 <p> <b>GIG</b>      CYMRU  <b>NHS</b>      WALES   </p>	<p>Iechyd Cyhoeddus Cymru Public Health Wales</p>	<p><b>Name of Meeting</b> Board</p> <p><b>Date of Meeting</b> 29 January 2026</p> <p><b>Agenda item:</b> <b>3.3</b></p>
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<b>Performance and Insight Report - December 2025</b>	
<b>Executive lead:</b>	Angela Williams, Interim Executive Director of Operations and Finance
<b>Authors:</b>	Ioan Francis, Head of Performance Neil Stoodley, Interim Head of Finance
<b>Contributors:</b>	Directorate submissions approved by relevant Director
<b>Approval/Scrutiny route:</b>	Business Executive Team

<b>Purpose</b>
<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"> <li>❖ <i>Governance and Accountability</i>, including:             <ul style="list-style-type: none"> <li>○ People Governance; Financial Governance; Board and Corporate Governance; and Clinical Governance, Quality, Safety and Improvement</li> </ul> </li> <li>❖ <i>Service Delivery</i>, including:             <ul style="list-style-type: none"> <li>○ Health Protection and Screening Services; Health and Wellbeing (<i>monthly</i>); Policy and International Health; Data, Knowledge and Research (<i>bi-monthly</i>)</li> </ul> </li> <li>❖ <i>Strategy and Delivery</i>, including:             <ul style="list-style-type: none"> <li>○ Progress against our Strategic Plan Milestones, Strategic Change Programmes and Inequalities</li> </ul> </li> <li>❖ <i>Outcomes Measurement</i>, including:             <ul style="list-style-type: none"> <li>○ Reporting against our IMTP measurement system indicators and developing a strategically aligned Evaluation Programme for 2025/26 onwards</li> </ul> </li> </ul> <p>The report is designed to be read in conjunction with the <a href="#">Performance and Assurance Dashboard</a>.</p>

<b>Recommendation:</b>					
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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 Board is asked to:</p> <ul style="list-style-type: none"> <li>• <b>Consider and Receive assurance</b> on the organisation’s performance and governance arrangements, progress against delivering its strategy including delivery/recovery of key services and programmes</li> </ul>					
<p><b>Link to Public Health Wales <a href="#">Strategic Plan</a></b></p> <p>Public Health Wales has an agreed strategic plan, which has identified seven strategic priorities and well-being objectives.</p> <p>This report contributes to the following:</p>					

<b>Strategic Priority/Well-being Objective</b>	All Strategic Priorities/Well-being Objectives
<b>Summary impact analysis</b>	
<b>Equality and Health Impact Assessment</b>	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.
<b>Risk and Assurance</b>	Our Strategic Risks are detailed within Our Strategic Plan and progress reported in a separate Board paper.
<b>Health and Care Standards</b>	This report supports and/or takes into account the <a href="#">Health and Care Standards for NHS Wales</a> Quality Themes  All themes Governance, Leadership and Accountability
<b>Financial implications</b>	An update on the organisation's financial performance is enclosed and in the accompanying Finance Board Report.
<b>People implications</b>	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:

	<b>Section 1</b> Governance and Accountability	This section provides information and assurance for a number of areas key corporate accountability including <b>People Governance, Finance Governance and Corporate &amp; Information Governance</b>
	<b>Section 2</b> Service Delivery	This section provides information and assurance for the activities that our services carry out on a day-to-day basis including our <b>Health Protection and Screening Services, Health and Wellbeing services, Policy and International Health and our Research, Data and Digital services</b>
	<b>Section 3</b> Strategy Delivery	This section provides information and assurance for the delivery of our strategic plan including <b>IMTP Milestone Delivery</b> , progress against our <b>Strategic Change Programmes</b> and updates for our <b>six strategic priorities</b> . The section also includes <b>Inequalities</b> .
	<b>Section 4</b> Outcomes Measurement	This section provides information and assurance on our developing work on <b>Outcomes Measurement</b> , 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 9 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 9 2025/26 include:

- **Sickness absence** 12-month rolling rate remains above target at 4.5% in December, in line with the previous month. Whilst in-month sickness absence has improved during the latest period, absences related to Cold/Cough/Flu has increased which is typical for this time of year. Short-term absences (less than 28 days) accounted for 41% of FTE days lost (up from 22%), whereas long-term absences (28 days or more) made up 59% of FTE days lost (down from 78%). The findings from the Internal Audit into wellbeing and mental health-related absence have been reported to the December 2025 Audit & Corporate Governance Committee meeting, with resulting management actions informing updates to Business Executive Team and People & OD Committee in January 2026. Further details are provided on pages 7-8.
- **Personal data breaches** There were three personal data breaches reported in November 2025, resulting in two of these being escalated. The first breach related to screening and was due to a confidential personnel document scanned into a file that was left in shared access folder. This was reported to the ICO and the data subject. The second related to Health & Wellbeing with a personnel file that was accessible in a non-restricted folder. This was non-reportable and affected one data

subject. The third breach related to multiple incidents in Health Protection which have been reported to the ICO as one entity. Further information relating to personal data breaches is provided on page 17.

- **Breast screening assessment waits within 3 weeks** (28.3%, down from 41.0%) remains below the 90% national standard during the latest period. Performance has reduced due to a backlog in the North which has increased due to leave. West and South-East have reduced timeliness in December due to sick leave. There remains a critical clinical shortage in North Wales and lack of resilience of the surgical support which is impacting assessment capacity in North. Discussions are ongoing with Betsi Cadwaladr UHB.

Timeliness of **Bowel Screening colonoscopy within 4 weeks** (22.5%, up from 19.7%) also remains below the 90% national standard during the latest period. Bowel Screening colonoscopy is a commissioned service from the Health Boards. As of 9 January 2026, the average waiting time for a screening colonoscopy has improved at 8 weeks and 3 days (compared to 10 weeks and 1 day as of 5 December). The waiting time ranged from 3 to 17 weeks across the 14 screening centres (compared to 3-18 weeks during the previous reporting period). Average Specialist Screening Practitioner waiting time is 6 days which is within standard. To deliver improvements in colonoscopy waiting times, themes that were identified following collaborative discussions with Health Boards have been shared with Health Boards and actions within Screening Programme being scoped. Two screening colonoscopist mentorship days are planned by March 2026, with an assessment day to follow in April/May 2026.

A summary of steps being undertaken to support improvements in performance across screening programmes are detailed on pages 24-30.

## **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 9 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 9 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
<b>Health Protection and Screening Services</b>  <i>Excellent public health services</i>	Food, Water and Environment laboratories implemented Ports and Borders service requirements  (HPSS_039)		31/03/26	<b>Date change</b> to 31/12/2027  Reason for RFC: External Dependencies	<p><b>Cause:</b> The UK Prime Minister and Government announced plans to remove barriers to trade by creating a single sanitary and phytosanitary (SPS) area with the EU. While this aims to align food safety standards, no fixed timelines or specifics have been set. The earliest target for regularised imports is January 2027, meaning legislation would need to be laid in 2026. This uncertainty has slowed progress on implementing border controls.</p> <p><b>Impact:</b> No impact for PHW and future impact will be unknown until legislation is clear.</p> <p><b>Next steps:</b> Updates from Port Health officers on going on monthly basis.</p>
<b>Health Protection and Screening Services</b>  <i>Excellent public health services</i>	Undertaken review of the infection estate and developed recommendations and implementation plan.  (HPSS_049)		31/12/25	<b>Date change</b> to 30/03/26  Reason for RFC: Resource issues	<p><b>Cause:</b> Partial completion. The initial paper has been submitted to DMT and following feedback we have been asked to confirm a priority plan to give BET a clear understanding of scope and deliverability. This is an ongoing piece of work and we will require a time extension as per DMT action log. This means we need capacity to complete the analysis with competing priorities.</p> <p><b>Impact:</b> No immediate impact on service delivery at present. Separate business case being written to fund the replacement of the automation in North Wales to ensure on going service delivery is not impacted.</p> <p><b>Next steps:</b> Finalise the requirement and assess the likelihood in the current financial climate.</p>

Directorate / Priority Area	Milestone	Current Status	Original Delivery Date	Request for Change Submitted for Approval	Cause, Impact and Next Steps
<b>Health Protection and Screening Services</b>  <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.  (HPSS_077)		31/12/25	<u>Date change</u> to 28/02/26  Reason for RFC – Slippage of original deadline	<p><b>Cause:</b> Delays in Cardiff University approval process, awaiting to hear if they are happy to sign MOU.</p> <p><b>Impact:</b> Impact of the delay in establishing the MoU is limited as the group will continue to function in its current form. However, MOU needs to be in place as soon as possible so that it supports our collaborative working and applications for funding.</p> <p><b>Next steps:</b> Continue to progress MOU through approval process.</p>
<b>Health Protection and Screening Services</b>  <i>Excellent public health services</i>	Led development of an action plan for improving uptake in adult vaccination programmes (Shingles and Pneumococcal)  (ROHPSS_083)	Suspended	01/04/25	<u>Close milestone</u>  Reason for RFC – External dependencies	<p><b>Cause:</b> This is a system delay depended on the whole system in NHS Wales - delays are with Health Boards and WG and the programme is now on hold for the foreseeable future.</p> <p><b>Impact:</b> The impact is that there will be a delay rolling out the Shingles vaccine.</p> <p><b>Next steps:</b> We recommend closing this milestone for the foreseeable future and will reinstate it in a future IMTP as and when the programme is restarted.</p>
<b>People and OD</b>  <i>Enabling delivery</i>	Developed the People Strategy 2035 implementation plan, mapped delivery to years 2 and 3 of the Strategic Plan, established a baseline for future evaluation.  (POD_001)		31/12/25	<u>Date change</u> to 30/03/26  Reason for RFC – Plan re-alignment	<p><b>Cause:</b> Due date amended to better fit with the timeline of the integrated planning cycle.</p> <p><b>Impact:</b> Amending the due date will enable development of an implementation plan more effectively aligned with the remit letter, allocation and IMTP.</p> <p><b>Next steps:</b> The People Strategy implementation plan will be developed alongside the IMTP.</p>

Directorate / Priority Area	Milestone	Current Status	Original Delivery Date	Request for Change Submitted for Approval	Cause, Impact and Next Steps
<b>People and OD</b>  <i>Enabling delivery</i>	Developed a performance management approach that focuses on delivery, growth, development, and recognition, a plan for implementation and established a baseline for future evaluation.  (POD_008)		31/12/25	<u>Date change</u> to 31/03/27  Reason for RFC – Re-prioritisation	<p><b>Cause:</b> Although the discovery phase has been completed and the concept for the new performance management approach has been developed, the socialisation, engagement, and implementation planning stages have been temporarily paused. This is to allow us to prioritise work on strengthening support for people managers, including a detailed review of the current Developing People Managers Programme. The aim is to identify gaps between what our managers need and what the current offer provides, followed by the development of a People Managers Essentials/Fundamentals Project Initiation Document (PID) and draft work plan.</p> <p><b>Impact:</b> Pausing the implementation of the new performance management approach will enable alignment with the People Managers Essentials/Fundamentals Project and ensure we maximise engagement through well-planned phasing and sequencing.</p> <p><b>Next steps:</b> Following the approval of the People Managers Essentials/Fundamentals Project Initiation Document (PID) and work plan finalisation, we will agree the phasing and sequencing of the new performance management approach work.</p>
<b>Operations and Finance</b>  <i>Enabling delivery</i>	Deliver Value Proposition integrated with route maps  (OpsFin_005)		31/03/26	<u>Date change</u> to 31/08/26  Reason for RFC – Re-prioritisation	<p><b>Cause:</b> Capacity issues as a result of redirecting resource towards managing the in-year and next year financial position.</p> <p><b>Impact:</b> Delay in delivering Value proposition.</p> <p><b>Next steps:</b> Continue to work on the value proposition where capacity allows.</p>
<b>Nursing, Quality &amp; Integrated Governance</b>  <i>Enabling delivery</i>	Using the All Wales People's Experience Framework, developed and implemented a PHW operational plan to increase the provision of service user experience data and		31/12/25	<u>Date change</u> to 30/05/26  Reason for RFC – Further	<p><b>Cause:</b> The Milestone has two parts (1) development of an operational plan (2) implementation of the plan itself.            (1) The Public Health Wales draft operational plan to implement the All Wales People's Experience Framework has been developed and will be presented to BET in April 2026. As the work progressed, it became clear</p>

Directorate / Priority Area	Milestone	Current Status	Original Delivery Date	Request for Change Submitted for Approval	Cause, Impact and Next Steps
	<p>analysis, to inform improvement activities and annual planning.</p> <p>(NQIG_041)</p>			<p>stakeholder engagement required</p>	<p>that the plan would be better to be co-produced. As a result, this plan was co-produced with, and will be finalised by, the People's Experience Learning Group (Feb-26) and QuOG (Mar-26). This has caused the delay to this milestone delivery.</p> <p>(2) Once approval from BET has been received, the implementation of the plan itself can commence</p> <p><b>Impact:</b> Minimum impact on day-to-day organisational business. The delay will enable us to ensure engagement across the organisation to enable successful implementation.</p> <p><b>Next steps:</b> The draft Plan will be presented to People's Experience Learning Group (Feb-26) and QuOG (Mar-26) and BET (Apr-26).</p>