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Public Health
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Performance and Insight Report

June 2023

Key Performance and Insight Summary

Section 1: Governance and Accountability

Corporate Governance - Pages 4 to 6

- The Board held a Board Development Session on 29 June 2023, focusing on Health Protection, High Performing Board and Equality Strategic Objectives.
- Following submission of the draft 2022-23 Annual Accounts to Audit Wales and Welsh Government on 5 May, Audit Wales issued an unqualified (clean) audit opinion on the accounts and there are no uncorrected misstatements. All Statutory Financial Duties and Administrative Requirements were met by the Trust.
- The Board have completed their Declarations of Interest and Board Eligibility Declaration for 2023/24.
- The revised Strategic Risk Register (SRR) currently displays seven risks, which have approved risk appetites and delivery confidence assessments. The Leadership Team is reviewing the 2022/23 Corporate Risk Register against the SRR to confirm whether the risks remain current, require amendment/updating in light of the revised SRR.

Financial Governance - Pages 7 to 8

- The cumulative reported position for Public Health Wales at Month 3 2023/24 is a net surplus of £63k, with an anticipated breakeven position at year-end. The month 3 revenue position is being supported by £2.865m of non-recurrent COVID-19 funding as shown in the table.
- Our capital funding for 2023/24 is made up of £1.233m discretionary funding and £0.576m strategic funding, with an overall capital allocation for 2023/24 of £1.809m. 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, £0.158m, from Public Health Wales' discretionary capital funding.
- Performance on our Public Sector Payment Policy (PSPP) remains above statutory target at 96.91% (97.27% in month 3) and is expected to continue to exceed the 95% target for the remainder of the year. Year to date agency spend as a percentage of total pay equates to 2.5% with a year-end forecast of 2.5%.

Workforce Governance - Pages 9 to 12

- Sickness absence decreased from 2.94% to 2.81% over the latest reporting period, with the rolling 12-month figure also decreasing at 4.22%. Short term sickness absence accounted for 74% of absences in June 2023, higher than the previous month. Anxiety/Stress/Depression remains the most frequently reported sickness absence reasons.
- Compliance with the core suite of statutory and mandatory training remained above the 85% Welsh Government target at 91.15% (up 0.6% in-month), whilst appraisal compliance was reported at 72% in June 2023, up from 70% compared to the previous two months.
- On 9 June, we received the final notice from the Welsh Language Commissioner on the investigation which links to our websites. We are continuing to liaise with departments to address and correct the issues raised and develop processes to avoid future issues. We are also looking at options for translation of all future web content, and quality assurance/audit processes to ensure consistency of the quality, and safeguard against problems arising in future.

Quality and Service Delivery - Pages 13 to 20

- COVID-19 rates and hospital admissions have remained at low levels over recent weeks. Testing activity remains consistent at circa 200 per day with respective targets being met. There was a COVID-19 incident in HMP Parc which has been appropriately managed. The IMT has now been stood down.
- The Childhood Vaccinations in Wales Annual Report 2023 has been published and shows that although uptake in younger children remains broadly positive, there has been a slight decreasing trend over the previous two years.
- The new HCAI dashboards for 2023/24 was published in late June 2023, with the normal reporting schedule resumed from July 2023. Historical Financial Year data from 2010/11 will be included in a separate dashboard to be published next month. Reduction expectation progress will also be added once the WHC has been published.
- Four new Diabetic Eye screening locations in Aneurin Bevan have been secured which supports offer locally. For Newborn Hearing, clinics offered from new screening centre in Llanishen have been well received by patients, whilst a new Abdominal Aortic Aneurysm Screening venue has been secured in Pontypool which will improve accessibility.
- One formal complaint was received in June 2023 relating to Diabetic Eye Screening Wales and the dissatisfaction with the lack of screening venues in the service user's local area. The complaint was acknowledged within the two working day timeframe and is now under investigation.

Section 2: Strategy Delivery

Progress against delivery of IMTP milestones - Pages 21 to 28

- Month 3 of IMTP 23/24 reporting shows 92.2% of all milestones are currently reported as green or complete. This is a reduction of 0.7% from last month. There were an additional 40 milestones completed, bringing the total complete to 54 milestones, 16.8% of the plan.
- The profile of the plan over the full year shows that 83% of milestones due to be delivered in Quarter 1 are now complete. The remaining 9 milestones are either awaiting requests for change (RFC) approval or will be delivered later than expected.
- Thirteen requests for change were received in month three (see Annex for further detail). Two requests to suspend milestones require additional attention due to their importance. Six requests for a date change and five for a scope and date change, one of which pushes delivery to March 2025.
- So far this year 9% of milestones have received an RFC, an average of 10 per month. There have been 23 milestone date changes, moving delivery to later in the year. In summary, 12 milestones moved out of Quarter 1 to later in the year, and each of the remaining quarters have a net increase in milestones. If this continues at the same rate, 25% of all milestones will be delivered later than planned, causing significant pinch points in later months.
- On average, an RFC to change the delivery date is requested 2.7 months before the original delivery date of the milestone. This, along with the fact that 92% of milestones reported as red, were reported as green in the previous month shows a lack of medium-term planning to identify risk and take action early and could mean missed opportunities to mitigate delays and further delaying the plan overall.
- Quarter 2 is the second largest quarter for milestone delivery after Quarter 4, with 23% of milestones due. Currently, 85.4% of Quarter 2 milestones are reporting as Green or Complete, with the remaining 14.6% already at risk.
- There is a significant peak in September, with 69 milestones due. If RFC trends continue we would expect 25% of these milestones to move to the right and push delivery to later in the year.
- If the delivery of milestones were spread evenly across the year, we would expect 25% to be delivered in each quarter. Looking at the percentage of milestones due in Quarter 2, there is a significant variance by Directorate.
- See pages 24-28 for a detailed summary of key IMTP milestones in focus at Month 3. These include milestones that have fallen behind schedule (Red), milestones with the potential to fall behind schedule (Amber), and milestones that have been suspended due to funding or external factors (Blue).

As part of the development of the Board Assurance Framework, work is ongoing to map the areas of the Performance and Insight Report to the Board level assurance arrangements, and to consider how we can reflect the assurance considered at Committee level. This will include mapping across the elements of our performance reporting to the Committee's work plans to provide a full assurance picture to the Board for each area and will identify any gaps in assurance / reporting arrangements.

Whilst this work is ongoing, we have added reference to the remit area for each of the themes within the Performance and Insight Report, to signal where the Board/Committee level assurance sits in terms of the Committee remits, which we will then use as a basis for the review of Board level assurance.

Governance and Accountability

Section 1: Governance and Accountability

Board and Corporate Governance

Board Level Governance

Model Standing Orders have been received by Welsh Government, work is ongoing to review this and an updated Public Health Wales' Standing Orders will be submitted to the Board for approval in September.

The Board held a Board Development Session on 29 June 2023, focusing on:

- Health Protection session: focusing on the strategic developments and ambitions for excellent health protection services, and the outcome of the Welsh Government independent review
- High Performing Board: an initial discussion on the on the development of a High Performing Board model, focusing on reporting, assurance and the next steps in the development and agreement of a model.
- Equality Strategic Objectives: To provide a brief overview of the progress made during the period of the current SEP and share the draft objectives, which have been formed from a number of inputs and seek the Boards input onto these objectives.

The Board Business Unit are focusing on a number of development areas, including:

- Developing a Board Assurance Framework, which will be presented for consideration to the Board in September. This is an action from the Audit Wales Structured Assessment.
- Reviewing the Reporting template and reporting requirements, including a pilot new way of working for the Quality, Safety and Improvement Committee, which will provide further clarity to the reporting requirements.
- Reviewing and updating the Memorandum of Understanding Register.
- Reviewing and updating the Board Development Programme for 2023/24, specifically in the context of the development of a High Performing Board Model.

Annual Report 2022/23

Following submission of the draft 2022-23 Annual Accounts to Audit Wales and Welsh Government on 5th May, the audit reached a conclusion in early July. Audit Wales issued an unqualified (clean) audit opinion on the accounts and there are no uncorrected misstatements. All Statutory Financial Duties and Administrative Requirements were met by the Trust. The audit report detailed the summary of corrections made to the accounts. There was one material correction required to the classification of Trade Payables. The report includes four recommendations which management have accepted in full and have set out remedial actions to address the recommendations.

The Draft Accountability Report was also reviewed by Audit Wales and Welsh Government., minor changes were recommended for clarity. A summary of the changes were provided to the Audit and Corporate Governance Committee.

The final version of the Accounts, the Accountability Report and the Audit report from Audit Wales were presented to the Audit and Corporate Governance Committee on 12 Jul 2023. The Committee have recommended the accounts for approval by Board and this is due to take place 27 July 2023 Board Meeting. The deadline for submission of the final version of the accounts is 31 July, and this coincides with the date that the Auditor General for Wales will certify the accounts.

Section 1: Governance and Accountability

Board and Corporate Governance

Corporate Governance

Declarations of Interest

The Board have completed their Declarations of Interest and Board Eligibility Declaration for 2023/24.

A reminder for staff to complete a Declaration Form has been published on the intranet.

The live Declarations of Interests Register for the Board is published on our website.

Corporate Policies, Procedures and Other Written Control Documents

The following Policies / Procedures have been approved:

- Personal Protective Equipment Procedure
- Moving and Handling Procedure
- Slips, Trips and Falls Procedure
- Duty of Candour [Policy](#) and [Procedure](#)
- [Infection, Prevention and Control](#)
- Putting Things Right Policy
- Putting things Right Redress Procedure
- Prevent Policy and Referral Process

Audit

Internal Audit

The following Internal Audits have been finalised, and were reported to the Audit and Corporate Governance Committee (ACGC):

10 May 2023:

- Health Improvement (Population Health) (Limited Assurance)
- Information Governance Contract Management (Reasonable Assurance)
- Cyber Security (Substantial Assurance)
- Health Protection (Substantial Assurance)

12 July 2023:

- Risk Management (Reasonable)
- Information Provision (Reasonable)

At its meeting on 12 July, the Committee also considered the Head of Internal Audit Annual Opinion, which assigned a Reasonable Internal Audit Opinion for Public Health Wales for 2022/23.

External Audit

The following External Audits have been received and considered by ACGC:

- Audit of the 2022-23 Accountability Report and Financial Statements
- Structured Assessment 2022
- Public Health Wales NHS Trust – Detailed Audit Plan 2023
- Annual Audit Report 2022 – Public Health Wales NHS Trust

The actions from both Internal and External Audit Reports will be included in the Audit Action Tracker and the implementation of actions will be monitored by ACGC going forward.

Section 1: Governance and Accountability

Board and Corporate Governance

Risk

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

The Board revised the Strategic Risk Register to reflect the re-refresh of the Long Term Strategy. The revised strategic risks were approved by the Board on 25th May 2023 and currently displays seven risks, which have approved risk appetites and delivery confidence assessments.

Risk 1	There is a risk of worsening health in the population of Wales, particularly among vulnerable populations <i>Caused by</i> the cumulative effects of current socio-economic, environmental and wider public health challenges and failure to influence the embedding of health in all policies <i>Resulting in</i> a widening gap in healthy life expectancy	New risk approved by Board on 25th March 2023. Delivery confidence assessment remains amber with all actions on track. Risk owner updated to National Director of Knowledge and Research acting as interim Director of Health and Wellbeing.
Risk 2	There is a risk of ineffective system-wide efforts to improve health and wellbeing by organisations across public, private and third sectors. <i>Caused by</i> misaligned system-wide efforts and leadership, and weaknesses in partnership working. <i>Resulting in</i> worsening health outcomes and suboptimal use of limited public resources.	New risk approved by Board on 25th March 2023. Delivery confidence assessment remains amber with all but two actions remaining on track. Two actions on hold pending arrival in post of National Director of Health and Well-being. Risk owner updated to National Director of Knowledge and Research acting as interim Director of Health and Wellbeing.
Risk 3	There is a risk that people in Wales are insufficiently engaged and enabled on action they can take to improve their health and wellbeing. <i>Caused by</i> failure to provide people with sufficient quality information, motivation, choice and access to timely advice and services. <i>Resulting in</i> people feeling they are limited in exercising control over their health and wellbeing and avoidable poor health outcomes	New risk approved by Board on 25th March 2023. Delivery confidence assessment remains amber with all actions on track.

The Leadership Team is reviewing the 2022/23 Corporate Risk Register against the revised Strategic Risk Register. This review will confirm whether the risks remain current, or whether they require amendment or updating in light of the revised Strategic Risk Register.

Risk 4	There is a risk of weakness in our organisational health, including our culture, capacity, capabilities and governance. <i>Caused by</i> sub-optimal leadership, management and engagement. <i>Resulting in</i> low staff wellbeing and morale, failure to recruit and retain our staff and ineffective performance across one or more of our strategic priorities.	New risk approved by Board on 25th March 2023. Delivery confidence assessment remains amber with all actions on track.
Risk 5	There is a risk that we insufficiently prevent, plan for and respond to emerging external threats to public health. <i>Caused by</i> insufficient horizon scanning, forecasting, use of data/digital tools and planning/training/exercising for response. <i>Resulting in</i> suboptimal responses to near-term incidents (including but not limited to infectious disease) and longer-term emerging risks to public health.	New risk approved by Board on 25th March 2023. Delivery confidence assessment remains amber with all actions on track.
Risk 6	There is a risk that we fail to deliver excellent public health services, including on screening, infection and health protection. <i>Caused by</i> weakness in clinical and health protection processes, specialist workforce capacity and capabilities, innovation and/or capital investment. <i>Resulting in</i> inadequate provision, responsiveness or uptake of services, poor individual patient and population outcomes and failure to meet quality standards.	New risk approved by Board on 25th March 2023. Delivery confidence assessment remains green with all actions on track.
Risk 7	There is a risk to delivery of public health services and the inappropriate release of confidential data. <i>Caused by</i> a cyber-incident or a result of internal and external threats and weaknesses in the robustness of our IT systems and our behaviours, resulting in disruption of business continuity, potential significant data loss and data breaches.	New risk approved by Board on 25th March 2023. Delivery confidence assessment remains amber with all actions on track.

Section 1: Governance and Accountability

Financial Governance

	Month 1	Month 2	YTD 2023/24	YTD 2023/24	Year-end forecast	Link to PAD
Revenue financial target	(£50k)	(£1.7k)	(£52k)	(£63k)	Breakeven	
Capital financial target	£0	£302k	£8k	£13k	Breakeven	
Public Sector Payment Policy (PSPP)	n/a	n/a	n/a	● 96.91%	>95%	
Agency Spend as a % of Total Pay	2.7%	2.9%	2.8%	2.5%	3.0%	

Financial Summary – Month 3

- The cumulative reported position for Public Health Wales is a net surplus of £63k, with an anticipated breakeven position at year-end.
- The month 3 revenue position is being supported by £2.865m of non-recurrent COVID funding as shown in the table opposite.
- Our capital funding for 2023/24 totals £1.809m, £1.233m discretionary funding and £0.576m strategic funding. The Executive approved the discretionary capital plan for 2023/24 in June 2023.
- Strategic capital includes £50k for residual costs associated with the Breast Test Wales Replacement Programme as well as £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, £0.158m, from Public Health Wales' discretionary capital funding. £0.158m has now been removed from our discretionary capital allocation and applied to our strategic capital allocation.
- Performance for our year to date Public Sector Payment Policy remains above the statutory target at 96.91% (97.27% in month 3).
- Further information on our latest financial position can be found in the accompanying 2023/24 Financial Position report.

Non-Recurrent Welsh Government COVID-19 Funding Supporting Month 3 Position

Funding Item	Actual Apr-23 to Jun-23 £'000
Additional Operational Expenditure	
COVID-19 laboratory Testing	2,069
Non COVID-19 Rapid Testing	280
Covid related Pathogen Genomics	193
Health Protection team COVID-19	24
Integrated Surveillance	67
Vaccination Programme	232
Total Operational Expenditure	2,865
Funding	
Assumed Welsh Government Funding	-2,865
Total Funding	-2,865

Section 1: Governance and Accountability

Financial Governance

Revenue Forecast – Month 3

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

PHW - COVID-19 Summary	Forecast Jul-23 to Mar-24 £000	TOTAL 2023/24 £000
Additional Costs		
COVID-19 Laboratory Testing	6,528	8,597
Non COVID-19 Rapid Testing & Platform Maintenance	2,460	2,740
Covid Related Pathogen Genomics	828	1,021
Health Protection Team Covid-19	376	400
Integrated Surveillance	1,184	1,251
Vaccination Programme	1,258	1,490
Total Gross Additional Cost	12,634	15,499

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

Capital Forecast – Month 3

Capital Category	Total YTD Apr-23 to Jun -23 £m	Forecast Jul-23 to Mar-24 £m	Total 2023/24 £m
Discretionary	0.001	1.232	1.233
Strategic	0.012	0.564	0.576
Total	0.013	1.796	1.809

- Our current capital allocation is £1.809m, £1.233m of discretionary allocation and £0.576m of Strategic Capital.
- The capital forecast is to achieve a break-even capital position.

PSPP Forecast – Month 3

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

Agency Spend as a Percentage of Total Pay

- Year to date agency spend as a percentage of total pay equates to 2.5% with a year-end forecast of 2.5%

Workforce Governance

Sickness Absence

Sickness absence for June 2023 was 2.81% which is a decrease from 2.94% in the previous month. There has also been a decrease in the rolling 12 month figure, down from 4.45% to 4.22%.

Short term sickness absence accounts for 74% of absences in June which is higher than the figure reported for May.

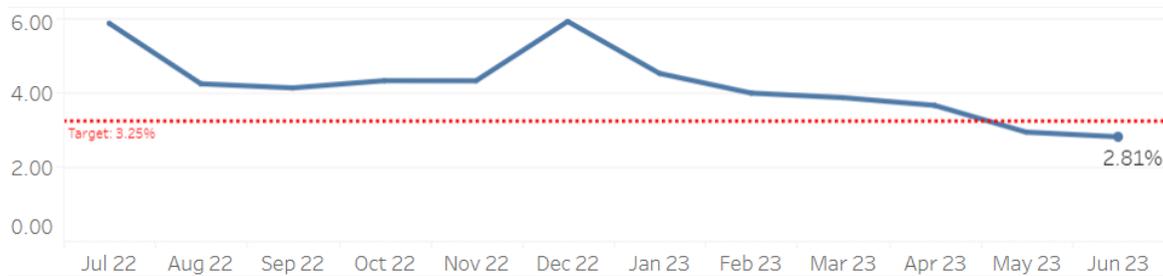
Anxiety/Stress/Depression remains the number 1 reason for Absence accounting for 2,827 FTE days lost in Quarter 4. It has remained the top reason for absence since Quarter 1.

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 taking a more targeted approach to long term sickness; early contact will be made with managers and tools will be utilised from the managing attendance at work policy, such as the therapeutic return, which encourage employees to stay in touch with their teams whilst they are off work.

There will also be some focused work with absences related to stress/anxiety, where the POD Officer and Advisors will ensure the Workplace Stress Risk Assessment tool is utilised, and where necessary, earlier referral to occupational health teams.

Sickness absence monthly trend (%)



Section 1: Governance and Accountability

Workforce Governance

	Target	2021/22	April 2023	May 2023	June 2023	Link to PAD
Statutory measures	Statutory and Mandatory compliance	85%	87.1%	90.1%	90.9%	● 91.15%
	Appraisal compliance	85%	56.9%	70%	72%	● 72%

**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 increased slightly 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 Thursday 15 June and the sessions have been well attended to date.

Appraisal and Development Reviews

The 12-month rolling compliance for My Contribution appraisals is currently at 72% 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.

Section 1: Governance and Accountability

Workforce Governance

Staff Turnover

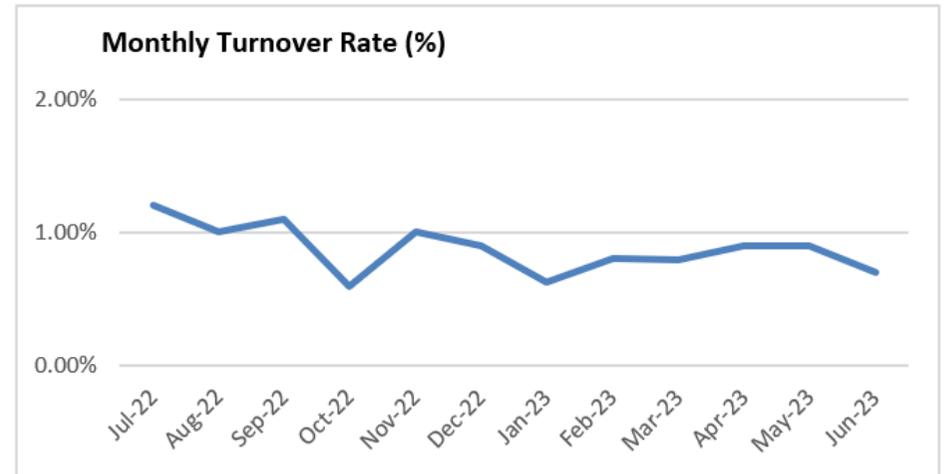
Staff Turnover for June 2023 was 0.7%. The rolling 12-month turnover to 30 June 2023 was 10.1%.

In addition to the data collected via ESR, as well as continuing to monitoring labour market trends, the newly devised surveys for new starters and leavers is being analysed quarterly.

The top three reasons sighted for leaving the organisation during Q1 as reported via ESR were 'Promotion', 'Unknown', Relocation, end of Fixed term Contract and Retired. Work is being undertaken to breakdown the 'Unknown' section which is currently an un-editable option within ESR.

Although ESR data is valuable, it is the Exit Questionnaire data that will allow for more deeper understanding. An example of one particular insight gained from the exit questionnaire upon how valued an employee felt prior to leaving can be seen in the responses from the question 'My job gave me a sense of belonging?' where 3 Strongly Agreed; 9 Agreed; 3 Neither Agreed or Disagreed; 5 Disagreed; 1 Strongly Disagreed. Insights into such responses can be analysed alongside insights across the organisation and deeper dives to understand more upon the culture within the organisation and where further work will be needed to develop the organisation into a true employer of choice.

We continue to work through some Information Governance and legal aspects upon our proposed partnership with Arden University. Due to unforeseen delays upon contracts, we are anticipating outcomes in November. Our colleagues at Arden University 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.



Staff Movements

For June 2023, there were 19 leavers and 24 new starters. In terms of internal promotions in June, there were 12 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 favourable 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.

Section 1: Governance and Accountability

Workforce Governance

Diversity

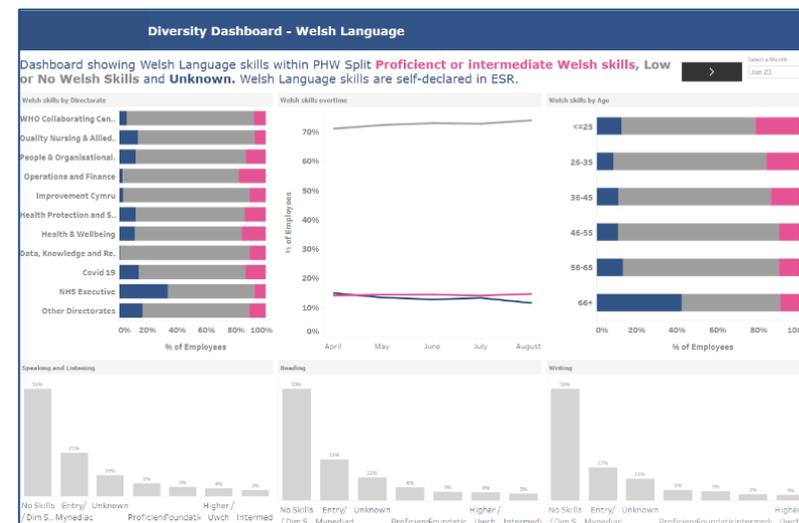
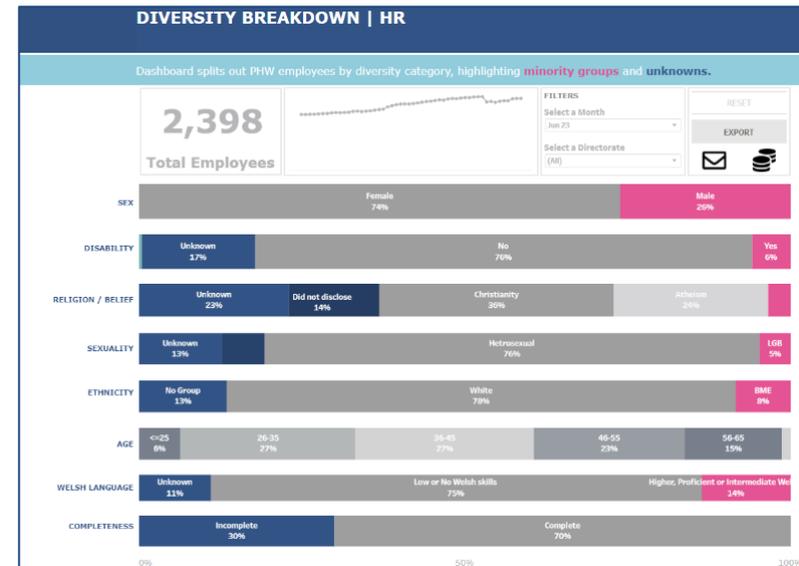
We have continued to engage with internal and external stakeholders in order to get feedback for our Strategic Equality Objectives for 2024-28. The draft objectives were discussed in a Board Workshop at the end of June, and the feedback integrated into the consultation document which is now being finalised, ready to be launched on the 1st August.

Around 30 staff from across the organisation took part in the Pride Cymru Parade in Cardiff City Centre on the 17th July. We handed out 3000 PHW Rainbow flags and 1000 packets of seeds to members of the public who lined the route.

Welsh Language

As part of the Diversity Dashboard, we have developed further insight on Welsh Language data. The latest available data shows that 18% of our staff have recorded their Welsh Language Listening/Speaking skills at Level 2 (Foundation) or above.

On the 9th June, we received the final notice from the WL Commissioner on the investigation that we have been notified of, which links to our websites. We are continuing to liaise with departments to address the issues raised and develop processes to avoid future issues. As well as correcting the issues we have been notified of, we are looking at options for translation of all future web content, and quality assurance/audit processes so we can ensure consistency of the quality, and safeguard against problems arising in future.



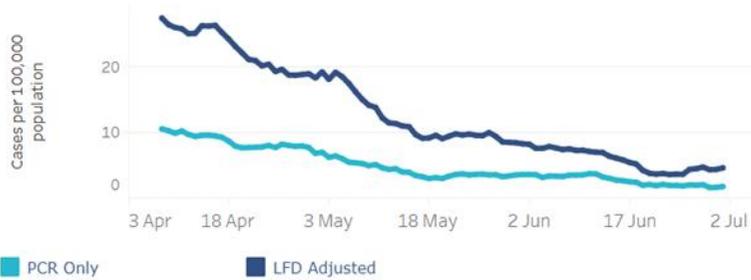
Section 1: Governance and Accountability

COVID-19 Summary

COVID-19 high-level summary: Epidemiology

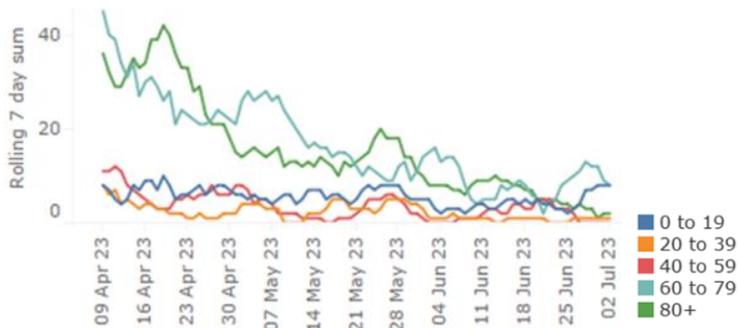
PCR confirmed and LFD adjusted case episode rates, up to 01 July 2023

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



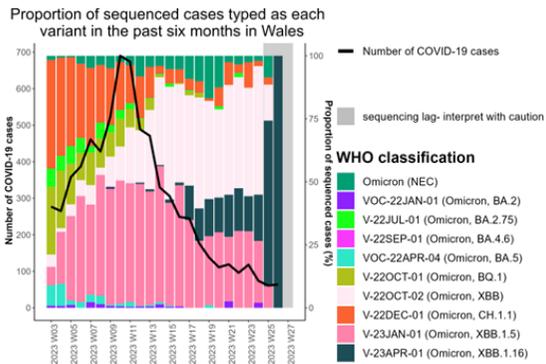
Rolling 7-day hospital admissions of COVID-19 cases in Wales, by age group, up to 02 July 2023

- Admissions are at low levels.

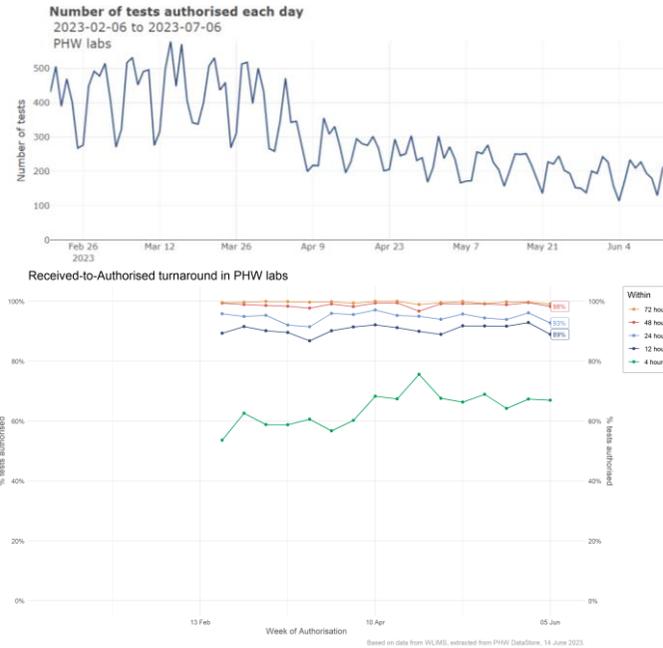


Variants: Of sequenced cases, % typed as each variant (data as at 04 July 2023)

- Multiple Omicron variants co-circulating: XBB and XBB.1.5 currently dominant, with XBB.1.16 rising



Testing



Summary

Testing activity remains consistent ~ 200/day

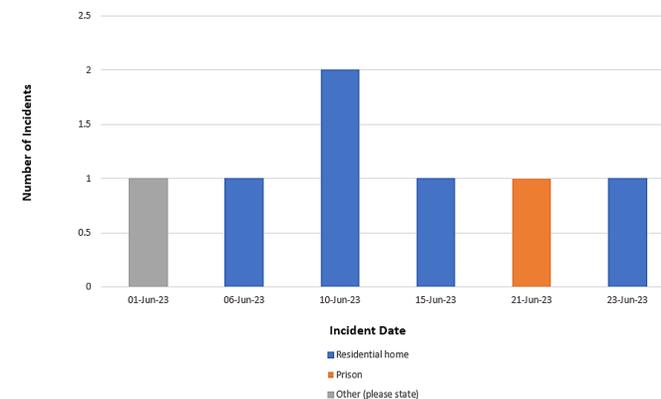
TATS remain good, balancing activity and efficiency. The four hour TAT in the graph is a measure of all tests and not just the hot lab testing. Separate review confirms that the Hot Labs are achieving over 95% of tests within 4 hours.

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

Respiratory - Covid-19 Incidents from Tarian 1st June 23 - 30th June 23



COVID-19 and influenza incidents levels remain relatively stable

Summary of significant incidents and outbreaks

There was a COVID-19 incident in HMP Parc which has been appropriately managed. The IMT has now been stood down

Section 1: Governance and Accountability

Vaccination and Immunisation

Vaccination and Immunisation

The Childhood Vaccinations in Wales [Annual Report 2023](#) has now been published including a summary [infographic](#) as shown in the adjacent graphic. Some of the children in the report for the April 2022 to March 2023 year would have been due their immunisations during the COVID-19 pandemic, this is especially true for five-year olds (who would routinely be called for preschool vaccinations at three and half years of age). Although uptake in younger children remains broadly positive, there has been a slight decreasing trend over the previous two years.

For the annual cohort of one year olds, uptake of the '6 in 1' vaccine dropped slightly below 95% to 94.5% but uptake of the pneumococcal conjugate vaccine remained above 95%, although uptake continues to vary between health board areas. Uptake of two doses of Men B vaccine at one year of age was below 95% at 93.8%; with uptake of a complete three-dose course in two year olds slightly lower (91.9%). Uptake of MMR1 at two years of age remains below 95% for the full year cohort with uptake in the most recent quarterly cohort (Jan to Mar 2023) 93.4% and uptake in the first quarterly cohort (Apr to Jun 2022) 93.5%.

The proportion of children who were up to date with their routine immunisations by four years of age decreased this year to 84.5%, from 87.0%. Uptake of the second dose of MMR remains the lowest (85.6%), followed by the '4 in 1' preschool booster (85.8%) then Hib/MenC booster (93.9%). The reported inequality gap in immunisation coverage between four year olds residing in the most and least deprived areas increased compared to 2021/22, at 11.2 percentage points. Coverage has decreased across all quintiles, although the greatest decrease was seen in the most deprived quintile. Further work is needed to identify the root cause of these inequalities and identify interventions to reduce the gap.

Coverage of immunisations in teenagers is lower compared to previous years. Catch up sessions were undertaken following the disruption of school-based vaccination sessions during the 2020/21 academic year due to school closures. The 2022/23 School Year 9 cohort was the third to include boys as part of the HPV vaccination programme, uptake of one dose in these children is currently 69.1% (72.8% for girls and 65.6% for boys) [3]. Of all the vaccinations given to teenagers, HPV uptake continues to be the most impacted by school self-isolation measures due to the COVID-19 pandemic. Uptake data are as at end of March for each academic year presented, final uptake figures are likely to be higher for each cohort as vaccination offers continue throughout the academic year.

Childhood Vaccinations in Wales Annual Report 2023



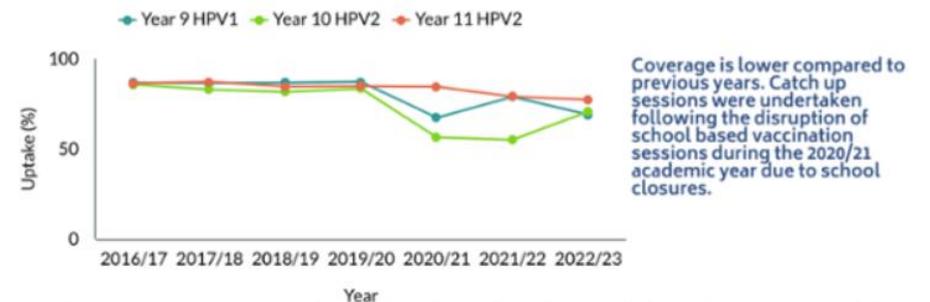
Figures presented are for 3 doses of 6in1; 2 doses of MenB; 1 dose of Rotavirus; 1 dose of PCV at one year of age. For two year olds, it is 1 dose of MMR, 3rd dose of PCV and the HibMenC booster.

Up to date with vaccinations at:



Children who are up to date with their Hib/MenC booster, '4 in 1' DTap/IPV pre-school booster and MMR vaccines.

HPV Vaccine Uptake



Coverage is lower compared to previous years. Catch up sessions were undertaken following the disruption of school based vaccination sessions during the 2020/21 academic year due to school closures.

A complete two-dose course in 2016/17 to 2020/21 school year 10 girls. From 2021/22 a complete two-dose course in school year 10 girls and boys is presented. Uptake data are as at end of March for each academic year presented, final uptake figures are likely to be higher for each cohort as vaccination offers continue throughout the academic year.

Section 1: Governance and Accountability

Healthcare Associated Infections

Healthcare Associated Infections (Health Board/Trust targets)

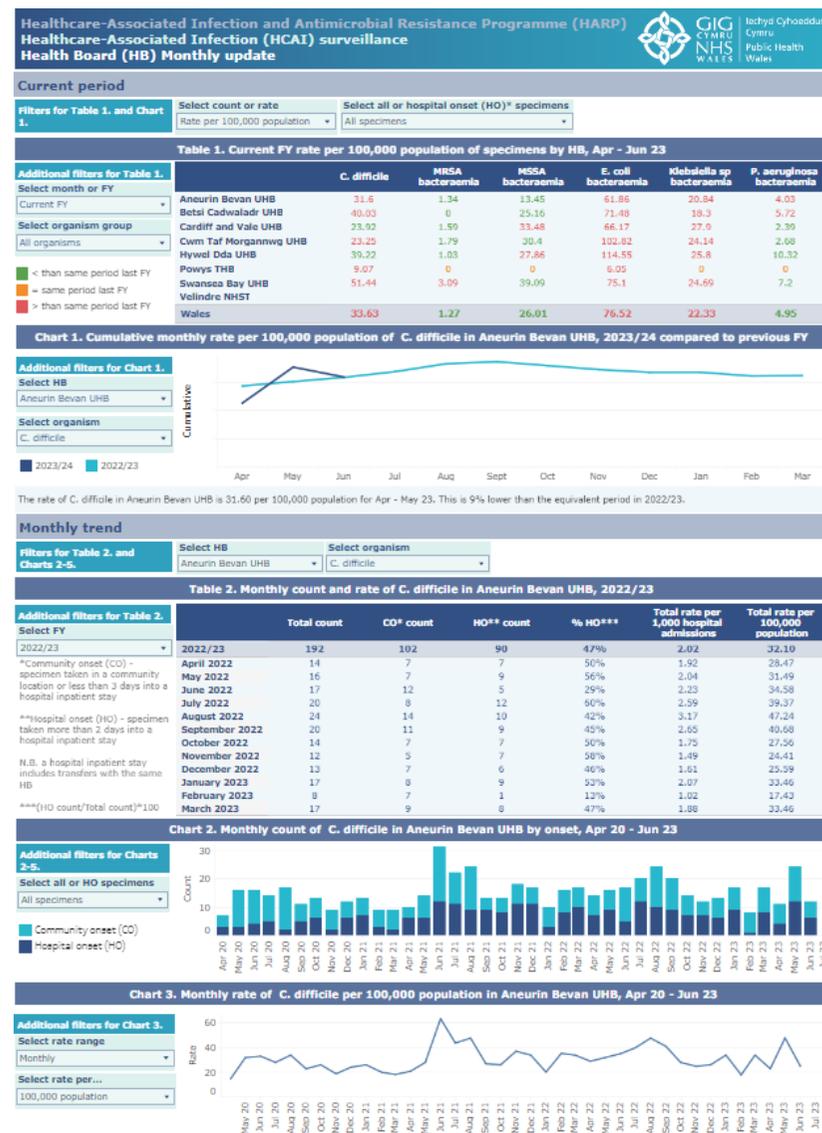
Reporting of HCAI figures has recommenced for 2023/24 and latest available data will continue to be provided to Welsh Government and our NHS Wales partners in a timely manner in line with agreed expectations.

The new [HCAI dashboards](#) for 2023/24 was published in late June 2023, with the normal reporting schedule resumed from July 2023. The main changes to the dashboard are the inclusion of dropdown filters to view tables and charts by count, rate per 1,000 admissions or rate per 100,000 population. Data for counts and rates can also be filtered to include all specimens or hospital onset specimens only.

Hospital and community onset replace the inpatient and non-inpatient definitions previously used in the HCAI surveillance. Hospital onset (HO) is defined as specimens taken more than 2 days into a hospital stay, where the day of admission is counted as day 1 and transfers within hospitals in the same Health Board are classed as one continuous hospital stay. Community onset (CO) is defined as specimens taken in the community or less than 3 days into a hospital stay. These definitions are based on the trust exposure categories used by UKHSA. For simplicity, data is currently only presented in the dashboard by onset, but data categorising specimens by more refined categories will shortly be available to Health Boards upon request. Inpatient and non-inpatient counts are also still available upon request.

Data is available in this dashboard from 2020/21 as hospital admission data (used to calculate onset) is only available in ICNET from this time. Historical Financial Year data from 2010/11 will be included in a separate dashboard to be published next month. Reduction expectation progress will also be added once the Welsh Health Circular has been published.

The dashboard is currently only available to NHS staff, while the HCAI and AMR Programme (HARP) team finalise the data and format. The team will continue to provide COVID-19 and non COVID-19 related advice and support to partners including Welsh Government and NHS Wales organisations in 2023/24. This includes the production of timely monthly HCAI/AMR surveillance data including Health Board/Trust progress against achieving respective reduction expectation targets.



Section 1: Governance and Accountability

Screening Services

Breast Screening The standard for normal results reduced slightly in June and just under standard at 88% of results within 2 weeks and number of screening undertaken was high at 11,772. The timeliness of the reading and assessment will remain challenging and the standard was not met in June with 34.5% of participants having assessment within 3 weeks of screening. This is due to high screening activity and staff constraints, plans are progressing in SE region which will improve short and medium term. Trainee Breast Clinician appointed in North Wales. The average round length remains at 43.7 months and 9.3% of participants are being screened within 36 months. Detailed round length plans are in place and improvement is starting to come through as expected over the summer period with a reduction in number of participants delayed, 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 May at 85.3% results being sent within 4 weeks. Implementation of the new equipment in the laboratory was implemented in April which is working well and as anticipated has a higher HPV positivity rate due to the different test which creates increased cytology workload. Work plan in place to mitigated impacting timeliness of the results as much as possible.

Bowel Screening. The coverage of the programme is 63.2% at the latest report in June. The optimisation of the programme with the invitation of 55,56 and 57 is going well. The number of screening FIT kits analysed remains high. Timeliness of analysis and issue of results remains excellent (100% within 7 days). Waiting times for the Specialist Screening Practitioner assessment is mostly within standard for all health boards (range 3 days to 18 days) and colonoscopy component of the pathway is under active review and the range is 4-21 weeks. Regular discussions with two HB that has longest delays in place and they have plans developed to address. Two new screening colonoscopists achieved accreditation in July. 86% of GP practices have now confirmed opted into GP endorsed bowel screening letters. 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. Audit masterclass for governance leads undertaken which was well attended and received. Update on antenatal and newborn programmes taken to Strategic Midwifery Leaders Advisory Group.

The **Newborn Hearing Screening.** The latest timeliness of newborn babies completing the screening programme is met at 96.9% in May and the timeliness of newborn babies who need assessment meeting standard at 87%. The IT systems that ensures failsafe for the programme needs upgrading and continues to be down for periods of time which is impacting workflows and this has been escalated and timescales and approach for resolution discussed. Clinics offered from new screening centre in Llanishen which have been well received by parents.

Newborn Bloodspot Screening coverage has been maintained and meets standard at 96.6% and avoidable repeat rate has reduced this month to 3.6%. The programme is working with maternity service to address this and developed tools to improve. Virtual drop in sessions for sample takers have been held in June and well received. 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 been evaluated and shown an improvement in timeliness and work underway to put this in place sustainably.

Diabetic Eye Screening successfully implemented the low risk recall pathway in June. Participant whose last two diabetic eye screening showed no sign of diabetic eye disease will now be safely screened every two years instead of every year. Everyone else will be screened as usual. The programme worked closely with key stakeholders to inform the communication approach and messaging. The coverage remains significantly lower than the standard at 34.9%. The programme is taking forward transformation work plan and paper discussed at BET in June. Four new screening locations in Aneurin Bevan have been secured which supports offer locally. The timeliness of the results letters within 3 weeks of screen is 56.8% within standard. This remains due to limitations with staffing due to absence, staff retraining after leave and vacancies. This is being actively worked to resolve and is showing improvement.

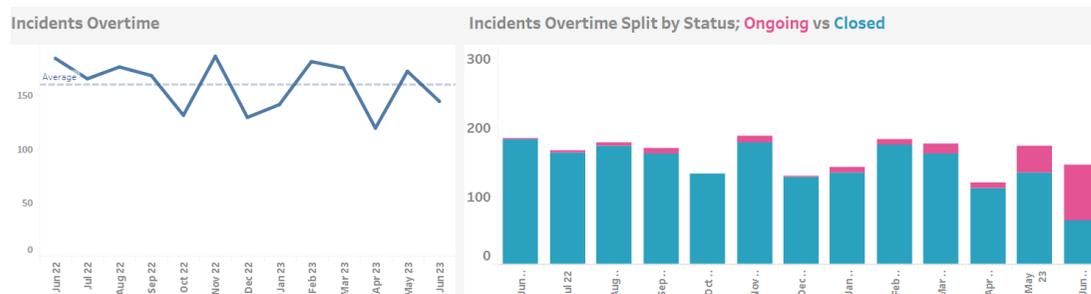
Wales Abdominal Aortic Aneurysm screening. The programme continues to focus clinics to ensure the offer of screening is timely. A new venue in Pontypool has been secured which will improve accessibility. Surveillance uptake is not within standard for small aneurysms at 81.5% and for medium aneurysms at 86.5%. Programme took delivery of hybrid vehicles to replace diesel fleet for interim while waiting for the electric and hybrid vehicles arrive.

Section 1: Governance and Accountability

Quality and Improvement

Quality and Improvement

Incidents



A total of 144 incidents were reported in June 2023, a reduction of 28 compared to the previous month (172). It should be noted that of the June incidents, 47 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, progressing work on a sample taker card, as well as identification, and classification of incident types within the 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 (PTR) 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 June, 96% occurred within the Health Protection and Screening Directorate. The remaining incidents were reported in Quality, Nursing and Allied Health Professionals' (2), People & Organisational Development (1), WHO Collaboration Centre (1) and Data, Knowledge & Research (2).

Incident Themes

The majority of the incidents reported in June relate to submissions received from Cervical Screening Wales (38%), Microbiology (31%) and Diabetic Eye Screening services (14%).

The highest incidents by type recorded in Datix for June 2023 were from Microbiology and Diabetic Eye Screening were as follows:

Assessment, Investigation, Diagnosis – 27 Incidents

- Harm Levels – None (8) Low (19)

Accident, Injury – 9 Incidents

- Harm Levels – Low (9)

Equipment, Devices – 6 Incidents

- Harm Levels – None (4) Low (2)

Information Technology – 6 Incidents

- Harm Levels – None (3) Low (3)

Retrospective April 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 (June 2023) remain within an acceptable closure timeframe and an 'open' status.

During May 2023, 65% (112) of incidents were closed within the 30-day target period, this is a slight reduction in performance compared to the 67% closed within the 30-day target in May 2023. 13% (21) of incidents were closed outside of the 30-day target with a closing date ranging from 31-42 days. The main reasons for the 21 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.

Quality and Improvement

Retrospective April and Open Incident Performance Review (cont'd)

22% (38) of the current incidents have an 'overdue status' and remain open. Of the 38 incidents, 34 (89%) remain under investigation and 3 (8%) have a completed investigation are awaiting closure. One incident (3%) remains open with a 'Management Review' status indicating an investigation has not yet commenced. The PTR Team actively manages incidents within the 'Management review' status to ensure an investigator is assigned and an investigation begins promptly. The current case has been raised with the manager to progress as soon as possible.

As of the 6 July 2023, there are a total of 67 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 September 2022. This incident is being actively monitored, and the team responsible for the incident have been requested to complete the investigation and close the incident as soon as possible.

The number of open overdue incidents has reduced significantly compared with the 117 in May 2023, where the oldest overdue incident dated back to April 2022. Work has been ongoing in the PTR Team to review the historic incidents and complete the necessary documentation for closure.

A report of all open overdue incidents is run on a weekly basis by the PTR Team and shared with the Datix Super Users for each area. The distribution list for circulating these incidents has also been extended to other senior members of Directorates to support with the management of these to closure. The ongoing overdue incidents are also shared monthly in the Datix Working Group and requests made to close overdue incidents is shared in the monthly PTR Newsletter.

The PTR Team have also begun completing a piece of work to review the hierarchy and mapping within the Datix system to ensure that the structure of Directorate's throughout the organisation is correct and to ensure the appropriate individuals are receiving notifications of incidents and progressing these as required.

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, including strengthening the Datix training offering and organising bespoke training sessions for areas.

Quality and Clinical Governance

Work ongoing to support PTR team and wider organisation regarding incident categorisation. Early reviews and recommendations taking place to suggest where a more suitable option could be used; in conjunction with highlighting incidents which require review by Claims Manager.

Continued multidisciplinary team working with Microbiology, PTR and Quality and Clinical Governance to reduce "Other" incidents. The aim of the project is likely to be met within the set timeframe. Plans are in place to scale/spread this approach to other areas.

Other areas of work include providing support to Medical Devices Management Group to undertake data analysis of medical device incidents. Retrospective review and analysis was undertaken between April 2022 and May 2022. Issues with reporting were highlighted to the group and agreement made on next steps to improve reporting and aid data analysis going forward. Improvement actions include focusing on early intervention of potential misclassification and retrospective updating of all previous incidents in collaboration with the relevant specialist areas.

Section 1: Governance and Accountability

Quality and Improvement

Quality and Improvement

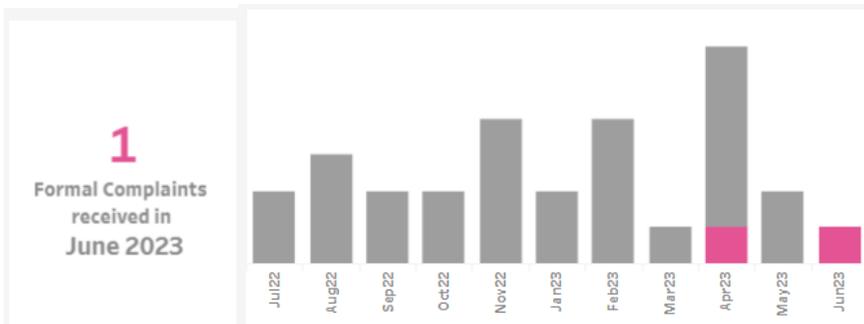
Nationally Reportable Incidents (NRI)

There were no Nationally Reportable Incidents reported in June 2023.

No Surprises Incidents (NS)

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

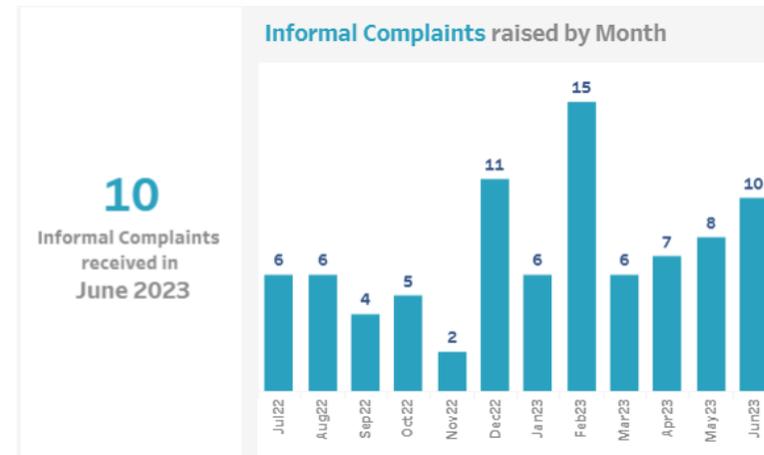
Formal Complaints



The latest figures for June 2023 show that one formal complaint was received in Diabetic Eye Screening Wales regarding dissatisfaction with the lack of screening venues in the service user's local area.

The complaint was acknowledged within the two working day timeframe and is now under investigation.

Informal Complaints



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

- Breast Test Wales (7)
- Diabetic Eye Screening Wales (2)
- Data, Knowledge & Research – Child Measurement Programme (1)

50% (5) informal complaints were resolved locally within the 48-hour target. 50% (5) 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.

Section 1: Governance and Accountability

Quality and Improvement

Quality and Improvement

Retrospective May Complaint Performance Review

There were two formal complaints received in May 2023.

Both complaints were acknowledged within the five working day target and responded to within the 30-working day target.

Compliments

During the month of June 2023, there were 43 compliments recorded in the Civica system.

95.35% of compliments reported were provided by members of the public (service user) with 2.33% from stakeholder/partner organisations and 2.33% from our staff group.

Compliments themes were beyond the level of care expected or anticipated (69.77%), going the extra mile (9.30%), feeling understood (2.33%), and dignity and respect (2.33%). This month 16.28% of compliments were listed as 'other' however upon investigation the themes currently available should have been used by staff to code these rather than other category and this has been feedback to service areas.

The ratio of compliments to complaints for June 2023 is 43:1

The Screening division is still the largest area for compliment recording. Further work is required to increase compliment recording for other public facing services and areas.

Directorate	Number of Survey Responses
Screening Division	43

Claims

There were no new claims received in June 2023.

Currently, there are 20 confirmed claims open and four potential claims. Of the 20 confirmed claims, four of these claims relate to personal injury (three of which are staff claims), eight relate to Cervical Screening Wales, five Breast Test Wales, one Microbiology, one Bowel Screening Wales and one Health Protection. Of the four potential claims, three relate to Breast Test Wales and one relates to Bowel Screening Wales.

Redress

There were no new Redress cases opened in June 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.

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 fully prepared for its implementation. Training has been provided to clinical staff from March to June 2023 and will continue monthly. Also, a Duty of Candour Policy and Procedure is available 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. 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 has now been followed and is complete. The incident has been fully investigated and the Datix record is now closed.

Strategy Delivery

Progress against delivery of IMTP milestones

IMTP 2023/24 – Month 3 Reporting

Overview

Month 3 of [IMTP 23/24 reporting](#) shows 92.2% of all milestones are currently reported as green or complete. This is a reduction of 0.7% from last month.

There were an additional 40 milestones completed, bringing the total complete to 54 milestones, 16.8% of the plan.

The profile of the plan over the full year shows that 83% of milestones due to be delivered in Quarter 1 are now complete. The remaining 9 milestones are either awaiting request for change (RFC) approval or will be delivered later than expected.

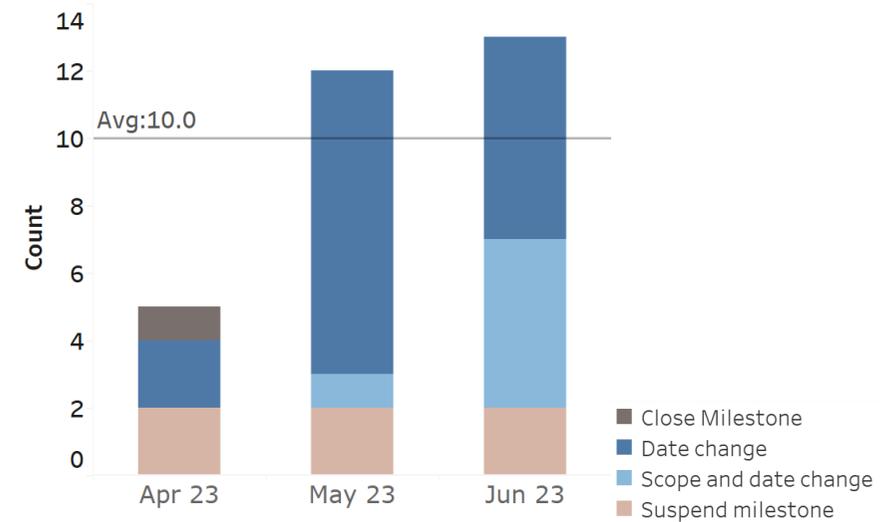
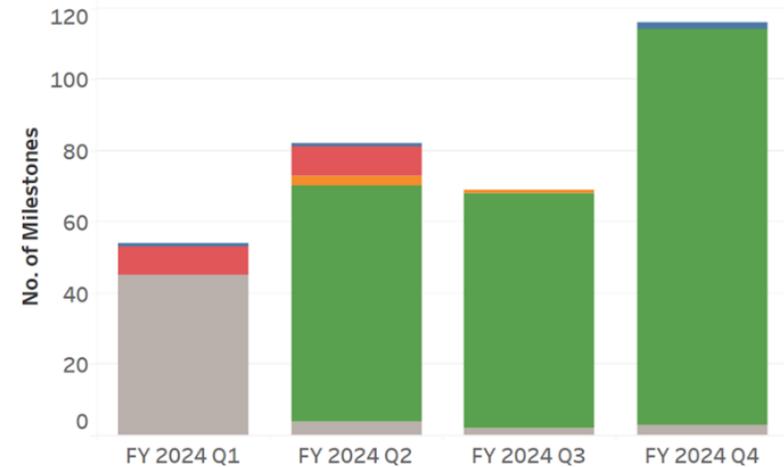
There have been a number of changes to the original plan through the RFC process, with an average of 10 per month.

Thirteen requests for change were received in month three:

Two requests to suspend milestones require additional attention due to their importance.

Six requests for a date change and five for a scope and date change, one of which pushes delivery to March 2025.

See **Annex** for further details.



IMTP 2023/24 – Month 3 Reporting

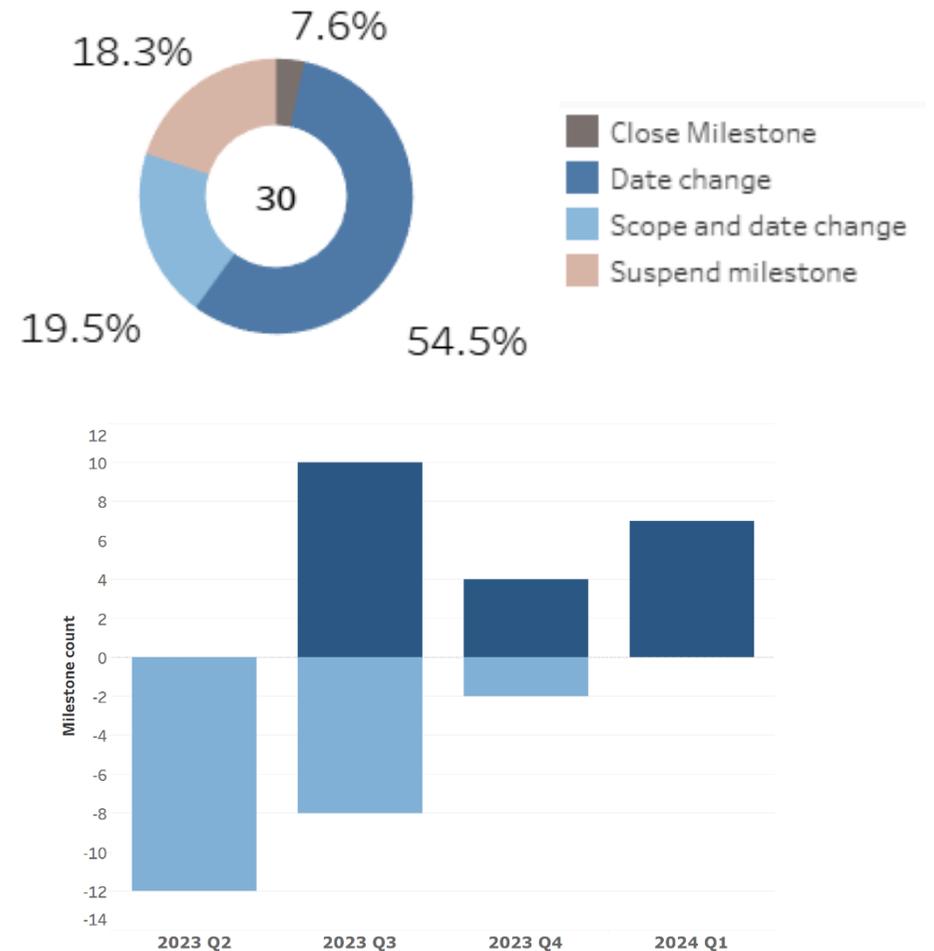
Insights

So far this year 9% of milestones have received an RFC, an average of 10 per month.

There have been 23 milestone date changes, moving delivery to later in the year. The impact of these date changes is shown in the next chart.

The light blue bar shows the reduction of milestones with delivery dates in the relevant quarter, and the dark blue above show the increase in each quarter. So, 12 milestones moved out of Quarter 1 to later in the year, and each of the remaining quarters have a net increase in milestones. If this continues at the same rate, 25% of all milestones will be delivered later than planned, causing significant pinch points in later months.

On average, an RFC to change the delivery date is requested 2.7 months before the original delivery date of the milestone. This, along with the fact that 92% of milestones reported as red, were reported as green in the previous month shows a lack of medium-term planning to identify risk and take action early and could mean missed opportunities to mitigate delays and further delaying the plan overall.



IMTP 2023/24 – Month 3 Reporting

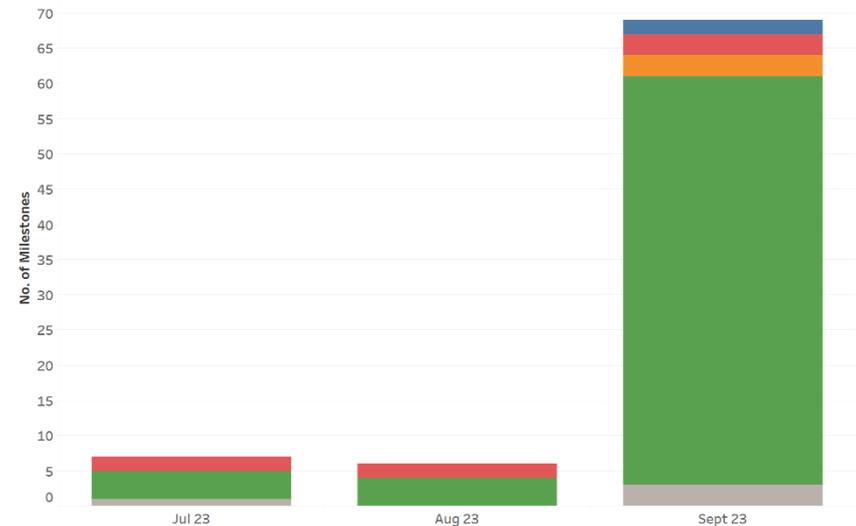
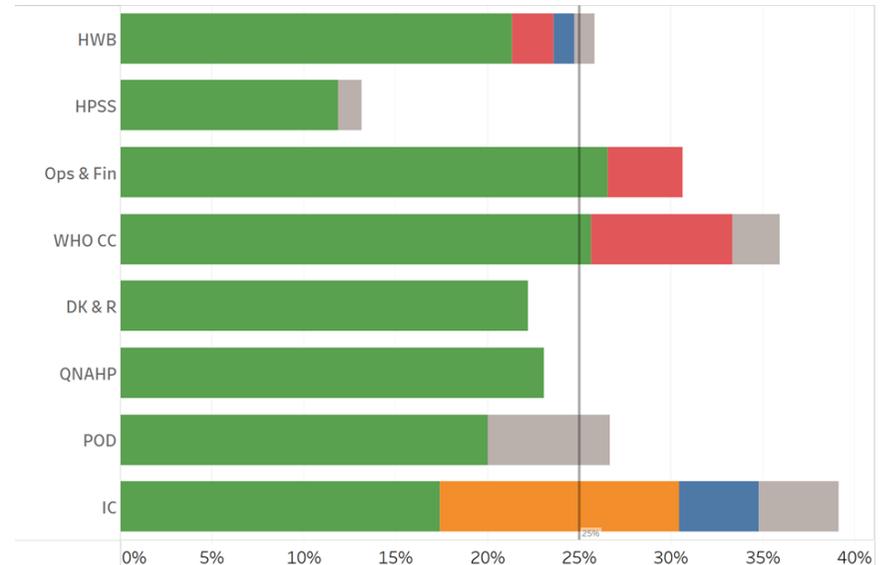
Look forward to Quarter 2

Quarter 2 is the second largest quarter for milestone delivery after Quarter 4, with 23% of milestones due.

Currently, 85.4% of Quarter 2 milestones are reporting as Green or Complete, with the remaining 14.6% already at risk.

There is a significant peak in September, with 69 milestones due. If RFC trends continue we would expect 25% of these milestones to move to the right and push delivery to later in the year.

If the delivery of milestones were spread evenly across the year, we would expect 25% to be delivered in each quarter. Looking at the percentage of milestones due in Quarter 2 in the chart below, there is a significant variance by Directorate.



Month 3 IMTP Milestones in Focus

Priority area	Milestone	BRAGG Status	Mitigation Action
Milestone has fallen behind schedule			
Supporting the development of a sustainable health and care system focused on prevention and early intervention	Developed the Public Health Wales Framework for Health Care Public Health in collaboration with key stakeholders, including health boards, the NHS Executive and Welsh Government (30/09/23)	Red	<p>A request for change has been submitted to suspend this milestone</p> <p>To develop the HCPH Framework (due end Q2) and discuss strategic direction and resumption of the work package with the new Health and Well-being Director once they come into post in the Autumn; the work package aligns with the Public Health System Leadership work which is also being suspended until the new Director takes up post and links to the work to develop a coordinated approach to prevention and early intervention in primary care settings which will continue and is on target for delivery by end Q3. The agreed direction for the coordinated approach to prevention and early intervention in primary care settings will be one of the foundations for the development of the Public Health Wales Framework for Health Care Public Health (HCPH) and so it is also logical to suspend the HCPH Framework work until the prevention framework is developed and the new Director progresses the system leadership work. Routine health care public health programmes of work across Public Health Wales and with system partners will continue; as will work to co-produce the framework for a coordinated approach to prevention and early intervention in primary care settings. There is an ongoing commitment to work with system leaders to deliver the Public Health Wales HCPH Framework; the timescale for co-production and publication will be revised and confirmed once the Health and Well-being Director comes into post.</p>
Promoting mental and social well-being	National conversation about mental well-being launched (31/07/23)	Red	<p>A request for change has been submitted asking to suspend the milestone</p> <p>Further work is being undertaken to ensure that a robust plan is in place and that concerns raised have been adequately addressed before moving forward. Additional insight work was commissioned and this has delayed development. Final proposals and plans have not been fully developed or agreed; there remain uncertainties and because of the need to ensure all concerns are addressed the launch date has been deferred. Delay to the launch of the programme which has the support of Welsh Government who are concerned it should be right. There is a significant impact in delaying this work however, we have been asked to ensure that it is right and we are confident it will meet needs. There is a risk of reputational damage if definitive plans are not available for agreement in the next quarter.</p>
Promoting mental and social well-being	All Wales operating Model for Violence developed building on the South Wales Violence Prevention Unit model (31/08/23)	Red	<p>A request for change has been submitted asking for a scope and date change to 30/03/25, removing this from the 2023/24 plan</p> <p>Scope of this work is now too large to deliver with the available resource within PHW/ Instead this will form part of a wider commissioning piece of work with external partners as part of the All Wales operating model for Violence.</p>

Section 2: Strategy Delivery

Annex - Progress against delivery of IMTP milestones

Month 3 IMTP Milestones in Focus

Priority area	Milestone	BRAGG Status	Mitigation Action
Milestone has fallen behind schedule			
Influencing the wider determinants of health	First high level policy dialogue on Wales' well-being and health equity priorities delivered with Welsh Government and WHO (30/09/23)	Red	A request for change has been submitted for a date change to 29/03/24 Key stakeholders are unavailable to attend and participate in the Policy dialogue meeting scheduled for September 2023. Delaying the policy dialogue meeting, will mean there will be greater impact and benefit by having the relevant key stakeholders in attendance
Promoting mental and social well-being	Published an accessible and children and young people's version of the framework (31/08/23)	Red	In order to better meet the needs of this distinct audience, feedback from stakeholder engagement determined a different approach that will be codeveloped through the trauma Programme Board. This will improve accessibility and usability of the framework. A request for change has been submitted asking for a scope and date change to 29/03/24
Promoting Healthy Behaviours	Protocol produced for the local place based approach to active school travel (AST) improvement plans pilots (30/06/23)	Red	A request for change has been submitted asking for a date change to 31/08/23 Work has been undertaken but it has been agreed that additional engagement is required to ensure it is fit for purpose. This will cause a delay in implementation of the work.
Promoting Healthy Behaviours	Developed an implementation plan and governance arrangements for the maternal smoking cessation work stream of the Tobacco Control Delivery Plan 2022-2024 (30/06/23)	Red	A request for change has been submitted asking for a date change to 22/09/23 Unexpected long term staff absence and new senior leadership for the programme have delayed finalising the plan and securing agreement from Health Board partners. The work is continuing but formal agreement to the implementation plan has been delayed.
Promoting Healthy Behaviours	Epidemiology and Harms from cannabis report published (30/06/23)	Red	A request for change has not been submitted for this milestone at this stage. Additional work has been commissioned to supplement routinely available data which has caused a delay in finalising this work. Work is now underway.
Promoting Healthy Behaviours	System implementation proposals agreed for reducing harm from substances and alcohol in young people (30/09/23)	Red	A request for change has been submitted asking for a scope and date change to 31/12/23 Delays to work arising from long term absence and staff changes mean that this work was delayed. In addition, further thinking and development is influencing a slight change in direction.
Delivering excellent public health services to protect the public and maximise population health outcomes	Led development of an action plan for improving uptake in adult vaccination programmes (Shingles and Pneumococcal) (30/06/23)	Red	A request for change has been submitted asking for a date change to 31/03/24 Action plan/policy review in relation to Shingles is now underway. With regards to Pneumococcal, the opportunity to deliver specific improvements regarding the Pneumococcal programme disease will be reviewed in line with delivery timescales for updates to JCVI advice which is dependent on partner agencies. Objective will remain to be a deliverable within the current financial year. Welsh Government and VPW are aware of the change to the timelines

Section 1: Governance and Accountability

Annex - Progress against delivery of IMTP milestones

Month 3 IMTP Milestones in Focus

Priority area	Milestone	BRAGG Status	Mitigation Action
Milestone has fallen behind schedule			
Delivering excellent public health services to protect the public and maximise population health outcomes	Submitted proposals for the future service delivery model for Diabetic Eye Screening to Welsh Screening Committee (30/06/23)	Red	<p>A request for change has been submitted asking for a scope and date change to 31/07/23</p> <p>Request for scope of the milestone to be changed to reflect that the proposals for the future service delivery model will be submitted to Public Health Wales Business Executive Team (and Board if required) for approval and then to Welsh Screening Committee for information</p> <p>Revised wording for milestone is 'Submitted proposals for the future service delivery model for Diabetic Eye Screening to Business Executive Team for approval'</p>
Enabling the successful delivery of our strategy	Embedded stakeholder engagement offer for internal clients to ensure consistent stakeholder management and engagement principle are applied across the organisation for key service changes, announcements and OD change (31/07/23)	Red	<p>A request for change has been submitted asking for a date change to 01/09/23</p> <p>Embed phase is underway but full embedding delayed through pressures of other work, including Covid inquiry</p>
Enabling the successful delivery of our strategy	Proposed operating model for change communications to align with wider change support offer across Operations and Finance (30/09/23)	Red	<p>A request for change has been submitted asking for a scope and date change to 30/09/23</p> <p>We are holding back developing this work until we have clearer sight of outputs from the change workshops currently taking place. Once we see that work, it will give a clearer idea on how to develop the toolkit and its roll-out across the organisation. It may require a separate comms approach to change work that happens before a toolkit is developed</p>
Enabling the successful delivery of our strategy	Supported uptake of NHS Staff Survey (30/06/23)	Red	<p>A request for change has been submitted asking for a date change to 30/09/23</p> <p>Owing to external factors, the staff survey date has been moved back to take place in September.</p>
Enabling the successful delivery of our strategy	Implemented new web filtering service to support replacement of end-of-life software (30/06/23)	Red	<p>A request for change has not been submitted for this milestone at this stage.</p> <p>Delays are due to complex implementation which has the potential to cause disruption to digital services. The team will determine the situation for systems and mitigate high risks. Switchover is planned for July.</p>
Promoting Healthy Behaviours	Phase 1 learning report for Whole System Working Programme produced (30/06/23) Rollover Milestone	Red	<p>A request for change has been submitted asking for a date change to 30/09/23</p> <p>Additional work was required on the report received causing limited impact but a delay in providing feedback to the system.</p>

Section 2: Strategy Delivery

Annex - Progress against delivery of IMTP milestones

Month 3 IMTP Milestones in Focus

Priority area	Milestone	BRAGG Status	Mitigation Action
Milestone has the potential to fall behind schedule			
Supporting the development of a sustainable health and care system focused on prevention and early intervention	Launched behaviour change toolkit and supported spread of safety improvements in the Safe Care Collaborative (30/09/23)	Amber	Last minute requests requiring the skill set of the team to support is not enabling the development of strategic activity and the additional unplanned work associated with the NHS Exec. Workforce plans will be developed to support ongoing work and to build capacity if operational intensity continues.
Enabling the successful delivery of our strategy	Aligned quality infrastructure to new quality stan First wave of I&I hub Improvement Coaching Completed (30/09/23)	Amber	Work still ongoing to align quality infrastructure to quality standards and new clinical governance framework going to QSIC for agreement. (I&I Hub coaching on track). This means that there is a delay in implementing quality standards across the organisation. Awaiting QSIC approval of new plan
Enabling the successful delivery of our strategy	ISO 140001 accreditation fully achieved within Public Health Wales (30/11/23)	Amber	Full accreditation likely to take longer than anticipated given accreditation that has recently been achieved for our office environments at CQ2, Matrix House and Clwydian House. Resources and support from within Microbiology and Screening to be identified to support future accreditation activity. Paper drafted for consideration by Climate Change Programme Board and Executive Team outlining approach to achieving full accreditation and the future funding requirements.
Supporting the development of a sustainable health and care system focused on prevention and early intervention	Delivery of Improvement Cymru Communications & Engagement Strategy (30/09/23) Rollover Milestone	Amber	There is a capacity issue within Improvement Cymru owing to prioritising NHS Executive and Maternity Neonatal communications activity. A business case to support the increase in capacity in the comms team has been developed and is being reviewed by leadership team. There has also been a delay in finalising workforce plans owing to unexpected absence in the business and planning team

Section 2: Strategy Delivery

Annex - Progress against delivery of IMTP milestones

Month 3 IMTP Milestones in Focus

Priority area	Milestone	BRAGG Status	Mitigation Action
Milestone has been suspended due to funding or external factors			
Delivering excellent public health services to protect the public and maximise population health outcomes	If funding approved from Welsh Government, recruited staff for project to develop national targeted lung cancer screening programme and initiate project (31/03/24)	Blue	Milestone has been suspended as Welsh Government funding has not yet been confirmed
Delivering excellent public health services to protect the public and maximise population health outcomes	If funding approved from Welsh Government, recruited staff for project to develop Newborn Infant Physical Examination Programme and initiate project (31/03/24)	Blue	Milestone has been suspended as Welsh Government funding has not yet been confirmed
Supporting the development of a sustainable health and care system focused on prevention and early intervention	Evaluation of behaviour change resources completed (30/09/23) Rollover Milestone	Blue	The readiness of NHS Wales to use of the tools created as part of the behaviour change programme is not sufficient to enable effective evaluation. Any evaluation would be premature as the tools require more time to become embedded within services. Further work with services as part of the Safe Care collaborative is required.
Promoting Healthy Behaviours	Walkability and cycleability to school data analysis report produced (30/06/23) Rollover Milestone	Blue	This milestone has been suspended as work is being undertaken by Swansea University who are waiting for the information governance panel to complete the review of the proposal. As a result, this may have an impact on the active travel to school pilots but dates for these will be revised.
Enabling the successful delivery of our strategy	Formalise Adult Rare Diseases Registry through long term governance and permissions (31/03/23) Rollover Milestone	Blue	Milestone has been suspended owing to internal resource capacity. It is anticipated that a request for change will be submitted once further work on the scope has been undertaken.



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