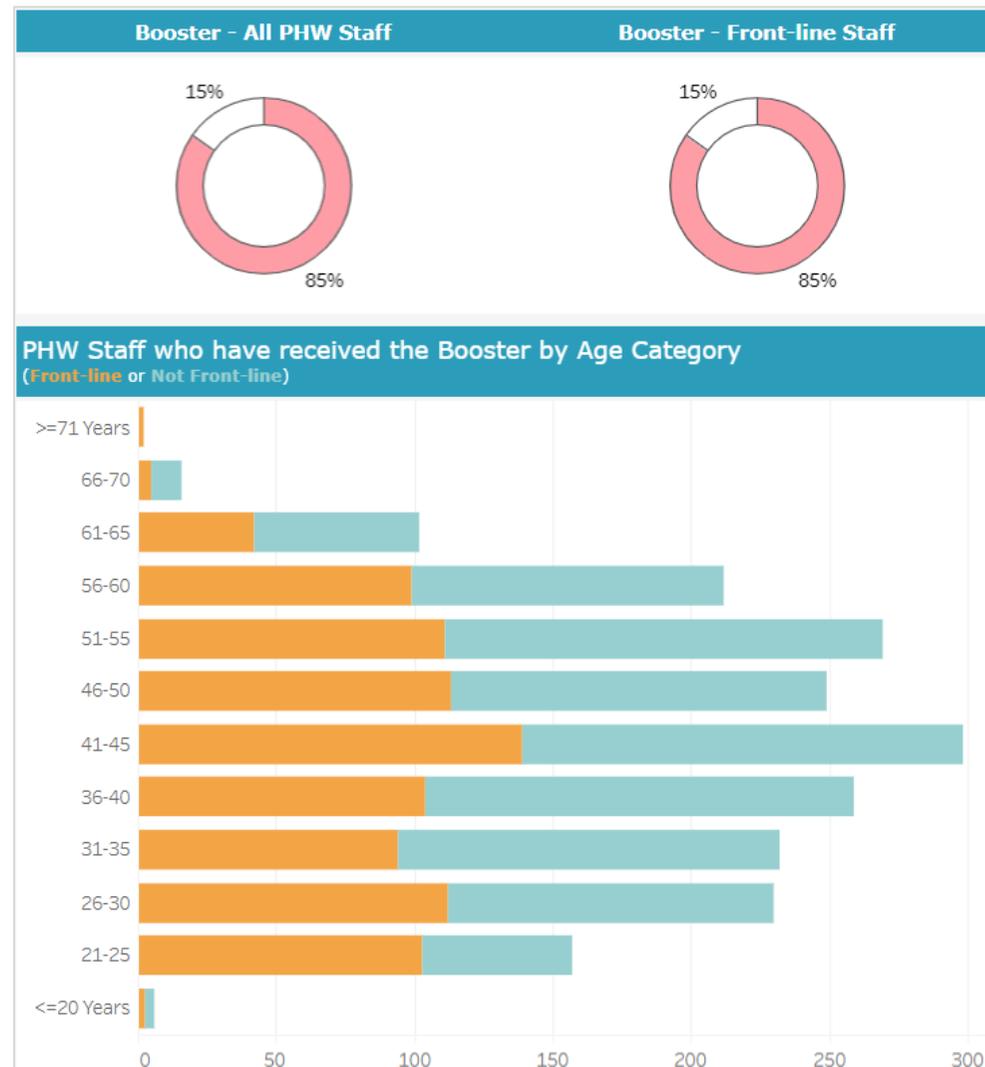
The updated staff COVID-19 vaccination dashboard shows that 2,261 current Public Health Wales employees have been given their first dose, which is 94% of our total workforce. 2,235 members of staff are now fully vaccinated (93%).

**Front-line workers** – Based on the refreshed front-line list, 1,046 have been given their first dose, which is 96% of our front-line workers. 1,036 front-line workers are now fully vaccinated (95%).

**Booster vaccinations** – Latest available data shows that 2,032 current Public Health Wales employees have been given the booster (85%). In terms of front-line workers, 927 staff members have been given the booster vaccination (85%).

Please note that the dashboard is based on staff who are employed by Public Health Wales as of 7 March 2022, 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	Dec 2021	Jan 2022	Feb 2022	Link to PAD
Statutory measures	Statutory and Mandatory compliance	85%	87.2%	87.3%	87.1%	● 87.1%
	Appraisal compliance	85%	69.9%	60.6%	58.6%	● 58.9%

*\*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 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 offering two drop in sessions per month for anyone experiencing issues accessing e-learning. The last session took place on 10 March 2022 with 7 staff members joining the session.

The next session is taking place on 24 March 2022. A schedule of classroom sessions for advanced statutory and mandatory training is in place (adhering to restrictions as required).

#### Appraisal and Development Reviews

The 12-month rolling compliance for My Contribution appraisals is currently at 58.9% against the Welsh Government target of 85%.

To date, only 62 staff members have completed 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.

Year-end appraisal reminders will be issued this month and we remind colleagues that later this year, Pay Progression will be implemented in full meaning that colleagues without an appraisal in the preceding 12 months may not receive an incremental pay increase.

## Theme 1: Maintaining a healthy and sustainable workforce

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

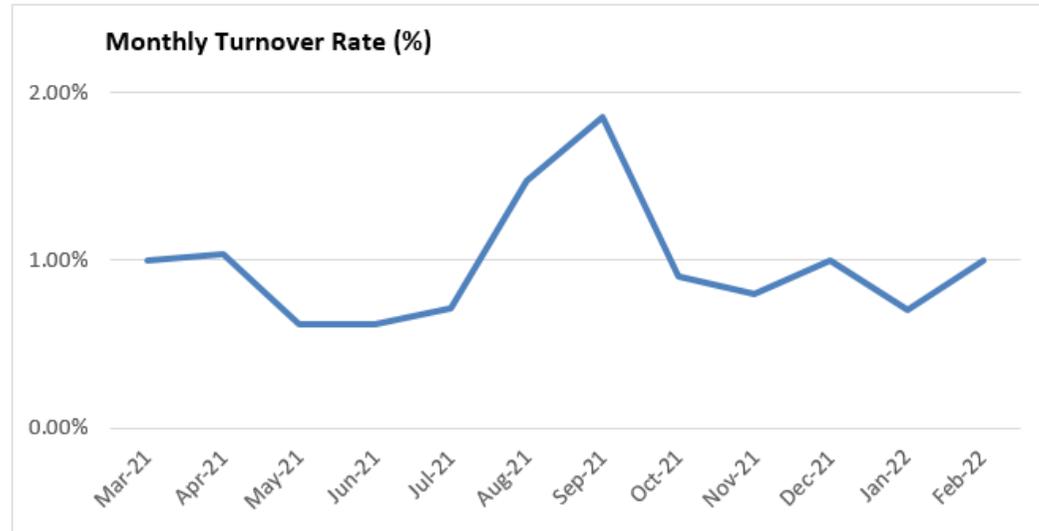
#### Staff Turnover

Staff Turnover for February 2022 was 1.0%, compared with 0.7% in January 2022. The rolling 12-month turnover to 31 January 2022 was reported as 11.9%.

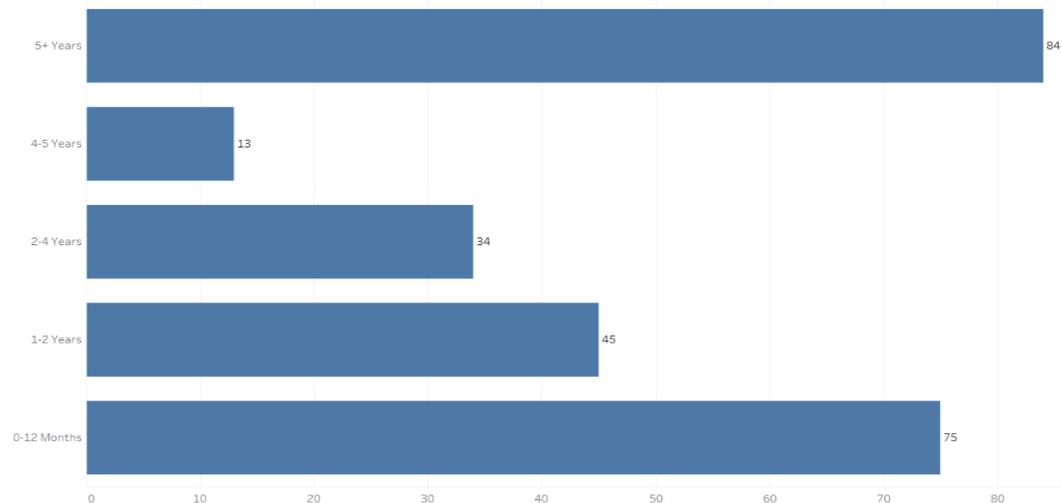
In Quarter 3, the most frequently reported reason for leaving was identified as 'Promotion' with 17 staff citing this as their reason for leaving. This is extremely positive as we continue to support our workforce to develop and progress.

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 was implemented on 1 February 2022.

The People and OD team are in the process of gathering a variety of survey data to provide greater understanding of the views of the workforce at crucial points in their respective employment with the organisation. This will enable the organisation 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.



#### Leavers by length of service (1 February 2021 to 31 January 2022)



## Theme 2: Delivering Value and Impact

### Theme 2: Delivering against our agreed budgets

#### Statutory measures

	Month 9	Month 10	Month 11	YTD 2021/22	Year-end forecast	Link to PAD
<b>Revenue financial target</b>	(£10k)	(£25k)	£15k	(£84k)	Breakeven	
<b>Capital financial target</b>	£10.142m	£10.108m	£10.165m	£2.778m	Breakeven	
<b>Public Sector Payment Policy (PSPP)</b>	97%	96%	97%	96.5%	>95%	

#### Financial Summary – Month 11

- The cumulative reported position for Public Health Wales is a net surplus of £84k (£15k in-month), with an anticipated breakeven position at year-end.
- The month 11 revenue position is being supported by £61.828m of non-recurrent COVID funding as shown in the table opposite.
- Our capital funding for 2021/22 totals £10.165m with year to date spend at £2.788m. Capital funding is made up of £1.58m discretionary funding and £8.585m 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 £10.108m in month 10 (movement of £57k) due to additional strategic capital to purchase Blood Bourne Virus equipment.
- Major capital schemes include Breast Screening Imaging Equipment £4.769m, the Maldi ToF Analyser replacement £1.132m and The NHS Collaborative LINC System £1.331m.
- Performance for our year to date Public Sector Payment Policy remains above the statutory target at 96.51% (97% in month 11).
- Further information on our latest financial position can be found in the accompanying 2021/22 Financial Position report.

#### Non-Recurrent Welsh Government COVID-19 Funding Supporting Month 11 Position

Funding Item	Total YTD Apr - Feb £'000
Test Trace Protect - Non-Pay	44,681
Genomics Sequencing	5,038
Microbiology Lab IP5	716
TAT & Resilience	5,221
Online Testing for STIs	2,573
Mass Vaccination programme	1,226
TTP Contact Tracing	1,451
Screening Recovery	912
<b>Total Funding</b>	<b>61,828</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 11

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

Directorate	Year-End Forecast @ MTh 11 £000s
Board & Corporate	5
Health & Wellbeing	-87
Improvement Cymru	128
Knowledge	-25
Ops & Finance	32
People & OD	0
Health Protection & Screening Services	-412
QNAPs	16
WHO CC	0
Population Health	0
Covid-19 Response	0
Central Budgets	343
<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.
- £69.999m non-recurrent Welsh Government COVID-19 funding is anticipated within the forecast.

#### Capital Forecast – Month 11

Capital Category	Total YTD Apr – Feb	Forecast Mar	Total 2021/22
Discretionary	809	771	1,580
Strategic	1,979	6,606	8,585
<b>Total</b>	<b>2,788</b>	<b>7,377</b>	<b>10,165</b>

- Of the £771k forecast discretionary capital to be spent in Month 12, £347k is committed against Purchase orders with requisitions in the system for the majority of the remaining £424k spend.
- Of the £6.606m forecast strategic capital to be spent in Month 12, £5.122m has been committed against Purchase orders. The remaining £1.484m is made up of two NHS Collaborative schemes totaling £342k, (we are working with the team to determine actual spend, potentially a small element of slippage). As well as the Maldi ToF Analyser replacement for £1.132m. Following a supplier challenge on the procurement process, the tender was re-issued. The evaluation, following the resubmission of the tender, has taken place and is due to be concluded mid-March. We are working on the basis that the procurement will be complete by the 31st of March 2022.

#### PSPP Forecast – Month 11

- 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

All of the Screening programmes continue to be delivered across Wales. Active management has been undertaken to maintain all possible clinics due to staff absence due to COVID-19. All screening and breast assessment clinics were cancelled on 18 February 2022 due to a red weather warning for very high winds. Recovery plans continue to be progressed with the Bowel Screening and Cervical Screening programmes having recovered delay in invitations caused by the pandemic. Programmes will undertake preparation to move to at least one metre social distancing in line with current Infection Protection and Control guidance to increase the number of participants in clinics to support further recovery.

**Breast Screening Wales** - Just over 8,700 women took up their offer in February 2022 and the expectation is that the screening activity will be maintained at pre-COVID levels due to improvements in the clinic flow in line with infection control measures and additional clinic hours offered. The timeliness of assessment is not currently within the short timescales set and this will be a constraint as the screening activity increases. This is due to clinical staff constraints and infection control measures in assessment clinics. The reading timeliness has improved and over achieves standard with 96.6% of women have their normal results within 2 weeks of screening. 16.6% of women have their assessment invitations within 3 weeks of their screening, with an average wait of 6.3 weeks. 90.4% of women requiring an assessment are offered an appointment with 2 weeks of an abnormal result. The breast screening programme will take a long time to fully recover the round length of 3 years.

**Cervical Screening Wales** - Invitations continue to be sent out with no delay and the number of samples being received by the laboratory is at sustained levels. The timeliness of the results process is not quite within standard but is actively managed. 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 a HPV negative result. There was a strong negative reaction on social media from the public to this change. An internal debrief meeting was held to review and identify lessons learnt and a meeting set up in April 2022 at UK level. An external media company has been identified to work with to address the messages on this change to reassure public.

**Bowel Screening** - The number of kits being returned continues to be positive with uptake increased compared to pre pandemic and continuing at 66% uptake overall.

There continues to be delays in Bowel Screening participants progressing to have their screening colonoscopy but this has shown some improvement in timeliness (range from 8 to 17 weeks). There has continued to be improvement with the pre-assessment part of the pathway due to increase in staff recruitment and the programme is working with Health Boards to pilot an improved process. The programme continues to work closely with Health Board colleagues and the national endoscopy programme for sustainable improvements.

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. There are currently constraints in some Health Boards around sonography availability.

**Newborn Hearing Screening** - the service has worked hard to maintain continuity throughout the pandemic. Screening continues to be actively managed and timeliness maintained.

**Newborn Bloodspot Screening** coverage continues has been maintained and avoidable repeat rate remains very low which is remarkable with our colleagues in midwifery under considerable pressure.

**Diabetic Eye Screening** remains the most challenging programme to recover backlog due to it being annual screening and a very large eligible population which continues to increase by about 1,000 participants each month. The novel optometry pathway which was set up in November 2021 will finish as planned in March 2022. This has supported recovery offering participants identified at low risk of diabetic retinopathy a retinal review with optometry. Over 166 optometrists have supported this novel pathway and each local authority has been represented. Staff have supported this pathway by working weekends and have sent over 20,000 participants invitations and service are processing payment for appointments taken up.

**Wales Abdominal Aortic Aneurysm Screening** continues to explore with partners options around increasing clinic locations which will aid recovery. Uptake has increased compared to pre pandemic with over 88% of participants taking up offer. All additional screening staff as set out in the recovery plan are now in post and once trained and able to work independently these will improve capacity to support recovery.

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

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

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

Following a general improvement in all-Wales healthcare associated infection (HCAI) trends over recent months, latest figures show an increase for all but one of the mandated indicators in February 2022. The changes in service delivery across healthcare in Wales during the pandemic continues to have an impact on Health Boards/Trusts achieving agreed targets for 2021/22, with the vast majority not on trajectory to achieve national reduction expectation target levels (as at April 2021 – February 2022).

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

- 1,004 C. difficile have been reported since April 2021, approximately 25% more than the equivalent period in 2020/21.
- 762 Staph Aureus bacteraemia have been reported since April 2021, approximately 7% more than the equivalent period in 2020/21.
- 1,979 E. Coli bacteraemia have been reported since April 2021, approximately 16% more than the equivalent period in 2020/21.
- 561 Klebsiella sp bacteraemia (includes E. aerogenes bacteraemia from April 2019 onwards) have been reported since April 2021, approximately 2% more than the equivalent period in 2020/21.
- 176 P. aeruginosa bacteraemia have been reported since April 2021, approximately 25% 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](#).

##### Vaccination and Immunisation

**Childhood Immunisation** - The [COVER report](#) presents vaccination uptake for infants and younger children who would have been due their vaccinations since COVID-19 control measures were first implemented in Wales in March 2020. For most routine vaccinations, coverage remains high and stable.

For one year old children in Wales, uptake of all routine immunisations remained above 95% this quarter, with the exception of rotavirus. Uptake of all three doses of the combined “6 in 1” vaccine, scheduled at two, three and four months of age, in children reaching their first birthday was 95.9% this quarter, compared to 95.2% last quarter. Uptake ranged by Health Board from 93.9% (Cardiff and Vale) to 98.1% (Cwm Taf Morgannwg) and by Local Authority from 92.3% (Conwy) to 98.7% (Rhondda Cynon Taf). Six of the seven Health Boards and 18 of the 22 Local Authorities areas achieved the target 95% uptake.

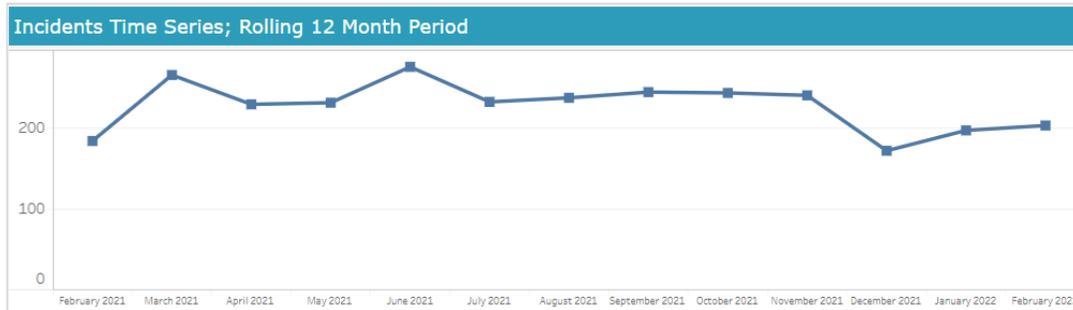
In children reaching five years of age this quarter, coverage of one dose of MMR was 95.8%. Coverage of two doses of MMR was 90.0%, a slight decline from the previous quarter. Coverage of two doses of MMR ranged by Health Board from 86.0% (Cardiff and Vale) to 92.5% (Betsi Cadwaladr) and by Local Authority from 84.1% (Newport) to 95.1% (Isle of Anglesey).

**Influenza surveillance** - Progress for the [2021/22 influenza immunisation programme](#) continues to be reported on a weekly basis. On 10 March, latest data shows that for those aged 65 years and older, 77.9% were vaccinated (536,279 individuals). Latest influenza vaccine uptake for clinical risk groups was 48.1% (212,239 individuals), up 10% from the end of 2021. Uptake for NHS Wales staff (54.8%) and front-line staff (56%) remained stable.

There remains the potential for resurgent infections following relaxation of restriction on movement. Catch-up of routine vaccinations at every opportunity, especially around school entry and alongside school vaccination sessions, remains a priority in averting large outbreaks of vaccine-preventable infections.

#### Quality and Improvement

##### Incidents



A total of 202 incidents were reported in February 2022. 97% 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 (February 2022) are still within an acceptable open status.

With regards to the closure rate in January 2022, 26% of incidents are overdue/still open, 71% were closed within the 30 day target and 3% were closed outside the 30 day target.

##### Incident themes

The majority of incident types in February 2022 relate to reporting in Microbiology and Cervical Screening laboratories. These incidents are predominantly Patients and Clients (Clinical) incidents relating to Reporting of Results/Client/Patient Management and Laboratory incidents. The second highest recorded incident type is error-non incidents logged by Cervical Screening and relate to sample taker errors which occur in Health Boards.

##### Nationally Reportable Incidents

There were no Nationally Reportable Incidents (NRI) reported to the Delivery Unit in February 2022.

##### No Surprises Incidents

There was one No Surprises Incident (NS) reported to Welsh Government in February 2022.

The No Surprises incident relates to damage to an external storage facility following a storm, which resulted in the significant damage of a number of Public Health Wales health records. These records are analogue films and paper records, prior to digitalisation and are at least nine years old. It is considered that there is very low clinical risk to patients as many of these records are backed up electronically, and those that are not have lost their utility over time.

The correct actions were taken by Public Health Wales after being informed of the incident. We have made contact with the storage company on a number of occasions to understand how secure our remaining records are as well as to organise a visit to the site itself. To date we have still not received adequate information and have not been granted a site visit. The incident is under investigation and an IMT has been convened.

##### Current Incident Numbers

As of the 11 March 2022 there are a total of 198 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. This is a DESW incident which was a nationally reportable incident and surveillance is ongoing to track affected participants to confirm whether harm has been caused.

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 closure of open incidents and are working closely with services in this area.

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

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

#### Quality and Improvement

##### Formal Complaints

The latest figures for February 2022 show that five formal complaints were reported. Three of these complaints were in Health Protection & Screening Services, one was in the Knowledge Directorate and one in the WHO Collaborating Centre. Four (80%) were acknowledged within the target two working days.

One complaint in the WHO Collaborating Centre was not acknowledged on time because there was a delay in the complaint being reported on Datix and the concerns team being made aware of the complaint.

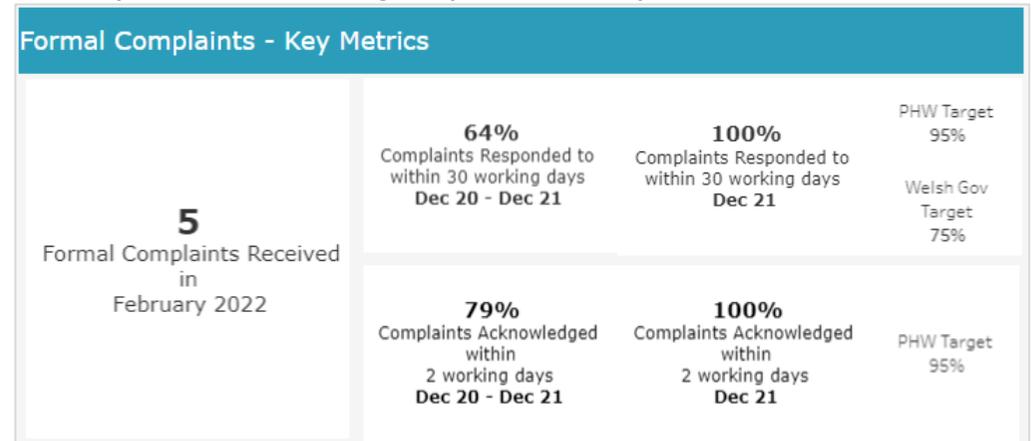
All 5 complaints are currently ongoing and the 30 working day timescale is not yet due for any. Three complaints are currently going the Quality Assurance process and two are still under investigation.

##### Themes and trends for February 2022

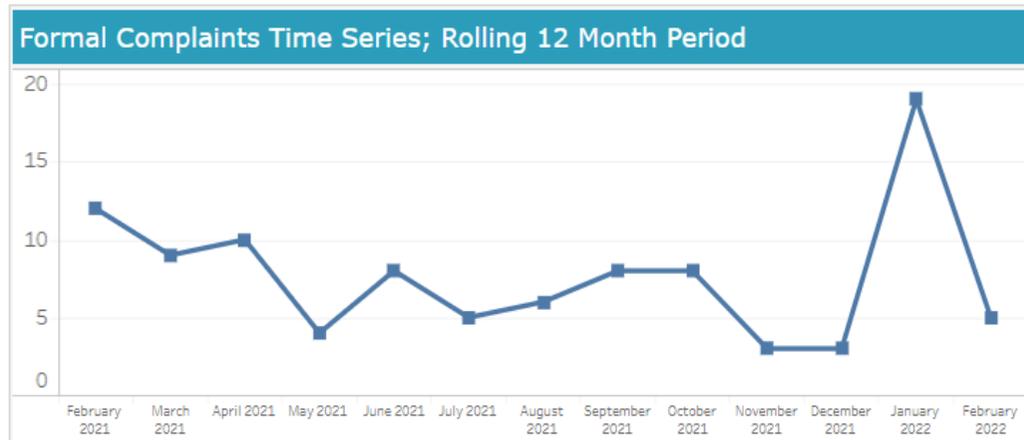
- One complaint was received in AAA screening from a member of the public stating that they were dissatisfied as they are unable to participate in AAA screening as they are female
- One complaint relates to health protection advice specifically in relation to the Llwynhendy Review
- One complaint relates to staff attitude in Health Protection
- One complaint was received in the WHO Collaborating Centre regarding Welsh language and the PHW Climate Change Survey
- One complaint was received in the Knowledge Directorate regarding data collection of ethnicity in our health data collection.

In line with agreed compliance reporting shown in the dashboard below, 100% of complaints received during December 2021 were acknowledged within 48 hours. All (100%) of these complaints were responded to in 30 working day timeframe.

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



There was a significant increase in complaints in January 2022. This was as a result of the change that was announced on the 4 January 2022 by Cervical Screening Wales regarding the change to routine cervical screening for 25-49 year olds dependent on their screening result. Public Health Wales received 17 formal complaints as a result of this announcement.



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

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

#### Quality and Improvement

##### *Datix Cloud*

The organisation is set to go live and implement Datix Cloud on 1 April 2022. The current datix system will be configured to direct staff to the new system post go live to ensure that concerns are reported in line with the new system reporting arrangements.

The concerns team are working with divisions to ensure that historic datix records are closed down appropriately and any records which have been identified for migration by exception, are done so within the agreed timescales.

##### *Compliments*

In February 2022 184 compliments were received a slight increase from 180 in January 2022.

These compliments were in relation to:

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

The ratio of compliments to formal complaints has increased from 9:1 in January 2022 to 36:1 in February 2022.

##### *Claims*

No new claims were received in February 2022.

There are currently 17 confirmed claims and five potential claims, 94% relate to Health Protection and Screening Services and 6% related to the WHO Collaboration Centre.

#### Risk Management

The Strategic Risk Register details the four Strategic Risks that have been approved by the Board. These are the highest level risks that could prevent the organisation from delivering on its strategic priorities:

Strategic Risk	Planned Actions
<b>Inability to sustain the COVID-19 response</b>	Continued recruitment programme for Microbiology and Phase 2 of the Health Protection expansion plan
<b>Fail to deliver effective and timely system leadership</b>	Amalgamation of the WHO CC and Health and Wellbeing Directorate and delivery of the three year IMTP
<b>Suffer a cyber-attack on IT systems</b>	Renewing legacy systems with replacement systems where possible and implementation of active block mode in Cisco Identity Services Engine (ISE)
<b>Fail to support and protect the health, well-being, welfare and resilience of our staff</b>	Flexible, innovative and effective working patterns and conditions and an implemented corporate approach to succession planning and talent management

The Corporate Risk Register details the eight highest level operational risks that are being managed on a day to day basis by Executive Directors.

A full review is currently underway of all strategic risks in the context of the refresh of the IMTP and changing landscape since the strategic risk narratives were last updated. The Executive Team will be subsequently reviewing the corporate risks to propose any changes to the Board. The Risk Development Improvement plan has been approved and implementation has commenced.

**Operational Plan Summary**

As at the end of February 2022, performance for our Operational Plan continues to remain positive, with 98% of milestones marked complete or likely to be completed (rated Green or Amber) and just 2% (1 milestone) reported as not being delivered to their current scope or timeframe (rated Red).

The only milestone rated Red is owned by the Enabling Recovery, and relates to the review of the People Strategy in line with the Long Term Strategy review, which has already been delayed. A Request for Change is being submitted with the intention being this is picked up as part of next year’s plan.

As it stands we currently have 34 milestones still open and due to be delivered in the near future. Of these open milestones, 73% are due to be delivered on the 31 March 2022. With the majority of the milestones rated Green, we approach the end of the financial year in a positive position. If there is any slippage it is likely that these milestones will roll into next year’s plan.

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	5	0	11	0
	0	1	0	0	-1
Population Health	13	0	0	2	0
	1	0	-1	0	0
Organisational Learning	3	0	0	7	0
	0	0	0	0	0
Enabling Recovery	11	1	2	23	4
	-3	1	0	2	0