GIG CYMRU NHS WALES | Iechyd Cyhoeddus Cymru Public Health Wales	**Name of Meeting** Board **Date of Meeting** 24 September 2026 **Agenda item: 4.3**

Performance and Insight Report - August 2026

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Contributors:	Directorate submissions approved by relevant Director

Approval/Scrutiny route:	Business Executive Team

Purpose

Our Performance and Insight Report focuses on delivering actionable insights and assurance whilst identifying areas for further improvement across the following key 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 *(monthly)*; Policy and International Health; Data, Knowledge and Research *(bi-monthly)*
- *Strategy and Delivery*, including:
  - Progress against our Strategic Plan Milestones, Strategic Change Programmes and Inequalities
- Outcomes Measurement, including:
  - Reporting against our IMTP measurement system indicators

The report is designed to be read in conjunction with the Performance and Assurance Dashboard.

Recommendation:

APPROVE	CONSIDER	RECOMMEND	ADOPT	ASSURANCE
☐	☒	☐	☐	☒

The Board is asked to:

- **Consider and Receive assurance** on the organisation's performance and governance arrangements, progress against delivering its strategy including delivery/recovery of key services and programmes

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

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

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

The Performance and Insight Report is designed to be read in conjunction with the Performance and Assurance Dashboard (PAD).

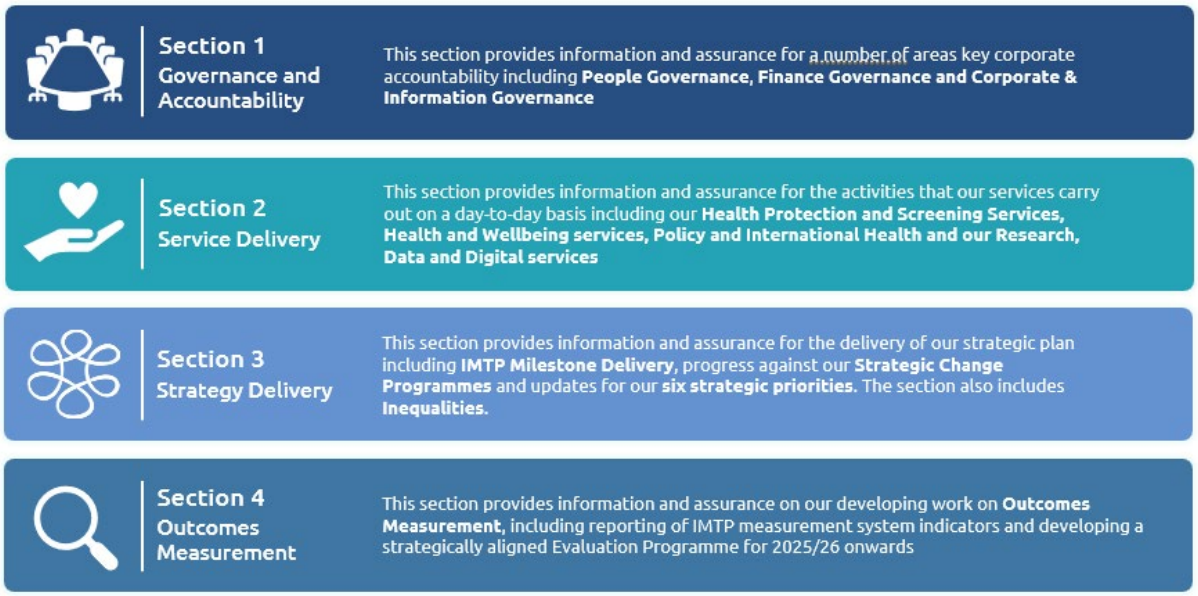
The PAD provides data visualisations, trend information and more detailed visual analysis on a full suite of performance indicators.

In addition to the Performance and Insight Report and the PAD, Public Health Wales also produces a Directorate and Divisional Dashboard (DADD) which provides a more granular level of detail and drilldown for directorates and divisions to be able to monitor and manage their performance against a number of performance indicators. The DADD does not form part of our performance reporting to Board.

This report also provides the mechanism for The Business Executive Team to ***approve change requests*** for our Integrated Medium Term Plan milestones. This is covered in section 3 of the report including a direct link to the change request PAD dashboard which contains further information about each change request submitted for approval.

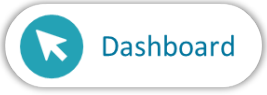
Structure of The Report

The report is made up of the following areas:



Where available, each section comprises of a summary ***performance indicator table***, a high-level ***Overview*** for each governance theme, focusing on compliance against our statutory, mandated or other key reporting requirements. Where required, governance themes may be supported by an ***In Focus*** section. This section aims to provide additional assurance to our Board where challenges in our performance have been identified, and the actions set out to address underperformance and drive improvement.

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 ***In Focus*** areas or additional documents and ***dashboards within the PAD*** is through the buttons accessible within the report. Examples of icons are provided below:



Developments in performance reporting

Welsh Government is currently reviewing the all-Wales NHS Performance Framework, specifically in respect of performance reporting to Executive Teams and Boards. This is timely, and aligns with a strategic milestone already adopted by the Trust to review its performance reporting and management framework. The Performance and Value Team are drafting revised reporting arrangements with a view to refreshing and focussing reporting on the most important strategic priorities. Current plans include proposals for change in stages, with the intention to consult with directorates on further improvements to our reporting arrangements - with a view to streamlining both the collection of data for the report, and its production.

In order to create sufficient team capacity to undertake this work, all Directorates are reminded to note that the report production timetable is being more rigidly adhered to. The timetable is available on the Performance and Value section of the Public Health Wales intranet (internal only), with latest submission dates for directorate information included within.

Performance update at Month 5 2026/27

This section focuses on key areas of delivery where we have seen, or continue to see, challenges in achieving required performance levels. The Executive Team and Board are signposted to the relevant section of the

Insights Report for additional assurance. Additionally, a number of areas for development have been identified by the Executive Team to further strengthen existing performance reporting which will be taken forward by the performance team in conjunction with the wider organisation over the coming weeks.

Areas of performance to highlight at month 5 2026/27 include:

- **Sickness absence** Ensuring a reduction in sickness absence in 2026/27 in comparison to 2025/26 is a key Cabinet Minister enabling action focusing on workforce productivity. For the second successive month, our 12-month rolling rate remains just below the 4.65% target at 4.58%, remaining in line with the same period in 2025/26. However, sustained improvement in the trend of sickness absence will be needed to ensure actions being adopted are working over the longer term. In particular, long-term absence remains the principal driver, accounting for 83% of FTE days lost, indicating that sustained improvement is likely to depend on supporting those with more complex and prolonged health conditions, with mental health conditions the leading cause. At a Directorate level, the highest sickness absence rate is currently being reported within People and OD, followed by Health Protection and Screening Services and Nursing, Quality and Integrated Governance.

- **Staff appraisal** compliance has slightly increased to 83.8% but has now remained below the 85% target for the past 6 months. This follows a stable position of achieving compliance during the previous year. Health Protection and Screening Services (79.9%) continues to fall short of required levels, with Health and Wellbeing now above target (86.8%). My Contribution remains a key component of our Corporate Induction resources, including the People Manager Induction Pathway and the Developing People Managers offer. The My Contribution Policy has recently been reviewed and consulted on and is now in the approval phase. Further activity is underway and planned to drive improvements in My Contribution compliance, including mid-year review communications; light touch review of the My Contribution toolkit; and further Directorate engagement.

- Our **financial position** at month 5 is reporting a year-to-date breakeven position. In month 4, we reported that budgets had been fixed for the remainder of the year and that the monthly monitoring return forecast would be based on forecast actuals rather than budget. This approach was further refined in month 5 following feedback from Welsh Government, which indicated that organisations should not report a year-to-date surplus or month-to-month fluctuations where a full-year breakeven position is planned. As a result, the £312k surplus reported

in month 4 has been adjusted, and the reported month 5 position has been restated as breakeven. This approach removes the fluctuations reported in month 4 and more accurately reflects the underlying financial position, demonstrating forecast break-even performance in line with our planned year-end position. Further detail can be found in the accompanying Finance Board Report.

- **Agency spend** is a key Cabinet Minister Workforce Enabling Action focused on achieving a 30% year-on-year reduction in total agency spend, as well as reducing admin and clerical agency use to nil by the end of September 2026. Our cumulative year-to-date agency spend is £479k at month 5 with a forecast year-end position of £902k – expected to achieve the year-on-year reduction target by year-end. Month 5 financial forecasting indicates a failure to meet the admin and clerical agency use target in September, increasing the importance of regularly reviewing the robustness of our plans to deliver and taking forward mitigating actions where required. The use of agency staff remains under scrutiny, with all requests subject to review and early consultation between People and OD, Finance and business leads, ensuring decisions balance operational risk, workforce capacity and financial control. Despite these comprehensive controls, it is highly unlikely that expenditure on admin and clerical agency staffing will reduce to zero, with year-to-date spend at £26k, and a further £33K forecast spend between months 6 and 12. The nature and duration of the roles undertaken by such colleagues is a key barrier to further reduction.

- **Formal complaints compliance** in June 2026 showed a reduction in the number of formal complaints responded to within 30 working days. Three of the four Breast Test Wales complaints exceeded the response timeframe due to the complexity of Interval Cancer Reviews and the investigations into delays across the patient pathway that were not possible to conclude within 30 working days. Delays also occurred due to requests for amendments during the quality assurance sign-off process. Longer term trend analysis demonstrates that the overall mean performance for formal complaints responded to within 30 working days continues to meet the Welsh Government target over time. It is important to note that from now on all Interval Cancer Reviews and complex investigations will be given a 60-day response timeframe as per the Listening to People regulations. This extended timeframe will support the completion of the required complex investigation and help ensure compliance with response deadlines.

- 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 significantly short of the respective 90%

national standard. Breast Screening Assessment delays remain a key operational risk, with only 34.3% (up from 16.2%) of women receiving an assessment invitation within 3 weeks in August 2026. Whilst improvements were evident in the South East and West Wales regions, delays remain most acute in North Wales, where less than 2% of patients are currently seen within the 3-week standard, reflecting workforce constraints and pathway limitations. Sustaining recovery remains dependent on additional capacity, continued reader development and longer-term workforce resilience. 71.9% of women had normal results sent within two weeks of screen against a standard of >90%, up from 69% in July. The two-week time to reading interval is being reviewed to improve compliance with the standard.

Bowel Screening timely access to colonoscopy remains a key performance challenge, with just less than 30% of patients seen within 4 weeks and average waits of over 6 weeks as at the end of August, indicating sustained system capacity pressures. Waiting times range from 2 to 16 weeks across the 14 screening centres. Average Specialist Screening Practitioner waiting time is 6 days, which is within standard. Whilst recovery planning has matured, with plans now in place across all Health Boards, and most having agreed their trajectories, further work is still required to secure full agreement and complete consistent implementation of the All-Wales methodology. Significant variation remains across Health Boards with some materially ahead of their backlog trajectories, while others remain behind, and individual Health Boards may perform well against current compliance while continuing to carry historic breaches. Stronger executive ownership is required in some Health Boards to support consistent delivery of recovery plans and national recommendations.

Diabetic Eye Screening performance in respect of offering appointments to eligible patients remains significantly below the 80% standard at 38%, broadly unchanged from last month. The DESW Improvement Plan is progressing across its main workstreams, with positive movement in clinic capacity, utilisation and the Low-Risk Recall Pathway (LRRP). In August, over 8,500 appointments were available and clinic utilisation averaged 96.1%, exceeding the 95% aspirational target throughout the month. The additional Drop-In and LRRP clinic models delivered around 710 extra appointments during the same period, increasing overall programme capacity by 9%. The principal constraint remains workforce capacity. Staff sickness resulted in an average of seven clinic cancellations each week, with screeners and graders particularly affected. The next key dependency is the retinal imaging evaluation. Interim quantitative findings are expected in September and full analysis due in October; these will determine whether a staged mydriatic approach can be implemented and whether the 80% coverage ambition

remains achievable through the current plan.

- **Infection services blood culture samples** to be incubated within four hours of collection remain some way from achieving the >95% target, with compliance decreasing from 68% to 64% in July 2026. It is important to note that the compliance to this SMI is wholly dependent on Health Board transport and portering services. Meeting the 4-hour limit is crucial for accurate diagnosis, particularly in sepsis cases. Efficient transport procedures within Health Boards are needed but can be challenging to maintain. Operational issues are reviewed with stakeholders and addressed through educational programmes and retraining to reinforce compliance and are monitored by the Infection Quality Team.
- Overall delivery of our new **Strategic Plan** remains positive with 87% of milestones currently on track to be delivered as planned. However, the number of amber and red milestones remain high, with around a third of milestones related to the ongoing discussions with Welsh Government linked to the IMTP addendum, and around half associated to the ministerial templates submitted to Welsh Government as part of our IMTP. Four screening-related milestones are reporting early warnings this month due to delays to finalising the Breast Test Wales and Screening Equity Strategy action plans, NBSS scoping resourcing challenges, and a Welsh Health Circular submitted to Health Boards impacting implementation of Antenatal screening standards to enable uptake by protected characteristics (outside of PHW's control).

  Six requests for change were submitted this month, with the most common reason being internal dependencies, including delay in approvals and widening stakeholder engagement.

Strategic Plan - Requests for change

ANNEX A sets out the Strategic Plan milestone requests for change (RFC) that were submitted in relation to our plan for consideration by the Executive Team.

Conclusion

The Board is asked to:

- **Consider and Receive assurance** on the organisation's performance and governance arrangements, progress against delivering its strategy including delivery/recovery of key services and programmes.

Requests for change submitted for approval at month 5 2026/27

**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	Proposed Delivery Date	Request for Change Submitted for Approval	Cause, Impact and Next Steps
Nursing, Quality and Integrated Governance *Enabling delivery*	Using the All Wales People's Experience Framework, developed and implemented a PHW operational plan to increase the provision of service user experience data and analysis, to inform improvement activities and annual planning. (**RONQIG_041**)		30/09/26	30/09/26 - unchanged	**Scope change** **Reason for RFC**: Internal dependencies	**Cause**: Amending Scope Change to align with the PHW People's Standards approach, which has now been approved by BET. The revised Milestone reflects NQIG's leadership but that the whole organisation is responsible for delivery. **Impact**: No negative impact to changing the description of the milestone. **Next steps**: PHW People's Experience Standards were approved by BET on 21st July 2026, NQIG are working with the Comms Team to finalise the Comms Plan for sharing the Standards with the wider organisation. The Standards have been shared with the PE Learning Group membership and are arranging meetings with Directorates / Divisions to introduce the Standards. **New milestone wording**: Using the All Wales People's Experience Framework, developed an implementation approach suitable for PHW which offers flexibility and shared responsibility to increase the provision of service user experience data and analysis, inform improvement activities and annual planning.
Nursing, Quality and Integrated Governance *Enabling delivery*	Provided leadership and oversight to deliver Year One of the People's Experience Framework implementation plan for Public Health Wales. (**NQIG_067**)		31/03/27	31/03/28	**Scope and date change** **Reason for RFC**: Internal dependencies	**Cause**: Amending Scope Change to align with the PHW People's Experience Standards (link to RONQIG_041) commencing from April 2027 (Year one of the Standards). Delay in approval of the framework and the implementation plan for the standards due to competing BET agendas and the requirement for this to form part of our annual planning cycles going forward. Original date of March 2027 was incorrect though there will be some delivery in 2026/27 but it will not be complete. RFC to amend Target Date to fit in with the alignment into Year 2 of the 2026/29 IMTP.

Directorate / Priority Area	Milestone	Current Status	Original Delivery Date	Proposed Delivery Date	Request for Change Submitted for Approval	Cause, Impact and Next Steps
						Impact: No negative impact identified by the implementation of the Peoples Experience Framework being delayed. This is a new framework which is only being implemented in part this year but will roll now into next year. This does not have any safety impact as there are processes and structures in place for service user experience. The new framework will enable PHW to strengthen its people's experience, ensuring more consistency / standardisation and more collaboration in the way we work across the organisation moving forward. Next steps: PHW People's Experience Standards were approved by BET on 21st July 2026, NQIG are working with the Communications Team to finalise the Communication Plan for sharing the Standards with the wider organisation. The Standards have been shared with the People's Experience Learning Group membership and NQIG are arranging meetings with Directorates / Divisions to introduce the Standards. New milestone wording: Provided leadership and support to help the organisation deliver the first year of the People's Experience Standards.
Health Protection and Screening Services *Excellent public health services*	Delivered agreed actions from the Screening Equity Strategy in collaboration with partners to reduce uptake inequities. (**HPSS_098**)		30/09/26	31/03/27	Date change **Reason for RFC**: Internal dependencies	Cause: The Screening Equity Action Plan is structured around the key action areas within the Screening Equity Strategy and is the mechanism through which delivery against the Strategy's commitments is monitored and reported. During 2025/26 and 2026/27, significant work was undertaken to review, evaluate and refresh the previous Screening Equity Strategy. This included engagement with stakeholders, consideration of emerging evidence and priorities, and the development and agreement of revised strategic objectives and actions through the relevant HPSS governance processes. Impact: Although there has been a delay in the formal launch of the Screening Equity Strategy and subsequent approval of the Action Plan, substantial work has been undertaken throughout this period. This includes the review and refresh of the Strategy itself, agreement of strategic priorities and actions, and

Directorate / Priority Area	Milestone	Current Status	Original Delivery Date	Proposed Delivery Date	Request for Change Submitted for Approval	Cause, Impact and Next Steps
						ongoing activity across the Screening Division to address inequities in screening uptake. Next steps: The Screening Equity Action Plan will be reviewed and approved for delivery at the next Screening Equity Group meeting. Following approval, delivery and monitoring of actions will continue through established governance arrangements. Timescales: Screening Equity Group meeting: 21 September 2026, Approval of Screening Equity Action Plan: September 2026, Reporting of action delivery through Quarter 3 and Quarter 4 2026/27.
Health Protection and Screening Services *Excellent public health services*	Worked with Welsh Government to finalise the All-Wales TB Action Plan (**ROHPSS_072**)		31/03/27	31/03/27 - unchanged	Scope change **Reason for RFC**: External dependencies	Cause: The milestone title no longer fully reflects the work currently being undertaken. Public Health Wales continues to deliver agreed national priority projects to support TB elimination; however, aspects of the original milestone remain dependent on the publication of the Welsh Government National TB Action Plan and associated policy decisions. The proposed change updates the milestone title to better represent the activities being delivered within Public Health Wales' control and the current scope of work. Impact: No impact to changing the description of the milestone as the projects remain the same and, it will better reflect the activity being undertaken to deliver this milestone Next steps: BET to agree to change of wording and update IMTP. Change milestone lead to Eric Maljian as Wendi Shepherd has left PHW. New milestone wording: Deliver agreed national priority projects to support TB elimination and continue to support Welsh Government to progress national TB policy.

Directorate / Priority Area	Milestone	Current Status	Original Delivery Date	Proposed Delivery Date	Request for Change Submitted for Approval	Cause, Impact and Next Steps
Research, Data and Digital *Enabling delivery*	Delivered Data, Analysis, Registers, Cloud (DARC) programme. (**RDD_015**)		31/03/27	31/03/28	Date change **Reason for RFC**: Resource issues	Cause: Delays to the programme have occurred due to: • Resource issues with the Cloud and Registers workstreams, mitigated with the appointment of a programme manager for registers, and additional strength recruited to the cloud team • The WG pause and review, which had an impact on recruitment of data engineers, and on progress of the NDR programme, and also the challenge of recruiting data engineers at the level and pay we can offer, leaving us with fewer permanent and fixed term contract data engineers than required, which we have mitigated with replanning mad additional use of agency contract engineers • Pre-requisite work to understand planning, scope and ways of working with business areas taking longer than anticipated. This has been mitigated through additional support for planning and project / programme management in key areas, and the creation of evidenced longer term plans to support the request for an extension. The new plan takes account of the volume and complexity of the work still to be done. Impact: This has led to delays in the programme and a reassessment of the milestones. Replanning has taken place, taking into account resources, volume and complexity, and the delays. Next steps: Replanning has already taken place, and an extension to the IMTP delivery milestones from end March 2027 to end March 2028 has been approved at the DARC Programme Board. The next step is to submit an RFC to BET for the amended milestone. **Why is the extension 12 months?** The DARC Programme team have re-scoped and planned the programme, following: • The NDR pause and review which introduced delays across the programme and created uncertainty regarding funding and resources. • An ongoing challenge in recruiting key technical staff (cloud and data engineers)

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						• Progress on scoping and planning in some areas which took longer than expected than due to the volume, novelty and complexity of the programme • Our re-scoped plan requires an additional 12 months **What assurance is there that the revised plan is deliverable?** • The DARC Programme Board have scrutinised the full plan, challenges, and mitigations, and approved the new timetable • Phase 1 migrations have already demonstrated successful delivery, with MEDUSA and RDD Phase 1 migrations complete providing lessons learned and knowledge on implementation for the next phases. • Dedicated programme leadership capacity has been strengthened. • The plan breaks delivery into identifiable workstreams and sequenced activities, following comprehensive assessment and prioritisation of the scope. • Risks are being actively managed. The plan explicitly identifies dependencies and areas requiring review, particularly for Genomics and other workstreams.
Health and Wellbeing *Promoting healthy behaviours*	Updated and published licensing guidance for local authorities and public health teams for gambling and alcohol. (**HWB_167**)		30/09/26	31/03/27	Date change **Reason for RFC**: Internal dependencies	Cause: Work has been expanded to be a broader piece of work with other teams in Public Health Wales. Impact: Publishing of the guidance will be delayed however will be a more comprehensive and joined up approach working with tobacco and obesity teams. Next steps: Workshop for internal collaborators is scheduled for October 2026 and a plan for development and publishing of guidance will be re-worked.