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

Performance and Insight Report - June 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

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.

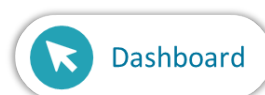
Structure of The Report

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 3 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 3 2025/26 include:

- **Sickness absence** 12-month rolling rate remains above target at 4.5% in June, unchanged from last month, with in-month sickness absence at 3.7% during the latest period. Sickness absence is reducing as expected, following the seasonal increases over the winter period, with latest figures comparable to June 2024. When looking at organisation-wide data for June 2025, 20% of FTE days lost are due to short-term sickness absence, and 80% of FTE days lost are due to long-term sickness absence. In June 2025, there has been a reduction in FTE days lost due to 'Unknown causes/Not Specified', reflecting progress in improving data quality. The People and OD team will present an overview of sickness absence to the People and OD Committee in July 2025. In addition, an Internal Audit is underway to assess monitoring, support, and interventions in place to manage mental health-related sickness absence. Further details are provided on pages 7-8.
- **Incident** numbers have increased between March 2025 (148 incidents) and the latest period in June 2025 (194 incidents); however this has remained within normal variation levels with no special cause reported. The percentage of incidents closed within the 30 working day target improved from 66.3% in February 2025 to over 80% in April 2025.

Recent special cause variation is noted from March 2025, due to improving performance for closure rates. No externally reportable incidents were reported during the latest period. Further information on incident compliance is provided on page 17.

- **Breast screening assessment waits within 3 weeks** (19.6%, up from 16.7%) remains below the 90% national standard during the latest period. There is a critical shortage of surgical capacity in North Wales which is impacting assessment capacity. The average wait is 5.1 weeks with 78% within 6 weeks and over 99% of West and South regions are within 5 weeks. Work is underway to scope out and take forward a review.

Timeliness of **Bowel Screening colonoscopy within 4 weeks** (3.9%, down from 6.9%) also remains below the 90% national standard during the latest period. Bowel Screening colonoscopy is a commissioned service from the Health Boards. As of 4 July 2025, the average waiting time for a screening colonoscopy was 11 weeks and 5 days (compared to 8 weeks and 6 days as of 2 June). The waiting time ranged from 6 to 20 weeks across the 13 screening centres (compared to 4-12 weeks during the previous reporting period). Health boards are not delivering the commissioned weekly screening lists and detailed discussions are underway with key Health Boards. The issue has been escalated to CEO level. An action plan to reduce SSP waits in one health board has been successful. Patient Tracking List – Bowel Screening Specific dashboard and planning tool released to Health Boards is proving valuable.

A summary of steps being undertaken to support improvements in performance across screening programmes are detailed on pages 22-28.

Performance improvement work

As part of the phase 3 performance improvement programme, work to review and refresh the Information Governance and Clinical Governance slides has now been undertaken by the Nursing, Quality and Integrated Governance Directorate in collaboration with the Performance Team with a view to strengthen reporting within section 1 of the Insights Report.

The refreshed slides provide a range of data showing information governance compliance (e.g. Freedom of Information Requests and Subject Access Requests) and Clinical Governance, Quality, Safety and Improvement compliance (e.g. complaints acknowledged and closed, incident closure rates).

The charts provide data across a broad period of time, enabling identification of trends, patterns and potential anomalies that might indicate issues or highlight where improvements are required. Where

appropriate, reporting of charts has been refreshed in line with statistical process control (SPC) methodologies. Further information is available in the following link to support interpretation of charts including a control chart selection guide and control chart rules: <https://qi.elft.nhs.uk/wp-content/uploads/2022/07/2022.07.05-ELFT-SPC-Guidelines-v01-FINAL.pdf>

Providing this data in a more visual way will allow the Executive Team and Board Members to have a better understanding of the data over time, rather than just a snapshot of performance each month, as in the previous versions of the slides. These changes aim to provide greater assurance to the Executive Team and Board to support effective decision making. A review of the existing dashboards is also being undertaken as part of this work and will be progressed over the coming weeks.

Work is also underway to introduce additional trend based information across other parts of our Insights Report, commencing with improvements to our workforce and finance insights during month 3 reporting.

Strategic Plan - Requests for change for approval

ANNEX A sets out the Strategic Plan milestone requests for change that have been submitted in relation to our new plan in month 3 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

ANNEX A – Strategic Plan Milestones

Requests for change submitted for approval at month 3 2025/26

Directorate & Priority Area	Milestone	Current status as at month 3	Original Delivery Date	Proposed Delivery Date	Request for Change Submitted for Approval	Cause, Impact and Next Steps
Health & Wellbeing <i>Healthy behaviours</i>	Published Every Child resources for families with children aged 2-7		31 Dec 2025	27 Feb 2026	Date Change - Resource issues	<p>Cause: Unforeseen gaps and changes in staff resource have delayed content development.</p> <p>Impact: Delayed design and resource production. If current deadline of 31/12/24 maintain publication and launch would be negatively impacted by systems readiness and availability to receive and act on communications during Christmas/New Year period.</p> <p>Next Steps: Plans reprofiled and in place to ensure delivery of final product by end of Dec 2025 and launch in New Year</p>
Health & Wellbeing <i>Mental & social well-being</i>	Launched phase 1 of Every Child digital offer		31 Dec 2025		Suspend milestone - Further stakeholder engagement required	<p>Cause: Further Stakeholder Engagement Required</p> <p>Impact: Delivery of digital parent health information offer delayed. Impact is mitigated by availability of e-booklet resources that provide a baseline digital offer for the system.</p> <p>Next Steps: Gain cross-organisational agreement on scope, resourcing and delivery timelines for a digital offer. Options appraisal in development.</p>
Health & Wellbeing	Produced the Health Inequalities Action Plan for reducing health inequalities through primary care		29 June 2025	29 Sep 2025	Date change - Slippage of original deadline	<p>Cause: To develop the Health Inequalities Action Plan for reducing health inequalities through primary care we have completed a number of phases of engagement with various stakeholders across the system. In addition to health</p>

Directorate & Priority Area	Milestone	Current status as at month 3	Original Delivery Date	Proposed Delivery Date	Request for Change Submitted for Approval	Cause, Impact and Next Steps
<i>Sustainable health & care system</i>						<p>professionals and system leaders we have engaged with service users and communities with the aim to co design the actions required for the plan. To ensure appropriate and meaningful engagement with service users and communities it was decided to extend this phase of the project during the early weeks of June. This had an impact on the timeline to finalise the content of the draft plan, associated design work and translation required prior to sharing with the system.</p> <p>Impact: Minimal impact of the delay on the rest of the programme as other work is progressing to support the Health Inequalities agenda and system, this includes supporting the system through continually improving sources and access to data, enabling integration of health inequalities into cluster planning and working closely with other key groups and system leaders such as the 'Our approach to Health Inequalities' PHW Steering Group and Welsh Government.</p> <p>Next Steps: Engagement phase is now complete, the focus is now on finalising the content and associated tasks (design/translation) to be able to share the actions.</p>
Health & Wellbeing <i>Mental & social well-being</i>	Produced a key guide for NHS and local authorities on the role of early years services in building a sustainable health and care system.		30 March 2026		<p>Suspend – External dependencies</p> <p><i>* Subject to Executive Team approval</i></p>	<p>Cause: Scope of project increased following discussions with Welsh Government policy leads on project objectives and outputs. Because scale of project has increased it requires additional resource, time and engagement to deliver.</p>

Directorate & Priority Area	Milestone	Current status as at month 3	Original Delivery Date	Proposed Delivery Date	Request for Change Submitted for Approval	Cause, Impact and Next Steps
						<p>Impact: Delay to publication, but outputs will align more closely with WG and system needs</p> <p>Next Steps: Suspend the milestone to enable discussions re timescales to be clarified and action we will take before developing revised project delivery plan.</p>
<p>Operations & Finance</p> <p>Enabling delivery</p>	Increased the electric vehicle Infrastructure capacity at key sites across the Public Health Wales estate.		29 June 2025	28 Feb 2026	Date change - Slippage of original deadline	<p>Cause: Had been waiting for Welsh Government approval for TEF bid for investment to allow for the progression of the installation works.</p> <p>Impact: No impact other than there will be a need to change the Milestone date.</p> <p>Next Steps: Planning for installation at two sites to be advanced with the intention that a Direct Award will be pursued via CCS Framework award route.</p>
<p>Research, Data & Digital</p> <p>Enabling delivery</p>	To have delivered a replatform of Newborn screening system and have delivered our components of RISP and have secured funding for the next stages of our digital routemap covering health protection and breast screening. We will also understand the future of the ICNet system		29 June 2025	30 July 2025	Date change - External dependencies	<p>Cause: Pre-go live investigations found that the live birth notification feed we were getting was via a legacy messaging service/app and not directly from CYPRIS as advised.</p> <p>Impact: Delay in replatforming go live as change feed.</p> <p>Next Steps: Implement a new live birth notification feed from CYPRIS with support from DHCW.</p>

Directorate & Priority Area	Milestone	Current status as at month 3	Original Delivery Date	Proposed Delivery Date	Request for Change Submitted for Approval	Cause, Impact and Next Steps
Health & Wellbeing <i>Healthy behaviours</i>	Implemented Phase 2 of Health Improvement Patient Information System for Help Me Quit System.	Suspended	31 March 2025		Close Milestone – Resource issues	<p>Cause: As part of the Digital Prioritisation Process and gateway review undertaken in 2024/25, development work on the Patient Information System for Help me Quit was paused. In addition, there are also several strategic digital developments planned which have the potential to provide similar functionality to what was proposed for the new Help Me Quit system e.g. Tarian 2, Lung Cancer Screening which will also ensure join up of our digital systems. Therefore, a decision was made that the Help Me Quit developments would be paused while we understand whether the new digital developments can enable this join up.</p> <p>Impact: Work to develop a new Help me Quit Patient Information System at this stage will not be progressed. Whilst work on the future digital developments and opportunities continues, the Help Me Quit Team will explore minor upgrades of the existing system to ensure continuity for the service, increase efficiency and to deliver additional services, notably support for adults who are vaping, as set out in the Welsh Government Mandate Letter 2025-26 alongside development of the longer term plan for the service.</p> <p>Next Steps: A paper outlining the current position with regards to the HIPAS Programme and to gain approval for the ongoing additional licence expenditure required above the £500k contract value threshold, requiring Board and Welsh Government notification, set out in the</p>

Directorate & Priority Area	Milestone	Current status as at month 3	Original Delivery Date	Proposed Delivery Date	Request for Change Submitted for Approval	Cause, Impact and Next Steps
						<p>Standing Financial Instructions will be considered by the Public Health Wales Board in July 2025. This will enable continuity of use of the National Exercise Referral Scheme (NERS) system and ongoing maintenance.</p> <p>The Health and Wellbeing Directorate will work closely with Digital and Data colleagues to continue to explore opportunities for aligning the systems as we progress other strategic developments including the Lung Cancer Screening Programme.</p>
Operations & Finance <i>Enabling delivery</i>	ISO 140001 – Environmental Management System (EMS) accreditation fully achieved within Public Health Wales.	Suspended	31 March 2025	31 March 2026	Date change	<p>Cause: ISO 140001 – Environmental Management System (EMS) has been accredited to the following sites in the last year – CQ2, Matrix and Kimberley House. The next year will be focused on making both Microbiology and Screening ISO14001 compliant and therefore the whole organisation.</p> <p>Impact: No impact to the organisation. A phased approach has been seen to be prudent to allow for a sufficient engagement time with teams outside the Ops & Finance Directorate.</p> <p>Next Steps: To engage with Screening and Microbiology to implement ISO 140001 by March 2026.</p>