



GIG  
CYMRU  
NHS  
WALES

Iechyd Cyhoeddus  
Cymru  
Public Health  
Wales

# Performance and Insight Report

March 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	Mar-25	Committee
12m Rolling Sickness Absence FTE %		<3.25%	<b>4.4%</b>	People & OD
Statutory and Mandatory Training		85%	<b>92.8%</b>	
Appraisal Compliance		85%	<b>83.2%</b>	
Diversity ESR Data		N/A	<b>76%</b>	
Financial Governance			Mar-25	
Revenue Position Forecast		Breakeven	<b>-£200k Underspend</b>	Audit & Corporate Governance
Capital Year-End Position		Breakeven	<b>-75K Underspend</b>	
Agency Spend, % of Total Pay Bill		<2.1%	<b>1.7%</b>	
Public Sector Payment Policy (PSPP)		95%	<b>98.09%</b>	
Information Governance			Feb-25	
Freedom of Information Request		Within 20-Days	<b>1 exceeded</b>	Audit & Corporate Governance
Subject Access Request		1 Month Average	<b>0 exceeded</b>	
Personal Data Breaches Reported (Escalated)		N/A	<b>1 (1)</b>	
Mandatory Information Governance Training		85%	<b>90%</b>	
Clinical Governance			Mar-25	
Moderate or above harm incidents (YTD)*		N/A	<b>4 (70)</b>	Quality, Safety and Improvement
Number of externally reported incidents (NRI's, EWI, RIDDOR, IRMER) - In Month - (Rolling 12m)		N/A	<b>1 (12)</b>	
Incident Closure Compliance**		85% PHW	<b>69%</b>	
Formal Complaints - Acknowledged within 5 working days**		75% WG 95% PHW	<b>100%</b>	
Formal Complaints – Responded to within 30 working days**		75% WG 95% PHW	<b>75%</b>	
Informal Complaints – In Month (Rolling 12m)		N/A	<b>3 (80)</b>	

\*This data is YTD from 1 April 2024.

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

Key: RAG Status

Click on the Focus Area Icon for additional assurance

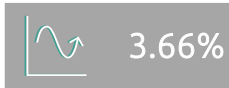
■ >10% outside target ■ Within 10% of target ■ Achieving target ■ Not applicable / TBC



# People Governance



## Sickness Absence



Decreased by **0.79%** in March 2025. Sickness Absence is reducing as expected, following the seasonal increases over the winter period, and the latest figure is comparable to March 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 for the last 3 months.



This follows a period of 7 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 March 2025.



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

The module reporting lowest completion is *Foundations in Improvement* (85.9%), 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

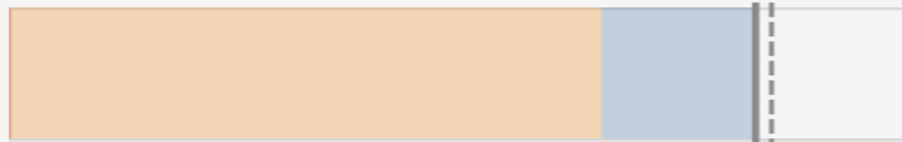


## Compliance Performance

Appraisal compliance has fallen below the Welsh Government target for the last 3 months, 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 7 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 Health & Wellbeing and Nursing, Quality & Integrated Governance Directorates, who have the highest percentage of appraisals that are due soon.

**83.2%**  
of reviews completed within 12 months  
vs a target of 85%



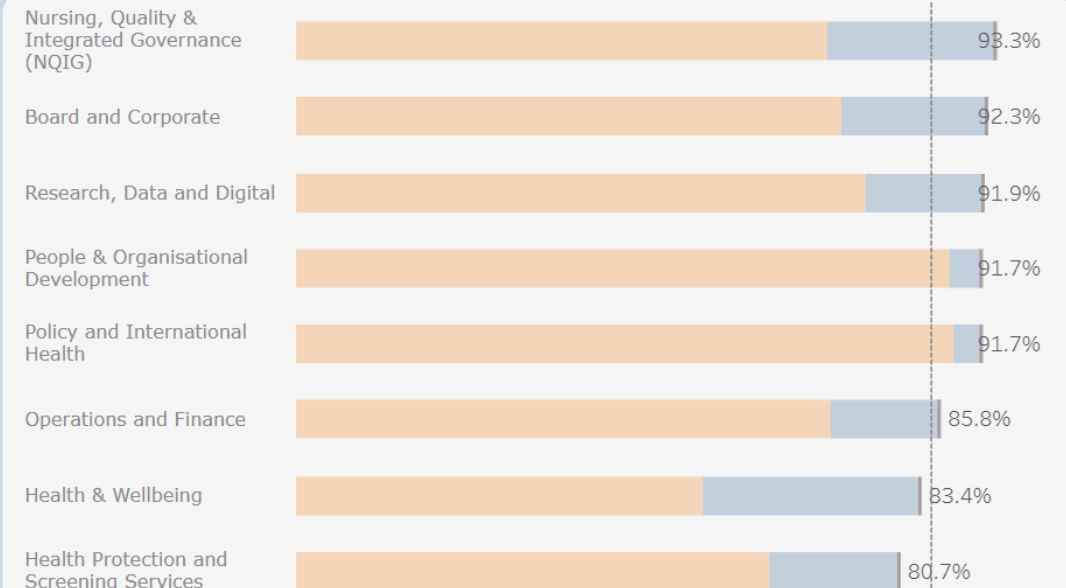
Grey – current compliance — vs target  
Blue – appraisals due in next 3 months



## Compliance by Directorate

Latest figures show that six Directorates are achieving compliance with the national target, with two 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 93.3% in Nursing, Quality & Integrated Governance to 80.7% in Health Protection and Screening Services.





# In Focus: Sickness Absence

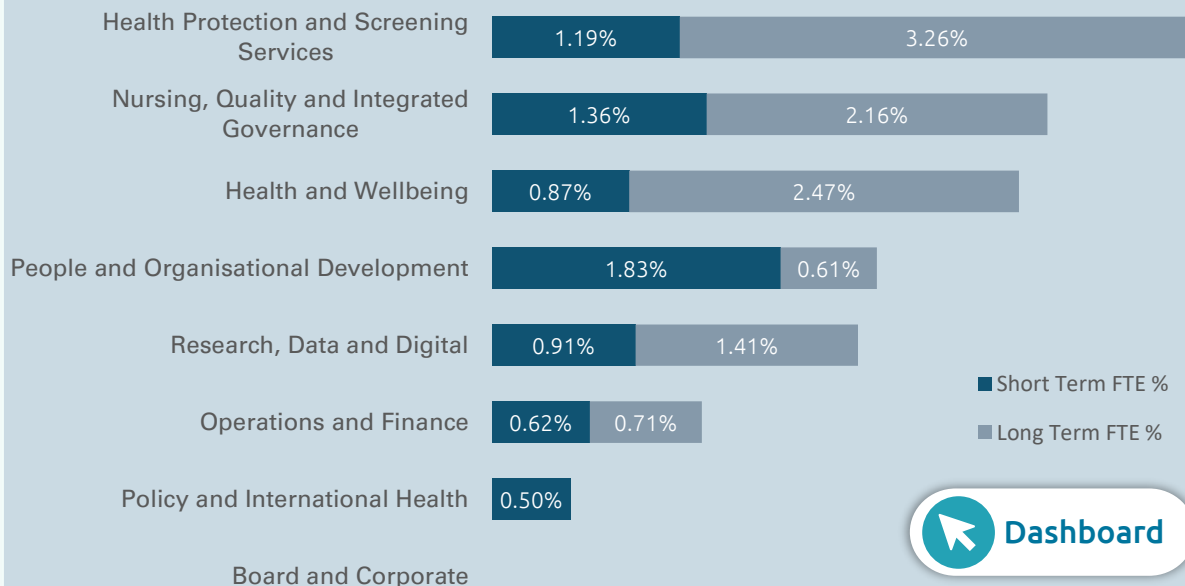


## Sickness Absence by Directorate

A decrease in sickness absence has been reported in March, falling from 4.5% in February to 3.7% in March.

When looking at organisation-wide data for March 2025, **30%** of FTE days lost are due to short-term sickness absence, and **70%** of FTE days lost are due to long-term sickness absence.

The breakdown by Directorate for March 2025 is provided below, and we have split the data to show by Short-Term and Long-Term Absence FTE %.



## 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 a decrease of FTE days lost related to Cold, Cough, Flu – Influenza.



- S10 Anxiety/stress/depression/other psychiatric illnesses
- S98 Other known causes - not elsewhere classified
- S12 Other musculoskeletal problems
- S13 Cold, Cough, Flu - Influenza
- S17 Benign and malignant tumours, cancers



## In Focus: Sickness Absence



### Data Analysis

- ❖ The sickness absence rate has decreased as expected in March 2025; this represents a positive trend following the seasonal increases experienced over the winter period.
- ❖ The primary reason for absence is 'anxiety, stress, depression, and other psychiatric illnesses', which tend to be longer-term absences, and accounts for 1115 FTE days lost during the reporting period.
- ❖ 314 FTE days lost were attributed to 'other known causes - not elsewhere classified'. This is the second highest absence reason.

### Learning and Development

- ❖ The All-Wales Managing Attendance at Work (MAAW) policy remains under review to ensure it aligns with a person-centred approach, and the monthly MAAW learning and development sessions for managers to continue.

### Advice and Support

- ❖ The People and OD team is actively monitoring sickness absence data and is available to offer Directorates further support as required.
- ❖ On-site visits and HR clinics are in place to engage with managers to identify ways to improve sickness absence management.
- ❖ The People & OD Advisors are currently working with managers to encourage disclosure of reasons for absence and to understand any barriers to recording this information.



# Financial Governance



## Revenue Position



Break-even



-£195k  
YTD

We have delivered a £195k underspend for year end.

## Capital Position



£3.653m  
Allocation



£3.578k  
Actual



£0.075m  
Variance

The year end capital position is an underspend of £75k. Funding is made up of a discretionary allocation of £1.452m and strategic allocation of £2.201m.

## Agency Spend as A Percentage of Total Pay Bill



Below  
2.1%



1.7%  
Actual

Delivered the reduction target year-on-year.

## Public Sector Payment Policy (PSPP)



95%



98.09%  
Actual

We have achieved the 95% target for Non-NHS invoices.

## 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 12 is an under spend of £0.328m. We continue to work closely with Welsh Government colleagues to monitor the 2025/26 forecast against allocation.
- Public Health Wales is £75k underspent against a capital allocation of £3.653m.



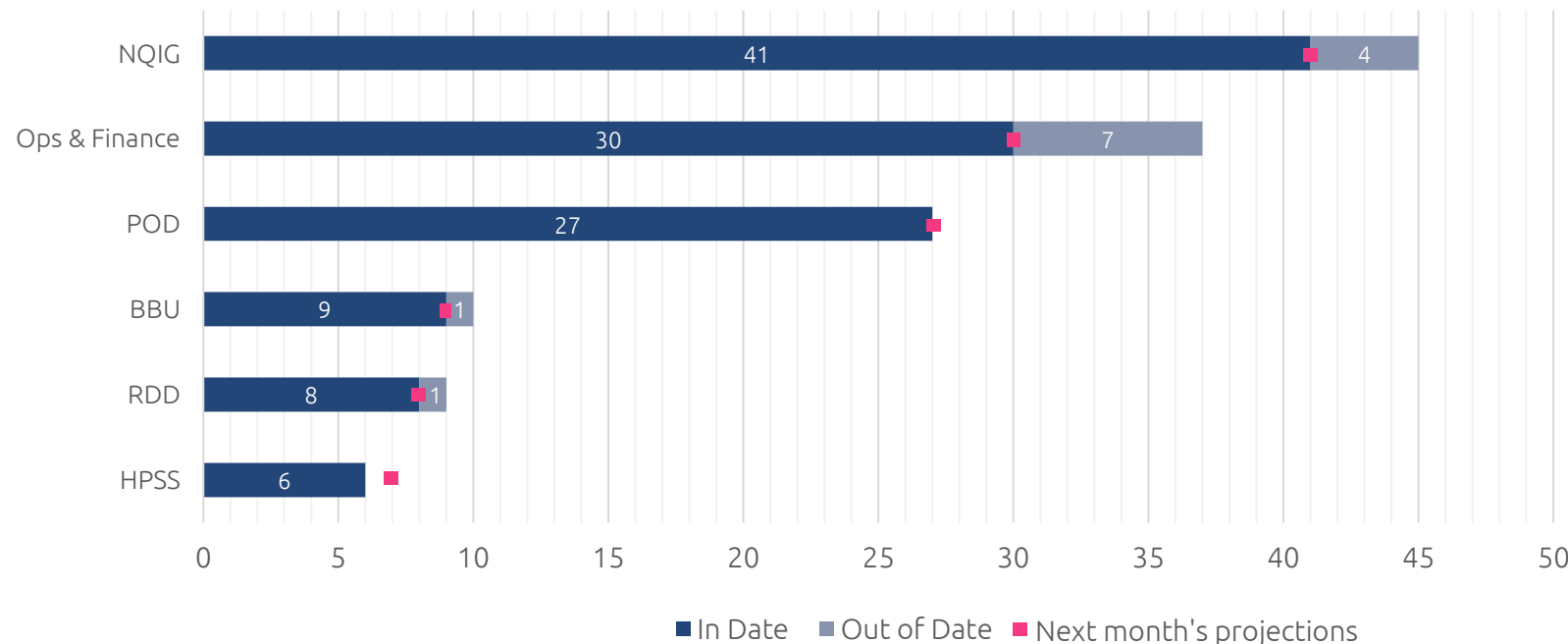
# Corporate and Information Governance



## Corporate Governance

### Corporate Policies Compliance

5 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 March 2025:

- 1 Research, Data & Digital policy was approved

#### Overview:

- The Directorates with the most policies out of compliance are Nursing, Quality and Integrated Governance and Operations and Finance.
- For Nursing, Quality and Integrated Governance: 2 of the 4 out of date policies are being reviewed and will be submitted for approval within the next 3 months.
- For Operations and Finance: 3 of the 7 out of date policies are being reviewed and will be submitted for approval within the next 3 months.



# Corporate and Information Governance

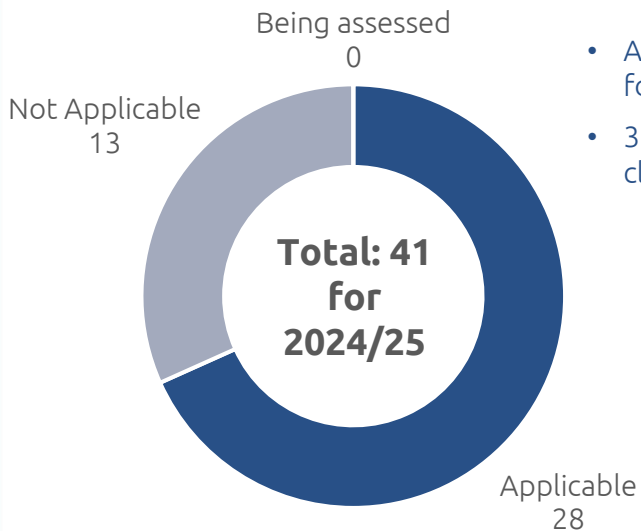
Audit data updated quarterly  
(Next update in July 2025)



## Corporate Governance

### Wales Health Circular (WHC) Compliance

For the Period 01 - 31 March 2025:



- After assessment WHC 2025 (002) was found to be applicable.
- 3 WHCSs were received, applicable and closed:
  - 2025 (001) - NHS Wales Sustainability Conference and Awards 2025
  - 2025 (005) - Climate Emergency Spread & Scale Leadership Day & Adaptation
  - 2025 (007) - Amendments following interim review to the Model Standing Orders for Local Health Boards, NHS Trusts and Special Health Authorities in Wales

Of those applicable:



■ In progress   ■ Confirmed compliance

### Internal and External Audit

#### Reporting to March Audit and Corporate Governance Committee

The Audit and Corporate Governance Committee considered the following Audit reports at its meeting on 10 March 2025:

#### Internal Audit:

- Health Protection and Screening Services - Performance Metric (Reasonable Assurance)
- Health Protection and Screening Services - Procurement Improvement Plan (Substantial Assurance)
- Welsh Risk Pool 2024-2025 (Substantial Assurance)

Following the Audit and Corporate Government Committee meeting all recommendations were added to the Audit Action Tracker and progress with implementation reviewed on a quarterly basis by the Leadership Team and the Audit and Corporate Governance Committee.



# Corporate and Information Governance

Audit data updated quarterly  
(Next update in July 2025)

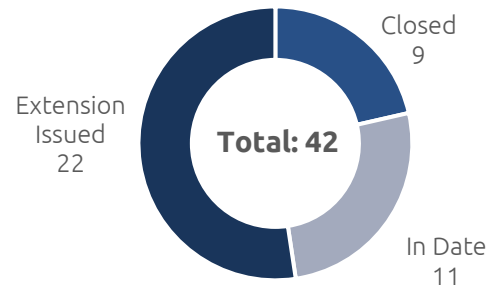


## Corporate Governance

### Audit Recommendations Implementation – February 2025 position

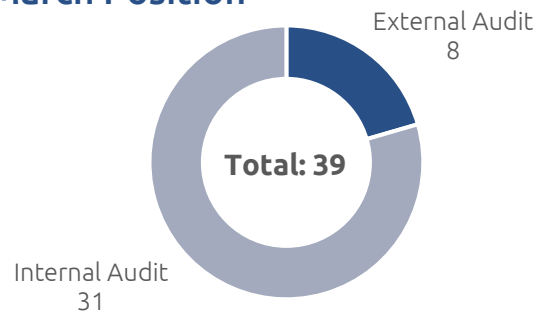
In February, the Leadership Team reviewed updates on all the Audit Recommendations.

Following this review, the summary of the overall position was:



### Audit Recommendations – March Position

Following the March meeting of the Audit and Corporate Governance Committee the number of open Actions by source is:



### Current Position – Breakdown following March’s meeting

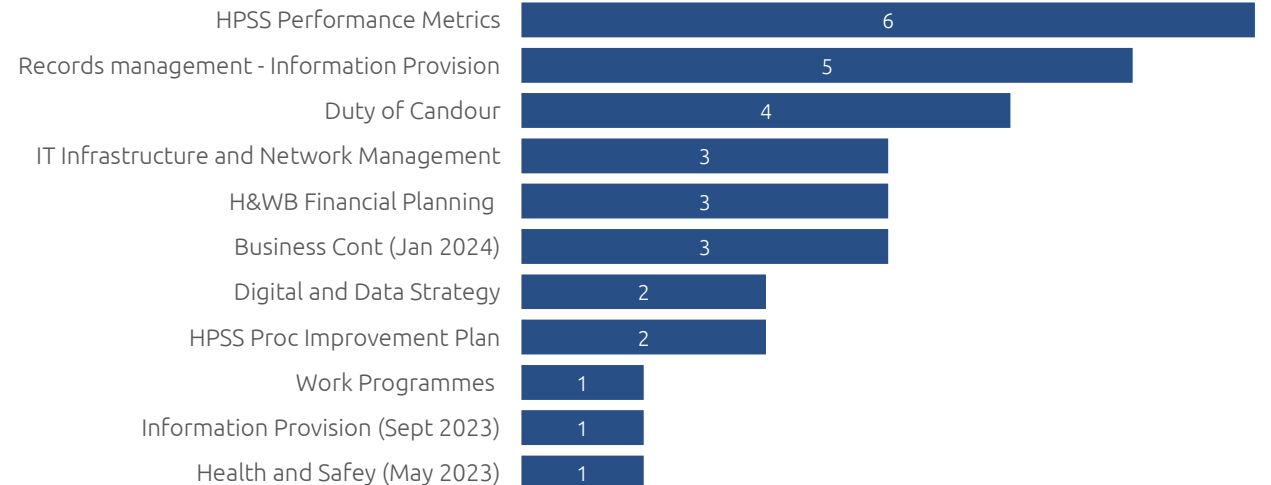
#### External Audit

Current number of open actions:



#### Internal Audit

Current number of open actions:





# Corporate and Information Governance



## Information Governance

### Freedom of Information Act

18 requests were received in February 2025.

 20 days

1 exceeded the 20-working day timescale due to respond which related to seeking additional information from NWSPP on translation and interpretation services.

 1 exceeded


1 request is on hold awaiting clarification.

The average response time was 13 days. Directorates are consistently reminded of the need to ensure compliance with response deadlines when possible.

### Data Protection (Subject Access) Requests

 1 month

1 requests were received in February 2025. This was responded to within 1 calendar month.

 0 exceeded

### Personal Data Breaches

Reported	Escalated
1	1

1 data breach required reporting to the Information Commissioner (ICO).

**Breach** – A confidential waste bin was collected from BTW Cathedral Road by an unknown un-authorized collector.

**Action** – Immediate containment actions taken and incident reported to the Police. Communication has been issued across the organisation to remind staff to be vigilant. Reactive sentences to be prepared for the media. This was reported to WG as Early Warning.

ICO Response – A/W response

### Mandatory Information Governance Training

 85%

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

 90%



# Clinical Governance, Quality, Safety and Improvement



## Externally Reportable Incidents - March update

- No Nationally Reportable Incidents reported
- 1 Early Warning Incident reported:
  - 1 in Breast Test Wales relating to a confidential waste collection.
- No Duty of Candour incidents reported



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

## Incidents

Incident Numbers (Rolling 12m to March 25)	Reported in March
2,160	156 (median 168)

As of 1 April 2025, there are **204** open incidents. **64** have an overdue status as they have been open for more than the 30-working day target. This is a slight increase of **8** compared to the **56** reported as overdue in February.

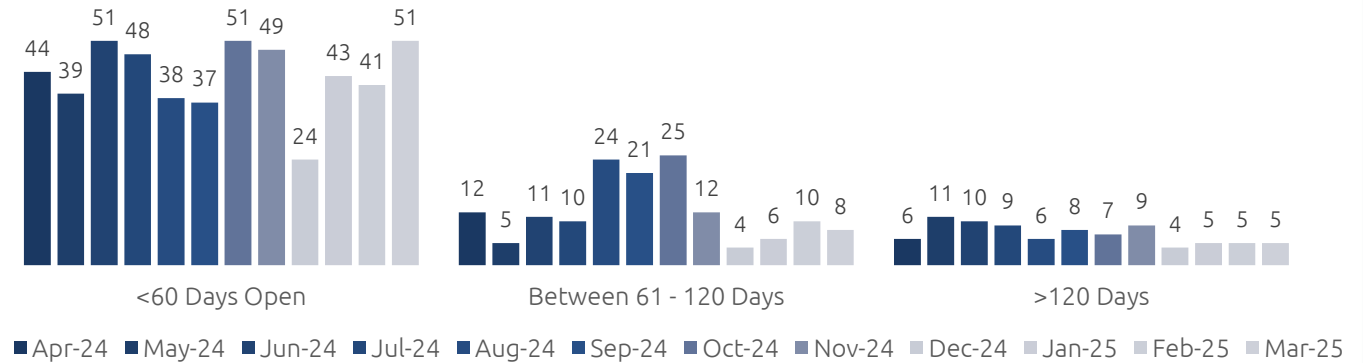
The largest numbers of overdue incidents are within Diabetic Eye Screening Wales (**22**), Cervical Screening Wales (**20**) and Microbiology (**12**).

There are **5** incidents that have 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 – March 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 support the ongoing management to closure.



Additional assurance is provided in the focus area on page 16.

## Incident Levels of Harm

Level of Harm	Count
None	78
Low	74
Moderate	4

**4** moderate harm or above incidents were reported in March in the following areas:

- Diabetic Eye Screening (**3**) and Abdominal Aortic Aneurysm Screening (**1**).

**3** of these incidents has been re-categorised as 'No harm' and **1** 'low harm' following investigation.



## In Focus: Incident Closure



### Externally Reportable Incidents - Early Warning Incidents

#### *Breast Test Wales:*

Public Health Wales has a contract to remove and securely destroy confidential waste, and the contractor provides secure bins in the Breast Test Wales offices in Cathedral Road, Cardiff.

On Thursday 27th February 2025, a person attended the building in high-vis clothing and reported to reception showing them details of the request and that they were collecting the bin. The person was admitted to the building, and they attended the first floor from where they took one of the confidential bins. This was not the usual collection day which was usually Friday, but an additional confidential bin had been delivered to the office as staff were removing files that had passed their retention period, so it was assumed that this was to collect the additional bin.

On Friday 28th February, when the usual collection service was booked and arrived, it was realised that the driver was expecting to collect the additional bin that had been delivered. It was immediately clear that we could not confirm who had collected the additional bin the day before.

An Incident Management Team has been established and have met regularly since the incident date. The investigation is ongoing.



# In Focus: Incident Closure



## Oldest Overdue Incidents:

- **Microbiology Incident 3407:** 342 days open – Joint investigation with DHCW

This incident is in relation to a WLIMS issue affecting the transmission of a small proportion of Microbiology test results for GP patients. PHW are currently awaiting the completed investigation report from DHCW. This is being followed up by the Executive Director of NQIG and the Quality, Safety & PTR Manager. **Closed 09/04/2025**

- **Breast Test Wales Incident 4122:** 249 days open – Early Warning Incident

This incident is in relation to a cohort of individuals that NHS England identified as having not been invited for annual breast screening in line with national guidelines. These individuals are deemed high risk. The current status is awaiting formal advice from Legal and Risk on liability. **Predicted closure end of April.**

- **Cervical Screening Wales Incident 4193:** 242 days open – CSWACC Audit

This incident relates to a missed opportunity to refer a participant to colposcopy. **Next step to contact expert.**

## 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 weekly overdue incident report is produced 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. This information is then shared with the designated operational and clinical leads to review and for ongoing management.
- Service update requests are sought weekly on incident progress and support offered where barriers to achieving closure are identified. In addition, monthly meetings are scheduled with service areas to support ongoing incident management and closure.
- **168** incidents were closed in March. **1** incident closed had been open for 209 days.

No. of incidents closed in February 2025	173
Closed in < 30 days	122
Closed 31 – 60 days	46
Closed 61 – 120 days	5
Closed 120 days+	0

No. of incidents closed in March 2025	168
Closed in < 30 days	106
Closed 31 – 60 days	52
Closed 61 – 120 days	9
Closed 120 days+	1 (209 days)



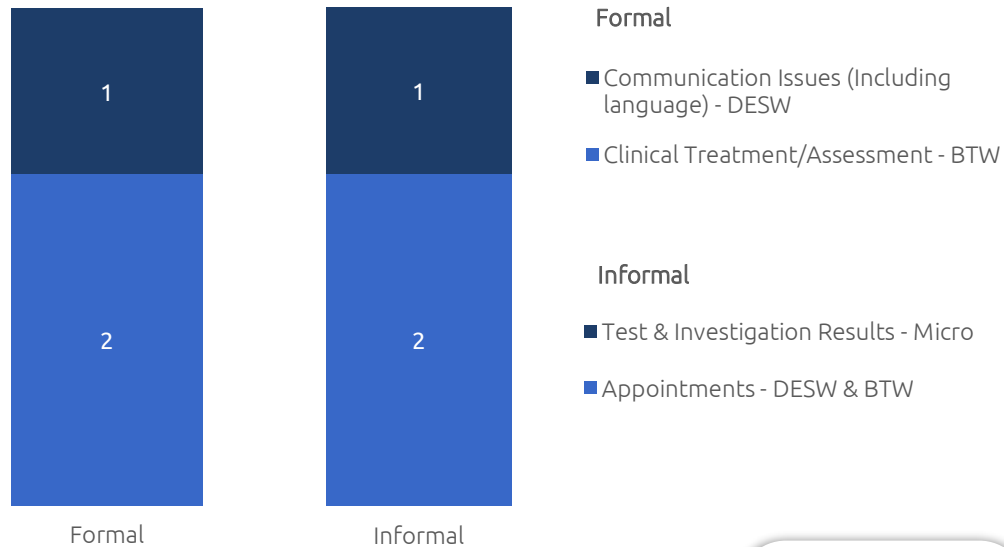
# Clinical Governance, Quality, Safety and Improvement



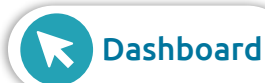
## Complaints

Complaints (Rolling 12m)	Formal (March)	Informal (March)
Formal – 42 Informal – 80	3 (median 4)	3 (median 6)

## Complaints - Themes and Service Areas



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



## Claims

March 2025	Text
0	No new claims were received in March. Of the current ongoing claims (29), 23 are confirmed claims and 6 are potential claims.

## Redress

March 2025	Text
0	No new Redress cases were received during March. There are 7 ongoing Redress cases, 3 are within Breast Test Wales and 4 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	Feb-25	Committee
Cervical Screening Wales – Waiting time for colposcopy appointment (8 weeks) (Health Board Delivery)		90%	98.9%	Quality, Safety and Improvement
Bowel Screening Wales – Waiting time for index colonoscopy (Health Board Delivery)	🎯	90%	20.5%	
Breast Test Wales – Assessment invitations (3 weeks)	🎯	90%	Mar-25 23.1%	
Diabetic Eye Screening Wales – Coverage (12 Months)		80%	40.3%	
Abdominal Aortic Aneurysm – Timely referral to elective vascular network (MTD)		100%	50%	
Infection Services			Feb-25	Quality, Safety and Improvement
Total Microbiology Rejection Rates		<5%	5.2%	
Total Microbiology Diagnostic Sample Requests		*TBC	154,804	
Blood Culture - Collected to Incubation SMI <4hrs		<4hrs	69.2%	
Blood Culture - Received (PHW Laboratory) to Incubation		*TBC	99.5%	
Health Protection			Feb-25	Quality, Safety and Improvement
Test and Post (STI self-sampling) – Test Turnaround Times		100%	100%	
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%	97%	
Research Data & Digital			Quarter 3	Audit & Corporate Governance Knowledge, Research and Information
Number of Major Breaches		0 Major Breaches	0 Breaches	
Percentage of publications without breaches		100%	76%	
Percentage of user follow up to RDD products		100%	20%	
Health & Wellbeing			Mar-25	Knowledge, Research and Information Quality, Safety and Improvement
JUSTB – Number of Schools with 2-day training completed by month (YTD)		35 Schools	15 (37)	
Whole School Approach – Percentage of schools with an Action in Place (All schools)		80%	83%	
Whole School Approach – Percentage of schools with an Action in Place (Secondary schools)		100%	98%	
Help Me Quit – 4-week self-reporting quit rate (NTSS)		35%	72%	
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

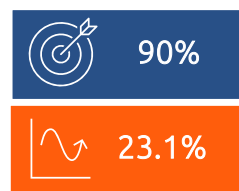


## Screening Services

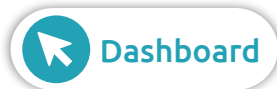
### Latest activity

- National Lung Screening interim report submitted to Welsh Government comprehensive report achieved in ambitious timescales.
- PACs implementation achieved stable operations 25 March.
- Breast Screening QA annual general meeting sharing clinical audits across multidisciplinary team to review and share learning.
- Preparation and completion of Health Inspectorate Wales IR(ME)R regulations in Breast Screening in Swansea on 8<sup>th</sup> and 9<sup>th</sup> April.

### Breast Screening - Assessment invitations within 3 weeks of screen



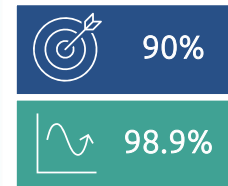
This remains below the 90% standard in March 2025. Assessment clinic timeliness working to improve. Not reaching standard. Progress has been impacted by equipment issues as part of the All-Wales PACS replacement programme which resulted in no reading to be undertaken for a week, which has not yet fully recovered.



Key steps being taken :

- Recovery of impact on reading backlog – staff prioritised reading, staff undertaking additional reading
- Reading across sites to support staff shortages in the North
- Single handed clinics are taken forward if no surgeon is available to prevent cancellations

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

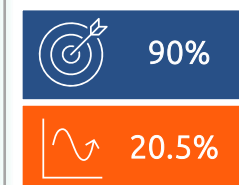


Timeliness remains above the 90% standard in February 2025.

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



### Bowel Screening - Colonoscopy within 4 weeks of booking SSP appointment



Timeliness remains below the 90% standard in February 2025.

As of 4 April 2025, the average waiting time for a screening colonoscopy was 10 weeks and 5 days (compared to 11 weeks in March). The waiting time ranged from 7 to 17 weeks across the 13 screening centres. HB are not providing the required weekly screening lists. Detailed discussions underway with key health boards. Paper being prepared to escalate issue to CEO.



*Additional assurance is provided in the focus area on page 22.*





# In Focus: Breast Test Wales Assessment Waits

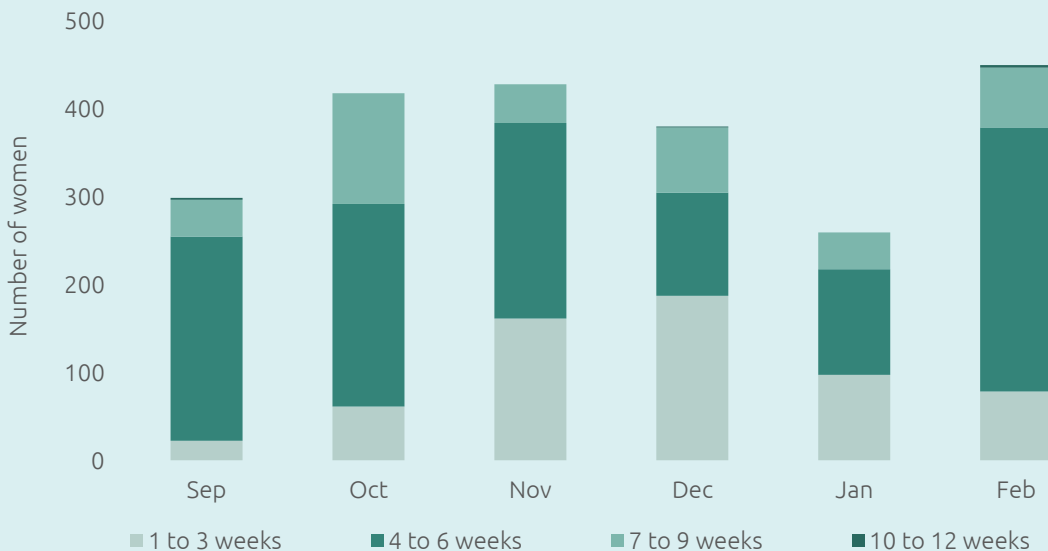


## Current Challenges:

There are national shortages of skilled clinical staff to undertake reading, arbitration and assessment clinics and this is mostly marked in North Wales. A joint radiologist post with Betsi Cadwaladr UHB has not been able to secure a suitable applicant following resignation of substantive Radiologist (Llandudno). There is only one substantive Radiologist across BTW in North Wales. BTW clinical staffing in North Wales are mostly training or recently qualified. Radiologist is providing support virtually from South. Assessment waits have been further impacted by long term surgical sickness absence resulting in the ongoing cancellation of a clinic in BTW Wrexham with participants attending Llandudno with the two surgeons in North East undertaking surgery.

When the new All Wales PACS programme was implemented on 10 February there were issues with the monitors that were supplied, and all of these had to be replaced. This resulted in no reading being able to take place across Wales and reading restarted on 17 February after critical monitors were replaced. Assessment clinics continued. This has impacted reading times which is being recovered but this will continue to impact for assessment waits for March.

**Participants requiring assessment offered an appointment within number of weeks from screen in Wales**



### BTW North

- Clinic bookings are optimised to ensure all slots are booked and short notice appointments are offered.
- Participants requiring assessment in Wrexham are currently being booked into Llanduno clinics due to the long-term surgical sickness absence in the Wrexham centre
- The rate of screening in BTW North can be safely reduced slightly which will enable the timeliness of assessment to improve. This will not impact on the 36-month round length target for the region.

### BTW South

- Clinic bookings are optimised to ensure all slots are booked and short notice appointments are offered.
- Joint appointment with C&V (4 session Consultant Radiologist) started Jan – additional assessment clinic established.

### BTW West

- Clinic bookings are optimised to ensure all slots are booked and short notice appointments are offered.
- No significant concerns with this region.



# In Focus: Bowel Screening Wales Colonoscopy Waits



## Current Issues and Challenges:

- Colonoscopy capacity across Wales is challenged, with insufficient Colonoscopists, theatre space and nursing staff to meet demand and reduce existing backlogs. Since 2021, BSW has successfully optimised the screening programme, with the final phase in October 2024 seeing invites sent to 50-year-olds and FIT sensitivity increased from 120µg/g to 80µg/g.
- Since October 2024, the average screening FIT positive rate has increased (as anticipated) from 2% to 2.8%.
- Whilst the increase in demand from screening optimisation has been funded (via BSW) for Health Boards, there has also been an increase in demand from other sources. Colonoscopy capacity has not kept pace with demand.
- Colonoscopy Insourcing and Waiting Time Initiatives (WTIs) are being used across many Health Boards to support increased demand, but these do not provide a long-term solution.

## Impact:

- Waiting times for screening colonoscopy remain outside the BSW 4-week standard in several local assessment centres in Wales. As of 7 March 2025, the average waiting time for a screening colonoscopy was 11 weeks, with waiting times ranging from 7 to 17 weeks across the 13 screening centres.
- Colonoscopy Insourcing has placed an increased demand on Screening Practitioner capacity. At week ending 7 March 2025 only 3 of the 13 centres were offering Specialist Screening Practitioner (SSP) assessments within the BSW 14-day standard, with average waits reaching 24 days.

## Current Actions:

- BSW meets monthly with all the endoscopy teams to discuss screening waiting times and screening capacity and to agree recovery plans
- The screening programme is expanding the pool of accredited Screening Colonoscopists and has increased SSP resource to meet screening demand. A second Clinical Nurse Endoscopist recently attained JAG screening accreditation. A colonoscopy assessment day is being arranged for May 2025 with 2 candidates recommended for assessment.
- BSW is facilitating several short-term regional working agreements to improve the timeliness of pre colonoscopy assessments. Vacant SP posts are being recruited into with a number of new SPs due to take up post over the next few months.
- BSW is working closely with the Health Boards to enable quality assured insourcing colonoscopy.
- The Business Team routinely meet with the health boards to monitor activity aligned to commissioned capacity via the Long-Term Agreements.

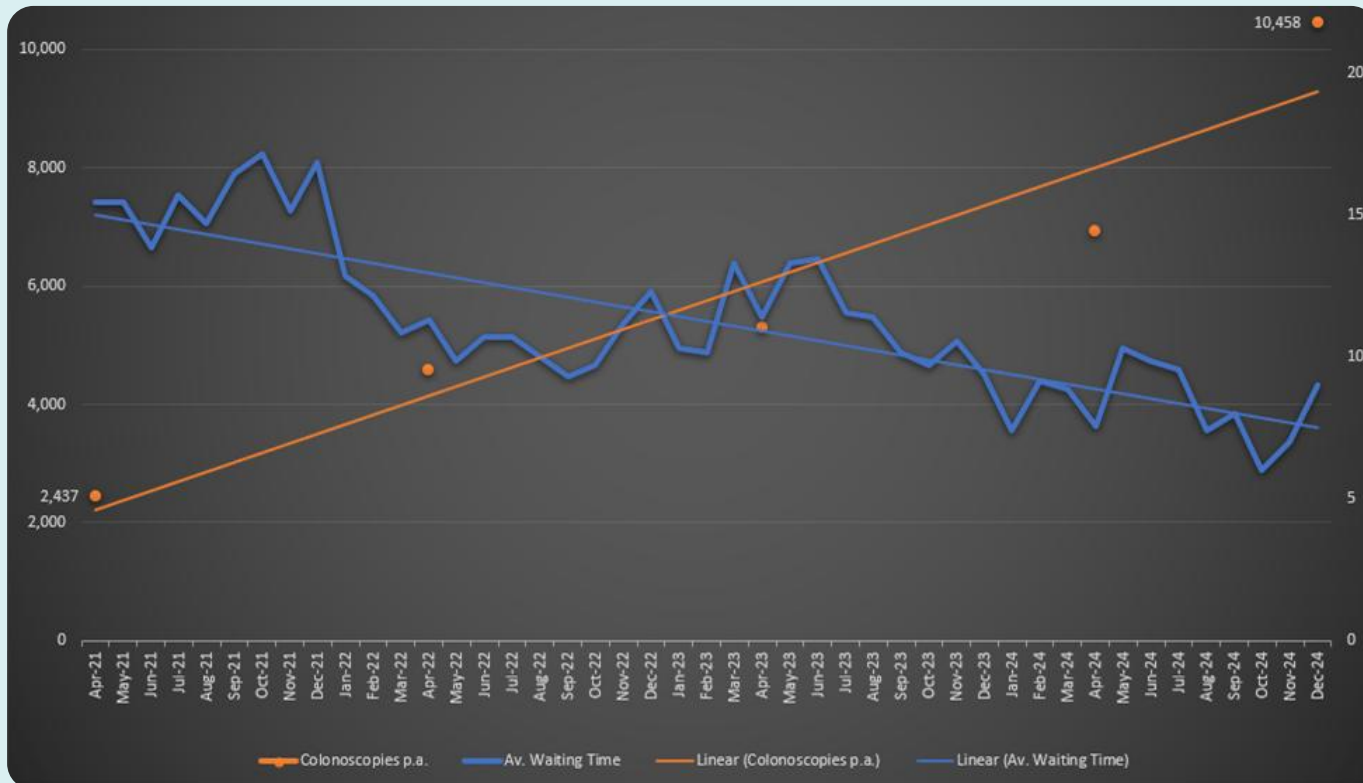


# In Focus: Bowel Screening Wales Colonoscopy Waits



## Trend data and latest waits – March 2025

### National Average Waiting Time and Screening Colonoscopy Demand



Local Assessment Centre	Waiting time SSP assessment	Waiting time colonoscopy	Total waiting time
1	5 weeks 0 days	3 weeks 1 days	8 weeks 1 days
2	1 weeks 5 days	5 weeks 2 days	7 weeks 0 days
3	1 weeks 5 days	6 weeks 5 days	8 weeks 3 days
4	3 weeks 4 days	7 weeks 6 days	11 weeks 3 days
5	3 weeks 6 days	7 weeks 0 days	10 weeks 6 days
6	3 weeks 4 days	5 weeks 5 days	9 weeks 2 days
7	1 weeks 0 days	12 weeks 4 days	13 weeks 4 days
8	4 weeks 5 days	12 weeks 4 days	17 weeks 2 days
9	4 weeks 5 days	11 weeks 0 days	15 weeks 5 days
10	3 weeks 3 days	4 weeks 2 days	7 weeks 5 days
11	4 weeks 4 days	6 weeks 6 days	11 weeks 3 days
12	3 weeks 3 days	6 weeks 5 days	10 weeks 1 days
13	2 weeks 6 days	8 weeks 6 days	11 weeks 5 days



# Health Protection and Screening Services



## Screening Services

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



In March, coverage at 12 months for annual recall remains stable at 40%. There has been a steady increase in coverage at 24 months to 68.2%. This reflects the improving round length for screening and more timely recall of participants with an improvement of 96.8% now invited within 24 months.

Coverage at 24 months for the low-risk recall pathway remains good at 79%.

Uptake of eye screening is above standard at 81.6% demonstrating that participants are taking up their screening appointments.

Latest monthly figures show that 99.5% of the 1050 participants that were newly registered with the programme were offered appointment within 90 days.

The number of inadequate images captured in Diabetic Eye Screening has continued to be much reduced since introducing the new cameras. The inadequate rate was reduced further to 5.1% in March.



### 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. Percentage can change significantly due to the referrals being small numbers

In March, the figure has fallen below the 100% target.



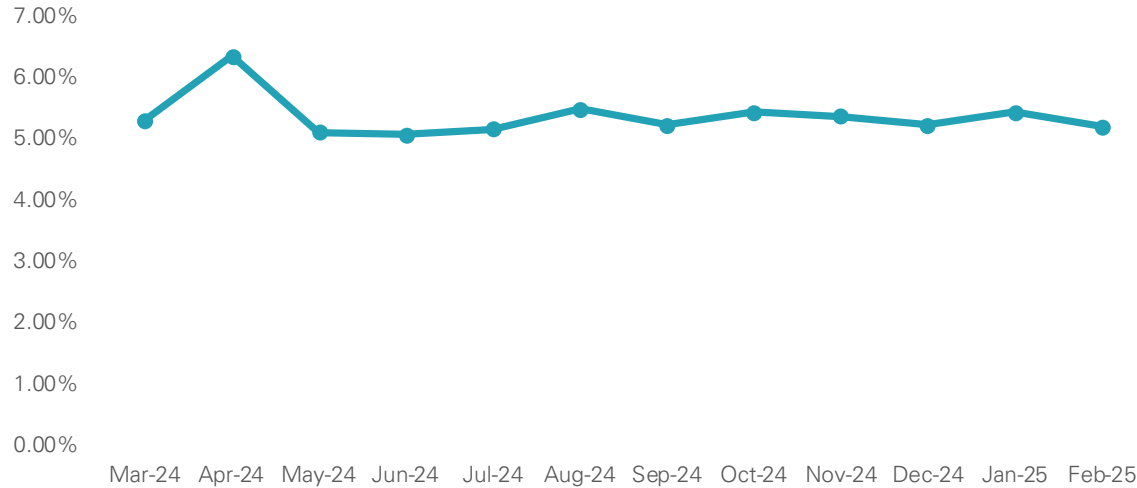


# Health Protection and Screening Services



## Infection Services

### Total Microbiology Rejection Rates



**<5%**

**5.2%**

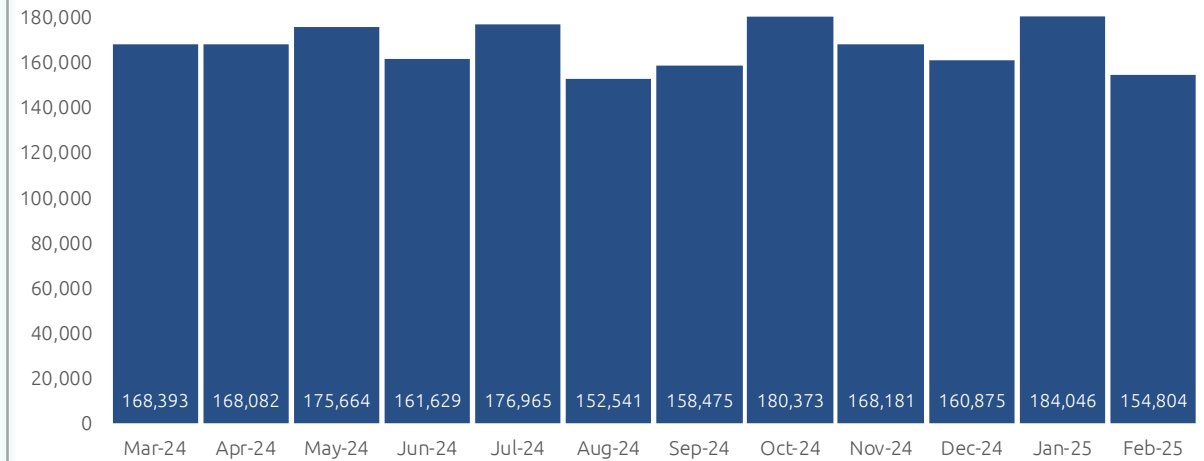
Diagnostic testing rejection rates reduced to 5.19% in February out of 154,804 total sample requests. A Specimen Acceptance Policy in Infection Division provides guidance on criteria to accept or reject samples.

Broken/leaking/contaminated samples and samples received in an incorrect container remain the main causes of rejected samples.

Network Quality Leads complete data analysis to understand rejection rates across different regions and different laboratories. Quality improvement work continues to attempt to rectify these.

LIMS 2.0 should provide a more defined set of reasons, and a test set to monitor this more efficiently.

### Total Microbiology Diagnostic Sample Requests



The total number of Microbiology Diagnostic Sample requests has consistently been >150,000 requests per month for the previous 12 months. February 2025 shows a decrease from January to 154,804. This decrease is expected due to February being a shorter month.

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

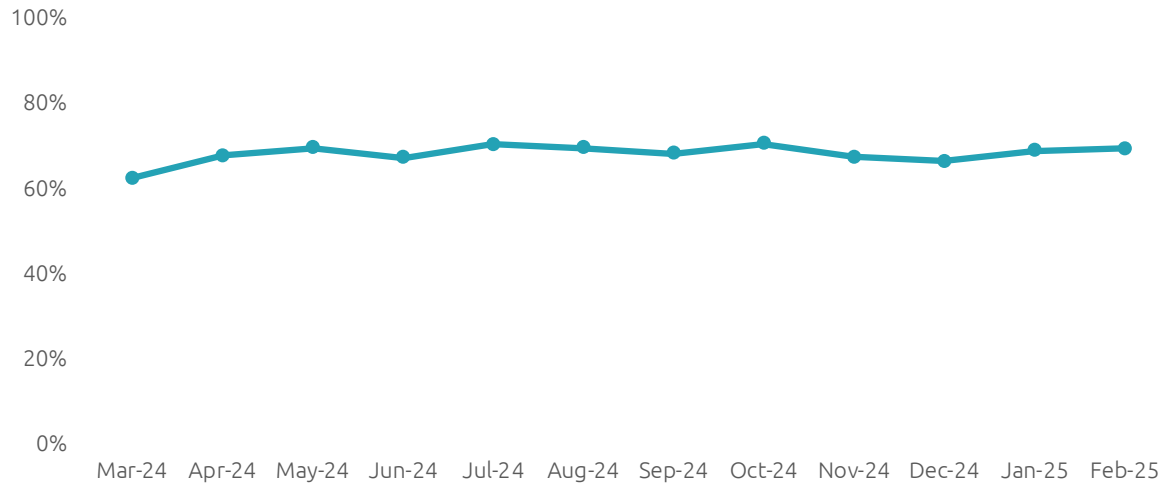


# Health Protection and Screening Services



## Infection Services

### Blood Culture - Collected to Incubation SMI <4hrs

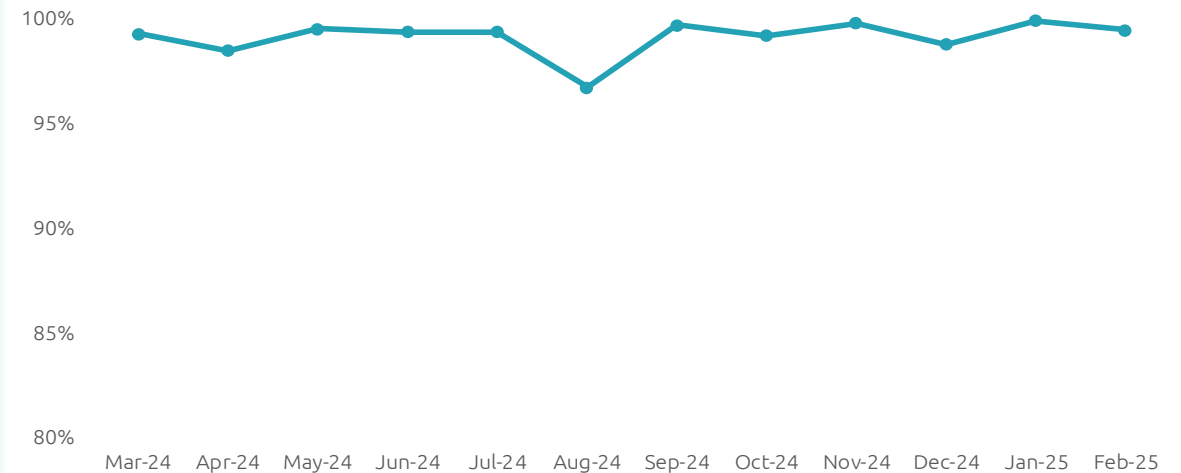


<4 hrs

69.2%

- 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.
- The laboratory limitation is the lack of data collection on some samples which hinders the ability to establish the correct time frame.

### Blood Culture - Received (PHW Laboratory) to Incubation



\*TBC

99.5%

\*PHW specific target to be developed

- 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.
- 99.45% of blood culture samples are incubated in line with the 4-hour target. The SMI states all samples should be incubated within 4 hours of receipt, the improvement margin is very minimal.
- 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.



# Health Protection and Screening Services



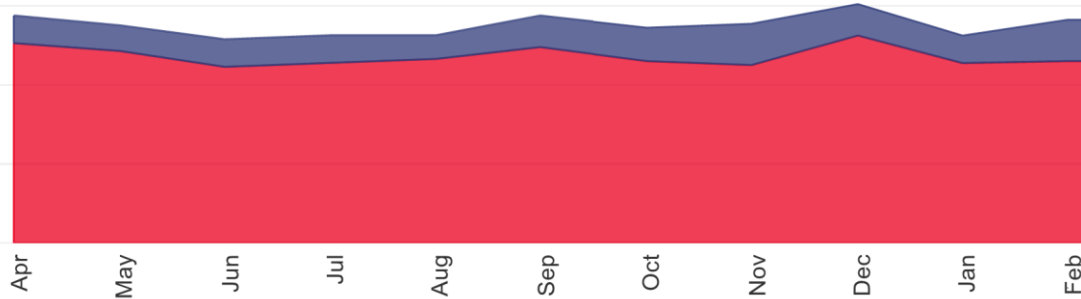
## Health Protection

### Test and Post – STI self-sampling

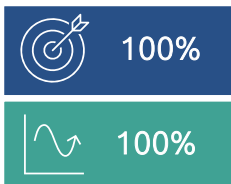
#### Test Turnaround Times

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

\* N.B. TAT – Turnaround times



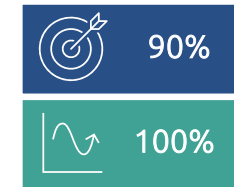
- Turnaround times for STI testing are important in identifying infection as soon as possible so that it can be treated to prevent damage to the individual's health and onward transmission to partners
- In February 2025, 99.91% met the 7-day turnaround standard
- 4 requests of 5603 total requests (0.09%) did not meet the 7-day TAT standard
- 5603 total requests equated to 11,716 tests being undertaken



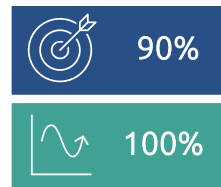
- Actions to improve:
  - Ongoing monthly monitoring – TAT beyond 7 days was result of reflex testing for LGV

### AWARE Response Times by Priority

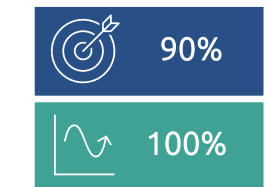
#### Urgent (<4 hours)



#### High (<24 hrs)

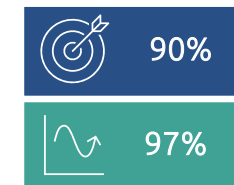


#### Medium (<48 hrs)



- 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 February 2025, response time performance currently has exceeded all priority level targets.

### Compliance to Surveillance Reporting Schedules (%)



- In February 2025, reporting is currently above the expected target however we are continuing to explore methods to enable this process to become automated.

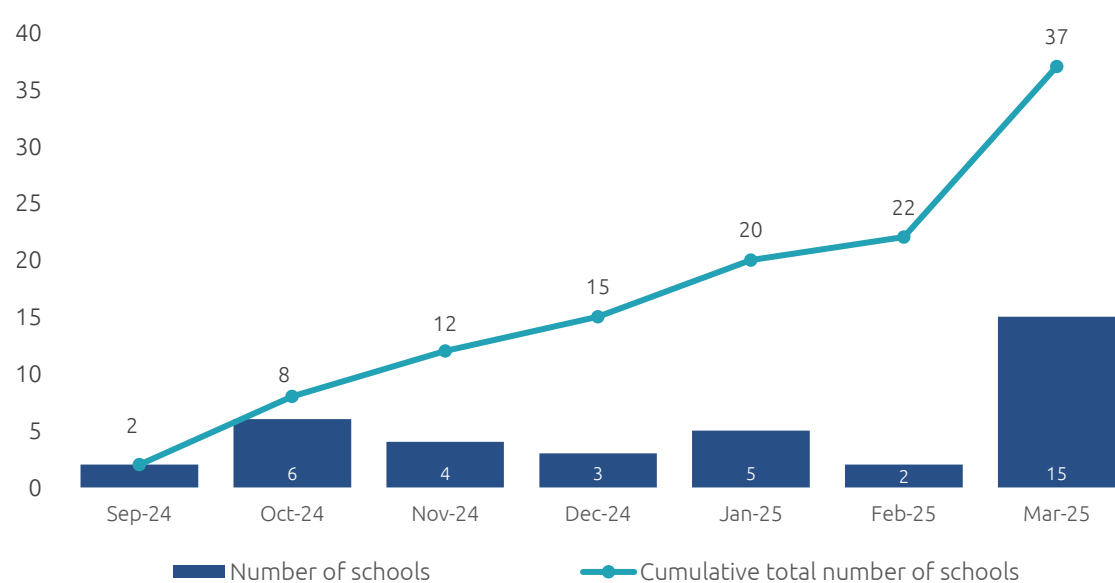


# Health and Wellbeing

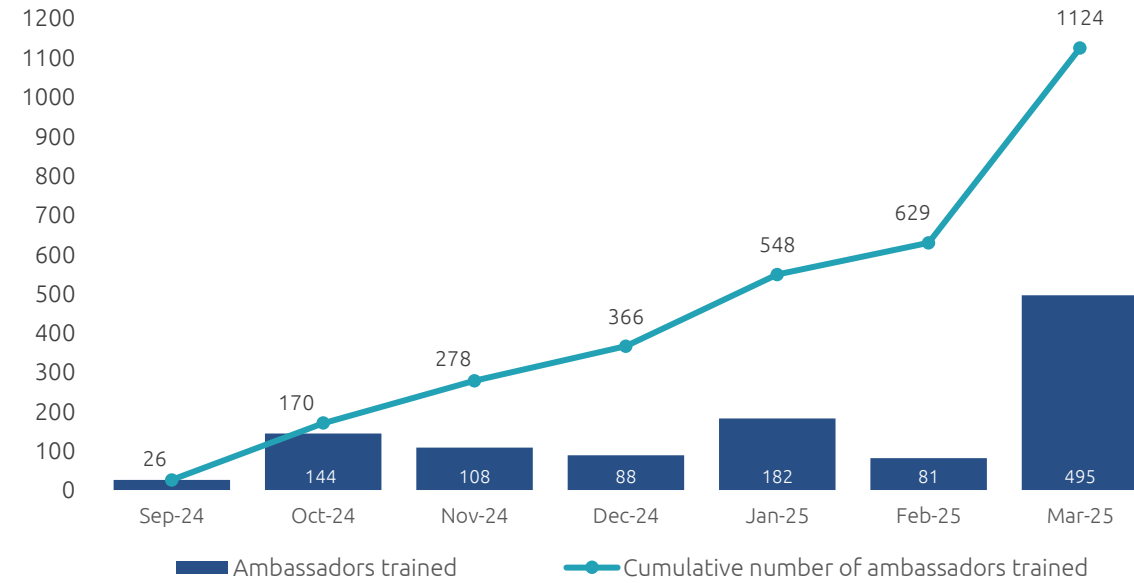


## JUSTB / BYW BYWYD

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 24/25 academic school year has planned to progress to normal delivery levels of **40-50 schools in total**. 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.

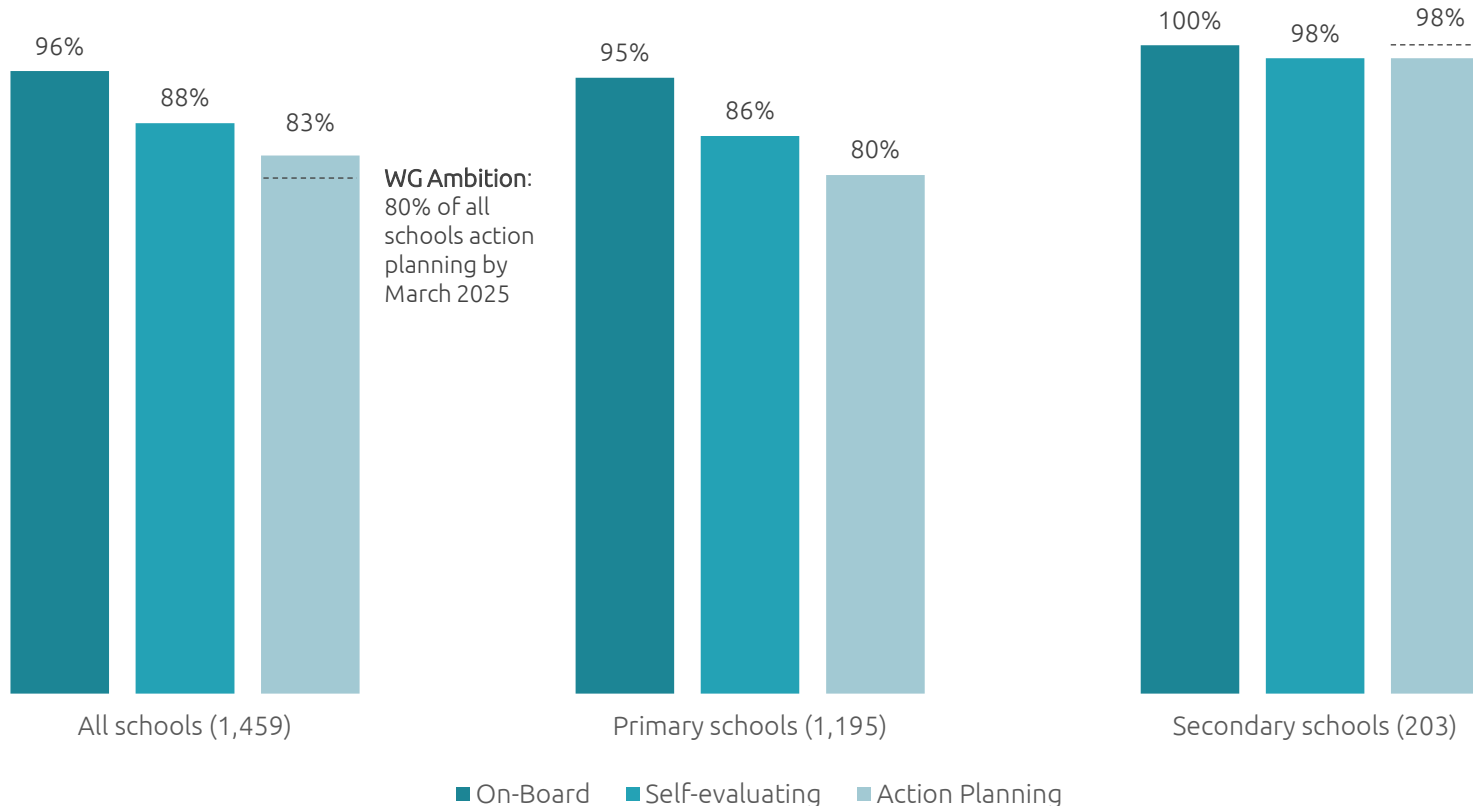


# Health and Wellbeing



## Whole School Approach to Emotional and Mental Wellbeing

Percentage of schools 'on-board', 'self-evaluating', or 'action planning' as part of their Whole-School Approach to Emotional and Mental Well-being (Date: 03/04/25)



*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 10,581 client episodes in the 12 months to the end of February. As expected, the level of activity has a seasonal pattern and increases during levels of social marketing activity.

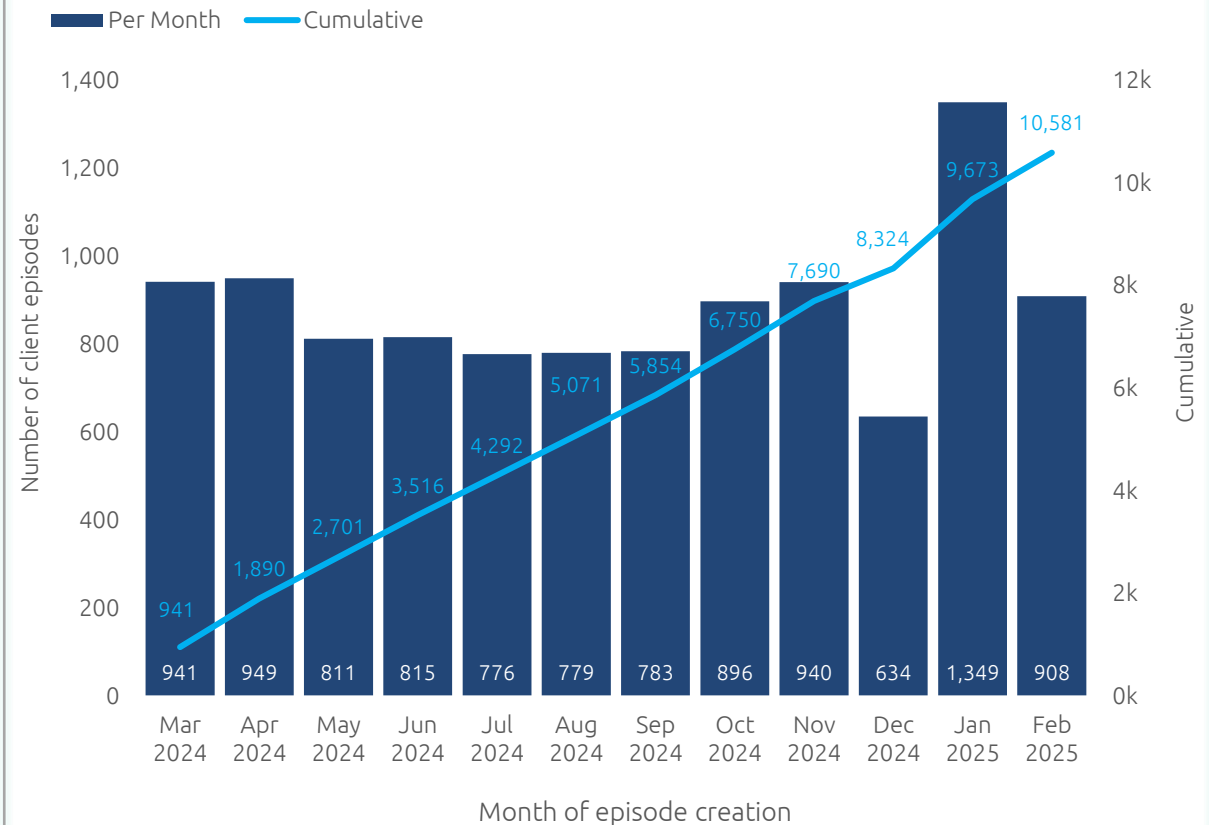
We have continued to meet the 90% target of referrals who the received first call attempt within 2 working days to the Hub for the 12<sup>th</sup> consecutive month.

The National Telephone Support Service provides additional capacity to support local service delivery and has supported 537 smokers in the 12 months to the end of February, achieving 4 week quit rates (self-reported) in excess of the national target of 35%.

There has been a notable rise in waiting times between service acceptance and first assessment session for the National Telephone Support Service (NTSS). Key reasons for this:

- Seasonal increase in demand in January, leading to waiting times running into February.
- Higher than usual demand on the NTSS service specifically. The number of client episodes created for the NTSS in Jan 2025 was almost double that for Jan 2024 (118 vs 63). A key factor in this is local services facing staff shortages as a result of recruitment freezes and clients having to be picked up by the NTSS. Additionally, the NTSS picks up clients who are vaping on a national basis and there have been rises in these numbers.

Number of client episodes created by the Hub



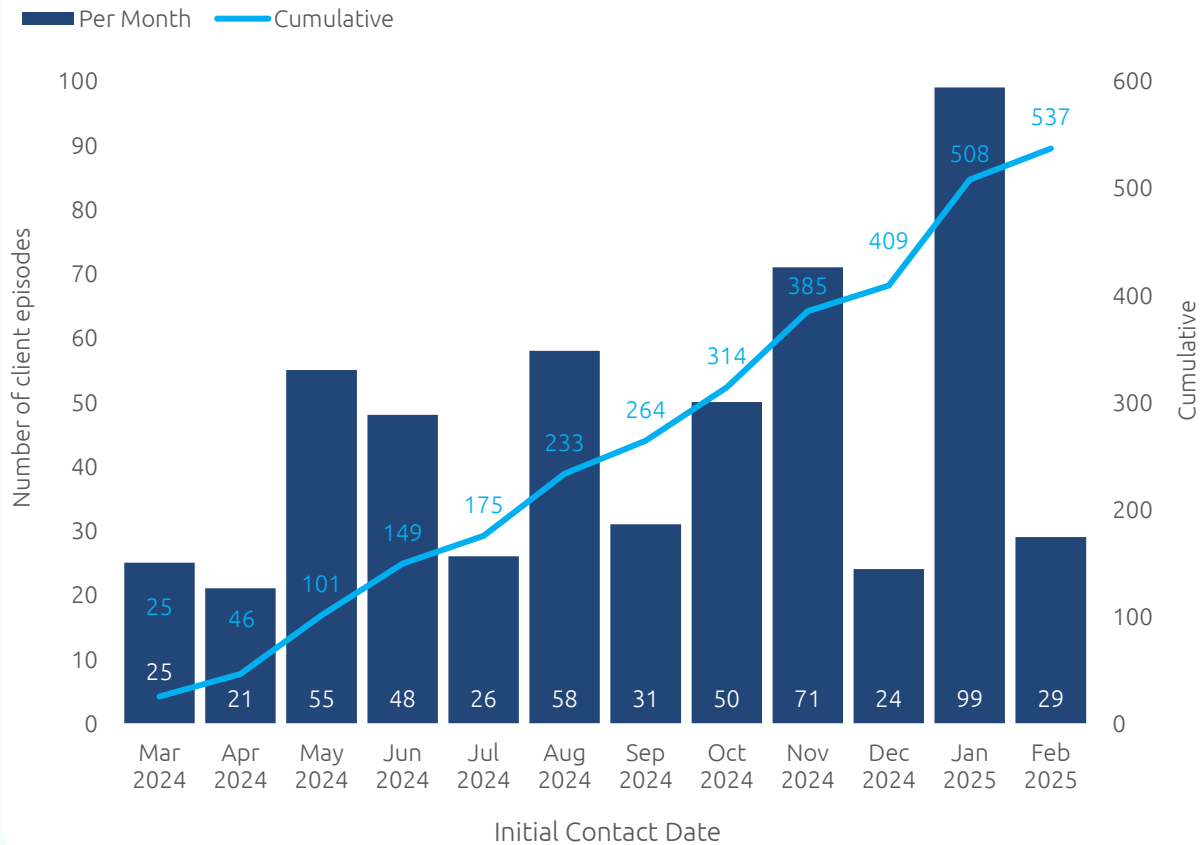


# Health and Wellbeing

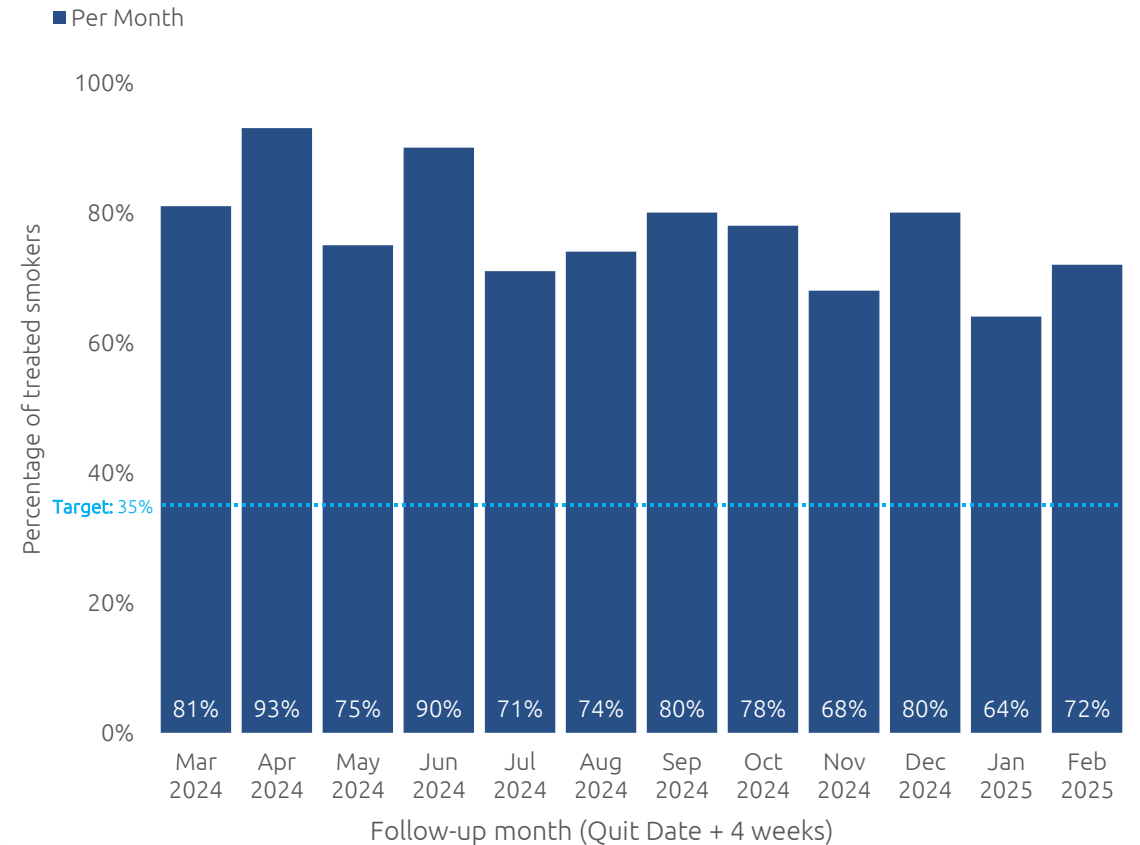


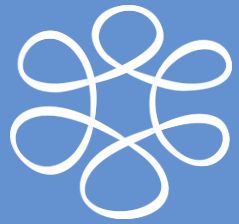
## Help Me Quit

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	Mar-25	Committee
Strategic Plan – Percentage of milestones complete		100%	<b>84.6%</b>	Board
Strategic Plan – Percentage of milestones currently red		0%	<b>3%</b>	
Request for Change (RFC) – Number of milestone changes approved		N/A	<b>7</b>	
Strategic Priority 1 – Wider determinants		100%	<b>77.8%</b>	
Strategic Priority 2 – Promoting mental and social wellbeing		100%	<b>100%</b>	
Strategic Priority 3 – Promoting healthy behaviours		100%	<b>67.9%</b>	
Strategic Priority 4 – Sustainable health and care system		100%	<b>92.9%</b>	
Strategic Priority 5 – Excellent public health services		100%	<b>83.3%</b>	
Strategic Priority 6 – Climate change		100%	<b>100%</b>	
Enabling delivery of our plan		100%	<b>94.4%</b>	
Strategic Change Programmes – Percentage of milestones currently green/amber		N/A	<b>63%</b>	
Strategic Change Programmes – Percentage of milestones currently red		N/A	<b>0%</b>	



# Strategic Plan Milestone Delivery



## Strategic Priority Delivery Status

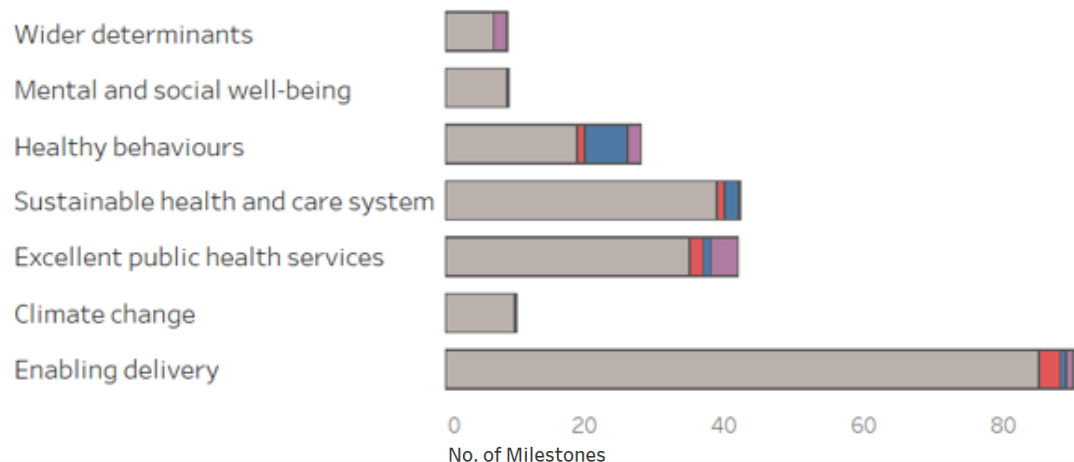


## Request for Change

A total of 7 Requests for Change have been submitted for approval in month 12.



## By Strategic Priority



In March 2025, we delivered 97 IMTP milestones resulting in 85% of all milestones in the baseline plan agreed in March 2024 being delivered (n.b. rollover milestones not included in the data above). This represents significant progress towards the delivery of our strategy across each of our six strategic priorities.

Of the remaining non-delivered milestones for 2024/25, 9 are closed as no longer required due to re-planning. 10 milestones remain suspended and 16 have had their planned delivery date moved into the next financial year and will form part of our 2025/26 plan.

94% of milestones related to our Remit Letter for 2024/26 were completed in year. The remaining milestones include delivery around Daily Active, Healthy Weight Health You, digital service and Help Me Quit. They will be taken forward in 25/26.

There are 7 red milestones that have submitted an RFC. *Redevelop or replace the current Newborn Screening Wales and Newborn Bloodspot Screening Wales IT Systems* has requested to be closed due to re-planning following delays due to external dependencies with DHCW and capital funding. *DHCW internet firewall rules remediation* is requesting a suspension pending further discussions with DHCW. The remaining 5 red milestones have all requested to extend the delivery date into the next financial year, with no significant impact identified.



# Strategic Plan Milestone Delivery



## Strategic Priority 1 – Wider determinants

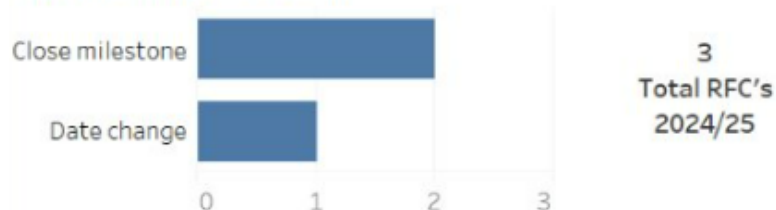
### Current Delivery Status



### By Directorate



### In Year Changes to Plan



## Strategic Priority 2 – Promoting mental and social wellbeing

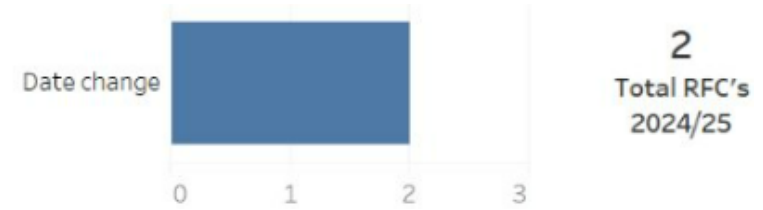
### Current Delivery Status



### By Directorate



### In Year Changes to Plan





# Strategic Plan Milestone Delivery



## Strategic Priority 3 – Promoting healthy behaviours

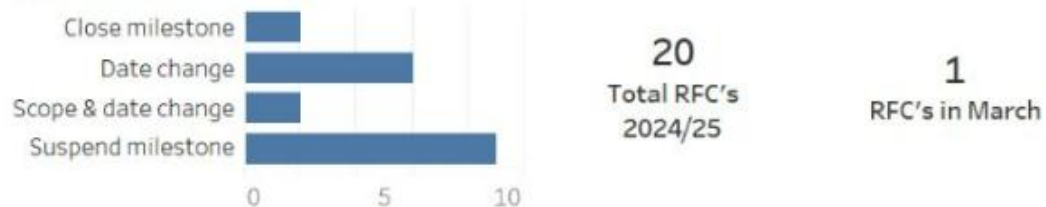
### Current Delivery Status



### By Directorate



### In Year Changes to Plan



## Strategic Priority 4 - Sustainable health and care system

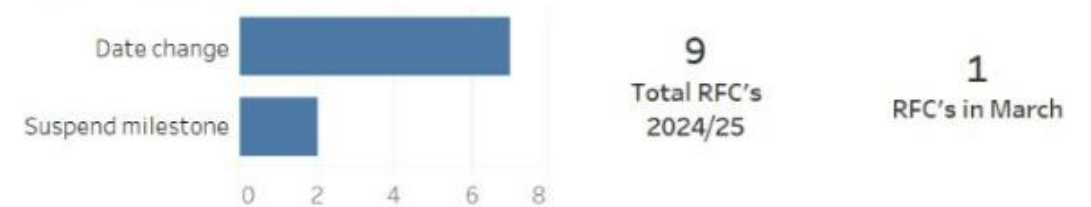
### Current Delivery Status



### By Directorate



### In Year Changes to Plan





# Strategic Plan Milestone Delivery



## Strategic Priority 5 – Excellent public health services

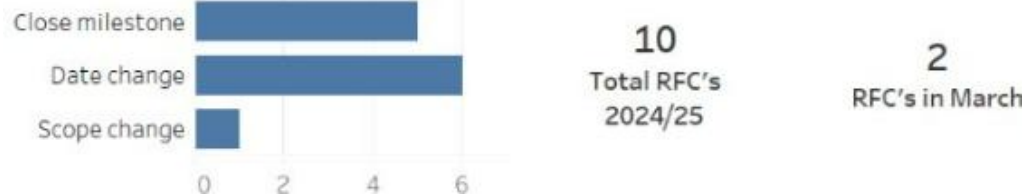
### Current Delivery Status



### By Directorate



### In Year Changes to Plan

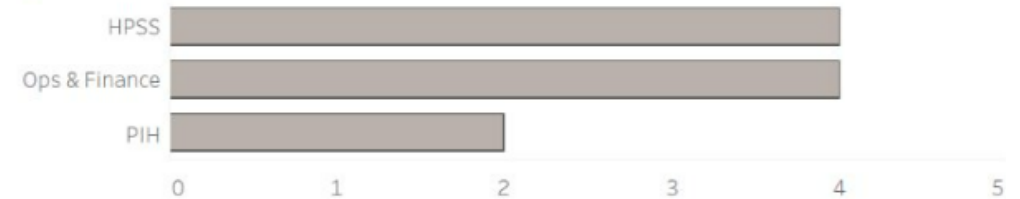


## Strategic Priority 6 – Climate change

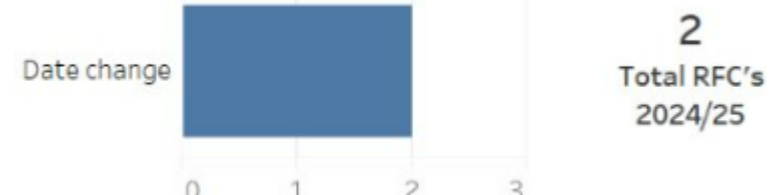
### Current Delivery Status



### By Directorate



### In Year Changes to Plan





# Strategic Plan Milestone Delivery

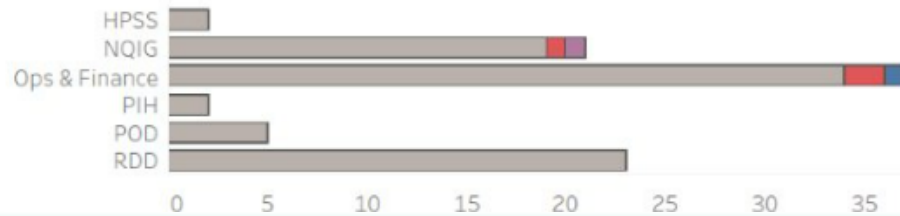


## Enabling delivery of our plan

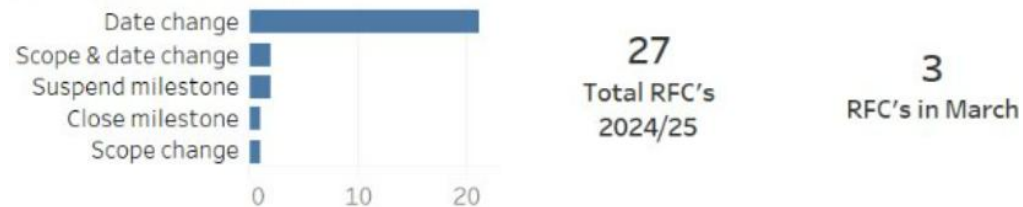
### Current Delivery Status



### By Directorate



### 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 March 2025, is provided below. A summary of key changes is also provided below.



Green	Green/Amber	Amber	Amber/Red	Red	Completed
2	0	3	1	0	2

## Key Information

**Digital Health Protection** remains **Amber-Red** due to continuing uncertainty regarding Welsh Government approval. The Outline Business Case was considered by the Digital Investment Panel on 21st March, and a number of requested clarifications are now being addressed. Preparations for a Beta procurement are also proceeding in parallel in anticipation of a positive decision.

**Web Transformation** remains at **Amber** due to the need for further time for content review and migration and associated stakeholder management. As mitigation, a stakeholder engagement workstream has been established and a private Beta version of the site will be released for staff to review and provide content.

**Tackling Diabetes Together** remains at **Amber** to reflect delays in completing project briefs and, therefore, agreement of an overall programme plan.

**Newborn Screening Replatforming** has improved from Amber/Red to **Amber** now that the project has been replanned with funding secured to enable the existing project manager to remain in post for completion of the replatforming work.

The strategic change portfolio has been refreshed to reflect the new IMTP and changes in programme status. Two current programmes have been **completed** as planned this month and will come off the portfolio - **NHS Executive** and **Records Management**. Lessons learned exercises are being undertaken for both programmes as they transition to business-as-usual.

## Programme Detail

Programme Name	Jan	Feb	Mar
1 Diabetic Eye Screening Transformation Progr..	G/A	G/A	G
Establishment of NHS Executive Programme	G	G	C
National Targeted Lung Cancer Screenin..	A	G/A	G
Tackling Diabetes Together Programme	A	A	A
2 Health Protection Systems Development	G/A	A/R	A/R
Newborn Screening Re-platforming	R	A/R	A
Records Management System	G	G	C
Web Transformation	G	A	A



GIG  
CYMRU  
NHS  
WALES

Iechyd Cyhoeddus  
Cymru  
Public Health  
Wales

*Gweithio gyda'n gilydd  
i greu Cymru iachach*

**Working together  
for a healthier Wales**