



GIG
CYMRU
NHS
WALES

Iechyd Cyhoeddus
Cymru
Public Health
Wales

Performance and Insight Report

February 2026



Section 1

Governance and Accountability



Key Performance Indicator Summary



| | Target | 12 Month Look Back | Mar-25 | Apr-25 | May-25 | Jun-25 | Jul-25 | Aug-25 | Sep-25 | Oct-25 | Nov-25 | Dec-25 | Jan-26 | Feb-26 |
|---|-------------------|--------------------|----------|----------|----------|---------|----------|----------|---------|---------|----------|----------|---------|---------|
| People Governance | | | | | | | | | | | | | | |
| 12m Rolling Sickness Absence FTE % | <3.25% | | 4.41% | 4.46% | 4.51% | 4.51% | 4.58% | 4.61% | 4.58% | 4.57% | 4.52% | 4.58% | 4.46% | 4.52% |
| Statutory and Mandatory Training | 85% | | 92.9% | 93.2% | 93.3% | 93.2% | 93.2% | 93.0% | 93% | 92.9% | 92.9% | 92.9% | 92.9% | 92.8% |
| Appraisal Compliance | 85% | | 84.5% | 83.7% | 86.3% | 86.1% | 86.2% | 86.3% | 86.8% | 86% | 86.5% | 86.5% | 86.0% | 85.7% |
| Diversity ESR Data | N/A | | 76% | 76% | 76% | 77% | 77% | 77% | 77% | 78% | 77% | 77% | 77% | 78% |
| Agency Spend, % of Total Pay Bill | ≤1.7% | | 1.7% | 1.2% | 1.3% | 1.4% | 1.4% | 1.4% | 1.3% | 1.2% | 1.1% | 1.0% | 1.0% | 1.0% |
| Financial Governance | | | | | | | | | | | | | | |
| Revenue Position YTD | Breakeven | | £195K | £7K | £19K | £10K | £10K | £33K | £0.016k | £0.002k | £0.040k | £0.069k | £0.034k | £0.054k |
| Revenue Position Forecast | Breakeven | | £195K | £0k | £0k | £0k | £0k | £0k | £0k | £0k | £0k | £0k | £0k | £0k |
| Capital Year-End Position | Breakeven | | £3.578K | £0K | £14K | £23K | £62K | £225K | £0.282k | £0.656k | £0.738k | £1.014k | £2.149k | £3.304k |
| Public Sector Payment Policy (PSPP) | 95% | | 98.09% | 98.21% | 96.98% | 97% | 97.36% | 97.56% | 97.41% | 97.38% | 97.34% | 97.34% | 97.32% | 97.27% |
| Information Governance | | | | | | | | | | | | | | |
| Freedom of Information Request Response* | Within 20-Days | | 2 | 0 | 1 | 4 | 2 | 1 | 1 | 1 | 0 | 0 | 1 | |
| Subject Access Request Response* | 1 Month Avg | | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | |
| Personal Data Breaches Reported | N/A | | 2 | 3 | 0 | 2 | 7 | 1 | 2 | 1 | 3 | 3 | 4 | |
| Personal Data Breaches Reported - Escalated | | | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 2 | 0 | 1 | |
| Mandatory Information Governance Training | 85% | | 91% | 92% | 91% | 91% | 91% | 91% | 91% | 91% | 90% | 90% | 90% | 95% |
| Clinical Governance | | | | | | | | | | | | | | |
| Moderate or above harm incidents - monthly | N/A | | 4 | 6 | 6 | 6 | 0 | 0 | 2 | 1 | 2 | 7 | 6 | 6 |
| Moderate or above harm incidents - YTD* | | | 70 | 6 | 12 | 18 | 18 | 18 | 25 | 26 | 28 | 35 | 41 | 47 |
| Number of externally reported incidents (NRI's, EWI, RIDDOR, IRMER) - In Month | N/A | | 1 | 0 | 2 | 1 | 0 | 2 | 3 | 1 | 0 | 4 | 1 | 0 |
| Number of externally reported incidents (NRI's, EWI, RIDDOR, IRMER) - Rolling 12m | | | 12 | 11 | 11 | 12 | 10 | 13 | 15 | 13 | 13 | 20 | 24 | 24 |
| Incident Closure Compliance** | 85% PHW | | 78.4% | 80.8% | 73.8% | 59.7% | 65% | 79% | 79% | 86% | 85% | 70% | | |
| Formal Complaints - Acknowledged within 5 working days** | 75% WG 95% PHW | | 100% (5) | 100% (2) | 100% (4) | 90% (3) | 100% (4) | 100% (3) | 75% (4) | 50% (4) | 100% (5) | 100% (2) | | |
| Formal Complaints - Responded to within 30 working days** | 75% WG 95% PHW | | 33% (5) | 100% (2) | 80% (4) | 75% (3) | 100% (4) | 67% (2) | 50% (4) | 75% (4) | 60% (5) | 100% (2) | | |
| Informal Complaints - In Month | | | 3 | 9 | 9 | 5 | 6 | 8 | 7 | 11 | 14 | 11 | 8 | 9 |
| Informal Complaints - Rolling 12m | N/A | | 80 | 76 | 77 | 75 | 75 | 81 | 85 | 91 | 103 | 109 | 105 | 108 |

*This data is YTD from 1 April 2025.

**Note Incidents and Complaints require 30 working days for closure, therefore this data pertains to September 2025.

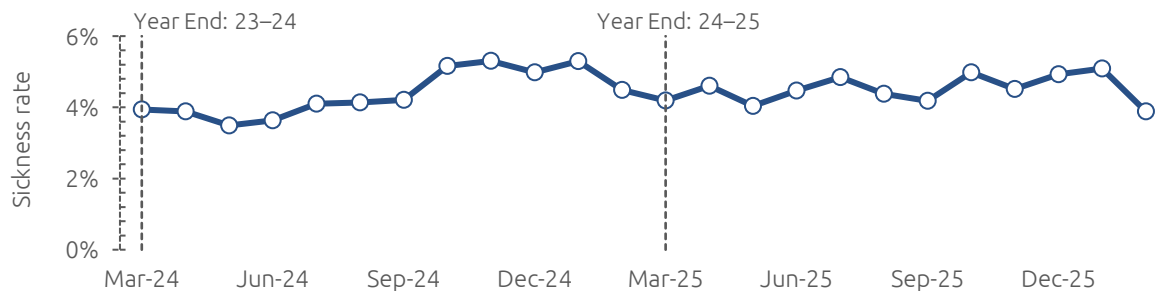
**Note Figure in brackets refer to total complaint numbers received.



People Governance



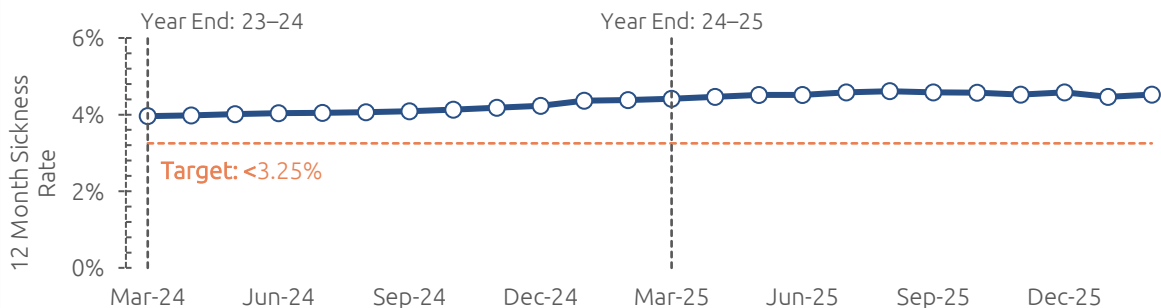
Sickness Absence



3.88%

Decreased by 1.21% in February 2026.

12 Month Rolling Absence



3.25%



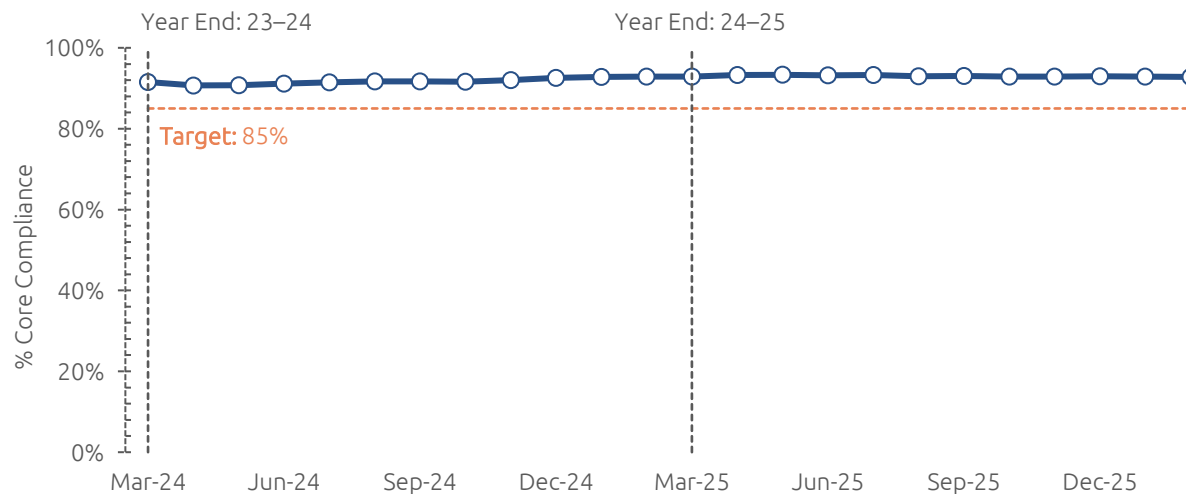
4.52%

Additional assurance is provided in the focus area on pages 6



Remains **above** the national target and has fluctuated around 4% over the past three years.

Statutory and Mandatory Training



85%

Remains **above** target in February 2026.

All Directorates continue to **exceed** target within the financial year.



92.8%

All modules have now **exceeded** the 85% NHS Wales target.



In Focus: Sickness Absence



Key Insights

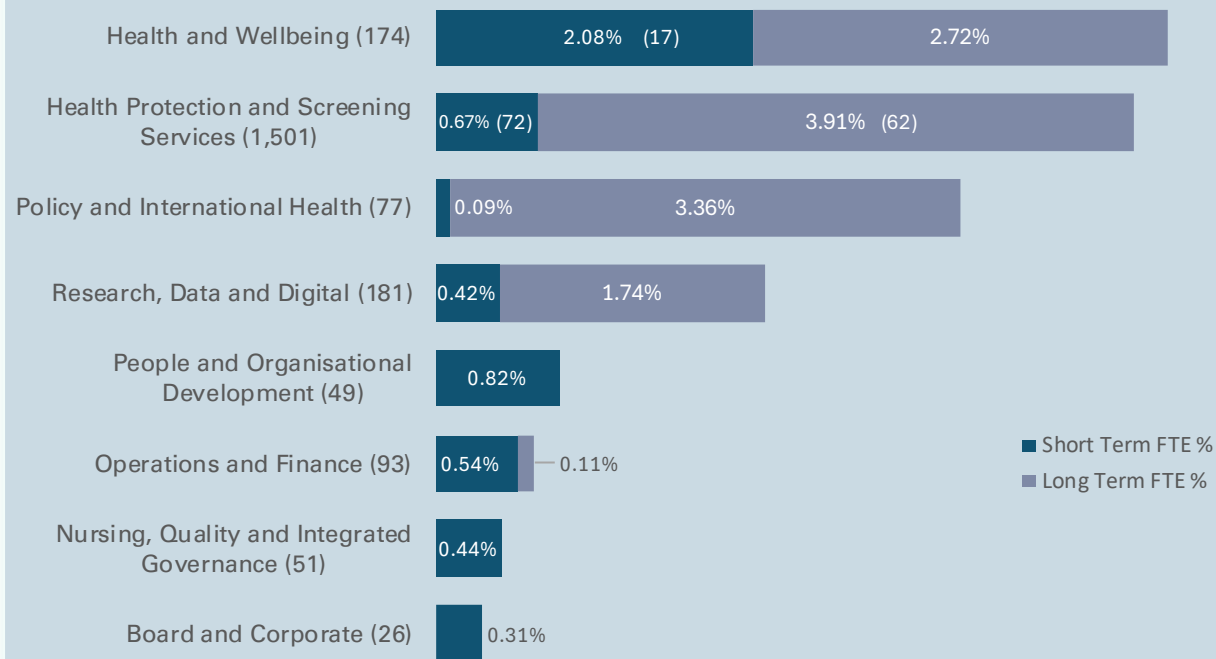
- Overall sickness absence reduced to 3.88% in February 2026, a significant improvement from 5.09% in January 2026.
- Long-term sickness absence continues to be the primary driver, accounting for 81% of FTE days lost, with short-term absence representing 19%. This mirrors national evidence from the CIPD Health and Wellbeing at Work Report 2025, which highlights that mental ill-health is the leading cause of long-term absence and a significant contributor to short-term absence across the UK workforce.
- Anxiety, stress, depression and other psychiatric illnesses remain the most frequently reported causes of absence. This aligns with CIPD findings that stress and mental ill-health account for around a quarter of both short- and long-term sickness absence, reinforcing the importance of sustained focus on mental health, wellbeing, and early intervention.

Assurance and Actions

- People & OD are providing focused 1:1 advice and case management support to managers in areas with persistently high levels of long-term and stress-related absence, with an emphasis on early intervention and sustained return-to-work outcomes.
- In line with national evidence on the increasing impact of mental ill-health on sickness absence, targeted support continues for anxiety, stress and depression-related cases, alongside ongoing engagement with Trade Union colleagues to address workplace issues at an early stage.
- Work continues to improve the accuracy and completeness of sickness absence data, including targeted follow-up of unknown absence reasons and improved recording of work-related versus non-work-related stress.
- Further work is underway to enhance benchmarking and trend analysis, including improved comparability with national data, to support more informed decision-making and targeted interventions.

Sickness Absence by Directorate

The breakdown of Directorate level sickness absence for February 2026 is provided below, split by Short-Term (less than 28 days) and Long-Term (28 days or more) Absence FTE %.



*NB. Number of sickness episodes are in brackets - fewer than 10 have been redacted in accordance with data confidentiality.

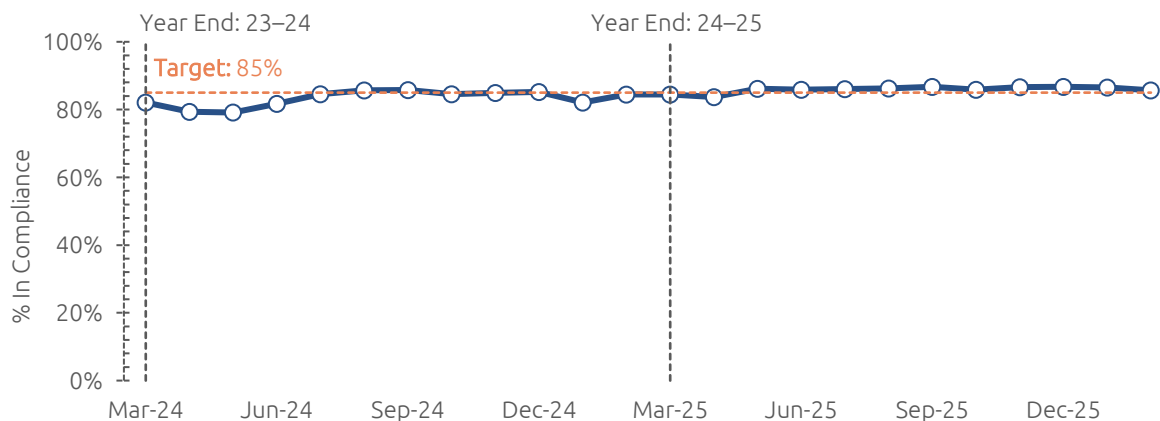




People Governance



Appraisal and Development Reviews



85%



85.7%

Appraisal compliance remains **above** the 85% target. Health Protection and Screening services is currently below target at 82.5%.

Compliance may decline over the next three months if appraisals are not completed in a timely manner. Board and Corporate is at greatest risk of falling out of compliance, followed by Health and Wellbeing and People and OD.

People and OD continue to support improvement and address barriers to completion.

**Reported retrospectively taking into account updated data being reported following the monthly refresh. Previous reports may therefore demonstrate minor variances in monthly performance data.*

Equality and Diversity

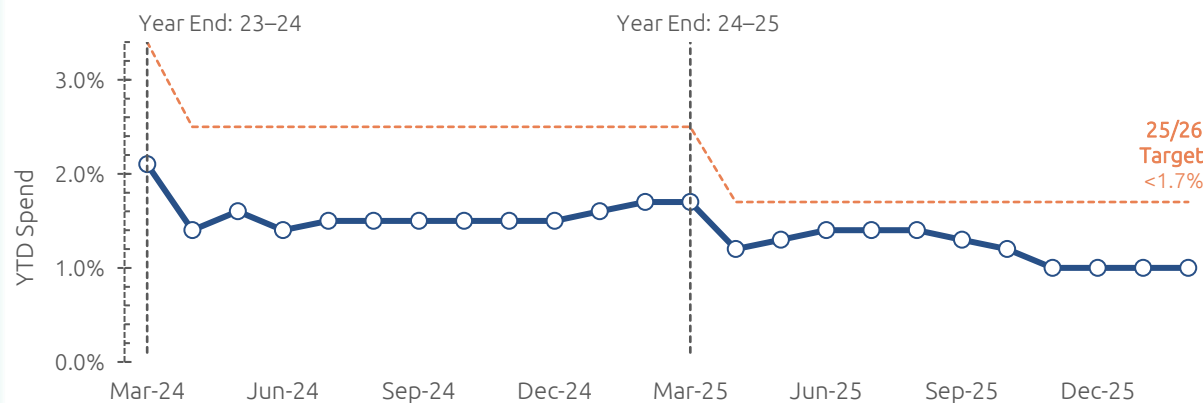


78%

We encourage all staff to record their diversity data in ESR so that we can use the data effectively and ensure we are meeting the needs of our workforce.

Our current Diversity data completeness has steadily improved over the last four years

Agency Spend as A Percentage of Total Pay Bill



≤1.7%



1.0%
YTD



1.0%
Forecast

Forecast to be reduced below 2024/25 levels.

Year-to-date agency spend is currently 1.0% of the total pay bill, with a forecast reduction to 1.0%, below the 2024/25 level and within the <1.7% target for 2025/26.

Agency spend remains a key focus area in line with the Cabinet Secretary's enabling actions. In February, PHW spent £112k on agency staff, £71k of which was categorised as Admin and Clerical.

The deployment of agency staff continues to be tightly controlled to ensure alignment with both operational requirements and financial objectives. All new agency requests undergo review and early consultation with People and OD, Finance, and Business Leads, ensuring that decisions are made with full consideration of workforce priorities and cost-effectiveness.