 <p> GIG CYMRU NHS WALES </p> <p> Iechyd Cyhoeddus Cymru Public Health Wales </p>	<p>Name of Meeting People and Organisational Development Committee</p> <p>Date of Meeting 17 February 2025</p> <p>Agenda item: 10.2</p>
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Performance and Insight Report - December 2024	
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Contributors:	Directorate submissions approved by relevant Director

Approval/Scrutiny route:	Strategic Business Executive Team
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Purpose
<p>Our refreshed Performance and Insight Report focuses on delivering actionable insights and assurance whilst identifying areas for further improvement across the following key sections;</p> <ul style="list-style-type: none"> ❖ <i>Governance and Accountability</i>, including: <ul style="list-style-type: none"> ○ People Governance; Financial Governance; Board and Corporate Governance; and Clinical Governance, Quality, Safety and Improvement ❖ <i>Service Delivery</i>, including: <ul style="list-style-type: none"> ○ Health Protection and Screening Services; Health and Wellbeing (<i>monthly</i>); Policy and International Health; Data, Knowledge and Research (<i>bi-monthly</i>) ❖ <i>Strategy and Delivery</i>, including: <ul style="list-style-type: none"> ○ Progress against our Strategic Plan Milestones and Strategic Change Programmes <p>The report is designed to be read in conjunction with the Performance and Assurance Dashboard.</p>

Recommendation:					
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APPROVE <input type="checkbox"/>	CONSIDER <input checked="" type="checkbox"/>	RECOMMEND <input type="checkbox"/>	ADOPT <input type="checkbox"/>	ASSURANCE <input checked="" type="checkbox"/>	
<p>The Committee is asked to:</p> <ul style="list-style-type: none"> • Consider and Receive assurance on the organisation’s performance and governance arrangements, progress against delivering its strategy including delivery/recovery of key services and programmes • Consider and Receive assurance on the new update introduced on inequalities, including the organisational approach to the Health Inequalities Programme and the work being undertaken by the Data, Analysis and Evaluation Sub-Group 					
<p>Link to Public Health Wales Strategic Plan</p>					

Public Health Wales has an agreed strategic plan, which has identified seven strategic priorities and well-being objectives.

This report contributes to the following:

Strategic Priority/Well-being Objective	All Strategic Priorities/Well-being Objectives
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Summary impact analysis

Equality and Health Impact Assessment	An Equality and Health Impact Assessment is not required. Equality and Health Impact Assessments will be completed as part of delivery of the specific actions within the Plan.
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Risk and Assurance	Our Strategic Risks are detailed within Our Strategic Plan and progress reported in a separate Board paper.
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Health and Care Standards	This report supports and/or takes into account the Health and Care Standards for NHS Wales Quality Themes
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All themes
Governance, Leadership and Accountability

Financial implications	An update on the organisation’s financial performance is enclosed and in the accompanying Finance Board Report.
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People implications	An update on the organisation’s people performance is enclosed.
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Purpose

Our refreshed Performance and Insight Report focuses on delivering actionable insights and assurance whilst identifying areas for further improvement.

The Performance and Insight Report is designed to be read in conjunction with the [Performance and Assurance Dashboard \(PAD\)](#).




The PAD provides data visualisations, trend information and more detailed visual analysis on a full suite of performance indicators.

In addition to the Performance and Insight Report and the PAD, Public Health Wales also produces a Directorate and Divisional Dashboard (DADD) which provides a more granular level of detail and drilldown for directorates and divisions to be able to monitor and manage their performance against a number of performance indicators. The DADD does not form part of our performance reporting to Board.

This report also provides the mechanism for The Business Executive Team to **approve change requests** for our Integrated Medium Term Plan milestones. This is covered on page 39 of the report including a direct link to the change request PAD dashboard which contains further information about each change request submitted for approval.

Structure of The Report

The report is made up of three sections:


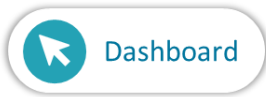
	Section 1 Governance and Accountability	This section provides information and assurance for a number of areas key corporate accountability including People Governance, Finance Governance and Corporate & Information Governance
	Section 2 Service Delivery	This section provides information and assurance for the activities that our services carry out on a day-to-day basis including our Health Protection and Screening Services, Health and Wellbeing services, Policy and International Health and our Data, Knowledge and Research services
	Section 3 Strategy Delivery	This section provides information and assurance for the delivery of our strategic plan including IMTP Milestone Delivery , Progress against our Strategic Change Programmes and updates for our six strategic priorities

Each of the three sections comprises of a summary **performance indicator table**, a high-level **Overview** for each governance theme, focusing on compliance against our statutory, mandated or other key reporting requirements. Where required, governance themes may be supported by an **In Focus** section. This section aims to

provide additional assurance to our Board where challenges in our performance have been identified, and the actions set out to address underperformance and drive improvement.

Enhanced navigation is provided throughout the report, and access to all governance themes can be made via the hyperlinked icons in the banner at the top of each page. In addition access to relevant ***In Focus*** areas or additional documents and ***dashboards within the PAD*** is through the buttons accessible within the report. Examples of icons are provided below:

Performance update at Month 9

Following the phase 2 work to  the  completion of improvement strengthen our performance reporting to include the introduction of new areas of the organisation into our report, work will continue to be undertaken to improve existing reporting during phase 3. This will include the need to strengthen how we demonstrate our impact and assurance reporting to Board, aligned with our approach to enhancing performance management across the organisation.

An initial area of change is the introduction of highlighting a small number of key performance issues within the cover paper. These focus on areas where we have seen, or continue to see, challenges in achieving required performance levels. The Board are signposted to the relevant section of the Insights Report for additional assurance.

Key performance areas to highlight at month 9 include:

- **Sickness absence** 12-month rolling rate remains above target at 4.2% in December, largely unchanged from last month. In-month sickness absence has fallen by 0.86% to 4.5% during the latest period. Higher absence levels are expected during the winter period. The People & OD team continue to provide ongoing advice and support to the wider organisation, learning and development opportunities including the introduction of a series of masterclasses for managers from February, and supporting requests for additional data analysis from Directorates. Further details are provided on pages 7-8.
- **Freedom of Information (FOI) response** compliance improved in November with 3 requests from 22 exceeding the 20-working day timescale to respond This is down from the 6 requests from a total of 14 falling outside the required timescale during the previous period. However, this remains a key focus area for the organisation as challenges with very complex and time consuming FOI requests continue to affect response times. Additional assurance including details of the process of managing FOI requests, revised escalation process and

weekly performance management meetings are detailed on page 14.

- **Incident closure rates** saw an improvement in December with 38 overdue incidents being closed, leaving 32 with an open status compared to the 70 in November. The number of incidents remaining open for <60 days (49 down to 24 incidents), between 61 – 120 days (12 down to 4 incidents) and incidents remaining open for >120 days (from 9 to 4 incidents) all improved. A total of 253 incidents were closed in December, up from 199 in November. However, sustaining improvement in incident closure rates remains a challenge for certain parts of the organisation. Further assurance including latest data and an updated process for the oversight and management of incident closures, are detailed on pages 15-16.
- **Breast screening assessment waits within 3 weeks** (37.8% up from 28.3%) and timeliness of **Bowel Screening colonoscopy within 4 weeks** (32.5% up from 30.2%) have both shown improvements in performance over the latest period, however continue to fall short of achieving respective 90% national standards. A summary of steps being undertaken to support improvements in performance across both screening programmes are detailed on page 20. Further details including current challenges, impact and actions to support improvement in performance are provided on pages 21-23.

Inequalities reporting

Following agreement at a recent Board meeting, the month 9 report has introduced a new update on inequalities. An update on work related to inequalities will be reported bi-monthly, in line with formal Board meetings.

Latest information on the organisational approach to the Health Inequalities Programme and the Data, Analysis and Evaluation Sub-Group is provided in section 3, page 47. Additional data analysis related to inequalities in health is also provided in a detailed supplementary document, with the key messages and latest data covering cancer and immunisation highlighted on page 48 of the insight report.

This new addition to the insight report will develop iteratively over the coming months. This will ensure that the Board receives sufficient assurance in relation to the work that is being undertaken across Public Health Wales, as well as in our role to support the wider system.

Strategic Plan

Requests for change for approval

Eight Strategic Plan milestone requests for change were approved in month 9 as set out in Annex A below.

Conclusion

The Committee is asked to:

- **Consider and Receive assurance** on the organisation's performance and governance arrangements, progress against delivering its strategy including delivery/recovery of key services and programmes
- **Consider and Receive assurance** on the new update introduced on inequalities, including the organisational approach to the Health Inequalities Programme and the work being undertaken by the Data, Analysis and Evaluation Sub-Group

ANNEX A – Strategic Plan Milestones

Requests for change submitted for approval at month 9

Directorate & Priority Area	Milestone	Status	Original Delivery Date	Request for Change Submitted for Approval	Cause, Impact and Next Steps
Nursing, Quality & Integrated Governance <i>Sustainable health & care system</i>	Worked with the Executive Directors of Nursing and the Office of the Chief Nursing Officer, Welsh Government, to craft the NHS Safeguarding Network Work Plan 2025/26.		31/12/2024	Date change to 28/02/2025	Cause: The delay is due to the change of date of the Chief Nursing Officer/Executive Directors of Nursing meeting which is needed for strategic input into the Work Plan Impact: No delay to development of the Work Plan ready for 2025/2026 delivery Next steps: NSS Director to attend the next scheduled meeting in late January to gain input into the work plan
Operations & Finance <i>Enabling delivery</i>	ISO 140001 accreditation fully achieved within Public Health Wales		30/03/2025	Suspend milestone	Cause: Resource constraints to progress this and roll out across the organisation have meant that there has been no further progress. PHW was re-accredited in June 2024 for its main sites- CQ2, Matrix House and Caerleon. Impact: We will not achieve full accreditation in 2024/25. To achieve full accreditation, we will require input and support from Screening and Microbiology. A proposed approach as developed in early 2024 however this will need to be revisited. Next steps: Revisit previous proposed approach and undertake further engagement with Screening and Microbiology. We will also discuss with Green Triangle who support us achieving the accreditation to see how we extend the scope.
Health & Wellbeing <i>Healthy behaviours</i>	Launched minimum standards for Health and Wellbeing Promoting Schools in Wales		29/09/2024	Close milestone	Cause: Changes in Ministerial roles has resulted in delays in securing formal agreement to commence work on engaging with the wider system on the proposed Minimum Standards. Impact: Public Health Wales role is to engage with the system to refine the Minimum Standards which may then be subject to ratification or further consultation by Government. This means that the final publication of the standards is to be delayed. Next steps: There is ongoing dialogue with officials to secure formal agreement on the next phase of the process. In addition,

Directorate & Priority Area	Milestone	Status	Original Delivery Date	Request for Change Submitted for Approval	Cause, Impact and Next Steps
					we will continue to work with them to finalise the next phase of the process
Health & Wellbeing <i>Healthy behaviours</i>	Made recommendations to the wider system for initial action to prevent gambling related harm		30/03/2025	Close milestone	Cause: The UK government aims to table legislation to enact the statutory levy before the end of this financial year with the levy being collected from the middle of next financial year with the programme to be in place in the financial year 26/27. The details on what this will look like is still unknown, so it is not actionable in this current year. Impact: not actionable in this current year. Next Steps: re-plan next year
Health & Wellbeing <i>Healthy behaviours</i>	Made recommendations to the wider system for a measurement framework to capture activity and impact in relation to Making Every Contact Count		31/12/2024	Date change to 30/03/2025	Cause: Low response to engagement workshop and survey from local MECC leads to gather information and consensus for recommendations Impact: Draft paper completed but needs further discussion with MECC leads and more detail before final recommendations for evaluation framework are made, therefore paper delayed until completion of 2nd workshop. Next Steps: Updating of paper in January 2025 with further survey results, and 2nd workshop February 2025 to finalise recommendations for paper.
Research, Data & Digital <i>Enabling delivery</i>	Have developed a pipeline of automation work for the organisation.		31/12/2024	Date change to 30/03/2025	Cause: Lack of resource / sick leave so failing to progress as fast as anticipated Impact: Automation backlog still requires validation Next steps: Pick up the new year, and align with the cloud work so that a process is developed
Operations & Finance <i>Enabling delivery</i>	Evaluated environmentally friendly cooling for air con replacements		31/12/2024	Date change to 30/03/2025	Cause: Issue with servicing platform - estates are working on this. Impact: This will delay implementation, so end date needs to be changed to 31 March 2025 Next Steps: Estates to progress

Directorate & Priority Area	Milestone	Status	Original Delivery Date	Request for Change Submitted for Approval	Cause, Impact and Next Steps
Research, Data & Digital <i>Enabling delivery</i>	Whole system understanding and response to children and young people mental health and wellbeing informed by linked data research programme.		31/12/2024	Date change to 30/03/2025	<p>Cause: This is an overarching milestone that is dependent upon 2 other IMTP deliverables which are due for completion 31/03/2025.</p> <p>Impact: As this milestone has other deliverables associated, we cannot complete this by the designated due date.</p> <p>Next Steps: The 2 associated milestones are on track for delivery, however until they are delivered this milestone date needs to be amended to meet those so they are aligned.</p>