 <p> GIG CYMRU NHS WALES </p> <p> Iechyd Cyhoeddus Cymru Public Health Wales </p>	<p>Name of Meeting Board</p> <p>Date of Meeting 27 November 2025</p> <p>Agenda item: 4.3</p>
--	--

Performance and Insight Report - October 2025

Executive lead:	Angela Williams, Interim Executive Director of Operations and Finance
Authors:	Ioan Francis, Head of Performance Neil Stoodley, Interim Head of Finance
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"/>
-------------------------------------	---	---------------------------------------	-----------------------------------	--

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 7 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 7 2025/26 include:

- **Sickness absence** 12-month rolling rate remains above target at 4.6% in October, consistent with the previous month. However, in-month sickness absence has slightly improved during the latest period. Absences related to Cold/Cough/Flu has seen an increase which is typical for this time of year. When considering organisation-wide data for October 2025, 25% of FTE days lost are due to short-term sickness absence, and 75% of FTE days lost are due to long-term sickness absence. The Internal Audit into wellbeing and mental health related absence has now been concluded with a report expected later this month. Further details are provided on pages 7-8.
- **Incident reporting** Two Externally Reportable Post Investigation Harms (Moderate harm or above) were closed in October 2025. One RIDDOR incident reported by Breast Test Wales relates to a service user sustaining an injury on the lift platform while outside of the mobile breast screening unit. The other incident reported as Moderate harm was a Breast Test Wales Duty of Candour case relating to an Interval Cancer Review that was closed during the month.

An increase in the number of incidents was reported in October resulting in special cause being identified (230 incidents, up from 151). This is

due to an increased reporting in Cervical Screening Wales (116 incidents, up from 45). This increase is due to a number of out-of-date vials being used by sample takers and sent to the laboratories for testing. As the vials are out of date, these samples are rejected by the laboratory. A communications plan was developed by CSW to communicate with GP Practices to review and rotate their stock accordingly to avoid a re-occurrence. The communications included emails, memos and posters circulated to practices. These incidents have also resulted in a change in sample taker training to include consideration for time in transit and laboratory testing. Further information on incident reporting is provided on pages 15-16.

- **Breast screening assessment waits within 3 weeks** (17.4%, down from 31.6%) continues to improve but remains below the 90% national standard during the latest period. There remains a critical shortage of surgical capacity in North Wales which is impacting assessment capacity in the North. Key steps being taken include the West region supporting readings for the North, radiology lead assessment clinics being undertaken in Wrexham, and engaging with Betsi Cadwaladr UHB senior leads to work together to address waits to improve resilience of surgical capacity and bring pathway in line with other regions. A service review of the Breast Test programme is underway to identify what is working well and areas of improvement.

Timeliness of **Bowel Screening colonoscopy within 4 weeks** (10.5%, down from 14.1%) also remains below the 90% national standard during the latest period. Bowel Screening colonoscopy is a commissioned service from the Health Boards. As of 7 November 2025, the average waiting time for a screening colonoscopy improved at 7 weeks and 6 days (compared to 9 weeks and 6 days as of 3 October). The waiting time ranged from 4 to 15 weeks across the 13 screening centres (compared to 5-15 weeks during the previous reporting period). Average SSP waiting time is 1 week which is within standard. To deliver improvements in waiting times, themes that were identified following collaborative discussions with Health Boards will be taken forward.

A summary of steps being undertaken to support improvements in performance across screening programmes are detailed on pages 21-27.

Strategic Plan - Requests for change

ANNEX A sets out the Strategic Plan milestone requests for change that were submitted in month 7 for approval 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 7 2025/26

**For any milestone requesting a date change, we assume if approved, the milestone will report as 'green - on track' in the following month*

Directorate / Priority Area	Milestone	Current Status	Original Delivery Date	Request for Change Submitted for Approval	Cause, Impact and Next Steps
Health Protection and Screening Services <i>Delivering Excellent Public Health Services</i>	Agreed an Environmental Public Health 'service schedule' for Wales to clarify Public Health Wales and UK Health Security Agency (UKHSA) roles, working and governance arrangements, and improve stability, sustainability and resilience in services (HPSS_024)		30/03/26	Date change due to External dependencies – 30/03/27	<p>Cause: There has been delays in discussions between Welsh Government, UKHSA, and Public Health Wales due to competing priorities and the complexity of the matter.</p> <p>Impact: Delays in finalising the service schedule.</p> <p>Next Steps: Revise the delivery date in line with key partners.</p>
Health Protection and Screening Services <i>Delivering Excellent Public Health Services</i>	Implemented LIMS 2 for screening as part of the All Wales Programme (HPSS_057)		31/12/25	Date change due to External dependencies – 30/03/26	<p>Cause: Delays in defect resolution, configuration updates and user acceptance testing timeframes over the course of the project.</p> <p>Impact: This had caused delays in deployment, with deployment date now pushed back to 26/01/25. This is close to the hard project deadline of 31/03/25 and DHCW/ISC capacity to support deployment for screening may be limited by their need to support multiple deployments across Wales in a relatively short period of time.</p> <p>Next steps: Define routes and timescales for defect resolution, ensure all configuration updates for legacy data re complete and define and acceptable UAT window to ensure safe deployment.</p>

Directorate / Priority Area	Milestone	Current Status	Original Delivery Date	Request for Change Submitted for Approval	Cause, Impact and Next Steps
<p>Health Protection and Screening Services</p> <p><i>Delivering Excellent Public Health Services</i></p>	<p>Conducted a comprehensive assessment of the current Infection Prevention and Control (IPC) workforce and evaluate their resilience across Wales</p> <p>(HPSS_012)</p>		30/03/26	<p>Date change due to Resource issues – 30/03/27</p>	<p>Cause: Insufficient workforce capacity, there is currently a 0.6WTE clinical IPC vacancy pending approval.</p> <p>The team continues to operate under significant pressure, balancing a wide range of strategic and operational responsibilities. These include supporting Health Boards in meeting national antimicrobial resistance (AMR) and healthcare-associated infection (HCAI) targets, contributing to national clinical guideline development, and providing expert input during outbreaks and incident responses. In parallel, the team plays a central role in system-wide preparedness efforts, including winter planning, IPC education and training, and the development and implementation of national IPC standards and policies in collaboration with Welsh Government and NHS Wales partners. Resource has also been required for Exercise Pegasus.</p> <p>Impact: Maintaining the current deadline would likely result in a rushed and incomplete assessment, increased pressure on an already stretched workforce, potentially impacting delivery, and wellbeing. Given these constraints the likelihood of meeting the 31st March 2026 deadline is low, without additional capacity (Recruitment would take at least 4-6 months, that's even if we were able to recruit successfully) or reprioritisation. The IPC has already highlighted this as a risk (Datix ref: 1848). The request to conduct the assessment of the IPC workforce came from CNO Wales and will not be delivered on time.</p> <p>To note, this milestone directly relates to several core responsibilities in our Remit Letter for 25/26.</p>

Directorate / Priority Area	Milestone	Current Status	Original Delivery Date	Request for Change Submitted for Approval	Cause, Impact and Next Steps
					<p>Next steps: We propose revising the delivery date to 31st March 2027 allowing for:</p> <ul style="list-style-type: none"> recruitment of 0.6 WTE clinical IPC role fulfilling the IPC establishment, we anticipate a start date on or after 1st April 2026. a realistic timeline to plan and conduct the assessment thoroughly and engage with stakeholders across the health boards and trusts to ensure consistency.
<p>People and Organisational Development</p> <p><i>Enabling Delivery</i></p>	<p>Established a clear vision for succession planning and talent management within Public Health Wales.</p> <p>(POD_003)</p>		30/03/26	Close milestone due to re-prioritisation	<p>Cause: Competing priorities including unplanned work commissioned in year.</p> <p>Impact: Low risk / low impact. Where this activity is a local priority it will be supported by POD Partners.</p> <p>Next steps: Will be integrated in the People Strategy Implementation Plan which is an IMTP commitment due for delivery in Q3.</p>
<p>Health and Wellbeing</p> <p><i>Promoting Healthy behaviours</i></p>	<p>Delivered the end of programme report on improvement actions to reduce smoking during pregnancy</p> <p>(HWB_013)</p>		30/03/26	Date change 30/06/26	<p>Cause: The Reducing Smoking in Pregnancy programme has only been running since April 2024 and the intention was for it to be initially a 2-year programme that then is likely to continue following a review and identification of improvement actions based on learning from the full 2 years. Undertaking a review at this stage after only 18 months would be premature and take up valuable capacity needed to ensure that the current set of actions in the plan are fully implemented by the end of the initial 2-year programme.</p>

Directorate / Priority Area	Milestone	Current Status	Original Delivery Date	Request for Change Submitted for Approval	Cause, Impact and Next Steps
					<p>Impact: End of Programme Report will be completed in early 2026/27 however this will not impact delivery of the programme.</p> <p>Next steps: End of Programme Report to be completed in early 2026/27 subject to agreement of Request for Change. Report will identify areas for improvement that will be implemented during 2026/27.</p>