



GIG
CYMRU
NHS
WALES

Iechyd Cyhoeddus
Cymru
Public Health
Wales

Performance and Insight Report

July 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	Target	12 Month Look Back	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25
12m Rolling Sickness Absence FTE %	<3.25%		4.01%	4.00%	4.10%	4.10%	4.20%	4.30%	4.33%	4.36%	4.36%	4.50%	4.51%	4.12%
Statutory and Mandatory Training	85%		91.4%	91.4%	91.4%	91.8%	92.3%	92.7%	92.6%	92.8%	93.2%	93.3%	93.2%	93.2%
Appraisal Compliance	85%		85.6%	85.6%	84.3%	84.5%	84.8%	81.4%	83.5%	83.2%	81.3%	84.1%	83.2%	82.6%
Diversity ESR Data	N/A		75%	75%	75%	75%	76%	76%	76%	76%	76%	76%	77%	77%
Agency Spend, % of Total Pay Bill	≤1.7%		1.5%	1.5%	1.5%	1.5%	1.5%	1.6%	1.7%	1.7%	1.2%	1.3%	1.4%	1.4%
Financial Governance														
Revenue Position YTD	Breakeven		-£65K	-£165K	-£151K	-£199K	-£164K	-£167K	-£172K	-£195K	-£7K	-£19K	-£10K	-£10K
Revenue Position Forecast	Breakeven		£0k	£0k	£0k	£0k	£0k	-£200K	-£200K	-£195K	£0k	£0k	£0k	£0k
Capital Year-End Position	Breakeven		£210K	£1.063K	£1.203K	£1.362K	£1.423K	£1.700K	£2.058K	£3.578K	£0K	£14K	£23K	£62K
Public Sector Payment Policy (PSP)	95%		97.95%	97.97%	98.17%	98.31%	98.37%	98.21%	98.12%	98.09%	98.21%	96.98%	97%	97.36%
Information Governance														
Freedom of Information Request Response*	Within 20-Days		7	3	6	3	1	2	1	2	0	1	4	
Subject Access Request Response*	1 Month Avg		1	0	0	0	0	0	0	0	1	0	0	
Personal Data Breaches Reported	N/A		0	0	2	6	1	2	1	2	3	0	2	
Personal Data Breaches Reported - Escalated	N/A		0	0	0	0	0	1	1	0	0	0	1	
Mandatory Information Governance Training	85%		89%	89%	88%	89%	89%	90%	90%	91%	92%	91%	91%	
Clinical Governance														
Moderate or above harm incidents - monthly	N/A		6	3	3	9	5	6	4	4	6	6	6	0
Moderate or above harm incidents - YTD**	N/A		37	28	43	52	60	62	66	70	6	12	18	18
Number of externally reported incidents (NRI's, EWI, RIDDOR, IRMER) - In Month	N/A		2	0	2	0	2	0	2	1	0	2	1	0
Number of externally reported incidents (NRI's, EWI, RIDDOR, IRMER) - Rolling 12m	N/A		8	4	11	12	11	11	13	12	11	11	12	10
Incident Closure Compliance***	85% PHW		54%	82%	74%	63%	61%	74%	65%	69%	65%	73%	81%	74%
Formal Complaints - Acknowledged within 5 working days***	75% WG 95% PHW		100%	100%	80%	100%	100%	100%	100%	100%	67%	100%	100%	100% (5)
Formal Complaints – Responded to within 30 working days***	75% WG 95% PHW		50%	100%	100%	67%	100%	75%	100%	75%	50% (3)	33% (1)	100%	80% (4)
Informal Complaints – In Month	N/A		1	3	7	4	4	12	4	3	9	9	5	6
Informal Complaints – Rolling 12m	N/A		119	111	107	103	103	101	88	80	76	77	75	75

*This data is YTD from 1 April 2025.

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

Key: RAG Status

🎯 Click on the Focus Area Icon for additional assurance

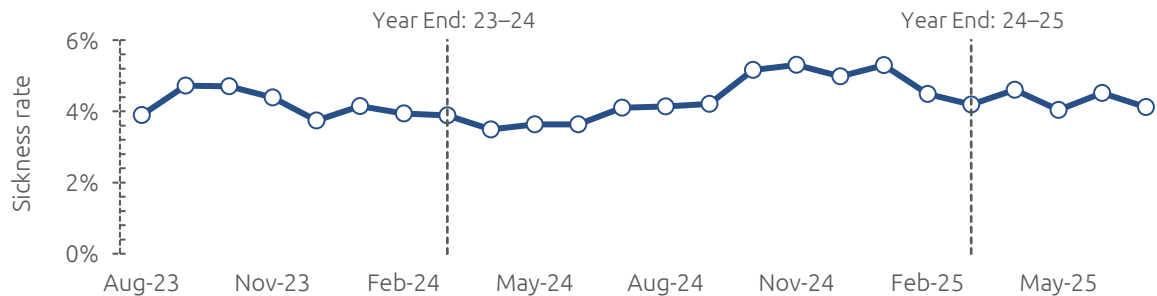
🔴 >10% outside target 🟡 Within 10% of target 🟢 Achieving target 🟠 Not applicable / TBC



People Governance

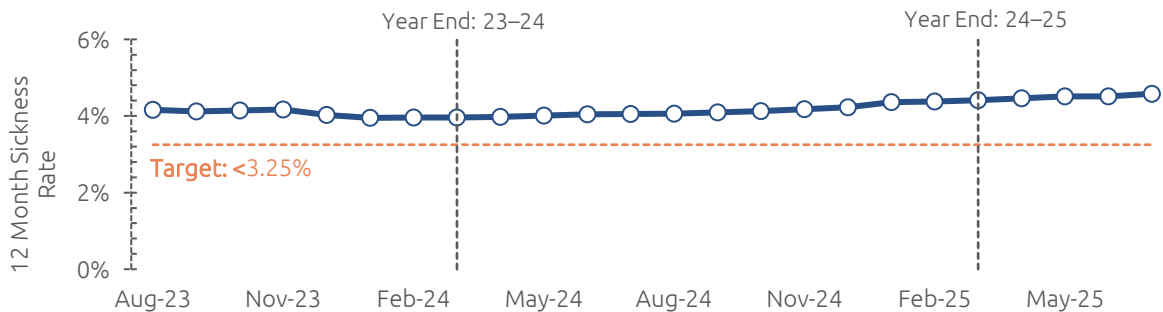


Sickness Absence



Decreased by **0.39%** in July 2025. Sickness Absence is reducing as expected, following the seasonal increases over the winter period, and the latest figure is comparable to July 2024.

12 Month Rolling Absence

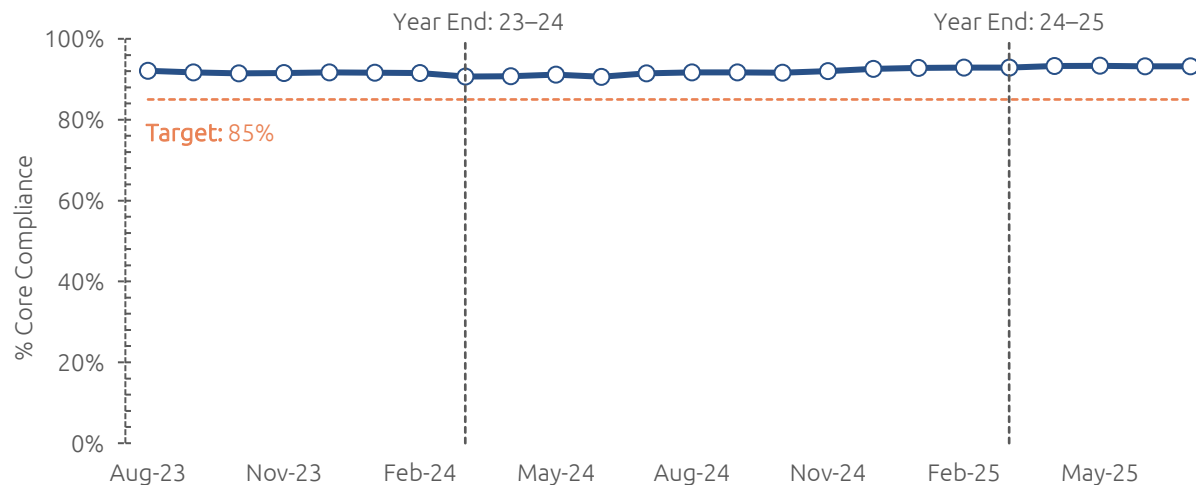


Additional assurance is provided in the focus area on pages 7 & 8.



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

Statutory and Mandatory Training



Remains **above** target in July 2025.



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

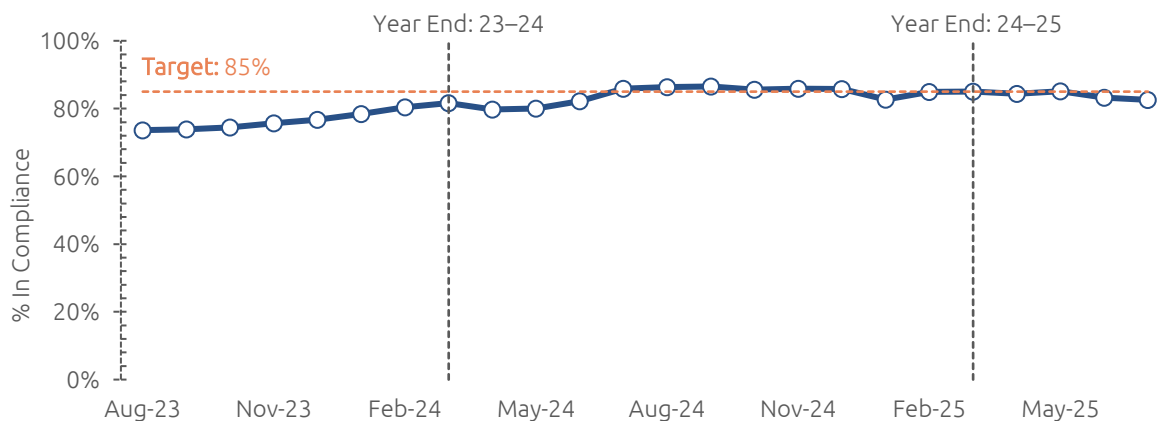
The module reporting lowest completion is *Anti Racism* (56.6%), which was introduced as a mandatory training e-learning module with compliance being taken into account from July 2025.



People Governance



Appraisal and Development Reviews



Additional assurance is provided in the focus area on pages 9



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

Retrospective compliance updates show that Appraisals were above target last month.

**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.*

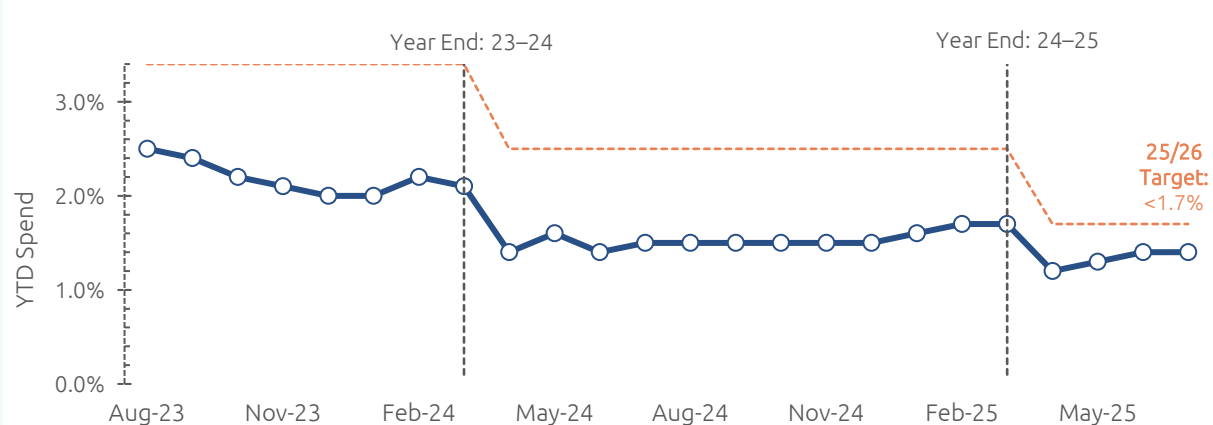
Equality and Diversity



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.

Agency Spend as A Percentage of Total Pay Bill



Forecast to be reduced below 2024/25 levels.

An update against the workforce requirements in Cabinet Secretary's Enabling Actions is included in the paper **"Cabinet Secretary's Workforce Enabling Actions and Agency Expenditure Control"**.

The paper proposes further work to understand how much of PHW's reported admin and clerical agency usage is specialist digital and technical posts that have been recruited specifically to deliver strategic objectives outlined in our IMTP, such as cloud infrastructure development, digital transformation, and to deliver externally funded programmes.

The paper recommends a number of actions to reduce current and future agency usage in line with the new requirements.



In Focus: Sickness Absence



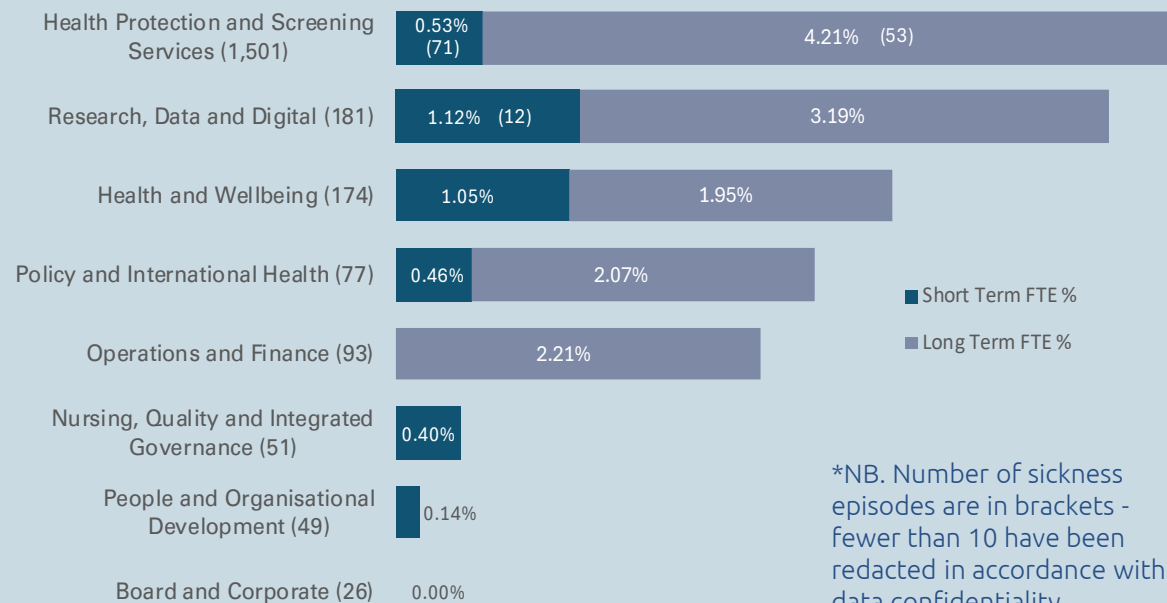
Sickness Absence by Directorate



A decrease in sickness absence has been reported in July, falling from 4.5% in June to 4.1% in July.

The breakdown by Directorate for July 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 July 2025, **14%** of FTE days lost are due to short-term sickness absence, and **86%** 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. We have seen a decrease of FTE days lost with an absence reason of 'Unknown causes/Not Specified' but 'Other known causes – not elsewhere classified' remains the second highest absence reason.



- S10 Anxiety/stress/depression/other psychiatric illnesses
- S98 Other known causes - not elsewhere classified
- S17 Benign and malignant tumours, cancers
- S12 Other musculoskeletal problems
- S29 Nervous system disorders



In Focus: Sickness Absence



Data Quality

- ❖ There has been further reduction in FTE days lost due to 'Unknown causes/Not Specified', indicating some improvements in data accuracy. However, 'Other known causes – not elsewhere classified' remains the second highest absence reason. Sustained attention will be required to further reduce uncategorised absences.

Assurance

- ❖ An overview of sickness absence was presented to the People and OD Committee in July to provide assurance on current absence levels and emerging patterns, and to share proposals to further enhance the quality and categorisation of absence data. Following the conclusion of the current Internal Audit, there will be a more in-depth discussion with the Committee in October.

Advice and Support

- ❖ Managers continue to access support as required, including 1:1 advice and support to enable more effective management of long-term sickness absences.

Learning and Development

- ❖ The refreshed All-Wales Managing Attendance at Work (MAAW) training continues to reinforce the importance of accurate absence categorisation, helping managers to better understand and apply absence codes.



In Focus: Appraisal and Development Reviews



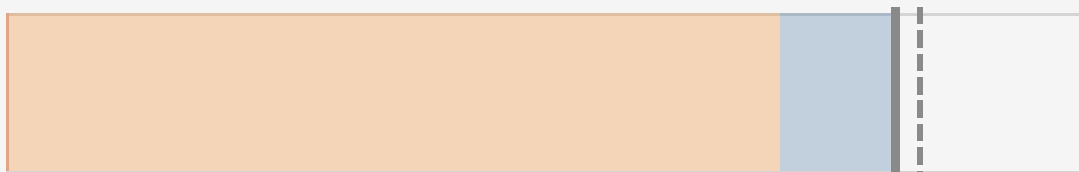
Compliance Performance

Appraisal compliance has fallen below the Welsh Government target this month, which is set at 85% to allow for staff who are unable to participate in appraisals (e.g. staff on maternity leave, secondees). Retrospective compliance updates show that Appraisals were above target for May 2025 (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, Operations & Finance and Health Protection and Screening Services, who have the highest percentage of appraisals that are due soon.

82.6%

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 79.1% in Health & Wellbeing.

REVIEW STATUS % BY DIRECTORATE

Status: **In date** | **Due in next 3 months** | **Out of date**

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

Directorate	Compliance %	Count
Policy and International Health	98.7%	76
Board and Corporate	96.2%	24
Nursing, Quality & Integrated Governance (NQIG)	93.8%	45
Operations and Finance	90.3%	72
Research, Data and Digital	89.4%	138
People & Organisational Development	87.8%	30
Health Protection and Screening Services	80.0%	956
Health & Wellbeing	79.1%	125

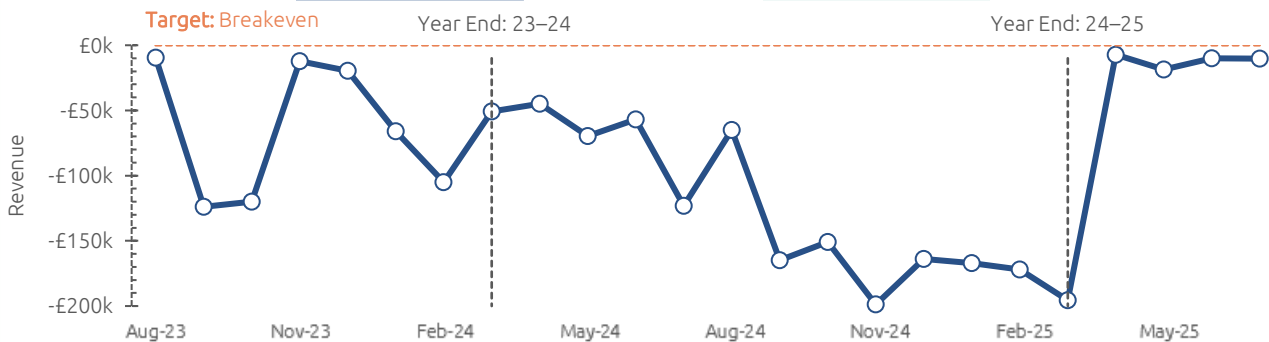


Financial Governance



Revenue Position

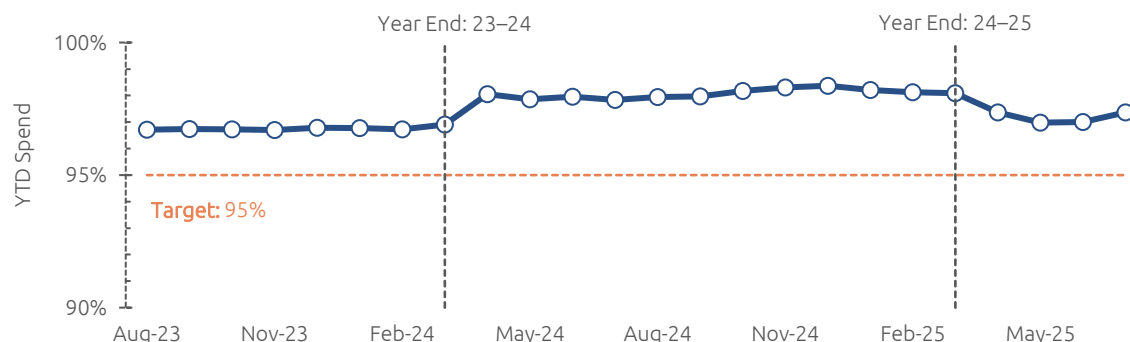
Break-even
 -£10k YTD
 £0k Forecast



Public Sector Payment Policy (PSPP)

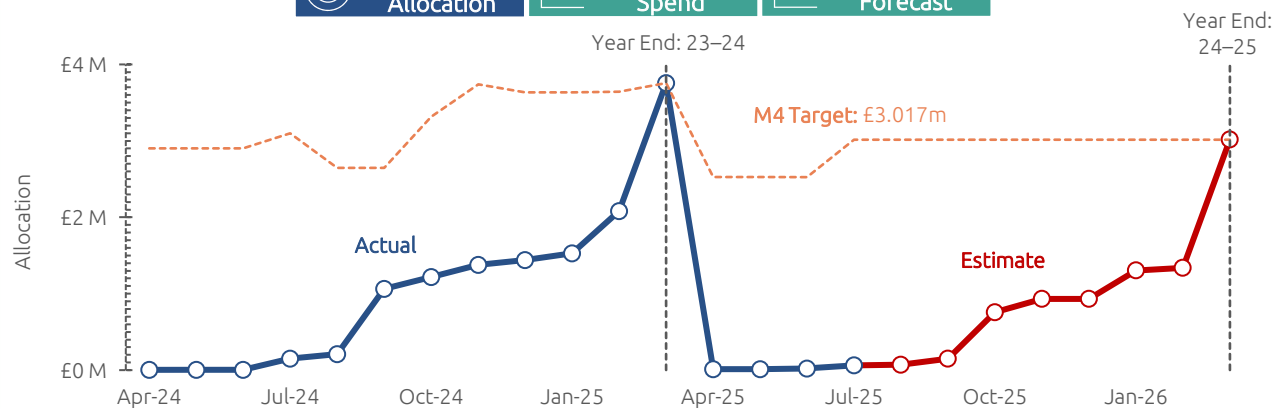
95%
 97.36% YTD
 >95% Forecast

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



Capital Position

£2.917m Allocation
 -£62k YTD Spend
 £2.917m Forecast



Click to access further detail in the latest Finance Board Report

The Capital forecast is **breakeven**. PHW capital funding is made up of a discretionary allocation of £1.613m and a strategic allocation of £1.304m. Risks relating to capital include availability of strategic capital funding to support the capital plan included in the IMTP.



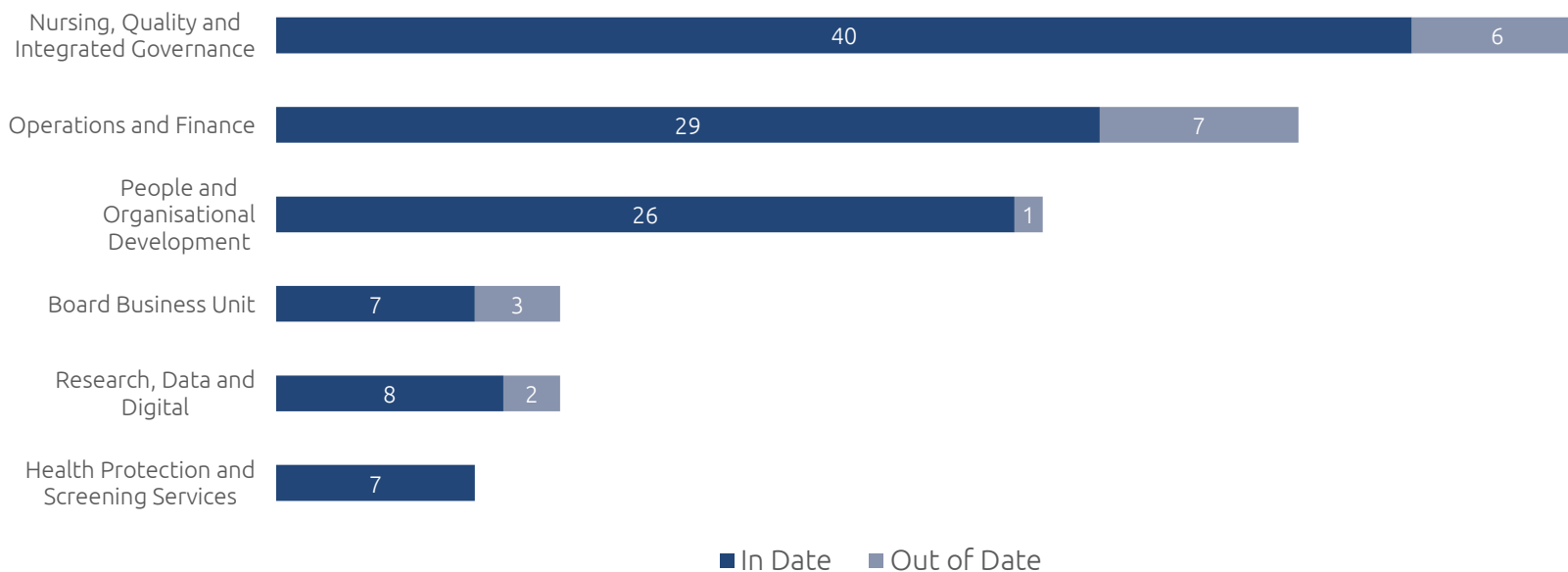
Corporate and Information Governance



Corporate Governance

Corporate Policies Compliance

3 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 July 2025:

- 1 Operations and Finance Policy was approved – Standing Financial Instructions policy

Overview:

- The Directorate with the most policies out of compliance is Operations and Finance.
- 6 of the 7 out of date Operations and Finance policies are being reviewed and it is anticipated that they will be submitted for approval within the next 3 months.
- Nursing, Quality and Integrated Governance out of date policies increased from 3 to 6 during the latest reporting period.

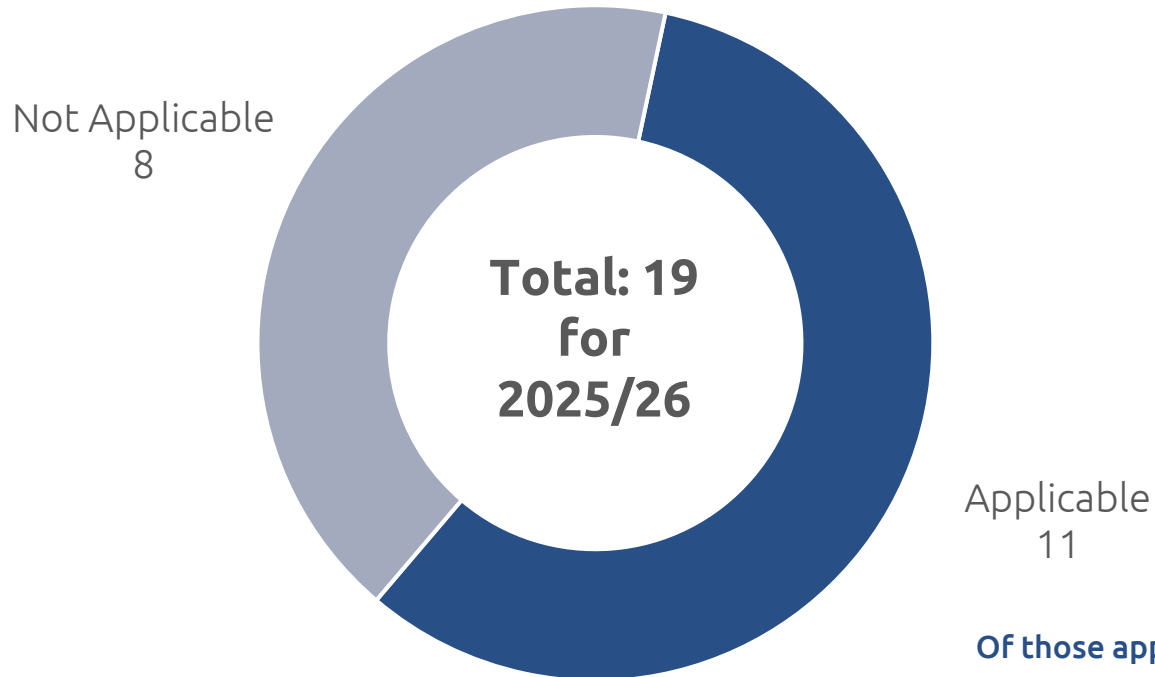


Corporate and Information Governance



Corporate Governance

Wales Health Circular (WHC) Compliance 2025/2026



For the Period 01 - 31 July 2025

- 6 WHCs were received, 4 were applicable and 2 were not applicable.
- 8 WHCs were closed this month:
 - 3 were assessed as not applicable and closed:
 - WHC 2025 (010) - Arrangements for the prescribing of antiviral and neutralising monoclonal antibody treatments for COVID-19
 - WHC 2025 (025) - Overseas Visitors' Eligibility to Receive Free Primary Care
 - WHC 2025 (029) - Introduction of Nirsevimab passive immunisation against Respiratory Syncytial Virus (RSV) in at risk infants for upcoming 2025/26 RSV Season
 - 5 were enacted and closed:
 - WHC 2025 (008 - National Mandatory Licensing Scheme for Special Procedures in Wales)
 - WHC 2025 (011- NHS Wales Digital Health Identity Standard for Primary Care)
 - WHC 2025 (012 - Model SFIs)
 - WHC 2025 (013 - 2025/26 NHS Wales Financial Monitoring Return Guidance)
 - WHC 2025 (021 - Vaccination programmes for the prevention of mpox and gonorrhoea)

Of those applicable:



■ In Progress ■ Completed






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.




-  1 Received
-  1 Month
-  0 Exceeded

In June, 1 Subject Access Request was received.

The request is being treated as complex due to the volume of data involved and extended a further 2 months.

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.

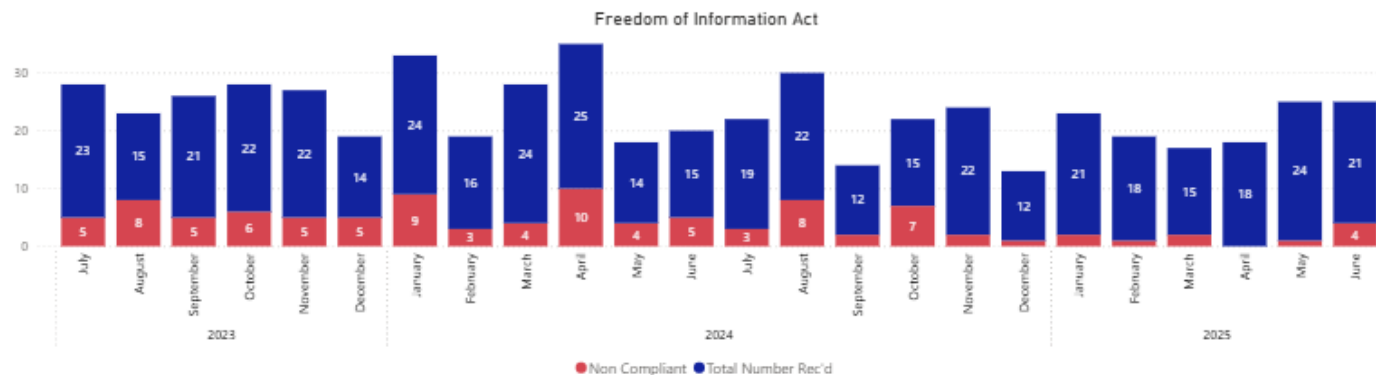
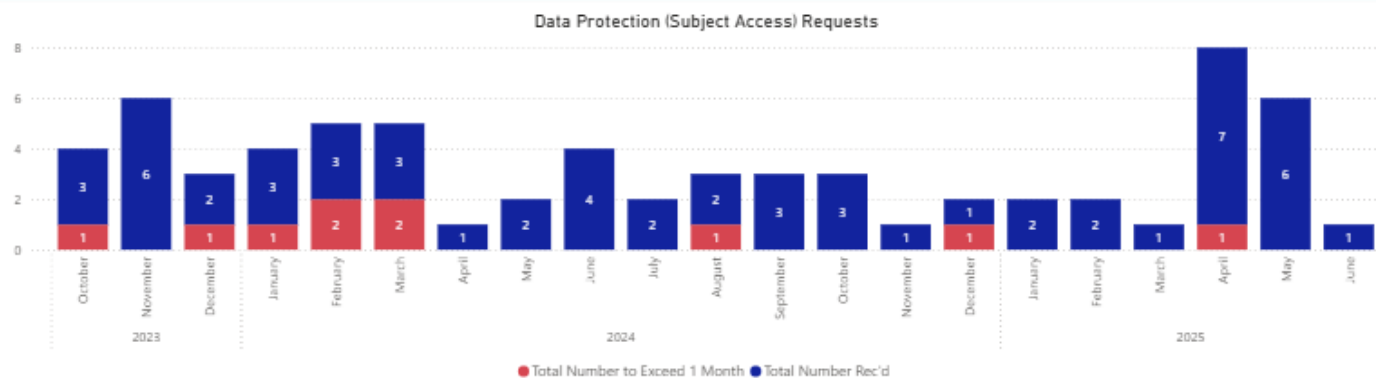
-  21 Received
-  20 days
-  4 Non-Compliant

4 Information Requests were out of compliance in June.

1 FOI request went for approval on the due date.
2 FOI requests were awaiting confirmation that the information was not held.
All three of these were due to process matter within NHSWP&I that has since been addressed.

1 FOI request took extra time to identify where the information was held by interpreting the request.

The Average number of days to respond in June was 15.



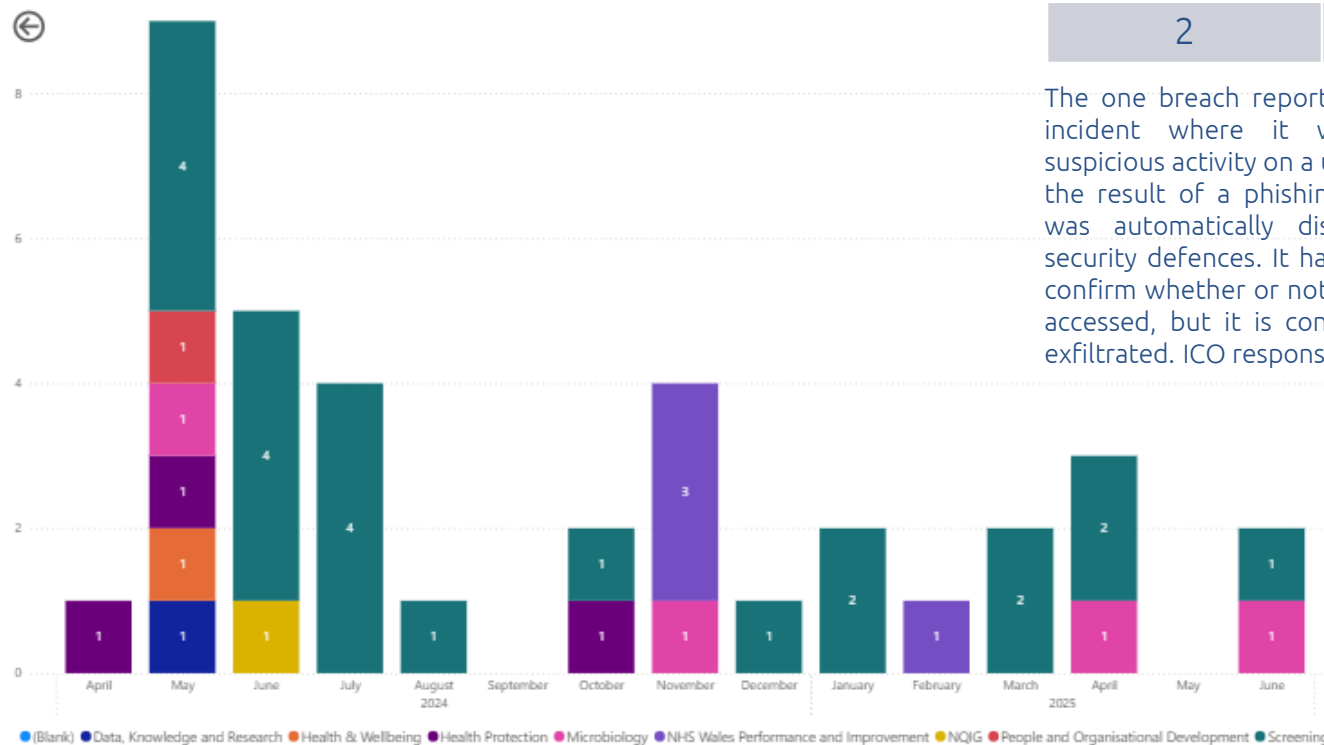


Corporate and Information Governance



Information Governance

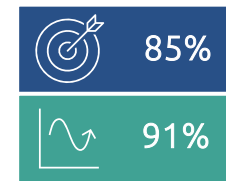
Personal Data Breaches



Reported	Escalated
2	1

The one breach reported to the ICO was an incident where it was established that suspicious activity on a users account was likely the result of a phishing attack. The account was automatically disabled by our cyber security defences. It has not been possible to confirm whether or not any personal data was accessed, but it is confirmed that none was exfiltrated. ICO response: no action taken.

Mandatory Information Governance Training



Organisation-wide compliance with Information Governance mandatory training **exceeds** the national target in June-25.



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



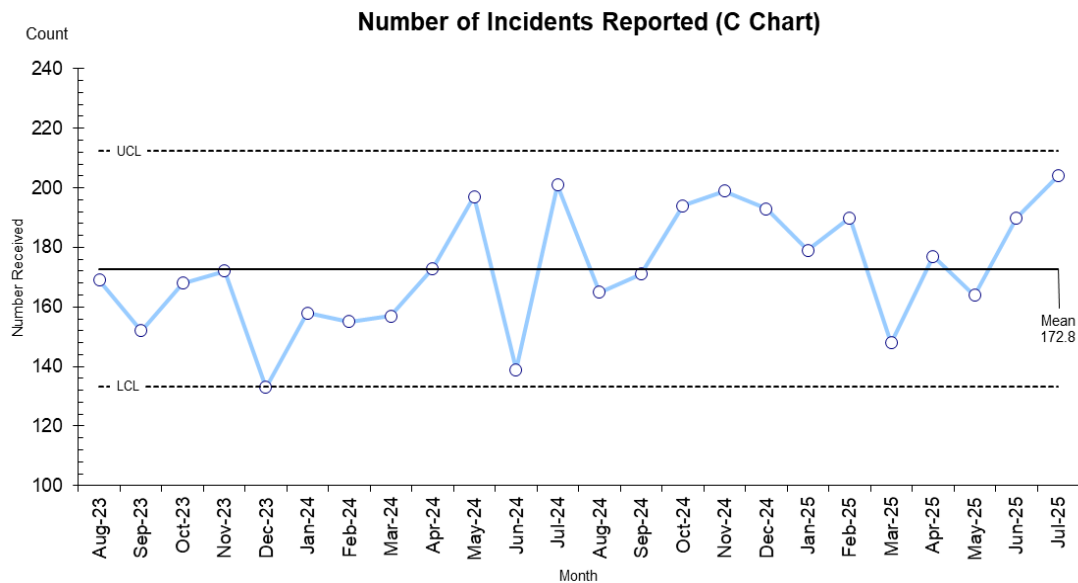
Clinical Governance, Quality, Safety and Improvement



Externally Reportable Incidents - July update

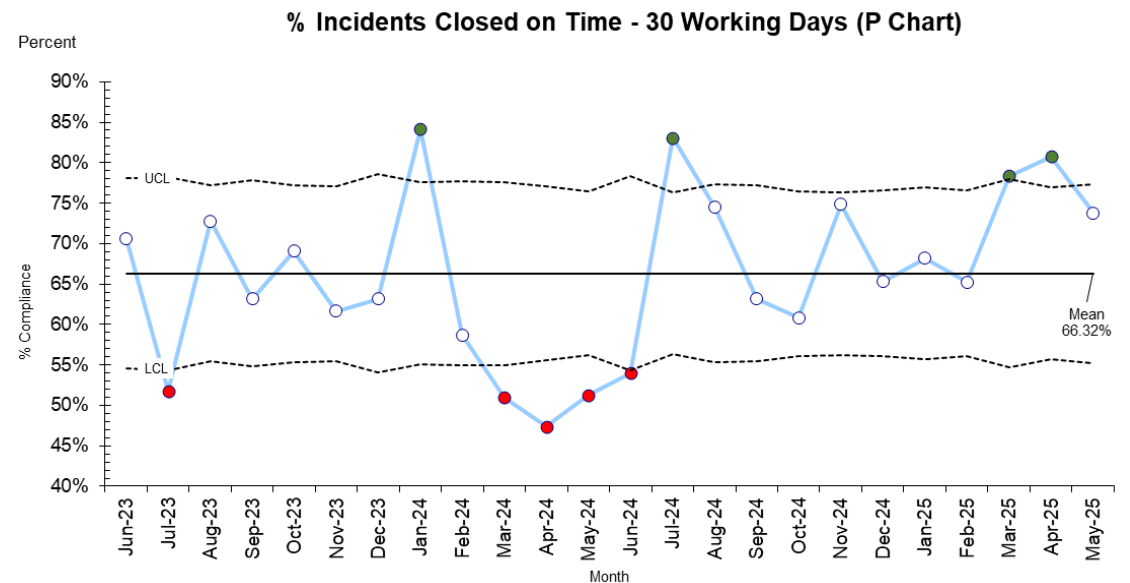
- 0 Nationally Reportable Incidents reported
- 0 Early Warning Incidents reported
- 0 Duty of Candour Incidents reported
- 0 Incidents were closed as Moderate or above harm in July.

No. Incidents Reported Over Time



Normal variation noted, no special cause variation identified

Percentage of Incidents Closed within 30 Working Days



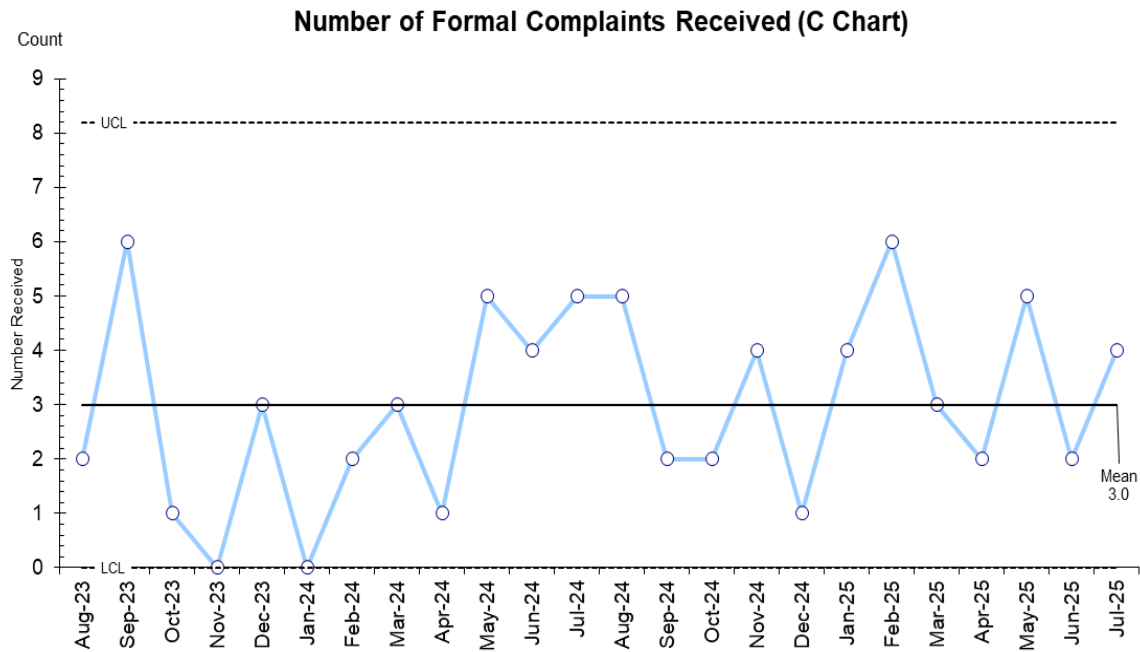
Normal variation noted, no special cause variation noted. Improvement in performance over last 3 reporting months.



Clinical Governance, Quality, Safety and Improvement

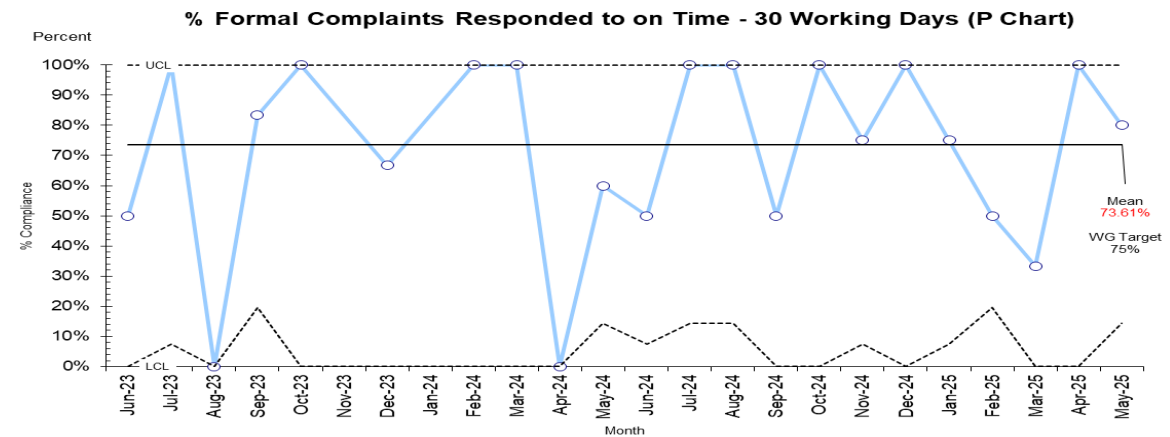
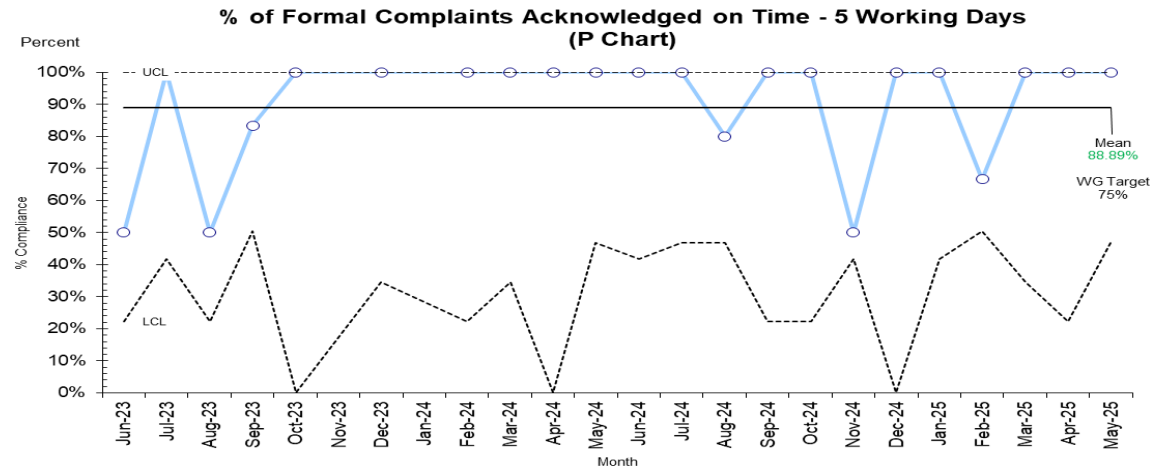


Number of Formal Complaints Received



Normal variation noted, no special cause variation identified.

Formal Complaints Compliance



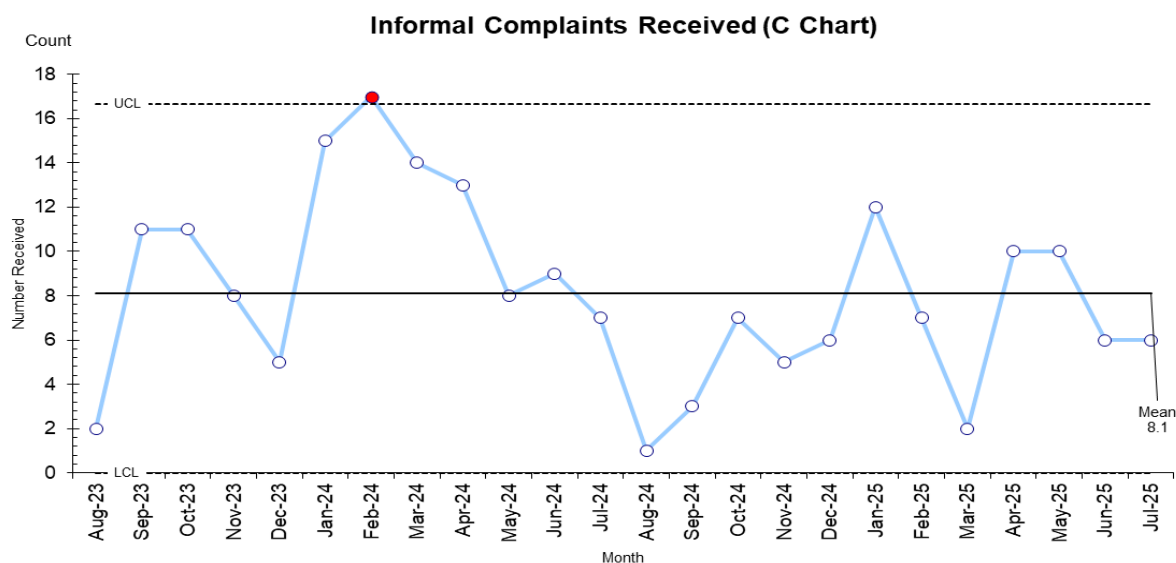
Normal variation noted, no special cause variation identified.



Clinical Governance, Quality, Safety and Improvement

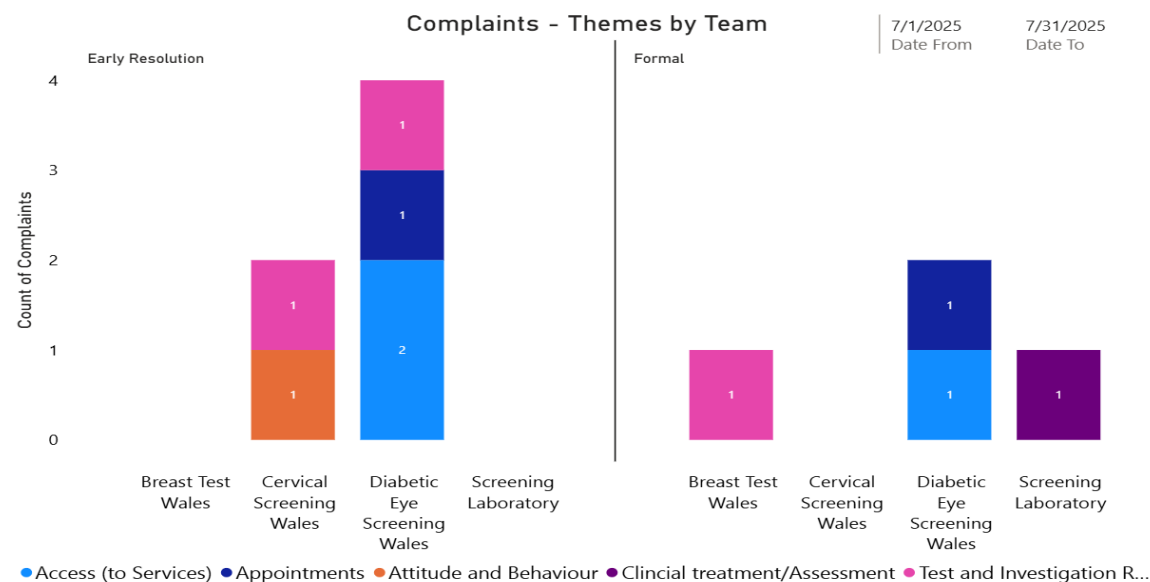


Number of Informal Complaints Received



Normal variation noted. No special cause variation identified.

Themes and Service Areas – July 2025



4 Formal complaints and 6 Early Resolution complaints received in July.

Claims

July 2025

0

There were no new claimed received in July. Of the 28 current ongoing claims, 25 are confirmed claims and 3 are potential claims.

Redress

July 2025

0

No new Redress cases were received in July. There are 9 ongoing Redress cases, 4 within Breast Test Wales and 5 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	Target	12 Month Look Back	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25
Bowel Screening Wales – Waiting time for index colonoscopy (Health Board Delivery)	90%		14.6%	20.6%	30.2%	32.5%	19.7%	15.2%	20.5%	8.4%	6.9%	3.9%	4.9%	
Cervical Screening Wales – Waiting time for colposcopy appointment (8 weeks) (Health Board Delivery)	90%		96.0%	95.2%	99.2%	99.7%	99.6%	97.9%	98.9%	98.9%	98.2%	98.4%	98.8%	
Breast Test Wales – Assessment invitations (3 weeks)	90%		23.9%	4.4%	7.7%	28.3%	37.8%	26.3%	11.1%	23.1%	8.8%	16.7%	19.6%	24.1%
Diabetic Eye Screening Wales – Coverage (12 Months)	80%		40.6%	40.4%	40.5%	40.9%	40.7%	40.6%	40.7%	40.3%	40.2%	40%	39.3%	38.9%
Abdominal Aortic Aneurysm – Timely referral to elective vascular network (MTD)	100%		100%	100%	100%	100%	100%	75%	100%	50%	100%	75%	100%	66.7%
Infection Services														
Total Microbiology Rejection Rates	<5%		5.5%	5.2%	5.4%	5.4%	5.2%	5.4%	5.2%	4.9%	5.2%	5.2%	5.1%	
Total Microbiology Diagnostic Sample Requests	*TBC		152,541	158,457	180,373	168,181	160,875	184,046	154,804	167,166	160,143	162,735	162,252	
Blood Culture - Collected to Incubation SMI <4hrs	<4hrs		69.3%	68.0%	70.3%	67.6%	66.3%	68.7%	69.2%	71.4%	67.3%	68.8%	68.5%	
Blood Culture - Received (PHW Laboratory) to Incubation	*TBC		96.7%	99.7%	99.2%	99.8%	98.8%	99.9%	99.5%	99.7%	98.7%	99.4%	99.7%	
Health Protection														
Test and Post (STI self-sampling) – Test Turnaround Times	100%		100%	100%	100%	100.0%	99.9%	99.9%	100.0%	99.9%	99.9%	99.9%	99.7%	
Response times by priority - Urgent (<4 hours)	90%		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Response times by priority - High (<24 hours)	90%		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Response times by priority - Medium (<48 hours)	90%		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Compliance to surveillance reporting schedules	90%		94%	98%	90%	98%	92%	92%	97%	100%	100%	100%	100%	
Health & Wellbeing														
JUSTB – Number of Schools with 2-day training completed by month	35 Schools			2	6	4	3	5	2	7	1	6	4	
JUSTB – Number of Schools with 2-day training completed YTD				2	8	12	15	20	22	29	30	36	40	
Whole School Approach – Percentage of schools with an Action in Place (All schools)	80%		61%	61%	61%	65%	66%	74%	78%	83%	83%	85%	87%	88%
Whole School Approach – Percentage of schools with an Action in Place (Secondary schools)	100%		88%	88%	88%	89%	89%	96%	97%	98%	98%	98%	99%	99%
Help Me Quit – 4-week self-reporting quit rate (NTSS)	35%		74%	80%	78%	68%	80%	64%	72%	82%	83%	73%	48%	
Research Data & Digital														
Number of Major Breaches	0 Major Breaches		Quarter 2 (24/25)		Quarter 3 (24/25)		Quarter 4 (24/25)			Quarter 1 (25/26)			0 Breaches	
Percentage of publications without breaches	100%		0 Breaches		0 Breaches		0 Breaches			0 Breaches			0 Breaches	
Percentage of user follow up to RD&D products	100%		67%		67%		76%			76%			76%	
			20%		20%		20%			20%			33%	
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 IT system went live successfully on the 23rd July 2025 with excellent team working with digital and programme leads.
- Recruitment underway for lung cancer posts for implementation planning.
- Evaluation report of cell-free fetal DNA testing in eligible women in Wales completed by Research and Evaluation team working closely with Antenatal Screening Wales.

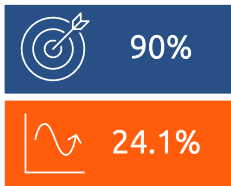
Breast Screening - Assessment invitations within 3 weeks of screen

This remains below the 90% standard in July 2025.

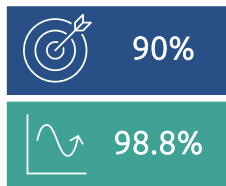
Breast Screening assessments waits continue to improve but remain outside of standard within 3 weeks for screening. There is a critical shortage of surgical capacity in North Wales which is impacting assessment capacity in the North.

Key steps being taken:

- West region supporting readings for the North
- Radiology lead assessment clinics in Wrexham undertaken
- Engaging with BCU HB senior leads to work together to address waits but not able to provide onward treatment pathway from radiological lead assessment clinics in Llandudno.



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



Timeliness remains above the 90% standard in June 2025.

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

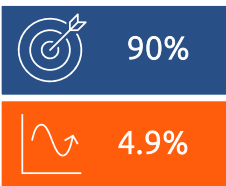


Bowel Screening - Colonoscopy within 4 weeks of booking SSP appointment

Timeliness remains below the 90% standard in June 2025.

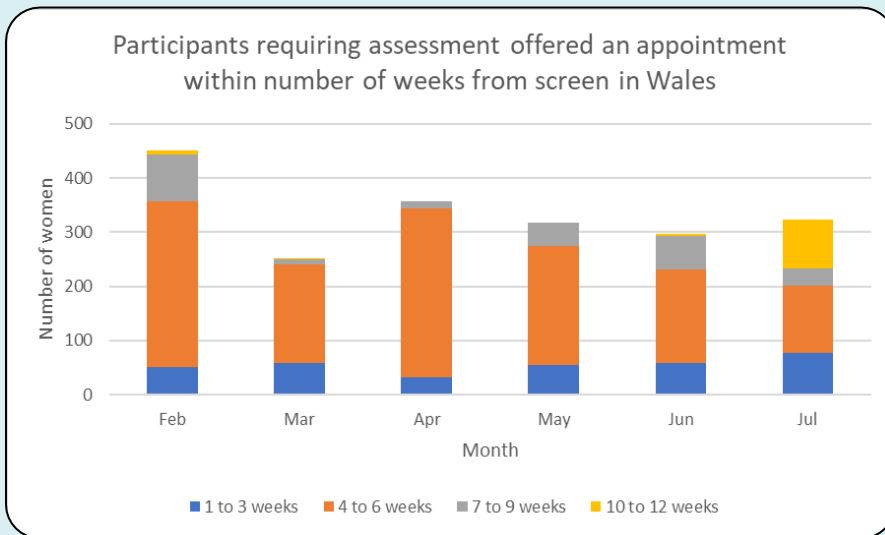
Colonoscopy is a commissioned service from the Health Boards.

As of 1st August 2025, the average waiting time for a screening colonoscopy was 9 weeks and 4 days. The waiting time ranged from 4 to 19 weeks across the 13 screening centres. Health boards are not delivering the commissioned weekly screening lists. Detailed collaborative discussions underway with Health Board at CEO level. Average SSP waiting time is 1 week and 3 days which is within standard.





In Focus: Breast Test Wales Assessment Waits



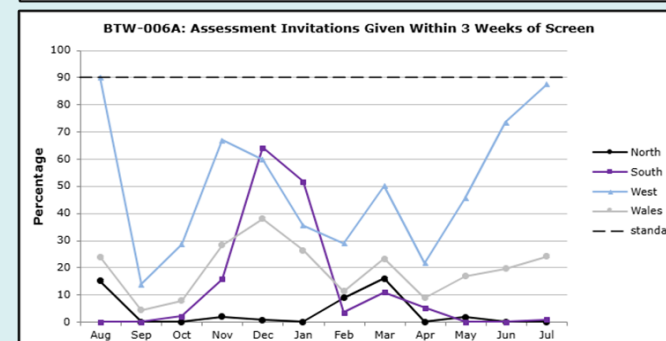
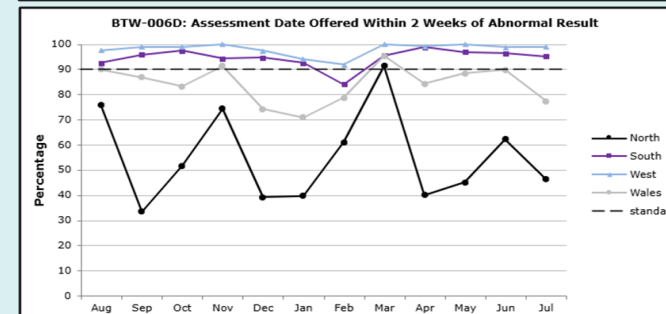
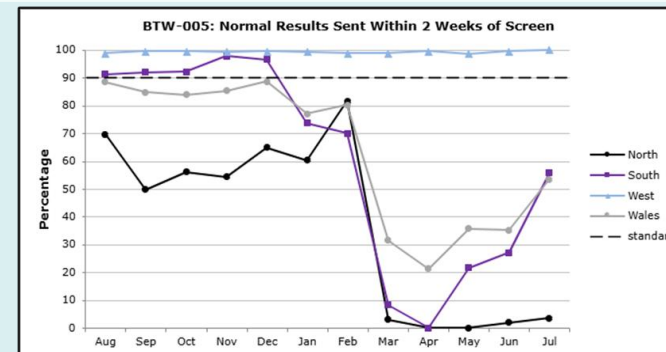
Assessment invitations given within 3 weeks has not met standard over the last 12 months.

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. All women offered assessment within 4 weeks in West and 6 weeks in South. West region nearly meets standard for assessment waits. South has improved timeliness of reading. North region has reduced in timeliness and has longest waits.

Severe shortages in the medical workforce at the breast screening north centre has limited capacity for image reading, result reporting, and clinic assessments.

Reduced surgical workforce availability, has led to delays in the pathway. Due to surgical staffing constraints there has been no assessment clinics in Wrexham centre for 6 months. Participants were attending Llandudno centre with the two consultant surgeons. Assessment clinics were reinstated in Wrexham from middle of July. Constraints in how assessment clinics are able to be staffed in North has impacted recover and this has been urgently raised with BCU MD.





In Focus: Breast Test Wales Assessment Waits



Current Issues and Challenges:

- A joint radiologist post with Betsi Cadwaladr UHB was 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 and two consultant radiographers. BTW clinical staffing in North Wales are in training.
- There was long term surgical sickness absence resulting in the ongoing cancelation of assessment clinics in BTW Wrexham. Participants then attended Llandudno with the two consultant surgeons in North East undertaking all screening assessments and surgery in BCU. Surgeon recently returned and assessment clinics in Wrexham have been reinstated from middle of July.
- 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 impacted readings
- Slow speed of system is impacting on readings in Wrexham which is impacting radiologist in Wrexham readings. This is IT infrastructure issue which is difficult to resolve – continued working with PACS company and BT.

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 –not in line with single cancer pathway targets.

An action plan for improvement is in place:

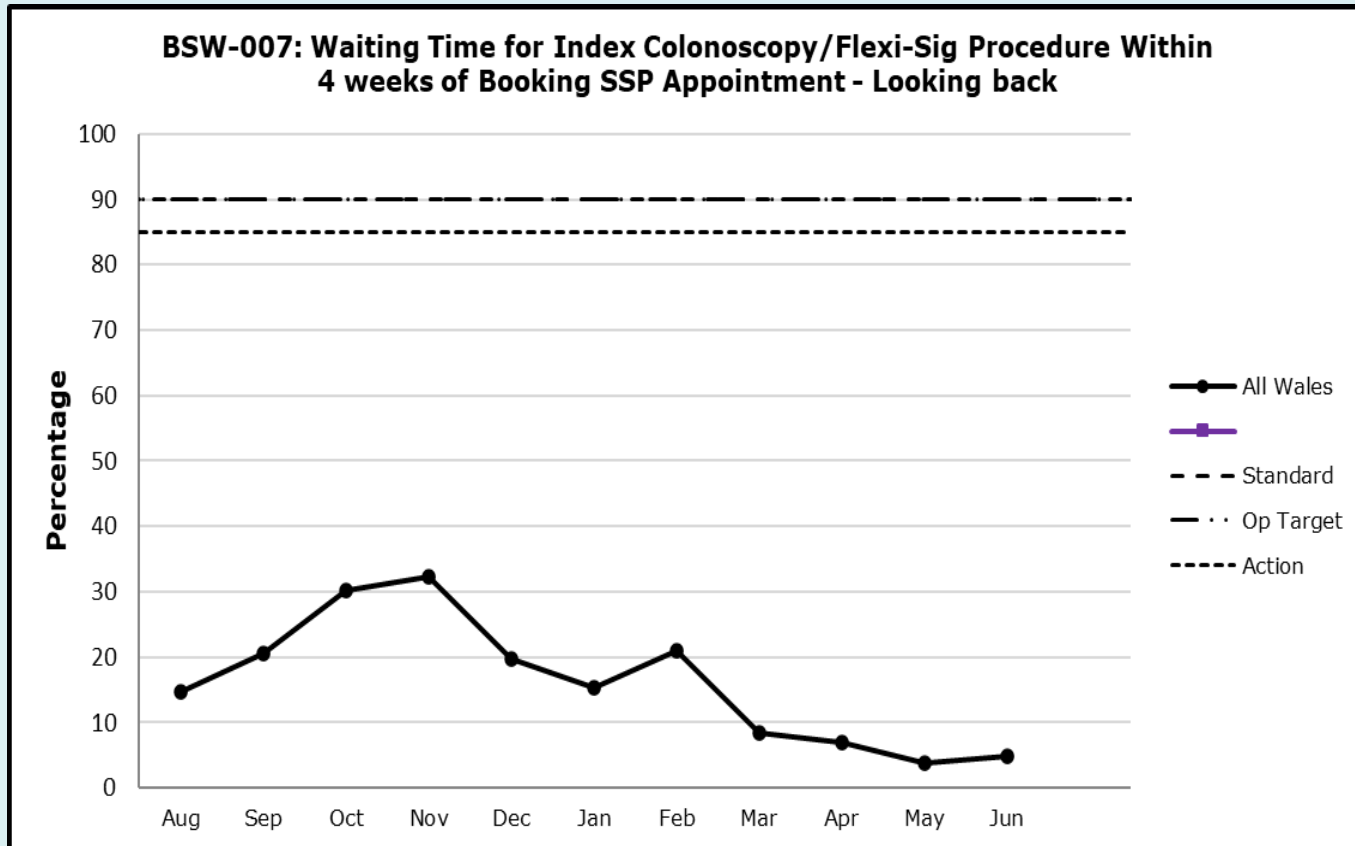
- West region is supporting North with readings. The new PACs has enabled this ability.
- Film readers are in training in the north region. There is a Breast Clinician in training and a Radiologist Fellow in training both will be able to undertake reading and assessment clinics when trained.
- Clinic bookings are optimised to ensure all slots are booked and short notice appointments are offered.
- Participants requiring assessment in Wrexham from July are now able to attend locally rather than attending Llandudno
- Assessment clinic capacity has increased in South with radiologist run clinics.
- In discussion with Betsi Cadwaladr UHB (MD level) as not able to confirm onward surgical pathway for radiologically lead clinics . This was to to reduce current backlog for assessment especially to reduce impact of surgical annual leave over the summer.
- The rate of screening in BTW North has been safely reduced slightly.
- NHS Wales Performance and Improvement team scoping out tracker for breast screening taking similar approach to bowel screening.
- A review of the BTW programme to be undertaken to identify other areas of improvement in line with delivering excellent services.



In Focus: Bowel Screening Wales Colonoscopy Waits



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



Local Assessment Centre	Waiting time SSP assessment	Waiting time colonoscopy	Total waiting time
1	0 weeks 6 days	9 weeks 3 days	10 weeks 2 days
2	0 weeks 4 days	12 weeks 1 days	12 weeks 5 days
3	1 weeks 5 days	12 weeks 5 days	14 weeks 3 days
4	2 weeks 6 days	6 weeks 0 days	8 weeks 6 days
5	3 weeks 4 days	5 weeks 1 days	8 weeks 5 days
6	6 weeks 3 days	7 weeks 4 days	14 weeks 0 days
7	2 weeks 0 days	6 weeks 4 days	8 weeks 4 days
8	1 weeks 3 days	8 weeks 2 days	9 weeks 5 days
9	1 weeks 3 days	7 weeks 0 days	8 weeks 3 days
10	1 weeks 3 days	5 weeks 6 days	7 weeks 2 days
11	1 weeks 3 days	6 weeks 6 days	8 weeks 2 days
12	0 weeks 6 days	4 weeks 2 days	5 weeks 1 days
13	0 weeks 6 days	8 weeks 5 days	9 weeks 4 days
14	1 weeks 6 days	7 weeks 1 days	9 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 List (WLTs) 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 8 August 2025, the average waiting time for a screening colonoscopy was 9 weeks and 5 days. The waiting time ranged from 4 to 13 weeks across the 14 screening centres.

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. BSW are looking at ways to streamline the accreditation process further.
- BSW has facilitated several short-term regional working agreements to improve the timeliness of pre colonoscopy assessments. Several new SPs have taken up post over the last few months and are in training.
- BSW is working closely with the Health Boards to enable quality assured insourcing colonoscopy.
- CEO to CEO meeting are taking place to discuss with HB, in July and August.
- 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 has improved 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



Coverage at 12 months for annual recall remains below standard for July 2025. There has been a steady improvement in coverage at 24 months to 69%. This reflects the improving round length for screening and more timely recall of participants with 97% now invited within 24 months.



Coverage at 24 months for the low-risk recall pathway remains good at 74.1%.

Uptake of eye screening just above standard at 80.4% demonstrating that participants are taking up their screening appointments.

In July, 99.5% of the 1,401 participants that were newly registered with the programme were offered appointment within 90 days.

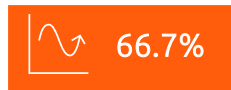
The number of inadequate images captured in Diabetic Eye Screening has continued to be much reduced since introducing the new cameras. The inadequate rate was 5.5% in July 25.



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



Standard: 100% of men being referred to elective vascular network MDT from the date of the scan by the end of the following working day (large) or same day (very large)



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

The performance can be affected by small numbers of men detected with a large or very large aneurysm on monthly basis.

In July 2025, 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 which is impacting on clinic cancellations
- 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 September
- 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 – this awaiting approval .
- 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.
- Planning evaluation of new technology and modified usage of eye drops which would improve efficiency and potentially reduce inequity.

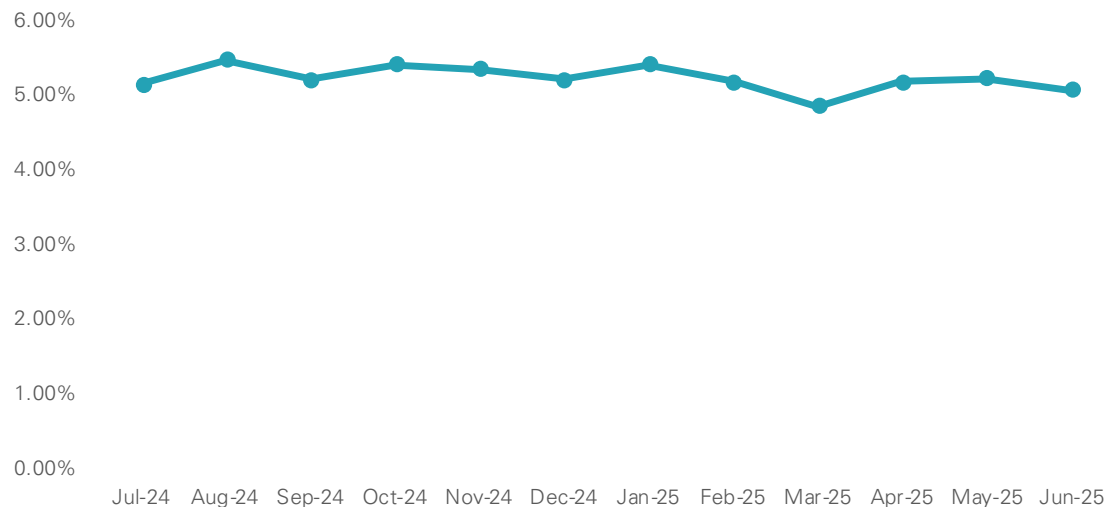


Health Protection and Screening Services



Infection Services

Total Microbiology Rejection Rates



<5%

5.1%

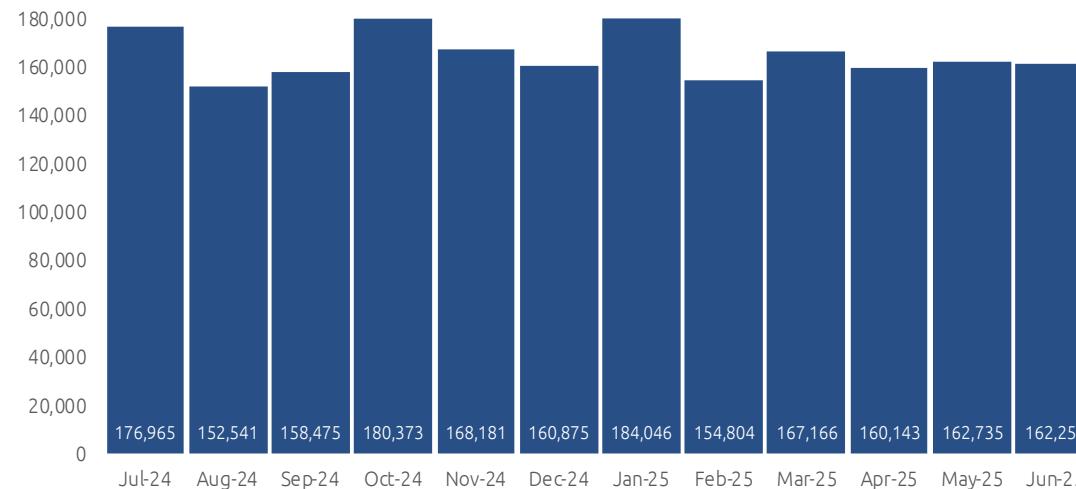
Diagnostic testing rejection rates demonstrated a slight decrease in June, with a rate of 5.08% observed among 162,252 total sample requests. The Specimen Acceptance Policy within the Infection Division offers detailed guidance regarding criteria for accepting or rejecting samples.

The primary causes of sample rejection remain broken, leaking, or contaminated specimens, as well as samples submitted in incorrect containers. Rejection rates vary across different health boards, and no single root cause has been identified.

Infection Quality Leads undertake monthly reviews to analyse rejection rate trends and engage with service users to support improvements in user practices.

The implementation of LIMS2.0 will present an opportunity to develop a customised test set, allowing for the collection of more streamlined/comprehensive data.

Total Microbiology Diagnostic Sample Requests



The volume of Microbiology Diagnostic Sample requests has consistently exceeded 150,000 per month over the past year. In June 2025, there was a marginal decrease of 0.30% compared to May, resulting in 162,252 total requests.

Substantial efforts are ongoing to optimise COVID-19 and respiratory testing, ensuring that such investigations are clinically appropriate.

It is anticipated that periodic fluctuations in the number of requests will continue, influenced by a range of factors such as seasonal patterns, summer and winter variations as well as outbreaks involving respiratory viruses, gastrointestinal pathogens, and healthcare-associated infections (HAIs).

*Target to be developed

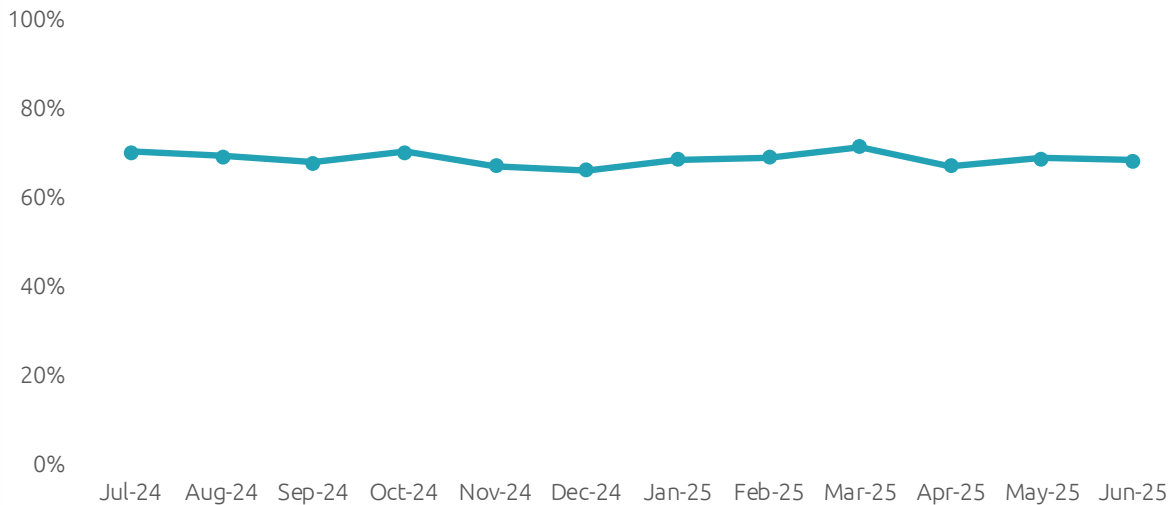


Health Protection and Screening Services



Infection Services

Blood Culture - Collected to Incubation SMI <4hrs

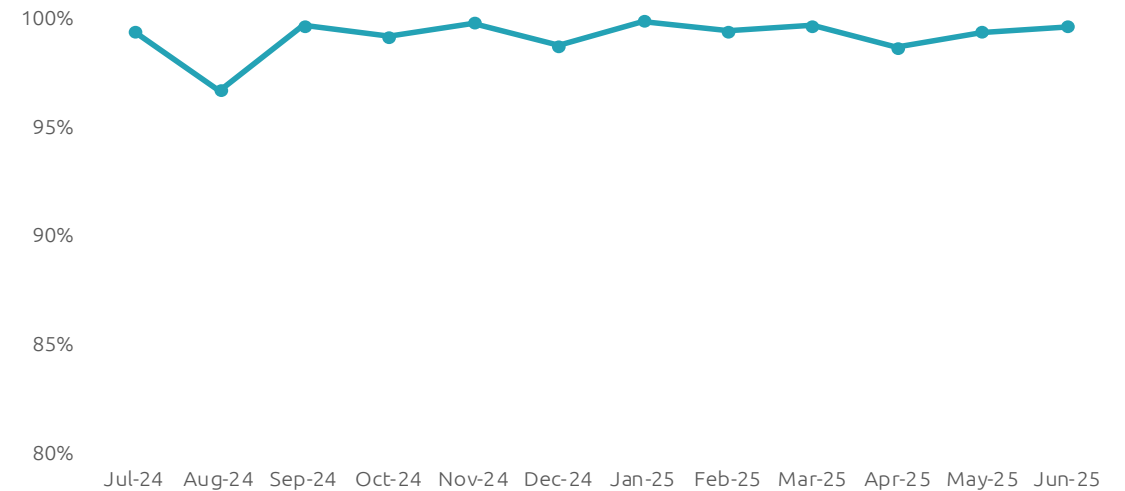


<4 hrs

68.5%

- The UK Standards for Microbiological Investigations stipulate a four-hour target from the collection of blood cultures to incubation as essential for facilitating accurate and prompt clinical diagnosis, thereby preventing sample degradation and prompt diagnosis. Blood culture investigations play a critical role in the management of sepsis.
- This metric is contingent upon health board processes to ensure the timely transportation of blood culture samples from all collection sites. The complexities inherent in these processes are multifaceted and are subject to regular review in collaboration with relevant stakeholders.
- A limitation within the laboratory is the absence of collection time data for samples, which hinders the ability to accurately determine compliance with the recommended timeframe.

Blood Culture - Received (PHW Laboratory) to Incubation



***TBC**

99.7%

- To facilitate a more precise evaluation of our performance in meeting the 4hr target, reporting focuses on the timeliness with which specimens are received by the laboratory and subsequently incubated on Blood Culture analysers.
- Currently, 99.65% of blood culture samples are incubated within the recommended four-hour window, an increase of 0.26% in June. According to the Standards for Microbiological Investigations (SMI), all samples should be processed within 4hrs of receipt; opportunities for further improvement are limited.
- Timely transportation of samples from clinical wards to the laboratory remains the primary challenge. Nevertheless, the consistently high compliance rate demonstrates the effectiveness and efficiency of internal laboratory processes.

*PHW specific target to be developed



Health Protection and Screening Services

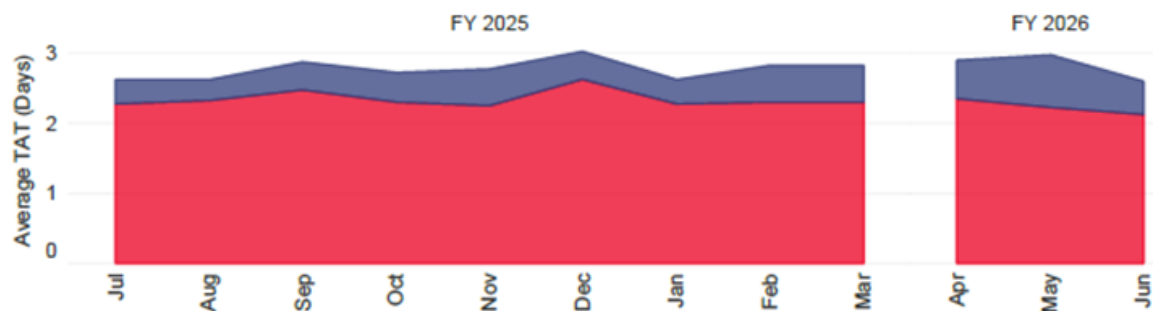


Health Protection

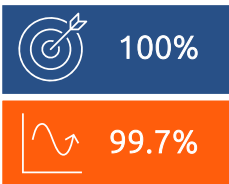
Test and Post – STI self-sampling

Test Turnaround Times (TAT)

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



- 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 June 2025, 99.66% met the 7-day turnaround standard.
- 19 requests of 5,645 total requests (0.34%) did not meet the 7-day TAT standard.
- 5,645 total requests equated to 35,094 tests being undertaken.

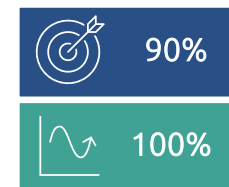


Actions to improve:

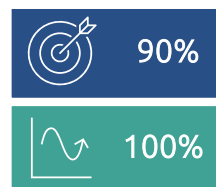
- 15 delays in total with the reporting of Haemolysed/insufficient results – this has been addressed with the lab.
- Ongoing monthly monitoring – TAT beyond 7 days was result of reflex testing for LGV.

AWARe Response Times by Priority

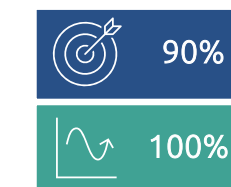
Urgent (<4 hours)



High (<24 hrs)

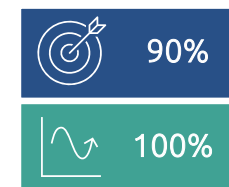


Medium (<48 hrs)



- 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 June 2025, response times performance has currently exceeded all priority level targets.
- Over the past 12 months, these indicators have consistently met their targets.

Compliance to Surveillance Reporting Schedules (%)



- In June 2025, reporting remains above the expected target.
- We are currently working on a process to automate this report within CDSC, rather than individuals confirming on a monthly basis.
- Over the past 12 months, this indicator has consistently met its target.

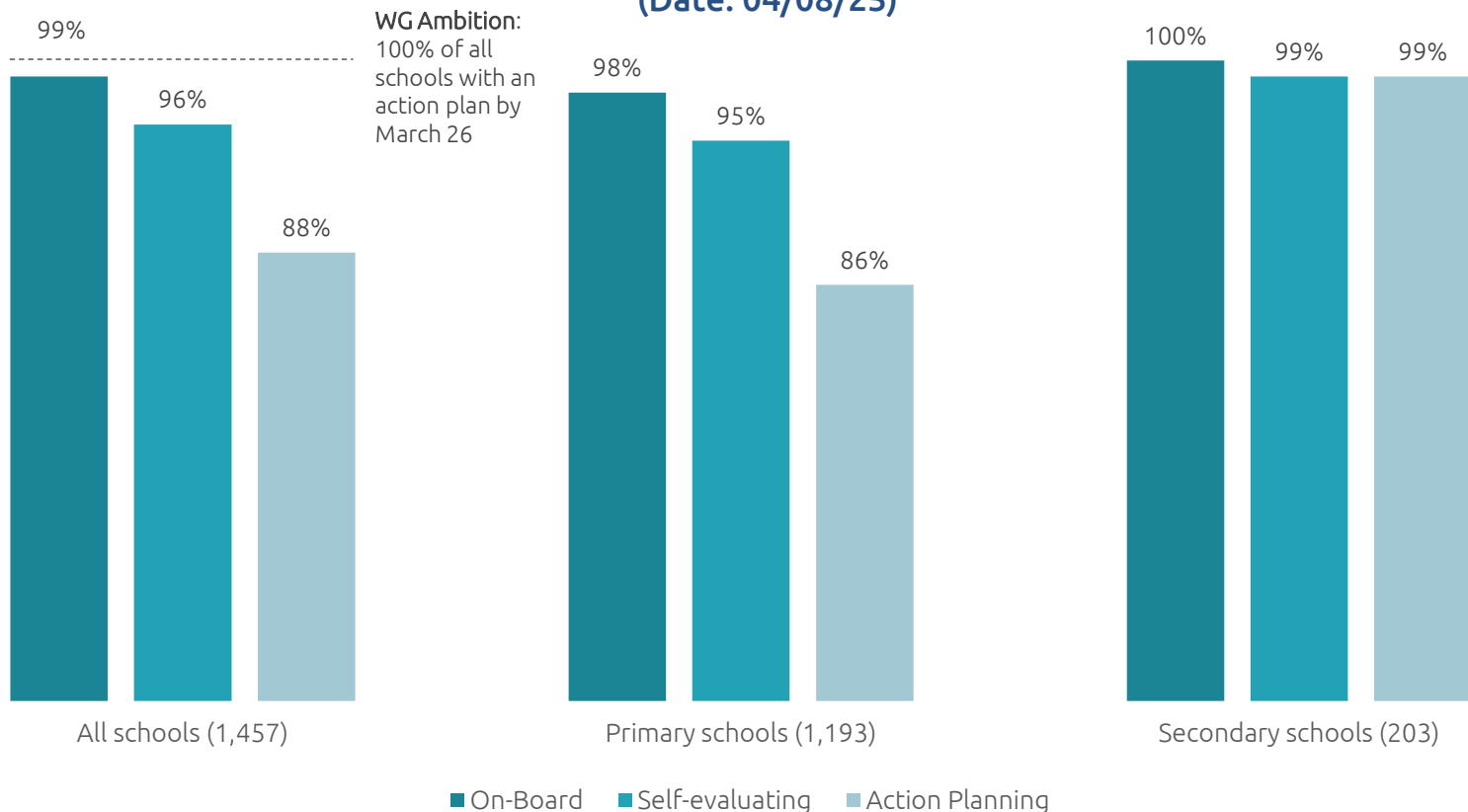


Health and Wellbeing



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 (WSAEMWB) (Date: 04/08/25)



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-evaluation 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 have recently refined data definitions to meet the requirements of the Welsh Government ambition. They will be in place for the beginning of the next academic year.



Health and Wellbeing



Help Me Quit (HMQ)

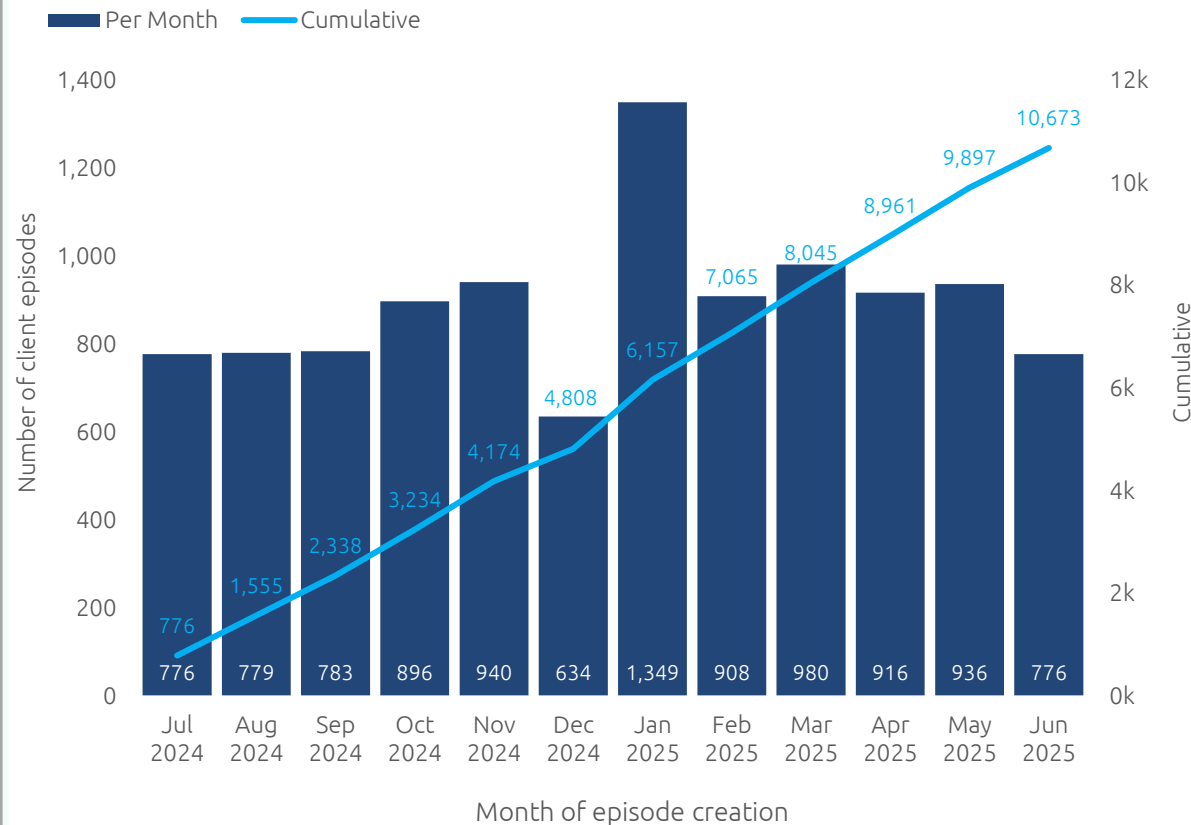
In June 2025, the Hub was responsible for contacting 1,079 new referrals, a similar figure to the same month last year (1,102). 80% of the 1079 referrals were submitted via the self referral callback form on the Help me Quit website. In addition, the Hub handled 785 inbound calls in June 2025, of which 54% were new self referral calls from smokers wanting support to quit. The Hub created 776 new client episodes in June 2025, a similar figure to the 815 created in June 2024.

Timeliness of first contact: 94% of new referrals received their first contact attempt within two working days exceeding the 90% target and an increase of 1% from May 2025.

Assessment scheduling performance for the National Telephone Support Service (NTSS): The proportion of client episodes meeting the target of scheduling an assessment within 14 days of initial contact increased from 68% in May 2025 to 71% in June 2025.

NTSS Quit rate: The NTSS quit rate for June 2025 was 48%, down from 73% the previous month and 90% the same month last year but is still way above the 35% target. The lower figure for June 2025 was mainly due to a larger than usual proportion of 'lost to follow up' outcomes (i.e. client unable to be successfully contacted during the valid follow-up period).

Number of client episodes created by the Hub



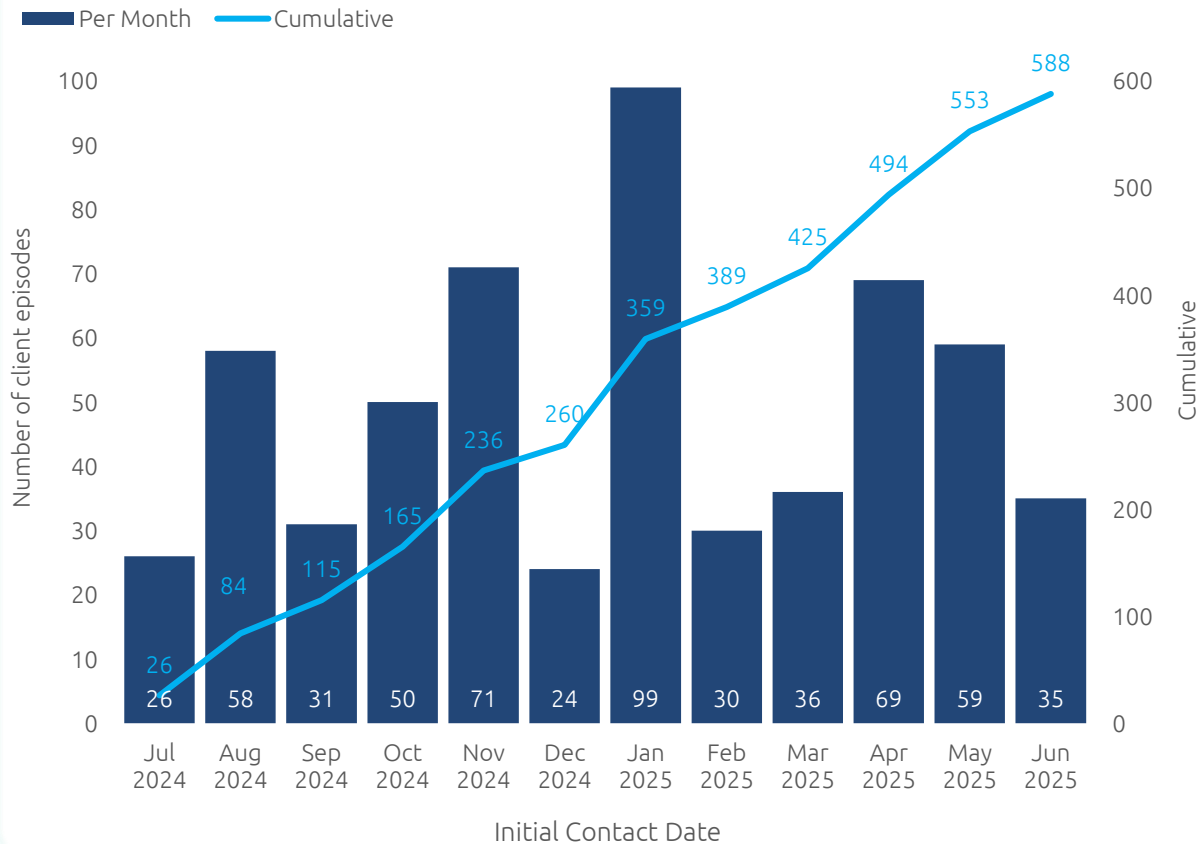


Health and Wellbeing

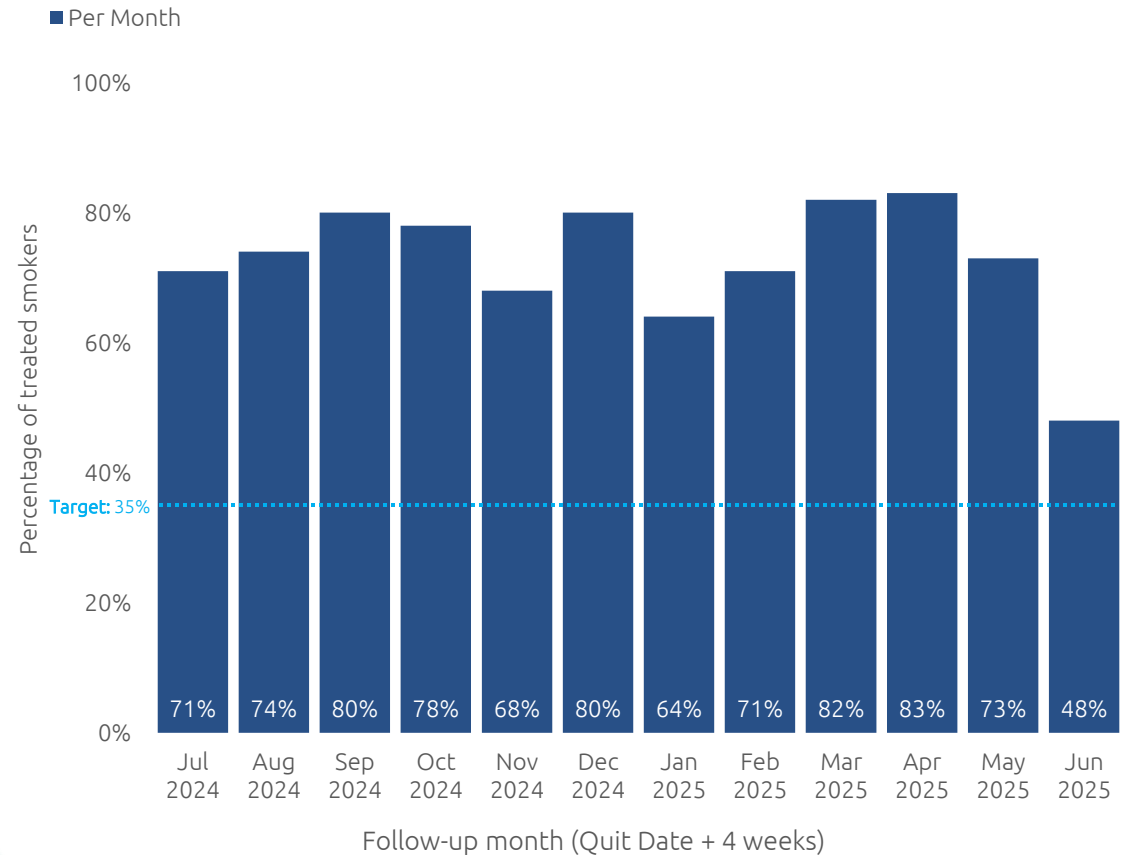


Help Me Quit

Number of clients who attend an assessment session (NTSS)



4-week self-reporting quit rate (NTSS)



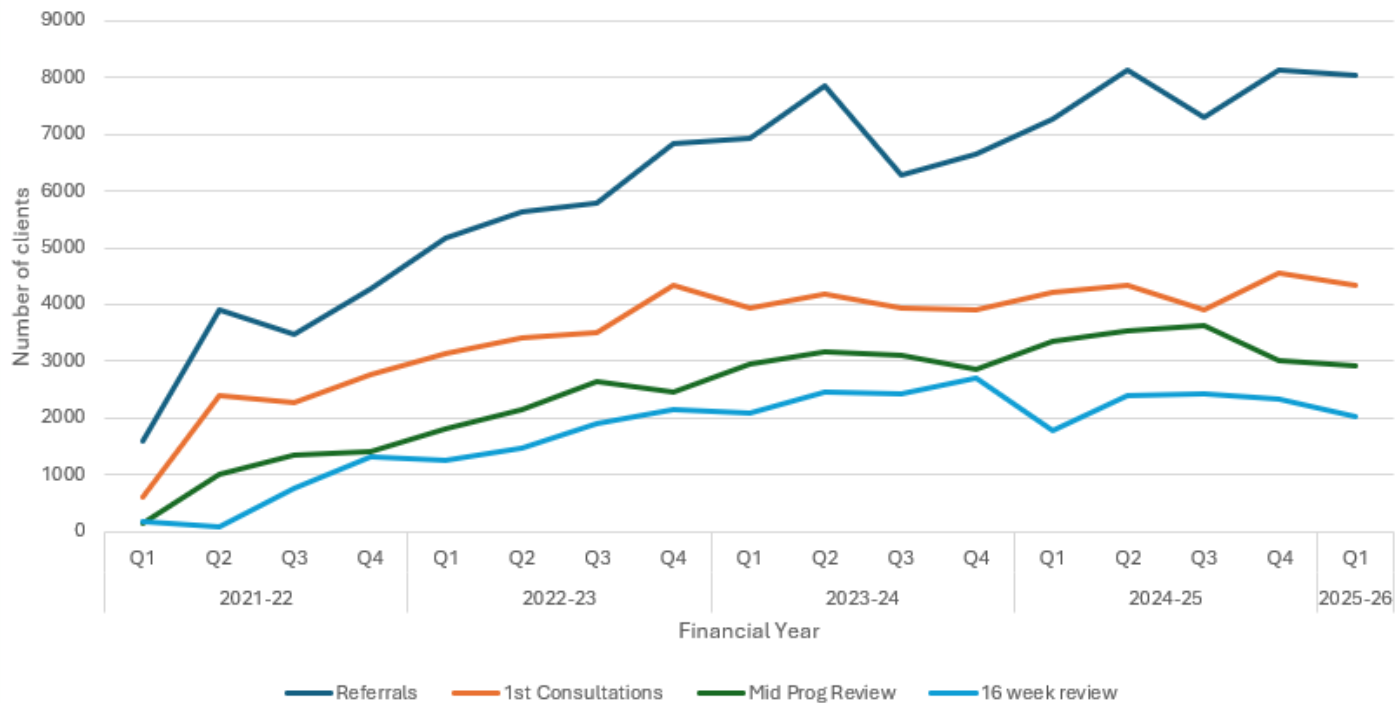


Health and Wellbeing

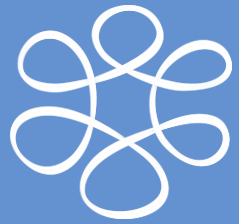


National Exercise Referral Programme

All Wales NERS reporting Apr 2021-Mar 2025



- The National Exercise Referral Programme (NERS) is delivered by Local Authority Leisure Services and Leisure Trusts across Wales in each of the 22 areas.
- The data shows the total no. referrals to the NERS Programme over time (per quarter) and over a specific time period, no. 1st consultations held, no. mid programme reviews held and no. 16 week reviews/completers programme.
- Please note that each of the measures reflects a different population group and should not be compared with each other.
- As part of the improvement programme a new data system has been implemented and as this is embedded additional outcome data will become more routinely available – expected in 2025.
- Activity in terms of completed sessions (1st consultations) has remained consistent since Q4 2022-23, due to maximum capacity being reached based on staff resources.
- Referrals care currently stabilising around the 8000 per quarter mark, which is similar to pre-pandemic levels.



Section 3
Strategy Delivery





Key Performance Indicator Summary



Strategic Plan	12 Month Look Back	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25
Strategic Plan – Percentage of milestones currently green or complete		89.6%	86.3%	87.9%	87.8%	86.9%	86.4%	87.9%	84.6%	96.1%	93.5%	91.8%	90.2%
Strategic Plan – Percentage of milestones currently red		2.9%	2.5%	5%	3.8%	3.8%	3.8%	2.6%	3%	0.9%	1.2%	2.1%	2.1%
Request for Change (RFC) – Number of milestone changes approved		7	9	13	9	8	5	4	7	4	3	8	5
Strategic Priority 1 – Wider determinants		88.9%	88.9%	77.8%	77.8%	77.8%	77.8%	77.8%	77.8%	100%	100%	100%	100%
Strategic Priority 2 – Promoting mental and social wellbeing		88.9%	100%	100%	100%	100%	100%	100%	100%	100%	100%	82%	82%
Strategic Priority 3 – Promoting healthy behaviours		83.3%	73.3%	66.7%	65.5%	57.1%	71.4%	74.1%	67.9%	94.1%	92.1%	89.5%	89.5%
Strategic Priority 4 – Sustainable health and care system		95.3%	88.4%	95.3%	95.3%	93%	93%	95.2%	92.9%	100%	93%	93%	88.4%
Strategic Priority 5 – Excellent public health services		81.4%	76.7%	81.4%	88.1%	85.7%	83.3%	83.3%	83.3%	91.1%	93%	93.1%	91.4%
Strategic Priority 6 – Climate change		90%	100%	100%	80%	100%	100%	100%	100%	100%	100%	100%	100%
Enabling delivery of our plan		92.7%	0%	0%	0%	0%	87.4%	89.1%	94.4%	97.2%	92.5%	91.3%	90.0%
Strategic Change Programmes – Percentage of milestones currently green/amber		100%	100%	77.8%	90%	87.5%	87.5%	75%	62.5%	75%	100%	100%	88%
Strategic Change Programmes – Percentage of milestones currently red		0%	0%	0%	0%	0%	12.5%	0%	0%	0%	0%	0%	0%



Strategic Plan Milestone Delivery



Strategic Priority Delivery Status

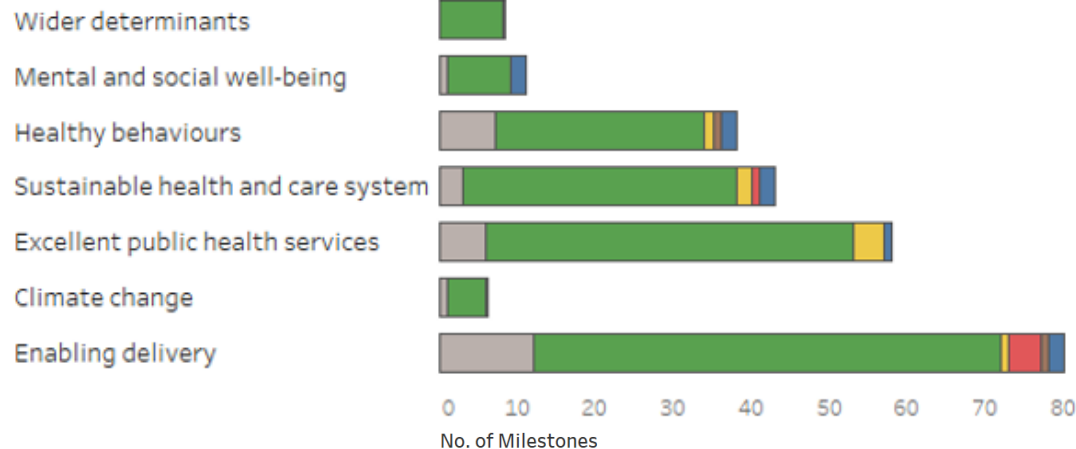


Request for Change

A total of 5 Requests for Change were submitted for approval in July 2025.



By Strategic Priority



At July 2025, 30 milestones have been completed, an increase of 7 from the previous month. 190 milestones are reporting as Green, indicating that 90% of the remaining plan is on track to be delivered within the agreed scope and timescales.

There are 8 milestones rated Amber, 4 of which were also Amber in the previous month. The remaining 4 have shifted from Green to Amber and were due to be delivered in Q2. Two of these submitted RFCs to revise their delivery dates, including the MECC Level 2 e-learning launch, which requested a three-month extension due to staff sickness. Most milestones are indicating an early warning due to slippage.

5 milestones are currently rated Red, 4 of which were Green last month. 2 of the milestones are scheduled for delivery by the end of Q2, but RFCs have been submitted to extend their timelines. A rollover milestone, which includes the *replatforming of the Newborn Screening System and delivery of our components of RISP*, has requested an extension to the end of Q4 to accommodate dependencies and workstreams linked to the broader delivery programme.

All RFCs requested a date change, 3 of which will push milestones into March 2026. Reasons are due to resource issues (2), external dependencies (1), further stakeholder engagement required (1) and other (1). Milestone required a revised completion date (1).

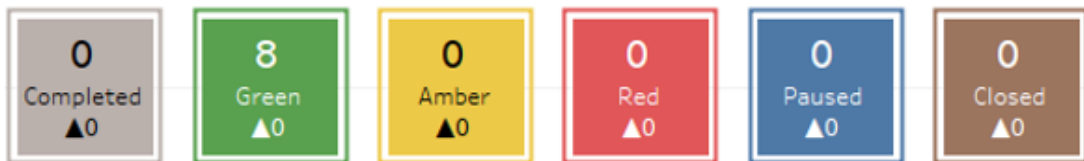


Strategic Plan Milestone Delivery



Strategic Priority 1 – Wider determinants

Current Delivery Status



By Directorate

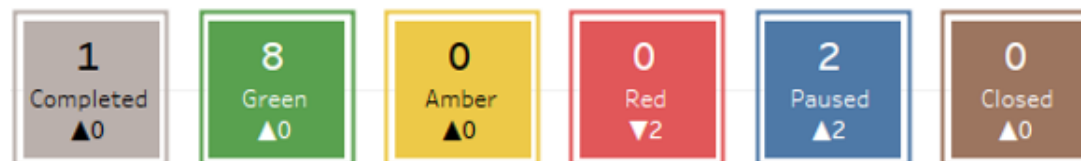


In Year Changes to Plan

No requests for change received in July

Strategic Priority 2 – Promoting mental and social wellbeing

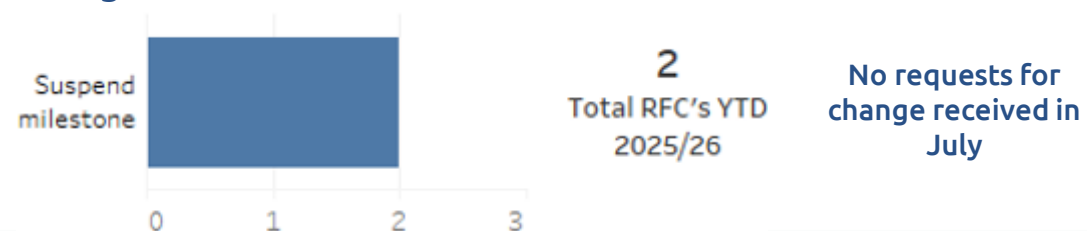
Current Delivery Status



By Directorate



In Year Changes to Plan



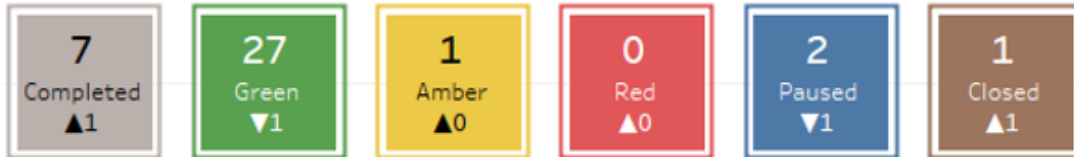


Strategic Plan Milestone Delivery



Strategic Priority 3 – Promoting healthy behaviours

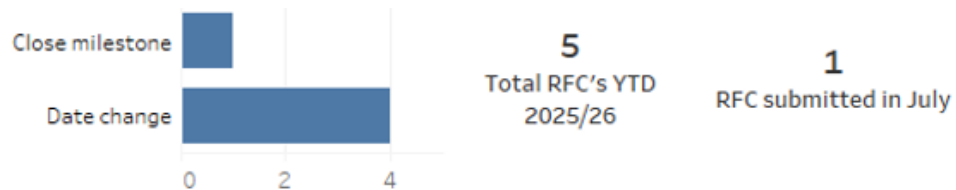
Current Delivery Status



By Directorate

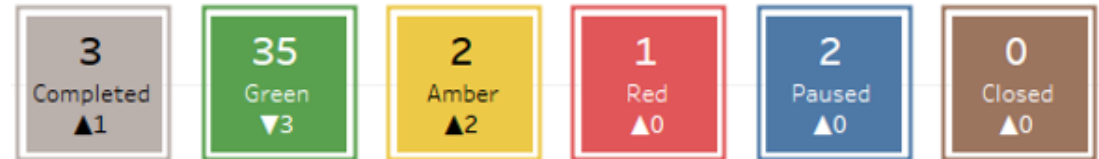


In Year Changes to Plan

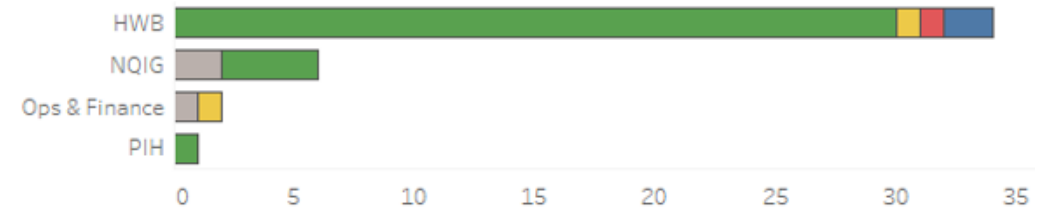


Strategic Priority 4 - Sustainable health and care system

Current Delivery Status



By Directorate



In Year Changes to Plan



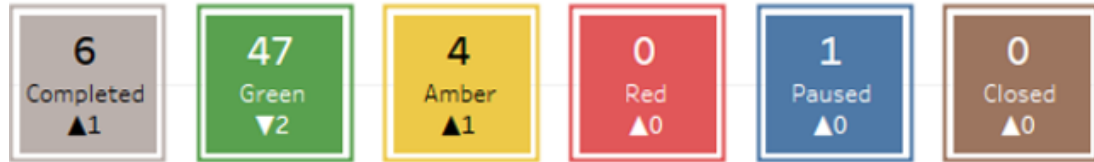


Strategic Plan Milestone Delivery

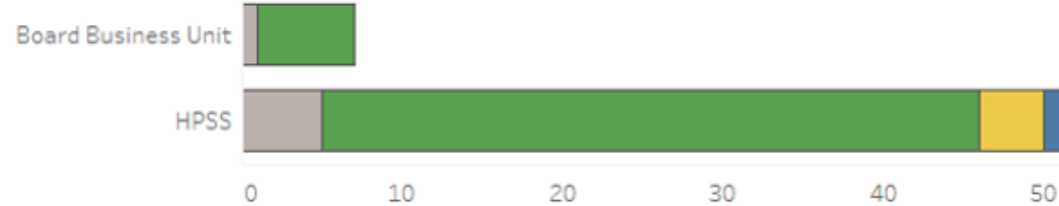


Strategic Priority 5 – Excellent public health services

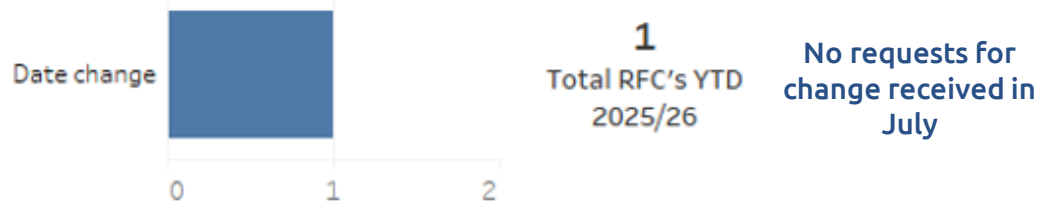
Current Delivery Status



By Directorate



In Year Changes to Plan



Strategic Priority 6 – Climate change

Current Delivery Status



By Directorate



In Year Changes to Plan

No requests for change received in July

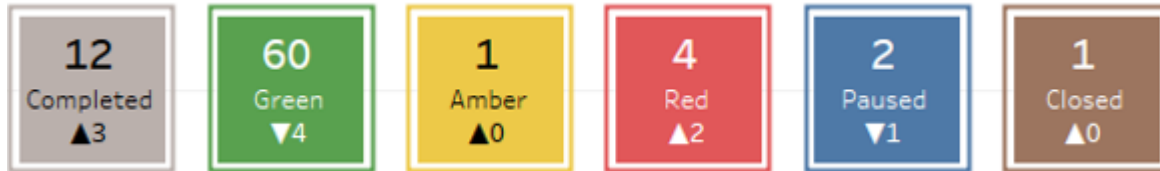


Strategic Plan Milestone Delivery

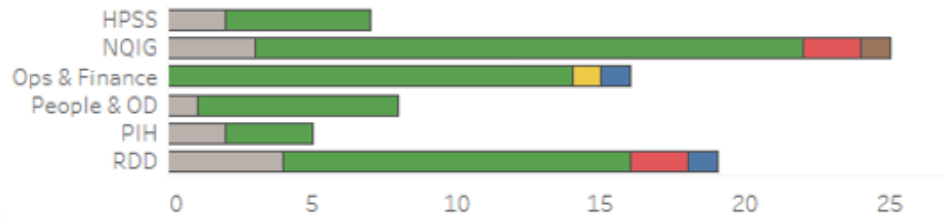


Enabling delivery of our plan

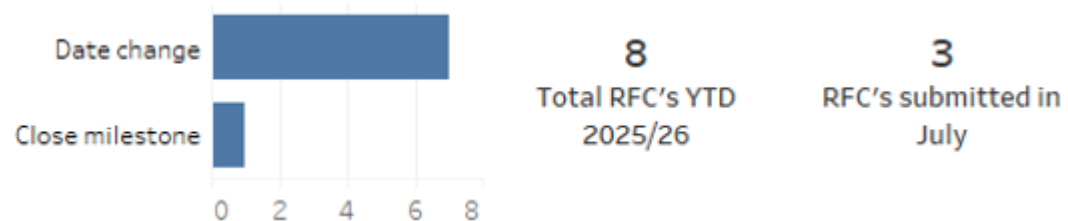
Current Delivery Status



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 July 2025, is provided below.



Key Information

Overall delivery confidence remains on track, with many programme areas progressing to plan. However, specific dependencies and governance requirements are beginning to impact timelines in key workstreams.

National Targeted Lung Cancer Screening – Decreased from Green to Amber/Red

- Despite Ministerial approval in March, Welsh Government now requires a separate Business Case for capital funding.
- This introduces an estimated 5–6-month delay, particularly impacting the IT system procurement due to dependencies on confirmed funding.
- Target date for Business Case review at PHW Board is 27 November 2025, with anticipated WG approval by March 2026, subject to submission timelines.

Diabetic Eye Screening Transformation – Decreased from Green to Amber/Green

- Status decreased to Green/Amber while awaiting outcome of Digital Services' decision regarding the OptoMize online booking milestone.
- Final service delivery costings are currently in development in preparation for submission of a full Business Case to Welsh Government.

Digital Health Protection – Improved from Amber to Amber/Green

- Procurement activities are underway and progressing, with rapid strategy development by the Cloud programme team.
- Funding for future years (2026/27 and 2027/28) remains unconfirmed, though intent to support through conclusion is stated in the signed WG funding letter.
- A Programme Director role offer has been made, and recruitment for a Senior Change Manager is ready to commence.

Automation & AI – Improved from Amber to Amber/Green

- Confidence has improved following regular engagement from the AI Design Authority.
- Focus for Data Engineering is on manual data documentation and implementing automated data cataloguing and transfers to NDAP.

Programme Detail

Tier	Programme Name	May	Jun	Jul
1	Diabetic Eye Screening Transformation	G	G	G/A
	Digital Health Protection	A	A	G/A
	National Targeted Lung Cancer Screening	G	G	A/R
	Tackling Diabetes Together	A	A	A
2	Automation and AI	A	A	G/A
	Data, Analytics, Registers, Cloud	A	A	A
	North Wales Estate	G	G	G
	Web Transformation	G/A	G/A	G/A

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





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i greu Cymru iachach*

**Working together
for a healthier Wales**