GIG CYMRU NHS WALES | Iechyd Cyhoeddus Cymru Public Health Wales	**Name of Meeting** Board **Date of Meeting** 30 July 2026 **Agenda item: 3.3**

Performance and Insight Report - June 2026

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Contributors:	Directorate submissions approved by relevant Director

Approval/Scrutiny route:	Business Executive Team (21 July 2026)

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
- **Note** the inclusion of reporting against the Cabinet Secretary Enabling Actions in section 3, which form part of our formal accountability arrangements with Welsh Government, with further plans to strengthen monitoring for assurance purposes

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).

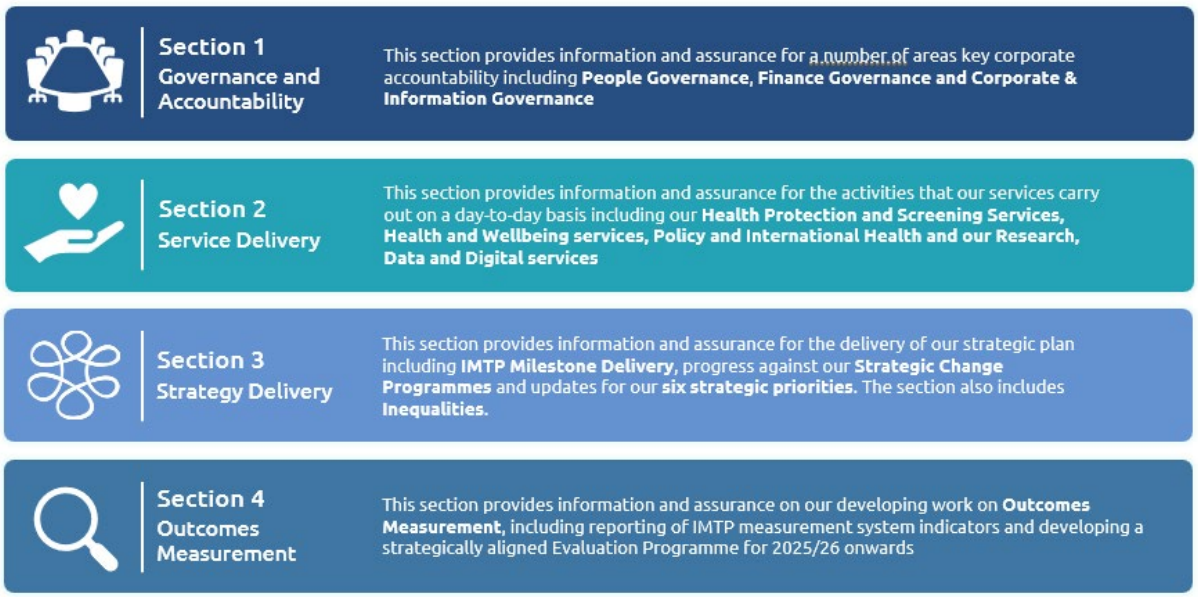
The PAD provides data visualisations, trend information and more detailed visual analysis on a full suite of performance indicators.

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.

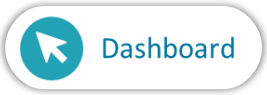
Structure of The Report

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 – month 3 now includes the incorporation of reporting against the **Cabinet Secretary Enabling Actions** which form part of our formal accountability arrangements with Welsh Government. Further work is planned to map the underlying actions against the re-baselined plan and organisational work programmes, to better support monitoring of delivery for assurance purposes. In future months, it is 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 3 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. Areas of performance to highlight at month 3 2026/27 include:

- **Sickness absence** Ensuring a reduction in sickness absence in 2026/27 in comparison to 2025/26 is a key Cabinet Secretary enabling action focusing on workforce productivity. Our 12-month rolling rate remains above target at 4.6%, in line with the same period in 2025/26. However, the latest absence annual trend shows a consistently higher level than the absence trend over the previous year. Long-term absence remains the principal driver, accounting for 82% of FTE days lost, with mental health conditions the leading cause. This indicates that sustained improvement is likely to depend on supporting those with more complex and prolonged health conditions. Evidence suggests that organisations achieving sustained reductions in sickness absence focus on early intervention, manager capability, occupational health support, workplace adjustments and supportive leadership rather than attendance processes alone.
- **Staff appraisal** compliance remains below the 85% target for the fourth consecutive month and currently stands at 81%. Health Protection and Screening Services (76.8%) is falling short of required levels, with Health and Wellbeing slightly below target at 84.6%, reflecting the two the largest Directorates within the organisation. If the recent trend continues, there is an increasing probability that the 85% target for the year will not be met. This follows a stable position of achieving target during the previous year.
- **Agency spend** is a key Cabinet Secretary Workforce Enabling Action focused on reducing admin and clerical agency use to nil by the end of September 2026. Our year-to-date agency spend has slightly reduced to 0.7% of the total pay bill (down 22% from 2025/26), with this level forecast to be maintained. Month 3 financial forecasting indicates a failure to meet this target by month 6, 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.
- 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 28.6% of women receiving an assessment invitation within 3 weeks, following a slight uptick in June 2026. Delays are most acute in North Wales, where no patients are currently seen within the 3-week standard, reflecting workforce constraints and pathway limitations. 87% of women had normal results sent within two weeks of screen against a standard of >90%. 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 less than a quarter % of patients seen within 4 weeks and average waits of over 6 weeks, indicating sustained system capacity pressures. In June 2026, the Screening Colonoscopy Improvement Programme (SCIP) has transitioned from mobilisation into active delivery, with all five workstreams operational and governance arrangements fully established. The SCIP Collaborative Board has approved the programme's Golden Thread, KPI framework, and quality, equality and innovation assessment processes, providing a robust framework for monitoring recovery, assurance and performance improvement across Wales. Recovery plans have been received from all Health Boards and are being standardised into a consistent All-Wales format, supported by recovery trajectories that will enable ongoing monitoring of delivery against expected improvement.

Diabetic Eye Screening performance in respect of offering appointments to eligible patients remains significantly below the 80% standard at 38.9%, broadly unchanged from last month. Whilst improvement work is progressing, delivery continues to be constrained by workforce and system dependencies. Staff sickness remains above historical averages, particularly among screeners and graders. Capacity growth is therefore dependent on maintaining staffing resilience. Further risks remain relating to vacancy approvals, staff availability, change fatigue, cultural resistance to increased capacity expectations, and dependencies on the completion of evaluation work before further capacity gains can be realised.

- **Infection services** blood culture samples to be incubated within four hours of collection remain some way from achieving the >95% target. A refresh of blood culture analysers and challenges with LIMS testing has led to a reduced compliance of 66% of the overall pathway this month. 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, addressed through educational programmes and retraining to reinforce compliance.

- Overall delivery of our new **Strategic Plan** remains positive with 86% of milestones currently on track. Key achievements include delivering the Public Inquiry Module 4 improvement actions and capturing learning, as well as hosting Tackling Diabetes Together national targeted education event/campaign.

  There is, however, a higher number of amber and red milestones reported this month. This is partly attributable to the pause in approval of month 2 RFCs in light of the ongoing work on the IMTP addendum requested by Welsh Government but also indicates emerging system-wide delivery pressures linked to resource constraints, dependencies and external factors. These milestones remain under active management. Further discussions are taking place in relation to the IMTP addendum and baseline review, and the outcome of this work will be reflected in a re-baselined plan from next month.

Strategic Plan - Requests for change

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

This includes RFCs for months 2 and 3 following the decision at to pause approvals of month 2 RFCs light of the ongoing work being undertaken on the IMTP addendum requested by Welsh Government.

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
- **Note** the inclusion of reporting against the Cabinet Secretary Enabling Actions in section 3, which form part of our formal accountability arrangements with Welsh Government, with further plans to strengthen monitoring for assurance purposes

ANNEX A – Strategic Plan Milestones

Requests for change approved in month 2 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	Request for Change Submitted for Approval	Cause, Impact and Next Steps
Health and Wellbeing *Sustainable Health and Care*	Evaluated national event from Q1 26/27 including efficiency of Standard Operation Procedures (SOPs) for the 8 care processes. (**HWB_251**)		30/09/26	**Close milestone** **Reason for RFC**: Re-prioritisation	**Cause**: This milestone is no longer required. **Impact**: Retaining the milestone would results in ongoing Red reporting against an activity that falls outside the agreed evaluation scope and cannot be delivered within the current programme. No resource has been committed to this activity. Closing the milestone ensures the IMTP accurately reflects the agreed evaluation programme. **Next steps**: Close Milestone.
Health Protection and Screening Services *Excellent public health services*	Delivered the strategic action plan arising from the BTW review, implementing sequenced improvements (**HPSS_097**)		30/06/26	**Date change** to 31/12/26 **Reason for RFC**: Further stakeholder engagement required	**Cause**: The BTW review report has been returned to draft status. **Impact**: This is causing delays in the delivery of strategic actions arising from the review. **Next steps**: Further engagement with staff will be undertaken.
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**)		31/05/26	**Date change** to 30/09/26 **Reason for RFC**: Further stakeholder engagement required	**Cause**: Taking the approach through the PHW Governance pathway to maximise ownership and responsibility. The People's Experience Learning Group met in February 2026, and this was followed by the Quality Oversight Group in late March. Following this, a paper was drafted for BET which is due to be on the agenda at the Jun-26 meeting. The delay is purely related to the time taken to get through the appropriate meeting approvals due to operational pressures on existing agendas. **Impact**: None; the PHW People's Experience Standards lay out a clear timeline for implementation. **Next steps**: BET paper due to be tabled on 17th Jun-26. The PHW Standards will be published at the end of July via a news article. A follow-up AMaT integration news item will be due in September. Junaid Iqbal will be attending the Business Leads'

Directorate / Priority Area	Milestone	Current Status	Original Delivery Date	Request for Change Submitted for Approval	Cause, Impact and Next Steps
					meeting and Leadership Team meetings in June to update on the PHW People's Experience Standards and expectations. Timescales: The PHW Experience Standards will be published in July 2026. For all other implementation timelines, please refer to the Standards document.
Research, Data and Digital *Enabling delivery*	Developed a strategic platform for analytical data processing and a strategic toolset for use analysing our data and have commenced the training of staff to utilise the strategic toolset. (**RDD_007**)		30/06/26	Close milestone **Reason for RFC**: Duplication	Cause: The reason for closing this action is because it is a duplication of a significant part of the Data, Analysis, Registers and Cloud (DARC) programme, which leads to duplication of reporting, and the milestone as described is complete. More work is required to complete the full migration of analysis onto the strategic platform, which is captured in DARC reporting, in both the IMTP and in more detail in the Delivery Confidence Assessment. The current state of play for this milestone is: - NDAP, the strategic analysis platform, has been developed and migration of analysis has commenced - Training of staff in using the platform has also commenced, to support the migration. Impact: The impact of closing this milestone on the DARC Programme, and the wider implementation of our data and digital strategy is zero. The DARC programme reporting will continue for the duration of the programme, as described above. Next steps: Close this milestone. Continue DARC Programme and reporting for the next stages of the move to the strategic platform (NDAP).
Research, Data and Digital Sustainable health and care	Evaluated National event from Q3 26/27 including efficacy of Standard Operation Procedures (SOPs) for the 8 care processes (**RDD_045**)		31/03/27	Close milestone **Reason for RFC**: Re-prioritisation	Cause: This milestone is no longer required. Impact: Retaining the milestone would results in ongoing Red reporting against an activity that falls outside the agreed evaluation scope and cannot be delivered within the current programme. No resource has been committed to this activity. Closing the milestone ensures the IMTP accurately reflects the agreed evaluation programme. Next steps: Close Milestone.

Directorate / Priority Area	Milestone	Current Status	Original Delivery Date	Request for Change Submitted for Approval	Cause, Impact and Next Steps
Research, Data and Digital *Enabling delivery*	Replacement of virtual infrastructure. (**RORDD_033**)		31/05/26	Date change to 31/07/26 **Reason for RFC**: External dependencies	Cause: Delay in funding and procurement stages followed by component issue (server network card). Due to delays waiting for components, implementation has run over the planned completion date. Impact: Warranty was extended to minimise risk. POC was successful. Work ongoing and completion due by end of July. Next steps: Prioritise server team resource as multiple deadlines for them to meet at time when holidays are being taken.

Requests for change approved in month 3 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	Request for Change Submitted for Approval	Cause, Impact and Next Steps
Health Protection and Screening Services *Excellent public health services*	Delivered a workforce transformation plan that optimises resource allocation and improves participant pathway efficiency across screening programmes. (**HPSS_096**)		29/06/26	**Date change** to 31/03/27 **Reason for RFC**: Internal dependencies	**Cause**: Delivery has been impacted by wider cross-directorate work and the outcomes of the Breast Test Wales (BTW) review, which must be integrated into the wider workforce plan for screening. **Impact**: Screening may not have the optimal workforce model in place to support service delivery. Additional scrutiny is required when reviewing and approving vacancies to ensure alignment with anticipated review outcomes. **Next steps**: Recruitment will continue using standardised, generic Screening job descriptions, and where appropriate temporary rather than permanent appointments. Further work will be progressed to define and map the optimal workforce structure aligned to service need and budgets.
Policy and International Health *Climate Change*	Completed review of existing Decarbonisation resource and proposal for future resource requirements developed. (**PIH_061**)		30/06/26	**Date change** to 31/12/26 **Reason for RFC**: Internal dependencies	**Cause**: An internal audit review is currently underway, the findings of which will inform proposals for future resource requirements and development priorities. **Impact**: No adverse impact. The internal audit will provide a robust evidence base to inform future work and resource requirements, avoiding duplication of effort and ensuring any subsequent activity is appropriately targeted. **Next steps**: Review and assess the internal audit findings and recommendations to determine future resource requirements, development priorities, and delivery timescales.
Nursing, Quality and Integrated Governance *Excellent public health services*	Completed a review of the status of the organisation in relation to each of the quality attributes described in the Infection Prevention Control (IPC) Quality Statement.		30/09/26	**Date change** to 31/01/27 **Reason for RFC:** External dependencies	**Cause**: Awaiting Welsh Government publication of the IPC Code of Practice and Board Assurance Framework. **Impact**: Until the above documents are published, an assessment of compliance cannot be undertaken. **Next steps**: Undertake assessment once documents published.

Directorate / Priority Area	Milestone	Current Status	Original Delivery Date	Request for Change Submitted for Approval	Cause, Impact and Next Steps
	(**NQIG_058**)				Timescales: HCAI Code of Practice has been approved at HCAI Delivery Board and is anticipated imminently however, with the change of Government there is a risk that this will be further delayed. RFC to amend Target Date to Jan-27.
Strategy, Finance and Performance *Enabling delivery*	Implemented public affairs approach to support stakeholder management and policy influencing. (**OpsFin_034**)		30/06/26	Date change to 31/03/27 **Reason for RFC**: Internal dependencies	Cause: The original timescale no longer reflects the scope and sequencing of the work. Delivery depends on the August BET paper, which will set out Exec direction on advocacy and public affairs long-term approach. Impact: The milestone will move into next year. The main risk is potential inconsistency in stakeholder management and policy influencing until the long-term approach, ownership and resourcing are confirmed. However there is an interim plan in place between Comms, Policy and S&P to ensure coordination of advocacy activities. Next steps: To seek approval for the revised March 2027 deadline. Use the outcome of the August BET paper to inform the long-term approach, ownership and implementation plan. Timescales: The milestone can return to green once the revised timescale is approved and the August BET paper confirms direction, ownership and next steps.
Strategy, Finance and Performance	Rolled out TDT educational materials across Wales via our corporate partnerships with health boards and NHS Performance & Improvement. (**OpsFin_053**)		30/06/26	Date change to 31/08/26 **Reason for RFC**: External dependencies	Cause: The scope of this work has expanded which has meant that further time is needed to ensure an accurate and impactful roll out of the education materials to the most appropriate contacts across the system. The work requires further system partnership to be done thoroughly, and this has been commenced by the formation of a short life working group. Impact: The milestone will move back by two months to 31/08/26 to enable further stakeholder mapping but impact will not be affected. Next steps: To capture outcomes from the next short life working group meeting to understand who and how the materials should be best shared and embedded into across the system most appropriately and effectively. Timescales: The milestone can return to green once the revised deadline of 31/08/26 is approved and the stakeholder outcomes of the working group are actioned.