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Public Health
Wales

Performance and Insight Report

February 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 sections.



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 **Inequalities**.



Section 1

Governance and Accountability



Key Performance Indicator Summary



People Governance	In Focus	Target	Feb-25	Committee
12m Rolling Sickness Absence FTE %		<3.25%	4.33%	People & OD
Statutory and Mandatory Training		85%	92.6%	
Appraisal Compliance		85%	83.5%	
Diversity ESR Data		N/A	76%	
Financial Governance			Feb-25	
Revenue Position Forecast		Breakeven	-200k Forecast	Audit & Corporate Governance
Capital Year-End Position		Breakeven	Breakeven	
Agency Spend, % of Total Pay Bill		<2.1%	1.7%	
Public Sector Payment Policy (PSPP)		95%	98.12%	
Information Governance			Jan-25	
Freedom of Information Request		Within 20-Days	2 exceeded	Audit & Corporate Governance
Subject Access Request		1 Month Average	0 exceeded	
Personal Data Breaches Reported (Escalated)		N/A	2 (1)	
Mandatory Information Governance Training		85%	90%	
Clinical Governance			Feb-25	
Moderate or above harm incidents (YTD)*		N/A	4 (66)	Quality, Safety and Improvement
Number of externally reported incidents (NRI's, EWI, RIDDOR, IRMER) - In Month - (Rolling 12m)		N/A	2 (13)	
Incident Closure Compliance**		85% PHW	65%	
Formal Complaints - Acknowledged within 5 working days**		75% WG 95% PHW	100%	
Formal Complaints – Responded to within 30 working days**		75% WG 95% PHW	100%	
Informal Complaints – In Month (Rolling 12m)		N/A	4 (88)	

*This data is YTD from 1 April 2024.

**Note Incidents and Complaints require 30 working days for closure, therefore this data pertains to December 2024.

Key: RAG Status

Click on the Focus Area Icon for additional assurance

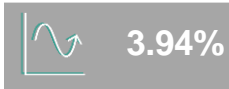
■ >10% outside target ■ Within 10% of target ■ Achieving target ■ Not applicable / TBC



People Governance



Sickness Absence



Decreased by **1.26%** in February 2025. There have been seasonal increases in Sickness Absence over the winter period, and the latest figure is comparable to February 2024.

12 Month Rolling Absence



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



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

Appraisal and Development Reviews



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



This follows a period of 7 months where the organisation has been above the target.*

* Reported retrospectively taking into account updated data being reported following the monthly refresh. Previous reports may illustrate performance at or just below target at the time of reporting



Additional assurance is provided in the focus area on page 6.

Statutory and Mandatory Training



Remains **above** target in February 2025.



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

The module reporting lowest completion is *Foundations in Improvement* (85.56%), which was introduced as a mandatory training e-learning module from April 2024.

Equality and Diversity

We encourage all staff to record their diversity data in ESR so that we can use the data effectively and ensure we are meeting the needs of our workforce.



This is the current percentage of completed Diversity data recorded for our staff. We have continued to see an **increase** in data completeness over the past 4 years.



In Focus: Appraisal and Development Reviews

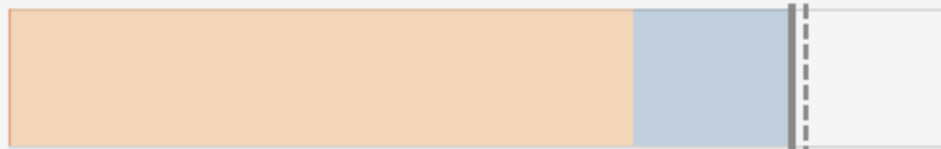


Compliance Performance

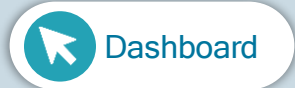
Appraisal compliance has fallen below the Welsh Government target, which is set at 85% to allow for staff who are unable to participate in appraisals (e.g. staff on maternity leave, secondees). This follows a period of 6 months where we have been above target (note – reported retrospectively taking into account updated data being reported following the monthly refresh).

Compliance is at risk of falling further below target over the next 3 months if appraisals fail to be undertaken. This will have the most impact on the Board and Corporate, Health & Wellbeing and NQIG Directorates, who have the highest percentage of appraisals that are due soon.

83.5%
of reviews completed within 12 months
vs a target of 85%



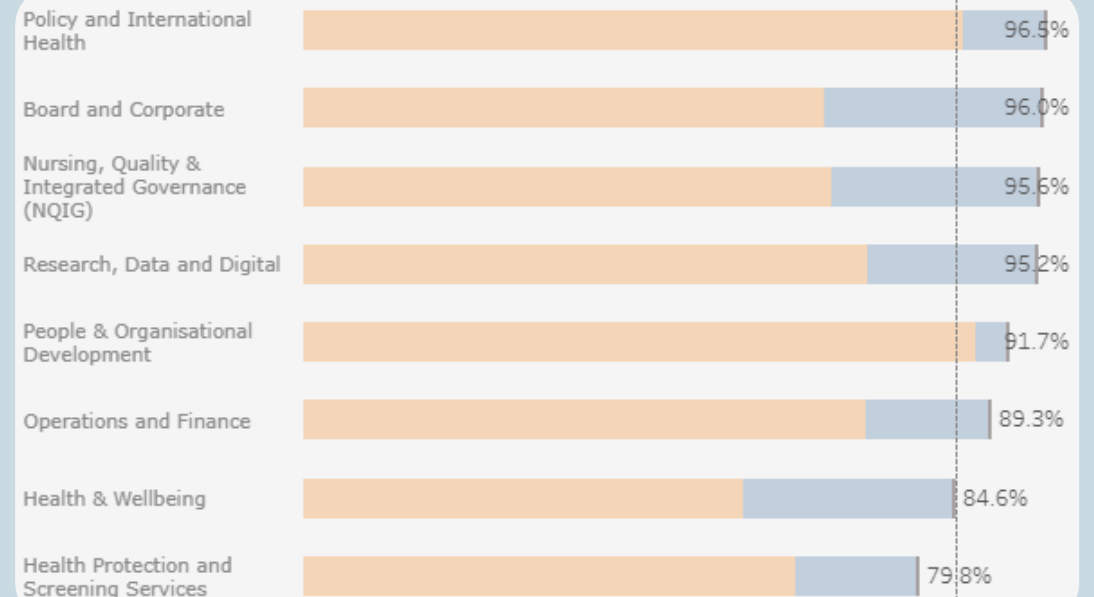
Grey – current compliance — vs target
Blue – appraisals due in next 3 months



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 96.5% in Policy and International Health to 79.8% in Health Protection and Screening Services.





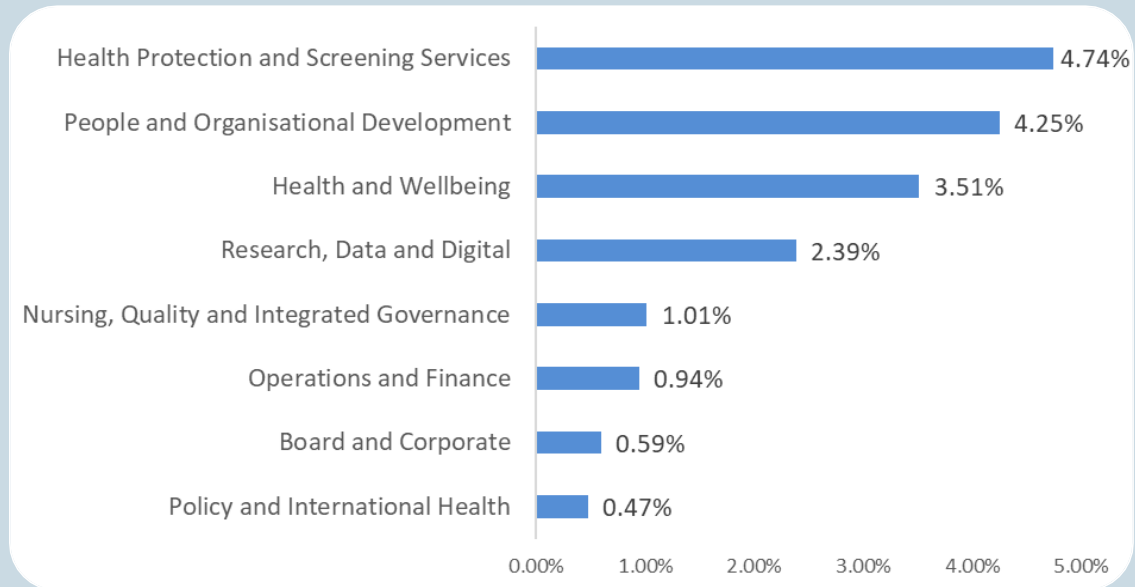
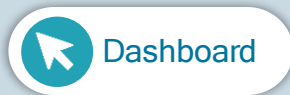
In Focus: Sickness Absence



Sickness Absence by Directorate

A decrease in sickness absence has been reported in February, falling from 5.2% in January to 3.94% in February.

The breakdown by Directorate for February 2025 is provided below.



Sickness Absence by Absence Reason

When focussing on Absence Reasons over the same period, the top 5 reasons for sickness absence are shown in the chart below.

Anxiety/stress/depression/other psychiatric illnesses has consistently been the number 1 reason for sickness absence across NHS Wales, and we have seen an increase of FTE days lost related to Cold, Cough, Flu – Influenza.



- S10 Anxiety/stress/depression/other psychiatric illnesses
- S13 Cold, Cough, Flu - Influenza
- S98 Other known causes - not elsewhere classified
- S12 Other musculoskeletal problems
- S25 Gastrointestinal problems



In Focus: Sickness Absence



Data Analysis

The primary reasons for absence are anxiety, stress, depression, and other psychiatric illnesses (which tend to be longer-term absences), and with cold, cough, and flu (which tend to be short-term).

The current absence rate is comparable to that of February 2024, and we anticipate a reduction in absences related to seasonal viruses as we move into the Spring (based on data from previous years).

Learning and Development

- ❖ One-to-one advice and support continues through pre-bookable HR clinics or as and when needed via People Support.
- ❖ The People and OD team are trialling a new Managing Attendance at Work (MAAW) 'masterclass', and MAAW learning and development sessions for managers are running once a month.
- ❖ *How to* guides, including the new 'all in one' guides for colleagues and people managers are also available on the staff intranet.

Advice and Support

- ❖ The People and OD team is actively monitoring sickness absence data and is available to offer Directorates further support as required.
- ❖ On-site visits and HR clinics are in place to allow time to engage with managers and identify ways to improve sickness absence management in their teams.
- ❖ The All-Wales Managing Attendance at Work (MAAW) policy remains under review to ensure it aligns with a person-centred approach that supports colleague health and well-being.



Financial Governance



Revenue Position



The year end forecast has been revised from break-even to forecast surplus of £200k

Capital Position



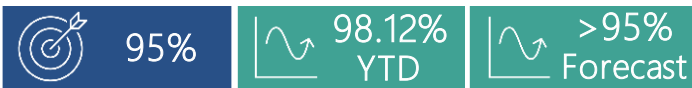
The capital forecast is **breakeven**. Funding is made up of a discretionary allocation of £1.452m and strategic allocation of £2.052m. £1.440m remains unspent with purchase orders having been raised for £1.423m of the £1.440m.

Agency Spend as A Percentage of Total Pay Bill



Forecast to deliver the year-on-year reduction target

Public Sector Payment Policy (PSPP)



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

Risks/Issues

- PHW is liaising with DHCW to clarify the funding allocation adjustments required as a result of the assessment of IFRS 16 implications of RISP. Whilst the capital adjustment has been made there remains a need to secure funding support for the ongoing IFRS 16 revenue requirement. The revenue impact is £16.946k for PHW in 2024/25 followed by £126.578k per annum subsequently. We await an update from DHCW on feedback from Digital leads regarding securing funding support.
- The net impact of the COVID-19 forecast position and revised Bowel Screening optimisation modelling for Month 11 is an under spend of £0.387m. Based on actual activity M1-11 and seasonal trend assumptions, we estimate that we will only bill for £6.173m of the available £6.560m non-core funding in 24/25. We continue to monitor and work closely with Welsh Government colleagues.
- Whilst plans are in place to fully utilise our capital allocation, £1.440m remains unspent. All capital schemes are working to completion dates throughout March.



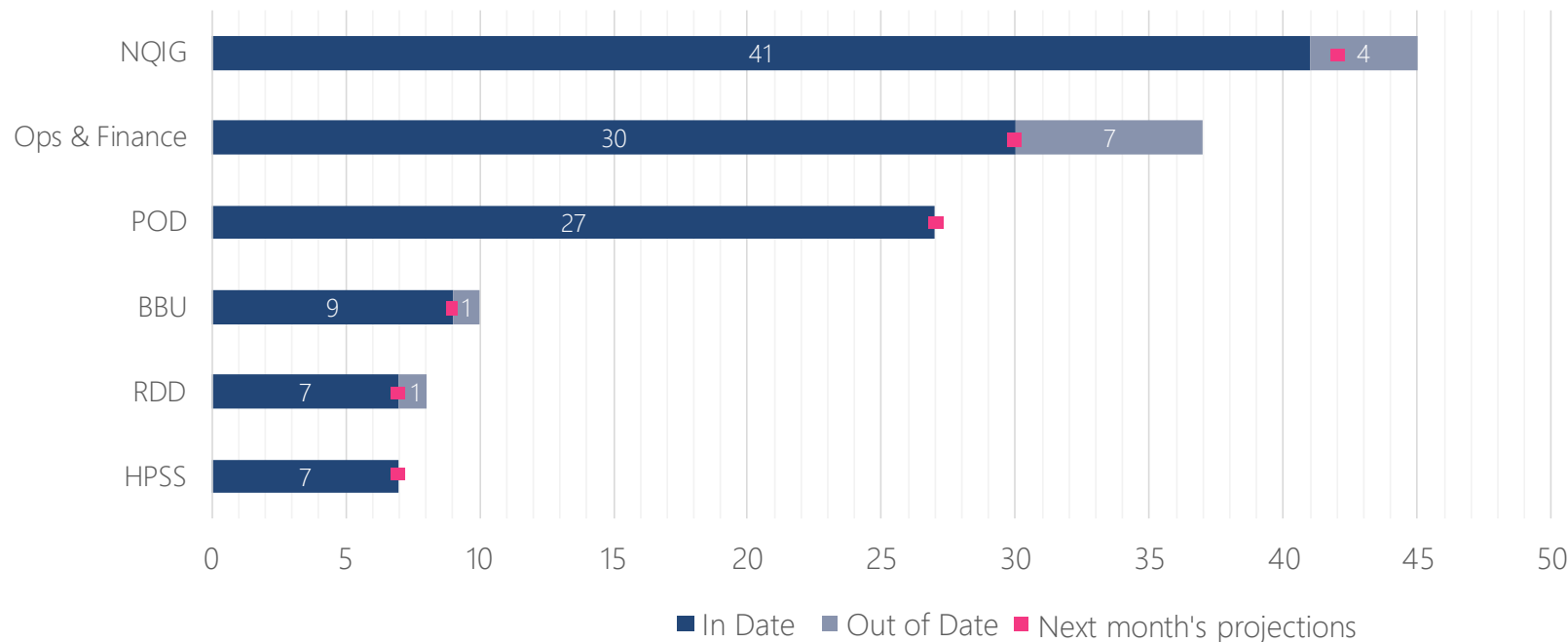
Corporate and Information Governance



Corporate Governance

Corporate Policies Compliance

4 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 February 2025:

- 1 People & Organisational Development, 1 Nursing, Quality & Integrated Governance, and 1 joint Nursing, Quality & Integrated Governance and Health Protection & Screening Services policy was approved.

Overview:

- 4 All Wales People related policies were approved
- The Directorates with the most policies out of compliance are Nursing, Quality & Integrated Governance and Operations & Finance.
- For Nursing, Quality & Integrated Governance, all 4 out of date policies are being reviewed and will be submitted for approval within the next 3 months.
- For Operations & Finance, 5 of the 7 out of date policies are being reviewed and will be submitted for approval within the next 3 months.



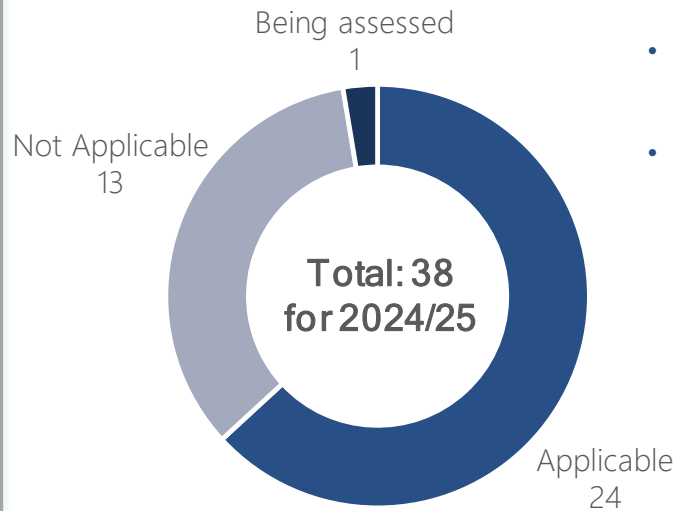
Corporate and Information Governance



Corporate Governance

Wales Health Circular (WHC) Compliance

For the Period 01 - 28 February 2025:



- 1 WHC 2025 (002) was received this month, it is being assessed.
- 1 WHC was closed: 2024 (043) - Pertussis Vaccine Offer for Healthcare Workers

Of those applicable:



■ In progress ■ Confirmed compliance

Internal and External Audit

Reporting to March Audit and Corporate Governance Committee

The Audit and Corporate Governance Committee considered the following Audit reports at its meeting on 10 March 2025:

Internal Audit:

- Health Protection and Screening Services - Performance Metrics
- Health Protection and Screening Services - Procurement Improvement Plan
- Welsh Risk Pool 2024-2025

External Audit:

- The Well Being Audit will now be presented to the Committee at its meeting on 8 May 2025.

Following the March Audit and Corporate Government Committee meeting the recommendations received will be added to the Audit Action Tracker.

The progress with implementation will be reviewed on a quarterly basis by the Leadership Team. Considerations for extension requests and closures will be submitted to the following Audit and Corporate Governance Committee meeting for assurance.



Corporate and Information Governance



Information Governance

Freedom of Information Act

21 requests were received in January 2025.



One request was closed and **two** exceeded the 20-working day timescale to respond.

The **two** requests out of compliance required further confirmation of the information held before release.

The average response time was **16** days.

Data Protection (Subject Access) Requests



Two requests were received in January 2025, both requests were responded to within one calendar month.

The average response time is **11** days.

Personal Data Breaches

Reported	Escalated
2	1

One data breach required reporting to the Information Commissioner (ICO). See details below.

Breach – A sexual health testing kit was ordered by Person A but was sent by the supplier to Person B, including the details of Person A in with the kit.

Action – The supplier has investigated and provided a copy of the report. The SOP in use has been amended to cater for the scenario with a view to preventing further occurrences.

ICO Response – No further action

Mandatory Information Governance Training



Organisation-wide compliance with Information Governance mandatory training **exceeds** the national target. There has been a slight increase in compliance since last month from 89%.



Clinical Governance, Quality, Safety and Improvement



Externally Reportable Incidents - February update

- No Nationally Reportable Incidents reported
- 2 Early Warning Incidents reported:
 - 1 in Breast Test Wales relating to equipment
 - 1 for Corporate Safeguarding
- No Duty of Candour incidents reported



Additional assurance is provided in the focus area on page 14.

Incidents

Incident Numbers (Rolling 12m to February 25)	Reported in February
2,163	192 (median 169)

As of 3 February 2025, there are **219** open incidents. **56** have an overdue status as they have been open for more than the 30-working day target. This is a slight increase of **2** compared to the **54** reported as overdue in January.

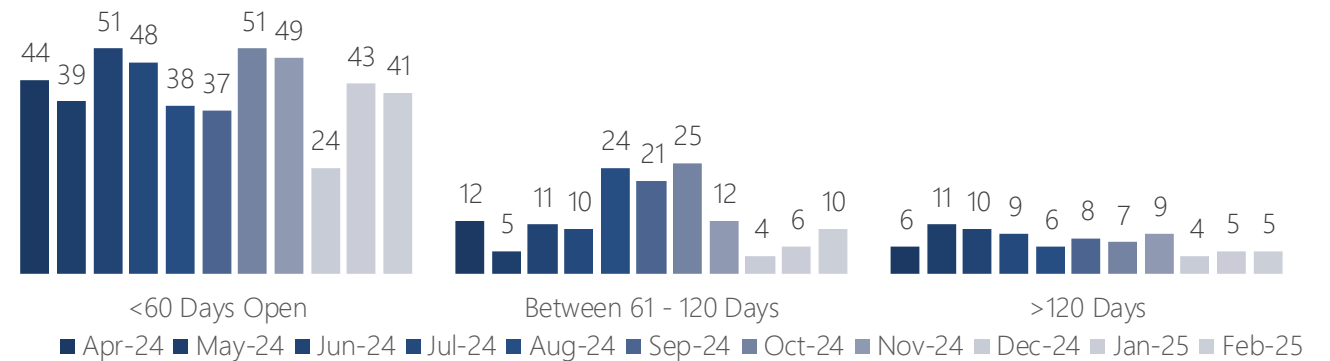
The largest numbers of overdue incidents are within Cervical Screening Wales (**20**), Diabetic Eye Screening (**15**) and Microbiology (**12**).

There are **5** incidents that have an open status of more than 120 days.



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

Overdue Incident Progression (April 2024 - February 2025)



Ongoing work to address the performance of incident closure rates continues with a weekly overdue incident report generated by the PTR Team and circulated to designated operational and clinical leads to review and support the ongoing management to closure.



Additional assurance is provided in the focus area on page 15.

Incident Levels of Harm

Level of Harm	Count
None	108
Low	80
Moderate	4

4 moderate harm or above incidents were reported in February in the following areas:

- Bowel Screening Wales (**1**), Breast Test Wales (**1**) and Diabetic Eye Screening (**2**).

1 of these incidents has been re-categorised as 'No harm' following investigation and **3** remain under investigation.



In Focus: Incident Closure



Externally Reportable Incidents - Early Warning Incidents

Two Early Warning Incidents were reported in February:

Breast Test Wales

An issue occurred relating to the planned Go Live of the Picture Archiving and Communication System (PACS). Medical physics failed a high proportion of the monitors due to dead pixels and there was agreement within the agreement that all of the new PACS monitors were not fit for purpose which resulted in mammogram screening being suspended across Wales from 11 February to 17 February 2025.

In response to this incident, the supplier delivered 19 new monitors and reading resumed on 17 February 2025.

Corporate Safeguarding

The details of this early warning incident cannot be disclosed due to its sensitive nature and has information governance implications.



In Focus: Incident Closure



Oldest Overdue Incidents:

- **Microbiology Incident 3407** – 322 days open – *Joint investigation with DHCW*

This incident is in relation to a WLIMS issue affecting the transmission of a small proportion of Microbiology test results for GP patients. PHW are currently awaiting the completed investigation report from DHCW. This is being followed up by the Executive Director of Nursing, Quality & Integrated Governance and the Quality, Safety & PTR Manager.

- **Breast Test Wales Incident 4122** – 229 days open – *Early Warning Incident*

This incident is in relation to a cohort of individuals that NHS England identified as having not been invited for annual breast screening in line with national guidelines. These individuals are deemed high risk. The current status is awaiting formal advice from Legal and Risk on liability.

- **Cervical Screening Wales Incident 4193** – 222 days open – *CSWACC Audit*

This incident relates to a delay in referring a participant. PHW are currently awaiting advice from Legal & Risk.

Assurance:

- Divisions with the highest number of overdue incidents are reviewing and revising their processes to ensure timely incident closures. In the interim period a targeted response to address these overdue incidents is underway.
- A weekly overdue incident report is produced and reviewed by the PTR team. This report details incidents that have been open for over 30 working days and incidents that have been open for 20-29 working days. This information is then shared with the designated operational and clinical leads to review and for ongoing management.
- Service update requests are sought weekly on incident progress and support offered where barriers to achieving closure are identified. In addition, monthly meetings are scheduled with service areas to support ongoing incident management and closure.
- **173** incidents were closed in February.

No. of incidents closed in January 2025	170
Closed in < 30 days	117
Closed 31 – 60 days	51
Closed 61 – 120 days	2
Closed 120 days+	0

No. of incidents closed in February 2025	173
Closed in < 30 days	122
Closed 31 – 60 days	46
Closed 61 – 120 days	5
Closed 120 days+	0



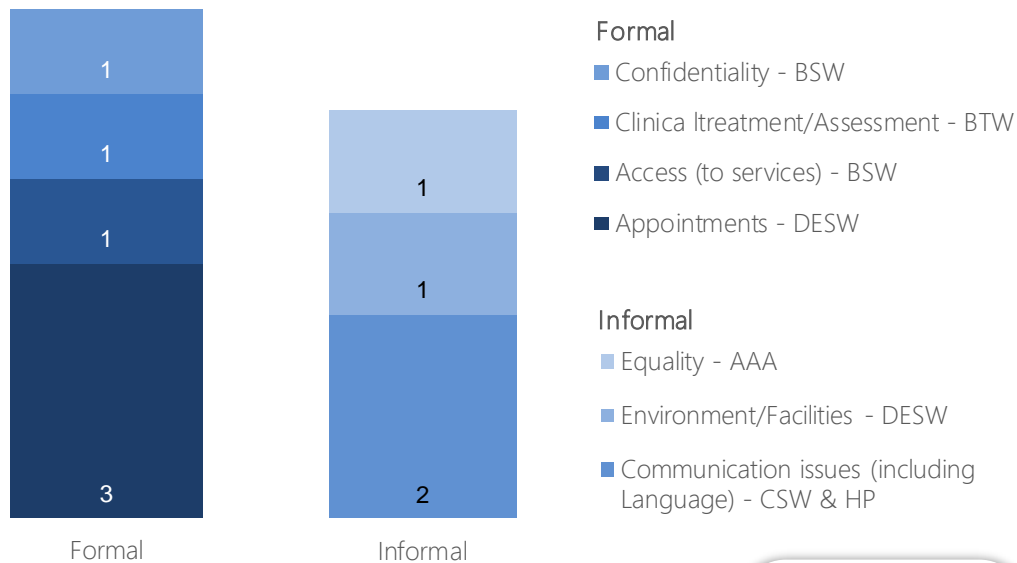
Clinical Governance, Quality, Safety and Improvement



Complaints

Complaints (Rolling 12m)	Formal (February)	Informal (February)
Formal – 43 Informal – 88	6 (median 4)	4 (median 7)

Complaints - Themes and Service Areas



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



Claims

February 2025	Text
0	No new claims were received in February. Of the current ongoing claims (29), 23 are confirmed claims and 6 are potential claims.

Redress

February 2025	Text
0	No new Redress cases were received during February. There are 7 ongoing Redress cases, 3 are within Breast Test Wales and 4 in Cervical Screening Wales. All redress cases are being progressed in line with the PTR regulations in a timely manner.



Section 2 Service Delivery





Key Performance Indicator Summary



Screening Services	In Focus	Standard	Jan-25	Committee
Cervical Screening Wales – Waiting time for colposcopy appointment (8 weeks) (Health Board Delivery)		90%	97.9%	Quality, Safety and Improvement
Bowel Screening Wales – Waiting time for index colonoscopy (Health Board Delivery)		90%	15.2%	
Breast Test Wales – Assessment invitations (3 weeks)		90%	Feb-25 11.1%	
Diabetic Eye Screening Wales – Coverage (12 Months)		80%	40.7%	
Abdominal Aortic Aneurysm – Timely referral to elective vascular network (MTD)		100%	100%	
Infection Services			Jan-25	
Total Microbiology Rejection Rates		<5%	5.4%	Quality, Safety and Improvement
Total Microbiology Diagnostic Sample Requests		*TBC	184,046	
Blood Culture - Collected to Incubation SMI <4hrs		<4hrs	68.7%	
Blood Culture - Received (PHW Laboratory) to Incubation		*TBC	99.9%	
Health Protection			Jan-25	
Test and Post (STI self-sampling) – Test Turnaround Times		100%	100%	Quality, Safety and Improvement
Response times by priority - Urgent (<4 hours)		90%	100%	
Response times by priority - High (<24 hours)		90%	100%	
Response times by priority - Medium (<48 hours)		90%	100%	
Compliance to surveillance reporting schedules		90%	92%	
Research Data & Digital			Quarter 3	
Number of Major Breaches		0 Major Breaches	0 Breaches	Audit & Corporate Governance Knowledge, Research and Information
Percentage of publications without breaches		100%	76%	
Percentage of user follow up to RDD products		100%	20%	
Health & Wellbeing			Feb-25	
JUSTB – Number of Schools with 2-day training completed by month (YTD)		35 Schools	2 (22)	Knowledge, Research and Information Quality, Safety and Improvement
Whole School Approach – Percentage of schools with an Action in Place (All schools)		80%	78%	
Whole School Approach – Percentage of schools with an Action in Place (Secondary schools)		100%	97%	
Help Me Quit – 4-week self-reporting quit rate (NTSS)		35%	64%	
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

- Substantial work undertaken on National Lung Screening interim report for Welsh Government
- Public survey on proposed lung pathway had 2476 responses
- PACs implementation progressing with planned replacement of monitors. Live on 17th February 2025 and working to stable operations on 19th March 2025.
- Breast Screening Pathway video and inclusive imagery project progressing with filming taking place to raise awareness and breakdown barriers
- Successful Bowel Screening Equity Day on 10 March with excellent stakeholder engagement.

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



Timeliness remains above the 90% standard in January 2025.



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



Breast Screening - Assessment invitations within 3 weeks of screen

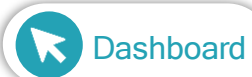
This remains below the 90% standard in February 2025.

Assessment clinic timeliness working to improve. Not reaching standard. Progress has been impacted by equipment issues as part of the All-Wales PACS replacement programme which resulted in no reading able to be undertaken for a week.



Key steps being taken :

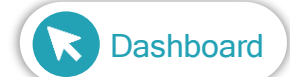
- Recovery of impact on reading backlog – staff prioritised reading and rearranged leave.
- Clinic bookings are optimised to ensure all slots are booked and short notice appointments are offered.
- Single handed clinics are taken forward if no surgeon is available to prevent cancellations



Bowel Screening - Colonoscopy within 4 weeks of booking SSP appointment

Timeliness remains below the 90% standard in January 2025.

As of 7 March 2025, the average waiting time for a screening colonoscopy was 11 weeks (compared to 7 weeks 5 days in February). The waiting time ranged from 7 to 17 weeks across the 13 screening centres. Detailed discussions underway with key health boards. Second Clinical Nurse Endoscopist successful in accreditation for screening in Wales.





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 stable at 40%. There has been a steady increase in coverage at 24 months to 68%. This reflects the improving round length for screening and more timely recall of participants with 88% now invited within 24 months.

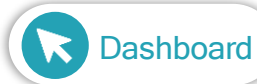


Coverage at 24 months for the low-risk recall pathway remains good at 80%.

Uptake of eye screening is above standard at 81.5% demonstrating that participants are taking up their screening appointments.

Latest monthly figures show that 99% of the 1167 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 6.1% in February.



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



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



Positively, the service continues to achieve against target for February 2025.



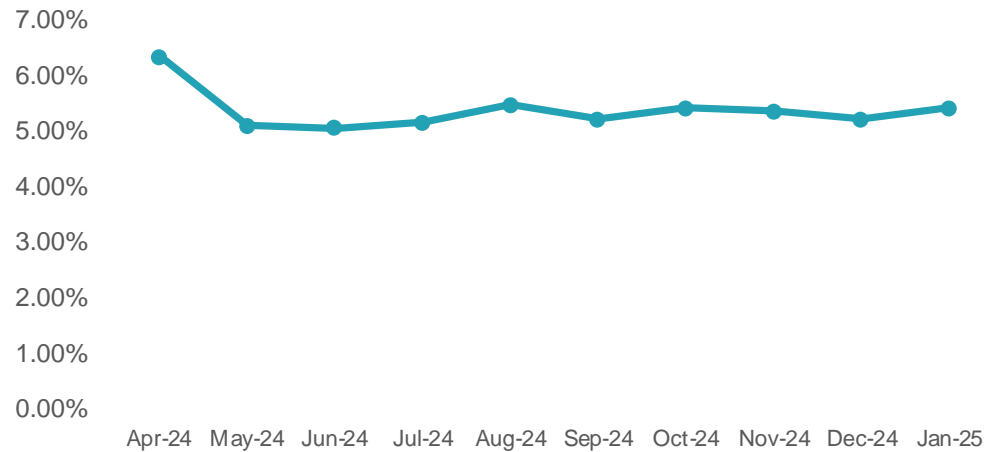


Health Protection and Screening Services



Infection Services

Total Microbiology Rejection Rates



Diagnostic testing rejection rates are 5.42% in January out of 184,046 total sample requests. Infection Division has agreed SOP's that detail the circumstances in which samples would be rejected. Whilst this delays patient results it prevents incorrect reporting and a potential negative effect on patient outcome.

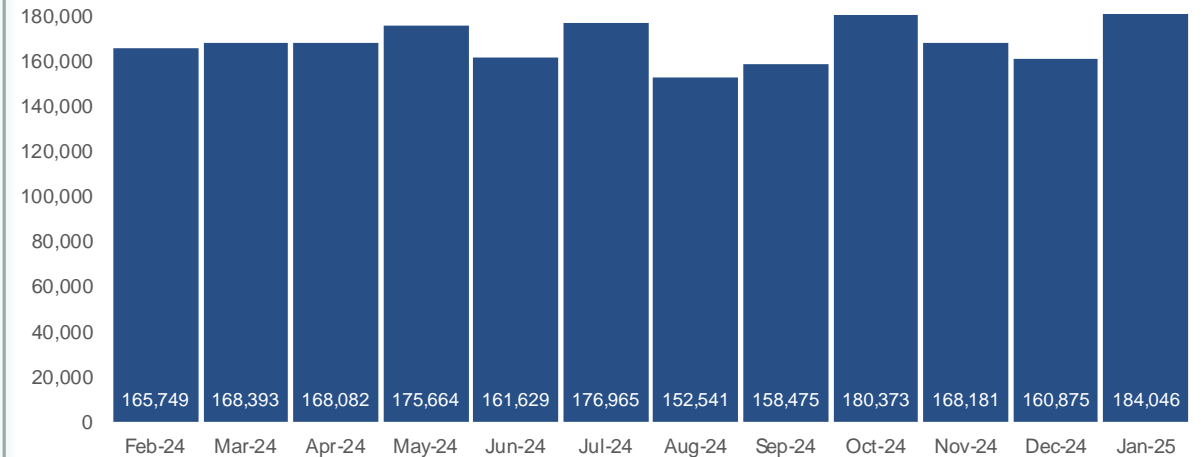
<5%

5.4%

The primary causes of rejected samples continue to be receiving incorrect sample types, leaking/broken samples or incomplete clinical information, which remains consistent.

Rejection rates are discussed in the Network Quality Meeting which investigates the underlying causes whilst working towards resolving them.

Total Microbiology Diagnostic Sample Requests



The total numbers of Microbiology Diagnostic Sample requests has consistently been >150,000 requests per month for the previous 12 months. January 2025 shows an increase from December to 184,046 as expected from previous years data.

COVID/Respiratory outbreaks remain unpredictable with a moderate Influenza season seen over the Winter period and an increase seen on quarter.

We expect to see some fluctuations in request numbers due to factors including –

- Seasonal trends/Summer/Winter
- Outbreaks including respiratory viruses, gastrointestinal pathogens, HAI's

*Target to be developed

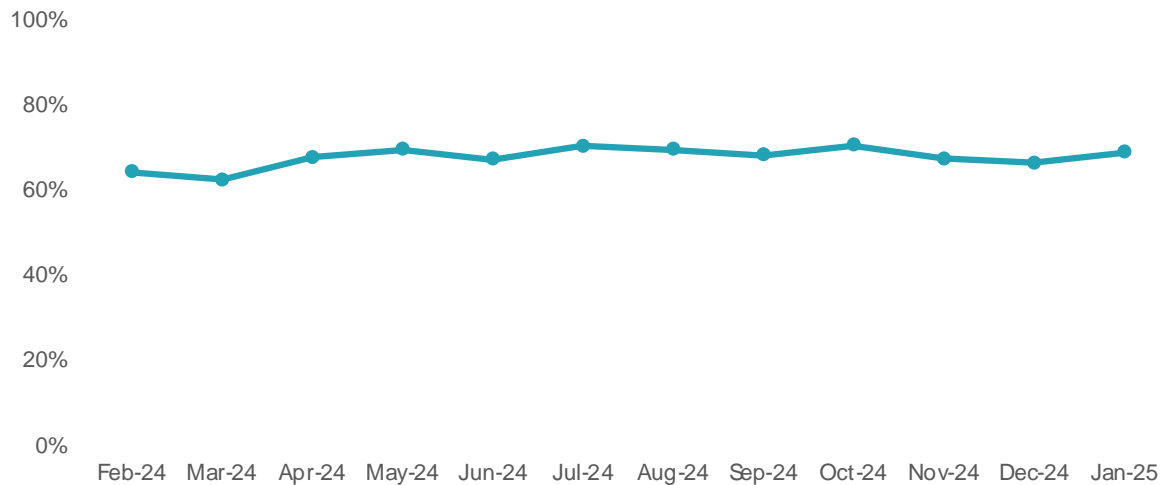


Health Protection and Screening Services



Infection Services

Blood Culture - Collected to Incubation SMI <4hrs

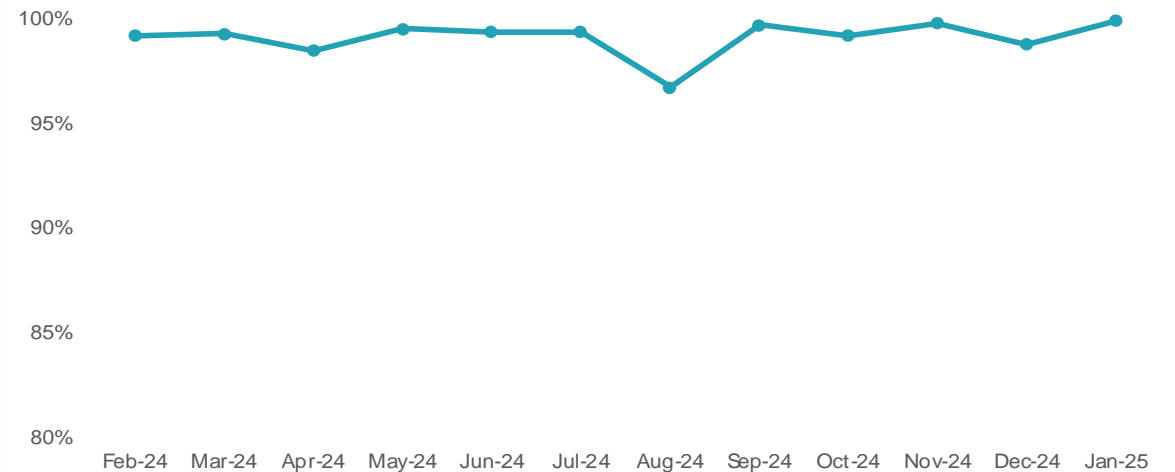


<4 hrs

68.7%

- Blood cultures are important samples to support the management of sepsis. The 4-hour target from collection to incubation as recommended in the UK Standards for Microbiological Investigations is key to being able to allow accurate and timely clinical diagnosis to prevent sample degradation.
- The challenge to increase the time between sample collection and receipt remains consistent as this metric relies on adequate processes in Health boards to ensure timely delivery of blood culture samples from all locations. The importance of this is communicated. There has been an increase in January.
- The laboratory limitation is the lack of data collection on the samples.

Blood Culture - Received (PHW Laboratory) to Incubation



*TBC

99.9%

*PHW specific target to be developed

- To better analyse PHW' s performance contribution towards the 4 hour target we report on timeliness of specimen received by PHW laboratory to incubation onto Blood Culture analysers.
- 99.89% of blood culture samples are incubated in line with the 4-hour target. The SMI states all samples should be incubated within 4 hours of receipt, and we are nearly at 100%.
- The time taken for the sample to get to the laboratory from the ward locations remains the biggest challenge, but we are confident that internal laboratory processes are efficient.



Health Protection and Screening Services



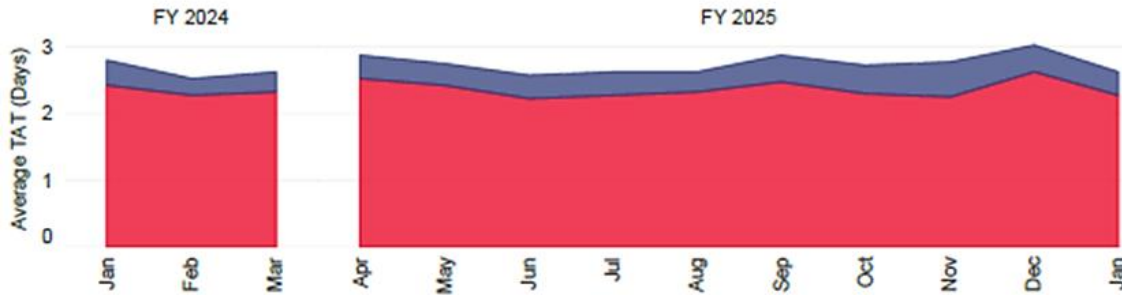
Health Protection

Test and Post - STI self-sampling

* N.B. TAT – Turnaround times

Test Turnaround Times

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 January 2025, 99.9% met the 7-day turnaround standard
- 8 requests of 6124 total requests (0.13%) did not meet the 7-day TAT standard
- 6124 total requests equated to 37,738 tests being undertaken



- Actions to improve:

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

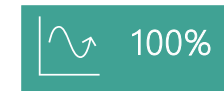


AWARe Response Times by Priority

Urgent (<4 hours)



High (<24 hrs)

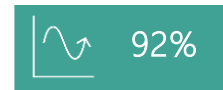


Medium (<48 hrs)



- Driven by the expert rules, responding to communicable disease cases within these priority level timescales is an important performance indicator because it ensures the necessary public health actions are initiated in a timely manner
- In January 2025, response time performance currently has exceeded all priority level targets

Compliance to Surveillance Reporting Schedules (%)



- In January 2025, reporting is currently above the expected target however we are continuing to explore methods to enable this process to become automated.



Research, Data & Digital - Overview Section



Statistical and Analytical Publications - Quarterly

Quality and compliance with the Code of Practice for Statistics

	2023/24				2024/25			
	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar
Number of publications	4	4	6	4	3	7	7	
Number of major breaches	0	0	0	0	0	0	0	
Number of minor breaches	1	1	0	2	1	0	1	

Major breaches are:

- Not publishing on time
- Statistical error affecting headline data
- Statistical error likely to have affected how users would act on or interpret the data
- Pre-release going to wrong person(s)
- Any kind of political interference

Any other type of breach is defined as **minor**

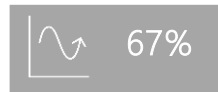
Breaches addressed by:

- Quality control processes to minimise the risk of re-occurrence.

0 Major Breaches

0 Breaches

Satisfaction and Impact



Of external users rated their experience with us as 7/10 or above (based on data from June 2024; target 100%)



Of external users reported some positive impact of our knowledge and information products on decision (based on data from June 2024; target 100%)



5 of 25 (20%) of RDD products have had individualised user follow ups in 2023/24, up from 0 in 2022/23. RDD aims to achieve a 100% user follow up rate for its major products going forward as part of the PHW approach to monitoring impact.



Additional assurance is provided in the focus area on page 25

Organisational Research & Evaluation - Quarterly

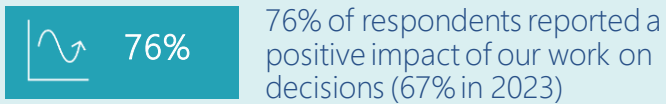
	2023/24				2024/25			
	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar
No. research grant applications submitted (PHW is Chief Investigator or partner).	4	6	5	8	3	3	6	
Research grant income to PHW (£)	222k	41k	102k	122k	550k	125K	369K	
No. personal development research awards.	1	0	0	2	0	0	0	
No. peer reviewed publications (PHW affiliated).	29	21	39	25	28	14	24	
No. evaluations completed.	1	2	1	1	1	1	1	



Research, Data & Digital - Impact survey June 2024



- 287 external stakeholders responded to our annual impact survey between June and July 2024
- Covers all data, analysis and research products within PHW. They were distributed across sectors as follows:



Actions planned or already underway to support increased impact of our work include:

- Web Transformation Programme
- Implement Content Design and Publication standards
- Further exploration of PHW User Engagement
- Involve stakeholders in prioritisation and advance announcement of up-and-coming publications

"Question 13. How satisfied are you with the following product type produced by Public Health Wales?", count, observed percentage, all external respondents¹, Wales, 2024

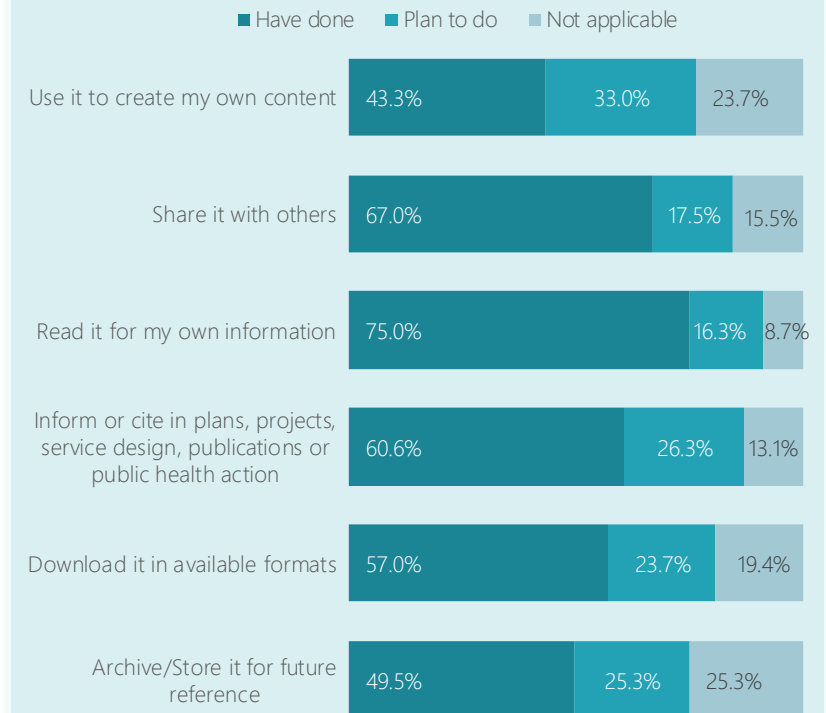
Products	Very satisfied/satisfied
Analytical reports and Official Statistics	76%
Data dashboards	57%
Evaluation reports	66%
Executive summaries or key messages	67%
Guidance and guidelines	62%
Health Impact Assessments (HIA)	59%
Infographics	70%
Information leaflets about services or programmes	64%
Interactive webpages	57%
Newsletters and updates	66%
Peer review publications	48%
Raw data and metadata	50%
Research reports	71%
Slide decks and presentations	63%
Social media content	59%
Systematic & rapid evidence reviews	61%
Toolkits	60%

Produced by Public Health Wales Observatory, using Public Health Wales Annual Survey 2024

¹All public health staff response and missing responses removed from this analysis to show only external respondent groups.

Percentages are calculated using respondents who had used the products

"Question 20. What have you done, or will you do, with the data and knowledge you obtain from these product/s?¹, distinct count, percentage, all external respondents², Wales, 2024



Produced by Public Health Wales Observatory, using Public Health Wales Annual Survey 2024

¹This question allowed respondents to give multiple answers

²All public health staff response and missing responses removed from this analysis to show only external respondent groups. Total count of respondents for this question = 102



Policy and International Health



Behaviorally Informed Communications Initiative (BICI)

Strategic Priority: Enabling delivery of the Long-Term Strategy

Overview

- The Behavioural Science (BeSci) Unit's toolkit [Developing behaviourally informed communications](#) has been downloaded more than 350 times and received a universally positive response. It has also driven numerous requests for support with client-direct communications. In response the BeSci Unit established BICI to offer hands-on application of the theories and frameworks introduced in the toolkit, at scale.
- Participants at our June 2024 workshop featured teams including screening, vaccination, Help Me Quit, health protection, and dental public health, along with external stakeholders including the all-Wales cellulitis improvement programme. Expert speakers from WHO and the Irish Government inputted. An in-person session in September helped to maintain momentum in this work.
- We assessed colleagues' confidence in developing behaviourally informed communications. At the start of the initiative an average score of 4.8/10 was reported. Following the second workshop this average had increased to 7.3/10. Quotes from participants included:
 - *"I can't believe how obvious some of these changes are, yet we've never done them. I'm so excited to get started and make change."*
 - *"It's been a revelation really, as I was developing my specification, I realised I actually had two different audiences with different target behaviours."*



Policy and International Health



Behaviorally Informed Communications Initiative (BICI)

Strategic Priority: Enabling delivery of the Long-Term Strategy

Our Impact

- The National Cellulitis Improvement Programme report their BICI-improved letter which has led to **notably more patients connecting** with GPs after discharge, allowing improved management, and reduced risk of repeated cellulitis episodes.
- A dedicated **Screening Programmes-BICI** is being established, and there is ambition to explore **scale-up to client-direct communications** across NHS Wales.
- WHO published a ***Better Letters*** guide (late December 2024) referencing the toolkit and acknowledging our input. The work was also **highlighted by Hans Kluge** (Regional Director, WHO Europe) in his address to WHO CCs recently.
- The BeSci Unit's enablement support, linked to BICI, fed-into a successful Cancer Research UK funding bid on bowel screening improvement activity on screen-positive colonoscopy attendance.

Next steps to impact

- A development and learning report is being published in early April, alongside a refreshed version of the toolkit. Later in the month, the BeSci Unit will publish a self-directed '**BICI workbook**' using learning from BICI; **BICI 2.0** will be delivered from June.



Policy and International Health



Monitoring international health activity via our International Health Strategy

Strategic Priority: Enabling delivery of the Long-Term Strategy

Overview

- The [International Health Strategy 2023-2035](#) is an enabler for [Public Health Wales' Long Term Strategy](#). During 2023-24, the International Health Coordination Centre (IHCC) facilitated its implementation, increasing awareness and providing a platform to share and learn from our international activity.

Our Impact

- Increased awareness and engagement in international health, reflected in 75% 'open rate' on newsletters (well above industry benchmarks) and growing participation in International Health forums, with an active, engaged audience.
- Strengthened cross-sector collaboration, fostering knowledge-sharing and supporting a more coordinated approach to international health. International health activity membership increasing by 28%, bringing together health boards, Trusts, third sector and academia.
- Enhanced Wales' leadership in global health, demonstrated by Wales organising and chairing two Chief Medical Officer 4 Nations Global Health Forums, thereby shaping global health discussions and policy direction.
- Greater knowledge-sharing with 86 Public Health Wales authored journal papers (75% of all published) having international health insights and sharing transferable learning, supporting informed decision-making and influencing public health practice nationally and globally.
- Improved global health intelligence, with three Horizon Scanning Reports published and accessed over 300 times, ensuring stakeholders remain informed about emerging global health trends.



Policy and International Health



Monitoring international health activity via our International Health Strategy

Strategic Priority: Enabling delivery of the Long-Term Strategy

Our Impact

Key International Stakeholder Partnerships have been strengthened via continued engagement, collaboration and support. These include, for example;

- **Wales as a global leader and Live Innovation Site for Health in the WHO Well-being Economy** initiative – publishing a WHO Wales Deep Dive, co-organising high level WHO events, and delivery to the WHO Europe/ Welsh Government MOU.
- **Promoting and enabling strategic cross-national and regional public health sharing and learning**, such as through IANPHI, EuroHealthNet and WHO Regions for Health Network, and Dutch Ministry of Health, Welfare and Sport and the **Dutch National Institute for Public Health and the Environment** visit.
- **Hub Cymru Africa/Global Health Partnerships Cymru (GHPC), Wales & Africa** collaboration via conferences, sharing International learning opportunities leading to joint working and publication of a [Toolkit](#) for International Health Partnerships.
- **Four Nations Climate and Health** collaboration with joint activities, including developing shared indicators and an action plan.

Feedback from **Global Citizenship** workshops showing increased staff awareness and confidence in applying international health insights including:

- Greater understanding of how to build and use international partnerships effectively
- Increased consideration of global perspectives in daily work

This growing awareness will strengthen global collaborations, enhance team leadership, and integrate international best practices into public health initiatives.

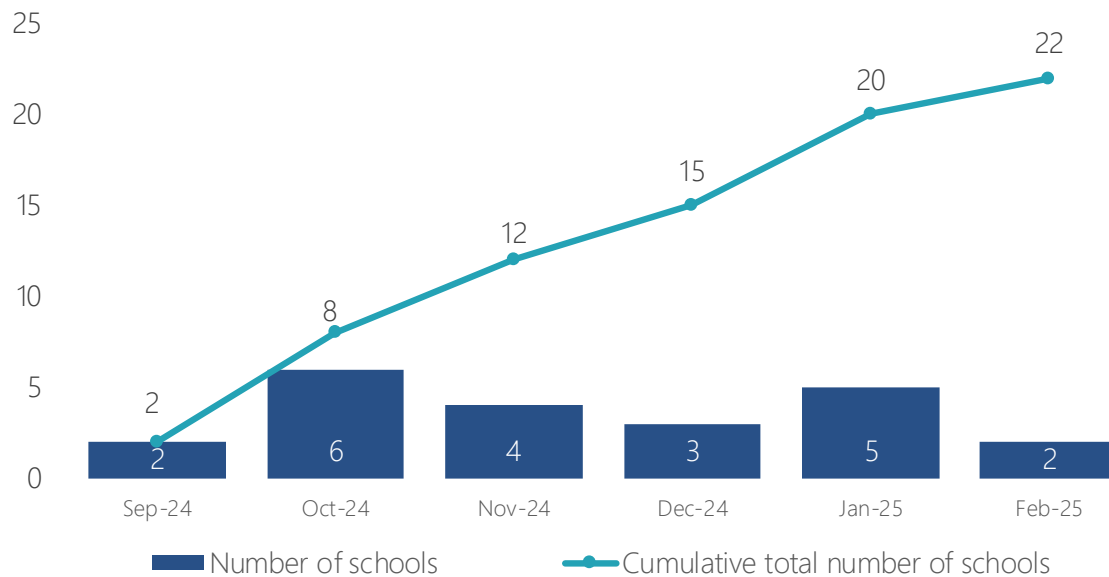


Health and Wellbeing

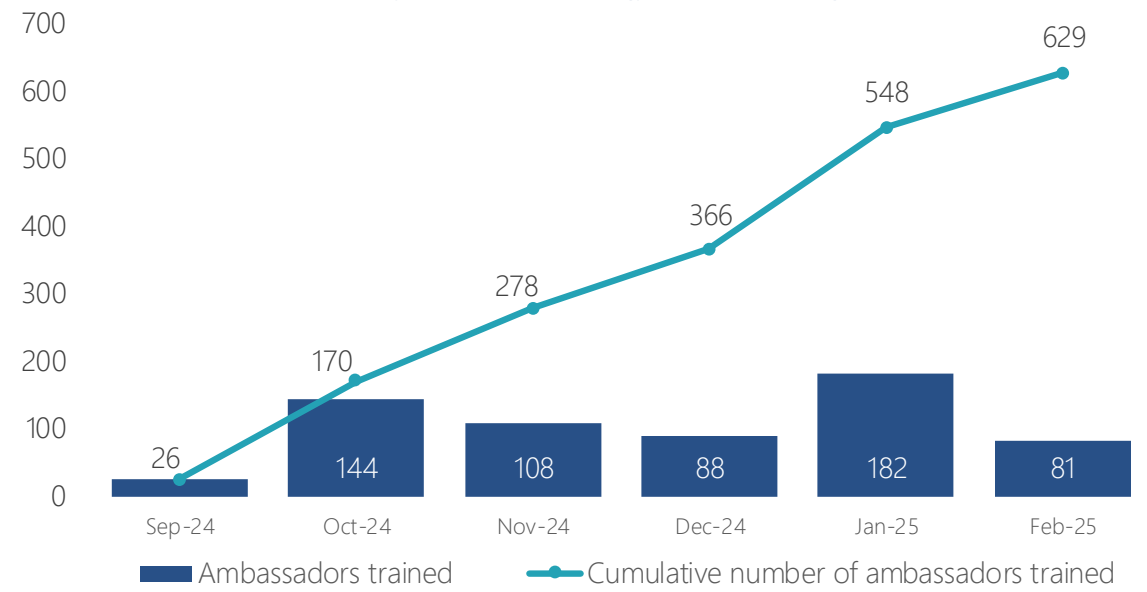


JUSTB/ BYW BYWYD

Number of Just B Schools with 2-day training completed by month for 2024-25 academic year



Number of Just B Ambassadors trained by month for academic year 2024-25 (year to date)



- JUSTB/BYW BYWYD is an evidence based smoking prevention programme that utilises peer influence and networks to disseminate smoke free norms.
- The programme is delivered to Year 8 pupils in secondary schools with the highest smoking rates.
- The new academic school year has planned to progress to normal delivery levels of 40-50 schools. Recruitment is challenging with schools perceiving smoking to be less of an issue than vaping. We are working with DsPH to secure their support in local recruitment.

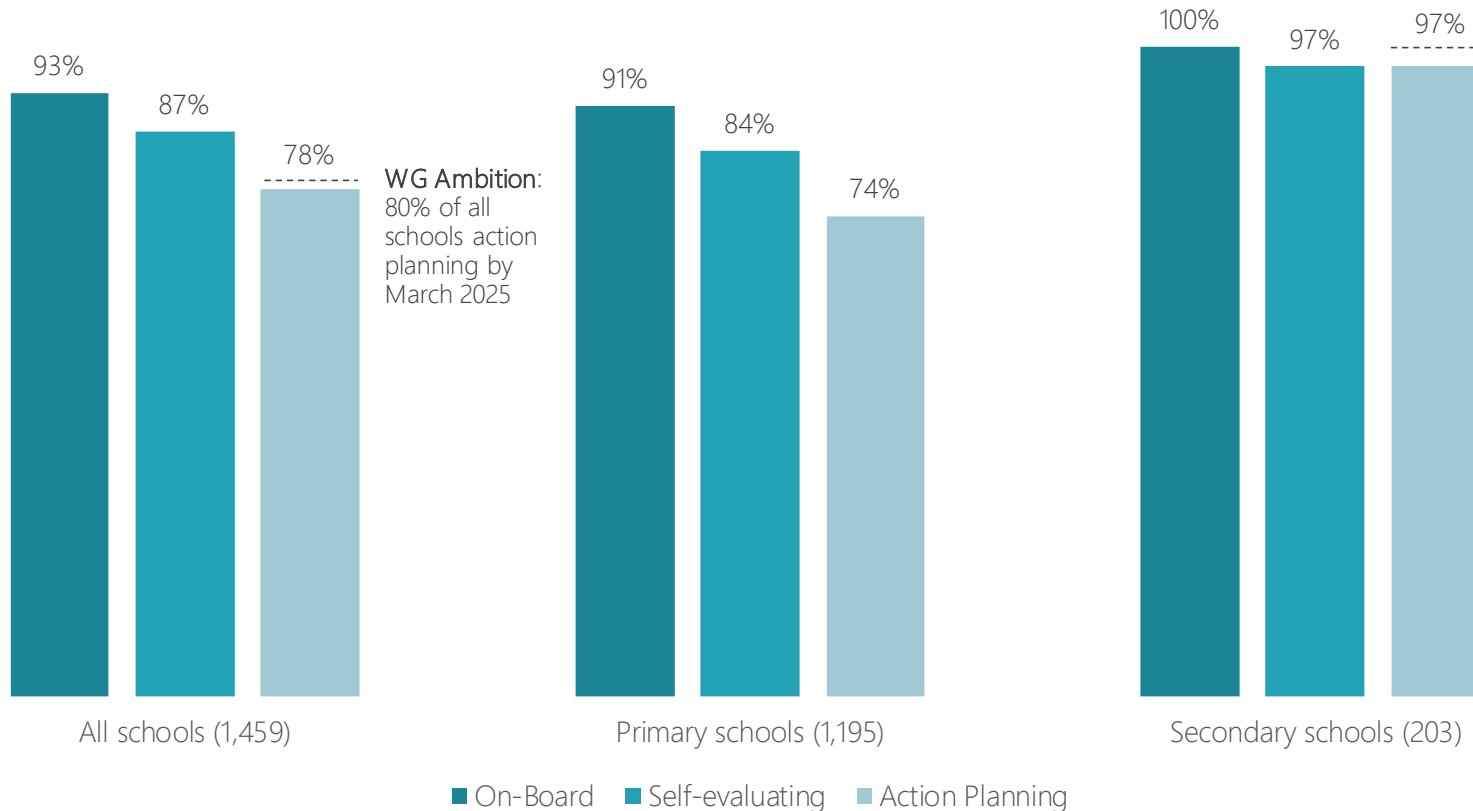


Health and Wellbeing



Whole School Approach to Emotional and Mental Wellbeing

Percentage of schools 'on-board', self-evaluating, or action planning as part of their Whole-School Approach to Emotional and Mental Well-being (Date: 06/03/25)



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

WG Ambition: 100% of secondary schools action planning by March 2025

'On-board' is where a school has responded to an active offer of support, started to engage with their Implementation Coordinator (or Healthy Schools Coordinator) and has had the process of self-evaluating explained (it does not necessarily mean that they have started self-evaluating).

'Self-evaluating' means the school has started either the PHW self-evaluation tool (SET) or another tool.

'Action Planning' is where a school has entered a continuous improvement and planning cycle. The schools continually review the SET, develop their action plans and then add/remove actions when needed. It is a continuous process.

Currently 78% of schools are in the action planning phase, an additional 29 schools are needed to achieve this level to meet the Welsh Government ambition.



Health and Wellbeing



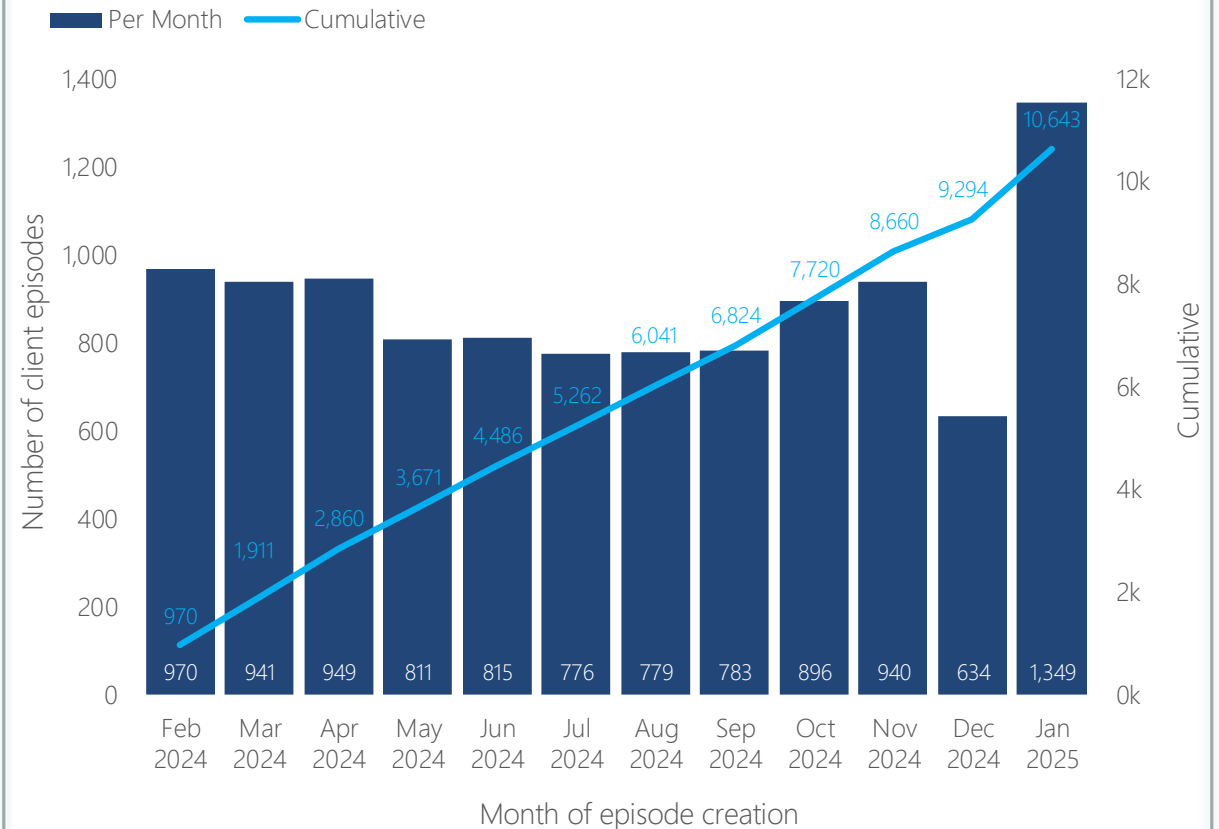
Help Me Quit

The HMQ Hub has created over 10,600 client episodes in the 12 months to the end of January. As expected, the level of activity has a seasonal pattern and increases during levels of social marketing activity.

All referrals were contacted within two working days in line with the service target in the 12 months to January.

The National Telephone Support Service provides additional capacity to support local service delivery and has supported 557 smokers in the 12 months to the end of January, achieving 4 week quit rates (self-reported) in excess of the national target of 35%.

Number of client episodes created by the Hub



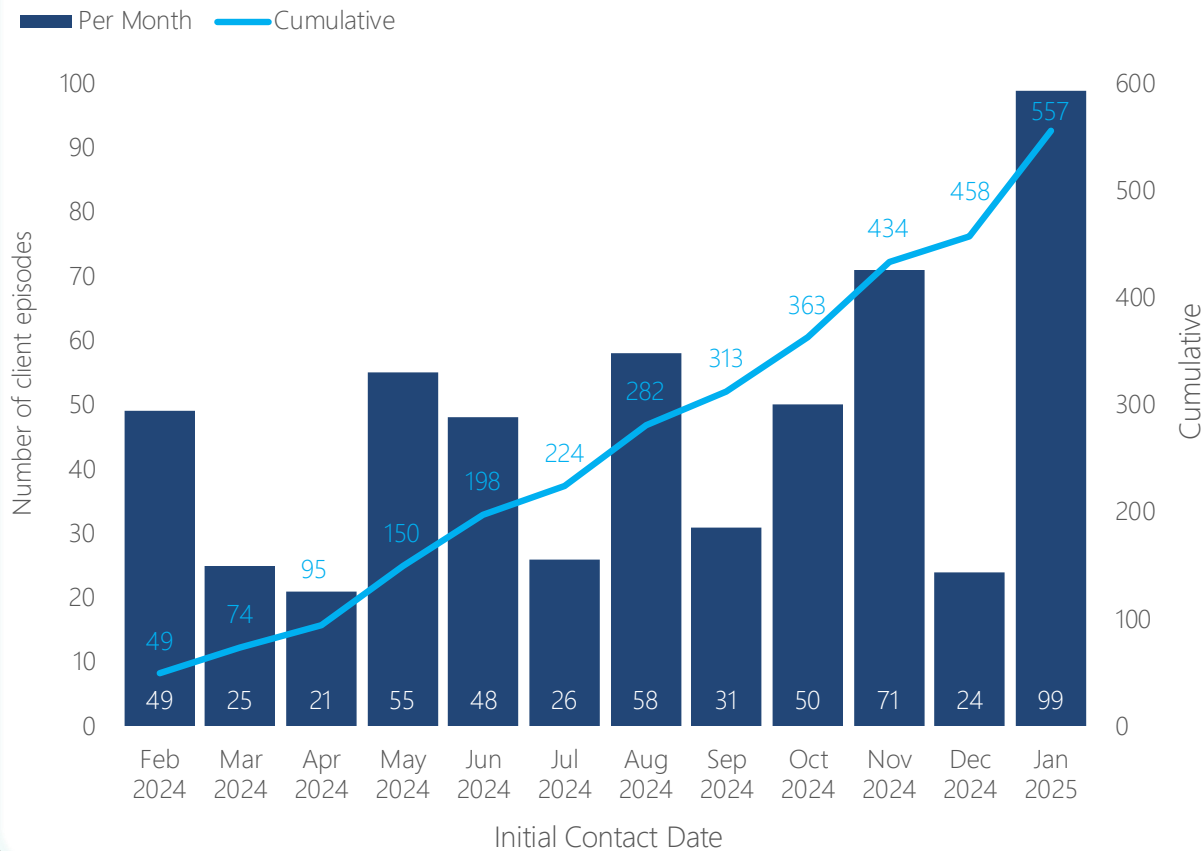


Health and Wellbeing

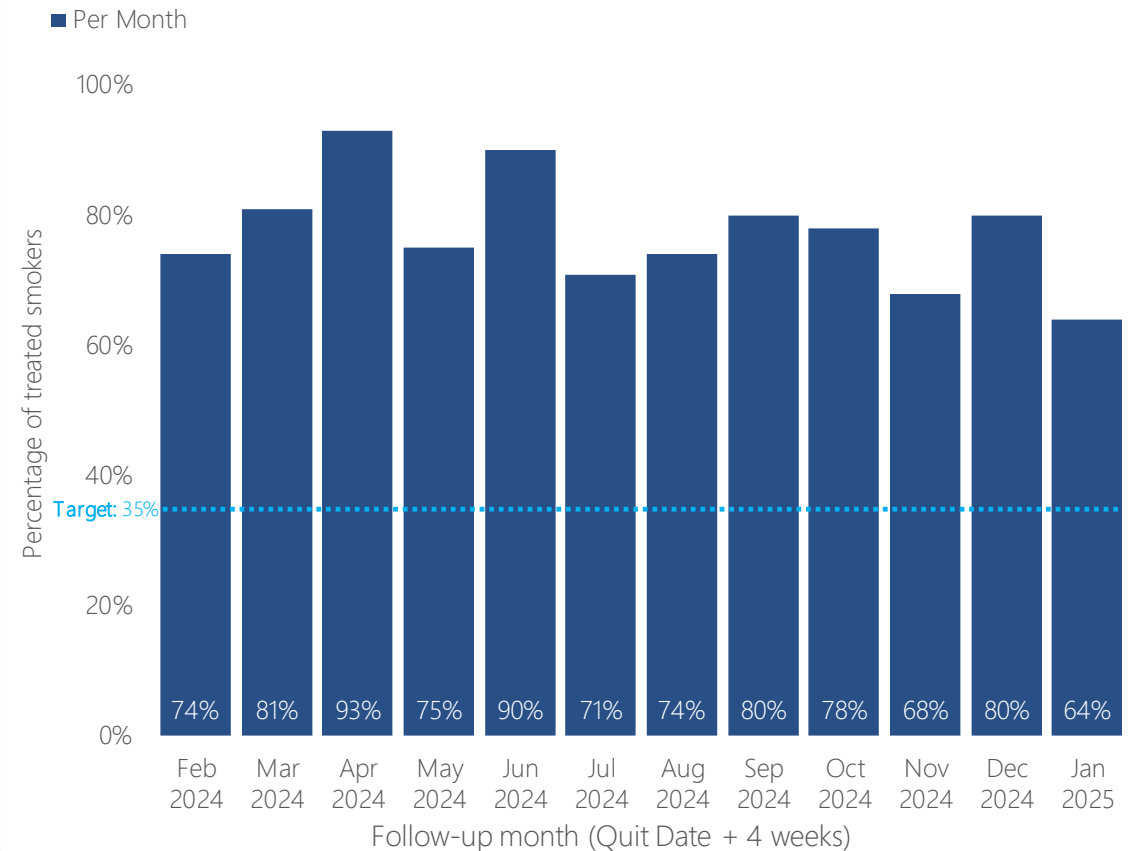


Help Me Quit

Number of clients who attend an assessment session (NTSS)



4-week self-reporting quit rate (NTSS)





Section 3
Strategy Delivery





Key Performance Indicator Summary



Strategic Plan	In Focus	Target	Feb-25	Committee
Strategic Plan – Percentage of milestones currently green or complete		N/A	87.9%	Board
Strategic Plan – Percentage of milestones currently red		N/A	2.6%	
Request for Change (RFC) – Number of milestone changes approved		N/A	4	
Strategic Priority 1 – Wider determinants		N/A	77.8%	
Strategic Priority 2 – Promoting mental and social wellbeing		N/A	100%	
Strategic Priority 3 – Promoting healthy behaviours		N/A	74.1%	
Strategic Priority 4 – Sustainable health and care system		N/A	95.2%	
Strategic Priority 5 – Excellent public health services		N/A	83.3%	
Strategic Priority 6 – Climate change		N/A	100%	
Enabling delivery of our plan		N/A	89.1%	
Strategic Change Programmes – Percentage of milestones currently green/amber		N/A	75%	
Strategic Change Programmes – Percentage of milestones currently red		N/A	0%	



Strategic Plan Milestone Delivery



Strategic Priority Delivery Status

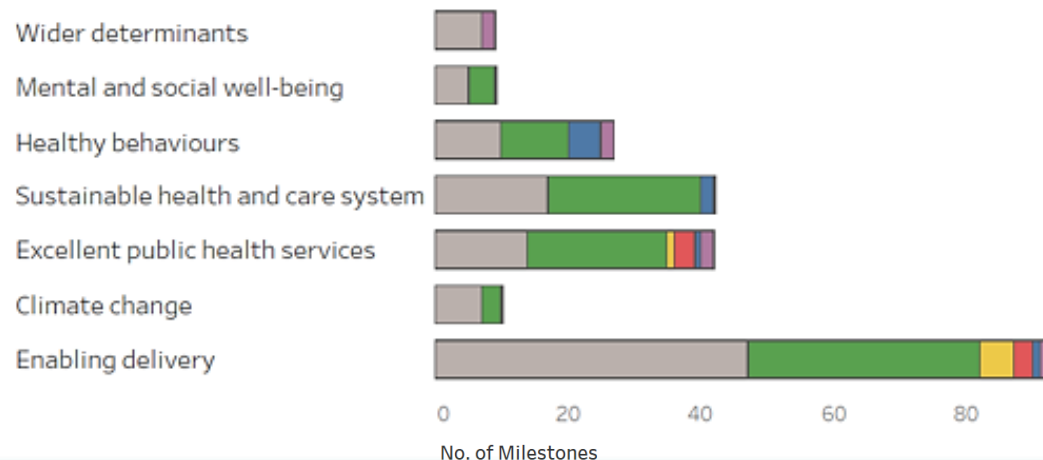


Request for Change

A total of 4 Requests for Change have been submitted for approval in month 11.



By Strategic Priority



As of February 2025, 107 milestones have been successfully completed. The majority of remaining milestones (80%) are reported as green and on track for delivery by end March 2025. Progress will continue to be monitored closely to ensure they are delivered in line with agreed timescales.

However, with 96 milestones still to be delivered and only one month remaining in the financial year, there is considerable pressure on all Directorates to deliver in March 2025. A significant number of these fall within Supporting a sustainable health and care system, Delivering excellent public health services and our Enabling delivery areas of the organisation.

Of the 6 red milestones reported for this period, 5 have identified external dependencies as the cause. 3 of these are impacted by DHCW delays, Service requirements for ports and borders in Wales from our Food, Water and Environment laboratories has complex dependencies including Welsh Government and the local council, which will be picked up in next years' plan. Transferred Grange Hospital Hot Lab to Aneurin Bevan UHB is awaiting a decision from the Health Board.

Each amber and red milestone is currently being re-planned, with 8 milestones expected to roll over into the next financial year. We anticipate request for change submissions for 2 milestones next month, once the re-planning exercise is complete. The remaining 2 amber milestones are still on track for delivery within this financial year, despite slight delays.

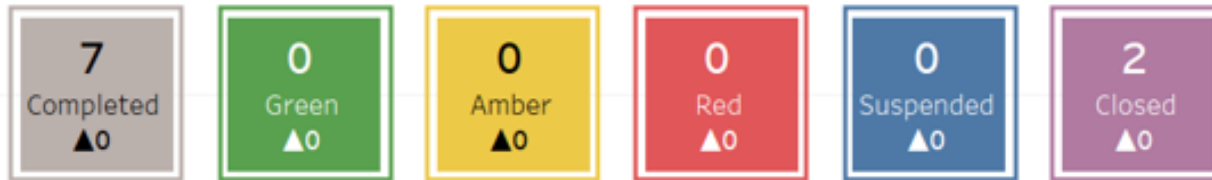


Strategic Plan Milestone Delivery



Strategic Priority 1 - Wider determinants

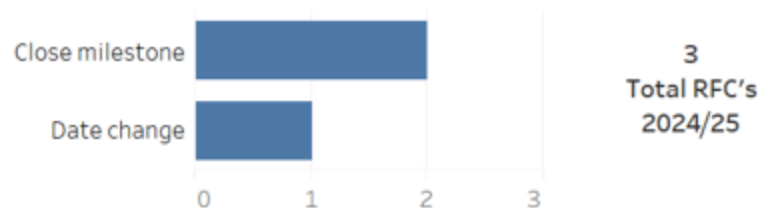
Current Delivery Status



By Directorate



Changes to Plan



Strategic Priority Overview

- Support to Welsh Government on Health Impact Assessment statutory regulations. Paper presented to Executive Team to provide assurance on preparation for implementation of the regulations, supporting both Public Health Wales in its legal duties and building knowledge and capacity amongst other public bodies.
- Child poverty: contributed to four nations public health input into UK Child Poverty Task Force and hosted Welsh system roundtable feeding into taskforce. Coordination needs assessment for local and regional responses to child poverty in progress.
- Scoping future work on public health approach to rising economic inactivity and worklessness of public health concern. Exploring opportunities relating to UKRI funding on economic inactivity, health and caring.

2025 Route Map Development

- Cross organisational group met to 1) further develop the priority Route Map, reflecting on ambition and achievability and 2) agree IMTP 2025-28 milestones, ensuring alignment with short term commitments in the Route Map

Issues/Risks

- Scale of challenge remains substantial in a time of financial constraint across public services
- Ambition of current route map beyond existing resources
- Further engagement with government needed on route map approach

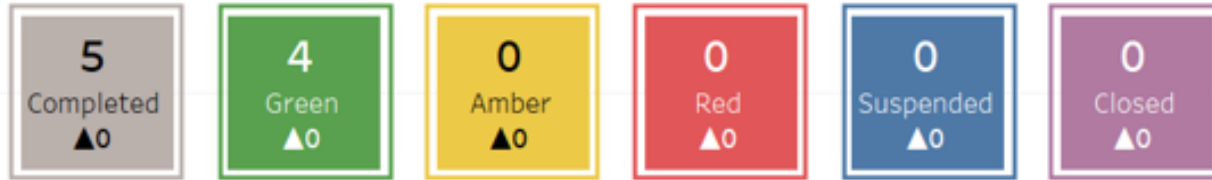


Strategic Plan Milestone Delivery



Strategic Priority 2 - Promoting mental and social wellbeing

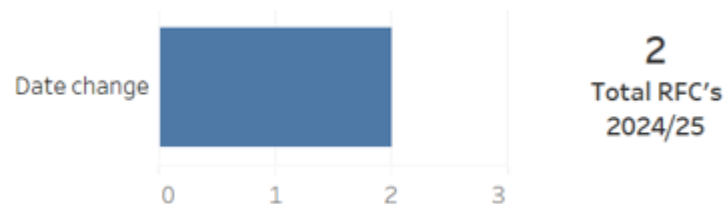
Current Delivery Status



By Directorate



Changes to Plan



Strategic Priority Overview

- Hapus programme continuing implementation
- Early Years Framework for Action completed and discussions ongoing regarding implementation across the system
- Supported Welsh Government in revising final draft of National Mental Health and Wellbeing Strategy
- Deep dive session with Cabinet Secretary Education, Estyn, ADEW and academic partners to consider next phase of the whole school approach implementation

2025 Route Map Development

- Route maps have been further revised and have informed development of the IMTP
- Identified gaps being prioritised ready for 2025-26

Issues/Risks

- Alignment with WG policy and strategy in key areas is a potential risk and requires ongoing collaboration and dialogue

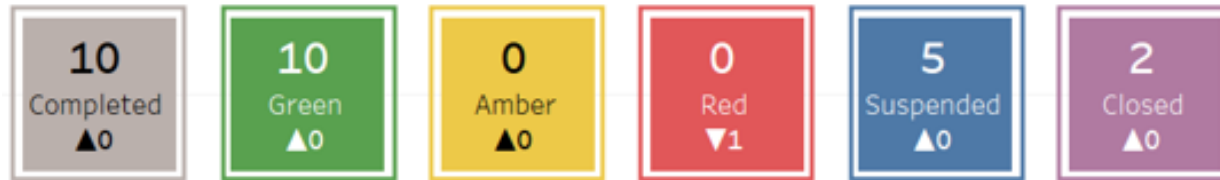


Strategic Plan Milestone Delivery

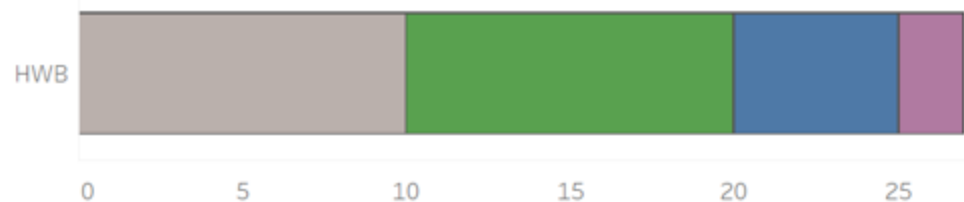


Strategic Priority 3 - Promoting healthy behaviours

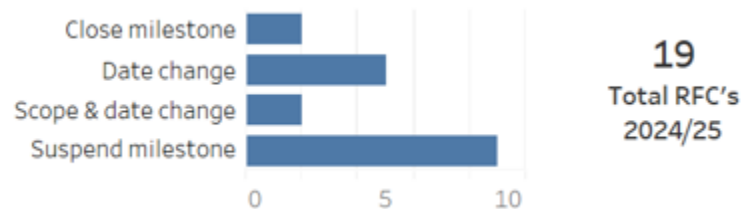
Current Delivery Status



By Directorate



Changes to Plan



Strategic Priority Overview

- Review of the HMQ system progressing well and initial findings presented to Directors of Public Health
- Further revision and updating of the monitoring and evaluation framework for Healthy Weight Healthy Wales
- Work for WG on proposed programme of work to reduce gambling related harm completed
- Substance Misuse Needs Assessment progressing well

2025 Route Map Development

- Route maps have been further revised and have informed development of the IMTP
- Identified gaps being prioritised ready for 2025-26

Issues/Risks

- Funding confirmation received for a single year to March 2026
- Unrealistic expectations on the scale and pace of change given the complexity of determinants and system resources and capacity to deliver

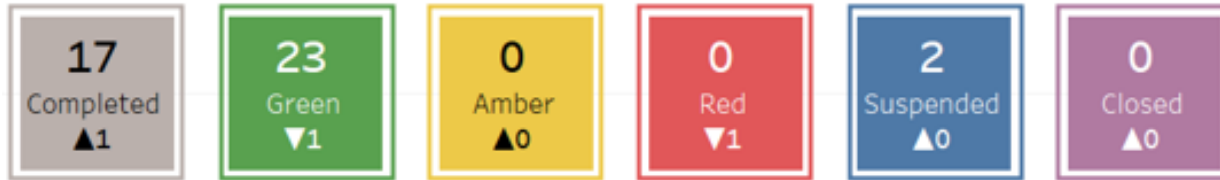


Strategic Plan Milestone Delivery



Strategic Priority 4 - Supporting a sustainable health and care system

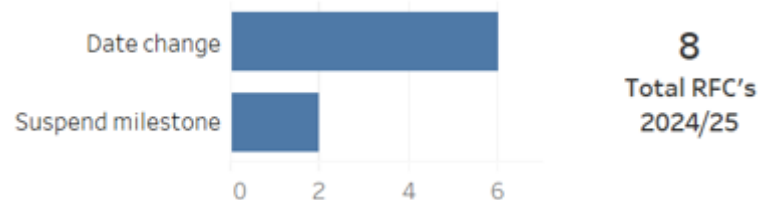
Current Delivery Status



By Directorate



Changes to Plan



Strategic Priority Overview

- Work progressing to deliver all Q4 milestones and finalise the forward work plan IMTP for 2025/2028
- Greener Primary Care Framework and Award Scheme re-launched on the 29th January for year 4 video [announcement](#) produced and communications circulated
- Dental Public Health team published School Year 7 Dental Epidemiology Programme report. The findings of the report were discussed with the Welsh Government's Chief Dental Officer for Wales and outputs including health boards' profiles have been disseminated to health boards. Reports and Infographs can be found [here](#)
- 120 people attended online workshops to Co-produce an Action framework to tackle inequalities, refining the actions identified in the face-to-face autumn workshops.
- Webinar delivered on Inclusion Health - Addressing the health and wellbeing needs of Asylum Seekers and Refugees Webinar with over 70 people across the system attending.

2025 Route Map Development

- Ongoing engagement with Directorates across PHW to refine route map milestones in the data, digital and evaluation space.
- Review of route map short term milestones against IMTP 2025/2028 strategic objectives and milestones to ensure alignment.

Issues/Risks

- Key risk is internal capacity to deliver the requirements to the timescales expected, ensuring full engagement across directorates
- External risk re clarity, alignment & traction with the external national work the model & configuration of sustainable health & care services across Wales
- Route map drafted from a resource agnostic perspective; to achieve full delivery additional investment will be required over the lifespan of the route map delivery thought to 2035

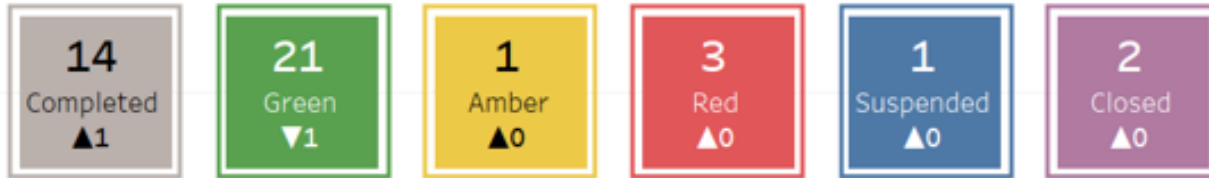


Strategic Plan Milestone Delivery



Strategic Priority 5 - Delivering excellent public health services

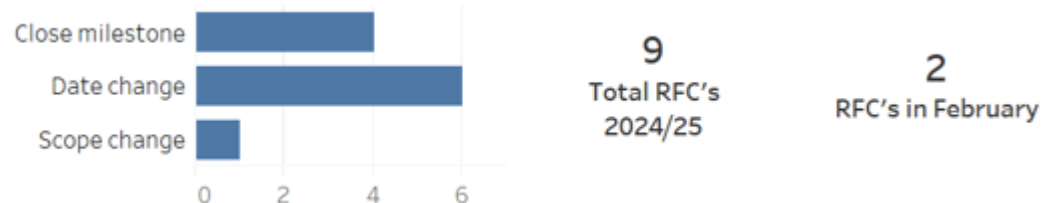
Current Delivery Status



By Directorate



Changes to Plan



Strategic Priority Overview

- Governance agreed with Quality Oversight Group taking responsibility for cross cutting aspects of the roadmap, whilst current governance arrangements for services are retained for service or directorate specific actions.

2025 Route Map Development

- Refining route map after feedback from leadership forum and board engagement including:
 - Clearer narrative on role of PHW in delivery of services
 - Partnerships in service delivery nationally and internationally
 - Improved clarity on scope and vision
- Developing a more strategic view of the route map milestones and objectives.

Issues/Risks

- Risk remains that EPHS will be viewed as limited to HPSS and other direct public facing services, missing opportunity to include internal / enabling services.

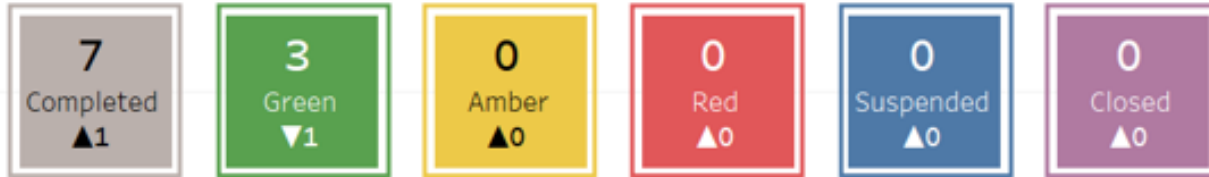


Strategic Plan Milestone Delivery



Strategic Priority 6 - Climate change

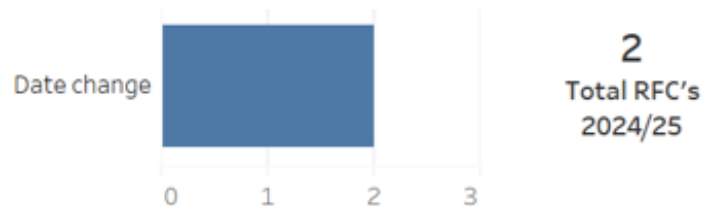
Current Delivery Status



By Directorate



Changes to Plan



Climate Change

- Colleagues from across PHW attended the NHS Wales Sustainability Conference in February, showcasing breadth of work underway within the organisation.
- Commissioned work underway to understand behaviours and attitudes towards adverse weather messaging, supporting the development of resources.
- Work begun with Bangor University to identify the economic benefits of investing in climate change adaptation and mitigation measures from a health perspective.
- Attendance at a 4 Nations climate and health summit in Edinburgh to develop a joint action plan for Public Health approach to climate change.

Decarbonisation

- Developed a new dashboard to demonstrate progress to reduce carbon footprint. This will be going live in 2025/26.
- Options and feasibility for electric bike charging for staff explored and funding application for solar bike shelters submitted to Targeted Estates Fund in Welsh Government. Subject to funding, implementation will be in 2025/26.
- Travel Policy has been updated following cross organisational engagement and consultation. Subject to approval, the policy will have an evaluation plan to measure impact of the new policy.
- A Carbon footprint measure is included in the new Welsh Language translation Portal process to demonstrate the cumulative carbon saved following implementation of the new Welsh language process.
- Community of Practice Group has been running for 12 months and findings from a review have been shared with the Climate Change Programme Board.
- Green Lab Champions group established with representation from 7 microbiology laboratories to reduce single-use plastic usage, waste, and associated emissions.

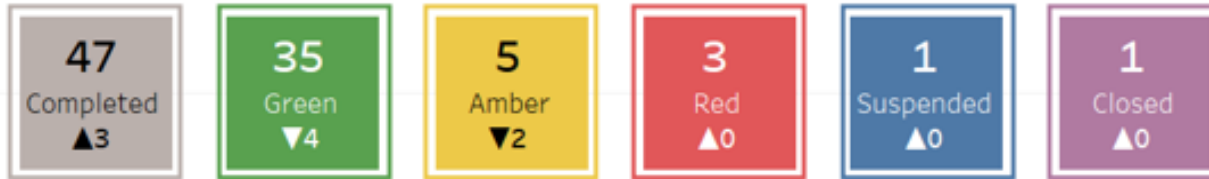


Strategic Plan Milestone Delivery

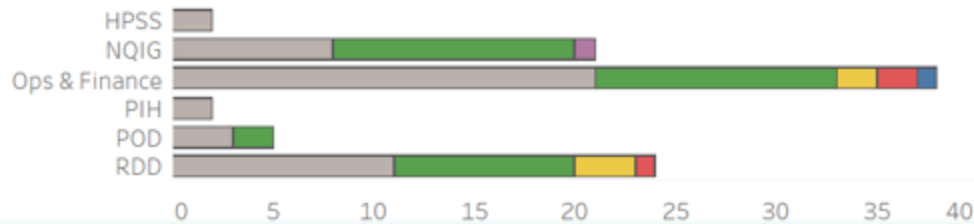


Enabling delivery of our plan

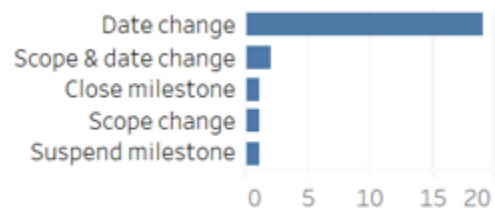
Current Delivery Status



By Directorate



Changes to Plan



24
Total RFC's
2024/25

2
RFC's in February

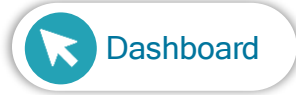


Strategic Change Programmes



Strategic Change Programmes Overview

A high-level summary of the latest DCA status for Tier 1 & 2 programmes, as of February 2025, is provided below. A summary of key changes is also provided below.



Key Information

Tackling Diabetes Together remains **Amber** due to delays in developing and agreeing project briefs and concerns about what can be achieved in the remaining two years of the programme. The target for agreeing project briefs and detailed plans for 2025/26 is March 2025.

Newborn Screening Re-platforming has moved from Red to **Amber/Red** to reflect progress on server and license procurements. Supplier re-platforming work will resume on 10th March and complete by early May. Funding for 2024/25 is secured, with discussions for 2025/26 ongoing.

Web Transformation has moved from Green to **Amber** due to content migration delays caused by current content not meeting standards. Mitigation efforts are ongoing, including a review of planned activity following the latest sprint and additional communications to key stakeholders from the SRO and Executive Sponsor.

Health Protection Systems Development has moved from Green/ Amber to **Amber/Red**. The Alpha phase of the programme is closed with complete delivery of the phase's milestones and deliverables. The outline business case for funding of the programme has been submitted to the Welsh government awaiting response. With no funds committed yet to the programme.

National Targeted Lung Screening has moved from Amber to **Green/ Amber** to reflect that the interim scoping report requested from Welsh Government has now been drafted for internal scrutiny. Pending approval from BET, the report is on track to be submitted by the end of March as planned.

Programme Detail

Programme Name	Dec	Jan	Feb
1 Diabetic Eye Screening Transformation Progr..	G/A	G/A	G/A
Establishment of NHS Executive Programme	G	G	G
National Targeted Lung Cancer Screenin..	G/A	A	G/A
Tackling Diabetes Together Programme	A	A	A
2 Health Protection Systems Development	G/A	G/A	A/R
Newborn Screening Re-platforming	A/R	R	A/R
Records Management System	G	G	G
Web Transformation	G	G	A



Inequalities



Health Protection Inequalities Programme (HPIP)

Scope

HPIP sits within the **Health Protection and Screening Services Division (HPSS)** and seeks to assess, understand and mitigate health inequalities and improve health outcomes for all, through the delivery of excellent **Health Protection Division (HPD)** and **Emergency Preparedness, Resilience, and Response (EPRR)** services.

Some of the key responsibilities of HPIP are:

- **Co-ordination and oversee delivery** of an agreed workplan on health protection inequalities
- **Develop support** resources, and **build workforce expertise**, experience and capacity, to help deliver workplan
- **Communicate** inequalities problems and solutions
- **Advocate, co-produce and collaborate** on evidence-informed action
- **Deliver equitable and person-centred services** which reduce vulnerability and susceptibility and build resilience
- **Influence, complement and support** broader PHW and system work to reduce inequalities in health determinants

Outputs

The Best Practice Guide is a **HPSS-led initiative** which sets the expectation of how **inequalities should be placed at the heart of work within HPD and EPRR**. It is designed to reinforce this through the following three key objectives, whilst signposting to available resources, as well highlighting relevant case studies:

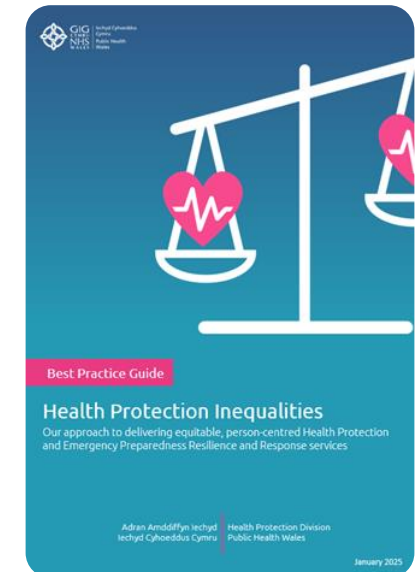
- Identifying and describing the problem
- Acting to reduce inequalities
- Evaluating our actions

Launch, dissemination and a half-day training event of the guide is taking place in April 2025.

- **Year-end summary report** of the component teams' work
- **Engagement and support** to PHW Pandemic Preparedness Response Plan

Forward Look

- Communicable Disease Surveillance Centre to **review quality and completeness of inequalities data** to understand areas of improvement
- Training & Guidance to include a **health inequalities prioritisation criteria** to demonstrate how, if at all, training requests are linked to tackling inequalities
- EPRR to collaborate with Local Resilience Forums to **gain a holistic understanding of lived experiences of 'at risk' groups** during emergencies of public health significance
- Environmental Public Health to **evaluate the access, impact, and read qualities of extreme weather risk advice**. This is to be taken to the 'Time to Talk' public health survey for public engagement.





Inequalities data



Analysis of healthy life expectancy

- We have recently explored possible reasons for the downturn in healthy life expectancy in Wales, especially amongst women
- A decline in self-reported health, particularly amongst women, is likely to be the main driver of the continued fall in HLE. **Women in Wales have the lowest healthy life expectancy** of both sexes in both England and Wales
- There is significant variation in the trend in HLE between Welsh local authorities, with some like Torfaen, Flintshire and Rhondda Cynon Taf seeing stark drops in HLE
- HLE by deprivation is not yet available, but when we look at the least (Monmouthshire) and most (Blaenau Gwent) deprived local authorities in Wales, we can see that **the gap in HLE may have narrowed slightly** in 2021 to 2023
- The Time to Talk Public Health survey in November 2024 asked respondents to describe what things negatively impact their health. Some major themes included **lack of access to healthcare services, work, health conditions, food, and mental health.**
- We have explored what might be driving lower self-reported health:
 - Waiting times have increased significantly during the pandemic and have since plateaued at a higher level than seen before 2020. In October 2024, 46% of referrals took more than 6 months
 - Women may be disproportionately affected by waiting times
 - Mental health waiting lists have grown exponentially in recent years
 - Routine procedure activity in the UK dropped far more than in other countries
 - People on waiting lists report that waiting negatively impacts their lives
 - Economic inactivity driven by sickness is increasing amongst women
 - People in the most deprived areas consistently report poorer mental health than those in less deprived areas
 - Evidence suggests the cost-of-living crisis may be impacting health, especially for those living in the most deprived areas

Risk factors

- We have recently published an [article](#) on the trends in risk factors for chronic diseases.

Key findings:

- In 2022/23, adults living in the **most deprived** areas in Wales are about **50% more likely** to be living with **obesity**, and **3 times more likely to smoke**, than those in the least deprived areas
- In 2022/23, **1 in 10 adults in the most deprived areas** reported they **did not eat any fruit or vegetables** the previous day. Only 22% reported eating at least 5 pieces, though this is compared to only 36% in the least deprived areas.
- Both adults and children in the **most deprived areas** are much **less likely to do the recommended amount of physical activity** than those in the least deprived areas in 2022/23
- Analysis by the Bite Back charity of 2024 data found that 5 of the top 10 **fast food retailers** have a **higher density of outlets in the most deprived areas** than in the least deprived
- Analysis of the Annual Population Survey 2023 found that **higher levels of education** and being in **'managerial and professional'** occupations are associated with **lower smoking prevalence**
- Alcohol:
 - In general, adults in the most deprived areas are less likely to drink alcohol at harmful levels than in less deprived areas
 - However, those in the lowest socioeconomic groups experience more alcohol-related harms like morbidity and mortality. This has been termed the **'alcohol harm paradox'**

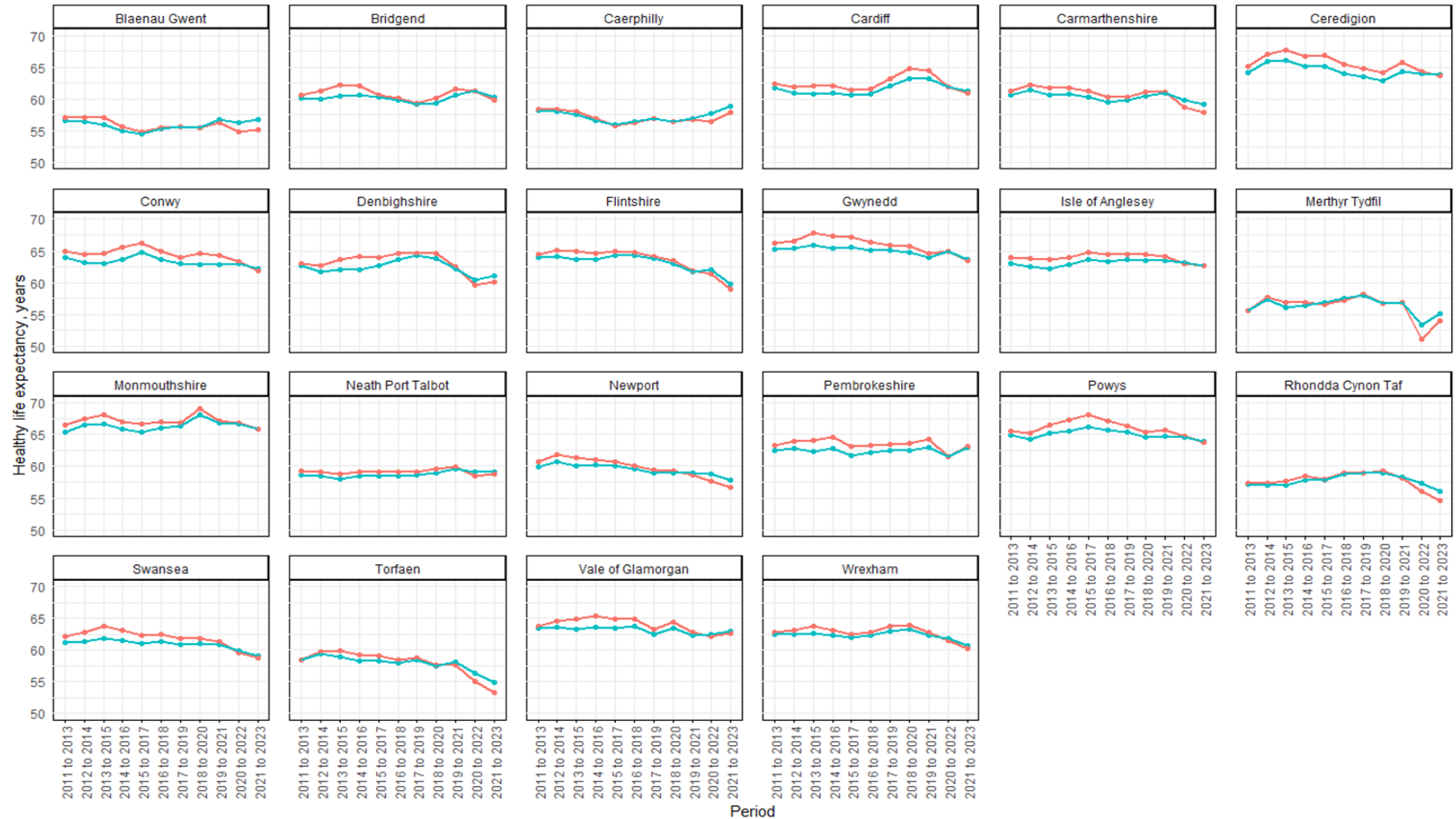


Inequalities data



Analysis of healthy life expectancy - by local authority

- There is significant variation in healthy life expectancy, and the recent trend in healthy life expectancy, between local authorities
- In some areas, like Gwynedd and Torfaen, the decline in HLE began before COVID, but in some area, like Caerphilly, Denbighshire, and Merthyr Tydfil, HLE increased in 2021-2023.
- Torfaen has the lowest male and female HLE in Wales in 2021 to 2023. Before this, the lowest HLE for both sexes was, in most periods, seen in Blaenau Gwent
- Monmouthshire has had the highest male and female HLE for most of the last 10 years.
- Male HLE dipped below 60 in 10 areas in 2021 to 2023. The same was true for female HLE in 11 areas.





Inequalities data - IMTP measurement



Strategic priority	Indicator	Period	Wales value	Recent trend	Most deprived	Least deprived	Recent trend in inequality gap
Overall indicator	Healthy life expectancy – males	2021-2023	60.3 years	↓	Not available	Not available	Not available
Overall indicator	Healthy life expectancy - females	2021-2023	59.6 years	↓	Not available	Not available	Not available
Mental and social wellbeing	Average mental wellbeing score - adults	2022/23	48.1	↓	45.7	49.0	↑
Mental and social wellbeing	Average mental wellbeing score – adolescents	2023	23.5	↑	22.1	24.1	↑
Healthy behaviours	Smoking prevalence – adults	2022/23	12.8%	↓	21.8%	7.5%	Not available
Healthy behaviours	Smoking prevalence – adolescents	2021	3.0%	↓	3.4%	2.5%	↓
Healthy behaviours	Healthy weight – adults	2022/23	36.1%	↑	33.7%	39.5%	Not available
Healthy behaviours	Meeting physical activity guidelines – adults	2022/23	55.4%	↓	47.7%	61.4%	Not available
Healthy behaviours	Meeting physical activity guidelines – adolescents	2021	16.2%	↑	14.0%	18.0%	↑
Healthy behaviours	Alcohol consumption above guidelines – adults	2022/23	17.2%	—	14.6%	21.3%	Not available
Healthy behaviours	Alcohol consumption - adolescents	2023	35.6%	↓	32.4%	37.6%	↓

Indicators with available value and trend only. Further indicators will be added as data and analysis becomes available.
We do not yet have measurements available for any indicators for priorities 2 and 6.
Trend arrows are not based on statistical testing



Inequalities data - IMTP measurement



Strategic priority	Indicator	Period	Wales value	Recent trend	Most deprived	Least deprived	Recent trend in inequality gap
Sustainable health and care system	Premature mortality rate	2020-2022	311 per 100,000	↓	485	203	↑
Sustainable health and care system	Atrial fibrillation prevalence	2023/24	84,900	↑	Not available	Not available	Not available
Sustainable health and care system	Heart failure prevalence	2023/24	42,500	↑	Not available	Not available	Not available
Sustainable health and care system	Stroke/transient ischaemic attack prevalence	2023/24	72,400 (rate of 2,005 per 100,000)	↑	Not available	Not available	Not available
Sustainable health and care system	Hypertension prevalence	2023/24	529,300 (rate of 14,815 per 100,000)	↑	Not available	Not available	Not available
Sustainable health and care system	Diabetes prevalence (ages 17+)	2023/24	222,700 (rate of 7,694 per 100,000)	↑	Not available	Not available	Not available
Sustainable health and care system	Asthma prevalence	2023/24	237,400	↑	Not available	Not available	Not available
Sustainable health and care system	Chronic obstructive pulmonary disease prevalence	2023/24	75,600 (rate of 2,086 per 100,000)	↑	Not available	Not available	Not available
Sustainable health and care system	Osteoporosis prevalence	2023/24	7,700	↑	Not available	Not available	Not available
Sustainable health and care system	Rheumatoid arthritis prevalence (ages 16+)	2023/24	25,300	↑	Not available	Not available	Not available
Sustainable health and care system	Cancer prevalence	2023	3,268 per 100,000	↑	Not available	Not available	Not available

Indicators with available value and trend only. Further indicators will be added as data and analysis becomes available.
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Inequalities data - IMTP measurement



Strategic priority	Indicator	Period	Wales value	Recent trend	Most deprived	Least deprived	Recent trend in inequality gap
Excellent public health services	'6 in 1' vaccination coverage at age 1	2023/24	94.2%	↓	Not available	Not available	Not available
Excellent public health services	MMR coverage at age 2	2023/24	92.9%	▬	Not available	Not available	Not available
Excellent public health services	HPV coverage at age 15	2023/24	74.1%	↓	Not available	Not available	Not available
Excellent public health services	All routine immunisations coverage at age 1	2023/24	93.1%	▬	89.8%	95.8%	↑
Excellent public health services	All routine immunisations coverage at age 2	2023/24	90.8%	▬	87.3%	93.6%	↓
Excellent public health services	All routine immunisations coverage at age 4	2023/24	84.6%	↓	78.3%	90.2%	↑
Excellent public health services	All routine immunisations coverage at age 5	2023/24	87.8%	↓	82.9%	91.3%	↑
Excellent public health services	All routine immunisations coverage at age 15	2020-2022	62.2%	↓	50.5%	71.8%	↑

Indicators with available value and trend only. Further indicators will be added as data and analysis becomes available.
We do not yet have measurements available for any indicators for priorities 2 and 6.
Trend arrows are not based on statistical testing



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Cymru
Public Health
Wales

*Gweithio gyda'n gilydd
i greu Cymru iachach*

Working together
for a healthier Wales