



PUBLIC HEALTH WALES

PERFORMANCE AND INSIGHT REPORT

APRIL 2023



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WALES

Iechyd Cyhoeddus
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Public Health
Wales

Key Performance and Insight Summary

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

- Sickness absence decreased from 3.89% to 3.34% over the latest reporting period, with the rolling 12-month figure at 4.44%. Short term sickness absence accounted for 67% of absences in April 2023, down from 75% in March. The People & OD Advisory team continue to monitor indicators of good absence management and, linking in with the People & OD Partners, identify specific interventions or initiatives to reduce staff sickness or improve staff well-being.
- Appraisal compliance was reported at 70% in April 2023 and remained unchanged from the previous month, following a slight increase in February 2023. Whilst compliance remains below the 85% Welsh Government target, there are early indications that the re-introduction of Pay Progression will have a positive impact.
- Compliance with the core suite of statutory and mandatory training remained above the 85% Welsh Government target at 90.1% (down 0.4% in-month). E-learning queries are directed to the ESR All-Wales Support Team, in addition to the People & OD team carrying out two ESR drop-in sessions per month.
- The Welsh Language Commissioner has notified us of an investigation into breaches of the Welsh Language Standards across a number of our websites. A response to the Commissioner has been prepared and we will be developing a plan to address their concerns and a plan to mitigate against any future issues.

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

- The cumulative reported position for Public Health Wales at Month 1 2023/24 is a net surplus of £50k, with an anticipated breakeven position at year-end.
- Our capital funding for 2022/23 is made up of £1.391m discretionary funding and £0.576m strategic funding. £0.158m of discretionary capital funding has been transferred into strategic capital in Month 1 leaving discretionary capital funding of £1.233m for 2023/24 and total capital funding of £1.809m. The capital forecast is to achieve a break-even capital position.
- Performance on our Public Sector Payment Policy (PSP) will be reported on from Month 2 onwards in line with the Welsh Government reporting requirements. It is anticipated that PSP compliance will continue to exceed the 95% target for 2023/24.
- Year to date agency spend as a percentage of total pay equates to 2.7% with a year-end forecast of 2.8%.

Theme 3: Organisational quality and access to high quality services – Pages 9 to 19

- COVID-19 and influenza incidents levels remain relatively stable with no significant COVID-19 incidents or outbreaks reported this month. Testing numbers remain relatively consistent and driven by symptomatic requirements. New guidance from April 2023 have resulted in (expected) reduction to PCR testing rates.
- Diabetic Eye Screening remains the most challenging programme to recover the backlog. Coverage remains significantly below standard, and the programme is taking forward its transformation workplan. The timeliness of the results letters within 3 weeks of screen has seen a sharp decline over the last two months and is being actively worked to resolve. This is due to limitations with staffing following absences, staff retraining after leave and vacancies that are being recruited to.
- Latest mandated flu vaccine uptake data shows that for those aged 65 years and older, 76.3% were vaccinated with 44.2% uptake reported for those aged under 65 in clinical risk groups. Uptake for NHS Wales staff (46.2%) remained static and front-line staff (46.7%) saw a modest increase over the latest reporting period.
- With the exception of annual urgent sample turnaround time, all Microbiology indicators remained above or within 10% of respective target levels in quarter 4.
- One Nationally Reportable Incident was reported in April 2023 relating to the identification of 643 participants potentially not receiving a Bowel Screening FIT test.
- One Duty of Candour incident has been reported in the Screening Division, and is currently under investigation. The first Duty of Candour Decision meeting took place on 4 April 2023 where it was agreed that Duty of Candour applied, and the Duty of Candour process is now being progressed.

Theme 4: Improved population health and well-being – Page 20

- April 2023 saw the beginning of the reporting cycle for our Strategic Plan 2023/26 that was approved by our Board on 30 March 2023. During Month 1, 332 milestones were reported with 95% (315) identified as being on track or completed.
- Eleven requests for change were received in Month 1. Of these, there were seven requests to close milestones (five legacy milestones with two included in error), two requests to suspend milestones with another two requests for a change to the delivery date.

Theme 1: Maintaining a healthy and sustainable workforce

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

Sickness Absence

Sickness absence for April 2023 was 3.34% which is a decrease from 3.89% in the previous month. There has also been a decrease in the rolling 12-month figure, down from 4.54% to 4.44%.

Short term sickness absence accounts for 67% of absences in April which is a decrease from 75% in March.

Anxiety/Stress/Depression remains the number 1 reason for Absence accounting for 2,805 FTE days lost in Quarter 4. It has remained the top reason for absence since Quarter 1.

The People & OD Directorate continue to work with Line Managers to ensure they are able to support the wellbeing of their staff, particularly promoting the benefits of Work How it Works Best and compassionate management in relation to sickness absence.

The People & OD Advisory team are also linking in with the People & OD Partners to identify Directorate specific interventions or initiatives that may be required to reduce staff sickness or improve well-being.

COVID-19 Absence

The latest available data indicates that we currently have less than 5 staff absent due to COVID. Absences related to COVID continue to be closely monitored.

The number of new COVID related absences remains relatively low but the POD Advisory team continue to support the management of cases of long-term absence as a result of COVID and to provide guidance in line with the most up to date guidance.

Sickness absence monthly trend (%)



Theme 1: Maintaining a healthy and sustainable workforce

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

	Target	2021/22	February 2023	March 2023	April 2023	Link to PAD
Statutory measures	Statutory and Mandatory compliance	85%	87.1%	89.6%	90.5%	● 90.1%
	Appraisal compliance	85%	56.9%	71.5%	70%	● 70.0%

**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 has slightly decreased this month and still remains above the Welsh Government target of 85%.

Any e-learning queries can be directed to the ESR All Wales Support Team, in addition the People and OD are carrying out two ESR drop-in sessions per month, for anyone experiencing issues accessing e-learning. The next session is due to take place on 11 May 2023 and the sessions have been well attended to date.

The Information Governance and Cyber Awareness e-learning courses have been combined into a new course - Information Governance, Records Management and Cyber Security for staff to complete when they are next due to renew their Information Governance training, this will not have an effect on the Information Governance compliance figures.

Appraisal and Development Reviews

The 12-month rolling compliance for My Contribution appraisals is currently at 70% against the Welsh Government target of 85%.

Pay Progression was reintroduced in October 2022, and part of the criteria put forward for an increment is staff needing to have an appraisal date entered into ESR within the last 12 months. We have seen that this is having a positive impact on appraisal compliance figures.

Entering pay progression and appraisal dates into ESR are covered in the twice monthly ESR drop-in session and Pay Progression drop-in sessions.

Theme 1: Maintaining a healthy and sustainable workforce

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

Staff Turnover

Staff Turnover for April 2023 was 0.9%. The rolling 12-month turnover to 30 April 2023 was 10.6%.

In addition to ESR data, having now tested survey data of new starters and leavers, as well as continuing to monitoring labour market trends, with effect from April onwards the ability to compare quarterly data will be realised.

Here are some high-level observations made that will culminate in further analysis and action:

- 'Other/Not known' is consistently being reported as the one of the most common reasons for leaving. We may be missing out on valuable information to help identify any hotspots across the organisation.
- 'Work Life Balance' has moved from the 4th highest reason for leaving in Quarter 1 2022 to no longer being in the top 10 reasons for leaving in Quarter 1 2023. This could be linked to the 'Work How It Works Best' implementation and will need to be monitored moving forward.

A partnership with Arden University is well underway and we are anticipating outcomes in September. Our colleagues at Arden will be analysing data from those who apply, shortlist and are offered roles with our organisation – through focus groups and further analysis. The findings will enable the organisation 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 meaning we can build interventions to ensure we attract, develop, and retain a workforce that truly represents the diverse population.

Monthly Turnover Rate (%)



Staff Movements

For April 2023, there were 21 leavers and 102 new starters. The starters relate to the TUPE transfer of the Delivery Unit from Swansea Bay UHB, which forms part of the NHS Executive. In terms of internal promotions in April, there were 18 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.

We have now completed phase one of our work to deliver a compelling and impactful Employee Value Proposition, also known as our 'People Promise'. Early testing of the people promise, with a wide range of colleagues has returned highly favorable responses. The next phase of work will concentrate on creating the culture and environment where that promise is consistently delivered throughout the whole of the employee lifecycle.

Theme 1: Maintaining a healthy and sustainable workforce

Theme 1C: Supporting Equality, Diversity and Inclusion

Diversity

Ffion Grundy, formerly Head of Programmes in Stonewall Cymru, joined the team on the 24th April as the new Equality, Diversity and Inclusion Manager, and Brett Wrightbrook will be joining the team early May on a temporary basis to cover the Employee Wellbeing and Engagement Manager post.

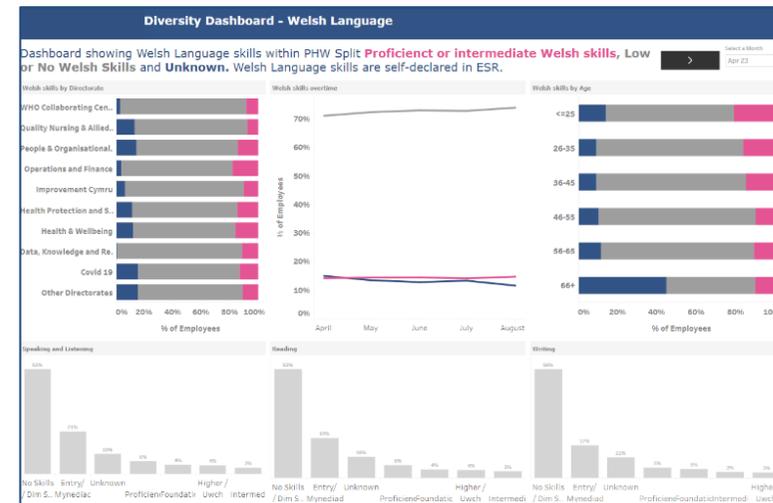
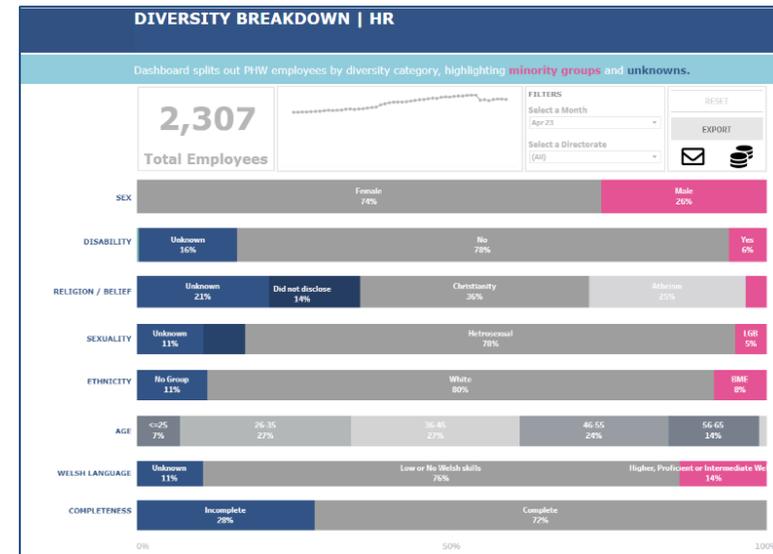
Work has started to engage with internal and external stakeholders in order to get feedback for our Strategic Equality Objectives for 2024-28. The engagement and involvement phase will continue through April and May, with draft objectives being developed in June for consideration in a Board Workshop in June.

Welsh Language

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

Work has continued on the organisation's Clinical Consultation Plan, which is almost ready for sign off and publication. The plan is required under the Welsh Language Standards.

At the end of March, the Welsh Language Commissioner notified us of an investigation they are launching following a number of breaches of the Welsh Language Standards across a number of our websites. We have prepared a response to the Commissioner to confirm we accept the terms of reference of the investigation and will pull together a plan to address their concerns as well as a process to be put in place to ensure similar issues do not arise in future. The team will be working through the actions outlined in the letter from the Commissioner, as well as developing Comms to accompany the new process over the next 3 months.



Theme 2: Delivering Value and Impact

Theme 2: Delivering against our agreed budgets

	Month 1	YTD 2023/24	Year-end forecast	Link to PAD
Revenue financial target	(£50k)	(£50k)	Breakeven	
Capital financial target	£0	£0	Breakeven	
Public Sector Payment Policy (PSPP)	n/a	n/a	>95%	
Agency Spend as a % of Total Pay	2.7%	2.7%	2.8%	

Financial Summary – Month 1

- The cumulative reported position for Public Health Wales is a net surplus of £50k, with an anticipated breakeven position at year-end.
- The month 1 revenue position is being supported by £0.985m of non-recurrent COVID funding as shown in the table opposite.
- Our capital funding for 2022/23 is made up of £1.391m discretionary funding and £0.576m strategic funding.
- Strategic capital includes £0.340m for decarbonisation schemes and £0.185m for fire compliance works approved by the Estates Funding Advisory Board (EFAB). These bids were approved on the basis of a 30% contribution from Public Health Wales' discretionary capital funding. Public Health Wales have therefore transferred £0.158m of discretionary capital funding into strategic capital in month 1 leaving discretionary capital funding of £1.233m for 2023/24 and total capital funding of £1.809m.
- Performance on our Public Sector Payment Policy will be reported on from Month 2 onwards in line with the Welsh Government reporting requirements.
- Further information on our latest financial position can be found in the accompanying 2023/24 Financial Position report.

Non-Recurrent WG COVID-19 Funding Supporting Month 1 Position

Funding Item	Actual Apr-23 £'000
Additional Operational Expenditure	
COVID-19 laboratory Testing	715
Non COVID-19 Rapid Testing	116
Covid related Pathogen Genomics	58
Health Protection team COVID-19	10
Integrated Surveillance	26
Vaccination Programme	60
Total Operational Expenditure	985
Funding	
Assumed Welsh Government Funding	-985
Total Funding	-985

Theme 2: Delivering Value and Impact

Theme 2: Delivering against our agreed budgets

Revenue Forecast – Month 1

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

Public Health Wales - COVID-19 Summary	Actual Apr-23 £000	Forecast May-23 - Mar-24 £000	TOTAL 2023/24 £000
Additional Costs			
COVID-19 laboratory Testing	715	7,578	8,293
Non COVID-19 Rapid Testing	116	2,985	3,101
Covid related Pathogen Genomics	58	889	947
Health Protection team COVID-19	10	390	400
Integrated Surveillance	26	2,673	2,699
Vaccination Programme	60	1,430	1,490
Total Gross Additional Cost	985	15,945	16,930

- Further information on our latest financial position can be found in the accompanying 2023/24 Finance Position report.

Capital Forecast – Month 1

Capital Category	Total YTD Apr-23 £m	Forecast May-23 to Mar-24 £m	Total 2023/24 £m
Discretionary	0	1.233	1.233
Strategic	0	0.576	0.576
Total	0	1.809	1.809

- Our current capital allocation is £1.809m after contributing 30% of our discretionary capital funding towards the strategic EFAB schemes.
- The capital forecast is to achieve a break-even capital position.

PSPP Forecast – Month 1

- Performance against the PSPP target will be reported on from Month 2 onwards in line with reporting requirements. It is anticipated that compliance will continue to exceed the 95% target for 2023/24.

Agency Spend as a % of Total Pay

- Year to date agency spend as a percentage of total pay equates to 2.7% with a year-end forecast of 2.8%

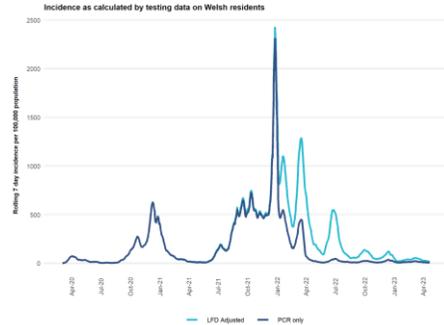
Theme 3: Organisational quality and access to high quality services

Theme 3A: COVID-19 Summary

COVID-19 high-level summary: Epidemiology

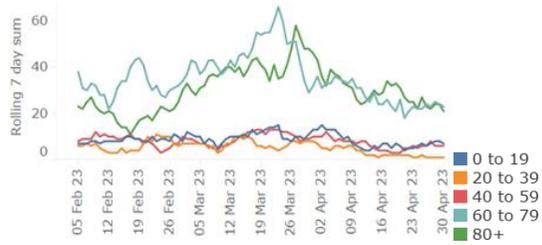
Adjusted case episode rates, up to 29 Apr 2023 (the ONS Infection Survey has been discontinued)

- The adjusted case rates have remained at a low level over recent weeks.



Rolling 7-day hospital admissions of COVID-19 cases in Wales, by age group, up to 30 April 2023

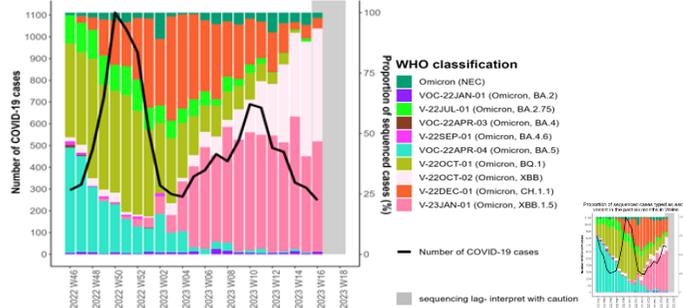
- Admissions are at relatively low levels.



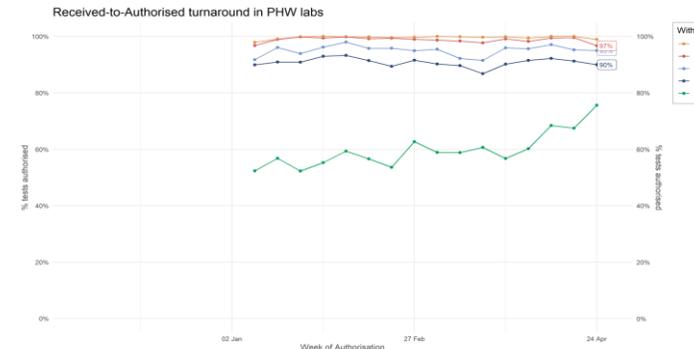
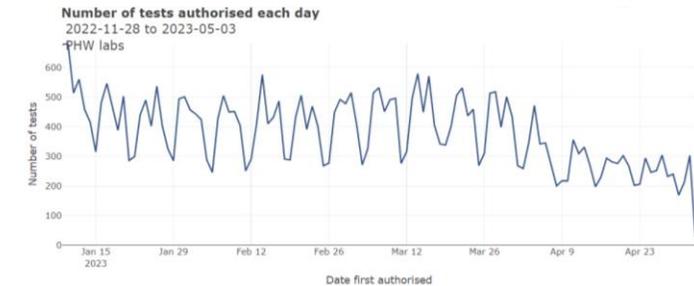
Variants: Of sequenced cases, % typed as each variant (data as at 02 May 2023)

- Multiple Omicron variants are co-circulating, with XBB.1.5 and XBB currently dominant

Proportion of sequenced cases typed as each variant in the past six months in Wales



Testing



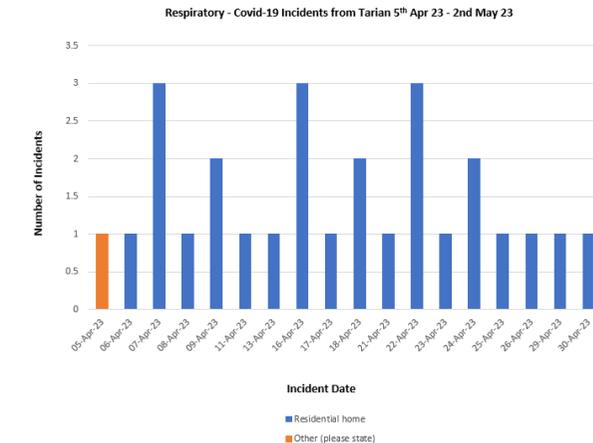
Summary

Testing numbers remain consistent and driven by symptomatic requirements. New guidance from April 2023 have resulted in (expected) reduction to PCR testing rates.

Standards for TAT % compliance:

- Over 90% within 12 hours for non-rapids achieved.
- 95% within 4 hours for rapids achieved in hot labs

Incidents and Outbreaks



COVID-19 and influenza incidents levels remain relatively stable

Summary of significant incidents and outbreaks

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

Developments

- Plan to step down the rapid mortality surveillance of SARS-CoV-2 to integrate with usual activity and reporting.

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.

Breast Screening The standard for normal results was not met in April at 80.5% of results within 2 weeks and number of screening undertaken was high at 10,572. The timeliness of the reading and assessment will remain challenging, and the standard was not met in April with 43.3% of participants having assessment within 3 weeks of screening. This is due to high screening activity and staff constraints, plans are progressing in the South East region which will improve short and medium term and a new consultant has taken up a role substantively in April. The average round length remains at 44 months and 2.9% of participants are being screened within 36 months. Detailed round length plans are in place and there is expected to be significant improvement in the round length timeliness in next 5 months, but the programme will take a long time to fully recover the round length of 3 years [estimated at April 2025 but aimed to be earlier].

Cervical Screening The timeliness of results is just below standard in April at 88.5% of results being sent within 4 weeks. Implementation of the new equipment in the laboratory was implemented on 11 April which was a significant undertaking and close working with the laboratory and programme has mitigated impacting timeliness of the results as much as possible.

Bowel Screening The coverage of the programme is 64.8% at the latest report in April. The optimisation of the programme with the invitation of 55, 56 and 57 is going well. The number of screening FIT kits analysed has increased and the laboratory tested 30,521 screening kits in March 2023. Timeliness of analysis and issue of results remains excellent (100% within 7 days). Waiting times for the Specialist Screening Practitioner assessment is within standard for six of the seven health boards (average 12 days) and colonoscopy component of the pathway is under active review and the range is 7-20 weeks (average 11 weeks). Colonoscopy timeliness standard is not being met with 18% of colonoscopy within 4 weeks across Wales. Regular discussions with Health Boards that has longest delays in place and Bowel Screening Wales central nursing team actively supporting them to reduce waits for SSP assessment. The programme remains on plan to continue to optimise the programme.

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 timeliness of newborn babies completing the screening programme is met at 97.6% and the timeliness of newborn babies who need assessment is just below standard at 83.7%. The IT systems that ensure failsafe for the programme needs upgrading and is down for periods of time which is impacting workflows and this has been escalated and timescales and approach for resolution discussed.

Newborn Bloodspot Screening coverage has been maintained and just below standard at 94.3% and avoidable repeat rate has increased this month to 4.6%. The programme is working with maternity service to understand the reasons and to address this. The programme implemented an alternative delivery method to mitigate risk of a delay in identifying a newborn baby with a clinically significant condition due to Royal Mail strikes. This has improved timeliness of card receipt at the laboratory and being explored to be extended.

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 1,000 participants each month. The coverage remains significantly lower than the standard at 32%. The programme is taking forward transformation workplan. Plans are progressing well with the new screening site in Cardiff which will support recovery [implementation from May 2023]. The timeliness of the results letters within 3 weeks of screen remains reduced this month to 1.5% within standard. This remains due to limitations with staffing due to absence, staff retraining after leave and vacancies that being recruited to. This is being actively worked to resolve. Several staff will complete their retraining after leave shortly which should improve timeliness going forward.

Wales Abdominal Aortic Aneurysm screening The programme continues to focus clinics to ensure the offer of screening is timely. Plans are progressing well with the new screening site in Cardiff [implementation from May 2023]. Surveillance uptake is nearly within standard for small aneurysms at 86.4% and within standard for medium aneurysms at 88.4%.

Theme 3: Organisational quality and access to high quality services

Theme 3B: Access to high quality services

Healthcare Associated Infections (Health Board/Trust targets)

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](#).

The HCAI dashboard was not published in May 2023 as the HARP team are in the process of finalising the data for the 2022/23 financial year and prepare new dashboards for 2023/24 which will be available from 7 June 2023. The new dashboards will include additional information on onset and acquisition, similar to how the team have been reporting the COVID-19 data.

Infection Control teams will be receiving a line list of their Health Board data for the 2022/23 financial year by the end of next week to confirm specimen numbers. Once numbers are confirmed, a final reduction exception report and HCAI data extract for 2022/23 will be issued.

Influenza surveillance

[Influenza and acute respiratory infection](#) surveillance information continues to be reported on a weekly basis with [week 18 2023 reporting](#) influenza as continuing to be confirmed in Wales, although overall activity has not changed. RSV (Respiratory syncytial virus) cases have decreased.

As at 25 April 2023, latest data shows that for those aged 65 years and older, 76.3% were vaccinated. Latest influenza vaccine uptake for clinical risk groups was 44.2%. Uptake for NHS Wales staff (46.2%) remained static and front-line staff (46.7%) saw a modest increase over the latest reporting period.

Microbiology – Non-COVID-19 activity

Performance for agreed non-COVID microbiology indicators at quarter 4 2022/23 remained broadly positive. With the exception of annual urgent sample turnaround time, all other reported indicators remained above or within 10% of respective target levels for the previous three quarters in 2022/23. Whilst performance for the latest quarter saw fluctuations across indicators compared with quarter 3 2022/23, performance remains positive overall. Latest figures highlight a small number of areas where challenges remain with performance being actively monitored:

EQA performance for Bacteriology - 93% compliance

Issues related to quality assurance of a small number of samples. These include the performance of media used for testing and dropped points for parasitology, and mix up in reporting on the EQA website. Network investigation of issues is underway together with supplier investigations and clinical review where appropriate via Senior Management Team (SMT). Purchase of additional specialist equipment for parasite microscopy. Timescales for improvement estimated at 3 months.

Turnaround times for Bacteriology - 92% compliance

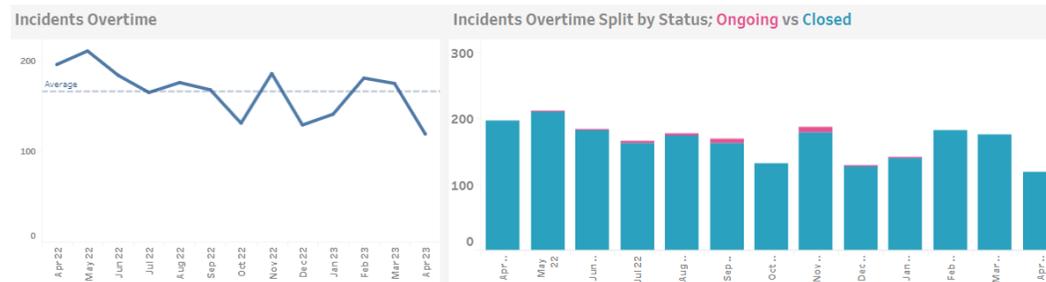
Reduced performance for three high volume, non-urgent sample types in Swansea, Cardiff and Rhyl laboratories though some improvement has been seen recently. Mainly due to extended/repeated processing and weekend working when limited staff are available with the skill mix required and prioritising of key samples takes place. Some small delays (1-2 days) in results for some non-urgent samples. On-going quarterly monitoring and reporting to SMT. Ongoing progress with training and competency for trainee staff to improve skill mix of staff.

Annual urgent sample turnaround time - 84% compliance

Delays in the transport of 21 of 64 urgent samples to testing laboratory in Singleton hospital from various off-site locations within Swansea Bay UHB. All other Health Board areas were within the 4 hour target and all samples processed within 4 hours of receipt. Feedback of audit to users and clinical engagement with Health Board departments regarding importance of timely transport for urgent specimens. Monitoring at next audit.

Quality and Improvement

Incidents



A total of 119 incidents were reported in April 2023, a decrease of 56 compared to the previous month (175). It should be noted that of the April incidents, 36 related to Cervical Screening Wales (CSW) smear sample anomalies incidents which are not directly attributable to Public Health Wales (PHW) direct services but those that PHW commission.

As a result of the level of sustained reporting of these smear sample anomalies, improvement work remains ongoing to address and reduce the occurrence of these type of errors. Current work includes strengthening sample taker training as part of contractual agreements, identification, and classification of incident types within Datix system to improve theme analysis and data quality. In addition, bi-weekly meetings of the CSW Quality Working Group and the Putting Things Right team are taking place focusing on the use of the code ‘other’ to reduce its use and to apply alternative coding.

Of the total number of incidents reported in April, 94% occurred within the Health Protection and Screening Directorate. The remaining incidents were reported in Quality, Nursing and Allied Health Professionals’ (6) and Data, Knowledge & Research (1).

It should be noted that all six incidents reported within the Quality, Nursing and Allied Health Professionals Directorate related to safeguarding concern incidents that occurred outside of PHW but were reported to PHW by a member of the public via the complaint’s mailbox. These have been received via the complaints route whereby members of the public have been dissatisfied with the care then are receiving from Health boards and have made expressions of self-harm. This has led to the lead Nurse for corporate safeguarding liaising with primary care or other health care providers to minimise the risk of self-harm.

To increase public awareness about the function and role of Public Health Wales, PHW internet pages are being refreshed to include further information to help guide members of the public as to the appropriate route to raise concerns regarding non PHW services.

Incident Themes

The majority of the reported April incidents relate to submissions received from Cervical Screening Wales (38%), Microbiology (35%) and Diabetic Eye Screening services (8%). The highest incidents by type recorded in Datix for April 2023 were from Microbiology and Diabetic Eye Screening were as follows:

Assessment, Investigation, Diagnosis – 27 Incidents

- Harm Levels – None (16) Low (11)

Information Technology – 7 Incidents

- Harm Levels – None (3) Low (4)

Equipment, Devices – 6 Incidents

- Harm Levels – None (5) Low (1)

Quality and Improvement

Retrospective March and Open Incident Performance Review

The Public Health Wales (PHW) investigation and closure target for incidents is set at 30 working days. As such, the incidents reported in this reporting period (April 2023) remain within an acceptable closure timeframe and an 'open' status.

During March 2023, 48% (83) of incidents were closed within the 30-day target period, this is an improvement in performance compared to the 45% closed within the 30-day target in February 2023. 7% (12) of incidents were closed outside of the 30-day target with a closing date ranging from 31-41 days. The main reasons for the 11 incidents exceeding the target closure time include delays to the investigation taking place and delays in the incident's approval for closure by Incident Managers/Divisional Leads. This continues to be a recurring theme and the PTR team are working closely with Managers to improve this position.

45% (77) of the current incidents have an 'overdue status' and remain open. Of the 77 incidents, 22 (29%) remain under investigation and 55 (715) have a completed investigation are awaiting closure.

As of the 4 April 2023, there are a total of 170 incidents in Datix that have an 'open' status for more than 30 days. This figure relates to all incidents that have been reported more than 30 days ago with the oldest open incident dating back to April 2022. This incident relates to a data breach regarding missing records at the Temple of Peace site. This investigation has been complex and is nearing completion, the investigation team are now reviewing and finalising post investigation actions with the intention to close the incident imminently.

A report of all open overdue incidents is run weekly by the PTR Team and shared with the Datix Super Users for each area to make them aware of the overdue numbers and request that these are actioned and closed. The PTR Managers continue to work closely with teams across the organisation to highlight overdue incidents and identify and ensure clear processes are in place to support and improve incident management.

Nationally Reportable Incidents

There was one Nationally Reportable Incident reported in April 2023, relating to Bowel Screening Wales:

1. Datix Reference: 2253 (Bowel Screening Wales)

The Bowel Screening Programme invites participants aged 55 to 74 years every two years for screening with an invitation being sent along with a Faecal Immunochemical Test (FIT) test kit to complete at home.

Failsafe work undertaken in 2018 identified that people whose 75th birthday fell during the week the invitation was processed may not be sent their screening kit as the IT system parameters were configured to not invite those aged 75 years. A failsafe process was put in place from Jan 2019. This failsafe generated list identifies those people who are currently aged 75 or over whose last screening episode was opened before their 73rd birthday and were in receipt of a screening kit before their 73rd birthday and who have then not received their final offer of screening before being outside the eligible age range.

In March 2023 the Informatics failsafe lists identified the Bowel Screening Exit failsafe list had not identified any participants since September 2022.

Quality and Improvement

Nationally Reportable Incidents (cont'd)

Investigation of this failsafe check highlighted an issue with the failsafe digital script used to extract the information which had not been configured correctly and included those who had a previous Faecal occult test (FOB) test (previous test) but had not included those who had a Faecal Immunochemical Test (FIT) test (new test).

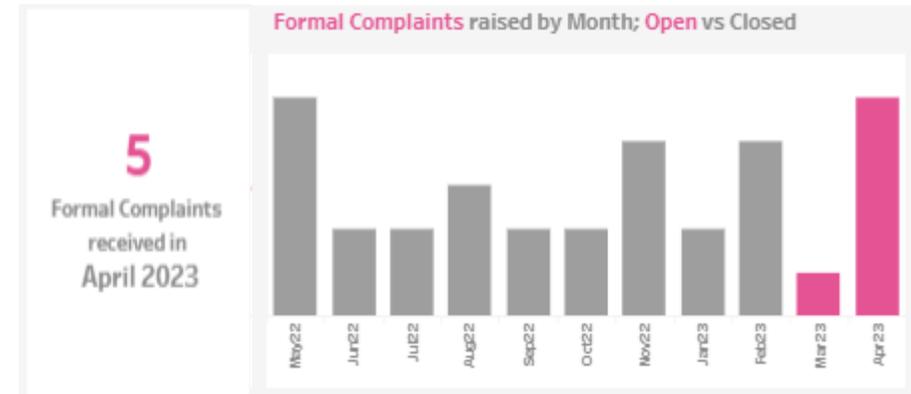
The affected cohort were participants whose last episode was opened before their 73rd birthday and they were sent a liquid FIT kit which was posted before their 73rd birthday. Full rollout of liquid Fit took place from September 2019 with phased introduction from January 2019.

An incident management team has been convened and initial meeting to discuss the issue held on 4 April which identified 643 participants were potentially affected. Second meeting was held on 24 April to allow time for pathway team to check the overall cohort to confirm if they had missed their final screening offered and categorise cohort into actions required to resolve.

No Surprises Incidents

There were no 'No Surprises' Incidents reported in April 2023.

Complaints



Formal Complaints

The latest figures for April 2023 show that five formal complaints were received in the following areas:

- Bowel Screening Wales (1)
- Diabetic Eye Screening Wales (1)
- Cervical Screening Wales (1)
- Communications (1)
- Newborn Hearing Screening Wales (1)

All 5 complaints have been acknowledged within the 5 working day timescale and are all now under investigation.

One complaint was received in Bowel Screening Wales in relation to an expressed dissatisfaction with the Bowel Screening cut off age of 75. The investigator concluded that this complaint was not upheld and provided a response to the complainant outlining that the rationale and evidence regarding the bowel screening cut off age

Quality and Improvement

Formal Complaints (cont'd)

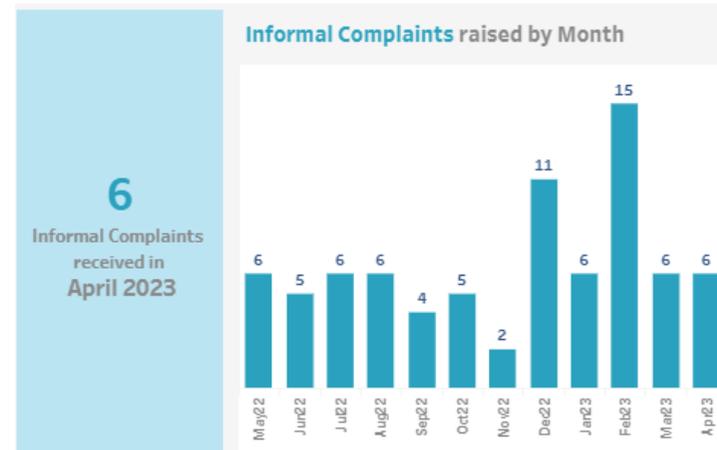
One complaint was received in Diabetic Eye Screening Wales regarding the attitude of a staff member when they attended for their appointment. The service user felt uncomfortable at their appointment and left without being screened, they subsequently received a Did Not Attend (DNA) letter which they expressed dissatisfaction with. The investigation concluded that the complaint is upheld and the Did Not Attend has been removed from the service users record.

A complaint was received in Cervical Screening Wales after a member of the public received invitation letters to their address for multiple individuals who do not reside there. This incident was raised with Digital Health and Care Wales (DHCW), who reported that the incident had resulted from a previously known IT issue which had been corrected during 2022 as part of a data cleansing task by DHCW. This issue has now been corrected and the complaint upheld.

A complaint was received in Communications regarding Public Health Wales compliance with the Welsh Language Standards on our public facing website. This complaint remains under investigation.

A Newborn Hearing Screening Wales complaint was received after a screening appointment letter was sent to the family of a baby who very sadly passed away shortly after birth. This complaint remains under investigation.

Informal Complaints



The figures for April 2023 also show that a total of six informal complaints were received. These complaints were received in the following areas:

- Diabetic Eye Screening Wales (3)
- Breast Test Wales (2)
- Health Protection – Sexual Health (1)

83% (5) informal complaints were resolved locally within the 48-hour target. 17% (1) were resolved outside of the 48-hour target due to the requirement for further investigations and being unable to contact the complainant during the 48-hour timescale.

Quality and Improvement

Retrospective March Complaint Performance Review

There was one formal complaint received in March 2023 in Diabetic Eye Screening Wales (DESW). This complaint related to the complainant being unaware that the DESW clinic had been cancelled and had attended their clinic appointment. When attending for the appointment, the complainant raised concerns regarding a confidentiality breach as result of telephone conversation that took place at the venue at the time. The investigation has concluded, and the complaint was upheld.

The complaint was acknowledged and responded to within the target timescales and identified learning shared with the screening team.

Compliments

During the month of April 2023, there were 41 compliments recorded in the Civica system.

87% of compliments reported were provided by members of the public (service user) with the remaining percentage being received by non-Public Health professionals, PHW Employees and Stakeholder/Partner organisations. Compliments were themed as 'beyond the level of care expected or anticipated' (66%), general compliment (15%), communication (7%), dignity and respect (7%), compliment about trainer (3%) and going the extra mile (2%).

The ratio of compliments to complaints for April 2023 is 8:1

The Screening division receives the largest number of compliments. To promote the recording of compliments on to the Civica system the Lead for Service User Experience has offered further awareness sessions with individual programmes and front-line screening staff. This offer of support has been well received by senior management and sessions are to be scheduled over the coming months and it is anticipated this will increase the recording of compliments.

Claims

One new Personal Injury claim was received in April 2023 within Health Protection.

Currently, there are 21 confirmed claims open and three potential claims. Of the 21 confirmed claims, four of these claims relate to personal injury (all of which are staff claims), nine relate to Cervical Screening Wales, five Breast Test Wales, one Microbiology, one Bowel Screening Wales and one Health Protection. Of the three potential claims, three relate to Breast Test Wales.

Redress

There were no new Redress cases opened in April 2023.

There is one ongoing Redress case in Health Protection and relates to the outcome of the Llwynhendy external Investigation Report. The Redress case relates to a complaint about the length of time it took the TB screening process in Llwynhendy. A review is underway of their management as part of the outbreak incident.

One Breast Test Wales Redress case has been responded to and the investigation concluded no qualifying liability.

Quality and Improvement

Duty of Candour

Duty of Candour regulations came into effect in Wales on 1 April 2023 and a Duty of Candour implementation group was formed to ensure that PHW was full prepared for its implementation. Training has been provided to clinical staff throughout March, April and May 2023 and a Duty of Candour Policy and Procedure has also been written to support the staff with the application and management of the duty.

Duty of Candour Cases

Public Health Wales currently has one Duty of Candour incident in the Screening Division, which is currently under investigation. The first Duty of Candour Decision meeting took place on 4 April 2023 where it was agreed that Duty of Candour applied, and the Duty of Candour process is now being progressed.

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 are the current Strategic Risk Register, pending the completion of a refreshed Strategic Risk Register.

The Board reviewed the Strategic Risks in line with the refreshed Long-Term Strategy and Integrated Medium-Term Plan and approved new headline risk descriptors on 30 March 2023. The full refreshed Strategic Risk Register will be submitted to the Board on 25 May 2023 for consideration. Any outstanding actions from the current Strategic Risk Register will be reviewed to determine how they will be completed.

<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>Following the revisions to the Long-Term Strategy, the Executive Sponsor is confident that the current and emerging threats have been considered and incorporated into the Long-Term Strategy. The risk continues to be monitored and tolerated and we remain alert to any new emerging threats.</p>	<p>Strategic Risk 4 - There is a risk that we are unable to attract and retain the required professional workforce</p>	<p>Current risk remains unchanged. Work on this risk is long term and ongoing.</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>Current risk remains unchanged. Risk reviewed in divisions and approved via April's Directorate Management Team.</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>The current risk score remains the same. As raised previously the key hires are currently embedding into the organisation and their expertise has not been realised.</p>
<p>Strategic Risk 3 - There is a risk that we will not manage organisational change well</p>	<p>Progress continues to be made within the action due dates. A key element to note is the number of interdependencies with other functional areas and the progress made demonstrates that these are operating smoothly in pursuit of the actions. The organisation can take assurance that the risk is being appropriately managed. Delivery confidence assessment has been amended from Amber to Green.</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>Current risk remains unchanged. Progress continues across all actions.</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>Current Risk remains unchanged. Risk reviewed in division and approved via April's Directorate Management Team meeting.</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>Current risk remains unchanged.</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>Likelihood of risk reduced from five to four, thereby reducing overall risk to 16. Monthly preparedness highlight reports are being provided to the all Wales Duty of Quality and Candour Implementation Board, showing everything is currently on track for Public Health Wales. Quality as an Organisational Strategy implementation is in progress. The Clinical Governance Framework under development, following a further workshop in March, is due to be presented at QSIC in July 2023. Once approved, this should provide an additional control which can form part of the assurance arrangements for Duty of Quality and Candour.</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>Current risk remains unchanged. Risk reviewed in division and approved via April's Directorate Management Team meeting.</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 current risk action has been updated. The risk score remains the same until the review of the My Contributions policy has been completed</p>	<p>Corporate Risk 303 - There is a risk that the LINC process will not allow us to develop a product that meets our needs and is an improvement on the system currently in place. There is also a chance that the LINC programme will not be able to deliver, and a Plan B will need to be put in place. This is a risk for both screening and microbiology.</p>	<p>Current risk remains unchanged. Risk reviewed in division(s) and approved via April's Directorate Management Team meeting and noted that ability to mitigate lies outside of organisational control.</p>

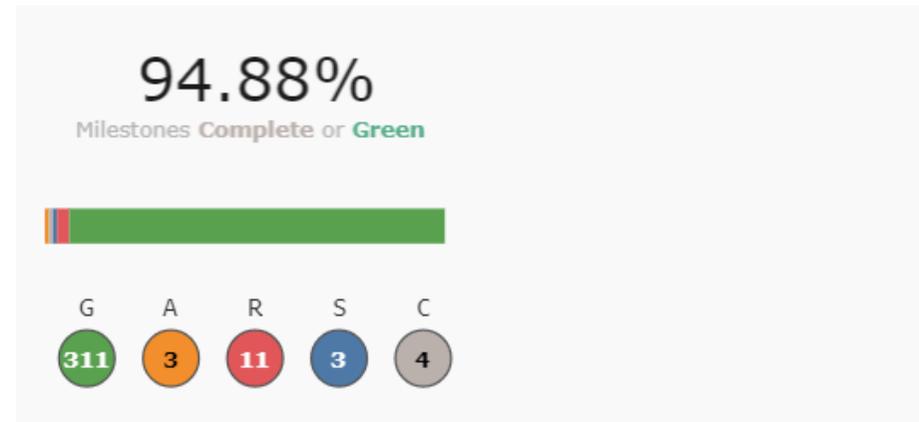
IMTP 2023/24 – Month 1 Reporting

This month sees the beginning of the reporting cycle for our Strategic Plan 2023/26 that was approved by our Board on 30 March 2023. 25 milestones that were not completed in the previous year are being monitored in the new reporting process. This year’s plan contains 332 milestones with the 95% (315) reported on track or complete in month one.

Eleven requests for change were received in month one:

- seven requests to close milestones (five being legacy milestones included in this year’s plan and two included in error)
- two requests to suspend milestones while awaiting confirmation of funding (Screening)
- two requests for a date change (one for a further pilot of the Safeguarding Maturity Matrix (SMM) tool and one for Cost of Health Inequality report which requires further analysis).

Further detail can be seen in the Performance and Assurance Dashboard (PAD).



Milestone overview by Directorate

Directorate	G	A	R	S	C
Data, Knowledge & Research	17				
Health & Wellbeing	88	1	3	1	
Health Protection and Screening Services	74		2	2	1
Improvement Cymru	23		1		
Operations and Finance	46	1	1		2
People & Organisational Development	13	1	2		1
Quality Nursing & Allied Health Professionals	12		1		
WHO Collaborating Centre	38		1		