 <p>GIG CYMRU NHS WALES</p> <p>lechyd Cyhoeddus Cymru Public Health Wales</p>	Name of Meeting
	Board
	Date of Meeting
	28 May 2026
	Agenda item:
	4.3

Performance and Insight Report – Month 12 and 2025/26 Overview

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Contributors:	Directorate submissions approved by relevant Director

Approval/Scrutiny route:	Business Executive Team
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Purpose

The Performance and Insight Report Month 12 and 2025/26 Overview provides a summary of the organisation's performance against our key activities and programmes during the past year, highlighting key focus areas for improvement, across the following four sections:

- ❖ *Governance and Accountability*, including:
 - People Governance; Financial Governance; Board and Corporate Governance; and Clinical Governance, Quality, Safety and Improvement
- ❖ *Service Delivery*, including:
 - Health Protection and Screening Services; Health and Wellbeing; Policy and International Health; Data, Knowledge and Research
- ❖ *Strategy and Delivery*, including:
 - Progress against our Strategic Plan Milestones, Enabling Actions, Strategic Change Programmes, and summary of activity related to Inequalities
- ❖ *Outcomes Measurement*, including:
 - Reporting against our Strategic Priority measurement system indicators, and summary of activity related to Outcomes Measurement

The report is designed to be read in conjunction with the [Performance and Assurance Dashboard](#).

Recommendation:

APPROVE <input type="checkbox"/>	CONSIDER <input checked="" type="checkbox"/>	RECOMMEND <input type="checkbox"/>	ADOPT <input type="checkbox"/>	ASSURANCE <input checked="" type="checkbox"/>
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The Board is asked to:

- **Consider and Receive assurance** on the organisation's performance and governance arrangements during 2025/26.

Link to Public Health Wales [Strategic Plan](#)

Public Health Wales has an agreed strategic plan, which has identified seven strategic priorities and well-being objectives.

This report contributes to the following:

Strategic Priority/Well-being Objective	All Strategic Priorities/Well-being Objectives
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Summary impact analysis	
Equality and Health Impact Assessment	An Equality and Health Impact Assessment is not required. Equality and Health Impact Assessments will be completed as part of delivery of the specific actions within the Plan.
Risk and Assurance	Our Strategic Risks are detailed within Our Strategic Plan and progress reported in a separate Board paper.
Health and Care Standards	This report supports and/or takes into account the Health and Care Standards for NHS Wales Quality Themes All themes Governance, Leadership and Accountability
Financial implications	An update on the organisation's financial performance is enclosed and in the accompanying Finance Board Report.
People implications	An update on the organisation's people performance is enclosed.

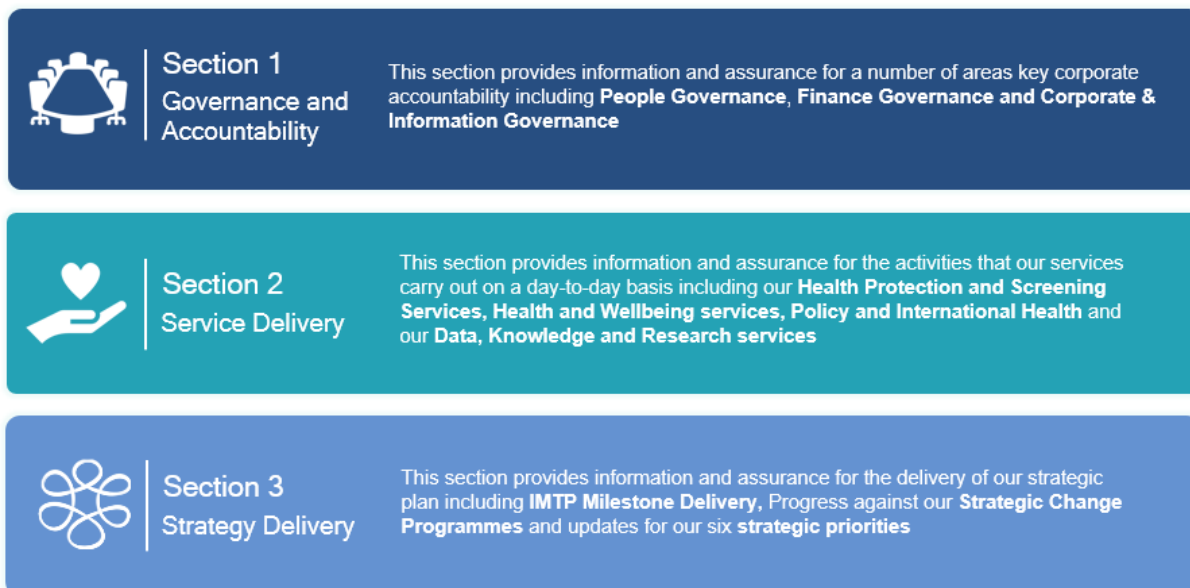
Purpose

The *Performance and Insight Report Month 12 and 2025/26 Overview* provides an overview of the organisation's performance against our key activities and programmes during the past year. It reports on performance for the final month of the financial year, as well as summarised information looking at performance for the whole of the last 12 months. It provides a summary of data across the year, highlighting key trend information and where we have met agreed target levels as well as where we have experienced challenges. The Performance Team has provided independent commentary for the Executive Team and Board, spotlighting key actionable insights and assurance of our performance whilst identifying areas for further improvement to support decision making.

The Performance and Insight Report is designed to be read in conjunction with the [Performance and Assurance Dashboard \(PAD\)](#). The PAD provides data visualisations, trend information and more detailed visual analysis on a full suite of performance indicators.

Structure of The Report

The report is made up of three sections:



Each of the three sections comprises of a summary **performance indicator table** and a high-level **Overview** for each governance theme, focusing on compliance against our statutory, mandated or other key reporting requirements.

Enhanced navigation is provided throughout the report, and access to all governance themes can be made via the hyperlinked icons in the banner at

the top of each page. In addition, access to relevant ***dashboards within the PAD*** is through the buttons accessible within the report.

Performance Overview

This section focuses on key areas of delivery where we have seen improvements in performance during 2025/26, as well as where we have experienced challenges in achieving required performance levels. The Executive Team and Board are signposted to the relevant section of the Performance and Insights Report for further information and assurance.

Section 1 – Governance and Accountability

- **Sickness absence** for the period 2025/26 has largely remained at similar levels to the previous year and has failed to meet the target sickness rate for the second year. The trend is for a gradual increase in the overall Trust sickness rate. In particular, Health Protection and Screening Services is experiencing sickness that is significantly and consistently above target for each of the last 24 months. Given the high number of staff employed, in HPSS, this contributes significantly to the Trust failing to meet this target.
- **Statutory and Mandatory Training** continues to be an area where the Trust exceeds the target set. Coupled with relatively high levels of compliance with the target for **Appraisals and Developmental Reviews**, it demonstrates the emphasis that each department has in supporting and developing staff effectiveness. It is hoped that this good performance can be sustained for the year ahead.
- **Financial performance** – a key Cabinet Secretary priority for 25/26 was to achieve a reduction in the amount of **Agency Spend** and other temporary workforce costs. Agency spend across the year achieved the target set. However, at 0.9% of total pay spend, it is likely that the Trust is starting to reach the limits of how much lower expenditure can get. The Trust again met the statutory target of achieving a Breakeven revenue position, and also fully spent its capital allocation.
- **Corporate Governance** performance shows significant compliance with all recommended control mechanisms: of 8 internal audits undertaken in the year, 3 were considered to provide substantial assurance, 5 reasonable assurance, and no areas audited viewed as providing only limited or unsatisfactory assurance.
- **Subject Access Requests** significantly increased in number in the year, growing by over 100%. 94% of **FOI requests** were responded to within the statutory target.

Section 2 – Service Delivery

- Delivering improvement in achieving national standards across parts of our screening programmes is a key Trust priority. **Breast screening assessment waits within 3 weeks** and **Bowel Screening colonoscopy within 4 weeks** remained some way short of the respective 90% national standard. Progress for **Breast Screening** assessment waits have also not improved in the year. Finally, **Diabetic Eye Screening** performance in respect of offering appointments to eligible patients has remained significantly below target.
- Performance improvement plans have been created and adopted for each of these three operational areas. There is still significant work required to translate the actions to be delivered in those plans into agreed **performance trajectories**. It is anticipated that each service will have an understood and agreed forecast for when the targets will be met, and what other enabling actions might be required to achieve satisfactory performance. A small team drawn from different departments across the Trust has been created to support this work.
- Performance across all of our reported Health Protection indicators mostly exceeded targets throughout 2025/26. These include test turnaround times for **Test and Post** (STI self-sampling), **AWARe response times by priority** and compliance against **surveillance reporting schedules**. Performance across our reported Infections Service, including **diagnostic testing rejection rates and sample requests**, as well as **blood culture timeliness** remained largely stable throughout the year. The only area of note was the failure to meet the compliance to surveillance reporting schedule, which experienced difficulties last summer but has now restored performance to above target levels.
- One **major breach** was reported in our statistical and analytical publications in 2025/26, relating to early publication of a press release.
- Around 9,800 cumulative client **Help Me Quit** episodes have been created in 2025/26 and continued to meet the 90% target of referrals who the received first call attempt within 2 working days. However, the number of individual client episodes is around 9% lower than the previous year. Participation in all stages of **National Exercise Referral Scheme** has generally followed an upward trajectory over the last 3 years.

Section 3 – Strategy Delivery

- We delivered over 83% of our **IMTP delivery milestones** against our baseline plan agreed in March 2024, equating to 202 milestones delivered from a total of 244 milestones. This represents significant progress towards the delivery of our strategy across each of our six strategic priorities.

- The **Cabinet Secretary’s “Enabling Actions”** introduced an additional strategic focus for the Trust in 2025/26. Of these ambitions, a significant proportion were delivered in year, specifically those relating to Estates management, reducing agency / variable pay expenditure, and focussed actions relevant to patient care and treatment. However, there are a number of areas where the Trust has had to roll forward delivery against the actions into 2026/27 – notably and in respect of consultant job planning, and reducing sickness absence.
- Of the remaining 42 milestones reported as incomplete in 2024/25, 4 milestones were closed as no longer required due to re-planning, 23 milestones remain suspended and 15 have had their planned delivery date moved into the next financial year and will form part of our 2026/27 plan. Delays in delivery were often due to factors outside of our control including dependencies on activities by other organisations.

Section 4 – Outcomes Measurement

- **Outcome measurement** reflects the overall impact of the Trust’s work in respect of the health and wellbeing of the population of Wales. However, by their nature, the data within is not able to be updated each year, and therefore the section shows the most up to date position that the most recent data allows.

Conclusion

The Board is asked to:

- **Consider and Receive assurance** on the organisation’s performance and governance arrangements in 2025/26.

ANNEX A – Strategic Plan Milestones

Requests for change submitted for approval at month 12 2025/26

**For any milestone requesting a date change, we assume if approved, the milestone will report as 'green - on track' in the following month*

Directorate & Priority Area	Milestone	Current Status	Original Delivery Date	Request for Change Submitted for Approval	Cause, Impact and Next Steps
Health Protection and Screening Services <i>Excellent public health services</i>	Strengthened surveillance capabilities through the integration of respiratory surveillance in line with Mosaic and pandemic preparation work, and inclusion of climate health surveillance and AMR into surveillance models (HPSS_036)		30/03/26	<u>Date change</u> to 30/11/26 Reason for RFC: Resource issues	<p>Cause: There is still no update (shared) by Infections as to plans to replace the lead consultant for virological surveillance (Prof Moore left January 2026) and the epidemiological surveillance team have had delays in being able to recruit to some key posts.</p> <p>Impact: SARI surveillance continues in line with the reduced forecast. Datix 2180, raised w/c 19/01/26, relates "There is a risk that sentinel surveillance testing will exceed the reduced ARI budget that was imposed in September 2025". There is also increased uncertainty about what the budget to support integrated respiratory surveillance will be in 2026/27.</p> <p>Next steps: In the process of adding resistance patterns onto the surveillance of UTIs within care home residents across Wales. This is part of the settings cross programme work, so this is progress to introducing AMR into other surveillance models within CDSC.</p>
Health Protection and Screening Services <i>Excellent public health services</i>	Implemented fit-for-purpose structure for the Welsh Specialist Virology Centre to provide Diagnostic and Sexual Health Services. (HPSS_041)		31/03/26	<u>Date change</u> to 31/10/26 Reason for RFC: Slippage of original deadline	<p>Cause: More time is required to ensure the proposed structure is agreed and achievable and in line with other divisional priorities which have only recently had an agreed position. Team capacity with other commitments and Consultant cover has impacted the timeline.</p> <p>Impact: No impact currently.</p> <p>Next steps: Paper already presented at SMT and a further options appraisal will be submitted in the next few months for final agreement.</p>

Directorate & Priority Area	Milestone	Current Status	Original Delivery Date	Request for Change Submitted for Approval	Cause, Impact and Next Steps
Health Protection and Screening Services <i>Excellent public health services</i>	Undertaken review of the infection estate and developed recommendations and implementation plan. (HPSS_049)		31/03/26	Date change to 31/10/26 Reason for RFC: Slippage of original deadline	Cause: To request more time to conclude recommendations and ensure these are likely to be supported as escalation through Welsh Government will be required for financial support. People capacity due to other unplanned commitments. Impact: No impact currently as have utilised capital funding and spending plan money to make changes to some sites in the interim of a bigger plan e.g. sealability work. Next steps: Complete the vision paper and take to DMT.
Research, Data and Digital <i>Enabling delivery</i>	Replacement of virtual infrastructure. (RDD_033)		30/03/26	Date change to 30/05/26 Reason for RFC: Slippage of original deadline	Cause: Configuration issues causing delay. Impact: Implementation now due April/May rather than Feb/March 26. Warranty on existing platform's storage has been extended until end of May. Next steps: Reschedule for April & May now all components are available.
Health and Wellbeing <i>Sustainable health and care system</i>	Provided evidence for current pressures including waiting lists to be implemented with an equity lens. (HWB_052)		30/03/26	Date change to 30/09/26 Reason for RFC: Resource issues	Cause: Initial review and analysis of literature completed but capacity within the team to take work further during Q4 has been limited due to competing priorities. Impact: This was an internally set milestone delivery date. No external stakeholders have requested progress updates, therefore impact on the wider system is minimal. This workstream has not impacted other pieces of work within the programme. Next steps: Primary Care Division (PCD) team to review initial analysis and to consider approach/scope of products that provide findings for System leaders (CMO/Welsh Government) to demonstrate how waiting lists can be adjusted through an equity lens.

Directorate & Priority Area	Milestone	Current Status	Original Delivery Date	Request for Change Submitted for Approval	Cause, Impact and Next Steps
Nursing, Quality and Integrated Governance <i>Enabling delivery</i>	Developed a new Information Governance Plan for Public Health Wales with a renewed focus on continuing to develop a holistic approach with cyber security colleagues leading to improved training and support for PHW staff. (NQIG_007)		30/03/26	<u>Scope and date change</u> to 29/06/26 Reason for RFC: Slippage of original deadline	<p>Cause: Delayed as priority was superseded by the establishment of the Information Security Board which will form a key part of the Integrated Governance approach to IG and cyber security governance and assurance.</p> <p>Impact: The Scope needs to be amended due to the establishment of the Information Security Board; Public Health Wales will have a more comprehensive Information Governance Plan which integrates with cyber security plans and ensures that we optimise our Information Security resource.</p> <p>Next steps: The development of the Information Governance Plan in Q1 of 2026/27 in alignment with the new Information Security Board as part of a key governance and assurance pathway integrating Information Governance and cyber security holistically.</p> <p>New wording: Developed a corporate wide approach to information security detailed within the refreshed Information Governance Plan and cyber security arrangements under the scrutiny and authorisation of the newly formed Information Security Board.</p>
Nursing, Quality and Integrated Governance <i>Enabling delivery</i>	Maintained support to the PHW corporate approach to Records Management to enable 'business as usual'. Delivered assurance that intended benefits continue to be achieved. (NQIG_008)		31/03/26	<u>Date change</u> to 30/09/26 Reason for RFC: Slippage of original deadline	<p>Cause: The records management audit process was completed in March 2026. The implementation and analysis phase will require additional time following implementation.</p> <p>Impact: Unable to measure the intended benefits of the organisational records management approach until the audit process is implemented.</p> <p>Next steps: Now the development phase has concluded, Public Health Wales will move to the implementation phase.</p>

Directorate & Priority Area	Milestone	Current Status	Original Delivery Date	Request for Change Submitted for Approval	Cause, Impact and Next Steps
Nursing, Quality and Integrated Governance <i>Enabling delivery</i>	Matured the PHW risk architecture in line with best practice of ISO31000 COSO framework. Implemented the Risk Management Development Plan including rollout of the Risk Appetite Framework. (NQIG_009)		30/03/26	<u>Date change</u> to 29/06/26 Reason for RFC: Slippage of original deadline	<p>Cause: The Risk Management Development Plan has been implemented, and we have transitioned to a Risk Management Maturity Plan which is in its infancy and signed off by Audit and Corporate Governance Committee on 28th March. Some outstanding work for compliance with ISO31000 COSO.</p> <p>Impact: Minor delay in completion of this milestone. Additional time required to continue to embed our Risk Management framework as per Risk Management Maturity Plan.</p> <p>Next steps: Complete actions in Risk Management Maturity Plan.</p>
Operations and Finance <i>Enabling delivery</i>	Implemented consistent standards for planning, delivery, measurement and reporting of social marketing and public campaigns. (OpsFin_003)		31/03/26	<u>Date change</u> to 30/09/26 Reason for RFC: Further stakeholder engagement required	<p>Cause: Campaigns Standards and processes document is written and lives on SharePoint. The standards were co-produced by the Communications Division with senior colleagues in Health Protection and Screening Services, Behavioural Science Unit, Research and Evaluation, Engagement and Health Improvement following a series of 121 discussions and group workshops. The document was shared in March 2025 for input with the working group. In July 2025 Execs decided that a set of recommendations should be adopted to include social marketing and campaigns. An oversight group has not been established as yet.</p> <p>Impact: At present, the central communications team and the HWB social marketing team operate independently of each other, following their own standards and processes.</p> <p>Next steps: Establish oversight group to embed consistent standards, processes, evaluation and reporting to Exec.</p>

Directorate & Priority Area	Milestone	Current Status	Original Delivery Date	Request for Change Submitted for Approval	Cause, Impact and Next Steps
Operations and Finance <i>Enabling delivery</i>	Implemented our strategic partnership arrangements to enable delivery of our route maps and agreed areas of strategic collaboration. (OpsFin_008)	Suspended since Sept 2025	30/09/25	<u>Date change</u> to 30/06/26 Reason for RFC: Re-prioritisation	<p><u>Cause for suspension:</u> Organisational pressures such as preparing for the accountability meeting meant that discussions and thinking by the Executive Team on taking forward a system for strategic partnerships was postponed beyond the end of March.</p> <p><u>Impact:</u> There has not been an impact on the delivery of our services. Where strategic partnership working has been required this has still gone ahead.</p> <p><u>Activity since milestone was suspended:</u> Public Health Wales' strategic partnerships have continued to function, the activity detailed in the milestone was to enable a discussion with our Executive Team and consider enhancements to how the organisation's strategic partnerships can be enhanced.</p> <p><u>Next steps:</u> To be rolled over to 2026/27 when strategic partnerships can be considered in the context of a new Programme for Government.</p>
Health and Wellbeing <i>Mental and social wellbeing</i>	Launched phase 1 of Every Child digital offer (HWB_007)	Suspended since June 2025	31/12/25	<u>Close milestone</u> Reason for RFC: Re-prioritisation	<p><u>Cause for suspension:</u> Further stakeholder engagement required and no digital capacity to support.</p> <p><u>Impact:</u> Continue to provide current health information resources for parents whilst a plan is developed.</p> <p><u>Activity since milestone was suspended:</u> Initial engagement and discussions with Digital team to agree how this can be progressed.</p> <p><u>Next steps:</u> Close milestone, superseded by milestone in new IMTP for 26/29.</p>

Directorate & Priority Area	Milestone	Current Status	Original Delivery Date	Request for Change Submitted for Approval	Cause, Impact and Next Steps
Health and Wellbeing <i>Healthy behaviours</i>	Implement a national service model to support adult vaping cessation. (HWB_026)	Suspended since November 2025	31/12/25	<u>Close milestone</u> Reason for RFC: Awaiting funding approval	<p>Cause for suspension: Welsh Government has not provided funding for this service model to start.</p> <p>The Service Model was agreed with Welsh Govt in 2024, following the report of the Project Board convened to review and recommend a model in June 2024</p> <p>The agreed model involved delivering support via the HMQ Hub in Public Health Wales, and costs for this were submitted to Welsh Government in August 2024. and there was a request to establish an adult vaping service in the remit letter from Welsh Government (10 Feb 2025) but no funding was provided in the letter.</p> <p>Impact: Due to ongoing absence of funding for full vaping cessation service akin to tobacco offer, an alternative evidence-based intervention model has been developed.</p> <p>Next steps: Close milestone. Rolled over but wording amended to include CYP and already in IMTP 2026-2029.</p> <p>Activity since milestone was suspended: Alternative intervention model encompasses digital offer and more intensive support for adults meeting specific criteria using a taper down/stepped intervention approach. Vaping cessation app will be developed and launched as a frontline intervention accompanied by a taper down/stepped intervention approach to provide more intensive support depending on age and levels of need. Digital offer will extend to CYP as well as adults.</p>
Health and Wellbeing <i>Healthy behaviours</i>	Produced the first national activity and outcomes report for the All Wales Weight Management Pathway (ROHWB_168)	Suspended since January 2025	01/04/25	<u>Close milestone</u> Reason for RFC: External dependencies	<p>Cause for suspension: External dependencies: Awaiting DHCW Welsh Information Standards Board (WISB) process completion and Welsh Government requirement notice. Health Boards will not release the data unless this is in place. Also awaiting completion of DHCW work to address lack of data systems for collection and retrieval.</p> <p>Impact: Health Boards will not release the data until the DHCW Welsh Information Standards Board process has been completed.</p> <p>Activity since milestone was suspended: Continued engagement with DHCW.</p> <p>Next steps: Close milestone- This will be picked up through DARC Programme and OPIC which will support more routine data reporting</p>

Directorate & Priority Area	Milestone	Current Status	Original Delivery Date	Request for Change Submitted for Approval	Cause, Impact and Next Steps
Health and Wellbeing <i>Sustainable health and care system</i>	Developed 'Supporting Healthy Behaviours' resource for General Dental Services. (ROHWB_169)	Suspended since July 2024	01/04/25	<u>Close milestone</u> Reason for RFC: Re-prioritisation	<p>Cause for suspension: Supporting Healthy Behaviours for General Dental Service providers will be a public health resource to aid conversations between Contractors and patients re adopting healthy behaviours. The resource is aligned to the General Dental Contract Reform which has been delayed during 2024/25 and therefore the publication release will be delayed in line with the contract negotiations timeline.</p> <p>Impact: Limited impact as the publication needed to align to the agreed approach for the new General Dental contract in Wales which was only agreed end Q3 for implementation from 1st April 2026.</p> <p>Activity since milestone was suspended: In line with the new General Dental Services contract the Dental Public Health team are producing resources for dental practices, including one to support behaviour change (based on a COM-B approach which is in keeping with the Public Health Wales resources for other primary care contractors). The dental resources are focussed on improving the prevention provided to the child population seen in dental practices.</p> <p>Next steps: Close milestone as it is included in the workplan going forward for dental public health.</p>
Health and Wellbeing <i>Sustainable health and care system</i>	Developed "Supporting Healthy Behaviours" resource for Community Pharmacy. (ROHWB_170)	Suspended since July 2024	01/04/25	<u>Date change</u> to 30/06/26 Reason for RFC: External dependencies	<p>Cause for suspension: Long term sickness in the Primary Care team resulted in work packages being re-prioritised and this IMTP package being suspended for the duration of 2024/25 or until capacity within the team is sufficient to restart work.</p> <p>Impact: Limited impact.</p> <p>Activity since milestone was suspended: Supporting Healthy Behaviours" resource for Community Pharmacy has been drafted by the Public Health Wales team and is now with Welsh Government for final checking against the contract requirements; the aim was to publish by the end of Q4 2025/26 however delayed sign off in Welsh Government, so publication date moved to Q1 2026/27.</p> <p>Next steps: Roll over.</p>