 <p> GIG CYMRU NHS WALES </p>	Iechyd Cyhoeddus Cymru Public Health Wales	Name of Meeting
		Board
		Date of Meeting
		29 May 2025
		Agenda item:
		4.4

Performance and Insight Report - April 2025

Executive lead:	Angela Williams, Interim Executive Director of Operations and Finance
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Contributors:	Directorate submissions approved by relevant Director
Approval/Scrutiny route:	Business Executive Team

Purpose

Our refreshed Performance and Insight Report focuses on delivering actionable insights and assurance whilst identifying areas for further improvement across the following key sections;

- ❖ *Governance and Accountability*, including:
 - People Governance; Financial Governance; Board and Corporate Governance; and Clinical Governance, Quality, Safety and Improvement
- ❖ *Service Delivery*, including:
 - Health Protection and Screening Services; Health and Wellbeing (*monthly*); Policy and International Health; Data, Knowledge and Research (*bi-monthly*)
- ❖ *Strategy and Delivery*, including:
 - Progress against our Strategic Plan Milestones, Strategic Change Programmes and Inequalities
- ❖ *Outcomes Measurement*, including:
 - Reporting against our IMTP measurement system indicators and developing a strategically aligned Evaluation Programme for 2025/26 onwards

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

Recommendation:

APPROVE <input type="checkbox"/>	CONSIDER <input checked="" type="checkbox"/>	RECOMMEND <input type="checkbox"/>	ADOPT <input type="checkbox"/>	ASSURANCE <input checked="" type="checkbox"/>
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The Board 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, and a new update on Outcomes Measurement

Link to Public Health Wales [Strategic Plan](#)

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
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.
Risk and Assurance	Our Strategic Risks are detailed within Our Strategic Plan and progress reported in a separate Board paper.
Health and Care Standards	This report supports and/or takes into account the Health and Care Standards for NHS Wales Quality Themes 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.
People implications	An update on the organisation's people performance is enclosed.

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 in section 3 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 the following areas:

	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 Research, Data and Digital 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 . The section also includes Inequalities .
	Section 4 Outcomes Measurement	This section provides information and assurance on our developing work on Outcomes Measurement , including reporting of IMTP measurement system indicators and developing a strategically aligned Evaluation Programme for 2025/26 onwards

Where available, each section 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 1 2025/26

This section focuses on key areas of delivery where we have seen, or continue to see, challenges in achieving required performance levels. The Executive Team and Board are signposted to the relevant section of the Insights Report for additional assurance. Areas of performance to highlight at month 1 2025/26 include:

- **Sickness absence** 12-month rolling rate remains above target at 4.36% in April, largely unchanged from last month. In-month sickness absence has continued to fall to 3.48% during the latest period. Sickness absence is reducing as expected, following the seasonal increases over the winter period, with latest figures comparable to April 2024. When looking at organisation-wide data for April 2025, 35% of FTE days lost are due to short-term sickness absence, and 65% of FTE days lost are due to long-term sickness absence. The People & OD team continue to monitor sickness absence data, provide ongoing advice and support to the wider organisation, as well as learning and development opportunities. Further details are provided on pages 7-8.
- **Freedom of Information (FOI) response** compliance showed that two requests from a total of 15 requests exceeded the 20-working day timescale to respond (up from one request from 18 falling outside target during the previous period). One of the requests is currently on hold awaiting clarification and will be closed if no response is received by 5 May 2025. The average response time in March was 14 days (up from 13 days). FOI compliance remains a key focus area for the organisation as challenges with very complex and time consuming FOI requests

continue to affect response times.

- **Incident closure rates** falling outside of target decreased in April 2025. From a total of 204 open incidents, 35 have been open for longer than the 30 working day target, down by 29 since March. The number of incidents remaining open for >120 days (down from 5 to 4 incidents) remained in line with last month, but a decrease was evident in open incidents <60 days (down from 51 to 26 incidents) and incidents remaining open for between 61 – 120 days (down from 8 to 5 incidents). A total of 111 incidents were closed in March (down from 168 in March), with 3 of the closed incidents having been open for over 120 days. Sustaining improvement in incident closure rates remains a significant challenge for certain parts of the organisation. Fix to the demographic interface to CSIMS currently being implemented and should reduce screening incidents. Further details are provided on pages 14-15.
- **Breast screening assessment waits within 3 weeks** (8.8% down from 23.1%) and timeliness of **Bowel Screening colonoscopy within 4 weeks** (8.4% down from 20.5%) have declined during the latest period, remaining below respective 90% national standards. Progress for breast screening assessment waits has been impacted by equipment issues as part of the All-Wales PACS replacement programme which resulted in no reading able to be undertaken for a week, which is not yet recovered. A summary of steps being undertaken to support improvements in performance across both screening programmes are detailed on pages 19-23.

Outcomes Measurement

Section 4 of the Performance and Assurance Report has been introduced in month 1 2025/26 to provide an update on our developing work focused on Outcomes Measurement. This includes progress in reporting our IMTP measurement system indicators and developing a strategically aligned Evaluation Programme for 2025/26 onwards.

Work is underway to develop methods for regular reporting on the indicators, as part of our transition to the National Data and Analysis Platform. In future updates of this report, we will highlight indicators which have been updated since the previous report, as well as including a full table of the current values of all available indicators. We will also provide more analysis and insight into particular indicators as appropriate.

We are working on updating our dashboards to align with the measurement system. The [Rapid Overview Dashboard](#) has been updated to align with the Strategic Priorities, and we are developing our approach for dashboards like the Public Health Outcomes Framework dashboard.

A strategically aligned Evaluation Programme for 25/26 onwards is also being developed. A number of key programmes in the IMTP will be

evaluated with support from the central evaluation team such as the Hapus National Conversation, Primary care models for Wales, Greener Primary Care. We are in the process of prioritising requests for support so that we can see where we can add most value for Public Health Wales.

We have also completed and are in the process of writing up the All-Wales Diabetes Prevention Programme and the Cardiff and Vale UHB Cancer prehabilitation outcome evaluations. Where available, the results from these evaluations and others will be included in future reports.

Performance improvement work

As part of the phase 3 performance improvement work, initial discussions have taken place between the Performance Team and Nursing, Quality and Integrated Governance Directorate with a view to strengthen reporting of the Information Governance and Clinical Governance information within Section 1 of the Insights Report. This will support the organisation's focus on Freedom of Information compliance and Incident Closure rates to drive improvements in performance. A review of the existing dashboards will also be undertaken as part of this work.

Due to competing pressures at year end, this work will now be introduced from month 2 2025/26 reporting, ensuring the Executive Team and Board receive the most insightful performance data to support effective decision making.

Strategic Plan - Requests for change

Annex A sets out the Strategic Plan milestone requests for change that were submitted in relation to our new plan in month 1 for consideration by the Executive Team.

Conclusion

The Board 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, and a new update on Outcomes Measurement

ANNEX A – Strategic Plan Milestones

Requests for change submitted for approval at month 1 2025/26

Directorate & Priority Area	Milestone	Status	Original Delivery Date	Proposed Delivery Date	Request for Change Submitted for Approval	Cause, Impact and Next Steps
Health Protection & Screening Services <i>Excellent public health services</i>	Put in place a MOU between Public Health Wales and Cardiff University regarding the Screening Research Group. This is a collaboration to undertake research, evidence generation, and training and development around screening and the associated provision of excellent public health services		29/06/2025	29/09/2025	Date change due to external dependencies	<p>Cause:</p> <p>1) In discussion with the Board Secretary on the 3rd April we were advised to progress the MoU through the PHW Governance Hub. A request for support was submitted to the Governance Hub on the 4th of April. Although we have subsequently followed this up a meeting with the Governance Hub has not yet been possible to arrange. As such it is not yet known if any additional governance work is required or the timeline for it to be completed.</p> <p>2) In April we were advised that the business manager post in the department of population medicine (Cardiff University) was vacant with no plans on recruitment and the business manager for the PRIME Centre at Cardiff University was also vacant with recruitment in progress. As these individuals would have been the main point of contact for the establishment of the MoU this may cause delays in the finalisation of the MoU with Cardiff University.</p> <p>Impact:</p> <p>The collective impact of these two issues means we are unlikely to be able to establish</p>

Directorate & Priority Area	Milestone	Status	Original Delivery Date	Proposed Delivery Date	Request for Change Submitted for Approval	Cause, Impact and Next Steps
						<p>the MoU by the end of June. The resultant impact of the delay in establishing the MoU should be limited as the group will continue to function in its current form. However, we wish to have the MoU in place as soon as possible so that it supports our collaborative working and applications for funding.</p> <p>Next steps: The issue has been escalated to the deputy director of HPSS. Further contact attempts will be made with the Governance Hub. On review by the Governance Hub of the processes undertaken and documents completed so far, a timeline for completion of the governance work will be better understood. Work advised by the Governance Hub will be undertaken, in conjunction with Shared Services Legal and Risk, where appropriate. MoU will be provided to Cardiff University to review. MoU will be progressed for approval: Screening SMT, HPSS DMT & BET.</p>
Health & Wellbeing <i>Healthy behaviours</i>	Completed action plan for reducing smoking harms to vulnerable populations.		12/31/2025	3/30/2027	Date change due to original date entered in error	<p>Cause: There is an error in the data regarding the milestone delivery date. Agreed delivery date is 2026-27, not 2025-26</p> <p>Impact: None</p> <p>Next Steps: Move into year 2 of IMTP to be delivered in 2026-27</p>

Directorate & Priority Area	Milestone	Status	Original Delivery Date	Proposed Delivery Date	Request for Change Submitted for Approval	Cause, Impact and Next Steps
Health & Wellbeing <i>Healthy behaviours</i>	Implement a national service model to support adult vaping cessation		29/06/2025	31/12/2025	Date change due to slippage of original deadline	<p>Cause: Funding not agreed for increase in HMQ Hub capacity. Confirmation of upgrade to Client Management System required. Implementation not possible as presented in current timescale</p> <p>Impact: Implementation not possible as presented in current timescale. Implementation not possible at all without agreed funding</p> <p>Next Steps: Ongoing discussions between PHW & Welsh Government to agree funding approach</p>
Operations & Finance <i>Enabling delivery</i>	New leadership forum and line manager cascade mechanism trialled and evaluated.		29/09/2025	29/09/2026	Date change due to original date entered in error	<p>Cause: There is an error in the data regarding the milestone delivery date. The expected delivery is scheduled for the second quarter of 2026/27.</p> <p>Impact: There is no impact since this is merely a data error</p> <p>Next Steps: Work will proceed as scheduled</p>