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Public Health
Wales

Performance and Insight Report

May 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 areas:



Section 1 Governance and Accountability

This section provides information and assurance for a number of areas key corporate accountability including **People Governance, Finance Governance and Corporate & Information Governance**



Section 2 Service Delivery

This section provides information and assurance for the activities that our services carry out on a day-to-day basis including our **Health Protection and Screening Services, Health and Wellbeing services, Policy and International Health and our Research, Data and Digital services**



Section 3 Strategy Delivery

This section provides information and assurance for the delivery of our strategic plan including **IMTP Milestone Delivery**, progress against our **Strategic Change Programmes** and updates for our **six strategic priorities**. The section also includes an update on **Inequalities** which is reported on a bi-monthly basis.



Section 4 Outcomes Measurement

This section provides information and assurance on our developing work on **Outcomes Measurement**, including reporting of IMTP measurement system indicators and developing a strategically aligned Evaluation Programme for 2025/26 onwards. Update provided on a bi-monthly basis.



Section 1

Governance and Accountability



Key Performance Indicator Summary



People Governance	In Focus	Target	May-25	Committee
12m Rolling Sickness Absence FTE %		<3.25%	4.5%	People & OD
Statutory and Mandatory Training		85%	93.3%	
Appraisal Compliance		85%	84.1%	
Diversity ESR Data		N/A	76%	
Financial Governance			May-25	Audit & Corporate Governance
Revenue Position Forecast		Breakeven	Breakeven	
Capital Year-End Position		Breakeven	Breakeven	
Agency Spend, % of Total Pay Bill		≤1.7%	1.3%	
Public Sector Payment Policy (PSPP)		95%	96.98%	
Information Governance			Apr-25	Audit & Corporate Governance
Subject Access Request		1 Month Average	1 Exceeded	
Freedom of Information Request		Within 20-Days	0 Non-compliant	
Personal Data Breaches Reported (Escalated)		N/A	3 (0)	
Mandatory Information Governance Training		85%	92%	
Clinical Governance			May-25	Quality, Safety and Improvement
Moderate or above harm incidents (YTD)*		N/A	6 (12)	
Number of externally reported incidents (NRI's, EWI, RIDDOR, IRMER) - In Month - (Rolling 12m)		N/A	2 (11)	
Incident Closure Compliance**		85% PHW	73%	
Formal Complaints - Acknowledged within 5 working days**		75% WG 95% PHW	100%	
Formal Complaints – Responded to within 30 working days**		75% WG 95% PHW	33% (1)	
Informal Complaints – In Month (Rolling 12m)		N/A	9 (77)	

*This data is YTD from 1 April 2025.

**Note Incidents and Complaints require 30 working days for closure, therefore this data pertains to March 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 **0.98%** in May 2025. Sickness Absence is reducing as expected, following the seasonal increases over the winter period, and the latest figure is comparable to May 2024.

12 Month Rolling Absence



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



Additional assurance is provided in the focus area on pages 6 & 7.



Appraisal and Development Reviews



Has fallen **below** the NHS Wales target for the last 3 months.



This follows a period of 9 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 pages 8.



Statutory and Mandatory Training



Remains **above** target in May 2025.



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

The module reporting lowest completion is *Foundations in Improvement* (86.9%), which was introduced as a mandatory training e-learning module from May 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: Sickness Absence



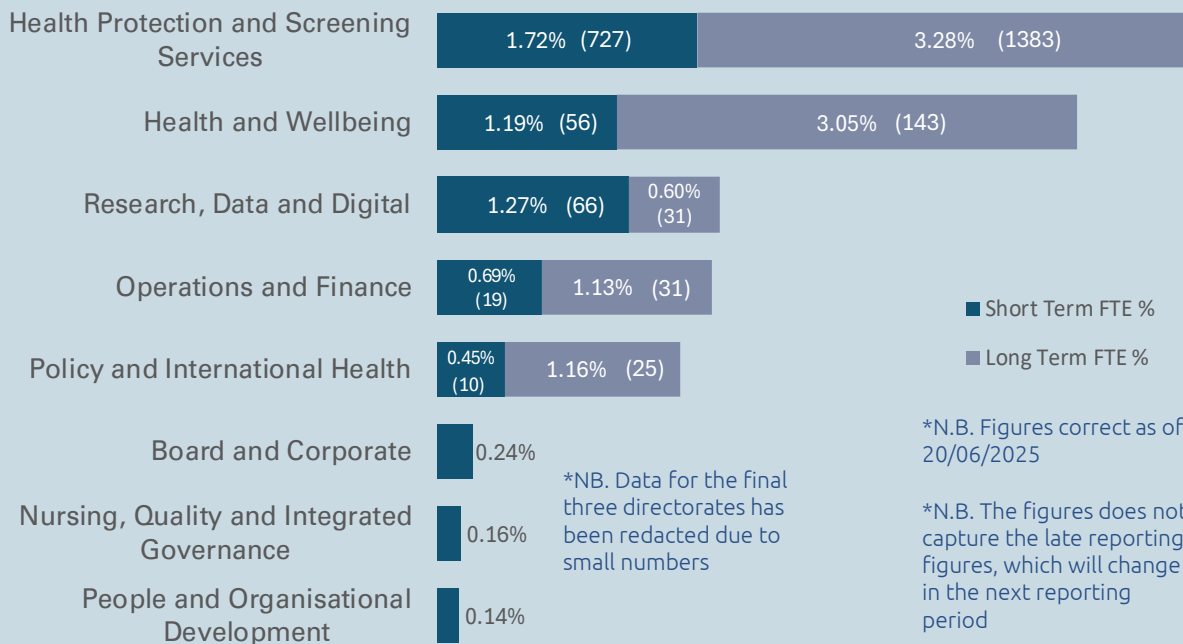
Sickness Absence by Directorate



A decrease in sickness absence has been reported in May, falling from 4.6% in April to 3.7% in May.

The breakdown by Directorate for May 2025 is provided below, split by Short-Term (less than 28 days) and Long-Term (28 days or more) Absence FTE %.

When looking at organisation-wide data for May 2025, **17%** of FTE days lost are due to short-term sickness absence, and **83%** of FTE days lost are due to long-term sickness absence.



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 with 'Unknown causes/Not Specified'.



- S10 Anxiety/stress/depression/other psychiatric illnesses
- S98 Other known causes - not elsewhere classified
- S12 Other musculoskeletal problems
- S17 Benign and malignant tumours, cancers
- S99 Unknown causes / Not specified



In Focus: Sickness Absence



Data Analysis

- ❖ A decrease in sickness absence has been reported in May 2025, falling from 4.6% in April to 3.7% in May.
- ❖ Reduction in line with expectations, following seasonal increases observed over the winter period, and the latest May 2025 figure is comparable to May 2024.
- ❖ Unknown reasons for absence account for 405 days in May 2025. ('Other known causes - not elsewhere classified' (263 days) and 'Unknown causes / Not specified' (142 days)).

Learning and Development

- ❖ The All-Wales Managing Attendance at Work (MAAW) learning and development sessions for managers have been updated to reinforce the importance of understanding reasons for absence.
- ❖ People and OD team are working with Internal Audit to scope an audit to look at support for absences related to 'Anxiety/stress/depression/other psychiatric illnesses'

Advice and Support

- ❖ Work is ongoing to encourage increased disclosure of reasons for absence to enable targeted support.
- ❖ People and OD colleagues are working with relevant managers to request disclosure where it has been missed from ESR and to understand any barriers to recording this information.
- ❖ People and OD team continue to engage directly with managers to support the management of long-term sickness absence, via People Support, on-site visits and HR clinics.



In Focus: Appraisal and Development Reviews

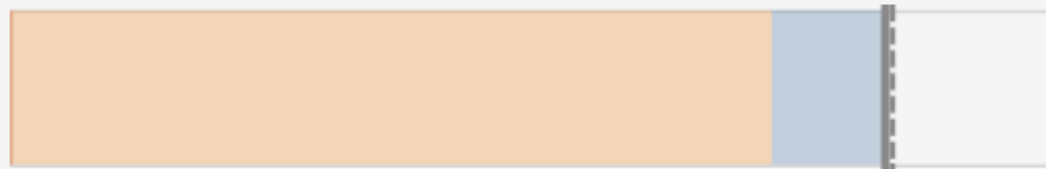


Compliance Performance

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 9 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 and recorded in ESR. This will have the most impact on People & Organisational Development and Health Protection and Screening Services, who have the highest percentage of appraisals that are due soon.

84.1%
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

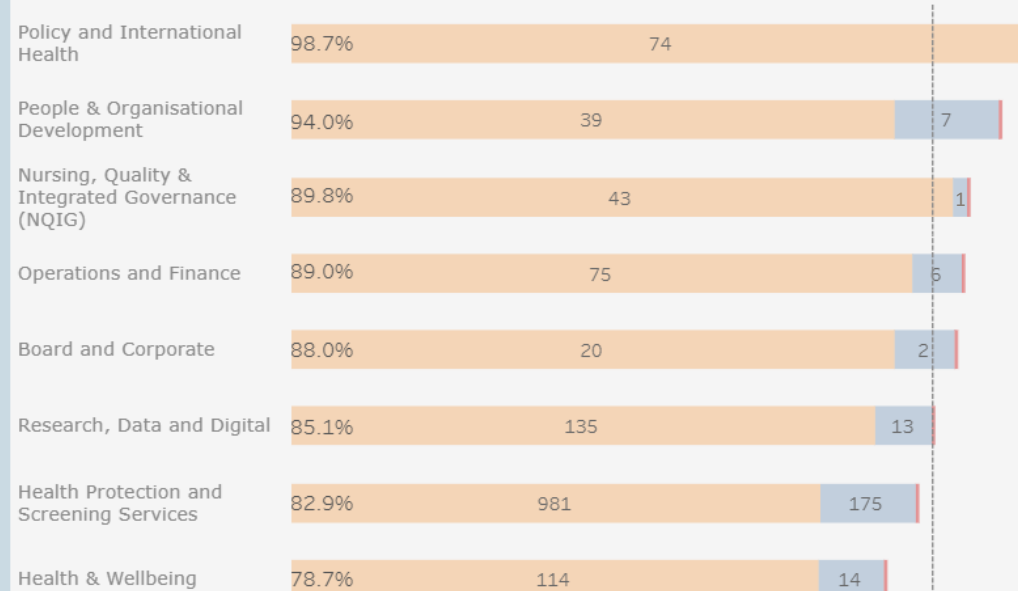
Latest figures show that six Directorates are achieving compliance with the national target, with two Directorates below target levels. Directorates not delivering the target will need to develop and commit to a recovery trajectory. The People and OD team are working with Directorates to understand barriers 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 98.7% in Policy and International Health to 78.7% in Health & Wellbeing.

REVIEW STATUS % BY DIRECTORATE

Status: **In date** | **Due in next 3 months** | **No recorded appraisal** | **Out of date**

*N.B. Percentages relate to 'In date' and 'Due in next 3 months' figures





Financial Governance



Revenue Position



Break-even



-£19k
YTD



£0k
Forecast

The year end forecast is to deliver our statutory duty to **breakeven**.

Capital Position



£2.427m
Allocation



£14k
YTD Spend



£2.427m
Forecast

The Capital forecast is to **breakeven**. PHW capital funding is made up of a discretionary allocation of £1.613m, strategic allocation of £0.814m.

Agency Spend as A Percentage of Total Pay Bill



≤1.7%



1.3%
YTD



1.2%
Forecast

Forecast to remain at or below 2025/26 levels

Public Sector Payment Policy (PSPP)



95%



96.98%
YTD



>95%
Forecast

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

Risks/Issues

- The recurrent allocation for the 2024/25 wage awards, totalling £6.754m is yet to be confirmed. Discussions are ongoing with the Welsh Government regarding the confirmation of allocation. It is assumed funding will be received in full.
- The recurrent allocation for National Insurance funding of £2.047m also remains outstanding awaiting confirmation from WG. It is assumed funding will be received in full.
- Anticipated Welsh Government funding of £0.100m for Healthy Working Wales. We understand this allocation has been approved but we are still awaiting the formal allocation letter.
- If 2024/25 COVID activity levels are replicated in 2025/26, it could result in an overspend against allocation. This will be closely monitored and mitigated through actions to reduce COVID-19 testing costs.
- Availability of strategic capital funding to support the capital plan included in the IMTP of £5.784m.



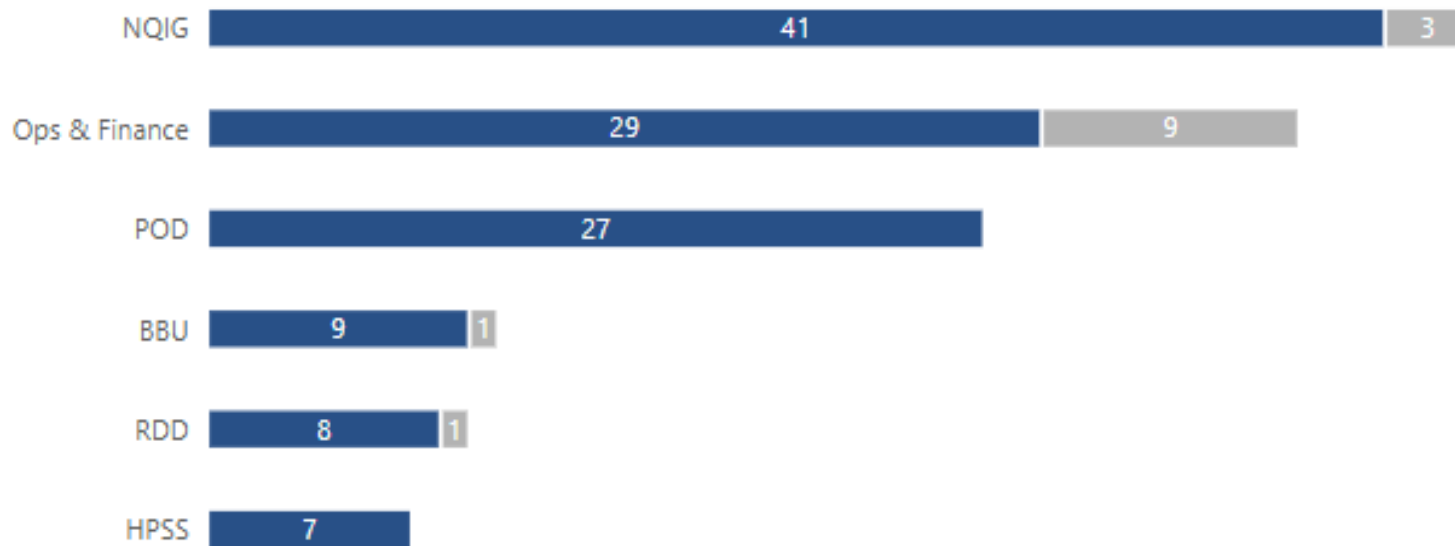
Corporate and Information Governance



Corporate Governance

Corporate Policies Compliance

2 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 Date ● Out of Date

In May 2025:

- 1 Operations and Finance Policy was approved.

Overview:

- The Directorate with the most policies out of compliance is Operations and Finance.
- 4 of the 9 out of date policies are being reviewed and it is anticipated that they will be submitted for approval within the next 3 months.

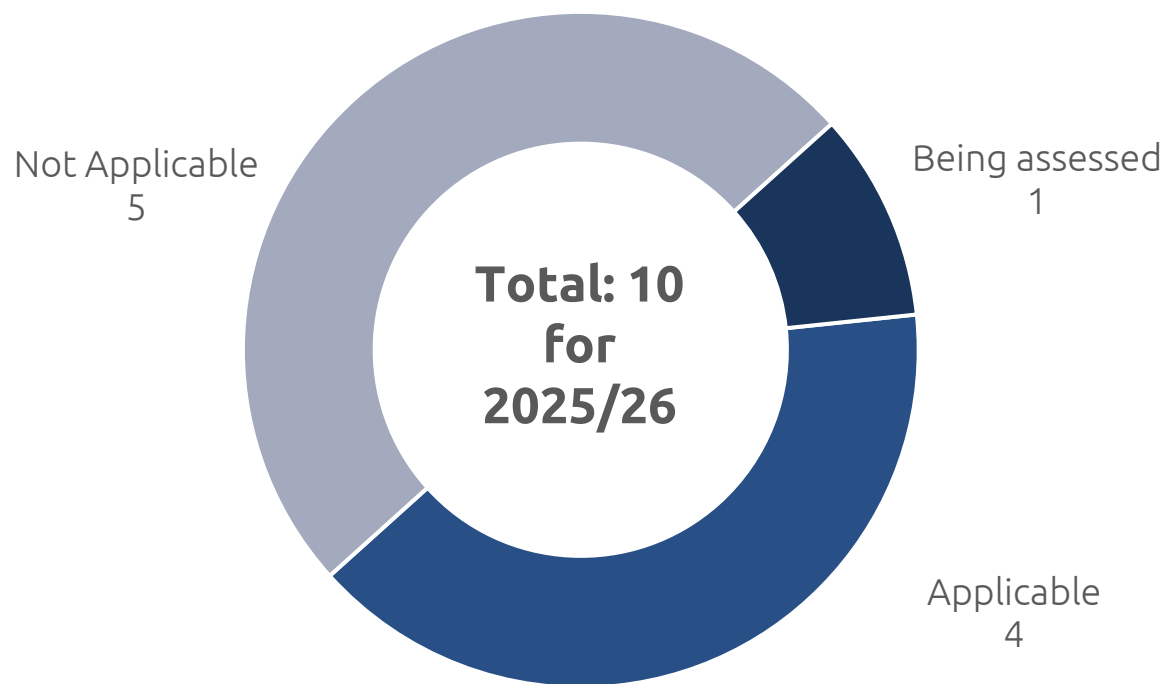


Corporate and Information Governance



Corporate Governance

Wales Health Circular (WHC) Compliance 2025/2026



For the Period 01 - 31 May 2025:

- 6 Wales Health Circulars were received
- 3 were not applicable, 1 was being assessed and 2 were applicable:

Of those applicable:



- In progress



Corporate and Information Governance



Information Governance

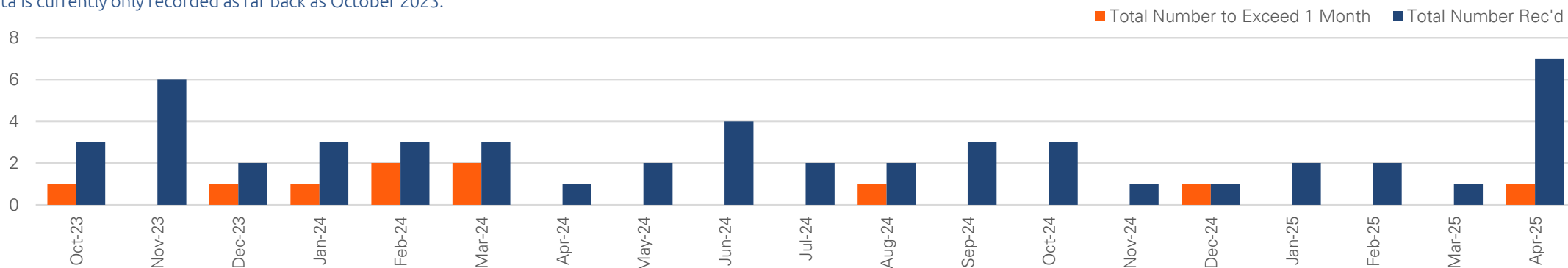
Data Protection (Subject Access) Requests

Please be aware, this data is currently only recorded as far back as October 2023.

7 Received

1 Month

1 Exceeded



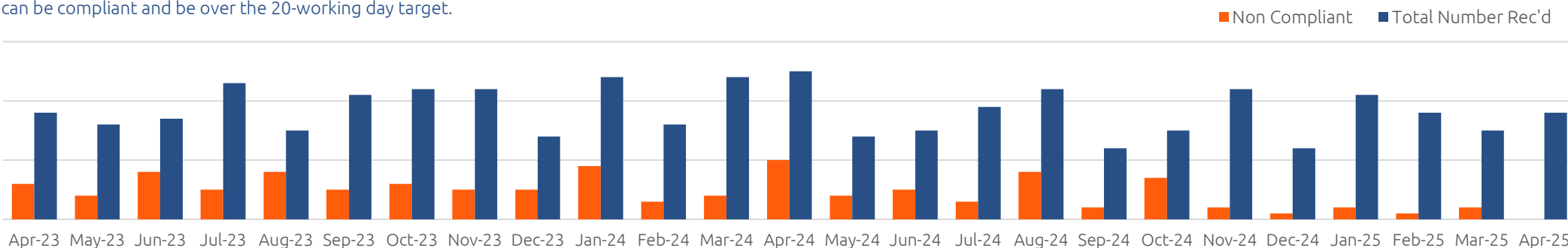
Freedom of Information Act

Non-compliant refers to the number of requests out of compliance with the legislation. Certain requests can be compliant and be over the 20-working day target.

18 Received

20 days

0 Non-Compliant



April 2025 - 6 SARs handled, 1 non-compliance due to a delay in the release approval process.

April 2025 - All requests are compliant with the Freedom Of Information Act & Environmental Information Regulations.

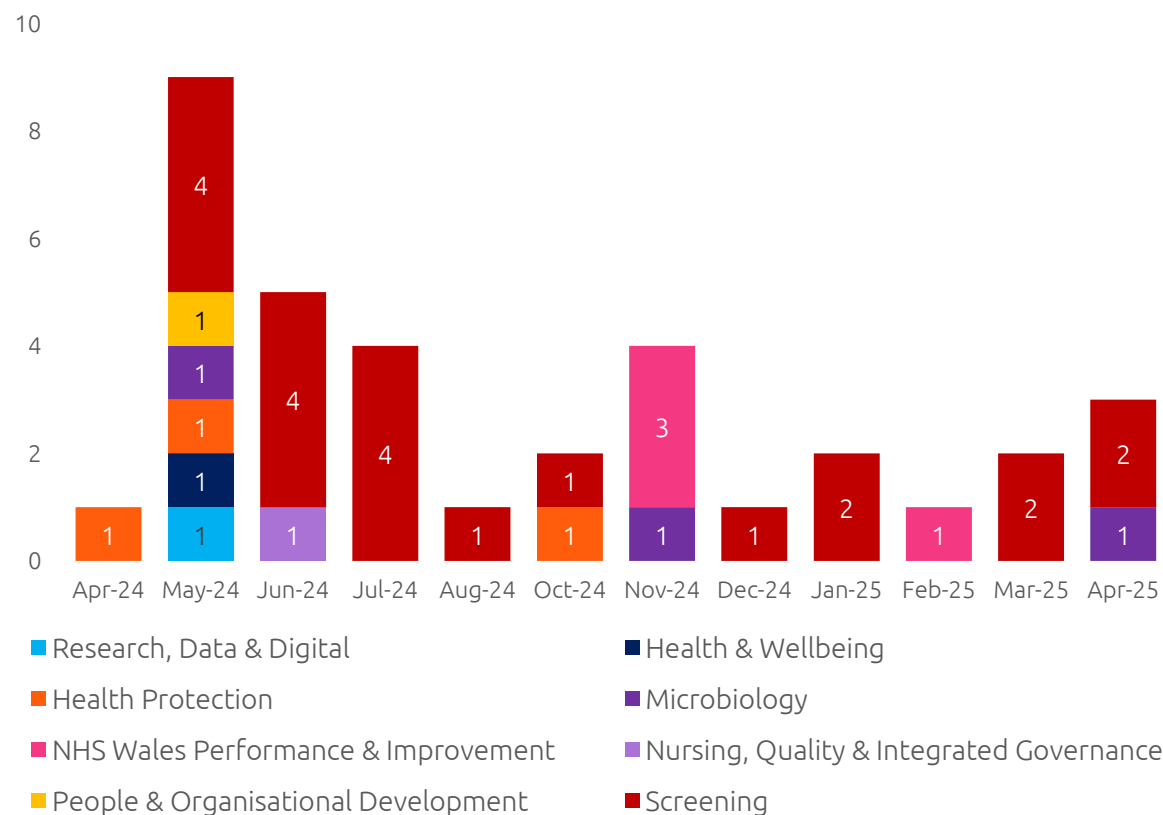


Corporate and Information Governance



Information Governance

Personal Data Breaches



Reported	Escalated
3	0

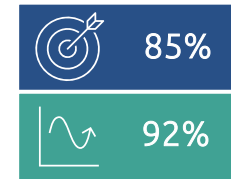
0 data breach required reporting to the Information Commissioner (ICO).

Breach 1 – Email containing personal data of a service user was sent to a member of WG in error.

Breach 2 – Meeting notification which included information about a member of staff regarding occupational health and sickness was sent to an individual external to PHW.

Breach 3 – Email sent to online attendees using the “To” function so outlook email addresses for PHW, NHS and other external organisations were visible.

Mandatory Information Governance Training



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



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



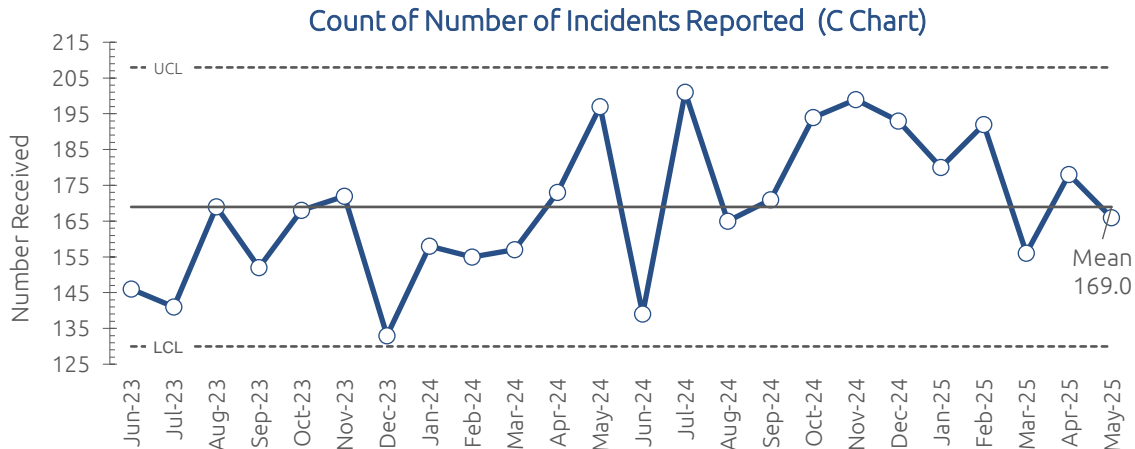
Clinical Governance, Quality, Safety and Improvement



Externally Reportable Incidents - May update

- No Nationally Reportable Incidents reported
- No Early Warning Incidents reported
- No Duty of Candour Incidents reported
- 3 Post Investigation Harms (Moderate or above)
- 3 incidents were closed in May with the post-investigation harm level recorded as **Moderate**.
- 1 incident is a RIDDOR reportable incident in Breast Test Wales.
- 1 incident is an Early Warning incident involving an Information Governance Breach in Breast Test Wales.
- 1 Incident with a harm level is being reviewed by the PTR Team to determine if this is correct or the level of harm adjusted.

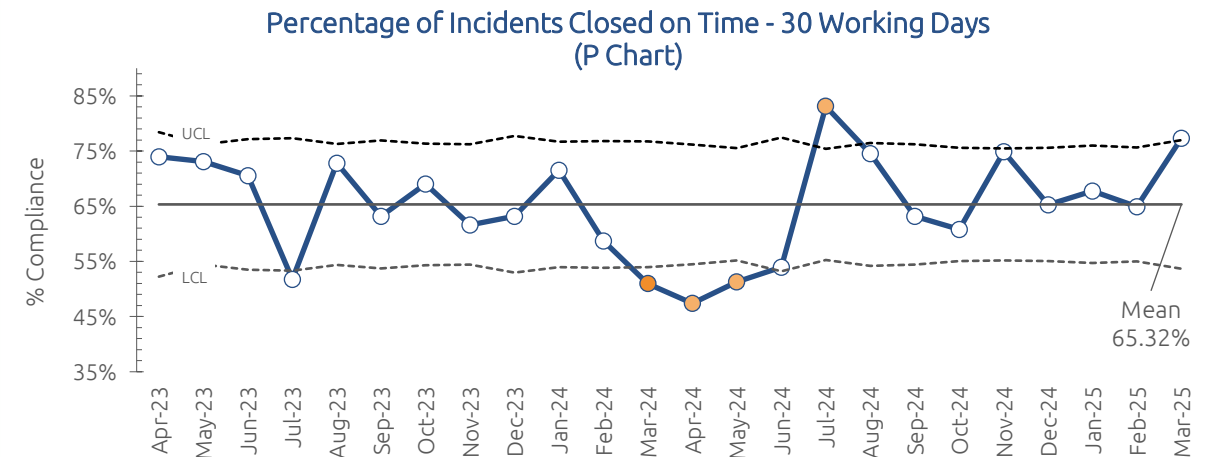
No. Incidents Reported Over Time



During May 2025, **166** incidents were reported. This is a slight reduction of **13** incidents from the **179** incidents reported in April 2025. The largest numbers of incidents reported this month were in: Cervical Screening Wales (**61**), Microbiology (**45**) and Diabetic Eye Screening Wales (**26**).

Normal variation. No special cause variation identified.

% of Incidents Closed within 30 Working Days



As of 3 June 2025, there are **142** open incidents with **20** having an overdue status, having been open for more than the 30-working day target. This is a notable improvement, with **15** incidents less overdue incidents compared to the **35** reported as overdue in April 2025. The areas with the largest number of overdue incidents are Diabetic Eye Screening Wales (**12**) and Breast Test Wales (**4**).

Normal Variation. No recent special cause variation noted.

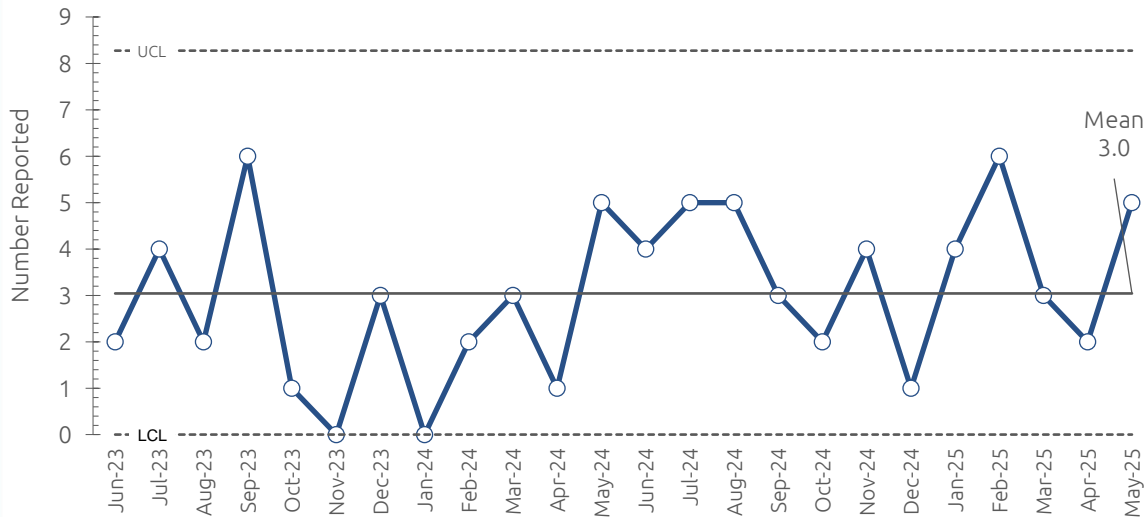


Clinical Governance, Quality, Safety and Improvement



Number of Formal Complaints Received

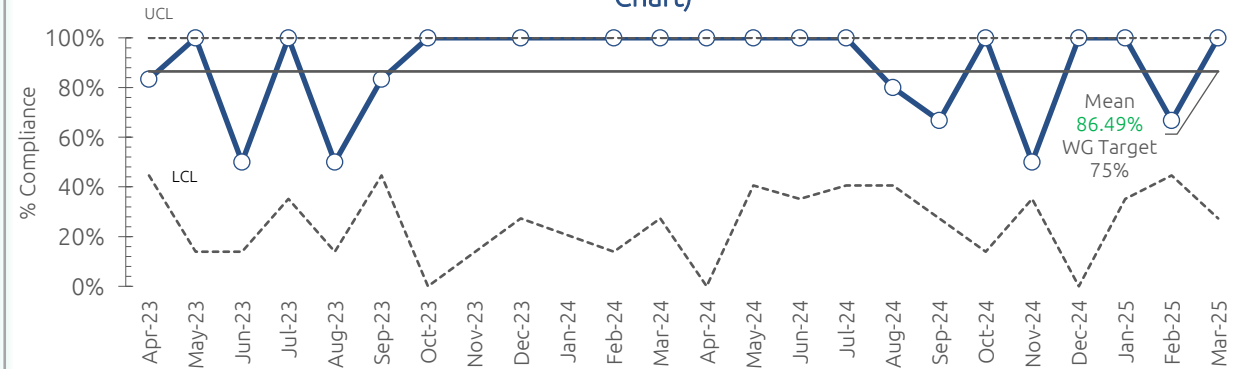
Count of Number of Formal Complaints Received (C Chart)



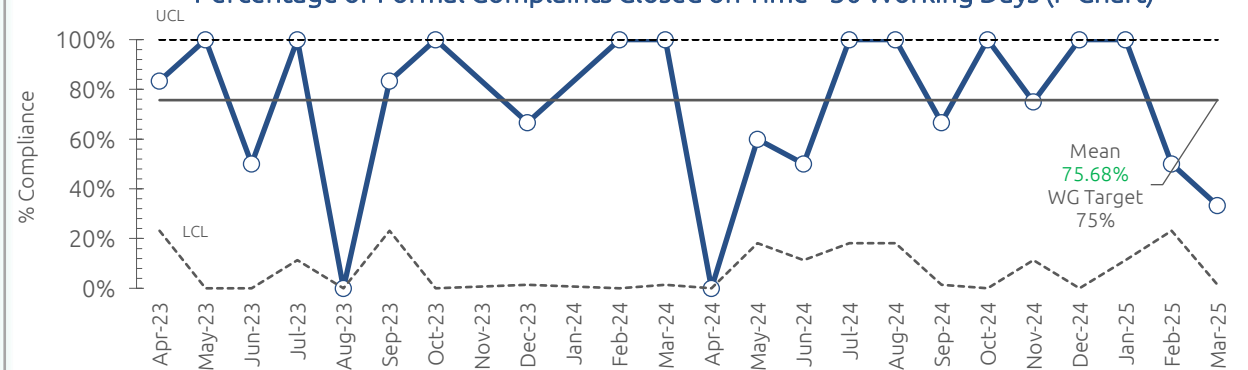
5 formal complaints received in May in the following services areas: Breast Test Wales (1), Cervical Screening Wales (1), Health Protection (1), Diabetic Eye Screening Wales (1) & Microbiology (1).

Normal variation. No special cause variation identified.

Percentage of Formal Complaints Acknowledged on Time - 5 Working Days (P Chart)



Percentage of Formal Complaints Closed on Time - 30 Working Days (P Chart)



3 (100%) complaints received in March were acknowledged within the 5 working day target. 1 (33%) of the 3 complaints was responded to within the 30-working day target. 2 (66%) missed the target due to requiring complex investigations and requests for further information and amendments during the Quality Assurance process.

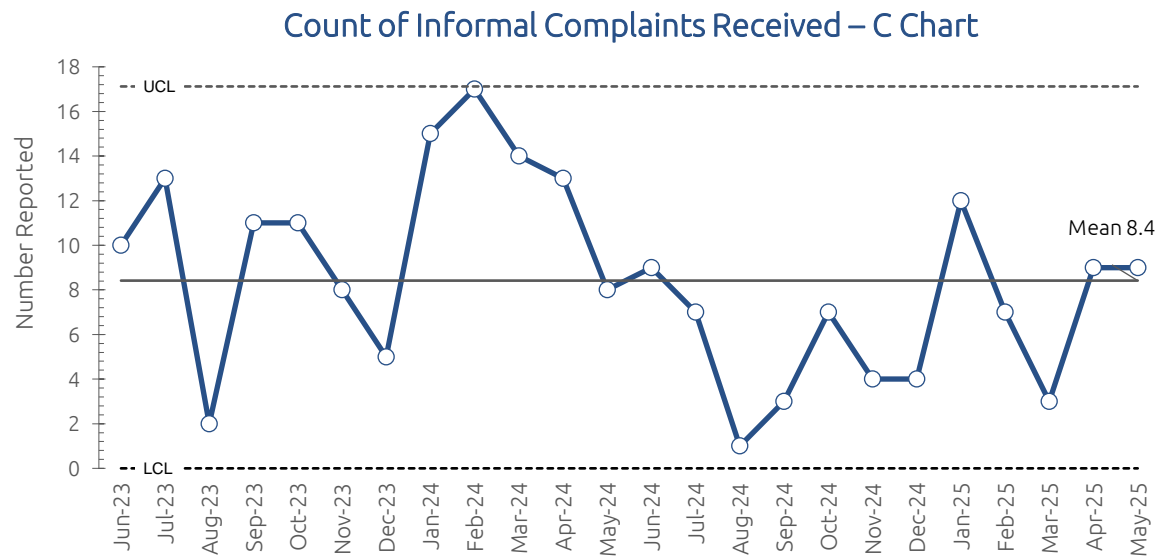
Normal variation. No special cause variation identified.



Clinical Governance, Quality, Safety and Improvement

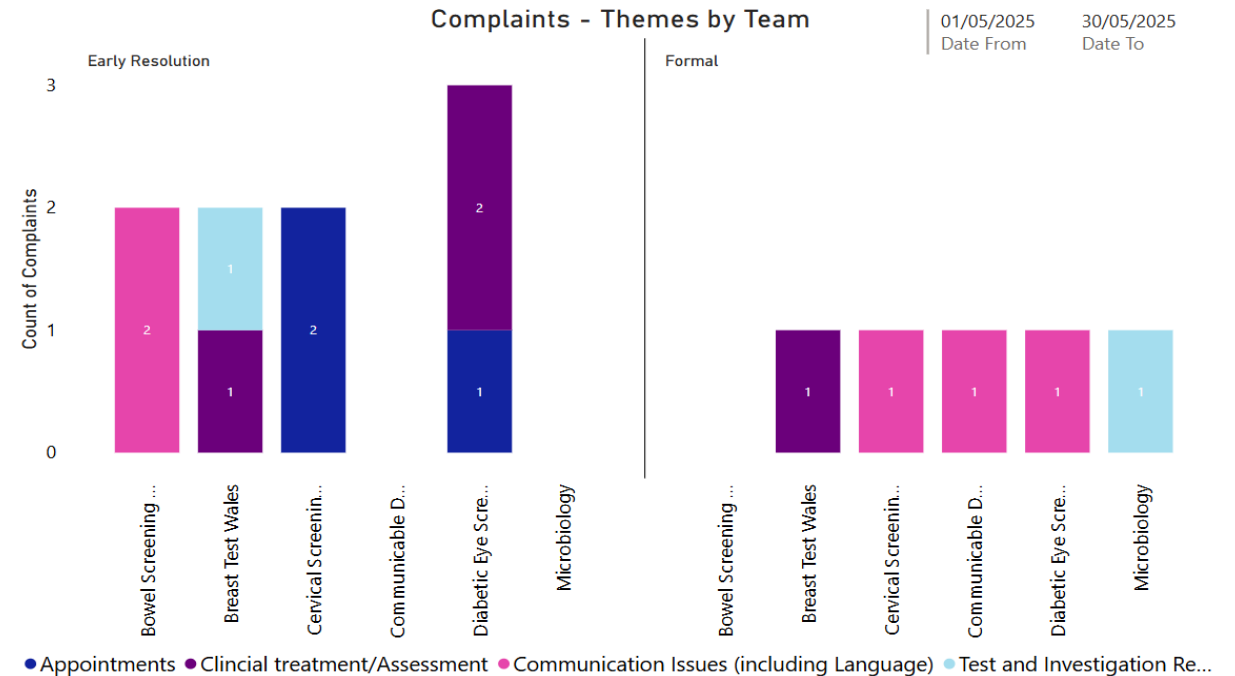


Number of Informal Complaints Received



Normal variation. No special cause variation identified.

Themes and Service Areas – May 2025



Claims

May 2025

0

No new claims were received during May.
Of the 29 current ongoing claims, 23 are confirmed claims with 6 being potential claims.

Redress

May 2025

0

No new Redress cases were received during May.

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.

Normal variation. No special cause variation identified.



Section 2 Service Delivery





Key Performance Indicator Summary



Screening Services	In Focus	Standard	Apr-25	Committee
Cervical Screening Wales – Waiting time for colposcopy appointment (8 weeks) (Health Board Delivery)		90%	98.2%	Quality, Safety and Improvement
Bowel Screening Wales – Waiting time for index colonoscopy (Health Board Delivery)	●	90%	6.9%	
Breast Test Wales – Assessment invitations (3 weeks)	●	90%	May-25 16.7%	
Diabetic Eye Screening Wales – Coverage (12 Months)	●	80%	40%	
Abdominal Aortic Aneurysm – Timely referral to elective vascular network (MTD)	●	100%	75%	
Infection Services			Apr-25	Quality, Safety and Improvement
Total Microbiology Rejection Rates		<5%	5.2%	
Total Microbiology Diagnostic Sample Requests		*TBC	160,143	
Blood Culture - Collected to Incubation SMI <4hrs		<4hrs	67.3%	
Blood Culture - Received (PHW Laboratory) to Incubation		*TBC	98.7%	
Health Protection			Apr-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%	100%	
Research Data & Digital			Quarter 4	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%	*TBC	
Health & Wellbeing			May-25	Knowledge, Research and Information Quality, Safety and Improvement
JUSTB – Number of Schools with 2-day training completed by month (YTD)		35 Schools	6 (36)	
Whole School Approach – Percentage of schools with an Action in Place (All schools)		80%	85%	
Whole School Approach – Percentage of schools with an Action in Place (Secondary schools)		100%	98%	
Help Me Quit - Benchmark for timely first contact (NTSS)		90%	97%	
Help Me Quit – 4-week self-reporting quit rate (NTSS)		35%	83%	
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

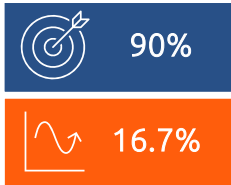
Latest activity

- Newborn Screening Re-platforming testing continues, working to resolve identified issues, planned to go live in July.
- Last April, received positive feedback from Health Inspectorate Wales following IR(ME)R inspection in Swansea.
- Targeted intervention in place for first time non-responders by National Health Protection Support team now in place for Diabetic Eye Screening and Wales Abdominal Aortic Aneurysm Screening Programme

Breast Screening - Assessment invitations within 3 weeks of screen

This remains below the 90% standard in May 2025.

Breast Screening assessments have improved slightly but remain outside of standard within 3 weeks for screening. The average wait is 4.7 weeks with 86% within 6 weeks. There remains impact from the monitor issues in the All-Wales PACS replacement programme during this period with speed of system impacting on reading in Wrexham. There is a critical shortage of surgical capacity in North Wales which is impacting assessment capacity. An action plan for improvement is in place and working closely with BCU.

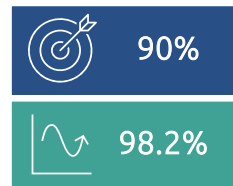


Key steps being taken:

- Swansea and Cardiff regions supporting reading for the North
- Evening clinics in North Wales.
- Radiology lead assessment clinics in Wrexham
- Raising and escalating delays with BCU HB



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

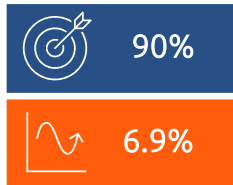


Timeliness remains above the 90% standard in April 2025.

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 April 2025. Colonoscopy is a commissioned service from the Health Boards.

As of 2 June 2025, the average waiting time for a screening colonoscopy was 8 weeks and 6 days (compared to 11 weeks in May). The waiting time ranged from 4 to 12 weeks across the 13 screening centres. Health boards are not delivering the commissioned weekly screening lists. Detailed discussions underway with key health boards.

Escalation to CEO. Action plan to reduce SSP waits in one health board has delivered improvement. Patient Tracking List – Bowel Screening Specific dashboard and planning tool released to Health Boards.

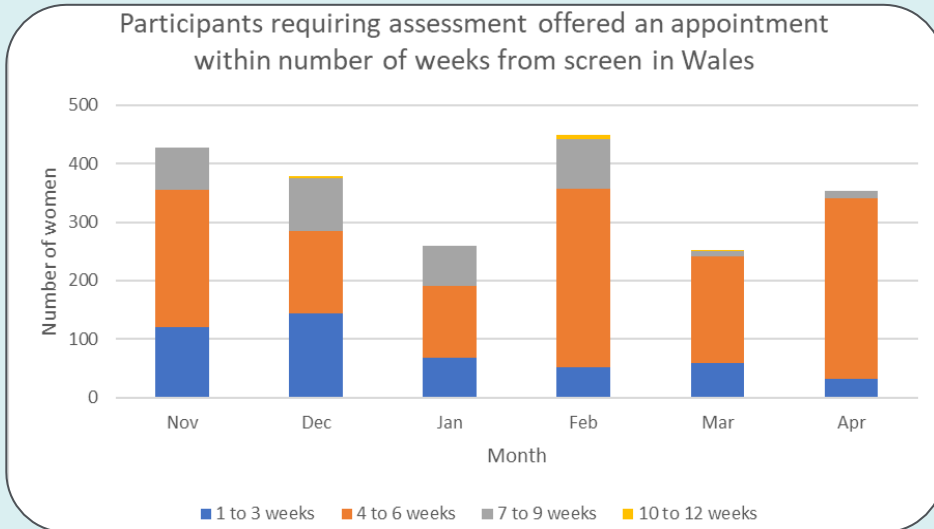




In Focus: Breast Test Wales Assessment Waits



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

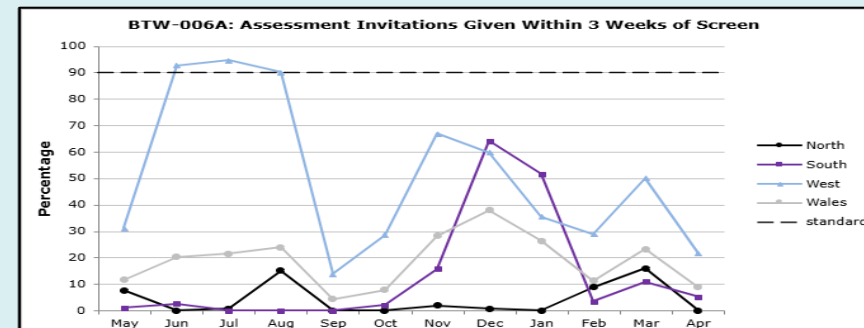
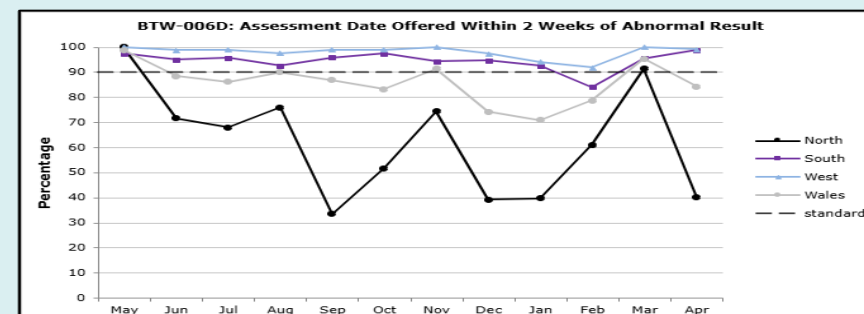
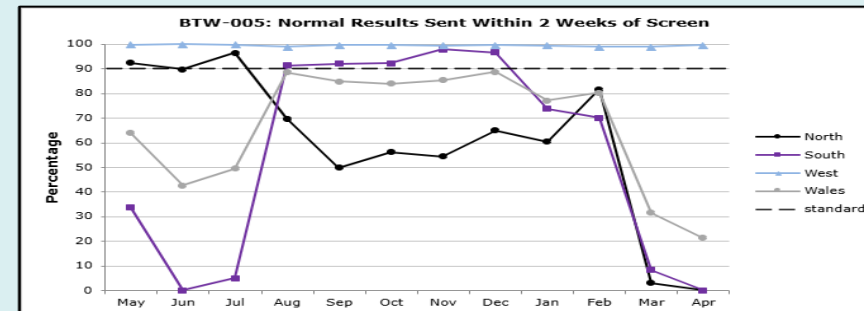


Assessment invitations given within 3 weeks has not met standards over the last 12 months.

There are two other standards that are key to understand this pathway: -- timeliness of reading mammograms which is measured in normal results sent within 2 weeks of screen and assessment date offered within 2 weeks of abnormal results.

South and West regions consistently meet standard for women having assessment date within 2 weeks of abnormal result and it is the reading timeliness that is impacting the assessment times. North have recently reduced performance of having assessment within 2 weeks of abnormal results.

All regions have shown a marked reduction in timeliness of reading since March which was due to the implementation of new PACs system and issues with monitors.





In Focus: Breast Test Wales Assessment Waits



Current Issues and Challenges:

- 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. Staff maternity leave and sick leave.
- There is long term surgical sickness absence resulting in the ongoing cancelation of assessment clinics in BTW Wrexham. Participants attending Llandudno with the two consultant surgeons in North East undertaking all screening assessments and surgery in BCU.
- When the new All Wales PACS programme was implemented in February there were issues with the monitors that were supplied, and all of these had to be replaced which resulted in no reading able to take place across Wales for a week.
- Slow speed of system is impacting on reading in Wrexham which is impacting radiologist in Wrexham reading. This is being worked to be addressed by company providing PACs.

Impact:

- Women anxious waiting for their screening results longer than expected
- Increased number of calls from women asking for screening results that pathway staff take which increases workload.
- Decreased morale of staff who are managing delay and workload.
- Delay to cancer diagnosis – this is not expected to be clinically impactful as although not meeting standard 3 weeks of screen most assessments within 6 weeks of screen and in line with national cancer pathway from point of suspicion of cancer to diagnosis

An action plan for improvement is in place:

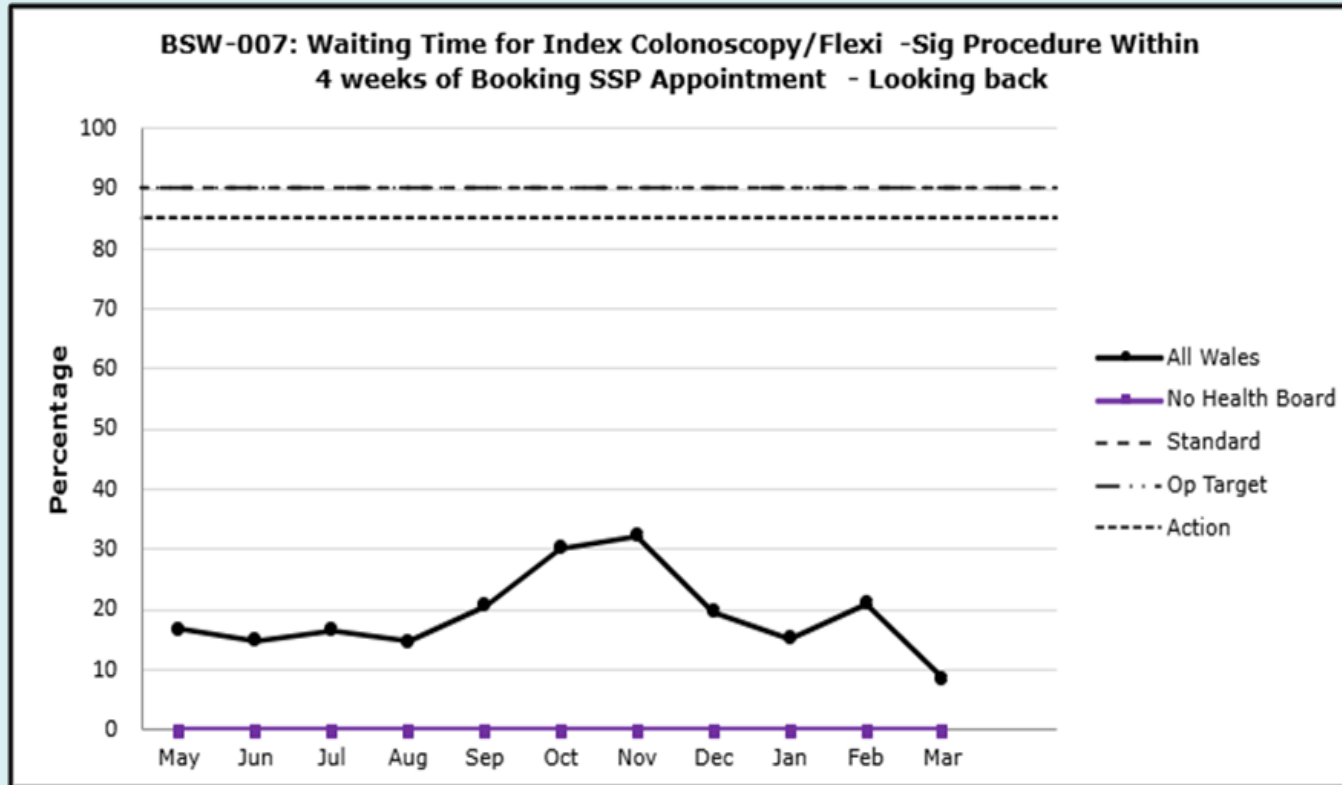
- Clinic bookings are optimised to ensure all slots are booked and short notice appointments are offered.
- Participants requiring assessment in Wrexham are currently being booked into Llandudno clinics due to the long-term surgical sickness absence in the Wrexham centre
- The rate of screening in BTW North has been safely reduced slightly.
- South and West regions are supporting North and undertaking some of their reading. The new PACs has enabled this ability.
- Reading staff are undertaking overtime in line with PAAR to support recovery of timeliness
- Radiologist in South is providing virtual support to North for assessment clinics.
- Film readers training in North Region, Breast Clinician in training and Fellow returning from maternity leave to continue training.
- Assessment clinic capacity has increased in South with radiologist run clinics.
- Discussion with BCU about surgical capacity in Wrexham and discussion with consultant surgeons in North East to explore options.
- Discussion with NHS Exec cancer recovery team- attending MDT in South East to explore potential ways forward.
- NHS Exec Performance and Assurance team to start to scoping out tracker for breast screening taking similar approach to bowel screening



In Focus: Bowel Screening Wales Colonoscopy Waits



Trend data and latest waits – April 2025
Colonoscopy is a commissioned service from the Health Boards



Local Assessment Centre	Waiting time SSP assessment	Waiting time colonoscopy	Total waiting time
1	5 weeks 4 days	2 weeks 1 days	7 weeks 5 days
2	0 weeks 4 days	8 weeks 1 days	8 weeks 5 days
3	0 weeks 4 days	8 weeks 5 days	9 weeks 2 days
4	1 weeks 6 days	6 weeks 0 days	7 weeks 6 days
5	1 weeks 3 days	5 weeks 2 days	6 weeks 5 days
6	1 weeks 5 days	4 weeks 0 days	5 weeks 5 days
7	0 weeks 6 days	10 weeks 0 days	10 weeks 6 days
8	9 weeks 5 days	10 weeks 0 days	19 weeks 5 days
9	9 weeks 5 days	10 weeks 0 days	19 weeks 5 days
10	1 weeks 6 days	7 weeks 5 days	9 weeks 4 days
11	3 weeks 4 days	7 weeks 6 days	11 weeks 3 days
12	3 weeks 3 days	11 weeks 5 days	15 weeks 1 days
13	2 weeks 4 days	5 weeks 3 days	8 weeks 0 days



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.
- 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 all local assessment centres in Wales. As of 9 May 2025, the average waiting time for a screening colonoscopy was 11 weeks, with waiting times ranging from 6 to 19 weeks across the 13 screening centres.
- Colonoscopy Insourcing has placed an increased demand on Screening Practitioner capacity. At week ending 9 May 2025, 7 of the 13 centres were offering Specialist Screening Practitioner (SSP) assessments within the BSW 14-day standard, with average waits reaching 23 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 are looking at ways to streamline the accreditation process further.
- BSW is facilitating several short-term regional working agreements to improve the timeliness of pre colonoscopy assessments. Vacant SP posts are being recruited with several 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. A paper has been developed with HB detail to share with CE to enable CE to CE discussion.
- The Business Team routinely meet with the health boards to monitor activity aligned to commissioned capacity via the Long-Term Agreements.
- Patient Tracking List – Bowel Screening Specific dashboard and planning tool released to Health Board cancer tracking team this will improve visibility of screen route to diagnosis of bowel cancer.



Health Protection and Screening Services



Screening Services

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



In May, coverage at 12 months for annual recall remains stable at 40%. There has been a steady increase in coverage at 24 months to 69%. This reflects the improving round length for screening and more timely recall of participants with of 93.3% now invited within 24 months.

Coverage at 24 months for the low-risk recall pathway remains good at 77%.

Uptake of eye screening is above standard at 83.2% demonstrating that participants are taking up their screening appointments.

In May, 99.3% of the 1309 participants that were newly registered with the programme were offered an 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 5.6 % in May 25 (was 11.1% in May 24).



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.

In May, the service has fallen **below** the 100% target.





In Focus: Diabetic Eye Screening Wales Coverage



Current Issues and Challenges:

- Prevalence of diabetes across Wales increasing. New referrals prioritised as higher risk participants. Over 99% of new referrals approx. 1400 a month are appointed within 90 days.
- Service delivery model reliant on provision of suitable venues by Health Boards in appropriate locations, on required number of days and with adequate venue opening hours. Mismatch between staff availability and HB venue availability
- Staff sickness levels above PHW average
- High volume of cancellations of fixed time appointments and non-attendance of approximately 20% at scheduled clinic appointments
- Image capture failure rate impacted by participants with cataracts who are awaiting Hospital Eye Service review.
- New technology which has the potential to modify usage of eye drops and improve efficiency but requires evaluation to enable a change to delivery model

Impact:

- Delayed offer of appointment on one year recall pathway. New referrals and two-year recall pathway not delayed.
- Increase in population cohort from 175,314 participants in 2018/19 to 197,388 eligible active participants - growth rate of over 12%. Prioritisation of new referrals reduces capacity for recall participants
- Inadequate clinic appointments in suitable locations resulting in geographical inequities in access
- Staff sickness leading to short notice clinic cancellations, resulting in ongoing demand due to need to re-book participants
- Clinic utilisation below target resulting in poor staff utilisation and inefficiencies in service delivery
- Failsafe of participants awaiting Hospital Eye Service review back into DESW recall cohort
- Modifying usage of eye drops could result in an increased appointment capacity

Current Actions:

- Transformation gateway review undertaken. Transformation paper detailing work prepared and being taken to Change Board in July.
- Implementation of e-referral form to improve data quality and data processing of high volume of new referrals has released screening pathway admin capacity to backfill clinic appointments. Prioritising the backfilling of clinic appointments in high demand areas
- Implementation of mobile clinics in areas of longest wait and highest demand to increase appointment capacity.
- Implementation of new Mid-Wales Screening Team to ensure geographical coverage and increased capacity in Mid-Wales.
- Provision of extended hours clinic on evenings and weekends to increase accessibility of service outside of working hours.
- Options appraisal to consider future service delivery model using outcomes from use of mobile clinics and the introduction of fixed sites screening venues
- Development of 'Culture Club' within DESW led by Senior Management and engaging across all staff groups to develop Culture Action Plan to support staff in the workplace.
- Scoping of online booking to enable participants to change clinic appointments.
- Implementation of new business rules to manage repeat cancellations and frequent non-attenders.
- Scoping work to take forward evaluation of new technology and modified usage of eye drops which would improve efficiency and potentially reduce inequity.

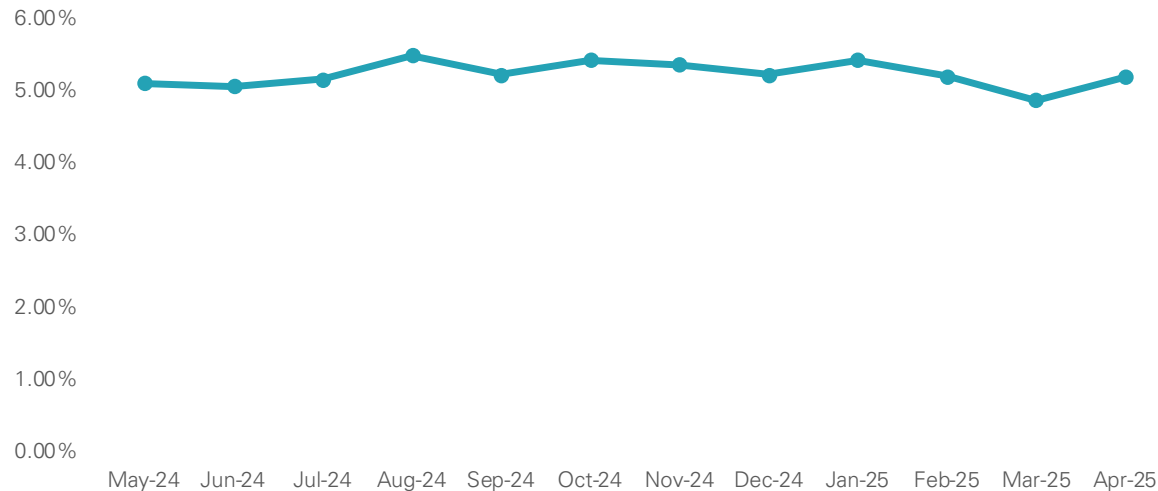


Health Protection and Screening Services



Infection Services

Total Microbiology Rejection Rates



<5%

5.2%

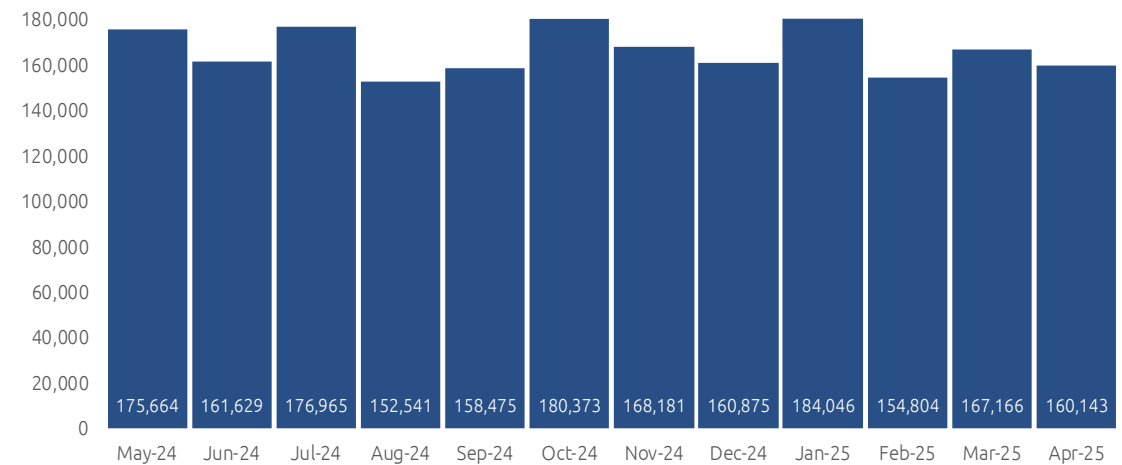
Diagnostic testing rejection rates increased slightly in April to 5.18% out of 160,143 total sample requests. A Specimen Acceptance Policy in Infection Division provides guidance on criteria to accept or reject samples.

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

Infection Quality Leads work month on month to identify trends in rejection rates and communicate with service users to improve user practice.

LIMS 2.0 will give us the opportunity to create a bespoke test set to further collect more streamlined information on rejection rates.

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. April 2025 shows a decrease from March to 160,143.

COVID/Respiratory outbreaks remain unpredictable at present, and we are working with Health Boards to ensure appropriate patient testing.

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

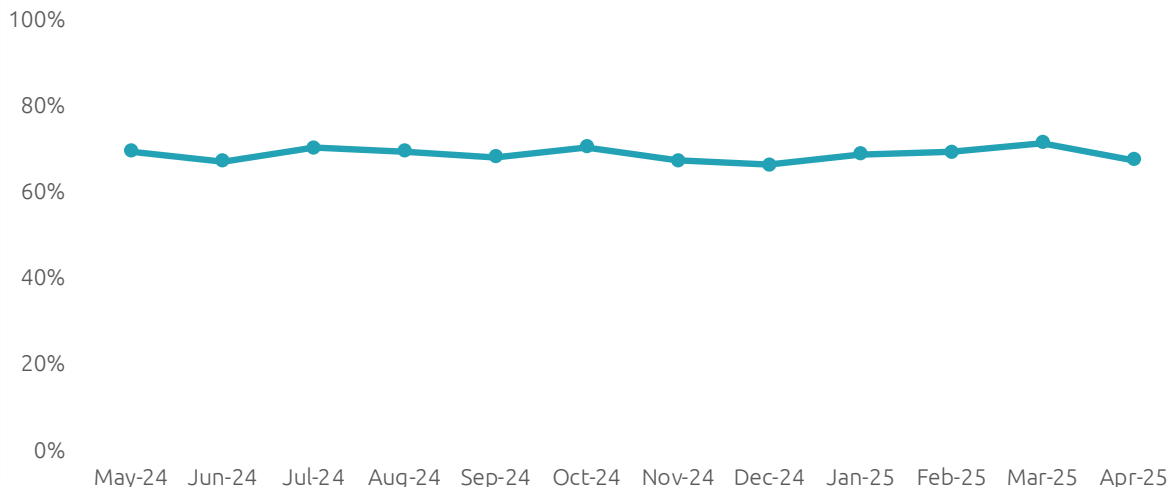


Health Protection and Screening Services



Infection Services

Blood Culture - Collected to Incubation SMI <4hrs

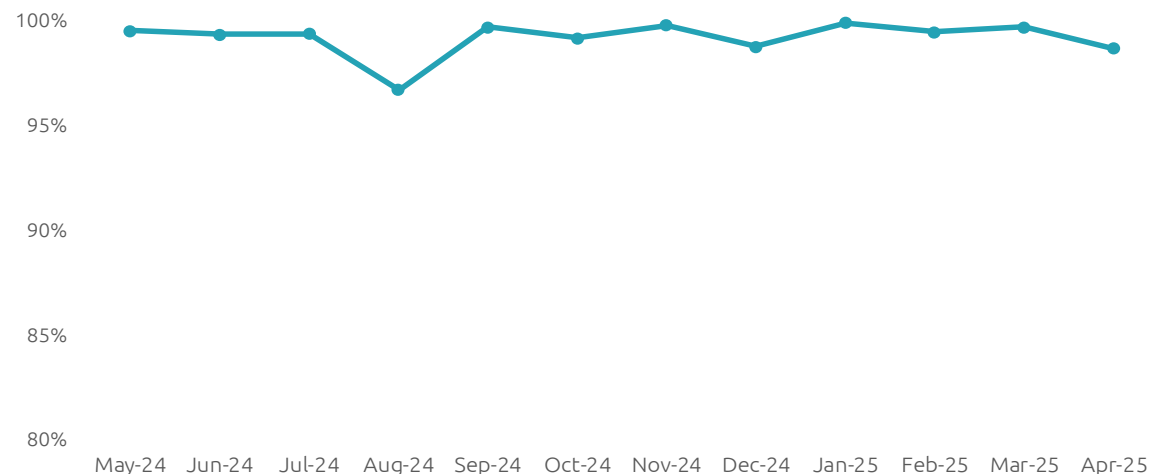


<4 hrs

67.3%

- Blood cultures are important samples to support the management of sepsis. The 4-hour target from collection to incubation as advised in the UK Standards for Microbiological Investigations is key to being able to allow accurate and timely clinical diagnosis to prevent sample degradation.
- This metric is multifactorial with the challenge to increase the time between sample collection and receipt remaining consistent as this metric relies on adequate processes in Health boards to ensure timely delivery of blood culture samples from all locations.
- The laboratory limitation is the lack of data collection on some samples so an inability to establish the correct time frame.

Blood Culture - Received (PHW Laboratory) to Incubation



*TBC

98.7%

*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.
- 98.68% 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 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 as evidenced by the 98.68% achievement.



Health Protection and Screening Services

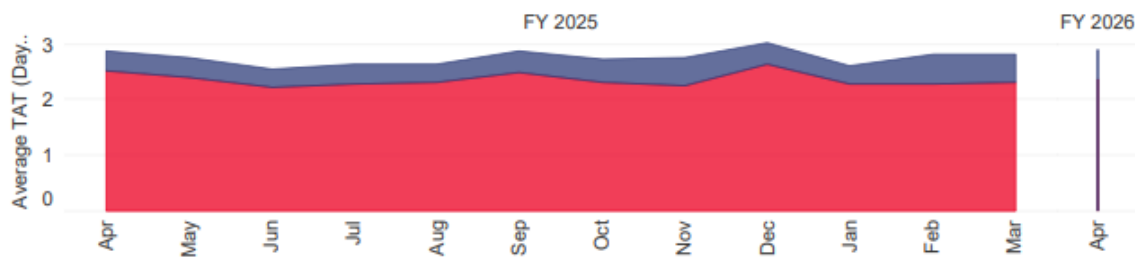


Health Protection

Test and Post – STI self-sampling

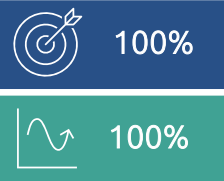
Test Turnaround Times (TAT)

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



*N.B. Chart sourced from external provider - April data currently unavailable and will be updated in due course.

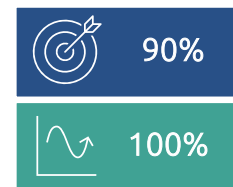
- Turnaround times for STI testing are important in identifying infection as soon as possible so that it can be treated to prevent damage to the individual's health and onward transmission to partners
- In April 2025, 99.93% met the 7-day turnaround standard
- 9 requests of 5863 total requests did not meet the 7-day TAT standard
- 5,863 total requests equated to 36,371 tests being undertaken



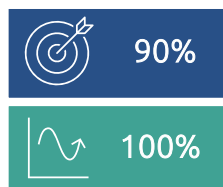
- Actions to improve:
 - Ongoing monthly monitoring – TAT beyond 7 days was result of reflex testing for LGV

AWARe Response Times by Priority

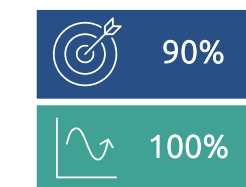
Urgent (<4 hours)



High (<24 hrs)

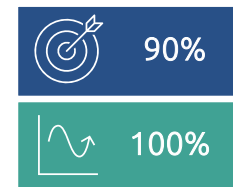


Medium (<48 hrs)



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

Compliance to Surveillance Reporting Schedules (%)



- In April 2025, reporting remains above the expected target however we are continuing to explore methods to enable this process to become automated.
- This is currently being discussed with members of the CDSC Management Team and Ops

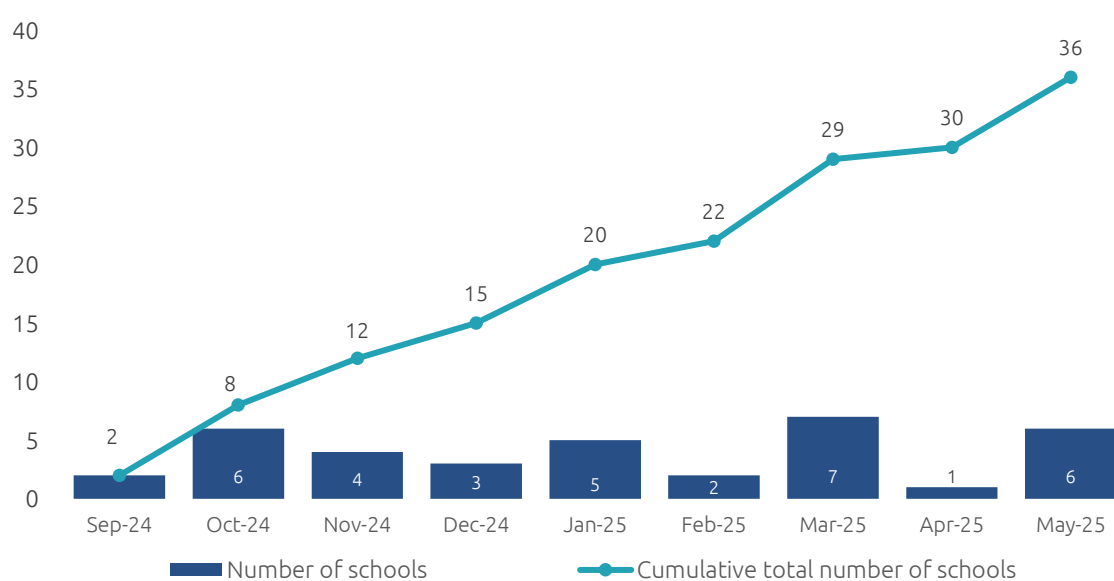


Health and Wellbeing

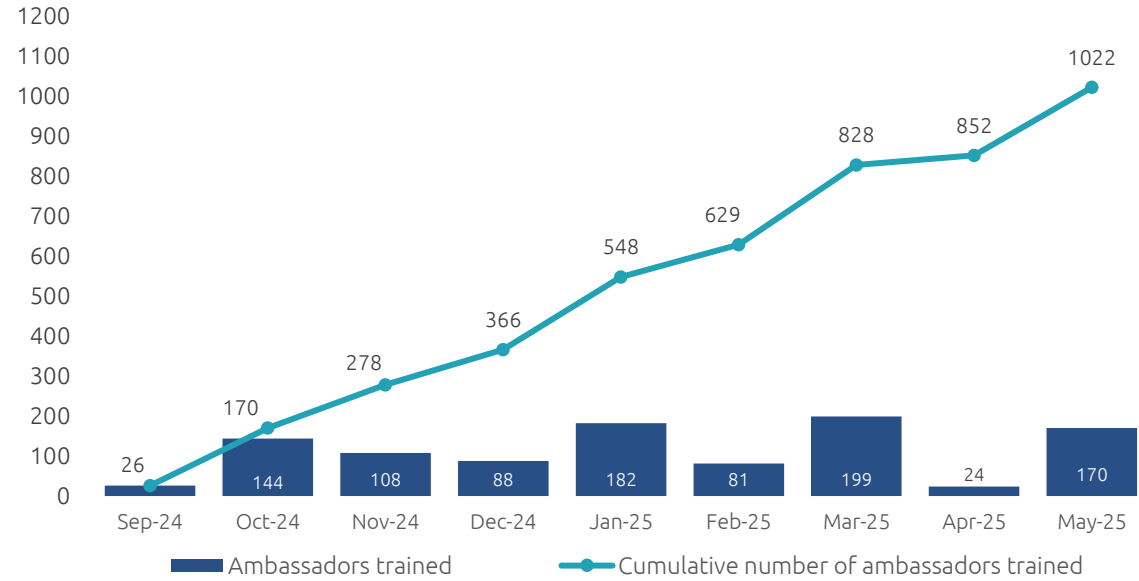


JUSTB / BYW BYWYD

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.

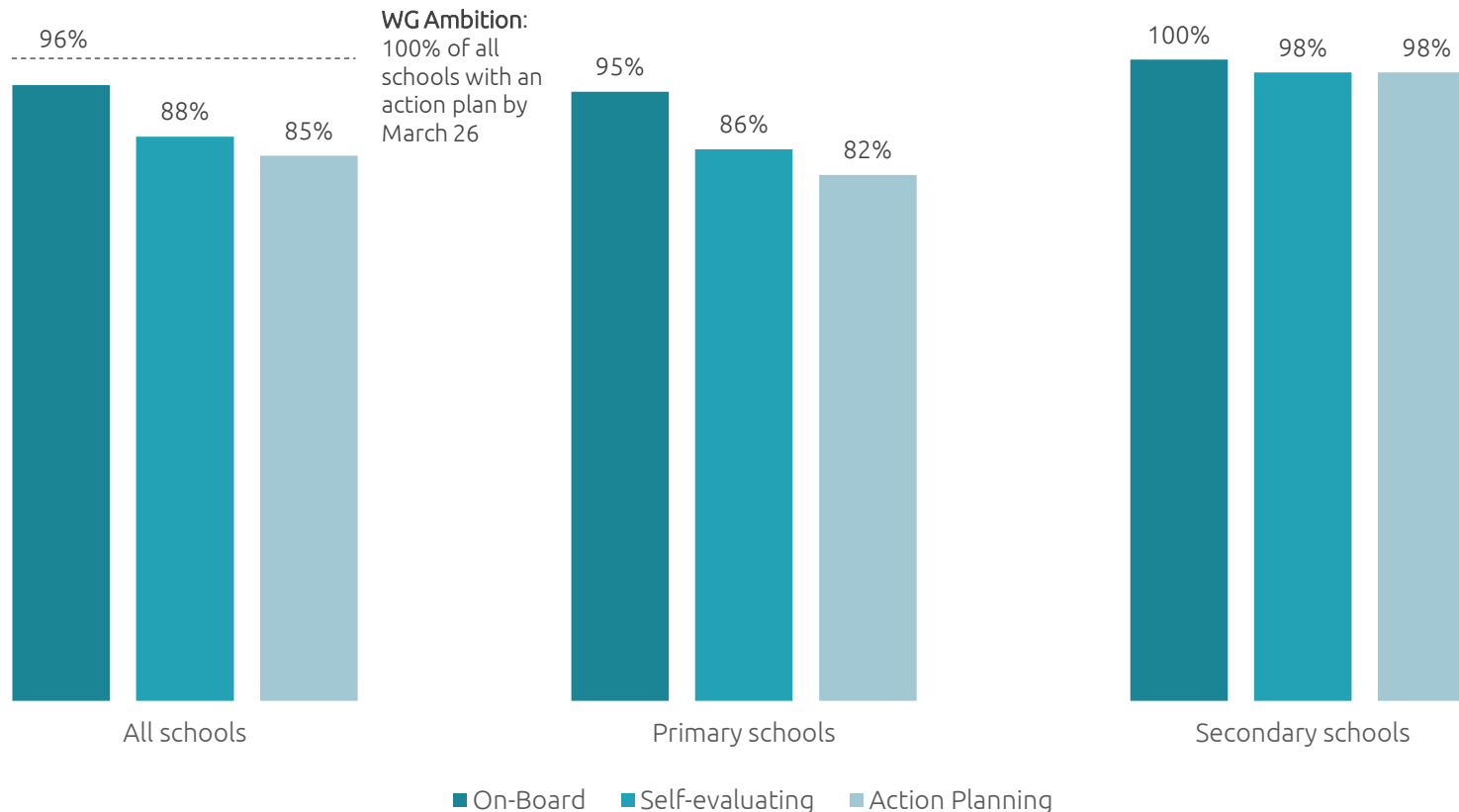


Health and Wellbeing



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: 30/06/25)



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

'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.

*** We are currently refining data definitions to meet the requirements of the Welsh Government ambition**



Health and Wellbeing



Help Me Quit

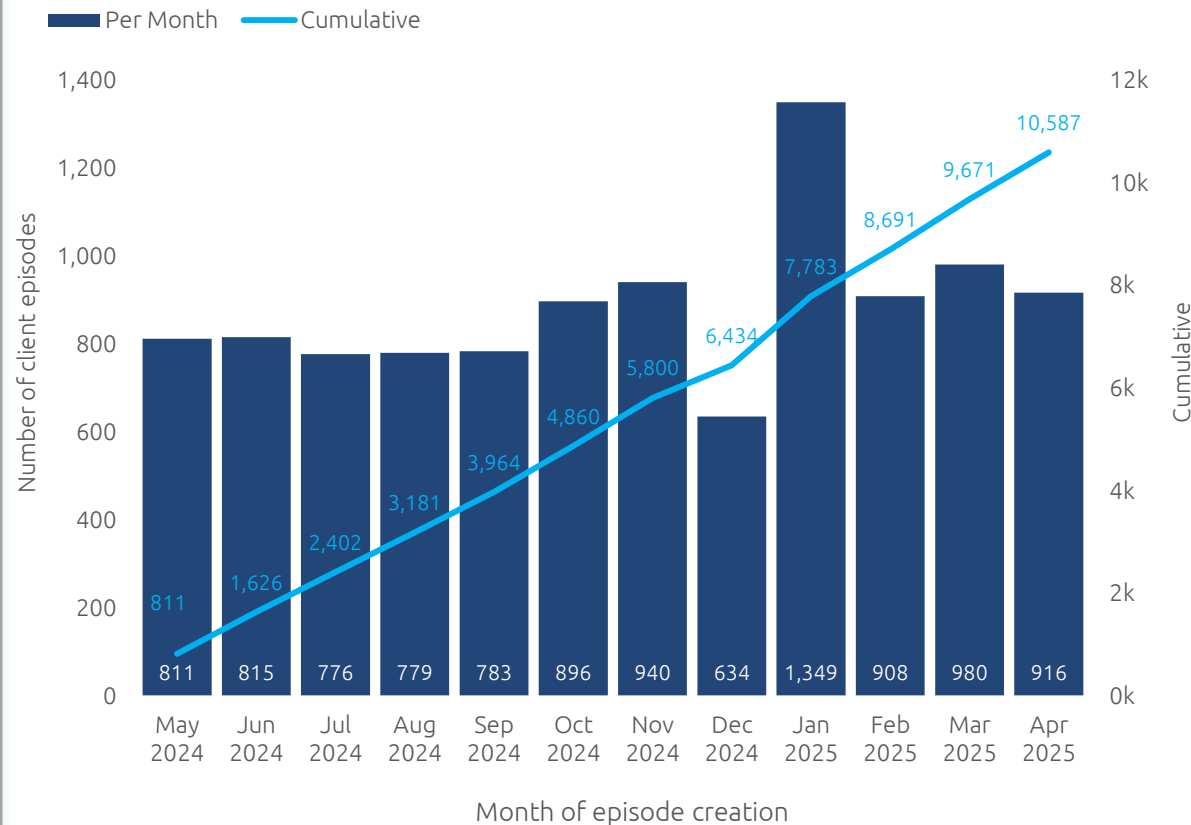
In April 2025, the HMQ Hub received 1,117 referrals that the Hub was responsible for contacting, alongside managing 937 inbound calls (up from 891 in March 2025).

The Hub created 916 new client episodes, contributing to a total of 10,587 episodes in the 12 months to the end of April. **Performance against the benchmark for timely first contact improved from 87% in March to 97% in April.** A number of factors contributed to improved performance in assessment waiting times:

- Reallocation of Telephone Support Workload- SBUHB and ABUHB are transitioning away from a telephone support-based model towards increased delivery through virtual support sessions and community-based clinics. To support this, the National Telephone Support Service (NTSS) Hub would absorb more cases for these health boards.
- Booking Process Improvements following a review of business processes and in preparation for upgraded client record functionality.
- Increased 'First Contact Assessment' Delivery offered during the initial call, where appropriate, rather than scheduling another appointment. This has increased throughput, reduced wait times and improved client experience.

Additionally, the call handler team was fully staffed throughout April, resulting in fewer missed calls and an increase in outbound booking activity. This contributed to a smoother referral journey and improved client engagement.

Number of client episodes created by the Hub



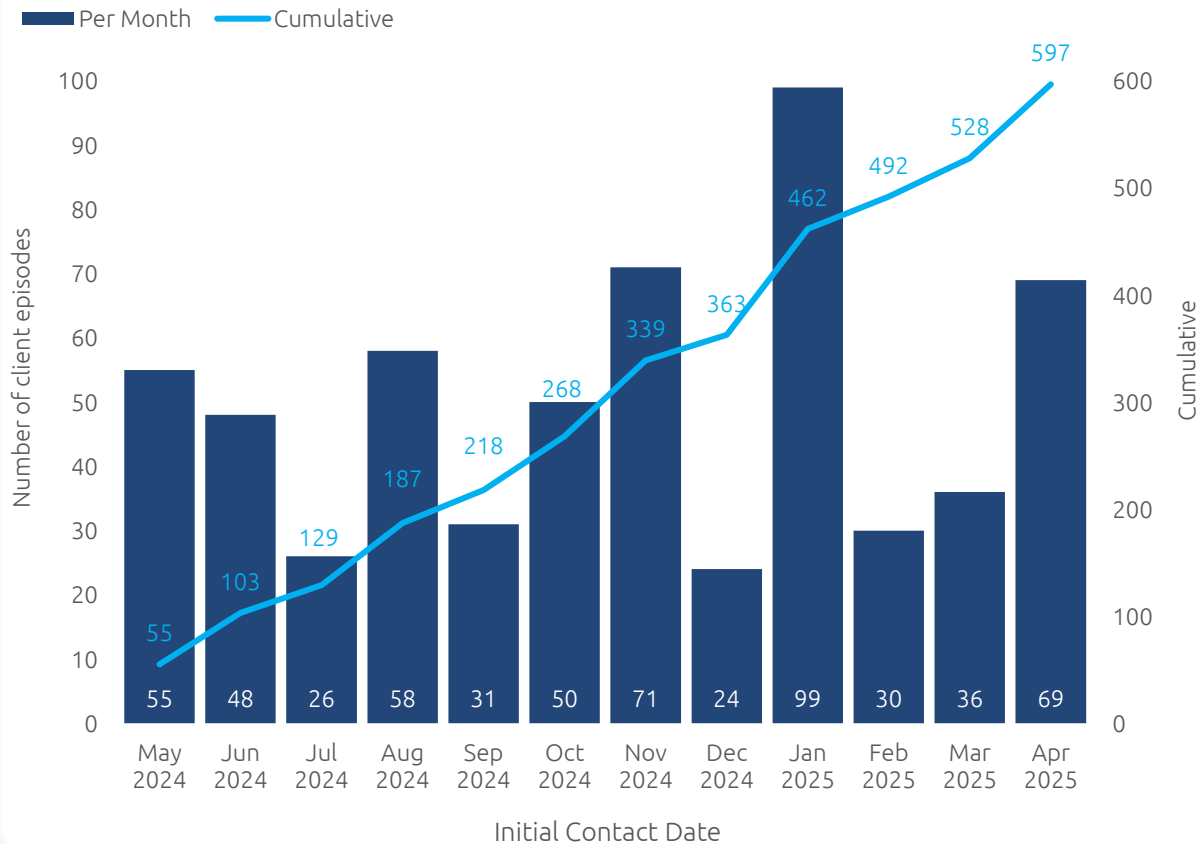


Health and Wellbeing

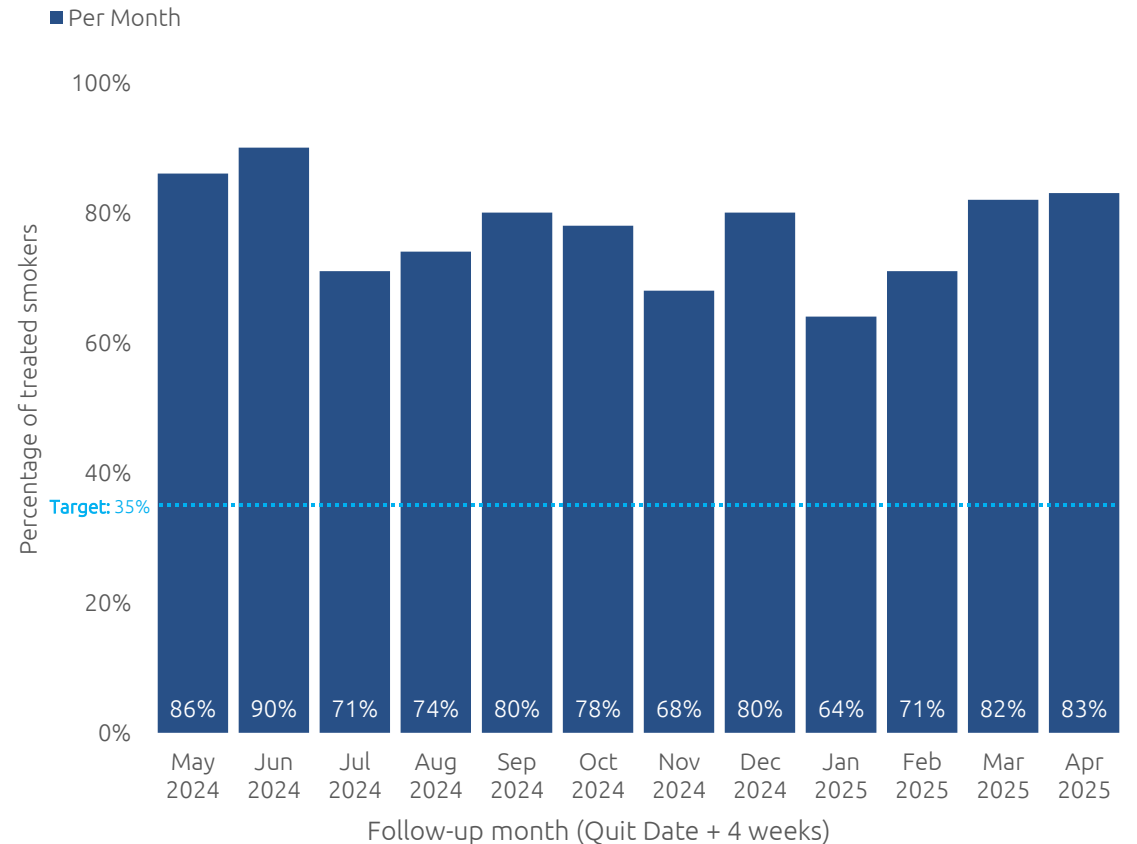


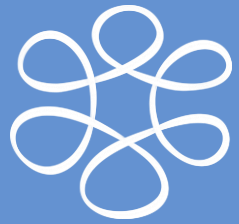
Help Me Quit

Number of clients who attend an assessment session (NTSS)



4-week self-reporting quit rate (NTSS)





Section 3
Strategy Delivery



Key Performance Indicator Summary



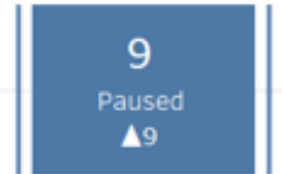
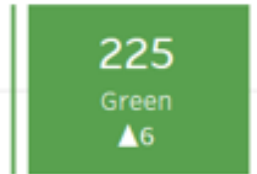
Strategic Plan	In Focus	Target	May-25	Committee
Strategic Plan – Percentage of milestones complete		100%	93.5%	Board
Strategic Plan – Percentage of milestones currently red		0%	1.2%	
Request for Change (RFC) – Number of milestone changes approved		N/A	3	
Strategic Priority 1 – Wider determinants		100%	100%	
Strategic Priority 2 – Promoting mental and social wellbeing		100%	100%	
Strategic Priority 3 – Promoting healthy behaviours		100%	92.1%	
Strategic Priority 4 – Sustainable health and care system		100%	93%	
Strategic Priority 5 – Excellent public health services		100%	93%	
Strategic Priority 6 – Climate change		100%	100%	
Enabling delivery of our plan		100%	92.5%	
Strategic Change Programmes – Percentage of milestones currently green/amber		N/A	100%	
Strategic Change Programmes – Percentage of milestones currently red		N/A	0%	



Strategic Plan Milestone Delivery



Strategic Priority Delivery Status

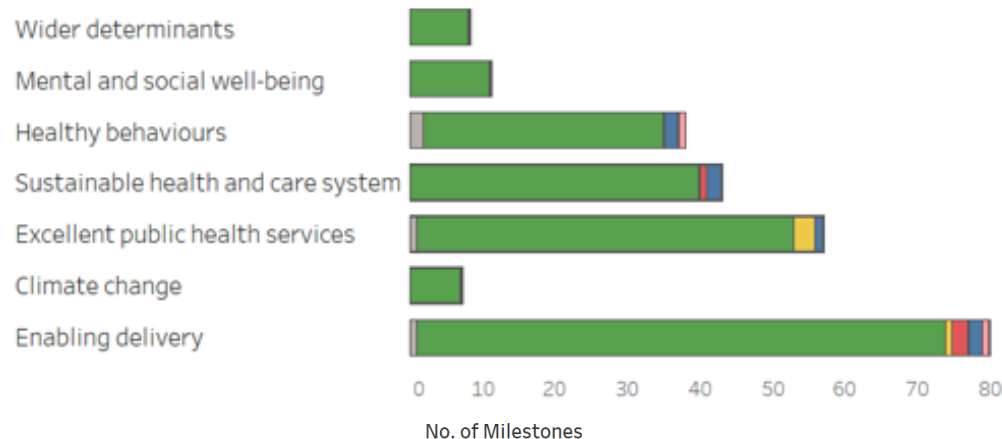


Request for Change

A total of 3 Requests for Change have been submitted this month.



By Strategic Priority



As at month 2 of our IMTP 25/26, 4 milestones have been completed and 225 are currently reporting as green. This means 93% of the milestones are considered on track.

There are 4 amber milestones at risk of delay, all scheduled for delivery in Q3 or Q4. The first 2 relate to external delays in LIMS implementation. 1 milestone relates to the All-Wales Newborn Hearing Screening and Newborn Bloodspot Screening Wales IT systems, impacted by replatforming delays that block developer progress. The 4th amber milestone relates to reporting of social marketing and public campaigns and may incur a delay due to the need for further clarity on process and purpose.

All 3 red milestones have submitted RFCs. The first requests a revised delivery date due to the rescheduling of the Wales Public Health Conference, another relates to the Safeguarding Quality Assurance Framework and asks to change the delivery date that was initially entered incorrectly. The last red milestone has submitted an RFC to close, as the scope of the work has been combined with another milestone in the plan.

The 9 paused milestones include 7 suspended milestones, with 2 milestones that have moved delivery into 2026/27. Milestones rolled over from 2024/25 are reflected in the 2025/26 milestone delivery figures.

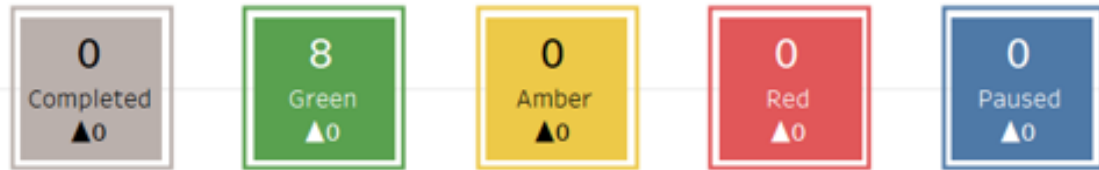


Strategic Plan Milestone Delivery



Strategic Priority 1 – Wider determinants

Current Delivery Status



By Directorate

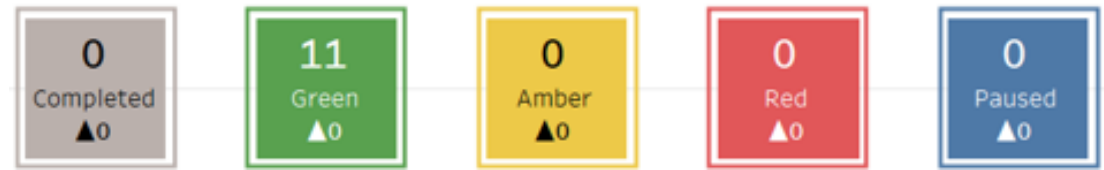


In Year Changes to Plan

No requests for change received in month 2

Strategic Priority 2 – Promoting mental and social wellbeing

Current Delivery Status



By Directorate



In Year Changes to Plan

No requests for change received in month 2

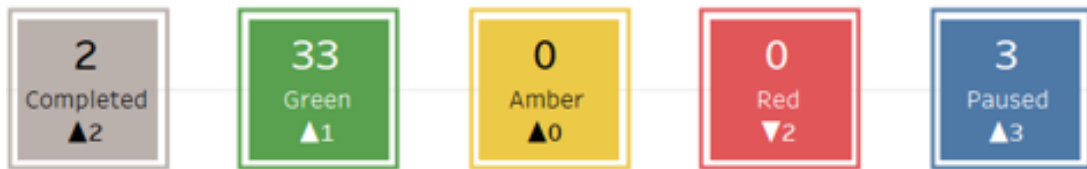


Strategic Plan Milestone Delivery



Strategic Priority 3 – Promoting healthy behaviours

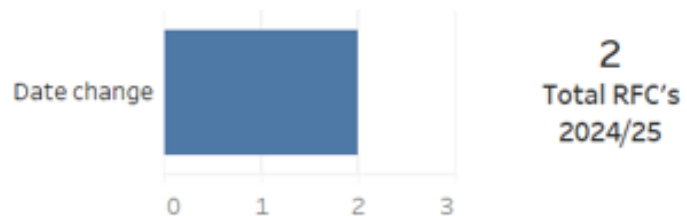
Current Delivery Status



By Directorate

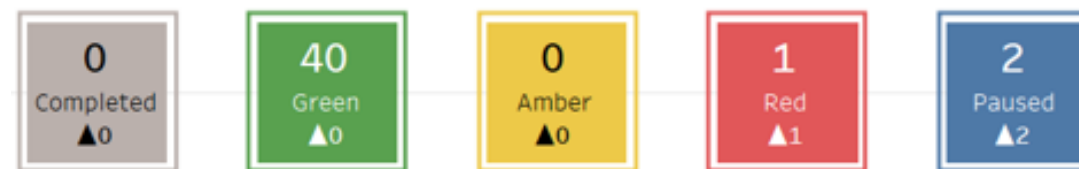


In Year Changes to Plan



Strategic Priority 4 - Sustainable health and care system

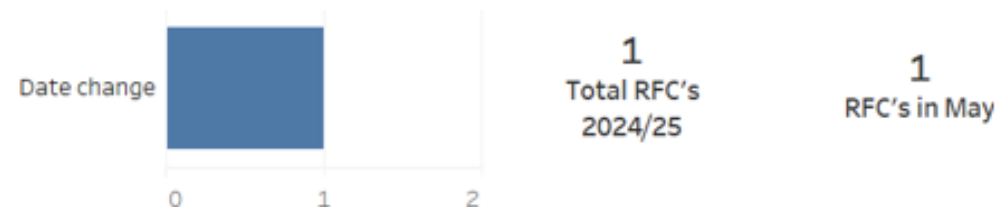
Current Delivery Status



By Directorate



In Year Changes to Plan





Strategic Plan Milestone Delivery

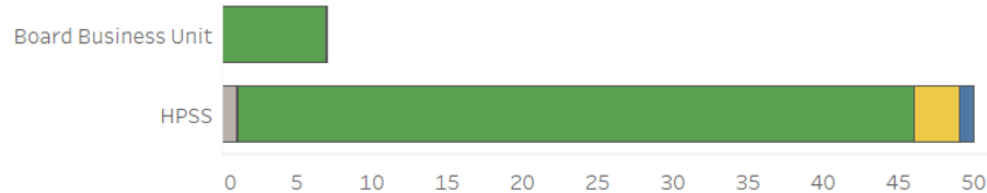


Strategic Priority 5 – Excellent public health services

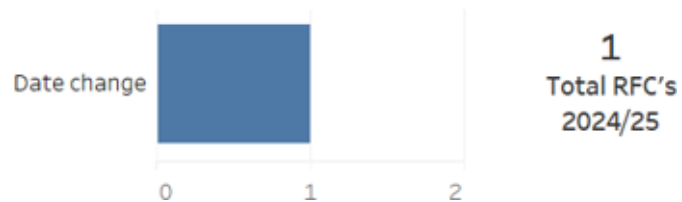
Current Delivery Status



By Directorate

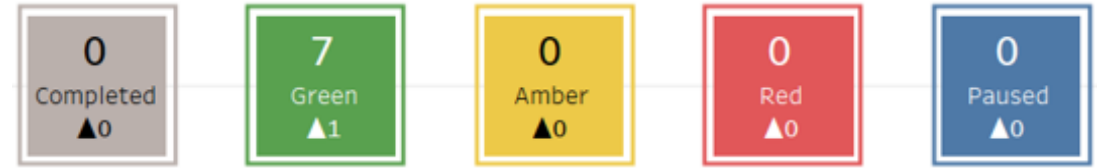


In Year Changes to Plan



Strategic Priority 6 – Climate change

Current Delivery Status



By Directorate



In Year Changes to Plan

No requests for change received in month 2



Strategic Plan Milestone Delivery

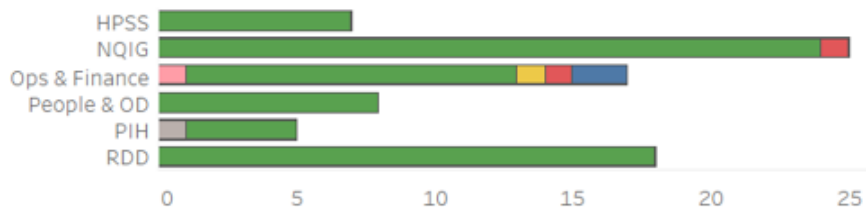


Enabling delivery of our plan

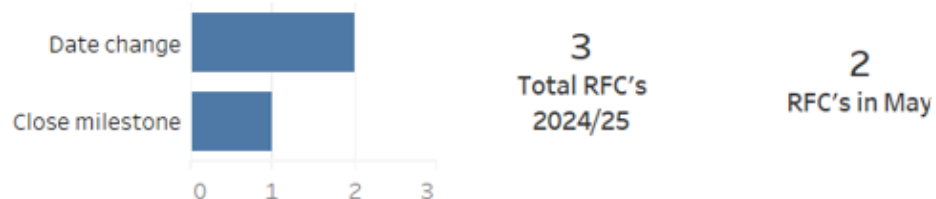
Current Delivery Status



By Directorate



Changes to Plan





Strategic Change Programmes



Strategic Change Programmes Overview

Each Strategic Programme reports a monthly Delivery Confidence Assessment (DCA) for overall programme delivery. Detail on all programmes, including tier 3, is available on the Performance and Assurance dashboard.

A high-level summary of the DCA status for Tier 1 & 2 programmes, as of May 2025, is provided below.



Key Information

Of the 9 change programmes, **6 have maintained their RAG status** since last month, indicating stable progress or persistent challenges.

Digital Health Protection has moved from **Amber/Red** to **Amber**. Confirmation of funding for this financial year has been received from Welsh Government. As this is a multi-year programme, PHW are negotiating with Welsh Government to ensure that the funding letter has appropriate safeguards to allow procurement to go ahead. Commercial pre-engagement is prepared and will launch once procurement clearance is received. Recruitment is progressing: the Senior Change Manager role is drafted, and the Programme Director role is in development.

Tackling Diabetes Together remains **Amber**. A Programme director has been appointed, and It has been agreed with the SRO that they will undertake a deep dive 'diagnostic' of the Programme, with particular focus on the progress of the project briefs, opportunities, slippage, and potential barriers to delivery. The Programme Director is aiming to finalise a report for Change Board at the end of July with findings and appropriate recommendations. It is envisaged at this stage there will be an opportunity to revise the risk status of the programme.

Diabetic Eye Screening has moved to a **Green** status. Digital Services have confirmed their commitment to supporting this work within the current financial year, enabling us to move forward with confidence. With the 2025/26 milestones now confirmed and on track, we are well-positioned to deliver against our objectives.

Automation and AI and **Data, Analytics, Register, Cloud** both remain **Amber** for the second month, with work progressing to plan and resource.

Infection Services Laboratory Modernisation remains in development and is not yet ready for a DCA.

Programme Detail

Programme Name	Mar	Apr	May
1 Diabetic Eye Screening Transformation	G	G/A	G
	A/R	A/R	A
2 National Targeted Lung Cancer Screening	G	G	G
	A	A	A
Tackling Diabetes Together			
Automation and AI		A	A
		A	A
Data, Analytics, Registers, Cloud			
North Wales Estates		G	G
Web Transformation	A	G/A	G/A

Further detail on the individual Programme DCA and commentary can be found on the dashboard.





GIG
CYMRU
NHS
WALES

Iechyd Cyhoeddus
Cymru
Public Health
Wales

*Gweithio gyda'n gilydd
i greu Cymru iachach*

**Working together
for a healthier Wales**