



PERFORMANCE AND ASSURANCE REPORT

June 2021

Report authors:

Huw George (Deputy Chief Executive and Executive Director of Operations & Finance);
Neil Lewis (Director of People and Organisation Development); Rhiannon Beaumont-
Wood (Executive Director of Quality Nursing and Allied Health Professionals); Meng
Khaw (National Director of Screening & Health Protection); Angela Fisher (Deputy
Director of Finance); Ioan Francis (Head of Performance)

Version: v1a



GIG
CYMRU
NHS
WALES

Iechyd Cyhoeddus
Cymru
Public Health
Wales



1. Executive Summary

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

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

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

[Performance and Assurance Dashboard](#)

Workforce

Sickness absence continues to decline at 3.1% in June 2021 (from 3.3%), with the 12-month rolling average at 3.2%. The most frequent reason reported for absence continues to be related to anxiety, stress and depression, with the latest quarter accounting for 2,133 FTE days lost. The highest number of absences are within the Knowledge Directorate with 4.1% for the rolling 12-months. The majority of absences in this area are long term (over 28 days) and are being supported by a member of the HR Advisory team.

My Contribution appraisals continues to show a gradual declining trend at 68.2% in June 2021, against the 85% national target. A brief to support year-end discussions has been developed and communicated. Quarterly exception reports from directorates continue to be requested where applicable. Managers are reminded to have regular check-ins with their staff, focussed on their well-being, work and growth. Some confidence can be taken (via staff surveys) that these do happen to a greater degree than reported and work continues to ensure these are reported in ESR accordingly.

Finance

The cumulative reported position at month 3 is a net surplus of £29k, and currently anticipating a breakeven position. Performance for our Public Sector Payment Policy remains above the statutory target at 95.6% in month 3.

As per our financial plan and budgetary control framework 2021/22 we will remove in month pay underspends from Directorate positions and review non-pay spending plans. Resources will then be redirected resources as required to deal with the ongoing impact of COVID-19. The total planned expenditure on the COVID-19 response, including screening recovery, is £78.899m. Public Health Wales' contribution towards the costs is £1.842m, made up of £1.161m of pay slippage due to delays in recruitment to established posts, as well as £0.681m of core screening programmes underspend which is to be re-directed to support the Screening Recovery Programme. The balance of £77.057m is the planned funding requirement from Welsh Government.

Further detailed information on Public Health Wales' month 3 position can be found in the accompanying paper entitled *2021/22 Financial Position*. The content of this report is reflected in the Director of Finance commentary that was submitted to Welsh Government on 13 July 2021 as part of the full financial monitoring return for month 3.

Operational Plan

Following the completion of the activity to re baseline the Operational Plan, this is the first month of reporting against the 2021/22 plan. As to be expected, the majority of milestones have been rated Green (86%), with 12% rated Complete and 2% rated Red. Both Red rated milestones relate to the Test Trace & Protect plan, which are both now overdue, due to the ongoing review and scrutiny process. It is important to note that the missed delivery of these milestones has no impact on service delivery. Looking ahead, very few milestones are due to be delivered over the summer months, with the majority of milestones due in either September 2021 or March 2022.

Staff COVID-19 Vaccination Dashboard

Latest available data as at 11 July 2021 shows that 2,004 current Public Health Wales employees have been given their first dose and 1,819 employees are now fully vaccinated. 887 front-line workers have been given their first dose, with 853 front-line workers now fully vaccinated. We are starting to see some data for staff who have been vaccinated in England. Work is still ongoing to get the full list of English vaccinations into the system. Please note that ongoing data entry means that the true number of vaccinations given is likely to be higher.

Key services

Performance across our screening programmes remains positive overall with several indicators showing sustained or improved performance. Notable improvements were evident for Newborn Bloodspot avoidable repeat rate, Cervical Screening samples results sent within 4 weeks, and Breast Test Wales assessment invitations within 3 weeks. However, ongoing pressures remain in some areas as a result of the pausing of services, and recovery will inevitably take longer due to backlogs. To support recovery, programmes have developed detailed recovery plans which require additional funding to enable additional screening capacity which has been submitted to Welsh Government.

Delays continue for Bowel Screening participants progressing to have their screening colonoscopy. The programme is working with health board colleagues and this matter has been raised at the national endoscopy board, directly with Health Boards, to Medical Directors and approaches across the system are being discussed to reduce these delays. Plans to further optimise the bowel screening programme have been supported by Welsh Government and preparation continues to start later this year.

Latest all-Wales healthcare associated infection (HCAI) figures showed a general increase in rates across reported indicators. While all-Wales Staph Aureus bacteraemia and P. aeruginosa bacteraemia saw improvement in respective rates, C. difficile, E. Coli bacteraemia and Klebsiella sp bacteraemia saw increases in all-Wales rates over the latest reporting period. The vast changes in service delivery across healthcare in Wales during the pandemic, and in particular the cancellation of elective services for significant periods, have impacted on the HCAI data. Welsh Government are currently assessing whether improvement goals for HCAI / AMR will be set for 2021/22. The HCAI & AMR Programme

team continue to monitor HCAI infections and provide advice and guidance to Health Boards and Trusts.

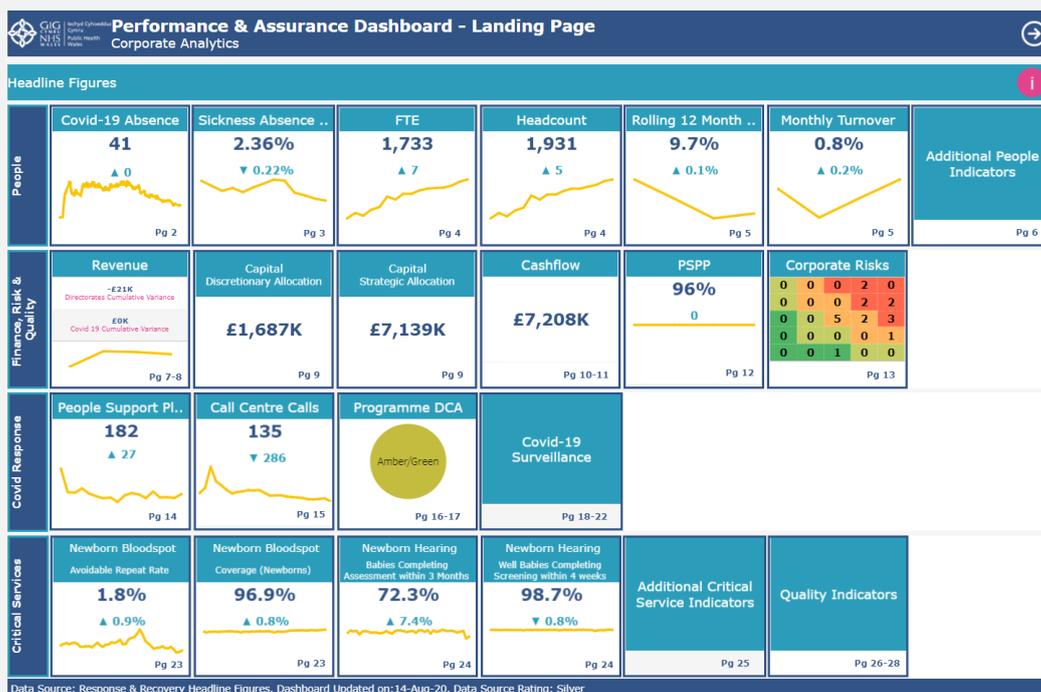
2. Introduction

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

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

[Performance and Assurance Dashboard](#)

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



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

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

In developing our Performance and Assurance Dashboard, we have worked to recognised quality standards. Each data sources used to create one of our interactive dashboards is

assessed and given a rating (Gold, Silver, Bronze). This is detailed at the bottom of each dashboard, along with the specific data source and when the information was extracted. Any data source that does not meet the standard is not included until improvement have been made.

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

3. Workforce

COVID-19 absence

Latest data (11 July 2021) shows that there are nine members of staff recorded as absent from work for reasons related to COVID-19. Absence could be due to caring for dependants, being symptomatic, self-isolating or being unfit for work. Over the course of the pandemic, we have seen a high of 83 staff recorded absent on 30 March 2020 and a low of four staff recorded absent at the end of May 2021.

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

Sickness absence dashboard

Sickness absence for June 2021 was 3.14% which is a decrease from the previous month (3.29% at the end of May 2021), and the rolling 12 month figure was 3.23%.

'Anxiety/stress/depression/other psychiatric illnesses' has been the most frequent sickness absence reason (highest number of FTE days lost) for the last four quarters and in the latest quarter accounted for 2,133 FTE days lost. The second highest recorded absence reason in the latest quarter is 'Other known causes' and accounts for 472 FTE days lost in the latest quarter. 'Unknown causes' also account for 366 FTE days' lost. This issue will be raised through the Managers news and also through the MAAW training in an effort to highlight the importance of accurately recording reasons for absence.

The highest number of absences are within our Knowledge Directorate with 4.12% for the rolling 12 months. The majority of absences in this area are long term (over 28 days) and are being supported by a member of the HR Advisory team.

Workforce Profile Dashboard

At the end of June 2021 our headcount was 2,167 (1,967.9 WTE), which is an increase of 242 WTE (14%) since the same period during the previous year.

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

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

Staff Turnover dashboard

Staff Turnover for June 2021 was 0.6% (0.5% in May 2021) whilst the rolling 12 month turnover figure was 9.3%, below the 10% best practice target. In the current quarter, the most frequent reason for leaving was identified as 'Recruitment' with 10 staff citing this as their reason for leaving.

Statutory and Mandatory Training Compliance

Compliance with the core suite of statutory/mandatory training remains just above the Welsh Government target of 85%. Adult and Paediatric resuscitation training sessions have re-commenced and sessions scheduled for the rest of the financial year, we are in the process of reviewing the tenders received for the provision of manual handling and violence and aggression training, with a deadline for awarding the contract by 30th July.

It is important to note that any reporting related to the recently procured IHASCO Working at Home Safely and/or Managing Health and Safety falls outside of the remit of core statutory/mandatory training and can be accessed via Facilities, Estates and Health and Safety. We are considering the overlap between local and IHASCO courses to ensure staff complete the learning most relevant to where they work and so that efforts are not duplicated.

Appraisal Compliance

The rolling number of My Contribution appraisals taking place has slightly decreased this month, currently at 68.2% against the Welsh Government target of 85%. A brief to support year-end discussions was developed and communicated in February 2021, and has been emphasised further in the Reflection and Reconnection toolkit. All managers should have been given a cascade objective of 90% compliance in September, and exception reports are required from all directorates below target every quarter.

Pay Progression has been deferred nationally until September 2022, after which individuals with no recorded appraisal in the preceding 12 months and/or managers whose team are not 100% compliant, will not progress through to the next pay step. Whilst we may not have conversations to the same end as 'normal', we do still need to ensure staff have regular check ins, focussed on their wellbeing, work and workload and growth. We take some confidence (via staff surveys) that these do happen to a greater degree than reported, so it's likely that bridging an administrative gap in ESR data entry will reflect the actual position.

COVID-19 Workforce Risk Assessment

At the end of June 2021, 56% of our workforce have recorded their COVID-19 Risk Assessment Score in ESR, which is a slight decrease from the figure that was reported at the end of May 2021 (57%).

Reminders to staff have been sent via daily Staff Bulletin, asking them to undertake or update the risk assessment, and that this is the only method of identifying clinically extremely vulnerable (CEV) staff who are eligible to be prioritised for a Covid Vaccination. Detailed guidance has also been issued on how to update ESR with risk assessment scores, and the need for Managers to approve it. Individual support has been provided to people who have contacted the team to advise of technical issues they have experienced. A further reminder is planned for late July as the tool has been slightly updated to reflect a return to work for some people.

The Business Leads and Well-being and Engagement Partnership Group have been updated with current completion rates and continue to work with individuals in the directorates to ensure compliance.

Recruitment

For the latest available data (June 2021), the target of 44 days has been met for the Recruitment indicator 'Time from vacancy requested to conditional offer letter issued (38 days). No COVID essential posts are included in this data. This data covers non-essential posts only.

Response-related recruitment continues and has been reported separately.

4. Finance

Summary

The purpose of this report is to provide a high-level summary of the month 3 2021/22 revenue and capital financial performance for Public Health Wales to the Executive Team and the Board. The following table highlights the performance against the key revenue and capital financial targets.

Target	Current Month	Year to Date	Year-end Forecast
Revenue financial target Deficit/(Surplus)	19k	(29k)	Breakeven
Capital financial target	1.980m	350k	Breakeven
Public Sector Payment Policy	95%	95.62%	>95%

The cumulative reported position for Public Health Wales is a net surplus of £29k and anticipating breakeven position. The Public Sector Payment Policy statutory target has again been achieved for month 3 at 95.6%.

Since the submission of our annual plan, which was submitted prior to the close of month 3, the figure for Welsh Government funding for COVID-19 has changed from £77.335m to £77.057m due to the actual testing costs for month 3 being factored into the plan.

Spending plans including procurement timelines are being finalised by Directorates and forecasts will then be reported on from month 4.

As per our financial plan and budgetary control framework 2021/22 we will remove in month pay underspends from Directorate positions and review non-pay spending plans. Resources will then be redirected resources as required to deal with the ongoing impact of COVID-19.

The total planned expenditure on the COVID-19 response, including screening recovery, is £78.899m. Public Health Wales' contribution towards the costs is £1.842m, made up of £1.161m of pay slippage due to delays in recruitment to established posts, as well as £0.681m of core screening programmes underspend which is to be re-directed to support the Screening Recovery Programme. The balance of £77.057m is the planned funding requirement from Welsh Government.

Further detailed information on Public Health Wales' month 3 position can be found in the accompanying paper entitled *2021/22 Financial Position*. The content of this report is reflected in the Director of Finance commentary that was submitted to Welsh Government on 13 July 2021 as part of the full financial monitoring return for month 3.

5. Operational Plan

Following the completion of the activity to re baseline the Operational Plan, this is the first month of reporting against the 2021/22 plan. As to be expected, the majority of milestones have been rated Green (86%), with 12% rated Complete and 2% rated Red. Both Red rated milestones relate to the Test Trace & Protect plan, which are both now overdue, due to the ongoing review and scrutiny process. It is important to note that the missed delivery of these milestones has no impact on service delivery. Looking ahead, very few milestones are due to be delivered over the summer months, with the majority of milestones due in either September or March.

6. COVID-19 response

COVID-19 surveillance

Data correct as of 15 July 2021 showed that since the start of the pandemic there have been 229,507 COVID-19 cases recorded in Wales (up from 213,642 on 10 June), 4,183,536 tests carried out (up from 3,772,668 tests) and 2,385,701 individuals tested (up from 2,127,181 over the same period).

At a national level, daily case rates have shown a general increase in the trend over the last couple of months. Whilst the national lockdown measures implemented after the Christmas period resulted in a positive shift in the decline of number of daily cases being reported, the easing of lockdown is likely to be a contributing factor to the general

increases in daily cases since the start of June 2021. It is also important to note that there is a continued risk that new variants of coronavirus could lead to further increases in transmission in Wales as well as the possibility of increases in case numbers owing to the continued easing of lockdown measures.

At the Health Board level, since the pandemic started, the case incidence for Cwm Taf UHB was reported as 9,509.0 cases per 100,000 population (the highest; up from 9,106.0 per 100,000 on 10 June) compared to 3,613.1 cases per 100,000 population in Powys THB (the lowest; up from 3,185.0 on 10 June).

Focusing specifically on the last 7 days (5–11 July 2021), Betsi Cadwaladr UHB (221.7 per 100,000; up from 21.3 per 100,000) followed by Powys THB (187.3 per 100,000; up from 6.8 per 100,000) reported the highest case incidence, whilst Hywel Dda UHB reported the lowest (80.8 per 100,000). For the same period, data at the local authority level showed that Wrexham (303.8 per 100,000) reported the highest incidence rate, followed by Denbighshire (275.9 per 100,000) and Conwy (226.1 per 100,000). Pembrokeshire (56.4 per 100,000) and Neath Port Talbot (83.0 per 100,000) local authorities reported the lowest case incidence rates over the same period.

The cumulative number of suspected COVID-19 deaths reported to Public Health Wales was 5,583, compared to 5,571 reported last month (10 June 2021). With regards to the latest daily all-Wales uptake of the COVID-19 vaccine, 2,279,139 individuals have received a first dose of the vaccine (up from 2,201,665) with 1,892,082 individuals receiving a two dose course of the COVID-19 vaccine (up from 1,336,479). Please note that this represents a cumulative daily snapshot in vaccinations given and recorded electronically as at 22:00 on the previous day (15 July at time of reporting). Data entry at the time of reporting will be incomplete, and the number of people vaccinated will be higher.

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

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

Staff COVID-19 Vaccination Dashboard

The Public Health Wales staff COVID-19 vaccination dashboard provides an overview of vaccine uptake levels across the organisation.

Based on data extracted from the Welsh Immunisation System (WIS) on 11 July 2021, the dashboard shows that 2,004 current Public Health Wales employees have been given their first dose (up from 1,953 on 7 June), which is 88% of our total workforce. 1,819 Public Health Wales employees are now fully vaccinated (80%), up from 1,295 last month (7 June).

In terms of our front-line workers, 887 have been given their first dose (up from 883), which is 94% of our front-line workers. 853 front-line workers are now fully vaccinated (90%), up from 836 on 7 June.

This data is based on staff employed by Public Health Wales on the 12 July 2021. Every month the total number of staff vaccinated will fluctuate as new starters join as well as employees leaving the organisation. We are starting to see some data for staff who have been vaccinated in England. Work is still ongoing to get the full list of English vaccinations into WIS.

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

7. Delivering our key services

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

Screening Programmes

Latest available data showed performance across our reported screening indicators remained positive on the whole with several indicators showing sustained or improved performance. In line with previous months, challenges remain in certain areas due to effects of the pandemic, and plans are being developed to recover services.

Performance for our newborn screening programmes remains strong. Newborn bloodspot screening coverage (96.3%) and avoidable repeat rate (1.5%) continue to achieve respective national standards. The same can be said for our reported newborn hearing screening indicators, with improvements seen for both babies completing the programme within 4 weeks (95.5%) and assessment within 3 months of age (96.7%).

While Breast Test Wales are screening less women when compared to pre-covid levels, the programme screened over 9,500 women in June 2021 (up from around 8,000 in the previous month). Staff are undertaking additional weekend working to increase the number of appointments. The timeliness of women through the screening process remains positive with timeliness of results excellent and invitation to assessments within 3 weeks improving from the previous month (up from 58.1% to 67.9%). The round length has continued to increase which is due to less women being able to be screened and recovery is challenging. The programme has developed detailed recovery plans which require additional funding to enable additional screening capacity which has been submitted to Welsh Government.

Cervical Screening invitations continue to be sent out monthly and the programme is at two months delay for routine invitations with no delay for women on early repeat or reminders. The number of samples being received by the laboratory is at sustained high levels (16,000- 17,000 per month). The timeliness of the results process is very good considering the large number of samples being received with over 95% of samples results sent within 4 weeks. The programme is on track with the recovery plan that was agreed with GPC Wales which has been communicated to all practices, sexual health clinics and

colposcopy clinics to outline. The plan aims to recover the programme in a phased way that doesn't overload primary care or secondary care with recovery by December 2021.

There continues to be delays in Bowel Screening participants progressing to have their screening colonoscopy (all-Wales levels down from 8.9% to 1.3%) and for several health boards the wait is considerable. The programme are working with health board colleagues and this matter has been raised at the national endoscopy board, directly with Health Boards, to Medical Directors and approaches across the system are being discussed to reduce these delays. The programme is currently sending 7,200 invitations a week to slowly reduce the backlog balanced against capacity within colonoscopy. If this level is maintained then it is anticipated that the programme will be recovered within the financial year.

The number of bowel screening kits being returned is good with uptake showing signs of a significant increase compared to pre pandemic. Plans to further optimise the bowel screening programme have been supported by Welsh Government and preparation continues to start this later on this year (actual date to be confirmed but likely October 2021). It has been confirmed that the Director General Health and Social Services/NHS Wales Chief Executive is content with the revised optimisation plan and timescales further to the letter from our Chief Executive.

Medium Abdominal Aortic Aneurysm (AAA) surveillance uptake maintained national standard in June 2021 at over 94%. No activity was reported for Small AAA surveillance uptake. There is no delay for men on surveillance and the programme is currently offering primary screening to eligible men who are delayed in their offer. Work continues alongside partners to explore options to increase clinic locations in light of the effects that the pandemic has had on screening levels and availability of suitable venues. Detailed information on the areas where the programme requires locations have been shared with Directors of Public Health requesting support. Detailed recovery plans have been developed and shared with Welsh Government which highlight the additional funding required for additional screening capacity.

Diabetic Eye Screening remains the most challenging programme to recover backlog due to its annual screening, high DNA in those invited currently, and a large population. Due to the changes in the pathway, fewer participants are able to be screened per clinic and much fewer locations are available compared to pre-Covid. The programme continues to explore options to increase clinic locations and support has been requested from Directors of Public Health. Detailed recovery plans including additional funding needed has been shared with Welsh Government. Performance for Diabetic Eye Screening results letters within 3 weeks remains strong and above standard at 99.8% in June 2021, while timeliness of results to participants who have been screened remains positive.

Healthcare Associated Infections (HCAI)

Latest all-Wales healthcare associated infection figures showed a general increase in rates across reported indicators. While all-Wales Staph Aureus bacteraemia (23.9 per 100,000) and P. aeruginosa bacteraemia (4.2 per 100,000) saw improvement in respective rates, C. difficile (40.9 per 100,000), E. Coli bacteraemia (74.9 per 100,000) and Klebsiella sp bacteraemia (22.0 per 100,000) saw increases in all-Wales rates over the latest reporting period.

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

- 253 C. difficile have been reported since April 2021, approximately 17% more than the equivalent period in 2020/21.
- 204 Staph Aureus bacteraemia have been reported since April 2021, approximately 22% more than the equivalent period in 2020/21.
- 581 E. Coli bacteraemia have been reported since April 2021, approximately 38% more than the equivalent period in 2020/21.
- 152 Klebsiella sp bacteraemia (includes E. aerogenes bacteraemia from April 2019 onwards) have been reported since April 2021, approximately 20% more than the equivalent period in 2020/21.
- 48 P. aeruginosa bacteraemia have been reported since April 2021, approximately 30% more than the equivalent period in 2020/21.

Welsh Government are currently assessing whether improvement goals for HCAI / AMR will be set for 2021/22 due to the COVID-19 pandemic. Improvement goals were not set for 2020/21. The vast changes in service delivery across healthcare in Wales during the pandemic and in particular the cancellation of elective services for significant periods have impacted on the HCAI data and makes it difficult to compare the current position against 2020/21. The HCAI & AMR Programme (HARP) team continue to monitor the HCAI infections previously mandated for monitoring by Welsh Government throughout the pandemic, and continue to provide advice and guidance to Health Boards and Trusts.

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

[COVID-19 Surveillance Admission Indicators](#)

8. Quality

Incidents

A total of 274 incidents were reported on Datix in June 2021. 99% (272) were reported within Public Health Services, which is the norm for incident reporting. There are currently 306 incidents that remain open after 30 days, which is slightly less than last month's figure of 310. The Integrated Governance Team are working with Directorates to try to reduce this number and this is also now being addressed in readiness for the Once for Wales Concerns Management System roll out through the Public Health Wales Project Board.

Serious Incidents

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

In June 2021 there was one Nationally Reportable Incident reported which involved a supply chain issue with Faecal Immunochemical Test (FIT) kits in Bowel Screening Wales (BSW).

One No Surprises incident was reported which involved a mix up with audiology results in new born twins in New Born Hearing Screening.

Claims

No new claims were reported in June 2021.

Complaints

There were seven formal complaints raised in the reporting period. Six complaints (86%) were acknowledged within the target 48 hours. The one that was not was received directly in Division and was not handled by the Concerns Team. All are currently under investigation. Three complaints relate to matters within Diabetic Eye Screening Wales, one to Breast Test Wales and two relate to guidance issued for care homes.

9. Risk

All risks on the Corporate Risk Register have been updated to some level since the start of the year although ten risks remain with outstanding actions. Additionally,

- Four risks have been updated within the past month
- risks have been updated since the start of the year
- One risk (007) has requested changes of target dates for actions.
- All strategic risks have now been reviewed and approved.

At present four of the strategic risks have corresponding operational risks which address the gaps in controls, with the exception of Strategic Risk 3 (Population Health), but the only reason for this is that the review of Risk 3 has not yet been undertaken with the risk owner. There are 3 risks remaining on the Corporate Risk Register that do not readily correspond to any of the strategic risks, namely:

- 00 – Fail to develop staff in line with our strategy and aspirations
- 101 – Fail to manage change in line with the strategy
- 105 – Fail to comply fully with the requirements of the Welsh Language Act

Work is now ongoing to align the Corporate Risks with Strategic and this will result in all corporate risks being revisited and a likely change to the risk profile at both Directorate and Corporate level over the coming months. It has been agreed at Executive level that the risk appetite statement will be reviewed later this year as part of the review of the Public Health Wales organisational strategy.

10. Conclusion

Access to high quality, timely and robust performance information is essential in providing assurance to our Executive Team and Board on our ongoing COVID-19 response, delivery of public health services and statutory responsibilities. A key element of the arrangements

set out as part of our organisational recovery is the development of our new interactive Performance and Assurance Dashboard and supporting narrative. Our online dashboard provides an update on the latest available performance across the organisation to aid effective and efficient decision making. In line with our response to the pandemic, further enhancements will be made over the coming weeks and months, as our services and programmes are reactivated.