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Public Health
Wales

Performance and Insight Report

January 2025



Report Overview

Our refreshed **Performance and Insight Report** focuses on delivering actionable insights and assurance whilst identifying areas for further improvement.

The report focuses on our performance across the following key sections.



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 1

Governance and Accountability



Key Performance Indicator Summary



People Governance	In Focus	Target	Jan-25	Committee
12m Rolling Sickness Absence FTE %		<3.25%	4.3%	People & OD
Statutory and Mandatory Training		85%	92.7%	
Appraisal Compliance		85%	81.4%	
Diversity ESR Data		N/A	76%	
Financial Governance			Jan-25	
Revenue Position Forecast		Breakeven	-200k Forecast	Audit & Corporate Governance
Capital Year-End Position		Breakeven	Breakeven	
Agency Spend, % of Total Pay Bill		<2.1%	1.6%	
Public Sector Payment Policy (PSPP)		95%	98.21%	
Information Governance			Dec-24	
Freedom of Information Request		Within 20-Days	1 exceeded	Audit & Corporate Governance
Subject Access Request		1 Month Average	0 exceeded	
Personal Data Breaches Reported (Escalated)		N/A	1 (0)	
Mandatory Information Governance Training		85%	89%	
Clinical Governance			Jan-25	
Moderate or above harm incidents (YTD)*		N/A	6 (62)	Quality, Safety and Improvement
Number of externally reported incidents (NRI's, EWI, RIDDOR, IRMER) - In Month - (Rolling 12m)		N/A	0 (11)	
Incident Closure Compliance**		85% PHW	74%	
Formal Complaints - Acknowledged within 5 working days**		75% WG 95% PHW	100%	
Formal Complaints – Responded to within 30 working days**		75% WG 95% PHW	75%	
Informal Complaints – In Month (Rolling 12m)		N/A	12 (101)	

*This data is YTD from 1 April 2024.

**Note Incidents and Complaints require 30 working days for closure, therefore this data pertains to November 2024.

Key: RAG Status

Click on the Focus Area Icon for additional assurance

>10% outside target Within 10% of target Achieving target Not applicable / TBC



People Governance



Sickness Absence



Decreased by **0.55%** in January 2025. There have been seasonal increases in Sickness Absence over the winter period, and the latest figure is comparable to January 2024.

12 Month Rolling Absence



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



Additional assurance is provided in the focus area on pages 7 & 8.

Appraisal and Development Reviews



Has fallen **below** the NHS Wales target.



This follows a period of 6 months where the organisation has been above the target.*

** Reported retrospectively taking into account updated data being reported following the monthly refresh. Previous reports may illustrate performance at or just below target at the time of reporting*

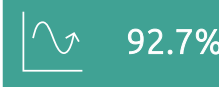


Additional assurance is provided in the focus area on page 6.

Statutory and Mandatory Training



Remains **above** target in January 2025.



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

The module reporting lowest completion is *Foundations in Improvement* (84.9%), which was introduced as a mandatory training e-learning module from April 2024.

Equality and Diversity

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.



This is the current percentage of completed Diversity data recorded for our staff. We have continued to see an **increase** in data completeness over the past 4 years.



In Focus: Appraisal and Development Reviews

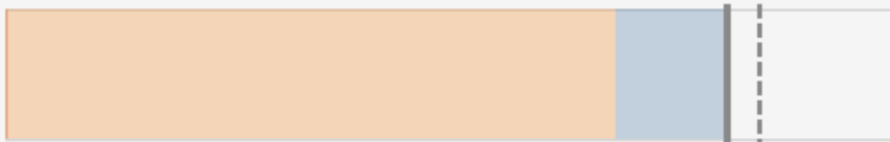


Compliance Performance

Appraisal compliance has fallen below the Welsh Government target, which is set at 85% to allow for staff who are unable to participate in appraisals (e.g. staff on maternity leave, secondees). This follows a period of 6 months where we have been above target (note – reported retrospectively taking into account updated data being reported following the monthly refresh).

Compliance is at risk of falling further below target over the next 3 months if appraisals fail to be undertaken. This will have the most impact on the Research, Data & Digital and Health & Wellbeing Directorates, who have the highest percentage of appraisals that are due soon.

81.4%
of reviews completed within 12 months
vs a target of 85%



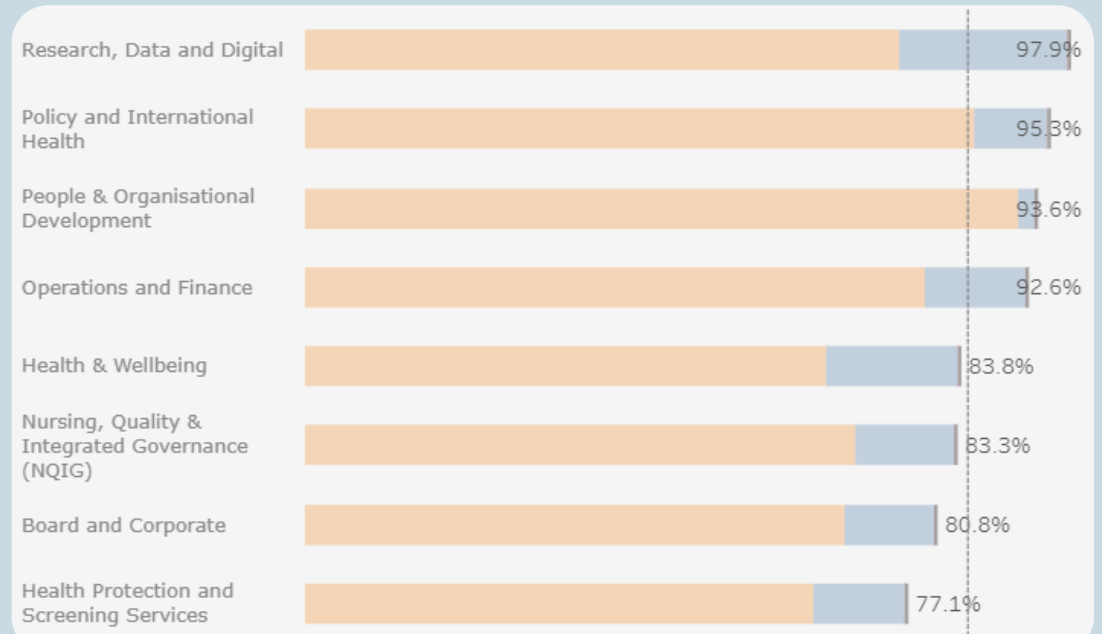
Grey – current compliance — vs target
Blue – appraisals due in next 3 months



Compliance by Directorate

Latest figures show that four Directorates are achieving compliance with the national target, with four Directorates below target levels. Directorates not delivering the target will need to develop and commit to a recovery trajectory. The People and OD team are working with Directorates to understand barriers to undertaking and recording My Contribution and to offer further support as required.

There is also a significant range in compliance across our Directorates ranging from 97.9% in Research, Data and Digital to 77.1% in Health Protection and Screening Services.





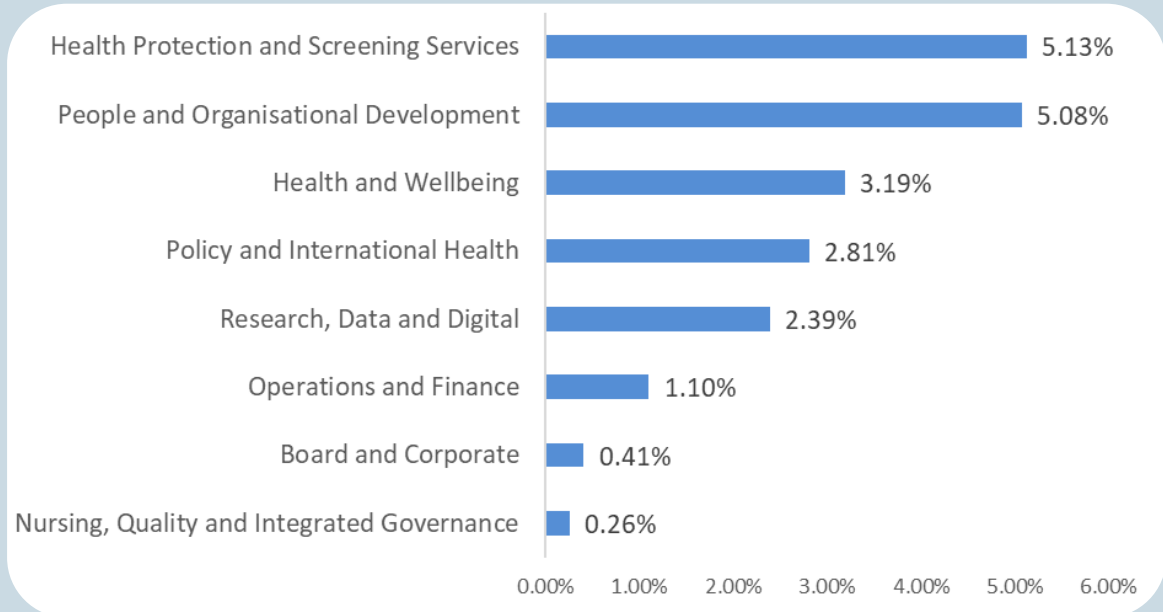
In Focus: Sickness Absence



Sickness Absence by Directorate

A decrease in sickness absence has been reported in January, falling from 4.9% in December to 4.3% in January.

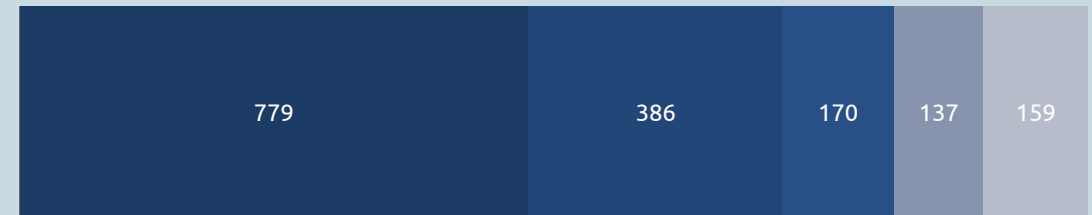
The People & OD team will closely monitor this data over the coming months, as the organisation moves through the winter period. The breakdown by Directorate for January 2025 is provided below.



Sickness Absence by Absence Reason

When focussing on Absence Reasons over the same period, the top 5 reasons for sickness absence are shown in the chart below.

Anxiety/stress/depression/other psychiatric illnesses has consistently been the number 1 reason for sickness absence across NHS Wales, and we have seen an increase of FTE days lost related to Cold, Cough, Flu – Influenza.



- S10 Anxiety/stress/depression/other psychiatric illnesses
- S13 Cold, Cough, Flu - Influenza
- S98 Other known causes - not elsewhere classified
- S12 Other musculoskeletal problems
- S25 Gastrointestinal problems



In Focus: Sickness Absence



Advice and Support

The People and OD team will closely monitor sickness absence data over the coming months. On-site visits and HR clinics are in place to allow time to engage with managers and identify ways to improve sickness absence management in their teams.

Supporting documents continue to be accessed via the intranet, including new 'all-in-one' guides and the All-Wales Managing Attendance at Work (MAAW) policy is being reviewed to ensure it aligns with a person-centred approach that supports health and well-being.

Data Analysis

The top reasons for absence are Anxiety/stress/depression/other psychiatric illnesses and Cold, Cough, Flu - Influenza. Based on previous years' data, we expect to see a reduction in absences related to seasonal viruses as we move into March.

Learning and Development

The new [Burn Out Support Hub \(BOSH\)](#) has been set up by colleagues for colleagues, to create a safe space where people can share their experiences and resources to help others who are experiencing the physical and mental symptoms associated with burn out. Alongside the resource hub, the group will also host online Teams sessions to offer support and share learning. Both the hub and Teams sessions aim to provide self-help management techniques, as well as links and signpost to existing internal and external resources to support colleague health and well-being.

The People and OD team are trialling a new Managing Attendance at Work (MAAW) 'masterclass' which will be available later this month.

MAAW learning and development sessions for managers are running once a month for the remainder of the year, and one-to-one advice and support continues through pre-bookable HR clinics or as and when needed via People Support.



Financial Governance



Revenue Position



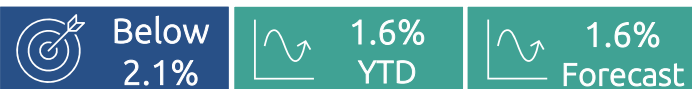
The year end forecast has been revised from break-even to forecast surplus of £200k

Capital Position



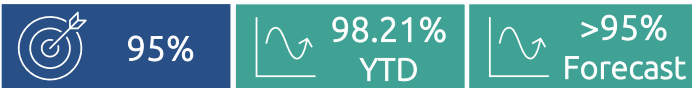
The capital forecast is **breakeven**. Funding is made up of a discretionary allocation of £1.452m and strategic allocation of £2.048m. £1.817m remains unspent with purchase orders having been raised for £0.575m of the £1.817m.

Agency Spend as A Percentage of Total Pay Bill



Forecast to deliver the year-on-year reduction target

Public Sector Payment Policy (PSPP)



Expected to deliver the statutory target for the remainder of the year.

Risks/Issues

- We have an agreed in year pay allocation for the 2023/24 and 2024/25 pay awards of £6.770m following a detailed pay modelling exercise. We continue to work with Welsh Government to finalise the recurring allocation.
- The net impact of the COVID-19 forecast position and revised Bowel Screening optimisation modelling for Month 10 is an under spend of £0.233m. We continue to monitor and work closely with Welsh Government colleagues.
- Whilst plans are in place to fully utilise our capital allocation, £1.81m remains unspent.



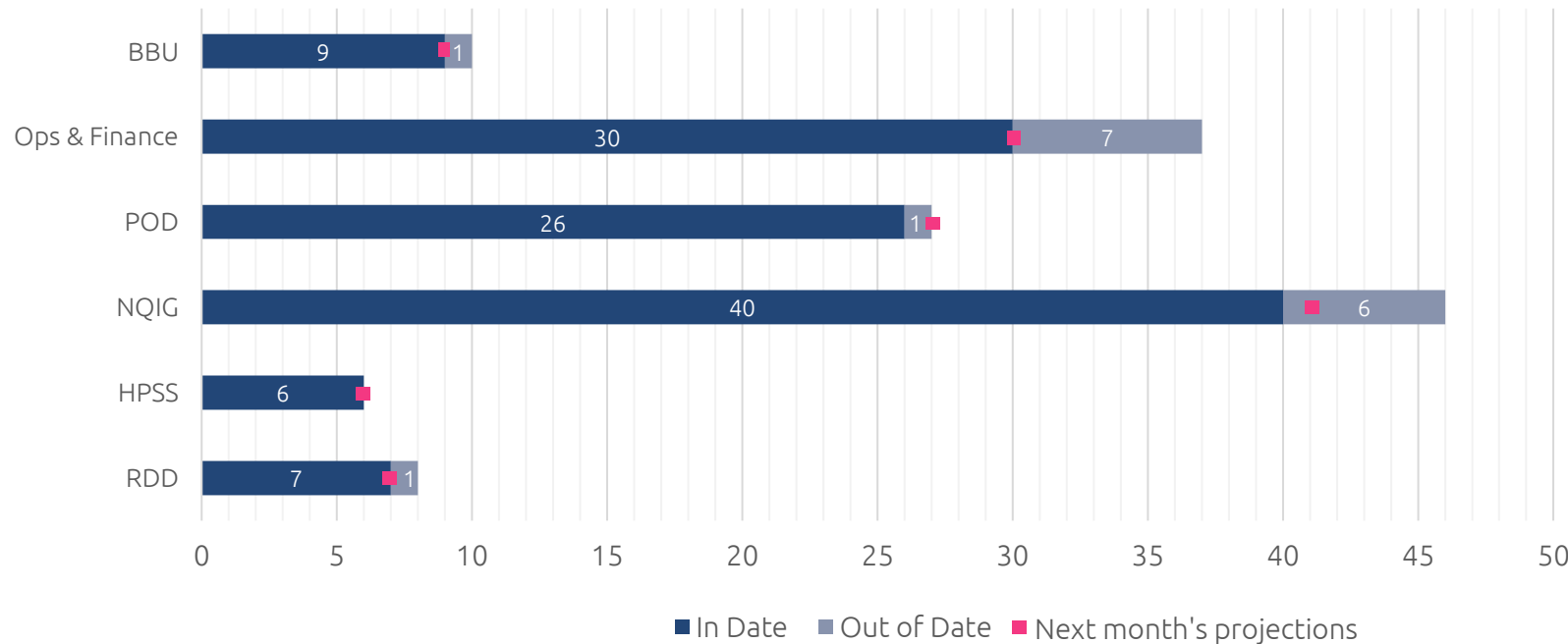
Corporate and Information Governance



Corporate Governance

Corporate Policies Compliance

8 Policies / procedures are currently out to [consultation](#)/ going through the approval process (numbers that are either out to consultation, or awaiting a meeting for final approval)



In January 2025:

- 2 Operations & Finance policies and 1 Research, Data & Digital policy were approved.

Overview:

- The divisions with the most policies out of compliance are Operations & Finance (7 policies) and Nursing, Quality and Integrated Governance (6 policies).

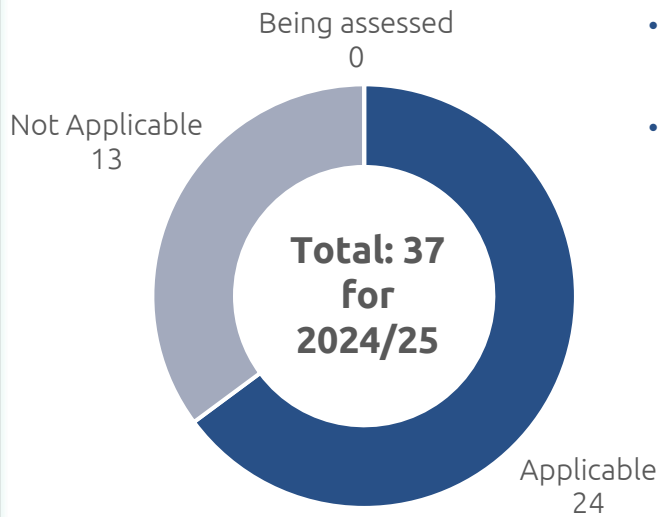


Corporate and Information Governance



Corporate Governance

Wales Health Circular (WHC) Compliance



For the Period 01 - 31 January 2025:

- 1 WHC was received this month which was not applicable to PHW.
- 3 WHCs were closed:
045 - Spotting Sepsis in Children Awareness Leaflet (found to be not applicable after assessment), 046 - Influenza (flu) Vaccination Programme deployment 'mop up' 2024- 2025 and 050 - Infected Blood Inquiry: Implementation of Recommendation 8a and 8b

Of those applicable:



■ In progress ■ Confirmed compliance

Internal and External Audit

Audit information is updated on a quarterly basis. The next update is due at the March 2025 meeting.



Corporate and Information Governance



Information Governance

Freedom of Information Act



20 days



1 exceeded

12 requests were received in **December 2024**.
1 exceeded the 20-working day timescale due to respond.
The average response time is 15 days.

The one request out of compliance has required further work with third parties (health boards) and could be seen as contentious.

Additional assurance is provided in the focus area on page 13.

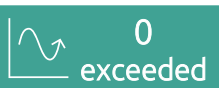


In Focus

Data Protection (Subject Access) Requests



1 month



0 exceeded

1 request was received in December 2024. Since this request is deemed complex it will remain open and extended for a further two months.

Personal Data Breaches

Reported	Escalated
1	0

0 data breaches required escalation to the Information Commissioner (ICO).

Breach – An email containing personal data sent to the wrong person within the Team.

Action – Human error choosing the recipient. Manager has fed back to the sender to check email recipients before sending.

ICO Response – N/A

Mandatory Information Governance Training



85%



89%

Organisation-wide compliance with Information Governance mandatory training **exceeds** the national target.



In Focus: Freedom of information



The FOI request in January that was out of compliance, was for data held by the NHS Wales Executive. There were initial concerns over whether or not Public Health Wales technically held the data, and further concerns that the information in the database was not intended for publication. The first question was referred to Legal and Risk for advice, and the second was subject to discussions between the respective SIROs. Following this, a decision was made to release the information. This was done on 12th February 2025.

Of the three reported out of compliance in December, two were released within two days as previously reported and the detail is summarised as follows:

FOI	Date received	Date Completed	Days taken	Information
FOI 2024 201 Microbiology data	19/11/2024	20/01/2025	45 (includes Bank Holidays)	Sent to Directorate on 19th November. Followed up on 15th January 2025, and a response was received 16th January 2025. Information provided.
FOI 2024 202 Diagnostic rates and healthcare access	19/11/2024	19/12/2024	23 (includes Bank Holidays)	Was referred to Health Protection to check. Information not held.
FOI 2024 197 Medical equipment and sustainability	12/11/2024	11/12/2024	22	Information provided. Lengthy multi-sectioned question. Involved response data from Screening, Infection, and three Divisions within Health Protection (CDSC, CDIHP and HPT/AWAre).



Clinical Governance, Quality, Safety and Improvement



Externally Reportable Incidents - January update

- No Nationally Reportable Incidents reported
- No Early Warning Incidents reported
- No Duty of Candour incidents reported

Incidents

Incident Numbers (Rolling 12m to January 25)	Reported in January
2,126	181 (median 169)

As of 3 February 2025, there are **195** open incidents. **54** of these have been open for longer than the 30 working days target and therefore have an overdue status. This is an increase of 22 compared to the **32** reported as overdue in December.

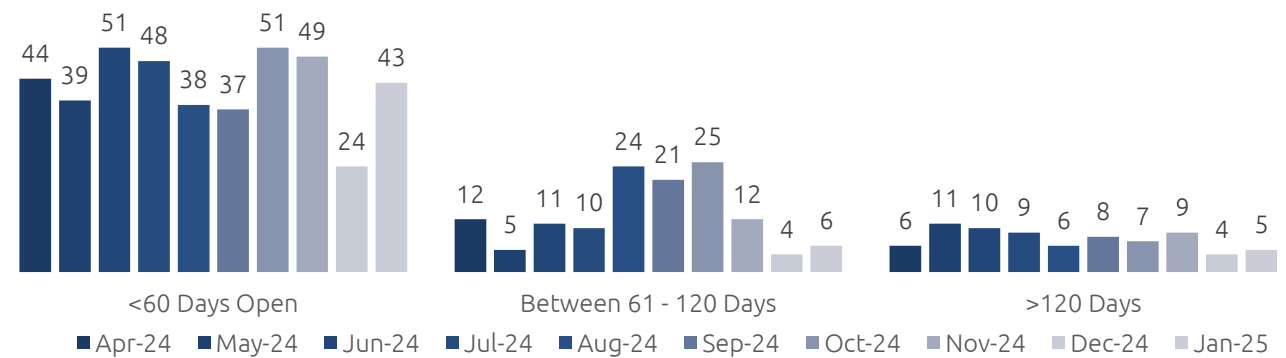
The largest numbers of overdue incidents are within Diabetic Eye Screening (**19**), Cervical Screening Wales (**14**), and Microbiology (**9**).

There are **5** incidents with an open status of more than 120 days.



Trend analysis and comparison to historic performance is included in the PAD

Overdue Incident Progression (April 2024 – January 2025)



Ongoing work to address the performance of incident closure rates continues with a weekly overdue incident report generated by the PTR Team and circulated to designated operational and clinical leads to review and ongoing management.



Additional assurance is provided in the focus area on page 15.

Incident Levels of Harm

Level of Harm	Count
None	81
Low	94
Moderate	5
Severe	1

6 incidents were reported as moderate or above in January. These were reported in the following areas:

- Abdominal Aortic Aneurysm Screening (**1**), Breast Test Wales (**3**), Microbiology (**1**) and Health Protection (**1**).

4 of these incidents have been re-categorised to 'Low harm' following investigation with 2 remaining under investigation.



In Focus: Incident Closure



Improvements made to the Oversight and Incident Management Process:

- An overdue incident report is generated weekly and reviewed by the PTR team. This report details incidents that have been open for over 30 working days and incidents that have been open for 20-29 working days. The data is then shared with the designated operational and clinical leads for reviewing and ongoing management.
- Weekly update requests are made to the service areas and support offered where barriers to achieving closure are identified. In addition, monthly meetings are scheduled with service areas to support incident management and closure.
- Any complex overdue incidents identified are escalated to NQIG senior managers and targeted support provided to enable closure where barriers have been identified.
- It should be noted that incident closure performance is variable at present as a result of staff availability and limited numbers of staff who manage incident closures in some service areas.
- Joint working continues with the Office of the Medical Director (OMD) to support the safe and timely closure of overdue incidents.
- An escalation framework for incident closures has been drafted and will be discussed with the Business Executive Team

No. of incidents closed in December	253
Closed in < 30 days	170
Closed 31 – 60 days	63
Closed 61 – 120 days	14
Closed 120 days+	6 (122 – 224 days)

Assurance:

- Divisions with the highest number of overdue incidents are reviewing and revising their processes to ensure timely incident closures. In the interim period a targeted response to address these overdue incidents is underway.
- A 'Learning from Events' group will shortly be initiated with Executive support to share learning from patient/service user and staff safety events and incidents.
- 170 incidents have been closed in January.

No. of incidents closed in January	170
Closed in < 30 days	117
Closed 31 – 60 days	51
Closed 61 – 120 days	2
Closed 120 days+	0



Clinical Governance, Quality, Safety and Improvement



Complaints

Complaints (Rolling 12m)	Formal (January)	Informal (January)
Formal – 39 Informal – 101	4 (median 3)	12 (median 8)

4 formal complaints were received in January by the following areas:

- Breast Test Wales (3)
- Diabetic Eye Screening Wales (1)

All 4 complaints were acknowledged within the 5 working day target and are now under investigation.

12 informal complaints were received in the following areas:

- Bowel Screening Wales (3)
- Breast Test Wales (6)
- Diabetic Eye Screening Wales (3)

67% (8) of these informal complaints were resolved in the target of 2 working days. 4 complaints missed the 2 working day target but were all resolved within 6 working days.

Trend analysis and comparison to historic performance is included in the PAD



Claims

January 2025	1 new potential claim was received in January
1	Of the ongoing claims (31), there are 25 confirmed claims, and 6 potential claims.

Redress

January 2025	No new Redress cases were received during January.
0	There are currently 6 ongoing Redress cases, 3 are within Breast Test Wales and 3 in Cervical Screening Wales. All redress cases are being progressed in line with the PTR regulations in a timely manner.



Section 2
Service Delivery



Key Performance Indicator Summary



Screening Services	In Focus	Standard	Dec-24	Committee
Cervical Screening Wales – Waiting time for colposcopy appointment (8 weeks) (Health Board Delivery)		90%	99.6%	Quality, Safety and Improvement
Bowel Screening Wales – Waiting time for index colonoscopy (Health Board Delivery)		90%	19.7%	
Breast Test Wales – Assessment invitations (3 weeks)		90%	Jan-25 26.3%	
Diabetic Eye Screening Wales – Coverage (12 Months)		80%	40.6%	
Abdominal Aortic Aneurysm – Timely referral to elective vascular network (MTD)		100%	75%	
Infection Services			Dec-24	
Total Microbiology Rejection Rates		<5%	5.2%	Quality, Safety and Improvement
Total Microbiology Diagnostic Sample Requests		*TBC	160,875	
Blood Culture - Collected to Incubation SMI <4hrs		<4hrs	66.3%	
Blood Culture - Received (PHW Laboratory) to Incubation		*TBC	98.8%	
Health Protection			Dec-24	
Test and Post (STI self-sampling) – Test Turnaround Times		100%	100%	Quality, Safety and Improvement
Response times by priority - Urgent (<4 hours)		90%	100%	
Response times by priority - High (<24 hours)		90%	100%	
Response times by priority - Medium (<48 hours)		90%	100%	
Compliance to surveillance reporting schedules		90%	92%	
Research Data & Digital			Quarter 3	
Number of Major Breaches		0 Major Breaches	0 Breaches	Audit & Corporate Governance Knowledge, Research and Information
Percentage of publications without breaches		100%	76%	
Percentage of user follow up to RDD products		100%	20%	
Health & Wellbeing			Jan-25	
JUSTB – Number of Schools with 2-day training completed by month (YTD)		35 Schools	5 (20)	Knowledge, Research and Information Quality, Safety and Improvement
Whole School Approach – Proportion of schools with an Action in Place (All schools)		80%	74%	
Whole School Approach – Proportion of schools with an Action in Place (Secondary schools)		100%	96%	
Help Me Quit – 4-week self-reporting quit rate (NTSS)		35%	80%	
Policy and International Health				
Indicators and targets to be developed where applicable				

*N.B. Additional performance indicators reported on the Performance & Assurance Dashboard, including screening and turnaround times for infection services

Key: RAG Status

■ >10% outside target
 ■ Within 10% of target
 ■ Achieving target
 ■ Not applicable / TBC



Health Protection and Screening Services



Screening Services

Latest activity

- National Health Protection Support Team started to contact to non- responders to Wales Abdominal Aortic Aneurysm Screening Programme as new intervention to reduce in equity and improve uptake.
- First screening division lunch and learn on principles of screening – over 150 staff attended and positive feedback
- PACs replacement work went live on 10 February 2025 as planned as part of All Wales replacement programme. Working with company to resolve equipment issues identified.

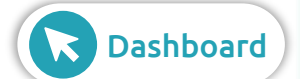
Cervical Screening - Colposcopy appointment within 8 weeks of a direct referral



Timeliness remains above the 90% standard in December 2024.



Timeliness is key to ensuring early examination of any abnormal cell changes to the cervix and tissue.



Breast Screening - Assessment invitations within 3 weeks of screen

This remains below the 90% standard in January 2025.

Assessment clinic timeliness working to improve. Not reaching standard.



Key steps being taken:

- Clinic bookings are optimised to ensure all slots are booked and short notice appointments are offered.
- Single handed clinics are taken forward if no surgeon is available to prevent cancellations



Bowel Screening - Colonoscopy within 4 weeks of booking SSP appointment

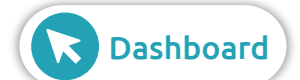
Timeliness remains below the 90% standard in December 2024.



As of 7 February 2025, the average waiting time for a screening colonoscopy was 7 weeks 5 days (compared to 7 weeks 2 days in January).



The waiting time ranged from 5 to 14 weeks across the 13 screening centres. In addition to the ongoing monthly service review meetings, a colonoscopist was accredited for screening in January 2025. A further assessment day is planned in March 2025.





Health Protection and Screening Services



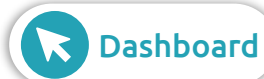
Screening Services

Diabetic Eye Screening - Coverage of Reported Results in Last 12 Months

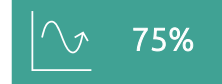


Coverage at 12 months for annual recall remains stable at 40%. There has been a steady increase in coverage at 24 months to 67%. This reflects the improving round length for screening and more timely recall of participants with 87% now invited within 24 months. As round length and recall standards improve this will be reflected in increased coverage. Uptake of eye screening is above standard at 80.3% demonstrating that participants are taking up their screening appointments

The number of inadequate images captured in Diabetic Eye Screening has halved since introducing the new cameras. The inadequate rate has reduced further this month to 5.5%. This will improve capacity as this reduces need for further appointment.



Abdominal Aortic Aneurysm Screening Timely Referral to Elective Vascular Network Multidisciplinary Team (MDT)



A key measure for referring men once a large or very large aneurysm has been detected during a scan.

This has reduced in January, but this is be a measure affected by changes in small numbers.



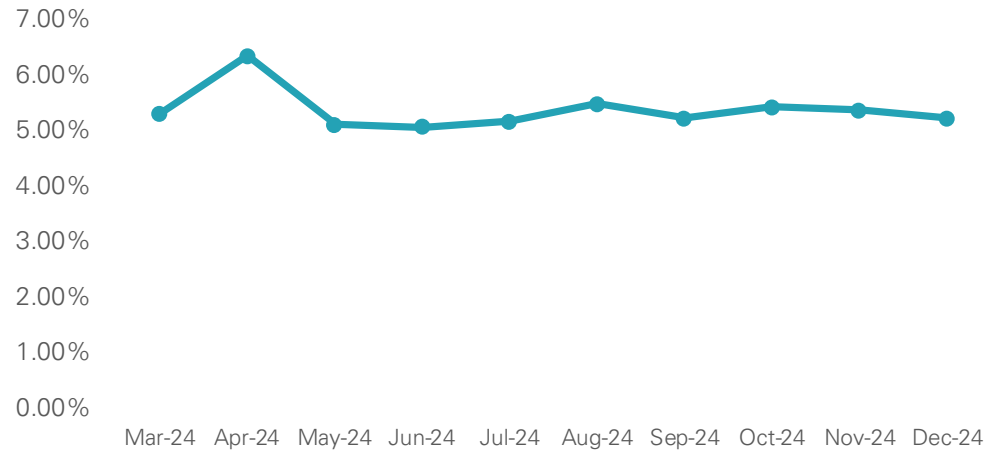


Health Protection and Screening Services



Infection Services

Total Microbiology Rejection Rates



Diagnostic testing rejection rates are 5.2% in December out of 160,875 total sample requests. Infection Division has agreed SOP's that detail the circumstances in which samples would be rejected. Whilst this delays patient results it prevents incorrect reporting and a potential negative effect on patient outcome.

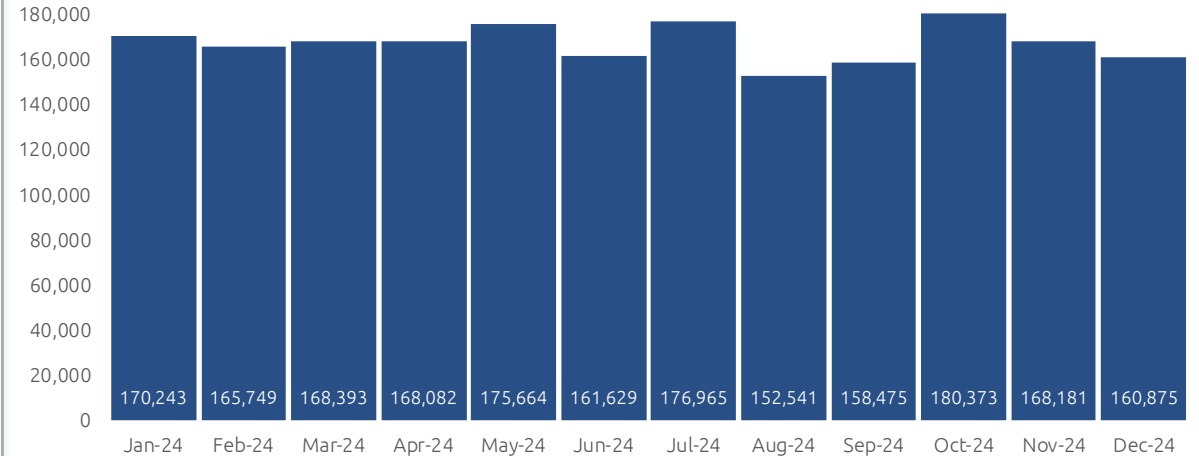
<5%

5.2%

The main causes of rejected samples consistently remains as receiving incorrect sample types, leaking/broken samples or incomplete clinical information.

Influencing requestor habits is key to improving rejection rates and part of the feedback to users through user engagement via Pathology newsletters to educate and influence behaviour of service users.

Total Microbiology Diagnostic Sample Requests



The total numbers of Microbiology Diagnostic Sample requests has consistently been >150,000 requests per month for the previous 12 months. December 2024 shows a decrease from November to 160,875 which is a yearly trend due to Christmas and New Year Bank holidays which influences patients presenting to primary and secondary care.

COVID/Respiratory outbreaks remain unpredictable with a moderate Influenza season seen over the Winter period and an increase seen on quarter.

We expect to see some fluctuations in request numbers due to factors including –

- Seasonal trends/Summer/Winter
- Outbreaks including respiratory viruses, gastrointestinal pathogens, HAI's

*Target to be developed

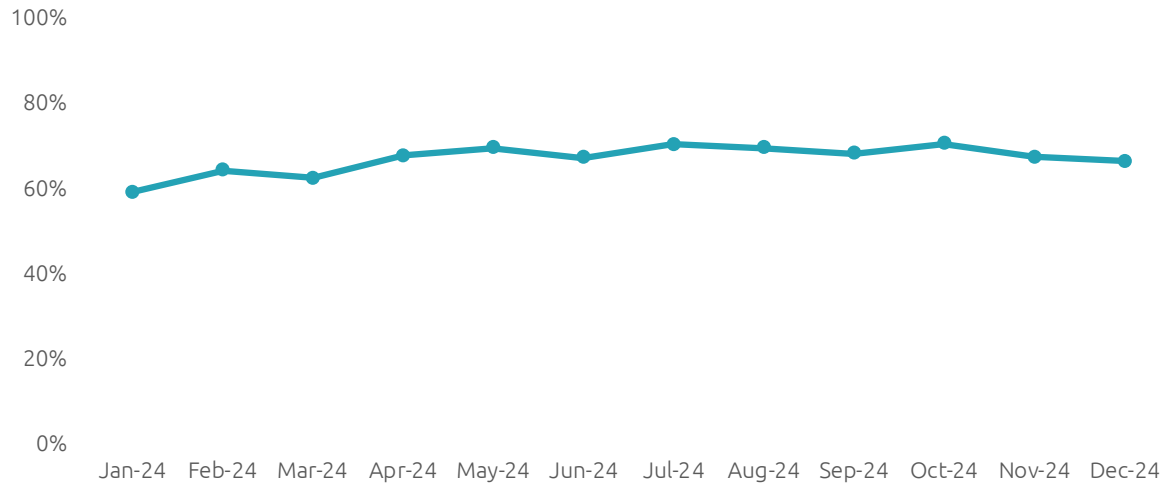


Health Protection and Screening Services



Infection Services

Blood Culture - Collected to Incubation SMI <4hrs

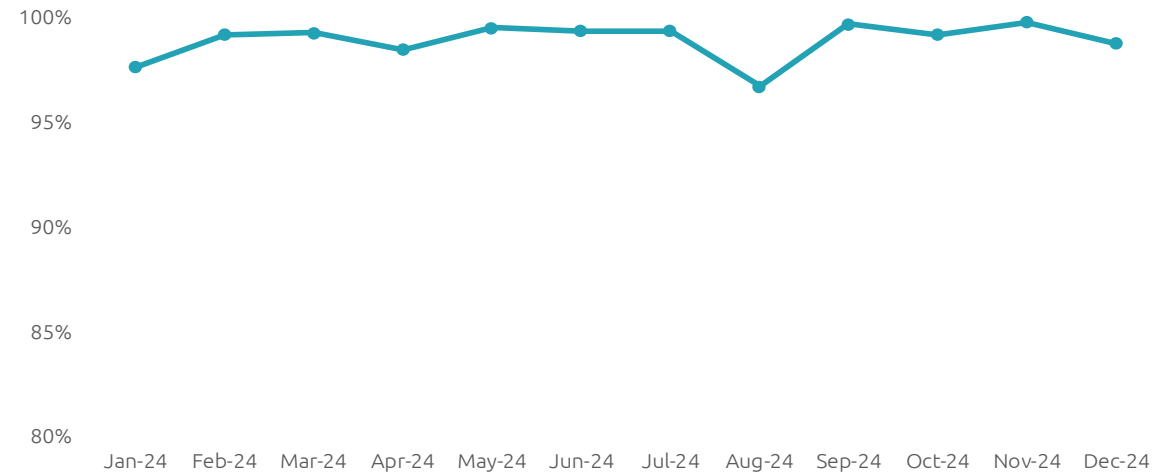


<4 hrs

66.3%

- Blood cultures are important samples to support the management of sepsis. The 4-hour target from collection to incubation as recommended in the UK Standards for Microbiological Investigations is key to being able to allow accurate and timely clinical diagnosis to prevent sample degradation.
- The challenge to increase the time between sample collection and receipt remains consistent as this metric relies on adequate processes in Health boards to ensure timely delivery of blood culture samples from all locations. The importance of this is communicated. There has been a slight decrease for December.
- A significant number of samples are received in the laboratory with no time data recorded, which inhibits our monitoring process.

Blood Culture - Received (PHW Laboratory) to Incubation



***TBC**

98.8%

- To better analyse PHW's performance contribution towards the 4 hour target we report on timeliness of specimen received by PHW laboratory to incubation onto Blood Culture analysers.
- 98.8% of blood culture samples are incubated in line with the 4-hour target. The SMI states all samples should be incubated within 4hrs of receipt and we are nearly at 100%.
- The time taken for the sample to get to the laboratory from the ward locations remains the biggest challenge, but we are confident that internal laboratory processes are efficient.

*PHW specific target to be developed



Health Protection and Screening Services



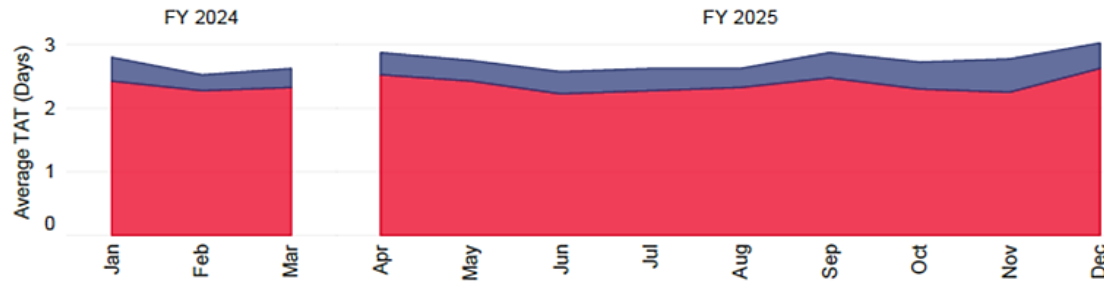
Health Protection

Test and Post – STI self-sampling

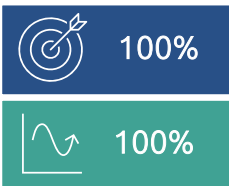
* N.B. TAT – Turnaround times

Test Turnaround Times

TAT averages in days showing (Transit TAT | Lab TAT) for rolling year - by month.



- Turnaround times for STI testing are important in identifying infection as soon as possible so that it can be treated to prevent damage to the individual's health and onward transmission to partners
- In December 2024, 99.91% met the 7-day turnaround standard
- 4 requests of 4527 total requests (0.09%) did not meet the 7-day TAT standard
- 4527 total requests equated to 28,080 tests being undertaken

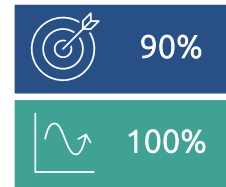


- Actions to improve:
 - Ongoing monthly monitoring – TAT beyond 7 days was result of reflex testing for LGV

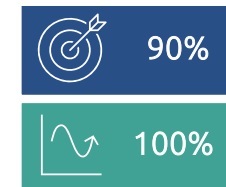
* N.B. Latest figures unavailable due to availability of data within required deadlines

AWARe Response Times by Priority

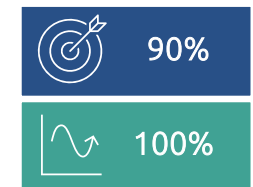
Urgent (<4 hours)



High (<24 hrs)

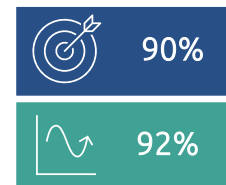


Medium (<48 hrs)



- Driven by the expert rules, responding to communicable disease cases within these priority level timescales is an important performance indicator because it ensures the necessary public health actions are initiated in a timely manner
- In December 2024, response time performance currently has exceeded all priority level targets

Compliance to Surveillance Reporting Schedules (%)



- In December 2024, reporting is currently above the expected target however we are continuing to explore methods to enable this process to become automated.

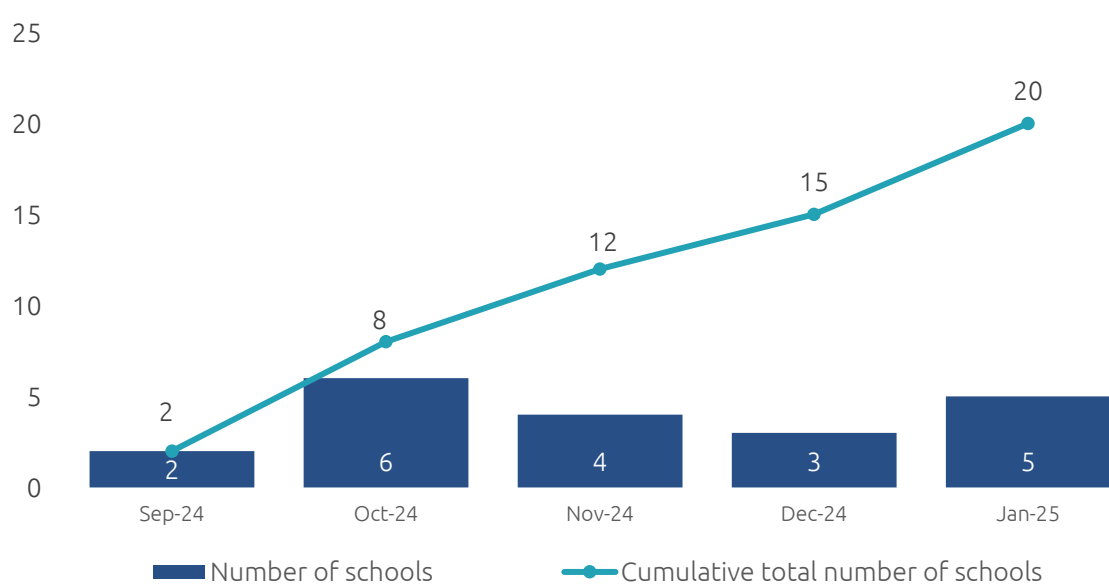


Health and Wellbeing

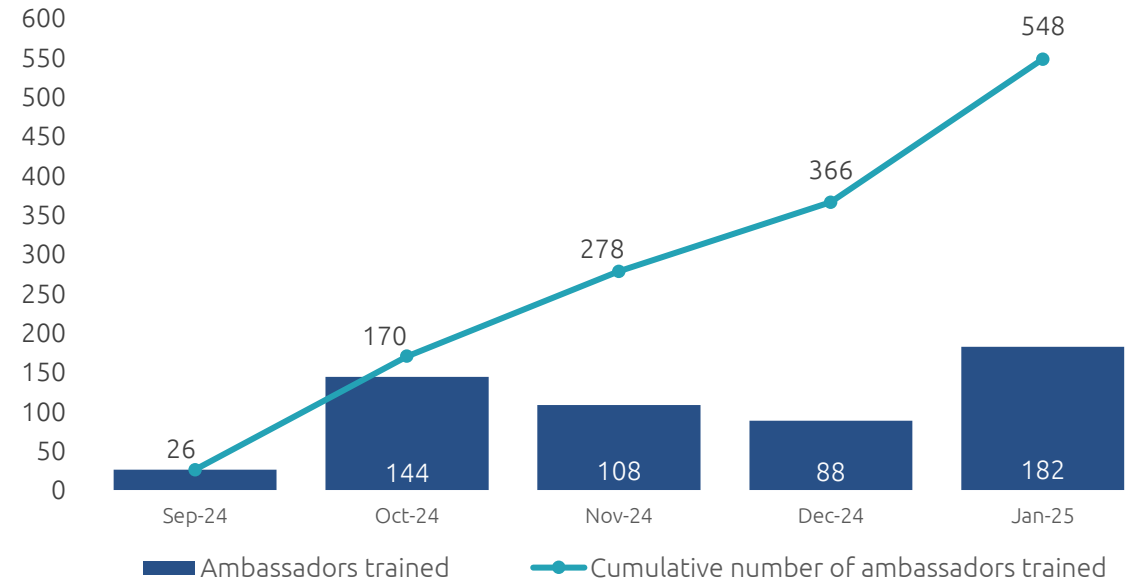


JUSTB / BYW BYWYD

Number of Just B Schools with 2-day training completed by month for 2024-25 academic year



Number of Just B Ambassadors trained by month for academic year 2024-25 (Year to date)



- JUSTB/BYW BYWYD is an evidence based smoking prevention programme that utilises peer influence and networks to disseminate smoke free norms.
- The programme is delivered to Year 8 pupils in secondary schools with the highest smoking rates.
- The new academic school year has planned to progress to normal delivery levels of 40-50 schools. Recruitment is challenging with schools perceiving smoking to be less of an issue than vaping. We are working with DsPH to secure their support in local recruitment.

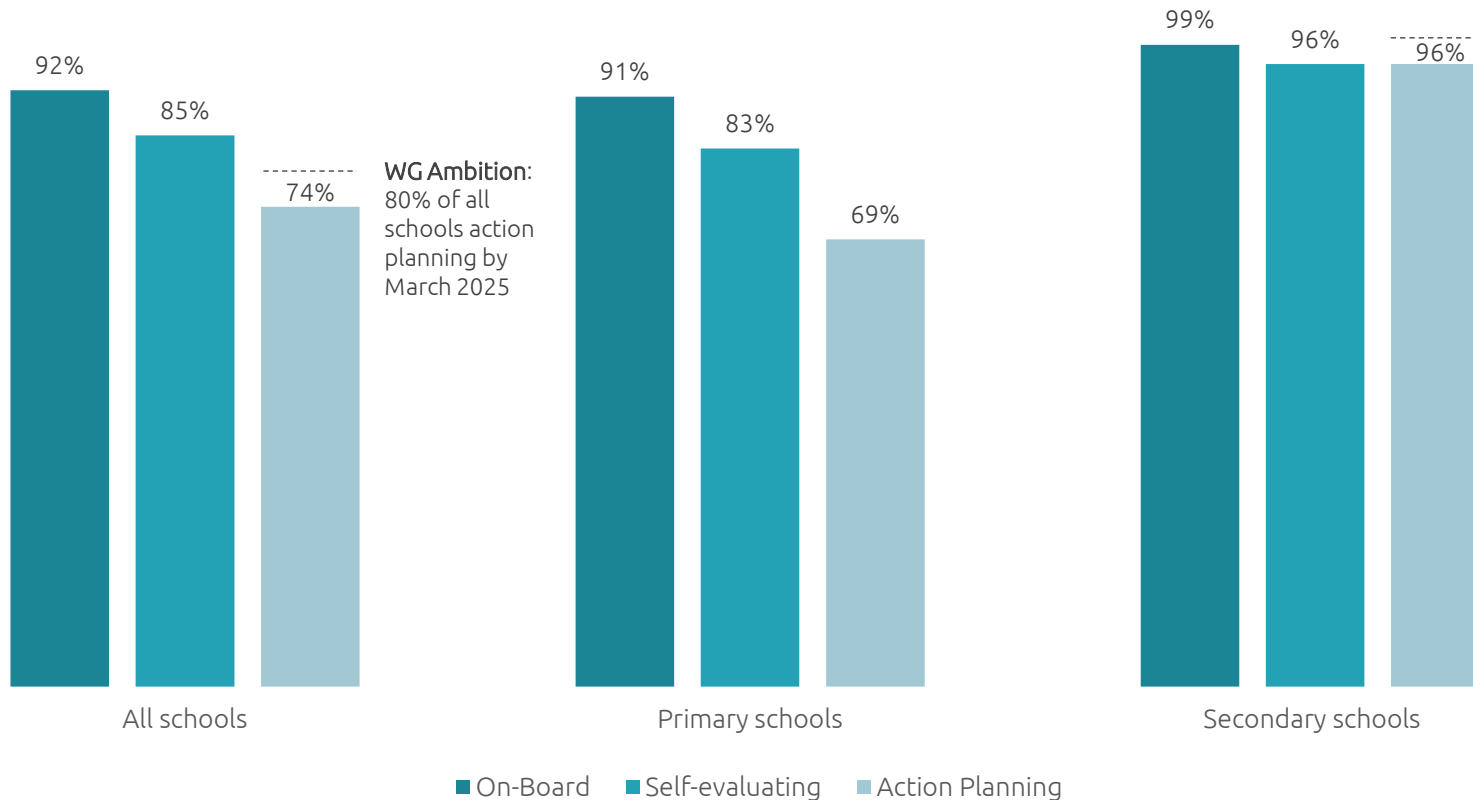


Health and Wellbeing



Whole School Approach to Emotional and Mental Wellbeing

Proportion of schools 'on-board', self-evaluating, or action planning as part of their Whole-School Approach to Emotional and Mental Well-being (Date: 04/02/25)



Public Health Wales is accountable for the strategic oversight of the programme, direct support to schools is the responsibility of Health Board DsPH

WG Ambition: 100% of secondary schools action planning by March 2025

'On-board' is where a school has responded to an active offer of support, started to engage with their Implementation Coordinator (or Healthy Schools Coordinator) and has had the process of self-evaluating explained (it does not necessarily mean that they have started self-evaluating).

'Self-evaluating' means the school has started either the PHW self-evaluation tool (SET) or another tool.

'Action Planning' is where a school has entered a continuous improvement and planning cycle. The schools continually review the SET, develop their action plans and then add/remove actions when needed. It is a continuous process.



Health and Wellbeing



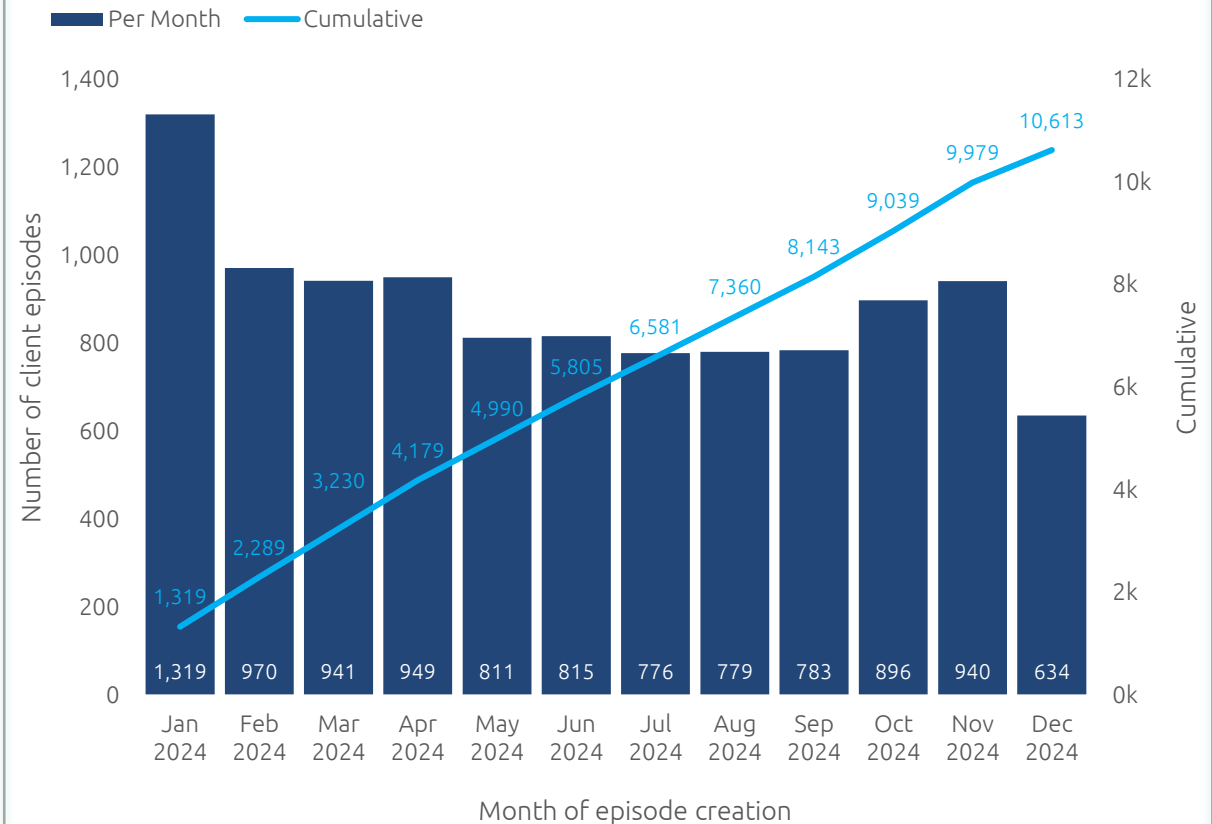
Help Me Quit

The HMQ Hub has created over 10,600 client episodes in the 12 months to the end of December. As expected, the level of activity has a seasonal pattern and increases during levels of social marketing activity.

All referrals were contacted within two working days in line with the service target in the 12 months to December.

The National Telephone Support Service provides additional capacity to support local service delivery and has supported 509 smokers in the 12 months to the end of December, achieving 4 week quit rates (self-reported) in excess of the national target of 35%.

Number of client episodes created by the Hub



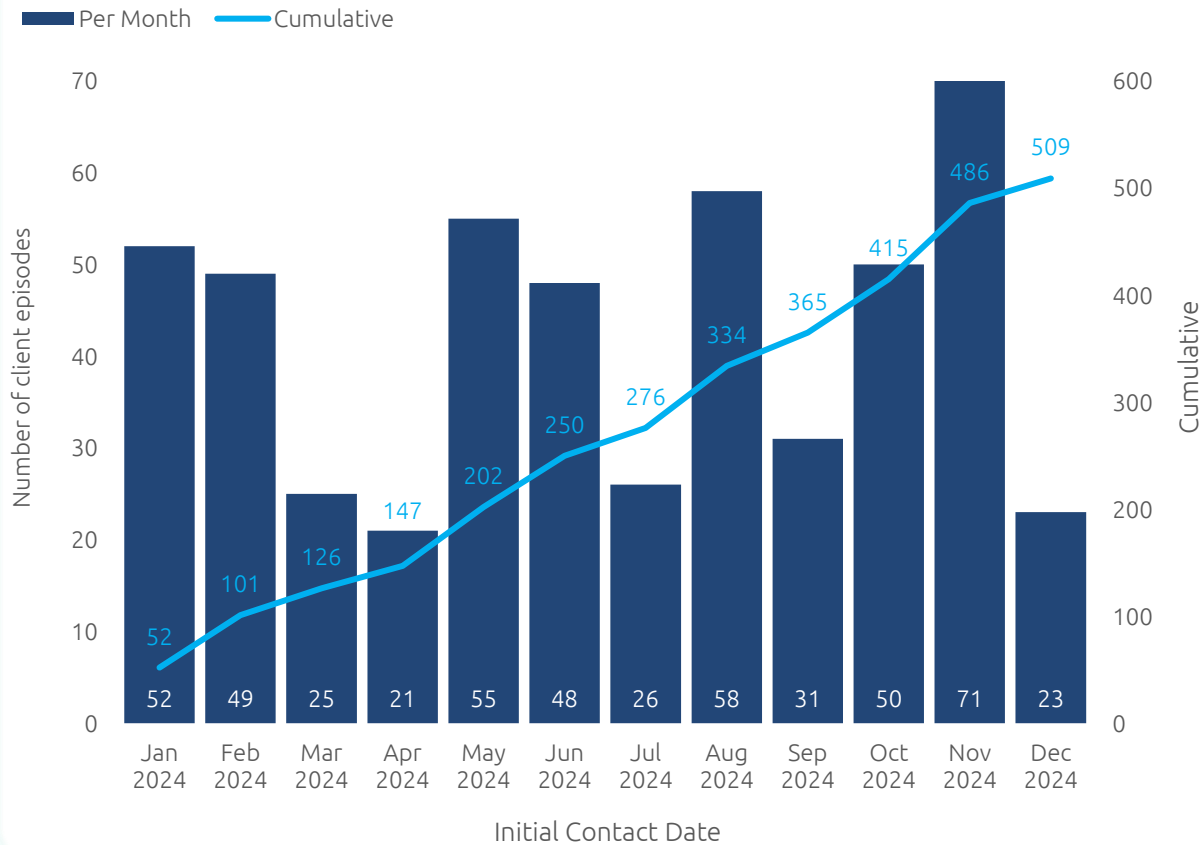


Health and Wellbeing

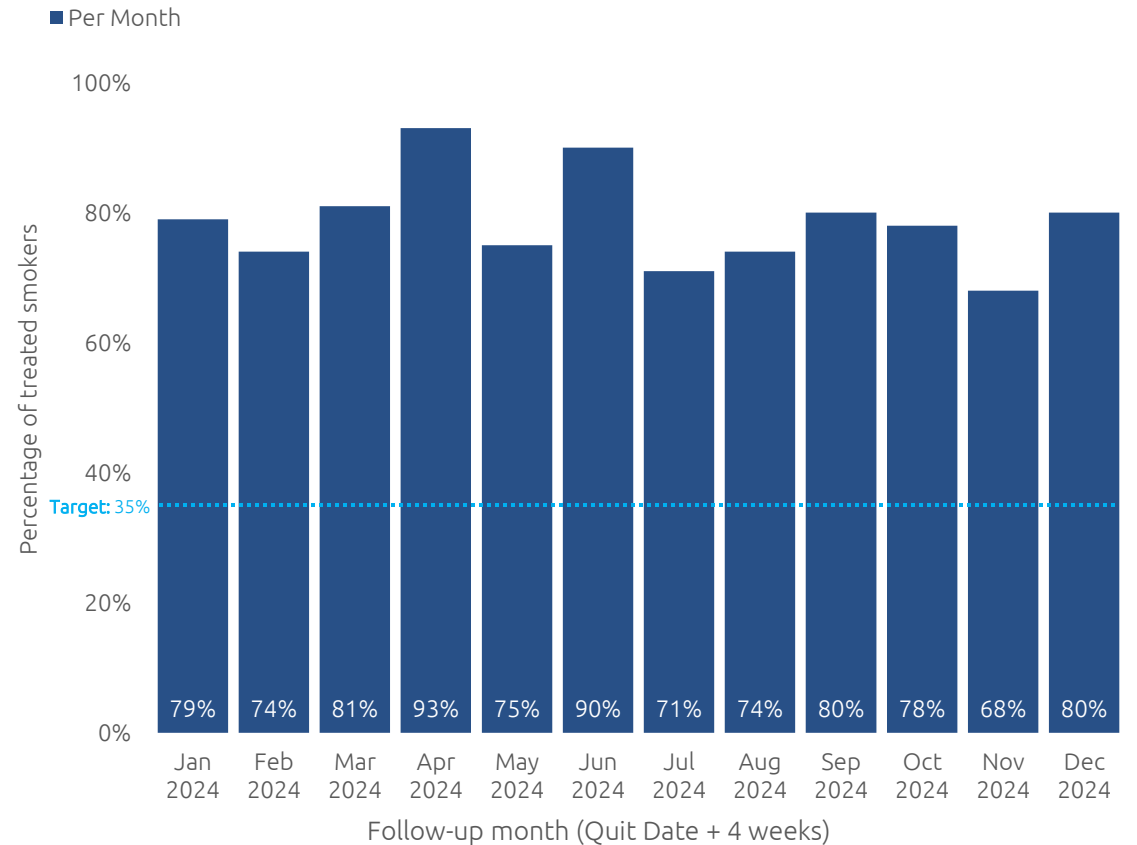


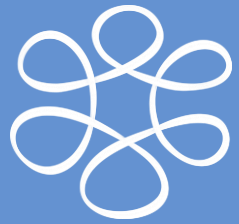
Help Me Quit

Number of clients who attend an assessment session (NTSS)



4-week self-reporting quit rate (NTSS)





Section 3
Strategy Delivery



Key Performance Indicator Summary



Strategic Plan	In Focus	Target	Jan-25	Committee
Strategic Plan – Percentage of milestones currently green or complete		N/A	86.4%	Board
Strategic Plan – Percentage of milestones currently red		N/A	3.8%	
Request for Change (RFC) – Number of milestone changes approved		N/A	5	
Strategic Priority 1 – Wider determinants		N/A	77.8%	
Strategic Priority 2 – Promoting mental and social wellbeing		N/A	100%	
Strategic Priority 3 – Promoting healthy behaviours		N/A	71.4%	
Strategic Priority 4 – Sustainable health and care system		N/A	93.0%	
Strategic Priority 5 – Excellent public health services		N/A	83.3%	
Strategic Priority 6 – Climate change		N/A	100%	
Enabling delivery of our plan		N/A	87.4%	
Strategic Change Programmes – Percentage of milestones currently green/amber		N/A	87.5%	
Strategic Change Programmes – Percentage of milestones currently red		N/A	13%	



Strategic Plan Milestone Delivery



Strategic Priority Delivery Status

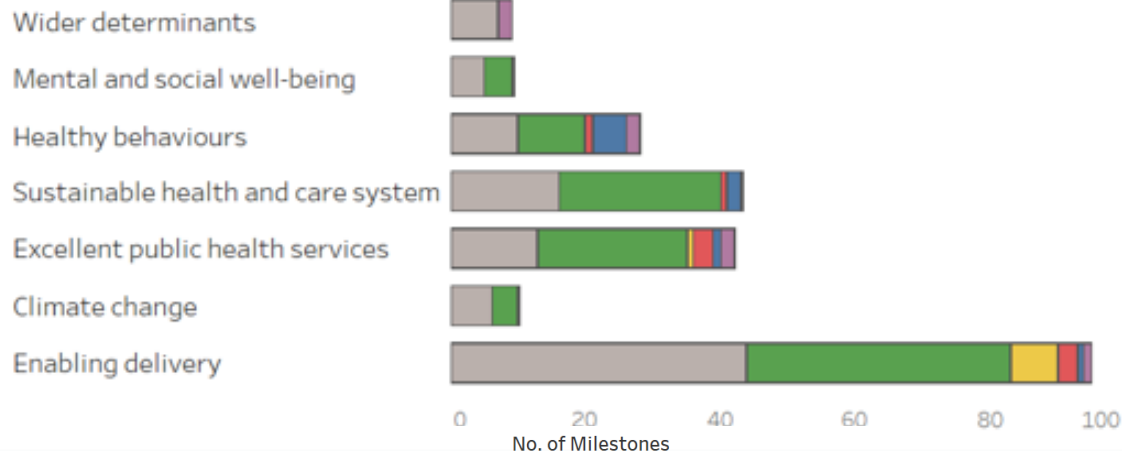


Request for Change

A total of 5 Requests for Change have been approved this month



By Strategic Priority



As of January 2025, 101 milestones have been completed. The majority of the remaining milestones (80%) are on track, indicating strong progress in executing our plan.

However, with 44% of milestones still to be delivered and only two months left in the financial year, there is considerable pressure on all Directorates to deliver in February and March 2025. A significant number of these fall within our enabling areas of the organisation.

Of the 8 red milestones, 5 have submitted RFCs. 4 are requesting to extend the delivery date into the next financial year, due to external dependencies and additional stakeholder engagement required. One milestone 'Produced the first national activity and outcomes report for the All-Wales Weight Management Pathway', is requesting to suspend. There is not sufficient data to complete the report at present, due to external dependencies on DHCW, Welsh Government and Health Boards.

Of the 8 amber milestones, 4 have indicated that they may roll over into the next financial year. Reasons for potential delays include resource issues, funding delays and external dependencies.

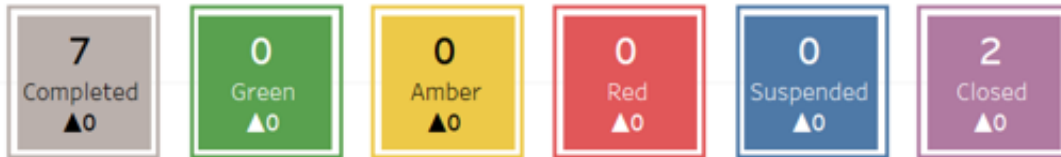


Strategic Plan Milestone Delivery



Strategic Priority 1 – Wider determinants

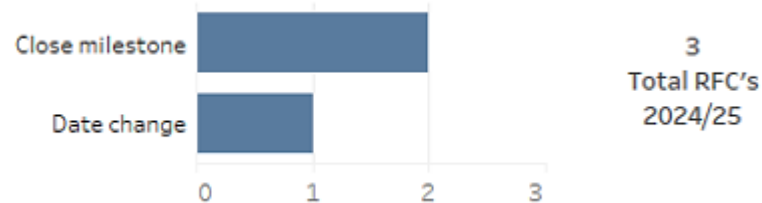
Current Delivery Status



By Directorate

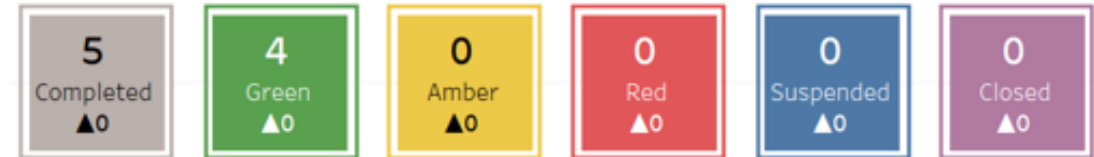


In Year Changes to Plan

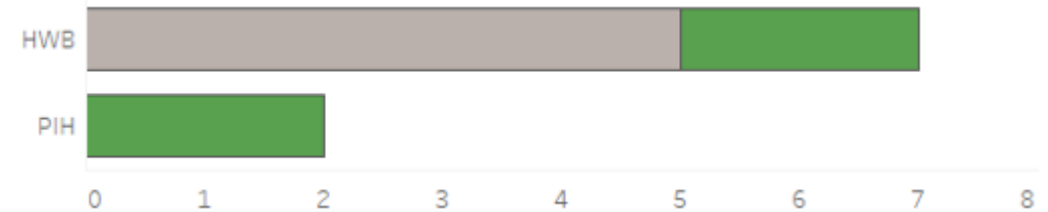


Strategic Priority 2 – Promoting mental and social wellbeing

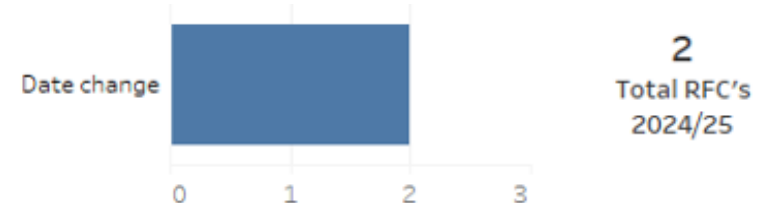
Current Delivery Status



By Directorate



In Year Changes to Plan



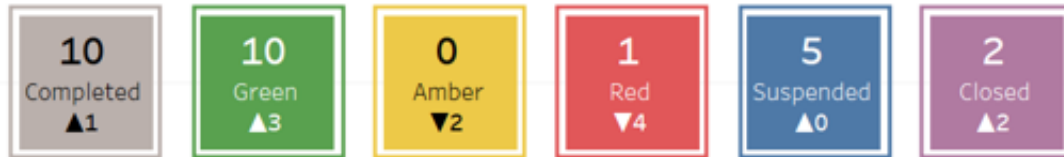


Strategic Plan Milestone Delivery



Strategic Priority 3 – Promoting healthy behaviours

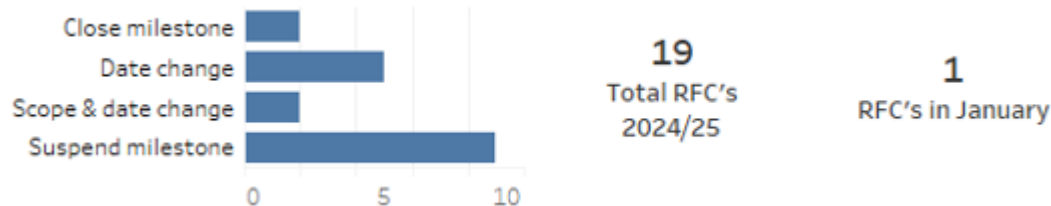
Current Delivery Status



By Directorate



In Year Changes to Plan

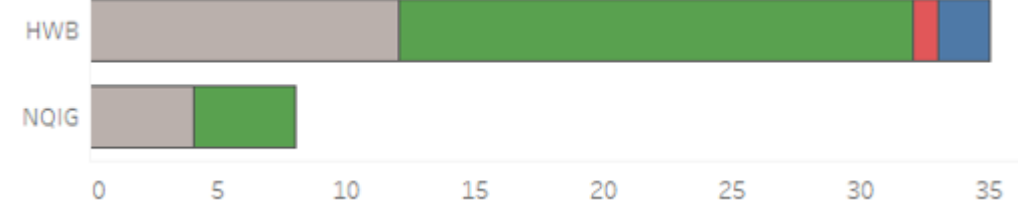


Strategic Priority 4 - Sustainable health and care system

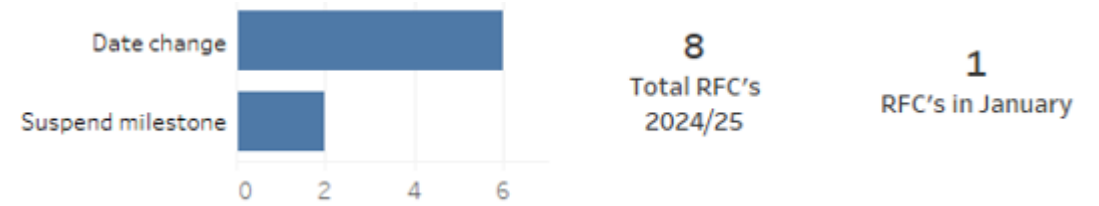
Current Delivery Status



By Directorate



In Year Changes to Plan



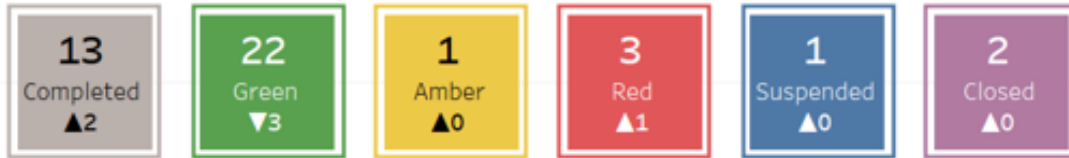


Strategic Plan Milestone Delivery



Strategic Priority 5 – Excellent public health services

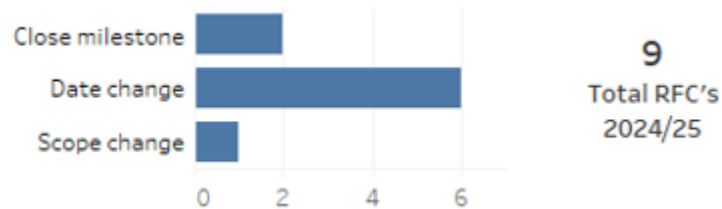
Current Delivery Status



By Directorate

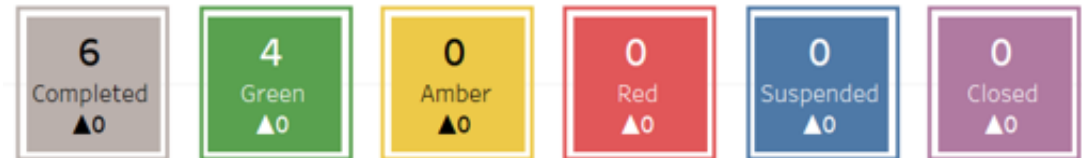


In Year Changes to Plan

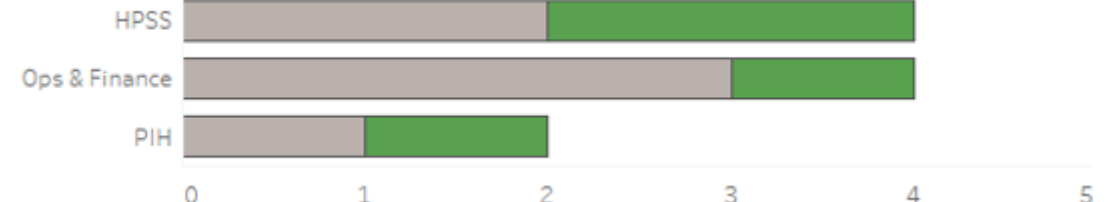


Strategic Priority 6 – Climate change

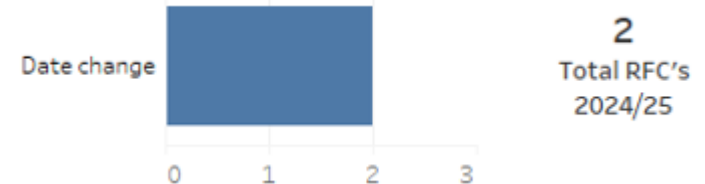
Current Delivery Status



By Directorate



In Year Changes to Plan





Strategic Plan Milestone Delivery

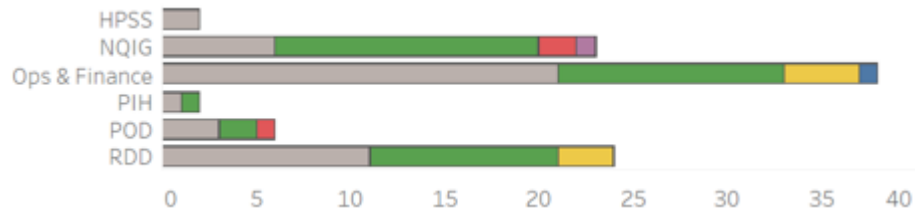


Enabling delivery of our plan

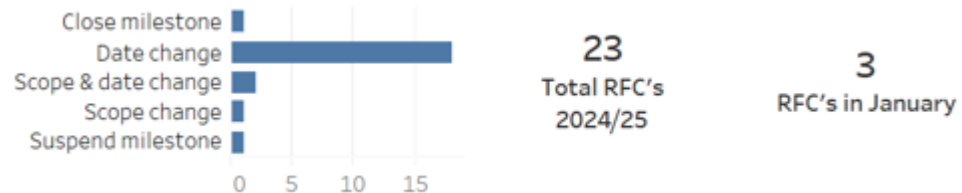
Current Delivery Status



By Directorate



In Year Changes to Plan



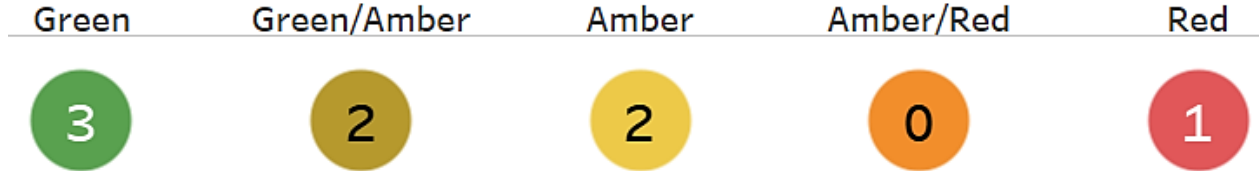


Strategic Change Programmes



Strategic Change Programmes Overview

A high-level summary of the latest DCA status for Tier 1 & 2 programmes, as of January 2025, is provided below. A summary of key changes is also provided below.



Key Information

The **Newborn Screening Re-platforming** programme has **moved to red** due to Oracle license issues discovered during discovery work. This has led to increased costs and an extended timeline, with Phase 1 now expected to complete in early May 2025. Supplier work will pause during the procurement of a new Oracle license. Action has been progressed to reclassify this milestone in month 11.

The **National Targeted Lung Cancer Screening** project has **moved to amber**. The interim report is on track to complete by the end of March, despite increased expectations from recent WG communications. However, the IT systems workstream is a key risk, rated amber/red. An urgent update has been delayed due to leave, affecting the interim report timeline. Final recommendations for the radiology delivery model and phased implementation will be presented on 19th February. WG funding approval is anticipated for April.

The **Health Protection Systems Development** remains green/amber, the draft business case has been approved internally and went to BET at the end of January. This business case has now been submitted to Welsh Government for consideration.

The **Tackling Diabetes Together** programme remains amber. Twelve initial projects have been identified within four areas of focus. Project briefs will be discussed at programme board on 17 February, with detailed planning to follow. Programme Director advert closes on 10 February.

Programme Detail

Programme Name	Nov	Dec	Jan
1 Diabetic Eye Screening Transformation Programme	A	G/A	G/A
Establishment of NHS Executive Programme	G	G	G
National Targeted Lung Cancer Screening Business Case	G/A	G/A	A
Tackling Diabetes Together Programme	A	A	A
2 Health Protection Systems Development	A	G/A	G/A
Newborn Screening Re-platforming	A	A/R	R
Records Management System	G	G	G
Web Transformation	G	G	G



GIG
CYMRU
NHS
WALES

Iechyd Cyhoeddus
Cymru
Public Health
Wales

*Gweithio gyda'n gilydd
i greu Cymru iachach*

**Working together
for a healthier Wales**