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WALES

Iechyd Cyhoeddus
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Public Health
Wales

Performance and Insight Report

December 2024



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	Dec-24	Committee
12m Rolling Sickness Absence FTE %		<3.25%	4.20%	People & OD
Statutory and Mandatory Training		85%	92.3%	
Appraisal Compliance		85%	84.8%	
Diversity ESR Data		N/A	76%	
Financial Governance			Dec-24	
Revenue Position Forecast		Breakeven	Breakeven	Audit & Corporate Governance
Capital Year-End Position		Breakeven	Breakeven	
Agency Spend, % of Total Pay Bill		<2.1%	1.5%	
Public Sector Payment Policy (PSPP)		95%	98.37%	
Information Governance			Nov-24	
Freedom of Information Request		Within 20-Days	3 exceeded	Audit & Corporate Governance
Subject Access Request		1 Month Average	0 exceeded	
Personal Data Breaches Reported (Escalated)		N/A	6 (0)	
Mandatory Information Governance Training		85%	89%	
Clinical Governance			Dec-24	
Moderate or above harm incidents (YTD)*		N/A	5 (60)	Quality, Safety and Improvement
Number of externally reported incidents (NRI's, EWI, RIDDOR, IRMER) - In Month - (Rolling 12m)		N/A	2 (11)	
Incident Closure Compliance**		85% PHW	61%	
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 (103)	

*This data is YTD from 1 April 2024.

**Note Incidents and Complaints require 30 working days for closure, therefore this data pertains to October 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 **0.86%** in December 2024.
There have been seasonal increases in Sickness Absence over the winter period, and the latest figure is comparable to December 2023.

12 Month Rolling Absence



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



In Focus

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

Appraisal and Development Reviews



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



This follows a period of 5 months where the organisation has been above the target.

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



In Focus

Statutory and Mandatory Training



Remains **above** target in December 2024.



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

The module reporting lowest completion is *Foundations in Improvement* (84.3%), 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

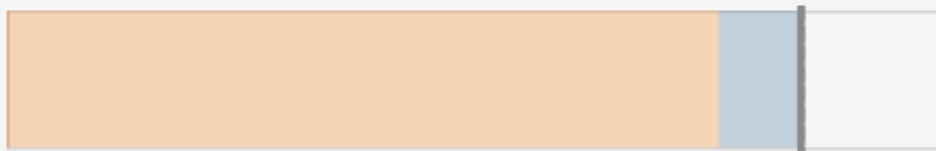


Compliance Performance

Appraisal compliance has dropped just slightly 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 5 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 under compliance over the next 3 months if appraisals fail to be undertaken. This will have the most impact on the Health Protection & Screening Services and Board & Corporate Directorates, who have the highest percentage of appraisals that are due soon.

84.8%
of reviews completed within 12 months
vs a target of 85%



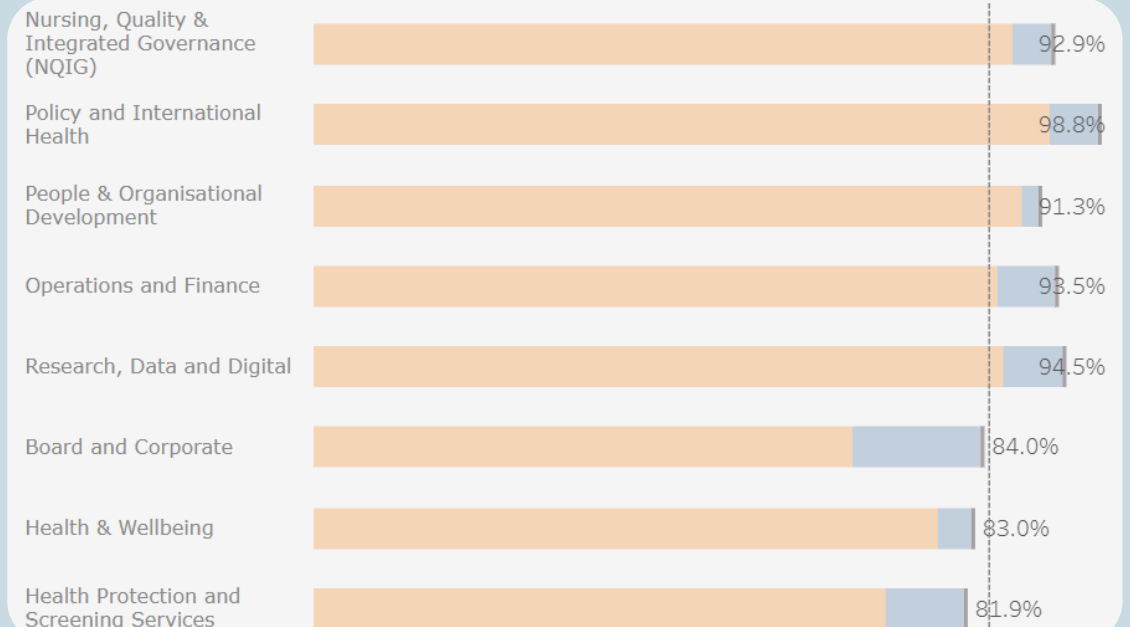
Grey – current compliance — vs target
Blue – appraisals due in next 3 months



Compliance by Directorate

Latest figures show that five Directorates are achieving compliance with the national target, with three Directorates below target levels. Directorates not delivering the target will need to develop and commit to a recovery trajectory. The People and OD team are working with Directorates to understand barriers to undertaking and recording My Contribution and to offer further support as required.

There is also a significant range in compliance across our Directorates ranging from 98.8% in Policy and International Health to 81.9% in Health Protection and Screening Services.





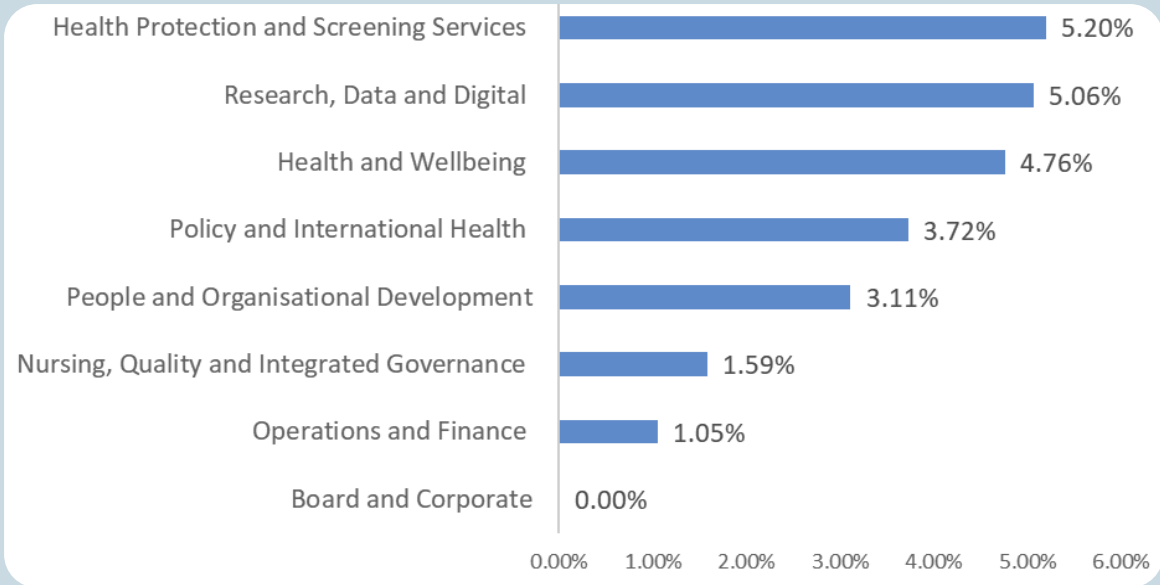
In Focus: Sickness Absence



Sickness Absence by Directorate

A decrease in sickness absence has been reported in December, falling from 5.3% in November to 4.5% in December.

The People & OD team will closely monitor this data over the coming months, as the organisation moves through the winter period. The breakdown by Directorate for December 2024 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



Advice and Support

On-site visits and HR clinics are in place to provide an opportunity to meet with managers to discuss any absence issues and identify opportunities to improve the management of sickness absences in their teams.

The supporting template documents, e.g. for sickness notification and return to work discussions, continue to be accessed regularly by colleagues and managers via the intranet and the new 'all-in-one' guides have been launched to provide a first port of call for managers and individuals, to help navigate the various stages of the policy.

The All-Wales Managing Attendance at Work (MAAW) Policy is currently being reviewed to ensure it is up to date and in keeping with an increasingly person-centred policy approach which supports the health and wellbeing of employees in the workplace to sustain their attendance at work.

Data Analysis

Sickness absence data and accompanying insights have been provided to the Research, Data and Digital Directorate, and to Policy and International Health to help inform local management of any sickness absences.

Learning and Development

The People and OD team is finalising the content for a Managing Attendance at Work (MAAW) 'masterclass' development session which will be available from February 2025.

The People and OD team hope to reinforce the importance of [MAAW learning and development](#) for all managers. Development sessions will run monthly for the remainder of 2024/25 and one-to-one advice and support is also available through [HR clinics](#) or via [People Support](#).



Financial Governance



Revenue Position



Break-even



-£164k
YTD



£0k
Forecast

The year end forecast is to deliver our statutory duty to **breakeven**.

Capital Position



£3.511m
Allocation



£1.423k
YTD Spend



£3.511m
Forecast

The capital forecast is **breakeven**. Funding is made up of a discretionary allocation of £1.45m and strategic allocation of £2.06m. £2.09m remains unspent with purchase orders having been raised for £0.22m of the £2.09m.

Agency Spend as A Percentage of Total Pay Bill



Below
2.1%



1.5%
YTD



1.5%
Forecast

Forecast to deliver the year-on-year reduction target

Public Sector Payment Policy (PSPP)



95%



98.37%
YTD



>95%
Forecast

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

Risks/Issues

- We have an anticipated pay allocation for the 2023/24 and 2024/25 pay awards of £6.367m following a detailed pay modelling exercise. We continue to work with Welsh Government to finalise the allocation, we are anticipating confirmation by end of January 2025.
- The net impact of the COVID-19 forecast position and revised Bowel Screening optimisation modelling of has moved from a forecast overspend of £0.277m to an under spend of £0.248m. We continue to monitor and work closely with Welsh Government colleagues.
- Whilst plans are in place to fully utilise our capital allocation, a significant amount of the £2.09m unspent allocation does not yet have purchase orders raised.

*Click to access further detail in the
latest Finance Board Report*



Finance Report



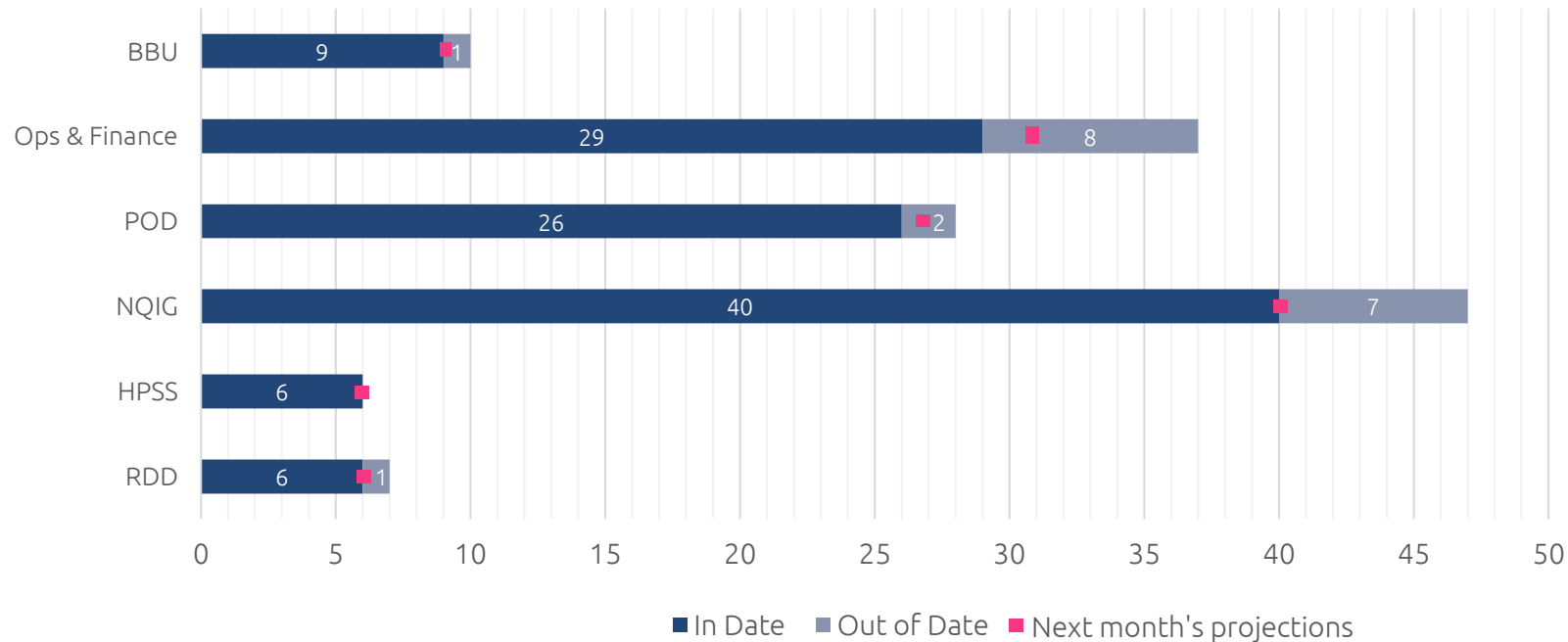
Corporate and Information Governance



Corporate Governance

Corporate Policies Compliance

12 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 December 2024:

- No policies were approved.
- A number of policies have begun the approval process and are expected to be issued for final approval in January and February.

Overview:

- The divisions with the most policies out of compliance are Ops and Finance and Nursing, Quality and Integrated Governance.



Corporate and Information Governance

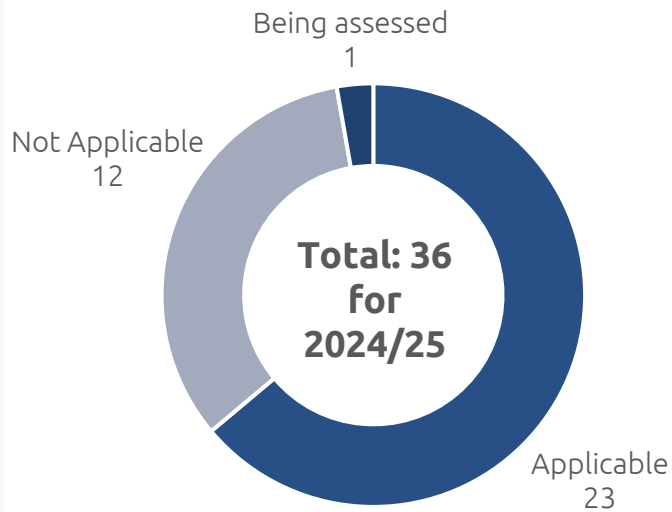
Audit data updated quarterly
(Next update in April 2025)



Corporate Governance

Wales Health Circular (WHC) Compliance

For the Period 01 - 31 December 2024:



- 3 WHCs were received this month, all were assessed and were found to be applicable to PHW, 1 received in November was still being assessed.
- *The Organisation did not close any WHCs in December 2025*

Of those applicable:



■ In progress ■ Confirmed compliance

Internal and External Audit

Reporting to January Audit and Corporate Governance Committee

The Audit and Corporate Governance Committee considered the following Audit reports at its meeting on 14 January 2025:

Internal Audit:

- Research and Evaluation Strategy (Reasonable Assurance)
- Health and Wellbeing Directorate – Financial Planning (Reasonable Assurance)
- Duty of Candour (Reasonable Assurance)
- Records Management (Reasonable Assurance)
- Digital and Data Strategy (Reasonable Assurance)

External Audit:

- Financial Efficiencies
- Structured Assessment
- Wellbeing Objectives

The report's recommendations, following the Audit and Corporate Government Committee's meeting has been added to the Audit Action Tracker and progress with implementation reviewed on a quarterly basis by the Leadership Team and Audit and Corporate Governance Committee.



Corporate and Information Governance

Audit data updated quarterly
(Next update in April 2025)

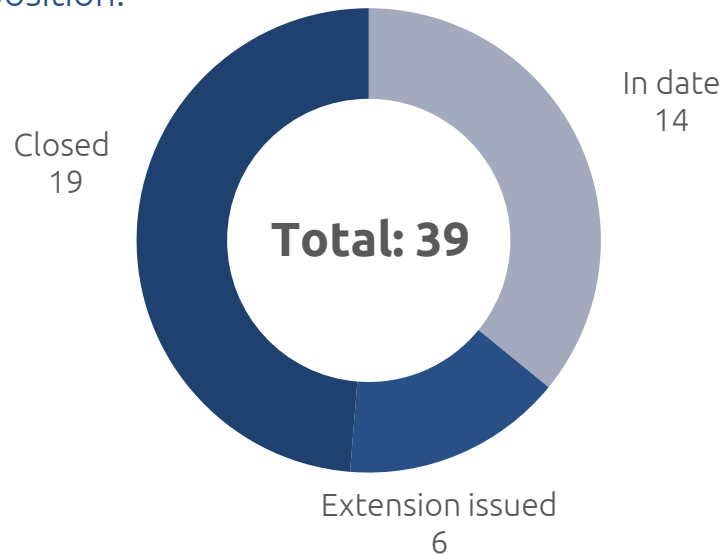


Corporate Governance

Audit Recommendations Implementation – December Position

In December, the Leadership Team reviewed the current updates on the Audit Recommendations.

Following this review, below is a summary of the current overall position:



Current Position

External Audit

Current number of open actions:

Workforce Planning	8
Quality Governance Arrangements	2

Internal Audit

Current number of open actions:

Business Cont (Jan 2024)	3
Work Programmes	1
Health&Safety (May 2023)	1
InfoProvision (Sept 2023)	1
IT Infrastructure and Network Management	3
Board Assurance Framework	1



Corporate and Information Governance



Information Governance

Freedom of Information Act



In Focus

Additional assurance is
provided in the focus
area on page 13.



20 days

22 requests were received
in **November 2024**. 3 requests were not
compliant with the 20-working day target.



3

exceeded

2 were delayed internally by 1 and 2 days respectively and 1
is still outstanding (Microbiology). Information Governance
have escalated to the Clinical Lead for Microbiology for
resolution.

The final request required a Public Interest Test for which up
to a further 20 working days is permitted under the FOI Act
and so does not represent a non-compliance against the Act.

Data Protection (Subject Access) Requests



1 month

2 requests were received in November 2024.



0

exceeded

Both requests were compliant with the 1 calendar month
target.

Personal Data Breaches

Reported	Escalated
6	0

0 data breaches required escalation to
the Information Commissioner (ICO).

Breach – Nil

Action – N/A

ICO Response – N/A

Mandatory Information Governance Training



85%



89%

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



In Focus: Freedom of information



Process for Management of Freedom Information Requests:

- Information Governance Service forward FOI requests to the respective Directorate with a reminder of the 15-day response deadline back to Information Governance (to enable final response collation and sign off within the statutory 20-day deadline).
- Information Governance Service prompt outstanding responses at 10 days.
- Complex, time consuming requests managed through Information Governance in consultation with relevant department(s) and information requestor.
- Response sign off through Head of the Information Governance Service and Head of Communications with escalation to SIRO/Exec Director/CEO where required.

Assurance:

- Revised escalation process is planned.
- Weekly performance management meeting will be chaired by the SIRO/Director of NQIG.
- Escalation will now go to respective Executive Director when deadlines are approaching.
- Directorates will be required to identify lead person for responding to each request.
- Proactive advice and timeline reminders will continue to be provided by the Information Governance Service.



Clinical Governance, Quality, Safety and Improvement



Externally Reportable Incidents - December update

- No Nationally Reportable Incidents reported
- No Early Warning Incidents reported
- No Duty of Candour incidents reported

Incidents

Incident Numbers (Rolling 12m to December 24)	Reported in December
2,107	195 (median 168)

At the end of December there are **195** incidents with an open status. **32** of these have been open for more than 30 working days against a target of 30 working days and therefore have an overdue status.

Significant improvement has been made with closure rates this month with **38** overdue incidents being closed, leaving **32** with an open status compared to the **70** in November 2024.

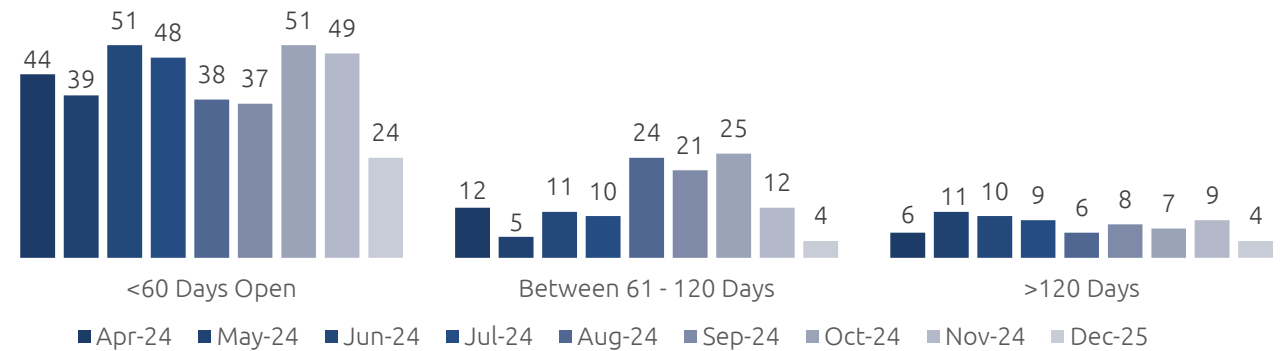
The largest numbers of remaining overdue incidents are within Cervical Screening Wales (**11**), Diabetic Eye Screening (**9**), Microbiology (**4**) and Breast Test Wales (**4**).

It should also be noted that of the **38** closed this month, **5** had been open for a significant amount of time and were some of the longest overdue incidents. There are **4** remaining incidents with an open status of more than 120 days.



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

Overdue Incident Progression (April – December 2024)



Ongoing work to address the performance of incident closure rates continues with a weekly overdue incident report generated and reviewed by the PTR team. DESW have recently revised internal processes for incident management to enable, timely incidents closures.

Cervical Screening Wales are reviewing their internal closure processes and identify additional incident managers to support with incident closure management.

Additional assurance is provided in the focus area on page 16.



Incident Levels of Harm

Level of Harm	Count
None	96
Low	97
Moderate	5

5 moderate or above harm incidents were reported in December. These were reported in the following areas:

- Bowel Screening Wales (**1**), Breast Test Wales (**1**), Microbiology (**1**), Digital Services (**1**), Estates and Health and Safety (**1**).

3 of these incidents have been re-categorised to 'No' or 'Low harm' following investigation with 2 remaining under investigation.



In Focus: Incident Closure



Updated Process for Oversight and Management of Incident Closure:

- An overdue incident report is generated weekly and reviewed by the PTR team. This report details incidents that have been open over 30 working days and incidents that are at open for 20-29 working days. The data is then shared with the service designated operational and clinical leads for the reviewing and ongoing management.
- Update requests are made to the service areas weekly and support offered where barriers to achieving closure are identified. In addition, monthly meetings are scheduled with service areas for support incident management and closure.
- Any complex overdue incidents identified are escalated to NQIG senior managers and targeted support provided to enable closure where barriers have been identified.
- Currently monthly closure rates are variable due to staff availability and also the limited number of staff who manage incident closure in some service areas.
- Joint working continues with the Office of the Medical Director (OMD) to support the safe and timely closure of overdue incidents.
- An escalation framework is being devised to support the safe and timely closure of incidents.

Assurance:

- Divisions that have the highest number of overdue incidents are developing new processes to manage incident closures. In the interim these areas are undertaking a targeted response to address the overdue incidents.
- A 'Learning from Events' group will shortly be initiated with Executive support to share learning from patient/service user safety events and incidents.
- 253 incidents have been closed in December compared to 199 in November. 7 of these incidents have been open for more than 100 days.

No. of incidents closed in November	199
Closed in < 30 days	117
Closed 31 – 60 days	60
Closed 61 – 120 days	19
Closed 120 days+	3 (125, 308, 452 days)

No. of incidents closed in December	253
Closed in < 30 days	170
Closed 31 – 60 days	63
Closed 61 – 120 days	14
Closed 120 days+	6 (122 – 224 days)



Clinical Governance, Quality, Safety and Improvement



Complaints

Complaints (Rolling 12m)	Formal (December)	Informal (December)
Formal - 35 Informal - 103	1 (median 3)	4 (median 7)

1 formal complaint was received in December for Cervical Screening Wales. The complaint has been acknowledged within the 5 working day target and is now under investigation.

4 informal complaints were received in the following areas:

- Breast Test Wales (3) and Bowel Screening Wales (1)

100% (4) of these informal complaints were resolved in the target of 2 working days.

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



Claims

December 2024
1

1 new claim was received in December.

Of the ongoing claims (30), there are 25 confirmed claims, and 5 potential claims.

Redress

December 2024
0

No new Redress cases were received during December.

There are currently 5 ongoing Redress cases, 3 are within Breast Test Wales and 2 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	Nov-24	Committee
Cervical Screening Wales – Waiting time for colposcopy appointment (8 weeks) (Health Board Delivery)		90%	99.7%	Quality, Safety and Improvement
Bowel Screening Wales – Waiting time for index colonoscopy (Health Board Delivery)	🎯	90%	32.5%	
Breast Test Wales – Assessment invitations (3 weeks)	🎯	90%	Dec-24 37.8%	
Diabetic Eye Screening Wales – Coverage (12 Months)		80%	40.7%	
Abdominal Aortic Aneurysm – Timely referral to elective vascular network (MTD)		100%	100%	
Infection Services			Nov-24	
Total Microbiology Rejection Rates		<5%	5.4%	Quality, Safety and Improvement
Total Microbiology Diagnostic Sample Requests		*TBC	168,181	
Blood Culture - Collected to Incubation SMI <4hrs		<4hrs	67.3%	
Blood Culture - Received (PHW Laboratory) to Incubation		*TBC	99.8%	
Health Protection			Nov-24	
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%	98%	
Research Data & Digital			Quarter 3	
Number of Major Breaches		0 Major Breaches	0 Breaches	Audit & Corporate Governance Knowledge, Research and Information
Number of Minor Breaches		Downward trend of Minor Breaches	1 Breaches	
Percentage of publications without breaches	🎯	100%	76%	
Percentage of user follow up to RDD products		100%	20%	
Health & Wellbeing			Dec-24	
JUSTB – Number of Schools with 2-day training completed by month (YTD)		35 Schools	3 (15)	Knowledge, Research and Information Quality, Safety and Improvement
Whole School Approach – Proportion of schools with an Action in Place (All schools)		80%	66%	
Whole School Approach – Proportion of schools with an Action in Place (Secondary schools)		100%	89%	
Help Me Quit – 4-week self-reporting quit rate (NTSS)		35%	68%	
Policy and International Health				
Indicators and targets to be developed where applicable				



Health Protection and Screening Services



Screening Services

Latest activity

- Breast screening assessment waits improving.
- The number of inadequate images captured in Diabetic Eye Screening has halved since introducing the new cameras. The inadequate rate is currently 6% and decreased from 12%.
- RISP and PACs replacement work progressing still, working to go live this financial year. Clear communication of key issues for company to resolve.

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



90%

Timeliness remains above the 90% standard in November 2024.



99.7%

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 December 2024.

West region has been impacted by clinics cancelled due to building works in centre.

Key steps being taken :

- Across all regions - 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
- North Region – Additional Saturday assessment clinic planned.



90%



37.8%



Bowel Screening - Colonoscopy within 4 weeks of booking SSP appointment

Timeliness remains below the 90% standard in November 2024.

As of 6 January 2025, the average waiting time for a screening colonoscopy was 7 weeks 2 days (compared to 6 weeks 3 days in December). The waiting time ranged from 3 to 11 weeks across the 13 screening centres, with 4 centres offering colonoscopy procedures within the 4-week BSW waiting time standard.

In addition to the ongoing monthly service review meetings, an accreditation mentorship day is taking place on Saturday 11th January with a JAG assessment being held on Saturday 25th January 2025.



90%



32.5%





In Focus: Breast Test Wales Assessment Waits



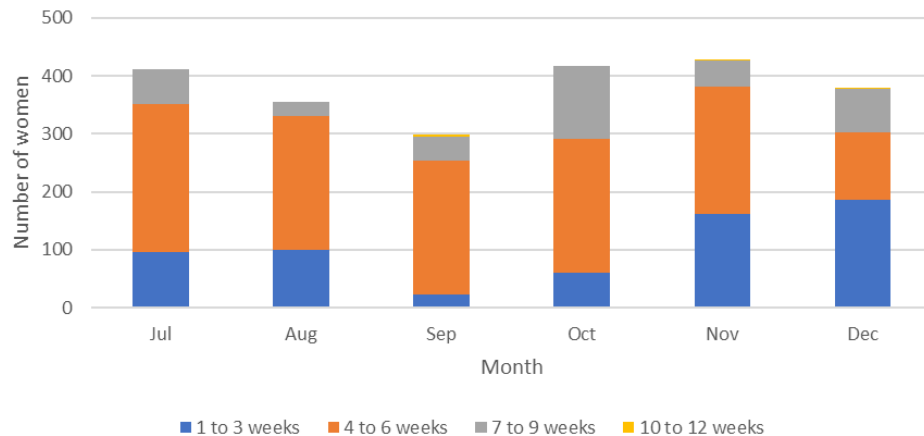
Current Challenges:

Breast Screening Programme has been inviting more than usual numbers to recover the backlog and impact from the pandemic. This peak of activity has not been fully completed through the assessment pathway. There are national shortages of skilled clinical staff to undertake reading, arbitration and assessment clinics and this is mostly marked in North Wales. A joint radiologist post with Betsi Cadwaladr UHB has not been able to secure a suitable applicant following resignation of substantive Radiologist (Llandudno).

There is only one substantive Radiologist across BTW in North Wales. One part time Locum consultant in Llandudno and Locum consultant in Wrexham currently on maternity leave. BTW clinical staffing in North Wales are mostly training or recently qualified. There is no expected clinical impact of delay to assessment. Women invited for assessment are sent their invitation shortly before their appointment to reduce time they are worried before attending clinic.

In December, 37.8% met standard of being invited to assessment clinic within 3 weeks of screening.

Participants requiring assessment offered an appointment within number of weeks from screen in Wales



BTW North

- Additional Saturday clinic is being planned –Jan date had to be rearranged
- 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.
- The rate of screening in BTW North can be safely reduced slightly which will enable the timeliness of assessment to improve. This will not impact on the 36-month round length target for the region.
- Waiting times for assessment are improving.

BTW South

- Further Radiologist appointment in the New Year.
- Waiting times for assessment in BTW South improving

BTW West

- No significant concerns with this region.
- Clinics have had to be cancelled due to planned building work in reception and entrance
- Timeliness will improve once this delay is recovered from.



In Focus: Bowel Screening Wales Colonoscopy Waits



Current Issues and Challenges:

- Colonoscopy capacity across Wales is challenged, with insufficient Colonoscopists, theatre space and nursing staff to meet demand and reduce existing backlogs. Since 2021, BSW has successfully optimised the screening programme, which has resulted in a significant increase in screening colonoscopy demand.
- Optimisation of bowel screening (in a phased approach since 2021) has resulted in increased demand on colonoscopy services. This has been in line with expectations based on modelling that was shared with Health Boards well in advance of the first phase.
- Whilst the expected increase demand from screening has been funded (via BSW) for Health Boards, there has also been an increase in demand from other sources and colonoscopy capacity has not kept pace.

Impact:

- Waiting times for screening colonoscopy remain outside the BSW 4-week standard in a number of local assessment centres in Wales and range from 1-12 weeks (average of 7.0 weeks).
- Despite the almost 300% increase in demand resulting from optimisation of the screening programme, the average waiting time for screening colonoscopy has reduced over this 4-year period, from an average wait of 15 weeks in April 2021 to 7 weeks by August 2024

Current Actions:

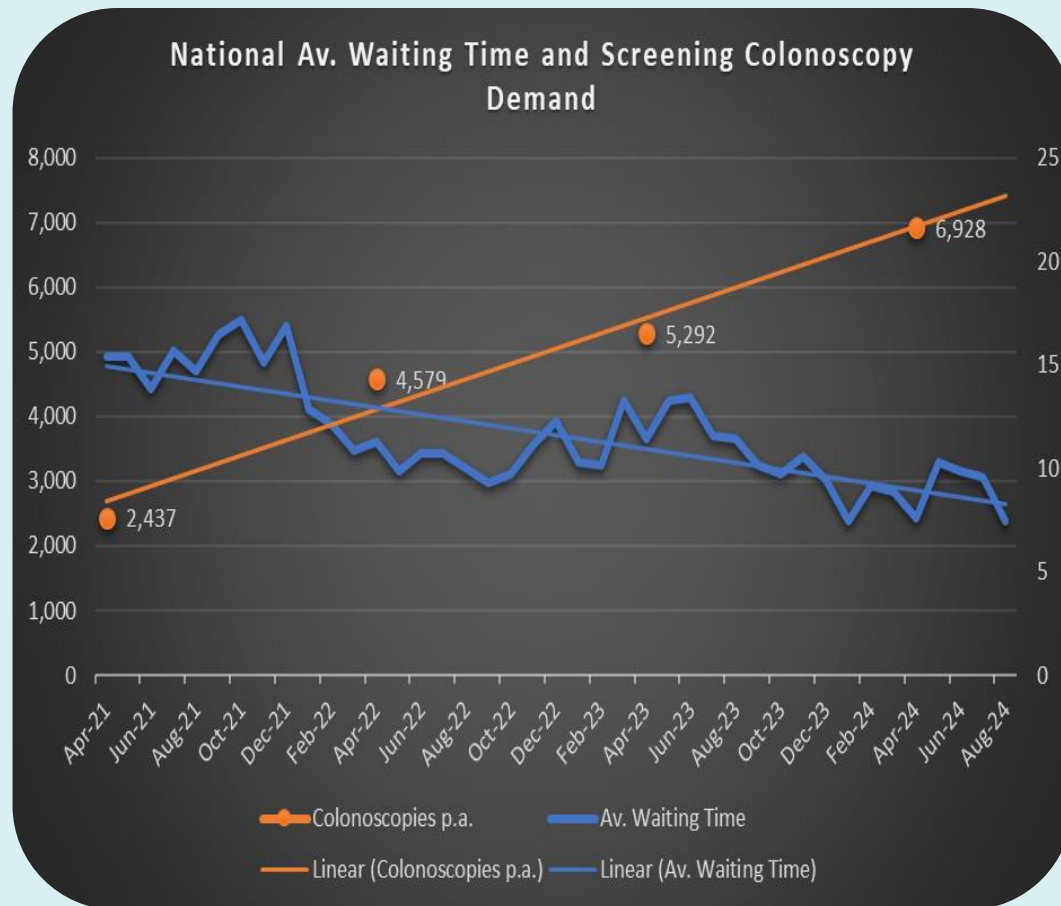
- BSW meets monthly with all the endoscopy teams to discuss screening waiting times and screening capacity
- The screening programme is expanding the pool of accredited Screening Colonoscopists and has increased Specialist Screening Practitioner resources to help meet the screening demand
- BSW works closely with the Health Boards to enable quality assured insourcing colonoscopy.
- The Business Team routinely meet with the health boards to monitor activity aligned to commissioned capacity via the Long-Term Agreements.



In Focus: Bowel Screening Wales Colonoscopy Waits



Trend data and latest waits – January 2025



Local Assessment Centre	Waiting time SSP assessment	Waiting time colonoscopy	Total waiting time
1	2 weeks 3 days	4 weeks 1 day	6 weeks 4 days
2	1 week 4 days	1 week 6 days	3 weeks 3 days
3	0 weeks 6 days	0 weeks 5 days	1 week 4 days
4	2 weeks 4 days	8 weeks 3 days	11 weeks 0 days
5	1 week 5 days	4 weeks 4 days	6 weeks 2 days
6	1 week 6 days	5 weeks 2 days	7 weeks 1 day
7	0 weeks 3 days	5 weeks 0 days	5 weeks 3 days
8	2 weeks 6 days	9 weeks 4 days	12 weeks 3 days
9	2 weeks 6 days	9 weeks 0 days	11 weeks 6 days
10	3 weeks 0 days	2 weeks 5 days	5 weeks 5 days
11	4 weeks 4 days	1 week 6 days	6 weeks 3 days
12	3 weeks 3 days	6 weeks 5 days	10 weeks 1 day
13	0 weeks 3 days	3 weeks 1 day	3 weeks 4 days



Health Protection and Screening Services



Screening Services

Diabetic Eye Screening - Coverage of Reported Results in Last 12 Months



80%



40.7%

Coverage at 12 months for annual recall remains stable at 40.7%. There has been a steady increase in coverage at 24 months to 66%. This reflects the improving round length for screening and more timely recall of participants with 88% now invited within 24 months. As round length and recall standards improve this will be reflected in increased coverage. Uptake of eye screening is above standard at 81.7% demonstrating that participants are taking up their screening appointments

The number of inadequate images captured in Diabetic Eye Screening has halved since introducing the new cameras. The inadequate rate is currently 6% and decreased from 12%. This will improve capacity as this reduces need for further appointments.



Dashboard

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



100%



100%

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 December 2024.



Dashboard

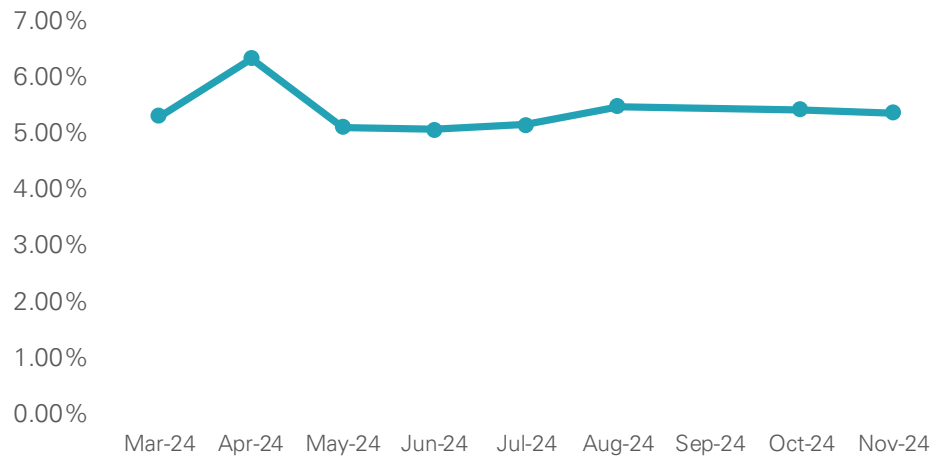


Health Protection and Screening Services



Infection Services

Total Microbiology Rejection Rates



<5%



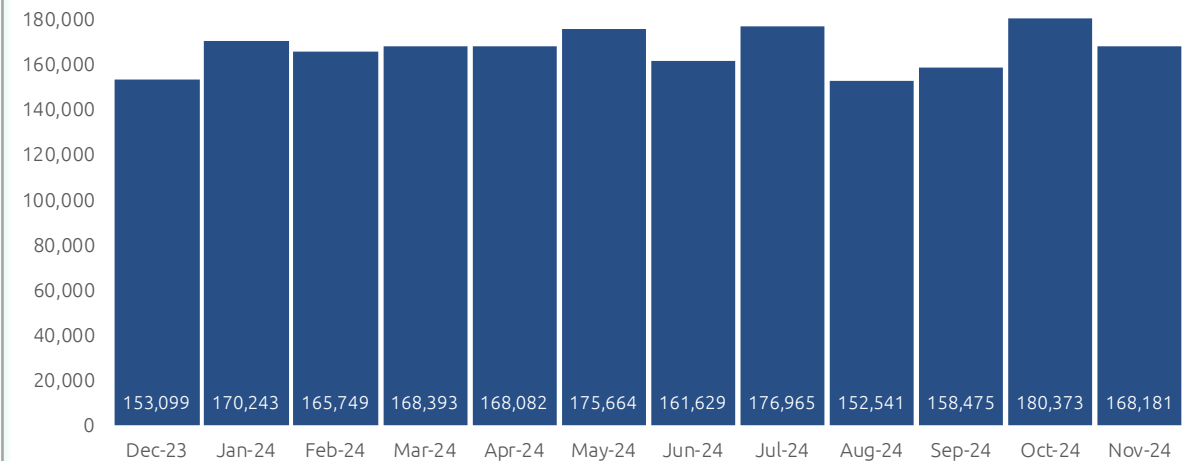
5.4%

Diagnostic testing rejection rates are 5.36% in November out of 168,181 total sample requests. The impact of rejected samples is twofold as whilst there is a delay patient results, it prevents incorrect reporting and sample rejection is completed in line with agreed SOP's.

The main causes of rejected samples consistently remains as receiving incorrect sample types, leaking/broken samples or incomplete clinical information.

Influencing requestor habits is key to improving rejection rates and work in the division continues with the quality team to understand rejection rates.

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. November 2024 shows a decrease from October to 168,181.

COVID/Respiratory outbreaks remain unpredictable but as predicted respiratory infection diagnosis have increased through the Winter period.

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

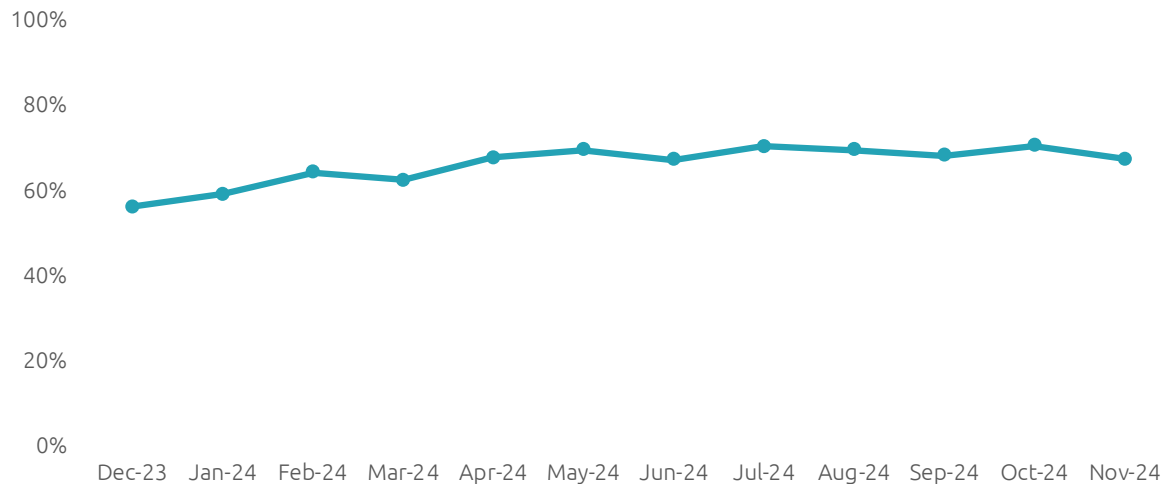


Health Protection and Screening Services



Infection Services

Blood Culture - Collected to Incubation SMI <4hrs



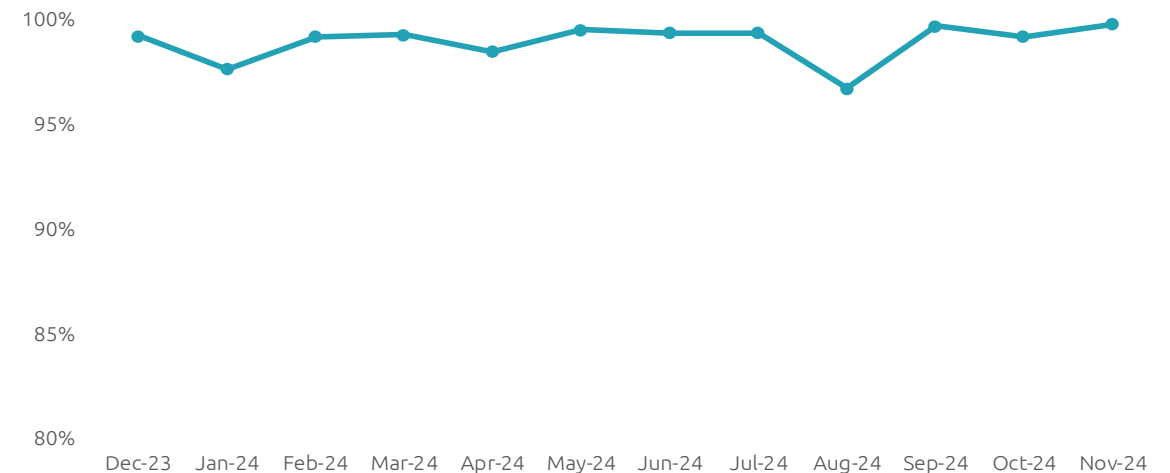
<4 hrs



67.3%

- 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.
- Performance is impacted by Health Board collection and delivery of samples to the laboratory service and communication continues to improve this with a slight decrease for November.
- Challenges remain between collection time to receipt by PHW and samples with no data.

Blood Culture - Received (PHW Laboratory) to Incubation



*TBC



99.8%

*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.
- 99.8% of blood culture samples are incubated in line with the 4-hour target. The SMI states all samples should be incubated within 4hrs 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

Test Turnaround Times

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



* N.B. TAT – Turnaround times

- 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 November 2024, 100% met the 7-day turnaround standard
- 4 requests of 4527 total requests (0.09%) did not meet the 7-day TAT standard
- 4527 total requests equated to 28,080 tests being undertaken



100%



100%

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

* N.B. Latest figures unavailable due to availability of data within required deadlines

AWARE Response Times by Priority

Urgent (<4 hours)



90%

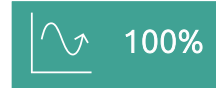


100%

High (<24 hrs)



90%



100%

Medium (<48 hrs)



90%



100%

- 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 November 2024, response time performance currently has exceeded all priority level targets

Compliance to Surveillance Reporting Schedules (%)



90%



98%

- In November 2024, 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.



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 29.

Organisational Research & Evaluation - Quarterly

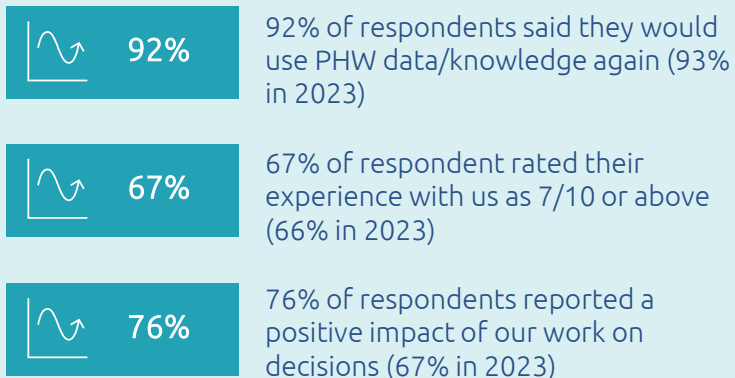
	2023/24				2024/25			
	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar
No. research grant applications submitted (PHW is Chief Investigator or partner).	4	6	5	8	3	3	6	
Research grant income to PHW (£)	222k	41k	102k	122k	550k	125K	369K	
No. personal development research awards.	1	0	0	2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

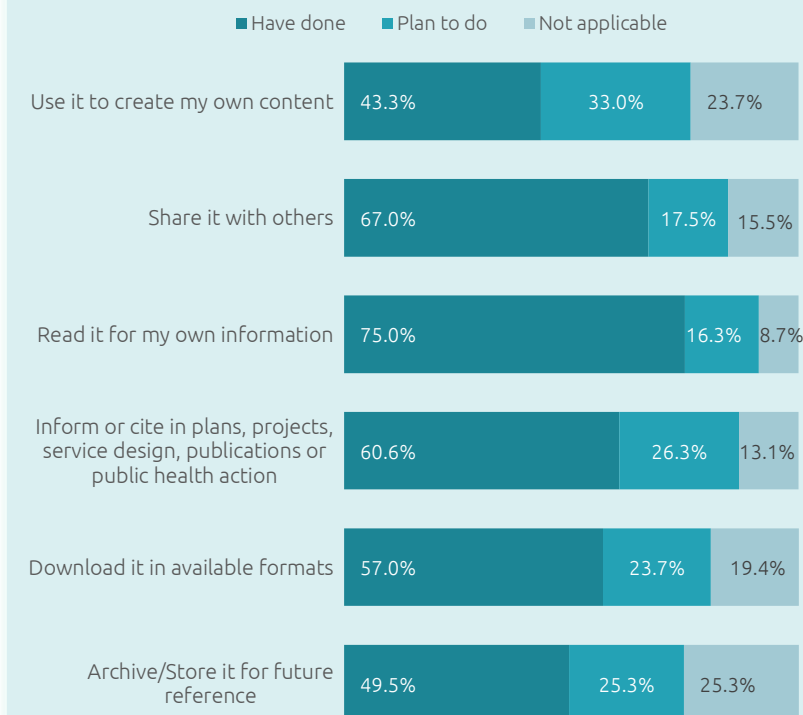
Products	Very satisfied/satisfied
Analytical reports and Official Statistics	76%
Data dashboards	57%
Evaluation reports	66%
Executive summaries or key messages	67%
Guidance and guidelines	62%
Health Impact Assessments (HIA)	59%
Infographics	70%
Information leaflets about services or programmes	64%
Interactive 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



Informing and Mobilising Partners and Advocating for Action

Twenty Years of the Wales Health Impact Assessment Unit (WHIASU)

- **Strategic Priority:** Influencing the wider determinants of health

WHIASU has celebrated 20 years of providing guidance, training, resources and information on the practice of HIA and of leading the way in enabling the integration of HIA into policy at local, regional and national levels.

Impact: Examples of HIA uptake and WHIASU role in statutory regulations

- **Vibrant and viable places HIA:** WHIASU support led to significant amounts of funding being awarded to three key areas of deprivation in Wales (Bridgend, Conwy and Wrexham).
- **Public Health (Wales) Act 2017:** WHIASU played a key role to HIA becoming statutory and forming the regulations.
- **Brexit HIA:** WHIASU informed and influenced Welsh Government actions and aiming to prepare and respond to Brexit.
- **COVID-19 HIA:** WHIASU HIA replicated internationally by Iceland, Austria and Australia.
- **Climate change HIA:** Informed strategic priority to tackle the public health effects of climate change and informed Welsh Government Adaptation Plan and the Climate Change Committee's Climate Change Risk Assessment 4.

See [case studies](#) of public bodies in Wales that have followed WHIASU HIA guidance.

See [key milestones and publications over 20 years](#) of WHIASU advancing HIA as a vital tool for healthier decision-making and reducing health inequalities.

Public Health Economics and Value (PHEV) team progression *Well-being Economy*

- **Strategic Priority:** Influencing the wider determinants of health

Impact: Mobilising partners and advocating for Public Health on the well-being Economy (WBE) agenda in Wales and beyond

[WBE Deep Dive for Wales](#)

- Published as one of only four global leader nations by the [WHO WBE initiative](#) and delivering to the Welsh Government - WHO Memorandum of Understanding.
- Featured Public Health Wales role in advancing this agenda globally and establishing Wales as a live innovation site.
- Informed other countries, regions and cities' uptake by sharing Wales' innovative work.
- Contributing to implementing WHO Resolution on the [Economics of health for all](#).
- Recognised in a [WHO news item](#) including a quote from Wales's First Minister, [appointed a WHO Champion for the WBE Initiative](#) through our joint work.

[Wellbeing Economy Cymru Festival of Ideas](#) co-organised by PHEV team

- Promoted Public Health Wales brand and work, including a PHW stand.
- 700 individuals registered; 35+ participated in our Health in the Well-being Economy session with high-level panellists from NHS public health and finance, and third sector. The session generated high interest, initiating cross-sector follow up.

[WHO Venice Office visit to Wales](#), 16 December 2024

- Following 8+ years of joint work, the Head of the WHO Venice Office visited Wales to reinforce and progress our successful Wales/PHW-WHO partnership.
- Meetings with the Cabinet Secretary for Economy, Energy and Planning, NHS Chief Executive, CMO, Heads of International Relations, Foundational Economy and PHW Leads.



Policy and International Health



Informing and Mobilising Partners and Advocating for Action

Health and Sustainability

- **Strategic Priority:** Tackling public health effects of climate change

Recent progress and impact of the Health and Sustainability Hub has included:

- Leading development of the **climate change strategic route map**, that sets out our PHW vision for delivering our strategic priority on tackling the public health impacts of climate change
- Supporting teams across PHW to use our **Healthy Environment workshop** which identifies actions to reduce our environmental impact.
- Supporting the development of PHW's **Travel Policy** to highlight the need to encourage and support more sustainable business travel for staff.
- Led the development of the Health themed day for **Wales Climate Week**.

Impact: Wales Climate Week and Healthy Environment workshop

Engaging audiences

- Health themed day during Wales Climate Week featured 6 staff from 3 directorates and reached 357 initial viewers
- Promotional video received 2,100 views, making it PHWs' most watched content of November, with a 13% engagement rate (double the industry standard)

Driving action

- To date, 80 staff have participated in the Healthy Environment workshops, resulting in the creation of 11 action plans to advance decarbonisation, biodiversity and resource efficiency

Two years of Time to Talk Public Health

- **Strategic Priority:** Enabling the delivery of our strategy

TTPH has marked two years since its establishment as a pilot in 2022. In its first 24 months, TTPH has:

- Delivered **12 surveys** and achieved 15,000 survey responses.
- Provided **insights into attitudes, views and behaviours** of the public in Wales on a broad range of public health topics
- Demonstrated excellent **cross-organisational working**, with teams in all directorates working with the TTPH team on question development.

Impact: Example work programmes supported by TTPH public engagement

Informing and mobilising our partners and supporting delivery of evidence-informed services

- Delivery of new vaccine programmes
- Development of parenting information resources
- Development of a Primary Care Obesity Prevention Action Plan
- Informing multi-partner efforts on de-stigmatisation in health
- Supporting an Emergency Department Quality Statement
- Supporting the Non-Emergency Patient Transport Service Future Vision

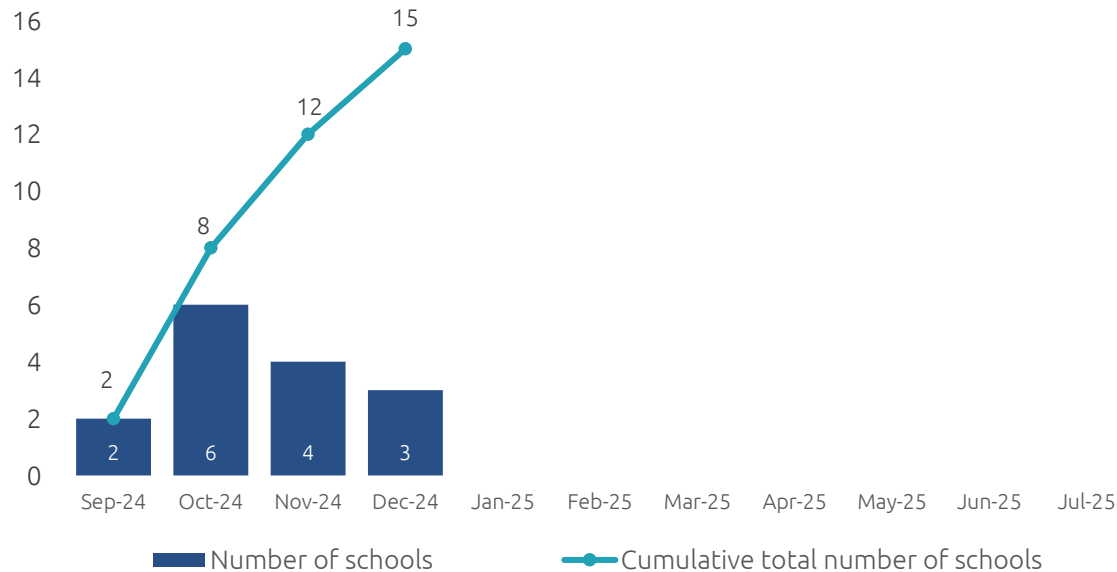


Health and Wellbeing

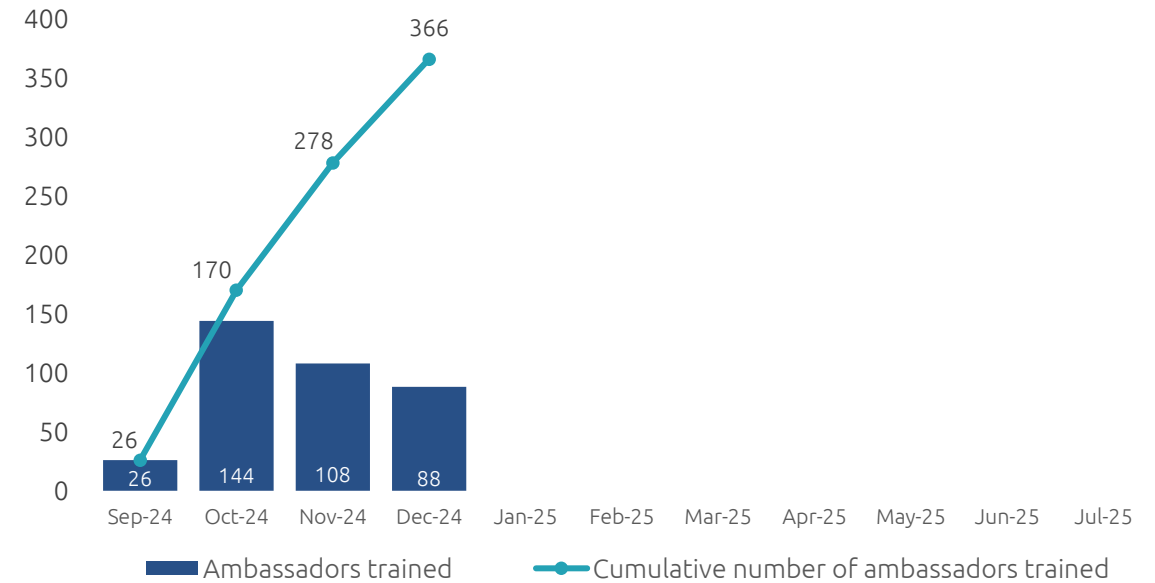


JUSTB / BYW BYWYD

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.

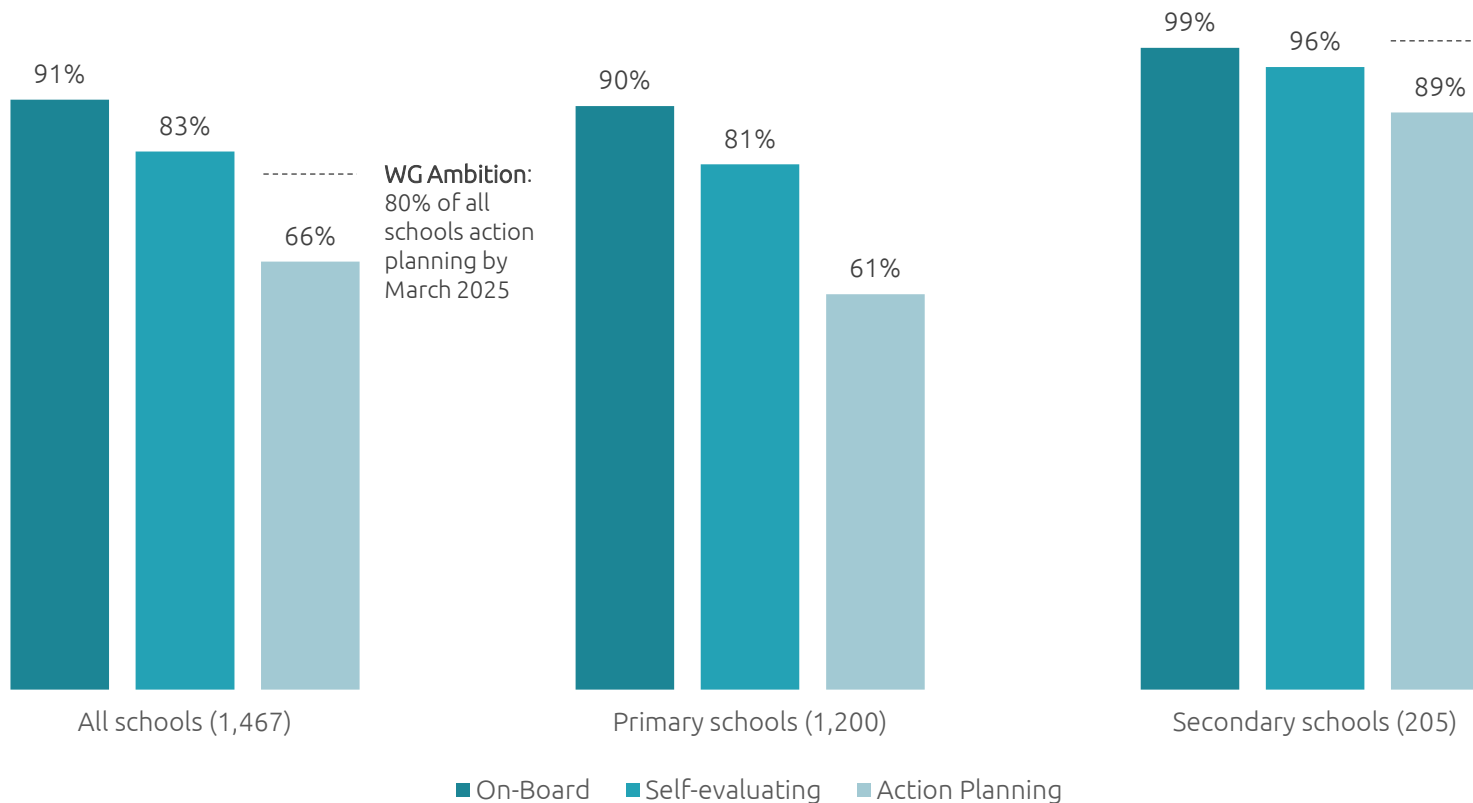


Health and Wellbeing



Whole School Approach to Emotional and Mental Wellbeing

Proportion of schools 'on-board', self-evaluating, or action planning as part of their Whole-School Approach to Emotional and Mental Well-being (Date: 03/01/25)



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.

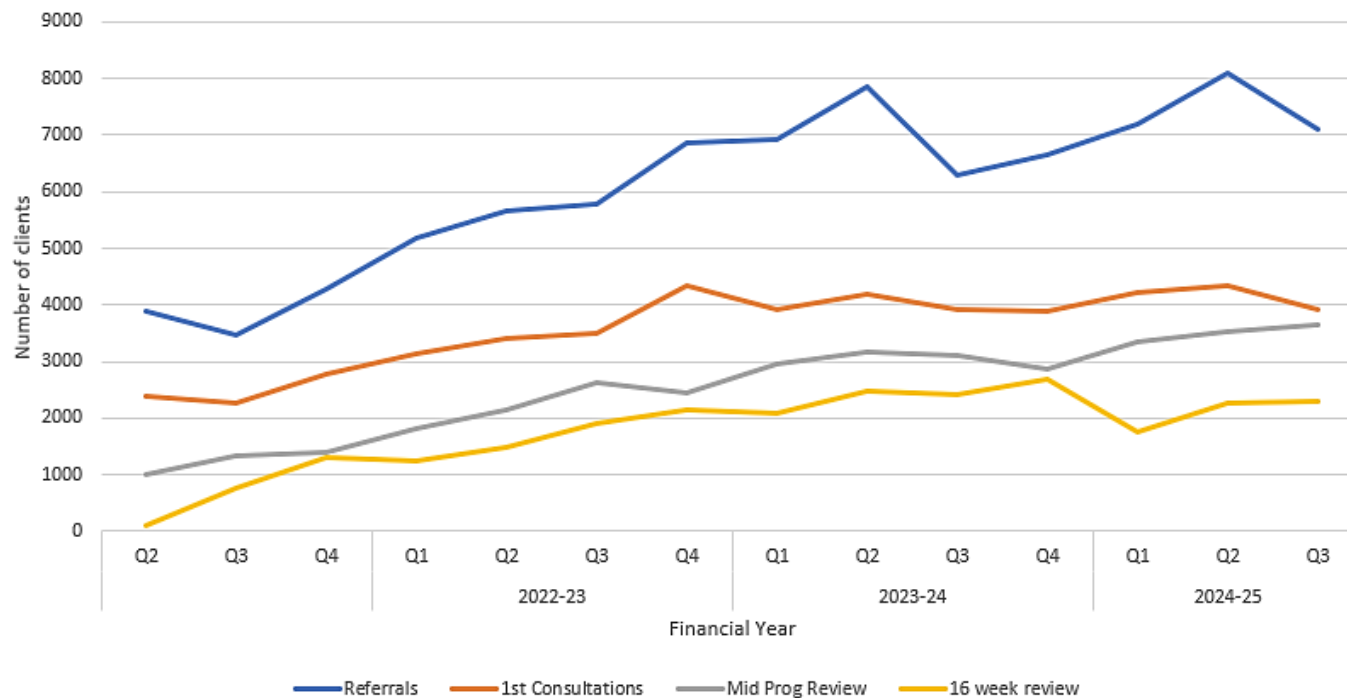


Health and Wellbeing



National Exercise Referral Programme

All Wales (NERS) Reporting 2021-2024



- The National Exercise Referral Programme (NERS) is delivered by Local Authority Leisure Services and Leisure Trusts across Wales in each of the 22 areas.
- The data shows the total no. referrals to the NERS Programme over time (per quarter) and over a specific time period, no. 1st consultations held, no. mid programme reviews held and no. 16 week reviews/completers programme.
- Please note that each of the measures reflects a different population group and should not be compared with each other.
- As part of the improvement programme a new data system has been implemented and as this is embedded additional outcome data it will become more routinely available.
- The drop in referrals seen in Q3 of 2023-24, followed by a peak in Q4, is due to a delay in processing of referrals when switching to the new electronic referral system (HIPAS) at this time.
- Q3 data for 2024-25 is correct as of 31/12/24 and therefore may rise slightly if there have been any delays in updating HIPAS with December 2024 data.



Health and Wellbeing



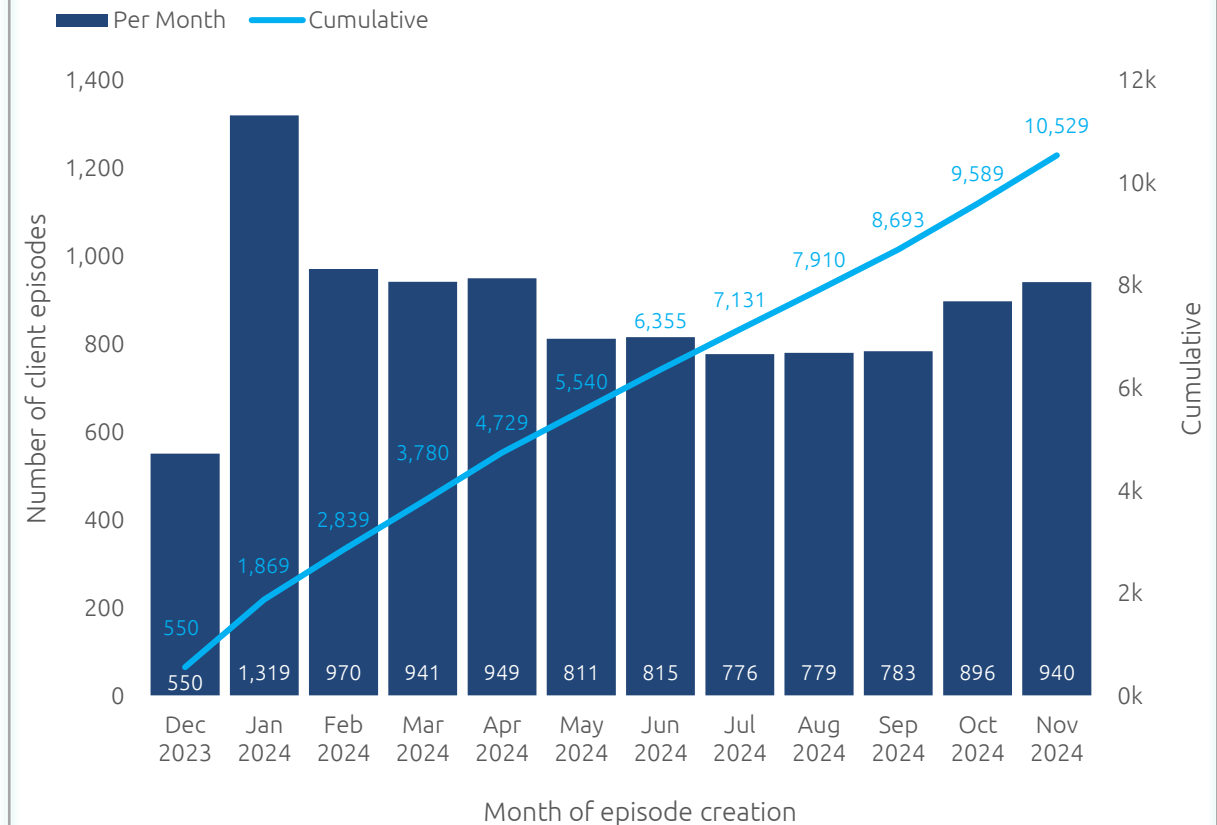
Help Me Quit

The HMQ Hub has created over 10,500 client episodes in the 12 months to the end of November. 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 November.

The National Telephone Support Service provides additional capacity to support local service delivery and has supported 527 smokers in the 12 months to the end of November, achieving 4 week quit rates (self-reported) in excess of the national target of 35%.

Number of client episodes created by the Hub



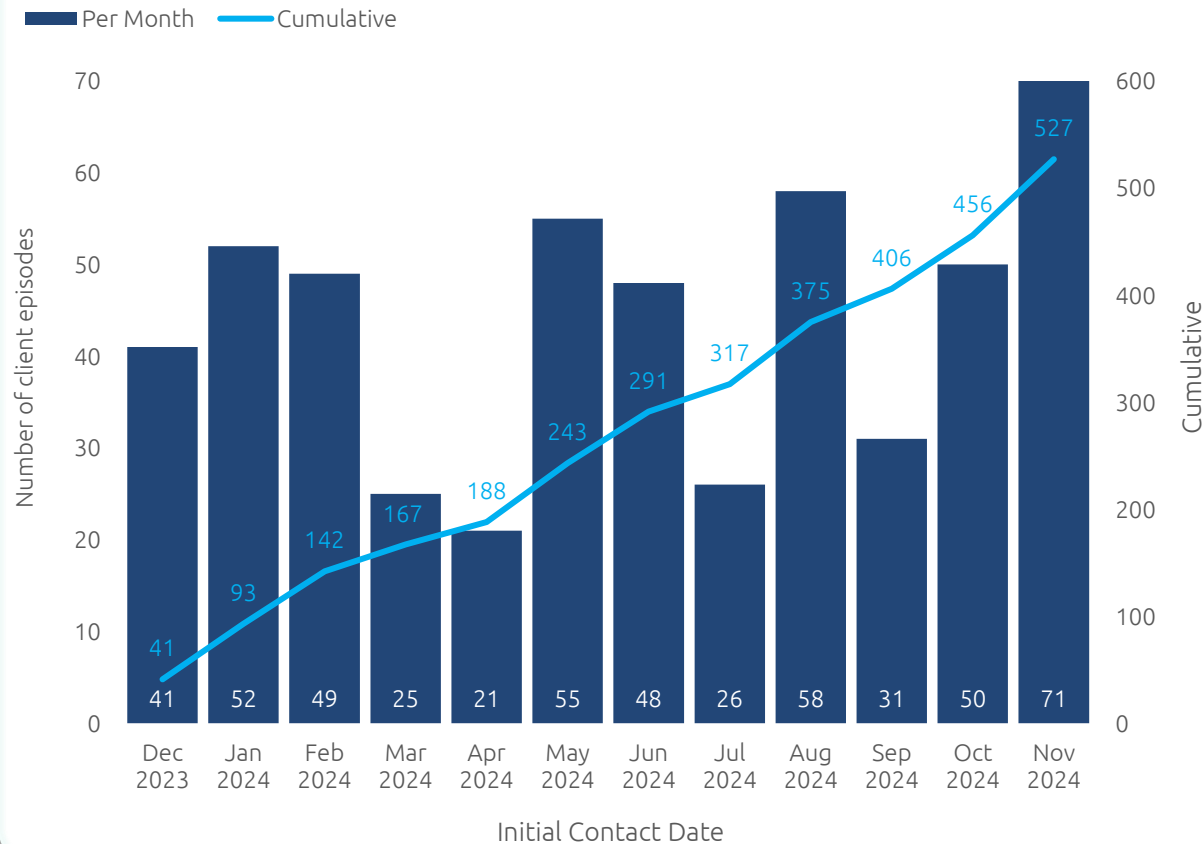


Health and Wellbeing

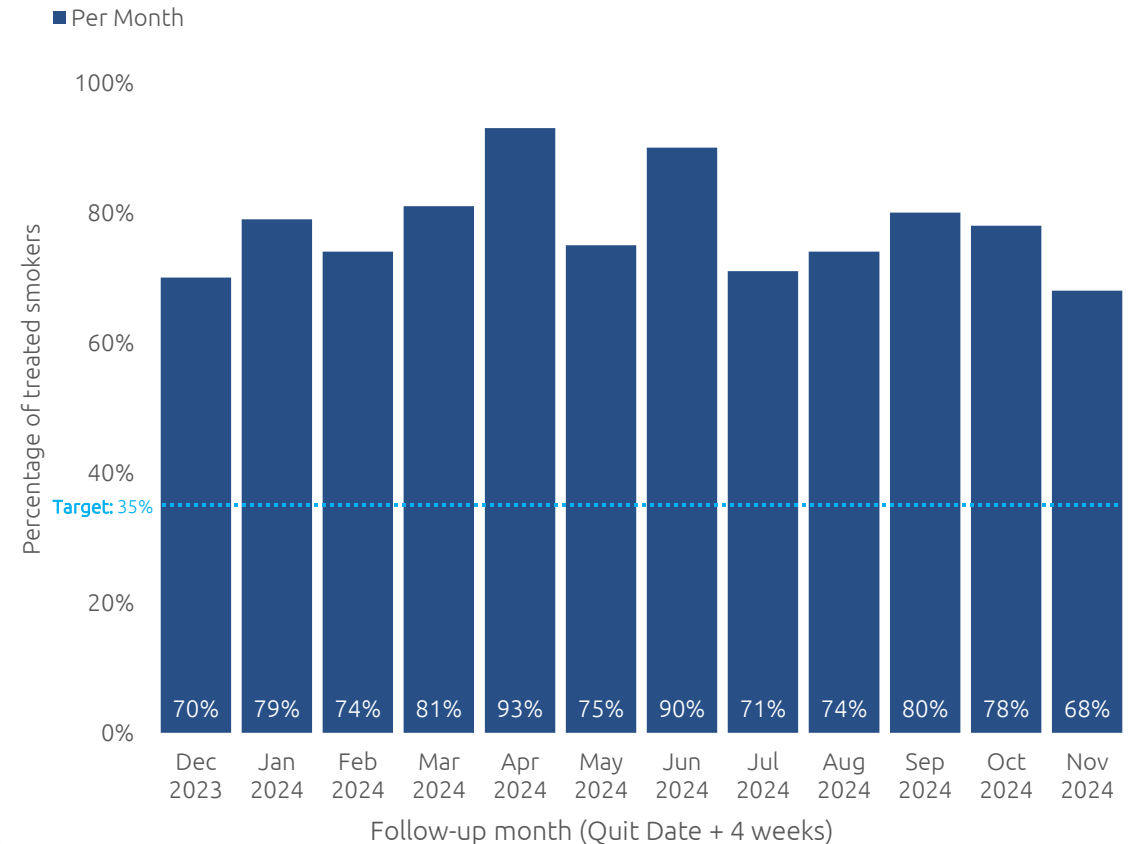


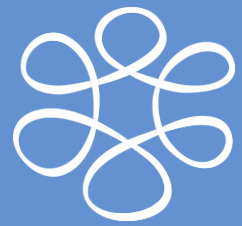
Help Me Quit

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	Dec-24	Committee
Strategic Plan – Percentage of milestones currently green or complete		N/A	86.9%	Board
Strategic Plan – Percentage of milestones currently red		N/A	3.8%	
Request for Change (RFC) – Number of milestone changes approved		N/A	8	
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	57.1%	
Strategic Priority 4 – Sustainable health and care system		N/A	93.0%	
Strategic Priority 5 – Excellent public health services		N/A	85.7%	
Strategic Priority 6 – Climate change		N/A	100%	
Strategic Change Programmes – Percentage of milestones currently green/amber		N/A	87.5%	
Strategic Change Programmes – Percentage of milestones currently red		N/A	0%	



Strategic Plan Milestone Delivery



Strategic Priority Delivery Status

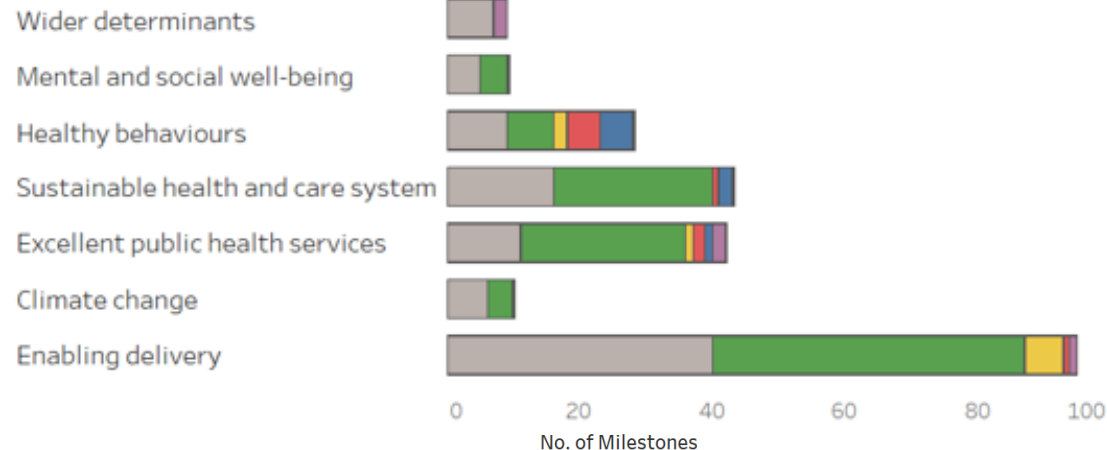


Request for Change

A total of 8 Requests for Change have been approved this month.



By Strategic Priority



As at the end December 2024, a total of 94 milestones have been completed. Of the remaining milestones, the majority are on track to be delivered in March 2024.

By Strategic Priority, the 18 milestones reporting as amber or red are within Healthy Behaviours, Excellent Public Health Services and Enabling Delivery. This includes 4 milestones that have been amber or red all year, each one dependent on external stakeholders to progress. Other non-green milestones also cite external dependencies as the cause, with resource issues also commonly noted.

10 RFCs have been submitted this month of which 8 were approved. 2 RFCs were not approved after further review and assessment by The Executive Team deemed them to be deliverable. These milestones were reported red in December and will be reclassified in January.

The approved milestones include 2 requests to close previously suspended milestones where changes in ministerial roles and the UK government have delayed progress. They will be re-planned once further detail is defined.

There was one approved request to suspend a milestone; 'ISO 140001 accreditation fully achieved within Public Health Wales' requires input and support from Screening and Microbiology to agree proposed approach and take forward in the next financial year.



Strategic Plan Milestone Delivery



Strategic Priority 1 – Wider determinants

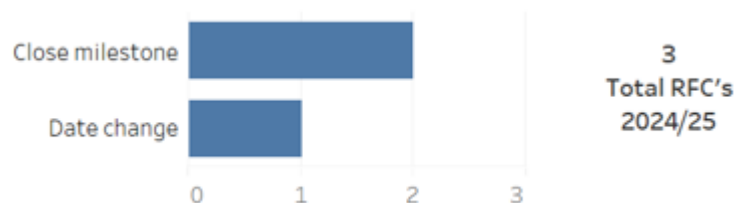
Current Delivery Status



By Directorate



Changes to Plan



Strategic Priority Overview

- Supporting HIA regulations (WHIASU): regulations now at final stages and due to be laid before the Senedd. Preparations for implementation of the regulations are ongoing.
- Milestones complete include Shaping places: resources, mapping, baseline evaluation; Scoping disability and employment (HWW) and child poverty actions commenced from Building a Healthier Wales task and finish group
- Workshop on healthy homes with nearly 50 stakeholders from across sectors and Government, with the aim of advocating for healthy homes for children and families living in poverty

2025 Route Map Development

- Development of infrastructure theme for route map
- Specifying where we lead and where we are collaborators
- Reviewing feedback from board and leadership group

Issues/Risks

- Scale of challenge remains substantial in a time of financial constraint across public services
- Ambition of current route map beyond existing resources



Strategic Plan Milestone Delivery



Strategic Priority 2 – Promoting mental and social wellbeing

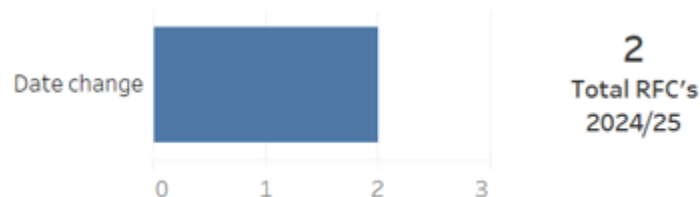
Current Delivery Status



By Directorate



Changes to Plan



Strategic Priority Overview

- Hapus programme continuing implementation
- First 1000 Days recommendations for Best Start in Life being finalised
- Working closely with Welsh Government regarding the Mental Wellbeing component of the Mental Health Strategy
- Co-working with MHS and Network on needs assessment and pathway review for CAMHS

2025 Route Map Development

- Route maps being updated following feedback from Leadership forum, for Strategic Executive meeting in February 2024.
- 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

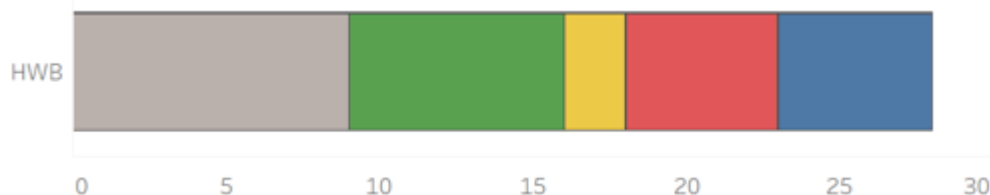


Strategic Priority 3 – Promoting healthy behaviours

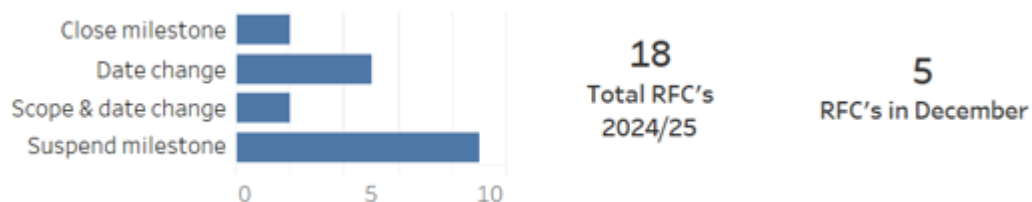
Current Delivery Status



By Directorate



Changes to Plan



Strategic Priority Overview

- Staff seconded into WG to support development and delivery of the Healthy Eating in School Regulations
- Completed implications and options work for WG on cost-implementation issues of NICE guidance on weight loss drugs
- Work for WG on proposed programme of work to reduce gambling related harm completed
- Substance Misuse Needs Assessment progressing well

2025 Route Map Development

- Reviewing key actions identified to deliver SP3 based on feedback from Board and Leadership Forum
- Areas not yet completed being developed as a priority

Issues/Risks

- System risks in relation to short term funding for key delivery areas within this priority
- Unrealistic expectations on the scale and pace of change given the complexity of determinants and system resources and capacity to deliver

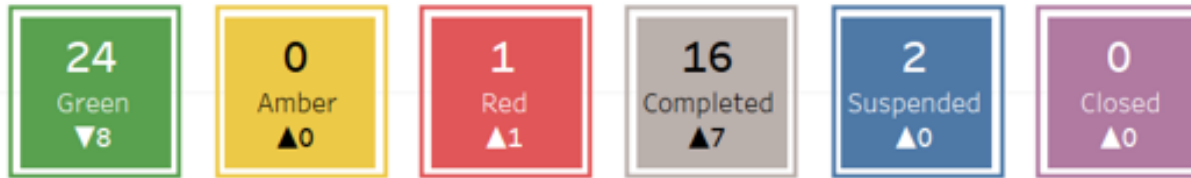


Strategic Plan Milestone Delivery



Strategic Priority 4 - Sustainable health and care system

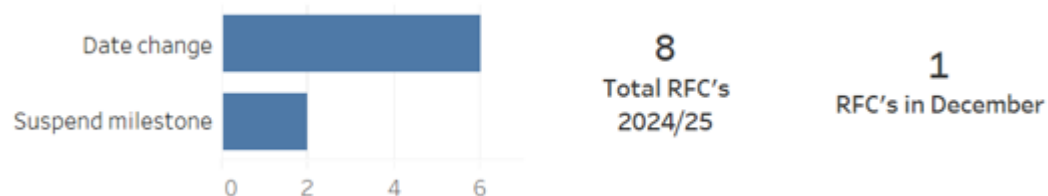
Current Delivery Status



By Directorate



Changes to Plan



Strategic Priority Overview

- **National Safeguarding week** mid-November. Launched All Wales Safeguarding Supervision Guidance; the importance of Professional Curiosity in Safeguarding; and hearing the voice of children and young people in planning and shaping specialist health services for Looked After Children. Over 200 candidates attended sessions across the week.
- [AWDPP 'Two Years On' reports](#) (Service User PREMS report, AWDPP Equity Toolkit, AWDPP Activity report) published on World Diabetes Day 14th Nov.
- Addressing the health and wellbeing needs of Gypsy, Traveller, and Roma Communities [Webinar](#) delivered.
- Co-authored [Exploring the equity of distribution of general medical services funding allocations in Wales: a time-series analysis](#)

2025 Route Map Development

- Board Development session in December. Feedback from the session being incorporated into next draft of the route map for consideration by SBET in February.
- Route map development linked to work to articulate what a Public Health approach to Primary and Community Care by 2035 should look like. Round table discussions scheduled for January.

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



Strategic Plan Milestone Delivery

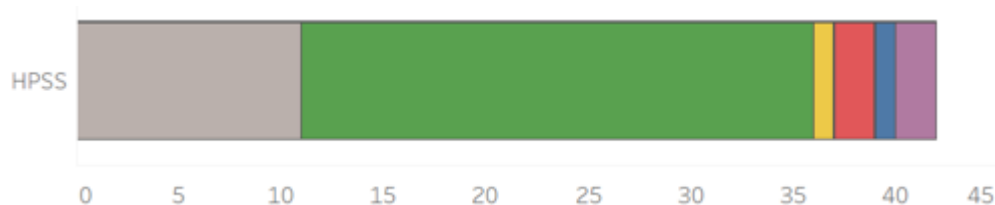


Strategic Priority 5 – Excellent public health services

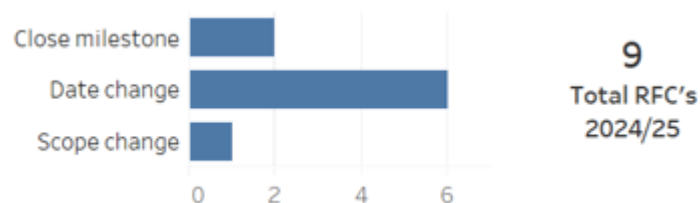
Current Delivery Status



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.

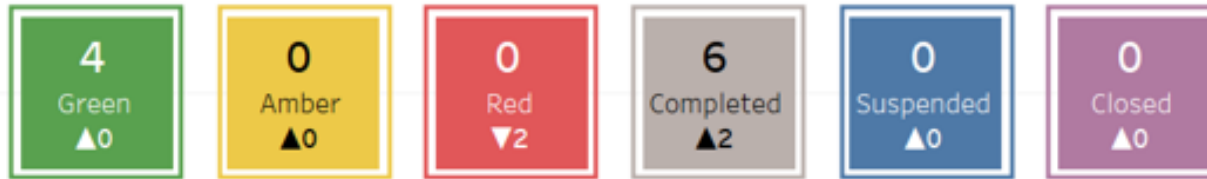


Strategic Plan Milestone Delivery

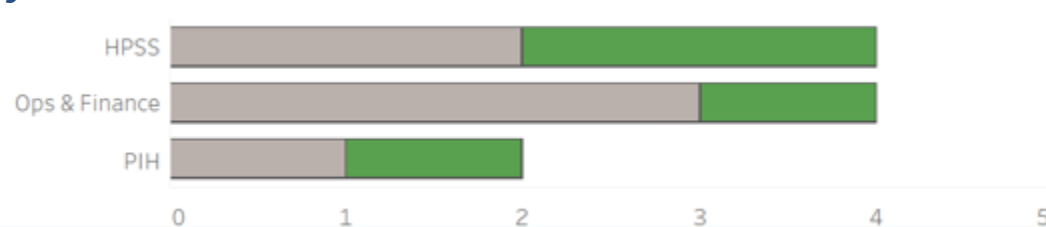


Strategic Priority 6 – Climate change

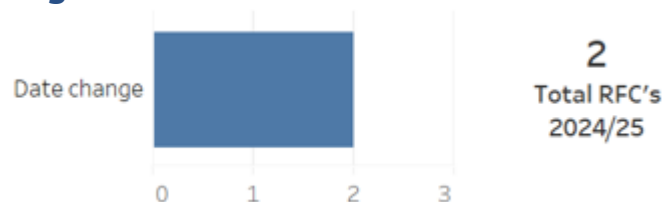
Current Delivery Status



By Directorate



Changes to Plan



Strategic Priority Overview

- Secured a tender with a Cardiff-based organisation to advance and refine our messaging on adverse weather.
- Successfully appointed a Band 7 coordinator to lead and strengthen our climate change research agenda and academic partnerships.
- Established international collaboration with the Public Health Institute in India, fostering shared learning and paving the way for future joint initiatives.

2025 Route Map Development

- Climate Change Programme Board recently reviewed an updated version of the route map, on target to meet deadlines

Issues/Risks

- N/A



Strategic Change Programmes



Strategic Change Programmes Overview

A high-level summary of latest DCA status for Tier 1 & 2 programmes, as of December 2024, is provided below. A summary of key changes is provided below.



Key Information

Newborn Screening Re-platforming has moved to Amber/Red. The current discovery phase is behind schedule due to information security and licensing issues, which may also increase cost. Discussions are underway with finance and the project plan is being reviewed to mitigate the impact of potential project overrun into the next financial year.

Tackling Diabetes Together Programme continues to report Amber, following a workshop on December 3rd, the programme identified four themes for 25/26. The list of projects within each theme will be presented to the board on February 17th for approval, with a detailed plan to follow.

National Targeted Lung Screening continues to report Green/ Amber. Following significant engagement with Health Boards over the last month and further options appraisal work, the programme needs to finalise an Outline Business Case for submission to Welsh Government at the end of March.

Health Protection System Development improved to Amber/Green. The Alpha phase has been extended to 31/01/2025 due to ongoing development of an Outline Business Case, which is being prepared for Board approval on 9th January 2025 and Executive and Board sign-off in late January 2025. Continuation into Beta depends on Welsh Government approval of capital funding for the Tarian replacement.

Diabetic Eye Screening Transformation Programme has improved from Amber to Amber/Green. The programme is on track to deliver its 24/25 milestones and all new Transformation roles are filled and will start by mid-January.

Programme Detail

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



Inequalities



Organisational Approach to Health Inequalities Programme

- Co-ordinated activity is taking place across the organisation with a focus on health inequalities.
- We have agreement on a single organisational definition of health inequalities which is outlined in an upcoming publication 'Our Approach to Health Inequalities'.
- Steering group has worked with the Strategy team to further develop Long Term Strategy Route maps, providing focus on health inequalities.
- Theory of change model has been developed for health inequalities.
- SimplyDo challenge to all Public Health Wales staff on 'How do we make health inequalities part of everyone's work? 14 ideas were received, with 7 being taken forward for further consideration.
- Formation of 'Data, analysis & Evaluation' subgroup and a task and finish group to develop a health inequalities framework, suitable to the context of Public Health Wales.



Health Inequalities | Data, analysis & evaluation subgroup

Aim

- Monitor and analyse inequalities in our services and products; ensure health inequalities data informs our decisions and actions and that of our stakeholders

Inequalities data outputs

- Public Health Outcomes Framework (PHOF) & Rapid Overview Dashboard
- SAIL data - inequalities in vaccinations, cancer, screening outcomes

Data challenges

- No access to Primary Care or Census data
- SAIL / small areas estimation / modelling fills some gaps, but financial cost, and not optimal for regular reporting
- Some groups poorly reported on in any data set e.g. homeless

Next steps

- Data sub-group established & Lead analyst in post
- Inequalities monitoring for strategic priorities
- Cancer inequalities (Phase 2 – May 2025)
- HR inequalities report (March 2025)
- Child Measurement Programme (TBD)
- Explore breakdowns of Kantar behaviour data (nutrition, alcohol)
- Further inequalities analysis of PHOF

Latest data analysis in relation to inequalities in health is provided in a detailed supplementary document, with the key messages and latest data covering cancer and immunisation highlighted on page 48 below.



Summary of inequalities in health data



Cancer

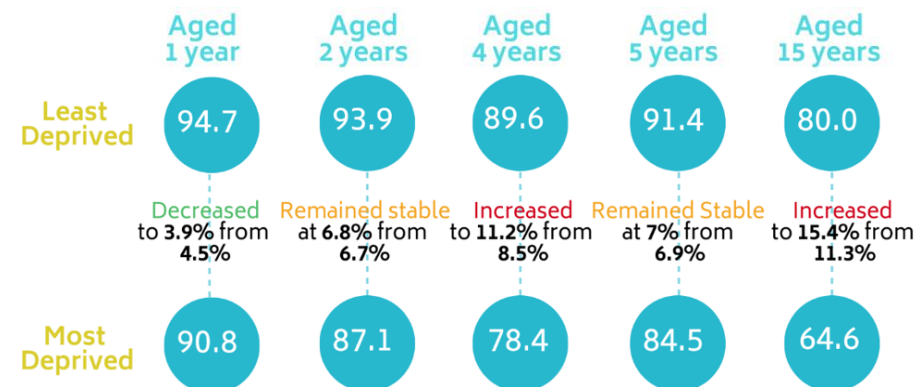
- Even after adjusting for age, the **White** ethnic group has the highest rate of cancer diagnoses
- Different ethnicities have higher rates of different types of cancer:
 - Mixed/Multiple ethnic group – lung cancer is more common (also have the highest smoking rates of all ethnicities)
 - Black ethnic groups – prostate cancer is more common
 - Asian ethnic groups – breast cancer is more common
- **Overcrowding** is a risk – after adjusting for age, cancer rates are highest in those with fewer rooms than required, likely an impact of deprivation (1,535 per 100,000 compared to 291 in those with the ideal number of rooms)
- People in jobs requiring **lower levels of education** have higher rates of cancer diagnoses
- Early-stage diagnosis (stages 1 and 2) is more likely for people in administrative and secretarial and professional jobs (approximately 52%), and less likely for people in **process, plant and machine operation jobs** (40%)

COVID booster vaccination

- In all groups eligible for a COVID booster vaccine in spring 2024, those living in **more deprived areas** were less likely to receive a vaccine than those in less deprived areas
- Less than half of adults aged 75 and over in the most deprived areas received a booster
- Less than half of eligible people living in the bottom 40% of areas received a booster in spring 2024
- Across all eligibility groups, white people were substantially more likely to receive a booster than people of **non-White ethnicities**. Only 19% of eligible people in the **Black** ethnic group received a booster vaccination

Childhood immunisation

- Children living in the **most deprived areas** are much less likely to be up to date with their routine vaccinations than those in the least deprived areas
- For some age groups, this gap has widened:



Routine immunisation coverage in the least and most deprived areas by age group in 2022/23, showing change since 2021/22

- Our [analysis of MMR coverage](#) shows that despite 94% receiving 1 dose, only 88% of children from **families who do not speak English nor Welsh** have received 2 doses, compared to 97% overall
- Only 84% of children who are **first registered with a GP when they are in secondary school** have received 2 doses of MMR
- Children in the following groups are also less likely to have received 2 doses of MMR:
 - Have attended a special school
 - Eligible for free school meals
 - Mother is older (36+) or younger (18 or under)
 - Black ethnicity



GIG
CYMRU
NHS
WALES

Iechyd Cyhoeddus
Cymru
Public Health
Wales

*Gweithio gyda'n gilydd
i greu Cymru iachach*

**Working together
for a healthier Wales**